

10/2/16  
OK. Still.

c. Coy Det Road

# ATTESTATION PAPER.

No. 725611

109th OVERSEAS BATTALION, C. E. F.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Deuell
- 1a. What are your Christian names?..... Richard
- 1b. What is your present address?..... Uphill Ottawa Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Dalton
- 3. What is the name of your next-of kin?..... Sarah Deuell
- 4. What is the address of your next-of-kin?..... Uphill, Ottawa, Canada
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 5 day June 18 95
- 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, Richard Deuell, 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.

Richard Deuell (Signature of Recruit)

Date 14th February 1916. James Daniel Seal (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Richard Deuell, 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.

Richard Deuell (Signature of Recruit)

Date 14th February 1916. James Daniel Seal (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 Victoria Road on the county of Victoria this 14th day of February 1916

Abraham (Signature of Justice)

to  
Post

Description of Richard Sewell on Enlistment.

Apparent Age.....20.....years.....7.....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.....6.....ft.....ins.

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

Complexion.....Dark.....

None

Eyes.....Blue.....

Hair.....Dark Brown.....

Religious denominations. { Church of England.....  
 Presbyterian.....Presby.  
 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.....Feb. 10<sup>th</sup>.....1916.....

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

Place.....Sunday.....

\*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.

.....Richard Sewell.....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.

.....[Signature].....Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.  
 Date.....February 10<sup>th</sup>.....1916.....

C. E. F.

DEWELL RICHARD

725611

109TH BATTN

15064

MEDICALLY UNFIT

DECEASED 29 - 5 - 49



2495

183 days  
Abraham

DISCHARGED

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

I.P.S.C.R.

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 *Richard*..... 2. Surname *Dewell*.....
3. Rank *Pvt*..... 4. Original Unit *109 M. Bn.*..... 5. Reg. No. *725611*.....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*Uphill Gmt.*
7. Date of enlistment in the C.E.F. *Feb. 14<sup>th</sup> 16*.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....
9. Relationship of such dependent .....  
*Not applicable*
10. Present address, in full, of such dependent .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....  
*No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*July 31<sup>st</sup> 16 — Aug 8<sup>th</sup> 16*  
*109 M. Bn.*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? .....  
*No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service .....  
*No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ... *109 M. Bn.*  
*44 M. Bn. — C. A. M. C.*  
*14-3-16 to 1-4-19 2 yrs 1 month*
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. .... *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... *No*
20. Have you been issued with a War Service Badge? If so, what class? ..... *No*
21. Have you, during the present war, served in the Imperial Forces? ..... *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... *No*
- 23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ..... *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? .....
24. Are you now serving in the C.E.F. .... If not, give:—(a) Date of discharge ..... *1-4-19* (b) Reason for discharge ..... *Medically unfit to take further in patient treatment with Dept. of Soldiers' Civil Re-est.*
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 .....
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 ..... *Oct. 6/16 - March 24/17*  
*H.H.H. Bn*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....
- (b) If so, are you in receipt of full pay and allowances from that Department? .....

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: *Richard D. Deneel*

Place of Residence: *Uphill*

Declared before me at: *Toronto*

This *MAR 22 1919* day of *Out*

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

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

Certified Correct.

District Paymaster.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

TO Director of War Service Records.

OTTAWA, December 13, 1949.

FROM The Canadian Pension Commission.

ATTENTION - W.S.R.D.

~~Canadian Agency,  
Imperial War Graves Commission~~

#725611 Pte. - R. Dewell.  
109th. & 44th. Bns.

C.P.C. 109437

The marginally named died  
at Toronto, Ontario.  
on May 29, 1949.  
Cause of Death Hypertensive heart disease.

In the opinion of the Commission,  
death was related to military service.

Next of Kin

Mrs. Pearl I. Dewell (widow),  
127 Seaton Street,  
Toronto 2, Ontario.

mb  
Not on strength

for  
Secretary.

*E. Lacey*

*noted  
W.S.R.D. (B)*

*letter re marriage  
29-12-49*

MEMORANDUM

To: Director of War Service Records

From: The Canadian Pension Commission

OTTAWA, December 13, 1943

ATTENTION - W.S.R.D.

Canadian Agency

Department of War Service Records

C.P. 10347

WALTER J. - J. Dewell

1001 - 1st St. E.

The marriage record of

Toronto, Ontario

May 29, 1942

Hyper-tensive heart disease

Cause of Death

In the opinion of the Commission

Death was related to military service

Next of Kin

Mrs. Pearl L. Howell (widow),  
147 Beeson Street,  
Toronto 2, Ontario

For  
Secretary

Not on strength



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

725611 Pte.

This is to Certify that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) DEWELL RICHARD enlisted in

the 109th Batt.

CANADIAN EXPEDITIONARY FORCE at Victoria Ont on the 14th

day of February 1916

HE served in En land and France.

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

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

Age 23

Height 6'

Complexion Dark

Eyes Blue

Hair Dk Brown

Marks or Scars Vacc. Scar Left Arm.

Richard Dewell  
Signature of Soldier

H. Hargreaves  
Issuing Officer  
O.C. No. 2 District Depot.  
Rank

Date of Discharge April 1. 1919

Signed at Toronto No. 2 DISTRICT DEPOT this 1st day of April 1919

in Military District No. 1001 1919

File Reference No. \_\_\_\_\_

TORONTO  
No. 2 DISTRICT DEPOT  
1001  
1919

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Appointment

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

*Shurt*  
*IV*

**Casualty Form—Active Service.**

Regiment or Corps *1st. Cliff Can Coy 6th Hpl*  
 Rank *Pte* Surname *Dewell* Christian Name *Richard*  
 Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months  
 Enlisted (a) *14-2-16* Terms of Service (a) *D of H.* Service reckons from (a) *14-2-16*  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Occupation *Farmer* 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				
<i>7-12-18</i>	<i>O.C. W. &amp; C. B. &amp; Hpl.</i>	<i>Embarked ... Disembarked... Discharged from #11 Can Coy Hpl 9th Co Bn 3/6 Hpl 6-12-18 (Mumps &amp; Scabies) bcwccr 6th Hpl</i>	<i>Folkestone Kent</i>	<i>6-12-18</i>	<i>Pte 2 DCO 269 of 7-12-18</i>
<i>21/1/19</i>	<i>do.</i>	<i>20/8 to Canal. Coy of Hpl with Dens and 10/29-13-1 21/1918.</i>	<i>do</i>	<i>23/1/19</i>	<i>Pte 2 DCO 15 d/21-1-19 Capt. C.A.V.O. 1881 (LEFT BLINDIAN EYE &amp; EAR) REMARKS, AGENT)</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) **[P.T.O.]**

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				
25.1.19	CdM.C. cas Coy.	SOS fr. W Cliffe E9 E Hos (reported)	<del>Sh Cliffe</del>	23.1.19	P2 Do 21
7.2.19	do	SOS D.M.C. to M.W. No 2.	Sh Cliffe	5.2.19	P2 Do. 32
					Capt. CdM.C. Caslog.
		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. _____ Ceases to be attached C.C.C. Kinmel Park on embark- ing for Canada, Part II Order No: <u>46547</u> - 24125-2-19 fr. <u>W. Woodward</u> Lt. Commanding <u>the 2nd</u> Wing, Kinmel Park Camp.			

EMRESS UP BRICAIN

SAILED  
FEB 17 1919  
ARRIVED  
FEB 25 1919

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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 725611 Rank..... Name Dewell P.  
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				

FEB 17 1919 O. S.

T. O. S. No. 2 DISTRICT DEPOT, TORONTO

1919 PART II D. O. 63

*Alman*  
Lieut.  
For O. C. No. 2 District Dep.

*1/4/19* S.O.S. (Discharged) No. 2 District Depot  
Part II, D.O. No. *88*

For  
O.C. No. 2 District Depot.

*W. A. Rank*  
*L.V.*

(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.

# Casualty Form - Active Service

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				

(1) In the case of a report which is received by the Department of the Army from a source other than the Department of Defense, the authority to be quoted in each case shall be the name of the source. (2) In the case of a report which is received by the Department of the Army from a source other than the Department of Defense, the authority to be quoted in each case shall be the name of the source.

Reg. No.

725611

Name

Dewell R.

Rank

Pfc  
v

Corps

S.B.R.

Age

23

Service

6/12 E 24/12 3 1/2

Ledger No.

925-

Serial No.

23933

## HOSPITALS

## DATE

## DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS	
b. M. b. H. Toronto	1-4-19	Neurasthenia <sup>Y</sup>	as
Ham Base	2-4-19	Scabies <sup>2</sup>	b
" b. M. b. H. "	28-4-19	Neurasthenia	o/s
Do S.B.R.	31-7-19		

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



Name **DEWELL, Richard.** Rank

Pte.

Reg. No. **725611.**Unit **CAME West Cliff.**  
~~44th Bn.~~Next of Kin **Canada.**CAME

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
19-1.	No. 4. Sty. H. Arques.		ICT. R. Knee.	A. 140.		
31-1.	To Duty.		( do )	A. 140.		
5-3.	No 4 Sty. Hos. Arques.		D. A. H.	A165.		
5-3.	No 10 Sty. Hos. Arques.		NYD. Slt.	A165.		
	<i>To base 10-3-17 (140 7794) D.A.H.</i>					
22-3	No 3 C.G.H. Boulogne		D. A. H.	A179		
25-3	Wharnccliffe. W. H. Middlewood Rd.					
	Sheffield		do	B286		
8-5	K. C. R. X. C. H. Bushy Pk <sup>1</sup>		do	B315		
25-7.	<i>Discharged.</i>		<i>do 1. B4</i>	<i>RJ</i>		
1918						
25-6	<i>West Cliff 8th</i>	<i>1st stone</i>	<i>Inflyna</i>	<i>C 257</i>	<i>20359</i>	
29-6	<i>Disc.</i>	<i>P.T.O</i>		<i>C 257</i>	<i>6132</i>	

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-10-18	11 b. g. W. Shorncliffe		Mumps	c 360		124
6-12-18	Dise			c 390		189

NAME

Dewell R.

REGT'L NO 425611.

H. Q. FILE No. 649-

RANK AND CORPS

pte. 44<sup>th</sup> Bn.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 140	# 4 Stat. Arques	19-1-17.	J. b. J. R. bree
a 140.	" " "	31-1-17.	" " " " to duty.
a 165	no. 4 Stat. Arques	5-3-17	D. A. H.
a 165.	to no. 10 Stat. St. Omer	5-3-17.	N. Y. R. Slt.
B 286.	Wharfedale War. Middlewood Rd. Sheffield-	25-3-17.	D. A. H.
B 315	Kings Can. + Convt., Bushey Park Hampton Hill	8-5-17	" " "
B 4 <sup>4</sup>	Discharged	25-7-17	D. A. H. (Manitoba)
C 257 <sup>2</sup>	Westcliff Can. 646 Folkestone	25-6-18	Influenza
C 257 <sup>2</sup>	" " "	29-6-18	" Disch.
C 360 <sup>1</sup>	no 11 Can Gen M. P.	11-10-18	mumps
@ 398 <sup>1</sup>	Disch	6-12-18	"

WEST CLIFF CANADIAN EYE AND  
HOSPITAL.A. & D.  
CARD

EAR HOSPITAL, FOLKESTONE

AT 8114  
 A. & D. NO. 8114 PL. OF ACTION 725611  
 RANK Pte UNIT C.A.M.C. Westcliff SICK OR WOUNDED  
 NAME Howell, R. AGE 22 RELIGION Pres  
 PLACE IN HOSPITAL 49  
 DIAGNOSIS Influenza  
 ADMITTED 24-6-18 FROM Duty  
 DISCHARGED 29-6-18 TO Duty  
 TRANSFERRED \_\_\_\_\_  
 SERVICE AT HOME 30/12 IN FIELD 9/12  
 RESULTS \_\_\_\_\_

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

REMARKS.

Wosker) Mrs Lowell

uphill  
Out Canada

NAME

Dowell R.

REGT'L No 723611

RANK AND CORPS

Pte. 244<sup>th</sup> Bn.

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

109<sup>th</sup> Bn.

Dowell Richard

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Q 179. No. 3. Cam. Gen. Boulogne. 22-3-17. D. A. H. Sgt.



26  
Number 725611 Rank Pte

Surname DEWELL

Christian Name Richard

Units 44 Bn Can Coy Theatre of War France

Date of Service 6-10-16

Remarks

Latest Address Uphill  
Airt.

