REGIMENTAL DOCUMENTS

NAME Casey Mary Eva REGT. NO. Nursing Sister. Mil Hosp. Dalkeith FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				11233	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Med. Unfit
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MFW 2618a.					
1	Duplicate					
1	313A. M.F.B					1
						4-8
						11-8
						1

W 2589
100M-11-18
1272-39-1377

4865

5984

No. Rank n/s Name Casey M E

T. O. S. Unit Army medical Corps Details

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 18	1918 dates not stated—n			June paylist

H. Q.

M. D. No. 6

Surname Crossley

Christian names Mary Ann

T. O. S. 19

Regtl. No. Rank N/Sister

D. O. Pt. II of

S. O. S. 31-7-18 19

Unit Lo'Al'n Hosp

Reason Med. Unfit

Auth. A.O. 228 of 16-8-18 G.H.Q.

Next of kin Mrs. Crossley 21 Devonshire Rd Liverpool

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

Date

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

J.T. 6-15.
E.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Mary Eva CASEY

Enlisted in the Military Hospital, Halifax,

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 AND WAS APPOINTED to COMMISSIONED RANK

in the Military Hospital, Halifax,

CANADIAN EXPEDITIONARY FORCE on the ninth day

of March 191 7.

§ He SERVED in CANADA, with the Military Hospital Halifax,

Canadian Army Medical Corps,

and was STRUCK OFF THE STRENGTH on the thirty first day

of July 191 § by reason of being medically unfit.

Dated at Ottawa, this second day

of October 191 9.

for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Casey Mary E (Surname / Christian Name)

Regimental Number

Rank N. S.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full) Mrs J. Oland
145 Duke St
St John
N B

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

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks: The above named Nursing Sister was taken on the strength of the S C R E effective 24-11-19
W 121 17-12-19

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.....
or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

MEDICAL HISTORY SHEET

Surname Cooney *Christian Name* M. E.

Examined { on ..... day of ..... 191.....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches
Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by .....

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.
			M.O.

Enlisted on 30 *day of* June *191*7 *at* Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		Nursing Sister		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
N.D. Canadian Kuntville Ns	23-5-18	Pulmonary T.B.	Taken on F R.J.C.

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. FOLIO FALSE DOCKET 8

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
W S Davidson											
Kentucklea	25-8-17	25	8	17	23	5	18	Pulmonary Tb.	271	Gunshot wound. Boarded for Category E for discharge.	R J Collins MD

CASE HISTORY SHEET.

No. — Rank Nursing Sister Name May E Casey Age 29

Unit C.A.M.C. Completed years of service Where and how long } One year. Canada

Date of admission 23/8/17. Date of discharge 23/5/18.

Diagnosis Pulmonary Tuberculosis Place of origin Aldershot N.S.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Loss of Str. +
Loss of Wt. 0
Loss of App. +
Cough 0
Expectoration 0
Nt. Swts, 0
Fever 0
Haemopt 0
Tubercle Bacilli 0
Debility not marked

This patient is in the II stage of tuberculosis.
Her physical findings are.
R Dullness to 3rd rib + 7th vertebral spine. Breathing diminished front + back. On cough fine rales to clavicle & 3rd vertebral spaces.
L. Dullness to 3R rib + 6th vertebral spine. Breathing diminished front + back. On cough fine rales to clavicle + 3rd vertebral space.

Her lung condition has not materially changes since coming to Kentville.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Father died of Tuberculosis (pulmonary)
Brother ... O. ... (meningeal).

TREATMENT Sanatorium & rec.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Her case is quiescent.

(and disposal made of case.)

B. P. C. FILED
FALSE DOCUMENT
10

Date May 21 1918.

R J Collins M.D.
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

R.O. AUG 17 1917

4-321-17-8-17

4/8/61-DMS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

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

FORM TO BE USED FOR OFFICERS

MILITARY DISTRICT NO. 6
AUG 17 1917
43-C-286

MEDICAL HISTORY OF AN INVALID

Station Kinmount & Halifax N.S.

