

# ATTESTATION PAPER.

No. 6252

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Alfred Welsh*
  2. In what Town, Township or Parish, and in what Country were you born?..... *London Eng.*
  3. What is the name of your next-of-kin?..... *Alfred Welsh*
  4. What is the address of your next-of-kin?..... *2040 - Park Ave. St. Louis Montreal*
  5. What is the date of your birth?..... *16th March 1871*
  6. What is your Trade or Calling?..... *cook*
  7. Are you married?..... *Widower*
  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.F.A. 17 years*  
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*
- A. Welsh* (Signature of Man).  
*T. Marke* (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alfred Welsh*, 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.

*A. Welsh* (Signature of Recruit)

Date *Sept 21st* 1914. *T. Marke* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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.

*A. Welsh* (Signature of Recruit)

Date *Sept 21st* 1914. *T. Marke* (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 *Yollesville* this *23rd* day of *Sept* 1914.

*J. W. J. Lusk* (Signature of Justice)

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

..... (Approving Officer)

*R. C. H. A. A. Batty*

Description of *Welsh Alfred* on Enlistment.

Apparent Age.....*3*.....years.....*9*.....months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....*5* ~~*3 1/2*~~ *9*.....ft.....ins.

Chest-measure-ment { Girth when fully expanded.....*37*.....ins.  
 Range of expansion.....*1 1/2*.....ins.

Complexion.....*Dark*.....

Eyes.....*Brown*.....

Hair.....*Bl Brown turning grey*.....

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

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.)

*Tatoos right forearm  
 large scars left  
 wrist*

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 19*.....1914.

Place.....*Halifax Que*.....

*H. J. Bethune*  
 Capt. *Smith*  
 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.

.....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.

.....(Signature of Officer)

Date.....1914.

REGIMENTAL DOCUMENTS

NAME

*Melch Alfred*

REGT. NO.

