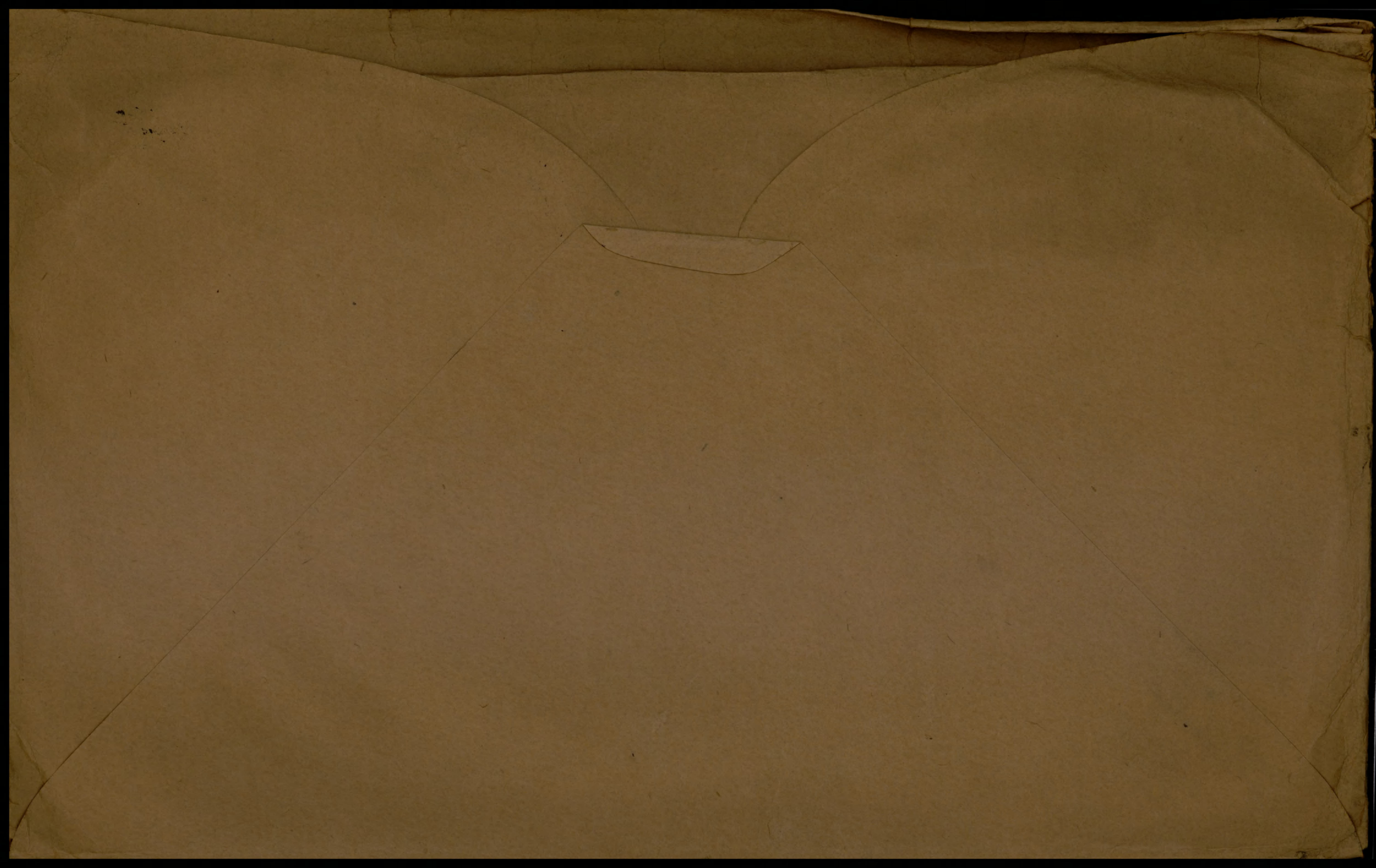


W 2589
DOM-11-18
4772 SS 1577



ATTESTATION PAPER.

No. 3891

Folio. 11

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Braniff, Eugene*
2. In what Town, Township or Parish, and in what Country were you born? *Berlin, Ont*
 What is the name of your next-of-kin? *Father, Henry Braniff*
 What is the address of your next-of-kin? *119 Young St. Berlin, Ont*
3. What is the date of your birth? *27 Aug 1893*
4. What is your Trade or Calling? *Carpenter*
5. Are you married? *No*
6. Are you willing to be vaccinated or re-vaccinated? *Yes*
7. Do you now belong to the Active Militia? *Yes*
8. Have you ever served in any Military Force? *Yes Berlin City Regt*
 If so, state particulars of former Service.
9. Do you understand the nature and terms of your engagement? *Yes*
10. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

Eugene P Braniff (Signature of Man).
J. MacRae (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Eugene Braniff*, do solemnly declare that the above answers made by me to the above questions 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.

Date *Oct 26* 1914. *Eugene P Braniff* (Signature of Recruit)
J. MacRae (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Eugene Braniff*, do make Oath, that I will be faithful and true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as 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.

Date *Oct 26* 1914. *Eugene P Braniff* (Signature of Recruit)
J. MacRae (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 truly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Berlin* this *26* day of *Oct* 1914.

J. MacRae (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. MacRae (Approving Officer)

Description of Eugene Braniff on Enlistment.

Apparent Age 21 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5-9 1/2 ft. 1/2 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 ins.

Complexion Hazel Dark

Eyes Hazel Black

Hair Black

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

No brown marks from injuries on left shin.

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 Oct 26 1914.

Place Galt

John H. Katz
Major
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Eugene Braniff having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. H. [Signature] John H. Katz (Signature of Officer)

Date Oct 26 1914.

CANADIAN EXPEDITIONARY FORCE

War Service Badge DISCHARGE CERTIFICATE

Class "A" No.

THIS IS TO CERTIFY that No. 53891 (Rank) Corp.

Name (in full) Engine Patrick Braniff enlisted in
the 18th Battalion Cdn. Infantry

CANADIAN EXPEDITIONARY FORCE at Galt Ont. on the 26th
day of October 19 18.

HE served in 4th Bn. Cdn Engineers
in France.
Demobilization.

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

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

Age 25

Height 5 ft 9 1/2 in.

Complexion dark

Eyes hazel

Hair black

Marks or Scars.....

2 brown marks from
injuries on left shin.

EP Braniff.
Signature of Soldier.

Date of Discharge

No. 2 District Depot
Toronto, Ont.
MAY 29 1919

Issuing Officer.

