

# ATTESTATION PAPER

No.  
Folio.

*Lieut.  
7*

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?.....
2. In what Town, Township, or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your trade or calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

*Ellis, John, Warner, Harvey*  
*Bath, Somerset, England*  
*Mr. Ellis, mother*  
*Ridgeway, Plympton, S. Devon*  
*1878.*  
*Land-agent.*  
*no*  
*yes*  
*yes*  
*96. I.S.R.*  
*yes*  
*yes*

*J. W. Harvey Ellis* (Signature of Man.)  
*E. Field* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *MAY 14 1915* 191 . . . . .  
*J. W. Harvey Ellis* (Signature of Recruit.)  
*E. Field* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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.

Date *MAY 14 1915* 191 . . . . .  
*J. W. Harvey Ellis* (Signature of Recruit.)  
*E. Field* (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 *P. or after* this *14* day of *May* 191 *5*

*A. W. Day* (Signature of Justice.)

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

*A. W. Day* (Approving Officer.)



DESCRIPTION OF Ellis John Warren James ON ENLISTMENT.

Apparent Age 38 years — months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

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

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 May 14 1915

Place Ponarthur

[Signature]  
 Medical Officer.

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

J. W. A. Ellis 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.

[Signature] (Signature of Officer.)

Date MAY 14 1915



5-3-19  
L.M. ed

*Officers*  
**DISCHARGE DOCUMENTS**

R. O. No.....

H. Q. No.....

- S** Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *23*
- 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.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... *1*
- Medical History Sheet..... *1+2*
- Proceedings of Regt. Court Martial .....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name *Ellis*, JOHN WARNER HARVEY

Regt. No. \_\_\_\_\_ Rank *Capt*

Corps *12<sup>th</sup> Bn*

*Ret'd 9/5/19*  
*Does to him on 227-2200*

*Ref bus 176 of 7 2-19*  
*27784*

*Put 18-11-20*

*Memob.*

*Put 23* **05174** *20*

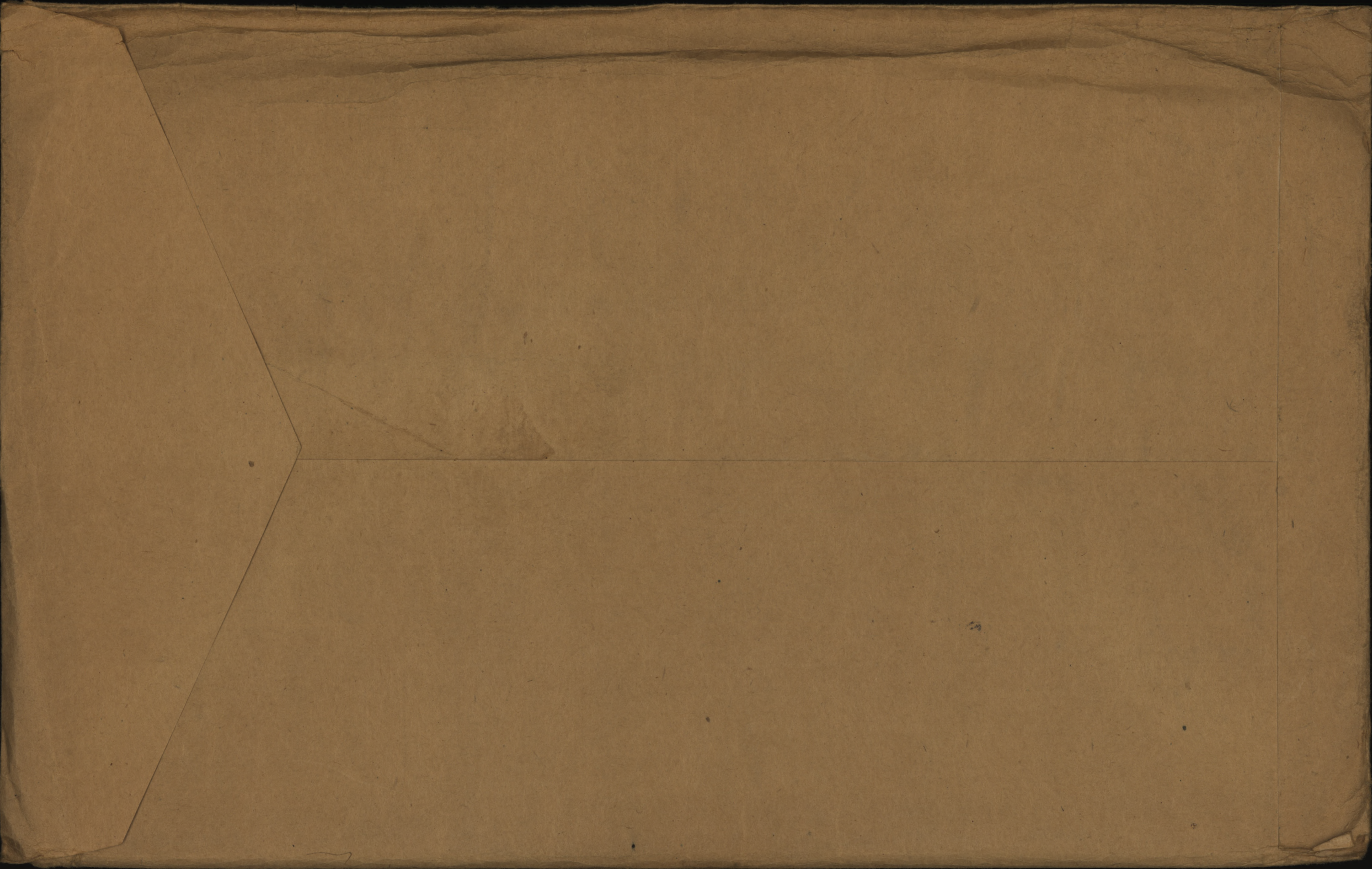


*2-23*  
*2-23*

*cas card*  
*P. 49*  
*20*

*Ref. S.S. Melita d/21-2-19*







# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

J. G. 10-29.  
R. S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Captain.....

(Name in full)..... John Warner Harvey Ellis,.....

