

ATTESTATION PAPER.

No. 724 708

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

ORIGINAL

(ANSWERS.)

- 1. What is your name?..... Robert Eldridge
- 2. In what Town, Township or Parish, and in what Country were you born?..... Detroit Michigan
- 3. What is the name of your next-of kin?..... Wife Bertha Eldridge
- 4. What is the address of your next-of-kin?..... Lindsay, Canada
- 5. What is the date of your birth?..... November 5th 1893
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes *inoculated*
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 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

Robert Eldridge (Signature of Man.)
 Wm. Sampbell (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Eldridge, do solemnly declare that the above answers made by me to the above questions 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 Dec 9th 1915 Robert Eldridge (Signature of Recruit)
Wm. Sampbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Eldridge, 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 Dec 9th 1915 Robert Eldridge (Signature of Recruit)
Wm. Sampbell (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 23rd day of December 1915.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

Description of Robert Eldridge on Enlistment.

Apparent Age 22 years 0 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. 4 ins.

None

Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 5 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Brown

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

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..... Dec 9 1915.

Place..... Lindsay

J. McLaughlin Capt.
Hoboyd 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.

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

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

Date..... JAN 10 1916 1916

R. O. No.

H. Q. No.

DISCHARGE DOCUMENTS

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit..... 1

Last Pay Certificate..... 1

Name

Eldridge Robert

Regt. No.

724708

Rank

Pvt.

Corps

109th Batt C.E.F.

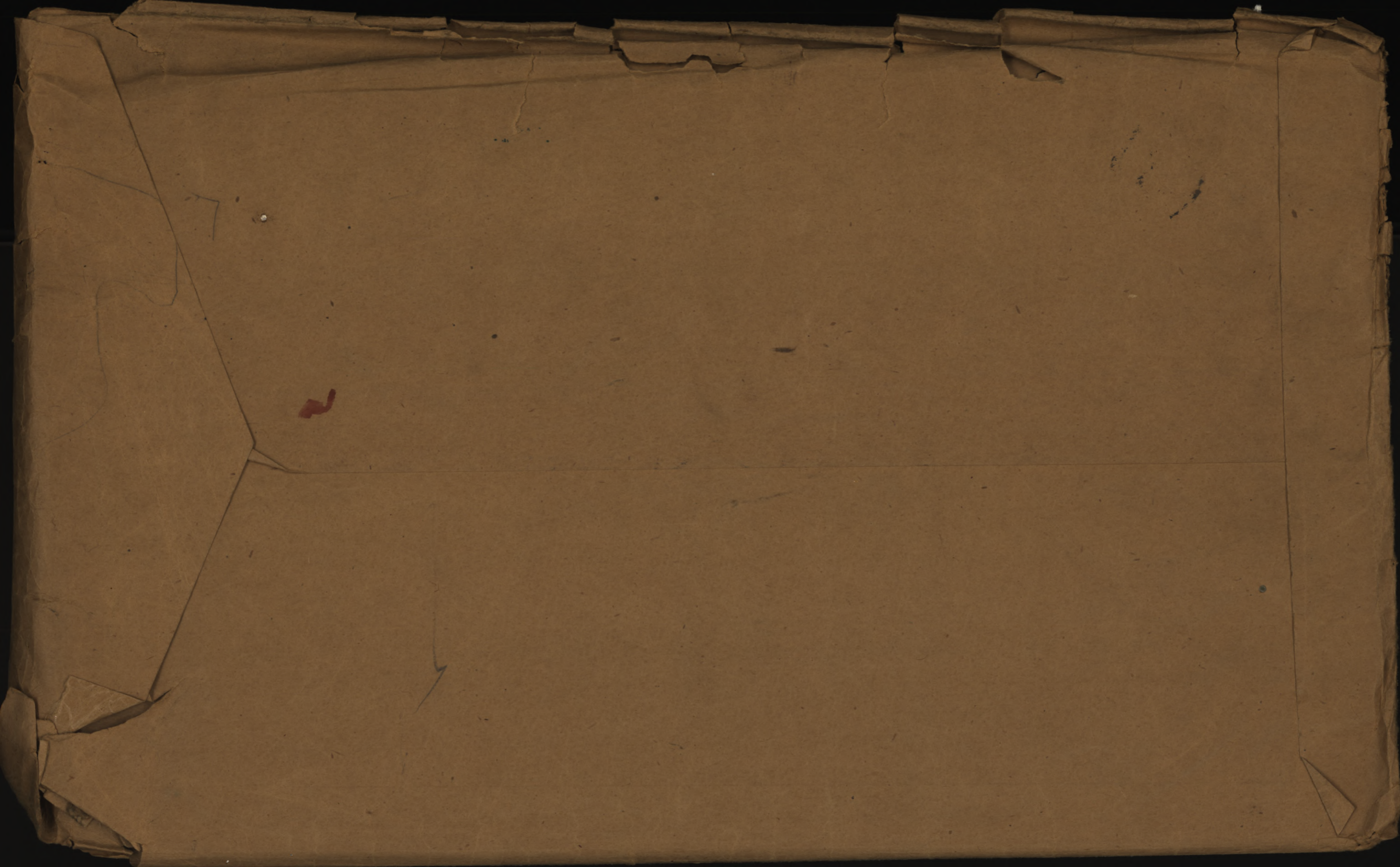
Being no longer physically fit for War Service 03662



Issued 17-3-58

*1
16-9,
16-9,
3-10
T,*

*1 issued
a 211207-1
mcs - 4
a 716181 - 1
pay cert*



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 **724708**.....

(3) Full Name of Soldier **Robert John Eldridge**.....

(4) Place of Birth **Detroit, Mich. U.S.A.**.....

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

(6) If married, state,

(a) Full name of your wife **Bertha Eldridge**.....

(b) Present Postal Address **Lindsay, Ont.**.....

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

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

If so, give number of boys and girls **Two Boys.**.....

Also their names and ages **John Francis Eldridge. Age 2 yrs.**

Archie Argyle Eldridge. Age 9 months.

(9) Is your Father alive? **Yes** **Francis Arthur Eldridge.**

If so, state name and address **Lindsay, Ont.**

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

If so, state name and address **Lindsay, Ont.**

(11) If your Mother is a widow **No.**

Are you her sole support, or not? **No.**

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

None

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

Nil.

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

Yes

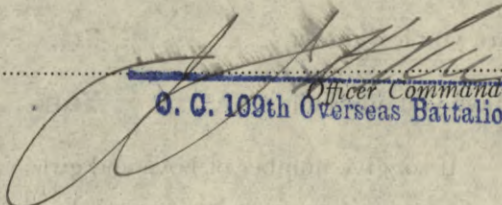
(15) Are you insured? **No**

If so, in what Company? **Nil**

Have you made arrangements for payment of your Insurance premium **Nil**

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

Date.....


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

724708

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Eldridge Christian Name Robert

Examined { on 9th day of December 1915
at Lindsay

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

Birthplace { City or Town Deport
County Wuchyan

Apparent age 22 years

Trade or occupation Laborer

Height 5 Feet 4 Inches

Weight 120 Lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 36 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right One Left One
Number Two

When Vaccinated last January 24th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

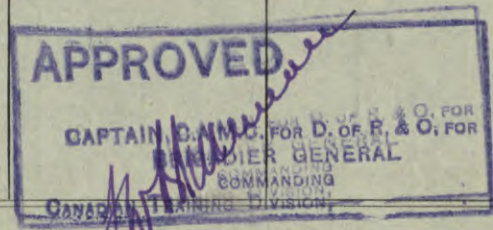
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>24-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

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.

Enlisted on 9th day of December 1915 at Lindsay

JOINED ON ENLISTMENT	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109th Batt C.E.F.</u>	<u>724708</u>		<u>9.12.15</u>
Transferred to.....				



EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Woods Barracks</u>	<u>Sept 14/16</u>	<u>Epilepsy</u>	<u>Discharge Warranted Capt.</u>
<u>16 SEP 1916</u>	<u>Approved</u>	<u>S. Walker</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.

Surname Eldridge Christian Name Robert

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				
Moore Barracks Hospital.		1	9	16			16	Epilepsy	No fit since in ward. Board papers prepared to all necessary statements & tests.	Jewickham Capt. R.A.M.C.	

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CLINICAL CHART.

Army Form B. 181.

Corps 109 Batt

(To be attached to Case Sheet)

Military Hospital MOORE BARRACKS,

No. 724708 Rank and Name Pte. Robt. Eleidge Age 24 Service 9/12

CANADIAN HOSPITAL,
SHOT CLIFFE.

Disease Epilepsy Date of admission Sep 1-16 Date of discharge _____ Result Discharged from army.

Dates of Observation	Days of Disease																													
	31st																													
	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	26	27	28	29	30
Temperature, Fahrenheit	Time																													
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°			9-		9-		9-		9-		9-																			
106°	Admitted Sep 1st																													
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	76																													
Respirations per Minute	16	18																												
Motions per 24 Hours	+	+	+	+	+	+	+																							

Signature Jewickham. Capt. In charge of case.

