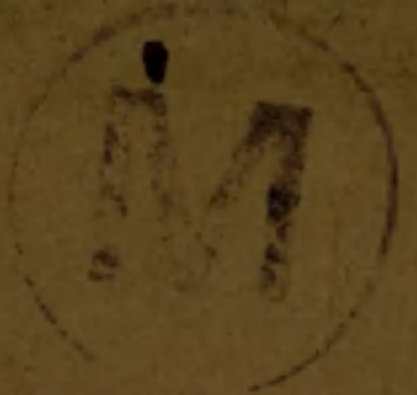


27-9-17  
C.P.



DISCHARGE DOCUMENTS

41598

R. O. No.....

H. Q. No.....

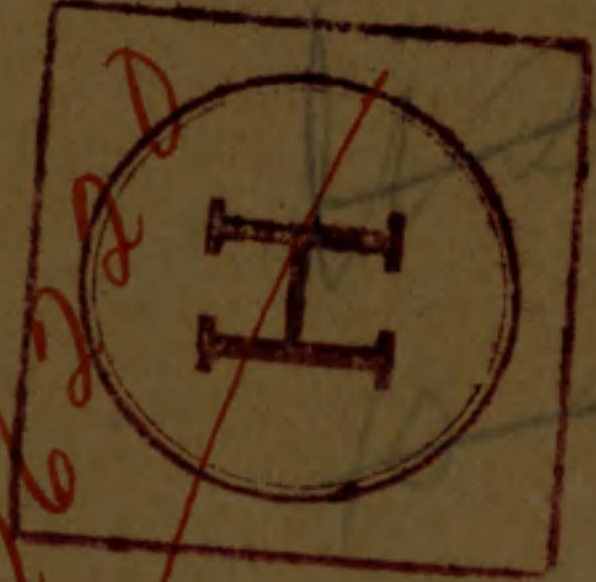
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 7
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate..... 39A - 1
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name BROOKS, GEORGE S<sup>emperius</sup> PIERRE  
 Regt. No. 931360 Rank PTE  
 Corps N<sup>o</sup> 2 CONSTR: BN  
MED: UNFIT

M

*Handwritten notes:*  
 R 15-7-110  
 26220

*Handwritten notes:*  
 Received - 6-5-48  
 644 - B-26220



R7-6-30

*Handwritten notes:*  
 cas card 2  
 I.D.M.S. 1394  
 1 B 122

*Handwritten notes:*  
 S  
 23-24

M. F. W. 62.  
 100m.-6-47.  
 H. Q. 1772-39-935.

1 paid card

1 P.C.



Blank rectangular label on the left side of the envelope.

Vertical rectangular label on the right side of the envelope.

Faint, illegible red circular postmark or stamp in the center of the envelope.



C.A.S.C. Transfer  
ATTESTATION PAPER.

TriPLICATE  
TRIPPLICATE

No. 360

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 9336  
93360

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Brooks
- 1a. What are your Christian names? George Semperius
- 1b. What is your present address? 671 Main Street, City of Winnipeg, Man.
2. In what Town, Township or Parish, and in what Country were you born? Havana, Cuba, West Indies.
3. What is the name of your next-of-kin? None. Friend, George Reid,
4. What is the address of your next-of-kin? 671, Main St, Winnipeg.
- 4a. What is the relationship of your next-of-kin? Friend
5. What is the date of your birth? June 1st. 1876
6. What is your Trade or Calling? Cook
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?  
If so, state particulars of former Service. 5 years 10th. U. S. Cavalry (part time as Cook)  
6 months Capt. A. Co. 8th. Illinois Battalion.
11. Do you understand the nature and terms of your engagement? Yes. (Spanish American War)
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

Discharge 10/18/18  
C.O. 216  
Para 2797-30.149

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Semperius Brooks, 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.

G. S. Brooks (Signature of Recruit)  
Geot. J. R. Reid (Signature of Witness)

Date June 1st. 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Semperius Brooks, 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.

G. Brooks (Signature of Recruit)  
Geot. J. R. Reid (Signature of Witness)

Date June 1st. 1916

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 Winnipeg, Manitoba. this 1st. day of June 1916.  
H. B. Wright (Signature of Justice)



# Description of George Superius Brooks Enlistment.

Apparent Age 40 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 ..... 6 ft. 1 1/2 ins.

Chest measurement { Girth when fully expanded ..... 40 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Dark

Hair ..... Dark

negro.

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date ..... June 1st 1916.

Place ..... Winnipeg

E. Dickinson  
 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.

George Superius Brooks ..... 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.

A. A. Wright  
 (Signature of Officer)

Date ..... June 1st 1916.



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate 1029

This is to Certify that No. 931360 (Rank) Private  
Name (in full) George St. Pierre Brooks enlisted in  
the C. A. D. C.  
CANADIAN EXPEDITIONARY FORCE at Winnipeg on the first  
day of June 1916.  
HE served in 24<sup>th</sup> Battalion France NO. WCHB  
and is now discharged from the service by reason of being medically unfit for 12-12-41  
further service.

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

Age 73 yrs.  
Height 6 - 2 1/2"  
Complexion coloured  
Eyes Brown  
Hair Black

Marks or Scars Nil.

G. S. Brooks  
Signature of Soldier

Thomas Cook  
Issuing Officer  
Lieut.

