

REGIMENTAL DOCUMENTS

NAME ALLCORN, PHILIP LESLIE REG. NO. 2522689 UNIT 19th Butts H. Q. FILE NO. 5849

M

TO WHOM FORWARDED

CONTENTS

DATE RECEIVED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*and Demol
med. unfit*

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51) *3*

CASUALTY FORM (M.F.W. 54 or A.F.B. 103) *2*

TRAINING HISTORY SHEET (M.F.W. 113) *Rec sheet*

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) *1*

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) *1*

DENTAL HISTORY SHEET (M.F.B. 465) *2*

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) *1*

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) *1*

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

cas card

1 afw 3997

1 mow 192

1 misc

pay sheets

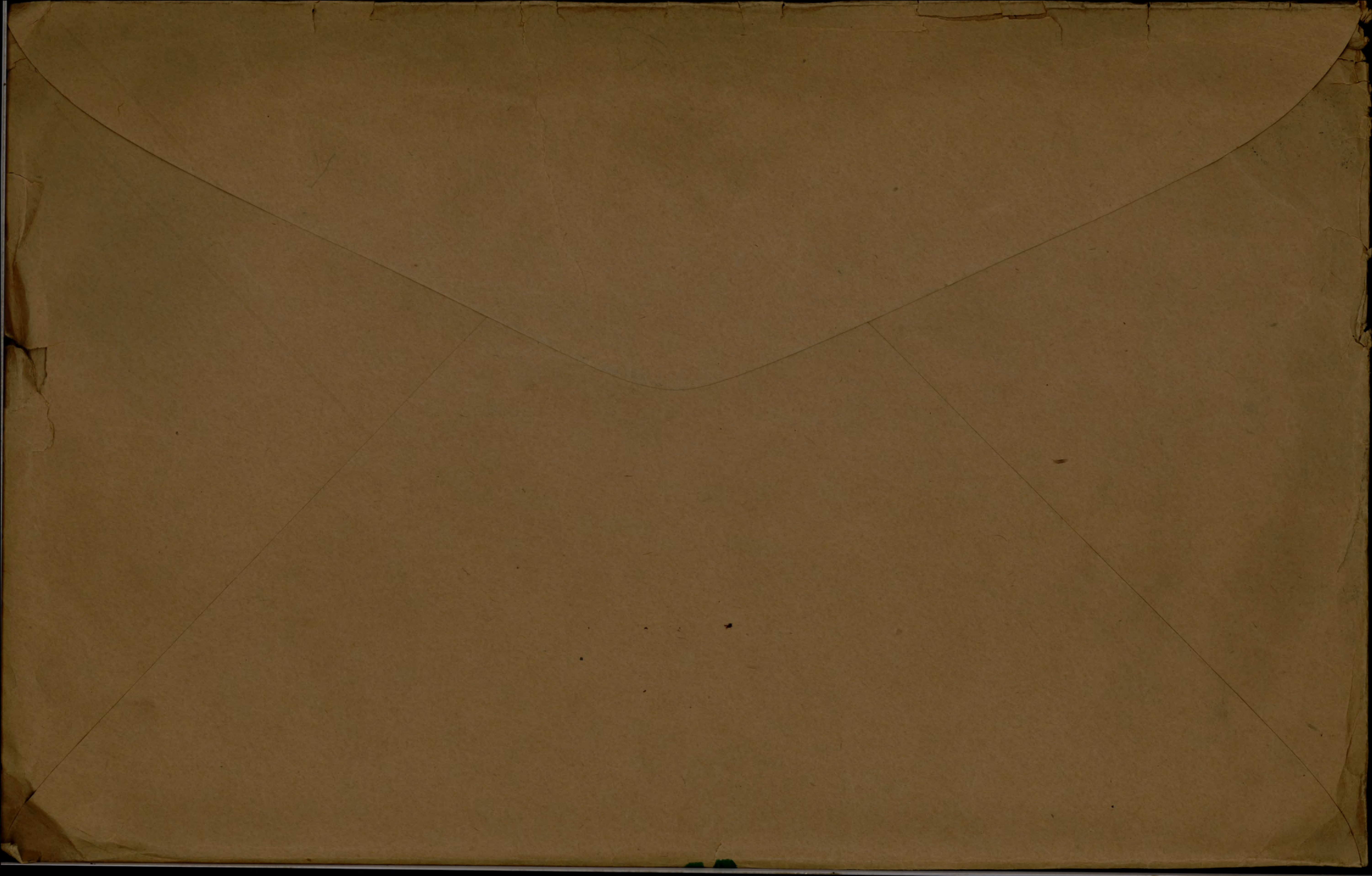
1912

22-23

22-23

32-23

1



ORIGINAL

No. 2522689

Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Allcorn
1a. What are your Christian names?	Philip Leslie
1b. What is your present address?	163 Vinet Street, Montreal. Que
2. In what Town, Township or Parish, and in what Country were you born?	Maidstone, Eng.
3. What is the name of your next-of-kin?	Mr. S.H.M Allcorn
4. What is the address of your next-of-kin?	163 Vinet St. Montreal.
4a. What is the relationship of your next-of-kin?	Father <i>James</i>
5. What is the date of your birth?	19th October 1897
6. What is your Trade or Calling?	Chief Clerk
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No } <i>Re</i>
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No } <i>Re</i>
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..	No
14. If so, what was the nature of the disability?	Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..	No
16. If so, what was the reason?	Not applicable

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Philip Leslie Allcorn, 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.

Philip Allcorn (Signature of Recruit)

Date 20th April 1918. *A. Blumberg* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Philip Leslie Allcorn, 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.

Philip Allcorn (Signature of Recruit)

Date 20th April 1918. *A. Blumberg* (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 Montreal this 20th day of April 1918.

