

REGIMENTAL DOCUMENTS

NAME

CARNEY JOHN

REGT. NO.

1027278

UNIT

235th Bn

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

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

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

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

Cas card

msw192

msw67

msw192

msw192

msw192

msw192

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msw192

msw192

DEATH

Category

DISCHARGE

Category

med unfit

DESERTION

2

12-25

12-25

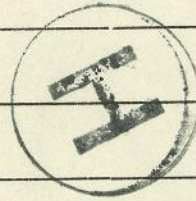
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6771
3PC 204296
6-3-31
War Service Badge Class 1100
No. 214986
C 65-499
Issued

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 1027278

2. Rank Private

3. Name CARNEY, John

4. Unit No. 3, Casualty Company

5. Date of Discharge 31-12-19 Place Kingston, Ont.

6. Reason for Discharge
Medically Unfit, To S.C.R. for further treatment

7. Authority R.O. 1080

8. Proposed Residence after Discharge
14 Terbet St., Glasgow, Scotland

Deceased.
12 1/31
609.6-33026

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. ? 39

J. Carney

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ontario.

Date 31-12-19.

Medical Documents
Forwarded to
S.C.R. or R.P.C.
on
JAN 17 20
Date

Signature

(O.C. Discharging Unit.)

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

Impd -

101

Number 102 7278 Rank PLC.

Surname CARNEY

Christian Name John

Units 70th Bn. Can Div. Theatre of War France

Date of Service 8-4-18

Remarks _____

Latest Address 14 Terbet Street
Glasgow

Roll No. 2 Page 18381
Scotland

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

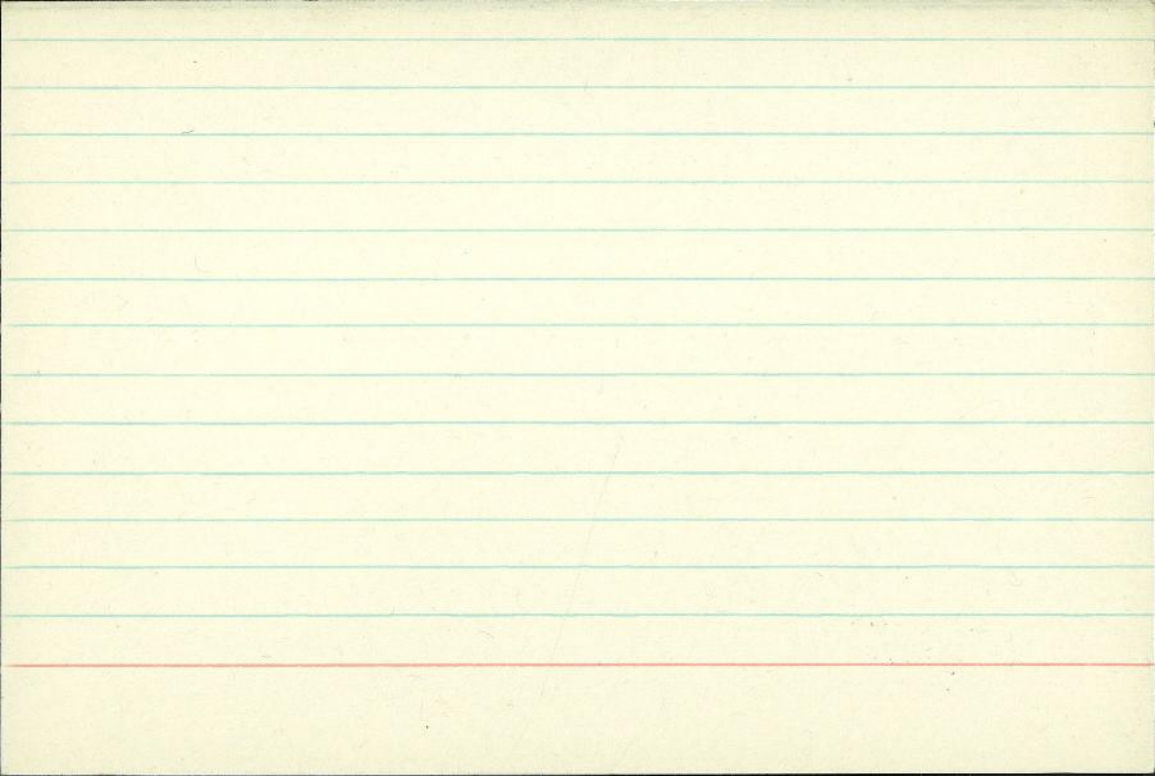
CARNEY, John

1027278

Pte. 75th Bn. 649-C-33026

medals desp.

No information as to relation of
death to service



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 1027278 2. Rank Pte. 3. Original C.E.F. Unit 935th Batt.
4. Christian Names John 5. Surname Carney
6. Address, in full, to which future payments of gratuity are to be forwarded John Carney
Sydenham Hosp. Kingston.
7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>1027278</u>	<u>Pte.</u>	<u>CANADIAN SERVICE.</u> <u>935th C.E.F.</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.		<u>IMPERIAL SERVICE.</u>	

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>16/8/16</u>	<u>Not Applicable.</u>		<u>CANADIAN SERVICE.</u>		
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.				<u>IMPERIAL SERVICE.</u>		

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency _____
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: _____
75th Batt. 9 April 1918 to Sept 2-1918.
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No.
11. Have you been issued with a War Service Badge? If so, give number and class No.
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit 3rd D.D.
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates Yes \$70 on Oct 9. 1918 from Paymaster 3rd D.D.
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled No.
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No.
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department? No.
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable
18. Relationship of such dependent Not Applicable
19. Present address, in full, of such dependent Not Applicable
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name Not Applicable.

REMARKS _____

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant:

Place of Residence:

Declared before me at:

This 15 day of October 19

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

C. J. Peterson Capt. & Adj.
District Depot No. 3

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
-------------	-----------------------	------------------------

183 days @ mil H20 00

REMARKS

Certified correct

Assistant Director Pay Services, Mil. Dist. No.

Date

NAME *Carney, John*

RANK AND CORPS

*Pte. (134th Bn.) 75th Bn*REG'T L No. *1027278.*

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

*Q 520
84-3**12-9-18**S*
Adm. 7 Cav. Gen. H. Le Treport
Sept. 3rd. 1918. U.S. M. R. Arm.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 87.	#12 Can. Gen. Bramshott	9-12-17	Spr. R. Knee, 1 st Cent Ant Regt
C 111-1	Wisch	10-1-18	Spr. R Knee. " " "
A 315	7 Can Gen Staples	3-9-18	Slw R Arm
B 317	Mt Colchester	8-9-18	" " " "
B 343	PRC R B Bayhill	9-10-18	" " " "
B 439	14 Can Eastbourne	30-1-19	" " " " "
B 445	16 " Gen. Tapslow	8-2-19	" " " " "
B 509	4 Can Gen Boington	27-4-19	Slw R. Arm
B 540	16 Gen Orpington	7-6-19	" " "
B 554	5 Can Gen Kirkdale	27-6-19	Slw R. Arm
B 565	Invalids Canada	14-7-19	Slw R Arm L 508. m03

Reg. No. *1027248* Name *Carney, John.*
Rank *Pfc* Corps *DD3.* Age *35* Service *C. 9/12 C. 2 1/2 F. 5 1/2*
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Queens Military Kingston
dis to Cgo Co

26-7-19
31-12-19

H. G. W. Rt Arm

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

CARNEY.

RANK

UNIT

J.

Co.

TROOP

1027278.

BATTY.

Pte.
HOSPITAL

1st. C.O. 134. 75

DATE OF ADMISSION

12. Can. Gen. B'shott.

9-12-17.

1. 7 Can Gen. B'shott. HOSP. 3.9.18

2. Mill P. Colchester HOSP. 7.9.18

P. P. C. R. C. Bishop 9-10-18

3. 14 Ch. H. Eastbourne HOSP. 30-1-19

4. 15 B. G. H. Taplow. HOSP. 8.2.19

DIAGNOSIS

Spr. Rt. Knee. 1/2

1. S. W. R. Amey

2.

3.