Enlisted in..... The Reinforcing Draft of the 52nd Battalion,.....

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....

day of..... ~~XXXXXXXXXXXX~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... The Reinforcing Draft of the 52nd Battalion,.....

CANADIAN EXPEDITIONARY FORCE on the..... fourth..... day

of..... May..... 191..... 5.

He SERVED in CANADA,..... England and France with the Reinforcing  
Draft of the 52nd Battalion, 12th Battalion, 58th Battalion,  
Military District 10......

and was STRUCK OFF THE STRENGTH on the..... thirty-first..... day

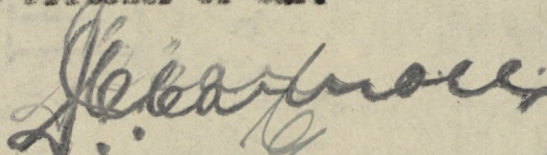
of..... March..... 191..... 9 by reason of..... General Demobilization......

Dated at Ottawa, this..... fourth..... day

of..... November..... 191..... 9.

Wounded 8-10-16.

This Officer is a repatriated Prisoner of War.



..... Lieut.  
Director of Personal Services.



CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank) \_\_\_\_\_

(Name) \_\_\_\_\_

Entered in \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_

AND WAS APPOINTED TO COMMISSIONED RANK \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_

191 \_\_\_\_\_

HE SERVED IN CANADA \_\_\_\_\_

and was STRUCK OFF THE STRENGTH on the \_\_\_\_\_

191 \_\_\_\_\_ by reason of \_\_\_\_\_

at \_\_\_\_\_ Ottawa, this \_\_\_\_\_

191 \_\_\_\_\_

Director of Personal Services



**CERTIFIED CORRECT**

15 DEC. 1916

**CANADIAN RECORD OFFICE**

**Casualty Form—Active Service.**

Regiment or Corps 12<sup>th</sup> Battalion.

Regimental No. \_\_\_\_\_ Rank Lieut Name Ellis, John Harvey.

Enlisted (a) 14/2/1915 Terms of Service (a) Period of War Service reckons from (a) 4/9/1915

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Taken on strength	Shorncliffe,	14-9-15.	Part 2 B.O. No 1280.
		Qualified as Grenade Instructor.	" "	28-8-16.	Part 1 B.O. No 872.
		Proceeded Overseas to the 58th Battalion.	W.Sandling.	21-8-16.	Auth 3rd C.T.B. Letter Dated 20-9-16.
20.9.16.	Edw File	Arrived in France taken on strength.	Field.	23.9.16.	Authy: H.O. Lt. No 141/8 Drafts/3957. (AG. 4a) d. 16.9.16. Edw File. K.R. 5-388 d. 20.9.16. Part. V. No 53. d. 7/10/16 K.D. 137/1726. d. 14.10.16. 119. 16.10/16 K.D. 137/1754/140/19/10/16.
11.10.16.	Ob. 58 <sup>th</sup> Bn.	Missing after action	✓	8.10.16	✓
16.10.16	✓	do (believed killed)	✓	8.10.16	✓
11.11.16	✓	Now rep. "Wounded + Prisoner of War in Germany"	✓	8.10.16	Edw. Sec. File. K.D. 137-1754. d. 14/16/131/16/16
6.11.16	Can records	Unofficially reported "Prisoner of War wounded at Stettin" and struck off strength accordingly.	✓	8.10.16	Can records, Cas. sheet No. 514 d. 6/11/16. Part 2 No. 72 d. 24/16.

*J. S. Butley, Lt.*

*J. J. Johnston*

*Lieut. for Lieut. Col. A. A. H., Can section, 3rd Battalion.*

(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.



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				
15.7.17	W.O.	To be Temp Capt		15.8.17	L.C. 30795.
15.10.18	AMS.	Now reported Prisoner of War at Stralsund			CL 1112
21.12.18	AMS.	Now reported repatriated to England & arrived at Dept		18.12.18	CL 1170
21/2/19		Transfer to C.C.F.			 FOR ABT MIL SEC GN
4-3-19	<sup>HO</sup> Ottawa	T.O.S. C.C.F. Canada. Gentleman	10	21/2/19	C.C.F. Ro 1440-19
17/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	10	31-3-19	C.E.F. R.O. No. 1899-19
		 Lieut. for Director Personal Services			



# CASE HISTORY SHEET.

#10 Keefer M.C. Hospital Hospital. Port Arthur, Ont. Station.  
No. Rank **Captain.** Name **ELLIS, John Warner Harria** Age **40**  
Unit **58th, Bn** Completed years of service } <sup>Where and how long</sup> C  $\frac{4}{12}$  E.  $\frac{8}{12}$  F.  $\frac{27}{12}$   
Date of admission **7-3-19** Date of discharge **17-3-19**  
Diagnosis **Influenza. (Spanish)** Place of origin **Port Arthur, Ont.**

CONDITION ON ADMISSION AND PROGRESS OF CASE **Complains of headache, sore throat, General malaise, Slight nausea. Temp 104, pulse 100, resp 20,**

