

REGIMENTAL DOCUMENTS

NAME *Brooks Charles Albert*

REGT. NO. *725582*

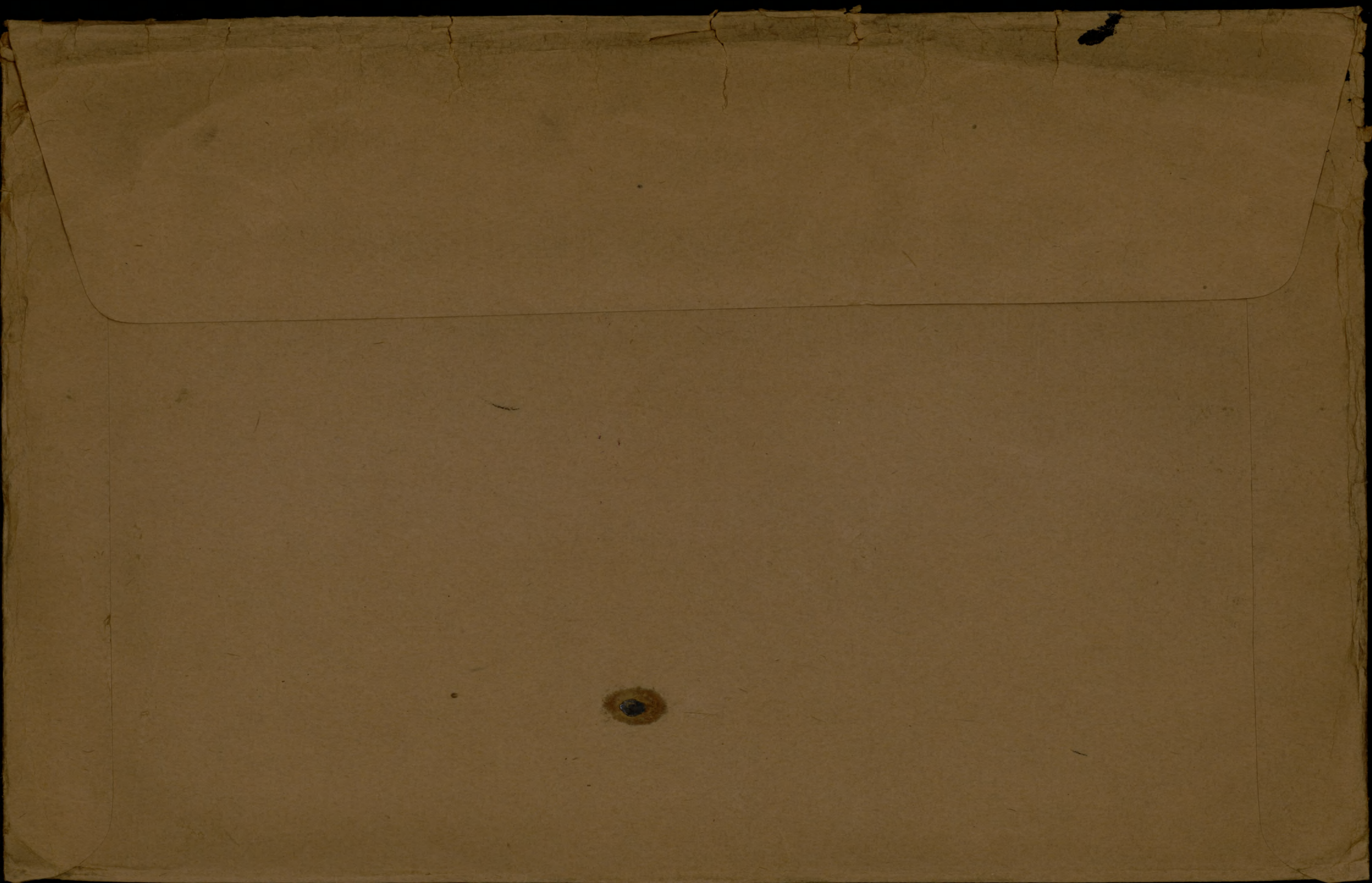
UNIT *3rd Inf. Div.* H. Q. FILE NO.

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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
✓ 3. ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
✓ 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				41467	Category
✓ TRAINING HISTORY SHEET (M.F.W. 113)					
✓ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
✓ 3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
✓ 1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
✓ 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Services no longer required</i>
✓ 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)					DESERTION
✓ 1 LAST PAY CERTIFICATE (M.F.W. 44)					
✓ 3. PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
✓ 2 <i>Small Sheet,</i>					
✓ 1 <i>M. F. W. 125,</i>					
✓ 1 <i>M. F. W. 64,</i>					
✓ 1 <i>Gas Card,</i>					
✓ 1 <i>Form No 5,</i>					
✓ 1 <i>A. F. 7 1257,</i>					
✓ 3 <i>Proceeding of Med Boards,</i>					
✓ 2 <i>Pay Cards,</i>					
✓ 1 <i>32 R. 122,</i>					
✓ 1 <i>Med. Card</i>					

M

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19/1/16

OK RG. C Coy

ATTESTATION PAPER.

No. 725582

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Brooks
- 1a. What are your Christian names?..... Charles Albert
- 1b. What is your present address?..... Senelm Falls
2. In what Town, Township or Parish, and in what Country were you born?..... Senelm Falls Ontario Canada
3. What is the name of your next-of-kin?..... George Brooks
4. What is the address of your next-of-kin?..... P.O. Senelm Falls Ont Canada
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 11th April 1895
6. What is your Trade or Calling?..... Farmer
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, Charles Albert Brooks, 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 19th Jan 1916. Charles Albert Brooks (Signature of Recruit)
H. Hutchings (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Albert Brooks, 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 19th Jan 1916. Charles Albert Brooks (Signature of Recruit)
H. Hutchings (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 Senelm Falls this 19th day of January 1916.
Wm McArthur (Signature of Justice)

Description of Brooks Chas Albert on Enlistment.

Apparent Age.....20.....years.....8.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 2 1/4 ins.

None

Chest measurement. { Girth when fully expanded.....34 1/2 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....dark

Eyes.....blue

Hair.....brown

Religious denominations. { Church of England.....x 6/8
 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 he declares that he is not subject to fits of any description.

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

Date.....Jan 19th.....1916

J. H. Bayliss
 Capt,
 Medical Officer,
 109th Overseas Battalion, C. E. F.

Place.....Frederic Falls.....

*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.

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

Date.....JAN 20 1916.....1916

[Signature] Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

Returned to Canada. Authority C.111

Adjutant General's letter D.O.4. A.G.2-1-29 of 19-6-17

B72

J.W.C.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.
 Regimental No. 425582 Rank Private Name Brooks Charles Albert
 Enlisted (a) 19-1-16 Terms of Service (a) S. of W. Service reckons from (a) 19-1-16
 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) Armer.

SPECIAL

CERTIFIED CORRECT.

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				
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		Transferred for Overseas Service with <u>20th</u> Batt'n.		OCT 5 1916	<u>D.O. Pt. 11. No 279</u> Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O&rs 55d11/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	<u>W3034</u> CAPTAIN.
21/1/17	4 Gen	GSW hand L sev adm 4	Genl	21/1/17	W3034. ADJUTANT.
20-1-17	5 CFA	ditto adm 5	C F A	17-1-17	A36 DCS 26613-8 FANTRY.
28-1-17	4 Gen	Seriously Ill	4 Genl	17-1-17	109th BATTALION C. E. F.
1-2-17	4 Genl	Wd Hand L. To Eng. per.	HS Dieppe	28-1-17	W3034.
				1-2-17	W3083. Pt 2 O'rs 12d12-2-17 (6651)
1-12-17	Overseas	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.	Cancelled with	9.11.18	17-11-17

Whogan
Capt.
for Lieut-Col. A.A.G.

