TRIPLICATE

ATTESTATION PAPER

No. 469044

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Russell Charles Henry D.
2. In what Town, Township, or Parish, and in what Country were you born? — St. John's, Nfld.
3. What is the name of your next-of-kin? — (Wife) Clara Mary Smith Russell
4. What is the address of your next-of-kin? — 49 Wallis St. Halifax. N.S
5. What is the date of your birth? — Sept 7 1873
6. What is your trade or calling? — Butcher
7. Are you married? — Married
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? If so, state particulars of former Service. — No.
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

C H D Russell (Signature of Man.)

J R Harper (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Henry D Russell, 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.

C H D Russell (Signature of Recruit.)

Date Aug 10th 1915. J R Harper (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry D Russell, 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.

C H D Russell (Signature of Recruit.)

Date Aug 10th 1915. J R Harper (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 Halifax this 10th day of Aug 1915

J. P. for City and County of Halifax (Signature of Justice.)

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

J. Flowers Lt Col (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

carded 6/3/16. R.P.

DESCRIPTION OF C H D Russell **ON ENLISTMENT.**

Apparent Age 44 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement
- Girth when fully expanded 34 ins.
- Range of expansion 3½ ins.

Complexion Fair
Eyes Blue
Hair Brown Grey

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

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.)

Weight 124

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 7. 4. 15 191 .

Place Halifax N S

J Hampshire Lt Col
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

C H D Russell 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.

H. Montgomery Campbell (Signature of Officer.)
LT. COLONEL
CMDG. 64th "OVERSEAS" BATTN. C. E. F.

Date 18/8 191

ATTESTATION PAPER.

No. 2731097.
Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname ? ..... RUSSELL.
2. What are your Christian names ? ..... Charles Henry.
3. What is your present address ? ..... 49 Hollis Street, Halifax.N.S.
4. In what Town, Township or Parish, and in what Country were you born ? ..... St Johns, Newfoundland.
5. What is the name of your next-of-kin ? ..... Clara.M.S.Russell. (Wife)
6. What is the address of your next-of-kin ? ..... 49 Hollis St. Halifax.N.S.
7. What is the relationship of your next-of-kin ? ..... Wife.
8. What is the date of your birth ? ..... 7th September 1872.
9. What is your trade or calling ? ..... Painter.
10. Are you married ? ..... Yes
11. Are you willing to be vaccinated or re-vaccinated and inoculated ? ..... Yes
12. Do you now belong to the Active Militia ? ..... No
13. Have you ever served in any Military Force ? (If so, state particulars of former service.) ..... Yes:- 64th Regt: 7 months. R.C.E. 1 Year & 9 months.
14. Do you understand the nature and terms of your engagement ? ..... Yes.
15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? ..... Yes
16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ? ..... No
17. If so, what was the nature of the disability ? ..... ———
18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ? ..... No
19. If so, what was the reason ? ..... ———

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

C.H. Russell. (Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry RUSSELL, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

C.H. Russell. (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

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

The above questions and answers 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 Halifax.N.S. this 22nd day of June 1916.

H.S.Rogers Captain.C.E. } Signature of Magistrate, Justice or Attesting Officer.
O.C. Works Section.
R.C.E. C.E.F. } Office or Rank and Unit or appointment.

M. F. W. 23.
50 M.—5-18.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Charles Henry RUSSELL. on Enlistment.

AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 19....., by the undersigned medical board sitting at .....

1. Age as stated 45 Years 9 Months. 2. Apparent age ..... Years ..... Months

3. Height 5 Feet 6 Inches. 4. Weight 124 Pounds.

5. Chest measurement { Minimum 34 Ins. / Maximum 37 Ins. } 6. Complexion Medium. { Eyes Blue / Hair Brown }

7. Physical development ..... { Good / Fair / Poor } 8. Smallpox marks .....

9. Number of vaccination marks { Right arm ..... / Left arm ..... } 10. When vaccinated last .....

11. Distinctive marks and marks indicating congenital peculiarities or previous disease .....
(Should the Medical Officers 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).

