

Card M.A.

100TH BN "B" Coy?

ATTESTATION PAPER.

No. 725027

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Parker*
- 1a. What are your Christian names?..... *Bertram Robert*
- 1b. What is your present address?..... *Coleman P. O. Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Staffordshire England*
- 3. What is the name of your next-of-kin?..... *Blanche E. Parker*
- 4. What is the address of your next-of-kin?..... *South Bourne Grove Southern*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *8th Sept 1874*
- 6. What is your Trade or Calling?..... *Civil engineer*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *Warwickshire & Western Avilly*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

..... *B. R. Parker* (Signature of Recruit)
Date..... *Dec. 16th* 191*5*. *Wm. H. Campbell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Bertram R. Parker*, 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.

..... *B. R. Parker* (Signature of Recruit)
Date..... *Dec. 16th* 191*5*. *Wm. H. Campbell* (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..... *7th* day of..... *January*..... 191*6*.
..... *[Signature]* (Signature of Justice)

Description of Bertram R. Parker on Enlistment.

Apparent Age 21 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 7 1/4 ins.

None

Chest measurement: { Girth when fully expanded 36 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations: { Church of England W.C.C.

Presbyterian

Methodist

Baptist or Congregationalist

Roman Catholic

Jewish

Other denominations
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec. 16th 1915.

Place Lindsay Ont.

J. McCulloch
 Medical Officer. **Capt.**
 Medical Officer

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

JAN 11 1916

Date 191

REGIMENTAL DOCUMENTS

NAME **PARKES BERTRAM ROBERT** REGT. NO. **725027** UNIT **109th Pz** H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2005 REFERENCE	NON-EFFECTIVE BY	
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M			H	DEATH	
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
TRAINING HISTORY SHEET (M.F.W. 113)						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
4 DENTAL HISTORY SHEET (M.F.B. 465)						Category
4 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						<i>Demob</i>
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				4512	DESERTION	
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						
LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
4-2 <i>Misc</i>						
1 <i>M. W. 67</i>						
1 <i>Paybook</i>						
1 <i>20122</i>						
1 <i>Eng. Med. Bd.</i>						
1 <i>C.D. 3</i>						
1 <i>Medical Card</i>						





SURNAME.

Parkes

CHRISTIAN NAMES

Bertram Robert

REGL. No.

725024

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Warwick & Western Art.

NEXT OF KIN.

NAMES IN FULL

Parkes, Mrs. Blanche C.

RELATIONSHIP TO SOLDIER

wife

ADD

*Abercorn, Fairmead Ave,
Westcliffe-on-Sea, Eng.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England. Stafford

DATE

Sept. 8th 1874

PLACE OF ATTESTATION

Lindsay

DATE

Jan. 4th 1916

L. L. 90589.-M. & D. 6312

23-7-16
489
27

M. F. W. 22. 100m.-1.16. H. Q. 1772-39-539.

311. 9-4-20 D.O. 115-9
24-4-20 #11 Cas. Chy
JMB.
80.2 30.4.20 Wounds
D.O. 115 8/24/14/20 #11 Cas. Chy

Sailed from Halifax per S. S. Olympic

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Civil Engineer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

41

YEARS

4

MONTHS

HEIGHT

5

FEET

7/4

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Lindsay

DATE

Dec. 16th 1915

a.c.B. loc

725027

Rank. *A/sgt.*

Number

PARKES

Surname

Bertram Robert

Christian Name

Units. *109th Bn. Can. Inf. Theatre of War, England;*

Date of Service

31-7-16

Remarks

Latest Address

Prince Georges B.C.

Roll No.

A Page 1963

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

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

No. 725027. RANK *Pte*

NAME *Wickett B.* *EP.*

T. O. S. 16-12-15. UNIT *109th. Battalion.*
S. O. 23. 16-12-15.

M. D. *3*

PAID FROM	PAID TO	SIG- OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Dec 16</i>	<i>1915 Dec. 31</i>	<i>✓</i>		
<i>1916.</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>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



*Name Parker Bertram Rod. Rank Pte Regtl. No. 725827
 Original unit _____ Present unit _____ M. or S. _____ Age _____ Religion _____ Fyle Depot _____
 Port, ship, and date of arrival _____ Ref. H.Q. _____
 Next of kin _____
 Address on leave _____
 Address on discharge 30-4 2a of 24/4/20 115 W. B. Parks, Southtowne Grange Southend on Sea, England.
 Transportation issued / ^{Res} No _____ Date _____ Character on discharge _____
 Previous occupation _____ Date and place of enlistment Lindsay Ont. 16-12-15
 Diagnosis _____ Date of Medical Boards _____

DEMobilization
 30-4 2a of 24/4/20

Date.	Remarks.	Pt. 2 Order No.
	<u>Transfer from M. Fla.</u>	
<u>24/4/20</u>	<u>9/4/20. & is posted to Sea Coy.</u>	<u>115-12.</u>
<u>24/4/20</u>	<u>Rec'd & DEMOBILIZATION</u>	<u>30/4/20 115-22.</u>

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

Date

Remarks.

Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot No. XI
MAR 31 1919
23.
Orderly Room

This is to Certify that No. 725027 (Rank) Private

Name (in full) Jarkeo Bertram Robert enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont. on the 16th

day of December 1915

HE served in Canada & England.

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 47 1/2

Height 5 ft 7 1/4

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Nil.

[Signature]
Signature of Soldier

J. Womundson

Issuing Officer Lieut - Col.

Date of Discharge 30/4/20

for at at 9 09 9 14 19 21
Rank
Appointment

Signed at Victoria B.C. this 23rd day of April 1920

in Military District No. Eleven

File Reference No. 2

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

24-4-20

8

FORM LETTER "D"

To Dr. Hugh Clarke,.....

Victoria, B.C.

Dental treatment.

#725027 Pte. B.R. Parks, Victoria, B.C.

The marginally named man has been authorized to receive dental treatment from you.

He is entitled to - **Examination;**

and the total amount authorized to be paid for this work is \$ **2.00**

In case the patient desires a different class of work to that specified above, the difference in cost must be borne by the patient. The Militia Department will in no case assume any responsibility for any expenditure in excess of that authorized by them.

M.F.W. 2650.

21m-4-20.M.

H.Q. 1772-39-1469.

Capt.

District Dental Officer
Military District No. 11

AT MEMBERS ST

00-4-20

00-4-20

1. 1. 1.

1. 1. 1.

1. 1. 1.

00.0

1. 1. 1.

1. 1. 1.

24-4-20

8
FORM LETTER "C".

To Mr. B.R.Parks,

Victoria, B.C.

Dental treatment.

You are hereby authorized to receive dental treatment from Dr. **Hugh Clarke,** Victoria, B.C.

You are entitled to the following work:

Examination only;

and the amount allowed for this work is \$ 2.00

You will please forward immediately on completion of this work, an account in quadruplicate, showing that the work for which payment is claimed has been performed, certified by the Dental Surgeon.

M.F.W. 2649.
21m.-4-20.(M)
H.Q.1772-39-1468.

Capt.
District Dental Officer,
Military District No.11

VICTOR A. B. C.

10-1-20

Mr. J. J. ...

...

...

...

...

...

...

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT XI

M.F.B. 465.
200M-6-18.
1772-90-950.

