2655631	BENERE	JOHN FRANCIS
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 638

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

NAME Sincere, John, Hawes REGT. NO. 2655631 UNIT 85th Bn H. Q. FILE NO.

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 163)				
	TRAINING HISTORY SHEET (M.F.W. 113)				12931
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
4	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	AFW 192				
1	" 97				
1	AFB 179				
1	AFW 3117				
1	" 3118				
1	Land				
1	mfw 69				
1	Casualty				
1	Q88				
1	AFW				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Med unfit

DESERTION

15-9-45
17-9-45
32-9
1

Box 20

CANADIAN FORCES RECORDS CENTRE PERS JACKET ROOM

W. 2589
100M-11-16

#6 M. D. 85 Depot Battalion Reinforcing Draft 66th Regiment

Regtl. No. 2655631

Original

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class I)

1. Surname: Benere
2. Christian name: John Francis
3. Present address: Enfield Hants Co N.S.
4. Military Service Act letter and number: 37445 G.R.
5. Date of birth: 30th Dec 1896
6. Place of birth (town, township or county and country): Enfield Hants Co
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Laborer
10. Name of next-of-kin: Pet. Benert
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Enfield Hants Co. N.S.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any:
15. Medical Examination under Military Service Act:—
    (a) Place Halifax (b) Date Nov 5th (c) Category A1.

DECLARATION OF RECRUIT

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

.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21	yrs 11	mths.
Height	5	ft 9	ins.
Chest measurement	fully expanded	38	ins.
	range of expansion	3	ins.
Complexion	Medium		
Eyes	Brown		
Hair	Brown		

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

Wounded

O. C. 85th Reinforcing Depot Btln.

Regt.

Place Halifax Date Nov 5th/17

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2655631 (Rank) Private

Name (in full) John Francis Benere enlisted in

the 85th Battalion (Re-inforcing draft)

CANADIAN EXPEDITIONARY FORCE at Halifax N. S. on the 5th

day of November 1917.

HE served in France

and is now discharged from the service by reason of

Medically unfit

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

Age 22 Years 2 months

Height 5 feet 9 inches

Complexion Dark

Eyes Grey

Hair Black

Marks or Scars Scar about 3 inches in length, over dorsum of left hand.

John F Benere

Signature of Soldier

C W MacAhoney CAPTAIN.

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge March 11, 1919

Signed at Halifax N. S. this 10th day of March 1919

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be entered.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Form R 122.
8750—15M—25-4-17.

TLH Rank Name BENERE, John Francis, Reg'l No. 2655631

If in perm. Corps
What Unit?

Unit 85th Bn Dft & C E F Details To 17th Res Bn

Married or Single Single

Place and Date of Enlistment Halifax, Novr 5th.1917. Place of Birth Enfield, Hants Co N.S.

Name and Address, Next-of-Kin Net. Benere,
Enfield, Hants County, NS.

Relationship Father.

N/E. R.B. No 4749
File R.L.
Category M U.CAN

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Pte. Character

H. W. V., Ld.—11319-17.

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.
	b	Arrived in England FEB. 1O3 BLOCKED I4-I2-I7 S/S Metagama			
17-12-17.	17Res.	ToS from Canada.	Bisley.	15-12-17	Pte 301.
S.H.18	..	88 to 85d Bn Dftes.	Pro A/18 RW	H.H.18	Pte 81 85d Bn Pte 36 17/4/18
24.5.18	N.S.R.D	ToS(in Hpl) posted from 85th Bn	..	19.5.18	Pte 128 85d To 55 29 6/A
1.10.18.	/	Invalided to Canada	..	24.9.18.	B.L.B. 332.
4-10-18	N.S.R.D.	SOS. to Canada for further Med. Treatment	Bisley.	24-9-18	Pte Do. 242.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

address on Will of K.

M 24

FORM OF WILL

I, John Francis Benere (Name in full)

Regimental Number 2633631 serving in 85th Bn Reinforcing Draft

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

I devise all my real estate unto

.....
.....
.....

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

I/ ~~absolutely, and~~ my personal estate I bequeath to

Miss Helen Benere
Enfield Hants Co. N.S.

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

NOTE

This space for the appointment of Executor if necessary.

.....
.....
.....

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 23rd day of November A.D. 1917

John Benere Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness C. V. McAvoy

Address of Witness York Redoubt

Occupation of Witness Soldier

Signature of Second Witness A. E. Andrew cpl

Address of Witness York Redoubt

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

Original

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Binnell Christian Name Joh Francis,

Examined on 5th day of Nov, 1917
at Halifax N.S.

Approved by V. Y. Common
Rank Capt. M.O.

Birthplace City or Town Enfield
County Hants

Apparent age 22 years.

Trade or occupation Labourer

Height 5 Feet 9 Inches.

Weight 135 Lbs.

Chest measurement Minimum 32 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks nil.

Vaccination Marks Arm ~~Right~~ Left.
Number 1

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease nil.

