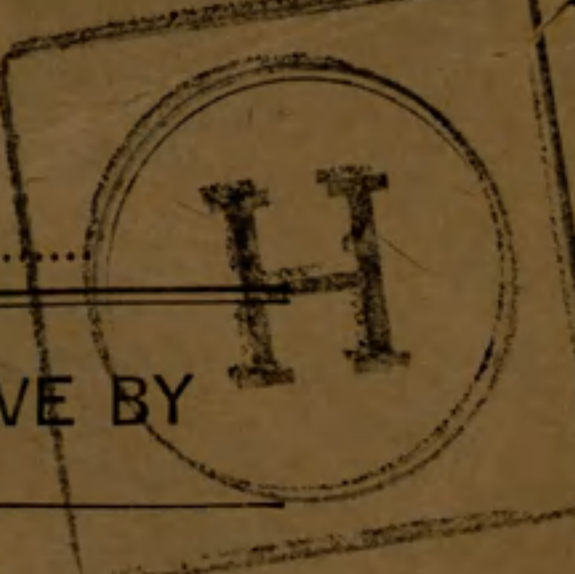


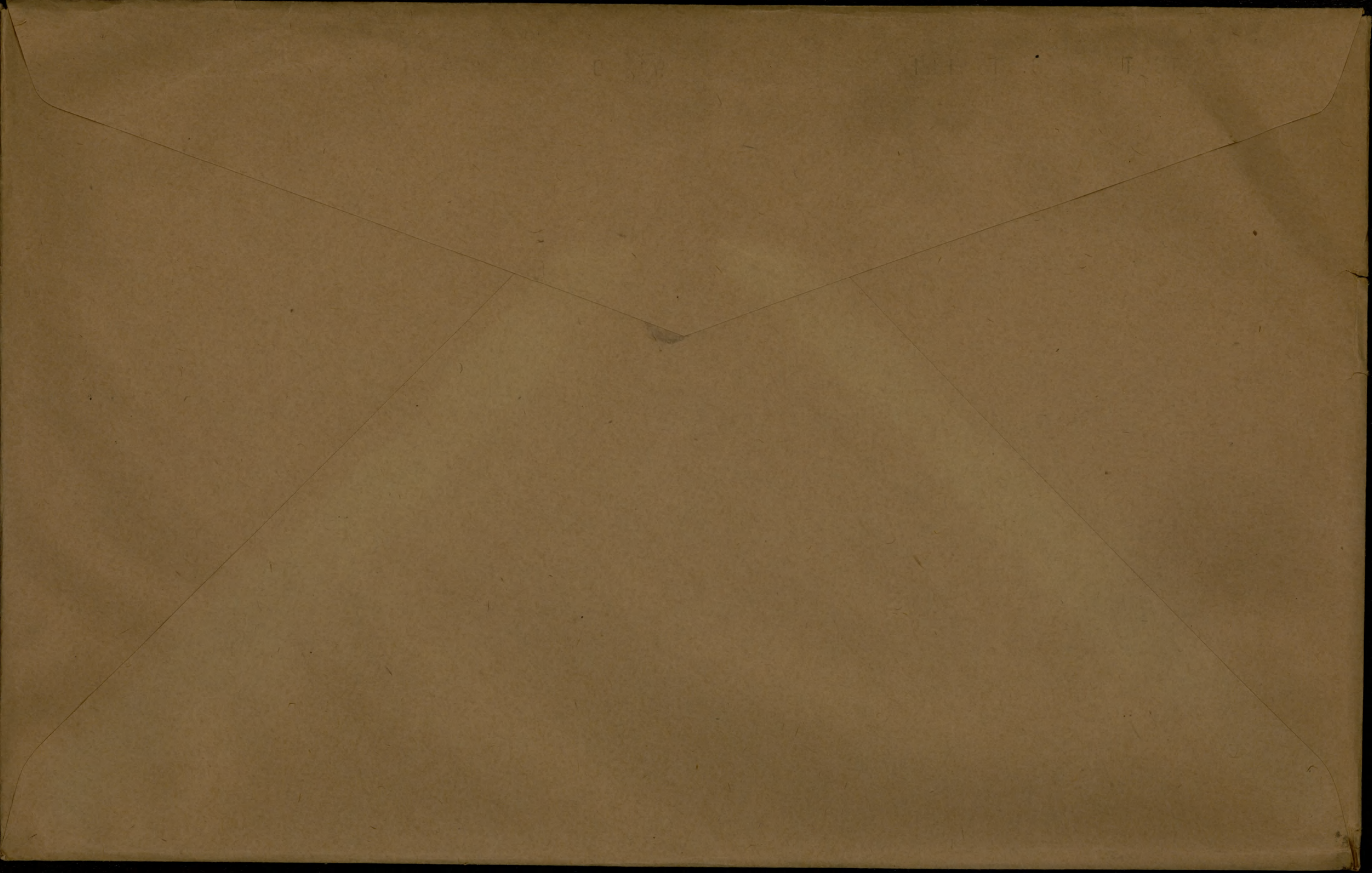
C.E.F. REGIMENTAL DOCUMENTS

NAME ABBOTT HENRY ERNEST REGT. No. 797160 UNIT 133 BN. H. Q. FILE No. 172



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

M.F.W. 2589
 D.M. 4-46 (9113)
 H.Q. 1772-39-1377



ATTESTATION PAPER.

No. 797160.

Folio. 3

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? **Abbott**
- 1a. What are your Christian names? **Henry Ernest**
- 1b. What is your present address? **Port Rowan. R.R.3. Ont.**
- 2. In what Town, Township or Parish, and in what Country were you born? **S. Walsingham. Ont.**
- 3. What is the name of your next-of kin? **Mrs. Laura Ellen Abbott**
- 4. What is the address of your next-of-kin? **Port Rowan. R.R.3. Ont.**
- 4a. What is the relationship of your next-of-kin? **Wife**
- 5. What is the date of your birth? **May 31st. 1873.**
- 6. What is your Trade or Calling? **Farmer . Electrician.**
- 7. Are you married? **Yes**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes**
- 9. Do you now belong to the Active Militia? **39th. Regt.**
- 10. Have you ever served in any Military Force?
If so, state particulars of former Service. **No**
- 11. Do you understand the nature and terms of your engagement? **Yes**
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Henry Ernest Abbott**, 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.

Ernest Abbott (Signature of Recruit)

Date **March 16th.** 191**6.** *L. F. Aiken* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Henry Ernest Abbott**, 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.

Ernest Abbott (Signature of Recruit)

Date **March 16th.** 191**6.** *L. F. Aiken* (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 **Simcoe. Ont.** this **16th.** day of **March** 191**6.**

L. F. Aiken (Signature of Justice)

133

Description of **Abbott, Henry Ernest** on Enlistment.

Apparent Age **42** years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height **5** ft. **4 1/4** ins.

Chest measurement { Girth when fully expanded **42** ins.
 Range of expansion **4** ins.

Complexion **Fair**

Eyes **Greyish brown**

Hair **Light brown**

Religious denominations. { Church of England
 Presbyterian
 Methodist **x**
 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 16th.** 191 **6.**

Place **Simcoe. Ont.**

[Handwritten Signature]
Major. 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.

..... **Henry Ernest Abbott** 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.

[Handwritten Signature] (Signature of Officer)

Date **March 16th.** 191 **6.** **Lt.Col. Command. 133rd.Batt. C.E.F.**

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 797160 (Rank) Pte.

Name (in full) ABBOTT HENRY #K 111111 enlisted in

the 133rd Bn

CANADIAN EXPEDITIONARY FORCE at Sincoo on the 16th

day of March 19 16

HE served in CANADA, ENGLAND, and FRANCE

and is now discharged from the service by reason of "DISMISAL"

Medically Unfit for General Service

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

Age 46 yrs 1 mth

Height 5 ft 4 in

Complexion Fair

Eyes Greyish Brown

Hair Light Brown

H. E. Abbott

Signature of Soldier

Marks or Scars

Two Scars Lt. Arm

Jack Young Lt.

Issuing Officer

Date of Discharge June 17, 1919

Rank

O. C. No. 2 District Depot.

Signed at June 17, 1919 this 17th day of June 19 19

in Military District No.

NO. 2

File Reference No.

JUN 17-19.

DISTRICT DEPOT.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

Reservists called for on demobilization the tickets back of this for on completed will not be com.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

CLINICAL CHART.

Hamilton Military Hospital.

Corps # 26. W.

