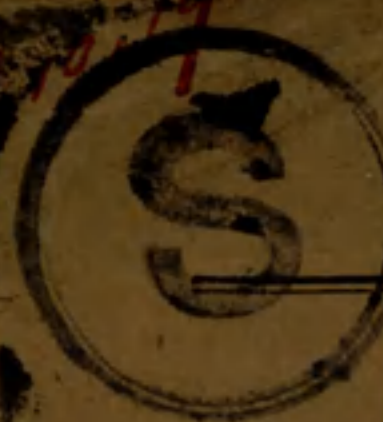
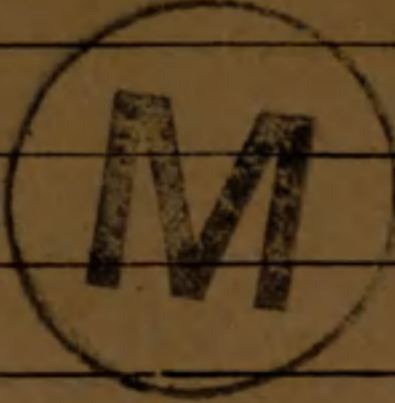
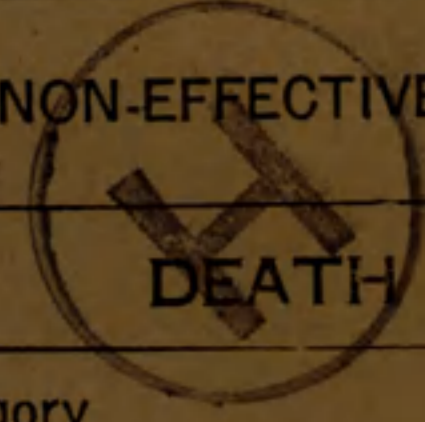

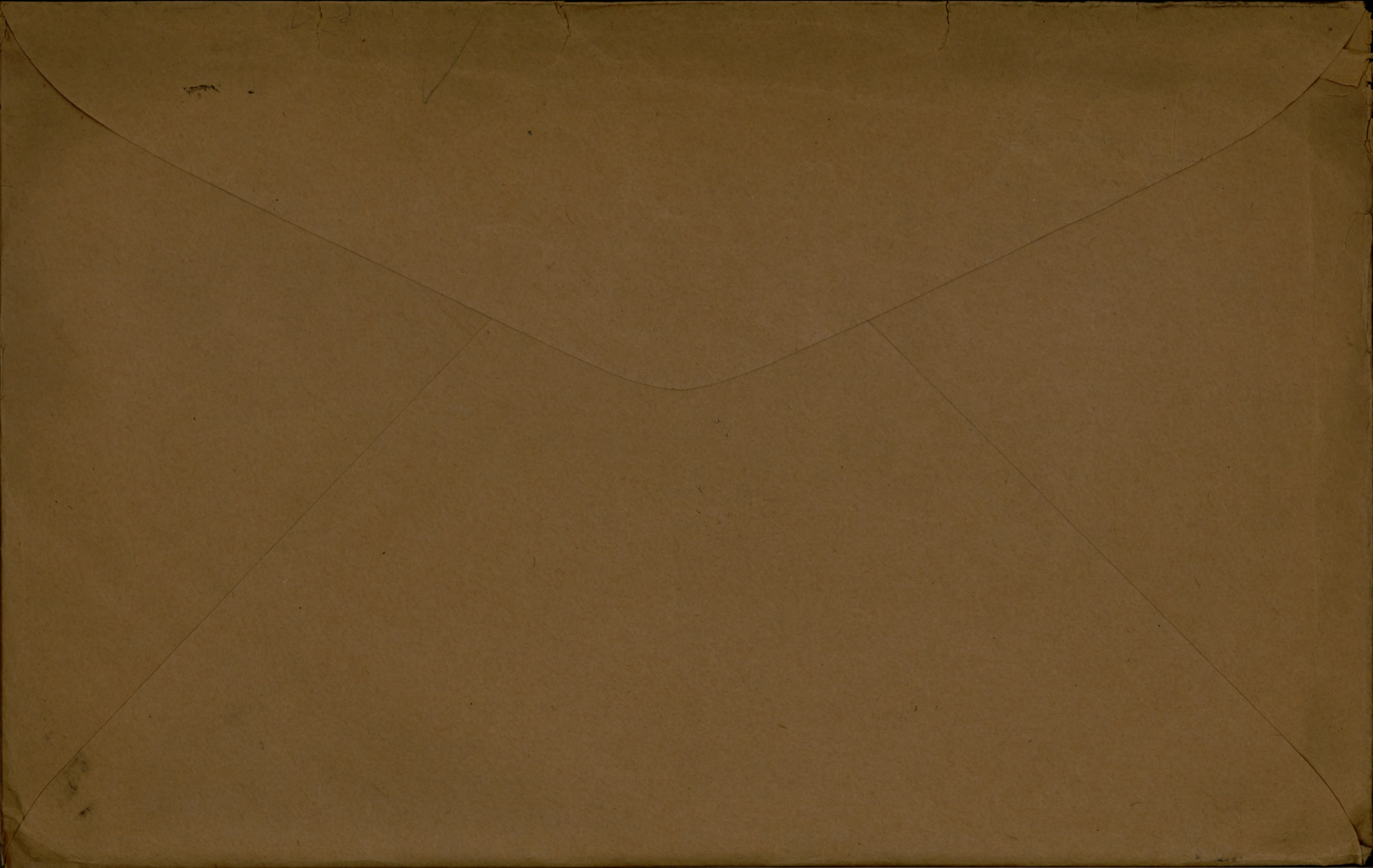


REGIMENTAL DOCUMENTS



NAME Baughman, Herbert F. REGT. NO. 794025 UNIT carb H. Q. FILE NO. 4862

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY		
3 2 / ATTESTATION PAPER (M.F.W. 23, 133, or 51)							
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)							
TRAINING HISTORY SHEET (M.F.W. 113)							
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)							
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)							
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)							
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)							DISCHARGE Category <u>Demol</u>
DENTAL HISTORY SHEET (M.F.B. 465)							
3 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)							
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)							
1 AFW3997							
1 msu67							
1 cd 3							
1 B 122							
1 B 6							



copy of  
27/1/15

DUPLICATE

# ATTESTATION PAPER.

No. <sup>C</sup>79 7025

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... Baughman
- 1a. What are your Christian names?..... Herbert
- 1b. What is your present address?..... Port Rowan Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Port Rowan Ont
- 3. What is the name of your next-of kin?..... Alonzo Baughman
- 4. What is the address of your next-of-kin?..... Port Rowan Ont
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... May 22nd 1896
- 6. What is your Trade or Calling?..... Mechanic
- 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 39th Regt
- 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 }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Herbert Baughman, 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.

