458136	ANTONUK	ZINOFERY (JOHN)
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 199

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

Antonuk, Zinco[illegible] 02

NO. 4201[illegible] UNIT [illegible] 12 Bn. H. Q. FILE NO. X 1220

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113) Record Sheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med unfit.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	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)					
2	A. F. B. 103					
1	Cas Card					
1	A. F. F. 1237					
1	Pay Card					
	Paysheets					

M
H

199

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

A 60.

V-23

ATTESTATION PAPER.

No. 455136

Folio. 458/136

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Zinofvy Antonak
2. In what Town, Township or Parish, and in what Country were you born? — Sheryton Russia
3. What is the name of your next-of-kin? — Father Ivan Antonchuk
4. What is the address of your next-of-kin? — Sheradin Russia
5. What is the date of your birth? — July 1st 1894
6. What is your Trade or Calling? — Laborer
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? — no
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

Z. Antonuk (Signature of Man).

Wm Black (Signature of Witness).

Ukrainian Speaking

Russia

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Z. Antonuk (Signature of Recruit)

Date July 21 1915 Wm Black (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

Z. Antonuk (Signature of Recruit)

Date July 21 1915 Wm Black (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 Montreal this 22 day of July 1915

J. D. Ponsonby Major (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. D. Ponsonby Major (Approving Officer)

Wm Black Z. Antonuk J.P.

51 Notre Dame

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of J. Antonick on Enlistment

Apparent Age 21 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 3/4 ins.

Chest measurement: Girth when fully expanded 37 1/2 ins.
Range of expansion 3 ins.

weight 133

Complexion Fair

Eyes Blue

Hair Auburn

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

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).

3 Vacc left arm
Scar Right arm

COPIED Address COPIE

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 21st July 1915 J. A. Faure Lieut A.M.C.

Place Montreal 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.

J. Antonick 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.

(Signature of Officer)

Date 21st July 1915

ORIGINAL

ATTESTATION PAPER.

No. 458136

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Zinofey Antonuk
2. In what Town, Township or Parish, and in what Country were you born? — Sparavin Russia
3. What is the name of your next-of-kin? — Father Ivan Antonuk
4. What is the address of your next-of-kin? — Sparavin Russia
5. What is the date of your birth? — July 1st 1894
6. What is your Trade or Calling? — Laborer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

+ Z. Antonuk (Signature of Man).

Wm Black (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

+ Z. Antonuk (Signature of Recruit)

Date July 21 1915 Wm Black (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, + Z. Antonuk, 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.

+ Z. Antonuk (Signature of Recruit)

Date July 21 1915 Wm Black (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 Montreal this 22nd day of July 1915.

N. O. Donahoe Major (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of Timofey Antonuk on Enlistment.

Apparent Age 21 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 1/4 ins.

Chest measurement { Girth when fully expanded ..... 37 1/2 ins.
Range of expansion ..... 3 ins. weight 133

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Auburn

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

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).

3 race L arm
scar R arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 21st July 1915. J. A. Fairie Lieut A.M.C.

Place Montreal ..... 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.

Timofey Antonuk 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.

M Gascoigne (Signature of Officer)

Date July 21 1915

TRIPLICATE A

ATTESTATION PAPER.

No. A 58136

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Zinofoy Antonuk
2. In what Town, Township or Parish, and in what Country were you born? ..... Sheravin Russia
3. What is the name of your next-of-kin? ..... Father Ivan Antonuk
4. What is the address of your next-of-kin? ..... Sharavin Russia
5. What is the date of your birth? ..... July 1st 1894
6. What is your Trade or Calling? ..... Laborer
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... no
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

Z. Antonuk ..... (Signature of Man).

D. Black ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Z. Antonuk ..... (Signature of Recruit)

Date July 21 1915. D. Black ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Z. Antonuk, 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.

Z. Antonuk ..... (Signature of Recruit)

Date July 21 1915. D. Black ..... (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 Montreal this 21st day of July 1915.

H. Dunstan Major

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

M. F. W. 23.

200 M.—5-15.

H. Q. 1772-39-841.

Description of Zinofzy Antonuk on Enlistment

Apparent Age 21 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9¾ ins.

Chest measurement: Girth when fully expanded 37⅞ ins.; Range of expansion 3 ins.

Weight 133 lb

Complexion Fair

Eyes Blue

Hair Medium

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

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).

3 Vac on L. arm
scar on R. arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 21 July 1915. J. A. Fairie Lieut A.M.C.

Place Montreal 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.

Zinofzy Antonuk 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.

(Signature of Officer)

Date July 21 1915

No. 458136 Name Antonick, Z. Sqn., Batty., or Company } A Corps 60th BATTALION C. E. F. Date of enlistment } 21 June 1915 G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company-Conduct Sheet } ✓ No. and date of last drunk } ✓ Period not reckoning towards freedom from extra fine } Sheet No. Signature O.C. Company, etc. } W. M. Redmond Capt. Character Very Good.

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
				Awarded. Wounded & posted to 2nd Q.R.R. 17-4-17 per O# 42 5-5-17	Lieut. Ridout Adjutant. 60th Can. Batt.				
Seaford	11-7-17	Pte		Leaving parade without permission	Sgt Young	Admonished	12-7-17	Major McKenzie	Cell
Sea.	20-9-17	Pte		Leaving fatigue party without permission	Cpl. O'Connor Sgt. Young	1 day C.B.	20-9-17	Major McKenzie	Cell

Army Form B. 122

Antonick Z
458136

[P.T.O.]

1549 Wt W 9485/1647 1000M J.B.C. & 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 awarded	Remarks

R—122.

Rank Pte. Name ANTONUK, Zinofery Reg'l No. 458136

Unit 60th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, July 21st 1915 Place of Birth Sparavin, Russia

Name and Address, Next-of-Kin Ivan Antonuk, Sparavin, Russia,

Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B/No 10287
File R.L.
Category McCan.