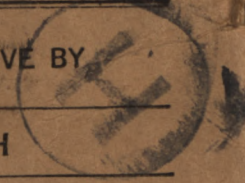
*6252*

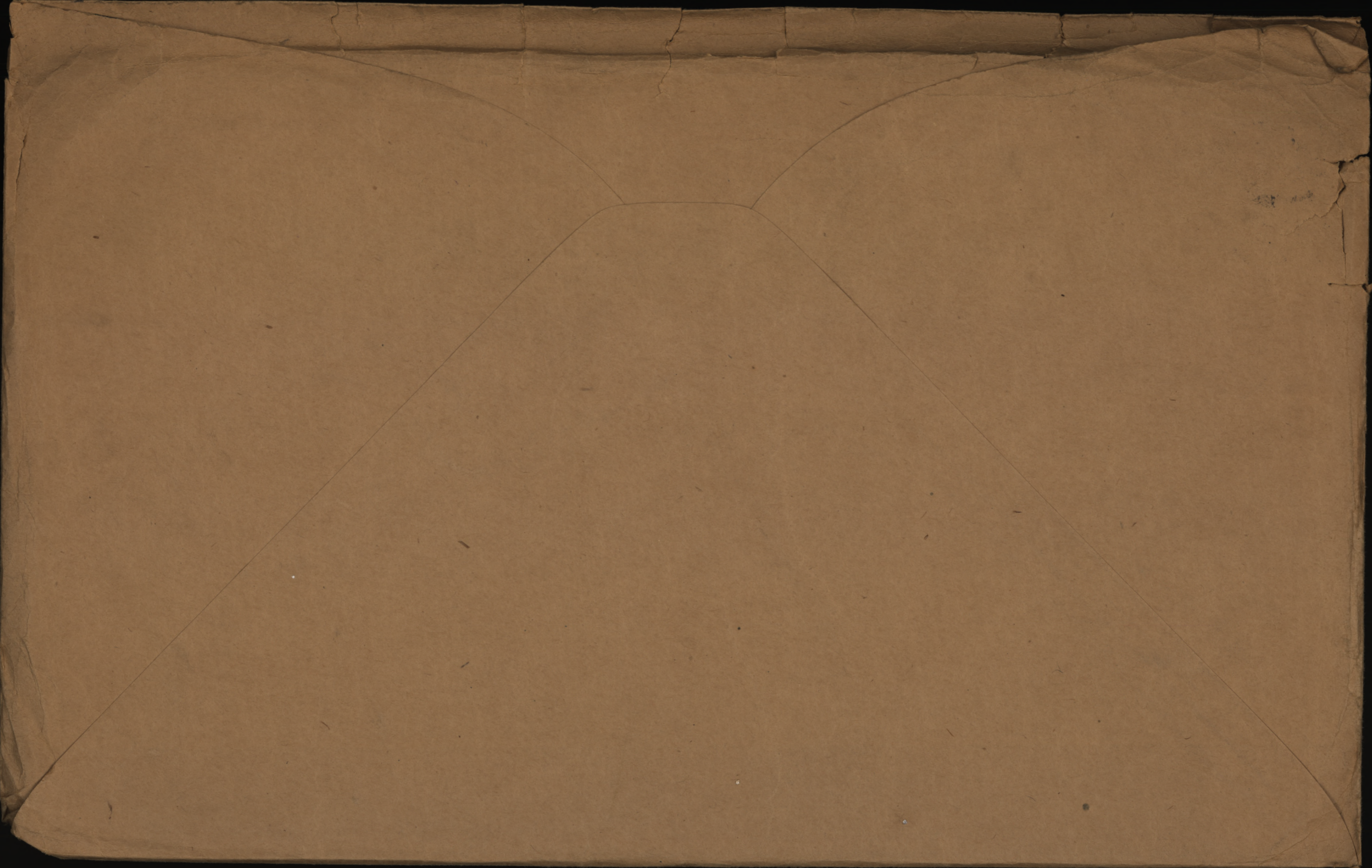
UNIT

*1st A.A.*

H. C. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
94 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>2/28/20</i>	<i>Melch</i>	<i>20</i>		DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			<i>30</i>	<i>20</i>		Category
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
RECT. 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)						DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)						Category
✓ 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)					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)				13766		
2 <i>Misc</i>						
1 <i>Misc Papers</i>						
<i>R 122</i>						
<i>M-X</i>						
<i>24-1-21</i>						
<i>R.H.</i>						





CARD NO.

SURNAME.

*Welsh*

CHRISTIAN NAMES

*Alfred*

REGL. NO.

*6252*

RANK

*Gr.*

UNIT

*P.C.A.A.*

FORMER CORPS

*P.C.A. (17 yrs)*

NEXT OF KIN.

NAMES IN FULL

*Welsh, Alfred*

RELATIONSHIP TO SOLDIER

*Not Stated*

ADDRESS

*2040 Park Ave, St. Louis,  
Montreal, P.Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England, London*

DATE

*Mar 16<sup>th</sup> 1871*

PLACE OF ATTESTATION

*Valcartier, P.Q.*

DATE

*Sept. 21, 1914**O/S 7-16-14 L.O.  
6**R/C. 1/8/17*

L. L. 10437. M. &amp; D. 7253.

M. F. W. 22. 100M.-11.16. H. Q. 1772-39-339.

*imp*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Cook

RELIGION

Yes  
Church of England

DESCRIPTION.

APPARENT AGE

43

YEARS

9

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown turning

DISTINGUISHING MARKS

L. & R.

Tattoo R. forearm Large scar

MEDICAL EXAMINATION.

PLACE

Valcartier, P. Q.

DATE

Sept 19<sup>th</sup> 1914.

Present Address,

Not stated.

m. J.  
Number, 6252 ..... Rank, ~~Corporal~~ **TS**  
Surname, WELSH .....  
Christian Names, Alfred .....  
Unit, P. C. H. a ..... Theatre of War, France  
Dates of Service, 18-7-15 .....  
Remarks, ~~None~~ **D**  
Latest Address, Miss Maudy Cairns,  
53<sup>a</sup> Kent, St. Montreal.  
Roll No. **B** Page 1864 **Due**

Y. 41607 - *[illegible]*

SEP 23 1921



File No 649-W-10463

WELSH <sup>✓</sup> Pte. Alfred #6252 <sup>✓</sup> - *R.C.H.A.*

M & D, Niece, Miss Maudy Cairns, 53A Kent St  
Montreal, Que.

P & S

"

"

"

*Rec # 808799*

Mem X

Nil

*a*

*[Large handwritten signature/initials in black and red ink]*

*Eligible for 14-15 Star <sup>✓</sup> Gnr. *R.C.H.A.**  
14-15 Star Deployed by *4.8.1921* *27 4 2793*  
*5/2/20*  
*E. . . . . V.M.*  
*E. . . . . B.W.M.*  
MAY 19 1921  
JUN 27 1922  
Plaque Best Recn. No. *P40952 R.P.*

1 + 1 = 2

No. 6253

RANK

Gnr

NAME

Welsh A.

T. O. S.

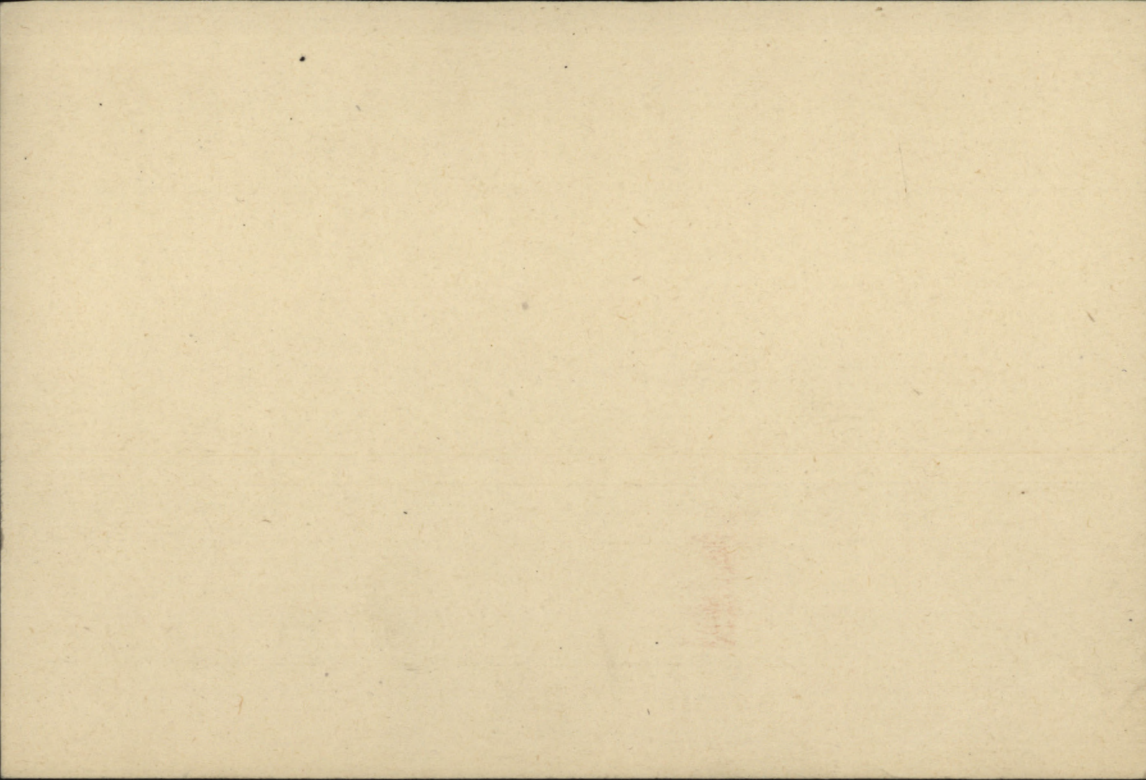
UNIT "A" & "B" Batteries (R.C. H.A.).  
("A" Battery).