H. F. Baughman (Signature of Recruit)

Date..... Dec 28th..... 1915 . bs Buck (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert Baughman, 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.

H. F. Baughman (Signature of Recruit)

Date..... Dec 28th..... 1915 . bs Buck (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..... Port Rowan..... this..... 28th..... day of..... Dec..... 1915 .

J. P. Buck (Signature of Justice)

Description of Baughman Herbert on Enlistment.

Apparent Age.....19.....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.11.....ins.

Chest measurement { Girth when fully expanded.....36.....ins.  
Range of expansion.....4.....ins.

Complexion.....Fair.....

Eyes.....Brown.....

Hair.....Light Auburn.....

Religious denominations { Church of England.....  
Presbyterian.....x.....  
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.....Dec 22nd.....1915.

Place.....Simcoe Ont.....

*W. M. Smith*  
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.

.....Herbert Baughman.....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. C. Pratt*  
(Signature of Officer)  
Lt Col in command 133 Batt C.E.F.

Date.....Dec 22nd.....1915.

ANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

I HEREBY TO CERTIFY that No. 7970 25 (Rank) Sergeant  
 Name (in full) Baughman, Herbert Francis enlisted in  
 the 133rd Battalion  
 CANADIAN EXPEDITIONARY FORCE at Sensce on the 25th  
 day of December 1915  
 HE served in England with bat 6  
& Canada  
 Demobilization.  
 and is now discharged from the service by reason of  
Medical Unfitness.

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

Age 23 yrs 2 mos  
 Height 5 ft 11 in  
 Complexion Fair  
 Eyes Brown  
 Hair Lt Auburn

Marks or Scars Scar little finger  
left hand.

H. Baughman  
 Signature of Soldier.

G. J. Shaw  
 O. C. Dispersal Station "B" Major  
 Issuing Officer.

Date of Discharge  
Sept 20/19

Rank  
 Date HALIFAX, N.S. SEP 14 1919 19.....

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

DISTRICT RECORD OFFICER,  
MILITARY DISTRICT #6,  
HALIFAX, N. S.  
EXPEDITIONARY FORCE  
CERTIFICATE

ELIGIBLE FOR CLASS "C" BADGE, NOT AVAILABLE AT TIME OF ISSUE.  
SEP 1 4 1919

OFFICER I/3 WAR SERVICE BADGES.  
CAPTAIN.

Name (in full) .....  
the .....  
CANADIAN EXPEDITIONARY FORCE at .....  
day of *December* 19*15*

HE served in *England with Ca*  
*& Canada*  
Demobilization.

and is now discharged from the service by reason of  
Medical Unfitness.

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

Age *23 yrs 2 mos*  
Height *5 ft 11 in*  
Complexion *Fair*  
Eyes *Brown*  
Hair *Lt Auburn*

Marks or Scars .....  
*Scar little finger*  
*left hand.*

*H. Baughman*  
Signature of Soldier.

*J. J. Shaw*  
O. C. Dispersal Station "B" Major  
Issuing Officer.

Date of Discharge  
*Sept 20/19*

Rank .....  
Date *HALIFAX, N. S. SEP 1 4 1919* 19.....

NB.- 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 ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

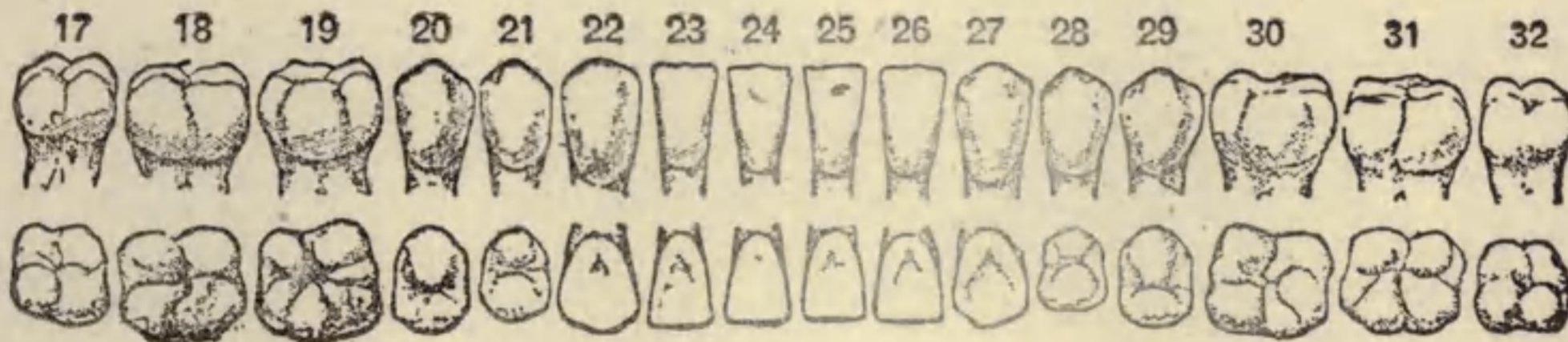
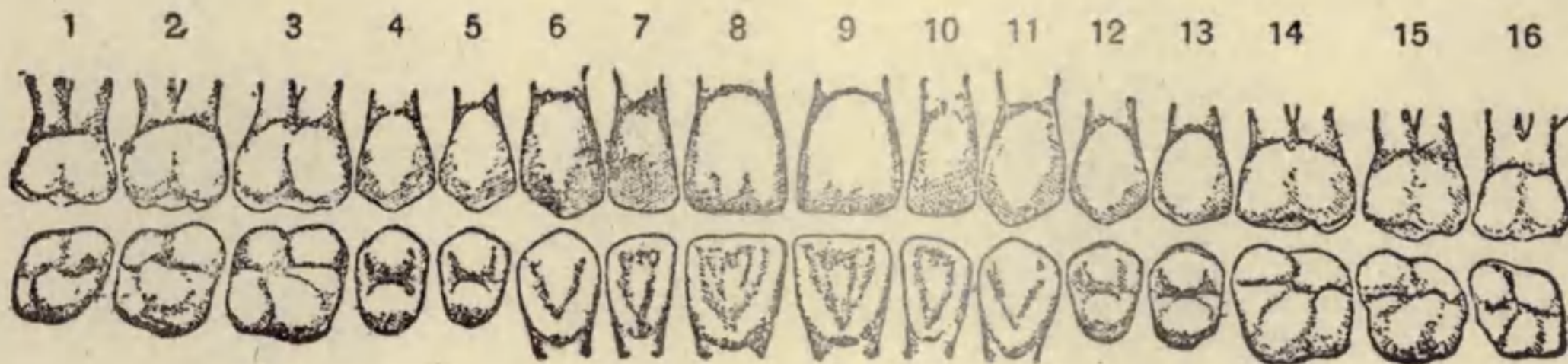
NAME OF SOLDIER (Block Letters) BAUGHMAN, H.F.

