C.E.F. REGIMENTAL DOCUMENTS

NAME BROWN HARRY REGT. No. 3157368 UNIT 2 D BN H. Q. FILE No. 44012

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

2nd DEPOT BN. 2nd QUEBEC REG'T. ORIGINAL

ATTESTATION PAPER.

No. 3157368
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	BROWN
1a. What are your Christian names?	Harry
1b. What is your present address?	St. Julien, Co. Wolfe, Que Canada
2. In what Town, Township or Parish, and in what Country were you born?	St. Julien, Que Canada
3. What is the name of your next-of kin?	Louis Frechette
4. What is the address of your next-of-kin?	Stanson Co. Wolfe Que Canada SUFFICIENT ADDRESS
4a. What is the relationship of your next-of-kin?	Uncle
5. What is the date of your birth?	29th August 1898
6. What is your Trade or Calling?	Laborer
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 or Naval Service Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	Nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry BROWN, 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.

Harry Brown (Signature of Recruit)

Date March 20th 191 8 J Stanson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry BROWN, 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.

Harry Brown (Signature of Recruit)

Date March 20th 191 8 J Stanson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

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

before me, at Montreal, Que this 20th day of March 191 8.

M'Donnell Capt. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Harry BROWN on Enlistment.

Apparent Age 19 years 7 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 3 1/4 ins.

Chest measurement. Girth when fully expanded ..... 35 ins.

Range of expansion .... 2 ins.

Complexion Fresh

Eyes Blue

Hair Brown

Religious denominations.

Church of England .....

Presbyterian .....

Methodist .....

Baptist or Congregationalist .....

Roman Catholic XXX

Jewish .....

Other denominations .....
(Denomination to be stated.)

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

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

R. D. = 32
L. D. = 32
R. EAR
L. EAR

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* ..... M. D. No. 1 ..... for the Canadian Over-Seas Expeditionary Force.

MAR 25 1918
MONTREAL, P.Q.

Date ..... 191 .

Declared FIT by MOBILIZATION CENTRE BOARD

Place .....

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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry BROWN 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.

Major,
2nd in Command, 2nd Depot Bn. 2nd Quebec Reg't.
Lt.-Col.
Commanding 2nd Depot Bn. 2nd Quebec Reg't.

(Signature of Officer)

Date March 20th 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3157568. (Rank) Private.

Name (in full) BROWN, Harry. enlisted in

the 2nd. Depot Battalion, 2nd. Quebec Regiment,

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC. on the 20th.

day of March, 19 18.

HE served in England.

and is now discharged from the service by reason of K.R.&O. 377 (10) 3.M. 1917.

MD4. 22-B-4407. Category"B". Medically Unfit. R.O.#237.

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

Age 22 yrs. 5 mos.

Height 5 ft. 4 ins.

Complexion Fresh.

Eyes Blue.

Hair Brown.

Marks or Scars

Scar about 1" on left hand.

Upper plate (Dental)left

Left hmiled.

Harry Brown,
Signature of Soldier

Lieutenant,
Officer i/c Discharge, Montreal District Depot No. 4.
Issuing Officer

Rank

Appointment

Date of Discharge November, 26th, 1918.

Signed at Montreal, QUEBEC. this 26th, day of November, 19 18.

in Military District No. 4.

File Reference No. DD4-19-B-345.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-582

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3187363. (Rank) Private. Name BROWN, Harry.

Unit 2nd. Depot Battalion, 3rd. Quebec Regiment, C.E.F.

Address on Discharge St. Julien, Wolfe County, QUEBEC.

Character and Conduct Good

Former Occupation Farmer.

Special Qualifications of Value in Civil Life Farmer.

Medals and Decorations NONE.

Remarks "EUROPEAN WAR". Service in England. 28-4-16 to 24-9-18.

Signed at Montreal, QUEBEC. this 26th. day of November, 19 18.

R W Lee

Name of Officer

Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

Form R. 149.

HARRY.

Name BROWN. Rank Pte Reg. No. 3154368.

Unit Q. R. R.

Next of Kin CANADA

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
2-	5	No. 12 C.C.S. Branch St.	Etaples	Sick		b	2	14380.
25-	8	Con Con Hop Bearwood	do	do	C331	b	30	24832
24-	9	INVALIDED TO CANADA						2501.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

SURNAME. Brown,

CHRISTIAN NAMES Harry,

REGL. NO. 3157368 RANK Pte

UNIT 2nd Que Regt 2nd Dpo Bn

FORMER CORPS Mil.

4 CARD NO. 4

FOLL.

SoS. 26-11-18
Disch W. W.
Auth DO 22478 28/11/18
DD # 4.

NEXT OF KIN.

NAMES IN FULL Frechette, Louis

RELATIONSHIP TO SOLDIER Uncle

ADDRESS Stenson, Wolfe Co, PQ

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, St Julienne P.Q. DATE Aug 29th 1898

PLACE OF ATTESTATION Montreal, P Q DATE Mar 20th 1918

O/S 17-4-18 1213/2

R/C. 7-10-18 4 212/14

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE 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

com in

Number. 3.1.5.7.3.4.8..... Rank. Pte.....

Surname. BROWN.....

Christian Name. Harry.....

Unit. A.F..... Theatre of War ENGLAND.

Date of Service. 28.4.16.....

Remarks.....

88 - 2nd Ave.

Latest Address. Shaftesbury Toronto

Ontario

Roll No. A Page 643

G 29367 Dexp

LEDGER NO. 23. SERIAL NO. A 40762

REG. NUMBER 315.2368 NAME Brown H.

