1442

ORIGINAL.

Unit ~~207th Battalion~~ *Rank* Lieut. *Name* ~~Ruggles Bernard Pritchard~~

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

M

1. (*a*) What is your Surname ?.....Pritchard.....

(*b*) What are your Christian Names ?.....Ruggles.....Bernard.....

2. (*a*) Where were you born ? (State place and country).....North Wakefield, Quebec, Can.

(*b*) What is your present address ?.....424 Lisgar St., Ottawa Apt. #3.

3. What is the date of your birth ?.....September 8th 1896.....

4. What is (*a*) the name of your next-of-kin ?.....Dr. James Pritchard.....

(*b*) the address of your next-of-kin ?.....North Wakefield, Quebec.....

(*c*) the relationship of your next-of-kin ?.....Father.....

5. What is your profession or occupation ?.....Student.....

6. What is your religion ?.....Methodist.....

7. Are you willing to be vaccinated or re-vaccinated and inoculated ?.....Yes.....

8. To what Unit of the Active Militia do you belong ?.....43rd D. C. O. R.....

9. State particulars of any former Military Service.....O.T.C. Toronto University.

10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE ?.....Yes.....

The undersigned hereby declares that the above answers made by him to the above questions are true.

R. B. Pritchard, ...(*Signature of Officer*)

Taken on strength (place).....Ottawa, Ontario.....

(date).....March 13th 1916.

.....Lt. Col.

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit .....for the **CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

Date..... Dec 14 .....191 6.....

Place..... Ottawa Ont. .....

J. J. Daneby .....

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51

100m.—4-16.
H. Q. 1772. 39-917

R.P.D. 9/4/16 H.K.

Place .....

Date .....

Number..... Rank LIEUT

Surname PRITCHARD

Christian Name RUGGLES BERNARD

Unit..... Theatre of War FRANCE

Date of Service 31. 5. 17 6 12 17 7 12 18

Remarks.....

Latest Address APT. 3. 424 Lisgar St. Ottawa

Ont

2nd Bn

Roll No. B Page 456 7

[redacted] 183124 Rec'd

JUL 26 1921

Reg. No. ~ Name Pritchards Ruggles

Rank Lieut Corps 207 Bn Age 20 Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Highland Field Amherst	30-4-17	Injury to Knee C
Disto Duty	17-5-17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

Form R. 149.

Name PRITCHARD *Rank* LIEUT. *Reg. No.*

Unit Ruggles Bernard. 2nd Bn.

Next of Kin Canada.

1918 Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-8	Reported Base (KI	623)		1057	10766	13/8
	WOUNDED.					
11-8	8 Gen Hos Rouen (100)	GSW R Hand R Knee Slt		1060		
14-8	Horton War Hos Epsom	24009	—	1060		NSM 21
	Ex AS.					
7-9	C. Conv. Hos. Matlock Bath	7001	GSW. Hand L	1084		
19.9	Discharged 7003			1094		

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

NAME Pritchard, Ruggles Bernard

REGT'L No.

H.Q. FILE No. 649.

RANK AND CORPS Lieut. 2nd. Bn. form 20 7th Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
N.O.K.	*	Dr. James Pritchard (father) North Wakefield P.Q.
3-8		
0766	13-8-18	Rept. wdd. Aug. 9th 1918
H.L. 1060	15-8-18	
W S.M.		Adm. to Cty of Lon. War. Hosp
5%	28.8.18	Epsom Aug 14/18 G.S.W. rt
H.L. 1060	15-8-18	hand rt knee slight.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1057	Rept. from Base	9-8-18.	Wounded.
10608	8 Gen. Rouen	11-8-18.	Lgsw R. Hand. R. Knee.
1184	C. C. Off. Matlock Bath	7-9-18.	" L. Hand. Slt.
1094	Disch.	19-9-18	" " "

No. 2 46052 Rank ~~Sergt.~~ Lieut - Name Pritchard R. B.

T. O. S. 14-3-16
D.O. 12 of 15-3-16

Unit 207th. Battalion C.E.A.

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 14	1916 Mar. 31	✓		
	Apr	〃		
	May	〃		
	June	〃		
	July	〃	Lieut: 20-6-16	July pay list:
	Aug	〃		
	Sept-	〃		
	Oct-	〃		
	Nov	〃		
	Dec	〃		
1917	1917 Jan	〃		
	Feb	〃		
	Mar	〃		
	Apr	〃		

(over)

UNIT SAILED
JUN 2 1917

D. M. S. 1347.

Surname PRITCHARD **Christian Name** R. **Reg. No.**

Rank Lieut. **Unit** 2nd. Batt'n. 6th Res.

MEDICAL BOARD held at Buxton Area **Date** 13-9-18. **Serial No.**

(1) Seaford Area 31-10-18.

Other Medical Boards at **Date** **Serial No.**

(2)

(3)

(4)

(5)

Condition found by Board

SW.rt.Hand perf.rt.Knee perf.flesh.

Disposition Recommended GSW Hand R.

(1) Fit for General service.

Fit H.S. Unfit G.D. & G.S. 1 Month.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at **Date**.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—7025-16.

Surname. Christian Name.

PRITCHARD R. B.

Rank. Unit.

Lieut. 2nd.Batt'n.

Date of admission.

No.8 General Hospital, Rouen. 11-8-18.

Hospital Horton Co.of Lon.Hosp.Epsom 14-8-18.

Canadian Conval.Offs.Hosp.Matlock. 7-9-18

Transferred ..... Hosp.

..... Hosp,

..... Hosp.

..... Hosp.

Reported from Base, Wounded:-9-8-18.
G.S.W.rt.Hand, rt.Knee slt.

Diagnosis.

Later diagnosis. .....

.....

.....

.....

Discharged:-19-9-18.

Disposition. Date.