REGIMENT *Can B.* RANK *Sgt* No. *797025*

Date of Examination in England *24-7-19* Date of Examination in France

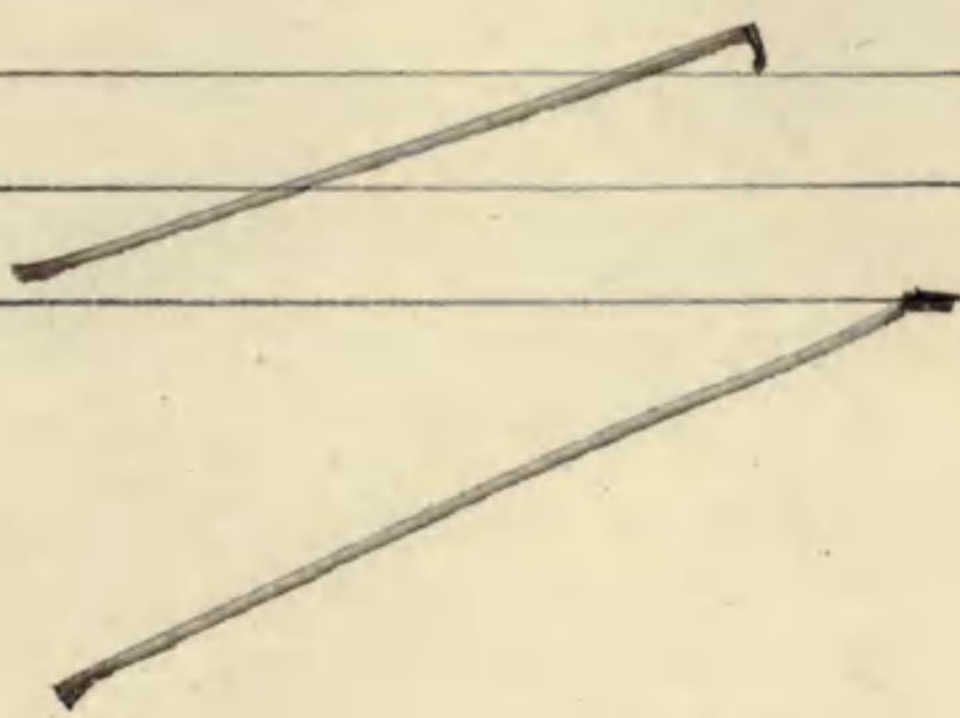
DIRECTIONS TO DENTAL OFFICERS

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
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower



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
- (c) In France

Signature of Dental Officer *A. S. S. Capet*



1911

1

1

1

1

1

1

1

1

1

123150

PROCEEDINGS OF A MEDICAL BOARD.

N.E.

*Baughman H*

Dated at..... *Dec 19* .....1916.

No. *79702* Rank *Pte* Name *Baughman Herbert*

Local Unit *2371* Overseas Unit..... Age *20*

Examination held at..... *City* .....

DISABILITY.  
Overseas—Local.  
(scratch one out)

*Performed L. test for + and for*

PRESENT CONDITION.

*complaints can not carry on in  
heavy muscling especially shoulder  
& chest caused from accident prior  
to enlistment  
BT*

*Chauffeur*

BOARD RECOMMENDS:—

*Rec trans to case M1.*

- 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.....

APPROVED

CAPT. CAMC  
FOR ADJ-GENERAL AND FOR  
G.O.C.

Signatures:—

Members

*J. A. Julian Capt*.....President.

*W. M. Lechner Capt*.....

APPROVED

19 DEC 1916

Dated at.....1916.

*J. L. Walker*

CAPT.  
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.  
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

R. 0012 (Rev. 4-54)

153130

No. Rank Name Local Unit Overseas Unit Age Examination held at

DISABILITY Overseas-Local (separate 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

Handwritten signature

APPROVED

19 DEC 1916

1916

For A.D.M.S.

# MEDICAL HISTORY SHEET.

ORIGINAL

Surname Baughan Christian Name Herbert F.

Examined { on 22nd. day of Dec. 1915  
at Simcoe

Approved by [Signature]  
Rank Major M.O.

Birthplace { City or Town Port Rowan  
County Ontario

Apparent age 19

Trade or occupation Mechanic

Height 5 Feet 11 Inches.

Weight 154 Lbs.

Chest measurement { Minimum 32 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.
<u>24-7-17</u>	<u>B</u>	<u>Stamper</u> M.O.
<u>20-11-17</u>	<u>B</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
<u>AUG 10 1918</u>		
		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>JUL 27 1918</u>		
		M.O.
		M.O.
		M.O.

Enlisted on 28th. day of December 1915 at Port Rowan

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>I33rd. Bn.</u>	<u>797025</u>		
Transferred to	<u>3rd Res Bn</u>			<u>4-1-17</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Subacute</u>	<u>Dec. 19-16</u>	<u>Deficient toes</u>	<u>P.B. Aug. 13 11</u>
<u>131 Berners St London</u>	<u>July 25/1919</u>	<u>Partial ankylosis</u>	<u>&amp; a new report</u>
		<u>l. tarsus &amp; tendons</u>	<u>B II Benj. Cohen</u>
		<u>1st metatarsophalangeal joint (l.)</u>	<u>Capt. Carr</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.



