

NAME

BIRD, John

REGT. NO.

2140

UNIT

2nd Regt B

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Medically Unfit

DESERTION

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)

*msw 192**cas card**918**1912*

24-11-50

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 2140542.		
2. Rank Private		
3. Name BIRD. John		
4. Unit No. 3 District Depot.		
5. Date of Discharge	9.7.19.	Place Kingston, Ont.
6. Reason for Discharge Medically unfit..... and in order that further treatment may be carried on by the S.C.R. (Custodial care)		
7. Authority R.O.1080		
8. Proposed Residence after Discharge Vernon, B.C.		
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		
<p style="text-align: right;"><i>Not Applicable</i> (mental) Signature of Soldier.</p>		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed		
Place	Kingston, Ont.	
Date	9.7.19.	
<p style="text-align: right;">Signature <i>W. L. ...</i> W. L. ... (O.C. Discharging Unit.) O. C. Discharge Section No. 3 District Depot</p>		

Confidential Documents
Forwarded to
S. C. R. or B. P. C.
on
Date SEP 23 1919

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

Number

2140542

Rank

pt.

Surname

BIRD

Christian Name

John

Units

B.C.R.

Theatre of War

England

Date of Service

25-9-18.

Remarks

Insane. Hold pending further instructions.

7⁵/₂₂

Latest Address

~~Vernon, B.C.~~

do Mr. Francis Bird (Father)

Roll No.

A Page 4002

Sandhill, Derry Connolly
Ennis Killen, Co. Fermanagh,
Ireland.

DESP. JUN 12 1923

PIER NO 1892

WILL ENQUIRY

Name John BIRD

Regtl. No. 2140542

Private

INFORMATION OBTAINED

REMARKS Original of attached Will forwarded by reg. mail to
Official Administrator at Vancouver, B.C. (16-11-60)

Research by _____ Date _____

THIS FORM TO BE PLACED IN DOCUMENT ENVELOPE

FORM OF WILL

I, John Bird (Name in full)

Regimental Number 2140542 serving in 2ND DEPOT BN

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

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT
NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 23 day of July, A.D. 1918

John Bird Signature of Soldier.

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

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

Signature of First Witness Edmund Townsend

Address of Witness 2ND DEPOT BN

THE TWO
WITNESSES

Occupation of Witness Dr. Cooper

MUST
SIGN HERE

Signature of Second Witness W. M. Hooton

Address of Witness 2ND DEPOT BN

Occupation of Witness Soldier

11 M. D. 2nd Depot Battalion B.C. Regiment

Regtl. No. 2140542

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname Bird

2. Christian name John

3. Present address Vernon B.C. Canada

4. Military Service Act letter and number Not Registered, Arrested July 11. 1918
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth 17th Sept., 1882

6. Place of birth Manor Hamilton, Ireland
(town, township or county and country)

7. Married, widower or single Single

8. Religion Church of England

9. Trade or calling Farm Labourer

10. Name of next-of-kin Francis Bird

11. Relationship of next-of-kin Father

12. Address of next-of-kin Sand Hill, Derrygonnelly, Nr Inniskillin
Ireland

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any None

15. Medical Examination under Military Service Act :—

(a) Place Vernon B.C. (b) Date 11th July 1918 (c) Category 1-2

DECLARATION OF RECRUIT

I, John Bird, do solemnly declare that the above particulars refer to me, and are true.

John Bird (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	32	yrs.	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. Small scar top of breast bone	
Height	5	ft.	9½		ins.
Chest measurement	fully expanded		39½		ins.
	range of expansion		3½		ins.
Complexion	Florid				
Eyes	Blue				
Hair	Dark Brown				

O. C. 2nd Depot Btltn. B.C. Regt.

Place Victoria B.C. Date July 23rd 1918

Name Bird 11-7-18

Date of Embarkation for England 10-9-18

Proceeded to France. No

Returned to England.

Date returned to Canada.

21-5-19

P.R. 2855.

Conduct Sheep Entries.

11-7-29
"looked"

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. **2nd DEPOT BATT. B.C. REGT.**

Regimental No. **2140542** Rank **P.t.e** Name **John. BIRD**

C. E. F.

Enlisted (a) **23.7.18** Terms of Service (a) **C.E.F. Dep W** Service reckons from (a) **23.7.18**

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

Extended. Re-engaged. Qualification (b) **Civil-Farm-Labourer**
Military

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked.	Quebec.	10-9-18.	H.M.T.
		Arrived	London.	25-9-18	"Durham Castle."

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

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

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd D.B. B.C.R.D.

Regimental No. 2140542 Rank. Pte Name Bird John
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7-6-19.	300.	T.O.S. #300.	Kington	21-5-19	N.Q. 158.
9-2-19.	S. O. S. 300.	Discharged. R.O. 1080. Kington.	but	Pl. 2. Order. H.Q. 191	

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

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				

Rank

Name

BIRD, John.

Reg'l No. 214 0542

Unit

If in perm. Corps, }
What Unit?

Married or Single

Place and Date of Enlistment

Victoria 23rd July 1918

Place of Birth

Manor Hamilton
Ireland

Name and Address, Next-of-Kin

Francis Bird

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date.	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.				
		BCR	Arrived in England.	25 9 18	SS DURHAM CASTLE	
9-10-18		BCR	Lost	Seaford	25 9 18	Pro 243
3-3-19		"	lost on Com to S.O.S. to MD 11. K-Lark		28-2-19	-52 (11 Wing D.O. 66 of 18-3-19)
26-5-19		11 MDC Wing	S.O.S. of P. Cadre to BCRD. & posted to 11 th Wing. Witley	Phyl	24-5-19	00124
9.8.19.		C.L.C. 562	Invalided to CANADA.	London. Pte.	21.5.19.	C.L.C. 562 "Q"

Can MU

503-21-5-19

Mental Observation

[illegible]

Surname

Christian Name or Names

Reg. No.

