

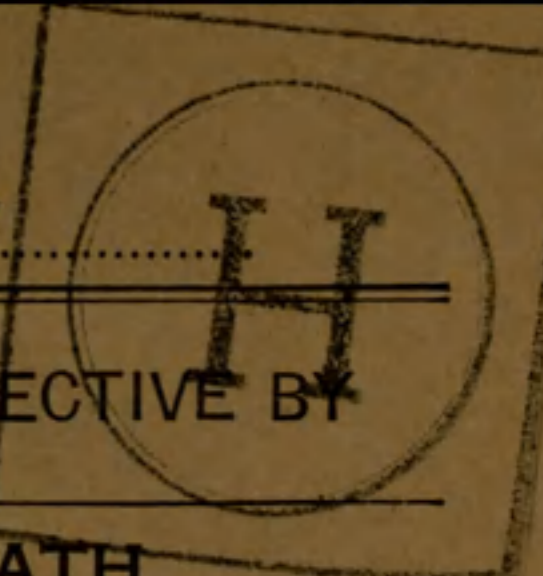
C.E.F. REGIMENTAL DOCUMENTS

NAME **A SELTINE, ARTHUR WARWICK**

REGT. No. **CAPT.**

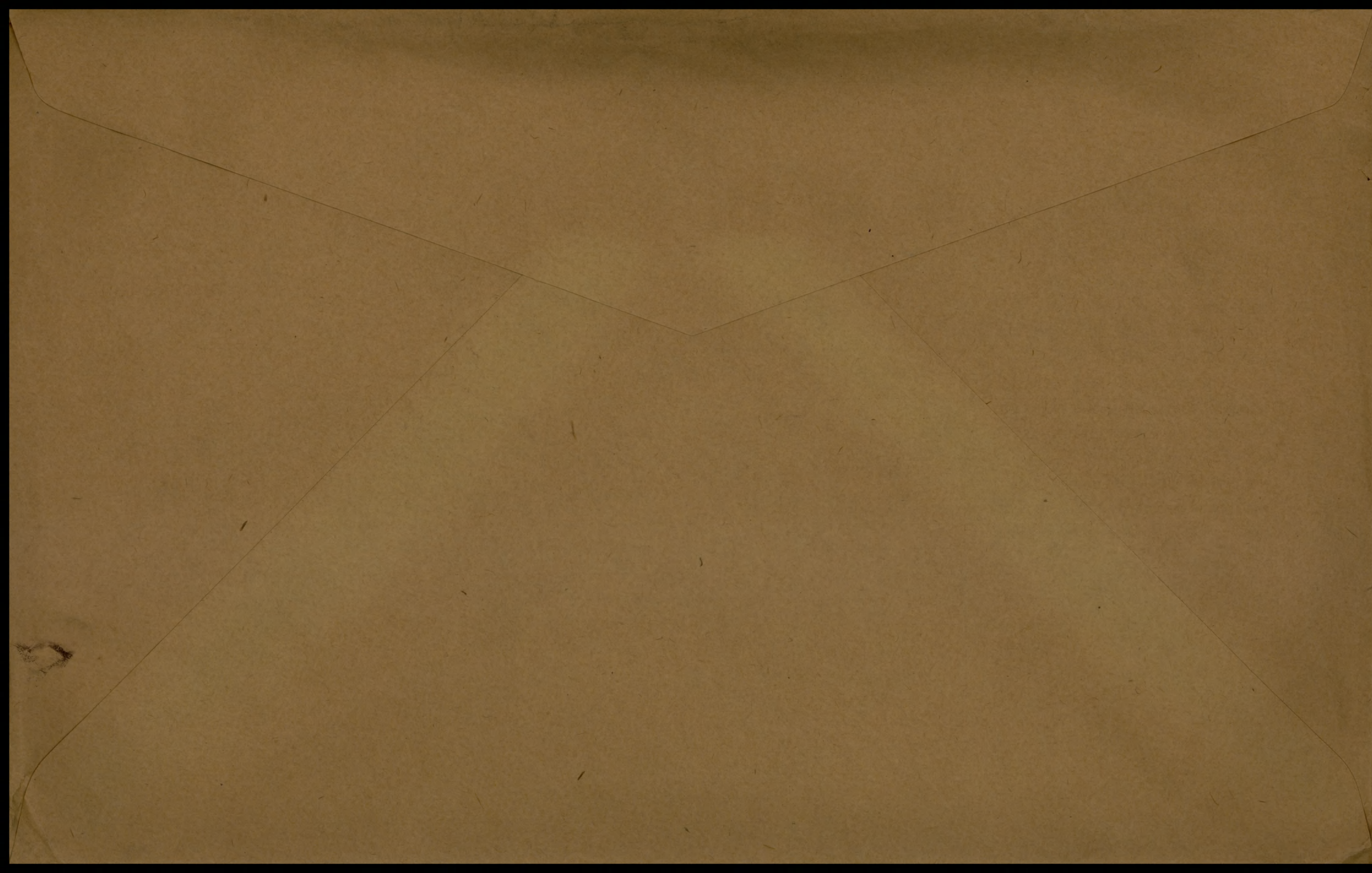
UNIT **2 BN**

H. Q. FILE No. **X 4744**



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 455)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					





Unit 109th. O/S. Bn. C.E.F. Rank Lieut. Name A.W. Aseltine.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE
ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Aseltine
- (b) What are your Christian Names? Arthur Warwick
2. (a) Where were you born? (State place and country) Kingston Ontario
- (b) What is your present address? 220 Alfred St. Kingston Ont.
3. What is the date of your birth? 10th. of July 1888.
4. What is (a) the name of your next-of-kin? Mrs. W.H. Aseltine.
- (b) the address of your next-of-kin? 220 Alfred St. Kingston Ont.
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Mech. Engineer.
6. What is your religion? Methodist.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? 14th. P.W.O.B.
9. State particulars of any former Military Service. none.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

A. W. Aseltine (Signature of Officer.)
Capt.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Apr 25 1916
Place Hurdsway Club
Medical Officer McCulloch Capt.
109th Overseas Battalion C.E.F. Medical Officer.

*Insert here "fit" or "unfit".

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONNAIRE

QUESTIONS TO BE ANSWERED BY OFFICER

NAME

REGIMENT

UNIT

PLACE AND COUNTRY

DATE

GRADE

REGIMENT

UNIT

GRADE

REGIMENT

UNIT

GRADE

REGIMENT

UNIT

GRADE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY THE OFFICER

STATEMENT OF MEDICAL EXAMINATION

STATEMENT OF MEDICAL EXAMINATION

STATEMENT OF MEDICAL EXAMINATION

STATEMENT OF MEDICAL EXAMINATION

STATEMENT OF MEDICAL EXAMINATION

STATEMENT OF MEDICAL EXAMINATION

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

E.S. 3-31.

E.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Lieutenant.....

(Name in full).....Arthur Warwick SELVIE (W.C.).....

Enlisted in.....The 109th Battalion,.....

CANADIAN EXPEDITIONARY FORCE, on the.....~~XXXXXXXXXXXXXXXXXXXX~~.....

day of.....~~XXXXXXXXXXXX~~191.....AND WAS APPOINTED to COMMISSIONED RANK

in.....The 109th Battalion,.....

CANADIAN EXPEDITIONARY FORCE on the.....Twenty-fifth.....day

of.....April.....191.....5.

He SERVED in CANADA,.....ENGLAND and FRANCE with the 109th Batta.,
6th Reserve Batta., 2nd Battalion, Eastern Ontario Regt'l. Depot,
Sarnia, District Depot #3......

and was STRUCK OFF THE STRENGTH on the.....Twenty-fifth.....day

of.....April.....191.....9 by reason of.....General Demobilization......

Dated at Ottawa, this.....Twelfth.....day

of.....November.....191.....9.

Awarded Military Cross, E.S. 15-9-18.

Reverted to rank of Lieut from Capt. 22-5-17.
in order to proceed overseas.

L. J. Leggett
.....Lieut......
for Director of Personal Services.

NR18
2/15-11-19

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank) _____

Name is (Full) _____

Entered in _____

CANADIAN EXPEDITIONARY FORCE, on the _____

day of _____ 191____ AND WAS APPOINTED to COMMISSIONED RANK

in _____ CANADIAN EXPEDITIONARY FORCE on the _____

191____

HE SERVED IN CANADA _____

and was STRUCK OFF THE STRENGTH on the _____

day of _____ 191____ by reason of _____

at _____

191____

Director of Personal Services

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) ASELTINE, A.W.

REGIMENT 2nd BATTN. RANK LIEUT. No. —

Date of Examination in England 3-4-19 Date of Examination in France —

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

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

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada

(b) In England

(c) In France

BRAMSHOTT CAMP
HAUNTS.