100-1000-1000

CLINICAL CHART

100-1000-1000
100-1000-1000
100-1000-1000

Medical Hospital

(To be attached to Case Report)

Block and Name

Date of admission

Date of discharge

Time		Temperature	Pulse	Respiration	BP	Weight	Food	Stool	Urine	Remarks

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100-1000-1000

Signature _____

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot

Number Rank Name and Corps of disabled Soldier.

724708 Pte Eldridge Robt. 109th Bn.

Previous civilian occupation:- Railroading

Cause of disability.

Epilepsy - probably aggravated by service.

DEPT MILITIA REFERENCE
649-000-24778
40.0-6-778
CANADA

Condition in detail, which prevent the soldier earning a full livelihood.

Says he had 4 or five fainting spells before enlistment - but likely were epileptic attacks. Has had a number since enlistment certified as true epilepsy. Had last attack about 3 weeks ago.

Opinion of the Board

Degree of Incapacity (Please state in fractions)

1/4 - 50% due to aggravation by service

Probable duration of incapacity:-

Permanent. Aggravation should cease in 3 months.

Does it render him permanently unfit for Military Service? *Yes*

Would operation, special treatment, or the use of appliances etc., lessen incapacity. *Convalescent Home*

Signature

W. M. Carica Major President

Station *Quebec*

E. Robertson Capt
M. Logan Capt Members

Date. *Oct 9/16*

Approved.

Date *Oct 9/16*

W. M. Carica Major
Assistant Director Medical Service

Date *2/11/16*

D. C. Cameron Capt
Director General Medical Service.

noted 2/11/16

Handwritten text at the top of the page, including a date and possibly a name or address. The text is faint and difficult to read.

Handwritten text in the middle section of the page, appearing to be a list or a series of notes. The handwriting is cursive and somewhat illegible.

Handwritten text in the lower middle section, possibly a continuation of the notes or a separate entry. The text is very faint and hard to decipher.

Handwritten text at the bottom of the page, including what appears to be a signature or a final note. The text is sparse and difficult to read.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 926	Regimental No.	Rank.	^{ELDRIDGE} Surname.	Christian Name. ^{Robert,}	
	724708	Pfc	Robert	John	
Year 1916.	Unit.		Age.	Service.	
	109th C.I.		26.		

Station and Date.
 Commanding
 Aldrich
 3.8.16.

Disease NAP
'Fits'

Since last year: no family history of fits. In civil life worked on railroad: fits started a few months before he joined the army.

Is quite all right between fits.

~~Pts~~ Area of pain in right side: sometimes loses consciousness: when he does not, makes that he is kicking & struggling & screaming. Does not pass water: has never hurt himself. Usually last about an hour - is then quite well again as if nothing ~~had~~ ^{had} ~~happened~~ ^{happened}.

No abnormal signs in C.N.S. discerned: no stigmata.

Togt up: Mist. Valerian I.D.S.

17.8.16

Disch. to unit. No attack.

Ed. Adair
 4/11/16

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

18972

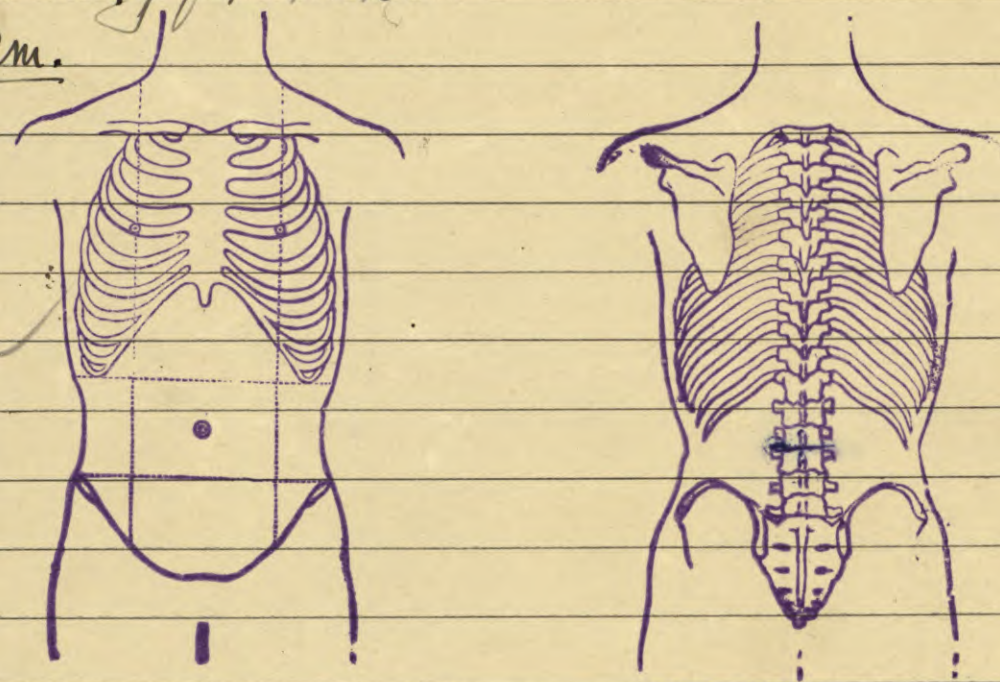
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 18972 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	724708	Pte	Eldridge	Robert.
	Unit.		Age.	Service.
	109 Batt.	A. Coy	24.	9/12

Station and Date.
Moore Barracks
1-9-16

Disease Epilepsy.
 Duration: since June 1915.
P.H. Scarlet fever. No V.D. No alcohol.
F.H. Neg.
H.P.I. No history of injury. Has taken numerous fits
No premonition, dizzy once. No tongue biting.
Has incontinence of urine c attacks. Loses consciousness
suddenly, lasts 2-3 hrs., weak on awaking.
During fit kicks.

Exam.



DISCHARGED
 29 SEP 1916
 Leman

Heart, lungs, abdomen - neg.
 Reflexes - neg.

Wassermann: Negative

Urine: Neg.

Treatment: Mist Bromidorm 3i q.d.

15-9-16. Boarded for discharge.

27-9-16 Discharged to Canada
E.E. Cleaver Capt MC

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

Station
and Date.

War Veterans' Allowance

Name: (1) Robert Eldridge
(2) Robert John Eldridge

No: 724708
B. 39727.

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I Canada U.K.

IF CANADA) Date(s) disembarked in U.K. 31 July 1916
AND) Date(s) S.O.S. in U.K. for Canada 29 Sept. 1916
U.K. ONLY) Period(s) of desertion in U.K.

(3) World War II Canada U.K.

Date of embarkation: 22 August 1940

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments: 9 December 1915 Lindsay
ont.

19 June 1940 Toronto
ont.

3. Date of all discharges and reason: 7 March 1917. Medically
unfit

9 April 1943 Medically unfit

4. Date and place of birth as per 28 November 1893
attestation paper:

Detroit Mich. U.S.A.

28 November 1895. Detroit
Mich. U.S.A.

5. Marital status: If married, Married Mrs. Bertha
name in full of wife:

Eldridge
Married Mrs. Bertha Eldridge

6. Any other military service: Nil

7. Decorations, if any. Nil

Clerk's Initials:

21/2/58

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 724708 Rank Pte. Name Eldridge R.

Corps 109th Battalion who was* discharged

On March 7th 1917, to Civil Life.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st 1917, to March 7th 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Reg't Pay <u>35</u> days at \$ <u>1</u> c	<u>35</u>	<u>00</u>
Assigned Pay No. <u>3691 & 3783</u>	<u>40</u>	<u>00</u>	Field Allow. <u>35</u> days at \$ <u>c10</u>	<u>3</u>	<u>50</u>
Other Charges*			Other Allowances* <u>Seprn Allce</u>	<u>24</u>	<u>00</u>
Payment on transfer or discharge No. <u>3784</u>	<u>44</u>	<u>50</u>	<u>Clothing -</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Subsistence 15dys</u>	<u>9</u>	<u>00</u>
			Bal. Dr. (to be deducted by new unit)		
Total	<u>84</u>	<u>50</u>	Total	<u>84</u>	<u>50</u>

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of February 1917 to (Assignee) Mrs. Bertha Eldridge
(Address) 112 William St., Lindsay

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment.....
(2) if married and if a Separation Allowance Card has been submitted S.A. paid to 7/3/17
(3) cause of discharge and authority MD3,88-E-10

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date February 24th, 1917.

Place Kingston, Ont.

A. Midsall
Captain
Officer Paying Returned Soldiers
Military District No. 2
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (vide instructions 130 and 141, Financial Instructions 257155 (C.E.F. 1916))

Residential No. Rank Name Address City Province
On the date of discharge or transfer
The following is a statement of the amount of the above named from the date of discharge or transfer to the date of transfer or discharge

Particulars	Amount
Pay from previous month	
Advance of pay	
Other allowances	
Gratuities	
Other pay	
Total	

It is noted that the amount of the above named has been paid to the account of the above named on the date of discharge or transfer.

