

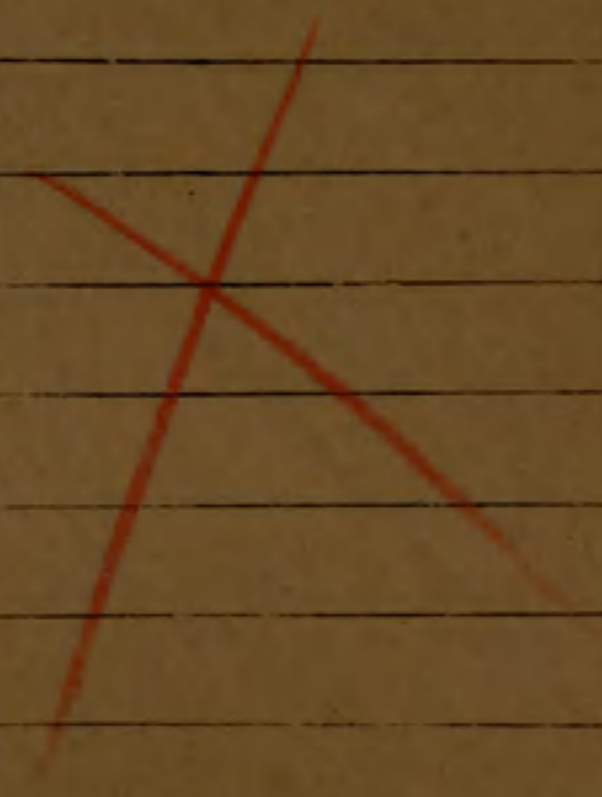
9087. 21
DOCUMENTS

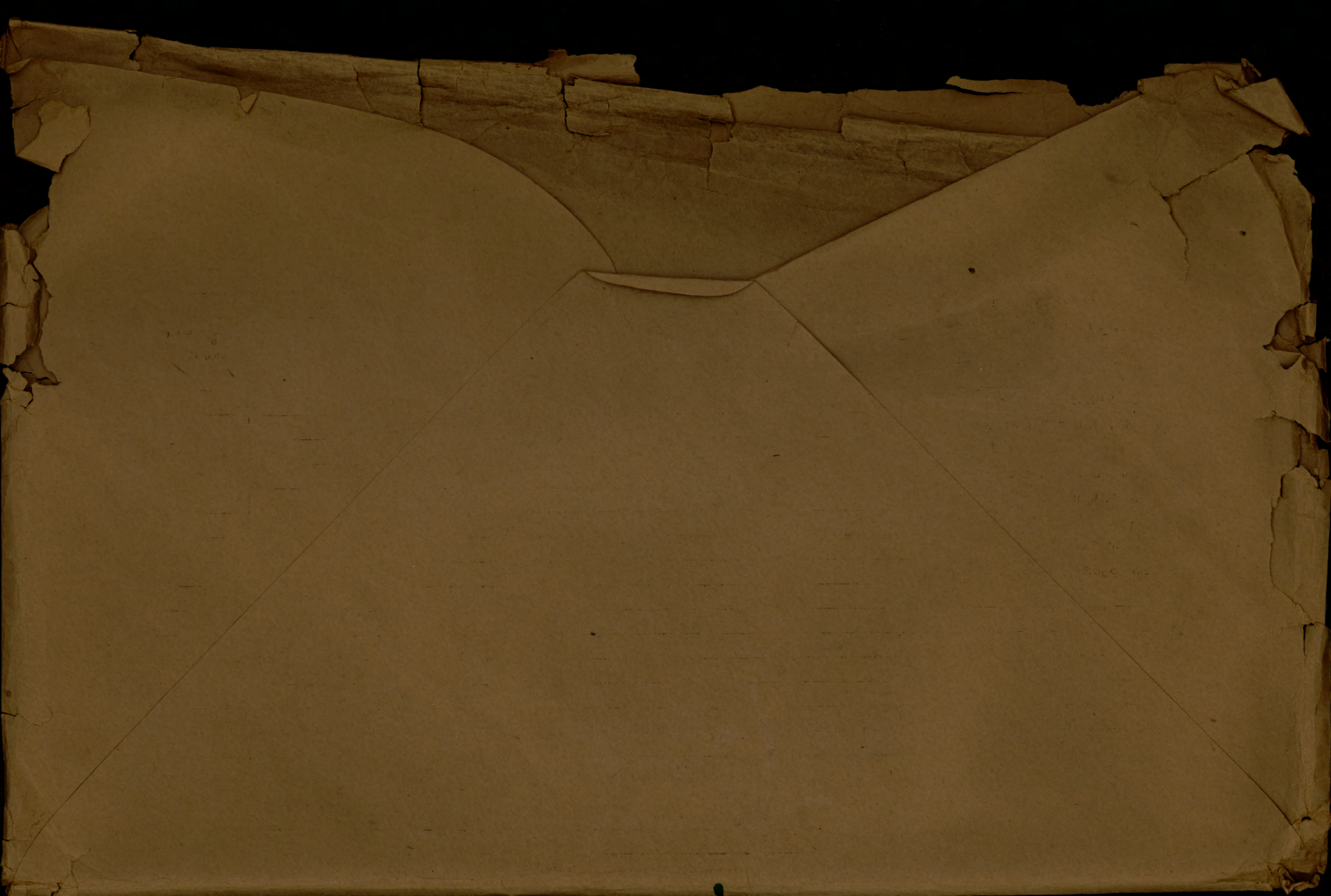
NAME *ALDIS D. James Henry*

REGT. NO. *425159* 1st Ent UNIT *1st Bn*

H. Q. FILE NO. *3893*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		(M)			DEATH Category
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
1 TRAINING HISTORY SHEET (M.F.W. 112) <i>Record sheet</i>					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		(H)			DISCHARGE Category
1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1 DENTAL HISTORY SHEET (M.F.B. 465)					
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
6 MEDICAL EXAMINATION (M.F.W. 129)					
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)					
1 LAST PAY CERTIFICATE (M.F.W. 44)		<i>Deceased 7 Oct 1959</i>			DESERTION
2 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1 PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
6 2 <i>Misc Cards</i>					
1 <i>MFW - 125</i>					
1 <i>MFW - 67</i>					
<i>Pay sheet</i>					





ATTESTATION PAPER.

No. 725-15-9

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... *Aldred*
- 1a. What are your Christian names?..... *James Henry*
- 1b. What is your present address?..... *1235 Lansdowne, Toronto*
2. In what Town, Township or Parish, and in what Country were you born?..... *Manchester, Eng*
3. What is the name of your next-of-kin?..... *Florence Aldred*
4. What is the address of your next-of-kin?..... *1235 Lansdowne Toronto*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *21st July 1897*
6. What is your Trade or Calling?..... *Butcher*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Jan. 14* 191*6* *James Henry Aldred* (Signature of Recruit)
W. Downey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Jan. 14* 191*6* *James Henry Aldred* (Signature of Recruit)
W. Downey (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 *Lindsay* this *14* day of *January* 191*6*
W. Downey (Signature of Justice)

Description of James Henry Aldred on Enlistment.

Apparent Age..... 18 years..... 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 8 1/4 ins.

Chest measurement. { Girth when fully expanded..... 37 1/2 ins.
 Range of expansion..... 4 1/2 ins.

Bright red mark over right eyelid.

Complexion..... Dark

Eyes..... Brown

Hair..... DK Brown

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

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 declares that he is not subject to fits of any description.

I consider him*..... fit..... for the Canadian Over-Seas Expeditionary Force.

Date..... Jan 14th..... 1916.

Place..... Lindsay.....

J. McCulloch
 Medical Officer
 109th Overseas Battalion 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.

James Henry Aldred,..... 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.

..... *J. H. Mc...*..... Lt. Col. (Signature of Officer)
 G. C. 109th Overseas Battalion, C. E. F.

Date..... **JAN 15 1916**.....

1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

779087. Pte.

This is to Certify that No. _____ (Rank) _____

Name (in full) ALFRED JAMES HENRY. enlisted in

the 127th. Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 10th.

day of Aug. 1916.

HE served in England and France.

and is now discharged from the service by reason of "Medically Unfit."

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

Age 21

Height 5' 11 1/2"

Complexion Fair

Eyes Brown

Hair Auburn

Marks or Scars None. Scars on left arm.

J. H. Alfred
Signature of Soldier

J. H. Beemer
Issuing Officer
Rank Captain,
For Lieut.-Colonel,
O.C. No. 2 District Depot.

Date of Discharge January 6th. 1919

Signed at Toronto, Ont. this 6th. day of Jan. 1919

in Military District No. #2.

File Reference No. No. 2
JAN 6 1919

R.L.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

J H Beemer

Name of Officer

Captain, For Rank Lieut.-Colonel, O.C. No. 2 District Depot.

Appointment

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

MEDICAL CASE SHEET.

14 CAN FRANCE
EASTBOURNE

No. in Admission and Discharge Book 65 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	

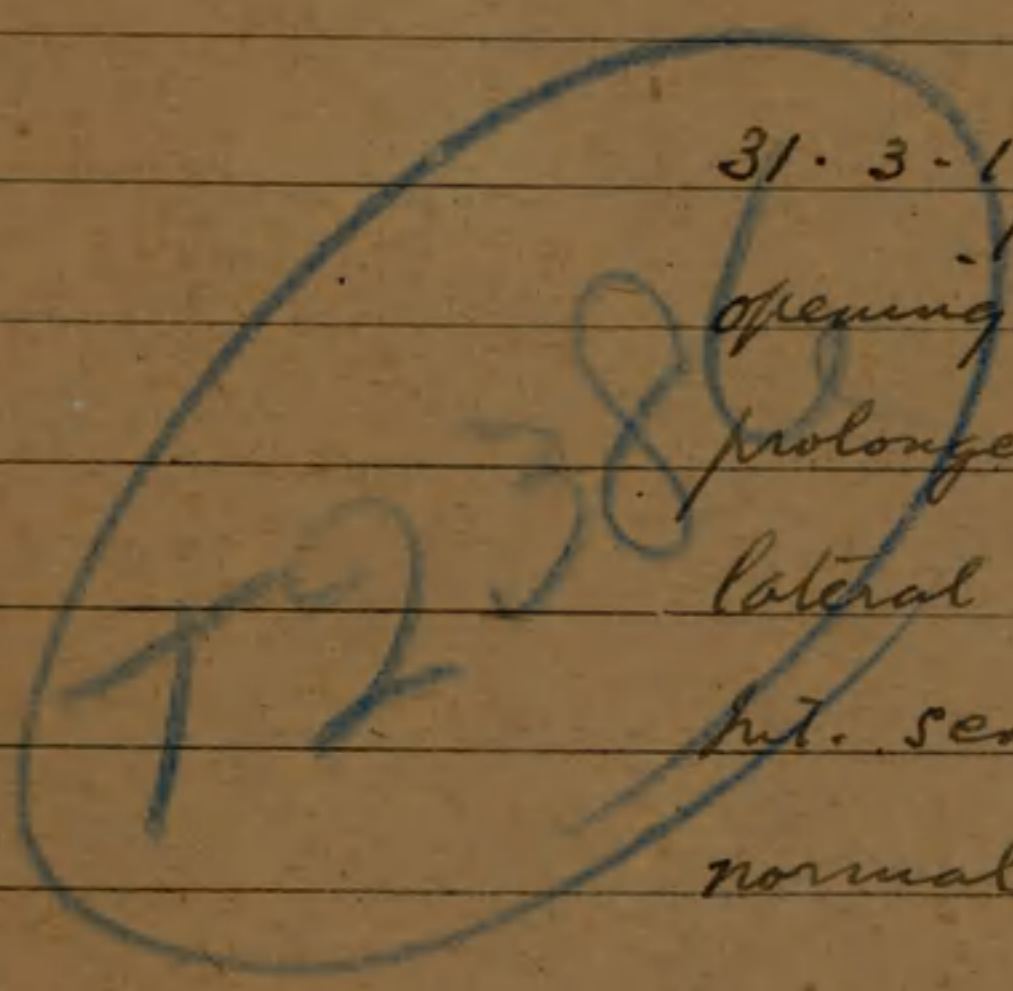
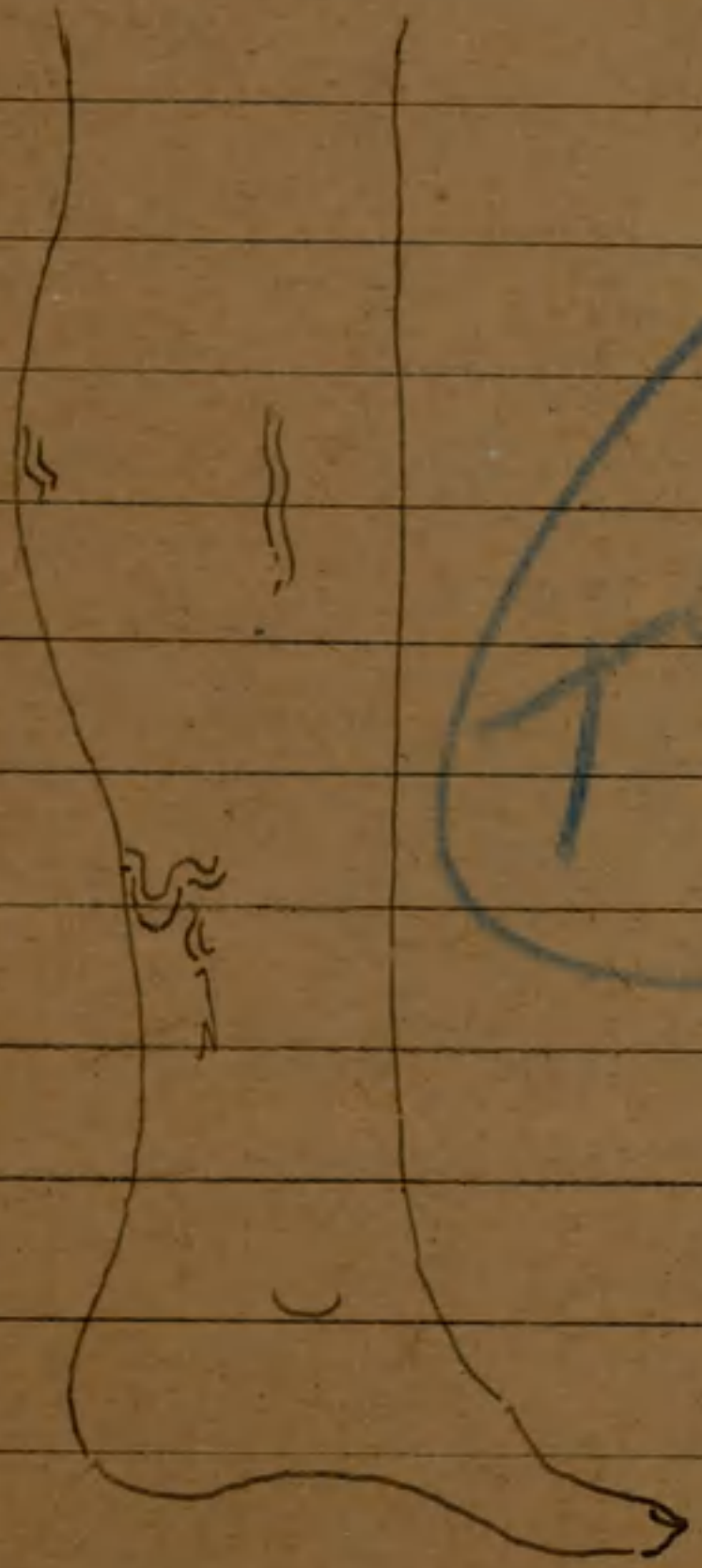
719084 Sapper Aldred J. H.
2nd Canadian 19 12/12

