8549.

ATTESTATION PAPER.

No. 446.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... R W Eadie
2. In what Town, Township or Parish, and in what Country were you born? ..... Winnipeg Manitoba
3. What is the name of your next-of-kin? ..... Miss J M Green
4. What is the address of your next-of-kin? ..... Beresford Man
5. What is the date of your birth? ..... August 2nd 1890
6. What is your Trade or Calling? ..... Rancher
7. Are you married? ..... No
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? ..... 90th W Pg Rifles
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

R W Eadie (Signature of Man).

J Hovee (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, R W Eadie, 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.

R W. Eadie (Signature of Recruit)

Date 21-9- 1914. J Hovee (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, R W Eadie, 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 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 all the Generals and Officers set over me. So help me God.

Reginald W. Eadie (Signature of Recruit).

Date 21-9- 1914. J Hovee (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 Valparaiso this 23rd day of Sept 1914.

J Lipsett (Signature of Justice)

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

J Lipsett Major (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

D.C.M.

8 - Bn. 2 - Brig. 90 - Ref.

85.49

Description of Eadie - Reginald W. on Enlistment.

Apparent Age 24 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11½ ins.

Chest measurement:
- Girth when fully expanded 35½ ins.
- Range of expansion 3½ ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan
- Baptist or ~~Congregationalist~~ Yes.
- 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).

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 Sept. 8 1914.

Place Val Cartier

R. Hazard
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.

R W Eadie 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.

A. H. Morley (Signature of Officer)

Date 23rd Sept. 1914.

A.M.C. Training Depot No. 11, C.E.F. 95 49 original

ATTESTATION PAPER.

No. 525071

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Eadie
1a. What are your Christian names?	Reginald Wesbrook
1b. What is your present address?	Penticton, B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Winnipeg, Canada
3. What is the name of your next-of kin?	Lewis Eadie
4. What is the address of your next-of-kin?	Portage-La-Prarie, Manitoba
4a. What is the relationship of your next-of-kin?	Uncle
5. What is the date of your birth?	August 2nd 1890
6. What is your Trade or Calling?	Fruit Grower
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Volunteer Army Medical Corps. 3 years
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

R. W. Eadie (Signature of Recruit)

Date November 3rd 1916. W. B. Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reginald Wesbrook, Eadie, 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.

R. W. Eadie (Signature of Recruit)

Date NOV 3 1916 191 . W. B. Campbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at VERNON this day of NOV 3 1916 191 .

B. London Cummin (Signature of Justice)

Major

O. C. A. M. C. Training Depot No. 11, C.E.F.

M. F. W. 23
750M—8-16
E. Q. 1772-89-341

4544

Description of Reginald Wesbrook, Eadie on Enlistment.

Apparent Age 26 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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

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).

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 October 13th, 1916.

Place Vernon B.C.

M J Wignes
Capt
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.

Reginald Wesbrook, Eadie 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.

B M Gordon Major (Signature of Officer)
O.C. A.M.C. Training Depot No. 11, C.E.F.

Date NOV 3 1916 191 .

A.C.-19
15.5

REGIMENTAL DOCUMENTS

NAME Eadie Reginald W. (Pte.) REGT. NO. 525071 UNIT C.A.M.C. H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				00075	
	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp. cert.					
1	M. F. W. 67					14 2 23
1	C.A.M.C. 5005A					14 23
1	Card Rec					1 23

H

Demob. 6.4.19

W. 2589
100M-11-18
1772-39-1377

180541

No.525071. Pte. EADIE. R.W.
C.A.M.C. (10th CANADIAN
GENERAL (KITCHENER) HOSPITAL.
BRIGHTON.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 525071

Name Pte Eadie R.W.

Unit C. Amb Depot

Military Will.

Oct 16th 1917

Have made a will which is in the care of my Wife.
Wollaston Road.
Inchester
Wellingboro

Signature R W Eadie

Rank and Regt. C A M C.

Date Oct 16/17

Z 17.

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

No. .....

..... 191....

From .....

.....

To .....

.....

FORM OF WILL.

I, Reginald Wesbrooke Eadie (Name in full)

Regimental Number 525071 serving in ~~YUKON INFANTRY COMPANY, C.E.F.~~ C.A.M.C.

of the Canadian Expeditionary Force, ~~do hereby revoke all former Wills by me made and declare this to be my last Will.~~ Have made a will naming George G. Chasteney of Penticton B.C. as executor ~~I bequeath all my real estate unto~~ The will is in the hands of Mr. Walter Clayton Penticton B.C.

~~Name and Address of person or persons to whom it is to go.~~

absolutely, and my personal estate I bequeath to

~~Name and Address of person or persons to receive personal estate*~~ *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 2nd day of March A. D. 1917

Reginald W. Eadie Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R W Corner

Address of Witness 525086 CAMC

Occupation of Witness Soldier

Signature of Second Witness R Burnette

Address of Witness Armstrong B C

Occupation of Witness Laborer

M. F. W. 82
300M-5-16.
1772-39-983.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Shorncliffe DATE 20th Feb. 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 525071 (c) Rank Pte.

(d) Surname EADIE (e) Christian name REGINALD WESTBROOK

(f) Home address Penticton B.C.

(g) Next of Kin Constance Eadie (h) Relationship Wife

(i) Address of Next of Kin Lakefield Ont.

2. Age last birthday 26 Date of birth 2-8-1890

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon B.C. (b) Date 3-11-16

4. Personal description:

(a) Height 5' 10¾" (b) Weight 145 estimated (c) Complexion Medium

(d) Colour of hair black (e) Colour of eyes (f) Identification marks, Scars, etc.

2" scar on right side of neck

5. Former trade or occupation Fruit grower

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	90

	Periods	
	From	To
	Man's statement	
Canada	2-11-16	26-2-17
England	6-2-19 14-3-17	20-2-19 6-11-17
France or other theatres of War	6-11-17	6-2-19

7. Original disease, or injury DEAFNESS (PARTIAL BOTH EARS)

(a) Date of origin Years ago before enlistment (b) Place of origin Canada

(c) Cause Catarrhal condition - from throat

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

(DEAFNESS PARTIAL) Marked loss of hearing both ears.

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. Fairly well nourished man, very deaf. Specialists report as follows:- 20-2-19 Moore Barracks:

Hearing -- R.H. 10ft
L.H. 5 "

Chronic otitis media present previous to enlistment but aggravated by service.

Sgd. W.H.Burnham Major

SUBJECTIVE. States his hearing was always defective, Now much worse.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? Yes
(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 (If pulse rate is abnormal, B. P. will be taken.) ..... Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses As above ..... 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

Complains of numbness and aching in both great toes. Had an exastosis removed from great toe ~~left~~ right foot March 1918. No swelling at any time. No history of frost bite or trench foot.

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

His hearing always defective has been much worse since enlistment. Admitted No. 7 C.G.H. Feby. 1918 for treatment.

