

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

A 38232

1. What is your name?..... Robert Strawson
2. In what Town, Township or Parish, and in what Country were you born?..... Poplar, London, England.
3. What is the name of your next-of-kin?..... Mrs. Mary Ann Strawson.
4. What is the address of your next-of-kin?..... Fort William, Ont.
5. What is the date of your birth?..... 1877. December. 11th
6. What is your Trade or Calling?..... Chimney Sweeps.
7. Are you married?..... Yes.
8. Are you willing to be vaccinated or re-vaccinated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?.. No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes.

Robert Strawson (Signature of Man).
R. B. Pennington (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Strawson, 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..... MAR 24 1915 1915.
Robert Strawson (Signature of Recruit)
R. B. Pennington (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Strawson, 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..... MAR 24 1915 1915.
Robert Strawson (Signature of Recruit)
R. B. Pennington (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 Fort William this 24th day of March 1915

W. H. Lavery (Signature of Justice)

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

A. W. Day (Approving Officer)

Description of Robert Strawson on Enlistment.

Apparent Age 37 years 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. 6 ins.

Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 4 1/2 ins.

Complexion Ruddy

Eyes Grey

Hair Grey

Religious denominations. { Church of England Yes
 Presbyterian
 Wesleyan
 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 Mar. 24th 1915.

W. H. Cullough

Place Fort William

Medical Officer.

*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 Strawson 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] (Signature of Officer)

Date 24th March 1915.

ATTESTATION PAPER.

No. 724212

Folio.

TRIPPLICATE CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Strawson
1a. What are your Christian names? Robert Allen
1b. What is your present address? 309 Ogden St Fort William
2. In what Town, Township or Parish, and in what Country were you born? Poplar, London, Eng
3. What is the name of your next-of-kin? Mary Ann Strawson
4. What is the address of your next-of-kin? 309 Ogden St Fort William
4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? December 11th 1872
6. What is your Trade or Calling? Chimney sweep
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? 9 months 52nd B Co
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, Robert Allen Strawson, 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.

Robert Allen Strawson (Signature of Recruit)

Date MAR 27 1916 191 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Allen Strawson, 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.

Robert Allen Strawson (Signature of Recruit)

Date MAR 27 1916 191 (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 MAR 27 1916 day of 191 (Signature of Justice)

Description of Robert Allen Strawson on Enlistment,

Apparent Age..... 43 years 13 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. 6 ins.

Chest measurement { Girth when fully expanded..... 40 ins.
 Range of expansion..... 5 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Brown

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

Tattoo on front of right forearm
Tattoo on back of left forearm

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..... MAR 27 1916..... 191 .

[Signature]..... Capt.....
 Medical Officer
 109th Overseas Battalion, C. E. F.

Place..... Lindsay.....

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

[Signature]..... Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.
 Date..... MAR 27 1916..... 191 .

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

2 Regimental Conduct Sheet.....

Compulsory Stoppages.....

3 Casualty Forms..... 3

1 Proceedings on discharge..... 2

Corps History Sheet.....

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

1 Parchment Certificate.....

1 Medical Report for Invalids.....

3 Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

2 Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

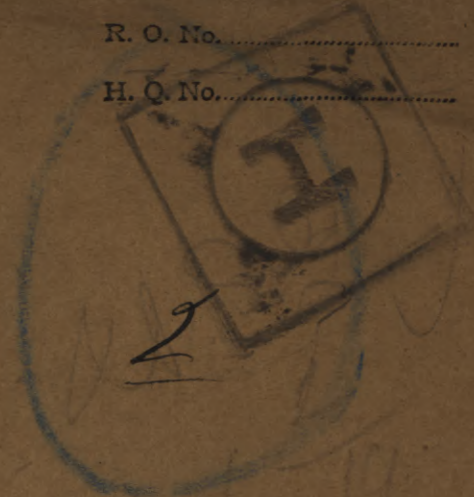
Name Strawson Robert Allen
0138232

Regt. No. 7242/2 Rank Pte.

Corps 109th Bn.

(1) Med. Unfit.

(1)



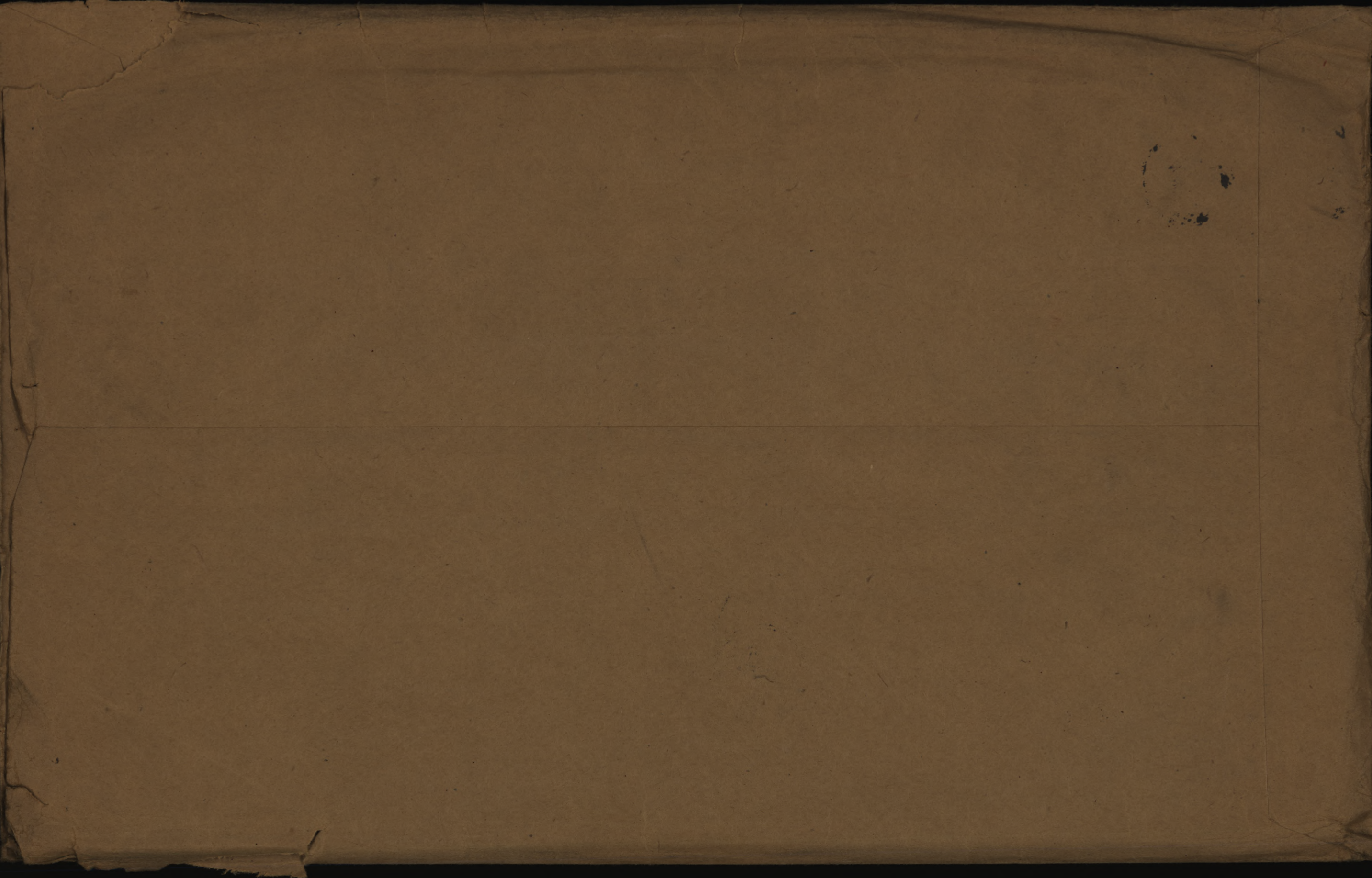
46525

1. R. 122
1. Pay Card
1. M. F. W. 62
1. A. F. B. 122

A. F. B. 122-2
M. F. W. 399-1

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

14-6
14-6
1 6



Number

724212

Rank

Plt

Surname

STRAWSON

Christian Name

Robert Allen

Units

3rd Can. Inf. Bn. Theatre of War France

Date of Service

9-2-17

Remarks

Latest Address

~~309 Ogden St.
Fort William, Ont.~~

Roll No.

B Page 12665

200m.-2-21.M.

548 Wiley St., Fort William, Ont.

DESP. JUN 5 1922

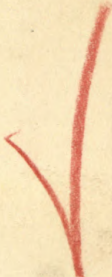
REGN. NO. *19243*

STRAWSON, Robert Allen Pte. 724212 3rd Can.Lab.Bn.

649-S-18956

Medals despd.

Cross Widow;- Mrs. Mary A. Strawson,
336 N. May Street,
Fort William, Ont.



DESP. MAY 25 1942

REGN No.

573

Number

438232

Rank

Oth

Surname

STRAWSON

Christian Name

Robert

Units

3rd Bn. Can. Inf

Theatre of War

France

Date of Service

28.8.15

Remarks

Latest Address

5-48 - Wiley St.,

North William,

Roll No.

B Page 12665

Out

200m.-2-21.M.

DESP MAY 3 1922

REGN. NO.

HC 12974

NAME

Strawson, Robert Allen

REGT'L No.

424212

FILE No. 649.

RANK AND CORPS

Pte 3 Labour Bn (Tom 201 Bn)

CABLE

NO. 414

DATE

M6389 21-11-14

NATURE OF CASUALTY

C.

Adm 2 Gen Stat Hospital
Boulogne, Nov 8-1914. (Fracture
of fibula accident) -

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A68- ¹	Kozban Hat Curraeu.	8. 11. 17.	Frac. L. Tib. Rec. (Kanket)
B 74 ¹	Went: Liverpool	17-11-17	" " " "
B 120 ³	Mil. Con. Wdcote Pk. Epsom	19-1-18	" " " "
B-175 ⁽²⁾	"Discharged."	22-3-18.	" " " " (" ")

No. 724212 RANK

Pte.

NAME

Stawson, R. a.

