NAME Christie Alex. John REGT. NO. 133030. UNIT 73rd Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M.D. # 4	20/6/19.	54-21-40-30 (2D)	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		19651	WILL DESPATCHED TO M.D. 4 JUN 10 1920		
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Death
	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	BC Form. 871					
1	NF " 192					
1	" 2571					
1	Cas Card					

mk 31.8.21

W. 2589

~~Triplicate~~ ORIGINAL

ATTESTATION PAPER.

No. 133030

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? Christie, Alexander John
2. In what Town, Township or Parish, and in what Country were you born? Milwaukee, Wis. USA
3. What is the name of your next-of kin? Margaret J. Christie (wife)
4. What is the address of your next-of-kin? 244 Fairmount Ave W. Montreal Canada
5. What is the date of your birth? May 26 1884
6. What is your Trade or Calling? Tailor
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
10. Have you ever served in any Military Force? If so, state particulars of former Service. 5th R. H. C.
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 J Christie (Signature of Man.)

E C McCombe (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alex J. Christie, 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 J Christie (Signature of Recruit)

Date Oct 25 1915. E C McCombe (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alex J. Christie, 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 J Christie (Signature of Recruit)

Date Oct 25 1915. E C McCombe (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 Montreal this 25th day of Oct 1915

(Signature of Justice)

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

Lieut.-Col. (Approving Officer)

O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Christie Alex John on Enlistment.

Apparent Age 31 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 39 ins.
Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Dk Br

Religious denominations:
- Church of England —
- Presbyterian
- ~~Wesleyan~~ Methodist
- 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).

Scar of operation for Cure of Hernia & Varicose Scar, excision of varicose veins one on leg, right. One on inner side of right thigh

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 Oct 25 1915.

Place Montreal

Medical Officer. Capt AMC

*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.

A J Christie 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.

Lieut.-Col. (Signature of Officer)
O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

OCT 25 1915

Date 191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 133030 (Rank) Private

Name (in full) CHRISTIE, Alexander John enlisted in

the 73rd Battalion, Royal Highlanders of Canada

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC on the 26th

day of October 1915.

HE served in FRANCE -

and is now discharged from the service by reason of ON DEMOBILIZATION MEDICALLY

UNFIT FOR GENERAL SERVICE -

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

Age	34 years	Marks or Scars	
Height	5 feet 9 1/2 inches		
Complexion	Dark		Scar right horniotomy
Eyes	Blue		Two scars right leg.
Hair	Dark Brown		

A J Christie
Signature of Soldier

Issuing Officer
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Rank

Date of Discharge March 17th, 1919.

Appointment

Signed at Montreal, QUEBEC this 17th day of March 1919.

in Military District No. 4

File Reference No. DD4 19-C-646.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

/EP

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

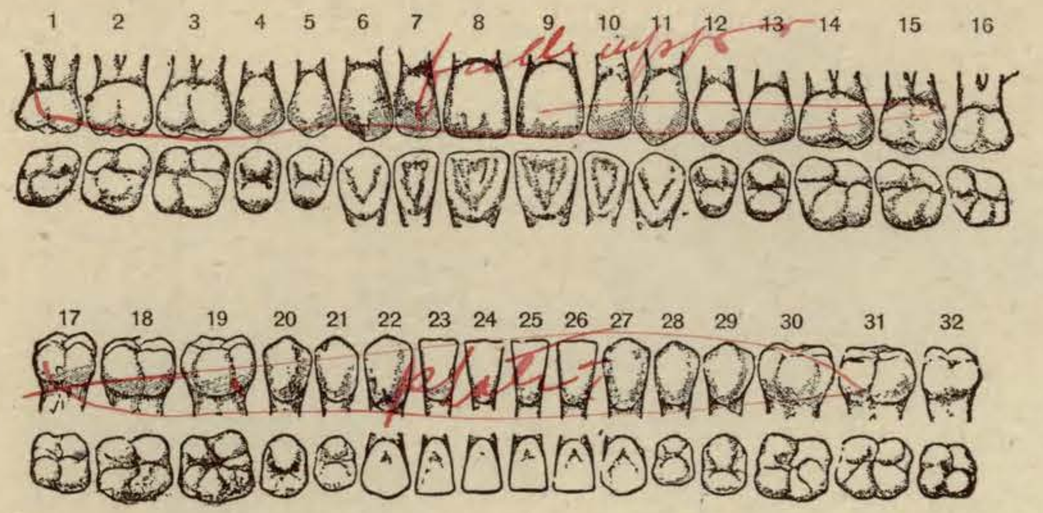
No. 133030

NAME OF SOLDIER Charles A. Pl

REGIMENT 42

RANK

M.F.B. 465
200M.—6-18.
1772-39-650.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same 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 leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919																						
Sic	Mar	14		Ci																	R Simpson		for discharge

19 Sep 6

Rank Private. Date of att. Oct. 25th. 1915.

Regimental Number 133030. Date of Discharge March 17th. 1919.

Unit 73rd. Bn. R.H.C.

Name CHRISTIE Alexander John.

Address 44 Bellingham Road, Outremont, Que.

B.P.C. District Office Montreal, D.D. No. 4.

Attestation Form:-

Weight on Enlistment:	155 pounds
Marks of Identifications:	Scar right horniotony Two scars right leg.
Rank at attestation:	Private.

Casualty Form:-

Minor defects:	Disordered Action of Heart causing shortness of breath on Moderate exertion. Syphilis due to infection.
Rank when disability was incurred:	Private
Miscl.;	Specialist's Report attached.

Conduct:-

Venereal desease:	Syphilis 4-9-17 Autho. M.F.T.H.S.4
Condnct:	Good
Self inflicted wound:	Nil

B.C. Form 871.
20M-2-19.

D/ Tailor

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Christie *Christian Name* Alex John

Examined { on 25th day of Oct 1915 / at Toronto

Approved by A R Kennedy Capt Gray / Capt Albert

Rank M.O.

Birthplace { City or Town Milwaukee / County U.S.A.

Apparent age 31

Trade or occupation Tailor

Height 5 Feet 9½ Inches.

Weight 155 Lbs.

Chest measurement { Minimum 36 inches / Maximum expansion 39 inches

Physical development

Small-Pox Marks none.

Vaccination Marks { Arm Right. Left. / Number 2.