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

None before enlistment

Some dyspepsia in France

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

None

11.—(*a*) Did the disabling condition have its origin before enlistment ? Yes

(*b*) If so, has it been aggravated by Service ? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) Yes, could hear ordinary conversation and telephone before enlistment

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) 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.)

No record of treatment in documents

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

B-11

J.W.BLAke Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned R.W. EADIE 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

K.R.C.

SGD. R.W.EADIE PTE

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reaso[illegible] number of the answer criticised.

Yes

19. Is the invalid fit for .

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

20. It is certified that the invalid

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

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

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

Boarded for return to Canada, authority Telegram A.G. 9083 of 11-11-18.

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

K.E. COOKE MAJOR *President.*

PLACE No. XI C.G.H. SHORNCIFFE. F.L. NEELY CAPT. } Members

DATE 20-2-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

President.

PLACE ..... } Members

DATE .....

APPROVED BY Wallace Scott COLONEL A.D.M.S. CANADIANS SHORNCLIFFE AREA *Assistant Director of Medical Services.* APPROVED BY *Director-General of Medical Services.*

DATE 20 FEB 1919 DATE

CASUALTY FORM. ACTIVE SERVICE. A.F.B. 103.

NUMBER 525071 RANK Pte NAME Eadie, R.W.

12.3.19 T.O.S. WING 3. KINMEL PARK. PART 2 D.O. 64 1919. 18-2-19

23.3.19 S.O.S. On transfer to C.E.F. On proceeding to CANADA. Part 2 D.O. 73, 25.3.19

H.M.T.S. EMPRESS OF BRITAIN.
EMBARKED 23-3-19

H. Stewart Lieut.
Ofr. i/c Records, M.D. No.3.

23/3/19 S. O. S. 3 D.D. Discharged 1/4/19 Kingston, Ont. Pt. 2. Order H.Q. 97

..... Major
O. C. Dispersal Area Station

1/4/19 S. O. S. 3 D.D. Discharged 1/4/19 Kingston, Ont. Pt. 2. Order H.Q. 97

J. Mooney Capt
Major
O. C. Dispersal Area Station

Dr. 1/c Hoorie, L.D. No.3.

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....A.M.C. Training Depot No. 11 C. E. F.

(2) Regimental Number.....525071

(3) Full Name of Soldier.....Reginald Westbrooke Eadie

(4) Place of Birth.....Winnipeg, Canada

(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.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address

(10) Is your Mother alive? No.

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

Mr. Louis Eadie (Uncle)

Oakland, Manitoba, Canada

(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.

Officer Commanding.

Date FEB 19 1917

Medical Case Sheet

No. in A & D. Book	Reg. No.	Rank	Surname	Ch. Nmae
	446	Pte.	Eades	Reginald

Year 1914	Unit	Age	Service
	8th Bn.	24	--

Station And Date

Disease Chronic Catarrhal Otitis Media

History Increasing deafness from childhood, worse at times

Prognosis Bad for hearing

Treatment Send back to Canada.

8549

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

RECEIVED NOV 15 1919

186

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Shorncliffe DATE 20 Feb 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 525071 (c) Rank Pte.

(d) Surname LADIE (e) Christian name REGINALD WESTBROOK.

(f) Home address Penticton B.C.

(g) Next of Kin Constance Ladie (h) Relationship wife

(i) Address of Next of Kin Lakefield Ont.

2. Age last birthday 28 years Date of birth Aug 2nd 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon B.C. (b) Date 31/11/16

4. Personal description:

(a) Height 5ft 10¾in. (b) Weight 145 lbs. (stripped) estimated (c) Complexion medium

(d) Colour of hair Black (e) Colour of eyes ..... (f) Identification marks, Scars, etc. 2" Scar on Right side of neck.

5. Former trade or occupation Fruit Grower.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	90

	Periods From	Periods To
Canada	31/11/16	28/2/17
	6/2/19	29/2/19
England	14/3/17	6/11/17
France or other theatres of War	6/11/17	6/2/19

7. Original disease, or injury DEAFNESS - (PARTIAL - BOTH EARS.)

(a) Date of origin Memory before Enlistment (b) Place of origin Canada

(c) Cause Catarrhal Condition - from Mumps.

M. F. B. 227.

300M.—8-18.
1772-39-117.

 1549

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.)

(DEAFNESS. PARTIAL) Marked loss of hearing - both ears

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.)

Objec. Fairly well nourished man - very deaf - Specialists report as follows - 20-2-19. "Moore Barracks" -
Hearing. R. H. 10 ft.
L. H. 5
Chronic otitis media present previous to enlistment but aggravated by service
(Sgd) W. H. Burnham
Major

Subj. States his hearing was always deficient - now much worse

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? yes
(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses as above Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems yes. Any other general condition no

Complains of numbness and aching in both feet at times. Had an exostosis removed from R. foot March 9, 18. No swelling at any time. No history of frost bite or trench foot.

10. (a) History (of the condition referred to in Section 9 (a).) His hearing always defective has become much worse since enlistment. Admitted KD 7 Can Gen Hosp - Feby 9, 18 for treatment

8549

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

None before Enlistment.
Some Dyspepsia in France

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

None

11.—(a) Did the disabling condition have its origin before enlistment? Yes

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

Yes. Could hear ordinary Conversation and Telephone before enlistment.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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.)

No record of treatment in Documents

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

Bi

T. T. Blake Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, R.W. Eadie 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

R.W. Eadie Rank. Pte
Signature of invalid examined.

8549

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 criticised.

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded for Return to Canada Authority, Telegram Ag. 4083 7/11-11-18

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

No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, SHORNCLIFFE.

PLACE .... *President.*

DATE 20 FEB 1919 ..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... *President.*

PLACE ..... } Members

DATE .....

APPROVED BY William G. Scott — APPROVED BY

C/A.D.M.S. CANADIANS SHORNCLIFFE — COLONEL

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE 20 FEB 1919 — DATE .....

Form R 122
2353—100M—9-12-16.

8549

H.H.B. Rank Name EADIE, Reginald Wesbrook Reg'l No. 525071

Unit 13th.Dft.A.M.C.T.D.No.1 If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Vernon,B.C. 3rd.Nov.1916 Place of Birth Winnipeg,Can.

Name and Address, Next-of-Kin Lewis Eadie

Portage-La-Prairie,Manitoba,Canada Relationship Uncle

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6332
File R.L. OR CAN
Date

H. W. V., Ld.—9546-16.

Report. Date	From whom received.	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.
ARRIVED ENGLAND ss CANADA 15 MAR 1917					
21.3.17	Came T.S. T.C.S. from	Canada	Westenhanger	16.3.17	Pt II 80 SOS to Kitchener War Hosp Pt II D 0060 of 21/3/17
22-3-17	Kitchener Hosp ~~[illegible]~~ & ~~[illegible]~~	Came Depot	Bton	19.3.17	See Pt II 102 Pt II 9. 23-6-17
24.8.17	do	Granted permission to marry	do		Pte Pt II D 0189
17.10.17	C.A.M.C. Dep SOS to #10 C Gen Hosp	Brighton	Shorncliffe	19.9.17	" Pt II D.0.290
16.10.17	#10 C Gen Hosp. leave to batt on return to CAMC		Brighton	17.10.17	A.F.B. 103 Checked 29.11.17 185
8-11-17	C.A.M.C.D. T.D.S. on proc. of Seas		Shorncliffe	8-11-17	" Pt II D.O. 312
~~11-12-17~~	~~#12 Fld Amb TOS from C.A.M.C. Gen~~		~~Field~~	12.11.17	" — ~~49.~~
31-12-17.	12 F Amb Above order cancelled.		Ste Field		— 84.
5-1-18	CAMC Gen Pt II o. 78 of 5/12/17 is cancelled		"	"	— 1.

