a.m. 8/7/18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Cooper Harold Edward

Regt. No. 41058 Rank Dr.

Corps 6th Bde C.F.A.

Nar

Reg

Cor

Physically Unfit

Comp dis to B.O.C. on MOM 2803. Ref. BOC Spec 308 of 27/3/19 M.H.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....1 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....2.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

A.F.B. 122 1

Discharge Certificate 1

A.F.B. 179 - 2

A.F.B. 178 - 2

Cards 1 Index ~~Removed 12-1-18~~

~~1 Large of Address~~

~~1 Award~~

~~1 Pt II~~

~~1 Casualty~~

34836

MH.C.C 7 2

Recd 2-3-20 7 2

Ret 2/3/20 5 2

1

Discard 11-1-58

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

C41058

ATTESTATION PAPER.

No. C-41058

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Harold Edward Cooper
2. In what Town, Township or Parish, and in what Country were you born? ..... Birmingham Eng
3. What is the name of your next-of-kin? ..... H. Cooper, Father
4. What is the address of your next-of-kin? ..... Sept 1st 1892
5. What is the date of your birth? ..... Groom
6. What is your Trade or Calling? ..... No
7. Are you married? ..... 331 Selby Oak Rd, Kings Norton
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? .. 3rd South Midland Field Artillery
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

H Cooper (Signature of Man).

[illegible] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harold Edward Cooper, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

H Cooper (Signature of Recruit)

Date. Sept. 26 1914. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harold Edward Cooper, 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.

H Cooper (Signature of Recruit)

Date Sept. 26 1914. [illegible] (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 Quebec this 26th day of Sept 1914.

Reginald Hanson J.P. (Signature of Justice)

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

J [illegible] Donald (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

Description of Harold E Cooper on Enlistment.

Apparent Age 24 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 3/4 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 2 1/2 ins.

Complexion Medium

Eyes Blue

Hair L. Brown

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

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).

Mole 6 inches ~~bb~~ below Right nipple

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sept 3 1914. W P Dillon

Place Valcartier Maj Amo
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:—

5th BATTERY F ..... Divn.
SEP 26 1914
CANADA

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harold Edward Cooper 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.

E Gerald Hanson Major (Signature of Officer)

Date Sept. 26th 1914.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
JUN 3 1918
Discharge Section

This is to Certify that No. 41058 (Rank) Driver

Name (in full) Harold Edward Cooper enlisted in

the 5th Battery Canadian Field Artillery

CANADIAN EXPEDITIONARY FORCE at Quebec on the 26th

day of September 1914

HE served in France with 5th Battery C. F. A.

and is now discharged from the service by reason of having been found medically unfit for further service K. R. & Can 1917. 377. 10.

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

Age 27 Years

Height 5' 7 3/4"

Complexion Medium

Eyes Blue

Hair Lt. Brown

Marks or Scars Mole six inches below right nipple

H. E. Cooper
Signature of Soldier

H. S. Andrews
Issuing Officer

Captain
Rank

O.C. Discharge Sec D.D XI
Appointment

Date of Discharge 3rd June 1918

Signed at Victoria B.C. this 3rd day of June 1918

in Military District No. XI

File Reference No. DDC 976

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. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 41058 (Rank) Driver Name H. E. Cooper

Unit 5 Battery C F.A

Address on Discharge Gen Delivery Montreal P.Q.

Character and Conduct Very good

Former Occupation Groom

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks European War Service 2 Years 2 1/2 Months

Signed at Victoria B.C. this 3rd day of June 1918

H. A. Andrews
Name of Officer

Captain
Rank

O.C. Discharge Sec D.D.XI
Appointment

This paper was
taken off the Medical
Board relating to
338 993 Ex. Gnr. Cooper
John 17/8/18 39092 CR 74
26

sent yourself before a Medical
xplain the reasons, if there
ability to report.

the honour to be,

Sir,

obedient servant,

Colonel,
For the Board of Pension
Commissioners for Canada.

E 25/147 ORIGINAL 7.C.T.134, 160 C41058.

MEDICAL HISTORY SHEET.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

Surname Bennett Capt. Christian Name Harold Edward

Examined { on 31 day of July 1917 at Quebec

Birthplace { City or Town Birmingham County England

Apparent age 24 Years

Trade or occupation Groom

Height 5 Feet 6 3/4 Inches.

Weight Lbs.

Complexion Fair. Eyes Blue Hair L. Brown

Chest measurement { Minimum 33 inches. Maximum expansion 2 1/2 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease Mole 6" Below R.K. Ankle

(b) Slight defects but not sufficient to cause rejection

HOSPITAL REPRESENTATIVE, ADJUTANT GENERAL CANADIAN MILITARY HOSPITAL, HASTINGS

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.
		M.O.

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

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

7 MAY 1917

Enlisted on 26 *day of* Sept *191*4 *at* Valcartier Quebec

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	5 Battery C.F.A. 2nd Brigade	C41058		26/9/14
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Hastings.	July 31. 1917.	Debility.	Invalided to Canada. H.E. Wallace Capt. H.C. Mennemen Capt. D.A.D.M.S.

APPROVED. A.D.M.S. Canadian Hospital Hastings.

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.

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Entries in Red Ink made from Attestation Sheets.

JUL 23 1915 R.M. Shaw 21 for D. D. M. S.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
THE LORD DERBY WAR HOSPITAL WARRINGTON		3	5	17	25	6	17	Bronchitis	54	Transferred to Woodcote Park Epsom.	C R Bird
M.G.H. Epsom		25	6	17	25	7	17	do.	31	Treatment of muco-purulent sputum Moisture r. apex & lyt bas. Transfer to Hastings	A. Morslong Capt
Cliff. Hastings.		25	7	17				Debility		T.B. not found in Sputum Clinically positive for phthisis	T. R. Welwood Capt.
"ARAGUAYA."		14	9	17	25 9	9	17	do.		do.	E J Gibson Capt RAMC
District Depot, XI VICTORIA, B. C.		6	10	17	3	6	18	Chr. Bronchitis	240	Boarded Physically Unfit for Further Service under K. R. & O., Can. 1917-377 X Auth. Med. Board (App. A. D. M. S. of 22-5-18)	District Depot M.O. XI JUN 20 1918 Discharge Section

Forms
I. 1237
12

NO 18. CAN'GEN HOSP
EASTING

2688

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
2688	41058	Gnr.	Cooper.	Harold. E.
Year	Unit.		Age.	Service.
1917	C F A		25.	3 5/12

Station and Date.

L. M. H.
26-7-17
Sanatorium Section

Disease Chronic Bronchitis

Complaint – Expectorates a lot. short of breath occasionally.

Family Hist. f + m. l. & w. 3 b. l & w. 4 s. l & w.

Past illnesses: always had good health.

Present illness: Enlisted 6th Aug. 1914 and carried on (except for 2 days with a scalp wound) without difficulty till Feb. 1917 Began to have night sweats and cough. started expectorating a good deal. – Sputum occasionally blood stained. Grew weaker and 22-4-17 was sent out from Battery. Came to England. 4-5-17. to Lord Derby War Hosp. remained 8 weeks → Epsom for 4 weeks → C.W.H. Hastings as T.B. suspect.

Present Condition.

Wt. 138 lbs. usual wt 150.

Coughs a good deal in a.m.

Lungs. Râles + limitation of movement in L base. V.R. + in L. apex. and breathing harsh throughout L lung. X ray + Sputum

30-8-17 Wt 137. Condition slightly improved. Inv. L. Can. J. Rawlinson Capt.

SEP 1917

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

This space to be left blank for the Chelsea Number.

J

H S-H 2
Sept 25 1917

Army Form B. 268.

Proceedings on Discharge.

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

No. 41058 Army Rank Driver

Name Cooper Harold Edward
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canadian Artillery

Battalion, Battery, Company, Depôt, &c. 5th Bty CFA
(If attached to the Regular Establishment of the ~~Special Reserve or Permanent Staff of the Territo~~rial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 3rd June 1918

Place of discharge Victoria BC

1. *Description at the time of discharge.*

Age 27 years 4 months
Height 5 feet 7 3/4 inches
Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.
Complexion Medium
Eyes Blue
Hair Light brown
Trade Groom
Intended place of residence (To be given as fully as practicable) { Gen Delivery / Montreal PQ

Descriptive marks.
Mole six inches below right nipple

(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 Physically Unfit for Further Service ~~Layer~~ Under R. R. & O., Can. 1917 374-10 ~~Physically fit for war~~ Aux. Med. Board (App. A. D. M. S. of 22. 5. 18) ~~Para 392 See H~~ ~~R. R. & O. 1912~~

(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 :— Ty

Very good

Revised 14-1-58

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.