Inv. to Can. 14.7.19. S

Dis. 10-1-18

DISPOSITION

DATE

C.L. 13-12-17. C87.

REMARKS

12-1-18 111

10.9.18 315 ④

12.9.18 B 317 3.

12-10-18 B 343-3

5-2-19 B 429

12.2.19 B 425

1.5.19 B 529

12.6.19 B 540

30-6-19 B 556

8.7.19 B 565

A.M.O. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

- | | | |
|----|---|--------------------|
| 1. | 4. Can. Gen. Basingstoke
16 B. S. Orpington. | 27.4.19.
7.6.19 |
| 2. | 5. Can. Gen. Kirkdale | 27.6.19. |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

MEDICAL HISTORY SHEET

Surname

Carney

Christian Name

John

Examined { on 16th. day of Aug. 1916
at Bowmanville, Ont.
Glasgow
Birthplace { City or Town
County Scotland

Approved by

Robert Clark
Capt. M.O.

Apparent age 33
Trade or occupation Fireman

Height 5 feet 3 Inches

Weight 145 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 4 inches

Physical development Good
No

Small-pox Marks

Vaccination Marks { Arm Right Left
Number Never
Never

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease No

(b) Slight defects but not sufficient to cause rejection No

I. Both eyes D. 20.

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

Date Result VACCINATIONS

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 16th. day of Aug. 1916 at Bowmanville, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	235th.	1027278	Good	Aug. 16th. /16.
Transferred to	134 Am 12th Regt. Pz 75th Am	8-4-18		19/6/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
1st Cco. St. Marlin Plam H.C.F. H. Barrington	Feb. 28. 2.15 20.5.19	Brain muscle spind neu. right	a. M. Mangin com- Invalid to Canada Enlist. during

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

Surname *Carney* Christian Name *John*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.
		Admission into Hospital			Discharge from Hospital					
		Day	Month	Year	Day	Month	Year			
No 12 Can Gen Hosp Bramshott		8	12	18	10	1	18	Pr R Knee	34	Knee swollen & painful. One month rest & Scott Dressing. now fit for D.I.
COLCHESTER GENERAL MILITARY		7	9	18	7	10	18	CSW arm R CF humerus.	31	Transfer. Epsom.
Princess Patricia Canadian Red Cross Hospital, Corden Camp; Bexhill,		7	10	18						Transfer to Farnville Special Hosp. There adhesion of left elbow joint broken down Recommended by consultant. At Stewart Small swins back of arm Almost healed. Transf. Farnville Hosp. as per above noted recommend.
14 Can. Gen. Hosp. Eastbourne.		7	2	19	26	4	19	CSW RT Arm.	74	Swins leads down to bone Atrophy of muscles of arm Forearm wrist drop by limited movement of elbow joint Sup pronation movements by slight Extension flexion at wrist by limited flexion of fingers much impaired. For Brassey & Coke
No. 4 Canadian Gen Hospital, Basingstoke.										Union & left hand R.D.

Signature of
Medical Officer

*Byer
Capt
Cave*

*Edmund
Capt.*

*James
Capt.*

*W. Newbury
Capt R.A.M.C.*



*Pr R
wound
reaction
R.D.*

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 initialled 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.

Sydenham Mil. Hospital.

STATION **Kingston, Ont.** DATE **Dec. 30/19.**

1. 1 (a) Unit **#3 DD** (b) Regimental No. **1027273** (c) Rank **Pte.**
(d) Surname **CARNEY** (e) Christian name **John**
(f) Home address **14 Terbet St., Glasgow.**
(g) Next of Kin **Richard Carney** (h) Relationship **Brother**
(i) Address of Next of Kin **same as above.**

2. Age last birthday **36** Date of birth **Aug. 4. 1883.**

3. Enlistment, or Appointment (if an Officer) (a) Place **Bowmanville** (b) Date **16-8-16.**

4. Personal description:

(a) Height **5' 4"** (b) Weight **142 Est.** (c) Complexion **Fair.**
(stripped)

(d) Colour of hair **Brown** (e) Colour of eyes **Blue** (f) Identification marks, Scars, etc.

**Scar 4" long mid. of post. surface and scar 4" long mid. of anterior sur-
face of right arm.**

5. Former trade or occupation **Marine Stoker.**

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).

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	PERIODS	
	From	To
Canada	16-8-16	25-4-17
England.....	14-7-19	date
France or other theatres of War.....	25-4-17	9-4-18
	7-9-18	14-7-19.
	9-4-18	7-9-18.

7. Original disease, or injury **Compound fracture of right humerus with lesion of
the musculc-spinal nerve.**

(a) Date of origin **2-9-18** (b) Place of origin **Arras**

(c) Cause **GSW**

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.)

Marked weakness of right arm with marked loss of function of right arm, hand and wrist, following compound fracture of rt. humerus and lesion of musculo-spiral nerve due to GSW.

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.)

Scar 4" long back of middle third rt. humerus. Scar 4" long front of middle third of rt. humerus. Slight hernia of biceps through lower end of this scar. Both scars well healed, non-adherent, non-tender. Old Compound fracture of humerus and lesion of musculo-spiral nerve at this point. Two well healed good scars, anterior and posterior surface of rt. lower arm result of operation of tendon transplantation. Movements rt. shoulder abduction 110°, extension 135°, backward normal, elevation normal. Elbow flexion 90°, extension 165°, supination and pronation only slightly limited. Wrist extension 180°, flexion 60°, extension of fingers to 180°, flexion very poor, grip poor, hand and wrist very weak. Measurements: right biceps 9", left 9-3/4", Forearm-right 8", left 9-3/4"

X-Ray report below. Electrical Test Report attached.

Complains of weakness and marked loss of function right arm and hand.

X-Ray:- "Old Fracture of the middle third of the Humerus. The union and position are good."

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

Nervous System.....NO..... Cardio-Vascular System.....NO..... Genito-Urinary System.....NO.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....NO..... Respiratory System.....NO..... Integumentary System.....NO

Disturbances of Mentality.....NO..... Digestive System.....NO..... Muscular System.....NO

Osseous and Joint Systems.....NO..... Any other general condition.....NO

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

States he was wounded in right arm 2-9-18, sent to England to Colchester 7-9-18, to Cooden Camp 7-10-18, to #14 Can. Gen. 4-2-19, to #5 Can. Gen. 26-6-19, to Canada 14-7-19 where he has been in Q.U.M. Hosp. and Sydneyham Military since landing.

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).)

SPRAINED RIGHT KNEE 8-12-17 to 10-1-18- Recovered.

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

See 4F.

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

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

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

Hospital 2-9-18 to date- Splints, dressing, sinus curetted tendon transplantation at Sydenham Military, Massage, electricity, Remedial exercises.

4.

Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? YES
(If the answer is "yes" state nature of treatment required and probable duration)

5.

5.

6. Can the former trade or occupation be resumed? NO
(If not, briefly state why)

7. Recommendations Discharged from army as medically unfit and placed under the care of SCR for further treatment.

Sgd. J.O. Macdonald, Capt.

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, #1027278, Pte. J. Carney, 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

.Pte. J. Carney.

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) ~~Does not require treatment.~~

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

As medically unfit and placed under the care of the SCR for further treatment.

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.

Sgt. Wm. Gibson, Capt. C.A.M.C. President.

PLACE Kingston, Ont.

W.H. Hicks, Capt. C.M.M.C.

Members

DATE Dec. 30-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

Members

DATE.....

APPROVED BY

APPROVED BY

Sgt. J.H. Fisher, Capt. A.M.C.
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 31-12-19.

DATE.....

