

ATTESTATION PAPER.

No. 725-158

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Edwards*
- 1a. What are your Christian names? *Francis Richard*
- 1b. What is your present address? *262 Eledhill Ave Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born? *Hastings Sussex Eng.*
- 3. What is the name of your next-of-kin? *George Edwards*
- 4. What is the address of your next-of-kin? *1 Earl St Hastings Eng.*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *March 1st 1890*
- 6. What is your Trade or Calling? *Porter*
- 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? *Rifle Brigade Eng. 12 yrs.*
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.

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

Date *Jan 14th 1916* *F R Edwards* (Signature of Recruit)
..... *M R O'Keefe* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Jan 14th 1916* *F R Edwards* (Signature of Recruit)
..... *M R O'Keefe* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

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

before me, at *Lindsay* this *14th* day of *January* 191*6*

..... *G. J. Ford* (Signature of Justice)

Description of Francis Richard Edwards on Enlistment.

Apparent Age 25 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 9 1/2 ins.

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

Complexion Fair

Eyes Lt. Brown

Hair Dark Brown

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

Black spot on bridge of nose

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

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

Date Jan 14 1916

Place Lindsay

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

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Francis Richard Edwards 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.

JAN 15 1916

Date 1916

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

C.E.F.

EDWARDS FRANCIS RICHARD

72725158

109 BN

02369

DIED 12-10-47

MED UNFIT





No. 4 Canadian Gen. Hospital, HOSPITAL.
Basingstoke.



AT _____

A. & D. No. M2T3472 PL. OF ACTION 7 lance

RANK Spr. 725158 UNIT 11 Co. R. T D SICK OR WOUNDED

NAME Edwards FR AGE 40 RELIGION C of E

PLACE IN HOSPITAL CU

DIAGNOSIS Yshw Head Depressed Frac Skull

ADMITTED 6-6-18 FROM 45 Guildford C

DISCHARGED _____ To _____

TRANSFERRED 21.6.18. MCH. Epsom.

SERVICE AT HOME 17 mos IN FIELD 19 mos

RESULTS _____

REMARKS.

No. 725158 RANK Pte

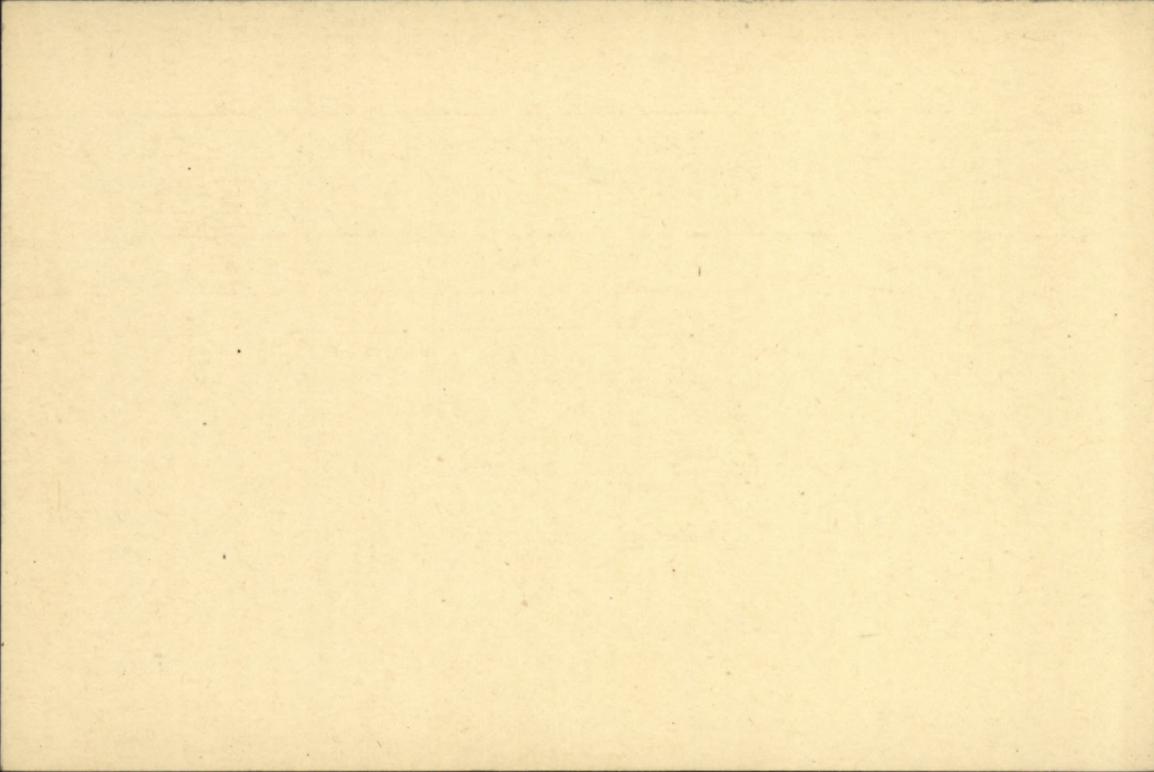
NAME Edwards, J. J.P.

T. O. S. 13-1-16. UNIT 109th Battalion
D.O. 49. 17-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 13	1916. Jan 31	✓	Prom. Sgt. 24-1-16.	D.O. 62. 1-2-16.
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916



REGT'L. No.

725158

H. Q. FILE NO. 649

NAME

Edwards, Francis Richard

RANK AND CORPS

Mte. 11th Cav Regt Deps.

FOLLOWS

NO.

CABLE

NO.

5-3

DATE

NATURE OF CASUALTY

FOLLOWS

288.

11-6-18.

Adm. 4 Gen. H. Basingstoke June 7th
1918. Gen Skull Track

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B236 ¹	Hlean Gen Basingstake	7-6-18	Low depressed fract skull
B249 ³	to Milbourn Vicarage Epson	22-6-18	" " " "
B375	to Gen. Ken. Kirkdale	16-11-18	" " " "
B401	Invalided to Canada	15-12-18	" " " "

2. CARD NO.

SURNAME. *Edwards,*

CHRISTIAN NAMES *Francis Richard,*

REGL. No. *725158* RANK *Pte.*

UNIT *109th.*

Batt

FORMER CORPS *Rifle Brigade (Eng)*

NEXT OF KIN.

also notify.
CHANGE OF ADDRESS

NAMES IN FULL *Edwards George*

Maud Edwards.

RELATIONSHIP TO SOLDIER *Father*

263 Victoria Road

ADDRESS *1 Carl St. Hastings, Eng.*

*Custom House,
London, E. Eng.*

(auth. 54-21-38-1 16/1/17)

COUNTRY OF BIRTH *England, Hastings, Sussex.*

DATE *Mar. 1st. 1890*

PLACE OF ATTESTATION *Hindsey*

DATE *Jan. 14th 1916*

d/s 23-7-16 ⁴⁸⁸/₁₂

R/C 20/12/18 ²⁴³/₆

Sailed from Halifax Rev. S.S. Olympic 23/7/16

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Porter

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25

YEARS

2 MONTHS

HEIGHT

5

FEET

9 $\frac{1}{2}$ INCHES

CHEST MEASUREMENT

37 $\frac{1}{2}$

INCHES

EXPANSION

4 $\frac{1}{2}$ INCHES

COMPLEXION

Fair

EYES

Light Brown

HAIR

Dark Brown

DISTINGUISHING MARKS

Black spot on bridge of nose.

MEDICAL EXAMINATION.

PLACE

Lindsay,

DATE

Jan. 14th 1916

LEDGER NO. 599

SERIAL NO. 29361 37

REG. NUMBER 225158 NAME Edwards, F. P.

RANK spr CORPS 2 1010

AGE SERVICE 65 1/2 64 1/2 71 1/2

NAME OF HOSPITAL Danville Mil PLACE Whitley

DATE OF ADMISSION 6-1-19

DISEASE

of GSW Head

TRANSFERRED TO OTHER HOSPITALS

Mil Wards S. G. H. 16.1.19

OPERATION

Whitley Mil 4.3-19

DISCHARGED TO

21-6-19

IN CATEGORY

100 *100*

Number

725158

Rank

1st Lt *100*

Surname

EDWARDS

Christian Name

Francis Richard *100*

Units

6 R.T.

Theatre of War

France

Date of Service

9.2.17

Remarks

Latest Address

*Halls Bridge P.O.
Harvey Street
~~101 Barlow Ave~~ *Out**

Roll No.

100

Toronto

200m. 2-21 M.

Page 15542

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE

DESP. AUG 2 1922
 REGN. NO. 241.30096

L
 *Name **EDWARDS, Francis** Rank **Spr** Regtl. No. **725158**
 Original unit **Present unit** M. or S. **S** Age **27** Religion **CE.** Fyle Depot.....
 Ref. H.Q.....
 Port, ship, and date of arrival **Halifax, Essequibo. 20-12-18.**
 Next of kin **Father Geotge Edwards 1 Earl St Hastings England.**
 Address on leave **801 Carlaw AVE. TORONTO. ONT.**
 Address on discharge **SAME.**

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation **Portor** Date and place of enlistment **Lindsay Jan 14-16.**

Diagnosis **Depressed fracture of frontal bone.** Date of Medical Boards **20-6-19**

Date.	Remarks	Whitby	Pt. 2 Order No.
24-12-18	T.O.S. 10-1218 and posted to Hos. Sec. 20-12-18		HH. 8.257
	Subs. from 21-12-18 to 6-1-19		251
	W.M.H. to T.G.H. 16-1 19		H.S.# 18
	T.G.H. to Whitby 4-3-19		H.S. 66

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

(over)

Date.