Scar on left knee cap.

12. Slight defects but not sufficient to cause rejection

13. The man denies having had { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. } Epilepsy, Syphilis, Asthma. 14. We find no evidence of past { Rhumatism, / Tuberculosis, / Nervous or Mental disorder. } Epilepsy Syphilis Asthma

Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C.E.F. Regulations for medical examinations, and he is placed in Category [E]

15.
(a) Vision. R..... L.....
(b) Hearing R..... L.....

..... President.

..... Member. R.T.O.B. Brun Capt A.M.C. Member.

(Any special remarks of Medical Officers may be added below.)

Varicose veins

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

Church of England Yes. Methodist ..... Jewish .....

Roman Catholic ..... Baptist or Congregationalist ..... Other denominations .....

Presbyterian .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Henry RUSSELL. 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.

Major. C.E. (Signature of Officer)
C.R.C.E. M.D. 6.

Date 18th November 191 8.

1st Enl Dr 7-12-19 2nd Enl

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

2 Attestation Papers..... 4 1st Enl. Enl 21 12 19

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate..... 1

Medical Report for Invalids.....

2 Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

1 Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2 1

Pay Card M7W178

1.M.W.W22

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

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name RUSSELL CHARLES HENRY

(4) 469074
(2) 2731097 Regt. No. Rank L/Corpl

Corps Can Eng

(3) Med Unfit
(1)

28426

H. Q.

M. D. No. 6

Surname Russell

Christian names Charles Henry

Regtl. No. 273097 Rank L/Cpl

Unit R. C. Eng.

T. O. S. 19

D. O. Pt. II of

S. O. S. Dis-19-11-18 19

Reason Cat E.

Auth. D.O. 59 of 20-11-18 #6 Eng. Dpo.

Next of kin Russell Mrs. Clara M.S. Relationship wife

Address 49 Hollis St. Halifax N.S.

Also notify:

BORN—Place Newfoundland St Johns, Date Sept 7th 1872

ATTESTED—Place Halifax N.S. Date June 22nd 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

469044 Russell Chas H.

64 Bn Pay List Feb 1916

Discharg M.O. wef 21-2-16.

Deserter

D. 28/8/18

D SEP 25 1918

~~4160~~

634-D

DUPLICATE

Charland Henri

Quebec Regt

84 Cloud North

Lewis

(644-R.-1176)

NAME Russell, Charles Henry D. Sos. Div. 21-2-46 b

RANK & NO. Pte. 469044

CORPS 64th Batt.

ENLISTMENT, PLACE Halifax, N.S. DATE Aug., 10th, 1915 M.

FORMER CORPS Nil

COUNTRY OF BIRTH Newfoundland, St. John's

NEXT OF KIN Russell, Mrs. Clara Mary Smith (Wife)

ADDRESS OF NEXT OF KIN 49 Hollis St., Halifax, N.S., Can.

DISCHARGE, PLACE DATE

M. F. W. 22. 100 m.—9-15.

L. L. 55779—M. & D.—6011 H. Q. 1772-39-839.

REMARKS:

No. 69044 Rank Pte. Name Russell. G. H. D.
469044 Sept paylist

T. O. S. 7-8-15 Unit 64th Battalion
D. O. H. 20-8-15

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Aug. 7	Aug 31	V		
Sept.		V		
Oct.		V		
Nov.		V		
Dec.		OS		
1916				
Jan.		OS		
Feb 1	Feb. 21	V	Dischgd M.U. 21-2-16	Feb paylist
			a/c closed by payment	

UNIT SAILED
MAR 31 1916

M.D.No.6

No.44

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No 2731097 Rank U/Lce Cpl. Name Charles Henry Russell.

