

*Depend*

ATTESTATION PAPER.

No. 1033045

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *O'Donnell*
- 1a. What are your Christian names?..... *John Joseph*
- 1b. What is your present address?..... *3 Rottenburg St. Halifax, NS*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Halifax, NS*
- 3. What is the name of your next-of-kin?..... *Annie O'Donnell*
- 4. What is the address of your next-of-kin?..... *3 Rottenburg St. Halifax, NS*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *Feb. 11<sup>th</sup> / 1880*
- 6. What is your Trade or Calling?..... *Teamster*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *9 years 16<sup>th</sup> Regt.*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *June 26* 191*6*. *John J. O'Donnell* (Signature of Recruit)  
*Ernest O'Connor* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John J. O'Donnell*, 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 *June 26* 191*6*. *John J. O'Donnell* (Signature of Recruit)  
*Ernest O'Connor* (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 *Halifax NS* this *26* day of *June* 191*6*.  
*Ernest O'Connor* (Signature of Justice)

*John J. O'Donnell*  
*City and County of Halifax NS*

887th BATTALION  
Description of John J. O'Donnell on Enlistment.

Apparent Age 36 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. 8 ins.

Chest measurement. { Girth when fully expanded ..... 39 ins.  
Range of expansion ..... 3 1/4 ins.

Complexion Russet

Eyes Brown

Hair Brown

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

**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 June 26 1916 John J. O'Donnell Capt R.C.M.C.

Place Halifax N.S. 237 05 237 Bn C.E.F. 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.**

John Joseph O'Donnell 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 June 26 1916 [Signature] (Signature of Officer)  
for 00232105100EF

REGIMENTAL DOCUMENTS

*Att. 30/9/19*

NAME *O'DONNELL John Joseph* REGT. NO. *1055845* UNIT *97th Bn* H. Q. FILE NO. \_\_\_\_\_

*9*

**CONTENTS**

DATE RECEIVED

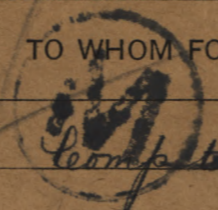
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 3 MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



*9-1-20*

*P.O. to Spec 1536*

*48*  
Category

*Deceased*

DISCHARGE

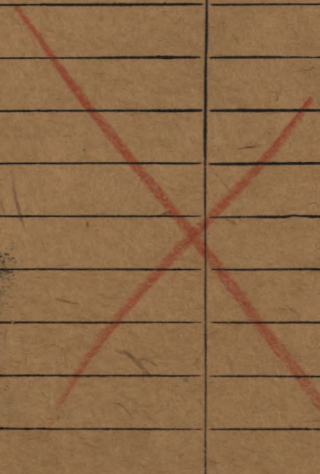
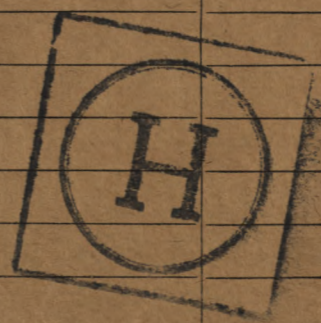
Category

DESERTION

*33-29*  
*19-30*  
*11-30*

**01840**

*1 Doc S.F. 10*



7422

Original

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas; for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 237th. O.S.-Batt.-C.E.F.

(2) Regimental Number... 1033045

(3) Full Name of Soldier... John Joseph O'Donnell

(4) Place of Birth... Halifax.-N.S.

(5) Are you married, or not? ... Yes

(6) If married, state, Anastasia O'Donnell

(a) Full name of your wife.....

(b) Present Postal Address..... 3, Beethovenburg St.-Halifax-N.S.

(7) Are you a widower? .....

(8) Have you any children? ... Yes two

If so, give number of boys and girls... 1 boy, 1 girl

Also their names and ages... John 2 years old  
Dorothy 12 " "

(9) Is your Father alive?..... **NO** .....

If so, state name and address .....

(10) Is your Mother alive?..... **Yes** .....

**Rachael O'Donnell**

**22 Queen St.-Halifax-N.S.**

If so, state name and address.....

(11) If your Mother is a widow..... **Yes** .....

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

**Yes**

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

*E. Hammett Major*  
.....  
Officer Commanding.

Date.....  
**6th. 5. pt. 1916.**

O'Donnell, Pte. <sup>John</sup> J. J., <sup>1033045</sup> #1033045, 97th Bn. 649-0-4711.

*Not Elig. for 14/15 Star.*

*AM* #6

MEDALS & DECORATIONS. (Widow) Mrs. A. O'Donnell,  
93a St. John Ave.,  
South Common,  
Halifax, N.S.

PLAQUES & SCROLLS. (Widow) Mrs. A. O'Donnell <sup>8829</sup>  
Address as above.

MEMORIAL CROSSES. (Widow) Mrs. A. O'Donnell,  
Address as above.

&  
(Mother) Mrs. R. O'Donnell,  
~~Morgan Street,~~  
Sydney, C.B.

Desp. JUN 9 1920 *610735*  
Desp. JUN 9 1920 *610734-77-9-10 P.T.O.*

W.  
W.

Ms. Rachel O. Donnell (M)  
24 Queen St.  
Halifax N.S.

DESPATCHED ~~X487~~ <sup>25</sup>/<sub>8</sub> / 20. *W/W*

(M.) cross Reld 20 <sup>7</sup>/<sub>20</sub>  
not known at address.

✓ ✓ ✓ *Pte.*  
O'Donnell John Jos. ~~Sgt.~~ *form.* 649-0-4711.  
#1033045 97th *En*

*6th Res. Bu.*

Meds. & Decs. Widow Mrs. Annatisue O'Donnell  
93 St. John Ave.,  
South Common,  
Halifax N.S.

P. & S. Widow Same as above.

Mem. Cross Widow Same as above.  
Mem. Cross Mother Mrs. Rachel McDonald  
Morgan Street,  
Sydney N.B.

*not elig. for star.  
" " " V.M.  
inf. Elig. " B.W.M.*

*B-*

759

M  
W

45-330

FEB 15 1921

45-331

FEB 15 1921

FD-N. 2.  $\frac{20}{21}$

Number 1033045 Rank Pte

Surname O'DONNELL

~~B~~

Christian Name John Joseph

Units C. O. R. Theatre of War England

Date of Service 25-9-16.

Remarks Widow <sup>D</sup>

Latest Address Mrs A. O'Donnell  
93<sup>a</sup> St. John Ave.

Roll No *a Page 1231* South Commo.  
Halifax, N. S.

No

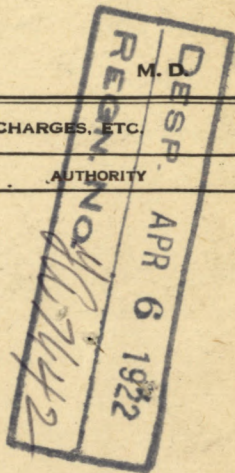
RANK

NAME

T. O. S.

UNIT

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.  PARTICULARS	AUTHORITY



1/4

SURNAME. *O'Donnell*

649-0-4711

6 / CARD NO. ✓

CHRISTIAN NAMES

*John, Joseph*

S.O.S. (Deceased) 1-11-196

REGL. NO.

*1033 1045*

RANK

*Pte.*

FOLL.

*003087 4-11-19-600*

UNIT

~~*231<sup>th</sup>*~~ *97<sup>th</sup>*

*Bw.*

FORMER CORPS

*9 years 66<sup>th</sup> regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*O'Donnell, Mrs. Annie*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

~~*3 Rottenburg St., Halifax*~~

*93 A St. John Ave.,*

*N.S.*

*(auth. Sel 2/11/19)*

COUNTRY OF BIRTH

*Canada Halifax, N.S.*

DATE

*Feb 11<sup>th</sup> 1880*

PLACE OF ATTESTATION

*Halifax, N.S.*

DATE

*June 26<sup>th</sup> 1916*

*Sailed from Halifax Per*

*BC/C 14-12-18 232*

L. L. 94504. M. & D. 6512

*S.S. "Olympic" 18-9-16 539/14*

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Steamster

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

36

YEARS

-

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Halifax, N.S.

DATE

June 26<sup>th</sup> 1916

Present Address

3 Rottenburg St., Halifax, N.S.

No. 10 33045 RANK Pte.

NAME O'Donnell J. J.

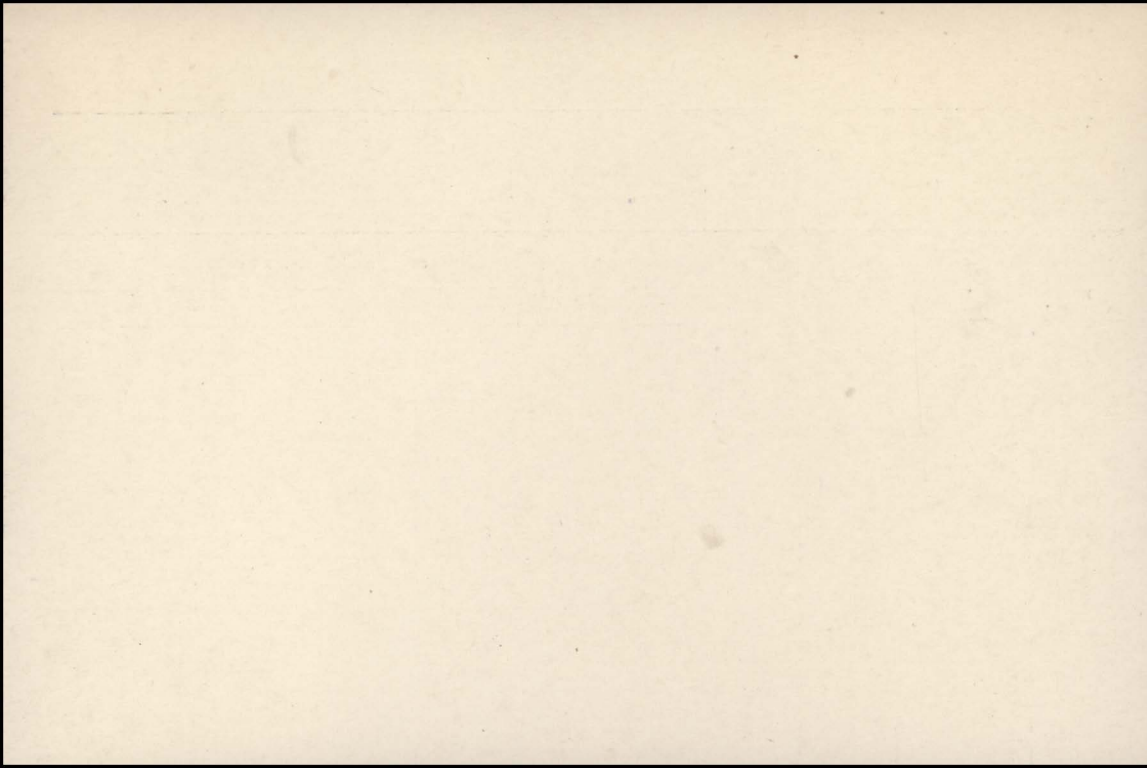
T. O. S. 16 - 6 - 16. UNIT 97th. Battalion C. E. F.  
Sept. Paylist.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Sept. 16.	1916. Sept. 30.	7.		