Remarks.

Pt. 2 Order No.

21-6-19

HOS. SECT. TO C.C.P.S.

172.

26-6-19

S.O.S. DISCHARGED "MED.UNFIT"(183 days W.S.G.)

175

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

EDWARDS.

F.R.

725158.

RANK

UNIT

CO.

TROOP

BATTY

Spr.

C.R.T.11.

HOSPITAL

4. C.G.H. Basingstoke.

DATE OF ADMISSION

7-6-18.

Woodcote Pk. Epsom.

22. 6. 18.

1. 5. G. G. L. pool.

HOSP. 16. 11. 18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

G.S.W Depressed Fract. Skull.

1.

2.

3.

Inv. to Canada - 10. 12. 18.

DISPOSITION

DATE

C.I. 10-6-18. B236.

REMARKS

25. 6. 18 B 249 (3)

19. 11. 18 B 375.

19. 12. 18 B 401.-2.

A.M.D. & DEPT.
 Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

36627

MILITIA AND DEFENCE ASSIGNED PAY.

Ref. No. 28093

To whom Mrs. A. Edwards,
Address 15, Waldegrave Street,
Hastings,
Sussex, England.

By whom assigned Edwards, F.R.

Regtl. No. 725158

Rank Sgt.

Corps, &c. 109th Bⁿattn. C.E.F.

Rate ~~25.00~~ ^{20.00}
Date to Commence 1st ~~Oct.~~ ^{Dec} 1916

auth em. 37209 a&R 27/11/16.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.		221 288	25	X	
Nov.		150 235682	25	X	
Dec.		272321	20	X	
Jan.	1917	315330	20	X	
Feb.		356220	20	X	
Mar.		OK 400418	20	X	
April					
May					
June					
July					
Aug.					



Checked

D. J. [Signature]
W. J. [Signature]

ASSIGNED PAY.

By whom assigned

Edwards. F. R.

Regtl. No.

72515-8

Sgt.

109th. Baltn.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

CERTIFIED PARTICULARS AGREE WITH DOCUMENTS

Edwards

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

DISCHARGED

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who War Service Gratuity under Order-in-Council (P.C. 31), 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 FRANK 2. Surname EDWARDS
3. Rank PTE. 4. Original Unit 109 Bn 5. Reg. No. 75158
6. Address, in full, to which future payments of gratuity are to be forwarded
801 Carlaw Ave. Toronto, Ont.
7. Date of enlistment in the C.E.F. Jan. 14-16.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge NOT APPLICABLE.
9. Relationship of such dependent " "
10. Present address, in full, of such dependent " "
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? NOT APPLICABLE.
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:—
LECT CANADA JUNE 22-16 & returned 22nd Dec. 1918)
(. 109. 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 3 Yrs. 5 Mos. 12 Dys.
. 109th. Bn. . 124th. Bn. . 3rd. Lab. Bn.
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 **YES.**
 (b) If so, was such reversion in consequence of misconduct or inefficiency? **(TRANSFER)**
24. Are you now serving in the C.E.F. **No.** If not, give:—(a) Date of discharge
June 26th, 1919 (b) Reason for discharge
"Medically Unfit"
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit **NO.**
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
YES) FRANCE)(FEB. 10-17 until June 1918)(11th C.R.T.)
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? **no.**
 (b) If so, are you in receipt of full pay and allowances from that Department? **no.**

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

Signature of Applicant:

J. L. Edwards

Place of Residence:

801 Carlaw Av. Toronto, Ont.

Declared before me at:

Toronto.

This **21st** day of **June** 19.... **19.**

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

H. J. Patterson

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

English L.P.C. No.

Name L. P. Edwards

Handwritten initials

Regt'l No. 725158 Rank Spr File Numbers {

Handwritten initials

Former Units Original Unit

Date of arrival in Canada 20/12/18 Boat Essequibo Port of Disembarkation

Rates of Pay:—Regt'l Field Date of arrival in M.D.

Separation Allowance. Date paid to Rate If continued by Chief Paymaster, England

Assigned Pay. Date paid to Rate If continued by Chief Paymaster, England

Name and address of Beneficiary {

Pay claimed on English L.P.C. to to be paid by new Unit from

Name of new Unit Date L.P.C. forwarded to new Unit

L.L. 34682—M. & D. 8643.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT		REMARKS		
	\$	c.	\$	c.	On Boat		At Cl. Depot &c.		\$	c.	\$	c.	\$	c.		\$	c.
					\$	c.	\$	c.									
																	P.O.S. Do 257. Subs. Do. 257 BR

TRANSFER

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 755150 (Rank) Pte.

Name (in full) EDWARDS, Francis Richard enlisted in
the 100th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 24th.
day of January 19 18

HE served in England and France
and is now discharged from the service by reason of

"Medically Unfit".

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

Age 42
Height 5' 9 1/2"
Complexion Ruddy
Eyes Brown
Hair Brown

Marks or Scars
Two scars left arm
C.S.W. Head 5-6-18
Gold Stripes one

F. P. Edwards

Signature of Soldier

J. J. [Signature]
Issuing Officer
O. C. Discharge Section
No. 2 District Depo

Rank

Date of Discharge June 26th, 1919

Appointment

Signed at Toronto, Ont. this 26th. day of June 19 19

in Military District No. 3

File Reference No. No. 2
JUN 26 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.

War Service Badge
Class A
No. 219506 issued

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 _____

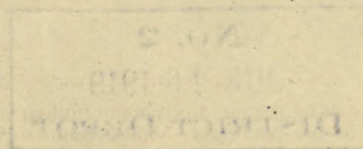
Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment



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

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

Casualty Form—Active Service.

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

Regimental No. 425158 Rank Private Name Edwards, Francis Richard

Enlisted (a) 14 1-16 Terms of Service (a) D of W Service reckons from (a) 14 1-16

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

Extended _____ Re-engaged _____ Qualification (b) Porter

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

Embarked Canada Halifax 24.4.16

Disembarked England Liverpool 31.7.16

5/8/16 Appointed A/Serjt. Coney 5-8-16 Part II Order 218

8-12-16 OC 109th transferred to 124th Bn. Witley 8-12-16 D.O. Pt II # ~~643~~ 343

W. A. Selting Capt.

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

9-12-16 124th Bn. Taken on strength of 124th Bn., C. E. F. Witley Camp 8-12-16

Part II Orders 265
W. A. Selting
MAJOR ADJUTANT
124th BATTALION C. E. F.

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

425158. Rte Edwards J.R.

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				
18-1-17	124th. Bn.	Transferred to C.C.A.C.	Witley Camp	18-1-17	Part II Orders #18 <i>[Signature]</i> Capt., Adjt. 124th. Bn. C.E.F.
18-1-17	124th. Bn.	Transferred to 3rd. Labour Battalion	Witley Camp	18-1-17	Part II Orders #18 <i>[Signature]</i> Capt., Adjt. 124th. Bn. C.E.F.
29. 28.1.17	3rd Lab Bn	Taken on Strength	Bramshott	28.1.17	Part II D.O.I.
9.2.17		Proceeded Overseas with 3rd Can. Lab. Bn		9.2.17	Part II D.O. to II
21/11/16	9/c 104th Bn	Reverts to ranks to meet establishment.	Witley	21/11/16	P.O. # 326.
28/1/17	CCAC	S.O. on trans to 3rd Lab. Bn	Hastings	28/1/17	P.O. # 47 <i>[Signature]</i> Lieut. for <i>[Signature]</i> i/c Records, C.E.F.
11-2-17	CBD	Disembarked	Havre	11-2-17	nr

CERTIFIED CORRECT.
 23 MAR 1917
 CAN. RECORDS, LONDON.

Casualty Form - Active Service.