(HBA)
O. C. Discharge Depot, Military District No. 11
Initials of Commanding Officer.

Army Form B. 2088 has been issued to* C C Dmp 26 2 20 B

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 3)
Forms B. 268 40

W. S. G., Comp, 6-3-19

[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 — 2 Years 2 1/2 Months France

Certificate of education .....

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

District Depot M. D. XI — Discharge Section

(Place) Hastings 1918

(Date) 30th 1917

H. B. Andrews O. C. Discharge Section, District Depot, XI

W. S. Shaw. Capt.

HOSPITAL REPRESENTATIVE.

Commanding Battn. Regiment.

CANADIAN MILITARY HOSPITAL, HASTINGS.

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.

District Depot M. D. XI — Discharge Section

(Place) JUN 3 1918

(Date)

H. E. Cooper (Signature of Soldier.)

Fred Powers (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 3/6/18 (the date to which the record of service is completed) 3 years 251 days.

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

Total ... 3 " 251 "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 3rd June 1918 (date)

District Depot M. D. XI — Discharge Section

(Place) JUN 3 1918

(Date)

Signature H. B. Andrews Capt.
O. C. Discharge Section, District Depot, XI

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.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ... Not applicable

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ... Received Three months Post Discharge Pay

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

21. Have you, during the present war, served in the Imperial Forces? ... Not applicable

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ... Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ... Not applicable
(b) If so, was such reversion in consequence of misconduct or inefficiency? ... Not applicable

24. Are you now serving in the C.E.F. Not applicable If not, give:—(a) Date of discharge June 3rd 1918 (b) Reason for discharge ... Medically Unfit for further service

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ... Not applicable

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. 2nd Brigade & 5th and 48th Batteries C.F.A. France Two years & Two months & 16 days

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... Yes
(b) If so, are you in receipt of full pay and allowances from that Department? ... Yes

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

Signature of Applicant: W. E. Cooper

Place of Residence: I. S. C. Sanatorium Balfour B.C.

Declared before me at: Balfour Sanatorium

This tenth day of February 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. John H Hoyle Justice of the Peace of B.C.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
June				
1918 July	100.10			
Aug				

Certified Correct.

H. D. Patterson
District Paymaster.

FOR DIST. PAYMASTER M. D. 11A
POST DISCHARGE PAY SECTION

25447

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Harold Edward 2. Surname Cooper
3. Rank Gunner 4. Original Unit 5th Battery C.F.A. 5. Reg. No. 41058
6. Address, in full, to which future payments of gratuity are to be forwarded
c/o General Delivery Post Office
Vancouver B.C.
7. Date of enlistment in the C.E.F. August 1914
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable
9. Relationship of such dependent Not applicable
10. Address, in full, of such dependent Not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Not applicable
Alberta
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? Not applicable
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service Not applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 5th Battery August 1914 to August 1916 48th Battery till June 1917
Three years & ten months
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not applicable
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? Not applicable

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

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.)

None

J E Cooper

Station and Date.	

Forms
A. 123
11

Army Form I. 1237

MEDICAL CASE SHEET.*

7.a.E.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
FTC 134	41058	Pte.	Cooper.	H.E.

Year	Unit.	Age.	Service.
3.5.17.	4th Batt. C.F.A. Canadian.	25	Total 2 yrs. 8 m. In fd: 2 yrs. 9 m.

Station and Date. Disease Bronchitis

Slight
Severe
Dangerous

Walter

The Lord Derby War Hospital, Warrington.

Mrs C. H. Cooper.
231 Selly Oak Rd
Kings Norton.
Birmingham.

NEXT OF KIN.

INOCULATION AGAINST ENTERIC.

TV/1	TV/2	TV/Nil.

Date 20. 2. 1917.

Cross out that which does not apply.

Rather

May 5. Had a "cold" off & on for 3 months. In hospital a week. cough & expectoration. Subject to winter colds. a few rales over chest. No hemy.

17. Still expectorates a lot. Has some pain in epigastric region. Had an attack of tonsilitis for 5 days about the beginning of this month.

Not improved. Breathless & pale.

Warrant to

May 18: Weight 9st 9lb

Station.

" 27th " 9st. 10. lb.

June 4th " 9st 10 lb

June 11: " 9 " 7½ " 133½ lb Feels depression in warm atmosphere on warm days

RECOMMENDED FOR Seaside

Discharge
On
To
Duty
Light Duty.

Fit at CRB June 12

Transferred to

THE MILITARY CONVALESCENT HOSPITAL, 25 JUN 1917 WOODCOTE PARK, EPSOM.

Att (2) Canadian General Hosp.

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

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

CLINICAL CHART.

(To be attached to Case Sheet.)

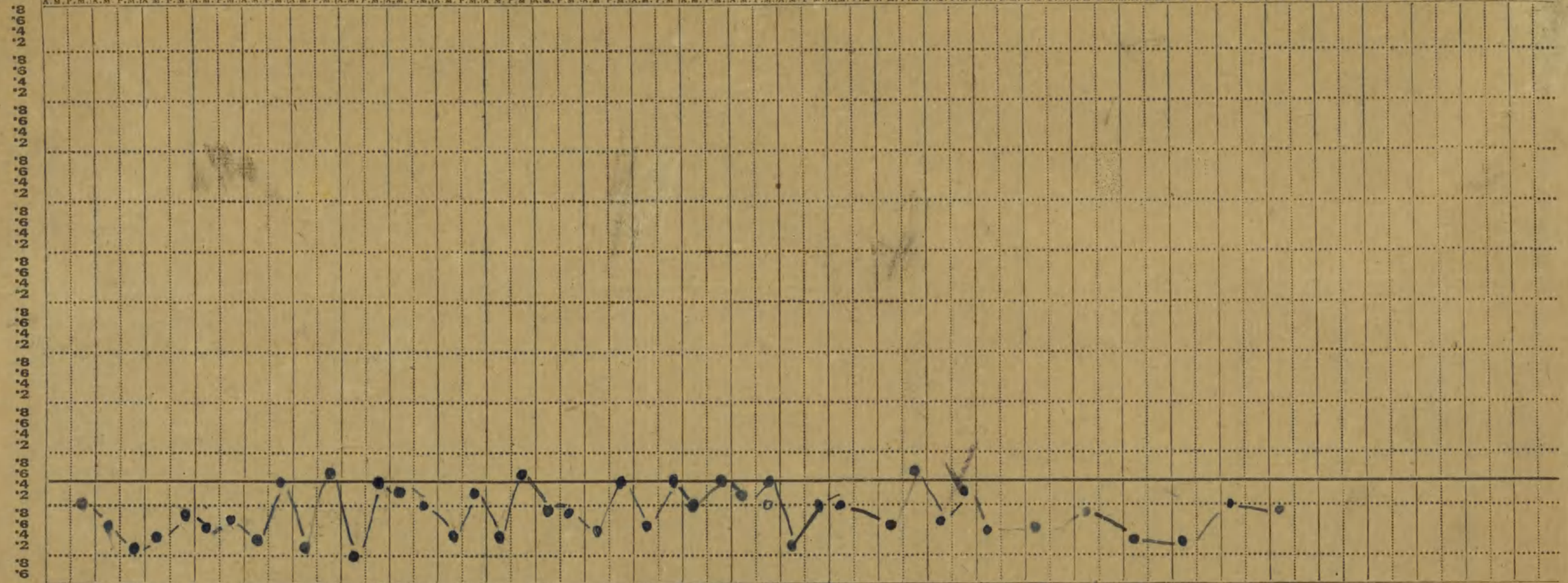
Army Form B. 181

Corps C. F. A. Canadian Military Hospital Sanatorium Sutton

No. 41058 Rank and Name Pte Cooper A. E. Age 25 Service 3 5/12

Disease Chronic Bronchitis Date of admission 25-7-17 Date of discharge Result

Dates of July / August Observation	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Days of Disease																												
Temperature Fahrenheit (Time A.M. P.M.)																												
Pulse per Minute	80	76	80	82	80	68	80	78	82	84	80	76	70	76	80	82	80	74	82	92	80	86	82	80	84	80	80	84	80	80
Respirations per Minute	20	24	20	20	24	20	24	20	20	20	20	24	20	20	24	20	20	20	20	20	24	20	22	20	22	20	22	20	22	20
Motions per 24 hours			1	1		1	1	1		1	1		1	1		1	1	1	1			1	1	1	1	1	1	1	1	1



Signature T. Rio Elwood Capt In charge of case.

