APR 12 1916

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 724232

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ... Dalgleish
1a. What are your Christian names? ... Chester William
1b. What is your present address? ... Bolsover Ontario
2. In what Town, Township or Parish, and in what Country were you born? ... Bolsover, Eldon Tp. Victoria Co Ont
3. What is the name of your next-of kin? ... Maxwell Dalgleish
4. What is the address of your next-of-kin? ... P. O. Bolsover, Victoria Co Ont Canada
4a. What is the relationship of your next-of-kin? ... Father
5. What is the date of your birth? ... September 15th 1893
6. What is your Trade or Calling? ... Street Railway Electrical worker
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, Chester William Dalgleish, 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.

C M Dalgleish (Signature of Recruit)

Date APR 12 1916 191 . G. H. Hall Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Chester William Dalgleish, 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.

C M Dalgleish (Signature of Recruit)

Date APR 12 1916 191 . G. H. Hall Lieut (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Woodville this 12 day of April 1916

Reuben W Thomas (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Chester Milligan Daglish on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6 ins.

Chest measurement:
- Girth when fully expanded ..... 37 ins.
- Range of expansion ..... 2 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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).

Two moles on back of neck
Mole on side of neck

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 APR 12 1916 191 .

Place Woodville, Ont.

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

*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.

C. Chester Milligan Daglish 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.

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

Date APR 12 1916 191 .

21/
4-3-14

officers

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name DALGLEISH, CHESTER, MILLIGAN

Regt. No. ..... Rank Lieut

Corps 109th Bn

~~Docs to Pers on M.W. 2565~~
~~Ref Pers 169843 19 Bn~~
21-5-19, Complete -

C1079

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 12

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 2

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. Lu 67. — 1 . 1R 149
Misc — 2 1 H&A
1 Co. card
1 a/D

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

Ref: S.S. "Araguaya" 3-2-19

ORIGINAL

724232.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Dalgleish Christian Name Charlie Milligan

Examined on 12 day of April 1916 at Woodville

Birthplace City or Town Twp. Eldon. County Victoria Ontario

Apparent age 22 years.

Trade or occupation Electrician.

Height 5 Feet 6 Inches.

Weight 136 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks Arm Right. None Left. One Number One.

When Vaccinated last April 12th 1916

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None.

Approved by J McCulloch

Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		14 MAY. 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
12.4.16.	Good	J McCulloch M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
25.5.16	Good	J McCulloch M.O.
4.6.16	"	J McCulloch M.O.
12.6.16	"	J McCulloch M.O.
TAB 22.9.16	"	H O Boyd M.O.

Enlisted on 12 day of April 1916 at Woodville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	~~724232~~ Officer		12.4.16
Transferred to	21st Bn 12th Bde 20th Bn 9.9.18			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
13 Berners St. W. Brant Military Hospital Burlington	7-1-19. MAY 5th 1919	G.S.W. R. Forearm. J.H.T. Bell, Partial loss function Right forearm & wrist	Invalided to Canada. Major, C.A.M.C. Discharge A.B. Osborne Lt Col C.A.M.C.

CANADIAN

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Dalgleish Christian Name Charles Millgan

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
3rd London Gen. Hosp Wandsworth		24	10	18	18	12	18	G.S.W. R Forearm.	55	Fracture Radius. Ligature Brachial a.	H.S. B Carlyon
CANADIAN RED CROSS OFFICERS HOSPITAL 27, NORTH AUDLEY STREET, LONDON, W.		18	12	18.	16.	1	18.	G.S.W. R Forearm Fract. Radius	29.	as above. On admission this hospital was treated. Good union of fracture movements of arm wrist & hand ok. Extensors of wrist & hand grip weak. General cond. good. 6.1.19. Recommended for invaliding to Canada. 15.1.19. Warned to proceed to Buxton.	ak Coolegh Capt Canc
Granville Can. Spec. Hosp Buxton Derbyshire		16	1	19	2	2	19	G.S.W. R Forearm Fract Radius	18.	as within except to point of Entertainment	[illegible] Capt Canc
"ARAGUAYA."		2	2	19	3	2	19	do		No change	H Harvey Capt
Brant Mil. Hosp Burlington		3	3	19	5	5	19	"	63	G.S.W. right forearm c fracture of radius. Pronation & supination 35° partial loss of grip and 50% of normal extension at wrist; flexion normal. Boarded for discharge	D.E. Wallace Capt

DUPLICATE. C 724232. DUPLICATE

MEDICAL HISTORY SHEET.

Surname Dalgliesh Christian Name Chester Milligan

Examined on 12 day of April 191 at Woodville

Birthplace City or Town Tp of Eldon County Victoria

Apparent age 22 years

Trade or occupation Electrician

Height 5 Feet 6 Inches.

Weight 136 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 37 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. none Left. none Number one

When Vaccinated last 12/4/16

(a) Marks indicating congenital peculiarities or previous disease none

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

Approved by J McCulloch Rank Capt M.O.

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

Date	Result	Vaccinations.
12/4/16	good	J McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/4/16	good	J McCulloch M.O.
4/8/16	"	J McCulloch M.O.
12/6/16	"	J McCulloch M.O.
23/9/16	T.A.B.	H. C. Boyd,

Enlisted on 12 day of April 1916 at Woodville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	724232.		12. 4. 16
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Dalgleish Christian Name Thos. McLaggan

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

To be made out in duplicate.

I.Q. 51-21-28-53

DUPLICATE

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.

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(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724232

(3) Full Name of Soldier Chester ~~William~~ Milligan Dalgleish

(4) Place of Birth Balsover, Ontario, Canada

(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? Nil

If so, give number of boys and girls Nil

Also their names and ages Nil

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Maxwell Dalgleish, Balsover, Ontario, Canada

(10) Is your Mother alive ? Yes

If so, state name and address Rebecca Dalgleish, Balsover, Ontario Canada

(11) If your Mother is a widow No

Are you her sole support, or not ? Nil

(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.

Nil

(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.

Nil

(15) Are you insured ? No.

If so, in what Company ? Nil

Have you made arrangements for payment of your Insurance premium Nil

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

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

Date 9th July 1916

CERTIFIED CORRECT
17 SEP 1918
CANADIAN RECORD OFFICE

"WSB CLASS A"

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 124232 Rank ~~Private~~ Name Dalgleish Wheeler Mulligan
C. E. F.

Enlisted (a) 12-4-16 Terms of Service (a) D. of W. Service reckons from (a) 12-4-16

Date of promotion to present rank. 11.8.16 Date of appointment to lance rank Numerical position on roll of N. C. Os.
4C30864

Extended Re-engaged Qualification (b) Electrical Worker.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 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.
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		Transferred for Overseas Service with 20th Batt'n		OCT 5 1916	D.O. Pt 11. No. 279
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O'rs 55d11/10/16
dom	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	B213
20.5.17.	9 C F A.	P.U.O.	admt trgs 1 C F A.	19.5.17	H36 299d 18.6.17.
27.5.17	1 " "	" "	adm 1/4/5 trgs Cdt	22.5.17	" "
26.5.17.	3 2 Stky.	P.U.O.	adm 3 2 Stky	26.5.17	" "
4.6.17	" "	Myalgia sev.	trgs. 1 Con Dep	4.6.17	" "
" "	1 Con Dep	Sick	adm	" "	" "
20.6.17	" "	Fit	trgs 2 Rest Cp.	20.6.17	" "
22.6.17	2 2 Bde	A' from details	2 2 Bde	22.6.17	NR
25.6.17	" "	Left for	2 Stky Bn	25.6.17	NR
26.6.17	2 Stky Bn	Arrived	" "	26.6.17	NR
20-8-17	do	Left for	20th Bn	20-8-17	NR
25 AUG 1917	20th Bn	Rejd	do	"	B213
9-7-17	L G.	Awarded the Military Medal	Fld		No.30172.Pt 2 59d/28-8-17
8-9-17	20th Bn	Apptd A/L/C with pay Vice L/C A. Groundsell PB att 2nd C I B Dep.		2-6-17.	B213 Pt 2 63d/14-9-17.
29.10.17	" "	Reverts to Pte Lt. A. Groundsell rejd from Base		3/10/17	B213 No 2. 76d 5/11/17.

CERTIFIED CORRECT.
28 OCT 1916
CORPS OF CANADIAN ENGINEERS

ADJUTANT
109th Overseas Battalion, C.E.F.

CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.

(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: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 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.
24-10-17.	20 Bn.	Appd Lt Vice Lt H Beyer from		23/8/17	B213. Pt 2. 76 a 5/11/17.
8 DEC 17	— " —	GRANTED 14 DAYS LEAVE.		1-12-17	— " — Part II Ofd. 91. 9
29 DEC 17	— " —	Rejd from leave		16.12.17	— " —
19.1.18	— " —	Gas course		13.1.18	— " —
26-1.18	— " —	Rejd from Gas Course 20 Bn		19.1.18	— " —
9-2-18	do	Prom: Corpl Vice O'Connor		23-3-17.	B213 Pt 11 No.16D. 20-2-18.
6-5-18	A A G	To Eng for Commn & posted to 1st Centl Ont Regl Depot, Witley accordingly		6-5-18	KE28227/2.AGl.2074d/25-4-18 Pt 2 No.41d/11-5-18.
					Major for Lt.-Col., A.A.G. Canadian Section. G. H. Q. 3rd Echelon B.E.F.
10.5.18	16 ORD	T O S from 20 Bn	Witley	6.5.18	D.O. 128
					for Colonel i/c Records.
11.5.18	16 ORD	Ath. T O S to Depot	Witley	11.5.18	D.O. 129
19.8.18	16 ORD	S.O.S. Temp Ath.	Witley	10.8.18	Pt II O.O. No 229
26.8.18	WO	A G Commission - 1st COR To be temp Lieut		11.8.18	LG 30864
17.8.18.	12th Res.	T O S. 12th Res Bn	Witley	11.8.18	Pt II 195
10.9.18	do	S O S. to 20th Bn	do.	9.9.18	Pt II 215
11-9-18	C.I.B.Dep.	Arrd & T O S 20th Bn	C.I.B.Dep.	11-9-18	NR. KR.30565
14-9-18	do	Left for	C.C.R.C.	14-9-18	NR
14-9-18	C.C.R.C.	Arrived	do	14-9-18	NR.
16-9-18	do	Left for	20th Bn	16-9-18	NR
21.9.18	20th Bn	Arrd as Reinft.	do	19.9.18	B213.
13.10.18.	33 Res.	Struck off Strm R.	To. 6 A.T.	13.10.18	L1507.
— " —	8 Res X	— " —	Adm & Rest X	— " —	L1630.