Rank Spr Regiment or Corps 11th Bn Surname Edwards Christian Name Y R
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
		The designation <u>3rd. d1 Lab Bn</u>			
		will in future be <u>11th 3rd Bn</u>			
		<u>Ry Troops A G's A-51-2 M-1</u>			
		<u>d-21 Nov 17 DO No 1 d25 Nov 17</u>			
<u>23²/₁₈</u>	<u>Ob. Bn</u>	<u>Granted 14 days leave</u>		<u>24²/₁₈</u>	<u>B213 M Do 15</u>
<u>16³/₁₈</u>	<u>Do</u>	<u>Rejoined from leave</u>		<u>12³/₁₈</u>	<u>"</u>
<u>1⁶/₁₈</u>	<u>Do</u>	<u>To Host 4th Cds</u>		<u>31⁵/₁₈</u>	
<u>1⁶/₁₈</u>	<u>H C C S</u>	<u>Sw. Hd ad 30⁵/₁₈ Y. AY 10</u>		<u>3⁶/₁₈</u>	<u>75597</u>
<u>4⁶/₁₈</u>	<u>9 Gen</u>	<u>wd fract frontal ad 4⁶/₁₈ To Bn</u>			<u>75625</u>
<u>5⁶/₁₈</u>	<u>Do</u>	<u>Invalided wdcd per AY</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, Shoening-Smith, &c. W. 5527-M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

425158 Spr Edwards P.R

Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form-A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Guildford ble & posted to CHY Depot Purfleet		5 ⁶ / ₁₈	W3082/5588 DO 63 d/19 ⁶ / ₁₈
					<i>[Signature]</i>
			Canadian	Lieut. for Section, G.	Lt.-Col., A. A. G. H. Q. 3rd Echelon, B. E. F.
12-6-18 <i>[Signature]</i>	CRTD.	T.O.S. on posting from 11 th CRT on adm to Hosp.	Purfleet	7-6-18	DO 162
					<i>[Signature]</i>
					Lieut. for <i>[Signature]</i> 1/c Records. <i>[Signature]</i>
DEC 10 1918	<i>[Signature]</i>	T.O.S. No. 2 District Depot,	Part II, B. 2, No. 751		<i>[Signature]</i>
					Lieut. For O.C. No. 2 District Depot
		Dis. #2 a.d. June 26th, 1919 Pt. 11 #175.			<i>[Signature]</i>

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

[Signature]
LT

TLH. Rank *Pte.* Name **EDWARDS, Francis Richard.** Reg'l No. **725158.**
 Unit **109th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Lindsay, Jany. 14th. 1916.** Place of Birth **Hastings, Sussex, England.**
 Name and Address, Next-of-Kin *Maud Edwards.*
~~263 Victoria Wood Rd. Custom House London E. Eng.~~ **George Edwards,**
~~1, Earl Street, Hastings, England.~~ Relationship **Wife**
Father.
 Assigned Pay Monthly \$ Payable to

Relationship
 Separation Allowance \$ Payable to
 Relationship

N/E. R.B. No. *5100*
 File R.L.
 Category *lean M.*

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.				
<i>C</i> Arrived in England per H. M. T. 2810				31-7-16	
5. 8. 16	O.C. 109 th	App'd. Prov. Sgt.	Benev	5-8-16	Pt. II D.O. 218 + D.O. 285
21. 11. 16	"	Reverts to Rank to meet ^{Establishment}	Witley	2. 11. 16	326
8. 12. 16	"	S.O. on transf. to 124 th Bn	"	8. 12. 16	343
9. 12. 16.	O.C. 124 th	S.O. on transf. to 109 th	"	"	265
18. 1. 17	"	att'd to 124 th Bn	"	18. 1. 17	18.
28. 1. 17	ccac	ceases to be att'd	Hastings	28. 1. 17	47
27-1-17	ccac	S.O. S. to 3rd Lab. Bn.	"	20-1-17	46
29-1-17.	3 rd Lab. Bn.	T.O.S. from C.C.A.C.	Bramshott.	28-1-17.	" 1. C.C.A.C. 47.
9-2-17.	"	Proceeds opreas	"	9-2-17	"
25 II 17 3 Lab New Designation IIth Bn Rly Gp. PII O 70					

A.F.B. 103 CHECKED
 5 MAR 1917
 ccac entries

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
10-6-18	CRT. ca	wounded.	Field	7-6-18	Do CLB. 236.
12-6-18	CRT D.	To S from ^{Wounded} CRT to Hoop.	Surfleet	7-6-18	DO 162. " CRT Dec 63 dy-19-6-18
19-12-18	BRJ.	Mov to Canada ex ban Gen Hoop Kirkdale		10-12-18	b R B. 401 GSW depressed BRSD. Fu 333 12/18

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 725158 Rank Spr. Name Edwards F. P.
(Surname first)
 Unit # 2. S. D. who was* Discharged
 On 26. 6. 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1. 6. 19 to 26. 6. 19 191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>26</u> days at \$..... <u>1</u> c.		28 60
Field Allowance..... days at \$..... <u>1</u> c. <u>10</u>		35
Separation Allowance.....		70
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No..... <u>119018</u>	<u>133 60</u>	
Total	<u>133 60</u>	<u>133 60</u>

*Give particulars.

ORIGINAL MEDICAL HISTORY SHEET.

Surname Edwards Christian Name Francis Richard

Examined { on 14th day of January 1916
 at London
 Birthplace { City or Town Hastings, Sussex
 County England

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

Apparent age 25 years
 Trade or occupation Porter
 Height 5 Feet 9 1/2 Inches.
 Weight 146 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 37 1/2 inches.
 Physical development good
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.	
<u>14/10/18</u>	<u>Bill</u>	<u>Go place</u>	<u>11 JUN 1918</u> M.O.
		F	M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right three Left three
 Number Six

Date	Result	VACCINATIONS.	
<u>25.1.16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
			M.O.
			M.O.

When Vaccinated last January 25 1916
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>18/4/16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.

(b) Slight defects but not sufficient to cause rejection

Slightly Flatfooted

Enlisted on 14th day of January 1916 at London

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C.F.F.</u>	<u>725758</u>		<u>14.1.16.</u>
Transferred to.....	<u>124th OVERSEAS BATTALION C.F.F.</u> <u>3rd Can L Co B Co</u>			<u>28.1.17.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>10 JAN 1917</u>	<u>10-1-17</u>	<u>Flat Feet</u>	<u>Class B in C.F.F.</u> <u>Approved</u>
<u>APPROVED</u> <u>Epsom</u>	<u>19-10-18</u>	<u>G.S.W. Skull Fracture</u> <u>Right</u>	<u>Class B in C.F.F.</u> <u>Approved</u>

CANADIAN

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

25158

DUPLICATE. 2MB

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Edwards Christian Name Francis Richard

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

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

Apparent age 25 years
Trade or occupation Porter
Height 5 Feet 9 1/2 Inches.
Weight 146 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 37 1/2 inches.
Physical development good
Small-Pox Marks none

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

Vaccination Marks { Arm Right three Left three
Number six
When Vaccinated last January 25th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS
<u>25-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
Slightly flat footed.

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

Enlisted on 14th day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C. E. F.</u>	<u>725158.</u>		<u>14.1.16.</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>WIMBORNE MILITARY HOSPITAL</u>	<u>JUN 20 1919</u>	<u>Impaired function of nervous system & Def. Vision.</u>	<u>DISCHARGE</u> <u>Headquarters, Lieut</u> <u>for. PRESIDENT</u> <u>STANDING MEDICAL BOARD.</u> <u>Discharged to S.C.P. as out patient.</u>

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

To be made out in duplicate.

DUPLICATE H.C. 54-2123-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725158**

(3) Full Name of Soldier..... **Francis Richard Edwards**

(4) Place of Birth..... **Sussex England**

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

(9) Is your Father alive?..... **Yes**.....

If so, state name and address..... **George Edwards I earl St Hastings
Sussex England.**

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

If so, state name and address..... **Annie Edwards I Earl Street Hastings
England.**

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

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

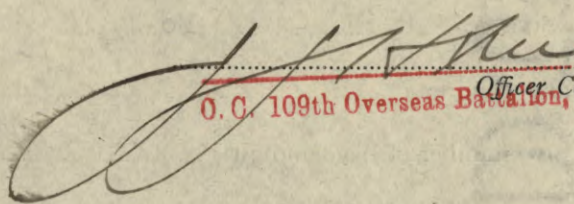
15) Are you insured?..... **No**.....

If so, in what Company?.....

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

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

Date..... **July 12th 1916.**


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

Temporary J. G. H.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname E. Edwards Christian name Francis, Richard
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....}
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....}
- 4. Address (including street and number, if any).....}

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

- 5. Age as stated 40 Years.....Months.....
- 6. Apparent age.....Years.....Months.....
- 7. Height.....Feet.....Inches.....
- 8. Weight.....Pounds.....
- 9. Chest measurement { Minimum.....Ins. Maximum.....Ins. }
- 10. Complexion..... { Eyes..... Hair..... }
- 11. Physical development..... { Good Fair Poor }
- 12. Smallpox marks.....
- 13. Number of vaccination marks { Right arm..... Left arm..... }
- 14. When vaccinated last.....
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 17. (a) Vision R.....L..... (b) Hearing. R.....L.....

.....President.
.....Member.Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined.....day of.....191.....at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....	<u>DDA 2</u>	<u>725158</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

INSTRUCTIONS

1. The student should read the instructions carefully before beginning the test.

2. The student should write the answers to the questions in the spaces provided.

3. The student should not write on the questions or the answers.

4. The student should not use a calculator or any other electronic device.

5. The student should not talk to other students during the test.

6. The student should not look at the answers of other students.

7. The student should not use any other materials during the test.

8. The student should not leave the test area until the teacher says so.

9. The student should not use any other materials during the test.

10. The student should not use any other materials during the test.

11. The student should not use any other materials during the test.

12. The student should not use any other materials during the test.

13. The student should not use any other materials during the test.

14. The student should not use any other materials during the test.

15. The student should not use any other materials during the test.

16. The student should not use any other materials during the test.

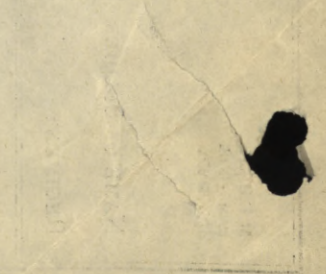
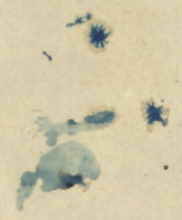
17. The student should not use any other materials during the test.