13 ~~147~~Forms
1. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1027278	Pte.	Carney	J
Year		Unit. ⁷⁵ 25 th C. I. B.	Age. 35	Service. ³⁰ 27 ¹ / ₂
Station and Date.	Disease			
29-1-19	G. S. W. arm Rt. P.H. No illness previous to enlisting. Enlisted at Bowmanville Ont Aug '16. Came overseas Apr '17. Had knee fractured Nov. '17. Was in Hospital, Bramshott seven weeks. Went to France Apr 9th 18. Was wounded at Arras in Rt arm. was operated on at C.I.B. sent to base and evacuated to England Sept 7th to Colchester Military Hospital. Was there 5 weeks then transferred P.P. C.I.B. Hosp. Gooden. Had N.D.G. in 1909. Broke out again in 1915. H.P. Patient states wound was healed in Nov. and remained healed until last week altho' he could never use his hand. About a week ago wound broke down and has been discharging since. Exam- Long healed scar down ant. surf. rt. arm. Long scar down post surf. rt. arm, opp. former, small sinus in centre - slight discharge - some dead bone can be felt at depth of sinus. Fracture approx. strongly united, considerable callus. Considerable stiffness of all muscles of rt. arm, also atrophy. Wrist drop, rt. is loss of sensation. Heart & Lungs - neg			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349)

Station
and Date.

4.2.19

Wt. almost healed

Transf. Buxton.

Jewickham

May.

No 5 C. S. N. Kirkdale Liverpool

Examination of Right Arm.

There are two scars one on Internal
surface & one on External Surface.
Scars are contracted adherent & scaled

There is a lesion of Musculo Spiral
Nerve causing Drop wrist - Splint
worn to support wrist

There is Limitation of Movement
of Shoulder Joint Flexion of Elbow Joint to a right angle
^{Extension} Massage & Electricity
to Longherbapt Camp

35

Forms

I. 1237

14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Year.

1919.

Disease

Station
and Date.

Wounded Rt Arm Sept 1918 -
Healed and discharged from Haplow Oct 1918
about 20-1-19 there was a discharge
at site of this old scar.
Admitted 29-1-19 to 14 Can Gen Hosp.
Small sinus from site of scar on post
Surface of Rt Arm.

Present Condition Long Scars on
Anterior & Post. Surfaces of Rt
Arm. In scar (posterior) there is
a small sinus down to bone,
Atrophy of muscles of Arm & Forearm
to wrist drop. Very limited
movement of elbow joint
Supination & Pronation movements
very slight if any -
Extension & flexion at wrist very limited
Flexion of fingers much impaired.
X-ray of Arm & callus

March 3-19. Hearsever for 10 years. Tongue very foul
fauces so irritable that no satisfactory view
of larynx is obtainable. Advice Colonel for
Sas Breech for TX. & Rhei for it. morning &
night for a week.
Nasal passages very narrow.

A. H. H. H.
Capt

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>ms 18912</i> Year <i>1919</i>	Regimental No. <i>1027278</i>	Rank. <i>Pr</i>	Surname. <i>Carney</i>	Christian Name. <i>J</i>
	Unit. <i>75 Cans</i>	Age. <i>35</i>	Service. <i>32 1/2</i>	
Station and Date. <i>No 4 19</i>	Disease <i>lssw R arm lesion musculo spinal nerve</i>			
	OCCUPATIONS. <i>Fierman</i>			
	Next OF KIN. <i>Cousin Miss A. Battley</i>			
	ENLISTED. <i>16-8-16</i>			
	ENGLAND. <i>8-5-17</i>			
	FRANCE. <i>9-4-18</i>			
	WOUNDED. <i>2-7-18</i>			
	HOS PITALS.			
	OPERATIONS.			
	REMARKS.			
	SUMMARY OF F.M.C. & M.H.S.			
	PRESENT CONDITION.			

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

Station
and Date.

R. Arm - wds. healed
3" wds. posterior. Ext. surface
mid 3rd. 3" wound posterior -
medial surface.
Fract. of mid 3rd of R arm
united
no apparent injury to nerves
or B.V. except musculo-spiral
power of hand ~~normal~~
forearm about 25% of
normal.
Heart and lungs - no
lesion found.

E. L. McArthur
Capt.

12-5-19.

Electrical Examination

There is a Reaction of Degeneration in the muscles of the fore
arm supplied by musculo-spiral nerve - No response to
Faradism KEE. 8 < AEE 6. - Galvanism - showing reverse of polarity
to Condenser - 100 volts. at 4.0 microfarads. ^{Feeble response} Other muscle groups
respond normally.

P. R. Clarke
Lieut. Col. Capt. Neurologist
Specialist in

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year.	Unit.	Age.	Service.	
Station and Date.	Disease			
17-5-19	1027278 PG Caruag. J.			
	<u>Electrical Examination</u>			
	There is a Reaction of Degeneration in the muscles of the Fore arm supplied by Musculo Spinal nerve. No response to Faradism. RLL 84 AEE 6. Galvanism showing reversal of polarity - So Condenser - 100 volts at 4.0 microfarads. feeble response. Other muscle groups respond normally.			
RLL	Lieut. Charles Capt Specialist in hematology.			

Station
and Date.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

1027278

Pte

Carney

J.

Unit.

Age.

Service.

Year

75th Can Bn

35

27/12

Station
and Date

Disease

Gt. arm R.

PRINCESS PATRICIA

CANADIAN RED CROSS

Hosp

Apt. 11

Admitted 10.10.15. A. had been

in splint for 9 weeks. much atrophied - slight
movement at elbow joint. Has been treated with
massage & electricity. Passive movements since
admission.

28.11.15

Col. Stewart advises transfer D. Francis Hosp.
for further treatment of probably possible breaking
down of adhesions in joint under anaesthesia.
D. Francis Hosp.

Station
and Date.

Forms
I. 1237
14

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1207278	Pte	Carney	J.
Year.	Unit.	Age.	Service.	
	75 Can Batt	35	34/12	
Station and Date.	Disease.			
No. 10 CANADIAN (GENERAL HOSPITAL) BRISTOL, KENT.	G. S. W. R. Arm Fract Humerus.			
Scar incision outer upper rt. Arm. Small discharging sinus in center.				
Drop wrist - no splint. Bring worn on admission. Patient states he lost it. Has been boarded for two to 6.				
June 25/19. Small discharging sinus in centre of scar at arm. Wearing splint to keep wrist extended. Boarded to transport to Kirkdale.				
Benj. Cohen, Capt. Carney				

Station
and Date.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
20-9-17	OC. 134th Bn	Taken on strength of 134th Bn	Witley	19-6-17	Part 11 D.O. No. 171
11-1-18	OC. 134th Bn	Transferred to 1st Bn. 6th Div. Langford D.I.	Witley	10-1-18	Part 11 D.O. No. 3 215 Platoon for OC. 134th (Can. Inf) Bn
17-1-18	1st C.O.R.D. T.O.S. & att to 1st C.O.R.D.	Handling	Witley	10-1-18	Part 11 D.O. No. 17
12/1/18	Admitted to 1st C.O.D. from	1st C.O.D. Pt. II. No. 11	Witley	17-1-18	1st C.O.D. Pt. II. No. 11 for O.C. 1st C.O.R.D.
6/3/18	Ceases to be attached on proceeding to 12th Res Bn.	12th Res Bn.	Witley	6/3/18	Part 11 D.O. No. 63 for Adjutant 1st Canadian Command Depot
7-3-18	12th Bn	T.O. 8th Res Bn	Witley	6-3-18	Part 11 D.O. No. 57
9-4-18	do.	S.O. 75th Bn	Witley	8-4-18	Part 11 D.O. No. 85 Lieut 1st Records 12th Res. Bn. C.O.D.
11-4-18	1st C.O.D.	Leaves on leave 1st C.O.D.	B. Shatt	6-3-18	Part 11 D.O. No. 68 LIEUT. FOR LT: OOL 16 RECORDS. C.O.M.F.

Name

Carney

16-8-16

Date of Embarkation for England

1-5-17

Proceeded to France.

9-4-18

Returned to England.

Liv Wd. 7-9-18

Date returned to Canada.

14-7-19

P.R.2855.

Chk'd
23/5/22

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 7239 Year 17	Regimental No. 1037278.	Rank. Pto.	Surname. Carney, Christian Name. J.
	Unit. 134. Cauds	Age. 34	Service. 17/12
Station and Date. 8-12-17	Disease	Sprain R. Knee.	
2012 Can 9. en.	Injured. bayonet fighting yesterday jumping a trench. Has never had trouble with knee before. He fell with lower leg turned in. There was no locking - but great pain & stiffness. Taken to his hut where remained until admission.		
	Ex. Quite extensive swelling of knee with fluid effusion in synovial sac. Painful on slight movement.		
	Treatment Rest. Scott's dressing		
19.12.17	Improving. Still some swelling		
22.12.17.	Still swelling & stiffness		
29.12.17	Allowed up. Greatly improved.		
8-1-18.	Disch 5 CED D.O. S. J. Myers		

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

Station
and Date.