Date of Discharge September 14<sup>th</sup> 1918

Lieut.  
Rank  
O. C. Discharge Section  
No. 10 DISTRICT DEPOT  
Appointment

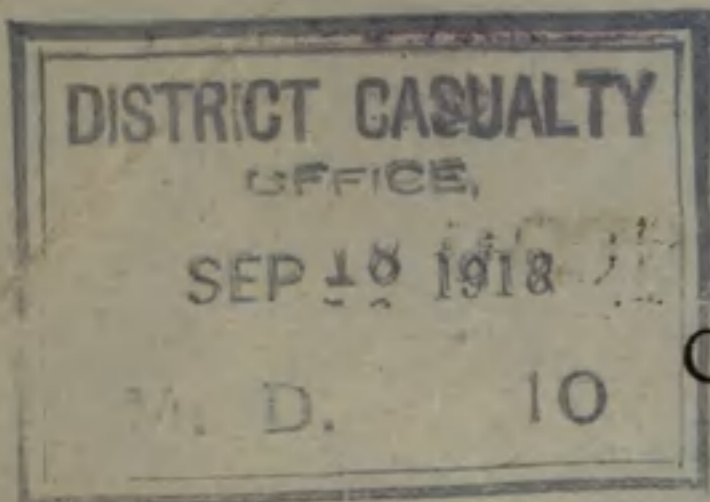
Signed at Winnipeg this 14<sup>th</sup> day of Sept<sup>r</sup> 1918

in Military District No. 10

File Reference No. \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.





CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. 931360 (Rank) Private Name George H.P. Brooks

Unit C.A.D.C.

Address on Discharge 719 Main St. Winnipeg

Character and Conduct Very Good

Former Occupation cook

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks France (3 months)

Signed at Winnipeg this 14<sup>th</sup> day of Sept. 19 18

Name of Officer [Signature]  
Rank Lt. Col.  
Officer Commanding No. 10 District Depot

Appointment

[Signature] Capt.  
District Casualty Officer,  
Military District No. 10











109011

# PROCEEDINGS OF A MEDICAL BOARD.

M.C.H. Epsom. June 13th,

Dated at.....1917.

No. 360 Rank. Pte Name. Brooks G

Local Unit.....Overseas Unit. No. 2. C.O.R.C.C. Age 76

Examination held at M.C.H. Epsom.

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

GENERAL DEBILITY.

## PRESENT CONDITION.

Says he is a man of 76. But is quite active and insists on being allowed to stay in England.

## BOARD RECOMMENDS:—

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

### Signatures:—

A.K. Haywood, Major

President.

Members {

H.L. Pavey, Major.

## APPROVED

Dated June 13 1917. A.K. Haywood Maj For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_ 1917

No. \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_  
Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_

Examination held at \_\_\_\_\_

DISABILITY  
Overseas Local  
(tick on only)

PRESENT CONDITION

BOARD RECOMMENDS:-

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

Signatures

President

Members

APPROVED

Date \_\_\_\_\_ 1917  
For A.D.M.S.



OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

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

17. Recommendations .....  
**Discharge as Medically Unfit.**

*[Handwritten Signature]*  
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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned **George St. Pierre Brooks** 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.....

*his mark*  
*G St P Brooks*  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

*Witness G St Brooks*

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

**Yes.**

- 19. 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).

20. 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).



OPINION OF THE MEDICAL BOARD—(Continued).

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

Yes

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... M.M.H. Tuxedo Park, Winnipeg, Man.

DATE... Aug. 5th, 1918.

*[Handwritten signature]* President.  
*[Handwritten signature]* Members.

APPROVED BY

APPROVED BY

*[Handwritten signature]*  
For Assistant Director of Medical Services.

*[Handwritten signature]*  
Capt. A.M.C.

Director-General of Medical Services.

DATE... AUG 27 1918

DATE.....

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.

PLACE.....

DATE.....

..... President.

..... Members.



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.....

(2) Regimental Number..... 360

(3) Full Name of Soldier..... George Sempurus Brooks

(4) Place of Birth..... Havana, Cuba

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

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

(b) Present Postal Address..... x

(7) Are you a widower?..... Yes

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

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

Also their names and ages..... x



(9) Is your Father alive? *No*

If so, state name and address *X*

(10) Is your Mother alive? *No*

If so, state name and address *X*

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

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

(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.

*My Friend*  
*George Reid, 671 Main St, Memphis,*  
*Tenn.*

(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? *Yes X*

If so, in what Company? *Metropolitan*

Have you made arrangements for payment of your Insurance premium *Yes*

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

*J. Staire Capt*  
*Lieut-Col.*  
*No. 2 Construction Batt'n. C. E. F.*  
*Officer Commanding.*



Date.....



## MEDICAL HISTORY SHEET.

Surname Brooks Christian Name George Semperius

Examined { on 1st. day of June 1916  
 at Winnipeg, Manitoba.  
 Birthplace { City or Town Havana, Cuba.  
 County West Indies.

Approved by *Spickerson Capt.*  
 Rank \_\_\_\_\_ M.O.

Apparent age 40 years  
 Trade or occupation Cook  
 Height 6 Feet 1 1/2 Inches. M.O.  
 Weight 198 Lbs. M.O.  
 Chest measurement { Minimum 36 inches. M.O.  
 Maximum expansion 40 inches. M.O.  
 Physical development Good M.O.  
 Small-Pox Marks none M.O.

Vaccination Marks { Arm 2 Right. Left.  
 Number Two  
 When Vaccinated last 1908  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_ M.O.

Date.	Result.	VACCINATIONS.	M.O.
<u>Dec 14/16</u>	<u>+</u>	<u>Camp/Borden</u>	M.O.
			M.O.
			M.O.

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_ M.O.  
 \_\_\_\_\_ M.O.  
 \_\_\_\_\_ M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>Dec 14/16</u>	<u>3/4</u>	<u>Camp Borden</u>	M.O.
			M.O.
			M.O.