On transfer of an Officer
The amount of the above named has been paid by the above named authority on the date of discharge or transfer.

It is noted that the amount of the above named has been paid to the account of the above named on the date of discharge or transfer.

I have examined this statement of account and find it to be correct except from the date of the unit.
Date
Place
Signature
Remarks

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. 724/408 Rank Private Name Eldridge Robert

Enlisted (a) 9.12.15 Terms of Service (a) D of W Service reckons from (a) 9.12.15

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) Laborer.

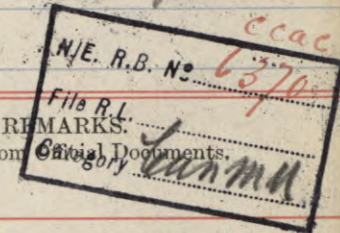
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England</u>		<u>Liverpool</u>	<u>31.7.16</u>	

Capt.
ADJUTANT
109th Overseas 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

TLH. Rank Name ELDRIDGE, Robert. ✓ Reg'l No. 724708. ✓
 Unit 109th. Bn. If in perm. Corps, } Married or Single Married. ✓
 What Unit? }
 Place and Date of Enlistment Lindsay, Decr. 9th. 1915. ✓ Place of Birth Detroit, Michigan. ✓
 Name and Address, Next-of-Kin Bertha Eldridge, ✓
Lindsay, Ont., Canada Relationship Wife. ✓
 Assigned Pay Monthly \$ Payable to
 Separation Allowance \$ Payable to
 Discharge, Date and Place Reason Character
 H. W. & V., Ld., -7165-16. Relationship f.c. 1-8 Sept

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Character
Date.	From whom received.				
Arrived in England per H. M. T. 2310 31-7-16					
3. 8. 16	O.C. 109 th	Admitted to Hoopl.	Kensham	2. 8. 16	C.L. #2 x Pt. II D.O. 216 x
18. 8. 16	-	Dischd from Hoopl	Connaught	17. 8. 16	Pt. II D.O. 231 x
1. 9. 16	-	Admitted to Hoopl.	Moore Btks.	1. 9. 16	Pt. II D.O. 245 x C.L. 12 x Epilepsy
29. 9. 16	✓	Injury to C.E.A.C. & struck off strength while patient in Moore Barracks Hoopl	Bransholt	17. 9. 16	Pt. II D.O. 273. (Health D-02405. C.E.A.C. 19. 9. 16)
5. 10. 16	Com kept	Dis from Moore Barracks Hoopl	Shorncliffe	28. 9. 16	C.L. 17
19. 9. 16	C.E.A.C.	F.O.S.	F. stone	18. 9. 16	Pt. II D.O. 405.
25. 2. 17	"	SOS to Law for Dis	Hastings	29. 9. 16	- 95



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.				
	Dis Dept	Dis Dept London	MD#1 London	6-10-16	MR 70
			MD#1 London		MR 70

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

W M
Q

Name **Eldridge, Robert**
Surname Christian Name

5418-R-1

Regimental Number **724708** Rank **Pte.** Address (in full) **Lindsay, Ont.**

Unit **109th Bn.**

Original Unit

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

Date of Discharge **7-3-17**

P. D. P. Filing Number **20-17-3**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	345	27-9-17	53 00	340	30-10-17	3 10				104 00	56 10

Remarks: **S.A. overpaid 1-10-16, to 7-3-17.**

M. F. W. 127.
50M-6 17.
1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No.

Dependent.....

Name.....

Address.....

Address.....

Dec'n No. W. S. G. File No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$

Less P. D. P. Credited \$

Less further debit balance \$

Net due paid as below \$

TO GO TO THE DEPT. OF THE ARMY

0	1	2	3	4	5	6
1						

Pay Soldier \$

Pay Dependent \$

Clerk.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

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

GEN'L AUDITOR
 Posting checked by

 Date.....

Name Eldridge, Pte R.

M. F. W. 41
1 OM-7-16
1772-39 889.

122

Regimental No. 774708

Name and address of next-of-kin

Unit 109th Bn.

112 William St, Lindsay, Ont

Date of enlistment 9¹²/₁₅

Place of " "

Med Bd. rec. Com. Home 3 mon.

Married (yes or no) Yes

20⁰⁰ SEA 1³/₁₆ to ~~20⁰⁰~~ 7/3/17 also pd by unit for 1¹⁴/₁₆ to 7³/₁₇

Date and place discharged

Amount of pay assigned monthly \$ 15⁰⁰ 1⁸/₁₆ to 30⁰⁰ 7⁹/₁₆

Reason for discharge class II

To whom payable Mrs Bertha Eldridge

Character on discharge

112 William St Lindsay Olympic 5¹⁰/₁₆ 6449-B-775

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	26 ⁹ / ₁₆						18.47							L. Plc.
27 ⁹ / ₁₆	30 ⁹ / ₁₆	4	1.40	4.40	40	.10	40.00			+50			973	+ Quebec Boat.
							36.86							
							59.73							
							104.00						104.00	59.73 Jfd to MD 1 ¹⁰ / ₁₆ Spa overpaid from 30 ⁹ / ₁₆ to 7 ³ / ₁₇ by SA P. Co. Jfd to C. Unit 9/8/16 Approved P.D.P. MD 3/16 List 6
	7 ³ / ₁₇						104.00							Rendered P. D. P. 5/16/17

Letter to bank
Salary over 7³/₁₈
B4 file for

MILITIA AND DEFENCE
ASSIGNED PAY

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

507

Sheet No. 2.
 Job 310.—Req. 6574.

Bertha Eldridge
 OVERSEAS CONTINGENTS
 WIFE
 PAYMENTS.

Name of Soldier *Eldridge Robt.*
 724708
Pl "A Co." 109 Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15-⁰⁰/_{xx}</i>
April	1916			
May				
June				
July				
Aug.		<i>V 15489</i>	<i>15</i>	
Sept.		<i>T 17172</i>	<i>15</i>	
Oct.				
Nov.				
Dec.				
Jan.	1917			<i>Acct. closed ret'd on Secret 30 9/16</i>
Feb.				<i>P.N. 5¹⁰/16. Non Adw.D.C.</i>
March				<i>Discharged to Canada</i>
April				<i>Stop payment 1/10/16</i>
May				
June				
July				<i>3 M 25/9/16</i>
Aug.				<i>IN</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.-4-16.
 H. Q. 1772-39-81

506

To Whom

Bertha Eldridge

By Whom Assigned

Eldridge Robt.

Address

23/16

Lindsay
Kinmount Ontario

Regtl. No.

724708

Rank

Pt

Corps

109th Batt A.C.

