

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Arrestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

S

WILL DESPATCHED
DO M. D. 12
JUN 12 1920

Name Chilton James Everett
Regt. No. 474289 Rank Pte
Corps 66th Regt 46th Div S. S. Coy 18531

46

Med unfit

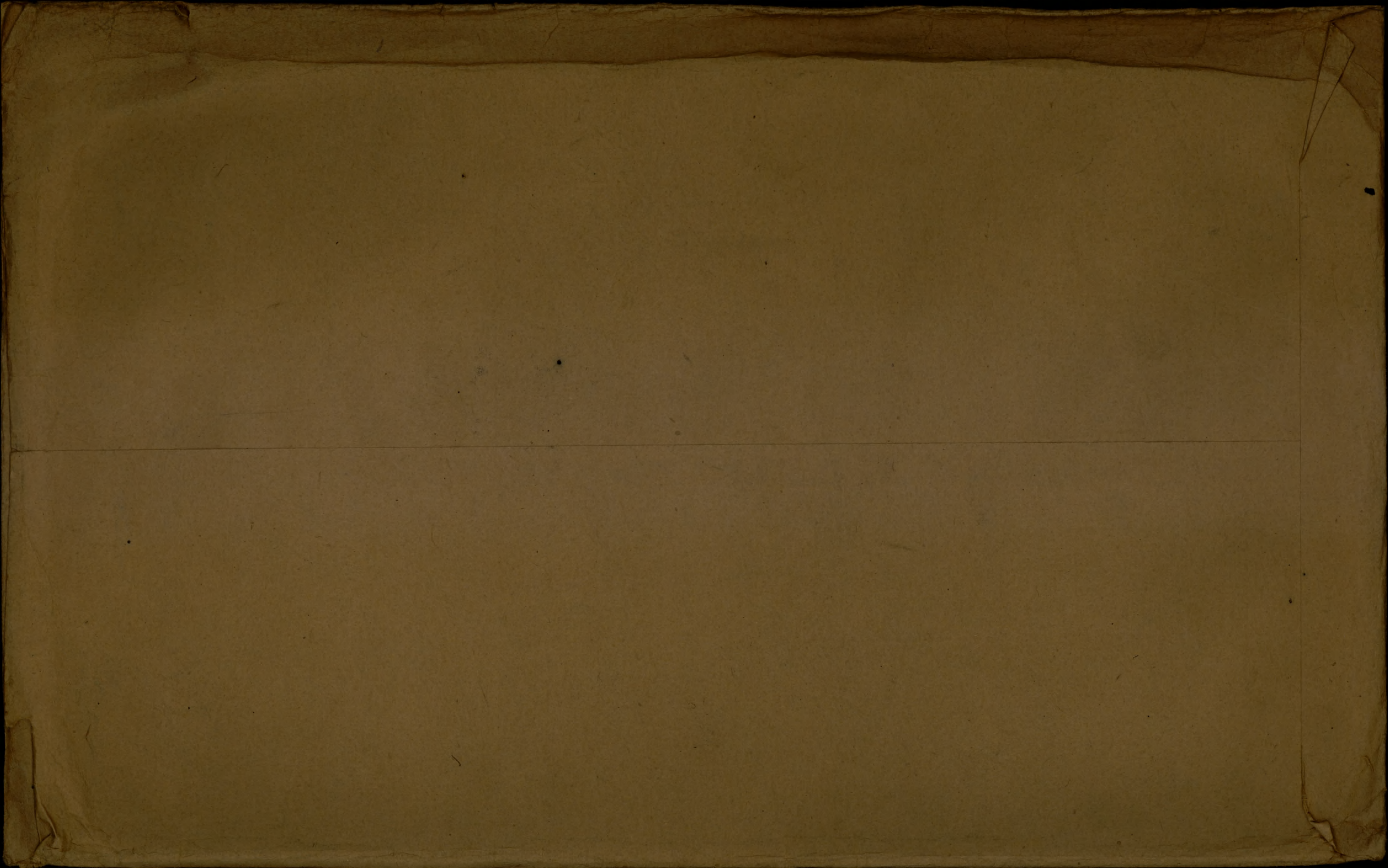


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AFB 122 - 1

1 card

JB



Original

ATTESTATION PAPER.

No. 473289

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Chilton
- 1a. What are your Christian names?..... James Ernest Everett
- 1b. What is your present address?..... Kelfield, Sask.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Delhi, Norfolk Co. Ontario, Canada
- 3. What is the name of your next-of-kin?..... George Thomas Chilton.
- 4. What is the address of your next-of-kin?..... Delhi, Norfolk Co. Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... 6th March 1890
- 6. What is your Trade or Calling?..... Farmer
- 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?.. No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ^{Everett} ~~James Ernest~~ James Ernest Chilton, 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.

James Ernest Chilton (Signature of Recruit)

Date April 6th 1916 Walter Page (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ^{Everett} ~~James Ernest~~ James Ernest Chilton, 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.

James Ernest Chilton (Signature of Recruit)

Date April 6th 1916 Walter Page (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 Saskatoon, Sask. this 6th day of April 1916.

J. Young (Signature of Justice)

Everett
Description of James Ernest Chilton on Enlistment.

Apparent Age 26 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 55 ft 7 1/4 ins.

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

Complexion Fair

Eyes Blue

Hair D. Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date ~~March~~ April 6th 1916.

W. H. Jones Major

Place Saskatoon, Sask.

C. A. M. C.

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.

Everett
James Ernest Chilton 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.

W. H. Jones Lt-Col. (Signature of Officer)

Date April 6th 1916.

Y.A 10/32

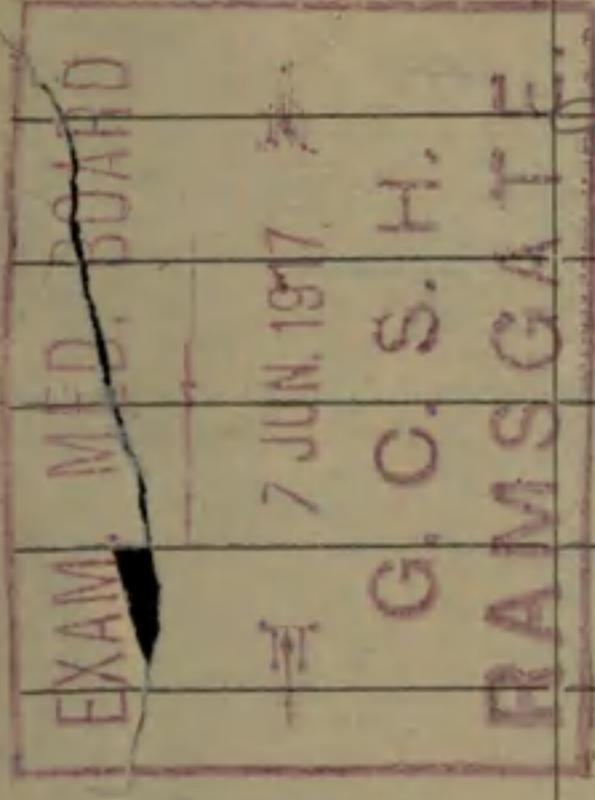
RAMSGATE

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. T5944 Year	Regimental No.	Rank.	Surname.	Christian Name.
	474289	Pte	Chilton	Joe E
Station and Date.	Disease	Unit.	Age.	Service.
	gsw Rt Hand	46 Bn	27	12/12
			Height.	54



Occupation Farmer.
 Enlisted April 6th 1916 Saskatoon.
 Arrived in England June 29th 1916
 " France Aug 11th 1916
 Wounded Feb 13th 1917 Vimy Ridge
 Hospitals 20th General Camiere 2 Days.
 " Le Stave. Cav. Camp 5 "
 " 1st Scottish General 8 Weeks.
 " Busby Park 1 "
 " G.C.S.H. Yarrow Annex 1/5/17.
 Complaint: gsw Right hand.



History:-
 Wounded Feb 13th 1917 at Vimy Ridge
 by bullet which entered near base of 2nd
 metacarpal bone right hand and exit 3rd
 4th and 5th metacarpal. Patient says that
 in addition to wound it caused fracture of 3rd & 4th
 and 5th metacarpal bones. Has had no operations
 since. Hand been in splint since wounded.
 A number of pieces of bone have come away
 at different times.

Present Condition:- General condition good
 Entrance wound near base of 2nd metacarpal (Right)

Station and Date.

healed. Sick wound, over bones 3rd 4th and 5th metacarpal. nearly healed. Wrist movements about $\frac{1}{2}$ normal. Practically no movement 3 4 and 5th fingers except slight abduction little finger. Index ^{finger} flexion & extension $\frac{1}{2}$. Thumb movements free. Elbow & Shoulder movements free. Sensations normal.

4-MAY. 1917.

Theresa Duns
Capt. Cairne

Discards/leak. R & E C Baths. Radiant Heat. No massage, but manipulate fingers lightly. U.S.T.