For
O.C. No. 2 District Depot.

Rank

Date MAY 29 1919 19....

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

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

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

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

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

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

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

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

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

MAY 29 1919

(b) Reason for discharge

DEMOBILIZATION

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

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

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

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

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This day of

19

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

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY

Certified this document
checked with
regimental documents.

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

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

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

1. Christian names Eugene Patrick 2. Surname BRANIFF
3. Rank Cope 4. Original Unit 18th Bn 5. Reg. No. 53891
6. Address, in full, to which future payments of gratuity are to be forwarded
119 Yonge St
Kitchener - Ont
7. Date of enlistment in the C.E.F. 26/10/14
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge No APH
9. Relationship of such dependent No APH
10. Address, in full, of such dependent No APH
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No APH
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:—
APH
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? APH
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service:—
APH
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 4 years 5 mth
18th Bn - 22 mth
Canadian Engineers 33 mth
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No APH
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No APH

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERSNAME OF SOLDIER (Block Letters) BRANIFF Eugene PatrickREGIMENT 4th Bn C.E. RANK Cpl. No. 53891Date of Examination in England 17/4/49 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

29

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France Yes

Signature of Dental Officer

H. H. Anderson Cpl.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

11198

Nov 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 5-3891
 Rank pte Promoted Reverted Discharge
 Soldier's Name E. P. Braniff
 Battalion 18th Bn
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Braniff
 Address 119 Young St. Kitchener
 Change of Address Ontario
 1
 2
 3
 4

31 Oct 17. 240 = 240 -

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Nov	C 47983		20	20	
Dec	B 61709		20	20	
1918.					
Jan.	A 58436		20	20	
Feb.	C 94562		20	20	
Mar	A 101849		20	20	
Apr.	C 5770		20	20	
May	E 12610		20	20	
June	D 20559		20	20	
July	V 28351		20	20	
AUG.	C 32492		20	20	
SEP.	D 38788		20	20	
OCT.	F 42599		20	20	
NOV.	B 54178		20	20	
DEC.	C 67090		20	20	
JAN.	H 70147		20	20	
FEB.	J 79463		20	20	
MAR	7 85626		20	20	
APR	S 1150		20	20	
May	S 6335		20	20	
June					
			62000	62000	

AUDITED.

Ret'd per

Date 27/5/19

Closed

MD La 120208 and 2/6/19



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503. - Req. 8332

PAYMENTS.

Name of Soldier

Branniff E. P.
Pte 18th Bn
Now 1st/16.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		035965	40	
Jan.	1917	037511	20	
Feb.		0443007	20	
March		049634	20	
April		252	20	
May		66463	20	
June		J13556	20	
July		F20508	20	
Aug.		I27060	20	
Sept.		H34135	20	
Oct.		y. 47964	20	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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 240 B.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_____

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.

50m.—6-16.

H. Q. 1772-39-819.

To Whom

Address

By Whom Assigned

Regtl. No.

Rank

Corps

Rate

20⁰⁰ Nov 1st/16
2 M 6¹¹/₁₆ APR 19¹²/₁₆ **PAYMENTS**

Month

Year

Cheque
No.

Amt.

REMARKS

Aug.

1914

Sept.

Oct.

Nov.

Dec.

Jan.

1915

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

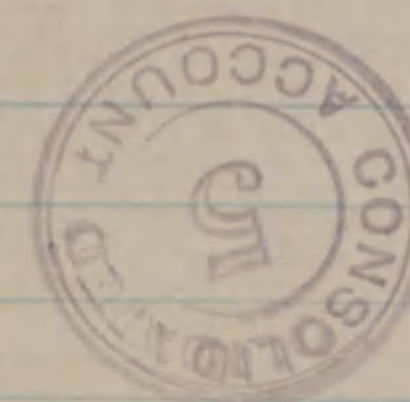
Dec.

Jan.

1916

Feb.

March



Rank 7th

Name _____

BRANIFF Eugene

Reg'l No.

53891

Unit 18th Battn.

If in perm. Corps, }
What Unit? }

Married or Single

Single

Place and Date of Enlistment Galt Ont. 26th Oct. 1914

Place of Birth Berlin Ont.

Name and Address, Next-of-Kin	Henry Braniff, 119 Young Street, Berlin, Ont.
-------------------------------	---

Father.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits		Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount				No.	Date						
1/5	31/5	31	1	31	31	10	310			3410			3250v			3250	160	
1/6	30/6	30		30	30		3			33			3250v			3250	310	
1/7	31/7	31		31	31		310			3410			3250v		110	3360	560	1 dep. #3351
								560		260								W. Exchange
1/8	31/8	31	1	31	31	10	310			3410	272		3406v			3406	534	
1/9	30/9	30	1	30	30	10	3			33	407		268v			268	3556	
1/10	31/10	31		31	31		310			3410	447		524v			524	6442	
1/11	30/11	30		30	30		3			33	529		568v			568	9474	
1-12	31-12	31		31	31		310			3410	1284		87v			87	12797	
1-1-16	31-1-16	31		31	31		310			3410	1333		349v		3060	4020	12187	H.S.V. 51 days Pto. 4 22/1/16
1-2-16	29-2	29		29	29		290			3190	860		261v			522	14855	
March		31		31	31		310	9		4310	814		261v			785	18380	1720 order 4. Sub 5. 22-1-16 Corrected H.S.V 50 per day for 53 day instead of 51 day Co. overcharge #9. P.O.N. 2/3-16 Hatched 780. Adj. in Aug/Sept. 1916.

[illegible]

Rank _____ Name **BRANIFF Eugene** Reg'l No. **53891**
 Unit **18th Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Galt Ont. 26th Oct. 1914** Place of Birth **Berlin Ont.**
 Name and Address, Next-of-Kin **Henry Braniff, 119 Young Street, Berlin, Ont.**
 Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____