UNIT SAILED

SEP 18 1916



No 1033045 RANK

Plt.

NAME

O'Donnell John J.

T. O. S. 26-6-16  
(DOB of 28-6-16)UNIT 237<sup>th</sup> Battalion C. E. F.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
June 26	June 30	✓		
July		✓		
Aug		✓		
Sep. 1	Sep. 15	7.	Transfd to 97 <sup>th</sup> of S. Bu. 15-9-16	DD 231 of 15-9-16



*Temporary*  
**Casualty Form—Active Service.**

Regiment or Corps 97 Bu. CEF  
 Rank Pte Surname O'Donnell Christian Name John Joseph  
 Religion R.C. Age on Enlistment 36 years  months.  
 Enlisted (a) 26/6/16 Terms of Service (a) 10 yr. Service reckons from (a) 26/6/16.  
 Date of promotion to present rank  Date of appointment to lance rank   
 Extended {  } Re-engaged {  } Qualification (b) Seaman  
 or Corps Trade and Rate

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked .....			
		Disembarked .....			
<u>29/11/16</u>	<u>R.C. 6th Reserve Battalion</u>	<u>Transferred from 97th Bu</u>	<u>Seaford</u>	<u>31/10/17</u>	<u>PT II 100 185</u>
<u>17.1.18</u>	<u>R.C. 7th Reserve Battalion</u>	<u>Transferred to 7th Reserve having been categorised B II</u>	<u>Seaford</u>	<u>16.1.18</u>	<u>PT II 100 14</u>
<u>12.1.18</u>	<u>R.C. 7th Reserve Battalion</u>	<u>Attached from 7th Reserve.</u>	<u>Seaford</u>	<u>16.1.18</u>	<u>PT II 100 14</u>
<u>26.1.18</u>	<u>R.C. 7th Reserve Battalion</u>	<u>PT II 100 14 of 17.1.18 is hereby cancelled</u>	<u>Seaford</u>		<u>PT II 100 22</u>
<u>16/2/18</u>	<u>R.C. 6th Res.</u>	<u>S.O.S. 7th Res &amp; S.O.S. 6th Res</u>	<u>Seaford</u>	<u>15/2/18</u>	<u>PT II 100 10</u>
<u>18/3/18</u>	<u>R.C. 6th Res.</u>	<u>S.O.S. 6th Res Bu &amp; Attached from Co. R.N.</u>	<u>Seaford</u>	<u>18/3/18</u>	<u>PT II 100 65</u>

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
20.11.18.	CORP.	Attached Depot Coy	Witley	19.11.18.	D-0-288
9-12-18	CORP. D. No. 689	Canada	Witley	9-12-18	D-0-300 303
					and setting
7-12-18	Sailed for	Canada			Lieut. i/o Records, East Ont. Regt. Depot.
8-12-18	O'neal	TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT	Halifax	20-12-18	
14-12-18		Posted to Casualty Coy.			CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT
20/1/19	Cas. Coy	Posted to administrative Staff, Casualty Company	Halifax		
					ADJUTANT NO. 6 DISTRICT DEPOT
		Promoted "Corporal" with P.C.A. while employed on Admin Staff Cas. Coy as from 20.2.19 to complete establishment			
					Lieut. Officer i/o Records No. 6 D D

TLH. Rank \_\_\_\_\_ Name **O'DONNELL, John Joseph,** Reg'l No. **1033045.**  
 Unit **97th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married.**  
 Place and Date of Enlistment **Halifax, N.S. June 26th. 1916.** Place of Birth **Halifax, N.S.**  
 Name and Address, Next-of-Kin **Annie O'Donnell,**  
**3, Rottenburg St., Halifax, N.S.** Relationship **Wife.**

*MX*  
*9/2/21 mJ*

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. No. **8684**  
 File R.L. \_\_\_\_\_  
 Category **R. CAN**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd. - 7165-16

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.					
		<b>Arrived in England S.S. Olympic</b>			<b>25-9-16</b>	<i>Entry published for 97<sup>th</sup> Bn. as it was absorbed by RCR, POCX 9 Sept.</i>
6-1-17	7 <sup>th</sup> Res Bn RCR	S.O.S. (of 97 <sup>th</sup> Bn) to RCR, POCX 200		Seaford	31-10-16	PTII DO. 6
29-11-16	POCX 9 Dep.	T.O.S. from 97 <sup>th</sup> Bn		Seaford	31-10-16	PTII DO. 188
17-1-18	7 <sup>th</sup> Res Bn.	Posted to 7 <sup>th</sup> Att <sup>d</sup> from, EOR Dep.	Plt	"	16-1-18	" 14 EORD. PTII DO 22 d/22-1-18
26-1-18	7 <sup>th</sup> Res Bn.	PTII DO 14 d/17-1-18 is cancelled	Plt	"		" 22
12-3-18	EOR Dep.	PTII DO 22 d/22-1-18 & POCX 52 d/21-2-18 are cancelled	Plt	"		" 71
16-2-18	6 <sup>th</sup> Res Bn	Posted from 7 <sup>th</sup> Res Bn	Plt	Seaford	15-2-18	" 40 (7 <sup>th</sup> Res absorbed)
18-3-18	"	Posted to 7 <sup>th</sup> Att <sup>d</sup> from, EOR Dep	Plt	"	18-3-18	" 65 EORD. PTII 79 d/20-3-18
19-11-18	"	Ceases att <sup>d</sup> from EORD.	Plt	Witley	19-11-18	" 272 E.O. RD DO 288 720-11-18
9-12-18	EORD	S.O.S. to C. O. of Canada	"	"	7-12-18	" 304.



## CANADIAN ARMY DENTAL CORPS.

## DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 1033045\* NAME O'Dona & J. RANK Pfc UNIT 97 Bn.

Date of Examination	27/11/18
Present Dental Condition	Unfit
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	Yes
Has he ever declined Dental Treatment?	No
Recommendation	Partial Upper Plate

Date 27/11/18

Station Witley

Signature of Examining Officer *P. H. Ross* Capt.  
C.A.D.C.

\* Name should be entered in block letters.

ARMY DENTAL CORPS

GENERAL CERTIFICATE

This form will be filled out by the dentist in charge of the dental clinic or hospital to which the patient is referred for treatment.

10.8.47

Name of patient	[Faint handwritten text]
Age	[Faint handwritten text]
Sex	[Faint handwritten text]
Rank	[Faint handwritten text]
Service	[Faint handwritten text]
Regiment	[Faint handwritten text]
Address	[Faint handwritten text]
Remarks	[Faint handwritten text]

C.A.D.C.

Signature of Examining Officer

This form is to be filled in by the dentist

104665

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Ottawa Oct 10 1916

No. 1633090 Rank. Pte Name. O'Donnell J.H.

Local Unit. 97 URM Overseas Unit. \_\_\_\_\_ Age 18

Examination held at. 6th Bde.

DISABILITY.  
Overseas—Local.  
(scratch one out)

under age

PRESENT CONDITION.

Boyo Butin

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty..... yes
- 5. Discharge.....

APPROVED

CAPTAIN, C.M. 1915, FOR C.O. OF R. & O., FOR  
BRIGADIER GENERAL  
COMMANDING  
CANADIAN TRAINING DIVISION.

Signatures:—

W. B. Butler Capt. President.

Members

Thos Morrison Capt.

APPROVED

Dated at 11 OCT 1916 1916 S. Walker

For A.D.M.S.

Dated at CC1 1919

APPROVED

Members

President

Signatures

- 2 Discharge
- 4 Fit for Permanent Base Duty
- 3 Fit for Temporary Base Duty weeks
- 5 Fit for duty after weeks, physical training
- 1 Fit for Duty

BOARD RECOMMENDS

PRESENT CONDITION

(operator one out)  
Overseas - Local  
DISABILITY

Examination held at

Local Unit

Overseas Unit

Age

No

Rank

Name

Dated at

1919

PROCEEDINGS OF A MEDICAL BOARD



**HOSPITALS****DATE****DIAGNOSIS**

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

No. 6 DISTRICT DEPOT

DUPLICATE

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44  
154 (D.P.) 150M-2-19.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 1033045 Rank Private Name O'Donnell, J.J.  
(Surname first)  
Unit 97th. Battalion who was\* Transferred  
On 1-11-19 191... to Estate Branch.  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-19 to 30-11-19 191...  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... 30..... days at \$. 1.....c.....		3000
Field Allowance..... 30..... days at \$. .....c. 10.....		300
Separation Allowance ..... November.....		3000
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits ... Ck. 844 \$7.00 Ck. 8335 \$6.00 Ch. 7458 \$15.00 Reposited.....		2890
Advances ..... Ck. 844.....	7 00	
Separation Allowance and Assigned Pay Cheque No. Ck. 8456 November.....	30 00	
*Other Charges.....		
Balance on transfer or on discharge, cheque No. Cr. Balance.....	54 90	
Total.....	91 90	91 90

\*Give particulars.