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

Date.	Fit or Unfit.	Examined for Re-engagement.
27-3-18	At	ACW. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

22 MAY 1918

Date.	Result.	Vaccinations.
24/11/17		J.E. Houston M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
24/11/17		J.E. Houston M.O.
18/12/17	1AB 1	E. L. Warslawsky M.O.
		M.O.

Enlisted on 5th day of November 1917 at Halifax N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	85th Bn	265631		
Transferred to	Reinforcing Draft			
	17th Can Ro Bn			
	85th Bn Ofs			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
#4 C.G.H. Basingstoke	July 9/18.	G.S.W.L. hand.	S to C. Dred. Statts majorcame
Ht	13/2/19	Amputation of left Hand thro' 6th M.C.	G J McNally Major

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.

CANADA

Surname Sweet Christian Name John Francis

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.
No. 4 Canadian Gen. Hospital, Basingstoke.		18	5	18				GSW. L. hand. fr. of 2nd metacarpal.		Wounded. 3.5.18. Rifle bullet. entering dorsum of L. hand over middle of 3rd Metacarpal. crossed. over lateral between 2nd & 3rd metacarpals. Externise communition of 2nd Metacarpal. May 5th operation. wound cleaned fragments of bone removed. July 8th Wound almost healed except for. Sinus 8 mm. over 2nd metacarpal. Movements of Wrist. ¼ Normal. Index – none. 3.4.5th ½ normal. Heart. Resp. normal. Boarded "Medical to Canada"	

EMBKD SEPT 24 1918
DISEMBK OCT 7 1918

CASE HISTORY SHEET.

Can. Hall Hospital. Halifax Station.

No. 2655-631 Rank Pte Name Benoit J.H. Age 23.

Unit 85th Completed years of service Where and how long } Can 3/12 Eng 3/12 5 2/12.

Date of admission 11.11.18 Date of discharge MAR 3 1919

Diagnosis Compound fracture hand (left) Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE.

On May 3/18 wounded by exp. bullet: which entered back of left hand over 1st. Metacarpal bone and emerged rad. middle of 2nd Metacarpal bone. Graphic x-ray report states fracture of 2nd. Metacarpal bone. No F.B. present.

Exam^n General condition. Excellent. Chest exam^n negative

Left hand. An irregular scar 2" length on dorsum of hand over 1st & 2nd. metacarpals. Head. Small granulating ulcer 3" south of incision over lower end of radius. Result of accident since returning to Canada while on furlough. Hand held in position of 3/4 flexion of all fingers. Scar adherent to underlying structures and to extensor tendons of 1st finger. Motor power - Movement at wrist normal. Limited. Fractured with considerable Movements of thumb 2nd, 3rd & 4th fingers normal. Movement of ~~wrist~~ index finger limited to about flexion at Meta-Phalangeal joints. Hand grip is about 3/4 normal.

FAMILY HISTORY Sensory Power. - Normal response to pain.

(Tuberculosis, mental or nervous diseases.) Sensibility which is slightly anaesthetic.

Vaso-Motor Disturbance

Hand is a little is cold, clammy. ~~and~~ sweaty and

TREATMENT. rather cyanosed. Circulation fair.

(Especially any specific or special form.)

Electrical reaction - normal.

Massage, Ear Consult: Ionization 11-2-19 Scar - Massage & Orth. movements as directed & under supervision Gymnasium - Wards - Games -

5-2-19. Patient is making fair progress. Receiving Massage and Ionization 2/d in Hydrotherapy dept. 11-2-19 M.O. i/c Hydrotherapy reports no further treatment in that dept of benefit.

CONDITION ON DISCHARGE. 11-2-19. Board Writes: Ionic Negative M.O. i/c Hydro-

(and disposal made of case.) therapy reports further treatment in that dept not necessary

3-3-19. Discharged. Improved

Date 3-3-19

D T W Jones Lt Col
Medical Officer i/c case.

a17471

M. F. B. 313a.
200M.—5-18.
1772-39-139.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M2 13193	2655631	Rfn	Benore.	J.

Year	Unit.	Age.	Service.
1918	85th Can Bn	22	8/12 3/12

Station and Date.
18/5/18

Disease G.S.W. L. Hand (acc).

OCCUPATION Labourer.

ENLISTED Stellarton N.S. Nov. 5. 17

ENGLAND

FRANCE

WOUNDED 3.5.18.

HOSPITALS No 12. Stationary Hospital. 3.5.18

No 47. General Hospital. 13.5.18.

OPERATIONS 5.5.18. Excision of wound with removal of dead bone

REMARKS

SUMMARY OF F.M.C.&.M.H.S.

No 12. Stationary Hospital - Large lacerated wound back of hand.
X Ray - Comminution Shaft of 2nd Metacarpal.
Apr 5. Operation - Loose bone & damaged tissue removed.-
No 47 General Hospital - Wound cleaning up.

PRESENT CONDITION.