Signature of Dental Officer M.A. McHauer Capt

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

DATE: [Illegible]

[Illegible text block]

BY: [Illegible]

[Illegible text block]

APPROVED: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text at bottom]

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				
15 9 18	GHA	To be A/capt Vice Temp Capt T.W.B. Marling <i>wounded</i>	26	25 8 18	ACR 205 L. 9. 30943 ^{9/10/18}
28 9 18	BAMS	Adm to General Hosp Camiers		25 9 18	CL 1098 Vincent's Angina Sgt
28 10 18	2 nd Bn	Inval. to England & det to EORD		26 9 18	PT 299
6 11 18	AmS	Adm Gen Convl Officers Hosp Mallock Bath <i>Discharged</i>		20 10 18	CL 1131 A.F.B. 103
28 9 18	BAMS	Adm Hosp for Officers 53 Cadogan Square W		24 10 18	CL 1149
3 10 18	EORD	Yon S for 2 nd Bn adm. to hospital		26 9 18	CL 1098 Vincent's do 8 OCT 1918
1 11 18	6 th Res	TOS on posting from EORD & granted leave from 24-10-18 to 16-11-18		26 9 18	PT 248
10 11 18	GHA	Relinquishes rank of Capt (Sick)		24 10 18	PT 259 SOS EORD PT 273
20 11 18	EORD	attached for duty with Regt Depot Group Witley		23 10 18	ACR 213 L. 9. 31036 ^{29/11/18}
15 1 19	EORD 6 th Res	TOS on posting from 6 th Res		17 11 18	PT 288
28 1 19	2 nd Bn	S.O.S. & Establishment		10 1 19	PT 12 SOS 6 Res PT 9
8 4 19	Bldg	TOS from EORD Placing R.T.C.		23 1 19	PT 11 5.
17 4 19	CC Bramshott	S.O.S. on Proceeding to Canada. Sailed for Canada		4 4 19	PT 11.
				14 4 19	PT 12
				14 4 19	Sailing list 49

14845

ET.

Rank and Name

ASELTINE, Arthur Warwick

Captain.

Adj.

25-5-16

Regimental No.

Name and Address of Next-of-Kin

Mother.

1.5.17

Unit 109th Battn.

Lieut

Mrs, W.H. Aseltine.

Date of enlistment

220, Alfred St. Kingston.

Place of birth

Kingston, Ontario, Canada.

Ontario, Canada.

Married (Yes or No)

No.

Date and place of discharge

If in Permanent Force

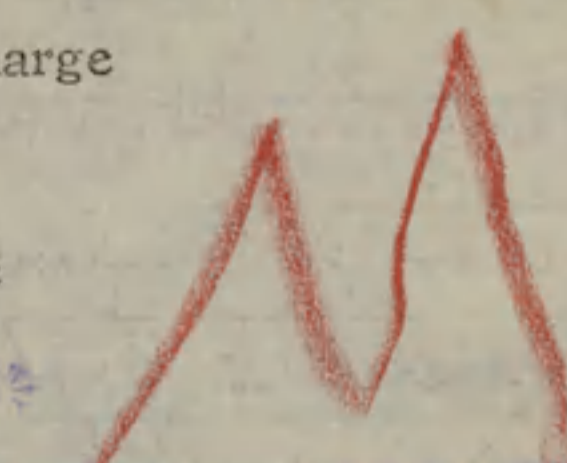
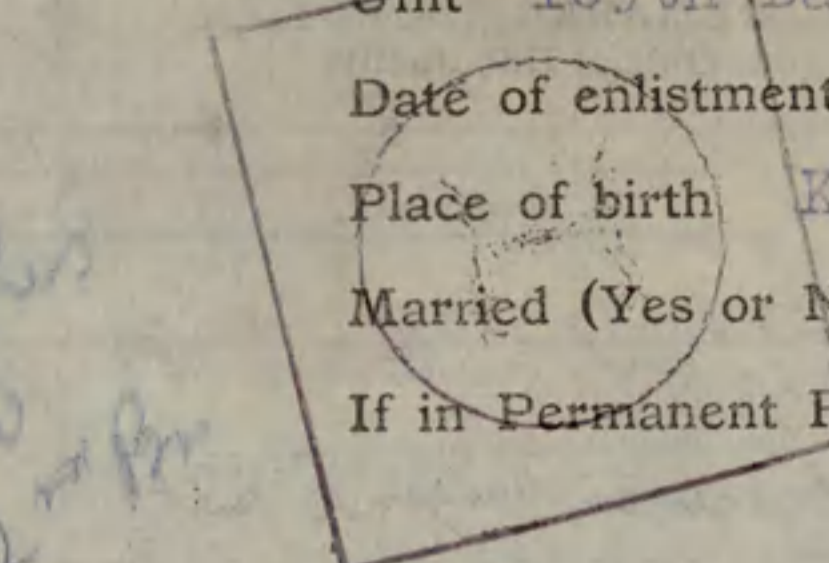
Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-16

202
60 Pns
2nd Bn



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	36 Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
7.1.17.	C.B. Wilby	<i>sent to 202 Bn</i>		30.12.16	RO 64 Pt II ord. 4. 202 Bn
8.3.17	5th Div	<i>S.O.S. on trans to 6th Res Bn</i>	<i>208.</i>	9.3.17	<i>Pt II ord 76. 6th Res Bn RO 1498 Seaford</i>
23-4-17	HQ	<i>Qualified 1st class 3 course of Instruction at Canadian French Warfare School Cowborough</i>	<i>Canadian French Warfare School Cowborough</i>	5.3.17.	<i>D.O. 962.</i>
31.3.17	Seaford			11.4.17	RO 1232 RO 1868 Seaford
22.5.17	HQ Seaford	<i>Reverts to Rank of Lieut at own Request on Proceeding</i>		22.5.17	<i>Reinforcements No 40. RO 202317</i>
3.8.17	WO	<i>Reverts to Rank of T. Lieut on Proceeding of Reas</i>		22.5.17	<i>L.G. 30217</i>
9.11.17.	2 Bn.	<i>Granted 10 days Leave of Absence</i>		28.10.17.	<i>Pt II ord 107.</i>
22.3.18	"	<i>Granted 14 days leave to U.K.</i>		4.3.18	<i>Pt II ord 22.</i>
18.6.18	WO	<i>To be act. Capt.</i>		18.1.18.	<i>London Gaz 30751</i>
		<i>Retains the Rank of Capt from 24.18 to</i>		13.5.18	" "
		<i>Relinquishes the Rank of Capt.</i>		29.5.18	" "
13.9.18	2 BN	<i>Granted 10 days leave to Paris</i>		8.9.18	<i>Pt II 88</i>
		<i>Pt II</i>			

CAF.B. 103, JUN. 1917

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

M. F. W. 54. (A. F. B. 133.)

500M.—9-16

H. Q. 1772-39-9/0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *6th Canadian Reserve Bn.*

Regimental No. Rank *Capt* Name *Oseltine Arthur Warwick*

Enlisted (a) Terms of Service (a) *DoFW* Service reckons from (a) *23.7.16*

Date of promotion to present rank } *15-9-18* Date of appointment to lance rank } Numerical position on roll of N. C. Os. } *13*

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				
<i>1.11.18</i>	<i>OC 6th Res Bn.</i>	<i>Y.O.S. 6th Res on posting from 20RD.</i>	<i>Seaford</i>	<i>24.10.18</i>	<i>PIE B.O. 259.</i>
<i>18.11.18</i>	<i>OC 6th Res.</i>	<i>"By Command Regt. Depots Witley</i>	<i>Witley</i>	<i>17.11.18</i>	<i>PIE B.O. 271</i>
<i>16-12-18</i>	<i>OC 6th Res</i>	<i>Relinquishes the acting rank of Capt</i>	<i>Witley</i>	<i>23-10-18</i>	<i>PII BO 295</i>
<i>11-1-19</i>	<i>OC 6th Res</i>	<i>Leaves to be on command Regt. Depots.</i>	<i>Witley</i>	<i>10-1-19</i>	<i>PII BO 9</i>
<i>11-1-19</i>	<i>OC 6th Res</i>	<i>Leaves on posting to 20RD.</i>	<i>Witley</i>	<i>10-1-19</i>	<i>PII BO 9</i>
	<i>1st CORN.</i>	<i>Attached from 20RD for duty with RO9 on 20RD preceding to Seaford.</i>	<i>Witley</i>	<i>25.1.19</i>	<i>PII BO #</i>

H. J. L. L. L.
OFFICER i/c RECORDS 6th CAN. RES. BN

H. J. L. L. L.
OFFICER i/c RECORDS 6th CAN. RES. BN
J. H. Pearson
OFFICER i/c RECORDS
1st CORN.

(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				
	CC Camp	T.O.D. B. being CCC from EOP Depot Seaford	Bramshott	3-4-19	Order 11 d/8-4-19
12-4-19		S.O.S. OMBC. PROCEEDED TO CANADA			PT. 2-0-NO 12 DATE
	OLYMPIC HAMPTON 164419	<i>W.P. Sully</i> ADJUTANT GENERAL			<i>P. P. P. Moore Lieut.</i> <i>Asst Adjutant Genl Can. Inf Br</i>
26/4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. ³	15/4/19	C.E.F. R.O. No. 1921-19
1/5/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. ³	25/4/19	C.E.F. R.O. No. 1929-19
		<i>D. P. P. Moore</i> Lieut. for Director Personal Services			

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.....

