

83rd Overseas Battn. C.E.F. *Triplicate*
ATTESTATION PAPER.

No. 171692

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Peter McKenzie Sutherland*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Aberdeen Scotland*
 3. What is the name of your next-of-kin?..... *Rose Sutherland (wife)*
 4. What is the address of your next-of-kin?..... *453 Yonge St. Toronto*
 5. What is the date of your birth?..... *29 June 1879*
 6. What is your Trade or Calling?..... *Stonemason*
 7. Are you married?..... *Yes*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
 9. Do you now belong to the Active Militia?..... *Yes*
 10. Have you ever served in any Military Force?..... *No*
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*
- Peter M. Sutherland* (Signature of Man).
A. Prosser (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Peter McKenzie Sutherland* 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.

Peter McKenzie Sutherland (Signature of Recruit)

Date *Aug 11* 1915 *A. Prosser* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Peter McKenzie Sutherland* 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.

Peter McKenzie Sutherland (Signature of Recruit)

Date *Aug 11* 1915 *A. Prosser* (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 *Toronto* this *11* day of *Aug* 1915

[Signature] (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 M. Sutherland 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 5-6 ft. ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

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

Scar on right foot.

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 15 1915

Place Toronto Reg. Pullatt 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.

.....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.

Reg. Pullatt (Signature of Officer)

Date AUG 15 1915 1915 .

REGIMENTAL DOCUMENTS

NAME

DUTHERLAND

REGT. NO.

171692

UNIT

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

14

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

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

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

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

1 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)

DENTAL HISTORY SHEET (M.F.B. 465)

3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

1 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)

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

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

CP 3

2 man

1 C.A.D. 50090

1 D.M.L. 1394

1 C.A.D.

1 R 419

1 R 122

1 R 122

M

49988

H

DEATH

Category

DISCHARGE

Category

Demob

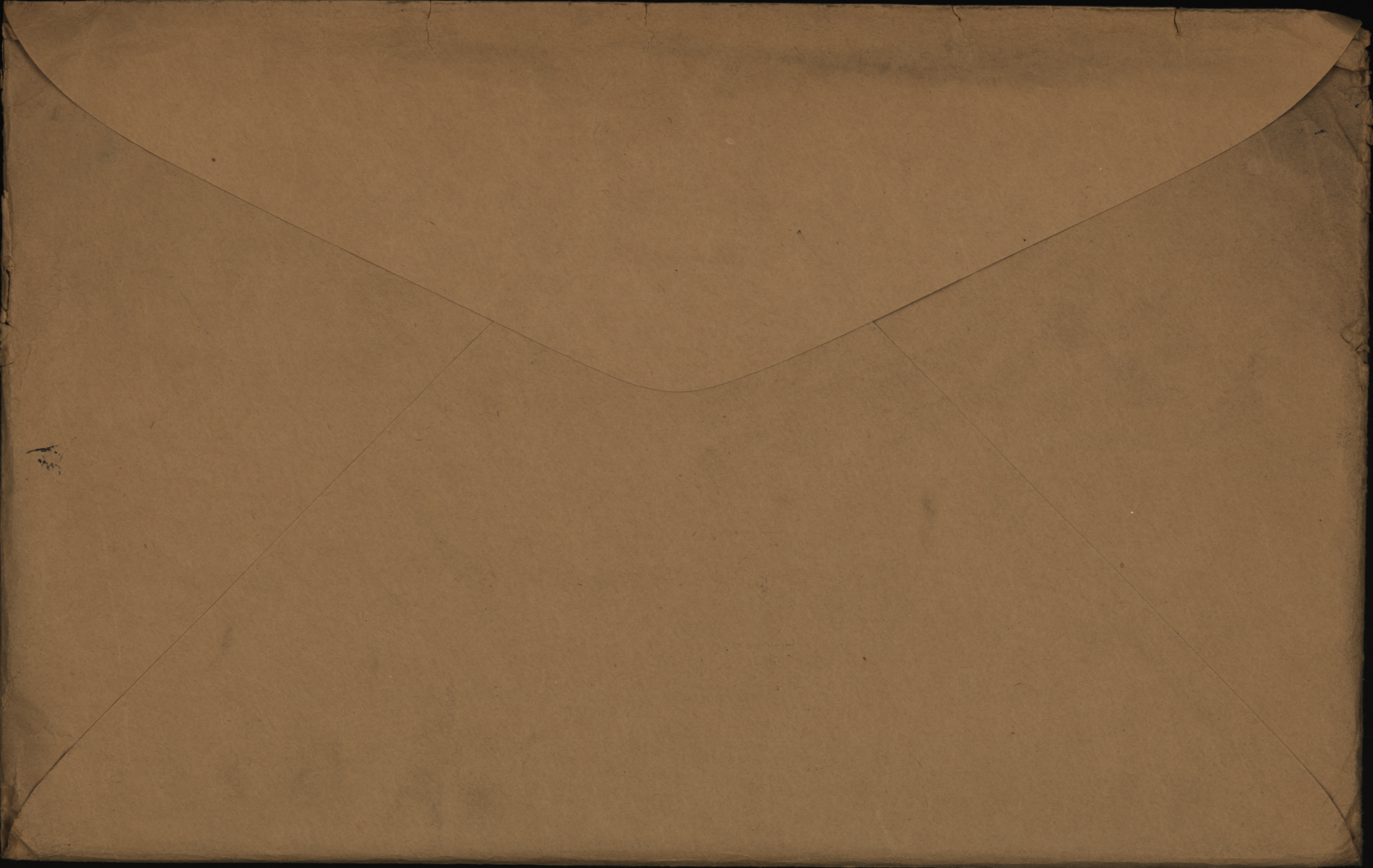
DESERTION

30 - 12

17 - 12

7 13

1



HRB

16-10

Number 171692 Rank

Surname SUTHERLAND

Christian Name Peter McKenzie

Units Can. Base Depot Theatre of War France

Date of Service 21-6-17

Remarks

Latest Address 50 Smith St.
Toronto Ont

Roll No. "B" Page 13423.

DESP JUN 16 1922

REGN. NO.

39427

62

SUTHERLAND, Peter MacKenzie Pte. 171692 Can. Base Depot.

649-S-39334

Medals - Despd.