A monthly stoppage of \$ 15.00 (+) has been paid Bann paid (‡) been paid on account of  
Assigned Pay for the month of October 1919 }  
and Separation Allee. for month of November 1919 } (to) Assignee Mrs. A. O'Donnell  
(Address) 93-A St. John Avenue S. Commons, Halifax, N.S.  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment. This soldier died 1-11-19 Camp Hill hospital Halifax, N.S. married or single Married  
(2) Separation Allowance, entitled or not..... (3) Reason for discharge D.O. 308  
(4) Authority for discharge or transfer.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer,  
or soldier.

Date November 20th. 1919.....

Place Halifax, N.S.....

*[Signature]*  
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

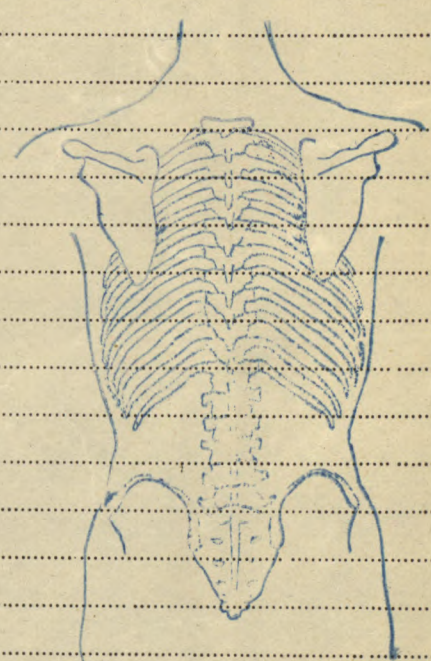
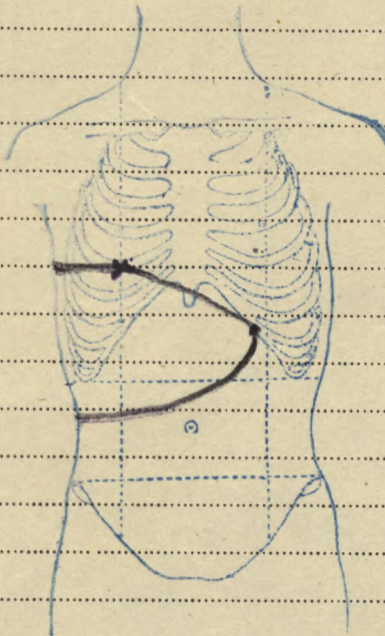


# CASE HISTORY SHEET.

Camp Hill Hospital. Halifax NS Station.  
 No. 1033045 Rank Sgt Name O'DONNELL Age 41  
 Unit G.D.D Completed years of service 6 1/2 Where and how long E 18/12. 7 15/12.  
 Date of admission 11-10-19 Date of discharge \_\_\_\_\_  
 Diagnosis HYPERTROPHIC CIRROSIS OF LIVER. Place of origin Hx Algeria.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

26-10-19

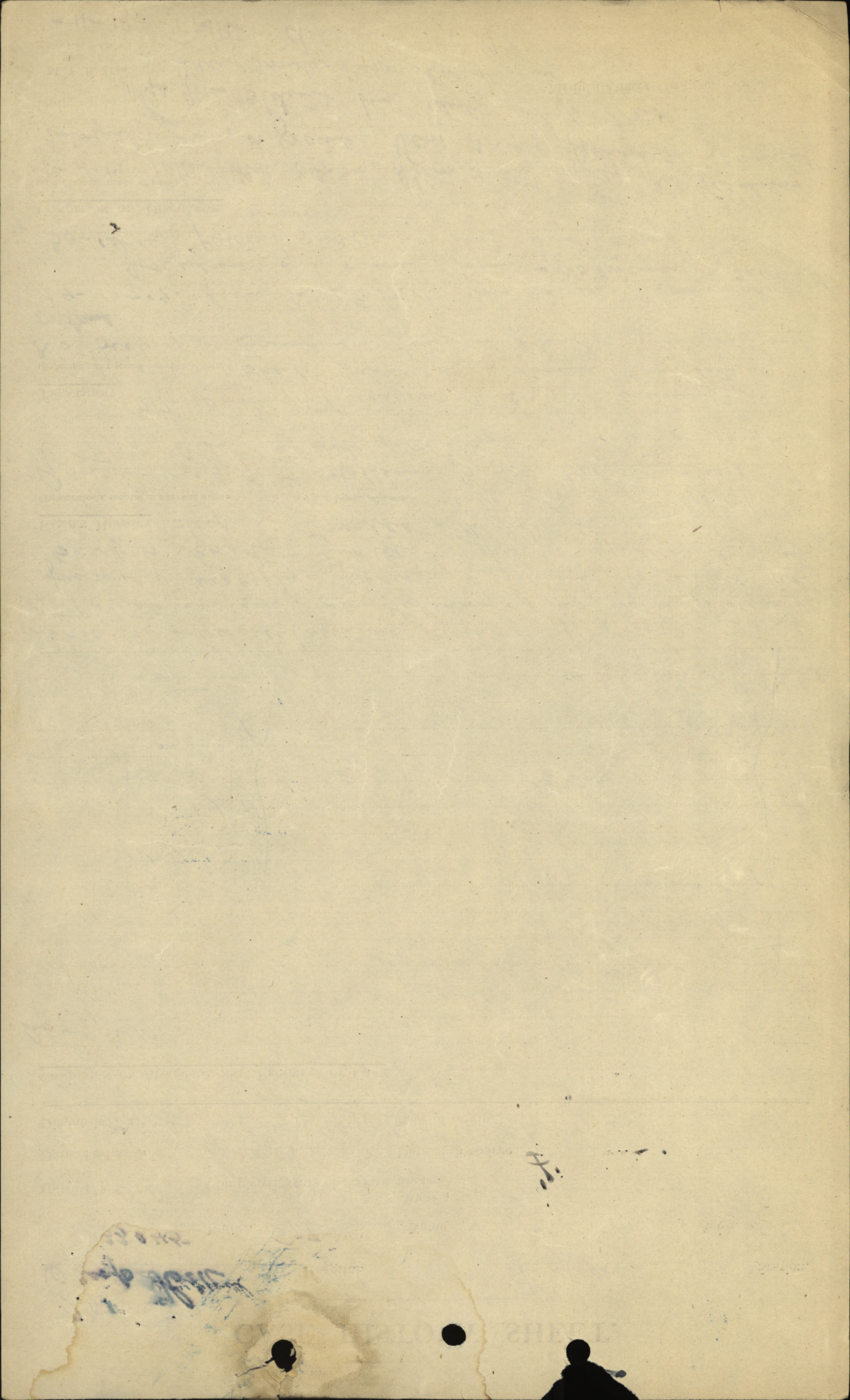


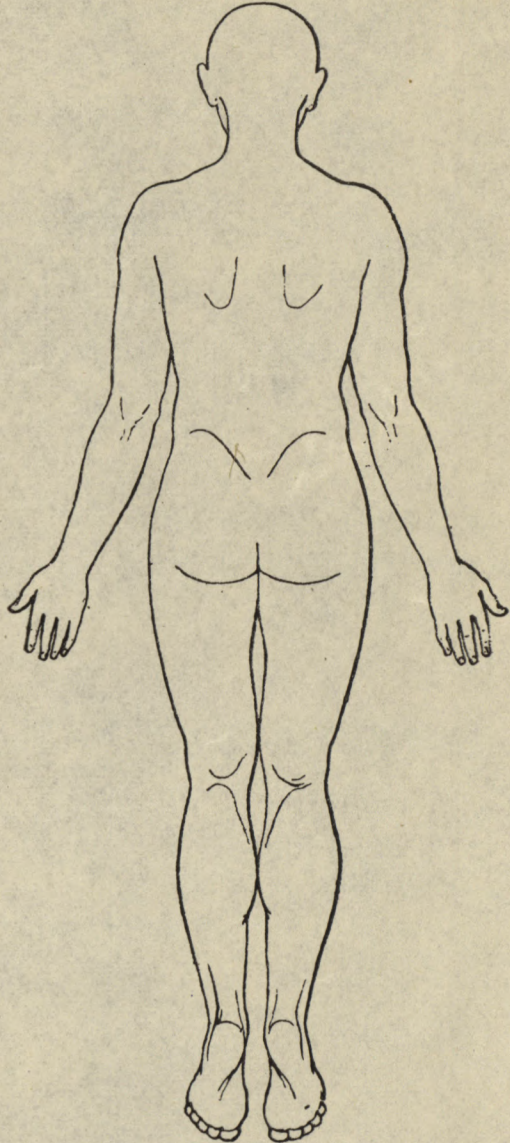
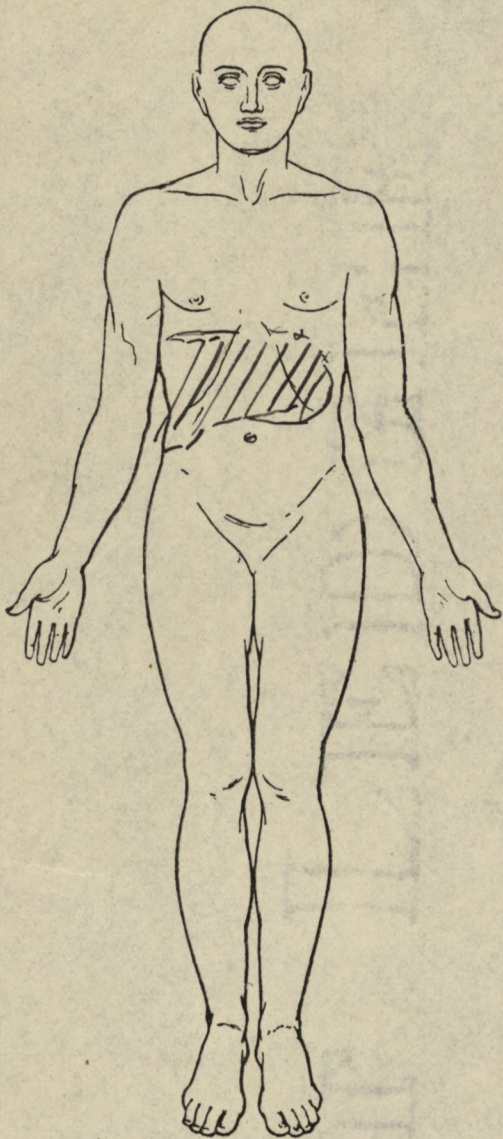
26-10-19. Liver dullness as above.  
Patient Cachectic, with yellowing of conjunctiva. Tongue  
furred. Anorexia. Distress in abdomen, occasionally pain  
sharp in character. Requires Morphine hypodermically for  
Sleep. Troubled with Hiccough.  
Wassermann Rept this date Negative  
Quin Calmet & Co yellowed & Seidlitz powder.  
Two Clay Colored stools.