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 11 District Depot C. E. F.

LAST PAY CERTIFICATE

(2nd Bde C.F.A.)

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

Regimental No. 41058 Rank Dvr. Name Cooper, H C

Corps No XI Cas Dep CEF who was* discharged

On 3-6-8 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-6-8 191..., to 3-6-8 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques: No.			Regt'l Pay 3 days at $ 1 c. 10	3	-
Advances by Cheques: No.			Field Allow. 3 days at $ c.		30
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	8	
Payment on transfer or discharge No. 5062	11	30	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	11	30	Total	11	30

PAID BY

*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~~

(Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 22. 9. 14

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

(3) cause of discharge authority Do # 48 / No XI C.D. PEF

(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 6-6-18

Place Victoria BC

W. C. Craddock

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.

300M—2-18.
H. Q. 1772-39-903.

M. F. W. 41
1 0M — '-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Dor Cooper, H.E.

Regimental No. 41058.

Unit 2nd Brigade.

Date of enlistment Nov. 9/14

Place of "

Married (yes or no) no

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin Frank Cooper Calgary BC dear

Yfer 8. 1st October 1917

Date and place discharged Disch 31. 5. 18

Reason for discharge

Character on discharge

Cb 5351—M. & D. 6880.

	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Carried Fwd	Remarks, Casualties, etc.
	1/10	30/11	61	1.00	61 -	61	.10	6 10	309 31 6	382 41			349 41 33				382 41	
Dec.	1	31	31		31	31		3 10		34 10			34 10			34 10	34 10	
Jan	1	31	31		31	31		3 10	35	34 35			34 35			34 35		
Feb	1	28	28		28	28		2 80		30 80			30 80			30 80		
Mar	1	31	31		31	31		3 10		34 10			34 10			34 10		
Apr	1	30	30		30	30		3		33			33			33		
May	1	31	31		31	31		3 10		34 10			34 10			34 10		
June	1	3	3		3	3		30	8	11 30			11 30			11 30		

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					
	Dis Depot	To Sanatorium	Dn Dno. 11 Victoria	26-9-17	N R 360.	

E-24851

Rank and Name COOPER, Harold Edward

Regimental No. 41058

Unit 2nd Brigade

Date of enlistment Sept 26th., 1914.

Place of birth England

Married (Yes or No) No

If in Permanent Force

Name and Address of Next-of-kin

C.H.Cooper (father)
231, Selby Oak Rd., Kings Norton,
England.

Date and place of discharge

Reason for discharge

Character on discharge

N/E. R.B. No. 2982
File R.L.
Category Can Mil

Promotions or appointments

A.F.B. 103 CHECKED (N.R.) Nil
2 - JAN. 1917

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				
12-11-14	O/C 2nd Bde	Forfeits 2 days Pay.	England	12-11-14	Part II O'T 11
1-8-15	O/C 2nd Bde	On Nom Roll.	France	1-8-15	Nom Roll
25-12-15	" "	Proceeded on leave	"	18-12-15	Part II O #44.
15-1-16	" "	Returned from leave	"	1-1-16	Part II O #3.
21.6.16	" "	Sentenced to forfeit 10 days pay Not complying with an order		1/6/16	" " 75
9.5.17.	"	Adm Lord Derby War Hosp	Warrington	3-5-17.	C.R.B 248 Bronchitis
11.5.17.	Reg Depot.	T.O.S on posting from 2nd Bde.	S'Cliffe	3-5-17.	Pt II O 63. & Pt II O 82 d/22-5-17 2nd Bde
29.6.17.	2nd Bde.	Adm Can Conval Hosp Woodcote Pk	Epsom.	26-5-17	C.R.B 280 Bronchitis
31.7.17	"	Can Mil Hosp	Hastings	26.7.17	C.L.B 301. "
21.9.17	"	Disc " " "	"	14.9.17	C.L.B 45 "
28.9.17	Reg Depot	T.O.S. Invalided to Canada for further Medical Treatment	Qns. Whitley	14.9.17	Pt II O 203

41058

Army Form W. 3212. (In books of 100)

Regtl. No., Rank and Name Pvt. Cooper H.E. Corps E.F.A.

Disease Bronchitis Ex. Hospital E.M.H.

To Officer i/c Laboratory. Ward Pinewood

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 27.7.17 F.R. Welwood

O. i/c Cases Ward.

LABORATORY REPORT.

No T. B.
found.

CENTRAL LABOR
29 JUL 1917
HASTINGS & ST. LEONARDS

Date of Examination

G J Garofalo Capt
for O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

41058

Army Form W. 3212. (In books of 100)

Regtl. No., Rank and Name Dvr. Cooper H.E. Corps C.F.A.

Disease Bronchitis Hospital C.M.H.

To Officer i/c Laboratory. Ward Linewood San

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 26. 7. 17

T. R. Welwood

O. i/c Case Ward.

LABORATORY REPORT.

4

No T. B.
found.

CENTRAL LABORATORY
26 JUL. 1917
HASTINGS & ST. LEONARDS

Date of Examination

G J Garofalo Capt
for O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

Army Form W. 3212. (In books 100.)

Regtl. No., Rank and Name Pte Cooper Corps

Disease Hospital The Lord Derby War Hosp:

To Officer i/c Laboratory. Ward 7 .AEast

Please carry out an examination of the accompanying specimen of Sputum.

with special regard to

Date 6.5.17.

O. i/c Ward.

LABORATORY REPORT.

No tubercle bacilli found.

Date of Examination

W Thompson Capt RAMC

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

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				
24.4.17	Con. Dep.	Bronchitis TB to	32 Stat	24.4.17	W2024 DCS 445 d 14.5.17
24.4.17	32 Stat.	2B adm	32 Stat	24.4.17	W2024
3.5.17	" "	Bronchitis Invalided Sick & posted to Can. Art. Reg. Depot Shorncliffe HS Jan Breydel		3-5-17	W3083/A1675 Part II Ord No 82 d 22.5.17. R D Vaultaini LIEUT OFFICER i/c RECORDS CANADIAN SECTION G.H.Q. 3RD ECHELON
11-5-17.	arty Reg. Depot.	T.O.S from 2nd Bde Shorncliffe		3-5-17	Pt II O.63 Lieut. for Colonel i/c Records, ~~C.E.F.~~ C.M.F.C.
		INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT. H Shaw Capt HOSPITAL REPRESENTATIVE, For ADJUTANT GENERAL CANADIANS, CANADIAN MILITARY HOSPITAL, HASTINGS			
6.10.17	Overseas	T. O. S. J. Unit	Victoria, B. C.	9.10.17	D. O. Part II 284/2133 1918
18.4.18	J. Unit M.H.C.C.	T. O. S. District Depot XI.	Victoria, B. C.	18/4/18	D. O. Pt II Para. 2 1918
3-6-18		Discharged as — Being Physically Unfit for Further Service Under K. R. & O., Can. 1917-277 I Auth. Med. Board (App. A. D. M. S. of 22-5-18)		3-6-18	D. O. 48-213 E. of 4-6-18 H. B. Andrews Capt. O.C. Discharge Section, District Depot, XI

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Cert RL 2-2-91 R2-8 8117

CERTIFIED CORRECT.
Canadian Record Office,
Westminster Bridge Road,
7, Millbank, S.W.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 5th Battery

Regimental No. 41058 Rank Gr. Name Cooper, Harold Ernest

Enlisted (a) 11 Aug 14. Terms of Service (a) Duration of War Service reckons from (a) 11 Aug 14.

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) _____

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				
		Embarked	Avonmouth	11.2.15.	
19/12/15	O.C. Unit.	Proceeded on leave	England	18/12/15	B213.
2/1/16	"	Returned from "	"	27/12/15.	B 213. P.2. O. No 3. 15/1/16.
8/6/16.	"	Forfeits 10 days pay for not complying with an order.	In the field	1/6/16.	B2069. " " 25. 21/6/16.
21-1-17	Unit	Granted Leave of Absence	Field	15-1-17.	B.213 Pt.2 Ord.13 d/29-1-17
10.2.17	"	Returned from leave to	England	3.2.17	B213 Pt Ord 27 d 19.2.17
21.4.17	4 C Amb	Bronchitis 20/4/17 to	6 C Amb	20.4.17	A36. D&S 432 d. 2-5-17 E3236
"	6 C Amb	Bronchitis 20/4/17 to	23 CCS	21.4.17	A36 D&S 438 d 4-5-17 E3631
28.4.17	Unit	to hospital	not stated	21.4.17	B213 D&S 440 d 9-5-17
22.4.17	16 Amb	Bronchitis 20/4/17 to	CRS	20.4.17	A36 D&S 441 d. 9.5.17
"	7 Con Dep	Bronchitis adm	7 Con Dep	22.4.17	W203 4 D&S 442 d 10-5-17
28.4.17	18 CCS	Bronchitis 21/4/17 to	23 Amb Tr	22.4.17	A36 D&S 442 d 10/5/17 E3751

(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.