Casualty Form—Active Service.

Regiment or Corps...75th Canadian Infantry Battalion.

Rank...Private... Surname...CARNEY... Christian Name...J.

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 ...			
19-4-18	75th Bn.	Taken on Strength	Field	9-4-18	D.O 28
10-4-18	4 CBD.	S.O.S. to C.O.R.C.	do.	10-4-18	N.B
do.	C.O.R.C.	Taken on Strength	do.	do.	do
4.5.18	75 Bn	Joined unit	do.	3.5.18	B.213
3.5.18	CCRC	Joined unit (H.C.)	do.	do.	NR 592
7.9.18	O.C. H.S.	Invalided wounded and			
	Head Antwerp	posted to Cent. Ont.		7.9.18	after 2003/5936
		Regt sepab. Willes.	Base		20.97
		Lieut. for Lt Col. A. A. G.			
		Canadian Section, G.H. Q. - 3rd, Ech.			

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

(b) Signaller, Shoeing-Smith, &c.

W. 3635—M2733 2000m 9/17 (35611); C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

Carney John 104 278

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				
16.9.18	1 CORAL	GoL from 75th Bn	Pte Witley	8.9.18	Do 257
28.1.19	✓	AWL 9 days F.P. "2 and forfeit 9 days pay	✓	12.12.18	Do 22
					Do 22
31.7.19	3 DD.	105# 3 DD	Kington	15.7.19	Do 212
		* Posted to Queens 26.7.19.			
20/7/19		Granted leave with sub. from 2.7.19			
		to, 11.8/19			31.8.212.
12/1/20		Sc. 1 #3 Gas Coy. on Discharge 20/12/19.			
		In U. To S. C. R. for treatment B.O. 1040.			
		In B. 20/12/19			31.8.12.

W. A. Clark

Capt.

O. O. Casualty Company

No. 3 District Depot

G.C. Rank

Name **CARNEY. John.**

Reg'l No. **1027278.**

Unit **235th. to 1st Cent. Ont. Regt.**

If in perm. Corps, }
What Unit? }

Married or Single **Widower.**

Place and Date of Enlistment **Bowmanville 16th. Aug 1916.** Place of Birth **Glasgow Scotland.**

Name and Address, Next-of-Kin **Richard Carney,**

14 Tarbet St. Glasgow Scotland.

Relationship

Brother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R.B. No. **30424**
File R.L. **AN. ML**
Category **AN. ML**

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

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.				
ARRIVED IN ENGLAND 14 5 17. S/S. MEGANTIC.					
14-5-17	235th Bn.	S.O.S. To 3rd. Res.	Otterpool	14-5-17	Pt. II D.O. 266 (3rd Res D.O. 134/17-5-17)
20-6-17	134 Bn	J.O.S. from 3rd Res.	Barnholt	19-6-17	Portsmouth (3rd Res D.O. 16704/19.6.17)
12-12-17	1st COR (104)	No 12 Can. Enl. Hq. B.	B'ahott	9-12-17	C.L.C 87 Apr. R. Kneel
11-1-18	134th	S.O.S. to 1st COR	134th	10-1-18	Pt II 3 (1st COR D.O. 1704/17-1-18)
12-1-18	1st COR	att'd to Unit for all purposes	134th	10-1-18	Pt II 11 (")
6-3-18	"	Cause " " "	134th	6-3-18	" 63 (1st COR D.O. 1704/17-3-18)
7-3-18	12th Bn.	J.O.S. from 1st COR	134th	6-3-18	" 54 (")
9-4-18	"	J.O.S. to 75th Bn. Oper	"	8-4-18	" 85 (")
10-9-18	75	Wounded	Field	3-9-18	624815

A.F. 103 CHECKED

Carmy John #1027275

Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
16-9-18	1-CORP.	To S from 75 Bn	Oli Witley	8-9-18	PL #0257 ⁹ / ₁₆ 75 Bn PL #0 914/1898
28-1-19	✓	AWL - 9 day F.P. #2 + forfeit - 9 days pay		23-12-18	-22
18-2-19	1-CORP.	Inm. to Canada	115 CA Hosp. ^{Superpool}	14-7-19	B565, S. 2.508, MD3
29-7-19	1-CORP.	Inm. 8 S.O. S to Can.	Witley	14-7-19	D 0149

280 g 16

27-108023

A5-50.

H.Q. 649-C-33026

NATIONAL DEFENCE RECORDS

DEPT. NATIONAL DEFENCE
NOV 10 1931

OTTAWA-ONT.
26 Oct., 1931

Ottawa

To -

Secretary,
Board of Pension Commissioners,
Ottawa.

1. Number	1027278
2. Name	CARNEY, John
3. Rank	Pte.
4. Unit	75th Bn.
5. Date of Death	12-6-1931
6. Cause of Death	V.D.H.
7. Place of Death	Hotel Dieu, Kingston
8. Death reported by	"C" Dist., D.P. & N.H.

Please advise if the above soldier died from causes attributable to Active Service while on Naval or Military Service or after discharge.

A2.

(Clyde R. Scott),
Major,
Asst. Director of Records.

-2-

October 30, 1931.

To - Director of Records.

#1027278. Pte. John Carney

RECEIVED
OCT 27 P.M. 1931
Head Office
C.R.

In reply to your memorandum of the 26th instant, relative to the marginally noted, you are advised that this case has been referred to the Chief Pensions Advocate for the consideration of the Pension Tribunal.

1021

[Signature]

for Secretary.

SC9.

for removal of
star



Pensions

IN YOUR REPLY REFER TO FILE NO.

106-J.1.

3rd Floor, Daly Building,
Ottawa, 30th June, 1931.

The Director of Records,
Dept. of National Defence,
Militia Service,
Ottawa, Ontario.

re: #1027278, Ex-Pte. J. Carney.

Dear Sir,-

The above noted ex-soldier died at the Hotel Dieu, Kingston on the 12th instant. Cause of death, valvular disease of the heart.

According to information received from our Kingston Office this man has no next-of-kin and that his correct name is John Traynor (enlisted under the name of Carney). However, it is noted from fyle that in 1922 Mr. Carney gave his next-of-kin as a brother, Mr. R. Carney, living at 14 Tarbet Street, Glasgow, Scotland.

Inventory of personal effects is attached, also Deposit Receipt No. 1015, in amount \$5.00, covering cash on man's person. Some letters are also attached.

Funeral arrangements were in the hands of R. J. Reid, Kingston and expenses to the amount of \$40.00 will be paid by this Department. There will be no further expense in connection with funeral or burial. Interment was made in the Soldiers' Plot, St. Mary's Cemetery, Kingston, Grave No. 25.

Kindly acknowledge receipt.

Yours truly,

R. E. Rappley, for
District Administrator,
"C" District.

)TFL.

cc) C.P. 23.

REGISTERED.

RANK—

NAME—

Carney, J.

REG. No—

102727

UNIT—

75th Bn

Lesion

lssw. Rt. Arm. Fr.

2-9-18.

Treatment

Massage.

Sister

Commenced

13/11/18

Remarks

15-10-18 not healing, Splint.

14/11/18. Fracture of humerus. Slight discharge from wound.

Limitation of movement at elbow joint. flexion of fingers impaired

15.11.18. C.O. gm.

goma. S.