TREATMENT 27-10-19. PT Required Morph 5/16 during Night.  
(Especially any specific or special form.) Sharp pain in abdomen from today.  
No Hiccough. Tended. Fluid in flanks. Seidlitz powder  
ordered.

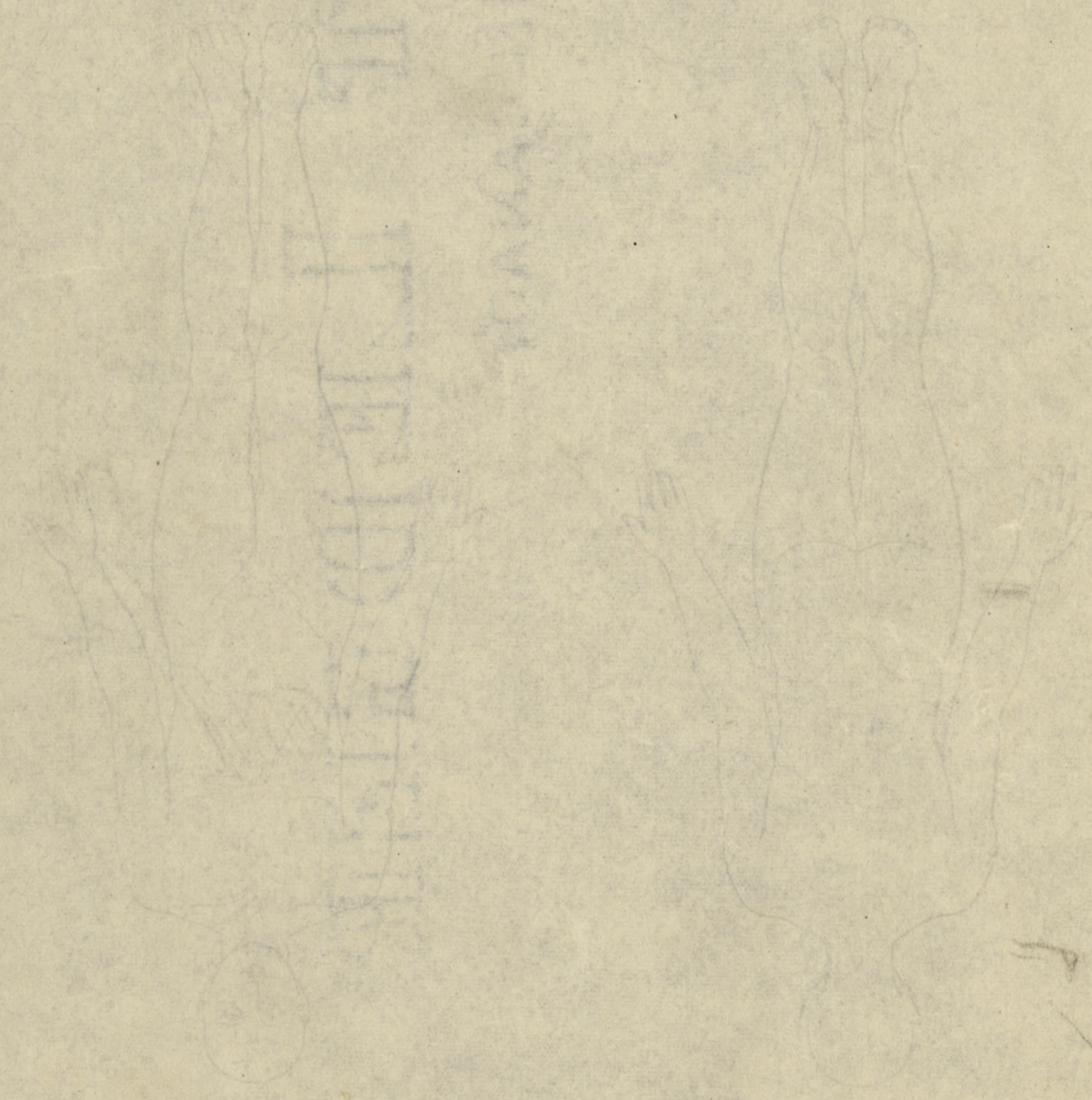
29-10-19. seen by Dr Birt, who advises Examination  
of Rectum for primary focus. - No evidence on examination  
30-10-19. paracentesis Abdom - 2 oz Bile Colored fluid

CONDITION ON DISCHARGE. Removed.  
(and disposal made of case.)  
1-11-19. Patient Weak. pale poor. Abdom greatly distended. No glandular  
enlargement. Nodules or growths. Very much jaundiced Generalized  
 Date Wife gives statement that patient Lt. Murray Medical Officer i/c case. Major  
a Heavy drinker Before admission. Col. Mc  
1-11-19. Patient died at 7 P.M.





THE GREAT  
TERRIBLE  
MOUNTAIN







# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps \_\_\_\_\_ Hospital Station Cadip Hill  
 No. 1033045 Rank and Name Sgt. O. Howell Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of Admission 11-10-14 Date of Discharge \_\_\_\_\_ Result \_\_\_\_\_ Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation	Days of Disease																														
	17			18			19			20			21			22			23			24			25			26			
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME		
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	
107°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
106°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
105°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
104°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
103°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
102°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
101°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
100°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
99°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
98°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
97°	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	8.6	8.4	8.2	
Pulse per Minute	80	80	78	84	86	80	84	80	84	80	84	80	84	80	84	80	84	80	84	80	84	80	84	80	84	80	84	80	84	80	
Respirations per Minute	24	20	24	24	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
Motions																															

Signature L. A. Murray Major In charge of case.

2000000

1000000

80  
80  
80

54  
57  
59

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

Date of Admission

Date of Discharge

Room

Case No.

Age

Name

Sex

Color

Hospital

(Do not write in case book unless directed)

СГІІІСУГ СНАІІ

# FORM OF WILL

I, **John Joseph O'Donnell**.....(Name in full)

Regimental Number...**1033045**.....serving in **97th O.S. Bn.**.....

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

### bequeath

I ~~devise~~ all my real estate unto

.....**None.**.....  
.....  
.....

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

.....**Mrs. Annatisue O'Donnell.**.....  
.....**3 Rottenburg St.,**.....  
.....**Halifax, N.S.**.....

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

this **14** day of **September** A.D. 191 **6**

This must be signed and Dated by THE SOLDIER HIMSELF.

**John Joseph O'Donnell.**.....Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness **J.F. Falconer.**.....

Address of Witness **"Craigburn" N.W.A. Halifax, N.S.**.....

THE TWO WITNESSES

Occupation of Witness **Bank Clerk.**.....

MUST SIGN HERE

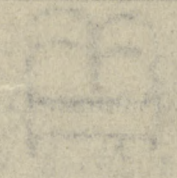
Signature of Second Witness **James E. Smith.**.....

Address of Witness **No. 11 Lady Hammond Rd., Halifax, N.S.**.....

Occupation of Witness **Baker.**.....

I hereby certify that this document is a true copy and document now in possession of this office.  
*Old Mortars 21-*  
*for Director Military Service*  
DEC 9 1919

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ANN ARBOR, MICHIGAN





MEDICAL HISTORY SHEET.

Surname O'Donnell Christian Name Jas. Henry

Examined { on 10 day of July 1916  
at Halifax  
Birthplace { City or Town Halifax  
County N.S.

Approved by Joseph A. McKee  
Rank Capt MC M.O.

Apparent age 18  
Trade or occupation Driver  
Height 5 Feet 3 Inches.  
Weight 125. Lbs.  
Chest measurement { Minimum 30 inches.  
Maximum expansion 3 inches.  
Physical development Good  
Small-Pox Marks None

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 2  
Number 2

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last 1912  
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

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

Enlisted on 10 day of July 1916 at Halifax, N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>237th Bn</u>	<u>1033090</u>		<u>July-10-14</u>
Transferred to	<u>97th Bn</u>	<u>1033091</u>		
	<u>R.C.R. &amp; P.P.C.U.I.</u>	<u>1033090</u>		<u>OCT 31 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Halifax</u>	<u>Oct 1 1916</u>	<u>Wound</u>	<u>Discharged</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.



1033045

# MILITARY SERVICE ACT, 1917.

## MEDICAL HISTORY SHEET.

**IMPORTANT.**—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname O'Connell Christian name \_\_\_\_\_
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the \_\_\_\_\_ day of \_\_\_\_\_ 1917, by the undersigned medical board sitting at \_\_\_\_\_

5. Age as stated \_\_\_\_\_ Years \_\_\_\_\_ Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months

7. Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches. 8. Weight \_\_\_\_\_ Pounds.

