P.F. DOCUMENTS

ANTHONY George Austin
5887 R.C. Y.a.

MICROFILMED
FILM REF. W-AR 6363-1

C.E.F.

REGIMENTAL DOCUMENTS

NAME Anthony, George A. REGT. NO. UNIT R.C.E.R. H. Q. FILE NO. X1656

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W. 2589
100M-11-19
1772-39-1377

5887 Service to count from 31-3-16

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Anchony
1a. What are your Christian names?	George Austin
1b. What is your present address?	Liverpool N.S
2. In what Town, Township or Parish, and in what Country were you born?	Liverpool N.S
3. What is the name of your next-of-kin?	Robert Anchony
4. What is the address of your next-of-kin?	Liverpool N.S
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	20th November 1897
6. What is your Trade or Calling?	Labourer
7. Are you married ?	No
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? If so, state particulars of former service.	No
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?	RCGA Home Defence Yes

(W.O.) 1982-1-3 Gd-9-9-15)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Anchony, 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.

George Austin Anchony (Signature of Recruit)

Date 6th April 1916 Frank Davis agt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Anchony, 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.

George Austin Anchony (Signature of Recruit)

Date 6th April 1916 Frank Davis agt (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax N.S. this 6th day of April 1916.

J.M. Clayton (Signature of Justice)

A Justice of the peace in and for the County of Halifax, N. S.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of George Anthony on Enlistment.

Apparent Age ... 18 ... years ... 5 ... 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. 2 1/2 ins.
Chest measurement.	Girth when fully expanded	34 ins.
	Range of expansion	2 ins.
Complexion		Ruddy
Eyes		Blue
Hair		Brown
Religious denominations	Church of England	Yes
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other Denominations (Denomination to be stated)	

Kirt Anthony

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 declares that he is not subject to fits of any description.

I consider him* ~~fit~~ Home service for the **Canadian ~~Over-Seas~~ Expeditionary Force.**

Date April 6th 1916 T. W. D. Murphy

Place Halifax N.S. 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.

George Austin Anthony 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.

Arthur Jarvis (Signature of Officer)

Date 16th August 1916

Lieut. Col. R. C. A.
C. R. C. A., Halifax, N. S.

Service to count from 31-3-16

5887

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

TRIPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Anthony
1a. What are your Christian names?	George Austin
1b. What is your present address?	Liverpool N.S
2. In what Town, Township or Parish, and in what Country were you born?	Liverpool N.S
3. What is the name of your next-of-kin?	Robert Anthony
4. What is the address of your next-of-kin?	Liverpool N.S
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	20th November 1897
6. What is your Trade or Calling?	Labourer
7. Are you married ?	No
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? If so, state particulars of former service.	No
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?	R.C.G.A. Home Defence Yes

(H.Q. 1982-1-3 04-9-9-15)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Austin Anthony, 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.

George E. Austin Anthony (Signature of Recruit)

Date 6th April 1916 Frank Davis apr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Austin Anthony, 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.

George E. Austin Anthony (Signature of Recruit)

Date 6th April 1916 Frank Davis apr (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax N.S. this 6th day of April 1916.

(Signature of Justice)

A Justice of the peace in and for the County of Halifax, N. S.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of George Anthony on Enlistment.

Apparent Age 18 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 7 1/2 ins.
Chest measurement. Girth when fully expanded	34 ins.
Chest measurement. Range of expansion	2 ins.
Complexion	Ruddy
Eyes	Blue
Hair	Brown
Religious denominations. Church of England	yes
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other Denominations (Denomination to be stated)	

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.)

Scott Murray

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 declares that he is not subject to fits of any description.

I consider him* fit for the Canadian ~~Over-Seas Expeditionary Force~~ Home Service.

Date April 6th 1916. F. McD. Murray

Place Halifax N.S. 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.

George Austin Anthony 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.

Andrew James (Signature of Officer)
Lieut. Col. R. C. A.
C. R. C. A., Halifax, N. S.

Date 15th August 1916

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps R. C. G. A.

Regimental No. 5887 Rank Gnr C. E. F. Name Anthony G. A.

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

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*)..... .....

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				
4-10-17.		T. O. S. B Unit	Hfx. N.S.	4-10-17.	J. G. Taylor Major O.C. "B" Unit R.C.G.A.
18-4-18.		S. O. S. B Unit	Hfx. N.S.	18-4-18.	
18-4-18.		TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT	Hfx N.S.	18-4-18	
3-5-18.		STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT On transfer to R.C.G.A.	" "	3-5-18.	Geo S Thauvette CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT

(*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				

M.D.No. 6

No. 23

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 5887. Rank Gunner. Name Anthony. G.A.

