

ATTESTATION PAPER.

No. 479099

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Ward.
- 1a. What are your Christian names?..... Charles.
- 1b. What is your present address?..... Wellington Barracks, Hfx, N.S.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Londen, England.
- 3. What is the name of your next-of kin?..... Emma, Ward.
- 4. What is the address of your next-of-kin?..... Wellington Barracks, Hfx, N.S.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... 11th. August. 1873.
- 6. What is your Trade or Calling?..... Soldier.
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... Yes. R.C.R.
- 10. Have you ever served in any Military Force?..... Yes. 12. Imp. 17. Yrs. R.C.R.
If so, state particulars of former Service.
- 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? .. ---
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason?..... ---

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles, Ward., do solemnly declare that the above are answers made by me to the above questions and that they 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.

Charles Ward (Signature of Recruit)

Date 16th. 1918. P.A. Jaudrey set (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Ward., 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.

Charles Ward (Signature of Recruit)

Date 16th, August. 1918. P.A. Jaudrey set (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 Halifax, N.S. this 16th day of September 1918.

J.S. Dure J.P. (Signature of Justice)

Description of Charles Ward on Enlistment.

Apparent Age 30 years 6 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. 6 1/2 ins.

Chest measurement: { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion Medium

Eyes Blue

None

Hair Brown

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

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 8-10 1918 Francis A. How

Place Halifax N.S. Major A. H. C.
 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.

Charles Ward 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.

H. W. Davis (Signature of Officer)

Commanding, Base, Depot, R.C.R. C.S.F.

Date 16th September 1918.

REGIMENTAL DOCUMENTS

NAME

Shard Charles

REGT. NO.

8062
479099

UNIT

P.C.R.

H. Q. FILE NO.

15

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

3P

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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.F.B. 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. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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)

M

S.S.P.

DEATH

Category

DISCHARGE

Category

Med. Unfit

DESERTION

05616

H

Wm. A. ...



31; 1-21
SURNAME.

Ward

CARD NO.

CHRISTIAN NAMES

Charles

Med Unfit

FOLL

S.O.S. 28-4-1920 116 4/26
19

R.B.P. Base
Syo

REGL. NO.

8062

RANK

Corpl.

UNIT

R. C. R.
P. F.

FORMER CORPS

NEXT OF KIN.

also to
CHANGE OF ADDRESS

NAMES IN FULL

Ward, Mrs. C.

RELATIONSHIP TO SOLDIER

wife

ADDRESS

St. Louis Pk. Quebec, P. Q.
18 1/2 St. Gabriel St

(auth L. 3. 3-22)

COUNTRY OF BIRTH

England

DATE

PLACE OF ATTESTATION

Quebec P. Q.

DATE

Feb. 13th 1903

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present address,

No. 8062

RANK

Sgt.

NAME

Ward. C.

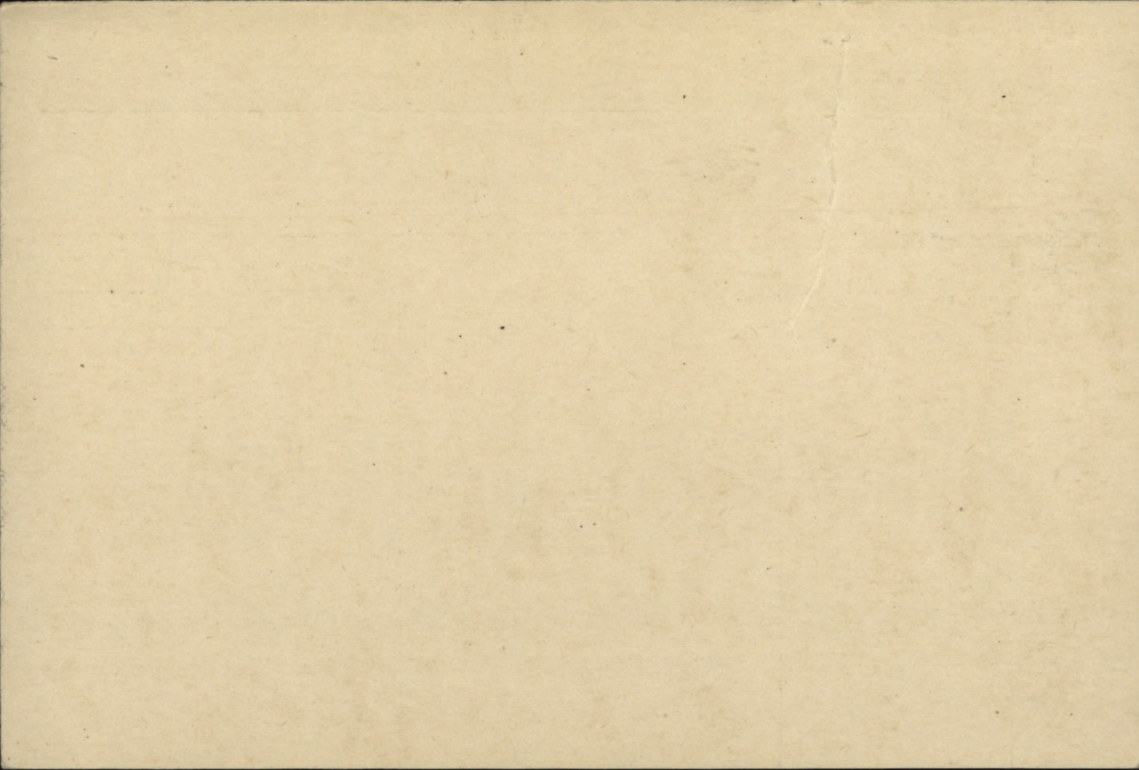
T. O. S.

