

(VOLUNTEER)  
E. L.

# ATTESTATION PAPER.

No. 2011073

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... MARTIN
- 1a. What are your Christian names?..... ERIC STAFFORD
- 1b. What is your present address?..... 14 Oliver St., Portland, Me. USA.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Lee, London, England.
- 3. What is the name of your next-of kin?..... Mrs. Catherine MARTIN
- 4. What is the address of your next-of kin?..... 4 Devereaux Drive, Poulton, Cheshire,
- 4a. What is the relationship of your next-of kin?..... Wife (England.)
- 5. What is the date of your birth?..... February 22nd. 1895.
- 6. What is your Trade or Calling?..... Steam Loco. Fireman *E.M.*
- 7. Are you married?..... Married
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No *XXX E.M.*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... Not Applicable
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... Not Applicable

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

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

Date..... June 4th. 191 8. *Eric Stafford Martin* (Signature of Recruit) MILITARY DISTRICT NO. 4  
06-18-1918

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

I, MARTIN Eric Stafford, 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..... June 4th. 191 8. *Eric Stafford Martin* (Signature of Recruit) *Stafford* (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 Montrea, P. Q. this 4th. day of June 1918. 191

*U. J. [Signature]* Capt. Lt. Colonel (Signature of Justice)  
O. O. Engineer Training Depot.



Description of MARTIN Eric Stafford on Enlistment.

Apparent Age 23 years 4 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 9 1/2 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Blue

Hair Dk. Brown

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

R. D.	<u>20</u>
L. D.	<u>20</u>
R. EAR	
L. EAR	<u>oh</u>

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 M. D. No. 4 191 8

Place JUN 4 - 1918

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:—

Declared **FIT** by **MEDICAL BOARD**  
**MOBILIZATION CENTRE, M. D. #4**

[Signature]  
 Medical Officer,  
 President, S. M. B.

**Fit for General Service**

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature] Lt. Colan (Signature of Officer)  
 O. C. Engineer Training Depot.

Date June 4th. 191 8.



Deceased

DISCHARGE DOCUMENTS

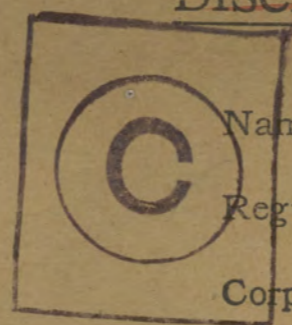
R. O. No. ....

H. Q. No. ....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... 1
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit..... 2
- Last Pay Certificate.....



lo



Name Martin Eric Stafford

Regt. No. 2011073 Rank Spr

Corps San Eng  
Deceased

2242



60	—	1
21	—	1
1	—	1

MX  
201-21

MFW 178-1  
" " 41-1  
Formed  
Indy bid







NAME Martin E. S.  
REGIMENTAL NO. 2011073 RANK Sapper  
ENLISTED AT Montreal PROMOTIONS, &c.  
DATE 4-6-18 AND DATE  
IF SERVED PREVIOUSLY, STATE UNIT, &c.  
MARRIED, WIDOWER, OR SINGLE Married  
NEXT OF KIN Mrs. Catherine Martin RELATIONSHIP Wife  
ADDRESS OF 4 Devereaux Drive Poulton Cheshire England.  
ASSIGNMENT OF PAY \$ C. TO  
ADDRESS  
SEPARATION ALLOWANCE, ENTITLED OR NOT  
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER  
IN WHOSE FAVOUR







649-M-38078.

MARTIN, Spr. E. S., #2011073, Can. Engrs.

M. & D. (Wife)

Mrs. K. E. Martin,  
4 Deveraux Drive, Poulton,  
Cheshire, England.

P. & S. (Wife)

Mrs. K. E. Martin,  
Same as above.

Mem. C. (Wife)

Mrs. K. E. Martin,  
Same as above.

Mem. C. (Mother)

Mrs. Emily H. Martin,  
227 Stanstead Road,  
Forest Hill, London, S. E. 23.