Discharge, Date and Place Reason Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England.		16 NOV 1915	
		Embarked for France		20.2.16	N. R.
31-3-17	60th Bn	Att for Duty & lear M. Gun Co.	Yield	17-3-17	Pte II Do 30
5.5.17	9 C M G Coy	6 cases to be attached on being Wd	— . —	17.4.17	Pte II D071.
3-5-17	60 Bn	Adm Ont Mil Hosp	Orpington	19-4-17	C L B 307 G.S.W. Lt Arm
5-5-17	60 Bn.	Wounded & Posted to 2nd Due Reg	Shoreham.	17.4.17	Pte II Do 42. & 2 Due Pte II D059.
26.5.17	— . —	Trans to. Can Con Hosp.	Bromley.	23.5.17	6 L B 327. G.S.W. L Arm
28.5.17	— . —	Trans to. Gran Can Spec Hosp.	Ramsgate.	24.5.17	6 L B 328. — . —
17-5-17	2 Due RD	505 on Trans to 1st Due RD	Shoreham	11.5.17	Pte II Do 69 & 1st Due Pte II Do 65
29-6-17	1st Due	On Command to 3 BBD	— . —	26.6.17	Pte II Do 101
18-10-17	3 BBD	Cases to be Att on Proc to 2 BBD	Pte Seaford	16-10-17	Pte II Do 204 & 1st Due Pte II D 199 & 2 BBD Pte II D 210 d/20.10.17 d/18.10.17

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 Document
Date	From whom received				
24-10-17	1st Qu R D	Leaves to be Att to 2 bbd	Bramshott	23.10.17	Pte D 202. + 2 bbd Pte D 216 dy 25.10.17
3-11-17	— —	On Conv to bbd Buston for Disch to Canada	— —	2.11.17	Pte D 212
21.11.17	— —	Leaves to be on Con to bbd Buston + SOS to Canada	— —	6.11.14	Pte D 224.
	D's Depot	Convalescent Home (for Treatment)	7th D. 4 Montreal	14-11-17	M R 348.

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FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-
458136 Pte Antonuk J. 40th Bn

Previous civilian occupation:- Labourer

Is he able to resume previous civilian occupation:- No

Cause of disability:- G.S.W. rt arm.

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

After being in France 14½ mos was wounded, by Shrapnel, in the rt arm near elbow at Vimy ridge 12/4/17. At Present cannot extend arm beyond a rt angle. The muscles of front of the arm are caught in the scar tissue. Scar is about 6" long. from rt external condyle inward to ~~the~~ centre of forearm and downward pronation & supination good wrist normal. complain of numbness on ulnar surface but all muscles have motor function may be some power a grip is much above normal

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 4/5

Disability due to Service:- 4/5

Probable duration of incapacity:- Permanent with improvement

Does it render him permanently unfit for Military Service:- Yes

Would operation, special treatment or the use of appliances etc., lessen incapacity:- Yes That he be sent to a convalescent home

Recommendation of Medical Board:-

Station:- Halifax, N. S.

Category:- D III

Date 16/11/17

Jas. A. Swaddell Capt. R.A.M.C. President

S.G. Macken Major R.A.M.C. Member

F. H. Anderson C.S. Member

APPROVED

Date 16-11-17

A. Roston Major
Asst. Director Medical Services.

Date

Director General Medical Services.

a 457

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 4

NAME OF SOLDIER Antmuck J. No. 454136

REGIMENT [illegible] RANK [illegible]

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.

	Date	Amalgam	Temporary Filling (a), G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918																					
Good	Feb. 14	2																		Hall Bros	4	To return
"	" 16	1	1a			1														"	"	" "

M.F. 5
2/09M
1772-

DENTAL HISTORY SHEET

~~458136~~
458136

A MEDICAL HISTORY SHEET.

ORIGINAL

Surname Antonick *Christian Name* Zinafsry,

Examined { on 21 day of July 191 5
at Montreal

Approved by H L Cave
Rank Major M.O

Birthplace { City or Town Sparavin,
County Russia,

Apparent age 21 yrs 6 mos.

Trade or occupation Labourer

Height 5 Feet 9 3/4 Inches.

Weight 133 Lbs.

14 Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 37 1/2 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 3
Number

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease Rear of right arm

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

Date	Fit or Unfit	Examined for Re-engagement,
9/7/15	TAB 2	2nd C.C.D. J.S.D. 24 APR 1917 M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1/12/15		H L Cave Major M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
30/7/15	O.K.	H L Cave M.O.
11/8/15	"	H L Cave M.O.
1/9/15	"	H L Cave M.O.
9/3/17	TAB 1	

Enlisted on 21 *day of* July 191 5 *at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	60th Battalion C & F	458136		
Transferred to..	16th			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Granville C.A.H. Ramsgate	June 19th 1917	S. Wrist right arm	L.D.T.
3rd. A.B.H.	29. 8. 17.	Weakness R/forearm	Dis Capt Cave
3rd. A. & H.	10. 10. 17.	Weakened Arm	Dis

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.

CANADA

Surname Prophet Christian Name Ontario

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.
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		18	4	17	22	5	17	G.S.W. L. Arm	35	Incised wound about 6" long. (stitched up.) extending from Ext. condyle of rt. humerus down the ant. inner surface of fore-arm. Slight discharge. but not painful.	Adam E Steeles Capt. CAMC
CONVALESCENT HOSPITAL BROMLEY, KENT		22	5	17				G.S.W. Right Elbow		Wound this region discharging. Ant. elbow area needs massage.	Mikel major CAMC
G.C.S.H. Ramsgate		18	4	17	26	6	17	G.S.W. Rt. wrist + St. leg.	70	Transferred to Reserve Unit Category D T	[illegible] Capt. C.A.M.C. Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate.
G.A.H. St		3	12	17	9	2	18	G.S.W. Rt. forearm	68	M.S.B. 227 Jct 9/18	A Chabot Capt CAMC
G.N.C.H. Montreal Que.		3	12	17	20	2	18	G.S.W. right forearm.	79	Discharged to O.C. "A" Unit through the C.A.& D.O. Class "E" H.Q. 16-1-25 of 5-12-17.	A Chabot Capt CAMC

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T6208	458136	Pte	Canonuk	J.
Year	Unit.		Age.	Service.
	60 Bn.		22	22-12
Station and Date.	Disease	S.S.W. Right Arm Weight 136.		

GRANVILLE CANADIAN SPECIAL HOSPITAL
REGISTRAR'S
23 MAY 1917
OFFICE
RAMSGATE

Occupation — Labourer.
Enlisted July 21st 1915 Montreal.
Arrived in England Nov 13. 1915
" " France Feb 19th 1916.
Wounded April 13. 1917 Vimy Ridge.
Hospitals Australian General Boulogne 2 Days
" Ontario Military Orpington 33 "
" Bromley Conv: 1 "
" C. C. S. H. Yarrow Annex 23/5/17.