AUG 1 1916

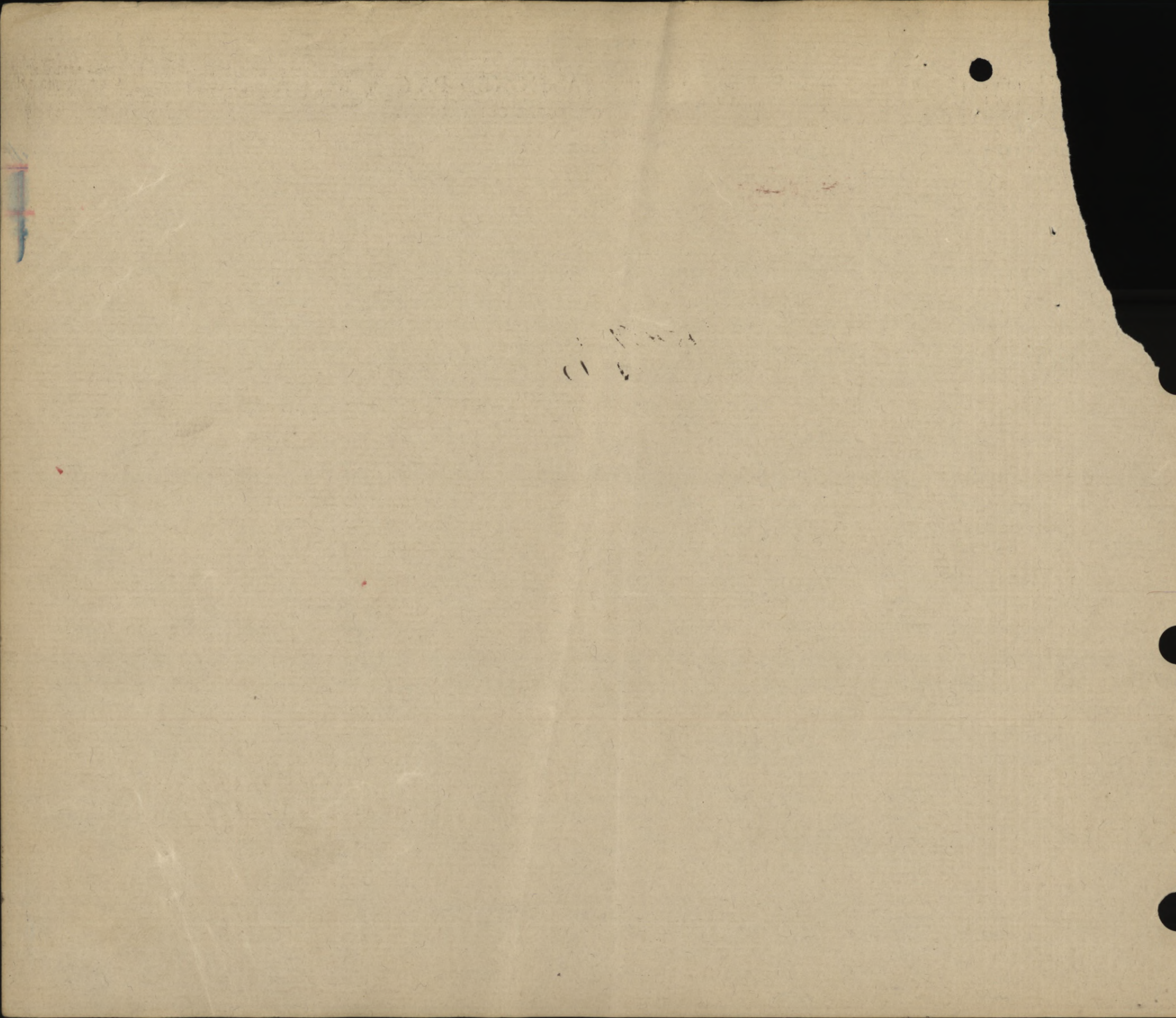
Rate

15⁰⁰/_{xx}

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				

COF
 B
 3
 CASUALTIES.



1-3-16

MILITIA AND DEFENCE

49

M. F. W. 11
50m.—6-16.
H. Q. 1772-39-518.

324

SEPARATION ALLOWANCE

Name *Ms Bertie Eldridge* Name of Soldier *Eldridge Robt*
 Address *Lumber Kingmont* Regtl. No. *724708*
Out Rank *Pte*
 Corps *109 Bn*
 Relation to Soldier } *wife*
 wife, child or mother }
 To what Corps belonging }
 when called out }

PAYMENTS

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

COPIED
FOR
2
CASUA

~~Account closed~~

ACCOUNT CLOSED
DATE..... PER.....

240

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
 50m.-6-16.
 1772-39-818.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

OVERSEAS CONTINGENTS

Wife
 PAYMENTS. *pts*

Name of Soldier

Eldridge Post

Mrs Bertie Eldridge

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>H 1255</i>	<i>40</i>	
May		<i>9 5454</i>	<i>20</i>	
June		<i>17 8998</i>	<i>20</i>	
July		<i>13 6487</i>	<i>20</i>	
Aug.		<i>14 14182</i>	<i>20</i>	
Sept.		<i>C 15812</i>	<i>20</i>	
Oct.		<i>B 18869</i>	<i>20</i>	<i>B18869 Canceled & closed</i>
Nov.				<i>ret'd SS. Secrete 30-9-16</i>
Dec.				<i>re-opened on Lt Gordon's ruling</i>
Jan.	1917	<i>M 15224</i>	<i>60</i>	<i>60 dated 2/12/16 24th 16 - Cdt 30th 16</i>
Feb.		<i>29822</i>	<i>20</i>	<i>20 see above.</i>
March		<i>31944</i>	<i>20</i>	
April		<i>P 35461</i>	<i>4</i>	<i>Dis 7/3/17 R.O. 2/3/17 W.D.</i>
May			<i>244</i>	<i>40⁰⁰ dated 1/16</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
 DATE..... PER *W*

*\$104⁰⁰ overpayment recovered
 by P.M. md 3 thru P.D.P.
 Census PMR 15⁶/₁₈
 meay.*

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.					

SEPARATION ALLOWANCE

Name *Mrs Bertha Eldridge*Address *Kimourant Lindsay Ont.*

Relation to Soldier

wife, child or mother

~~Wife~~ wifeName of Soldier *Eldridge, Robt.*Regtl. No. *724 708*Rank *Pts.*Corps *109th Batt*

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Robt. Eldridge</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				ACCOUNT CLOSED DATE..... PER..... <i>W-</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

1112A

1112A

1112A

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Bertha Eldridge ^{wife} PAYMENTS. *Rts*

Name of Soldier

Eldridge, Robt.

L. L. Job 8902.-Req. 6213.

724708

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	A 1255	40	40 to adjust
May		25454	20	20/
June		M 8998	20	20
July		26487	40	20
Aug.		P 14182	20	20
Sept.		C 15812	20	20
Oct.		B 18869	20	20 B. 18869 cancelled
Nov.			140	Account closed retd. Lt. Secrete
Dec.				Sept. 30/16
Jan.	1917			bh.!!
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....PER.....

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.				

NAME

Eldridge Robert

REG'TL NO

424408

RANK AND CORPS

Plc 109th Bn.

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

02272

Sailed for Canada per Troopship secret
Sept 30th/16 Epilepsy

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

2.	Bonnaught Aldershot	4-8-16	N. Y. D. 2
12	Merrill Bar. Shorne.	1-9-16	Epilepsy
17.	" " "	28-9-16	" Sick
58	M. H. C. C. Kingston	7-3-17	S. O. S. C unit: C.I. Very Good from Richardson 26-2-17

649-6-775-

CARD No.

SURNAME. *Eldridge*

CHRISTIAN NAMES *Rabt-*

REGL. No. *724708*

RANK *109th*

505 Mos, 7-3-17, 3

UNIT *109th*

Bn

FORMER CORPS *nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Eldridge, Mrs. Bertha*

RELATIONSHIP TO SOLDIER *wife*

ADDRESS *Lindsay, Ont.*

*Kimmount Ont.
Auth S.A.A.P. 22-8-16.*

COUNTRY OF BIRTH *U. S. A. Detroit Mich*

DATE

PLACE OF ATTESTATION *Lindsay, Ont.*

DATE

Dec. 23rd 1915

o/s 23-7-16 ⁴⁸⁸/₁₃

r/c. 5-10-16.

me

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

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

No. 724708 RANK

Private

NAME

Eldridge J.

T. O. S.

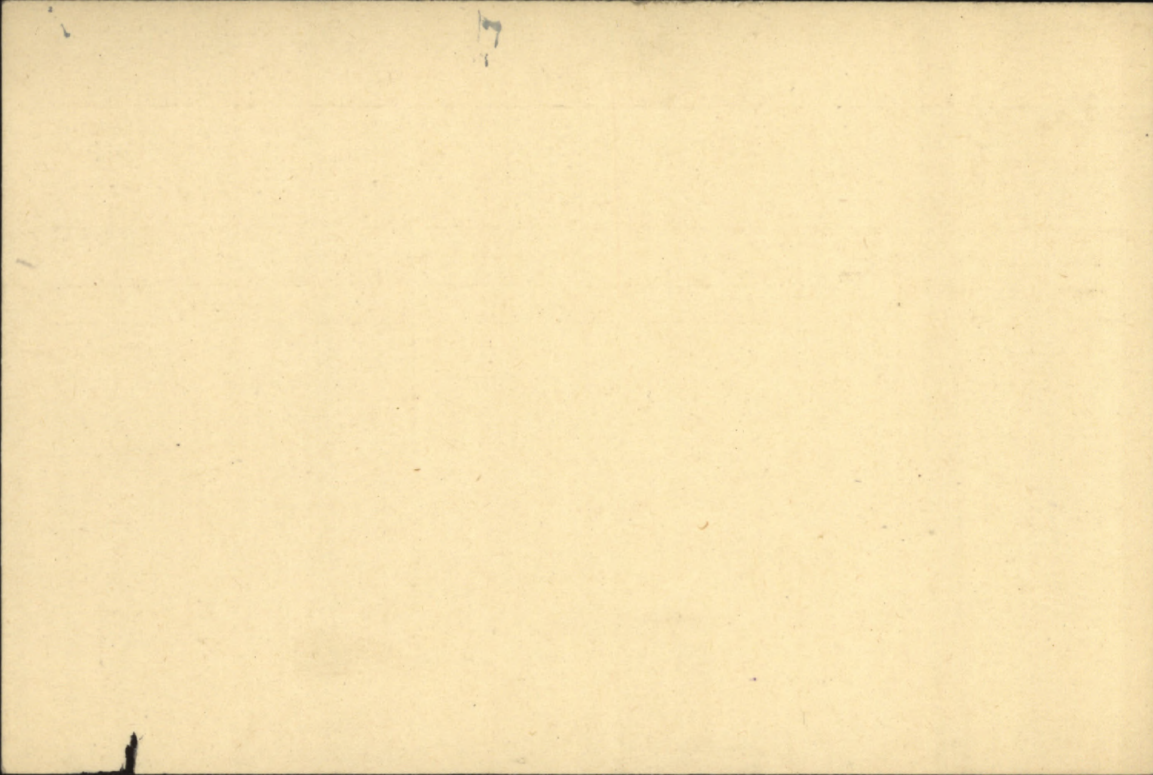
9-12-15.