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

Wt. W 6601/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
	General Condition Good.
	Left Hand - Large irregular wound 6×4 cms. back of left hand over 2nd Metacarpal bone.
	There is no oedema of hand or forearm and wound is relatively clean with Purulent discharge.
	There is marked Shortening of index finger suggesting fracture of 2nd metacarpal bone.
	X Ray - Comp. comminuted fracture of 2nd metacarpal bone -
	Temperature 99.
May 21st -	Temp. 102. Headache - face flushed - Wound does not seem to account for temp.
May 22 -	Temp Normal this morning 99.2 in the evening feeling much better
May 25th -	Temp 104. Pulse. 124. Complaining of headache and general malaise.
	Lungs - No evidence of any lesion.
	Heart - Apparently Normal -
	Abdomen - Bowels moving each day - There is no evidence of any intra abdominal ~~disease~~ lesion.
	Improved last.
July 8th	Wounds almost healed Small sinus discharging over middle of 2nd Metacarpal.
	Movements of fingers - Thumb 1/2 Normal.
	Index finger - None.
	3, 4, 5th - 1/2 Normal.
	Boarded Invalided to Canada.
	Improved.

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins Reinforcements 85th Battn M.G.A.

(2) Regimental Number 2652631

(3) Full Name of Soldier Renere John Francis

(4) Place of Birth Enfield Hants Co. N.S.

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address —

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Benere D. B. Enfield NS

(10) Is your Mother alive ? no

If so, state name and address —

—

(11) If your Mother is a widow —

Are you her sole support, or not ? —

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

—

—

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

—

—

—

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

—

—

(15) Are you insured ? —

If so, in what Company ? —

Have you made arrangements for payment of your Insurance premium —

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

W. M. Kenny

Officer Commanding.

Date 23.11.17

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

M. F. W. 54. (A.) B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 85th Battalion, Reinforcement Draft C. E. F.

Regimental No. 2655631 Rank Private Name Benesey John Francis

Enlisted (a) 5-11-17 Terms of Service (a) ~~1 year & 6 mos~~ D. of F. W. Service reckons from (a) ~~Draft C.~~ 5-11-17

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) Labourer

Report: Date	Report: From whom received	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
		Embarked.	Halifax	4-12-17	H.M.T. "Metagama"
		Disembarked.	Liverpool	14-12-17	
17-12-17	O.C.17th. Res	Taken on strength on arrival from Canada and on command to Segregation Camp.	Bramshott	15-12-17	Part 11 Order 301
17-12-17	O.C.17th.	Reported from Command.	Bramshott	24-12-17	Part 11 Order 301.
15 APR 1918	do	PROCEEDED OVERSEAS FOR SERVICE WITH 85 BATTN.	Bramshott	4 APR 1918	A.F. II O. 81

Mabel Kay Lieut., Asst. Adjt. 17th Canadian Res. Bn.

O. C. 4 CIBD.	Landed in France.	Taken on 5-4-18	Nom. Roll d/- 5-4-18	
— do —	Struck off Strength 4th Bn.		Pt. II D. O. 86 d. 18-4-18	
	Left Base B.B.R.C.		N. R. d/- 4-4-18	
O. C. 85th Bn.	Arrived -do-		Field 4-4-18 D 821.	
20/4-18	O.C. 85th Bn.	Joined Unit—	14-4-18 B213.	
18/4-18.	BBRC.	Picked under Stoppages & pay to make good value of particulars of Equipment— Lost— wig fork 4½d.	BBRC.	13/4-18 B2069. Pt II DO 444 d/- 2-5-18.
3-5-18	12 Stay Bns G.S.W. (1) Lond (acc) adm		12 Stay Bns	3-5-18 W3034/89363.

(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.

2655631 Benere J. J.

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					
3-5-18	12 B't Amb.	Inf. Hernia (S.I.)	adm	12 B't Amb	3-5-18	
			to	12 M. H.	3-5-18	B36/6.9945.
12-5-18	12 Stat Hos.	Wd. (acc) L. hand.	adm	12 Stat Hos.	3-5-18	
			to	52 A. F.	12-5-18	W5034/7.1387.
11-5-18	06 Unit.	Wounded (accidentally)		Field	3-5-18	B213.
13-5-18	47 Gen Hos.	G.S.W hand L (acc)	adm	47 Gen Hos.	13/5-18	W3084/7.2553.
16-6-18			to	England	16-6-18	" 17.3138.
16-5-18	06 H/S. Basingstoke Castle.	G.S.W. hand L (acc) & posted to N. S. R. D.		Bramshott	16-5-18	W3083/5421.
						P.T. II 00.55 d/-19-5-18.
						J. Anderson Lieut. for Lieut. Col. A.A.G. Can. Section.
24.5.18	N.S.R.D.	To Sd posted from 85th Bn		Bramshott	19.5.18	P.T.O. 128 15/7/18
						G. Harkinson LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.

COPIED Archives COPIED

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE.