Corps 1st. (Fort) Coy. R.C.R. "C.E.F." who was* Discharged

On November 19th 1918 to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from November 1st. 1918 to November 19th. 1918., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		30
Advances by Cheques No. 603	20	00	Regt'l. Pay 19 days at $ 50 c.	9	50
No. 709	35	00	Engr pay 19 Field Allow. 19 days at $ 10 c.	1	90
Assigned Pay and Sep'n Allce. No.			War pay 19 40c Separation Allowances* (Monthly)	7	60
Other charges Red. Cross		05	Lodg.$6.65 Rats.$9.50 Other Allowances*	19	62
Payment on transfer or discharge No. 711	41	25	Just $2.65 Light 84c Other Credits* Deferred pay	15	75
Balance Cr. (to be paid by the new unit)			Clothing allce. Bal. Dr. (to be deducted by new unit)	35	00
Total D.R.E.D.I.T.S	96	30	Total C.R.E.D.I.T.S	$96	30

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of Nil 191... and Sep'n Allce. for month of Nil 191... (to) Assignee

(Address)

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

On Transfer of an Officer.

Out Allowance of $ Nil has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 14-9-16

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge Med. Unfit Cat. "B" authority G.O.59-R-790

(4) authority for transfer ---------- d/-15-11-18

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date November 19th. 1918.

Place Halifax. N.S.

D. T. Humphrey MAJOR

Paymaster No. 6 Eng. Depot. Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER Russell Thos. E.

RANK Lt/Capt.

REGIMENT

No. 2731097.



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	23-10-18																				Capt. McMeekin	6	Missing:- 3.4.6. 14.15.19.30. Cavities:- #2.5. Partial Upper Needed.

M.F.B. 465. 2[illegible]-6-18. 1[illegible]-9-950.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname RUSSELL Christian name Charles Henry.

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any) 49 Hollis Street, Halifax.N.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of September 19 18, by the undersigned medical board sitting at Halifax.N.S.

5. Age as stated 44 Years ..... Months. 6. Apparent age 44 Years ..... Month

7. Height 5 Feet 6 Inches. 8. Weight 124 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 37 Ins. } 10. Complexion Medium. { Eyes Blue / Hair Brown }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / Left arm ..... } 14. When vaccinated last .....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....
Scar on left knee cap.

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. } Epilepsy / Syphilis, / Asthma.

We find no evidence of past { Rheumatism / Tuberculosis, / Nervous or Mental disorder. } Epilepsy / Syphilis / Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.
(a) Vision. R..... L.....
(b) Hearing. R..... L.....

(Sd) C.C.Archibald. Captain. A.M.C. ..... *President.*

..... *Member.* ..... *Member.*

Signature of Man C.H.Russell.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined ~~H~~ 14th *day of* September 19 18 *at* Halifax.N.S.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	R.C.E.	1163		
Transferred to.....	C.E.F.	2731097		

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—4-18.
1772-39-439.

2

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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. Works Section. R.C.E. C.E.F.

Regimental No. 2731097 Rank. L/Cpl Name. RUSSELL. Charles Henry.
C. E. F.

Enlisted (a)..... 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).. Painter.

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				
		Discharged at Halifax.N.S. Medically Unfit on the 19-11-18 Aut:-6D 59-R-790 D/t.15-11-18. D.O.#59. K.A.Rogers Capt.C.E. O.C."Works Section" No.6.Eng.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.

[P.T.O.

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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2731097 (Rank) Lce/Cpl.

Name (in full) RUSSELL. Charles Henry enlisted in the Royal Canadian Engineers 14-9-16 & R.C.E. "C.E.F." 22-6-18

CANADIAN EXPEDITIONARY FORCE at Halifax.N.S. on the 22nd. day of June 19 18.