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
FEB 11 1916		M.O.
		L.S.7 M.O.
		Negative M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
NOV 12 1915	Good	1st M.O.
NOV 19 1915		M.O.
Nov. 27th 1915		TAB LS7 M.O.
JUL 20 1916		

Enlisted on OCT 25 1915 day of 191 at MONTREAL

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.		133030		
Transferred to..		133030		

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.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Tabriate Christian Name Mercer John

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
O/No entrance		2[illegible]	10	15	1	11	15	Ununited wound following Operation R. Leg		Varicose Veins removed in another Hospital. Good recovery. "fit"	T. K. Bourne
42 C.C.S.		8	9	17	14	9	17	V.S.			A9.
51 G.H. Etaples.		14	9	17	5	10	17	V.O.S.C.		Dis. to Base Details.	A16/A35

Duplicate Medical History posted to Parent Office

R—122

A.G.R.

Rank | Name CHRISTIE, Alexander John. | Reg'l No. 133030.

Unit 73rd Bn. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Montreal, 25th October, 1915. | Place of Birth Milwaukee, Wis., U.S.A.

Name and Address, Next-of-Kin Margaret J. Christie,
44 Bellingham Ave Outremont. (Auth RL 29 Nom Roll 73 Bn Pay M.20.11.16)
244 Fairmount Avenue, W., Montreal, Canada. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N.E. R.B. No. 6774
File R.L.
Category OR. Can

Discharge, Date and Place | Reason | Character

Report. Date.	Report. From whom received.	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.
Auth - S.R.O. 594	10/4/16	Arrived in England	10 APR 1916		S.S. Adriatic A.F.B. 103 Bk. 16. F. 14
11 8-16	73rd.	Embarked For France	Bramshott	12-8-16	Part 2 D.O. 201
10.5.17	42nd Bn.	T.O.S. on transf from 73d Bn.	Field.	20.4.17.	PtII D.O. 56 also PtII D.O. 48 of 73d Bn.
10.7.17	—.—	Adm 1 Can. Field Amb.		12.6.17	C.L. a463. ICT R. leg.
10.7.17	—.—	To duty		18.6.17	C.L. a463 —.—
12-9-17	1st Due	Adm 42nd Cas Clea Stn		8-9-17	C.L. a9 - V.S.
20-9-17	—	51 Gen. Hosp. Etaples		14.9.17.	C.L. a16 V.D.S.C
12.10.17	—	Disch to Base Details	Field	5-10-17	P.O. A 30 V.D.S.C. 42nd Bn Pmt P. 93 Dy. 11-9-18.
12-9-18.	Liverpool	IPS ex 42nd Bn	—.—	31-8-18	P.O. P 144.
8-10-18.	Liverpool	SPS to C.B.R.C.	—.—	22-9-18	—.— 165. C.C.R.C. L. 2037 9/10 10/18

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.				
20-12-18	Clerk C	SOS to Gen Dep	Juela Pte	8.12.18	1856 Gen Depot DO 2nd/3-1-19
11-1-19	Gen Dep.	On Com to Hirnel Pach	Wdley	9-1-19	-9
20/2/19	4th S.H.D.C.W.	Ceases to be attached	K Dre.	15.2.19.	-45.
3-3-19	Gen Dep.	Ceases Com Argyl, 6 is SOS to C.E.F. Canada MD 4 Vol 23-15.	Wdley	15-2-19	-51

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

M.D. 4.

Canadian Printing and Stationery Services, London

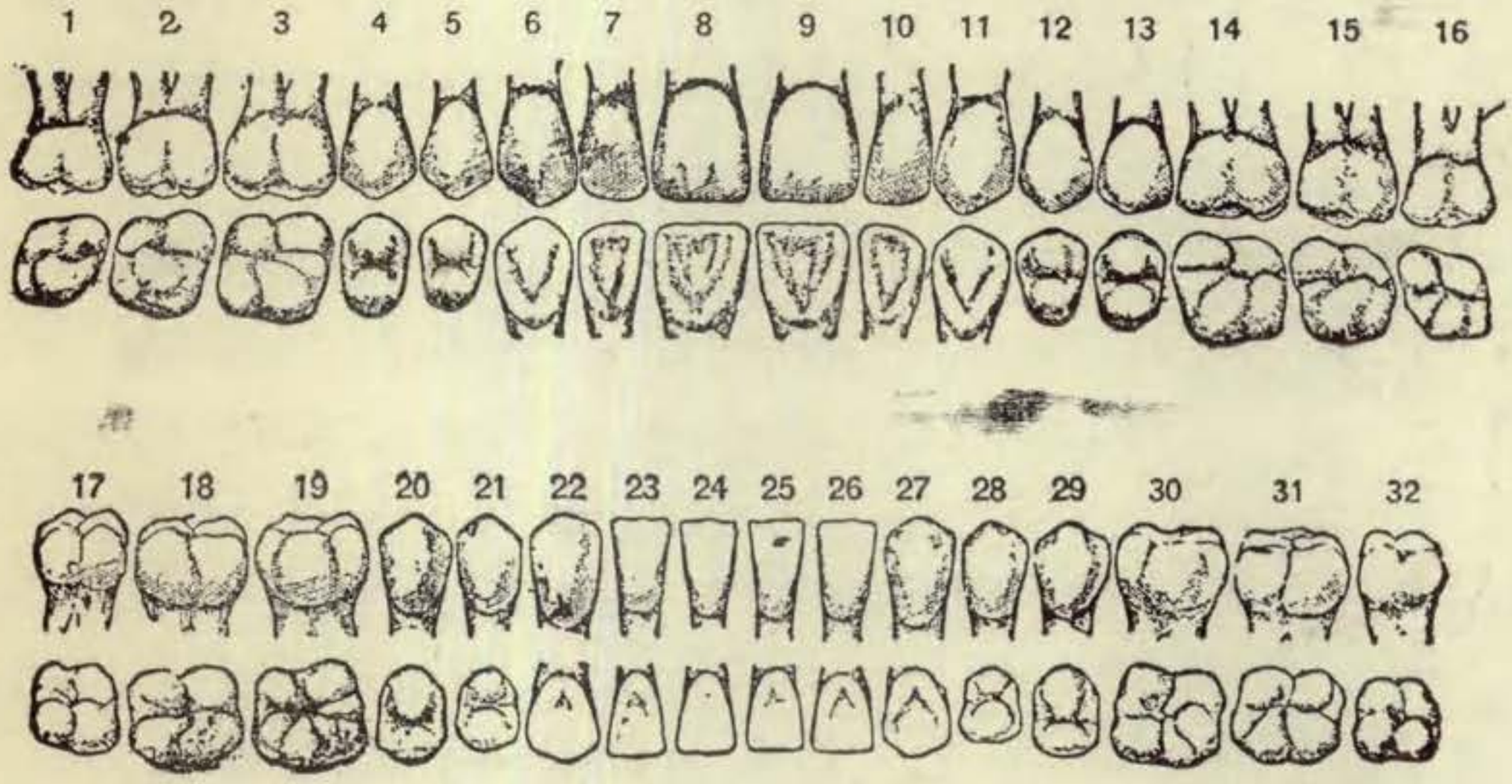
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) CHRISTIE. A.J.