(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. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
17.2.17	CCAC	TOS	Hastings	5.2.17	-82
11.3.17	CCAC	SOS 151 CORD	---	10.3.17	-117
14.3.17	ICORD	Taken on strength	Wandig	11.3.17	-5
					144 Lieut. D. Pratum Capt for Colonel i/c Records, Comd.
24.9.17	1 st CORD	Att 1 st C.O.D.	Sandling	24.9.17	Pt. II D.O. No. 199 J. H. Hutton Lieut. & Adj. for O. C. 1st C. O. R. D.
25 SEP 1917		TAKEN ON STRENGTH C.D.D. BUXTON			Pt. II ORDER No. 227 B. Vine Lt. Col. Commanding Canadian Discharge Depot.
18 OCT 1917		EMBARKED FOR CANADA FROM LIVERPOOL			B. Vine Lt. Col. Commanding Canadian Discharge Depot.
1.12.17	Oversia	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.		3 M.D 88-1-18.	17.11.17 E. M. Hume Lieut. & Adjutant No. 3 Special Service Company, C.E.F.

OPINION OF THE MEDICAL BOARD

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

YES

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable).

24. It is recommended that the soldier be ~~discharged~~ (When not for discharge add special recommendation).

Fit for CATEGORY CI.

Disability due to service IAC

[Signature] CAPTAIN ~~Br~~ *Cent*
[Signature] CAPTAIN } CAMC.
 Members.
 CAPTAIN CAMC.

STATION..... Fort Henry, Ont.....

DATE..... March 15, 1918.....

APPROVED BY

DATE MAR 18 1918

APPROVED BY

DATE.....

[Signature] Captain A. M. G.
 Assistant Director of Medical Services.
 For A. D. M. S. Mil. District No. 3.

Director-General of Medical Services.

(Medical Officers will please read this Form carefully before using it. See instructions page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

ORIGINAL

STATION.....Fort Henry, Ont., DATE March 14, 1918.

1. (a) Unit No. 3 S.S.Co. (b) Regimental No. 725582 (c) Rank PTE.

(d) Surname Brooks. (e) Christian name Charles. Albert.

2. Age last birthday 22 Date of birth April 11, 1895

3. Enlisted at Fenelon Falls, on Jan. 19, 1916
Ont.

4. Personal description:—

(a) Height 5' 2" (b) Weight 125 (c) Complexion Fair
(stripped) Fresh.

(d) Colour of hair Brown (e) Colour of eyes blue (f) Identification marks

G.S.W. Amp. index finger left hand.

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

Box 1315 Lindsay Ont.

6. Former trade or occupation Farmer.

7. (a) Service

	PERIODS	
	From	To
<u>109 Batt.</u>	<u>Jan. 1916</u>	<u>Sept. 1916</u>
<u>20 "</u>	<u>Sept 1916</u>	<u>Nov. 1917</u>
<u>No. 3 S.S.Co.</u>	<u>Nov. 1917</u>	<u>to DATE.</u>

(b) Has he been overseas? FRANCE 6 months.

8. Present disease or disability (use authorized nomenclature if possible)

(1) Loss of left index finger. (2) Limited movement in
left middle finger.

(a) Date of origin Jan. 17, 1917 (b) Place of origin France.

(c) Cause* G.S.W.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

SUBJECTIVE. Complains of aching and soreness in hand.

OBJECTIVE. Left index finger amputated at metacarpo phalangeal joint.

The flexion of middle finger is limited about 1/3 owing to scar
on dorsum. He has a fair grip with his hand. Heart is rapid but
regular.

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

10. History :

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

nil

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

(1) 10% (2) 5% for six months.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? Not applicable.

(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.)

16. 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.

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

Hospital in England.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? YES

20. Recommendations

CATEGORY CI.

[Signature]
C. PT. AMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

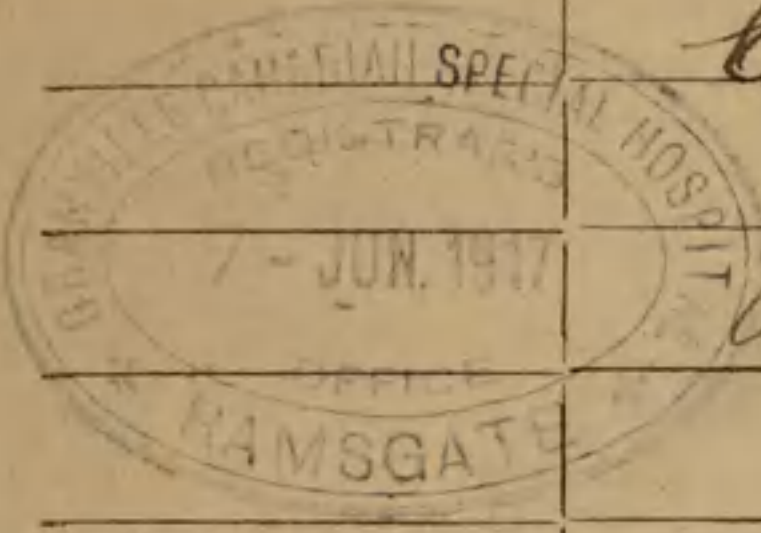
C. A. Brooks
Signature of soldier examined.

MEDICAL CASE SHEET.*

CH210

No. in Admission and Discharge Book. T6433 Year	Regimental No. 725582	Rank. Pte	Surname. Brooks Ballantyne	Christian Name. C.A.
	Unit. 20th Bn		Age. 22	Service. 19/12

Station and Date.	Disease gsw R hand
	Civil Occupation Farmer
	Enlisted July 17 th 1916 Inver Hills
	Arr. in England June 1916
	" " France Aug 1916
	Disability 17 th Jan 1917 Cologne.
	Hospitals 4 th Gen (consecutive) 7 weeks
	" " Yacht Club Gravesend 9 "
	" " Mack Hay Stge Greenhithe 3 "
	" " Con Corn Epsom 8 "
	" " G.C.S.H 7/6/17



History: He states. shrapnel. index finger left hand blown off. Wm H Gould Capt
C.A.M.C.

Present Condition: wound healed. index finger left hand amputated. all movements good, no ankylosis of joints etc. amputation 17.

Circulatory Respiratory Wm H Gould. Capt. C.A.M.C.
nervous system nil.

17 JUN 1917 Hand wrist exercises. Gardening W.H.T.

11/6/17 Urinalysis: Color La Roche Sp Gr 1025

17-6-17 Examining Room. Wm H.G.

Broad Room. Rec. Dept. B III W.H.T.

B III

6-7-17. Discharged to Reserve Depot Wm H Gould Capt

Station
and Date.

