

ATTESTATION PAPER.

No. 63479

Folio. 467

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Jenkins Robert
2. In what Town, Township or Parish, and in what Country were you born?..... Middlesborough England.
3. What is the name of your next-of-kin?..... Emily Jenkins. (wife.)
4. What is the address of your next-of-kin?..... 1387 Parthenais St. Montreal Canada
5. What is the date of your birth?..... April 28th 1876.
6. What is your Trade or Calling?..... Labourer.
7. Are you married?..... Yes.
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?..... 2nd A.S.W.O. Yorkshire Regiment (12 yrs.)
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.

Robert Jenkins (Signature of Man).
D Murray Denholm (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date November 3rd 1914. Robert Jenkins (Signature of Recruit)
D Murray Denholm (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date November 3rd 1914. Robert Jenkins (Signature of Recruit)
D Murray Denholm (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 3rd day of November 1914.

[Signature] (Signature of Justice)

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

[Signature] (Approving Officer)

Description of Jenkins, Robert on Enlistment.

Apparent Age.....38.....years.....7.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 6 1/2 ins.

Chest measurement { Girth when fully expanded.....39 ins.
 Range of expansion.....5 ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Brown

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

*Tattoos - Cobra on Palm tree
 Dancing Evil on left arm - Friendship on right.*

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 Overseas Expeditionary Force.

Date.....3rd Nov.....1914.

Place.....Montreal

W. Ernest Wilson
 Capt. Surgeon
 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.

Robert Jenkins.....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.

W. Fisher.....(Signature of Officer)

Date.....DEC 31.....1914.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

JENKINS ROBERT

63479

23 BN

04700

DIED 26-1-18





600
Number. 6.3.4.79..... Rank. *L/Serjt* ~~P~~

Surname. *J. E. N. K. I. N. S.*.....

Christian Names. *Robert*.....

Unit. *23rd Bn*..... Theatre of War. *England*

Dates of Service. *Deceased. 26. 7. 1914*.....

Remarks.....

Latest Address *Widow*
Mrs. E. Murray.....

813- Clarke St......

Montreal P. Q. C.

GA 36888 Busb

SEP 8 1921

Jenkins, Robert, Sgt. 63479 *form. - 9 Bn.* 649-J-703

Med. & Dec. (Widow) Mrs. E. Murray,
803 Clarke St.
Montreal. P. Q.

P. & S. (Widow) Address as above.

See # 807578
Mem. Cross. (Widow) " " "

Mem. Cross. (Widow) " " "

(Mother died Sub.)

Scroll Des. *7-8-21* Reqn. No. *2 51765*

Plague Desn APR 5 1922

p34279
53507

England only.
Eligible for B.M.
M.G.

2.

W 50273 MAY 25 1921

1174

W 50274 MAY 25 1921

815

8165

Reg. No. 63479 Name Jenkins P
Rank Sgt Corps 23 A Age Service
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

6

Grey nurse Montreal
Discharged

5 4 16
13.5.16.

2 DS loss of teeth

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

✓
SURNAME.

Jenkins,

CARD NO.

CHRISTIAN NAMES

Robert

FOLL.

REGL. No.

63479

RANK

L./Sgt.

UNIT

23rd

Bn.

FORMER CORPS

2nd A. P. W. O. Yorks Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jenkins, Mrs. Emily.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~1387 Parthenais St. Montreal~~

390 Forsythe St. - Letter 26-1-18. P. A.

649-J-703.

COUNTRY OF BIRTH

England. Middleborough. DATE Apr. 28th 1876

PLACE OF ATTESTATION

Montreal

DATE

Nov. 3rd 1914.