~~12-8-18~~ ~~1057.~~

~~15-8-18~~ ~~1060~~-2.& 6.

12-9-18 1084-5.

24-9-18 1094-4.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

Remarks.

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

*Name PRITCHARD, Ruggles, Bernard Rank Lieut Regtl. No.

Fyle Depot 2-P-30

Original unit 207 Present unit M. or S. Age 22 Religion Meth Ref. H.Q.

Port, ship and date of arrival Halifax Olympic 14-12-18

Next of kin Mrs Maude Pritchard

Address on leave 577 Bloor St. West Toronto Ont

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Student Date and place of enlistment Mar. 13-16 Ottawa

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S. 5-12-18	Posted to Cas. Coy 17-12-18 granted L & S 17-12-18 to 30-12-18	H.Q. 245
S.O.S. 29-1-19	Auth. 3 M.D. 7-P-108, 1/25-2-19. R.O. 1575	H.Q. 60

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

(over)

Date	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

To be made out in duplicate.

DUPLICATE.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....

207th OTTAWA CARLETON BATTALION

(2) Regimental Number .....

(3) Full Name of Soldier..... Ruggles Bernard Pritchard

.....

(4) Place of Birth..... North Wakefield, Quebec.

.....

(5) Are you married, or not ? ..... No.

(6) If married, state,
(a) Full name of your wife.....

.....

(b) Present Postal Address.....

.....

(7) Are you a widower ? ..... No.

(8) Have you any children ?..... No.

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....Dr. James Pritchard,.....

If so, state name and address .....North Wakefield, Quebec.....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Mrs. Maude Pritchard,.....

.....North Wakefield, Que.....

(11) If your Mother is a widow.....No.....

Are you her sole support, or not ?.....No.....

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

.....

.....

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

.....

.....

.....

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

.....

(15) Are you insured ?.....Yes.....

If so, in what Company ?.....Sun Life Assurance Co.,.....

Have you made arrangements for payment of your Insurance premium.....Yes.....

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

L. MacLean Lt. Col.

.....

Officer Commanding.

Date Dec. 1st 1916.

CONFIDENTIAL.

Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station C.C.O.H. Matlock Bath, Derbys.

Date 13-9-18.

1. Rank and Name LIEUT. PRITCHARD; RUGGLES,

2. Unit. 2nd Bn. E.O.R.D. Seaford, Sussex.

3. Age 21 4. Total Service 30 Mos. War Service { (a) at home 15 Mos. (b) abroad France 8 Mos.

5. Address 6th Reserve Bn. Seaford. Sussex.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability S.W. HAND R. (PERF). KNEE R. (PERF. FLESH).

7. Date of origin of disability 9-8-18.

8. Place of origin of disability France.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

T. &. T. wound outer side of hand R. superficial wound external surface Knee R. Evacuated to Horton War Hospital, 13-8-18. To C.C.O.H., 6-9-18. Wounds healed.

I concur in the findings of the Board of Medical Officers here recorded.

Lt. Col. A.D.M.S. Invaliding for D.M.S. Canadian Contingent.

OPINION OF THE MEDICAL BOARD.

NOTES.-(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (*a*) before entering the service ? No.

(*b*) in the service ? Yes.

11. Was it attributable to military service ? Yes.

If so, to what specific military conditions is it attributed ? shrapnel wounds.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? N.A.

If so, by what specific military conditions ? N.A.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? No.

[P.T.O.

14. What is the officer's present condition ? Wounds are now healed and present no aulitary disability. His heart and lungs are normal. The board considers him again fit for General Service.

15. To what degree is the officer disabled at the present time ? ----------

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? No.

17. If not permanent, how soon is re-examination recommended ? ----- months.

18. Is it necessary that the officer should be re-examined by the same Board ? No.

19. What treatment is the officer receiving, and where, and from whom ? Baths, & Massage, at Canadian Convalescent Officers' Hospital, Matlock Bath, Derbys.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? No

21. Does the officer require the constant attendance of another person ? No

22 Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service — Yes.

B.—Fit for service in a garrison or labour unit abroad — N.A.

C.—Fit for home service :—

(i) Active duty with troops — N.A.

(ii) Sedentary employment only — N.A.

D.—For admission to a command depot — N.A.

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital — N.A.

(ii) In an officers' hospital — N.A.

F.—Permanently unfit for any further military service — N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ? — N.A.

W.J.McAlister, Major, C.A.M.C. President.

E.C.Whitehouse, Capt. C.A.M.C.

D.P.Hanington, Capt. C.A.M.C. } Members.

"C".

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

Original

MEDICAL HISTORY SHEET.

Surname Pritchard, *Christian Name* Ruggles,

Examined { on 13th day of March, 1916
at Ottawa, Ont, Can,

Birthplace { City or Town North, Wakefield,
County Wright, County, P, Q,

Apparent age 19.

Trade or occupation Student,

Height 5 Feet 6 Inches.

Weight 170, Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 41 inches.

Physical development Good,

Small-Pox Marks No,

Vaccination Marks { Arm Right. Left. x
Number One,

When Vaccinated last 1903,

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by Andrew P Davies

Rank Capt M.O.

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

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 13th *day of* March, *1916 at* Ottawa, Ont, Can,

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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.

Army Form B. 103. Sheet Two Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps E.O.R.D.

Rank Lieut. Surname PRITCHARD Christian Name RUGGLES BERNARD

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

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

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

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

or Corps Trade and Rate.....