Station and Date
10 MAR 1917
Carrying rails over rough ground - no definite twist.
Off duty 8 or 10 days each time

Disease Int Derangement Rt. Knee + Varicose Veins li. leg.
Up to 3 months ago no symptoms.
At Beaumont Hamel whilst working on railway - sudden pain in right knee - he fell to the ground - several attacks since then. On each occasion symptoms with much swelling occurred afterwards. At each attack the knee was held semiflexed & locked - unlocking occurred 15 minutes after.
Last attack 4 weeks ago. He still has aching pain at night.
Slight tenderness over int semilunar cartilage, but no swelling felt.
H. Greenwood Capt R.A.M.C.

March 25.

Transferred to Roberts G. W. Thompson



31.3.17 Ether: Incision opening knee-joint, afterwards prolonged to divide int? lateral lig. No fluid. Int. semilunar cartilage found normal. Max lig. greatly hypertrophied. It had clearly been ripped between the bones. It was removed & joint closed. Back splint. *TH*

Varicose veins removed from left leg.

6.4.17
26.4.17

Temp. 100.4 Malaise. By Miss. Salin 31.4.17 *TH*
Rec trans A.M.H. P. 9 Meddlin

*The first and last entries will be signed and transferred from the Medical Officer to the other, attested by

Station
and Date.

24.4.14 Cookridge A M Hos

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	749084	Sapper	Aldred	James Henry
Year	Unit.	Age.	Service.	
1918.	2 nd Batt Can Railway Troops	20yrs	2 $\frac{4}{12}$.	

Station and Date. Disease Synovitis right knee.

University
Warr Hospital
Sutton Park

Internal meniscus rt. knee removed 14.2.18. in same month ago. Kneet hit by steel rail, became swollen, painful & weak. Some fluctuation & deformity noted.

On Admission

9.3.18

Knee slightly swollen. Painful on palpation inner side. No fluid. Pain on full flexion of knee.

26.3.18

Transferred to Epsom (Canadian Hospital)
Dr. Dobbin M.B.

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

ORIGINAL

RR

MEDICAL HISTORY SHEET.

5599

Surname ALDRED, Christian Name JAMES HENRY?

Examined on 10th day of August 1916 at Camp Borden, Ont.

Approved by [Signature] Rank M.O.

Birthplace City or Town Manchester, Eng. County Lancashire, Eng.

Apparent age 19 yrs. 1 mo.

Trade or occupation Butcher

Height 5 Feet 10 Inches

Weight 158 Lbs.

Chest measurement Minimum 34 inches Maximum expansion 3 inches

Physical development Good

Small-Pox Marks Nil.

Vaccination Marks Arm Right 4 Left arm Number 4

When Vaccinated last six months ago.

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

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

Table with columns: Date, Fit or Unft., EXAMINED FOR RE-ENGAGEMENT. Includes dates 30 MAR 1917 and 12 MAR 1918.

Table with columns: Date, Result, VACCINATIONS. Includes date 15.8.16.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes dates 20.9.16, 9, 16.

Enlisted on 10th day of August 1916 at Camp Borden, Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 127th O.S. Bn., 779087, CRT.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for Epoom (13-5-18) and P. Peaford (10-6-18).

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.

GAN

C

JAMES HENRY

Christian Name

ALDRIDGE

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
EASTBOURNE WAR HOSPITAL Convalescent Hospital D DIVISION EASTBOURNE		23	3	17	3	5	17	Int-derangement of knee Varicose veins.		Alar lig in rt. knee joint removed, & also varicose veins from left leg. Good improvement. Sent to Eastbourne	P. J. Haddleton C.M.O. i/c
CANADIAN MILITARY HOSPITAL, EASTBOURNE.		3	5	17	18	7	17	" "	76	Fit. To Can Mil Hosp. Eastbourne	W. E. Jones Capt. R.A.M.C.
UNIVERSITY WAR HOSPITAL, SOUTHAMPTON		19	7	17	23	7	17	Asplined cartilage R knee.	5	Boarded & discharged to Capt Gregory A.M.C.	J. J. Fuller Capt. R.A.M.C.
UNIVERSITY WAR HOSPITAL, SOUTHAMPTON		9	3	18	25	3	18	Synovitis right knee.		Knee hit by steel pail 25.2.18. Became swollen, painful weak. Transferred to Epsom.	Dr. Dobbin M.B.
M.C.H. Epsom		26	3	18	27	MAY	1918	Sprain Rt knee Acc W.O.D.	63	27/3/18 old injury & oper. on int side of knee joint 14 mos ago. On 20.2.18 he was struck by a rail on outer side of r. knee. In C.C.S. & G.H. in France he had fluid in knee. No fluid now. 27/4/18 still weak. P.T. Board. Well developed & 20 yrs. semicircular scar on right knee which he had seen in France. He had lat leg. apparently stretched as the leg can be abnormally extended; also the cruciate ligaments are stretched because knee is held in a position of hyperextension. Calc. of right knee. Calc. of right knee. Calc. of right knee.	W. E. Jones



UNIVERSITY WAR HOSPITAL, SOUTHAMPTON

Duplicate Medical History posted to here. F.S.

W. E. Jones

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	779087	Spr	Aldred	J.H.
Year	Unit.	Age.	Service.	
	2 nd Can. R. I.	19	2 7/12	

Station and Date. 27 MAR 1918
Disease Sprain R. knee Acc. W.D.O.

Convalescent Hospital,
Woodcote Park, Epsom.

Old injury & oper. on inside of knee joint 14 mos. ago - Has served four months in France since then. On 20.2.18 he was struck by a rail on outer side of r. knee. In C.C.S. & G.H. in France he had fluid in knee. No fluid now.

Slight atrophy rt. thigh - Rt. int. lig. stretched. Feet on Boots to be raised on inner side.

- 2.4.18 Rem gym. 5 hrs duty
- 9.4.18 Rem gym + 1/2 duty Bandage
- 16.4.18 Rem gym Boots to be raised
- 22.4.18 P.T. II
- 29.4.18 All work. P.D. Board P.T. II

Thoburn Capt. C.A.M.C.
No. 1 Division

P.T.O.

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

Station
and Date.

Subjective Weakness r. knee.

Objective Well developed, well nourished man of 20 yrs. Fine
circular scar, over inner side of r. knee through
which the int. semilunar cartilage had apparently
been removed. The int. lat. lig. is considerably
stretched as the leg can be abnormally everted.
Also the crucial ligaments are stretched because
there is an abnormal degree of outero-posterior
movement. There is a slight degree of atrophy in
r. thigh circum. of r. thigh is $\frac{1}{2}$ " less than that
of l. thigh. Otherwise fit.

Don't. My. Aug. 6/19

SYPHILIS CASE-SHEET.

Regtl. No. *779087* Rank and Name *Pte Aldred J.H* Corps *2.0.2*

Placed on Syphilis Register at *Base Innate* on *Nov 15/18* No. in Register *16321B*

Disease contracted at *?* Primary sore appeared on (date) *None*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *None*

Lymphatic glands *no*

Skin (nature and distribution of rash) *none.*

Mucous membranes *none*

Other symptoms *Has inequality of pupils - absent
Knee jerks - slight rhombus sign.*

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *None*

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

Wassermann reaction (Result (positive or negative) *4.4.4.*

Station _____ Date *Dec 21* Signature of M.O. *Capt. Frow*
capt

Struck off Syphilis Register at *Base Innate* on *Dec 20th 1918*

Cause of being struck off Register { (a) Recovered }
(b) Transferred to Army Reserve } *transfers to J.S.C for further*
(c) Discharged from Army } *treatment*

Station _____ Date _____ Signature of M.O. *Capt. Frow*
capt

2

BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL

Case Number

Reg. No. 779087 Rank Pte Name Aldred, J.H Unit 2.D.D

Age 21 Married or Single

Diagnosis V.D.S. Admitted Discharged Dec 4/18 Result

HISTORY

Denies V.D.S. or same or 8.

When and where contracted

other disability dislocation of knee & shrapnel wound

Date and character of first symptoms

of knee

Subsequent symptoms

Wass. pos - Base Hosp Nov 12, 18

Present symptoms

Family History of Syphilis

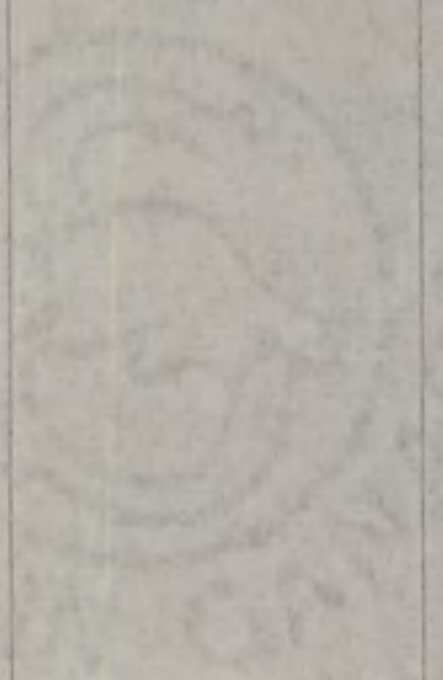
DATE	Dark Field	Wass.	C. S. F.	Treatment	Dose	Reaction	REMARKS
Nov 12th				Diarsenol	.4		erythema for 2 wks
26th		4.4.4		"	.3		diarrhoea
Dec - 12				"	.4		
Dec 12		4.4.4					
		Cells 35					
		Traces Globulin					
		Colloidal gold					
					555443,2200		
							Dec 22/18
							Recommended out.
							Patient. Capt. Frow
							Capt.
							Dec 22/18

Rank

Reg. No.

Admitted 7/48

DEPT. OF MED. & SURG.



5

EAST HOSPITAL, TORONTO
MEDICAL CASE SHEET
VENEREAL

Case Number

Ref. No. 77907 Rank, Reg. Name, Date, Age, Sex, Date of Birth, Discharged, Result

HISTORY

Name

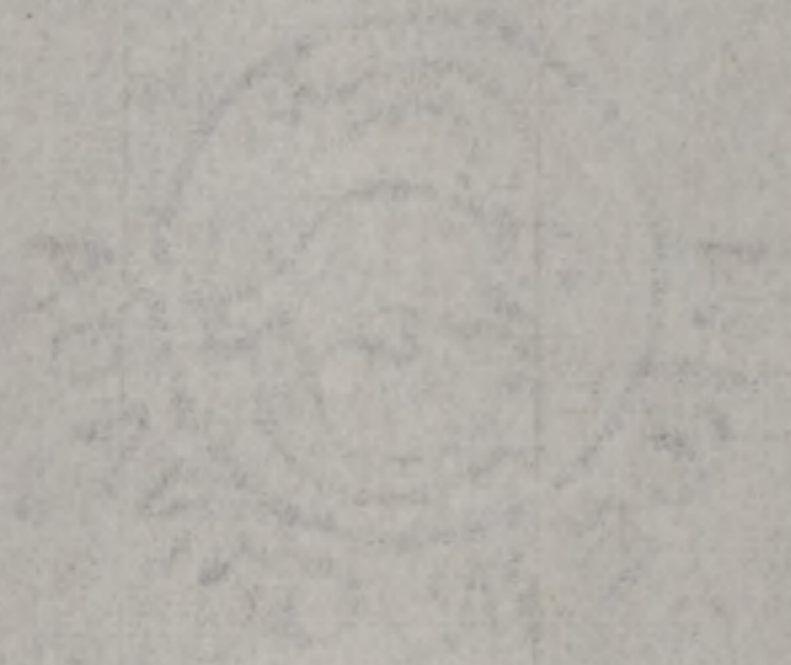
When and where contracted
Date and character of first symptoms
Subsequent symptoms
Present symptoms

Family history of syphilis

DATE, PARAFFIN, WASH, C.S.F., TREATMENT, DOSE, REACTION, COMMENTS

Room

Ref. No.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne July 18th 1917.