HOSPITAL REPRESENTATIVE No 4 CAN. GEN. HOSPITAL 12 SEP 1918 BASINGSTOKE, HANTS.

SEP 24 1918 H.M.T. "K" Embarked LONDON SEP 24 1918

S/1LING NO. 64 Disembarked QUEBEC OCT -7-1918.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... C. E. F.

Regimental No. 2653631 Rank Pte. Name Beuers, J. H.

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				
24-9-18	Overseas	TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT	Halifax	Dec/18	F. J. Shaw CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT
7-10-18		Posted to Hosp Sect			
3-3-19.		Trans. to Casualty Coy Halifax	3-3-		[illegible] CAPTAIN, O. C. HOSPITAL SECTION No. 6 DISTRICT DEPOT.
11.3.19		DISCHARGED at Halifax, N. S # 8069 for			R. H. Cuerton LIEUT O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

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

[P.T.O.

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

A.T. Serum Dose and date } 1st MAY 3 - 1918 A.T.S. 1500 GIVEN.

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness } MAY 3 - 1918

A.F.W. 3428 rendered

Religion RC

Army Form W. 3118.

7600

FIELD MEDICAL CARD.

No. 2605631 Rank PTE

Name BENERE J.F.

Unit 85 CDN BN

~~Battle Casualty~~ Accidentally Wounded. ~~"Sick"~~

(Strike out description which does not apply)

No. of F.A. 12th CANADIAN FIELD AMBULANCE.

Date of admission MAY 3 - 1918

F.A. diagnosis INJURIED HANDLT SI.

Received from Canadian Casualty Clearing Station

DOE.

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

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

GSW HAND (Left)

Base Hospital diagnosis (alterations or additional)

(1012) Wt. W15045/H3401. 1750m. 5-3-17. J.R. & C.

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

Fit Now

No. of C.C.S.	12th Stat Hp
Date of entry	3 : 5 : 18

Large lacerated wound back of hand
X-ray = Communition staff of Md metacarpal
S/S. Loose bone & damaged tissue removed.
Eusol
B/S & drsg (dorsal splint)
W/S Dressed

No. of Hospital	44 General Hop
Date of entry	13/5/18

wound cleaning up

W Lyons Capt

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

Date.	Remarks	Pt. 2 Order No.
11.3.19	DISCHARGED at Halifax, N.S	D.S. 69

M. F. W. 192

150m.—5-18
1772-39-1243

*Name Benere, J.F. Rank Pte. Regtl. No. 2655631

Original 85th. Present unit 85th. M. or S. Age 21 Religion R.C. Fyle Depot Ref. H.Q 74-B-584

Port, ship and date of arrival Quebec...Kayber...7-10-18

Next of kin Net Benere, Father.

Address on leave Enfield, Hants Co., N.S.

Address on discharge "

Transportation issued Yes / No Date Character on discharge (Docs. O.K.)

Previous occupation laborer Date and place of enlistment Halifax...Nov. 5th. 1917.

Diagnosis Bullet wound hand Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
24-9-18	T.O.S. No.6 District Depot. DD DO	183
7-10-18	T.O.S. Hospital Section, Camp Hill HS DO	184
3-3-19.	Trans. to Casualty Coy, Cat."C-III"., 3-3-19. HS DO.	62.

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

(over)

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7		

D M S. 1300 50M-21- 1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Benere.	J.T.	2655631.

RANK	UNIT	CO.	TROOP	BATTY.
Pte	R.S. 85.			

HOSPITAL — DATE OF ADMISSION

17. Stat. R. St Pol — 3.5.18

1. 4. C. G. Basingstoke — HOSP. 19.5.18.

2. — HOSP.

3. — HOSP.

4. — HOSP.

DIAGNOSIS G.S.W. Lt Hand. acc.

1.

2.

3.

DISPOSITION — DATE

Leh 10.5.18 A 209.
21.5.18 B 218.
1.10.18 B 332-4.

REMARKS

Inv. to Canada. 24.9.18

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

C

SURNAME. Benere

CARD NO. 4

CHRISTIAN NAMES John Francis

So $ 11-3-19. M. Fin.
FOLL.
Do 69... 10-3-19..65D

REGL. No. 265-561631 RANK Pte.

UNIT 85-Bn (1st R.D.)

Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Benere, N.

RELATIONSHIP TO SOLDIER Father

ADDRESS Enfield, Hants Co. N.S.

COUNTRY OF BIRTH Canada Enfield, N.S. DATE Dec. 30th 1896

PLACE OF ATTESTATION Halifax. N.S. DATE Nov. 5th 1917

O/to 4/12/17

R/C 7-10-18 212/16 5

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

Sailed from Halifax, per S.S. "Metagama" 4/12/17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 21 YEARS 11 MONTHS

HEIGHT 5- FEET 9 INCHES

CHEST MEASUREMENT 35- INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Brown HAIR Brown

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Halifax. N.S. DATE Nov. 5th 1917

Present address Enfield. Hants Co. N.S.