Mr. M. J. ... (Signature of Justice)

Description of Philip XXXX Leslie Allcorn on Enlistment.

Apparent Age...20.....years.....6.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....10.....ins.

Chest measurement { Girth when fully expanded.....35.....ins.
Range of expansion.....2.....ins.

Complexion Fair

Eyes Gray

Hair Fair

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

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

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

R. D. = 20
L. D. = 20
R. EAR 2
L. EAR 2

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*.....for the Canadian Over-Seas Expeditionary Force.

Date.....191.....

Place.....

*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:—

Declared FIT by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. 44

Medical Officer.

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

Philip Leslie Allcorn.....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.

(Signature of Officer)

Date.....20th April.....1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2522689 (Rank) Gunner

Name (in full) ALLCOCK, Philip Leslie. enlisted in

the 79th. Battery. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Montreal. QUE on the 20th.

day of April 19 18.

HE served in FRANCE

and is now discharged from the service by reason of ON DEMOBILIZATION. MEDICALLY UNFIT FOR GENERAL SERVICE.

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

Age 21 years

Height 5 feet 11 inches.

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

NONE.

Philip L. Allcock
Signature of Soldier

[Signature] Captain,
Officer Issuing Officer Section, District Depot No. 4.

Date of Discharge October 27th. 1919.

Rank

Appointment

Signed at MONTREAL. QUEBEC. this 27th. day of October 19 19

in Military District No. 4.

File Reference No. DD4 19-A-333.

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

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

CASE HISTORY SHEET.

MILITARY Hospital. Ste Anne de Bellevue Station.
 No. 2522689 Rank Gunner Name Allcorn, Phillip, L. Age 21
 Unit D.D.4-C.F.A Completed years of service ^{Where and how long} C.9/12- E.3/12- F.4/12.
 Date of admission 26.7.19- 12.8.19. Date of discharge 26/8/19 OCT 24 1919
 Diagnosis Pleurisy with Effusion. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Enlisted April 1918. Well until January 26th 1919, had Influenza, Bronchitis, and Pleurisy. On February 5, 1919 had 50 ounces fluid withdrawn from left side of chest. At present has no cough but gets dyspnoea and palpitation on slight exertion. Appetite good.

Urine: Negative.

Col. Browne: Thorax - narrow, sub-costal angle 45° . Expansion equal and ample. Percussion note not impaired in front. Breath Sounds vesicular throughout. Behind: Impaired percussion note at left base with breath sounds faint and vesicular. No adventitious sounds.

X-Ray: Apices clear. Hila slightly enlarged. Uniform density in left base. Diaphragm not visible. Costo-diaphragmatic sulcus obliterated.

Heart: Pulse regular in rate and rhythm and tension. Relative Cardiac Dulness within normal limits.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Sounds normal. On exertion there is subjective and objective dyspnoea. No irregularity. No murmurs. Rate increases from 72 to 130, but returns in 36 seconds to normal.

TREATMENT 22.8.1919: Recommend discharge to Unit Cat. "C".

(Especially any specific or special form.)