Roll No.

200m.-2-21.

B Page 21865.

(This form to be filled in by all ranks on voyage to Canada.)

.....

RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....

.....

al address.....  
(Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a fullough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

.....

.....

DEPT. APR 25 1923  
REGN. NO. 9101

(Sgd.).....

#725611 (C.E.F.)

DEWELL, Richard

#725611

Pte.

Medals

Prev. Desp.

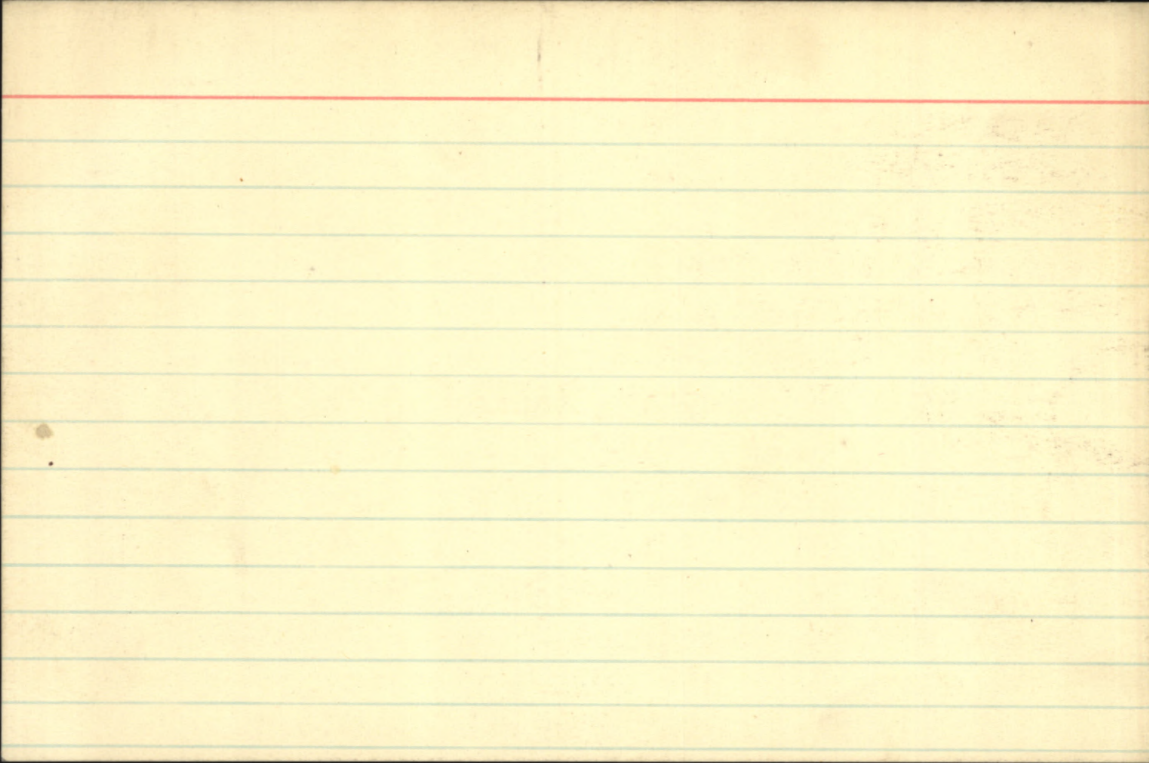
Cross

Widow (not eligible)

*29.12.49*

Mother (deceased)

S.O.S. 1-4-19



SURNAME.

*Dewell*

2. CARD NO. ✓

CHRISTIAN NAMES

*Richard*

S.O.S. No. 1-4-19.

FOLL.

*h-u.*

REGL. No.

*725611*

RANK

*Pvt.*

*Anty: D.O. 880 #2-D-D.*

UNIT

*109th.*

*Batt.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Dewell, Mrs. Sarah*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Uphill, Ont.*

COUNTRY OF BIRTH

*Canada, Dalton, Ont.*

DATE

*June 5<sup>th</sup>. 1895.*

PLACE OF ATTESTATION

*Victoria Road Ont.*

DATE

*Feb. 14<sup>th</sup>. 1916.*

*1/3 23-7-16, 488/11.*

*R/C 25-2-1917/20.*

Sailed from Halifax per S.S. "Olympic" 23/7/16.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

20 YEARS

7 MONTHS

HEIGHT

6 FEET

INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dk. Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Lindsay

DATE

Feb. 10<sup>th</sup>. 1916.

\*Name L DEWELL, Richard Rank Pte Regtl. No. 725611  
 Original unit 109th Bn Present unit 109th Bn M. or S. Age 23 Religion Pres. Fyle Depot 2408 222  
 Ref. H.Q. \_\_\_\_\_

Port, ship, and date of arrival Empress Britain, Halifax, 25-2-19

Next of kin Mother Sarah Dewell, Uphill, Ontario

Address on leave same

Address on discharge same

Transportation issued Yes  No  Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation Farmer Date and place of enlistment Victoria, Rd Feb 14/16

Diagnosis Cordio vascular neurasthenia. Date of Medical Boards 27-3-19  
Bronchitis

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
17-2-19	Posted to Gas Co (Ex. Camp) 25-2-19	
	Leave & Subs from 1-3-19 to 15-3-19	63
	<i>Granted Subs from 15-3-19 to 21-3-19.</i>	<i>74</i>
1-4-19	SOS DISCHGD. "MED. UNFIT" (to take IN-Patient treatment with SCR) NO WSG OR CA	88

\*—Name will be given in full; surname first. (over)

Date.

Remarks.

Pt. 2 O ● No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.



Surname **Dewell** Christian Name or Names **R.** Reg. No. **725611**  
 Rank **Pte.** Unit **44th Bn. C.A.M.C. (W. Coy)** Co. Troop Batty.  
 Hospital **4 Stat. Arques** Date of Admission **19-1-17.**  
 Transferred **Do. do.** Hosp. **5. 3. 17.**  
**No. 10. St. Y. Hos St Omer.** Hosp. **5. 3. 17.**  
**3 Con. Genl. Boulogne.** Hosp. **22-3-17**  
**Wharfedale War, Sheffield** Hosp. **25-3-17**  
**Beesby. Pk. Con.** **8. 5. 17.**  
 Diagnosis **I.C.T.R. Knee.**  
 (1) **D.A.H.**  
 (2) **7/4/18 D.H.**  
 (3) **Influenza**  
 Additional Diagnosis: if more than one state present  
**Mumps B**

DISPOSITION **To Duty 31-1-17.** Date

C.L. 10-2-17 --140  
 " 12. 3. 17. A 165-  
 - 30-3-17 @179  
 a 11. 5. 17. B 315  
 4. 9. 17 B4  
 6-7-18 C257 2  
 4. 11. 18 C360 I.  
 9-12-18. C390.

REMARKS  
 Dio 25. 4. 17.  
 29-6-18  
 Dio 6-12-18.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

Westcliff E & E

25-6-18

2.

1102d Mole Barracks

31-10-18

3.

4.

5.

6.

7.

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

1 SEP 1916 1916.

No. 725611 Unit 44th Battalion Rank pte

Name DEWELL R. Age 21

Examination held at Bramshott, Hants.

DISABILITY. No disability

Overseas—Local.  
(scratch one out)

Present Condition :

Board recommends :

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

Signatures :

Members {  
*R. Stewart Maj* Pres.  
*H. ... Maj*  
*W. ... Capt*

Approved.

Bramshott 1 SEP 1916 1916.

*W. ... Major.*  
 D.A.D.M.S. for A.D.M.S. & for C.O.C.  
 Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

*Handwritten signature*

*Handwritten text*

725611

S. Colocotronis Vint. Road

DUPLICATE

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Sewell Christian Name Richard

Examined { on 10<sup>th</sup> day of February 1916.  
at Lindsay  
Birthplace { City or Town Liphill  
County Victoria County

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

Apparent age 20 years  
Trade or occupation Laborer  
Height 6 Feet  Inches.  
Weight 154 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 37 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left One  
Number One

Date	Result	VACCINATIONS.
<u>10-2-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 10<sup>th</sup> 1916.  
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Sept. 25/16</u>	<u>T.A.B. Type</u>	<u>J. McCulloch</u> M.O.
<u>9/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>15/5/16</u>	<u>?</u>	<u>J. McCulloch</u> M.O.
<u>24/5/16</u>	<u>..</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 14<sup>th</sup> day of February 1916 at Lindsay

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn C.E.F.</u>	<u>725611.</u>		<u>14.2.16.</u>
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.



*Plot*  
MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725691	Pte.	Devell	R.
Year	Unit.	Age.	Service.	
1917	44 <sup>th</sup> Bn.	21	12/6/17	
Station and Date.	Disease			
Bushy Park.	<i>D.A.H.</i> diphtheria Victoria Co. Single. Lindsay Inoc. 7. (mother) Mrs. Sarah Devell uphill Ont.	<i>CH 19/7/17</i> Labourer 10 Febry 1916 R.P.V.1		
19 Jan 1917	Arras	Reported sick Pains in left chest. Right knee swollen b.c.s. Marked I. C. J. foot. Boulouze 3 ban. General Bed 7 days. Marked D.A.H.		
20 Mar 1917	Sheffield Wharfedale War.	Bed 2 weeks. Chest painted with Iodine. Medicine		
7 May 1917	Bushy Park.			
<i>On Admission:-</i>				
<i>On exertion he has pal- pitation, pains below left nipple &amp; shortness of breath.</i>				
<i>Examination:-</i>				
<i>Fairly well nourished Good color.</i>				
<i>Much tremor on being examined.</i>				
<i>Pulse 148</i>				

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

Station  
and Date.

shot  
Systolic murmur in Mitral  
area when patient is lying down

May 21. Seen by Dr. J. M.

May 28. Heavy cough, cold. Dyspnea & pain  
in anterior part. Also general

weakness and sweating. DBE  
Exam. urine. Clear bright yellow S.S. 1024  
no alb. no sugar

June 7. Some dyspnea and precordial pain

June 11. Complaint of dyspnea and DBE  
precordial pain with general weakness  
& nervousness. Heart - - rapid 140

BP 180-110. urine - S.S. 1020 Alb 0

Micro. neg.

June 19. No change. DBE

June 25. Very bad change. Pulse still rapid

Heart very irritably, H. nervous DBE

July 4. Complaint of some dyspnea & precordial  
pain at times. Pulse 102.

Very nervous well. DBE

July 25<sup>th</sup>  
Discharged DBE



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
TC 95 Year	425611	Pte.	Dewell	Richard
1917	44 <sup>th</sup> Canadians	Unit.	Age.	Service.
			20 yrs.	1 1/2 yrs.
Station and Date.	Disease			
WHARFCLIFFE WAR HOSPITAL, SHEFFIELD.	D.A.H. 305			
March 25 <sup>th</sup>	<p>Pt states that his heart has troubled him in the last 2 yrs. after "pleurisy". He has suffered from palpitations, precordial pain &amp; rhododes of breath. This has been getting worse for last 3 months. He brought documents stating that he was admitted to No 4 G. H. Suffer from I.C.T since Sept 31/17. The condition of the heart has not improved under treatment.</p>			
	<p>Temp. Chart shows pyrexia of 102.6° on the 13<sup>th</sup> with temp a week to 99.4° on the evening of 17<sup>th</sup> 1917. Transverse cervical Lys. mesentery of heart enlarged. Myxoid, sounds rales - no definite murmurs. P 108 - 170 even in bed.</p>			
	<p>Con. S.W. pulmonary systolic murmur - no evidence of cardiac enlargement. Precordial pain.</p>			
May 7 <sup>th</sup>	<p>Transferred to King's Canadian Regt + Convalescent Hospital, Bury Park, Hampton Hill, Middlesex.</p>			<p>March 25<sup>th</sup> Mist. Stoych Eds. P. C.</p>
	<p>Deader.</p>			

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



TRINITY

No. 41, Gen. Gen. Hospital  
Shorncliffe.

Reg. No. 725611 Resak.

Name. *Dewell*

Ward *27*

Unit. *C.A.M.C.*

Exam. Rqd. *Roatere*

Diagnosis *Mumps*

Date. *Oct. 30<sup>th</sup>*

1918

*J. J. Denny*  
.....  
Officer i/c Ward.

REPORT

Color

*amber dk.*

Sp. Gr.