No. 797160 Rank and Name *ptl Abbott Henry*

Age 46

Hospital Station *19 Hamilton*

Service *Jan 1/2 Aug 1/2 72 1 1/2*

Disease *irritability of bladder* Date of Admission *10/3/19* Date of Discharge *10-6-19* Result *Some improvement* Serial No. A. & D. Book

Dates of Observation	11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		April 1		2		3		4		5		6		7							
	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME														
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Use per Minute	100		96		100		96		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100		100									
Respirations per Minute	20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20		20									
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admission

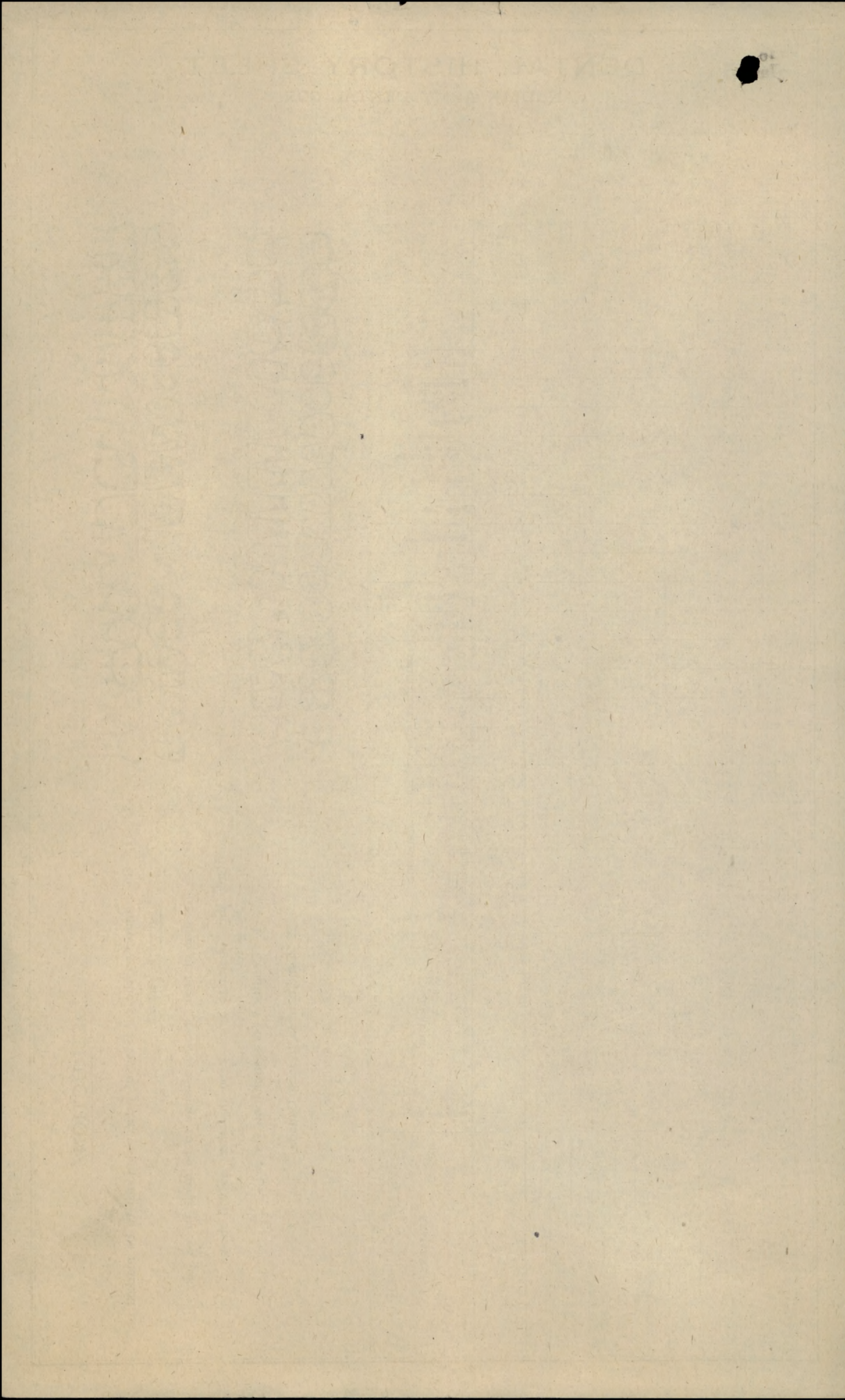
admission

admission

Signature

A. J. Porter
Capt.

In charge of case.



ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

Surname Abbott Christian Name Henry Ernest

Examined { on 16th, day of March 1916
at Simcoe

Approved by *[Signature]*

Birthplace { City or Town S. Walsingham
County Ontario

Rank Major M.O.

Apparent age 42

Trade or occupation Farmer

Height 5 Feet 4 1/2 Inches

Weight _____ Lbs.

Chest measurement { Minimum 38 inches

{ Maximum expansion 4 inches

Physical development _____

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.

Date.	Result.	VACCINATIONS.
<u>AUG 9 1916</u>		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>JUL 27 1916</u>		M.O.
<u>AUG 3 1916</u>		M.O.
<u>AUG 10 1916</u>		M.O.

Enlisted on 16th, day of March 1916 at Simcoe

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>133rd, Bn,</u>	<u>797160</u>		<u>23. 7. 17</u>
Transferred to	<u>25th Res Bn</u> <u>West End. High Regt</u> <u>WORD</u> <u>Can Fort</u> <u>Booth</u>			<u>24/3/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Delroy etc.</u>	<u>24 " 16</u>		<u>at Delroy etc.</u>
<u>Shornum</u>	<u>4/1/17</u>	<u>atrophy of Rt leg</u>	<u>P. B. duty</u>
<u>Summerville</u>	<u>20/8/17</u>	<u>atrophy of Rt leg</u>	<u>at Delroy etc.</u>
<u>Summerville</u>	<u>Jan 14/19</u>	<u>atrophy of Rt leg</u>	<u>at Delroy etc.</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.

Hamilton Military Hospital
M. F. B. 313.

900M-11-15
H. Q. 1772 39-49.

[Handwritten notes and signatures]
Hamilton only
7, 1919.
break was
Dysentery
H. P. O. Borden Capt

Christian Name

Surname

Henry Ernest

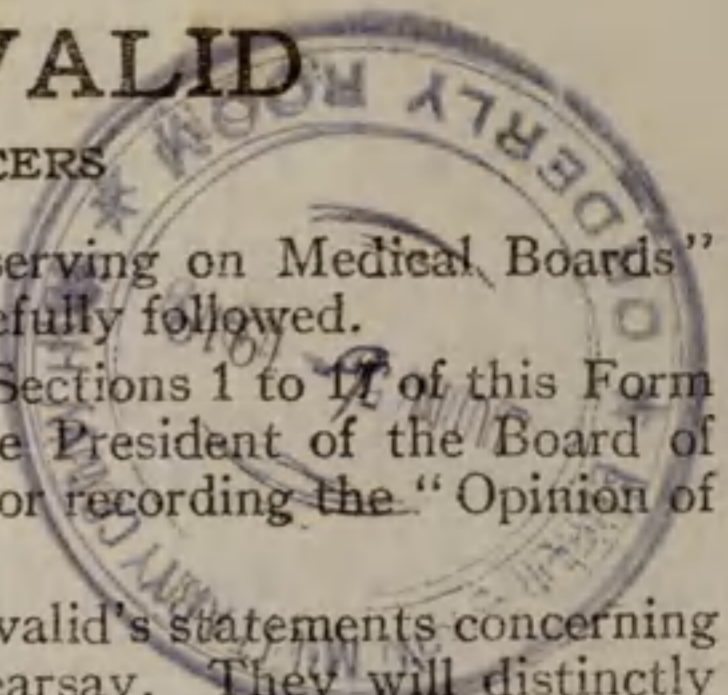
Abbott

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				
Hamilton Military Hospital.	2 Hamilton onk	10	3	19					irritability of bladder	<p>Began Oct 18 when crossing on leave got met - Reported sick on return & got treatment was told he had slight inflammation of the bladder. In Dec he burnt his right arm & was invalided to England. After coming out of hospital was sent to Rhye & evacuated to Canada. Complains of frequency of micturition 6 or 7 times at night. Cystic looking 3.19 Wasserman Urinalysis. Spg 10/8 alb + Sugar - acid negative. 4.19. Feels fairly well but has some shortness of breath & irregularity of heart. 15.19. albumen + spg 10/10 cloudy acid. 45.19. Condition improved. albumen + spg 10/10 195.19 albumen ++. Still some weakness 315.19 general weakness. pulse rapid 96 albumen ++ 46.19 Belts albumen</p>	<p>Wasserman 3.19 Wasserman 3.19</p>

As Porter

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 11 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 Hamilton Mil. Hosp. DATE 9-6-19

1. 1 (a) Unit #2 D.D. (b) Regimental No. 797160 (c) Rank Pte.
 (d) Surname ABBOTT (e) Christian name Henry E.
 (f) Home address 48 Cumberland Ave., Hamilton, Ont.
 (g) Next of Kin Laura Abbott (h) Relationship wife
 (i) Address of Next of Kin 48 Cumberland Ave., Hamilton, Ont.
2. Age last birthday 46 Date of birth 31-5-1873
3. Enlistment, or Appointment (if an Officer) (a) Place Simcoe, Ont. (b) Date 16-3-16
4. Personal description:
 (a) Height 5' 4" (b) Weight 155 (c) Complexion fair
(stripped)
 (d) Colour of hair brown (e) Colour of eyes hazel (f) Identification marks, Scars, etc. Scar
2 inches long left thumb. 2nd and 3rd toes both feet webbed.
5. Former trade or occupation Electrician.

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 <u>3</u>	Days <u>85</u>
---	-------------------	-------------------

	PERIODS	
	From	To
Canada	16-3-16	27-10-16
England	10-11-16	6-9-17
France or other theatres of War	6-9-17	20-12-18
<u>England and Canada</u>	<u>20-12-18</u>	<u>To date.</u>

7. Original disease, or injury (1) Cystitis (Irritability of Bladder)
(2) Albuminuria
(3) Atrophy muscles right leg and lengthening.
 (a) Date of origin (1)&(2) Oct. 1918, (3) Childhood (b) Place of origin (1)&(2) France (3) Canada
 (c) Cause (1)&(2) Active service conditions.

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.)

(1)&(2) (a) Weakness, slight, increased on exertion (b) Partial loss of function of heart necessitating (c) rest and abstention from heavy work and weakness of bladder and kidneys.
(3) Lengthening of right leg, causing slight limp.

