Original

ATTESTATION PAPER.

No. 4/18525

Folio. 72

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Samuel Robertson ~~Robinson~~
2. In what Town, Township or Parish, and in what Country were you born? ..... Churton Cheshire Eng.
3. What is the name of your next-of-kin? ..... Sergeant Robertson ~~Robinson~~
4. What is the address of your next-of-kin? ..... 306 Old Orchard Ave Montreal
5. What is the date of your birth? ..... Apr 8. 1876
6. What is your Trade or Calling? ..... Bricklayer
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... 5 yrs Chester England
    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

S. L. Robinson (Signature of Man).

N. Hull (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Samuel Robertson, 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.

S. L. Robinson (Signature of Recruit)

Date Mar 23 1915. N. Hull (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Robinson, 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.

S. L. Robinson (Signature of Recruit)

Date Mar 23 1915. N. Hull (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, ~~and the said~~ Recruit has made ~~and~~ signed the declaration and taken the oath before me, at Montreal this 23 day of Mar 1915

W. D. Buchanan (Signature of Justice)

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

Fro. S. Meantie (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Samuel Robinson on Enlistment.

Apparent Age 38 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement: Girth when fully expanded 38½ ins.
Range of expansion 2½ ins.

Complexion Dark

Eyes Brown

Hair D Brown

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

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

2 Vac marks.

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 March 22 1915.

Place Montreal

H C Burgess
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.

Samuel S. Robinson 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.

Geo S Beaudin (Signature of Officer)

Date 191 .

C.E.F. REGIMENTAL DOCUMENTS

NAME ROBINSON, SAMUEL, L. REGT. No. 418525. UNIT 42 BN H. Q. FILE No.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)		M		H	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					MED UNFIT.
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			18874		
CARDS					
PAY-SHEETS					
		H			

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Form R. 149.

Name Robinson. Rank Samuel. Pte. Reg. No 418525.

Unit Gen. Depot

Next of Kin CANADA

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30	VI	12 Cdn G H Bramshott	Nyalgia Gen		C. 185		2310
3	12	5 Cdn G H Kirkdale	Do	~~[illegible]~~ ~~Rheum~~	C. 189		24405
29	12	Invalided to Canada.		–	C 210		6115

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

R. 149.

Name ROBINSON Samuel Rank Pte. Reg. No 418525.

Unit ~~1st Divisional Train.~~ H 2nd Battn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
May.3.	No.5.C.F.A. ex No.6.C.F.A.		Orchitis NV.A142.E.			
13.10.16.	No 9 Can Field Ambulance.		V.D.S.	A.300.		
14-10.16.	Discharged		"	P.R.O.A.336		
20.7.17.	P. Mary W.H. Whalley		Haemorrhoids	B.349.		
27-7.	Barnwell Mil. Hos. Cambridge		V.D.S.	B.356		
31.7.	Chesterhinton Mil. Hosp Cambridge		"	B.358		
				B.44		
22 10	Discharged					
	(919)					

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

LEDGER NO. 876-973 SERIAL NO. 18413.

REG. NUMBER 418525 NAME Robinson S L

RANK Cpl CORPS 4 DD

AGE 45 SERVICE C 3/12. E 1/4. F 2-6/12.

NAME OF HOSPITAL St Anne De Bellevue PLACE Montreal

DATE OF ADMISSION 17/7/19

DISEASE Myalgia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Died 18-3-19. IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

HRB

Number 418525 Rank Pte

Surname ROBINSON

Christian Name Samuel L.

Units 42 Bn Can Inf Theatre of War France

Date of Service 9-10-15

Remarks In Canada

Widow

Latest Address Mrs S. A. Robinson
306 Old Orchard Ave
Notre Dame de Grace
Montreal. P. Q.

Roll No

200m.-2-21.M. "B" Page 9704

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.

H.Q. 649-R-8646. H.Q.

ROBINSON, S.L. Samuel #418525, ~~Sgt.~~ Pte. 42nd Bn.

Medals & Decorations.

Mrs. S.~~L.~~ Robinson, (Widow),
306 Old Orchard Ave.,
Notre Dame De Grace,
Montreal, P.Q.

P.& S.

Mrs. S.L.Robinson, (Widow),
Address as above.

Sur # 808393

Memorial Cross.

Mrs. S.L.Robinson, (Widow),
Address as above.

14879

also -

Mrs. Mary Robinson, (Mother),
33 Chapel St.,
Rishton, ~~England.~~ NEAR Blackburn Lancs Eng.

Dep. JUL 14 1920 (Jt.) C. 15037.

~~Dep. JUL 14 1920 (Sm.) C. 15095.~~

Cheque 16 10/20 X 659 Dep. 18-1-22 - P-42600

Scroll Desp. 23/8/21 Reqn. No Z 57917

Plague Desp. _____ Reqn. No _____

M-X-P.4/18 7/20

not known

152

Form DMS 1401.

No. 12. Can Gen. HOSPITAL.

A. & D. CARD

AT Bramshott

A. & D. No. 11017 PL. OF ACTION

RANK Cpl. REG. No. 418521 UNIT W. R. D. G. SICK OR WOUNDED

NAME Robinson S. AGE 45 RELIGION C.E.

PLACE IN HOSPITAL Med. R.R.

DIAGNOSIS Myalgia

ADMITTED 29-11-18 FROM

DISCHARGED 4/12 TO

TRANSFERRED Rirkdale 2/12/18

SERVICE AT HOME IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

D 18/3/19

SURNAME. Robinson. (649-R.8646)

CARD NO. 4.

SOS 18.3.19
Deceased
DO. 789 of 19.3.19
4. DD.
Rn.

CHRISTIAN NAMES Samuel L.

REGL. No. 418525. RANK Pte

UNIT 42nd

FORMER CORPS Vol. Chester

NEXT OF KIN.

NAMES IN FULL Robinson, Mrs. Leigent

RELATIONSHIP TO SOLDIER Wife

ADDRESS 306 Old Orchard Ave.
Montreal, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Cheshire DATE

PLACE OF ATTESTATION Montreal, P.Q. DATE Mar. 23rd 1915.

O/S. 10/6/15 102/14.

R/C. 10/1/19 250/17 cple

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

From Montreal Pier S.S. "Hesperian" 10-6-15.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Present Address—

R. 149.

Name Robinson Samuel L Rank Pte Reg. No. 418525.

Unit 1st Divisional Train.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	Transferred to 42nd Battn.					

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

No 18525 RANK Pte NAME Robinson, S. L.

T. O. S. 23-3-15 UNIT 42nd Battalion

DO 35 23-3-15

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 23	Mar 31	V		
Apr		V		
May		V		
June		V		

UNIT SAILED
JUN 10 1915

*Name ROBINSON Samuel L. Rank Cpl. Regtl. No. 418525

Fyle Depot 19-R315

Original unit 42nd Bn Present unit DD#4 M. or S. ~~S~~ Age 42 Religion CofE Ref. H.Q.

Port, ship, and date of arrival Halifax "Araguaya" 10-1-19

Next of kin Sergent Robinson (W) 306 Old Orchard, N.D.G. Montreal.

Address on leave As above.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Bricklayer Date and place of enlistment 23-3-15 Montreal.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
15-1-19	T.O.S. from O/S 29-12-18 Posted to Hosp. Sec. 13-1-19	
	Fur. W/S to 27-1-19	15.

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

(over)

Date.	Remarks.	Pt. 2 Order No.
19-3-19.	SOS.Hosp.Sev having Deceased at St Annes De Bell-euve, ~~Effective~~ Military Hospital. of Spinal Meningitis. at12-45p.m. 18-3-19.	D.O.#78

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
ROBINSON	S. L.	418525

Rank ~~A/Sgt~~. Pte. Unit 42nd Battn. Co. 1st Gnr Regt. Troop Batty.

Hospital: Queen Mary's Mil. Whalley — Date of Admission: 20-7-17.

Transferred Barnwell Milit. Cambridge Hosp. 27.7.17
Cherryhinton Mil Hosp. 31.7.17
12 GH Bramshott Hosp. 30-11-18.
5 C.G. Kirkdale Hosp. 3.12.18

Diagnosis: Haemorrhoids.

(1) Later Diagnosis (if changed) V. 10. G. (RW)
(2)
(3) Myalgia gen. & and
Additional Diagnosis: if more than one state present
atrophymusolis Rt Shldr
Invalided to Canada 29.12.18

DISPOSITION: Disch 22-10-17 — Date

REMARKS: C.L. 24-7-17. B349 whilst on leave from France.
11.1.8.17 B356
3.8.17 B358
24-10-17 B44-2
5-12-18 C185-I
10.12.18 C189
7.1.19 C210

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

EPITOME OF HOSPITAL TREATMENT.

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

D.M.S. 1808.

Surname	Christian Name or Names	Reg. No.
Robinson	S. L.	418125

Rank	Unit	Co.	Troop	Batty.
Pte.	C.A.S.C.			

Hospital: #6 Can. Fd. Amb.

Date of Admission

Transferred #5 " " " Hosp. 3.5.16

9 " " " Hosp. 13.10.16.

Hosp.

Hosp.

