REGIMENTAL DOCUMENTS

NAME BROWN. Carl. REGT. NO. 14239 / 685104 UNIT 23rd Bn C. E. F. / 42nd Bn H. Q. FILE NO.

	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)	3					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	1				12866	Category
	TRAINING HISTORY SHEET (M.F.W. 113)						
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	2					
	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)						
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	1					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)						Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						(1.) Med. Unfit.
	MEDICAL EXAMINATION (M.F.W. 129)						(2) Died of Wounds.
	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)						
	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)						
1	pay card.	4					
3	cards.						
	A.F.B. 2079.	1					
	M.F.W. 60.	1					
	miscellaneous	1					
1.	orginal Will						
2.	copy Will						

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

Provincial

1st C

ATTESTATION PAPER.

No. A. 14239

Folio. V

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Carl Brown
2. In what Town, Township or Parish, and in what Country were you born?	Westmoreland Pt Westmoreland Co N.B.
3. What is the name of your next-of-kin?	Mrs Chs Brown
4. What is the address of your next-of-kin?	Westmoreland Pt Westmoreland Co N.B.
5. What is the date of your birth?	9 June 1896
6. What is your Trade or Calling?	Farmer.
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?	yes
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

Carl Brown (Signature of Man).

Michael Bradley (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Carl Brown, 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.

Carl Brown (Signature of Recruit)

Date 17 March 1914 Michael Bradley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Carl Brown, 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.

Carl Brown (Signature of Recruit)

Date 17 March 1914. Michael Bradley (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 Amherst this 17 day of March 1914.

W. A. Fellows J.P. (Signature of Justice)

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

W. A. Fellows (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

C. J. Stuart LIEUT. COL.
COM. 40th. BATT'N C. E. F.

Description of Carl Brown on Enlistment.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5' ft. 10 ins.

Chest measurement { Girth when fully expanded 34½ ins. / Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Chestnut

Religious denominations { Church of England Yes / 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).

Scar on inner side of right Heel.

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 March 16 1914 Edgar Dawson Lieut. Can. A.M.C.

Place Amherst N.S. 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.

Carl Brown 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.

LIEUT.-COL. (Signature of Officer)
COM. 40th. BATT'N C. E. F

Date May 24 1914.

no card. 14754

Rec'd Paybook½

Taken from Living. 14-8-1917.

97256

20

Perforated sheet for Will from Pay Book of Reg.

No. 685101

Name Earl H Brown

Unit 20th Reserve Battn

Military Will

In the event of my death I leave the whole of my property Etc to my Mother Mrs Melissa Brown Westmorland Pt Westmorland Co N. B.

Signature Earl H Brown

Rank and Regt Cte 20th Reserve Batt.

Date Feb 14 1917

ESTATES BRANCH
OCT 19 1917
MILITIA DEPT.

Copy

ATTESTATION PAPER.

No. 414239

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Brown
1a. What are your Christian names?	Earl
1b. What is your present address?	
2. In what Town, Township or Parish, and in what Country were you born?	Westmoreland Pt. Westmoreland Co. N.B.
3. What is the name of your next-of kin?	Mrs Chas Brown
4. What is the address of your next-of-kin?	Westmoreland Pt. Westmoreland Co N.B.
4a. What is the relationship of your next-of-kin?	
5. What is the date of your birth?	9th June 1896
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?	Yes
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Earl Brown, 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.

Earl Brown (Signature of Recruit)

Date 17 March 1915. Michael Bradley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Earl Brown, 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.

Earl Brown (Signature of Recruit)

Date 17 March 1915. Michael Bradley (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 Amherst this 17 day of Mar 1915.

W. A. Billwish (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Earl Brown

Copy 26.3.16 N.S.

Copie to teach to be put in my defence.

Description of Earl Brown on Enlistment.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5' ft 10 ins.
Chest measurement. Girth when fully expanded	37 1/2 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Fair
Eyes	Blue
Hair	Chestnut

Religious denominations.
- Church of England
- 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).

Scar inner side of right heel.

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 March 16 1915. Edgar Douglas Lieut A.M.C.

Place Amherst N.S. 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.

Earl Brown 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.

W. Lowther (Signature of Officer)

Date May 24 1915. Com. 40th Bn.

TRIPLICATE

ATTESTATION PAPER.

No. 685101

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Brown
1a. What are your Christian names?	Carl
1b. What is your present address?	Kenogami P.Que
2. In what Town, Township or Parish, and in what Country were you born?	Westmoreland Point N.B.
3. What is the name of your next-of kin?	Mrs Melissa Brown
4. What is the address of your next-of-kin?	Westmoreland Point N.B.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	June 9th 1896
6. What is your Trade or Calling?	Labourer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Carl Brown, 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.

C Brown (Signature of Recruit)

Date Nov 12th 1916. David Rennie Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Carl Brown, 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.

C Brown (Signature of Recruit)

Date Nov 12th 1916 David Rennie Sergt (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 Kenogami this 12th day of November 1916

(Signature of Justice)

M. F. W. 23
750M—8-16
E. O. 1772-89-841

Description of Carl A Brown on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 ins.

Chest measurement { Girth when fully expanded ..... ~~37~~ 36 ins.
Range of expansion ..... ~~1½~~ 3½ ins.

Complexion ..... Light

Eyes ..... Blue

Hair ..... Fair

Religious denominations.
- Church of England ..... ✓
- 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 November 13th 1916 E. F. Hubbard

Place Kingsmere 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.

Carl Brown .....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.

J McGnee Lt. Col.
D. S. O. 17th Battn. C. E. F. (Signature of Officer)

Date Nov 20th 1916.

PARTICULARS OF DISCHARGE.

1. *Name* Brown G. H.

2. *Regimental Number* 414239 3. *Rank* Private

4. *Corps* 23rd Res. Battalion C.E.F.

5. *Date of Discharge* 30.6.16.

6. *Place of Discharge* Quebec P.Q.

7. *Place to which transport given.* (*Give street address where possible.*)

Westmoreland Point
Westmoreland Co. N.B.

8. *Description at time of Discharge* :— Enlisted at Amherst. 2.2.15.

Age 19 *years* 4 *months.* *Descriptive marks*

Height 5 *feet* 10 *inches.*

Complexion Light

Eyes Blue

Hair Fair

Trade Farmer

9. *The above named man is discharged in consequence of*

Medically unfit.

