

177344
ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name? *Nelson Alfred Roe*
- 2. In what Town, Township or Parish, and in what Country were you born? *Bury P. Que*
- 3. What is the name of your next-of-kin? *Mrs Alice Roe mother*
- 4. What is the address of your next-of-kin? *Bury Que*
- 5. What is the date of your birth? *February 14 1897*
- 6. What is your Trade or Calling? *Laborer*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated? *& Inoculated? Yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *yes 7th Hrs*
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 } *yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Nelson Roe (Signature of Man.)
Whitehead (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Nelson Alfred Roe*, 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 *Oct 23* 191*5*.
Nelson Roe (Signature of Recruit)
Whitehead (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Nelson Alfred Roe*, 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 *Oct 23* 191*5*.
Nelson Roe (Signature of Recruit)
Whitehead (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 *Bury Que* this *23* day of *October* 191*5*.

Abel Whitehead Jr (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 Nelson Alfred Roe on Enlistment.

Apparent Age.....18.....years.....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. 2 ins.

Chest measurement. { Girth when fully expanded.....35 ins.
Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Brown

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

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 23rd.....1915.

Place.....Bungay

[Signature]
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.

Nelson Alfred Roe.....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.

Date.....NOV 19th 1915.....1915.....*[Signature]*.....(Signature of Officer)

ATTESTATION PAPER

No. 516.032
Folio. **Original.**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

- | | |
|--|-------------------------------|
| 1. What is your name?..... | Nelson Roe. |
| 2. In what Town, Township, or Parish, and in what Country were you born?..... | Bury. Que. |
| 3. What is the name of your next-of-kin?..... | Mrs Alice Roe. (Mother) |
| 4. What is the address of your next-of-kin? ^{PO} | Bury. Que. |
| 5. What is the date of your birth?..... | February 17th 1898. |
| 6. What is your trade or calling?..... | Operator. |
| 7. Are you married?..... | No. |
| 8. Are you willing to be vaccinated or re-vaccinated? <u>of inoculated.</u> | Yes. |
| 9. Do you now belong to the Active Militia?..... | No. |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | Yes. 7 months. 8th R. Rifles. |
| 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. |

Nelson Roe (Signature of Man.)
A. W. Tracy Major (Signature of Witness.)
C. A. T. C.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Nelson Roe., 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.

Nelson Roe (Signature of Recruit.)
A. W. Tracy Major (Signature of Witness.)
C. A. T. C.

Date April 26th 1916.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Nelson Roe., 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.

Nelson Roe (Signature of Recruit.)
A. W. Tracy Major (Signature of Witness.)
C. A. T. C.

Date April 26th 1916.

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. P. Q. this 29th day of April 1916.

M. H. Piché Lt. Colonel. (Signature of Justice.)
C. A. T. C.

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

M. H. Piché Lt. Colonel (Approving Officer.)
P.V.O. Military District No. 4.

DESCRIPTION OF Nelson Roe. ON ENLISTMENT.

Apparent Age 18 years 2 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. 3 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 ins.

Complexion Medium.

Eyes Brown.

Hair Brown.

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

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 27/4 1916

Place Shelburne

April 27/16

[Signature]

Capitaine

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

Nelson Roe. 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. Colonel. (Signature of Officer.)
 P.V.O., Military District No. 4.

Date April 29th 1916.

REGIMENTAL DOCUMENTS

NAME

Roe, Nelson Alfred

1st Enl
REGT. NO. *177344*

1st Enl
UNIT *Co. Gren Guent H. Q. 177 Bu* FILE NO.

2nd Enl
TO WHOM FORWARDED *516032*

DATE FORWARDED *177 Bu* M. F. W. 2505 REFERENCE

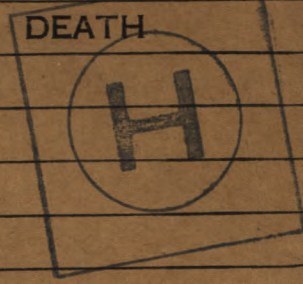
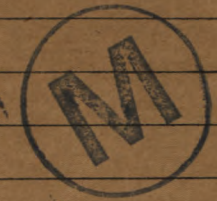
NON-EFFECTIVE BY

CONTENTS

DATE RECEIVED

<i>2</i>	ATTENTION PAPER (M.F.W. 23, 133, or 51)	<i>2</i>
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	<i>3</i>
	TRAINING HISTORY SHEET (M.F.W. 113)	
<i>1</i>	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	<i>2</i>
<i>1</i>	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)	
<i>1</i>	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	
<i>1</i>	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	<i>3</i>
	DENTAL HISTORY SHEET (M.F.B. 465)	
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)	
	MEDICAL EXAMINATION (M.F.W. 129)	<i>2</i>
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)	
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)	
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)	
	LAST PAY CERTIFICATE (M.F.W. 44)	<i>2</i>
<i>1</i>	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	<i>1</i>
	PARTICULARS OF CHARACTER (A.F.W. 3226)	
<i>1</i>	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)	<i>1</i>
<i>1</i>	<i>Pay card</i>	<i>2</i>
		<i>1</i>
		<i>2</i>
		<i>1</i>
		<i>1</i>
		<i>3</i>