Surname Brookes Christian Name Charles Albert

Examined { on 19th day of January 1916.
 at Fenelon Falls
 Birthplace { City or Town Fenelon Falls
 County Victoria, Ontario

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

Apparent age 21 years
 Trade or occupation Farmer
 Height 5 Feet 2 1/4 Inches.
 Weight 125 Lbs.
 Chest measurement { Minimum 30 inches.
 Maximum expansion 34 1/2 inches.
 Physical development good
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>10 FEB 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left One
 Number One
 When Vaccinated last March 29th 1916

Date	Result	VACCINATIONS.
<u>29.3.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(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>14.5.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>24.5.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>4.6.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	<u>no</u>	<u>H. Boyd</u> no

Enlisted on 19th day of January 1916 at Fenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.
Joined on enlistment	<u>109^E Batt.</u> <u>C. E. F.</u>	<u>725582</u>	
Transferred to..	<u>21st Bn</u>		

The Medical History Sheets of all men proceeding overseas must be returned by the Officer commanding their unit to the Medical Officer when they leave England.
H. Boyd
 Lieut.-Col.
 In Charge of Records,
 Canadian Contingent

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Framville CS Hosp.</u> <u>Keegon</u>	<u>26/1/17</u> <u>14/3/15</u>	<u>J.S.W. left hand and</u> <u>amp. of index l.</u> <u>Edw Left Hand</u>	<u>B iii W. Turner M. G. Cairns</u> <u>A ii R. W. Cairns</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.

bid 210

Christian Name *Charles Albert*

Surname *Brooks*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Fort Pitt Chatham</i>		<i>5</i>	<i>2</i>	<i>17</i>	<i>5</i>	<i>2</i>	<i>17</i>	<i>SSW Hand</i>	<i>1</i>	<i>2 deep ps had been infiltrated very septic ATIS administered</i>	<i>Hubertson left</i>
<i>Tacht Club Graysend</i>		<i>5</i>	<i>2</i>	<i>17</i>	<i>11</i>	<i>4</i>	<i>17</i>	<i>Finger blown off ll. hand.</i>	<i>65</i>	<i>very septic Saline baths</i>	<i>St Lawrence Co.</i>
<i>Driel Hall Fort Pitt Chatham</i>		<i>11</i>	<i>4</i>	<i>17</i>	<i>12</i>	<i>4</i>	<i>17</i>		<i>1</i>	<i>transferred to Epsom</i>	<i>St John's</i>
<i>M.C. Hospital Epsom</i>		<i>12</i>	<i>4</i>	<i>17</i>	<i>7</i>	<i>6</i>	<i>17</i>	<i>R.W. Left Hand</i>	<i>57</i>	<i>Index finger of left hand has been removed - Metacarpal not involved - Slight discharge - 4/5/17 Does not improve sufficiently to warrant massage any further No discharge now - Cannot flex index finger at Metacarpus - Phalangeal joint - only to a very small extent - X-Ray shows joint to be normal. transfers to King gate for correction of deficient movement. do then to be C. 111 or ordered by Board</i>	<i>St. John's</i>

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

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

Rank Pte. Name Charles J. Surname Brooks
 Unit of Corps no 3. ss. Co. (If a soldier) Regtl. No. 425582.
 Born at Wynegon Falls. on, (date) April 11th 1895.
 Signature (for identification) C. A. Brooks

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

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

Weight 125. lbs. Colour of eyes Blue.
 Height 5 ft. 9 in. Identification Marks SS. W. Amp. Index finger, left hand

2. NUTRITION AND DIATHESIS?

Good

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

Good

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Good

5. HEART?

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 100

Intermittence or Irregularity? nil

Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? nil

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Good

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1023

Reaction? Acid

Albumen? nil

Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part?

Good

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

Loss of index finger with limited movement of middle of left hand

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

Good

Examined at Kington

Signed A. W. Evans M. O.

Date 14/5/15

Signed W. Stoughton Capt M. O.

C. A. Brooks

Signature note of Soldier.

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

Medical Examination upon leaving the Service of an Officer or a Soldier in for duty

This report is to be filled out by the examining physician and is to be submitted to the Medical Board, and is to be reported on the form.

Name: *John J. ...*
Rank: *Private*
Company: *1st ...*
Regiment: *1st ...*

Medical History: *None*
Present Illness: *None*
Physical Examination: *Normal*

1. (HEALTHY SYSTEM) - Is there a history of previous disability?
2. (RESERVE SYSTEM) - Is there a history of previous disability?

3. (HEALTHY SYSTEM) - Is there a history of previous disability?
4. (RESERVE SYSTEM) - Is there a history of previous disability?

5. (HEALTHY SYSTEM) - Is there a history of previous disability?
6. (RESERVE SYSTEM) - Is there a history of previous disability?

7. (HEALTHY SYSTEM) - Is there a history of previous disability?
8. (RESERVE SYSTEM) - Is there a history of previous disability?

9. (HEALTHY SYSTEM) - Is there a history of previous disability?
10. (RESERVE SYSTEM) - Is there a history of previous disability?

11. (HEALTHY SYSTEM) - Is there a history of previous disability?
12. (RESERVE SYSTEM) - Is there a history of previous disability?

13. (HEALTHY SYSTEM) - Is there a history of previous disability?
14. (RESERVE SYSTEM) - Is there a history of previous disability?

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

725582

(3) Full Name of Soldier.....

Charles Albert Brooks

(4) Place of Birth.....

Penelon Falls Ont

(5) Are you married, or not?.....

No

(6) If married, state,

(a) Full name of your wife.....

Nil

(b) Present Postal Address.....

Nil

(7) Are you a widower?.....

No

(8) Have you any children?.....

No

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

None

Also their names and ages.....

Nil

(9) Is your Father alive?..... Yes
If so, state name and address..... George James Brooks Fenelon Falls

(10) Is your Mother alive?..... Yes
If so, state name and address..... Laura Brooks
..... Fenelon Falls R.R. No. 2

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

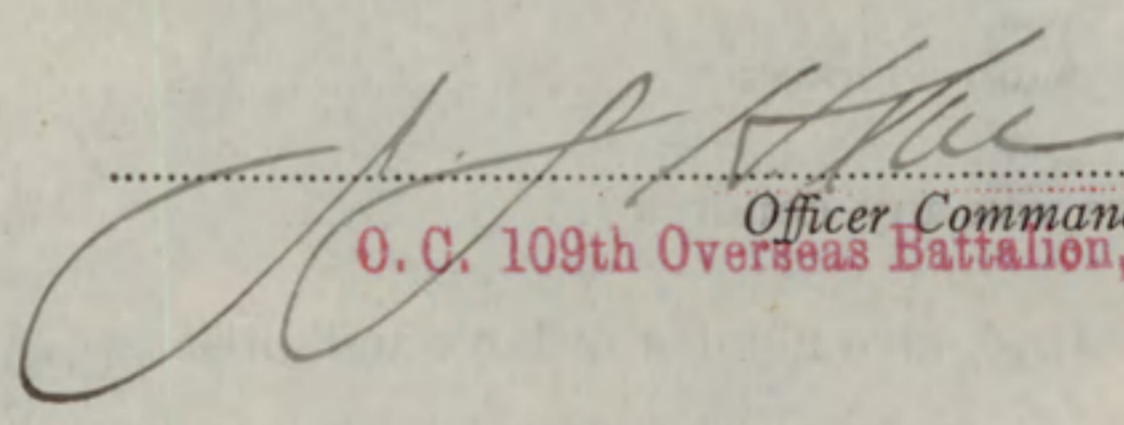
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
..... None

(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.
..... Nil

(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.
..... No

(15) Are you insured?..... No
If so, in what Company?..... None
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..... 6th July 1916

.....  Lt. Col.
Officer Commanding
O. C. 109th Overseas Battalion, C. E. F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST DAY CERTIFICATE

This is to certify that the undersigned has been employed in the Canadian Contingent Expeditionary Force for the period of _____ days, from _____ to _____.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 725582 Rank Pte Name Brooks C.A.
 Corps No. 3 SPECIAL SERVICE CO. who was* Discharged
 On 26/3/18 191 , to 191 ,
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3/18 191 ,
 to 26/3/18 191 , the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	11	80
Advances by Cheques } No. <u>Cash</u>	15		Regt'l Pay <u>26</u> days at \$ <u>1</u> c.	26	
} No.			Field Allow. <u>26</u> days at \$ <u> </u> c. <u>10</u>	2	60
Assigned Pay and Sep'n Allice. No.			Separation Allowances* (Monthly)		
Other charges <u>Q. M. Chgs</u>	1	55	Other Allowances* <u>Clothing</u>	13	
Payment on transfer or discharge No.	69	85	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	
Total	86	40	Total	86	40

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 191... }
 { and Sep'n Allice. for month of..... 191... } (to) Assignee.....
 (Address) Not Applicable

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 19/1/16
- (2) if married and if a Separation Allowance Card has been submitted Not Applicable
- (3) cause of discharge Services no longer authority 3 M.D. 88-B-388
- (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 26/3/18
 Place KINGSTON, ONT.

