

C.E.F. REGIMENTAL DOCUMENTS

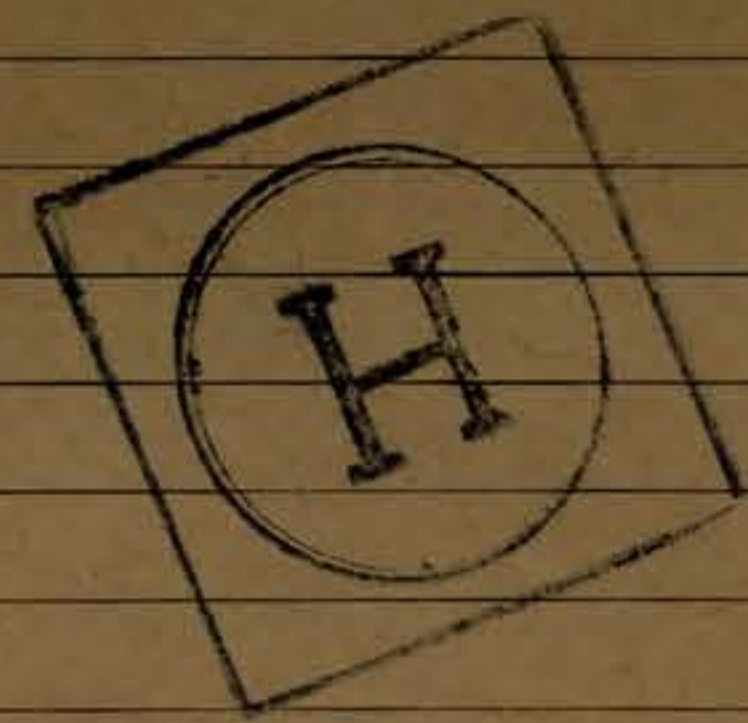
NAME **BAUGH, CHARLES W.**

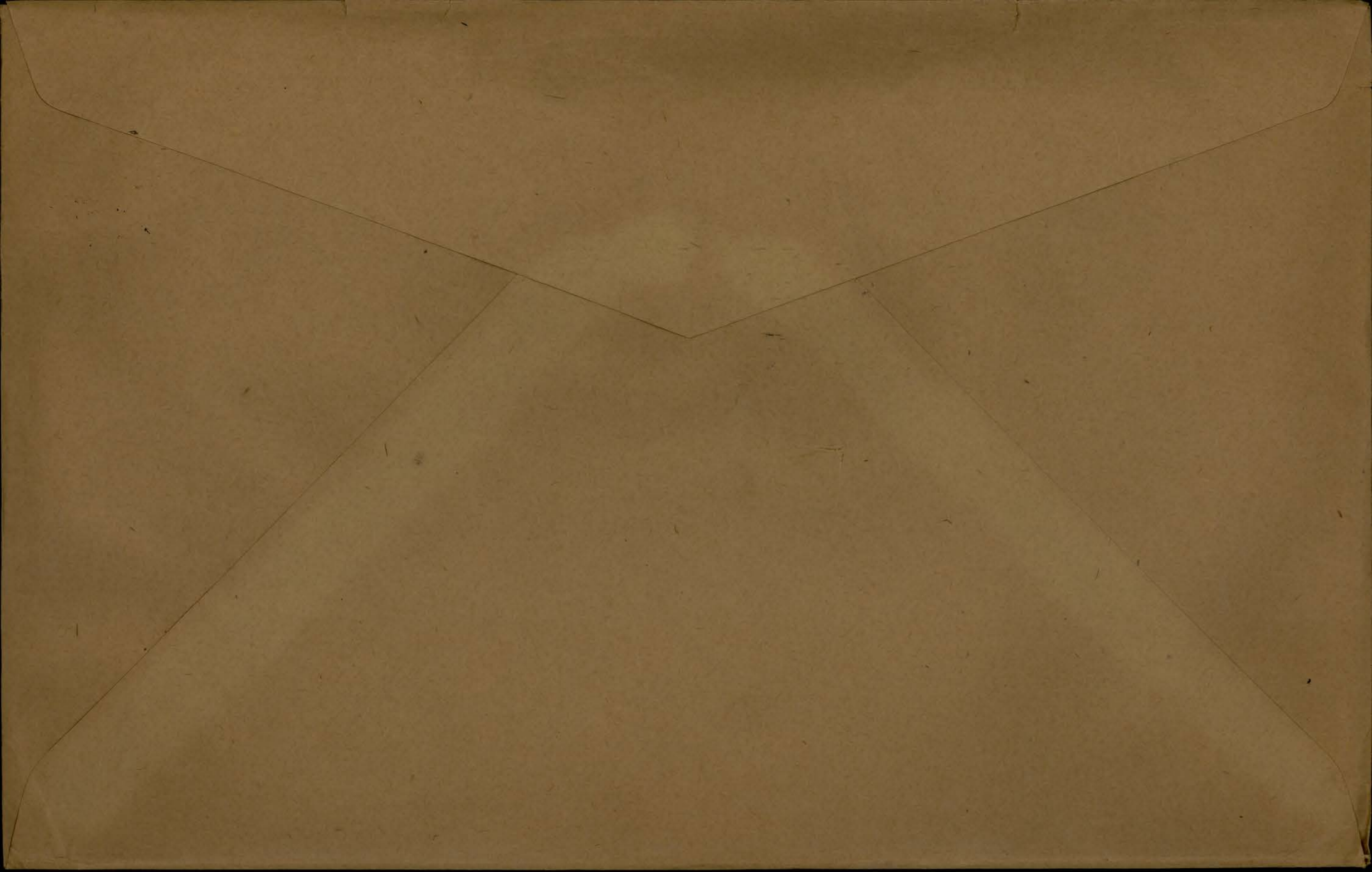
REGT. No. **C 41114**

UNIT **1 RES. BTY. C.F.A.**

H.Q. FILE No. **4846**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH CATEGORY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 36px; font-weight: bold;">H</span> </div>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE CATEGORY
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 173)					MED. UNFIT
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					





ATTESTATION PAPER.

No. ~~41114~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Charles Wallick Baugh
- 2. In what Town, Township or Parish, and in what Country were you born?..... Quebec PQ
- 3. What is the name of your next-of-kin?..... Elizabeth Baugh Mother
- 4. What is the address of your next-of-kin?..... Fort Beaumont PQ
- 5. What is the date of your birth?..... 20th May 1891
- 6. What is your Trade or Calling?..... Fireman
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... RCAF 3 yrs  
3rd Bally CFA 3 yrs.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

Charles Wallick Baugh (ANSWERS)

Quebec PQ

Elizabeth Baugh Mother

Fort Beaumont PQ

20th May 1891

Fireman

No

Yes

No

RCAF 3 yrs  
3rd Bally CFA 3 yrs.

Yes

Yes

C. W. Baugh (Signature of Man)

J. H. M. Green (Signature of Witness)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Wallick Baugh, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Sept 26th 1914. C. W. Baugh (Signature of Recruit)

J. H. M. Green (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Wallick Baugh, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Sept 26th 1914. C. W. Baugh (Signature of Recruit)

J. H. M. Green (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Quebec this 26th day of September 1914.

J. H. M. Green (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. A. Donald (Approving Officer)

3<sup>rd</sup> Brig 5th Bty  
 Description of C. Bough on Enlistment.

Apparent Age 23 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.  
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height ..... 5 ft. 5 ins.