(*If medically unfit, state nature of disease or disability.*)

10. *To what extent will it prevent his earning a full livelihood?*

11. *Character*

No Record

Date 10-1-16

i/c Records.

Discharge Documents sent to
O.C. ~~6th Div. Halifax~~ for completion
2nd Div. Toronto.
15-1-16
E.E.A

M. F. W. 60
25m. 10-15
H. Q. 1772-39-923

M. F.

Duplicate 685101

ORIGINAL

MEDICAL HISTORY SHEET

Surname Brown *Christian Name* Carl

Examined { on 13th day of Nov. 1916
at Kenogami

Birthplace { City or Town Westmoreland Point
County N. B.

Apparent age 20

Trade or occupation Laborer

Height 5 feet 10 Inches

Weight lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

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

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

Approved by (Sgd) L. Gauthier J.P.J

Rank Major 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	
14/2/17	Good	H.A.S.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
17/11/16	Good		M.O.
			M.O.
		T.A.B. 20/1/17 H.A.S.	M.O.

Enlisted on 13 *day of* November 1916 *at* Kenogami P.Q.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	171st Batt.	685101		13-11-16
Transferred to	Dec 11th 1916 Transferred to 148 Batt'n Witle D.O. 2.2 42nd. Bn. Overseas.	685101		Asst Lt for Adj 26/2/17

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
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				

335481

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3216.	A14239.	Private	Brown.	Carl.
Year	**Unit.**		**Age.**	**Service.**
1915.	23rd Batt. C. Comp.		19.	5/12.

Station and Date.

Disease

8-8-15. Moore Barracks Shorncliffe

Complains of feeling but slight shortness of breath.
Family Hist – Father died of Consumption – 11 years ago.
Other history negative
Personal Hist – Negative.
Phys. Exam. Patient fairly nourished; slight hollowness over apices – Expansion fair. Cough for a week and a half; Voice hoarse at times. Percussion Resonant over Percussion. Left scapular region
Slight dullness over base at back.
Auscultation. Bronchial breathing at apices; Sonorous rales and mucous rales at apices, and also over Scapular regions, more on left than left. Vocal fremitus equal on both sides.
Circulatory System – Normal. Apex beat diffuse.

Sept 28.15 Weakened both Eds – fine crepts and slight dulness – upper left lobe posteriorly.
undoubtedly tuberculosis – Invalided proceeding Major.

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

Station and Date.	

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

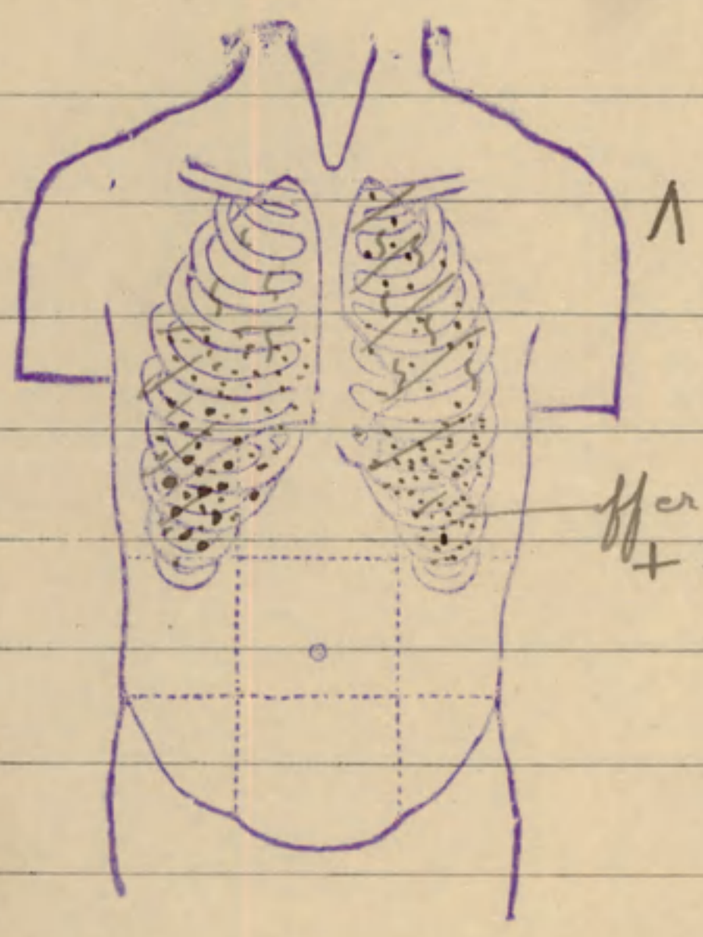
No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	a/14239	Pte.	Brown	Carl
Year	Unit.		Age.	Service.
1915	23rd. Reserve Battn		19	3/12.

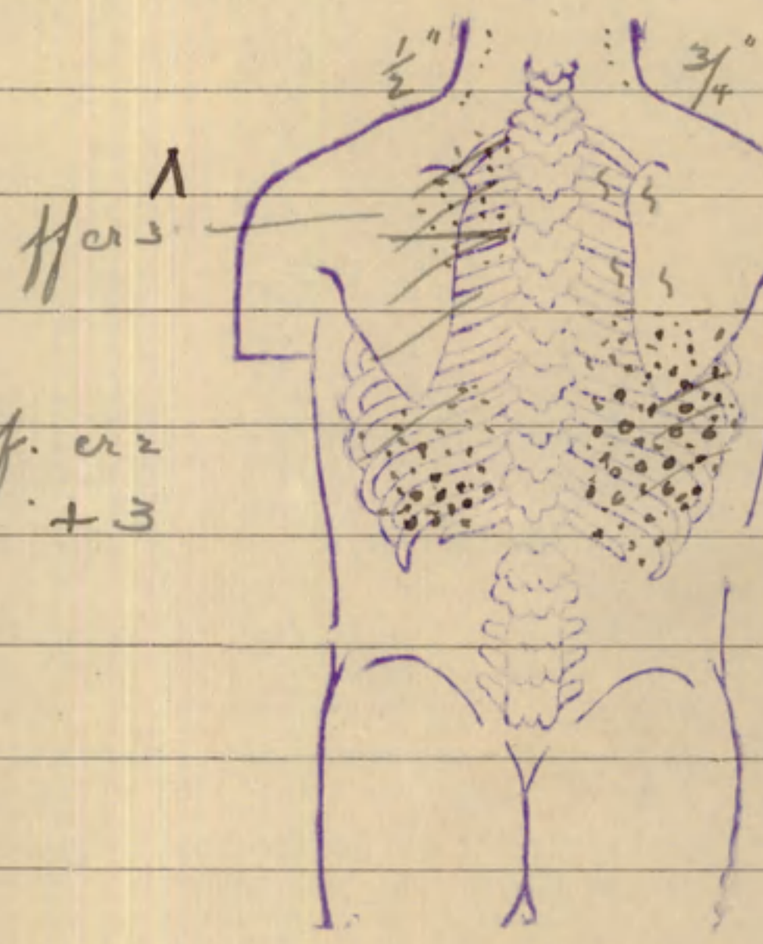
Station and Date.