RANK Pte CORPS D.D.H.

AGE 22 SERVICE

NAME OF HOSPITAL D.M.C.H. PLACE Montreal

DATE OF ADMISSION 3/11/18

DISEASE Stricture

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unfit - 18-11-18 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

Form DMS 1401.

Can: Conval: Hospital, HOSPITAL.
Bear Wood.

A. & D. CARD

Canada Tray

AT

A. & D. No. UKT 7586 PL. OF ACTION

RANK Pte REG. No. 3157368 UNIT 2nd Quebec Reg Dep SICK OR WOUNDED

NAME Brown A. AGE 21 RELIGION R/C

PLACE IN HOSPITAL ~~3066~~ 2260.

DIAGNOSIS Stricture Oesophagus

ADMITTED 24 AUG 1918 FROM Bear Wood

DISCHARGED 24 SEP 1918 TO Canada via Lisbon

TRANSFERRED ~~24 SEP 1918~~

SERVICE AT HOME 6/12 IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form DMS 1402

Can: Conval: Hospital,
Bear Wood.
HOSPITAL

DOCUMENT CARD

A. & D. No. WK 2586 AT

ADMITTED 24 AUG 1918 DISCHARGED WARD NO.

REGTL. NO. 315368 RANK Pte NAME Brown H.

UNIT 2nd Queb. Reg. TRANSF'D FROM no 2 Bramshott

DIAGNOSIS DIAGNOSIS CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT.
		24.8.18	B' shott	24.9.18	Canada

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c FLOOR WARD ON 191

RECEIVED FROM M.O. COMPLETE 191

[P.T.O.

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

D.M.S. 1300-50M-21-11-17.

Surname	Christian Name or Names	Reg. No.
BROWN.	H.H.	3157368.

Rank	Unit	Co.	Troop	Batty.
Pte.	Que. depot.			

Hospital: 12. Can. Gen. B'shott. C.C. Bearwood

Date of Admission: 2-5-18. — 25-8-18

1. Hosp. .....

2. Hosp. .....

3. Hosp. .....

4. Hosp. .....

Diagnosis: Stricture Oesophagus.

1.

2.

3.

DISPOSITION

C.L. 4-5-18. C204.
" 27-8-18 C3 1 (2)
1.10.18 6231-3.

Date

REMARKS

Invd. to Canada 24.9.18.
1/8

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

*Name Brown, Harry Rank Pte. Regtl. No. 3157368

Fyle Depot 19-B- 345

Original unit 2/2 C.R. Present unit 2nd. QRD. M. or S. Age 20 Religion RC Ref. H.Q.

Port, ship and date of arrival "Khyber" Quebec 7-10-18

Next of kin (U.) Louis Frechette, Stanson Co. Wolfen, Quebec Canada

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Laborer Date and place of enlistment Montreal 20/3/18

Diagnosis Esophageal stricture. Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
10-10-18	TOS.Having repored from clearing depot by EX.A.T.	
	Khyber24-9-18. posted to Hosp. Sec.8-10-18. &granted	
	leave W/Sub.till 22-10-18.	175-p-3

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

(over)

Date.	Remarks	Pt. 2 Order No.
24-10-18	Sick Leave ext. to 5-11-18 W/S.	189-2
6-11-18.	SOS. Hospital Section on Trans to Det Coy W/sub effective 5-11-18. Cat "D"	202-p-2
20-11-18.	S.O.S. On transfer to Discharge Sect. 18-11-18.	216 Page 3
26-11-18	KR&O 377 (10) C.M. 1917 MD4 22-B-4407 Category "E" Medically Unfit R.O.237	

M. F. W. 192
150m.—5-18
1772-39-1243

No. 3157368 Name Brown Harry Sqn., Batty., or Company C Corps 10th Res Date of enlistment 20-3-18 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet Nil No. and date of last drunk Nil Period not reckoning towards freedom from extra fine Nil Sheet No. One. Signature O.C. Company, etc. R.T. Marion Capt Character Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT					
				HOSPITAL REPRESENTATIVE CANADIAN MILITARY HOSPITAL, BRAMSHOTT					
Montreal.	10-10-18.			T.O.S. District Depot No.4	24-9-18.	D/O Pt.11 No.175			

Army Form B. 122

[P.T.O.

W. 16575/M. 237. 2,000m. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

If nothing can be found, make ledger sheet.
I think something should be found.

MINISTERE DE LA MILICE ET DE LA DEFENSE.

GRATIFICATION POUR SERVICE DE GUERRE.

OTTAWA, CANADA.

POST DISCHARGE PAY OFFICE
JUL 11 1919
Military District No. 4
MONTREAL

Déclaration requise des officiers, des sous-officiers et des soldats qui réclament la gratification pour service de guerre, en vertu de l'arrêté-en-conseil, (C.P. 3165), en date du 21 décembre 1918.

Si le demandeur veut bien s'informer au bureau local du Fonds Patriotique Canadien, on lui dira s'il y a un fonctionnaire chargé de recevoir sa déclaration gratuitement.

On doit donner une réponse exacte à chaque question. Il ne doit pas y avoir de traits, ni d'espaces en blanc. Si telle question ne s'applique pas à votre cas, répondez par les mots: "pas applicable."

Cette déclaration, un fois remplie, doit être retournée au payeur du district où le soldat a été licencié.