No. 779087 Rank Spr Name Aldred, J.H.

Local Unit Overseas Unit 2nd C.R.T. Age 19

Examination held at Canadian Military Hospital, Eastbourne. 56

DISABILITY.
Overseas ~~Local~~
(scratch one out).

Displaced Cartilage R. Knee.

PRESENT CONDITION.

Cured by operation

CANADIAN
MILITARY HOSPITAL,
→ 21 JUL 1917 ←
EASTBOURNE, SUSSEX.

BOARD RECOMMENDS:—

1. Fit for Duty *in BTL etc*
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members {	<i>[Signature]</i> Major CAMC President.
	<i>[Signature]</i> Capt. CAMC
	<i>[Signature]</i> Capt. CAMC

APPROVED

Dated 21 JUL 1917 1917.

[Signature] Capt. CAMC
Seaford.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

No. _____ Name _____ Rank _____
Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas Service
Examination only

PRESENT CONDITION

1917
SUSSEX

BOARD RECOMMENDS:

1. Fit for Duty
2. Fit for duty after _____ weeks' physical training
3. Fit for Temporary Base Duty _____ weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature

President

Members

APPROVED

Dated _____ 1917

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 53

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715, C.E.F., 1916).

Regimental No. 779087 Rank Pte. Name Aldred, J. H.
 Corps Asst. H.Q. who was* discharged.
6-1-19. 191, to D.S.C., Out-Patient.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19. 191
 to 6-1-19 191, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month		10	90	Balance Cr. from prev. month			
Advances by Cheques	No. <u>14362</u>	35		Regt'l Pay	<u>6</u> days at \$ <u>1</u> c	6	
Assigned Pay and Sep'n Allee. No.				Field Allow.	<u>6</u> days at \$ <u>10</u>		60
Other charges	<u>A.P. Jan.</u>	20		Separation Allowances* (Monthly)			
Payment on transfer or discharge No.				Other Allowances*			
Balance Cr. (to be paid by the new unit)				Other Credits* <u>Clothing</u>		35	
Total		65	90	Bal. Dr. (to be deducted by new unit)		24	30
				Total		65	90

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has not (‡) been paid on account of Assigned Pay for the month of Jan. 1919 and Sep'n Allee. for month of Jan. 1919 (to) Assignee Mrs Annie Aldred
 (Address) 16 Kipping Ave Toronto

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

On Transfer of an Officer.

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

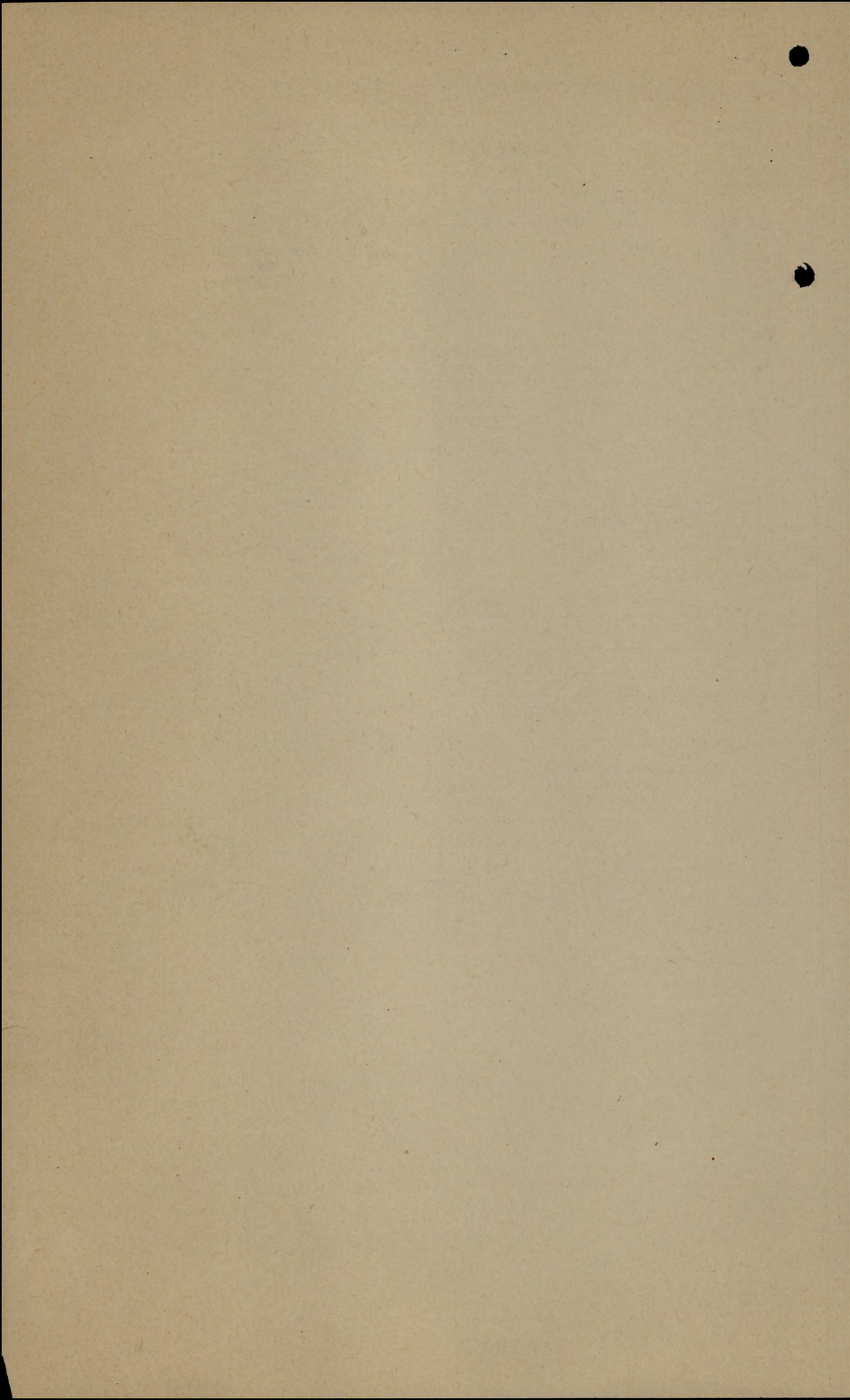
REMARKS:— A.P. paid by Ottawa.

- State (1) date of enlistment _____
- (2) if married and if a Separation Allowance Card has been submitted No.
- (3) cause of discharge _____ authority H.O.2.
- (4) authority for transfer _____

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.
 Date Jan. 3/19.
 Place Toronto, Ont.
Hakowij Cochrane CAPT. PAYMASTER, DISTRICT DEPT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



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.....

.....127th O.S. Battalion C. E. F.....

(2) Regimental Number779087.....

(3) Full Name of Soldier.....ALDRED, James Henry.....

(4) Place of Birth.....Manchester, Eng.....

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

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

.....Nil.....

(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.....Nil.....

(9) Is your Father alive?..... **Yes.**
If so, state name and address..... **Aldred, James Henry, Sr. Somelst. Eastre:
Bramshire Hospital. England.**

(10) Is your Mother alive?..... **Yes.**
If so, state name and address..... **Mrs. J.H. Aldred.
1235 Lansdowne Ave. Toronto.**

(11) If your Mother is a widow..... **No.**
Are you her sole support, or not?.....

(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.
.....
..... **No.**

(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.
..... **Mrs. James Henry Aldred, (Mother).
1235 Lansdowne Ave. Toronto.**

(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.
..... **Nil.**

(15) Are you insured?..... **Yes.**
If so, in what Company?..... **London Life.**
Have you made arrangements for payment of your Insurance premium..... **No.**
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... **Aug 19 1916**

..... *[Signature]*

..... **Officer Commanding.**
..... **LT. COL,**
..... **O. C. 127th YORK RANGERS**
..... **OVERSEAS BATTALION C.E.F.**

SYPHILIS CASE-SHEET.

Regtl. No. 779087 Rank and Name Pte Alfred J. H Corps 2 D.D
 Placed on Syphilis Register at Base Toronto on Nov 15/18 No. in Register 16321B
(Name of Hospital)
 Disease contracted at ? Primary sore appeared on (date) June

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site None

Lymphatic glands

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms irregularity of pupils - absent knee reflexes
+ slight rhomboid

Examination of exudate from sore—Spirochaeta Pallida (present or absent) None

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

Wassermann reaction (Result (positive or negative) 4.4.4)

Station _____ Date _____ Signature of M.O. Col. Frow
capt

Struck off Syphilis Register at Base Toronto on Dec 20th 1918

Cause of being struck off Register {
 (a) ~~Recovered~~
 (b) ~~Transferred to Army Reserve~~
 (c) ~~Discharged from Army~~ } Transferred to I.S.C for further treatment

Station _____ Date _____ Signature of M.O. Col. Frow
capt

DEPARTMENT OF MILITIA AND DEFENCE.

P.M. 25-A1-147.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *J. Mackenzie* 2. Surname *Stared*
3. Rank *Sgt.* 4. Original Unit *129th Batt* 5. Reg. No. *429087*
6. Address, in full, to which future payments of gratuity are to be forwarded
- 15 Blenheim Road Toronto*
7. Date of enlistment in the C.E.F. *10th Aug 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. Present address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
- 129th Batt from Aug 10/16 until May 27/19*
- and 8th from May 27/19 until June 1/19*
- 2 months and 1/2 in France*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
- 4 months with the 129th in England*
- and 2 1/2 months with the 8th in France*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
I received 45.50 war service gratuity on discharge and 2000 dollars last month

20. Have you been issued with a War Service Badge? If so, what class? *A-1*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *no*

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge *discharged 6/1/19* (b) Reason for discharge *In. unfit*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *no*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
*from 12/14 until mar 31 with the 2nd C. Troops
 from Oct 2 until mar 25 with 2nd C. Troops*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *yes*
 (b) If so, are you in receipt of full pay and allowances from that Department? *no*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *J. J. Alford Jr.*
 Place of Residence: *15 Caledonia Road Toronto Ont.*
 Declared before me at: *Toronto*
 This *25th* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

[Handwritten signature]

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

*Card
9.9.16
m h w*

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... **ALDRED**
- 1a. What are your Christian names?..... **James Henry**
- 1b. What is your present address?..... **1235 Lansdowne Ave. Toronto**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Manchester, Eng.**
- 3. What is the name of your next-of-kin?..... **Mrs Annie Aldred**
- 4. What is the address of your next-of-kin?..... **1235 Lansdowne Ave Toronto.**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **July 21st. 1897**
- 6. What is your Trade or Calling?..... **Butcher**
- 7. Are you married?..... **Single**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **12th. York Rangers**
- 10. Have you ever served in any Military Force?..... **No**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes.**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

[Handwritten Signature]
[Handwritten Signature]

(Signature of Recruit)
 (Signature of Witness)

Date **Aug. 10th.** 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **James Henry Aldred**, 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.

[Handwritten Signature]
[Handwritten Signature]

(Signature of Recruit)
 (Signature of Witness)

Date **Aug 10th.** 1916

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at **Camp Borden Ont** this **10th.** day of **August** 1916.

[Handwritten Signature]

(Signature of Justice)

[Stamp]
 O. C. 127th YORK RANGERS
 OVERSEAS BATTALION C.E.F.

Description of James Henry Aldred on Enlistment.

Apparent Age 19 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 10 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair brown

Nil.

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

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 August 10th 1916

Place Camp Borden Ont.

[Handwritten Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Henry Aldred 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.

[Handwritten Signature] (Signature of Officer)

Date August 10th 1916

LT. COL.
 O. C. 127th YORK RANGERS
 OVERSEAS BATTALION C.E.F.

WARD CR 478
MEDICAL HISTORY SHEET.

Surname Aldred Christian Name James Army

Examined { on 14th day of January 1916.
 at Lindsay
 Birthplace { City or Town Manchester
 County England

Approved by J. McCulloch
J. McCulloch Capt.
 Medical Officer M.O.
 Rank 109th Overseas Battalion, C. E. F.

Apparent age 18 years
 Trade or occupation Butcher
 Height 5 Feet 8 1/2 Inches.
 Weight 135 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 37 1/2 inches.
 Physical development good
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Five
 Number Five

Date	Result	VACCINATIONS,
<u>26.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 26th 1916
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/1/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25/1/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/2/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 14th day of January 1916 at Lindsay

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt. C. E. F.</u>	<u>725159.</u>		<u>14.1.16.</u>
Transferred to..	<u>4th Coy Pioneer Bn. C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>St. Andrews N.B.</u>	<u>10/7/16/</u>	<u>Old synovitis of knee.</u>	<u>Discharged by Medical Board.</u>
		<u>H. Dunlop Capt. A.M.C.</u>	

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

779087

DENTAL CERTIFICATE.

Pte. Aldred, J.H.

G.D.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
July 30/18	Fit			G
			<p><i>[Signature]</i> Capt- C.A.D.C.</p>	

Major D. E. Robertson Report Dec. 10, 1918.

"He has a relaxed knee, the result of an operation for semi-lunar cartilage. He requires no treatment other than an elastic knee cap.

... ..
... ..
... ..
... ..

Casualty Form - Active Service.