REGIMENT 42nd Btn. RANK Pte. No. 133030.

Date of Examination in England _____ Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper Yes
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England No
- (c) In France

Signature of Dental Officer A. LaPorque Capt

Register No. OB 1274

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3181-A-28

Regt'l No. 133030 Name Alexander John Christie
(Christian Name) (Surname)

Unit 73 Bn. Rank Pte Date of enlistment 25-10-15

Date of casualty 17-7-19 B.P.C. File No. 113962

Was service performed overseas ?

DEPENDENT

Name Mrs. Margarite J. Christie Relationship Widow

Address 44 Bellingham Rd.
Outremont
Que.

Amount of Special Pension Bonus $ 80. Abstracted by L. S. Baird

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

Less Debit Balance of S. A. or A.P. $

Total deductions $

Balance due $

Cheque No. Date issued

Clerk W. Mitchell

REMARKS: Soldier discharged 17-3-19
Not eligible under P.C. 1486
W.S.G. already paid in full

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1775—89-1473

Noted 10-8-20
Feb

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

83

To Whom Mrs A. J. Christie

Address 44 Bellingham Road
Outremont
P. Q

Rate $50.00

By Whom Assigned Christie A. J

Regtl. No. 133030

Rank Pte

Corps 42nd Bn

SPECIAL REMITTANCE

Sched "385" 22.6.17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		A 15143	50 -	
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 4

L. ¶. Job 8.095—M. & D. 5353.

25. 10. 15

MILITIA AND DEFENCE

M. F. W. 11
10m—9-15
H. Q. 1772-5.

SEPARATION ALLOWANCE

Name Margaret Jane Christie.

Address ~~244 Fairmont Ave W~~
~~Montreal~~
44 Bellingham Road Que

Relation to Soldier wife, child or mother } Outremont Wife

Name of Soldier Christie, Alex John

Regtl. No. 133030

Rank Pte

Corps 73rd Batt Royal Highlanders Can

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		E21227	24 –	24	
Dec.		J18200	20	20	
Jan.	1916	N17153	20	20	
Feb.		E28327	20	20	
March		J31182	20 –	20	

MILITIA AND DEFENCE 25-10-15

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. M. J. Christie Wife PAYMENTS. Name of Soldier Christie A. J. Pte

L. L. Job 89002.—Req. 6213. #133030

Month.	Year.	Cheque No.	Amt.	Remarks.
			104	
April	1916	F7746	20	20
May		L5461	20	20
June		08433	20	20
July		T10446	20	20
Aug.		K13592	20	20
Sept.		H15465	20	20
Oct.		W18653	20	20
Nov.		Y.21957	20	20
Dec.		Y25372	20	20
Jan.	1917	Y28511	20	20
Feb.		Y31498	20	20
March		Y34191	20	20
April		Z317	20	20
May		Y3545	20	20
June		C7609	20	20
July 27 M.L.R.		B11929	20	20 44 Bellingham Road Outremont
Aug.		F14433	20	R
Sept.		E17707	20	B
Oct.		K22681	20	T
Nov.		P25307	20	X
Dec.		J25639	20	F 524.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 88773—M. & D. 6195.

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Margaret J. Christie, Wife

Address ~~244 Fairmount Ave W.~~ ~~Westmount~~
44. Bellingham Rd
Outremont — Que

Rate $20.00

APR 1 1916

By Whom Assigned Christie A. J.

Regtl. No. 133030

Rank Private

Corps 13th Batt. E Coy

$20.00 June/16 2M. 5/16 OKW

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2. Mrs Margt. J. Christie WIFE

Name of Soldier Christie A. J.
133030
E Coy 43 Batt.

L. L. Job 95618—M. & D. 6555.

Month.	Year.	Cheque No.	Amt.		Remarks.
				20.00	
April	1916	U2302	20		
May		U5117	20		
June		Q 3587	20		
July		E 19246	20		
Aug.		H 10292	20		
Sept.		J 16026	20		
Oct.		J 20378	20		
Nov.		J 25286	20		
Dec.		J 32309	20		
Jan.	1917	K 38045	20		
Feb.		K 43283	20		
March		R 46338	20	20	
April		S 861	20	20	
May		I 6894	20	20	
June		U 13576	20	20	
July		L 21034	20		
Aug.		Q 21475	20		
Sept.		P 34144	20		
Oct.		W 45999	20		
Nov.		K 54946	20		
Dec.		A 44432	20	420.00	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Regimental No. 133090 Rank Private. Name Christie, Alexander John

Enlisted (a) 25/5/15 Terms of Service (a) Duration of War Service reckons from (a) 25/5/15

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) Tailor

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				
Embarked at Halifax on R.M.S. "Adriatic", March 31st, 1916. Arrived at Liverpool, April 9th, 1916.					
		Proceeded for service overseas		12/8/16	H. Murray Captain, Adjt. 73rd Bn. Canadian Infantry, Royal Highlanders of Canada
		DISEMBARKED	HAVRE	13/8/16	
		Transferred 42nd Bn	Field	19-4-17	Appt 48, dt 7-5-17
APR 28 1917	42nd	JOINED UNIT		APR 20 1917	Pro 6 D 10/5/17
16/6/17	do	To Hospital, sick		11/6/17	B 212/5 21. 30/6/17
17/6/17	1 CFA	S. C. T. L. R. 6 Bn	1 CFA	12/6/17	A 26 (2463) 322. 2/7/17
23/6/17	42nd	Dischd from Hospital		18/6/17	B 213/323. 5/7/17.
do	do	To Hospital, sick		19/6/17	B 213/325. 10/7/17.
do	do	Dischd from Hospital		20/6/17	do
28/7/17	do	Granted 10 days' leave to Marseilles		26/7/17	D 213. Pro 9 D 4/8/17.
11/8/17	do	Retd from leave		8/8/17	B 213
8/9/17	42 665	K.O.	Adm 42 665	8/9/17	A 36/7705
10-9-17	42 665	V.S.	Trans 11 A.J.	11/9/17	A 36/6289

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

[P.T.O.