Scroll Disp. MAY 5 - 1921 Reqn. No. 2.4/664

*Canada only*  
*tl*

APR 15 1922

Plaque Desc.

Reqn. No.

*496/35439*



W/M

W. 6 43157 JAN 28 1921

M. 6 43158 JAN 28 1921

1031



LEDGER NO. *3840-110*SERIAL NO. *6,38496 21*REG. NUMBER *2011073* NAME *Martin E*RANK *Spr* CORPS *6 6 20*

AGE ..... SERVICE .....

NAME OF HOSPITAL *Royal Victoria* PLACE *Montreal*DATE OF ADMISSION *29/9/18*DISEASE *Influenza (Pneumonia)*

TRANSFERRED TO OTHER HOSPITALS .....

*Died 2/10/18*

OPERATION .....

DISCHARGED TO ..... IN CATEGORY .....



REMARKS:.....

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.....

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5 25-7-18.  
 H. O. No. 124 22-8-18. 4520  
 M. D. No. 105 from 10-9-18  
 T. O. S. June 4<sup>th</sup> 1918.  
 D. O. Pt. II 158. of 7-6-18.  
 S. O. S. Oct 2nd 1918.  
 Reason Deceased.  
 Auth. No. 245 of 2-10-18 - E. J. D.  
 M. D. Y

Surname *Martin*  
 Christian names *Eric Stafford*  
 Regtl. No. *2011073* Rank *Spr.*  
 Unit *Cav. Eng. Tro. Reps (85th RD)*

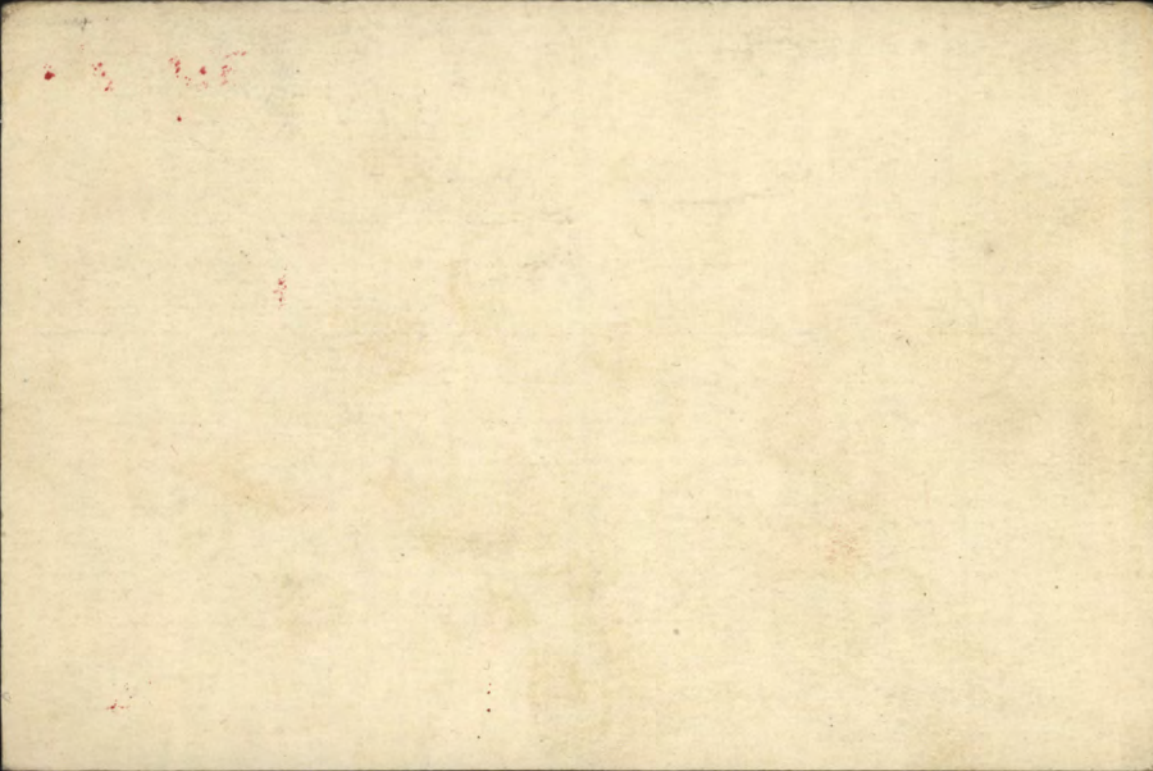
T. O. S. *June 4<sup>th</sup> 1918.*  
 D. O. Pt. II *158. of 7-6-18.*  
 S. O. S. *Oct 2nd 1918.*  
 Reason *Deceased.*  
 Auth. *No. 245 of 2-10-18 - E. J. D.*  
*M. D. Y*

