

Lab. Serial

Inf. 17343

B H  
No. 412056

**ATTESTATION PAPER**

**CERTIFIED TRUE COPY  
SUBSTITUTED FOR TRIPLICATE**

Folio.

**K. R. & CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
(ANSWERS)

- 1. What is your name? **Peter Kennedy**
- 2. In what Town, Township, or Parish, and in what Country were you born? **Port Hope, Ontario.**
- 3. What is the name of your next-of-kin? **M Mrs. James McMahon (Sister).**
- 4. What is the address of your next-of-kin? **Port Hope, Ont.**
- 5. What is the date of your birth? **May 24th. 1872.**
- 6. What is your trade or calling? **Laborer**
- 7. Are you married? **No**
- 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?  
If so, state particulars of former Service. **46th. Regiment, 2 Years**
- 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**

**(Sgd.) Peter Kennedy** (Signature of Man.)

**(Sgd.) N. L. Yelland** (Signature of Witness.)

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

I, **Peter Kennedy**, 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.

**(Sgd.) Peter Kennedy.** (Signature of Recruit.)

Date **April 19, 1915.** **(SGD.) N. L. Yelland.** (Signature of Witness.)

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

I, **Peter Kennedy**, 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.

**(Sgd.) Peter Kennedy** (Signature of Recruit.)

Date **April 19, 1915.** **(Sgd.) N. L. Yelland.** (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 **Port Hope** this **Eighth** day of **May** 1915.

**J. R. Sanders** (Signature of Justice.)

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

**[Signature]** (Approving Officer.)

DESCRIPTION OF Peter Kennedy ON ENLISTMENT.

Apparent Age 43 years 1 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. 7 ins.

Chest measurement { Girth when fully expanded 37 ins.  
 Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Dark

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

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 April 19 1915

Place Port Hope, Ont.

*R. H. Shellenbourn*  
 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

Peter Kennedy 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.

Date May 11 1915 *[Signature]* (Signature of Officer.)  
 COM. 39TH BR. C.E.F.

REGIMENTAL DOCUMENTS

NAME HENNEP, PETER (PTE) REGT. NO. 412056 UNIT 21st Bn H. Q. FILE NO. \_\_\_\_\_

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

3 TRAINING HISTORY SHEET (M.F.W. 113)

3 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

3 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

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1 M43

1 Ca. D. 05007

1 Lomb. 149

1 cas card

1 R 791037

1 R 120

DEATH

Category

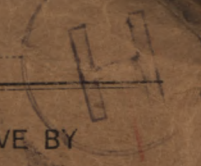
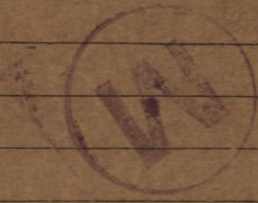
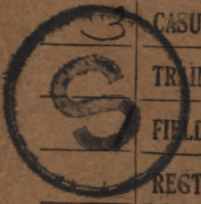
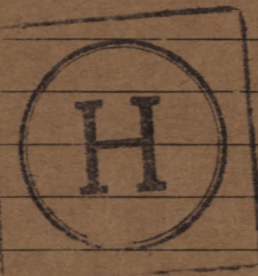
DISCHARGE

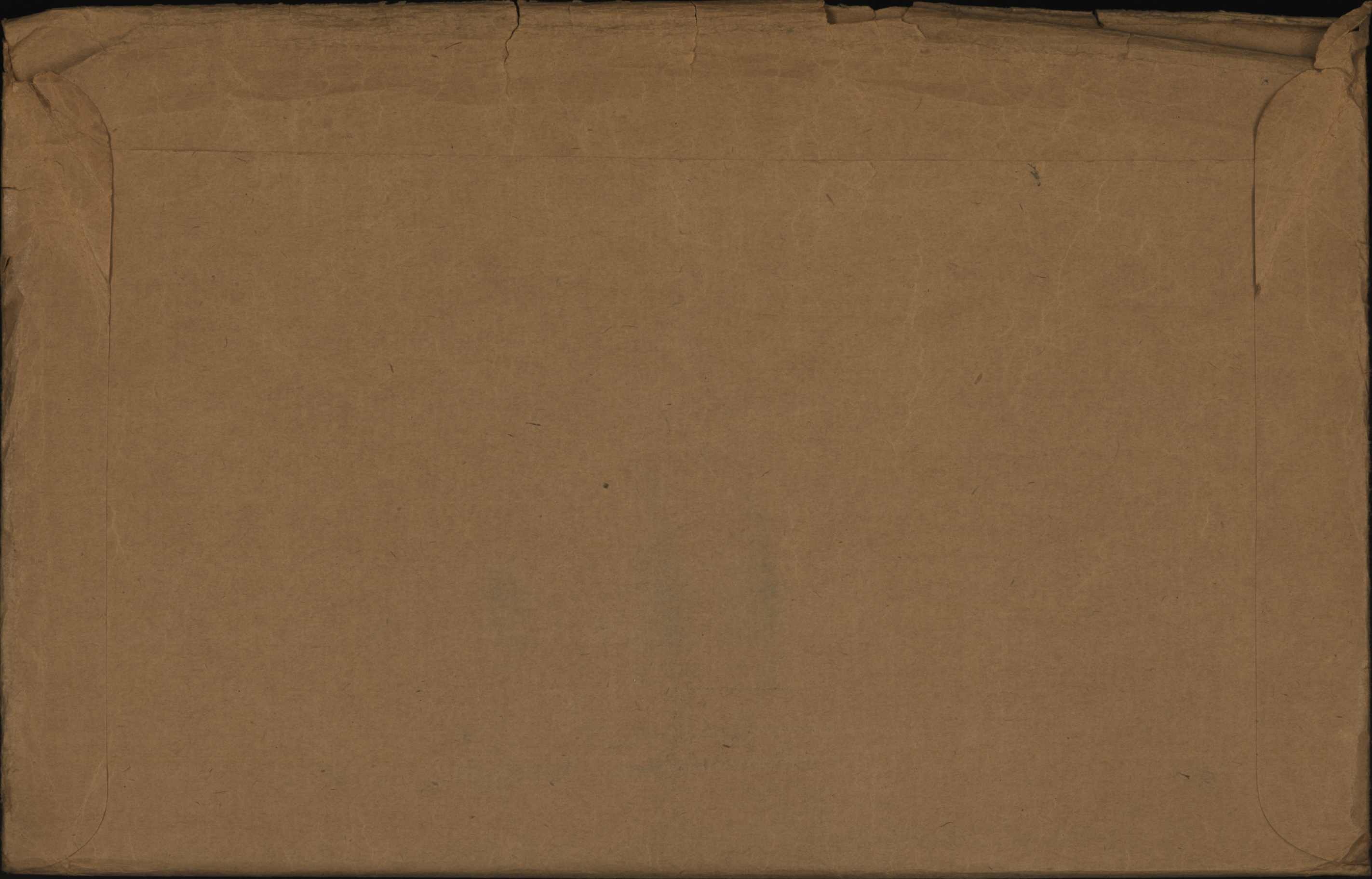
Category

DESERTION

15-20  
18-20  
31-20

2





H. Q. Reference

No. *412056* Rank *Pte* Unit *21 Batt.*

Surname

Christian names *Peter. Kennedy*

Kindly forward Medals, to which I am entitled by reason of my  
service in..... *France* .....