J. R. Carter

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

1. Name of patient: _____

2. Date of birth: _____

3. Sex: _____

4. Address: _____

5. Telephone: _____

6. Date of admission: _____

7. Referring physician: _____

8. Chief complaint: _____

9. History of present illness: _____

10. Past medical history: _____

11. Family history: _____

12. Social history: _____

13. Physical examination: _____

14. Laboratory studies: _____

15. Pathologic studies: _____

16. Differential diagnosis: _____

17. Final diagnosis: _____

18. Treatment: _____

19. Prognosis: _____

20. Discharge instructions: _____

21. Follow-up: _____

22. Comments: _____

23. Signature of physician: _____

24. Date of signature: _____

25. Signature of nurse: _____

26. Date of signature: _____

27. Signature of pharmacist: _____

28. Date of signature: _____

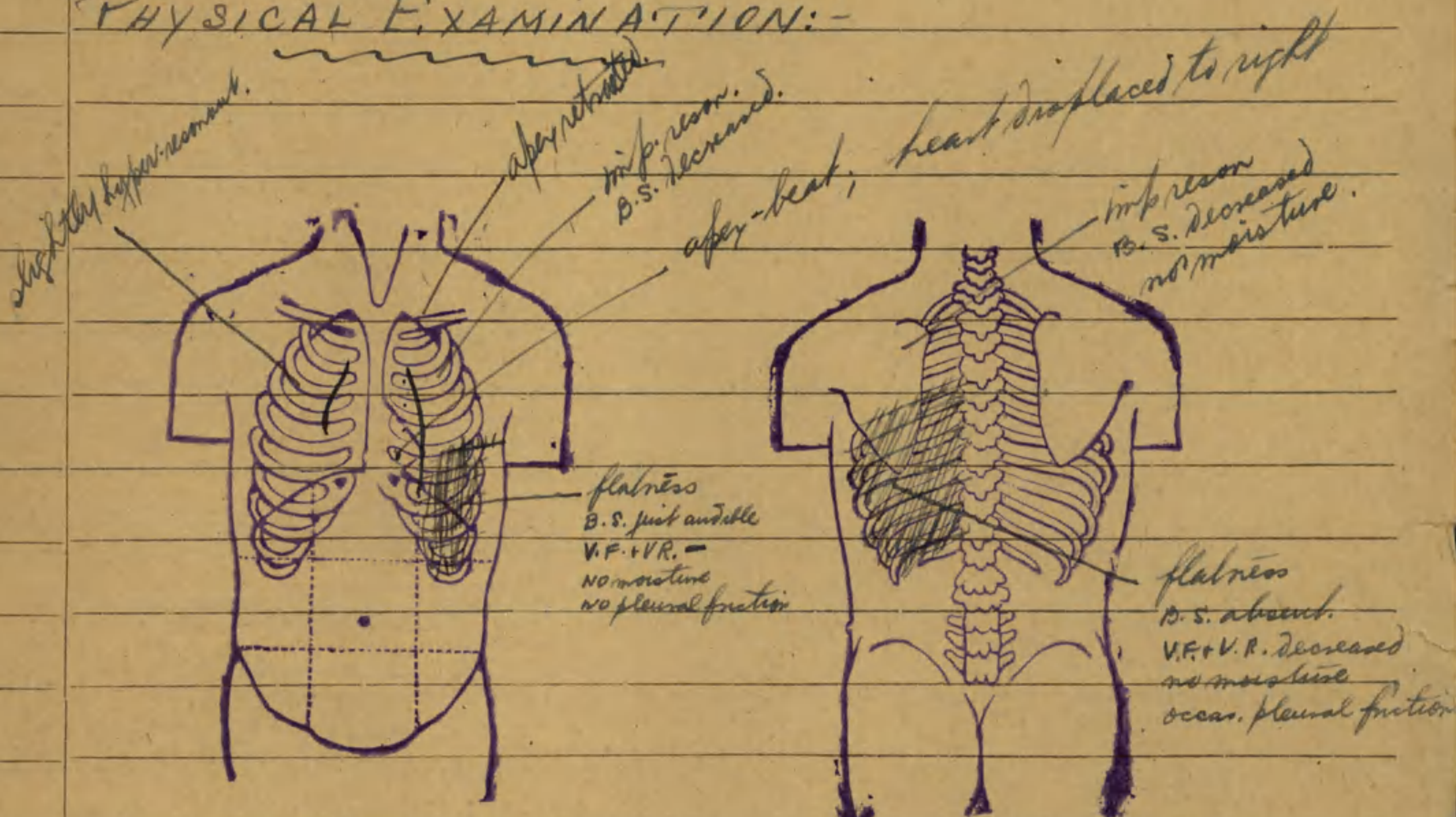
29. Signature of dietitian: _____

30. Date of signature: _____

PRESENT CONDITION:

- slight fever; no expectoration. After 4 days was sent to Hospital, see above. On admission to #16 C. F. H. feels fairly fit; no cough; no fever.

PHYSICAL EXAMINATION:-



Chest: expansion $2\frac{1}{2}$ "; changes in L. chest as above.

Heart: displaced; too far sound heard over praecordium, varies with respiration in intensity + regularity; extra-cardiac; not localised to any definite spot.

No glandular enlargement.

Looks pale; general weakness, rather nervous.

J. Samuel. Capt.

To remain in bed. Further examination by

To be boarded I. T. C.

Exam of chest - Right Left - From 5th rib dulness, heard distant & V.F. - from 7th dorsal spine to 9th rib dulness, heard distant; from 9th d. s. marked dulness, heard distant.

M.F.B 227 referred to C.

Blenny & Effusion
R. Weston Capt. H.M.C.

22-4-19.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2522689	Cpl.	Allcorn	E. L.
Year	Unit.	Age.	Service.	
1919	C.Dac	21	12/12	
Station and Date.	Disease			
	Pneumonia Pleurisy & effusion.			
16.2.19	FAMILY HISTORY:			
	- unmarried			
	- next of kin: - S. H. Allcorn, 99 Selby Ave, Montreal, Can. (father.)			
	- no history of any chest condition.			
	PERSONAL HISTORY:			
	- born 19 Oct 1897, England.			
	- occupation: book-keeper.			
	- always had good health.			
	- no operations			
	MILITARY HISTORY:			
	- enlisted April 1918, Canada.			
	- to France Oct 1918.			
	- not wounded nor felled.			
	- 26.1.19 reported sick 50 C.C.S.			
	- 31.1.19 #83 Gen Hosp, diagnosed "pleurisy & effusion". From l. of scapula downward on L. side, complete dullness & absence of B.S. & F. Heart pushed to R, visible pulsation 2" x 3" R. spaces. Aspirated 350 clear straw colored fluid with drain. Improving.			
	PRESENT CONDITION:			
	gradual onset; about 22 Jan 1919, complained of: shortness of breath, increasing daily, weakness, cough,			

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

NAME OF SOLDIER.

REGIMENT.

RANK.

Chas.

No.

No. 68-22689



INSTRUCTIONS

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

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

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

[illegible]

THE UNIVERSITY OF CHICAGO

CASE HISTORY SHEET.

Phililany Hospital. St. Anne de Bellevue Station.
 No. 2522689 Rank Cmr. Name Allcorn, Phillip L. Age 21
 Unit DDY - C7.9. Completed years of service C 9 5 3 F 1/2
 Date of admission 26-7-19 / 12-8-19 Date of discharge 26-1-19 OCT 24 1918
 Diagnosis Pleurisy & effusion Place of origin Trinidad

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Entered Apr 1918. been
 mounted June 1919 for influenza & bronchitis.
 & pleurisy on 26-7-19. had 50 cc fluid & some
 from left upper chest. at present - has no cough,
 but gets dyspnoea & palpitation on slight exertion.
 Appetite good.

Young, unexposed.
Cal. born.

Throat narrow subcostal angle 45°. Expansion equal &
 ample. R.N. not impaired in front - R.D. normal
 though faint. Behind impaired R.N. at left base & R.D.
 faint & irregular. No adventitious sounds.

R.L. apex clear. Hila slightly enlarged. Uniform
 density in left lung. Diaphragm not visible. Costal
 diaphragmatic sulcus obliterated.

Heart: Pulse regular in rate & rhythm. Slight enlargement.
 R.C.D. is as normal limit. Some normal

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)
 In relation, there is subjective & objective dyspnoea.
 no irregularity as mentioned. Rate increases
 from 72 to 130 but returns in 36 sec & normal.