Date 9 1 8 1917

MILITIA & DEFENCE
AUG 17 1917
H.Q. 392-3-198
CANADA

1. (a) Unit C A M C
   (b) Rank Nursing sister.
   (c) Surname Carey (d) Christian name M. A.
2. Age last birthday 29 Date of birth
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Home service Dec 1916
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) June 30 1916
4. Personal description:
   (a) Height 5. 3. (b) Weight 100
   (c) Complexion dark (d) Colour of hair dark
   (e) Colour of eyes Dark (f) Scars or tattoo marks nil
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners)
   (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation

7. Service

	Years	Days	Periods From	Periods To
C. A. M. C.			Dec 1916	

8. Disease or disability (use authorized nomenclature)
   (a) Date of origin 4 years ago (b) Place of origin Halifax N.S.
   (c) Cause Pleurisy
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Little under weight, fair color, short of breath on least exertion

occasional cough, no expetoration, no night sweats, fair appetite. pain left chest with feeling of tightness anteriorly. Over posterior

aspect, left lung slight impairment resonance apacial portion. Expiration prolonged. Few fine crepitations.

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

M. F. B.380.
50M.—6 17.
1772—33—274.

B. P. C. FOLIO
FALSE DOCKET
2

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

One large mole left side(chest)behind,

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined. Total at present

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

13. Was a Court of Inquiry held? No.

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

Yes [illegible] No

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

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

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 3 months at least

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

Nil.

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

Yes Sanatorium.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations. Sanatorium.

Balfour Captain
Medical Officer by whom the case is brought forward.

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

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

M. E. Carey
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

22. Is the Officer fit for (*a*) General service (Category A.) (Yes or No.) 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.) Yes
(*e*) Unfit for service in Categories A, B and C. (" E.) (Yes or No.)

23. It is certified that the Officer
(*a*) Does require treatment.
(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

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

Sanatorium. Category D 3.

Station Halifax NS
Date Aug 9 1917

Mooney *President.*
Capt
Members.

APPROVED BY

Date 11-8-17

APPROVED
Archibald Captain
Assistant Director of Medical Services.

APPROVED BY

Date 16-8-17

Madame Jr
Director General of Medical Services.

B.P.C. FOLIO
FALSE DOCKET
1

R.G. NOV 30 1917

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4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

403 -30-11-17

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

MILITARY DISTRICT No. 6
HALIFAX, N. S.
NOV 24 1917
43-C-286
D.O.C. No. 6

Station Nova Scotia Sanatorium Kentville. N.S.

Date Nov. 19th. 1917.

MILITARY DEFENCE
NOV 30 1917
H.Q. CANADA

1. (*a*) Unit C.A.M.C.
   (*b*) Rank Nursing Sister.
   (*c*) Surname Casey. (*d*) Christian name Mary Eva.
2. Age last birthday 29. Date of birth Aug.29th. 1888.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) June. 1916.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) June 30th. 1916.
4. Personal description:
   (*a*) Height 5 ft. (*b*) Weight 105 lbs.
   (*c*) Complexion dark (*d*) Colour of hair black
   (*e*) Colour of eyes brown (*f*) Scars or tattoo marks Large mole left side of back.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 112 Morris Street, Halifax.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent B. Unit.
6. Former trade or occupation nurse
7. Service

	Years	Days

	Periods	
	From	To
C.A.M.C.	June 30th.1916.	

8. Disease or disability (use authorized nomenclature) Pulmonary Tuberculosis.
   (*a*) Date of origin Aug.25th.1917 (*b*) Place of origin Alders Halifax.N.S.
   (*c*) Cause Exposure.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Loss of strength o
Loss of weight O
Appetite fair
Fever o
Cough +
Short; of breath. +
Expectoration +

Haemorrhage o
Night Sweats o
Tubercle bacilli not found

This patient is in the second stage of tuberculosis. Her physical findings are. Right: Dullness to the 3rd rib and 7th Vert.Spine.Breathing diminished. On cough fine rales to 3rd Vert.Spine. Left. Dullness to 3rd rib and 6th Vert.Spine.Breathing slightly increased. On cough fine rales to clanicle & the 3rd Vert.Spi

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

Her debility is fairly well marked.

M. F. B.380.
50M.—6 17.
1772—33—274.

B. P. C. FOLIO
FALSE DOCKET
4

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

None.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

100%

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

13. Was a Court of Inquiry held? No

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

Yes No Not applicable

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

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

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

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

6 months.

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

Sanatorium

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

Yes

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

20. Recommendations.

Recommend Nursing Sister Casey for at least 6 months treatment.

R J Collins M.D.
Medical Officer by whom the case is brought forward.

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

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

Mary Eva Casey
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. ~~Is the Officer 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 (Yes or No.)

23. It is certified that the Officer
(*a*) Does require treatment.
(*b*) ~~Does not require treatment.~~
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

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

The board recommends that Nursing Sister Casey be given further Sanatorium treatment. & Continue in Category D iii

Home address. 112 Morris Street, Halifax. N.S.