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

R J Cooper Lieut for Colonel i/c Records.

Lieut. i/c RECORDS, 1st C.O.R.D.

Lieut i/c Records 12th Res. Bn. C.E.F.

M.D. 2.

C.A. [illegible] 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

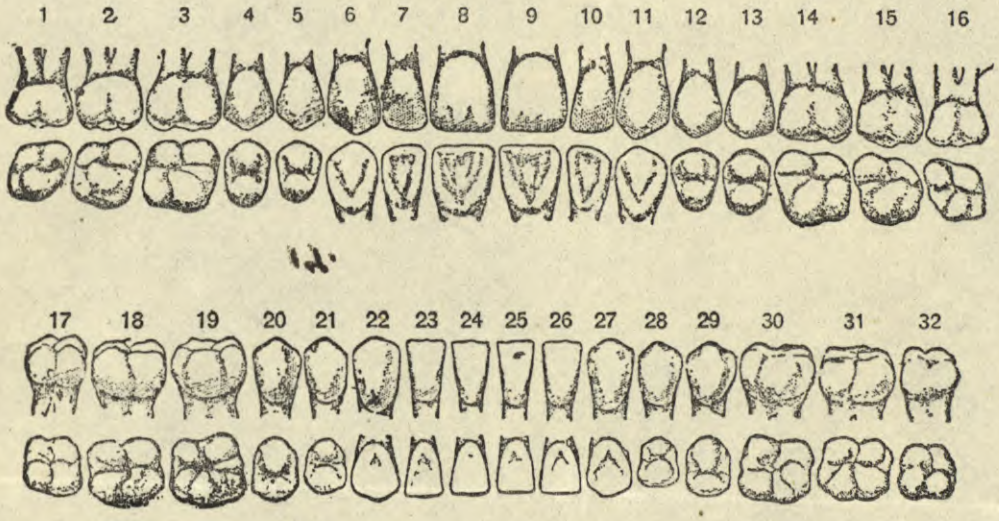
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) DALGLEISH C.M.

REGIMENT 12 Res. Batt RANK Lieut No.

Date of Examination in England 18. 1. 19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 14.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (*a*) In Canada ——
- (*b*) In England yes
- (*c*) In France ——

Signature of Dental Officer [illegible] Capt

LCR

R—122

Rank | Name DALGLEISH, Chester Milligan M.M. | Reg'l No. 724232

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

Place and Date of Enlistment Woodville, 12th, April, 1916, | Place of Birth BOLSOVER [redacted], Elden Tp, Victoria Co, Ontario,

Name and Address, Next-of-Kin Maxwell Dalgleish. P.O. Bolsover, Victoria, Co, Ontario, Canada. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place Left Can. 21-7-16 | Reason | Character

Arms

H. W. & V., Ld.—7165-16.

	Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
			Arrived in England per H.M.T. 2810 31-7-16			
1	5-10-16	109th Bn	S.O.S. to 20th Battn	~~Branshott~~	5-10-16	Pt II. 50-279. J.W.G.
	11-10-16	20th "	T.O.S. from 109th "	Field	6-10-16	" II 55.
2	19.6.17	—	Adm. #1 Can. F. Amb.	—	19.5.17	C.L.A. 539 P.U.O.
2	—	—	To Pas. Clear. Stn	—	22.5.17	— 539 —
2	28-6-17	20th Bn.	Discharged 3 Large Rest Camp	— " —	20-6-17	C.L.A. 545 (P.U.O.)
3	28-8-17	— " —	Awarded the Military Medal for bravery in the field	Field		Pt II-59 (auth. G.G. No. 30172 4/7/17 & C.S. "C" 3751 4/7.10.17
4	14-9-17	— " —	Appointed A/Sd/Cpl. with pay	— " —	2-6-17	Pt II-63
5	5.11.17	— " —	Reverts to Per. Grade of Pte.	A/L/Cpl	— 3.10.17	— 76
6	5.11.17	— " —	Appptd. Lance-Corporal	A/L.	— 23.8.17	— 76

1 CWR

A.F.B. 103 CHECKED 17 OCT 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
20.2.18	20th Bn	6 Promoted Corporal	G'ne	Field 23.3.17	Pt II 16.
10 5 18	1 GORD	T.O.S. from France.	Cpl	Witley 9 5 18	Pt II 0128, 49
11 5 18	"	7 On Command 9th O.T.C. Bexhill	"	" 11.5.18	Pt II 0129 441d/13.5.18. 20 Bn
19-8-18	"	Ceases on Comma to O.T.C. Bexhill and SOS to Comm in OMFC.	"	" 10-8-18	" " 229
13.12.18	"	8 Appd A/Sgt with pay		" 11-5-18	DO. 345

Form DMS 1401.

A. & D. CARD

HOSPITAL.

AT

A. & D. No. T585 PL. OF ACTION

RANK Lieut REG. No. UNIT 20 Lancs SICK OR WOUNDED

NAME Dalgleish C.M. AGE RELIGION Pres.

PLACE IN HOSPITAL P.A.

DIAGNOSIS Gsw L/4 Rt Radius

ADMITTED 16 JAN 1919 FROM C.R.C.O.H London

DISCHARGED - 2 FEB 1919 TO Sailing 71

TRANSFERRED

SERVICE AT HOME 32/12 IN FIELD 21/12

RESULTS

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

18 days

P.T.O.

CANADIAN REGISTRARS OFFICE 16 JAN 1919 HOSPITAL

REMARKS.

R. 149.

Chester Milligan

Name DALGLEISH *Rank* Pte. *Reg. No.* 724232

Unit 20th Bn.

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-5	1 C.F.A.		P.U.O-	A539		
22-5	C.C.S.		do.	A539		
20-6	Disch.3 Large Rest Camp.		do.	A545		

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

Form R. 149.

"MM"

Name DAIGLEISH Rank Lieut. Reg. No.

Unit Chester Milligan

~~9th Bn.~~ 20 Bn.

Next of Kin Canada

1st COR

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-10	S Red Cross Hosp. SERIOUSLY ILL	Boulogne. (A.62)	GSW. Forearm.	1111	D 785	15/10
23-10	Remod Seriously Ill List	(PRW 1033)		1120	D 1908	
24-10	3rd Lon Gen Hos	Wandsworth	GSW R Fam	1133		
	Ex Hs	Dang				
19-12	Canadian Red X Off. Hosp., 17 Audley St. W.			1169		
17-1-19	Con & Insp Hos	Buxton	GSW	1192		
			Cont frac R Radius			
2-2-19	Discharged			1218		

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

M.M.

Lists

REGT'L No. 724232.

NAME Dalgleish Chester Milligan

H. Q. FILE No. 649.

RANK AND CORPS Pte. Lieut. 20th Bn. Forme. 109th Bn.

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N.D.K. 6-4		Maxwell Dalgleish (Father) Bolsover Victoria Co., Ont.
D 1785	15-10-18	Ser. ill & B. R. C. St. Le Touquet Oct. 13th 1918. GSW. Forearm &
M. 1908. 1-4.	28-10-18	Remvd. from. ser. ill list Oct 23/18.

L. L. 20497—M. & D. 79 8

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a539	1 Can. Fld. Amb.	19-5-17	P. U. O.
a539.	to Cas. Clg. Station	22-5-17	P. U. O.
a545.	Disch. 3 Corps Rest Camp	20-6-17	" " "
1111 (2)	8 Rest Boulogne Ser ill.		GSW F'arm
1120	Remfrontier ill Cert	13-10-18	GSW F'arm
1123 (1)	3rd London Gen Hospital	Common Lw 24-10-18	GSW F'arm
1169	Can RC Off. 17 Audley	St W. 29-12-18	GSW R arm
1192 (3)	Gran. C. S. Buxton	17-1-19	GSW. Comp. frac. rt. radius
1208	Disch	2-2-19	" r farm comp fr. r radius

Number ..... Rank LIEUT.

Surname DALGLEISH

Christian Name CHESTER MILLIGAN

Units ..... Theatre of War FRANCE

Date of Service 21.7.16. 6.10.16. 2.2.19.

Remarks 877 Lansdowne Ave Toronto Ont

1st C.O.R.

Latest Address ~~Bolsover, P.O. Ont.~~

Roll No B

Page 9978

DESP NOV 11 1921
REGN. NO 46909

Sailed from Halifax per. S.S. "Olympic"

MARRIED SINGLE Yes WIDOWER 23/7/16

TRADE OR CALLING St. Railway Elec. worker RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 22 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS Two moles on back of neck
Mole on side of neck

MEDICAL EXAMINATION. PLACE Woodville. Ont. DATE Apr. 12th 1916

Present Address Bolsover, Ont.

M.M. for bravery in the Field, Auth. 13/7/17. R.O. Turner S.G. 1981.

C

SURNAME. Dalgleish M.M. auth. 8.9.30172

CHRISTIAN NAMES Chester Milligan

REGL. NO. ~~724232~~ 01785 RANK ~~Pte~~ Lieut R.O.4595.

UNIT 109th Bn.

FORMER CORPS Inf

2. CARD NO. S.O.S. Demob.

10-5-19.