T. O. S. 27-3-16. UNIT 199th Battalion.
(S.O. 121 of 10-4-16)

M. D. 93.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

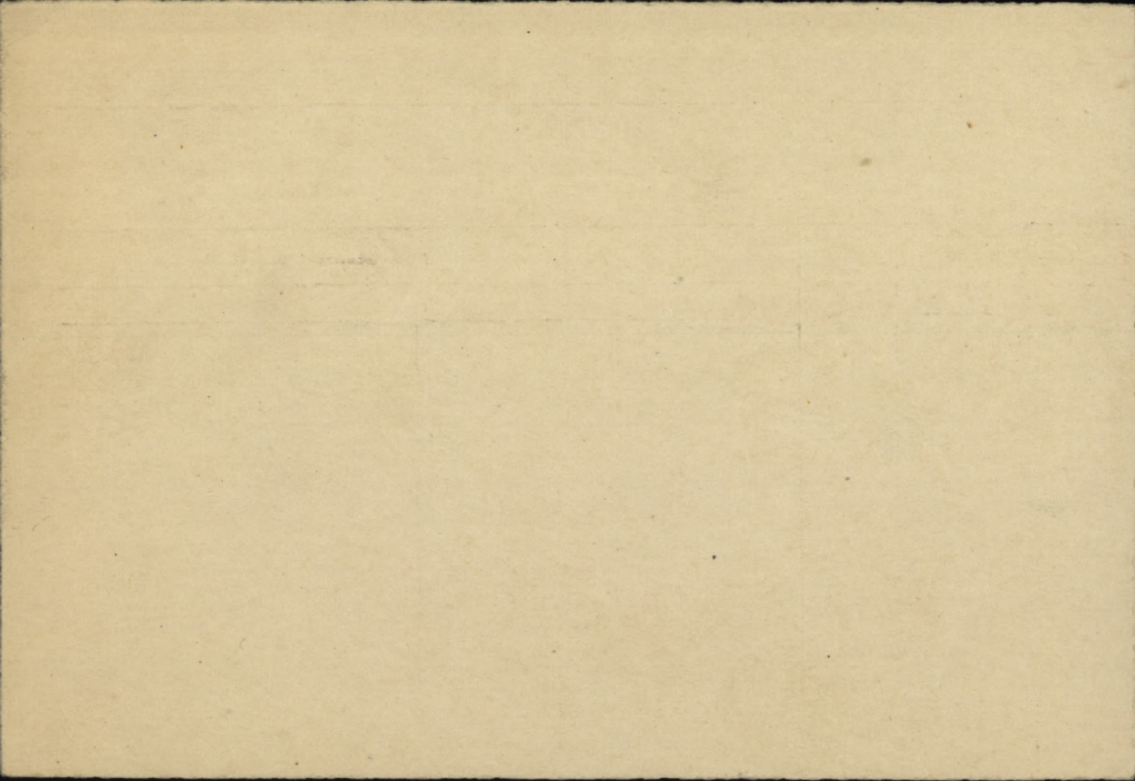
AUTHORITY

1916
Mar. 27
Draft.
June.
July.1916
April 30✓
✓
✓
✓

Forfeits 2 day pay.

D.O. 179.

UNIT SAILED
JUL 23 1916



Robert Allen

Name *STRAWSON* Rank *Pte*

Reg. No. *724212*

Unit *3 Lab. B^N*

Next of Kin *Canada*

WR.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>8-11-17</i>	<i>2 C.S.H. Outbreak</i>	<i>Trase. L. Lib. Acc.</i>	<i>Sev A 68</i>	<i>1374</i>	<i>HA 16129</i>	
<i>17-11-17</i>	<i>1st W.G.A. L. pool.</i>	<i>do.</i>			<i>6434</i>	
<i>19-1-18</i>	<i>McKilloch's Epsom.</i>		<i>do.</i>	<i>1370</i>	<i>10939</i>	
<i>23-3-18</i>	<i>Discharged</i>			<i>1375</i>	<i>4010</i>	
<i>CRT</i>						

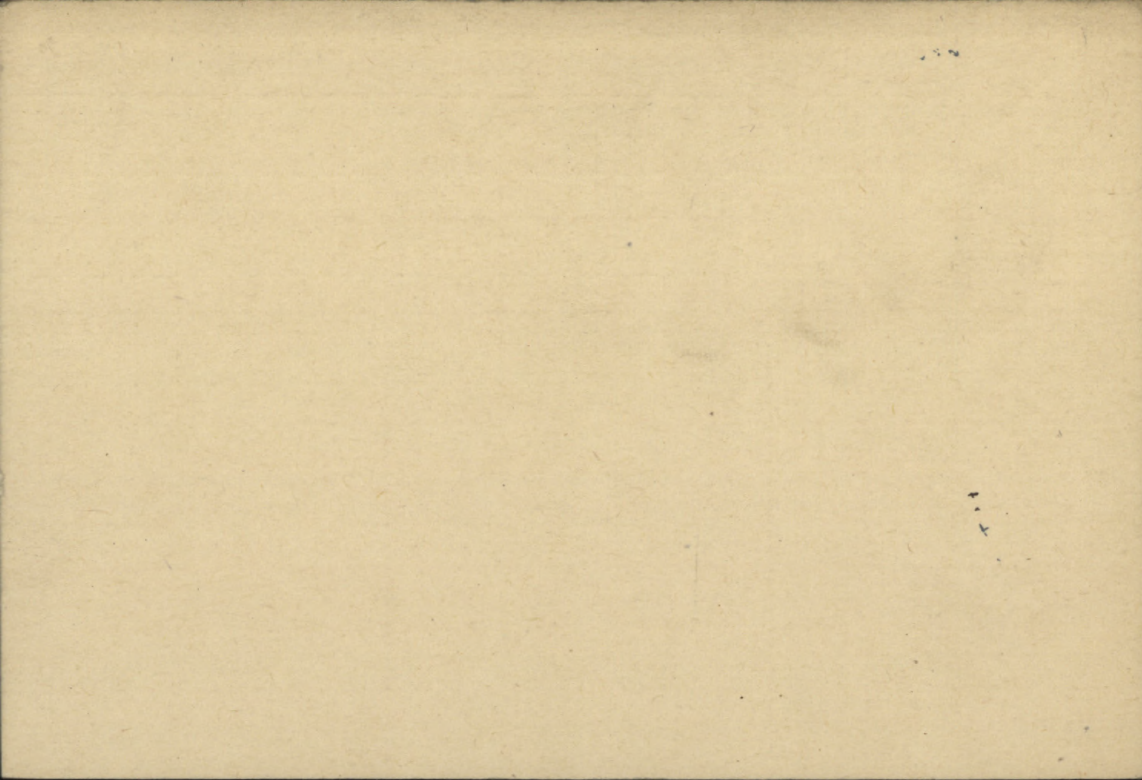
No. A 39232

RANK *pte.*NAME *Strawson R.*T. O. S. 24-3-15. D.O. 15th 31-3-15 UNIT *5th 2nd B. Battalion*

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Mar 24th</i>	<i>1915 Mar. 31st</i>	<i>✓ ✓ ✓ ✓</i>	<i>In Draft proceeding Overseas</i>	<i>D.O. 82 of 22-6-15.</i>
<i>June 1</i>	<i>June 14</i>			

UNIT SAILED
NOV 23 1915



No. A 38232. RANK Pte. (23 Bn.)

NAME Strawson R.

T. O. S.

UNIT Discharge Depot (Quebec.)

M. D. 5.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915. Oct. 23.	1916. Feb. 4.	✓		



NAME *Strawson, R*

H. Q. FILE No. 649-

REG'TL. No. *438232.*

RANK AND CORPS

Pte

3rd Batt.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *2839*

+ FOLL. *x*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

✓158

Lo Hospital

4-9-15

Not stated

✓172

P.B. Lians to England

22-9-15

Chronic Bronchitis

Name *Strawson R.* Rank *Pte*

Reg. No. *438232*

Unit *3rd Btn.*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1915</i>	<i>9. Hoop</i>					
<i>4</i>	<i>9. Hoop</i>	<i>Home</i>	<i>Not stated</i>	<i>158</i>		
<i>22</i>	<i>9. Trans. to England</i>		<i>CHRONIC BRONCHITIS</i>	<i>172</i>		

No. 38232 RANK *H*

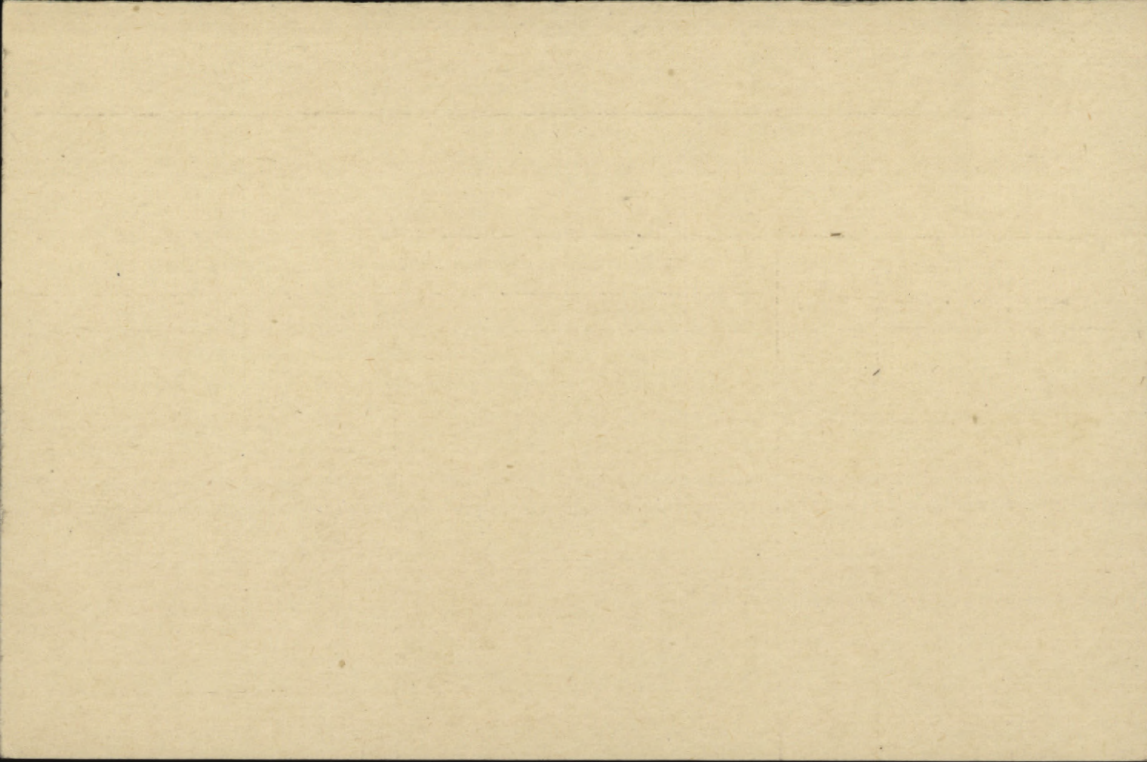
NAME *Strawson, R.*

T. O. S.

UNIT *Casualties*

M. D. *H Q.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Oct. 23.</i>	<i>1916 Feb. 4.</i>	<i>H.</i>	<i>from 23rd. Bn.</i>	



SURNAME

CHRISTIAN NAME OR NAMES

REG.-NO.

STRAWSON.

R.A.

724212.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Man. 3L.

HOSPITAL

DATE OF ADMISSION

2. Can. Stat. Outreau.

8-11-17.

1st West Gen. Hosp. Liverpool.

HOSP. 17-11-17.

Mil Genl. Epsom.

19.1.18.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Fract. L. Fib. Acc. *and*

1.

2.

3.

DISPOSITION

C.L. 21-11-17. A68(7)

Dis-22-3-18. DATE
REMARKS

28-11-17. B740

23. 1.18. B120 (3)

28-3-18. B. 175 (2)

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Surname

Christian Name or Names

Reg. No.

Strawson R.

438232.

Rank

Unit

Co

Troop

Batty.

Pte. 3rd Batt. Can Dir.

Hospital

Date of Admission

To Hospital
Transferred 9. Scad. Hosp. Howe.

4.9.15.

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Not Stated.
Chronic Bronchitis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

P.B. Trans to England

Date

22.9.15

REMARKS

Ad. 13.9.15. 158.
6.2.29.9.15. 172

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MEDICAL HISTORY SHEET.