BIRD

Rank 1.

2. Pte.

3.

4.

J.

Unit 1.

2. B.C. 1R

3.

4.

2140542

Cas List.	Hospital and Diagnosis	Date
16-4-19 C477	9 CGH Kinnel Park Dementia Praecox	9-4-19
17-4-19 C478	Lord Derby W. Warrington Mental Obs. "Q" E.	14-4-19
18-5-19 C489	<u>Invalided to Canada</u>	21-5-19
9-8-19 6562	Entry same as on 6.489	S

Cas. List.

Hospital and Diagnosis.

Date _____

NAME

Bird J

REGT. No.

2140542

RANK AND UNIT

*Pvt**11 R. B. Regt.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 477	Glean, Gen. Kimmel	9-4-19	Dementia Praecox
C 478	Hard Derby War Warrant	11-4-19	"Mental Obs &
C 489	Invalided to Can	21-5-19	" " "
C 562	Invalided to Canada	21-5-19	SL 503 MD 3 Mental observation SL 503 MD 3.

[illegible]

33.8

A. & D.
CARD

HOSPITAL.

AT

PND 11

A. & D. No. Pl. PL. OF ACTIONRANK Pl. REG. NO. 2140542 UNIT 1st Bb R Btm SICK OR WOUNDEDNAME Bird J AGE 36 RELIGION blPLACE IN HOSPITAL W 23DIAGNOSIS Hermentis Proben Delusional Insanity, acuteADMITTED 8-4-19 FROM Line's Camp '17

DISCHARGED To

TRANSFERRED 14-4-19 12 To Lord Derby War HospSERVICE AT HOME IN FIELD Warrington

RESULTS

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

[P.T.O.]

REMARKS.

App for mass Det + 6

to mass 11 9.4-19

Orig. + pos 2. to ward 3. 11.4.19

LEDGER No. 208.SERIAL No. A19244 14REG. No. 214 0542 NAME Bird JohnRANK Pte CORPS DD 3 AGE 36 SERVICE Land E 11/12

HOSPITALS

DATE OF ADMISSION

1

Ellit Colbourn1.6.19

2

3

DIAGNOSIS 09 Dem Prae

TRANSFERRED TO

DISPOSITION Disch Custodial Care 4.7.19 CATEGORY

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

[illegible]

Surname *Bird*
Christian names *John*
Regtl. No. *2140542* Rank *Pte*
Unit *B. Co. Regt 2nd Dps. B.N.*

H. Q.
M. D. No. *X 3*
T. O. S. *Nov 11th* 19 *17*
D. O. Pt. II *206* of *25-7-18*
S. O. S. *Dis 4-7-19*
Reason *S.C. R. bust care*

Next of kin *Bird Frances*
Address *Sand Hill,
Derrygonnelly, Co
Londonderry, Ire.*

Auth. *CO. 186 of 5-7-19*
cancelled by D/O 86 of 5-9-19
Relationship *Father*
Also notify: *W/S Dis 9-7-19*
S.C. R. bust care
as 1-9-19 of 7/1/19
300

BORN—Place *Ireland, Manorhamilton* Date *Sept. 17th 1882*

ATTESTED—Place *Victoria, B.C.* Date *July 23rd 1918*

O/S *8/9/18 1424*

R/C *30-S-19 338* *pli*

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2140542 (Rank) Private

Name (in full) BEAD, John enlisted in
the 2nd Depot Battalion, B.C. Regt.

CANADIAN EXPEDITIONARY FORCE at Victoria, B.C. on the 23rd
day of July 19 18

HE served in Canada & England
and is now discharged from the service by reason of Medically unfit R.O. 1080

~~and in order that further treatment may be carried on by the S.C.F.~~
(Custodial care)

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

Age 36 years 10 months

Height 5 feet 9 1/2 inches

Complexion Florid

Eyes Blue

Hair Dark Brown

Marks or Scars

Small scar top of breast bone

Signature of Soldier

Issuing Officer

O. C. Discharge Section

No. 3 District Depot

Date of Discharge 9.7.19

Appointment

Signed at Kington, Ont. this 9th day of July 19 19

in Military District No. 3

File Reference No. 300 3.H.980.

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

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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 Warrington DATE 21.4.19

1. 1 (a) Unit 2 Depot Bn. B.C. Regt. (b) Regimental No. 2140542 (c) Rank Pte.
 (d) Surname Bird (e) Christian name John
 (f) Home address Vernon, British Columbia
 (g) Next of Kin Mr. F. Bird (h) Relationship Father
 (i) Address of Next of Kin Sand Hill, Derrygonelly, W. Hinstelling, Fermanagh, Ireland.
 2. Age last birthday 36 Date of birth Uncertain
 3. Enlistment, or Appointment (if an Officer) (a) Place Victoria, B.C. (b) Date 23.7.18
 4. Personal description:
 (a) Height 5 ft. 9 1/2 in. (b) Weight 162 lbs. (c) Complexion Flourid
 (d) Colour of hair B. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small scar at upper end of sternum.
 5. Former trade or occupation Farm. worker.