UNIT

Base Coy. Royal Canadian Regiment

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Apr. 1	Apr. 30	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1918	1918			
	Jan	✓		
	Feb.	✓		
	Mar.	O.S.		



Sgt
Number. 8062 Rank. Cpl B

Surname. Ward

Christian Names. Charles

Unit. RCR Theatre if War. Bermuda

Dates of Service.

Remarks.

Latest Address. G.P.O. Quebec P.Q.

Roll No.

A
Page 44



R C R
MEDICAL HISTORY OF

Surname Hard Christian Name Charles

Examined { on 11th day of February 1903
 at Quebec
 Birthplace { Parish Redford
 County Oxfordshire Eng.
 Apparent Age 30 1/2 years
 Trade or Occupation Labourer
 Height 5 Feet 6 1/2 inches.
 Weight 160 lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 38 inches.
 Physical Development Good
 Small Pox Marks none
 Vaccination Marks { Arm Right | Left
 Number Two
 When Vaccinated last February 1900

(a) Marks indicating congenital peculiarities or previous disease none
 (b) Slight defects but not sufficient to cause rejection. none

Approved by [Signature]
 (Rank) _____
 Medical Officer.

Examined for re-engagement
10-06 Fit day of Nov 1909
9-2-17 Fit
 * Considered Fit
 (Signature) [Signature]
 Medical Officer.

*If unfit, state disability.
18-3-13 - modified - [Signature] Capt.
 Re-vaccinated on 21st day of March 1906
 " " 4-4-14 Feb 1906
 Arm Left Number 14
 Result Satisfactory
 (Signature) [Signature]
 Medical Officer.
Capt. P.A.M.C.

Enlisted on 11th day of February 1903, at Quebec

	CORPS	REGT. NUMBER.	HABITS.	DATE.
Joined on Enlistment	<u>R. C. R.</u>	<u>8062</u>		<u>11-11-03</u>
Transferred to	<u>R. C. R.</u> <u>C. E. 7</u>	<u>479099</u>		<u>22-6-18</u>

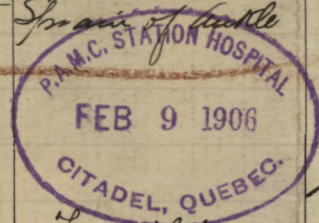
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE	RESULT.
<u>Quebec</u>	<u>22-4-19</u>	<u>D.H. & piles</u>	<u>E to discharge</u>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Services, on the man becoming non-effective the date and cause being stated on next page.
 Militia Form B. 63.