1. Prénoms ..... Harry ..... 2. Nom de famille ..... Brown .....

3. Grade ..... Pte ..... 4. Unité d'inscription ..... 2nd 2 R.H. ..... 5. Numéro matricule 315736 5

6. Adresse entière de l'endroit où les paiements de la gratification devront être envoyés à l'avenir....
..... Harry Brown .....
..... Chaviningan Falls Que .....

7. Date de l'enrôlement dans les troupes expéditionnaires canadiennes ..... 20 mars 1918

8. Noms et prénoms du dépendant ou de la dépendante à qui l'allocation de séparation est, ou a été payée, jusqu'à la date de votre licenciement..... Pas applicable .....

9. Degré de parenté du dépendant ou de la dépendante ..... Oncle .....

10. Adresse entière du dépendant ou de la dépendante ..... Louis Trichette .....
..... St-Julien wolfe Que .....

11. L'allocation de séparation est-elle, ou a-t-elle été payée à ce dépendant ou à cette dépendante de la part d'un autre soldat?..... non .....

12. Avez-vous déjà touché la solde et l'allocation, comme membre d'une unité des T.E.C., qui était hors du Canada et des Etats-Unis, alors que cette solde et ces allocations étaient payables? Dans l'affirmative, mentionnez, en détail, les particularités de telle unité et les dates de vos états de service, avec cette unité outre-mer:—
..... Pas applicable .....
.....

13. Avez-vous déjà reçu la solde et les allocations du service de distribution (Clearing Service Command) pendant que vous étiez en devoir, hors du Canada ou des Etats-Unis?..... non .....

14. N'avez-vous fait du service actif qu'au Canada ou aux Etats-Unis? Dans l'affirmative, mentionnez les particularités de ces unités et les dates de vos états de service dans chacune.....
..... 20 mars au 28 avril 2nd 2 R.H. Canada
28 avril 10ème Reserve Bramshott Eng. Transféré par après a l'hopital Bramshott puis hopital Bear-wood et Basing stoke

15. Donnez la durée totale de votre service actif, tant au Canada qu'outre-mer, indiquant en détail les diverses unités dont vous avez fait partie..... 9 mois 2ème Quebec
10ème Reserve, hopital No. 12 Bramshott hopital convalescent Bear-wood hopital Basing stoke.

16. Etiez-vous, lors de votre enrôlement, un fonctionnaire du gouvernement fédéral? Dans l'affirmative, spécifiez le ministère..... non .....

17. Faisiez-vous partie de l'armée permanente à l'époque de votre enrôlement dans les troupes expéditionnaires canadiennes?..... non .....

M.F.W. 2595a.
288_D.P.-15M-4-19.
1772-39-1389 (10032)

18. Vous êtes-vous enrôlé d'une fois? Dans l'affirmative, donnez les particularités de vos libérations et réengagements ainsi que vos numéros matricules et les unités auxquelles vous avez appartenu une fois

19. Avez-vous déjà reçu des acomptes de la "Solde de licenciement" (Post Discharge Pay) ou de la "Gratification pour service de Guerre"? Dans l'affirmative, mentionnez le montant que vous et vos dépendants avez reçu et par qui ce montant a été payé? J'ai reçu comme (Post discharge pay) $33.00 pendant 3 mois après licenciement par M. D 4 Bel Fortune Barracks Montréal

20. Avez-vous reçu l'insigne pour service de guerre? Si oui, de quelle classe? Classe B.

21. Avez-vous servi dans l'armée impériale, au cours de la guerre actuelle? non

22. Avez-vous le droit de recevoir ou avez-vous déjà reçu de l'armée impériale une gratification de la même nature que la solde de licenciement? Dans l'affirmative, mentionnez le montant reçu ou celui auquel vous avez droit Pas applicable

23. (a) Avez-vous pris un grade inférieur, quant à la solde, à celui que vous aviez, lors de votre arrivée en Angleterre? non

(b) Dans l'affirmative, cette mutation fut-elle due à l'inconduite ou à l'incompétence? pas applicable

24. Faites-vous actuellement partie des troupes expéditinnaires canadiennes? non Si non, donnez:—(a) la date de votre libération 26 Novembre 1918 (b) la cause de cette libération Pour maladie de coeur et d'estomac difficulté à manger

25. Faites-vous partie, à l'heure actuelle, des forces canadiennes de terre ou de mer, avec solde et allocations? Si oui, indiquez l'unité.... non

26. Avez-vous, en aucun temps, fait du service au front sur un des théâtres actuels de la guerre? Dans l'affirmative, mentionnez une unité dans laquelle vous avez fait du service au front et les dates de vos états de service avec cette unité... Pas applicable

27. (a) Recevez-vous un traitement du Ministère du Rétablissement des soldats dans la vie civile? non

(b) Si oui, recevez-vous en entier la solde et les allocations de ce Ministère? pas applicable

Et je fais cette déclaration solennelle, la croyant consciencieusement vraie et sachant qu'elle a la même force et le même effet que si elle était faite sous serment et en vertu de la loi de le Preuve du Canada.

Signature du demandeur: Harry Brown.

Domicile:

Fait par devant moi:

ce 26 jour de Juin 1919.

Signature d'un avocat de la cour supérieure, d'un magistrat stipendiaire, d'un notaire public, d'un juge de paix ou d'un commissaire ayant de pouvoir d'assermenter

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POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity.	Net amount due.
27 Nov 1918	$33.00			
27 Dec 1918	33.00			
27 Jan 1919	34.00			
				$100.00

Certified Correct.