9. Chest measurement { Minimum \_\_\_\_\_ Ins. Maximum \_\_\_\_\_ Ins. 10. Complexion \_\_\_\_\_ { Eyes \_\_\_\_\_ Hair \_\_\_\_\_

11. Physical development. \_\_\_\_\_ { Good Fair Poor 12. Smallpox marks \_\_\_\_\_

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm \_\_\_\_\_ 14. When vaccinated last \_\_\_\_\_

15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category  17. (a) Vision R. \_\_\_\_\_ L. \_\_\_\_\_ (b) Hearing. R. \_\_\_\_\_ L. \_\_\_\_\_

President.

Member.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined \_\_\_\_\_ day of \_\_\_\_\_ 191 \_\_\_\_\_ at \_\_\_\_\_

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

M. F. B. 313.

800M.—10-17.  
1772-39-439.

Signature of Man

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from, whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Camp-Hill		11	10	19	1	11	19	CIRRHOSIS OF LIVER	21	Admitted with very much enlarged liver. Lower Border extending to within a finger's breadth of umbilicus, pain on touch. Tongue coated, anorexia. jaundiced. Liver tender to touch. Exam. Urine - Bile present. Blood Count white 10,000. Wasserman negative facies. No acute dysentery present. Exam. Rectum negative for blood or mucus. Put on Arum chlor- morphine for rest & sleep. Patient gradually became worse and died 1-11-19.	

J. H. Mearns  
Major  
C.A.M.C.

*E.O. and*

Register No. *00192*

WAR SERVICE GRATUITY

A.P. File No. *13856 J-2*

TO  
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *1033045'* Name *John Joseph O'Donnell*  
(Christian Name) (Surname)  
 Unit *6th I.O.* Rank *Sgt* Date of enlistment *26-6-16*  
 Date of casualty *1-11-1919* B.P.C. File No. *188077*  
 Was service performed overseas? *Yes*

DEPENDENT  
 Name *Mrs Annie O'Donnell* Relationship *Widow*  
 Address *93-A St John Ave*  
*Halifax N.S.*

Amount of Special Pension Bonus \$ *85* Abstracted by *19 Maher*

Eligible for Gratuity ..... \$ *180.00* ✓

Less amount of Special Pension Bonus paid ..... \$ *85.00* ✓

Less Debit Balance of S. A. or A.P. .... \$

Total deductions \$ *85.00* ✓

Balance due \$ *95.00* ✓

Cheque No. *9-1900824* ✓ Date issued *17/8/20* ✓

Clerk *J.E. Lehouart.*

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
*Kent*  
 Date *14/8/20* *95.00*

M.F.W. 2652  
25M-6-20,  
H.Q. 1772-39-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53061—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
30CM-1-19  
1752-38-1140

Remarks:

26-6-16.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-18.

H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Annie O'Donnell* Name of Soldier *O'Donnell John J.*  
 Address *3 Rattenburg St.* Regtl. No. *1033045.*  
*Halifax* Rank *Pte.*  
*N.S.* Corps *237<sup>th</sup> BATTN C.E.F.*  
 Relation to Soldier }  
 wife, child or mother } *Wife*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



100000

100000  
100000  
100000

100000

100000

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.—6-16.  
 H. Q. 1772-39-819.

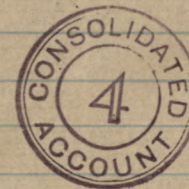
*Wife*

To Whom *Mrs. Annie D'Donnell* By Whom Assigned *D'Donnell John J.*  
 Address *3 Rottenburg St.* Regtl. No. *1033045*  
*Halifax, N.S.* Rank *Pte.*  
 Corps *97 Bm.*

Rate *15.00* OCT 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



\* 120 12

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

I. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

1033045

Pte.

97 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
			15.00	OCT 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P27083	30	
Dec.		Y35929	15	
Jan.	1917	940441	15	
Feb.		946452	15	
March		X 51730	15	15-Ch
April		V 3923	15	15-E
May		V 10864	15	15-Bn
June		U. 17224	15	00
July		V 24231	15	0
Aug.		K 31271	15	L.
Sept.		M 40082	15	W
Oct.		F 44534	15	
Nov.		2146095	15	
Dec.		K 58786	15	225 Gwm
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

C.B.

C.B.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amnt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Annie O'Donnell

PAYMENTS.

Wife.

Name of Soldier

O'Donnell John J.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		810261	23	23
Aug.		0 14507	20	20
Sept.		22 17063	20	20
Oct.		26		Held by K.
Nov.				X
Dec.		M. 25261	60	mailed 5-12-16
Jan.	1917	W 29775	20	20 ady. this ac and mail special cheq as this is urgent. R.C. 1/12/16
Feb.		W 32648	20	20
March		W 35517	20	20
April		X 2160	20	20
May		W 5141	20	20
June		W 8666	20	20
July		W 11597	20	20
Aug.		Q. 15426	20	20
Sept.		0 8066	20	20
Oct.		S 20971	20	20
Nov.		0 25083	20	20
Dec.		Z 26450	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pte.

363  
Gwm

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*Taken out  
 Joseph G's small sgt 27 Bn  
 & J.R. G's small sgt 220 Bn  
 Special sgt  
 Dept.*





\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: *O'DONNELL Julia Jos.*  
NUMBER: *1033045.*

EFFECTIVE DATE: *1/10/16.* AMOUNT: *15 00*  
EFFECTIVE DATE: AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

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

*Mrs Annie O'Donnell,  
3 Rattenburg St.  
Halifax N.S.  
(Wife)  
Stopped off 1/12/18.*

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LOGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>97th Bn.</i>
			<i>E.O.R.D.</i>
			<i>Canada Section</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13/1/18</i>	<i>5738</i>	<i>Witley.</i>	<i>£2 9 73</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada for Disposal 1/12/18 NR 16 EORD 20/1/18. Cr 26.21*

MONTH 1918.	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal Brod. ind.</i>								<i>26 21</i>		
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
				<i>AR 59 15/4/18. 6 Re</i>	<i>7 30</i>						
				<i>AR. 336 26/4/18 v</i>	<i>9 73</i>			<i>15</i>	<i>27 20</i>		
<i>May</i>	<i>P.P.</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>AR. 397 2/5/18. 6 Re Bn.</i>	<i>19 44</i>						
				<i>AR. 7433 25/5/18. (EORD)</i>	<i>19 44</i>			<i>15</i>	<i>7 36</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>AR. 1308 13/6/18. 6 Re</i>	<i>7 30</i>						
				<i>AR. 1606 26/6/18 v</i>	<i>9 73</i>			<i>15</i>	<i>8 33</i>		
<i>July</i>	<i>P.P.</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>AR. 2178 16/7/18. 6 Re.</i>	<i>7 30</i>						
				<i>AR. 2558 27/7/18. v</i>	<i>9 73</i>			<i>15</i>	<i>10 40</i>		
<i>Aug</i>	<i>P.P.</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>AR. 3072 15/8/18 v</i>	<i>7 30</i>						
				<i>AR. 3703 28/8/18 v</i>	<i>7 30</i>			<i>15</i>	<i>14 90</i>		
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>AR. 4229 14/9/18 v</i>	<i>7 30</i>						
				<i>AR. 4735 28/9/18 v</i>	<i>9 73</i>			<i>15</i>	<i>15 84</i>		
<i>Oct</i>		<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>✓ 5058 10/10 v</i>	<i>7 30</i>						
				<i>✓ 5430 26/10 v</i>	<i>9 73</i>			<i>15</i>	<i>17 94</i>		
<i>Nov</i>		<i>33</i>		<i>Can</i>				<i>15</i>			
		<i>34 10</i>		<i>AR 5758 15/11/18 6 Re</i>	<i>9 73</i>			<i>15</i>	<i>26 21</i>		

**CANADIAN ASSIGNED PAY AUDITED**  
*30/11/18*  
*Maui*  
**AUDIT CLERK**  
 DATE *4/6/19*.....

*checked  
CR Jones  
27/11/18*

*505 Canada 7/1/18 D.O. 304 9/1/18 EORD*



1536  
7801

6

Regtl. No. 1033045 Rank Pte

Name J. Donnell (Christian Names in full) John Joseph (Surname)

Unit 80 RD Regt. 97<sup>th</sup> Rn or Corps

Category B Next of Kin Wife

REASON FOR RETURN

Medical Board held at Witley 26-11-18 1918

INTENDED PLACE OF RESIDENCE Halifax N.S.