22.11.18. C.O. PRM

29.11.18. Add Faradism gm

6.12.18 Leave.

14.12.18 Left

3.1.19. C.O. gm

10.1.19. C.O.

17.1.19. C.O. Joly

24.1.19. C.O. Joly

W. Sister Ray

elect. mass

Treatm't.	Initial.	Treatm't.	Initial.	Treatm't.	Initial.
1				elect	
2		rub.			
3		YBM	EEB		
4		YBM	EEB		
5		YBM			
6			EEB	EEB	
7			EEB		
8			EEB		
9			EEB		
10					
11					
12					
13	Mass	EEB			rub.
14		EEB			
15		EEB		Ion	EEB
16				Ion	EEB
17					
18		EEB			
19		EEB			
20		EEB		EEB	EEB
21		EEB		EEB	EEB
22	mass	EEB			
23					
24					
25	mass	EEB			
26		EEB			
27		EEB		Ion	EEB
28		EEB			
29					
30					
31					

*Name Carney John Rank Pl Regtl. No. 1027278
 Original unit 935 #15 Present unit #36 as bay M. or S. Age Religion Ref. H.Q.
 Fyle Depot

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge 14 Terbit St Glasgow, Scotland

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
30-7-19.	To S. #30 W. Kingston 15-7-19 & Posted to Inns 27-7-19	HQ 212
30-7-19	Granted leave with only from 28/7/19 to 11-8/19	HQ 212.

*—Name will be given in full; surname first.

[OVER]

Date

Remarks.

Pt. 2 Order No.

12/1/20

S. S. #3656 by. w. H. in ch. of

30/12/19 To S. C. R. for

treatment R. O. 10.00. M. B.

30/12/19.

S. S. 12.

Corps 75 Caus.CLINICAL CHART
(To be attached to Case Sheet.)No. 10 27278Rank and Name Pvt. Carney

Age _____

Military Hospital
Service _____Disease Fracture Rt. arm.

Date of admission _____

Date of discharge _____

Result _____

Dates of
Observation

Days of Disease

Temperature
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per
MinuteMotions per 24
hours

CLINIC
(To be attached to Case Sheet.)

Army Form B. 1.

Corps _____ No. _____ Rank and Name _____ Age _____ Military Hospital _____
 Service _____
 Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																																		
Days of Disease																																		
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	
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	.8																																	
Pulse per Minute																																		
Respirations per Minute																																		
Motions per 24 hours																																		

Corps 13th Cauds.

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

No. 1027278.

Rank and Name Pte Carney.

Age 34. Military Hospital

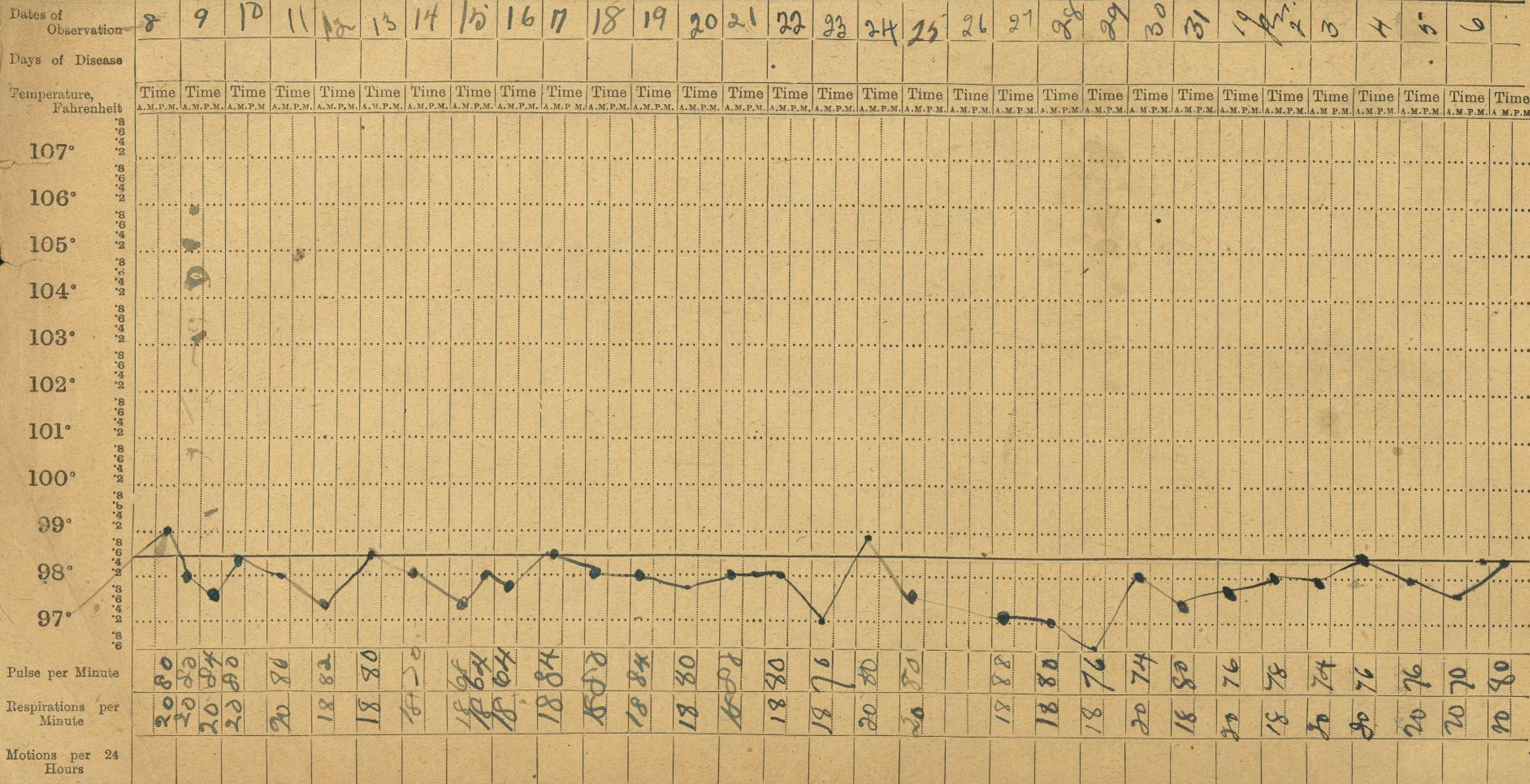
Service 17/12

Disease

Date of admission 8-12-17

Date of discharge

Result



Signature

In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 1

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of
Observation

Days of Disease

Temperature,
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per
Minute

Motions per 24
Hours

Signature

In charge of case.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

- (1) Name of Overseas Unit which Soldier joins..... 235th O/S Bn. C.E.F.
- (2) Regimental Number..... 1027278
- (3) Full Name of Soldier..... John Carney
- (4) Place of Birth..... Glasgow Scotland
- (5) Are you married, or not?..... Widower
- (6) If married, state,
 (a) Full name of your wife..... ✓
- (b) Present Postal Address..... ✓
- (7) Are you a widower?..... Yes
- (8) Have you any children?..... No
- ✓ If so, give number of boys and girls..... ✓
- Also their names and ages..... ✓

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

If so, state name and address

(10) Is your Mother alive?..... **No**

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

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

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

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

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

Richard Carney (Brother/

14 Tarbet S t. Glasgow Scotland

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

..... **No**

15) Are you insured?.....

If so, in what Company?..... ✓

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

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

S. O. B. Scribble H 401
.....
Officer Commanding.

Date..... **August 6th/16**

**A. & D.
CARD**

HOSPITAL.

AT.....

A. & D. No. *MS 58912* PL. OF ACTION *France*RANK *Pl* REG. No. *1027298* UNIT *75 Bn Cano.* SICK OR WOUNDEDNAME *Carney* AGE *35* RELIGION *RC*PLACE IN HOSPITAL *the CL*DIAGNOSIS *GLW R. arm*ADMITTED *26. 4. 19* FROM *15 CHA Laplow*DISCHARGED *6* To *16 B.G.H. Orpington*TRANSFERRED *6 JUN 1919*SERVICE AT HOME *27 mtd* IN FIELD *5 mob*RESULTS *Carney, John*

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

3

No. 1027278 RANK

Pvt.

NAME

Barney, John

T. O. S. 16-8-16 D. O. 719 UNIT

235th Battalion, C. E. F.