**Heart and vessels - Slight systolic murmur at apex, No enlargement, vessels normal, Lungs show nothing abnormal, Gente-Urinary Neg, Osseos-joint system Old GSW rt, leg below knee. T & T Bullet wound. Scars well healed & small sensation of pins & Needles in foot & ankle, Leg tires slightly quicker than normal. Other systems normal.**

**Mar, 8th, Complains of headache and slight cough. Temp 101, pulse 80, Resp 20,.**

**Mar, 9th, Feeling better. Temp up 102, during night, 100 this morning.**

**Mar, 10th, Feeling better Temp 99/3/5.**

**Mar, 12th, Temp normal this morning. up to 99/2/5 during night. Throat much better.**

**Mar, 15th, Progress very favorable. may be up.**

**Mar, 17th, Patient recovered sufficiently. May be discharged.**

FAMILY HISTORY **Father & Mother both dead. Two Brothers alive & well.**  
(Tuberculosis, mental or nervous diseases.)

TREATMENT **Colemel purge on admission. Aspirin grs. X e Seda Bic, grs X O.H.4 Ser headache, Throat painted b.i.d.e. 10% Sol Agno, s.**  
(Especially any specific or special form.)

CONDITION ON DISCHARGE **Patient recovered from Influenza. Is slightly weak and (and disposal made of case.) complains of occipital headache. other systems as described above.**

Date **17-3-19.**

*W. Cameron Capt.*  
Medical Officer i/c case.



CASE STORY SHEET

DATE: 11-15-50  
PATIENT: Mrs. J. M. Smith  
AGE: 45  
SEX: F  
MARITAL STATUS: Married  
OCCUPATION: Housewife

REASON FOR CONSULTATION: Headache, dizziness, and general weakness.

PHYSICAL EXAMINATION: Normal. Blood pressure 120/80. Heart, lungs, and abdomen normal.

LABORATORY TESTS: Hemoglobin 12 g%, Hematocrit 38%, WBC 10,000.

DIAGNOSIS: Hypertension, mild. Headache, dizziness, and general weakness.

TREATMENT: Rest, low salt diet, and mild diuretics.

PROGNOSIS: Good. Symptoms expected to improve with treatment.

DISCUSSION: This patient has mild hypertension with associated symptoms. Treatment with a low salt diet and mild diuretics is indicated.



copy

ORIGINAL

Original

MEDICAL HISTORY SHEET.

Surname Ellis Christian Name J. W. H. (Lieut.)

Examined { on 6 day of Sep 1916  
at West Sandring  
Birthplace { City or Town Bath  
County Somerset, England

Approved by Walter N. McFarlane  
Rank Capt M.O.

Apparent age 39  
Trade or occupation Recdental Agent  
Height 5 Feet 7 Inches. M.O.  
Weight 170 Lbs. M.O.  
Chest measurement { Minimum 36 inches. M.O.  
Maximum expansion 39 inches. M.O.  
Physical development Good M.O.  
Small-Pox Marks None M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left   
Number 2

Date	Result	VACCINATIONS.
<u>Sept 1915</u>	<u>+</u>	<u>Walter N. McFarlane</u> <u>Capt</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last Sept. 1915  
(a) Marks indicating congenital peculiarities or previous disease None  
(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/9/16</u>	<u>1</u>	<u>Walter N. McFarlane</u> <u>Capt</u>
		M.O.
		M.O.
		M.O.

Enlisted on          day of          191         at         

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>52nd Bn</u>	<u>Lieut.</u>		
Transferred to..	<u>12th Bn.</u>			
	<u>58th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Prisoner of War</u>			

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.







ORIGINAL

*Officer*

MEDICAL HISTORY SHEET.

Surname *Ellis* Christian Name *John*

Examined { on *14* day of *May* 191*5*  
at *P. Arthur*

Approved by *W. H. Cullough*

Birthplace { City or Town *Bath*  
County *Somerset, England*

Rank *Capt Allen* M.O.

Apparent age *38*

Trade or occupation *Land agent*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height *5* Feet *7* Inches.

Weight *146* Lbs.

Chest measurement { Minimum *33* inches

{ Maximum expansion *36* inches

Physical development *Good*

Small-Pox Marks

Vaccination Marks { Arm Right Left  
Number *3*

Date	Result	VACCINATIONS.
<i>1915</i>	<i>Good</i>	<i>W. H. Cullough</i> M.O.
		M.O.
		M.O.

When Vaccinated last *1915*

(a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>7/5/15</i>	<i>Good</i>	<i>W. H. Cullough</i> M.O.
<i>19/5/15</i>		M.O.
<i>6/6/15</i>		M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on *14* day of *May* 191*5* at *P. Arthur*

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>52nd O.B.</i>	<i>Officer</i>		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

3







Ellis.

J.

W.

H.

Capt.

~~Lieut.~~

58th. Battn.

Now REPATRIATED & arrived at Leith:-18-12-18.

Reported from base:--.

MISSING:--. 8-10-16.

~~now reported MISSING Believed KILLED:--~~

~~8-10-16.~~

now unofficially Reported. Pris. of War

and Wounded. in leg.

Previously rept'd P. of W. at Stettin now at Stralsund-Danholme Pommern.

Now at Osnabruck -- Please Cancel

Still at Stralsund-Danholme, Pommern.

Now at Augustabad Bie Neu Bradenburg .

Now reported at Schwaidnitz Silesia.

Now reported at Aachen.

Now reported at Stralsund.

C.L. 16-10-16. 496.

25-10-16. 504.

6-11-16. 514.

C.L. 15-10-18 1112-2  
21-12-18 1170-2

19-12-16. 551.