*1030*

Reaction

*acid*

Sugar

*neg*

Albumen

*pos. +*

Microscopic.

Microscopic

*Amorphous urates ++  
occasional hyaline casts +  
polymorphs.*

*S. D. Brown Esq.*  
.....  
CAPT. CAMO.  
For O. i/c Laboratory

1850

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint handwriting, partially obscured by a yellow stain]*

1850

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER Howard Richard

REGIMENT Pte

RANK Pte

No. 725611



## 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.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	<i>Discharge Exam.</i> <i>at Distribution Camp</i> Date <u>MAR 27 1919</u>																				
																					<i>Certificate issued for</i>  <i>Repair upper denture</i>
																					<i>H. Sample</i> <i>Major</i>



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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DEWELL R.  
 REGIMENT C.A.M.C. RANK Pfc No. 735611  
 Date of Examination in England 29-1-19. Date of Examination in France \_\_\_\_\_

**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.



**PRESENT DENTAL REQUIREMENTS**

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

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

(a) In Canada \_\_\_\_\_  
 (b) In England yes  
 (c) In France \_\_\_\_\_

Signature of Dental Officer A. Sinclair Capt.

AMERICAN ARMY MEDICAL SERVICE

REPORT OF THE MEDICAL OFFICER

1900

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

1900

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

1900

1900

(1) 1900

(2) 1900

(3) 1900

(4) 1900

(5) 1900

(6) 1900

(7) 1900



## SEPARATION ALLOWANCE

Name *Mrs. Sarah Dewell*Name of Soldier *Dewell, Richard*

Address

*Uphill  
Out.*Regtl. No. *725-611*Rank *Plt.*

Corps

*20617-*

Relation to Soldier

wife, child or mother

*Widowed  
mother*

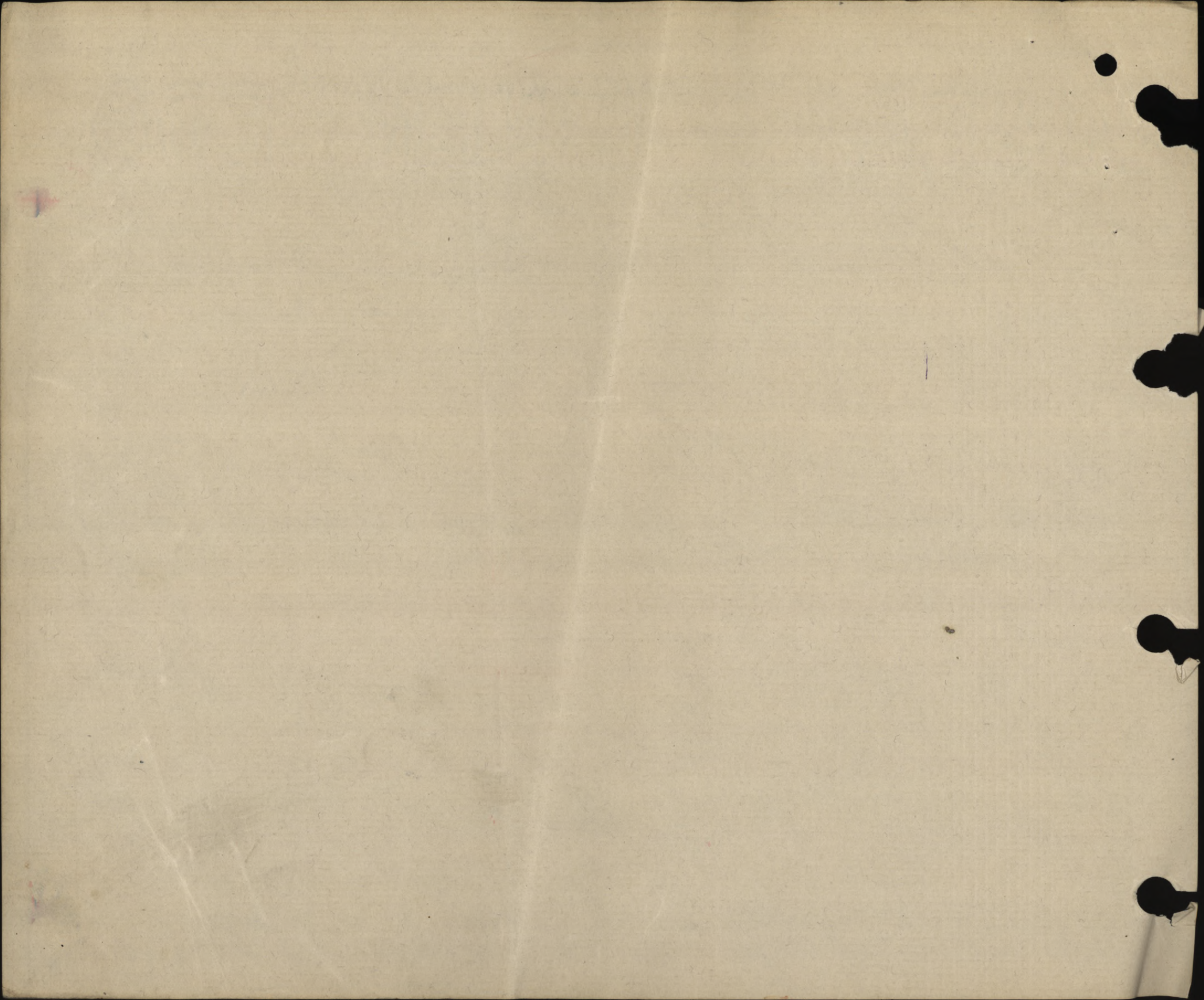
To what Corps belonging

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Acct suspended awaiting information Per R.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**

M. F. W. 11a.  
 50m.-4-16.  
 1772-39-818.

Sheet No. 2. *Mrs. Sarah Dewell widowed*  
 OVERSEAS CONTINGENTS  
 PAYMENTS  
*mother*

Name of Soldier *Dewell, Richard*  
*Pte.*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Suspend this &amp;c awaiting further information per K</i>
May				
June				
July				
Aug.			<i>x x x</i>	
Sept.			<i>/ / /</i>	
Oct.				
Nov.			<i>/ / /</i>	
Dec.			<i>- - -</i>	
Jan.	1917		<i>- - -</i>	
Feb.			<i>- - -</i>	
March			<i>- - -</i>	
April			<i>- - -</i>	
May			<i>x x x</i>	
June			<i>x x x</i>	
July			<i>- - -</i>	
Aug.			<i>- - -</i>	
Sept.			<i>- - -</i>	
Oct.			<i>- - -</i>	
Nov.			<i>x</i>	
Dec.			<i>x</i>	
Jan.	1918		<i>x</i>	
Feb.			<i>x</i>	
March			<i>x</i>	
April			<i>x</i>	
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs Sarah Dewell* By Whom Assigned *Dewell Richard*  
 Address *Uphill, Ont.* Regtl. No. *725-611*  
 Rank *Pte.*  
 Corps *109<sup>th</sup> Batt, "C" Coy.*  
 Rate *12-00.* **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				



100

100

100

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2.

*Miss Sarah Dewell*

PAYMENTS.

Name of Soldier

*Dewell Richard*

L. L. Job 310.—Req. 6574.

*725611 "C" Coy Pte. 109th Batt*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>Q 15360</i>	<i>15</i>	
Sept.		<i>Q 16188</i>	<i>15</i>	
Oct.		<i>Q 20133</i>	<i>N</i>	
Nov.		<i>Q 22108</i>	<i>15</i>	
Dec.		<i>Q 34067</i>	<i>15</i>	
Jan.	1917	<i>S 37874</i>	<i>15</i>	
Feb.		<i>R 41252</i>	<i>15</i>	
March		<i>U 45410</i>	<i>15</i>	<i>15 JW</i>
April		<i>U 1423</i>	<i>15</i>	<i>15 JW</i>
May		<i>O 7460</i>	<i>15</i>	
June		<i>F 14376</i>	<i>N</i>	<i>15-B</i>
July		<i>T 21710</i>	<i>15</i>	<i>2 C</i>
Aug.		<i>V 28091</i>	<i>15</i>	<i>2 S</i>
Sept.		<i>Y 34870</i>	<i>15</i>	<i>1 Lu</i>
Oct.		<i>M 42679</i>	<i>15</i>	
Nov.		<i>Z 53525</i>	<i>15</i>	
Dec.		<i>H 52150</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*15-00*

**AUG 1 1916**

*MS*

*JK*

*MC*

*253526*

*15 JW*

*15-B*

*2 C*

*2 S*

*1 Lu*

*Z 53525 cancelled.*

*255*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				



\* Write out whichever applicable

ASSIGNED PAY **ENGLAND or CANADA.** SEPARATION ALLOWANCE **ENGLAND or CANADA.**

NAME: **DEWELL, Richard**  
NUMBER: **425611**

EFFECTIVE DATE: **1-8-16** EFFECTIVE DATE: **1-8-16**  
AMOUNT: **\$15.00** AMOUNT: **15.00**

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<b>Pte.</b>

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

**Mrs S. Dewell (Mother)**  
**Suphill Ont.**

*Stopped off 1/3/19*

UNIT AND TRANSFERS  
ORIGINAL UNIT: **109th Bn**  
DATE ACCOUNT FIRST OPENED: **1-8-16**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
<b>Roll</b>	<b>1/1/17</b>		<b>Westcliffe Coy</b>

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
<b>4/1/19</b>	<b>922</b>	<b>Westcliffe</b>	<b>9.73</b>			<b>ledger bal.</b>	<b>57.16</b>
<b>24/1/19</b>	<b>3533</b>	<b>bank</b>	<b>9.73</b>			<b>Extracts</b>	<b>19.46</b>
			<b>19.46</b>			<b>h.p.c. Bal</b>	<b>37.70</b>

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	<b>1</b>	<b>-10</b>		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Disch Canada. Unit NR 9/2504. S'cliffe 1/2/19. S'cliffe MD.2.**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<b>1918</b>											
<b>Mar 31</b>	<b>Bel Sur d</b>								<b>4452</b>		
<b>Apr</b>	<b>P.P.</b>	<b>33</b>						<b>15</b>	<b>2952</b>		
				<b>AR. 8 Westcliffe 12/11/18</b>	<b>9.73</b>				<b>6252</b>		
				<b>.. 38 " 25-4-17</b>	<b>9.73</b>				<b>5279</b>		
<b>May</b>	<b>C.O.</b>	<b>33</b>			<b>19.46</b>			<b>15</b>	<b>4306</b>		
				<b>73 " 14/5 C4</b>	<b>9.73</b>				<b>7716</b>		
				<b>121 " 24/5 C14</b>	<b>14.60</b>			<b>15</b>	<b>6216</b>		
<b>June</b>	<b>O.P.</b>	<b>33</b>			<b>24.33</b>			<b>15</b>	<b>5243</b>		
				<b>ban. a.p.</b>				<b>15</b>	<b>3783</b>		
				<b>AR 171 C2 METEN 14/6</b>	<b>9.73</b>				<b>7083</b>		
				<b>.. 224 7 " 27/6</b>	<b>9.73</b>			<b>15</b>	<b>5583</b>		
<b>July</b>	<b>P.P.</b>	<b>34.10</b>			<b>19.46</b>			<b>15</b>	<b>4610</b>		
				<b>C.A.P.</b>					<b>3637</b>		
				<b>AR 281 1 " 11/7</b>	<b>9.73</b>				<b>5547</b>		
				<b>335 10 " 30/7</b>	<b>9.73</b>			<b>15</b>	<b>4574</b>		
<b>Aug</b>	<b>P.P.</b>	<b>34.10</b>			<b>19.46</b>			<b>15</b>	<b>3601</b>		
				<b>382. " 17/8 C8</b>	<b>9.73</b>				<b>5511</b>		
				<b>432 " 27/8 C9</b>	<b>9.73</b>			<b>15</b>	<b>4538</b>		
<b>Sept</b>	<b>P.P.</b>	<b>33</b>			<b>19.46</b>			<b>15</b>	<b>3565</b>		
				<b>AR 487 11/9 2nd C1</b>	<b>9.73</b>				<b>5265</b>		
				<b>529. FORD 7. 1947</b>	<b>19.47</b>			<b>15</b>	<b>4392</b>		
					<b>29.20</b>				<b>2445</b>		

