

Unit 129th Battⁿ Rank Lieut. Name Tuck

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER.



(ANSWERS.)

1. (a) What is your Surname? Tuck
(b) What are your Christian Names? Clarence Everett
2. (a) Where were you born? (State place and country) Halton Co. Ontario Canada
(b) What is your present address? 40 East ave. North - Hamilton Ontario
3. What is the date of your birth? July 4 - 1892
4. What is (a) the name of your next-of-kin? Albert H. Tuck
(b) the address of your next-of-kin? 270 Main St. East, Galt Ontario
(c) the relationship of your next-of-kin? father
5. What is your profession or occupation? Hardware Salesman
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 77th Reg.
9. State particulars of any former Military Service nil
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Clarence Everett Tuck (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date December 27 1915

Place Dundas Ontario

*Insert here "fit" or "unfit."

Dr. Lauchland Capt.
Medical Officer.

M. O. 129th O. S. Batt., C.E.F.

M. F. W. 51.

20m.-10-15.
H. Q. 1772-39 917.

ORIGINAL



OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answer)

1. What is your full name?
2. What are your Christian names?
3. Where were you born? (State place and country)
4. What is your present address?
5. What is the date of your birth?
6. What is the date of your enlistment?
(e) the date of your next of kin?
7. What is the name of your next of kin?
8. What is your profession or occupation?
9. What is your rank?
10. What is your service number?
11. What is your date of entry into service?
12. What is your date of discharge?

OFFICER'S DECLARATION

I, the undersigned, being an Officer of the Canadian Over-seas Expeditionary Force, do hereby declare that the above answers are true to the best of my knowledge and belief.

✓

OFFICER'S SIGNATURE

I, the undersigned, being an Officer of the Canadian Over-seas Expeditionary Force, do hereby declare that the above answers are true to the best of my knowledge and belief.

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

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 2

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name *Tuck, Clarence, Everett,*

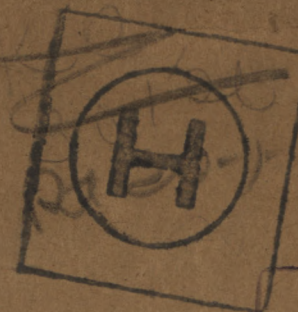
Regt. No. _____ Rank *Lieut.*

Corps *129th Regt. Co. E 7th Div.*

Struck off strength.



19208



R. O. No.

H. Q. No.

PUBLIC ARCHIVES
RECORDS CENTRE

483532

2-20
2-20

2T
I.D. number
No. d'identification

TUCK
Surname
Nom de famille

CLARENCE EVERETT
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

9805

“CONTENTS CONFIDENTIAL”
“CONTENU CONFIDENTIEL”

Number

Rank

Lieut

Surname

TACK.

Christian Name

Clarence Everett.

Units

Theatre of War

France

Date of Service

23-8-16

26-10-16

9-10-17.

Remarks

C/o Wood, Alexander & James.

Latest Address

81 Charles St.

Hamilton, Ont.

Roll No.

B. Page 14662.

200m.-2-21.M.

DESP. JUL 7 1922

REGN. NO. *GVH3946*

No.

RANK

Lieut.

NAME

Tuck C. E.

T. O. S. 27-12-15 UNIT

129th Battalion (Sundas Detail)
C. E. F.
(D.O. no 38) 10-1-16

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 27 1916	1916 Jan 31 1916	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug. 1	Aug. 17	n	Transferred-	Aug. payroll.

SURNAME.

Tuck

CARD NO.

CHRISTIAN NAMES

Clarence Everett

So. & dis. FOLL.
30-11-17. I
*

REGL. No.

RANK

Lieut.

UNIT

129th 18th

Ball

FORMER CORPS

77th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Tuck, Albert H.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

270 Main St., E., Galt, Ont.

COUNTRY OF BIRTH

Canada, Halton Co., Ont.

DATE

July 4th, 1892.

PLACE OF ATTESTATION

Dundas, Ont.

DATE

Dec. 27th, 1915.

Returned to Canada Per. S.S. "Metagama" 22/6/17 (auth. J 339)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Salesman

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Dundas, Ont.

DATE

Dec. 27th, 1915.

NAME

Tuck, Clarence, Everett

REGT'L NO

RANK AND CORPS

Lieut 18th Bu. (form 1290) 3rd.

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

m1701 12-4-17

m1776 13-4-17

T339 28-6-17

Reported wounded April 9th 1917
 admitted to Stationary Hosp Boulogne
 April 10th 1917 (G. S. W. neck & thigh)
 Sailed from Liverpool for Canada
 per S.S. Metagama on the 22nd
 June 1917. Leave to Aug 18th

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
633	12 Stat St Pol	19-3-17	Rubella Slt
642	Leuch to Duty	27-3-17	" " "
647	Report from Bas	9-4-17	Wounded
647	1207 Stat Boulogne	18-4-17	G & W neck Slt
650	1st London Gen Camberwell S.E.	11-4-17	Wd Jaw & Neck
710	Discharged	19-6-17	" " "
219	M.H.C.C. London	31-7-17	Strength F.O.S. Out Pat.
324	M.H.C.C. London	16-11-17	Disch from N.M. Service.