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.)

(1) & (2) OBJECTIVE SYMPTOMS: Fairly well nourished, slightly anaemic, heart normal. Pulse rapid but regular 96.
URINALYSIS: Albumin still present Sp.G. 1010, acid.
Constipation. Heart sounds normal. No murmurs.
SUBJECTIVE SYMPTOMS: States that he feels weak when exerting himself walking fast and gets short of breath. Has frequency of micturition, having to get up frequently at night, no ^{pain}apin, not scanty. Some constipation, appetite fair.

(3) Slight lameness from an old fracture at knee joint at age of three years. Has had one inch lengthening of right leg ever since he was ~~able~~ able to walk without crutches, also right leg gradually got small, now one inch shortening and 2 inches small in circumference than left at mid thigh. R. 12½" F. 14½" . Had hyper extension of leg after fracture, says 20 lbs.

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

Nervous System..... No Cardio-Vascular System..... No Genito-Urinary System..... No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... No Respiratory System..... No Integumentary System..... No
Disturbances of Mentality..... No Digestive System..... No Muscular System..... No
Osseous and Joint Systems..... No Any other general condition..... No

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

Began in France in Oct. 1918 when crossing on leave got wet and went to Rest camp at Boulogne where he caught cold. Returned to Unit in Nov. 18, reported sick with frequency of micturition and was given treatment in lines, not evacuated. He said he had slight inflammation of bladder. In Dec. burnt right arm. Was invalided to England. Was in Beech Hill hospital 2 weeks and 4 days but did not get treatment for bladder trouble. Sent to Rhyl Camp, developed cough here, sent to Canada with other "B" men Feb. 1919. Had leave and was then sent to hospital for treatment.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

994160

PLC.
Surname Abbott Christian Name H. E.

TABLE I.—General Table.

Birthplace	{	Parish		
		County		
Examined	{	on day of	191	
		at		
Declared Age		..... years	..... days
Trade or Occupation	.....		
Height		..... feet	..... inches
Weight	..... lbs		
Chest Measurement	{	Girth when fully Expanded	..... inches
		Range of Expansion	..... inches
Physical Development	.....		
Vaccination Marks	{	Arm.....	RIGHT	LEFT
		Number		
When Vaccinated	.....		
Vision	{	R.E.—V =	
		L.E.—V =	
(a) Marks indicating congenital peculiarities or previous disease—	..... .....		
(b) Slight defects but not sufficient to cause rejection—	..... .....		

Approved by

Rank

Medical Officer.

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Enlisted	{	at	
		on day of	191
Joined on enlistment		Corps	Regtl. No.
Transferred to	{		
Became non-effective by	.....	
	on day of 191		
(Signature)	.....	
(Rank)	.....	

CASE HISTORY SHEET.

Hospital. Hamilton, Ontario. Station.
 No. 497160 Rank. Pte Name. Abbott, Henry Ernest Age. 46
 Unit. 21010 Completed years of service Where and how long } Can. 10 1/2 Eng. 10 1/2 Fr. 1 1/2
 Date of admission. 10-3-19 Date of discharge. 10-6-19
 Diagnosis. irritability of bladder Place of origin. France 10/18.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Previous History. Had childrens diseases afterward very healthy till after enlistment. Had left arm broken when 18 yrs old and right knee at 3 years age.
 Enlisted in France Sept 6 1917. On Oct 1918 when crossing the channel on a blighty leave he got wet and went to Boulogne camp where he had only one blanket. Developed a heavy cold. Returned to his unit headquarters at Fleury and remained 4 days there for work. Went to unit and in Nov reported medical sergeant ill. Given a very large dose of 4fts. nitre. He kept getting worse. Frequency of micturition. Dr. told him he had slight inflammation of the bladder. In Dec. he burnt his right arm with hot water and was invalided to England. Stayed 4 days for dressing arm.

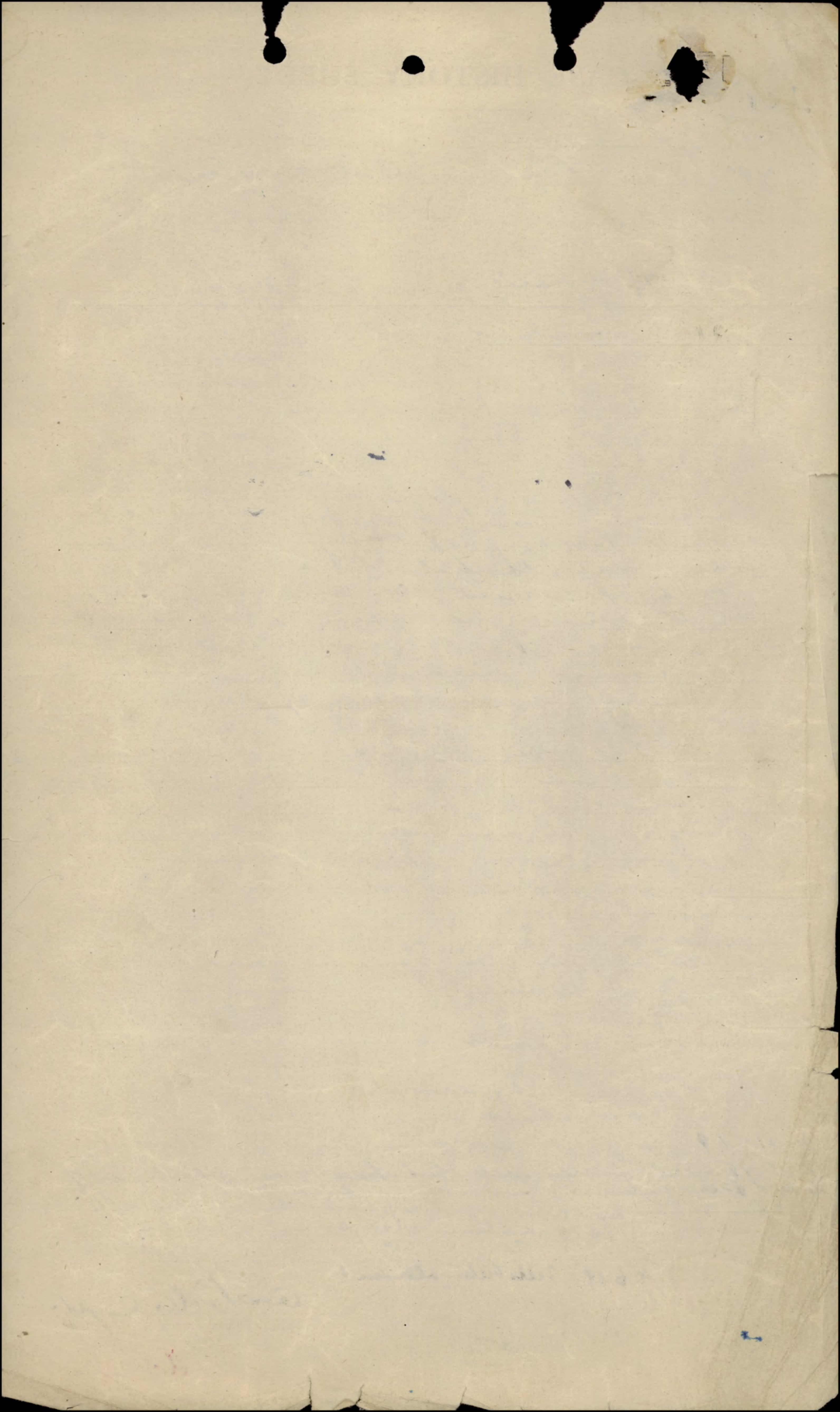
FAMILY HISTORY Beach Hill Hosp (2 weeks - 4 days)
 (Tuberculosis, mental or nervous diseases.) treated arm - sent to Rhyll
and was 3 weeks there (coughing etc under poor housing conditions)
Sent home. Wife tooth pulled Shoreham.