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	<u>23.7.18</u>	<u>9.18</u>
England	<u>23.9.18</u>	<u>Present.</u>
France or other theatres of War		

7. Original disease, or injury Dementia Praecox.

- (a) Date of origin April 8th 1919. (b) Place of origin Kinnel Park, N. Wales.
 (c) Cause Constitutional psychopathic tendencies

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.)

Moderate mental weakness necessitating custodial treatment in mental hospital.

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.)

Patient is dull listless and takes no interest in his surroundings: his affective state is one of mild depression with some apprehension. He has the idea that he was followed about by men at Kinnel Park Camp & that these men had a grudge against him. Has hallucinations of hearing - hears voices saying nasty things about him. His memory is defective and he is nervous during examination rubbing his hands and picking at his finger nails. Slight labial & digital tremor. Pupils equal & active. K. J. present.

- (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.....	none		

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

Born in Ireland: emigrated at age of 24: poorly educated: denies alcoholic excess: had gonorrhoea in 1915: never had syphilis. Enlisted July 1918: came to England Sept. 1918: not been to France. 8.6.19. Kinnel Park Mil. Hosp. Slightly sick: hallucinations of hearing: delusions of persecution & reference. 12.4.19. Asked for protection of M.O. 14.4.19. L.J.W.H. Says he had some drink before these unpleasant experiences began: basis of feeble-mindedness.

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).)

Gonorrhea in 1915.

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

Small scar at upper end of sternum

11.—(a) Did the disabling condition have its origin before enlistment? *Yes.*

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

Yes, aggravated by Service. Disabling condition at time of enlistment 50 per cent.

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

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? *An indefinite period.*

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

General treatment in mental hospital

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)

As above for an indefinite period.

16. Can the former trade or occupation be resumed? *No: mental weakness.*

(If not, briefly state why)

17. Recommendations. *Repatriation to Canada.*

J. A. Scott Cape Rame.
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..... 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.....

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.)

Treatment in Hospital for mental cases for prolonged & indefinite period

- (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.)

Repatriation 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

DATE



O.P. Napier Pearm

President.

Quintus J. C. Pearm
 H. H. North Capt Pearm

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

DATE

President

Members

APPROVED BY

APPROVED BY

Bro. J. L. Full Cup Pearm

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

1.5.19

DATE

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..... Cobourg DATE..... June 22/19

1. 1 (a) Unit..... 300 (b) Regimental No. 2140542 (c) Rank..... Pte
 (d) Surname..... Bird (e) Christian name..... John
 (f) Home address..... Vernon, B.C.
 (g) Next of Kin..... Mr. H. Bird (h) Relationship..... Father
 (i) Address of Next of Kin..... Sand Hill, Barry's Gonnolly, Thurmanagh Co. Ireland.
 2. Age last birthday..... 36 Date of birth..... uncertain
 3. Enlistment, or Appointment (if an Officer) (a) Place..... Victoria (b) Date..... July 23/18
 4. Personal description:
 (a) Height..... 5' 9 1/2" (b) Weight..... 161 3/4 (c) Complexion..... Ruddy
 (d) Colour of hair..... (e) Colour of eyes..... (f) Identification marks, Scars, etc.
 Scar in front of neck.
 5. Former trade or occupation..... Home laborer

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
	<u>335</u>	<u>335</u>

	PERIODS	
	From	To
Canada.....	<u>July 1/18</u>	<u>Sept 1/18</u>
England.....	<u>Sept 1/18</u>	<u>May 1/19</u>
France or other theatres of War.....		

7. Original disease, or injury..... Dementia Praecox

(a) Date of origin..... Apr. 1/19 (b) Place of origin..... England
 (c) Cause..... Constitutional

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.)

Dementia Praecox

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.)

A man of poor education went to school in winters and reached Standard III. Does not know the town but knows the time approximately. Memory fair; Series hallucinations but says he talks to himself a good deal. Wants to get discharged from the army to marry one of the sisters on the ward—does not know her name yet. Judgment defective. Has been quiet and has worked some on ward.
Nasal knee jerks sluggish.
Wassermann negative 15/6/19

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

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

admitted to #9 C. G. H. 8/4/19 - "silly smile"; Hallucinations of hearing; delusions of persecution and reference; lack of interest, no insight. Had been drinking a good deal. Has not been in France

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).)

nil.

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

nil.

11.—(a) Did the disabling condition have its origin before enlistment?

quite likely

(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.)

yes.

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

No doubt aggravated by intemperance

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?

Progressive

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

custodial care

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

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

Must have custodial care

16. Can the former trade or occupation be resumed?

No

(If not, briefly state why)

17. Recommendations.

Discharge from H.M.S. & custodial care

Kushnerev capt came

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, 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

not applicable - mental

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.

concur.

*This man presents affection of mild depression
has rather fixed facial expression and some mannerisms*

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.)

as in-patient under Dept S.C.R.

- (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.)

and receive further treatment as an in-patient

(custody) under Dept S.C.R.

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.

*not applicable
B. M. C.*

B. J. McLaughlin Capt. C.M.C. President.
H. D. Overton Capt. C.M.C.

PLACE *looking out*

DATE *June 24, 1919*

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.

President.

PLACE.....

DATE.....

Members

APPROVED BY

APPROVED BY

M. C. C. Captain A. M. C.
For A. D. M. S. M. District No. 3.
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *JUN 28 1919*

DATE.....