Regiment or Corps 127th Battalion

Rank Apr Surname Blair Christian Name James Henry

Religion Age on Enlistment years months

Enlisted (a) Aug 10/16 Terms of Service (a) Duration 6 months Service reckons from (a) Aug 10/16

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

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 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 ...			
15.3.18	C.R.S. Depot	Disembarked L.S. on way from 2 nd M.C.R.	Purfleet	9. 8.3.18	Part II 74
		<i>acknowledged</i>			
		for L.S. records, CIVIL			
20/6/18		Report to BN. PART II D.O. NO. 144.		20/6/18	
		3rd Canadian Command Depot.			
28.5.18	C.R.S. Depot	On Command 3 rd Coy Seafood	Purfleet	27.5.18	Part II 144
21.6.18	do	Off Command Seafood	do	20.6.18	Part II 141

(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, Shesteg-Smith, & Co. W. 8527-M2988 1920m 7/17 (2929) C. F. & S., Ltd. Forms B./103 E/1555. (P.T.C.)

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				
28/6/18	C.R.T. Dept.	S.O.S. and transfer to S.A.M.C. Dept. Honcliffe.	Purfleet	28/6/18	PT II Do 178
			L. E. Co		Lieut. Hoel
			Canadian Railway Troop Dept.		
29.6.18	cameid.	Taken on Strength	S'cliffe	28/6/18	Do 178
17.7.18	"	S.O.S. to come on Depot S'cliffe Depot Group			
					FOR OFFICER COMMANDING, S.A.M.C. DEPOT
18.7.18	cameid.	T.V.S. cameid.	S'cliffe	16/7/18	Do 61. 18/7/18.
28/7/18	v	S'cliffe Comd'd Buxton	"	28/7/18	"70 28/7/18 Wentland L.V. Recd. cameid
8161 700.08					
30 JUL 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11		ORDER No. 778	
		EMBARKED FOR CANADA FROM LIVERPOOL			
22.9.18	Sailed from				
	England for Canada				
			Adj. Winton	Major.	
			Conducting Staff.		
					Lieut.-Col. Canadian Discharge Depot.

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				

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

Casualty Form—Active Service.

M. F. W.
150M. 10 15.
H.Q. 1772-9-920. *413*

Unit, Regiment or Corps 127th Bn., Can. Inf.

Regimental No. 779087 Rank Pte Name ALDRED James Henry

Enlisted (a) Aug 10/16 Terms of Service (a) One year or during the war or six months after the war Service reckons from (a) Aug. 10/16

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				

CERTIFIED CORRECT
 15-FEB-1917
 CAN. RECORDS, LONDON.

Embarked	Canada	Halifax	1916 Aug 21
Arrived	✓ England	Liverpool	" 30

12/1/17 127th Bn. PROCEEDED FOR SERVICE OVERSEAS / Berden **JAN 12** *Shos. H. Holdsworth* P.I. 0.12
 G.O. 127th Bn. CANADIAN INFANTRY. B.E.F.

20/2/17	2nd Bn. C.R.T.	Posted in France	Stave	13.1.17	R.R. 7324 P.I. 0.15.
3/2/17	W. Office	Designation of unit changed to 2 Bn Can Arty Troops	Field	10/2/17	P.O. 14 d/ 10/2/17
11.3.17	O.C. Unit	Sick-Loose cartilage to	56 St Amb	11.3.17	B213 D.C.S. 4 d/ 16.3.17
17.3.17	O.C. I.C.C.S.	Displaced Cartilage adm	I.C.C.S.	12.3.17	A 36/6 3041
		Trans	*22 A.Y.	14.3.14	D.C.S. 6 d/ 25/3/17
17.3.17	L.S. Mermot	adm	L.P.O. Mermot	17.3.17	W-3034-396.
21.3.17	O.C. N/S Warilda	adm	N/S Warilda	21.3.17	W-3083-215 P.I. 0.24 d/ 30/3/17
		Inv. to England and posted to ...	Durlect	23.3.17	Depot. 887. H. 20.87 d/ 8.4.17

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
8/4/17	6197 Sept	Taken on strength	Purfleet	23/3/17	PT#0087
1/11/17	C.R.T. Depot.	S.O.S. this Depot to 2 nd Bn. C.R.T. Overseas.	Purfleet	31/10/17	Pt. 2 D.O. 294 Eckington Lt. for O.C., C.R.T.D.
10/2/17	127 th Bn	New known as 2 nd Bn C.R.T.	Field	10/2/17	Pt. 0 - 14
9.11.17	C.L.B.D	T.O.S. 2nd Bn. C.R.T	France	2.11.17	Pt. 0-87 d/1919
11.11.17	of Unit	joined 2nd Bn. C.R.T.	Field	9.11.17	B213
1-3-18	Pres USA	Lieut. R. adm	Pres USA	1-3-18	W 3034 205714
25-2-18	O/C Unit	adm	41st C.C.S.	25-2-18	B213
3-3-18					
8-3-18	19m/bsp	Inw (Sick) to Eng Per A.I. Grantully dpos ted to C. R. Depot Purfleet	Castle Purfleet	8-3-18	W3083/4875. 8/3/18. PT# 0-18 d/15-3-18.

A.B. Johnston

Lieut. for Major D. A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

A.M. Reed Capt.
LIEUT.

FOR LT: COL: I/C RECORD

G. Gibson

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

CERTIFIED CORRECT
5 - NOV. 1917

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY WARDS
TORONTO GENERAL HOSPITAL

MILITARY HOSPITAL

Eye Clinic

DATE

OCT 31st 1918

NAME Aldred Jg RANK Pvt. NUMBER 779087 UNIT Park AGE 27


HISTORY

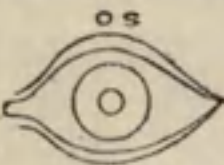
SYMPTOMS

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD  All inequality of pupils

OS 

RETINOSCOPY AND OPHTHALMOMETER

OD $+1.50$
 $+1.50$
 $+3.50 \times 105^\circ$ $\frac{6}{12}+$

OS $+1.75$
 $+1.75$
 $+3.00 \times 95^\circ$ $\frac{6}{12}$

OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA

H
n



FIELDS

Irregular Hypermet-astigmatism
Duration yrs
Disability Nil NO
Due to disease?

MUSCLE BALANCE

Eq by device

TENSION

no

SUBJECTIVE EXAMINATION

TRIAL CASE

OD	BEFORE	SPH.	CYL.	AX.	V	AFTER
	$\frac{6}{24}$	$+0.50$	$+3.50$	105°		$\frac{6}{12}+$
OS	$\frac{6}{24}$	$+0.50$	$+3.00$	75°		$\frac{6}{12}$

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD $+3.50$ cyl 105°

OS $+3.00$ cyl 95°

TREATMENT:-

M. F. W. 144.

10M.-6-18.
1772-39-1173.

Glasses

J. Baylesworth

Opt. - Quigley & Co.

MILITARY HOSPITAL
DATE
OCT 1918

OPHTHALMIC EXAMINATION

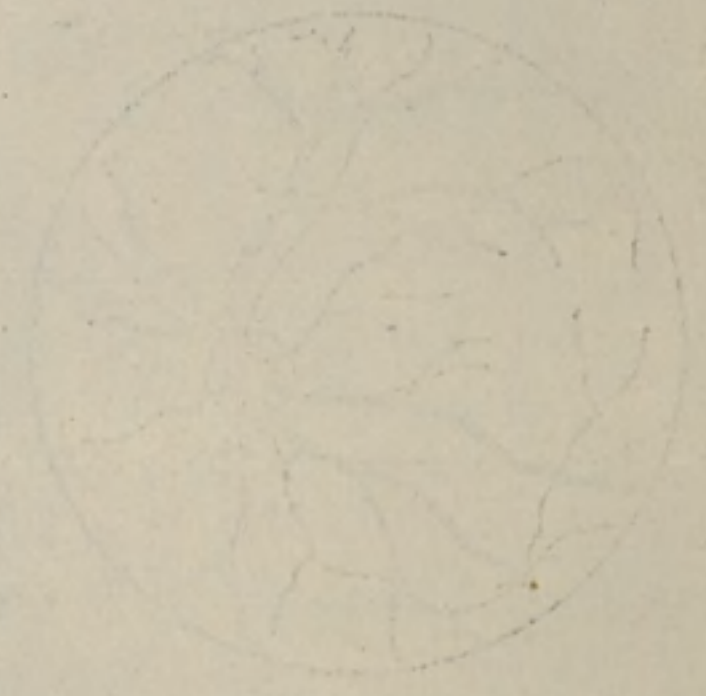
OPHTHALMOLOGIST

OPHTHALMOLOGIST

MILITARY HOSPITAL

OPHTHALMIC EXAMINATION

OPHTHALMOLOGIST



CHS Rank *Pvt*

Name ALDRED James Henry

Reg'l No. 779087

Unit ~~127th York Rangers Bn.~~ *What Unit?*
 If in perm. Corps, }

Married or Single *Single*

Place and Date of Enlistment *Camp Borden Ont. Aug. 10th 1916* Place of Birth *Manchester, Eng.*

Name and Address, Next-of-Kin *Mrs, Annie Aldred*

~~1235 Landsdowne Ave, Toronto, Ontario.~~ *16 KIPLING AVE.*

Relationship *Mother*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason *PFE*

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received				
<i>6.</i>		Arrived in England while in quarantine	<i>S. S. Olympic</i>	<i>30-8-16</i>	
<i>4-11-16</i>	<i>127th Bn.</i>	<i>Att. 134th Bn for r. a. d.</i>	<i>Bramshott</i>	<i>2-11-16</i>	<i>D.O. PFI 215</i>
<i>12-1-17</i>	<i>127 Bn.</i>	<i>Proceeded overseas.</i>	<i>Borden</i>	<i>12-1-17</i>	<i>PFI 12.</i>
<i>20-2-17</i>	<i>2nd Bn C.R.T.</i>	<i>ARRIVAL IN FRANCE</i>		<i>18-1-17</i>	<i>" 15</i>
<i>20-3-17</i>	<i>2 Do.</i>	<i>Adm No 56 Field Ambulance</i>		<i>11-3-17</i>	<i>Co. A. 23 Loose Cart. Knee.</i>
<i>10-2-17</i>	<i>127th Bn.</i>	<i>NOW KNOWN AS 2nd Ln. C.R. Pt. II.</i>		<i>O. 14.</i>	
<i>27-3-17</i>	<i>2nd Bn C.R.T.</i>	<i>Adm No 6 British Red Cross Hospital Etaples</i>		<i>17-3-17</i>	<i>Co. A 27 INF. DER. R. KNEE</i>
<i>29-3-17</i>	<i>C.L. 2nd C.R.T.</i>	<i>East Leeds War Hospital</i>	<i>Leeds</i>	<i>23-3-17</i>	<i>C.L. B. 11. Displaced Cart.</i>
<i>30-3-17</i>	<i>2nd C.R.T.</i>	<i>Evacuated "SICK" & Posted to. C.R.T. Depot. Purfleet.</i>	<i>Field.</i>	<i>21-3-17</i>	<i>W.D.O. 27. (Depot C.R.T. 9/11 D.O. 87.)</i>

N/E. R.B. No *3959*
 File R.L.
 Category *OR Com*

A.F.B. 103 CHECKED
 WB. 19 JAN 1917

ME

Wm

Phys

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.				
4-5-16.	2 nd CPT. CL.	Trans. Summerdown Con Hosp.	Eastbourne	4-5-17	CL. B25. Depot Pt 150 122 of 13.5.17.
25.7.17	do	To ban. Mil. Hosp.	Eastbourne	20.7.17	Ch. B65. do.
27.7.17	do	Disch.		23.7.17	- B67.
1.11.17.	CPT. S	S.O.S proc o/c as dft to 2 nd CPT.	Purfleet	31.10.17.	- 294 (2 nd CPT PII 87 9 ¹¹ / ₁₇)
15.3.18	2 nd CPT.	Invalid. Sick. posted to CPT. S.	Hild.	8.3.18	pt II '8. CPT. S. pt II 74. 15/3/18
28/5/18	CRD. S.	On command 3 rd CPT. Seaford	Purfleet	27.5.18	- 147.3 rd CPT. S. pt II 126. 3/5/18.
20.6.18.	3 rd CPT.	Leave season comm. posted to CPT. S.	Seaford	20.6.18	- 143. CPT. S. pt II 171. 21/6/18.
28.6.18	CPT. S.	S.O.S transf. to C.A.M.C. Dep	Purfleet	28.6.18	- pt II 178. came to PII DO 180 d/29/6/18 came to PII DO 61 d/18/7/18.
17-7-18	C.A.M.C. Dep.	S.O.S to C.A.M.C. R.D.	S'cliffe	16.7.18	PII DO 198
29.7.18	C.A.M.C. Dep	Of Comm to 1 st CPT. Purfleet	do	29.7.18	- 20
4.10.18	C.A.M.C. Dep	Return to Canada (OR)	do	22.9.18	PII DO 130

A.F.B. 100: CHECKED
5 NOV. 1917

No. 725159

RANK

Pte

NAME

Aldred J.

H.