Cross - Widow;- Mrs. Rose SUTHERLAND,
348 Riverdale Ave.,
TORONTO, Ont.

Mother;- (DECEASED)

DESP. JUN 16 1945
REGN No. 5114

No 171692

RANK Pte.

NAME

Sutherland, Peter

T. O. S.

UNIT

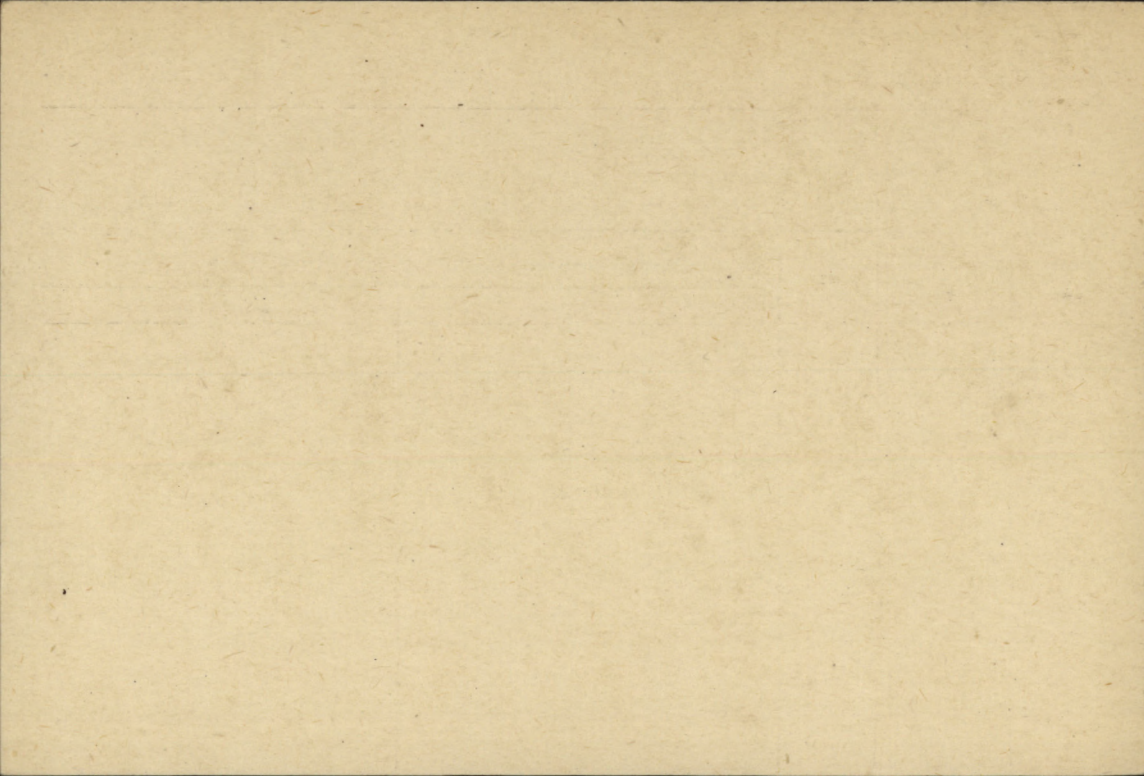
83rd Battalion C. E. F.

M. D. 2.

PAID		SIG. OR REC'T.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
Aug. 16	Aug. 31	✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916		✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		

UNIT SAILED

APR 28 1918



NAME

Sutherland P. M.

REGT. No.

121692

RANK AND UNIT

Pte.

6. V. H.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

1983 REMARKS

A 415-1
B 2272No 7 Bay Ln, Clapton
to Mil Com. Wdcoe
Colchester7-1-19 Old Inj R
Pool

B 240.

Pk Epsom.
Discharged

18-1-19

3-2-19

" 4 myalgia
myalgia
RIP Pool.

SURNAME.

Sutherland.

CHRISTIAN NAMES

Peter M. Menzie

REGL. NO.

1716912

RANK

Pte.

UNIT

~~*83rd*~~ *#2. D. D.*

FORMER CORPS

Nil.

D. 2. CARD NO.
no. 2. 2-4-19
D.O. 105-15-4-19
FOLL.

~~*B.M.*~~

NAMES IN FULL

Sutherland, Mrs. Rose

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*50 Smith St.
Toronto, Ont.*

with S.A.A. # 4-2-19 20m.

COUNTRY OF BIRTH

Scotland, Aberdeen

DATE

June 29th 1879.

PLACE OF ATTESTATION

Toronto Ont.

DATE

Aug. 11th 1915.

Sailed from Halifax per

S.S. Olympic

*28-4-16 409
293 22*

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

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-333.

A/C 30-3-19 34/8/16.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Stonemason

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

36

YEARS

MONTHS

HEIGHT

5'

FEET

6

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION not stated. INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

dk. Brown

DISTINGUISHING MARKS

Scar on Rt. foot.

MEDICAL EXAMINATION.

PLACE

Toronto Ont.

DATE

Aug. 1st 1915

Peter McKezgie

1983

Name SUTHERLAND Rank Pte.

Reg. No. 171692

Unit C.V. H.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
1919 7-1	No 7. C. G. H. Staples D.M.M.	Old injury to foot	Rt.	A 415		6776/4
11-1	Gen Mil H. Colchester		Do	B 220		4891
18 1	Mil Con. Epsom.	Old inj & Myalgia	Rt foot	B 221		5206.
3-2-	Discharged.			B 220		1526.
(3-2-19)	Will proceed 15-2-19. to gen. dep.					Cps. S. 4282

Surname

Christian Name or Names

Reg. No.

1983

Sutherland P.A.

171692

Rank

Unit

Pte Misc C V.H.

Cas. List.

15-1-19 A 415

18-1-19 B 220

27-1-19 B 229 (2)

13-2-19 B 240 4

7 Can G.H. Elaphs 7-1-19

Old Inf' R. Foot

Gen Tric Colchester 11-1-19

Woodcote St Epsom 17-1-19

Disch 3-2-19

Moyalgia R. Foot

A.M.D. & DEPT.

Sub. of D.G.M.S. O.M.F.C. London

Cas. List.