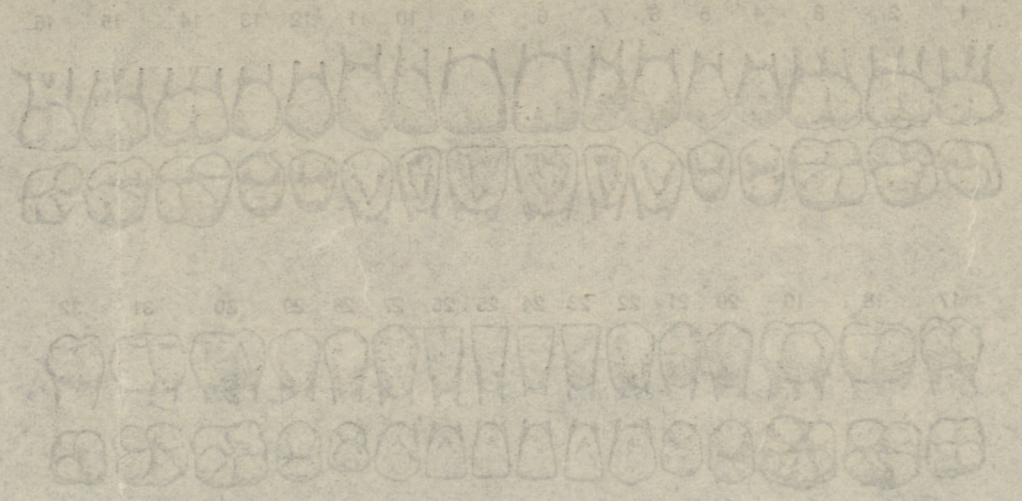
Surname *Hard*
 Christian Name *Charles*

Station or Troop Ship.	Date of arrival at the Station, or of Embarkation.	Dates of						Disease.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day.	Mo.	Yr.	Day.	Mo.	Yr.				
Quebec	11. 2. 03	1	6	05	5	6	05	<i>Sprain of ankle</i>	5	Recovered.	<i>J. Bronsman</i> Major P. A. M. D.
Quebec.		23	8	08	27	8	08	Tonsillitis	5	Cured.	<i>J. Bronsman</i> Major O. C. Detachment, P. A. M. D.
Quebec.		11	1	13	16	1	13	Bronchitis	6	Recovered	<i>Hawson</i> Capt. P. A. M. D.
Bermuda	14-9-14										
"	13-7-15							Examined found fit for full service			<i>Caplan</i>



INSTRUCTIONS

1. On examination the condition of teeth to be marked ligament in red ink.
 2. On first line of report record of teeth to be made in red ink.
- Only such entries to be made on this sheet as will show:
1. Condition on examination (in red).
 2. Condition on active Canada.
 3. Condition on discharge.



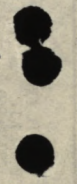
Page No. 48888

Name of Patient

Service No.

UNITED STATES ARMY
DENTAL HISTORY SHEET

DATE OF EXAMINATION



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 479099 (Rank) Sergeant

Name (in full) Charles Ward enlisted in

the Princess Canadian Regiment

CANADIAN EXPEDITIONARY FORCE at Shelford on the 16th

day of September 1918

HE served in Canada

and is now discharged from the service by reason of Having been

found medically unfit for further service

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 46 3/4

Height 5 - 6 1/2

Complexion Fair

Eyes Blue

Hair Brown

C Ward Sargent

Signature of Soldier

Marks or Scars

Small Scar under
left Lower Jaw
Two marks on each
Fore arm

Issuing Officer

Date of Discharge 25th April 1919

H. J. Morgan Capt
Rank
Appointment

Signed at Shelford this Twenty fifth day of April 1919

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Name of Officer

Rank

Appointment

1918
1919
1920

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. 17-18
20m. 5-15.
H. Q. 1772-59-519

To Whom

Mr. C. Ward,

By Whom Assigned

Ward, C.

Address

*34 Jubilo St.
82 Eustache St.
Quebec, Que.*

Regtl. No.

8062.

Rank

Cpl.

Corps

C. Co. - R. C. R.

Rate

\$45.00

SEP 1 - 1915

inc. all.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		<i>8005</i>	<i>45</i>	<i>Rec'd check \$45.00 from Paymaster 6th Div. as refund</i>
Oct.		<i>9079</i>	<i>45</i>	<i>Stop. D.R. 1438.</i>
Nov.		<i>4514</i>	<i>45</i>	<i>Letter Paymaster 6th Div. 31/10/15. 27/11/15 P.M.</i>
Dec.				<i>Did not go overseas - P.L. 1915</i>
Jan.	1916			
Feb.				
March				

$$\begin{array}{r} 40 \\ \cdot 18 \\ \hline 22 \times 18 \\ 18 \times 10 \end{array}$$

$$\begin{array}{r} 279 \\ 176 \\ \hline 396 \\ 31 \end{array}$$

$$2 - 18$$

$$10$$

$$18$$

$$40$$

$$720$$

$$\begin{array}{r} 180 \\ 396 \\ \hline 576 \end{array}$$

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... Halifax, N.S...... DATE..... 22-4-19.....