Enlisted on 1st. day of June 1916 at Winnipeg, Manitoba.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C. A. D. C.</u>	<u>8360</u>		
Transferred to	<u>2nd Co.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



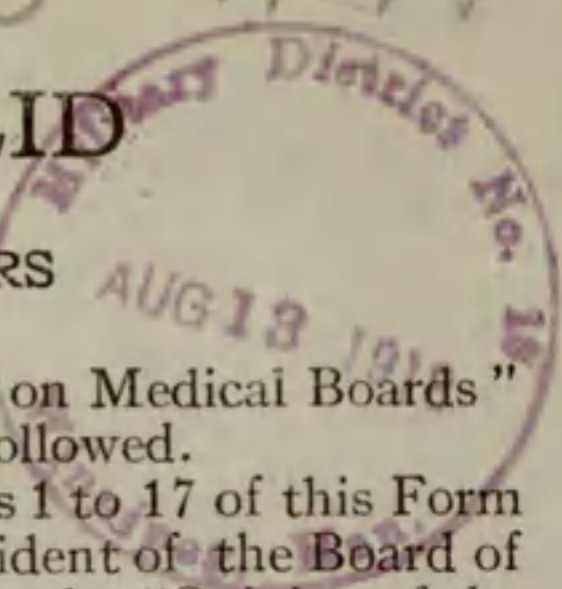




B.P.C. ORIGINAL 4-13-1144

# 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 soldier 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 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 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 M.M.H. Tuxedo Park DATE Aug. 5th, 1918.

1. 1 (a) Unit #2 C. Rly. Con., C.A.M.C. & 710 D.D. (b) Regimental No. 931360 (c) Rank Pte.  
(d) Surname Brooks (e) Christian name George St. Pierie

2. Age last birthday 73 Date of birth Jan. 1st 1845.

3. Enlisted at Winnipeg, Man. on May 6th, 1916.

4. Personal description:—

(a) Height 6' 2 1/2" (b) Weight 195 lbs. (c) Complexion Colored.  
(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks See section 10 b.

5. Address after discharge (for the use of the Board of Pension Commissioners) 719 Main St., Winnipeg, Man.

6. Former trade or occupation Cook

7. (a) Service	PERIODS	
	From	To
<u>C.E.F.</u>	<u>May 6th, 1916.</u>	<u>Aug. 5th, 1918.</u>

(b) Has he been overseas? Yes. 8. Original disease or disability Bronchitis.

(a) Date of origin March 1917. (b) Place of origin France.  
(c) Cause\* Exposure and age.  
(d) Present disease or disability (1) Bronchitis. (2) Debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Looks age given. Chest somewhat emaciated supra and infra clavicular spaces, and inter-costal spaces very depressed. Has considerable cough especially at night. Bronchial breathing both apexes. Coarse rales heard over front and back of chest. Sputum negative for T.B. Is moderately debilitated.



9. Present condition.—(Continued.)

[Dotted lines for handwritten notes]

(b) Are the following systems normal? If not, briefly state abnormality

Nervous... Yes. Digestive... Yes. Respiratory... No. Cardiac... Yes except as stated above.  
Genito-Urinary... Yes. Skin, Middle Ear, Eye or any other part... Yes except as stated above.

10. History: (a) of Condition referred to in "a" section 9.

Sent back to England from France March 1917. Returned to Canada April 1918. Stayed in Hospital in Kingston for six weeks. Came to Tuxedo Hospital May 20th, 1918.

(b) 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. If the disabling condition had its origin before enlistment, has it been aggravated on service?

N.A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

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

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

XX will improve in six months.

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

Admitted in France & England three months. in Canada four months.



# MEDICAL CASE-HISTORY SHEET.

HOSPITAL #.3. Military Hospital STATION Winnipeg Manitoba.  
No. 93I360. Rank Pte. Name Brooks. Geo. Age 73.  
Unit C.A.M.C. O/S. Service C. 7/12. E. 15/12. F. 2/12.  
Date of Admission 23./4./18. Date of Discharge 24./4./18.  
Diagnosis Syphilis.  
Date of Origin Unknown Place of Origin Unknown.

CAUSE OF ILLNESS OR INJURY:

Syphilis 20 Yrs. Standing. Full course treatment in England 3 Months back.

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

No.

CONDITION ON ADMISSION.

Wasserman. Negative

TREATMENT.

Nil.

CONDITION ON DISCHARGE FROM HOSPITAL.

Nil.

*No signs or symptoms*

*P. V. Fortin*

Major(C.A.M.C).

Medical Officer i/c Case.

Date 24/4/18.



MEDICAL CASE-HISTORY SHEET

Hospital: \_\_\_\_\_

No. \_\_\_\_\_

Room: \_\_\_\_\_

Date of admission: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Chief complaint: \_\_\_\_\_