Name **TUCK** Rank **Lieut.** Reg. No. **633**
Unit **Clarence Everett.**
18th Battalion.
Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
19-3	12 Stat. Hos. St. Pol.		Rubella Slt.	633		
27.3-17	Disch to duty			642		
7-4-17	Rn Bare:- Wounded			647	14, 1701	13/4
10.4-17	7 SA 8' logne		gso neck	647	14, 1701	6
11-4-17	1st Lon Gen Hos Cwell		alt. jaw neck	650		
19-6-17	Discharged			710		

[illegible]

Surname

Christian Name

Reg. No.

TUCK

C. E.

Rank

Unit

Lieut.

18th. Batt.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area

18-6-17

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

GSW Neck & Face.

Disposition Recommended

(1) Unfit any service 2 months.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Sick leave to Canada 18-6-17 to 18-8-17.

Tuck. C. E.

Lieut. 18th. Bn.

No. 12. Sta. Hosp. St. Pol. 19-3-17.

No. 7. Sta. Hosp. Boulogne. 10-4-17.

1st. London Gen. Camberwell. 11-4-17.

Rubella. slt.
Rept'd. from base:-. Wounded. 9-4-17.

GSW. neck. slt.

Dis. to duty:-. 27-3-17.

C.L. 26-3-17. 633-2. Discharged:-19-6-17

5-4-17. 642.

13-4-17. 647.2&4.

17-4-17. 650-3.

26-6-17 710-4.

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

12

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St. on 18.6.17.by order of A&D.M.S. London Area.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) LIEUT. C.E. TUCK. (Corps) 18th Bn.Age 24 Service 20/12. Disability G.S.W. NECK AND FACE.Date of commencement of leave granted for present disability 18.6.17.

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

DEPT
MILITIA & DEFENCE
JUL 10 1917

~~this Officer sustained an injury and is in condition described in Army Form A.45a. this date.~~

The Board recommend as noted.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No.
 b. If not so fit, how long is he likely to be unfit? 2 months.
- (2.) a. If unfit for General Service, is he fit for service at home? No.
 b. If not so fit, how long is he likely to be unfit for service at home? 2 months.
 c. If unfit for General Service at home, is he fit for light duty at home? No.
 d. If not so fit, how long is he likely to be unfit for light duty at home? 2 months.
- (3.) Was the disability contracted in the service? Yes
- (4.) Was it contracted under circumstances over which he had no control? Yes.
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service, to what specific conditions is it attributed? G.S.W.
- (7.) If the disability was not caused by military service, was it aggravated by it? -

I concur in the findings of the Board of Medical Officers here recorded.
 W.H. Delaney
 A.D.M.S. Invaliding
 for D.M.S.
 Canadian Contingent.

Bank of Montreal
 9 Waterloo Place S.W.

Signatures

T.H. Macdonald, Major. CAMC

J.C. Calhoun, Major, CAMC

F.E. Rogers, Capt. CAMC.

President.

Members.

21/4/01
L114/01
L240

345 10-24

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Confidential.

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled

at Discharge Depot, Quebec, P.Q.

on the 8-2-17.....by order of ✓

A. G......

for the purpose of examining and reporting upon the

present state of health of.....

Lieut C.F. Tuck — 18th Bu.

PRESIDENT. A.E. Robertson. capt.

MEMBERS

{ M. F. Coglon capt.
Ramesand. Capt.

DEPT.
MILITIA & DEFENCE
JUL 19 1917
H.Q. CANADA

10318
Edmonton

332-77-63

THE BOARD having assembled pursuant to order,

proceed to examine the above named officer and find

that..... he had G.S.W on face and neck on 9-4-17.

There is a small bullet scar in the right side of neck, healed and sound; There are two others on left cheek about opposite bicuspid; one small and another irregular; both healed and sound. There are few teeth missing.

There is ptosis of upper lid in right eye - V - 6/6.. due to injury to facial nerve.

General condition good - Heart and lungs normal.

His eyes require dental treatment and oculars present.

The opinion of the Board upon the questions herein is as follows:-

(1) Is the officer fit for service? no.

(2) If not fit, how long is the disability likely to continue?

3 months.

(3) To what extent does it prevent his earning a livelihood? Total for 3 months may reduce to nil

approved
with correct
major

SIGNATURES

{ A.E. Robertson Capt.
M. F. Coglon Capt.
Ramesand. Capt.

14-1/17
Approved 25/17
Dea. A. Parnum
Major
f d 9 ms

8-3-17

First C. F. Truck - 18th St

A. P. Robertson Capt.

M. F. Caplan Capt.
Barnes Capt.

MILITIA OFFICE
JUL 13 1917
CANADA

At 10:15 P.M. on 8-3-17. There is a small building near the right side of the track, and a sound; there are no other signs of life. The left side of the track is occupied by a small building. The building is in the middle of the track and is a small building. There are no other signs of life. There is a small building near the right side of the track. There are no other signs of life. There is a small building near the right side of the track. There are no other signs of life.

3 months

Label for 3 months and return to me

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

PARTICULARS OF DISCHARGE.