Diagnosis: Orchitis R.V.

(1) Later Diagnosis (if changed): V.D.S. & P.U.O.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Dis. 14.10.16

L.L. 22.5.16. A142

22.11.16 A.300.

- 29.1.17 A/336.

REMARKS

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

10 8

EPITOME OF HOSPITAL TREATMENT.

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

Rank | Name ROBINSON Samuel L. | Reg'l No. A 18525

Unit 42nd BN | If in perm. Corps, What Unit? | Married or Single Married

Place and Date of Enlistment Montreal.P.Q. 23rd March.1915. Place of Birth Churton Cheshire.

Name and Address, Next-of-Kin Sergent Robinson, 306, Old Orchard Ave, N.D.G. Montreal Montreal.P.Q. Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 4307
File R.L.
Category Inv Car

Discharge, Date and Place | Reason | Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England		19 6/15	
		Embarked for France	Folkestone	9.10.15	
29.2.16	O.C. 1st Div Train	Attached to 1st Divl Train France		1.2.16	D.O. Pt II No 10 10/11
22.5.16	C.A.S.C.	Adm. No 5 C. Fld Amb. ex No 6.	-"-	3.5.16	C.L. A 142 Rechitts N.B.
14.7.16	O.C. 1 Div. Tr.	Rct. to Unit 42nd Bn	-"-	28.2.16	P.II O 28
21.7.16	O.C. 42nd	Attd to 6 Can. Corps HQ.	Field	14.7.16	Pt II O 29.
22.11.16	O.C. 42nd	Adm. No 9. Can Field Amb	Field	15.10.16	C.L.A 500. V.D.S. 103
6.12.16	O.C. 42nd	Leave to be attached to HQ 6th Can Corps	Field	15.9.16	Pt II D O 84.
29.1.17	O.C. 42nd	Discharged No 9 Can Field Amb.	Field	14.10.16	C.L.A 336 V.D.S. P.U.O.
24.7.17.	42nd Bn	Adm Queen Mary's Mil Hosp Whilst on leave from France	Whalley	20.7.17	C.L. B. 349 Haemorrhoids

Gen Depr

HQ

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				
1.8.17	42nd Bn	Trans Barnwell Mil Hosp	Cambridge	27.7.17	C.L. 356 V.D.G.
3.8.17	"	" Cherryhinton Mil Hosp	"	31.7.17	" B 358 "
26.7.17	1 QR	T.O.S. from 42 Bn.	Shorn	20.7.17	Pte II 124. ✓
16.8.17	42nd Bn	Posted to 1st Q.R.D. on admn to Hosp in England.	Pte	Fld	20.7.17 " 96 ✓
23.10.17	1st QR	Discharged Cherryhinton Hosp		Cambridge	22.10.17 C.L. B 44
27.10.17	"	att to 20th Res Bn		Bshott	26.10.17 ~~DO 295~~ DO 296 20th Res of 30 days
17.11.17	20th Res	DO 296 amended to read Pte	Pte	"	17.11.17 DO 314
15.11.17	1st QR	D.O. s 124 [redacted] 0205 is amended to read Pte	"	"	15.11.17 — 222
17. 1. 18	20 Res	Ceases to be attached T.O.S.	"	"	17. 1. 18 DO # 18 of 21.1.18 19 Res — 17. 10 BKTD 24-1-18
22. 1. 18	— " —	S.O.S. on proceeding overseas with General H.Qrs. 2nd Echelon	Pte	"	22. 1. 18 — 22 T.O.S. Con: Rep: 2nd Ech Pro 21 d/31-1-18
28-9-18	Can Rep	SOS to GHQ 1st Echelon	Pte	Field	2-9-18 Pte 033
28-9-18	GHQ 1st Ech	T.O.S. as hers waiter	"	Fld	3-9-18 — 1
19-10-18	Gen Dep	TOS from 1st Ech GHQ Can Sec	Pte	Witley	18-10-18 — 249 S.O.S. (GHQ 1st Ech Pte 5 d/23.10.18)
1.1.19	Gen Dep	Invalided to Canada	Pte	Witley	29.12.18 C.A.C. 210
10-1-19	"	SOS-INV. TO CAN	✓	✓	✓ Pte II 8

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

13

Vendal 19/10/15

Casualty Form—Active Service.

Regiment or Corps 42nd Bn. C.E.F.

Regimental No. ~~A 18525~~ 418525 Rank Pte. Name Robinson, Samuel, L.

Enlisted (a) 23/Mar. 1915 Terms of Service (a) d. of war ~~+ 6 months~~ Service reckons from (a) 22/8/15.

Date of promotion to present rank ____ Date of appointment to lance rank ____ Numerical position on roll of N.C.Os. ____

Extended ____ Re-engaged ____ Qualification (b) Bricklayer

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				
		DISEMBARKED BOULOGNE 9 10 15			
Oct 12/15	C 42nd.				N.R
Jan 29/16.	Council Camp.	Batman to Lieut A.J. Lothmann.	Council Camp	26-1-16.	a36-91. rejd to duty 29/2/16. B213-109
Mar 4/16.	C No 1 Gen Hosp. Can Corps.	On command.	"	26-1-16	a36-117. rejd to duty 29/2/16.
April 20/16.	42nd.	Batman on duty to Lieut Lothmann sick in Hpl.	Hospital on Batman.	16-4-16.	B213-153
			Unit.	23-4-16.	B213-159.
April. 23/16.	42nd	Rejd to duty.			
May 6/16.	6 C.F.A.	Orderly N.V.O.	6 Can F.A.	3-5-16.	a36-178. To 5 C.F.A. 3/5/16.
May 6/16.	No 5 C.F.A.	Batman to Lieut Lothmann	Duty.	4-5-16.	a36-178. 227-
June 16/16.	42 Bn.	Batman to Lieut Lothmann	Can. Corps	14-6-16	B213/226.
13/6/16	G.O.C. Can. Corps.	Attached to Can. Corps. Hq.	Can. Corps. Hq.	14/6/16.	A.B. 907. Part II O. No 29 of 21/7/16.
15/10/16	9 F.A.	Syphilis? ~~Admitted~~ To	C.C.S.	13/10/16	a36/227 18/11/16
17/11/16.	42nd	Rejd to duty with Bn		15/11/16	B213.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Ceases to be attached to Hdq., Can. Corps. (Cancelled: - G.O.C. Can. Corps A. 54 - 2 of 6/1/16)		15/5/16	P.II. 84 of 6/12/16.
23/1/16.	42nd	Batman to Lt. de Lotbinière Shelington, Mt. St. Hey		12/1/16	B.213.
14/10/16.	3 cys.	P.V.O. To	Duty	14/10/16.	A 36/255. 24/1/17
17/2/17	42nd	Ret'd to duty with Bn.	Field	16/2/17	B 213.
24/3/17	Do	Batman to Lt. de Lotbinière Tour duty or Colonne Ricourt		19/3/17	Do
3/8/17	Do	Attached Can. Corps Reinforcement Camp		(3/8/17)	Corrected file K.I. 16-15-26
7/8/17	Do	Granted 10 days English leave.		8/7/17	Do P.II. 96 of 6/8/17.
20/7/17	Officer i/c Record London.	Admitted to Hospital on leave in England & posted to 1st Quebec Reft. Depot Shoreham.		20/7/17	Corrected file K.I. 16-15-26 P.II. 96 of 6/8/17.

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

26.7.17	1st ARD	Taken on Strength	Shoreham	20.7.17	D0124

Lieut.
For Lieut-Col i/c Records, C.M.R.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1. Sheet II.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 20 Res Bn

Regimental No. H18525 Rank ~~Sgt~~ Pte Name Robinson Samuel L

Enlisted (a) 23/3/15 Terms of Service (a) D of W Service reckons from (a) 23/3/15

Date of promotion to present rank ____ Date of appointment to lance rank ____ Numerical position on roll of N.C.Os. ____

Extended ____ Re-engaged ____ Qualification (b) Bricklayer

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				
30/10/17	20 Res	attached from 1st ARD	Bramshott	24/10/17	D.O. 296
17.1.18	20 Res.	Attachment ceases	Bramshott	17.1.18	D.O. 17.
17.1.18	1st O.R.D.	S.O.S. to 20 Res.	Bramshott	17.1.18	D.O. 18
17.1.18	20 Res.	T.O.S.	Bramshott	17.1.18	D.O. 17.
22.1.18	O.C. 20 Res Bn	S.O.S. to Can Repres G.H.Q. 2nd Echelon	Bramshott	22/1/18	D.O. 22 L H Davis LT. & ASST. ADJUTANT, 20th CANADIAN RESERVE BN
24-1-18	C.G.B.D	Having arrived as Reinf. is T.O.S. of Can. Representative	Field	24-1-18	N.R. Pt II O No 4 d/31-1-18
26-1-18	do	Left for Unit	do	26-1-18	N.R
26-1-18	Can. Rep.	arrived at Unit	do	26-1-18	B213