History of Present Illness: \_\_\_\_\_

(as far as history of service) \_\_\_\_\_

\_\_\_\_\_

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# CASE HISTORY SHEET

B-130

Manitoba Military Hospital. Tuxedo Park, Winnipeg, Man. Station.  
 No. 931360 Rank Pte Name Brooks, George St Peary Age 73  
 Unit CAMC Completed years of service <sup>Where and how long</sup>  
 Date of admission 18-5-18 Date of discharge 13-8-18  
 Diagnosis Chronic bronchitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint:- Complains of cough and expectoration and is easily fatigued  
Examination:- States he is 73 years of age. Emaciated. Considerably below normal weight. Mouth in very foul state, requiring extensive dental treatment. Chest:- Emaciated. Supra and infra clavicular spaces marked depression. Inter costal spaces very depressed. Percussion notes rather hyper-resonant. Coarse rales heard over front and back of chest. Heart normal. Temp. 98. Pulse normal. Respirations 24.  
 Sent to Dental Clinic. Given Rx. To have sputum examination later.  
 May 23, 1918. He has had some teeth extracted and is unable to take the diet in the dining room. Put on ward diet for the present. He complains of rheumatic pains, No swelling of any joints. This condition is undoubtedly due to the state his teeth were in. Given anti-rheumatic medicine. Sent for sputum examination.  
 May 24, 1918. Sputum examination:- Negative for T.B.  
 May 28, 1918. Complaint:- Complains of slight amount of pain in lower part of abdomen. States his bowels are rather constipated, but acting better than they were. Examination:- Temp. 97. Pulse 52. Abdomen:- No abnormal condition to be detected.  
Diagnosis:- Debility, chiefly due to age. Chronic bronchitis, due to age and exposure. Slight amount of chronic rheumatism which is due to condition of his teeth. This should be corrected since his teeth have been extracted. To continue with ward diet and with medicine.  
 June 7, 1918. To continue with ward diet. Sent to Capt McKenty for examination of eyes.  
 June 7, 1918. Complains of itching eye lids, more troublesome at night. Some calcification of Meibomian glands present; these to be removed. (Capt McKenty.)  
 June 21, 1918. To continue with medicine and ward diet.  
 July 9, 1918. He is still receiving dental treatment. To continue with ward diet.  
 (Continued over.)

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)  
 Medicine  
 Dental  
 Eyes bathed c Boric sol.  
 Ward Diet

CONDITION ON DISCHARGE

(and disposal made of case.) This man's general health is fair. In fact very good considering his age. He has no evidence of Bronchitis Constipation & abd. Pains improved since dental treatment.

Date 10/8/18 W. J. Campbell  
Medical Officer i/c case.

B 38945



CONTINUATION OF PROGRESS NOTES.

July 20, 1918. Re dental treatment:- He has been supplied with plates. The lower one he states requires some adjusting, after which this treatment will be completed. States that his rheumatic pains are considerably improved. States that he coughs at night chiefly and he has considerable expectoration. Complains of constipation being troublesome symptom. Given Rx:- Stock Expectorant No.11.

Rx:- Pil A.B.S.& C.

I recommend that he be sent before the Medical Board for his discharge from this Hospital as further treatment will be of no material benefit.

Aug 1, 1918. This man, on account of his age, will not be materially benefitted for any of his conditions by our prolonging his stay in this Hospital. He has some new complaint every few days. Apart from the debility due to his age, there is no other pathological condition. I would again recommend that he be sent before the Medical Board for his discharge. (Dr W.G. Campbell.)

*8/8/18. absent at ward parade.*

*I saw this man on 7<sup>th</sup> when nothing new had developed.*



*Brooks George Semperius*

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

M. F. W. 54. (A. F. B. 103.)  
250M.—1-16.  
H. Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps *No. 2 CONSTRUCTION, No. C.E.F.*  
 Regimental No. *360* Rank *Pte* Name *George Semperius Brooks*  
 Enlisted (a) *1-6-16* Terms of Service (a) *Period of war 1914-18* Service reckons from (a) *1-6-16*  
 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) *book*

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>17/7/17</i>	<i>O.C. 2nd Const Bn</i>	<i>Exported from Canada Halifax, N.S.</i>	<i>Halifax, N.S.</i>	<i>25/3/17</i>	
		<i>Disembarked, England</i>	<i>Liverpool</i>	<i>8/4/17</i>	
		<i>Proceeded Overseas</i>	<i>Seaford</i>	<i>17/6/17</i>	<i>At 2nd Co</i>
<i>MAY 23 1917</i>	<i>B.C. 7th RESERVE BATTALION.</i>	<i>attached from 2nd Const. Co</i>	<i>Seaford.</i>	<i>18-5-17</i>	<i>B. O. Pt II - 123</i>
<i>29/8/17</i>	<i>oc 7th Res</i>	<i>ceases to be att. from 26th Res Bn.</i>	<i>Seaford</i>	<i>17-5-17</i>	<i>Pt II No 207.</i>
<i>27-8-17</i>	<i>N.S.R.D.</i>	<i>patient in hospital</i>	<i>Branshott</i>	<i>27-8-17</i>	<i>LIEUT. &amp; ASST. ADJUT. RESERVE BATTALION</i>
		<i>ceases to be shown as a patient in hosp. &amp; is S.O.S. on transfer to C.A.M.C. Epsom.</i>	<i>Branshott</i>	<i>23-8-17</i>	<i>Pt. 2. R.O. 171.</i>

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

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
29.8.17	C.C. Coy	SOS to T.S.R.D.	Liverpool	17.5.17	P.A.S.O #125.
3.8.17	C.C.H.	Taken on strength	Epsom	23.8.17	— 243
8.11.17	<del>C.C.H.</del> C.C.H.	SOS to same Depot	"	19.10.17	— 312.
11.11.17	C.A.M.S.D.	Taken on strength	Schiffs	do	— 315.

Sgt  
Capt  
Lieut

*P.H. Peck*  
for Lt. Col. Records Comm.