1. Name

Tuck, Clarence Everett

2. Regimental Number

3. Rank

Lieut.

4. Corps

129th Bn. (form. 77th Regt.)

5. Date of Discharge

30. 11. 17

6. Place of Discharge

London, Ont.

7. Place to which transport given. (Give street address where possible.)

*270 Main St., Galt, Ont.
Enlisted at Dundas, Ont. 27. 12. 15*

8. Description at time of Discharge:—

Age *25* years months. Descriptive marks

Height *5* feet *10 1/2* inches.

None

Complexion

Eyes

Hair

Trade *Hardware Salesman*

9. The above named man is discharged in consequence of

*"Struck Off Strength"
G.S. H. neck & back*

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

Total for 3 mos - may reduce to nil

11. Character

Not stated

Date

3. 12. 17

R.S.

i/c Records.

*M. S. J. Comp.
5-3-18-9-21*

PARTICULARS OF DISCHARGE.

1. Name

2. Regimental Number

3. Corps

4. Date of Discharge

5. Place of Discharge

6. Place to which the soldier given (Give street address where possible)

7. Description at time of Discharge:-

Age years months days Descriptive marks

Height feet inches

Complexion

Eyes

Hair

Stature

8. The above named man is discharged in consequence of

(If medically unfit, state nature of disease or disability)

9. To what extent will he prevent his earning a full livelihood?

10. Character

11. Remarks

(Militia Service)

A.J.F.

7th September, 1938.

RECORD OF SERVICE.CANADIAN EXPEDITIONARY FORCELieutenant Clarence Everett TUCK.

1. Born, Halton Co, Ontario, Canada July 4th, 1892.
2. Appointed Lieutenant, 129th Battn. C.E.F. 27-12-15.
3. Embarked for England 23-8-16.
4. Proceeded to 18th Battn., C.E.F. France, 26-10-16.
5. Admitted to #12 Stat. Hosp. St. Pol. 19-3-17, Rubella, Slt. Discharged, 27-3-17.
6. Reported from Base, Wounded, 9-4-17.
7. Admitted to #7 Stat. Hosp. Boulogne, 10-4-17, GSW. Neck. Slt.
8. Invalided to England wounded and detached to Western Ontario Regimental Depot 11-4-17.
9. Admitted to 1st London General Hosp. 11-4-17 GSW, Jaw, Discharged, 19-6-17. Neck, slt.
10. Granted leave to Canada by Medical Board 18-6-17 to 18-8-17.
11. Leave extended to 8-10-17.
12. Struck off strength on transfer to C.E.F. in Canada for further treatment 9-10-17.
13. Struck off strength C.E.F. in Canada, Medically unfit 30-11-17. RANK. Lieutenant.

CERTIFIED CORRECT
FROM RECORDS.

(W.E.L. Coleman) Major.
 Officer i/c Records,
 for Adjutant-General.



150 J.M.

Surname TUCK. ✓

Rank Lieut.

Promotion

Unit 129th Bn. ✓

Place of birth Halton Co., Ontario, Canada. ✓

Married (Yes or No)

Appointments

-SAILED 23-8-16 H Q 593-6.1

Date of leaving Canada

Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	W Place	O Date	R Date	REMARKS Taken from Official Documents
Date	From whom received					
2-9-16	G.O.C. C.T.D.	Taken on strength & posted to C.M.S.			30-8-16	D.O. 4635.
31. 10. 16	- do -	Proceeded to 18 Bn.			26-10-16	App. S. 82. 5650
28. 11. 16	18th Bn	Taken on strength.			28. 10. 16	Placed. 54.
26-3-17	C.R.O.	Adm. #12 Stat. Hosp. St. Pol.			27-3-17	B.L. 642
13-4-17	C.R.O.	Reported from Base Wounded.			19-3-17	B.L. 633
"	C.R.O.	Adm. #1 Stat. Hosp. Boulogne			9-4-17	B.L. 647
19. 4. 17	G.L.D.	TAKEN ON STRENGTH & POSTED TO GEN. LIST			10-4-17	B.L. 647
5-5-14	18th Bn.	Invalided & Wounded & detached to West Ont. Regt. Depot.			11-4-17	of 587
17. 4. 17	C.R.O.	Adm. 1st London Gen. Hosp. Canterbury, S.E.			19. 6. 17	B.L. 710
21/5/17	G.L.D.	Trans. posted to West Ont. Regt. Depot.			11-4-17	B.L. 633
21-6-14	Bram	Granted leave to Canada by M. B. 8th to 18th			21/5/17	G.L.D. approx
14. 8. 14	A.G.	Leave extended on recom M. B.			8-10-14	U.S. 8-1. 345 on R.L. 9. 232 R.D. 1983

Christian Names Clarence Everett. ✓

Name and Address of Next-of-Kin Father. ✓

Albert H. Tuck. ✓

290 Main St. East, Galt.

10 East Ave North, Hamilton, Ontario



work. 1.4.17

A.F.B. 103
7-NOV. 1916A.F.B. 103
6-JUN. 1917

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
10.10.14	Brau	S.O.S. on transfer to strength C.E.F. Canada		9.10.14	RO 2676
19.10.14	H. G. B. E. F.	S.O.S. returned to Canada further Medical Treatment		9.10.14	RO 2684

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Archives
COPIE

4856

A. F. B. 103

11 NOV 1917



4856

2 M form 31-10-16.

Assignment as at
November 1st, 1916.