Disease Phthisis.

Moore Barracks
Can. Hospital
Aug. 26th, '15

Slight laryngitis ? T. B.





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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 13th Batt. Military Hospital Moore Barracks.

No. A/14739. Rank and Name Pte. Brown. Age 19. Service 7/12.

Disease _____ Date of admission Aug. 7. Date of discharge _____ Result _____

Dates of Observation	7	8	9	10	11	12	13	14	15	16	17.	18	19.	20	21	22	23.	24	25	26	27	28	29	30	1	2	3	4	5	6	7.
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	72 84	82	66	76 88	92	60	68	84	72	80 90	80	72 86	72 80	88 96	88 102	80	84	76	76	80	72 80	72 80	84	72	82	80	76	80	88	88	82	80	88	78	78	84	88	78
Respirations per Minute	20 20	20	20	20	20	20	20	24	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Motions per 24 hours																															

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms/B. 181/3.

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet).

Army Form B 181.

Corps 23rd Batt.

Military Hospital Moore Barracks.

No. 9/14239 Rank and Name Brown Carl. Pte Age 19. Service 3/12.

Disease Date of admission 1/8/15 Date of discharge Result

Dates of Observation	7	8	9	10	11	12	13	14
Days of Disease								
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°								
106°								
105°								
104°								
103°								
102°								
101°								
100°								
99°								
98°								
97°								
Pulse per Minute	78	80	88	80	78	88	72	72
Respirations per Minute								
Motions per 24 hours								

Signature In Charge of Case.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps 23rd Batt. Military Hospital M. B.

No. 2.14239 Rank and Name Browne. Carl. Pte. Age 19. Service 5/12.

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6
Days of Disease																															
Temperature Fahrenheit — Time A.M.P.M.	Admitted																														
Pulse per Minute	12			80		80		80	68	76	90	68	84	84	72	80	96	76	90	80	62	64	72	60	72	80	84	72	72	64	84	92	72	78	72	84	74	76	72	80	84	64	80	84
Respirations per Minute	18					20		20	22	24	24	20	24	20	20	20	20	20	20	20	20	22	20	22	20	20	20	18	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Motions per 24 hours																															

Spec. Sputum No. 1 B. found

Spec. Sputum No. 1 B. found

Spec. Sputum No. 1 B. found

Spec. Sputum No. 1 B. found

Spec. Sputum No. 1 B. found

Spec. Sputum No. 1 B. found

Spec. Sputum No. 1 B. found

Spec. Sputum - No. 1 B. found

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms/B. 181/3.

Signature _____ In charge of case.

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

Army Form B. 103.

Casualty Form—Active Service.

23RD RES BATT. C.E.F.

Regiment or Corps

Regimental No. 414239 Rank Pte. Name Brown C.H.

Enlisted (*a*) 28/2/15 Terms of Service (*a*) Service reckons from (*a*) 28/2/15

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*)

Military District No. 5
Quebec, Que.
JUN 9 1917
M.D. No. 5

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				

TO BE INVALIDED TO CANADA FOR SUBSEQUENT DISPOSAL BY MILITIA AUTHORITIES

J. S. Brown LT. COL.
O.C. 23rd RES. BATTN. C. E. F.

(*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				

LABORATORY.

Moore Barracks Hospital,
Shorncliffe.

Unit 23rd Res. Batt. Date Sept 16 1915

No 9/14239. Ward 18.

Name Pte. Brown Carl Med. Officer Capt. Mann.

History of Case Cough & Loss of Weight

~~Clinical Diagnosis~~ Spec. Sputum

Particulars of information required T.B.C

Examination of Urine. (Routine will not include microscopical exam)

Colour ..... Albumin ..... Odour .....

Sugar ..... Deposits ..... Acetone .....

Re-Action ..... Sp:gravity .....

Microscopic examination. Epitholium .....

Blood ..... Pus ..... Phosphates .....

Uric Acid ..... Oxalates .....

Examined by .....

(1)

This sheet must accompany all specimens of Urine sent to Laboratory.

J.W.B.

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 171st O/S BATTALION C. E. F.

Regimental No. 685101 Rank Pte Name Brown, Carl
C. E. F.

Enlisted (a) Nov. 12/16 Terms of Service (a) Duration of war Service reckons from (a) Nov. 12/16

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) Labored

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	24-11-16	H.M.T. Mauretania
		Disembarked	Liverpool	30-11-16	Do Do
~~Dec 1st~~	~~H.A.~~	~~Arrived~~	~~Witley Camp~~	~~1-12-16~~	~~Attached to 11th CMR~~
		~~Dec 11th 1916 Transferred to 148 Batt'n Vitle D. O. 212~~			~~Ass't Lt for Adj~~
13/12/16	O.C. 171st Batt	Transferred to 148th Batt	Witley	11/12/16	Part II Orders No 235 R.M. Beckett Capt. & Adjutant 171st Can Corp
13/12/16	O.C. 148th. Bn.	~~Trans. to 20th. Res. Bn.~~ Taken on strength 148th Bn. C. I	~~Shoreham.~~ Witley	13/12/16	D. O. Pt. II No 264 [signature] CAPT. & ADJUTANT, 148th BN. CANADIAN INFANTRY.
8/1/17	O.C. ~~20th. Res. Bn.~~ 148th Bn	~~Taken on strength 20th. Res.~~ Trans to 20th Res Bn	Shoreham	8/1/17	D. O. Pt. II No 8 [signature] CAPT. & ADJUTANT, 148th BN. CANADIAN INFANTRY.