Winnipeg, Man.  
Discharge 14.9.18

C.O. 216

Para 3797 D.O. 149

*E. B. Pineda Lt.*  
Officer Commanding No. 101 Lt. Col.  
District Depot



JM

Rank \_\_\_\_\_ Name **BROOKS, George Semperius.** Reg'l No. **951 360**  
 Unit **No. 2 Const. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Winnipeg Man. 1st June 1916.** Place of Birth **Havana, Cuba,**  
**West Indies.**  
 Name and Address, Next-of-Kin **George Reid.**  
**671 Main St., Winnipeg, Man.** Relationship **Friend.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship **Friend.**

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_

Reason \_\_\_\_\_

Character **Pte.**

H. W. & V., Ltd.—9546-16.

N/E. R.B. **2447**  
 File No. \_\_\_\_\_  
 Category **MU Can**

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>Arrived in England via S.S. Southland 7.4.17</i>					
29-8-17	2 <sup>nd</sup> Lt. B. D. Adm. West. Gen. Dep.	505th U.S. Regt. Dep.	Liverpool	8-4-17	C. L. #4 Pneumonia
1-7-17	2 <sup>nd</sup> Lt. Co. -	Trans. Can. Cav. Dep. Woodcote Pk.	Epsom	17-5-17	St. D 125
24-7-17	40 R.D.	1st. from 200. Co. Br. Detach.	Ho. Bldg.	13-7-17	W 107
27-8-17	"	1st to 66th. Epsom.	"	23-8-17	Plt 171
29-8-17	Came to	Sos. from 11 R.D.	"	23-8-17	Plt 241
"	"	Sos to 66th Epsom	"	23-8-17	241 & 242 31/8/17
18-9-17	40 R.D.	Dish 66th Epsom	"	2-9-17	CL 14. PNEUMONIA
23-10-17	Came to	Adm. Com. Hoop. Etch' hill.	Pte Lymington	20-10-17	CL 14. U.S. D. O.
8. 11.	17. Mil. Com. Hoop.	S.O.S. to came Depot.	Pte Epsom.	19. 10. 17	PLT O. 312 & PLT O. 315 11. 11. 17

*AT*  
*22*



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.				
16.3.18	6M6	Invalided to Canada	Pte.	11-3-18	CLC 164.
26.3.18	came D	" " "	" d'eliffe	11.3.18	PT II 85



POST DISCHARGE PAY OFFICE

29091-580

Three months pay and allowances after discharge.

Name *Brooks* Surname *George St Pierre* Christian Name  
 Regimental Number *45<sup>B</sup>1360* Rank *Plt* Address (in full) *719 Main St*  
 Unit *Pro 2 Con. Bn.* *Winnipeg*  
 Original Unit  
 District where paid *Pro 610*  
 Date of Discharge  
 P. D. P. Filing Number *13-300-10*  
 Rates:—Regimental pay \$ *1.00* per diem: Field Allowance \$ *0.10* per diem. Separation Allowance \$ *Nil* per month.

L. L. 46038—M. & D. 9245.

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		
<i>100 10</i>				<i>4722</i>	<i>16/10/18</i>	<i>33 -</i>	<i>4733</i>	<i>16/11/18</i>	<i>34 10</i>	<i>33 -</i>	<i>67 10</i>

Remarks: *33<sup>00</sup> 1st Payment on discharge*

M. F. W. 127.  
 25M.—8-18.  
 1772-39-1140.

*LC*  
*E.B.*  
*4.11.19*



Dec'n No.....	<u>W. S. G.</u>	File No.....				
Award..... days at \$.....	per day \$.....					
S. A..... months at \$.....	per mo. \$.....	\$.....				
Less P, D. P. Credited		\$.....				
		\$.....				
Less further debit balance		\$.....				
Net due paid as below		_____				
TO SOLDIER    TO DEPENDENT						
U	Ag No	Ch No	A out	No	Ch No	Amount

*Ineligible to WSG acy SA+AP File 0724-S-24-28 21/5/19*



File No. 0 2224-4-24

**WAR SERVICE GRATUITY.**

Register No. 2907/180

Reg. No. 931360

Dependent.....

Name Brooks Geo Pierre

Address.....

Address Manitoba Hotel

515 Main St.

Winnipeg

Man

Pay Soldier \$ 249.90

Pay Dependent \$.....

27 Coy

H. Neville

Days 153 Rate 70<sup>00</sup> Due 350<sup>00</sup>

Winnipeg

Less P.D.P. credited 100<sup>00</sup>

Clerk Winnipeg  
19/8/19

Less further Dr. Bal. or overpayment.

Net 249.90

*R W 109  
15-10-19*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>3/18/19</u>	<u>10039</u>	<u>500141</u>	<u>140<sup>00</sup></u>					
2								
3 <u>19/9/19</u>	<u>20767</u>	<u>521490</u>	<u>70<sup>00</sup></u>					
4			<u>39<sup>90</sup></u>					
5								
6								

GEN'L AUDITOR  
 Posting checked by  
*[Signature]*  
 Date 19/8/19







SURNAME.

*Brooks.*

*649. B. 26220.*

CARD NO.

CHRISTIAN NAMES

*George Sempicus*

FOLL.

REGL. No.

*360*

RANK

*Pte.*

UNIT

~~*Cav. Army Postal Co.*~~ *No 2. Construction Bn.*

FORMER CORPS

*5 yrs - 10<sup>th</sup> U.S. Cavalry. - 6 mos as Capt. 8<sup>th</sup> Illinois Ballistics*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Reed, George.*

RELATIONSHIP TO SOLDIER

*Friend*

ADDRESS

*671 Main St. Winnipeg, Man.*

COUNTRY OF BIRTH

*Cuba. Havana*

DATE

*June 1<sup>st</sup> 1876*

PLACE OF ATTESTATION

*Winnipeg, Man.*

DATE

*June 1<sup>st</sup> 1916.*

L. L. 94504. M. & D. 6512

*o/s. 28-3-17*

M. F. W. 22. 250M. -2-16. H. Q. 1772-39-339.

*R/C 23/3/18 To 10*



From Halifax per S.S. Southland 28-3-17.