FOLL. Auth: A.O. 137 of 2.10.20

NEXT OF KIN.

NAMES IN FULL Dalgleish Maxwell

RELATIONSHIP TO SOLDIER Father

ADDRESS Bolsover, Victoria Co. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Bolsover Ont. DATE Sept. 15th 1893

PLACE OF ATTESTATION Woodville, Ont. DATE April-12th-1916

O/S. 23-7-16 $\frac{458}{11}$.

Rl. 13-2-19 $\frac{264}{1}$ as Lieut. 2

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

LEDGER NO. 4. SERIAL NO. A7731.

REG. NO. NAME Dalgleish C. M

RANK Lt CORPS 2 D.D. AGE 25 SERVICE C 4/12 E 4/12 F 24/12

HOSPITALS	DATE OF ADMISSION
1 Brant mil Burlington	3-3-19
2	
3	

DIAGNOSIS GSW Right Forearm. Fract Femur.

TRANSFERRED TO

DISPOSITION 5-8-19. CATEGORY

N.R.

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

D. M. S. 1347.

Surname	Christian Name	Reg. No.
DALGLEISH	C. M.	

Rank	Unit
Lieut.	20th.Bn.

MEDICAL BOARD held at	Date	Serial No.
(1) London Area	7-1-19.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

GSW.rt.F'arm.

Disposition Recommended

(1) Unfit any service 6 months, returned to Hospital in Canada.

(2)

(3)

(4)

(5)

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

Disposition

Remarks

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

Surname. DALGLEISH

Christian Name. C. M. (MM).

Rank. Lieut.

Unit. 20th.Batt'n.

Hospital	Date of admission.
No.8 Red Cross Hospital,Boulogne.	13-10-18.
H.S.to 3rd.London General Hospital	24-10-18
Canadian Red Cross Offs.Hosp.London	19-12-18
Transferred Can.Special Hosp.Hospton	17-1-19
..... Hosp.	
..... Hosp.	
..... Hosp.	

Diagnosis. G.S.W.F'arm,(Seriously ill.)
Removed Ser.ill list 23-10-18.
Comp.Fract.rt.Radius.

Later diagnosis. .....

Discharged:-2-2-19
Date.

Disposition.

14-10-18	1111-2.
24-10-18	1120-4.
28-10-18	1123-4.
20-12-18	1169-4.
20-1-19	1192-3.
C.L. 7-2-19	1208-3.
C.L.	
C.L.	
C.L.	
C.L.	
C.L.	
C.L.	

Remarks.

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Dalgleish	C. M.	724232

Rank	Unit	Co.	Troop	Batty.
Pte	20th Bn			

Hospital: 1.C.F. Amb. 19-5-17 — Date of Admission

Transferred: C.C. tat. 22-5-17 — Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis: P.U.O.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L. 96-17 A539 — Dis 3 Large Rest 20.6.17

REMARKS

28.6.17 D5743

~~23.6.17~~

~~Dis 13.4.17~~

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

EPITOME OF HOSPITAL TREATMENT.

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

Married or Single: Single

Place of Birth: Bolsover, Eldon Tp. Ont

Name and Address of Next of Kin: Maxwell Dalgleish, Bolsover Ont.

Relationship of Next of Kin: Father

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Awarded Mil. Medal	9.7.17	B059 28.8.17
appd a/L/Cpl with pay	2/6/17	B0.63.1 4/9/17
Reverts to Pte	31.10/17	B076. 5/11/17
appd L/Cpl	23/8/17	B076. 5/11/17

Admissions to Hospital, &c.

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

Reg'l. No. 724232 Rank ~~Pte~~ ~~L/Cpl~~ ~~Pte~~ L/Cpl Name Dalgleish Chester Milligan

If in Perm't. Corps What Unit — Unit 109th Bn. Transferred to 20th Bn. Date 5/10/16 Authority B0279

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Woodville Ont. — Transferred to — Date — Authority

Date of Attestation Apl. 12-1916 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15.00 Date Effective Aug 1-1916

Payable to Mrs Maxwell Dalgleish Bolsover Ont. Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

OCT 22 1917

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

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

C.I

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	✓	Remarks
July 31														14 10	14 10									Bal. from Canada							14 10					
Aug 31	31	1.00	31		31	10	3 10								34 10	21	48.16							973				15		24 73	23 47				
Sept	30		30				3								33	53	31.8.16	84	15/2/16					730	730			15		29 60	26 87				
Unchecked ..... Gordon Clinton	Oct	1-5	1.	5		5	.10	50							5 50													15		15	17 37				B0279 from 20th Bn. 5/10/16
	6/31	26		26		26	.10	2 60							28 60					9331	2/10/16					4 36				14 09	31 88				
																				1244						9 93									
																				1314	31/1/16														
Nov	30	1.	30		30	.10	3								33 00	1310	31/10/16							2 61				15		17 61	47 27				
																1458	30/1							11 33											
Dec	31	1.	31		31	.10	3 10								34 10	1366	27/1							2 62				15		28 95	52 42				
1917			15 30				15 30																													
Jan	31	1.10	34 10												34 10	1507	6/2/16	1582	6/1/17					5 24	2 61			15		22 85	63 67				
Feb	28	1.10	30 80												30 80	1652	29/1	1713	6/2					2 62	2 62			15		20 62	74 23				
			223 20											14 10	247 30									41 45	12 53	14 09		105		173 07					
March	31		34 10												34 10	1759	27/2			1536	1/3/17	Mc Emr		5 73		2 62		15		22 85	85 48		✓		
Apl	30	1.10	33												33													15		15	103 48		✓		
																7230	30/4							262											
May	31		34 10												34 10	9	17/4							261				15		20 23	117 35		✓		
			334 40											14 10	348 50									5191	1253	1671		150		231 15	117 35				

~~Pte~~ L/Cpl.

724232 Pte Dalgleish C. M.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits
			334	40										14 10	348 50
June	30	1 00/10	33	.											33 .
July	31.		34.	10											34. 10
Aug	31		34	10											34 10
Sept	30		34	50										4 55	34 50
			470	10										18 65	488 75

Date	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
June	132	21/5						
July								
Aug					1743	15/6	4613	
					526	30/7	2 8	
					390	6/7		
Sept			584	30/8	165	30/8	2 382	

Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	51 91	12 53	16 71		150 .		231 15	117 35				
June	268				15 .		17 68	132 67				
July	264				15		17 64	149 10				
Aug			2 68		15		17 68	165 52				
			268									
			803									
Sept		5 35	178		15		32 84	171 73		3 .		appd 4/L/Cpl wed pay 3/6/17. Bo 63. 14/9/17. Under C. 2/1-31/8 at .05 (91 days)
	57 26	17 88	31 88		210		317 02					

Month 1917	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sept 30	Balance	~~171 73~~							171 73	3.	
Oct	25/6 pay	35 65					15				
				734 20/8 2nd Bnt Fwd	2 68						
				611. 6/8 do	5 35				184 35	3 25	
		35 65			8 03		15.				
Nov	L/Cpl Pay	450 2d.					15				
		35 65									
				AR 947. 19/10. 20 Bn	4 46						
				" 813 31/10 "	3 57						
				Reverts to Pte 3/10/17. Bo 76. 5/11/17. ~~Overpd 3 31 @ 05d~~ also Same Daily Order appd L/Cpl 23/8/17 Bo 76 5/11/17			x 15 2d.				
				AR 561 26/9 ~~BBBy~~ Bn	5 36						
				CR 19419. 1/12/17.	1 46						
				BP 24665 10/12	14 60						
				AR 877. 21/11 20 Bn	4 46						
Dec 1918	L/Cpl Pay	35 65					15		46 05	5 25	
		70 15			17 85		30				
Jan	do	35 65					15				
		35 65		AR 1020 30/12. 20 Bn	16 95				49 75	6.00	
					16 95		15				
Feb	do	32 20		Can. A.P.			15.				
				AR 1085. 20/1. 20 Bn	4 46						
				1133. 20/1 "	4 46						
		32 20		AR 1006 - 16/1. "	13 38				44 65	6 75	
					22 30		15				
Mar	do	35 65		Can. A.P.			15				
				AR 1181 14/2 20 Bn	8 03						
				" 1253 27/2 "	3 57						
		35 65		Carried Forward	11 60		15.				

Carried forward to Large Ledger sheet.

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Mar	Bal. Brought Forward.	35 65			11 60			15.			
				AR 1316. 13/3 20 Bn	21 41						
				" 1381 23/3 "	5 35						
		35 65			38 36			15	26 94	50	

68.75 / 20 = 3.

72.00 / 20 = 3.60

39.15 / 2 = 19.58

81.65

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.
EFFECTIVE DATE:–	1.8.16
AMOUNT:–	15.00

SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–	
AMOUNT:–	

NAME:– DALGLEISH Chester Millegan.

NUMBER:– 724232

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Maxwell Dalgleish
Balsover. Ont. (Mother)

Stopped 1/9/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
B.O. 76. 5.11.17	23.8.17	L/Corporal.
D O 345 13/12/18	11.5.18	a/ Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109 Batt.

DATE ACCOUNT FIRST OPENED:– 1.8.16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			20 Batt.
BO. 110. 13/5/18	1/5/18	21/5/18	Can. Cadets

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
~~Aug 4~~	~~1701~~	~~C.L.S.~~	~~9 73~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 05	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharged to Comm: OMC I.C. 11/8/18 (Auth: List 110. 21/8/18.)