Corps No.1.Company, R.C.G.A who was* Discharged.

On June 24th 1918, to Halifax. N.S.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 4-5-18. 191..., to 24-6-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 52 days at $1.00c	52	00
Advances by Cheques No.			Field Allow 52 days at $ 10¢c	5	20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Bal.Dr.on transfer Other charges	30	80	Other Allowances* 2 years.P.D.Pay	30	00
Payment on ~~transfer~~ or discharge No.	56	40	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	87	20	Total	87	20

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned {Pay for the month of.....191.... / and Sep'n Allce. for month of.....191....} (to) Assignee.....

(Address) .....

.....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 6-4-1916.

(2) if married and if a Separation Allowance Card has been submitted Single.

(3) cause of discharge Medically unfit authority K.R.&.O.322.(9)Canada) 1910.

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 28th, 1918.

Place Halifax. N.S.

Wm Bennett Capt
Paymaster.
Paymaster Canadian Garrison Artillery

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

DUPLICATE

MEDICAL CASE-HISTORY SHEET.

Hospital *Military* Station *Halifax N.S.*

No. 5887 Rank Gunner Name ANTHONY, G. Age 18

Unit R. C. G. A. Service 1 yr., 4 mths.

Date of Admission 12-7-1917. Date of Discharge 5-10-1917.

Diagnosis Endocarditis and Hydrothorax.

Date of Origin June 4, 1917. Place of Origin Fort McNab.

Cause of Illness or Injury:

The patient was admitted to Pavilion A. from Rockhead Infectious Hospital, July 12, 1917.

History of Present Illness or Injury.

(Is Illness or Injury result of Service?)

Pain, shortness of breath, cough and difficulty in breathing on lying down.

Condition on Admission.

The patient must be in a sitting up position on account of difficulty in breathing. On percussion the heart is very much enlarged and aloud murmur can be made out over mitral arch. Dullness can be made out over both lungs. July 13th. -- both pleural cavities were and ZXXX of fluid drawn off. 23-7-1917. On admission to Ward III there were ortho , oedema of feet, pallor, slight lividity, signs of hydrothorax and slight ascites. Heart shows auricular fibrillation and liver much enlarged.

Treatment.

Digitalis, Diuretics, Tonics.

Condition on Discharge from Hospital.

Improved.

Discharged to "B" Unit, Pine Hill.

(Sgd.) M. Carney, Captain, A.M.C.,
Medical Officer i/c Case.

Date 4-10-1917.

CERTIFIED TRUE COPY.

C. S. Ellis Captain
for
Lt-Col., A.M.C., CEF.

M. F. B. 313a.
30M—9-16.
39-139.

MEDICAL CASE-HISTORY SHEET

MEDICAL CASE-HISTORY SHEET

Hospital Pine Hill M. H. Station Halifax. N. S.

No. 5887 Rank Gnr. Name (Given) G. (Surname) Anthony. Age

Unit R. C. G. A. Service

Date of Admission 5-10-17. Date of Discharge

Diagnosis Endocarditis & Hydrothorax.

Date of Origin Place of Origin

Cause of Illness or Injury :

Followed Scarlet Fever.

History of Present Illness or Injury.
(Is Illness or Injury result of Service?)

Condition on Admission.

No more fluid can be detected in chest. Heart area extends to left of nipple line. Apex beat is very marked & diffused. Pronounced thrill. Beat very irregular. Loud mitral systolic murmur transmitted to a marked degree into the axilla.

Treatment.

General Convalescent.

Condition on Discharge from Hospital.

Refused to be a patient in Hospital when sent for by ambulance.

MAJOR R O,
M.O I/C PINE HILL MILITARY HOSPITAL.
Officer i/c Case.

Date 21-5-18.

M. F. B. 313a.
15M.--8 17.
1772—39-439.

MEDICAL CASE-HISTORY SHEET

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax,N.S. DATE Mar.11th.1918.

1. (a) Unit R.C.G.A. (b) Regimental No. 5887 (c) Rank Gr.

   (d) Surname Anthoney (e) Christian name Geo. Austen

2. Age last birthday 18 yrs. Date of birth 1898, Nov.12

3. Enlisted at Liverpool, N.S. on March 28th. 1916

4. Personal description :—

   (a) Height 5ft 3 ins (b) Weight 132 (stripped) (c) Complexion fair

   (d) Colour of hair L.Brown (e) Colour of eyes blue (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners)
   293 Brunswick St.,Hfx.,N.S.