CERTIFIED CORRECT 24 JAN 1918 CAN. RECORDS, LONDON

(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

418525 Pte. Robinson S.R.

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				
23.4.18	Asc. Inspt Draft Etaples	Classified "B1" by Medical Board	Etaples.	23.4.18	W3339 (471) Pt II Ord. 12.
14-9-18.	GOC. Cdn. Sec. 1st. Echelon.	S.O.S. Canadian Representative on transfer to Canadian Section. GHQ. 1st. Echelon.		2-9-18. 2-9-18.	B.213 Part 11 Ord. 33
14.9.18	do	T.O.S. Cdn Section GHQ 1st Echelon on transfer from Cdn Representative as "Messbaiter".		3.9.18	B213 Pt II O. 1. of 28.9.18
8.10.18	OC. CBBD.	Taken on from Cdn Sect. GHQ 1st Ech. "B1"		7.10.18	NR (1513)
~~7.10.18~~	~~OC. Cdn Sect.~~	~~Transferred to Cdn Labour Pool~~		~~7.10.18~~	~~B213 Pt II O. 5 of 22.10.18~~
	~~AAG~~	~~T.O.S. Chief Cdn Pool~~		~~8/10/18.~~	~~Pte. 172. 23.10.18.~~
16.10.18.	Cdn Sect. GHQ. 1st Ech.	SOS. Cdn Sect. GHQ. 1st Ech. and Posted. to Cdn. General. Depot. Wokey on being classified "Unfit for further Service in France" 249		16.10.18	NE. 34995/2. Pt II O. 5 of 23.10.18 C.B. Johnson Capt for Lt. Col. AAG Cdn Section GHQ 1st Echelon
19.10.18	Gen Depot	T.O.S. from Can Sec G. Hqrs Echelon	Wokey	18.10.18	DO 249 Lt for Colonel i/c Records, Lieut. OMFC
3.12.18.	Gen Depot	adm No 12 C G H Bramshott	"	28.11.18	DO 289 J. Edwards OFFICER i/c RECORDS,

CASE HISTORY SHEET.

Page 2.

Ste Annes Military Hospital. Ste Anne de Bellevue Station.

No. 418525 Rank Cpl. Name Robinson, S.L. Age 45

Unit D.D.4. Completed years of service Where and how long } C. 3/12 E. 1 yr. 1/12 F. 2yr. 6/1

Date of admission 12-1-19 (Jan. 27.) Date of discharge

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

G.U? Report: 18-2-19

Since last examing this man Arthitis is much improved. The Prostatic condition is unchanged - The left lobe is softened and there is communications of a small abscess cavity with the Urethra - Massage of prostate is to be recommended - but it will take 6 months at least to cure condition - In view of the intended treatment and the absence of Gonococci. discharge the Army is to be recommended. The man should be warned that treatment should be carried out in civil life

Signed R.E. Powell, Captain.

X-Ray report - February 26th. 1919.

No fracture nor dislocation - Articular surfaces normal. Slightly lessened density in region of tuberosity of Humerous.

Signed J.D.M.

Eye Specilist Report:- 10 March, 1919

Pupils equal. regular and active Fundi normal

FAMILY HISTORY (Tuberculosis, mental or nervous diseases)

R.V. 15/15 Not improved + .75 N.T. #1

L.V. 15/15 Not improved + .75 N.T. #1

Presbyopea

Glasses recommended.

Signed. Fred Touke, Captain.

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

A.T. Gordon Kent,
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	4186-25	Cpl.	Robinson	S.S.
Year	Unit.		Age.	Service.
	W R Dy		45	4 6/12

Station and Date.

Disease atrophy muscles Rt shoulder

Brancaster
29/11/18

Boarded By by board 16/11/18 atrophy muscles Right shoulder
admitted to ward prior to transfer to Rirkdale

2/12/18. Transferred to Rirkdale
Wlewald
Capt Camc

Br S C.G.H
6-12-18

Began in Jan 1916 following concussion of a shell explosion (Patient's statement) Since then gradually got worse; muscles atrophied around shoulder; limitation of voluntary movements at that joint.
J S C
Major Capt

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

STE.ANNE DE BELLEVUE MILITARY HOSPITAL

Autopsy 2-19 March 18 19

418525 ROBINSON CPL.

The body is that of a well developed adult male in the forties. Externally there is no evidence of injury to the body. There is a small scab on the right side of the chin.

A lumbar puncture was done and about 20 cc of dark bloody fluid was withdrawn.

Examination of the thorax and thoracic organs shows no obvious abnormalities.

There is about 200 cc of thin yellow fluid in the peritoneal cavity.The mesentery and the parietal tissues on the right side of the abdomen show a very marked degree of edema.
Of the abdominal organs the liver is apparently normal 67 oz. The kidneys 5 & 5½ oz show no evidence of an acute nephritis or other abnormality.The spleen is not enlarged but is soft and pulpy. The bladder contains a small amount of cloudy urine.The prostate is enlarged and on section shows several large cysts which contain a considerable number of small brown spiculed stones(.5 cm and s smaller) There are no enlarged lymph nodes in the mesentery.

The oesophagus is normal.
The stomach on being opened shows a diffuse haemorrhagic condition of the mucous membrane(slight) Opposite the cardiac end and about four inches from it is alarge haemorrhagic area about 1½ inch es in diameter,in the centre of which is a definite ulcer with an acute necrotic centre invloving the submucosa also.There is no other lesion in the stomach.
In the duodenum,on the posterior surface near the duodeno-jejunal flexure is a similar ulcer and there is marked edema of the viscus. In the first foot of the jejunum there are three other ulcerated areas showing the same marked degree of superficial necrosis and acute inflammatory reaction. The jejunum and associated portion of the mesentery is very edematous. Below the jejunum the intestines show no obvious abnormality. The pancreas and adrenals are negative

The scalp and calvarium show no evidence of injury.
Brain (not weighed)--The external surfaces of both hemispheres shows all the vessels tremendously engorged and haemorrhagic infiltration into the surrounding meninges.Macroscopically there is no evidence of injury to the brain tissue itself. The cerebrospianl fluid is blood stained. The examination of the brain is otherwise negative.

The contents of the stomach and duodenum-were jejunum were saved for a chemical examination.

DIAGNOSIS -Ulceration acute of stomach,duodenum and jejunum
(due to a corrosive poison?)
Diffuse meningeal haemorrhage.

John Jones Owen

Maj.CAMC

This case was turned over to the coroner who took the ergs body for a medico-legal examination.

CASE HISTORY SHEET.

Ste. Annes Military Hospital. Ste Anne De Bellevue Station.

No. 418525 Rank Cpl. Name Robinson, S.L. Age 45

Unit D.D.4. Completed years of service (Where and how long) C. 3/12 E. 1 yr. 1/12 F. 2 yr. 6/12

Date of admission 12-1-19 (Jan. 27.) Date of discharge Died 18/3/19 Cause of discharge 24-3-19

Diagnosis (1) Myalgia (2) Atrophy of Muscles R. shoulder. (3) Prostatic Abscess. Place of origin (1) & (2) France (3) Indefinite.

CONDITION ON ADMISSION AND PROGRESS OF CASE Complaints: Pain in left Shoulder.

History: At age of 21, ill for three months - in bed a month - because "weakness" - He says " he out grew his strength."
No other serious illness prior to Enlistment.
Enlisted in March 1915. In France, Oct. 1915.
He was near an exploding shell in June 1916, and after that pain began in Right Shoulder.
In July 1917, he had some ulcers inside his lower lip, which were diagnosed Syphilis - Returned to England.
Treatment in hospital for 3 months. At that time, ulcers had completely cleared up and he felt fit. Right Shoulder began to pain him in October, 1916. After leaving hospital in October 1917, his shoulder began to pain him again. He carried on in Officers Mess till January, 1918, when he was returned to France, in Category B.2. in charge of Mess.
His Shoulder became progressively more painful and weak, and in October 1918, he was returned to England.
Returned to Canada in January 1919. Now his Shoulder "burns", and Motion is limited, and the limb is very weak.

Physical Examination: A rather under nourished, thin man, of 45 years of age. Continued over

FAMILY HISTORY F. d. "old Age" M. l & w. 1 Bro. l & w.
(Tuberculosis, mental or nervous diseases.) 2 Sis. l & w. 1 Sis. d. after operation married - W. l., but due to multiple gyn Operations, she is in a very poor state of health. 1 child l & w.
Wife has had no miscarriages.

TREATMENT Massage and Baking of Shoulder
(Especially any specific or special form) Prostatic massage.

CONDITION ON DISCHARGE, Dead.
(and disposal made of case.)

Date 18th. March, 1919.

A.F.E. Edgelow Lieut.
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

18413

Eyes Ears Nose Throat neg. Tongue clean. Teeth poor.

Heart - Not enlarged - rate regular - no murmur heard.
Arteries - palpable. B.P. 130/70
Lungs - Resonant throughout - No rales heard - Breath sounds distant.
Abdomen neg. Genitals - No scars seen - no urethral discharge.
Extremities : Right Shoulder - visible, marked atrophy of muscles about joint. Right Shoulder lower than left, Motions of Shoulder restricted, due due to pain in moving the arm. Tenderness to pressure about joint.
Skin: Very dry - Skin of legs scales off.

18th. March. 1919. Died, after one day in hospital on return from a weeks leave.