3/5/17

Report on Urine. Color 2/2+ Bleach. Alk. Spec Grav 1.033. Alb. 1/1. Sugar 1/1. Microscopic. Urates

8/5/17

Index finger some improvements no change in other fingers. V.D. negative. Theresa D.

12/5/17.

no change. except index finger ~~of~~ movements free. slight improvement in wrist. V.D. negative. Theresa D.

21 MAY. 1917

Carpenter shop. To help to educate L. hand. U.S.T.

25/5/17.

Wrist improving, otherwise about the same. V.D. scabies neg. IS ad. going to carpenter shop & Price states was not told before. To exam. room.

28 MAY. 1917

Carpenter. Add massage. send to Carpenter shop again. U.S.T.

4/6/17.

Condition of hand about same. Wrist movements free. V.D. negative. Theresa Duns

7/6/17

A.F.B. 179 brick to Canada U.S.T.

7/6/17

A.F.B. 179 D & C filled out Theresa D

13/6/17.

Condition same. V.D. negat. Theresa D. U.S.T.

20/6/17

Condition same. V.D. negat. Theresa D. U.S.T. 5/7/17 to change to 40 P.C.R.H. Hoop. Theresa Duns

~~M 1071~~
Number

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

~~13~~
4

Number. H. 74289 Rank. Pte

Surname. CHITON

Christian Name. James Everett

Unit H 6 Bn. Can. Inf. Theatre of War. France

Date of Service. 10. 8. 16

Remarks.

Latest Address. Kieldfields
Sask.

Roll No.

B
Page 3775

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

*12. Young
15002
20051
ga*

HOSPITAL.

A. & D. No. 1458 Ward A-401-7Unit 46th Bn. Sick or Wounded.Regtl. No. 474289 Pl. of Act'n. FranceRank Pvt Name Chilton JrAge 27 Religion W.P.Service Compl'd 15/12 Time with Field Force 9/12Diagnosis G.S. Rhum.Admitted 5 JUL 1917 DischargedTransferred To Canada 21/7/17

RECORD FURTHER REMARKS ON BACK.

Handwritten text in red ink, possibly a signature or date, located in the upper center of the page.

Name CHILTON, James Rank Pte.

Reg. No. 474289

Everett

Unit 46th. Battn.

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
16-2.	No. 20 Gen. Hosp. Dannes Camiers		GSW. RA149		09360	
			Hand (Slt)		26-2	
25-2.	1st Scottish Gen. Hosp.		do	B281		
	Aberdeen					
24-4.	Kings Can. Red X Conv. Bushy Park		do	B326		
	Hampton Hill					
1-5.	Granville Can. Spec. Hosp. Ramsgate		do	B333		
6-7.	P.P.C.R.X.S. Hosp. Ramsgate		do	B386		
21-7.	Discharged		(do)	B398		

REGT'L NO 474299

H. Q. FILE No. 649-

NAME

Chilton, James Everett

RANK AND CORPS

Pte. 44th Bn (form. No. 65th Bn.)

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

No.	DATE	NATURE OF CASUALTY
09391	25-2-17	Adm. to ^{ch} 20 Gen. Hospital Feb. 16 th 1917 G.S.W. hand
M 5503	1-6-17	Can. Spec. Hosp., Ramsgate wounds healed, movements at wrist & index finger impaired, practically no movement third, fourth and fifth fingers, general condition good. W.S.M.
M 5780	28-7-17	Disc. from Hosp. July 21st. 1917. W.S.M.
J 344	26-7-17	Sailed from Liverpool for Canada per N.S. Celtic on July 21st 1917. Healthy Alex Dunlop

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 149.	No 20 Gen. Dannes Comies	16-2-17	G.S.W. Rt Hand set.
B 281.	1 st " Scottish Gen. Aberdeen	25-2-17	" " " " " "
B 326.	King's Can. + Cons: Burshey Pt. N.H.	24-4-17	" " " " " "
B 333.	4 th " " " " " " " " " "	1-5-17	" " " " " "
B 386	B.B.C.R.X.S.H. Ramsgate	6-7-17	" " " " " "
B 398	Disch " " " " " "	21-7-17	" " " " " "

No. 473289 RANK Pte.

NAME Chilton, J. E.

474289 (May Paylist)

T. O. S. 6-4-16

UNIT

65th Battalion, C. E. F.

D.O. - of 6-4-16

M. D. 10

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM

PAID TO

SIG. OR REC'T

1916

1916

Apr. 6

Apr. 30

✓

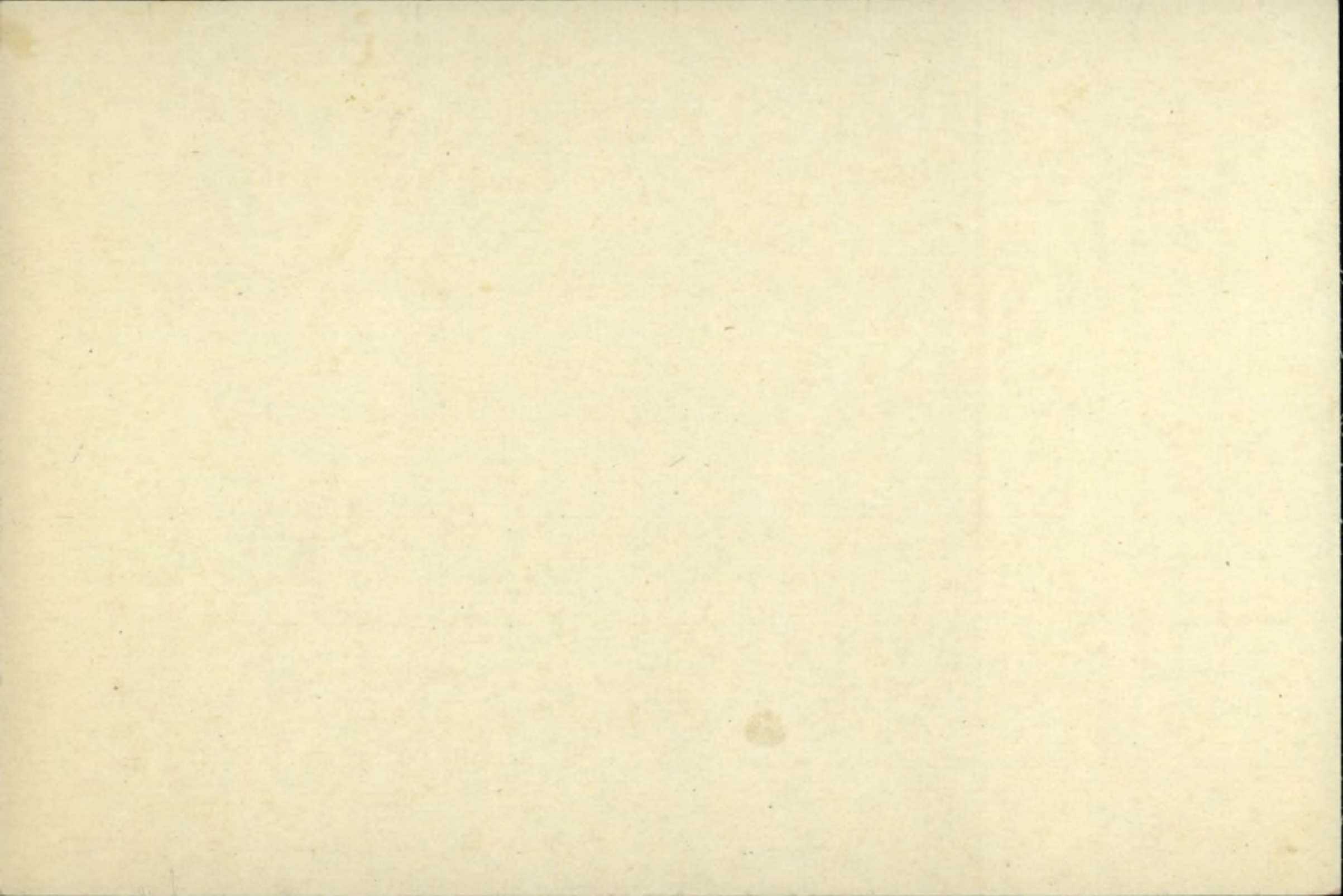
May

✓

June

✓

UNIT SAILED
JUN 18 1916



Oldemill Hospital.

Ward 0 - No. of Bed _____ Date 25.2.17.

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
474289	Pte Chilton	4/6 th Canadians	R. O. W. R. Hand.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 6390

Communion of middle of shafts of 2nd, 3rd, 4th & 5th metacarpals. 1072 minute particles of metal visible.

Signature of M.O. _____

Signature of Radiographer J. N. W. W. W.

Date _____

Date 27-2-17.

Surname
Chilton

Christian Name or Names
J.E.

Reg. No.
474289

Rank
Pte.

Unit
46th Bn.

Co.
19th Res

Troop

Batty.

Hospital

20 Gen. Camiers

Date of Admission

16-2-17.