.....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
5.12.18	E.O.R.D.	TOS from 6th Res pending RTC	Witley	29.11.18	DO 301
7.1.19	—	S.O.S. to Canada	—	3.12.18	D.O. 1
		J H Pearse		Lieut. for OC	O.C. Records E.O.R.D.
T.O.S. 5-12-18	#3 D.P.	Posted to Cas Coy.	Kingston	17-12-18	H.Q. 245
S.O.S. 29-1-19		with 3 MD. 7-P-108 d/25-2-19			
		R.O. 1575			H.Q. 60
		S.O.S. 31.12.18 Capt. Ore Cum Hrs. 1.6.23 Misc 1927 May 9.4.26			

J. H. Lyle Lt. & A/Adjt. No. 3 District Depot

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

W (Mag) 3 Div. Sup. Coln. CAC 1.6.33 Sec 18.12.36 Capt. 1 C.T. Amn. Cos 1.4.37 Bm 8 Inf Bde 15.10.38

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Medical Documents Forwarded to ~~S.C.R.~~ or B.P.C. on Date MAR 10 1919			

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Maude Pritchard

Address c/o Jas Pritchard
North Wakefield Que

By Whom Assigned Pritchard Ruggles B

Regtl. No.

Rank Sister

Corps 207th Bn

Rate 25c

JUN 1 1917

PAYMENTS

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

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2 Maude Pritchard (Assignee)

Name of Soldier Pritchard Ruggles B
70 / Bn Fieyt

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	25.00	Remarks. JUN 1 1917
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June		O 19839	25		
July		S 25016	25		
Aug.		I 31825	25		
Sept.		M 40738	25		
Oct.		F 45157	25		
Nov.		N 52063	25		
Dec.		R 61179	25		
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Rank Name Reg'l No.

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

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

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						

L.P.C. to 31st May 1917.

JUNE & JULY CHARGED JULY.

22

Not charged
N/R effective June 1/17.

Assignment as at
June 1st 1917.

Pritchard, R. B.. Lieut. 207th Battalion. 25 ✓

Mrs. M. Pritchard,
c/o Dr. J. Pritchard,
North Wakefield,
P.Q.

$ 25

Payment Stopped
A. 3 M Form

Rtd to Canada
1 December 1918

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.

Lieut Name Pritchard, Ruggles Bernard

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No.

Unit 207 Bn

Date of enlistment EOR

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin North Wakefield, Que.

Date and place discharged Trans to C E F

Reason for discharge MD 3

Character on discharge

OLYMPIC DEC 7 1918 DEC 14 1918 Pub Exp

1 L. P. C. Mar 30 11/18

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

L. P. C. No.

M. F. W. 41
10M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

FORM P. 15
5986--25M--19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF | DATE | AUTHORITY | **RANK.** | DATE | AUTHORITY | **NAME.**

Beneficiary
Address Canada.

Amount. $25.00 xx from 1 6/17 ✓
Separation Allowance issued. Yes or No.....

7 Res. Bn. (207 Bn.) ✓

Pay 2.00
Fd .60
Mssg 1.00
53.60

Lieut. | 10 6/17 ✓ | Gfd. 2663, 11 6/17 From Canada

Name Pritchard ✓
Initials R. B.
Bank Lloyds Bank Seaford ✓

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
June 23	R.F.A. 1-30 6/17 Mess p. 10 6/17 (TOR. Mn. 149) Vo. 9295	99						
	Bank	9150		62 10		36 90		
July 11	Dr. bal. p. Can. 31 5/17 Vo. 186 Canada			11 90				
18	AP Can (June + July)				50			
19	Pay R		111 60					
23	Bank	13941		86 60		—		
Aug 16	AP Can				25			
21	Pay R		111 60					
	Bank	17012		86 60		—		
31	Rations Y. 31 7/17	4162					£1.13.4 ✓	
Sept 14	AP Canada				25 -			
18	Pay R.		108 -					
20	" Bank	21921		83 -				
28	Rations 1-31 8/17	5673					£2.1.4.	
Oct 5	Do 11 dys 6/17	5439					14/8.	
12	AP Canada				25 -			
15	Rations 1-11 9/17	6698					14/8	
16	Pay R		111 60					
18	Rations 18 30 9/17	7073					17/4	
20	" Bank	26080		86 60				
Nov 14	AP Canada				25			
17	Pay R		108 -					
20	Bank			83				
Dec 10	AP Canada				25			
12	Pay R		111 60	86 60				
14	" Bank	34444		XXX 60				

Cwd Fwd

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary

Address Canada

Amount. $ 25.00

Separation Allowance issued. Yes or No.....

7 Res Bn

Lieut

Name Pritchard

Initials R B

Bank Lloyds Bank Seaford

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Brt Fwd							
Jan 10	AP Canada				25.			
11.	Ord Iss on Repayt 7 12/17 1 pr Boots £1.15.4 Cash	37039		8 60				
16	Pay R		111 60					
21	" Bank	39268		78 –				
Feb 11	AP Canada				25.			
14.	Pay R		100 80					
20	" Bank	40785		75 80				
21	Rations 1-31 10/17	9211					£2-1-4.	
Mch 12	AP Canada				25.			
18	Pay R		111 60					
21	Bank	42457		86 60				

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE AUTHORITY | NAME. 22

Beneficiary
Address Canada
Amount. $ 25.00
Separation Allowance issued. Yes or No.....

UNIT: 7 Rse Bn / 2 Bn

Pay 2.00
F.A. ~~1.60~~ 1.11
Messing 1.00
~~$3.60~~
4.11

RANK: Lieut

DATE AUTHORITY: 10/6/17 Hfd 2663 11/6/17 Fr Canada

Name Pritchard
Initials RB
Bank Lloyds Bank Seaford

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 12	A P Canada				25			
18	Pay R		108					
23		Bank 0972		83				
May 9	A P Canada				25			
15	Pay R		111 60					
22		Bank 2481		86 60				
Jun 12	A P Canada				25			
18	Pay R		108					
21		Bank 4064		83				
22	June P & A	Bank 4064		83			Dr 83	
July 16.	a. P. Can.				25.			
16	Issue on Repay. France. 20/6/18. V. Goods. £4-2-6. Bank. 4809.			20 06.				
17	Pay R.		111 60.				Dr 16 46	
Aug 12 ~~22~~	a. P. can.	Bank.			25			
C 16	Pay R		111 60.					
22.		Bank 6949		70 14				
Sept. 17	a. P. Canada.				25			
17	Pay R.		108.					
24		Bank 8959.		83				
Oct 15	A P Can.				25			
16	Pay R		111 60					
25		Bank 10689		86 60				
31	add Outfit Allce		100					
		Bank 11033		100				
Nov. 18	Adv. Nov. P. & A. £10	Bank 11675		48 67				
20	Bal. Nov. P. & A.	Bank 12014		66 33			115 00	

