

204657

**I.D. number**

**No. d'identification**

ARMSTRONG

**Surname**

**Nom de famille**

THOMAS HENRY

**Given names**

**Prénoms**

**NATIONAL PERSONNEL RECORDS CENTRE  
CENTRE NATIONAL DES DOCUMENTS  
DU PERSONNEL**

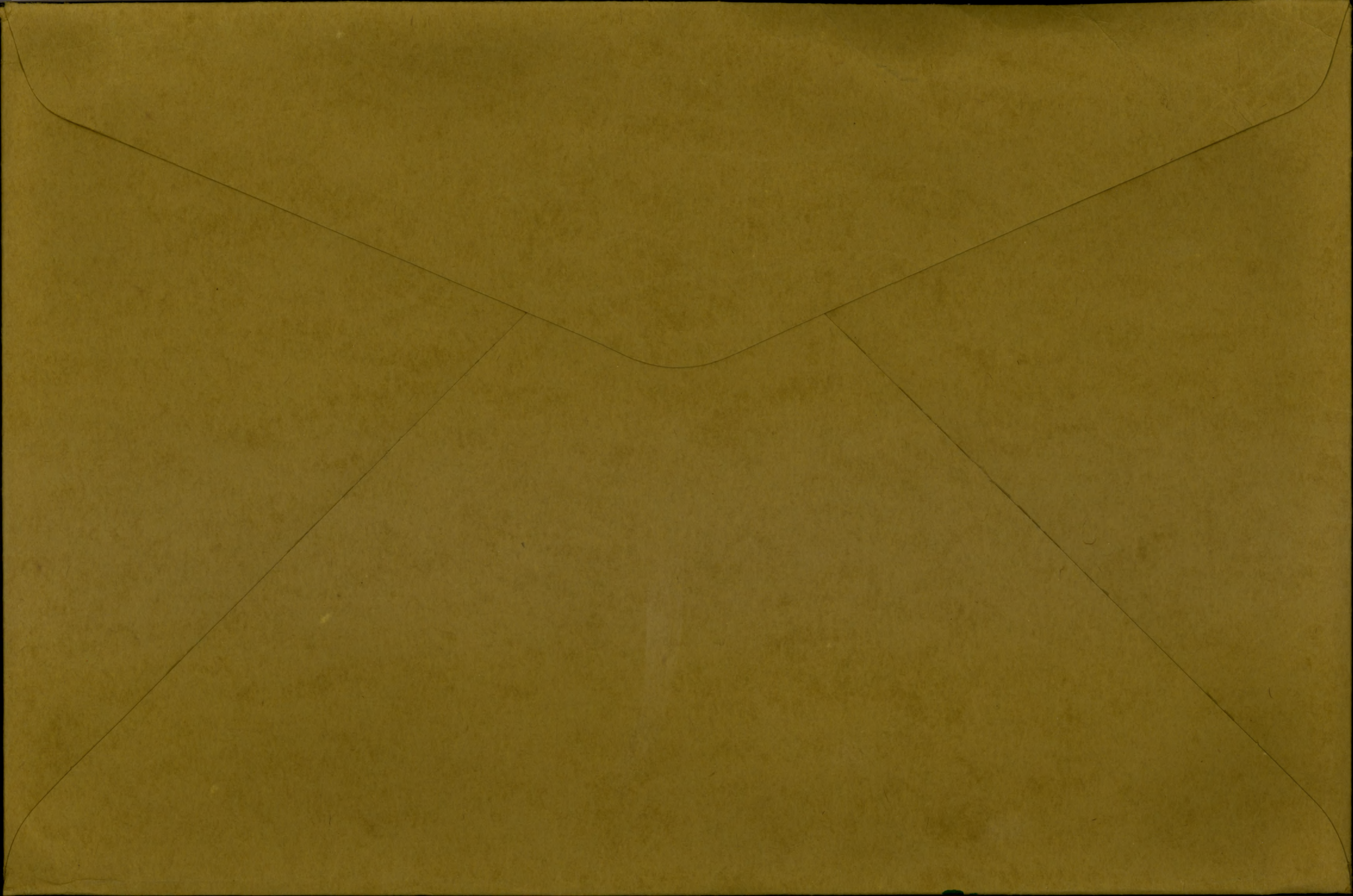
**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**

**Lieu**

237

**« CONTENTS CONFIDENTIAL »  
« CONTENU CONFIDENTIEL »**



REGIMENTAL DOCUMENT

S

NAME ARMSTRONG, Thomas. Henry REGT. No. 204 657 UNIT 15<sup>th</sup> Battr H. Q. FILE No. X3343 **H**

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)		<b>M</b>			DEATH	
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY	
/	<del>TRAINING HISTORY SHEET (M.F.W. 113)</del> <i>Record Sheet.</i>						
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)			<b>H</b>			DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)						CATEGORY
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
	MEDICAL EXAMINATION (M.F.W. 129)						
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						
/	LAST PAY CERTIFICATE (M.F.W. 44)						DESERTION
2	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)						
6	CARDS						
Yes	PAY-SHEETS						
/	M.F.W. 67						
/	Will						

*[Handwritten scribbles and signatures in blue ink]*

*[Handwritten: 402110]*

7-4  
 17-9  
 26-9  


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 1

Original  
204657

# ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Armstrong
- 1a. What are your Christian names?..... Thomas Henry
- 1b. What is your present address?..... Springwater. Sask
- 2. In what Town, Township or Parish, and in what Country were you born?..... Parry Sound. Ont
- 3. What is the name of your next-of-kin?..... Mr Thomas Armstrong
- 4. What is the address of your next-of-kin?..... Juniata. P.O. Sask Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Feb. 26 1885
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Henry Armstrong 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.

Thomas Henry Armstrong (Signature of Recruit)

Date April 5 1916. F. W. Heath (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Henry Armstrong, 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.

Thomas Henry Armstrong (Signature of Recruit)

Date April 5 1916. F. W. Heath (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Saskatoon this 5 day of April 1916.

H. S. Gaudet (Signature of Justice)

Description of Thomas Henry Armstrong on Enlistment.

Apparent Age, 31 years 1 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 6 ft. — ins.

Chest measurement { Girth when fully expanded 43½ ins.  
 Range of expansion 6 ins.

Complexion Fresh

Eyes Blue

Hair Brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist Yes.....  
 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 April 5 1916

*[Signature]*

Place Saskatoon

Capt. C.A.M.C.  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas Henry Armstrong 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]* (Signature of Officer)

Date April 5 1916

# FORM OF WILL.

I, Pte J. H. Armstrong (Name in full)  
Regimental Number 204657 serving in 960 B. Batt. Can. Highlanders  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

Mr Thomas Armstrong  
Juniata  
Sask } Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mr Thomas Armstrong  
Juniata  
Sask. } Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

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

this 13 day of September A. D. 191

Pte J. H. Armstrong Signature of Soldier.