18. The student should not use any other materials during the test.

19. The student should not use any other materials during the test.

20. The student should not use any other materials during the test.

DEPARTMENT OF EDUCATION
 NATIONAL EXAMINATIONS BOARD
 P.O. BOX 1000
 NAIROBI, KENYA



CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
725158	EDWARDS	F.P.R.	THE 116ERS

Date of Examination

19. 11. 18

Present Dental Condition

OK.

In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?

Has he ever declined Dental Treatment?

Recommendation

Date 19. 11. 18

Station Nos. Can Gen Hosp Liverpool

Signature of Examining Officer

A. E. Mullin Major
per C.A.D.C.

* Name should be entered in block letters.



720188 EDWARDS, FR. W. 1877

19.11.18
OK

19.11.18

W. Edwards

1877

DENTAL CERTIFICATE

Num **725158**

Rank Spr.

Name Edwards. F.R.

Unit CRT.

6

Date of Examination

Present Dental Condition

Fit

In case of loss or decay of teeth, is the loss due to wounds, injury, or disease directly attributed to Active Service ?

Has he ever ~~declined~~ declined Dental Treatment ?

Recommendation.



.....
W. P. ...
 Captain, C. A. D. C.

UNITED STATES ARMY

Date of Examination	Present Condition	In case of loss or decay of teeth, is the loss due to wounds, injury, or disease directly attributable to active service?	Has he ever suffered from dental treatment?	Reasons therefor.

.....
 Captain, U. S. A.

MEDICAL CASE SHEET.*

for Canada

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725158	Bpr	Edwardson	T. R.
Year	Unit.	Age.	Service.	
1918	725158 - 11 th C. R. T.	40	2 11/12	
Station and Date.	Disease	G. S. M. Head Lt. Dep J. Skull		
	Occupation	Porter		
15.11.18	Enlisted	Jan 14 th 1916		
	To England	Aug 1 st 1916		
	To France	Feb 10 1917		
	Wounded	May 30 1918		
	Hospitals:-			
	No. 6. G. H. Basingstoke	6.6.18 to 21.6.18		
	M.C.H. Epsom	21.6.18 to 15.11.18		
	No. 5. G. H. Liverpool	15.11.18.		
	# 4 C.C.S. 31-5-18. Rosebery at once.			
	# 9 Amer. Gen. no operation.			
U.K 6-6-18.	# 4 Can. Gen. Glau: Shows wd. Has been incised + depressed bone removed R. frontal.			
	Treatment here:- Dressings			
21-6-18:	Glau: wd healed + in good shape			
	Glau here: Fatigue + headache easily induced			
	Boarded			
17-11-18:	5-C.G.H. Excellent shape. Healed wd l. frontal skull extent 2 from joint l. of mid-line 2 inches above eyebrow, down + actually to hair line.			
		M. J. [Signature]		

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname:	Christian Name.
No. 23472 Year 1918	725158	Sgt.	Edwards	J. R.
	Unit.	Age.	Service.	
	11th C. R. D.	40	3 yrs 19/12	
Station and Date.	Disease <u>G. I. W. Head (depressed fract. Skull)</u>			
June 6.	OCCUPATION <u>Switchman</u>			
	NEXT OF KIN <u>Mrs Edwards 15 Walde Grove Hastings</u>			
	ENLISTED <u>Jan 1/16. at Lindsay</u>			
	ENGLAND <u>Aug 1/16.</u>			
	FRANCE <u>Feb. 15/17</u>			
	WOUNDED <u>May 30/18 at Amiens</u>			
	HOSPITALS <u>No 4. B. C. S. No. 9</u>			
	<u>B. Gen. Hosp. June 6th 4th</u>			
	<u>Can Gen. Hosp.</u>			
	OPERATIONS.			
	<u>Wound incised. Depressed piece of bone removed. over frontal region.</u>			
	REMARKS.			
	<u>Pain of wound septic. No X Ray.</u>			
	SUMMARY OF F. M. C. & M. H. S.			
	<u>Wound incised and a piece of depressed bone removed over frontal region (Skull not opened) wound dressed. Eusebe Dressing.</u>			
	PRESENT CONDITION.			
	<u>He is a well developed</u>			

No. 4 Canadian Gen. Hospital, Winnipeg

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

and well nourished man
Age about 40.

He has a wound on upper
part of right humeral bone
about five inches long. In
one small area there is redness
and on removing slitch, this
is noted. The rest of wound
is healing by first intention.
Circulatory System normal
Respiratory System normal.

June 7/18. Small area of infected portion
of wound is now clear.
General Condition good.

June 18/18. wound healed. Ready for
convalescent.

725158.

Reg. No. Rank and Name Spr. J.R. Edwards Corps 11th Can. Rgt.
 Disease Y.S.W. to Side Lead C depressed Hospital 16. 6 St.
Frac. Skull. Hub. 1.
 To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of Urine
 with special regard to Urine Analysis: "A" Division.

Date Sept 4. 1918. 50 Ward Camp
 O. i/c Ward.

LABORATORY REPORT.

Color. Amber
 React - alk
 Sp. Gr. 1.016
 alb - neg
 Sugar. Neg.

Phosphates
 Calc. oral

(10)

Date of Examination 6 SEP 1918

Ledward Spitz Meyer



100

Color Order

100

100

100

100

100

100

100

100

Division... 6 Hut... a/1

18-6 1918

CASES FOR EXAMINATION AND REPORT BY:--

- { OPHTHALMIC SURGEON.
- { AURAL SURGEON.

(40) Mr " CRT

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM

Reg. No. 725158 Rank and Name Sps Edwards. F R

Complains of... Defect vision (Routen)

Matthews Captain C.A.M.C.

QUESTIONS

ANSWERS BY { OPHTHALMIC SURGEON.
{ AURAL SURGEON.

- (1) Does he need Hospital treatment?
- (2) Will he be fit for Overseas?
 - (a) With glasses.
 - (b) With treatment.
 - (c) Is any prescription given for glasses?

- (1) No
- (2) No
 - (a) No
 - (b) No

Diagnos? Lice to sunni

gsw. forehead (head)

REMARKS

ophth. negative vision normal

gsw. forehead

Signature of M.O. examining case
Horton (County of London) War Hospital, Epsom.

R 6/6
L 6/6
1/10

THE HILLTOP ...
No. 12 ...
...

John ...
...

...

...

...

MEDICAL CASE SHEET (OPHTHALMOLOGY)

Military Wards,
 MILITARY HOSPITAL TORONTO GENERAL HOSPITAL
 Eye Clinic,
 DATE May 30, 1919.

NAME EDWARDS, P.R. RANK Pte NUMBER 725158 UNIT Whitby AGE 40


HISTORY S.W. - May 30, 1918 - Left Forehead - Bone graft following


SYMPTOMS Eyes water with difficulty in reading - Headache continually since wounded.

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD  + .75 Sp. - 6/6 -

OS  + .25 Sp. + 25 Cyl x 20 - 6/6

RETINOSCOPY AND OPHTHALMOMETER

OD

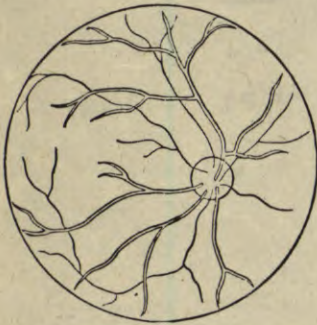
OS

OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA



FIELDS **Diagnosis - Slight Hypermetropia & Astigmatism**
Duration: - Always
Disability: - None
Due to service: No
Agg. by service: No

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

O D	BEFORE		TRIAL CASE			AFTER	
	V		SPH.	CYL.	AX.	V	
	v	20/30 +	+ .25	+ .25	160	v	20/20
	v	20/30 +	+ .25	+ .25	20	v	20/20

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD + .50 + .25 x 160 + ordered on 1/2 leaded 90.

OS + + .25 x 20 +

TREATMENT:—

MEDICAL CASE SHEET (OPHTHALMOLOGY)

Military Hospital
Toronto General Hospital
Eye Clinic
DATE May 30, 1919.

EDWARDS, E.H. Pte
Whitby

S.W. - May 30, 1918 - Left Forehead - Bone graft following

eyes water with difficulty in reading - Headache continually since wounded.

REFRACTIVE EXAMINATION
INTERNAL AND EXTERNAL

75 Sp. - 6/c



25 Sp. - 25 Cyl x 20 - 6/c



PHYSIOLOGY AND ORTHAEROMETER

OPHTHALMOSCOPIC

Diagnosis - Right Hypermetropia & Astigmatism
Duration - Always
Disability - None
Line to service - No
Age by service - No



SUBJECTIVE EXAMINATION
TRIAL CASE

20/30 160 25 25 20/30
20/30 20 25 25 20/30

CLASSES PRESCRIBED

25 x 160
25 x 20

(Sgt.) W. W. Wright
Ophthalmic Surgeon
T.C.R.