Lieut Captain

(3) Full Name of Soldier.....

Arthur Warwick Aseltine

(4) Place of Birth.....

Kingston Ontario

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

No

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

(b) Present Postal Address.....

(7) Are you a widower?.....

No

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

No

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

Also their names and ages.....

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

If so, state name and address.....**William Henry Aseltine, Kingston Ont.**.....

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

If so, state name and address.....**Fanny W Aseltine Kingston Ont.**.....

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

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

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

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

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

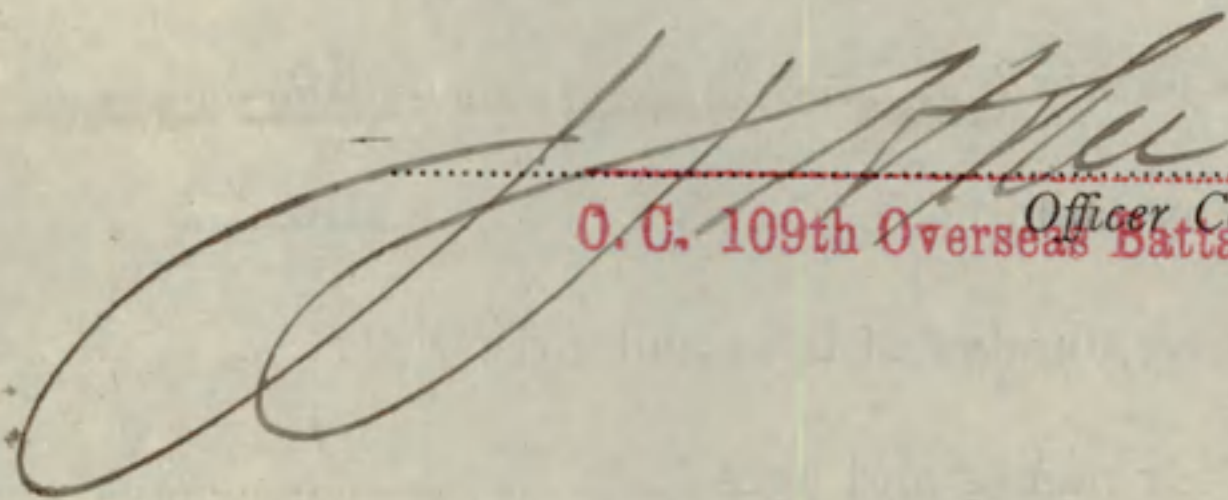
(15) Are you insured?.....**No**.....

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

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

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

Date.....**June 13th.16.**.....


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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<p><i>Capt Aseltine Arthur Napier</i></p>			
Year	Unit.	Age.	Service.	
	<p><i>1918</i> <i>27</i> <i>38</i> <i>CANADA.</i></p>			
Station and Date.	Disease	<p><i>Acute Dysentery</i></p>		
	<p><i>C. C. H. MATLOCK BATH.</i></p>			
ONSET	<p><i>23-9-18</i></p>			
WHERE	<p><i>France</i></p>			
HISTORY OF DISABILITY.				
<p><i>Was in C. C. H. with marked swelling of</i> <i>loughing of tonsils. To No 20 Gen. H. & then to</i> <i>General's Home Hosp. 26-9-18 - no diptheria B.</i> <i>To C. C. H. 19-10-18.</i></p>				
PERSONAL AND FAMILY HISTORY.				
<p><i>Always troubled with "sore throats"</i></p>				
PRESENT CONDITION. <i>fairly good.</i>				
DIGESTIVE SYSTEM. <i>appetite fair, bowels regular</i>				
CIRCULATORY SYSTEM. <i>} O.K.</i>				
RESPIRATORY SYSTEM <i>} O.K.</i>				
NERVOUS SYSTEM. <i>sleep well</i>				
G.U. SYSTEM. <i>No subj. symptoms</i>				
LOCAL CONDITION. <i>Throat now clear. Teeth good</i>				
<p><i>Treat - Saline mouth wash. Baths</i> <i>Bitter Tonic.</i></p>				
<p><i>20-10-18</i> <i>Boarded A.</i></p>				
<p><i>Discharged</i></p>				

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

MEDICAL REPORT ON THE CASE OF



1. Rank and Name *Capt. Aseltine A W*
 2. Corps *2 Cav: Inf: Bn* 3. Age *33* 4. Service *3*

5. Disability *Ulceration of palate & tonsils*
 6. Date of Origin *23-9-18* 7. Place of Origin *Haigicourt*

8. Name of hospital where undergoing treatment, and date of admission *Gensley Hoare Hospital 26-9-18*

9. Nature of wounds, injuries, or disease *- See nos. Vincent's Anemia*

A. WOUNDS.

- (a) Situation and condition of entrance wound } -
- (b) Situation and condition of exit wound }
- (c) Nature of projectile. Whether lodged, passed through, or extracted }
- (d) Nature and date of operation (if any) }