D. F. Bissonnette
 Paymaster.

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.

Duty - C III

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

SPECIAL

No. 725582. Rank Pte. Name and Corps of disabled Soldier:— Brooks Charles Albert - 109th Bn.

Previous civilian occupation:— Farmer.

Cause of Disability:—

Loss of index finger - Limitation of flexion middle finger.

Condition, in detail, which prevents the soldier earning a full livelihood:—

This man a G.S.W on left hand; the index finger was amputated at the metacarpophalangeal joint; the flexion of middle finger is limited 25% due to a scar on dorsum of finger; he has a fair grip with the hand. Heart rapid but regular - Lungs rather organs normal.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)

100% 1/10

Probable duration of incapacity:—

permanent

Does it render him permanently unfit for Military Service?

no

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

no

Signature:—

McCann Capt President.

Station:—

Quebec

Members

Date:—

11th Nov. 1917.

Members

APPROVED.

Date:—

11th 17

W. H. Carson Major Asst. Director Medical Services.

Date:—

Director General Medical Service.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Ramsgate. June 26th, 1917. 1916.

No. 725582 Rank Pte. Name Brooks, C. A.

Local Unit 5th. Res. Bn. Overseas Unit 20th. Bn. Age 22

Examination held at Granville C.S.H. Ramsgate.

DISABILITY.
Overseas—Local.
(scratch one out)

**LOSS OF LEFT INDEX FINGER. DIMINISHED
FLEXION OF MIDDLE FINGER LEFT.
PRESENT CONDITION.**

Has had amputation of left index finger. Scar on dorsum; limits the flexion of middle finger-left. Grip of hand-left fair.

BOARD RECOMMENDS:—

B iii.

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

Signatures:—

S.

Members

..... President.
W. G. Turner, Major, CAMC.

.....
Geo. P. Boyer, Capt. CAMC.

APPROVED

Dated at 30 JUN 1917 1916.

S. L. Walker

FOR A.D.M.S. CANADIANS, SHORNCLIFFE. For A.D.M.S. CAPT.

PROCEEDINGS OF A MEDICAL BOARD

Dated at 1916
 Name
 Rank
 Local Unit
 Overseas Unit
 Age
 Examination held at

DISABILITY
 Overseas - Local
 (Specify the year)

PRESENT CONDITION

The following is a summary of the present condition of the member as reported by the examining officer and the medical board.

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

Signatures

..... President

Members

APPROVED

Dated at 1916
 For A.D.M.S.

DEPARTMENT OF MILITIA AND DEFENCE.

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 *Charles Albert* 2. Surname *Brooks*
3. Rank *Pte* 4. Original Unit *109th Bn* 5. Reg. No. *725582*
6. Address, in full, to which future payments of gratuity are to be forwarded
155 Geneva Street
St. Catharines Ontario Can
7. Date of enlistment in the C.E.F. *Jan. 19th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Agnes Brooks*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *155 Geneva St*
St. Catharines
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:—
109th July 1916 - Oct. 1917
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 unit and dates of such service
not applicable
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. *109th Bn - Jan. 1916*
20th Bn - March 26. 1918.
2 years. 2 month. service
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
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.....
not applicable
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.....
*Three months P.D. P.F. 99.00
 Paymaster M.D.# 3.*
20. Have you been issued with a War Service Badge? If so, what class? *A & B*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled 'o 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? *no*
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge
26 March 1918 (b) Reason for discharge.....
Services no longer required
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.....
*20th Bn France - Oct. 1916
 Jan 17th 1917*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*
 (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: *C. A. Brooks.*
 Place of Residence: *155 Geneva St. St. Catharines. Ont.*
 Declared before me at: *St. Catharines*
 This *8th* day of *March* 19*19*

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependents	War Service Gratuity	Net amount due
<i>May 7/18</i>	<i>33.00</i>			
<i>June 7/18</i>	<i>34.10</i>			
	<i>67.10</i>			
Certified Correct. Total amt. Pd. <i>67.10</i> Deb Bal. <i>33.00</i> <hr/> <i>100.10</i>				

W. J. Lead
 District Paymaster.

CONFIDENTIAL INFORMATION

Report No. **AK** 21437
C

Class **Duty** Category **Cl11**

Brooks Charles, A.
 R.R. #2 Fenlon Falls,
 Victoria, Co. Ont.

No. of M.H.C. File **649-B-11671**
 No. of Local File
 No. of H.Q. File

No. **725582** Rank **Pte.** Original Unit **109** Present Unit **20**

Age **22** Height **5** ft. **2** ins. Complexion **Dark** Eyes **blue** Hair **brown** Character **NR**

Date of enlistment **19-1-16** Where enlisted **Fenlon Falls** Where seen service **France x3607**

Ship returned by **Delta 10** Date of arrival **28-10-17** Port of arrival **Quebec.**

Birthplace **Canada** Religion **C.O.E.**

Name and address next of kin **Father, G. Brooks, same address**

Notification of return to be sent to **do**

Cause of disability **1. Loss of index finger, 2. Lim. of flexion middle finger.**

MAY 28 1920

Condition which prevents the soldier from earning a full livelihood

sustained
 This man, a CSW on left hand, the index finger was amputated at the metacarpal phalangeal joint, the flexion of middle finger is limited 25% due to scar on dorsum of finger, he has a fair grip with the hand. Heart rapid but regular. Lungs and other organs normal.

Degree of incapacity (Please state in fractions) Eng. Board **None** Canadian Board **1-10% 2-1/10**

Probable duration of incapacity **permanent**

Is final disability likely to prevent return to previous occupation? **unfit for Mil. Service? No**

Recommendation of Canadian Board **Duty**

Destination to which transportation issued **Kingston**

Members of Board **K.C. Cairns Capt. A. Haig Capt. J.R. Tasse Capt. W.A. Garrick, MJR**

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment **farming**

Regular trade or profession **do**

Average earnings previous to enlistment **Variable** Any other income?

Name and address of last employer **father's farm, same address**

Rent per month **If purchasing property amount due and annual payment, \$**

Taxes **If Homestead, when is patent due?**

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society **Amt. per mo. \$**

Unable to follow previous occupation, name preference

At what age soldier left school? **What grade, standard, &c., was he in?** **NA**

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References **Not nec.**

Witness **H. McDonnell** I declare that the above statement is correct.

Date **Quebec, 11-11-17** Signature **G.A. Brooks**

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ **Dr., \$** Amount paid at Depot H. Q., \$ **L. P. C. leaving Depot, \$**

Amount forwarded to H. Q. Unit, \$ **Credit Clothing allowances, \$**

Transf'd to Unit **Transf'd Class 1—Date** **Transf'd Class 3—Date**

PENSION—Class **Amount per year, \$** **Period granted for** **Dating from**

First payment date

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases, the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
 (a) Unfit for overseas service but capable to take up their previous civilian occupation.
 (b) Disability not the result of service or involving claims as the result of or aggravation by service.