MEDICAL CASE SHEET (OPHTHALMOLOGY) MILITARY WARDS
TORONTO GENERAL HOSPITAL

MILITARY HOSPITAL Eye Clinic

DATE May 30th 1919

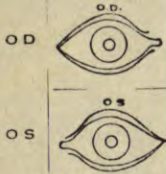
NAME Edwards J.R. RANK Private NUMBER 72558 UNIT Whitby AGE 40

HISTORY S.W. - May 30/18 - L. forehead - Bone graft following.

SYMPTOMS Eyes water & difficulty in reading - Head continually since wound.

GLASSES WORN

OBJECTIVE EXAMINATION
EXTERNAL APPEARANCE



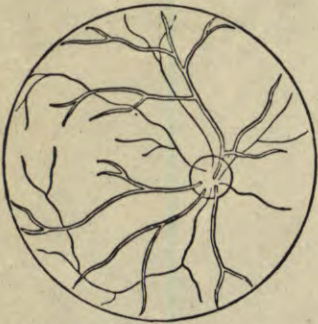
RETINOSCOPY AND OPHTHALMOMETER

OD +1.75 - +.75 Cyl = 6/6 -
+1.50
+1
+1.25

OS + .25 Cyl + .25 Cyl x 20 = 6/6 -

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA



FIELDS Diagnosis - Slight Hypermetropia & Astigmatism
Duraction - Always
Disability - None

MUSCLE BALANCE Due to Devine
Agg by Devine

TENSION No.
No.

SUBJECTIVE EXAMINATION

OD	TRIAL CASE				V
	BEFORE	SPH.	CYL.	AX.	
V	<u>20/30 +</u>	<u>+ .75</u>	<u>+ .25</u>	<u>160</u>	<u>20/20 -</u>
OS	<u>20/30 +</u>	<u>+ .25</u>	<u>+ .25</u>	<u>20</u>	<u>20/20 -</u>

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD +1.50 +.25 x 160
 OS +1.50 +.25 x 20 } Ord on % of head etc

W.W. Wright

TREATMENT: Jonathan Drury

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

DATE

NUMBER

OBJECTIVE EXAMINATION
EXTERNAL APPEARANCE

RETINOCOPY AND OPHTHALMOMETER

OPHTHALMOSCOPE

SUBJECTIVE EXAMINATION



20/50

150

+1.50

+1.00

20/50

GLASSES PRESCRIBED

+1.50 +1.50 X 150
+1.50 +1.50 X 150

Wetmore

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725158 Rank Pte Name Edwards, F.R. 10-1-1917

Local Unit 124th Overseas Unit _____ Age 38 ¹⁰/₁₂

Examination held in Bramshott area.

DISABILITY.

Overseas—Local.
(scratch one out)

Flat Foot.

PRESENT CONDITION.

Moderate degree of flat feet. Says they
trouble him on marches over 7 miles.

Board recommends:

1. Fit for Duty. Class B II
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

C.S. Coople ^{Major} Pres.

Members

C.A. Dickson Major

Approved.

Bramshott 10-1- 1917

J.A. Stewart Major
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT

No. 101
Name: [Handwritten Name]
Rank: [Handwritten Rank]
Local Unit: [Handwritten Unit]
Age: 38 1/2

Examination held in Bramshott area.

DEBILITY

[Handwritten notes under Debility]

General - Local
[Handwritten notes]

PRESENT CONDITION

[Large handwritten block of text describing present condition]

Board recommends

[Handwritten recommendation]

- 1. Fit for Duty
- 2. Fit for duty after [Handwritten] weeks physical training
- 3. Fit for Base duty [Handwritten] weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

[Handwritten signature]

Members

Approved

PROCEEDINGS OF A MEDICAL BOARD.

Dated at M. C. H. EPSOM. SEPT. 20th. 1918.

No. 725158 Rank Spr. Name Edwards, T. B.

Local Unit Overseas Unit 11th C. R. T. Age 40

Examination held at M. C. H. EPSOM.

DISABILITY.
~~Overseas-Local~~ G.S.W. LEFT SIDE OF HEAD. DEPRESSED FRAC. OF SKULL.
(SCRATCH ONE OUT.)

PRESENT CONDITION.

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 *Bill*
- 5. Discharge *Not like*

Signatures:-

[Signature] President.

Members *[Signature]*

[Signature]

APPROVED

Dated 1918. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Name of Patient: _____
Address: _____



Presented to the Board on _____

By _____

Presented by _____

PRESIDENT'S REPORT

The patient was first seen on _____
at the _____
The patient's condition was _____
The patient was treated with _____
The patient's condition improved _____
The patient was discharged on _____

BOARD RECOMMENDATION

The Board has considered the report of the _____
and has recommended that the patient be _____
The Board has also recommended that the patient be _____
The Board has further recommended that the patient be _____

Signature of President: _____
Signature of Secretary: _____
Signature of Board Member: _____

APPROVED

Date: _____
Place: _____

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Hastings Sussex Eng*
 NAME AND ADDRESS OF NEXT OF KIN *George Edwards
1, Earl St. Hastings Eng*
 RELATIONSHIP OF NEXT OF KIN *Father*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, & C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reports to Pte.</i>	<i>16/10/16</i>	<i>D.O. 326</i>
<i>Reports to Lt.</i>	<i>2/11/16</i>	<i>D.O. 330</i>

ADMISSIONS TO HOSPITAL, & C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *725158* RANK: *Sgt Pte* NAME *Edwards Francis Richard*
 IF IN PERM. CORPS WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *124th Bn.* DATE *21.1.17* AUTHORITY *Do. 343
8.12.16.*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *ceae.* DATE *1.2.17* AUTHORITY *Do. 13*
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO *3rd Sbr Bn* DATE *3/2/17* AUTHORITY *Do. 1/17*
 DATE OF ATTESTATION *Jan 14th 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *25.00* DATE EFFECTIVE *Oct 1/1916*
 PAYABLE TO *Mrs A Edwards 15 Waldegrave St Hastings Sussex Eng* RELATIONSHIP **E**
 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)

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
<i>July 31</i>																																					
<i>Aug 31</i>	<i>31</i>	<i>35</i>	<i>41</i>	<i>85</i>	<i>31</i>	<i>15</i>		<i>465</i>							<i>12</i>	<i>98</i>	<i>46</i>																				
<i>Sept 30</i>			<i>40</i>	<i>50</i>				<i>450</i>							<i>45</i>	<i>45</i>	<i>31</i>	<i>18</i>	<i>76</i>	<i>15</i>																	
<i>Oct 31</i>			<i>41</i>	<i>85</i>				<i>465</i>							<i>46</i>	<i>50</i>	<i>16</i>	<i>3</i>	<i>16</i>	<i>15</i>																	
<i>Nov 29</i>		<i>10</i>	<i>29</i>		<i>29</i>	<i>10</i>		<i>290</i>							<i>33</i>	<i>40</i>	<i>18</i>	<i>7</i>	<i>10</i>																		
<i>Dec 31</i>			<i>31</i>					<i>310</i>							<i>34</i>	<i>10</i>	<i>23</i>	<i>11</i>	<i>16</i>																		
<i>Jan 20</i>		<i>10</i>	<i>20</i>												<i>22</i>																						
<i>Feb 11</i>		<i>10</i>	<i>12</i>					<i>120</i>							<i>12</i>	<i>10</i>	<i>42</i>	<i>15</i>																			
<i>Feb 28</i>			<i>30</i>	<i>80</i>				<i>3080</i>							<i>30</i>	<i>80</i>																					
<i>Mar 1-30</i>			<i>33</i>	<i>00</i>				<i>3300</i>							<i>33</i>	<i>00</i>																					
<i>Mar 31</i>			<i>1</i>	<i>10</i>				<i>10</i>							<i>1</i>	<i>10</i>																					
<i>Apr 30</i>			<i>33</i>	<i>00</i>				<i>3300</i>							<i>33</i>	<i>00</i>	<i>24</i>	<i>3</i>																			
<i>May 31</i>			<i>34</i>	<i>10</i>				<i>3410</i>							<i>34</i>	<i>10</i>	<i>93</i>	<i>3</i>	<i>5</i>																		
			<i>371</i>	<i>60</i>											<i>12</i>	<i>50</i>	<i>384</i>	<i>10</i>																			

C.P. Checks by W. Taylor

CANADIAN ASSIGNED PAY AUDIT CLERK
me
 16/5/19

*3651
334*

ASSIGNED PAY.	ENGLAND OR * CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR * CANADA.
EFFECTIVE DATE:-	1/12/1916.	EFFECTIVE DATE:-	
AMOUNT:-	20.00.	AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
Mrs. A. Edwards.		15. Walden St.	

NAME:- EDWARDS, FRANCIS R.

NUMBER:- 725158

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Bn.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'FO	UNIT TRANSFERRED TO
N/A	1/11/18	26/1/18	N/A

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	100.	10		

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

LAST PAY CERTIFICATE.

PARTICULARS.

- L.P.C. Issued, date 8/11/18. Authority Epson 12th/124 6/11.
- Discharged to Canada 30/11/18.
- Pay Book Verified 8/11/15.
- Balance shown on L.P.A. \$ 89⁴⁹.
- Balc. shown on Ledger Sheet \$ 82¹⁹.