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				
4/9/17	51 Gen'l	V.D.S. "B" adm	51 Gen'l	14/9/17	W.O. 30304/8604
2/9/17	42nd	to Hospital, sick		3/9/17	B 213
5/10/17	51 Gen.	Forfeits Field Allowance & is placed under stoppage of pay at the rate of 5/- per diem whilst in Hospital from 18-9-17 to 5-10-17 (21 days)			O. 1643 (5843) Pro. 116 of 11/10/17
2/10/17	42 CCS	Forfeits Field Allowance & is placed under stoppage of pay at the rate of 5/- per diem whilst in Hospital from 9/9/17 to 10/9/17 (2 days)	42 CCS		O. 1643 (5853) Pro. 117 of 13/10/17.
6/10/17	3 C SBD	T.D. "A"	3 C SBD	6/10/17	W.R. SR. 12/11/17.
14/11/17	Do	Classif. T.B. Special training	Do	13/11/17	R.I. 16-30302. W 3339/248
23/11/17	Med. Bd.	Classif. "A" (D.O.H.)		23/11/17	W. 3339/248
19/12/17	3 C SBD	To C.C.R.C.		20/12/17	W. 2/835
21/12/17	CCRC	Arrived C.C.R.C.		21/12/17	— 63.
3/3/18	3rd Div.	14 days' leave U.K.		3/3/18	R.I. 18-4154. Pro. 23 of 13/3/18
24/3/18	CCRC 3 Div.	Returned —	CCRC 3 Div.	19/3/18	Letter R.I. 18/4826.
21/3/18	Do	Admonished for W.O.A.L. overstaying leave from 6.18 a.m. 17/3/18 to 6.18 a.m. 18/3/18 (24 hrs) Forfeits 2 days' pay by R.W.		20/3/18	B 2086 Pro. 29 of 3/4/18.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Christie,	A. J.	133030

Rank	Unit	Co.	Troop	Batty.
Pte	42nd Bn	1st Aus.		

Hospital — Date of Admission

Transferred No 1 Can. Fld. Amb Hosp. 12-6-17
47 C. C. Station Hosp. 8-9-17.
No 51 Gen. Etaples Hosp. 14. 9. 17
Hosp.

Diagnosis (1) I C T. Rt. Leg. Rw
Later Diagnosis (if changed) (2) V.S.
(3) V. D. S. Gt
Additional Diagnosis: if more than one state present V. D. S. J L add

DISPOSITION

Dis. B. Det. 5-10-17 Date

Cl. 10.7.17 A463
" 13.9.17 a9.
" 21.9.17 A16(4).
" 13-10-17 a35(3)

REMARKS
To Duty 18-6-17

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name CHRISTIE, Alexander John Rank Pte Regtl. No. 133030

Fyle Depot 19-C-846

Original unit 73rd Bn. Present unit DD 4 M. or S. Age 34 Religion Ref. H.Q.

Port, ship, and date of arrival Halifax N.S. S.S. "H.M.T." CANADA" 22-2-19

Next of kin

Address on leave 44 Bellingham Rd. Montreal

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Tailor Date and place of enlistment 25-10-15 Montreal

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
27-2-19	T.O.S. from O/S 13-2-19 Posted to Cas.Coy. 26-2-19	
	Fur. w-s to 11-3-19	58

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.
18-3-19	SOS Discharged RO ~~1150~~ 1894 Para C Demob Med Unfit for Gen. Service Eff. 17-3-19 Cat A	#77

M.F.W. 192
150M—6-18.
1772-39-1243.

SOS 17-3-19 m 104 med. unfit

549-C-14950

C.C.R.C. form 42nd Bn.

CHRISTIE, Alexander J. (Pte) No. 133030 CEF.

Medals and Decorations	(Widow)	Mrs. Margaret J. Christie 44 Bellingham Road Outremont, Montreal, P.Que.
Plaques and Scroll	(Widow)	Mrs. Margaret J.Christie address as above.
Memorial Cross.	(Widow)	Mrs. Margaret J.Christie address as above.

Died after Discharge.
Not elig. 14/15 star
Elig. U.M.
Elig. B.W.M.
Not on L.S.R.

56080

mem. croso desp. (w) 49690 on april 19th 1921

115-9

NAME Christie A. Hindson

REGT'L No. 133030

H. Q. FILE No. 649.

RANK AND CORPS Pte. 42nd Bn.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A463	#1 Can Fld Amb	12-6-17	Flesh. R. leg
A463	To duty	18-6-17	.. ..
A. 9 (3)	No. 42 Gas Bl. Stat.	8-9-17	U.S. (First Quebec Reg.).
A16	51 Div Etaples	14-9-17	(42) U DSC —
A35 (3)	"Disc to Base Details	5-10-17	U.S. (1st Quebec)

FORM R. 149.
7106—250m—7/2/17.

Name Christie Rank Pte Reg. No. 133030.
Alexander John.
Unit 42nd. Bn.
Next of Kin Canada

Date 1917.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
12.	6.	No. 1. C. F. A.	S. C. I. R. Leg.		A. 463			
18.	6.	Discharged			A. 463			

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

Form R. 149.
7106—250m—7/2/17.

Name CHRISTIE Alexander John Rank Pte Reg. No. 133030.

Unit 42nd Battn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
8-9.	to 42. b. b. S. A. 36. 2681.		V. S.	A. 9.		
14.9.17	Sl. G.H. Etaples	HA-14044	VDS.C.	9.16		
5-10.	~~Dis to Base Details~~ A. A. 14750/3.		V. S. S.	A. 35.	Rev 8/4/19	
				C 12.11.17		

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

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Tailor RELIGION Church of England

DESCRIPTION.

APPARENT AGE 31 YEARS 4 MONTHS

HEIGHT 5 FEET 9 1/2 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Blue HAIR Dark Brown.

DISTINGUISHING MARKS nil.

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE Oct. 25th 1915

SURNAME. Christie.

CHRISTIAN NAMES Alexander John

REGL. No. 133030. RANK Pte.

UNIT 73rd Batt.

FORMER CORPS 5th R. H. C.

CARD NO. 501 Dis 17/3/19 Demob

FOLL. 18/3/19 Dis

NEXT OF KIN.

NAMES IN FULL Christie, Mrs. Margaret J.

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~2444 Fairmount Ave. W. Montreal~~

ad. 44 Bollingham Ave., Outremont, P. Q.