K Pk

AUTHORITY
A.P. NOM. ROLL

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>BIRD John</i>							
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>2140542</i>							
AMOUNT:-		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							
				<i>L.P.C. from Canada</i>							
				<i>1-9-18</i>							
				<i>pte</i>							
UNIT AND TRANSFERS											
ORIGINAL UNIT: <i>Draft No. 1352 2 D Br B b Regt</i>											
DATE ACCOUNT FIRST OPENED:- <i>1-9-18</i>											
AUTHORITY		DATE EFFECTIVE	DATE LEADER SHEET T'S'D	UNIT TRANSFERRED TO							
				<i>1st Res</i>							
				<i>Canada</i>							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK											
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT				
<i>2/12/18</i>	<i>8955</i>	<i>Kimmel</i>	<i>£10-0-6</i>	<i>30/11/18</i>		<i>L.P.C. Balance</i>	<i>10156</i>				
<i>14/2/18</i>	<i>1483</i>	<i>Rhye</i>	<i>973</i>	<i>1/6/19</i>		<i>"</i>	<i>19324</i>				
DAILY RATES OF PAY AND ALLOWANCES											
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE						
<i>L.P.C. from Canada</i>		<i>1</i>	<i>10</i>								
PARTICULARS OF RENDERING NON-EFFECTIVE:-											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31-8-18</i>	<i>Bal. from Canada</i>								<i>16 15</i>		
<i>Sept</i>	<i>P.P. P.O.</i>	<i>33</i>							<i>49 15</i>	<i>15</i>	
<i>Oct</i>	<i>P-Pay</i>	<i>34 10</i>							<i>83 25</i>	<i>30</i>	
<i>Nov</i>	<i>P-Pay</i>	<i>33</i>							<i>15 03 5</i>	<i>60</i>	
<i>Dec</i>	<i>"</i>	<i>34 10</i>							<i>101 56</i>	<i>75</i>	
		<i>67 10</i>									
				<i>A.R. 8955 2/12/18 Kimmel</i>	<i>4879</i>						
				<i>" 7378 11.11.18</i>	<i>End 1947</i>						
				<i>" 62305 13.1.19</i>	<i>" End 973</i>						
				<i>" R 7580 30.1.19</i>	<i>" End 973</i>				<i>62 63</i>		
					<i>38 93</i>						
<i>Feb</i>	<i>P.P. 1/1/19 to 28/2/19</i>	<i>64 90</i>							<i>127 53</i>	<i>185</i>	
<i>Mar</i>	<i>P.P.</i>	<i>34 10</i>							<i>161 63</i>	<i>185</i>	
				<i>A.R. 2055 28/1/19 Kimmel P.R.</i>	<i>973</i>				<i>151 90</i>		
				<i>A.R. 3486 1/3/19</i>	<i>(6) 973</i>				<i>142 17</i>		
				<i>" 4151 28/2/19</i>	<i>(6) 973</i>				<i>132 44</i>		

UNIT AND TRANSFERS

ORIGINAL UNIT Draft No. 135 1/2 2 D Brv Bb Regt

DATE ACCOUNT FIRST OPENED:- 1-9-18

AUTHORITY

DATE EFFECTIVE

DATE LEGER SHEET T'S'D

UNIT TRANSFERRED TO

1st Res
Canada

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
2/12/18	8955	Kimmel	£10-0-6	30/11/18		L.P.C. Balance	10/56
14/2/19	1483	Rhyle	9/73	1/6/19		"	19324

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
L.P.C. from Canada	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-8-18	Bal. from Canada								16 15		
Sep.	P.P. P.A.	33							49 15	15	
Oct.	P. Pay	33							83 25	30	
Nov	P. Pay	34 10							15 03 5	60	
Dec	"	34 10							101 56	75	
		67 10									
				A.R. 8955 2/12/18 Kimmel	48 79						
				" 7378 11.11.18	End 19 47						
				" 6305 13.1.19	End 9 73						
				" R 7580 30.1.19	End 9 73				62 63		
					38 93						
Feb	P.P. 1/1/19 to 28/2/19	64 90							127 53	105	
Mar	P.P.	34 10							161 63	105	
				A.R. 2055 24/1/19 Kimmel R.R.	9 73				151 90		
				AR 3486 1/3/19 - (6)	9 73				142 17		
				✓ 4151 24/3/19 ✓ (6)	9 73				132 44		
					29 19						
April May	PP Inten Refd Pay	99 00									
		67 10									
		34 10							202 97		
				Inten Refd Pay Changed back							
Aug.	PP	70 53									
				AR 1483 12/2/19	9 73				193 24		

S.O.S. & Can 215/19 82503 M D 3 BCR

NUMBER

RANK

NAME

MONTH

PARTICULARS

CR. 1.

CR. 2.