Next of kin *Martin, Mrs Catherine*  
 Address *4 Severaux Drive, Poulton, Cheshire, Eng.*

Relationship *wife*  
 Also notify: .....

BORN—Place *England Lee London* Date *Feb 22nd 1895*  
 ATTESTED—Place *Montreal, P.Q.* Date *June 4th 1918*  
 O/S *27* R/C .....







# Unit in Canada

## MILITIA AND DEFENCE

Ref. No. ....

### ASSIGNED PAY. C

*W. M. M.*

To whom <i>Mrs. Katherine E. Martin</i> Address <i>4 Devereaux Drive,</i> <i>Poulton, Cheshire.</i>	By whom assigned <i>Martin, Eric S. B.</i> Regtl. No. <i>2011073</i> Rank <i>Spr.</i> Corps, &c. <i>E.T.D.</i>
ASSIGNED PAY      SEPARATION ALLOWANCE	
Rate <i>\$ 20<sup>00</sup></i> <i>25<sup>00</sup></i>	
Date to Commence <i>1 Augt/18</i> <i>1. 8. 18</i>	

### PAYMENTS.

Month.	Year	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE	Pay Sheet Deduction.	REMARKS.
Jan.	1918					<i>SFA as from 18/18 approved by General Auditor</i> 
Feb.						
March						
Apl.						
May						
June						
July						
Aug.						
Sept. <i>Supp.</i>		<i>C 79987</i>	40			
Oct.		<i>C 63137</i>	20			<i>£15.8.3 and 4/11 + Oct. &amp; Sept + Oct Adj</i>
Nov.		<i>C 34597</i>		75		
		<i>D 34959</i>	20		40	
Dec.		<i>E 48815</i>	20		30	
Jan.	1919					<i>Stop</i> <i>Stop.</i> <i> Died pneumonia 2<sup>nd</sup> 10</i> <i> Ott. Cable. 35m 94 B.P.6 72m 2569.</i> <i> Letter. Geneva 35m 941-8/18.</i>
Feb.						
March						
April						
May						
June						
July						
Aug.						







Register No. *Dm 815*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *211913-E-9*

Reg't No. *2011073* Name *Eric Stafford B. Martin*  
(Christian Name) (Surname)  
Unit *C. E.* Rank *Sp4* Date of enlistment  
Date of casualty *2-10-18* B.P.C. File No. *63746*  
Was service performed overseas? *yes no*

DEPENDENT

Name *Mrs Katherine E. Martin* Relationship *widow*  
Address *4 Deveraux Drive*  
*Poulton Cheshire*  
*England*

Amount of Special Pension Bonus \$ *80.00* Abstracted by *D. J. apusie*

Eligible for Gratuity \$ *90.00*

Less amount of Special Pension Bonus paid \$ *80.00*

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

Total deductions \$ *80.*

Balance due \$ *10.00*

Cheque No. *9.190 2 5 26* Date issued *3.9.20*

Clerk *A. H. Miel*

REMARKS :

Audited by  
*Arch Howard*  
Date *31.8.20*

*\$10*

*Di 3  
10  
2*

M.F.W. 2652  
25M-6-30.  
H.Q. 1772-88-1473







# FORM OF WILL

I, MARTIN Eric Stafford (Name in full)

Regimental Number 2011072 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

NIL

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Catherine MARTIN

4 Deveraux Drive, Poulton, Cheshire,

England.