Complaints:- Inability to use arm. (right.)

History. Wounded Apr. 13/17. at Vimy Ridge by shrapnel, entered above right elbow, passing downwards & across was removed from about middle third of forearm.

Operation at C.C.S. for removal of F.B; wound not quite healed. No injury to bone.

Has not been able to use right arm; had some pain along wound.

Present Condition. Entrance of fragment just anterior to external condyle of humerus; passed downwards in front of joint; incision extending from entrance scar to junction of middle & upper thirds of forearm. Healed, except for small granulating area at upper end & another at lower end of scar. Can move arm from elbow from

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
	about a right angle to writhe about 30° of full extension movements at wrist-joint free but weak, movements of fingers also free but weak. Grip very weak. Absence of sensation on ~~of~~ extensor surface of forearm below wound. no impairment of sensation in hand. General condition good, V.D. T Scabies neg. R Bruce Capt
26 MAY. 1917.	
	To have E.C. Baths & massage & Manipulation of Rt. Elbow and forearm & fingers. Slight firm gauze dressing on wounds. Report in a week. C.W.P.
27/5/17.	Dressed arm as above. R.O.C.
4 JUN. 1917	Carrygan E.S.T
13/6/17	Wound healed. Sent to Exam Room
15 JUN. 1917	D.I. Discharge through Registrar. Still numbness where radial branch nerve was cut but muscle power good E.S.T
	EXAM. M.C.O. JUNO — 15 JUN. 917 — G. C. S. H. RAMSGATE. DI
21/6/17.	Discharge to Reserve Depot through Registrar. Capt Cave

Forms
I. 1237
10

Rams YA 10/130

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2-T.1594. Year 1917.	458126	Pte	Antonuk	J.

Unit. 16 Cdns. Age. 22 Service. 2 yrs

Station and Date.	Disease
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT. 18 APR 1917	G.S.W. Lt. Arm. Enlisted July 22/15. Came to England. Nov 21/15. Went to France. Feby 20/16. On Apr 14th received shrapnel wound of right fore-arm at Vimy Village. Was sent to 10th F.A. then to C.C.S. for 4 hrs then to Some hospital. where shrapnel was removed then sent to #3 Aust Gen Hosp at Boulogne for 2 days then to Dull. Apr 18/17 On admission has incised wound about 6 inches long (stitched up) extending from external condyle of right humerus down the anterior surface of fore-arm. Right discharge but not painful.
May. 1	Some stitches removed
" 8	all " "
" 15	Wound healing up.
" 22	Sent to Con Hosp.

Adam E. Shiller Capt

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Form D.M.S. 1394.
6533.—20M.—22/1/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD, 29. 8. 1917.

No. 458136 Rank Pte Name ANTONIUK. Z.

Local Unit 23rd Res Bn Overseas Unit 60th Bn Age 23

Examination held at 3rd C.C.D. Med. Dept.

DISABILITY.
Overseas—Local
(scratch one out).

UNABLE TO EXTEND, RT. FOREARM FULLY.

PRESENT CONDITION.

1/ In France 14½ mos.
2/ Wounded 12-4-17 Vimy Ridge.
3/ Subj. Symptoms - ½ painful at times.

1/ Obj. Symptoms: 1/ scar extending from ext condyle rt. humerus to antcrio surface rt forearm 6 inches long.
2/ adhesions - present.
3/ passive movements Art. forearm causes pain.

BOARD RECOMMENDS:- further treatment. D'ii Bramshott. special arm exercises, weight-extension and massage.

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

A.W.P. Bindon Lt Col ..... President.

H. Monk Capt ..... Members

Stod Smith Capt .....

APPROVED

Dated Seaford 31. 8. 1917. James C. Fyshe Maj ..... For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 191?

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas. Local.

PRESENT CONDITION.

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training

3. Fit for Temporary Base Duty .....

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures —

..... President.

..... Member.

.....

APPROVED

Dated ..... 191?.

For A.D.M.S.

Form D.M.S. 1394
50M-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD Oct. 10 1917.

No. 41R136 Rank PTE Name ANTONUK, Z

Local Unit 32nd Res. Batt. Overseas Unit 6th Batt. Age 23

Examination held at 3rd C.C.D. MEDICAL DEPT.

DISABILITY.
Overseas-~~Local~~
(SCRATCH ONE OUT). WEAKENED ARM G.S.W. RIGHT FOREARM.

PRESENT CONDITION.

① In France 1½ yrs.
② Wounded 12.8.17 by Rifle.
③ Says suffers pain cannot lift arm above shoulder carry or P.T. with Rifle etc.
④ Examination: a Wound Scars right ext. condyle humerus to ant. surface right forearm 6 long
② Adhesions hindering flexion & extension of forearm and biceps
③ Hand grip good the arm has had massage treatment & will only undergo moderate results of C II. Should not be required to lift over 6 lbs

BOARD RECOMMENDS:-

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

Signatures:-

(..... President.
(Geo. Smith Capt
Members (.....
(N. Nook Capt
(.....

APPROVED

Dated Seaford 12.10 1917. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Form D.M.S. 1804
S.O.M.—1918—7-6-17.

PRESENT CONDITION.

DISABILITY.

(Duration and cause.)

Examination held at .....

Date of ..... 191?.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... yrs.

27th October.1917
Ref/1st Que/
1st Quebec Regt'l Depot.
Bramshott, Hants.

Reg.No. 458136 Rank Pte. Name Antaush. J.

Category C2. appeared before a Combatant Board of Officers composed of;-

PRESIDENT:- Lieut.Col. J.L.McKinnon
N S R D

MEMBERS:- Major W.F.Seaton
A R D

Major F.W.Miller
17th Res.Battn.

held at Bramshott, Hants., on the 26th day of October, 1917.

Authority:- BB 33a dated 26-10-17.

The Board having heard and considered the evidence in the case of this man, with special reference to :-

(a) The man's usefulness from a Military point of view.

(b) The cost of his maintenance including pay.

(c) His occupation in Civil life ans his physical fitness for this occupation.

is of the opinion that this man should be returned to Canada for dispoal of the A.G. Ottawa.

J.A. [illegible]

Lieut-Col:
O.C. 1st Quebec Regimental Depot:
Bramshott, Hampshire.

