

#1

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27

Original

No. 408704

Folio.

3885

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

1. What is your name?..... George Andrew Brown
2. In what Town, Township or Parish, and in what Country were you born?..... Weston Ont.
3. What is the name of your next-of-kin?..... Sister Sarah Dalton
4. What is the address of your next-of-kin?..... 3885 Davenport Rd. Toronto, Ont.
5. What is the date of your birth?..... September 19 1880
6. What is your Trade or Calling?..... Moulder
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... yes.
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

George Andrew Brown (Signature of Man).
By Moore (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Andrew 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.

Date August 21 1915.
George Andrew Brown (Signature of Recruit)
By Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Andrew 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.

Date August 21 1915.
George Andrew Brown (Signature of Recruit)
By Moore (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 Weston this 21 day of August 1915.

Wm. W. W. W. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
W. W. W. W. (Approving Officer)

Description of George Andrew Brown on Enlistment.

Apparent Age 34 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 8 ins.

Scar on right calf

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 25 ins.

Complexion Dark

Eyes Grey

Hair Grey

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

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 2/1/15 1915

Place Loraine, Canada

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Andrew 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.

[Signature]
 (Signature of Officer)

Date Sept 4 1915

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

405204 Pte.

This is to Certify that No. _____ (Rank) _____

Name (in full) BROWN GEORGE ANDREW. enlisted in

the 35th Bn

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 21st

day of Aug. 19

HE served in England and France

and is now discharged from the service by reason of Having been found Medically Unfit for Service.

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

Age 47

Height 5' 10"

Complexion Fresh

Eyes Blue

Hair Grey

Marks or Scars _____

Vacc scars on left arm. Scar on forehead.

G.S.W. right hand 1-5-17

G a Brown
Signature of Soldier

J P Robinson Lieut
Issuing Officer

Captain,

For Lieut Rank Colonel,

C. C. No. 2 District Depot.

Appointment

Date of Discharge Oct. 4th 1918

Signed at Toronto Ont. this 4th day of Oct. 1918

in Military District No. _____

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 405204 (Rank) _____ Pte. Name BROWN GEORGE ANDREW

Unit 35th Bn

Address on Discharge 1842 Bayview Rd. Toronto Ont.

Character and Conduct _____
Very good (RP)

Former Occupation houlder.

Special Qualifications of Value in Civil Life _____

Medals and Decorations Nil;

Remarks Gold Stripes One.

Signed at Tor onto Ont. this 4th day of Oct. 1918

J. A. Robson Lieut
Name of Officer

Rank Captain,
For Lieut.-Colonel,
O.C. No. 2 District Depot.
Appointment

M.B.

X-RAY LABORATORY, TORONTO GENERAL

405204, 18 Batt.

Fluoroscopic Examination of the Gastro-Intestinal Tract

Name Brown Pte. Ward Pr. Date 3:4:18 Physician Military.
Spadina Con. Hosp. Surgeon

I. Residue after 6 hours none. (F).

II. Position Lesser curv. 5" above umbilicus. Tonus orthotonic.

IV. Peristalsis active.

V. Incisura none.

VI. Form J.

VII. Hour-glass

VIII. Filling Defects none.

IX. Hypersecretion

X. Mobility	Free	Slightly Fixed	Fixed
(a) Stomach	yes		
(b) Pylorus	.....	yes.	
(c) Duodenum	.....	yes.	

XI. Tender Point none noted.

XII. Pylorus opening immediate.

XIII. Emptying of Stomach rapid.

VIX. Duodenum cap seen, clean.

XV. Ileo-Cæcal Region 6 hrs:- 10% ileum, balance to rectum.

Diagnosis 24 hrs:- All clear.

Corroborated by Operation

Plate Nos.

PROGRESS INSERT

Name Brown George Andrew No. 405204 Unit 18th Bn.

Rank Pte.

Date 7/5/18.

All Progress Notes must be signed and dated

Continued from Section F. Progress notes -

Had a similar attack 4 yrs before enlistment. Stopped work for 2 months but not confined to bed. 8515

To see Dr Hutchinson on Tuesday next
Put on light diet.

May 10 - Feels pretty well - no indigestion as a rule but - at times flatulence. Keeps on light diet. Right side is always tender to touch but - no pain lately - no constipation - no history of haemorrhoids -

Exam - very marked tenderness at right - costal margin - no mass felt -

no spinal root-irritation:

no Tubes: no evidence of cirrhosis

diagnosis - chronic cholecystitis -

Recommend - removal of gall bladder -

could have X-ray picture of gall bladder

for stones - (40% chance of finding them)

General condition good.

Sugar in urine?

Hutchinson

27 May 18 Transferred from T. G. H. to Queen

St. Alex. Base Hosp. Nothing abnormal

found in X-ray a ~~small~~ mass of urine.