6. Former trade or occupation Clerk

7. (a) Service

	Periods	
	From	To
R.C.G.A.	Mar.28th. 1916	MAR 20 1918

HALIFAX, N. S. 59-a-270

   (b) Has he been overseas ? No.

8. Present disease or disability (use authorized nomenclature if possible) Chronic valvular disease of heart.

   (a) Date of origin June 1917. (b) Place of origin Halifax, N.S.

   (c) Cause* followed Scarlet fever.

   *(Here include original disease or injury)

   If further space is needed for this or other answer, use page 4

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

Is breathless on moderate exertion,e.g. walking slowly up stairs. Heart beats tumultuously on slight provocation such as any slight exciting circumstances.Following Scarlet fever he had marked broken compensation with general anasarca and urgent dyspnoea. Was treated in Hospital and of late has made gradual improvement at his own home as far as the oedema and dyspnoea are concerned and he expresses himself as feeling much improved in every way.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

The Liver dulness extends one finger breadth below costal border.

Cardiac dulness extends from right border of sternum to three finger breadths outside nipple line. A loud systolic murmur is heard over left breast and well out in left axilla.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

100%

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

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? No.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

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

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

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

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

Digitalis. Thoracentesis. Tonics.

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

Yes.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations Convalescent home treatment.

H. Churchman Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

George Anthoney

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes, excepting the answer to 16. The Board is of the opinion that he will not be disabled to the extent of 100% permanently, but that in six months or a year the 100% might be reduced to 75%

22. Is the soldier fit for

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

23. It is certified that the soldier

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

Chronic valvular heart disease. Rest and heart tonics. Permanent with improvement

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

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

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

The Board recommends that No.5887 Gr. George Austen Anthony be ~~sent~~ discharged the service Category E WJB.
~~to Convalescent Home for further treatment Category D.~~ He refuses treatment in Convalescent Home because his mother wishes him to remain in his own home. He has a good home is getting good care, and the Board thinks that his request is not unreasonable.

K J Barbour Captain A.M.C. *President*

H H Cochran Capt A.M.C. } *Members.*

STATION Halifax, N.S. Mil. Hpl. Cogswell St.

DATE Mar. 13th. 1918.

APPROVED BY

DATE 19.3.18

E Elliott Major for *Assistant Director of Medical Services.*

APPROVED BY

DATE

Director-General of Medical Services.

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.....W J Barton..... Signed.....George Anthony.....

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

5887

MEDICAL HISTORY SHEET.

Surname Anthony *Christian Name* George

Examined { on 6 day of April 1916
at Halifax N.S.

Birthplace { City or Town Liverpool
County Queens

Apparent age 18

Trade or occupation Clerk

Height 5 Feet 2 1/2 Inches.

Weight 122 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 34 inches.

Physical development Good.

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left.
Number Nil one

When Vaccinated last 1914

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by J. McD. Morton

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 6th *day of* April *1916 at* Halifax N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	R.C.E.A.	5887		6-4-16
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Christian Name George Austin

Surname Chrisman

5997

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Halifax N.S	6-4-16	12	7	17	26	9	17	Endocarditis		Improved trans. Pier 2	for Lt Col Anne
Halifax, N.S.		17	3	17	17	3	17	Gonorrhoea	1	trans. Rockhead	
Halifax, N.S.		13	10	17	1	12	17	Chr. Heart Disease		Markedly oedematous, Markedly dyspnoeic condition grave Taken Home against advice of M.O. Permission T.O.C. given for his removal	J Mahoney Capt C.A.M.C.

Squadron, Battery and Company Conduct Sheet.

No. of Sheet I

Regiment of R.C.G. Artillery Signature of O. C. { Squadron / Battery / Company } Arthur W Jamieson Major, R.C.A.
O. C. No. I Coy. R. C. G. A.

Regimental Number and Name.	Enlistment.	Trade	Former Service.	Good Conduct Badges.
No. 5887 Name. Anthony. George. Austin	Age on 18 years 5 months.	Labourer	Nil	
Joined, Date 7 April 1916				
Service & Count from 31 3 16				
Re-engaged, Date				
Re-engaged, Date				
Re-engaged, Date				
Left, Date	Period of { War & 6 Months after	Religion C. E.		