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	~~DATE~~ Dress.	AUTHORITY	NAME.
Beneficiary	2. Bn.	Pay 2.00	Lieut.	10/6/17	Sfd-2663 11/6/17 fr. Canada.	Name Pritchard
Address Canada		F.A. 1.00				Initials R. B.
		Messing 1.00				Bank Lloyds Bank Seaford
Amount. $ 25.00						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Nov. 22	A. P. Can. Bgt Ford				25	115	Retro to Can	
25	Pay R + E. F.A. fr 12-9-18		140				L. A. Ctr 30/11/18	
							Fr to N.E. Ledger	
							Transf. from Ledger 21 to Ledger 12	8/1/1919

S PRITCHARD

Ruggles Bernard Lieut. 207th Bn.

O. H. M. S.

Officer ~~REGIMENTAL~~ DOCUMENTS

REGT. No. 246052 UNIT

NON-EFFECTIVE BY (2) Demob 31/12/18 CATEGORY

M.D. #3 H.Q. File. 602/16/140

(1) Promoted to Lieut in 207th Bn

1st Enl. 2nd Enl.

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Dos SF 10 1
M.F.W. 67 1
M.F.W. 2562 1

M. F. B. 279 2

850M-5-18
H. Q. 1772-39-67

8168

Ret 8.1.20

2
1-11
1-11

207 TH BATT.

Duplicate

ATTESTATION PAPER.

No. 246052

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?	Prichard, Ruggles, Ruggles, Pritchard,
2. In what Town, Township or Parish, and in what Country were you born?	Ruggles, North, Wakefield, P.Q.,
3. What is the name of your next-of kin?	Dr, J, Pritchard,
4. What is the address of your next-of-kin?	North, Wakefield, P.Q.,
5. What is the date of your birth?	Sept, 8th, 1895,
6. What is your Trade or Calling?	Student,
7. Are you married?	No,
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? If so, state particulars of former Service.	No,
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,

R. B. Pritchard (Signature of Man.)

Robt-Webster (Signature of Witness.)

S. M. C. 60/36 Hm 6.6.7.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ruggles Pritchard, 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.

R. B. Pritchard (Signature of Recruit)

Date March, 15th, 191 6 Robt-Webster (Signature of Witness)

S. M. C. 60/36 Hm 6.6.7.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ruggles Pritchard, 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.

R. B. Pritchard (Signature of Recruit)

Date March, 15th, 191 6. R. A. Oesbritt Lieut. (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 Ottawa, Ont, Can, this 15th, day of March, 191 6.

Burdett Cunningham Lt. (Signature of Justice)

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

H. Cruikshank (Approving Officer)

Adjutant
207th. Ottawa Carleton Battalion

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

Description of ..... on Enlistment.

Apparent Age 19 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 6 ins.

Chest measurement: Girth when fully expanded ..... 41 ins.
Range of expansion ..... 5 ins.

Complexion ..... fair

Eyes ..... blue

Hair ..... light Brown

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

Scars,
One small on eye,
One centre of chin,

Moles,
One right elbow (front)
Scars on back
Vacc,
One left (1903)

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 h'm* fit for the Canadian Over-Seas Expeditionary Force.

Date March 14 1916. Andrew R Davis Capt
Medical Officer.

Place Ottawa

*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.

Ruggles B. Pritchard .....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.

H.T. Coghlin (Signature of Officer)
Capt. & Adjutant
for O.C. 207th Battalion.

Date March 14th 1916.

1132
22-2-41

This space to be for numbers.

Proceedings on Discharge.

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

No.	246052.
Rank	Sergeant.
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Ruggles B. Pritchard.
Corps (Squadron, Battery or Company)	No. 1 Co., 207th Battalion.
Date of Discharge	19th June, 1916.
Place of Discharge	Rockcliffe Camp.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	20 years = months.
Height	5 feet 6 inches.
Complexion	Fair.
Eyes	Blue.
Hair	Light Brown.
Trade	Student.
Intended place of residence (To be given as fully as practicable.)	Ottawa.

Descriptive Marks

One small scar over right eye.
One centre right shin.
One mole right elbow, front.
One left Vaccination, 1903.

2. The above-named man is discharged in consequence of having been promoted to rank of Lieutenant in 207th Battalion.

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

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

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

VERY GOOD.

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

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

Mining Engineer.

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Cancelled G.R.O. 1111/16

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

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

NONE.

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

6. Medals and Decorations.....

NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)....Rockcliffe Camp.....

H J Coghill Major & Adjutant.

(Date)....26th July, 1916..... For O. *Commanding* ....207th Battalion.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....*(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 on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place).....

(Signature) .....

(Date) .....

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.)

(OVER)

JM

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the officer to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
5. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
6. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
7. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases printed in the order in which they appear in the Annual Report on the Health of the Army," published in London, (1915), by Messrs. Harrison & Sons.

STATION Kingston, Ont. DATE 16-12-18.

1. (*a*) Unit #3 District Depot. (*b*) Rank Lieut.

   (*c*) Surname PRITCHARD (*d*) Christian name RUGGLES BERNARD.