PARTICULARS

DR. 1

DR. 2

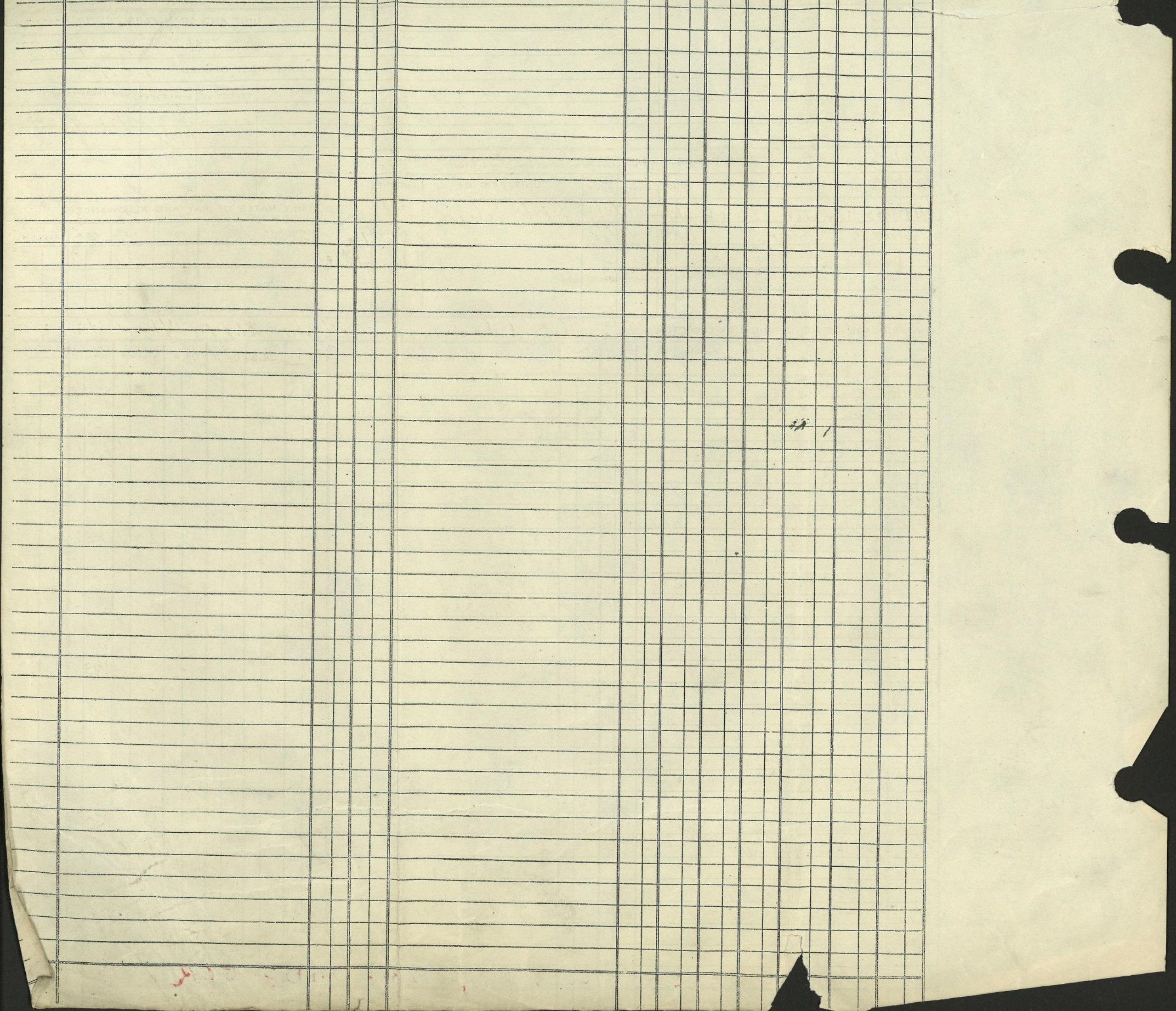
DR. 3

DR. 4

BALANCE

DEFERRED

SEPARATION



3-B-17

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

REGT. NO. 214051

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

ASSIGNED PAY \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

PLAC

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

MONTH

PAY AND F.A.

OTHER
CREDITS

TOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

BALANCE
FROM
PREVIOUS
ACCOUNT

NO.
OF
DAYS

RATE

AMOUNT

\$ C.

\$ C.

\$ C.

\$ C.

COL. NO. 1

COL. NO. 2

COL. NO. 3

COL. NO. 1

COL. NO. 2

COL. NO. 3

\$ C.

\$ C.

\$ C.

May
June
July

20 1st
4 "

33 - ✓
440 ✓ 35 - ✓

193.24 ✓ 193.24 ✓
33 - ✓
39.40 ✓

10 - ✓

And. folio 9. 0156 J 32 280.00 — — 280.00
Total War Service Gratitude 280.00
CO 56 372.

3-B-1733

BIRD

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

AUTHORITY

AUTHORITY

DATE EFFECTIVE

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

W. L. G.

EFFECTIVE

IF ENTITLED TO
POST
DISCHARGE
PAY

PLACE	DATE	REASON	AUTHORITY
Kingston	4-7-19	To SCR For Custodial Care	

PARTICULARS OR REMARKS

CREDIT

193. 21

226 2

255-66

275-110

Mar Service Gratitude
CO 56372.

W/S	Dr.	Cr.	Total
280 00	—	—	280 00

CK no. 1564861 4 1/2
W.D. & Ottawa 8/2/20

File No. 01526-J-38.WAR SERVICE GRATUITY.Register No. Spec Reg.
Folio 070
Line 218Reg. No. 2140542.Name Bird, J.

Address _____

Dependent _____

Address _____

Cheque drawn in favor Dept Sec R Oct 20, 1918.
30-4-20-1918.Pay Soldier \$ 280⁰⁰

Pay Dependent \$ _____

Days 122 Rate 70⁰⁰ Due 280⁰⁰

Less P.D.P. credited _____

Less further Dr. Bal.
or overpayment.Net 280⁰⁰Clerk J. M. Junt.R-4
W134
7-5-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
14/7/20	56372	1564861	280 ⁰⁰		1			
2					2			
3					3			
4					4			
5					5			
6			280 ⁰⁰		6			

GEN'L AUDITOR

Posting checked by

15/8/20Date 30/4/20J. M. Junt.
7-5-20

M.S.A. 13

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11 day of July 1917, by the undersigned medical board sitting at Vernon B.C.