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Fort Mc Nab Halifax N.S.	1916 21st Nov	Gr		I Absent from 2.00 pm. parade.	Cpl Horton	5 Days C.B.	1916 23 Nov	Maj. C.R. Grant. R.C.A.	C.R.S.
Fort. Mc Nab Halifax N.S	1917 1st Jan	Gr		I. Breaking out of Barracks II. Absent from 2.0 pm until 9.00 am. 2-1-17 (Absent 2 Days)	Cpl Horton Pte Gillette	7 Days. C.B.	1917 2nd Jan.	Maj. C.R. Grant. R.C.A.	Forfeits 2. days Pay C.R.

To be carried over

Brought forward

Squadron, Battery and Company Conduct Sheet.

No. of Sheet 1

Regiment of R. C. G. Artillery Signature of O. C. {Squadron / Battery / Company} C R Mack
Major, R. C. A
O. C. No. 1 Coy. R. C. G. A.

Regimental Number and Name.	Enlistment.	Trade	Former Service.	Good Conduct Badges.
No. 5887 Name. Anthony. George. Austin Joined, Date 7th April 1916 Re-engaged, Date Invalided Coast from 31-3-16 Re-engaged, Date Re-engaged, Date Re-engaged, Date Left, Date 24 June 1918	Age 18 years 5 months. Period of {War 1 6 / Months after	Labourer Religion C E	Nil	

Place	Date of Offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Sheet destroyed 24-6-18				Date of last entry	2-1-17	Nil Cases		Of Drunkenness.	Nil
Discharged at Halifax N.S. 24-6-18 Having been found Medically unfit for further Service Under para. 322 (9) K.R. & O. Canada. 1910 M.O. 6. 59-A-270 d/- 14-6-18.									

C R Mack
Major, R. C. A
O. C. No. 1 Coy. R. C. G. A.

To be carried over.

M. F. B. 263a.
400 m.—2-16.
H. Q. 74—53-1.
L. L. Job 931 4. Req. 6148.

5887. Anthony G. A.

Brought forward

REGIMENTAL CONDUCT-SHEET.

Number of sheets (in words) ..... The

Signature of C. O. or Adjutant ..... J. Sclater MAJOR R. C. A. a/ ADJUTANT R. C. G. A.

1 Coy Regiment of R.C.G.A. ..... Regiment.

Regimental Number and Name } 5887 Anthony G. A Attested Halifax N.S 6th April 1916. Joined Hfx N.S 6th April 1916.

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM	Date of Commencement	Date of Expiration	REMARKS
				Discharged at Halifax N.S 24th June 1918 para 392 (a) K.R.O. Canada 1910 (W.O. 59-a-290)				J. Allen Capt. R.C.G.A. A/Adjutant R.C.G.A.			

To be carried over.

5887 Anthony G.A

PLACE	Date of Offence	RANK	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of Award, or of order dispensing with trial	BY WHOM	Date of Commencement	Date of Expiration	REMARKS

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon toward Deferred Pay or Pension).

COUNTRY.	FROM	TO	YEARS.	DAYS.	N.B.—The country only to be shown—it is not neeessary to show separately the services in the different stations of the same country.
Canada.	31-3-16	24.6.18	2	86	

	Initials of Officers.
2. Passed classes of Instruction.....	
3. Campaigns.....	
4. Wounded.....	
5. Effects of wounds.	
6. Special instances of gallant conduct.....	
7. Medals, Decorations and Annuities.....	

9. Particulars as to Marriage.....

(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Names of two Witnesses.				Date of being placed on Married Roll.	Initials of Officers.
(a)	(b)	(c)	(d)		

10. Particulars as to Children.....

Christian Names.	Date and Place of Birth.		Date and Place of Baptism, and Name of Officiating Minister.		

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Statement of the Services of No. 888 Name Anthony G. A.

Corps.	Squadron, Battery or Company, etc.	PROMOTIONS, REDUCTIONS, CASUALTIES, &c.	RANK.	DATE.	Service towards Deferred Pay. Years.	Service towards Deferred Pay. Days.	Service towards completion of engagement. Years.	Service towards completion of engagement. Days.	Signature of Officers certifying correctness of Entries.
R.C.G.A.	No 1	Services towards engagement reckons from..... Joined at Halifax N.S.	Gr.	3/16.					Andw W Jamieson MAJOR R.C.A. O.C. No. 1 Coy. R.C.G.A.
	"B" Unit MMCC	Transferred	"	24/9/17					P.N. Wigg LIEUT R.C.A. For O. i/c R.C.G.A. [C.D.] RECORDS
"	Horses	Transferred	"	3/5/18					P.N. Wigg LIEUT R.C.A. For O. i/c R.C.G.A. [C.D.] RECORDS.
		Discharged at Hamilton ONT 24-6-18 having been found medically unfit for further Service para 392 (a) KR&O Canada 1918 (GOC 9-A-270)					2	86	J Z Allen Capt 1st Ley A LIEUT R.C.A. For O. i/c R.C.G.A. [C.D.] RECORDS.
		Total service as above.....					2	86	J Z Allen Capt 1st Ley A LIEUT R.C.A. For O. i/c R.C.G.A. [C.D.] RECORDS.