Vacc left arm  
Blue scars right & left  
in locks

Chest measurement { Girth when fully expanded ..... 34 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... LT Brown

- Religious denominations.
- Church of England .....
  - Presbyterian .....
  - Wesleyan .....
  - Baptist or Congregationalist .....
  - Other Protestants .....  
 (Denomination to be stated.)
  - Roman Catholic .....
  - Jewish .....

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date ..... Sept 13 ..... 1914.

R. G. Chown  
Same  
 Medical Officer.

Place ..... Valcartier .....

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—



CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Wallick Bough having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

R. Gerald Hanson (Signature of Officer)

Date ..... Sept 26<sup>th</sup> ..... 1914.

**WARNING.**—If you lose this Certificate a duplicate cannot be issued.

*N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.*

Certificate of discharge of No. C41114 (Rank) S/ptr  
(Name) Baugh b.  
(Regiment) ban Field Arty  
who was enlisted at Valcartier  
on the 22nd Sept 1914.

He is discharged in consequence of Medical  
unfitness

after serving 1 years 45 days with the Colours, and  
✓ years ✓ days in the Army Reserve. aid. 1 year

(Place) Shorncliffe Signature of Capt. Adjutant,  
Commanding Reserve Brigade, C.F.A.  
(Date) Nov. 1915 Officer He

\*Description of the above-named man on Nov 5 1915 when he  
left the Colours.

Age 23 yrs 5 mths Marks or Scars, whether on face  
Height 5ft 5 ins or other parts of body.  
Complexion Fair  
Eyes Blue  
Hair Fair

\* Should agree with the description on Character Certificate, Army Form B. 2067.

## Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

“Any man, whether Soldier or Civilian, who brings a Recruit to  
“a Recruiter, or to a Military Barrack, is a Recruiting Agent,  
“and it is not necessary that he should have been formally  
“appointed as such.”

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

- (a) Boys under 17 years of age.
- (b) Re-enlisted Pensioners.
- (c) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.
- (d) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

**5s. to 2s. 6d. Regular Army.**

**1s. 6d. Special Reserve.**

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depot nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

Surname

Christian Name or Names

Reg. No.

Baugh

C W.

41114

Rank

Unit

Co.

Troop

Batty.

Jpr

2nd Bde. (67A)

Hospital

#5 Gen Rouen

Date of Admission

3-5-15

Transferred

Tents. St. Martin's Pln.

Hosp.

1-7-15

3rd North Gen.

Hosp.

13-5-15

Tent. St. Martin's Pln.

Hosp.

5-7-15

Hosp.

Diagnosis

Gas poisoning

Sec. Sypth.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

C.L. 17

Dis. to furlough  
Discharged.

21.6.15  
Date

4.8.15

C.L. 17. 5.15 #53

REMARKS

W.H.K. 20.7.15

W.R. 4.6.15

" 11.6.15

" 19.6.15

W.H.R. 25.6.15

C.L. 4.6.15

" 8.7.15 15

" 22.6.15 85

R.M.D. & DEPT.

Edn. of D.O.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <b>3502.</b>	Regimental No.	Rank.	Surname.	Christian Name.
	<b>41114</b>	<b>Trumpeter</b>	<b>Baugh</b>	<b>Charles</b>
Year <b>1915</b>	Unit.		Age.	Service.
	<b>5th. Btn. C.F.A.</b>		<b>24</b>	<b>9mts.</b>

Station and Date. <b>Sheffield</b>	Disease <u><b>Gas Poisoning. (Cov)</b></u>
---------------------------------------	--

**13/5/15.** Suffered from Gas poisoning a fortnight ago and since then has had a cough and pain in chest. Pain over heart on exertion and bad taste in the mouth.

**16/5/15.** Chest clear, Heart normal. Tongue furred. Several very bad teeth. Much better. *J. Clark*  
*J. Clark*  
*Capt.*

*Conv. Home*

*June 21 Furlough.*

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

ROAD JOURNAL

Rank and Name BAUGH, Charles Waldeck

Regimental No. 41114

Unit 2nd Brigade

Date of enlistment Sept 26th., 1914.

Place of birth Quebec

Married (Yes or No) No

If in Permanent Force

Name and Address of Next-of-kin

Mrs Elizabeth Baugh (mother)

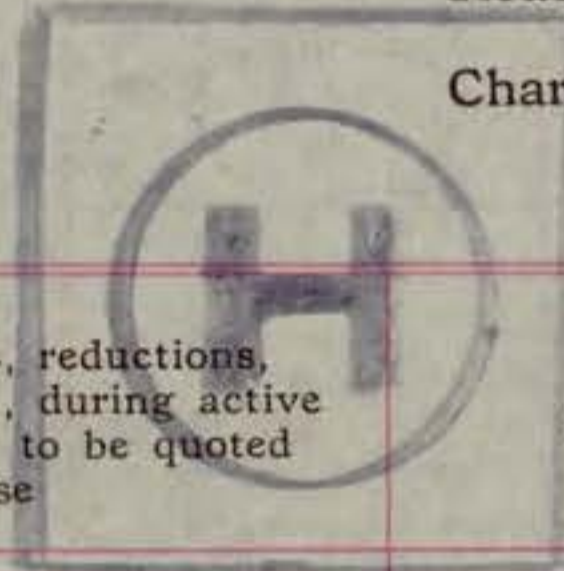
Fort Beaumont, P.Q.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments



Envelope # 13910

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
17-5-15	H.Q. Adm #5. Gen <sup>L</sup> Hoop	Renew	3-5-15	C.S. #53. of N. Gas Poisoning	
22-5-15	H.Q. Adm #3. Northern Gen <sup>L</sup> Hoop	Sheffield	13-5-15	C.S. #59.	
23-5-15	OC 2 <sup>nd</sup> Bde	Transferred to Enq. France		Part II. O#13.	
22-6-15	H.Q. <sup>Sault Ste. Marie</sup> Switched to Sick Furlough from Northern	Sheffield	21-6-15	Case S. 85. address on leave, 52 Bannington Rd. Perisclon SW.	
21-6-15	% 3 North Gen. Hoop	Granted furlough 21/6/15-28/6/15	"	21-6-15 Army Form W 3016,	
1-7-15	OC R. Bde	Rep <sup>d</sup> for duty & pct <sup>d</sup> 1 <sup>st</sup> Bly	Shorncliffe	30615 Part I O #89	
8-7-15	H.Q.	Adm #5 <sup>th</sup> Martin Plain		1-7-15 C.S. #15. See S. yph	
6-11-15	OC HQ Can	Board recommends:— Transferred to Canada for three months		With letter from OC HQ Can. <sup>No 422-B-248</sup> Trans Dist	
7-1-16	OC R. Bde	Struck off Strength			
		Discharged to Canada M. Schiff	5-11-15	Part II O. 6.	

How can I get C.C.





Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

5th Btry 2nd Regt  
 Description of C. Baugh on Enlistment.

Apparent Age 28 years.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 5 ins.

1 Vacc left arm  
1 blue scar left Breast  
1 " " right

Chest-measure-ment { Girth when fully expanded.....34 ins.  
 Range of expansion.....1 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Wesleyan.....  
 Baptist or Congregationalist.....  
 Other Protestants.....  
 (Denomination to be stated.)  
 Roman Catholic.....  
 Jewish.....

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date.....3rd Sept. 1914.