T. O. S. 13-1-16.

UNIT

109th. Battalion

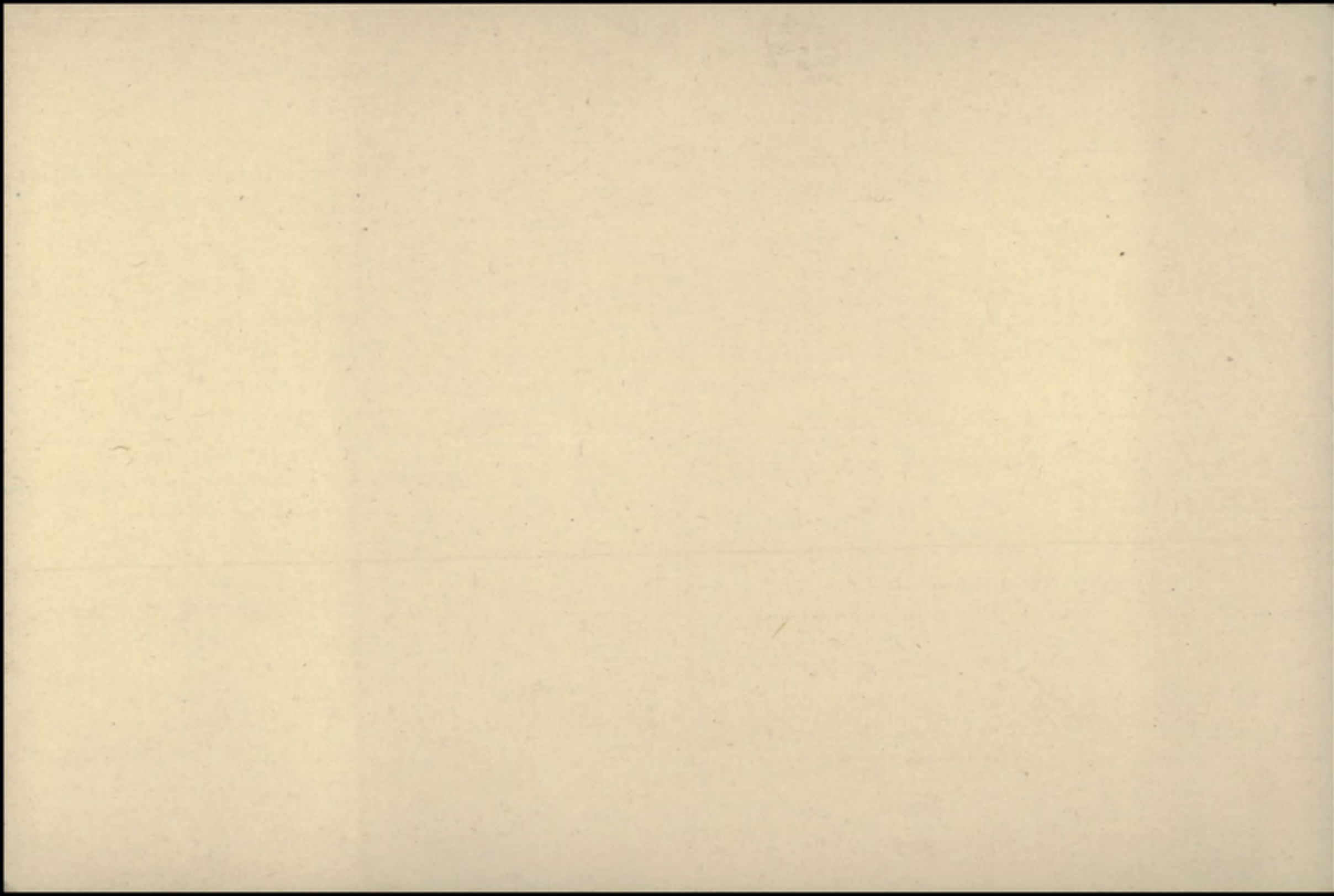
D. O. 49. 17-1-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan 13	Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June. 1.	June 5.	n.	Transfd. to 4 th Pioneer Bn. 5-6-16.	D. O. 169 of 5-6-16.

UNIT SAILED

JUL 23 1916



No. 779087. RANK *Plt.*

NAME *Adred, J.*

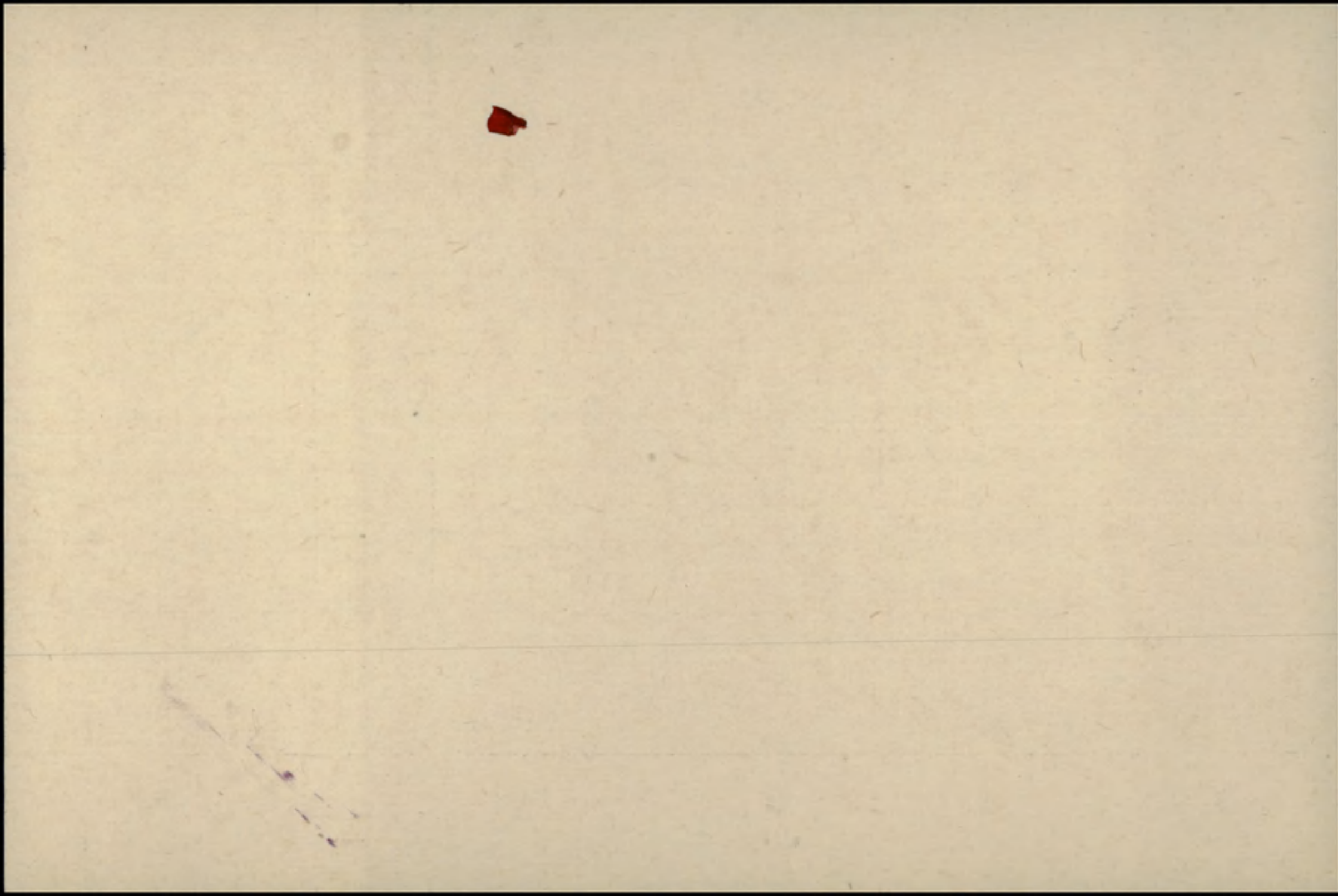
74.

T. O. S. *10-8-16.* UNIT *127th Bw. C. I.*
NU 147-15-8-16.

M. D. *2-*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Aug 10</i>	<i>1914</i> <i>Aug 31.</i>	<i>✓</i>		

UNIT SAILED
AUG 22 1916



Reg. No. 779087	Rank. Lt	Surname Aldred	Category. D3.	Dentally Unfit. D2T
Christian Names (1) James		(2) Henry	(3)	Date 27-3-18

Place of enlistment: Camp Borden	Date of 10/8/16	Taken on from 2-11-17	Religion Method	Inoculations 29/9/16 17/3/17 27/3/18	Company 3
Province: Ont.	Age on 19	Date 25-6-18		Vaccination 12/8/16	

In Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
13-1-17 till 22-3-17 2. Inca.	Butcher
2-11-17 .. 8-3-18 4 "	Transferred or Posted to
Reason for return: Syn. R. Knice	Date 14/7/18

Married or Single	LEAVE.			
	No. of Pass Issued	FROM	To	Free Transportation
Address of Next of Kin	SF	27-5-18	6-6-18	
Mrs. Annie Aldred				
16 Rippling Ave.				
Country Toronto Ont.				

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
74	15-2-18	S.S.			
		H.A.			
94	29-3-18	H.T.			
147	29-5-18	H.D.			
		C			
121	20-6-18	W.			
178	28-6-18	S.D.			
		same D.			
180	29-6-18	S.L.			
198	16-7-18	S.D.			

LEDGER No. 102.

SERIAL No. 87394

REG. NUMBER 779087 NAME Alfred J.H. OK

RANK Plt CORPS 2 P.D.

AGE 21 SERVICE -

NAME OF HOSPITAL O.P.D. Base PLACE Toronto

DATE OF ADMISSION 8-11-18

DISEASE V.D.S.

TRANSFERRED TO OTHER HOSPITALS.....

.....

OPERATION.....

DISCHARGED TO Unit 20-12-18 IN CATEGORY.....

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

James. Henry.

Name **ALDRED.** Rank **Spr.** Reg. No. **779087**
 Unit **2ND C. R. T.**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-3	15 th W. S. A. G. 2	Etretat	Sp. R. 156		180/1	
9-3	University of Southampton		do	B161		4032
27-3	Mil. Gen. Hospital		do	7787		15177
27-5	Discharged		do	B228		5354

O.S.

ADMITTING CARD.

Regt. No. 479084 A. & D. No. T 2386

Rank Sgt

Name Alfred J. H.

Corps Machine Gun

Religion Pres Age 19

M. H. Rec'd..... M. H. Requested..... M. H. Ret'd.....

Disease Displaced cartilage R. knee

Admitted 19 JUL 1917

Discharged 23 JUL 1917

Place in Hospital 56

Transferred.....

Results.....

14/12 4/12

Am. S. P. S. D.

P.T.O.
no

REMARKS:

MEDICAL HISTORY SHEET.

Requested		Reply	Date
From	Date		
1			
2			
3			
4			
		Can. Con. Hos.	
Orig. Dup. Recd. from		Summerdown	19/7/1917
Orig. Dup. Sent to			/ /19
Recd. from Repr. this Orig. Dup.			/ /19
Ward			

161 JUL 1917
 Macpherson Road
 Waverley

REGT'L NO

779087

H. Q. FILE No. 649-

NAME

Aldred

RANK AND CORPS

Pte

J. H.

Ind. Railway Troops

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 23	No. 56. 3rd. Amb.	11-3-17.	Loose Cart. Kneel.
A 27.	to No. 6 British + Captles	17-3-17	Int. Mer. R. Kneel.
B 11	East Leeds War Harehills Ad Leeds	23-3-17	Displaced Cart.
B 25.	to Summerdown. Cow Castle Lane	4-5-17	Displ. Cart. Kneel
B 65	Law Mil. Eastbourne	20-7-17	Dis. cart. r. knee
B 67	Leisch.	23-7-17	" " " "
A 156.	1 US 9. Gen. Etretat	1-3-18.	Syn. R. Kneel
B 161.	University War: Southampt	9-3-18	" " "
B 177.	Mil. Com: w' cote, P.H. Epam.	27-3-18.	" " "
B 228	Displ	27-5-18	" " "

Name **ALDRED, James** Rank **PTE** Reg. No. **779087**
 Unit **Henry SECOND PIONEERS RAILWAY TROOPS.**
 Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
Mch 11	No 56 Fld Amb.		Loose Cart.	A 23		
" 17.	No. 6 B.R.C. Hsp.	Etaples.	Int. Der. R. Knee.	A 27.		
" 23	East Leeds War Hsp	Leeds	Displ Heart	B 11		
			GART.			
May 4	Summerdown Con Hsp	Eastbourne	Do	B 25		
20-7	C.M.H. Eastbourne		Do. m	B 65		
23-7	Discharged:-	Do.	Do.	B 67		