Cancelled Pt II D 0292 21/9/17
Cancelled Pt II D.O. 74 14/11/17
Cancelled ~~Pt II D.O. 48 5/1/17~~

8544

Report. Date.	Report. From whom received.	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.
19-2-18	12 Fld Amb	T.O.S from Camb Gen	Pte	Field	21-1-18 Pt. II No. 8. Camb Gen. Pt. II No 9 d/20-2-18.
18-6-18	"	S.O.S to Camb Gen (B.1).	"	"	6-6-18 — 29. Camb Gen Pt. II No 38 d/29-6-18.
6-8-18	Camb Gen	Att^d to HQ 2 Dist C.F.C.	"	"	29-6-18 — 47.
26-1-19	do	Ceases to be att^d	"	"	20-12-18 — 5. 676 HQ No 2 Dist. G.F.C. Det Hp Conches.
26-1-19	do	S.O.S to 676 Det Hp Conches	"	"	20-12-18 — 5. Pt II 1. d/31-1-19.
28-2-19	676 Det Hp	S.O.S to Cambleboy	"	Conches	2-2-19 — 2.
15-3-19	#3 Mob Hosp	T.O.S from Camb.	"	Rhyl	12-3-19 — 64.
Sailing no 33		date 23-3-19 disp		area th	Comb Roll 22.
13-3-19.	Sa mccc	S.O.S. of om P.C on proc. to C.C.C. Rhyl. MOW 3		S. Cliffe	12.3.19 do 61.
26-3-19	#3 Mob Hosp	S.O.S to Canada		Rhyl	23-3-19 — 73.

8549

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

917444

THIS IS TO CERTIFY that No. 535071 (Rank) Private

Name (in full) Eadie Reginald Westbrooke enlisted in

the C.E.F. M.C.

CANADIAN EXPEDITIONARY FORCE at Vernon B.C. on the 3rd

day of November 1916

HE served in 12th Field Ambulance C.A.M.C. France

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness.~~

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

Age	28	Marks or Scars	Scar on Right side of neck
Height	5' 10¾"		
Complexion	Medium		
Eyes	Grey		
Hair	Black		

R W. Eadie

Signature of Soldier

Date of Discharge

DISPERSAL STATION H. KINGSTON ONT. APR 1 1919 No. 3 DISTRICT DEPOT

S. Mooney Captain

Issuing Officer

for O.C. Dispersal Station H.

Rank

DISPERSAL STATION H. KINGSTON ONT. APR 1 1919 No. 3 DISTRICT DEPOT

Date March 13th 1919

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. ..... (Rank)

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the

day of 19

HE served in .....

and is now discharged from the service by reason of Demobilization / Medical Discharge

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

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.T.R. 234.
100—D.P. 2000M-11-18.
M.C.—1172 23-4-18.

8549

Original not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 8th Battalion C.E.F.

Regimental No. 446 Rank Pte Name Eadie R. W.

Enlisted (a) 21.9.14 Terms of Service (a) D/Year Service reckons from (a) 22-9-14

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				
		Wounded	4-10-14.	Ret. Can.	14-12-14
Jan. 1915	Dis. Depot Que.	S.O.S. "Med. unfit"	Que.	6/1/15	Auth. pay to Jan. 1915.

(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				

8599

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Rank and Name	EADIE R.W.	Name and Address of Next-of-kin	Miss J.M.Green. Beresford. Manitoba.
Regimental No.	446		
Unit	8th. Battalion.		
Date of enlistment	21st. Sept. 1914.		
Place of birth	Manitoba.		
Married (Yes or No)	No.	Date and place of discharge	14.12.14 Canada W.D. South.
If in Permanent Force		Reason for discharge	Medically unfit
		Character on discharge	

N/E. R.B. No. 4
File R.L.
Category MUEmg

Promotions or appointments

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				
9/12/14	A.D.M.S	Found by Medical Board to be Med unfit.	Bulford Manor	2/12/14	A.F.B. 179.
24/11/14	O.C. 8th	Insolenced to N.C.O. awarded 96 hrs detention	West Down S.	24/11/14	Pl. 2 B.O. 82
20/12/14 14-12-14	O.C. 8th	Discharged Med. unfit Rtd to Can.		14/12/14	Field Return No 99

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				

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Medical Case Sheet

	Reg. No.	Rank	Surname	Ch. Nmae
No. in A & D. Book	446	Pte.	Eades	Reginald

	Unit	Age	Service
Year 1914	8th Bn.	24	--

Station And Date

Disease Chronic Catarrhal Otitis Media

History Increasing deafness from childhood, worse at times

Prognosis Bad for hearing

Treatment Send back to Canada.

8549

Army Form B. 179.

Medical Report on an Invalid.

Station Bulford Manor, Salisbury Plains.

Date Dec. 2nd 1914.

1. Unit 8th Bn.
2. Regimental No. 446.
3. Rank Private.
4. Name Eades Reginald W.
5. Age last birthday 24.
6. Enlisted { on Aug. 15th / at Winnipeg, Man.
7. Former Trade or Occupation { Rancher.

8. Disability.

Chronic Catarrhal Otitis Media.

Statement of Case.

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

9. Date of origin of disability. Childhood.

10. Place of origin of disability. Canada.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Gradually increasing deafness from childhood worse at times than others.

12. (*a*) Give your opinion as to the causation of the disability. Catarrhal Rhinitis.

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). Not applicable.

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13. What is his present condition? Good general health, Weight 145 lbs.

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

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

(*a*) ~~In action~~?

(*b*) ~~On field service~~?

(*c*) ~~On duty~~?

(*d*) ~~Off duty~~?

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

If so—(*a*) ~~When?~~

(*b*) ~~Where?~~

(*c*) ~~Opinion?~~

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

17. If not, was an operation advised and declined? No.

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

19. Do you recommend return to Canada and ~~(*a*)~~ Discharge as permanently unfit, Yes.

~~or~~

(*b*) ~~Change to England~~?

John [illegible] Capt

Officer in medical charge of case.

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

Station Bulford Manor,

Date Dec. 5th 1914.

Murray MacLaren Maj

Officer in charge of Hospital.

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

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

8549

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913.)