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

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

Signature of First Witness A. Dard

Address of Witness 96<sup>th</sup> B. C. Highlanders

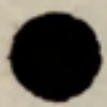
Occupation of Witness Soldier.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of Second Witness C. G. Moss

Address of Witness 96<sup>th</sup> Batt. Canadian Highlanders

Occupation of Witness Soldier



FORM OF WILL

IMPORTANT  
NOTE  
The form is to be  
filled out by the  
TESTATOR  
himself.

WITNESSES

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

*well*

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 96TH. OVERSEAS BATTALION (CANADIAN HIGHLANDERS)

Regimental No. 204657 Rank Pte. Name Thomas Henry Armstrong

Enlisted (a) 5/4/16 Terms of Service (a) C.E.F. 7 Service reckons from (a) 5/4/16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Embarked</i>	<i>Halifax</i>	<i>29.9.16</i>	<i>J. Shaona</i>
		<i>arrived</i>	<i>Liverpool</i>	<i>6.10.16</i>	
<i>10.10.16</i>	<i>oc. 96<sup>th</sup> Bn</i>	<i>Transferred to 92<sup>nd</sup> Bn</i>	<i>Esandring</i>	<i>8.10.16</i>	
			<i>Esandring</i>		<i>oc. 96<sup>th</sup> Batt.</i>
		<i>Taken out Strength</i>	<i>92<sup>nd</sup> Bn</i>	<i>8/10/16</i>	<i>Bn. 9266</i>
		<i>Transferred to</i>	<i>15<sup>th</sup> Bn.</i>	<i>27/10/16</i>	<i>Esandring #275</i>

CERTIFIED CORRECT.  
 25 JULY 1916  
 G.M. RECORDS, LONDON.

*R. Brown* **LIEUT.**  
**ASST. ADJUTANT 92nd, OVERSEAS BATTALION**  
**(48th HIGHLANDERS) C.E.F.**

(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.]



204657 Pte J. H. Armstrong

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				
21/1/16	CBP	ON STRENGTH 15TH BATTN CAN BASE DEPOT		3/1/16	Rk. Part II 075 8/1/16
19/1/16	CBP	LEFT FOR UNIT	1ST CAN ENT BN	19/1/16	Rk.
22/1/16	1ST CAN ENT BN	JOINED UNIT	1ST CAN ENT BN	22/1/16	Rk.
21/3/17	1ST CAN ENT BN	LEFT FOR UNIT	15 Bn	21/3/17	NR.
24/3/17	15 Bn	JOINED UNIT		"	B243 DC S 3820 24/4/17
11/4/17	2 bands	S.W. h Arm	2 bands	11/4/17	W 3034
14/4/17	15 Bn	Wounded to hospital	Field	9/4/17	B 213 D.O.B 384 dated 11/1/17
15/4/17	HS	Passed to 1st. Capt. Ont. Regt. - Col. Spence	Eng	15/4/17	W 3083/7127
	Jan. Breydel		Chas. P. Maxwell Recd. for Major A.C. Bartlett & Bachelard		Part II 047 27/4/17
25/5/17	ICORD	Taken on strength	Wandling	15/4/17 - 54 #6/	
					Lieut. <b>W. Metwin</b> bapt For Colonel i/c Records, Comit.
					<b>S. Edgar</b> Capt. HOSPITAL REPRESENTATIVE, GRANVILLE CANADIAN SPECIAL HOSPITAL, RAMSG'

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

# ORIGINAL

## MEDICAL HISTORY SHEET.

Surname Armstrong Christian Name Thomas Henry

Examined { on 5<sup>th</sup> day of April 1916  
 at Reskaton Park  
 Birthplace { City or Town Parry Sound  
 County Ont-

Approved by W. A. Partridge  
 Rank Capt. C.M.C. M.O.

Apparent age 31 yrs 1 mo  
 Trade or occupation Farmer  
 Height 6 Feet — Inches.  
 Weight 180 Lbs.  
 Chest measurement { Minimum 37 1/2 inches.  
 Maximum expansion 43 1/2 inches.  
 Physical development Good  
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		28 APR 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm None  
 Number None  
 When Vaccinated last Never

Date.	Result.	VACCINATIONS.
<u>4/7/16</u>	<u>Good</u>	<u>None</u>
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>June 6/16</u>	<u>Good</u>	<u>None</u>
<u>June 9/16</u>	<u>Good</u>	<u>None</u>
<u>July 2/16</u>	<u>Good</u>	<u>None</u>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 5 day of April 1916 at Reskaton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>66th Coy Bn</u>	<u>204657</u>		<u>5th April 1916</u>
Transferred to	<u>15th Bn.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Emville C.I.A. Ramaguti</u>	<u>June 29<sup>th</sup> 1917</u>	<u>G.O. w l forearm amputation</u>	<u>Invalidee to Canada</u>
<u>Reskaton</u>	<u>13-3-18</u>	<u>oo</u>	<u>G.O. w l thumb capt. Camp</u>
<u>Reskaton</u>	<u>20-5-18</u>		

3 JUL 1917  
 Approved  
W. A. Partridge CAPT  
 PRESIDENT, STANDING MEDICAL BOARD

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.

Surname Armstrong Christian Name James

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				
Horton County at London War Hospital Epsom.		16	4	17	14	6	17.		G.S.W. Left forearm.	Wound almost healed	A.B. Jeffrey.
Caen War Hospital.									Fracture radius & ulna - April 9 <sup>th</sup> at Tring Ridge. Amputation through middle 1/3 same day. Good progress - stump now healed. - Some atrophy of stump - Free movement at elbow joint - 28/6/17.		W. H. Stone - Capt. R.A.M.C.
W. H. Stone		21	7	17	1	8	17		- do -	Not quite healed	W. H. Stone Capt. R.A.M.C.

HORTON (C. of L.) WAR HOSPITAL, EPSOM.  
2nd. Inj. Anti-Tetanus Serum.  
Date 14-4-18 500 U.S.A. Units.  
M.O. i.e. A.B. Jeffrey.

3<sup>rd</sup> 85/378 81 368 85 378

Forms  
I. 1237  
10

Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.  
T 6679  
Year

Regimental No. 204657 Rank. Pti. Surname. Armstrong Christian Name. J. H.  
Unit. 15. Bn Age. 32 Service. 14/10

Station and Date.

Disease GSW R. Arm. Amp.



Occupation - Farmer.

Enlisted - April 5<sup>th</sup> 1916 -  
Arrived England. October 16.  
Arrived in France. Nov 8<sup>th</sup> 1916.  
Wounded. April 9<sup>th</sup> 1917. - [unclear]  
- above left wrist. -  
large compound comminuted fracture.

Hospitals. Treated first at dressing station -  
St. Helier (C.C.S.) at Baille  
about one day - arm amputated  
lower and middle thirds.