Surname Strawson Christian Name Robert Allen

Examined { on 27 day of March 1916
at Sudray
Birthplace { City or Town Sudon
County England

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

Apparent age 43 years
Trade or occupation Chimney sweep
Height 5 Feet 6 Inches
Weight 139 Lbs.
Chest measurement { Minimum 35 inches
Maximum expansion 40 inches

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		23 NOV 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
Small-Pox Marks None

Vaccination Marks { Arm Right None Left Full
Number Full

Date.	Result.	VACCINATIONS.
<u>7-4-16</u>	<u>Good</u>	<u>J. McCrevel</u> M.O.
<u>11-5-18</u>	<u>1918</u>	<u>W. Longton</u> M.O.
		M.O.

When Vaccinated last April 7th 1916
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCrevel</u> M.O.
<u>8/5/16</u>	<u>Good</u>	<u>J. McCrevel</u> M.O.
<u>18/5/16</u>	<u>Good</u>	<u>J. McCrevel</u> M.O.

Slightly flat footed.

Enlisted on 27 day of March 1916 at Sudray

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724212</u>		<u>27.3.16</u>
Transferred to	<u>124th OVERSEAS BATTALION C.E.F.</u> <u>3rd Ban Bah. Bn</u>			<u>28/1/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>10/1/17</u>	<u>asthma</u>	<u>73.(ii)</u> <u>Citroperole</u> <u>MEDICAL BOARD, BRAMSHOTT.</u>
<u>Epsom.</u>	<u>11-3-18</u>	<u>Emphysema</u> <u>Fract left Fibula</u>	<u>Bill likely to be raised</u> <u>in Calgary water</u> <u>with</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.

CANADIAN

Surname *Strauss* Christian Name *Robert Allen*

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					
Stanley Hospital Swierpool		17	11	17	17	1	18	Fracture Left-Fibula	60		M. B. Carr	
MCH Epsom		18	1	18	22	MAR	1918	Fract. Lt. Fibula Emphysema	64	On admission. Fract. Lt. Fibula in good position and well united no swelling some weakness in Leg. Still. Has dyspnoea at night cough & some expect. some impurified res. no rales. (Rym. Gymns) 12/2/18. Dyspnoea marked no rales to be heard. Prolonged expiration.		J. A. Carpenter Captains.

LTR

Rank _____ Name **STRAWSON, Robert Allen** ✓ Reg'l No. **724212**
 Unit **109th, Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Lindsay, 27th, March, 1916,** Place of Birth **Poplar, London,**
England.
 Name and Address, Next-of-Kin **Mary Ann Strawson,**
309 Ogden St, Fort William, Ontario, Canada. Relationship **Wife.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to **015** Relationship _____

N/E. R.B. No. **1690**
 File R.L. _____
 Category **ORlan**

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received				
<i>C</i> Arrived in England per H. M. T. 2810				31-7-16	
8.12.16	Ob 109 th Bn	Sob on tpfu. to 124 th Bn	Whitley	8.12.16	Pt II DO 343
9.12.16	Ob 124 th Bn	Sob on tpfu. to CCAC	"	"	265.
18.1.17	"	rattd to 124 th Bn.	"	10.1.17	18.
27-1-17	CCAC	505 + on Com 3 rd Ch Bn	Hastings	20-1-17	Pt II 046.
28-1-17	CCAC	casualty 3 rd Ch Bn + 503 to 3 rd Ch Bn	Hastings	28-1-17	Pt II 047
29-1-17	3 rd Lt. C.M.	T.O.S. from C.C.A.C.	Bramshott	28-1-17	Pt II DO. 1. C.C.A.C. 47 WSR
9-2-17	3 Lab Bn,	Proceeded O/Seas-	Bshott	9-2-17	Part II D.O. I 1
20-11-17	MR(32)	2 Cas Sta Hosp.	Outreau.	8-11-17	6IA.68. trac 1 fib. acc.
27-11-17	- " -	1 st Western Gen Hosp. Fazakerley.	Liverpool	17-11-17	- B. 74. - " - Ser

A.F.B. 103 CHECKED
13 MAR 1971

S.D.
Miss C.

724 212: Strawson. R. A.

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.				
					11 th C.R.T. H ^o .H.d/1-12-17.
30-11-17	m.R.W.	T.O.S. from 3 rd Lab. in hosp	Pte Sciliffe	17-11-17	H ^o .266.
21-1-18	m.R.W.	S.O.S. to C.R.I. Depot.	Pte - - -	21-1-18	H ^o .21-08 th 100.46 15 th 78. ^{Dep BRT}
15-4-18	Dep BRT	Gen. Depot to B.C. Ashford	Pte Sciliffe	15-4-18	H ^o .105 ^{c.o.c. 3} ^{Pr 108 d/19.4.18}
28-5-18	Gen. Depot	T.O.S. from C.O. C1	Pte Sciliffe	27-5-18	D.O. 126 (C.O. C1 20/46 7/31-5-18) ^{SOS}
10-6-18	Gen. Depot	On Com. C.D.D. Quatou (ret. to Can)	Pte Sciliffe	10-6-18	D.O. 137
2-7-18	- - -	Leave on Comd C.D.D. to is	- - -	- - -	- - -
		S.O.S. to Canada dis by G.Y.	- - -	22-6-18	- 155

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

(2) Regimental Number **724212**

(3) Full Name of Soldier..... **Robert Allan Strawson**

(4) Place of Birth..... **Poplin London England**

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

(6) If married, state,
 (a) Full name of your wife..... **Mary Anna Strawson**

(b) Present Postal Address..... **309 Ogden Street**
Fort William, Ont. Canada

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

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

If so, give number of boys and girls..... **3 boys**..... **1 girl**

Also their names and ages..... **Robert**..... **aged**..... **14**..... **years**

..... **Fredrick**..... **"**..... **12**..... **"**

..... **John**..... **"**..... **9**..... **"**

..... **Ethel**..... **"**..... **7**..... **"**

(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

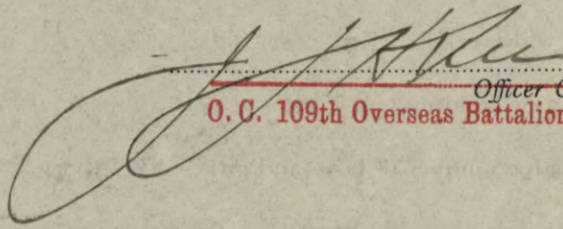
(15) Are you insured?..... **Yes**.....

If so, in what Company?..... **American Providental**.....

Have you made arrangements for payment of your Insurance premium..... **No**.....

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

Date... **6th**... **July**... **1916**.....


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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

204

This is to Certify that No. 724212 (Rank) Private

Name (in full) Robert Allen Strawson enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Out on the 27th

day of March 1916

HE served in France + Belgium (9 months)

and is now discharged from the service by reason of being medically

unfit for further service.

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

Age 50 years

Height 5'6 $\frac{1}{4}$ "

Complexion Fair

Eyes Blue

Hair Brown (sides grey)

(below August 20th - 1918)

Signature of Soldier

Date of Discharge 27th of Strawson
20-8-18

Marks or Scars

Fractured leg (left)

Thom Cook

Issuing Officer

Lieut.

Rank

Appointment

Signed at Winnipeg this 20 day of Aug 1918

in Military District No. 10

File Reference No. 44-8-1093

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.

DISTRICT CASUALTY
OFFICE,
AUG 29 1918
M. D. 10

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 724212 (Rank) pte Name Stawson, R. A.

Unit 109th Bn

Address on Discharge 309 Ogden St. Fort William. Ont.

Character and Conduct Very Good.

Former Occupation Chimney Sweep

Special Qualifications of Value in Civil Life

Medals and Decorations nil

Remarks France 9 months.

Signed at Winnipeg this 20 day of Aug. 19 18

Name of Officer [Signature]
Rank Lt. Col.
Appointment Officer Commanding No. 10 District Depot

[Signature] Capt.
District Casualty Officer,
Military District No. 10

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate 649-S-1417

This is to Certify that No. 38282 (Rank) Private
(Name in Full) Robert Skawson enlisted in
The Warty Group, Battalion
Canadian Overseas Expeditionary Force, on the Twenty fourth of March
1915, and accompanied said unit to Overseas
was returned to Canada, and discharged from the service at Winnipeg
on the Twenty ninth of April 1916, in consequence of being
Medically unfit

DESCRIPTION ON DISCHARGE

Age <u>Forty three & 10 months</u>	Marks or Scars <u>Small scar wound left wrist</u>
Height <u>Five feet six & 1/2 inches</u>	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Fair</u>	
Trade <u>Chimney Sweep</u>	
Signature of Man <u>[Signature]</u>	<u>[Signature]</u> Major O. C. Clearing Depot M. H. H. [Signature] Officer in charge Discharge Depot.
Place and Date <u>Winnipeg, Man.</u> <u>APR 29 1916</u>	

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

R.C. FEB 4 1920

336 D.B. 4 20 SE
F. C. P. C.

No. 38232

Rank Private

Name Robert Strawson

Unit Thirty Second P.M.

Address on Discharge 332 Robinson Street Fort William Ontario

[Large handwritten signature/initials across the middle of the page]

His conduct and character while in the Service have been :

Good

Place

CLEARING DEPOT
WINNIPEG, MAN.
APR 29 1919
M. D. 10

Date

Commanding

E. J. Hamilton
Major
O. C. Clearing Depot M. D. 10, Wi.

Campaigns

Francis G. Weeks

Medals and Decorations

✓ *Inv. 39087*

Rank *Pte.* Name **STRAWSON R.ober** Reg'l No. **438232** ✓ R-122. **C**

Unit **32nd Bn** If in perm. Corps, }
What Unit? } Married or Single **Married**

Place and Date of Enlistment **Shorncliffe, 23 July 1915** Place of Birth **England**

Name and Address, Next-of-Kin **Mary Ann Strawson**
332 Robinson St, Ft William Relationship **Wife** ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason *Med. unfit* Character

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				
28.6.15	O.C. 32 nd	Attached from 52nd	Shorncliffe	27.6.15	Pt II 177
8.8.15	O.C. 32	5 day pay forf. absence	Shorncliffe	8.8.15	Pt II 210.
28-8-15	"	Transf to 3 rd B ⁿ France	"	28-8-15	" - 230 Pt II. 29.3 rd Bn
13.9.15	O.D. 158.3 rd Bn	Not stated	to Hospital	11.9.15	
4.9.15	ofc. 3.9. B.D.	Arrived from Eng ^l - at present in	3. Bul Base	29.8.15	
22.9.15	"	Proceeded to	Shorncliffe	22.9.15	Non Roll (196p Ronclan)
29.9.15	O.D. 172.3 rd Bn	Chronic Bronchitis		22.9.15	Transf'd to England.
6.10.15	ofc. 23.	Taken on strength 23 rd Bn.	W. Sandling	22.9.15	Pt II 0.32 Pt II - 237
26.10.15	"	Struck off. Proceeded to Canada for disch.	"	22.10.15	" 254

Sheet 2

Casualty Form - Active Service.