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

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

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

i — no
ii — no
iii — no

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

—

21. Has the disability been aggravated by

(*a*) Intemperance? (a) no

(*b*) Misconduct? (b) no

22. Is the disability permanent? yes.

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

To be stated in months.

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

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

¼

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

26. Do the Board recommend Return to Canada

and (*a*) Discharge as permanently unfit, yes

~~or~~

(*b*) ~~Change to England~~?

Signatures :— C. F. Hylde Major CAMC President.

Station Bulford Manor — John G. Hart Capt — Members.

Date Dec. 7. 1914. — A. E. H. Bennett Capt

Approved.

Station Bulford, Eng. — G. S. Jones, Lt. Colonel for Administrative Medical Officer.

Date 9 - 12 - 14

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(*On leaving Corps or Station where invalided.*)

Transfer { Date _____ / Station _____ }
or
Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

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

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(*At Station or Hospital where finally disposed of.*)

Station and Hospital _____

Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision _____

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

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

Forms B. 179 34
(91196) W 4549-502 70,000 9/14 J.J.K.

ORIGINAL 1549 Original

MEDICAL HISTORY SHEET

Surname Eadie Christian Name Reginald Westbrook

Examined on 13th day of October 1916 at Vernon BC

Birthplace City or Town Winnipeg County Canada

Apparent age 26 · 2

Trade or occupation Fruit Grower

Height 5 feet 11 Inches

Weight 159 lbs.

Chest measurement Minimum 31 inches Maximum expansion 34 inches

Physical development Good

Small-pox Marks none

Vaccination Marks Arm ~~Right~~ Left 2 Number 2

When Vaccinated last 1914

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Slight deafness left ear.
Atrophy or lack of development testicles
Slight umbilical hernia

Approved by Audley Sanders.
Rank Capt C.A.M.C. 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
11/10/16		J.R. Fairbairn Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
11/10/16		J.R. Fairbairn Capt M.O.
25/10/16		J.R. Fairbairn Capt M.O.
9/11/16		J.R. Fairbairn Capt M.O.
31/10/17	OK	W.M. Robb.

Enlisted on 3 day of November 1916 at Vernon BC

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A. M. C. TRAINING DEPOT No. 11, C.E.F.	525071		
Transferred to	C.A.M.C.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACK SHORNCLIFFE	20 FEB 1919	Deafness (Partial)	Bit [illegible]
	20 FEB 1919	APPROVED	W. Allen A. Scott COLONEL, a A.D.M.S. CANADIANS, SHORNCLIFFE AREA.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J.M.O.

Surname Foster Christian Name Reginald Albert 8544

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				
Vernon BC	1916 3 Nov										

8549 446

MEDICAL HISTORY SHEET.

Surname Badie *Christian Name* Reginald W.

Examined { on 8 day of Sept 191 4
at Valcartier

Approved by G. S. Mathewson

Rank Maj M.O. 90th Bn

Birthplace { City or Town Winnipeg
County Man, Canada

Apparent age 24 yr 1 mo

Trade or occupation Rancher

Height 5 Feet 11½ Inches.

Weight Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 35½ inches.

Physical development 3½

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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.
		M.O.
		M.O.
		M.O.

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

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bulford Manor Salisbury Plains.	Dec. 7. 1914	Chronic catarrhal otitis media	Recommended that he be returned to Canada and there discharged as medically unfit.

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.

5,M—8 11.
H. Q. 1772—59—420.

Noted

Surname Cadie Christian Name Reginald W. 7547

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Salisbury Plains	20/10/14	2	12	14				Chronic Catarrhal Otitis		Chronic condition - incurable high grade.	J J [illegible] Capt

8549

HW

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

W.S.B. Class A

War Service Badge Class "A" No. .....

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

A.M.C.

Unit, Regiment or Corps TRAINING DEPOT No. 11 C.E.F.

Regimental No. 525071 Rank Private Name Eddie Reginald Westbrook

Enlisted (a) 3rd Nov 1916 Terms of Service (a) C.E.F. Service reckons from (a) 3rd Nov. 1916

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) Rancher Fruit Grower

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				
		Embarked	Halifax	3/3/17	
		Disembarked	Liverpool	15/3/17	
21-3-17	C.A.M.C Depot	TAKEN ON STRENGTH	Westenhanger	15/3/17	Pt II DO. 80
21/3/17	C.A.M.C. D.	TRANSFERRED to Kitchener War Hosp. Brighton	Westenhanger	19/3/17	Pt II DO 80
					J. H. Harris Capt. Adjutant for O.C. C.A.M.C. Training Coy.
22/3/17	"	Debarked Kitchener Mil Hosp Leave granted 16/9/17. 26/9/17.	Brighton	19/7/17	Pt II DO 95
17-10-17.	"	To. C.A.M.C. Depot. Westenhanger.	"	17-10-17.	Pt.11. D.O. 185. Capt. Adjutant for O.C., C.A.M.C. Depot.
19-10-17.	Embd	T.O.S on posting from No. 10 C.G. Hosp. Brighton	Shorncliffe	17-10-17.	Pt. II D.O. 292. J. J. Rum. Capt. & Adjutant, For O.C. Kitchener Military Hospital.
8-11-17	do	S.O.S to Overseas	do	8-11-17	Pt II D.O. 312

CERTIFIED CORRECT 15 NOV. 1917 CAN. REGIMENT, LONDON.

(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.

D R Allen Capt. Adjutant, C.A.M.C. D.A.D.

8549

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				
		DISEMBARKED	HAVRE		
8-11-17	C.G.B.D	Having arrived as Reinforcement is taken on the strength of Cam Gen	Field	8-11-17	MR 14II 74 a/14/11/17
	"	Posted to 12th C.F. Amb		11-11-17	MR 14II 78 a/5/12/17
1-12-17	4th Div	T.O.S of 12th C.F. Amb		12-11-17	MR 14II 79 a/4/12/17 KR 16-33286
22-12-17	A.A.G	14II Ard 78 is cancelled			14II 83 a/31/12/17 MR 22164
22-12-17	" "	14II Ard 79 is cancelled			14II 84 a/31/12/17 MR 22164
9-2-18.	"	Posted to 12 C.F. Amb	"	29-1-18	KR/22164 Pt II 9 a/19/2/18
	"	T.O.S of 12th C.F. Amb		21-1-18	14II 8 a/19/2/18
11-2-18	11th C.F. Amb	T.M.O	Adm 11th C.F. Amb	10-2-18	D 2869
10-2-18	12 C.F. Amb	"	" 12 C.F. Amb	10-2-18	D 3149
	"	"	Trans to 11th C.F. Amb	10-2-18	
16-2-18	6 C.C.S	"	Adm 6 C.C.S	16-2-18	D 3791
17-2-18	"	"	To 28 A.T	17-2-18	D 3796
14-2-18	11th C.F.A.	"	Trans to 6 C.C.S	16-2-18	D 3604
17-2-18	7 C.G. Hosp	"	Adm 7 C.G. Hosp	17-2-18	D 4292
24-3-18	"	"	To 6 Con Depot	24-3-18	E 59
24-3-18	6 Con Dep.	"	Adm 6 Con Depot	24-3-18	E 564
29-3-18	"	"	To 6 Con Depot	29-3-18	E 1801
4-4-18	14 C Depot	"	Adm 14 Con Depot	4-4-18	E 2563
6-4-18	73 G Hosp	"	Adm 73 Gen Hosp	6-4-18	E 2837
6-4-18	14 Con Depot	"	To 73 Gen Hosp	6-4-18	E 2819
8-4-18	5 Con Depot	"	To Hosp Trouville	3-4-18	E 4547
18-4-18	73 G Hosp	S.T. Gl. Toc R	To 74 Gen Hosp	18-4-18	E 5195
18-4-18	74 G Hosp	" " "	Adm 74 Gen Hosp	18-4-18	E 5969
2-5-18	"	Gastritis	To 13 Con Depot	2-5-18	E 8962
2-5-18	13 Con Depot	"	Adm 13 Con Depot.	2-5-18	E 9424