9-1-17 568-5--Please Cancel

18-1-17 576-4

27-4-17 659

18-1-18 884.

10-8-18 1056-3

*R 11/18*



Surname

Christian Name

Reg. No.

ELLIS

J. W. H.

Rank

Unit

Capt.

58th. Batt'n.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area

30-12-18

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

GSW. rt. Leg.

Disposition Recommended

(1) Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

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



No.

RANK

Lieut.

NAME

Ellis, J. W. Harvey

T. O. S.

UNIT

5<sup>th</sup> 2<sup>nd</sup> Battalion, A. E. F.

M. D. 10.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 May 11	1915 May 31	✓	Coated to Battalion 11-5-15	C.O. 161 of May Paylist.
	June.	✓		
	July.	✓		
	Reorg.	✓		
1915 Sept. 1	1915 Sept. 1	✓	trans. 2 <sup>nd</sup> Reinf Draft. 31-8-15	79.0.136 of 31-8-15.







No.

RANK

Lieut

NAME

Ellis J. W. H.

T. O. S.

UNIT

96 Regt of Lake Superior.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Jan 30	1915 Jan 31	✓	Guard	
Feb		✓		
Mar 1	Mar 28	L	Leave of absence	Mar 28 <sup>th</sup> to April 11 <sup>th</sup>
Mar 28	April 11	O. S.	to attend Prof. Sch. of Ins., H. P. G.	April payroll
April 12	April 30	✓		
May 1	May 6	✓	Trans. to 52 <sup>nd</sup> Bn. 6-3-15-	May payroll







Name **ELLIS** Rank **Lieut** *Captain* Reg. No. **9-E-53**  
**John Warner Harvey**  
 Unit **58th. Bn.** *also notify*  
 Next of Kin **Mrs. Ellis (Mother)** **G. H. S. Ellis**  
**Ridgeway, Plympton, S. Devon, Marnhams,**  
*G. H. Ellis Esq. (Brother) Thorpe, Hayward's Heath. Stock Exchange, EC.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8.10.16.	Rep. Base	MISSING		496	02933	16/10
					C 8994	
					C 8995	
8.10.16	now	<u>Missing</u>	believed killed	504	03591	25/10
	now	unoff. report	& add. at Station	514	04203	6/11
	now at	Stralsund - Danholme	Pommeson	551		
		<del>Donabrick</del>	*	568		
	<del>X</del> Cancelled			576		
	now at	Brefeld		659		<i>over</i>



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
(1788)	Now rept at	Schwagidnitz	Silesia	884	OKS	
	✓ ✓ ✓	Gachen	(C&K list V38)	1056	0707	
18-12-18	Now rept	Stralsund	(C&K V60)	1112	01786	
	two	OP11172	repatrolled	1170	02227	
	I arrived	Heck			0223	1/23/17
	Arrived	Halt camp	Junkland			



NAME

Ellis, John Warner Harvey

REGT'L. No.

RANK AND CORPS

Capt. ~~Lieut.~~ 58th Bu. (How. 52nd 2 R.D.)

CABLE

NO.

DATE

NATURE OF CASUALTY

02933

16-10-16

Rep. missing Oct. 8th 1916 ✓

03591

24-10-16

Prev. rep. missing, now missing and believed killed, Oct. 8th 1916. ✓

04203

4-11-16

Prev. rep. missing, believed killed, now unoffic. POW. and wounded. Stettin. (wounded leg) ✓

T45<sup>1-5</sup>

18-1-18.

Rept. prisoner at Schwardnitz Silesia. ✓

0707<sup>1-5 2nd</sup>

10-8-18

P. at Aachen. ✓

H.L. 1056<sup>3</sup>

10-8-18


014789<sup>1-4</sup>

15-10-18

Prisoner at Stratsund

also H.L. 1112<sup>2</sup>  
15-10-1802231<sup>1-18</sup>

22-12-18

Prev. rep.  now rep. Dec 18th/18H.L. 1170<sup>1-18</sup>

21-12-18



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
496 <sup>U</sup>	Rept. from Base	8-10-16	Missing
504 <sup>U</sup>	Prev. rep. Missing.		Now missing believed Killed. 8-10-16
514 <sup>(1)</sup>	Prev. Rep. Missing Believed Killed	Now Unoff Rept	Prisoner of War. Wounded at Settin Wd. Leg.
551 Dated 19-12-16	Prev rept P. of W. at Stettin,	now at Stralsund	Danholme Pommern
<del>568 Dated 9-1-17</del>	<del>Prev rept P. of W at</del>	<del>Stralsund - Danholme,</del>	<del>Pommern, now at</del> <i>as per list 576</i> <i>dated 18-1-17</i>
			<i>Still a Prisoner of W at Stralsund Danholme Pommern</i>
659 Dated 24-4-17	Prev rept P. of W at	Stralsund	Danholme Pommern now at Augustabad Bie Neu - Brandenburg
884-1	Prev. rept. Prisoner rept. P. of W. at	of War. at Orefeld Schwainitz	now Silesia H.L. dated 18-1-18.



rep.  
SURNAME.

Ellis

332-103-37

10. CARD NO.  
503. Ret'd at mil Unit.  
01-3-19

CHRISTIAN NAMES

John Warner Harvey

REGL. No.

RANK

~~Lieut.~~ Capt. 0.707. 11/8/18

PO 1899  
FOLL  
150112: 22.4-19  
10th Bn

UNIT ~~52nd. 2nd. R.D. 12th. 58~~

FORMER CORPS 96th L.S.R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Ellis, Mrs.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Ridgeway, Plumpton S. Devon.  
Eng.