MARRIED

SINGLE

Yes,

WIDOWER

TRADE OR CALLING

Cook

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

40 YEARS

MONTHS

HEIGHT

6 FEET

1 1/2 INCHES

CHEST MEASUREMENT

40 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Dark

HAIR

Dark

DISTINGUISHING MARKS

None.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

June 1st 1916

Present address, 671 Main St. Winnipeg, Man.











SEMPERUS

Name *BROOKS, G.* <sup>GEORGE</sup> Rank *PTE.*Reg. No. ~~95360~~Unit *C.A.M.C. C.C.H. EPSOM.*Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>20-10</i>	<i>CAN HOSP. BTEHINGHILLI-</i>		<i>N.Y.D.O.</i>	<i>C 44</i>		<i>1001, 4014</i>
<i>8-2-18</i>	<i>5. leave Gen Hospital</i>		<i>W. 136</i>	<i>C 136</i>		<i>12199</i>
<i>11-3</i>	<i>Included to Canada</i>			<i>C 164</i>		<i>5065</i>
<i>19-1-18</i>	<i>Still in Hos</i>	<i>3863</i>	<i>Y.D.S.</i>			







REG. No. 931360 NAME Brooks, G. C. (SURNAME FIRST)

B. 38874  
43252  
34354

RANK Sgt. CORPS No. 2. Con. Bull

AGE 40 SERVICE 9/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 18. 1. 14

DISEASE Bronchitis

DISCHARGE 2. 3. 14

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

over

DISCHARGED BY MEDICAL BOARD



2/ REMARKS Queens Mill Kington 29/3/18 Debris

Trans Warrupig 18/4/18

3/ Military Warrupig 23/4/18 Sphates Dis 24/4/18



NAME

*Branks P. S.*

REGT'L No.

*360*

RANK AND CORPS

*Rt*

H. Q. FILE No. 649.

*Law, A; M.C.*

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C44' Can Etchinghill Lymington 20-10-77 N y D 'R'

6 136 # 5 Banked, Kirkdale 8-2-18 Reliability

C44' Disabled to <sup>Cherryford</sup> Canada 11-3-18 (CNE form) "



REGT'L. No.

360

NAME

Brooks, J. S.

H. Q. FILE NO. 649

RANK AND CORPS

Pte. 2nd Can. Cons. Bn. (Coloured)

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

4.

1st Western Gen. Swigood.

8-4-17.

Pneumonia

16

Can Can W. D. Cater & Co.

25-5-17

Pneumonia

CH

Richmond

2-9-17.

pneumonia (N. Septia)



es  
mint

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

93.1360

649-B-26220

B

auth Docs I

~~360~~

Rank

Pte

Number

Surname

BROOKS

Christian Name

George Lemperius

Unit

A. D. P. Co. B. Theatre of War. England

Date of Service

7-4-17

Remarks

Latest Address

719 Main St

Winnipeg Man.

Page 370

Roll No.

de



NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

1921

AUG 10

45771 2nd



No. 360

RANK Pte

NAME Brooks, George Lemperius.