District Paymaster.

CASE HISTORY SHEET.

D.M.C.H. Hospital. MD.#4 Station.

No. 3157368 Rank Pte Name Brown, H. Age 22

Unit D/D #4 Completed years of service { Where and how long }

Date of admission 5/11/18. Date of discharge Nov. 15th 1918

Diagnosis Esophageal stricture. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Esophageal Stricture about 17 years ago by swallowing lye.
Treated at M.G.H. in 1917, Montreal.
Admitted here 5/11/18.
General condition good. Esophageal stricture at level of 8th. and 9th. dorsal vertabrae. Dilatation above. Patient cannot swallow solids, he only drinks milk and eggs, egg drinks, no water, coffee or tea.
Patient states that if he drinks anything but milk and egg drinks he is sick at his stomach for a couple of days. Cannot vomit. Patient wears glasses.
227 made Class "E", Nov 8/18.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

A-40762

Date.....

Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1772-39-439.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3157366 Rank Pte. Name Brown Harry

Corps S/S Q.R. who was* Discharged

On 26-11-18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191...

to 26-11-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	137	95
Advances by Cheques No. 9274	15	00	Regt'l. Pay 26 days at $ 1.00	26	00
Advances by Cheques No. 9637	50	00	Field Allow. 26 days at $ c. 10	2	60
Assigned Pay and Sep'n Allce. No 10696	9	60	Separation Allowances* (Monthly)		
Other charges Q.M. Stores	8	68	Other Allowances* C.C.	35	00
Payment on transfer or discharge No 10659	172	07	Other Credits* Subs. D.O. 189	4	00
Balance Cr. (to be paid by the new unit)			Subs. D.O. 303-216	10	50
			Bal. Dr. (to be deducted by new unit) P.D.P.P.	33	00
Total	255	35	Total	255	35

*Give particulars.

A monthly stoppage of $..... (†) has ..... (‡) been paid on account of Assigned

{Pay for the month of .....191...
and Sep'n Allce. for month of .....191...} (to) Assignee Nil

(Address) .....

.....

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 20-3-18

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge .....authority M.D.4. 23-R-1407

(4) authority for transfer .....

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

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

Date .....

Place .....

J. A. Sharpe Lt
for
.....
Paymaster.

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

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

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

M. F. W. 44.

H.Q. 1772-39-905.
100M-9-18. D.F. 874.

To be made out in duplicate. H.Q. 54-21-23-53

JGS.

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 2nd DEPOT BN. 2nd QUEBEC REGT.

(2) Regimental Number 3157368

(3) Full Name of Soldier BROWN, Harry

(4) Place of Birth St. Julien, Que Canada

(5) Are you married, or not ? Not

(6) If married, state,
(a) Full name of your wife Not applicable

(b) Present Postal Address Not applicable

(7) Are you a widower ? No

(8) Have you any children ? Not applicable

If so, give number of boys and girls Not applicable

Also their names and ages Not applicable

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No .....

If so, state name and address ..... Not applicable .....

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

If so, state name and address..... Not applicable .....

.....

(11) If your Mother is a widow..... Not applicable .....

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

(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.

Not applicable

.....

.....

(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.

Louis Frechette, Stanson, Co. Wolfe, Que Canada

(Uncle)

.....

.....

(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.

..... Not applicable .....

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

If so, in what Company ?..... Not applicable .....

Have you made arrangements for payment of your Insurance premium..... Not applicable

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

Not applicable

E. MacKay Stone Major,
2nd in Command, 2nd Depot Bn. 2nd Quebec Reg't
Officer Commanding Lt.-Col.
Commanding 2nd Depot Bn., 2nd Quebec Reg't.

Date..... Montreal, Que March 20th 1918

Form R 122.
10287—65M—28-7-17.

LTR Rank Name BROWN, Harry Reg'l No. 3157368

Unit 2nd Dft. 2nd Bn QUE If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal. March 20th, 1918. Place of Birth St Julien Que.

Name and Address, Next-of-Kin Louis Frechette

Stanson Co. Wolfe Que. Canada Relationship Uncle.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

No. 14166
File No.
Category M.M. Canada

Report. Date.	Report. From whom received.	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
		Arrived in England		28-4-18	S/S TELIA
2.5.18	10 Res	T.O.S.	Bsh'm	3.4.18	DO # 101
20.7.18	do.	S.O.S. to Q.R.D. pending Inv to Canada	9 to "	20.7.18	170 Q.R.D 177 22.7.18
1.10.18	Q.R.	Included to Canada			
		× Conv. Hpl Seaford Workington		24.9.18	QC 331
4.10.18	— " —	S.O.S. to C.E. for Canada further med treatment	B'shott	24.9.18	D.O. 241

× Corr. Hpl

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.					

GG.

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

3157368

Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. ..... Rank Private Name BROWN Harry
C. E. F.

Enlisted (a) 20th.3.18 Terms of Service (a) C.E.F. Service reckons from (a) 20th.3.18

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

Extended ..... Re-engaged ..... Qualification (b) Labour

Report: Date	Report: From whom received	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
		Embarked Canada Arrived England	Halifax Liverpool	17-4-18. 28-4-18.	H.M.T. "Tuloa".
2.5.18	O/C 18th Res Bn	T.O.S. on arriving from Canada	Bisholt	29.4.18	D.O.P.T. 101
20.7.18	O/C 10th Res Bn	S.O.S. on posting to Q.R. Depot for invaliding to Canada	Bisholt	20-7-18	D.O.P.T. 170
		Granted leave by the B. M. to 31/7/18 (Ref No 12 Can Gen Hosp. Letter d/ 19-7-18			
					Falconer Lieut asst adjt 10th Res Bn
SEP 24 1918	H.M.T. "K" SAILING NO. 64	Embarked LONDON Disembarked QUEBEC		SEP 24 1918. OCT -7 1918.	