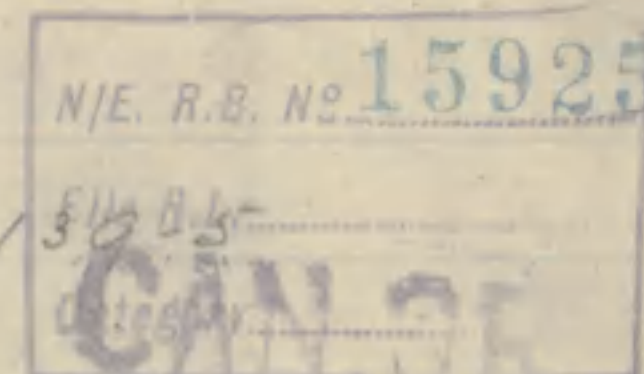
Relationship _____

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				
29-4-15	O.C. 18	Arrived per St. Grampian England		29-4-15	Infm Form
16. 7. 15	O.C. 18th	Forfeited 1 day pay = abs. w. l.	W. Sandling C.	16. 7. 15	Pt. II - 335
18. 9. 15	O.C. 18th	Embarked for France (Sick)	Folkestone	14. 9. 15	Inform. Form
23. 11. 15	W.O.	Convalescent Depot	Boulogne	17. 11. 15	Cas. List 78
27. 11. 15	"	No. 9 Stationary Hospital	Hove	18. 11. 15	" " 82
17. 12. 15	"	No 1 Camp Details	Hove	11. 12. 15	" " 96
14. 1. 16	"	Admitted Class "A"	Emb Base Depot	4. 1. 16	" " 117
24. 1. 16	"	Proceeded to join Unit	"	15. 1. 16	" " 125
22. 1. 16	O.C. 18	Stopped 50 th day for 51 days in hospital	Authority: Canadian Overseas Base Paymaster No. 4-21, dated 5/10/15 Part II no. 4.		
31. 1. 16	W.O.	Rejoined Unit	From Base	17. 1. 16	Cas. List 131
21. 3. 16	O.C. 18th	Part II Order No. 4 22. 1. 16 is corrected to read "Stopped 50 th day for 23 days in hospital from 18. 11. 15 to 11. 12. 15 instead of 51 days.	In Field		Part II no. 13. (over)



Braniff. E. 53891

33400

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				
14.5.16	2 nd C. D. E.	Attached to 2 nd Div. Eng. N.O.	-	21.3.16	Pt II 20.
21.8.16	O.C. 18 th Transp ^o	to 4 th Field Co., C.E.	Field	18.7.16	Part II 33.
21-8-16	Hdqrs. 2 nd Eng.	beases to be attached on being J.O.S. on transfer from 18 th Batt. (Transferred to 4 th Fld. Coy.)	"	18-7-16	Pt. II Q. 33.
21-8-16	4 th Fld. Coy.	J.O.S. from 18 th Batt. to	In the field	19-7-16	Pt. II Q. 33
2.7.18	4 th Bn. C.E.	J.O.S. from 4 th Fld. Coy.	"	5.6.18	DO. 1. 44 F. Co 30/27
8.6.18	4 th F. Co.	Appntd. L/corps. Paid	"	14.4.18	DO. 28
6.8.18	4 th Bn. C.E.	Promoted 2 nd Cpl.	"	24.5.18	D.O. 7
18.11.18	"	Appntd. A/cpl	"	27.5.18	D.O. 33.
24-5-19	H. Wing T O S from 4th Bn	Witley	15 4 19	DO 28	
24-5-19	H. WgCCC	SCS TO CANADA	Witley	19.5.19	DO(46).
		58-2-73			

33400

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

5c -9-16

H. Q. 39-9-20.

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

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 53891 Rank Spr Name Branniff Eugene P.
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
MAY 19 1919 O. S.		T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. 160
MAY 29 1919 S. O. S.		(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. C. 160
					<i>W. C. Roberts</i>
					Lieut For O. C. No. 2 District Depot.

(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.

I.P.T.O.

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

Casualty Form - Active Service.Regiment or Corps **4th Field Coy. C.I.**Rank **Apr.** Surname **Brariff** Christian Name **E.P.**

Religion Age on Enlistment..... years months

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

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

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

Occupation Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
2-6-17.	A.C.	Granted 10 days leave - England		30-5-17	B213 P/20-25
14/4/17	do	off leave	Fed	12/6/17	B213 P/37
28/1/17	do	To 1st Mining School	✓	26 7/17	B213,
18/8/17	do	off command	-	11/8/17	B213
15 9/17	do	To Rest Camp		10 9/17	B213
22 9/17	do	Rejoined		22 9/17	B213
8/12/17	O.C.	On 14 days leave	Home	6/12/17	B213 P/73.
29 1/17	do	off leave	Fed	23 12/17	B213 P/1
8/2/18	4 C.F.A.	Inf of Pharmacy A	4 C.F.A	8/2/18	O1937.
do	6 00	do A170	do	do	O1995i
9/2/18	do	leave sick	Fed	8/2/18	B213,

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
12 ² / ₁₁ 10 ² / ₁₈ 1. 6. 18	4. C. L. A. OC OC	Influenza. By'd unit app. L/cpl laid	A. D. C. G. Fed	12 ² / ₁₁ 12 ² / ₁₈ 14.4.18	S 2908 B 213, B 213 P/28.
	W/O	S O S & F C C E ON TRANS TO 4 C.E. BN T, U.S. 4 C E BATT-	do do	4-6-18 5-6-18	PT 2, 30, D. 2, 7, 18 P 2/O. 1. "
27.7.18. 2. 11. 18. 30-11-18	4 Br. C.E. to 4 th Bn C.E.	Promoted 2nd Cpl. App'd A/cpl with pay Granted 15 Days Leave to 26-11-18 to 10-12-18	Field "	24.5.18 27.8.18 26-11-18	B 213 P. 2/O. 4. B 213 p 2/O. 33. d/18-11-18 B 213 Pk II. O 34
28.12.18	Do	Off leave		24.12.18	B 213.
	O.C. Emb. Camp	ENGLAND GROUP		AVR 1919	
		Embark H.M.T. Cedars! Liverpool 19-5-19			
		Capt. & Adj.			
		Canadian Section			
		S.O.S. ON PROCEEDING TO CANADA.			
		PART II. "H" WING, C.C.C.			
		17/5/19.			
		for P.C. A/cpl Bn C.E.			

G. J. Skelton

W. S. B. Class A.

33400
Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps

18th Battalion, C.E.F.

Regimental No.

53891

Rank

Pte

Name

Braniff

Eugene P.