(Theatre of War)

with..... *21. Batt* .....

(Unit with which served in Theatre of War)

No.....

Street..... *John Street* .....

Town..... *Port. Hope* .....

County..... *Dubhan* .....

*P. Kennedy*  
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

DEC 5 1921

O. H. M. S.



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS.

OTTAWA, ONT.

96  
Number 412-056

Rank Dte

Surname KENNEDY

Christian Name Peter

Units 2/Bn Camp Theatre of War France

Date of Service 20-11-15

Remarks

Latest Address G.P.O. Port Hope  
Ont

Roll No. Page 15876

200m. -2-21.M.

number

number

USA

DESP. AUG 20 1922  
REGN. NO. GA 33044



SURNAME. *Kennedy*

*H.3.*

CARD NO.

CHRISTIAN NAMES *Peter*

*188 Dis 12. 7-19.*  
*Dem's FOLL.*  
*all at 1916 15-7*  
*325. 19*  
*Bn.*

REGL. NO. *412056* RANK *Pte.*

UNIT *39th.*

FORMER CORPS *46th. Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *McMahon, Mrs James.*

RELATIONSHIP TO SOLDIER *sister*

ADDRESS *Port Hope Ont.*

COUNTRY OF BIRTH *Canada, Port Hope Ont.*

DATE *May 24th. 1872*

PLACE OF ATTESTATION *Port Hope Ont.*

DATE *May 8th. 1915*

*Q/S. 17-6-15. 128/10*



*R/16 11-7-19 368/54 Pte.*

From Montreal per  S.S. "Missanabi" 17/6/15.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

43

YEARS

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dark

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Port Hope Ont.

DATE

Apr. 19th. 1915

Present address, not stated.

Name KENNEDY. Peter Rank Pte.

Reg. No. 412056.

Unit 21st. Battalion.

Next of Kin CANADA.

| Date      | Movement                 | Place    | Casualty | List No. | Notified N/K O. | W.O. List |
|-----------|--------------------------|----------|----------|----------|-----------------|-----------|
| 13- 6-16. | No.3.Can Staty Hosp B'lg | GSW.Neck | A250     | 8654     | 23-6-16         |           |
| 18- 6-16. | Milty Hosp. S'cliffe,    | do       | B88      |          |                 |           |
| 28- 8-16. | DISCHARGED.              | do       | B138     |          |                 |           |



NAME *Kennedy, Peter.*REGT'L. No. *412056.*

RANK AND CORPS

*Pte. 21<sup>st</sup>. Batt. (Form. 39<sup>th</sup>. Bn.)*

## CABLE

NO.

DATE

## NATURE OF CASUALTY

| NO.           | DATE           | NATURE OF CASUALTY   |
|---------------|----------------|--|
| <i>M 8654</i> | <i>22-6-16</i> | <i>Adm. to Mo. 3. Stat. Hosp. Boulonge June 13<sup>th</sup>.<br/>(Gunshot Wound Neck.) v</i> |

| LIST No.         | HOSPITAL                    | DATE OF ADMISSION | REMARKS   |
|------------------|-----------------------------|-------------------|---|
| A251             | W. 3 Ban. Stat. Boulogne    | 13-6-16           | GSW neck  |
| B388             | Mil Horncliffe              | 18-6-16           | GSW Neck  |
| B. 138           | military Horncliffe         | 28-8-16           | (GSW neck) Dischig. <sup>26-9-16</sup>            |
| B 192            | Mil Endell St W. 6. 1       | 9-12-18           | Trach. P. Radius adm. whilst on leave from France |
| <del>B 192</del> |                             |                   |   |
| B239             | Mil. Const. Wicote Ch Epsom | 4-2-19            | Trach. P. Radius ad.                              |
| B341             | " " " " "                   | B-6-19            | " " " " Disch                                     |

PETER

Name **KENNEDY** Rank **Pte**  
 Unit **1 Can Inf Pk Coy**  
 Next of Kin **Canada**

Reg. No. **42056**

| Date   | Movement                  | Place     | Casualty | List No. | Notified N/K O. | W.O. List |
|--------|---------------------------|-----------|----------|----------|-----------------|-----------|
| 1918   | <b>W</b>                  |           |          |          |                 |           |
| 9-12-  | Milit. Endell St. Fract.  | R. Badius | B 192    |          |                 | 2935      |
|        | On leave from France      |           |          |          |                 |           |
| 4-2-19 | Milit (Gen) Epsom         | "         | Acc.     | B 239    |                 | 6296      |
| 136    | DISCHARGED                |           | Pt.      | B 341    |                 | 4337      |
| 136    | Will proceed on 23-6-1910 | Gen.      | Witley   | Epsk.    |                 | 1395      |





Surname *Kennedy* Christian Name or Names *P* Reg. No. *412056*  
 Rank *Plc.* Unit *21st BATT.* Co. *(Lab. 1)* Troop *CSWC* Batty   
 Hospital  Date of Admission

Transferred *#3 Cav Stat Boulogne* Hosp. *12.6.16.*

*Shorncliffe Mil* Hosp. *18.6.16*

*Mr H. Endell St.* Hosp. *9-12-18.*

*Epsom Conv* Hosp. *4.2.19*

Diagnosis *G. S. W. Neck.*

(1) Later Diagnosis (if changed) *Frac R. Radius & Acc*

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

*Dis. 28. 8. 16* Date

*Disch 13. 6. 19*

*62. 23. 6. 16. 4251.*

REMARKS

*1. 24. 6. 16. B 88.*

*5. 9. 16 B 138.*

*13-12-18 B 192. Admitted whilst on leave from France.*

*12-219 B 239*

*18.6.19. B 341*

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.S. LONDON

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.





MEDICAL CASE SHEET.\*

| No. in Admission and Discharge Book.                     | Regimental No.               | Rank.  | Surname. | Christian Name. |
|--|------------------------------|--|----------|-----------------|
|  | 412056                       | Pte  | Kennedy  | Peter           |
| Year   | Unit.                        | Age.   | Service. |                 |
|  | 21 <sup>st</sup> Batt C E F. | 44   | 16/12    |                 |
| Station and Date.  | Disease                      |  |          |                 |
| Shorncliffe<br>Mil. Hosp.<br>Aug 18 <sup>th</sup> - 1916 | Myalgia                      | <p>Father dead - Paralysis age 76 yrs - was sick four years -</p> <p>Mother dead - Debility - was troubled for years with her stomach -</p> <p>Brothers (twins) age 50 yrs. one complains of stomach trouble - The other in good health -</p> <p>Sister (.3)</p> <p>53 yrs old - in good health.</p> <p>48 yrs old. " "</p> <p>40 yrs old. " "</p>   |          |                 |
|  | Present Condition -          | <p>Temp. normal - Pulse 68 - Regular -</p> <p>Apical beat 5<sup>th</sup> intercostal space - normal -</p> <p>Respiratory sounds clear &amp; distinct over both lungs -</p> <p>Tongue clean - appetite fairly good - suffers some times from distress after eating, constipated</p> <p>Slight tenderness in right <del>iliac</del> Iliac region -</p> <p>Complains of tenderness and pain over lumbar region - Has frequency of urination -</p> |          |                 |
|  |                              | J. Ellis   |          |                 |

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



H group 357

"M" WING, C.C.C.