No. 725159 RANK *Pvt.*

NAME *Aldred J. H.*

T. O. S.

UNIT

4th Pioneer Battalion C. E. 7

*Transf. from 109th Bnd-6-16
D.O. 50714-6-16.*

M. D. *6*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

SIG.
OR
REC'T

1916

1916

✓

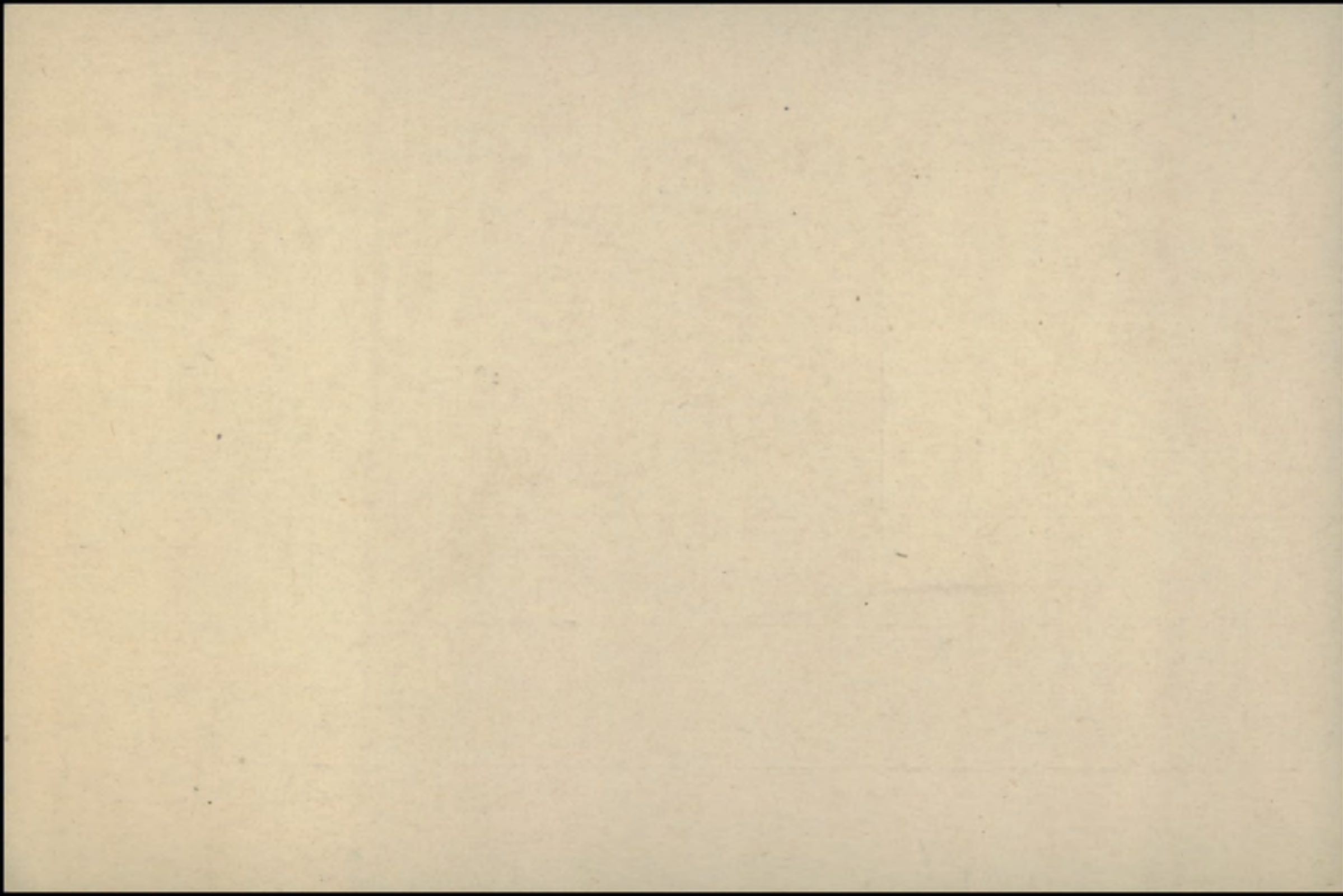
*June 6
July 1*

*June 30
July 10*

✓

*Dischgd. K. R. & O.
10-7-16.*

D.O. 71710-7-16



Surname

Christian Name or Names

Reg. No.

Aldred.

J.H.

779087

Rank

Unit

Co.

Troop

Batty

Pte.

2 R. Troops.

Hospital

Date of Admission

Transferred

56. 7. Amb.

Hosp.

11. 3. 17

*6 British Red Cross Hospital 6 Staples

Hosp.

17. 3. 17

6 Leeds. War. Leeds.

Hosp.

23. 3. 17

Summerdown con-Eastbourne

Hosp.

4-5-17

Diagnosis

Loose Cart. Knee Right

(1) Later Diagnosis (if changed)

Syn. R. Knee.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

Cl. 20. 3. 17. A23.

27. 3. 17 A. 27

29. 3. 17 B 11.

9-5-17 B 25

25-7-17 B 65

27. 7. 17 B 67. Dis. 25. 7. 17.

6. 3. 18 A 156.

12. 3. 18 B 161.1

2-4-18 B 177(2)

31. 5. 18 B 218-Y

Dis. 27. 5. 18

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

Rw.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | | Hospital | Adm. |
|----|--|----------------|
| 1. | <i>Can. Mil. Eastbourne</i> | <i>20-7-17</i> |
| | <i>1st U.S.A. General & Tretat.</i> | <i>1-3-18</i> |
| 2. | <i>Univ. War Hosp. Southampton</i> | <i>9-8-18</i> |
| | <i>Mil. Conv. Woodcote Park</i> | <i>27-3-18</i> |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Name **L. Aldred, J.H.** Rank **Pte.** Regtl. No. **779087**

Original unit **2 CRT** Present unit **CRT Res.** M. or S. **S** Age **20** Religion **Meth.** Fyle Depot **Ref. H.Q.**

Port, ship and date of arrival **Montreal, Llanstephan Castle, 8-10-18**

Next of kin **Mother, Annie Aldred 1235 Lansdowne Ave. Toronto.**

Address on leave **Same**

Address on discharge **1E Caledonia Rd., Toronto Junction, Ont.**

Transportation issued Yes No Date Character on discharge

Previous occupation **Butcher** Date and place of enlistment **Camp Borden 10-8-16**

Dia. **Weakness Rt. knee** Date of Medical Boards **19-12-18**

Date.	Remarks.	Pt. 2 Order No.
TOS 22-9-18	TOS#2DD posted to CAS Co.	
	leave from 8-10-18 to 28-10-18	
	subs " " " "	176
8-11-18	<i>Posted to Hosp. Det. (Base)</i>	<i>205</i>

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

Date.

Remarks

Pt. 2 Order No.

20-12-18. Posted to Cas. Co. (Park School).

248

6-1-19 S.O.S DISCHARGED HAVING BEEN FOUND MED. UNFIT. (to take
further out patient treatment with the ISC) (91 days
PDP & clo' all'ce)

~~250~~ 2

Name *Pte J. H. Aldred*

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

Regimental No. *479087*

Name and address of next-of-kin

Unit *127th Bn.*

Date of enlistment

Place of

Married (yes or no) *No.*

Date and place discharged

Amount of pay assigned monthly \$ *20⁰⁰ chg'd ^{Oct/18} ~~July/18~~*

Reason for discharge

To whom payable *Mrs. Annie Aldred*

Character on discharge

16 Kipping Ave. Toronto, Ont.

SEPARATION ALLOWANCE AND
ASSIGNED PAY OF \$ *20⁰⁰*
CHARGED TO *31-10-18*
BEING CONTINUED BY
DIRECTOR OF S.A.P. OTTAWA

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					
<i>Aug. 31</i>	<i>Oct. 31</i>	<i>92</i>	<i>1⁰⁰</i>	<i>92</i>	<i>92</i>	<i>10</i>	<i>92016</i>	<i>80</i>	<i>118</i>	<i>9823</i>	<i>337</i>	<i>11463.</i>	<i>11800</i>	<i>J.O.S. DO 176 Sub 8/10/18 - 28/10/18 DO 176 D.P.P.</i>
<i>Nov. 1</i>	<i>30</i>	<i>30</i>	<i>1-</i>	<i>30-</i>	<i>30</i>	<i>10</i>	<i>3-</i>		<i>33-</i>	<i>11052</i>	<i>5-✓</i>	<i>33-</i>	<i>33-</i>	<i>To Hosp. Sec - 8-11-18 D.O. 205 NPL</i>
<i>Dec 1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>310</i>		<i>34.10</i>	<i>12837</i>	<i>5-</i>	<i>40-</i>	<i>45</i>	<i>AP. Nov. & Dec</i>
							<i>Ver Bal. 1090</i>						<i>45</i>	

TRANSFER

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

357
P. 45W

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *Mrs Annie Aldred* By Whom Assigned *Aldred. J. H.*
 Address *1235 Lansdowne Ave* Regtl. No. *119087*
Toronto Rank *Pte*
 Rate *20⁰⁰ Sept. 1. 16* Corps *13th Bn.*

SEP 7 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated accounted</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

3 - 1151

1 - 1151

1 - 1151

1 - 1151

1 - 1151

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

Mrs Annie Aldred

Name of Soldier

*Alfred J H
2000 12/ Batt # 449084*

L. L. Job 4503. - Req. 6532.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		L 19043	20	✓
Oct.		C 19457	20	✓
Nov.		C 24557	20	
Dec.		C 32766	20	
Jan.	1917	E 36647	20	
Feb.		E 43072	20	20 J.W.
March		E 49137	20	20 E.
April		476	20	20 E.
May		F 6399	20	
June		F 12926	20	20 W
July		F 19744	20	cu
Aug.		H 26784	20	cu
Sept.		G 23439	20	cu 260-00 W.D. ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

2000

SEP 7 1916

mm

Bh

mc

2017

P. W. W.

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A 1148

Sept 1st/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *779087*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *J. H. Aldred*

Battalion *127 Batta 127 Batta*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Annie Aldred*

Address *1235 Lansdowne Ave Toronto Ont*

Change of Address

1 *16 Kipping Ave, Toronto,*

2 *Ont.*

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Sept</i>			<i>260</i>	<i>\$260.00</i>	
<i>Oct</i>	<i>50538 C</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>52349 C</i>		<i>20</i>	<i>20</i>	<i>T</i>
<i>Dec</i>	<i>60065 C</i>		<i>20</i>	<i>20</i>	<i>C</i>
<i>Jan</i>	<i>61306 F</i>		<i>20</i>	<i>20</i>	<i>S</i>
<i>Feb</i>	<i>91089 B</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>98318 G</i>		<i>20</i>	<i>20</i>	
<i>April</i>	<i>8094 G</i>		<i>20</i>	<i>20</i>	<i>R</i>
<i>May</i>	<i>11030 A</i>		<i>20</i>	<i>20</i>	<i>b</i>
<i>June</i>	<i>13938 B</i>		<i>20</i>	<i>20</i>	<i>b</i>
<i>July</i>	<i>26901 Y</i>		<i>20</i>	<i>20</i>	<i>D</i>
<i>Aug</i>	<i>29255 A</i>		<i>20</i>	<i>20</i>	<i>b</i>
<i>Sept</i>	<i>36160 A</i>		<i>20</i>	<i>20</i>	<i>C</i>
<i>OCT</i>	<i>42658 A</i>		<i>20</i>	<i>20</i>	<i>C</i>
<i>NOV</i>	<i>50758 A</i>		<i>20</i>	<i>20</i>	<i>C</i>
<i>DEC</i>	<i>62896 B</i>		<i>20</i>	<i>20</i>	<i>b</i>
<i>JAN</i>	<i>70159 B</i>		<i>20</i>	<i>20</i>	<i>b</i>
			<i>560</i>		

196-8-14

open

Hand Stephen Bastle 62802

Ret'd per

Date 10/10/18 F.X. 12/10/18 to m.d. 2

Clerk J. Bolter

ap blood 31/12/18 4th 13/1/19

trans to m.d. 2. Auth H-893-1-82 20/18

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 25320-M. & D. 7888.



File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Doc'n No W. S. G. File No

Name Award days at \$ per day \$
S. A. months at \$ per mo. \$

Address Less P. D. P. Credited

Less further debit balance
Net due paid as below

TO SOLDIER			
0	Ag. No	Ch No	...
1			
2			
3			
4			
5			
6			

Clerk

Dependent

Address

Pay Dependent \$

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal.
or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date

28/10/11

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 depot 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, dispatch, 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. 204).
- (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.

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. <u>779087</u>	Army Rank <u>Pte</u>
Name <u>Alfred</u> <u>Jac</u>	(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
Corps <u>C.S.D.</u>	
Battalion, Battery, Company, Depot, &c. <u>127 Bln</u>	(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 <u>21</u> years <u>1</u> months	Descriptive marks. <u>Shrapnel scars right knee</u> <u>head left leg</u>
Height <u>5</u> feet <u>11</u> inches	
Chest measure— girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence <u>40 Mount</u>	<u>2</u>
(To be given as fully as practicable)	
(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.)	

Returned to Canada in accordance with instructions under paras 7 & 19 of A.G.A. 5-1-22 of April 5th 1910.

Category B.3.

To be filled in on the soldier quitting the Colours.

3. Military character:—

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

Deceased 17 Oct 1959

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*

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

France 10 1/2 mos

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 Bttn. 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.

Reg. Conduct Sheet, Militia form B. 263	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133
Squadron } Battery } Conduct Sheet, " B. 263a Company }	Proceedings on Discharge " B. 218
or Field Conduct Sheet " W. 178	
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia form B. 313	
Casualty Form " W. 54	
Medical Report for Invalid§ " B. 227	
Dental History Sheet " B. 465	
Last Pay Certificate " W. 44	(a) Proceedings on Discharge.
Duplicate Discharge Certificate " W. 39A	(b) Attestation.
‡Form of Will " W. 82	(c) Medical History Sheet.
§Only if discharged "Medically unfit."	
‡Only if man has not been overseas.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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.)

R.I.

No.	779087,
Rank	Pte.
Surname	ALDRED.
Christian name	JAMES HENRY.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	127th. Bn. (#2.D.D.)
Date of discharge	JAN 6 1919
Place of discharge	TORONTO, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....21.....years.....months.	Descriptive marks vacc. scars on left Arm.
Height.....5.....feet.....11½.....inches.	
Complexion Fair	
Eyes Brown	
Hair Auburn	
Trade Butcher.	
Intended place of residence	15 Caledonia Rd. Toronto, Junction. Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of " Medically unfit."	
Authority for discharge...#2.D.D. Jan.6th.1919. Pt.11#2	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

E. R. J.

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

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

6. Medals and Decorations

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... TORONTO, ONT..... *James A. Alford* (Signature of Soldier.)

(Date)..... JAN 6 1919..... *W. F. Harvey Lt* (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)..... TORONTO, ONT.....

(Date)..... JAN 6 1919.....

(Signature)..... *W. F. Harvey Lt*
O. C. Discharge Stations,
No. 2 District Depot

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.)

James A. Alford

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 criticised.

No concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

(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.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

We recommend his discharge as medically unfit for service, for further treatment with I.S.O. as an "out-patient." Category D.3.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

[Signature] President.
[Signature] Members

PLACE: Base Hospital Toronto.

DATE: December 19, 1918.

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE: _____

DATE: _____

APPROVED BY: *[Signature]*
 Assistant Director of Medical Services.

APPROVED BY: _____
 Director-General of Medical Services.

DATE: 31/12/18.

DATE: _____

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 invalid 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."
- In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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: Base Hospital Toronto DATE: December 19, 1918.

1. 1 (a) Unit: No 2. District Depot (b) Regimental No: 779087. (c) Rank: Private.

(d) Surname: ALDRED. (e) Christian name: James.

(f) Home address: 15 Caledonia Rd., Toronto Junction.

(g) Next of Kin: Mrs Florence A. Aldred. (h) Relationship: Mother.

(i) Address of Next of Kin: 15 Caledonia Road Toronto.

2. Age last birthday: 21 yrs. Date of birth: July 21st, 1897.

3. Enlistment, or Appointment (if an Officer) (a) Place: Toronto. (b) Date: Aug. 10, 1916.

4. Personal description:
 (a) Height: 5'11 1/2". (b) Weight: 165 lbs. (c) Complexion: Fair.

(d) Colour of hair: Auburn. (e) Colour of eyes: Brown. (f) Identification marks, Scars, etc.: Tattoos both arms.

5. Former trade or occupation: Butcher.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid'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
	2.	126.

	PERIODS	
	From	To
Canada	127 th, Bettn. Aug. 10, 1916.	Aug. 19, 1916.
England	Sept. 1st, 1916.	Jan. 12, 1917.
France or other theatres of War	Jan. 12, 1917. Oct. 1917.	March 30, 1917. March 1918.
	England and Canada. March 1918.	Dec. 19, 1918.

7. Original disease, or injury (1) Impaired function of right knee joint. (2) Varicose veins left leg. (3) Neuresthenia (4) Syphilis.

(3) Jan. 1917. (4) Prior to enlistment.
 (a) Date of origin: (1) 18-3-17, (2) 31-3-17. (b) Place of origin: (1) France (2) France (3) France (4) Canada.
 (c) Cause: (1) Active service conditions. (2) Active service conditions. (3) Active service conditions. (4) Probably accidental infection.

16

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Marked weakness of right knee joint and leg.
(2) Slight weakness of left leg. (3) Slight weakness and palpitation from impaired function of the nervous system. (4) No signs.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. 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.— Right knee slightly swollen 15 1/2" circumference, left 15".

Slight puffiness of inner side of patella. Movements Ag. E. Normal.

Ag. P. active 90°. Passive 160° with marked lateral movement of right knee.

joint. Some atrophy of right calf. Right 13 3/4". Left 14 1/2". walks with limp.

Knee jerks absent. No ataxia seen.

(1) Subjective.— Unable to bear weight on right leg for any great length of time. Foot gets numb, and he begins to have a drooping of foot.

(2) Objective.— Three operation scars inner side of left leg healed.

(2) Subjective.— Slight pain inner side of left leg on walking ten blocks.

(3) Objective.— No apparent nervousness. See report attached.

(3) Subjective.— Palpitation and gets excited at times for no apparent reason.

(4) Objective.— Absent knee reflexes. Station good. Wasserman blood 4.4.4.

Cells 35. Globulin-trace. Colloidal gold-5554432200

(4) Subjective.— None.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. Genito-Urinary System No.
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No except as stated.

10. (a) History (of the condition referred to in Section 9 (a).)

Slight wound and contusion of right knee Feb. 1917 on the Somme. Was

operated on East Leeds War Hospital in March 1917. Struck on outer side of

right knee by a steel rail.

No history of any Venereal disease.

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

None.

(c) (Here give a description of wounds, scars, and deformities.)

None.

11.—(a) Did the disabling condition have its origin before enlistment? (1) No. (2) Yes. (3) No (4) Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(1) Not applicable (2) No (3) Not applicable (4) Yes. At time of enlistment there were no clinical symptoms.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) No. (2) No. (3) No. (4) Syphilitic Infection.

The regimental documents will be referred to. If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Permanent. (2) Six months. (3) Six months. (4) Two years.

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

(1) Operation. (2) Operation. (3) Gymnastics.

(4) Intravenous Diarsenol.

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)

(1) (2) & (3) No. (4) Yes.

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

17. Recommendations

That he be discharge to the I.S.C. for further antisyphilitic treatment.

D.3.

E. F. Law
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out.)

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

I complain in addition of

J. H. Aldred
Signature of invalid examined. Rank.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

THE ENTIRE DISABILITY—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and ordinary constitution in the general market for untrained labour?

THE PENSIONABLE DISABILITY—see Part I (b). Approximation on Active Service of a disability existing previous to joining to be included in the estimate?

Permanency of the Pensionable Disability estimated next above in (14) is due to causes arising during Active Service?

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

CONDITION OF SERVICE AS INDICATED IN PART I.

Classification for the Military Hospitals Commission

Dated at this day of 191

Signatures of the Board: President, Captain H. G. Wallace, Major H. Cameron Smith

Reserved for M.H.C.

Regt. No. 779087 Rank Spr. Surname Aldred Christian Name James Henry

Unit or Corps—(a) Overseas from United Kingdom 2nd. CRT. (b) In United Kingdom CRT Res.

Born at—Town Manchester County or Province Lancs. Country England.

Date of Birth—Day 21st. Month July. Year 1897. Age 20 yrs. 10 months.

Joined at Camp Borden Ont. Canada Date August 10th 1916

Former Trade or Occupation Butcher.

Permanent marks or peculiarities that will serve for future identification

Tattoo Marks both forearms—Figures—

Height—feet 5 inches 10 1/2. Colour of eyes Brown.

Signature of Soldier (for identification purposes)

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 3 rows for Disabilities Group (a), (b), and (c). Group (a) contains Weakness R. Knee.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row (i) As to Group (a) above: Int. Derangement Right Knee, France, Feb 1917.

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

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

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.

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? **Yes**
(ii) While off duty? **no**
(iii) Was a Court of Inquiry held? **no**
(iv) Where? **East Leeds War Hospl.**
(v) When? **March 1917**
(vi) Opinion of the Court? **Discharged fit from Eastbourne July 1917**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).
Pt. states that he was slightly wounded and received contusion of r. knee in Feb'y 1917. He was operated at East Leeds War Hospl. in March 1917. A lat. lig. r. knee removed also varicose veins from l. leg. Discharged fit from Eastbourne July 1917. He states that he was struck on outer side of r. knee by a steel rail admitted to 41st C.C.S 25-2-18. Small amt. of fluid in knee joint. Usual medical channels. Admitted to Epsom 26-3-18. He has had massage and remedial gymnastics and has improved. He wears boots that are raised on the inner side heel and sole.

7. PRESENT CONDITION. (Give previous and present condition if likely to indicate progress of disability)

Subjective. Weakness r. knee.
Objective. Well developed well nourished man of 20 years. Semicircular scar over inner side of r. knee through which the int. semilunar cartilage has apparently been removed. The int. lat. lig. is considerably stretched as the leg can be abnormally everted. Also the crucial ligaments are stretched because there is an abnormal degree of antero-posterior movement. There is a slight degree of atrophy in r. thigh. Circum. of r. thigh is 1/2" less than that of l. thigh. Otherwise fit.

8. OPERATION. (i) Was one performed? **yes**
(ii) If so, state what. **Desc. in Sec. 6**
(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

9. (i) Is there loss or decay of teeth attributable to Active Service? **yes**
(ii) If so, describe. **1 upper decayed.**

10. YOUR RECOMMENDATION:—
(a) Fit for duty? **no.**
(b) Fit for base duty? **B.iii likely to be raised in Category within six months.**
(c) Invalid to Canada? **no.**
(d) Discharge from the Service as permanently unfit? **no.**

Date of Report **10 MAY 1918** Signed **Fred. C. Marlow. Capt.**
Station **Epsom.**

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
S. R. JOHNSTON
Station, on **11 MAY 1918**
Dated at **MILITARY CONVALESCENT HOSPITAL EPSOM**

Proceedings of a Medical Board on the Soldier mentioned in Part I.
Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **YES.**

12. Is the cause of the disability fully indicated in Part I. (2)? **YES.**

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier? **NO**
(b) Misconduct of the Soldier? **NO**

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%). **NO**

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4, or all.) **NA**

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? **NA**
(ii) If not permanent, what is its probable minimum duration (in months)? **NA**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **NA**

18. Remarks. **NA**

CONDITION OF KNEE AS DESCRIBED IN PARA. 7.

19. Recommendation:—
(a) Fit for duty? **NA**
(b) Fit for base duty? **NA**
(c) Invalid to Canada? **YES. B.iii. LIKELY TO BE RAISED IN CATEGORY WITHIN SIX MONTHS TEMP. IN CATEGORY DI**
(d) Discharge from service as permanently unfit? **NA**

Date of Board **13th.-5-1918.**
Station **EPSOM.**
Signatures of the Board: **A. H. CAMERON SMITH MAJOR**
H. G. WALLACE CAPTAIN.

Approved **[Signature]** Major, C.A.M.C.
Dated at **18 MAY 1918** Station **A.D.M.S. CANADIANS, LONDON AREA, LONDON.**

OPINION OF MEDICAL BOARD

23. Does the Board concur with the preceding report? If not give differing opinion, with reasons, quoting the number of the answer criticised.

We concur.

24. A. State specifically whether treatment is required or not.
(Any further recommendations as to disposal e.g. Employment or Vocational Training, may then be made but the method of disposal must be carefully explained to the man.)

B. It is certified that the man:

(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.)

25. It is recommended that the man be discharged. (When not for discharge add special recommendation.)

We recommend his discharge as medically unfit for service, for further treatment with I.S.C. as an "Out-patient. CAT. D.3.

Before signing the Senior Medical Representative of the Medical Board will read the statement signed by the man and differing opinions regarding Sections 9, 10, 11 and 12, as recorded in Section 23, to the man and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 9, 10, 11 and 12 only, recorded in Section 22, the man is dissatisfied with the statement previously made, the remarks of the Medical Board will be added here.

Place Base Hospital Toronto

F.W. Hughes Capt.

Senior Medical Representative.

Date Dec. 19, 1918

J. J. Carlisle. Capt.

Member.

26. 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. I have had read and explained to me the consequences of such refusal as provided for in Order in Council, P.C. 387, Clause 22.

Witness _____ Signed _____

(Should the refusal of the man to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of Medical Officers should so state.)

Place _____ Senior Medical Representative.

Date _____ Member.

APPROVED BY R. Richardson Capt.

APPROVED BY _____

Unit Medical Director. Unit, S.C.R.

Director of Medical Services, S.C.R.

Date 31/12/18.

Date _____

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL REPRESENTATIVES, S. C. R.

- For use in accordance with Instructions laid down in General Procedure—Medical Branch of this Department. Later amendments should be carefully noted.
- 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.
- The Medical Representative in charge of the case is responsible for the proper completion of Sections 1 to 21 of this Form, and will obtain the signature of the man to the "Statement", Page 3. The Senior Medical Representative of the Board of Medical Officers is responsible for the proper completion of the Sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Representatives, S. C. R., will carefully obtain and record the man'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 man concerned, from witnesses, or from documents, regimental or otherwise.
- Special care is required in answering question 9. Please read the questions carefully. All questions must be answered.
- If space provided under any Section is insufficient, add another sheet. Such sheets must be initialed by the Medical Board. A note will be made of attached papers by the Medical Board under the Section, "Opinion of the Medical Board."
- Under no circumstances may information other than that in sections 9, 10, 11 and 12 be communicated to the man, directly or indirectly.
- 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 Base Hospital Toronto, Dec. 19, 1918

- (a) Former Unit No 2 Dist Dep (b) Regimental No. 779087 (c) Rank Pte.
(d) Surname Aldred. (e) Christian Name James.
(f) Home Address 15 Caledonia Road, Toronto
- Age last birthday 21 yrs Date of birth July 21st 1897
Toronto
- Enlisted at _____ on Aug. 10, 1916
- Personal description:
(a) Height 5' 11 1/2" (b) Weight 165 (c) Complexion Fair
(d) Colour of hair Auburn (e) Colour of eyes Brown (f) Identification marks
Tattoo both arms.
- Next of kin and Address Mrs Florence A. Aldred, Mother. Same address
- Former trade or occupation Butcher.

7. (a) Service: (The information should be secured from personal documents, but if documents are not available, the man'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
	<u>2-</u>	<u>126</u>

	PERIODS	
	From	To
In Canada <u>127th Bat.</u>	<u>Aug. 10, 1916</u>	<u>Aug. 19, 1916</u>
	<u>Sept. 1st, 1916</u>	<u>Jan. 12, 1917</u>
In England	<u>Jan. 12, 1917</u>	<u>Mar. 30, 1917</u>
	<u>Oct. 1917</u>	<u>Mar. 1918</u>
In France	<u>Mar. 1918</u>	<u>Dec. 19, 1918</u>
In other theatres of war <u>England and Canada</u>		

- (b) Date of Discharge _____ Pension No. _____ Pension Class _____
8. Original disease or injury (1) Impaired function of right knee joint. (2) Varicose veins left leg. (3) Neurasthenia (4) Syphilis
- (a) Date of origin (1) Jan. 1917. (2) Prior to enlistment. (3) France (4) Canada. (b) Place of origin (1) France (2) France to enlistment. (3) France (4) Canada.
- (c) Cause (1) Active service conditions. (2) Active service conditions. (3) service conditions.