WGG/

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

10676/212 Clerk

Antonick J Antonuk. Z.

Name Antonuk, John
Surname Christian Name

4-26-J-1

Regimental Number 458136 Rank Pte.

Unit 60th Bn.

Original Unit

District where paid M.D.4.

Date of Discharge 28-2-18.

P. D. P. Filing Number 2-112-4.

Address (in full) 33 Wurtele St.,
Montreal, Que.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
	100 10	2223	2-3-18	33 00	2180	2-4-18	33 00	2152	2-5-18	29 23	4 87	95 23

~~960 61 12503 24/2/19 70 00~~ Ret'd Cancelled 21-3-19 Cr 10433

~~1078 2 29 738864. 14/3/19 70 00~~ Cancelled Cr 11387 17/4/19

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: From C.P.M. Ottawa, 13 Belmont St., Montreal, Que.

D. 38864 Payee not located.

Dec'n No. 10676/21 W. S. G. File No 426-J-14

Award ..... days at $ 70 per day $ 350.00

S. A. ..... months at $ ... per mo. $ .... $ 100.10

Less P. D. P. Credited $ 249.90

Less further debit balance $ ....

Net due paid as below 249.90

TO SOLDIER	DEPENDENT				
			ou		Amount
1	[illegible]	[illegible]	70 00		
2	[illegible]	[illegible]	30 00		
3	[illegible]	[illegible]	70 00		
4	17720	477692	39 90		

24-2-19 14-3-19 cancelled per 4-19 *cancelled per Draper #11998 2-6-19

Re issue of $249.90 A.G. 3243 5-6-19 B.M.

noted on a.G. 2971 chk. 478066 amt $70.00 issued 10/6/19 W.B.

1250 3
38864
419385

GEN'L AUDITOR
Voucher checked by
.....
Date.....

① C/o J Gauvreau
200 Wm Gill St.
Montreal 23.5.19

13 Belmont St
Montreal

Ret'd cancelled 21-3-19

Hold payments for better address.

RM 10 4 12 11 19

Audit Voucher No. 478025

$ 70 00
39 90
$ 109.90

Overpayment of $109.90:
Ref request. 22/10/19 " "

Credit Slip 6212
for $1.00 received 19.1.20

Cash br. Slip 6306 $ 25.00 W120 6 3/20
" " " 6356 $ 34.90 W.99 20. 3/20

2L0

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Antonuk Jinofery (Pte)

Regimental No. 456136

Unit 60 Bn

Date of enlistment

Place of " Salmon

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable Olympic 14 11/17

Name and address of next-of-kin 33 Wattles St. Montreal

L. P. C. No. 977

649. A. 7305.

(D.S.)

L. S. Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	31/10/17							37 90 3								Emp. L P C Patrol Boat. C.D. Halifax
1/11/17	30/11/17	30	1 00	30 00	30	1 0	3 00		41203					973		
														110 00		
								Cr. Balance						29230	41203	
								Cr. Bal. brot forward	29230							L.P.C Rend 14/12/17 a/c all'ce to 30/11/17 Transf'd to Admt
									29230							Sup. L.P.C. 487. Records of N.D. 4 16/3/18
								Cr. Bal. 28-7	43292 30							Sup. L.P.C. "A" Unit. 6/3/18

Exp. Nil

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

P—56

Rank Pte. Name ANTONUK, Zinofery Reg'l No. 458136

Unit 60th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, July 21st 1915 Place of Birth Sparavin, Russia

Name and Address, Next-of-Kin Ivan Antonuk, Sparavin, Russia,

Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Canada Reason Character

MAR 19 1918 CANADIAN CONTINGENT

Entered on N.E. Card Index

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915 Nov. 1	Nov. 30	30	1.00	30 00	30	.10	3 00	10 00	43 00			31 65			31 65	11 35	bal. Canada
Dec 1	Dec 31	31	1.00	31 00	31	10	3 10	11 35	45 45			43 80			43 80	1 65	
1916 Jan 1	1916 Jan 31	31	1.00	31 00	31	10	3 10	1 65	35 75			17 04			17 04	18 71	
Feb 1	Feb 29	29	1.00	29 00	29	10	2 90	18 71	50 61			9 91			9 91	40 70	
Mar 1	Mar 31	31	1.00	31 00	31	10	3 10	40 70	74 80			52 24			52 24	69 56	
				152 00			15 20	100 00	177 20			107 64			107 64	69 56	

Feb 1/12/17 COMB

Checked S.O.A.

BALANCE TRANSFERRED TO NEW LEDGER

Carried forward to Ledger sheet

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

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 60 Bn: C.E.F.

Regimental No. 458136 Rank Pte. Name Antonuk Zinofery.

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				
3 NOV 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 261 Commanding Canadian Discharge Depôt.			Lieut.-Col.
6 NOV 1917		EMBARKED FOR CANADA FROM LIVERPOOL Commanding Canadian Discharge Depôt.			Lieut.-Col.

(*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				

(611)—Wt. W1751-1103. 500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

60th BATTALION C. E. F. 60th Bn.

Regiment or Corps

Regimental No. 458136 Rank Pte Name Antonuck Zwiefory

Enlisted (*a*) 21st July 1915 Terms of Service (*a*) Duration of War Service reckons from (*a*) July 21/15

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

Extended — Re-engaged — Qualification (*b*)

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 for Overseas Service with 60th Bn. Feb 20 1916			
		J. Hamp Adjt for O.C. 60th Bn.			
		ARRIVED IN FRANCE	Havre	21/22/4/16.	L.R. 4701 4702 4710.
25/3/17.	O.C. 9th Mach Gun Co.	Attached to 9th Machine Gun Co for	Duty. —	17. a 17.	9th 2.173 24/pl/ay 15/3/17. 93rd 9th Mach Gun Co 25/3/17 [illegible] 26th/3/17
15/11/17.	"	Wounded in Action.	Etaples.	15. 11. 17.	ORHS. 29/31. of 16/17 Nov 1917. KO. II. 2622.
17. 11. 17.	2 Aust Gen.	S.W.H. Aux. Invalided Wounded reported to 2nd Quebec Regimental Depot Shorncliffe	14th St. Andrews.	17. 11. 17	43083 "2740 pl II" 42 2/5/17.

Lieut.
for Major. A.A.G.
Canadian Section. G.H.Q.
3rd Echelon.