17-8-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug. 16	Aug. 31	H.		
Sept.		26.		
Oct.		H.		
Nov.		H.		
Dec.		H.		
1917		H.		
Jan.		✓		
Feb.		✓		
Mar.		H.		
Apr.		n	Sentenced 6-3-17. by Cmtd. of Hull to serve 6 months in fact for drunk & creating disturbances.	D.O. 233 of 20-3-17.
May 1	May 14	n	Transf to 3rd Can. Res Bn West Sandling Camp.	D.O. 266 - 14-5-17.

D.M.S. 1340-20M-3987-31-10-17.

A. & D. No.

T908

Ward

B2

Unit

75th Can. Bn.

Regt. No.

1027278

Rank

Pte

Name

Carney J.

Age

35

Service

27 $\frac{1}{2}$

Time, with Field Force

Disease or Injury

GSW Arm Rt.

Admitted

Discharged

Transferred

from P.P. CH Corden
6/19 15th Bn 12 plous

Transferred

7/19 15th Bn 12 plous

Religion

R.C.

Place of Action

No 12 CAN. GENERAL HOSPITAL.
HOSPITAL.

A. & D.
CARD

AT _____

A. & D. No. 7239. PL. OF ACTION 1027278
RANK PR UNIT 134 Bm SICK OR
NAME Carney J. AGE 34 RELIGION R.C
PLACE IN HOSPITAL bed 20/9.
DIAGNOSIS 1
ADMITTED 8.12.17 FROM _____
DISCHARGED 10.1.18 TO 68
TRANSFERRED _____
SERVICE AT HOME 17/12. IN FIELD _____
RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARK8.

No. 5 CANADIAN
GENERAL HOSPITAL
LIVERPOOL

DOCUMENT
CARD

HOSPITAL
INV. TO CANADA

A. & D. No. T 13146 AT.....
 ADMITTED 26 JUN 1919 DISCHARGED 14 JUL 1919 WARD No. M L
 REGTL. No. 1027278 RANK Pte NAME CARNEY, J.
 UNIT 75 Bn TRANS'D FROM Orkington
 DIAGNOSIS G.W. Pt arm DIAGNOSIS CHANGED.....

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT.

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/0.....FLOOR.....WARD.....ON.....191.....

RECEIVED FROM M.O. COMPLETE.....191.....

REMARKS.

SMC 1007

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

FORM D.M.S. 1313.
7065 20m 6/2/17.

Princess Patricia Canadian Red Cross Hospital,

Cooden Camp, Bexhill.

F. F. FRANCE.

T 2155

ADMITTING CARD.

Regt. No. 1024248 A. & D. No. _____
Rank Pte
Name Barney J.
Corps 75th Bn. VB.
Religion Id. C. Age 35
Service 2 3/4 years overseas.
M. H. Rec'd 29/12 M. H. Requested 8/12 M. H. Ret'd _____
Disease GSW. Arm Rt
Admitted 7-10-18 Milly Green Hosp. Colchester
Discharged _____
Place in Hospital Dist. C 60
Transferred 29-1-19 14 CGH Eastbourne
Results _____

P.T.O.

REMARKS:

Stoker

No. 5 CANADIAN
GENERAL HOSPITAL
LIVERPOOL.

HOSPITAL

A. & D.
CARD

AT

A & D. No. T 13146 PL. OF ACTIONRANK Pte REG. No. 1022278 UNIT 45 Bn SICK OR WOUNDEDNAME CARNEY, J. AGE 35 RELIGION P. C.PLACE IN HOSPITAL in LDIAGNOSIS pu l. arm.ADMITTED 26 JUN 1919 FROM OrpingtonDISCHARGED 1.4 JUL 1919 TO INV. TO CANADA

TRANSFERRED

SERVICE AT HOME 2 1/2 IN FIELD 3 1/2

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.]

REMARKS.

C
SURNAME.

barney

3
CARD No.

CHRISTIAN NAMES

REGL. No.

1027278

RANK

Pte

UNIT

235th

FORMER CORPS

Nil

503 30.12.19 X 503 30.12.19
encl 100 FOLL. 10.12.19. 503

Bw.

NEXT OF KIN.

NAMES IN FULL

barney, Richard

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

14 Tarbet St. Glasgow, Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Scotland, Glasgow

DATE

Aug 4th 1883

PLACE OF ATTESTATION

Bournemouth, Kent.

DATE

Aug 16th 1916O/S. 3-5-17. $\frac{839}{2}$ R/C 25/7/19 $\frac{378}{10}$ Pte

From Halifax perss. Metagama "3-5-17"

MARRIED

SINGLE

WIDOWER

Yes

TRADE OR CALLING

Fireman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

33 YEARS

Not stated MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Bowmanville

DATE

Unt. Aug. 16th. 1916.

Present Address. 14 Tarbet St. Glasgow, Scot.

John

Name **CARNEY** Rank **Pte**

Reg. No. **1027278**

Unit **13th Bn 75th Bn**

Next of Kin **Richard Carney, 14 Tarbet St., Glasgow, Scotland**

72

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
9.12	12.6 by H. Bramshott	Sp. R. Area	87			8024
10.1.18	Discharged	do	do	111		2401
3.9	7.6 by H. Bramshott	Sp. R. Area	915		580	386 1/2
8.9	Sp. R. Area	do	B. 347	3		26088
8.10	Sp. R. Area	do	B. 347	3		28606
30.1.19	No. 14. loan G. H. Carlsson	do	B. 439			6456
8.2.19	No. 15. loan G. H. Carlsson	do	B. 445			6647
27.4.19	No. 4. loan G. H. Carlsson	do	B. 309			10199
7.6	Gent. Garpington	do	B. 340			11145
27.6.19	No. 5. loan G. H. Carlsson	do	B. 354			11398
14.7.19	Invalided to Canada	(508-3)		B. 565		9481

CARNEY John. (Pte).

1024248

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

11-19

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 initialled 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 4 Can. Gen. Hosp DATE 16/3/19

1. 1 (a) Unit 75th CANE (b) Regimental No. 1027278 (c) Rank PRIVATE
 (d) Surname CARNEY (e) Christian name JOHN
 (f) Home address 278 SOUTH WELLINGTON STREET, GLASGOW
 (g) Next of Kin MISS AGNES BUTLER (h) Relationship COUSIN
 (i) Address of Next of Kin 178 SOUTH WELLINGTON STREET, GLASGOW

2. Age last birthday 35 Date of birth AUGUST 4, 1883
 3. Enlistment, or Appointment (if an Officer) (a) Place BOWMANVILLE, ONT (b) Date 16/8/16

4. Personal description:
 (a) Height 5' 3" (b) Weight ESTIMATED 145 LBS (c) Complexion DARK
 (d) Colour of hair BLACK (e) Colour of eyes GREY (f) Identification marks, Scars, etc. TWO SCARS FROM BURNS ON R. LEG AND ONE ON LEFT LEG

5. Former trade or occupation MAINE STOKER

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

	PERIODS	
	From	To
Canada	16. 8. 16.	25/4/17
England	25/4/17	9/4/18
France or other theatres of War	9/4/18	2/10/18
Date of last sailing for England. <u>7/10/18</u>		

7. Original disease, or injury A Compound Fracture Humerus Right.
By Division of Musculo-Spinal Nerve Right.

(a) Date of origin (A.B) 2.9.18 (b) Place of origin ARRAS (A.B)
 (c) Cause (A.B) G.S.W. R. ARM

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.)

LESION OF MUSCULO-SPINAL NERVE RIGHT ARM

The musculo-spiral nerve (on posterior surface of arm) of Right arm has been divided and has resulted in atrophy of muscles on posterior surface of R. forearm.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective

3" scar, postero-external surface mid 2nd R. arm. 3" scar, postero-medial surface R. arm. Electrical examination. 12.5.19. —

There is a Reaction of Degeneration of Degeneration in the muscles of the forearm supplied by musculo-spiral nerve. No response to Faradism.

1 cc 8 < 1 cc 6. Galvanism - showing reversal of polarity - to condenser 100 volts at 4.0 microfarads feeble response.

Other muscle groups respond normally. Signed. Capt. Eric Kent Clarke, Cambs. Specialist report in neurology. Sensation.

loss on posterior surface of R. forearm and Hand corresponding to distribution of musculo-spiral nerve and its branches.