Tuck,

C. E.

Lieut.

18 M
C.M.S.

30.

\$

30.

Payment Stopped
A. 3 M Form

Retained in Canada 1 July 1917

Mrs. A. Tuck,

270, Main East,

Galt, Ontario.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

23120/461

18273-E-4

Name Tuck, Everett Clarence
Surname Christian Name

Regimental Number

Rank Lieut.

Address (in full) 270 Main St., E.

Unit 18th Bn.

Galt. Ont.

Original Unit

District where paid M.D. 1.

Date of Discharge 30-11-17.

P. D. P. Filing Number 4-30-1.

Rates:—Regimental pay \$ 2.00 per diem: Field Allowance \$.60 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments 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			
236 60	525	1-12-17	78 00	519	1-1-18	78 00	520	1-2-18	80 60		236	60
2281	1st 540077	22/3/19	80.60									

Remarks:

M. F. W. 127.
50M-6 17.
1772-39-1140.

81 Charles St.
Hamilton, Ont.

B.N.P.

Dech No 23120/461 File No 18272-C-6

Award ... days at \$ per d / \$ 2.60

S. A. ... months at \$ per mo. \$ 317.20

Less P. D. P. Credited \$ 236.60

Less further debit balance \$ 80.60

Net due paid as below 80.60

TO SOLDIER TO DEPENDENT						
	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
0						
1	2281	400717	80.60			
2						
3						
4						
5						
6						

22.3.19.



Name *Lieut G. E. Tuck*

Clarence Everett

M. F. W. 41
1 OM-7-16
1772-39 889.

Regimental No.

Name and address of next-of-kin

332-77-65

Unit

18th Bn (77 Regt.)

Date of enlistment

AP 30⁰⁰ Pd 1031⁷/₁₇

closed 31 $\frac{8}{1}$

Place of

66

St. Nil

2 } bow

New add

(40 East Ave. N.
Hamilton)
{ 270 Main Post
Galt cut

Married (yes or no)

Date and place discharged

1 Lông 18-

Amount of pay assigned monthly \$

Reason for discharge

L to 8 Oct 17

To whom payable

Character on discharge

Trans. to C.E. & F. M.T. for G. & C. & C.

Metagama 22 $\frac{6}{7}$ 8 $\frac{7}{7}$

Pion Expense

L.P. clear to 30 $\frac{6}{17}$, Copy

1 copy office

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.			
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.	Date	
1.7.17	31 ⁷ / ₇	31	2-62.00	31	.60	18.60	46.50	131	10								
1.8.17	31 ⁸ / ₇	31	2-62.00	31	.60	18.60	46.50	127	10								
										25870	2384	30 ⁵ / ₇	10870	6000	9000	25820	x diff. m. m., 1-2 sub. 22630.6.17 = 9000.2589
Transferred to "F. Unit" Mr. H. C. C. "P. m. No 1" 31.8.17. Pensioned fr. Dec. 1-1917. S.O.S. 30 ¹¹ / ₇ - Pension granted from 1 ¹² / ₇																	

Name

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

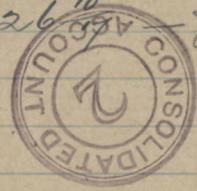
Mrs. Albert Juer
270 Main East.
Galt. Ont.

Juer C.E.
Regt. No.
Rank
Corps
Lieut
C.A.M.C.

3000 Nov. 16

270 Main East. Galt. Ont.
270 Main East. Galt. Ont.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>"Retained in Canada"</i> <i>a/c. closed 1st. July/17</i> <i>3 M 26 10/17</i> <i>14 1/7</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

MILITIA AND DEFENCE

M. F. W. 12a.

50m.-6-16.

1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

PAYMENTS.

Name of Soldier

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				30 ⁰⁰ Nov/16
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		G 35540	60	
Jan.	✓ 1917	E 41750	30	
Feb.		M 47566	30	
March		Y 52929	30	
April		S 5113	30	30 ⁰⁰
May		S 11790	30	30 ⁰⁰
June		P 18490	30	S
July		E 26223	30	
Aug.		T 33318	30	S \$300 ⁰⁰ a/c closed 31/8/17 auth HQR 532-77-63 on file 18272-6-6. 6 letters 30/8/17 S. K. K. K.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			a/c. closed 1 ⁷ / ₇ \$60.00 over-paid 300.00 JHA 214 ¹¹ / ₁₇
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.						
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.						
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

\$3.00

1/16

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

PARTICULARS

1916-17

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS.

DATE

1916

Sept 14 Pra. 18.8.16-30.9.16. Mess. 30.8-30.9.16. Bank

rr layra 20

20

146.40

Oct 19 Oct Pay

111.60

20 Adv.

Bank.