2. Age last birthday 22 Date of birth Sept. 8, 1896

3. Date of appointment to the C.E.F. (for officers of the C.E.F.) June 20th, 1916

   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) June 20/1916

4. Personal description:

   (*a*) Height 5' 6" (*b*) Weight (stripped) 146

   (*c*) Complexion fair (*d*) Colour of hair brown

   (*e*) Colour of eyes grey (*f*) Scars or tattoo marks scar below rt. knee and on rt. hand.

5. Address after retirement (for use of the Board of Pension Commissioners) 577 Bloor St. West, Toronto.

6. Former trade or occupation student.

7. Service (The information should be secured from personal documents, but if documents are not available the officer's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted.)	YEARS	DAYS
	PERIODS	
	From	To
207 Batt'n (canada).	March 13/16	June 7/17
7th Can. Reserve Batt'n	June 7/17	July 11/17
156 Batt'n (England)	July 11/17	Nov. 20/17
6th Res. Batt'n (England)	Nov. 20/17.	Dec. 5/17
2nd Batt'n (France)	Dec. 5/17.	Aug. 9/18
6th Reserve (England)	Aug. 9/18	Dec. 7/18
#3 District Depot	Dec. 7/18	to date.

8. Original disease or injury Gassed 10th Feb. 1918 (2) S.W. rt. hand and rt. knee Aug. 9th, 1918.

   (*a*) Date of origin (1) Feb. 10/18 (2) Aug. 9/18 (*b*) Place of origin (1) Loos, France (2) Rouvroy, France.

   (*c*) Cause Sequalae following wounds and gassing in France.

   (*d*) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter. (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.)

   1. Weakness slight (2) No loss of organs. (3) Rest would improve.

M. F. B. 380.
100M—5-18.
1772-39-274.

OPINION OF THE MEDICAL BOARD—*(Continued)*

21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Category C 3.
Disability due to Service.

Before signing the President of the Medical Board will read the statement signed by the officer, and differing opinions regarding sections 8, 9 and 10 only as recorded in section 18 to the officer, and if no change is indicated will initial the statement. If as a result of differing opinions regarding sections 8, 9 and 10 only recorded in section 18 the officer is dissatisfied with statement previously made, remarks of the Medical Board will be added here.

W Mayhew Major A.M.C. *President.*
E Kidd Lt-Col
Members

PLACE Kingston, Ont.

DATE 23-12-18

APPROVED BY

D.L. Mundell Major, A.M.C.
For D/ A.D.M.S. Mil. District No.3
For A.D.M.S. Mil. District No.3

Assistant Director of Medical Services.

DATE FEB 6 1919

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE.....
Members
DATE.....

9. Present condition (*a*) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10. (Describe all abnormalities, anatomical and functional contributing to present disability. Objective findings to be stated first then subjective findings.)

OBJECTIVE: (1) Fine crepitant rales left apex. X-ray report:- (1) Heart and Aoarta normal. (2) Bases of Lungs:- Irregular shadows together with a few scattered nodules in either base. (3) Roots of Lungs:- Enlarged on either side with a few calcareous nodules visible. (4) Apices and upper lobes:- The apices are clear. The upper lobes show irregular shadows.
(2) Sharpnel wound through palm of left hand passing back between metacarpal bones of small and ringe fingers with considerable limitation of movement of these two fingers about 50% and atrophy of adductor pollicis. Small shrapnel wound right knee apparently superficial.

OBJECTIVE: (1) Considerable cough in the morning with a feeling of binding in chest. (2) Says hand pains at times and is cold with inability to lift much on account of grip being weak about 1/3 normal. Knee has sharp pains occasionally but no limitation of movement.

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

Nervous YES Digestive YES Respiratory as above Circulatory YES
(If pulse rate abnormal B.P. will be taken.)

Genito-Urinary YES (Albumen and sugar will be excluded.) Skin, Middle Ear, Eye or any other part as stated.

10. History: (*a*) of Condition referred to in "*a*" section 9 (1) Was gassed in February 1918 and has had some distress in his chest since this time. (2) Received wound in hand and knee from explosion of a shell on Aug. 9/18.

(*b*) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment and not included in 10 (*a*).

Twisted his right knee in April 1917 while drilling at Amherst N.S. was treated in Highland View Hospital for three weeks with apparent recovery. Has lost 50 lbs. in the service but is in good physical condition.

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

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.)

N/A

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO
Personal documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitcted by that causation or aggravation. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

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

(1) No treatment (2) Harton War Hosp. Epsom, Aug. 1918. Matlock Hosp. Sept. 1918.

14. (*Continued*).

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

NO

16. Can the former trade or occupation be resumed? Yes with limitations.
If not, briefly state why

17. Recommendations Category C 3.

Disability due to Service.

W. A. Cousineau
Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

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

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow). I have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of nil

R. B. Richardson Lieut
Signature of officer examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

YES

19. Is the soldier fit for

(*a*) General service,	Category A	Yes or No.
(*b*) Service abroad, not general service,	" B	Yes or No.
(*c*) Home service (Canada only),	" C	Yes or No.
(*d*) Temporarily unfit.	" D	Yes or No. C 3.
(*e*) Unfit for service in Categories A, B and C	" E	Yes or No.

20. It is certified that the soldier

(*a*) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control~~.
(*d*) Should not pass under his own control.
(Strike out condition not applicable).

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Seaford.

Date Oct. 31st. 1918.

1. Rank and Name Lieut PRITCHARD. Ruggles.

2. Unit 6th.Res.Bn. E.O.R.D.

3. Age 21. 4. Total Service 31/12. Service { (a) at home 15 mos. (b) abroad 16/12. (France 8/12

5. Address 6th.Res.Bn., Seaford.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability G.S.W.HAND-Rt.

7. Date of origin of disability 9-8-18.

8. Place of origin of disability France.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Evacuated to England 9-8-18 with wound in right hand and flesh right knee. M.H.S. says third meta-carpal was fractured. To C.C.O.H. for ten days. Boarded and marked "A" (General Service). Three weeks leave. To Reserve on Oct. 11th. Has tried to do training but found he could not handle revolver or rifle after repeated attempts.