(*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				
4.5.17	2nd C.R.D.	T.O.S from 60th Bn	Shoreham	17.4.17	P.O 59
17.5.17	do	S.O.S on trans to 1st C.R.D	"	11.5.17	P.O 69 of 1st C.R.D Pt II O 65
					for Colonel i/c Records, Lieut. 60th Bn
16/10/17	DISCHARGED FROM 3RD C. C. D.	Seaford	TO 2nd CCD BN.		PART II D. O. No. 204 18/10/17
					For O/C 3rd Canadian Command Depot
18-10-17.	2nd CCD.	Attached 2nd C.C.D.	Bshott.	16-10-17	Pt 2. D.O. 210.
24-10-17.	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to 1st Res. Bn.	Bshott.	23-10-17	Pt. 2 D. O. No 215. for OC. 2nd CCD.
	TAKEN ON STRENGTH 1st. Quebec Regt'l. Depot,		Shoreham	Pt. II. D.O.	65. 11.5.17.
3-11-17	1st Que. Regt'l. Depot. ON COMMAND TO	60th Bn.	Buxton	Pt. II. D.O.	212 2-11-17 ADJUTANT, 1ST. QUEBEC REGT'L. DEPOT.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Antonuk	Z.	458136

Rank	Unit	Co.	Troop	Batty.
Pte	6 OthnBn			

Hospital — Date of Admission

Transferred Ontario Mil. Orpington Hosp. 19-4-17
Bromley. Can. Conv. Hosp. 23.5.17
Ramsgate Special Hosp. 24.5.17
Hosp.

Diagnosis: G.S.W. L. Arm R.

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L. 28-4-17 A320 R.F.B. Wd 14-4-17
C.L. 3-5-17 B307
26.5.17 B327
28.5.17 B328.

REMARKS
—

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Name ANTONICK J. Rank Pte. Regt. No. 458136 Unit A

Battn. Camp or O. S. 0 File M. H. C. C. H. Q. File

Next of kin Mr. Ivan Antonick, Spaddvin, Russia.

Discharged to Class 3 D. of D. 40% DDS 40% Conduct Good.

Pension awarded $120.00 6 mos. Date of first payment 1-3-18

Address on discharge. 33 Murtle St. Montreal. P.Q.

Diagnosis G.S.W. rt. arm. Date boarded 16-11-17

DATE	CLASS	REMARKS	Part 2 Order
21-11-17	2	G.N.C.H. Outpatient.	#288
3-12-17	2	G.N.C.H.	#300
7-1-18	2	D.G.H.	#9
29-1-18	2	D.G.H. Outpatient	#30
15-2-18	2	K.L.G.H.	#50
20-2-18	2	H.Q. "A" Unit Outpatient pending discharge	#53

over

L. L. Job 24571 M.H.C. F. 29. 75-7-17.—50M.

DATE	CLASS	REMARKS	Part 2 Order
28-2-18	3	DISCHARGED	#59

Form—R. 190 8528-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas—return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

S.O.S. Dis. 22/2/18

62/2 #4

SURNAME. Antonuck.

CHRISTIAN NAMES Zinofor.

REGL. No. 45-8136. RANK Pte.

UNIT 60th. Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Antonuck. Ivan.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Sperasin Russia.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Russia Sperasin. DATE

PLACE OF ATTESTATION Montreal. DATE July 22nd. 1915

Sailed from Montreal Per S. S. "Scandinavian" - C-11-15. 256

L. L. 94501. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

R/C - 14-11-17.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Number 458136 Rank pte.

Surname ANTONUK

Christian Name Bronfery

Units 60th Bn. Can. Inf. Theatre of War France

Date of Service 20-2-16

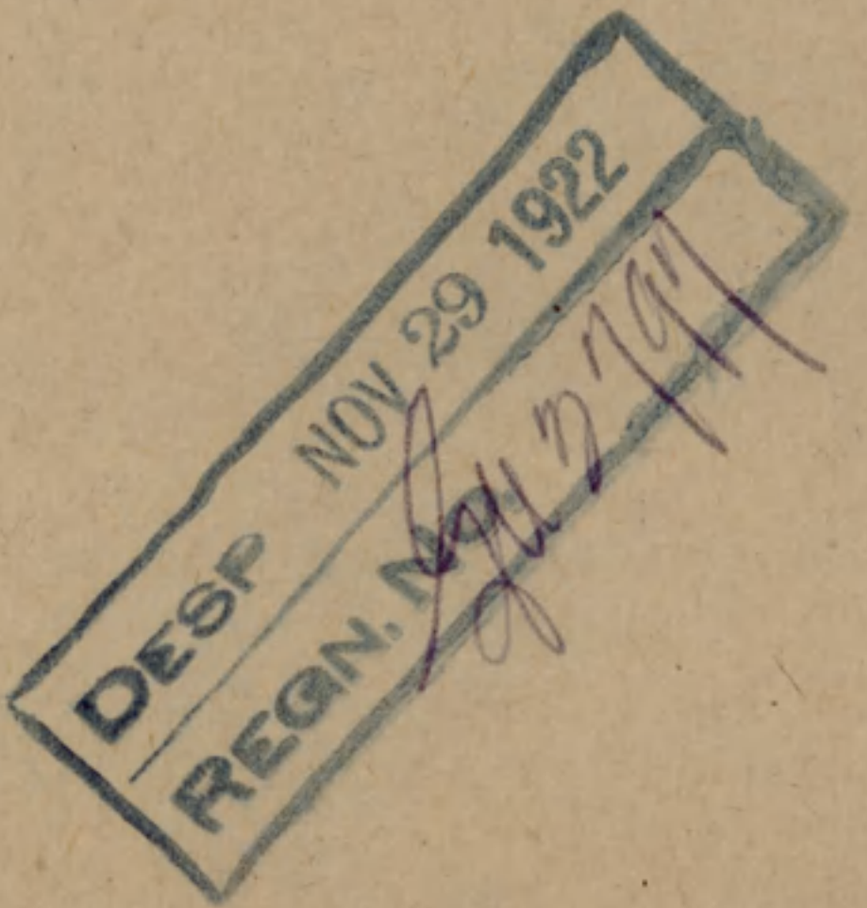
Remarks

Latest Address 33 Wurtele St
Montreal P.Q.

Roll No.

10m.-8-21.M.