CONFIDENTIAL INFORMATION

Report No. _____

Class _____ Category _____

No. of Local File _____ No. of M.H.C. File _____

No. _____ Rank _____

Age _____ Height _____

Date of enlistment _____

Ship returned by _____

Where enlisted _____

Date of arrival _____

Port of arrival _____

Where seen service _____

Character _____

Present Unit _____

Original Unit _____

Complexion _____

Eyes _____

Hair _____

Religion _____

Name and address next of kin _____

Notification of return to be sent to _____

Cause of disability _____

Condition which prevents the soldier from earning a full livelihood _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WIFE-OR-EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Members of Board _____

Destination to which transportation issued _____

Recommendation of Canadian Board _____

Is final disability likely to prevent return to previous occupation? _____

Probable duration of incapacity _____

Degree of incapacity (Please state in fractions) Eng. Board _____

Canadian Board _____

Occupation prior to enlistment _____

Regular trade or profession _____

Average earnings previous to enlistment _____

Name and address of last employer _____

Rent per month _____

Taxes _____

If insured, when is patent due? _____

If carrying life or accident insurance, annual premium _____

If insured or sick benefits or other insurance—name of society _____

Is it possible to follow previous occupation, circumstances? _____

At what school or soldier's school? _____

What grade standard? _____

Has he taken any Technical or Continuation Class? If so what? _____

Whether given Vocational Training while in Hospital in England. If so, what subject? _____

References _____

Witness _____

Date _____

Signature _____

I decide that the above statement is correct _____

Recommendation by interviewer as to class likely to be of use, and general remarks _____

Period granted for _____

Transferred to _____

Unit _____

Transferred Class & Date _____

Amount forwarded to H. Q. Unit \$ _____

Credit Clothing Allowance \$ _____

Amount paid at Depot H. Q. \$ _____

I. P. C. leaving Depot \$ _____

First payment date _____

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

Surname: Brooks
 Christian Name or Names: C.A.
 Reg. No.: 725582
 Rank: Pte.
 Unit: 20th Bn.
 Co.: 1st C Out
 Troop:
 Batty:

Hospital: ~~20~~^H General Camiers
 Date of Admission: 27-1-17.

Transferred: Chatham Mil.
 Hosp. 5. 2. 17

Upon leave
 Hosp. 13-4-17

Graville Spl.
 Hosp. 8-6-17

Hosp.

Diagnosis: G.S.W.L. Hand.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 30-1-17 A425

REMARKS

" 1-2-17 A427

Condition Imp. 30.1.17

" 10. 2. 17 B267.

30-4-17 B329

Dis 7-7-17

13.6.17. B361.

17-10-17 B-38(2)

A.M.D. 2 DEPT.

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

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name BROOKS, Charles ^{Rank} Pte.
Albert.

Reg. No.

725582

Unit 20th Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
27-1	O.C., No. 4 Gen. Hosp.	Camiers	reports			
	SERIOUSLY ILL	GSW L. Hand.	A425	08177	30-1	
30-1	do	REPORTS CONDITION IMPROVED.	do.	A427	08271.	
5-2-	Mil. Hosp.	Chatham.	do.	B267		
13-4	CCH.	Woodcote PK. Epsom.	do.	B329		
8-6-17	Gran Can	S.H. Ramsgate	do	B361		
7-7-17	discharged (Ex letter #6/)		do	B38		

REGT'L No 725582

NAME Brooks, Charles Albert

H. Q. FILE No. 649-

RANK AND CORPS Pte 20th Bn. Form 109th Bn.

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
08177	29-1-17	Sp. Ser. ill No 20 Gen. Hosp. Larniere Jan. 27 th 17 G.S.W. Land. ✓
08271	31-1-17	Prev rep. seriously ill now condition improved No 4 Gen Hosp Larniere Jan 30 th 1917 G.S.W. Land. ✓
Y. 35-8.	25-10-17	Sailed from Liverpool for Canada per the S.S. Missambie on Oct. 15 th 1917 per authority

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 425	4 as per list A 427 O.C. no. 4 Gun Carriers	27-1-17	Serrously ill G.S.W. L. Hand
A 427	" " 4 " "	30-1-17	Condition Improved
B 267	" " " " " "	5-2-17	G.S.W. L. Hand
B 329	2 nd ^{8th} ^{Br.} ^{Co.} Woodcote Pk. Epsom	13-4-17	G.S.W. L. Hand.
B 361	" " " " " "	8-6-17	" " " "
B 38 ²	Epsomville Can. Spec. Parnsgate Discharged	7-7-17	G.S.W. L. Hand.

No. 725582 RANK Pte

NAME Brooks. C. A.

T. O. S.

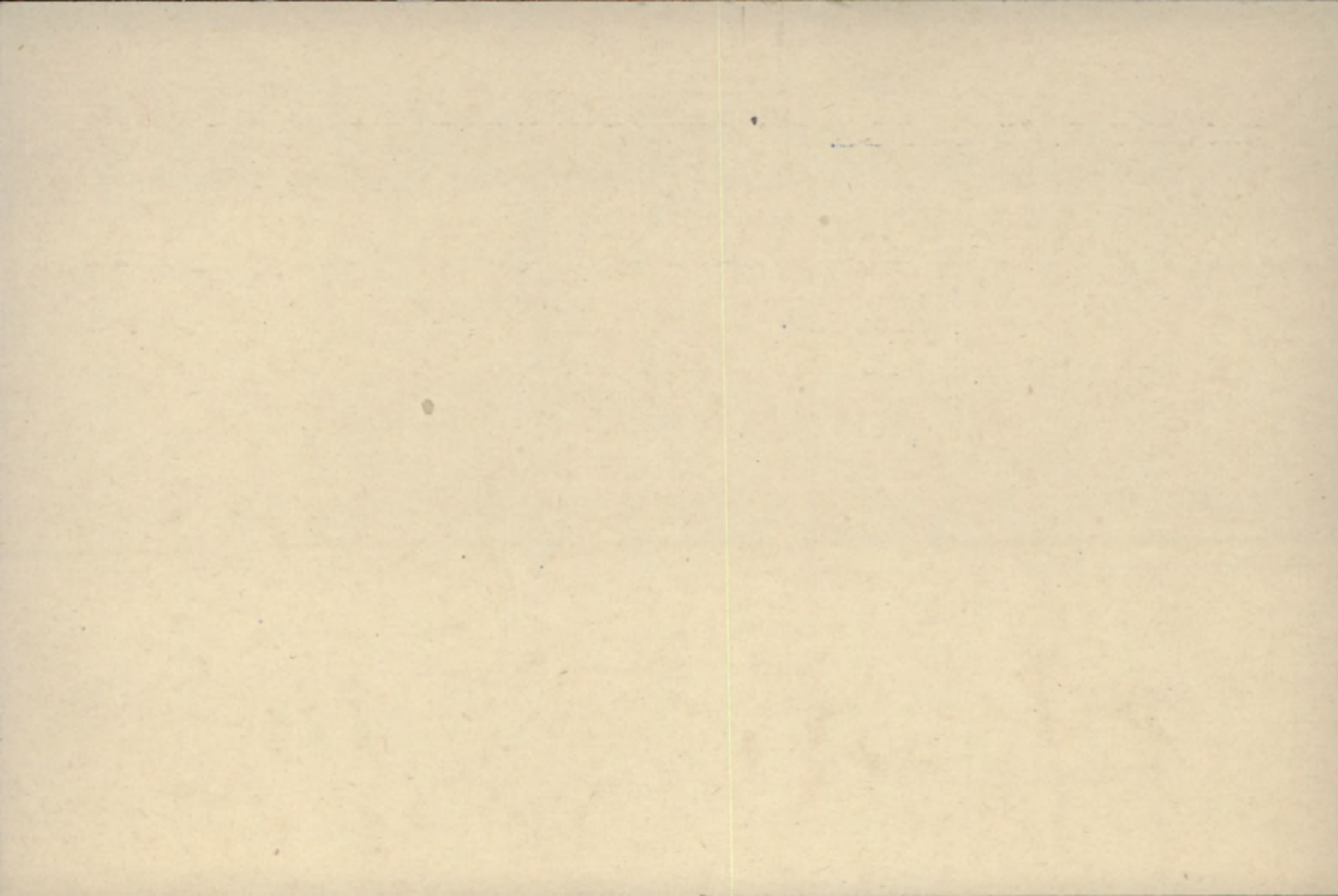
UNIT

Special Service Battalion # 3860y.