Movements - elbow - 25% of normal - wrist - wrist drop.

Subjective loss of power of R. Hand and forearm and

loss of sensation over back of R. Hand and forearm.

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

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

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

Documentary evidence M. F. C. no 1279. 2.9.18. no 23 C.F.S. 2.9.18. Fract. Humerus.

no record. Thomas's plant. no 7 Can Gen. Hosp. 4.9.18. no redress.

M. H. S. Colchester Gen. Hosp. 7.9.18. 9th R. arm. C. F. Humerus.

Bexhill Prison Patricia R. C. Hosp. 7.10.18. — transfer to Granville

Special Hosp to have adhesions of left Elbow joint broken down recommended by Col Stewart Cambs. no 14 Can Gen. Hosp. South Island

small sinus back of arm - almost healed. Taplow Hosp 7.2.19.

atrophy of muscles of arm and forearm, wrist drop. very limited movement elbow jt. - supination & pronation very slight.

no 4 Can Gen. Hosp. 26.4.19. massage and electrical examination

Documentary evidence

3

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).)

in H.S. no 12 can see. Hup. 8.12.17. J. R. Kree
complete recovery

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

see 94.

11.-(a) Did the disabling condition have its origin before enlistment? *no*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

h 9

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a + b) 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? *one year*

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

X-ray 13.5.19. Odd fracture R.R. Humerus. - in mid 1/3. apparently strong union - portion fixed. Signed A H Ralph, Capt. Camp. Special Report - X-ray

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

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

active treatment for recovery 9 months

16. Can the former trade or occupation be resumed? *not at present*

(If not, briefly state why)

17. Recommendations *I T. C.*

E. C. McArthur
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, *J. Carney* 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

see

Carney J Rank. *Pte*
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yrs. Board concurs

Agrees Q. 15. active surgical treatment.

4 Reys report attached to surgical copy.

Neurologist's specialist report attached in triplicate.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A)	(Yes or No.)	NO
(" B)	(Yes or No.)	NO
(" C)	(Yes or No.)	N.A.
(" D)	(Yes or No.)	yes - I & C
(" E)	(Yes or No.)	N.A.

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.)

lesion muscles spinal nerves. right leg nine months active

- (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.)

surgical treatment entire leg nerves.

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Invalid to Canada

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 Basinsgton

Roscoe B. Palmer Capt. RMC President.
Emmet C. Dickson Capt. RMC

DATE 20.5.19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

President.

DATE.....

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

for A. D. M. S., Canadians London, W. 1

ASSISTANT DIRECTOR OF
MEDICAL SERVICES.
CANADIAN, LONDON AREA.
Director-General of Medical Services.
DATE MAY 29 1919
13, BERNERS ST. LONDON, W. 1

URINE LABORATORY

Date 8-12-1917.

Ward 20

Reg No 1027278 Rank Pb. Carney Date _____

Reaction Acid Sp. Gr. 1030 Bile _____

Albumin neg Sugar neg Blood _____

Sediment Negative
water etc.

Wm. Sullivan Capt. C.A.M.C. F. L. Raul Capt. C.A.M.C.
M.O. i/c Ward. Per. a.m.c. ns. Officer i/c Laboratory.

FIELD MEDICAL CARD.

A.T. Serum
Dose and Date

1st

2nd

FIELD AMBULANCE NOTES.

Morphia
Dose and timeDate of wound or
onset of illness

3.	500 cc	Date	SIGNATURE.
CHESTER	500	9/18	W. H. H. H.
35			
35			

Religion

R.C.

No.

Name

Unit

Rank

Battle Casualty

Accidentally Wounded.

"Sick"

(Strike out description which does not apply).

No. of F.A.

Date of admission

F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. *23*

Date of entry *2-9-18*

*For the American
Wd and 4 Can
Thomas*

*4 Morris
Capt*

No. of Hospital *7 Can Field Hosp*

Date of entry *4-9-18*

W. Redmond
*For the American
Capt. Can C.*

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Ward 51 Hospital.No. of Bed 5

Date

14-4-19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<u>249805</u>	<u>Pte Watson J</u>	<u>75 Ranabin</u>	<u>L. Hip joint</u>

SHORT HISTORY OF CASE.

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

Repeat

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

14/1173

In practically same position as Jan 14. - More callus formation - but union is still incomplete. Lubie passes through neck

Signature of M.O.

McDermott

Date

Signature of Radiographer

W. B. G. P. H. C. P.

Date

Ward Rees 1No. of Bed 35Date 13/2/1919

Regl. No.

Rank and Name.

Corps.

Part to be X-Rayed.

1027278P. Carney75 Bns.Middle 1/3 Rt Arm

SHORT HISTORY OF CASE.

35

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

Sept. 2/18 AccasFract HumerusCallus & Sinusor Segmentation

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

8289Fractured mid humerus -
Good alignment - Good callus
Sequestra present

Signature of M.O.

E. Marshall

Date

Feb. 13/19.

Signature of Radiographer

W. B. Ogden

Date

Ward R upper 4 Can. Gen. Hospital. No. of Bed _____ Date _____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
1027278	PT2 Carney	75 CAIV	R. arm

SHORT HISTORY OF CASE.

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

Spec. R. arm.
fract. Hum.
united?

Signature of M.O.

Date

13/5/19

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

5659

Old fracture of R. humerus
in mid. 1/3. Apparently strong
union. Position good.

Signature of Radiographer

Date

13-5-19.

W. A. Ralph. Capt.
Canb.

A.F. B.178.

Region

Christian Names

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.

Special Remarks : state if a discharged Soldier

[illegible]

(Rank)

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

[illegible]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1027278 (Rank) Private

Name (in full) CARNEY, John enlisted in
the 235th Battalion

CANADIAN EXPEDITIONARY FORCE at Romanville, Ont. on the 16th
day of August 19 16

HE served in CANADA, ENGLAND and FRANCE
and is now discharged from the service by reason of

Medically Unfit-R.O. 1080

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

Age 36 years

Height 5 ft 3 in

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars

Scar 4" long mid. of posterior
surface and scar 4" long mid.
of anterior surface of right
arm

J. Carney
Signature of Soldier

[Signature]
O. C. Casualty Company

Issuing Officer

Capt.

No. 3 Division Depot
Rank

Date of Discharge 31-12-19

Appointment

Signed at Kingston, Ont. this 31st day of December 19 19

in Military District No. 3

File Reference No. 3DD, 3-0-944.

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

CARNEY, J.

REGIMENT

75th Bth.

RANK

PTE.

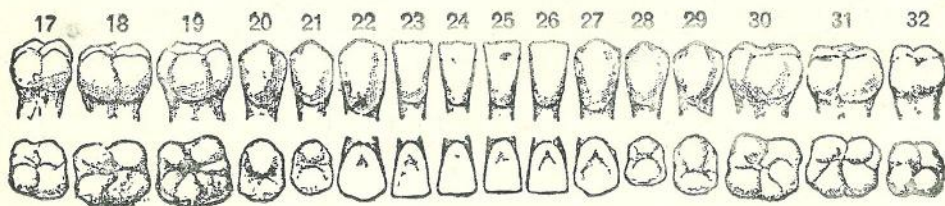
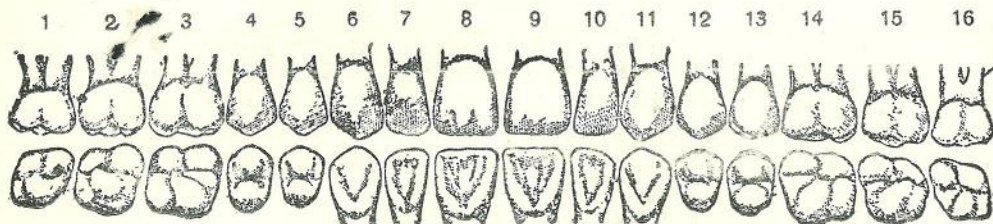
No.

1027278

Date of Examination in England

15-5-19

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

None

None

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

(a) In Canada

(b) In England

(c) In France

NO

754 Can Gen Insp

Signature of Dental Officer

Alfred L. Harrison
Capt. C.A.D.C.