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
				7 30
				7 30

- Ass'd Pay Cancelled A3M forms rendered 9/11/18 after 1-12-18
- Sep. Allice. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group "L" *Manley*

Epson 12th/124 6/11 Balc. 126⁸⁹ 25⁸² 19

DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
				32 40	40	
		20.				
7 ENT.	3 57					
1 st CR. 7.	3 57					
do.	2 68					36 58
	9 82	20.				
1 st CR. 7.	2 68	20.				
do.	2 68					45 32 40
	5 36	20				
June P.P.	33		20.			
	34 10					
July	33		20.			
	34 10					
Aug	33		20.			
	34 10					
Sept	33		20.			
	34 10					
Oct	33		20.			
	34 10					
Nov	33		20.			
	34 10					
Int on deferred pay	4 25					
	71 30					

34 10
33
33
33
33
33
33
33
33
33
33
33
33
33
33
33

CANADIAN
ASSIGNED PAY AUDITED
me
omitted
AUDIT CLERK
DATE 10/1/19

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE: ENGLAND OR CANADA.

NAME: EDWARDS FRANCIS R. E

EFFECTIVE DATE: 1/18/1916. EFFECTIVE DATE:

NUMBER: 725158

AMOUNT: 20.00. AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY
Mrs. A. Edwards
15. Walden St.
Hastings
Sussex.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sgt.

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UNIT AND TRANSFERS

ORIGINAL UNIT: 109th Bn.

DATE ACCOUNT FIRST OPENED:

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
N/B	1/18/18	36/18	11 CRD N/B

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO

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
		P.P.	7.00				

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE Disch'd to Canada 30/1/18. Full by Excess 12th/24th 1/18. Balcd 1/6/89 49 2/8 2/19

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918	Balance forward								33 40	40	
Apr.	P.P.	33		A.49011 £4.72			30				
				A.7.13 7-4-18 7 C.P.T.	3 57						
				100. 15.4.18. 11 th CR. 1	3 57						
				206. 30.4.18 do.	2 68				36 58		
May	P.P.	33		A.87740. £4.72	9 82		20				
		34 10		A.R. 385. 28/5/18. 11 th CR. 1	2 68						
				301. 15/5/18. do.	2 68				45 32	40	
June	P.P.	33		B.24669. £4.2.2.			20				
				A.R. 2523. 18.6.18. 1 st Gen. Hosp. Base Hospital	4 84						
				234. 24.6.18. Con. Hosp. Excess	9 73				43 1/2	40	
July		33		C.5612. £4.2.2.	14 60		20				
		34 10		2092 2/7 6pound	4 87				52 95	40	
Aug.		33		B.66012 £4.2.2	4 87		20				
				A.7.2526 2/7	19 47				47 58	40	
Sep		33		D.26013 £4.2.2	19 47		20				
				A.R. 5329 25/9 "	4 87				55 71	40	
Oct		33		D.55411 £4.2.2	4 87		20		35 71		
		34 10		A.R. 7819 20 25/10	4 87				69 81		
Nov		33		Suppl. chg #686919 £4.2.2			20		77 91		
	Int on deferred pay	4 25							82 19		
		71 35			4 87		40				

CANADIAN
ASSIGNED PAY AUDITED
me
AUDIT CLERK
DATE 16/1/19

[Faint, illegible handwritten notes and scribbles on a separate sheet of paper.]

NUMBER

725158

RANK

Spa

NAME

EDWARDS

Francis R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Forward.								82 19		
Nov.	S.F. 22.10.18 = 1.11.18 No. 310. 8.11.18. C.R. 10	730							89 49		
				AR 3601. 21/11/18. 569/18 SP 6 Ind	4 87				84 62		
				AR 4649. 3/12/18. 5. C.G.H. End	4 87				79 75		
		730			974						
				S.O.S. Canada 10/12/18							
				Bo. 353. 22/12/18 CRT							

Reserved for M.H.C.

Whithy D. 2MB 19/10/14
FURLOUGH
 Regt. No. 25158 Rank SP4 Surname EDWARDS Christian Name F. R.
 Unit or Corps—(a) Overseas from United Kingdom 11th C.R.T. (b) In United Kingdom C.R.T. RESERVE
 Born at—Town HASTINGS County or Province SUSSEX Country ENGLAND
 Date of Birth—Day 1 Month MARCH Year 1878 Age 40 yrs 6 months
 Joined at LINDSAY ONT. Date 14/1/1916
 Former Trade or Occupation SHITCHMAN

Permanent marks or peculiarities that will serve for future identification :

Height—feet 5 inches 10 1/2 Colour of eyes HAZEL
 Signature of Soldier (for identification purposes) Francis Richard Edwards

Medical Report.

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

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

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

- Disabilities Group (a) Old depressed. Fracture of skull. Frontal region
- Disabilities Group (b)
- Disabilities Group (c)

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S.W. France	France	May 1918
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

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

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

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

- (i.) As to Group (a) above ? Yes
- (ii.) As to Group (b) above ? NA
- (iii.) As to Group (c) above ? NA

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

- (i.) While on duty? **Yes**
- (ii.) While off duty? **No**
- (iii.) Was a Court of Inquiry held? **No**
- (iv.) Where? **NA**
- (v.) When? **N.A.**
- (vi.) Opinion of the Court? **N.A.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient States Ashell burst and knocked him out he woke up in #4 CCS. operated on Thence to Rouen for 2 days. Thence to Basingstoke for 1 month. To West. Epsom. 6.22.18. All present documents. C.C.S.#4. 31.8.18. Direct admission SW Skull (Depressed fracture) operation wd exposed. depressed bone removed. over frontal region (dura not opened) sutures closed dressing 4.6.18. Recovery. clean. evac. to England No. 100. Gen. Hosp. Basingstoke. 66.18621-618. G.S.W. Head. wound healed. Ready for Convalescence.

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

Subjective
Complains of dizziness & his unwilling to leave camp for fear of breaking down.
Objective There is a scar on left side of frontal region. Healed. evidence of old fracture. Ashell. Examination shows no disturbance of higher cerebral mental functions there are no tremors or fits in right hand. no aphasia. Some asthenopia with hazy and contractions of the visual field. Cranial nerves negative. Sensory functions negative but complaints of constant pain over left side of head. radiating from scapo vertex. No loss perception. Anæsthesia. Coordination undisturbed. Pupils normal. deep reflexes brisk. Babinski. Oppenheim or Romberg. No clonus. general hyperidrosis. Gaitic reflexes negative. Tache cerebral. well defined other systems negative.

8. OPERATION. (i.) Was one performed? **Yes**

(ii.) If so, state what. **Repair of wound.**

(iii.) Was one advised and declined? **No**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe. **Fit**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **Prob not likely to be raised in six months**

(c) Invalid to Canada? **No**

(d) Discharge from the Service as permanently unfit? **No**

Date of Report.....191

Signed.....
Officer in medical charge of case.

Station.....**West. Epsom**

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

CAPT. C. A. M. C.

{ Officer i/c Hospital } Strike out one of these.

Dated at **Military Conv. Hospital, Epsom.** Station, on.....191

* Delete if inapplicable.

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

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

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

Yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? No
Aggravated? No
(b) Misconduct of the Soldier { Caused? No
Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

n.a.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

n.a.

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

n.a.

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

n.a.

18.

This man has five inch scar healed left temporal region. adherent to bone in which a small depression can be felt. When a physical examination does not show any marked objective signs - but that man has very marked subjective complaints + I do not feel that he can be usefully employed - he states that he can walk a mile. headaches headache are continuous, a dizziness is present "marked at the time".

19. Recommendation :—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes.
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

N.

Date of Board 19.10.12

Station Epsom

Signatures of the Board. { Surgeon Major General President.
W. J. Murray Capt

A.D.M.S. CANADIANS
LONDON AREA
LONDON

Approved A. D. M. S. [Signature]

Dated at Major, C.I.C. Station

for A.D.M.S., Canadians, London Area

4 NOV 1912

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

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

on the _____ day of _____ 191

Members of the Board:—

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

[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page.]

[Handwritten notes in blue ink, written upside down. The text is difficult to decipher but appears to be a summary or commentary on the case.]

Commissioner
of Pensions and Claims

Dated at _____ this _____ day of _____ 191

[Handwritten signature and name of the Commissioner, appearing upside down.]