Sailed from Halifax Per "S.S." Messanahie 23-2-15

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No 283

RANK

The

NAME

*Jenkins R.**63479 Max Paylist*T. O. S. *3-11-14*

UNIT

*23rd. Battalion**Nov. Paylist*

M. D.

*4-5*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

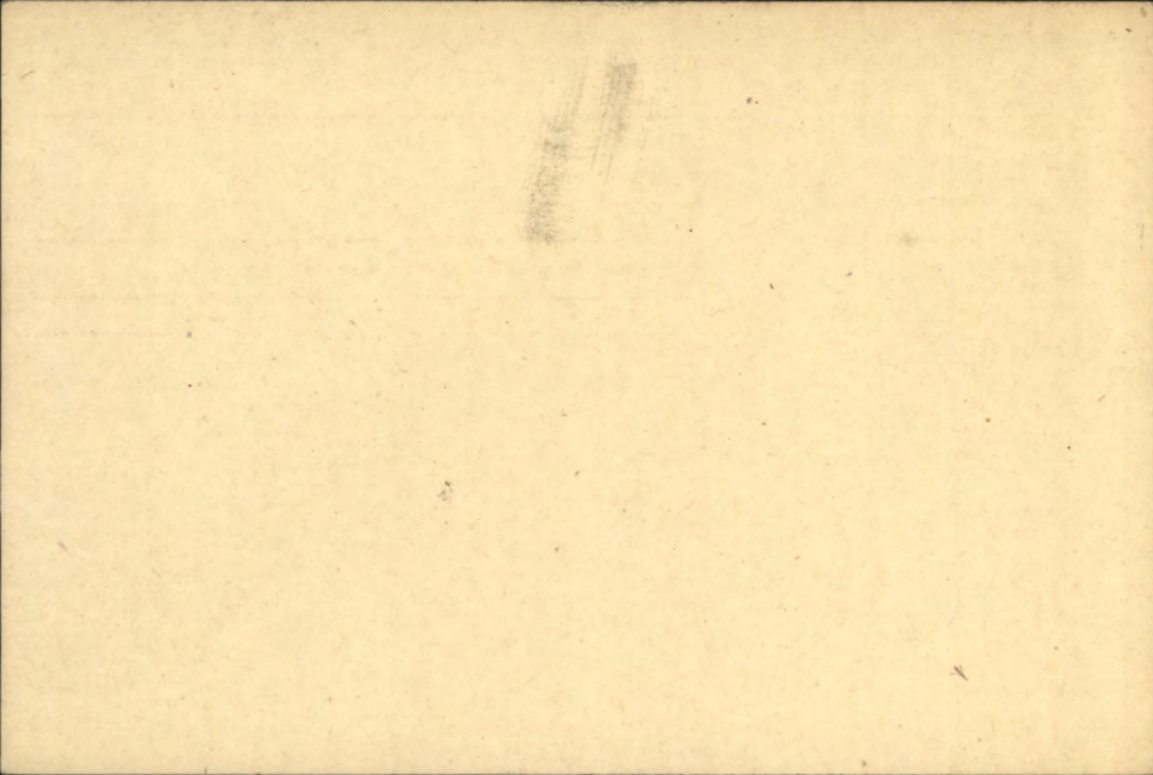
PARTICULARS

AUTHORITY

<i>1914</i>	<i>1914</i>	
<i>Nov. 3</i>	<i>Nov. 30</i>	<i>✓</i>
	<i>Dec -</i>	<i>✓</i>
<i>1915</i>	<i>1915</i>	
<i>Jan</i>		<i>✓</i>
<i>Feb.</i>		<i>✓</i>
<i>Mar.</i>		<i>✓</i>

Absent 1 day.

UNIT SAILED
FEB 23 1915



No. 63479

RANK Sergt. (23Bn.)

NAME Jenkins Robert

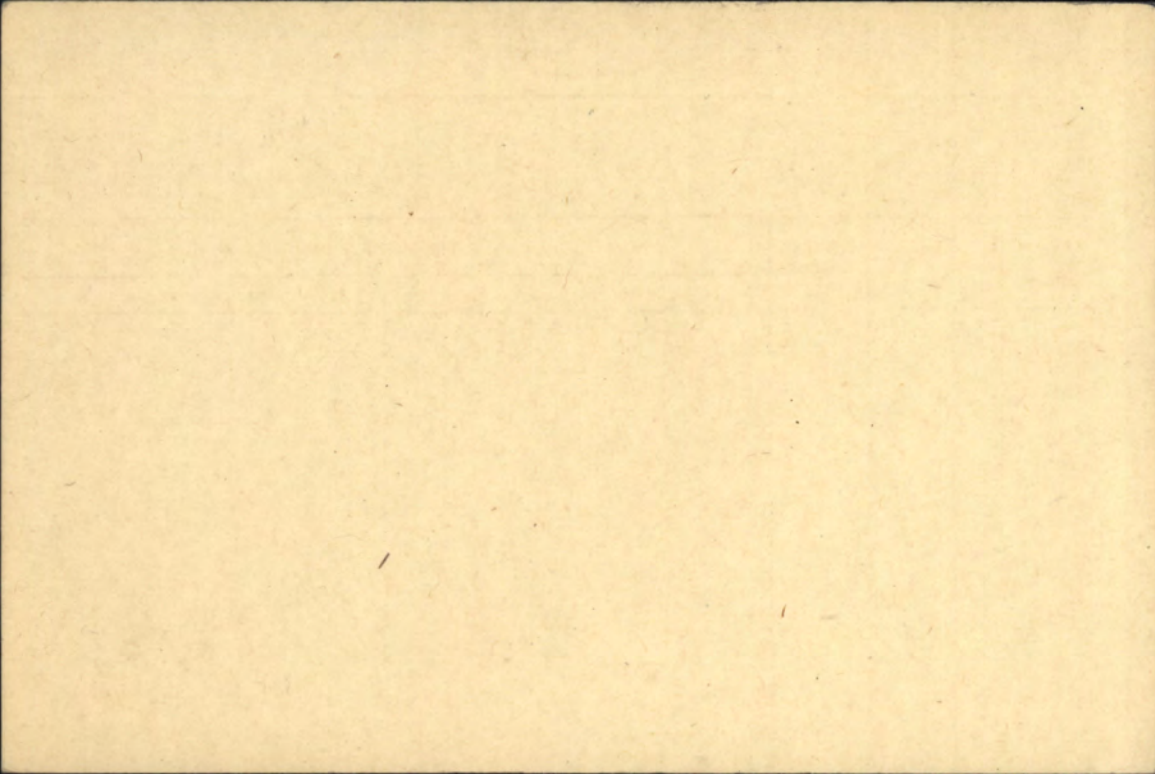
T. O. S.