1983

2

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SUTHERLAND, P. M.
REGIMENT GEN. DEPOT RANK PTE No. 171692

Date of Examination in England 20/2/19 Date of Examination in France



- 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

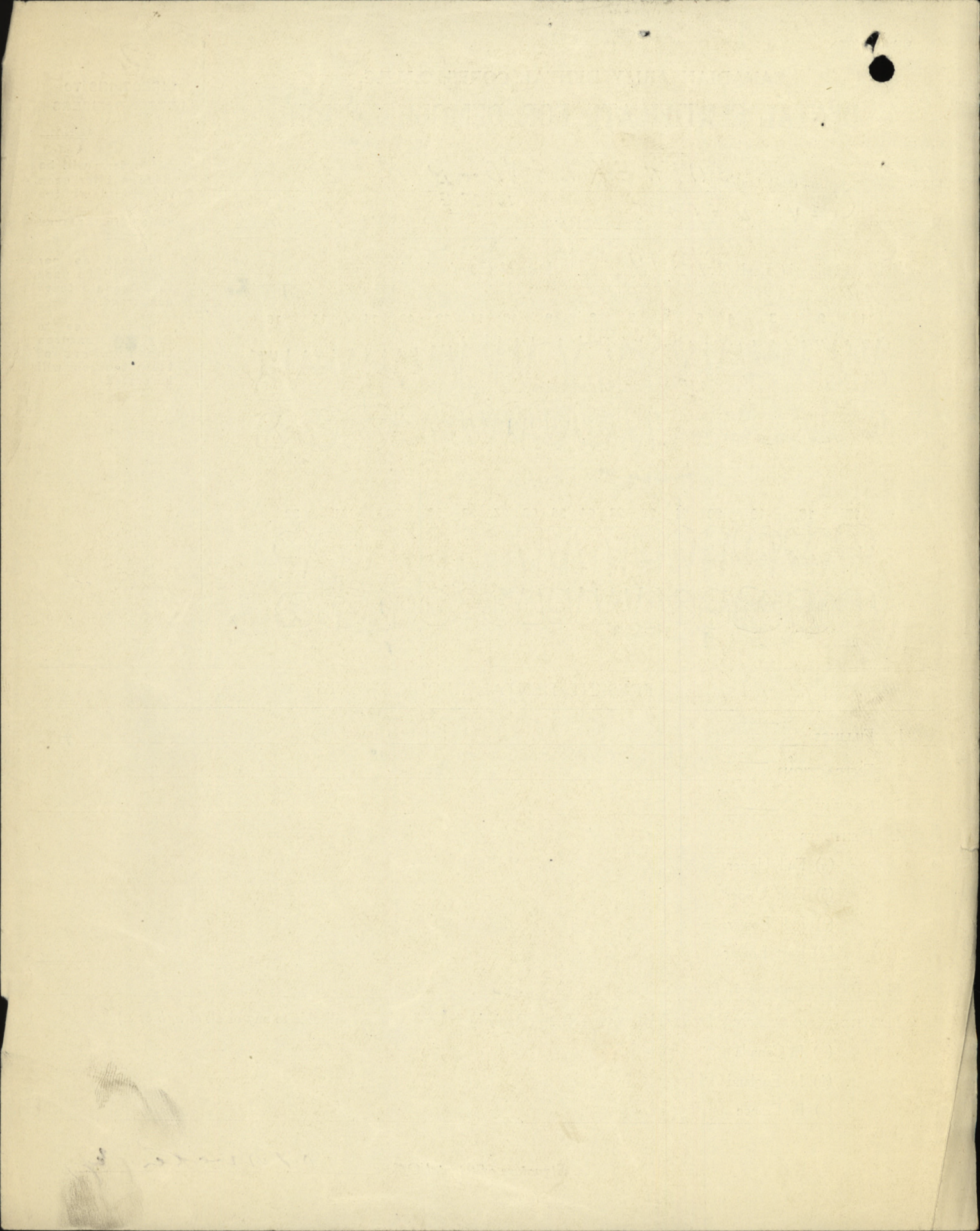
- 1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? [initials]

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 yes
(c) In France

Signature of Dental Officer [Signature]



Form A.G. 10410 SM-10238-23-2-17.

2/2

OVERSEAS MILITARY FORCES OF CANADA,

DATE 20. 1 1919.

To:- Hospital Representative,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

171692
Spr Sutherland, P

The marginally named soldier has this day been medically examined and placed in Category and is now available to be discharged.

I hereby certify that this man has been found as this inspection this day free from Vermin, Venereal and Infectious Diseases.

C.V.C. no.

FURLOUGH ADDRESS.

14 Charote St.
Aberdeen
Scot.

General
Withey

NEAREST STATION.

Aberdeen

Captain, C.A.M.C.,
for Commandant,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

EHG.

Form No. 1010 (Rev. 1-25-57)

OVERSEAS MILITARY SERVICE OF U.S. ARMY

191

Department of Defense
Military Personnel Administration
Washington, D.C. 20315

The undersigned hereby certifies that this individual is a member of the U.S. Armed Forces and is entitled to the benefits of the Overseas Military Service of U.S. Army Act of 1954.

MEMORANDUM

Captain [Name]
[Address]
[City, State, Zip]

MEMORANDUM FOR THE RECORD

REC

1983
CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 171692 (Rank) Pte.

Name (in full) Peter McKenzie Sutherland enlisted in
the 83 Bde

CANADIAN EXPEDITIONARY FORCE at Toronto on the 11
day of Aug 1915

HE served in 3rd Mach B. Coy, Canadian Trench Hospital

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 39

Marks or Scars _____

Height 5'6

scar, R foot

Complexion Dark Blue

Eyes Blue

Hair D. Brown

P. Sutherland
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
APR 2 - 1919
TORONTO

O.C. No. 2 District Depot.

Rank

Date APR 2 - 1919 1919

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

THIS IS TO CERTIFY that No. 1000 (Rank) Private enlisted in the Canadian Expeditionary Force on the 1st day of August 1918. He served in the 1st Canadian Division and is now discharged from the service by reason of Medical Discharge Temporary.