Letter - 31-1-17

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Milwaukee, Wis. DATE May 26th 1884

PLACE OF ATTESTATION Montreal, P. Q. DATE Oct. 26th 1915

Sailed 31-3-16 "Adriatic" Halifax 362

RC 23-2-19 271/28 Pte.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

No. 133030. Rank Pte. Name Christie A. J.

T. O. S. 25-10-15 (Corrd 27-10-15) Unit 73rd. Battalion C. E. F.

M. D. 4.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority
1915. Oct. 25.	1915. Oct. 31.	✓		
Nov.		✓		
Dec.		✓		
1916. Jan.	1916.	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		

UNIT SAILED
MAR 31 1916

mmd

B

Number 133030 Rank Pte

Surname CHRISTIE

Christian Name Alexander John

Unit 42nd Bn Can Inf Theatre of War France

Date of Service 13/8/16

Remarks Widow Mrs Margaret Christie 44 Bellingham Rd Westmount Montreal

Latest Address 44 Bellingham Rd Outre Sq Montreal

Roll No. Page 559

CEF Reg

CMH

113962

Date of Enlistment

25-10-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

Date of Assignment

~~5595~~ Apr 1st/16.

5691

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30	

~~1-12-17~~ ~~P.C. 3257~~ 1-9-18 P.C. 2753 M.O. 26744

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. ~~233030~~ — ~~2330312~~. 133030.

Rank Pte Promoted Reverted Discharge

Soldier's Name A. J. Christie.

Battalion 73rd Battn E. Coy.

Beneficiary Margaret Jane Christie

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Margaret J. Christie (Wife)

Address 44 Bellingham Rd. Outremont

Change of Address Due.

1

2

3

4

MFW 7574-ott. 4/3/19

File 3181-a-28

1917 Date	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Dec. 31			524	420	944		
Jan.	65616	S	30	20	50		B
Feby 18	94044	D	25	20	45		
Mar	112230	A	25	20	45	✓	
April	7568	M	25	20	45		
May	18272	K	25	20	45	✓	
June	22276	G	25	20	45	✓	
July	32268	T	25	20	45		
Aug	35407	F.	25	20	45	✓	
Sept.	43760	J	25	20	45	✓	
Oct	52966	I	25	20	45	✓	
Nov.	32969	D	25	20	45	✓	
Dec	64172	D	45	20	65	✓	4
JAN	73253	J.	30	20	50	✓	
FEB	77496	M	30	20	50		
MAR			909	700	1609		

A/c Closed 28. 2. 19

Ret'd per Canada.

Date 23.2.19 M.F.W.187 M.O. 4

Closed Attest. 27.2.19 M.R.O 72731

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—177-439-1141
L. L. 22(2)—M. & D. 7983.

2nd Sheet

Army Form B. 103. Regimental Number 133030

Casualty Form—Active Service.

Regiment or Corps 42nd Cdn Battalion

Rank Pte. Surname CHRISTIE Christian Name Alexander John

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
30/8/18	A.D.D.	Classd B2 (D.A.18)		30/8/18	W.3339/686.
	Cons.	by Medical Board			Lle K.R. 16276
		Transferred to Cdn.	CCRC		Pte 093 of 11/9/18.
		Labour Pool			
	A.A.G.	Trans. Cdn Lab. Pool from			
Taylor	1st-Dw.	42nd Cdn Bn		31/8/18	Pte 11.c 1444. 12/9/18.
7-10-18.	A.A.G.	Transferred to 3rd Cdn	CCRC	23.9.18	K.X. 18/19292
		and S.O.S. Chief to Pool		24/9/18.	Pte. 165. 5/10/18.
✓	✓	Tfd. CCRC from Cdn	Lab. Pool.	24-9-18.	Pard. II Ord. 37/18.
17/5/19	S.O.S.	On Demob. Med. Unfit for Civil Re-Establishment	DD 4	17/5/19	DD 77

(a) In the case of a man who has re-engaged for, or enlisted in Section (b) Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—D 1121. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[P.T.O.

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
18.12.18	Log RD	Trans to Eng ~~posted to~~ General Depot	Witley	18/12/18	MR. 2
19/1/19	Gen Depot	Dr Com. To T.C. Camp Hill	Witley	8/1/19	DO 8.
	T.O.S				
10/1/19	T.O.S.				
4/2/19	S.O.S.				
10/1/19					
10/2/19	S.O.S				

Lieut. for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

LIEUT.
OFFICER I/c RECORDS,

Officer I/c Records
No. 4 M.D. Concentration Wing.

HMT CANADA
Embarked 15 FEB 1919
Disembarked 25 FEB 1919

Lieutenant,
Officer I/c Discharge Section, District Depot No. 4.

Montreal 12.3.19

No. 133030 Clinical Diagnosis

Rank Pte. V.D.S.?

Name Christie A.

Unit D.D.4.

Medically examined Special examination on marginally noted with special reference to

V.D.S.?

Reasons for examination Pending Discharge

Short Medical History Attached

Signature M.O. (Requesting) A. J. Gillis Capt

Report Apparently non-infectious

Wassermann taken

Fit for Discharge P.O. 1564

Signature of Medical Officer (Reporting) A. A. Cauley Lt.

Barrack Hosp.

This man is not to be admitted to hospital for this report to be made out, but is to be returned to his unit on completion of examination.

This form, on completion is to be forwarded direct to M.O. requesting same.

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 133030 RANK Pte NAME (IN FULL) CHRISTIE Alex John (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? YES | DATE EFFECTIVE 1-3-19

TO WHOM PAID | RELATIONSHIP

ADDRESS As. A. P.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Kos.	14/2/19	DO 58-1

ORIGINAL UNIT C.E.F. 73rd Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Montreal | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 25-10-15 | TRANSFERRED TO "France" "Canada", 15-2-19 | DATE | AUTHORITY

ASSIGNED PAY, $ 20 00 | DATE EFFECTIVE 1-3-19

PAYABLE TO Mrs Margaret Christie | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 44 Bellingham Rd, Outremont Que