Duplicate

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) KENNEDY Peter  
REGIMENT 39 Batt RANK Pk No. 412056

Date of Examination in England 26, 6, 19 Date of Examination in France

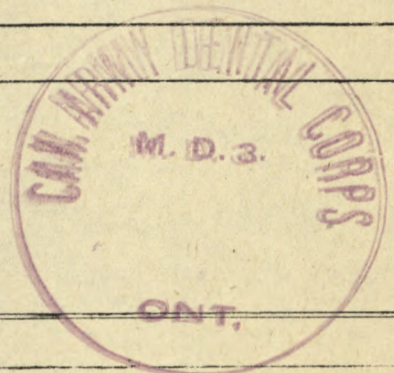


DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 23
2. EXTRACTIONS 23
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England 2
- (c) In France

Signature of Dental Officer J. Russell

1891  
NOV 10  
1891



*Def 17343*

Army Form B. 103.

CERTIFIED CORRECT. *54*  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

*Sheet 1*  
War Service Badge  
Class "A" No. *39th Res Bn C.E.F.*  
21st CANADIAN BATTALION Regiment or Corps *39th Res Bn C.E.F.*

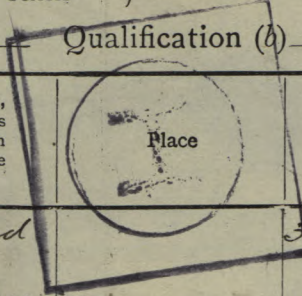
Regimental No. *412056*. Rank *Pte*. Name *Kennedy Peter*

Enlisted (a) *19-4-15*. Terms of Service (a) *Duration of War*. Service reckons from (a) *19-4-15*.

Date of promotion to } present rank } Date of appointment } Numerical position on }  
to lance 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. | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|------|--|
| Date   | From whom received |  |      |  |



*Arr in England*

*3-7-15*

*As. Buwater Major*  
*Commanding 39th Battalion, C. E. F.*

Can. Base Depot. Arrived from England, taken on strength.

Can. Base Depot.

*1/12/15*. Nominal Roll.

do Proceeded to join

Unit.

*10/12*

do.

*17/12*  
O.C. 21st Battn.

Joined

do

*13/12*

A.F.B. 213. *17/12/15*

*21st Bn*  
*And to England*  
*D.W. near*

*11st Bn*  
*Leuis*

*18/6*

*3083 18/6*  
*1810 No 261d/307616*

*21st Bn*  
*Queller. Near*

*1st Bn*

*13/6*

*213 16/6*

*all P. Cochrane*

Lieutenant

for Lt Col

(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 |  |       |      |  |

2/7/16 *ccae*  
 Taken on strength C.C.A.C. Pt. II D.O. No. *250* ..... 18-5-16 *Pl. II D.O. 250*  
*Falkestone*

24/9/16 *c.c.a.c.*  
 ATTACHED  
~~TRANSFERRED FROM C.C.A.C. TO~~ *39th Inf Bn* PART II D.O. No. ~~XXXX~~ *415*

21/9/16 *39th Inf* attached.  
~~t.c.c.~~ *taken on strength 39th Inf*  
*ceases to be attached on*  
*W. Sandling 21-9-16 Park II 227 ✓*

7/2/16 *DC 39th* transferred *64th*  
*Wandling 7/2/16 Pt II 291 ✓*  
*L. G. Edridge*  
*W. Sandling*  
*ccae*  
*Shannon*  
 Captain,  
 Adjutant, 39th Can. Inf. Bn.

8.12.16 64th. Bn. Taken on strength Shorham 7.12.16 BOP 11 No. 8 ✓  
 2.12.16 64th. Bn. ffd. to 1st. C.L. Batt. Shorham 21.12.16 BOP 11 No. 13. ✓

*Chas. Mack*  
 Capt.  
 Adj. 64th. Battalion.

22-12-16 *O. C.* Taken on strength *1st C.L. Bn* Shorham 24-12-16 *P.O. Part II No. 6* ✓ *F. G. Hancock*  
*1st C.L. Batt*  
 Capt & adjt.  
 1st C.L. Batt

How

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

M. F. W. 54.  
15th M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Sheet 2  
War Service Badges  
CLASS "A" No.

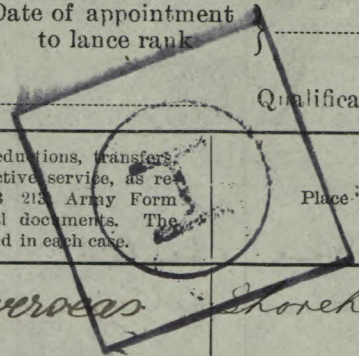
Unit, Regiment or Corps 39<sup>th</sup> Batt. C.E.F.  
Regimental No. 412056, Rank Pte Name Kennedy, Peter  
C. E. F.

Enlisted (a) 19-4-16 Terms of Service (a) Dofllar Service reckons from (a) 19-4-16

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

Extended Re-engaged Qualification (b)

CERTIFIED CORRECT.  
9 FEB 1917  
CAN. RECORDS, LONDON.



| 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. |
|--------|---|-------|------|--|
|--------|---|-------|------|--|

|          |                        |  |           |           |  |
|----------|------------------------|--|-----------|-----------|--|
| 8-1-17   | 1 <sup>st</sup> C.E.F. | Proceeded Overseas   | Shoreham  | 8/1/17    | D.O. Part II No 18 19<br>J. Harcourt.<br>Capt & Adjt |
| 15/17    | C.E.F.                 | Disembarked  | Haave     | 11/17     | L.R. 7305 A. II O/3 4/19 17                          |
| 10/17    | 1 <sup>st</sup> C.E.F. | Forfeits 14 days' pay, 1/17, for Drunkenness   | Field     | 5/17      | D.2069. A. II O/10 4/16 17.                          |
| 8.12.17  | do.                    | Granted 14 days' leave   | Paris     | 8.12.17   | B. 213. P. II O. 101 d/1917                          |
| 29.12.17 | do.                    | From leave   | Field     | 29.12.17  | do   |
|          |                        | Designation changed to 1st Can Inf Works Br (Auth: War Office letter 121/Overseas/4840 (A.G.12) d/11-3-18. | Field     | 2/26-3-18 |  |
| 5-6-18   | At Unit                | With Unit  | Field     | 5-6-18    | letter G.8.  |
|          |                        | CLASS B. 2. 29-6-18  | (myalgia) |           |  |
|          |                        | MED. BD A. I. D. CDNS. 578 (R&R)   |           |           |  |
|          |                        | Discharged. 12/17/19   | Kingslop  |           | Pt. 2. Order. 196                                    |