[OVER.

Service to count from 31-3-16

5-887

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Anthony
1a. What are your Christian names?	George Austin
1b. What is your present address?	Liverpool N S
2. In what Town, Township or Parish, and in what Country were you born?	Liverpool N S
3. What is the name of your next-of-kin?	Robert Anthony
4. What is the address of your next-of-kin?	Liverpool N S.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	20th November 1897
6. What is your Trade or Calling?	Labourer
7. Are you married ?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Ayes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former service.	No
11. Do you understand the nature and terms of your engagement?	Ayes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	R.C.G.A. Home Defence Ayes

H.Q. 1982-1-3. df- 9-9-15.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Austin Anthony 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.

George Austin Anthony (Signature of Recruit)

Date 6th April 1916 Frank Davis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Austin Anthony, 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.

George Austin Anthony (Signature of Recruit)

Date 6th April 1916 Frank Davis (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax N.S. this 6th day of April 1916.

(Signature of Justice)

A Justice of the peace in and for the County of Halifax, N. S.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of George Anthony on Enlistment.

Apparent Age....18..years.....5....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 2 1/2 ins.
Chest measurement.	Girth when fully expanded	34 ins.
	Range of expansion	2 ins.
Complexion		Ruddy
Eyes		Blue
Hair		Brown
Religious denominations	Church of England	yes
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other Denominations (Denomination to be stated)	

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.)

Heart murmur

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 declares that he is not subject to fits of any description.

I consider him*....fit.....for the Canadian ~~Over-Seas Expeditionary Force~~ Home service.

Date....April 6th.....191 6 ....A McD Murison.....

Place....Halifax N.S.....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.

George Austin Anthony.....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.

.....Chas H Jamieson.....(Signature of Officer)
Lieut. Col. R. C. A.
C. R. C. A., Halifax, N. S.

Date....13th August.....191 6

This space to be for Numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.

No.	5887
Rank	Gunner
Name NOTE,—The name must agree strictly with that on enlistment unless changed subsequently by authority.	George Austin ANTHONY.
Corps (Squadron, Battery or Company)	No.1.Company,R.C.G.A. (D of W)
Date of Discharge	24th JUNE 1918.
Place of Discharge	Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks.
Age 20 years 7 months.		
Height 5 feet 2½ inches.		
Complexion	Ruddy.	
Eyes	Blue.	
Hair	Brown.	Heart Murmur.
Trade	Labourer.	
Intended place of residence. (To be given as fully as practicable.)	293.Brunswick St, Halifax, N.S.	

2. The above-named man is discharged in consequence of having been found Medically unfit for further service.

Authy:- Para 322(9) K.R & O. Canada. 1910.
(M.D.6. 59-A-270)
(C.H. 18-A-28)

N.B. –The causes of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

V. Very Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Militia Form B, 218,
3m. 9-12.
H.Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges :

—

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... .....

Nil.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*) and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Halifax, N.S.

(Date) 24/6/18.

A. B. Almon
Lieut. Col. R. C. A.
C. R. C. A. Halifax, N. S.
Commanding

8. Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the preset date, subject to the reservations of the claims noted on the third page.

(Place) Halifax, N.S. George A. Anthony *(Signature of Soldier.)*

(Date) 24/6/18. Geo A. Cooper. 1 st C.A. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his Discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)....2 years..86 days.

Total....2 years..86 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Date) June 24th 1918

A. B. Almon.
Lieut. Col. R. C. A.
C. R. C. A. Halifax, N. S.
(Signature)

List of Discharge Documents.

Reg. Conduct Sheet,	1	Militia Form B. 263.	Attestation Paper,	1	Militia Form B. 235.
Squadron / Battery / Company — Conduct Sheet,	2	" B. 263a.	Proceedings on Discharge	1	" B. 218.
Copies of Convictions, by C. P.	1	in MS.	Casualty Form	1.	
Med. Hist. Sheet,	1.	Militia Form B. 313.			
Medical Report for Invalid*	1	" B. 227.			
Settlement of Man's Account on Transfer and Last Pay Certificate,	1	" D. 877.			