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

Falconer Lieut.
HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

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

[P.T.O

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				
10-10-18.	O/S	T.O.S.District Depot No.4	Montreal.	24-9-18.	D/O Pt.11 No.175
26-11-18	KR&O 377 (10) C.M. 1917 MD4 22-B-4407		Category "E" Medically Unfit		R.O.#2237

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Bramshott, Hants.
August 15th.1918.

Paymaster General.
London.

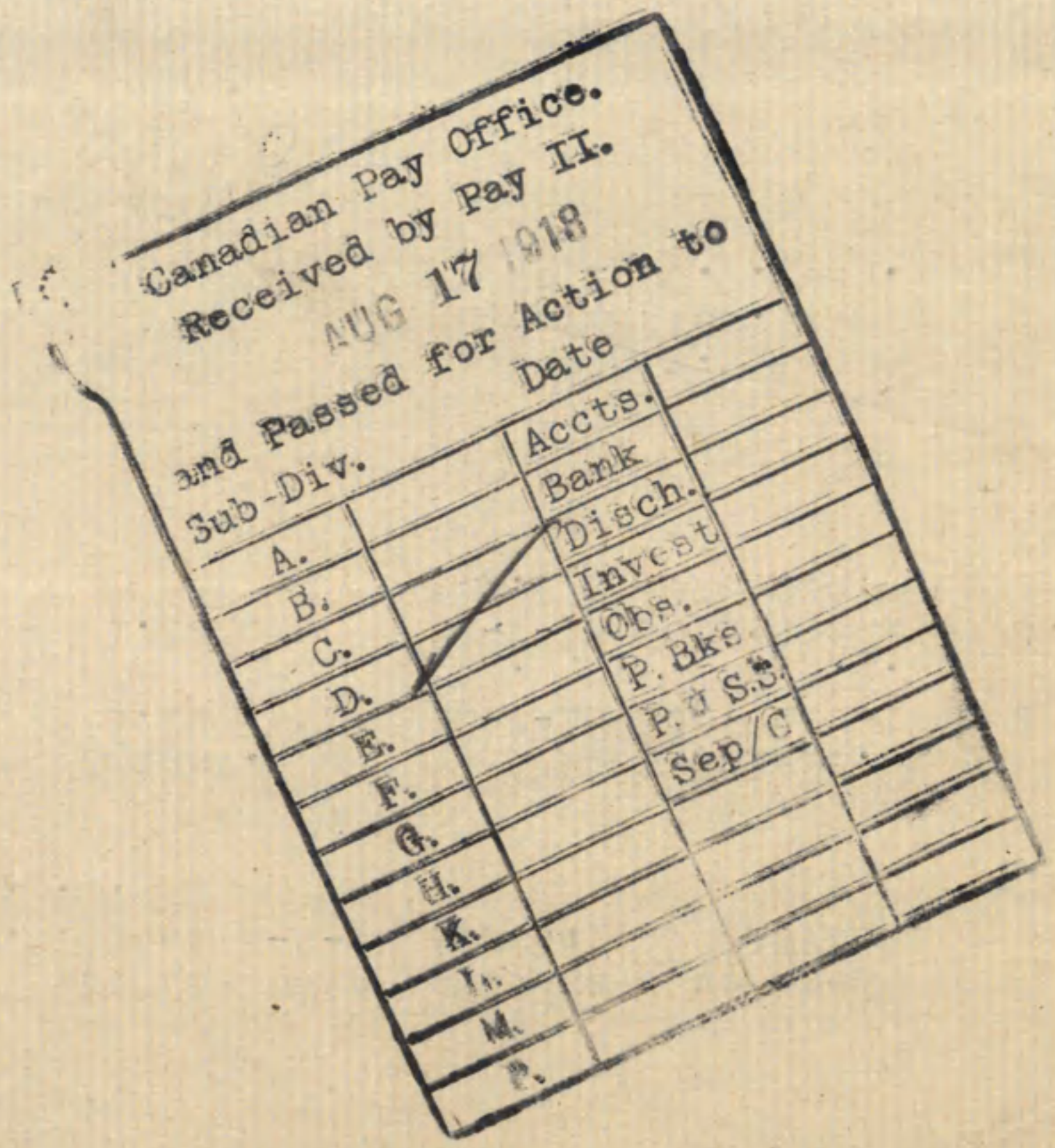
Endorsations on L.P.C.

The following amounts have been endorsed on L.P.C. dated 1-8-18 issued for 3137368, Pte. Brown H. Q.R.D.

Date Endorsed.	Amount.	Particulars.
15-8-18.	1.10 Charged	22-7-18 Forfeits 1 days Pay. O.C.12C.G.H.
"	1.10	26-7-18 Forfeits 1 days pay. O.C.12 C.G.H.

C.R. PAY OFFICE, C.E.F.
P.L.
REFER TO
16 AUG. 1918

Captain.
Paymaster.
No 12 C.G.Hosp.