**CAN OFF HP
MATLOCK BATH.**

B. INJURIES OR DISEASE.

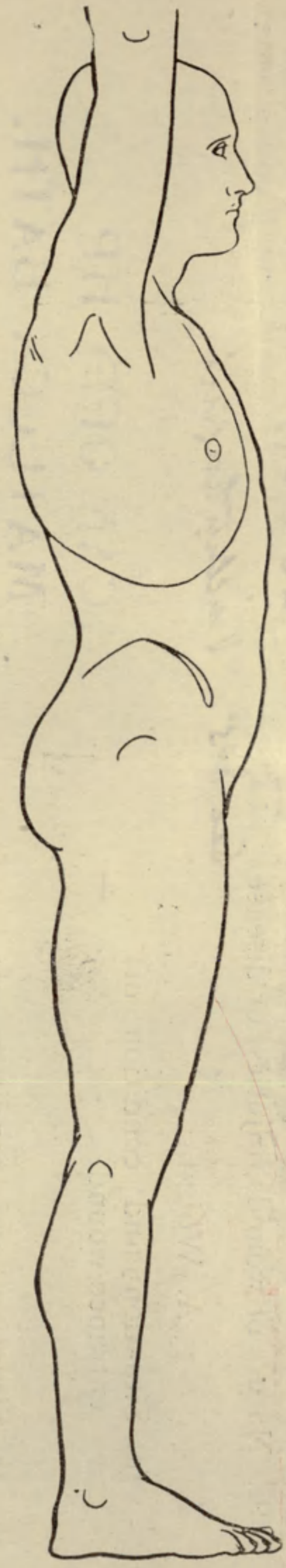
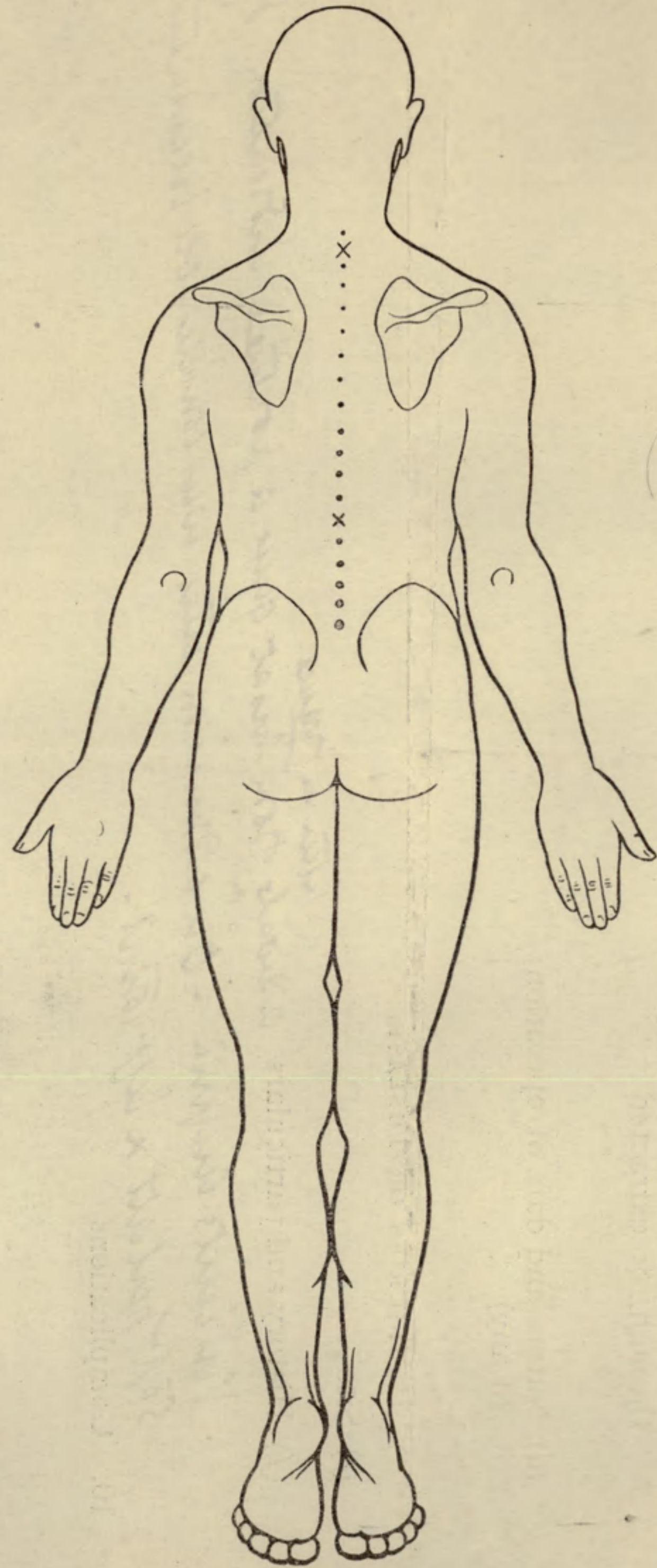
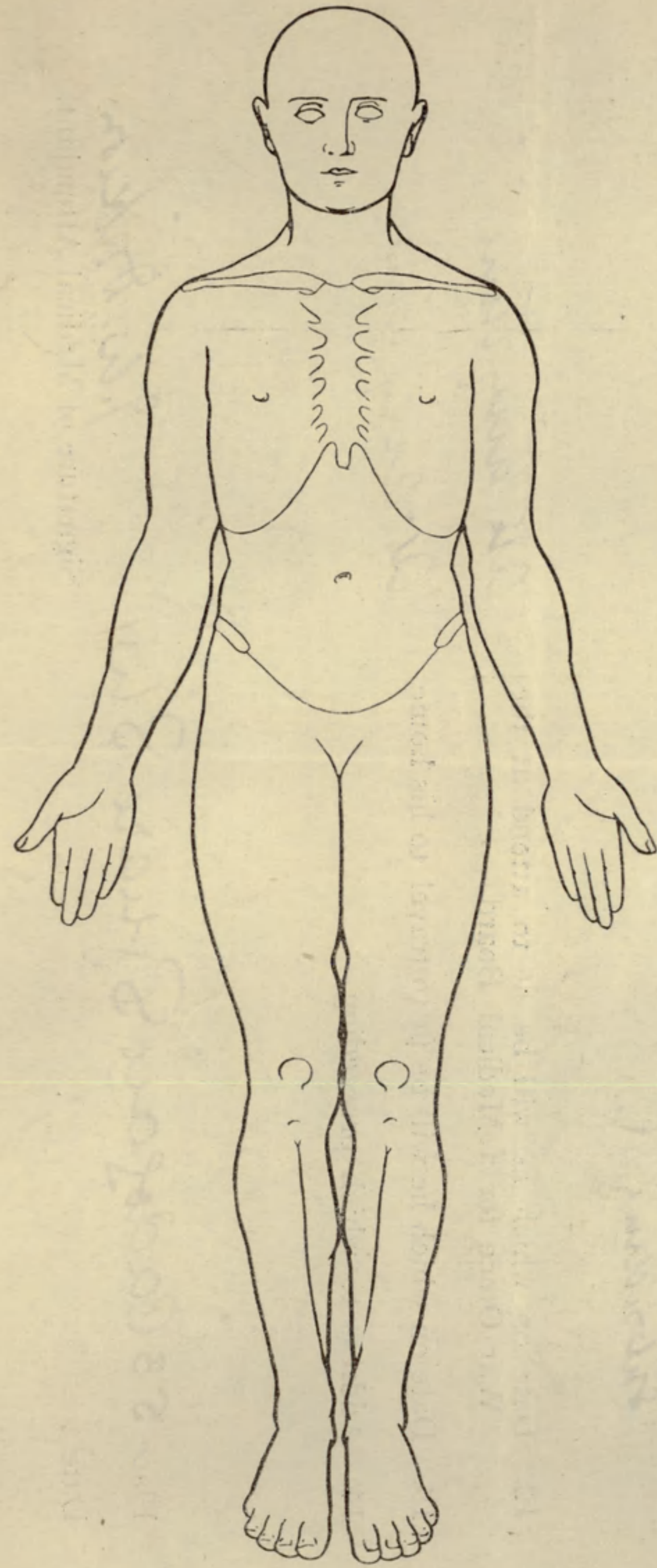
- (e) Site
 - (f) History and particulars *Went in France a swell from throat gave a positive indication of Vincent's Anemia - On admission there was considerable ulceration of soft palate & left tonsil.*
10. Complications

11. Present condition (if X-rayed, result to be stated) . *Ulceration has entirely healed (there is a slight enlargement of tonsils in neck - which is now subsiding)*

- 12. Date on which he will be fit to attend at the War Office for a Medical Board *At any time*
- 13. Date on which he will be fit to travel to his home *At any time*
- 14. Address to which proceeding

Place *53 Cadogan Square SW1*
 Date

J. W. Dixon
 Signature of Medical Attendant.



EYE, EAR, NOSE AND THROAT CLINIC
Witley Camp, Surrey

.....
25 - 3.....1919

UNIT..... 20 RD
Reg. No..... Rank..... Capt - Name..... Asceline A

Diagnosis :-

Remarks :-

This officer has defective hearing in R-ear due to O.M.C.C. following concussion in Aug - 15, '17 at Hill 70. The m-t. is markedly retracted and slightly redder in colour

EYE, EAR, NOSE AND THROAT CLINIC
Witley Camp, Surrey

.....
.....1919

HEARING:-
Rt. Lt. Rt. Lt.
7' 24' - +
Diagnosis VOICE
WEISER
Remarks WATCH
RINNE
WEBER
SCHWABACH
FORK:-256
FORK, 2048
BONE COND'N

CATEGORY RECOMMENDED:-

CONDITION WAS not PRESENT BEFORE ENLISTMENT AND HAS
BEEN CAUSED BY SERVICE.

HEARING HAS not BEEN AGGRAVATED BY SERVICE.

Diagnosis VOICE
WEISER
Remarks WATCH

W. H. Hume
Captain O.A.M.C.
Ear Specialist
Witley Camp, Surrey

CATEGORY RECOMMENDED:-

COPIES OF THIS REPORT
TO BE FURNISHED TO
THE DIRECTOR, FBI

CATEGORY NUMBER

UNIT, BUREAU AND FIELD OFFICES
ADVISED BY ROUTING SLIP(S)
DATE: 10/10/50

WITNESSES AND OTHER
PERSONS CONCERNED

UNIT, BUREAU AND FIELD OFFICES
ADVISED BY ROUTING SLIP(S)

DATE: 10/10/50
BY: [Signature]
TITLE: [Title]

COPIES OF THIS REPORT
TO BE FURNISHED TO
THE DIRECTOR, FBI

WITNESSES AND OTHER
PERSONS CONCERNED

DATE: 10/10/50
BY: [Signature]
TITLE: [Title]

CATEGORY NUMBER

COPIES OF THIS REPORT
TO BE FURNISHED TO
THE DIRECTOR, FBI

DATE: 10/10/50
BY: [Signature]
TITLE: [Title]

COPIES OF THIS REPORT
TO BE FURNISHED TO
THE DIRECTOR, FBI

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Maxwell Park Derby
Date 20-10-15

- 1. Rank and Name CAPT. ACE TIVE ARTHUR WARWICK
- 2. Unit 2nd Bn. - E. O. B. D. Bedford.
- 3. Age 32 4. Total Service 35 Service { (a) at home 11
(b) abroad France 25
- 5. Address 6th Reserve Bn Bedford.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

- 6. Disability VINCENT'S ANGINA
- 7. Date of origin of disability 23-9-15
- 8. Place of origin of disability France.
- 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

re-evacuated to C.C.S. with marked swelling of limbs + sloughing of frame. To No. 20 Gen. Hosp. when to Bentley Home Pt. 26-9-15. Vincent diagnosed + treated. To C.C.S. 19-10-15. Went clear.

History of chronic Bronch

I consider the findings of the Board of Medical Officers here recorded.