No 265'S 631 RANK Pte NAME Benere J. Jr.

T. O. S. 5- - 11 - 17 UNIT Recruits C.E.F. Enlisted in U.S.A.
D-D'S- 10-11-17 85th Bn Reinforcements
M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Nov 5'	Nov 30	N	From O.S. 27-11-17	Nov pay list

3197

X RAY DEPT.
4th Can. Gen. Hosp.
Case 3197.
Date 21.5.18.

Pte J.F. Benere
265563 1 - 85th Bn-Can
R. Hand.

I. Low.

402511

B

Number 2655631 Rank

Surname BENNETT

Christian Name

Unit 85th Bn. C.E. Theatre of War

Date of Service 5.1.18

Remarks Elmfield, Hants Co., Nova Scotia, B.O.N.I.N.O.

Latest Address

JUN 27 1977

~~MAY 30 1977~~

Roll No. B Page 4537 Replacement Bn 26-9-72 Victoria

DESP NOV 20 1922
ACCN. NO. 3308

Form R. 149.

John F. Francis

Name Benere Rank Pte Reg. No. 2655631

Unit 85th BN

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
3-	5	To 12 Stg St Pol		G S W L A				
				Hand arc	209	@ 201		11423
12-	5	To 4 C G H B'Singhoke		do	B 218			18233
24-9		Ins to Canada		do	B 332			2498

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

No. 261188[illegible] Rank Pte. Name Benedict A. H.

T.~~O.~~S. Unit Casualties C. E. F.

Transfd. from a.m.c 1-2-18.
D.O. no 4 of 9-2-18.

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Feb (no dates given)	1918.	H.	Transfd. To F. Unit 6-2-18	D.O. no 5 of 19-2-18
Feb 1	Mar. 2.	V.	a/c on Apr. paylist	Apr. payliat 1918.

NAME Benere. John Francis

REGT'L. No. 2655631

H. Q. FILE No 649

RANK AND CORPS Pte. 85th Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	Date	NATURE OF CASUALTY
Nfld R. 4-1 R231	11-5-18	N. Benere (Father) Enfield. Hants Co. Nova Scotia Adm. 12 Stat. D. St. Pol. May 3/18. (wd accdly. hand)

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A209	12 Stat St Pol	3-3-18	G Sw L hand Am
B218	H Can Gen Basing	19-3-18	" " " " " " "
B332-4	Invalided to Canada	24-9-18	" " " " " "

LEDGER NO. 106 SERIAL NO. 1741129

REG. NUMBER 2645631 NAME Benere J H

RANK Pte CORPS 85th

AGE 23 SERVICE 6 3/52 4 0/12 7 2/12

NAME OF HOSPITAL Military PLACE Halifax

DATE OF ADMISSION 9-10-18

DISEASE Part Loss use Rt Hand (2) Imp Function Hand Left

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 3.8.19 IN CATEGORY Over

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS: A.D.Clb Camp Hill Halifax N.S. 11.11.18

Surg Smp Junction Hand Left

Such 3.3.19

Form DMS 1401
8289 100M 9/3/17.

No. 4 Canadian Gen. Hospital, Basingstoke. HOSPITAL.

A. & D. CARD

AT

A. & D. No. M x D. 3193 PL. OF ACTION France

RANK Pte (2655631) UNIT 85th Batt. SICK OR WOUNDED

NAME Benere J. F. AGE 22. RELIGION R.C.

PLACE IN HOSPITAL M. 9-L.

DIAGNOSIS G.S.W. R. hand. (acc.)

ADMITTED 18-5-18 FROM H.S. Basingstoke

DISCHARGED TO

TRANSFERRED 24-9-18 Hmb. R.K. Ld

SERVICE AT HOME 5/12. IN FIELD 5-12

RESULTS

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

(P.T.O.)

REMARKS.

RV 17/8/18.

Name Benere Enl. 5-11-17 Drafted.

Date of Embarkation for England 4-12-17

Proceeded to France 4-4-17 Returned to England 16-5-18
Wd. acc.

Date returned to Canada 24-9-18

P.R. 2855

Over

Checked 16.7-29.

Cleaning Sheet

3-5-18 Stew Lt hand (acc.) (S.J.)

To Eng. 16/5/18.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

Date of Assignment

5340 Dec 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2655631

Rank Pte Promoted Reverted Discharge

Soldier's Name John F. Benere.

Battalion 55th Bn Reinf. Draft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Helen Benere

Address Enfield, Hants Co N.S.

Change of Address

1

2

3

4

1296-J-16.