Army Form B. 103. Sheet 2. 8579 Regimental Number 525071.

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Rank Pte. Surname Cadey Christian Name Reginald Westbrook

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 3-11-16 Terms of Service (a) D of War Service reckons from (a) 3-11-16

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation Grant. Grower ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
12-5-18	74 G. Hosp.	Vertigo. Deafness. Admitted		12-5-18	W3034/5157
12-5-18	13 Con Depot.	Gastritis "Transferred with Vertigo to 74 Gen Hosp		12-5-18	F1213
24-5-18	74 Gen Hosp	Deafness To 13 Con Depot		24-5-18	F3853
24-5-18	13 Con Depot.	" Adm	13 Con Depot	24-5-18	F3788
2-6-18	C.E.B. Depot	T.O.S of Base from 13 Con Depot		1-6-18	M.R.R. 840
30-5-18	13 Con Depot	Classified "M.B." To Base Etaples		30-5-18	F4691
6-6-18	A.D.D. Edns	Classified B1. Gastritis, Def. Hearing		6-6-18	W3339/538 Pt II 28 d/18-6-18
6-6-18	A.A.G. Edns	B.O.R. to C.A.M.C. Gen, Field		6-6-18	Pt II 29 d/18-6-18
6-6-18.	"	To S. Camc Gen from 12 C F Amb.	"	7-6-18	Pt II 38 d/29-6-18.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, &c.

W. 5635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B/103 E/1807. P.T.O.

8549 525071 Pte. Cadie Rud.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
25.6.18.	CGBD.	To HQ 2 Dist CFC	Field	29.6.18	MR/P/1290.
29-6-18	CGBD.	Attd for duty to H/2 2 Dist.		29/6/18	PR {P2/47 B213} d/6/8/18
7-7-18	H/2 2 Dist				
24/8/18.	—"—	Granted 14 days leave	U.K.	21/8/18	B213. Pt II 66 of 1918.
14/9/18	—"—	Returned from leave		9/9/18	B213
5-1-19.	Conches H/Q	Ceases to be attd for duty to HQ 2 Dist CFC & Posted to Conches H/Q		20.12.18	B213 Pt II 5/1919
5-1-19.	—"—	To S CFC Det H/Q Conches.		21.12.18	B213. Pt II 1/1919.
5-1-19.	—"—	On command to 236 CFC		21-12-18	B213
1.2.19.	CGBD.	Trans. to Eng. & posted to Camp. RD. Shorncliffe for demob.		2.2.19	MR. 6/12

Chas. B. Hatwell.

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

11.2.19	C.A.M.C. Casly.	S.O.S. fr C.A.M.C. (Field) Reported unfit	Sh'cliffe	7.2.19	Pt 2 Do 35.
13.3.19	do	SOS of C.M.T.E. to MD Wells No 3 Rhyl.	do	12.3.19	Pt 2 Do 61
1-4-19	H.D. 3	tr. 31-3-19 + SOS. Hunstn.	Kingston	1-4-19	Pt 2 No 97

Capt.
Officer Commanding C.A.M.C. Cas. Coy.

E.M.B.

P. 15-4-21

Number. 52507 Rank. Pte

Surname. EADIE,

Christian Names. Reginald W.

Unit. C.A.M.C. Theatre of War. France

Dates of Service 17-10-14; 21-1-18; 2-3-19.

Remarks

RR no 1

Latest Address. Pentiat on Bale

Roll No. "B"

page 422

No. 525071 RANK Pte. NAME Eadie, R. W.

T. O. S. 3-11-16 D.O. 1500 UNIT A. M. C. Training Depot #11
3-11-16.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov. 8	1916 Nov. 30	✓		
Dec.		✓		
1917 Jan.		✓		
Feb.		✓	Proc. o/s. 28-2-17.	D.O. 43 of 17-2-17.

No. 446 RANK Pte NAME Eadie R. W.

T. O. S. UNIT 90th Regt (Winnipeg Rifles)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug 12th	Aug 21st	✓		
Aug. 22nd	Aug 27th	✓		
Aug 28	Sept. 21	—	On 8th Bn. paylist.	
Sept. 22	Oct. 31	—		

UNIT SAILED
OCT 3 1914

NAME Eadie R. W.

REGT'L. No. 525071

H. Q. FILE No. 649

RANK AND CORPS Pte Gen.

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—23-11-17.
H. Q. 1772-39-893.

8549

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 139	No 11 Can. Fld. Amb.	10-2-18	P.U.O (C a m c)
a 144 1	No 6 Cas Clg Stat	16-2-18.	" " " " " " "
a 148-1.	No 7 Can Gen Etaples	17-2-18	P.U.O.
[a 177] 2	No 6 Conv. Depot "	24-3-18	" "
a 183	No 9 " " Boulogne	26-3-18	
a 185	14 Cont. Dep Trouville	4-4-18	" " " "
a 187 2	# 73 Gen. Trouville	6-4-18	" " " C.A.M.C
a 195	#74 Gen Trouville	18-4-18	P.U.O
a 207 2/2	No 13 Conv. Depot "	2-5-18	"
a 220.	Disch.	30-5-18	" "

Surname	Christian Name or Names	Form D.M.S. 1300. Reg. No.
EADIE.	R.W.	525071.

Rank	Unit	Co.	Troop	Batty.
Pte.	cC.A.M.C.	Gen.		

Hospital: 11. C.F. Amb.

Date of Admission: 10-2-18.

1. 6. C. C. Stn. — Hosp. 16-2-18
2. 47 General, Etaples — Hosp. 17.2.18
3. 6 Conv. Depot / 5 Conv. Depot Cayeux — 24.3.18 / Hosp. 26-3-18
4. 14 Conv. Dep. Granville / 73 Gen Trouville — Hosp. 4.4.18 / 6-4-18

Diagnosis
1 P.U.O. at.
2
3

Disposition: C.L. 16-2-18. A139. Dis. 30-6-18

Date

Remarks

22-2-18 a 144 (1)
27.2.18 a 148 -1
4.4.18 a 177 2
11-4-18 a 183 (2)
13.4.18 a 185
16-4-18 a 187 (2)
28.4.18 a 195
9-5-18 a 207 (2)
5-6-18 a 230 (2)

8544

EPITOME OF HOSPITAL TREATMENT

	Hospital	Adm.
1.	74 Gen. Trouville	18.4.18
	13 Conv. Bex Trouville	2-5-18
2.		
3.		
4.		
5.		
6.		
7.		