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

O. C. Dispersal Area Station H.

# Kennedy Peter

412056

| 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  |  |        |   |  |
|          | ✓                   | S.O.S. of 1 <sup>st</sup> Cdn. Inf. Wks. Bn. on Transfer to 1 <sup>st</sup> Cdn. Inf. Works Coy T.O.S. of 1 <sup>st</sup> Cdn. Inf. Works Coy.   |        | 13-9-18 D.O. 59 d/26.9.18.  |  |
|          |                     | (Authy. War Office 121/O'seas/3940. (S,D. 2) d/27-8-18. & O.B./1139/5 d/3-9-18. Ref. Cdn. Sec., K. R. 29995.   |        | 14-9-18 D.O. 1 d/27.9.18.   |  |
| 30-11-18 | OC                  | 14 day leave to UK   |        | 26-11-18 B213 P# 022/19, 8  |  |
| 16-12-18 | Off 1/2 Recd London | S.O.S. (hit on leave) & posted to Genl depot Watley  |        | 9-12-18 R.L. 7-102-303 / P# 0 918<br>R3. 161218   |  |
|          |                     |  |        | <p style="font-size: 1.2em;">Lieut. Peter B. Chapell</p> <p>for H. Col. a.a.g.<br/>Cdn Sect. 3rd Tech G. HQ</p>                   |  |
| 19-12-18 | Gen Dep.            | J.O.S. from 1st C.O.W.G. sick whilst on leave  | Watley | 9-12-18 D.O. 301  |  |
|          |                     |  |        | <p style="font-size: 1.2em;">J. J. Jones</p> <p>for Colonel i/c Records, <span style="float: right;">Lieut. <i>SMJ</i></span></p> |  |

**B. O. B. ON PROCEEDING TO CANADA.**

P# 2011083 3/4/19 *W. J. Martin*

FOR OFFICE  
"M"

LIEUT.  
COMMANDING,  
C.O.C.

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *1st Cdn Inf 416 Coy Bn 21st Bn*  
 Regimental No. *412056* Rank *Pvt* Name *Kennedy Peter*  
 C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
 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 |   |       |      |   |
| <i>31. 7. 19</i> |                    | <i>Sol #3 D.D. Kingston</i>   |       |      | <i>Hq 196</i>   |
| <i>12. 7. 19</i> |                    | <i>Sol Drook R. 1894</i><br><i>On Demob Med. unfit for</i><br><i>gen service R.O. 1894</i>  |       |      | <i>Hq 196</i>   |

*[Signature]*  
 Lieutenant  
 For O. C. No. 3 District Depot

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

| Report |                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks<br>taken from Army Form B. 213,<br>Army Form A. 36, or other<br>official documents |
|--------|--------------------|---|-------|------|--|
| Date   | From whom received |   |       |      |  |
|        |                    |   |       |      |  |

Rank **39th Bn** Name **KENNEDY Peter** Reg'l No. **412056**  
 Unit **39th Bn** If in perm. Corps, What Unit? **Single**  
 Married or Single **Single**  
 Place and Date of Enlistment **Port Hope, 19 April 1915** Place of Birth **Canada**  
 Name and Address, Next-of-Kin **Mrs James McMahon**  
**Port Hope, Ont** Relationship **Sister**

Assigned Pay Monthly \$ Payable to Relationship **R1330/3**  
 Separation Allowance \$ Payable to Relationship **0.5, R.133 B476**

Discharge, Date and Place Reason Character

*Open*

279

| Report          |                           | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place               | Date            | REMARKS<br>Taken from Official Documents |
|-----------------|---------------------------|--|---------------------|-----------------|--|
| Date            | From whom received        |  |                     |                 |  |
|                 |                           | <i>Arrowin</i>   | <i>England</i>      | <i>3 7/10</i>   |  |
| <i>25-9-15</i>  | <i>OC 39<sup>th</sup></i> | <i>forfeits 13 days pay</i>  | <i>Thorncliffe</i>  | <i>25/9-15</i>  | <i>Pt II #177</i>                        |
| <i>14 11/15</i> | <i>OC 39<sup>th</sup></i> | <i>14 days F.P. No 2</i>   | <i>W. Sandring</i>  | <i>14 11/15</i> | <i>P2 O212</i>                           |
| <i>30 11/15</i> | <i>G.P. B9</i>            | <i>Overseas to 21<sup>st</sup> Bath</i>  | <i>"</i>            | <i>30 11/15</i> | <i>" 234</i>                             |
| <i>11-12-15</i> | <i>" 21<sup>st</sup></i>  | <i>Taken on strength from Eng</i>  | <i>In the field</i> | <i>1-12-15</i>  | <i>" 20-12</i>                           |
| <i>23-6-16</i>  | <i>21<sup>st</sup> Bn</i> | <i>Adm No 3 ban Stat Hoop</i>  | <i>Boulogne</i>     | <i>13-6-16</i>  | <i>BL251 &amp; SW Deck M8654</i>         |
| <i>24-6-16</i>  | <i>"</i>                  | <i>Mail Hoop</i>   | <i>S-Cliffe</i>     | <i>18-6-16</i>  | <i>" B88</i>                             |
| <i>30-6-16</i>  | <i>"</i>                  | <i>Wd and trans to BBA6</i>  | <i>Folkestone</i>   | <i>18-6-16</i>  | <i>PT 026</i>                            |
| <i>2-7-16</i>   | <i>C.C.A.C</i>            | <i>Taken on strength.</i>  | <i>do</i>           | <i>18-6-16</i>  | <i>Pt II. O. 250</i>                     |

*10004*

53

| Report   |   | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place      | Date                    | REMARKS<br>Taken from Official Documents |
|----------|---|--|------------|-------------------------|--|
| Date     | From whom received  |  |            |                         |  |
| 2-9-16   | ccac  | On Council D of R+O P.B.O.   | Fistme     | 31-8-16                 | Pt II O 373                              |
| 5-9-16   | M Bn  | Dis. from Massp.   | Seliff     | 28/9/16                 | Chit. 138                                |
| 19-9-16  | D of R+O  | ceases to be attached<br>on returning to C.C.A.C.  | Folkestone | 19-9-16                 | Pt II O. 263                             |
| 20-9-16  | ccac  | ceases to be att. D of R+O<br>in reporting ccac  | "          | 19-9-16                 | " 407                                    |
| 24-9-16  | "   | On Council 39th batt P.B.O.  | "          | 22-9-16                 | " 415                                    |
| 23-9-16  | of 39 Bn  | Attached from b.b.c. (P.B.O)   | N Sandling | 22-9-16                 | " 224                                    |
| 7-12-16  | OC 39 <sup>th</sup>                                       | ceases to be att and trans to 64 Bn  | "          | 7-12-16                 | " 291                                    |
| 26-1-17  | ccac  | ceases to be att. 39 <sup>th</sup> + on com. 64th.   | Hasting    | 7-12-16                 | " 45                                     |
| 15-12-16 | 64th Bn   | <b>Taken on strength.</b>  | Shoeham    | 7-12-16                 | Pt II D 08                               |
| 21-12-16 | do  | S.O.S to 1 <sup>st</sup> Can hvt Bn  | do         | 21-12-16                | " " " 13                                 |
| 24-12-16 | 1 <sup>st</sup> CL Bn                                     | T.O.S. from 64 <sup>th</sup> Bn  | do         | 22-12-16                | 6  |
| 8-1-17   | ✓   | Proceeded Overseas   | do         | 8-1-17                  | 19                                       |
| 26-3-18  | 1. St. Can, Lhb, Bn. Designated, 1. St. Can. Inf. Wks. Bn | Pt 2, DO. 19   |            |                         |  |
| 26       | CIWB  | SOS to CIWC 13, 9.1.18   | Pt 0.59    | & CIWC Pt 0 1, 27.9.18. |  |
| 3-1-19   | 1 <sup>st</sup> Coy                                       | S.O.S. (Sick whilst on leave)  |            |                         |  |
|          |   | reported to Encl. Depot, Witley  | Mc Field   | 9-12-18                 | Pt IO 1. In spot 1/10 301 d/19/12/18     |
| 27-6-19  | Gen Dep   | S.O.S. to M Wing C.B.C.  | Witley     | 25-6-19                 | - 139 mWing J.O.S. d/26-6-19             |
| 9-10-19  | Records   | 96-452 Sailing 3-7-19  | London     | 3/7/19                  | 204                                      |

A.F.B. 103 CHECKED  
24 JAN 1917

14



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. 213527

THIS IS TO CERTIFY that No. 412056 (Rank) Private

Name (in full) Kennedy, Peter enlisted in  
the 39th Bn.