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(*a*) Proceedings on Discharge.

(*b*) Attestation.

(*c*) Medical History Sheet (in the event of such having been prepared.)

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

nil.

24/6/18

George A. Authory Gnr.
No.1.Coy, R.C.G.A.(D ofW)

Witness.

Geo. A. Cooke.

Enrolment Form

Full Name of Soldier Surname First } Anthony George

P. O. Address Liverpool

Place of Birth Liverpool

Nationality Canadian

Age 18

Married or Single S If Single do you desire permission to marry?

Trade or Calling Labourer

Religion C of E.

Corps Intended for R.C.D.C.

Height 5 7 x 2 3/4

Chest Measurement 32

Fit or Unfit Unfit for overseas owing to Heart lesion (Sept 24 - 1st Regt Liverpool 4th Brigade Aldershot Inspection)

Is Dental attention necessary? No

Is recruit willing to be vaccinated and inoculated? Yes

Date of Medical Examination Mar 31st/16

Date of enlistment [illegible]

Signature of Medical Officer [illegible]

Signature of Recruiting Officer [illegible]

This form will be sent with the N. C. O. or man in charge of detachment of recruits to the place of mobilization and handed by him to the Medical Officer.

Forms of men found "unfit" at preliminary Medical Examination will be sent to H. Q. 6th Division by examining M. O.—those of men found "fit," by O. C. unit which men join—after the question of pay has been adjusted by the Regimental Paymaster.

Reg. No. 5887 Name Anthony G. A.

Rank Gnr. Corps R.C.G.A. Age 18 Service 1½

Ledger No. 3926 74 Serial No. 412446

18.

HOSPITALS	DATE	DIAGNOSIS
Station Hil Halifax	17-3-17	Gonorhoea
Dis	5-10-17	
Cdn Pine Hill Halifax	13-10-17	Endocarditis Hydrothorax
Dis	1-12-17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

649- A-7848

#5887 Pte. Anthony Geo. a.
R.C.G.a.

Deceased 9-1-22.
auth. H.Q. File

Dor 1.
30.8.23

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

Medical Board.

PROCEEDINGS of a * 293 Brunswick St., Halifax, N.S.

assembled at 2nd. day January, 1918.

on the A.D.M.S., M.D. No.6

by order of Examining and reporting upon the pre-

for the purpose of sent condition of No.6887, Gr. George Arthur Anthoney, R.C.C.A. in accordance with Art. 617, P.& A Reg. 1914.

PRESIDENT.

Edgar Peake, Capt. A.M.C.

MEMBERS.

C.S. Elliot, Capt. A.M.C.

Board

The having assembled pursuant to order, proceed to examine the above named man, and find that he is suffering from Ascites and some general oedema of the lower limbs. There is cardiac enlargements with marked impairment of the valves. Pulse 120. There is Dysphaea on slight exertion.

Examination of pus urine shows albumen present, with pus cells and granular casts.

The Board is of the opinion that he is seriously ill and no chance of improvement except of a temporary character.

Signed at Military Hospital, Halifax, N.S. this second day of January 1918.

APPROVED
for G. O. C. M. D. No. 6

Edgar Peake Capt A.M.C.
C.S. Elliot Capt A.M.C.

M. F. B. 303.
75 m.—9-15.
H. Q. 1772—39—133.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. .....

Date of final disposal .....

How finally disposed of .....

The original Report is invariably to accompany the discharge documents of invalids.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-38-117.

MEDICAL HISTORY OF AN INVALID.

1. Station. Halifax, N. S.
2. Regiment or Corps. R. C. G. A.
3. Regimental No. and Rank. 5887 Gnr.
4. Name. Anthony, G. A.
5. Age last Birthday. 18
6. Enlisted on 1st. April 1916.
   at Liverpool, N. S.
7. Former trade or occupation. Clerk

8. General remarks on his:—
   (a) Conduct. Good
   (b) Habits. Regular
   (c) Temperance. Temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 14-9-17.

9. Service. Years. Days.

	PERIODS	
	From	To
R. C. G. A., No. 1 Coy.	1st.April 1916.	

10. (a) Disease or disability. Valvular disease of heart.
    (b) Date of origin. 4th. June, 1917.
    (c) Place of origin. Halifax, N. S.
    (d) Cause. Scarlet Fever.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

On admission there were marked pallor, lividity, poor nutrition, orthopneea, oedema of legs, hydrothorax, ascitis, enlarged liver, great cardiac enlargement, with many murmurs and auricular fibrillations, enlarged liver and oliguria albuminuria. At present, the uninary output is about normal. There is no orthopnoca, byt dyspnoea on slight exertion. The hydrothorax and ascites have disappeared, but otherwise condition is about same.