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE 17/3/19

DISCHARGED PLACE Montreal | DATE ~~18-3-19~~ | REASON D.D. 4-19-6 846 | AUTHORITY DO 77-2A | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH 1919	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ c.	OTHER CREDITS $ c.	$ c.	TOTAL CREDITS $ c.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ c.	COL. NO. 2 $ c.	COL. NO. 3 $ c.	ASSIGNED PAY $ c.	REGIMENTAL CHARGES $ c.	OTHER CHARGES $ c.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	CREDIT $ c.	PARTICULARS OR REMARKS
Balance from previous account																				Bal Bo 26/2/19 W/S to 11/3/19 DO 58-1
FEB.				2 40		2 40													2 40	
1/2/19 to March 1st 18-3-19	46 1 10	Other Credits 50 60	35 00 W.S.C. 8 80 S.A. 18 —	2 40		18 — 96 80 Total 1480	29019 14-3-19			122 76 War Service Gratuity				1000 00 1300 00 2000 00 W.S.G.S. Other Charges	34 04 W.S.G.	S.A.	122 76 48 — 144 04 2 480 Total	300 W.S.S.A. 700 00 W.S.G. 100 — Soldier Balance Dependant		D.T.L.P.C. 34.040 31/1/19
			420 00	180 00		600 00									70 00	30 00	100 00	350 00	150 00	
1/4/19															70	30	100	280	120	291455 291456
18/5/19															70 00	30 00	100 00	210 10	90 00	301187 301188
18.6.19															70	30	100	140	60	905545 905546
18.7.19															70	30	100	70	30	1068291 1068293
18.8.19															70	30	100			~~1279852~~ 1279851 cancelled new bond
																	600 —			
10-12-19		70 00				70 00				Pay Balance of W.S. to wife A.P. 3181-A-28, 5-12-19					1 10	1 00	2 10	67 90		70 00 ck 127985 2 acct o/c cancell. overs 1 days P.F.A. March + 1 days SA Observation 572 Oct 26 1919
14.12.19						670 —									67 90		67 90			1796960
																	670 —			

50m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.5.16.		EFFECTIVE DATE:-	
AMOUNT:- 20.00 ~~Stopped eff~~ 1-2-19		AMOUNT:-	

NAME:- CHRISTIE Alexander John.

NUMBER:- 133030

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs M. J. Christie
244 Fairmount Ave W.
Montreal - Que. (Wife)

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 73rd Bn.

DATE ACCOUNT FIRST OPENED:- 1.5.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			42nd Bn.
			Can Sec

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~1 12 18.~~	~~3/22.~~	~~Willey Z3.~~	~~14 60~~				
~~7 1 19~~	~~4/225~~	~~" Z4 10.~~	~~7 30~~				
			21 90				
31-1-19.	Ut. Bal. $35.29		L.R.C. Completed 20/1 19				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 1-2-19 Auth. C.L.P. 1899, 9/9, 18/18. Willey. Disposal. M. D. 4

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-3-18	Balance Forward								8 19	Nil	
				A.P. Canada				20	28 19		
				3 A.R. To. 3 Dwcelc. 9/4/18.	3 57				31 76		
				Wk. 17 to 18/4/18. 2 days Pay. B.O. 29 3/18 42-4.		2 20			33 96		
Mar	P. P.	33							96		
				M.R. 190. 3 Dwcelc. 27/4/18.	4 46				5 42		
May		33			8 03	2 20		20	25 42		
				Can M.P.				20			
				8 A.R. 317. 3 Dwcelc 13/5/18.	3 57				28 99		
	P. P.	34 10							5 11		
				20 M.R. 544 3 Dwcelc. 29/5/18.	1 78				3 33		
June		34 10			5 35			20	16 67		
				Can M.P.				20			
				3 A.R. 648. 3 Dwcelc. 11/6/18.	1 78				18 45		
	"	33 -							14 55		
				21 " 790. " 25/6/18.	3 57				10 98		
July		33			5 35			20	9 02		
				Can. P.				20			
				6 " 1023 3 Dwcelc, 11. 7. 18.	3 57				12 59		
				15 " 1112. " 23. 7. 18.	4 46				17 05		
	P. P.	34 10							17 05	Nil	
		34 10			8 03			20	2 95		
Aug				A.P. Can.				20			
				6 A.R. 1453. 3 D. wcel. C. 13. 8. 18.	3 57				6 52		
	P. P.	34 10							27 58		
				25 " 1613. " 27. 8. 18.	3 57				24 01		
Sep		34 10			7 14			20			
				6 " 1806 " 13. 9. 18.	3 57				20 44		
				22 " 1891 " 24. 9. 18.	3 57				16 87		
	P. P.	33		Can A.P.				20	29 87		
		33			7 14			20			

NUMBER 133030 RANK Pte NAME CHRISTIE A. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Fwd					29 87		
Oct	P.P.	34 10		A.R. loan				20	43 97		
				A.R. 1997 3 D.W. 66 Rlg 3/10/18	3 73				40 24		
				- 2277 - 20/10/18	3 73				36 51		
		34 10			7 46			20			
Nov	P.P.	33		G.A.P.				20	49 51		
				A.R. 2752 6/11. 3 DW	3 73				45 78		
				- 3176 3 D.W. 66 Rlg 14/11/18	13 06				32 72		
				3784 - 9/12	16 79				28 99		
Dec Jan	P.P.	68 20		G.A.P. Dec & Jan				40	54 19		
		101 20			20 57			60	21 90		
				A.R. C5640. Q.R.D. 30/1/19	9 73				47 36 a		
				A.R. 14725 Gen Dep 8/1/19	7 30				40 16		
				A.R. 168. Rimmel 15/2/19	9 73				30 43		
				Endorsed on L.A.P.							
				D.U.A.R. 3672 Whitley 24/12/18	14 60				15 83		
					41 36						
				L o B Dec 31/2/19							
				L. P. A.							

Married or Single: Married

Place of Birth: Milwaukee. Wis. USA

Name and Address of Next of Kin: Mrs Margaret J Christie
44 Bellingham Ave Outremont
~~244 Fairmount Avenue~~ W. Montreal. Canada

Relationship of Next of Kin: Wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital
15/9/17	5/10/17	V	51st Gen Hosp.
9/9/17	10/9/17	V	42 C.C.S.

Reg'l. No. 133030. Rank Pte. Name Christie Alexander John.