CANADIAN EXPEDITIONARY FORCE at Port Hope on the 8th  
day of May 1915

HE served in 21st Bn. France

and is now discharged from the service by reason of

Demobilization.

~~Medical Unfitness.~~

Med. unfit for  
Gen. Service.  
R.O. 1894

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

Age 47 1/2

Height 5' 7"

Complexion Dark

Eyes Blue

Hair Dark

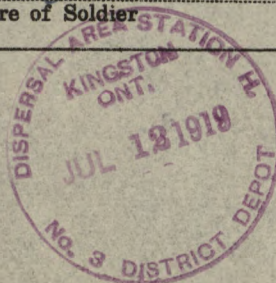
Kennedy, P.

Signature of Soldier

Marks or Scars

nil.

Date of Discharge



Issuing Officer

Sidney Staley A

Regt. C. Dispersal Area Station H

Rank

Date ..... 19

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

1917  
1918  
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THIS IS TO CERTIFY that No. 100000 (Rank) Private

Name (in full) John J. [unclear]

the 10th Canadian Expeditionary Force at [unclear] on the 10th day of May 1918

He served in [unclear]

and is now discharged from the service by reason of Demobilization Medical Reasons

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

|                                  |                                    |
|----------------------------------|------------------------------------|
| Age <u>24</u>                    | [Signature of Soldier]             |
| Height <u>5' 8"</u>              |                                    |
| Complexion <u>[unclear]</u>      |                                    |
| Eyes <u>[unclear]</u>            |                                    |
| Hair <u>[unclear]</u>            |                                    |
| Signature of Soldier             | Date of Discharge <u>[unclear]</u> |
| Issuing Officer <u>[unclear]</u> | Date <u>[unclear]</u>              |
| Rank <u>[unclear]</u>            |                                    |
| Name <u>[unclear]</u>            |                                    |
| Address <u>[unclear]</u>         |                                    |

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

H. B. 314  
10-17-18-22  
H. B. 177-22-22

## SPECIAL REMITTANCE

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

225

To Whom *John Kennedy*By Whom Assigned *Kennedy. P*Address *Port Hope. Ont.*Regtl. No. *412056.*Rank *Pte.*Corps *21<sup>st</sup> Batt<sup>n</sup>*Rate *\$35<sup>00</sup> (P. 7. 3. 10.)**Sched #55 - 30<sup>3</sup>/16 -*

## PAYMENTS

| Month | Year            | Cheque No.     | Amt.        | REMARKS                      |
|-------|-----------------|----------------|-------------|------------------------------|
| Aug.  | 1914            |                |             |                              |
| Sept. |                 |                |             |                              |
| Oct.  |                 |                |             |                              |
| Nov.  |                 |                |             |                              |
| Dec.  |                 |                |             |                              |
| Jan.  | <del>1915</del> |                |             |                              |
| Feb.  |                 |                |             |                              |
| March |                 |                |             |                              |
| April | <i>1916</i>     | <i>41717</i>   | <i>35 -</i> |                              |
| May   |                 |                |             |                              |
| June  |                 |                |             |                              |
| July  |                 |                |             |                              |
| Aug.  |                 |                |             |                              |
| Sept. |                 |                |             |                              |
| Oct.  |                 | <i>U 41127</i> | <i>25 -</i> | <i>Sched #429. 14. 9. 17</i> |
| Nov.  |                 |                |             |                              |
| Dec.  |                 |                |             |                              |
| Jan.  | 1916            |                |             |                              |
| Feb.  |                 |                |             |                              |
| March |                 |                |             |                              |



1

10-10-1911

THE UNIVERSITY OF CHICAGO

10-10-1911





**MEDICAL HISTORY SHEET.**

Surname Kennedy Christian Name Peter

Examined on 19 day of April 1915  
at Port Hope Out

Birthplace { City or Town Port Hope  
County Durham

Apparent age 43  
Trade or occupation Laborer

Height 5 Feet 7 Inches

Weight 145 Lbs.

Chest measurement { Minimum 34 inches  
Maximum expansion 37 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. X  
Number One

When Vaccinated last 7 years

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by R. H. Shields

Rank lieut M.O.

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT |
|------|--------------|----------------------------|
|      |              | <u>26 JUN 19</u>           |
|      |              | M.O.                       |
|      |              | M.O.                       |
|      |              | M.O.                       |
|      |              | M.O.                       |
|      |              | M.O.                       |
|      |              | M.O.                       |

| Date           | Result | VACCINATIONS         |
|----------------|--------|----------------------|
| <u>4/28/15</u> |        | <u>R. H. Shields</u> |
|                |        | M.O.                 |
|                |        | M.O.                 |
|                |        | M.O.                 |

| Date          | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------------|--------|---------------------------------|
| <u>21.5</u>   |        | <u>R. H. Shields</u>            |
| <u>28.5</u>   |        | <u>R. H. Shields</u>            |
| <u>7/6/19</u> |        | <u>TAB</u>                      |
|               |        | M.O.                            |

Enlisted on 19 day of April 1915 at Port Hope

|                      | CORPS.                           | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|----------------------------------|----------------|---------|-------|
| Joined on enlistment | <u>39<sup>th</sup> Bn C.E.F.</u> | <u>412056</u>  |         |       |
| Transferred to.. ..  | <u>1<sup>st</sup> C.L. Bn.</u>   |                |         |       |

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

| STATION.      | DATE.              | DISEASE.   | RESULT.  |
|---------------|--------------------|--|--|
| <u>C.C.H.</u> | <u>Aug 30/16.</u>  | <u>g.W neck + Rt leg<br/>myalgia.</u>                | <u>Permanent Base Duty</u><br><u>DMJ requested</u> |
| <u>Epsom</u>  | <u>29 MAY 1919</u> | <u>A Myalgia<br/>B Rt. Fracture Right<br/>Radius</u> | <u>Bi Majermeister</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 the next page.