UNIT

*109th. Battalion.**D.O. 17. 9-12-15.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Dec 9</i>	<i>1915 Dec 31</i>	<i>✓</i>		
<i>1916 Jan.</i>	<i>1916 Feb.</i>	<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



No. 724708 RANK

Pte.
109th R'n.

NAME

Edridge R.

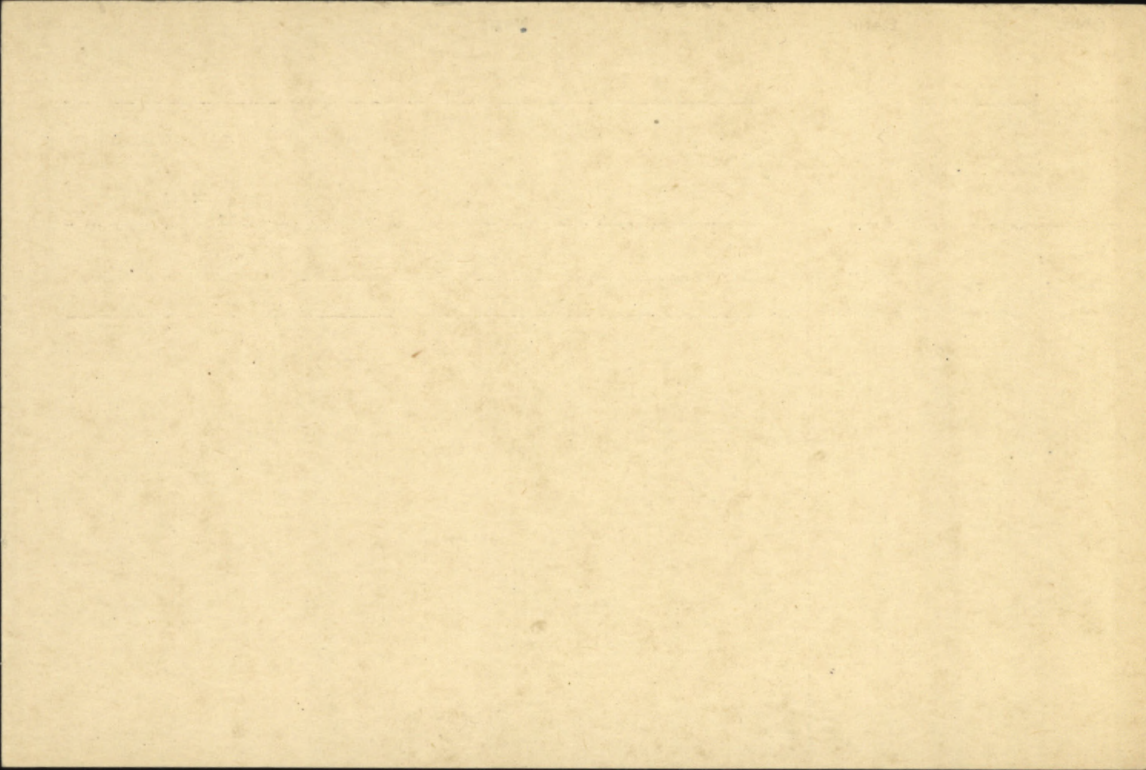
T. O. S.

UNIT

Casualties C. E. H.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct. 1	Nov. 30	N.		
	Dec.	N.		
1917	1917			
	Jan.	N.		
Feb. 1	Mar. 7	N.	Disch'd. 7/3/17	(D.O. 5-8) of 27/2/17
			etc closed by charges N.	



No. 724708 RANK

Pvt.

NAME

Eldridge R.

T. O. S.

UNIT

Discharge Depot Dubuque

M. D.

5-

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct no	1916 dates	✓	109th	



Name *Eldridge Robert* Rank *Pte*

Reg. No. *724708*

Unit *109th Battrn*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
<i>4. 8. 16</i>	<i>Commaught. Aldershot</i>		<i>N. Y D</i>	<i>2.</i>		
<i>19. 16</i>	<i>Moore, Barr.</i>		<i>Epilepsy.</i>	<i>12</i>		
<i>28. 9. 16</i>	<i>Dis.</i>			<i>17</i>		

from Bramshott

U.S.A. 1813.

ADMITTING CARD.

Regt. No. *724704* A. & D. No. *18972*

Rank *Pte*

Name *Eldridge Robert*

Corps *109 Batt A Coy*

Religion *CofE* Age *24*

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

Disease *Epilepsy*

Admitted *1-9-16*

Discharged *SEP 28 1916* *Canada*

Place in Hospital *10*

Transferred

Results *1/2 Lindsay* *no no 2.20 pm*

V.I.O.

REMARKS:

MEDICAL HISTORY SHEET	Orig. recd. from.....	1090 Mm	✓	19/1916
	Dup. recd. from.....			1/1916
	Orig. sent to.....			1/1916
	Dup. sent to.....			1/1916
	Received from Registrar this ^{date} _{dup.}	S/Sgt Polentsov		7 19/1916
	Ward	910		

Deceased 17 Mar 58

Number 724708 Rank Pte

Surname ELDRIDGE

Christian Name Robert

Units 109th B. Coy. Theatre of War England

Date of Service 31 07 - 16

Remarks

Latest Address Lindsay Ont

Roll No. 187 Berkeley St. Toronto Ont

A Page 3230

6/1/38

200m.-2-21.M.

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

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

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DESP. JUL 6 38
 REGN. NO. 41

~~REGN. NO. 25380~~
 DESP. JAN 8 1927

Quinn? ret: 8/19/27
 DATE

Eldridge?
Surname or
Aldridge

Christian Name or Names
R.

Reg. No.
724708

Rank Unit Co. Troop Batty.

Pte. 109th Bn.
Hospital

Date of Admission
4.8.16

Connaught Alderhott

Transferred Moore BRs

Hosp. 1.9.16

Hosp.

Hosp.

Hosp.

Diagnosis N.Y.D. "Q"

(1) Later Diagnosis (if changed)

Epilepsy

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disc. 28-9-16

Date

C.L. 10.8.16 2

REMARKS

B. G. L. 12

C.S. 5-10-16 #17

A.M.D. 2 DEPT.

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

aw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MARRIED OR SINGLE *married*
 PLACE OF BIRTH *Detroit Michigan*
 NAME AND ADDRESS OF NEXT OF KIN *Bertha Eldridge
Lindsay Ont*
 RELATIONSHIP OF NEXT OF KIN *Wife*
 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

ADMISSIONS TO HOSPITAL, & C.

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

REG'L. No. *724708* RANK *Pte* NAME *Eldridge Robert*
 IF IN PERM. CORPS | UNIT *109th Bn* TRANSFERRED TO *C.C.A.C.* DATE *19/9/16* AUTHORITY *ccik239*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *N.B.* DATE *21-9-16* AUTHORITY *den*
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Dec 9th 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15⁰⁰/100* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Bertha Eldridge Lindsay Ont* RELATIONSHIP *Wife*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *25/9/16* EFFECTIVE *1-10-16* REASON *Discharged*
 DISCHARGE DATE AND PLACE *So Canada 26/9/16* REASON AND AUTHORITY *Label 239 21/9/16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *21-9-16*
 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	No.	DATE																	
<i>July 31</i>															<i>280</i>																									
<i>Aug 31</i>	<i>31</i>	<i>100</i>	<i>31</i>		<i>31</i>	<i>14</i>	<i>310</i>								<i>3410</i>																									
<i>Sept 19</i>	<i>19</i>		<i>190</i>												<i>2090</i>	<i>40</i>	<i>31/9/16</i>																							
<i>Sept 20</i>	<i>7</i>		<i>70</i>												<i>770</i>																									
<i>Feb 1917</i>															<i>1847</i>																									

19/9/16
Trfd C.C.A.C. Auth ccik239
Pay book verified
SP form rendered 26/9/16 on
discharge to Canada
Auth ccik239 21/9/16
SP form rendered 20/9/16
Effec 1/10/16
 Transf to "Canada"
 Dis'ge 2/16

OK
This space to be left blank for the Chelsea Number.

Army Form B. 268.

MILITIA & DEFENCE

FEB 27 1917
H. 649 E. 775
CANADA

3.
Proceedings on Discharge.

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

No. 724708		Army Rank Private	
Name Eldridge Robert <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps 109th. Battalion. C.E.F.			
Battalion, Battery, Company, Depot, &c. C.C.A.C. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge _____			
Place of discharge Canada.			
1. <i>Description at the time of discharge.</i>			
Age	22 years	10 months	Descriptive marks. <i>Revised 17-3-58</i>
Height	5 feet	4 inches	
Chest measurement	girth when fully expanded 36 ins.		
	range of expansion 5 ins.		
Complexion	Fair		
Eyes	Blue		
Hair	Brown		
Trade	Labourer		
Intended place of residence	Lindsay, Ont.		
(To be given as fully as practicable)	_____		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of _____ being no longer physically fit for War Service. K.R. & O. 392 XVI.			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
To be filled in on the soldier quitting the Colours.	3. Military character:— Original documents not available.		
	4. Character awarded in accordance with King's Regulations:— Original documents not available.		