R 122
MFB 192
A79 1237
DmB 1375
Ca Dec 5009A
Cas card



Category

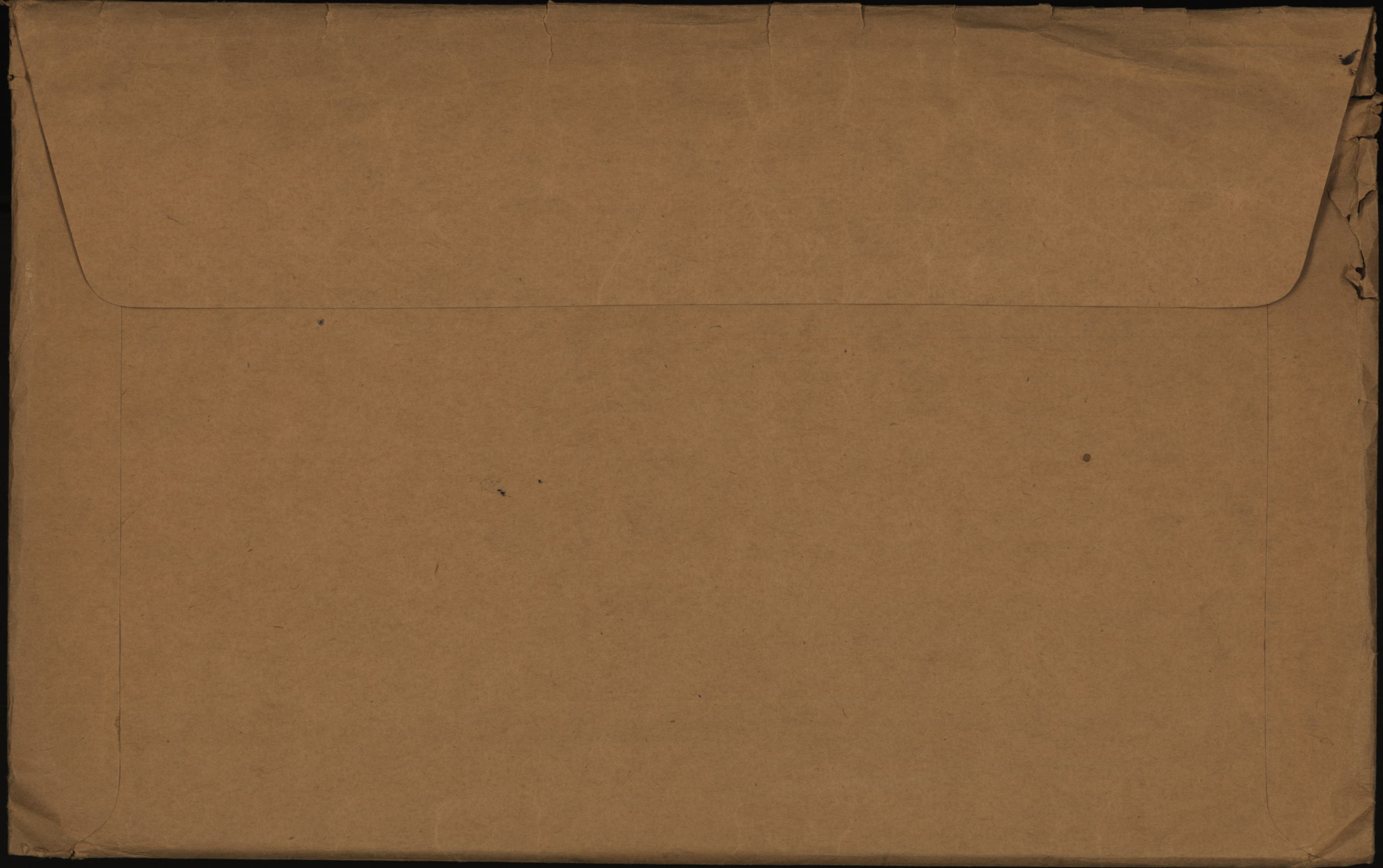
Category

Under Age,
Demob.

DESERTION

20530

~~*42-7*~~
~~*23-7*~~
~~*2-8*~~
4



86
Number

516032

Rank

Pte

Surname

ROE

Christian Name

Gelson

Units

5th B. M.R.

Theatre of War

France

Date of Service

5-1-17

Remarks

Latest Address

Bury
Que

Roll No

200m.-2-21.M.

"B" Page 8892

Next of kin _____

Address on leave _____

Address on discharge _____

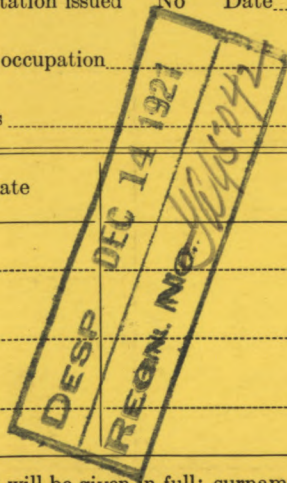
Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks



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

S.O.S. 13-2-19, Demob, m D. 4

(Previous Enl. - with 87th Tm. # 177 344, 23-10-15; S.O.S. 11-1-16 m D 5 under age)

649-R-14894

ROE, Nelson A #516032 (Pte)

5th Co. M.R. (Form. Co. A.V.C. 4th Div. Mob. V. Sec)

Medals & Dec.

Widow

Mrs. Lila A. Roe, Bury, P.Q.

986454
516032

P & S.

"

As above

Died 7-3-22
Death due to service
auth B.P.C.
married after discharge
16/8/20

Mem. Cross

"

~~As above~~

Mother

Mrs. Alice Roe, Bury, P.Q.

V.R.

Not Eligible for 14-15 Star,
Eligible for V.M.
" " " " B.M.

58818

MS.

JUL 10 1923

Serial Disp.

Reqn. No

56758

DEC 18 1923

Plaque Disp.

Reqn. No

50015

652902 29/6/22

652902

No. 177344 RANK *Plt.*

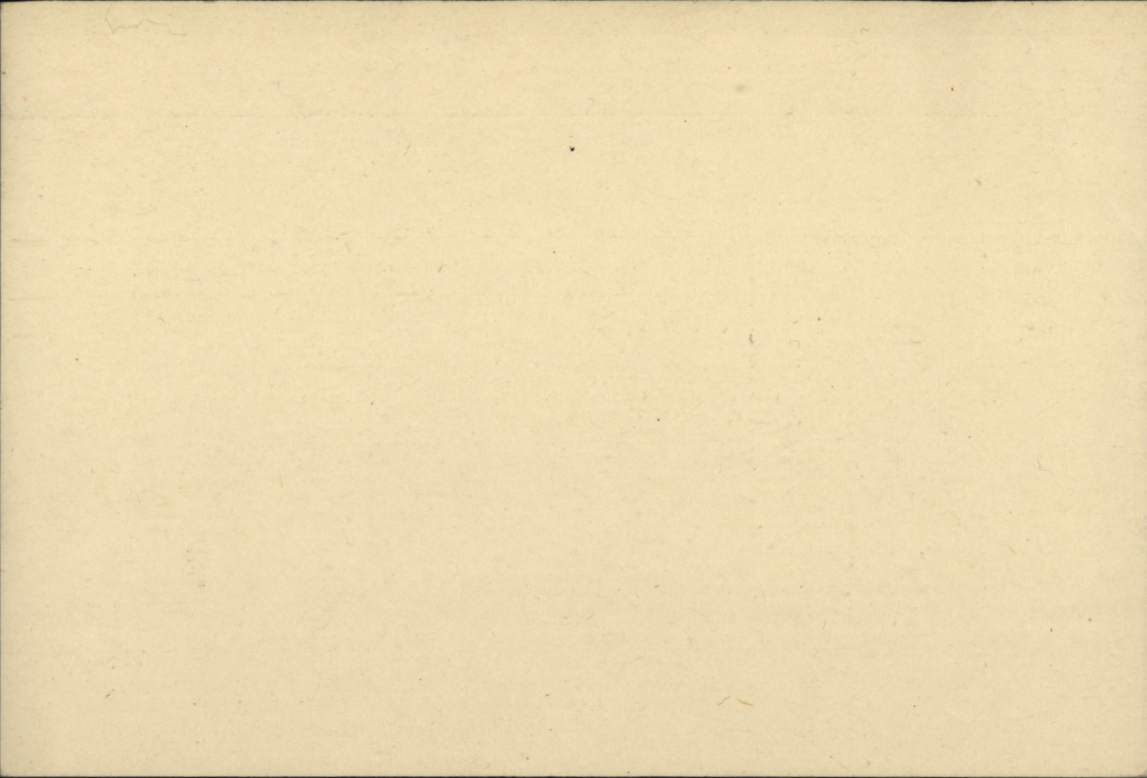
NAME *Roe A. M.*

T. O. S. 1-11-15
D03872-11-15

UNIT *87th Battalion (Canadian Grenadier Guards)*

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Nov. 1</i>	<i>Nov. 30</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>O.S.</i>		
<i>Jan. 1</i>	<i>Jan. 11</i>	<i>✓</i>	<i>S.O.S. 11-1-16</i>	<i>D09712-1-16</i>
				UNIT SAILED APR 23 1916
			<i>a/c. closed by payment. S.</i>	



Nelson

Name ROE

Rank

Pte

Reg. No. 516032

Unit

5th C M R

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-4-18	51 G.H. Staples		Ydg	A 200		927/16
18-5	Discharged	@	do	A 223		1392/16
6-8-18	126 Station		NVD	A 290		3446
10-9-18	3 ans G.N. Abbeville	Stourthorn	Searched	A 202		3180/2
19-8-18	5 Con Dyp Bayeux		do	A 305		3542/0
23-8	1 Sp G.N. Abbeville		do	A 310		3712
3-9	5 Con Dyp Bayeux		do	A 321		4060/6
12-9	Discharged		do	A 328		4263/16
10-11-18	18 5th Camiers	SW Fort 2	do	A 374	1486	5599/8
13-11-18	Cent Mt Chatham		do	B 382		1331
30-11	Hil (Con) Oisom		do	B 387		2218

Over

Total list in 7 Chatham 23 = Pte R (called)

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

1918

11. 12

Discharged.