Barreford 12-7-19 de Bi waskey Capn







# 412056 Kennedy P Rte

| DATE           | PAY         |      | FIELD ALLOWANCE |    | WORKING OR SPECIAL PAY |      | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS |     |      |     | CASH PAYMENTS |      |      |     | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE |      | PAY WITHHELD FOR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |        |        |      |      |     |      |                                     |      |     |      |
|----------------|-------------|------|-----------------|----|------------------------|------|----------------------|---------------|---------------|-------------------|-----|------|-----|---------------|------|------|-----|--------------|---------------|--------------|---------|------|---------------------------|-------------------------|---------|--------|--------|------|------|-----|------|-------------------------------------|------|-----|------|
|                | NO. OF DAYS | RATE | AMOUNT          |    | NO. OF DAYS            | RATE |                      |               |               | AMOUNT            |     | 1    | 2   | 3             | 4    | 1    | 2   |              |               |              | 3       | 4    |                           |                         |         | CREDIT | DEBIT  |      |      |     |      |                                     |      |     |      |
|                |             |      | \$              | C. |                        |      |                      |               |               | \$                | C.  |      |     |               |      |      |     |              |               |              |         |      |                           |                         |         |        |        | NO.  | DATE | NO. | DATE | NO.                                 | DATE | NO. | DATE |
| June           |             |      | 64500           |    |                        |      |                      |               | 1086          | 65986             |     |      |     |               | 396  | 772  | 164 | 95           | 17588         |              | 5907    | 411  | 53                        | 248                     | 33      |        |        |      |      |     |      |                                     |      |     |      |
| Oct 10-28 1910 |             |      | 2090            |    |                        |      |                      |               |               | 2090              | 19  | 10/1 | 66  | 31/1          | 90   | 11/2 | 262 | 262          | 974           | 126          |         | 1540 |                           |                         |         |        | 210.00 | 2210 |      |     |      | Forfeits 14 days pay under PW 15.40 |      |     |      |
| Nov            |             |      | 3410            |    |                        |      |                      |               |               | 3410              | 10  | 11/1 | 240 | 243           |      | 262  | 262 |              |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |
| Apr 30         |             |      | 33              |    |                        |      |                      |               |               | 33                |     |      |     |               |      |      |     |              |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |
| May            |             |      | 3410            |    |                        |      |                      |               |               | 3410              | 17  | 15/4 |     |               |      | 523  |     |              |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |
| June           |             |      | 3300            |    |                        |      |                      |               |               | 3300              | 103 | 15/5 |     |               |      | 328  |     |              |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |
| July           |             |      | 3410            |    |                        |      |                      |               |               | 3410              |     |      |     |               |      |      |     |              |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |
| Aug            |             |      | 3410            |    |                        |      |                      |               |               | 3410              | 22  | 3/1  | 240 | 243           |      |      |     |              |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |
| Sept           |             |      | 33              |    |                        |      |                      |               |               | 33                | 27  | 4/1  | 157 | 348           | 15/8 |      | 262 | 262          |               |              |         |      |                           |                         |         |        |        |      |      |     |      |                                     |      |     |      |

10-10-16-217  
Forfeits 14 days pay under PW 15.40

20.90 Forfeiture 16/2/17 - Paying 300.

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS                        | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE    | DEFERRED | SERIALIZED |
|-------|-------------|-------|-------|------------------------------------|-------|-------|-------|-------|------------|----------|------------|
| Sept  | Balance     |       |       |                                    |       |       |       |       | 393 41 296 |          |            |
| Oct   | P. Pay      | 3410  |       | A.R. 473 10/1/17 1st. Lab. Br.     | 267   |       |       |       |            |          |            |
|       |             |       |       | A.R. 573 30/9/17 " " "             | 268   |       |       |       | 422 16 311 |          |            |
| Nov   | P. Pay      | 3410  |       | A.R. 573 15/10/17 " " "            | 268   |       |       |       |            |          |            |
| Dec   | P. Pay      | 3410  |       | A.R. 622 31/10/17 " " "            | 268   |       |       |       |            |          |            |
|       |             |       |       | A.R. 664 15/11/17 " " "            | 268   |       |       |       | 481 22 341 |          |            |
| 1918  |             |       |       | A.R. 1170 11/12/17 Can. Det. Paris | 3569  |       |       |       |            |          |            |
| Jan.  | P. Pay      | 3410  |       | A.R. 931 9/1/17 " " "              | 4461  |       |       |       |            |          |            |
|       |             |       |       | A.R. 712 30/1/17 1st. Lab. Br.     | 892   |       |       |       |            |          |            |
|       |             |       |       | A.R. 740 15/1/17 " " "             | 892   |       |       |       |            |          |            |
|       |             |       |       | A.R. 804 31/1/17 " " "             | 535   |       |       |       |            |          |            |
|       |             |       |       | A.R. 2087 1/1/17 Can. Det. Paris   | 2677  |       |       |       | 385 06 356 |          |            |
| Feb   | P. Pay      | 3410  |       | A.R. 844 15/1/18 1st. Lab. Br.     | 268   |       |       |       |            |          |            |
|       |             |       |       | A.R. 895 1/1/18 " " "              | 268   |       |       |       | 410 50 371 |          |            |
|       |             |       |       | A.R. 958 15/2/18 " " "             | 536   |       |       |       |            |          |            |
| Mar.  | P. Pay      | 3410  |       | A.R. 5803 21/2/18 1st. Lab. Br.    | 446   |       |       |       |            |          |            |
|       |             |       |       | A.R. 1016 28/2/18 1st. Lab. Br.    | 446   |       |       |       |            |          |            |
|       |             |       |       | A.R. 1071 15/3/18 " " "            | 357   |       |       |       |            |          |            |
|       |             |       |       | A.R. 1129 21/3/18 " " "            | 446   |       |       |       | 424 08 386 |          |            |
|       |             |       |       |                                    | 2052  |       |       |       |            |          |            |



NUMBER 412056 RANK Plc NAME KENNEDY Peter

| Month | PARTICULARS                           | CR. 1.  | CR. 2. | PARTICULARS                         | DR. 1  | DR. 2 | DR. 3 | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|-------|---------------------------------------|---------|--------|-------------------------------------|--------|-------|-------|--------|---------|----------|------------|
| Nov   |                                       |         |        |                                     |        |       |       |        | 601 12  | 491 -    |            |
| Dec   | Jan                                   | 67 10   |        |                                     |        |       |       |        | 668 22  |          |            |
|       |                                       |         |        | AR 414 chg. 21-11-18                | 16 74  |       |       |        |         |          |            |
|       |                                       |         |        | 3281 " 24-11-18                     | 9 73   |       |       |        |         |          |            |
|       |                                       |         |        | MR 6523 Lon 30-11-18                | 19 47  |       |       |        | 534 63  |          |            |
| Jan   |                                       | 34 10   |        |                                     | 133 50 |       |       |        | 568 73  | 530      |            |
| Feb   |                                       | 101 20  |        |                                     | 133 59 |       |       |        |         |          |            |
|       |                                       |         |        | Jan 7113 Lon 15-1-19                | 9 73   |       |       |        | 559 -   |          |            |
|       |                                       |         |        | " " 2386 Epsom 4-2-19               | 9 73   |       |       |        | 549 27  |          |            |
|       |                                       | 30 80   |        |                                     |        |       |       |        |         |          |            |
|       |                                       | 34 10   |        |                                     |        |       |       |        | 614 17  |          |            |
|       |                                       |         |        | Jan 372 Epsom 4-3-19                | 4 87   |       |       |        | 609 30  |          |            |
|       |                                       |         |        | 2 <sup>nd</sup> Hosp Adv Dec        | 1 70   |       |       |        | 607 60  | 566      |            |
|       |                                       | 64 90   |        |                                     | 26 83  |       |       |        |         |          |            |
| Apr   |                                       | 23 -    |        |                                     |        |       |       |        | 640 60  |          |            |
|       |                                       |         |        | AR 2139 4/4/19                      | 4 87   |       |       |        | 635 73  |          |            |
|       |                                       |         |        | MR 2275 3/5/19                      | 9 73   |       |       |        | 626 -   |          |            |
| May   |                                       | 34 10   |        |                                     |        |       |       |        | 660 10  |          |            |
|       |                                       | 67 10 8 |        | AR 3805 13/5/19                     | 14 60  |       |       |        | 645 50  | 596      |            |
|       |                                       | 67 10   |        |                                     | 29 20  |       |       |        |         |          |            |
| June  |                                       |         |        | AR 100 - net Epsom 3.6.19           | 9 73   |       |       |        | 635 77  |          |            |
|       |                                       | 33      |        |                                     |        |       |       |        | 668 77  | 611      |            |
|       | Interest Dife pay 30/6/19             | 53 28   |        |                                     |        |       |       |        | 722 05  |          |            |
|       |                                       |         |        | Cl 74326 - 13.6.19                  | 24 33  |       |       |        | 697 72  |          |            |
|       |                                       |         |        | AR 529 - net Epsom 13.6.19          | 24 33  |       |       |        | 673 39  |          |            |
|       | S.F. 13.6.19 - 23.6.19 - 10 days @ 4% | 7 30    |        |                                     |        |       |       |        | 680 69  |          |            |
|       | to 13.6.19 - 21.6.19 - 8 days @ 4%    | 93 58   |        |                                     | 58 39  |       |       |        |         |          |            |
| Aug   |                                       |         |        | AR 6268. ecc. 2.7.19 (End)          | 9 73   |       |       |        | 670 96  |          |            |
| Sept  |                                       |         |        |                                     | 9 73   |       |       |        |         |          |            |
|       |                                       |         |        | Forfeit 3 days pay & awarded 3 days |        |       |       |        |         |          |            |
|       |                                       |         |        | 28 #1                               |        |       |       | 660    | 664 36  |          |            |