[Signature]
Major, D.A.D.M.S.
For D.M.S. contingents.

OPINION OF THE MEDICAL BOARD.

- NOTES.—(i) The Board will on no account inform the officer of its opinion on any of the following questions.
- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
 - (iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.
 - (iv.) When there is more than one disability the replies will distinguish between them.

- 10. Was the disability contracted (a) before entering the service? No
(b) in the service? Yes
- 11. Was it attributable to military service? Yes
If so, to what specific military conditions is it attributed? Infection

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

- 12. If not attributable to, was it aggravated by, military service? N.A.
If so, by what specific military conditions? N.A.

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

14. What is the officer's present condition? Very good.

Heart & Lungs sound. Ears - valves well.
Throat now clear. Fit again for service.
Vision corrected by glasses.

15. To what degree is the officer disabled at the present time? ✓
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No

17. If not permanent, how soon is re-examination recommended? — months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? Trine, Bath
C. C. A.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service yes
- B.—Fit for service in a garrison or labour unit abroad —
- C.—Fit for home service:—
 - (i) Active duty with troops —
 - (ii) Sedentary employment only —
- D.—For admission to a command depot —
- E.—Requiring indoor hospital treatment:—
 - (i) In an officers' military or auxiliary convalescent hospital n.a.
 - (ii) In an officers' hospital —
- F.—Permanently unfit for any further military service —

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? —

A. C. Rankin Lt. Col. R.A.M.C. President.
—
Hamitchell, Capt. Members.

ORIGINAL Original

MEDICAL HISTORY SHEET.

Surname Aseltine Christian Name Arthur Warwick

Examined { on 25 day of April 1915
at Indsday
Birthplace { City or Town Kingston
County Ontario

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

Apparent age 27 years
Trade or occupation Mech. Engineer
Height 5 Feet 5 1/4 Inches.
Weight 131 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { A r m Right None Left Four
Number Four

Date.	Result.	VACCINATIONS.
<u>12-3-16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 12th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-4-16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>5-7-16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>13-7-16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>10-11-16</u>	<u>"</u>	<u>H. Boyd</u>

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

Enlisted on 25 day of April 1915 at Indsday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>Private</u>		<u>25 April 1915</u>
Transferred to	<u>6th Can Res.</u> <u>2nd Bn.</u>	<u>Capt.</u>		<u>22-5-17.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wetherbury</u>	<u>20-10-18</u>	<u>kinetosis angina</u>	<u>A W J McCulloch Maj.</u>
<u>Wetherbury</u>	<u>25/3/19</u>	<u>Illness</u>	<u>J McCulloch Capt.</u>
<u>Bramshott</u>	<u>6/4/19</u>	<u>asthenia</u>	<u>Capt A. D. Mathew</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

Duplicate

MEDICAL HISTORY SHEET.

Surname Aseltine Christian Name Arthur Warwick

Examined { on 25 day of April 1916
at Sindsay
Birthplace { City or Town Kingston
County Ontario

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

Apparent age 27 years
Trade or occupation Mech. Engineer
Height 5 Feet 5 1/4 Inches.
Weight 131 Lbs.

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

Chest measurement { Minimum 32 inches.
Maximum expansion 35 inches.

Physical development Good
Small-Pox Marks None

Vaccination Marks { A r m. Right. None Left. Four
Number Four

Date.	Result.	VACCINATIONS.
<u>12-3-16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 12th 1916
(a) Marks indicating congenital peculiarities or previous disease None

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-7-16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
<u>5-7-16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>13-7-16</u>	<u>"</u>	<u>McCulloch</u> M.O.

Enlisted on 25 day of April 1915 at Sindsay

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>Lieut. Capt</u>		<u>25 April 1915</u> <u>20 July</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

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

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

250M.—1-16,
H. Q. 1772-39-920.

CERTIFIED CORRECT

4 - JUN. 1917

Casualty Form—Active Service.

CANADIAN RECORD OFFICE

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No.

Squad

Rank

Capt

Name

Asst. Comd. Arthur Warwick

Enlisted (a)

25-4-15

Terms of Service (a)

C. E. F.

Vol. W.

Service reckons from (a)

25-4-17 23-7-16

Date of promotion to present rank.

22-5-17

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

W. S. B. CLASS A.

Re-engaged

Qualification (b)

Mech. Engineer

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

	Embarked Canada	Halifax	24-7-16	
	Disembarked England	Liverpool	31-7-16	
<i>23-5-17</i>	<i>Obt. Res.</i>	<i>Seaford</i>	<i>9-3-17</i>	
<i>22-5-17</i>	<i>H.Q. Seaford</i>	<i>Seaford</i>	<i>22-5-17</i>	
	<i>Taken on strength 6 Res. Drafted to 2nd Bn. Reverts to rank of Lieut at own request on proceeding overseas.</i>			<i>R. H. 76</i>
				<i>OFFICER i/o RECORDS 6th CAN. RES. BN.</i>
<i>26-5-17</i>	<i>C.B.D.</i>	<i>France</i>	<i>26-5-17</i>	<i>Part II Ord. 57 d/8-5-17.</i>
<i>30-5-17</i>	<i>do</i>	<i>Field</i>	<i>30-5-17</i>	<i>N.R.</i>
<i>2-6-17</i>	<i>2nd Bn</i>	<i>do</i>	<i>31-5-17</i>	<i>B213 DCS460 d/15-5-17.</i>
<i>3-8-17</i>	<i>London Gaz</i>		<i>22-5-17</i>	<i>L-4 No 30217</i>
<i>22-9-17</i>	<i>2nd Bn</i>	<i>Field</i>	<i>16-9-17</i>	<i>B213 Pt II Ord 97 d/</i>
<i>29-9-17</i>	<i>do</i>	<i>do</i>	<i>29-9-17</i>	<i>B213</i>
<i>29-10-17</i>	<i>do</i>	<i>England</i>	<i>28-10-17</i>	<i>B213 Pt II Ord 104 d/9-11-17</i>
<i>17-11-17</i>	<i>do</i>	<i>Field</i>	<i>12/11/17</i>	<i>B213 Pt II 210 11/1917</i>

(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				
1-12-17	2 nd Bn	Proceeded on course ^{Permyer} Can Cops School		25-11-17	B213 Pt V Ord ¹²⁰ d/17-12-17
29-12-17	do	Returned from course	Field	22-12-17	B213
9-3-18	do	GRANTED 14 DAYS LEAVE	U.K.	4-3-18	PL II No 22. d/22-3-18
23-3-18	do	Returned from leave	Field	22-3-18	B213
6-6-18	a.c.s.R	To be Act Capt vice Temp.	do	18-1-18	List ^{L.G. 30751 d/15/6/18} 190 d/6-6-18.
6-6-18	a.c.s.R	Capt (Act Maj) F. Pettrichan (promoted) Retains act rank of Captain vice Temp Lt Col Day (Relinquished) from 2-4-18 to 13-5-18.	do		Pt II O 52 d/16-6-18 List 190 d/6-6-18. Part II O 52 d/16-6-18. L. Gazette 30751 d/18-6-18.
7-9-18	2 Bn	Granted 10 days leave	Paris	8-9-18	B213. Pt II O 88 d/18-9-18
15-9-18	a.c.s.R.	To be Acting Captain vice Temp Capt L. W. B. Marling (wounded) 25-8-18. ^{Vincent's Reg. "Com. 51211"}		25-9-18	List No 205. Pt II O No. 99 d/2-10-18.
26-9-18	20. Gen	Invalided from and detached to C.O.P.D. Seaford	England	26-9-18	L.G. 30751 d/15/6/18 L.G. 3083. ^{Sited Antwerpen} Part II Orders No 99 dated 2-10-18.
3-10-18	a.c.s.R.	Invalided from service unit & discharged	Seaford.	26-9-18	Pt II O. 248
1-11-18	a.c.s.R.	Invalided from service unit & discharged	Seaford.	24-10-18	Pt II O. 273.

Lieut.
for Lt. Col. A.A.G.
Canadian Section.

NOV 1918

SURNAME.

Asetime

*300. 7/11
JOS. 15-4-19.*

CARD NO.

*M. F. Lt
Los Des Dieux 25-4-19
FOLL.
No. 1929*

CHRISTIAN NAMES

Arthur, Warwick.

REGL. No.

RANK

Lieut.

UNIT *109th.*

Bn.

FORMER CORPS

19th P. W. O. R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Asetime, Mrs. W. H.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

220 Alfred St., Kingston, Ont.

COUNTRY OF BIRTH

Canada, Kingston, Ont.

DATE

July 10th. 1888.

PLACE OF ATTESTATION

DATE

Sailed from Halifax, N.S.