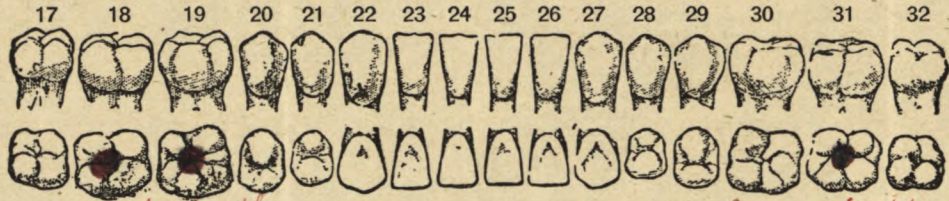
NAME OF SOLDIER

Barber

REGIMENT Cape Mait

RANK Cte

No. 72502M



Simply Grumble Right

left Grumble

INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
	24-4-20	3								1				1	2							prophylaxis	
	24-4-20																						Examination only Did not call again

COMPLETED

[Signature]
District Dental Officer M.D. No. 11
Capt.

FEB 4 1921

DUPLICATE

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

INSTRUCTIONS.

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

109th OVERSEAS BN., C.E.F.

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

(2) Regimental Number..... 725027

(3) Full Name of Soldier..... Bertram Robert Parkes

Imonts Out-

(4) Place of Birth..... Staffordshire England

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

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

(b) Present Postal Address..... Electric Ave. South End. on Sea
England

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

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

If so, give number of boys and girls..... Four girls & One boy

Also their names and ages.....

Reginald Parkes	18 yrs
Phyllis	10 "
Joy	8 "
Henrietta	6 "
Gertrude	4 "

(9) Is your Father alive? no
If so, state name and address

(10) Is your Mother alive? no
If so, state name and address

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

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

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

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

(15) Are you insured? no
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....

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

Date July 11/16

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) PARKES B.R.

REGIMENT C.A.P.C. RANK Pte No. 725027

Date of Examination in England 9.8.19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS _____

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES _____

- (a) Full Upper 2. 4. 13. 14
- (b) Part Upper _____
- (c) Full Lower _____
- (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada _____
- (b) In England Yes
- (c) In France _____

Signature of Dental Officer H. D. Invalley Capt



C. R. PAY OFFICE, C.E.F.	
P.L.	8072
REF TO	EST 111
29 NOV. 1916	
ACTED ON	
c/o	L/R EST 1247
7. MILLBANK, - LONDON, S.W.	

M. F. B. 239.
1 million-6.16.
H.Q. 1772-39-194.

In any further correspondence on this subject please quote Number and Date of this Communication.

No. 64357

27th Nov^r 1916

From J.R. Parkes 725024
Messing Clerk 107. Ch. Can Inf.

To Officer J/c
Estates Branch
7 Millbank,
London. S.W.

Sir,

re my Will

I beg respectfully to inform you that my Will is in the possession of my brother J. Amery Parkes, Solicitor 18 Fleet Street, London, E.C.

Yours Obediently
Arthur J. Parkes

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NO. 1000
MAY 1911

1911

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) PARKES B.R.

REGIMENT C.A.P.O. RANK Pte No. 725027

Date of Examination in England 9.8.19. Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS _____

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES _____

(a) Full Upper 2 . 4 . 13 . cap.

(b) Part Upper _____

(c) Full Lower _____

(d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

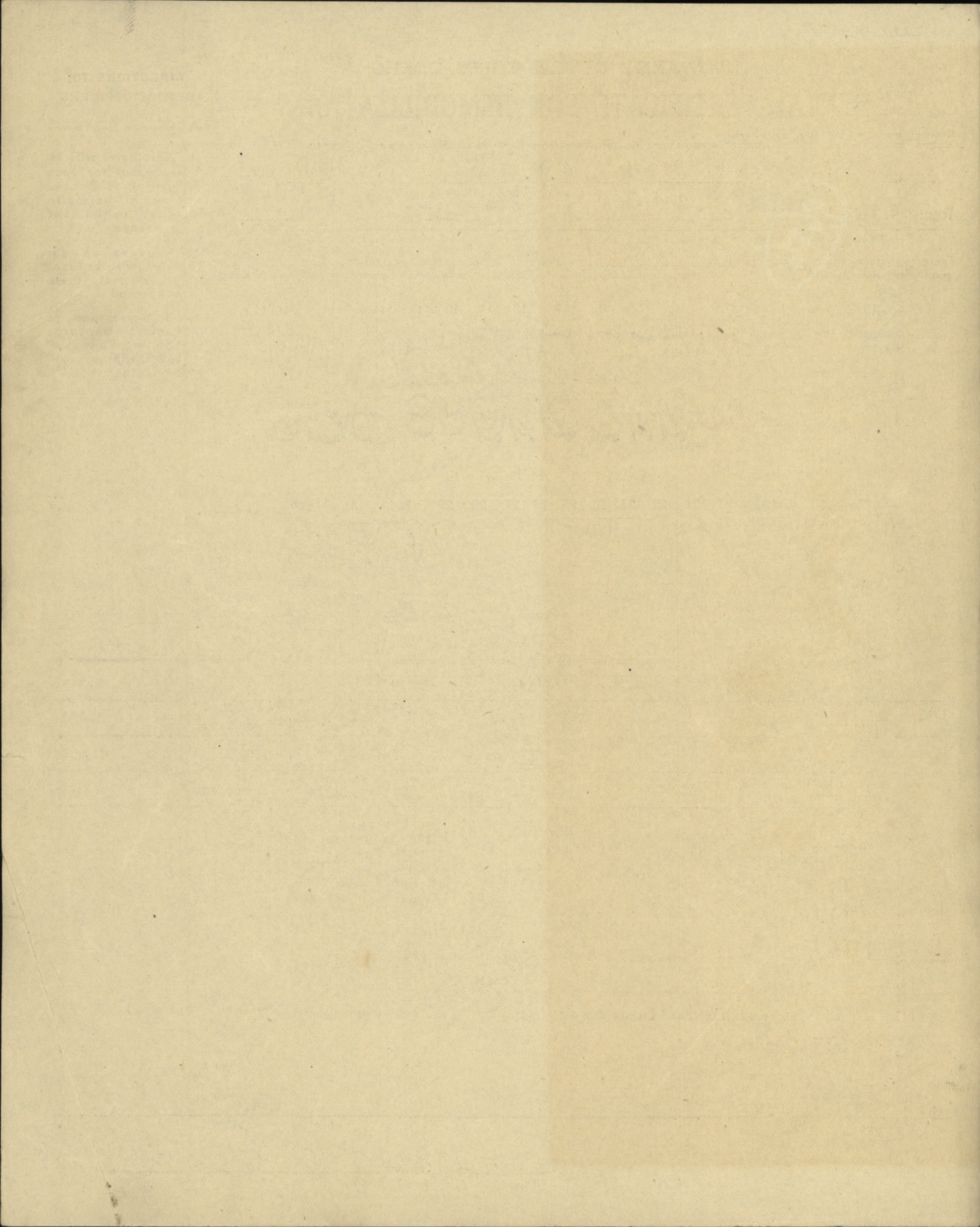
(a) In Canada _____

(b) In England Yes.

(c) In France _____

Signature of Dental Officer

H B Finley Capt



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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 425024 Rank Private Name Parkes Bertram Robert

Enlisted (a) 16.12.15 Terms of Service (a) D of W Service reckons from (a) 16.12.15

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) Civil Engineer

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				
8/12/16	Embarked Canada Disembarked England. O.C. 109th Bn	Transferred to 124th Bn	Halifax Liverpool Witley	24.7.16. 31.7.16. 8/12/16	D.O. P.II, # ³ 43. <u>Asst Adjutant</u> ADJUTANT 109th Overseas Battalion, C.E.F.
19.12.16	124 Bn.	Transferred to CCAC	Witley	5.12.16	Part II Orders 276 <u>Asst Adjutant</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
20-1-17	124th Bn.	Attached to Garrison Duty Battalion	Witley Camp	20-1-17	Part II Orders No. 20 <u>Asst Adjutant</u> Lieut., Asst. Adjt., 124th Bn. C.E.F.
2.17	124th Bn.	Attached to 156th Battalion C.E.F.	Witley Camp	3.2.17	Part II Orders # 34 <u>Asst Adjutant</u> Lieut. Asst. Adjt. 124th Bn. C.E.F.