COUNTRY OF BIRTH

England. Bath Somerset

DATE

PLACE OF ATTESTATION

Port Arthur Ont.

DATE

May 14, 1915.

0/54-9-15 <sup>187</sup>/<sub>2</sub>

11.6.2.3.19 <sup>274</sup>/<sub>1</sub> as Capt. 10



Date of sailing - Nil.  
Date .. App-15-10-14.

MARRIED

SINGLE

*yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Number..... Rank. CAPT

Surname..... ELLIS

Christian Names..... JOHN. WARNER HARVEY

Unit..... Theatre of War. FRANCE

Date of Service. 4. 9. 15. 21. 9. 16. 21. 2. 17.

Remarks.....

Latest Address. Vickers Ave  
Francis Block

..... Thout Willison,

Roll No. B ..... Ont.

Page 3348

Roll No. B

B  
T  
Y



NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

*ga*  
*17229*  
*resp*



ASSIGNED PAY.

UNIT.

RANK.

NAME.

1917-18

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

12 Res Br  
58. Br.

74. 60  
mess 73.60

Lieut

Name

Initials

Bank

Ellis.  
G.W.H.  
Bank of Montreal

Still. PofW @ Stralsund Danholm. Ct. 576. 1877.  
Now @ Osnabruck Ct. 568. 911

PofW @ Stralsund Danholm. Pommern. Ct. 551. 1916

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917.								
Apr 26	Pay April (R)		108					
27	Bank			108				
May 22	Pay May (R)		111 60					
25	Bank			111 60				
June 19	June pay (R)		108					
21	Bank			83 67		62 24 33	Accumulate a bal. of \$24.33 b/c commencing June for 4 months. then see P.M. Ph 1300 P.S. 9. 8. 53.	
July 23	July Pay (R)		111 60					
26	Bank	13082		87 27		62 48 66		
Aug 20	Aug Pay (R)		111 60					
21	Bank	17361		87 27		62 72 99		
Sept 19	Sept Pay (R)		108					
" 27	Red on acct. shortage funds 12th Ptn as Sec Treas. Cash. 21673 auth. file Pt. 4-8-53 d.d. 27/4/54. chq. 802. P. 12/12/54			97 33				
	Bank	21921		83 66		97 33		
Oct 15	Oct Pay (R)		111 60					
20	Bank	26282		111 60				
Nov 19	Nov Pay (R)		108					
21	Bank	30681		108				
Dec 13	Dec pay (R)		111 60					
14	Bank	35096		111 60				
Jan	Pay R		111 60					
23	Bank	39425		111 60				
Feb	Pay R.		100 80					
20	Bank	40995		100 80				
March	Pay R		111 60					
23	Bank	42627		111 60				



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS



ASSIGNED PAY.

UNIT.

RANK.

NAME.

L 30

NAME OF RATE OF P. AND A. DATE AUTHORITY

Beneficiary

58<sup>th</sup> Wn.

Pay No 3.100 Lieut

Name Ellis

Address

F.A. No 7<sup>th</sup> Capt.

15<sup>th</sup> 209.400. 9<sup>th</sup> 10

Initials J.W.H.

Amount. \$

Messing 1<sup>st</sup> 84.75

Bank of Montreal

Separation Allowance issued. Yes or No.....

Repatriated & returned at Leith 18<sup>th</sup> 18<sup>th</sup> b.L. 11400/21<sup>st</sup> 18<sup>th</sup>  
 P.O.W. Detachment - Bauholme C.L. 576. 18<sup>th</sup>

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Apr 16	Pay R.			108				
24	Bank.	1173			108			
May 10	Pay R.			111 60				
23	Bank.	2679			111 60			
June	Pay R.			108				
24	Bank.	4158			108			
July	Pay R.			147 25				
19	Adpt. Prt. Lt. to Capt. on 15 <sup>th</sup> 7 - 30 <sup>th</sup> 18 - 60 99			368				
25	Bank	5109			368			
	Bank	5846			147 25			
Aug 13	Pay R.			147 25				
26	Bank.	7207			147 25			
Sept 17	Pay R.			142 50				
26	Bank	9139			142 50			
Oct 15	Pay R.			147 25				
22	Bank.	10393			147 25			
Nov 15	Pay R.			150				
15	ad fac @ 25 <sup>th</sup> 12 <sup>th</sup> 18 - 31 <sup>st</sup> 18			12 50				
27	Bank	12605			162 50			
Dec 9	add Outfit allow			100				
9	Bank	13205			100			
12	Pay R.			155				
14	Bank	13770			155			
Jan	Pay R.			155				
	Bank				155			

1918-19

Trans to L. 30 p. 1  
5/10/18

Exhibit Ledger 16  
Folio L10 to L16 9<sup>th</sup> 19  
Forward



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

58 Bn

Pay 3

Capt

Name Ellis

Address

F.A. /

Initials J.W.H.

Amount. \$

Messing /

Bank Montreal

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919 Feb.	Balance Forward			Nil		Nil		
11 Adm Feb. P. & A. Payr.	Bank 15889		140				Retd. to ban. L P to 28 2/19 Refer. to N. & Ledger Transd. from L16- to L12 11/3/19	



ASSIGNED PAY.

UNIT.

RANK.

NAME.