UNIT Discharge Depot (Quebec.)

M. D. 5.

534

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916. Mar.	1916. Mar.	✓	Dates not stated.	



MEDICAL HISTORY SHEET

Surname JENKINS. Christian Name R.

Examined { on _____ day of _____ 191____
 { at _____
 Birthplace { City or Town _____
 { County _____

Approved by _____
 Rank _____ M.O.

Apparent age _____ M.O.
 Trade or occupation _____ M.O.
 Height _____ feet _____ Inches _____ M.O.
 Weight _____ lbs. _____ M.O.
 Chest measurement { Minimum _____ inches _____ M.O.
 { Maximum expansion _____ inches _____ M.O.
 Physical development _____ M.O.
 Small-pox Marks _____ M.O.

Vaccination Marks { Arm _____ Right _____ Left _____
 { Number _____
 When Vaccinated last _____ M.O.
 (a) Marks indicating congenital peculiarities or previous disease _____ M.O.

(b) Slight defects but not sufficient to cause rejection _____ M.O.
 _____ M.O.
 _____ M.O.

Enlisted on _____ day of _____ 191____ at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	23 rd Battn.	No. 63479.		
Transferred to	"A" Unit, M.H.C.C.			

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.

Casualty Form—Active Service.

Regiment or Corps 23RD RES BATT. C.E.F.Regimental No. 63479 Rank Sgt. Name Jenkins Robert.Enlisted (a) Nov 5th 1914 Terms of Service (a) duration Service reckons from (a) _____Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } _____ to lance rank } _____ 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				
<p>FOR DISCHARGE IN <i>Canada</i> AS "MEDICALLY UNFIT."</p> <p><i>Geo. W. Mitchell</i> Major LT. COL. G.C. 23rd RES. BATTN. C. E. F.</p>					

(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.

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				



9 44
blot 3
113

This space to be for numbers

Proceedings on Discharge.

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

No.	63479	MILITARY SERVICE
Rank	Sgt.	FEB - 3 1918
Surname	Jenkins	H.Q.
Christian Name	Robert	CANADA
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	23rd Battalion	
Date of Discharge	26th January 1918.	
Place of Discharge	Montreal.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	41 years..... 9 months.	Descriptive Marks
Height.....	5 feet..... 6 ³ inches.	
Complexion	Fair	
Eyes	Brown	
Hair	Brown	
Trade	Laborer	
Intended place of residence (To be given as fully as practicable.)	DECEASED.	
2. The above-named man is discharged in consequence of		
DECEASED		
January 26th 1918.		
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 hand writing 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)

Discharge
6-2-18
D.O.

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 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. (Signature of Soldier.)

(Date)..... Jan. 26th 1918. (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 80 days.

11. Confirmation of Discharge.

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

(Place)..... Montreal.....

(Date).....

(Signature).....

[Handwritten Signature]



MAJOR,

O. C. "A" Unit

Military Hospitals Commissions Command

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

563
Reef

To Whom *Mrs Emily Jenkins (Wife)* By Whom Assigned *Jenkins R.*
Address *1387 Parkhurst St. Montreal, P.Q.* Regtl. No. *283 (63479)*
Rank *Pte.*
Corps *2314 Bttn. a Coy*
Rate *\$25- per m from Mar/15.*