Enlisted (a)

26 Oct 1914

Terms of Service (a)

War

Service reckons from (a)

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

CERTIFIED CORRECT.
Canadian Record Office
Westminster

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				
	18th Bn	Disembarked in France	Boulogne	15-9-15	Nominal Roll
20-11-15	5th Can. Hld. Amb.	Ulcer on penis. Admitted	5th Can. Hld. Amb.	14-11-15	A 36, 20 ¹¹ / ₁₅ .
20-11-15	do	do Transferred	To No. 8 C.C.S.	15-11-15	do.
17-11-15	No. 1 Conv. Dep.	Sick 'V' Admitted	No. 1 Conv. Dep.	17-11-15	W 3034, 17 ¹¹ / ₁₅ . B. 213, 19 ¹¹ / ₁₅ .
17-11-15	do	do Transferred	To Havre	17-11-15	do.
18-11-15	No. 9 Stat.	Admitted	No. 9 Stat.	18-11-15	W 3034, 18 ¹¹ / ₁₅ .
11-12-15	do	V. D. S. Discharged	To No. 1 Camp Details	11-12-15	W 3034, 11 ¹² / ₁₅ .
22-11-15	No. 8 C.C.S.	Ulcers on penis. Admitted	No. 8 C.C.S.	15-11-15	A 36, 22 ¹¹ / ₁₅ . D.C.S. 72, 23 ¹² / ₁₅ .
22-11-15	do	do Transferred	To No. 21 Train	16-11-15	do do.
8-1-16	No. 1 Camp Det.	Class A. Transferred	To Base Depot.	3-1-16	D.C.S. 95, 23 ¹⁶ / ₁₆ .

(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 duties.

[P.T.O.]

OVER

53891 Pte Braniff E.P.

33400

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				
4-1-16	Can Base Dep.	Class 'A' Admitted Stopped 50¢ per diem for 51 days in hospital. Authority: Can. O.S.B. Paymaster, No. 4-21, dated 5/11/15	Can Base Depot	4-1-16	Nom. Roll. DCS. 85, 17 1/16 Part II Order 4, 22 1/16.
15-1-16	Can Base Dep.	Proceeded to rejoin unit	In the Field	15-1-16	Nom. Roll, 15 1/16. DCS. 93, 20 1/16.
21-1-16	18th Bn.	Rejoined unit	do	17-1-16	B. 213, 21 1/16. DCS. 99, 28 1/16.
12-3-16	18th Bn.	Stoppage of 51 days. 22 1/16, corrected to 23 days			Part II Order 13, 21 3/16. letter, 12 3/16, (III/INF/18/43)
30-4-16	2nd Can Div.	Attached for rations & duty to HQ, 2nd Can Div. Engineers	HQ, 2nd Can Div. Engineers	21-3-16	Rout Ord 2128, 30 4/16. DCS. 180
	Can. Sect, GHQ, 2nd Ech.	Transferred to 4th Yld. Coy., C.E., & struck off strength of 18th Bn. Auth: Can. Sect, GHQ, 2nd Ech. No. 5726. Can Corps A-3-1033, dated 18/7/16.	In the Yld.	18-7-16	Pt. II Order 33, 21/8/16 (Can. Sect. No. 5726)
18-7-16	Can Corps	Auth: Can Corps Taken on strength of No 4 Yld Coy Can Corps		19-7-16	Auth: Can Corps A31033 Pt 2 Dtd D 21-8-16.
2-9-16	Ab	Joined Unit	Field	29-8-16	R 213 Dtd 25/8-9-16.
17-12-16	Ab	Absent with leave from 8 p.m. 13-12-16 to 1 p.m. 14-12-16. (17 hours)			Spent 4 days & 1 night in hospital, 2 days, 1 night in hospital, 15-12-16 to 17-12-16.

33400

Surname *Braniff* Christian Name or Names *E* Reg. No. *53891.*
 Rank *Pte* Unit *18th Battⁿ C.E. (476)* Troop Batty.
 Hospital Date of Admission

Transferred *#9 Stat. Hosp. Havre* Hosp. *16-11-15.*

1 Con depot

Hosp. *17-11-15*

No. 1. Camp. Details Havre.

Hosp. *11.12.15*

4 line fld Amb

Hosp. *8.2.18*

Diagnosis *N.Y.D. 514.*

(1) *V.D.S.*

Later Diagnosis (if changed).

(2)

Pharyngitis by

(3)

Additional Diagnoses: if more than one state present

DISPOSITION

Date

C.L. 27-11-15 #82.

" 23-11-15 #78.

" 17.12.15 #96

' 31-1-16 121

. 14-1-16 117

. 24-1-16 125

13.2.18 A138.

18.2.18, A142

REMARKS

Rejoined Unit
17-1-16

Dis. to Duty 12.2.18

A.M.D. 2 DEPT.

Bch. of D.C.M.S. D.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Number 53891 Rank as cpl.

Surname BRANIFF

Christian Names Eugene P.

Unit 18th Bn. Can. Inf. Theatre of War France

Date of Service 16-9-15

Remarks 108 Charon street

Latest Address ~~8 PO~~

Nikheer Dutt

Roll No. 13

Page 2 of 7

G. 14176 *Levy*

APR 22 1921

G. 84715 - *dfsp*

SEP 23 1921

[illegible]

SURNAME.

Braniff

33700

CARD NO.

2-2

CHRISTIAN NAMES

Eugene P.

Sgt. Dis 29-579 Memok

FOLL.

*Exp. 16019619
2 2020*

REGL. No. *53891*

RANK

Pte.

UNIT *18th.*

Batt.

FORMER CORPS

Berlin City Reg't.

NEXT OF KIN.

NAMES IN FULL

Braniff, Henry

RELATIONSHIP TO SOLDIER

Father

ADDRESS

119 Young St. Berlin, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Berlin, Ont.

DATE

PLACE OF ATTESTATION

Galt, Ont.

DATE

Oct. 26th 1914

Sailed from Halifax Per S.

*S. "Grampian" - 18-4-15.
17.6.27*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Name Braniff Eugene Rank Pte.

33400
Reg. No. 53891

Unit 18th. Battalion.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-11	No. 1 Conv. Depot.	B'logne.	Sick.	78		
18-11	No. 9 Sta'y. Hosp.	Havre.	"	82		
11-12	No. 1 Camp Details.	" " "	V.D.S.	96		
4-1-16	Admitted Class A.		"	117		
15-1	Proceeded to join Unit.		"	125		
17-1	Joined Unit.		"	131		

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

H. Q. FILE No. 649-

REGT'L No.

NO.

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
78.	No 1 Conv. Depot Boulogne.	17-11-15	Sick.
82	No. 9 Stat., Havre	18-11-15	N. Y. D., slt.
96.	# I Camp Details Havre	11-12-15	U. K. S.
117	# 3 Gen. Base Depot. Adm. to Class 4.	4-1-16	V. D. S.
125	Proceeded to join unit	15-1-16	V. D. S.
131 "	Rep. from base Ref Unit	17-1-16	

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.-28-11-17.