To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 133rd Bn. C.E.F.

(2) Regimental Number..... 797025

(3) Full Name of Soldier..... ~~Herbert Francis Baughman~~ BAUGHMAN, Herbert Francis

(4) Place of Birth..... Port Rowan Ont.

(5) Are you married, or not?..... No.

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

(b) Present Postal Address.....

(7) Are you a widower?..... No.

(8) Have you any children?..... No.

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

Also their names and ages.....

(9) Is your Father alive? Yes.  
If so, state name and address Alonzo Baughman, Port Rowan Ont.

(10) Is your Mother alive? Yes.  
If so, state name and address Sarah Jane Baughman, Port Rowan Ont.

(11) If your Mother is a widow no.  
Are you her sole support, or not? ---

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

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

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

(15) Are you insured? No.  
If so, in what Company? 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.

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

Date Aug. 16th 1916.

PROCEEDINGS OF A MEDICAL BOARD.

*Franghman H*

Dated at *Dec 19* 1916.

No. *797025* Rank *Pte* Name *Bayhunen Herbert*

Local Unit *23rd Reg* Overseas Unit ..... Age *20*

Examination held at *Suby etc*

DISABILITY.  
~~Overseas~~—Local.  
(scratch one out)

*Performed L. Gust for + out for.*

PRESENT CONDITION.

*complaints can not carry on in heavy marching, symptoms & claims caused from accident prior to enlistment  
B 11*

*Chauffeur*

BOARD RECOMMENDS:—

*Rec trans to case M.I.*

- 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.....*B 11*
- 5. Discharge.....

Signatures:—

Members

*Ed A. Nelson Capt* President.

*Wm. Kechnin Capt.*

APPROVED

19 DEC 1916

Dated at ..... 1916.

*S. L. Walker*

CAPT.  
FOR A.D.M.S. CANADIANS, SHORCLIFFE.  
FOR A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD

Dated at ..... 1918

15/5/18 - Bt Confirmed D.O.B. No. .... Rank .....  
 77 JUL 1918 Bt Confirmed D.O.B. Local Unit .....  
 16 SEP 1918 Bt Confirmed D.O.B. Oversea Unit .....  
 4 NOV 1918 Bt Confirmed D.O.B. Examination held at .....

DISABILITY:  
Overseas - Local  
(scribble one out)

PRESENT CONDITION

*[Faint handwritten notes and scribbles in the present condition section]*

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

just B3213

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

2531

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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 out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Herbert Francis* 2. Surname *Baughman,*
3. Rank *A/Sgt* 4. Original Unit *133<sup>rd</sup> Bn* 5. Reg. No. *797025*
6. Address, in full, to which future payments of gratuity are to be forwarded.....  
*Port Rowan, Ontario, Norfolk Co. Canada.*
7. Date of enlistment in the C.E.F. *28/12/15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent *do.*
10. Address, in full, of such dependent *do.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
12. 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:—
13. 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?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....  
*Three years 7 months.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department.....  
*NO.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *NO*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

*no.*

19. 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 and by whom paid.

*no.*

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces?

*no.*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*no.*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*yes.*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

*no.*

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

*yes.*

(b) Reason for discharge.

25. 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.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

*Desert 20/9/19*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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 in virtue of the Canadian Evidence Act.

Signature of Applicant: *H F Baughman* Questions 12, 13, 14, 20, 24, 25, 26, 27 are unanswered.

Place of Residence: *Pt Rowan, Ont.*

Declared before me at: *London, Eng.*

This *5<sup>th</sup>* day of *August* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*W W W*  
Captain  
7th Brigade General,  
Paymaster General.  
O.M.F.G.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 1/2</i>	<i>420<sup>00</sup></i>
			<i>Less</i>	<i>70</i>
				<i>350<sup>00</sup></i>

Certified Correct.

District Paymaster.

A.G.R. Rank Name BAUGHMAN, Herbert Reg'l No. 797025  
 Unit 133rd Bn. If in perm. Corps, } Married or Single Single.  
 What Unit? }  
 Place and Date of Enlistment Port Rowan, 28th Decr. 1915. Place of Birth Port Rowan, Ont.  
 Name and Address, Next-of-Kin Alonzo Baughman,

Port Rowan, Ont. Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

*Handwritten scribble*

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.				
		Arrived in England.	S. S. Lapland	11-11-16	
14-11-16	of 23rd Bn.	Taken on strength.	Dibgate	12-11-16	Pt. II O. 284
15-11-16	"	To be a. / Corp	"	12-11-16	" 285
20-12-16	"	S.O.S. on trans. to 12 Bn. Dibgate	"	DEC 1916	Pt. II, O 320
22-12-16	12th Bn	Taken on strength.	W. Sandling	20-12-16	Pt. II D.O. 344
4-1-17	"	So S. to 3rd Res Bn	"	4-1-17	" 4
4-1-17	3rd R. BN	TOS of 3RD RES BN	W. Sandling	4-1-17	PT. 2 D.O 1
<p><i>Entries should read to show on strength of C.C.M. &amp; attached to 3rd Res Bn. Auth. - Office Instructions 154-2-17</i></p>					
15-1-17	Ltd Lt. J. B. & on Com to 23rd Bn		Kessings	19-12-16	Pt. II O. 284
30-3-17	3 Res Bn	SOS to 1 COR match to 3 Res Bn	W. Sandling	30-3-17	-86

*Handwritten notes:*  
 case to be attach 23 Bn  
 20-3-17 Pt II 027  
 5/4/17 I.Q.R. 5/4/17