St. 2<sup>nd</sup> Canadian Inf<sup>ty</sup> at  
Belvoir - April 11<sup>th</sup> - April 15<sup>th</sup>  
St. England - Horton at  
Hospital at Epsom. April 18<sup>th</sup> -  
wound closed at this time.  
Referred to Landriest Canadian  
Special Hospital. June 9<sup>th</sup> 17.

Complaint - Loss of left hand - at  
junction lower and middle thirds of  
fore arm of antibrachium.

Previous History: Wounded at Vimy Ridge -  
Large lacerating wound above wrist & back

Station  
and Date.

Bones were fractured. Amputation  
performed on same day. Arm &  
brachial plexus for arm - K. sinus exposed  
and has discharged up to present. Very -  
steady progress up to present. Sinus -  
Present. Conditions.

July 20<sup>th</sup>, Patient Good phy signs and  
health.

Lt. hand and wrist - amputated  
1/3 bone present. By flap method -  
healed completely healed in - Very  
small amount of discharge from  
surface of wound.

25/6/17 Very small amount of discharge NB 3

June 26/17 Wound healed - elbow movement free -  
A. Z. A. 179. Healed to hand. CS

EXAM. MED. BOARD

29 JUN 1917

G. C. S. H.

RAMSGATE.

*PSL.*

16/7/17 - Hand healed. No injury discharge

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
	204657	Pte	Armstrong	J No
	15 <sup>th</sup> Canadians		32	1 year
Station and Date.	Disease			
	<p>G.S.W. left forearm, with compound fracture ulna &amp; radius. Forearm amputated at middle 1/3 upon admission. Operation done 9-4-17. Wounds infected on admission here</p> <p style="text-align: right;">A.B.G.</p>			

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

Station  
and Date.

16551/330

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 *Thomas Henry* 2. Surname *Armstrong*

3. Rank *Private* 4. Original Unit *96<sup>th</sup> Canadian Highlanders* 5. Reg. No. *204637*

6. Address, in full, to which future payments of gratuity are to be forwarded  
*T. H. Armstrong, Juniata, Sask, Canada.*

7. Date of enlistment in the C.E.F. *April 5<sup>th</sup> 1916.*

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  
*Not applicable.*

10. 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?  
*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:—  
*Yes. 15<sup>th</sup> Batt (Canadian) in France, on about dating from November 1<sup>st</sup> 1916*

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?  
*Yes.*

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service  
*Not applicable.*

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 with 96<sup>th</sup> Batt Canadian Highlanders April 5<sup>th</sup> 1916 at Saskatoon, and was transferred to 15<sup>th</sup> Canadian Battalion in England about November 1<sup>st</sup> 1916, and discharged under said Batt.*

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. *have received Post discharge pay of \$101.<sup>00</sup> from Pension Board, Ottawa, Canada*
20. Have you been issued with a War Service Badge? If so, what class? *yes C.P.F August-1917.*
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?
24. Are you now serving in the C.E.F.? *No.* If not, give:—(a) Date of discharge *May 1918.* (b) Reason for discharge *Amputation of Left Forearm.*
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, 15<sup>th</sup> Canadian Batt from Nov 1<sup>st</sup> 1916 until April 9<sup>th</sup> 1917*
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?

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: *J H Armstrong*

Place of Residence: *Juniata, Sask.*

Declared before me at: *Asquith, Sask.*

This *28<sup>th</sup>* day of *January* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *W. Topham*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. <sup>657</sup> ~~201426~~ Rank ~~Ptob~~ Name ~~Asst. Surg. S.D.~~

Corps ~~No 12 District Depot.~~ who was\* ~~Discharged.~~

On ~~23-5-18~~ 191... to 191...  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ~~23-5-18~~ 191... to ~~23-5-18~~ 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.....			Reg'tl Pay..... <del>23</del> days at \$ <del>2.00</del> c.....	<del>23</del>	
by } No.....			Field Allow. <del>23</del> days at \$..... c <del>10</del>	<del>23</del>	<del>30</del>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <del>Cloth Allow.</del>	<del>8</del>	<del>30</del>
Other charges			Other Credits*		
Payment on transfer or discharge No <del>240</del>	<del>66</del>	<del>30</del>	Bal. Dr. (to be deducted by new unit)	<del>33</del>	<del>00</del>
Balance Cr. (to be paid by the new unit)					
<b>Total</b>	<b>66</b>	<b>80</b>	<b>Total</b>	<b>66</b>	<b>80</b>

\* Give particulars. ~~1 mths P.D.P. paid.~~

A monthly stoppage of \$ ~~211.~~ (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee..... }  
 and Sep'n Allice. for month of..... 191... }  
 (Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

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

**REMARKS:—**

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted ~~No.~~ .....
- (3) cause of discharge..... authority ~~DO 1,360~~ .....
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date..... ~~22-5-18~~ .....

Place..... ~~Regim. Depot.~~ .....