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

Age	<u>24</u>
Height	<u>5' 8"</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Brown</u>
Signature of Soldier	<u>[Signature]</u>
Date of Discharge	<u>1st August 1918</u>
Rank	<u>Private</u>
Signature of Officer	<u>[Signature]</u>
Date	<u>1st August 1918</u>

B. As no duplicate of this Certificate will be sent, any person having same is requested to forward it to an appropriate authority to the Secretary, British General, Ottawa, Canada.

M.P. 177-20-25
 100-1-1-1000-1-18
 M.P. 177-20-25

1983

Casualty Form—Active Service.

Regiment or Corps.....

Rank TPR Surname Sutherland Christian Name P McK

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and Rate.....

Occupation..... 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...			B213 PE 81
17.8.18	CNH	Leave from 11/8/18 to		27.8.18	9/1.24.8.18
31.8.18		Retd. from leave		29.8.18	B213
7.9.18	U22 Cdn.	Clamped B2.	Field	7.9.18	W3339-706 PE 89
21.12.18	CNH.	To Base for	WB	17.12.18	B213
29.12.18	CGBD.	To CNH imp.	Field	29.12.18	NR16
9.1.19	do	To 4 Cdn. Genl. H imp.		9.1.19	WB BE.3913.
8/1/19	525 Stg	Imp. imp. To duty		8/1/19	W7023
11/1/19	at Brighton	Ser. Invalided to England and posted to Cdn. Genl. Dep. Witley		11/1/19	W3083-6703 Pg 7 of 23/1/19

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

W. J. Barker
Lieut. Col. 209
3083-6703
P.T.O.

URINALYSIS REPORT
(for board)

1983

*

10
Reg. No. 141692 Rank Pte
Name Sutherland P.M. Unit ~~Gen Dept~~ Gen Dept

No. Gravity 10.10

Reaction Acid

Albumen Nil

UGER Nil

Microscopic



Captain, C.A.M.C.
for Major C.A.M.C.
C.C. Gen. Laboratory

01.01

Good

Good

Good

Good

Good

Good

Good

Good

Good

Good

Good

Good

1983

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **83rd Overseas Battn. C.E.F.**

Regimental No. 171692 Rank Pte Name Peter McKenzie Sutherland
C.E.F.

Enlisted (a) 11.8.15 Terms of Service (a) D. of War. Service reckons from (a) 11.8.15.

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) Civil Storeman

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

		Embarked	Halifax	S.S. Olympic	28-4-16
		Disembarked	Liverpool	do	7-5-16

Transferred to 12th Battalion D/O 176 7.7.16 JUL 6 1916 Captain & Adjutant

7.7.16	12th	Taken on Strength 12th Bn	West Sandling	JUL 7 1916	Part 2. B.O. No. 189.
--------	------	---------------------------	---------------	------------	-----------------------

19.4.17	12	S.O.S. to 1 st C.O. R.D. East	East Sandling	19.4.17	Part II 99.
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18.6.17	12	Chas to be attached on being taken on strength 12 th Res Battalion.	do	17.6.17	Part II 104.
---------	----	--	----	---------	--------------

		Transferred to 3 rd Can. Pte Battn Depot. France.	EAST SANDLING	18.6.17	Part II 157.
--	--	--	---------------	---------	--------------

CERTIFIED CORRECT.
 7 JUL 1917
 CAN. RECORDS, LONDON.

Lient i/c Records
 12th Res Bn. C.E.F.
 P.T.O.

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties.

1983

W. S. B. CLASS A.

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				
21.6.17.	C.G. B.D	Landed in France & taken on strength 34 C.1. B.D	Etaples	21.6.17.	Part II 11. 9/8/7.
13 ^{9/17}	3 C.1 B.D	Blanca PB by ^{30 days} the B.D.	3 C.1 B.D	13 ^{9/17}	W3339. 115
11.10.17.	"	Def. Foot. Classified PB	Etaples	11.10.17.	W3339. 168.
7.11.17.	"	" B2	"	7.11.17.	W3339. 4R. 270.
28.11.17	"	Classification B2.	"	28.11.17.	KR 16- 32359.
8.12.17	"	Def. Foot. Classified B2	"	8.12.17.	4R. 270.
12.1.18.	"	"	"	12.1.18.	W3339/314. Part II 1 31/18.
9.2.18	"	"	"	9.2.18	W3339/353.
9.3.18.	"	"	"	9.3.18	W3339/404.
16.5.18.	C.1. B.D	S.O.S. 34 C.1. B.D on transfer to Can. Lab. Pool.	"	16.5.18.	KR/16276. B2. 1200 Part II 14. 20/5/18.
No	No	Det. bdn Labour Pool from 3 rd B.D	"	17-5-18.	Ditto Part II No 69 of 20/5/18.
9-6-18	b. B.D.	Left for No 1 Can. Vet. Hosp. Havre	"	9-6-18	WR/1263.
15/6/18.	b.V. Hosp.	attached for duty	"	15/6/18.	B213
27.7.18	do.	S.O.S. Can. Lab. Pool on transfer to <u>Can. Vet. Hosp.</u>	"	9.6.18	B213. KR/16276 P. 116 of 1918
"	"	T.O.S. Can. Vet. Hosp.	"	10.6.18	B213. P. 45 of 1918

1983



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
5-8-18	Lab Pool	S.O.S. to Can. Vet. Hospital	Pt. Field	9-6-18	Pt # 0.116 (CVH 215) 6/18
23-1-19	SNVH	Inval Sick & posted to Genl Depot	Pt Field	11-1-19	295 Genl Dep 2023d/29-1-19
4-3-19	Genl Dep	S.O.S. to M D 2 R hq	Pt Witley	3-3-19	2052 M D 2 NO. 550/6.3.19.
		42-1-42	Sailing	22-3-19	
25-3-19	2 M D Wing	S.O.S. to Canada.	Pt. N. Cok	22-3-19	21071

16-7-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Rose Sutherland

Name of Soldier Sutherland Peter M.R.

Address ~~X 53 Yonge St~~
~~* 33 Salisbury Ave,~~
Toronto.

Regtl. No.

9 Skupper Ave. Ont.

Rank Pte

Corps ~~Suther~~ 83rd Battr.