**APPROVED**  
Accepted 5/19  
1919

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Oct	Ad	3410						15	2445		
							CR 597. W. Cluff 15/10 C 15	973				4355		
							649 " 28/10 C 36	973				3382 ml		
					3410			1946			15	2409		
			Nov	Ad	33						15	4209		
							5166 11-6 GA 27/11 26	1460				2749		
			Dec	✓	3410						15	4659		
			1919				812 W. Cluff 8/12 15 13/12 55	1460				3199		
							861 " 25/12 65	973				2226		
			Jan	✓	3410						15	4136		
					10120			8893			45			
			Feb	✓	3080						15	5716		
							922 " 9/1 11	973				4743		
							3533 Cane 28/1 52	973				3770		
					3080			1946			15			
							SOS 15 Can 17/119 SL 24							

MARRIED OR SINGLE *Single*  
PLACE OF BIRTH *Dalton Ont.*  
NAME AND ADDRESS OF NEXT OF KIN *Sarah Dewell*  
*Uphill Ont.*  
RELATIONSHIP OF NEXT OF KIN *Mother*

RELATIONSHIP OF NEXT OF KIN  
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
PAYABLE TO  
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. No. *725611* RANK *Pte* NAME *Dewell Richard*  
IF IN PERM. CORPS WHAT UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *44<sup>th</sup> Bn* DATE *Aug 8/16* AUTHORITY *D0222*  
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Prov. Batt* DATE *3/9/16* AUTHORITY *Base Detail*  
PLACE OF ATTESTATION *Victoria Road* TRANSFERRED TO *44<sup>th</sup> Batt* DATE *11-10-16* AUTHORITY *B039 7/16*  
DATE OF ATTESTATION *Feb 14-1916* TRANSFERRED TO *Div. 2 "G"* DATE *29/4/17* AUTHORITY *21286-4/17*  
"*Brit. Insp.*" DATE *31-5-17*  
"*Hedcliffe E.S. Insp.*" DATE *1-11-17* AUTHORITY *Trans. Police*

ASSIGNED PAY MONTHLY \$ *15<sup>00</sup>* DATE EFFECTIVE *Aug 1-1916*  
PAYABLE TO *Mrs Richard Dewell, Uphill Ont.* RELATIONSHIP *Mother*  
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
PAYABLE TO RELATIONSHIP  
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.				
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL	

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	*TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4					1	2				3	4	CREDIT	DEBIT													
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE																									
<i>July 31</i>														<i>25 00</i>	<i>25 00</i>																<i>Bal. from Canada</i>			<i>25</i>		<i>Transferred to 44<sup>th</sup> Batt 8/8/16</i>												
<i>Checked... Aug 8/16</i>	<i>8 10<sup>00</sup></i>	<i>8</i>	<i>8 10</i>	<i>80</i>											<i>8 80</i>																		<i>Assigned Pay 15<sup>00</sup></i>			<i>15</i>		<i>effective 1-8-16.</i>										
<i>Checked... 9/9/16</i>	<i>25 1 75</i>	<i>75</i>	<i>25 10</i>	<i>750</i>											<i>27 50</i>																			<i>Transferred to Prov. Batt 3-9-16</i>			<i>15</i>		<i>Base Detail from: Roll.</i>									
<i>Checked... 3-30</i>	<i>28 1<sup>00</sup></i>	<i>28</i>	<i>28 10</i>	<i>280</i>											<i>30 80</i>			<i>6/5 Oct 293 16/8/16</i>																		<i>3 30.</i>			<i>23 10.</i>		<i>Base Detail from: Roll.</i>							
<i>Checked... 1-10</i>	<i>10 1 10</i>	<i>10</i>	<i>10 10</i>	<i>10</i>											<i>11</i>																						<i>38 57</i>		<i>23 53.</i>									
<i>11-31/10</i>	<i>21 1 21</i>	<i>21</i>	<i>21 10</i>	<i>210</i>											<i>23 10</i>																						<i>6 60.</i>		<i>21 60.</i>									
<i>1-30/11</i>	<i>30 1 30</i>	<i>30</i>	<i>30 10</i>	<i>300</i>											<i>33</i>	<i>319 1/11</i>				<i>C.D. 724 12/10/16</i>																		<i>4 36</i>		<i>42 67</i>								
<i>1-31/12</i>	<i>31 1 31</i>	<i>31</i>	<i>31 10</i>	<i>310</i>											<i>34 10</i>	<i>372 23/11</i>				<i>C.D. 772 28/10</i>																			<i>2 62</i>		<i>4 36</i>							
<i>1917</i>																																						<i>56</i>		<i>15</i>								
<i>1-31/17</i>	<i>31 1<sup>00</sup></i>	<i>34 10</i>													<i>34 10</i>	<i>490 38/12</i> <i>523 6/12</i>																								<i>15</i>		<i>4 40</i>						
<i>1-28/17</i>	<i>28 1 30 80</i>														<i>30 80</i>	<i>540 4/1/17</i>				<i>24-30/8/16 Prov 74-11/1/16</i>																					<i>7 30</i>		<i>32 21</i>					
<i>1-31/17</i>	<i>31 1 34 10</i>														<i>34 10</i>																										<i>7 30</i>		<i>15</i>					
<i>1-28/17</i>	<i>28 1 30 80</i>														<i>30 80</i>																										<i>15</i>		<i>15</i>					
<i>1-28/17</i>	<i>28 1 30 80</i>														<i>30 80</i>																											<i>4 87</i>		<i>29 20</i>				
															<i>298 10</i>																											<i>15</i>		<i>49 07</i>				
														<i>25</i>	<i>323 10</i>																												<i>135</i>		<i>37 40</i>			
																																													<i>36 05</i>		<i>34 07</i>	
																																														<i>264 32</i>		

*C. J.*

*6*  
*Transferred to 44<sup>th</sup> Batt 8/8/16*  
*D.O. 22.*  
*Assigned Pay 15<sup>00</sup>*  
*effective 1-8-16.*  
*Transferred to Prov. Batt 3-9-16*  
*Base Detail from: Roll.*  
*B019 12/10/16 for 3 days pay*  
*B026 1/19/16 " " 21*  
*6 days detention B036 2/10/16*  
*Transf to 44<sup>th</sup> Batt 11/10/16 B039 7/16*



This space to be for numbers.

War Service Br 231  
Class A  
No. 140816

# Proceedings on Discharge.

21-2-75

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

No.	725611	
Rank	Pte.	
Surname	DEWELL RICHARD	
Christian name		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	109th Batt. (D.D.#.2)	
Date of discharge	APR 1 1918	
Place of discharge	TORONTO ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	23 years	months.
Height	6 feet	inches.
Complexion	Dark	
Eyes	Blue	
Hair	Dk Brown	
Trade	Farmer	
Intended place of residence	Uship Ont.	
(To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of		
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE Authority for discharge.....D.O.D.D.#.2 Pt 11 No 88		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

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

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

ES

(OVER)

22

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.....

Four horizontal dashed 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).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) TORONTO, ONT. Richard Penell (Signature of Soldier.)

(Date) APR 1 1919 W. A. Park (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

(Date) APR 1 1919

(Signature) W. A. Park

O. C. Discharge Sections, No. 2 District Depot

**Reservations referred to at Para. 8.**

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

*[The following table contains extremely faint, illegible text, likely bleed-through from the reverse side of the page. It is structured as a table with multiple columns and rows.]*

[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

## List of Discharge Documents.

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

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.*



Reserved for M.H.C.

Regt. No. 225611 Rank Pvt Surname DEWELL Christian Name RICHARD  
 Unit or Corps—(a) Overseas from United Kingdom 44<sup>th</sup> Can Bn (b) in United Kingdom C.A.M.C.  
 Born at—Town Lafayette County or Province Victoria Country Canada  
 Date of Birth—Day 5<sup>th</sup> Month June Year 1895 Age 23 yrs. 7 months.  
 Joined at Lindsay Ont Date 10. 2. 16  
 Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification:—  
Wound on Rk. Chub. Scar on Left Shin

6. PRESENT CONDITION.

Height—feet 6 inches — Colour of eyes Blue-Grey  
 Signature of Soldier (for identification purposes) Richard Dewell

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

D.A.H.

Disabilities Group (b)

BRONCHITIS

Disabilities Group (c)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Military Service</u>	<u>Jan 1917</u>
(ii.) As to Group (b) above.	<u>Military Service</u>	<u>Jan 1919</u>
(iii.) As to Group (c) above.		

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

(i.) As to Group (a) above? No If yes, has Active Service aggravated it? u.g.  
 (ii.) As to Group (b) above? No If yes, has Active Service aggravated it? u.g.  
 (iii.) As to Group (c) above? u.g. If yes, has Active Service aggravated it? u.g.

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

(i.) As to Group (a) above? Yes  
 (ii.) As to Group (b) above? Yes  
 (iii.) As to Group (c) above? Not app

5. MEDICAL HISTORY.

Before Enlistment. Nursing Dec 1915

Left ... England July 1916 with ... 1917 with ... at St. Peter, from there to the Base ... there 2 days, then back to England ... Bursley Park for 3 mos. then back to Depot ... sent to Westcliffe for duty.

6. PRESENT CONDITION.

Subject "Pain in left side & shortness of breath. Sleeps & wakes up out of breath. 2. Cough. Absolute heart slightly enlarged to left side. Harsh first sound almost a murmur. Irregular in rhythm & rate. Easily made worse on Exercise. 110 at rest, 140 on stairs 110 at end of 12 minutes. Cough present. Some coarse rales all over chest no fine rales heard. Brought on by Active Service. Other Systems Normal

7. OPERATION. (i) Was one performed? no

(ii) If so, state what. Not app.

(iii) Was one advised and declined? no

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

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

(ii) If so, describe. 7 Extractions

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) no

(b) Invalid to Canada? yes

(c) Discharge from the Service as permanently unfit? no

Date of Report Jan 21 1919

Signed ... Officer in medical charge of case.

Station ...

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

(Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at ... Station, on ... 1919

\*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it.

I, the undersigned, have heard the description of my disability... (II) disassembled statement should follow. I complete in addition of...

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by...

(a) Negligence of the Soldier { Caused? Aggravated? }

(b) Misconduct of the Soldier { Caused? Aggravated? }

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

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

15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent?

(ii) If not permanent, what is its probable minimum duration (in months)?

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

17. Can the former trade or occupation be resumed?

18. REMARKS:—

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answers it should clearly state the condition of the Soldier at the time of examination. It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important in that it consists of a statement of the Medical Officer's actual findings.

19. RECOMMENDATION:— (a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

Form with fields for Date of Board (21 JAN 1919), Station (GENERAL HOSPITAL, MOORE BARRACKS, THORNCLIFFE), Signatures of Board members, Approved (W. L. S. W.), Dated at, and Station (A.D.M.S. CANADIANS, THORNCLIFFE AREA).

Statement of the Soldier

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

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

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

If the cause of the disability fully described in Part I (2) is not described in...

Misconduct of the Soldier Aggravated?

Negligence of the Soldier Aggravated?

From the medical information now obtained, was the disability caused or aggravated...

Richard Jewell

Signature of Soldier examined.

Instructions to Medical Officers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

**Casualty Form—Active Service.**

Regiment or Corps \_\_\_\_\_  
 Rank Pte Surname Dawell Christian Name Richard  
 Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.  
 Enlisted (a) 14-2-16 Terms of Service (a) Durham Service reckons from (a) 14-2-16  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Summ.  
 or Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records. D. Robinson

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 ...			
	<u>m.R.D.</u>	<u>Tot. of Man Reg Depot</u>	<u>Sibgate</u>	<u>1-4-17</u>	<u>Pt II 23-a</u>
		<u>Lieut furls 25-7-17 to 6-8-17</u>	<u>X troop</u>		<u>- 140.18</u>
		<u>Detained Depot Coy M.R.D.</u>	<u>Sibgate</u>	<u>6-8-17</u>	<u>- 151. F CI</u>
<u>30-8-17</u>	"	<u>So S. Transferred to CAMC. Depot</u>		<u>20-8-17</u>	<u>Pt II 20, 194</u>
					<u>Adjutant,</u>
					<u>Manitoba Regimental Depot.</u>
<u>30-8-17</u>	<u>Caused Depot S.O.S. from m.R.D.</u>		<u>Woolcliffe</u>	<u>29-8-17</u>	<u>Pt II 20, 242</u>
<u>20-9-17</u>	"	<u>S.O.S. to Woolcliffe S.O.S. Depot</u>		<u>19-9-17</u>	<u>Pt II 20, 263</u>
		<u>No leave at the Depot.</u>			<u>A. Mackay</u>

(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.