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.
e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

CERTIFIED CORRECT.
6 MAR 1917
CAN. RECORDS, LONDON.

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.
8/1/17	O.C. 20th Res Bn	Taken on Strength 20th Res Bn on transfer from 148th Bn.	Shoreham	8/1/17	D.O. Pt. II No. [illegible] Adjutant 20th Res Bn
26/2/17	O.C. 20th Res Bn	Transferred to 42nd Bn. Overseas	Shoreham	26/2/17	D.O. Pt. II No. 50 Adjutant 20th Reserve Bn
	O.C.C.B.D.	Landed in France. Taken on strength 42nd Cdn. Bn. 27/2/17			Nom. Roll d/ 27/2/17 Pt. II D.O. 36 d/ 3/3/17
	— do. —	Left for 3rd Cdn. Ent. Bn. 19/3/17			Nom. Roll d/ 19/3/17
24-3-17.	O.C. 42nd Bn.	Arrived Unit. 42nd Bn. 23-3-17.			d/ B213-dy. 24-3-17. D.C.S. 285 dy. 5-4-17.
12/4/17	O.C. 14 Gen Hosp	Died of wounds received in Action (G.S.W. left hip)	14 Gen Hosp	12/4/17	Contact file K.I. 16-2084 P. II. 46 dy 19/4/17

[signature]

Lieut. for ~~Lt.-Col.~~ Major D. A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

En No. 30301 c

R—122.

Rank Pte. Name BROWN Carl Reg'l No. 4314239

Unit 40th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Amherst. 17th March.1915 Place of Birth Westmoreland Point. Westmoreland Co. N.B.

Name and Address, Next-of-Kin Mrs. Charles Brown.

Westmoreland Point. Westmoreland Co. Relationship

Assigned Pay Monthly $ Payable to

Relationship SERIAL NO. 3127

1ST QUEBEC REGT;

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character OR. Canada

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
11.8.15	O.C. 23rd	Taken on str. of 23rd	Shorncliffe	24.6.15	Part II 188
30.3.17	"	S.O.S. on proceeding to Canada for Discharge	Shoreham	15.10.15	Pt. II D.O. 86.

Letter to H.Q. Shoreham 4/19/3/17 R.L. 13-23-29.

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					

R—122
8,401—50,000—21-10-16.

J P. Rank Name BROWN, Carl. Reg'l No. 685101.

Unit 171st Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Kinogami. 12th Nov.1916. Place of Birth Westmoreland. Point. N.B.

Name and Address, Next-of-Kin Mrs Millissa Brown.

Westmoreland Point. N.B. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

1ST QUEBEC REGT.

N/E. R.B. No. 3142
File R.L. 26.B 3188
Category D of W.

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 S.S. Mauretania 30 11 16.			
13.12.16	171st Bn.	S.O.S. on transfer to 148th Bn.	Witley Camp	11.12.16	P.II D.O. 235
13.12.16	148th Bn	T.O.S. on transfer from 171st Bn	Witley Camp	12.12.16	P.II D.O. 264
8-1-17	148th Bn	SOS To 20th RES Bn.	Witley	8.1.17	Pt, 2. D.O. -8
8-1-17	20 Res	T.O.S FROM 148Bn.	Shoreham	8-1-17	Pt, 2, D.O. 1
26/2/17.	20th Res.	S.O.S to 42nd Bn'	Shoreham	26-2-17	Pt II D.O. 50,
3.3.17.	O.C. 42nd	S.O.S from 20th Res Bn	Sicia	27.2.17	Pt II D.O. 26.
8.4.17	do	Adm. 14 Gen Hospital	Winiereux	11.4.17	C.L.A 399 G.S.W.L. hip Sev
14.4.17	" "	14 Gen. Hosp. Dangill	Boulogne	12.4.17.	C.L.A 396 GSW L. Hip
16-4-17	do.	Died of Wounds	France	-do-	C.L.a 397 and Pt II D.O. 46 (19.4.17)

A.F.B. 103 CHECKED 3 MAR 1917

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.					

L. L. Job 80137—[illegible] & D. 5683.

M. F. W. 12. 6.50
20m.—5-15.
H. Q. 1772-39-819.

Eur

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Mrs Melissa Brown
Address Westmoreland N.B.

Rate ~~$10.00~~

By Whom Assigned Brown, Carl
Regtl. No. 414239
Rank Pte.
Corps Refts 40th Batt.
1st Draft

Discharged 3 M 11 10/15 [illegible]

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		24618	17 —	
Aug.		S 2170	17 00	
Sept.		V 3787	17 00	
Oct. H.J.M.		W 1037	17 00	
Nov.				P.D.P.W.J. 3/17
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 6 CASUALTIES

Pension Granted 1-5-17
B.P.C. to Recover $ —
Clerk T.P.H. Date 9-1-18

Register No. DB739

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 02252-C-77

Regt'l No. 414239 Name Carl Knapp (Christian Name) Brown (Surname)

Unit 23rd. Bn. Rank Pte. Date of enlistment

Date of casualty 12.4.17 B.P.C. File No. 21628

Was service performed overseas? Yes

Ex M

DEPENDENT

Name Mrs. Melissa L. Brown Relationship W. Mother

Address Westmorland Point
Westmorland
N.B.

N.B.

Amount of Special Pension Bonus $ Nil Abstracted by A. Quinn

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

Less Debit Balance of S. A. or A.P. $

Total deductions $

Balance due $

Noted 19/8/20
JG

Cheque No. Date issued

Clerk W. Mitchell

REMARKS: Pension cancelled. Pensioner in receipt of income from farm Not eligible under P.C. 1486 No S.A. paid

Audited by

Date

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

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					

M. F. W. 41.
5m.-6-15.
1772-39-889.

Name Brown Pte C. ~~H.~~

Regimental No. 4 A-14239

Unit 23rd Battln. (40th Bn.)

Date of enlistment

Place of "

Married (yes or no) ~~Yes~~ No.