Form R. 149.

Reginald Westbrook 8549

Name EADIE Rank Pte. Reg. No. 525071

Unit CAMC. Gen.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-2	11 C F A		P.U.O.	a 139	✓	13540
16-2	C L C E		"	a 144		13879
17-2	7 Can Gen	Etaples		a 148		19998/5
24-3	2 C Can Def	Etaples	do	a 177		486/10
26-3	5 Can Dep	Camiers	"	a 183		625/13
4-4	14 Can Dep	Trouville		a 195		690/16
6-4	73 Gen Hos	"	"	a 197		721/13
18-4	74 Gen Hos	"	"	a 205		883/22
2-5	13 Can Dep	"	"	a 207		1125/6
~~24-5~~	~~do~~	~~do~~	~~do~~			~~1611~~
30-5	Base Reins	Etaples	P.U.O.	a 230	E.C.	1717/27

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Surname	Christian Name		Reg. No.
Eadie.	R. W.	8549	446.

Rank	Unit	Co.	Troop	Batty.
Pte.	8th Batt.			

MEDICAL BOARD held at | Date | Serial No.

(1) Bulford Manor. 7-12-14.

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board: Chronic Otitis. Media.

Disposition Recommended

(1) Return and discharge to Canada 14-12-14.

(2)

(3)

(4)

(5)

CASUALTY BOARD held at | Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

C.A.D.C. 5009A

8549

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

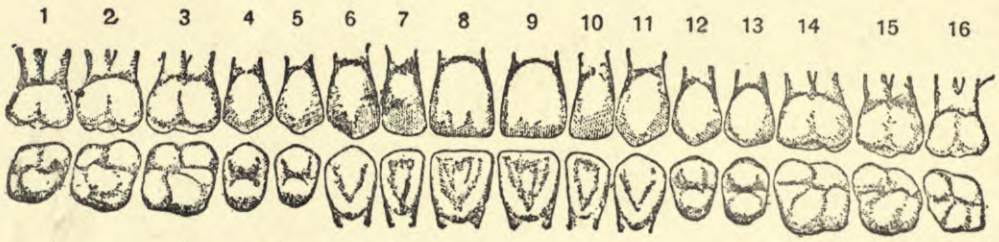
DIRECTIONS TO DENTAL OFFICERS

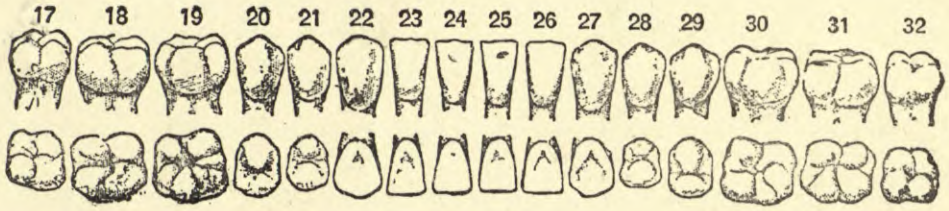
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) FADIE R.W.

REGIMENT Camc RANK R6 No. 525071

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





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

Signature of Dental Officer R. Kline Capt.

1½ pm

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5208-R1

Name Eadie, R.W.
Surname Christian Name

Regimental Number 446 Rank Pte.

Unit 8th Bn. C.E.F.

Original Unit

District where paid

Date of Discharge 6-1-15

P. D. P. Filing Number 428-R-1

Address (in full) Beresford, Man.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid

Remarks: Less than six months service. Enlisted 23-9-14. Discharged 6-1-15.

M. F. W. 127.
50M—6.17.
1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No.....

Award.....days at $ per day $

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

Less P. D. P. Credited

Less further debit balance

Net due paid as below

TO SOLDIER

Ag. No	Ch. No	Amount

Dependent.....

Address.....

$

$.....

$

$.....

No	Amount

Pay Dependent $.....

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

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

Less further Dr. Bal. or overpayment.

Net.....

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

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

38687 THE MORTIMER SYSTEMS, OTTAWA, CANADA

NAME Eadie Pte RW

60-E-37

1

Regimental No. 446

Unit 8th Battn.

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $ (no)

~~To whom payable~~ Sep allce (no)

Name and address of next-of-kin

Pendicton BC

Date and place discharged

Reason for discharge Med- unfit

Character on discharge

Principello 14-12-14 30-12-14

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.
1-12-14	6-1-15	37	100	37 00	37	10	3 70	~~2 60~~	43 30			43 30			43 30	P.M.M. Dil Pd

Note - adjustment necessary RSP

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					

D 1

NAME EADIE. R.W.

Regimental No. 446

Unit 8th Battalion.

Date of enlistment 21st Sept. 1914.

Place of birth Winnipeg. Man.

Married (yes or no) No

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Miss J.M.Green,

Beresford. Man.

Date and place discharged 30/11/14 ~~30/11~~ ~~12/12/14~~

Reason for discharge F.R. 20/12/14

Character on discharge Medically unfit

G F B 179 9/12/14

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.
Sept 22 1914	Oct 31	40	1.00	40	40	.10	4		44			40			40	
Nov 1	Nov 30	30	1.00	30	30	.10	3	4	37			~~24~~ 30 40		4 40	34 40	96 hrs detention
~~Dec 1~~	~~31~~	~~31~~	~~1.00~~	~~31~~	~~31~~	~~.10~~	~~3 10~~	2 60	~~36 70~~							Discharged Med.
N. E. Sept				1916					2 60					2 60	2 60	unfit ~~Dec~~ ~~12~~ 30/11/14

o/ given last pay cert. forwarded to c/c records London LPC as at 30 Nov ~~2 60~~ other charges to clear a/c

Other L.P.S. under S. Emery 33

33

Transd to "Canada Disc'ge a/c"

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					

L-L. Job 5470—M. & D. 6888

93

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom G. Chastney

Address Penticton B.C.

By Whom Assigned R. H. Eadie

Regtl. No. 525071

Rank Pte

Corps A.M.C.T. Dep. no 11

Rate ~~$15.00~~ MAR 1917 ⊙ $20.00 Oct 1st/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			⊙ 2 M. 12/10/17 ADD 10/10/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. E. Chastney (Assignee)

PAYMENTS.