Page 20622


DESP NOV 29 1922
REGN.

No. A-8136
458136 ?

Rank Pte.

Name Antonuk J.

T. O. S. 2-7-15.
Do 5-1-24-7-15.

Unit 60th. Battalion

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T
1915.	1915.	
July 22	July 31	c
Aug.		c
Sept.		c
Oct.		c
Nov.		c
Dec.		c

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED NOV 6 1915

4

REGT'L No 43-8136

NAME Antonuk Jinofoy

H. Q. FILE No. 649-

RANK AND CORPS Pte. 60th Battn.

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M 305 O	28-4-17	Russia Reported wounded April 14th 1917 Sailed from Liverpool per SS Olympic 6-11-17 M20#4 Disposal 7/11

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

No 15 — | M. D. 4.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 320	Rep from Base.	14-4-17	Wounded. N. S. 6-17
B 30	Ontario Mil. Argyngton	19-4-17	G.S.W. L'arm 7.21
B 327	Can. Conv. Bromley	23-5-17	G.S.W. L. Arm 7.21
B 328.	to Granville Can Spec. Ramsgate.	24-5-17	" " " " " " 22.6.17
288.	M. H. C. C. Montreal	21-11-17	Adm. G. N. C. H.
300	" " " " "	31-12-17	Trans. To 2nd G. N. C. H.
9	" " " " "	7-1-18	" G. N. C. H. to D. C. H.

ANTONUK, Zinophery (John) 458136
Pte.
60th Bn. 649-A-7305

medals desp.

cross nil (married after discharge & mother dead)

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 Montreal DATE Feb.9/18

1. (a) Unit 60th Bn (b) Regimental No. 453136 (c) Rank Pte
   (d) Surname ANTONICK (e) Christian name JOHN
2. Age last birthday 23 Date of birth Jan.1/1895
3. Enlisted at Montreal on June 21/15
4. Personal description :—
   (a) Height 5' 10" (b) Weight 140 (stripped) (c) Complexion Fair
   (d) Colour of hair Red (e) Colour of eyes Blue (f) Identification marks
   Long linear scar anterior surface right elbow.
5. Address after discharge (for the use of the Board of Pension Commissioners)
   33 Wurtele St.
   Montreal.
6. Former trade or occupation Labourer.

7. (a) Service	Years	Days
	2	220

	Periods	
	From	To
60th Bn A Unit M.H.C.C.	June 21/15 Nov.14/17	Nov.14/17 date.

(b) Has he been overseas ? Yes

8. Present disease or disability (use authorized nomenclature if possible)
   G.S.W. right forearm #1197
   (a) Date of origin April 12/17 (b) Place of origin France.
   (c) Cause* G.S.W.
   *(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).

General condition good. Heart and lungs normal. Healed adherent scar 8" long anterior surface upper third of forearm and lower end humerus, right. A.G.E. 170°; A.G.F. 80°. Pronation & supination practically normal. Power in all movements of forearm diminished by 50%. Anaesthesia radial border forearm. Fingers show flexion complete and extension also complete. Adduction of thumb to ring finger only. Some pain in forearm and thumb. Some cyanosis and general circulatory disturbance right forearm.

[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.

As noted.

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.

20%

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

13. Was a Court of Inquiry held? No

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

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? At least six months.

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

Operations in France and England.
Massage and irrigation.

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

No

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

20. Recommendations

Unfit for service Class "E"
- To pass under own control.

W. Blackburn
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 J. ANTONICK 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

J. Antonick
Signature of soldier examined.

MES

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.

CONCUR, EXCEPT:-

(9) Grip right hand ¼ normal. Adduction of thumb to all fingers. No atrophy of muscles of arm or forearm.

(11) 50% for six months, then re-adjustment.

22. 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). E

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).

Discharge Class "E"

A. Williams Lt-Col *President*
L.B. Malcolm Capt
W.A. Dobson Capt *Members.*

STATION Montreal, Que.

DATE Feb.11/18

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED

W.W. Chown
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

List of Discharge Documents.

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

7847
18613

11-8-35

This space to be for numbers

Proceedings on Discharge.

Enl. under Antonick

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

No.	458136
Rank	Private
Surname	Antonick
Christian Name	John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	60th Battalion
Date of Discharge	28/2/18.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	23 years 7 months.
Height	5 feet 10 inches.
Complexion	Fair
Eyes	Blue
Hair	Red
Trade	Laborer
Intended place of residence (To be given as fully as practicable.)	33, Wurtele Street Montreal.

Descriptive Marks

Long linear scar anterior surface right elbow.

Deceased 16-7-33.
649-A-7305

2. The above-named man is discharged in consequence of

Medical Unfitness due to
G.S.W. right forearm.
Authority H.Q.4D.22-A-457 Dated Feb.16th 1918
and in accordance with instructions in Circular
Letter No 285 Hq.16-1-25 December 5th 1917.

N.B.—The cause 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.

Good.

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

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

Re-education recommended

M. F. B. 218.

100M.—1-17.
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.....

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).....

(Date).....

.....

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 present date, subject to the reservations of the claims noted on the third page.

(Place).....Montreal.....J Antonuck.....*(Signature of Soldier.)*

(Date).....28/2/18.....Phil Loughrow.....*(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).....years.....days.

Total..2..years..247..days.

11. **Confirmation of Discharge.**

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

(Place).....Montreal.....

(Date).....

MILITARY HOSPITALS COMMISSION
FEB 28 1918
"A" UNIT

(Signature) .....MAJOR,
O.C. "A" Unit
Military Hospitals Commission Command

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.)

None. J Antonuck

(OVER)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement papers (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178)
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

OLYMPIC
November 14th

This space to be left blank for the Chelsea Number.

Army Form B. 268.

1917 Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 458136 Army Rank Pte

Name Antoniuk, J.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Quebec

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 23 years months
Height 5 feet 9 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Labourer
Intended place of residence (To be given as fully as practicable) Montreal

Descriptive marks.
Shrap. elbow r. arm

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

Returned to Canada,- Authority Combatant Board of Officers held at Bramshott Dated 26 Oct 1917.
Category C2

To be filled in on the soldier quitting the Colours.