POST DISCHARGE PAY OFFICE

25447/507

Three months pay and allowances after discharge.

Name Cooper H. F.
Surname — Christian Name

Regimental Number 41058 Rank Pte

Unit 5th CFA

Original Unit

District where paid MD 11

Date of Discharge

P. D. P. Filing Number 9-241-11

Address (in full) 1140 Pender St Vancouver BC

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ 10 per diem. Separation Allowance $ Nil per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	3132	1-6-18	33	—	3024	2-7-18	33	—	2442	1-8-18	34	10			100	10

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

Remarks:

LC
4/1/19 [illegible]

ABY routh
10/3/19

Dec'n No. 22447/607 W. S. G. File No. 03675/74 58 Hoope H. E.
Balfour P.O. B.C.

Award 183 days at $ 70.00 per day $	420.00
S. A. ..... months at $ ... per mo. $	$ —
Less P. D. P. Credited	$100.10
	$319.90
Less further debit balance	$ Nil
Net due paid as below	319.90

TO SOLE ...

23/5/19

O	Ag. No.					
1	5106	46806	280 00			
2						
3						
4						
5		49252	39.90			
6						
			319.90			

GEN'L AUDITOR
Posting checked by
Burchell
Date 26/9/19

M. F. W. 41
1 0M—7-16
1772-39 889

L. P. C. No. 2131

Name Cooper Harold E.

Regimental No. 41058

Unit 2 Bde.

Date of enlistment 3.9.14

Place of " Valcartier

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable

Araguaya 25/9/17

Home ~~Name and~~ address ~~of next-of-kin~~ Columbia Hotel Vancouver B.C.

MB. 28/9/17 Conv Home

Date and place discharged

Reason for discharge

Character on discharge

Late D. H.A.

MILITIA & DEFENCE OTTAWA
CASUALTIES C.E.F.
OCT 23 1917
Pay & Accounts Branch, Militia Dept.

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	10.8.17							35 21								E L P C.
11.8.17	30.9.17	51	1	51	– 51	10	5 10		40 31					100 00	100 00	D D Sec –
										Cr	Bal				30 31	L P C rend on
									40 31						40 31	showing a/c adj to 30/9/17
																and fwd to J unit

Eng OP Chgd fwd to = $ nil

GR.

b.E.

M. F. W 41
1 0M—7-16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

NAME COOPER Harold Edward

Regimental No. 058

Unit 2nd Brigade

Date of enlistment Sept 26th, 1914

Place of "birth England

Married (yes or no) No

Amount of pay assigned monthly $ NIL

To whom payable

Name and address of next-of-kin

C.H. Cooper (Father).

231, Selby Oak Rd., Kings Norton

England

Date and place discharged

Reason for discharge

Character on discharge

Entered on N.O. Card Index

Checked by H. Gillotson

Cancelled

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
22.9.14	31.10.14	40	1.00	40 -	40	10	4 -		44 -			40 -			40 -		
1.11.14	30.11.14	30	"	30 -	30	"	3 -	4 -	37 -			30 -		2 20	32 20		Forfeits 2 days Pay.
1.12.14	31.12.14	31	"	31 -	31	"	3 10	4 80	38 90			30 -			30 -		
1.1.15	31.1.15	31	"	31 -	"	"	3 10	8 90	43 -			35 -			35 -	8 0	
1.2.15	28.2.15	28	"	28 -	28	"	2 80	8 -	38 80			✓			✓	38 80	
1.3.15	31.3.15	31	.	31	31	.	3 10	~~[illegible]~~	34 10			9 ✓			9 -	63 90	
April		30	.	30	30	.	3 -		33 -							96 90	
May		31	.	31	31	.	3 10		34 10			6 ✓			6	125 -	
June		30	.	30	30	.	3 -		33 -			12			12	146 -	
July		31	.	31	31	.	3 10		34 10			100 ✓ 3 ✓ 65			103	77 10	War Loan
								4 40								4 40	Ex. Office
																81 50	
Aug		31	1.00	31 .	31	.10	3 10	4 40	38 50			5 66			5 66	109 94	
Sep.		30	.	30 .	30	.	3 .		33 .			7 40			7 40	135 54	
Oct.		31	.	31 .	31	.	3 10		34 10			7 91 ✓			7 91	161 94	Overcr. 1c. Aug. not. a/c
Nov		30	.	30 .	30	.	3 .		33 .			5 29 ✓		- 01	5 30	189 44	Omca. bet. Pay list
Dec		31	.	31 .	31	.	3 10		34 10			111 54 ✓			111 54	112 -	
Jan		31	.	31 .	31	.	3 10		34 10			5 23 ✓			5 23	140 87	
		497		497			49 70	4 40	551 10			408 03		2 20	410 23		
				497			49 70	4 40	551 10			408 03		2 20	410 23		

Carried forward to Large Ledger sheet

038 Corpl Harold E.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
				497			49.70	4 40	55 10			408 03		2 20	410 23	
		497														
Feb.		29	1.00	29 -	29	10	2 90	20	32 10			5 23			5 23	167.74. Auxi-Obs. 18. Nov/14.
Mar		31		31	31		3 10		34 10			5 22			5 22	196.62
		557														
				557			55 70	4 60	617 30			418 48		2 20	420 68	

A.S.P.B. Verified to Mch/16.

Checked HB 29.12.17

CANADIAN MILITARY HOSPITAL,

HASTINGS...July 28th.1917.

Pinewood Sanatorium.

Name....Cooper. Pte.. 41058 CFA.

PART X-RAYED.....Chest.

X-Ray Officer's Report.....Marked fibrous tissue change in both lungs.

(signed) H.G.Craig, Capt. CAMC.

Officer i/c X-Ray Dept.

4

CANADIAN MILITARY HOSPITAL.

TO BE RETURNED TO

HASTINGS ....July. 28. ...1917

WARD Pinewood. ....

Name.....	Rank.	Regt.No.	Unit.	A & D No.
Cooper.	Pte.	41058.	CFA	

PART X RAYED..Chest.....

X RAY OFFICERS REPORT..Marked.fibrous.tissue.change.in.both.lungs.....

.....

.....

.....

.....

.....

No. 8 CANADIAN STATIONARY HOSPITAL

No. 557

.....CAPT. C.A.M.C.
Officer in charge X Ray Dept.

17

(23)

CANADIAN MILITARY HOSPITAL,

HASTINGS...July 28th.1917.

Pinewood Sanatorium.

Name....Cooper. Pte.. 41058 CFA.

PART X-RAYED.....Chest.

X-Ray Officer's Report.....Marked fibrous tissue change in both lungs.

(signed) H.G.Craig, Capt. CAMC.

Officer i/c X-Ray Dept.

To. M.O. i/c Sanatorium.
Ward.....

CANADIAN MILITARY HOSPITAL.
8 - AUG 1917
HASTINGS.....1917.

#41058 Dvr.
.....
Cooper, Harold,
.....
C.E.A.

The marginally noted Man has been Boarded by the Standing Medical Board and Has been recommended for Canada. He is now awaiting sailing.

C.W. Leithland Capt.
.....Capt. CAMC.
Registrar, for.O.C. Hospital.

Weight Card

No. 1058.

Dora Cooper H.E.

C.F.A.

Usual Wt gt. 150

Wt gt. on Admission 25.7.17 – 138.

30 - 7 - 17	137
6 - 8 - 17	137½
13 - 8 - 17	136½
20 - 8 - 17	137
27 - 8 - 17	On Pass
3. 9. 17	137
10. 9. 17	137½

Army Form C. 347—1.

ANSWER.

From _____

_____

To _____

_____

_____

_____

_____ 191 .

FORM D.M.S. 1300.
137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Cooper.	H. E.	41058.

Rank	Unit	Co.	Troop	Batty.
Dvr.	2nd. CFA.			

Hospital	Date of Admission
32. Sta. Wimereux.	24-4-17.
Transferred Ford Derby War. Warrington	Hosp. 3. 5. 17
Woodcote Park, Epsom	Hosp. 26-6-17
Can. Mil. Hastings	Hosp. 06-7-17
	Hosp.

Diagnosis T.B.