12. (a) Is the disability the result of service or climate? Yes
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
200M. 8-16.
1772-59-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ? Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. Attributed to Scarlet Fever, contracted in Service.

14. Treatment. Hospital, Bed. Digitalis, diuretics, eartharsis, aspiration of chest.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ? Not applicalbe.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ? Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated. Totally.

18. State if for discharge on account of unfitness for Service. No. (B Unit)

(Sgd) W. Carney, Capt. A. M. C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations : The Board recommend that No. 5887, Gnr. A. Anthony R. C. G. A., be attached to "B" Unit, Category D. 111.

Mailing address 293 Brunswick St., Halifax, N. S.

Signatures :—

(Sgd) J. H. Churchill, Capt. A.M.C. — President.

(Sgd) C. A. Elliott, Capt. A.M.C.

(Sgd) E. Peake, Capt. A.M.C. — Members.

Station. Halifax, N. S.

Date. 14 - 9 - 17.

Date. 20 - 9 - 17.

(Sgd) W. S. Chisholm, Capt. for Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

1. Station. Halifax,N.S.
2. Regiment or Corps. R.C.G.A.
3. Regimental No. and Rank. 5887.Gunner.
4. Name. Anthony G.A.
5. Age last Birthday. 18.
6. Enlisted on 1st.April.1916.
   at Liverpool,N.S,
7. Former trade or occupation. Clerk.

8. General remarks on his:—
   (a) Conduct. Good
   (b) Habits. Regular
   (c) Temperance. Temperate

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 14-9-17.

9. Service. Years. Days.

	PERIODS	
	From	To
R.C.G.A. No.1Coy.	1st.April.1916.	

10. (a) Disease or disability. Valvular disease of heart.
    (b) Date of origin. 4th.June 1917.
    (c) Place of origin. Halifax,N.S.
    (d) Cause. Scarlet fever.

MILITARY DISTRICT No. 6
HALIFAX, N.S.
SEP 21 1917
H. Q.

69-a-270

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

On admission there were marked pallor, lividity,poor nutrition,orthopnoea,oedema of legs,hydrothorax,ascites,enlarged liver,great cardiac enlargement,with many murmurs and auricular fibrillations,enlarged liver and oliguria albuminuria. At present,the uninary output is about normal.There is no orthopnoca,but dyspnoea on slight exertion.The hydrothorax and ascites have disappeared,but otherwise condition is about same.

12. (a) Is the disability the result of service or climate? Yes.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

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13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Attributed to Scarlet fever,contracted in Service..

14. Treatment.

Hospital.Bed.Digitalis,diuretics,eartharsis,aspiration of chest.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Totally.

18. State if for discharge on account of unfitness for Service.

No.(B Unit)

H.Clarnes
Medical Officer by whom the case is brought forward.

Capt RAMC

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yess

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations : The Board recommend that No.5887.GunnerG.A.Anthony. R.C.G.A. be attached to B unit.Category D 111.

Mailing address 293 Brunswick St. Halifax,N.S..

Signatures :—

H. Churchill Capt RAMC — President

A Elliot Copeland

E.V.Wade Capt RAMC — Members.

Station. Halifax,N.S.

Date. 14-9-17

APPROVED
C.M.S.

Date. 20/9/17

W. Chesterton Lt Col
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax. DATE 11-6-18.

1. (a) Unit R.C.G.A. (b) Regimental No. 5887 (c) Rank Gnr.
   (d) Surname ANTHONY (e) Christian name George A.
2. Age last birthday 19 Date of birth Nov. 20th, 1898.
3. Enlisted at Halifax, N.S. on April, 1916.
4. Personal description :—
   (a) Height 5 ft. 4 in. (b) Weight 125 (stripped) (c) Complexion Medium Dark
   (d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks ---
5. Address after discharge (for the use of the Board of Pension Commissioners) 293 Brunswick St., Halifax, N.S.
6. Former trade or occupation Clerk.
7. (a) Service — Years 2 Days

	Periods	
	From	To
R.C.G.A.	April 1916	present date.