Transferred

1 Scottish Gen. Aberdeen

Hosp. 25.2.17

Bushy Park Conwal

Hosp. 24.4.17

Crayville. Ramsgate.

Hosp. 1.5.17

Port. Rats Ramsgate

Hosp. 6.7.17.

Diagnosis

G.S.W.R. Hand Slt.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 21. 7. 17.

Date

C.L. 26-2-17 A149

REMARKS

1. 5.3.17 B 281
1. 5.17 B 326.
Ch. 9-5-17 B 333
12.4.17. B 386
26.4.17. B 398.

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

Disc. to Canada per
H. S. Letitia from
Liverpool 21-7-17

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

H M H S. H I

TRANSFER CLOTHING CARD M.H.C.C.

Regimental No. 474 289
Rank and Name Pat Chilton J. G.
Battalion 65

Posted to H. D. C. I.
Unit, M.H.C.C.

AUG 2 1917
Date

Transferred to _____
at _____ Date _____
Mil. Conv. Hosp. or San _____

DATE	Units M.F. "C" 512	PLACE AND DATES OF ISSUE																										
		Boots, ankle, prs.	Caps, drab	Caps, winter, cloth	Caps, winter, fur	Gloves, winter, prs.	Great Coats, drab	Jackets, drab, R. & F.	Overshoes, prs.	Mufflers	Puttees, drab, serge	Shirts, service	Slippers, canvas	Trousers, drab	Trousers, service	Tuques	Jackets sweater	Bags, kit	Brasses, button	Brushes, boot blk.	Brushes, boot polshg.	Brushes, hair	Brushes, shaving	Drawers, winter	Razor and case	Shirts, flannel	Shirts, winter	Socks, worsted, prs.
13-8-17	In Possession	/	/			/	/			/				/		/		/		/	/	/	2	1	2	2	3	

J. G. Chilton

TRANSFER CLOTHING CARD M.H.C.C.

Regimental No. _____ Posted to _____ Unit, M.H.C.C. _____ Date _____
 Rank and Name _____ Transferred to _____ Mil. Conv. Hosp. or San _____
 Battalion _____ at _____ Date _____

PLACE AND DATES OF ISSUE	DATE	Units M.F. "C" 512	Boots, ankle, prs.	Caps, drab	Caps, winter, cloth	Caps, winter, fur	Gloves, winter, prs.	Great Coats, drab	Jackets, drab, R. & F.	Overshoes, prs.	Mufflers	Puttees, drab. serge	Shirts, service	Slippers, canvas	Trousers, drab	Trousers, service	Tuques	Jackets sweater	Bags. kit	Brasses, button	Brushes, boot bigg.	Brushes, boot polsbg.	Brushes, hair	Brushes, shaving	Drawers, winter	Razor and case	Shirts, flannel	Shirts, winter	Socks, worsted, prs.	

CERTIFIED CORRECT.

274289
5 SEP 1916

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

C.R.
R2034

CAN. RECORDS, LONDON.

Unit, Regiment or Corps 65th OVERSEAS BATTALION

Regimental No. 479289 Rank Pte Name Chilton, James Everett

Enlisted (a) 6 April 1916 Terms of Service (a) DoFW Service reckons from (a) Attestation

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				

Embarked
Disembarked
Transferred to 46th Batt.

Canada 20/6/16 ✓
England 29/6/16 ✓
30/6/16. Authority assigned.
4th Can Div.
H. J. G. Jimmie Major

Proceeded Overseas for Service with 46th Battalion, effect 10-8-16. G. A. Damm Capt. & Adj. 46th Battalion Can. Infantry.

17/2/17
16/2/17
17/2/17
17/2/17
17/2/17

Obtained
20 Sept.
12 C.S.
20 Sept.
Verona

Disembarked, France
Wounded.
Wounded. Transf. to C.C.S.

Havre. 11/4/16 N.R.
13/2/17 P213. 121. 26/2/17
Aden 16/2/17 3034
20 6 C.C.S. 13/4/17 A36. 123.
10 England 17/2/17 W 3034
Shouham 17/2/17 3093/8025. P2041. 3/3/17.
Commanding Lieut for Hotel. Adl. Can Section

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
18.3.17.	leleab.	20.S. from 46 th Bn	Hastings	25.2.17	Pt II G. 124.
18.3.17.	"	S.S. to Sask. Reg. Dep.	"	10.3.17	Pt II G. 124. & No. 12. S.R.W.
22.3.17.	S.R. Dep.	20.S. on Trans. from leleab.	Bramm.	10.3.17	Pt II O. 12.

W. Pickering Lieut.
for Lieut Col 1/c Records, C.E.R.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

D. Ledger Capt.
HOSPITAL REPRESENTATIVE
GRANVILLE CANADIAN SPECIAL HOSPITAL, RAMSGATE

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. 474289 Rank Pte. Name Chilton, J.S.

Corps S.S. Co. M.D. 12. who was* Discharged.

On Sept. 30th./17. 191.. to Sept. 1st./17. 191..

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st./17. 191.. to Sept. 30th./17. 191.., the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	202	34
Advances by Cheques } No.			Reg'tl Pay <u>50</u> days at \$ <u>1</u> c	50	
Assigned Pay No.			Field Allow. <u>30</u> days at \$ <u>10</u> c	3	
Other Charges*			Other Allowances* <u>Subs. Aug. 24/17.</u>	7	80
Payment on transfer or discharge No. <u>104</u>	359	64	Other Credits* <u>.. Sept. Cloth Allowance.</u>	18	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	8	50
Total	359	64	Total	359	64

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee).....
(Address).....

H I L.

(†) 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.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment No Information.

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

(3) cause of discharge and authority D.O. 244

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

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

Date Oct. 31st./17.

Place Regina, Sask.

Geo. Bourne
Paymaster

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

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

M. F. W. 44.

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. _____ Rank _____ Name _____

On _____ 1916 _____ who was _____

On _____ 1916 _____

The following is a statement of the account of the above named from _____ to _____ the inclusive date of transfer or discharge

	\$	Cts.
Bal. B.C. from prev. month		
Advances by _____		
Expenses by _____		
Field Allowance _____		
Other Allowances _____		
Other Credits _____		
Bal. B.C. (to be debited by new unit)		
Total		

*Give Particulars

_____ (1) has _____ monthly allowance of \$ _____

_____ (2) has _____ monthly allowance of \$ _____

_____ (3) has _____ monthly allowance of \$ _____

On Transfer of an Officer

_____ has been paid by Paymaster, Military District No. _____

REMARKS

State (1) date of enlistment

(2) if granted and if Separation Allowance Card has been submitted

(3) reason of discharge and authority

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the pay-book of the unit.

Date _____

Place _____

Signature _____

HJB

CONFIDENTIAL INFORMATION

Report No.

Class Duty Category C.11.

No. of M.H.C. File

No. of Local File

No. of H.Q. File

1177
R.

CHILTON, James E.
Kelfield Sask.

No. 474289 Rank Pte. Original Unit 65th. Present Unit 046th.
Age 27 Height 5ft. 7 1/4 ins. Complexion Fair Eyes Blue Hair DBrown Character Good.
Date of enlistment 6-4-16 Where enlisted Saskatoon. Where seen service France #10348
Ship returned by HMHS.H.1 Date of arrival 2-8-17 Port of arrival Halifax.
Birthplace Canada. Religion C.of E.
Name and address next of kin Brother. W.W.Chilton, Wilkie. Sask. n
Notification of return to be sent to do

Cause of disability Destruction and inclusion of the extensor tendons of the fourth fingers of right hand in scar tissue G.S.W.
Condition which prevents the soldier from earning a full livelihood

Soldier was wounded 13th. Feb. 1917 by a bullet entering right hand near the head of the metacarpal bone of the index finger and emerging over the heads of third fourth and fifth metacarpal bones fracturing these bones and causing some destruction of the extensor tendons on the back of hand. There is a small scar at point of entrance and a scar 1 1/2" long at point of exit. Union of fractures in good position with a moderate amount of callus has taken place. The extensor tendons of the fourth fingers are firmly adherent to callous and scar tissue. Movements of thumb are normal. The index finger can be flexed about 25° at the metacarpal-phalangeal joints ~~at the inter-phalangeal joints~~ The other fingers about 5° flexion at the inter-phalangeal joints of the four fingers is limited about one-half P.T.O.

Degree of incapacity (Please state in fractions) Eng. Board 60% for 6 mos. Canadian Board 25% to 30%
Probable duration of incapacity Permanent, reducing to 40% in 6 mos.
Is final disability likely to prevent return to previous occupation? P.T.O.

Recommendation of Canadian Board Duty.

Destination to which transportation issued Regina..Sask.

Members of Board K.C. CATERS, CAPT. A. HAIG, CAPT. R. J. COUGHLIN, LIEUT. W.M. CARRICK, M.JR.

INFORMATION TO BE FURNISHED BY SOLDIER

Table with 5 columns: DEPENDENTS, NAME, AGE, WHERE-IF EMPLOYED, WAGES, STATE OF HEALTH. Rows include Wife, Children 1-5.