I concur in the findings of the Board of Medical Officers here recorded.

Major, D.A.D.M.S. For D.M.S. Canadian Contingents.

OPINION OF THE MEDICAL BOARD.

NOTES.-(i) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no.

(b) in the service? yes.

11. Was it attributable to military service? yes.

If so, to what specific military conditions is it attributed? Shrapnel.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? n.a.

If so, by what specific military conditions? n.a.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no.

[P.T.O.

14. What is the officer's present condition? Complains:- Lack of full use of right hand, pain upon extra use of ~~xx~~ hand. Exam:- Scar back of right hand and palm. Tenderness over scar on back. Flexion of little and ring fingers of right hand two-fifths normal. Also above fingers weak. Grip only fair. Knee no disability. Other systems normal. Should be fit in one month.

15. To what degree is the officer disabled at the present time? twenty per cent.

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? no.

17. If not permanent, how soon is re-examination recommended? one months.

18. Is it necessary that the officer should be re-examined by the same Board? no.

19. What treatment is the officer receiving, and where, and from whom? none.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? no.

21. Does the officer require the constant attendance of another person? no.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service No- one month.

B.—Fit for service in a garrison or labour unit abroad no- one month.

C.—Fit for home service:—

(i) Active duty with troops yes.

(ii) Sedentary employment only ------

D.—For admission to a command depot

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital

(ii) In an officers' hospital

F.—Permanently unfit for any further military service

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with?

(Sgd) G.W. MacNeil. Capt. President.

J. McMichol. Capt.

} Members.

343. W3035/1166. 29. 6. 18. Wh. P. 350,000 E.3410.

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				
10 1 2 18	2TBN	SOS & Establishment	4 Mths absent	9-12-18	Pt III 122
23. 12 18	HQOMFC	SOS on transfer to C E F in Canada			
		6 Cessation of Hostilities		~~3.12.18~~	RO 5107
			amended	7.12.18	RO 5117 + 5178

10024

Forms R. 150.
3232. 15 M. 14/12/16.

E.T. **Surname** PRITCHARD **Christian Names** Ruggles Bernard

Rank Lieut.

Promotion

Name and Address of Next-of-Kin Father.
Dr. James Pritchard
North Wakefield. Quebec. Canada.

Unit 207th Bn to Eastern. Ont. Regt:

Place of birth North Wake field. Quebec.

Married (Yes or No)

Appointments

Date of leaving Canada 31-5-17 **Date and Cause of Resignation**

	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 68	Date (10)	REMARKS Taken from Official Documents
						T.O.S. Pt. II Ord. 199. 156th Bn
1	14-7-17	Seaford	Reported to 156th Bn from 7th Res Bn S.O.S. 156 Bn.		11.7.17	R63217. RO 1948 5th Div
2	20.11.14.	6th R. Bn	T.O.S. from 156th		19.11.14.	Pt II ord. 322.
					19.11.14.	Pt II ord. 274
3	7.12.14.	"	S.O.S. to 2nd Bn. overseas.		6.12.14.	Pt II ord 289.
	12.12.14.	2nd Bn.	T.O.S. from England		7.12.17.	Pt II ord 119.
4	12. 8 18	BAMS	Reported from Base Wounded		9. 8 18	Ch 1057
4	15 8 18	..	Adm 8 Gen Hosp Rouen		11-8-18	Ch 1060 GSW R Arm R Knee Slt
	23 8 18	2 BN	Invalided Wounded detached to WORD		14 8 18	Pt III 73
	20. 8 18	EORD	T.O.S. on posting from 2nd Batt O/seas		14. 8. 18	Pt II 210
4	15 8 18	BAMS	adm Co. of London Horton War Hospital EPSOM		14 8 18	Ch 1060 GSW R arm R Knee Slt
4	12 9 18	..	adm Edn Convl Officers Hosp Matlock Bath		7. 9 18	Ch 1084 GSW Hand L.
			Discharged		19 9 18	Ch 1094 ..
5	23 9 18	6th Res	T.O.S. on posting from EORD Granted 2 weeks leave		19. 9 18	Pt I 225 SOS EORD Pt II 240, 24/9/18
	5 12 18	EORD	T.O.S. from 6th Res pending RTC		29-11-18	Pt II 301

A.F.B. 103. 14 DEC. 17

2 SEP. 1918

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 808		Lieut	Pritchard	Ruggles:
Year 1918	Unit. 2 Chatt		Age. 21	Service. CANADA - 15 FRANCE - 8 TOTAL - 30

Station and Date.

Disease G.S.W. R. hand. T. T. flesh:

ONSET. 9-8-18 WHERE. France:

HISTORY OF DISABILITY.

Shrapnel wound as above: Evac. to Horton War H Epsom. 13-8-18.
To C C O H. 6-9-18. Wounds healed.

PERSONAL AND FAMILY HISTORY.

nil

PRESENT CONDITION. Good

DIGESTIVE SYSTEM. } OK

CIRCULATORY SYSTEM. }

RESPIRATORY SYSTEM. }

NERVOUS SYSTEM. }

G.U. SYSTEM. }

LOCAL CONDITION. } Considerable loss of function in last two fingers - Otherwise no disability:
R Hand. R. G.