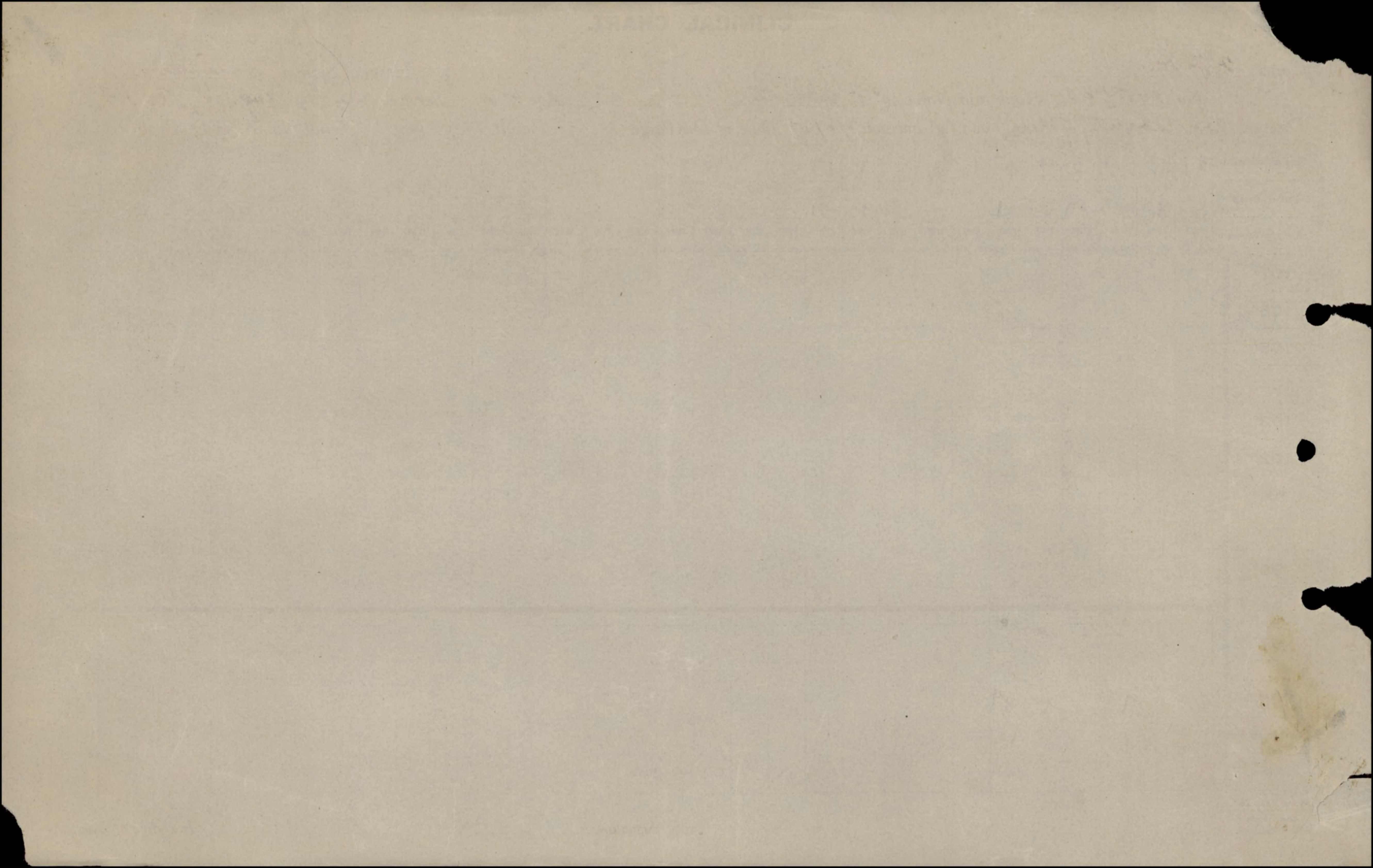
TREATMENT Objective signs - Rises 6 to 8 times at night
 (Especially any specific or special form.) to pass urine. Looks cachectic

Subjective symptoms - Desire to pass urine
frankness.

1-4-19. Sp 4/10/19. alk +. Sug. neg. - Res. acid
8-4-19. Falls fairly well but has some shortness of
breath & irregularly } heart. 1.5.19. albumen + sp 8 10 10. Cloudy.
CONDITION ON DISCHARGE, 9.5.19. Condition improved albumen + sp 10 10. Cloudy -
 (and disposal made of case.) 1.5.19. albumen still present in quantity.
2.5.19. general weakness. Pulse rapid 96.
4.6.19 Falls better. albumen +

Date 10-6-19 Asst. Officer Coyd.
 Medical Officer i/c case.





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).)

Had gonorrhoea at age of 17 but states that he had no ill effects of this and no trouble with bladder until onset of present illness. Right leg fractured at knee joint at age of 3, was two years on crutches.

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

Has 2 inch scar left thumb and web toes both feet.

11.—(a) Did the disabling condition have its origin before enlistment? (1)&(2) No. (3) 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~~ Not applicable (1)&(2) No. (3)

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? (1) & (2) Indefinite. (3) Permanent.

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

(1) & (2) Usual hospital.

(3) Nil.

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

16. Can the former trade or occupation be resumed? No, too heavy. (If not, briefly state why)

17. Recommendations

Discharge for Vocational training.

A. A. Porter 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, Pte. H.E. Abbott 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

H. E. Abbott
Pte H. E. Abbott 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 reasons, quoting the number of the answer criticised.

.....
.....
.....

WE CONCUR

19. Is the invalid fit for

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

20. It is certified that the 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.)

Discharge medically unfit

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

PLACE Hamilton Military Hospital.

DATE 9-6-19

[Signature] President.

[Signature] 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.

PLACE.....

DATE.....

APPROVED BY *[Signature]*
Assistant Director of Medical Services.

DATE 11-6-19

APPROVED BY.....
Director-General of Medical Services.

DATE.....

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.

133rd O. S. Bn. C. E. F.

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number797160.....
- (3) Full Name of Soldier. **ABBOTT, Henry Ernest**.....
- (4) Place of Birth.....**Norfolk Co., Ont.**.....
- (5) Are you married, or not?**Yes.**.....
- (6) If married, state,
 - (a) Full name of your wife.....**Laura Ellen Abbott**.....
 - (b) Present Postal Address.....**424 Cannon E., Hamilton, Ont.**.....
- (7) Are you a widower?**No**.....
- (8) Have you any children?.....**Yes**.....
 - If so, give number of boys and girls.....**Two girls**.....
 - Also their names and ages.....**Winnifred Irene aged 8, Ruth Clarissa 2 Mo.**.....

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

If so, state name and address **Peter Abbott, Port Rowan, Ont. R.R.#3.**

(10) Is your Mother alive?..... **No**.....

If so, state name and address..... **....**.....

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

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

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

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

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

..... **Yes**.....

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

If so, in what Company?..... **None**.....

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

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

ac Pratt

..... **Lieut. Col.**
Commanding 133rd Overseas Bn. C. E. F.

Officer Commanding.

Date..... **Sept 7th, 1916.**.....

18957

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Subgate 21/11 1916.

No. 79760 Rank Private Name Abbott H. S.

Local Unit 23rd Batta 23rd Co Overseas Unit _____ Age 43

Examination held at Subgate

DISABILITY.
Overseas—Local.
(scratch one out)

Partially Paralyzed leg from
Infantile paralysis 40 years ago.

PRESENT CONDITION.

Unable to carry on in full duty
on account of leg.

Labour Batta ✓

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after..... weeks' physical training.
3. Fit for Temporary Base Duty..... weeks.
4. Fit for Permanent Base Duty..... Yes
5. Discharge.....

APPROVED
FOR GENERAL AND FOR
A.O.C. TROOPS.
CPT. C. M. G.

Signatures:—

Members { Gen. Hedham President.
W. Clowd

APPROVED

22 NOV 1916

S. L. Walker

Dated at..... 1916.

FOR A.D.M.S. CANADIAN FOR A.D.M.S.

2118937

PROCEEDINGS OF A MEDICAL BOARD

Examined at.....

Local Unit..... Overseas Unit..... Age.....

No..... Rank..... Name.....

Dated at..... 1918

DISABILITY
Overseas—Local
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after..... weeks physical training.
3. Fit for Temporary Base Duty..... Weeks
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

President.....

Members.....

APPROVED

Dated at..... 1918

FOR A.D.M.S. FOR A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at August 20th 1917.

No. 799160 Rank PTE Name Abbott, H.E.

Local Unit 209th Overseas Unit _____ Age 44

Examination held at Smith's. LAWN.

DISABILITY. Atrophy of Rt. Leg.
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

Injury to leg in infancy. Rt. thigh & lower leg noticeably smaller than left. all motions present in hip & knee joints. Rt. ankle cannot be dorsiflexed beyond a rt. angle - Foot everted in walking - whole leg weak

BOARD RECOMMENDS :-

- 1. Fit for Duty
- 2. Fit for duty after weeks' physical training.
- 3. Fit for Temporary Base Duty weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures :-

R.P. Borden Capt. C.A.M.C. President.

Members ([Signature])
([Signature])
([Signature])

APPROVED

Dated Aug 22nd 1917. [Signature] For A.D.M.S.

..... Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.



PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917.
Name _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas-Local
Reserve-Local

PRESENT CONDITION

[Faint, illegible handwritten text in the main body of the form]

BOARD RECOMMENDATIONS:

1. Fit for Duty
2. Fit for duty after _____ weeks' physical training.
3. Fit for temporary base duty _____ weeks
4. Fit for Permanent base duty
5. Discharge

Signatures:

President

Members

APPROVED

Dated _____ 1917 For A.D.M.S.

[Faint handwritten notes and stamps at the bottom of the page]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ABBOTT H E
REGIMENT C F C RANK PLT No. 797166

Date of Examination in England 24/1/19 Date of Examination in France _____



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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

1. 26, 28.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper 1.2.3.4 10.12.15.16.

(c) Full Lower

(d) Part Lower 17.18.19.20. 24.25 28.32

HAS HE EVER REFUSED DENTAL TREATMENT?

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 Yes.

(c) In France

Signature of Dental Officer Wm Sinclair
Capt



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Case No. _____
Name of Person _____
Address _____

Date of Birth _____
Place of Birth _____
Occupation _____
Education _____
Martial Status _____
Religion _____
Political Party _____
Social Security No. _____
Other _____

(

11-1-54

Casualty Form - Active Service.

Regiment or Corps

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

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

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

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

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

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked .		
23-1-19	D.O.F.C.	S.O.S. BASE DEPOT C.F.B. transfer M.D. 2 C.E.F. or posting to Canada	SUNNINGDALE	23-1-19	Pl. IT D.O. 23.
		Attached C.C.C. Kinmel Park for return to Canada Part II Orders No. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 36		22 JAN 1919	Lt. for O.C. B.D.C.F.C.
		Commanding Wing, Kinmel Park Camp.		10-2-19	Embarked for Canada R.M.S. Royal Family Leaving 10/10

(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.

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 133rd. O.S. Battalion, O.E.F.