Relation to Soldier
J.R. 12/1/17
wife, child or mother

} wife

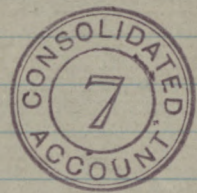
To what Corps belonging

when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		M 6677	50	50
Oct.		8218 nt.	20	20
Nov.		J 16298	20	20
Dec.		M 15401	20	20
Jan.	1916	M 19910	20	20
Feb.		N 23858	20	20
March		R 32160	20	20



12 1852

"

11 1851

N 23859 follows N 23861

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Rose Sutherland *Wife*

Name of Soldier

Sutherland Peter Mx.

PAYMENTS.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G 3787	20	20
May		W 6725	20	20
June		P 9704	20	20
July		C 8887	20	20
Aug.		J 14234	20	20
Sept.		D 16864	20	- 20
Oct.		C 21052	20	20
Nov.		M 23871	20	20
Dec.		N 26760	20	20
Jan.	1917	J 50158	20	20
Feb.		J 33392	20	20
March		+ K 36416	20	20 K 36416 cancelled per add. 25.4.17 J.
April		x F. 2418	20	20 F. 2418 16.5.17 R. J.
May				30 no cheques per add.
June		A. 5365	80	80 - 13-6-17
July		K 12667	20	20 X
Aug.		V 75741	20	20
Sept.		B 20679	20	20
Oct.		M 92201	20	20 X
Nov.		T 24307	20	20 M
Dec.		K 28318	20	20 X
Jan.	1918			590
Feb.				
March				
April				
May				
June				
July				

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.-4-16.
 H. Q. 1772-39-819.

Wife
 To Whom *Mrs* Rose Sutherland

Address ~~33 Salisbury Ave~~

*176 Dalhousie St. Toronto,
 Ont.*

Rate *20⁰⁰*

MAY 1 - 1916

By Whom Assigned *Sutherland P. Mack*

Regtl. No. *171692*

Rank *Pte*

Corps *83rd Batta*

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				



20. 1977. 1

10. 1977. 1

1.

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs R. Sutherland, wife

Name of Soldier

Sutherland P. McK

PAYMENTS.

191692 - Pte 83rd Battn

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰ MAY 1-1916</i>
April	1916			
May		<i>36580</i>	<i>20</i>	
June		<i>53771</i>	<i>20</i>	
July		<i>811052</i>	<i>20</i>	
Aug.		<i>H14591</i>	<i>20</i>	
Sept.		<i>W. 19814</i>	<i>20</i>	
Oct.		<i>W 21581</i>	<i>20</i>	
Nov.		<i>C29275</i>	<i>20</i>	
Dec.		<i>S33185</i>	<i>20</i>	
Jan.	1917	<i>U41369</i>	<i>20</i>	
Feb.		<i>V43274</i>	<i>20</i>	
March		<i>252348</i>	<i>20</i>	<i>20R</i>
April		<i>25416</i>	<i>20</i>	
May		<i>D11818</i>	<i>20</i>	
June		<i>C 18865</i>	<i>20</i>	<i>B</i>
July		<i>K 25596</i>	<i>20</i>	<i>c</i>
Aug.		<i>Z 34786</i>	<i>20</i>	
Sept.		<i>L 40350</i>	<i>20</i>	
Oct.		<i>L 45501</i>	<i>20</i>	
Nov.		<i>V 51611</i>	<i>20</i>	
Dec.		<i>Y 59885</i>	<i>20</i>	
Jan.	1918			<i>4 08</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: -1-5-16.		EFFECTIVE DATE: -	
AMOUNT: -20 ⁰⁰		AMOUNT: -	

NAME: *SUTHERLAND, Peter McKenzie*
NUMBER: *171692.*

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. Rose Sutherland (Wife)
176 Dalhousie St., Toronto Ont.
Stopped effect 1/3/19

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

UNIT AND TRANSFERS

ORIGINAL UNIT: - *83rd*

DATE ACCOUNT FIRST OPENED: - *1-5-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
	<i>1-4-18</i>		<i>1st CO LD</i>
<i>69</i>	<i>20/5/18</i>	<i>1-6-18</i>	<i>Lab Pool</i>
<i>75</i>	<i>6-8-18</i>	<i>1-8-18</i>	<i>Det Hosp G</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>2/19/18</i>	<i>2433</i>	<i>Salon League Sheet</i>	<i>44.08</i>				
			<i>19.75</i>				
			<i>24.33</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE *Dis of Can 24/19 WR 3394 Nilley 24/19 Nilley MD. 2.*

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. For'd</i>								<i>105.50</i>		
<i>april</i>	<i>r.p.</i>	<i>33</i>		<i>Can. A.P.</i>				<i>20</i>			
				<i>AR 101. 25-4-18. No. 1. Gen. S. B.D.</i>	<i>446</i>						
				<i>AR-ad. 31. 13/4/18. " "</i>	<i>446</i>						
		<i>33</i>			<i>892</i>			<i>20</i>	<i>109.58</i>		
<i>May</i>	<i>P. Pay.</i>	<i>3410</i>		<i>Can AD.</i>				<i>20</i>	<i>123.68</i>		
<i>June</i>	<i>PP</i>	<i>33</i>		<i>Can AD.</i>				<i>20</i>	<i>136.68</i>		
				<i>AR 727 60A 15/6/18</i>	<i>446</i>				<i>137.72</i>		
				<i>" 890 " 30/7/18</i>	<i>446</i>				<i>127.96</i>		
		<i>33</i>			<i>892</i>			<i>20</i>	<i>161.86</i>		
<i>July</i>	<i>PP</i>	<i>3410</i>		<i>Can AD.</i>				<i>20</i>	<i>137.40</i>		
				<i>AR 1058 60A 16/7/18</i>	<i>446</i>				<i>132.94</i>		
				<i>" 1211 " 31/7/18</i>	<i>446</i>						
		<i>33</i>			<i>892</i>			<i>20</i>	<i>152.04</i>		
<i>AUG</i>	<i>PP</i>	<i>3410</i>		<i>Can AD.</i>				<i>20</i>	<i>147.58</i>		
				<i>AR 1248 60A 11/8 (13)</i>	<i>446</i>				<i>50.25</i>		
				<i>" 2202 " 11/8 (23)</i>	<i>9433</i>				<i>45.25</i>		
		<i>33</i>			<i>10179</i>			<i>20</i>	<i>78.25</i>		
<i>Sept</i>	<i>PP</i>	<i>33</i>		<i>Can AD.</i>				<i>20</i>	<i>58.25</i>		
				<i>AR 1593 60A 16/9 (32)</i>	<i>446</i>				<i>53.79</i>		
				<i>✓ 1767 ✓ 20/9 (62)</i>	<i>446</i>				<i>49.33</i>		
		<i>33</i>			<i>892</i>			<i>20</i>	<i>63.43</i>		
<i>Oct</i>	<i>✓</i>	<i>3410</i>		<i>Can AD.</i>				<i>20</i>	<i>58.79</i>		
				<i>✓ 195 ✓ 6/2/18 (10)</i>	<i>466</i>				<i>54.11</i>		
				<i>✓ 2150 ✓ 3/10 (50)</i>	<i>466</i>						
		<i>33</i>			<i>932</i>			<i>20</i>			