11.9.18 Doing well

13.9.18. Boarded Cat. A. P. Whitehouse

CANADIAN CONVALESCENT HOSPITAL
6 SEP 1918
MATLOCK BATH
SURGEON

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

(44502) Wt.W 1203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment June 1/17

RATE OF SEPARATION ALLOWANCE

P 7660

RATE OF ASSIGNMENT

25			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Lieut Promoted Reverted Discharge

Soldier's Name Ruggles B. Pritchard

Battalion 207th Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Maud Pritchard

Address c/o Dr. Jas. Pritchard

North Change of Address Wakefield

1 Que

2

3

4

14808-R-27

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	—		175	175	
Jan 18	G 62845		25	25	
Feby	G ~~68608~~ ~~68607~~		25	25	Rals
Mar	G 64264		25	25	✓
apl	G 11028		25	25	✓
may	G 19013		25	25	✓
June	G 24085		25	25	
July	G 33895		25	25	
Aug	G 40946		25	25	
Sept.	G 42606		25	25	
Oct	G 49249		25	25	✓
Nov	G 58998		25	25	✓
Dec	G 67317		25	25	✓
			475	475	

G 68607 Canc

A/c Closed 31/12/18 M.L.H. 187 to M.D. 3

Ret'd per Olympic M.R. 044434 Dalby

Date 14/12/18 19-12-18

Clerk J A Brown

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 2232D—M. & D. 7693.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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—1772-39-1141
L. L. 22320—M. & D. 7993.

AUDITOR JFM PAYMASTER

M. OR S.

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

REGT. No.

RANK Lieut. NAME (IN FULL) Pritchard, R.B. (BLOCK LETTERS, SURNAME FIRST)

Field	Entry
NEXT OF KIN	
RELATIONSHIP	
ADDRESS	
IS SEPARATION ALLOWANCE PAID?	
DATE EFFECTIVE	
TO WHOM PAID	
RELATIONSHIP	
ADDRESS	

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Lieut. Pritchard, Ruggles, B. 424 Lisgar St. Ottawa, Ont.		

Field	Entry
ORIGINAL UNIT C.E.F.	207th Batn
IF IN P.F. WHAT UNIT?	
PLACE OF ATTESTATION	
TRANSFERRED TO	
DATE	
AUTHORITY	
DATE OF ATTESTATION	March 13th 1916.
TRANSFERRED TO	
DATE	
AUTHORITY	
ASSIGNED PAY, $	25-
DATE EFFECTIVE	
PAYABLE TO	Mrs. Mr. Pritchard, c/o Dr. J. Pritchard, North Wakefield, Que.
RELATIONSHIP	
ANY CHANGE IN ASSIGNEE OR ADDRESS	
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	
EFFECTIVE	
DISCHARGED: PLACE	Kingston
DATE	31/12/18
REASON	
AUTHORITY	RO1575
IF ENTITLED TO POST DISCHARGE PAY	226

2-P-39

MONTH	PAY AND F.A.: NO. OF DAYS	RATE	AMOUNT	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS COL. NO. 1 NO.	CASH PAYMENTS COL. NO. 1	ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE DEBIT	BALANCE CREDIT	PARTICULARS OR REMARKS
Balance from previous account				6 -						25 20	25 -	25 -		
Dec	31	3	93 -	24 05	123 05	273	75 -	39c 25 -			100 -	1 95		DO2245 Sub. Kens. allce. Arrears allce. AP paid for Jany.
War Service Gratuity										Other Charges W.S.G. S.A.				MOW 2595 Recd
153 days @ $3 a day ~~[illegible]~~			W.S.G. S.A. 459 00 —		459 00					~~1.95~~ 93 00	93 -	366 -		x $1.95 Deft. Bal. on Disch.
										1 95 271 05	366 -	93 -		A6 7251 Feb. 26/19.
										93 00	459 -	—		G238365 March 21/19
														G323394 APR 28 1919

OK

JFM

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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.	

H. Q.....

M. D. No.....

Surname Pritchard T. O. S.....19.....

Christian names Rueggles B. D. O. Pt. II.....of.....

Regtl. No. 246052 Rank Pte. S. O. S. Mis. 19-6-19 16. 3

Unit 207th Bn. Reason To take Comm.

Auth.....

Next of kin Pritchard Dr. J. Relationship Father

Address North Wakefield P.Q. | Also notify:.....

.....

.....

.....

BORN—Place Canada North Wakefield P.Q. Date Sept 8th 1896

ATTESTED—Place Ottawa Ont Date Mar. 13th 1916

O/S..... R/C.....

W. 22—100M-7-18. 1772-39-839.

C.

H. Q.

M. D. No. B

Surname Pritchard

T. O. S. 19

Christian names Ruggles Bernard

D. O. Pt. II of

Regtl. No. Rank Lieut

S. O. S. 31-12-1918

Unit 207th Bn.

Reason Demob.

Auth. Ro 1575 C

M.D. 3

Next of kin Pritchard Dr. James

Relationship Father

Address North Wakefield P.Q.

Also notify:

BORN—Place Canada North Wakefield P.Q. Date Sept. 8th 1896

ATTESTED—Place Ottawa, Ont. Date Dec 14th 1916

O/S 2-6-17-862

R/C 14-12-18 232

W. 22—100M 7-18. 1772-39-839.

Army Form B. 103.

Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps 207th. OTTAWA CARLETON OVERSEAS BATTALION

Rank Lieut. Surname Pritchard Christian Name Ruggles Bernard

Religion Methodist Age on Enlistment 19 years months.

Enlisted (a) 15.3.16 Terms of Service (a) War Service reckons from (a) 15.3.16 31/3/17

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

Extended { } Re-engaged { } Qualification (b) Lieut Scouting

or Corps Trade and Rate Student

Signature of Officer.