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 W. W17176 M291 500,000 2/16 Sch. 39 Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations — France 15 Mons

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____ _____

(Date)_____ *Commanding* _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*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 at 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 towards engagement to _____(the date to which the record of service is completed)_____years_____days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

*Signature*_____

(Date)_____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

_____

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

Date	Brief details, and signature
1.12.15	Vaccination. H.L. Pavey Major.
30.7.15	Inoculation. O.K. "
11.8.15	" " "
1.9.15	" " "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry of this man's Medical History Sheet.

for the Officer in Charge of Records, C.A.M.C. Canadian Contingent.

DUPLICATE. To Card. CR.464

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

AFD

MEDICAL HISTORY of

Surname ANTONUK *Christian Name* ZINOFORM.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Sparavin. County Russia.

Examined ... ... on 21dt. day of July. 1915
at Montreal.

Declared Age ... ... 21 years 6 months. days.

Trade or occupation ... Labourer.

Height ... ... 5 feet 9¾ inches.

Weight ... ... 133 lbs.

Chest Measurement — Girth when fully Expanded 37½ inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks — Arm ... Right Left 3
Number ...

When Vaccinated ...

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Scar on right arm

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

Approved by (*Signature*) H.L. Pavey.
(*Rank*) Major.
Medical Officer.

Enlisted ... ... at Montreal.
on 21st. day of July. 1915

Corps.	Regt. No.
60th. Battion.	458136

Joined on Enlistment ...

Transferred to ... ...

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*)

(*Rank*) Lieut.-Col.
In Charge of Records, Canadian Contingent.

(5506.) W. 14971/M. 89. 750m. 1/16. C. P., Ltd. Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

TO BE ANSWERED BY | ANSWERED
REFERRED TO | NOTED
Regd. 28 1918
REFERRED TO | NOTED
NO ANSWER | FILE No.

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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison 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 Montreal DATE Feb./9/18.

1. (a) Unit 60th Bn. (b) Regimental No. 458136 (c) Rank Pte
   (d) Surname ANTONICK (e) Christian name JOHN
2. Age last birthday 23 Date of birth Jan. 1/1895
3. Enlisted at Montreal on June 21/15.
4. Personal description :—
   (a) Height 5' 10" (b) Weight 140 (stripped) (c) Complexion Fair.
   (d) Colour of hair Red (e) Colour of eyes Blue (f) Identification marks
   Long linear scar anterior surface right elbow.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   33 Wurtele St., Montreal
6. Former trade or occupation Labourer.
7. (a) Service — Years 2 — Days 220

	Periods	
	From	To
60th Bn "A" Unit M.[illegible].C.C.	June 21/15 Nov 14/17	Nov. 14/17. date

   (b) Has he been Overseas ? Yes.
8. Present disease or disability (use authorized nomenclature if possible). G.S.W. right forearm #1197.
   (a) Date of origin April 12/17 (b) Place of origin France
   (c) Cause* G.S.W.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

General condition good. Heart and lungs normal. Healed adherent scar 8" long anterior surface upper third of forearm and lower and humerus, right. A.C.F. 170° A.C.F. 80° Pronation & supination practically normal. Power in all movements of forearm diminished by 50%. Anaesthesia radial border forearm. Fingers show flexion complete and extension also complete. Adduction of thumb to ring finger only. Some pain in forearm and thumb. Some cyanosis and general circulatory disturbance right forearm.

[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.
150M.-6-17.
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

As noted.

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

20%.

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?

Yes..... No.....Not applicable.

(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? At least six months.

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

Operation in France and England.
Massage and irrigation.

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

No.

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

20. Recommendations

Unfit for service Class "E"

To pass under own control.

W. Patterson Lieut.
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 J. ANTONICK 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

J. Antonick.
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.

CONCUR, EXCEPT:-

(9) Grip right hand ½ normal. Adduction of thumb to all fingers. No atrophy of muscles of arm or forearm.

(11) 50% for six months then re- djustment.

22. 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~~). E

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~.

(Strike out condition not applicable).

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

Discharge Class "E".

J. Williams, Major. *President.*
R. B. Malcolm Capt. } *Members.*
W. A. Dobson Capt. }

STATION Montreal, Que.

DATE Feb 11/18.

APPROVED BY

W. E. Nelson.
DATE ..... *Assistant Director of Medical Services.*

APPROVED BY

DATE ..... *Director-General of Medical Services.*

P. 6

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment	No of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment	Name of Paymaster	Remarks.
16-5-17	536		1	—	4	87	Orp.	Taylor	
15-6-17	575		1	—	4	86	Ramsgate	Bartholomew	
26-6-17	685		12	—	58	40	"	" 30/9/17 Bal 447.30	Arrd 132.30
13-7-17	816		1	—	4	87	Arcola	J D Patterson Woodside	
20/7	879		2				"	Woodside	
15/8	988		1						
28/8	1047		2						
14/9	1165		8						
27/9	1220		2						
12/10	1332		8						

Entered on one below

Mar 31 152 15 20 10

458136 Pte Antonuk, Z

F.697 EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

Date of Payment	No. of Acq. Roll	AMOUNT Francs	£	s	$	¢	Place of Payment	Name of Paymaster	Remarks.
16/5/17	536	✓	1	—	4	87	Orpington		
15/6/17	575		1	—	4	86	Ramsgate		
26/6/17	685		12	—	58	40	"		
13/7/17	816		1	—	4	87	Arcola		
20/7/17	879		2						
15/8/17	988		1						
28/8/17	1047		2						
14/9/17	1165		8						
27/9/17	1220		2						
12/10/17	1332		8						
					184	93			

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 458136 RANK Pte NAME Antonuk, Zinofery

IF IN PERMT. CORPS / WHAT UNIT — UNIT 60th Battn. TRANSFERRED TO 2 O.R.D. DATE 21-8-17 AUTHORITY 3-5-17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Orpington Hospital DATE 22-8-17 AUTHORITY Imm a/c

PLACE OF ATTESTATION Montreal, Que — TRANSFERRED TO Norbeck DATE 1-11-17 AUTHORITY

DATE OF ATTESTATION July 21/15 — TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE 31/10/17 Canada

REASON AND AUTHORITY A.G.2 1-79. 30/10/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