Canadian Pay Office.
Received by Pay II.
AUG 17 1918
and Passed for Action to
Sub-Div.
Date
A.
B.
C.
D.
E.
F.
G.
H.
K.
L.
M.
P.
Accts.
Bank
Disch.
Invest
Obs.
P. Bks
P. & S.S.
Sep/C

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

Pend. Card made 5-12-18 a.k.

124-1

This space to be for numbers

Proceedings on Discharge.

Pec

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

M

No. 31 57368

Rank PRIVATE

Surname BROWN

Christian Name Harry

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd. Depot Battalion 2nd Quebec Regiment

Date of Discharge November 26th.1918

Place of Discharge Montreal QUEBEC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years ... months.
Height	5 feet 4 inches.
Complexion	Fresh
Eyes	Blue
Hair	Brown
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	St Julein WOLFE Co. QUEBEC

Descriptive Marks

Scar about 1"on thenar Eminence left hand,upper plate (dental) left handed

MILITARY DISTRICT No. 4 NOV 29 1918 M.D. 4

2. The above-named man is discharged in consequence of

KR&O 377 (10) C.M. 1917 MD4 22-B-4407 Category "E"

Medically Unfit R.O.#237

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

FARMER

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

Served in England from 28-4-18 to 24-9-18

NONE

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

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

(Place) Montreal QUEBEC

(Date) November 26th.1918

R.W.Lee

Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Commanding

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Montreal QUEBEC Harry Brown *(Signature of Soldier.)*

(Date) November 26th.1918 J R Enos Sgt *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Montreal QUEBEC

(Date) November 26th.1918

(Signature) R.W.Lee

Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS

Harry Brown

(OVER)

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Class "E"

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.

Fraser F. Lund Major *President.*

PLACE Montreal, D.M.C.H.

Fred Wheeler Capt. } Members.

DATE Nov. 12/18.

APPROVED BY

M.D. No. 4 APPROVED NOV 20 1918 ASSISTANT DIRECTOR MEDICAL SERVICES MONTREAL MILITARY DISTRICT No. One

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

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.

President.

PLACE .....

DATE .....

} Members.

MEDICAL HISTORY OF AN INVALID

1-4-B-201

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Montreal, D.M.C.H. DATE 8/11/18.

1. 1 (a) Unit D/D/#4 (b) Regimental No. 3157368 (c) Rank Pte

(d) Surname Brown (e) Christian name Harry

2. Age last birthday 22 Date of birth Aug. 29/1896

3. Enlisted at Montreal. on March 25/1918.

4. Personal description:—

(a) Height 5' 4" (b) Weight 120 (stripped) (c) Complexion Fresh

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Scar about 1" on thenar eminence left hand, upper plate (dental) left handed

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

St. Julien, Wolfe County, P Q.

6. Former trade or occupation Farmer

7. (a) Service		Years	Days
			229

		Periods	
		From	To
	2/2 Que.Regt.	25/3/18.	5/5/18.
	10th.Res.	5/5/18.	12/7/18.
	Hosp. Eng.	12/7/18.	6/10/18.
	D/D/#4	6/10/18.	To date

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

(a) Date of origin 17 years ago (b) Place of origin Canada

(c) Cause* Swallowed some lye.

(d) Present disease or disability Esophageal stricture.

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.]

General condition good. Esophageal stricture at level of 8th. and 9th. dorsal vertebrae. Dilation above. Patient cannot swallow solids, he only drinks milk and eggs, egg drinks. No water, coffee or tea. Patient states that if he drinks anything but milk and egg drinks he is sick at his stomach for a couple of days. Cannot vomit. Patient

MILITARY DISTRICT No. 1 NOV 18 1918 M. F.

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

wears glasses. X-Ray report Bearwood Hosp, 5/9/18. "At level of 9th. dorsal vertebrae, barium meal (very thick pap) rests in a dilated oesophagus before trickling through a narrow (stenosed or else spasmodic) portion immediately below it. More solid food will not pass this point and is regurgitated. Stomach cannot be properly investigated unless patient remains 24 hours here."

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

Nervous Yes Digestive No Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part.

Digestive system — Esophageal stricture at level of 8th. and 9th. dorsal vertebrae.

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

Swallowed some lye about seventeen years ago, since then unable to swallow solids. Under observation and treatment Jan and Feb. 1917 at M.G.H. Montreal, under Dr. Lafleur and advised that nothing could be done and has since lived upon liquid diet.

(*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.

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

No.

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

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

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

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

Treatment at M.G.Hospital, Montreal, 1917, X-Ray.

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.)

No

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

17. Recommendations that he be discharged unfit for service, Class "E"

M. Renaud Lieut
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 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

Harry Brown.
Signature of soldier 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 criticized.

We concur

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).

PART III.

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

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

on the day of

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

President.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No. 3157868 Rank Pte. Surname Brown Christian Name Harry

Unit or Corps—(a) Overseas from United Kingdom —— (b) In United Kingdom 2nd Q.R.R.

Born at—Town St. Julien County or Province Wolfe Que. Country Canada

Date of Birth—Day 29 Month August Year 1896 Age 21 yrs. 11 months.

Joined at Montreal, P.Q., Canada Date March 25-1918

Former Trade or Occupation Cr. Farmer

Permanent marks or peculiarities that will serve for future identification:

Scar, about ½ inch, on [illegible] finger middle left hand. In upper plate— left hand side

Height—feet 5 inches 3¼, Colour of eyes Blue. Harry Brown.

Signature of Soldier (*for identification purposes*)

Medical Report.