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				
20-9-17.	oc west cliff. Hqpl.	Taken on Strength	Folkestone	20-9-17.	Pt 2 D. 263
30/1/18	oc West cliff Hqpl	O off A to Camc T.O. Surplus to Establishment.	Folkestone Kent	31/1/18	Pt 2 5028 30/1/18  asms 346/U-23-1.d/24-1-18 Capt. C.A.M.O. Adj. & Regt for Officer Commanding WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT
31/1/18	oc west cliff Hqpl Folkestone Kent	The entry Immediate above cancelled Pt 200 28 d 30/1/18 cancelled	Folkestone Kent	31/1/18	Pt 200. 29- 31-1-18 Auth adjt Regt West cliff
25/6/18.	do	Adm; to this Hqpl. Influenza. 24/6/18.	do	24/6/18.	Pt 200 148 4/25/6/18
28-6-18	do	Dis from this Hqpl. Influenza 28-6-18	do	28-6-18.	Pt 200 151 dp 8-6-18
18-9-18	do	Granted Leave from 18-9-18 to 24-9-18	do	18-9-18	oc west cliff Hqpl.
29-10-18	do O.C. West cliff Hqpl	Admitted to #4 Gen General Hqpl. No 200 S Pliffe 29-10-18 as muni/s suspect	Folkestone Kent	29-10/18	Pt 2 200 of 243 31-10-18

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. 725611 Rank Private Name Jewell, Richard

Enlisted (a) 14-2-16 Terms of Service (a) D. of W. Service reckons from (a) 14-2-16

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) Lancer.

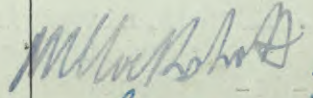
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Halifax N. H. J. 2810		24-7-16	
		Disembarked Liverpool		31-7-16	
		Transferred to 44th. BATTALION C. E. F.		8/8/16	AW setting Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
	Prov. Bn	PROCEEDED OVERSEAS FOR SVCE. WITH	44th Bn.	5:10:16.	89th Allen capt 06.44th Bn details 44th #39.
	Prov. Bn.	J. O. S from 44th Bn.	Bramsbuttt.	22/8/16	Lieut. for Colonel i/c Records, C. E. F.
6-10-16	OC.CBD	Arrived in France & taken on strength of 44th.Bn.	Field	6-10-16	N.R. Pt.2.0.256,d/-9-10-16
29-10-16	-do-	Proceeded to Unit	Field	29-10-16	N.R.
4-11-16	OC.44th.	Joined Unit	Field	1-11-16	B213.DCS 54 d/- 10-10-16

(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.

CERTIFIED CORRECT.  
 20 OCT. 1916  
 CAN. RECORDS, LONDON.

WDR

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				
4/1/17	ag 44.	Forfeits 4 days pay for losing by neglect his greatcoat.	Field	2/1/17	B2069. Part II. O. 13 dt 17-1-17.
27-1-17	"	Evacuated Sick	"	19.1.17	B.213. 4 C.S. 111
20-1-17	11 C.F.A.	Acute Synovitis Right Knee Adm	11 C.F.A.	19.1.17	A.36 " 114
27-1-17	"	" hand: 10	6 <sup>th</sup> CCS	20-1-17	A.36 " 116
20-1-17	6 C.C.S.	J.C.F. Rt. Knee adm	"	"	A.36 " 116
31-1-17	4 Stat.	I.C.T. Rt. Knee Adm:	4 Stat.	31-1-17	W.3034/186 (38th)
31-2-17	6 CCS.	" " To:	do.	31-1-17	A.36 D.C.S. 122
5-3-17	4 Stat	" " To	Duty	5-3-17	W.3034/240.
"	"	La a. H. Adm	4 Stat	"	"
"	"	" " To	10 Stat	"	"
5-3-17	10 Stat.	N.Y.D. Sgt. Adm:	10 Stat.	5-3-17	W.3034/241
21-3-17	10 "	D.A.H. To Base	21-3-17	W.3034/258	
22-3-17	3 C.Gen.	D.A.H. Adm.	3 Can.Gen.	22-3-17	W.3034/259
24-3-17	"	do Inval. Sick and Posted to Man. Regt Depot Seliffe H/S Cambria	England	24.3.17	W.3083/354 P. 10 #49 dt 3.4.17

  
 Lieut  
 for Major D.A.A.C.  
 2nd Echelon Can See  
 List 2  
 29/7/17



LTR

Rank \_\_\_\_\_ Name DEWELL, Richard / Reg'l No. 725611 /  
 Unit 103<sup>rd</sup> Bn. } If in perm. Corps, }  
 What Unit? }  
 Married or Single Single.  
 Place and Date of Enlistment Victoria Road, 14th, Feb, 1916, Place of Birth Dalton, Ont.  
 Name and Address, Next-of-Kin Sarah Dewell.  
Uphill Ont. Can. Relationship Mother.

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

6750 MD2  
 N.E. R.B. No. \_\_\_\_\_  
 File R.L. \_\_\_\_\_  
 Category **ORIGAN**

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.				
<u>C</u>		Arrived in England per H. M. T. 2310		31-7-16	
<u>9-8-16</u>	<u>O.C. 109<sup>th</sup> Bn.</u>	<u>S.O.S. + Amfd 44<sup>th</sup> Bn.</u>	<u>Dorsey</u>	<u>8-8-16</u>	<u>P.O.S. Pt. 222</u>
<u>2-9-16</u>	<u>44<sup>th</sup> Bn.</u>	<u>S.O.S. Amfd to Base Co.</u>	<u>In the field</u>	<u>10-8-16</u>	<u>Pt. II S.O. 222 (A.A. + D.A.G.)</u>
<u>22-8-16</u>	<u>Prov Batten</u>	<u>S.O.S. Prov Batten from 44<sup>th</sup> Bn</u>	<u>Bramshott</u>	<u>22-8-16</u>	<u>Pt II S.O. #1</u>
<u>5-10-16</u>	<u>Prov. Bn</u>	<u>S.O.S Tfd. to 44 Bn</u>	<u>B. Shott</u>	<u>5, 10, 16</u>	<u>Pt. 2, D. 0, 39</u>
<u>9-10-16</u>	<u>44<sup>th</sup> Bn</u>	<u>T.C.O. from Prov Bn</u>	<u>In the field</u>	<u>6-10-16</u>	<u>- - - 256</u>
<u>10-2-17</u>	<u>"</u>	<u>Adm # Stat. Hosp</u>	<u>Argues</u>	<u>19-1-17</u>	<u>CL 4, 140 I.C.T.R. Knece</u>
<u>"</u>	<u>"</u>	<u>Dis to Duty</u>	<u>Field</u>	<u>31-1-17</u>	<u>CL 1 140</u>
<u>12-3-17</u>	<u>"</u>	<u>Adms # Staty Hosp</u>	<u>Argues</u>	<u>5-3-17</u>	<u>CL A 165 DAN</u>
<u>12-3-17</u>	<u>"</u>	<u>10 Staty Hosp</u>	<u>St Omer</u>	<u>5-3-17</u>	<u>CL A 165 N.S.B. #1</u>
<u>30-3-17</u>	<u>"</u>	<u>Transf. 103<sup>rd</sup> Can General Hosp</u>	<u>Boulogne Middlewood Rd</u>	<u>22-3-17</u>	<u>CL A 179 D.A.H. Slt</u>
<u>30-3-17</u>	<u>"</u>	<u>Transf. Wharmcleiff War Hosp</u>	<u>Sheffield</u>	<u>25-3-17</u>	<u>CL B 286 D.A.H.</u>

A.F.B. 103 CHECKED 16 OCT 1916

F

# Dewell, R. 725611

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.				
3.4.17	#4 <sup>th</sup> Bn				
7.4.17	Reg Depot	Transf'd & posted to Man Reg Depot	Field	24.3.17	Pt II DO 49
11.5.17	6 <sup>th</sup> L.H. Bn	" Kings Can. Red & Asp.	Bushy Park	8.5.17	Col. P. 315 D.O.D.
6.9.17	"	Discharged	Hampton Hill	15.7.17	66 B4
30.8.17	M.R.P.	S.O.S. to G.A.M.B. Westinhangar	Mt Dequale	29.8.17	Pt II DO 174
20.9.17	W.B. & E.H.	T.O.S. from G.A.M.B. Depot	Folkestone	20.9.17	Pt II DO 263
20.1.18	"	S.O.S. to G.A.M.B. Depot	"	21.1.18	Cancelled by Pt II DO 29 of 31-1-18
21.1.19	W.B. & E.H.	S.O.S. to G.A.M.B. Depot	"	23.1.19	Cancelled by Pt II DO 21 of 25/1/19
10.2.19	G.A.M.B. Bn	S.O.S. to #3 M.D. B. Wg. Rhyf.	Mt S'cliffe	5.2.19	34.
21.2.19	2 <sup>nd</sup> M.D. B. Wg.	T.O.S. from G.A.M.B. Depot	Rhyf	5.2.19	44.
24.2.19	2 <sup>nd</sup> M.D. B. Wg.	S.O.S. to Canada	Rhyf	17.2.19	46.



PROCEEDINGS OF A MEDICAL BOARD

Dated at \_\_\_\_\_  
No. \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ Overseas Unit \_\_\_\_\_  
Age \_\_\_\_\_ Local Unit \_\_\_\_\_  
Examination held at \_\_\_\_\_

DISABILITY  
Overseas - \_\_\_\_\_  
(attach one only)

PRESENT CONDITION

*[Faint, illegible handwritten text describing the present condition of the member.]*

BOARD RECOMMENDATIONS

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

Signature

*[Handwritten signature]*  
President

Members

APPROVED

Dated at \_\_\_\_\_ 1918  
For A.M.S. \_\_\_\_\_

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at 5-7-18 1916.

No. 725611 Rank P.M. Name Duwell R.

Local Unit..... Overseas Unit..... Age.....

Examination held at.....

WEST CLIFF CANADIAN EYE AND  
EAR HOSPITAL, FOLKESTONE.

DISABILITY.  
Overseas—Local.  
(scratch one out)

## PRESENT CONDITION.

*Manalyn's plane  
Rank Capt*

## 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:—

Members { ..... President.  
 .....  
 .....

## APPROVED

Dated at..... 1916.

PROCEEDINGS OF A MEDICAL BOARD

Date of \_\_\_\_\_  
Name \_\_\_\_\_  
Rank \_\_\_\_\_  
Local Unit \_\_\_\_\_  
Overseas Unit \_\_\_\_\_  
Age \_\_\_\_\_

Examination held at \_\_\_\_\_

DISABILITY  
Overseas Local  
Examination Unit

PRESENT CONDITION

*[Faint handwritten text, possibly describing a condition]*

BOARD RECOMMENDS

- 1. Fit for Duty
- 2. Fit for Duty after \_\_\_\_\_
- 3. Fit for Temporary Base Duty
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

President

Members

APPROVED

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bushy Pt July 19<sup>th</sup> 1917.

No. 725611 Rank PTE Name DEWELL RICHARD

Local Unit — Overseas Unit 44<sup>th</sup> Age 31

Examination held at Kepp Redx Canadian Con Hospital

DISABILITY:  
Overseas—Local  
(scratch one out).

D. A. H.

## PRESENT CONDITION.

Patient nervous and shaky. does moderate  
Exercise fairly well only. He can do light work  
around the hospital without distress but on any more  
severe labours his pulse increases to 160.  
During his stay in Hospital the Pulse (sitting down) has ranged  
from 102 to 140.—  
no enlargement of the Heart. no murmurs present  
He is of a highly nervous temperament  
Mat. Cliff Hosp. 21-12-17-Condition unchanged. Maj N. S. [Signature]

## 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..... C II
- 5. Discharge ..... ✓

## Signatures:—

Members { L. M. Murray ..... President.  
N. B. Green .....  
W. Davis .....  
 }  
L. M. Murray  
Major

APPROVED

Dated.....1917.





# PROCEEDINGS OF A MEDICAL BOARD.

19 JUL 1917

Dated at THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL, BUSHY PARK 1917.

No. 725611 Rank Pte. Name DEWELL, Richard

Local Unit Overseas Unit 44th. Battn. Age 21.