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal. Fwd								26 94	31 57 / 7 50	
apl	L Cpl Pay	34 50		AR. 7. 1/4. 20 Bn	5 35						
				Can Pay				15.			
				AR. 71. 23/4. 20 Bn	5 35				35 94	8 25	
		34 50			10 70			15			
				Can. A. Pay				15.			
May	do	35 65		AR 579. Bexhill 22.5.18	19 47						
				DNAR 178. 3 Res Bn 10.5.18	7 30						
				AR 5040 London 8.5.18	4 87						
				DNAR 131. 20 Bn 23.5.18	10 71				14 04		
		35 65			42 33			15			
June	do	34 50		AR. 750. 7/6/18 Bexhill	14 60						
				A.P.C.				15			
				AR 1000 21/6/18 "	4 87						
				DNAR. 2504 8/5/18 Boulogne	4 46				9 61		
		34 50			23 93			15			
July		35 65		a/ Canada				15			
				AR 1171 3.7.18 B'hill	14 60						
				" 1390 21.7.18 "	9 73				5 93		
		35 65			24 33			15			
Aug	Pay	35 65		C a/				15			
				Over Cr Pra 1/8 15 to 31/8 21, dep 1/8		24 15			2 43		
	~~Int on a Pay~~			AR. 1701. B'hill 4-8-18	9 73			~~Dr.~~ ~~2 73~~			
									7 30		
		35 65			9 73 24 15			15			
Sept.	Cr. 11132 L&C Bal.		7 30								
			7 30								

A 3 M. FORM REN'S ..... EFFEC.
DISCHARGED TO Comm. DATE 11/8/18
PAY BOOK VERIFIED 26/8/18
~~Dr.~~ BAL. 7.30 L.P.O. REN'S 26/8/18
AUTHY. List 110 21/8/18
H. O'Loughlin

NUMBER 924232 RANK A/Sgt NAME DALGEISH - C.M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Transfd to Pay Bk					Nil		
Nov.	appld A/Sgt wef										
	Nov - D 11/5/18 - DO	20									
	3445 - 13-12-18	32 55									
	11/5/18 to 11/8/18 - 92 days @ 135	32 20							32 20		
Jan/19				Supp LPC Comm O M7b D 11/9304 V 07/45	32 20				Nil		
					32 20						

Comme C.F.T. 21/8/18

Bom 667

S.L.P.C. Adv. N. 13/1/19 £32 20

Pay

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

ASSIGNED PAY.

UNIT. NAME OF: 12 Res Bn

RATE OF P. AND A.: Pay 7. F.A. 60. Messing 1, ~~$~~3.60

RANK: formerly 724.232. Cpl. Lieut 11/8/18 DG 419. 13/8/18 P.110 B.

NAME. 16 M.M. Name Dalgleish Initials Chester Bank Meligan of Montreal Trafalgar Square

Beneficiary

Address Can.

Amount. $15 1/9/18

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

Add. Qut. All. 11/8/19

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Aug 6	Outfit allce	SH91					£42-7-5	
June 11	— —	3144					9-0-0	
Sept 2	P.A. @ Rs 11-31/8/18 Dues fr. 11/8/18 Vo 10395.		75 60					
	Bank	7477		68 30		Cr. 7 30		
" 3	Aar of P.A. £10. Bank.	7677		48 67				
" 7.	A.R. 3H. 31/8/18 12 Res Bn. & 5. List by Sept. Vo 1131	Gen a/c.		24 33				
" 7	Dr Blee for Pay II 10/8/18 Vo 625			7 30		Dr 73 00		
" 9.	Do. R. Var Goods. Off. Clothing Stores 16/8/18 £2-14-6 Vo 296 First 10 Sept.	Genl a/c.		13 26				
"	Do. R. 1 Pr. Boots. Off. Clothing Stores 16/8/18 £2-1-0. Vo 297 First 10 Sept.	Genl a/c.		9 98				
" 12.	A.P. Can.				15			
" 16	Pay R.		108.			Dr 3 24		
Oct 8	Unpaid chq. acct. Sept. B/M. Traf. Sq. chk. "1643" 100 pres. 16/8/18 £3.17.1. Fwd. Cashier Canada.	Bank 9756		18 76				
	A.P. Can				15			
	Pay R.		111 60					
22		Bank 10667		~~74 60~~				
Nov	A.P. Can				15			
	Pay R Adjt F.A. 17/8/18 31/10/18		140					
27		Bank 12606		1 75				
Dec 6	Do R. 14/11/18. £2.16.6. Lvt 6 Dec.	V 373		13.75				
12	A.P. Can				15			
14	Pay		124					
		Bank 13469		95.25				
Jan 14	~~Adv.~~ Jan. ~~P.A.~~	Bank 14869		109.				
16	A.P. Can				15			
16	Affl. a/sgt with Pay for purpose of attendg. C.T.C. fr 11/5/18-10/8/18 D354	V558	32.20 ×					
21	Pay		124			Cr 32.20		Fwd

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

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary		Pay				Name
Address		F.A.				Initials
		Messing				Bank
Amount. $						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Jan	Bal. For'd.					Cr 32.20		
21.	Bank	151442		32.20		0		
28	Adv. Feb. P & A. Bank	155614		97		Dr 97	Retd. to Can.	
Feb 14	A. P. Can				15		L/C to 28 2/19	
	Pay		112			0	Trafer. to N.E. Ledger	
							Trans. fr L15 to L12	3 11/19

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

ORDERLY ROOM ★ BURLINGTON MILITARY HOSPITAL MAY 5 1919

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 BRANT MILITARY HOSPITAL. M.D.#2. Burlington, Ont. DATE MAY 5th 1919

1. 1 (a) Unit #2 D.D (b) Regimental No. (c) Rank Lieut.

(d) Surname DALGLEISH, (e) Christian name Chester Milligan.

(f) Home address Bolsover, P.O., Ont.

(g) Next of Kin Mrs. Maxwell Dalgleish. (h) Relationship Mother.

(i) Address of Next of Kin Bolsover P.O., Ont.

2. Age last birthday 25 years. Date of birth 15th Sept. 1893.

3. Enlistment, or Appointment (if an Officer) (a) Place Woodville. (b) Date April 27, 1916.

4. Personal description:

(a) Height 5' 6½" (b) Weight 135 (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Scar of operation for varicocele.

5. Former trade or occupation Electrician.

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
	3	5

	Periods From	Periods To
Canada	April 27, 1916.	Aug. 21, 1916.
	Aug. 21, 1916.	Oct. 5, 1916.
England	April 15, 1918.	Aug. 25, 1918.
	Oct. 5, 1916.	April 15, 1918.
France or other theatres of War	Aug. 25, 1918.	Oct. 24, 1918.
England & Canada.	Oct. 24, ~~1918~~ 1918	To date.

7. Original disease, or injury G.S.W. Right forearm with fracture of radius.

(a) Date of origin Oct. 11th, 1918. (b) Place of origin Cambrai.

(c) Cause

G.S.W.

B. P. C. FOLIO
FALSE DOCKET
3

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

PARTIAL LOSS OF FUNCTION RIGHT FOREARM, AND WRIST.

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: 3 linear scars one at radial side one at ulnar side and one at flexure of elbow in front. Measurements of forearms equal ~~1-e~~ $10\frac{1}{2}$ inches. Pronation and supination through an angle of 35°. Movement at wrist in extension limited to about 50% of normal. Power to grasp object with right hand lessened at least 50%

SUBJECTIVE: Nil. except slight pain in wrist on forcible extension of wrist.

(*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 (If pulse rate is abnormal, B. P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

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

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

Wounded Oct. 11th 1918 at Cambrai fracturing radius at middle of upper third. Wound healed in one month and has been dry ever since then. Was treated in #8 B.R.C.3rd Lond.General Can. Officers Red Cross and Buxton in France and England and Brant Mil.Hosp. in Canada.

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*).)

Trench fever May 1917.

Operation for varicocele in May 1916.

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

Linear scar of operation for varicocele.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*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.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A.&.B.NO.

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? 12 months.

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

Massage radiant heat A & P movements.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

Discharge.

W. E. Wallace Capt

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 G. M. Dalgleish. 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

N.D.O

G M Dalgleish Rank.

Signature of invalid examined.

B. P. C. FOLIO
FALSE DOCKET

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.

We concur

19. Is the invalid fit for

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

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.

W. B. Osborne *President.*

PLACE Brant Military Hospital

DATE MAY 5th 1919

A. H. Cameron Smith Major } Members

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.

President.

PLACE.....

DATE..... } Members

APPROVED BY E. Langlois
Assistant Director of Medical Services.
DATE 6-5-19.

APPROVED BY Jas W Mackenzie
Director-General of Medical Services.
DATE 18 5 19

Brant House Burlington
Furlough

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	Dalglish	C.H.
Year 1918	Unit. 20 Canadians		Age. 25	Service. 2 2/12

Station and Date.

Disease G.S.W. Forearm (Rt) Fracture of Radius upper 1/3

Wdd 11.10.18 France

Documentary evidence attached.

Condition on admission to C.R. + Officers Hosp.

18.12.18 Healed T + T wd upper 1/3 of forearm. Good union. Pronation & supination O.K. Elbow + hand joints O.K. Slight wrist drop no nerve lesion made out. General condition excellent. A.R. ROSLOP CAMP.

28.12.18 To have Massage A.R.

6.1.19. Tendency to wrist drop not so marked but there is still considerable weakness in the hand grip and the extensors of wrist.

Recommended to appear before a Medical Board for invaliding to Canada.

A.R. Roslop Camp

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

Station and Date.	

Form I. 1237 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1585

Year

Station and Date.

Regimental No. | Rank. | Surname. | Christian Name.

Lieut Dalgleish Chr

Unit. | Age. | Service. 3y 4m / 2y 4m

20 Cano

Disease GSW Cpt & Rt Radius

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE 16 JAN 1919 BRIXTON

Seen 17/1/19 admitted to this Hospital after being bombed 28 C to await sailing for Canada

Treatment: Sc Bulles & massage

Wm Lindsay Capt Cam

2/2/19 Discharge to Canada

Wm Lindsay Capt Cam

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

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

[P.T.O.

Station and Date.	

Forms I. 1237/12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut.	Dalyleish	C. M.

Year	Unit.	Age.	Service.
24.10.18	20. Canadians	25	2¾

Station and Date.