*St. Olympic. 23-7-16-1888
M. F. W. 22. 250M. 2-18. H. Q. 1772-39-339.
M. 6 21-4-19 309 8 Real*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Mech. Engineer.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Apr. 25th. 1916

Present address: 220 Alfred St., Kingston, Ont.

No.

RANK

Lieut.

NAME

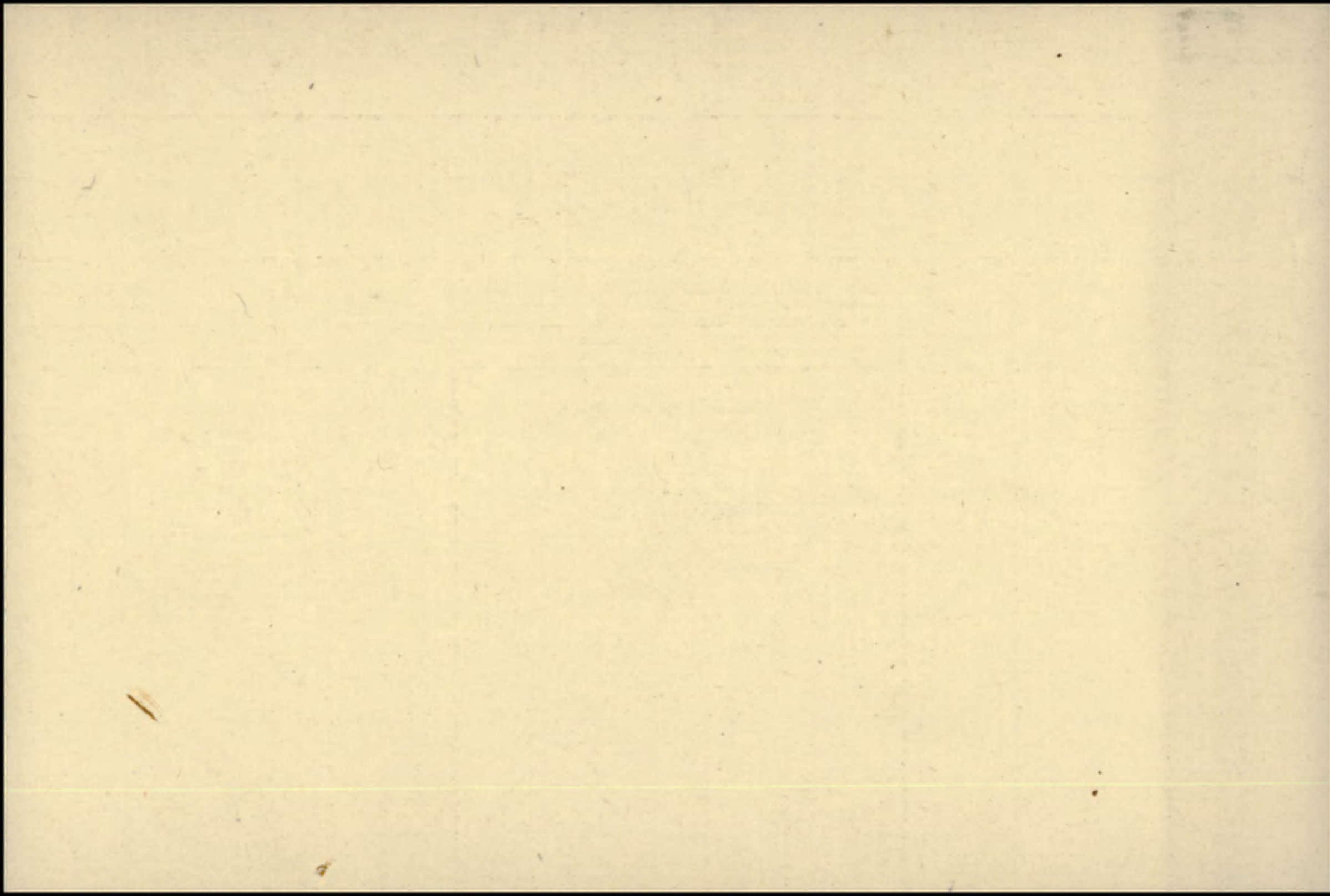
*Aultime, A.**W.*

T. O. S.

UNIT

*80th. Battalion.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov. 1.</i>	<i>1915. Nov. 22</i>	<i>✓</i>	<i>Transferred to 109th Bn. att. for Duty & Inst.</i>	<i>D.O. 68. 22-11-15. D.O. 62. 15-11-15.</i>



NAME

A. Seltine, A.

W.

REGT. NO.

RANK AND UNIT

S. M. Capt.

2nd Bn.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1098.	20 Gen: Camiers E. 21 S.	25-9-18	Vincent's Angina, etc
1098.	Hosp for Officers, 53 Cadogan Square	26-9-18	" " "
1131	Carl Cow. " Marlborough bath	20-10-18	" " "
1149-5	Disch.	24-10-18	" "

Name Aseltine A.W. File No. P.A. 209
 Regt. No. _____ Rank Temp. Capt.
 Unit 6 Res. Bn.
 Sent to W.O. 18 JUL 1917 List No. 216
 Action taken Reverts to temp. Lt. O.P.O.

Effective 22.5.17
 Gazetted date 3 AUG 1917 No. 30214 Page 7986
 G.O.C. Orders _____ No. _____ Date _____

19 JUL 1917

Checked by _____ Date _____



No.

RANK

Lieut.
Capt. (adjt.)

NAME

Aseltine, A. W.

T. O. S.

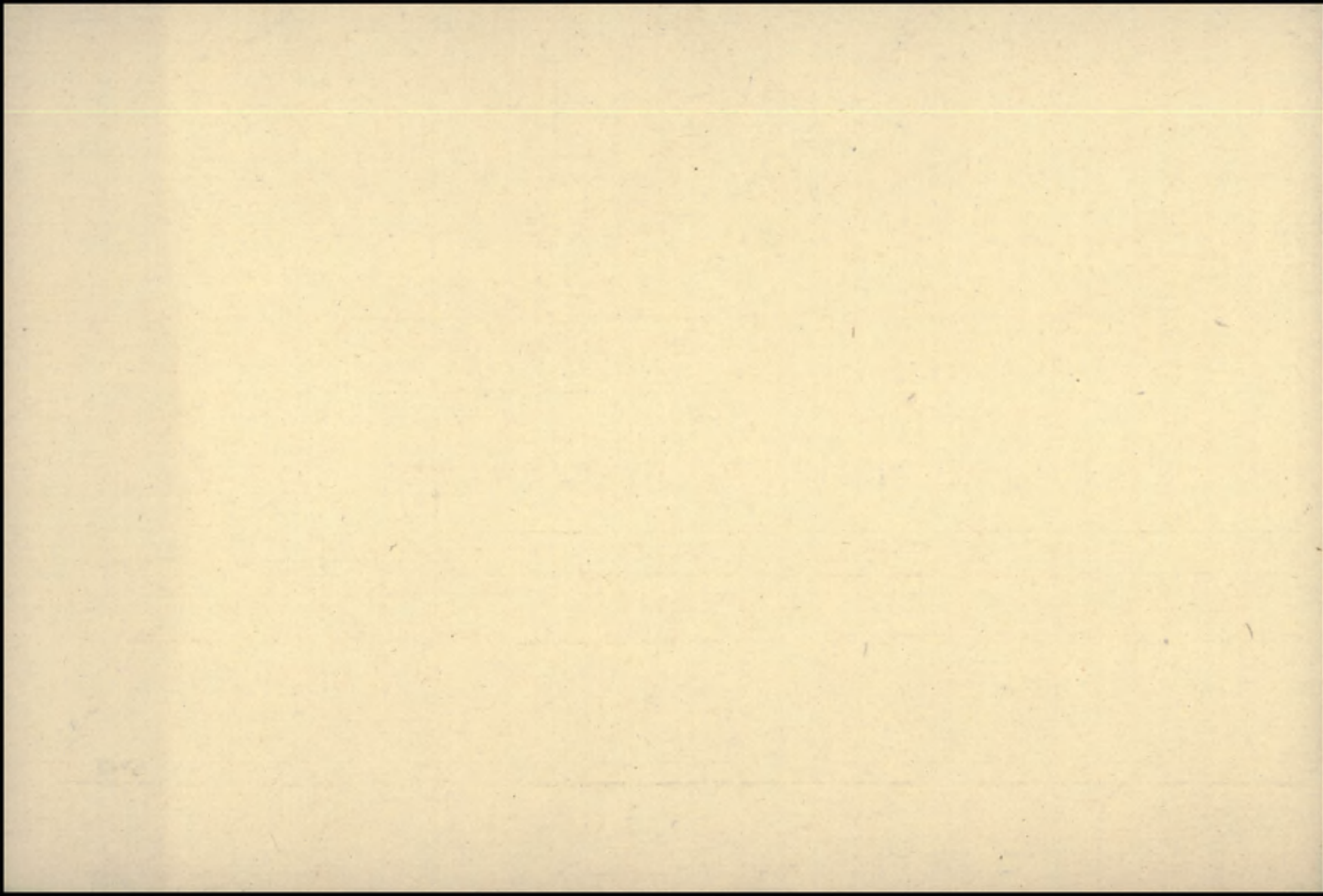
UNIT

Transferred from 50th Bn. 23-11-15.
D.O. 5. 23-11-15.