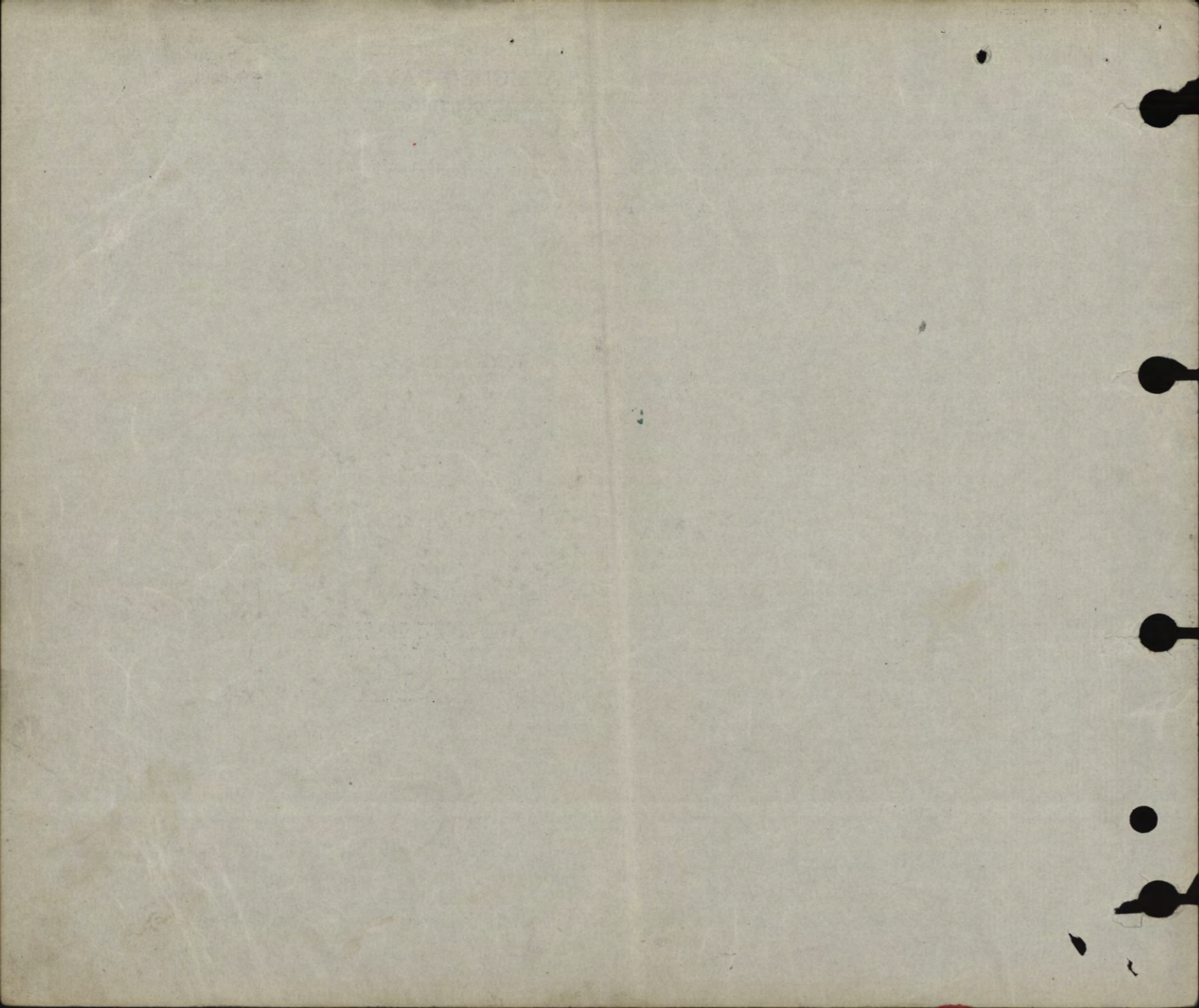
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		<i>36571</i>	<i>25</i>	
Apr.		<i>2503</i>	<i>25</i>	
May		<i>33012</i>	<i>25</i>	
June		<i>49902</i>	<i>25</i>	
July		<i>511324</i>	<i>25</i>	
Aug.		<i>710629</i>	<i>25</i>	
Sept.		<i>811853</i>	<i>25</i>	
Oct.		<i>14130</i>	<i>25</i>	
Nov.		<i>B14466</i>	<i>25</i>	
Dec.		<i>A116667</i>	<i>25</i>	
Jan.	1916	<i>12152</i>	<i>25</i>	
Feb.		<i>13805</i>	<i>25</i>	
March				

COPIED FOR I CASUALTIES.

P. D. P. 25-7-17 H.B.
returned Sicilian 24/3/16 FK 891
Stop Mar Pst/16. 4m - 13/3/16

BBB



3-11-14

226

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name	M ^{rs} Emily Jenkins	Name of Soldier	Jenkins Robert
Address	1387 Parthenais Agoutual Ave	Regtl. No.	
Relation to Soldier	} wife	Rank	Pte
wife, child or mother		Corps	23 Bath
		To what Corps belonging	
		when called out	