111.60

Nov 21 Nov Pay

108

27 at Canada

Bank

78

30

Dec 11 at Canada

30

12 Dec Pay R.

111.60

15 Bank

81.60

1917

Jan 11 Orig. pa P.A. for 18% should be for 19% to be debited 1 day 20.168. "P.L."

2.60

21

2.60

L.P.L.

18 A.P. ban

30

32.60

23 Jan Pay R.

111.60

25 Bank

19289

79

Feb 19 Feb Pay R

100.80

A.P. ban

30

23 Bank

21943

70.80

Mar 14 A.P. ban.

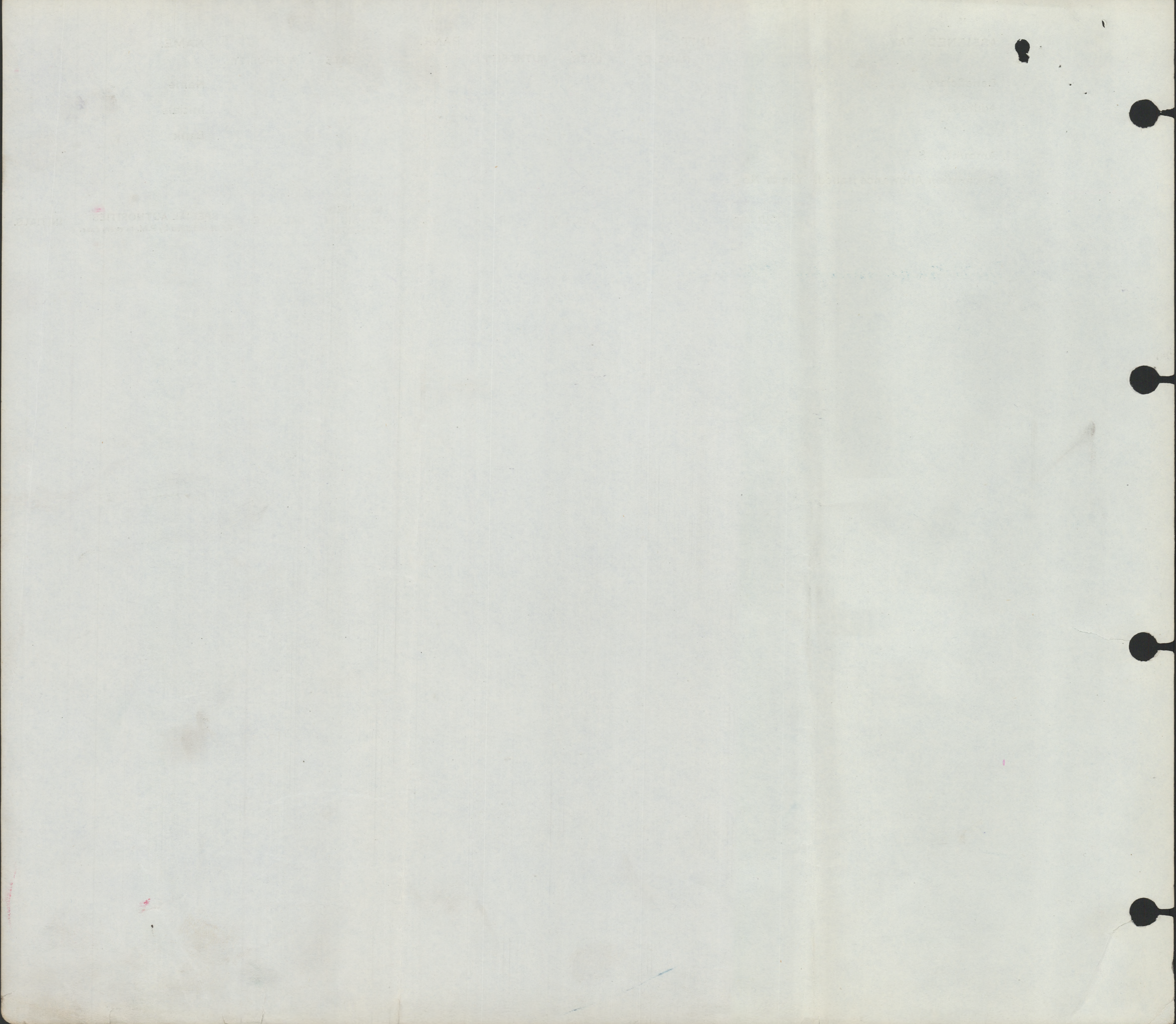
30

22 Pay R.

111.60

26 Bank

81.60



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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station London, Ont.

Date 20/7/17.

DEPT
MILITIA & DEFENCE
JUL 26 1917
H.Q.
CANADA

1. (a) Unit 18th, Bn. C.E.F.

(b) Rank Lieut.

(c) Surname Tuck.

(d) Christian name Clarence Everitt.

2. Age last birthday 25.

Date of birth 4/7/1892.

3. Date of appointment to the C. E. F. (for officers of the C. E. F.)

26/12/15.

Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) 26/12/15.

4. Personal description:

(a) Height 5' 11½".

(b) Weight 149 with uniform.

(c) Complexion Dark.

(d) Colour of hair Dk. Brown.