Disease B S W Fore Arm (Rt) (Fracture of Radius upper third)

~~Wounded~~

~~Reported sick~~ while on duty

on 11. 10. 18

ATS 26.10.18

ATS 30.10.18

Operated on 21. 10. 18 Wound cleaned Bleeding from radial artery Brachial artery tied

3rd London Gen. Hosp.

25.10.18 3rd London Gener. Hosp.

Two entered wounds upper part of forearm. that on the dorsal surface being united, the internal one being partly granulating.

There is also a small entered incision at the front of the limb just above the elbow.

Skiagram — Fracture of radius in upper third.

Limb fixed on Brack splint with forearm in firm supination

ATS 5.11.18

11.11.18 Internal wound of forearm healing well.

Limb still kept on posterior angular splint with forearm in supination.

17.11.18 Splint left off. Healed.

Massage.

Skiagram — fracture uniting — some angular deformity towards ulna

2.12.18 Can flex elbow well — extension imperfect — supination improving — grasp weak

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Brant Nine Hospl
3-3-19
Ex Aragusya

8-D-1033.

Army Form A 45.

CONFIDENTIAL.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

2

Station 13, Berners Street, W.1.

Date 7th. January, 1919.

1. Rank and Name Lieutenant DALGLEISH (Chester, Milligan).
2. Unit 20th. Battn. 1st. C.O.R.D. WITLEY.
3. Age 25. 4. Total Service 32/12. War Service { (a) at home 4/12. (b) abroad 28/12 (France 24/12)
5. Address Petrograd Hospital N. Audley Street.

STATEMENT OF CASE.

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

6. Disability G.S.W. RIGHT FOREARM.
7. Date of origin of disability 11th. October, 1918.
8. Place of origin of disability Cambrai, France.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

This Officer was wounded tjrough right forearm by machine gun bullet. Field Card states 21-10-18: T.& T wound forearm - wounds clean - slight oozing. Wounds sutured posterior partially only. 23-10-18 Temp. down. X-Ray: Fract. upper end of shaft of radius. 3rd. London General, M.C.S. states that Brachial artery had been tied at operation. Wounds healing well.

Can. Red X. Hosp. Petrograd Hotel. Healed T & T wound upper 1/3 forearm. Good union. Slight wrist drop. No nerve lesion.

OPINION OF THE MEDICAL BOARD.

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

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

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

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

10. Was the disability contracted (a) before entering the service? No.
    (b) in the service? Yes.
11. Was it attributable to military service? Yes.
    If so, to what specific military conditions is it attributed? G.S.W.

I concur in the findings of the Board of Medical Officers here recorded.
Captain, R.A.M.C.
Chairman.

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

12. If not attributable to, was it aggravated by, military service? N.A.
    If so, by what specific military conditions? N.A.
13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

[P.T.O.

14. What is the officer's present condition? Disability confined to R. forearm. There are three operation scars, external, internal and anterior ro R. elbow respectively. Movements of elbow normal. Pronation normal. Supination 0° - 90°. Wrist flexion normal. Dorsiflexion 0° - 45°. This limitation of movement is in part at least due to the adherence of internal and external scars to muscles. There is hypoaesthesia in distribution of ulnar nerve. Other systems normal.

RECOMMENDATION INVALIDING TO CANADA BY HOSPITAL SHIP.

15. To what degree is the officer disabled at the present time? _____
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No.

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

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

19. What treatment is the officer receiving, and where, and from whom? Massage, from personnel Petrograd Hospital.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? Yes - massage.

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

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. ..... No - six months.
B.—Fit for service in a garrison or labour unit abroad..... No - six months.
C.—Fit for home service:—
(i) Active duty with troops..... No - six months.
(ii) Sedentary employment only. ..... No - six months.
D.—For admission to a command depot. ..... N.A.
E.—Requiring indoor hospital treatment:—
(i) In an officers' military or auxiliary convalescent hospital. Yes, with Invaliding to Canada.
(ii) In an officers' hospital. N.A.
F.—Permanently unfit for any further military service. N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with? N.A.

(Signed) J.H.M. BELL, Major, C.A.M.C. President.
Harold BUCK, Major, C.A.M.C.
F.A.St.JOHN, Major, C.A.M.C. } Members. HP.

W277 P878 100,000 4/18 DSG(52136)

COPY/HP.

MEDICAL CASE SHEET.

Lieutenant DALGLEISH, C.M. 20th. Canadian Battn.

3rd. London General Hospital, 24-10-18.

G.S.W. RIGHT FOREARM (Fracture of Radius upper third).

Wounded 11-10-18.

ATS. 11-10-18. ATS. 30-10-18.

Operated on 21-10-18. Wound excised. Bleeding from radial artery. Brachial artery tied.

25-10-18. 3rd. London General Hospital.
Two sutured wounds upper part of forearm, that on the dorsal surface being united, the internal one being partly granulating. There is also a small sutured incision at the front of the limb just above the elbow.

X-Ray - Fracture of radius in upper third. Little ..... splint with forearm in firm supination.

30-10-18 ATS. 500 units.

11-11-18. Internal wound of forearm healing well. Limb still kept on posterior angular splint with forearm in supination.

17-11-18. Splint left off. Healed. Massage. X-Ray : fracture uniting - some angular deformity towards ulna.

2-12-18. Can flex elbow well - extension imperfect. Supination improving. Grasp weak.

Hotel Petrograd.

CONDITION ON ADMISSION TO Canadian Red Cross Officer' Hospital, Hotel Petrograd, 17, North Audley Street, London W.1.

18-12-18. Healed T & T wound upper third of forearm. Good union. Pronation and supination O.K. elbow and hand joints O.K. Slight wrist drop - no nerve lesion made out. General condition excellent. To have massage.

6-1-19.

Tendency to wrist drop not so marked but there is still considerable weakness in the hand grip and the extensions of wrist.
Recommended to appear before a Medical Board for invaliding to Canada.

(Sgd) A. ROSS, Captain, C.A.M.C.

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service
JAN 8
Returned

Ottawa Ont

To ● Copy for H.O. file

Date Jan 7/64

Attention of

NAME DALGLEISH, Chester Milligan SERVICE NUMBER Lieut. CEF C.P.C. No. 121342 W.V.A. No.

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. TEL MEMO. Toronto 12, Ont. Dec 31/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Dec 27/63
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

Sheet. II

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps 20th Battn

Rank Lieut Surname Dalgleish Christian Name C. Milligan

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

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

Date of promotion to present rank 11.8.18 Date of appointment to lance rank.....

Extended { ..... / ..... } Re-engaged { 26 30864 / ..... } 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 ...			
		Disembarked ...			
26.10.18.	S.R.C. Cross.	Left Havre Tracked to England	26.10.18		L.976
24-10-18	do	Inv (Wdd) & detached to 1st Centl Ont. Regl Depot, Witley per AT St Denis 24-10-18. Pt.2			W3083 - 6343. 0.109-1918
		J.W. Hogan Major for Lt.-Col., A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.			
31.10.18	1st CORD.	T.O.S. from 20th Bn & Adm 3rd Lon Gen Hosp.	Lond		
		1st CENTRAL ONTARIO REGIMENTAL DEPOT			

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

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

W 8648—M2733 20,000m 9/17 (35611) C. P. & S., Ltd., Form B./103 K/1897. P.T.O.

CANADIAN RECORD OFFICE 20 NOV 1918 CORRECT

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				
21/2/19	HQ Ottawa	TOS CEF Canada Inval	MD 2	4.2.19	CEF RO 1692-19
16/5/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	10/5/19	C.E.F. R.O. No. 1967-19

D. Fitzpatrick
Lieut.
for Director Personal Services

30 D-115 R O 1967

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th Bn.

Regimental No. ..... Rank Lieut. C. E. F. Name DANGLEISH, Chester M.

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				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	4-2-19	Auth. R.O. 1692 Pt. 2 D.O. 56 Capt. For O.C. No. 2 District Depot
		S.O.S. on gen. demob.	Toronto	10-5-19	Auth. H.Q. 602-4-1 dated 13-5-19. Pt. 2 D.O. 137. For O.C. No. 2 Distr

(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
From whom received				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

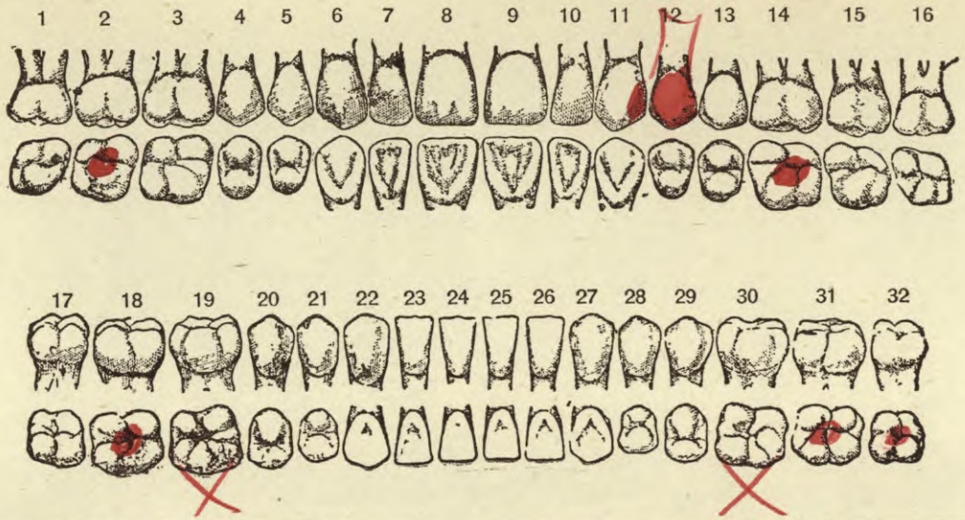
NAME OF SOLDIER DALGLEISH, C.M.

RANK Lieut. No.

REGIMENT 20th Batt.