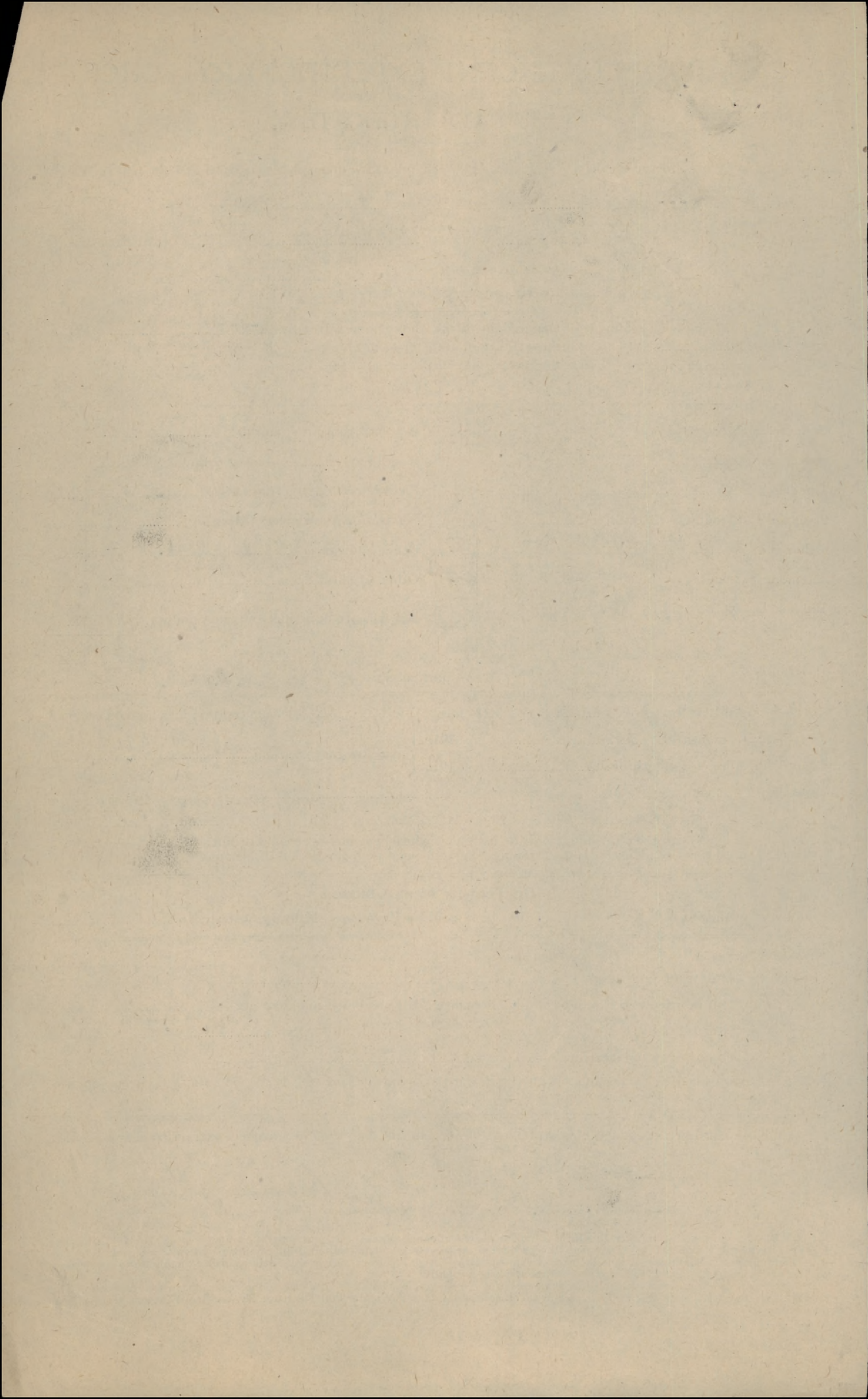
*Geo. Hornsey*  
 Paymaster, No. 12 District Depot

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



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..... **96th. Overseas Battalion.**  
 ..... **Canadian Highlanders.**

(2) Regimental Number..... **204657.**

(3) Full Name of Soldier..... **THOMAS HENRY ARMSTRONG.**

(4) Place of Birth..... **Parry Sound. Ontario. Canada.**

(5) Are you married, or not?..... **Single.**

(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?.....

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

Also their names and ages.....

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

If so, state name and address.....**Juniata.**.....**Sask.**.....**Canada.**.....

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

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

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

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

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

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

.....**Father.**.....

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

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

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

*Walter Jones, Major*  
.....  
Officer Commanding.  
*for*

Date.....**1st.**.....**August.**.....**1916.**..

Reg. No. 204657 Name Armstrong, J. H.

Rank Pte Corps M. H. Co. Age 32 Service 14/12

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	22. 8. 17	G. C.
Lo. Military Orthopaedic Hosp.	25. 8. 17	SSW Amp Lt Arm
Trans. Military Hosp. Man. Gen.	4-4-18	
Dis. to discharge	18-5-18	

# HOSPITALS

# DATE

# DIAGNOSIS

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

Name **Armstrong** **Thomas**  
**Henry** Rank **Pte.**  
 Unit **15th. Batt.**  
 Next of Kin **Canada.**

Reg. No. **204657**

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-4	2. Can Sty Hos. Outreau.	SW. L. Arm. Sev. A623.	M2133.	18-4		
16-4-	Horton C of L War Hos Epsom.	do	B340			
19/6	G. C. S. H. Ramsgate	do	B385			
21-7-17	discharged Canada (Ex letter Hsp/)	do	B38			





LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 623	#2 Can. Stat. Outreau	11-4-17	SW L-Arm sev
B 345	Horton Co. of London War. Exp. M.	16-4-17	Ydw of Arm.
B 385	Granv. Law. Spec	19-6-17	S.W. L-arm sev-21-77
B 388	Ramsgate	21-7-17	" " " "
2 334	M. H.C.C. Toronto	17-8-17	Adm. to N. Toronto.
2 352	" " " "	22-8-17	N. Toronto to Base.
2 63	M. H.C.C. Toronto	19-9-17	Outp S.O.L. N. Toronto
2 75	M. H.C.C. Toronto	30-9-17	Outp S.O.L. N. Toronto
2 88	M. H.C.C. Toronto	12-10-17 <sup>ended</sup>	Outp S.O.L. of N. Toronto
2 41	" " " "	25-8-17	Re-att. Adm. N. Toronto to Base.
2 1	M. A.C.C. Regina	17-1-18	Trans "D" Unit to Sask Imp

REGT'L NO 20463-7

H. Q. FILE NO. 649-

NAME

Armstrong Thomas Henry

RANK AND CORPS

Plc 13th Bn. (form. 96th Bn.)

FOLLOWS

No.)

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

l.4m 213318-4-17Adm No 2 Stat. Hosp. Outbreak Apr. 11th. 1917.  
(Shrapnel arm sev.) ✓934426-7-17Sailed from Liverpool for Canada  
per N. S. Letitia on July 21st 1917.  
Amputation l. arm.

\*Name Armstrong, Thomas Henry Rank Pte Regtl. No. 204657  
 Original unit 96th Present unit 18th M. or S. xx Age 33 Religion Meth Fyle Depot .....  
 Port, ship, and date of arrival... H.M.H.S. H:1 2-8-17. Ref. H.Q. FRANCE 5  
 Next of kin Sister at Juniata. Sask.  
 Address on leave Juniata Sask.  
 Address on discharge - do -  
 Transportation issued  Yes  No Date 23. 5. 18 Character on discharge Very Good  
 Previous occupation Farmer Date and place of enlistment 5-4-16 Saskatoon. Sask.  
 Diagnosis Amputation Left Arm. Date of Medical Boards .....

Date.	Remarks	Pt. 2 Order No.
<u>19-4-18.</u>	<u>Posted to Hosp. Section from "H" Unit. Moose Jaw.</u>	<u>DDO 2/6</u>
<u>17-5-18.</u>	<u>Posted to Details Coy. with Subsistence. HSO 31/108.</u>	<u>DDO 30/138</u>
<u>22-5-18</u>	<u>Posted to Discharge Section</u>	<u>35/161</u>
<u>23. 5. 18</u>	<u>Discharged M. Wafit - Wounds</u>	<u>35-160</u>

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

Date.

Remarks.

Pt. 2 Order No.

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.  
60M-3-18. (D.P.) 353.  
1772-39-1243.