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Sept 11 <sup>th</sup>	1914. Sept. 30 <sup>th</sup>	✓ ✓	absent 5 days <sup>from</sup> 26-9-14. to 1-10-14	September payroll

UNIT SAILED

OCT 3 1914



# EXAMINATION

BY

## STANDING MEDICAL BOARD, SHORNCLIFFE.

DEPT. MILITARY DEFENCE  
EST. 1918

No. 6257 Unit O.G. Coy Batty Rank Surgeon  
Name Kelch A Age 49

H.O. CANADA  
1916.

Examination held at Roor Bks.

DISABILITY Ability -

Overseas—~~Local~~  
(scratch one out)

Present Condition: has recovered -  
is receiving dental treatment

APPROVED  
CAPTAIN C.A.M. FOR D. OF R. & O. FOR  
ENGINEER GENERAL  
COMMANDING  
CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Board recommends:

1. Fit for Duty.
2. Fit for duty after.....weeks physical training.
3. Fit for light duty...8.....weeks. (is a cook)
4. Fit for permanent Base duty.
5. Discharge.

Signatures:  
Members Walter G. Munro Capt. Pres.  
R.D. Moyle Capt.

Approved.

Shorncliffe 11 MAR 1916 1916. W. Bowby Capt.  
A.D.M.S.  
Canadian Training Division.

EXAMINATION

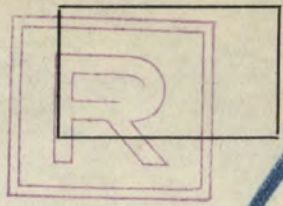
STANDING MEDICAL BOARD, SHORNICIFFE

*[Faint, illegible handwritten text, possibly a name and address]*

APPROVED  
*[Faint, illegible text]*

*[Faint, illegible text, possibly a signature or official stamp]*

1360



# EXAMINATION BY STANDING MEDICAL BOARD, SHORNCLIFFE.

No. 6252 Unit C.F.a. R.C.M.A. Rank Pt.  
Name Welch A. Age 49  
Examination held at Ross Bn

DEPT. MILITARY & DEFENCE  
MAY 14 1918  
H.Q. CANADA

### DISABILITY.

*overage.*

Overseas—~~Local~~  
(scratch one out)

Present Condition:

*Physical Exam — neg*

### Board recommends :

1. Fit for Duty.
2. Fit for duty after        weeks physical training.
3. Fit for light duty        weeks.
4. Fit for Permanent Base Duty. *yes*
5. Discharge.

APPROVED  
 CAPTAIN C.A.M.C. (M.D.) R. & Q. FOR  
 GENERAL  
 SHORNCLIFFE

*[Signature]*

Signatures :

*N. P. Bethune* Capt Pres.  
*W. McDonald* Capt.

Members

Approved.

Shorncliffe 30 JUN 1916 1916. *A. D. Craig* Capt.  
for A.D.M.S.

Canadian Training Division.

MAY 4 1918

81-5-41-571

14-5-18  
575

EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE

No. 222  
Name: [Handwritten]  
Rank: [Handwritten]  
Age: [Handwritten]

Examination held at [Handwritten]

DISABILITY

Overseas (attach one only)

Present Condition:

[Large handwritten signature]

Board recommends:

- 1. Fit for Duty.
- 2. Fit for duty after \_\_\_\_\_ weeks physical training.
- 3. Fit for duty after \_\_\_\_\_ weeks.
- 4. Fit for Permanent Discharge.
- 5. Discharge.

[Handwritten signatures and stamps]

Approved:

Shorncliffe [Handwritten] 1918

Canadian Training Division





# EXAMINATION BY STANDING MEDICAL BOARD, SHORNCLIFFE.

No. 6252 Unit C7A - RCHA Rank Pte 1916.  
Name Welsh a Age 49

REC'D  
DEC 13 1911  
H.Q. CANADA

Examination held at Ross Bks

**DISABILITY.** Average

Overseas—Local.  
(scratch one out)

Present Condition: Phys. exam. neg.