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

124th Bn. Pioneer Bn

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6-5-17	156 PM	Cases to be attached on transfer to East. Out. Regt. Depot.	Witley	6-5-17	At 156 PM No. 25 <i>J. Fleming</i> CAPTAIN ADJUTANT FOR 9/5 1917 "OVERSEAS" BATTALION, C.E.F.
7-5-17	ob. EORD.	S.O.S. of Eastern Ontario Regimental Depot.	Seaford	7-5-17	Part. II D.O. 56. 7-5-17.
19-5-17	ob. EORD.	S.O.S. of East. Ont. Reg. Depot on transfer to Central Ontario Regt. Depot Stamettiff Can. Rly. Troops Pufflet.	"	11-5-17	Part. II D.O. 69. 19-5-17 At Chamberlain's for Lt. & Adj. for ob. EORD
21/5/17	CRT	Taken on Strength	Pufflet	21/5/17	PT # DO 130
15/8/17	CRT Depot	On command to CAPB London.	Pufflet	15/8/17	PT # DO 216
16-8-17	CAPB	Attached #5 Det. CAPB	London.	16-8-17	#5 Det Pt. II Do 190. 17/8/17.
5 SEP 1917	O.C. # 5 Det. CAPC.	On command #2 O.C. for duty in office of Puff.	London	5 SEP 1917	#5 Det. Pt. II O. # 203 of 5.9.17 <i>Matthews</i> OFFICER COMMANDING, No. 5 DET., C.A.P.C., C.E.F.
6-8-17	D.G. of T.O.	attached Hqs P.S. C.F. e from #5 Det. C.A.P.C.	London	5-9-17	D.O. pt II - no 22
15.7.19	"	cases to be attached SS	"	16.7.19	DO no 32

Rank _____ Name *Parke. Bertram. Robert* Reg'l No. *725027*
 Unit *109th* If in perm. Corps }
 What Unit? } Married or Single _____

Place and Date of Enlistment *Lindsay 16th Dec 1915* Place of Birth *Staffordshire England*

Name and Address, Next-of-Kin *Mrs E. Parke.*
"Abercorn" Fairmead Avenue. Westcliffe-on-Sea. Relationship *Wife.*

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____ *X 277*

Discharge, Date and Place		Reason	Character
H. W. V., Ld.—11319-17.		<i>X CAPC1</i>	
Report.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	REMARKS
Date.	From whom received.	Place.	Taken from Official Documents.
			<i>PI 0</i> <i>No</i>
<i>1st Sheet</i>	<i>Filed in Envelope Permanent Grade</i>	<i>Spr</i>	<i>Acting Rank.</i>
8.10.19	CAPC1 SO5 to 1st CDD Buxton	London	30.9.19-231
<i>17.10.19</i>	<i>CAPC 18 Act from 1 CDD as clk. (cl) -</i>	<i>-</i>	<i>1.10.19 - 2</i>
	<i>Appendix A to DO 231 d 8.10.19 (CAPC1) is cancelled by CAPC1 DO 237 d 15/11</i>		<i>only by error</i>
<i>20.10.19</i>	<i>CAPC 1. Having precedence to base is</i>	<i>-</i>	<i>25.10.19 - 240</i>
	<i>S.O.P. but will continue to be borne on the O.M.A.C.</i>		
	<i>D59-B-7</i>		<i>25.10.19</i>
<i>20.11.19</i>	<i>2nd CDD TOS of comm to be 6/6/18.</i>	<i>London</i>	<i>15.11.19 DO 28</i>
	<i>Can Records were submitted to Canada</i>		
<i>8.11.19</i>	<i>OMT for duty with C.A.B</i>	<i>Ottawa</i>	<i>3.11.19</i>
	<i>Ottawa OMT in Canada</i>		
	<i>Act. Adg 21-11-19</i>		
			<i>St. H. DO. No. 1</i> <i>Cap. OMT of 6.</i>

725027

PARKES Bertram Robert

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.				
1.12.19	Canrecords OMFC Ottawa	Arrived in Ottawa (Auth: CAPC-P.L.52-11 OPS281119 d/28.11.19	Ottawa	5.11.19	Pt. II D04 CAPC:OMFC
12-4-20	" "	SOS of the CAPC.OMFC to the CEF for demobilization. (Auth. CAPC.PL 25-2-2852 over OPS 31320 d/31-3-20)	"	8-4-20	DO#16 CAPC.OMFC.
"	" "	Granted leave of absence from 6-4-20 to 7-4-20 (Auth CAPC.NR d/10-4-20)	"		DO#16 CAPC.OMFC.

725027 The Parkes. B.R.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
3-4-18	1 st Det BAPB	S.O.S. from 1 st 5 Det. BAPB.	London	1-4-18	PTD D.O-77
20-10-19	1 st Det BAPB.	1 st Det. on proceeding to Canada per S.S. barmania, sailing 1 st Nov. 1919 for duty with the BAPB - OMFC	do	25-10-19	" " 240 to do
8.11.19	Sanitarians. OMFC of B. Ottawa	Disemb. for duty with BAPB. OMFC of B. in Canada. Auth: ADG. 21-2-113 of 4.10.19	Ottawa	3.11.19	Pt. I D.O. No 1 BAPB. OMFC of B.
12.19	do	Arrived in Ottawa	do	5 5.11.19	Pt. I D.O. 4 CAPC: OMFC
12-4-20	" "	SOS of the CAPC.OMFC to the GEF for demobilization. (Auth CAPC.PL.25-P-2852 over OPS 31320 D/31-3-20)	Ottawa	8-4-20	DO#16 CAPC.OMFC.
					Cherrier Recruits Office
4/4/20	Victoria B	TOS DD NO 11 on Transfer from BAPB OMFC of B.	Victoria	9/4/20	DD 115-1a. of 24-4-20
24/4/20.	do	Discharge from AHS "On Demobilization"	do.	30/4/20	DD 115-1a. of 24-4-20

G. L. ...
Major
for AHS & OMFC DD NO 11

J P

Rank *Private* Name **PARKES, Bertram Robert** Reg'l No. **725027** R-122
 Unit **109th Bn.** If in perm. Corps, } **Married.**
 What Unit? } **Married or Single**
 Place and Date of Enlistment **Lindsay 16th Dec. 1915.** Place of Birth **Staffordshire, England.**
 Name and Address, Next-of-Kin **Mrs. Blanche E. Parkes.**
abercorn, Fairmead Avenue, Westcliffe-on-Sea
~~South Bourne Grove, Southend-on-Sea, England.~~ Relationship **auth aw Reid Capt for chief wife. 11-9-17. 29 ERIL.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

*1st Spec of Records
 file in Envelope
 RE 134 D.S. 22 1/4*

Discharge, Date and Place *X 5* Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>Arrived in England per H. M. T. 2810 31-7-16</i>					
11. 11. 16	109 th Bn	App ^{nt} Acting ^L /Sergt.	Witley	1-11-16	Pt II. D.O. 316
26. 11. 16	"	Reverts to Rank to meet Es/abatement	"	1-11-16	331
1. 12. 16	"	App ^{nt} A/Sergt while holding post of Messing clerk	"	1. 12. 16	336
8. 12. 16	"	S.O.S on trans. to 124 th Bn	"	8.12.16	Pt II DO 343
11. 12. 16	DC 109th	Reverts to rank on vacating post of Messing Sgt.	"	"	Cancelled in PT II 80 d 23-3-17 to read Act. 12th on ceasing to be act of 109th Bn. eff date 8-12-16
23. 12. 16	DC 109 th	Reverts to rank on vacating post of Messing Sgt.	"	"	349
26. 12. 16	O.C. 124 th	S.O.S on trans. to C.O. S.C.	"	22. 12. 16	282
30. 12. 16.	"	cancel. above.	"	"	286
19-12-16	"	S.O.S to react with to 124th Bn	"	5-12-16	296 <i>Cancelled by PT II 80 d/28-3-17</i>

Plus H.2.