Adjt.
207th. Ottawa Carleton Battalion

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Halifax	31 28.5.17	
		Disembarked	Liverpool	10.6.17	
14-6-17 OC	7th Res Bn	T.O.S. from C-n d.	Seaford	10-6-17	PO 142
11.2.17 OC	7th Res Bn	S.O.S. to 156th (Witley)	Seaford	11.2.17	PO 169
					R Finlayson Lieut for O.C. 7th Can Res Bn
14.7.17	O.C. 156th Bn	Taken on Strength	Witley	11.7.17	Part II O.O. 194
19.11.17	O.C. 156th Bn	Transferred to Reserve Battn	Witley	19.11.17	PtII O.O. 372
					E.J. Gilmour Capt & Adjutant, For O.C., 156th CANADIAN INFANTRY BATTN
20-11-17	O.C. 6th Res Bn	Taken on Strength 6th Res Bn	Seaford	19-11-17	Pt II 296
8-12-17	O.C. 6th Res Bn	S.O.S. on posting to 2nd Bn Can.	Seaford	6-12-17	Pt II 289
					[illegible]

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

OFFICER i/c RECORDS 6th CAN. RES. BN.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

[P.T.O.

CERTIFIED CORRECT
14 DEC. 1917
CANADIAN RECORD OFFICE

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
7-12-17	No.1 CBD	Arrived No.1 C.B.D.	France	7-12-17	d/12-12-17. Pt.II Ord.119
10-12-17	do	Left for C.C.R.C.	Field	10-12-17	N.R.
10-12-17	C.C.R.C.	Joined C.C.R.C.	do	10-12-17	N.R.
23.2.18	do	Left for 2nd Bn	do	23.2.18	[illegible]/182
2.3.18	2nd Bn	Joined 2nd Bn	do	23.2.18	B213
9-8-18	1 C.F.A.	G.S.W. Land & Knee to Adm 8/8/18	C.C.S.	8-8-18	A 36-6874
11-8-18	8 Gen	do Adm	8 Gen	11-8-18	G 8166
10-8-18	2 Bn	do to	Hosp	9-8-18	B213
12-8-18	12 Gen	do to	England	12-8-18	G 9361
12-8-18	8 Gen	Invalided Wounded	England	12-8-18	W 3083 H.S. Guildford Ch
		Posted to Eastern Ontario Regtl. Depot, Seaford.			Part 11 O. No. 73 d/23-8-18
					[signature] Lieut. for Lt. Col. A A.G. Canadian Section.
20-8-18	O.C. E.O.R.D.	T.O.S. E.O.R.D. on pstg. from Service Unit & shown in Hosp.	Seaford	14-8-18	Pt.II D.O. 210.
24-9-18	O.C. E.O.R.D.	S.O.S. E.O.R.D. on pstg. to 6th Res. Bn.	Seaford	19-9-18	Pt.II D.O. 240. [illegible] pt. E.O.R.D.
23.9.18	O.C. 6th Res.	T.O.S. 6th Res. on posting from E.O.R.D.	Seaford	19.9.18	Pt.II B.O. 225.
3/12/18	O.C. 6th Res.	S.O.S. on posting to E.O.R.D.	Whitley	29/11/18	[illegible]

[signature]
Officer i/c Records,
6th Can. Res. Battalion

ORIGINAL

MEDICAL HISTORY SHEET

Surname Pritchard Christian Name Ruggles

Examined { on 20 day of Sept 1916
at Ottawa

Birthplace { City or Town
County

Apparent age 22

Trade or occupation Student

Height 5 feet 5½ Inches

Weight 160 lbs.

Chest measurement { Minimum 37 inches
Maximum expansion 42 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number

When Vaccinated last 15/7/16

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Approved by J. J. Dawley
Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
15/7/16	Veg	J. J. Dawley	M.O.
27/7/17	Nil		M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
12/7/16	Good	J. J. Dawley	M.O.
20/7/16	Good		M.O.
28/7/16	Good		M.O.
T.AB 1	15-11-17	W. H. Clubbs Capt	

Enlisted on 13 day of March 1916 at Ottawa

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	207th Bn	Lieut.		13.3.16
Transferred to	6th Reserve Bn.			19.11.17
	2nd Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
C.C.O.H Matlock Bath	13.9.18	G.S.W Hand R. T.T. Hand Knee R T.T Hand	Cat. A. Recirculation
Seaford	31-10-18	ditto (one number)	Cat. A. W. H. Mackenzie Capt PRESIDENT, STANDING MEDICAL BOARD.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J.Mc

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rdance to
nstruction
ara 19.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Pritchard Christian Name Ruggles

Examined { on 20 day of Sept 1916
at Ottawa

Approved by J. Rowley
Rank Capt. M.O.

Birthplace { City or Town
County

Apparent age 22

Trade or occupation Student

Height 5 feet 5½ Inches

Weight 160 lbs.

Chest measurement { Minimum 37 inches
Maximum expansion 42 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number

When Vaccinated last 15/7/16

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
15/7/16	neg	J. J. Rowley M.O.
27/7/17	Nil	M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/7/16	Good	J. Rowley M.O.
20/7/16	Good	M.O.
28/7/16	Good	M.O.
T.AB 1	15-11-17	W. Hyslop Capt M.O.

Enlisted on 13 day of March 1916 at Ottawa

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	207th Bn	Lieut.		13.3.16
Transferred to	6th Reserve Bn.			19.11.17
	2nd Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
C.C.O.H Matlock Bath	13.9.18	G.S.W Hand R. T.T. Hand Knee R T.T Hand	Cat. A. Returned home
Sentd	31-10-18	ditto (one month)	Cat C. W. Hyslop Capt PRESIDENT, STANDING MEDICAL BOARD.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J.M.C

CANADIAN

Surname Pritchard Christian Name Ruggles

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
Horton War Hosp Epsom	13·8·18	13	8	18	6	9	18	G.S.W. Rt Hand Fr. & Rt Knee Flesh.	24	Fr. 3rd metacarpal. Wd healed. Transferred Matlock. 5·9·18.	J E Kidd Capt R Hand
C.C.O.H Matlock Bath.		6	9	18	19	9	18	G.S.W. Hand R. T.T. flesh Knee R. T.T. flesh	13	Wds healed & present no disability	E C Whitehouse