*This man will  
not rate higher than  
E111 within 6 mos.  
27-6-17  
A.B. Shouerson Capt.*

①

### Board recommends :

1. Fit for Duty.
2. Fit for duty after.....weeks physical training.
3. Fit for light duty.....weeks.
4. Fit for Permanent Base Duty. yes ✓
5. Discharge.

APPROVED  
CAPTAIN COMMANDER D. OF R. & G. FOR  
SQUADRON GENERAL  
COMMANDING  
CANADIAN TRAINING DIVISION, SHORNCLIFFE

Signatures: M. P. B. Jones Pres.

Members: Wearnold Capi

Approved.

Shorncliffe 30 JUN 1916 1916. H. V. Craig Capt.  
for A.D.M.S.

Canadian Training Division.

*Dis. Rec.  
12-12-17  
S*

20.2.2.  
13

10-17-17  
18-17-17  
18-17-17  
18-17-17

8-8-12

EXAMINATION

BY

NOT CHARGED 157

1719171

Unit - RCHA

Name - [illegible]

Examination held at - [illegible]

Disability - [illegible]

Overseer - [illegible]

Present Condition - [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

## PARTICULARS OF DISCHARGE.

1. Name *Welsh. Alfred.*  
2. Regimental Number *6252.* 3. Rank *Genl.*  
4. Corps *C. F. C. Form R. C. W. A.*  
5. Date of Discharge *30-11-17.*  
6. Place of Discharge *Montreal Que.*  
7. Place to which transport given. (Give street address where possible.)

*660 Dorchester St. Khaki Club. Montreal*  
*Enlisted at Valcartier 23-9-14.*

8. Description at time of Discharge :-

Age *51* years months. Descriptive marks *None.*

Height *5* feet *9* inches.

Complexion *Dark*

Eyes *Brown.*

Hair *Grey*

Trade *Cook.*

9. The above named man is discharged in consequence of

*Medical unfitness due to syphilis. Deformity of nose.*  
*Auth. H. J. 41. 22-W-609. Dated 24-11-17.*

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood? *1/10. decreasing*

11. Character

*Good.*

Date *12-12-17*

*E. S.*

i/c Records.

PARTICULARS OF DISCHARGE

\_\_\_\_\_

1. Name of the vessel  
2. Rank and name of the commanding officer  
3. Date of departure  
4. Name of the port of destination  
5. Name of the vessel to which discharged

6. Name of the vessel to which discharged  
7. Name of the vessel to which discharged  
8. Name of the vessel to which discharged

9. Name of the vessel to which discharged  
10. Name of the vessel to which discharged  
11. Name of the vessel to which discharged

12. Name of the vessel to which discharged  
13. Name of the vessel to which discharged  
14. Name of the vessel to which discharged

15. Name of the vessel to which discharged  
16. Name of the vessel to which discharged  
17. Name of the vessel to which discharged

18. Name of the vessel to which discharged  
19. Name of the vessel to which discharged  
20. Name of the vessel to which discharged

6252

# ORIGINAL MEDICAL HISTORY SHEET.

Surname Welsh Christian Name Agnes

Examined { on 21st day of Sept. 1914  
 at Valcartier P.Q.  
 Birthplace { City or Town London Eng.  
 County \_\_\_\_\_

Approved by E. H. W. Under  
 Rank Lieut. Ame. M.O.

Apparent age 42  
 Trade or occupation Cook  
 Height 5 Feet 9 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 35 1/2 inches.  
 Maximum expansion 1 1/2 inches.  
 Physical development \_\_\_\_\_  
 Small-Pox Marks \_\_\_\_\_  
 Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease Tattoo R. forearm.  
Large Scar L. wrist.  
 (b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Result	VACCINATIONS.
<u>1912</u>	<u>T</u>	<u>E. H. W. Under Lt. Ame. M.O.</u>
		M.O.
		M.O.

Enlisted on 23rd day of Sept. 1914 at Valcartier P.Q.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>"A" R.C.H.A.</u>	<u>6252</u>		
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Entries in Red Ink made from  
 Attestation Sheets.  
AUG 6 1916  
17  
P. M. Shaw  
 for D. D. M. S.

Surname *Welch*Christian Name *Alfred*

STATION.	Date of Arrival at the Station.	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. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>T.S.S. Athenia</i>	<i>Sept-28.</i>	<i>3<sup>rd</sup></i>	<i>Oct</i>	<i>1914</i>	<i>7<sup>th</sup></i>	<i>Oct</i>	<i>1914</i>	<i>Bronchitis</i>	<i>5</i>	<i>Severe. Completely recovered.</i>	<i>C.H. Morris</i>
<i>Montreal Que.</i>	<i>G.N.C.H.</i>	<i>23</i>	<i>8</i>	<i>17</i>	<i>15</i>	<i>11</i>	<i>17</i>	<i>Overage. Syphilis. Deformity of nose.</i>	<i>84</i>	<i>Discharged to O.C."A" Unit through the Clearing Station P. E. 508.</i>	<i>Jachabotcaptain</i>