Regiment or Corps 109 Casuals Bata 6 & F
 Rank Pte Surname Strawson Christian Name John Allen

Religion Age on Enlistment years months

Enlisted (a) 27.3.16 Terms of Service (a) Det N Service reckons from (a) 27.3.16

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

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked		
			Disembarked		
<u>30.11.17</u>	<u>Man R. U.</u>	<u>T. C. G. from</u>	<u>Sccliffe</u>	<u>17.11.17</u>	<u>208 II 206</u>
<u>21.1.18</u>	<u>Uo</u>	<u>Self trans to</u>	<u>do</u>	<u>21.1.18</u>	<u>208 II 21</u> <u>Depot 6 RT</u> <u>208 II 46 of 15 78</u> <u>208 II 206</u>
<u>15/2/18</u>	<u>C. R. J. Depot</u>		<u>Purflat</u>	<u>21/1/18</u>	<u>208 II 46</u>

T. C. G.
 for 208 II i/c Records. Com 7

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W. 5635 M2733 2000m 9/17 (3011) C. P. & S., Ltd., Form B. 103 E/1897. P.T.O.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
15/4/18	BR TD	S.O.S. to Gen. Adames Coys. adms	Perfect	15/4/18	R II D. 105 M. Williams Capt for adjt. Gen. Rly for Depot
19.4.18	O.O., C.O.C.	TAKEN ON STRENGTH- No. 1 DETACHMENT, C.O.C., from Gen. Rly. Troops.	ASHFORD, KENT	15.4.18	PART II No. 108 d/19/4/18.
31.5.18	O.O., C.O.C.	STRUCK OFF STRENGTH No. 1 DETACHMENT, C.O.C.,	ASHFORD, KENT	27.5.18	PART II No. 146 d/31/5/18. R. Barrow Lieut., Officer i/c Records; No. 1 Detachment, C.O.C., (O.M.F.C.)
28/5/18	Gen. Depot.	T.O.S. for depot.	Schiff	27/5/18	AD 126. 28/5/18
10/6/18	✓	Com C.D. Buxton	✓	10/6/18	✓ 137 R. Barrow Lt. Col. Buxton For O.O. Gen. General Depot
11 JUN 1918	TAKEN ON STRENGTH C.D.D. BUXTON PL. 11 ORDER No. 134				
22 JUN 1918	EMBARKED FOR CANADA FROM LIVERPOOL			J. Lock Lieut. Col. Commanding	Lieut.-Col. Canadian Discharge Depot.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 3rd Labour Battalion
 Regimental No. 124212 Rank The Name Robert - A. Strawson
C. E. F.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JUN 22 1918		T.O.S. No. 10 DISTRICT DEPOT D.O. 84 PARA. 562.			
			Winnipeg, Man.	Discharge. 20.8.18. C.O. 193. Para. 3498. D.O. 121 (Med Infk)	
					E. P. ... Lt. Col. Officer Commanding No. 10 District Depot

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

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				

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

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

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 124212

Rank Private

Name

Strawson Robert Allen

Enlisted (a) 24.3.16

Terms of Service (a) I of W.

Service reckons from (a) 24.3.16

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Chimney Sweep

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
-------------	--------------------	--	-------	------	--

Embarked Canada Halifax 24.7.16
Disembarked England Liverpool 31.7.16

8-12-16 O.C. 109 Transferred to 124 Batta Whitley 8-12-16

D.O. Part II # 343
A.W. Aslett
Capt.
ADJUTANT
109th Overseas Battalion, C.E.F.

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

Part III Orders 265
Major Aslett
MAJOR ADJUTANT
124th BATTALION C.E.F.

18-1-17 124th Bn. Transferred to C.C.A.C. Witley Camp 18-1-17

Part II Orders #18
Capt., Adj. Lt.
124th Bn., C.E.F.

18-1-17 124th Bn. Transferred to 3rd Witley 18-1-17

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

24212. Rte Strawson, R. A

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
18-1-17	1st Lt. BA.	Transferred to 3rd Labour Battalion	Witley Camp	18-1-17	Part II Orders #18 <i>Capt., Adjt.</i> 124th. Bn. C.E.F.
29 28 1-17	CCAF 3rd Lab Bn	Taken on strength	Bramshott	25-1-17	Part II D.O. #11 <i>LT. COL.</i>
9-2-17	"	Proceeds on leave with 3 Can Lab Bn		9-2-17	Part 2 D.O. #11 <i>LT. COL.</i> O.O. 3rd CAN. LABOUR BATTN.
11-2-17	CBSA	Disembarked Havre		11-2-17	NR
11 ¹¹ / ₁₇	O.C. Bn	To Hoop Bruised leg.		5 ¹¹ / ₁₇	B213
8 ¹¹ / ₁₇	2 Can Stab.	Fract. L. Fib. acc. S. ad.		8 ¹¹ / ₁₇	B3218
10 ¹¹ / ₁₇	Queen Alex Hoop	" " ad. 5 ¹¹ / ₁₇ To A.G.S.		8 ¹¹ / ₁₇	B4470
<p>The designation 3rd. Can Lab Bn will in future be 1st. Can Lab Bn BY Troops A.G's A-51-2 M-1 21 Nov 17 DO No 1 d 25 Nov 17</p>					
16 ¹¹ / ₁₇	2. Cdn Stab	Invalided accid injured per H.S. Standrew & posted to man Regt Depot Cliffe		16 ¹¹ / ₁₇	W3083 #385 Lt. Col. A. A. G. 3rd Echelon, B. E. F.

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

Capt., Adjt.
 124th. Bn. C.E.F.

LT. COL.
 O.O. 3rd CAN. LABOUR BATTN.

sent for
ad. 5¹¹/₁₇
 3rd Echelon

8449

Casualty Form—Active Service.

a.

3rd Regiment or Corps

3RD CANADIAN INF. BATTALION

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regimental No. 38258 Rank *Pte* Name *Shawson R*

Enlisted (a) *14/1/15* Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

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

29 JUN 1915 Transferred to 2nd Reserve Battalion C.E.F.

AUG 28 1915 Proceeded on draft to 3rd Battalion C.E.F.

11.9.15 3rd Bn. Taken on strength 3rd Bn. 29.8.15 Part 2 Order. No. 29

~~5.9.15 " " joined " " 4.9.15 B.213.~~

5.9.15 O.C. 3 Bn. Hospital, en route to Unit. Hosp. not stated B.213.

18.9.15 A.Q.A.S. Permanent Base not given Transferred to England (Chronic Bronc.) 22.9.15 1868. 4/15/2/15 File C. 2195. 18.9.15.

Campbell Macdonald
CAPT.
OFFICER in CHARGE RECORDS
CANADIAN SECTION G. H. Q.

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

Casualty Form—Active Service.

8449

Cert. Correct.

Regiment or Corps

52nd C.E.F.

Regimental No.

58232

Rank

Pte.

Name

Strawson R.

Can. Record Off.

Westminster Hse

7 Milbank St.

Enlisted (a) 14.1.15

Terms of Service (a)

Service reckons from (a)

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

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
29 June 15.	Trans. to 32nd Reserve Bn. C.E.F.				
Aug. 28.15.	Proceeded on draft to 3rd Bn. C.E.F.				
11. 9. 15.	3rd Bn	Taken on strength	3rd Bn	29. 8. 15	Pte 29.
5. 9. 15	Ql. 3rd.	Hospital en route to unit	Hosp.	not stated	B. 213.
18. 9. 15.	D.A. G. S.	Permanent Base Trans. to Engh. (Chronic Bronch.)	not given	22. 9. 15.	1868 ^d / 15. / 2 / 15 File C. 2195. 18. 9. 15; Crawford Martin St. Capt. Officer i/c Records Can. Rec. 211-2.

Verified true copy

E. Head. Capt.

For Colonel i/c Records, C.E.F.

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 10 15	23	D.S.	Shachff	22 9 15	Do #237.
26 10 15		S.O. Standen	"	22 10 15	254
29-4-16	66. Detst Winnipeg	S.O.S. Med Hqpt	Winnipeg Man.	29-4-16	<p>for Dr. Collyer Records on file autk Pay List J. Seybold Lt Col</p>
<p>Collyer, Scott Jm DJR</p>					

ORIGINAL NOT AVAILABLE
Casualty Form—Active Service.

Regiment or Corps **23RD RES. BATT. C.E.F.**

Regimental No. 38232 Rank Pte Name Stawson R.

Enlisted (a) 21/3/15 Terms of Service (a) _____ Service reckons from (a) 24/5/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<p>TO BE INVALIDED TO CANADA FOR SUBSEQUENT DISPOSAL BY MILITIA AUTHORITIES</p> <p style="text-align: center;"><i>[Signature]</i> LT. COL. S.O. 23rd RES. BATTN. C. E. F.</p>					

(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.

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				

Name.....

Strawson

R

Pte

M. F. W. 41.
10m.—11-15.
1772-30-889.

174

Regimental No.

A 38232

Name and address of next of kin

Home

649 81417

Unit

23 Bu.

20-12-15 M.B. report fully recovered -

Date of enlistment

332 Robinson Street Fort William

Place of "

18-2-16 referred to m.B. for completion of report Ontario.

Married (yes or no)

yes

Date and place discharged Quebec, 4/2/16.

Amount of pay assigned monthly \$

Eng.

Reason for discharge

med unfit.

To whom payable

Dep all

Spa Pte to 31/16. no.

Character on discharge

M.B. 10 ³/₁₆ approved 21 ³/₁₆ No disability except bad teeth - treatment refused.

Scandinavian

31/10/15.

L. 56 87694. M. & D. 0128.

Date		PAY			Field Allowance			Other Credits	Total Credits	checks.		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
22/10/15																
23/10/15	4/2/16	105	1.00	105.00	105	10	10.50	938 Subs. 67.50 50.00	192.38	1044 16/12 75	50.00	✓	9238	14238	L.P.C. Eng. + one pd. H.Q. Cal. H. @ Port	
										B41825 ¹ / ₁₆ + 50 -		✓		50.00		
										Spa adj. 1/2/16 - 29/16						
								20.00		510 A7641				20.00		

Jayle B.G. 28 ³/₁₆

9-2-16 att. m.B. request
function m. report

Spa Pte to 31/15

2nd. Contingent

(Wife)

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs Mary Anne Strawson* *(Wife)* By Whom Assigned *Strawson Robert*
 Address *332 Robinson St* Regtl. No. *A 38232*
Fort William Ont. Rank *Pte.*
 Corps *52nd Battalion.*

Rate ~~*15.00*~~

Cancelled JUL 1 1915 PAYMENTS 3 22 10 100

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>23306</i>	<i>30.=-</i>	
Sept.		<i>W892</i>	<i>15.=-</i>	
Oct.		<i>X2505</i>	<i>15.=-</i>	
Nov.		<i>K3740</i>	<i>15.=-</i>	
Dec.				
Jan.	1916			
Feb.				
March				