TREATMENT

(Especially any specific or special form.)

Rec. discharge to Unit Cat "C."

John H. Ladd.

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

That this report is the result of a
visit to the site of the
project on the 10th of June 1964.
The site is situated on the
left bank of the river
about 1/2 mile from the
village of ...

For further details see
the report of the ...

Dr. ...

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Philip Leslie* 2. Surname *McCorm*
3. Rank *Private* 4. Original Unit *1st D.A.C. - C.F.A.5.* Reg. No. *2222689.*
6. Address, in full, to which future payments of gratuity are to be forwarded
99 Pelley Ave.
Westmount Que.
7. Date of enlistment in the C.E.F. *April 20th 1918*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent *NOT APPLICABLE*
10. Present address, in full, of such dependent *NOT APPLICABLE*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *N.A.*
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:—
With Artillery Reserve in England
C.F.A. (1st D.A.C.) in France
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? *NO*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service
— N.A. —
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
Enlisted April 20th 18
to England June 20-18 to France Oct 8-18.
to Canada July 25-19.
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.....
.....
.....
.....

NOT APPLICABLE
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
..... 1st months gratuity
..... from discharge depot
20. Have you been issued with a War Service Badge? If so, what class? A-397425 & B 69/30
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 NO
(b) If so, was such reversion in consequence of misconduct or inefficiency? N.A.
24. Are you now serving in the C.E.F. NO If not, give:—(a) Date of discharge
..... October 27-19 (b) Reason for discharge
..... Unit for general service
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 NO
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
..... yes with 1st G.A.B
..... from Oct 10th to Jan 26-19
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? NO
(b) If so, are you in receipt of full pay and allowances from that Department? NO

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: Philip Leslie Allison

Place of Residence: 99 Selby Ave Westmount

Declared before me at: Montreal

This 24 day of Nov 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. James Miller
A Commissioner of the Superior Court for the Province of Quebec.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....				
.....				
.....				
Certified Correct.				
District Paymaster.				

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

79TH BATTERY, C.E.F.

Regimental No. 2522689 Rank *Gray* Name *Allcorn, Philip Leslie*

Enlisted (a) 20-4-18 Terms of Service (a) Duration of war Service reckons from (a) 20-4-18

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) *Clerk / Gunner*

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 20/6/18. WIT Waimana. Debarked England 7-7-18.					
11-7-18	Res Bde CFA	T.O.S. from Canada On Comm. Frensham Pond	Witley	7-7-18	B.O. Pt. II No. 192
15-8-18	Res. Bde. G.F.A.	Off Command Frensham Pond.	Witley	26-8-18	B.O. Pt. II 239
10-10-18	Res Bde CFA	Proceeded O/Seas to CFA.	Witley 1817 Gray	8-10-18	BO Pt. II 282.
			Lieut. & Asst. Adjutant, Res. Bde. Canadian Field Artillery.		
0-10-18	CGBD.	TOS. Can. Art. Pool as Reinf	from Eng.	10-10-18	NR. 788 Pt. II 0.146
2-10-18	CGBD.	Left Base for C.C.R.C.	Field	12-10-18	NR. 1424
2-10-18	CCRC.	Arrived at C.C.R.C.	Field	12-10-18	NR. 1628

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

7527689 *Er. Allcorn P.L.*

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

29.12.18	66Rb	Posted to 1st b.o.a.b.	29.12.18	NR. 05800. aay KR. 440. d/23.12.18. Pt II. 14.
29.12.18	do.	20.1.1st b.o.a.b.	30.12.18	do. Pt II. 13 d/15.2.19.
3.1.19	160.a.b.	Joined.	29.12.18	B213.
26.1.19.	367 Amb.	Bronchitis Adm. 25 ¹ / ₉ . 206.6.1.	26.1.19.	A5869/N6617.
31.1.19	83 Gen'l.	Bronchitis Admitted	31.1.19	W8408/N6693.
15.2.19.	a.a.g.	Posted to Cdn. Arty Pool.	15.2.19	K.A. Inst. Pt II. 14 d/17.2.19.
do	do	T.O.S. of Cdn. Arty Pool on posting from 1 CdtC	16.2.19	Ka. R. 6.19 d/19.19.
13.2.19	83 Gen'l	Pleurisy to England	13.2.19	16.3034(N9600)
25.1.19	3024	Bronchitis Adm. 3.2.19	25.1.19	136(N6180)
1-2.19.	5066.1.	do. 2.19	29.1.19.	9.5981/N7093
13.2.19.	83 Gen'l.	Invalided sick & posted to 4th. Dtd 1 RD Watley "Jan. Breyer"	13.2.19	W. 30 38/67 1919 for 25 d/1919
24.2.19	CARD	205. from Cdn Pool	14.2.19	Pt II. 53

for Lt.-Col., A. A. G.

Canadian Section, G. H. O. 3rd Echelon

Witley 14.2.19 P.H.O. 53

[Signature]

FOR LT. COL. VC RECORDS. C.O.M.S.

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps.

79th Bty. C.F.A.

Regimental No.

1522689

Rank.

Gnr.

Name.

allcorn P.L.

C. E. F.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

Date of promotion to
present rank }

Date of appointment
to lance rank }

Numerical position on
roll of N. C. Os. }

Extended.....

Re-engaged.....

Qualification (b).....

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				
28-7-19	Montreal	G.O.S. D.D.4.	Montreal	14-7-19	D.O. 209
28.10.19	Montreal	SOS. Discharged. Med. Unfit. RO.1420	Montreal.	27.10.19	DO. Pt. 2 NO. 301

R. W. G. Captain,
Officer i/c Discharge Section, District Depot No. 4.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Ward 20No. of Bed 15Date 17/2/19

Regl. No.

Rank and Name.

Corps.