Transferred from Caruatto 1-12-17.
to 300y 10-12-17.

M. D. *W*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Dec 1 1918	1917 Dec 31 1918	<i>C</i>		
Jan. Feb. Mar 1	Mar 26	<i>u.</i>	Dischgd — aus.	Mar payroll
<i>acc. closed by payment S.</i>				



No. 725582 RANK Pte

NAME Brooks. C. A.

T.O.S. 19-1-16.

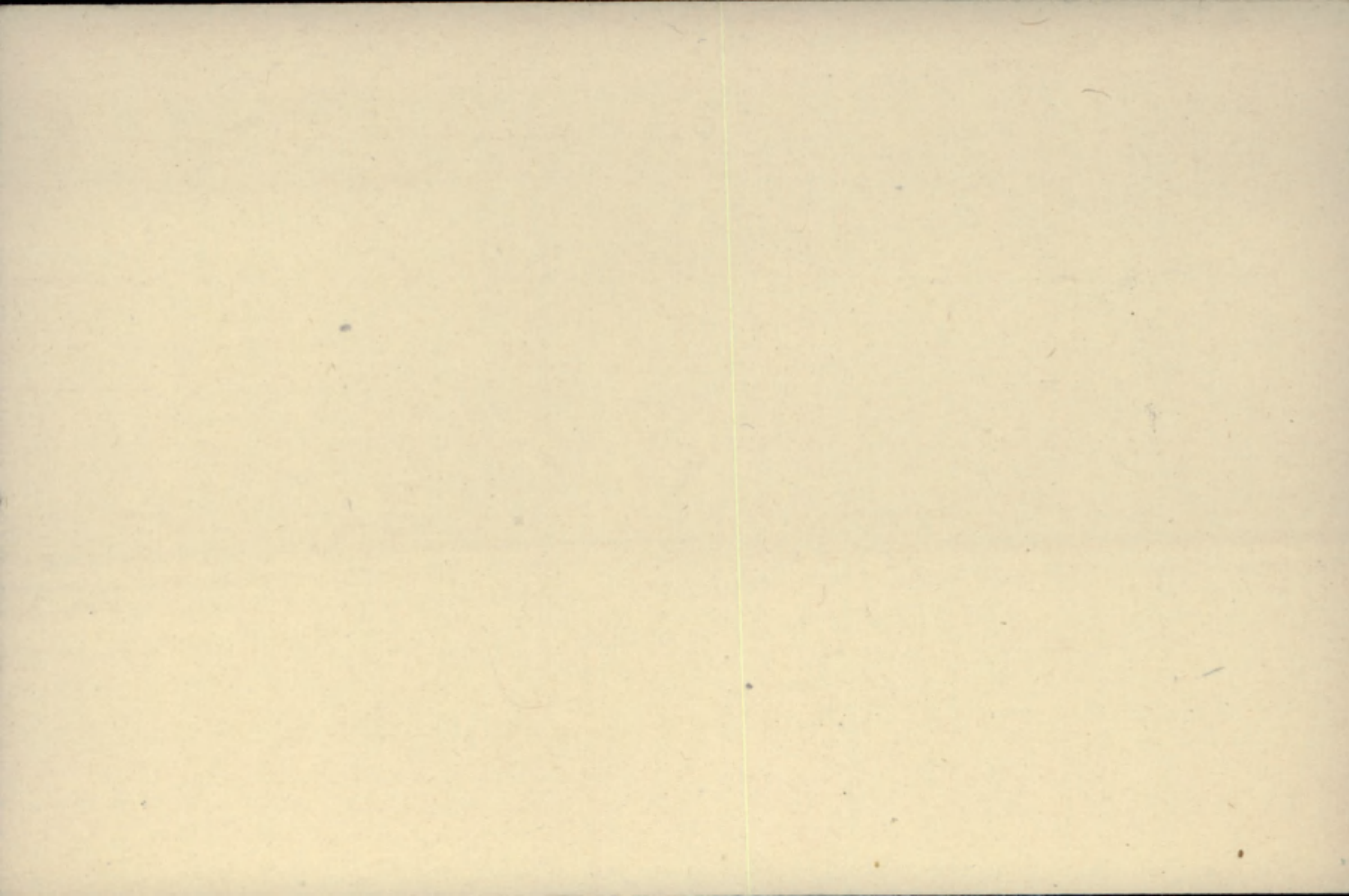
UNIT 109th. Battalion

D.O.S. 21-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 19	1916. Jan 31	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



SURNAME.

Brooks

CHRISTIAN NAMES

Charles Albert

REGL. No.

72 5582

RANK

Pte

UNIT

109th

FORMER CORPS

*Nil**B.O.S. DIS 26-3-18⁹² 3**L.O.M.**Batt.*

NEXT OF KIN.

NAMES IN FULL

Brooks, George

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Fenelon Falls, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Fenelon Falls, Ont.

DATE

April 11th, 1895.

PLACE OF ATTESTATION

Fenelon Falls, Ont.

DATE

*Jan. 19th, 1916.**Sailed from Halifax 23rd 7/16⁴⁸⁸ Year 55. "Olympic"*

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

20

YEARS

8

MONTHS

HEIGHT

5

FEET

2 $\frac{1}{4}$

INCHES

CHEST MEASUREMENT

34 $\frac{1}{2}$

INCHES

EXPANSION

4 $\frac{1}{2}$

INCHES

COMPLEXION

Dark.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

None.

MEDICAL EXAMINATION.

PLACE

Fenelon Falls, Ont.

DATE

Jan. 19th. 1916.

me
5/11/16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B

Number... *720582*

Rank

SP4

R

Surname... *BROOKS*

Christian Name... *Charles Albert*

Unit... *20th Bu. Com. Out*

Theatre of War

France

Date of Service... *5-10-16*

Remarks... *BR#2, Fenelon Falls*

Latest Address... ~~*P.O. Box 1315*~~

Lindsay Out

Roll No.

Page 3554

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

DESP APR 9 1925
REGN. NO. 3305

C.A.D.C. 5009

OM-3378-1-8-17.

725582

St Brooks CA

DENTAL CERTIFICATE.

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

RECORD

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.
<i>2. 10. 17</i>	<i>Fit</i>			

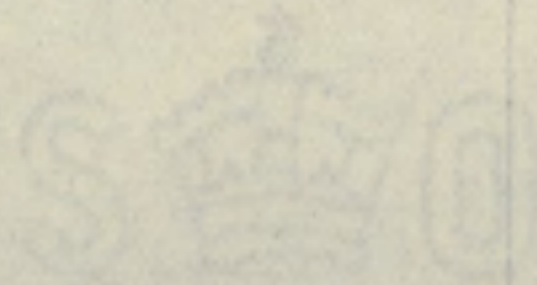
SPECIAL

*R. James
Capt Case*

DENTAL CERTIFICATE

The following Certificate will
be attached to the Medical Report Sheet of all
Other Banks being returned to Case in the Hospital

Name of Person	Date of Examination	Present Dental Condition	In case of loss of teeth the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined dental treatment?



SPECIAL

[Handwritten signature]

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-90.