109th Battalion.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 23	1915. Nov. 30	✓		
	Dec.	✓		
1916. Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓	Prov. App. Asst. Capt.	S.O. 109. 27-3-16.
	April	✓		
	May	✓		
	June	✓		
	July	✓	Pro. Capt. (adjt.)	S.O. 210. UNIT SAILED JUL 23 1916



FRANCE

Form A.G. 10425.

Name ASELTINE A.W. File No. 8-A-209
 Regt. No. _____ Rank Lieut.
 Unit 2nd Bn. E.O. Reg.
 Sent to W.O. _____ List No. a.c.P. 190
 Action taken To be A/Capt. vice Capt. (A/Major) F.P. Strachan

Effective 18-1-18
 Gazetted date 18-6-18 No. 30751 Page 719²
 G.O.C. Orders No. _____ Date _____

Retains A/rank of Capt. vice Lieut. C.P. Day 2-4-18/13-5-18, a.c.P. 190 P. 30751, P. 7192 d/15⁶
~~Retains rank of Capt. to Lt. Col. 18-5-18-19~~

~~(Lt) (Lt Col)~~
 To be **Acting Capt** vice Capt J.W.B. Marling (wounded) 25-8-18
 ac 46 205 LG 30943 P 11930 9/10/18.

E.O.R. P 14068. 29/11/18
 (Lt) Retiring: acting rank of Capt 23-10-1918 ac 46 213 L.G. 31036

Checked by _____ Date _____



Number Rank **CAPT**

Surname **ASELTINE**

Christian Names **ARTHUR WARWICK**

Unit Theatre of War **FRANCE**

Date of Service **23. 7. 16** **22. 5. 17** **14. 4. 19**

Remarks

Latest Address **Kingston**
Ontario:

Roll No. **D**

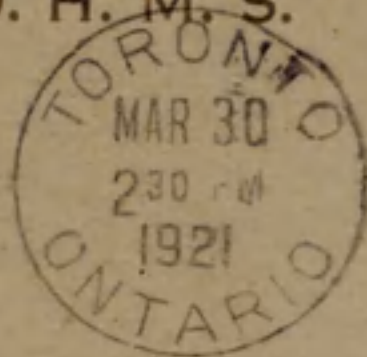
Page 4046

B
V

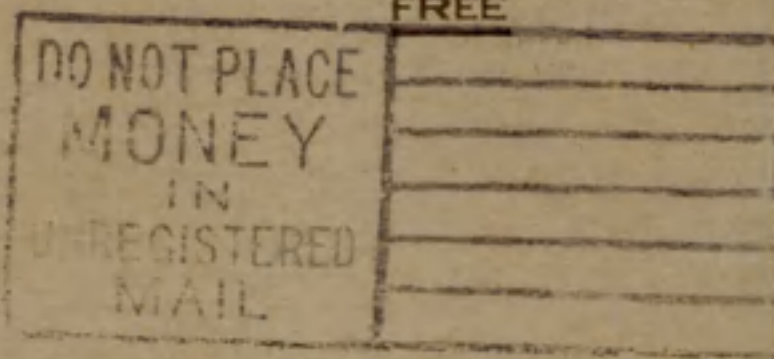
Sheet 9 of 12 L.H.

MAY 21 1927

O. H. M. S.



POSTAGE
FREE



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

H. Q. Reference

No.

Rank

Capt

Unit

2nd Bn.

Surname

Asettine

Christian names

Arthur Warwick

Kindly forward Medals, to which I am entitled by reason of my

service in

France

(Theatre of War)

with

2nd Bn. P. Infantry

(Unit with which served in Theatre of War)

No.

9 Wellington St. East

Street

Sterling Appraisal Co.

Town

Toronto

County

Ont.

A. A. Asettine

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

Surname. Christian Name.

A SELTINE A. W.

Rank. Unit.

Lt.A/Capt. 2nd. Batt'n.

Date of admission.

No.20 General Hospital, Camiers 25-9-18.

Hospital-Officers Hosp.53 Cadogen Sq.W. 26-9-18.

Canadian Conval.Offs.Hosp.Ma flock 20-10-18

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Vincent's Angina.slt.

Diagnosis. *Rw*

Later diagnosis.

.....

.....

.....

Discharged:-24-10-18.

Date.

Disposition.

28-9-18 1098-2 & 3.

6-11-18 1131-4

27-11-18 1149-5.

C.L. Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

Surname

Christian Name

Reg. No.

ASSELTINE

A. W.

Rank

Unit

Captain 2nd.Bn.

MEDICAL BOARD held at

Date

Serial No.

Buxton Area. 20-10-18.

(1)

Witley Area 25-3-19

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Vincent's Angina. Concussion Shell.

Disposition Recommended

(1) Fit for General Service.

Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

FOR YOUR INFORMATION

Please dispose of this
M.B.S. in accordance to
Army Council Instruction
No 479 of 1918 para 19.

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

M. OR S. _____ REGT. NO. _____ RANK Lieut. NAME (IN FULL) Aseltine, Arthur Warwick
 NEXT OF KIN _____ ORIGINAL UNIT C.E.F. 109th. Battn. IF IN P.F. WHAT UNIT? 2nd. Battn.
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? nil DATE EFFECTIVE _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____
 TO WHOM PAID nil RELATIONSHIP _____ PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS? _____
 ADDRESS _____ ADDRESS _____
 STOP PAYMENT FORM RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED _____ PLACE _____ DATE _____ REASON Kingston, 25-4-19 Demobilization, R.O. 1929 AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY 206

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
		AMOUNT					COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
1919																					
April															16.00 ✓ 15.00 ✓			31.00 ✓	31.00 ✓		Clad mess allow. 15 to 30-4-19. Lieut's rate of pay & allow. 26 to 30-4-19.
183 days				W.S.L.A. 4.00 ✓ 49.00 ✓ 732 ✓		549 ✓ 732 ✓									90.00 ✓ 90 ✓ 153 ✓ 124 ✓ 124 ✓ 120 ✓	31.00 ✓		12.1 ✓ 211 ✓ 364 ✓ 488 ✓ 612 ✓ 732 ✓	42.8 ✓ 52.1 ✓ 335 ✓ 368 ✓ 264 ✓ 120 ✓		W.S.L.A. 2595 Rec 1st Payt. W.S.L.A. Cr. 121497 d/21-4-19. Dr. bal. as per above. 27/5/19 # 333 929 ✓ 24/6/19 # 935 446 23/7/19 # 949 398 23/8/19 # 129 6929 19/9/19 # 1312 680

BALANCE FROM PREVIOUS ACCOUNT

ASSIGNED PAY.

UNIT.

RANK.

NAME. 9-A-411

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

MEAS. DATE

AUTHORITY

109th Bn.
S. B. B.

Capt. & Adj.

31-7-16

From Canada

D.O. # 1725 C.J.D.

d/7-8-16.

Name

Initials

Bank

Aseline

A. W.

of Montreal.

DATE

1916

PARTICULARS

1916-17

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES To be initialed by P.M. in every case.

INITIALS.

Aug 16

Bank

60 40

18

Pay Aug mes from 31/16

163 75

By bal from Canada

60 40

24

Bank

162 75

Sept 19

Pay Sept R

157 50

23

Bank

157 50

Oct 20

Pay Oct R

162 75

25

Bank

162 75

Nov 23

Pay Nov. R.

157 50

27

Bank

157 50

Dec 12

by check

162 75

15

Bank

162 75

Jan 24

Pay Jan. (R)

162 75

27

Bank

162 75

Feb 20

Pay Feb. (R)

147

24

Bank

147

Mar 20

by check

147 25

17

Overpaid as left on becoming attached to 202 B. 307/16 Top

933

30 50

Auth to RO by 7/1/17

23

Bank

to be debited from 307/16-28/17

34818

116 75

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

6th Geo. Can.

Pay 2.00
F. d. o. 60
No. 1.00

~~Capt.~~
Lieut.