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.				
6/4/17	1CORD	To S. attach to 3 Res Pm W Sand		30-3-17 -28	
16.5.17	1CORD	Care to be attached to 3 Res Pm W Sand	do	12.5.17 -68	(3 Res Pm W Sand 12.5.17) 1. B.O.R.D. P. No 235 d/29/17
21.6.17	13 Res	SOS to 1CORD	do	21-6-17 169	(108. 1st. C.O.R.D. d/25/17) 1. B.O.R.D. P. No 235 d/29/17
21.6.17	3 Res	on com C.A.P.C. London	do	21-6-17 169	(108. 25/17. 1CORD) 62. P. 61 P. No 512/27/4/17
<del>12.6.17</del>	<del>1CORD</del>	<del>be attached to 3 Res Pm W Sand</del>	<del>do</del>	<del>12.5.17 P. No 129</del>	<del>erron. Report</del>
25-9-17	1 B.O.R.D.	S.O.S. to C.A.P.C.	"	21-6-17 P. No 203	
5.10.17	62. P. 61	S.O.S. from 1. B.O.R.D. of Lt. London	do	21.6.17 22.9.17	236 } P. No 260 d/21/17
5.10.17	do.	Reverts to P. in transfer of Lt. London	do	21.6.17 22.9.17	236 }
10.4.18	C.A.P.C.	App'd. of Sgt. Clerk. P. with pay etc.	do	1.4.18	73. wms.
6.8.19	CAPE 1	S.O.S. to M. Wing	do	6.8.19 -178.	
15.8.19	g. l. l. l.	S.O.S. to M. Wing	✓	15.8.19 10087	

10 19 RECORDS SOS TO CANADA LDN 6-9-19. A0.4

Canada 103. B. 28 6/9/19.

Fill 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 Bn. C.E.F.

Regimental No. 797025 Rank Private Name Baughman Herbert *F*

C. E. F.

Enlisted (a) 28-12-15 Terms of Service (a) Duration of War. Service reckons from (a) 28-12-15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Sergeant. Mechanic.

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	OC. 133rd Bn.	Transferred to 23rd Bn.	Dibgate	12-11-16	Pt. II, 261
12-11-16	23rd Bn.	Taken on strength from 133rd Battalion.	Dibgate	12-11-16	Lieut., For OC. 133rd Bn. D.P. II O. 282
15-11-16.	23rd Bn.	Appointed A/Corporal	Dibgate	12-11-16	D.P. II O. 285
20.12.16.	23rd Bn.	Transferred to 12th Bn. West Sandling		20.12.16.	D.P. II O. 320
					Lieut. for O.C. 23rd Battalion, C.E.F.
22.12.16	12th	Taken on Strength 12th Bn. W. Sandling		20.12.16.	Pt. III. 344.
4.1.17.	12th	Transferred to 3rd Res. Bn. W. Sandling		4.1.16.	Pt. II. 4.

*J. S. Rutley*  
Capt & Adjutant

(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.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

Sheet No. 2.

*Bank Hamilton*

OVERSEAS CONTINGENTS

Name of Soldier

*Baughman Herbert*

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

PAYMENTS.

*797025*

*sgt*

*133 Batt*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20<sup>00</sup> 15<sup>00</sup> April 1/17.</i>
				<b>NOV 1 1916</b>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
<i>H.M.S.</i> Nov.		<i>J 30338</i>	<i>20</i>	
Dec.		<i>U. 34735</i>	<i>20</i>	
Jan. <i>Bl.</i>	1917	<i>B 37052</i>	<i>20</i>	
Feb.		<i>B 42724</i>	<i>20</i>	<i>20 R</i>
March		<i>B 49662</i>	<i>20</i>	<i>20 R</i>
April		<i>C 653</i>	<i>20</i>	<i>20 R</i>
May		<i>B 6373</i>	<i>10</i>	<i>10<sup>00</sup> May to adjust 16/11/17 500</i>
June <i>15<sup>00</sup></i>		<i>F 13321</i>	<i>15</i>	<i>15<sup>00</sup> June + future</i>
July		<i>C 19743</i>	<i>15</i>	<i>15</i>
Aug.		<i>E 27246</i>	<i>15</i>	<i>15</i>
Sept.		<i>E 34032</i>	<i>15</i>	<i>15</i>
Oct.		<del><i>N 47325</i></del>	<del><i>15</i></del>	<i>15</i> <i>to a/c stopped 1/17 - 18/17</i> <i>N 47325 cancelled</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1960

120  
60

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Bank of Hamilton*  
 Address *Port Rowan*  
*out*

By Whom Assigned *Baughman Herbert*  
 Regtl. No. *797025*  
 Rank *Sgt*  
 Corps *133 Batt*

Rate ~~20xx~~  
*95.00 April 1/17.* NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2. m - 9/3/17 F.P.C. 16/4/17.</i>
Sept.				<i>Stop payments 1<sup>st</sup> Oct. 1917</i> <i>3 M 17/17 - 18/17</i> <i>"Personal reasons"</i>
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



No. 797025.

RANK *Pte. Sgt.*

NAME *Baughman Herbert*

T. O. S. *28-12-15 (20.10.15)* UNIT *133rd. Battalion C. I. F.*  
*29-12-15.*

M. D. *1.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915- Dec. 28th</i>	<i>1915. Dec. 31st</i>	<i>✓</i>		
<i>1916. Jan.</i>	<i>1916.</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>	<i>Prom. Cpl. 11-4-16.</i>	<i>D.O. 88 of 12-4-16.</i>
<i>May.</i>		<i>✓</i>	<i>" Sgt. 1-6-16.</i>	<i>D.O. 123 of 26-5-16.</i>
<i>June.</i>		<i>n.</i>		
<i>July.</i>		<i>n.</i>		
<i>Aug.</i>		<i>n.</i>		
<i>Sept.</i>		<i>n.</i>		
<i>Oct.</i>		<i>n.</i>		

**UNIT SAILED**  
**OCT 30 1916**



SURNAME.

*Baughman*

B6 CARD NO. ✓  
Sod 20-9-19  
FOLL *Dumb*

CHRISTIAN NAMES

*Herbert*

REGL. No.