C

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

NAME OF DATE AUTHORITY

DATE AUTHORITY

*1st Bath*  
*Now at Osnabruck. C. L. 568. 9<sup>1</sup>/<sub>7</sub>. 'x'*  
*Now at Stralsund-Danholme. Pommern. C. L. 551. 19<sup>12</sup>/<sub>16</sub>.*  
*inoff. PofW. 62514. 6<sup>11</sup>/<sub>16</sub>*

*Lieut.*

Name

Initials

Bank

*Ellis*  
*G. W. H.*

*Bank of Montreal*

~~*Receiving 8<sup>10</sup>/<sub>16</sub> 62504. 25<sup>10</sup>/<sub>16</sub>*~~

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
25.4	Pay April (R)	✓	108					
26.4	Bank	1057		108		—		
May 23	Pay May (R)	✓	111 60					
	Bank	2444		111 60		—		
June 20	Pay June (R)	✓	108					
26	Bank	3991		108		—		
July 20	Pay July (R)	✓	111 60					
26	Bank	5467		111 60		—		
Aug 18	Pay Aug (R)	✓	111 60					
28	Bank	7462		111 60		—		
Sept 22	Pay Sept (R)	✓	108					
26	Bank	9515		108		—	<i>x: Still p/w at Stralsund-Danholme. C. L. # 576. 18<sup>1</sup>/<sub>7</sub>.</i>	
Oct 19	Pay Oct. R.	✓	111 60					
28	Bank	11765		111 60		—	<i>Tr. to A. E. Langer</i>	
Nov. 18	Pay Nov. R.		108					
27	Bank			108		—		
Dec 12	Pay Dec.		111 60					
19	Bank			111 60		—		
1917 Jan 22	Pay Jan (R.)		111 60					
24	Bank	19286		111 60		—		
Feb. 19	Pay Feb. (R.)		100 80					
21	Bank	21931		100 80		—		
Mar 27	Pay Mar (R.)		111 60					
28	Bank			111 60		—		



NAME

RANK

UNIT

ASSIGNED PAY

DATE

AUTHORITY

DATE

NAME OF

Beneficiary

Address

Name

Initials

Bank

Amount

Government Allowance Issued Yes No

SPECIAL AUTHORITIES

BALANCE

PAID BY

DR

CR

CHQ NO

PARTICULARS

DATE

INITIAL

To be filled in every case

OR



UNIT

12<sup>th</sup> Batt

Taken on for pay from Sep PL. Draft 57<sup>th</sup> Batt  
See HQ Paym<sup>t</sup> letter HP No 38/10 27 Sept/15

NAME

Ellis J. W. A. Lorent

DATE OF APPOINTMENT

May 14<sup>th</sup> 1915

MARRIED (YES OR NO)

No.

NEXT OF KIN:- NAME

Mrs. Ellis (mother)

ADDRESS

Ridgeway Plumpton So Devon

DATE NON-EFFECTIVE

AND CAUSE

1915-16

ASSIGNED PAY:-

MONTHLY AMOUNT

TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

Bank of Montreal

PERIOD		No. OF DAYS	RESTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN BANK	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS									
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING									SUBSISTENCE	TOTAL							
27/9/15	30/9/15	4	Y	58				58	60			17 40		29			46 40	104 40											
1/10/15	30/10/15	31		62				62				18 60		31				49 60	111 60	11			100 60	7 OCT 1915				amt shown wired pd at Shorncliffe	
1/11	30/11	30		60				60				18		30				48	108				108						messing overpaid in Sept answer 15/15
1/12	31/12	31		62				62				18 60		31				49 60	111 60				111 60						
1/1/16	31/1/16	31		62				62				18 60		31				49 60	111 60				111 60						
1/2/16	29/2/16	29		58				58				17 40		29				46 40	104 40	18 94 26 94			88 46						Ordnance Eng. 1/6 43 62
1/3	31/3	31		62				62				18 60		31				49 60	111 60				111 60						

SUNDY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS	AMOUNT					REMARKS
			\$	c.	£	s.	d.	
1915								
Oct. 11	978	Outfit allow	100		20	10	11	



0714 083048 107

BYVJ010118E

Y0000000

18117785

0714010118E

0714 083048 107

BYVJ010118E

Y0000000

18117785

0714010118E

0714 083048 107

0714 083048 107

0714 083048 107

0714 083048 107

0714 083048 107

0714010118E

0714 083048 107

0714 083048 107

0714 083048 107

0714 083048 107

0714 083048 107

0714 083048 107

0714 083048 107



E. 201

2-3-19 "Melita"

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No.

RANK

Cap Ellis

NAME (IN FULL)

John W. Harvey

AUDITOR

PAYMASTER 19

IS SEPARATION ALLOWANCE PAID?  *yes* DATE EFFECTIVE 22-1-19

TO WHOM PAID Mrs. F. G. B. Ellis *Wife*

RELATIONSHIP *Wife*

ADDRESS *40 H. Beeman*  
*Branch Bank of Montreal 761 19*  
*Fort William Ont.*

ORIGINAL UNIT C.E.F. *2<sup>o</sup> Co R*

IF IN P.F. WHAT UNIT? *Bas Co*

DATE 21-2-19

DATE OF ATTESTATION

ASSIGNED PAY \$ *nil* DATE EFFECTIVE

PAYABLE TO *Francis B. F. Williams* RELATIONSHIP *Francis B. F. Williams* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *40 H. Beeman Bank of Montreal 76/19*