## Casualty Form—Active Service.

Regiment or Corps R.C.A. A.C.Regimental No. 1252Rank Ser.Name A. WelshEnlisted (a) 23-9-14Terms of Service (a) During WarService reckons from (a) 23-9-14Date 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				
		<u>Landed in France</u>	<u>Harve</u>	<u>20-7-15</u>	<u>L R 2966</u>
<u>18-2-16</u>	<u>Harve</u>	<u>blissied P.B. awaiting transfer to England.</u>	<u>Harve.</u>	<u>18-2-16</u>	<u>W. 3339.</u>
<u>20-2-16</u>	<u>Harve.</u>	<u>Transferred. England.</u>		<u>19-2-16</u>	<u>I.C.C.R.O. 208 dt/ 25-7-15</u> <u>O.C. Reinforcements 20-2-16</u> <u>Part II No 10. 29-76</u>
					<u>Lieut.</u> <u>OFFICER 116 RECORDS</u> <u>CANADIAN SECTION C.H.C.</u> <u>3RD ECHELON</u>
<u>24.2.16</u>	<u>de Res Bde</u> <u>CFA</u>	<u>Taken in Strength</u>	<u>Stonecrops</u>	<u>22.2.16</u>	<u>Pt II O 47</u>
<u>11.4.17</u>	<u>de</u> <u>CARA</u>	<u>J.O.S. of C.A.R.W and</u> <u>shown on com. to 1st. Bde</u> <u>C.R.A.</u>	<u>Schiffe</u>	<u>10.4.17</u>	<u>Pt II W 33</u>

(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, Shoeing Smith, etc., also special qualifications in technical Corps duties.

GR WELSH. A.

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				
3/7/17	<i>yc</i> C.A.R.W.	On com. to Lt. C. W. D. Buxton	S'cliffe	3/7/17	<i>PL<sup>o</sup> WO <del>33</del> 116.</i> <i>Can Discharge</i> <i>Can Discharge</i>
4 JUL 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 155.			<i>Robnan Capt</i> for Lt. Col. Commanding Canadian Discharge Depôt.
		EMBARKED FOR CANADA FROM LIVERPOOL		18 JUL 1917	<i>Robnan Capt</i> for Lt. Col. Commanding Canadian Discharge Depôt.



539-95-  
15 50  
224 45

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

Date of payment.	No. of Acq. Roll.	A M O U N T				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	s	¢			
<del>6-7-15</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>8</del>	<del>—</del>	<del>Manfred</del>	<del>Pushot</del>	<del>et</del>
<del>12-7-15</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>250</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>—</del>
<del>17-7-15</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>5</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>—</del>
<del>15-5-17</del>	<del>664</del>	<del>—</del>	<del>110</del>	<del>730</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>Chgd October</del>
<del>30-5-17</del>	<del>917</del>	<del>—</del>	<del>110</del>	<del>730</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>—</del>
<del>14-6-17</del>	<del>34</del>	<del>—</del>	<del>2</del>	<del>973</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>—</del>
<del>19-6-17</del>	<del>83</del>	<del>—</del>	<del>110</del>	<del>730</del>	<del>—</del>	<del>—</del>	<del>—</del>	<del>—</del>
				47 13				

UNITED STATES ARMY - 1870

Date

Remarks	Name of	Rank or	Branch	Company	Date of
✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓
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✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓

1/20/18

1/20/18

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

019081-A-1

Name **Welsh, A.**  
Surname

Christian Name

Regimental Number **6252**

Rank **Gnr.**

Address (in full) **% Officer i/c Estates**

Unit **R.C.H.A.**

**Branch,**

Original Unit

**Ottawa, Ont.**

District where paid **Ottawa**

Date of Discharge **30-11-17**

P. D. P. Filing Number **17HQ4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ \_\_\_\_\_ 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		
10010	7178	11/4/18	10010								10010

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

Remarks: **Deceased.**

File No. \_\_\_\_\_

# WAR SERVICE GRATUITY.

Register No. \_\_\_\_\_

Reg. No. \_\_\_\_\_ Dependent \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_

Dec'n No. .... <b>W.S.G.</b>	File No. ....																																																	
Award ..... days at \$ ..... per day \$																																																		
S. A. .... months at \$ ..... per mo. \$ .....																																																		
Less P. D. P. Credited \$ .....																																																		
Less further debit balance \$ .....																																																		
Net due paid as below																																																		
<b>TO SOLDIER TO DEPENDENT</b>																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">0</th> <th style="width: 15%;">Ag. No.</th> <th style="width: 15%;">No. of Mo.</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">Ag. No.</th> <th style="width: 15%;">No. of Mo.</th> <th style="width: 15%;">Amount</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	0	Ag. No.	No. of Mo.	Amount	Ag. No.	No. of Mo.	Amount	1							2							3							4							5							6							Days ..... Rate ..... Due .....
0	Ag. No.	No. of Mo.	Amount	Ag. No.	No. of Mo.	Amount																																												
1																																																		
2																																																		
3																																																		
4																																																		
5																																																		
6																																																		
Less P.D.P. credited .....																																																		
Less further Dr. Bal. or overpayment.																																																		
Net .....																																																		

Pay Soldier \$ \_\_\_\_\_

Pay Dependent \$ \_\_\_\_\_

Clerk \_\_\_\_\_

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR Posting checked by ..... Date.....
---