H. Q. 1772-39-893.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

W138	# Can Hld Amb	8-2-18	Pharyngitis
A142	Disch. to Duty	12-2-18	" " Can Eng

No. 891
63891

RANK

Pte

NAME

Braniff, E

T. O. S.

UNIT

18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 26	Nov 30	✓		
	Dec	✓		
1915	1915			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		

UNIT SAILED

APR 18 1915



B 6-862

AUDITOR	PAYMASTER
----------------	------------------

REGT. No. 53891

RANK Cpl.

NAME (IN FULL) BRANIFF, E.P.

(BLOCK LETTERS SURNAME FIRST)

PLACE
Toronto

DATE 11-25-76

REASON Demob

AUTHORITY
Do 160

IF ENTITLED TO
POST DISCHARGE **YES**
PAY

BALANCE
FROM
PREVIOUS
ACCOUNT

Braniff Eugene

MONTH PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	DR.5	DR.6	DR.7	DR.8	DR.9	DR.10	DR.11	DR.12	DR.13	DR.14	DR.15	DR.16	DR.17	DR.18	DR.19	DR.20	DR.21	DR.22	DR.23	DR.24	DR.25	DR.26	DR.27	DR.28	DR.29	DR.30	DR.31	DR.32	DR.33	DR.34	DR.35	DR.36	DR.37	DR.38	DR.39	DR.40	DR.41	DR.42	DR.43	DR.44	DR.45	DR.46	DR.47	DR.48	DR.49	DR.50	DR.51	DR.52	DR.53	DR.54	DR.55	DR.56	DR.57	DR.58	DR.59	DR.60	DR.61	DR.62	DR.63	DR.64	DR.65	DR.66	DR.67	DR.68	DR.69	DR.70	DR.71	DR.72	DR.73	DR.74	DR.75	DR.76	DR.77	DR.78	DR.79	DR.80	DR.81	DR.82	DR.83	DR.84	DR.85	DR.86	DR.87	DR.88	DR.89	DR.90	DR.91	DR.92	DR.93	DR.94	DR.95	DR.96	DR.97	DR.98	DR.99	DR.100	DR.101	DR.102	DR.103	DR.104	DR.105	DR.106	DR.107	DR.108	DR.109	DR.110	DR.111	DR.112	DR.113	DR.114	DR.115	DR.116	DR.117	DR.118	DR.119	DR.120	DR.121	DR.122	DR.123	DR.124	DR.125	DR.126	DR.127	DR.128	DR.129	DR.130	DR.131	DR.132	DR.133	DR.134	DR.135	DR.136	DR.137	DR.138	DR.139	DR.140	DR.141	DR.142	DR.143	DR.144	DR.145	DR.146	DR.147	DR.148	DR.149	DR.150	DR.151	DR.152	DR.153	DR.154	DR.155	DR.156	DR.157	DR.158	DR.159	DR.160	DR.161	DR.162	DR.163	DR.164	DR.165	DR.166	DR.167	DR.168	DR.169	DR.170	DR.171	DR.172	DR.173	DR.174	DR.175	DR.176	DR.177	DR.178	DR.179	DR.180	DR.181	DR.182	DR.183	DR.184	DR.185	DR.186	DR.187	DR.188	DR.189	DR.190	DR.191	DR.192	DR.193	DR.194	DR.195	DR.196	DR.197	DR.198	DR.199	DR.200	DR.201	DR.202	DR.203	DR.204	DR.205	DR.206	DR.207	DR.208	DR.209	DR.210	DR.211	DR.212	DR.213	DR.214	DR.215	DR.216	DR.217	DR.218	DR.219	DR.220	DR.221	DR.222	DR.223	DR.224	DR.225	DR.226	DR.227	DR.228	DR.229	DR.230	DR.231	DR.232	DR.233	DR.234	DR.235	DR.236	DR.237	DR.238	DR.239	DR.240	DR.241	DR.242	DR.243	DR.244	DR.245	DR.246	DR.247	DR.248	DR.249	DR.250	DR.251	DR.252	DR.253	DR.254	DR.255	DR.256	DR.257	DR.258	DR.259	DR.260	DR.261	DR.262	DR.263	DR.264	DR.265	DR.266	DR.267	DR.268	DR.269	DR.270	DR.271	DR.272	DR.273	DR.274	DR.275	DR.276	DR.277	DR.278	DR.279	DR.280	DR.281	DR.282	DR.283	DR.284	DR.285	DR.286	DR.287	DR.288	DR.289	DR.290	DR.291	DR.292	DR.293	DR.294	DR.295	DR.296	DR.297	DR.298	DR.299	DR.300	DR.301	DR.302	DR.303	DR.304	DR.305	DR.306	DR.307	DR.308	DR.309	DR.310	DR.311	DR.312	DR.313	DR.314	DR.315	DR.316	DR.317	DR.318	DR.319	DR.320	DR.321	DR.322	DR.323	DR.324	DR.325	DR.326	DR.327	DR.328	DR.329	DR.330	DR.331	DR.332	DR.333	DR.334	DR.335	DR.336	DR.337	DR.338	DR.339	DR.340	DR.341	DR.342	DR.343	DR.344	DR.345	DR.346	DR.347	DR.348	DR.349	DR.350	DR.351	DR.352	DR.353	DR.354	DR.355	DR.356	DR.357	DR.358	DR.359	DR.360	DR.361	DR.362	DR.363	DR.364	DR.365	DR.366	DR.367	DR.368	DR.369	DR.370	DR.371	DR.372	DR.373	DR.374	DR.375	DR.376	DR.377	DR.378	DR.379	DR.380	DR.381	DR.382	DR.383	DR.384	DR.385	DR.386	DR.387	DR.388	DR.389	DR.390	DR.391	DR.392	DR.393	DR.394	DR.395	DR.396	DR.397	DR.398	DR.399	DR.400	DR.401	DR.402	DR.403	DR.404	DR.405	DR.406	DR.407	DR.408	DR.409	DR.410	DR.411	DR.412	DR.413	DR.414	DR.415	DR.416	DR.417	DR.418	DR.419	DR.420	DR.421	DR.422	DR.423	DR.424	DR.425	DR.426	DR.427	DR.428	DR.429	DR.430	DR.431	DR.432	DR.433	DR.434	DR.435	DR.436	DR.437	DR.438	DR.439	DR.440	DR.441	DR.442	DR.443	DR.444	DR.445	DR.446	DR.447	DR.448	DR.449	DR.450	DR.451	DR.452	DR.453	DR.454	DR.455	DR.456	DR.457	DR.458	DR.459	DR.460	DR.461	DR.462	