GA

P. D. P 17/6/17 Pa
Cancelled
15.00
FX. 15% 16

ASSIGNED BY
CREDIT FOR THE

1911

1911

24/3/15

MILITIA AND DEFENCE

Stawson

466

SEPARATION ALLOWANCE

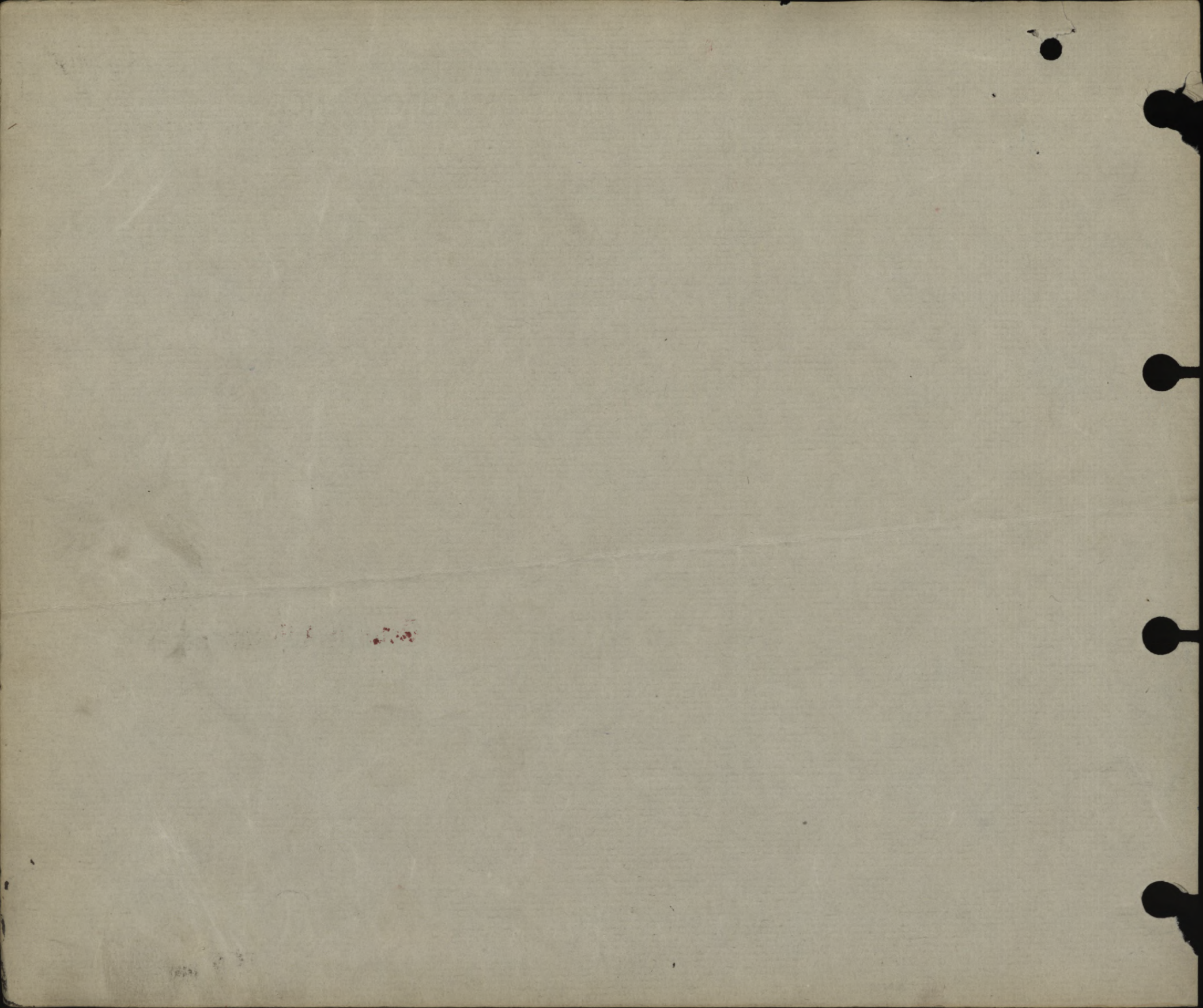
Name *Mary Ann J. Stawson* Name of Soldier *Stawson, Robt. Allan*
 Address *332 Robertson St.* Regtl. No. *A 38232*
Fort William Rank *Pte.*
Ontario Corps *52nd Battⁿ*
 Relation to Soldier }
 wife, child or mother } *wife* To what Corps belonging }
 when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		<i>E/2098</i>	<i>-64</i>	<i>64</i>
July		<i>G/3256</i>	<i>20</i>	<i>20</i>
Aug.		<i>F/3708</i>	<i>20</i>	<i>20</i>
Sept.		<i>H/5752</i>	<i>20</i>	<i>20</i>
Oct.		<i>J/21646</i>	<i>20</i>	<i>20</i>
Nov.		<i>L/22307</i>	<i>20</i>	<i>20</i>
Dec.		<i>O/4226</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>P/14451</i>	<i>20</i>	<i>20</i>
Feb.		<i>Q/23619</i>	<i>20</i>	<i>20</i>
March			<i>204</i>	

ACCOUNT CLOSED
DATE.....PER.....ACCOUNT CLOSED
DATE.....PER.....
*20/1/16**Account closed 31/1/16 (Remainder granted)*
(N 23619 Cancelled)



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary Ann T. Strawson
(wife)

Name of Soldier

Strawson Robert A.

PAYMENTS

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.		1917			
Feb.					
March					
April					
May					
June					
July			A 7641	20	20R Casualty Adjustment
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

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

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.				

Rank *Pte* Name **STRAWSON R. obert** Reg'l No. **A38232** P-56
 Unit *23* ~~32nd Bn~~ If in perm. Corps, What Unit? Married or Single **Married**

Place and Date of Enlistment **Shorncliffe, 23 July 1915** Place of Birth **England**

Name and Address, Next-of-Kin **Mary Ann Strawson**
332 Robinson St, Ft William Relationship **Wife**

Assigned Pay Monthly \$ **15⁰⁰** Payable to **Head of Kin**
 Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place **To Canada** Reason **MP 12/20 Oct 16/15** Character



0-6927

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
15-6-15	31-7-15	47	1 47	47	47	.10	4.70		51 70			2.50 7.50 7.50	15		32 50	19 20	
																19.64	Adjustment of Exchange
Aug 1	31	31	1 31	31	31	.10	3.10		53 77			9.73 7.30	15	5.50	37 53	16 24	Infants - 5 day Pay 180210 18.8.15 T/O to 3rd Batt 51-5-15
19	30	30	1 30	30	30		3		49 24			9 73	15		21 73	24.51	Transferred to 75th Bn
Oct 1	Oct 22	22	1 22	22	22	10	2.20		24 20			14.60 9735	15		34 47	444	
NE Branch 16.									938					938	938	938	22 on Ent. Staff Pay issued can Nov. Assg pay 938 transferred to acct from Genl and liability can Dis

E. J. H.
POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

11491-228

Name **Strawson, Robert Allen**
Surname Christian Name

175-38-R-1

Mrs M. A. Strawson

Regimental Number **724212** Rank **Pte.**

Address (in full) **309 Ogden St.,**

Unit **109th Bn.**

Ft. William, Ont.

Original Unit

District where paid **M.D.101**

Date of Discharge **20-8-18.**

P. D. P. Filing Number **10-287-10. & 11-287-10.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22373—M. & D. 3009.

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		
175 10				4530	20-9-18	21 05	4534	20-10-18	21 05	58 00	42 10
				4531	20-9-18	50 00	4535	20-10-18	25 00		75 00 ✓
	<i>1st</i>	<i>99690</i>	<i>20-2-19</i>			<i>70 00</i>					
	<i>1st</i>	<i>49691</i>	<i>20-2-19</i>			<i>30 00</i>					
	<i>531^a = 2nd</i>	<i>935898</i>	<i>14/3/19</i>			<i>70 00</i>					

M. F. W. 127.
60M-6 17.
1772 33-1140.

Remarks: **Advance payment by Casualty Unit # 10.**

S.A. remitted direct to Mrs. M.A. Strawson, to the above address.

Mrs. Mary A. Strawson
Sarnad

Dec'n No 1491 / 228 V. S. G. File No 17538 / 911

Award days at \$ 10000 per Mo 50000

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

Less P, D. P. Credited \$ 175.10

Less further debit balance \$

Net due paid as below 324.90

SOLDIER		DEPENDENT		Amount	
No	Ch No	No	Ch No		
811	4690	70	00	811	4691 30000
2776A	30848	70	00	2776A	45703 30000
2543B	457380	70	00	2543B	45737 15600
765C	453301	39	90		

548 Wiley St
Foot William
Ont

20/2/19
14/5/19
12-5-19

20/2/19
12-5-19
12-5-19

2776^A 457035 12-5-19 ✓
457036 ✓

ch pay. should be 39⁹⁰

GEN'L AUDITOR
Posting checked by
Wiley
Date 18/10/15

ES

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Mary Strawson,* By Whom Assigned
 Address *309 Ogden St.,* Regtl. No.
Fort William, Rank
Ont. Corps

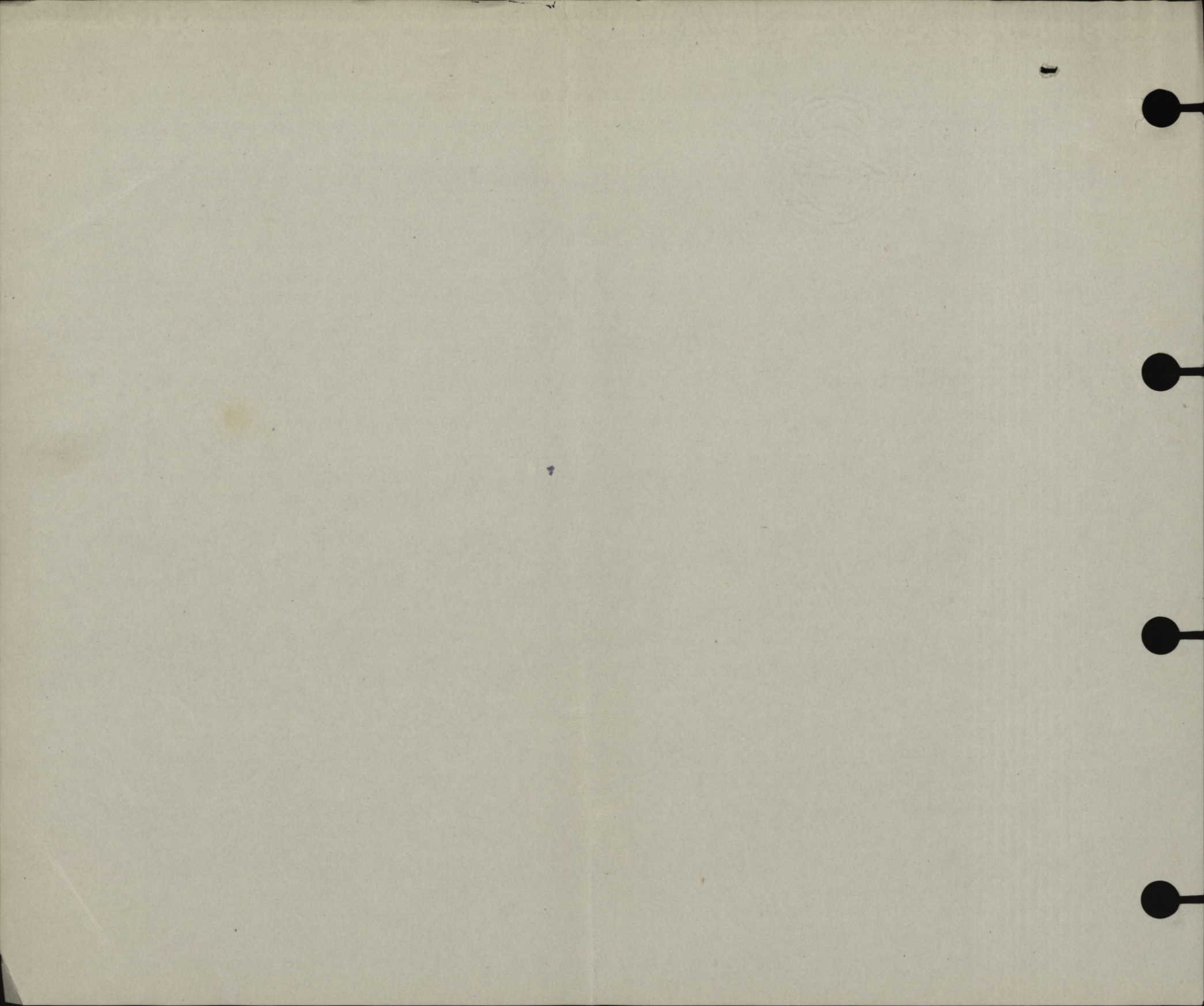
Strawson, R. A.,
724212.
Pte.
M. R. O.