J. R. Smith
Lieut

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1, 15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *404704 (405204)*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *G. A. Brown*
 Battalion *35th Battr. H. Co.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. S. Walton*
 Address *1882 Havenport Rd,*
 Change of Address *West Toronto Ont.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31/17</i>			<i>500</i>	<i>500</i>	
<i>Nov</i>	<i>B 55076</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>D 60799</i>		<i>20</i>	<i>20</i>	<i>Bx</i>
<i>Jan/18</i>	<i>E 54607</i>		<i>20</i>	<i>20</i>	<i>hd</i>
<i>Feb</i>	<i>C 96482</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>A 103768</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>A 992</i>		<i>20</i>	<i>20</i>	<i>6</i>

A.P. 620⁰⁰
Ret'd per Blanchovoy Castle
Date 28/2/18 M.F. 15/4/18
Clerk A. Culbert
Recd M.R.O. 2B. 15/4/18.

CANADIAN
 ASSIGNED PAY AUDITED
31-1-18
[Signature]
 AUDIT CLERK
 DATE *16/5/19*



MMD

P

MMD

Number 406-204

Rank

Pte

B

Surname BROWN

Christian Name George Andrew

X

Unit 18th Bn Can Inf Theatre of War France

Date of Service 15/3/16

Remarks

Latest Address 1882 Davenport RT

Toronto

Ont

Roll No.

B Page 4189

9 30700 1000 JUN 2 4 1901

C.E.F. 405204

BROWN, George A.

405204

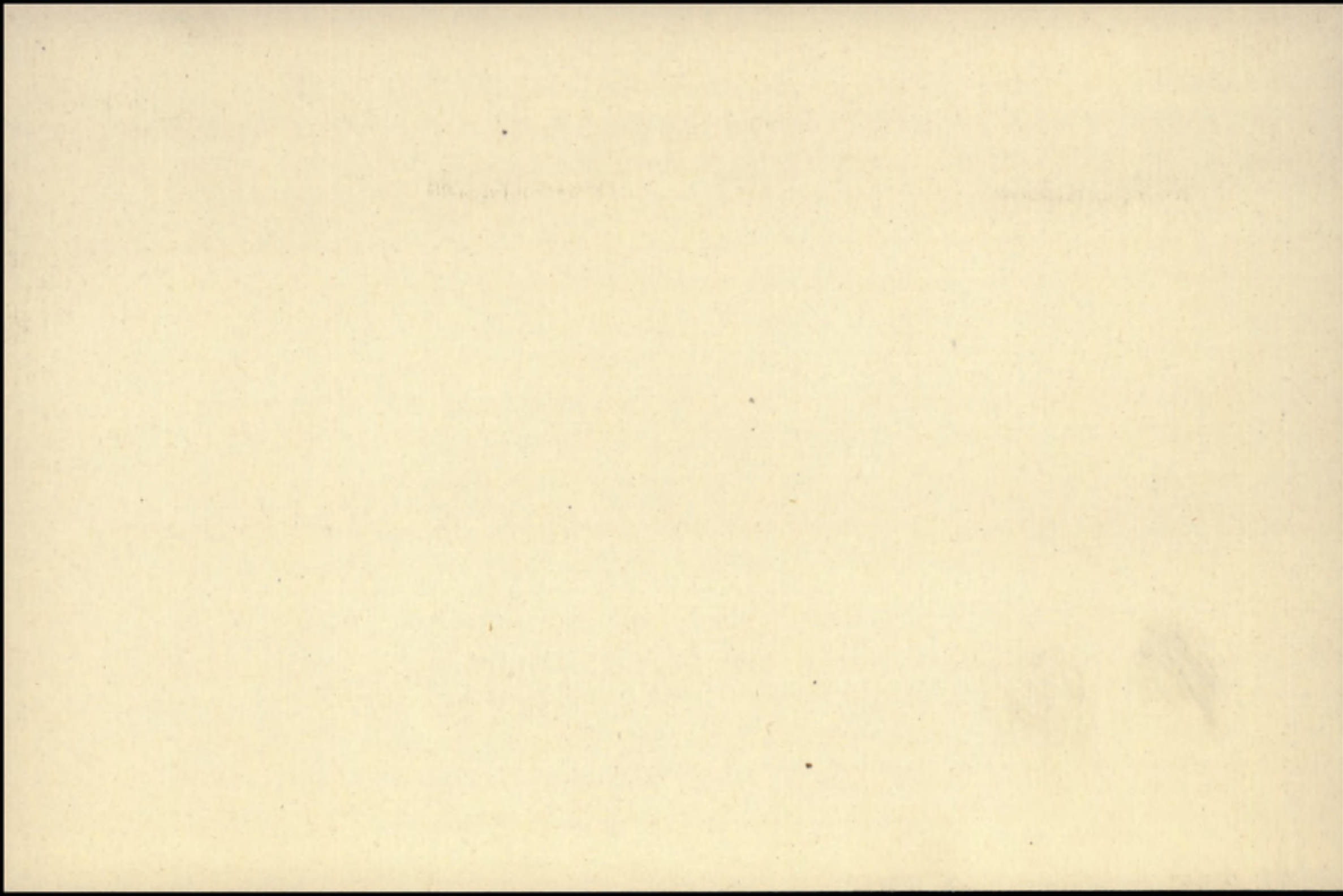
Pte.