Pathological Report - 29-1-19.
Acid.
Albumin. Trace.
Sugar. 0.
S.G. 1024
Micro. myriads of pus cells & a few epethelial cells.

Pathological Report - 4-2-19
Acid.
Albumin.Trace.
Sugar.0.
S.G.1030.
Micro. myriads of pus cells.

Pathological Report - March 18th. 1919.
1028 ac (faint)
Alb. Sugar.0.
Ged.: Puscells
An occ, My. cast.

Pathological Report - 18th. March, 1919

Leucocytes 16,400
Differential:- Polymorphs 89%
Lymphocytes 8%
Transitionals 2.5%
Mast Cells .5%

Pathological Report - 18th. March, 1919.
Blood Cu lture:- (24 Hours) Negative
19-3-19

Pathological Report - 18th.March, 1919.
Throat -Culture:- No B. Diphtheriae found
19-3-19

Pathological Report - January 30th.1919.
Wasserman Reaction
Result:- Negative.
1-2-19. Mon. Gen. Hosp.

G.U. Report - 4-2-19
Arthritis Right Shoulder and Stemo - Clavicular joint right. Urine contains much pus - Prostate very large, vessicles enlarged. Smear - copious pus - no Gonococci found but numerous organsims - Cocci - grams positive and negative . recommend Massage of prostate , and bakings, and potassium permanganate irrigation
Sgd. R.E. Powell. Capt.

Continued on Page 2.

St. Anne's Military HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 30 Jany, 1919

Reg'tal No. 418525 Rank Pte. Name Robinson Unit D. D. 4

Bed 31 Ward D. II

Injury or disease Myalgia Part affected Shoulder

Treatment or Exam. Wassermann

(Hist. of Syphilis)

A. J. Ogilvy, Lieut.

Report

Wassermann Reaction.

Result:- Negative.

1-2-19. Mont. Gen. Hosp.

3-2-19.

Signed

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

S. L. Robinson, 418525.

42nd Battn.

14

WILL

In the event of my death I give the whole of my Property and effects to my wife. "Sarah Ann Robinson".

S. L. Robinson No 418525

Sept 28th 1915

R.
Lt Col

RATES OF REGIMENTAL PAY.

OFFICERS, ALL ARMS. *Per Diem.*

	Pay	Field Allowance
Colonel	$6.00	$1.00
Lieut-Colonel	5.00	1.25
Major	4.00	1.00
Captain	3.50	.75
Lieutenant	3.00	[illegible]
Paymaster	3.00	.75
Quartermaster	3.00	.75
Nursing Sister	2.00	.60
Commutd. Pay	1.00	
Adjutant's additional pay of Rank	[illegible]	

WARRANT OFFICERS, N. C. O's and Men.

Warrant Officers	2.00	.20
Quartermaster Sergeant	1.60	.20
Orderly Room Clerks	1.50	.20
Pay Sergeants	1.50	.20
Squad. Sdt'y, or Co. Sergeant-Major	1.60	.20
Colour Sergeant or Staff Sergeant	1.60	.20
Squad. Batt'y, or Co. Q. M. S.	1.50	.20
Sergeants	1.35	.15
Corporals	1.10	.10
Bombardiers or Second Corporals	1.05	.10
Privates, Gunners, Sappers, etc.	1.00	.10

Working Pay in addition to pay of rank varying from $1.00 to 50c. per diem, according to qualifications, is granted to Artificers, Motor Car Drivers, Cooks, etc.

3-5-16 Cachectics (3)
8 8 46

13-10-16 ~~Rec~~. VDS. (1)
15-11-16

20-7-17 Haemorrhoids (2)
20-10-17

27-7-17 VDS (1)
22-10-17

29-11-18 Prostatic abscess 4 + 5
19-3-19 atrophy of Muscles
~~Died~~ Rt shoulder

died Cause ~~unknown~~.
Ulceration of Stom
due to Carcinoma
Pyloric

Sir;

I have the honour, to enclose herewith cheque for being amount of Gratuity due on account of the award of the .

You will also find enclosed an official receipt, which you will please sign and return to this Commission, as soon as possible.

Your obedient servant

The Secretary

For the Board of Pension Commissioners for Canada.

Per_____

B.P.C.Form 327 Mult.
5M-6-19.

CHANGE OF ADDRESS

No. 418525 Rank Pte. Surname Robinson Christian Names R. L.

Address 306 Old Orchard Ave.,
Notre Dame de Grace
Montreal, P.Q.

Section

Auth H.Q. file.

D-19.
LHP.

Hol. 29/10/20.
P.H.

442
2/x6/19

St Anne's — HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date Feb 26/19.

Reg'tal No. 418525 Rank Cpl. Name Robinson. S. E. Unit 42 Bn

Bed 2. Ward TS IV

Injury or disease ..... Part affected .....

Treatment or Exam.

X Ray. Right Shoulder.

Shoulder injured in shell explosion. No fracture of bones.

E. L. Brown Capt.

Report. No fracture nor dislocation. Articular surfaces normal. Slightly lessened density in region of gt. tuberosity of humerus.

J. S. M.

M. F. W. 2509.
50M.—4-18.
1772—39—1276.

Signed .....

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

TO PATHOLOGICAL LABORATORY. Date 18 Mar., '19

Specimen of Bld

Name Robinson Rank Cpl. Reg. No. 418525

M.O. A.E. Rozelow Bed. No. 2 Ward D. 4

Nature of examination required:- W.B.C. + diff.

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Leucocytes 16,400.

Differential:- Polymorphs 89%

Lymphocytes 8%

Transitionals 2.5%

Mast Cells .5%

18-3-19.

John Jones Maj

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

TO PATHOLOGICAL LABORATORY. Date 18 Mar., '19

Specimen of Urine

Name R. Robinson Rank Cpl. Reg. No.

M.O. A.F.T. Edgelow Bed. No. 2 Ward. Div

Nature of examination required:-

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

1028 ac (faint)

Alb. +++ Sacc. 0

Sed.: Pus cells ++

Cath. Spec.

Occ. hy. cast.

A.F.T. Edgelow

STE ANNE DE BELLEUVE MILITARY HOSPITAL.

TO PATHOLOGICAL LABORATORY DATE 4-2-19

Specimen of Urine

Name Cpl Robinson Reg.No. 418525 Ward S II

M. O. A. Edgelow. Lt. Bed 31

Nature of examination required:-

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Acid.
Albumin.trace.
Sugar.O.
S,G.1030.
Micro.;myriads of pus cells.

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

6

TO PATHOLOGICAL LABORATORY. DATE 29-1-19

SPECIMEN OF Urine

NAME Robinson Rank Sgt. Reg. No. 418525 Ward D2.

M.O. A.F.G. Edgelow Lieut Bed 31

Nature of examination required:-

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Acid.
Albumin. Trace.
Sugar. 0.
S.G. 1024.
Micro.; myriads of pus cells & a few epethelial cells.

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

TO PATHOLOGICAL LABORATORY. Date 18 Mar., '19

Specimen of ~~Roll~~ Blood

Name Robinson Rank Cpl. Reg. No. 418525

M.O. A.T. Ogilvie Bed. No. 11 Ward. Div

Nature of examination required:- Culture

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Blood Culture:- (24 hours) Negative.

19-3-19.

Johns Davis Owen

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

Date 18 Mar., '19

TO PATHOLOGICAL LABORATORY.

Specimen of Throat Culture

Name Robinson Rank Cpl. Reg. No. 418525

Bed. No. II Ward. DIV

M.O.

Nature of examination required:-

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Culture:- No B. Diphtheriae found.

19-3-19.

John Dans Owen

Ste. Anne's Military HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 4-2-19 18. 2-19.

Reg'tal No. 418525 Rank ..... Name Robinson Unit .....

Bed 31 Ward D2

Injury or disease Myalgia Part affected Locomotor apparatus

~~Treatment~~ or Exam. please, of G.U. Tract.

A. Eldgelow, Lieut.

Report Arthritis rt shoulder + sterno-clavicular joint rt. Urine contains much pus. Prostate very large, vesicles enlarged smear copious pus. no Gonococci found but numerous organisms. Cocci Grams + and - Recommend massage and baking and Dolass. or mangarali irrigation

A. Powell Capt

Signed ~~Prostate~~

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

since last examining this man articles is much improved. The prostatic condition is unchanged. The left lobe is softened and there is communication of a small abscess cavity c̄ the urethra. Massage of prostate is to be recommended. but it will take 6 months at least to cure condition. In view of the extended treatment and the absence of Gonococci discharge from the army is to be recommended. The man should be warned that treatment should be carried out in civil life.

[illegible] Capt

Recommend discharge
21.2.19 A.J.M.

.....HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date.....

Reg'tal No.....Rank.....Name.....Robinson.....Unit.....

Bed.....Ward.....

Injury or disease.....Part affected.....

Treatment or Exam.....

Report.....

Transfer
orthopedic
Have x Ray right shoulder.