Unit, Regiment or Corps 109 Battalion

Regimental No. 725582 Rank Private Name Brooks Charles Albert
C. E. F.

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

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				
14 14.3.18	#3 S. Co	J.O.S. of #3 Cav Co.	Auth. H.Q.	17-17-15	25-10-17
26.3.18	#3 Cav Co	DISCHARGED & STRUCK OFF STRENGTH			

[Handwritten signatures and stamps]
 Lieut. & Adjutant
 No. 3
 Auth. 3rd Div 88-13-386
 18-1-18

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

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

A.G.R. Rank Name BROOKS, Charles Albert Reg'l No. 725582

Unit 109th Bn. If in perm. Corps, }
What Unit? } Married or Single Single.

Place and Date of Enlistment Fenelon Falls, 19th Jan., 1916. Place of Birth Fenelon Falls, Ont., Canada.

Name and Address, Next-of-Kin George Brooks, P.O., Fenelon Falls, Ont., Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place

Reason

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.				
		Arrived in England per H. M. T. 2310		31-7-16	
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramshott	5-10-16	Pt. II. 50-279.
11-10-16	20 th "	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
30-1-17	"	Adm. to Gen. Hosp. severely ill	Canis	27-1-17	CLA 425 GSW.
1-2-17	"	Ob No 4 Gen Hosp Reports Condition Improved	"	30-1-17	" 427
10-2-17	"	Ob No 4 Gen Hosp	Chatham	5-2-17	" 1327
12-2-17	"	wounded: transf'd to CCAC.	Field	1-2-17	Pt. II-12 W

A.F.B. 103 CHECKED

16 OCT. 1916

A.F.B. 103 CHECKED ON 20 FEB 1917

C/S B 1321.

Rank _____ Name **BROOKS, Charles Albert.** Reg'l No. **725582.** ✓
 Unit **109th Bn.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Fenelon Falls, 19th. Jan. 1916.** Place of Birth **Fenelon Falls, Ont., Canada.**
 Name and Address, Next-of-Kin **George Brooks, P.O. Fenelon Falls, Ontario, Canada.** Relationship **Father.**
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **8770**
 File R.L. **Leumun**
 Category **B'sers**

H. W. V., Ltd.—9546-16.

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.				
		Arrived in England per H.M.T 2810		31.7.16	
5.10.16.	109 th Bn	S.O.S. to 20 th Bn	Bramshott	5.10.16	PT II DO 279
11.10.16.	20 th Bn	T.O.S. from 19 th Bn	Field	6.10.16	PT II & 55
30.1.17	"	Adm No 4 Gen Hos. seriously ill	Camiers	27.1.17	C.L.A 425 - 85W of Hand on V
1.2.17	"	OC. 4 Gen Hos. reports condition improved	"	30.1.17	" " 427
10.2.17	"	Adm No Mil Hos	Chatham	5.2.17	" " B 26
12.2.17	"	Wounded: transf'd to ccac	Field	1.2.17	PT II - 12
17.2.17	b.c.a.b.	Taken on strength.	Hastings	5.2.17	PT II O# 82.
30.4.17	20	Can Con Hosp Woodcote	Epsom	13.4.17	Ch B 329
13.6.17	20	Granlan Spc Hosp	Parusgate	8.6.17	Ch B 361

A.F.B. 103 CHECKED
 20 FEB 1917

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.				
11.3.17	C.G.A.C.	S.O.S. on transfer to 1 Gen Ont Regiment	Hastings	10.3.17	Pt II D.O. 117
14.3.17	1 CORP	T O S FROM C C A C	W. Sandling	11-3-17	Pt II, 0, 5
24-9-17	"	On Com m. 1600 Buxton	"	24-9-17	Pt II 199
16-10-17	1600	Dis Graville, Spec Hoop Maga 392 Dec 16	Ramsay	7-7-17	GR 1384
23-10-17	1600	S.O.S. to Canada #140	Sandling	18-10-17	Pt II No 228
	Dis Depot	Lit. for Duty.	M.D. #3 Kings ton	28/10/17	N.R. 396. Fenelon Falls Ontario.

POST DISCHARGE PAY OFFICE

29476/388

Three months pay and allowances after discharge.

Name **Brooks, Charles Albert**
Surname Christian Name

02222-C-4

Regimental Number **725582** Rank **Pte.**

Address (in full) **Box 1315,**

Unit **#3 Cas. Unit**

Lindsay, Ont.

Original Unit

District where paid **M.D.3**

Date of Discharge **26-3-18**

P. D. P. Filing Number **18-117-3**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2313	7-5-18	33 00	2234	7-6-18	34 10				33 00	67 10
	2792	128	5.43	27	7/4/19	7000					

M. F. W. 127.
60M-6 17.
1772-39-1140.

Remarks: **Advance on A/C P.D.P.**

Handwritten scribbles

Dec'n No 29476/588 W. S. G. File No xxxxxx!

Award 153 days at \$ 70.00 per mo \$ 350.00

S. A. 153 months at \$ 30.00 per mo. \$ 150.00 \$ 500.00

Less P. D. P. Credited \$ 100.10

\$ 399.90

Less further debit balance \$ nil

Net due paid as below \$ 399.90

TO SOLDIER OR DEPENDENT

	No	Ch No	Amount
1	2793 432927	70 00	✓ 20.00
2	2123a 433848	70 00	✓ 4164.37
3	1137B 432288	70 00	✓
4	1711c 477957	399.00	✓
5			
6			
7			

15.7.19.
17.4.19
19.7.19
23.5.19.

7/11/19.

GEN'L AUDITOR
Posting checked by
[Signature]
Date 22/19

43 Indiv. of
St. Catharines
Ont.

Mrs. Agnes Brooks (wife)
same address.

R W-109
14-11-19

CHH

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Brooks C.M.
 Address Henelon Falls,
RR#2, Ont.

By Whom Assigned Brooks C.A.
 Regtl. No. 725582.
 Rank Pte.
 Corps 109th Battrn "C" Coy

Rate \$15.

AUG 1 1916

PAYMENTS

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



19
12
13
14
15
16
17
18
19

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

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

135			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 725382
 Rank Pte Promoted Reverted Discharge
 Soldier's Name C. A. Brooks
 Battalion 109 Batta "C" Coy.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name C. M. Brooks
 Address Fremont Falls
 RR # 2. Change of Address Out
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>1919</u> <u>Oct 31</u>			<u>225</u>	<u>225</u>	<u>A/c Closed 31/10/19</u> <u>Ret'd per. <u>missioner</u></u> <u>Date <u>18/10/19</u> F. X. <u>4/11/19</u></u> <u>Clerk. <u>[Signature]</u></u>

*1241233
GMR*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22220-M. & D. 7493.

CONFIDENTIAL INFORMATION

Report No. AK Class Duty Category G111 No. of M.H.C. File _____ No. of Local File _____ No. of H.Q. File _____

31437
0

Brooks Charles, A.
R.R. #2 Penlen Falls,
Victoria, Co. Ont.

No. 725582 Rank _____ Pte. _____ Original Unit 109 Present Unit _____

Age 22 Height 5 ft. 2 ins. Complexion dark Eyes blue Hair brown Character _____

Date of enlistment 19-1-16 Where enlisted Penlen Falls Where seen service France 1916

Ship returned by Delta 10 Date of arrival 28-10-17 Port of arrival Quebec.

Birthplace Canada Religion C.O.E.

Name and address next of kin Father, G. Brooks, same address

Notification of return to be sent to do

Cause of disability 1. Loss of index finger, 2. Lim. of flexion middle finger.