Regimental No. 797160 Rank Ite. Name ABBOTT Henry Ernest
C. E. F.

Enlisted (a) 16-3-16 Terms of Service (a) Duration of war. Service reckons from (a) 17-4-16

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

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

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	Canada	30-10-16	
		Disembarked	England	11-11-16	
12-11-16	23rd Bn.	Taken on strength from 133rd Battalion.	Dibgate	12-11-16	D.P. II O. 282 ✓
	23rd Bn.	Transferred to 37th Bn.	Shoreham		D.P. II O.
			<i>W. R. Clarke</i>		Lieut. for O.C. 23rd Bn. C.E.F. <i>298 ✓</i>
28/11/16	O.C.	Taken on strength 37th Bn.	Shoreham	28/11/16	Pt. II D.O. ✓ <i>J. R. Payne</i>
8-1-17	O.C.	Transferred to 64th Bn.	Shoreham	8-1-17	Pt. II O. #8 ✓ <i>J. Miller</i>
12-1-17	O.C.	Taken on strength	Durham	12-1-17	37th Bn. adjt. ✓ <i>W. R. Clarke</i>
					Pt. II No. 12 ✓ <i>W. R. Clarke</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing 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				
22-3-17	64th Bn	Trfd to 25th Res Bn	Shoreham	23.3.17	BOPB No 71 ✓ W.R. Blacklock
11-5-17	1st Lt. R. Van	Seen in strength crest, Ontario Regimental Depot W.O.R.D. Attached to 70th Forestry Corps S.O.S.	Bramshott	24/3/17 11.5.17	1st Lt. R. Van ✓ Bramshott ✓ Sunningdale ✓ A. P. L. L. for O.C. W.O.R.D.
15-5-17	O.C. C.F.C.	S.O.S.	BASE DEPOT C.F.C. SUNNINGDALE	11-5-17	PT. II. DO. NO. 14 ✓ R. Elliott LT. & A. ADJ. C.F.C.
7-9-17	O.C. C.F.C.	S.O.S.	BASE DEPOT C.F.C. SUNNINGDALE	6-9-17	PT. II. DO. NO. 14 ✓ R. Elliott LT. & A. ADJ. C.F.C.
		Disembarked	Harve	8-9-17	DRH 8929 ✓
27-4-18	O.C. Coy	Awarded 1 good conduct badge	Field	16-3-18	K.G. 18/8947 ✓ Pt II ord #19/8-5-18
21-9-18	Do	Granted 14 days leave to UK		20-9-18	B213 PT II O 44
10-10-18	Do	Rejoins from leave	Field	8-10-18	B213
24 th 18	64th Bn	Trans to England & posted to 6th S.C. Depot	Sunningdale	24 th 18	W.R. ✓ Chas B. Kapwell
30-12-18	O.C. C.F.C. T.O.S.	Base Depot, C.F.C. Sunningdale from 73 Co. France		27-12-18	Pt. 11. D.O. 309 Canadian Lt. & A/Adjt. Lieut. for Lt.-Col., A. A. G. Section, G. H. Q. 2nd Echelon. B. E. F.

A.G.R. Rank Name ABBOTT, Henry Ernest Reg'l No. 797160
 Unit 133rd Bn. If in perm. Corps, } Married or Single Married
 What Unit? }
 Place and Date of Enlistment Simcoe, Ont. 16th March, 1916. Place of Birth S. Walsingham, Ont.
 Name and Address, Next-of-Kin Mrs. Laura Ellen Abbott,
 Port Rowan, R.R. No. 3, Ont. Relationship Wife.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Discharge, Date and Place Reason Character

N/E. P.D. No. ~~7737~~
 8001
 Category *Can OR*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>			
14-11-16	<i>7c. 23rd Bn.</i>	<i>Taken on strength.</i>	<i>S.S. Lapland</i>	<i>11-11-16</i>	
28-11-16	"	<i>S.O.S. on trans to 37th</i>	<i>Dibgate</i>	<i>12-11-16</i>	<i>Pt. II O. 284</i>
28-11-16	<i>37th Bn.</i>	<i>Taken on strength of 37th Bn.</i>	<i>Shoreham</i>	<i>28-11-16</i>	<i>" " " 298</i>
8.1.17.	<i>37th Bn.</i>	<i>SOS to 64th Bn</i>	<i>Shoreham</i>	<i>8.1.17</i>	<i>Pt. 2. DO-8</i>
13-1-17	<i>64th</i>	<i>Taken on strength.</i>	<i>Shoreham</i>	<i>8-1-17</i>	<i>Pt. II O 12</i>
11-12-16	<i>bbab</i>	<i>SOS and ofc to 23rd Bn</i>	<i>Hastings</i>	<i>21-11-16</i>	<i>" " " 5150</i>
27-2-17	<i>do</i>	<i>On Com to 37th from 23rd Res</i>	<i>do</i>	<i>27-11-16</i>	<i>" " " 980</i>
23-3-17	<i>64th Bn</i>	<i>SOS to West Ont R.D</i>	<i>Shoreham</i>	<i>23-3-17</i>	<i>" " " 41</i>
6-4-17	<i>WARR.</i>	<i>T.O.S. 9th Att Depot Coy.</i>	<i>B. Skott</i>	<i>24-3-17</i>	<i>26</i>

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.				
					AFB, 03 ^c 12-9-17.
11-5-17	WMA. S.O.S. Tfd to C.F.C.	B. Shott	11-5-17	Plt 036	CFC Base Dep. PWO. 14 d/15-5-17
7-9-17	C.F.C.B.D. S.O.S. to 73 Co. France	Pte Sdale	6-9-17	" 114.	
25-9-17	73 Co. C.F.C. Disembarked at Naore	Pte Field	8-9-17	" 1.	
8-5-18	-- Awarded G.C. Badge	" "	16-3-18	" 19	
30/12/18	BAC.F.C. T.O.S. from 73 Co. C.F.C.	" Sdale	27-12-18	" 309.	
20-1-19	73 Coy. S.O.S. to B.S. Long	" Field	20-12-18	- 2	
23-1-19	B.D.C.F.C. S.O.S. to C.C. Rymel & Moxell	" Sdale	23-1-19	" 2/3.	
31-1-19	2 M.D.C.Wm T.O.S. of C.F.C.	" Rymel	22-1-19	" 20.	
12-3-19	No 2 m DEAR S.O.S. Proceeding to Canada	✓	✓	10-2-19	0036

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Laura E. Abbott

Wife
PAYMENTS.

Name of Soldier

Abbott H. Ernest

He.

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>Q7087</i>	<i>29</i>	<i>29</i> <i>to adjust april etc</i>
June		<i>A1720</i>	<i>20</i>	<i>20</i>
July		<i>F9774</i>	<i>20</i>	<i>20</i>
Aug.		<i>A 10755</i>	<i>20</i>	<i>20</i>
Sept.		<i>a 14887</i>	<i>20</i>	<i>20</i>
Oct.		<i>A 18240</i>	<i>20</i>	<i>20</i>
Nov.		<i>A 21501</i>	<i>20</i>	<i>20</i>
Dec.		<i>A 24891</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>A 28446</i>	<i>20</i>	<i>20</i>
Feb.		<i>A 31393</i>	<i>20</i>	<i>20</i>
March		<i>A 34597</i>	<i>20</i>	<i>20</i>
April		<i>B 23</i>	<i>20</i>	<i>20</i>
May		<i>B 3479</i>	<i>20</i>	<i>20</i>
June		<i>C 7048</i>	<i>20</i>	<i>20</i>
July		<i>B 11360</i>	<i>20</i>	<i>20</i>
Aug.		<i>B 15475</i> <i>B 13693</i>	<i>20</i>	<i>20</i> <i>B 13693 Cancelled.</i>
Sept.		<i>C 17155</i>	<i>20</i>	<i>20</i> <i>3419^e ✓</i>
Oct.			<i>20</i>	<i>T</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

*Printed
Rate 17*

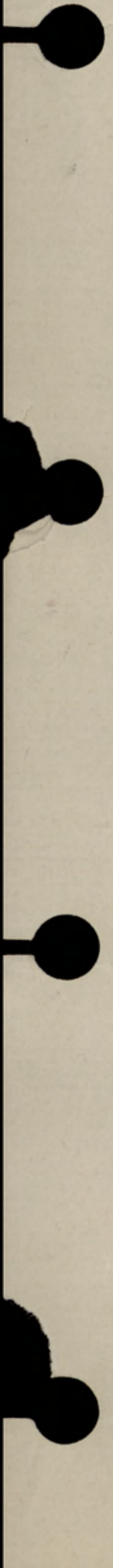
SEPARATION ALLOWANCE

Name	<i>Laura E. Abbott.</i>	Name of Soldier	<i>Abbott H. Ernest.</i>
Address	<i>Cp. John Weldon. 424 Cannon St. E. Hamilton.</i>	Regtl. No.	
Relation to Soldier	} <i>Wife</i>	Rank	<i>Pte</i>
wife, child or mother		Corps	<i>'E' Coy. 133rd Btn.</i>
		To what Corps belonging	}
		when called out	

PAYMENTS

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

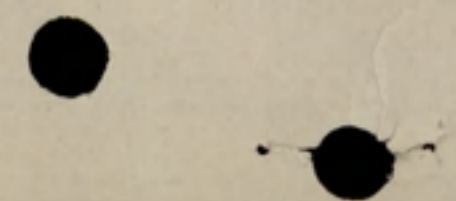




Handwritten red ink scribbles.

Handwritten red ink scribbles.

Handwritten black ink scribbles.