SPECIAL REMITTANCE!

Rate *\$75.00*

P. 523. No. 10.55. 13-2-18 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		<i>251299</i>	<i>75 -</i>	



27-3-16.


MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mary Ann Strawson* Name of Soldier *Strawson Robt. A.*
 Address *309. Ogden St.* Regtl. No. *724212.*
Fort William Rank *Plt.*
Ont. Corps *109 Btlm*
 Relation to Soldier }
 wife, child or mother } *wife*
 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				



25 - 10

2

K 2000

380
42

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 310.-Req. 6374.

Miss M. A. Strawson
PAYMENTS.

Name of Soldier *P. A. Strawson*
724212. Pte 109 B Co

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>X 15564</i>	<i>15</i>	
Sept.		<i>Y 20780</i>	<i>15</i>	
Oct.		<i>U 25590</i>	<i>15</i>	
Nov.		<i>W 29131</i>	<i>15</i>	
Dec.		<i>P 33274</i>	<i>15</i>	
Jan.	1917	<i>S 41576</i>	<i>15</i>	
Feb.		<i>Q 45246</i>	<i>15</i>	
March		<i>7 53067</i>	<i>15</i>	<i>15 (circled)</i>
April		<i>M 5142</i>	<i>15</i>	
May		<i>B 11384</i>	<i>15</i>	
June		<i>N 20516</i>	<i>15</i>	
July		<i>H 25801</i>	<i>15</i>	<i>in</i>
Aug.		<i>W 34524</i>	<i>15</i>	
Sept.		<i>I 3984</i>	<i>15</i>	
Oct.		<i>J 45638</i>	<i>15</i>	
Nov.		<i>R 53268</i>	<i>15</i>	
Dec.		<i>V 60642</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

9

*17
15
13
5
255*

255000

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

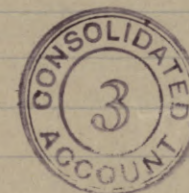
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom Mrs. M. A. Strawson ^{wife} By Whom Assigned P. A. Strawson
 Address 309 Ogden St. Regtl. No. 724212.
Fort William Ont. Rank Pte
 Rate \$15.00 AUG 1 1916 Corps 109 Blm B Coy

PAYMENTS

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



105
150

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Mary A. Shawson wife
PAYMENTS.

Name of Soldier

Shawson Robt. A.
pl.

L. L. Job 310.-Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		A 3580	42	
June		R 9725	20	
July		O 11888	20	
Aug.		B 11971	20	
Sept.		B 12483	20	
Oct.		B 20541	20	
Nov.		M. 24389	20	
Dec.		K 23397	20	
Jan.	1917	H 30333	20	
Feb.		H 33462	20	
March		D 36440	20	
April		J 3144	20	
May		J 6110	20	
June		J 9336	20	
July		I 12504	20	
Aug.		T 16073	20	
Sept.		Y 19561	20	
Oct.		K 22230	20	
Nov.		Q 25140	20	
Dec.		I 28278	20	
Jan.	1918			
Feb.			42.2	
March				
April				
May				
June				
July				

322

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422000

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.				

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

724212 Pte Strawson. R.A

LAST PAY CERTIFICATE.

PARTICULARS.

- 1. L.P.C. Issued, date 12-6-18
- 2. Authority A.G. 5-1-22. Gen Rep. 8/6/18
- 3. Discharged to Canada effective 1-4-18
- 4. Pay Book Verified 12-6-18
- 5. Balance shown on L.P.A. \$ 28.03
- 6. Balc. shown on Ledger Sheet \$ 40.20
- 7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
423	27 ⁵ / ₁₈	Shorecliffe	7 30	
585	8 ⁶ / ₁₈	do	4 84	
			12	14

- 8. Ass'd Pay Cancelled ~~A3M forms rendered~~ eff 1-4-18
- or
- 9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group "L"

* Strike out whichever inapplicable.

ASSIGNED PAY:	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE: <i>1/8/16</i>		EFFECTIVE DATE: -					
AMOUNT: <i>1500</i>		AMOUNT: -					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
<i>Mary Ann Strawson 309 Ogden St. Fort William, Ont. Wife</i>							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		<i>Sp1</i>					
UNIT AND TRANSFERS							
ORIGINAL UNIT: <i>109th Bn.</i>							
DATE ACCOUNT FIRST OPENED: <i>1/8/16</i>							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO				
			<i>CRTD</i>				
	<i>NR 1/5/18</i>	<i>20/5/18</i>	<i>B.O.B.</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
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS-CE ALL'CE			
	<i>100</i>	<i>10</i>					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged Canada "for disposal" Auth. A.G. 5-1-22. General Dept. 8/6/18*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	<i>Forward</i>								<i>6659</i>		
<i>April</i>	<i>PP</i>	<i>33</i>		<i>AR 20 CRTD. 1/4</i>	<i>2433</i>						
				<i>33 do 1/4</i>	<i>1460</i>						
				<i>car</i>				<i>15</i>	<i>4566</i>		
		<i>33</i>			<i>3793</i>			<i>15</i>	<i>6710</i>		
<i>May</i>	<i>P.P.</i>	<i>34/10</i>		<i>256. 1/4.5. #1. Del.</i>	<i>973</i>				<i>11270</i>		
<i>June</i>	<i>PP</i>	<i>33</i>		<i>car</i>				<i>15</i>			
				<i>152. 30/4</i>	<i>973</i>						
				<i>20/41 #1 det 25/8/18 14 days 3/2 for</i>				<i>2310</i>			
				<i>and 7/43 AM, 16/5/18 to 7/5/18</i>							
				<i>car (June)</i>				<i>15</i>	<i>4020</i>		
		<i>34/10</i>		<i>423 27/5 Gen Dep</i>	<i>730</i>				<i>3200</i>		
		<i>67/10</i>			<i>2476</i>	<i>2310</i>		<i>30</i>			
<i>June</i>	<i>Attached as in W to P.C. 55</i>			<i>585. 8/6</i>	<i>1487</i>				<i>3250</i>		
	<i>5th Gen Dep as Storeman from 16/7/17</i>			<i>(3857 15/6 L.N.N.)</i>	<i>973</i>				<i>1830</i>		<i>X</i>
	<i>to 10/3/18 & entitled to 120 per diem</i>			<i>Endorsed on L.P.B</i>	<i>1460</i>				<i>1830</i>		
	<i>Under no</i>										
<i>Sept.</i>				<i>Sailing Bal.</i>	<i>1830</i>				<i>NIL</i>		
					<i>1830</i>						

This space to be for numbers

3-12-11



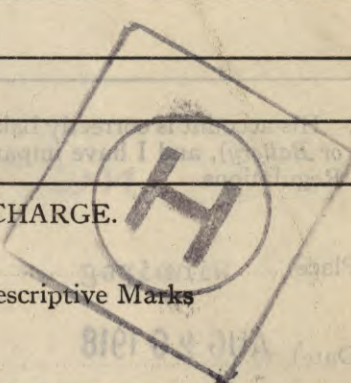
DEPT. OF MILITARY AFFAIRS

SEP 10 1918

H.Q. CANADA

Proceedings on Discharge.

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

No. <u>724212</u>	
Rank <u>Private</u>	
Surname <u>Strawson</u>	
Christian Name <u>Robert Allen</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>109th Battalion</u>	
Date of Discharge <u>AUG 20 1918</u>	
Place of Discharge <u>Winnipeg.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>50</u> years..... months.	 <p>Descriptive Marks</p> <p><u>Fractured left leg.</u></p>
Height <u>5</u> feet <u>6 1/2</u> inches.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Brown (sides Grey)</u>	
Trade <u>Chimney Sweep</u>	
Intended place of residence } <u>309 Ogden St.</u> <u>Ft. William, Ont.</u> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <u>Being medically unfit</u> for further war service.	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <u>Chimney Sweep.</u>

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Handwritten notes and signatures:
K. G. ...
W. G. Comp. 7-2-19

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

None

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

6. Medals and Decorations.....

Nil

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).....Winnipeg.....

Thom Cook Lieut.

(Date).....AUG 20 1918.....

Commanding Dis. Sec, District Depot.

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).....Winnipeg.....

R. A. Strainson (Signature of Soldier.)

(Date).....AUG 20 1918.....

Thom Cook (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.

20-8-18 Total.....*2* years.....*147* days.

11. Confirmation of Discharge.

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

(Place).....Winnipeg.....

R. A. Green Lt.-Col.

(Date).....AUG 20 1918.....

OoC.No 10 District Depot MD 10.

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.)

<p>Millita Form B. 235 Attestation Paper</p>	<p>Reg. Conduct Sheet Millita form B. 203</p>
<p>Proceedings on Discharge B. 218</p>	<p>Conduct Sheet B. 203 Squadron Battery Company</p>

none

R. J. Strawn

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.

SEP 10 1918

22-9-01-8118

808-10-9-18

Reservations referred to at Para. 8.
(To be signed by the soldier. When the soldier is so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>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>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.

Additional Certificate to the effect of a soldier who takes his discharge at his own request.

Statement of Service.

20-3-18

Continuation of Discharge.

Signature: [Faint signature]

60012-10 District Depot HQ

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 724212 Rank ptc Name Strawson, R. A. 191 7
Local Unit 124 Overseas Unit _____ Age 44

Examination held in Bramshott area.

DISABILITY. asthma

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Has been troubled with the above since coming to England. Has trouble with the route marching. Physique poor.

Board recommends :

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty. B. (ii)
5. Discharge.

Signatures :

Members { C. C. Cole Pres.
H. MacLennan Capt

Approved.

Bramshott 10-1 191 7
A. Stewart
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. *101* Rank *Private* Name *W. H. ...*
 Local Unit *125* Overseas Unit *...*
 Examination held in Bramshott area
 DISABILITY *...*
 Overseas—Local (attach one only)

PRESENT CONDITION

...
...
...

1. *...*
2. *...*
3. *...*
4. *...*
5. *...*

Signature: *...*
 Members: *...*

Approved

Bramshott

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.

Draft of July 9/1918.

STATION Winnipeg, Man. DATE July 24th 1918.

1. 1 (a) Unit 109th 3rd Labor. 11th C.R.T. 10 D.D. (b) Regimental No. 724212 (c) Rank Pte.
 (d) Surname STRAWSON (e) Christian name Robert Allen.