21/12/18. 23 Res Bn. 13' Shott Lps R 2137

B 397

320

Name ROE. Nelson. Rank Private. Reg. No. 516032.
Unit 5th C.M.R.
Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14. 4. 19	No 2 Insty Genl Ho	Boulogne	Myalgia	Leg. A. 364.		
17. 4. 19	Stole on Trent War Ho	Newcastle	No.	B. 246.		
10. 5. 19	Can Com Ho.	Brouley	No.	B. 246.		
18-5. 19	Can Spec Red Ho	Buxton	No.	B. 246.		
18-7-19	Lo	Luchargh	(No)	B. 285		

Surname *Rae* Christian Name or Names *N* Reg. No. *516032*
 Rank *Pte* Unit *(Cavalry Dept)* Troop *Que (5th CR)* Batty.
 Hospital *Que (5th CR)* Date of Admission

Transferred *2* *Quart Gen Boulogne* Hosp. *14.4.17*
Stoke on Trent War Newcastle Staffs Hosp. *17.4.17*
Bromley Conval Hosp. *10.5.17*
Buxton Special Hosp. *18.5.17*

Diagnosis *Myalgia Lumb. Rm.*
 (1) *VDG Ho*
 Later Diagnosis (if changed) *N.Y.D.*
 (2) *Hemorrhoids + Diarrhea*
 (3) *Y.W.L. Foot. Sev Rm.*
 Additional Diagnosis: if more than one state present

DISPOSITION *Dis. 18-5-18* Date
Dis 12-9-18
 REMARKS

1-2-17 A304
24.5.17 B246
9.8.16 50
19.8.16 52
29.8.16 53
21.7.17 B286 Dis 18-7-17
29.4.18 A/200-2
" 25-5-18 A.223 (2)
" 13-8-18 A.290 (2)
" 15-8-18 A.192 5.
29.8.18 A.305 (3)
17.9.18 A.321 (4)
25-9-18 A.325-3

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Shorncliffe Mil	4.8.16
2.	Cherryhinton	15.8.16
	57 Gen. Staples.	20.4.18
3.	12 C. C. Sta.	6-8-18
4.	3 Australian Gen. Abberville	10.8.18.
	5. Gen. Dep. Bayeux.	19.8.18.
5.	1 S. A. G. Abberville	23.8.18.
	5 Gen. Dep. Bayeux	3.9.18
6.	18. Gen. Camiers.	10.11.18.
	Central Mil. Fort Pitt Chatham.	13-11-18
7.	Woodstock Pk. Epsom.	30.11.18

Ch. 18.11.18 @374② .

27-11-18 B382 ①

3. 12. 18 B387-4.

14-12-18 B394-2 Dirch 11-12-18.

*Name..... **ROE, Nelson** Rank..... **Pte** Regtl. No. **516032**
 Fyle Depot..... **19-R-375**
 Original **117th Bn.** Present **DD 4** **S** **20** **C.E.**
 unit.....unit..... M. or S. Age..... Religion..... Ref. H.Q.....
 Port, ship and date of arrival..... **Halifax. Emp. of Br. 22-1-19**
 Next of kin..... **Mrs. Alice Roe, (M) Bury Que.**
 Address on leave..... **as above**
 Address on discharge.....
 Transportation issued ^{Yes} No Date..... Character on discharge.....
 Previous occupation..... **Operator** Date and place of enlistment..... **27-4-16 Sherbrooke, Que.**
 Diagnosis..... Date of Medical Boards.....

Date	Remarks	Pt. 2 Order No.
30-1-19	T.O.S. fr. O/S 12-1-19 posted to Cas. Coy 23-1-19	
	Fur. W/S to 8-2-19	30

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

(over)

Date

Remarks

Pt. 2 Order No.

15-2-19 SOS Discharged 1420 Para C. Demob.

#46

Eff. 13-2-19 Cat "A"

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name Nelson Surname Roe
Unit or Corps 5th C.M.A. (If a soldier) Regtl. No. 516032
Born at Bury, Que. on, date 14. Feb. 1898
Signature (for identification) [Signature]

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 160 lbs. Estimated
Height 5 ft. 5 ins.

2. **NUTRITION AND DIATHESIS?**

good none

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

No

4. **RESPIRATORY SYSTEM.**

No

5. **HEART?**

Abnormal Sounds? No

Abnormal Size? No

Pulse Rate? 66

Intermittence or irregularity? No No

6. **ARTERIES.**—Any hardening?

No

7. **DIGESTIVE SYSTEM?**

No

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1.022 Reaction? acid Albumen? None Sugar? None

9. **SKIN, MIDDLE EAR, EYE**

or any other part?

No No No

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

good

Examined at Kimmel Park

Signed [Signature] M.O.

Date 7-1-19

Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service
of an Officer for general service or a Soldier fit for duty

Name: John M. Smith
Rank: Private
Company: 1st Battalion
Regiment: 1st Infantry
Date: 10/1/1918
Station: Fort Sill

This examination is to be made by the Medical Officers.

1. GENERAL APPEARANCE AND HISTORY: Well
2. VISION AND HEARING: Normal
3. NERVOUS SYSTEM: Normal
4. RESPIRATORY SYSTEM: Normal
5. HEART: Normal
6. ABDOMEN: Normal
7. GENITOURINARY SYSTEM: Normal
8. SKIN: Normal
9. HEAD, NECK AND EYE: Normal
10. TOOTH AND GUMS: Normal
11. SPECIAL TESTS: None

12. CONCLUSION: Fit for duty
13. SIGNATURE OF PHYSICIAN: John M. Smith
14. SIGNATURE OF OFFICER: John M. Smith
15. DATE: 10/1/1918

16. REMARKS: None
17. SIGNATURE OF SURGEON GENERAL: John M. Smith
18. SIGNATURE OF ASSISTANT SURGEON GENERAL: John M. Smith
19. SIGNATURE OF MEDICAL OFFICER: John M. Smith
20. SIGNATURE OF CLERK: John M. Smith

21. SIGNATURE OF PHYSICIAN: John M. Smith
22. SIGNATURE OF OFFICER: John M. Smith
23. DATE: 10/1/1918

24. SIGNATURE OF PHYSICIAN: John M. Smith
25. SIGNATURE OF OFFICER: John M. Smith
26. DATE: 10/1/1918

27. SIGNATURE OF PHYSICIAN: John M. Smith
28. SIGNATURE OF OFFICER: John M. Smith
29. DATE: 10/1/1918

30. SIGNATURE OF PHYSICIAN: John M. Smith
31. SIGNATURE OF OFFICER: John M. Smith
32. DATE: 10/1/1918

33. SIGNATURE OF PHYSICIAN: John M. Smith
34. SIGNATURE OF OFFICER: John M. Smith
35. DATE: 10/1/1918

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

M. 2. 4

NAME OF SOLDIER (Block Letters) *ROE-N*

REGIMENT *5th C.M.R.*

RANK *Pte*

No. *516032*

Date of Examination in England

Date of Examination in France

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Nil

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

(c) In France

Yes

**KINMEL PARK,
NORTH WALES.**

Signature of Dental Officer

W. Kinmel Capt



M.C.A.

KOEN

C. M. R.

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12

- () 1st
- () 2nd
- () 3rd
- () 4th

M.C.A.

- () 1st
- () 2nd
- () 3rd

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 016032 Rank P6- Surname Roe Nelson
(Given name in full)
 Unit or Corps D. I. 74 Birthplace Bury P.O. Can.
Bury Can.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 110 lbs. Height 5.5 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 76
 Condition of arteries Good
 Vision Rt. OK Left OK
 Hearing (conversational voice) Rt. OK ft. Left OK ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Small S.W. off foot
Nov-10-18

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* (Canada)

Date *11-2-19* Signed *E. Adams* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *J. A. Roe*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

1158 14/8/16

E 485

4 27 1) W 11878-2111 25,000 2/15 H W V(R 72/5) Forms/I. 1244/4
35,000 7/15



Army Form I. 1244.