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.				
12-1-17	ceae	T.O.S. Low com. to 109 Bn	Stotings	5-12-16	PTI Do. 20
27-1-17	109 Bn	T.O.S. to ceae talk. to Det B	Witley	5-12-16	PTI Do. 5.
		Do. 343 am. to read. attd to 124 Bn.		8-12-16	5
3-2-17	124 Bn	ceases to be attd 124 Bn talked to 156 th Bn.	Witley	3-2-17	PTI Do. 34
5-2-17	156 ^{1/2} Bn	attd to 156 ^{1/2} Bn for 2-R.D.D.	"	1-2-17	36989 (as a/sgt)
6-5-14	"	ceases to be attd on reporting to EORD.	Witley	6-5-14	" 125
7-5-14	EORD Dep	Reports from CCH. Pearewood in T.O.S.	Seaford	6-5-17	amended to "Reported from 156 ^{1/2} Bn PTI DO 56. PTI 610/12-5-17
21-5-14	"	SOS to Can Rail Hqs. Purfleet	"	21-5-14	" 70
21-5-14	Depot CRT.	TOS Depot CRT	Purfleet	19-5-14	" 130.
15-8-14	Do	Proc ^d on com ^d to Com ^d Paym ^t London Area Sps	Do.	15-8-14	" 216
5-11-14	Do	Ceases on com ^d & SOS to C.A.P.C. London	" Do.	1-11-14	" 298.
17-8-17	CAPCS	Attached	London	16-8-17	" 190.
" "	-do-	T.O.S. from C.R.T. Depot	-do	1-11-17	" 223.
18-1-18	G.F.C. HQ	Granted 19C Badge	-do-	16-12-17	" 8
3-4-18	CAPCI	TOS from CAPCS & posted to HQ.C.F.C. London	London	1-4-18	SOS CAPCS No 20 of 30-378 77

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to PARKES. Mr: B E.

Dependent of 725027 Pt

Address "Abercain" Fairmead Ave

Address Parkes B. R.

Westcliffe on Sea Essex.

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
1920		36 19 9			
Jan. 6	147065		18 9 10	18 9 11	
Feb 4	158312		18 9 11		
		36 19 9	36 19 9		

FORM NO. 10
MAY 1962 EDITION

WAR SERVICE GRATUITY AND SEPARATION ALLOWANCE

1

16 ¹²/₁₅

MILITIA AND DEFENCE

252

SEPARATION ALLOWANCE

C. E. M.

Name Blanche E. Parkes,
Address Southbourne Grove,
Southend-on-Sea
England
Relation to Soldier }
wife, child or mother } Wife.

Name of Soldier Parkes, B.R.
Regtl. No. 775027
Rank ~~Sgt 4/11/16~~ ~~pmk 23/11/16~~ ~~WTR~~
Corps 109 O.S. Bn. C.E.F.
To what Corps belonging } reverted to the 11/11/16 (orig 9/2/17)
when called out } promoted serjt 1/12/16 orig 29/2/17
reverted to the 8/12/16 orig 9/2/17

PAYMENTS

ENGLISH

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				

14191-B-1

Duplicate sent to Eng
FEB 8 - 1916

MFW read Reg # 728827 London 25/12/17 WTR

A/c Closed
Ret'd per Germania
Date 3/4/19 M.F.W. 187 pm, om4c
Clerk CRH 14/1/19

Faint, illegible markings or bleed-through from the reverse side of the page.

SEPARATION ALLOWANCE



16 $\frac{12}{15}$

Name Blanche E. Parkes
Address Southbourne Grove,
Southend-on-sea
England.

Relation to Soldier
wife, child or mother

} Wife

Name of Soldier

Parkes, B. R.

Regtl. No.

785027

Rank

Corps

109 S.S. Bn C.E.F.

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced 6 - MAR. 1916 Married 28/1/1893.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.		<u>I. 18110</u>	<u>50</u>	
March		<u>I23096</u>	<u>20</u>	

FILE

SEPARATION ALLOWANCE.

Name of Dependant <i>Parkes Mrs. Blanche E.</i>	Name of Soldier <i>Parkes Bertram R.</i>
Relation to Soldier <i>wife.</i>	Regtl. No. <i>725027</i>
1 <i>Southborne Grove</i>	Rank
<i>Southend on Sea</i>	Corps <i>109 of 5 Batt.</i>
P.O.	To what Corps belonging
2	when called out
P.O.	P.O.

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. s. c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...	40				
Apl.	1916	B 6579	20				✓
May		B 15232	20				✓
June		B 17547	20				✓
July		B 27755	20				✓
Aug.		B 36765	20				✓
Sept.		B 46055	20				✓
Oct.		B 55060	20				✓
Nov.		B 65560	20				✓
Dec.		B 84428	20				✓
Jan.	1917	B 95343	20				✓
Feb.		<u>B 270</u>	0				Total Separation Allowance
Mar.							paid to end of Jan. 7, 1917.
Apl.							
May							
June							
July							
Aug.							
Sept.							
		Carried Forward ...					

TRANSFERRED TO ASSIGNED PAY LEDGER.

ENTERED

Checked

33830

MILITIA AND DEFENCE
ASSIGNED PAY.

Ref. No. *N/Roll*

To whom *Mrs Blanche E. Parkes,*
Address *Sunnyside,*
Electric Avenue,
Southend ^{on} Sea

By whom assigned *Parkes ^{B.} R.*
Regtl. No. *725027*
Rank *Pte*
Corps, &c. *109th Btn.*

Rate *\$15.00*Date to Commence *1st Aug. 1916.*

COMPELORY.

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED Amt. PAY	Pay Sheet Deduction ALLOWANCE	REMARKS.
Jan.	1916				<div style="border: 1px solid red; padding: 5px;"> RECEIVING SEPARATION ALLOC. NOT <i>20.00</i> EFFECTIVE <i>Dec 1915</i> RELATIONSHIP <i>wife.</i> </div>
Feb.					
March					
April					
May					
June					
July					
Aug.		<i>150149</i>	<i>15</i>	<i>- X</i>	
Sept.		<i>176219</i>	<i>15</i>	<i>- X</i>	
Oct.		<i>210340</i>	<i>15</i>	<i>- X</i>	
Nov.		<i>243031</i>	<i>15</i>	<i>- X</i>	
Dec.		<i>287855</i>	<i>15</i>	<i>- X</i>	
Jan.	1917	<i>334547</i>	<i>15</i>	<i>- X</i>	<i>270 00 Total sep all pd to 31/1/17.</i> <i>20 X from sep acc ledger.</i> <i>20 - at 9 Sep. alloc. Checked. w/ker. pay Sep.</i> <i>Stobing Aug 29.</i>
Feb.		<i>373469</i>	<i>15</i>	<i>-</i>	
March		<i>421273</i>	<i>15</i>	<i>-</i>	
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Parkes B. R.