2. Age last birthday 50 Date of birth December 11th 1868

3. Enlisted at Lindsay, Ont. on March 27th 1916.

4. Personal description:—

(a) Height 5ft 6½ inches (b) Weight 138 (c) Complexion Fair
 (d) Colour of hair Light (e) Colour of eyes Grey (f) Identification marks

Tattoo on right left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners)

309 Ogden St., Fort William Ont,

6. Former trade or occupation Chimney Sweep

7. (a) Service

	PERIODS	
	From	To
<u>C.E.F.</u>	<u>March 27th 1916.</u>	<u>July 24th 1918</u>

(b) Has he been overseas? 23 months France Original disease or disability Chronic bronchitis.
9 months.

(a) Date of origin October 27th 1917. (b) Place of origin Dunkirk, France.

(c) Cause* Exposure.

(d) Present disease or disability Impaired function of the lungs.

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.]

The chest is moderately emphysematous. Marked hyper-resonance on percussio
over both lungs in front. Vocal resonance and fremitus moder
ately increased over both upper lobes. Coughs every morning about ½



9. Present condition.—(Continued.)

ounce whitish sputum. On damp weather, coughs up a good deal more. There are coarse, moist rales in upper lobes of both lungs more marked in right lobe. During cold and rainy weather has a feeling of constriction in chest. Can walk 2 or 3 miles; heart sounds normal.

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

Nervous Yes Digestive Yes Respiratory Except as stated above Cardiac Yes Genito-Urinary Yes Skin, Middle Ear, Eye or any other part Except as stated above

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

Had fracture of left Fibula. October 27th 1917. Union good No disability.

(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?

Originated on service.

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

No, No, No, 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?

Minimum period of 6 months.

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

Hospital England 2 months 3 weeks.

OPINION OF THE MEDICAL BOARD—(Continued).

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

Discharge as medically unfit.

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 Winnipeg, Man.

DATE July 24th 1918.

[Handwritten signature]

[Handwritten signature]

President.

[Handwritten signature]

Members.

APPROVED BY

[Handwritten signature] *Col.*

Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE JUL 29 1918

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.

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.)

No

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why.)

17. Recommendations Discharge as medically unfit.

R. J. Whitte Lee
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 Robert Allen STRAWSON 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

Robert Allen Strawson
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.

Yes.

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).

This space to be left blank for the Chelsea Number.

2/1

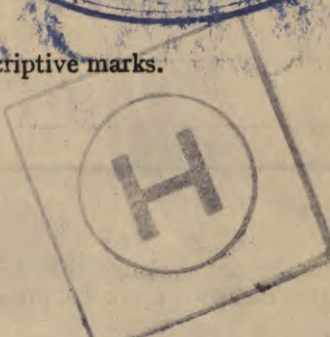


Army Form B. 268.

9238

Proceedings on Discharge.

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

No. <u>38232</u>		Army Rank <u>Private.</u>
Name <u>Strawson R.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>23RD RES. BATT. C.E.F.</u>		
Battalion, Battery, Company, Depot, &c. <u>West Sandling</u> <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 _____		
1.	Description at the time of discharge.	
Age	<u>43</u> years <u>10</u> months	Descriptive marks. 
Height	<u>5</u> feet <u>5 1/2</u> inches	
Chest measurement	girth when fully expanded <u>38</u> ins.	
	range of expansion <u>2</u> ins.	
Complexion	<u>Fair</u>	
Eyes	<u>Grey</u>	
Hair	<u>Fair</u>	
Trade	<u>Chimney Sweep</u>	
Intended place of residence	<u>332 Robertson St Ft. William Ont.</u>	
(To be given as fully as practicable)	<u>548 Wiley St. Fort. William, Ont., auth. letter. 31-1-20.</u>	
* (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.)		
2. The above-named man is discharged in consequence of _____		
TO BE INVALIDED TO CANADA FOR SUBSEQUENT DISPOSAL BY MILITIA AUTHORITIES		
<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 :— <u>No record</u>	
	4. Character awarded in accordance with King's Regulations :— <u>No record</u>	

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.		
		<u>[Signature]</u> Initials of Commanding Officer.
Army Form B. 2088 has been issued to*		

Canada

12

Star 21-10-19ea.

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

Present (na)

Certificate of education

J. Brown Lt Col

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

(Place)

(Date)

Commanding 23rd Re Battn. C.E.F. Regiment.

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

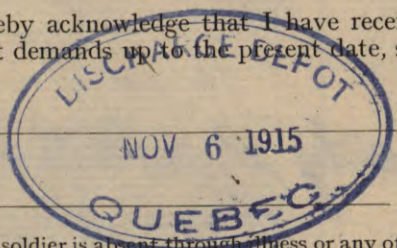
I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place)

(Date)

Robert Harrison (Signature of Soldier.)

A. Beane (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

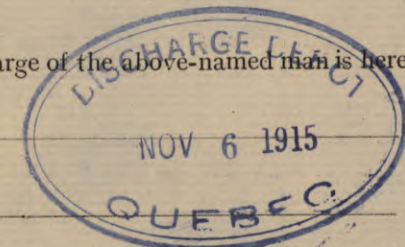
(date)

(Place)

(Date)

Signature

J. J. Mearns Major R. C. A. C. Discharge Depot.



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.)

No.

P. Strawton

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 depot 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.

*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Port Arthur - MILITIA DEFENCE

on the Dec 20th 1915 - H.Q. 649-81417
CANADA

by order of A.D.M.S. M.D. NO 10

for the purpose of Examining Plt. Robert
Strawson 23rd Reserve Batt C.E.F.

PRESIDENT.

G.W. Brown
Major M.O. 96th Regt

MEMBERS.

J.D. Chisholm
Capt. M.O. 94th Batt.

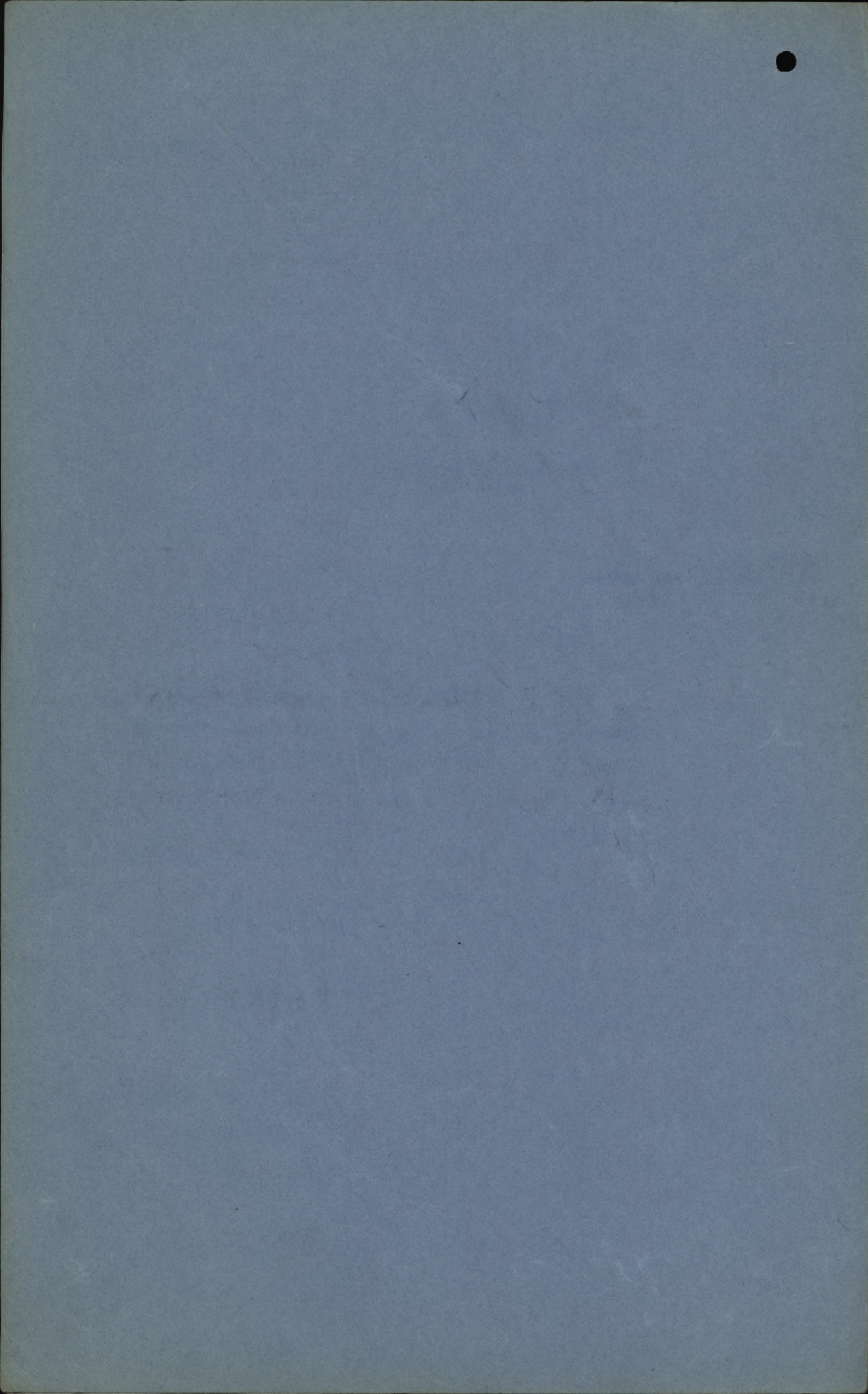
A.D. Stewart
B.A. M.D. C.M.

The Board having assembled pursuant to order, proceed to examine into the condition of Plt Robert Strawson 23rd Reserve Batt C.E.F. find that Plt Robert Strawson has fully recovered from a small puncture wound of left wrist and also from some lung trouble - which he was said to have, and is fit for service -

Pres. } G.W. Brown
Major M.O. 96th Regt

Members } J.D. Chisholm
Capt. C.M.C.

A.D. Stewart
Capt 96th C.S.R.