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
_____ Lieut. for.			
Initials of Commanding Officer.			
C.C.A.C.			
Army Form B. 2088 has been issued to*			

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

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

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

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

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

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

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

_____ (Signature of Soldier.)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharge.

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

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

0162-293
208-27-2-1
C. FLB 27 1917

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

TEMPORARY.

Borden.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B, 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Eldridge Christian Name R.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined... { on _____ day of _____ 191
at _____

Declared Age ... years _____ days.

Trade or occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number ... _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

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

Approved by (Signature) _____

(Rank) _____

Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191

Corps.	Regtl. No.
109 C.E.F.	724704
Transferred to ...	

Became non-effective by _____

on _____ day of _____ 191

(Signature) _____

(Rank) _____

List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

no fits. None in hospital. History of
epilepsy & after no loss of consciousness. Feels
well after attack. Probably functional.

D. J. Johnson
4/11/1910

2374

copy

Medical Report on an Invalid.

Station Moore Barracks Military

Canadian Hospital.

Date 11-9-16.

- 1. Unit. 109th Battn.
- 2. Regimental No. 724708.
- 3. Rank Pte.
- 4. Name Eldridge.R.
- 5. Age last birthday 24 years.
- 6. Enlisted { on Dec 9th 1915.
at Lindsay.Ont.
- 7. Former Trade { Railroading.
or Occupation {
- 8. Disability.
Epilepsy.



Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. June 1915.
- 10. Place of origin of disability. Lindsay. Ont.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. P.H. No. overseas service scarlet fever ~~for~~ as child. No.V.D. No alcohol. no history of enquiry.

F.H.Neg.
H.P.I.

Has taken nenerous fits since onset no premonition; was dizzy once, No biting of tongue. Looses consciousness suddenly; lasts 2-3 hours is weak on awaking, Kicks during fit, Has incontinence of urine with attacks.

No entries on Medical History Sheet.

12. (a) Give your opinion as to the causation of the disability. (a) Cause unknown.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3). (b) Not applicable.

13. What is his present condition? Well nourished man. No signs of

epilepsy at present. Physical exam. negative.
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Wasserman'n Neg.

Urine. Normal.

Attached is statement of epileptic fit and result of Wassermann test.

14. If the disability is an injury, was caused Not applicable

- (a) In the presence of the enemy? No.
- (b) On active service? No.
- (c) On duty? No.
- (d) Off duty? No.

15. Was a Court of Inquiry held on the injury? Not applicable.

- If so—(a) When? } No.
- (b) Where? } No.
- (c) Opinion? } No.

16. Was an operation performed? If so, what? Not applicable.

17. If not, was an operation advised and declined? Not applicable

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable.

- 19. Do you recommend
 - (a) Fit for duty? No.
 - (b) Fit for base duty? No.
 - (c) Invalided to Canada? No.
 - (d) Discharge as permanently unfit? Yes.

(sgd) J.C.Wickham.Capt. C.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Station Moore Barracks Hospital Sd A.J.Mackenzie. Major.
Canadian Hospital Shorncliffe. Officer in charge of Hospital.

Date 13.Sept.1916.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. No. No.

(b) If due to one of these causes, to what specific condition do the Board attribute it? Not Applicable.

21. Has the disability been caused or aggravated by

- (a) Intemperance? No.
 (b) Misconduct? No.

22. Is the disability permanent? Impossible to say.

23. If not permanent, what is its probable minimum duration? Not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? None as compared at time of enlistment.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable.

26. Do the Board recommend

- (a) Fit for duty? -----
 (b) Fit for base duty? -----
 (c) Invalided to Canada? -----
 (d) Discharge as permanently unfit Yes.

27. Remarks.

Signatures:—

Approved
 Captain C.A.M.C. for D. of R. & O.
 for Brigadier General
 Commanding.
 Canadian Training Division.
 CANADIAN TRAINING DIVISION
 GENERAL
 (Sgd.) W.C. Arnold, Capt. President.

Station Moore Barracks.

Date Sept. 14th 1916.

Sd E.F. Richardson, Capt.

Members.

Approved.

Station Shorncliffe.

Date 16 Sept. 1916.

Administrative Medical Officer.

Sd S.L. Walker.
 for A.D.M.S. Canadians Shorncliffe.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this _____ day

of _____ 191

President.

Approved

Stamp

Date

Copy

Moore Barracks.
Sept. 11 th 1916.

To: M.O. i/c Ward 10

Report on Wassermann test 724708. Pte. Eldridge
109th Bn. Wassermann- negative.

Signed

F.A. Bowman.

Moore, Charles
Capt. 11th Regt.

To: M. C. 1/0 Ward 10

Report on assessment test 23408. Pto. 11th Regt.
100th Bu. Wasserman - Narrative.

Signed

F. A. Bowen

To- Re, No. 7247081
Pte. R. Elaridge.

Sept. 6th 1916.

Sir.

I hereby certify that I have seen the marginally
named man in a true fit of epilepsy.

Signed.

H.O. Boyd Capt.

109th Bn.

Sept. 1916

To: Mr. J. B. ...
The ...

Sir,
I hereby certify that I have seen the ...
... in a ...

Signed

W. O. Boyd
Capt.
100th Bn.

From

To: *Re # 724708**Pte. R. Eldridge*

MOORE BARRACKS HOSPITAL,

SHORNCLIFFE;

Sept 6th 1916

REG. No.

NAME AND RANK.

UNIT.

WARD No.

A. & D. No.

Sir

I hereby certify that I have seen the marginally named man in a true fit of epilepsy.

Signed.

H. O. Boyd Captain
109th Batt.

MOORE BARRACKS HOSPITAL

SHORCLIFFE

FORM

To: [Faint handwritten text]

[Faint handwritten text]

NO.	NAME AND RANK	DISEASE	DATE	REMARKS	TREATMENT
-----	---------------	---------	------	---------	-----------

[Faint handwritten numbers]	[Faint handwritten names and ranks]	[Faint handwritten diseases]	[Faint handwritten dates]	[Faint handwritten remarks]	[Faint handwritten treatments]
-----------------------------	-------------------------------------	------------------------------	---------------------------	-----------------------------	--------------------------------

From

To

Moores Banacks ^{Sept 11} 1916

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
To:	m.o. i/c., ward 10 Report on Wassermann Test 724708-pte - Eldridge - 109th Batt wassermann - negative signed T. B. Bowman			

MEMORANDUM

DATE: _____
TO: _____
FROM: _____
SUBJECT: _____

11
The above is a copy of the report of the committee on the subject of the proposed changes in the organization of the Department of the Interior.

Report on the subject of the proposed changes in the organization of the Department of the Interior. The report is dated 10/1/1911 and is signed by the committee on the subject of the proposed changes in the organization of the Department of the Interior.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Kingston, Ontario**
2. Regiment or Corps. **109th. Battalion.**
3. Regimental No. and Rank. **724708**
4. Name. **Private Robert Eldridge**
5. Age last Birthday. **23**
6. Enlisted on **December 9th. 1915.**
7. Former Trade or Occupation. **Lindsay. Labourer**
8. General remarks on his:—
- (a) Conduct.
- (b) Habits.
- (c) Temperance.
- (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.	Years.	Days.
	PERIODS.	
	FROM.	TO.
109th. Battalion.	Dec. 9th. 15	Feb. 8-17

10. (a) Disease or disability. **Epilepsy**
- (b) Date of origin. **January 20th. 1916.**
- (c) Place of origin. **Lindsay, Ont.**
- (d) Cause. **Probably heredity**

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

Man says he has had convulsions quite frequently (one or two a month) since January 20th. 1916 on which date he had his first. His general physical condition is good and he has no lesion of any kind which can be demonstrated. September 6th/16 is certified by Capt. Boyd of 109th Battalion as having been seen in a true fit of epilepsy. Since coming to Canada, October 1916 has had one seizure at the convalescent home, this followed a heavy meal.

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

M. F. B. 227.

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

None.

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

Not applicable

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

Not applicable

14. Treatment

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

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

Permanent.

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

At present will not prevent his earning a full livelihood.

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

Yes.

B. Lyon Lieut. R.M.C.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service.

Yes. Since the history of this case

would indicate that this man is subject to epileptiform seizures,

Recommendations :

The Board recommends that he be discharged at once from the service. Since returning to Canada there is only definite knowledge of one seizure, so that he suffers no disability. At end of six months should be again examined to determine if any disability has been evidenced.

Signatures :—

W. A. Jones
Captain President.

B. Lyon Lieut A.M.C.

F. A. O'Reilly Lieut A.M.C.

Station Kingston, Ont.

Date. February 20th. 1917.

Date. February 20th. 1917

Approved.

Date.