Regtl. No.

725027

Pls 109" B. B.

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

Thomas J. ...

MS 11.

LAST PAY CERTIFICATE.

No. *775027* Rank *Pfc* Name *James BR* Unit *OWAC.*

Authy. for Discharge. Date *8/20* Amt. *Payable 3 3/4*

CREDITS.		DEBITS.			
Balance forwarded as at <i>3/17/9</i>		Cash Payments.			
<u>EARNINGS.</u>		Date	A.R.	Unit	Amt.
From <i>1/19</i> To <i>30/20</i>		<i>Nov</i>			
<i>187</i> Days at <i>170</i>		<i>Dec</i>			<i>9.22</i>
		<i>Jan</i>			<i>37.35</i>
		<i>Feb</i>			<i>35</i>
		<i>Mar</i>			<i>34.30</i>
		<i>Apr</i>			<i>37.70</i>
ANY OTHER CREDITS.					
<i>WDG PA full</i>					
<i>Expas est dep 41</i>					
I hereby certify that I am satisfied that the balance of my account as shown on this statement is correct.		ASSIGNED PAY.			
<i>James</i> Signature of Soldier.		From <i>1/19</i> To <i>31/20</i> At <i>45</i>			
<i>Nov 47.35</i>		Name <i>James</i>			
<i>Dec 62</i>		Address <i>James Av</i>			
<i>Jan 62</i>		<i>West Cliff Sea</i>			
<i>Feb 62</i>		Relationship <i>Wife</i>			
BALANCE DEBIT.		SEP. ALLCE. if any in favour of same party @ <i>30</i> per Mo.			
<i>5500/2</i>		BALANCE CREDIT.			
	<i>309 40</i>				
		<i>51</i>			
		<i>308 40</i>			

Balance given is subject to any changes and/or credits endorsed on the reverse hereof.

Payments to Dependents have been stopped Effective _____

Compiled by *[Signature]*

Certified _____

Checked By _____

Correct _____

for Brigadier-General.
Paymaster/General. O.H.A.C.

ENDORSEMENTS.

Debits and/or Credits Subsequent to Issue of L.P.C.

Date	Unit	A.R. or other particulars	Cr.	Dr.	Paymaster's Signature.

STATEMENT OF ACCOUNT.

Date	Particulars		Dr	Cy.	
	Balance on Discharge Pay & Pay & Allce. from to Civilian Clothing Allce. WAR SERVICE GRATUITY.				
	BALANCE				

Debits and/or Credits Subsequent to Compilation of above Stat. or Acct.

Date	Particulars	A.R.	Dr.	Cr.	Signature of Officer.

ASSIGNED PAY	ENGLAND or <i>Advt.</i>	SEPARATION ALLOWANCE	ENGLAND or <i>Advt.</i>	NAME: <i>PARKES, Brian Robert</i>			
EFFECTIVE DATE: <i>1.8.16</i>		EFFECTIVE DATE: <i>1/9/15</i>	<i>1/9/18</i>	NUMBER: <i>425029</i>			
AMOUNT: <i>15.00</i>		AMOUNT: <i>16.00</i>	<i>PP 30</i>	PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY			
<i>Portsmouth to Parkes</i>		<i>same</i>		<i>App'd 16/6/14</i>			
<i>Sherborn, Fairmead Ave</i>				<i>20164</i>			
<i>Whitcliffe - or - Wca</i>				<i>16.9.14</i>			
				<i>16.7.19</i>			
				<i>1.C. Clerk</i>			
UNIT AND TRANSFERS							
ORIGINAL UNIT: <i>109 Bu</i>							
DATE ACCOUNT FIRST OPENED: <i>1.8.16</i>							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO			
				<i>16/7/19 Eng</i>			
				<i>6.4.18 King</i>			
				<i>15/19 19/19</i>			
				<i>15/19 19/19</i>			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
				<i>15/19</i>			
				<i>15/19</i>			
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBSCE ALL'CE		
<i>App'd 16/6/14</i>		<i>150</i>	<i>20</i>				
<i>20164</i>		<i>150</i>	<i>20</i>		<i>150</i>		

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Wol. Forward</i>								<i>28.61</i>		
<i>April</i>	<i>P. Pay</i>	<i>33</i>		<i>SALAP. April. K8.4.5. 052039</i>			<i>15</i>				<i>25</i>
	<i>As it should be as Clerk</i>	<i>18</i>		<i>16/35. 1st 7 days. 6.4.18</i>	<i>12/17</i>						
		<i>51</i>		<i>" 1/85. . . . 13.4.18</i>	<i>1/20</i>				<i>12.08</i>		<i>25</i>
<i>May</i>	<i>Clerk's Pay</i>	<i>52/10</i>		<i>11845 K8.4.5.</i>			<i>15</i>				<i>25</i>
				<i>16/284. 4.5.18 London</i>	<i>9/13</i>						
				<i>" 1/301. 14.5.18</i>	<i>19/14</i>						
				<i>" 1/451. 24.5.18</i>	<i>2/307</i>				<i>8.45</i>		
<i>June</i>		<i>51</i>		<i>1354650. K8.4.5</i>			<i>15</i>				<i>25</i>
				<i>16/559 13.6.18 16.7.18</i>	<i>20/30</i>						
				<i>16/656 28.6.18</i>	<i>2/60</i>				<i>16.25</i>		
<i>July</i>		<i>51</i>		<i>1893657 K8.4.5.</i>			<i>15</i>				<i>25</i>
		<i>52/10</i>		<i>CR 1/42 6.7.18 HQSS</i>	<i>9/13</i>						<i>25</i>
				<i>" 1/89 15.7.18</i>	<i>9/13</i>				<i>1.00</i>		
<i>Aug</i>		<i>52/10</i>		<i>191413 8.4.5</i>	<i>19/16</i>		<i>15</i>				<i>25</i>
		<i>51/10</i>		<i>C69262 K8.4.5</i>			<i>15</i>				<i>25</i>
				<i>11/976 6.8.18 HQSS</i>	<i>9/13</i>						
				<i>" 1106 15.8.18</i>	<i>19/14</i>						
				<i>" 1114 20.8.18</i>	<i>9/13</i>						
<i>Sept.</i>		<i>51/10</i>		<i>1236 3.9.18</i>	<i>38/93</i>		<i>15</i>				<i>25</i>
		<i>51</i>		<i>1236 3.9.18</i>	<i>24/07</i>		<i>15</i>		<i>2.69</i>		
				<i>1236 3.9.18</i>	<i>34/07</i>		<i>15</i>				
				<i>over</i>							