Part to be X-Rayed.

2522689PTE. ALLCORNC. F. R.ThoraxSHORT HISTORY OF CASE. PL

(To be completed by M.O. i/c case.)

Has had chest
aspirated, in France

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate LM 219Pronounced haziness in both
sides of chest.

Signature of M.O.

Date

Signature of Radiographer

Date

16.2.19.2 Feb 19/19L. Gilchrist
Capt

73-27

To M.O. i/c Ward

Dental treatment has been completed for

No. 2522689 Rank. *Enr.*

Name. *Alcorn.*

RECOMMENDED FOR DISCHARGE

Brook Capt

Officer Dental Services

Sto. Anne de Beaumont Military Hospital

M.O. i/c Dental Department. Capt.

9
STE. ANNE DE BELLEVUE MILITARY HOSPITAL

To: Pathological Laboratory

Date Aug 13-1919

Specimen of Urine

Name Allcorn Rank Plk Ward 73

Reg. No. 2522689 Unit L. O. 4 Bed 37

Diagnosis..... M.O. Capt. Robinson

Nature of Examination required:-

Special circumstances surrounding the case:-

Laboratory Report:-

Acid. 1032.

Sugar. 0.

Albumin. 0.

Micro.: - nil.

Ste Anne de Bellevue Military Hospital.

#2522689

Alcorn Gnr. P.

I Certify that -----

----- is free from Vermin, Venereal, and
infectious skin diseases.

11-10-

-----1919.

J. B. Crossland

G.H.

Rank **51st Dft 79th Batty C, F, A** Name **ALLCORN, Philip Leslie.**
Unit **What Unit?** If in perm. Corps, }

Reg'l No. 2522689

Married or Single **Single.**

Place and Date of Enlistment **Montreal. 20th April 1918.**

Place of Birth **Maidstone. England.**

Name and Address, Next-of-Kin **Mr. S.H. Allcorn,**
163, Vinet St. Montreal.

Relationship **Father.**

Assigned Pay Monthly \$

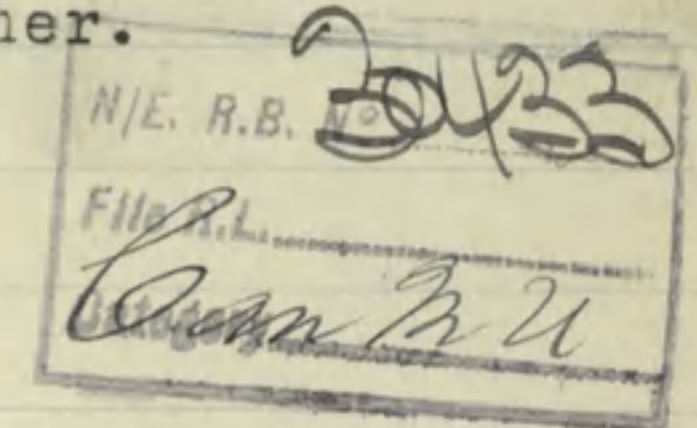
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

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.				
	<u>C</u>				
		Arrived in England		7-7-18	S/S WAIMANA
11-7-18	R.B.C 7A.	T.O.S. from Canada	Arr. Witley	7-7-18	R.E. 192
9-10-18	do	S.O.S. Overseas	Sur "	8-10-18	-282 R.E. 146/1478 Pool
13-2-19.	Out Pool.	S.O.S. to 1st. 6 D.A. 6	- Filler	29-12-18	- 14. 7. 13. 1st D.A. 6. 17/19
17. 2. 19	1st D.A. 6.	S.O.S. to C.A. Pool.	" "	15. 2. 19	- 14. 1. 17. C.A. Pool. 8/19
24. 2. 19.	CARD.	T.O.S. from at Pool.	" Witley	14. 2. 19.	" 55. 1st D.A. 6. 25. 6/19.
7. 5. 19	"	Forfeits 2 days pay & admonished for abs. 7.	" Rifon	29. 4. 19.	- 127.
18-7-19	Bas. list	Insd. to Canada from No 5 B. B. H. Liverpool. S.L. 508 M.D. 4 - (Bronchitis & Pleurisy)	" Liverpool	14-7-19	- 13601

[illegible]

Date of Enlistment 26-4-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

1542

1st June 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion 79th Depot Battery 51st Drift

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 MRS. ROSA ALLCORN

2 99 SELBY ST. WESTMOUNT

3 MONTREAL QUE. 20 20.00

4 % 2522689 GNR P.L. ALLCORN

TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
June	3745		20	20	(9767) mailed 2-7-18,
July	12727		20	20	
Aug	a 29771		20	20	
Sept	A 36414		20	20	
Oct	G 43656		20	20	
NOV	G 51152		20	20	
DEC	B 62168		20	20	
JAN 1919	B 70822		20	20	
FEB	A 77600		20	20	
MAR	D 83343		20	20	
APR	G 999		20	20	
MAY	A 6053		20	20	
JUN	A 9339		20	20	
Jul	A 11809		20	20	
			280	280	

A/c Closed 31/7/19

Ret'd per... Essequibo

Date 20/7/19 M.F.W. 31/7/19

M.D. 4 Hollins MRC 107108

AUDITED.

M. F. W. 123.

40M. 6. 5. 172.33.1141

L. L. 2220-M. & D. 1991.

AUTHORITY } M.P.M. 04-13.3

FOR } J. A. Thorneycroft

NEW ACCT. } 28-6-18

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128.
40M. - 6-17-1772-39-1141
L. L. 22320-M. & D. 7993.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 50
Date of entry 26.1.19.
T. 99.6°

No. of Hospital 82 Genl.
Date of entry 31.1.19.

From L^e of scapula downward on L
side complete dullness with absence
of R.S. & V.F. Heart pushed to R.
Visible pulsation and 3rd R spaces.