5. Age as stated 35 Years - Months. 6. Apparent age 32 Years - Months
7. Height 5 Feet 9 1/2 Inches. 8. Weight 162 Pounds.

9. Chest measurement { Minimum 36 Ins. 10. Complexion Florid { Eyes Blue
Maximum 39 1/2 Ins. Hair Dark

11. Physical development Good { Good Fair Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm 4
Left arm 0 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Small scar
top of breast bone

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

vision
2-20/20
6-20/15

hearing
normal

B. F. Bryce Capt

President.

W. T. ...

Member.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24</u> <u>7-18</u>		<u>J. H. Hunter</u> M.O.	<u>7-18</u>	<u>g.</u>	<u>J. H. Hunter</u> M.O.
		M.O.	<u>3-8-18</u>	<u>g.</u>	<u>J. H. Hunter</u> M.O.
		M.O.	<u>10-8-18</u>	<u>g.</u>	<u>J. H. Hunter</u> M.O.

Joined 23rd day of July 1918 at Victoria B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot Bn</u> <u>B.C. Regt</u>	<u>2140542</u>		<u>July 23/18</u>

Joined on enlistment

Transferred to.....

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>The Lord Derby War Hospital</u> <u>30 APR 1919</u> <u>WARRINGTON.</u>	<u>14/4/19</u>	<u>Dementia</u> <u>Præcox</u>	<u>Repatriation to</u> <u>Canada</u> <u>Spent time</u>

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

For Officer Commanding
THE LORD DERBY WAR HOSPITAL.

HAVE YOU BEEN PREVIOUSLY
EXAMINED UNDER THE
MILITARY SERVICE ACT

Signature of Man

John

Christian Name

Bird

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
o. Case 20. MILITARY HOSPITAL, KINNEL PARK.		29	9	18	16	10	18.	Sty. (left eye)	18.	discharged to duty	W. H. Sturges for L. H. C. C. C.
MILITARY HOSPITAL KINNEL PARK, DUTY		8	4	19	14	4	19	Delusional Insanity	14	Thinks a group of mexican Camp are planning to do away with him - Overhears Conversations to that effect - Thinks people avoid him. Left Camp and spent several nights in nearby village for protection. Feels that patients in hospital are now working against him & planning to kill him Sees hallucinations. Silly expression - sits idly by himself & shows no interest in anything going on about him. Does not know name of M.O., M's or any patients (3rd day in hosp.). History of gonorrhea prior to enlistment.	
		14	4	19				Dementia Praecox		Recommended for - Repatriation to Canada	W. H. Sturges
"ARAGUAYA."		21	5	19	31	5	19			No change	W. H. Sturges



W. H. Sturges
for L. H. C. C. C.

Regimental No.

Region.....

Surname..... *Christian Names*.....

TABLE I.—General Table.

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

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

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

Trade or Occupation.....

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

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

„ Eyes.....

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

Physical development

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

When Vaccinated.....

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

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

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

Examined and found—

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

Signature
Chairman of Medical Board.

Re-examined for posting at

On.....day of191..

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

Joined on enlistment	Corps.	Regtl. No.
Transferred to		

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

[illegible]

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

[illegible]

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

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admis- sions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
<i>James Paul the Corp</i>	<i>8</i>	<i>4</i>	<i>29</i>	<i>14</i>	<i>4</i>	<i>19</i>	<i>Delusional Mania</i>	<i>14</i>	<i>Thinks a group of men in camp are planning to do away with him. Overhears conversations to that effect - Thinks people avoid him. Left camp often & spends nights in nearby village for protection. Feels that patients in hospital are now working against him & planning to kill him. Denies hallucinations. Silly expressions. Sits idle by himself & shows no interest in anything going on about him. Does not know names of M.O., N/S or other patients. History of quarrels before enlistment.</i>	<i>U. A. Brown</i>

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....3.....

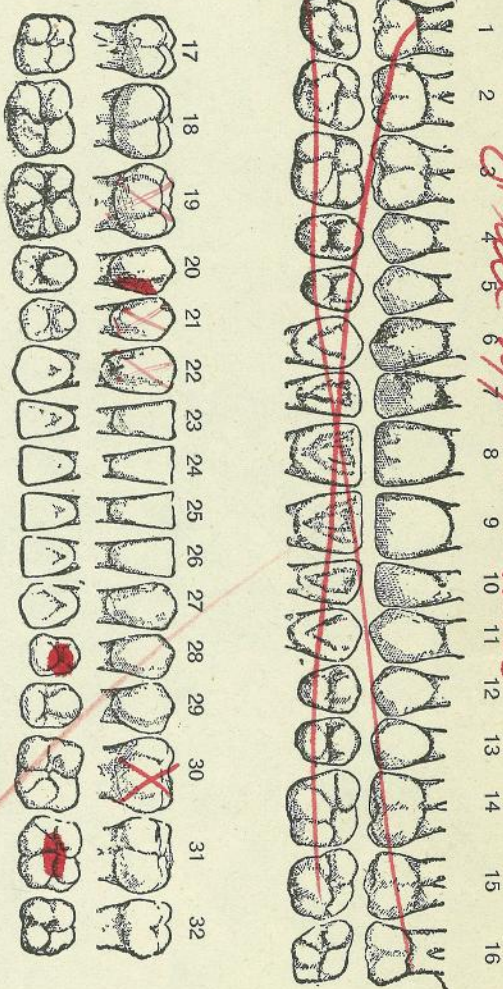
NAME OF SOLDIER.....Bird John.....