Occupation prior to enlistment Farming.

Regular trade or profession do.

Average earnings previous to enlistment \$40.mo. & board. Any other income?

Name and address of last employer D.H.Kelly. Kelfield. Sask.

Rent per month - If purchasing property amount due and annual payment, \$

Taxes \$20. If Homestead, when is patent due? P roved up.

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name preference af ter improvement.

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References Last emp.

I declare that the above statement is correct.

Witness J.McDonnell.

Signature J.E.Chilton.

Date Quebec 11-8-17.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class Amount per year, \$ Period granted for Dating from

First payment date

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases, the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension. (a) Unfit for overseas service but capable of taking up their previous civilian occupation. (b) Disability not the result of service or involving claims as the result of or aggravation by service.

Handwritten notes and signatures in red ink at the bottom right corner.

Duty.

Proceedings of Medical Board at Discharge Depot

QUEBEC, Que.

DEPT. OF MILITARY MEDICAL SERVICES
AUG 20 1917
H.Q. 649-6-925-2
CANADA

B. C. R. 1917
SF 17

No. 474289 Rank ple. Name and Corps of disabled Soldier: Chilton Jas. Everett 65th Battalion

Previous civilian occupation: Farmer.

Cause of Disability:— Destruction and inclusion of the extensor tendons of the 4 fingers of right hand in scar tissue, S.W.

Condition, in detail, which prevents the soldier earning a full livelihood:—

Soldier was wounded 13th Feb. 17 by a bullet entering right hand near the head of the metacarpal bone of the index finger and emerging over the heads of 3rd 4th and 5th metacarpal bones fracturing these bones and causing some destruction of the extensor tendons on the back of hand. There is a small scar at point of entrance and a scar 1 1/2" long at point of exit. Union of fractures in good position with a moderate amount of callus has taken place. The extensor tendons are firmly of the 4 fingers are firmly adherent to callous and scar tissue. Movements of thumb are normal. The index finger can be flexed about 25° at the metacarpal-phalangeal joint. The other fingers about 5°. Flexion at the inter-phalangeal joints of the four fingers is limited about one half. The tips of all fingers can be approximated with the thumb. He can pick up small objects with the hand and can use it for writing. He cannot lift a pail with the hand not being able to grasp the handle. Circulation and sensation is normal in whole hand. Heart and lungs normal.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 25% to 30%.

Probable duration of incapacity:— permanent.

Does it render him permanently unfit for Military Service? No

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? No

Signature:— J. C. Cairns Capt. President.

Station:— Quebec
Date: 11th Aug. 17
Members

APPROVED.

Date: Aug 11/17
Asst. Director Medical Services.

Date: 21/8/17
Director General Medical Service.

Disch. Dec 24-8-17

66

APR 20 1912
MEDICAL BOARD

Handwritten signature

OPINION OF THE BOARD

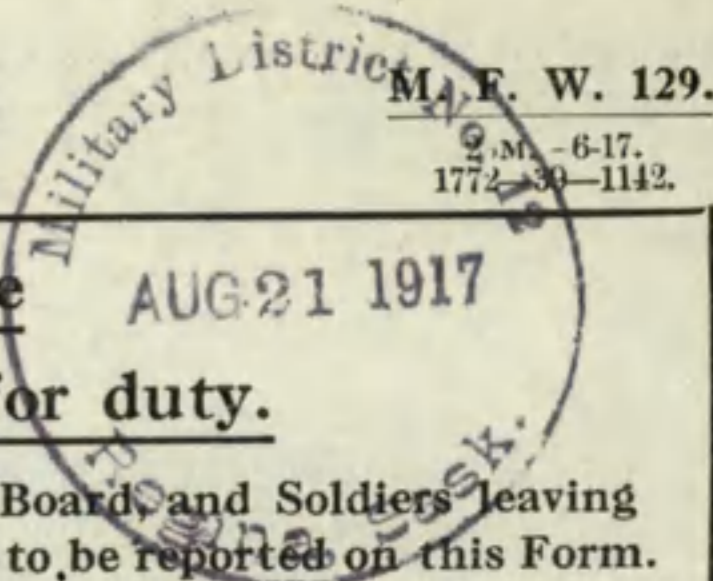
APPROVED

Director, General Medical Services

Director, General Medical Services

Calypso C III

B.P.C.



Medical Examination upon leaving the Service

AUG 21 1917

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Private Name J. E. Surname Chilton
Unit or Corps 46 Batt (If a soldier) Regtl. No. 474289
Born at Norfolk Ontario on, (date) March 6th 1890
Signature (for identification) J. E. Chilton

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

2 1/2 in movement fingers right hand.

Weight 155 lbs.
Height 5 ft 8 in.

Colour of eyes Blue

Identification Marks Scar across back right hand

2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No

5. HEART?

Abnormal Sounds?

No

Abnormal Size?

No

Pulse Rate?

72

Intermittence or Irregularity?

No

Muscular Tone?

Good

6. ARTERIES.—(a) Any hardening or nodulation?

No

(b) Blood Pressure.

1020

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.?

1019

Reaction?

acid

Albumen?

none

Sugar?

none

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Camp Expedition Regina

Signed M. O.

Date Aug 18/17

Signed J. E. Chilton M. O.

J. E. Chilton

Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service of an Officer or for general service or a Soldier in for duty

Signature: *Charles F. ...*
Rank: *Private*
Date: *April 1890*

1. Name of the Soldier: *John ...*
2. Name of the Officer: *Charles F. ...*

3. Description of the Soldier's Condition: *...*

4. Description of the Officer's Condition: *...*

5. Description of the Soldier's Condition: *...*

6. Description of the Officer's Condition: *...*

7. Description of the Soldier's Condition: *...*

8. Description of the Officer's Condition: *...*

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Chilton Christian Name James Everett

Examined { on 26 day of April 1916
at Saskatoon

Approved by W. Brown
Rank Major, amc M.O.

Birthplace { City or Town Norfolk
County Ontario

Apparent age 26 yrs 1 mth

Trade or occupation Farmer

Height 5 Feet 7 1/4 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.

Physical development good

Small-Pox Marks

Vaccination Marks { A r m. Right. Left.
Number 0 0

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease

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

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		5 MAR 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
14/5/16	2 m	W. Brown Major amc M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
14/5/16	2 m	W. Brown Major amc M.O.
24/5/16	2 m	W. Brown M.O.
20/7/16	2 m	M.O.

Enlisted on 6 day of April 1916 at Saskatoon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>65th Overseas Battalion</u>	<u>473289</u>		<u>6th April 1916</u>
Transferred to	<u>46th. Battalion, C. E. F.</u>			<u>30-6-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Man Can Dep. Hospital</u>	<u>7-6-17</u>	<u>Antigenosis of R. metacarpus.</u>	<u>Discharged. 27/8/17</u>
	<u>8/6/17</u>	<u>Approved</u>	
<u>Regina</u>	<u>18/8/17</u>	<u>for movement</u>	<u>Wrenold Capt</u>

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

CANADIAN

Surname *Chalton* Christian Name *James Everett*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<p>RM. SCOTTISH GENERAL HOSPITAL, ABERDEEN.</p>		25	2	1917	23	4	7	<p>Gsw. R^h hand (back). 1218 (B)</p> <p>Gsw. R hand</p>	<p>57</p>	<p>Laye lacerated wound, not involving tendons. 4 minor fingers very stiff - adherent tendons</p> <p>on <u>advers</u> Wound involving metacarpus on dorsal aspect of r hand No movements in 3 ulnar fingers. Slight movement in index finger & thumb Wound not healed Trans. to G. B. S Hosp. Romsgate</p>	<p>W. Smith Capt</p>
<p>THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL</p>		23	4	17	1			<p>Gsw R hand.</p>	<p>8</p>	<p>Inability to flex 3rd 4th & 5th fingers Rt hand.</p>	<p>J. P. Ledwith Captain, C. A. M. O.</p> <p>Thompson Capt</p>
<p>St. Michael's Hospital</p>		21	7	17	1	8	17	do -		<p>Healed</p>	<p>W. H. Field Capt</p>