Name of Soldier R. W. Eadie
Pte 525671. 2nd Div. Sep 11

L. L. Job 5470—Req. 6888.

~~15.00~~ 20.00 Oct 1st 1917

MAR 1917

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March		D54243	15		
April		A225	15		15
May		C7571	15	20	15
June		X14604	15		15
July		H21736	15		
Aug.		C28894	15		
Sept.		N35141	15		
Oct.		C41227	15		140
Nov.		~~A26167~~ A29967	~~15~~ 20		~~25.00~~ Nov ~~Oct future~~
Dec.		~~A29967~~	25		20 future
Jan.	1918	future payment			
Feb.		in Can Dep			
March					
April					
May					
June					
July					

A26167 Cancelled

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR ~~CANADA~~ CANADA	SEPARATION ALLOWANCE.	* ENGLAND OR ~~CANADA~~
EFFECTIVE DATE:-	1-10-17	EFFECTIVE DATE:-	~~18-9-17~~ 1-9-18.
AMOUNT:	20 00	AMOUNT:	~~25 00~~ 30 00

NAME:- EADIE. Reginald Westbrook

NUMBER:- 525071.

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

Mrs. K.W. Eadie	Same
~~Gunner C.K. Eadie~~	
~~Dorchester, Wellingboro~~	
wife	

Transferred to Canada 1.2.19.

Stopped Eff 1-4-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Depot Battalion

DATE ACCOUNT FIRST OPENED:- 1/3/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
79		1/1/18.	Demobd.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
27.2.19	4163	6th M.G. R.C.D.	~~4 00~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Can 31.3.19 S'cliffe MR 40 91 4.3.19 S'cliffe MS 2 Leu Bal £26 97 xx LRB £22 10 xx

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal Fwd								36 02		
Apr				A8472. 9-4-11.			20		16 02		25
	C.O.	33							49 02		
				OR 7374. 5 boxes S.O. 2/4 C17	1 78				47 24		
		33		793676. 9-4-11.	1 78		20 20		27 24		25
May	C.O.	34 10							61 34		
		34 10					20				
June	C.O.	33							94 34		
				B33701 9-4-11.			20		74 34		25
				3923. GBO. 9-6. C2.	8 92				65 42		
				4653. GBO. 23/6. C7	4 46				60 96		
				5421. " 30/6 C11	4 46				56 50		
		33			17 84		20				
July	C.O.	34 10		B46401 9-4-11			20		70 60	✓	25
		34 10		AR2047. 2 Lee C.M.G. France 17/7/918	3 57		20		67 03		agreed 31-7-18
Aug	C.O.	34 10			3 57				101 13		
				C44001. 9-4-11			20		81 13		25
				2348. " 26/7. 5	3 57				77 56		
				C.P. London 23/8 6	38 93				38 63		
				2810 2. Dvr. C.M. 13/8. 11	3 57				35 06		
				2956 " 21/8 13	9 73				25 33		
				2890 " 21/8 13	1 78				23 55	✓	
Sept	P.P.	34 10 33		D 18404 9-4-11	57 58		20 20		36 55		25 25
				3353 1 " 11/9 7	3 57				32 98		
		33			3 57		20				25
				Carried forward.							

COMPILED BY W.H. Zeskey

CHECKED BY [illegible]

FILED BY [illegible]

NUMBER 525071. RANK P6 NAME EADIE. R. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918.									32 98	Nil	
Oct.	Pbs Pay	34 10		D71401. £9-4-11			20		47 08		25
				3955. #2. Dist. exc. 9/10 (21)	3 73				43 35		
				4331 " 26/10 45	3 73				39 62		
				3810 " 2/10 50	3 73				35 89		
		34 10			11 19		20				
Nov	P. P.	33		D90201 £12-6-67			20		48 89		40
				4463 " 9/11 9.	3 73				45 16		
Dec.	P. P.	34 10		D50201 £10-5-6.			20.		59 26		30
				4744 C.F.C. 22/11 31.	13 06.				46 20		
				Supp. Bk. 669691 £10-5-6. Jan			20		26 20		30
					16 79						
				5059. C.F.C. 11/12. 65	3 73				22 47		
Jan	P. P.	34 10		£10-5-6.			30		56 57		30
		101 20			20 52		60				
Feby	P. P.	30 80						20	67 37		
				10143 Paid 31/12 6.	9 33				58 04		
				5330 " 26/12 6.	3 73				54 31		
				5598 " 10/1 16.	3 73				50 58		
				3890 " 25/1 45	4 66				45 92		
				66456 " 21/12. 55.	3 73				42 19		
				3843 " 12/2 77	4 99				37 20		
				32164 " 12/2 81	24 33				12 87		
Mar	P.P.	34 10		500 60				20	26 97		
					54 50						
				3245 Ford. " 14/3 142	9 73				17 24		
				4163 " " 29/3. 146.	4 87.				12 37		
		64 90			69 10			40			

S OS Can. 23/3 SL 33

E

Married or Single: ~~Single~~ Married

Place of Birth: Winnipeg. Canada

Name and Address of Next of Kin: Lewis Eadie
Portage-La Prairie. Manitoba. Can

Relationship of Next of Kin: Uncle

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ ~~20.00~~ 25 Effective (Date) 18/9/17 AB

Payable to: Assignee

Relationship of Dependant: wife

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Granted permission to marry		D.C. 167 27/8/17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 525071 Rank: Sgt A.M.C. "" Name: Eadie. Reginald. Welbrook.

If in Permt. Corps What Unit: Unit: C.A.M.C.D. Transferred to: K.M. Hosp Date: 21/4/17 Authority: D.O.1. 14/3/17

Permanent Force Allowances: Transferred to: CAMCD Date: 1.1.17 Authority:

Place of Attestation: Vernon B.C. Transferred to: 1st Lamb Date: 1/1/18 Authority: 79

Date of Attestation: 3rd November 1916 Transferred to: Date: Authority:

Assigned Pay Monthly $ ~~15~~ 20.00 Date Effective: ~~1st March 1917~~ 1/10/17 AB

Payable to: ~~Mrs G. O. Chester~~ Mrs R. W. Eadie, 90 Mrs H. Riddle, Inchester, Wellingboro ~~Penticton B.C.~~ Relationship: wife

Assigned Pay Monthly $ Date Effective:

Payable to: Relationship:

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective: Reason:

Discharge Date and Place: Reason and Authority:

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917														21 80	21 80																21 80				Balance from Canada
1/3-31	31	1.00/10	34 10												34 10					13	K.M.H. 3 973					1947	15		34 47	21 43				
1/4-30	30		27												27													15		15	38 43				Sick M.Hosp D.O.1. 14/3/17
21/3-30	10		11												11																39 43				
May 31			34 10												34 10	30	24.4.17							973				15		49 06	24 47				
																16	13.4.17							14 60											
																55								973											
June 30			33 00												33 00	57	28/5							9 44				15		24 44	32 43				
July 31			34 10												34 10													15		15 00	51 53				
Aug 31			34 10												34 10	82	29/6							973				15		34 46	37 47				
																73	13/6							973											
Sept 30			33 00												33 00	132	27/7	160	14/8					973	973			15		51 49	32 98				
																117	13/7	178	31/8					730	973										
			235 40											21 80	257 20									80 29	1946	19 48		105		224 22	32 98				