This Form is to be completed in quadruplicate and forwarded, together with all other available Medical Documents, to the Unit Medical Director for approval and disposal as follows:

- District Office, B.P.C.—two copies.
- Chief Inspector, Dept. S.C.R.—one copy.
- Unit H.Q. File, S.C.R.—one copy.

S.C.R. Form 76.—75M. 4-18

(4) Probably accidental infection.

Date of origin (1) 18-3-17 (2) 31-3-17.

B257

9. Disability for which the man was discharged from the Navy or Army

10. Present Disability: (Here state the exact nature of the disability resulting from the disabling condition:—(a) Weakness, slight, moderate, marked, etc. (b) Loss, complete or partial, of an organ or member or of its functions. (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons. (d) Any other cause for restriction in choice of occupation.

- (1) Marked weakness of right knee joint and leg.
(2) Slight weakness of left leg. (3) Slight weakness and palpitation from impaired function of the nervous system (4) No signs.

11. Present Condition: (a) (Before completing this Section the man should be stripped and subjected to a thorough physical examination.) (Important, to be a full description of the present disabling condition or conditions only. "History" must be recorded in Section 12. Describe all abnormalities, anatomical and functional, contributing to present disability. Objective findings are to be stated first, then subjective findings.)

Objective. Right knee slightly swollen 15 1/2" circumference, left 15" Slight puffiness of inner side of patella. Movements Ag. E. Normal. Ag T. active 900. Passive 1600 with marked lateral movement of right knee joint. Some atrophy of right calf. Right 13 1/2" Left 14 1/2" Walks with limp. Knee jerks absent. No staxia seen.
(1) Subj. Unable to bear weight on right leg for any great length of time. Foot gets numb, and he begins to have a drooping of foot.
(2) Objective. Three operation scars inner side of left leg healed.
(2) Subjective.- Slight pain inner side of left leg on walking ten blocks.
(3) Objective. No apparent nervousness. See report attached.
(3) Subjective. Palpitation and gets excited at times for no apparent reason. Con. Page 5

(b) Has the man now any affection of the following systems not described in Section 11 (a) above? (Answer yes or no.—If the answer to any part is yes, give a brief description of the present condition.)

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

12. History (a) (of condition referred to in Section 11 a.)

Slight wound and contusion of right knee Feb. 1917 on the Somme. was operated on East Leeds War Hospital in March 1917. Struck an outer side of right knee by a steel rail, No history of any venereal disease.

(b) (Here give a complete history, with dates of origin, of any affection from which the man has suffered, either prior to, or since enlistment, and not included in answer to Section 12 (a) above.)

None.

(c) (Here give a description of wounds, scars, and deformities.)

None.

(1) No. (2) No. (3) No

13. (a) Did the disabling condition have its origin before enlistment? (4) Yes.

(b) If so, has it been aggravated on service? (1) Not applicable (2) and (3) Not applicable. (4) Yes. At time of enlistment there were no clinical symptoms.

14. Was the disability caused or aggravated: (a) by intemperance, or improper conduct; or, (b) by unreasonable refusal to accept treatment? (1) No (2) (3) No (4) Syphilitic Injection.

The Regimental Documents will be referred to. (If the answer is in the affirmative, state in percentages to what extent the patient is incapacitated by that causation or aggravation. In answering this question Conduct Sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on Page 4.)

15. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one (1) Permanent. (2) six months (3) Six months (4) Two years.

16. Treatment: If the man has received any treatment since discharge from His Majesty's Forces.

- (a) Where treated (1) Operation. (2) Operation. (3) Gymnastics. (4) Intravenous Diarsenol.
(b) Duration of treatment: from to
(c) Nature of treatment
(d) Results of treatment

17. 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.)

(1) (2) & (3) No (4) Yes.

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

(b) Name of Course in Industrial training, if any, taken by the man:

19. (a) If the man requires any orthopaedic accessories, state exact requirements

(b) If any such have been supplied, state date

20. (a) Is the identity of the man satisfactory?

(b) Has the discharge certificate been presented?

21. Recommendations: That he be discharged to the I.S.C. for further anti-syphilitic treatment.

E. Frow Capt.

Signature of Medical Representative by whom the case is brought forward.

STATEMENT OF THE MAN

22. (Sections 9, 10, 11 and 12 are to be read to the man, and either "satisfied" or "not satisfied", struck out.)

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

I complain, in addition of:

J. Aldred. Pte.

Signature of man examined.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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.)
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."

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.

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. <i>725159.</i>	
Rank <i>Pioneer</i>	
Name <i>James Henry Aldred.</i> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>"C" Coy 4th Pioneer Bn. C.E.F.</i>	
Date of Discharge <i>10-7-16.</i>	
Place of Discharge <i>St Andrews, New Brunswick</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>20</i> years <i>—</i> months.	Descriptive Marks <i>Bright red mark over right eyelid.</i>
Height <i>5</i> feet <i>8 1/2</i> inches.	
Complexion <i>Dark</i>	
Eyes <i>Brown</i>	
Hair <i>Dark Brown.</i>	
Trade <i>Butcher</i>	
Intended place of residence <i>1235 Lansdown Ave. Toronto Ont.</i>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>having been declared medically unfit by a board. K.R. & O. 1910 (Canada) 322-9.</i> <i>A.D.M.S. M.P.G. July 6th 1916.</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <i>Good (P.W.)</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Butcher (P.W.)</i>	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

*K.C. Comp
14-10-19 a.m.*

(OVER)

*Canada 19-7-16
H.C.*

P
DEPT MILITIA & DEFENCE
JUL 16 1916
H.Q. CANADA

11/1/35
DEPT MILITIA & DEFENCE
JUL 14 1916
H.Q. 649-A-1392
CANADA

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.....

None

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) *Sr Andrews* *Panclowatulu*
(Date) *July 10th 1916* *Com'd'g 4th Overseas Pioneer Bn. C. E. F.* Lt. Col.

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) *Sr Andrews* *J. H. Aldred* (Signature of Soldier.)
(Date) *10 July 1916* *[Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

10. Statement of Service.
Service toward Engagement to..... (the date to which the Record of Service is completed)..... years *18* days.
Total..... years *18* days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.
(Place) *Sr Andrews* *Panclowatulu*
(Date) *July 10th 1916* *[Signature]* Lt. Col.
Com'd'g 4th Overseas Pioneer Bn. C. E. F.

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.)

No Reservations

J. H. Aldred

Witness

167
498

S-165
S-165

MEDICAL HISTORY OF AN INVALID.

649-A-1392

1. Station. *St. Andrews, N.B.* 8. General remarks on his: *DEPT MILITIA & DEFENCE JUL 17 1916 H.Q. CANADA*
2. Regiment or Corps. *4th O.S. Pioneer Batt.* (a) Conduct. *good*
3. Regimental No. and Rank. *# 725159* (b) Habits. *good*

4. Name. *Aldred James Henry* (c) Temperance. *temperate*
5. Age last Birthday. *18* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on *January 14th 1916*
at *Toronto, Ontario*
7. Former Trade or Occupation. *butcher* Date. *June 20th 1916*

9. Service. Years. *170* Days.

	PERIODS.	
	From.	To.
<i>109th Battalion C.E.F.</i>	<i>January 14th 1916</i>	<i>June 2nd 1916</i>
<i>4th O.S. Pioneer Battalion</i>	<i>June 2nd 1916</i>	<i>June 20th 1916</i>

10. (a) Disease or disability. *Stiff Knee; on exertion becoming almost useless.*
(b) Date of origin. *one year ago*
(c) Place of origin. *Toronto, Ontario*
(d) Cause. *Slipped while working in a munition factory, dislocating a cartilage of the right knee.*

11. Present Condition. (Most important).
(To include full description of present disabling condition or conditions.)
Find man with a stiff knee, which gives away under him on marching or exercise; was in the Toronto Western Hospital with dislocation of the semi-lunar cartilage of the right knee for 13 weeks, last year.

12. (a) Is the disability the result of service or climate? *No*
(b) Has it been aggravated by intemperance, vice or misconduct? *No*

3

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 M-2-16
H. G. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal.						
Date of final disposal						
How finally disposed of						

The original Report is invariably to accompany the discharge documents of invalids.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

nil.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

nil.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

nil.

14. Treatment

limb immobilized for several weeks last year.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent or recurrent; operation might improve the condition

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not any more than previous to enlistment

18. State if for discharge on account of unfitness for Service.

Yes.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

yes

11.

yes

12.

yes

15.

yes

16.

yes

17.

yes

19. Is he unfit for Military Service.

yes

20. Recommendations: The board having convened pursuant to the order dated June 17th 1916 of the Officer Commanding the 4th Overseas Pioneer Bata. C.E.F. proceed to examine and report on the present physical condition of the above named pioneer and find the man suffering from dislocation of ^{semi-lunar} cartilage of left knee joint rendering him unfit for service and recommend his immediate discharge.

Signatures:—

H. Dunlop Capt. A.M.C. President.

H.P. O'Sullivan M.D.

Members.

Station. St. Andrews N.B.
Date. June 20th 1916

Date. JUN 3 1916

Approved. 20/7/16
Date.

M. H. C. [Signature]
Lieut. Col. Ass. Director of Medical Services.
Oscar & Cameron [Signature]
Director-General of Medical Services.

Medical Officer by whom the case is brought forward.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1.9.16	EFFECTIVE DATE:-	
AMOUNT:-	20 ⁰⁰	AMOUNT:-	
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.	
M.H. Annie Aldred.			

NAME:- ALDRED Jas. Henry

NUMBER:- 449087

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plc.

P. 830-25M-21-2-18.

LAST PAY CERTIFICATE.

PARTICULARS.

- L.P.C. Issued, date 31 7 18 Authority SDS MR 24.7.18
- Transferred to Canada
- Discharged to Canada
- Pay Book Verified 31 7 18
- Balance shown on L.P.A. \$ 4 72
- Balc. shown on Ledger Sheet \$ 2 917
- Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
1353	5/7/18	comms. 10/	243	
1425	15/7/18	do 1-10-6	742	
2420	24/7/18	5M Depot 3-0-0	1460	

- Ass'd Pay Cancelled A3M forms rendered stopped up 1.8.18
 - Sep. Allee. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment
- Certified Correct. W.D. Mahoney
Officer i/c Group "G"

UNIT AND TRANSFERS OCT 20 1918

ORIGINAL UNIT:- 1.10.16 127th Bn.

DATE ACCOUNT FIRST OPENED - 1.9.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			200 th
1.0.180.	29.6.18.	28/6/18.	22.7.18. C.A.M.C.P.

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
					26 06	Nil	
				20			
H. 19/4/18	973						
24/4/18	487				24 46		
	14 60			20			
				20	38 56		
AR 1590. CCA. 27/5/18	24 33				14 23		
	24 33			20	54 53		
				20	39 41		
AR 2149 16/6/18 S.C.D.	973						
✓ 501 27/6/18 E.P.D.	973						
	19 46			20	15 07		
				20	29 17		
AR 1425 15/7/18 comms	742				21 75		
1353 5/7/18 "	243				19 32		
2420 24/7/18 C.G.D.	1460				472		
	24 45			20			
Aug. AR 6487 C.O.D. Base 8.8.18 Ed (4)	4 87				15		
" 6733 - " 12.8.18 Ed (6)	4 87				5 02		
" 8159 - " 26.9.18 Ed (10)	4 87				9 89		
	14 61						
Sept. AR 10243 P.O.S. Base 9.9.18 Ed. 5	4 87				14 76		
Sending balance as per Note 10666	14 76				Nil		
	14 76						

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 1.9.16 EFFECTIVE DATE:
AMOUNT: 20⁰⁰ AMOUNT:

NAME: ALDRED Jas. Henry
NUMBER: 449087

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.

41 Annie Aldred
235 Lansdowne Ave. Toronto.
Mother

Stopped off 1.8.18
M.B.A.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plc.

UNIT AND TRANSFERS OCT 20 1918

ORIGINAL UNIT: 1.10.16 127th Bn.

DATE ACCOUNT FIRST OPENED: 1.9.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			2 Cpls
P.O. 180.	29.6.18.	28/6/18.	22-7-18. C.A.M.C.P.

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
7/18	1353	CAMCO	243	July 1918			
5/7/18	1425	"	742	July 1918			
11/7/18	2420	5th Depot	1460	"			

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 S.S.G. Tomholt 24/78

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	REMARKS
March 31	Balance Forward								26 00		
April	Plc Pay	33		ap.				20			
				A.R. 5263. 6.6.18. 19/4/18	973						
				5647 ✓ 29/4/18	487				24 46		
		33			1460			20			
May	✓	3410		ap.				20	38 56		
				A.R. 1590. C.A.M. 27/5/18	2433				1423		
		3410			2433			20	5453		
June	S.F. 27 ⁵ / ₁₈ -6 ⁶ / ₁₈ . 10dgs. 20.126 31 ⁵ / ₁₈ P.P.	730		AR 2149 16/6/18 3 CCD	973				39 01		
		33		✓ 501 27/6/18 eff.D.	973						
		4030			1946			20	15 07		
July	P.O.	3410									
				AR 1425 15/7/18 CAMCO 3	742			20	2917		
				1353 5/7/18 " 2/1	243				3175		
				2420 24/7/18 C.G.D. 13	1460				1932		
		3410			2445			20	472		
Aug.				A.R. 6287 C.O.D. Bunc 8.8.18 End (4)	487				15		
				" 6723 " " 12.8.18 End (6)	487				502		
				" 8189 " " 25.8.18 End (10)	487				989		
					1461						
Sept				AR 10243, 2000 Bunc 9.9.18 End 5,	487				1476		
	Starting balance after 6/18 Note 10666	1476							Nil		
		1476			487						