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

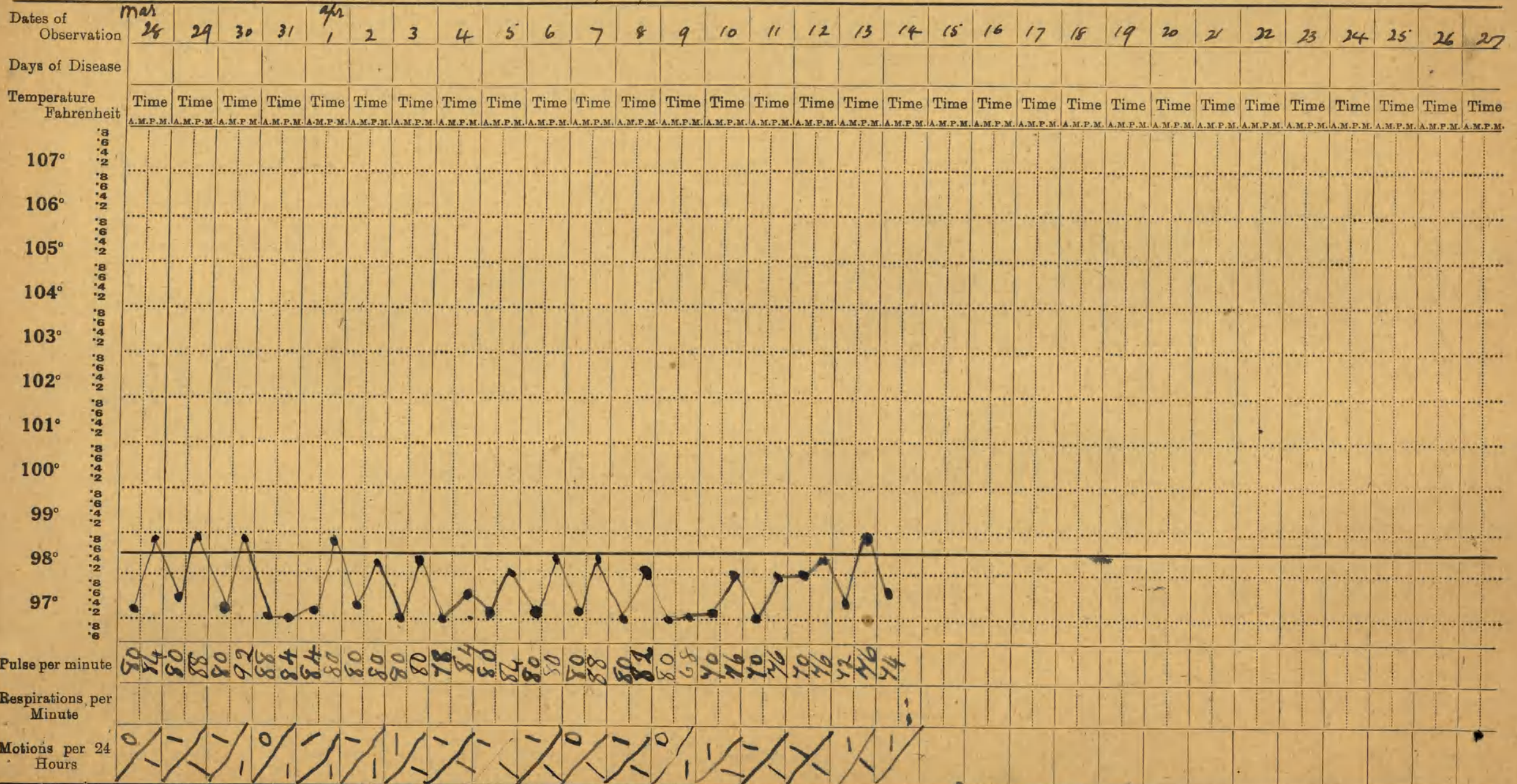
Corps 46th Canadian

No. 44289

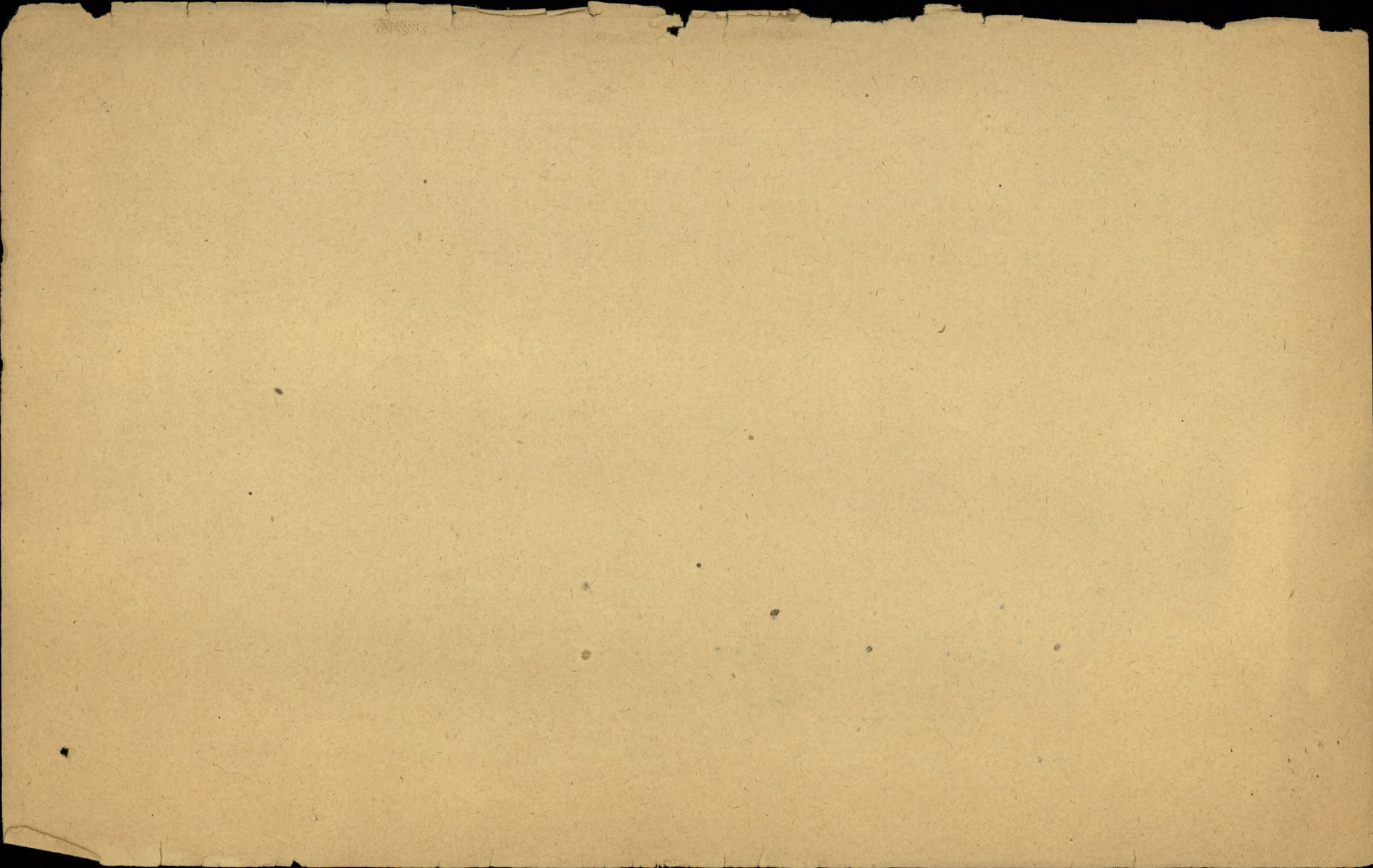
Rank and Name Pt Chilton Jas. Ewertt Age 26

Military Hospital 1st Scottish General Hospital
Service 10/12

Disease _____ Date of admission 25/2/17 Date of discharge _____ Result _____



Signature W Smith In charge of case.



MEDICAL CASE SHEET.*

Copied 26-4-17
JH

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	474 ² 89	Pte.	Chilton	J.E.
Year	Unit.	Age.	Service.	
1917	46 Bn	27	6/17	
Station and Date. Bushy Park.	Disease <i>G.S.W. (Rt Hand)</i>			
	BORN AT <i>Norfolk Ont.</i>			
	SINGLE OR MARRIED		OCCUPATION <i>Farmer</i>	
	ENLISTED AT <i>Saskatoon</i>		ON <i>6 April 1916</i>	
	INOC. T. 1		S.P.V. 1	
	NEXT OF KIN:- <i>(Brother) W.W. Chilton</i>			
	<i>Wilkie Sask.</i>			
<i>13 Feby 1917</i>	<i>Arms</i>		<i>Bullet</i>	
	<i>Right hand.</i>			
	<i>C.C.S</i>		<i>Dressings</i>	
	<i>Bandages 20 General</i>			
	<i>split</i>		<i>Dressings</i>	
<i>25 Feby 1917</i>	<i>Aberdeen 1 Scottish General.</i>			
	<i>x Ray:- 3 bones fractured + tendons cut.</i>			
	<i>split</i>		<i>Dressings.</i>	
<i>24 April 1917</i>	<i>Bushy Park.</i>			
	<i>On Admission:-</i>			
	<i>Wound involving metacarpus on dorsal aspect of Rt hand.</i>			
	<i>No movements in 3 ulnar fingers.</i>			
	<i>Slight movement in index finger + thumb. Wd. not healed</i>			
	<i>J.H.G.</i>		<i>JOA</i>	
<i>Sept 25</i>	<i>Ramsgate</i>		<i>JOA</i>	

Station
and Date.