HE served in Royal Canadian Engineers.and Canadian Engineers

and is now discharged from the service by reason of Being found "Medically Unfit" for further service Category "E"

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

Age 45.years & 9 months	Marks or Scars Scar on left Knee Cap.
Height 5'feet 6"inches	
Complexion Medium	
Eyes Blue	
Hair Brown	

Charles Henry Russell. Lce/Cpl.R.C.E. "C.E.F."
Signature of Soldier

J.M. Kinney
Issuing Officer

Major
Rank

Date of Discharge 19th.November 1918

C.R.C.E.M.D.No.6
Appointment

Signed at Halifax.N.S. this 19th. day of November 19 18

in Military District No. 6.

File Reference No. 6D.59-R-790 D/t.15-11-18

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No 2731097 (Rank) Lance Corporal Name R U S S E L L. Charles Henry

Unit Canadian Engineers

Address on Discharge 77. Victoria Road. Halifax. N.S.

Character and Conduct very good.

Former Occupation Painter

Special Qualifications of Value in Civil Life Painter & Paper-hanger

Medals and Decorations Nil

Remarks

Signed at Halifax. N.S. this 19th. day of November 1918.

J. M. Lewis

Name of Officer

Major

Rank

C.R.C.E. Mil. Dis. No. 6

Appointment

Orig Not available

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 64 Battalion C E F

Regimental No. 460441 Rank Pte Name Russell C. H. D.

Enlisted (a) 10.8.15 Terms of Service (a) ..... Service reckons from (a) 10.8.15

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

Extended ..... Re-engaged ..... Qualification (b) .....

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				
Feb 1916	64 Bn	S.O.S. Medical Board	Halifax	21.2.16	Pay List
					Struck off Strength

(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.

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				

MEDICAL HISTORY SHEET.

Surname Russell **Christian Name** C. R.

Examined { on ... day of ... 191
at Valcartier, P.Q.

Birthplace { City or Town St. Johns
County Kent

Apparent age 41-11

Trade or occupation Butcher

Height 5 Feet 6 Inches.

Weight ... Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 5 1/2 inches.

Physical development good

Small-Pox Marks ...

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

When Vaccinated last ...

(a) Marks indicating congenital peculiarities or **previous** disease none

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

Approved by J. Hamilton
Rank Capt 64th M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
16/9/15		M.O.
26/9/15		M.O.
		M.O.

Enlisted on ... ***day of*** ... 191 ... ***at*** ...

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	64th Regt.	46044		
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.

M. F. B. 313.
200m—11-15.
H. Q. 1772 39-439.

Surname _____ Christian Name _____

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

M. F. W. 41
100m-1-18.
1772-39-882.

Name Spr. Russell C. H.

Regimental No. 273/1038

Unit 228th Bn.

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $

To whom payable Mrs F. M. Russell.
6 Gertrude Avenue. Toronto.

Name and address of next-of-kin E. F.

SEPARATION ALLOWANCE AND
ASSIGNED PAY OF $ 15.00
CHARGED TO October
BEING CONTINUED BY
DIRECTOR OF S.A.A.P. OTTAWA

Date and place discharged PAYMASTER M. D. No. 2
NOTIFIED 6-11-18
TO STOP PAYMENTS OF
S.A. AND A. PAY

Reason for discharge

Character on discharge [illegible] CAPT.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	Oct.							12 00		80857		10 00			10 00	Nos. # 2 DD 22-9-18 Do. 176.
														Cr Bal.	2 00	Postell & Cas Co 8-10-18 " "
Aug 1	Nov. 8.	100	1.00	100 00	100	10	10 00	2 00		81057		35 00		4 40		Leave 8-10-18 – 22-10-18 " "
								.96		81058		93 56		15 00	147 96	L.P.C. Credit 0.96.
								35 00	147 96							4 Days Pro. a.a.l. Do 202
																Dec. 8-11-18 Do. 202.
																91 Days PDP. Closed.
																A.P. Nov. 15.00.