4.2.19. Aspirated.

350 clear straw-colored fluid
with drawn.

8.2.19 Improving.

W. Shuckhans
Capt.
R.A.M.C.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

FIELD MEDICAL CARD.

A.T. Serum } 1st
Dose and date

2nd

FIELD AMBULANCE NOTES.

Morphia }
Dose and time

Date of wound or }
onset of illness }

Religion

No. 2522689. Rank Dr.

Name Allcorn. P. T.

Unit C. F. A.

~~Battle Casualty~~ ~~Accidentally Wounded.~~ "Sick"

(Strike out description which does not apply)

No. of F.A. 25-1-19. 3 Canadian

Date of admission

F.A. diagnosis

Bronchitis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Pleurisy & Effusion.

Cas. List.

[illegible]

Surname

Christian Name or Names

Reg. No.

ALLCORN.

Rank

Gnr.

P.L.
Unit

C.A. Pool.

2522689.

Cas. List.

31-1-19.A463.

10.2.19 A.471/2

19.2.19 B.479

7.7.19 B.591

18.7.19 B.601

3. C.F. Amb.

Bronchitis.

83 Gen. Hosp. Boulogne. 31.1.19

16 C.F. Brixington. 14.2.19

5-Cau P. Liverpool 4.7.19

& Pleurisy R

Imm W Canada 14.7.19

SL 508 M.D.H.

LEDGER No. 669 SERIAL No. 738562

REG. No. 2522689 NAME Allcorn PL

RANK Gnr CORPS DD#4 AGE 31 SERVICE E⁹/₁₂ E³/₁₂ F⁴/₁₂

HOSPITALS

DATE OF ADMISSION

1 Ste Anne de Bellevue Mil 26-7-19

2

3

DIAGNOSIS Pleurisy with Effusion

TRANSFERRED TO

DISPOSITION dis to unit 24-10-19 CATEGORY

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

NAME

*Allgorn, P.**L.*

REGT. No.

2522689

RANK AND UNIT

*Inv.**Pool. Lean. Art.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 463	3 rd Lt. T. A.	25-1-19	Bronchitis
U 471	83 Gen; Boulogne	31-1-19	"
B 479	16 Can Gen. Apington	14-2-19	"
B 591 1/2	5. " " J. P. P. L.	4-7-19	" + Pharyng
B 601-	Invalided to base	14-7-19	" " " "

[illegible]

ORIGINAL

Christian Name...Philip...Leslie

Approved by _____

Surname Philip Leslie Christian Name Allcorn

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				
No 16 C.S.H.		13	2	19				Pleurisy & Effusion		sign of fluid left chest Wt 140 lbs. Sterile fluid withdrawn 500 cc 24-3-19	W. G. G. G.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	3 JUL 1919				14 JUL 1919			debility		bowel content - Bordered I.T.C. M. G. G. G.	W. G. G. G.
T. "ESSEQUIBO"	JUL 14 1919				25 JUL 1919					Condition unchanged	Kelliebone Coff
P. A. G. G.		26	8	19	26	8	19	Healed Rewing	91	Recurrent into wound at left but only show sulcus oblique. No signs. 1st wound by spine in center.	W. G. G. G.

242

ASSIGNED
PAY.

ENGLAND or
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND or
CANADA.

NAME *ALLOORN Philip Leslie*

EFFECTIVE
DATE: *1/6/18*

EFFECTIVE
DATE: -

NUMBER: *2522689*

AMOUNT: *20.00*

AMOUNT: -

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

*Mrs Rose Alloorn (Mother)
99 Selby St Westmount
Montreal Que
Stopped eff. 1/6/19*

L.P.C. Canada 1/6/18 Eni

UNIT AND TRANSFERS

ORIGINAL UNIT: *51st Dep't Act Bge*

DATE ACCOUNT FIRST OPENED: *1/6/18*

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T 3rd

UNIT TRANSFERRED TO

C.R.A.

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
<i>29/4</i>		<i>Forfeit 2 Days Pay.</i>	<i>2.20</i>	<i>S.F. 14/5/19 10 days @ 73</i>			<i>7.30</i>
<i>13/5</i>	<i>3608</i>		<i>48.67</i>	<i>Let No. Orp. a 161</i>			
<i>14/5</i>	<i>3731</i>		<i>9.75</i>				
			<i>60.60</i>				
			<i>53.70</i>				
				<i>Ldg. Bal. 74.81</i>			
				<i>L.P.C. Cr. Bal. 21.51</i>			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS CE
ALL CE

1- 10

PARTICULARS OF RENDERING NON-EFFECTIVE:

Dis bar 31/5/19 List Orp. a 161 n/s/19.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>May 31</i>	<i>Bal from Can</i>								<i>1020</i>		
<i>June</i>	<i>Pay</i>	<i>33-</i>		<i>AP June</i>				<i>20-</i>			
<i>July</i>	<i>Pay</i>	<i>34/10</i>		<i>AP July</i>				<i>20-</i>			
				<i>AK 1215 16.7.18 Fensham</i>	<i>4.87</i>				<i>32.43</i>		
<i>Aug</i>	<i>Pay</i>	<i>17/10</i>			<i>4.87</i>			<i>40</i>			
		<i>34/10</i>		<i>at 1677 Fensham 8/8</i>	<i>24.35</i>			<i>20</i>	<i>2220</i>		
<i>Sept</i>	<i>2 pay</i>	<i>34/10</i>			<i>24.33</i>			<i>20</i>			
		<i>33</i>		<i>at</i>				<i>20</i>	<i>35.20</i>		
				<i>at 4511 Cha 12/9</i>	<i>4.87</i>						
				<i>at 4800 - 25/9</i>	<i>4.87</i>				<i>25.46</i>		
		<i>33</i>			<i>9.74</i>			<i>20</i>			
<i>Oct</i>	<i>L.P.</i>	<i>34/10</i>		<i>AP</i>				<i>20</i>	<i>39.50</i>		
<i>Nov</i>	<i>"</i>	<i>34/10</i>		<i>AS</i>				<i>20</i>			
<i>Dec</i>	<i>"</i>	<i>33</i>						<i>20</i>	<i>80.76</i>		
<i>Jan 1919</i>	<i>"</i>	<i>34/10</i>		<i>BNAR 5039 11/10/18</i>	<i>2.43</i>						
<i>Jan</i>	<i>"</i>	<i>34/10</i>		<i>823 1st Lie 5/11/18</i>	<i>3.73</i>						
				<i>BNAR 738 6th Lie 26/10/18</i>	<i>3.73</i>						
				<i>QH005#5687 1/10/18</i>	<i>2.4</i>						
				<i>AS</i>				<i>20</i>			
				<i>915 1st Lie 30/11/18</i>	<i>1.87</i>						
				<i>892 1 30/11/18</i>	<i>11.19</i>						
				<i>AS</i>				<i>20</i>	<i>57.57</i>		
<i>Feb</i>		<i>10/20</i>			<i>23.19</i>			<i>60</i>			
		<i>30.20</i>		<i>2258 16/12</i>	<i>7.79</i>			<i>20</i>			
				<i>1072 9/1</i>	<i>2.77</i>						
					<i>11.56</i>			<i>20</i>			
		<i>30.80</i>									

COMPILED BY *L. Poulton*
CHECKED BY *N. Ball*

NUMBER 2522689. RANK

Gr

NAME

ALL CORN P.L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb		380		Id.	1156			20	5757		
				1223 1000 27/1	373						
				13675 Crp 19/2	487						
Mar	G.Past.	3410		600				20	6231		
				15534 Crp 19/3	487				5757		
		6490			2503			10			
Apr		33		apl way				10			
May		2410		1282 Crp 16/4	973				7481		
				for 2da pay Road							
				and 2100 170/4 - 2100 28/4		220					
				50127 7/5 CARD							
				3331 Crp 14/5	973						
				3608 12/1	4867				1421		
		6710			6813	220		10			
June	S. 7 16.5. to 20.5 1910 Crp.			5201 11/6 Crp 12/1	973						
	20.139. 19.5. 19. 6000	730							1178		
		730			973						
Aug				6281 7/7 Moore Bab Eudsel	973						
				6902 87 " "	487				282		
					1460						

505 14/17
508

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.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
 " B (Yes or No.)
 " C (Yes or No.)
 " D (Yes or No.)
 " E (Yes or No.)

Fit for service in Canada.

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.)

Yes to civil life

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 *L. Anne de Be.* *W. Browne Lt.-Col.* President.
 DATE *15/10/19* *Georges F. Gaudet* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President

PLACE. Members

DATE. APPROVED BY. APPROVED BY.

FOR Assistant Director of Medical Services.

Director-General of Medical Services.

DATE. OCT 17 1919

M. D. No.

DATE.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *McGill de Bellevue* DATE *OCT 18 1919*

1. 1 (a) Unit *DD 4* (b) Regimental No. *2522689* (c) Rank *Pvt.*

(d) Surname *Alcorn* (e) Christian name *Philip Leslie*

(f) Home address *99 Selby Ave Montreal P.Q.*

(g) Next of Kin *Lidrey Alcorn* (h) Relationship *Father*

(i) Address of Next of Kin *As above*

2. Age last birthday *21* Date of birth *19-10-1897*

3. Enlistment, or Appointment (if an Officer) (a) Place *Montreal* (b) Date *20-4-18*

4. Personal description:

(a) Height *5' 11"* (b) Weight *140* (c) Complexion *Fair*

(d) Colour of hair *Brown* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc.

5. Former trade or occupation *Bookkeeper Pool work*

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).

	PERIODS	
	From	To
Canada	<i>20-4-18</i>	<i>20-6-18</i>
England	<i>11-7-18</i>	<i>30-9-18</i>
France or other theatres of War	<i>1-10-18</i>	<i>26-1-19</i>
<i>DD 4</i>	<i>20-7-19</i>	<i>To date</i>

7. Original disease, or injury *Phlebotomy with effusion*

(a) Date of origin *20-1-19* (b) Place of origin *Belgium*

(c) Cause *Infection and exposure*

M. F. B. 227.

400M-11-18.
1773-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness, slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

pleenitis with effusion - moderate weakness, partial loss of function of lungs, depression on exertion

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 Well developed and well nourished male - Good color, appetite good and bowels regular. Chest Thomas Barre subcostal angle 45°. Effusion equal and ample. Percussion not impaired in front. Breath sounds vesicular throughout. Behind. Impaired percussion note at left base with breath sounds faint and vesicular. No adventitious sounds. Heart Pulse regular in rate and rhythm and tension. Relative cardiac dullness within normal limits. Much normal. On exertion there is subjective and objective dyspnea no irregularity no murmur. Rate increase from 72 to 130 but returns in 36 seconds to normal. X-ray Apices clear. Hila slightly enlarged. Uniform density in left base. Diaphragm not visible. Costo. diaphragmatic sulcus obliterated.

(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, R. 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*

Subjective Patient complains of weakness and shortness of breath on the least exertion or during any excitement. Dyspnea improving (1918)

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

No known illness prior to enlistment. No family or personal history of T.B. etc. Well until 26-1-19 when he complained of shortness of breath and pen in coughing. Treated at C.C. S for four days - hospital at Boulogne for two weeks and then evacuated to England. Aspirated at Boulogne and again in England at Orpington where 500 cc. was withdrawn on 24-3-19, was not aspirated again. Returned to Canada 25.7.19. Admitted to service 12-8-19

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).)