1. 1 (a) Unit..... R.C.R...... (b) Regimental No..... 479099..... (c) Rank..... Sgt......
 (d) Surname..... WARD,..... (e) Christian name..... CHARLES,.....
 (f) Home address..... Cpl. Batt. St. Louis Barracks, Quebec......
 (g) Next of Kin..... Mrs. Elmira Ward...... (h) Relationship..... Wife......
 (i) Address of Next of Kin..... Same as above......

2. Age last birthday..... 45..... Date of birth..... Feb. 13-1873.....

3. Enlistment, or Appointment (if an Officer) (a) Place..... Quebec...... (b) Date..... Feb. 13/1903.....

4. Personal description:

(a) Height..... 5 7 1/2"..... (b) Weight..... 155..... (c) Complexion..... Medium.....
(stripped)

(d) Colour of hair..... Grey & Brown..... (e) Colour of eyes..... Blue..... (f) Identification marks, Scars, etc.

Tattoo marks on both forearms

5. Former trade or occupation..... - LABORER.-

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	16	68

	PERIODS	
	From	To
Canada..... <u>R.C.R.</u>	<u>Feb. 13/1903</u>	<u>Date.</u>
England.....		
France or other theatres of War.....		

7. Original disease, or injury..... (1) Disordered Action of Heart. (b) Piles.

(a) Unknown, probably
 (a) Date of origin..... since enlistment...... (b) Place of origin..... (a) Quebec. (b) Do.
 (c) Cause..... (a) Unknown. (b) Sitting posture in ^{tailor} boiler shop (probably)

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

- (a) Disordered Action of Heart.
- (b) Piles.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(a) Patient complains of Vertigo at times. Pain over precordium on moderate exertion accompanied by Dyspnoea. On Exam- Apex of Heart is in Left Nipple Line. A slight roughening of 1st sound at apex. Accentuation of Aortic sound. Pulse and respirations at rest 100 and 24 after 70 hops, pulse is 134 respirations 30 After resting two minutes pulse in 100 respirations 24.

(b) Several pile bodies discernible around Anus. They are quite itchy and usually bleed after going to stool. at times they become greatly inflamed and painful.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System..... no Cardio-Vascular System..... no Genito-Urinary System..... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... no Respiratory System..... no Integumentary System..... no
- Disturbances of Mentality..... no Digestive System..... no Muscular System..... no
- Osseous and Joint Systems..... no Any other general condition..... no

10. (a) History (of the condition referred to in Section 9 (a).)

(a) Patient complains of Heart having troubled him chiefly since the Explosion, some slight trouble previous to that, unable to state when it first troubled him.

(a) First noticed the Piles while working in Regimental Tailor shop in Quebec.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

none

(c) (Here give a description of wounds, scar, and deformities.

none

11.—(a) Did the disabling condition have its origin before enlistment? (a and b) no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a and b) No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (a) permanent, (B) Permanent unless operated upon.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

(a) None (b) Astringent and Sedative ointment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

(a and b) no.

16. Can the former trade or occupation be resumed? (If not, briefly state why) no.

17. Recommendations

Cat E "E."

J. M. Woodcock Capt Comd Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, Charles Wood have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

[Handwritten signature]

C. Ward Sergt Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

9. Heart's dullness extends to nipple line After exercise a soft Systolic murmur is heard at apex, but disappears after resting. Radial arteries palpable . B. P. 128-70(Averoid)

Can walk on level slowly without discomfort- walking fast for 1/2 mile caused Dyspnoea, going up hill has to stop and rest.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
(b) Service abroad, not general service, (" B) (Yes or No.)
(c) Home service (Canada only), (" C) (Yes or No.)
(d) Temporarily unfit. (" D) (Yes or No.)
(e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE HALIFAX, N. S.

DATE 22-4-19

Handwritten signatures and names of President and Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... President. Members

DATE..... APPROVED BY..... APPROVED BY.....



Assistant Director of Medical Services. Director-General of Medical Services. DATE 23-4-19 DATE.....