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 243094 RANK Lce Cpl NAME (IN FULL) Russell Chas Henry (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Mrs Gertrude Russell — RELATIONSHIP

ADDRESS 44 Victoria Road Shanghai Indt

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st Fin Co FKE — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 44 Victoria Road Shanghai Indt

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Shanghai — DATE 19 11 18 — REASON R W — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account											War Gratuity																										
	61		140		60				200		Mar 27/19				B 40547						70																Doc No 183.
															B 40555						130															
											Mar 26/19				148503						70																
											" "				148504						30																
	140		60						200												200										200						Nil.

H A Allum

Certified that all payments due on this acct. have been made.

.....
for Senior Officer Pay Services, CAPT. R.A.F.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Pending Card sent up 7/12/18.

This space to be for numbers.

Proceedings on Discharge.

19-9-38

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

No.	2731097
Rank	Lance Corporal "Unpaid"
Name	RUSSELL, Charles Henry
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Canadian Engineers
Date of Discharge	19th. November 1918
Place of Discharge	Halifax. N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE

Age	45 years 9 months.
Height	5 feet 6 inches.
Complexion	Medium
Eyes	Blue
Hair	Brown
Trade	Painter
Intended place of residence (To be given as fully as practicable.)	77. Victoria Road Halifax. N.S.

Descriptive Marks

Scar on left Knee Cap

2. The above-named man is discharged in consequence of Being found Medically Unfit for further service. Category "E" Para 322(9) K.R.&O. Canada 1910

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.

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

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

Very Good

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

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

Painter & Paper hanger.

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

Kost 3/8/20 H.K.

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

No reference to G. C. 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) Halifax.N.S. Major M.C.E.

(Date) 19th.November 1918 *Commanding* R.C.E.Mil.Dis.No.6

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) Halifax.N.S. Chas.Geo.Henry Russell Lce/Cpl. *(Signature of Soldier.)*

(Date) 19th.November 1918 F. Nash C.Q.M.S. *(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.

----------Medically Unfit---------- *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 66 days.

Total 2 years 66 days.

11. **Confirmation of Discharge.**

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

(Place) Halifax.N.S.

(Date) 19th. November 1918 *(Signature)* Major M.C.E.

C.R.C.E.Mil.Dis.No.6.

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.)

Sir I Beg to State that I have not
Received post discharge pay.
Which I think I am entitled to having
been transferred to C.E.F. Since
June 22nd 1918

Ser. Cpl. C. H. Russell.

Charles Henry Russell. Lce/Cpl. R.C.E. "C.E.F."

(OVER)

List of Discharge Documents.

1. Discharge Certificate M.F.W.39(a)
Reg. Conduct Sheet, Militia form B. 263.
1. Last Pay Cert. M.F.W.44
1. Squadron / Battery / Company } Field ~~Conduct~~ Sheet, " B. 263a.
1. Casualty Form M.F.W.54
Copies of Convictions, by C. P. in MS.
1. Form of Will M.F.W.82
1. Med. Hist. Sheet, Militia Form B. 313
1. Medical Report for Invalid* " B. 227.
1. Dental History Sheet
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

*Only if discharged "Medically unfit."

C. E. F.
Attestation Paper, (4) Militia Form B. 235.

Proceedings on Discharge " B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE
JUL -1 1916
H.Q. CANADA

1.—Station. Halifax N.S.

2.—Regiment or Corps. 64th Battn C.E.F.

3.—Regimental No. and Rank. 469044 Pte

4.—Name. Charles. H. D. Russell

5.—Age last Birthday. 42

6.—Enlisted on 7th August 1915 at Halifax N.S.

7.—Former Trade or Occupation. Painter & Butcher

8.—General remarks on his :—

(a) Conduct. Good

(b) Habits. Regular

(c) Temperance. Temperate

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date 24-1-16

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
64th Battn C.E.F.	7th August 1915	

10.—Disease or Disability. Stricture

11.—Date of origin, cause, present condition, and whether the same is the result of service or climate. Three years ago - probably Gonorrhoral Difficulty in passing water & Pain. Not result of service or Climate.