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
	Dec	U 66265		20	20	Bo	mailed 29/12/17
1918	Jan.	M 70927		20	20	Bo	
	Feb	B 99993		20	20	✓	
	Mar	A 96211		20	20	✓	
	apl	C 239		20	20		
OK Wam	may	E L828		20	20	✓	
	June	D 15030		20	20	✓	
	JUL	X 29309		20	20	✓	
	AUG	B 34797		20	20	✓	
	SEP	B 39289		20	20	✓	
	OCT	B 44249		20	20	✓	
	Nov	A 60453		20	20	✓	
	Dec	C 62653		20	20	✓	
	JAN	20 71729		20	20		
	FEB	D 79739		20	20		
	MAR	D. 90630		20	20	✓	
	APR	E. 2027		20	20	✓	
	MAY	B 6922		20	20	✓	
	JUN	B 10048		20	20	✓	
	July	B 11396		20	20	✓	
	AUG	B 13370		20	20		
				420	420		

A/c Closed 3/18/19

Ret'd per Khyber

Date 9/10/18 M.F.W. 187 8/9/19.

Clerk Mr. 6. Collins M0 109655

AUDITED. a

A.P. overpaid 200 from 1/11/18 to 3/18/19

Refund Request $200 Recd 8/9/19 JHR

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22330—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.—17—1772 39-1141
L. L. 2320—M. & D. 7993.

Reservations referred to at Para. 8.

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

Nil

John G Bendle

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

War Service Badge
Class "A" # 77731
Class B. # C48866
issued

This space to be for numbers.

Proceedings on Discharge.

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

No.	2655631
Rank	Private
Surname	Benere
Christian name	John Frances
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	85th Batta (Re-inforcing Draft)
Date of discharge	March 11, 1919
Place of discharge	Halifax N. S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years 2 months.
Height	5 feet 9 inches.
Complexion	Dark
Eyes	Grey
Hair	Black
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	Enfield Hants Co. N. S.

Descriptive marks

Scar about 3 inches in length over dorsum of left hand.

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

Medically unfit.

Authority for discharge.....

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.

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.)

M. F. B. 218.

200M.—5-18.
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, and that I have received my permanent discharge certificate.

(Place) Halifax, N.S. John F Bowers *(Signature of Soldier.)*

(Date) March 5th 1919 C.W. Knowles *(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.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Halifax N.S.

(Signature) D'Arcy Rae LIEUT, COL.

(Date) March 11, 1919 No. 6 DISTRICT DEPOT.

OPINION OF THE MEDICAL BOARD

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

Yes except Sec. 16 which should be "Yes Partially" and Sec. 17 which should be. Cat C III. as Board consider Soldier can "carry on" at light duty.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

Category C III.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

CAMP HILL HOSPITAL
HALIFAX

PLACE Halifax N.S.
DATE Feb. 13th 1919

G. J. McNally Major — President.
Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....President.

PLACE.....
DATE.....
Members

APPROVED BY
.....
Assistant Director of Medical Services.
DATE 26-2-19

APPROVED BY
.....
Director-General of Medical Services.
DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

No 6 B.D. STATION Halifax DATE 11-2-19

1. 1 (a) Unit ~~85th Bn C.E.F.~~ (b) Regimental No. 2655631 (c) Rank Pte
(d) Surname Benere (e) Christian name John Francis
(f) Home address Enfield, N.S. 59 B 12/15
(g) Next of Kin Nat Benere (h) Relationship Father
(i) Address of Next of Kin Enfield, N.S.
2. Age last birthday 22 Date of birth Dec 30th 1896
3. Enlistment, or Appointment (if an Officer) (a) Place Halifax, N.S. (b) Date Nov 5th 1917
4. Personal description:
(a) Height 5 feet 9 inches (b) Weight 140 (stripped) (c) Complexion Dark
(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar about 3" in length over dorsum of left Hand

5. Former trade or occupation Farmer

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

	Years	Days
	1	7

	Periods From	Periods To
Canada	Nov 5th 1917	Nov 28th 1917
	Nov 13th 1918	Feb 11th 1919
England (85th Bn C.E.F. / 6th D.A.)	Nov 28th 1917	~~March~~ 5th 1918 (07 days)
France or other theatres of War	85th Bn C.E.F. Mar 5th 1918	Nov 13th 1918

7. Original disease, or injury Gunshot Wound of left hand with fracture of 2nd Metacarpal at middle of shaft

(a) Date of origin May 3rd 1918 (b) Place of origin Vimy, France
(c) Cause Gunshot Wound

M. F. B. 227.
300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Impaired function of left hand

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

Patient well nourished and general condition good. Scar about 3" in length on dorsum of left hand over 1st and 2nd metacarpals. Small scar, result of accident since returning to Canada, over lower end of radius, superficial and causing no disability. Well marked lump can be felt about middle of shaft of 2nd metacarpal as result of callus from fracture. Circulation of hand good except over the scar on dorsum of hand which is slightly anaesthetic. Hand somewhat cold and clammy especially the ~~left~~ (Mod) index finger and tips of other fingers. Nutrition of hand good. Movements at wrist normal. Index finger left hand kept in position of flexion at an angle of 150° with metatarsal bone at the metatarsal-phalangeal joint. no flexion but extension complete possibility of index finger at metacarpo-phalangeal joint but no extension voluntarily, movement in the other phalangeal joints of fingers normal. He can close fist normally except the index finger which can be only half closed. Strength of extension in index finger about one sixth normal and flexion one half normal. Grip ~~is~~ measured about two-thirds normal. Urine, X-ray and Doctor's report attached also report of M.O. i/c Hydro-therapy.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

May 3rd 1918 patient received a gunshot wound of left hand causing a fracture of the 2nd metatarsal bone about the middle of the shaft resulting in loss of function of index finger which has been improved by treatment.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

none

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

Scar about 3" in length over dorsum of left hand more adherent. Small scar superficial over lower end of radius.