Surname **Armstrong.** Christian Name or Names **T.H.** Reg. No. **204657.**  
 Rank **Pte.** Unit **15th. Bn.** Co. **1st C Coy** Troop **Out** Batty.  
 Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

Transferred **2. Can. Stat. Outreau.** Hosp. **11-4-17.**

**Horton. War. Epsom.** Hosp. **16.4.17.**

**Granville. Spec. Ramsgate.** Hosp. **19.6.17**

Hosp. \_\_\_\_\_

Diagnosis **S.W. Lt. Arm. Sev. R**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. **18-4-17.** **A/623.**  
 " **30.4.17.** **B 340** (1)  
 " **23.6.17** **B385.**  
 " **17-10-17.** **B.38** (2)

REMARKS

**Dis 20-7-17**

A.M.D. 2 DEPT.  
 Boh. of D.Q.M.S. O.M.F.C. London.

**To. Canada per. H.S.**  
**Letitia. 21.7.17**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

A.G.R. Rank Name ARMSTRONG, Thomas Henry Reg'l No. 204657  
 Unit 96th Bn. If in perm. Corps, } Married or Single Single.  
 What Unit? }  
 Place and Date of Enlistment Saskatoon, 5th April, 1916. Place of Birth Parry Sound, Ont.  
 Name and Address, Next-of-Kin Mr. Thomas Armstrong, Junjata P.O., Sask., Canada. Relationship Father.  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 5799  
 File R.L.  
 Category

Discharge, Date and Place Reason Character Diseases

H

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. Laconia 6-10-16					
10.10.16	96th Bn	SOS to 92nd Bn.	E, Sandling	8-10-16	D, O, 279
20.10.16	92nd Bn	TOS from 96th Bn.	E, Sandling	8-10-16	D, O, 288
29.10.16	-	S.O.S. to 15th Bn. Cleas	-	27.10.16	P# 0. 275.
8.11.16	15th	Taken on Strength	Field	3.11.16	Part II O# 45
18.4.17	-	2 Can Stat Hospital	Outreau	11-4-17	Ch 623a with arm severe
30.4.17	15	Horton County Spinal War Hosp	Epsom	16.4.17	Ch B 340
27.4.17	15	Imported to 1st Cent Art Reg	Field	15.4.17	P# 047 P# 054 (CORD)
23-6-17	15	Gran Can Spc Hosp	Lamsgate	19.6.17	Ch B 385

A.F.B. 103 CHECKED  
 24 NOV. 1916

P.T.O.



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.				
		Sailed to Canada for further medical treatment U.S. "Leticia" from L. port. 21-7-17. Reg. No. 3-2-1-65.			
30-7-17	RECORD	S.C.S. to Can. M.U. W.S. Ling Ann. H.R.C. Para 392 Sec 16		21-7-17	PA & DB. 143.
16-10-17	1 C.M.P.	Dis. Inverill spec. Hosp. Ramsgate.		21-7-17	6 R. B38
	Dis. Dep	To Con Home	M.D. 1/2 Toronto	2-8-17	R.R. 331.





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16551/330  
Dr

Name **Armstrong Thomas Henry**  
Surname Christian Name

Regimental Number **204657** Rank **Pte.**

Address (in full) **Juniata Bask.**

Unit **15th Batt.**

Original Unit

District where paid **MD. 12**

Date of Discharge

P. D. P. Filing Number **4-150-12**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1777	26-6-18	33 00	1690	26-7-18	34 10				33 00	67 10
<i>1521</i>	<i>20383</i>	<i>6.3.19</i>	<i>70 00</i>								
<i>1041A</i>	<i>2nd 28528</i>	<i>6.3.19</i>	<i>70 00</i>								

Remarks:

M. F. W. 127.  
50M-6 17.  
1772-39-1140.

Dec'n No. 16551/330 W.S.G. File No. 10551-A-76

Award ..... days at \$ 70 per day \$

S. A. .... months at \$ ..... per mo. \$ 35000

Less P. D. P. Credited \$100.10

\$349.90

Less further debit balance \$.....

Net due paid as below 249.90

TO SOLDIER'S DEPENDENT

6-3-19 }  
11-4-19 }  
12-5-19 }

O	Ag. No	Ch No	ou	Amount
1	1571	20383	70 00	
2	1041a	28528	70 00	
3	1138B	426388	70 00	
4	1043c	460331	39 90	
5				
6				
	T		249.90	Total

*Junata  
Lask*

GEN'L AUDITOR  
Posting checked by  
*[Signature]*  
Date 12/2/12

*Also*

*V*

Ote Name Armstrong Thos Henry

M. F. W. 41  
1 0M-7-16  
1772-39 889.

644

Regimental No. 204657

Home Name and address of next-of-kin Juniata Sask

Unit 96 Bn.

Date of enlistment 5.4.16

Med Board 13-8.17 Rec Conv Home

Place of " Saskatoon

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ Nil

Reason for discharge

To whom payable Letitia 1 <sup>8</sup>/<sub>17</sub>

Character on discharge

Rate D. HQ. 649 A 3848

5351-M. & D. 6880.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
12 <sup>7</sup> / <sub>16</sub>	11 <sup>2</sup> / <sub>17</sub>	51	100	51 00	50	105	510	178 16							English L.P.C.
	31 <sup>8</sup> / <sub>17</sub>							234 26							x D.D. Quebec.
															134 26 Trans to D unit fr
															234 26 19.17 with Cr Bal

MILITIA & DEFENCE OTTAWA  
CASUALTIES. C.E.F.  
SEP 3 1917  
Pay & Accounts Branch, Militia Dept.

g.h.



*10m*

Number 204657 Rank Plt.

*70m*

Surname ARMSTRONG

Christian Name Thomas Henry

Units 15<sup>E</sup> Bn. Com. Coy. Theatre of War France

Date of Service 27-10-16

Remarks 208 Blengang Bek

Latest Address G. P. O. Duntala

Saskatoon

Roll No 10m -8-21

*B. Page 20255*

10m -8-21



DEPT NOV 20 1922

REGN N(1) 00716

SURNAME:

*Armstrong*

CHRISTIAN NAMES

*Thomas Henry*

REGL. No.

*204657*

RANK

*Pte*

UNIT

*96<sup>th</sup>*

FORMER CORPS

*nil**3.05. Dis 23/5/18 12  
Part II - 35 of 22-5-18**Bn.*

## NEXT OF KIN.

NAMES IN FULL

*Armstrong, Thomas*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Juniata P. O., Sask.*

## CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Parry Sound, Ont.*

DATE

*Feb. 26<sup>th</sup> 1885*

PLACE OF ATTESTATION

*Saskatoon, Sask.*

DATE

*Apr. 5<sup>th</sup> 1916.**Sailed from Halifax**per S. Laconia 26/9/16 560**Returned to Canada per S. Laconia**21/10/16 M.D. 12  
H. 334*

MARRIED

SINGLE

*yes.*

WIDOWER

TRADE OR CALLING

*F. Armer.*

RELIGION

*Methodist.*

DESCRIPTION.