NUMBER

171692

RANK

Plc

NAME

SUTHERLAND D. M^c

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.	pp								50 11		
		33		cap	466			20	67 11		
				AR 2321 to Y 21 13/11 ③	466				62 45		
				✓ 2468 ✓ 36/11 ④	1399				48 46		
Dec ✓		3410		cap				20	62 56		
				✓ 2597 ✓ 16/12 72	466				57 90		
Jan ✓		3410		cap				20	72		
		16720			2331			60			
Feb ✓		30 80						20	82 80		
				AR 712 ✓ 24/35 6/1 10	466				78 14		
				✓ 4358 ✓ Chron 28/1 26	973				168 41		
				CP 23250 London 3/2 62	2433				44 08		
				AR 213 ✓ Chron 3/2 65 24 33					1975		
	SL 3/2 to 12/12 days. 2031 7/19	876							2851		
		3956			6305			20			
				10/16/Jan 27/3 SL 42							

W. S. B. A

SERVICE GROUP
OCCUPATIONAL GROUP

7 1983

War Service Issues

Class a
No. 157380
issued.

M 5/6/39 2

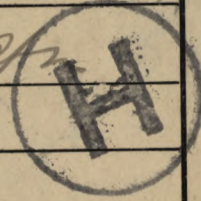
SHORT FORM.
PROCEEDINGS ON DISCHARGE.

TORONTO

(Demobilization.)

B II

Wife
Stone-Mason



1. No. 171692

2 Rank. PIE

3. Name. SUTHERLAND.

Peter M. Sutherland

4. Unit. C.A.R.C

83rd Bn

5 Date of Discharge APR 2 1919 Place TORONTO, ONT.

6 Reason for Discharge
DEMOBILIZATION
1/15/19
SAILING NO 42
S. S. REGINA FROM
LONDON 2nd 3, 19

7. Authority. No. 2, D.D., Part II, D.O. No. 105

8. Proposed Residence after Discharge
50 Smith St TORONTO, ONT.

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.?

Received 6/4/19

Peter Sutherland
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT
Date APR 2 1919
TORONTO

K. L. D. 13/5/19
Signature _____
(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

(Continuation)

1. No.

2. Name

3. Rank

4. Unit

5. Date of Discharge

6. Reason for Discharge

7. Authority

8. Proposed Reason for Discharge

STATEMENTS TO BE SIGNED BY SOLDIER

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

M. N. W. N.

Signature of Soldier

CONTINUATION

10.

The substance of the above named man is hereby continued.

Place

DATE 1919

Date

Signature

(O. G. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triphalts Minutes Form W. 22

or Particulars of Receipts Minutes Form W. 188

Field Conduct Sheet Minutes Form W. 118 or A. F. B. 112

Casualty Form Minutes Form W. 64 or A. F. B. 104

Last Pay Certificate Minutes Form W. 44

Certificate that missing documents are indistinguishable

Medical History Sheet Minutes Form H. 214 or A. F. B. 112

Proceedings of Medical Board M.F.B. 257, A.F.B. 118 or A. F. B. 41

Dental History Sheet Minutes Form H. 142

Medical Report M. R. W. 219 or D. 241 or 137

Regimental Conduct Sheet Minutes Form B. 282

Company Conduct Sheet Minutes Form B. 282

[Faint handwritten signature or initials]

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

Group..... *A*
Checked by No..... *2077*
Date..... 20 MAR 1919

1983

70

Filed

D.M.S. 1394
100M.-5/2/17.

154454

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 4th. April. 1917.

No. 171692 Rank Pte Name Sutherland. P.M.K.

Local Unit 2th. Res. Overseas Unit _____ Age 39

Examination held at East Sandling.

DISABILITY.
Overseas—Local
(scratch one out).

Crushed foot.

PRESENT CONDITION.

Has not been in France. Had foot (right) crushed many years ago. Was groom & horse stepped on & injured foot & has suffered a good deal of pain since.

Phys exam- Right foot deformed & scar extending all along outer side of same. Make it impossible for him to march.

BOARD RECOMMENDS:— B 11.

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

Signatures:—

Members { J.H. Birch. Capt. President.

 { D.E. Howes. Capt.

B.

APPROVED

Dated 5 APR 1917 1917.

S L Walker

FOR A.D.M.S. CANADIANS, SHOR...
FOR A.D.M.S. CANADIANS, SHOR...
FOR A.D.M.S. CANADIANS, SHOR...

PROCEEDINGS OF A MEDICAL BOARD

1917

Dated at

Name

Rank

No

Age

Overseas Unit

Local Unit

Examination held at

DISABILITY
Overseas Local

PRESENT CONDITION

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

Members

APPROVED

[Handwritten signature]

1917

Dated

Regional No.

MEDICAL HISTORY OF—

A.F. B.178.

Regimental No. 171692

Region.....

Surname: Sutherland

Christian Names.....

TABLE I.—General Table.

Birthplace { Parish.....
County.....

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

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

Trade or Occupation.....

Height.....feet.....inches. Weight.....lbs.

Colour of Hair..... Complexion.....

„ Eyes.....

Chest Measurement { Girth when fully expanded.....inches.
Range of expansion.....inches.

Physical development.....

Vaccination Marks { Arm, EIGHT. | LEFT.
Number.....

When Vaccinated.....

Vision { R. E.—V = With Glasses { R.
L. E.—V = L.