1.5.17

Transferred to Granville Car. Special
Ramsgate

L. J. Lunt
Stays Home

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 442	Regimental No. <i>47489</i>	Rank. <i>Pte</i>	Surname. <i>Chilton</i>	Christian Name. <i>Joe E.</i>
Year 1917	Unit. <i>46 Canadian</i>	Age. <i>26</i>	Service. <i>10/12 6/11 - 1915</i>	
Station and Date. 1st. SCOTTISH GENERAL HOSPITAL ABERDEEN	Disease <i>9 sw R Hand</i>			
Previous History 25.2.17	(In Action) Wounded (On Field Service) Date <i>13.2.17</i> Place <i>Vimy Ridge</i>			
Previous History	Sick (On Duty) (Off Duty)			
Previous History	Kind of Projectile: <i>Rifle Bullet</i> Antitoxanic Serum (Date) <i>13.2.17</i> (On the Field F.F. Dressing. <i>12th Canadian Field Ambulance. Wounds dressed.</i> Treatment (In Hospitals. sent to <i>20th General Hospital, Camiers.</i> <i>Wounds dressed with peroxide. Hand put on splint.</i>			
Present Condition	<i>Back of R Hand. Small entrance wound size of 3rd about middle of 2nd meta carpal. Large irregular Exit wound on middle of dorsum of hand 3rd + 4th meta tarsals. Several tags of slough, tendons, some coagulum in pressure? Communication of bones. Wound fairly healthy, granulation bleeding. Some discharge.</i>			
X Ray Report	<i>No: 6390 Date: 27.2.17. Communication of ends of shafts of 2, 3, 4, 5th metacarpals. 1 or 2 minute particles of metal visible</i>			
Pathological Report	No: _____ Date: _____			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station and Date.

Treatment

Splint Hand - Peroxide & then open saline dressings.

Antitetanic - 1st date ⁱⁿ 26.4.17 No. of Units 500 Identification ^{no 102}

Serum - 2nd " 6.3.17. " 500. " ¹¹¹⁰

Inoculation - further " " "

Progress of

Case 14/4/17

Wound on the back of the hand much less in size. Granulations very healthy. No movement in the 3rd, 4th & 5th fingers. Thumb movements good. Index finger rather stiff. *W Smith Cap*

Fit for Canadian Cavalry sent *W Smith Cap*

Discharge:

Condition:

Date

23/4/17

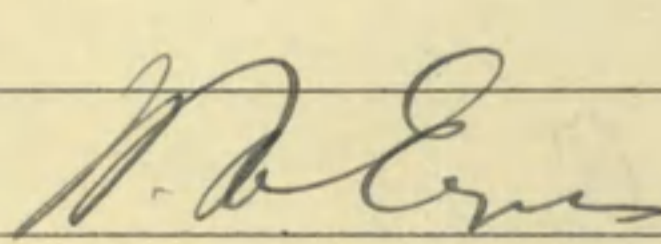
Law Court St Busby Park

Auxiliary Hospital (Canadian)

Dept I: II: III:

JS

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year		Unit.	Age.	Service.
1917.	472489.	Pte	Chilton,	J.E.
		46th. Battn.	27	6-12.
Station and Date.	Disease G.S.W. (Lt hand).			
Bushy Park.	Born at Norfolk, Ont.			
	Single.	Occupation :- Farmer.		
	Enlisted at Saskatoon.	On 6th. April 1916.		
	Inoc.T. 1.	S.P.V. 1.		
	Next of kin :- Brother. W.W.Chilton.			
	Wilkie. Sask.			
13th.Feb.17.	Arras.	Bullet.		
	Right hand.			
	C.C.S.	Dressings.		
	Camieres. 20th.General.			
	Splint.	Dressings.		
25 Feb.17.	Aberdeen. 1st Scottish General.			
	Xray 3 bones fractured and tendons cut.			
	Splint.	Dressings.		
24 Apl.17.	Bushy Park.			
	On admission.			
	Wound involving metacarpus on dorsal aspect of Rt hand. No movements in 3 ulnar fingers. Slight movement in index finger and thumb. Wound not healed.			
25th.Apl.17.	Ramsgate.			
	 Care taken			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

A.G.R. Rank Name **CHILTON, James Everett** Reg'l No. **474289**
 Unit **65th Bn.** If in perm. Corps, } Married or Single **Single**
 What Unit? }
Saskatoon, Sask.,
 Place and Date of Enlistment **6th April, 1916.** Place of Birth **Delhi, Norfolk Co., Ontario, Canada.**
 Name and Address, Next-of-Kin **George Thomas Chilton,**
Delhi, Norfolk Co., Ont., Canada. ✓ Relationship **Brother.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **3381**
 File R.L.
 Category **Can. M.V.**

Discharge, Date and Place Reason Character

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
1. 7. 16	46th Bn	<i>Arrived in England.</i> TOS. from 65th Bn	28 JUN 1916 B, shott	30. 6. 16	<i>S.S. B. mpress of Britian</i> Pt. 2. DO, 158
30 JUN. 1916	65th Bn	SOS. Tfd 46th Bn	Bramshott	30.6.16	Pt 2 DO, 1. A.F.B. 103 checked. 15.8.16.C.H.R.
9. 8. 16	46th Bn	Proceeded Overseas	;;	10. 8. 16	Pt. 2. D. O. 197
26. 2. 17.	"	<i>Adm. No. 20. General Hosp.</i>	<i>Dannes Camiers</i>	16. 2. 17.	<i>C.P.A. 419. G.S.W. R. Hand (Lb)</i>
5. 3. 17.	"	<i>Adm. 1st Scottish Gen. Hosp.</i>	<i>Aberdeen</i>	15. 2. 17.	<i>C.L.B. 281.</i> "
3. 3. 17.	"	<i>Trans. to C.C.A.C. Shouham on sea</i>	<i>Gridid</i>	17. 2. 17.	<i>Reg. D.O. H.1.</i> W.
18. 3. 17.	CCAC	Taken on strength.		25. 2. 17.	<i>" 124</i>
18. 3. 17.	C.C.A.C.	S.O.S. on transfer to Sask Regiment	Hastings	10. 3. 17.	Pt. II D. O. 124 <i>and Sask Reg. Pt II No 12</i>
1. 5. 17.	H6 Bn	<i>Adm. 2nd Gen. Hosp. Red x. Con. Hosp.</i>	<i>Bushy Pt. Hampton Hill</i>	24. 4. 17.	<i>C.L.B. 325</i>

474289 Chilton J. E.

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.				
9.5.17	46 th W. R.	Grandville Can. Sp. Hosp. Ramsgate Kent	Kent	1.5.17	P. L B 333.
12.7.17	✓	P.P. Can. Red + Hosp. Ramsgate	Kent	6.7.17	CL B 386
26.7.17	✓	Discharged ✓	✓	21.7.17	✓ 398
27.7.17	S. R. D.	Case to be shown in Hosp. aus. O. S.			
to Can. O. S. for further Medical Treatment per H. S. Litchin			McC. Bishott.	21.7.17	Pr II DO 149
	Dis. Dep.	Found fit for duty	MD 12 Regina	2.8.17	NR 333 Kelfield Sack.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

3146-J-3

Name **Chilton, James Everett**
Surname Christian Name

Regimental Number **474289** Rank **Pte.**

Address (in full) **Kelfield, Sask.**

Unit **46th Bn.**

Original Unit **65th Bn.**

District where paid **M.D. 12.**

Date of Discharge **30-9-17.**

P. D. P. Filing Number **1-20-12.**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	293	21-11-17	33 00	315	21-12-17	33 00	294	21-1-18	34 10		100 10

M. F. W. 127.
50M - 6 17.
1772 89-1140.

Remarks:

File No. 3146-J-43

WAR SERVICE GRATUITY.

Register No. C 1934

O.E.B.

1 NV 7-10-19 - W 121

Reg. No. 474289

Dependent.....

Name O'HILLON J.F. Address.....

Award days at \$ per day \$

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

Less P. D. P. Credited

Less further debit balance

Net due paid as below

TO SOLDIER TO DEPENDANT

Pay Soldier \$ No. 179.90 Pay Dependent \$

1	
2	Harrison
3	Mouland
4	
5	
6	W. J. Sweet
Total	

Days 122 Rate 90 Due 280.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment. Net 179.90

R W 109 22-10-19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
10/10/19	34999	532152	179 90	15 10/19				
2								
3								
4								
5								
6								

GEN'L AUDITOR
 Posting checked by
 G.B.B.
 Date 10-10-19

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

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

6-3-39

No.	474289	
Rank	Private	
Surname	Chilton	
Christian Name	James Everett	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	65th - 46th - S.S. Coy.	
Date of Discharge	Sept 30th 1917	
Place of Discharge	Regina Sask.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....27..... years.....6..... months.	Descriptive Marks Shrapnel wound on right hand	
Height.....5..... feet.....2½..... inches.		
Complexion		Fair
Eyes		Blue
Hair		Dark Brown
Trade		Farmer
Intended place of residence	Felkfelds Sask.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of being <i>'Medically Unfit' Quib-12 M.D. 28-C-243</i>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer</i>		

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

*Proc Section
1-12-17
G.M.*

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

None

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

6. Medals and Decorations.....

Graves, 6 months

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) *Regina, Sask.*

(Date) *Sept 30th 1917*

Commanding

Morgan Major
Special Service Co.
MILITARY DISTRICT NO. 12

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) *Regina, Sask.* *James Emeritt Chilton* (Signature of Soldier.)