NAME WELSH, Alfred

*WJ*



Regimental No. 6252 Name and address of next-of-kin  
 Unit R.C.H.A. Alfred Welsh, (truce) (Father)  
 Date of enlistment Sept. 21st, 1914 2040 Park Ave., St. Louis,  
 Place of birth England Montreal Canada  
 Married (yes or no) Yes Widower. Date and place discharged  
 Amount of pay assigned monthly \$ nil. Reason for discharge  
 To whom payable Character on discharge

NOV 27 1915

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							
Oct 1	Oct 31	31	1.00	31	31	10	310	2.50	3660			15.00			15		Bal fwd	
Nov 1	Nov 30	30	1.00	30	30	10	300	2.60	5460			30		18.70	4870	absent 10 days 7 dep Rate		
1.12.14	31-12-14	31	1.00	31	31	10	310	2.90	40			38		38				
1.1.15	31-1-15	31	1.00	31	31	10	310	2	3610			35		35	1	10		
1/2/15	22/2/15	22	1.00	22	22	10	220	10	2420			17.50		17.50	7	80	Trans: Am. Col?	
23/2/15	28/2/15	6	1.00	6	6	10	60		660			12.50		12.50	1	90		
1/3/15	31/3/15	31	1.00	31	31	10	310		3410			30		30		6		
1/4/15	30/4/15	30	1.00	30	30	10	300		33			32.50		4.40	36.90	2	10	Forfeit 2 days pay RW. 4/15 is 2 days pay 29/4/15
1/5/15	31/5/15	31	1.00	31	31	10	310		3410			35		35		1	20	
1/6/15	30/6/15	30	1.00	30	30	10	300		33			32.50		32.50		1	70	
1/7/15	12/7/15	12	1.00	12	31	10	310		2460					3.10	3.10	23	20	Forfeit 1 day pay RW 7/15 is 2 days. Under credit 300 per day, vide Part 2. Order, Credit in Aug. Under credit \$9.50 July pay, vide Part 11 order.
13/7/15	31/7/15	19	.50	9.50				7.41	8			2.80			30	61		
1/8/15	31/8/15	31	1.00	31	31	10	310	9.50	4360			21.90		21.90	52	31		
1/9/15	30/9/15	30	1.00	30	30	10	300		33			9.15		9.15	76	76		
1/10/15	31/10/15	31	1.00	31	31	10	310		3410			5.22		5.22	105	04		
Nov		30		30	30		3		33			2.68		2.68	135	56		
Dec		31		31	31		3		3410			16.84		16.84	152	62		
Jan		31		31	31		3		3410			6.98		6.98	149	44		
1/2/16	28/2/16	28		28	28		2		80			121.67		121.67	88	81	Photo Rec Bae etc. 24-2-16	
		516		506.50	5160		1941577.51					462.44		26.20	488.64			

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
				506 50			51 60	19 41		577 51	462 44		26 20	488 64	88 87
28	Feb 29	29	1.00	29	29	10	29 10			2 40	2 44		2 44	89 83	
1	Marv. 31	31		31	31	10	3 10			34 10	56 34		56 34	65 29	Checked <i>M. Weston</i>
				538 50			548 01	19 41	62 71	521 22			26 20	547 42	65 29

BALANCE TRANSFERRED TO NEW LEDGER.

*6 pd  
Feb. 10/12/14*





6252 *Gus Welsh A*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS														
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE	1	2	3	4	CREDIT	DEBIT						
			\$	C.						\$	C.																							\$	C.				
1917			946	40					3401	980	41							24	33	34	07	136	45	535	82	26	20	756	87	223	57								
Feb	13		14	30					14	30								9	73	X	7	30	X	9	73	X	9	73	X	7	30	X	9	73	228	11			
Mar	31	1.00	34	10					34	10		4447	14/2	4934	3/3	4598	27/2	4774	14/3	4120	15/1/17																		
Apr	30	"	33	-					33	-				75	15/4	4283	30/1																						
May	31	"	34	10					34	10	310	30/4																											
June	30		33	-					33	-																													
July	6		6	60					6	60																													
	9		3	30					8	45	8	45																											
Sept									42	42																													

to Brit Canada 7/7/17 Ottawa letter  
 1928 17/1  
 Disch'd by 31/1/17  
 C. Pae # 25365  
 Checked Jack Quay

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLCE. PAY
Oct 1	Balance								271 58		
	a.R. boy Res: Pde. 15/5/17				7 30				264 28		
Nov.	DNn 97			do 30 5/17	7 30						
	nar 36			do 14/6/17	9 73						
	" 83			do 29/6/17	7 30				239 95		
1918					24 33						
June	Tr. Bal. to Canada				224 45				15 50		
Oct											
	DMAR - 6/7/15			Sturfield	8 -						
	- - 12/7/15			-	2 50						
	- - 12/7/15			-	5 -						
									15 50		

WAR OFFICE  
 11th Dec 1917  
 100 M. F. B. 218

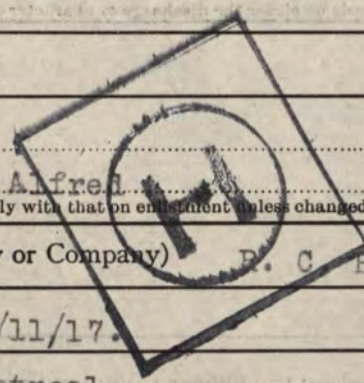


*Blacks 3*  
*B*

## Proceedings on Discharge.

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

No.	6252
Rank	Gunner
Surname	Welsh
Christian Name	Alfred
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	R. C. H. A.
Date of Discharge	30/11/17.
Place of Discharge	Montreal.



### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age.....51..... years..... months.	
Height.....5..... feet.....9..... inches.	
Complexion Dark	
Eyes Brown	None.
Hair Grey	
Trade Cook	
Intended place of residence (To be given as fully as practicable.)	Khaki Club, 660, Dorchester St., Montreal.

2. The above-named man is discharged in consequence of  
 Medical Unfitness due to  
 Syphilis. Deformity of nose.  
 Authority H.Q.4D. 22-W-609 Dated Nov. 24th 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.

*[Handwritten signature]*

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.)

*[Handwritten signature]*

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

M. F. B. 218.

100M.—1-17.  
 H. Q. 1772-39-113.

(OVER)

*Dis file*  
*12-12-17*  
*21*

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding .....

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) Montreal. *W. J. Welsh* (Signature of Soldier.)

(Date) 30/11/17. *Sh. Widing* (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. Statement of Service.

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

Total 3 years 67 days.

11. Confirmation of Discharge.

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

(Place) Montreal.

(Date).....

(Signature).....



*W. J. Hall* MAJOR, O.C. 4th Unit Military Hospitals Commission

**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

None.

*W. J. Welch*

<p>Attachment Paper Militia Form H-218</p>	<p>Reg. Conductor Sheet Militia Form H-203 B-2034 Company History Company</p>
<p>In the case of persons who are referred on this approval, the discharge documents will consist of: (a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Copies of Certificates of Discharge Militia Form H-211 B-211 Medical Report for Health Statement of Medical Condition H-211 Medical History Sheet</p>

M.B. - In the case of a man discharged by purchase, the date and number of Excess Receipt with amount of same is to be noted below.

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*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.*

11 2

no card  
DEPT MILITIA & DI  
H.Q. CANADA

# Proceedings of Medical Board at Discharge Depot

## QUEBEC, Que.

No. 6252 Rank Gnr. Name and Corps of disabled Soldier:— Welsh Alfred R. C. H. A.  
 Previous civil occupation:— Cook. 649-W-1043

Cause of Disability:— I II  
Prn-agg. — Deformation of nose.

Condition, in detail, which prevents the soldier earning a full livelihood:—

50 years old - He complains of pains in chest, shortness of breath on exertion, he can walk 3 miles slowly; he has a deformation of the nose, he says that he feel from a horse, on his nose, since then he can hardly breathe through the nose; a specialist should be made. Poorly nourished - Heart & lungs normal - no other disability apparent.

No record in his English papers concerning the accident mentioned above.

### OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)

II 1/10 decreasing.

Probable duration of incapacity:—

Permanent without operation

Does it render him permanently unfit for Military Service?

Yes.

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

Conservation Home

Signature:—

E. A. Robertson Capt

President.

Station:—

Quebec

M. F. Cogley Capt  
Ramsay Capt.

Members

Date:—

10-8-17

APPROVED.

Date:—

Aug 10/17

W. W. Carver Major  
Asst. Director Medical Services.

Date:—

Director General Medical Service.

*copy*



Proceedings of Medical Board of District of Columbia  
DISTRICT OF COLUMBIA

*[Faint, mostly illegible handwritten text]*

OPINION OF THE BOARD

*[Faint, mostly illegible handwritten text]*

*Aug 1917*

*[Faint, mostly illegible handwritten text]*



B.P.C.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

4D 22-W-609

STATION Montreal, Que. DATE 7th Nov. 1917.

1. (a) Unit R.C.H.A. (b) Regimental No. 6252 (c) Rank Gunner (d) Surname Welsh (e) Christian name Alfred

NOV 14 1917

2. Age last birthday 51 Date of birth 17th March 1867

3. Enlisted at Valcartier, Que. on 23rd Sept. 1914.

4. Personal description :-

(a) Height 5 ft 9 ins. (b) Weight 130 (c) Complexion dark

(d) Colour of hair dark grey (e) Colour of eyes brown (f) Identification marks

Tattoo on both forearms - scar on left arm and left knee.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Khaki Club, 660 Dorchester St. Montreal.

6. Former trade or occupation Cook,

7. (a) Service Altogether 20 Years 2 months Days

Table with 3 columns: Service, From, To. Rows include R.F.A. 5th Rifle Brigade, 4th Battalion, 2nd Dragoons, and "A" Bat. R.C.H.A.

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible) 1. Syphilis 2. Deformity of nose.

(a) Date of origin 1. 18 yrs of age, 2 July/15 (b) Place of origin 1. England, 2. France.

(c) Cause\* 1. Infection by spirochaete, 2. Accident to nose, & syphilis.

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

General condition fairly good. Heart and lungs normal.

The specialist reports :- deviation of anterior part of cartilaginous septum. The posterior bone part of septum missing completely.

Atrophic rhinitis : ozenous odor. The Genito-Urinary dept. states that Wassermann was positive. Has had seven mixed diarsenol and mercury injections altogether and they are of the opinion that he should be discharged unfit for service. He is now considered non-infective and apparently cured. History of first venereal sores at 18 years of age. No trouble until struck his nose on the pole bar of a military waggon while on duty. Denies venereal disease unless it would be those sores at 18 years of age.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Handwritten signature and date: 29-11-17

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

Nil.