Name and Address of person or persons to receive personal estate\* (See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 4<sup>th</sup> day of June A.D. 1918

Eric Stafford Martin Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, etc. everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness [Signature]

Address of Witness Guy St Barracks Montreal

Occupation of Witness Soldier

THE TWO WITNESSES

MUST SIGN HERE

Signature of Second Witness [Signature]

Address of Witness Guy St Barracks Montreal

Occupation of Witness Soldier







# CASE HISTORY SHEET.

\_\_\_\_\_ Hospital.

\_\_\_\_\_ MONTREAL P.O.

\_\_\_\_\_ Station.

No. 2011073 Rank Sapper Name Eric Martin. Age 24

Unit C.E.T.D. Completed years of service \_\_\_\_\_ <sup>Where and how long</sup> } \_\_\_\_\_

Date of admission 29th September 1918 Date of discharge Died 4 A.M. October 2nd 1918

Diagnosis Pneumonia. Place of origin \_\_\_\_\_

CONDITION ON ADMISSION AND PROGRESS OF CASE Cough - General Malaise

Six days previous to admission patient noticed feeling of general malaise and headache. Pain in back was moderately severe and a harsh cough occurred. Patient chilly and feverish.

Physical Examination - No herpes. Abdomen - Flat. Not tender.

Heart - Sounds are clear. Normal area of dullness.

Lungs - Left base behind dull. Right Base diminished resonance.

Bronchial breathing at the left lobe. Crepitant rales left upper

lobe. Bronchial breathing at right lower lobe with pleural rub.

October 1st Definite signs of double Pneumonia; extensive; have developed and general condition is critical. Stimulants had no effect and patient died at 4 A.M. October 2nd 1918.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.) \_\_\_\_\_

TREATMENT Symptomatic Hospital Treatment.

(Especially any specific or special form.) \_\_\_\_\_

CONDITION ON DISCHARGE Died 4 A.M. October 2nd 1918

(and disposal made of case.) \_\_\_\_\_

Date 2nd October 1918

*W. A. Hunter*

Medical Officer i/c case.

638496



CASE HISTORY SHEET

Mr. [Name] [Address] [City] [State] [Zip]
Date of admission [Date]
Admission by [Name]
Discharge by [Name]
Date of discharge [Date]

History of Present Illness:
[Detailed medical history text, including symptoms, duration, and previous treatments.]

Physical Examination:
[Detailed physical exam findings, including vital signs, general appearance, and specific organ system findings.]

Diagnosis:
[Medical diagnosis text, including primary and secondary diagnoses.]

Course of Illness:
[Summary of the patient's progress, treatment response, and final disposition.]



2nd. Witness

Lieut. C.B. Daubney, C.E. Assistant Adjutant, E.T.D., St. Johns, Que. having been duly sworn gives evidence as follows:-

No 2011073 Spr. E.S. Martin was taken on the strength of the Engineer Training Depot, St. Johns, Que. on June 6th 1918, having been duly enlisted on the 4th June 1918.

A telegram received from the O.C. Drummond Military Hospital, Montreal, reporting his death at Montreal on Oct. 2nd 1918, No 2011073 was struck off the strength in Daily Orders, No 275.

*C.B. Daubney*  
.....Lieut. C.E.  
Assistant Adjutant, E.T.D

DECLARATION

The Court having heard the above evidence find that No 2011073, Spr. E.S. Martin was transferred to the Drummond Military Hospital, Montreal, suffering from Influenza on Sept. 29th 1918 and died at Montreal, on Oct. 2nd 1918.

President.

*R. J. Laurens*  
.....Lieut. C.E.

Members.

*R. H. Temple*  
.....Lieut. C.E.

*W. Stuart Nelson*  
.....Lieut. C.E.

APPROVED,

*H. H. [Signature]*  
Lieut. Col. C.E.  
O.C. Engineer Training Depot.



\* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* Court of Inquiry

assembled at E.T.D. St. Johns, Que.

on the 3rd October 1918

by order of Lieut. COL. W.W. Melville, C.E. 06. E.T.D.

for the purpose of investigating and reporting on

the death of Spr. E.S. Martin, No 2011073.

DEPT. OF MILITARY AFFAIRS  
NOV 21 1918  
H.Q. CANADA

PRESIDENT.

Lieut. J.E. St. Laurent, C.E.

MEMBERS.

Lieut. R.A. Semple, C.E.

Lieut. M.S. Nelson, C.E.

The Court having assembled pursuant to order, proceed to take evidence;-

1st. Witness

Capt. J.P. Campbell, C.A.M.C., O.C., Military Hospitals, E.T.D. St. Johns, Que. having been duly sworn gives evidence as follows:-

At the Engineer Training Depot, St. Johns, Que. on Sept. 21st 1918, No 2011073 Spr. E.S. Martin was admitted to the Military Hospital, suffering from a very severe attack of Influenza. On Sept. 29th 1918 he was transferred to the Drummond Military Hospital, Montreal, in a Military Hospital Car.

.....*W. Campbell*.....Capt.  
c.a.m.c.



FOR ALL RANKS.  
PROCEEDINGS OF A MEDICAL BOARD.  
(Short Form)

Place ROYAL VICTORIA HOSP. Date 2nd October 1918

Number 2011073 Rank Sapper Name Eric Martin.

Corps C.E.T.D. Age 24 Religion C.of.E.

(1) Disability Pneumonia following Influenza.

(2) Incurred -

(Cancel Overseas  
one) (Canada.)

(3) Category \_\_\_\_\_

(4) Recommendations -

(a) Treatment (specify nature of) Symptomatic Hospital Treatment.

(b) Return to duty \_\_\_\_\_

(a) General \_\_\_\_\_

(b) Special (specify nature of) \_\_\_\_\_

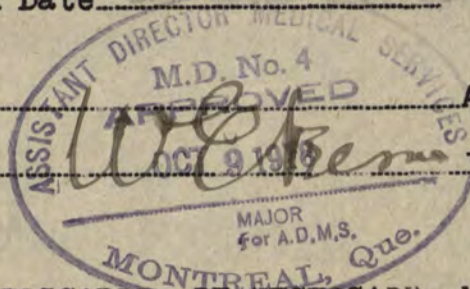
(c) Special The Board reports that the above mentioned man was admitted to this Hospital on the 29th ult., and Died at 4 A.M. October 2nd 1918.

W. H. G. G. G. President.  
W. H. G. G. G.  
(Members.)

Place Montreal P.Q. Date 2nd October 1918.

Approved \_\_\_\_\_ A.D.M.S. M.D.

Place \_\_\_\_\_ Date \_\_\_\_\_ or Camp \_\_\_\_\_



(CANCEL WHERE NOT APPLICABLE. IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)



1501

FOR ALL RANKS.  
PROCEEDINGS OF A MEDICAL BOARD.  
(Short Form)

Place (Month and Year) \_\_\_\_\_

Number \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_

(1) Disability (Specify nature of disability) \_\_\_\_\_

\_\_\_\_\_

(2) Injured - (Specify nature of injury) \_\_\_\_\_

(Specify nature of injury) \_\_\_\_\_

(3) Category \_\_\_\_\_

(4) Recommendation \_\_\_\_\_

(5) Treatment (Specify nature of treatment) \_\_\_\_\_

\_\_\_\_\_

(6) Return to duty \_\_\_\_\_

(a) General \_\_\_\_\_

(b) Special (Specify nature of) \_\_\_\_\_

\_\_\_\_\_

(c) Special (Specify nature of) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place (Month and Year) \_\_\_\_\_

Approved \_\_\_\_\_

A.D.M.E. M.D. \_\_\_\_\_

or Camp \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. W. 130.  
204-1-18 (M)  
P.O. 1742-33-1212











# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **6**

NAME OF SOLDIER

*Martin, Eche*

REGIMENT

*# 6. Cranberry Co*

RANK

*Plt*

No. *2011703*

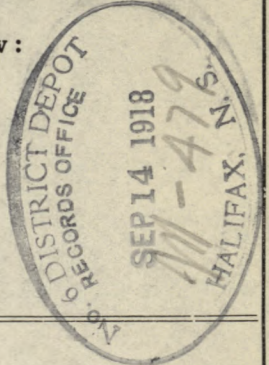


## INSTRUCTIONS

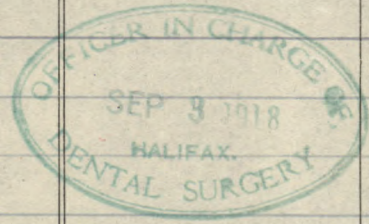
1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

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.F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
<i>29-8-18.</i>	<i>30</i>									<i>19 30 32</i>			<i>7</i>								<i>Cavity #19.</i>
<i>"</i>	<i>30</i>								<i>Grophylosis</i>										<i>Capt McMeekin 6. Blanchard 6</i>		<i>Completed.</i>





INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on chart in red ink.
  2. On first line of chart record in same red ink 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

1. On examination the condition of patient's mouth to be marked on chart in red ink.

2. On first line of chart record in same red ink 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

MADE IN CANADA


BRITISH AMERICAN  
 PHARMACEUTICALS  
 100, KING STREET WEST, TORONTO, CANADA



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. <b>"2011073"</b>	
Rank <b>SAPPER</b>	
Name <b>Martin, Eric Stafford</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>CANADIAN ENGINEERS</b>	
Date of Discharge <b>October, 2nd, 1918.</b>	
Place of Discharge <b>ST. JOHNS, P. Q.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <b>23</b> .....years..... <b>7</b> .....months. Height..... <b>5</b> .....feet..... <b>9½</b> .....inches. Complexion <b>Dark</b> Eyes <b>Blue</b> Hair <b>Dark Brown</b> Trade <b>Locomotive Fireman</b> Intended place of residence } (To be given as fully as practicable.)	Descriptive Marks  <b>NONE.</b>
2. The above-named man is discharged in consequence of <b>DEATH.</b>	
<small>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.</small>	
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.  <b>Good</b>
	<small>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:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <b>Locomotive Fireman</b>

MILITARY DISTRICT No. 4  
OCT 18 1918  
M. D. 4



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

NIL.

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

6. Medals and Decorations.....

NIL.

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) ST. JOHNS, P. Q.

*[Signature]*  
Lt. Colonel C. E.  
G. C. Engineer Training Depot

(Date) October, 2nd, 1918.

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) ST. JOHNS, P. Q. (Signature of Soldier.)

(Date) October, 2nd, 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.....years.....days.

11. Confirmation of Discharge.

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

(Place) ST. JOHNS, P. Q.

(Signature) *[Signature]*  
Lt. Colonel C. E.  
G. C. Engineer Training Depot

(Date) October, 2nd, 1918.

(To be sig



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.)

NIL.

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Discharge Certificate.

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## List of Discharge Documents.

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<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>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p 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>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

NOT APPLICABLE



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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-930.

Canadian Engineers.

# Casualty Form—Active Service.

## ENGINEER TRAINING DEPOT

Unit, Regiment or Corps.....

Regimental No. 2011073 Rank SPR Name Martin Eric Stoford

Enlisted (a) 4-6-18 Terms of Service (a) 6871 Service reckons from (a) 4-6-18

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) Loco Fireman

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				
	T.O.S	Emb Cas Sect	Stoford	24/8/18	M. Whelan
	Transferred to	Inv. #4		8/9/18	

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







# 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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax N.S. DATE Aug 30 / 18

1. 1 (a) Unit Embarkation Coy (b) Regimental No. 2011073 (c) Rank Pte  
 (d) Surname Morton (e) Christian name Eric Stafford Bassett  
 2. Age last birthday 23 Date of birth Feb 22 1895-  
 3. Enlisted at Montreal P.Q. on June 4 / 18

4. Personal description:—

(a) Height 5-7 3/4 (b) Weight 115- (c) Complexion medium  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks  
Tattoo marks on both forearms.