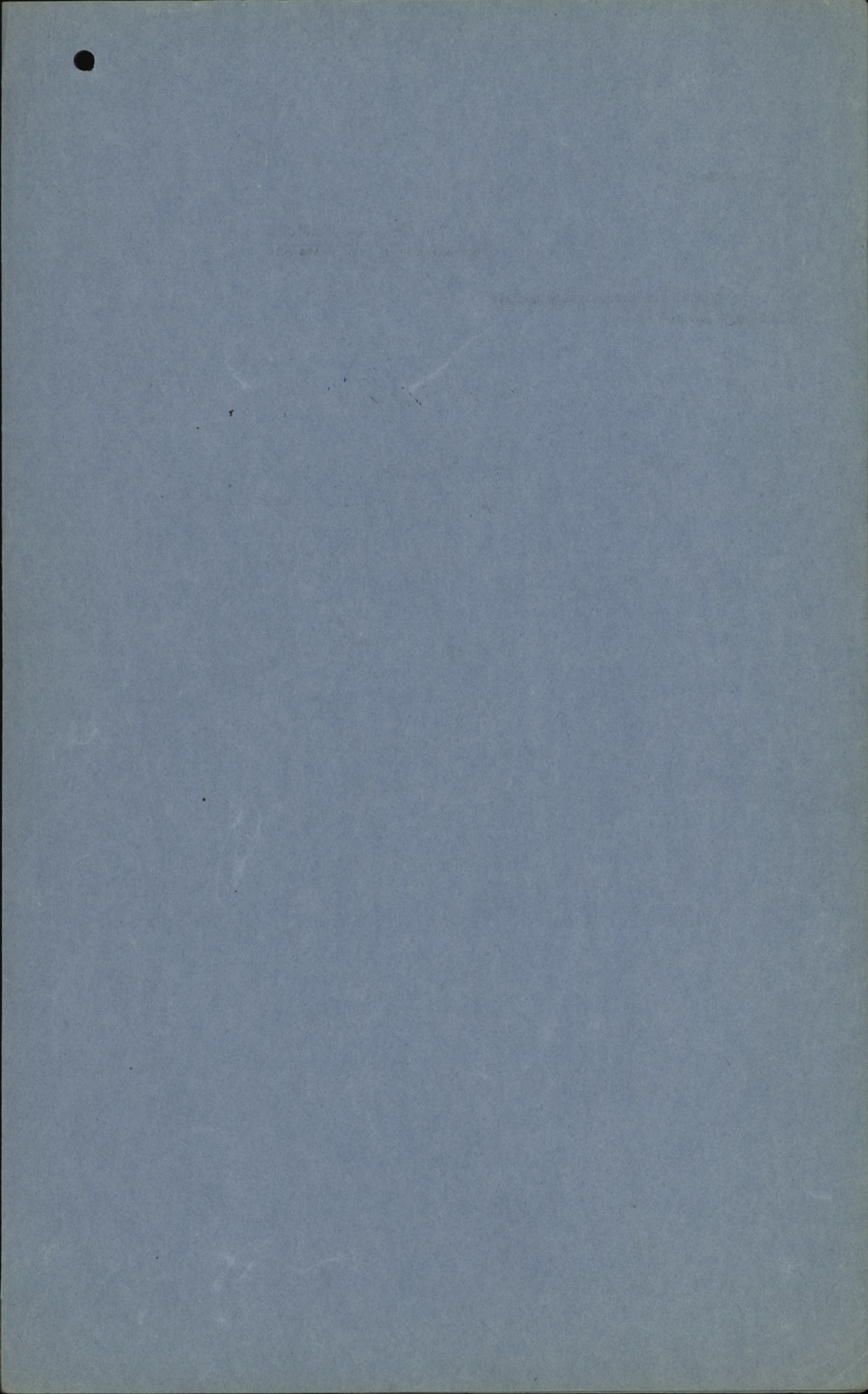
Approved,

Wm. Tanner

Captain, A.M.C.
of A.D.H.S., M.D.No. 10.

Winnipeg, Man. ~~RECORDED~~
January 6th. 1916.

APPROVED
Accepted "fit for service"
FEB 8 1916
[Signature]
D.G.M.S.
[Signature]



ORIGINAL

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^A to be used for Special Reserve recruits and
 Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Strawson Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish London County England

Examined ... { on 22nd day of December 1914.
 at Port Arthur

Declared Age ... 38 years ... days.

Trade or Occupation ... Chimney sweep

Height ... 5 feet, 7 inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded. 38 inches.
 Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks { Arm ...
 Number ...
 Right ... Left 1

When Vaccinated ... May 15

Vision ... { R.E.—V=Good
 L.E.—V=Good

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

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

Approved by (Signature) _____
 (Rank) _____
Medical Officer.

Enlisted ... at Port Arthur
 on 22nd day of December 1914

	Corps.		Regtl. No.
Joined on Enlistment ...	<u>32nd Batt</u>		<u>A38232</u>
Transferred to ...	<u>Transferred to 32nd Reserve Battalion C.E.F.</u>		

Became non-effective by _____
 on _____ day of _____ 1914.
 (Signature) _____
 (Rank) _____

Sick List in the case of Warrant Officers treated in quarters.

...ing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of 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

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board.

assembled at Port Arthur, Ontario.

on the February 20th 1916.

by order of A.D.M.S. M.D. No. 10.

for the purpose of Reporting on Pte. R. Strawson

No. 38252, 23rd Reserve Battalion, C.E.F.

DEPT MILITIA & DEFENCE
MAR 22 1916
CANADA
6498-1417

PRESIDENT.

G.W. BROWN
Major & M.O. 96th Regt.

MEMBERS.

A.D. Stewart, Capt. 96th Regt.

J.L. Chisholm, Capt. A.M.C.

The Board. having assembled pursuant to order, proceed to report on Pte. R. Strawson, find. (1) That he has bad teeth. Chest measurement are, full inspiration, 37½ inches. full expiration, 35 inches. On examination lungs and heart seem normal. Has no cough. Weight about 160 Lbs. Small scar of wound on left wrist caused by a shell while at gun practice in France. Does not effect him now. Age. 43 Years. (2) Earning power is 100% in the general Labour market (3) That he has not disability at present except bad teeth and age. (4) Treatment in a Convalescent Home would not benefit him and he refuses to accept it.

President.

Members

G.W. Brown
Major M.O. 96th Regt

checked SS
4/4/16

13

A.D. Stewart, Capt 96th RSR.
J.L. Chisholm Capt A.M.C.

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APPROVED,

W. H. Kelly

Captain, A.M.C.
a/ A.D.M.S., M.D. 10.

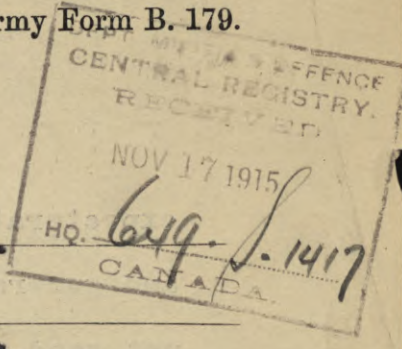
Winnipeg, Man. Mar. 10th., 1916.

APPROVED
MAR 21 1916
W. E. Wilson
W. E. Wilson
a/ D.G.M.S.

22-5-177

Army Form B. 179.

Medical Report on an Invalid.



Station West Sandling.

Date Sept. 27th./15.

1. Unit 25rd Reserve Battalion.
 2. Regimental No. 38232.
 3. Rank Pte.
 4. Name Strawson. Robert,

5. Age last birthday 43
 6. Enlisted { on March 24.15.
 { at Fort William Ont.
 7. Former Trade {
 or Occupation { Chimney sweep.

8. Disability.

Chronic Bronchitis.
Bad Teeth and cavities.
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. Aug. 20.15.
 10. Place of origin of disability. Lo. Havre.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Patient has chronic cough with shortness of breath, unable to follow up marching. Went before a Beard while in France, for Bronchitis and bad teeth and given P.B.

Condition has not improved since coming back from France.

Had chronic cough before going to front, but got worse when sleeping out.

12. (a) Give your opinion as to the causation of the disability.
 (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Ordinary military service.
Chronic bronchitis and bad teeth.

*332 Robinson St.
 Fort William Ont.*

*MM 17
 16/11/15.*

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.

Patient complains of bad cough worse in morning, with expectoration and shortness of breath. Unable to do any marching and general condition getting worse. General condition and appearance not good, over age, exam of chest, expansion nil. Respiratory movements abdominal. Breath sounds diminished over whole of chest, no rales or Bronchial breathing.

Patient is (~~much over military age and~~) unfit for active service unable to do any route marching. Teeth in bad condition.

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

- (a) In action? **No**
- (b) On field service? **Yes**
- (c) On duty? **Yes**
- (d) Off duty? **No**

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

If so—(a) When?

(b) Where? **No**

(c) Opinion?

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

No

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

No

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?

Disease.

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Home service.

A. C. Armstrong, Capt. R.A.M.
Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

* 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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital 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 pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(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.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service. (1) *Yes* (2) *No* (3) *No*

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

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

22. Is the disability permanent? *No*

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

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? *1/4*

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) Discharge as permanently unfit, *No*

or *Home Service*
(b) Change to England? *Yes*

Approved.
Y. G. Mackay
Captain A/D.A.A.G.
for Brigadier-General,
Comdg. Can. Train. Div., Shorncliffe.

SINCE THE ABOVE RECOMMENDATION IT IS RECOMMENDED THAT THIS PATIENT BE SENT TO CANADA AND RETAINED IN THE SERVICE UNTIL HIS DEPOT IS REACHED WHEN HIS FURTHER DISPOSAL, EITHER FOR SERVICE IN CANADA OR FOR DISCHARGE AS UNFIT SHOULD BE PROVIDED BY MILITARY AUTHORITIES HERE. *W. J. Mackay*
LT COL.
AND THE CANADIANS,
SHORNCLIFFE.

Signatures :—

W. J. Mackay President.
Geo. H. ... Members.

Station *Shorncliffe*
Date *5-10-15*

Approved.
Station *Shorncliffe*
Date *6-10-15*

R. C. W. Irving
Administrative Medical Officer
W. J. Mackay
Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 or Station _____ } Name of { Conveyance _____
 Vessel _____
 Embark- { Date _____
 ation { Port _____ } Officer in }
 medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____ Officer in medical charge.
 Station } _____

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Nov 5/15.

The medical Board having met and examined Pte Robt Strawson # 38232, considers the answer to Q 20 (a) to be "no" as both his disabilities existed before enlisting. The board concurs in answers to Q 22, 23 & 24 and recommends his discharge as medically unfit.

*Gairwinter Major AMC
 Wm. Carver Capt AMC
 Rm 1111 St Anne*

Date of final Medical Board, or decision } _____

Nov. 5/15

APPROVED
 JAN 5 1916
[Signature]
 a/D.G.M.S.

*Gairwinter Major
 Administrative Medical Officer. 5th D.*

Army Form B. 179.

MEDICAL REPORT ON AN
 INVALID.

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.
 (23) (88579) W. 1. 1836 475M 5-15 W B & L
 Forms B. 179.
 34

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

27/3/16

Separation and Assigned Pay Branch

12898

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		

P.O. 3257

ANOTHER ACCOUNT IN

Spec Rem! Ledger
 Ledger
 Ledger
 Ledger

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 724212
 Rank Pte Promoted Reverted Discharge
 Soldier's Name R A Strawson
 Battalion 109 Battrn B Coy
 Beneficiary Mary Ann Strawson
 Relationship Wife
 Address

Name Mrs M A Strawson
 Address 309 Ogden St Fort William
 Change of Address Ont.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 1917		422	255	677
Jan	18 B 72334	30	15	45
Feb	K 70965	25	15	40
Mar	V 91374	25	15	40
Mar	Z 92511	25	15	40
April	W 11750	25	15	40
May	X 22734	25	15	40
June	Y 23396	25	15	40
July	A 22570	25	15	40
		602	360	962
Aug	W 41135	25	15	40

17538-R-1

REMARKS

Account closed 3-7-18
 Ret'd per *Empire of Britain*
 Date *9-7-18*
7-10-18 Clerk *De Joux*
 V 91374 cancelled on audit test 27-5-18
 info 2995 transferred to no. 10
 same per *10-7-18*
 W 41135 - CCO-5475 *17/8/18*
4/6

M. F. W. 128.
 400M. 6-17-1772-39-11M1.
 L. L. 22220-M. & D. 7993.