If in Permt. Corps What Unit: Unit 73rd Bn. Transferred to 42 Bn Date 31/5/17 Authority B0048 7/5

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Montreal Canada. Transferred to — Date — Authority

Date of Attestation October 25th 1915. Transferred to — Date — Authority

Assigned Pay Monthly $ 20.00 Date Effective 1/5/16

Payable to Mrs M. J. Christie, 244 Fairmount Ave. W. Montreal. Relationship Wife

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective 1-2-19 Reason Discharge

Discharge Date and Place 1-2-19 Cam. Reason and Authority Disposal C. L.P. 1899. 9 1/19. 18 1/19. M.D 4

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

C. C.I.

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
														17 37	17 37																17 37				b/ from previous a/c.
1-31 May	31	1.00	31	00	31	.10	3	10							34 10			76	31/5/16			40	8/7/16		4 87		4 87	20	00	29 74	21 73			
1-30 June	30	1.00	30	00	30	.10	3	00							33 00	179	15/9/16	215	30/4/16					7 30	7 30			20	00	34 60	20 13			
1-31 July	31	1.00	31	00	31	.10	3	10							34 10			271	15/7/16						7 30			20	00	27 30	26 93			
1-31 Aug	31	1.00	31	00	31	.10	3	10							34 10	317	3/7							7 30				20	00	27 30	33 73			
1-30 Sep	30	1.00	30	00	30	.10	3	00							33 00	46	27/8	63	17/9					2 62	2 62			20	00	25 24	41 49			
1-31 Oct.	31	1.00	31	00	31	.10	3	10							34 10	283 163	1/10 27/9	377	14/10					2 62 2 61	2 62			20	00	27 85	47 74			
1-30 Nov.	30	1.00	30	00	30	.10	3	00							33 00			438	4/11						2 62			20	-	22 62	58 12			
1-31 Dec	31		31		31		3	10							34 10	510	14/11	600	5/12					2 62	11 34			20	-	33 96	58 26			
1917			24 50				24	50																											
1-31 Jan.	31	1.00 12	34	10											34 10	744 679	2/1 15/12							2 61 2 62				20	-	25 23	67 ~~58~~ 13			
1-28 Feb	28		30	80											30 80	907 813	2/2 15/1					war Loan 558.6	12/12	2 62 2 61			26 40	20	-	51 63	46 30			
1-31 March	31		34	10											34 10	1078 02/1 987 11/2		1158	21/3					2 62 2 61	2 62			20	-	27 85	52 55			
			368	50										17 37	385 87									40 76	41 29		31 22	220		339 37	0				

133030 Pte Christie Alexander John.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Fwd.			368	50										17	37	385	87								40 76	41 29		31 22	220 00		333 37					
1-30 April	30	1.10	33													33			6							262			20		22 62	67 93				Trans. to H.S. Bn 3/15/30048 2/5
May	30		33													33		83							262				20		22 62	73 31				
31 at May	1	"	1	10												1	10															74 41				
June	30		33													33		207 2 2/5 295 6/6< 358 19/6 426 6/7.						R.R. 167. 9/6/7.	2 68			50	20		72 68	34 73				
July	31		34	10												34	10								2 67 2 68 2 67				20		25 02	40 31				
Aug	31		34	10												34	10					42 Batn. 137 3/5					2 68		20		22 68	52 23				
Sept	30		33													33									267 2877 267	5 35 5 36 2 68			20		65 50	19 73		Nil		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Oct		~~19 73~~							19 73	Nil	
	P. P.	34 10		V.S. 15/9 to 5/10. 21 days @ 60c B.O. 116 11/10/17		12 60					
							20				
		34 80		V.S. 9/9/17 to 19/9 - 2 days @ 60¢ +2 to clearing B.O. 117 18/10/17		1 20 13 80		20	20 03		
				AR 389. 3rd Bde. 21/10		4 46					
				" 420. " "		4 46					
Nov.	P. Pay	33		A. P. Nov.				20			
Dec.	P. Pay	34 10 67 10		A. P. Dec.		8 92		20 40	38 91		
Jan.		34 10		Can. A. P.				20			
				AR 723 1st Bde. 20/11/17		13 38					
				" 442 3rd " 4/11/17		4 46					
				" 812 2nd " 10/12/17		7 14					
				" 798 " " 5/12/17		4 46					
		34 10		" 856 " " 24/12/17		7 14 36 58		20	15 73		
Feb.	P. Pay	30 80		A. P. Can				20			
				AR 924 42nd. 5/1/18.		4 46					
				" 985 3 Dwcelc. 16/1/18.		3 57					
				" 1121 " 2/2/18		4 46 12 49		20	14 04	Nil	
Mar.		30 80		A.P. Can				20	45 96		
				CP. 1313 - 4-3-18.		14 60			20 56		
				+AR 1233. 3 Dwcelc. 16/2/18.		3 57			24 13		
				Fwd.		18 17		20			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Mar				Fwd.	18 17 18 17			20	24 13		
				AR. 2738. 3 F.C. 2/2/18.	9 73				33 86		
				CP. 6642. 16-3-18.	4 87 32 77				38 73		
				AR. 1353. 3 Dwcelc. 2/3/18.	1 78				40 51		
	P. P.	34 10							6 41		
				30 " 1518 " 21/2/18.	1 78 36 33 36 33			20	8 19	Nil	
		34 10									

Trans. to H.S. Bn 3/15/30048 2/5

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final 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.)

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.

This space to be for numbers

17/3/19

WAR SERVICE BADGE
Class "A" No. 24844 ISSUED

Proceedings on Discharge.

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

No. 133030

Rank Pte

Surname CHRISTIE

Christian Name Alexander John

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 73rd Bn RHC

Date of Discharge Mar.17th/19

Place of Discharge Montreal, QUE

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 34 years months.
Height 5 feet 9 1/2 inches.
Complexion Dark
Eyes Blue
Hair Dark Brown
Trade Tailor
Intended place of residence (To be given as fully as practicable.) 44 Belingham Rd. Outre. Montreal

Descriptive Marks

Scar right horniotomy
Two scars right leg.

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

R.O.1894 on demobilization medically unfit for general service.

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.

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

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

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.)

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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, QUE A J Christie *(Signature of Soldier.)*

(Date) Mar. 17th/19 M J O'Reilly B/mast *(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.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, QUE

(Date) Mar. 17th/19 *(Signature)* ..... *Lieutenant,*

Officer i/c Discharge Section, District Depot No. 4.

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.)

A J Christie

NO RESERVATIONS

(OVER)

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.

.....

.....

.....

.....

.....

.....

.....

.....

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.)

N.A.

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.)

Yes

.....

.....

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.

.....

.....

.....*President.*

PLACE Montreal, P.Q.4 .....

DATE 14-3-19 .....

} 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.

.....

.....

.....

.....*President*

PLACE.....

DATE.....

} Members

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

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 Montreal DATE Mar. 13, 1919

1. 1 (*a*) Unit D.D. 4 (*b*) Regimental No. 133030 (*c*) Rank Private

(*d*) Surname Christie (*e*) Christian name Alexander John

(*f*) Home address 44 Bellingham Road, Outremont, P.Q.