Signed.....W. J. Turner

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

St. Anne's Military HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 10 Mar., 1919

Reg'tal No. 418825 Rank Cpl. Name Robinson Unit ~~D.D.H~~

Bed 2 Ward ~~Div~~

Injury or disease Myalgia Part affected R. Shoulder

~~Treatment~~ or Exam., Please — Defective Vision?

A.F.P. Edgelow, Lieut.

Report Pupils equal, regular & active. Fundi normal. R.V. = 15/15 not improved +.75 N.J. #1. L.V. = 15/15 not improved +.75 N.J. #1. Presbyopia. Glasses recommended.

Signed Geo. Lamb

Capt.

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

Canadian Special Hospital,
Witley Camp, Surrey.
November 15th. 1918.

ML

From:- Officer i/c Syphilis Clinic,
Canadian Special Hospital.

To:- President,
Standing Medical Board, Witley.

ML

418525, Cpl.
ROBINSON, S.L.

The marginally named soldier was treated for syphilis up to Oct. 1917. His Wassermann test was reported negative 15-11-18. He has no open luctic lesions.

He should have his blood test repeated in Canada, but there is no reason for further hospital treatment at the present time.

J Blackburt
Major, C.A.M.C.

P.697-25M.
3989-31-19-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

418525 Pte Robinson S.

Date of Payment.	No of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
10 Nov/17	64	30			5	35	Field	D Dunn	
11 Nov/17	936		2		~~9~~	~~90~~	Brandhill	A.G. Shand	

Refund
p.o.b. 2/17

E
026

Register No. D R 705

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 15326-J-24

Regt'l No. 418525 Name Samuel L Robinson
(Christian Name) (Surname)

Unit 42nd Bn. Rank Cpl. Date of enlistment

Date of casualty 18-3-19 B.P.C. File No. 108972

Was service performed overseas? yes

DEPENDENT

Name Mrs Sarah A Robinson Relationship Widow

Address 306 Old Orchard Ave
Notre Dame De Grace
Montreal Que

Amount of Special Pension Bonus $ 80.00 Abstracted by M L Dunn

Eligible for Gratuity $ 180.00

Less amount of Special Pension Bonus paid $ 80.00

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

Total deductions $ 80.00

Balance due $ 100.00

Cheque No. 9.1899728 Date issued 9-8-20

Clerk J S LeCourt

REMARKS:

Audited by

Date 7/8/20 100.00

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

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

L. L. Job 80137—M. & D. 5683.

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Sarah A. Robinson

Address 306 Old Orchard Ave
Notre Dame de Grace Montreal

Rate ~~25.00~~

JUN 1 1915

$20.00 May 1/16 P.6.973 - 19 5/16 A.S.F.
2 M 14 5/16 ASR

By Whom Assigned Robinson S. L.

Regtl. No. 418525

Rank Pte

Corps 42nd Bn. C.E.F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		R2563	50 -	
Aug.		S3954	25 -	
Sept.		V4508	25 00	
Oct.		W1759	25 00	
Nov.		Z3110	25 -	
Dec.		K6394	25 -	
Jan.	1916	K9122	25 -	
Feb.		L11674	25 -	
March		P15564	25	

CONSOLIDATED ACCOUNT 7

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE JUN 24 1919

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. Sarah A. Robinson

PAYMENTS.

Name of Soldier Robinson, S. L. Pte. 42nd Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				$~~25.00~~ 20.00 May 1/16
April	1916	O 1772	25	
May		W 255	20	20
June		H 3713	20	
July		X 10260	20	
Aug.		Z 12741	20	
Sept.		M 18154	20	
Oct.		M 22935	20	
Nov.		N 27050	20	
Dec.		V 31947	20	
Jan.	1917	~~Y 41661~~	~~20~~	
Feb.		~~Y 47175~~	~~20~~	Y 47175 20-L Cancelled 23 2/17 MIB
March		J 52747	20	20 B
April		J 4812	20	20 M
May		J 11554	20	
June		I 18415	20	20 M'
July		J 25445	20	D
Aug.		J 31862	20	
Sept.		J 39099	20	D
Oct.		C 47805	20	
Nov.		P 52125	20	
Dec.		P 59532	20	
Jan.	1918		675.	
Feb.				
March				
April				
May				
June				
July				

P48811

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE JUN 24 1919

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.				

38391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

23 — 2 / 15.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Sarah Ann Robinson

Address 306 Old Orchard Ave.
N.D.G. Montreal
Que.

Relation to Soldier wife, child or mother: Wife

Name of Soldier: Robinson, Samuel L.

Regtl. No.

Rank: Pte

Corps: 42nd Battn

To what Corps belonging when called out:

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.		J 4143	45	45	
May		J 3320	65	65	A 320 cancelled
June		~~A 320~~	~~20~~	~~20~~	
July					
Aug.		G 15722	15		Pay 15th Aug. c/c overpaid Aug
Sept.		G 17884	20	20	
Oct.		O 12600	20	20	
Nov.		O 11817	20	20	
Dec.		O 13357	20	20	
Jan.	1916	N 20744	20	20	
Feb.		F 29552	20	20	
March		N 27542	20	20	

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

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

Sheet No. 2. Sarah Ann Robinson - Wife - PAYMENTS. Name of Soldier Robinson Samuel L

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	K 3087	20		20
May		Q 4688	20		20
June		U 5846	20		20
July		K 9778	20		20
Aug.		Z 14559	20		20
Sept.		Z 17578	20		20
Oct.		U 20332	20		20
Nov.		G 24065	20		20
Dec.		G 27047	20		20
Jan.	1917	30601	20		20
Feb.		F 33506	20		20
March		G 36733	20		20
April		D 2763	20		20
May		G 6164	20		20
June		G 9399	20		20
July		G 12677	20		m
Aug.		G 16278	20		Bo
Sept.		Z 18689	20		Bo
Oct.		F 22530	20		m
Nov.		N 24665	20		m
Dec.		Q 28076	20		Bo
Jan.	1918		685		
Feb.					
March					
April					
May					
June					
July					

585

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Rank Private Name ROBINSON Samuel L. Reg'l No. A 18525

Unit 42nd BN If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Montreal.P.Q. 23rd March.1915. Place of Birth Churtoh Cheshire.

Name and Address, Next-of-Kin Sergent Robinson, 306,Old Orchard Ave, N.D.G. Montreal Montreal.P.Q. Relationship Wife.

Assigned Pay Monthly $ ~~45.00~~ 20.00. 1/5/16. authy. b.of.h. letter d/3/5/16 P.L.44. Payable to S.A. Robinson 306 Old Orchard Ave Notre Dame de Grace, Montreal Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915 July 1	July 31	31	1.00	31.00	31	.10	3.10		34.10			2.43	25.00		27.43	6.67	
Aug 1	Aug 31	31	1.	31.	31	.10	3.10		34.10			12.16	25.00		37.16	3.61	
Sept 1	Sept 30	30	1.00	30.00	30	.10	3.00		33.00			7.30	25.00		32.30	4.31	
Oct 1	Oct 31	31	1.00	31.00	31	.10	3.10		34.10			5.24	25.00		30.24	8.17	
Nov. 1	Nov. 30	30	1.	30	30	.10	3		33			2.68	25		27.68	13.49	
Dec. 1	31	31	1.	31	31	.10	3.10	10	44.10			16.57	25		41.57	16.02	bl. Ref
Jan 1	31	31	1.	31	31	.10	3.10		34.10			5.23	25		30.23	19.89	
Feb. 1	29	29	1.	29	29	.10	2.90		31.90				25		25	26.79	
Mar 1	31	31	1.	31	31	.10	3.10		34.10			6.99	25		31.99	28.90	
		275			275	.10	31.80		312.80			58.60	225		283.60		

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DATE

BALANCE TRANSFERRED TO NEW LEDGER.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/5/16 1/2/18		EFFECTIVE DATE:-	
AMOUNT:- 20		AMOUNT:-	

NAME:- ROBINSON Samuel L.

NUMBER:- 418525

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 S A Robinson
306 Rue Wordsworth Ave Notre Dame de Grace Montreal P Q

Can Allot

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Can Regr 2 Cbts.
			Ypres Eff Co.

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
~~11.10.18~~	~~757~~	~~60 Rs~~ 12/12/18 ~~Fiela~~	~~11 20~~			Ledge Bal.	84 82
~~29.10.18~~	~~9218~~	~~£2-1-0. Willey~~	~~9 97~~			L P C Bal.	53 92
~~14.11.18~~	~~10014~~	~~£2. " "~~	~~9 73~~				
			30 90				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 1/12/18 Willey left 29/11/18.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bal Fwd.								31 45		
April	8 8	33 00		AR 6398 20/3/18 2 Tacks.	5 35				64 45		
				" 6497 10/4/18 do	8 92				14 14		
				Cas				20 00	30 48		
		33 00			14 27			20 00			
May	do	34 10		AR 2340 12/5 CSBD	7 14						
				Cas				20	37 44		
		34 10			7 14			20			
June	do	33 00		AR 4088 9/6/18 do	6 25						
				Cas				20 00	44 19		
		33			6 25			20			
July	do	34 10		do				20			
				AR 5414 4/7/18 do	10 41						
				" 6644 21/7/18 do	6 25				41 33		
		34 10			16 96			20			
Aug	do	34 10		Cas				20	55 43		
				" 9192 31/8/18 do	10 41				44 42		
		34 10			10 41			20			
Sept.	do	33 00		Cas				20	54 42		
		33						20			
Oct	do	34 10							91 82		
				Cas				20	71 82		
Nov.		33		"				20	84 82		
		67 10						40			
Nov.				Dh AR 7457, 13.10.18, Lab Grp 345.	11 19	✓			73 63		
				DN. AR 10014. 15/11/18 CSD.	9 73.				63 90		
				AR. 4956. 6/12/18. S.P.S.H.Su	4 87				59 03		
				DN. AR. 9218. 30/10/18. Ledge	9 97	✓			49 06		
				AR. 4976. 13/12/18. SCSH.	14 60				34 46		
					50 86						

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P.T.O.