J. W. Buchanan
Captain, A.M.C.
D/ A.D.M. Assd. Director of Medical Services.
For A.D.M.S. Mil. District No. 3

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give dissenting opinion in the space below.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

.....

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

130 m-5-16.
H. Q. 1772-89-117.

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

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

MEDICAL HISTORY OF AN INVALID.

COPY

1. Station. Kingston, Ontario. 8. General remarks on his:—
2. Regiment or Corps. 109th, Battalion. (a) Conduct.
3. Regimental No. and Rank. 724708 (b) Habits.
- Private.
4. Name. Robert Eldridge, (c) Temperance.
5. Age last Birthday. 23 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on December 9th. 1915.
- at Lindsay.
7. Former trade or occupation Labourer Date. February 8th. 1917.

9. Service.	Years.	Days.	PERIODS	
			FROM	To
<u>109th. Battalion.</u>	<u>Dec. 9th. 15</u>	<u>Feb. 8-17</u>		

10. (a) Disease or disability. Epilepsy.
- (b) Date of origin. January 20th. 1916.
- (c) Place of origin. Lindsay, Ontario.
- (d) Cause. Probably heredity.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Man says he has had convulsions quite frequently (one or two a month) since January 20th. 1916 on which date he had his first. His general physical condition is good and he has no lesion of any kind which can be demonstrated. September 6th. 1916 is certified by Capt. Boyd of 109th Battalion as having been seen in a true fit of epilepsy. Since coming to Canada October 1916 has had one seizure at the convalescent home, this followed a heavy meal.

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

Corrected 11-5-17

MEDICAL HISTORY OF AN INVALID.

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

None.

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

Not applicable.

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

Not applicable.

14. Treatment.

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

First became evident after enlistment.

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

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

At present will not prevent his earning a full livelihood.

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

Yes.

SIGNED.

W. Lyon, Lieut. A.M.C., Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes. Since the history of this case would indicate that this man is subject to epileptiform seizures,

Recommendations : the Board recommends that he be discharged at once from the service. Since returning to Canada there is only definite knowledge of one seizure, so that he suffers no disability. At end of six months should be again examined to determine if any disability has been evidenced.

Signatures :—

(SIGNED) W. A. Jones, Capt. A.M.C., President.

B. Lyon, Lieut. A.M.C.,

F. A. O'Reilly, Lieut. A.M.C.,

R. B. Richardson, Capt. A.M.C.,
For Asst. Director of Medical Services.

Station. Kingston, Ontario.

Date. February 20th, 1917.

Date. February 20th, 1917.

Approved.

Date.

Director-General of Medical Services.

RECEIVED
 DISTRICT NO. 3
 CAPTAIN, A.M.C.
 DISTRICT NO. 3
 FEBRUARY 20 1917
 PER A.D.M.S.

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not give dissenting opinion

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
 Date

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

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

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m. 8.16
 H. Q. 1772-88-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal.			Date of final disposal			
How finally disposed of			The original Report is invariably to accompany the discharge documents of invalids.			

Medical Report on an Invalid.

Station Moore Barracks Military
Canadian Hospital

Date 11-9-16.

MILITIA & DEFENCE
OCT 24 1916
H.Q. CANADA

1. Unit 109th Batty
2. Regimental No. 724 708.
3. Rank Pte
4. Name Eldridge, Robert.

5. Age last birthday 24 years 649-6-975
6. Enlisted { on Dec. 9th 1915.
at Lindsay, Ont.
7. Former Trade or Occupation } Railroading

8. Disability.

Epilepsy

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability: June 1915
10. Place of origin of disability: Lindsay, Ont.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. P.H. No overseas service. Scarlet fever as child. No V.D. No alcohol. No history of injury

F.H. Neg.

H.P.I. Has taken numerous fits since onset. No premonition; was dizzy once. No biting of tongue. Loses consciousness suddenly; lasts 2-3 hours. is weak on awaking. Kicks during fit. Has incontinence of urine with attacks.

No entries on Medical history sheet.

12. (a) Give your opinion as to the causation of the disability. (a) cause unknown
(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.) (b) not applicable

Station 9
Noted by
22-11-16

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Well nourished man. No signs of epilepsy at present.

Physical exam. Negative.

Wassermann. Neg.

Urine. Normal.

Attached is statement of epileptic fit and result of Wassermann test.

14. If the disability is an injury, was it caused

Not applicable

(a) In the presence of the enemy?

No.

(b) On active service?

No.

(c) On duty?

No.

(d) Off duty?

No.

15. Was a Court of Inquiry held on the injury?

Not applicable

If so—(a) When?

(b) Where?

(c) Opinion?

} No

16. Was an operation performed? If so, what?

Not applicable

17. If not, was an operation advised and declined?

Not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

(a) Fit for duty?

No

(b) Fit for base duty?

No

(c) Invalided to Canada?

No

(d) Discharge as permanently unfit?

Yes.

J. C. Wickham, Capt. C.M.C.

Officer in medical charge of case.

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

except†

MOORE BARRACKS,

CANADIAN HOSPITAL,

SHORNCLIFFE.

Station

[Signature]

Officer in charge of Hospital.

OFFICER IN CHARGE OF MOORE BARRACKS,

CANADIAN HOSPITAL, SHORNCLIFFE.

Date

13 SEP 1916

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 *no* a2 *no*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

not applicable

21. Has the disability been caused or aggravated by

(a) Intemperance?

no

(b) Misconduct?

no impossible to say

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

none as compared at time of enlistment

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

(a) Fit for duty?

—

(b) Fit for base duty?

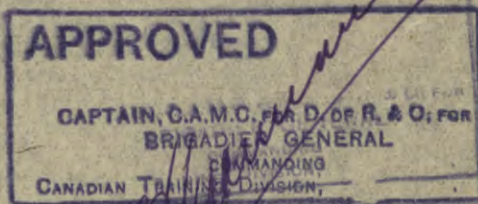
—

(c) Invalided to Canada?

—

(d) Discharge as permanently unfit?

Yes



27. Remarks.

Signatures:—

W. Arnold Cape President.

Station *Moore Barracks*

St. Richardson Capt. Members.

Date *Sept 14 / 16*

Approved.

Station *Shorncliffe*

S. L. Walker
Administrative Medical Officer.

Date *16 SEP 1916*

1272
OCT 25 1916

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

9122
25-10-16
a172 26/10/16

APPROVED
CAPTAIN D. W. O. ...
GENERAL ...

Signed at Prior Park, Bath, this _____ day

of _____, 191

President.

Administrative Medical Officer

Handwritten notes and signatures, including a large '1916' stamp.

Medical Report on an Invalid.

Station Moore Barracks Canadian Military Hospital.
Date 11-9-16.

- 1. Unit 109th Batt.
- 2. Regimental No. 724708.
- 3. Rank Private
- 4. Name Eldridge, Robert.
- 5. Age last birthday 24 years
- 6. Enlisted on Dec 9th 1915.
at Lindsay, Ont.
- 7. Former Trade or Occupation Railroading.

8. Disability.

Epilepsy.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. June 1915.
- 10. Place of origin of disability. Lindsay Ontario.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 - P.H. No overseas service.
 - scarlet fever as child. No V.D
 - No alcohol. No history of injury.
 - F.H. Negative.
 - H.P.I. Has taken numerous fits since onset.
 - No premonition; was dizzy once. No biting of tongue
 - loses consciousness suddenly; lasts 2-3 hours.
 - is weak on awaking. Kicks during fit
 - Has incontinence of urine with attacks
 - No entries on medical history sheet.
- 12. (a) Give your opinion as to the causation of the disability. (a) cause unknown
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.) (b) not applicable.

13. What is his present condition? *Well nourished man. No signs of epilepsy at present.*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Physical exam. negative

Wassermann: Neg.

Urine: Normal.

Attached is statement of epileptic fit and result of Wassermann test.

14. If the disability is an injury, was it caused? *Not applicable*

- (a) In the presence of the enemy? *No*
- (b) On active service? *No*
- (c) On duty? *No*
- (d) Off duty? *No*

15. Was a Court of Inquiry held on the injury? *Not applicable*

- If so—
- (a) When? *} No*
 - (b) Where? *} No*
 - (c) Opinion? *} No*

16. Was an operation performed? If so, what? *Not applicable*

17. If not, was an operation advised and declined? *Not applicable*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? *Not applicable*

19. Do you recommend
- (a) Fit for duty? *No*
 - (b) Fit for base duty? *No*
 - (c) Invalided to Canada? *No*
 - (d) Discharge as permanently unfit? *Yes.*

Jewickham, Capt. C.M.C.
Officer in medical charge of case.

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

except† MOORE BARRACKS,
CANADIAN HOSPITAL,
Station SHORNCLIFFE

Spuechey
Officer in charge of Hospital.

Date 13 SEP 1916

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1

a2

No

No

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

not applicable

21. Has the disability been caused or aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

22. Is the disability permanent?

Impossible to say.

23. If not permanent, what is its probable minimum duration?

not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

None as compared to time of enlistment

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{2}{3}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

(a) Fit for duty?