Amount of pay assigned monthly $ 15.00 Oct/15 Eng.

~~To whom payable~~ Sep allce No

Corsican 25-10-15

~~Name and~~ Home address ~~of next of kin~~ (147)

Med Board Rec te Apl 30/16
Westmoreland Pte Westmoreland Co NB
Ent. Lake Edward Con. Home 2/11/15

Date and place discharged

Reason for discharge Medically unfit

Character on discharge

Class II 649-B-1602

L. [illegible] 82314. M. & D. 57-6-25-6-15-5000.

Trans Div 5 from 1/2/16 (147)

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.
	15/10/15							35 70								L. P. C.
16/10/15	29/11/15	45	1.00	45 00	45	.10	4 50	Subs. 1 50	86 70			86 70			86 70	D.D. Que. pd.
30/11/15	31.1.16	63	1.00	63 00	63	10	6 30	47 25	116 55	A192	25/1/16	116 55			116 55	
							Dt. Bal.	47 25	47 25					47 25	47 25	overpd. subs.

P.M. advised to recover Dt. Bal. of $ 47.25 see folio 15

P.M. advised recovery being made.

Pensioned 25.00 Gratuity

E.A.P. 17.00 Oct/15

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

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					

Name Pte Brown C. H.

M. F. W. 41
10 M.—5-16.
1772-39-889.

B899

Regimental No. 9/14239

Unit 23d Battln

Date of enlistment Nil.

Place of " Nil.

Married (yes or no) Not Mentioned

Amount of pay assigned monthly $ Nil.

To whom payable Nil.

Name and address of next-of-kin Nil. Nil.

Date and place discharged 30-6-16 Quebec

Reason for discharge H.Q. 649-1-16 of 11-5-16.

Character on discharge Medically Unfit.

6b 2376. M. & D. 6692.

	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.
Feb.	1	29	29	1.00	29 00	29	.10	2 90		31 90		pd	31 90			31 90	
March	1	31	31	"	31 00	31	"	3 10		34 10	110		34 10			34 10	
Apl	1	30	30	"	30 00	30	"	3 00		33 00					33 00	33 00	18 14.25 Subs overpaid
May	1	31	31	"	31 00	31	"	3 10		34 10	396		19 85		14 25	34 10	30-11-15 & 31-1-16 -
June	1	30	30	"	30 00	30	"	3 10	9 00	42 00	508		42 00		42	42 00	H.Q. 649 (B 1602
					151 00			15 10	9 00	175 10 →			127 85		47 25	175 10	Disc. Med. unfit H.Q. 649-1-6 of 11-5-16

"Discharged" (30-6-16)

127.85

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						

P—56

Rank 23 Name BROWN Carl Reg'l No. A14239

Unit ~~40th~~ Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Amherst. 17th March.1915 Place of Birth Westmoreland Point. Westmoreland Co. N.B.

Name and Address, Next-of-Kin Mrs. Charles Brown. Westmoreland Point. Westmoreland Co. Relationship

Assigned Pay Monthly $ 17.00 Payable to Next of Kin

Non. Eff. Nov. 1/15. Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place To Canada 15/10/15 Reason H.P. 12/17, 17/10/15 Character

PAY OFFICE, N.E. BRANCH JAN 22 1916 CANADIAN CONTINGENT

Date From	Date To 1915	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.
June 13	30	18	1.00	18.00	18	.10	1.80	10	29.80	2	08	10			10	19.80	L.P.C. from Canada $10. credit from
July 1.	31	31	1	31	31	10	3.10		34.10			25	17		42	11.90	Assg. pay starts July 1
								93	Exch			35					
Aug 1	31	31	1	31	31	10	3.10		34.10				17		17	29.93	
Sept 1	30	30	1	30	30	10	3		33				17		17	45.93	22 pd. Emb.
Oct 1	15	15	1	15	15	10	1.50		16.50			9.73	17		26.73	35.70	Disch. Canada
NE Branch Fld.									35.70					35.70	35.70		HP 12/17. Oct 17th. Stop pay. issued Can Nov Assg pay.

68

35.70 Transferred To acct & pm Genl Genl Liability Can Discs

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No ..... W. S. G. File No .....

Award ..... days at $ ..... per day $ .....

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

Less P. D. P. Credited $ .....

$

Less further debit balance $ .....

Net due paid as below

TO SOLDIER OR DEPENDENT

0	Ag. No.		Amount		Ch. No.	Amount
1						
2						
3						
4						
5						
6						
	Total				Total	

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2252-C-8.

Name Brown, Carl
Surname Christian Name

685101

Regimental Number 414239 Rank Pte.

Unit 23rd Bn. & 171st Bn.

Original Unit

District where paid

Date of Discharge 30-6-16

P. D. P. Filing Number 202-C-2.

Address (in full)

Rates:—Regimental pay $ per diem: Field Allowance $ 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		

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Ineligible. Re-enlisted and died of wounds while effective in C.E.F.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Brown.	C.	685101.

Rank	Unit	Co.	Troop	Batty.
Pte.	42nd. Bn.			

Hospital — Date of Admission

14. G.H. Boulogne. — 11.4.17. ~~12-4-17.~~

Transferred — Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) G.S.W. Lt. Hip.

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wds. 12-4-17.

DISPOSITION	Date	REMARKS
18.4.17 a399. C.L. 14-4-17.	A/396.	
16-4-17.	A/397.	Dang. Ill. 12-4-17.

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

EPITOME OF HOSPITAL TREATMENT.

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

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

MAY 5 - 1920

G. 17745 Key.

M. F. W. 42—100 M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 685101 Rank Pte

Surname BROWN

Christian Name Earl

Unit 42nd Bn. Can. Inf. Theatre of War France

Date of Service 27-2-17 D

Remarks Mother

Latest Address Mrs. M. L. Brown

Westmorland Point

N. B.

Roll No. B Page 3705

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

FORM R. 149.
7106—250m—7/2/17.

Name Brown. Carl *Rank* Pte. *Reg. No.* 685101

Unit 42nd. Bn.

Next of Kin Canada.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-4.	No. 14. Gen. Hos.	Wimereux.	GSW. L. Hip.	A399	M2137	18-4.
12-4	Died of Wds	A397	M1866	-14-4		

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

Form B. 149.
7106—250m—7/2/17.