1056 band 3/7 last 96

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

D.A. H  
O.G. 1  
22.5.42

1. No. 412056

2. Rank. Pte.

3. Name. Kennedy, Peter

4. Unit. 2/nd Battr.

5. Date of Discharge July 12/19 Place Kingston on

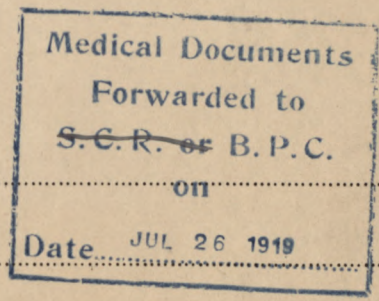
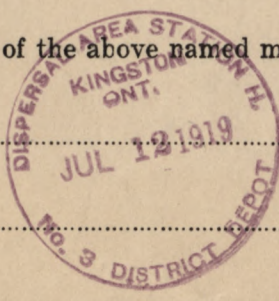
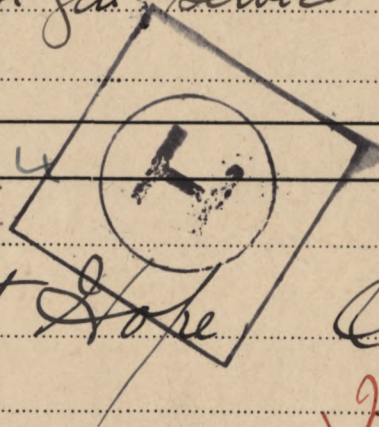
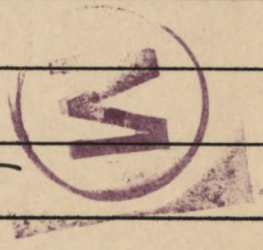
6. Reason for Discharge  
DEMOLIZATION  
Med. unfit for Gen. Service R.O. 1894

7. Authority. R.O. 1894

8. Proposed Residence after Discharge  
Port Hope Ont. 25.5.42

9. CERTIFICATE TO BE SIGNED BY SOLDIER.  
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  
M. F. W. B39  
Kennedy, P.  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.  
Place.....  
Date.....  
Signature..... Sidney Kelly H  
(O. C. Discharging Unit.)



H

PROCEEDINGS ON DISCHARGE  
(Continuation)

|                                       |             |
|---------------------------------------|-------------|
| 1. No.                                | 415075      |
| 2. Name                               | Pt          |
| 3. Grade                              | Private     |
| 4. Component                          | 1st Cavalry |
| 5. Date of Discharge                  | 10/1/54     |
| 6. Reason for Discharge               | RETIRED     |
| 7. Authority                          | Retired     |
| 8. Proposed Residence after Discharge | Retired     |

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the indicated place and date I received my discharge Certificate

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

Date  
Place

(Signature)

LIST OF DISCHARGE DOCUMENTS

|                              |                              |
|------------------------------|------------------------------|
| Medical History Sheet        | Medical History Sheet        |
| Proceedings of Medical Board | Proceedings of Medical Board |
| Special History Sheet        | Special History Sheet        |
| Medical Report               | Medical Report               |
| Regimental Conduct Sheet     | Regimental Conduct Sheet     |
| Company Conduct Sheet        | Company Conduct Sheet        |
| Final Report                 | Final Report                 |
| Medical History Sheet        | Medical History Sheet        |
| Proceedings of Medical Board | Proceedings of Medical Board |
| Special History Sheet        | Special History Sheet        |
| Medical Report               | Medical Report               |
| Regimental Conduct Sheet     | Regimental Conduct Sheet     |
| Company Conduct Sheet        | Company Conduct Sheet        |
| Final Report                 | Final Report                 |
| Medical History Sheet        | Medical History Sheet        |
| Proceedings of Medical Board | Proceedings of Medical Board |
| Special History Sheet        | Special History Sheet        |
| Medical Report               | Medical Report               |
| Regimental Conduct Sheet     | Regimental Conduct Sheet     |
| Company Conduct Sheet        | Company Conduct Sheet        |
| Final Report                 | Final Report                 |
| Medical History Sheet        | Medical History Sheet        |
| Proceedings of Medical Board | Proceedings of Medical Board |
| Special History Sheet        | Special History Sheet        |
| Medical Report               | Medical Report               |
| Regimental Conduct Sheet     | Regimental Conduct Sheet     |
| Company Conduct Sheet        | Company Conduct Sheet        |
| Final Report                 | Final Report                 |

**LIST OF DISCHARGE DOCUMENTS.**

|  |                                     |
|--|-------------------------------------|
| Attestation Paper, Triplicate.....                       | Militia Form W. 23                  |
| or Particulars of Recruit.....                           | Militia Form W. 133                 |
| Field Conduct Sheet.....                                 | Militia Form W. 178 or A.F.B. 122   |
| Casualty Form.....                                       | Militia Form W. 54 or A.F.B. 103    |
| Last Pay Certificate.....                                | Militia Form W. 44                  |
| Certificate that missing documents are unobtainable..... |                                     |
| Medical History Sheet.....                               | Militia Form B. 313 or A.F.B. 178   |
| Proceedings of Medical Board.....                        | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet.....                                | Militia Form B. 465                 |
| Medical Report.....                                      | M. F. W. 129 or D. M. S. 1375       |
| Regimental Conduct Sheet.....                            | Militia Form B. 263                 |
| Company Conduct Sheet.....                               | Militia Form B. 263a                |



IV

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# THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Elson DATE 27 MAY 1919