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								34 46		
Feb.				LN. AR. 64. June 1917. 42 Bn							
				ob. 4. 42 Bn. June 1917.	5 23				29 23		
				A 24/2/19.	5 23						
				S.S. Canada 29/12/18							
				B.O.S. 10/1/19. Gen Dep							

Married or Single M

Place of Birth Churton Cheshire

Name and Address of Next of Kin Sergent Robinson
306 Old Orchard Ave. N.D.G. Montreal

Relationship of Next of Kin Wife.

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 418525 Rank Pte Name Robinson Samuel L

If in Permt. Corps What Unit Unit 42nd Bn Transferred to 1st Q.R.D. Date 1/11/17 Authority R.R.

Permanent Force Allowances Transferred to Can Represent. Date 24.4.18 Authority 4-31/18

Place of Attestation Montreal Transferred to Date Authority

Date of Attestation 22 March 1915 Transferred to Date Authority

Assigned Pay Monthly $ ~~25~~ 20 Date Effective reduced 1/6/16. b.P.h. letter 4/3/16 - P.R. 444. a.2.h. forms rendered 1/8/16

Payable to Mrs. S.A. Robinson, 306, Old Orchard ave, Notre Dame de Grace, Montreal Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C.L.

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Mar 31														10 -	12 50																				
April			2 75				27	50																			58 60	225		28 26	0 28 90				
1-30	30	1-	30	-	30	10	3	-							33 -	798	10/4/16	849	26/4/16					262	262			25 -	11	30 24	31 66				
																		939	26/5/16						256										
May 1-31	31	1-	31	-	31	10	3	10							34 10			904							255			20 -		25 11	40 65				
June 1-30	30	1-	30	-	30	10	3	-							33 -			932	10/6/16						255			20 -		22 55	51 10				
July 1-31	31	1	31		31	10	3	10							34 10											262		20 -		20	65 20				
Aug 1-31	31		31		31		3	10							34 10					Can. Emp. Co. 875 28.7 737 27.6 820 15.7 994 do 28/8 927 do 16/8 1202 do 15/10 988 do 14/9					262	255	261		20 -		27 78	71 52				
Sept 1-30	30		30		30		3								33 -											261		20 -		26 10	78 42				
Oct 1-31	31		31		31		3	10							34 10											249		20 -		25 24	84 66				
																										262					87 28				
Nov 1-30	30		30		30		3	10							33 -					1206 3 Crans 1/-				262	10 46	261		20 -		22 61	94 67		-	94 67	
Dec 1-31	31		31		31		3	10							34 10	396	15/-	1450	10/1/17					785	10 46			20 -		38 51	93 46			93 46	
1917			55				55																												
Jan 1-31	31	10	34	10											34 10					3759 31/1						3 48		20		23 48	104 08				
Feb	28		30	80											30 80			1600	9/2	604 5/1	7 ch. Y.B.A.C.				523	261		20		27 84	107 04				
																		1758	19/3						2 61										
Mar	31	10	34	10											34 10	1645	21/10	1678	5/3					261	261			20		27 83	113 31				
			704	00										10 00	714 00									13 08	31 19	2782	58 60	470		600	69				

CANADIAN
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JUN 24 1919
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H 18525 V Robinson S.L. a/p 20.00 Q.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917.																																			
MARCH 31.	B/F		704	00										10 00	714 00									13 08	31 19	27 82	58 60	470		600 69	113 31				
April	30	1.10	33	–											33 –													20 –		20 –	126 31				
May	31		34	10											34 10													20		20 –	140 41				
June	30		33	–											33 –													20		20	153 41				
July	31		34	10											34 10							68m 11/7					116 80	20		136 80	50 71				
Aug	31		34	10											34 10						702 4/6 bbs					10 71		20		30 71	54 10				
Sept	30		33	–											33 –													20	65	20 65	66 45				V.D.f. 27/7/17. 1 day K. 528 Barnwell 25/7
			10 530											10	9 1530															8 48					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS			DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER ALLCE. ENG.
Oct		W ~~66 45~~							66 45	Nil.	
	P. Pay	34 10 / 34 10						20 / 20	80 55	Nil	
Nov	P. P	33		N.P.				20			
Dec		34 10		CR 935 20 Res. 15/11/17.		973					
		67 10		N.P. Dec				20 / 40	979		
1918 Jany	P.P.	34 10		C.P. Jan.		973		20			
				Vol. 606 Barnwell 28/7/17 to 30/7/17				1 ~~80~~ W.			
				" 596 Cherrington 31/7/17 to 21/8/17.				19 20 ~~34 10~~ W.			
				" 685 " 1/9/17 to 28/9/17				16 80 ~~18 20~~ W.			
				" 796 " 29/9/17 to 22/10/17				14 40 ~~16 60~~ W.			
				D.N. A.R. 1038 20 Res. 7/12/17		1947			40 35		
		34 10				19 47	52 20	20			
Feby	P.P	30 80		Gas				20			
				D.N. A.R. 1145 14/1/18 2 Res.		4 30					
				" 990 28/1/18 Det B'lead.		14 60 / 21 90		20	29 25 / 34 10		
		30 80							63 35		
Mar	do	34 10		Gas				20	31 60		
				A.R. 62. 6/2/18 2 Cols.		2 68					
				A.R. 6304 6/3/18 do		8 92 / 11 60			31 75		
		34 10				11 60		20			

R-1154 No leave

Montreal

This space to be left blank for the Chelsea Number.

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Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 418525. Army Rank Corporal

Name ROBINSON Samuel Little

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 42nd Bn. o/s. 42nd Bn Gen. Depot

Battalion, Battery, Company, Depôt, &c. Depot Group Witley

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age years months

Height feet inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade

Intended place of residence (To be given as fully as practicable) Montreal P.Q.

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer fit for service abroad (Auth. Med. Board, Bramshott).

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

*Strike out if not applicable.

Wt. W. 13141/283 430,000 3/15 M.&C. Ld.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings ?

Classification for service, or proficiency pay ... ... Class _____

6. Campaigns, Medals and Decorations _____

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

C.A.D.C. 5009-A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

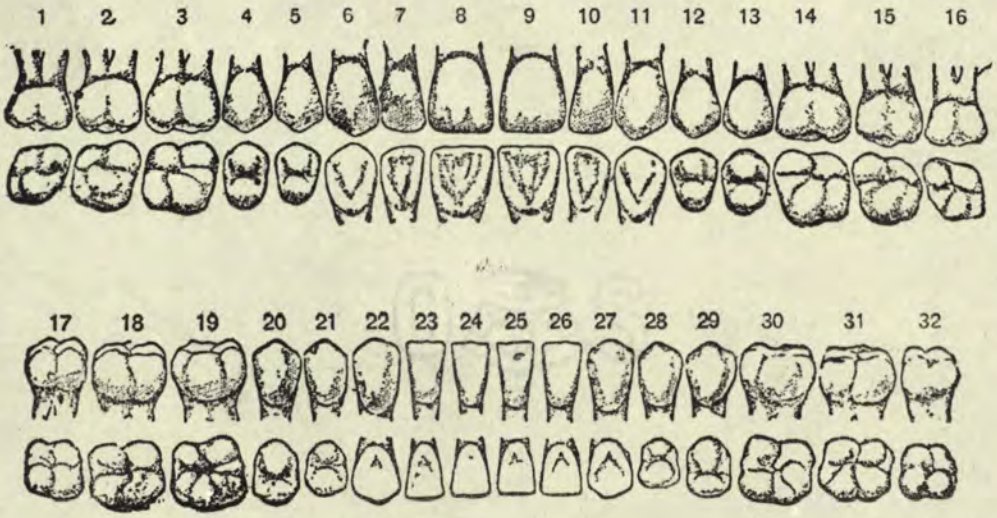
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) ROBINSON. S.L.

REGIMENT 42nd. RANK a/Cpl. No. 418525

Date of Examination in England 4/12/18 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 32.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (*a*) In Canada no
- (*b*) In England yes
- (*c*) In France no

Signature of Dental Officer O. Nave Capt.

24 R 65.

CASE HISTORY SHEET.

Ste. Anne — Hospital. Ste. Anne de Bellevue — Station.

No. 418525 Rank Cpl. Name Robinson S. L. Age 45.

Unit 10. L. H. #4. Completed years of service (Where and how long) C. 3/12 E. 1 yr. 1/12 F. 2 yr. 6/12.