(1) Later Diagnosis (if changed) Bronchitis

(2)

(3)

Additional Diagnosis: if more than one state present

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

DISPOSITION	Date	REMARKS
		Dis. 14.9.17.
C.L. 1-5-17. A.539.		
— 9. 5. 17 B248		
— 29-6-17 B280		
31-7-17 B301		
22. 9. 17. B. 45. (2)		Dis. to Canada per HS Araguaya from Liverpool 14-9-17.

EB 13.7.17.
E. NO. 2. 18

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

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

FORM R. 140.
7106—250m—7/2/17.

Name COOPER. Harold. Edward. *Rank* Driver. *Reg. No.* 41058.

Unit 2nd Bde. C.F.A.

Next of Kin C.H. Cooper. 231 Selly Oak.Rd.Kings Norton.Eng.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-4.	No 32 Stat. Hpl.	Wimereux	T.B.	A539		
3-5-.	1b 48 Derby.Hp.	Warrington.	Bronchitis	B248		
26-6	6 G Hpl	Epsom	do	B280		
26-7	Lam Mil Hpl	Hastings	do	B301		
14-9	Discharged	✓	do	18.45		283

No. C 4158 Rank Pte. Name Cooper H. E

T. O. S. Unit #5 Battery, 2nd Brigade, C. F. A. - C. E. F.

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug 29	1914 Sept 21	✓		
Sept. 22.	Oct. 31.	✓		
				UNIT SAILED OCT 3 1914

REMARKS:

From C C H Epsom

FORM D.M.S. 1313.
7065 20m 6/2/17.

ADMITTING CARD.

OVERSEAS.

Regt. No. 41058 A. & D. No. 2688

Rank Gnr.

Name Cooper Harold

Corps C F C & 48 Bty.

Religion C of E. Age 25

M. H. Rec'd 33/12 M. H. Requested 27/12 M. H. Ret'd DIII

Disease Bronchitis Chronic

Admitted 25 JUL 1917

Discharged 14 SEP 1917

Place in Hospital Epsom Boarded 1.8.18 I to Can.

Transferred

Results

P.T.O.

From Quebec, Per S.S. "Ivernia" 3-10-14

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Groom RELIGION Church of England

DESCRIPTION.

APPARENT AGE 24 YEARS — MONTHS

HEIGHT 5' FEET 6 3/4 INCHES

CHEST MEASUREMENT 35" INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Medium EYES Blue HAIR L. Brown

DISTINGUISHING MARKS Mole. 6" between Right nipple.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 3rd. 1914

Present Address:- Not Stated.

11 CARD NO.

SUS Dis M.U. 3-6-18.
PTU 48 - 4-6-18.

SURNAME. Cooper

CHRISTIAN NAMES Harold Edward

REGL. No. 41058 RANK Dr.

UNIT ~~2nd C.F.A. Bde.~~ 11 D.D.

FORMER CORPS Imp. Forces.

NEXT OF KIN.

NAMES IN FULL Cooper, C. H.

RELATIONSHIP TO SOLDIER Father

ADDRESS 231 Selly Oak Rd., Kings Norton, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Birmingham DATE Sept. 1st. 1892

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 22nd. 1914

S/S 7-10-14 36/7

R/C. 25/9/17 H.J.

HOSPITALS	DATE	DIAGNOSIS

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

Reg. No. 41058 Name Cooper N. E

Rank Pte Corps 48 Age 26 Service

Ledger No. 228 Serial No.

HOSPITALS	DATE	DIAGNOSIS
General Vancouver	16 10 17	P.B.
Dis	19 10 17	

P. T. O.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 539	#32 Stat. Lorimeux	24-4-17	T. B.
B. 248	Lord Derby War H Warrington	3-5-17.	Bronchitis
B 280	Can Lond Woodcote Park	26-6-17	" "
B 301	Can Mil Hastings	26-7-17	" "
B 45	Discharged	14-9-17	" "
234	M.H. Lab. J Unit	6-10 to 16	10-17 Strength temp. O.P's
244	" " " " J " "	19-10-17	Trans Gen Mil Annexe to Tranquille
242	" " " " " "	16-10-17	Trans Temp. O.P's to Can. Gen. Mil Annex

REGT'L. No. 41058

NAME Cooper, H. E.

H. Q. FILE No. 649

RANK AND CORPS Pvr. 2nd Bde C.F.A.

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
J. 350.	22-9-17	Sailed from Liverpool for Canada per the Hosp. Shp. "Arquay" on the 14th Sept 17. (Tubercular.)

MD 11

7.

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

Number. H.1.0.28 Rank. Gnr

Surname. C.O.O.P.E.R.

Christian Names. Harold Edward

Unit. 67 A Theatre of War. France

Dates of Service. 1-8-15

Remarks.

Latest Address. 231 Selly Oak Rd.
Kings Norton
England

Roll No. B
Page 1481

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

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 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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on 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 and Sons.

DUPLICATE

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

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

MEDICAL HISTORY OF AN INVALID

STATION Tranquille DATE May 10th 1918

1. (a) Unit 48th Battalion - 2nd Brigade (b) Regimental No. 41058 (c) Rank Private

(d) Surname COOPER (e) Christian name HAROLD EDWARD

2. Age last birthday 27 Date of birth September 1st 1890

3. Enlisted at Montreal on August 1914

4. Personal description :—

(a) Height 5' 7¾" (b) Weight 131 lbs (stripped) (c) Complexion Fair

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks None

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

General Delivery - Montreal, P.Q.

6. Former trade or occupation Horseman

7. (a) Service From enlistment to date

	Years	Days

	Periods From	Periods To
C. E. F. Canada	Aug.5th.oroth/14	Oct.4th.1914
C. E. F. England	Oct.27th,1914	Feb.13th.1915
C. E. F. France	Feb. 1915	May 1917
C. E. F. England	May 1917	Sept. 1917
"J" Unit Canada	Sept.1917	date.

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible).

(a) Date of origin December 1916 (b) Place of origin France

(c) Cause* Chronic Bronchitis - probably non-tubercular (Here include original disease or injury)

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

Temperature normal - Pulse 80 - Weight 137½ lbs (with clothes) Rather troublesome cough - raises about 4 ozs of yellow puslike sputum daily - Always negative to tubercle baccilli - very breathless onnexertion able to walk 4 hours daily - Examination of lungs - Right - Clear - Left Dullness at base extending from apex of scapula to base - over this area breath sounds broncho vesicular and many moist rales heard extending round to front of chest - Rales clear up to some extent after cough - no rales at either ~~xxxxx~~ apex.

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

M. F. B. 227.

150M.-6-17.
1772-39-117.

10. History ;

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

Never ill from enlistment until December 1916 - Slightly gassed at 2nd Battle of Ypres and several times afterwards - Developed severe cold in December 1916 - was given light duty. In April 1917 because of increasing cough weakness and loss of weight sent to hospital - In various hospitals and Sanatoria in England - Invalided to Canada September 1917

11. To what extent, state in percentages, is capacity 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.

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.....--

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

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

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

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

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

Various hospitals in England - This Sanatorium since October 19th/17 Has improved in strength but cough and sputum about the same as on admission

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

No

19. Can the former trade or occupation be resumed? No

20. Recommendations That he be discharged and allowed to go under his own control

E. H. Noonan

Medical Officer by whom the case is brought forward.

MEDICAL SUPT.
TRANQUILLE SANATORIUM
KAMLOOPS, B. C.

STATEMENT OF THE SOLDIER.

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

I, the undersigned HAROLD EDWARD COOPER 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

H E Cooper

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~ ------
(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 i. that the soldier be discharged. (When not for discharge add special recommendation).

ii. That he be placed in class "E" for discharge.

iii. That he be given pension according to his disability.

W. G. Archibald *Actg* *President.*

J S Burris P.L.S. } *Members.*

STATION Kamloops, B.C.

DATE May.13th.1918.

APPROVED BY

DATE MAY 22 1918

J Augustus *capt.* A.M.C.
For *Assistant Director of Medical Services.* M. D. 11

APPROVED BY

DATE

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

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

.....

19. Is the invalid fit for

(*a*) General service,	(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 invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

.....

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

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

.....

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

.....

PLACE Vancouver B.C. ..... *President.*

DATE 5/3/19 ..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....

PLACE..... ..... *President.*

DATE..... ..... } Members

APPROVED BY ..... *~~Assistant Director of Medical Services~~.*

DATE 7/5/19

APPROVED BY ..... *Director-General of Medical Services.*

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 Balfour Sanatorium ..... DATE Feb.27th,1919

1. 1 (*a*) Unit C.F.A. ..... (*b*) Regimental No. 41058 ..... (*c*) Rank Ex.Gnr

(*d*) Surname COOPER ..... (*e*) Christian name Harold Edward

(*f*) Home address Balfour, B.C.