Signatures of the Board

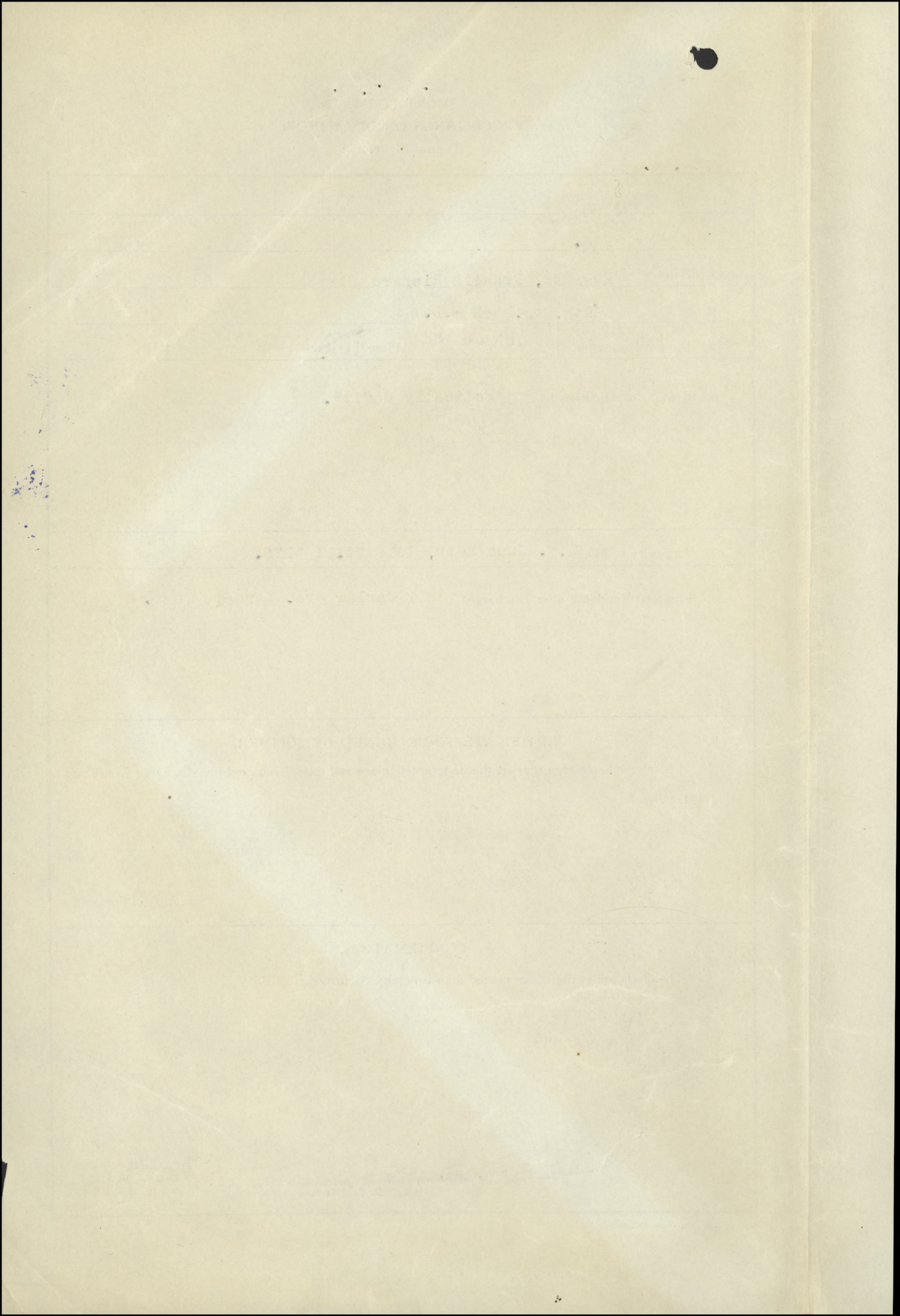
President.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

M
War Service Badge
Class A
No. 819506 issued

J.S.

1. No.	725158	
2. Rank	Pte.	
3. Name	EDWARDS, Francis Richard	
4. Unit	109th. Bn. (#2 D.D.)	
5. Date of Discharge	JUN 26 1919	Place TORONTO, ONT.
6. Reason for Discharge	"Medically Unfit".	
7. Authority	#2 D.D. June 26th, 1919 Pt. 11 175.	
8. Proposed Residence after Discharge	801 Carlaw Ave. Toronto Ont.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? <i>Francis Richard Edwards</i> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>TORONTO, ONT.</u> Date <u>JUN 26 1919</u> <i>[Signature]</i> Signature O. C. Discharge Sections, (O. C. Discharging Unit.) No. 2 District Depot	





LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... DATE.....

1. 1 (a) Unit 289 (b) Regimental No. 725158 (c) Rank Private
 (d) Surname Edwards (e) Christian name Francis Richard
 (f) Home address 801 Barlow Ave Toronto
 (g) Next of Kin Annie Edwards (h) Relationship Mother
 (i) Address of Next of Kin 35 Plympton Rd Hastings England
 2. Age last birthday 41 yrs Date of birth 11/3/1878
 3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont (b) Date 14/1/16
 4. Personal description:
 (a) Height 5ft 9 1/2 (b) Weight 140 (c) Complexion Pallid
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. 6 R 4 L
Vaccin Scars: 1 Forehead
 5. Former trade or occupation Porter

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 <u>3 5/12</u>	Days <u>6</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	------------------

	PERIODS	
	From	To
<u>Invalid's Own Statements</u>		
Canada	<u>14/1/16</u>	<u>22/7/16</u>
England	<u>1/8/16</u>	<u>10/2/17</u>
France or other theatres of War	<u>6/6/18</u>	<u>20/6/19</u>

7. Original disease, or injury (1) depressed fracture of frontal bone (2) Eye strain
 (a) Date of origin (1) May 30-18 (2) always (b) Place of origin 1st France
 (c) Cause (1) blow (2) natural

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) Impaired function of nervous system
- (2) Defective vision

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 ps - Xray shows old fracture of left frontal bone with - There is a large ^{loped} hole in left frontal region. This is very tender at its outer angle. Had bone graft to cranial defect on Jan 21-19 opening is now closed and firm. There is no impulse felt. Xray does not show any depression of cranial vault and consequently no pressure. There is no outward signs of any cranial pressure

(2) Subjective ps - He complains of constant, dull aching pain in region of fracture worse when exerting himself as walking beyond 1/2 mile. Once about every 2 wks or after severe exertion (e.g. 1/4 mile boat race) he has severe headaches and frustration and he has to rest up 1-4 days, the time during which the spells last.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?

(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System no Cardio-Vascular System no Genito-Urinary System no- neg
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses no Respiratory System no Integumentary System no
- Disturbances of Mentality no Digestive System no Muscular System no
- Osseous and Joint Systems no Any other general condition no

(2) objective & subjective ps - see specialist report attached

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

Hit in left forehead on May 30-18 suffering compound depressed fracture of skull. Was unconscious for many hours. Depressed bone removed at C.S. Had bone graft at P.H. Jan 21-19.

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

Articular Rheumatism — R. Shoulder joint for years with no disability

(c) (Here give a description of wounds, scars and deformities. (1) Scar left shin Jan 21-19 no disability

11.—(a) Did the disabling condition have its origin before enlistment? (1) no (2) yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) (1) no (2) no

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

14. Treatment (Case reports, general or special, should be secured and attached where possible.) (1) Hosp. France & England - 7 mos Canada 6 mos

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration) (1) & (2) no

16. Can the former trade or occupation be resumed? (no) (If not, briefly state why)

17. Recommendations (discharge as out patient S.C.R.)

[Signature] Capt Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, J.R. Edwards, 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. Edwards 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.

We Concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

*We recommend that he be discharged
having been found medically unfit
for service*

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

WHITBY MILITARY HOSPITAL

PLACE.....

H. Brown Capt., President.
H. Fisher Lt.

DATE.....

JUN 20 1919

} 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.

PLACE.....

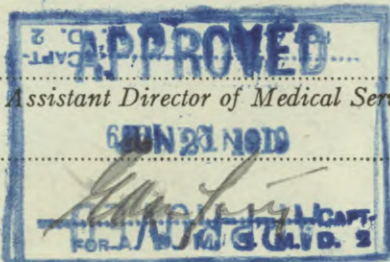
.....President

DATE.....

} Members

APPROVED BY

APPROVED BY



Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

FIELD MEDICAL CARD

A.T. Serum }
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }Date of wound or }
onset of illness }

Religion

C.E.

No. 425158 Rank S.P.R.

Name EDWARDS, F.R.

Unit 11 CAN RLY TPS. 'D' Coy.

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply)

No. of F.A.C.C.S. - 4

Date of admission 31-5-188

F.A. diagnosis

Direct Admission

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

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

S to Spas
(Depressed fracture frontal bone)

Base Hospital diagnosis (alterations or additional)

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

No. of C.C.S.

4

Date of entry

31/5/18

No. of Hospital

#961P

Date of entry

4-6-18

Operation - Wound decompression 31.5.18.
Wound excised, depressed bone removed over frontal region (dura not opened), sutured. Eusol dressings.

Godula Cour
Major Recue

Redressed. Clean.

Evac England.