Wife
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.-6-16.
1772-39-819.

Sheet No. 2.

Laura E. Abbott

PAYMENTS.

Name of Soldier

Abbott, Henry, E.
133 Batt

L. L. Job 4503. - Req. 6832.

797160

plu

NOV 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>J 29924</i>	<i>15</i>	
Dec.		<i>J 34748</i>	<i>15</i>	
Jan.	1917	<i>A 38380</i>	<i>15</i>	
Feb.		<i>A 43275</i>	<i>15</i>	<i>- 15 R</i>
March		<i>A 49194</i>	<i>15</i>	<i>15-R</i>
April		<i>B 39</i>	<i>15</i>	<i>15-B</i>
May		<i>B 6010</i>	<i>15</i>	
June		<i>B 13938</i>	<i>15</i>	<i>15-S</i>
July		<i>B 21076</i>	<i>15</i>	<i>S</i>
Aug.		<i>C 26041</i>	<i>15</i>	<i>in</i>
Sept.		<i>C 33312</i>	<i>15</i>	<i>in 165⁰⁰</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RWD

W

mrc

10

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.				

Wife
 MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

1617
 P. *done*

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *Laura E. Abbott*
 Address *To John. Meldow*
424 Cannon St East, Hamilton
Ont.

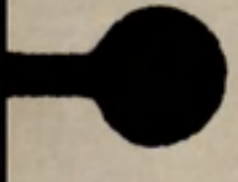
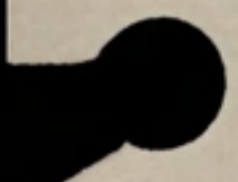
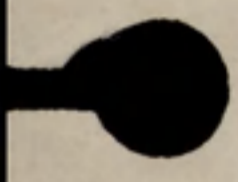
By Whom Assigned *Abbott Henry Ernest*
 Regtl. No. *797160*
 Rank *pl-*
 Corps *133.*

Rate *15⁻ +*

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				<i>Consolidated accounts</i>
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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*to
over*

Register No. *DA-508.*

WAR SERVICE GRATUITY

A.P. File No. *25-14-12.*

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *797160.* Name *Henry Ernest Abbott,*
(Christian Name) (Surname)
Unit *133 Bn.* Rank *Pte.* Date of enlistment *16-3-16.*
Date of casualty *22-5-20.* B.P.C. File No. *147676*
Was service performed overseas? *Yes.*

DEPENDENT

Name *Mrs. Laura Ellen Abbott,* Relationship *Widow.*
Address *48 Cumberland Ave.,
Hamilton,
Ontario.*

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

Emb
Amount of Special Pension Bonus \$ *Nil.* Abstracted by *M. Ross.*

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid \$
Less Debit Balance of S. A. or A.P. \$
Total deductions \$
Balance due \$

Cheque No. Date issued

Clerk *W. Mitchell*

REMARKS: *Discharged 17-6-19.*
Not eligible under P.C. 1486.
Casualty date subs 17¹⁰

Audited by
.....
Date

Noted 11/8/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name _____
Surname _____ Christian Name _____

Regimental Number _____ Rank _____ Address (in full) _____

Unit _____

Original Unit _____

District where paid _____

Date of Discharge _____

P. D. P. Filing Number _____

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

April 17, 1916.

Separation and Assigned Pay Branch

A

51 Nov 1/16

RATE OF SEPARATION ALLOWANCE

20	25	30
1-12-17	1-9-18	

P.C. 3257. P62753
M026819

OVERSEAS CONTINGENTS... Ledger

Spec Rem... Ledger

RATE OF ASSIGNMENT

15			
----	--	--	--

"Wife"

PARTICULARS OF SEPARATION ALLOWANCE

No. 797160
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Henry Ernest Abbott
 Battalion 133 Battw. "C" Company
 Beneficiary Mrs Laura E. Abbott
 Relationship Wife M7W 2054 26/7/18
 Address

PARTICULARS OF ASSIGNMENT

Name Laura E. Abbott
 Address ~~424 ...~~
 Change of Address
 1 48 Cumberland Ave.,
 2 Hamilton, Ont.
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17		349	165	514	
Oct	B 50051	20	15	35	
Nov.	B 51759	20	15	35	A
Dec.	B 57364	20	15	35	B
Jan/18	B 63802	30	15	45	C S.
Feb	B 90046	25	15	40	
Mar	G 79264	25	15	40	✓
Apr	G 7046	25	15	40	8
May	H 9867	25	15	40	6
June	B 12931	25	15	40	6
July	Y 25866	25	15	40	✓ 6
AUG	H 29318	25	15	40	6
SEP	H 34900	25	15	40	6
OCT	H 41523	25	15	40	6
NOV	H 49632	25	15	40	6
DEC	H 62178	45	15	60	6
JAN	B 69130	30	15	45	6
FEB	H 76322	30	15	45	6
MAR			15	45	6
		794	420		

REMARKS 25-H-12
 M7W 2054 OK. Ab 21/11/18 (70551)
 A/c Closed 25/2/19
 Ret'd per Royal George
 Date 20/2/19 M.F.W. 187
 MFD 3 Hollis

CANADIAN ASSIGNED PAY AUDITED
 A/c OK to 31-1-19
 Audit Clerk
 DATE 17-5-19



M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 1993.

Surname

Christian Name or Names

Reg. No.

ABBOTT.

Rank

Pte.

H.E.
Unit

Forr. 73.

797,160.

Depot

Cas. List.

Beech Hill Englefield Green. 31-12-18

4-1-19.B391.

Burn Rt. Arm. ~~Ex~~

10.1.19 B396

Cancel above entry

10-1-19 C412

Beech Hill Eng Green 31-12-18

Burns Rt Arm ~~Ex~~

24.4.19. C499⁴

Disch

11.1.19

A.M.D. 2 DEPT.

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

*Name **Abbott H.E.** Rank **Pte.** Regtl. No. **797160**

Original unit Present unit **44th B.N.** M. or S. Age **42** Religion **Bapt.** Fyle Depot Ref. H.Q.

Port, ship, and date of arrival **Lapland Halifax** **1-3-19**

Next of kin **Wife. Mrs. Jessie M. Abbott** Pt. **Rowan Ont.**

Address on leave **48 Cumberland Ave., Hamilton, Ont.**

Address on discharge **same.**

Transportation issued Yes No Date **---** Character on discharge **---**

Previous occupation **FARMER & ELECTRICIAN.** Date and place of enlistment **Simcoe Ont. Jan. 11-16**

Diagnosis **1. Cystitis. 2. Albuminuria. 3. Atrophy muscles right leg and lengthening.** Date of Medical Boards **9-6-19.**

Date.	Remarks	Pt. 2 Order No.
T.O.S. 21-2-19	Posted to Cas. Co. Ham. 1-3-19.	65
	Ham. Dispersal Area to Hos. Sec. 10-3-19	#71
	Cas. to H.M.H. 10-3-19	H.S. 72
	Leave & Subs. from 5-3-19 till 19-3-19	65

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

10-6-19 HOSP. SECT. TO CAS.CO. HAMILTON

H.S.#161

17-6-19 S.O.S. Discharged "Demobilization Medically Unfit
for General Service" entitled to 183 days W.S.G.

164

649-A-6846.

Abbott, Henry E. *quest* Pte. #797160 *43rd co. CFC.* C.E.F. 19937 *Form 133rd Bur*

Not Eligible for 14-15 Star,

Medals and Decs: Widow Mrs. L. E. Abbott,
48 Cumberland Ave.,
Hamilton, Ont. *M*

P. & S. " As above.

(Ser #985000)

Memorial Cross " As above.

not on list. S.C.R. death.

Disp AUG 28 1920 (20) C 20290 *AS 25.20*

575

W

427101

Scroll Deep. 21 $\frac{5}{3}$ Reqn. No. 55915

Plaque Deep. 21 $\frac{5}{3}$ Reqn. No. 49193

No. 797160.