Name Brown, Carl *Rank* Pte. *Reg. No.* 685101.

Unit 42nd. Bn.

Next of Kin Canada.

R.L. 25 - B. - 3188

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-4-17.	No. 14. Gen. Hos. Dangerously Ill.	Boulogne.	GSW. L. Hip.	A396.	M 1760 4-4	
12-4.	Died of Wounds.	"	"	A. 397	M. 1866.	16-4

No. 685101 RANK Pte NAME Brown. Carl.

T. O. S. 12-11-16
DO 223 of 21-11-16

UNIT 171st Battalion.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov 12	Nov 30	"		

UNIT SAILED
NOV 23 1916

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 396.	No 14 Gen. Hosp Boulogne-	12-4-17	Dang. ill g.s.w. L hip -
A 397.	" " " " "	12-4-17	Died of wds " " "
A 399.	#14. Gen. Wimereux -	11-4-17	g.s.w. Hip Sev.

REGT'L No 685101

NAME Brown Carl

H. Q. FILE No. 649-

RANK AND CORPS Pte 42nd Bn Form 1 Hst Bn

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	"C" NATURE OF CASUALTY
M1760	12-4-17	Dangerously ill #14 Gen Hosp Boulogne Apr 12th 1917 GSW left thigh.
M1866	15-4-17	Died of wounds No 14 Gen Hosp Boulogne
M2722.	23-4-17.	April 12th 1917. (GSW L. Thigh.)
M2137	18-4-17	Adm to #14 Gen Hosp Wimereux April 11th 1917 wounded severely hip (Later information M. 1866 above)
A.F.B.	20% a	Died of wounds Rec'd in action
Rouen	19-4-17	#14 Gen Hosp France 12-4-17

Rec'd 5-7-17

L. L. 12767—M. & D. 7390.

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

Scroll Desp. JAN 13 1921 Reqn. No 29679

Plague Desp. JAN 13 1922 Reqn. No PA 3574

213

H.Q.649-B-1602.

BROWN, Pte. C.~~H.~~arl K. #685101, ~~35rd~~ 42nd Battn.
Not Eligible for 14 - 15 Star,

Medals & Decs:- Mother Mrs. M.L.Brown,
Westmoreland Point,
N.B.

P. & S: - " do
(Serial no. 765099)

Memorial Cross:- " "

17640

Desp AUG 10 1920 Cml 617762.

JAS. 3.8.20

No. A14239. Rank Pte. Name Brown, Carl

T. O. S. Unit 40th Bn. (3rd Contingent)

M. D. 6.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915	1915			
Feb. 24	Feb. 28	✓	Subsistance	
Mar. 1	Mar. 15	✓		
Mar. 16	Mar. 31	✓		
Apr. 1	Apr. 15	✓		
Apr. 16	Apr. 30	✓		
May 1	May 11	✓		
May 12	May 31	✓		
June 1	June 12	✓	Left with draft 12-6-15	D077 of 14-6-15

UNIT SAILED
OCT 18 1915

No a14239 RANK Pte NAME Brown C. H

T. O. S. UNIT Casualties C. E. F.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916 Feb 1	1916 Feb 29	n.	From 23rd Bn.	Feb. paylist
Mar		n		
Apr.		n.		
May.		n.		
June.		n.	Dischgd. Med. unfit H. O. 649. 1-16 of 11-5-16.	June pay list

a/c. closed by payment n.

No. A. 14239. Rank Pte. (23 Bn.) Name Brown C.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 5.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915. Oct. 16.	1915. Nov. 29.	✓		

No. A14239. Rank Pte Name Brown. C. H.

T. O. S. Unit Casualties.

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Nov. 30	1916. Jan. 31.	R.	From 2 3rd Bn.	

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

649-B-1602 CARD NO. ✓

SURNAME. Brown.

CHRISTIAN NAMES Clark

FOLL.

REGL. No. 414239 RANK Pte.

UNIT ~~40th (1st R.D.)~~ 23rd Batt.

FORMER CORPS nil.

NEXT OF KIN. CHANGE OF ADDRESS

NAMES IN FULL Brown, Mrs. Clark

RELATIONSHIP TO SOLDIER

ADDRESS Westmoreland P.O. N.B.

COUNTRY OF BIRTH Canada, New Brunswick. DATE.

PLACE OF ATTESTATION Amherst. DATE 17/3/15

Sailed 15-6-15 "Caledonia" 119

Halifax

L. L. 90:89.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

Laboratory.

Moore Barracks Hospital,

Shorncliffe.

Unit. 23rd Reserve Batt. Date. 28/9/15.

No 9/14239. Ward. 18.

Name. Brown. Med. Officer. Capt. Maw

Clinical History. Loss of weight. Cough.

Clinical Diagnosis. T.B.C.

Nature of specimen. Sputum.

Particulars of Information required T.B.C.

Examination of Blood.....Red Cells Count.....

Leucocyte count.....

Maeglobin percentage.....

Exam. of Blood smear. Red Cells.....

Leucocytes 9 differential).....

Examined by.....

This sheet must accompany all requests for Laboratory report.

MARRIED OR SINGLE Single

PLACE OF BIRTH Westmorland Point N.B.

NAME AND ADDRESS OF NEXT OF KIN Mrs Melissa Brown
Westmorland Point N.B.

RELATIONSHIP OF NEXT OF KIN mother

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
Died of Wounds	14/4/17	C.R.O. 397 - 14/4/17 & B.O. 46 19-4-17.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
5/Mar/16	5/Mar/16		

REG'L NO. 685101 RANK Private NAME Brown, Earl

IF IN PERMT. CORPS WHAT UNIT — UNIT 171st Batt'n

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Kenogami P.Q.

DATE OF ATTESTATION 17.11.16.