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

4 Heveraux Drive, Paulton, Leicestershire, Eng.

6. Former trade or occupation Ship berth steward

7. (a) Service

Years	Days
PERIODS	
From	To
	<u>59. M-1986 =</u>
	<u>M. D. No. 6</u>

*Stamp: MEDICAL HISTORY BOARD, HALIFAX, N.S., SEP 2 1918*

(b) Has he been overseas? no. 8. Original disease or disability Appendicitis

(a) Date of origin August 1917 (b) Place of origin S.S. Virginia  
 (c) Cause\* Infection  
 (d) Present disease or disability Dilatator Disease of Heart.



9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

This soldier complains of pain over pericardium, dyspnoea on exertion, dizzy at times, Pulse rate at rest 100 Respiration 22 after



9. Present condition.—(Continued.)

1/2 minute double working time pulse rate is 58 and respirations are 36. There is diffuse pulsation over precordium, a systolic murmur heard at junction of third rib with sternum. Heart is hypertrophied, apex beat is in nipple line.  
 Patient is well developed, and fairly well nourished.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous..... yes Digestive..... yes Respiratory..... yes Cardiac.....  
 Genito-Urinary..... yes Skin, Middle Ear, Eye or any other part..... yes

10. History: (a) of Condition referred to in "a" section 9.

Heart has troubled him more or less ever since attack of appendicitis due to (b)

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

Scar back of right hand  
 Scar back of left ear

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

no

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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?.....

permanent

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

Hospital

14. (Continued)

15. Is further treatment required? (If not, state why.)

16. Can the patient be returned to duty? (If not, state why.)

17. Recommendation

E. S.  
E. S.

(Sections 8 and 9)

I, the undersigned, certify that the above is a true and correct copy of the original report as filed in the office of the Surgeon General, War Department, Washington, D. C.

18. Does the patient have any other disabling conditions? (If so, state them.)

(9) yes

19. Is the patient's condition such that he is unable to perform his duty? (If so, state why.)

20. It is recommended that the patient be (a) Discharged (b) Discharged with a disability (c) Sent to a hospital (d) Sent to a convalescent hospital

(b) Discharged with a disability (c) Sent to a hospital (d) Sent to a convalescent hospital



OPINION OF THE MEDICAL BOARD

14. (Continued).

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

*no*

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

*yes*

17. Recommendations

*I recommend that no 2011073 Pte E.S. B Martin be discharged the service Category E and allowed to pass under his own control*

*J.W. Woodcock*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

*[Handwritten signature]*

*Eric Martin*  
Signature of soldier examinee.

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 criticized.

*(8) d D.A.H.*  
*(9) The heart is enlarged downward apex in the sixth interspace, it is irritabile and irregular, intermitting about every 6 or 7 beats. Systoles not marked on slight exertion. Pulse sitting 80 after body bleeding 1/2 minute 132 recovers former rate in two minutes. Heart dullness extends to 1/2 inch of nipple line. after exercise and in recumbent position there is soft systolic murmur, at base this disappears after rest.*

19. Is the soldier fit for

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

20. It is certified that the soldier

- (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).









This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Martin Eric (119)  
aged 21 conducted at C. L. B. Amoury  
Date: 27/8/14 Recruiting Officer:

NO. OF TEST

FINDING

1	no
2	no
3	no
4	Broken nose
5	yes baroness son 9 years sequel none
6	no
7	yes
8	yes
9	no
10	n
11	n
12	n
13	Wearing full upper denture
14	n
15	n
16	n.
17	n.
18	n.
19	n
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	yes 7 or 8 years ago
34	5 1/2
35	119
36	30/33
37	\$504 Week
38	Father Alfred Martin 274 Hamilton Ave
39	no

Fit. 499

Signature of Medical Examiner: Clayton H. D.



79

Martin Eric

H.D.

(False teeth)