D.C. 167

525071 Pte Eadie E.W.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Particulars	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Balance
			235	40										21	80	257	20								
Feb 17	30	Balance	~~30~~	~~96~~															32	98					
Oct.	31	110			34	10										Bivy	20								
																AK 209 Km Hosp 13/6/17									
					34	10										238 " " 27.9	20		27	62					
Nov.					33											B.27881 - 14-2-2.	20					48	67		
																85 29/10 Cameo									
																98499 - 9-4-11	20					25			
																1376 10/10 Eng Hosp D.									
																770 17/10 10 Gen Hosp									
Dec.					34	10													35	66					
					67	10											40		34	10					
1918																			69	76					
Jan	P. P.				34	10										b. 61255 29-4-11. Jan	20		42	58		25			
																Q942. 6.11.17. Cambs 48.									
																AK 939. 5.12.17. 4 Bir Fusiliers									
																" 1023. 20.12.17 "									
																" 393. 18.11.17. 2 Wilts (Regt)			27	18					
					34	10										b 29386. 9-4-11	20					25			
Feb.	C.O.				30	80										1225. 4 Dza. 1/1	20		57	98					
																1065 " 1/1			31	60					
																1451 " 4/2									
					30	80													26	38					
Mar	P.P.				34	10										D 48951. 9-4-11	20		60	48					
																			24	46					
																AK 1633. 4 Dza. 1/1			36	02		25			
					34	10											20		~~35~~	~~95~~					

Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	80 29	19 46	19 47		105		224 22	32 98				

H
1

8549

27-2

M. D. 3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class A
No. 91744 Issued

1. No. 325071
2. Rank. Pte.
3. Name. EADIE Reginald W.
4. Unit. C.A.M.C. C.M.C.
5. Date of Discharge 1/4/19 Place Kingston
6. Reason for Discharge Demob. Wife

War Service Badge
Class "A" No.

B II

7. Authority. 1420
8. Proposed Residence after Discharge Peterboro Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. 139 H. M. T. S. IMPRESS OF BRITAIN.
EMBARKED 23-3-19

R. W. Eadie
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

DISPERSAL AREA STATION H.
KINGSTON ONT.
APR 1 1919
No. 3 DISTRICT DEPOT

Medical Documents
Forwarded to
~~S.C.R. or~~ B.P.C.
on
Date MAY 2 1919

Signature F. Money Captain
for O. C. Dispersal Area Station
(O. C. Discharging Unit.)

K. C. D.
17-2-200
G.D.

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M F.W. 23), or Particulars of Recruit (M.F.W. 133).
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. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B.218a)
8. Discharge Certificate (M.F.W. 39) (enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group a

Checked by No. 2/1 558 W

Date 18.3.19

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 525071 RANK Pte. NAME (IN FULL) EADIE Reginald Westwood, (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs. R.W. Eadie, — RELATIONSHIP: wife.
ADDRESS: c/o Mr. J. Riddle, Lakefield, Ont.

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1-2-19

TO WHOM PAID: Mrs. R.W. Eadie, — RELATIONSHIP: wife
ADDRESS: c/o Mr. J. Riddle, Lakefield, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte. R.W. Eadie, Penticton, B.C.		

ORIGINAL UNIT C.E.F.: 12 Field Amb. — IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION: 3-11-16. — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1-3-17.
PAYABLE TO: Mrs. R.W. Eadie, — RELATIONSHIP: wife
ADDRESS: c/o Mr. J. Riddle, Lakefield, Ont.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
ANY CHANGE IN ASSIGNEE OR ADDRESS: E-364

DISCHARGED — PLACE: Kingston — DATE: 1-4-19. — REASON: Demob. — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. 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.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT						22.10	22.10														22.10	Returned "Empress of Britain" Bal. per Eng. L. P. C.
From 1-4-19 to 7-4-19	7	1.10	7.70	35.00 / 70.00			112.70				4.87	9.73 / 5.00	95.20	20.00					134.80			Clothing Alice, and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money.
				20.00			20.00									6.60			6.60		13.40	Overpaid 6 days on discharge.
																300.00			300.00	286.60		Overpaid A.P. 1-10-17 to 31-12-18. (300.00)
			W. & G. S.A.					War Service Gratuity						W. & G. S.A.								
153 days			350 -	150 -		501.								70.00	30.00	286.60			100 — 386 60	280 — 114 40	120 —	1st Pay't. W. & G. and Arr. (22.10 ch) Balance D.A. of $121. not to be paid, to help recover Deb. Bal.
														114 40	—				501 —	—	—	1302203 - Sept. 2/19.

OK

19

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2.96.
1772-39-1890.

Date of Enlistment 9-2-19

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

29

Date of Assignment Mar 1/17.

RATE OF SEPARATION ALLOWANCE

30 as			

1-2-19

RATE OF ASSIGNMENT

~~15~~	1 Oct-17. 20.		

Mrs R. W. Eadie

PARTICULARS OF SEPARATION ALLOWANCE

No. 5-25071

Rank Pte. Promoted Reverted Discharge

Soldier's Name R. W. Eadie

Battalion A. M. C. S. D. #11.

Beneficiary Mrs. R. W. Eadie

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name ~~G. Chastney~~

Address ~~Penticton B.C.~~

Change of Address

1 ~~3037 - 2nd St W. Calgary Alta~~ 301

2 ~~1024 - 16 Ave W.~~

3 ~~Calgary Alta~~

c/o Mr. J. Riddle, Lakefield, Ont.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 5208-R-14
Dec 31			140	140		M.R.O. L.A. Rev Jan 4-19
Jan	A 53571		25	25	M	Mar 1st 1917. + 15.
Jany	B 70889		20	20	M	Oct 1st 1917 + 20.
Feb	E 99983		20	20		25 as A.P. Due to adj repaid in Oct
Mar	A 129029		20	20		M.R.O. 64839 issued 23/1/19
apr	A 8028		20	20	L.	
May	Q 12679		20	20	L.	A/c. 300 overpaid to G. Chastney.
June	K 23584		20	20	L	Refund requested 23/1/19.
July	O 29499		20	20	T	Credit Slip 5447 - $300 used 9-8-19. Recd by NDHQ
Aug.	K 38226		20	20	T	Sat A.P. opened to wife per authority of
Sept	R 42106		20	20	T	Conducting Paymaster's form on file
Oct	Q 52363		20	20	T	
Nov.	K 60535		20 4th 5	20	T	
Dec	T 68407		20	20	T	
Jan	O ~~75808~~		~~20~~	~~20~~	T	075808 cancelled by 7189
Feb	S 81905	30	20	50		075808 Ret'd & canc. per tracer #110771. 3-2-19
Mch	J 89282	30 60	20	50	L	
April		~~30~~	~~20~~	~~50~~	L	

A/c Closed

Ret'd per .....

Date ..... M.F.W.187 .....

Clerk .....

AUDITED

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22520—M. & D. 7663.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22330—M. & D. 1593.