NUMBER

725027

RANK

NAME

PARKES

D. R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Salv. Forward								269		
Oct	1st C. Clarke Pay	5270		Dsbmt 3. f. 8. 4. 11			15		4039		25
				AR 1661 11/10/18 CAPG	4	✓	2433		1606		
				1572 3/10/18 do	(32)	✓	1460		146		
		5270					3893				25
Nov	do	51		D95945 f. 11. 6			✓	15	3746		40
				AR 422204 9/10/18 C.F.C. 10	14	03			2043		
				E57329 f. 9. 4. 11			✓	15	543		30
				AR 2185 2/11/18 do	14	03					
Dec		5270		AR 1222 11/12/18 do	19	47			2163		
				AR 62440 3/12/18 do	9	43			1190		
Jan	do	5270		H. 8534 f. 9. 4. 11			✓	15	4960		30
		15640					✓	45			100
Feb		4960							9720		
				AR 23155 28/12/18 do 14	9	43			8444		
				AR 23294 9/1/19 do 16	14	60			4284		
				AR 23192 4/1/19 do 19	9	43			6314		
				AR 23608 4/12/19 do 56	14	60			4854		
				H. 94730 f. 9. 4. 11 do			✓	15	3354		30
				AR 23400 12/4/19 do 61	14	03			1651		
Mar	do	5270							6921		
				H. 1441 f. 9. 4. 11			✓	15	5421		30
				14024 11/3 C.F.C. 49	36	50			1771		
		10030									
April		51					✓	30			60
				AR 56432 f. 9. 4. 11			✓	15	5341		30
				AR 10 4-4-19 C.F.C. 11	34	04			1964		
				AR 1100 f. 9. 4. 11			✓	15	464		30
				AR 1375 3-5-19 C.F.C. 49	19	47			1487		
May		5270							3787		
				315 10/5 C.F.C.	57	1947			1840		
		10370									
June		51					✓	30			60
				AR 98501 f. 9. 4. 11			✓	15	5440		30
				L495 5-6-19 C.F.C.	10	2433			3007		
				608 12-6-19	17	1460			1547		
									6817		
July		5270							5317		30
		10370									60
				AR 1986 10/7/19 "H"	11	2190					
				1786 07/7/19 "H"	12	1460			1667		
									3650		
Aug 31	320	9920		B101142 f. 9. 4. 11			✓	15	10087		30
				CP 82528 2/8	19	47			8140		
				CP 83271 8/8	24	33			5707		
				B101142 f. 9. 4. 11							
									8107		
				CP 81039 24.7.	38	93			4214		
				CP 84454 18/8	19	47			2267		
				CP 84991 23/8	19	47			320		
		12320									
							✓	15			30
									fold		

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:- 15.		AMOUNT:- 30.	

NAME: **PARKES BERTRAM R**
NUMBER: **725027**

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

*Blanche E Parkes (wife) - House.
Abercorn, Fairmead Ave,
Westcliffe on Sea.*

Stopped off 1-12-19.

*Discontinued 22-10-19 eff 1-11-19 & Bal \$79.48
Discharged to Canada
Auth N13353 London 22-10-19*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT

UNIT AND TRANSFERS

ORIGINAL UNIT:-
DATE ACCOUNT FIRST OPENED:-

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/79		London	7 34.07				
11/79			10 48.67				
22/79			12 58.40				
			<u>141.14</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 50	20		1 50

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									3 20		
Sep 130	1st CE P & A 300	96		CP 86014 1.9 Rao 973					8947		
				CP 86440 6.9 Rao 3407					7447		
									4040		
									5540		
			96		4380						
	LONDON SUBSISTENCE ALLOWANCE			B109160 19-11-11			15		4040		30
	UNIT.....			B184505 19-11-11	1947				2093		
	CANCELLED D.O. DATE.....			B187168 16-9	1947				146		
				Let 16-9-19	3890		15				38
Oct	PDA 170	5370		Supp B147143 19-11-11 Oct			15				30
	Sub 1 to 25/19	3750		" B147256 19-11-11 Nov			15		6166		30
		9020		98 CP 1/10 Edm	3407						
				CP 929 11/10	4867						
				CP 18530-23/10	5840						
			9020		14114		30		7948 81		60

Let 259 Had Can 26/19



This space to be for numbers.

Proceedings on Discharge.



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

No.	725027.
Rank	Private
Name	Parkes Bertram Robert.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	
Date of Discharge	30/4/20.
Place of Discharge	Victoria.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age..... 145..... years..... months.	None.
Height..... 5..... feet..... 74..... inches.	
Complexion Fair	
Eyes Blue.	
Hair Fair	
Trade Surveyor.	
Intended place of residence } Prince George (To be given as fully as practicable.) } B.C.	

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

DEMOBILIZATION

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

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

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

ALL DOCUMENTS
FORWARDED TO
N.C.P. or B.P.C.
29.4.20

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

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

6. Medals and Decorations.....

Three horizontal lines for listing medals and decorations.

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

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

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place).....

MAR 21 1919

23

Orderly Room

[Handwritten Signature]

(Signature of Soldier.)

(Date).....

[Handwritten Signature]

(Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place).....

MAR 21 1919

23

Orderly Room

(Signature).....

[Handwritten Signature]
for A-24 Q M S M DVO XI

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.)

H. Parker

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

M. OR S. _____ REGT. NO. *725027* RANK *PTE* NAME (IN FULL) *PARKES BR*

ORIGINAL UNIT C.E.F. *C.A.P.C.* IF IN P.F. WHAT UNIT? _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *16.12.15* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1.4.20* *To be paid by new unit*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *1.4.20* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS *Bank of Montreal Victoria B.C.*

TO WHOM PAID *As ad* ADDRESS *Wm B. Parkes Mercantile Building Westcliffe-on-Sea Eng*

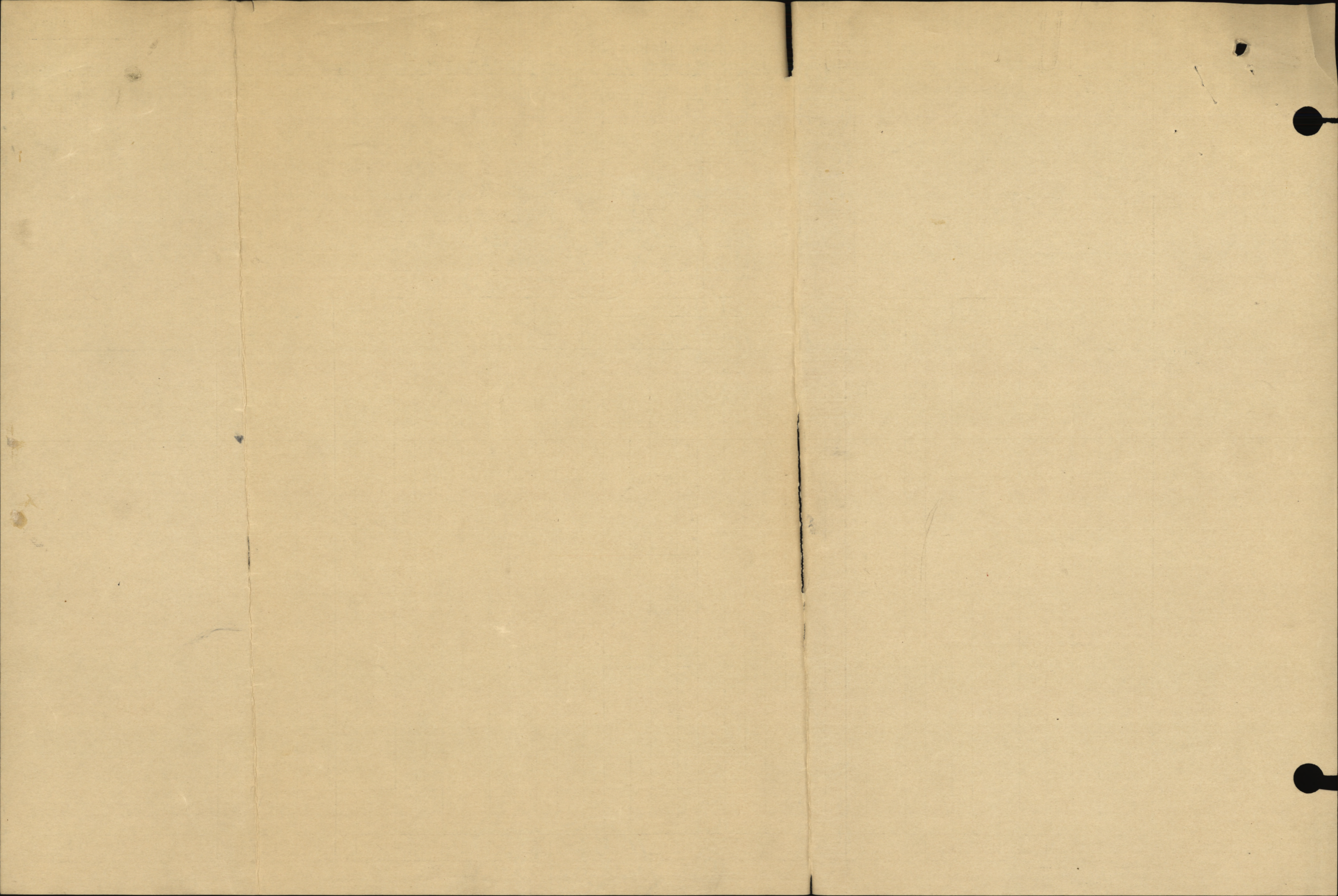
DISCHARGED *Demob.* PLACE *Victoria B.C.* DATE *30.4.20* REASON *Demob.* AUTHORITY *Do. 2 8750 #115 of 24/20* IF ENTITLED TO POST DISCHARGE PAY _____