M.F.B. 465.
200M.—6-18.
1772-39.950.

C.CROWN



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination		6																				
March 5/19					to be extracted															Grainger		
May 3											1		1 L							Complete		
		Routine examination at Mount Millony Hosp.																				
																				May 3rd /19		
																				J W Grainger Capt		

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

3rd London Gen Hospital.

Ward A 6 No. of Bed _____ Date 28/10/18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
Lt	Dalgleish		G S W Rt Forearm

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

G S W Rt arm

Signature of M.O. J Hamilton Capt

Date 28 10 18

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 5389 A B

Fracture of upper end of Rt Radius

Signature of Radiographer A W Bowie Capt

Date 29 OCT 1918

880. CS 186. W.503/P.36. 20,000 Pads 10/17. N.P.A. Ltd. E. 1955.

Reading 3rd London Gen Hospital.

Army Form W. 3172.
(In pads of 50.)

Ward A.6 No. of Bed Date 25/11/18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
[illegible]	Dalgleish	28 Canadians	R arm

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Fracture radius
? repair

Signature of M.O. R Johnson
Date 25 11 18

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 5681 A B See 5589

Fractured Radius
Callus formation

Signature of Radiographer A W Bowen
Date 26 NOV 1918 Capt.

Prestiti Beatrice Nuni
Rollino fumatore

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward Officers No. of Bed 19 Date _____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Lieut Dalgleish	20th Can Pon	

Short History of Case.
(To be completed by M.O. i/c case.)

R. Elbow
2 frach.

Signature of M.O. [illegible]

Date _____

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate _____

Fracture of radius upper ~~1~~ 1/3

Signature of Radiographer B/H Palmer Cpl.

Date _____

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

Surname DALGLEISH **Christian Names** Chester Milligan.

Rank 724232 Cpl.1st.CORD M.M. (LG 30172)

Promotion T/Lieut.

Unit 1st.C.O.R.

Place of birth Ontario.

Married (Yes or No)

Appointments

Name and Address of Next-of-Kin
Maxwell Dalgleish, (Father)
P.O.Bolsover, Victoria Co.Ont.Canada.

Date of leaving Canada

Date and Cause of Resignation

	Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
9	26.8.18	W.O.	To be Temp.Lieut.1st.C.O.R.		11.8.18.	L. G 30864.
	17.8.18	12th.Res.Bn.	T.O.S.		11.8.18	Pt.II.O.195.
10	10.9.18	Do.	S.O.S. on proceeding Overseas 20 Bn		9.9.18	" 213
	16.9.18	20 Bn	T.O.S. from England		11.9.18	" 85.
11	14.10.18	B.A.M.S.	Adm 8 Red Cross Hosp, Boulogne Seriously ill.		13.10.18	C.L. 1111 GSW Forearm. R.
	24.10.18	"	Removed from seriously ill list.		23.10.18	C.L. 1120. " "
12	2.11.18.	20 Bn.	Invalided Wounded & Det to 1 CORD.		24.10.18	Pt II. O. 109.
	31.10.18	1 CORD.	TOS on Evacuation		24.10.18	Pt II O. 302.
11	29.10.18	B.A.M.S.	Adm 3 London Gen. Hosp. Wandsworth		24.10.18	C.L. 1123.
11	20.12.18	"	Adm Can Red Cross Officers Hosp 17 Audley St		19-12.18	CL 1169
			Discharged		2.2.19	C.L. 1268
11	20.1.19.	"	1 Granville Spd. Hosp (Can) Buxton		17.1.19	CL 1192 GSW Compound fracture R Radius
	11.2.19	20 Bn	S.O.S. & Establishment		11.2.19	Pt II 17.

108

A.F.B. 103. 17 SEP. 1918
A.F.B. 103. 20 NOV. 1918

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				
13 2 19	1 CORD	SOS on transfer to CE 7 in 13 Canada		2.2.19	Pt 35

11649

Rank | Name | Reg'l No.

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

Place and Date of Enlistment | Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amo	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
											9-D-1116						16.

Formerly 724232 Cpl.109th Battn.
Lieut. 11-8-18 D.G.419 d/13-8-18 L.110 "B".
T.D.1/8/16 - 31/8/18 $15 - $375.00.
Paid in Canada.

Assignment as at
September 1st 1918.

Dalgleish, Chester Milligan (M.M.) Lieut. 12th Res.Battn. $15.00

Mrs. M. Dalgleish (Mother),
Balsover,
Ontario.

$

Payment Stopped
A. 3 M. Form
1 MAR 1919

8

A 2 M Form 26.9.17

Assignment as at
1st October 1917.

a2m. 1 5/18 75

Carter N/Sister L.M. C.A.M.C. ~~$60.00~~

Miss E. Carter, (Sister)
77 St. Anne Street,
Quebec.

$ 75 Payment Stopped
A. 3 M Form

Retd to Canada
1 July 1918

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

L- L. Job 310- & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

Mother Wife

To Whom Mrs Mat Dalgleish

Address Bolsover Ont.

Rate 15-00

AUG 1 1916

By Whom Assigned Dalgleish C. W.

Regtl. No. 724232.

Rank Pte

Corps 109th Batt. "C Coy

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				

ACCOUNTS CONSOLIDATION 4

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs Mad Dalgleish Wife Mother

L. L. Job 310.—Req. 6574.

Name of Soldier Dalgleish C. W.
724232 Pte 109th Batt.

15-00.

"Clay"
AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		N 15289	15	
Sept.		D 16051	15	
Oct.		D 20480	15	
Nov.		L 25671	15	
Dec.		L 32999	15	
Jan.	1917	J 38516	15	
Feb.		J 43824	15	
March		K 49677	15	15-P
April		J 4900	15	15-E
May		57407	15	
June		X 14200	15	15 M
July		K 21170	15	W.
Aug.		Q 27942	15	W
Sept.		P 34589	15	D
Oct.		C 40719	15	
Nov.		D 53403	15	
Dec.		R 56437	15	255
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

A.T. Serum Dose and Date } 1st. 760 11/10/18

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness }

Religion Presby.

Army Form W. 3118.

FIELD MEDICAL CARD.

No. — Rank Lieut.

Name DALGLEISH. C.M.

Unit 20 Can Bty. 2nd Can Div

Battle Casualty ~~Accidentally Wounded.~~ "Sick"

(Strike out description which does not apply).

No. of F.A. 9th Canadian.

Date of admission 11/10/18.

F.A. diagnosis

G.S.W. forearm R.

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

W6508/M2843. 1,750M. 4-8-17. K. & J., Ltd. (6359).

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 33

Date of entry 12. 10. 18

Pre-op. for X Ray Gen.

Ether

T.A.B. Ether

No. of Hospital

Date of entry

No. 3 RED CROSS HOSPITAL
13 OCT 1918
PATIENTS & BOOKS EXCHANGE

Wds clean slight oozing ante.

21. 10. Wds entirely healed partial only. forearm extremely

23. 10. Temp down. Arm comfortable X ray. position improved

P Abdominal hospital

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Reg. No.....

Rank.....Lieut.....

Name Dalgleish, Chester Wellegan

Unit.....20 Ch Bn.....

This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference. 6.02—4—178

Date Struck off Strength. 10-5-19

Reason.....Med. Unfit.....

Military District.....2.....

Authy RO 1967

Clerk's Initials.....DB.....

Date.20-5-19.....

Doc. S. F. 10.
500/11/18.

None

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D

278

Date of Assignment Aug. 1. 16.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

E

PARTICULARS OF SEPARATION ALLOWANCE

No. 724232.

Rank Pte Promoted Reverted Discharge

Soldier's Name C. M. Dalgleish

Battalion 109th Batty. C. Coy.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Max. Dalgleish (mother)

Address Bolsover, Ont.

Change of Address

1

2

3

4

REMARKS 4182-C-2. & FD.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			25-	25-	L
Jan	D 61145		15	15	S.
Feb.	E 91966		15-	15-	L
Mar	A 121115-		15-	15-	
April	B. 35587		15-	15-	L
May	M. 19797		15-	15-	L
June	I 23363		15-	15-	L
July.	Q 27986		15-	15-	L
Aug	I 27168		15-	15-	L
Sept	L. 46677		15-	15-	L
Oct	M 54600		15-	15-	
Nov	I 57042		15-	15-	
Dec	R 69077		15-	15-	
Jan	M 74783		15-	15-	
Feb	P. 80000		15	15	✓
			465	465	

Prom. T Lieut. 11-8-18 auth Abstract Pay letter 19/9/18.

A/c Closed 28-2-19

Ret'd per Aragnaya

Date 13-2-19 F.X. 19-2-19

Clerk Jas Clarke

M.D. 2.

R.O. 68997.

M. F. W. 128
400M.—6-17—1772-89-141
L. L. 22330—M. & D. 7693.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank. Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 2270—M. & D. 7693.

No. 2 DISTRICT DEPOT

9-68

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

AUDITOR | PAYMASTER

M. OR S. | REGT. No. | RANK Lieut. | NAME (IN FULL) D A L G L E I S H, C.E. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 20th Batt. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION April 27. 1916. OK | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 | DATE EFFECTIVE 1/3/19

PAYABLE TO Mrs Rae Dalgleish | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bolsover, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 10-5-19 | REASON Demob | AUTHORITY AO 137 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 28.2.19								Nil.																				26	00					26	00			Rel. Missing 3-28/19
Pmkl. -	61	3.00	183		28	90					109136	109462	110138		75	00	50						30					26	00									300.00 56 Auto 15.2.19 - 33.19 28.38
Apr 30					29				240	90	111076						39	90															240	90				
May 1-10	10	3.00	30	00	5	00			35	00	113868						35	00															35	00					$5.00 missing 7-5 — 10-5-19
183 days		3.00							549	00																											
																	Mar 21	386681.					93	00							93	00			456	00	
																	June 23	388663	AR48				90								183				366		
																	AR70 July 21	751727					93								276				273		
																	AR93 Aug. 18	754846					90								366				183		
																	A.R.119. Sep. 18.	1048212.					93								459				90		
																	AR147 Oct 22	1464951					90								549				—		
									549														549								549						

CAPT. PAYMASTER, No. 2 DISTRICT DEPOT

W. S. G. PAID IN FULL

LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY

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

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

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.