T. O. S. Transferred from UNIT

C. A. D. C. 1-10-16

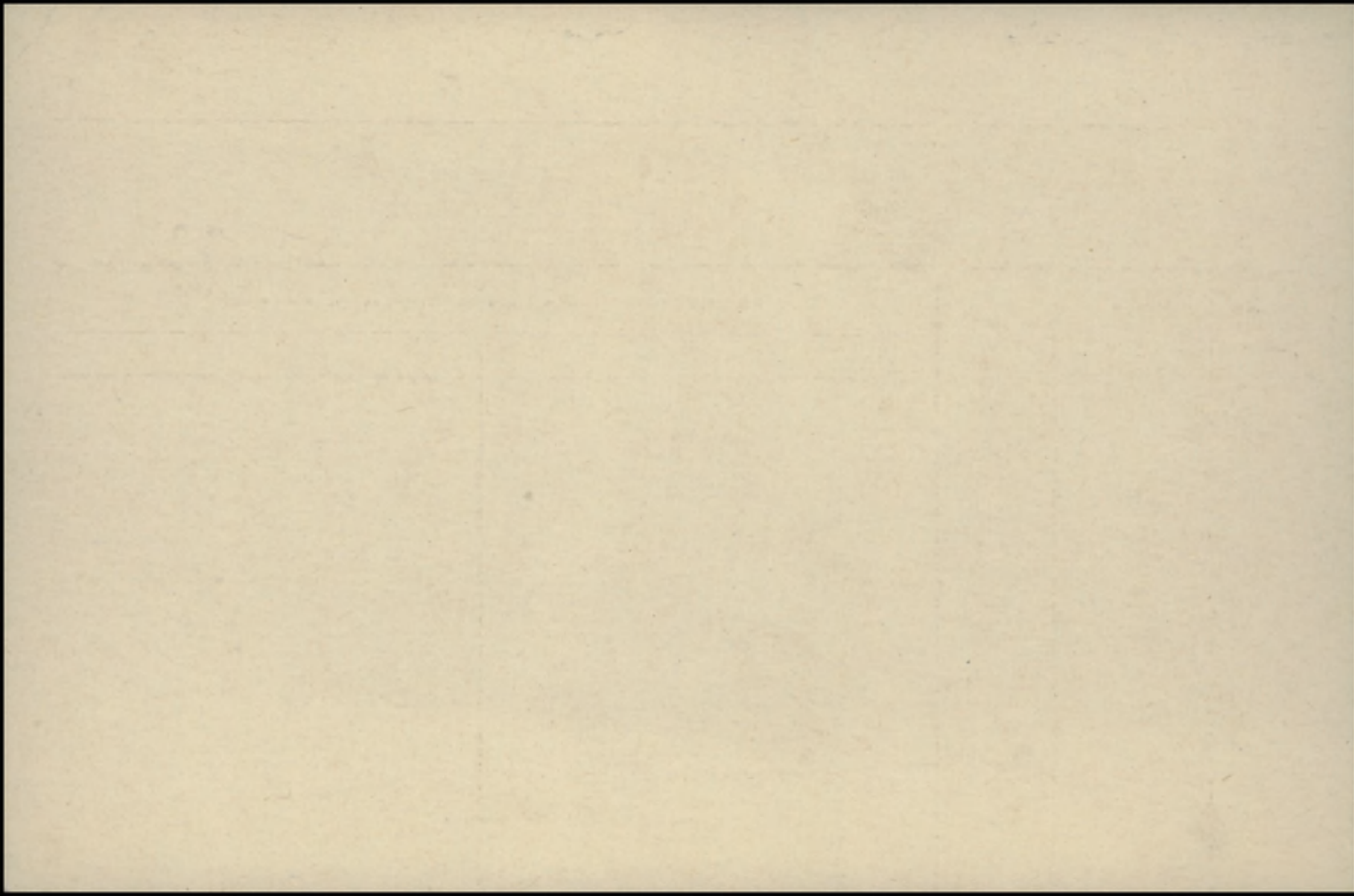
No 2. Construction Battalion

D. O. S. 10-1-17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct 14	1917 Jan 31	✓	Unit	O/S. 28/3/17. according to Ledger
	Feb.	✓		
	Mar	✓		







P. 589  
MARRIED OR SINGLE

*S.*

PLACE OF BIRTH *Havana Cuba*  
 NAME AND ADDRESS OF NEXT OF KIN *Eyes David*  
*641 Main St. Winnipeg, Man.*  
 RELATIONSHIP OF NEXT OF KIN *Friend*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO *931 360* RANK  
 NAME *Brooks Geo Semperius*  
 IF IN PERM. CORPS) UNIT *240530* TRANSFERRED TO *Canada* DATE AUTHORITY  
 WHAT UNIT TRANSFERRED TO *seen* DATE AUTHORITY  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Winnipeg, Man.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *14 June 1918* TRANSFERRED TO *Canada* DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE *Canada. 2.2.18.* REASON AND AUTHORITY *Rehnhill 1/21 28.1.18.*  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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 \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.				No. OF DAYS	RATE	AMOUNT \$ c.	1 No. DATE	2 No. DATE	3 No. DATE	4 No. DATE	1				2	3			
<i>Apr 30 20 16</i>			<i>33 00</i>					<i>16 97</i>	<i>16 97</i>										<i>16 97</i>					<i>Bal from Canada</i>	
								<i>33 00</i>	<i>33 00</i>										<i>49 97</i>			<i>15 -</i>	<i>34 97</i>		
								<i>34 10</i>	<i>34 10</i>										<i>84 07</i>			<i>30 00</i>	<i>54 07</i>		
								<i>33 00</i>	<i>33 00</i>										<i>117 07</i>			<i>45 -</i>	<i>82 07</i>		
								<i>34 10</i>	<i>34 10</i>										<i>151 17</i>			<i>60 -</i>	<i>91 17</i>		
								<i>34 10</i>	<i>34 10</i>										<i>185 27</i>			<i>75 -</i>	<i>110 27</i>		
								<i>33 00</i>	<i>33 00</i>										<i>218 27</i>			<i>90 -</i>			
								<i>218 27</i>	<i>218 27</i>										<i>218 27</i>						
									<i>DR 2 189 37 105</i>																

P. 697-25M.  
3989-31-19-17.

*2 Construction Bn*  
**EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.**

*931*  
*360 Ste. Brooks, Geo. Semperius*

Date of Payment.	No. of Acq. Roll	AMOUNT				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$			
<del>1.6.17</del>	<del>1158</del>	<del>1</del>	<del>4</del>	<del>87</del>	<del>2</del>	<del>Spain</del>	<del>W. Watson</del>	
<del>16.10.17</del>	<del>254</del>	<del>2</del>	<del>9</del>	<del>73</del>	<del>2</del>	<del>"</del>	<del>W. Watson</del>	
<del>26.10.17</del>	<del>1063</del>	<del>5</del>	<del>1</del>	<del>22</del>	<del>2</del>	<del>Rehnhill</del>	<del>ST Pope</del>	
<del>14.11.17</del>	<del>1127</del>	<del>5</del>	<del>1</del>	<del>22</del>	<del>2</del>	<del>"</del>	<del>"</del>	
<del>14.12.17</del>	<del>1257</del>	<del>10</del>	<del>2</del>	<del>45</del>	<del>2</del>	<del>"</del>	<del>"</del>	
<del>15.1.18</del>	<del>1324</del>	<del>5</del>	<del>1</del>	<del>22</del>	<del>2</del>	<del>"</del>	<del>W. Watson</del>	
<del>30.1.18</del>	<del>67 days</del>							
<del>19.10.17</del>	<del>V.D. @ 60</del>							
<del>24.12.17</del>								
<del>30.1.18</del>	<del>1406</del>	<del>1</del>	<del>4</del>	<del>87</del>	<del>2</del>	<del>"</del>	<del>W. Watson</del>	
					<i>65 76</i>			











**SYPHILIS CASE-SHEET.**

Regtl. No. *931360* Rank and Name *Brooks G.S.* Corps *C.A.M.C.*

Placed on Syphilis Register at *CANADIAN HOSPITAL, ETCHEMILL, LYNNCE.* on *19-10-17* No. in Register

Disease contracted at . Primary sore appeared on (date) *Oct. 15<sup>th</sup>*

**CONDITION WHEN PLACED ON REGISTER.**

Primary sore—character and site *Phimosis Balanitis*

Lymphatic glands *++*

Skin (nature and distribution of rash) *Pigmented areas. Faded macular, papular rash.*

Mucous membranes *Mouth neg. Throat inflamed erosive.*

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *absent*

Examination of blood serum—Method employed (original or modification) *Original*

Wassermann reaction (Result (positive or negative) *Positive xxx*

Station *CANADIAN HOSPITAL, ETCHEMILL, LYNNCE.* Date *19-10-17* Signature of M.O.