GONORRHOEA CASE-SHEET

Regtl. No. 516032 Rank and Name Spr Mac Roe Corps 2nd C.D.H.

Whether a fresh infection or relapse 1st Date of last discharge from hospital for May 23 - 1916 Gonorrhoea, if previously admitted 3 weeks

Probable date of infection _____ Date of admission 14/8/16 Date of discharge 24/8/16

STATE ON ADMISSION.

Discharge (character of) _____

Gonococci (present or absent, numerous or otherwise) _____

Urine (character of) _____

Whether Anterior or Posterior urethritis _____

Complications _____

PROGRESS.

Date	Discharge	Gonococci	Urine	Complications	Treatment
Aug 25	Wry	None	Linear	Water	OK
-18					Aspirin gr + T 0.48 sounds up to 24-26 Passed
16-8-16					Dr Goro
21.	For: Discharged				MM Maroon Wagon

177344

MEDICAL HISTORY SHEET.

Surname Boe Christian Name Nelson Alfred

Examined	on <u>23</u> day of <u>October</u> 191 <u>8</u>	Approved by <u>[Signature]</u>	
	at <u>Bury Que</u>	Rank <u>Capt Que</u> M.O.	
Birthplace	City or Town <u>Bury</u>		
	County <u>Prov Quebec</u>		
Apparent age	<u>18</u>		
Trade or occupation	<u>Labourer</u>		
Height	<u>5</u> Feet <u>2</u> Inches.		
Weight	..... Lbs.		
Chest measurement	Minimum <u>31</u> inches.		
	Maximum expansion <u>38</u> inches.		
Physical development	.....	
Small-Pox Marks	.....	
Vaccination Marks	Arm <u>Right</u> <u>Left</u>	Date	Result
	Number	VACCINATIONS.	
When Vaccinated last	.....	
(a) Marks indicating congenital peculiarities or previous disease	.....	
(b) Slight defects but not sufficient to cause rejection	.....	Date	Result
	.....	ANTI-TYPHOID INOCULATIONS, ETC.	
.....	<u>Dec 8/18</u>	<u>Good</u>	M.O.
.....	<u>Dec 16/18</u>	<u>Good</u>	M.O.
.....	.....	.....	M.O.

Enlisted on 23 day of October 1918 at Bury Que.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Can G. Co.</u>	<u>177344</u>		
Transferred to..	<u>45 Battalion</u>			

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.

127th EASTERN TOWNSHIP
O/S BATTALION D. E. F.

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

998
M. F. W. 54. (A. F. B. 103.)
250M.—1-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Mobile Veterinary Section: 4th Division (Canadian) CEF
 Regimental No. 516,032 Rank Trooper^{pte} Name ROE. Nelson (Christian name).
 Enlisted (on) 26-7-16 Terms of Service (a) Duration of War Service reckons from (a) 26-4-16
 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) _____

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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. 33, or other official documents.
		<u>Embarked Canada</u>		<u>15-6-16</u>	
		<u>Disembarked England</u>		<u>27-6-16</u>	
		<u>Transferred to H.L. CEF</u>		<u>1916</u>	
		<u>Transferred to 117th E. T. BN. C.E.F.</u>		<u>17-10-16.</u>	<u>pt. 110. 294</u>
		<u>Taken on strength of 117th Bn.</u>		<u>17-10-16.</u>	<u>pt. 110. 242.</u>
		<u>Proceeded for Overseas Service on transfer to 5th Coy R.</u>		<u>Jan. 4/17</u>	<u>Part II Order No. 5A</u>
					<u>Whitehead</u> CAPT. & ADJT. FOR O. C. 117th E. T. O/S BATT. C. E. F.
		<u>Arrived from Canada and posted to 2nd B. V. H.</u>	<u>Shorncliffe</u>	<u>29.6.16</u>	<u>pt. 110. 182</u> Lieut. for <u>Parsons</u> i/c Records, C.E.F.

CERTIFIED CORRECT.
 18.10.14
 20.10.16
 5
 11 JAN. 1917
 CAN. RECORDS, LONDON.

P.T.O.

(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.]

516032 Pte. Roe M.

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				
	O.C. B. D.	Landed in France. Taken on strength 43rd Cdn Inf Bn.		Nom Roll d/ 6-1-17 Pt II D.O. 3 d/ 12-1-17	✓
9-2-17	- do -	Left for Unit.		9-2-17 Nom Roll d/ 6-1-17.	
11-2-17	O.C. 3rd Bn.	Arrived 3rd Bn		11-2-17 Nom Roll d/ 11-2-17.	
10-3-17	Unit	Joined unit	Freed	7-3-17 B213. Dec. 216	19/3/17
14-4-17	"	Went to hosp.	"	11-4-17 B213. Dec. 229	21/4/17
14-4-17	6 C.D.A.	Myalgia Legs 11/4/17 to	C.C.s spe.	13-4-17 A36 (63462) Dec 232.	
16-4-17	2 Aust. Gen.	" " Invalidated & posted to 2nd Zuch. Regim	Shoreham.	16/4/17. N3083 (7378) Pt II H5 d/ 2-5-17.	✓
					Lieut. for Major, A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
25-5-17	Pt. Q.R.D.	T.O.S.	Shoreham	17-4-17	Pt 71 ✓
20-7-17	3rd C.D.	att. for P.H. etc.	Scaford	18-7-17	" 126 & 119 d/ 20/7/17 ✓
					Lieut. for Colonel i/c Records, COM 7
					Discharged from 8th C.C.D. Scaford to 3rd Bn. Part II D. O. No. 1714/17 ✓
					For O.C. 3rd Canadian Command Depot ✓ + 168 of 1st Q.R.D.
	9th CAN. RES. BN.	Taken on strength	SHOREHAM	13-9-17	D.P. II. O. No. 253 ✓

CERTIFIED CORRECT.
25 APR 1918

17.11.18

Posted to 5th CMB. 11-11-18

Casualty Form - Active Service.

Regiment or Corps 5th C.M.A. Coy

Rank Pvt Surname HOE Christian Name A

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.218, 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				
<u>12/4/18</u>	<u>C.I.B.D.</u>	<u>Landed 40.5.5th C.M.A.</u>	<u>C.I.B.D.</u>	<u>12/4/18</u>	<u>NA 44, 1039</u>
<u>14/4/18</u>	<u>"</u>	<u>40 Mtd</u>	<u>Embarked</u>	<u>14/4/18</u>	
<u>20/4/18</u>	<u>51 Ford.</u>	<u>1st S (M)</u>	<u>Disembarked</u>	<u>20/4/18</u>	<u>C.5730</u>
<u>19/5/18</u>	<u>C.I.B.D.</u>	<u>405 Active</u>	<u>Adm</u>	<u>19/5/18</u>	<u>131299</u>
<u>18/5/18</u>	<u>51 Ford.</u>	<u>Hospital Stoppage from 20/4/18</u>	<u>C.I.B.D.</u>	<u>18/5/18</u>	<u>01643</u>
		<u>to 18.5.18 (29 days)</u>			<u>Pl. No 26/425-5-18</u>
<u>6.6.18.</u>	<u>C.I.B.D.</u>	<u>Left for</u>	<u>C.C.R.C.</u>	<u>6.6.18.</u>	<u>N.R. 1260</u>
<u>7.6.18.</u>	<u>C.C.R.C.</u>	<u>Arrived</u>	<u>"</u>	<u>6.6.18</u>	<u>N.R. e 838</u>
<u>18.6.18.</u>	<u>C.C.R.C.</u>	<u>Left for</u>	<u>Unit</u>	<u>18.6.18.</u>	<u>V.R.d 1056</u>
<u>22.6.18</u>	<u>Unit</u>	<u>Rejoined</u>	<u>"</u>	<u>19.6.18.</u>	<u>B.213</u>
<u>4.8.18</u>	<u>8 C.F.A.</u>	<u>Outrigger</u>	<u>to 5 C.C.S.</u>	<u>3.8.18</u>	<u>G.6513</u>
<u>6.8.18</u>	<u>12.C.C.S.</u>	<u>N.Y.D.</u>	<u>Adm</u>	<u>6.8.18</u>	<u>G.7167</u>
<u>10.8.18.</u>	<u>12.C.C.S.</u>	<u>Piles</u>	<u>to 28 A/T</u>	<u>10.8.18.</u>	<u>G.7819</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 516032 (Rank) Private

Name (in full) ROA, Nelson enlisted in
the 117th Battalion,

CANADIAN EXPEDITIONARY FORCE at Montreal, Quebec on the 29th
day of April 1916.