Rank Lieut.

Surname DALGLEISH,

Christian name Chester Milligan.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 D.D.

Date of discharge

Place of discharge

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years 7 months.

Height 5 feet 6½ inches.

Complexion Fair

Eyes Blue

Hair Fair

Trade Electrician.

Intended place of residence (To be given as fully as practicable.) Bolsover, P.O., Ont.

Descriptive marks

Scar o f operation for varicocele.

2. The above-named man is discharged in consequence of

Having been found medically unfit for further service.

Authority for discharge

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

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

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

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.)

MAY 27 1919 OFFICER I/C PERSONAL SERVICES

K C Comp 11-2-22

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

72

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

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

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....

(Signature).....

(Date).....

Reservations referred to at Para. 8.

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
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
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

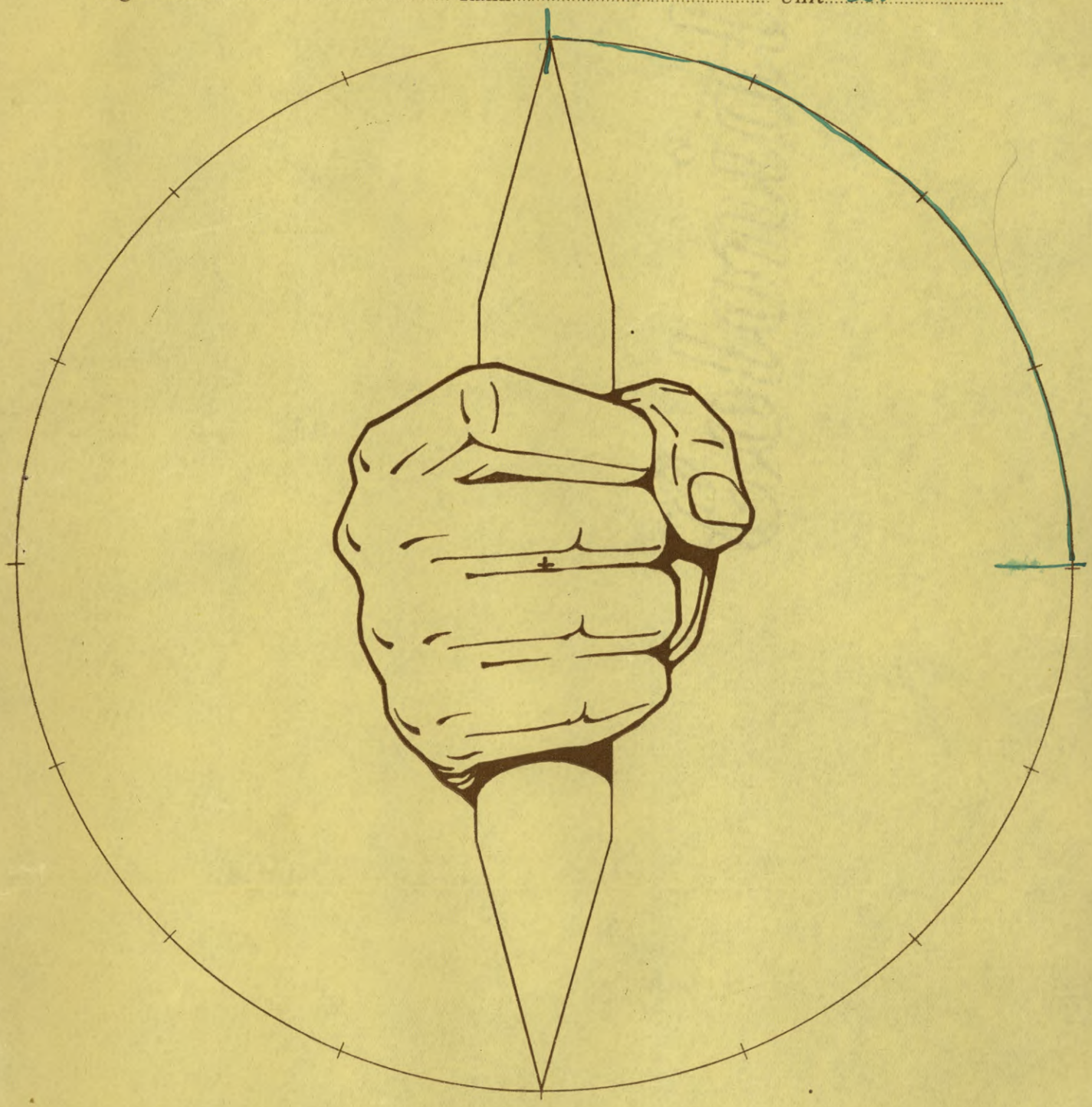
N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

THE BOARD OF PENSION COMMISSIONERS FOR CANADA.

SUPINATION AND PRONATION OF THE FOREARM—(RIGHT.)

Name ~~Lieut~~ DALGLEISH *Given names* Charles Mullyon

Regt. No. ..... *Rank* Lieut *Unit* 20th Batt.



The arm should be held in position of forward elevation from the shoulder. A pencil, or similar object, to serve as an indicator, should be grasped in the closed fist so that it's point will move in an arc when the forearm is rotated. Measures should be taken to prevent participation of any shoulder movement. In certain cases where shoulder movement may be a factor of importance in increasing the range of movement, use one diagram to show movement in forearm solely and another in which shoulder movement is permitted, stating what each diagram is to show.

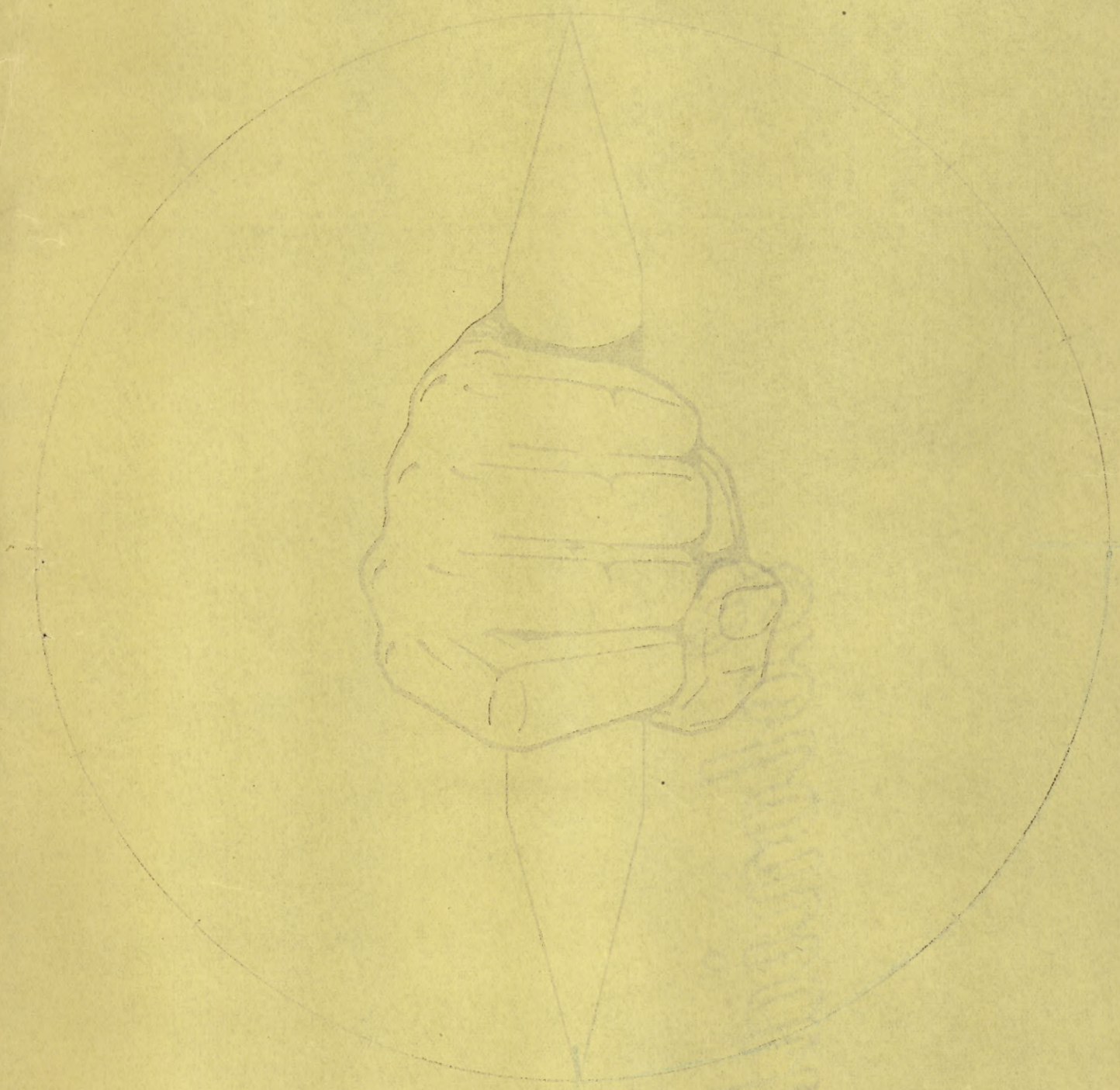
Mark with ink on the circumference of the circle in the diagram, the points indicating the position of the upper end of the pointer in extreme pronation and extreme supination (active). Join these points with an ink line following the circumference of the circle, which will then indicate the full extent of active movement.

If it is considered desirable to indicate Passive movement, also, use another diagram in the same way, stating that it shows Passive movement.