DR.463	DR.464	DR.465	DR.466	DR.467	DR.468	DR.469	DR.470	DR.471	DR.472	DR.473	DR.474	DR.475	DR.476	DR.477	DR.478	DR.479	DR.480	DR.481	DR.482	DR.483	DR.484	DR.485	DR.486	DR.487	DR.488	DR.489	DR.490	DR.491	DR.492	DR.493	DR.494	DR.495	DR.496	DR.497	DR.498	DR.499	DR.500	DR.501	DR.502	DR.503	DR.504	DR.505	DR.506	DR.507	DR.508	DR.509	DR.510	DR.511	DR.512	DR.513	DR.514	DR.515	DR.516	DR.517	DR.518	DR.519	DR.520	DR.521	DR.522	DR.523	DR.524	DR.525	DR.526	DR.527	DR.528	DR.529	DR.530	DR.531	DR.532	DR.533	DR.534	DR.535	DR.536	DR.537	DR.538	DR.539	DR.540	DR.541	DR.542	DR.543	DR.544	DR.545	DR.546	DR.547	DR.548	DR.549	DR.550	DR.551	DR.552	DR.553	DR.554	DR.555	DR.556	DR.557	DR.558	DR.559	DR.560	DR.561	DR.562	DR.563	DR.564	DR.565	DR.566	DR.567	DR.568	DR.569	DR.570	DR.571	DR.572	DR.573	DR.574	DR.575	DR.576	DR.577	DR.578	DR.579	DR.580	DR.581	DR.582	DR.583	DR.584	DR.585	DR.586	DR.587	DR.588	DR.589	DR.590	DR.591	DR.592	DR.593	DR.594	DR.595	DR.596	DR.597	DR.598	DR.599	DR.600	DR.601	DR.602	DR.603	DR.604	DR.605	DR.606	DR.607	DR.608	DR.609	DR.610	DR.611	DR.612	DR.613	DR.614	DR.615	DR.616	DR.617	DR.618	DR.619	DR.620	DR.621	DR.622	DR.623	DR.624	DR.625	DR.626	DR.627	DR.628	DR.629	DR.630	DR.631	DR.632	DR.633	DR.634	DR.635	DR.636	DR.637	DR.638	DR.639	DR.640	DR.641	DR.642	DR.643	DR.644	DR.645	DR.646	DR.647	DR.648	DR.649	DR.650	DR.651	DR.652	DR.653	DR.654	DR.655	DR.656	DR.657	DR.658	DR.659	DR.660	DR.661	DR.662	DR.663	DR.664	DR.665	DR.666	DR.667	DR.668	DR.669	DR.670	DR.671	DR.672	DR.673	DR.674	DR.675	DR.676	DR.677	DR.678	DR.679	DR.680	DR.681	DR.682	DR.683	DR.684	DR.685	DR.686	DR.687	DR.688	DR.689	DR.690	DR.691	DR.692	DR.693	DR.694	DR.695	DR.696	DR.697	DR.698	DR.699	DR.700	DR.701	DR.702	DR.703	DR.704	DR.705	DR.706	DR.707	DR.708	DR.709	DR.710	DR.711	DR.712	DR.713	DR.714	DR.715	DR.716	DR.717	DR.718	DR.719	DR.720	DR.721	DR.722	DR.723	DR.724	DR.725	DR.726	DR.727	DR.728	DR.729	DR.730	DR.731	DR.732	DR.733	DR.734	DR.735	DR.736	DR.737	DR.738	DR.739	DR.740	DR.741	DR.742	DR.743	DR.744	DR.745	DR.746	DR.747	DR.748	DR.749	DR.750	DR.751	DR.752	DR.753	DR.754	DR.755	DR.756	DR.757	DR.758	DR.759	DR.760	DR.761	DR.762	DR.763	DR.764	DR.765	DR.766	DR.767	DR.768	DR.769	DR.770	DR.771	DR.772	DR.773	DR.774	DR.775	DR.776	DR.777	DR.778	DR.779	DR.780	DR.781	DR.782	DR.783	DR.784	DR.785	DR.786	DR.787	DR.788	DR.789	DR.790	DR.791	DR.792	DR.793	DR.794	DR.795	DR.796	DR.797	DR.798	DR.799	DR.800	DR.801	DR.802	DR.803	DR.804	DR.805	DR.806	DR.807	DR.808	DR.809	DR.810	DR.811	DR.812	DR.813	DR.814	DR.815	DR.816	DR.817	DR.818	DR.819	DR.820	DR.821	DR.822	DR.823	DR.824	DR.825	DR.826	DR.827	DR.828	DR.829	DR.830	DR.831	DR.832	DR.833	DR.834	DR.835	DR.836	DR.837	DR.838	DR.839	DR.840	DR.841	DR.842	DR.843	DR.844	DR.845	DR.846	DR.847	DR.848	DR.849	DR.850	DR.851	DR.852	DR.853	DR.854	DR.855	DR.856	DR.857	DR.858	DR.859	DR.860	DR.861	DR.862	DR.863	DR.864	DR.865	DR.866	DR.867	DR.868	DR.869	DR.870	DR.871	DR.872	DR.873	DR.874	DR.875	DR.876	DR.877	DR.878	DR.879	DR.880	DR.881	DR.882	DR.883	DR.884	DR.885	DR.886	DR.887	DR.888	DR.889	DR.890	DR.891	DR.892	DR.893	DR.894	DR.895	DR.896	DR.897	DR.898	DR.899	DR.900	DR.901	DR.902	DR.903	DR.904	DR.905	DR.906	DR.907	DR.908	DR.909	DR.910	DR.911	DR.912	DR.913	DR.914	DR.915	DR.916	DR.917	DR.918	DR.919	DR.920	DR.921	DR.922	DR.923	DR.924	DR.925	DR.926	DR.927	DR.928	DR.929	DR.930	DR.931	DR.932	DR.933	DR.934	DR.935	DR.936	DR.937	DR.938	DR.939	DR.940	DR.941	DR.942	DR.943	DR.944	DR.945	DR.946	DR.947	DR.948	DR.949	DR.950	DR.951	DR.952	DR.953	DR.954	DR.955	DR.956	DR.957	DR.958	DR.959	DR.960	DR.961	DR.962	DR.963	DR.964	DR.965	DR.966	DR.967	DR.968	DR.969	DR.970	DR.971	DR.972	DR.973	DR.974	DR.975	DR.976	DR.977	DR.978	DR.979	DR.980	DR.981	DR.982	DR.983	DR.984	DR.985	DR.986	DR.987	DR.988	DR.989	DR.990	DR.991	DR.992	DR.993	DR.994	DR.995	DR.996	DR.997	DR.998	DR.999	DR.1000
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* Strike out whichever inapplicable.