TRANSFERRED TO 148th Batt'n. DATE 21-12-16 AUTHORITY 776235

TRANSFERRED TO 20th Reserve Bn. DATE 1-2-17 AUTHORITY R.O. 69 27-1-17

TRANSFERRED TO 42nd Bn DATE 27.3.17 AUTHORITY D.O.S. 26217 Che 406

12 MAY 1917

TRANSFERRED TO "K" DATE 13-4-17 AUTHORITY 76-4

" " NE Batt'n 1-5-17

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 REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 13-4-17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PAY OFFICE, N.E. BRANCH CANADIAN CONTINGENT AUG 8 1917

Entered on N.E. Card Index

Checked by

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
1916														15 90	15 90															15 90				Balance from Canada
Dec 1-20	20	1/20	20		20	.10	2								22															37 90				
" 21-31	11	1	11		11	10	1	10							12 10	226	14/12	271	27/12					1460	1947				3407	15 93				
1917			3	10				3 10							-															-				
Jan 1-15	15	1/10	16	50											16 50															32 43				
" 16-31	16	1.00 .10	17	60											17 60														34 07	50 03				Trans. to 20th Reserve Bn. 1-2-17
Febr 1-28	28	1/20	30	80											30 80				87 1/2/17 17 13/1/17						9 73 9 73				19 46	61 37				
March 1-26	26	1.00 .10	28	60											28 60	167 128	24.2.17 15.2.17							7 30 7 30.				72	53 53 15 32	74 65				72 Rpts: 76426 93 From L.H.Q. 7th Sept 27.3.17 D.O.S. 26.2.17.
27-31			12	7 60											15 93								BAB 12319 17/3 CBD 2147 8/3		29 20	38 93	4 36 4 36	✓	72	68 55					
March 1-17	5	1/10	5	50											5 50														8 72	71 43		60		Trans. "K" 13/4/17 A.F.S.I. R. of Wounds 1-4-17. Che 397 16/4/17
Apr. 1-14	14	1/10	13	20											13 20				31 5/4						2 67				2 67	80 01				
			146	30																				29 20	41 55	8 77		74	50 19				
July														19 80	19 80															101 81				Indorsed 18 days Pay Apvd to NE Batt'n 1-5-17
Aug 1-4															19 88									Balance transferred to N. E. Branch.						101 81				
Sept														11 62	11 62.															101 92 102 54				Gr. 11c Gr. 62 Ent on Dft Pay. Ottawa for Cert'n 29-4/10/17
Oct																								102 54					102 54				

CHECKED

Statement of
SEP 5 1917
Account rendered

No Canadian Assigned Pay. Auth A.Q. 593-1-12 dated 3-5-17.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT		

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.

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. 414239

Rank Private

Name Carl H. Brown,
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 23rd Battalion C.E.F. (40th Bn)

Date of Discharge 30th June, 1916

Place of Discharge Quebec, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 4 months.
Height 5 feet 10 inches.
Complexion Light
Eyes Blue
Hair Fair
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Westmoland St Westmoland Co N.B.

Descriptive Marks

NIL

2. The above-named man is discharged in consequence of being Medically Unfit 69-1-6 of the 11-5-16

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.

— No record —

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

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

FARMER

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

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

NIL

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

6. Medals and Decorations ..... NIL

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

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

(Place) Quebec, P.Q. ..... B. D. Ucland Major,

(Date) 30-6-15 ..... *Commanding* for A.A.G., M.D.No.5

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) Quebec, P.Q. C Brown ..... X (*Signature of Soldier.*)

(Date) 30-6-16 ..... B Adler Sgt (*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.

C Brown ..... X (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 years 123 days.

Total 1 years 123 days.

11. **Confirmation of Discharge.**

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

B. D. Ucland

(Place) Quebec, P.Q.

(*Signature*) ..... Major,

(Date) 30-6-16 ..... for A.A.G. M.D.No.5.

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

C Brown x

(OVER)

(*On leaving Corps or Station where invalided.*)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ } _____ Officer in medical charge.

(*At Station or Hospital where finally disposed of.*)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN 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.

(23) (88579) Wt. 1836 475M 5-15 W B & L

Forms B. 179. 34

2481

Army Form B. 179.

BRC 42755
CR 1766

Medical Report on an Invalid.

Station Moore Barracks Can Hospital

Date Sept 7th 1915

1. Unit 23rd Res Batt
2. Regimental No. A 14293
3. Rank Private
4. Name Brown Earl
5. Age last birthday 19
6. Enlisted { on July 28th 1915 / at Amherst Nova Scotia
7. Former Trade or Occupation { Farmer

8. **Disability.**

Phthisis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Not Known

10. Place of origin of disability. Not Known

STATISTICS
65
ENTERED.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man was paraded before the M.O. of 23rd Batt to be examined as he wished to be transferred to the C. A. S. C. on August 6th 1915 At that time he had slight cough & expectoration & a slight hoarseness of the voice. He said he felt perfectly well, but he was a little short of breath on exertion

His Father died of T. B. 11 yrs ago

He was admitted to Moore Barracks Hospital on August 7th 1915

Active Service

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*).

This man is a long standing Chronic case with good resistance Symptoms brought on by hard training on Active Service

13. What is his present condition? Cough very slight. Expectoration about one drachm in 24 hrs. Temperature rather irregular, usually elevated in evenings

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Pulse rate 64 to 92. He has a laryngitis (Chronic)
Intra-dermal tuberculin test positive.

Chest Exam

Dulness in left Apex & both bases
Altered breath sounds chiefly in left Apex
Crepitations (fine) in left apex behind & coarser crepitations in left base behind. Moist crepitations in the right side posteriorly extending from the base up to a short way above the angle of the Scapula, in front there are crepitations over the whole extent of left side but they are few & scattered except in the base where they are more numerous but fine
On the right side in front crepitations extend from the fourth rib down to the base, they are moist at the base

14. If the disability is an injury, was it caused

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

Not applicable

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

No

16. Was an operation performed? If so, what? No

17. If not, was an operation advised and declined? No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Discharge as unfit

Wm L Mann Capt C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE

Wallace A. Scott
LIEUT-COLONEL, C.A.M.C.
OFFICER 1/2 HOSPITAL, SHORNCLIFFE

Station

Date 8 SEP 1915

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

1. Yes
2. no
3. no

(b) If due to one of these causes, to what specific conditions do the Board attribute it? Exposure and infection

21. Has the disability been aggravated by

(a) Intemperance? no

(b) Misconduct? no

22. Is the disability permanent? Yes

23. If not permanent, what is its probable minimum duration? not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? 1/2

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, or Yes

(b) Change to England? no

Signatures:—

Wm McKeown Lt Col
President.