Identification Marks, such as Tattoo, Moles, Scars, etc. :—
.....
.....

Defects or Ailments :
.....
.....

Examined and found—

- Fit for Grade** { I.
II.
III.
IV.

(Strike out those which do not apply.)

Signature
Chairman of Medical Board.

Re-examined for posting at

On.....day of.....191...

Enlisted { at.....
on.....day of.....19...

Joined on enlistment	Corps.	Regtl. No.
	<u>Can. A.V.C.</u>	

Transferred to {
.....
.....

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date.	Brief details and Signature.
<u>3.8.17</u>	<u>TAB</u>
<u>17.9.18</u>	<u>TAB</u> } <u>discharged from</u>
<u>28.9.18</u>	<u>2</u> } <u>A.B.60</u> <u>J.M.</u>

Special Remarks : state if a discharged Soldier

.....
.....
.....

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.
<u>M.C.H. Epson A</u>	<u>18.1.19</u>	<u>J.M.</u>

Became non-effective by

on.....day of.....191...

(Signature).....

(Rank).....

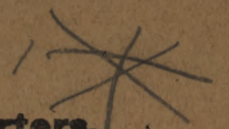


TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
WASHINGTON ROAD EXTENSION MILITARY HOSPITAL. No. COLCHESTER.	11	1	19	17	1	19	Myalgia R. Foot	7	occ. pain R. foot when trampled on by horse 2 years ago, after overwork consequent. transferred to them	Major Raine
McH Epsom	17	1	19	8 - FEB		1919	Myalgia R. Foot	18	Rapidly recovered no complaints. Sub. fit. bat. & heart & lungs negative	Mr. Macken Capt

1983
1861

1983

Reserved for M.H.C.

Regt. No. 171482 Rank Plt Surname Guthrie Christian Name Peter M. Kenzie
 Unit or Corps—(a) Overseas from United Kingdom Transit C.A.V.C. (b) in United Kingdom Can. Gen. Serv. Staff
 Born at—Town Blurbey County or Province _____ Country Scotland
 Date of Birth—Day 29 Month Jan Year 1878 Age 40 yrs. 7 months.
 Joined at Toronto Ont Date 16/7/15
 Former trade or occupation Stone Mason
 Permanent Marks or any peculiarity that will serve for future identification:—

Y shaped scar on right foot crescentic pattern running around Malloles & straight pattern extending across sole of foot. Two small burn scars on front of proximal third of left thigh

Height—feet 5 inches 4 1/2 Colour of eyes Blue
 Signature of Soldier (for identification purposes) Peter Guthrie

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) Painful old injury to the foot (Plt)
- Disabilities Group (b) Lack of cardiac
- Disabilities Group (c) Nil

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Injury in childhood</u>	<u>Scotland</u>	<u>Infant</u>
(ii.) As to Group (b) above.	<u>Unknown</u>	<u>Canada</u>	<u>1918</u>
(iii.) As to Group (c) above.			

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

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

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

- (i.) As to Group (a) above? No
- (ii.) As to Group (b) above? No
- (iii.) As to Group (c) above? No

1983

5. MEDICAL HISTORY. The man states: I had my right foot injured in Bagwood. It was
scanned as it is at present but I had it further injured at Saddle Camp after which
by a horse stepping on it. Since then it pains me a great deal in the inside when I
stand on it. I was boarded and classed B7 in England because of my foot. I
came to Canada to the 2nd C.I.B.N. I was later transferred to the C.A.S.C. and served
on a boatman and groom. I have had a lot of pain in my foot but have
not needed to go to Hospital. I complain of pain in my right foot on walking
or standing. In addition I am short of breath and pain in left chest on a change
of weather. I have had a cough a couple of weeks.

M.H.S. Records. Boarded at Saddle 4/4/17 marked B7 because of condition of
foot.
Pay Book Boarded Staples 17/1/17. Classed B7

6. PRESENT CONDITION. ~~Boarded Staples 17/1/17~~. General appearance fair. wt 135 lbs.
Urinalysis M.H. 1020. Sag to sup & Alb.
Resp. system. Breath sounds roughened. Large musical rales heard at times
over whole chest. Dry crackles on coughing. Few fine dry rales heard over Base.
Circulatory system. Pulse 104. Standing 20. after exercise, ^{as murmur of 2nd}
enlargement.

Negative, Genito-Urinary, Muscular & Nervous systems negative.
Eyes & Ears negative.
Limbs. Abd. by way to rt. foot. Scar below lateral malleolus movements good. Slight
tenderness over scar. Extensor tendons of end 2nd & 4th toes contracted
with tendons markedly so.

7. OPERATION. (i) Was one performed? (ii) If so, state what.
(iii) Was one advised and declined?

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?
(ii) If so, describe.

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) Yes B7
(b) Invalid to Canada?
(c) Discharge from the Service as permanently unfit?

Date of Report 19/12/18.....191...
Station... Can. Base. Staples.....
Signed... *J. H. McQueen* Capt. C. I. M. C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except
..... *Pat in Hospital* {Officer i/c Hospital} Strike out one
{S.M.O. Brigade} of these
Dated at Station, on 191.....
*Delete if inapplicable.

1983

PART II

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

10. Is the disability fully described in Part I. (1)?
If not, describe it.

Yes

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

Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? *lw*
Aggravated? *lw*

(b) Misconduct of the Soldier { Caused? *lw*
Aggravated? *lw*

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.)