(Date) *Sept 30th 1917* *D H Kelly* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)...*1* years *78* days.

Total *1* years *78* days.

11. Confirmation of Discharge.

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

(Place) *Regina, Sask.*

(Date) *Sept 30th 1917*

(Signature)

Morgan Major
MILITARY DISTRICT NO. 12

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.)

Sign here
X

James Emeritt Chilton
D H Kelly

I 288
27-8-17

R.P.C.

MEDICAL HISTORY OF AN INVALID.

DEPT. OF MILITIA & DEFENCE
AUG 27 1917
6619-6-9252
CANADA

1. Station. *Camp Exhibition Regina*
2. Regiment or Corps. *46th (60th) how spec ser Coy.*
3. Regimental No. and Rank. *Pte 474289*
4. Name. *Whitton Jas B.*
5. Age last Birthday. *27 yrs*
6. Enlisted on *6-4-16* at *Saskatoon*

8. General remarks on his :-
(a) Conduct. *no records*
(b) Habits. *no records*
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

7. Former trade or occupation. *Farmer* Date. *Aug 18/17*

9. Service. Years. Days.
PERIODS

PERIODS	
FROM	TO

10. (a) Disease or disability. *Loss of movement fingers & hand.*
(b) Date of origin. *Feb 13/17*
(c) Place of origin. *Winnipeg - Trauma*
(d) Cause. *Inclusion of tendons in callous and scar tissues*

11. Present condition. (Most Important.) *Index finger - joints normal - flexion to within 1" of palm - movement of thumb normal 2nd 3rd & 4th fingers, joints normal unable to flex or extend at metacarpophalangeal joints, flexion at interphalangeal joints limited to 70 degrees Extensor tendons of all four fingers bound down and included in callous and scar tissue just behind metacarpophalangeal joints Well nourished and feels well Heart lungs and nervous systems normal*

12. (a) Is the disability the result of service or climate? *Yes*
(b) Has it been aggravated by intemperance, vice or misconduct? *No*

19
27-11-17
J.P.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

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

Date of final Medical Board or decision. Administrative Medical Officer.

Date	Disability	Name	Regimental No.	Rank	Station	Corps	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

Militia Form B. 227.
300m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Small scar of bullet entrance over middle third 2nd metacarpal. Ragged scar from outer side 3rd metacarpal to middle inner side of hand about centre of bone. All four bones have been fractured and there is a lot of scar tissue and callous formation.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

On duty

(c) 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. Treatment.

Hot douching
massage

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent but will improve slightly

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

50%

18. State if for discharge on account of unfitness for Service.

Category C_{III}

J. W. Pennington Capt.
Medical Officer by whom the case is brought forward.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12.

15.

16.

17.

Yes

18. Is he unfit for Military Service.

Yes

Recommendations:

That he be placed in Category C_{III}

Signatures:—

W. Arnold Capt. President.

J. W. Pennington Capt. Members.

Station.

Requa
Aug 18/17

Date.

Date.

19/8/17 A. G. Pennington
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

Medical Report on an Invalid.

Members of Board.

Station Granville Canadian Special Hospital

Date Ramsgate,
June 7th 1917.

DEC 14 1917
 Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

NOT CHARGED DEC 14 1917

1. Unit. 46th Battn.
2. Regimental No. 474289
3. Rank Pte
4. Name CHILTON, JAS.E.

5. Age last birthday 27
6. Enlisted { on April 6th 1916
 at Saskatoon
7. Former Trade { Farmer.
 or Occupation

DEPT. MILITARY & DEFENCE
 DEC 11 1917
 H.Q. CANADA

8. Disability.

INABILITY TO FLEX 3rd 4th and 5th FINGERS RIGHT HAND%

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. February 13th 1917.
10. Place of origin of disability. Vimy Ridge.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Bullet entered near base of second metacarpel bone of right hand and emerged over 3rd 4th and 5th metacarpel. Patient says that in addition to wound it fractured 3rd 4th and 5th metacarpel bones. Has had no operations. Number of pieces of bone came away at different times.

Officer in medical charge of case.

12. (a) Give your opinion as to the causation of the disability. S.W. right hand in presence of enemy.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

Discharge Section
 7-1-17
 Mrs.

12/1/17
 J.H.S.

Signed at Prior Park, Bath, this _____ day _____ 191

 President.

 Administrative Medical Officer.

13. What is his present condition?

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

General health good. Entrance wound near base of 2nd metacarpel right and ploughed across 3rd 4th and 5th metacarpel. Wound healed. Wrist movements 3/4 normal. Thumb and index finger practically free movements practically unable to flex 3rd 4th and 5th fingers.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy? Yes
(b) On active service? Not applicable
(c) On duty? Yes
(d) Off duty? No

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

- (a) When? Not applicable
(b) Where? Not applicable
(c) Opinion? Not applicable

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

No

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

Not applicable

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?

No

19. Do you recommend

- (a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalided to Canada? No
(d) Discharge as permanently unfit? Yes

Handwritten signature of Officer in medical charge of case.

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

Station



F. B. Edmison, Capt C A M C

for Officer in charge of Hospital.

Date

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

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

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board 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 pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service.
(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.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

Yes Yes

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

G.S.W. of right metacarpals

21. Has the disability been caused or aggravated by

- (a) Intemperance? No
(b) Misconduct? 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?

60% for 6 months reducing to 40% in 6 months.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable

26. Do the Board recommend

- (a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalided to Canada? No
(d) Discharge as permanently unfit? Yes

R. thumb movements normal. R. forefinger impaired. Remaining fingers fixed.

27. Remarks.

Signatures:—

Station



Date

Clarence L Starr, Lt Col C A M C, President.

Geo F Boyer, Capt C A M C, Members.

Approved

Station



Date

Administrative Medical Officer.

England, on the _____ day of _____ 191____
Members of Board.

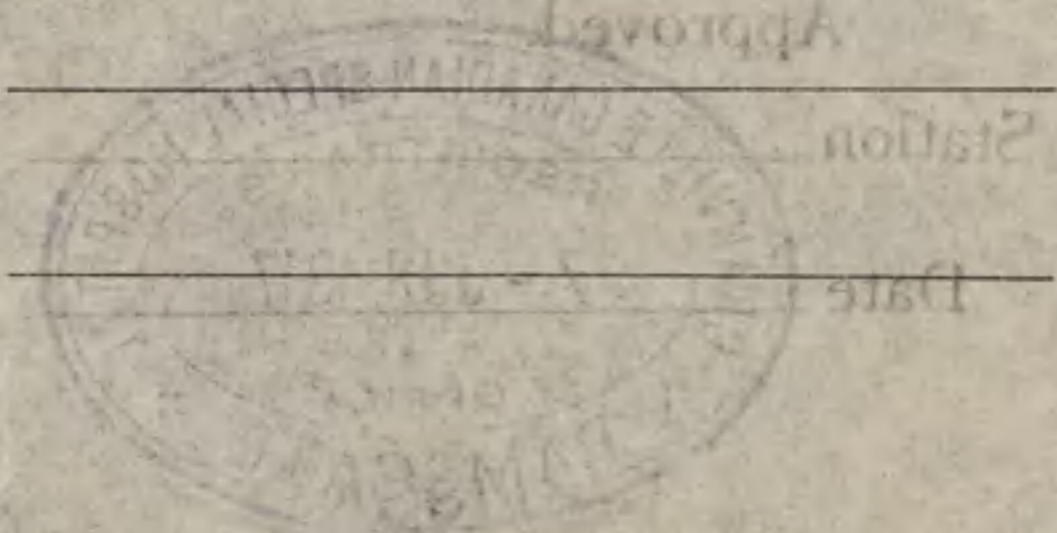
The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy (2) on active service. It is therefore essential that the cause of the disability to which the claimant is entitled should be clearly stated in the certificate submitted by the claimant.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 10. (a) State whether the disability is the result of injuries received on active service (1) in the presence of the enemy (2) on active service.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- 11. Has the disability been caused or aggravated by (a) Intemperance? (b) Misconduct?
- 12. Is the disability permanent?
- 13. Is it not permanent, when is its probable minimum duration?
- To be stated in medical certificate.
- 14. To what extent is the capacity for earning a full livelihood in the general labour market impaired?
- In defining the extent of his inability to earn a livelihood, estimate it in terms of total incapacity.
- 15. If an operation was advised and performed, was the causal responsibility (a) For the Board's recommendation? (b) For the date? (c) For the time? (d) For the place? (e) For the nature of the disability? (f) For the nature of the injury?