Date of admission 12-1-19. (Jan. 27.) Date of discharge Died 18/3/19

Diagnosis (1.) Myalgia (2.) Atrophy of muscles R. shoulder (3.) Prostatic abscess. Place of origin (1.) & (2.) France. (3.) Indefinite

Condition on Admission and Progress of Case: Complaint: Pain in left Shoulder.

Hist.: At age of 21, ill for three months - in bed a month - because "weakness" - He says "he out-grew his strength." No other serious illness prior to Enlistment.

Enlisted in March, 1915. In France, Oct., 1915. He was given an injection of 606 in June, 1916, & after that pain stopping in shoulder. In July, 1917, he had some ulcers inside his lower lip, which were diagnosed syphilis - Returned to England. Treatment in hospital for 3 months. At that time, ulcers had completely cleared up & he felt fit. Right shoulder began to pain him in Oct., 1916. After leaving hospital in Oct., 1917, his shoulder began to pain him again. He carried on in officer's mess till Jany, 1918, when he was returned to France, in Cdn Ex, in charge of mess. His shoulder became progressively more painful & weak, & in Oct., 1918 he was returned to England. Returned to Canada in Jany, 1919. Now, his shoulder "burns", & motion is limited, & the limb is very weak.

(Cont'd overleaf.)

Family History (Tuberculosis, mental or nervous diseases.) F. d. "old age". M. l. & w. 1 bro. l. & w. 2 sis. l. & w. 1 sis. d. after Operation. Married - W. l., but due to multiple gyn. operations, she is in a very poor state of health. 1 child l. & w. W. has had no miscarriages.

Treatment (Especially any specific or special form.) Massage & Baking of Shoulder. Prostatic massage.

Condition on Discharge, (and disposal made of case.) ~~Improved~~ Dead

Date 18 Mar., '19

A. F. Edgelow, Lieut.
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

Physical Examination:

A rather under-nourished, thin man, of 45 years of age.
Eyes Ears Nose Throat neg. Tongue clean. Teeth poor.
Heart - not enlarged - Rate regular - no murmur heard.
Arteries - palpable. B. P. 180/70
Lungs - Resonant throughout - no râles heard - Breath-sounds distant.
Abdomen neg. Genitals - no scar seen - no urethral discharge.
Extremities: Right shoulder - visible, marked atrophy of muscles about joint. Right shoulder lower than left. Motions of shoulder restricted, due to pain in moving the arm. Tenderness to pressure about joint.
Skin: very dry - Skin of legs scales off.

18 Mar., '19 Died, after one day in hospital on return from a week's leave.

Grenadiers Guards

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

418525

Surname Robinson — Christian Name Samuel S.

Examined on 22 day of March 1915 at Montreal.

Birthplace City or Town Chester County Cheshire England

Apparent age 38 yrs. 11 mos.

Trade or occupation Bricklayer

Height 5 Feet 11 Inches.

Weight 120 Lbs.

Chest measurement Minimum 36 inches. Maximum expansion 2½ inches.

Physical development good

Small-Pox Marks no

Vaccination Marks Arm Right. 2 Left. Number 2

When Vaccinated last 1885

(a) Marks indicating congenital peculiarities or previous disease no

(b) Slight defects but not sufficient to cause rejection no

Approved by A. A. Mackay

Rank Capt M.O.

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

6 OCT 1918

22 OCT. 1918

26 JUL 1917

Date	Result	Vaccinations.	
7/8/15		A A Mackay Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
4/5/15		Sec Inoculation A A Mackay	M.O.
14/5/15		1000 Do A A Mackay	M.O.
25/5/15		1000 Do A A Mackay	M.O.

TAB 16/6/17

Enlisted on MAR 23 1915 day of 191 at Montreal.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	42 Batt. C.E.F	~~418525~~		MAR 23 1915
Transferred to	20th CANADIAN RES. BTN. G.H.Q. Can Rep 2nd Echelon	418525 418525		22/1/18

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Woolley	16/11/18	Atrophy of the muscles about the shoulder (right)	Invalid to Canada. Jas. L. Hammond Capt. C.A.M.C.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname Robinson Christian Name Samuel J.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Queen Mary's Military Hospital, WHALLEY, Lancs.		20	7	17	26	7	17	42. Syphilis	7	Admitted here on 20-7-17 after having reported sick with sore-throat & piles. The pharynx showed extensive mucous patches - condylomata at anus. There is no history of infection. A rash was present some weeks. 21-7-17 seen by Lt. Col. Wright, who recommended him for transfer & special treatment with Canadian Hosp. The man was on Furlough after being gassed.	(signed) J. B. H. Hlroyd Lt. R.A.M.C.
Barnwell Mil. Hosp. Cambridge	26	7	17	30	7	17	Syphilis	4.	Transferred to Cherryhinton Hosp Cambridge	D Morrison Captain
CHERRYHINTON MILITARY HOSPITAL CAMBRIDGE	30	7	17	22	10	17	S A 42	84	606 & 4 G Cream Injections as recorded on A 7 2 1238.	[illegible] Capt Dane
№ 12 CAN. GENERAL HOSPITAL.	29	11	18	2	12	18.	Atrophy muscles Rt Shoulder	4	Transferred to Kirkdale	[illegible] Capt Came
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	2 DEC 1918			29 DEC 1918			do		Invalided to Canada	[illegible] Capt
Wm A. Ausgraya	29	12	18	10	1	19	do		Condition Unchanged	[illegible] Capt
Ste. Anne de Bellevue, P.Q.	12/1/19	12/1/19		18/3/19			(1.) Atrophy muscles Rt Shoulder (2.) Myalgia (3.) Prostatic abscess. (4.) N.Y.D.		Admitted with paint limitation of movement of Rt. Shoulder. Prostatic abscess. Baking, massage + Prostatic massage. Died 19/3/19 24 hrs. after a week's leave at home. Provisional diag. "Suspected meningitis"	A.T.S. Edgelow Capt.

P.878. Extract D.O. No. 69. Unit.- 2nd - Date:-

Reg.	Rank	Name	
418525	Cpl.	ROBINSON. S. L. Canada	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. No. 24 29-12-18. Acted on X-13P Ledger Ck.

X—413b.

C.R. No. P./R.L. Date

CONFIRMATION OF CABLE.

Received by (PAYCANEX) London

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 48525 Rank Gnr Surname ROBINSON Christian Name SAMUEL LITTLER

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

Born at—Town CHESTER County or Province CHESHIRE Country ENGLAND

Date of Birth—Day 8 Month APRIL Year 1873 Age 45 yrs. 7 months.

Joined at MONTREAL QUE CANADA Date 23-2-1915

Former trade or occupation BRICKLAYER

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

Height—feet 5 inches 10½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) S. L. Robinson

Medical Report

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

1. DISABILITY.

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

Disabilities Group (*a*) Myalgia

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Exposure and Infection	France (Ypres)	Aug. 1916
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

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

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

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

(*i.*) As to Group (*a*) above ? Yes

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

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

PART I. (*continued*).

5. MEDICAL HISTORY.

Enlisted Montreal Oct 28th 1915. Came to England June 19th 1915 went to France Oct 8th 1915. Soldiers Statement says that right shoulder began to pain him in Aug 1916 at Ypres but carried on until Oct 8th 1918 when it forced him to give up. Went to Base at Etaples & was home 23 days leave in France. Returned to England Oct 15th 1918 while on leave July 1919 reported at the Hospital at Whalley Range. Sent with 10 days mount. Diagnosed V.D.S 10 days then. Then to Cherry Hinton 11 weeks then to Depot Bramshott returned to France Jan 1918.

6. PRESENT CONDITION.

Eyesight normal
Hearing normal
Digestive System normal
Circulatory Heart normal, arteries slightly sclerosed
Respiratory normal
Muscular & Skeletal Pain & loss of power in right shoulder, no abnormality on examination.

Specialist Report V.D.S.
Has no open lesions. Should have blood test in Canada no need for Hospital treatment at the present time.

7. OPERATION. (*i.*) Was one performed? No (*ii.*) If so, state what. —

(*iii.*) Was one advised and declined? No

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

8. (*i.*) Is there loss or decay of teeth attributable to Active Service? Yes

(*ii.*) If so, describe. 2 lower molars 3 upper molars

9. DO YOU RECOMMEND:—

(*a*) Fit for duty? (*state category*) B1

(*b*) Invalid to Canada?

(*c*) Discharge from the Service as permanently unfit?

Date of Report Nov 16th 1918.

Station Witley

Signed C. J. Hassan Major Officer in medical charge of case

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Geo. F. L. Fuller Capt. Officer i/c Hospital / S.M.O. Brigade — Strike out one of these

Dated at Camp Witley Station, on 16-11 1918.

*Delete if inapplicable.

PART II.

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

10. Is the diasbility fully described in Part I. (1)? No
If not, describe it. ~~Deformity~~ atrophy of the muscles about the right shoulder.

11. Is the cause of the disability fully described in Part I. (2)? No
If not, describe it.
Unknown see # 18

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

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

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

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No
(ii.) If not permanent, what is its probable minimum duration *(in months)*? Three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N.A.