REGIMENT.....1 Reserve. Seaforth.....

RANK.....Pte.....

No. 2140542

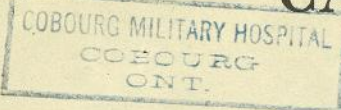
Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work.	OPERATOR	Military District	REMARKS
	30/1/19.	3	20/1/31.								20/1/19.	U	L	P			Gold	Porcelain		3	3	OK.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
 2. On first line of report record of same to be made in red ink.
- Only such entries to be made on this sheet as will show:
1. Condition on examination (in red).
 2. Condition on leaving Canada.
 3. Condition on discharge.

CASE HISTORY SHEET.



Hospital.

Cobourg

Station

No. 2140542 Rank Pte Name Bird, John Age 36

Unit #3 D.D. Completed years of service 1 1/2 Where and how long CVE 1 1/2

Date of admission 1-6-19 Date of discharge 4/7/19

Diagnosis Dem. Prae Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Physical Wt 160 1/2 Ht. 5'9 1/2" - well built -
Says he has been quite a drinker - Had
some venereal trouble in 1915 - evidently U.D.C.

Neural Knee jerks sluggish. Otherwise negative

Mental Disorientation admitted to Kinnel
Park 8/4/19 - "filly smile, hallucinations of hearing
delusions of persecution and reference, lack
of interest; no insight" at L.D.W.H. Warrington.
Disoriented for place; admitted drinking
before present trouble began; rather stupid
and apprehensive; noisy and deluded at times

Never in House; poor education -
went to school in winters - reached 7th Standard 7x9=62
Disoriented for place - does not know the country

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

TREATMENT

(Especially any specific or special form.)

Custodial care

CONDITION ON DISCHARGE

Strike out
(and disposal of case) condition not applicable.

- Individual normal
- No change since admission
- Recovery
- Convalescent
- Improved
- Progressive

Discharge to custodial care

Date 24/6/19

Kinnel
Medical Officer i/c case

- 36
1. Number, rank, name, age, - 2140542 Pte Bird J
 2. M.S.A. case, - *yes*
 3. Number of enlistments during present war, - *one*
 4. When first admitted to Mil. Hosp., - 8.4.19
 5. Date of last enlistment, - 23.7.18
 6. Service where, C.E. or F- *C & E*
 7. Mental disability before enlistment, - *yes, postlemonia*
 8. Previous Asylum treatment, - *no*
 9. If so, where, how long,
 10. Address for year previous to enlistment, - *Vermon. Pl*

or tower ~~but~~ fairly for time. Memory fair.
 as to date. Denies ever having had hallucin
 ations. No delusions apparent now. He will need
 observation for a time.

Ken Shree
cat

mine 1024 - acid - no albumen or sugar.

June 23. Says he talks to himself a good deal.
 Wants to be discharged from the army & marry
 one of the sisters on the ward but does not
 know her name.

MM CASE HISTORY SHEET.

COBOURG MILITARY Hospital. Cobourg, Ont. Station.
 No. 2140542 Rank Pte. Name BIRD, John Age 36
 Unit #3 D.D. Completed years of service ^{Where and how long} C. & E. 11/12
 Date of admission 1-6-19 Date of discharge
 Diagnosis Dem. Prae. Place of origin England.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Physical- Wt. 160½ Ht. 5'9½" - Well built-
 Says he has been quite a drinker- Had some venereal trouble
 in 1915- evidently V.D.G.
 Neurol- Knee jerks sluggish. Otherwise negative.
 Mental- Documentary- Admitted to Kimmel Park 8/4/19. "Silly smile,
 hallucinations of hearing, delusions of persecution and
 reference, lack of interest; no insight". At. L.D.W.H.
 Warrington. "Disoriented for place; admitted drinking
 before present trouble began; rather stupid and apprehensive;
 noisy and deluded at times."
 Never in France; poor education- went to school in winters-
 reached 3 Standard - 7 x 9- 62 Disoriented for place- does
 not know the country or town but fairly for time. Memory fair
 as to dates. Denies ever having had hallucinations. No
 delusions apparent now. Will need observation for a time.
 Urine 1024- acid- No albumen or sugar.
 June 23- Says he talks to himself a good deal . Wants to be
 discharged from the Army to marry one of the sisters on the
 ward but does not know her name.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative.

TREATMENT

(Especially any specific or special form.)

Custodial care.

CONDITION ON DISCHARGE

(and disposal made of case.)

b- No change since admission.

Discharge to custodial care.

Date

Kushorey Capt. A.M.C.
 Medical Officer i/c case.