12. Did the disability arise on or off duty? Happened during service.

13. Was a Court of Inquiry held? Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1. Yes for Syphilis. 2. No. for deformity of nose.

Yes..... No.....  
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Unknown for syphilis. 2. Permanent for nose.

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

Hospital with diarsenol and mercury.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations For discharge, Class "E".

He is over age (51)

*Jachabotcapstone*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Alfred Welsh, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*Alfred Welsh*  
Signature of soldier examined.

### OPINION OF THE MEDICAL BOARD

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

concur

22. Is the soldier 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)~~.

**Unfit.**

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) ~~Does not require treatment.~~ **does not**
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

**For discharge class "E"**

**No compensation.**

*[Handwritten Signature]*  
 Lieut-Colonel, President.  
*[Handwritten Signature]*  
*[Handwritten Signature]*  
 Members.

STATION Montreal,

DATE November 9th, 1917.

APPROVED BY

DATE

APPROVED BY

DATE



Assistant Director of Medical Services.

Director-General of Medical Services.

14/11/17  
2351  
3830  
15/11/17

OPINION OF THE MEDICAL BOARD

958-14-1-11

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Rank and Name WELSH, Alfred  
 Regimental No. 6252  
 Unit R.C.H. A  
 Date of enlistment 21st Sept 1914.  
 Place of birth England.  
 Married (Yes or No) Yes (Widower.)  
 If in Permanent Force

Name and Address of Next-of-kin  
 Alfred Welsh - Father  
 2040 Park Ave., St. Louis, Montreal, P.Q.

Envelope 27363

N/E. R.B. No. 2004.  
 File R.L.  
 Category O.R. Con.

Promotions or appointments

*G.H.*

*M.X.  
 24-1-21  
 R.R.*

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				
31.10.14	Ob Rb/BA	Drunk. 14 days C.B.	West Down North	31.10.14	Part II Oth 10
29-4-15	Ob. Rb/BA	Absent, Forfeit 2 days pay RW, fined 2 days pay	Mane field	28-4-15	Part II Oth 129
11-6-15	" " "	Drunk, 10 days C.B.	"	11.6.15	" " " 192
12.7.15	" " "	Drunk & absent Forfeit 1 day pay RW, fined \$2. + pay reduced to 50 cents per day	"	12.7.15	" " " 235
18.7.15	" " "	Embarked for France	"	18.7.15	auth. Nom Roll
31.10.14	" " "	Absent since 26.10.14 Breaking out of camp	West Down North	26.10.14	Part II Oth 10
4.11.14	" " "	Forfeit 10 days + 168 hrs deten	" " "	4.11.14	" " " 12
18.2.15	" " "	Out of Billet, 10 days C.B. O.C.	Linchhead	17.2.15	" " " 43
29-2-16	R.C.H.A.	Classified P.B. 18-2-16 + Transferred to England.	In the field	19-2-16	Auth. G.C.R.O. 208 dt-25.7-15 Part II O.10. O.C. Re-in into 20-2-16.
24-2-16	O'Reet Bde	Taken on S.H.	Steepe	22-2-16	Part II O 49
7.4.16	O.C.R.O.N.A	A.H. to Can Base Depot: to be held Here as reimp to R.C.H.A. Bde, through reduction of establishment: in Bde ann Col, Arty 54 Can Div A/17/36 dt-13/4/16 Ref File KR2-46 Ref. 2-16 O.C. Unit: A+B 213 dated 28/1/16.	In the field	11.2.16	" " " 15"

P.T.O

6252

Welsh a.

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				
19-4-16	O.C. Res Bde.	Admonished <sup>enter</sup> trying to sgt's mess	"	19-4-16	Pt. II O. 94
7-7-16	9 <sup>th</sup> Res. Bde	Struck off Str. to C.P.A.C and will be shown as attached to Res. Bde. for B.D. pay, Rations, Gps, discipline & clothing. C.C.A.C. M.I. O. 255 of 4/7/16.	Shorncliffe	4-7-16	Pt. II O. 162.
4/7/16	o/c C.A.C	Maken on Str. as loc/eas & will be shown on "Command" at Res Bde. C.F.A. for B.D. pay, Rations gps etc	Folkestone	4-7-16	M.I. O. 255
22.3.17	Reg Dep	S.O.S	S'cliffe	10.3.17	Pt II 13 Canceled Pt II 48 <sup>26/17</sup>
10.4.17	Res Bde	S.O.S. to Regtl Depot C3	S'cliffe	10.4.17	Pt II 100 & Pt II 33 <sup>14/17</sup> Reg Dep
8.7.17	1 <sup>st</sup> Res Bde	Ceases to be shown as att from Reg Dep Harris proceeded to C.D.D. Buxton	S'cliffe	3.7.17	Pt II 17 + Reg Dep Pt II 116 <sup>3/17</sup>
26.7.17	Reg Dep	Ceases on Com C.D.D. Buxton So S to Canada for Dis H.R.O. Para 392 Sec 25	S'cliffe	18.7.17	Pt II 139
	Dis Dep	To Con Home	M.D.H. Montreal	1 <sup>8/17</sup>	NR 322