Copy to replace original Lost

MEDICAL HISTORY OF

Surname Ward Christian Name Charles

Examined { on 13th day of February 1903
at Quebec
Birthplace { City or Town Redford
County Oxfordshire, England
Apparent age 30 1/2

Approved by (Sgt) C Sewell
(Rank) Colonel
Medical Officer. P.A.M.C.

Trade or occupation Labourer
Height 5 Feet 6 3/4 Inches.
Weight — Lbs.
Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Examined for re-engagement
day of _____ 191____

Physical Development —
Small-Pox Marks —
Vaccination Marks { Arm — Right — Left —
Number _____

*Considered _____
(Signature) _____ Medical Officer.
*If unfit, state disability.

When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection _____

Re-vaccinated on _____ day of _____ 191____
Arm _____ Number _____
Result _____
(Signature) _____ Medical Officer.

Enlisted on 13th day of February 1903 at Quebec P.Q.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>R.C. Canb.</u>	<u>8062.</u>		<u>13-2-03</u>

Transferred to..... {

Cpl Ward
ANTITYPHOID INOCULATION.

FIRST INOCULATION.
Place St. George's Bldg Date 15-7-15
Batch Number of inoculation material 466
Date of preparation of inoculation material _____
Dose given 750
Signature of Inoculator [Signature]

SECOND INOCULATION.
Place _____ Date _____
Batch No. of inoculation material _____
Date of preparation of inoculation material _____
Dose given _____
Signature of Inoculator _____

W 5050-2296 25,000 11/12 H W V G. 06/522
1376-985 35,000 6/13

For insertion in Table 7, Medical History Sheet.

EXAMINED OR DISC	
STATION.	DATE.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Dead

MEDICAL DOCUMENTS
FORWARDED TO

S. C. R.

B. P. C.

ON 5-5-19

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page). *CE 7*

No.	<i>8062</i>	<i>479099</i>
Rank	<i>Sergeant</i>	
Surname	<i>Ward</i>	
Christian Name	<i>Charles</i>	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	<i>Royal Canadian Regt</i>	
Date of Discharge	<i>25th April 1919</i>	
Place of Discharge	<i>Halifax N.S.</i>	

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	<i>46</i> years <i>8</i> months.	<i>Small Scar under left lower jaw Tattoo marks on each forearm</i>
Height	<i>5</i> feet <i>6 1/2</i> inches.	
Complexion	<i>Fair</i>	
Eyes	<i>Blue</i>	
Hair	<i>Brown</i>	
Trade	<i>Labourer</i>	
Intended place of residence	<i>G D O</i>	
<small>(To be given as fully as practicable.)</small>		<i>Quebec P.Q.</i>

2. The above-named man is discharged in consequence of *Having been found Medically unfit for further Service Para 377-(10) K. R. & O. Canada 1917*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

- Good -

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

- Labourer -

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

KCA 21.2.20

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

*Commemorative Medal
1911*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Bolnisi*

H. W. Jogan Capt

(Date) *25th April 1919*

Commanding *Base Depot R. 612*

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Bolnisi* *E. Wardberg* (Signature of Soldier.)

(Date) *25th April 1919* *J. W. Jogan* (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 on 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. ²⁵ Statement of Service.

Service toward Engagement to *4* (the date to which the Record of Service is completed) *16* years *9* days.

Total *16* years *9* days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *Bolnisi*

(Signature) *H. W. Jogan Capt*

(Date) *25th April 1919*

Comdg Base Depot R. 612

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 Ward Sergt.

<p>Attestation Paper Military Form B. 252</p>	<p>Reg. Conduct Sheet Military Form B. 263</p>
<p>Proceedings on Discharge B. 213</p>	<p>Medical Report for Invalids* B. 237</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions, by C. P. in M.S.</p>
<p>(a) Proceedings on Discharge.</p>	<p>Med. Hist. Sheet Military Form B. 313</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>*Only if discharged "Medically unfit."</p>

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Attestation Paper, Militia Form B. 235.

Squadron }
Battery } Conduct Sheet, " B. 263a.
Company }

Proceedings on Discharge " B. 218.

Copies of Convictions, by C. P. in MS.

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

Med. Hist. Sheet, Militia Form B. 313

Medical Report for Invalid* " B. 227.

(a) Proceedings on Discharge.

Statement of Man's Account on
Transfer and Last Pay Cer-
tificate, " D. 877.

(b) Attestation.

*Only if discharged "Medically unfit."

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