Examination held at THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL, BUSHY PARK.

DISABILITY:  
Overseas—Local  
(scratch one out).

D. A. H.

## PRESENT CONDITION.

Patient nervous and shaky. Does moderate exercise fairly well only. He can do light duty work around the Hospital without distress, but on any more severe labour his pulse increases to 160. During his stay in Hospital the pulse (sitting down) has ranged from 102 to 140. No enlargement of the heart. No murmurs present. He is of a highly nervous temperament.

## 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..... C. 2.
5. Discharge .....

## Signatures:—

Members	}	L. M. Murray. Major. CAMC. .... President.
		H. H. Eyres. Capt. CAMC. ....
		D. W. Davis. Capt. CAMC. ....

APPROVED

Dated 19 JUL 1917 1917.

PROCEEDINGS OF A MEDICAL BOARD

Date of Examination: \_\_\_\_\_

Rank: \_\_\_\_\_

Overseas Unit: \_\_\_\_\_

Age: \_\_\_\_\_

RESERVE FORCE  
1955-1956

PRESENT CONDITION

Present condition of the applicant is as follows: \_\_\_\_\_  
The applicant is fit for duty and is recommended for retention in the service for a period of \_\_\_\_\_ months.

BOARD RECOMMENDATIONS

- 1. Fit for Duty
- 2. Fit for duty after \_\_\_\_\_ weeks' physical training
- 3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
- 4. Fit for Retention Base Duty
- 5. Discharge

Signature: \_\_\_\_\_

President: \_\_\_\_\_

Members: \_\_\_\_\_

APPROVED

Date: \_\_\_\_\_ 1917

725611

C. West Road

D-178

# MEDICAL HISTORY SHEET ORIGINAL

Surname Duwell Christian Name Richard

Examined { on 10<sup>th</sup> day of February 1916.  
at Sundray  
Birthplace { City or Town Uphill  
County Victoria County

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

Apparent age 20 years **18**  
Trade or occupation Labourer  
Height 6 Feet 18 Inches  
Weight 154 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 37 inches.  
Physical development Good  
Small-Pox Marks None  
Vaccination Marks { Arm Right None Left One  
Number One  
When Vaccinated last Feb. 10<sup>th</sup> 1916

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
SEP 1918	Fit	Devel. exp. 30 MAR 1917 M.O.
		M.O.
		M.O.
		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	VACCINATIONS
10.2.16	Good	J. McCulloch M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Enlisted on 14<sup>th</sup> day of February 1916 at Sundray

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>725611</u>		<u>14.2.16</u>
Transferred to..	<u>44th Bn</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Busby Park</u>	<u>19.7.17</u>	<u>D.A.H.</u>	<u>Cpt L. W. Murray</u>
<u>Sunderland Inf. Coy</u>	<u>21.12.17</u>	<u>D.A.H.</u>	<u>Dtj A. J. ...</u>
<u>do</u>	<u>12.7.18</u>	<u>do.</u>	<u>BIT ...</u>
	<u>21 JAN 1919</u>	<u>D.A.H.</u>	<u>Cpt ...</u>

No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, ENGLAND.  
21 JAN 1919 APPROVED  
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.  
Treats 27. 3/19  
D.A.H. x  
James ...  
Bronchitis  
SCR  
W. ...  
St ...

CANADIAN

COLONEL

Richard

Christian Name

David

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 4 Styl Hosp.	Arques	19	1	17	31	1	17	I.C.T. R. Knee		To Duty	140-A140
		15	3	17	7	5	17	D.H.		Medical History Sheet posted to here. <i>no</i>	<i>H. Seader</i>
								do.		Complains of some dizziness and precordial pain at times. Pulse 102. Doing exercise well.	Captain, C. A. M. O.
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		7	5	17	25	JUL	1917	D.H.	79	Patient nervous & Shaky - does moderate exercise fairly well only - Greater effort gives Tachycardia up to 160 - no swelling of heart. No venous present	<i>L. W. Murray Major</i>
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		24	6	18	29	6	18	Influenza	6	Cleaned up under treatment. Now fit to resume duty. Category unchanged.	<i>Capt. C.A.M.</i>
NO. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACK, SHORNCLIFFE		3	OCT	1918	6	12	18	Mumps	37	Spent 14 hrs sick. Pains in both eyes & across bridge of nose. Extensive swelling of Right Parotid gland. Vomited frequently. Cured. Discharged to duty. Category unchanged.	<i>Pharmacist Capt Macphie Capt</i>

Scabies

now cured fit for duty

*B2*  
*Pharmacist Capt Macphie Capt*

# CASE HISTORY SHEET.

College Military Hospital.

Toronto Cent Station.

No. 725611 Rank pte Name Dewell R. Age 23

Unit S.C.R. Completed years of service            Where and how long

Date of admission 1/4/19 Date of discharge 1/4/19

Diagnosis Neurasthenia Place of origin           

CONDITION ON ADMISSION AND PROGRESS OF CASE

*patient discharged to-day to the S.C.R. for treatment of neurasthenia  
Complains of palpitation, dyspnoea, tremor*

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

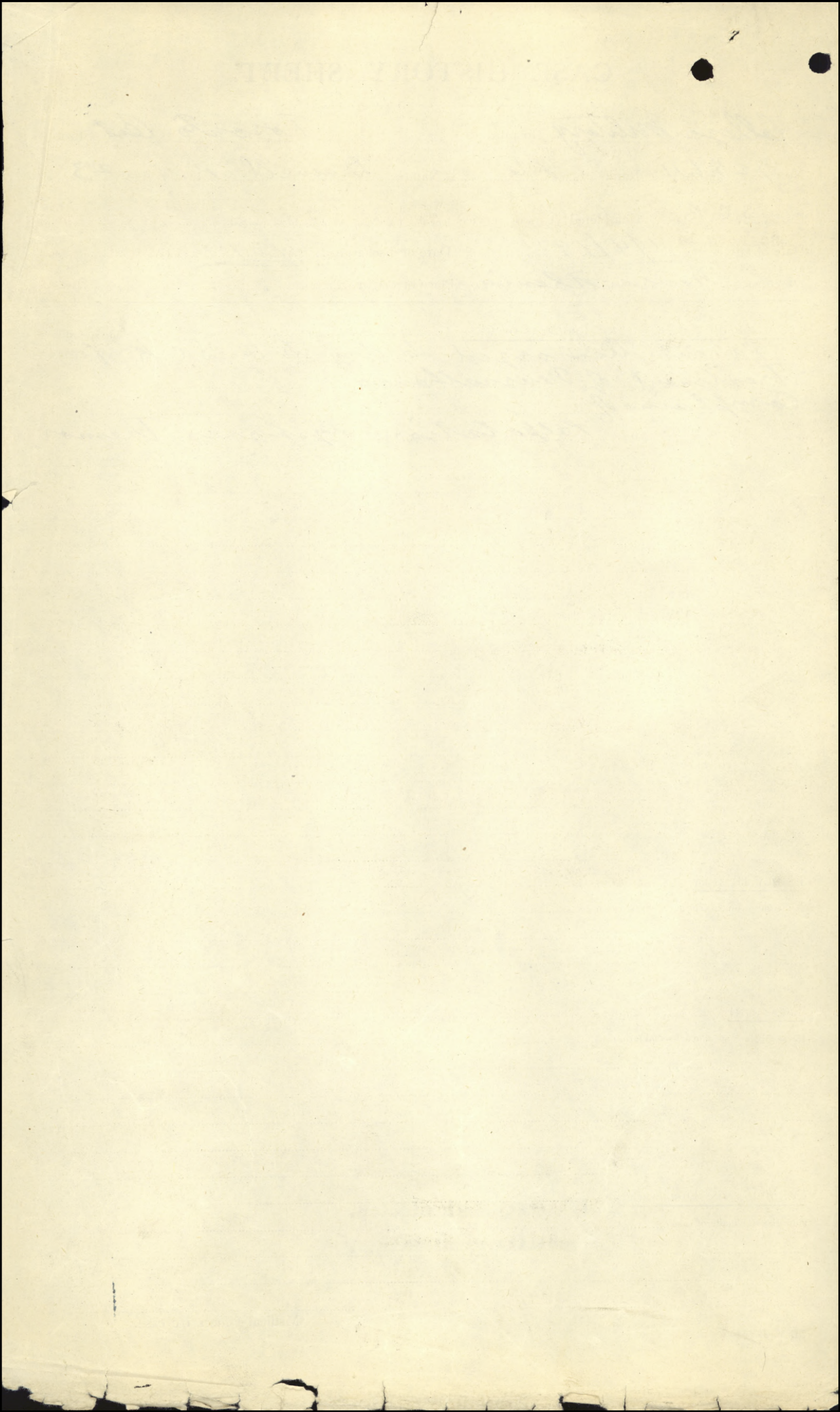
(and disposal made of case.)

\* Disability on admission.

\* Disability on discharge.

Date.....

Medical Officer i/c case.



# MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of \_\_\_\_\_ Hospital at \_\_\_\_\_ Date \_\_\_\_\_

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birth-day.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	<i>H. M. Banditions</i>	<i>B.</i>	<i>725611</i>	<i>Jewell R. Private</i>	<i>20</i>	<i>14 1/2</i>	<i>6 1/2</i>	<i>5-3-14</i>		<i>Pres.</i>		<i>Base (Lying)</i>

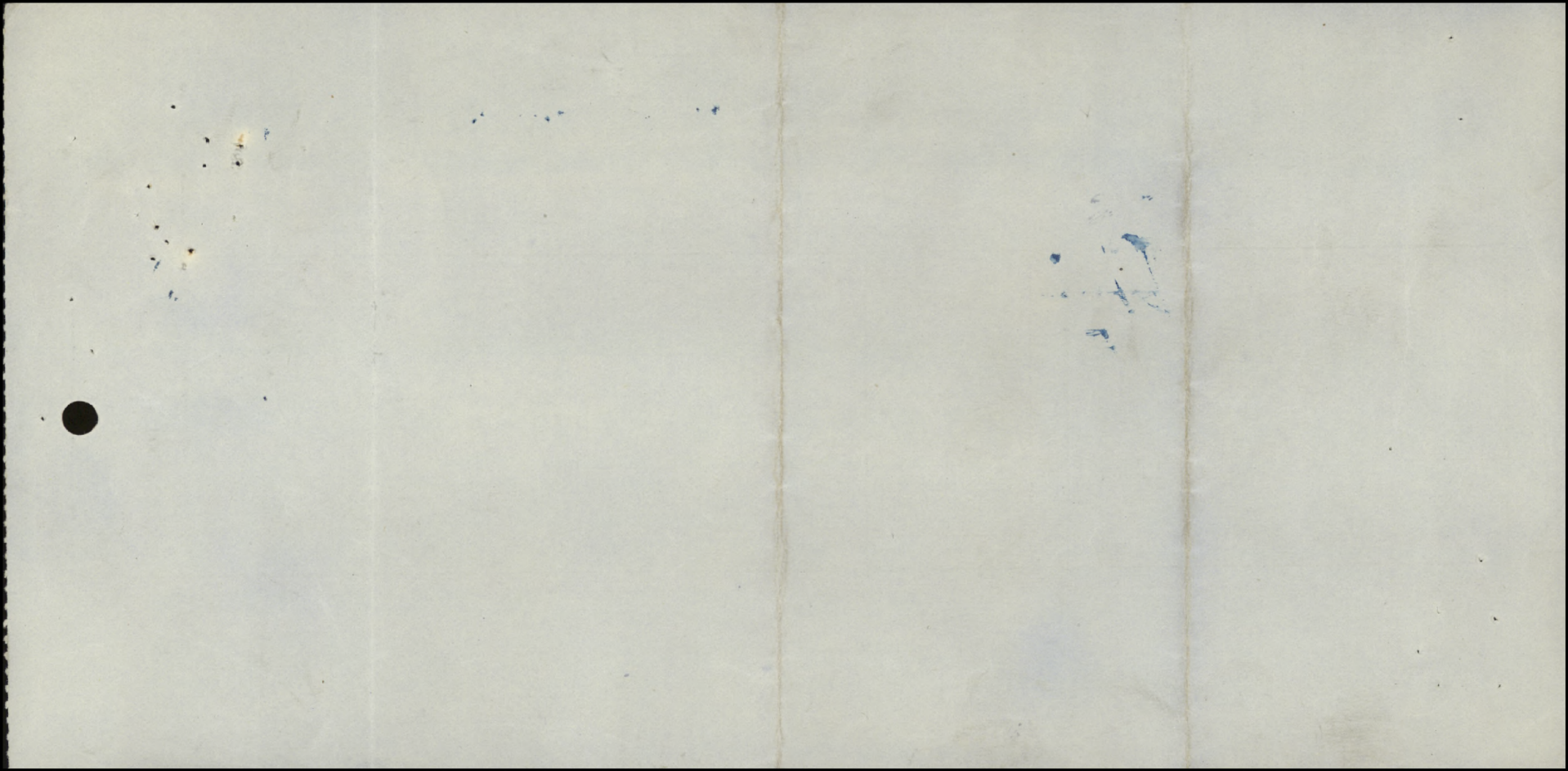
State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

*admitted for J. C. I. foot. Complaints of Pains in Cardiac region + shortness of breath. No <sup>definite</sup> murmur at apex. but cardiac action irregular on exertion*

*Das...* *Das...* *Capt Paine* Medical Officer in Charge.