HE served in France.

and is now discharged from the service by reason of Demobilization.

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

Age 20 yrs. 11 months.

Height 5 ft. 5 ins.

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars

Small G.S.W. scar left foot.

Nelson Roe

Signature of Soldier

J. Fisher

Issuing Officer

Lieutenant,

Officer-in-Charge Discharge Section, District Depot No. 4.

Rank

Date of Discharge February 13th, 1919.

Appointment

Signed at Montreal, Quebec this 13th day of February 1919.

in Military District No. 4.

File Reference No. DD4.19-R-375.

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

(YM)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1133 (D.P.) 250M.-12-18. 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 516032 Rank Pte Name ROE Nelson (Surname first)

Unit 117th Bn who was Discharged

On 13-2-19 191 to *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 13-2-19 191 the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. listing various pay items: Bal. Dr. or Cr. from prev. month (43.00), Regimental Pay (13 days at \$1.00), Field Allowance (13 days at \$.10), Separation Allowance, Clothing Allowance (35.00), Post Discharge Pay, *Other Credits (Subs. D. O. 30), Advances, Separation Allowance and Assigned Pay Cheque No., *Other Charges, Balance on transfer or on discharge, cheque No. 21309, Total (125.70).

*Give particulars.

A monthly stoppage of \$20.00 (†) has (‡) been paid on account of

Assigned Pay for the month of Jan 1919 and Separation Allice. for month of Nil 191 (to) Assignee Mrs. A. Roe, Bury. QUE.

(Address) (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

- (1) date of enlistment April 29th-16 married or single. (2) Separation Allowance, entitled or not Nil (3) Reason for discharge. (4) Authority for discharge or transfer D.D.4. 19-R-375

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date

Place

CAPTAIN-PAYMASTER G.I.C.—Demobilization Pay Division—Military Dist. 4 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. (B) For purposes of transfer it is to be made out in triplicate. (C) For purpose of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

2^d Sheet

Rank

Name ROE, Nelson

Reg'l No. 516032

Unit Mob. Vet. Sec. 4th Div. C.A.V.C.

If in perm. Corps, }
What Unit? }

Married or Single Single

Place and Date of Enlistment Montreal 26 April 1916

Place of Birth Bury Que.

Name and Address, Next-of-Kin Mrs. Alice Roe

Bury Que. Canada.

Relationship Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

1st Sheet filed in envelope

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
31.1.19	23 Res.	S.O.S. to C.E. F. Canada	Pte B. Shott	12.1.19	D.O. 31

(9) Is your Father alive? No.

If so, state name and address _____

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Alice Roe.

Bury, P. Que. Canada.

(11) If your Mother is a widow Yes.

Are you her sole support, or not? No.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

J. J. J. J. J.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No.

If so, in what Company? _____

Have you made arrangements for payment of your Insurance premium _____

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Bro Basten Lieut. C. A. V. C.
Officer Commanding.

Date May 22nd, 1916:

O. G. MOBILE VET. SECTION
4th CAN. DIV. C. E. F.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Mrs. A. Roe

Name of Soldier

Roe, N.

L. L. Job 310.-Req. 6574.

PAYMENTS.

#516032.

4th Can. Div

mobile ret see

*Des. Pay
 Accy. Voucher*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July		L 9321	15
Aug.		L 12943	15
Sept.		O 20119	15
Oct.		N 22102	15
Nov.		O 27864	15
Dec.		X 30037	15
Jan.	1917	Z 42106	35
Feb.		Z 47463	20
March		K 53336	20
April		K 4694	20
May		A. 11218	20
June		J 18541	20
July		K 25020	20
Aug.		Z 34209	20
Sept.		H 39414	20
Oct.		B 48120	20
Nov.		P 51912	20
Dec.		P 58523	20
Jan.	1918	O	
Feb.			
March			
April			
May			
June			
July			

20⁰⁰ Oct. 1/16

Remarks.

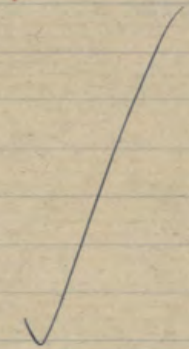
~~1117~~ 1910

35⁰⁰ Jan 10 - Adj'
20⁰⁰ of future
20 B.

20 T.
6

09

345



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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. A. Roe*
 Address *Bury, Que.*

By Whom Assigned *Roe, N*

Regtl. No. *516032,*

Rank *Trooper*

Corps *4th Can. Div, Mobile Vet Sec*

2000
 Rate *15* *Oct. 1/16* ~~1111-1010~~

2M-18⁹/₁₆ GCH 10¹/₁₉

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				



1000
1000
1000
1000

* Strike out whichever inapplicable.

ASSIGNED PAY: ~~ENGLAND OR CANADA.~~ ENGLAND OR CANADA.

EFFECTIVE DATE: ~~Y-10.~~ EFFECTIVE DATE: ~~1/8/18~~

AMOUNT: ~~20.00~~ 20.00 1/8/18 AMOUNT: ~~19.75~~

NAME: **ROE** Nelson
NUMBER: **516032**

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 a Roe
Dury Que
a. 2M. reducing a. P. to 1.8.18 rendered 14/6/18
" increasing a. P. to 2.0 off 1.8.18. rendered 19.7.18.*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>trooper</i>

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

UNIT AND TRANSFERS

ORIGINAL UNIT: *Vu R. 40. C.M.V.C.*
DATE ACCOUNT FIRST OPENED: *10/5/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
			<i>2nd R.O.</i>
			<i>39. R. 8. H. 18</i>
			<i>21.5.18</i>
			<i>5 C.M.R.</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>10</i>		

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *1/2 to beu 4/19 - W.D. 10 - Beau - 18/12/18 - L.P. Bal 22.00 - Ledger Bal 22.00*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Bal forward</i>								<i>3721</i>		
				<i>AR 40-23 Res - 10/4/18</i>	<i>487</i>				<i>4208</i>		
				<i>a Pahl.</i>				<i>20</i>	<i>6208</i>		
				<i>AR 4005 33 11.3.18</i>	<i>229</i>						
<i>April</i>	<i>Pte Pay.</i>	<i>33</i>		<i>Railway W. 60/272220 29/1/18</i>	<i>94</i>				<i>3231</i>		
		<i>33</i>		<i>DR 1057-30CD 28/4/17</i>	<i>487</i>				<i>3718</i>		
<i>May</i>	<i>P.P.</i>	<i>31/10</i>		<i>a Pahl.</i>				<i>20</i>			
				<i>AR 599.6 DRD 25.5.18</i>	<i>178</i>				<i>2486</i>		
				<i>VD. 20.4.18 to 18.5.18 29 days</i>							
				<i>B.O. 56 5 C.M.R. 25/5/18</i>		<i>1740</i>			<i>4236</i>		
		<i>31/10</i>			<i>178</i>	<i>1740</i>		<i>20</i>			
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>a Pahl.</i>				<i>20</i>			
				<i>AR 702.6 DRD 8/6/18</i>	<i>178</i>				<i>3104</i>		
				<i>" 80 DRD 21/6/18</i>	<i>89</i>				<i>3193</i>		
		<i>33</i>			<i>267</i>			<i>20</i>			
<i>July</i>	<i>R.P.</i>	<i>34/10</i>		<i>AR. Com.</i>				<i>20</i>	<i>1783</i>		
				<i>AR 314. 80.1.18 16.7.18</i>	<i>178</i>				<i>1961</i>		
				<i>" 498 " 27.7.18.</i>	<i>178</i>				<i>2139</i>		
		<i>34/10</i>			<i>356</i>			<i>20</i>			
<i>AUG</i>	<i>P.P.</i>	<i>34/10</i>		<i>A.P.</i>				<i>20</i>	<i>729</i>		
		<i>34/10</i>						<i>20</i>			
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>AR</i>				<i>20</i>			
				<i>AR 1870 C 9 B D 14/9/18</i>	<i>446</i>						
				<i>" 2021 CCH Q 19/9/18</i>	<i>357</i>						
				<i>" 13350 O S B 20/9/18</i>	<i>178</i>						
				<i>" 15336 " 9/9/18</i>	<i>178</i>				<i>588</i>		
		<i>33</i>			<i>1159</i>			<i>20</i>			