ASSIGNED PAY EFFECTIVE DATE: <u>1-11-1916</u> AMOUNT: <u>20⁰⁰</u>		ENGLAND OR CANADA. SEPARATION ALLOWANCE. EFFECTIVE DATE: <u> </u> AMOUNT: <u> </u>		ENGLAND OR CANADA. NAME: <u>BRANIFF Eugene</u> NUMBER: <u>53891</u>							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <u>M^{rs} Elizabeth Braniff (mother)</u> <u>119 Young St. Kitchener Ont</u>				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 <u>Sapper</u> <u>2.6.28 8/6/18</u> <u>14.4.18</u> <u>Asst S/Cpl</u> <u>Bo 7 6-8-18</u> <u>24-5-18</u> <u>prom 2nd bpl</u> <u>33 4th btl 18th</u> <u>27-8-18</u> <u>A/bpl</u>							
UNIT AND TRANSFERS ORIGINAL UNIT: <u>15th Bn</u> DATE ACCOUNT FIRST OPENED: <u> </u>				AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'SFO UNIT TRANSFERRED TO <u>19-16</u> <u>2nd Div Eng</u>							
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.P.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.P.	UNIT PAID BY	AMOUNT				
<u>24/3/19</u>	<u>2564</u>	<u>H. C.F. BN.</u>	<u>7.30</u>								
<u>27/3/19</u>	<u>2075</u>	<u>DO.</u>	<u>14.60</u>								
<u>7/4/19</u>	<u>13</u>	<u>DO.</u>	<u>3.65</u>								
<u>24/4/19</u>	<u>1169</u>	<u>H. Wing.</u>	<u>9.75</u>								
<u>28/4/19</u>	<u>2283</u>	<u>DO.</u>	<u>12.00</u>								
DAILY RATES OF PAY AND ALLOWANCES AUTHORITY PAY F.A. P.F.A. SUBSCE ALL'CE <u>1.10</u> <u>10</u> <u>1.10</u> <u>10</u>											
PARTICULARS OF RENDERING NON-EFFECTIVE: <u>Trans to Canada 1/4/19 auth. K. 7892. M. D. 2. Bransford to Bransford. 2/5/19</u>											
MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>March</u>	<u>3rd 1918 Bat food.</u>								<u>129.18</u>	<u>150-</u>	
<u>April</u>	<u>Pay</u>	<u>33-</u>		<u>A.P. April</u>				<u>20-</u>			
				<u>#23 2nd D.C. 9-4-18.</u>	<u>4.16</u>						
				<u>#30. " " 19-4-18</u>	<u>3.57</u>				<u>134.15</u>	<u>150-</u>	
<u>May</u>	<u>Pay</u>	<u>34.10</u>		<u>A.P. May</u>				<u>20-</u>			
				<u>#95 2nd D.C. 10-5-18</u>	<u>4.46</u>						
				<u>#129 " " 25-5-18</u>	<u>3.57</u>				<u>140.22</u>	<u>150-</u>	
<u>June</u>	<u>Pay</u>	<u>33</u>		<u>C.A.P.</u>				<u>20</u>			
	<u>Adjust of pay 14.4.18 to 30/6/18 = 48 days @ 5⁹</u>	<u>3.90</u>		<u>334 2 Cms. Bn. 15/6/18</u>	<u>3.54</u>				<u>153.55</u>	<u>150.</u>	
<u>July</u>	<u>Pay</u>	<u>36.90</u>		<u>Car</u>				<u>20</u>			
		<u>35.65</u>		<u>35 4 Cb Bn. 3.7.18</u>	<u>4.46</u>						
		<u>34.50</u>		<u>163 4 Cb Bn. 11.7.18</u>	<u>4.46</u>						
				<u>344 4 Cb Bn. 24.7.18</u>	<u>3.54</u>						
<u>Aug</u>	<u>L/Cpls pay</u>	<u>35.65</u>		<u>C.A.P.</u>				<u>20</u>	<u>156.41</u>		
		<u>35.65</u>		<u>472 H. H. C. 14-8-18</u>	<u>3.57</u>				<u>168.79</u>	<u>150</u>	
<u>Sept</u>	<u>L/Cpls Pay</u>	<u>34.50</u>		<u>C.A.P.</u>				<u>20</u>			
		<u>34.50</u>		<u>AM 538 9/9 486</u>	<u>7.14</u>				<u>176.15</u>	<u>150</u>	
<u>OCT</u>		<u>35.65</u>		<u>C.A.P.</u>				<u>20</u>			
				<u>633 4 C. C. 3-10-18</u>	<u>7.14</u>						
				<u>818 " 29-10-18</u>	<u>3.73</u>				<u>180.47</u>	<u>150</u>	
		<u>35.65</u>			<u>11.19</u>			<u>20</u>			

As Shaw
AWB

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Oct 31	blew Ford								180.61	150	
			NOV		3450		ban				20		15.00	
				app a/cpl 27-8-18 2033 466 18-11-18	480		951 466 7-11-18	373					49 cc Field Card	
							6372 Paris 2-12	2799					46.65	
							904 13 Ade 630 28-11	1119					engrossed	
							626 Paris 5-12	4664					20 ban free	
			Dec		3720		ban				20			
							1592 766 20-12	373						
			Jan		3720		ban				20	141.03		
					11370			9328			60			
			FEB		3360		ban				20			
							1126 466 27-12	389						
							1216 " 7-1-19	446						
							1342 " 21-1-19	446						
							1437 " 9-2-19	373						
							1572 " 23-2-19	373						
				Mar	3720		ban				20			
							1802 466 11-3-19	365						
							1926 " 3-3-19	730				140.73		
					7080			3110			40			
			April		33		C.A.P.				20	231.70		
			May		3410		C.A.P.				20	167.74		
				u/c. cpl pay. 1/4-31/5/19	610		2075 4C-C. 27-3-19	1460				66.96		
				2 of pay det	2077		2064 " 21-3-19	730						
							13 " 7-4-19	365						
							1169 H Wing ECC 19-4-19	973						
							2283 " " 29-4-19	73						
							5545 " " 9-5-19	973						
							6596 " " 15-5-19	973				66.96		
					9397			12774			40			

466
 3433
 70.96
 79.02
 21
 120

66
 208 19/5/19 2258
 202

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (O.A.D.C. 700B).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (200M) 1).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.A. 3).
11. Equipment Statement Q.M.G. Form (P.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851) and Duplicate.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B
 Checked by..... 30
 Date..... 19/5/19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

War Service Badge
 Class "A" No. 193437

(Demobilization.)