(e) Colour of eyes Hazel.

(f) Scars or tattoo marks Mole on right breast.

5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 270 Main St East, Galt Ont.

(b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent O.C. "F" Unit M.H.C. Command London, Ont.

6. Former trade or occupation

Hardware salesman.

7. Service

Years Days

PERIODS

From

To

18th. Bn. C.E.F.

26/12/15.

20/7/17.

8. Disease or disability (use authorized nomenclature)

G.S.W. of neck and face.

(a) Date of origin 9/4/17.

(b) Place of origin France "Vimy"

(c) Cause G.S.W.

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

There is a small circular scar of entrance of bullet on back of right side of neck 1½" external to vertebral column and on a level with the ramus of lower jaw, also a star shaped scar of exit about 1" external to left angle of mouth. Ptosis of right upper eyelid about 50% of its range of motion, pupils respond to light and distance eyesight Lt. 30/20

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

Rt. 20/20 There is pain over right side of head served by the posterior auricular nerve, reflexes normal. Heart and other organs normal. Complains of dizziness on making any quick motion, but it passes off in a short time. No nausea or vomiting, sleeps and eats well, weight normal.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.

[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

As in "9".

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

One half at present.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable.

Yes --- No ---

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

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

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

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

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

Hospitals in France and England.

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

Yes.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations. That he be transferred to M.H.C. Command "F" Unit.
London, Ont. for electrical and massage treatment.

E. N. Ballantyne Lt. M.C.
Medical Officer by whom the case is brought forward.

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

I, the undersigned..... *C. E. Tuck*..... have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (~~If dissatisfied, statement should follow.~~) I complain in addition of

C. E. Tuck Lieut
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the Officer fit for (a) General service (Category A.) (Yes or No.) **No.**
 (b) Service abroad (not general service) (" B.) (Yes or No.) **No.**
 (c) Home service (Canada only) (" C.) (Yes or No.) **No.**
 (d) Temporarily unfit (" D.) (Yes or No.) **Yes**
 (e) Unfit for service in Categories A, B and C. (" E.) (Yes or No.) **Yes**
at present.
23. It is certified that the Officer

- (a) Does require treatment. **Yes.**
 (b) Does not require treatment. **No.**
 (c) Should pass under his own control. **No.**
 (d) Should not pass under his own control. **Yes.**
 (Strike out condition not applicable.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) **That he be transferred to M.H.C. Command London, Ont for electrical and massage treatment.**

Station London, Ont.

Date 20/7/17.

APPROVED BY

Date 21-7-17

APPROVED BY

Date 8.7.17

J. J. M. Garry **Capt. R.C.M.C.** **President.**
W. J. Galloway **Major**
E. N. Ballantyne **Major** **Members.**

J. A. Grant

Lieut. Colonel

A. D. M. S. M. D. No. 1
Assistant Director of Medical Services.

Dean A. Cannon **Major**
Director General of Medical Services.

3296.71

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

23. Is the Officer in (a) General service (b) Service abroad (not general service) (c) Home service (d) Temporary unit (e) Unit for service in Categories A, B and C

(Yes or No) (Yes or No) (Yes or No) (Yes or No) (Yes or No)

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

25. It is recommended that the Officer be discharged (When not for discharge and special recommendation) (When not for discharge and special recommendation)

[Faint signature and text]

[Faint text]

[Faint signature and text]

[Faint signature]

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station **London, Ont.** DEPT. **MILITIA & DEFENCE**

Date **Sept. 19th, 1917.**

SEP 23 1917

H.Q. **CANADA**

1. (a) Unit **"F" Unit, M.H.C. Command.**

(b) Rank **Lieut.**

(c) Surname **TUCK**

(d) Christian name **Clarence Everett**

2. Age last birthday **25**

Date of birth **July 4th, 1892**

3. Date of appointment to the C. E. F. (for officers of the C. E. F.) **Dec. 26th, 1915.**

Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) **Dec. 26th, 1915.**

4. Personal description:

(a) Height **5ft. 11½ ins.**

(b) Weight **137 lbs. with uniform**

(c) Complexion **Dark**

(d) Colour of hair **Dark Brown.**

(e) Colour of eyes **Hazel**

(f) Scars or tattoo marks **Mole on right breast**

5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) **270 Main St., East, Galt, Ont.**

(b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent **O.C. "F" Unit, M.H.C. Command**

6. Former trade or occupation **Hardware Salesman**

7. Service

	PERIODS	
	Years	Days
	From	To
129th B'n.	Dec. 26th, 1915	Aug. 20th, 1916.
18th B'n.	Aug. 20th, 1916	July 31st, 1917.
"F" Unit, M.H.C. Command.	July 31st, 1917	Sept. 19th, 1917.

8. Disease or disability (use authorized nomenclature) **General Debility**

(a) Date of origin **Apr. 9th, 1917**

(b) Place of origin **Vimy, France**

(c) Cause **G.S.W. as described in No. 10.**

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

Cannot walk more than two miles without feeling of marked exhaustion. Dizziness still present, but by use of glasses the attacks are less frequent and eyesight improved. R.E.V.-6/5. L.E.V.-Normal, with glasses. No improvement in Ptoxis of right eye. Not well nourished. No history nor physical evidence of venereal disease. Heart, lungs and other systems normal.