(*g*) Next of Kin Mrs. Margaret Christie (*h*) Relationship Wife

(*i*) Address of Next of Kin Same as above

2. Age last birthday 35 Date of birth May 26, 1884

3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal (*b*) Date Oct. 25, 1915

4. Personal description:

(*a*) Height 5 ft. 10½ (*b*) Weight 155 (stripped) (*c*) Complexion Medium

(*d*) Colour of hair brown (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc.

Scar right herniotomy 2 scars right leg

5. Former trade or occupation Tailor.

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
	3	

	Periods From	Periods To
Canada	25-10-15	10-4-16
	25-2-19	
Invalids statement		
England	10-4-16	13-8-16
	22-12-18	25-2-19
France or other theatres of War	13-8-16	22-12-18

7. Original disease, or injury D.A.H.

.....

.....

(*a*) Date of origin Dec. 1916 (*b*) Place of origin Some

(*c*) Cause Service

.....

M. F. B. 227.

400M.—11-18.
1772-20-117.

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.)

Shortness of breath on moderate exertion or even slight exertion.
Inability to endure cold or damp weather.

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.)

Complains of cough, expectoration, shortness of breath on even moderate exertion. No night sweats at present, no loss in weight. No swelling of feet and no urinary disturbance.
Examination - Pulse - rate 114 at rest - volume good, tension normal. regular B.P. 140-92. Heart C.I. is seen and felt in 5th space in nipple line. There is no increase in cardiac dulness, being just to Nipple on left and sternal border on right. Heart sounds - apex - There is soft blowing systolic murmur transmitted slightly to axilla. This is accentuated on exertion. At base sounds clear and no murmur heard. After bending over 5 times pulse in increased to 144.

(*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 (If pulse rate is abnormal, B. P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

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

and respirations from 20 to 27. Was somewhat faint after this exertion. Pulse returned to 114 in 2½ minutes and respirations to 20 in same time. Able to walk 3 miles at his own pace but at route march pace could not keep up for quarter mile.

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

Lungs - no impairment of note. A few dry rales heard over both bases. Otherwise negative.
Urine - 1020 - acid - faint trace of albumin - no sugar - cannot stand exposure to damp and cold weather, the former causing aggravation of cough and the latter chilling feeling in chest.
History:- First complained of shortness of breath in Dec.1916 having to fall out from an rch. Was excused from all route marches in April 1917. condition has become gradually aggravated. Cough and expectoration every morning since January 1918.

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*).)

V.D.S. 14-9-17 to 16-10-17 in /th Gen'l. Hosp. No signs of disease at present. May be discharged.
Bronchitis following operation for herniotomy since then has had several light attacks.

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

Right herniotomy. removal of varicose veins left leg. Oct. 1, 1915

11.—(*a*) Did the disabling condition have its origin before enlistment? 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.)

Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? Six months

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes with impaired efficiency
(If not, briefly state why)

17. Recommendations

A B Kaleohu Capt
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 private 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 nothing.

A J Christie Rank.
Signature of invalid examined.

J.G.C.J.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....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 :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 133030 Rank Pte Surname CHRISTIE Christian Name ALEXANDER JOHN

Unit or Corps—(a) Overseas from United Kingdom 42 Btn (b) in United Kingdom Gen Depot

Born at—Town Milwaukee County or Province Wis. Country U.S.A.

Date of Birth—Day 26 Month May Year 1884 Age 34 yrs. months.

Joined at Montreal Que Date 25-10-1915

Former trade or occupation Tailor

Permanent Marks or any peculiarity that will serve for future identification :—

Scar Hernia operation (rt).

Height—feet 5 inches 10 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) A J Christie

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)	D A H.
Disabilities Group (b)	nil.
Disabilities Group (c)	nil

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	General Service.	France.	Oct 1916.
(ii.) As to Group (b) above.	n a.	n a.	n a
(iii.) As to Group (c) above.	n a	n a	n a

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? no. If yes, has Active Service aggravated it? n a

(ii.) As to Group (b) above? n a If yes, has Active Service aggravated it? n a

(iii.) As to Group (c) above? n a If yes, has Active Service aggravated it? n a.

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? yes

(ii.) As to Group (b) above? n a

(iii.) As to Group (c) above? n a

PART I. (continued).

5. MEDICAL HISTORY. Pneumo Ulcus: pleurisy 1905 –
Enlisted 25 Oct. 1915 – Came to England April 1. 1916 Went to France Aug 1916. Classified B2 (D&A) 30/6/18. Evacuated to England Dec. 18. 1918.
Documentary: A.T.B. 103. 30/8/18 add. Classified B2 D&A.

6. PRESENT CONDITION. General condition fair.
Subjective:- Short of breath. Dyspnea at night. Suffocating feeling when walks any distance. Dyspnea on exertion. Weak & tired with pack but could walk 3 miles in ordinary time.
Objective:- Heart not enlarged. No adventitious sounds. Pulse rate at rest 114. after trucking flour ten times 174. Pulse rate of 114 in 5 minutes
Lungs:- negative.
Other System normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. no.
(iii.) Was one advised and declined? no.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no.
(ii.) If so, describe. no.

9. DO YOU RECOMMEND:—
(a) Fit for duty? (*state category*) yes B II
(b) Invalid to Canada? no
(c) Discharge from the Service as permanently unfit? no.

Date of Report Jan 6. 1919
Station Witley Surrey
Signed [illegible] Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital (Officer i/c Hospital / S.M.O. Brigade) Strike out one of these

Dated at ..... Station, on ..... 191.....
*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier { Caused? / Aggravated? } yes
(b) Misconduct of the Soldier { Caused? no / Aggravated? yes.

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) NA

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) NA

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? NA.
(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No further advised

17. Can the former trade or occupation be resumed? yes

18. REMARKS:— Authority A.G. 1-190835 d-11-11-18
14-9-17 this man was admitted 51 Gen Hosp France with V.D.S. Specialist report Con. Spec. Witley 4/19 Sgt:- LOCKHART. Man came state man to have no injection herein V.D.S. May be returned to Canada! but will require observation on arrival there

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) B II
(b) Invalid to Canada? }
(c) Discharge from Service as permanently unfit? } yes.

Date of Board 6/1/19.
Signatures of the Board: Lieut Col President. [illegible] Capt Major
Station Witley Eng
Approved [illegible] CAPTAIN, A.D.M.S.
For A.D.M.S. CANADIAN TROOPS, WITLEY.
Dated at Station 191

A.D.M.S.- HEADQUARTERS CANADIAN TROOPS, 6 JAN 191. WITLEY, SURREY.