P. G. Chown  
St Amé

Place.....Valcartier

Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—



CERTIFICATE OF OFFICER COMMANDING UNIT.

C. Baugh.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

E. Gerald Hanson (Signature of Officer)

Date.....Sept 26<sup>th</sup> 1914.

ATTESTATION PAPER. C-F- No.

Folio. 4114  
H1114

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS).

- 1. What is your name?..... Charles Wallick Baugh
  - 2. In what Town, Township or Parish, and in what Country were you born?..... Quebec P.Q.
  - 3. What is the name of your next-of-kin?..... Elizabeth Baugh Mother
  - 4. What is the address of your next-of-kin?..... Fort Beaumont P.Q.
  - 5. What is the date of your birth?..... 20 May 1891
  - 6. What is your Trade or Calling?..... Furman
  - 7. Are you married?..... No
  - 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
  - 9. Do you now belong to the Active Militia?..... No
  - 10. Have you ever served in any Military Force?.. R.C.G. 3420  
If so, state particulars of former Service. 3rd Bty C.F.C. 3420
  - 11. Do you understand the nature and terms of your engagement?..... Yes
  - 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes
- ..... C.W. Baugh (Signature of Man).  
..... J.K.M. Green (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Wallick Baugh, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Sept 26th 1914. C.W. Baugh (Signature of Recruit)  
J.K.M. Green (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Wallick Baugh, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Sept 26th 1914. C.W. Baugh (Signature of Recruit)  
J.K.M. Green (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Quebec this 26th day of September 1914.

..... E. Gerald Hanson (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Paymaster M.D. 4	Adm. Gray News Cov. Home 4-D-22-B-106	Montreal	7/16	auth 649-B-389 7-45
	"	Sos. Med. Unfit 4-D-22-B-106	"	29.1.16	45-649-B-389

*[Handwritten signature]*  
for Duff R

Casualty Form—Active Service.

*(5<sup>th</sup> Bty)*

Regiment or Corps ~~1st Battery Reserve G.F.A.~~

Regimental No. *C41114*. Rank *Spr.* Name *L. Baugh*

Enlisted (a) *22/9/14*. Terms of Service (a) *was.* Service reckons from (a) *22/9/14*.

Date of promotion to present rank } *✓* Date of appointment to lance rank } *✓* Numerical position on roll of N.C.Os. } *✓*

Extended *✓* Re-engaged *✓* Qualification (b) *✓*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

*Discharged Nov 1915*

*Cecil M. Roberts - MAJOR*  
*S.D. 1st REG. BATTY. G.F.A.*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

30968/618

1052-C-9. 92

Name **Baugh, Chas. W.**  
Surname Christian Name

Regimental Number **4114** Rank **Tptr.**

Address (in full) **2113 St. Catharines St.**

Unit **1st Res. Bn. 114**

**Montreal, P.Q.**

Original Unit

District where paid **Ottawa**

Date of Discharge **29.2.16.**

P. D. P. Filing Number **16B9.**

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$ .19 per diem. Separation Allowance \$ 20.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	1441	25/7/17	53 00	1433	25/8/17	53 00	1289	24/9/17	54 10		160 10

Remarks:

M. F. W. 127.  
 60M-617.  
 1772 39-1140.

2113 St Catherine St East  
 Montreal

Dec'n No 30968/618 V. S. G. File No 1052-6-9  
 Award 122 days at \$ 70 per day \$ 280.00  
 S. A. 122 months at \$ 700 per mo. \$ 85400.00  
 Less P. D. P. Credited \$ 60.10  
 Less further debit balance \$ .....  
 Net due paid as below \$ 119.90

TO SOLDIER DEPENDENT						
	Ag. No	Ch No	Amount	Tr No	Ch No	Amount
1				31918	5282	120.00
2	2958	443012	119.90			
3						
4						
5						
6						
	Total		119.90	Total		

400  
 160  
 Dep. Mrs Baugh  
 Mother.  
 Same.

239.90

1.10.19.

RH

R W 109  
 11-12-19

Soldier died Oct 1/1918.  
 Hold all payments

Widow of Soldier.  
 Mrs Charlotte E. Baugh.  
 95 Lorfar St.  
 Pte St Charles

29/7/19  
 GEN'L AUDITOR  
 Posting checked by  
 [Signature]  
 Date 20/1/19

29-19

Name Baugh's. Trpr. C. H.

Regimental No. 41114.

<sup>Home</sup> Name and address of next-of-kin

Unit Ass. Bde. (2nd Bde.)

2113 - St Catherine St. Montreal. Que

Date of enlistment

Med Board Rec to 18/2/15

Place of " "

Adm Grey Maus Con Home 3/1/16

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ 7.00

Reason for discharge Discharged 29/2/16.

To whom payable mil  
"Stratagema" 15/11/15

Character on discharge

Class. No. 2. H. 9. 649-B-389.

Form 87091, M. & D. 0123.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Chk. Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
4/1/15	3/12/15	56	1.00	56.00	56	.10	5.60	31.50	137.59	1205	14/12/15	77.57	60.00	137.59	<p>L.P. 6. 6. 8</p> <p>✓ To H. 9. 1st Gen. 2. D.</p> <p>To 4th Div from 1/1/16</p> <p>Waiting to see if new</p> <p>27/1/16 for date of</p> <p>Adm. to Home</p>

261

CAF file



*CW*  
MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

529

Name *Baugh E. Mrs*

Name of Soldier *Baugh Charles W.*

Address ~~*Fort Beaumont.*~~

Regtl. No. *41114.*

*2113 St Catherine St Eque  
Montreal Que.*

Rank *Private*

Corps *5<sup>th</sup> Bty 2 Bde*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