ATTESTATION PAPER.

No. 1027278

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Barney*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *14 Garbet St Glasgow Scotland*
2. In what Town, Township or Parish, and in what Country were you born?..... *Glasgow Scotland*
3. What is the name of your next-of-kin?..... *Richard Barney*
4. What is the address of your next-of-kin?..... *14 Garbet St Glasgow Scotland*
- 4a. What is the relationship of your next-of-kin?..... *Brother*
5. What is the date of your birth?..... *4 Aug 1883*
6. What is your Trade or Calling?..... *Fireman*
7. Are you married?..... *Widower*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?.. *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *16th August* 191*6*. *John Barney* (Signature of Recruit)
John Cooper Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Barney*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *16th August* 191*6*. *John Barney* (Signature of Recruit)
John Cooper Sgt (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 *Brownville* this *16th* day of *August* 191*6*.
J. Scott (Signature of Justice)

Description of John Carney on Enlistment.

Apparent Age.....33.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 3 ins.

Chest measurement { Girth when fully expanded.....37 ins.
 Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Light Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....Fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....August 16th.....191 6.

Place.....Bowmanville

Robert Clark
Capt
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....John Carney.....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.

J. J. Sullivan
 (Signature of Officer)

Date.....August 16th.....191 6.

ASSIGNED
PAY.

ENGLAND

SEPARATION
ALLOWANCE.

ENGLAND
CANADA.

NAME:- **CARNEY**

NUMBER:- 1027278

EFFECTIVE
DATE:-

1. 8. 18.

EFFECTIVE
DATE:-

AMOUNT:- \$15.00

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

Miss Agnes Butler
217 South Wellington Street.
Glasgow Scot. (Cousin)
Dep 1/8/19

UNIT AND TRANSFERS

ORIGINAL UNIT:- 235 Bw.

DATE ACCOUNT FIRST OPENED:- 15.5.17

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S F'D

UNIT TRANSFERRED TO

B.O. 28

1.5.18.

100 R.D.
75 Bw. a

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
1/6. 3226			1047				876
			876				3991

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE
ALL'CE

1 -

10

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Rest Pay 2 months 20/7/17 100 206. 50/18
Restored to full pay 20/9/17. 100 259. 7/17

RES. pay 2 months 20/7/17 100 572/18
B.O. 46 15.5.17. 17-2-18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Bal. Fwd.								111 75	52 85	
April	P Pay	33 -		AR 28 5/4/18 12 Res	12 17				128 12	67 85	
		33 -		160 16/4/18 45 W. CERC.	4 46						
					16 63						
May	P.P.	34 10		322. 4 W 66 R.B. 4 1/2	3 57						
		34 10		196 75 Bw 19 1/2	3 57				155 08	48 90	
					7 14						
June	P.P.	33 -		267. 75 Bw 4 1/2	4 46						
		33 -		353 - 20 1/2	3 57				180 05	97 85	
					8 03						
July	P.P.	34 10		442. 75 Bw 3 1/2	4 46						
		34 10		562 - 22 7/8	3 57				206 12	112 85	
					8 03						
Augt	P.P.	34 10		ar augt. 630843. £3. 1. 8			15				
				638. 75 Bw 6 1/2	3 57						
				692. 11 6 1/2 Bde 19 1/2	3 57				218 08	112 85	
					7 14		15				
Sept	P.P.	33 -		691443. £2. 1. 8			15				

ORIGINAL UNIT:-

235 Bw.

DATE ACCOUNT FIRST OPENED:- 15.5.17

AUTHORITY

DATE EFFECTIVE

DATE LEDGER SHEET T'S'D

UNIT TRANSFERRED TO

B.O. 28

1.5.18.

1 CORP.

75 Bw.

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
1/6. 3226			2067	1/12. 1000			2067
			87				2067
			3991				16806

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE ALL'CE

1

10

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Rest Pay 3 months 20/7/17 100 206. 20/7/18
Restored to full Pay 20/9/17. 100 206. 20/9/18RES. pay 2 months 20/7/18 52/18
B.O. 46 100 206. 17-2-18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Bal. Fwd.								111 75	52 85	
April	P Pay	33	-	AR 28 5/4/18 12 Res	12 17				128 12	67 85	
		33	-	1 160 16/4/18 45W. cere.	4 46						
					16 63						
May	P.P.	34 10		322.4 W66RB. 4 1/2	3 57						
		34 10		196 75 Bw 19 5/18	3 57				155 08	48 90	
					7 14						
June	P.P.	33		267. 75 Bw 4 1/2	4 46						
		33		353 20 6/18	3 57				180 05	97 85	
					8 03						
July	P.P.	34 10		442. 75 Bw 3 1/2	4 46						
		34 10		562 22 3/8	3 57				206 12	112 85	
					8 03						
Augt	P.P.	34 10		apangt 630843. £3-1-8			15				
				638. 75 Bw 6 1/8	3 57						
		34 10		692. 11 6 3/8 Bde 19 1/8	3 57				218 08	112 85	
					7 14		15				
Sept	P.P.	33		691443. £2-1-8			15				
		33		NR 37531. 16 1/8	9 73				226 35	112 85	
					9 73		15				
Oct.	P.P.	34 10		D35633. £3-1-8			15				
		34 10		9230 PPR + 100p Berhuc 9 1/8	9 73				235 72	112 85	
					9 73		15				
Nov	P.P.	67 10		E 5835 £3-1-8			15				
Dec		34 10		11350 100p Berhuc 7 1/8	9 73						
Jan				E 63832 £3-1-8			15				
				NR 56054. 25/11/18	48 67						
					58 40		30		235 72	112 85	

COMPILED BY

K. K. K.

CHECKED BY

K. K. K.

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	fwd	10120		fw d	5840		30		23572	4890	R/any
				14970 Berhill 5/12	1460					11285	
				14777 5/12	973						
				990934 f 3.1.8			15		20919	4890	R/
		10120			8273		45			11285	
Feb	PP	3080		2831 Berhill 30/12	973						
Mar	PP	3410		9 days PP2. A.D. 2.00 12/12 = 19.00		1980					
				21/12 awarded 23/12. 18 days pay							
				2022. 1 CORP 58/1/19							
				4934 Berhill 23/1	973						
				570825 - f 3.1.8 2 day			15				
				57025. #1 C.G.H. 8p	487						
				9. 21221 £ 3.1.8	2433		15				
				6104. #11 2/3	487				19509	11285	
		6090			2970	1980	30				
Apr	PP	6710		PR A 32218 £ 3.1.8			15				
				15. 244/19	2433						
				may A 5079. f 3.1.8			15				
				2117. 4 C stop. Botoke 2/5	487						
				2117. 15 C stop. 2/4	487						
				PR 6120 15 C stop. 2/4							
				June. f X X X			X		10812		
		6710			3407		30				
June	P.P.	33		June } 3.1.8			15				
	John andef Ray	435		July } 3.1.8			15				
				AR 3226 - 2/6 - 4 C.G.H.	48.67						
				5671 - 18/6 - 16 C.G.H. (end)	973				150.07		
		4038			5840		30				
Aug.				6689. 1/7/19 569H. 2' food. (3)	487				14520		
					487						

908 Canada 51508 14/7/19

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS

EFFECTIVE
DATE

ADMISSIONS TO HOSPITAL, &c.

DATE
ADMITTED

DATE
DISCHARGED

V.
OR
A.

NAME OF

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCES						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3
			\$	C.			\$	C.						\$	C.	NO	DATE	NO.	DATE	
15/17			Bal from Canada.										10 00	10 00						
21	17	100	18	70										18 70						
30/6	30		33											33	3	30/5				
July 1-20	20	100	22											22						
21-31	11		12	10										12 10	347	29/6				
Aug 1-31	10	100	11											11						
Aug 1/20	10	100	11											11		686	21/6			
21-31	11	100	12	10										12 10						
Sept 1-30	30	100	33											33	410	17/7/17	606	28/8/17	352	14/8/17

On restricted pay for two mon
Restored to full pay 29/9/17 B.O. 259

1027278 pt Carney juv

[illegible]

[illegible][illegible]