31/7/16
22⁵/17

Gen Canada
540 ms CPS
78/16/17

Name Aseltine
Initials A.W.
Bank of Montreal

DATE

PARTICULARS

1917-18

CK. NO. CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917	27	Bank	3009	142 50	142 50			
	May 19	Payroll (R)		147 75				
	23	Bank	5932	147 75				
	June 21	June Pay (R) Bank	7976	142 50	142 50			
	July 24	July Pay (R) Bank	12984	147 75	65 60	81 65		
	Aug 10	Oppaid diff between capt's then rates 22 ⁵ /17 - 31 ² /17 = 915.			81 65			
	20	August Pay (R) then rates	127860	111 60				
	24	Bank	17070	111 60				
	Sep. 19	Sept Pay (R) Bank	21610	108	108			
	22							
	Oct 18	Oct Pay R.	26282	111 60	111 60			
	23	Bank						
	Nov 16	Nov. Pay R.	30553	108	108			
	22	Bank						
	Dec 11	Dec Pay R.		111 60				
	14	Bank	32995	111 60	111 60			
	1918 Jan 23	Jan Pay R.	39354	111 60	111 60			
	Feb 20	Feb. Pay R.	40953	100 80	100 80			
	20	Bank						
	Mar 13	Mar Pay R.	41839	111 60	48 67			
	25	Adv. P. th.	42598		62 93			

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

OPINION OF THE MEDICAL BOARD

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

Yes
 (a) Hearing Pt. 7'
 H. 24'
 Condition was not present before enlistment, has been caused by service.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Marked for discharge in Canada with No. 1-155-7-1919

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

PLACE *Witley*
 DATE *26-3-19*
 W. J. Grant Capt. *President*
 J. P. Hammond *Members*

TO BE COMPLETED WHEN TREATMENT IS REFUSED *after coming*

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

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

PLACE.....
 DATE.....
 APPROVED BY *[Signature]* CAPTAIN FOR A.D.M.S. CANADIAN TROOPS WITLEY
 APPROVED BY *[Signature]* Director-General of Medical Services.
 DATE.....
 A.D.M.S. HEADQUARTERS CANADIAN TROOPS
 31 MAR 1919
 WITLEY, SU. RLY

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

2nd Lt. (Promoted) STATION *WITLEY CAMP* DATE *25-3-1919*

1. 1 (a) Unit *FOARD* (b) Regimental No. (c) Rank *CAPT.*

(d) Surname *ASELTINE* (e) Christian name *ARTHUR. W.*
 (f) Home address *220 ALFRED ST. KINGSTON. ONT. CANADA*
 (g) Next of Kin *MR F. W. ASELTINE* (h) Relationship *MOTHER*
 (i) Address of Next of Kin *220 ALFRED ST. KINGSTON. ONT. CANADA*

2. Age last birthday *32* Date of birth *10-7-1886*

3. Enlistment, or Appointment (if an Officer) (a) Place *KINGSTON. ONT.* (b) Date *1-9-1915*

4. Personal description:
 (a) Height *5' 6 1/2* (b) Weight *140* (c) Complexion *FAIR*
 (d) Colour of hair *FAIR* (e) Colour of eyes *BLUE* (f) Identification marks, Scars, etc. *MOLE. UNDER LF SCAPULA*

5. Former trade or occupation *MECHANICAL ENGINEER*

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

	PERIODS	
	From	To
Canada	<i>1-9-1915</i>	<i>20-6-1916</i>
England	<i>30-6-1916</i>	<i>5-4-1917</i>
France or other theatres of War	<i>5-4-1917</i>	<i>27-10-1918</i>

7. Original disease, or injury *Concussion (shell)*
 (a) Date of origin *Aug 1917* (b) Place of origin *France*
 (c) Cause *Gas shell fire*

M. F. B. 227.
 4001-11-18
 1773-30-117.

B.P.C. FORM
 FALSE DOCKET
6

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

(OMCE) Defective Hearing Rly Ear

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

Objective
Specimen report of D.W. Stone 25-3-19 "The officer has defective hearing due to OMCE following explosion Aug 15/17 at shell 70. The MT is markedly retracted and slightly red in color"
Subjective Does not hear well with right ear

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

Nervous System No Cardio-Vascular System No Genito-Urinary System No
Special Senses No Respiratory System No Integumentary System No
Disturbances of Mentality No Digestive System No Muscular System No
Osseous and Joint Systems No Any other general condition No

Paralysis Neutral 10/10 alt 2nd Aug 17
Ventr Rt 6/24 = 6/9 - Lt 6/8 = 6/9

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

Shell exploded near patient which he state caused a crack in his ear. His hearing was defective in the right ear following this. Was not displayed at any time but hearing has not improved.

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

Venous angina Sept 1918 - cured
No trouble in throat since

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

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

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

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

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

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

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

Not available
No Nil

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

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

17. Recommendations

Amcell...
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Capt. D.W. Stone, 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 Nil.

Signature of invalid examined
R.P.C. FOLIO
F.I.S.E. BOOK
5

War Service Badge

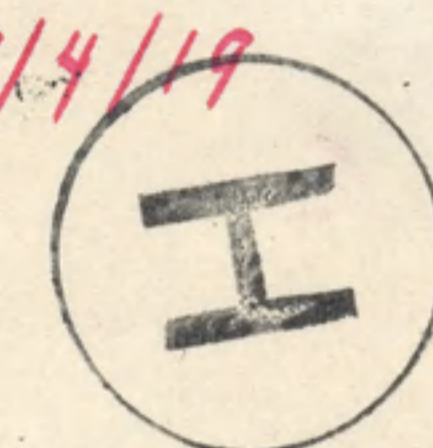
Class "A" No.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

1. RANK *LIEUT.*
2. NAME *A SELTINE, Arthur Warwick*
3. UNIT *2ND. BATTALION.*

4. DATE STRUCK OFF STRENGTH PLACE

5. REASON *lost 687. Canada 687. RO*
25/4/19 1929/19



6. AUTHORITY

7. PROPOSED RESIDENCE

Kingston, Ont.



This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41) + Suppl.
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.
10. Dispersal Certificate.

Group *B.*
Checked by No. *14*
Date *8-4-19.*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address
Amount \$
Separation Allowance issued. Yes or No.....

UNIT. NAME OF RATE OF P. AND A.
2 Rm. Pay A. 3
F.A. 0.4275
Messing 1.

DATE AUTHORITY
Lieut. 22⁵/₁₇ 19.216 18⁷/₇
at Capt 25⁸/₁₈ ACR. 205.15⁴/₈
" " Lt. 1¹/₁₈ Lt. AM.S. 9⁴/₁₈
" " Lt. 23⁸/₁₈ ACR. 213⁶/₁₁₆ Vo 14962
100⁰⁰ - Add. Outfit. 1¹/₁₈ Vo 17338.

Name Aseltine
Initials A.M.
Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
------	-------------	---------	-----	-----	-----------------------------	---------	---	----------

1918								
Apr 19	Apr Pay R.		108					
24	Bank	1173		108				
May 24	May Pay R.		111 60					
	Bank	2551		111 60				
June 15	June Pay R. To be 4 left 18/1 - 13/5/18 only		108					
	Bank	Vo 4749 3590	133 40				A.C.L. 190 2 ⁶ / ₁₈	
22	"	4047		108				
July 22	July Pay R.		111 60					
	Bank	5568		111 60				
Aug 24	Aug Pay R.		111 60					
	Bank	7235		111 60				
Sep 24	Sep Pay R.		108					
	Bank	9103		108				
Oct 1	Adj ^t to left's rates 25/8 - 30/9		42 55					
	Bank	Vo 12,165		42 55				
16	Oct Pay R.		147 25					
21	Bank	10348		147 25				
31	Add. Outfit accce. 1-8-18.		100					
	Bank	10930		100				
Nov 13	I.O.R. 15/10/18 £5.7.6 Various h ²² h ¹⁰ Vo 259			26 16				
22	Pay R + A.F.A. 12 ⁹ / ₁₈		132 50					
	Bank	12542		106 34				
Dec 5	O/P diff. bet. left + ht. 23-31/10/18 Vo 1668			9				
11	Pay R.		124					
	Bank	13730		115				

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

2 *Par.*

Pay *2*
F.A. *1*
Messing *1*

Lieut.

Name *Asettine*
Initials *A.W.*
Bank *of Mont.*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1919</i>								
<i>Jan 21</i>	<i>Par R.</i>		<i>124</i>					
	<i>Bank</i>	<i>15504</i>		<i>124</i>				
<i>Feb 13</i>	<i>Pay R.</i>		<i>112</i>					
	<i>Bank</i>	<i>17042</i>		<i>112</i>				
<i>Mar 12</i>	<i>Pay R.</i>		<i>124</i>					
	<i>Bank</i>	<i>18562</i>		<i>124</i>				
<i>Apr 5</i>	<i>Adv. Paid</i>			<i>120</i>				
<i>12</i>	<i>Pay (R)</i>	<i>218</i>						

*Agts to leave
PA lot 30 1/4
1/2 to the Regt
Draws from 131012 8/519*