*497025*

RANK

~~Pte~~ *Sgt*

*20261 18/9/19. 650*  
*Bw.*

UNIT

*133<sup>rd</sup>*

FORMER CORPS

*89<sup>th</sup> Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Baughman Alongo*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Port Rowan, Ont.*

COUNTRY OF BIRTH

*Canada, Port Rowan, Ont*

DATE

*May, 22<sup>nd</sup> 1896.*

PLACE OF ATTESTATION

*Port Rowan, Ont.*

DATE

*Dec, 28<sup>th</sup> 1915.*

*Sailed from Halifax Per. S. S. Lapland.*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Mechanic*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*19*

YEARS

—

MONTHS

HEIGHT

*5*

FEET

*11*

INCHES

CHEST MEASUREMENT

*36*

INCHES

EXPANSION

*H.*

INCHES

COMPLEXION

*Fair*

EYES

*Brown*

HAIR

*Light Brown*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Simcoe, Ont.*

DATE

*Dec, 22, <sup>nd</sup> 1915.*

*Present Address - Port Rowan, Ont.*

Herb  
Number 797025

Rank

a/sgt

Surname

BAUGHMAN

Christian Name

Herbert-

Units

193<sup>rd</sup> Bn Can Div Theatre of War England

Date of Service

11-11-16.

Remarks

Latest Address

Post Rowan. Aust.

Roll No.

A Page 4031

200m.-6-21.



DESP. FEB 24 1923

REGN. NO. 38495

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*April 1/17* ~~Nov 1-16~~

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15-			
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*"Bank Account For Credit"*

## PARTICULARS OF SEPARATION ALLOWANCE

No. *797025*  
 Rank *Sgt.* Promoted Reverted Discharge  
 Soldier's Name *Herbert Baughman*  
 Battalion *133 BATTN.*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Bank of Hamilton*  
 Address *Port Rowan, Ont*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept. 30-17</i>			<i>190</i>	<i>\$190.00</i>	<i>1055-17-4</i> <i>\$20 from Nov. 1-16 to April 1-17 future \$5-2m. 9<sup>3</sup>/<sub>17</sub></i> <i>a/c stopped 30/9/17 HM-18/10/17</i> <i>3M 17<sup>10</sup>/<sub>17</sub></i> <i>Stewart 2/11/17</i> <i>\$20<sup>00</sup> Nov 1-1916</i> <i>15<sup>00</sup> April-1917 2M 9<sup>3</sup>/<sub>17</sub></i>
					<i>A/c Closed Mimmekahda</i> <i>Ret'd per</i> <i>Date 14/9/19 M.F.W. 18/23/19</i> <i>Clerk J.M.D. 6 J. Galvin</i>



**LIST OF DISCHARGE DOCUMENTS.**


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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M) )
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 54).
14. War Service Gratuity (Form M.F.W. 2595).
15. Seizing documents.

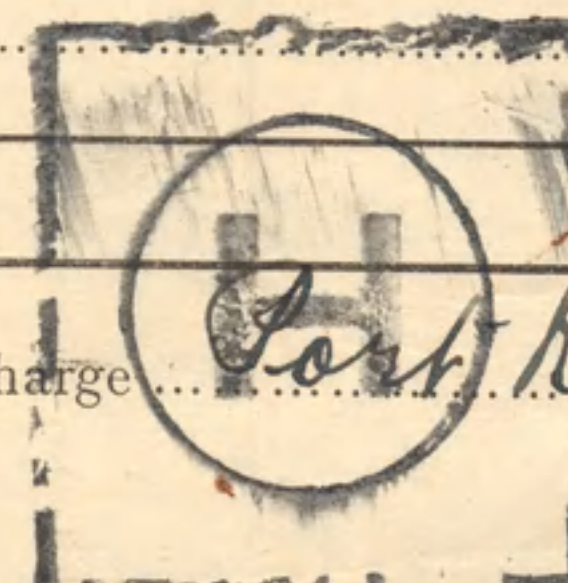
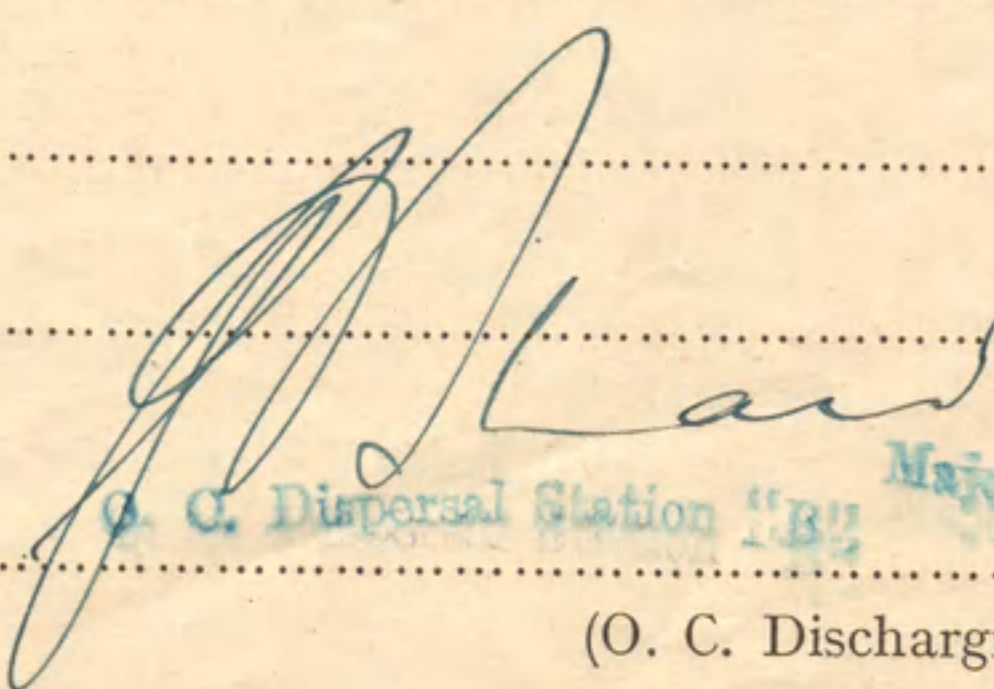
Group..... *B*

Checked by No. *116*

Date..... *4 SEP 1919*

*Service Group. 26*  
*Occupational Group. 3.*  
*D. A. B.*  


SHORT FORM.  
**PROCEEDINGS ON DISCHARGE.**  
 (Demobilization.)