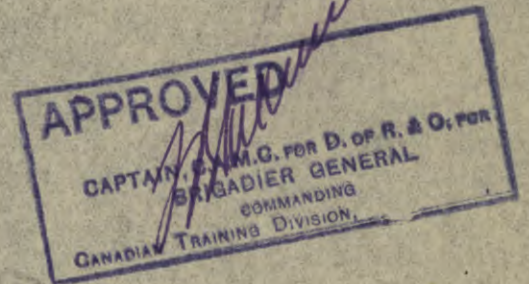
(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

yes

27. Remarks.



Signatures:—

MOORE BARRACKS,
CANADIAN HOSPITAL,

Station SHORNCLIFFE

Date 14 SEP 1916

W. Arnold Capri

President.

E. T. Richardson Capt.

Members.

Approved.

Station Shorncliffe

L. Walker

Administrative Medical Officer.

Date 16 SEP 1916

FOR A.D.M.S. CANADIANS

**PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the _____ day of _____ 191**

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 20. State whether the disability is the result of injuries received or disease contracted (1) in the service of the Army (2) on active service (3) on active service (4) on active service
- 21. If due to one of these causes to what specific conditions do the Board attribute it?
- 22. Has the disability been caused or aggravated by
 - (a) Intemperance?
 - (b) Alcoholism?
- 23. Is the disability permanent?
- 24. If not permanent, what is the probable duration?
- 25. To what extent is the capacity for earning a full livelihood in the general labour market reduced at present?
- 26. In what extent is the capacity for earning a full livelihood in the general labour market reduced at present?
- 27. In an operation was advised under which was the return unreasonable?
- 28. Do the Board recommend
 - (a) Fit for duty?
 - (b) Fit for base duty?
 - (c) Invalided to Canada?
 - (d) Discharge on permanent grounds?
 - (e) Repatriate?

APPROVED
 CAPTAIN R. M. G. ...
 ...
 ...

Signed at Prior Park, Bath, this _____ day

Members of _____ Station _____
 of _____, 191 _____ Date _____

 President. Approved _____

From

To

Morris Barracks Sept 11
1916

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
To:	m. o. i/c., ward 10 Report on wassermann Test 724708. Pte - Eldridge - 109th Batt wassermann - negative Signed J. B. Bowman			

MEMO

To: _____
From: _____
Date: _____

11
MEMO

REG. NO. _____ DATE AND TIME _____ OFFICE _____

100
MEMO

MEMO
MEMO

MEMO

MEMO

From

To *Re # 724708**Pte. R. Eldridge*

MOORE BARRACKS HOSPITAL,

SHORNCLIFFE,

Sept 6th 191*6*

REG. No.

NAME AND RANK.

UNIT.

WARD No.

A. & D. No.

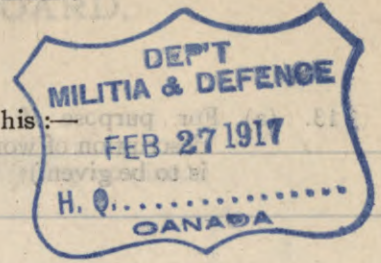
*Sir**I hereby certify that I have seen the marginally named man in a true fit of epilepsy.**Signed**H. O. Boyd... Capt.
109th Batt.*

MOORE BARRACKS HOSPITAL
SHORINGCLIFFE

PT. [unclear]
[unclear]

A. S. DISEASE	WARD NO.	DATE	NAME AND RANK	REMARKS
[unclear]	[unclear]	[unclear]	[unclear]	[unclear]
[unclear]	[unclear]	[unclear]	[unclear]	[unclear]

MEDICAL HISTORY OF AN INVALID.



1. Station. Kingston, Ontario 8. General remarks on his: —
 2. Regiment or Corps. 109th. Battalion. (a) Conduct.
 3. Regimental No. and Rank. 724708 (b) Habits.
 Private
 4. Name. Robert Eldridge (c) Temperance.
 5. Age last Birthday. 23 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on December 9th. 1915.
 at Lindsay.
 7. Former Trade or Occupation. Labourer Date. February 8th. 1917.

9. Service.	Years.	Days.	
		PERIODS.	
		FROM.	TO.
<u>109th. Battalion.</u>	<u>Dec. 9th. 15</u>	<u>Feb. 8-17</u>	

10. (a) Disease or disability. Epilepsy
 (b) Date of origin. January 20th. 1916.
 (c) Place of origin. Lindsay, Ont.
 (d) Cause. Probably heredity

11. Present Condition. (Most Important). Man says he has had convulsions quite frequently (one or two a month) since January 20th. 1916 on which date he had his first. His general physical condition is good and he has no lesion of any kind which can be demonstrated. September 6th/16 is certified by Capt. Boyd of 109th Battalion as having been seen in a true fit of epilepsy. Since coming to Canada, October 1916 has had one seizure at the convalescent home, this followed a heavy meal.

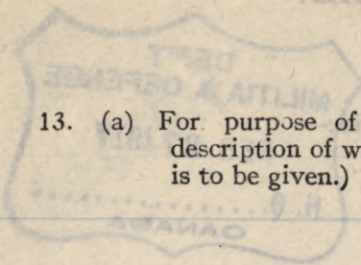
12. (a) Is the disability the result of service or climate? No.
 (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

150 M-5-16.
1772-39-117.

28

Notes 9.6.
3-3-17.



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

(b) Habits
None.

(c) Temperance

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

Not applicable

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

Not applicable

14. Treatment

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

First became evident after enlistment.

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

Permanent.

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

At present will not prevent his earning a full livelihood.

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

Yes.

B. Lyon Lieut. R.M.C.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service.

Yes. Since the history of this case

would indicate that this man is subject to epileptiform seizures,
Recommendations :

the Board recommends that he be discharged at once from the service. Since returning to Canada there is only definite knowledge of one seizure, so that he suffers no disability At end of six months should be again examined to determine if any disability has been evidenced.

Signatures :—

W. Jones
Captain President.

B. Lyon Lieut. R.M.C.

Station. Kingston, Ont.

Date. February 20th. 1917.

F. A. O'Reilly Lieut. U.M.C. Members.

Date. February 20th. 1917

Approved.

Date.

23/17

[Signature]
Lt. Colonel, U.M.C.
Asst. Director of Medical Services.
D/ A.D.M.S. For A.D.M.S. M.D. District No. 3
[Signature]
Director-General of Medical Services.

(1-2-15
080 I
FEB 28 1917
A 162-282/17

NOTICE FEB 27 1917

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

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

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

130 m-5-16.
H. Q. 1772-89-117.

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

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

Bramshott Camp, August 25th. 1916

To-

Re #724708 Pte. R.Eldridge

Sir:-

I hereby certify that I have seen the marginally named man in a true fit of epilepsy.

H. O. Boyd
.....Captain
Medical Officer
109th. Battalion Canadian Infantry.





From *M. O. wd. 10.*
 To *Registrar.*

MOORE BARRACKS HOSPITAL,
 SHORNCLIFFE,

7-9-1916.

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
724708	Aldridge. Robt. Pte	109th. Bn.	10	18972
<i>Note correct number.</i>				
<i>few. capt.</i>				

MOORE BARRACK HOSPITAL
SHORTLEAF

7-4-1916

M. S. W. J. 20.
Registration.

3111

WELLS

10 days 100 H. Am.

Notes on west numbers

one
copy

Bed 7.

AD 18972

MOORE BARRACKS LABORATORY

REQUISITION:

Date 1-9-16
Reg. No. 724708
Name Eldridge
Unit 109 Batt.
Ward 10
Diagnosis Epilepsy
Exam. required

REPORT:

Urinalysis

Colour

light amber

S-G.

1004

Reaction

acid

Sugar

neg

Albumin

neg

Microscopic

Jawickham, Capt.
.....
Medical Officer.

C. A. Campbell
.....
Capt. C. A. M. C.
for. D. i/c. Laboratory

Part 7

MOORE FABRICKS LABORATORY

REPORT:

Urinalysis

Colour

S.G.

Reaction

Sugar

Albumin

Microscopic

OK Campbell

For. D.I. Laboratory
Cal. J. D. M. Co.

1972 8972

IDENTIFICATION

1-0-16

10-1-708

10-1-708

10-1-708

10-1-708

Medical Officer

Exam. required

Medical Officer

MOORE BARRACKS LABORATORY.,

To : M. O. i/c.,

11 SEP. 1916

Ward 10

REPORT ON WASSERMANN TEST

724708 - Pte. Eldridge - 109th. Batt.

WASSERMANN - NEGATIVE

W. B. Zimmerman
Capt. C. A. M. C.
O. i/c. Laboratory.

Gapt. C.A.M.C.
O. i/c. Laboratory.

MOORE READING ALMOBY
O. i/c. Laboratory.

REPORT ON WASSERMAN TEST

YAYOS - Pte. Middle - 100th. Batt.

218 (B) [unclear]
O. i/c. Laboratory.

O. i/c. Laboratory
with 10

WASSERMAN - NEGATIVE