Fleur Tourt Lt Col
Fred E Watts Capt
Members.

Station Shorncliffe

Date Sept 29 15

Approved.

Station Shorncliffe

Date 30/9/15

G. H. Dowlby
Administrative Medical Officer.

Board considers that this man should be sent to Canada to be there dealt with by the military authorities

Capt. A.D.A.D.M.S.
Canadian Training Division, Shorncliffe.

W McKeown
Lt Col

(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.
20 m-5-15.
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.

DEPT
MILITIA & DEFENCE
NOV 18 1915
H.Q. 649-B-1602
CANADA

MEDICAL HISTORY OF AN INVALID.

1.—Station. Quebec

2.—Regiment of Corps. 23rd Reserve Batt. C.E.F.

3.—Regimental No. and Rank. A 14239 Private

4.—Name. Carl Brown

5.—Age last Birthday. 19 years

6.—Enlisted on 28th Feb 1915 at Amherst N.S.

7.—Former Trade or Occupation. Farmer

8.—General remarks on his :—

(a) Conduct. Papers

(b) Habits. Not available

(c) Temperance.

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

Date 27 - Oct. 1915 -

9.—Service.	Years. 242	Days.
	PERIODS. From	To
23rd Reserve Batt C.E.F.	28 Feb 1915 -	27 Oct. 1915 -

10.—Disease or Disability. Tuberculosis

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. Aug 7th 1915 Dibgate Camp Shorncliff England - Mon Barrack Hospital Pre. condition dullness at percution right of pre result of climate.

Has it been aggravated by intemperance, vice or misconduct? Particulars not available

No conduct sheets accompanying his papers.

Home Address:- Westmoreland Point Westmoreland Co. N.B.
Sanatorium:- Lake Edward P.Q.

M. F. B. 227.
20m.—5-15.
H. Q. 1772—39—117.

Med. G. H

[OVER]

12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

13.—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.

Dampness and cold weather unable to dry his clothes and having to use them as such.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Not applicable

15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ?

1° yes
2° not applicable
3° Total.

16.—Full particulars of medical treatment of case up to date of invaliding.

Particulars not available

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Recommended for discharge by Board held in England Particulars not available

18—State if for discharge on account of unfitness for service.

Discharge on account of being medically unfit.

R M Nelson Lt Col

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

1/11/15

The board having assembled proceeds to examine No A 14239 Private Carl Brown fully concurs with the officer bringing forward the case to answer No 15 The board further recommends that the man be sent to a Sanatorium for six months [illegible] which he accepts and recommend that at the expiration of that time he be discharged as unfit for service

Signatures :— W H Delaney Lt Col ame President.

Station Lt. O.M.S. 5 Dn

Date 31-10-15 J Swenson Major Adm. R M Nelson Lt Col } Members.

Date 1-11-15 W H Delaney Lt Col ame

Assistant Director of Medical Services.

Approved.

Date 10/12/15

for [illegible] Capt

Director of Medical Services.

[OVER]

Class E to Class F

Final

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE JUN 17 1916 H.Q. CANADA

1. Station. Quebec
2. Regiment or Corps. 40th Battalion afterwards 25th Res. Batt.
3. Regimental No. and Rank. A14239 Private
4. Name. Carl. H Brown.
5. Age last Birthday. 19.
6. Enlisted on 24th Feb. 1915
   at Amherst N.S.
7. Former Trade or Occupation. Farmer

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   No particulars available.
   (c) Temperance.

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

Date. 24. May 1916

9. Service. 1 Years. 90 Days.

	PERIODS.	
	From.	To.
Canada.		
40th Battalion afterwards 25th Reserve Batt. C.E.F.	24th Feb. 1915.	24th May 1916

10. (a) Disease or disability. Pulmonary tuberculosis. (46)
    (b) Date of origin. August 1915
    (c) Place of origin. Shorncliffe England
    (d) Cause. Infection with Koch's Tubercle bacillus

11. Present Condition. (Most Important)
    (To include full description of present disabling condition or conditions.)
    Slight dullness on percussion at the Apex of the Right lung. Expiratory phase prolonged no signs of activity

120

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

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

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

Militia Form B. 227.
100 m-2-16.
H. G. 1772—39—117.

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

nil.

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

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. not applicable

14. Treatment has had 6 months sanatorium treatment

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

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? permanent disability for military service as condition is liable to recur

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. will to no extent prevent his earning a full livelihood

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

for discharge on account of unfitness for service

A H Hubbard
Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12.

15. YES.

16.

17.

19. Is he unfit for Military Service. Yes.

20. Recommendations: For discharge as unfit for service.

Signatures :—

Swenson Major A.M.C. President.

Thacrist Capt. A.M.C. Members.

J. A. Key Capt. A.M.C.

Station. Quebec, Q.,

Date. 25.5.16.

Date. MAY 26 1916

Approved.

Date. 24/6/16

Gaiwinters Lt Col
Asst. Director of Medical Services.

Dear A Cannon Capt
for Director-General of Medical Services.

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

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

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Military District No. 5
Quebec, Que.
JUN 9 1916
M. D. No. 5

MEDICAL HISTORY of

Surname Brown *Christian Name* C. N.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... on 28th day of July 1915.
at Amherst

Declared Age ... ... 19 years 4 days.

Trade or Occupation ... Farmer

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

Chest Measurement — Girth when fully Expanded. 35 inches.

Chest Measurement — Range of Expansion 2 inches.

Physical Development ... —

Vaccination Marks — Arm ... Right _____ Left _____

Vaccination Marks — Number _____

When Vaccinated ... _____

Vision ... ... R.E.—V= _____
L.E.—V= _____

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

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

Approved by (*Signature*) _____

(*Rank*) _____ *Medical Officer.*

Enlisted ... ... at Amherst
on 2nd day of Feby 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	40th Battn	414239
Transferred to	23RD RES. BATT. C.E.F.	

Became non-effective by TO BE INVALIDED TO CANADA FOR SUBSEQUENT DISPOSAL BY MILITIA AUTHORITIES

on _____ day of _____ 191 .

(*Signature*) J. S. Brown

(*Rank*) LT. COL. O.C. 23rd RES. BATTN. C.E.F.

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C.
(25289) Wt.W13171/604. 300m. 4/15
Forms B. 178.

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				