1. No. <i>797025</i>	
2. Rank. <i>A/Serqant.</i>	
3. Name. <i>Baughman Herbert Francis.</i>	
4. Unit. <i>Can. Army Pay Corps.</i>	
5. Date of Discharge	Place
<i>20.9.19.</i>	<i>Halifax.</i>
6. Reason for Discharge <i>Demobilization</i>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 MEDICAL DOCUMENTS                  FORWARDED TO                  S. C. R.                  B. P. C.                  ON <i>1.10.19.</i> </div>	
7. Authority.	
8. Proposed Residence after Discharge <i>Port Rowan Ont Canada.</i>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? .....  <div style="text-align: right; margin-right: 50px;"> <i>H. F. Baughman</i>                      Signature of Soldier.                 </div>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... <i>SEP 14 1919</i> Date .....  <div style="text-align: right; margin-right: 50px;">                       Signature.....                      (O. C. Discharging Unit.)                 </div>	

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.

concur except Sect. 8, state "Partial ankylosis left tarsus"  
Q.9(a) great toe of inner surface left foot is hyperaemic & very tender over 1st metatarsophalangeal joint. Loss of degree dorsiflexion of left foot in 25g

19. Is the invalid fit for

- |  |                           |            |
|--|---------------------------|------------|
| (a) General service,                           | (Category A) (Yes or No.) | No.        |
| (b) Service abroad, not general service,       | ( " B) (Yes or No.)       | Yes: "B11" |
| (c) Home service (Canada only),                | ( " C) (Yes or No.)       | N.A.       |
| (d) Temporarily unfit.                         | ( " D) (Yes or No.)       | No.        |
| (e) Unfit for service in Categories A, B and C | ( " E) (Yes or No.)       | 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.)

Boards for return to Canada. Auth. A.G. Tel. 9083 of 11-11-18.

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

PLACE 15, Berners st. London, W.1. (Sgd.) HAROLD BUCK, Major CAMC President.  
B. COHEN, Capt CAMC Members  
DATE 25-7-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which 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 **CERTIFIED TRUE COPY**  
DATE  
APPROVED BY [Signature] APPROVED BY  
Assistant Director of Medical Services. Director-General of Medical Services.  
DATE  
Captain, C.A.M.C.  
for A.D.M.S., Canadians London

ASSISTANT DIRECTOR OF MEDICAL SERVICES  
LONDON AREA  
DATE  
JUL 28 1919  
15, BERNERS ST, LONDON, W.1

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION LONDON DATE 15.7.19

1. 1 (a) Unit C.A.P.C. (b) Regimental No. 797025 (c) Rank A/Sgt.  
(d) Surname BAUGHMAN (e) Christian name Herbert  
(f) Home address Port Rowan, Can.  
(g) Next of Kin Mr. A. Baughman (h) Relationship Father  
(i) Address of Next of Kin As above.
2. Age last birthday 23 Date of birth 22.5.19
3. Enlistment, or Appointment (if an Officer) (a) Place Simcoe, Ont. (b) Date 28.12.15.
4. Personal description:  
(a) Height 6' 0" (b) Weight 147 (c) Complexion Fair  
(d) Colour of hair Fair (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar little finger left hand.
5. Former trade or occupation Salesman.

Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	PERIODS	
	Years	Days
	<u>3</u>	<u>154</u>

	PERIODS	
	From	To
Canada <u>Statement</u>	<u>28.12.15</u>	<u>25.10.16</u>
England	<u>25.10.16</u>	<u>-</u>
France or other theatres of War	<u>Nil</u>	<u>-</u>

7. Original disease, or injury Contusion left foot.
- (a) Date of origin Feb. 1914. (b) Place of origin Ont. Canada.  
(c) Cause Accident. Crushed between two railway cars.

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.)

Partial Ankylosis of Tarsal Bones Moderate weakness left foot  
Inability to march.

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

Objective Partial ankylosis of tarsal bones left foot. Extension of left foot is limited to about 25% of normal. Flexion only occurs at the ankle joint and not at intertarsal joints. Cannot stand on toes of left foot.  
Subjective. Can walk about a mile at his own time. Foot becomes painful after short walk.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no. (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 yes Any other general condition no.  
Terminal phalanx of 2nd toe left foot amputated.

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

Injured foot in railway accident 1914. Condition of foot is about the same now as on enlistment.  
Doe. Boarded Bll. Diggate 19.12.16. Deformed foot.

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

none.

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

as in 4 (f) & Terminal Phalanx 2 left toe amputated

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

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

no.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) no.  
The regimental documents will be referred to.

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

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

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

none

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

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

17. Recommendations N.A.

*E. M. Muthland Capt R.A.M.C.*  
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 *H. F. Baughman* 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.F.*

*Herbert F. Baughman*  
Signature of invalid examined.

P. 889  
 MARRIED OR SINGLE  
 PLACE OF BIRTH  
 NAME AND ADDRESS OF NEXT OF KIN  
 Relationship of Next of Kin  
 NAME AND ADDRESS OF NEXT OF KIN  
 Relationship of Next of Kin  
 SEPARATION ALLOWANCE MONTHLY \$  
 EFFECTIVE (DATE)  
 PAYABLE TO  
 NAME OF HOSPITAL  
 A. DATE ADMITTED  
 B. DATE DISCHARGED OR  
 C. DATE OF DEATH  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 28-9-17  
 EFFECTIVE 1-10-17  
 REASON AND AUTHORITY  
 DISCHARGE DATE AND PLACE  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

CASUALTIES, PROMOTIONS, Etc

PARTICULARS	DATE	AUTHORITY
Appointed as Corp	12/11/16	Bo 285
Appointed as Sgt	2-9-16	Bo 286
Recomm'd to next pay	21-6-17	Bo 280
	1-4-18	0083

DATE	NO. OF DAYS	AMOUNT	C.	NO. OF DAYS	AMOUNT	C.	NO. OF DAYS	AMOUNT	C.
Nov 1-11 1916	11	14.85	11.15	1.65					
Nov 13-30 1916	19	20.90	19.10	1.90					
Dec 1-31 1916	31	34.10	31.10	3.00					
Jan 1-31 1917	31	66.5							
Feb 1-31 1917	31	37.00							
Mar 1-31 1917	31	37.00							
Apr 1-30 1917	30	36.00							
May 31 1917	31	37.00							
Jun 30 1917	30	36.00							
Jul 31 1917	31	37.00							
Aug 31 1917	31	37.00							
Sep 30 1917	30	36.00							
Oct 31 1917	31	37.00							
Nov 30 1917	30	36.00							
Dec 31 1917	31	37.00							
Jan 31 1918	31	37.00							
Feb 28 1918	28	35.60							
Mar 31 1918	31	37.00							
Apr 30 1918	30	36.00							
May 31 1918	31	37.00							
Jun 30 1918	30	36.00							
Jul 31 1918	31	37.00							
Aug 31 1918	31	37.00							
Sep 30 1918	30	36.00							
Oct 31 1918	31	37.00							
Nov 30 1918	30	36.00							
Dec 31 1918	31	37.00							
Jan 31 1919	31	37.00							
Feb 28 1919	28	35.60							
Mar 31 1919	31	37.00							
Apr 30 1919	30	36.00							
May 31 1919	31	37.00							
Jun 30 1919	30	36.00							
Jul 31 1919	31	37.00							
Aug 31 1919	31	37.00							
Sep 30 1919	30	36.00							
Oct 31 1919	31	37.00							
Nov 30 1919	30	36.00							
Dec 31 1919	31	37.00							
Jan 31 1920	31	37.00							
Feb 28 1920	28	35.60							
Mar 31 1920	31	37.00							
Apr 30 1920	30	36.00							
May 31 1920	31	37.00							
Jun 30 1920	30	36.00							
Jul 31 1920	31	37.00							
Aug 31 1920	31	37.00							
Sep 30 1920	30	36.00							
Oct 31 1920	31	37.00							
Nov 30 1920	30	36.00							
Dec 31 1920	31	37.00							
Jan 31 1921	31	37.00							
Feb 28 1921	28	35.60							
Mar 31 1921	31	37.00							
Apr 30 1921	30	36.00							
May 31 1921	31	37.00							
Jun 30 1921	30	36.00							
Jul 31 1921	31	37.00							
Aug 31 1921	31	37.00							
Sep 30 1921	30	36.00							
Oct 31 1921	31	37.00							
Nov 30 1921	30	36.00							
Dec 31 1921	31	37.00							
Jan 31 1922	31	37.00							
Feb 28 1922	28	35.60							
Mar 31 1922	31	37.00							
Apr 30 1922	30	36.00							
May 31 1922	31	37.00							
Jun 30 1922	30	36.00							
Jul 31 1922	31	37.00							
Aug 31 1922	31	37.00							
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Oct 31 1922	31	37.00							
Nov 30 1922	30	36.00							
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Jan 31 1923	31	37.00							
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Mar 31 1923	31	37.00							
Apr 30 1923	30	36.00							
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Oct 31 1923	31	37.00							
Nov 30 1923	30	36.00							
Dec 31 1923	31	37.00							
Jan 31 1924	31	37.00							
Feb 28 1924	28	35.60							
Mar 31 1924	31	37.00							
Apr 30 1924	30	36.00							
May 31 1924	31	37.00							
Jun 30 1924	30	36.00							
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Dec 31 1924	31	37.00							
Jan 31 1925	31	37.00							
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Mar 31 1925	31	37.00							
Apr 30 1925	30	36.00							
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Sep 30 1925	30	36.00							
Oct 31 1925	31	37.00							
Nov 30 1925	30	36.00							
Dec 31 1925	31	37.00							
Jan 31 1926	31	37.00							
Feb 28 1926	28	35.60							
Mar 31 1926	31	37.00							
Apr 30 1926	30	36.00							
May 31 1926	31	37.00							
Jun 30 1926	30	36.00							
Jul 31 1926	31	37.00							
Aug 31 1926	31	37.00							
Sep 30 1926	30	36.00							
Oct 31 1926	31	37.00							
Nov 30 1926	30	36.00							
Dec 31 1926	31	37.00							
Jan 31 1927	31	37.00							
Feb 28 1927	28	35.60							
Mar 31 1927	31	37.00							
Apr 30 1927	30	36.00							
May 31 1927	31	37.00							
Jun 30 1927	30	36.00							
Jul 31 1927	31	37.00							
Aug 31 1927	31	37.00							
Sep 30 1927	30	36.00							
Oct 31 1927	31	37.00							
Nov 30 1927	30	36.00							
Dec 31 1927	31	37.00							
Jan 31 1928	31	37.00							
Feb 28 1928	28	35.60							
Mar 31 1928	31	37.00							
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Oct 31 1928	31	37.00							
Nov 30 1928	30	36.00							
Dec 31 1928	31	37.00							
Jan 31 1929	31	37.00							
Feb 28 1929	28	35.60							
Mar 31 1929	31	37.00							
Apr 30 1929	30	36.00							
May 31 1929	31	37.00							
Jun 30 1929	30	36.00							
Jul 31 1929	31	37.00							





NUMBER 797025 RANK

NAME BAUGHAMAN Ho.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan 31	1325	173 85			175 20				3 20		
		103 85							107 05		
Feb 28	335	277 70			175 20						
		93 80		AR 2944 10.1.19 Ho	53 53				147 32		
				AR 17856 28.1.19 -	53 53				93 79		
				Akenitana VC 15037 24/19	10				83 79		
				AR 34392 15.2.19 - Ho	43 80				39 99		
				AR 42454 28.2.19	38 93				1 06		
Mar		103 85							104 91		
				AR 49743 15.3.19	53 53				51 38		
				AR 52956 31.3	48 67				2 71		
		197 65		301-99	301 99						
Apr 30	335	100 50							103 21		
				AR 62182 15.4.19	53 53				49 68		
				AR 66111 30.4.19	48 67				1 01		
May Pra		103 85		AR 69369 15.5.19	43 80				61 96		
				Spa Remits C 13607 14.4.19	10				57 06		
				AR 72033 30.5.19	43 80				7 26		
June Pra		204 35			199 80				107 96		
		100 50		AR 74640 14.6.19	43 80				63 96		
				AR 76978 28.6.19	43 80				20 16		
July Pra		103 85		Carry over from May	87 60				124 01		
		204 35		AR 49985 1.8.19	43 80				80 21		
Aug Pra		57 35		white holder of ship					146 56		
	6 days subs 1.6. 616.19	9									
		64 35							107 63		
				AR 3393 14/8/19 Indorsed Withy	38 93						
					38 93				58 96		
				AR 3496 25/8/19 D- D-	48 67				44 36		
				AR 4344 2/9/19 D- D-	14 60						
					63 27						