1. Number, rank, name, age- 2140542 Pte. Bird, J. 36
2. M.S.A. case- Yes
3. Number of enlistments during present war- One
4. When first admitted to Mil. Hosp.- 8.4.19
5. Date of last enlistment- 23-7-18.
6. Service where, C.E. or F.- C. & E.
7. Mental disability before enlistment- Yes, feeble-mindedness
8. Previous Asylum treatment- No
9. If so, where, how long-
10. Address for year previous to enlistment- Vernon, B.C.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2140542	Pte	Burd	Tom
Year	Unit.	Age.	Service.	
1919	Res. B. Coy	36	7 1/2	
Station and Date.	Disease			
Kumelau nil supp April 9/19	Paranoid state			
	Patient has somewhat silly smile. Takes freely and answers promptly. Is not sure about his age. Thinks he was born in 1887. Single. No illness prior to 1915 when he had gonorrhoea. Genl Memory fair. Rather indifferent. Demes hallucinations, but tells of overhearing many things that are said respecting himself. Has heard people talk about him and often felt that certain ones were lying in wait for him. He feels that a number of men in camp are jealous of him because they think he is going to get home to Canada before them. "If a man follows you up in the dark, it is hard to say what he is going to do", patient states & apparently he suspects the worst. For several nights he has not slept in camp, but went to neighbouring villages and put up there. Thinks his absence is not right as result of V.P.Cs. When he went to other places he felt he was being followed, but never mentioned so far. Sitting idly about - shows lack of interest in his surroundings. Smiles a great deal for no apparent reason.			
9/4/19				

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

Bird

Station
and Date.

10/4.

Last night Patient wandered from Ward 3 to Ward 6 where he sat in Nurse's Office & began to smoke quietly as he told where he was from and said that the patients there did not seem to want him.

Why did you go to Ward 6 last night?

"They were talking round there - they said that man was to be shot - to that effect. Patient says he heard them, but does not know who they were."

"They were talking about jail and arrested by Military police & I knew it was me they meant."

Patient does not know names of sisters or any patients on wards. Says he did not hear any voices here. Had dreams in the

camp & used to hear & see enemies come to knife him & steal his money, etc.

Patient shows no insight. He thinks the boys at hospital were put "wise" to him by his enemies at the camp and that his stories respecting the latter are perfectly true.

W. B. M. C. P. B. M.

12/4

Very much disturbed today - demanded protection of M.O. Wasserman?

To Warrington 14/4/19

W. B. M. C. P. B. M.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2140542	Pte	Bird	John
Year	Unit.	Age.	Service.	
1919.	2/Sept Bn. B. C. Regt.	36	Total 8/12 In Ed:	
Station and Date.	Disease			
	U.D.			
The Lord Derby War Hospital, Warrington.	NEXT OF KIN:- Father Mr F. Bird Sand Hill Berrysgohnelly W. Inniskilling Fermawagh, Ireland			INSTITUTION AGAINST ENTERIC. TV 1 2 Nil. Date
				Cross out that which does not apply.
14/4/19	Admitted from Home Service via 9 Car Gen H. Kimmel PK			
	Weight	12	st.	6 lbs.
I HEREBY CERTIFY that No. 2140542. Bird is not suffering from any Infectious Disease. He is free from venereal and is in a fit state of bodily health to allow of his transfer to.	Born in Ireland. Little education. Farmer. Went to Canada at age of 24. Denies alcoholic excess. Had gonorrhoea in 1915. Enlisted July 1918. Has not been to France.			
	8.4.19. At Kimmel Park Military Hospital. Silly smile. Has heard people talk about him & felt certain others were lying in wait for him. For several nights did not sleep in the camp & felt that he was being followed.			
	9.4.19. Sits idly about, shows no interest in his surroundings. Thought patients were talking about him. Has no insight. On 12th asked for protection of M.O.			
	Approximately orientated to time. but cannot give the name of the Institution. Came to England Sept 1918 & has been at Kimmel Park ever since. Reiterates the story of being followed, given above. No one			

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

Station
and Date.

has annoyed him in any way since he came here. nor before he joined the Army. He says he had had some drink before these unpleasant experiences began. He is sleeping well & has not been dreaming since he came here. No headache at present. Denies hallucinations at present. A little digital tremor. No knee jerks or pupil abnormalities. He is rather stupid & apprehensive. Did not like to come to my room for examination. Clean in his habits. He is Irish & there is a basis of feeble-mindedness, the superstructure is either of alcoholic or paranoid praecox nature.

O.P. Napier Peain Capt ROME

24.4.19.

Was very restless & deluded last night - thought someone was going to do away with him. audibly hallucinated asking for protection. for as.

Boarded 30-4-19 and Recommended
for REPATRIATION

Ernest J. Stone
Capt ROME

*Name BIRD John Rank Pte. Regtl. No. 2140542
 Original unit 2 DB. BCR Present unit 2 DB. BCR. M. or S. ☒ Age 36 Religion C.E. Fyle Depot 3-B-980
 Port, ship, and date of arrival Portland, in "Arguaya" 30-5-19
 Next of kin Father, Sand Hill, Derrygone, W., Emmerskillen, Fermanagh, Ireland
 Address on leave _____
 Address on discharge _____
 Transportation issued Yes _____ No _____ Date _____ Character on discharge _____
 Previous occupation Iron Worker Date and place of enlistment Victoria B.C. 23-7-18
 Diagnosis Dementia praecox Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
T.O. S.	<i>Trans. Quarantine Dept.</i>	
1-6-19	<i>Posted to Hospital Section 1, Dartmoor</i>	<i>HS 158</i>
4-7-19	<i>Discharged from Army Service (Lt. Col. for Custodial Care)</i>	
9-7-19	<i>SOS 388 Kingston & Disch RO 1080</i>	<i>HQ 191</i>

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

[OVER]

LOCAL CARD
No. 3 District Depot

Date _____

Remarks.

Pt. 2 Order No.

This image shows a blank, aged, cream-colored page, likely a ledger or notebook. The page features horizontal ruling lines and vertical margin lines, creating a structured layout for writing. The paper has a slightly textured appearance with some minor discoloration and faint smudges, characteristic of old paper. The overall design is simple and functional, typical of a ledger or notebook.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.