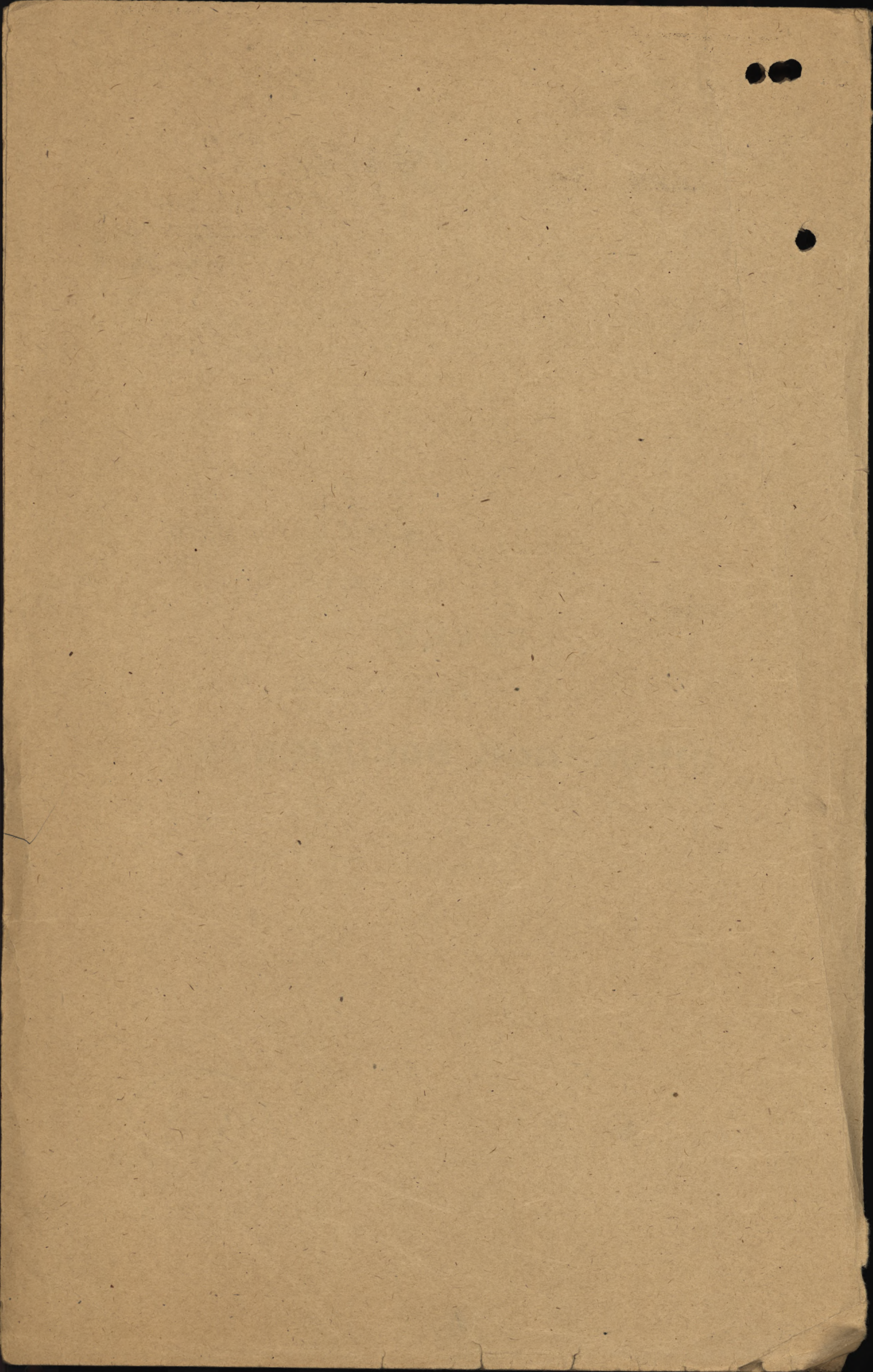
Wife PR

**COVER  
FOR  
DISCHARGE DOCUMENTS.**

CAMPAIGNS, MEDALS AND DECORATIONS

Local Casualty

SAILED  
DEF 7 1918  
ARRIVED  
14





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Reserved for M.H.C. 2. MEDICAL HISTORY

Regt. No. 1033045 Rank Plt Surname O'Donnell Christian Name John Joseph  
 Unit or Corps—(a) Overseas from United Kingdom N.O.S. (b) in United Kingdom Canada  
 Born at—Town Halifax County or Province Canada Country Canada  
 Date of Birth—Day 11 Month February Year 1878 Age 41 yrs. 9 months.  
 Joined at Halifax Canada Date 26 June 1916  
 Former trade or occupation black

Permanent Marks or any peculiarity that will serve for future identification:—

Scar - left thigh anterior surface

3. PRESENT CONDITION

Height—feet 5 inches 10 Colour of eyes Brown

Signature of Soldier (for identification purposes) J. O'Donnell

**Medical Report**

Read carefully the instructions on last page of this form.

**1. DISABILITY.**

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

Disabilities Group (a)

MYALGIA

Disabilities Group (b)

NA

Disabilities Group (c)

NA

**2. CAUSE OF DISABILITY**

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Infection</u>	<u>ENG.</u>	<u>1910</u>
(ii.) As to Group (b) above.	<u>NA</u>	<u>NA</u>	<u>NA</u>
(iii.) As to Group (c) above.	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

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

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

(i.) As to Group (a) above? Yes  
 (ii.) As to Group (b) above? NA  
 (iii.) As to Group (c) above? NA

5. MEDICAL HISTORY.

Enlisted June 26/16. Came to England  
 Took up duty training in Canada  
 in Army Co. 8th Bn. 1st Div. in the  
 West. In October 16 was wounded in  
 back was treated for 2 weeks in  
 hospital.

Residence: ...  
 Date: ...  
 Month: ...  
 Year: ...

6. PRESENT CONDITION.

Pain in back, especially in damp weather  
 cannot walk for account of this pain. Does not think  
 he could march over 1/2 mile. If he would  
 fatter, he gets pain in the leg muscles.  
 Muscles of lumbar region red and very  
 slightly tender in places.

Other systems apparently normal  
 Special report on June 14/18.  
 Sp. Gravity, 1.012; color amber; Reaction acid  
 Sugar neg. Microscopic neg.

Disability Group (a) ...  
 Disability Group (b) ...

7. OPERATION.

(i) Was one performed? *No*  
 (ii) If so, state what. *NA*  
 (iii) Was one advised and declined? *No*

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

8. (i) Is there loss or decay of teeth attributable to Active Service? *No*  
 (ii) If so, describe. *NA*

9. DO YOU RECOMMEND:—

(a) Fit for duty?  
 (state category) *B II*

(b) Invalid to Canada?

(c) Discharge from the Service  
 as permanently unfit?

Date of Report *Nov 26 1918*  
 Station *Meley Surrey*

Signed *Frank H. Caine*  
 Officer in medical charge of case.

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

Dated at *Holier Hospital* Station, on *Nov 26 1918*

\*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? *Yes*  
 If not, describe it. *(This is to be completed only in the case of the Soldier mentioned in Part I. (1) and 2 and 3 and 4 and 5 and 6 and 7 and 8 and 9 and 10 and 11 and 12 and 13 and 14 and 15 and 16 and 17 and 18 and 19 and 20 and 21 and 22 and 23 and 24 and 25 and 26 and 27 and 28 and 29 and 30 and 31 and 32 and 33 and 34 and 35 and 36 and 37 and 38 and 39 and 40 and 41 and 42 and 43 and 44 and 45 and 46 and 47 and 48 and 49 and 50 and 51 and 52 and 53 and 54 and 55 and 56 and 57 and 58 and 59 and 60 and 61 and 62 and 63 and 64 and 65 and 66 and 67 and 68 and 69 and 70 and 71 and 72 and 73 and 74 and 75 and 76 and 77 and 78 and 79 and 80 and 81 and 82 and 83 and 84 and 85 and 86 and 87 and 88 and 89 and 90 and 91 and 92 and 93 and 94 and 95 and 96 and 97 and 98 and 99 and 100)*

11. Is the cause of the disability fully described in Part I. (2)? *Yes*  
 If not, describe it. *Exposure in England.*

12. From the medical information now adduced, was the disability caused or aggravated by:—  
 (a) Negligence of the Soldier { Caused? *No* Aggravated? *No* }  
 (b) Misconduct of the Soldier { Caused? *Yes* Aggravated? *Yes* }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
*(Estimate at none, 5%, 10%, 15%, 20%, etc.)* *Five per cent.*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)  
 What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
*(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)* *all.*

15. Permanency of the Disability due to Service estimated next above in (14).  
 (i.) Is it permanent? *No*  
 (ii.) If not permanent, what is its probable minimum duration (in months)? *Three months*

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *No*

17. Can the former trade or occupation be resumed? *No*

18. REMARKS:—  
*States he did not train since coming to England reason unknown. Board on myalgia heard, 27-2-18 1571.*

19. RECOMMENDATION:—  
 (a) Fit for duty? *Fit*  
 (b) Invalid to Canada? *No*  
 (c) Discharge from Service as permanently unfit? *No*

Date of Board *26-11-18*

Signature of M. O.	Category	Station	Signatures of the Board	Category	Station	Date
<i>White</i>			<i>W. H. ...</i>			

Approved *[Signature]* A.D.M.S. Station *191*

Dated at *[Signature]* CAPTAIN *[Signature]* SURREY.



Portl. No., - { 1033045 Mc O'Donnell } Age 41 Corps 809

Disease Urethritis Hospital \_\_\_\_\_

To Officer i/c Laboratory \_\_\_\_\_ Ward \_\_\_\_\_

Please carry out an examination of the accompanying specimen of \_\_\_\_\_  
with special regard to Ureanalysis

Nos. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 19/11/18 Gen. J. L. Fuller Capt  
O. i/c \_\_\_\_\_ Ward \_\_\_\_\_

LABORATORY REPORT.

51

Sp. Gr. 1.012  
Color amber  
Reaction acid  
Albumen nil  
Microscopic nil



N.B. Kindly see that reasonably clean bottles are used to send in samples of urine - This specimen was full of vegetable debris in which tomato seeds predominated

Standard black soft

Date of Examination \_\_\_\_\_ O. i/c Laboratory \_\_\_\_\_

Army Form # 311  
the back of 100

Report No.

Res. and Name

Hospital

To Chief of Laboratory

Please carry out the examination of the accompanying specimen of

with special regard to

No. of previous Reports (if any)

The Pathological Report, a resume of clinical history, treatment of progress and last report should be given.

State  
City  
Ward

# LABORATORY REPORT

*[Faint handwritten notes]*

*[Large block of handwritten text, likely a report or notes]*

O of the Laboratory

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

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

500M.—9-16

H. Q. 1772-39-9:0.

# Casualty Form—Active Service.

Unit, Regiment or Corps *97th In. Bn.*  
 Regimental No. *1093045* Rank *Cpl.* Name *O'Donnell, John Joseph*  
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>arr. from 19th Dec. 28. &amp; 19 until reporting at 10:45 a.m. 25.9. reprimanded, and forfeits 4 days pay. R. D. Halifax</i>			<i>D.O. 123</i>
<i>18.6.19.</i>		<i>Promoted Sergeant provisionally with pay and allowance, effect 17.6.19. to complete establishment Adm. Staff. Cas. Coy. vice Sgt. Verner. (Discharged)</i>			<i>D.O. 169.</i>
<i>14/10/19.</i>		<i>Ceases to hold rank of Sgt. as fr. 8/10/19 D.O. 287.</i>			
<i>14/10/19.</i>		<i>Posted fr. A Staff Coy. Co. to Cpl. Sect 8/10/19 D.O. 287.</i>			
<i>4.11.19</i>	<i>8/15.</i>	<i>Re-engaged hereunder 1.11.19 50368</i>			

(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.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford Feb 24 1918 1916.