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

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

not applicable

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

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

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

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

Massage, electrical treatment, Ionization 1/2 hour, functional movements Gymnastics. M.O. i/c Hydrotherapy reports that further treatment in that dept. not of benefit.

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

no

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

17. Recommendations Recommended that Pte John Frances Benere # 2655631 be placed in Category E for discharge from the Service.

D.A.M.S. Imm. Station.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Pte John Frances Benere have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pte John Frances Benere Rank.
Signature of invalid examined.

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Date of Board

Signature of the Board

President.

Signatures of the Board

PART I. ✓ A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 265631 Rank PTE. Surname BENERE. Christian Name JOHN

Unit or Corps—(a) Overseas from United Kingdom 85th Batt'n Can. (b) In United Kingdom 17th RES BN

Born at—Town Enfield County or Province Herts. Country England

Date of Birth—Day 21 Month December Year [illegible] Age [illegible] yrs. [illegible] months.

Joined at Halifax NS. Date Nov. 5. 1917

Former Trade or Occupation Labourer

Permanent marks or peculiarities that will serve for future identification:—

Height—feet 5 inches 9 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) John Benere

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). PARTIAL LOSS OF L. FT HAND

Disabilities Group (*b*). NIL.

Disabilities Group (*c*). NIL.

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Bullet wound. LEFT HAND AND SEPSIS	VIMY.	May 3. 17
(*ii.*) As to Group (*b*) above.	Not applicable		
(*iii.*) As to Group (*c*) above.	Not applicable		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(*i.*) As to Group (*a*) above? NO If yes, has Active Service aggravated it?

(*ii.*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*iii.*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? YES. GUN SHOT WOUND

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? Yes. (ii.) While off duty? No

(iii.) Was a Court of Inquiry held? No (iv.) Where? Not appl. (v.) When? Not appl.

(vi.) Opinion of the Court? Not appl.

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

On May 3. 1918. wounded by rifle bullet. which entered back of left hand. over 1st metacarpal bone. and emerged over middle of 2nd metacarpal bone.

No 12 Stationary Hospital. 3-5. 18. "Large lacerated wound. back of hand. X Ray shows comminution fracture of 2nd metacarpal bone. on 5.5.18. operated on. loose bone and damaged tissue removed."

Navy General Hospital. 13. 5. 18.

Navy. Canadian General Hospital. 18.5.18. "Large wound back of left hand over 1st and 2nd metacarpals. X Ray shows. fracture of 2nd Metacarpal. No F.B. present.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

General condition - excellent. No lesion of heart or lungs.

Left Hand. An irregular scar 6 cm. in length on dorsum of hand over 1st and 2nd metacarpals; presenting a small sinus over 2nd metacarpal and a small granulating area over 1st metacarpal. Hand carried in a splint for ¾ hours.

Use proper movements. (a) Thumb. Flexion and Extension ¼ normal and limited to movement at proximal joint. Abduction and Adduction of thumb ¼ normal.

(b) Index finger. No movement of index finger.

(c) 3rd 4th 5th fingers. Flexion and extension ¼ Normal - movement at wrist are Normal -

8. OPERATION. (i.) Was one performed? Yes.

(ii.) If so, state what. See 6.

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. Not applicable

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? Yes.

(*d*) Discharge from the Service as permanently unfit? No

Date of Report July 8. 191 8 Signed [signature] Officer in medical charge of case.

Station Nor. Canadian General Hosp Bramshott

I have satisfied myself of the general accuracy of the above report, and concur therein *except

[signature] Officer i/c Hospital / ~~S.M.O. Brigade~~ } Strike out one of these.

Dated at 8 JUL 1918 Station, on 191

CANADIAN GENERAL HOSPITAL REGISTRAR OFFICE BASINGSTOKE

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it. Yes

Not applic.

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it. Yes

Not applic

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No / Aggravated? No } (*b*) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none, ⅛, ¼, ⅜, ½, or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.
Sinus in left hand still persisting -
Left hand at present, for practical purposes, useless.

19. Recommendation:—(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? Yes

(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.
G.

Date of Board July 9/18. *Signatures of the Board* Fred E. Watts Major A.D.M.S. *President.* Wallace Wilson Capt RAMC

Station #4 C.G.H. Bramshott

Approved [signature] Major, A.D.M.S.

Dated at A.D.M.S., Canadians, London Station 18 JUL 1918 191

A.D.M.S. CANADIANS LONDON AREA LONDON, W.