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

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.

[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Small circular scar of bullet entrance on back of right side of neck $1\frac{1}{2}$ " external to vertebral column and on a level with the ramus of lower jaw, also a star shaped scar of exit about 1" external to left angle of mouth. Has been supplied with suitable glasses.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

1/5(one-fifth)

12. Did the disability arise on or off duty? **On duty, in action.**

13. Was a Court of Inquiry held? **No**

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable.

Not applicable.

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

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

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? **Impossible to say.**

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

Hospitals France, England M.H.C.C. London, Ont.

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

No.

19. Can the former trade or occupation be resumed? **Yes.**

20. Recommendations. **Light duty in Canada.**

W.D. Alford
Medical Officer by whom the case is brought forward.

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

I, the undersigned..... **C. E. Luck**..... have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

C. E. Luck **Lieut**

Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

YES

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

23. It is certified that the Officer

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

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) **Board recommends that this Officer be employed on light duty in Canada.**

Station London, Ont.

Date Sept. 19th, 1917.

APPROVED BY

Date

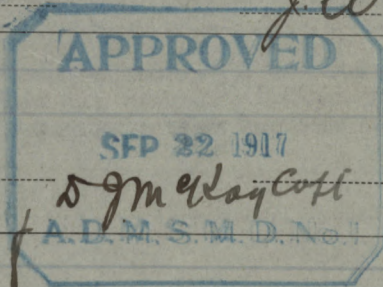
APPROVED BY

Date

John H. Walker Captain **President.**

B. J. Kieck Captain

J. W. Brane Captain **Members.**



Assistant Director of Medical Services.

J. J. Madams **46**
Director General of Medical Services.

- 29/9/11/11
1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
 2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
 3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
 4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
 5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

NOT CHARGED

SEP 29 1911

Confidential.

To be used in cases of wounds or injuries received in action.
(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of _____

A.D.M.S. London Area.
for the purpose of examining and reporting on the present state of a wound or injury sustained
by LIEUT. D.E. TUCK. 18th Bn.
at (Place of injury) VIMY RIDGE. on the (Date of injury) 9.4.17.

The Board find this Officer sustained a G.S.W. on above date at
above place. The bullet entered the right side of neck 1" Behind
and 1½" below the tip of the mastoid process. It passed forward and
inward injuring the tonsil on that side, the uvula, and emerged
through left cheek about opposite bicuspid. The right eye shows some
ptosis of upper lid.
Eye ground appear normal. V - 6/6.

The opinion of the Board upon the questions below is as follows:—

- 1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)
- 2.—If the case does not come under the category of 1:—
(a) Was the injury, in the first instance, very severe in character?
(b) Are its effects still very severe?
- 3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)
- 4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.
- 5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?

Replies		
As to first wound	As to second wound (if any)	As to third wound (if any)
No.	/	
No.		
No.		
Slight not permanent		
4.1/4		

I concur in the findings of the
Board of Medical Officers here
Recorded.
W.H. Delaney
A.D.M.S. Invaliding
for D.M.S.
Canadian Contingent.

Signatures
T.H. Macdonald Major CAMC.
J.C. Calhoun, Major CAMC.
R.E. Rogers, Capt. CAMC.

Station 13 Berners St.
Date _____

18-02

INSTRUCTIONS to be observed by the Medical Board
preparing the Report.

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

188 34

Year

1917

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Station
and Date.

Disease

Wounded 9th April at Vuni Ridge.
Machine gun bullet neck behind
right sterno mastoid passed upwards
injuring tonsil, uvula,
passed across mouth & emerged
on left cheek about opposite
left bicuspid & molar teeth.
No bones broken.

Wound in Cheek star shaped.

R. Tonsil & uvula rather sloughy
also sloughy on inside of
Cheek.

Teeth. 2 Bicuspids & 1st molar
on left side packed.

R. Eye. Some phosia & also small pupil
Endophthalmos — evidently the
Sympathetic nerve been injured.

May 9. 17.

Rt. pupil still much contracted. Wds. all healed.

May 30. 17.

Fauces & tonsils injected. No ulceration.

June 17.

Tonsils well. Other condition unaltered.

19. 6. 17.

Discharged Hospital.

[Signature]

20. 6. 17.

[Signature]

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

Station
and Date.

12th.

Hospital.

Ward 35

No. of Bed

Date April-25-18

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
Lieut	Tuck R.	¹⁸ Canadian	Jaws

● SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

From radiograph
teeth on left-side
in the upper jaw.
Several have been
fractured.

Signature of M.O. Frank J. Rance

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate { ~~5702~~ 5602

Left maxilla
Fract. between 2nd & canine
roots.

Signature of Radiographer H. A. Egan

Date Ap. 26 1917

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Nov. 1/16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

30.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank *Lieut.* Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name _____

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			300 -	300 -	<p>Acct closed 31/8/17 Last payment 31/8/17</p> <p>Auth H. Q. L 332-77-65 on file 18272-C-6 C.P.L. 30/8/17</p> <p>Resigned 9¹⁰/₁₇ C.R. O. 2687-18¹⁰/₁₇-A.J.B.</p>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

C.E.F.