CHECKED BY *W. J. Angdon*
 CHECKED BY *M. M. Keller*

8/18

NUMBER 516032

RANK

Pt

NAME RUE. NELSON

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION	
									5.88			
OGI				Top stoppages from 3.8.16 to 24.8.16 22 days @ 60¢. 13.20 debited Jan/17. Pay lists 117 Prv. 3/8/16 to 14/8/16 10 days @ 60¢. 6.00 undebited 7.20 88¢. 6.22 2nd stop Sept 1916.		7.20				13.08		
	Pay	34.10						20	102			
				AR 1913. 21.10.18. S.C.S. Ads	375				271			
				AR 2428. 29.10.18 "	746				1017		atc agreed 12/12/18	
		34.10			1119	720		20				
NOV	May	33		AR 54916. 22/11/18.	973			20				
Dec	"	34.10		AR 2194. 2/12/18 CCH Exam	487			20				
				AR 6820 11.12.18. "	2453				22.00			
		67.10			3893			40-				
Feb	12 days S.F. 11/1/18 to 7 P.M. 23/12/18. Do. 347 13/12/18. 23 Res.	876		C1882. 10.1.19. Endorsed. Kimmel	243				2443			
				Donkey pay. 19.11.18. Grosvenor.	85				1567			
		876		" 25.11.18. Chatham	85				1652			
					413				1737			

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1a-T951 Year 1917	Regimental No. 516032 Unit. 5th.C.M.R.	Rank. Pte.	Surname Roe	Christian Name. Nelson Age. 19 Service. 24/12
Station and Date.	Disease <u>Myalgia.</u>			
Telegrapher Fr. 4mo. A.H. 1mo.	<p>Family history unimportant.</p> <p>Enlisted Apr. 26, 1915. Had rheumatism 1yr prior to enlistment. States that he was twice discharged in Canada as unfit. Re-enlisted Canadian Grenadier Guards Oct. 23. '15: and was discharged in following ^{Aug. 1915. + 26-2-16} Jan. Feb. in St. John, Quebec. Both discharges after appearing before Medical Board.</p> <p>Last enlistment Apr. 26, 1916, Montreal. Came to England June 29. '16. To France July 18 '16. Wounded on Somme 11 days later. Wound superficial of left thigh. Hosp. tmt. Shorncliffe 28 days (outpatient) To France again Jan 3, 1917. Injured by shell Apr 10. '17. Seized with rheumatism. Felt pains 2 or 3 days before being blown up. Pain in hips, shoulders and back. Sent to Rest Camp, then C.S. 1 day, thence Boulogne 4 days, thence Stoke-on-Trent War Hospital 3 weeks thence to Canadian Conv. Bromley one week thence to Buxton.</p>			
Condition on Admission.	Well nourished Pain & limitation of motion of bending - left hip Limitation of flexion of hips and knees No definite swelling except puffiness			



*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

below and anterior to the ext. malleolus.
Heart - no abnormality
Lungs. OK.
Urine 1000^{cc.}. A Nil S Nil.
Teeth - requires attention left lower molar
Treatment. WMB 96° Mon Wed Fri.

- WMB Dutch major WMC
- 25-5-17 Improving. WMB Add. Hot. U.C.P. Massage L. Hip.
- 4-6-17 Improving in every way. WMB.
- 18-6-17 X-ray hip. Board rec. continue but wt.
- 23-6-17 Feet improving - X rays same. WMB.
Board Monday 25th P.O.
- 25-6-17 Board. Continue but. WMB.
- 28-6-17 Change W.M.B. in swimming baths P.O.
- 29-6-17 Still improving. pain limited to the
left hip and shoulder more during and
after exertion - continue. P.O.
- 10-7-17 Well improved (Board) P.O.
- 18 JUL 1917 Rec transfer to school of telegraphy
Catef. DI A. Gauthier
Major Cause.

Rank _____ Name **ROE. Nelson.** Reg'l No. **516032**
 Unit **Mob:Vet:Sec:4th Div:** If in perm. Corps, }
 What Unit? } Married or Single *Single*
 C.A.V.C.
 Place and Date of Enlistment *Montreal 26 April 1916.* Place of Birth *Bury, Que.*
 Name and Address, Next-of-Kin *Mr. Alice Roe.*
P.O. Bury, Que. Relationship *Mother.*

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.—7165-16.

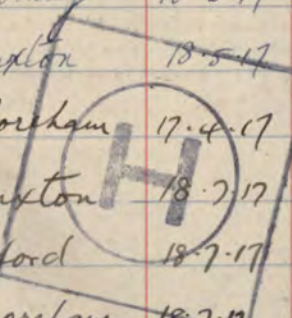
m + 18-5-22

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.				
<i>Q</i>		<i>Arrived in England</i>		<i>28⁶/₁₆</i>	
<i>2.7.16</i>	<i>oc 2 CVH.</i>	<i>Arrived from Canada } & posted to 2 CVH.</i>	<i>S'cliffe</i>	<i>29⁶/₁₆</i>	<i>P^t II - 182.</i>
<i>8.8.16</i>	<i>oc 2 CVH.</i>	<i>Admitted Hoopl V.D.</i>	<i>"</i>	<i>3.8.16</i>	<i>P^t II - 224.</i>
<i>9.8.16</i>	<i>CAVC 4th</i>	<i>" " V.D.</i>	<i>Mit Hoop S'cliffe</i>	<i>4.8.16</i>	<i>C.L. 50</i>
<i>19.8.16</i>	<i>"</i>	<i>ex Mit Hoopl S'cliffe</i>	<i>Cherryhinton NH Cambridge</i>	<i>15.8.16</i>	<i>C.L. 52.</i>
<i>29.8.16</i>	<i>"</i>	<i>Dischg. from Hoopl</i>	<i>"</i>	<i>24.8.16</i>	<i>C.L. 53. + P^t II. 258 11⁹/₁₆.</i>
<i>30.8.16</i>	<i>"</i>	<i>Admitted to Hoopl</i>	<i>S'cliffe</i>	<i>30.8.16</i>	<i>P^t II - 246.</i>
<i>18.10.16</i>	<i>2 CVH.</i>	<i>From 2 CVH to 117th Batt. Bramshott</i>	<i>"</i>	<i>17.10.16</i>	<i>P^t II - 294.</i>
<i>20.10.16</i>	<i>O.C. 117</i>	<i>J.O.S from No 2 CVH</i>	<i>Bramshott</i>	<i>17.10.16</i>	<i>P^t II 242</i>