Struck off Syphilis Register at on

Cause of being struck off Register { (a) Recovered  
(b) Transferred to Army Reserve  
(c) Discharged from Army }

Station Date Signature of M.O.

Signature of M.O.  
(Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)

Treatment	Other Methods	
	Mercurial	Inunctions or Oral (Preparation and dose)
Arsenical	Intravenous Injection.	Dose of Metallic Mercury in grains
	Intramuscular Injection.	Neo-Salvarsan
Wasser-mann Reaction	Result	Positive (+) Negative (-)
	Method	Original (O.) Modification (M.)
Urine	Albumen (Alb.)	Normal (N.)

Weight clothed, without boots—lbs.

Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)

Date

Station







SYPHILIS CASE-SHEET.

Regtl. No. *931360* Rank and Name *Pte Brooks G S* Corps *PA MC*  
 Placed on Syphilis Register at *19.10.17* No. in Register  
 Disease contracted at *Primary sore appeared on (date) Oct 15/17*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Phemosis Balanitis*  
 Lymphatic glands *++*  
 Skin (nature and distribution of rash) *faded macular papular rash*  
 Mucous membranes *mouth Neg. Throat inflamed*

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—(Method employed (original or modification)

Wassermann reaction (Result (positive or negative) *pos +++*)

Station *CANADIAN HOSPITAL, ETONBUCKLE, LYONS* Date *19.10.17* Signature of M.O. *P J Green l m*

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register { (a) Recovered  
 (b) Transferred to Army Reserve  
 (c) Discharged from Army }

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_

Signature of M.O.  
 (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)

Treatment	Other Methods	
	Mercurial	Injections or Oral (Preparation and dose)
		Intramuscular Injection. Dose of Metallic Mercury in grains
Arsenical	Intravenous Injection. Dose in grammes	Neo-Salvarsan
		Salvarsan
Wassermann Reaction	Result	Positive (+) Negative (-)
	Method (Original (O.) Modification (M.))	
Urine	Normal (N.) Albumen (Alb.)	

Weight clothed, without boots—lbs.

Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)

Date

Station



N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."

The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

CANADIAN HOSPITAL  
 ST. JOHN'S, Nfld.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wasser- mann Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method { Original (O.) Modification (M.)	Result { Positive (+) Negative (-)	Arsenical		Mercurial	Other Methods	
							Intravenous Injection. Dose in grammes	Salvarsan			
	19.10.17	Admitted to Hospital M.O.									
	24.10.17	full course, and recurrent treatment									
	31.10.17										
	25.10.17										
	7.11.17										
	14.11.17										
	15.11.17										
	29.11.17										
	29.11.17										
	5.12.17										
	21.11.17										
	17.12.17										
	24.12.17										
	31.12.17										
	9.1.18										

J. J. Green



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. 264).
- (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.

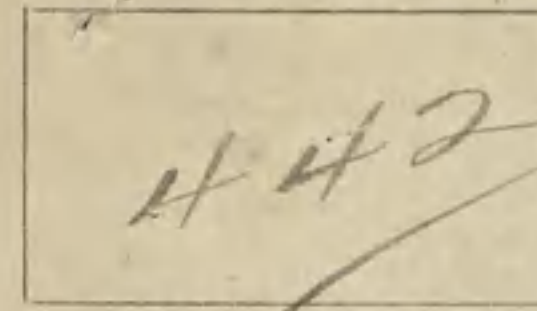
6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

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.



Date of Enlistment June 1st 1916  
Unit of Enlistment C.A.D.C.  
Local Unit C.A.M.C. Depot.

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>931360</u>	Army Rank <u>Pte</u>
Name <u>Brookes George S.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>C.A.M.C.</u>	
Battalion, Battery, Company, Depot, &c. <u>C.A.M.C. Depot</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 _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>73</u> years _____ months	Descriptive marks.
Height <u>6</u> feet <u>1 1/2</u> inches	<u>Scar across bridge of nose on right side.</u>
Chest measurement { girth when fully expanded <u>40</u> ins. range of expansion <u>4</u> ins.	
Complexion _____	
Eyes <u>Brown</u>	
Hair _____	
Trade _____	
Intended place of residence { _____ (To be given as fully as practicable)	
<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 _____	
<b>INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT</b>	
<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:— _____	
4. Character awarded in accordance with King's Regulations:— _____	
To be filled in on the soldier quitting the Colours.	
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* _____	

CAPT. H. S. SWAYNE  
 HOSPITAL REPRESENTATIVE,  
 EACH END HILL HOSPITAL,  
 FOR ADJUTANT GENERAL, CANADIANS.



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).

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

*quit. Can. Rec. Cabb  
No Service in France in ~~France~~ 2991 of 12-5-19*

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) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

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) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (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) \_\_\_\_\_ years \_\_\_\_\_ days.

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

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_ Signature \_\_\_\_\_

(Date) \_\_\_\_\_

\*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.)

\_\_\_\_\_