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

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

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Oesophageal Stricture

Disabilities Group (*b*) —

Disabilities Group (*c*). —

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

H. Clarkman Lieut HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, BRAMSHOTT

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	About 16 yrs ago, at the age of 5 yrs, he swallowed some lye.	St. Julien P.Q.	1901
(*ii.*) As to Group (*b*) above.	—		
(*iii.*) As to Group (*c*) above.	—		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? Yes

(*i.*) As to Group (*a*) above? Yes If yes, has Active Service aggravated it? —

(*ii.*) As to Group (*b*) above? — If yes, has Active Service aggravated it? —

(*iii.*) As to Group (*c*) above? — If yes, has Active Service aggravated it? —

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? No

(*ii.*) As to Group (*b*) above? —

(*iii.*) As to Group (*c*) above? —

PART I. *(continued)*.

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

(*i.*) While on duty? (*ii.*) While off duty? Not applicable

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

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

About 16 yrs ago - at the age of 6 yrs, he states that he swallowed some lye, since which time he has been unable to swallow solids - Some time ago - (Jan. + Feb. 1917) - he was under observation and treatment at the Montreal General Hosp, under Dr Lafleur, and advised that nothing could be done; and has since lived upon liquid diet - admitted for invaliding - Developed mumps & thereby considerably delayed -

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

I. Digestive system:- Esophageal stricture at level of 8 + 9th Dorsal Dilatation above - x-Ray. Plate 2967 - Photograph attached - on observation we find that he is even unable to retain custard -
II. Circulatory system Negative.
III. Respiratory system Negative.
IV. G. U. system Negative. Urine Negative.
V. Cutaneous system Negative.
VI. Muscles, joints, osseous system Negative -
VII. Special senses Negative -
VIII. Nervous system Negative.

8. OPERATION. (*i.*) Was one performed? No

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined? —

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

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

(*ii.*) If so, describe. —

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

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

(*c*) Invalid to Canada? Yes

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

Date of Report July 11 - 18 - 191

Station Bramshott

Signed [illegible] Officer in medical charge of case.

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

C.R. Coop Cole A.D.M.S. Canada
Officer i/c Hospital (S.M.O. Brigade) } Strike out one of these.

Dated at Bramshott Station, on 12 - 7 - 1918

* Delete if inapplicable.

PART II.

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

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

11. Is the disability fully indicated in Part I. (1)? Yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No / Aggravated? No } (*b*) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)
not applicable

15. THE PENSIONABLE DISABILITY.—*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.*)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? not applicable
(*ii.*) If not permanent, what is its probable minimum duration (*in months*) not applicable

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

18. Remarks.

19. Recommendation :—(*a*) Fit for duty? No
(*b*) Fit for base duty? No
(*c*) Invalid to Canada? Yes
(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board 15 JUL 1918

Signatures of the Board. Charles J. Imrie Capt. President.
H. MacKenzie Capt. C.A.M.C.

Station Bramshott.

Approved [illegible] Major, For G.O.C. & A.D.M.S.
D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp

Dated at Bramshott. Station 15 JUL 1918

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 3157368 RANK Pte NAME (IN FULL) Brown Harry (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2/2/Due | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION March 20th 1918 | TRANSFERRED TO Overseas England | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~418 St Lawrence Montreal~~ W.S.G. Shawinigan Falls P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 26-11-18 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																											100 10			100 10			Wages Paid
			Other Credits	W. S. C.	S. A.	Total	War Service Gratuity																		Other Charges	W. S. G.	S. A.	Total	Balance Soldier	Dependant's					
																											100 10			100 10	109 90				
19/7/19				210 00			210 00																				70 00			70 00	39 90				
26/7/19																											39 90			39 90					
																														210 00					

P.D.D.U. 2nd
1072831 3
1030538

A.W. Cash

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:-	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:- Brown Harry

NUMBER:- 3157368

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L/P C. Canada		~~Pte~~

UNIT AND TRANSFERS

ORIGINAL UNIT:- 5th ~~Pte~~ 2nd Depot. Battn 2nd Dvn. Reg

DATE ACCOUNT FIRST OPENED:- 16/4/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Order #101	2/5/18		10th Can Res Battn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~17/7/18~~	~~2266~~	~~No 12 C.G.H.~~	~~4 87~~				
~~18/7/18~~	~~2288~~	~~" "~~	~~38 93~~				
L.P.C. Bal. 31/7/18			43 80				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L/P C. from Canada	1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 1/8/18. B'Shott 11a/88 18/7/18 Invalided

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
15											
~~16~~/4/18	Balance from Canada								16 70		
									45 73	5 -	
May	L.P. 16 - 30-4-18	16 50		a/c R1030. 12 C.G.H. 22-5-18.	4 87						
	L.P. May	34 10							62 43	20	
		50 60			4 87				95 43		
June	L.P.	33		a/c R1642. 12 C.G.H. 19-6-18.	4 87				90 56	35	
		33			4 87						
July.	P.P.	34 10		Clo Chg. Under 6 mons Serv attested 23/3/18		10					
	12 Dys Lie Fur from 19/7/18	8 76							123 43		
				a/c R.2266. 12 C.G.H. 17-7-18	4 87				118 55		
				" 2288. " 18-7-18	38 93				79 62		
		42 86			43 80	10					
Aug				A/C 4970 Buwood 27/8/18 End P/S 1 day P/a by OC Hosp 22/8. ORD Bo 192 8-8-18 End	4 87				74 75		
					4 87	1/0 1/0			73 65		

Ledger Cut
sheets to
be signed
E.A. Kemp
AUDIT CLERK
DATE 20/5/19

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 depôt 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, despatch, 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.