Condition which prevents the soldier from earning a full livelihood

sustained
This man / a GSW on left hand, the index finger was amputated at the metacarpal phalangeal joint, the flexion of middle finger is limited 25% due to scar on dorsum of finger, he has a fair grip with the hand. Heart rapid but regular. Lungs and other organs normal.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board 1-10% 2-1/10

Probable duration of incapacity permanent

Is final disability likely to prevent return to previous occupation? Does it render him permanently unfit for Mil. Service? No

Recommendation of Canadian Board Duty

Destination to which transportation issued Kingston

Members of Board K.C. Cairns Capt. A. Haig Capt. J.R. Tasse Capt. J.A. Carriok, MJE

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment farming

Regular trade or profession do

Average earnings previous to enlistment Variable Any other income? _____

Name and address of last employer father's farm, same address

Rent per month _____ If purchasing property amount due and annual payment, \$ _____

Taxes _____ If Homestead, when is patent due? _____

If carrying life or accident insurance, annual premium _____

If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____

If unable to follow previous occupation, name preference _____

At what age soldier left school? _____ What grade, standard, &c., was he in? NA

Has he taken any Technical or Continuation Classes, if so what? _____

Whether given Vocational Training while in Hospital in England. If so, what subjects? _____

References Not nec.

Witness H. McDonnell I declare that the above statement is correct.

Date Quebec, 11-11-17 Signature C.A. Brooks

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H. Q., \$ _____ L. P. C. leaving Depot, \$ _____

Amount forwarded to H. Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

Transf'd to _____ Unit—Date _____ Transf'd Class 1—Date _____ Transf'd Class 3—Date _____

PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____

First payment date _____

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases, the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claims as the result of or aggravation by service.

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.

8-8-35
France Casualty

Proceedings on Discharge.

M

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

No.	725582
Rank	Private
Name	Brooks, Charles Albert
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	No. 3 Casualty Unit.
Date of Discharge	March 26th 1918.
Place of Discharge	Kingston, Ontario.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....22.....years.....11.....months.	Descriptive Marks Index finger left hand shot off.
Height.....5.....feet.....3.....inches.	
Complexion Dark	
Eyes Hazel	
Hair Dark	
Trade Farmer	
Intended place of residence } Box 1315 (To be given as fully as practicable.) } Lindsay, Ont.	
2. The above-named man is discharged in consequence of Services no longer required, Authority 3 MD.88-B-386 dated 18-3-18.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. + Very Good +
	<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.) Farmer	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

W. S. Comp
28-3-19, a.m.

(OVER)

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

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

6. Medals and Decorations.....

Three horizontal lines for listing medals and decorations.

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

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

(Place).....

J. M. Burns LIEUT.
Adjutant No. 3 Casualty Unit

(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.

(Place)..... *Charles Albert Brooks* (Signature of Soldier.)

(Date)..... *Alwhitaker* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place).....

(Signature) *J. M. Burns* LIEUT.
Adjutant No. 3 Casualty Unit

(Date).....

Reservations referred to at Para. 8.

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

Charles Albert Brooks

J. Campbell Byr

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. 725582	
Rank Private	
Name Brooks, Charles Albert <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) No. 3 Casualty Unit.	
Date of Discharge March 26th 1918.	
Place of Discharge Kingston, Ontario.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 22years..... 11months.	Descriptive Marks Index finger left hand shot off.
Height..... 5feet..... 3inches.	
Complexion Dark	
Eyes Hazel	
Hair Dark	
Trade Farmer	
Intended place of residence <small>(To be given as fully as practicable.)</small>	Box 1315 Lindsay, Ont.
2. The above-named man is discharged in consequence of Services no longer required, Authority 3 MD.88-D-386 dated 18-3-18.	
<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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. Very Good
	<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. <small>(Vide para. 332, K. R. & O., Canada.)</small> + Farmer +	

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	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
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.

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

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

6. Medals and Decorations.....

Three horizontal lines for listing medals and decorations.

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

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

(Place).....

J. M. [Signature] LIEUT.
Adjutant No. 3 Casualty Unit

(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.

(Place)..... *Charles Albert Brooks* (Signature of Soldier.)

(Date)..... *A. L. [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.....days.

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

11. Confirmation of Discharge.

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

(Place).....

(Signature)..... *J. M. [Signature]* LIEUT.
Adjutant No. 3 Casualty Unit

(Date).....

Reservations referred to at Para. 8.

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

Charles Albert Brooks.
J. Campbell Sgt.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
<i>gesth Ramsgate</i>	<i>7</i>	<i>6</i>	<i>17</i>	<i>7</i>	<i>7</i>	<i>17</i>	<i>G.S.U. Left hand.</i>	<i>31</i>	<i>11.6.17. Wound healed. Index finger left hand amputated under aseptic. all movements of hand good. no ankylosis of joints. Circulatory. Respiratory. Nervous systems nil. Urinalysis negative.</i>	<i>W. H. Gould Capt. C.M.C.</i>

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. 2070 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.

DELTA 10

Army Form B. 268.

OCT 28 1917

Proceedings on Discharge. SPECIAL

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

No. <u>425582</u>	Army Rank <u>Pte</u>
Name <u>Brooks. C. A.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1.6.0.F. S.</u>	
Battalion, Battery, Company, Depot, &c. <u>109 Bn</u> <small>(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.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>22</u> years _____ months	Descriptive marks. <u>G. S. W. L. Hand.</u>
Height <u>5</u> feet <u>2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Farmer.</u> (3)	
Intended place of residence (To be given as fully as practicable) <u>Weslow Falls, Ont.</u>	
<small>(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.)</small>	
2. The above-named man is discharged in consequence of _____ _____ _____	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____	
To be filled in on the soldier quitting the Colours.	
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 5 Months

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

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

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

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

(Signature of Soldier.)

10. *Statement of service.*

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

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

Total " " _____

11. *Confirmation of discharge.*

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

(Place) _____ Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

ACORN	SUGAR	TEA	SALT
OFFICERS AND MEN			
DAYS RATIONS INDENTED FOR MEN			
TOTAL DRAWING RATIONS			
TOTAL NOT DRAWING RATIONS			
IN HOSPITAL			
ON COMMAND			
* TOTAL STRENGTH			
HEAVY DRAFT HORSES			
STATION			
INDENT FOR RATIONS			
SUPPLIES			

Sailing List # 18 1017 to Date 87.17

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE	REMARKS	
	NO. OF DAYS	AMOUNT	C.	NO. OF DAYS	AMOUNT	C.	NO. OF DAYS	AMOUNT	C.				1	2	3	4	1	2	3	4			
July 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		1910	
Aug 31	31	31.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2473 2847	
Sept 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2960 3187	
Oct 31	31	31.00		26	2.60		26	2.60		26	2.60		26	2.60		26	2.60		26	2.60		1409 3688	
Nov 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		1961 5229	
Dec 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2928 5709	
1911	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Jan 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Feb 28	28	28.00		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		2237	
Mar 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Apr 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
May 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
June 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
July 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Aug 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Sept 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Oct 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Nov 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Dec 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
1910	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Jan 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Feb 28	28	28.00		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		2237	
Mar 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Apr 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
May 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
June 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
July 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Aug 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Sept 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Oct 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Nov 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Dec 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
1910	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Jan 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Feb 28	28	28.00		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		2237	
Mar 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Apr 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
May 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
June 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
July 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Aug 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Sept 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Oct 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Nov 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Dec 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
1910	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Jan 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Feb 28	28	28.00		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		28	2.80		2237	
Mar 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Apr 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
May 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
June 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
July 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Aug 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Sept 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Oct 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Nov 30	30	30.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		30	3.00		2237	
Dec 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
1910	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Jan 31	31	31.00		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		31	3.10		2237	
Feb 28	28	28.00																					