Signed at _____ this _____ day _____ 191____
 of _____, 191____
 _____ President.
 _____ Station _____
 _____ Date _____
 _____ Station _____
 _____ Date _____
 _____ Administrative Medical Officer.



Medical Report on an Invalid.

Station Cranville Canadian Special Hospital

Date June 7 1917

- 1. Unit 46th Bn. C.I.W.
- 2. Regimental No. 474289
- 3. Rank Pvt.
- 4. Name CHILTON Jas. E.
- 5. Age last birthday 27
- 6. Enlisted on April 6 1916
at Saskatoon
- 7. Former Trade or Occupation Farmer.

8. Disability. INABILITY TO FLEX 3rd 4th AND 5th FINGERS RT. HAND.

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. Feb 13 1917
- 10. Place of origin of disability. Yung Ridge
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Bullet entered near base of 2nd metacarpal bone of right hand and emerged over 3rd 4th and 5th metacarpals. Patient says that in addition to wound it fractured 3rd 4th & 5th metacarpal bones. Has had no operations. Number of pieces of bone came away at different times.

I have satisfied myself of the general accuracy of this report, and concur therewith.
Officer in medical charge of case.

- 12. (a) Give your opinion as to the causation of the disability. RT. hand in presence of injury
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).



24 Section
10/17/17

13. What is his present condition?

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

General health good. Entrance wound near base of 2nd metacarpal. Right and glenohumeral joints 3rd 4th 5th metacarpals. Wound healed. Thumb & fingers practically free movements. Practically unable to flex 3rd 4th 5th fingers.

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

- (a) In the presence of the enemy? yes
(b) On active service? not applicable
(c) On duty? yes
(d) Off duty? no

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

- (a) When? not applicable
(b) Where? not applicable
(c) Opinion? not applicable

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

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

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? no

19. Do you recommend

- (a) Fit for duty? no
(b) Fit for base duty? no
(c) Invalided to Canada? no
(d) Discharge as permanently unfit? yes

Signature of Capt. Lane
Officer in medical charge of case.

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

Station

Date



Signature of Registrar
Registrar, for Officer in charge of Hospital.

Granville Can. Sp. Hosp.

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

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

Opinion of the Medical Board.

Notes:-(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board 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 pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(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.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 yes a2 no

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

h.s.w. of R. metacarpus.

21. Has the disability been caused or aggravated by

- (a) Intemperance? no
(b) Misconduct? 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?

60% permanent reducing to 40% in 6 months.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

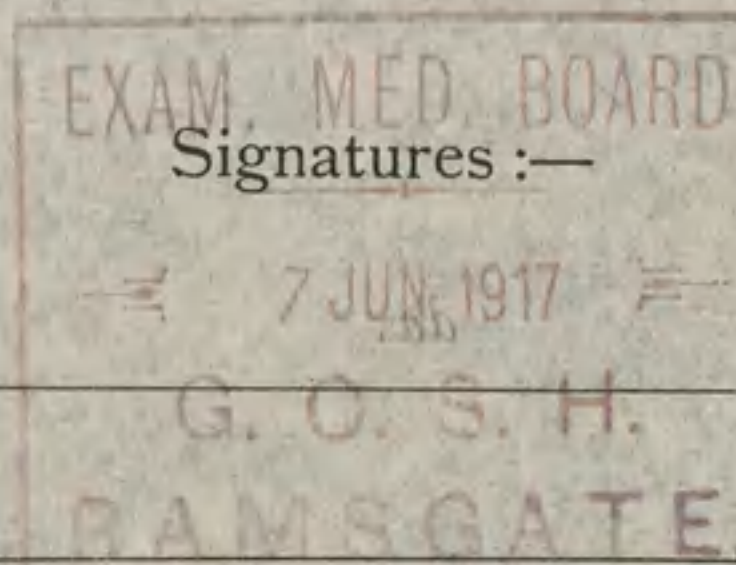
not applicable

26. Do the Board recommend

- (a) Fit for duty? no
(b) Fit for base duty? no
(c) Invalided to Canada? no
(d) Discharge as permanently unfit? yes

R. thumb movements - normal
R. fingers - impaired
Remaining fingers - fixed.

27. Remarks.



Signature of President
Signature of Members

Approved

Station

Date



Signature of Administrative Medical Officer

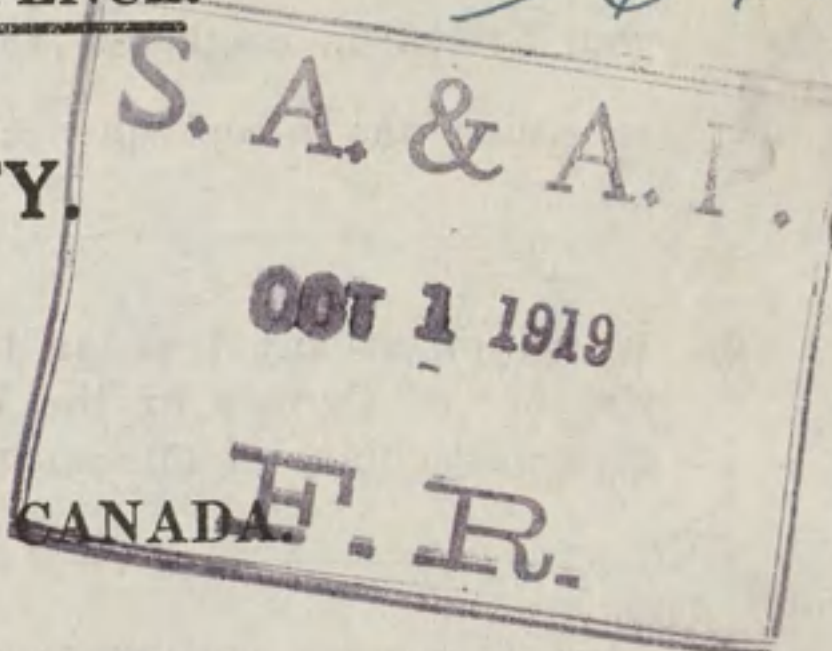
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3146 J-43
1934

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA



Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

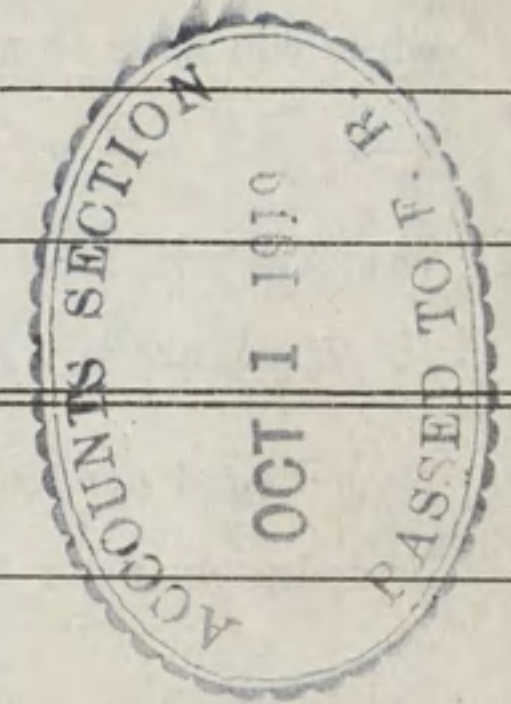
A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Reg. No. 474289 2. Rank Pte 3. Original C.E.F. Unit 65th
- 4. Christian Names James Everett 5. Surname Hilton
- 6. Address, in full, to which future payments of gratuity are to be forwarded
James Everett Hilton
Relfield Sask

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>474289</u>	<u>Private</u>	<u>CANADIAN SERVICE.</u> <u>65th C.E.F.</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.			<u>IMPERIAL SERVICE.</u>



	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>April 6th 1916</u>	<u>Sept 30, 1917</u>	<u>Private</u>	<u>CANADIAN SERVICE.</u>	<u>46th Regina</u>	<u>Rt Hand Disabled</u>
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.				<u>IMPERIAL SERVICE.</u>		

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency _____

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: no

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no

11. Have you been issued with a War Service Badge? If so, give number and class. A
no 47756

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit. no

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates. Received \$100.00 Post Discharge Pay from Regina October 1st 1917 November 1st 1917 December 1st 1917

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled. no

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service. no

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no
(b) If so, are you in receipt of full pay and allowances from that Department? no

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. Will

18. Relationship of such dependent. Will

19. Present address, in full, of such dependent. Will

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name. Will

REMARKS _____

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: J. E. Chilton

Place of Residence: Kelfield

Declared before me at: Kelfield Park
This 18th day of Sept 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. H. L. Johnston J.P.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.		
Dates paid.	Amounts paid soldier.	Amount paid dependent.
<u>21/11/17</u>	<u>33⁰⁰</u>	
<u>21/12/17</u>	<u>33⁰⁰</u>	
<u>21/1/18</u>	<u>34⁰⁰</u>	
	<u>100.10</u>	<u>Will</u>

REMARKS _____

Certified correct. Parrott
Assistant Director Pay Services, Mil. Dist. No. 12

Date _____