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1				COL. NO. 2	COL. NO. 3	DEBITS	DEBIT		CREDIT
					\$	C.													
<i>30.4.20</i>	<i>30</i>	<i>1.70</i>		<i>51.00</i>													<i>51.00</i>	<i>all</i>	
<i>30.4.20</i>	<i>30</i>			<i>35.00</i>	<i>552881</i>	<i>552882</i>	<i>71.00</i>				<i>45.00</i>			<i>116.00</i>	<i>Ambr</i>			<i>As ad to dependent at Eng. address \$35.00 Ch. Allee on Disch.</i>	
				<i>30.00</i>			<i>7.00</i>				<i>45.00</i>			<i>116.00</i>				<i>WAR SERVICE GRATUITY PAID IN FULL</i>	

certified that all payments have been made from this account for which covering has been received to date

W. G. Warner
 Paymaster, Demobilization Pay # D. No. 11

W. G. Warner
 Paymaster
 Miscellaneous Units, M. D. 11



725027

MEDICAL HISTORY SHEET ORIGINAL

Surname Parkes Christian Name Bertram Robert

Examined { on 16th day of December 1915
at Lindsay
Birthplace { City or Town Staffordshire
County England

Approved by J. McCulloch
J. McCulloch Capt.
Medical Officer
Rank 109th Overseas Battalion, Gr. 6. F.

Apparent age 42 years
Trade or occupation Civil Engineer
Height 5 Feet 7 1/4 Inches.
Weight 130 Lbs.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>16 MAY. 1918</u>		<u>B Troop R. Barker Capt. M.O.</u>
<u>16 Sept. 1918</u>		<u>B Troop R. Barker Capt. M.O.</u>
<u>18.11.18.</u>		<u>B Troop R. Barker Capt. M.O.</u>
		M.O.
		M.O.
		M.O.
		M.O.

Chest measurement { Minimum 34 inches.
Maximum expansion 36 1/2 inches.

Physical development Good
Small-Pox Marks None

Vaccination Marks { Arm Right None Left 3/4
Number Four

Date	Result	VACCINATIONS.
<u>2.2.16.</u>	<u>Good</u>	<u>J. McCulloch M.O.</u>
		M.O.
		M.O.

When Vaccinated last Feb. 2nd 1916.
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Slightly flatfooted

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/6/16</u>	<u>Good</u>	<u>J. McCulloch M.O.</u>
<u>18/6/16</u>	<u>"</u>	<u>J. McCulloch M.O.</u>
<u>24/6/16</u>	<u>"</u>	<u>J. McCulloch M.O.</u>

Enlisted on 16th day of December 1915 at Lindsay

Corps.	REG'T NUMBER.	HABITS.	DATE.
<u>109th Batt C.E.F.</u>	<u>725027</u>		<u>16.12.15.</u>
<u>124th Bn., C.E.F.</u>			
<u>C.C. & C. - 19.12.16</u>			
<u>Canadian Forestry Corps.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>5.12.16</u>	<u>over age</u>	<u>Class C</u>
<u>Seaford</u>	<u>8/5/17</u>	<u>Fit for construction</u>	<u>Class 2 T W.S. Jones Capt.</u>
<u>23. Seaford St.</u>	<u>14.3.18</u>	<u>Def. Hearing & age.</u>	<u>BSM T. M. Craig Lt. Col.</u>
<u>London</u>	<u>6.8.19</u>	<u>Char. cat. of. media</u>	<u>B Troop J. H. Stubbins Capt.</u>
		<u>myopic astigmatism</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.

6-9-
Date.....1919

No. Rank. Name. Unit. Eye/Ear Report

775027 The Parker B.P. CAPC.

Vision

R.V. $\frac{6}{24}$ c. glasses $\frac{6}{12}$

L.V. $\frac{6}{24}$ c. glasses $\frac{6}{12}$

Myopic astigmatism

Bin for eyes.

Defect present before treatment,
not affected by service.

Hearing. None spoken

R. 18 ft.

L. 12 ft.

Ch. attended other medical
due to service

Bin for ears.

Respected.

Captain, C.A.M.C.

1-9-

1913

1913

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

1/2 1/2 1/2 1/2

PROCEEDINGS OF A MEDICAL BOARD.

Dated at MAY 8th 1916.7

No. 725027 Rank Sgt. Name PARKES, B. R.

Local Unit E. O. R. D. Overseas Unit Age 43

Examination held at SEAFORD

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

C. III

C.T

BOARD RECOMMENDS:—

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

Signatures:— W. S. Jones Capt. M.O.

Members { President.

APPROVED

Dated at Seaford, May 8, 1916.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1916

No. Rank Name

Local Unit Overseas Unit Age

Examination held at

DISABILITY:
Overseas-Local
(Specify amount)

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signatures:-

..... President

Members

APPROVED

Dated at 1916

PROCEEDINGS OF A MEDICAL BOARD

Dated at London Mar 14 1918

No. 725027 Rank PTE Name PARKES B R

Local Unit 676 HQ Overseas Unit _____ Age 48

Examination held at 23 Swallow Street

DISABILITY.
Overseas - Local
(scratch one out)

Deafness.

PRESENT CONDITION.

Very deaf in both ears. Rt ear cannot hear watch 4" away. Left ear slightly better. General condition fair. Shows his age.

BOARD RECOMMENDS:-

- 1. Fit for Duty.....
- 2. Fit for duty after..... weeks' physical traing.
- 3. Fit for Temporary Base Duty B 11..... weeks
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:-

[Signature] President

Members

[Signature]
[Signature]

APPROVED

Dated 18 MAR 1918 191

[Signature]

For A.D.M.S.

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

1911

PROCEEDINGS OF A MEDICAL BOARD

Name of Patient
 Address
 Date of Admission
 Name of Physician
 Name of Hospital
 Name of Surgeon
 Name of Anesthetist
 Name of Pathologist
 Name of Radiologist
 Name of Specialist

PRESENT CONDITION

History of Present Illness
 Past History
 Physical Examination
 Laboratory Examinations
 X-ray Examinations
 Pathological Findings
 Radiological Findings
 Specialist's Report

BOARD RECOMMENDATIONS

Recommendation of the Board
 Recommendation of the Surgeon
 Recommendation of the Anesthetist
 Recommendation of the Pathologist
 Recommendation of the Radiologist
 Recommendation of the Specialist

Signature of Surgeon
 Signature of Anesthetist
 Signature of Pathologist
 Signature of Radiologist
 Signature of Specialist

APPROVED

For A.D.M.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION C.A.P.C. LONDON DATE AUG 6 1919

1. 1 (a) Unit C.A.P.C. (b) Regimental No. 725027 (c) Rank PTE
 (d) Surname PARKES (e) Christian name BERTRAM ROBERT
 (f) Home address DAVE RD. EAST TORONTO
 (g) Next of Kin MR. BE. PARKES (h) Relationship WIFE
 (i) Address of Next of Kin ABERCARN, FAIRMED AVE, WESTCLIFFE ON SEA.