(*g*) Next of Kin CH. Cooper ..... (*h*) Relationship Father

(*i*) Address of Next of Kin 231 Sally Oak Road Kings Norton, Birmington, Eng.

2. Age last birthday 27 ..... Date of birth Sept.1st,1891

3. Enlistment, or Appointment (or Enrolment) (*a*) Place Montreal ..... (*b*) Date Aug.9th,19 14

4. Personal description:

(*a*) Height 5'-6¾" ..... (*b*) Weight 132 (stripped) ..... (*c*) Complexion Medium

(*d*) Colour of hair light brown ..... (*e*) Colour of eyes Blue ..... (*f*) Identification marks, Scars, etc. Pigmented mole just beneath arch of ribs on right anterior axillory line

5. Former trade or occupation Groom

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
	From	To
Canada	Aug.1914	Oct.1914
England	Oct. 1914	Feb.1915.
France or other theatres of War	Feb.1915	April 1917

7. Original disease, or injury "Cold"

.....

(*a*) Date of origin Dec.1916 ..... (*b*) Place of origin France

(*c*) Cause Hardships of Service

.....

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Bronchiectasis. (a) Weakness, slight.
(b) Loss of organ, nil.
(c) Should not work more than 6 hours a day to begin with.
(d) Should not undertake work requiring much physical energy.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Chest shews retraction at apices and infraclavicular areas on both sides, impaired resonance over upper parts of both lungs front and back, with changed breath sounds and prolonged expiration in front, areas of apical resonance contracted on both sides. Post tussic crepitations over lower parts of both lungs front and back, reaching to higher point on left in front and back. 2nd pulmonic sound ascentuated. Heart displaced somewhat to left. Finger ends shew tendency to clubbing. Has gained 3 lbs since admission on Aug.18/18 and is now about 11 lbs below best previous weight. Has been taking 1 to 2 hours daily exercise with no discomfort. Ascending hills or stairs or fast walking causes dyspnoea. Frequent cough and expectoration. Raises 7 or 8 ozs. sputum daily of thin yellowish green color. No odor. Sputum negative for 10 examinations for tubercle bacilli. When lying on left side expectoration more profuse than in other positions. Occasionally has pains on left side of chest. Subcutaneous Tuberculin test negative (10 mg.O.T.) X ray reveals no parenchymatous lesion- but shows exaggerated markings. Considered non-tuberculous.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System: No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: No (Albumen and Sugar will be excluded.)

Special Senses: No — Respiratory System: Yes — Integumentary System: Yes

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: No — Any other general condition: No

Since Dec. 1916 has had a dry scaly skin which rarely itches.

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

Began in Dec.1916 in France with "cold", slight cough & expectoration, sputum colored, reported sick, one day off duty then gradually got worse, feeling weak, no energy, cough worse, sputum colored at times, occasionally night sweats. In April 1917 entered Bonlogne Hospital, sputum negative but pulmonary tuberculosis diagnosed. After six weeks at Bonlogne entered Warrington hospital, June /17, and was put in tuberculosis ward, and later in tent. Improved, regained some of the 23 lbs lost previously. Entered Epsom convalescent Aug/17, no improvement. Entered Hastings Sanatorium in Sept/17, no improvement. Reached Vancouver B.C., Oct/17 and entered Tranquille Sanatorium beginning of Nov./17. Improved somewhat but expectoration and weight uninfluenced. Left there June 2/18 and started work in post office. Could not stand work. Dyspnoea and pain on left side, too much expectoration. Had had this pain on left side of chest since middle of 1917 at intervals. Entered Balfour Aug.18/18

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Inflammation of Bowels. When 8 yrs old, 4 or 5 weeks in hospital, full recovery.
Abscess of neck. Lanced when 13 yrs old, right side of neck from infected tooth.
Bronchitis. Began in Aug/16 after Somme campaign, cough & expectoration, sputum gradually increased till Feb./17, was 8 or 9 ozs. per day.
Influenza (Epidemic) Began Jan.10th, 1919, temperature down to Normal in 6 days. Good recovery.

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

Scar on right side of neck below angle of jaw.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No. (b) No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? cannot say.

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

France- Bonlogne.. 6 weeks, April, May, June, 1917
England; Warrington, Epson, Hastings, June to Sept.1917.
Canada Tranquille Sanatorium. Nov.1917 to June 1918
Balfour Sanatorium Aug.1918 to present.

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? No. too heavy work.
(If not, briefly state why)

17. Recommendations. That he be allowed to go under his own control.

PRESIDENT: [signature]
MEMBER: [signature]

~~Medical Officer by whom the case is brought forward.~~

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, [signature] 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

Witness [signature]

[signature] Rank.
Signature of invalid examined.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

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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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on 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 and Sons.

B. P. C.

ORIGINAL

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

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

MEDICAL HISTORY OF AN INVALID

STATION Tranquille DATE May 10th 1918

1. (a) Unit 48th Battalion - 2nd Brigade (b) Regimental No. 41058 (c) Rank Private

(d) Surname COOPER (e) Christian name HAROLD EDWARD

2. Age last birthday 27 Date of birth September 1st 1890

3. Enlisted at Montreal on August 1914

4. Personal description:—

(a) Height 5' 7¾" (b) Weight 131 lbs (stripped) (c) Complexion Fair

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks None

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

General Delivery - Montreal, P.Q.

6. Former trade or occupation Horseman

7. (a) Service From enlistment to date

	Periods From	Periods To	Years	Days
C. E. F. Canada	Aug. 5th. or 6th/14	Oct. 4th. 1914		
C. E. F. England	Feb. 13th, 1914	Feb. 13th. 1915.		
C. E. F. France	Feb. 1915	May 1917		
C. E. F. England	May 1917	Sept. 1917		
"J" Unit Canada	Sept. 1917	date.		

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible).

(a) Date of origin December 1916 (b) Place of origin France

(c) Cause* Chronic Bronchitis - probably non-tubercular

*(Here include original disease or injury)

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

Temperature normal - Pulse 80 - Weight 137½ lbs (with clothes) Rather troublesome cough - raises about 4 ozs of yellow puslike sputum daily - Always negative to tubercle baccilli - very breathless onexertion able to walk 4 hours daily - Examination of lungs - Right - Clear - Left Dullness at base extending from apex of scapula to base - over this area breath sounds broncho vesicular and many moist rales heard extending round to front of chest - Rales clear up to some extent after cough - no rales at either ~~xxxxx~~ apex.

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

M. F. B. 227.

15M.-6-17.
1772-39-117.

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

Never ill from enlistment until December 1916 - Slightly gassed at 2nd Battle of Ypres and several times afterwards - Developed severe cold in December 1916 - was given light duty. In April 1917 because of increasing cough weakness and loss of weight sent to hospital - In various hospitals and Sanatoria in England - Invalided to Canada September 1917

11. To what extent, state in percentages, is capacity 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.

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

17. Treatment (Case reports, general or special, should be secured and attached where possible).
Various hospitals in England 9- This Sanatorium since October 19th/17 Has improved in strength but cough and sputum about the same as on admission

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

19. Can the former trade or occupation be resumed? No

20. Recommendations That he be discharged and allowed to go under his own control

C. H. Thomas
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

MEDICAL SUPT.
TRANQUILLE SANATORIUM
KAMLOOPS, B. C.

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

I, the undersigned HAROLD EDWARD COOPER 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

H E Cooper
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

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

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

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

ii. That he be placed in class "E" for discharge.

iii. That he be given pension according to his disability.

W. G. Archibald Capt. A.M.C. — *President.*
J. S. Burns Capt. — *Members.*

STATION Kamloops B.C.

DATE May 13th. 1918.

APPROVED BY
DATE MAY 22 1918
J. A. Urquhart Capt. A.M.C.
For Assistant Director of Medical Services.
M. D. 11

APPROVED BY
DATE
Director-General of Medical Services.

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

President.

Signatures of the Board

Reserved for M.H.C.

Regt. No. 41058 Rank Dvr. Surname Cooper. Christian Name Harold Edward.

Unit or Corps—(a) Overseas from United Kingdom (1) 5th. Battery. (2) 48th. Battery. (b) In United Kingdom 5th. Battery.

Born at—Town Sparkbrook County or Province Worcestershire Country England.

Date of Birth—Day 1 Month Sept. Year 1891 Age 25 yrs. 10 months.

Joined at Montreal. Date 26.9.14.

Former Trade or Occupation Groom.