G. Ronald

MAR 19 1918

TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
177 20												107 64			107 64	69 86				
33 00	138	2/4/16							262 ✓						262	99 94				
31 10	180	1/5/16	228	15/3/16					255 ✓	255 ✓					510	128 94				
300			275	15/6/16						511 ✓					511	156 83				
74 10	345	30/6/16	410	18/7/16					255 ✓	436 ✓					691	184 02				
24 10	460	31/7/16							2 62 ✓						262	215 50				
33 00	534	14/8/16							3 49 ✓											
	577	30/8/16							2 62 ✓		261 ✓				872	239 78				
34 10											262 ✓				262	271 26				
33 00	724	18/10/16							2 62 ✓		436 ✓				698	297 28	165 00	132 28		
34 10											12 21 ✓				1570	315 68	180 00	135 68		
											349 ✓									
34 10	581	29/12/16							5 24 ✓						574	344 54	195 00	149 54		
30 80	906	2/1/17							2 61 ✓						785	367 49				
	934	19/1/17							2 62 ✓											
	1012	31/1/17																		
44 60									32 16	12 02	25 29	107 64			177 11					

3 Dim Regt. 973 5/9 3 D.H.Q. 994 28/7 3 H.Q.S.S. 1086 20/10 3 H.Q.S.S. 1144 3/11 " 1184 13/11

Small Ledger Stock

MARRIED OR SINGLE S.

PLACE OF BIRTH Speravin, Russia

NAME AND ADDRESS OF NEXT OF KIN Ivan Antonuk
Speravin, Russia
Father.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. H58136 RANK Pte NAME Antonuk, Zinofery

IF IN PERMT. CORPS / WHAT UNIT UNIT 60th Battn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Montreal, Que

DATE OF ATTESTATION July 21/15

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE 31/10/17 Canada

REASON AND AUTHORITY A.G.2 1-79. 30/10/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO 2 Q.R.D. DATE 21-8-17 AUTHORITY 3-5-17

TRANSFERRED TO Expenglosi Pal DATE 22-8-17 AUTHORITY Same as

TRANSFERRED TO Norfolk DATE 1-11-17 AUTHORITY

TRANSFERRED TO DATE AUTHORITY

G. Ronald C.S.

MAR 19 1918

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	4% PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916.																																		
Mar. 31			152				15	20						10	177	20										107	64			107	64	69	56			
1/4 30/4/16	30	1.00	30	00	30	10	3	00							33	00	138	21/4/16						262						262	99	94			
1/5 31/5/16	31	1.00	31	00	31	10	3	10							34	10	180	15/6/16	228	15/6/16				255	255					510	128	94			
1/6 30/6/16	30	1.00	30	00	30	10	3	00							33	00			273	15/6/16					511					511	156	83			
1/7 31/7/16	31	1.00	31	00	31	10	3	10							34	10	345	30/6/16	410	15/7/16				255	436					691	184	02			
1/8 31/8	31		31		31		3	10							34	10	460	31/7						262						262	215	50			
1/9 30/9/16	30	1.00	30	00	30	10	3	00							33	00	534	19/8						262						872	239	78			
																	577	30/8																
Oct 1/31	31	1.00	31	00	31	10	3	10							34	10									262					262	271	26			
Nov.	30	1.00	30	00	30	10	3	00							33	00	724	18/10						262		436				698	297	28	165	00	132	28
Dec	31	1.00	31	00	31	10	3	10							34	10										1221				1570	315	68	180	00	135	68
																										349								
			42	70			42	70																											
1917.																																		
Jan. 31	31	1.00 10%	34	10											34	10	681	20/12						524						524	344	54	195	00	149	54
																	006	2/1						261											
Feb. 28			30	80											30	80	934	19/1						262						785	367	49			
																	002	31/1						262											
Forward			534	60										10	544	60								321	612	025	2907	1064		1771					

Small Ledger Sheet.

458136. Pte Antoniuk Zinofery

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
1917 Feb 28	Forward		334	60										10	544 60
Mar. 31		1/10	34	10											34 10
Apl 30		1/-	33	00											33 00
May 31		1/-	34	10											34 10
June 30		1/-	33	00											33 00
July 31		1/10	34	10											34 10
1-20 Aug. 20		1/10	22	-											22 -
" 30			724	90										10	734 90
" 31	1	.	1	10											1 10
1/9/31	10		11	00										10	736 00
Sept 30			33												11
			770											10	780

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		1102 1038	4/3 20/3	1151	1/3	52nd 1/8th 1098	26/3
						2516 291	
							F.R. 106 7/4

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
32 16	12 02	25 29	107 64			177 11
3 49 2 62	1 3/5	1 4/4				9 60
		4 86				4 86
			73 00			73 00
38 27	13 77	31 89	180 64			264 57
38 27	13 77	31 89	180 64	15 93		264 57

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
367 49		210	157 49	
391 99		225		
424 99				
459 09				
488 23				
448 33		285 00		
470 33				Tfr. to 2 C.R.D. 21-8-17. C.L.S. 307 3-5-17
441 43				Tfr. to Bfp. Ltd 23.8.17. AHP
482 43				
515 43		315	200 43	

MONTH PARTICULARS	DR 1	DR 2	PARTICULARS	DR 1	DR 2	CR 3	DR 4	BALANCE	DEFERRED PAY	SIER. ALLCE. ENC.
Sept 30								515 43	315	
" PP 31 Lay		34 10						549 53		
Intendiffs		14 43						563 96		
		48 53								
Nov			Anak 865 Sgt C Spt A. 26/6/17					58 40		
✓			575 Ramsden 15.6.17					4 87		
✓			536 Cpl M Hoop. 16.5.17					4 87		
✓			819 2 CCD. 31.7.17					9 73		
✓			1047 3 CCD. 28.8.17					9 74		
✓			1220 do 27.9.17					9 73		
✓			1165 do. 14.9.17					38 93		
								136 27 ✓		
								427 69		
1918										
Jan			Anak 819 3 CCD. 18.7.17					4 87		
✓			988 do 15.8.17					4 87		
✓			1332 3 CCD. 12.10.17					38 93		
✓			379 20 Bn 29.10.17					4 87		
								53 54		
								374 15		

Balance transferred to N.E. Branch

Nil

A.F.W. FORM RENDD Nil EFFECTS Nil
DISCHARGED TO Canada DATE 31/10/ 19.
PAYBOOK VERIFIED 2/11/17.
Credit BAL 379.03 1 P.O. REMD 3/11/17
1 AS 2 1 29 20/12/17

Tfr. to Depot

Dep. Kits. 4/1/18 Cr. 374 16

Checked Kidd Capt