17. Can the former trade or occupation be resumed? No

18. REMARKS:—
He states his trouble began June 1916 when he was near a exploding shell. He was not knocked out. He did not go sick with it. Since that time he has had pain ~~and~~ about the shoulder and an increasing weakness of the upper arm. The infraspinatus and the trapezius are atrophic. The supraspinatus is hypertrophic

19. RECOMMENDATION:—
(a) Fit for duty? (state category) ~~B1~~ No fit.
(b) Invalid to Canada? Yes
(c) Discharge from Service as permanently unfit? No

Date of Board 16/11/18

Signatures of the Board { Edward Cave, President. / Jas. L. Hammond Capt. Cave }

Station Witley

Approved [signature] A.D.M.S.

Dated at ..... MAJOR. Station 191

D.A.D.M.S. CANADIAN TROOPS, WITLEY.

A.D.M.S. CANADIAN TROOPS
16 NOV 1918
WITLEY, SURREY.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

.....

.....

.....

Signature of Soldier examined.

Instructions to Medical Officers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENTRIES OF RECATEGORIZATION

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

Date of Enlistment 23/2/15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

05490

Date of Assignment May 1-16

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.C 3257	30.00 1.9.18 P.C 2753 MO 26683	

RATE OF ASSIGNMENT

20			

R

PARTICULARS OF SEPARATION ALLOWANCE

No. 418525

Rank Pte Promoted Reverted Discharge

Soldier's Name S. L. Robinson

Battalion 42nd Batt

Beneficiary Mrs. Sarah Am Robinson

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Sarah. A. Robinson

Address 306 Old Orchard Ave Notre Dame de Grace Montreal Que.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		685	675	1360	
Jan/18	Y 69081	30	20	50	
Feb.	F 68409	25	20	45	
Mch.	R 94100	25	20	45	✓
Apr.	R 11926	25	20	45	✓
May	V 14493	25	20	45	✓
June	S 25319	25	20	45	S2
July	7 26506	25	20	45	S2
Aug.	S 39762	25	20	45	5
Sept.	M 50883	25	20	45	S2
Oct	H 54658	25	20	45	S2
Nov	W 60039	25	20	45	
Dec	H 66723	45	20	65	✓
Jan	E 75016	30	20	50	
		1040	935	1975	

REMARKS

015498 S11

$25 = fr. 1/5 to 30/4/16

M.F.W. 2554 Rmd. 31-7-18. OK 22/11/18

Alt. M.R.O.P. 20061 showing Reg No. issued 14/11/18 M. T. Graham

CANADIAN ASSIGNED PAY AUDITOR

AUDIT CLERK

DATE JUN 24 1919

A/c Closed 31-1-19

Ret'd per Aragnard

Date 10-1-19 M.F.W.187 14-1-19

M.R.O.P. 49337 Destroy M. Gordon

O.K. Jac 15/1/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 1668.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—1772-39-141
L. L. 22330—M. & D. 7693.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 418525 RANK Pte NAME (IN FULL) Robinson, Samuel, T. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? YES — DATE EFFECTIVE 1/2/19

TO WHOM PAID Mrs. Sarah A. Robinson — RELATIONSHIP

ADDRESS 306 Old Orchard Ave, Notre Dame de Grace, Montreal, P.Q.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T. O. S.	29/12/18	D.O. 15/2

ORIGINAL UNIT C.E.F. 42nd Bn. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 20.00 — DATE EFFECTIVE 1/2/19

PAYABLE TO Mrs. Sarah A. Robinson — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 306 Old Orchard Ave, N. D. de Grace, Montreal P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 18/3/19 — REASON Deceased — AUTHORITY D.O.4.19.R.315 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
30/11/18 Balance from previous account																																					
JAN. 1/2/18-31/1/19	62	1.10	68	20	12	00			80	20																			60	55	60	55			19	65	Leave W/S 13/1/19-27/1/19 D.O.15 Dr. Adj. 12.00
FEB. 1.28	28	1.10	30	80			30	00	60	80	26-2-19						15	00					20	00					30	00	35	00			15	45	
Mch 1-31	31	1.10	34	10					34	10													20												29	55	
					Ad		30		30														30						50	00							
April							50	00	50	00													50	00					50	00	29	55	.45		29	55	50.00 ap. x S/A for March charged but not paid ck 108
			Other Credits		W. S. C. S. A.		Total		255	10							War Service Gratuity								Other Charges		W. S. G. S. A.		Total				Balance Soldier Dependant			

No War Service Gratuity — Man Died while still on strength

1 88

Debit $1.88 Classified
File 015498-S-11
B.Weld
Dec. 12-1-21.

MAR 24 1919

60m.-11-18. L. L. 51777. M. & D. 9885.

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

1814
30/7/17

Army Form I. 1238.

SYPHILIS CASE-SHEET.

(1 copy)

Regtl. No. 418525 Rank and Name Sgt Robinson S. L. Corps 42nd Canadians

Placed on Syphilis Register at CHERRYHINTON MILITARY HOSPITAL CAMBRIDGE on 7.8.17 No. in Register (2) P 30/39

Disease contracted at ? . Primary sore appeared on (date)

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site No sign of sore

Lymphatic glands Glands nil

Skin (nature and distribution of rash) Rash nil

Mucous membranes Throat nil. Left Tonsil enlarged. Remains of condylomata on both sides of anus

Other symptoms

Complains of soreness of mouth & throat.

Examination of exudate from sore—Spirochaeta Pallida (present or absent) ——

Examination of blood serum— Method employed (original or modification) ——

Wassermann reaction { Result (positive ~~or negative~~) ++ 2.8.17

Station CHERRYHINTON MILITARY HOSPITAL CAMBRIDGE Date 7.8.17. Signature of M.O. [illegible] Capt RAMC

Struck off Syphilis Register at on

Cause of being struck off Register { (a) Recovered / (b) Transferred to Army Reserve / (c) Discharged from Army }

Station Date Signature of M.O.

(9 38 38) W 1624—1106 100,000 5/15 H W V(R) Forms I. 1238 8

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine: Normal (N.) Albumen (Alb.)	Wassermann Reaction: Method {Original (O.) Modification (M.)}	Wassermann Reaction: Result {Positive (+) Negative (—)}	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Neo-Salvarsan	Treatment: Mercurial: Intramuscular injection. Dose of Metallic Mercury in grains.	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
	30.7.17	Admitted		(N)								Lieut Colonel Capt Rlwe
	7.8.17							1 Gr% Hg. Cream.				
	8 "						·2	inj. Galyl. gm.				
	14 "							1 Gr% Hg. Cream.				
	15 "						·4	inj. Galyl. gm.				
	21 "							1 Gr% Hg. Cream.				
	22 "						·4	inj. Galyl. gm.				
	28 "							1 Gr% Hg. Cream.				
	29 "						·4	inj. Galyl. gm.				
	31 "							1 Gr% Hg. Cream.				
	4.9.17							1 Gr% Hg. Cream.				
	5 "						·4	inj. Galyl. gm.				
	11 "							1 Gr% Hg. Cream.				
	12 "						·4	inj. Galyl. gm.				
	14 "							1 Gr% Hg. Cream.				
	13.9.17	WASSERMANN REACTION RESULT.				++						
	15.9.17								K.I. GNV			
	28.9.17							1 Gr% Hg. Cream.				

4.9.17			1 Gr% Hg. Cream.		DOW
5 .		.4	inj. Galyl. gm.		DOW
11 .			1 Gr% Hg. Cream.		DOW
12 .		.4	inj. Galyl. gm.		DOW
14 .			1 Gr% Hg. Cream.		DOW
13.9.17	WASSERMANN REACTION RESULT.		++		DOW
15.9.17				K.I. GNV	DOW
28.9.17			1 Gr% Hg. Cream.		DOW
27.9.17	WASSERMANN REACTION RESULT.		++		DOW
	Course II				
3.10.17		.4	inj. Galyl. gm.		DOW
5 .			1 Gr% Hg. Cream.		DOW
10 .		.4	inj. Galyl. gm.		DOW
12 .			1 Gr% Hg. Cream.		DOW
17 .		.4	inj. Galyl. gm.		DOW
18.10.17	WASSERMANN REACTION RESULT.		++		DOW
22.10.17	Discharged from Hospital				
	Blood test due end January 1918				DOW
20.10.17	To undergo a course of Chronic Mercurial Treatment of Gm 1 weekly — 12 injections				

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine	Wassermann Reaction		Treatment					Signature of M.O. (Each M.O. will sign his name in full on the first occasion ; subsequent entries may be initialled)
							Arsenical		Mercurial		Other Methods	
							Intravenous Injection. Dose in grammes					
				Normal (N.) Albumen (Alb.)	Method {Original (O.) Modification (M.)}	Result {Positive (+) Negative (—)}	Salvarsan	Neo-Salvarsan	Intramuscular injection. Dose of Metallic Mercury in grains	Inunctions or Oral (Preparation and dose)		

Regt

Place

Disea

Prim

Lym

Skin

Muco

Othe

Exam

Exam

Exam

Stati

Struc

Caus

Stati

(9 38 3