B 3145 (4) 4 Mont Gal 12 days. Uncle

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Khyber 24 9 18 Ar 7 10 18

Proceedings on Discharge.

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

No. 3157368 Army Rank Private

Name BROWN, HARRY
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Quebec Drafts. 10th Reserve

Battalion, Battery, Company, Depôt, &c. Quebec Regt. Depot.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age years months
Height feet inches
Chest measurement: girth when fully expanded ins.; range of expansion ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable): Montreal Que.

Descriptive marks.
Scar 1 in. above upper eyelid inside.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
Blackman Lieut.
HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, BRAMSHOTT

(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.)

2. The above-named man is discharged in consequence of being no longer fit for service abroad. Authority Medical Board Bramshott.

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

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*

Wt. W. 13141/283 430,000 3/15 M.&C. Ld. Forms B. 268 39

*Strike out if not applicable.

[OVER.

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

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)_____

CANADIAN MILITARY HOSPITAL HOSPITAL 8 - AUG. 1918 REPRESENTATIVE BRAMSHOTT

H Clarkson Lieut
HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

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.)

Reserved for M.H.C.

Regt. No. 3157368 Rank Private Surname BROWN Christian Name Harry

Unit or Corps—(a) Overseas from United Kingdom ..... (b) In United Kingdom A.M.C. Q. R. D.

Born at—Town St. Julien County or Province Wolfe, Quebec Country Canada

Date of Birth—Day 29th Month August Year 1896 Age 21 yrs 11 months.

Joined at Montreal, P.Q., Canada Date March 25th, 1918

Former Trade or Occupation On Farm

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

Scar about one inch, on thenar eminence left hand. Upper plate.
Left handed.

Height—feet 5 inches 3½ Colour of eyes Blue

Signature of Soldier *(for identification purposes)*

Medical Report.

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

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

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): Esophageal stricture.

Disabilities Group (*b*):

Disabilities Group (*c*):

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	About 16 years ago, at the age of five years, he swa lowed some lye.	St Julian PQ	1901
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*)	As to Group (*a*) above ? Yes	If yes, has Active Service aggravated it ? No
(*ii.*)	As to Group (*b*) above ?	If yes, has Active Service aggravated it ?
(*iii.*)	As to Group (*c*) above ?	If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*)	As to Group (*a*) above ? No	
(*ii.*)	As to Group (*b*) above ?	
(*iii.*)	As to Group (*c*) above ?	

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Date of Board

Station

President.

Approved

Dated at

Signatures of the Board

5. If a cause of disability was an injury received on Active Service, was it received – NOT APPLIC BLE

(*i.*) While on duty ? (*ii.*) While off duty ?

(*iii.*) Was a Court of Inquiry held ? (*iv.*) Where ? (*v.*) When ?

(*vi.*) Opinion of the Court ?

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

About sixteen years ago, at the age of five years, he states that he swallowed some lye, since which time he has been unable to swallow solids. Some time ago, (January and February 1917) he was under observation and treatment at the Montreal General Hospital, under Dr. Lafleur, and advised that nothing could be done and has since lived on liquid diet. Admitted for invaliding. Developed mumps and thereby considerably delayed.

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

1)+- Digestive system---Esophageal stricture at level of 8th and 9th dorsal. Dilation above. X-Ray plate 2967, photograph attached. On observation we find that he is even unable to retain custards. II---Circulatory system negative. III- Respiratory system negative. IV---G-U system negative. Urine negative. V--Cutaneous system negative. VI--Muscles, joints and osseous systems negative. VII Special senses negative. VIII Nervous system negative.

8. OPERATION. (*i.*) Was one performed ? No

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined ?

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

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

(*ii.*) If so, describe.

10. DO YOU RECOMMEND :—

(*a*) Fit for duty ? No

(*b*) Fit for base duty ? No

(*c*) Invalid to Canada ? Yes

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

Date of Report July 11th 1918 Signed J.H. Atkinson, capt CAMC.
Officer in medical charge of case.

Station Bramshott

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

C.B. CooperCole. LtCol CAMC for Officer i/c Hospital

Dated at Bramshott Station, on 12 - 7 1918

* Delete if inapplicable.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1) ?
If not, indicate it. Yes.

12. Is the cause of the disability fully indicated in Part I. (2) ?
If not, indicate it. Yes.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused ? No / Aggravated ? No } (*b*) Misconduct of the Soldier { Caused ? No / Aggravated ? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ?
(*Estimate at* none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.) Not applicable.

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service ?
(*Estimate at none,* $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*) Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent ? Not applicable.
(*ii.*) If not permanent, what is its probable minimum duration (*in months*) ? Not applicable.

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

18. Remarks.

19. Recommendation :—(*a*) Fit for duty ? No
(*b*) Fit for base duty ? No
(*c*) Invalid to Canada ? Yes
(*d*) Discharge from service as permanently unfit ? No

Classification for the Military Hospitals Commission

Date of Board 15 JUL 1918

(Sgd.) Chas. P. Jents, Capt. CAMC President.
(Sgd.) H McKenzie, Capt. CAMC
Signatures of the Board.

Station Bramshott.

Approved [illegible] Major. For G.O.C. A.D.M.S.

Dated at D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp Station Bramshott. 15 JUL 1918