STOP PAYMENT FORM RENDERED, DATE

DISCHARGED PLACE *M. 210* DATE *31-3-19* REASON *60.93* AUTHORITY *20.112* IF ENTITLED TO POST DISCHARGE PAY

31

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
28-2-19														8 00	8 00	8 00		Overpaid Messing from 21/15 22/2/19 - 8 days @ 1.00
17-3-19	31	4.00	124 00	49 30 89 00	262 30	24	24/4	24	24/4	165 30	89 00	8 00	262 30					Subsistence @ 1.00 per diem effective 3/2/19
			124 00	138 30	262 30					165 30	89 00	8 00	262 30					
April				3 00	3 00		25	25/4		3 00			3 00					3.00 underpaid S.A.
				3 00	3 00					3 00			3 00					
May 3	183	4.00	732		732					500 87	240 -		492 -					240 1st Prisons bill
				240	240					500 88	80 -		160 -					80 " " " (5a)
16										568 48	120 -		372 -					120-3 <sup>rd</sup> " " " (5a)
										568 85	40 -		120 -					40-3 <sup>rd</sup> " " " (5a)
June 16										765 123	120 -		252 -					120-4 <sup>th</sup> " " " (5a)
16										765 124	40 -		80 -					40-4 <sup>th</sup> " " " (5a)
July 16										791 164	40 -		132 -					40-5 <sup>th</sup> " " " (5a)
16										791 165	40 -		40 -					40-5 <sup>th</sup> " " " (5a)
Aug 31										1227 401	132	40	1227 402					Final Payments

AUDITED AUG 1919

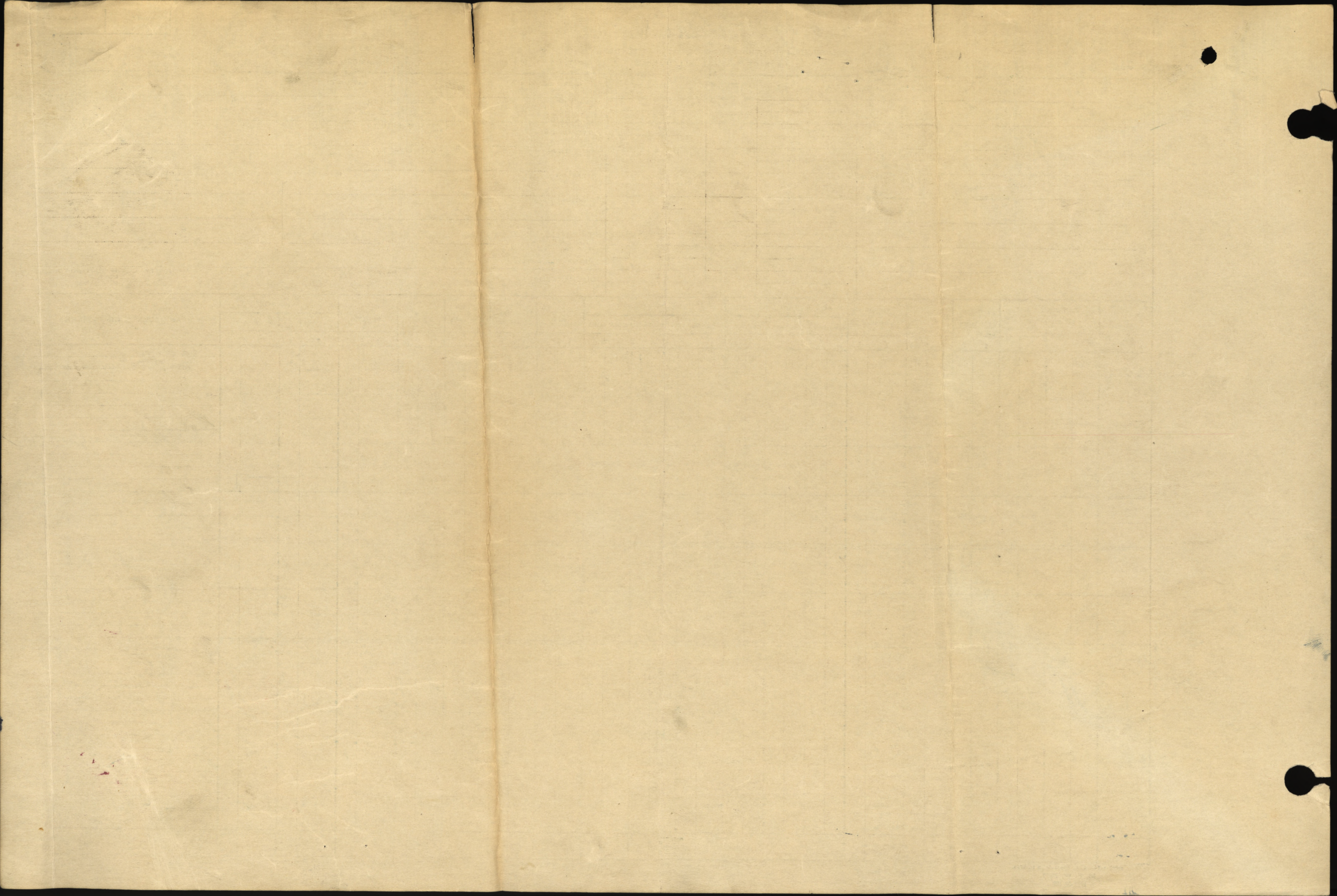
972.00

732 240

of claw

972.00







Rank and Name *Captain* Lieut. ELLIS, John Warner Harvey

Regimental No. *Captain*

Name and Address of Next-of-kin ~~Mrs Ellis, (Mother)~~

Unit 52nd to 12th BN.

~~Ridgeway, Bampton, Devon.~~

A.F.B. 188

Date of enlistment Port Arthur, 14th May. 1915

*12-1 OCT 1915*

Place of birth Bath, Somerset, England.

*12-1 DEC 1915*

Married (Yes or No) Single.