PAYMENTS

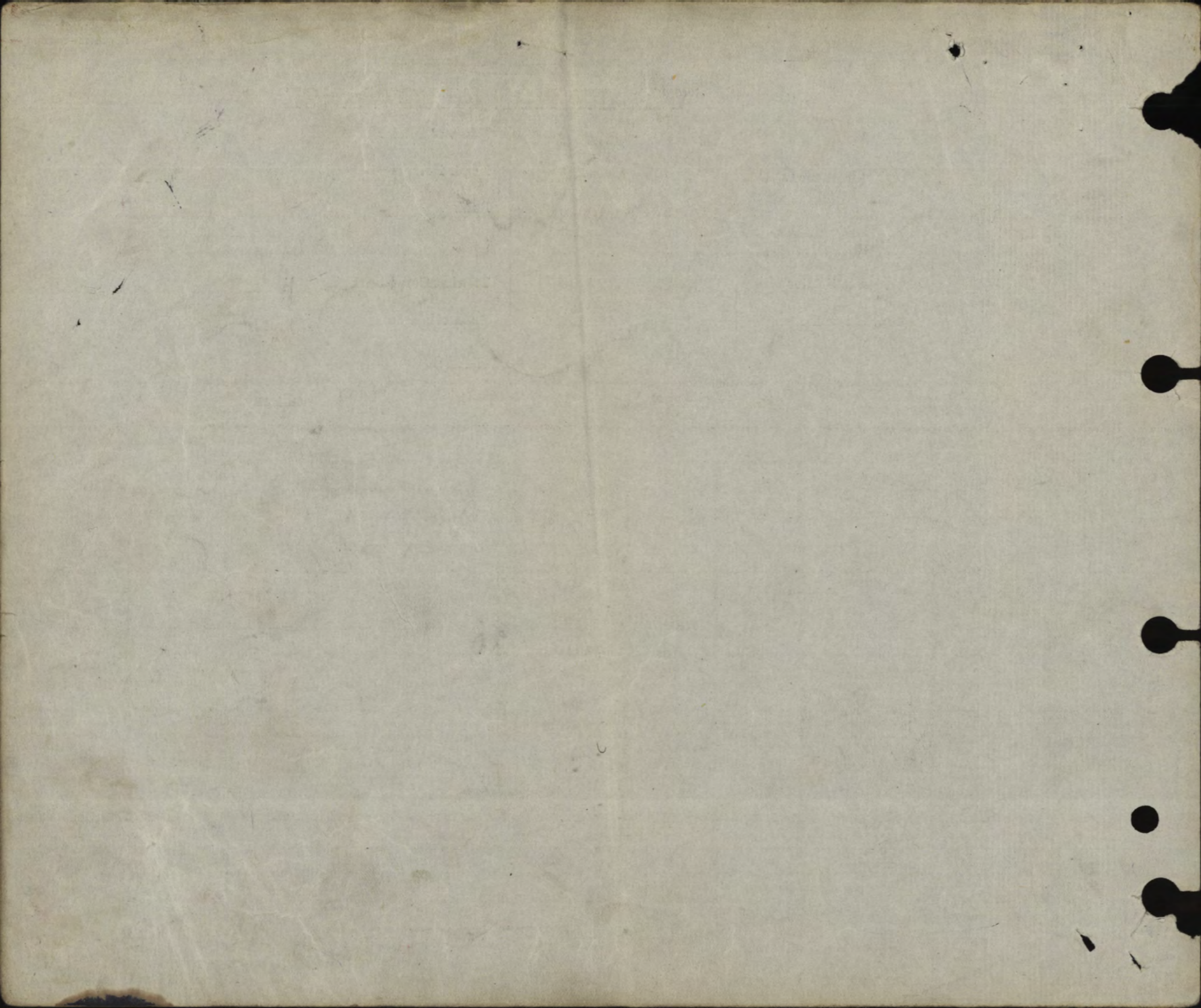
Month	Year	Cheque No.	Amt.	REMARKS	
Aug.	1914			<p>ACCOUNT CLOSED</p> <p>DATE APR 14 1916 PER</p> <p>COPIED FOR CASUALTIES.</p>	
Sept.					
Oct.					
Nov.					
Dec.		5596	20		
Jan.	1915	42009	20		
Feb.		83754	20		
March		d. 71	38		38
Apl.		f 728	20		20
May		f 3874	20		20
June		79035	20	20	
July		79656	20	20	
Aug.		7726	20	20	
Sept.		79947	20	20	
Oct.		710305	20	20	
Nov.		710702	20	20	
Dec.		213866	20	20	
Jan.	1916	e 25944	20	20	
Feb.		1122113	20	20	
March		0 25357	20	20	

P.D.P 24.7.17

Retd on Sicilian 24th 16.

Account closed

338.00



Register No.

D. J. 306.

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

9508-R-10

Regt'l No. 63479 Name Robert Jenkins
(Christian Name) (Surname)
Unit 23rd Bn. Rank Sgt. Date of enlistment 3-11-14
Date of casualty 26-1-18 B.P.C. File No. 41345
Was service performed overseas? Yes

DEPENDENT

Name Mrs. Emily Murray nee Jenkins Relationship Widow
Address % P. B. C. O.,
406 Drummond Bldg.,
Montreal, P. Q.

Amount of Special Pension Bonus \$ 85 Abstracted by M. Knox

Eligible for Gratuity \$ 180

Less amount of Special Pension Bonus paid \$ 85

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

Total deductions \$ 85

Balance due \$ 95

Cheque No. 41598395 Date issued AUG 3 1920

REMARKS :

Clerk

A. H. Meier

Audited by
E. H. Howard
Date 31-7-20 \$95

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name _____

Surname _____

Christian Name _____

Regimental Number _____

Rank _____

Address (in full) _____

Unit _____

Original Unit _____

District where paid _____

Date of Discharge _____

P. D. P. Filing Number _____

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		

M. F. W. 127
 300M-1-19
 1772-30-1140

Remarks: _____

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.					
Brook Ford															
							7.77								
								7.77							

Brook Ford
Bal on 1/6 June 1/16
for to 9 & Bal.

~~1862 26/116~~ 993

772 already chg'd in 913

Transd to "Canada Disc'ge a/c"

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

09508-R-3

Name Jenkins, Robert
Surname

Christian Name

Regimental Number 63479

Rank Sgt.