Each sub-division of the circle represents 22½ degrees or ¼ of a right angle.

B.P.C. Form 800A.
Diagram No. 9.

5m.—1-18.

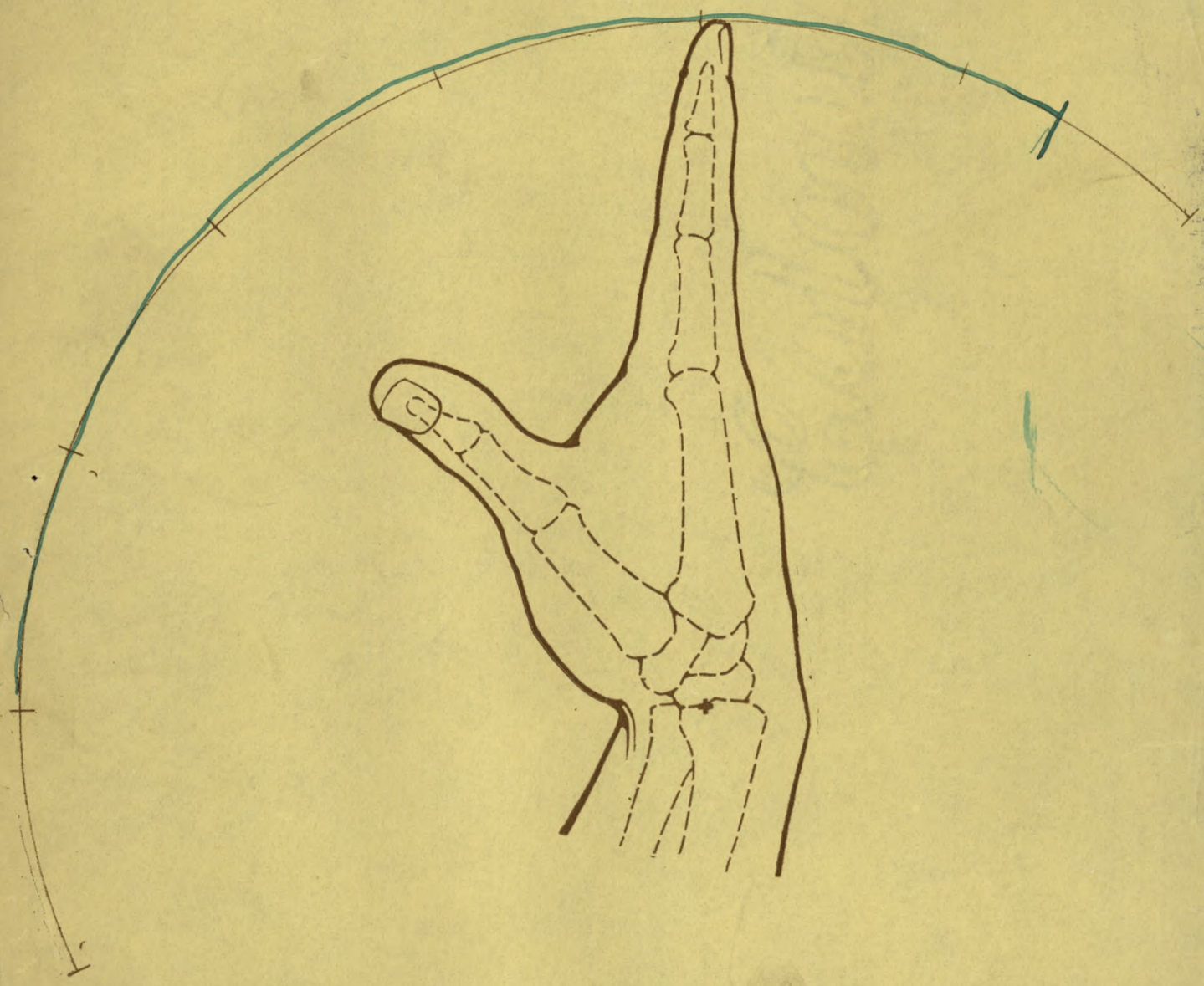


THE BOARD OF PENSION COMMISSIONERS FOR CANADA.

FLEXION AND EXTENSION OF THE WRIST JOINT.—(RIGHT.)

Name DALGLEISH *Given names* Charles McLean.

Reg't. No..... *Rank* LIEUT *Unit* 20th Batt.



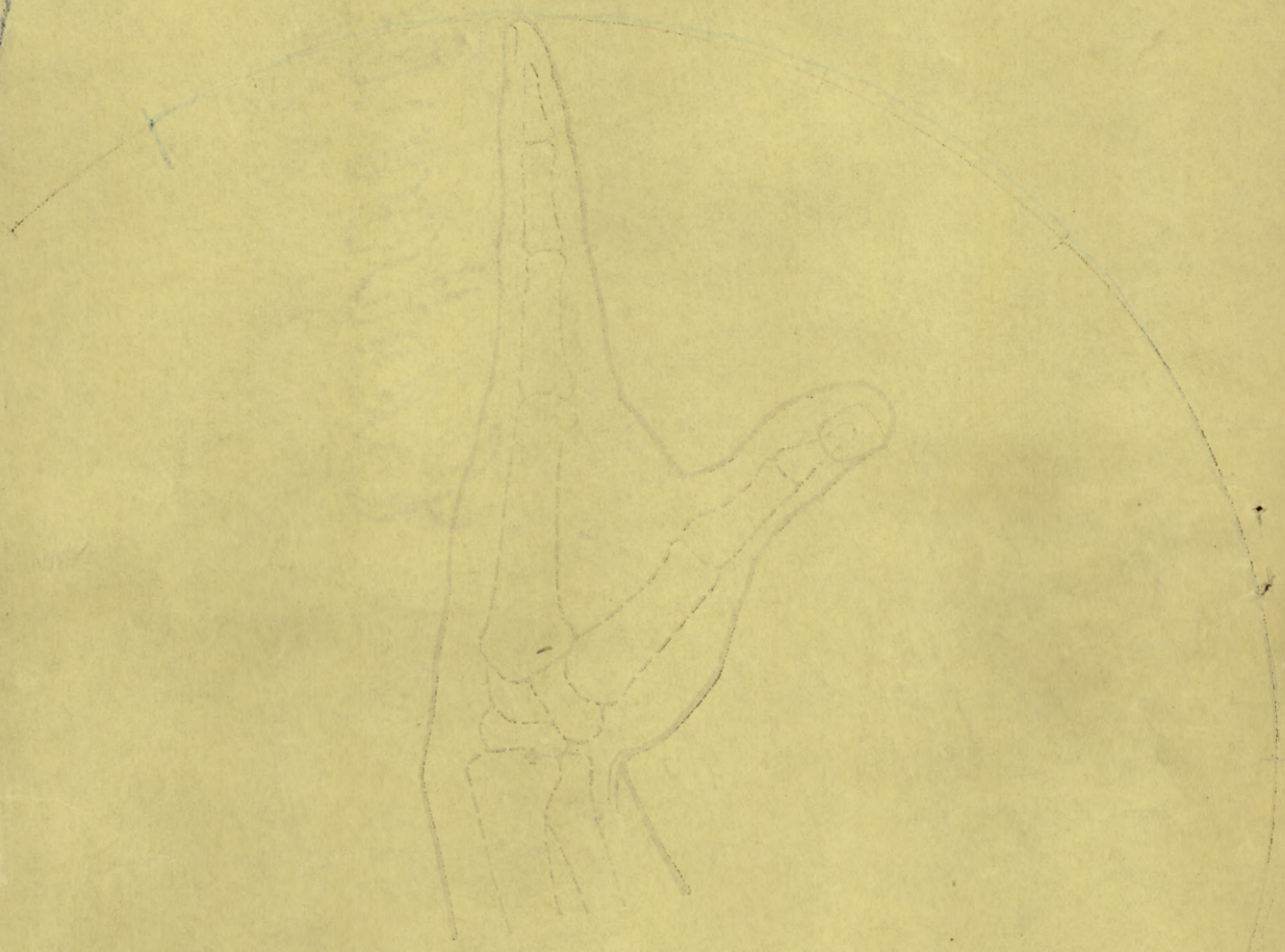
Mark with ink on the circumference of the circle in the diagram, the point of extreme extension (active) or hyper-extension (active), if such movement is possible, and of extreme flexion (active). Join these points with an ink line following the circumference of the circle, which will then indicate the full extent of active movement.

If it is considered desirable to indicate Passive movement, also, use another diagram in the same way, stating that it shows Passive movement.

Each sub-division of the circle represents 22½ degrees or ¼ of a right angle.

B. P. C. Form 800A.
Diagram 7.

5M.—1-18.



CASE HISTORY SHEET.

BRANT MILITARY HOSPITAL Hospital. Burlington Station.

No. ..... Rank Lieut. Name DALGLEISH, Chester M. Age 25

Unit #2 D.D. Completed years of service (Where and how long) C 4/12; E 4/12; F. 2 years.

Date of admission 3-3-19. Date of discharge MAY 5 1919

Diagnosis G.S.W. Right Forearm. Fract Femur. Place of origin Oct. 11th, 1918. Cambria.

CONDITION ON ADMISSION AND PROGRESS OF CASE G.S.W. right forearm Oct 11th 18 fracturing radius. Present condition. Healed scars on upper part of forearm one anterior and radial side one posterior on ulnar side of forearm. No impairment of motion at elbow. Pronation & supination about 50% of normal. Marked loss of "grip" right hand. Marked loss of motion at wrist and some loss of sensation in little & ring fingers.

Mar 1st. After two months massage A. & P. movements and radiant heat there is slight improvement in wrist motion and in "grip". Increase in movements. Complete flexion - 50% of extension. Pronation and supination remains as on admission.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Massage A. & P. movt & radiant heat 6" for arm & wrist

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date ..... H. R. Wallace Medical Officer i/c case. Capt

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

A 7731.