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

Height—feet 5 inches 7 3/4 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) Harold Edward Cooper.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

For ADJUTANT, REPRESENTATIVE CANADIAN HOSPITAL, CANADIAN H.L.I. HASTINGS

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*).	DEBILITY.
Disabilities Group (*b*).	NIL.
Disabilities Group (*c*).	NIL.

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.	Infection and exposure.	France.	Feb. 1917.
(*ii.*) As to Group (*b*) above.	Not applicable.		
(*iii.*) As to Group (*c*) above.	Not applicable.		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? No.

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

(*i.*) As to Group (*a*) above? Yes.

(*ii.*) As to Group (*b*) above? Not applicable.

(*iii.*) As to Group (*c*) above? Not applicable.

5

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable

(*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.*)

Family Hist. F&M. L.&W. S.B. L&W. 4S L&W.
Always had good health prior toenlistment. Enlisted Sept. 1914 & carried on without difficulty till Feb. 1917. Began to have night sweats & caugh & started expectorating a good deal. Sputum occasionally blood-stained. Grew weaker & 22.4.17 was sent out from battery. Came to England 3.5.17. to Lord Derby W.Hosp. Trans to Epsom 25.6.17. and sent to C.M.H. Hastings 25.7.17. as T.B. suspect.

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

Wt..... 138. Usual Wt...150,
Coughs and expectorates a good deal.
Sputum: Neg. for T.B.
X-Ray: "Marked fibrous tissue change in both lungs"
Lungs: Rales in L. base. V.R. X in left apex.
Limitation of movement of left lung.
Breathing harsh throughout left lung.

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

(*ii.*) If so, state what. Not applicable.

(*iii.*) Was one advised and declined? No.

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

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

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

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No.

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

(*c*) Invalid to Canada? Yes.

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

Date of Report 28.7. 7 191 Signed T.R.Welwood. Capt.
Officer in medical charge of case.

Station Hastings.

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

(signed) P.D.Stewart, Major. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at Hastings. Station, on July 30th. 1917.

* 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)? 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,* ⅓, ⅔, ⅘, ⅕, *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 July 31st. 1917.

Sgd. N.C. Wallace. Capt. CAMC. *President.*
J. McKee. Capt. CAMC.
Signatures of the Board

Station Hastings.

H. C. Wallace Capt
Capt Dodds

Approved 1 AUG 1917 A.D.M.S.

APPROVED

Dated at Hastings, Sussex. Station 191

Proceedin 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, recomme —

Dated at this day of 191

Signatures of the Board

President.

 A.F.B. 179 Canada (Revised).

DD 62230

Reserved for M.H.C.

Regt. No. 41058 Rank Dvr. Surname Cooper. Christian Name Harold Edward.

Unit or Corps—(a) Overseas from United Kingdom (1) 5th. Battery. (2) 48th. Battery. (b) In United Kingdom 5th. Battery.

Born at—Town Sparkbrook County or Province Worcestershire Country England.

Date of Birth—Day 1 Month Sept. Year 1891 Age 25 yrs. 10 months.

Joined at Montreal. Date 26.9.14.

Former Trade or Occupation Groom.

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

Height—feet 5 inches 7 3/4 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) Harold Edward Cooper.

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*).	DEBILITY.
Disabilities Group (*b*).	NIL.
Disabilities Group (*c*).	NIL.

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.	Infection and exposure.	France.	Feb. 1917.
(*ii.*) As to Group (*b*) above.	Not applicable.		
(*iii.*) As to Group (*c*) above.	Not applicable.		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? No.

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

(*i.*) As to Group (*a*) above? Yes.

(*ii.*) As to Group (*b*) above? Not applicable.

(*iii.*) As to Group (*c*) above? Not applicable.

B.P.C. No. 25092 AM AUG 1918 REFER TO REPLY FILE MAIN

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable

(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.)*

Family Hist. F&M. L.&W. 3.B. L&W. 4S L&W.
Always had good health prior toenlistment. Enlisted Sept. 1914 & carried on without difficulty till Feb. 1917. Began to have night sweats & cough & started expectorating a good deal. Sputum occasionally blood-stained. Grew weaker & 22.4.17 was sent out from battery. Came to England 3.5.17. to Lord Derby W.Hosp. Trans to Epsom 25.6.17. and sent to C.M.H. Hastings 25.7.17. as T.B. suspect.

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

Wt..... 138. Usual Wt...150,
Coughs and expectorates a good deal.
Sputum: Neg. for T.B.
X-Ray: "Marked fibrous tissue change in both lungs"
Lungs: Rales in L. base. V.R. X in left apex.
Limitation of movement of left lung.
Breathing harsh throughout left lung.

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

(ii.) If so, state what. Not applicable.

(iii.) Was one advised and declined? No.

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

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

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

10. DO YOU RECOMMEND:—

(a) Fit for duty? No.

(b) Fit for base duty? No.

(c) Invalid to Canada? Yes.

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

Date of Report 28.7. 7 191 Signed T.R.Welwood. Capt.
Officer in medical charge of case.

Station Hastings.

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

(signed) P.D.Stewart, Major. { Officer i/c Hospital / ~~S.M.O. Brigade~~ } Strike out one of these.

Dated at Hastings. Station, on July 30th.1917. 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in P 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. (8). 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, ⅕, ⅖, ⅗, ⅘, 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 July 31st. 1917. Sgd. N.C. Wallace. Capt. CAMC. *President.*
Signatures of the Board J. McKee. Capt. CAMC.

Station Hastings.

APPROVED

Approved 1 AUG 1917 A.D.M.S.

Dated at Hastings, Sussex. Station 191

24

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Particulars of Dental Treatment, &c.

Date	Brief details, and signature

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

DUPLICATE.

Bpc 39092 C.41058.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE CANADIAN MILITARY HOSPITAL HASTLEMERE

For ADJUTANT GENERAL

MEDICAL HISTORY of

Surname COOPER *Christian Name* Harold Edward.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Birmingham. County England.

Examined ... ... on 3 day of Sept. 1914. at Valcartier.

Declared Age ... ... 24 years days.

Trade or Occupation ... Groom.

Height ... ... 5 feet, 6¾ inches.

Complexion med. Eyes blue, Hair l.brown.

~~Weight~~ ... ... lbs.

Chest Measurement: Girth when fully Expanded. 35½ inches. Range of Expansion 2½ inches.

Physical Development ...

Vaccination Marks: Arm .. Right Left. Number

When Vaccinated ... ...

Vision ... ... R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Mole 6" below Rt.nipple.

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

Approved by (*Signature*)

(*Rank*) *Medical Officer.*

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this Man.

C.A.M.C. for the Officer in Charge of Records Canadian Contingents.

Enlisted ... ... at Quebec. on 26 day of Sept. 1914.

	Corps	Regtl. No.
Joined on Enlistment ...	5th Battery. C.F.A.	C.41058.
Transferred to	2 Brig. C.F.A.	

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R.WARD, Colonel in Charge of Records, Canadian Contingents.

on day of 191 .

(*Signature*)

(*Rank*)

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

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 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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on 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 and Sons.

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

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

MEDICAL HISTORY OF AN INVALID

STATION Tranquille DATE May 10th 1918

1. (a) Unit 48th Battalion - 2nd Brigade (b) Regimental No. 42058 (c) Rank Private

(d) Surname COOPER (e) Christian name HAROLD EDWARD

2. Age last birthday 27 Date of birth September 1st 1890

3. Enlisted at Montreal on August 1914

4. Personal description :—

(a) Height 5 7½ (b) Weight 131 lbs (stripped) (c) Complexion Fair

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks None

5. Address after discharge (for the use of the Board of Pension Commissioners) General Delivery - Montreal, P.Q.

6. Former trade or occupation Horseman

7. (a) Service From enlistment to date

	Periods From	Periods To	Years	Days
C. E. F. Canada	Aug.5th,or6th/14	Oct.4th.1914		
C. E. F. England	Oct.27th,1914	Feb.13th.1915		
C. E. F. France	Feb. 1915	May 1917		
C. E. F. England	May 1917	Sept. 1917		
"J" Unit Canada	Sept.1917	date.		

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible).

(a) Date of origin December 1916 (b) Place of origin France

(c) Cause* Chronic Bronchitis - probably non-tubercular

*(Here include original disease or injury)

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

Temperature normal - Pulse 80 - Weight 137½ lbs (with clothes) Rather troublesome cough - raises about 4 ozs of yellow puslike sputum daily - Always negative to tubercle baccilli - very breathless on exertion able to walk 4 hours daily - Examination of lungs - Right - Clear - Left Dullness at base extending from apex of scapula to base - over this area breath sounds broncho vesicular and many moist rales heard extending round to front of chest - Rales clear up to some extent after cough - no rales at either apex.