APPARENT AGE

*31.*

YEARS

*1.*

MONTHS

HEIGHT

*6.*

FEET

*—*

INCHES

CHEST MEASUREMENT

*43½*

INCHES

EXPANSION

*6.*

INCHES

COMPLEXION

*F. resk.*

EYES

*Blue.*

HAIR

*Brown.*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Saskatoon, Sask.*

DATE

*Apr. 5<sup>th</sup> 1916.*

No. 204654. RANK O 1E.

NAME Armstrong, J. H.

T. O. S. 5-4-16. UNIT 96th Battalion (Canadian Highlanders)  
105 of 6-4-16.

M. D. 16

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 April 5	1916. April 30.	h.		
	May	✓		
	June	✓		
	July	✓		
	Aug	✓		
	Sept.	✓	and forfeit five days pay B.O. 266.	

UNIT SAILED

SEP 26 1916

100

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

H M H S. H 1.

Army Form B. 268.

AD

AUG 2 1917  
Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>204627</u>	Army Rank <u>Private</u>
Name <u>Armstrong, Thomas H.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>15<sup>th</sup> Battalion Enlisted in 96<sup>th</sup> Battalion</u>	
Battalion, Battery, Company, Depôt, &c. <u>on 5-4-16</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>23<sup>rd</sup> May 1918</u>	
Place of discharge <u>Canada Regina Sask.</u>	
1. Description at the time of discharge.	
Age <u>33</u> years <u>3</u> months	Descriptive marks. <u>Loss of left hand.</u> <u>amp. at middle third.</u> <u>of left forearm.</u>
Height <u>6</u> feet <u>-</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fresh</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
Trade <u>Farmer</u>	
Intended place of residence (To be given as fully as practicable) <u>Janiala Sask.</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Becoming no longer fit for War Service</u> <u>Physically unfit - Wounds. N.P. 40 392 XVI</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character: <u>D. Good</u>	
4. Character awarded in accordance with King's Regulations:— <u>D. Good.</u>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

One  
—  
—

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Six (6) months in France

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Regina

(Date) 23. 5. 18

*[Signature]*  
Commanding *[Signature]* Batta. *[Signature]* Regiment *[Signature]*

8. Certificate to be signed by the soldier on discharge. O.C. N:12 District Depot

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Regina (Signature of Soldier.)

(Date) 23. 5. 18 (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 at 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 towards engagement to (the date to which the record of service is completed) 2 years 48 days.

Further service " " (the date of confirmation of discharge) ... .. " "

Total ... 2 " 48 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for 23. 5. 18 (date)

(Place) Regina

(Date) 23. 5. 18

Signature *[Signature]*  
O.C. N:12 District Depot

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

I hereby certify that there are no reservations.





204657

Pte Armstrong T. H.

Assigned Pay "Rel."

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
Brought Forw.			267	30.				12	279	30.								108	95	170	35.						
June 30 1917	10	33.							33									61.		202	44.						
July 9	9	90							9	90.										212	64.						
10-11	2	20						225	4	45										217	09						

Examined by 7/19/17

of 27 19 47 37 27 +6 24.

To Paid 2 Lg. 10/7/17  
Int Defd by 6 31/2/17

A3M FORM NEW - EFFEC -  
 DISCHARGED TO W. H. ... 11/7/17  
 PAYBOOK VERIFIED 11/7/17  
 BAL. 178.15 P.C. REND 11/7/17  
 AUTHV. Included, 4 Greenville 6 33. 6. 7. 17

Checked W. H. ...

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
Oct	Bulford								217.09
				W.A.A. 123.24/5/17 Details London	4.87				
				270R. 525.6648/6/17	4.87				207.35
				✓ 632. Gran Spec H. 21.6.17	4.87				
				✓ 721 do 30.6.17	24.33				178.15
					29.20				

Trans to bank liability etc  
Balance transferred to N. E. Branch. Nil.

## List of Discharge Documents.

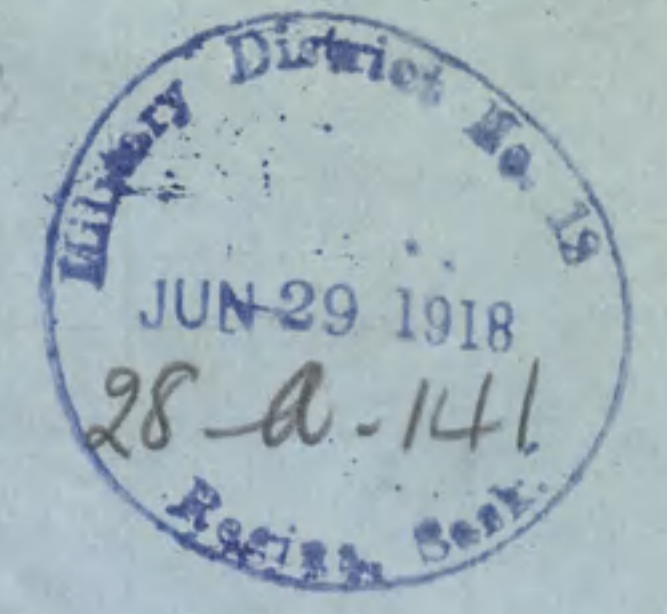
Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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



This space to be for numbers.

4-10-33



## Proceedings on Discharge.

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

No. 204657.	
Rank Pte.	
Name Armstrong, Thomas Henry. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 15 <sup>th</sup> Battalion.	
Date of Discharge 23 <sup>rd</sup> May, 1918.	
Place of Discharge Regina, Sask.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 33 years 3 months.	Descriptive Marks Loss of left hand. amp. at middle third of left hand.
Height 6 feet 1 inch.	
Complexion Fresh.	
Eyes Blue.	
Hair Brown.	
Trade Farmer.	
Intended place of residence Juniata, Sask. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of being physically unfit - "Wounds".	
<small>N. B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.  Very good. <i>J. M. [Signature]</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-33-113.

(OVER)

*R. J. [Signature]*  
K.E.  
31.12.19.  
com.

*W.S.G. 11.2.19.18.*

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

*None*

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

6. Medals and Decorations.....

*Six (6) months in France*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Regina Sash*

(Date) *23/5/18.*

*J. M. Anson Lt. Col.*  
Commanding *#12. District Depot.*

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Regina Sash* *J. H. Henry Armstrong* (Signature of Soldier.)

(Date) *23/5/18.* *W. L. H. W.* (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]* (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) *2* years *48* days.

Total *2* years *48* days.

11. Confirmation of Discharge.

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

(Place) *Regina Sash.*

(Date) *23/5/18.*

(Signature) *J. M. Anson Lt. Col.*  
*etc. #12. District Depot.*

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.)