C E L DeWolfe Major
President.
T M Sieniewicz Lt Amc
Members.

Station Nova Scotia Sanatorium, Kentville.
Date Nov.19th. 1917.

APPROVED BY

Date 24.11.17

APPROVED
A.G.O. C.M.D. No. 6
B Cantlie Major
Assistant Director of Medical Services.

APPROVED BY

Date 1 12 17.

for Gwadams Capt
Director General of Medical Services.

3

172 9/6/18

4

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
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4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

ORIGINAL

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Nova Scotia Sanatorium

Date May 22. 1918. Kentville N.S.

1. (a) Unit Canadian Army Medical Corps.
   (b) Rank Nursing sister.
   (c) Surname Casey. (d) Christian name. Mary.
2. Age last birthday 29 Date of birth Aug 29 1888.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) June 20 1916.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) June 20 1916.
4. Personal description.
   (a) Height 5 ft. 4 (b) Weight 104
   (c) Complexion dark. (d) Colour of hair dark brown.
   (e) Colour of eyes dark brown. (f) Scars or tattoo marks none.
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners). 169 Princess St. St John. N.B.
   (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent ~~O. C. Base Unit~~ ~~O. C. No 6. D.D.~~
6. Former trade or occupation nurse.

7. (a) Service

	Years	Days	Periods From	Periods To
Canadian Army Medical Corps.			June 20 1916.	

(b) Has he been Overseas? no.

8. Disease or disability (use authorized nomenclature if possible) Pulmonary tuberculosis.
   (a) Date of origin June 1917. (b) Place of origin Aldershot N.S.
   (c) Cause* Exposure: Tbc infection.
   *(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

This patient is in the II Stage of tuberculosis.
Her physical findings are.
R. Dullness to 3rd rib & 4th vertebral spine.
Breathing diminished front & back. On cough fine rales to clavicle & 3rd vertebral spine.
L. Dullness to 3rd rib & 6th vertebral spine.
Breathing diminished over front & back.
On cough fine rales to clavicle & 3rd vertebral spine.

Loss of Str. +
Loss of Wt. 0
Loss of App. +
Cough - 0
Expectoration - 0
Wt. Swts, - 0
Fever - 0
Haemopt - 0
Tubercle Bacilli - 0
Pleurisy not reached.
Hoarseness
Shortness of Breath 0

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

M.E. B.O.380.

50M.—9-17.
17-33-2744

B.P.C. FOLIO PAGE 12

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

None.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

100% (for necessity of ret.)

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

13. Was a Court of Inquiry held? No.

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

Yes None. No

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

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

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 5 months.

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

Sanatorium 9 (mos).

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

Probably not. Yes.

19. Can the former trade or occupation be resumed? Mentally.

20. Recommendations.

That Nursing Sister Casey be placed in Category E for discharge.

P. J. Collins M.D.
Medical Officer by whom the case is brought forward.

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

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

Mary E. Casey
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

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

23. It is certified that the Officer
(*a*) Does require treatment.
(*b*) ~~Does not require treatment~~.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control~~.
(Strike out condition not applicable.)

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

The board recommends that N.S. Casey be placed in Category E for discharge.

P. J. Collins Lt-Col. A.M.S. *President.*
T. H. Sinclair Capt. A.M.C. *Members.*

Station Nova Scotia San. Kentville
Date May 21. 1918.

APPROVED BY

Date 3.6.18

E. Fillmore Major
Assistant Director of Medical Services.

APPROVED BY

Date 7/6/18

Jas. C. Mackie Col.
Director General of Medical Services.

FALSE DOCKET
5

MILITARY DISTRICT No. 3.

(2468) Wt. W. 2290—PP1182 6-19 J.F.W. (E3277) Army Form W3997.

Regtl. No. 402750 Rank Pvt. (3)

Name BAILEY JAMES. H.
(Surname) (Christian Names in full) Christian Name (Surname) in full.

Unit 1ST E. ONT. (Canadian) Regt. or Corps 6TH RES (Reserve in England)

Category A-3 Next of Kin MOTHER.

Intended Place of Residence CORNWALL

Occupation MACHINIST

(3)

COVER

FOR

DISCHARGE DOCUMENTS.

3 DD - 3 - B 2026

/Nursing Sister Casey. Mary Eva

Canadian Medical Corps

23-9-3v

5984

W/3/Casey. Mary Eva