MEDICAL CERTIFICATE BOOK.

London: Printed for H. M. Stationery Office by Henry Good & Son, Ltd.





102547 H:0

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1917	44 Canadian		Dewell	Richard
Station and Date.	Disease <u>D. A. H.</u>			
40-P 5/3/17	<p>This man was admitted to New B. Hospital suffering from S.B.I. knee joint - 31. 1. 17. The condition of his heart has not improved under treatment. Transferred for further treatment.</p> <p style="text-align: center;">D. A. H.</p>			

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

Station  
and Date.

## *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.)

MEMORANDUM

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS

1. On submission of a man to Hospital forward M.H.S. to each Hospital at once.

2. On transfer to another Unit to Officer commanding the Unit in the previous case, the return to Record Office London, without delay.

# CLINICAL CHART.

Army Form B. 181.

Corps 44<sup>th</sup> Canadians.

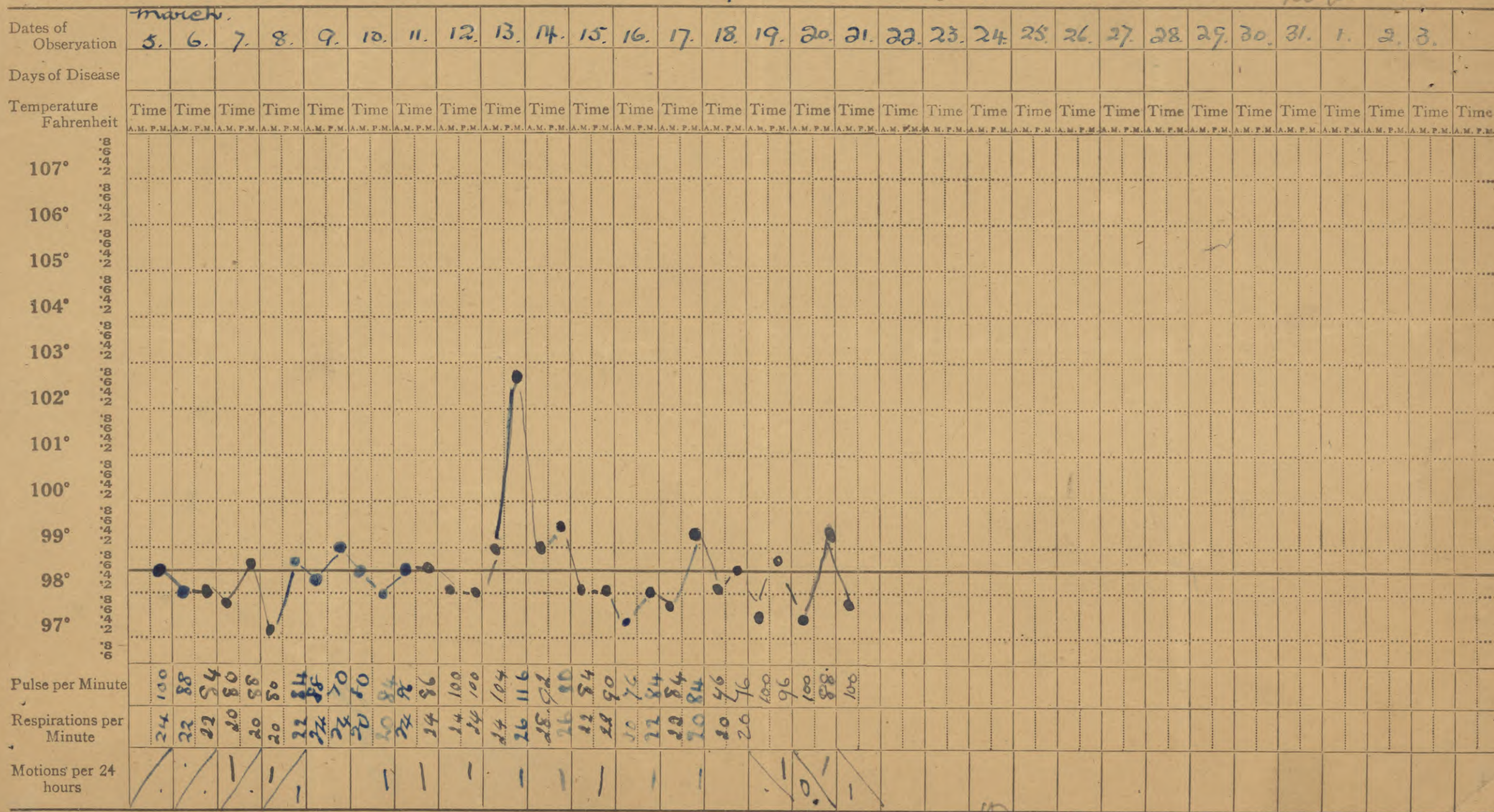
(To be attached to Case Sheet.)

Military Hospital 10 Stationery.

No. 425-611. Rank and Name Pfc. Dewell.

Age 20 Service 14 mts.

Disease A. Q. H. Date of admission 5 : 3 : 17. Date of discharge 7. 5. 19. Result Recovered



Signature

*Dewell*

In charge of case.

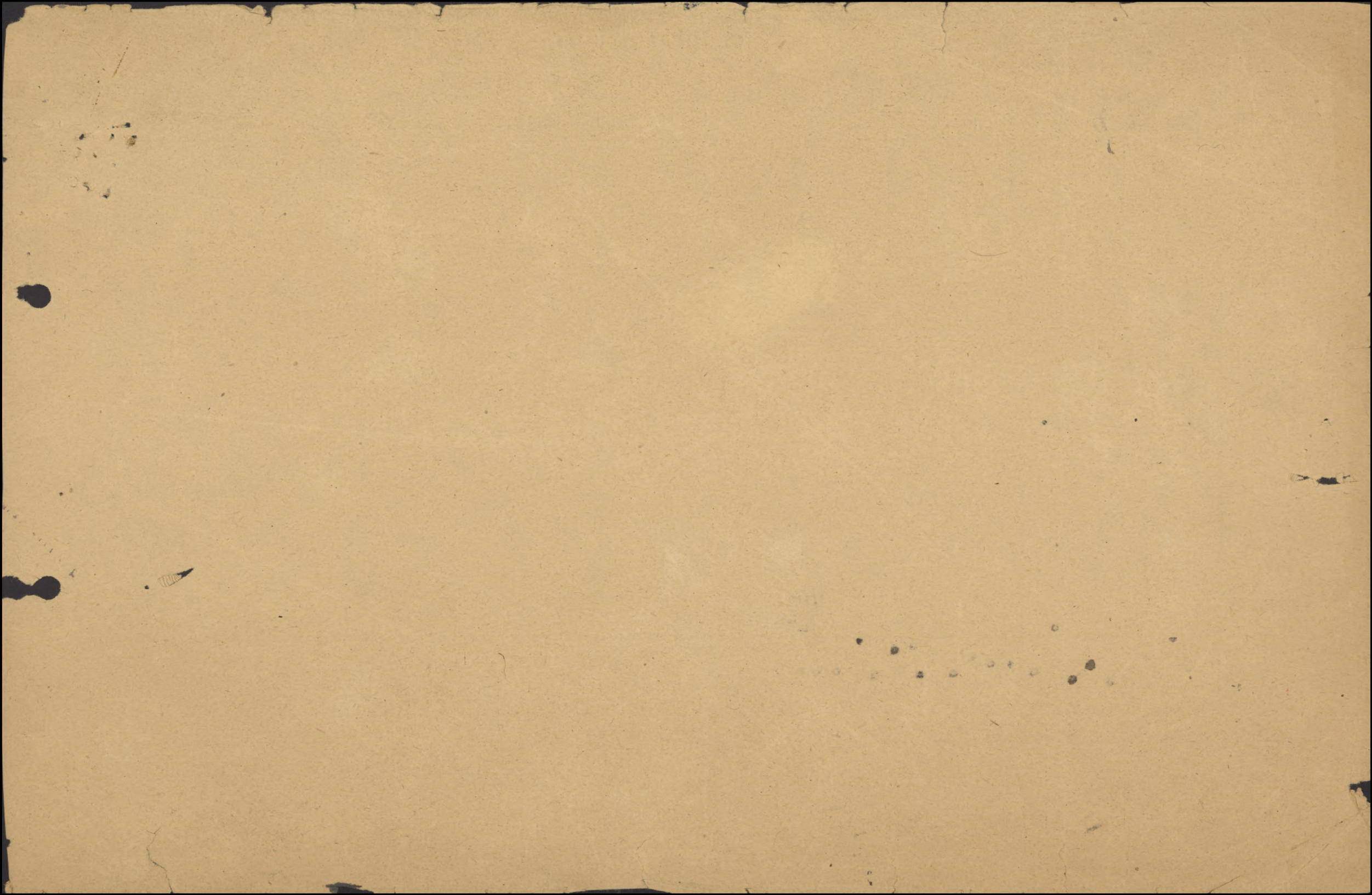












MEDICAL CASE SHEET.\*

No. XI CANADIAN  
GENERAL HOSPITAL

MOORE CA TRACKS,  
Christian Name.

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

725611

Pf

Sewell

R

Unit.

Age.

Service.

Camb

23

2 10-16

Station  
and Date.

Disease

Scabies

No. C.G.H.

Transferred from  
No. 27.

Treatments

29-11-18

30-11-18

2-12-18

Red papular rash of four days  
duration on legs upper thighs and  
arms, mixed type.

5% V. act bath thoroughly scrubbed with  
soap and liquid benz. sulph. applied  
much improvement in 24 hrs

Continue treatments

Now cured for for dates  
J. MacPherson  
Capt.

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

Station  
and Date.

Regtl. No., Rank and Name 725611 P. Dewell, R. Corps C.A.M.C.

Disease \_\_\_\_\_ Hospital WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

To Officer i/c Laboratory. Ward \_\_\_\_\_

Please carry out an examination of the accompanying specimen of Urine  
with special regard to Routine.

Date 5.7.18 Captain White.  
O. i/c Ward

LABORATORY REPORT.

Color.	Yellow.
Sediment.	Slight - flocculent.
Specific gravity.	1018.
Reaction.	faintly acid.
Albumen.	Negative.
Sugar.	Negative.

U.P.

Date of Examination 5.7.18

Dewell Capt. C.A.M.C.  
WEST CLIFF CANADIAN EYE & EAR HOSPITAL,  
FOLKESTONE, KENT.

O. i/c Laboratory.

100-1000 7 3212

782611 Dr. Powell R. Corp. C.A.M.C.

100-1000 7 3212

100-1000

100-1000

100-1000 7 3212

Positive

Captain White

100-1000

LABORATORY REPORT

Yellow.	Color.
Slight - fluorescent.	Sediment.
1012.	Specific gravity.
faintly wet.	Reaction.
100-1000.	Albumen.
100-1000.	Sugar.

100-1000

100-1000

100-1000 7 3212

100-1000

100-1000

WEST CLIFF CANADIAN EYE & EAR HOSPITAL

FOLKESTONE JUNE 27th 1918.

INP.

TO: Hospital Representative.

INFLUENZA

Pte Dewell,  
725611, R.  
C.A.M.C.  
W'Cliff

The marginally named man was admitted here with influenza. Under treatment this condition has cleared up, and he is now fit to return to duty.

CBT/MC 4  
27618.

g B Tule -

Captain, C.A.M.C

for O.C. West Cliff Cdn. Eye & Ear Hospital.