P. 559

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Enfield. Hants Co. N.S.

NAME AND ADDRESS OF NEXT OF KIN: N. Benerer. Enfield. N.S.

RELATIONSHIP OF NEXT OF KIN: Father.

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. 2655631 RANK Private NAME Benerer John Francis

IF IN PERMT. CORPS WHAT UNIT / UNIT 17th Res Bn. TRANSFERRED TO N.S.R.D. DATE 1/12/17 AUTHORITY Draft from Canada

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Halifax N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Nov. 5th 1917 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-12-17

PAYABLE TO Miss Helen Benerer, Enfield, Hants Co. N.S. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON DEC 5 1918

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Nov. 30 1918	Balance from Canada.								10 60		
January	1/1/18 to 31/1/18	68 20							78 80		
Feb.	1 pay	30 80		Can. ap. Reclam. & Belg.			60				
				AK899 1/1 17 Res	14 60						
				" 1074 31/1 " "	4 87						
				" 1236 1/2 " "	7 30				32 83		
		30 80			26 77		60				
March	1 pay	34 10		San. ap.			20		56 93		
				AK1353 28/2 " "	4 87				39 47		
				" 1463 9/3 " "	9 73						
				" 944 22/2 " "	4 87						
					19 47				17 46		
		34 10		San. ap. Belg. Refund	19 47		20				

Carried forward to Large Ledger sheet

P 820
12474 —375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

EFFECTIVE DATE:- 1 Dec 1917.

AMOUNT:- 20.00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- BENERE John Francis

NUMBER:- 2655631.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Miss Helen Benere
Enfield Hants Co. N.S.
Sister
Stopped effective 1.8.18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS DEC 5 1918

ORIGINAL UNIT:- 17 Res Bn

DATE ACCOUNT FIRST OPENED:- 1. 12. 17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			NSRD

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	.10.		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
3.7.18.	2895	Bramshott	~~4 46~~				
17.7.18.	3450	"	~~4 87~~				
Sick furlough 12/7 to 24/7/18. 10 days							~~7 20~~
			53 54				~~7 20~~

PARTICULARS OF RENDERING NON-EFFECTIVE

Invalided to Can 31/7/18. Bramshott 17 A/Sgt 17/7/18. Ld Bal $50.57 RPB Balance $4.33

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec 31	Balance forward.								14 46		
April	PO pay	33 -		Can an pay				20			
				Dm 9/B 184 16.4.18 4 DWCRC	4 46				26 -		
May	PP	33 -		Can A.P	4 46			20 20 -			
		34 10		Dm A/C 121 27/4/18 85 Bn	4 46						
				Dm 9/C 12 4/4/18 17 Res	4 87						
				A/R 1758 27/5/18 4 C.S.H. Bramshott	2 43				28 31		
June	PP	34 10 33		Can A.P	11 76			20 20	61 34		
		33		A/R 2032 Bramshott 5.6	4 87				36 47		
					4 87			20			
July	P.P.	34 10		Can A.P.				20	50 57		
	6.7.17-24/7 (2 days. D.O. 17 R/T	8 76.		A/R 2895 3/7 4 C.M.	4 87						
				" 2410 12/7 "	4 86				5 79		
		4 46		Imprest rend 19/8/18 for C.S. 5.79 RPB	53 54			20	14.		
Sept.				A/R 5959 11/9/18 Bramshott Can Ldg	4 87						
				64 24/9 4286 / 793	5 79				4 87 Cr		
Oct	by Note 3414		4 87	7354 / 5.79	10 66				6		
			4 87								

Checked

AUDITOR | PAYMASTER

M. OR S. Khyber 7/10/18

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

REGT. No. 765563 | RANK 84 | NAME (IN FULL) Bevere J. L. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? no | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 87 | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE 1/3/8 | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs Helen Bevere | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Enfield NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 11/3/19 | REASON demob | AUTHORITY SO 69 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT								93	30	93	30																									930	
1/1/19	31	1/0	31	10				93	30	43	30													20	00							20	00			23	30
1/2/19 25/1/19	28	1/0	30	80				23	35	54	15							141 84 23 35						154 73 20	00							43	35			10	80
1/3/19 11/3/19	11	1/0	12	10	35	00		10	80	57	90							176 67 10	80			177 53 47	10									57	90				
																				179 44 7000												7000		7000			
																				Service Gratuity																	
	122	28						28	00	109																										210		15	22	10/4/19
																				7000																140		281	38	6-3-19
																				7000																70		394	98	6-6-19
			200	00				480	00											210	00			200		7000	480	00											overpaid Dep Pay from 6-5-2322
		360	00	300	00			480	00											210	00			200		7000	8000											Passed to Ottawa in acc authy PML-B-3222 AP 1276-J-56. 27 Sc.

Certified that all payments due on this acct. have been paid.

CAPT.

e

30M-11-18.—L.L. 50877-M. & D. 9553.