No. 1033045 Rank PCE. Name O'DONNELL, J.

Local Unit 7th RES. B.N. orig. Overseas Unit 237th B.N. Age 37

Medical Board Office SEAFORD.  
Examination held at.....

DISABILITY. ~~Overseas~~ Local. (scratch one out)

Myalgia.

PRESENT CONDITION.

In Seaford since Sept 1916. has been cooking ever since joining the army.  
Complain of pains in lumbar region.  
Exam. well nourished. good color. pulse 80 regular no murmurs - good quality.  
Appetite not good - Sleep well.

BOARD RECOMMENDS:—

1. Fit for Duty BIT.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

*Review 9.8.18*  
*Review 9/10/18*  
*Review 25-6-18*  
*H. G. W. G. Capt*

Signatures:—

Uwasee Capt.....President.

Members

Deerant.....

J. G. G. Capt.....

APPROVED 28 FEB 1918

Dated at Seaford, Sussex. 1916.

T. J. Graham  
Captain C.A.M.C.  
for A.D.M.S., Canadians. For A.D.M.S.

APPROVED

# PROCEEDINGS OF A MEDICAL BOARD

Dated at San Francisco, California  
 No. 108347 Rank 1st Lt Name Walter J. ...  
 Local Unit 1st ... Overseas Unit ... Age ...  
 Examination held at Medical Board ...

DISABILITY  
 (separate one out)  
 Local  
 Overseas

## PRESENT CONDITION

*[Faint, mostly illegible handwritten text describing the present condition of the member.]*

## BOARD RECOMMENDS—

1. Fit for Duty
2. Fit for duty after ... weeks' physical training
3. Fit for Temporary Base Duty ... weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures—

President Walter J. ...  
 Members ...

Members

APPROVED

Dated at San Francisco, California 1978  
 For A.D.M.S.

Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No. \_\_\_\_\_  
Rank and Name 1033090 1<sup>st</sup> O'Donnell H Age 15 Corps 101<sup>st</sup>

Disease Urine Exam Hospital \_\_\_\_\_

To Officer i/c Laboratory \_\_\_\_\_ Ward \_\_\_\_\_

Please carry out an examination of the accompanying specimen of Urine  
with special regard to \_\_\_\_\_

Nos. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 22 11-18 \_\_\_\_\_

Chs J. Fuller Capt

O. i/c \_\_\_\_\_ Ward \_\_\_\_\_

LABORATORY REPORT.

35

Sp. Gr 1.014  
Color Free Strains  
Reaction overacid  
Albumin nil  
Urea —  
Muc nil



Date of Examination \_\_\_\_\_

Handwritten signature

O. i/c Laboratory.

Rank and Name \_\_\_\_\_ Age \_\_\_\_\_ Corp \_\_\_\_\_

Disease \_\_\_\_\_ Hospital \_\_\_\_\_

To: Officer \_\_\_\_\_ Laboratory \_\_\_\_\_ Ward \_\_\_\_\_

Please fill out an examination of the accompanying specimen of \_\_\_\_\_

with special regard to \_\_\_\_\_

Nos. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a resume of clinical history, treatment or progress since last report

should be given \_\_\_\_\_

Date \_\_\_\_\_  
Officer \_\_\_\_\_ Ward \_\_\_\_\_

# LABORATORY REPORT

Officer Examination \_\_\_\_\_  
Officer Laboratory \_\_\_\_\_

Copy for M.O.

CANADIAN SPECIAL HOSPITAL,

WITLEY CAMP, SURREY.

16.12.17

TO BE RETAINED BY PATIENT.

No. 1033090

Rank. Pte.

Name. G. Donald J.

Unit. 7th Res. H.Q.

The marginally named is now free from infection. To complete his cure, he will report here for further treatment on the marginally named dates. To efficiently and safely give the remaining 606 treatment, patient should have 24 hours light duty after each injection, if reaction is severe, 48 hours.

DATES

14-12-17

21-12-17

28-12-17

4-1-18

11-1-18

18-1-18

30-1-18 Was Due

2-2-18 Observation

B.B. Moss

Capt. C.A.H.C.  
Registrar, for O.C. Hospital.

18. 12. 18.

Capt W.O.

18. 12. 18.

18. 12. 18.

18. 12. 18.

18. 12. 18.

18. 12. 18.

*Special*  
Canadian Military Hospital.

~~To Hospital Representative, Hastings, .....~~ *Locley Dec 12* 1917.  
Can. Mil. Hospital  
Hastings.

The marginally-noted man was admitted to this  
Hospital under Category *A. IIII*..... and is to be  
discharged under same category. For your  
information and action please.

*W. A. Pushe*  
..... Capt. CAMC.  
Registrar, for O.C. Hospital.

1033090.

*Dr. O'Connell J.H.*

*J.H. Res.*

*Seaford.*

*Special*  
*Medical Department*  
*U.S. Army*

The undersigned hereby certifies that the  
[illegible] [illegible] [illegible] [illegible] [illegible]  
[illegible] [illegible] [illegible] [illegible] [illegible]  
[illegible] [illegible] [illegible] [illegible] [illegible]  
[illegible] [illegible] [illegible] [illegible] [illegible]

*W. D. [illegible]*  
[illegible]  
[illegible]

*1033000*  
*W. D. [illegible]*  
*1033000*

1033090P6 O'Donnell 7th Reg 30/

Regl. No., Rank & Name ..... Corps.....  
Disease..... RAVENS CROFT MILITARY HOSPITAL, SEAFORD, Hospital.....  
To Officer i/c Laboratory. Ward.....

Please carry out an examination of the accompanying specimen of blood with special regard to Wasserman reaction.

Date.....  
Officer i/c Ward.

Laboratory Report.

History of Infection

Previous symptoms and treatment.

*fuli course*

Present symptoms

*nil*

Present treatment

*nil*

Result of Test.

*Negative*

Date of Examination.

*25-1-18*



*N B Hetherington Capt.*

.....  
Officer i/c Laboratory.

Date of Examination.

Result of Test.

Present treatment

Present symptoms

Previous symptoms and treatment.

History of Infection

Laboratory Report.

Officer in Charge.

blood with special regard to Wasserman reaction.

Please carry out an examination of the accompanying specimen of

To Officer in Charge, Laboratory.

Disease..... Hospital.....

Regt. No., Rank & Name..... Corps.....



Officer in Charge, Laboratory.



Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

The Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Name: \_\_\_\_\_ (If a Soldier, Regt. No. \_\_\_\_\_)
Rank or Grade: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Station (for identification): \_\_\_\_\_

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE AND GENERAL APPEARANCE: Height, Weight, etc.

Height: \_\_\_\_\_
Weight: \_\_\_\_\_
Build: \_\_\_\_\_
Other: \_\_\_\_\_

2. NUTRITION AND DIETETICS

After examining patient and thorough examination is any evidence found of disease or impairment of the parts indicated below: (See description)

3. NERVOUS SYSTEM

General appearance: \_\_\_\_\_
Mental condition: \_\_\_\_\_

4. RESPIRATORY SYSTEM

General appearance: \_\_\_\_\_
Mental condition: \_\_\_\_\_

5. HEART

Abnormal sounds: \_\_\_\_\_
Pulse rate: \_\_\_\_\_
Rhythm: \_\_\_\_\_

6. ARTERIES - FOR HARDNESS

General appearance: \_\_\_\_\_
Mental condition: \_\_\_\_\_

7. DIGESTIVE SYSTEM

General appearance: \_\_\_\_\_
Mental condition: \_\_\_\_\_

8. GENITO-URINARY SYSTEM

General appearance: \_\_\_\_\_
Mental condition: \_\_\_\_\_

9. SKIN, MIDDLE EAR, EYE

General appearance: \_\_\_\_\_
Mental condition: \_\_\_\_\_

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe.

11. Opinion as to the health and physical condition of the one examined.

Examiner's name: \_\_\_\_\_
Date: \_\_\_\_\_

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular reporting.

CASE HISTORY SHEET.

Camp Hill Hospital. Halifax 75 Station. No. 1033045 Rank SGT Name O'Donnell J Age 41 Unit 6. D. D. Completed years of service 6 1/2 E 1 1/2 F 15 1/2 Date of admission 11-10-19 Date of discharge Disch 1-11-19 Diagnosis LIERHOSIS OF LIVER Place of origin Halifax

CONDITION ON ADMISSION AND PROGRESS OF CASE

History - With the Exception of Having Diphtheria & Scald Testa Always Healthy. No U.S. History. Entered April 1916 - No illness while overseas. Returned to Can March 1919 and Employed as Sgt Cook, 6. D. D. About 1st week in Aug 1919 along with a party of friends made a decoction of White Pine & Alcohol 4 lb. This was divided between four persons and drunken. Claim He felt dopy for few days - & Ringing in Ears. Continued working but finally Reported Sick 2-9-19. Given M.P. Again Reported 10-10-19 as He was getting worse pain in Region of stomach. Finally admitted 11-10-19.

Present Condition -

Depressed in Appearance. Tongue coated. Appetite poor. Bowels Regular. Pain in Region of Liver - More noticeable on lying down - feels it difficult to get to sleep.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) States that He gets Relief on getting up in Bed.

Exam Shows Liver Much enlarged and tender. Extending to Lt and Reaching to a finger Breadth of Umbilicus.