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

11.—(a) Did the disabling condition have its origin before enlistment? *no*

(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.) *not applicable*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *not applicable*

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? *Three mo.*

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

Usual routine treatment in England - since coming to St. Anne - chiefly rest and tonic and vocational work.

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 but not don work would be more preferable*
(If not, briefly state why)

17. Recommendations.

That he be discharged

J. B. Post Paul
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, *P. L. Allcorn* 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 *nothing*

P. L. Allcorn *Ensign 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.

See X Ray report
See lab report - pleural fluid.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) *no*
(B) (Yes or No.) *no*
(C) (Yes or No.) *no*
(D) (Yes or No.) *yes D.T.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.)

Pleurisy with effusion - 6 months conv. Hosp - Rest & observation

- (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.)

Invalid to be invalid to Canada

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.

TO CANADIAN GENERAL (ONTARIO) HOSPITAL,
ORPINGTON, KENT.

PLACE.....
DATE.....
President.....
Members.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.....
PLACE.....
DATE.....
Members.....

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

DATE.....
for A.D.M.S., Canadians, London Area.

DATE.....
13. BERNERS ST. LONDON, W.1

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.....DATE.....

- 1 (a) Unit.....(b) Regimental No.....(c) Rank.....
(d) Surname.....(e) Christian name.....
(f) Home address.....
(g) Next of Kin.....(h) Relationship.....
(i) Address of Next of Kin.....
- 2 Age last birthday.....Date of birth.....
- 3 Enlistment, or Appointment (if an Officer) (a) Place.....(b) Dated.....
- 4 Personal description:
(a) Height.....(b) Weight.....(c) Complexion.....
(d) Colour of hair.....(e) Colour of eyes.....(f) Identification marks, Scars, etc.....
- 5 Former trade or occupation.....

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).

	PERIODS	
	From	To
Canada	20 April 1918	June 1918
England	June 1918	Oct 1918
France or other theatres of War	Oct 1918	Feb 13 th 1919

7. Original disease, or injury.....
PLEURISY & EFFUSION
(a) Date of origin.....(b) Place of origin.....
(c) Cause.....

M. F. B. 227.
400M.-11-18.
1779-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(PLEURISY & EFFUSION)

slight weakness, partial loss of function lungs,
necessity for rest of body

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:—Wt. 11 lbs increase net on enlistment
Exam of lungs:—Right:—clear. Left:—front:—5th rib down, dullness, br. sds distant & V. 7th decreased. Behind:—from 7th dorsal spine to 9th d. 8:—dullness, dim br. sds; from 9th d. 8:—marked dullness & markedly dim br. sds, V. 7th lvs.
Temperatures:—not elevated. No sputum for examination.
X-ray report:—17-2-19 "Pronounced haziness in both sides of chest." Lab:—report 23-3-19 "sterile fluid."

Subjective:—shortness of breath on exertion,
slight weakness, appetite good

(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).)

F.H.:—No history of T.B. P.H.:—no history serious illness.
No pleurisy:—About 20th Jan 1919 began to complain of shortness of breath & weakness, slight cough. F.M.C.:—admitted 3rd Feb 7th Amb. 85-1-19 Bronchitis. To 83 General Hosp. 31-1-19. On 4-2-19 832 h clear fluid aspirated left chest. Transferred to No 16 C. G. H. 13-2-19. 500 c.c. fluid aspirated left chest 24-3-19 sterile.

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).)

Nil

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

Nil

11.—(a) Did the disabling condition have its origin before enlistment? No

(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? 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? Three months

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

Routine hosp. treatment for pleurisy & effusion.
Paracentesis twice.
X-ray & lab. report attached.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes

(If the answer is "yes" state nature of treatment required and probable duration)

Three months hospital treatment in Canada.

16. Can the former trade or occupation be resumed? Yes after treatment

(If not, briefly state why)

17. Recommendations Nil

P. L. Allcorn
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, P. L. ALLCORN 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 Nil

DTE P. L. Allcorn Rank.
Signature of invalid examined.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet,	or Particulars of Recruit	W. 133
	"	Proceedings on Discharge	B. 218
Field Conduct Sheet	"		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	"		
Medical Report for Invalid§	"		
Dental History Sheet	"		
Last Pay Certificate	"		
Duplicate Discharge Certificate	"		
‡Form of Will	"		
§Only if discharged "Medically unfit."			
‡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

WAR SERVICE BADGE
Class "A" No 397425 ISSUED

WAR SERVICE BADGE
Class "B" No. 69130

Proceedings on Discharge.

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

No.	2522689		
Rank	Gnr		
Surname	AIRCORN,		
Christian name	Philip Leslie.		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Corps (Squadron, Battery or Company)	79th. Batt		
Date of discharge	Oct. 27-19 19.		
Place of discharge	MONTREAL, QUE.		
1.	DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	21	years.....	months.
Height.....	5	feet.....	inches.
Complexion	Fair		
Eyes	Blue		
Hair	Brown		
Trade	Bookkeeper.		
Intended place of residence	99 Selby Ave.		
(To be given as fully as practicable.)	MONTREAL.		
Descriptive marks			
NONE.			
2.	The above-named man is discharged in consequence of		
RO 1420 & RO 1894 ON DEMOB. MED. UNFIT FOR			
GEN. SERVICE.			
Authority for discharge.....			
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.)		

M. F. B. 218.
200M.—5-18.
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)..... MONTREAL, QUE. *Philip Laeconn* (Signature of Soldier.)

(Date)..... 27.10.19 *G.A. Pinks Sgt* (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)..... MONTREAL, QUE.

(Signature)..... *R. G. Pinks* Captain,

(Date)..... 27.10.19 Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS

Philip Laeconn