LIEUT.

TUCK, CLARENCE. E.

AS 24562
23954

File No. D.V.A.....

DEPARTMENT OF VETERANS AFFAIRS

S.

Hospital.

Ward 36 No. of Bed 23 Date 12 24 17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
	<i>Lt. Tuck</i>	<i>1st Canadian</i>	<i>Neck & Jaw</i>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

*How Neck thro'
to cheek
Bones? Jaws?*

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 5404

*There seems to be a broken
bone L. upper jaw. No
obvious fracture of jaw.
No fracture vertebrae seen.*

Signature of M.O. *Don*

Date 12. 24. 17

Signature of Radiographer *C W Hott*

Date 12. 24. 17

CLINICAL CHART.

ARMY GENERAL HOSPITAL R. Army Form B. 181

Corps

18/Canadians

No.

Rank and Name

Lt. G. B. Luck

(To be attached to Case Sheet.)

Military Hospital

Age

24 1/2

Service

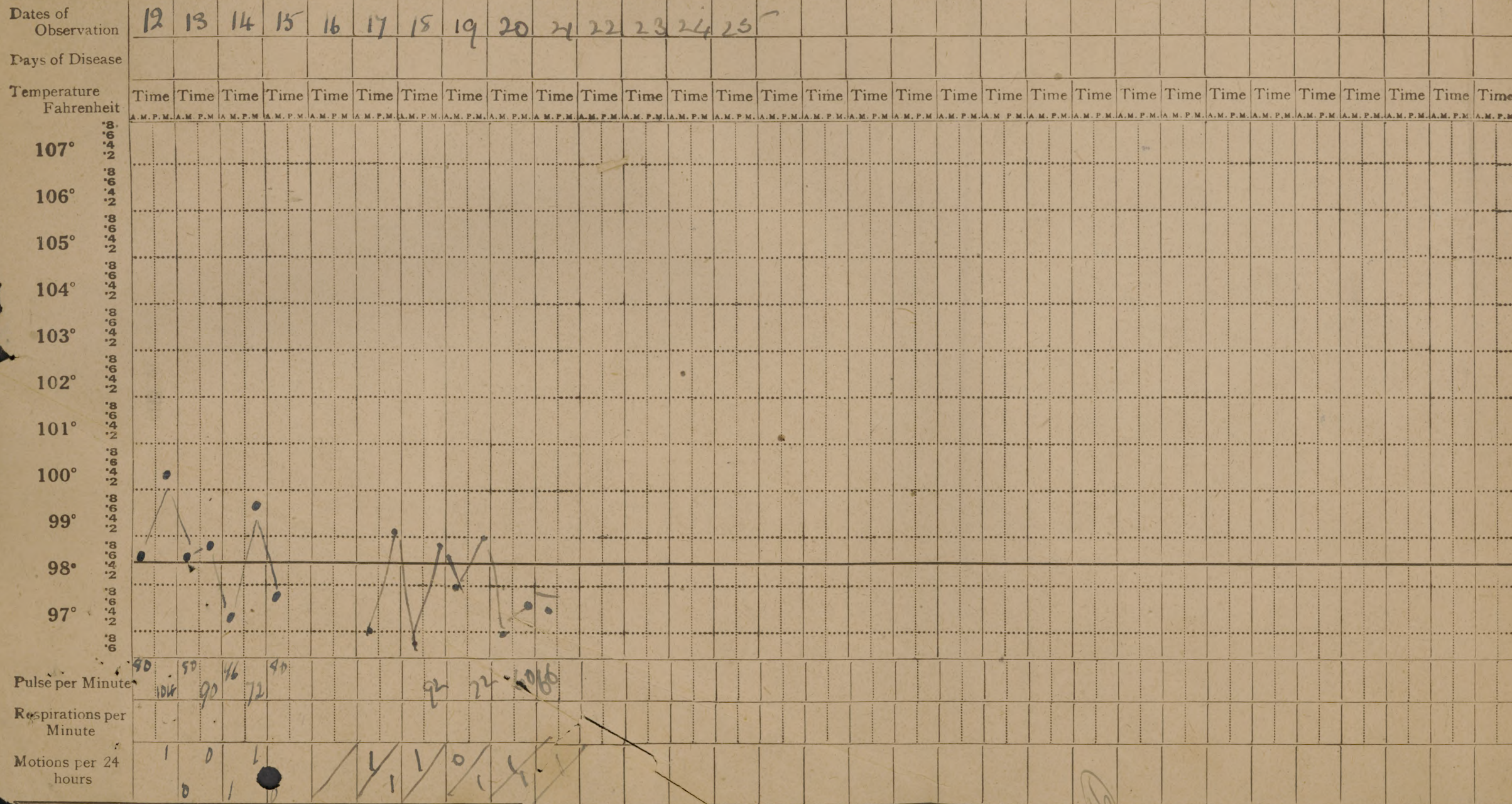
1 1/2

Disease

Date of admission

Date of discharge

Result



Signature

In charge of case.