Has it been aggravated by intemperance, vice or misconduct? probably so.

cancelled 20-7-16 J.B.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

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

not applicable

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Not applicable

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Yes.
Earning capacity diminished to no appreciable extent at his former occupation

16.—Full particulars of medical treatment of case up to date of invaliding.

No treatment

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand to Corps.

not applicable

18.—State if for discharge on account of unfitness for service.

yes — for discharge on account of unfitness for service.

A A Shaffner
Lt Col Sure
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in above Report.)

The Board fully concurs in the above report and recommends that No 469044 Pte Charles H. D. Russell 64th Battn C.E.F be discharged the service medically unfit.

Signatures :— V.C. Miller. Capt A.M.C. President.

Station Halifax NS — W J Burton Capt A.M.C. Members.

Date 29-1-16

Date FEB 8 - 1916

J. Ross LIEUT COL.
for Assistant Director of Medical Services.

Approved.

Date 4/1/16

Bean A Cann Col
Director of Medical Services.

[OVER]

(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.
Index No.	From	From			
Date					

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

Date of final Medical Board or decision.

Administrative Medical Officer.

Militia Form B. 227.

5m.—9-14.
(H. Q.—1772-39-117.)

DETAILED MEDICAL HISTORY OF INVALID

Station Halifax N.S.

Corps 64th Batt C.E.F.

Regimental No. 469044 Rank Pte

Name Chas H. D. Russell

Disability Stricture

Date 24-1-16

Hospital or Station transferred to for final diposal.

Date of final disposal 21-2-16

How finally disposed of Medically unfit.

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

Triplicate.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S. DATE 7/10/18.

1. 1 (a) Unit R.C.E. (b) Regimental No. 2731097. (c) Rank L/Cpl.

(d) Surname Russell. (e) Christian name Chas. H.

2. Age last birthday 46. Date of birth Sept. 9/1872.

3. Enlisted at Halifax, N.S. on Aug. 1915.

4. Personal description:—

(a) Height 5' 7" (b) Weight 135. (stripped) (c) Complexion Ruddy.

(d) Colour of hair Grey Brown (e) Colour of eyes Blue. (f) Identification marks

Begining Bauldness.

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

17 Victoria Road.

6. Former trade or occupation Painter.

7. (a) Service	Years	Days
64th C.E.F.		6 months.

	Periods	
	From	To
R.C.E.	Sept. 4/1916.	Present date

(b) Has he been overseas ? No. 8. Original disease or disability Myalgia.

(a) Date of origin Seven years. (b) Place of origin Halifax, N.S.

(c) Cause* ---

(d) Present disease or disability Myalgia.

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.]

This man complains of pains especially bad in back. also in muscles of legs and arms. Worse in wet weather. pains bother him at night and lately cause loss of sleep. Heart and lungs examination negative

M. F. B. 227.

300M.—2-18.
1772—39—117.

4

9. Present condition.—(*Continued.*)

He says he begins to feel to old and stiff to carry on active duties as a soldier.

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

Nervous..Yes.. Digestive..Yes.. Respiratory..Yes.. Cardiac..Yes..

Genito-Urinary..Yes.. Skin, Middle Ear, Eye or any other part..Yes..

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

as above.

(*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.

Nil.

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

---

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..No..

The regimental documents will be referred to.

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

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

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

Nil.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No.

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

17. Recommendations Board recommend please.

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 C. H. Russell 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

C. H. Russell.
Signature of soldier examinea.

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.

(9) On body bending can bring hands to (foot of floor) this movement he performs slowly causing pain in lumbar muscles. which are tender on pressure. Can flex legs on thighs to an angle of 80 degrees and thighs on abdomen to angle of 80 degrees. Complains of pains down legs down the calors and shins. States the legs feel swollen when he wears his puttees. (8) a before enlistment. 11 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).