2. Age last birthday 46 Date of birth 8-9-73

3. Enlistment, or Appointment (if an Officer) (a) Place LINDSAY ONT. (b) Date 16-12-15

4. Personal description:
 (a) Height 5'7 1/4" (b) Weight 125 (c) Complexion FAIR
(stripped)
 (d) Colour of hair FAIR (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. NIL

5. Former trade or occupation CIVIL ENGINEER & SURVEYOR

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>233</u>

	PERIODS	
	From	To
Canada	<u>16-12-15</u>	<u>31-7-16</u>
England	<u>31-7-16</u>	<u>—</u>
France or other theatres of War	<u>NIL</u>	

7. Original disease, or injury (1) CHRONIC CATARRHAL OTITIS MEDIA (BOTH EARS)
 (2) MYOPIC ASTIGMATISM (BOTH EYES)
 (1) DEC. 1916 (2) ENGLAND
 (a) Date of origin (1) PRIOR TO ENLISTMENT (b) Place of origin (1) CANADA
 (c) Cause (1) ACTIVE SERVICE
 (2) CONDITIONS OF CIVIL LIFE

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

(1) CHRONIC CATARRHAL OTITIS MEDIA BOTH EARS.

(2) MYOPIC ASTIGMATISM (BOTH EYES)

(1) { slight weakness of both ears
partial loss of function of both ears
(2) { slight weakness of both eyes - partial loss of function both eyes.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: - Specialists report 6/8/19.

(1) Hearing - Voice spoken.

R.H. for ears Rr. 18 ft - Chr. Catarrhal otitis media

Lr. 12 ft. Due to service (Sig) R. J. Hardstaff

Vision Specialists Report 6/8/19.

(2) R.V. 6/24 ± glasses 6/12 Myopic Astigmatism

L.V. 6/24 ± do 6/12 Defect present before enlistment

Cat B # not aggravated by service (Sig) R. J. Hardstaff Capt.

Subjective: - (1) slight deafness both ears worse some times than others no other symptoms

(2) slight loss of vision of both eyes but with glasses can see fairly well.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition yes

Tendency to varicose veins both legs which tend to swell and give rise to discomfort after moderate exertion.

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

Documentary (1) M.H.S. nil
(2) M.H.S. nil

Med. Board: - (1) London Mar. 14/18. Deafness - B #

Soldier's Statement: - (1) Had Influenza in Dec. 1916.

Following this ears became weakened and have been practically the same ever since.

(2) States that upon enlistment eyes were quite good. in the winter of 1917. eyes became weak and had to get glasses. Since then they have not improved.

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

Influenza winter of 1915-16.

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

None

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(1) N.A.

(2) No (Specialist Report 6/8/19)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No (1) and (2) (a) NO (b) NO

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent (1) and (2)

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

None (1) and (2)

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

16. Can the former trade or occupation be resumed? No (In civil life has been a surveyor which requires good function of both eyes and ears.) (If not, briefly state why)

17. Recommendations N.A.

J. D. Chance Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, P. A. Parkes, have heard the description of my disability and present condition read, and am satisfied (not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

[Signature]

[Signature] Rank. Lt. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes Specialists reports attached

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded for return to Canada Auth. tel 9083-11/11/18

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

PLACE London

[Signatures of Board Members]

DATE 6-8-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

APPROVED BY Assistant Director of Medical Services.

APPROVED BY Director-General of Medical Services.

DATE.....

for D.M.S., Canadians, London

14 AUG 1919

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

Workpoint Bks.
 STATION Esquim alt, B.C. DATE 23rd April 1920

1. 1 (a) Unit C.A.P.C. (b) Regimental No. 725027 (c) Rank Pte.
 (d) Surname Parkes (e) Christian name Bertram Robert
 2. Age last birthday 47 Date of birth 8th. Sept. 1872
 3. Enlisted at Lindsay, Ont. on 16-12-1915

4. Personal description:—
 (a) Height 5ft. 7in. (b) Weight 135 (c) Complexion Fair
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks None

5. Address after discharge (for the use of the Board of Pension Commissioners)
General Delivery, Prince George, B.C.

6. Former trade or occupation Surveyor

7. (a) Service	Years	Days
	4	130
PERIODS		
	From	To
	16-12-1915	Date

(b) Has he been overseas? Yes 8. Original disease or disability 1 Chr. Catarrhal

Otitis Media 2 Myopic Astigmatism

(a) Date of origin 1 Dec. 1916 (b) Place of origin 1 England
2 Before Enlistment 2 Canada

(c) Cause* 1 Following Influenza 2 Natural

(d) Present disease or disability 1 Chr. Catarrhal Otitis Media 2 Myopic Astigmatism

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Specialists Report:— 1. Hearing. Chr. Catarrhal Otitis Media.
Due to Service - Cat. B.2

Spoken voice Rt. ear 18 ft.
 Lt. ear 12 ft.

9. Present condition.—(Continued.)

2 Vision

R.V. 6/24 With glasses 6/12

Myopic astigmatism

L.V. 6/24 With glasses 6/12

Defect present before enlistment

not aggravated by service - Cat. B.2

6-8-19

Sgd. R.J.Hardstaff, Capt.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous. Yes Digestive. No Respiratory. Yes Cardiac. Yes

Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part. Yes/No

Varicose Veins both legs which swell and give rise to discomfort after exercise.

Has had colitis 1920 Which sometimes causes pain and constipation.

10. History: (a) of Condition referred to in "a" section 9.

1 Influenza Dec. 1916 followed by deafness ever since.

2 Says sight has become weaker on account of office work.

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

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1 N.A. 2 No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

1 & 2 No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

1 & 2 Permanent

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

1 & 2 Nil

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

1 & 2 No.

16. Can the former trade or occupation be resumed? **No - on account of deafness and failure of vision.**
(If not, briefly state why.)

17. Recommendations

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned **Bertram Robert Parkes**, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

Concurs

19. Is the soldier fit for

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

20. It is certified that the soldier

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

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

Returned to Duty

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Victoria, B.C.

DATE... 23-4-20

R. L. Miller Major, President.
Mr. [unclear] } Members.

APPROVED BY

APPROVED BY

R. L. Miller Major, For Assistant Director of Medical Services

A. M. C. M. D. 11

Director-General of Medical Services.

DATE... APR 23 1920

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.
PLACE..... }
DATE..... } Members.

725027 Pte Parker B. R.
109th Bn. C.E.F.
Will removed by Regt. Paymaster

G. P. O.
Victoria

AG
AG

W. Williams CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

B 078091

Perforated sheet for Will from Pay Book of Reg.

No. 725027
Name B. R. Parker
Unit 109th Bn. C.E.F.

Military Will.

I the undersigned
hereby give notice for
the information to whom
it may concern that my
last will & Testament is
deposited with

J. A. Parkes Solicitor
18 Fleet St. London, Eng.

Signature Parkes
Rank and Regt. Pte. 109th Bn. C.E.F.
Date 15th October 1916

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Faint, illegible handwriting in the upper right quadrant.

A large, rectangular area of extremely faint, illegible handwriting, likely bleed-through from the reverse side of the page.