Address (in full) McTavish Home,

Unit 23rd Bn.

Montreal, P.Q.

Original Unit

District where paid M.D.4.

Date of Discharge 24-5-16.

P. D. P. Filing Number 2-22-4.

Rates:—Regimental pay \$ 1.15 per diem: Field Allowance \$.15 per diem. Separation Allowance \$ 20.00 per month.

L. L. 22573—M. & D. 309.

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		
178 30	423	5-9-17	59 00	423	22-10-17	59 00	428	27-11-17	50 30		178 30

Remarks:

M. F. W. 127.
60M-6 17.
1772 39-1140.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address

Dec'n No. **W.S.G.** File No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$

Less P.D.P. Credited \$

Pay Soldier \$ Pay Dependent \$

Less further debit balance \$

Net due paid as below

TO SOLDIER		DEPENDENT		Due
Ag. No.	Ch. No.	Days	Rate	Amount
1			Less P.D.P. credited	
2				
3			Less further Dr. Bal. or overpayment	
4				
5				
6				

Net

Pay Soldier \$

Pay Dependent \$

Clerk

Date	Ck. Order	Ck. No.	Amount	Total	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

Jenkins L/Sgt. R.

M. F. W. 41.
10m.-11-15.
1772-39-889.

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Regimental No.

63479

Unit

23rd Bn.

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

Home,

and address of next-of-kin

MA

in 10 to Mrs. Emily

1293. Messier St.

1387 Parthenais St.

26/3/16 Med Bld Rec Can Home, until teeth fixed,

Date and place discharged

Reason for discharge

Character on discharge

W. V. Quebec

Med unfit

Discharged 24/5/16

Sgt. 20⁰⁰ Stopped 3/1/16

Sicilian 23/3/16 Class II HQ, 649-J-703

L. 57691. M. & D. 6128.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount							
8/3/16	30/4/16	53	115	6095	53	15	795	2000	777	9667	6000	489	6487	L.P. Exp. Pd. W. Quebec Pd. Paid on Boat to the crew of Spt. ipr.
													3180	
													9667	

Transferred to M.H. IV - 1/5/16 with - L Bal

P.M.P.
28-9
28-17

oh

E.A.P. 25⁰⁰ 29/1/16

This space to be for numbers.

DEPT MILITIA & DEFENCE
JUN 24 1916
649-703
H.Q. CANADA

Proceedings on Discharge.

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

No.	63479
Rank	Sergeant
Name	Robert Jenkins
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	23rd Res. Batta.
Date of Discharge	24 th May 1916
Place of Discharge	Montreal

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....26.....years.....1.....months.
 Height.....5.....feet.....6 3/4.....inches.
 Complexion Fair
 Eyes Brown
 Hair Brown
 Trade Labourer
 Intended place of residence } 1133 Messier St.
 (To be given as fully as } Montreal
 practicable.)

Descriptive Marks

Tattoo; Cobra on Palm tree. Dancing girl on left arm. Friendship ship on right.

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

Medical unfitness

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

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

Good

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

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

Labourer

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

*Discharged
Desi 26
11/2/16*

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.....

Three horizontal lines for listing 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* *R Jenkins Sergt* (Signature of Soldier.)

(Date) *May 15th 1916* *[Signature]* (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*.....

(Date) *May 15th 1916*.....

(Signature) *W. K. Schmechel 1961*
OC Composite Regt.

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.)

Robert A. Jenkins.

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 Certificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></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 style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

665

10-9-2

Medical Report on an Invalid.

Station East Sandling.

Date Jan'y 24 1916.

- 1. Unit 23rd. Res. attd. 9th Res.
- 2. Regimental No. 63479
- 3. Rank Sergt.
- 4. Name Jenkins Robert
- 5. Age last birthday 45
- 6. Enlisted { on Nov. 3rd. 1914
at Montreal
- 7. Former Trade or Occupation { Iron worker.

8. Disability.

Syphilis - Periostitis both Tibias

Statement of Case.

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

9. Date of origin of disability. Jan'y. 1915

10. Place of origin of disability. Quebec.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Began to discharge in several places on both legs, as soon as he began to march. Was treated and given light duty. About end of March, sores finally healed, and has no trouble when does not wear puttees or march. Wasserman test at Moore Barracks in December - positive. Was boarded and given Permanent Base Duty. Says his papers cannot be found.

12. (a) Give your opinion as to the causation of the disability.

Syphilis

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

Active Service will cause return of trouble

13. What is his present condition?

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

Weight normal, Sight & hearing normal. Only 4 teeth in upper jaw and six in lower. Heart & lungs normal. Scars of old ulcerations on anterior surfaces of both Tibias. In this condition of teeth and legs he is totally unfit for active service, and can only do light duty in any case. As he is liable to return of active service disability he should leave the service.

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy? *Not Applicable*
- (b) On active service?
- (c) On duty?
- (d) Off duty?