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.				
5.1.17	O.C.117	Transferred to 5 th C.M.R. (France)	Shoreham	5.1.17	Pt II, 5a
12.1.17	5 th C.M.R.	Taken on strength.	Field	6.1.17	Pt II D3.
1.5.17	---	Adm. 2 Australian Genl Hosp.	Boulogne	14.4.17	624 364 Myalgia Legs Sgt.
2.5.17	---	Invalided Sick posted 2 nd 2.R.D.	Field	16.4.17	Pt II D.O. 45.
24.5.17	---	Adm. Store or Tent War Hosp	Newcastle	17.4.17	C.L. B246 Myalgia Legs
24.5.17	---	Trans Can Conv. Hosp.	Bromley	10.5.17	C.L. B246 " "
24.5.17	---	Trans Can. Red X Special Hosp	Buxton	13.5.17	C.L. B246 " "
25.5.17	1 st Q.R.D.	G.O.S. from 5 th C.M.R.	Shoreham	17.4.17	Pt II D. 71
21.7.17.	5 th C.M.R.	Disc Can Red X Hosp	Buxton	18.7.17	C.L. B.266.
20.7.17.	3 rd C.C.D.	Att'd for P.T. Etc	Seaford	18.7.17	Pt II 126.
20.7.17	1 st Q.R.D.	Will be shown on Com'd at 3 rd C.C.D.	Shoreham	18.7.17	119
13.9.17	23 rd Res	S.O.S. from 1 st Q.R.D. on rep'ty from 66 th Bn.	"	13.9.17	DO 174 66 th Bn DO 253 200168, 1 st Q.R.D.
12.4.18	"	S.O.S. to 5 th C.M.R. of rear	Bshott	11.4.18	DO #102.
18.4.18	5 th C.M.R.	T.O.G. from 23 rd Res.	Field	12.4.18	--- 39
18.11.18	Q.R.D.	Wounded.	"	10.11.18	C.L. a. 374.
29.11.18	5 C.M.R.	Inv. W. Posted to Q.R.D.	"	13.11.18	DO #290 30.11.14 Q.R.D. DO. 128
13.12.18	23 R Bn	T.O.S. from Q.R.D.	Bshott.	11.12.18	DO 347.
14.12.18	Q.R.D.	S.O.S. Anposting 23 rd Res.	"	14.12.18	DO 303.
30.12.18	23 R Bn	On Com. Sq. Camp Phyll	"	30.12.18	DO 363

A.F.B. 103 CHECKED

10 JAN 1917



A.F.B. 103 CHECKED

24 APR 1918

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

31-12-18 Attached G.C.C. Kimmel Park for return to Canada
Part II Order No.

12-1-19 Ceases to be attached C.C.C. Kimmel Park on
Embarking for Canada Part II Order No.

*J. Sharpe Lt.
Par O.C. 4-5-2-2-1919*

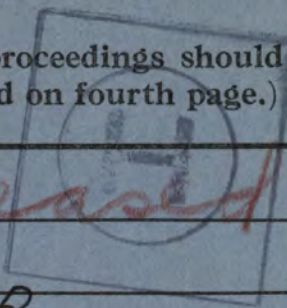
Nothing to be written in this margin.

This space to be for numbers.

7-12-37

Proceedings on Discharge.

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

No.	516032 177344		Deceased 7-3-22 S.C.G.
Rank	Private		
Name	Nelson Alfred Roe.		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	Canadian Grenadier Guards.		
Date of Discharge	January 11-1916.		
Place of Discharge	St Johns. Que.		

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....¹⁹/₅.....years.....-.....months.
 Height.....⁵.....feet.....².....inches.
 Complexion *Fair*
 Eyes *Brown*
 Hair *Brown*
 Trade *Labourer*
 Intended place of residence } *Bury. Que*
(To be given as fully as practicable.)

Descriptive Marks

2. The above-named man is discharged in consequence of *being under age*
K. R. & O. (C). para 322-5-^b

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.

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.)

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

*Banded 5-2-16
M.M.*

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 dashed 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) St. Johns. Que.

F. McKeighan

(Date) 11th Jan. 1916

Commanding OVERSEAS BATTALION

CANADIAN GRENADIER GUARDS

87¹⁵

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. Que. *J. Roe* (Signature of Soldier.)

(Date) Jan. 11-1916 *J. Stirling* (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. Que.

F. McKeighan (Signature)

(Date) 11th Jan. 1916

CANADIAN GRENADIER GUARDS

OVERSEAS BATTALION

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 *H. Roe*

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug. 1/18
Oct 1/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>	<i>10</i>	<i>20</i>	
-----------	-----------	-----------	--

R
C5956

1-8-18
02m. 14/6/18
1-8-18
2m. 11/7/18

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *576032*

Rank *Spr.* Promoted Reverted Discharge

Soldier's Name *N. Roe*

Battalion *4 Can. Div. Mobile Vet. Sec.*

Beneficiary

Relationship

Address

Name *Mrs A Roe (mother)*

Address *Bury Lane*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31 1917</i>	<i>-</i>		<i>345</i>	<i>345</i>	
<i>1918 Jan</i>	<i>X 69848</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>H 69784</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>R 94456</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>S 7220</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>V 14933</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>S 25751</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>7 26943</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>S 40205</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Aug</i>	<i>L 1633</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Sept</i>	<i>X 42436</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>H 55138</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>W 60578</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>1 65245</i>		<i>20</i>	<i>20</i>	
<i>Jan</i>	<i>S 75465</i>		<i>20</i>	<i>20</i>	
			<i>605</i>	<i>605</i>	

15548-N-2

A.P. #15 July 1-1916 #20 Oct 1-16 2m. 18-9-16 G.E.A. 10-1-17.

A.P. reduced to 10.00 effective 1/8/18. Cause

Debit Balance of \$42.26 per A2m. 14/6/18 on file 11/7/18 ES.

M.R.O. Sp. 1316 rendered 11-7-18. Eff. 1/8/18. ES.

A.P. increased to 20.00 effective 1/8/18. per A2m.

19/7/18 on file noted 22-8-18. ES.

Today Aug. A.P. inc. A.C.O. Sp. 4153 rend. 22-8-18. Mailed 31-8-18.

M.R.O. Sp. 6704 rendered 22-8-18. Eff. 1-9-18. ES.

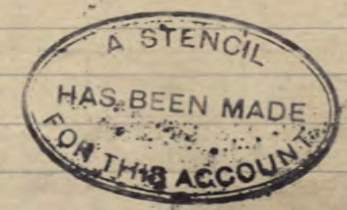
M. F. W. 128
4008-6-17-177-30-1141
L. L. 2220-M. & D. 1683.

A/c Closed 31-1-19

Ret'd Compensation of Britain

M. Roe 20441 Destr. 22/19 M.F.W. 187 28/19

O.R. amount 1/1/28/19 M.G. Stanton



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

REGT. No. **516032** RANK **Pte.** NAME (IN FULL) **ROE NELSON**

M. OR S.

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID? **no**

TO WHOM PAID

ADDRESS

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C. E. F.

IF IN P. F. WHAT UNIT?

(BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY, \$

DATE EFFECTIVE

DATE

AUTHORITY

PAYABLE TO

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO POST DISCHARGE BY

MONTH	NO. OF DAYS	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	
		RATE	AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	DEBIT	CREDIT	DEBIT				CREDIT					
		\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
1919																						
				720		720																
31-12-18	JAN.			640		720																
		31	110	34	10	41	30															
		13	110	14	30	6	40	43														
				3500		5550																
						9890																
						5570																
						9900																
				other credits		w.s.a		s.a		Total		other charges		w.s.a		s.a		Total		Soldier Dependent		
13-2-19				420	00	420	00											7000		7000	35000	
13-3-19																		7000		14000	28000	
14-4-19																		7000		21000		
13 19																		70		70	140	

War Service Gratuity

over

D.O.46-8a
A. S. 4-1919
5046/8a
PARTICULARS OR REMARKS
T.O.S. 2.3/19 D.O. 8/2/19 = 30

231167
302218

SURNAME.