1. (g) Unit 1st Can Unit Wks Co (b) Regimental No. 412056 (c) Rank Pte  
 (d) Surname KENNEDY (e) Christian name Peter  
 (f) Home address Port Hope Ont  
 (g) Next of Kin Mrs Jas Mc Mahon (h) Relationship Sister  
 (i) Address of Next of Kin Port Hope Ont  
 2. Age last birthday Forty-seven Date of birth May 24, 1871  
 3. Enlistment, or Appointment (if an Officer) (a) Place Port Hope Ont (b) Date April 19, 1915  
 4. Personal description:  
 (a) Height 5'7" (b) Weight 140 (Est) (c) Complexion Dark  
 (d) Colour of hair Gray (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattooed initials on right hand  
 5. Former trade or occupation Fireman

|   |       |      |
|---|-------|------|
| 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 |
|   | 3     | 330  |

| Soldier's Statement             | PERIODS          |           |
|---------------------------------|------------------|-----------|
|                                 | From             | To        |
| Canada                          | ① April 19, 1915 | June 1915 |
|                                 | ② June 1915      | Jan 1917  |
| England                         | ③ June 1915      | Jan 1915  |
|                                 | ④ July 1915      | June 1916 |
| France or other theatres of War | ⑤ Jan 1917       | Dec 1918  |

7. Original disease, or injury (a) M. YALGIA (b) SIMPLE FRACTURE, RIGHT RADIUS  
 (a) Date of origin (a) OCT. 1915 (b) Place of origin (a) ENGLAND  
 (c) Cause (a) INFECTION & EXPOSURE (b) ENGLAND  
 (c) ACCIDENTAL FALL  
 I AM SATISFIED  
Kennedy

BOARD CONFIRMED  
 Kingston  
 12-7-19  
 R.M. Johnson Major  
 [Signature]

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.)

(a) MYALGIA.

Pain across small of back.

(b) OLD FRACTURE, RIGHT RADIUS.

Moderate weakness in right forearm.

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.)

Objective: (a) No tenderness or pressure over the lumbar vertebrae.

Nothing ascertained on examination.

(b) Fracture of the radius in its distal third, no fully united repair. Position a slight bony protuberance can be felt, making the styloid process of the radius slightly larger than normally. Elbow, wrist and hand movements complete.

Subjective: (a) Complains of pain across the back in cold or wet weather. Swells in dry and warm weather.

(b) Cannot do heavy lifting yth with the right hand. Rte hand suffers from cold.

(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).)

States: First felt the pain in his back in Oct. 1915. Went to France in Nov. 1915 and carried on in a combatant unit until June 1916. Was wounded "15" category on account of myalgia in June 1918, and went to France in a labor unit. While on leave in December, 1918, he fell, fracturing his wrist. He never reported his myalgia while in hospital, and he had no treatment for it.

M. H. A. Endell St. M. H. 9/12/18 to 25/1/19 Fract. Radius. Rt.

M. C. H. Epsom, since 25/1/19. Ro. Healed in good alignment.

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).)

*slightly wounded in neck and Right leg in June 1916. Arm healed fully, leaving no scars*  
*Mr. H. A. Mason, 7 Falkstone, 18/6/16 to 24/7/16, A-60, Head & leg, Fractured, Rejoined*  
*A.M. Hosp., 21/7/16 to 29/8/16, Do, V.A.C.C.A.C.*

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

11.—(a) Did the disabling condition have its origin before enlistment? (a) no, soldier's statement (b) 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.)

*na.*

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

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? *3 months (a + b)*

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

*(b) 750 weeks massage for right forearm*  
*(a) no treatment for myalgia, as he never reported having it.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no. (a + b)*  
(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. *nil.*

*Amosket, Cond. Comm.*  
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, *P. Kennedy* 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

.....

*P. Kennedy* Rank *Private*  
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.

We concur and agree with the opinion of the medical officer  
X-ray report attached

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, ( " B) (Yes or No.) BT
- (c) Home service (Canada only), ( " C) (Yes or No.) NA
- (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.)

Boarded for return to Canada - authority A.S.  
Telegram 9883 11.11.18.

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 *Ypres* *J. Macdonald* President.  
 DATE *29 MAY 1919* *Macdonald* 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 *[Signature]*  
 Assistant Director of Medical Services.  
 DATE *29-5-19*

APPROVED BY *[Signature]*  
 ASSISTANT DIRECTOR OF MEDICAL SERVICES,  
 CANADIANS, LONDON AREA.  
 Director-General of Medical Services.  
 MAY 31 1919  
 18, BERNERS ST. LONDON, W.1

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

M. OR S. REGT. No. 412056 RANK Pt NAME (IN FULL) Kennedy, Peter

39th Batten

Peter Kennedy

19-4-15

Nil

3 P.O. Post Hope Ont.

Kingston 13-7-19 Demol

| MONTH                 | PAY AND F.A. |      | OTHER CREDITS |    | TOTAL CREDITS |    | ACQUITTANCE ROLLS |            |            | CASH PAYMENTS |            |            | ASSIGNED PAY |    | REGIMENTAL CHARGES |    | OTHER CHARGES |    | TOTAL DEBITS |    | BALANCE |    | PARTICULARS OR REMARKS |     |      |     |      |     |   |  |    |    |    |
|-----------------------|--------------|------|---------------|----|---------------|----|-------------------|------------|------------|---------------|------------|------------|--------------|----|--------------------|----|---------------|----|--------------|----|---------|----|------------------------|-----|------|-----|------|-----|---|--|----|----|----|
|                       | NO. OF DAYS  | RATE | AMOUNT        |    | \$            | C. | COL. NO. 1        | COL. NO. 2 | COL. NO. 3 | COL. NO. 1    | COL. NO. 2 | COL. NO. 3 | \$           | C. | \$                 | C. | \$            | C. | \$           | C. | \$      | C. |                        |     |      |     |      |     |   |  |    |    |    |
|                       |              |      | \$            | C. |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        | NO. | DATE | NO. | DATE | NO. | DATE  | \$   | C. | \$ | C. |
| July                  | 18           | 110  | 19            | 80 | 35            | 70 | 674               | 09         | 674        | 09            | 124        | 80         | 9            | 73 | 9                  | 87 | 779           | 29 | 5            | 50 | 798     | 89 | 5                      | 50  | 5    | 50  | 674  | 09  | Returned Emp. of British<br>Bal. per Eng L. of U.,<br>Clothing Allow. and 1st Payment W. S. G.<br>Pay to Estimate date of discharge.<br>Advances in England.<br>Bout Money, 10/11/19<br>Overpaid 5 days on disch. |  |    |    |    |
| War Service Gratitude |              |      |               |    |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   |  |    |    |    |
| 183                   | Days         | Min  | 420           | 00 | 420           | 00 |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   | W.S.G.<br>1st payt W.S.G. as above<br>Dr Bal |    |    |    |
| Aug 1/19              |              |      |               |    |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   |  |    |    |    |
| Sept 9/19             |              |      |               |    |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   |  |    |    |    |
| Oct 11/19             |              |      |               |    |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   |  |    |    |    |
| Nov 7/19              |              |      |               |    |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   |  |    |    |    |
| Dec 8/19              |              |      |               |    |               |    |                   |            |            |               |            |            |              |    |                    |    |               |    |              |    |         |    |                        |     |      |     |      |     |   |  |    |    |    |