RANK *Pl.*

NAME *Abbott, Henry. E.*

T. O. S. *17-4-16.*

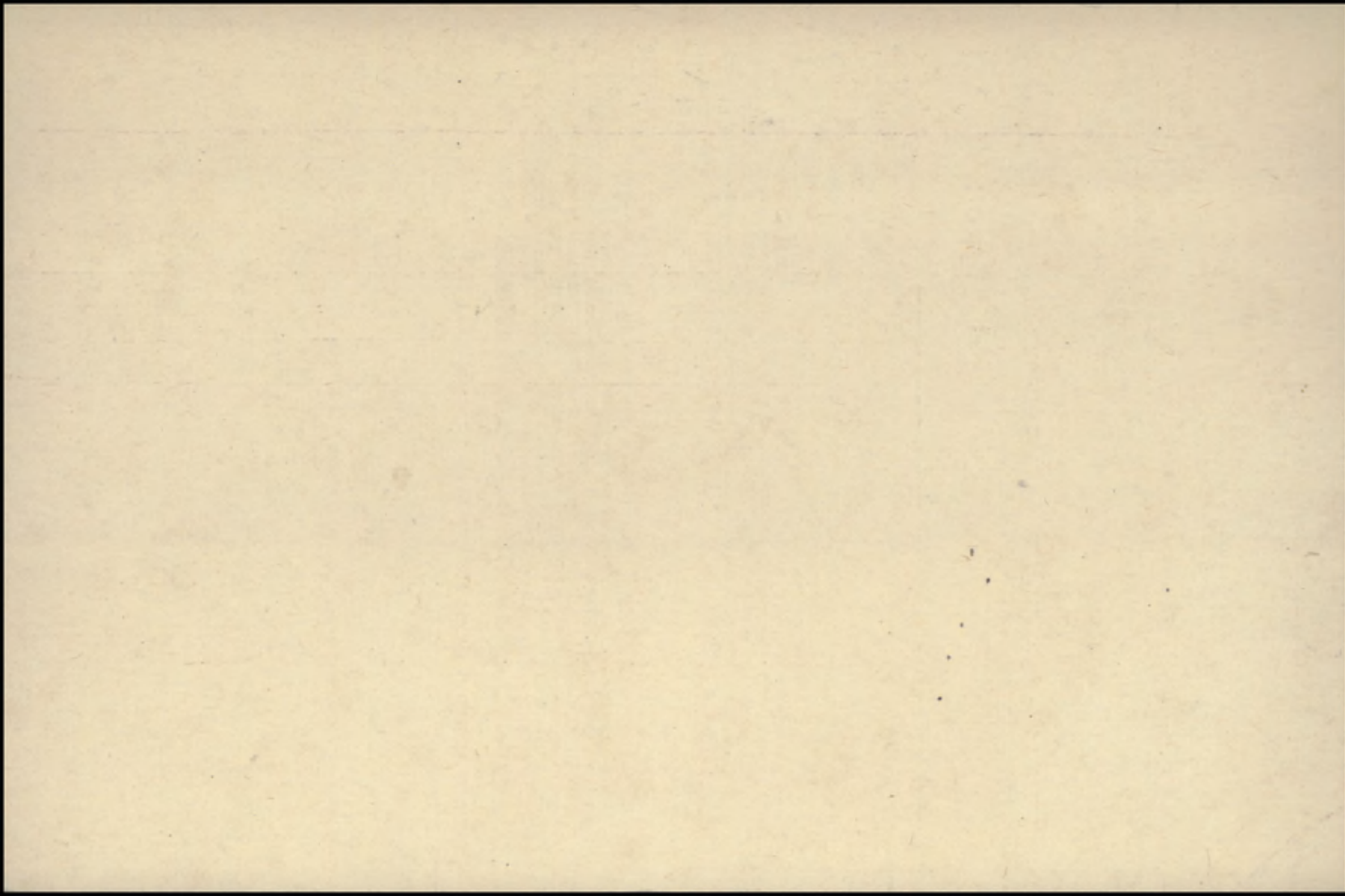
UNIT *133rd. Battalion. C. E. F.*

DD. 98 of 26.4.16.

M. D. *2.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916.</i>	<i>1916</i>			
<i>April 17.</i>	<i>April 30.</i>	<i>J.</i>		
<i>May.</i>		<i>J.</i>		
<i>June.</i>		<i>A.</i>		
<i>July.</i>		<i>A.</i>		
<i>Aug.</i>		<i>A.</i>		
<i>Sept.</i>		<i>A.</i>		
<i>Oct.</i>		<i>A.</i>		

UNIT SAILED
OCT 30 1916



E.M.B.

94

Number 797160 Rank Pte

B

Surname ABBOTT

Christian Name HENRY ERNEST

X

Unit Co. F. Co. Theatre of War France

Date of Service 8-9-17

Remarks

Latest Address H. S. Cumberland Ave.
Hamilton Ont.

Roll No. B

AUG 9 1921

Page 2707

G. 16597-

Handwritten signature

APR 27 1961

SURNAME.

Abbott

2 CARD NO. ²²⁰
Lot Dist. 176-19
FOLL
DO 164 0713-6-19
220

CHRISTIAN NAMES

Henry Ernest

REGL. No.

497160

RANK

Pte.

UNIT

133rd.

Ind 22-5-20 2
SCR 24-5-
27/5/20

Bn.

FORMER CORPS

39th. Regt.

NAME

Abbott, Mrs. Laura Ellen
Wife

CHANGE OF ADDRESS

RESIDENCE

ADDRESS

48 Cumberland Ave.,
Hamilton, Ont.

(113)

S.A. No. 4-12-14.

COUNTRY OF BIRTH

Canada, S. Walsingham

DATE

May 31st 1873

PLACE OF ATTESTATION

Simcoe, Ont.

DATE

Mar. 16th. 1916

Sailed from Halifax Per S.S. [Redacted]

Lapland 30-10-16
R/G 20-2-19 269 etc

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

*Printer
& Lectician*
DESCRIPTION.

RELIGION

Methodist

APPARENT AGE

42

YEARS

MONTHS

HEIGHT

5-

FEET

4 1/4"

INCHES

CHEST MEASUREMENT

42

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Greyish brown

HAIR

Light brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Simcoe, Ont

DATE

Mar. 16th 1916.

Present Address - R. R. No. 3 Port Rowan, Ont.

NAME

Abbott H.

E

REGT. No.

797160

RANK AND UNIT

Pvt.

(73) 10th

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B391	Beeth St. : Englefield	31-12-18	H. Burn Rt. Arm Cancelled as per B396
C 412	" " "	31-12-18	Burn Rt. Arm
C 499	Desih	11-1-19	" " "

LEDGER No. 88

SERIAL No. A 31654

REG. No. 797160

NAME Abbott, Henry Ernest

RANK Pte

CORPS #2 SD

AGE _____ SERVICE 6 10/12

6 10/12 7 1 1/2

HOSPITALS
1 Brout Military, Bulington

DATE OF ADMISSION
10-2-19

DIAGNOSIS Incontinence of Bladder

TRANSFERRED TO _____

DISPOSITION Back to Own Co 10-6-19

CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1382.

Henry Ernest.

Name ABBOTT Rank Pte

Reg. No. 797160.

Unit ~~C. I. C. 73 Coy.~~ B. D.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 31-12-18	Beck Hill Sts	Englefield Green.	Barron Rt Arm	B391		4163
11-1-19	Discharged		Do	C412 C499	B396	B.D. 33601
					HA 15/24	Yus

From R.I.B. 3/19

"ROYAL GEORGE" 20:2:19

Hamilton

631, AUDITOR PAYMASTER

No. 2 DISTRICT DEPOT

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

REGT. No. 197160 RANK Pte. NAME (IN FULL) ABBOTT, H.E.

Form with fields for NEXT OF KIN, ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, ADDRESS, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY, PAYABLE TO, ADDRESS, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Main accounting table with columns for MONTH, PAY AND F. A., OTHER CREDITS, SEPTIN ALICE, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1-3), CASH PAYMENTS (COL. NO. 1-3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), and PARTICULARS OR REMARKS.

W.S.G. PAID IN FULL
C. McCreary
OR PAYMASTER WAR SERVICE GRATUITY
CAPTAIN

February 1919
T.O.S. 10/2 56
SBS. 43/2 10/2 56
Sub. ceases 10/2/19 Do. 71.
Sa. mech \$30.00
Sa - April 30 -
Sa - May 30 -

797160

Pfc. Abbott

Henry E.

\$1500 Assigned Pay (ban)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT
			233	20				18 10	251 30					60 83	17 03	7 30		105	190 16	61 14		nil			
June 30			33															15	15	79 14					
July 31			34	10					34 10									15	15	98 24					
Aug 31			34	10					34 10									15	15	117 34					
Sept 30			33						33									15	15	296	120 74				

4 Rec
204 2874
92 144

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLOW. ENG.
		120 74							120 74		
Oct	P.P.	34 10							15 139 84		
Nov	P.P.	33 -		a. Pay.					15		
Dec	P.P.	34 10		DR. 2000 CAC 16/17	7 30						
				DR. 2000 CAC 29/17	9 73						
				DR. 2000 CAC 19/17	17 03						
				DR. 2000 CAC 13/17	9 73						
				DR. 2000 CAC 6/17	4 87						
				DR. 2000 CAC 29/17	7 30						
				DR. 2000 CAC 21/17	7 30						
				DR. 2000 CAC 22/17	3 59						
				DR. 2000 CAC 6/17	7 14						
				DR. 2000 CAC 12/17	9 73						
				ap fecr.					15 93 24		
1918		67 10		DR. 2000 CAC 28-8-17	36 -				15 23		
Jan	P.P.	34 10		DR. 2000 CAC 349	3 51						
				ap					15 108 47		
				ap					15		
Feb	P.P.	34 10		DR. 540 CAC 7-11-17	7 14	7 14					
				" 853 " " 19-12-17	16 06	23 20			15 101 07		
		30 80		ap					15		
Mar				DR. 1206 7360 9-2-18	7 14						
				DR. Halifax Fund 17-1-18	1 00						
					8 14				15 101 67		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLOW. ENG.
1918	Mar			Final Balance fwd.	8 14				15 101 07		
				DN							
				PR 1019 7360 Oct 17-18	7 14						
				PR 1737 7360 Nov 16-3-18	7 14				97 75		
					22 42				15 101 07		

fms

P. 559.

MARRIED OR SINGLE

Married

PLACE OF BIRTH "South Walsingham" Ontario Can

NAME AND ADDRESS OF NEXT OF KIN Mrs L E Abbott

of John Weldon 424 Cannon St Hamilton Canada.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ 25.00 EFFECTIVE (DATE) 11/21/17

PAYABLE TO Laura Ellen Abbott 424 Cannon St E Hamilton Ont

RELATIONSHIP OF DEPENDANT Wife

CASUALTIES, PROMOTIONS, &c

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL

REG'L. No. 797160 RANK Pte NAME Abbott Henry E. UNIT 133rd Bn TRANSFERRED TO 23rd Bn DATE 12/11/16 AUTHORITY Bo 182

Weldon

J.P. 10

Main ledger table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS

Trans to 37th Bn. 16-12-16. Bo 270

Trans to 11/19/47 Bo 271 x. 272 23/17

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME:- **ABBOTT, Henry E.**

EFFECTIVE DATE:- **1st Nov. 1916.** EFFECTIVE DATE:-

NUMBER:- **797160**

AMOUNT:- **15⁰⁰** AMOUNT:- **25⁰⁰**

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Ms. Laura Ellen Abbott

Private

424 Cannon St. E.

Same.