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

Not Applicable

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

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

Not Applicable

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

Not Applicable

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

Loss of teeth not due to Active Service

19. Do you recommend

- (a) Fit for duty? *No*
- (b) Fit for base duty? *No*
- (c) Invalided to Canada? *No*
- (d) Discharge as permanently unfit? *Yes.*

S. L. Walker Capt Camb

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

a1 *no*

a2 *no*

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

not applicable

21. Has the disability been caused or aggravated by

(a) Intemperance? *no*

(b) Misconduct? *not in present period of engagement*

22. Is the disability permanent? *Yes*

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

not applicable

To be stated in months.

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

none compared with capacity on enlistment

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

not applicable

26. Do the Board recommend

(a) Fit for duty? *no*

(b) Fit for base duty? *no*

(c) Invalided to Canada? *no*

(d) Discharge as permanently unfit? *yes*

27. Remarks.



Signatures:—

W. H. Sutton President.

J. Hankine Capt. Cause
Members.

Station Shorncliffe

Date Jan 27th 16

Approved.

Station SHORNLIFFE.

Date 3 FEB 1916

G. P. Rowley
Administrative Medical Officer.
Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

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

Members of Board.

Proceedings.

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

Signed at 41, Grimston Avenue, Folkestone, this _____ day

of _____, 191 _____

President.

Medical Report on an Invalid.

Station West Sandling,

Date December. 3rd 1915.

1. Unit 23rd Reserve Batt'n.
2. Regimental No. 63479
3. Rank Sgt.
4. Name Jenkins, R.
5. Age last birthday 45
6. Enlisted { on 3rd Nov. 1914.
at Montreal. P.Q.
7. Former Trade (or Occupation) Labourer.

8. Disability.

Legs break out in sores wearing puttees.

old varicose ulcer

Statement of Case.

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

9. Date of origin of disability. Aug. 1900.

10. Place of origin of disability. In India.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Was in Imperial army for 13 years. In Aug. 1900 was in jarads and got stung, had itching and scratching legs. Had breaking out and sores up to knees. Healed up in Nov. 1900 after being in a hospital from Aug. to Nov. Was boarded and invalided home for Depot Duty. Completed term of service in 1904. Legs broke out again 1912.

Says they always break out when he wears Puttees. Was all right when enlisted for C.E.F. legs broke out again in January 1915. and bothered for two months. Has since been on light duty.

12. (a) Give your opinion as to the causation of the disability.

Probably syphilitic.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

Previous condition aggravated by active service.

13. What is his present condition?

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

Scars of sores which have healed on both legs and feet.

He complains of pains in legs when on feet long. is unable to wear anything on legs (light) as they break out.

14. If the disability is an injury, was caused.

(a) In action?

(b) On field service? **Not applicable.**

(c) On duty?

(d) Off duty?

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

If so—(a) When?

(b) Where? **Not applicable.**

(c) Opinion?

16. Was an operation performed? If so, what? **Not applicable.**

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? **Not applicable.**

19. Do you recommend

(a) Fit for duty? **No.**

(b) Fit for light duty? **Yes.**

(c) Invalidated to Canada? **No.**

(d) Discharge as permanently unfit? **NO.**

B. J. Sandwith Capt. C.A.M.C.
Officer in medical charge of case.

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

Station _____
Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

1. no
2. yr

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

marching aggravating
previous disability

21. Has the disability been aggravated by

(a) Intemperance?

no
no

(b) Misconduct?

yr (marching only)

22. Is the disability permanent?

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

not applicable

To be stated in months.

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

not at all

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

not applicable

26. Do the Board recommend

(a) Fit for duty?

no

(b) Fit for ^{base} light duty?

yr

(c) Invalided to Canada?

no

(d) Discharge as permanently unfit?

no

Will he be fit for service in three months?

not for full duty

Signatures:—

Wm. Wharton
President.

Station

Shorncliffe

Date

Dec 12/15

W. Morrison
W. Mc
Members.

Approved.

Station

Shorncliffe

Date

14th Dec. 1915.

W. Bowlby
Administrative Medical Officer.

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

16 DEC 1915



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

Members of Board.

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

Proceedings.

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

1804

MADE AT CROWLEY

APPROVED
1914

President.

Lt. Col.

Major.

Lt. Col.

Major.

WINSON

13-11-18. Q.N.

A

ORIGINAL

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Jenkins Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Middlesbrough on Tees County Yorkshire Eng.

Examined ... { on 3rd day of April November 1914
at Montreal Canada.

Declared Age ... 42 years — days.

Trade or Occupation ... Labourer

Height ... 5 feet, 6" inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded. 39 inches.
Range of Expansion 4 inches.

Physical Development ... Good. W. Munro Betty

Vaccination Marks { Arm ... Right Left 5 Lieut.-Col.
Number 5 In Charge of Records,
Canadian Contingent.

When Vaccinated ... 1911

Vision ... { R.E.—V=Good.
L.E.—V=Good.

(a) Marks indicating congenital peculiarities or previous disease ... Nil.

(b) Slight defects but not sufficient to cause rejection ... Nil

Approved by (Signature) J. A. Spier
(Rank) Major Medical Officer.