*I hereby certify that there are no reservations.*

*J. H. Henry Armstrong*

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :-

The Board having considered the evidence of the soldier marginally named together with the documents submitted, recommend :-

THE ENTIRE DISABILITY WITHOUT REGARD TO HIS REGULAR OCCUPATION TO WHAT EXTENT IS HIS CAPACITY LESSENED AT PRESENT FOR EARNING A FULL WAGE IN THE GENERAL MARKET FOR UNTRAINED LABOUR?

THE PENSIONABLE DISABILITY (see Part I (3)) AGGRAVATION ON ACTIVE SERVICE OF A DISABILITY EXISTING PREVIOUS TO JOINING IS TO BE INCLUDED IN THE AWARD?

PERMANENT PART OF THE ENTIRE DISABILITY ESTIMATED NEXT ABOVE IN (1) IS DUE TO CAUSES ARISING DURING ACTIVE SERVICE? (Estimate in Part I (3) or all)

IF AN OPERATION WAS ADVISED AND DECLINED, DO YOU CONSIDER THE REFUSAL TO HAVE BEEN UNREASONABLE?

REMARKS

Classification for the Military Hospitals Commission

(a) Invalid to Canada? (b) Fit for base duty? (c) Fit for duty?

Dated at this day of 191

Signatures of the Board, President, and other officials with dates and stamps.

Reserved for M.H.C.

Regt. No. 204657 Rank Pte Surname ARMSTRONG, Christian Name Thomas, H. Unit or Corps—(a) Overseas from United Kingdom 15th Battn (b) In United Kingdom 5th Res Bn Born at—Town PARIS County or Province ONTARIO, CANADA. Date of Birth—Day 26th Month Feb. Year 1885 Age 32 yrs 4 months.

Joined at SASKATOON, SASK. Date April 5th 1916 Former Trade or Occupation FARMER Permanent marks or peculiarities that will serve for future identification:—

NONE.

Height—feet 6 inches 0 Colour of eyes Blue

Signature of Soldier (for identification purposes) J. H. Armstrong

Medical Report. The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.)

Disabilities Group (a). Loss of left hand. Amp. at middle third of left forearm. Disabilities Group (b). Not applicable. Disabilities Group (c). Not applicable.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: Shrapnel wound at Compound fracture left Radius and Ulnar, Lower ends. Vimy Ridge 9-4-17. Row 2: Not applicable. Not applicable.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. (ii) As to Group (b) above? Not appl. (iii) As to Group (c) above? Not appl.

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? Yes. (ii) As to Group (b) above? Not appl. (iii) As to Group (c) above? Not appl.

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? **Yes** (ii) While off duty? **No**

(iii) Was a Court of Inquiry held? **No** (iv) Where? **15th Bn Canadian Gen. at Boulogne** (v) When? **April 15th 1917**

(vi) Opinion of the Court? **Not applicable.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Compound fracture lower end of left radius and ulna, caused by shrapnel at Vimy Ridge April 9th 1917. Amputation at Middle Third forearm. C.C.S. at Baffin April 11th. To No. 2 Canadian Gen. at Boulogne-April 15th. To Horton War Hospital, Epsom-January 19th 1917. To G.C.S.H. Ramsgate.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient in good general condition. Amputation left forearm at middle third—Stump clean and healed. Free movements at elbow joint and shoulder joint. Some atrophy of muscles of stump. All other systems are normal.

8. OPERATION. (i) Was one performed? **Yes**

(ii) If so, state what. **Amputation middle third left forearm.**

(iii) Was one advised and declined? **Not applicable.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii) If so, describe. **Not applicable.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No.**

(b) Fit for base duty? **No.**

(c) Invalid to Canada? **Yes.**

(d) Discharge from the Service as permanently unfit? **No.**

Date of Report **Jan. 28th 1917** Station **G.C.S.H., Ramsgate**

Signed **[Signature]** Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except

(Sgd) **MELSON N. Cooper, Captain, G.C.S.H. Ramsgate**  
Registrar for O.C.S. (S.M.O. Brigade) of these.

Dated at **June 28th 1917**

Proceedings of a Medical Board on the Soldier mentioned in Part I.  
Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? **Yes**

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? **Yes**

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier { Caused? **No** Aggravated? **No** }

(b) Misconduct of the Soldier { Caused? **No** Aggravated? **No** }

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%) **Sixty four cent**

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.)

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/8, 1/4, 1/2, 3/4, or all.) **all**

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent? **Yes**

(ii) If not permanent, what is its probable minimum duration (in months)? **not applicable**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **not applicable**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **Yes**

(d) Discharge from Service as permanently unfit? **No**

Classification for the Military Hospitals Commission. **A**

Date of Board **29 JUN 1917** Station **G.C.S.H. RAMSGATE**

Approved **[Signature]** CAPT FOR A.D.M.S. CANADIANS SHORNCLIFFE

Dated at **SHORNCLIFFE (19, Westbourne Gardens, Folkestone)**

Signatures of the Board **[Signature]** President. **[Signature]**

A.D.M.S. Station **8 JUL 1917**

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

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at on the day of 191

Members of the Board:—

11. Is the disability fully indicated in Part I? Yes

12. Is the cause of the disability fully indicated in Part I? Yes

13. Was the disability caused: (a) Negligence of the Soldier? (b) Misconduct of the Soldier? (c) Cause? No

14. THE ENTIRE DISABILITY. Without regard to his regular occupation to what extent is his capacity lessened at present for earning full livelihood in the general market for untrained labour? Sixty per cent.

15. THE PENSIONABLE DISABILITY—(see Part I.) Approximation on Active Service of a disability existing previous to joining is to be included in the estimate? Yes

16. Permanency of the Pensionable Disability estimated next above in (15)? (i) Is it permanent? Yes

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable.

18. Remarks

19. Recommendation:—(a) Fit for duty? No (b) Fit for base duty? No (c) Invalid to Canada? Yes

Classification for the Military Hospitals Commission: A

(d) Discharge from Service as permanently unfit? No

Date of Board: June 25th 1917. President: G.C.S.H., Kameguts. Signatures of the Board: [Signatures]

Regt. No. 204657 Rank Pte Surname ARMSTRONG, Christian Name THOMAS, H. Unit or Corps—(a) Overseas from United Kingdom 15th Batta (b) In United Kingdom 5th Res Bn Born at—Town PARIS County or Province ONTARIO Country CANADA. Date of Birth—Day 26th Month Feb. Year 1885 Age 32 yrs. 4 months.

Joined at SASK TOON, SASK. Date April 5th 1916 Former Trade or Occupation PAINTER

Permanent marks or peculiarities that will serve for future identification:—

NONE.

Height—feet 6 inches 0 Colour of eyes Blue

Signature of Soldier (for identification purposes) J.H. Armstrong

Medical Report. The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will mainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Disabilities Group (a) Loss of left hand, Amp. at middle third of left forearm. Disabilities Group (b) Not applicable. Disabilities Group (c) Not applicable.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: Shrapnel wound & Compound fracture left Radius and Ulnar, Lower ends. Vimy Ridge 9-4-17. Row 2: Note applicable. Not applicable. Row 3: do do do do.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. If yes, has Active Service aggravated it? Not appl. (ii) As to Group (b) above? Not appl. If yes, has Active Service aggravated it? Not appl. (iii) As to Group (c) above? Not appl. If yes, has Active Service aggravated it? Not appl.