Hamilton, Ontario

(wife)

Stopped 1-2-19

UNIT AND TRANSFERS

ORIGINAL UNIT:- **133rd Bn**

DATE ACCOUNT FIRST OPENED:- **1st Nov. 1916**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

C.36. France

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
7/1/19	6014	AR 107	2113				
2/1/19	6631	✓ #2	973				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE

Disch to Canada 3/1/19 c/o AR 2141 2/1/19 WND 2. m.d. 2.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Bal forward								97 75 ml		
April	pp	33		Can ap.				15			
				AR 167 12 dist 20-4-18	7 14						
				Rem P 56 V 17-4-18	50				58 61 ✓		
May	pp	33		ap	57 14			15			
		34 10		AR 429 12 dist 10-5-18	7 14			15	70 57 ✓		
June	pp	34 10		ap	7 14			15			
		33		AR 725 ✓ 7.6.18	7 14			15	81 43 ✓		
July	pp.	33		6 ap.	7 14			15			
		34 10		AR 1025 ✓ 6.7.18	7 14			15	93 39 ✓		
Aug.	✓	34 10		ap.	7 14			15			
		34 10		AR 1420 ✓ 9.8.18	7 14			15	105 35		
Sept	-	33		cap.				15			
				AR 1899 12 dis 18-9-18	7 14						
				AR 4692 ✓ 19-9-18	97 33						
		33		AR 1967 ✓ 23-9-18	535			15	1353		
Oct	✓	34 10		cap				15	32 63		
		34 10						15			
Nov	-			cap				15			
Dec	-	67 10		AR 1544 12 dis 13/11/18	11 19						
Jan	-	34 10		cap				15			
				AR 2672 12 dis 8/12/18	373						
				AR 2833 ✓ 14/12/18	933						
				Rem 752 ✓ 11-12-18	2500			15	39 58		
				cap				15			
								15			

NUMBER *797160* RANK

NAME *Abbott H.E.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>31/1/19</i>	<i>Found</i>								<i>3958</i>		
				<i>ARB6041 PD 8/1/19</i>	<i>243</i>						
				<i>ARB6631 ✓ 21/1/19</i>	<i>973</i>						
				<i>ARB889 Kinmel 5/2/19</i>	<i>973</i>				<i>1769</i>		
					<i>2189</i>						

CANADIAN
ASSIGNED PAY RECEIVED
OK
awg Harris
AUDIT CLERK
DATE *17-4-19*

A 3 M. FORM RE *stopped* EFFECTIVE *1/2/19*
DISCHARGED TO *Canada* DATE *31/1/19*
PAY BOOK VERIFIED *23-1-19*
CR BAL 2742 P.O. REN'D *23/1/19*
AUTH *C. Tenk 2/1/19 MDR*

COMPILED BY *H. Baughman*
CHECKED BY *S. Abbott*
Relief for 284 coming out 11-19
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S.C. To Canada 7/3/19 and SL 10 CR

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet		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	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A	(a) Proceedings on Discharge	
‡Form of Will	" W. 82	(b) Attestation.	
§Only if discharged "Medically unfit."		(c) Medical History Sheet.	
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

A326130

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

No.	797160
Rank	Pte.
Surname	ABBOTT
Christian name	HENRY ERNEST
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	133rd Bn (#2 D.D.)
Date of discharge	June 17, 1919
Place of discharge	HAMILTON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 46 years 1 months.	Descriptive marks Vacc Scar Lt. Arm
Height 5 ft 4 1/2 inches.	
Complexion Fair	
Eyes Greyish Brown	
Hair Light Brown	
Trade Electrician	
Intended place of residence	48 Cumberland Ave. Hamilton, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Medically Unfit for General Service	
Authority for discharge #2 D.D. Pt 2, D.O. #164	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
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.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Kled 30/1/20	

M. F. B. 218.

200M.—5-18 GB
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date)..... Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Hamilton, Ont. Henry Ernest Abbott (Signature of Soldier.)

(Date) June 17, 1919 W. H. Young (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Hamilton, Ont.

(Signature) W. H. Young Lt.
For
O. C. No. 2 District Depot.

(Date) June 17, 1919

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.)

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.) (Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned, Henry Ernest Abbott, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

Henry Ernest Abbott
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

B 11

Reserved for M.H.C.

Regt. No. 494160 Rank. Pte Surname. ABBOTT Christian Name Henry Ernest
Unit or Corps—(a) Overseas from United Kingdom C. F. C. (b) in United Kingdom C. F. C.
Born at—Town Norfolk County or Province Ontario Country Canada
Date of Birth—Day 31st Month May Year 1873 Age 46 yrs. months.
Joined at Simcoe Ontario Date 16th March 1916
Former trade or occupation Electrician
Permanent Marks or any peculiarity that will serve for future identification:—

T. Oak Ink, L. Arm

Height—feet 5 inches 4 Colour of eyes Brown
Signature of Soldier (for identification purposes) H E Abbott

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)
Disabilities Group (b)
Disabilities Group (c)

ATROPHY Rt. LEG

2. CAUSE OF DISABILITY

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Place of origin: Canada, Date of origin: Birth

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i) As to Group (a) above? Yes If yes, has Active Service aggravated it? No
(ii) As to Group (b) above? Yes If yes, has Active Service aggravated it? Yes
(iii) As to Group (c) above? Yes If yes, has Active Service aggravated it? Yes

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i) As to Group (a) above? No
(ii) As to Group (b) above? Yes
(iii) As to Group (c) above? Yes

5. MEDICAL HISTORY.

In France 15 mos.
 Past History - at age of 2 yrs. had accident to Rt. leg -
 8 months in bed - then in crutches for 6 mos -
 always lame since -
 Occupation - Electrician & farmer -
 Subst. military - Smier. out. 20 Aug. 1916 - In France
 5/11/1917 C.F.C. earned no distinction - In Oct. 1917
 no distinction in France - Leg is no worse since substituted.
 Documentary - Debatte 21-11-16 R.B. duty - Shortkam 4-2-17 at
 1/11/17 St. CIII - Summary 20-8-17 - at 1/11/17
 Postscript he has just returned from French Hill
 Hosp. Infected leg - no documentary report in file

6. PRESENT CONDITION.

Age 46 yrs -
 Subject - Man states he joined up 133 Bn. Infantry.
 as cook for 10 months no official complaints
 except slight lameness Rt. leg - no pain
 but slightly worse now than left -
 Myogenic fit - appetite good - Bowels reg.
 Sleeps well - no urinary disturbances
 Objective - well nourished - Color pale - Rt. arm lower
 humerus - in disability - lungs & heart reg.
 Pulse 80 reg -
 Rt. thigh & lower leg - much smaller than left - all markings
 present in hip & knee joints - Rhomboid count 4
 dorsal - (flex) hyper extension - Both wrists in making
 whole Rt. leg weak - (Injury in infancy) independently R.B.

7. OPERATION. (i) Was one performed? (ii) If so, state what.
 (iii) Was one advised and declined? Not applicable -

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.
 8. (i) Is there loss or decay of teeth attributable to Active Service? No.
 (ii) If so, describe. 9 extracted in Shortkam 1917 Mech -
 It is no matter - but one -

9. DO YOU RECOMMEND:—
 (a) Fit for duty? (state category) Yes B III
 (b) Invalid to Canada? No.
 (c) Discharge from the Service as permanently unfit? No.

Date of Report January 12, 1919
 Station Summingdale

I have satisfied myself of the general accuracy of the above Report,
 and concur therein except not in Hospital (Officer i/c Hospital) Strike out one of these
 Dated at Station, on 1919

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
 If not, describe it. yes
11. Is the cause of the disability fully described in Part I. (2)?
 If not, describe it. yes
12. From the medical information now adduced, was the disability caused or aggravated by:—
 (a) Negligence of the Soldier { Caused? } No { Aggravated? } No
 (b) Misconduct of the Soldier { Caused? } No { Aggravated? } No
13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
 (Estimate at none, 5%, 10%, 15%, 20%, etc.)
14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
 What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
 (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) No
15. Permanency of the Disability due to Service estimated next above in (14).
 (i) Is it permanent?
 (ii) If not permanent, what is its probable minimum duration (in months)?
16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
17. Can the former trade or occupation be resumed? yes

18. REMARKS:—
 Condition as described in part one. no aggravation by service

Auth Ad. Tel 9083 11-11-18

19. RECOMMENDATION:—
 (a) Fit for duty? (state category) B III
 (b) Invalid to Canada? No
 (c) Discharge from Service as permanently unfit? No

Date of Board Jan. 14/19
 Station Summingdale Bn
 Approved J. J. Donnan Major A.D.M.S.
 Dated at for A.D.M.S., Canadians, London Area. C.A.S.M.C.
 Signatures of the Board { J. J. Donnan Captain } { J. J. Donnan Captain }
 ASSISTANT DIRECTOR OF MEDICAL SERVICES. CANADIANS LONDON AREA. JAN 18 1919. 13, BERNERS ST. LONDON, W.1