Enlisted ... { at Montreal
on 3rd day of November 1914

Corps.	Regtl. No.
<u>23rd Battⁿ C.E.F.</u>	<u>63449.</u>

Became non-effective by ...
on ... day of ... 191 .

(Signature) _____
(Rank) _____

List in the case of Warrant Officers treated in quarters.

is bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
10/12/14 + 7/1/15	Inoculations agst typhoid
Dec 15 th 15	Permanent Board by <i>W. M. Dean</i> <i>Stue</i>

Duplicate PRESIDENT, MEDICAL BOARD.
 postmark No. here. History Sheet
 Medical Registrar
 Record Office.

Table IV.—Service Table.

Station or Troopship	Date or arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Quebec PQ Canada	14/11/14				
Foreign Service	23/4/15				

15

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

CENTRAL REGISTRY.
 REFERENCE.
 R.O. 10-15-2
 FEB 5 1916
 DIRECTOR OF RECRUITING & ORGANIZATION
 — C.E.F. —

Surname Jenkins Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... years _____ days.

Trade or Occupation _____

Height ... feet, _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded. _____ inches.

{ Range of Expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____

(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to ...		63479

Became non-effective by _____

on _____ day of _____ 191 .

(Signature) Howarth mapr

(Rank) _____

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

3rd Nov 1914

Separation and Assigned Pay Branch

4535

at March '15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
----	----	--	--

RATE OF ASSIGNMENT

25	20		
----	----	--	--

1st July 1918

PARTICULARS OF SEPARATION ALLOWANCE

No. **63479**
 Rank **Sgt.** Promoted Reverted Discharge
 Soldier's Name **Robert Jenkins**
 Battalion **23rd Bn.**
 Beneficiary **Mrs. Emily Jenkins**
 Relationship **Wife**
 Address **1387 Parthenais, Montreal, Que.**

PARTICULARS OF ASSIGNMENT

Name **Mrs. Emily Jenkins**
 Address **1387 Parthenais**
 Change of Address **Montreal, Que.**
 1 **1169 Marie Ann. St. S. 190.**
 2
 3
 4

25587
EJF

Date	Cheque No.	Amount S/A	Amount A/P	Total
Carried Forward.		31-3-16	28-2-16.	
		338.	300.	638
July		25	20	45
2 Aug '18	K 4120	50	40	90
		<u>388⁰⁰</u>	<u>340⁰⁰</u>	<u>728⁰⁰</u>

95-08-R-18

REMARKS

mailed 6/8/18

Pensions Notified Date.....
 Killed in Action } Date Jan. 26th 1918.
 Died of Wounds }
 Missing }
 C. Death Letter... Clerk... E. Newton
 G. C. M. H. C. B. see file.
 Date Noted 29th July 1918.

P.M. MD #4 paid from 31-3-16 to 30-6-18. (E. Newton 29 July '18.
 Re-opened from 1-7-18 Ah.

Pension Granted **S.F.P. 1-18**
 B.P.C. to Recover \$.....
 Clerk **J.P.L.** Date **Aug 23/18**

AUTHORITY FOR NEW ACCT.

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

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128.
40m. 17-1772 39-1141
L. L. 22320-M. & D. 7993.

Rank and Name JENKINS, Robert

Regimental No. 63479

Unit 23rd Batt.

Date of enlistment Nov. 3rd. 1914.

Place of birth Middlesborough, England

Married (Yes or No) Yes

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

Emily Jenkins, (Wife)

1387 Parthenais St., Montreal, P.Q.

Date and place of discharge

Reason for discharge

Character on discharge

25067 C

CCAC

N/S. R.B. No.	7755
File R.L.	
Category	ORCAN

m
12/5/24 mg

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				
5.6.15	Ob. 23 rd	Appointed L/Cpl.	Shorncliffe	5.6.15	Part II orders 130.
26.6.15	"	To be Corporal	"	14.6.15	" 148
8.9.15	"	To be L/Sgt	"	8.9.15	" 213
4.1.16	"	Att. to 9th Res. Bn. for discipline, quarters training	W Sandling	1.1.16	" 3
2.3.16	Ob. 9th	leaves to be att. to 9th Bn	E Sandling	2.3.16	" 62 + Pt II 52 (23 rd)
2.3.16	CCAC	On proc. to Bath for discharge with 16 hours on command	Bath	2.3.16	Pr II O 28
10.3.16	CCAC	SOS to Cam for discharge	Bath	10.3.16	Pr II O 20 Pr II O 60 df- 20-3-16

JAMES ROBERT Rank and Name

Report		Name and Address of Next of Kin		Regimental No.	Unit
Date	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

			Date and place of discharge	Place of birth	
			Reason for discharge	Married (Yes or No)	
			Character on discharge	Is in Permanent Force	
				Promotions or appointments	

					Report
			Record of promotions, reductions, transfers, casualties, etc, during active service. The authority to be quoted in each case.		From whom received
					Date

[Faint, mostly illegible handwritten entries in the table below, including dates like 25.12.23 and names like James Robert.]