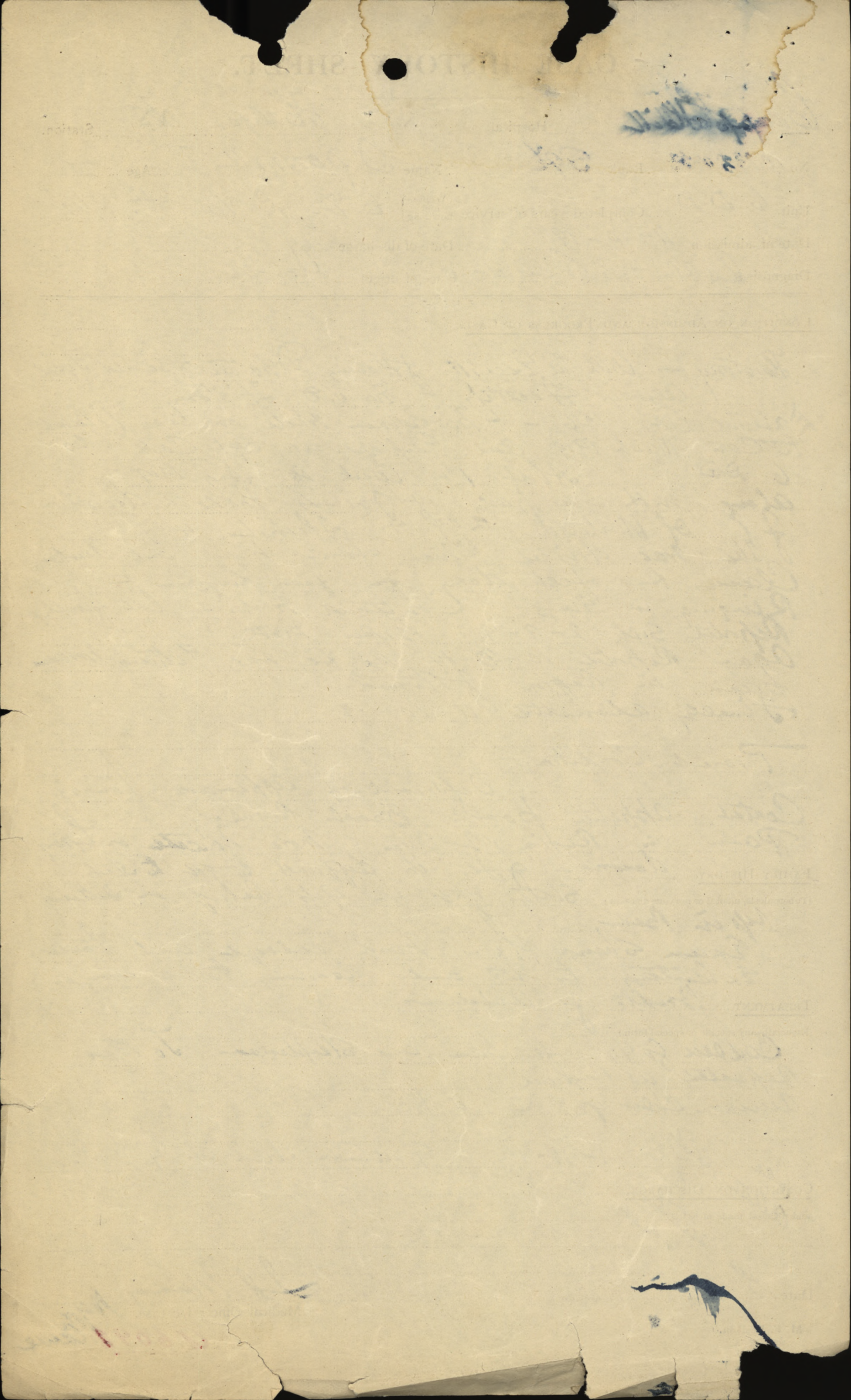
TREATMENT

(Especially any specific or special form.) Codeine gr 1/4 for pain and Sleeplessness. To Be Repeated as Requested. Ammon Chlor gr X. T. i. d. p.c.

CONDITION ON DISCHARGE

(and disposal made of case.) 1-11-19. Patient died at 7 P.M. See attached sheet. Date

L.H. Murray Major Medical Officer i/c case. 96098 Case



DIVISIONAL LABORATORY

Rank *Sgt.* Name *A. Howell* No. .... Corps.....

Ward *J*.....

Date *9-10-19*.....

Rec'd from .....

---

The specimen of *Faeces*.....

shows *No Amoeba of dysentery*

.....

.....

.....

.....

Examined by *W. B. Coulter*.....

DIVISION OF LABOR

REPORT OF THE COMMISSIONER OF LABOR

FOR THE YEAR 1907

IN THE STATE OF NEW YORK

ALBANY: J. B. LIPPINCOTT COMPANY, 1908.

PRINTED AT THE STATE PRINTING OFFICE, ALBANY, N. Y.

RECEIVED

DEPARTMENT OF LABOR

WASHINGTON, D. C.

NOV 10 1907

U. S. DEPARTMENT OF LABOR

OFFICE OF THE COMMISSIONER OF LABOR

This is to certify that I J. O. Donnell  
have been issued with my Khaki, and hold at my own risk, this  
privilege I will forfeit on becoming a Defaulter.

Sgt. J. O. Donnell J. J.

21  
3/11/17

RECEIVED  
MAY 11 1877



*In Exam. for Bile*  
*Ureum*

HOSPITAL

Date.....

REQUISITION FOR TREATMENT OR EXAMINATION

Reg. No..... Rank..... Name *O. Donnell*..... Unit.....

Bed..... Ward.....

Injury or disease..... Part affected.....

Treatment or Examination.

*Enlarge Ureis.*  
*Ureum Exam*  
*for Bile*

*Lt. V. V. V. V. V.*

Report:

*coln. dark amber*  
*Sp. Gr. 1024*  
*Reaction acid.*  
*Albumen nil*  
*Sugar nil*  
*Bile small amt. present*  
*Blood nil*

*Microscopic*  
*abundant amorphous*

Signed *Lt. V. V. V. V. V.*

*heavy deposit of urates*

1911

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

1911



1911

1911

1911

HOSPITAL

Date.....

REQUISITION FOR TREATMENT OR EXAMINATION

Reg. No. 1033045 Rank Sgt Name O. Donnell. J. Unit 6.50.

Bed..... Ward J.

Injury or disease Delayed Univ. Part affected.....

Treatment or Examination:

Report:

Fin. Med. except sent to  
Unkilled. Slightly white  
to touch with small quantity  
of fluid in abdomen.

Whites. 20,000  
Differential.  
Polys 72  
Large 20  
Small 8

Consistent motion a Blood  
Count please.

J. A. Murney M.D.

J. B. Campbell  
Signed.....

HOSPITAL

Date

REQUIREMENTS FOR TREATMENT OF EXAMINATION

Unit

Name

Age

Sex

Part affected

Place of origin

History

Treatment of Examination

1000-1000  
1000-1000  
1000-1000

LABORATORY OF HYGIENE

6th. Division Halifax, N. S.

NO .....

DATE .....

October 23rd, 1919:.....1919

Lab. File No.....

From: M. O. 1/c Laboratory of Hygiene.  
O.I./C. Laboratory.

To: M.O.1/c Ward J, Camp Hill

Re: Sgt. J. O'Donnell.....

It is reported for your information,  
please, that the Wasserman Reaction for Syphilis  
on the serum of the marginally named man gave a  
..negative.....result.

*R.G. Mahabir* Major,  
O.I./C. Laboratory of Hygiene, MD6.

RECEIVED JAN 10 1880

.....

.....

.....

.....

.....

.....

.....

.....

.....

DISCHARGE OR TRANSFER.

No. 1033045- Rank Sg-A Name O'Donoghue, J.J. Unit 605

Is for Transfer to J. Ward - A-7

~~Discharge~~ to 1

DOCUMENTS COMPLETED HEREWITH.

CERTIFIED FREE FROM INFECTIOUS DISEASE. VERMIN  
& VENERAL DISEASE.

Date.  
Camp Hill Hospital.  
Halifax, N.S.

J. S. Gray, M.D. Major  
Clinic  
M.O. i/c. Ward.







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

26/6/16

Separation and Assigned Pay Branch

Oct 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25.00	30
	1-12-17	

P.C. 3257  
1-9-18  
P.C. 2753  
M.O. 46689

463

RATE OF ASSIGNMENT

15		
----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 1033045  
 Rank *Pte.* Promoted Reverted Discharge  
 Soldier's Name *Jno. J. O'Donnell*  
 Battalion *97 Battr*  
 Beneficiary *Annie O'Donnell*  
 Relationship *Wife*  
 Address *M 3 24 2554 24 1/2 Ret'd 22/16*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Annie O'Donnell (wife)*  
 Address *3 Rottenburg St*  
~~Change of Address~~ *Halifax N.S.*  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					13856-f-2
Dec 31		363	225	588	M.R.O. "Aes" 51188 8.1.19 C&M
Jan 18	X 68624	30	15	45	
Feb "	M 74354	25	15	40 ✓	
Mar "	P 91859	25	15	40 ✓	
Apr "	P 7419	25	15	40 ✓	
May "	T 12455	25	15	40 ✓	
June "	K 27245	25	15	40 ✓	
July "	S. 30161	25	15	40 ✓	
Aug "	R 38597	25	15	40 ✓	
Sept "	Q 48723	25	15	40 ✓	
Oct "	Y 49553	25	15	40 ✓	
Nov "	W 57545	25	15	40 ✓	
Dec "	OR 63185	45	15	60 X	
Jan.		688	405	1093	

CANADIAN  
 ASSIGNED PAY AUDITED  
 30/11/18  
*Shaw*  
 AUDIT CLERK  
 DATE 4/6/19

M. F. W. 128  
4003-6-17-1772-38-1141  
L. L. 22320-M. & D. 7483.

A/c Closed 31.12.18  
 Ret'd per *Olympic*  
 Date 14.12.18 M.F.W. 187 S. 619  
 Clerk *ex Mitchell*

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT