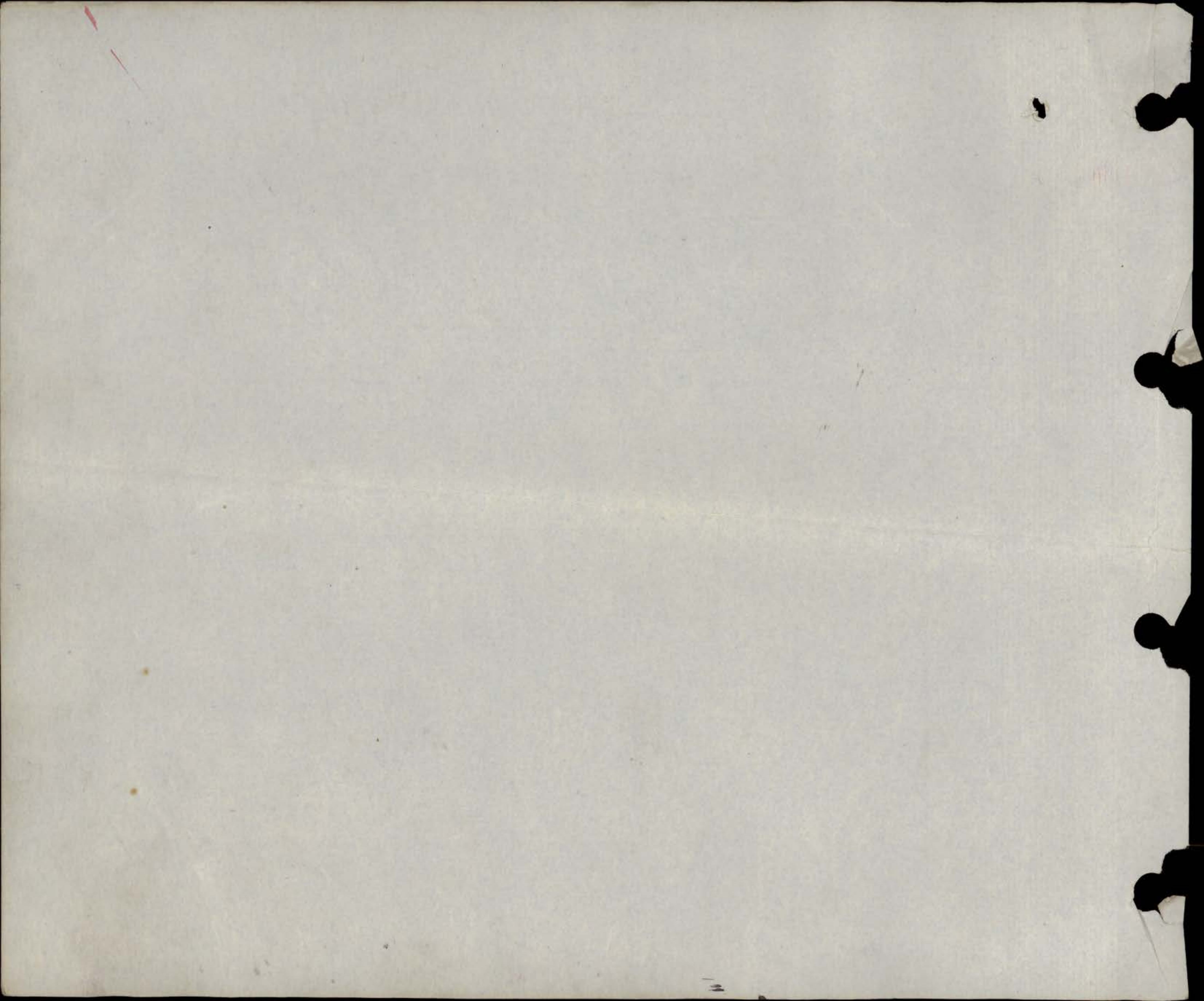
*} mother.*

*Authority: - apmc 13<sup>th</sup> - Res. R. Y. O'Connell  
Montreal.*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug. <i>1/2</i>	1914	<i>A 8472</i>	<i>170 00</i>	<i>S.A. + A.P. Form 1 rendered. 18-3-19 on file 1052-C-9 CW.</i>
Sept. ✓				
Oct. ✓				
Nov. ✓				
Dec. ✓				
Jan. ✓	1915			
Feb. ✓				
March ✓				
Apl. ✓				
May		<i>A 9798</i>	<i>20 00</i>	<div data-bbox="1815 1553 2092 1757" data-label="Image"> </div>
June		<i>C 10752</i>	<i>20 -</i>	
July		<i>D 10384</i>	<i>20 -</i>	
Aug.		<i>A 11726</i>	<i>20 ✓</i>	
Sept.		<i>B 14183</i>	<i>20 -</i>	
Oct.		<i>E 14741</i>	<i>20 -</i>	
Nov.		<i>D 14281</i>	<i>20 - 20</i>	
Dec.		<i>A 15558</i>	<i>20 20</i>	
Jan.	1916	<i>B 18529</i>	<i>20 - 20</i>	
Feb.		<i>C 18418</i>	<i>20 20</i>	
March			<i>370</i>	

*Closed Against*





NAME BAUGH Charles, Walbeck

*Y.M.C.*

*[Handwritten signature]*

Regimental No. <sup>41</sup> 114  
Unit *Res. Brig. B.F.A.*  
~~2nd Brigade~~

Name and address of next-of-kin  
*MRS. Elizabeth Baugh (Mother)*

Date of enlistment Sept. 26th, 1914

Fort Beaumont P.Q.

Place of "birth" Quebec

Married (yes or no) No

Date and place discharged *July 15 Canada*

Amount of pay assigned monthly \$ *NIL*

Reason for discharge *M.H.*

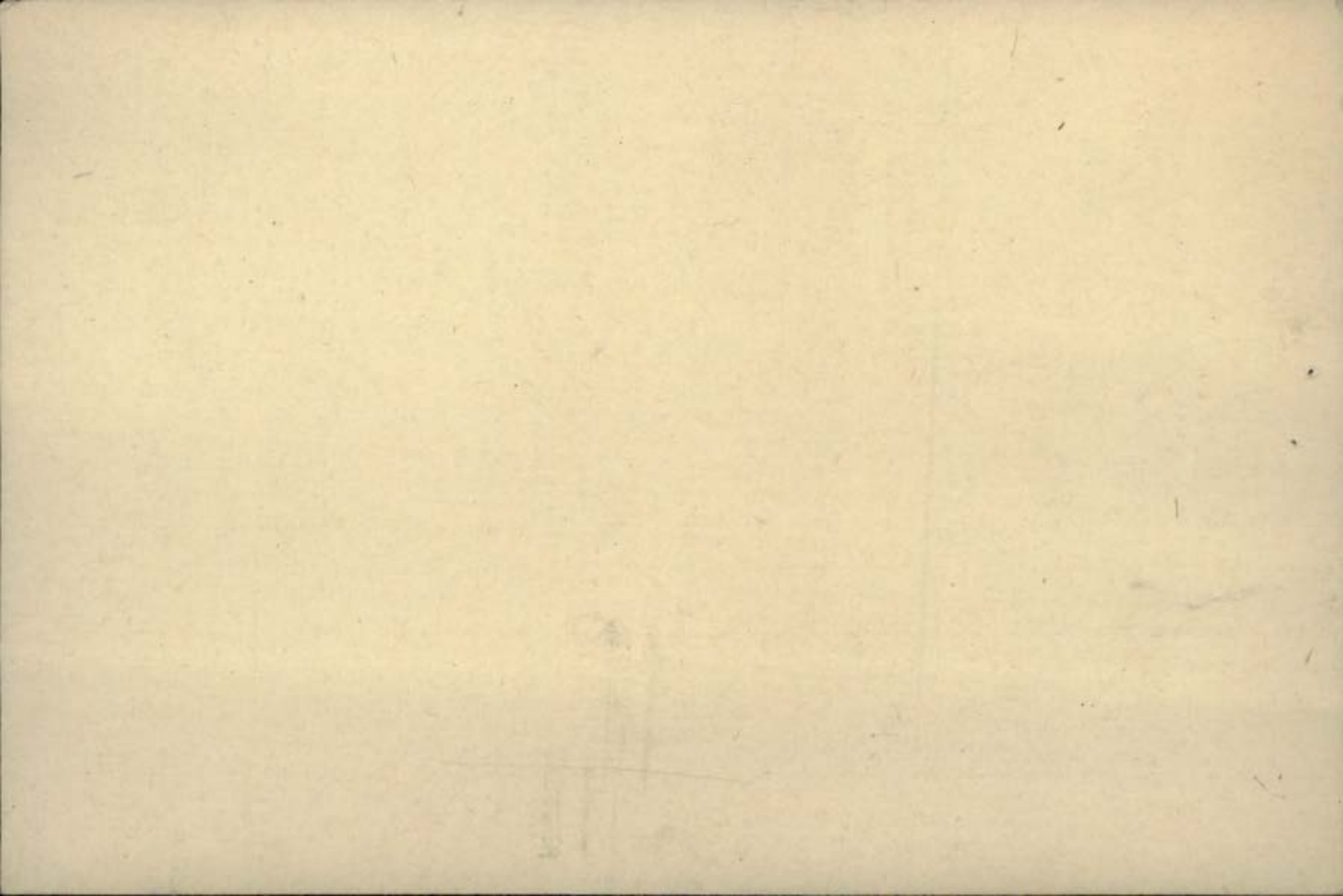
To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
22.9.14	31.10.14	40	1.00	40 -	40	10	4 -		44 -			40 -		2 20	42 20	<i>70/15 2 days pay</i>	
1.11.14	30.11.14	30	"	30 -	30	"	0 -	1 80	51 80			30 -		4 40	34 40	<i>" 4 " "</i>	
1.12.14	31.12.14	31	"	31 -	31	"	0 16	40	54 50			30 -			30 -		
1.1.15	31.1.15	"	"	31 -	"	"	0 10	4 50	58 60			30 -			36 -		
1.2.15	28.2.15	28	"	28 -	28	"	2 80	8 60	67 20						67 20	<i>39.40</i>	
1.3.15	31.3.15	31	"	31 -	31	"	3 10		70 30			6 -			6 -	67 50	
<i>April</i>		30	"	30 -	30	"	3 -		73 -			6 -			6 -	73 50	
<i>May</i>		31	"	31 -	31	"	3 10		76 60			5 -			8 -	81 60	
<i>June</i>		30	"	30 -	30	"	3 -		79 60			3 -			8 -	84 60	
<i>To July 15</i>		15	"	15 -	15	"	1 50		81 10			5 -			80 -	86 60	
<i>16 - 31</i>		16	"	16 -	16	"	1 60	4 -	87 70						90 10	97 80	
										613		230			111 70		
															117 83		
<i>1 Aug. 31</i>		31	1 -	31 -	31	10	3 10		90 80			48 66			48 66	103 27	
<i>1 Sept. 30</i>		30	"	30 -	30	"	3 -		93 80			38 94			38 94	97 33	
<i>1 Oct. 31</i>		31	1	31 -	31	"	3 10		96 90			82 73			82 73	148 70	
<i>1 Nov 5</i>		5	1	5 -	5	"	50		101 90						54 20	154 90	<i>Dis to Canada</i>
<i>NE Mch 16</i>									101 90						54 20	156 10	<i>70/15 L.P.C. Jan 10</i>

*Partial Transd to*  
**"Can. Liability Disch'ge a/c"**





No.

RANK

Gr.

NAME

Baugh C.

T. O. S.

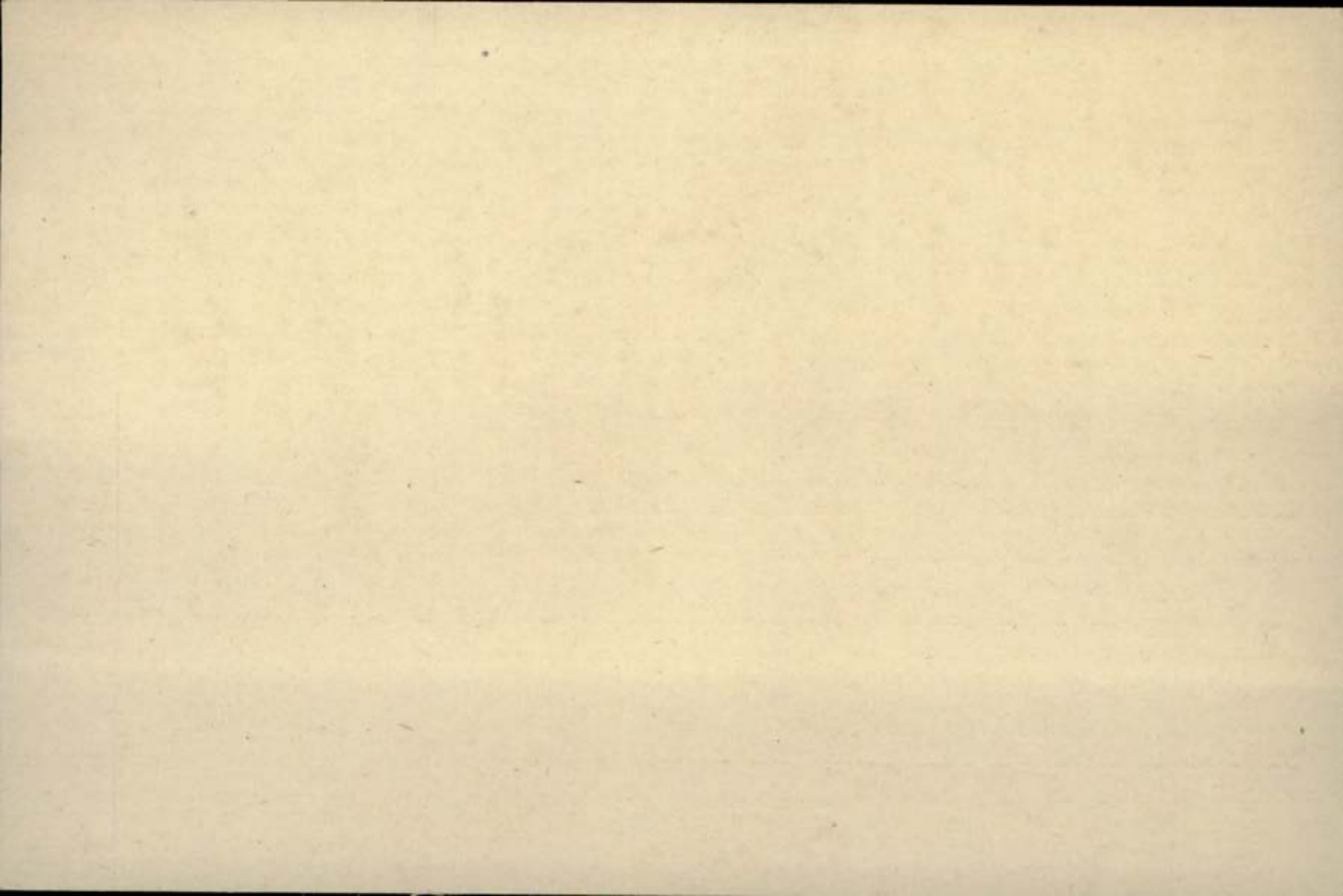
UNIT

21<sup>st</sup> Battery, 6<sup>th</sup> Brigade C. 7. A.  
(mobilization)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 15	1914 Aug. 28	✓		

UNIT SAILED  
FEB 23 1915



No 41114 RANK *spv.*

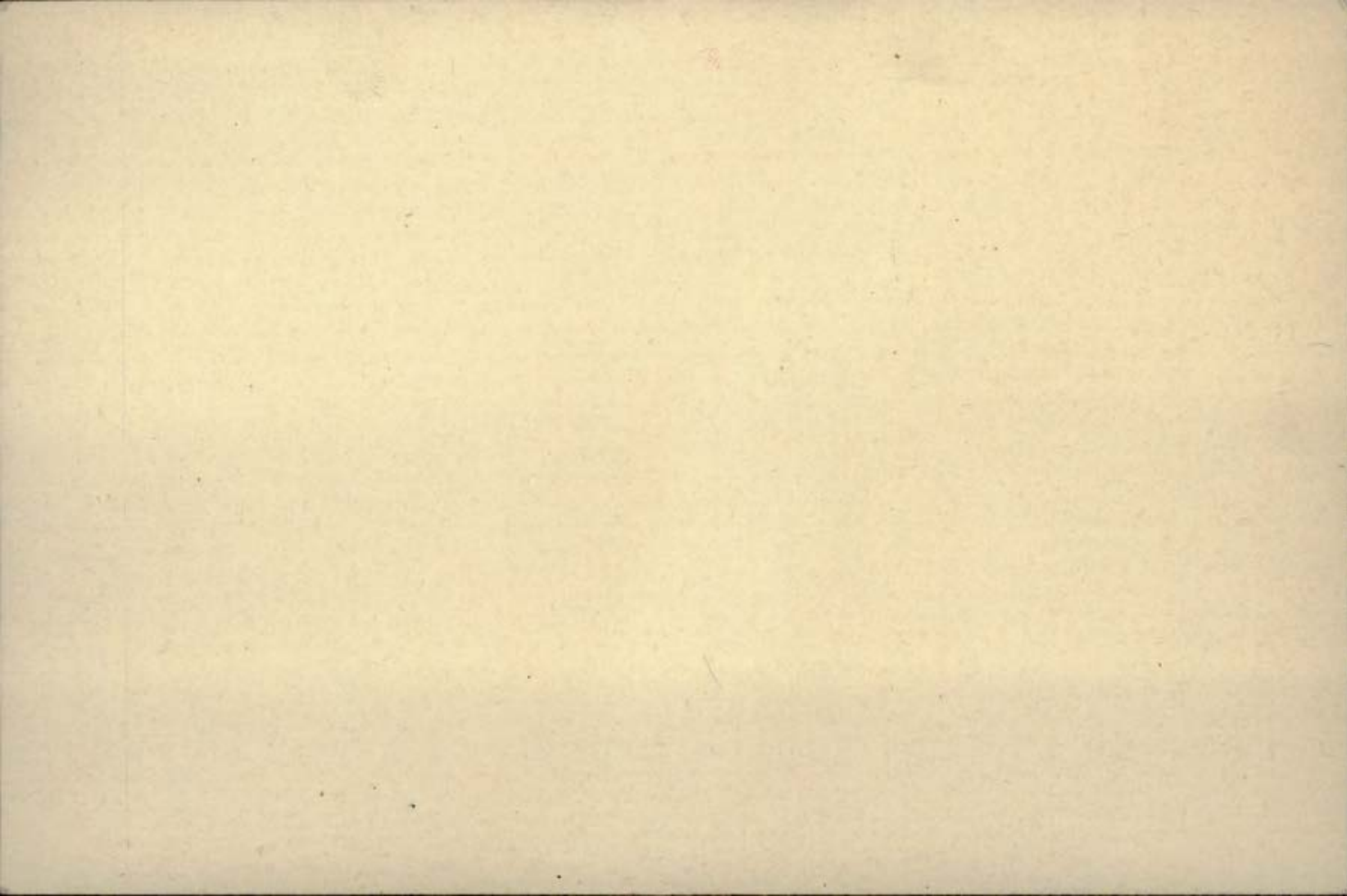
NAME *Baugh, C. W.*

T. O. S.

UNIT *Casualties.*

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Nov. 6.</i>	<i>1915. Dec. 31.</i>	<i>A.</i>	<i>from 2nd. Bn.</i>	



No. *C 41114* RANK *Spr. (Res. Bdg. C.F.A.)* NAME *Baugh C.*

T. O. S.

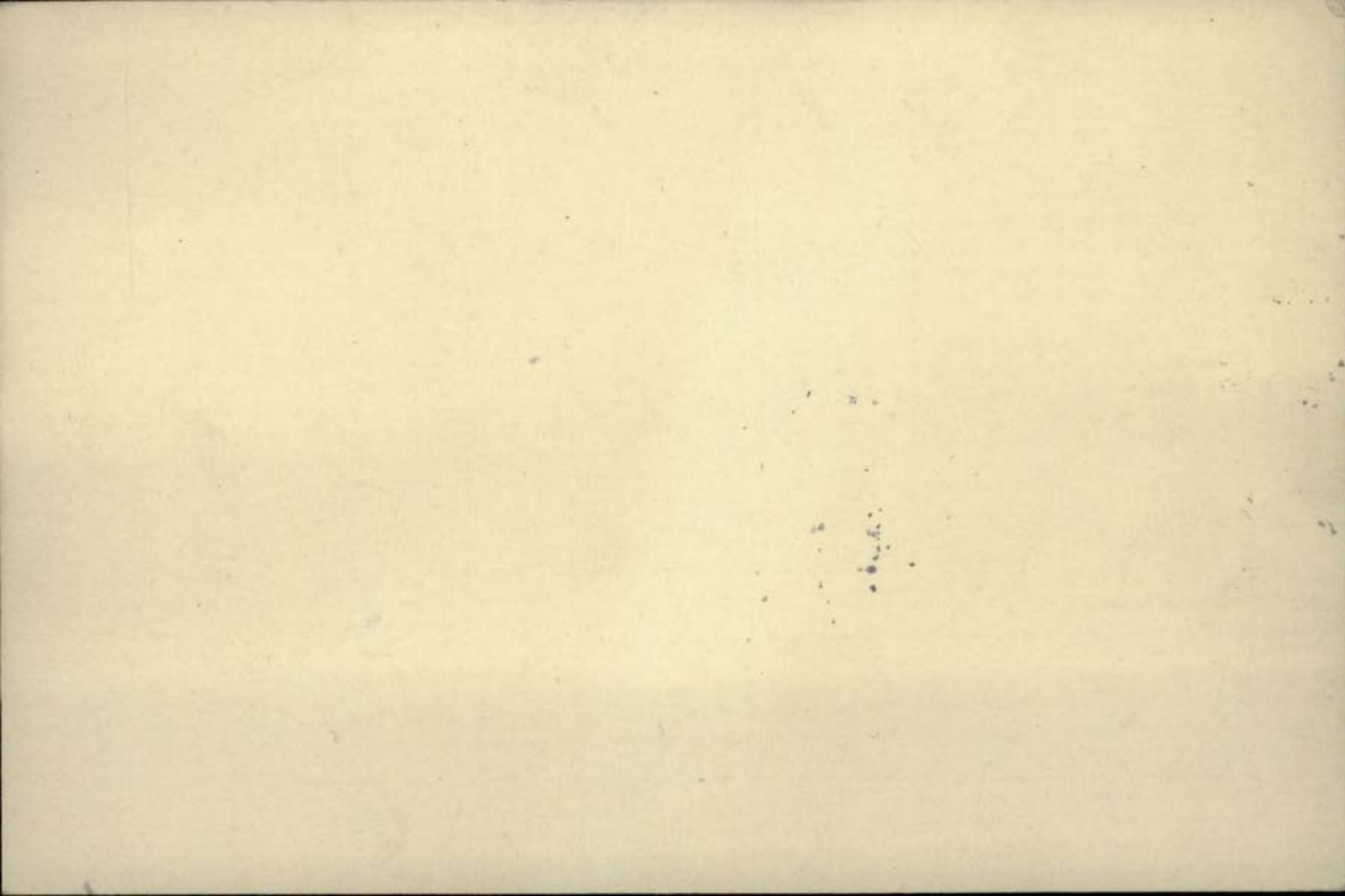
UNIT

*Discharge Depot (Quebec.)*

M. D. *5.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Nov.</i>	<i>1915. Nov.</i>	<i>✓</i>	<i>Dates not stated.</i>	





No. 47114 RANK *Plt*

NAME *Baugh. L. W.*

T. O. S. 1-2-16  
*Feb payroll.*

UNIT *casualties. Co. 7.*

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb 1.</i>	<i>1916</i> <i>Feb 29</i>	<i>n</i>	<i>2nd Bde.</i>	
<i>mar.</i>	<i>no/c</i>	<i>n</i>		

L. Q. 3515 *copy*

APR 2 1921

JUL 29 1921

~~9 19652~~ *copy*

119  
21

dy

Number. *41114* Rank. *Snr*

*A*  
*V*

Surname. *BAUSH*

Christian Names. *Charles Wallick*

Unit. *C.F. 9* Theatre of War. *France*

Dates of Service. *11/2/15*

Remarks. *2047 - St CATHERINE E*

Latest Address. *2113 St Catherine St  
Montreal*

Roll No. *P.O.*

*Page 1525*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Name Baugh, C.W. Rank Private Reg. No. 41114.

Unit 1st. Reserve Brigade, Canadian Field Artillery.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-7-16.	St. Martin's Plain.		Sec. Lymph.	15.		
(See also 2 <sup>nd</sup> C.F.A.)						
<del>in 2<sup>nd</sup> Bde C.F.A. Serial 15/16 May 16.</del>						

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 53	no 5 General Hosp., Rouen	3-5-15	Gas poisoning
✓ 59	No 3 North Gen. Hosp., Sheffield	13-5-15	Sick
✓ 85	3 <sup>rd</sup> North Gen. Hosp. Sheffield	21-6-15	Dis: to sick furlough "Sick"
15.	St. Martins Plain	1-7-15	sec. syph.

H. Q. FILE No. 649-

NAME *Baugh. Charles. Wallich*

REGT'L. No. *4 1114*

RANK AND CORPS

*Gunner.*

*2<sup>nd</sup> Field Artillery Brigade*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *766.*

FOLL.

*C. 1255*

*19/5/15*

*Suffering from gas fumes.*



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Name *Baugh C.* Rank *Sgt.* Reg. No. *H1114*  
 Unit *2<sup>nd</sup> Bde C of A.*  
 Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1915.</i> 3. 5.	<i>N<sup>o</sup> 5. Gen: Hosp.</i>	<i>Rouen</i>	<i>Gas Poisoning</i>	<i>53</i>		
<i>13. 5.</i>	<i>3. A. Gen: Hosp</i>	<i>Sheffield</i>	<i>Sick.</i>	<i>59</i>		
<i>21. 6</i>	<i>Dis: to Sick Fur. &amp; 3 N. G. H.</i>	<i>Sheffield</i>	<i>Sick</i>	<i>85.</i>		

*(See also 1<sup>st</sup> Reserve Bde)*  
*3<sup>rd</sup> Bde C of A*

From Quebec, Per. ed. "Ivernia" 3-10-14

MARRIED

SINGLE

WIDOWER

yes

TRADE OR CALLING

Fireman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

23

YEARS

—

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

1 Vacc. left arm. 1 blue scar left buttock. 1 Blue scar right Buttock.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Sept. 3<sup>rd</sup>, 1914

Present Address: - Not stated.

SURNAME.

Baugh

649-15-389

S.O.S. Dis. M. U.

CHRISTIAN NAMES

Charles Wallick

29-2-16. H. U.

REGL. NO.

41114

RANK

Trumpet

UNIT 2nd. C.F.A. Bde.

FORMER CORPS

R. C. G. A. 3 yrs.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Baugh, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

2112 St. Catharine St. E.  
Montreal P. Q.

2.1 k. card. 28-12-17.

COUNTRY OF BIRTH

Canada Quebec, P. Q.

DATE

May 20<sup>th</sup> 1891

PLACE OF ATTESTATION

Valcartier, P. Q.

DATE

Sept. 26<sup>th</sup> 1914

R/b. 8-11-14

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

[Blank space for Chelsea Number]

Army Form B, 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. CA 1114 Army Rank Trumpeter

Name Baugh G.  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canadian Field Arty  
Battalion, Battery, Company, Depôt, &c. 1st Res. Bty  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge Nov. 1915 Feb 29. 1916

Place of discharge Canada Montreal

1. Description at the time of discharge.

Age <u>23</u> years <u>5</u> months	Descriptive marks.
Height <u>5</u> feet <u>5</u> inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	
Trade <u>Fireman</u>	

Intended place of residence { Montreal  
Quebec

(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Medical unfitness.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—  
Good.

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

E.W.R M 091 1 Capt. 88/12/16  
Initials of Commanding Officer.  
Reserve Brigade, C.F.M.

Army Form B. 2088 has been issued to\*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Shorncliffe Col. J. Roberts

(Date) Nov. 1915 Commanding 1st Bn. King's R. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Shorncliffe C. Baugh (Signature of Soldier.)

(Date) Nov 1 1915 H. E. Reeching (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to Nov 5/15 (the date to which the record of service is completed) ... years ... days.

Further service " " (the date of confirmation of discharge) ... " ... "

Total ... " ... "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date)

(Place) Shorncliffe Col. Inman

(Date) 8 NOV 1915 Signature Capl. Adjutant,  
Reserve Brigade, C.F.A.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

C. Baugh

47

MEDICAL HISTORY OF AN INVALID

DEPT OF MILITIA OFFICE  
DEC 19 1915  
648.13-389  
CANADA

- 1.—Station. *Quebec P.Q.*
- 2.—Regiment of Corps. *5th Batty C.F.A.*
- 3.—Regimental No. and Rank. *41114 Drummer*
- 4.—Name. *Chas Raugh.*
- 5.—Age last Birthday. *23.*
- 6.—Enlisted { on *Sept 25 /14*  
at *Valcartier P.Q.*
- 7.—Former Trade or Occupation. *Locomotive Fireman.* Date *Nov 19/15*

- 8.—General remarks on his :—
- (a) Conduct. *2 days detention 5 days C.A.*
- (b) Habits. *for obscene language*  
*Good*
- (c) Temperance. *Abstainer*

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

(At Station or Hospital where finally disposed of.)  
Station and Hospital } Arrived }  
Hospital } from }  
Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

9.—Service.	Years.		Days.
	PERIODS.		
	From	To	
<i>5th Batty - C.F.A.</i>	<i>Sept 25/14</i>	<i>Present.</i>	

- 10.—Disease or Disability. *Shortness of Breath & pain in Chest on exertion from Gas poisoning. Chronic Pleurisy.*
- 11.—Date of origin, cause, present condition and whether the same is the result of service or climate.
  - May 3rd 15 Cyprus.*
  - Inhalation Gas.*
  - Complains of shortness of breath on exertion or running up stairs, no pain in chest now. Says chest condition is improving.*
- Has it been aggravated by intemperance, vice or misconduct?  
*No. Examination? chest does not show much. Has a few scattered nodes in upper part of chest anteriorly. Three months ago while on light duty in England he felt ear began to discharge slightly - no pain or fever at the time. He didn't report it to doctor. Stopped discharging after a week and just began again slightly today. Slight perforation of drum, no other discharge. No diminution of hearing.*
- Result of Service

*21138th Catherine St. E. Montreal*

M. F. B. 227.  
20m.—5-15.  
H. Q. 1772-39-117.

Date of final Medical Board or decision. }  
Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.	
Station	Corps
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of Invalids.

F. P. G. PATRO  
F. P. G. PATRO

[OVER]

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

✓

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

✓

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

✓

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

No - as to chest. Indefinite as to ear condition  
3 months  
1/4

16.—Full particulars of medical treatment of case up to date of invaliding.

To Dressing Station  
then to Base in Rouen 1 week.  
To Sheffield Hosp. Yorkshire 1 week  
To Convalescent Home Doucote  
Yorkshire - 6 or 7 weeks.  
To Depot.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Shorncliffe Nov 1915.  
on Gen. disability.

18.—State if for discharge on account of unfitness for service.

Yes - at end of 3 months.

Conrad Gheggie  
Capt R.M.C.  
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The Medical Board having met & examined  
Pte Ches Daugh # 41114 concurs in the  
above report, and recommends that he  
receive treatment of ear condition by Specialist.

Signatures:-- W. H. Curran Capt R.M.C. President.

Station Quek P.O. Conrad Gheggie Capt R.M.C.  
R. M. Curran Lt Col R.M.C. Members.

Date Nov 19/15

Date Nov. 20/15.

Approved.

Date 20/15

Wainwright Major  
Assistant Director of Medical Services.

Wainwright Major  
Director of Medical Services.



[OVER]



DEPT  
MILITIA & DEFENCE  
JAN 25 1916  
CANADA

MEDICAL HISTORY OF AN INVALID.

(At Station or Hospital where finally disposed of.)  
Station and Hospital } Arrived from }  
Date \_\_\_\_\_

If admitted. Index No. Date	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }  
\_\_\_\_\_ Administrative Medical Officer.

Militia Form B. 227.  
20m.-10-15.  
H. Q. 1772-39-117.

**DETAILED MEDICAL HISTORY OF INVALID.**

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

- 1.—Station. **Montreal P. Q.**
- 2.—Regiment of Corps. **5th. Battery C.E.F.**
- 3.—Regimental No. and Rank. } **#41114.  
Pte.**
- 4.—Name. **Chas. Baugh.**
- 5.—Age last Birthday. **24.**
- 6.—Enlisted { on **Aug. 14/16.**  
at **Montreal P. Q.**
- 7.—Former Trade or Occupation. } **Locomotive  
Fireman** Date **Jan. 17/16.**
- 8.—General remarks on his:—  
(a) Conduct.  
(b) Habits.  
(c) Temperance.  
*(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)*

9.—Service.	Years.		Days.
	From	To	
<b>5th. Battery C.E.F.</b>	<b>Aug. 14/16</b>	<b>Jan. 18-16.</b>	<b>157.</b>

- 10.—Disease or Disability. **Syphilis.  
Otitis Med. left.**
- 11.—Date of origin, cause, present condition and whether the same is the result of service or climate. **1.—Before enlistment. 2/Spirochaetae Pallida.  
3/Latent Syphilis as elicited by history of hard chancre 3 years ago. And positive Wasserman at present left ear has Chr. purulent discharge.**
- Has it been aggravated by intemperance, vice or misconduct? **4/No.  
5/No.**

B. P. C. FOLIO  
FALSE DOCKET  
6

MEDICAL HISTORY OF AN INVALID

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Not aggravated.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Ear Yes. Syphilis 2 years  
None.

16.—Full particulars of medical treatment of case up to date of invaliding.

Admitted to M.G.H. 15th. Jan. 1916.  
Inunctions of mercury & routine Hospital treatment. Ear syringed.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Not previously proposed.

18.—State if for discharge on account of unfitness for service.

Yes.

*A. B. Bellamy* Lieut.  
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The Board having examined #41114, Pte. Chas. Baugh, 5th. Batt. Concurs in the diagnosis of Syphilis, & Chr. Otitis Media left. and in the above report.

The Board recommends his discharge as medically unfit.

Signatures:— *A. B. Powell* Capt. President.

Station Montreal P. Q. *C. R. Bourne* Lieut. Members.

Date Jany. 19/16. *A. T. Payne* Lieut. Members.

Date 21/16 *R. Stalder* Assistant Director of Medical Services.

Approved. *[Signature]* Director of Medical Services.

Date Feb. 1. 16 [over]

B. P. C. FOLIO  
FALSE DOCKET  
J-

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of Board.

LIEUT. COL. SIR. H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
 LIEUT. COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

BEWLEY, FOLKESTONE.  
10,000-1/10/15-3512.

REPT MILITIA & DEFENCE  
 649-13-389  
 Army Form B. 179.  
 Canada.

Medical Report on an Invalid.

Station Shorncliffe  
 Date Oct 21/15

1. Unit Rus Bgd C.F.A.
2. Regimental No. 41114
3. Rank Trumpeter
4. Name Baugh, Chas
5. Age last birthday 24
6. Enlisted { on Aug 27/14  
at Shorncliffe
7. Former Trade { Locomotive Fireman  
or Occupation

8. Disability.

Gas poisoning

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Apr 22/15 slightly  
May 3/15 badly.
10. Place of origin of disability. Ypres
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
  - (1) Rouen. Host not known
  - (2) Sheffield
  - (3) Newcastle Convalescent. Dates not known.
  - (4) Returned to Rus Bgd C.F.A. in July
  - (5) Since July this man has been frequently on sick report complaining of his bronchitis and inability to blow the trumpet. I have never found anything very marked in chest.

12. (a) Give your opinion as to the causation of the disability. gas poisoning
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3). Active Service



Carded  
-12-15  
H

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

(1) General appearance fair.  
(2) Complaints of Pains in chest. Cough at night, Shortness of breath on exertion. Inability to use trumpet without distress  
(3) Exam of chest.  
1) Heart normal  
2) Lung inspection normal  
3) Palp. & percussion  
4) Auscult. Normal except for slight harshness of breath sounds.

14. If the disability is an injury, was caused

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

in action

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

not applicable

16. Was an operation performed? If so, what?

not applicable

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly attributable to active service?

not applicable

19. Do you recommend

- (a) Fit for duty?
(b) Fit for light duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

Home Service

J. J. Sonewau.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station \_\_\_\_\_
Officer in charge of Hospital.

Date \_\_\_\_\_
\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

Yes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Yes.

21. Has the disability been aggravated by

- (a) Intemperance?
(b) Misconduct?

No

22. Is the disability permanent?

No

23. If not permanent, what is its probable minimum duration?

3 months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

- (a) Fit for duty?
(b) Fit for light duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

No

SINCE THE ABOVE RECOMMENDATION IT IS RECOMMENDED THAT THIS PATIENT BE SENT TO CANADA AND RETAINED IN THE SERVICE UNTIL HIS DEPOT IS REACHED WHEN HIS FURTHER DISPOSAL, EITHER FOR SERVICE IN CANADA, OR FOR DISCHARGE AS UNFIT SHOULD BE DECIDED BY MILITIA AUTHORITIES THERE.

Approved.
Capt. A/D.A.A.G. for Brigadier-General. Comdg. Can. Train. Div., Shorncliffe.

Signatures:—

[Signature] President.

Station \_\_\_\_\_
Date \_\_\_\_\_

[Signature] Members.

Approved.

Station \_\_\_\_\_
Date \_\_\_\_\_

[Signature] Administrative Medical Officer.

Capt. A/D.A.D.M.S. Canadian Training Division, Shorncliffe.