   (b) Has he been overseas? No.
8. Present disease or disability (use authorized nomenclature if possible) Valvular disease of the Heart.
   (a) Date of origin June 1917. (b) Place of origin Halifax.
   (c) Cause* Scarlet Fever.
   *(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

This man has been very ill for one year, starting in June 1917 with Scarlet fever, followed by acute endocarditis, and then all the symptoms of very serious cardiac and renal disease. For weeks and months there appeared to be no chance of his recovery. Finally he was allowed to go to his own home in Halifax, if possible to convalesce. He began to improve in Dec. last a few weeks after going home and he is now able to be up and about and can walk slowly on the level. Cannot walk up a hill or up a stairway without severe dyspnoea. The heart shows distinct murmurs and enlargement.

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

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HALIFAX, N. S.
JUN 14 1918
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10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Under 9.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

Total at present.

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

13. Was a Court of Inquiry held? Yes.

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

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.* ----

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

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

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

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

6 mos. Hospital treatment for the heart and kidneys.

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

No more benefit than rest at his own home.

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

20. Recommendations. That he be discharged the service as medically unfit.

Category E.

S McB Murdoch Capt A.M.S.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

George A Anthony

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

9. Loud rough systolic murmur heard all over the chest. Heart dullness one and half inches outside nipple line. Heart's action irregular in rhythm and force.

22. Is the soldier fit for

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

23. It is certified that the soldier

(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).

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

Category E.

A McGlaffin Lt Col A.M.S. *President*

R F O'Brien Capt *Members.*

Halifax, N.S.

STATION

11-6-18.

DATE

APPROVED

E. Wilson Major

For D.G.M.S. (Overseas)

APPROVED BY

DATE 19-6-18 *Assistant Director of Medical Services.*

APPROVED BY

DATE *Director-General of Medical Services.*

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Category "A"

RECEIVED
DEPT. OF SOLDIERS' CIVIL
RE-ESTABLISHMENT
HEAD OFFICE - OTTAWA.
OCT 26 8 20 AM '18
FILE NO. NOTED.
REFERRED TO NOTED.
REFERRED TO

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

A. A. Schaffner, Lt.-Col., A. M. S. *President.*

PLACE Halifax, N.S.

DATE 11-6-18

R. F. O'Brien, Cpt.
} Members.

APPROVED BY

Assistant Director of Medical Services.

DATE 19-6-18

APPROVED BY

Director-General of Medical Services.

DATE

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 soldier 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.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Halifax DATE 11-6-18

1. 1 (a) Unit R. C. G. A. (b) Regimental No. ..... (c) Rank .....

(d) Surname Anthony (e) Christian name George A.

2. Age last birthday 19 Date of birth Nov. 20th, 1898

3. Enlisted at Halifax, N. S. on April, 1916

4. Personal description:—

(a) Height 5 ft. 4 in. (b) Weight 125 (stripped) (c) Complexion Medium dark

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks .....

5. Address after discharge (for the use of the Board of Pension Commissioners)

293 Brunswick St., Halifax, N. S.

6. Former trade or occupation Clerk

7. (a) Service

	Years	Days	Period From	Period To
R. C. G. A.			April, 1916	Present date

(b) Has he been overseas? No 8. Original disease or disability .....

(a) Date of origin June, 1917 (b) Place of origin Halifax

(c) Cause* Scarlet Fever

(d) Present disease or disability Valvular disease of the heart.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

This man has been very ill for one year, starting in June 1917, with Scarlet Fever, followed by acute endocarditis, and then all the symptoms of very serious cardiac and renal disease. For weeks and months there appeared to be no chance of his recovery. Finally he was allowed to go to his own home in Halifax, if possible to convalesce. He began to improve in December last, a few weeks after going home,

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

and he is now able to be up and about and can walk slowly on the level. Cannot walk up a hill or up a stairway without severe dyspnoea. The heart shows distinct murmurs and enlargement.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Digestive Respiratory Cardiac

Genito-Urinary Skin, Middle Ear, Eye or any other part

10. History: (*a*) of Condition referred to in "a" section 9.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

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

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

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

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

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

Six months hospital treatment for the heart and kidneys.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

No more benefit than rest at his own home.

16. Can the former trade or occupation be resumed? Not at present.
(If not, briefly state why.)

17. Recommendations That he be discharged the service as medically unfit. Category "E"

(Sgd.) A. McD. Morton, Capt. A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier 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

(Sgd.) George A. Anthony
Signature of soldier examinea.

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 criticized.

Yes

9. Loud rough systolic murmur heard all over the chest. Heart dullness one and half inches outside nipple line. Heart's action irregular in rhythm and force.

19. Is the soldier 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 soldier
(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).