Occupational Group No. 2
D.A.-I

1. No.	<u>53891.</u>	
2. Rank.	<u>Corpl.</u>	
3. Name.	<u>BRANIFF Eugene Patrick</u>	
4. Unit.	<u>4th Bn. Ck.</u>	
5. Date of Discharge	<u>MAY 29 1919</u>	Place <u>Toronto</u>
6. Reason for Discharge.	<u>Demobilization.</u>	
7. Authority.	<u>No. 2, D.D., Part II, D.O. No. 160</u>	
8. Proposed Residence after Discharge.	<u>Kitchener, Ont.</u>	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? <u>EP Braniff</u> <u>EP Braniff</u> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>No. 2 District Depot Toronto, Ont.</u> Date <u>MAY 29 1919</u> <u>James Thompson</u> For O.C. No. 2 District Depot. Signature..... (O. C. Discharging Unit.)	

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.

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.)

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.)

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 Witley

DATE 28/4/1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE ADMS HEADQUARTERS

DATE 28 APR 1919

APPROVED BY W. H. Ecclesstone Capt CAMC.
Assistant Director of Medical Services.

for, IAH. DATE 28.4.19.

APPROVED BY W. H. Ecclesstone President.
Director-General of Medical Services.

DATE.....

ORIGINAL THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley, Surrey DATE 28.4.19

- 1 (a) Unit 14th Bn 66 (b) Regimental No. 53891 (c) Rank Corp
(d) Surname Brayniff (e) Christian name Eugene Patrick
(f) Home address Kitchener, Ontario
(g) Next of Kin Mrs. H. Brayniff (h) Relationship Father
(i) Address of Next of Kin Kitchener, Ontario
- Age last birthday 25 Date of birth Aug 27-1893
- Enlistment, or Appointment (if an Officer) (a) Place Kitchener (b) Date 26-10-14
- Personal description:
(a) Height 5' 10 1/2" (b) Weight 125 (c) Complexion Medium
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo
Cross on forearm
- Former trade or occupation Carpenter

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	<u>26-10-14</u>	<u>18-4-15</u>
England	<u>29-4-15</u>	<u>15-9-15</u>
France or other theatres of War	<u>15-9-15</u>	<u>14-4-19</u>

- Original disease, or injury U.D.S.
(a) Date of origin Nov 1915 (b) Place of origin ENG.
(c) Cause INFECTION

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.)

V.D.S. - nil

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.)

Physical Exam shows no evidence of syphilis.
Can open Lab. with 25. 4. 19
Measurements - negative
C. J. Granofsky Capt USMC
Lungs Sym nil

(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).)

In Nov 1915 he had an admission to hospital for one week later. He held in about 3 weeks

10. (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).)

measles in childhood
pharyngitis Feb 1918 Influenza Feb 1918

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

See Sec 4 F

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? (a) yes (b) no

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mos.

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

9 Staly Hosp. La. House 15. 11. 15 - 11. 12 - 15
arrived 7. 1. 16

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? It is suggested
(If the answer is "yes" state nature of treatment required and probable duration)

that he be dealt with as a medical in Canada in accordance with P.C.O. 47 dated 20. 1. 19

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

17. Recommendations na

C. A. Grindley Lieut. Col. USMC
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.)

53591
I, the undersigned, Eugene Brariff, 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

[Signature]

E. Brariff Corp. 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.

YES

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Sugg be dealt with innCanada in Accor with P.C.47 20.1.19.

- (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.)

R.T.U. Auth A.G. Tele / 9083 11.11.18.

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

PLACE Witley Camp

DATE 28.4.19.

Wm Ecclestone Capt CAMC President.

J.H. Macdonald Capt CAMC.

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.

CERTIFIED TRUE COPY

PLACE A.D.M.S. HEADQUARTERS CANADIAN CAMP. 29 APR 1919

DATE

APPROVED BY WITLEY CAMP

APPROVED BY

For, Assistant Director of Medical Services.

Director-General of Medical Services.

LAH. DATE 28.4.19.

DATE

THIS FORM WILL BE USED FOR ALL RANKS

CERTIFIED TRUE COPY

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 Witley Camp DATE 28.4.19

- 1 (a) Unit 4th Bn C.E. (b) Regimental No. 53891 (c) Rank Cpl
- (d) Surname BRANIFF (e) Christian name EUGENE PATRICK
- (f) Home address Kitchener Ont.
- (g) Next of Kin M.H. Braniff (h) Relationship Father
- (i) Address of Next of Kin as above,
- 2 Age last birthday 25 Date of birth Aug 27th 1893
- 3 Enlistment, or Appointment (if an Officer) (a) Place Kitchener (b) Date 26.10.14.
- 4 Personal description:

(a) Height 5' .10 1/2"	(b) Weight Est 135 n	(c) Complexion Med
(d) Colour of hair Brown	(e) Colour of eyes hazel	(f) Identification marks, Scars, etc. tattoo
cross rt forearm		
- 5 Former trade or occupation Carpenter.

	PERIODS	
	From	To
Canada	26.10.14.	13.4.15.
England	29.4.15.	15.9.15.
France or other theatres of War	15.9.15.	14.4.19.

7. Original disease, or injury VDS.

(a) Date of origin Nov 1915	(b) Place of origin Eng
(c) Cause Infection	

M. F. B. 227.

400M.-11-15.
1772-30-117.

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.)

V.D.S. Nil

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.)

Phy Exam: shows no evidence of syphilis.

Can Gen Lab Witley 25.4.19.

Wasserman Negative.

C.J. Garapola Capt CAMC.

Subj syms nil

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

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

In Nov 1915 he had sore admitted to Hosp one week later
sore healed in about 6 weeks.

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).)

Measles in childhood

pharyngitis Feb 1918 Influenza Feb 1918

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

See sect 4F

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.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) Yes (b) No

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months.

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

9 stat Hosp Le Harve 18.11.15. 11.12.15.

arsenical 8 mercury 7.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

That he be dealt with in Canada in Accord with P.O. 47 20.1.19.

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

(If not, briefly state why)

17. Recommendations. NA.

C.A. Findlay Lieut. CAMC

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, Eugene Braniff, 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

E.P. Braniff Cpl

Rank.
Signature of invalid examined.