Roe,

CARD NO.

S.O.S. Disc 11/1/16
Under age!
FOLL. 5:

CHRISTIAN NAMES

Nelson Alfred.

REGL. NO.

177344.

RANK

Pte.

UNIT

87th

Bn.

FORMER CORPS

7th Hussars.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Roe, M^{rs} Alice

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Bury, P. O.

COUNTRY OF BIRTH

Canada, Bury, P. O.

DATE

Feb 14th 1897.

PLACE OF ATTESTATION

Bury, P. O.

DATE

Oct 23rd 1915.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Laborer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5-

FEET

2.

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

4.

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown.

DISTINGUISHING MARKS

Noil

MEDICAL EXAMINATION.

PLACE

Bury, P. A.

DATE

Oct 23rd 1915.

SURNAME

C. R. Roe

CHRISTIAN NAMES

Nelson

REG. NO.

516032

RANK

Spr.

UNIT

4th Div. Mobile Veterinary Section

FORMER CORPS

Imos. 8th R. Rifles

4

CARD NO.

SOS Dg 13-2-19

Demol. COLL.

D.O. 46 of 15-2-19

#4 Dist Dgo.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Roe, Mrs. Alice

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Bury, P. Q.

COUNTRY OF BIRTH

Canada Bury P. Q.

DATE

Feb. 17th 1898

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Apr 29th 1916R/c 25-1-19 $\frac{256}{62}$ as Pte

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Operator

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18

YEARS

2

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

4

INCHES

COMPLEXION

Medium

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Sherbrooke P.Q.

DATE

Apr. 26th 1916

Present Address

Not Stated

NAME

Roe W.

REG'T'L. No.

516032

RANK AND CORPS

Pte.

5th. CMA

H. Q. FILE No. 649

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

Que Regt.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 200 ⁶	#57 Gen. Etaples	20-4-18	v. l. L.
A 225 ¹	Discharged	18-5-18	" "
A 321 ⁻⁴	5 com Dpo Cayeux	3-9-18	Haemorrhoids diarrhoea
A 374 ²	18 Gen Camiers	10-11-18	Gsw R. foot sev.
B 382	Cent. Mil Int Pte Chatham	13-11-18	" " " "
B 387 ¹	Mil. Com Wdc St. Epson	30-11-18	" " " "
B 397 ²	Disc "	11-12-18	" " " "

NAME

Roe, Nelson

H. Q. FILE No. 649-

REG'T'L. No.

516032

RANK AND CORPS

Pte (C.A.V.C. & Rem. Depot.)

CABLE

No.

DATE

5th Regt C.M.R. NATURE OF CASUALTY

Form 4 th Div Mobile
Det SectNo of 96
2-3Mrs Alice Roe (Mother)
Bury P. Q.

H. 486

18 11 18

Adm 18 Gen H. H. Dannes Carneris
Nov 10th 1918 GSW to foot

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
50	Mil. Shorncliffe	4-8-16	V.D.G.
52	to Cherryhinton Mil. Cambridge	15-8-16	V.D.G.
53	from " " " "	24-8-16	" " " " Disc.
A364	No 2 Aust. Gen. Boulogne	14/4/17	myalgia legs. st.
B246	Stroke on Trent ^{upr} Newcastle Staffs	17-4-17	" leg (1 st can. m. reflex)
B246	Can Convt Bromley	10-5-17	" the legs
B246	Can Red X Spec Buxton	18-5-17	" "
B286	" " " "	18-7-17	Disc.
A290-2	#12 Cas Clg Stat.	6-8-18	n.y.d.
A292-5	#3 Aust. Gen. Abbeville	10-8-18	Hemorrhoids & Diarrhoea
A305	No 5 Convt Dep Cayeux	19-8-18	" " "
A310-7	No 1 South African Abbeville	23-8-18	" " "
A328 ⁽³⁾	No 5 Convt Dep Cayeux	12-9-18	desch " " "

ORIGINAL MEDICAL HISTORY SHEET.

A 619

Surname Roe Christian Name Nelson.

Examined { on 26th day of April 1916
at Sherbrooke, P.Q.

Approved by [Signature] Capt

Birthplace { City or Town Bury, P.Q.
County Quebec.

Rank Capt. amc M.O.

Apparent age 18.

EXAMINED FOR RE-ENGAGEMENT 21 NOV 1918

Trade or occupation Operator.

Date 30-11-18 Fit or Unfit A ACK.

Height 5 Feet 3 1/2 Inches.

M.O. 23 APR 1918

Weight 134 / 125 Lbs.

M.O.

Chest measurement { Minimum 32 30 inches.
Maximum expansion 35 inches.

M.O.

Physical development good.

M.O.

Small-Pox Marks None.

M.O.

Vaccination Marks { Arm Right Left
Number I.

VACCINATIONS

When Vaccinated last Infancy.

Date 7/7/16 Result [Signature] Capt

(a) Marks indicating congenital peculiarities or previous disease None.

M.O.

M.O.

M.O.

(b) Slight defects but not sufficient to cause rejection None. Dental Corp

ANTI-TYPHOID INOCULATIONS, ETC.

Date 23 5/16 Result F.P. Thow M.O.
Date 30 5/16 Result J.A. Fairie M.O.
Date 6 6/16 Result J.A. Fairie M.O.
Date 20 7/17 Result [Signature] M.O.

Enlisted on 26th day of April 1916. at Sherbrooke, P.Q.

MOBILE VETERINARY SECTION
4TH CAN. DIVISION C. E. F.

CORPS.	REGT'L NUMBER.	HABITS.	DATE.
<u>5th C.M.R</u>	<u>516.032</u>		

23RD RESERVE BATTN C.E.F.
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd. b. b. D.</u>	<u>7. 9. 17.</u>	<u>Sub for Duty</u>	<u>[Signature]</u>
<u>Prunel Park</u>	<u>7-1-19</u>	<u>Mil A</u>	<u>[Signature]</u>
<u>Montreal</u>	<u>11-2-19</u>	<u>[Signature]</u>	<u>[Signature]</u>

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.

23 16/17

ORIGINAL CANADIAN
 18-12-17
 27-12-17
 1A.B-2
 2

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Moor Park</i>		30	8	16					<i>Definitely 100%</i>	<i>Has big toe nail removed and recovery good</i>	<i>A. H. Bennett</i>
<i>1590</i> ST. JOHN'S HOSPITAL, NEWCASTLE-UPON-TYNE, ENGLAND.		17	4	17	9	5	17	23.	<i>myalgia</i>	<i>Attending leg & penis</i>	<i>J. Shuffelbottam</i> <i>ind</i>
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		9	5	17	16	5	17	8	<i>Do</i>	<i>Still complains of pains. Transfd to Buxton</i>	<i>On the 11th 1918</i> <i>came</i>
Canadian Red Cross Special Hospital, BUXTON, DERBY.		16	5	17	18	7	17	63.	<i>Do</i>	<i>On admission had pain & limitation of bending left hip. Limitation of flexion of hips & knees. No definite swelling except puffiness below and anterior to ext malleolus. Heart: No abnormality. Treatment: - Warm mineral baths & swimming bath. Present condition: - Well improved. Discharged from hospital category Di.</i>	<i>Major G. A. M. G.</i>
<i>Mr. E. H. Epsom</i>		29	11	18	1	DEC	1918	13	<i>G.S.W. Left foot (flesh)</i>	<i>30-11-18 Wound healed no disability discharge to reserve unit in Cat A</i>	<i>Major G. A. M. G.</i> <i>1st Kennedy</i> <i>Sgt. Gams.</i>

