341

R. O. No.

H. Q. No.

DISCHARGE DOCUMENTS

Name Back John Henry

Regt. No. 907679 Rank Pte.

Corps 195th O.S. Bn.

Medically Unfit

H C

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

Attestation Papers.....x2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....2 Sent B.P.C. 3-4-18.

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....2

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

15-10-17

ORIGINAL

No. 907679

Folio.

ATTESTATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Discharged 22nd Sept 1916.
Medically unfit.
Auth. A.D.M.S. 2/15-195 Aug 1st

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Back
1a. What are your Christian names?	John Henry
1b. What is your present address?	Grosswoods, Sask.
2. In what Town, Township or Parish and in what Country were you born?	Kenora, Ontario.
3. What is the name of your next-of-kin?	James Back
4. What is the address of your next-of-kin?	Serath Sask. Canada
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	May 15th 1897
6. What is your Trade or Calling?	Farmer
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?	Yes

Auth. A.D.M.S. Pte. Coe
Pte. 195th O.S. Bn. C.E.F.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Back, John Henry, 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.

J H Back (Signature of Recruit)

Date April 6th 1916. J D Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Back, John Henry, 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.

J H Back (Signature of Recruit)

Date April 6th 1916. J D Campbell (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 Regina, Sask. this 6th day of April, 1916.

W H Bradshaw (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Carded 2-11-16 MMB

Description of Back, John Henry on Enlistment.

Apparent Age 17 years 10 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft. ins.

Chest measurement: Girth when fully expanded 39½ ins.

Range of expansion 4½ ins.

Complexion Dark

Eyes Brown

Hair Dark brwon

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).

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 April 6th 1916. O. K. Cole

Place Regina, Sask. Capt. A.M.C.

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.

Back, John Henry 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.

[illegible] Lieut. Col. (Signature of Officer)

O. C. 155th Overseas Battalion C. E. F.

Date April 6th 1916.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 195th OVERSEAS BATTALION C.E.F.

Regimental No. 907679 Rank Private C. E. F. Name John Henry Back,

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				

(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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 907679 Rank Private Name Bach, J. H.

Corps 195th O/S Batt. C.E.F. who was* discharged

On 22/9/1916 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

Dr.	$	c.	Cr.	$	c.
From 1/9/16 To 22/9/16			From 1/9/16 To 22/9/16		
Bal. Dr. from previous month			Regimental pay 22 days at $ 1.00	22	00
Total payments during period from	51	30	Field allowance 22 " $ .10	2	20
			Other allowances		
Assigned Pay			Other Credits (give particulars)		
Other Charges (give particulars)			August balance	27	10
Bal. Cr. on discharge or transfer			Bal. Dr. on discharge or transfer		
Total	51	30	Total	51	30

The amount shewn as Balance Cr. due on discharge or transfer has †been paid.

Monthly stoppage on account of assignment of pay is, and has been charged in Pay-list for month of

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment 6/4/1916

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Medically unfit. Auth. ADMS 275-195 14/8/16

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date 22/9/1916.

Place Camp Hughes, Man.

C B Kennedy

Paymaster. Capt

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instruction, C.E.F. 1915).

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

Corps ..... Unit .....

On ..... 1915 to .....

"Leave" "discharged" or "transferred"

The following is a statement of the account of the above-named up to date of transfer or discharge (delete ...

Dr.	$ c	Cr.	$ c
Bal. Dr. from previous month		Regimental pay days at $	
Total payments during period from		Field allowance $	
		Other allowances	
Assigned Pay		Other Credits (give particulars)	
Other Charges (give particulars)			
Bal. Cr. on discharge or transfer		Bal. Dr. on discharge or transfer	
TOTAL		TOTAL	

The amount shewn as Balance Cr. due on discharge or transfer has † ..... paid.

Monthly stoppage on account of assignment of pay is ..... and has been charged in Pay-list for month of .....

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment .....

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

(3) cause of discharge and authority .....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date .....

Place .....

Paymaster.

No. 2 W. 44
(W.O.—1-3a.
3 C. (C.T.S.)—9-4-16

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 907679 Rank Private Name Bach, J. H.

Corps 195th O/S Batt. C.E.F. who was* discharged

On 22/9/1916 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

Dr.	$	c.	Cr.	$	c.
From 1/9/16 To 22/9/16			From 1/9/16 To 22/9/16		
Bal. Dr. from previous month			Regimental pay 22 days at $ 1	00	22.00
Total payments during period from	51	30	Field allowance 22 " $ c. 10		2 20
Assigned Pay			Other allowances		
Other Charges (give particulars)			Other Credits (give particulars)		
			August balance		27.10
Bal. Cr. on discharge or transfer			Bal. Dr. on discharge or transfer		
Total	51	30	Total	51	30

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is ....., and has been charged in Pay-list for month of .....

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment 6/4/1916

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Medically unfit. Auth. ADMS 275-195 14/8/16

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date 22/9/1916.

Place Camp Hughes, Man.

C B Keenleyside Capt.

Paymaster.