W.B. Bannan Capt USMC

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

No. 2 DISTRICT DEPOT

E 214

AUDITOR *W. A. 26* PAYMASTER

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

M. OR S. *S.* REGT. NO. *725158* RANK *Spr* NAME (IN FULL) *Edwards, F. R.*

ORIGINAL UNIT C.E.F. *C.R.P.* IF IN P.F. WHAT UNIT? *801 Carlaw Ave. Toronto, Ont.*

ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *14/1/16* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *no* DATE EFFECTIVE _____

IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE _____

TO WHOM PAID _____ RELATIONSHIP _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Toronto* PLACE *Toronto* DATE *26-6-19* REASON *M.U.* AUTHORITY *Do-175* IF ENTITLED TO POST DISCHARGE PAY *183*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
1919																	
Jan 1				<i>24 75</i>													<i>1366r. Bal. Dec. P.R.</i>
Jan 31	<i>62</i>	<i>1¹⁰</i>	<i>68 20</i>	<i>13 60</i>	<i>106 55</i>	<i>159 63</i>	<i>184 34</i>	<i>50 -</i>	<i>56 55</i>				<i>106 55</i>				<i>24th C.R.P.</i>
Feb. 1-28	<i>28</i>	<i>1¹⁰</i>	<i>30 80</i>		<i>30 80</i>	<i>207 73</i>	<i>250 75</i>	<i>15 -</i>	<i>15 80</i>				<i>30 80</i>				
Mar 1-31	<i>31</i>	<i>1¹⁰</i>	<i>34 10</i>		<i>34 10</i>	<i>207 73</i>		<i>34 10</i>					<i>34 10</i>				
Apr 1-30	<i>30</i>	<i>1¹⁰</i>	<i>33 -</i>		<i>33 -</i>	<i>212 86</i>		<i>33 -</i>					<i>33 -</i>				
May 1-31	<i>31</i>	<i>1¹⁰</i>	<i>34 10</i>		<i>34 10</i>	<i>215 32</i>		<i>34 10</i>					<i>34 10</i>				
June 1-26	<i>26</i>	<i>1¹⁰</i>	<i>28 60</i>	<i>35 -</i>	<i>133 60</i>	<i>219 18</i>	<i>257 6</i>	<i>133 60</i>					<i>133 60</i>				
			<i>W.S.G.</i>														<i>1st W. S. G. Paid by #2 D. D.</i>
			<i>183 days</i>	<i>420</i>													<i>W. S. G. PAID IN FULL</i>
					<i>430</i>												<i>AR 92 July 21 446 569</i>
										<i>70</i>			<i>140</i>	<i>280</i>			<i>AR 115 Aug 18 137 423</i>
										<i>70</i>			<i>210</i>	<i>210</i>			<i>AR 140 Sep 17 136 479</i>
										<i>70</i>			<i>280</i>	<i>160</i>			<i>AR 170 Oct 23 139 774</i>
										<i>70</i>			<i>350</i>	<i>70</i>			<i>AR 195 Nov 21 171 869</i>
					<i>420</i>					<i>70</i>			<i>420</i>	<i>0</i>			
										<i>350</i>	<i>70</i>		<i>420</i>				

11A.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725158	Sgt.	Edward's	F.P.
Year	Unit.	Age.	Service.	
1918	11th Cav R. T.	40	3 years	

Station and Date. 22 JUN 1918
 Disease G.W. Lt side Head. Depressed frac of skull

Complain of headache most times general condition good wd. Lt. Temp 4" long healed adherent to bone small depression on bone for observation
 No Duly

2-7-18 Cont
 8-7-18 feeling well improving
 CO

15-7-18. - Emp. Board
 29.8. Boarded for Co. for permit.
 9.9.18.

11.10.18. There is a scar on left side of frontal region, healed, evidence of old fracture of skull, examination shows no disturbance of higher cerebral & mental functions, there are no tremors or fits, is right handed, no aphasia, some asthenopia, telicord contraction of the visual field, cranial nerves neg. sensory functions neg but complain of constant pain over left side of head, radiating from scar to vertex, no loss of sensation, or anaesthesia, coordination undisturbed, Pupils normal, deep reflexes brisk, no Babinski, opentrium or Romberg. No clonus. general hyperreflexia organic reflexes negative. Tache cerebral well defined, other ^{of stems} symptoms neg.

17-11-18 Fullert Shap...
 Occas headache
 J. M. Lamb.
 Capt. Amb.

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

Station
and Date.

WHITBY MILITARY HOSPITAL

This is to certify that the marginally noted man is
free from Venereal and other infectious diseases.

Smith

Medical Officer

Whitby Military Hospital, Whitby Ont.

925-158

Ph. Edwards J.R.

WILSON MILITARY HOSPITAL

This is to certify that the patient is free from Venereal and other infectious diseases.

Handwritten signature

WILSON MILITARY HOSPITAL

Handwritten signature
J. K.

CASE HISTORY SHEET.



Hospital.

No. 725158 Rank Pte Name Edwards F R Age

Unit Completed years of service Where and how long } 5/12 4/12 17/12

Date of admission 4-3-19 Date of discharge 20-6-19

Diagnosis G.S.V. Head Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE 4-3-19 P.M.

MAR 4 1919 On Jan 21-19 left frontal bone was repaired at S.G.H. & piece bone removed and graft from tibia inserted. Scar is now well healed and patient feels much better.

He gets headaches at times and feels dizzy at times especially on exertion. Outer part of scar is very tender.

MAR 18 1919 Has not had any dizzy spells for this last two weeks. He gets frequent spells of headache - very much reduced this last 2 days. He still feels weak and has lack of stamina. Scar on forehead is very tender.

He is to have tonic and Iodization to scar.

APR 1 1919 Patient feels much stronger. Had one spell of dizziness which lasted 10 minutes and this was followed by intense headache which lasted for 2 or 3 days.

FAMILY HISTORY

(To be completed in case of hereditary diseases.)

Patient says that electric treatment to scar takes all dull ache out of scar & head & he feels very slowly afterwards.

TREATMENT

(Especially any specific or special form.)

APR 28 1919 Condition unchanged. To have discharge to S.C.R.

CONDITION ON DISCHARGE

(and disposal made of case.)

Date June 20/19 Medical Officer i/c case.

11-6-19 Repair of Cranial Defect
by bone graft. opening closed. no impulse
felt. - Complains of headache & tenderness
temporal region of scar.
Recommends discharge to S.C.R. for
vocational training
C. J. Gilmore
M.D.



CASE HISTORY SHEET.

Hospital. _____ Station. _____
 No. 725158 Rank. Spl. Name. Edwards F.P. Age. 40
 Unit. _____ Completed years of service 5/12 4/12 17/12 }
Where and how long
 Date of admission. 20-12-18 Date of discharge. 20-6-19
 Diagnosis. G.S.W. Head Place of origin. _____

CONDITION ON ADMISSION AND PROGRESS OF CASE 7-1-19 - J. H. M. Blou, he

JAN 8 1919
 There is a scar running transversely, at upper region of forehead. It is 4 1/2" long, slightly depressed and very tender.

He suffers with constant frontal headache with worse on exertion. He cannot sleep well & gets very dizzy when walking.

12-1-19 - Refr to Col. Primrose's Clinic
T. G. H. Maj. D. E. R. med.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

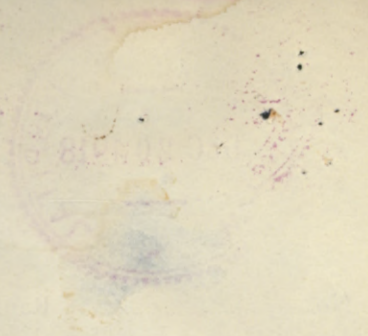
TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date. _____ Medical Officer i/c case.



10/10

10/10

Faint, illegible text at the bottom center of the page.

Faint red markings at the bottom left of the page.

CASE HISTORY SHEET.

Military Medical
T.F.M.

Hospital.

Station.

No. Rank Name Francis R. Edwards Age 40

Unit Completed years of service ^{Where and how long}

Date of admission Jan 16/19 Date of discharge

Diagnosis Brain & head Place of origin Amiens

CONDITION ON ADMISSION AND PROGRESS OF CASE

Entered - Jan 1916 Went to France
Feb 1917 Wounded May 1918
Returned to Canada Dec 22/18

Complaint - Constant headache
Sensation of pressure over
frontal forehead
Dizziness on exertion
Duration of Since receiving wound.
History - Operated upon in France - removing
pieces of bone. Wound completely healed.
July 1918

On examination
Well nourished healthy
looking. Had temporary trouble with left
eye but now has recovered. No ear
trouble. Throat intact but not gone.
No system abnormalities to be made out.

Special Exam
Depressed scar over vertex

FAMILY HISTORY with distinct oblong hiatus and
(Tuberculosis, mental or nervous diseases) which can readily be elicited on
manipulation or coughing. There is no
tubercles in the region.

TREATMENT 2/1/19 Cranioplasty performed. Flap turned
(Especially any specific or special form.) back in routine manner and pericranium
removed from margin of hiatus.

By use of large trephine & slices outer table
of bone was removed forming a ledge
upon which a graft from skull was placed.
Latter taken from inner side left table
and placed with pericranium down on

CONDITION ON DISCHARGE led formed as above. The pericranium
(and disposal made of case) was first sutured to pericranium
by not cut out - flap replaced by silk
woven gut & drainage inserted

Date _____ Medical Officer in case.

22/1/19 Drainage removed - wounds quite healthy in appearance.

24/1/19 Complaining of a throbbing sensation in head. Leg not painful.

2/2/19. Wounds dry - has some pain in region of lateral posterior wounds. Has some headache - seems drowsy.

20/2/19. Gradual improvement. Less pain and drowsiness.

3/3/19. Complains of some pain about scar. Practically no headaches.

Advise transfer to Whitley for one month.
H. Simpson