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

M. F. B. 227.

150M.-6-17.
1772-39-117.

20

10. History ;

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

Never ill from enlistment until December 1916 - Slightly gassed at 2nd Battle of Ypres and several times afterwards - Developed severe cold in December 1916 - was given light duty. In April 1917 because of increas cough weakness and loss of weight sent to hospital - In various hospita and Sanatoria in England - Invalided to Canada September 1917

11. To what extent, state in percentages, is capacity 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.

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 --

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

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

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

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

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

Various hospitals in England - This Sanatorium since October 19th/1 Has improved in strength but cough and sputum about the same as on admission

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

No

19. Can the former trade or occupation be resumed? No

20. Recommendations That he be discharged and allowed to go under his own control

C.H. Thomas

Medical Officer by whom the case is brought forward.

MEDICAL SUPT.
"TRANQUILLE SANATORIUM"
KAMLOOPS, B. C.

STATEMENT OF THE SOLDIER.

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

I, the undersigned HAROLD EDWARD COOPER 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

H E Cooper

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

i. That he be placed in class "E" for discharge.

ii. That he be placed in class "E" for discharge.

iii. That he be given pension according to his disability.

W. G. Archibald — *President.*
capt CAMC.
J. S. Burns Capt — *Members.*

STATION Kamloops, B.C.

DATE May.13th.1918.

APPROVED BY

DATE MAY 22 1918

J. A. Urquhart capt. A. M. C.
For *Assistant Director of Medical Services.*

M. D. 11

APPROVED BY

DATE

Director-General of Medical Services.

19

Married or Single S.

Place of Birth England.

Name and Address of Next of Kin Mr C. H. Cooper.

231. Selby Cake Rd. Kings Norton. England.

Relationship of Next of Kin Father.

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties. Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 41058. Rank Gunner Name Cooper. Harold Edward.

If in Permt. Corps What Unit Unit 2nd Bde. C.F.A. Transferred to Pay II L. Date 9.8.14 Authority Hastings 8a 49 8/8/14

Permanent Force Allowances Transferred to R.E.B.L. Date Authority

Place of Attestation Transferred to Date Authority

Date of Attestation Sept: 26th 1914 Transferred to Date Authority

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) ✓ Effective ✓ Reason

Discharge Date and Place Canada 10.8.17. Reason and Authority Hastings 8a 49 4.8.17. Invalided.

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Pay Office N.E. Branch FEB 26 1918 Canadian Contingent

Entered on N.E. Card Index Checked by H. Filleton

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															517 30												418 48		2 80	420 58	196 62					
															33 .			1070	19/4/16						2 61					2 61	227 01					
															34 10	1163								5 11						5 11	256 00					10 days day pay D025
															33 —			1241							5 11				11 —	16 11	272 89.					
															34 10			1355							2 62					2 62	304 37					
															34 10	1406		1459						2 62	2 61					5 23	338 24	122 .		211 24	ob No 4 2nd Bde Sep 1915 20% of/or Sep Pay Lsd
															33 20	1525		1558						3 49	2 61					6 10	360 34					
															34 10					49 12 Bde						2 62				2 62	391 82					
																				129 "						2 62				5 23	419 59					
															33 ..					88 "						2 61										
															34 10					175 12 Bde						5 23				5 23	448 46		183 .		265 46	
																1847						CPM 18.1.17		6 97											
															34 10	1698								6 97			97 33			111 27	371 29					
																1897								5 23											
															30 80	1847	15/1.			8868 31/1. C.B.D				5 23		262				1308	389 01		210 .		179 01	
															84 90									35 62	15 56	15 70	275 81		13 20	595 89						

Sailed per H.M.S. "Araguaya" 14 9/17.

Pay Ledger Sheet

41058 Cooper, H.E.

P.697: EXTRACT FROM ACTIVE SERVICE PAY BOOK.

Date of Payment.	No. of Acq. Roll.	Amount Francs.	£	s	d	Place of Payment.	Name of Paymaster	Remarks
26.6.17	1594		2		13	Bellow	[illegible]	
4.8.17	904		10		46.66	Hastings	R Clark	
						58.39		

Married or Single S.

Place of Birth England.

Name and Address of Next of Kin Mr C. H. Cooper.

231. Selby Gate Rd. Kings Norton. England.

Relationship of Next of Kin Father.

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties. Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 41058. Rank Gunner Name Cooper. Harold Edward.

If in Permt. Corps What Unit Unit 2nd Bde. C.F.A. Transferred to Pay II Lr. Date 9.8.14 Authority Hastings 8a 49 4/8/14

Permanent Force Allowances Transferred to R.E.B.L. Date Authority

Place of Attestation Transferred to Date Authority

Date of Attestation Sept: 26. 1914 Transferred to Date Authority

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) ✓ Effective ✓ Reason

Discharge Date and Place Canada 10.8.17. Reason and Authority Hastings 8a 49 10.8.17. Invalided.

Account Transferred to Non-Effective Branch (Date) Entered on N.E. Card Index Checked by H. Tillotson

Account Transferred to Officers' Pay Branch (Date)

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	154		557				55	70						4 60	617 30												448 48		2 80	420 68	196 62				
1 apr 30	30	1 00	30		30	10	3								33			1070	19/4/16						2 61					2 61	227 01				
May	31	1 00	31		31	10	3	10							34 10	1163								5 11						5 11	256 00				10 days day pay $025
June	30		30		30		3	—							33 —			1241							5 11				11 —	16 11	272 89				
July	31		31		31		3	10							34 10			1355							2 62					2 62	304 37				
Aug	31		31		31		3	10							34 10	1406		1459						2 62	2 61					5 23	333 24	122	211 24		ob No 4 2nd Bde Sept 1915
Sept	30		30		30		3							20	33 20	1525		1558						3 49	2 61					6 10	360 34				20% o/o/ot Sept Pay Lists
Oct	31		31		31		3	10							34 10					49 12 Bde						2 62				2 62	391 82				
Nov.	30		30		30		3								33 ..					179 " 88 "						2 62 2 61				5 23	419 59				
Dec	31		31		31		3	10							34 10					175 12 Bde						5 23				5 23	448 46	183	265 46		
1917			83	20												1847						CPM 18.1.17		6 97											
Jan	31	1 00 .10	34	10											34 10	1698								6 97			97 33			111 27	371 29				
Feb.	28		30	80											30 80	1897 1897½	15/1.			8368	31/1. C.B.D.			5 23 5 23		2 62				1308	389 01	210	179 01		
	891		980	10										4 80	984 90									35 62	15 56	15 40	575 81		13 20	595 89					

Sailed per H.M.S. "Araguaya" 14 9/17.

#1058. Gr. Cooper Harold C.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits
	29½		980	10										4.80	984.90
Mch	31	1/10	34	10											34 10
Apr	30		33.												33.
May	31		34	10											34 10
June	30		33.												33.
July	31		34	10											34 10
Aug.	8		8	80											8 80
9.10	2		2	20										10 41	12 61
	1055														61

DATE	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
			2212	26/3				
	2129	23/12	2367	13/3	1800	23/5.		
				4/4	6/4.			
						CBA 30/4/17		

DATE	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue
	35.62	15.56	15.40	575.81		13 20	595.89	389 01			
		261									
	523	523	97 34				110 41	312 70		275.	
	10 85										
		573					573	240 47		240.	
		18 63									
			261				261	341 96		255	116.96
			115 65								
								404 96		240	
				48 64			48 64	384 29		285.	
				564 45				9 19			
								393 09			
							765	411 80			
						20	20	411 60			
								5839			

REMARKS

Transfer Pay II L. Hastings 8th Reg. 9.8.17

Debit 1/30/6/17
204 obs. credit in error
Sept 1915.

A3M. FORM REN'D. ✓ EFFED. ✓
DISCHARGED TO Canada DATE 10.8.17
PASSBOOK VERIFIED Extract from
BY 353.71 P.C. RENR 10.8.17
AUTHN Hastings 8th Reg 4.8.17.
Invalided.
Checked S. Mahoney

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DIFFER-ENCE PAY	SEP. ALLCE. ENG.
Oct 1	Bal fo								411 60		
Nov 17				CR 1594 26.6.17 CC 14 8 pfs.	9 43				401 87		
1918. Jan.				D/m a/c. 907 Hastings 6/5/17 48 64					353 20		
	Balance transferred to N. E. Branch.								Nil		