3

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Category "E".

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.

A A Stuffuel Lt Col RAMC President.

PLACE Halifax, N.S.

DATE Nov. 8th 1918.

R F Downie Capt RAMC
Members.

APPROVED BY

APPROVED
FOR D.G.A.M.S.

Assistant Director of Medical Services.

DATE 12-11-18

APPROVED BY

Director-General of Medical Services.

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.

Original.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax DATE 7-XI-18

1. 1 (a) Unit R.C.R. (b) Regimental No. 274097 (c) Rank Lc. Cpl.

(d) Surname Russell (e) Christian name Chas. H.

2. Age last birthday 46 Date of birth Sept 9 - 1872

3. Enlisted at Halifax on Aug - 1915.

4. Personal description:—

(a) Height 5'-7 (b) Weight 135 (stripped) (c) Complexion Ruddy

(d) Colour of hair Grey Brown (e) Colour of eyes Blue (f) Identification marks Beginning Baldness

5. Address after discharge (for the use of the Board of Pension Commissioners) [redacted] Robie Road

6. Former trade or occupation Painter

MILITARY INSTITUTE NO. 6 HALIFAX, N.S. NOV 9 1918 R-740 59 M.B. NO. 6

7. (a) Service 64th - C.E.F. Years — Days 6 mos

	Periods	
	From	To
R.C.R.	Sept 14-1916	present date

(b) Has he been overseas? No 8. Original disease or disability Myalgia

(a) Date of origin Several years (b) Place of origin Halifax

(c) Cause* —

(d) Present disease or disability Myalgia

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.]

This man complains of pains especially bad in back - also in muscles of legs and arms - Worse in wet weather. Pains bother him at night and lately cause loss of sleep.

8

M. F. B. 227.

300M.—2-18. 1772—39—117.

9. Present condition.—(*Continued.*)

Heart and lung exam. negative. He says he begins to feel too ~~ver~~ and stiff to carry on active duties as a soldier.

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

Nervous yes Digestive yes Respiratory yes Cardiac yes

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes

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

as above

(*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.

Nil

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

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

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

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

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

Nil

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No

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

17. Recommendations Board recommend pens

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 C. H. Russell 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

C. H. Russell
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

(9) On body bending can bring hands to floor of floor, this movement he performs slowly causing pain in lumbar muscles, which are tender on pressure. Can flex legs on thighs to angle of 80 degrees and thighs on abdomen to angle of 80 degrees. Complains of pains down legs down the calves and shins. States the legs feel swollen when he wears his puttees.

80 before enlistment - 11 - Yes

19. Is the soldier fit for

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

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).

1

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Category E

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.

Lt Quartermaster Halifax *President.*

PLACE Halifax

DATE Nov 8th 1918

Members.

APPROVED BY

Assistant Director of Medical Services.

DATE 13-11-18

APPROVED BY

Director-General of Medical Services.

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.

469044. Russell. b H.D
64th Bn

19-9-38

NOV 19 1918
FILE

66-4n-77

(2468) Wt. W. 2280—PP1128 6-18 J.F.W. (E3277)

Army Form W3997.

Regtl. No. 222569 Rank Pte MILITARY DISTRICT 6

Name Morrison (Christian Names in full) Daniel Francis (Surname)

Unit C.F.C. Regt. or Corps 85 Bn

CATEGORY ..... NEXT OF KIN Wife

REASON FOR RETURN

Returned to Canada in accordance with instructions under Paras. 7 & 9 of A.G.-1-22 of April 5th, 1918.

Category B II

INTENDED PLACE OF RESIDENCE. Sydney N.S.

COVER

FOR

DISCHARGE DOCUMENTS.

CAMPAIGNS, MEDALS and DECORATIONS

18 Months France

SAILED DEC 7 1918
ARRIVED 14 12 1918