20%

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.)

none

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

na

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

na

17. Can the former trade or occupation be resumed?

yes

18. REMARKS:—

Apparently the injury to foot claimed by soldier on active service was very small as he was not admitted to hospital. Foot debilitated, but has been on light duty since enlistment

AGI-9083 21.11.18

19. RECOMMENDATION:—

(a) Fit for duty? *Yes Bii*
(state category)

(b) Invalid to Canada? *lw*

(c) Discharge from Service as permanently unfit? *lw*

Date of Board *20-12-18*

Signatures of the Board

Rosenhagen President.
J. Youngman

Station

Camp Bess Elyria

Approved

J.R.B. [Signature]
A.D.M.S.
Station
Cdr. [Signature]

Dated at

Staples
191 *S*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

16-7-15

Separation and Assigned Pay Branch

May 1/16

OVERSEAS CONTINGENTS

S

 13873

RATE OF SEPARATION ALLOWANCE

20	\$25.00	30
1-12-17		1-4-18
P.C.3257		PC 2753 210 33991

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 171692
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *P. McP Sutherland*
 Battalion *83rd Btn*
 Beneficiary *Mrs Rose Sutherland*
 Relationship *Wife*
 Address *9 S Kepper Ave Toronto Ont*

PARTICULARS OF ASSIGNMENT

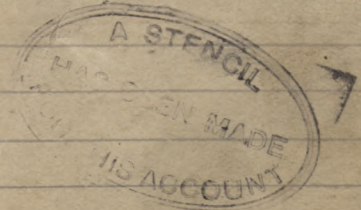
Name *Mrs. Rose Sutherland (wife)*
 Address *176 Dalhousie St.*
 Change of Address *Toronto, Ont*
 1 *9 Kepper Ave (30-8-18)*
 2 *50 Smith St.*
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					017668-P-5
Dec 31		5 95	4 00	9 90	
Jan	A 64197	30	20	50	
Feb	T 69705	25	20	45	
March	V 92209	25	20	45	
April	V 7421	25	20	45	
May	X 23684	25	20	45	
June	Y 24316	25	20	45	
July	A 23490	25	20	45	
Aug	Y 34616	25	20	45	
Sept	F 40384	25	20	45	
Oct	D 47388	25	20	45	
Nov	F 55542	25	20	45	
Dec	J 65568	45	20	65	
Jan 19	L 69395	30	20	50	
Feb	O 80251	30	20	50	
March	B 85934	30	20	50	
April		30	20	50	
		1005	700	1705	

M.R.O. Alton and re chg. fud. 20-8-18
M.R.O. L.P. 54023 (alteration) rendered 28/1/19
 A/c Closed 3/1/19
 Ret'd per Regina
 Date 30/3/19 M.F.W. 187 5/4/19
 Closed 70 Bonneville
 M.D. 2
 M.O. 70410 - Destroy - 5/1/19 O.K. L.S.

867024
B.

M. F. W. 128
400M.-6-17-1772-88-1141
L. L. 22220-M. & D. 7593.



1983

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION WITLEY DATE 17-2-19

1. 1 (a) Unit PEN DEPOT (b) Regimental No. 141692 (c) Rank PTE
(d) Surname SUTHERLAND (e) Christian name PETER MACKENZIE
(f) Home address 50 SMITH ST. TORONTO
(g) Next of Kin MRS P.M. SUTHERLAND (h) Relationship WIFE
(i) Address of Next of Kin 50 SMITH ST TORONTO

2. Age last birthday 40 Date of birth 9-6-78

3. Enlistment, or Appointment (if an Officer) (a) Place TORONTO (b) Date 16-7-16

4. Personal description:
(a) Height 5-6 (b) Weight 140 lb (c) Complexion DARK
(d) Colour of hair DARK (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. SCAR LEFT THIGH TATO LEFT ARM

5. Former trade or occupation STONE MASON

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 3 Days 6 MONTHS

Table with 2 columns: From, To. Rows for Canada (16-7-15 to 16-4-16), England (1-5-16 to 15-6-16), France or other theatres of War (17-6-17 to 31-1-19).

7. Original disease, or injury
i Bronchitis
ii Laceration of Rt. Foot
i Winter 17+18
(a) Date of origin ii Childhood (b) Place of origin i France ii Scotland
(c) Cause i Active Service Conditions ii Severe Contusion of Foot

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.)

- i Cough: recurrent attacks (Chronic Bronchitis)
- ii Moderate weakness Rt Foot (Adherent Scar Foot Rt)

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.)

i This man is somewhat debilitated in appearance.

Pulse rate 90 regular, nothing abnormal on examination of heart
Blood Pressure 110 and 150. He does not cough at present
Examination of chest shows coarse rales over all the chest
no dulness anywhere. Temperature normal.

Complains of cough and shortness of breath after exertion
& tightness in chest: has no pain. He states that cough
is present with recurrences of more severe attacks.

ii There is a deep scar extending across sole of foot
opposite distal end of 5th toe and around outer side of
foot: front of ankle circularly $\frac{3}{4}$ " from margin of malleolus
adherent at front of ankle causing contraction of fascia & extension
of 4th digit. Complains of weakness in foot on walking far.

(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

Ureanalysis: Sp. Gr. 1010. React. Acid. U.L. Nil. Sugar nil.

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

i The man states that cough
developed in winter of 1917-18 after catching cold in
France & has persisted since although it did not give
him much trouble in summer. Condition was present when
boarded at Etaples 19/12/18 according to Board Papers.

ii The man states that foot was severely crushed in shell-hood
and claims that condition was made worse by bare stepping
on it in April 1917.

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).)

No.

(c) (Here give a description of wounds, scars and deformities. *Scar of lacer in child hood front of left thigh.*

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

(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.)

ii According to invalid's statement - yes. but apparently to a very small extent as he never received treatment in hospital.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *i Six months. ii Permanent.*

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

Convalescent Hospital, Woodcote Park. 17/1/19 - 3/2/19. Myalgia foot R. Boarded Bii old injury to foot R and Locky cardia. Eruptive 19/12/18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *Yes. This man*

(If the answer is "yes" state nature of treatment required and probable duration)

should have treatment for Bronchitis in hospital in Canada for 3 weeks to one month and condition will possibly gradually clear up completely on change of climate.

16. Can the former trade or occupation be resumed? (If not, briefly state why) *No. Not at present. on account of Bronchitis.*

17. Recommendations.....

J. W. S. Esq., Capt. Cd. M.C.
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, *171692 Prof. Sutherland* 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. Sutherland Rank. *Pte.*
Signature of invalid examined.

1983

OPINION OF THE MEDICAL BOARD

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

yes

19. Is the invalid fit for

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

yes

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.)

Bronchitis - Medical - 2 months

- (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.)

Board for return to Canada for further Med. Treatment
Auth. telegram A.C. 9073-11-11-18

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

Witley

J. F. [Signature] President.

DATE

19/2/19

Jas. L. Hammond } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

apicame

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

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

For A.D.M.S. CANADIAN TROOPS, WITLEY.