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? Yes (ii) As to Group (b) above? Not appl. (iii) As to Group (c) above? Not appl.

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? **Yes**

(ii) While off duty? **No**

(iii) Was a Court of Inquiry held? **No**

(iv) Where? **—**

(v) When? **—**

(vi) Opinion of the Court? **Not applicable.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Compound fracture lower end of left radius and ulna, caused by shrapnel at Vimy Ridge April 9th 1917. Amputation at middle third forearm. G.C.S. at Baffin April 11th. To No. 3 Canadian Gen. at Boulogne-April 15th. To Horton War Hospital, Epsom-January 19th 1917. To G.C.S.H. Ramsgate.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient in good general condition. Amputation left forearm at middle third. Stump clean and healed. Free movements at elbow joint and shoulder joint. Some atrophy of muscles of stump. All other systems are normal.

8. OPERATION. (i) Was one performed? **Yes**

(ii) If so, state what. **Amputation middle third left forearm.**

(iii) Was one advised and declined? **Not applicable.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii) If so, describe. **Not applicable.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **Not applicable.**

(b) Fit for base duty? **No.**

(c) Invalid to Canada? **No.**

(d) Discharge from the Service as permanently unfit? **Yes**

Date of Report **1917**

Station **Jan. 28th 1917**

**G.C.S.H., Ramsgate**

I have satisfied myself of the general accuracy of the above Report, and concur therein "except"

Dated at **G.C.S.H., Ramsgate**  
**June 28th 1917**

\* Delete if inapplicable.

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

It is to be understood that the Board is to be constituted by the Pensions and Claims Board on the Soldier mentioned in Part I. and its decisions are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)?

If not, indicate it.

**Yes.**

12. Is the cause of the disability fully indicated in Part I (2)?

If not, indicate it.

**Yes**

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier { Caused? **No**  
Aggravated? **No**

(b) Misconduct of the Soldier { Caused? **No**  
Aggravated? **No**

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

**Sixty per cent.**

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1, 2, 3, 4, or all).

**ALL.**

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent?

**Yes**

(ii) If not permanent, what is its probable minimum duration (in months) **Not applicable.**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

**Not applicable.**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No.**

(b) Fit for base duty? **No.**

(c) Invalid to Canada? **Yes.**

**F.G.** (d) Discharge from Service as permanently unfit? **No.**

Classification for the Military Hospitals Commission.

**A.**

Date of Board **June 29th 1917**

Station **G.C.S.H., Ramsgate**

Approved

Dated at

**SHORNCLIFFE—**  
(18, Westbourne Gardens, Folkestone.)

Signatures of the Board

(Sgd) **E.F. Boyer, Capt. C.A.M.C.** President.

(Sgd) **J.A. McCollum, Capt. C.A.M.C.**

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

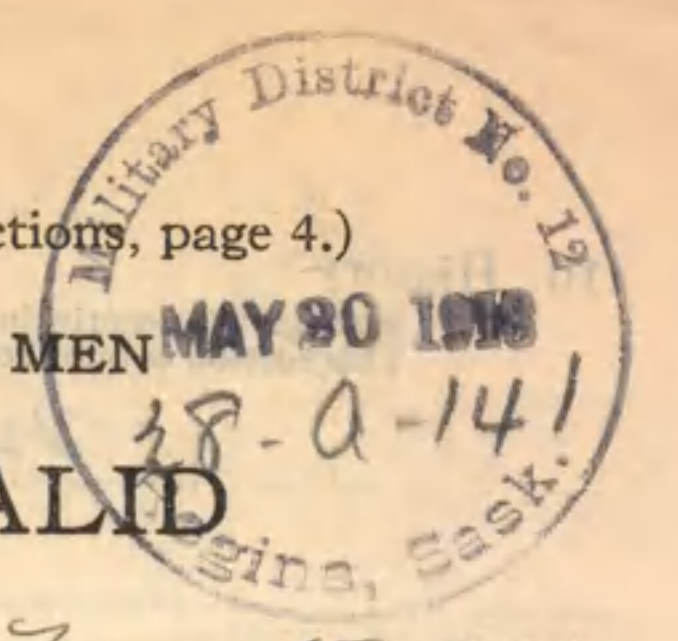
Station

**3 JUL 1917**

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

# MEDICAL HISTORY OF AN INVALID



STATION Wossau DATE May 17-1918

1. (a) Unit 12. Dist Depot (b) Regimental No. 204657 (c) Rank Plt.  
(d) Surname Armstrong (e) Christian name Thos. H.  
2. Age last birthday 33. Date of birth Feb. 26-1885.  
3. Enlisted at Saskatoon Sask on April 5th 1916

4. Personal description :-  
(a) Height 6. (b) Weight 185. (c) Complexion Fair.  
(d) Colour of hair Brown. (e) Colour of eyes Blue (f) Identification marks Scar 1 1/2 inches long over right knee.

5. Address after discharge (for the use of the Board of Pension Commissioners) Juniata Sask.

6. Former trade or occupation Farmer

7. (a) Service	PERIODS	
	From	To

(b) Has he been overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible) Loss of left hand.  
(a) Date of origin 9-4-17 (b) Place of origin Vimy Ridge  
(c) Cause\* Shrapnel  
\*(Here include original disease or injury)

9. Present condition. (Important to be a full description of the present disabling condition or conditions).  
Had compound fracture of the left radius & ulna. Amputation upper end of middle third forearm. Wound healed, no tenderness about the scar. Free movement at elbow and shoulder joint. Wears an artificial limb. Other system normal.

STATEMENT OF THE SOLDIER  
AS  
[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

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

## INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
- The nomenclature of diseases to be followed is that 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 and Sons.



10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

none.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

not applic

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? no

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? not applic

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

(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.)

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

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

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

19. Can the former trade or occupation be resumed? yes Partially

20. Recommendations. That he be discharged

Jos. B. Underhill MD  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned J.H. Armstrong have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J.H. Armstrong  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

yes

22. Is the soldier fit for

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

23. It is certified that the soldier

- (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).

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

yes

TO BE COMPLETED WHEN TREATMENT IS REFUSED

Robt Gibson, Major } President  
 S. W. Radcliffe M. D. } Members  
 Jos. B. Underhill MD }

STATION. Moose Jaw.  
 DATE. May 17-1918

APPROVED BY W. Oswald CPE  
 DATE. 20-5-18  
 Assistant Director of Medical Services.

APPROVED BY  
 DATE.  
 Director-General of Medical Services.