THE STATE OF TEXAS,  
COUNTY OF DALLAS.

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_

and acknowledged to me that he executed the foregoing instrument as his free act and deed.

\_\_\_\_\_  
Notary Public

The within instrument was read to and by the said \_\_\_\_\_ and he acknowledged to me that he executed the same as his free act and deed. This condition has been read to and by the said \_\_\_\_\_ and he has acknowledged to me that he has read the same and that he knows the contents thereof and that he has executed the same as his free act and deed.

\_\_\_\_\_  
Notary Public

WITNESSED my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No. <i>725611</i> Rank. <i>Pte.</i>	Surname. <i>Dewell</i>	Christian Name. <i>R.</i>
Year <i>1918</i>	Unit. <i>C.A.M.C.</i>	Age. <i>23.</i>	Service. <i>2-10-'16</i>
29-10-18 Station and Date. <i>Moore Barracks Hospital</i>	Disease <i>Mumps.</i> <i>Transferred from West Cleft Hoap. Folkestone.</i>		
<i>Present condition:-</i> <i>Headache frontot. Pain in both eyes and across bridge of nose. Tenderness &amp; pain in right parotid.</i>			
<i>Exam.</i> <i>Right Parotid Gland extensively enlarged swelling protruding below on subside.</i>			
<i>1.11.18</i>	<i>Wounded frequently, Headache and pains much relieved</i>		
<i>3.11.18</i>	<i>Feeling much better today.</i>		
<i>6.11.18.</i>	<i>Feeling fine allowed up today</i>		
<i>11.11.18.</i>	<i>Feeling fine.</i> <i>And transferred to West Cleft Hoap</i> <i>Destroyed by July. Capt D/</i> <i>Querry Capt</i>		

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

Station  
and Date.

CASE HISTORY SHEET.

Base Base Hospital. Brooks Station.  
No. 725611 Rank. Pte Name. Dewell Richard Age. 23  
Unit. D.S.C. Completed years of service } 4/12 C. 24/12 C. 8/12 F.  
Date of admission. Apr 3 /19 Date of discharge. Apr 28 /19  
Diagnosis. Scabies Place of origin. England.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

few papules about arms wrists penis  
itchy at night  
Apr 9/19 marked sulphur dermatitis. Cure a  
few lesions on penis  
Apr 12/19 - Sulphur dermatitis.  
April 16<sup>th</sup> marked improvement.  
" 29 Fairly clear, a few lesions on Right ankle

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form)

Routine Scabies

CONDITION ON DISCHARGE.

(and disposal made of case.)

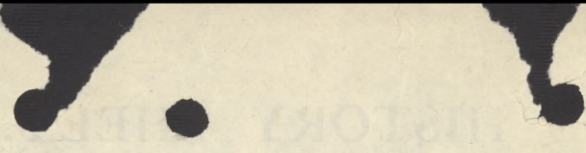
Cured - few stains of  
old lesions

Date

Apr 28 /19

Medical Officer i/c case

C. J. Brown  
capt



HISTORY

7

2000

10.—(b) (Here give 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).)

I.C.T.R. Knee 19.1.17. No disability.

Influenza 24.6.18. Complete recovery.

Mumps. Oct. 1918.

(c) (Here give a description of wounds, scars and deformities.) 1 vacc left arm.

Scar on left shin. Scar right side of head.

11.—(a) Did the disabling condition have its origin before enlistment? (1) (2) 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.)

(1) (2) Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) (2) (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? (a) 6 months. (2) 3 months. Decreasing.

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

(1) He was in hospital in France and England, 4 times about ten months.

(2) Treated by Medical officer.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (1) Yes.

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

See special report.

(2) No.

16. Can the former trade or occupation be resumed? No. Because he requires rest and hospital treatment.

(If not, briefly state why)

17. Recommendations. See specialist report. I.S.C.

J.M. [Signature]

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

I complain in addition of

J.R. Darnell

Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

No 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.)

Neurosthenia and D.A.H. 3 months as in patient.

- (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.)

To I.S.C. as in patient for 3 months. For neurosthenia. and D.A.H.

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.

PLACE Exhibition Camp, Toronto.

DATE March 27, 1919.

Signature of President and 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.

Signature of President and Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE MAR 28 1919

DATE

APPROVED stamp with signature and date

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

**D**

8938

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

15-			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. 725611  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *Richard Dewell*  
 Battalion *109 Batt Coy (206 Battr)*  
 Beneficiary *Mrs Sarah Dewell*  
 Relationship *widowed mother*  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs Sarah Dewell*  
 Address *Uphill Cnt.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					4598 R-4
Dec 31 1918		X X X	255	255	
Mar. 4	78052		30	30	M
"	794154		15	15	M
Apr	B. 6836		15	15	C.
May	O. 15678		15	15	C.
June	T. 26740		15	15	C.
July	231429		15	15	C.
Aug	T. 40725		15	15	C.
Sept.	7143790		15	15	C.
Oct	O. 50839		15	15	R
Nov	I. 60910		15	15	D
Dec	T. 64795		15	15	C.
1919	G. 71001		15	15	C.
Dec	S. 77570		15	15	C.

*MR O/A 27/18 MC*  
 Account Suspended awaiting further information  
 U78052 mailed 4/18 120 adj Jan & Feb.  
 2 unnumbered pens at home 4598-R-4-R 27/18

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 22320-M. & D. 1583.

A/c Closed 28-2-19  
 Ret'd per *Empire of Britain*  
 Date 25/2/19 M.F.W. 187  
 7/3/19  
*J. J. J.*  
 mho 75001  
 mho 2

554912  
 1/5/16  
 A.P.

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-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7493.



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

M. OR S. REGT. No. 725611 RANK Pte. NAME (IN FULL) DEWELL, R. (BLOCK LETTERS, SURNAME FIRST)

IF IN P. F. WHAT UNIT? Uphill, Ont.

ORIGINAL UNIT C.E.F. C.A.M.F.

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14/2/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ 15<sup>00</sup> DATE EFFECTIVE 1-3-19

PAYABLE TO Mrs Sarah Dewell mother ADDRESS Uphill Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED INPATIENTS PLACE TORONTO, ONT. DATE APR 1 1919 REASON M.U. AUTHORITY Ross IF ENTITLED TO POST DISCHARGE PAY

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				\$	C.	\$	C.		\$	C.	\$	C.
				\$	C.																		
Balance from previous account																							
28-2-19	110				37 70																		
					37 70															Boat 4 87			
																				" 5 00			
																				Cheque 40 00			
1-3-19	32	110	35 20	12-60	35-87 00	5104293	5108898	5106512	5-135	15	15		12 17			49 87	12 17						
1. H. 19				4 80												87							
183 dys.				4 20	4 20																		
					4 20																		
																				AR 105 Aug 6 1003274 70			
																	70	350					
																	140	280					
																	210	210					
																	280	140					
																	350	70					
																	420	0					
																	420						

T.O.S. 7/11 D.O. 63  
 SUBS. 1/2 TO 15/2 D.O. 63  
 Sup 103 213 2074  
 Released on L.C.R. 2/8/19  
 W.S.G. PAID IN FULL  
 CAPTAIN J. Mearns  
 FOR PAYMASTER WAR SERVICE GRATUITY



# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION St. George's Hospital DATE March 27, 1919.

1. 1 (a) Unit 10th Bn. (b) Regimental No. 725611 (c) Rank Pte.  
 (d) Surname James Dowell (e) Christian name Richard  
 (f) Home address Up Hill, Ont.  
 (g) Next of Kin Mrs. Sarah Dowell (h) Relationship Mother  
 (i) Address of Next of Kin Up Hill, Ont.

2. Age last birthday 33 Date of birth June 3, 1885.

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor, Ont. (b) Date 10.2.16.

4. Personal description:

(a) Height 6' (b) Weight 155 (c) Complexion Dark  
(stripped)

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

(1) Scar left arm. Scar left shin scar on right side of head.

5. Former trade or occupation.....

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
	<u>3</u>	<u>46</u>

	PERIODS	
	From	To
Canada <u>10th Battrn.</u>	<u>Feb. 10, 1916.</u>	<u>July 31, 1916.</u>
England	<u>July 31, 1916.</u>	<u>Oct. 6, 1916.</u>
France or other theatres of War	<u>Oct. 6, 1916.</u>	<u>March 24, 1917.</u>
<u>England and Canada.</u>	<u>March 24, 1917.</u>	<u>to date.</u>

7. Original disease, or injury (1) Cardio Vascular necrotic.  
(2) Bronchitis.

(a) Date of origin (1) Jan. 1917. (b) Place of origin (1) France. (2) England.

(c) Cause (1) General septic condition.  
(2) Infection.

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

(1) Partial loss of function of nervous system and heart.

(2) Partial loss of function of respiratory system.

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.)

(1) Objective. and Subjective. See specialist report.

(2) Subjective. Cough 2 years mostly in morning. Expectoration one ounce in 24 hours. Thick and grey pains sharp over precordium. Suffers from dizziness.

Objective. See specialist report.

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

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

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

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

Osseous and Joint Systems..... No. Any other general condition..... No.

No Hernia, Piles, Varicose veins, Varicocele, or G. itre.

Right testicle is undescended. Not in scrotum or inguinal canal.

Urinalysis Albumen and Sugar. Negative.

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

(2) Family history. No T.B. No heart disease.

Past illness. Measles, Influenza, and Mumps.

(1) He first became nervous in Jan. 1917, and his heart palpitated and he suffered with shortness of breath. Condition is unchanged for last 6 months.

March 27. 1919.

NEUROLOGICAL REPORT.

Dewell. Richard. Pte.

#725611.

Complaint. Palpitation of heart on exertion also shortness of breath.  
 Tremor of spread fingers marked.  
 No anaesthetic areas.  
 No paralysis.  
 No atrophy.  
 No enlarged glands.  
 No Babinski.  
 No Remberg.  
 No clonus.  
 Pupils good. Knee jerks equal and active.  
 Plantars equal and active.  
 Has marked irritable heart action.

Pulse. At rest. 128 After exercise. 170 After 1 minute. 128

Marked vaso motor disturbance. Sluggishness in hands and feet.  
Diagnosis. Cardio vascular type. Neurasthenia. Caused by service.

Recommendation. Category C2. 6 months duration. Recommend hospital for this man.

John J. Thompson.  
 Capt.

DEWELL Richard.  
 #725611.

Short of breath after excitement, and after walking up 20 steps.

	At rest.	After touching toes ten times.	After 1 min.
Pulse.	112	136	112
Resp.	24	32	24

A  
 A long somewhat flat chest.  
 Expansion 33" 36" 3".

Breath sounds are roughened over the bronchial area.

Sticky rales are heard along the basis and a few are heard occasionally on cough in the inter-scapula region.

Diagnosis. Very slight bronchitis due to service.  
 No treatment indicated as the condition will improve with good weather and lessened use of cigarettes.

The maximum apex impulse is  $3\frac{1}{2}$ " from the mid-sternal line and in 5th interspace. Systolic B.P. 142. Diastolic B.P. 90.

No murmurs are heard in any area. The heart is very rapid and slightly irregular on exercise.

Diagnosis. D.A.H. of nervous origin due to service. Hospital treatment is indicated.

Chas. C. Alexander.  
 Capt.



Faint, illegible text covering the majority of the page, appearing as ghosting or bleed-through from the reverse side.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL

FOLKESTONE JUNE 27th 1918.

INF.

TO: Hospital Representative.

INFLUENZA

Pte Dewell,  
725611, R.  
C.A.M.C.  
West Cliff

The marginally named man was admitted here with influenza. Under treatment this condition has cleared up, and he is now fit to return to duty.

CPT/MC 4  
27618.

C.B. Feib

Captain, C.A.M.C

for O.C. West Cliff Cdn. Eye & Ear Hospital.

Faint, illegible text, possibly bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.



WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

MEDICAL CASE SHEET.\*

*ink*

No. in Admission and Discharge Book. <i>8114</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>725611</i>	<i>Pte</i>	<i>Hewell</i>	<i>H</i>
Year <i>1918</i>	Unit.	Age.	Service.	
	<i>6 AME West Cliff</i>	<i>32</i>	<i>30 9/12</i>	

Station and Date. <i>24.6.18</i>	Disease
	<i>Influenza</i>

*Dis. 4 days - 29/6/18*

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

Station  
and Date.