Date and place of discharge *12-Jan 1*

If in Permanent Force

Reason for discharge *12-FEB 1 1916*

Character on discharge

*12-1 MAR 1916*

*12 APR 1 1916*

Promotions or appointments

*Left Leamada 14-9-15*

*12 MAY 1 1916*

*12 JUN 1 1916*

*12 JUL 1 1916*

Report

Date From whom received

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

REMARKS

Taken from Official Documents

1 14.9.15 12 Bn. Taken on strength, Shorncliffe  
27.4.16 500 CID. Qualified and granted certificate in grenade work at CID. Permanent Cadre 12th Bn

*Pt. ii Ord. 14.9.15*

*D.O. 2127*

*P.O. Ord. 256 12th d. 20916*

*aff. D.O. 19-9-16*

*12 Res Bn. P.O. Ord. 261*

2 23-9-16 500 CID proceeded off to 58th Bn  
7-10-16. 58 Bn. proceed Taken on strength France

*21-9-16*

*D.O. 4992*

*P.O. Ord. 53*

3 16.10.16. Tele Reported from Base - Missing

*8-10-16*

*CL 496.*

4 25-10-16 D.C.S. Now reported Missing behind killed

*8-10-16*

*CL 504*

5 6-11-16 L.R. Previously reported Missing behind killed

*Now Unofficially reported Prisoner of War and Wounded at Stettin (KR)*

A.F.B. 103

15 DEC 16

6 19.12.16 L.R. Previously reported Prisoner of War at Stettin now at Stralsund - Danholme (Pommern)

*CL 514. P.O. Ord. 72-58*

*CL 551.*

*P.O.*



Report	Name and Address of Next of Kin	Place	Date	REMARKS Taken from Official Documents
Date	From whom received			
9-1-17	W.O.	Prisoner of War at Stralsund - Danholm, Pommern		Cancelled by <del>CL 546</del> <del>CL 568</del>
18-1-17	b.l.	It has been ascertained that this officer is still a prisoner of war at Stralsund - Danholm, Pommern		CL 546
24-4-17	CR O	Now Reported at Augustabad - Bie Neu-Brandenburg		CL 659
18-1-18	CR O	Now prisoner of war at Schwidnitz, Silesia		CL 884
15-4-18	W.O.	To be Lt Captain (but out of reg <sup>ment</sup> )	15-8-17	hon Gz 30495
10-8-18	am 810	Now at Aachen		CL 1056
15-10-18	d 11	Now reported Prisoner of War at Stralsund		CL 1112
21-12-18	d 12	Now reported repatriated to England Arrived at Leith	18-12-18	CL 1170
		Proceeded to Canada.	21-2-19	Sailing List No. 13.
10-3-19	2 <sup>nd</sup> b.o.s.	Y.O.S. on aw: at Leith (P.O. of War)	18-12-18	Pt II ord. 58.
10-3-19	100	S.O.S. on transfer to b.o.s. in Canada.	21-2-19	Pt II ord. 58.

13505



MILITIA OFFICE  
MAR 21 1919  
H.Q. CANADA

**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 initialed 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.

52nd. Batt.

STATION Port Arthur. Ont. DATE Mar. 5th. 1919.

1. 1 (a) Unit #10 D. D. (b) Regimental No. (c) Rank Capt.  
 (d) Surname ELLIS. (e) Christian name John Womer Harvey.  
 (f) Home address Francis Blk. Fort William. Ont.  
 (g) Next of Kin Fredrica Grace Ellis. (h) Relationship Wife.  
 (i) Address of Next of Kin Francis Blk. Fort William. Ont.
2. Age last birthday 40 Date of birth May 1st 1878.
3. Enlistment, or Appointment (if an Officer) (a) Place Port Arthur. Ont. (b) Date April 1915.
4. Personal description:  
 (a) Height 5' 8" (b) Weight 141. (c) Complexion Dark.  
(stripped)  
 (d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks, Scars, etc. None.
5. Former trade or occupation Land Agent.

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

	PERIODS	
	From	To
Canada	<u>April 15th. 1915.</u>	<u>Aug. 1915.</u>
England	<u>Aug. 1915.</u>	<u>Sept. 1916.</u>
France or other theatres of War	<u>Germany, prison, Oct. 1916.</u>	<u>Dec. 1916.</u>
	<u>Sept. 1916.</u>	<u>Oct. 1916.</u>

7. Original disease, or injury G. S. W. right leg.
- (a) Date of origin Oct. 5th. 1916. (b) Place of origin France.  
 (c) Cause Enemy action.

B. P. C. FOLIO  
FALSE DOCKET

2



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

**Slightly impaired sensation in right foot.**

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.)

**Action, strength and movement of right leg and foot not impaired. The foot becomes cold easily, but his chief complaint is that he always feels as if the foot was on an uneven surface.**

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

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

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

**Was wounded Oct. 1916. by rifle bullet through leg.  
He was taken prisoner and treated in Germany.**



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).)

Not applicable.

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

No distinctive scars.

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.)

Not applicable.

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

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

Treated in Germany as prisoner of war.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations His category is "A 1".

J. J. Pratt Lieut 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, Capt. 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

B. F. C. FOLIO FALSE DOCKET

(A.P.O.) J. W. Harwood, Lieut (Capt.) Rank. Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

Yes.

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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.)

No.

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 Port Arthur, Ont.

DATE March 5th. 1919.

*W. Cameron* Capt. President.  
*J. Grant* Lieut. 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.

..... President.  
 PLACE.....  
 DATE.....  
 } Members

APPROVED BY *J. A. [Signature]* Assistant Director of Medical Services. DATE March 6th. 1919.  
 APPROVED BY..... Director-General of Medical Services. DATE.....