M. F. W. 44.

20 M—1-16.
H. Q. 1772-39-903.

649-B-6788
CR466 907679

MEDICAL HISTORY SHEET.

Surname BACK *Christian Name* JOHN HENRY

Examined { on 6th day of April 1916
at Regina

Birthplace { City or Town Kenora,
County Ont.

Apparent age 17 10/12

Trade or occupation Farmer

Height 6 Feet 0 Inches.

Weight 157 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 39 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number none

When Vaccinated last never.

(*a*) Marks indicating congenital peculiarities or previous disease scar 1 1/2 inch long on right chest.

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

Approved by W. R. Coles

Rank Capt A.M.C. 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.
17/5/16		W R Coles 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* Regina Sask

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	195th	907679		
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.

400M.—1-16.
H. Q. 1772-39-439.

46528

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

907679

MEDICAL HISTORY SHEET.

Surname BACK *Christian Name* JOHN HENRY

Examined { on 6 day of April 1916 / at Regina

Birthplace { City or Town Kenora / County Ont

Apparent age 17 10/12

Trade or occupation Farmer

Height 6 Feet — Inches.

Weight 157 Lbs.

Chest measurement { Minimum 35 inches. / Maximum expansion 39½ inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number None.

When Vaccinated last None.

(*a*) Marks indicating congenital peculiarities or previous disease Scar 1½ inch long on right cheek.

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

Approved by W R Coles

Rank Capt M.O.

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

Date.	Result.	Vaccinations.
17/5/16		W R Coles M.O.
		M.O.
		M.O.

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

Enlisted on 6 *day of* April 1916 *at* Regina Sask

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	195th	907679		
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.

400M.—1-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

649-B-6788

CARD NO. mmu

SURNAME. Back.

CHRISTIAN NAMES John Henry.

REGL. No. 907679 RANK Pte.

UNIT 195th.

FORMER CORPS nil.

10

S.O.S. Dis 22-9-16

Bu.

NEXT OF KIN.

NAMES IN FULL Back, James

RELATIONSHIP TO SOLDIER Father.

ADDRESS Herath, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Kenora, Ont. DATE May 15th, 1891.

PLACE OF ATTESTATION Regina, Sask. DATE Apr. 6th, 1916

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 17 YEARS 10 MONTHS

HEIGHT 6 FEET — INCHES

CHEST MEASUREMENT 39½ INCHES EXPANSION 4½ INCHES

COMPLEXION Dark EYES Brown. HAIR Dk. Brown

DISTINGUISHING MARKS nil.

MEDICAL EXAMINATION. PLACE Regina, Sask. DATE Apr. 6th, 1916.

Present address Crossroads, Sask.

No. 907679. Rank Pte. Name Back John Henry.

T. O. S. 6-4-16 (G.O. 406 11-4-16). Unit 195th Battalion.

M. D. 10-12

Paid From	Paid To	Sig. or Rec't	Particulars	Authority
1916.	1916.			
Apr. 6.	Apr. 30.	✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept. 1	Sept. 22	✓	Discharged "Med. Unfit" 22-9-16.	(G.O. # 178 of 22-9-16.)

Acct. closed by payments.

(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.
100 m-2-16.
H. G. 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.

DEPT. MILITIA & DEFENCE
13 1916
H. O. .....
CANADA

649-B-6788

1. Station. Camp Hughes.
2. Regiment or Corps. 195th O.S. Batt.
3. Regimental No. and Rank. Pte. #907679
4. Name. John Henry Back.
5. Age last Birthday. 18
6. Enlisted on April 6th 1916.
   at Scroth Sask.
7. Former Trade or Occupation. Farmer Date. July 17th 1916.
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.)

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.

10. (a) Disease or disability. Right Inguinal Hernia
    (b) Date of origin. 1909.
    (c) Place of origin. Holbrite Sask.
    (d) Cause. lifting a heavy stone.

11. Present Condition. (Most Important). Right Inguinal Hernia
    (To include full description of present disabling condition or conditions.)

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

M. F. B. 227,
100 M—2-16.
1772-39-117.

Carded 2-11-16 MB

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) none

(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. not applicable

14. Treatment none.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? none.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? during life unless operative measures are undertaken

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. 50% without operation or wearing of a truss.

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

W. R. Poles Capt a.m.c.
N.C.O. 195th O.S. Batt

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. No. Will not prevent him earning his livlihood same as previous to enlistment

19. Is he unfit for Military Service. Yes

20. Recommendations: Because this condition of right ingunial hernia pre-existed enlistment and has not been aggravated by service and inasmuch as he refuses operation the board recommends that he be discharged at once as unfit for military service

Signatures:—

A. B. Burns Capt A.M.C. President.

C. J. Whitaker Capt A.M.C. Members.

Station. Camp Hughes

Date. July 31st 1916.

F. M. Morton Capt. A.M.C.

Date.

R. M. Simpson Colonel. Asst. Director of Medical Services. A. D. M. S. Camp Hughes.

Approved.

Date. 19 10/16

D. Car. A. Cannon Capt Director-General of Medical Services.