Medals Prev. Dasp.

CROSS TO WIDOW: NOT ELIGIBLE

CROSS TO MOTHER:

hold pending application



Name Brown George Andrew Rank Pte Reg. No. 405204
 Unit 18th Batt
 Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916	19-7	25 G.H. Hardelet	Periostitis	A277		
26-7	Disch to Base Details		L. Hand	A282		
			-do-			

Reg. No. 405204 Name Brown G. G.

Rank Pte Corps 18th Age 47 Service

Ledger No. Serial No.

Whitty HOSPITALS Whitty 15-3-18 DATE 18 DIAGNOSIS

<u>Spadina Mil Toronto</u> <u>Side Whitty Mil Whitty</u>	<u>7-5-18</u>	<u>Infl. of liver</u>
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HOSPITALS

DATE

DIAGNOSIS

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

REGT'L NO 405204

H. Q. FILE NO. 649-

NAME

Brown, G. A.

RANK AND CORPS

Pte. 18th Bn. (2nd C.A.)

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

Reg. No. 405'204 Name Brown. Geo. A
Rank Plie Corps 18 Age 47 Service 2/12 16/12 5/12
Ledger No. Serial No. 5784

HOSPITALS	DATE	DIAGNOSIS
Toronto Gen. Hopt. Toronto	16. 5. 18	Chole. Cystitis ^{OP}
Trs. to Givens Street	27. 5. 18	
His Unit.	28. 6. 18	
Base Toronto	6. 7. 18	Gastritis
District	17. 9. 18	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

George Andrew ✓

Name

N/E ✓
BROWN

Rank

~~1st Lt~~ PLE ✓

Reg. No. 405204 ✓

Unit

~~1st Bn~~ 6. Can. Am. Inf. Coy. ✓

Next of Kin

Canada

R

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
10-9	No 22 Gas Clg Sta	Birchosis River				2873
11-9	h 11 (Howard U.S.A) 5th Coy	Stunnes				
		Camus Cirrhosis	U.K.			HA 73954
16-9	Brook War 14th	Woolerel	h 9. 9	1511		C 3379
		Cirrhosis	U.K.			HA 66
1-11	16. Can 5th Coy (Ontario)	Opington	Cirrhosis	1518		4819 574
1918						
6-2	5. C. 5th Coy	Liverpool	do	B/31	✓	12138
16-2	Invalided to Canada	Edy.	do	B/39		4908

*Name **L** Brown, George Andrew Rank **Te** Regtl. No.

Original unit Present unit **265th** M. or S. **S** Age **47** Religion **C of E** Fyle Depot Ref. H.Q.

Port, ship, and date of arrival **Halifax 1st 3 1918** Toronto Ont.

Next of kin **Sister Sarah, Dalton Davenport, Rd. Toronto Ont. (1882)**

Address on leave **Spadina Toronto Ont.**

Address on discharge **1882 Davenport Rd. Toronto**

Transportation issued **- Yes -** No Date Character on discharge **Very Good**

Previous occupation **Moulder** Date and place of enlistment **21 Aug. 1915 Toronto**

Diagnosis **Cirrhosis of Liver** Date of Medical Boards **11-9-18 Rec'd 27-9-18**

Date.	Remarks.	Pt. 2 Order No.
20-4-18	Spadina.	
24-4-18	A.W.L. from 10.15 P.M. 14-4-18 to 7 P.M. 20-4-18.	
1-5-18	Forfeiture 6 days P & A by R.W. (Auth.) C.M. G.H. D.O. Pt. 11 Amendments D.O. of 23-4-18 to read	23-4-18

*—Name will be given in full; surname first. 7 dys. P. by R.W.

Date.	Remarks.	Pt. 2 Order No.
9-5-18	From Spadina to Whitby as from 7 5-18	22
20-5-18	From WHitby to T.G.H. as from 16-5-18	33
29-5-18	From T.G.H. to Givens Str. as from 27-5-18	42
29-5-18	From T.G.H. to Base as from 28-5-18	42
4-7-18	Sub. as from 28-6-18	78
5-7-18	To Details as from 28-6-18 <i>ATBASE</i>	D.D. D.O. 79
11-9-18	Posted to Cas. (<i>Sub ceases.</i>)	157
4-10-18	S.O.S. DISCHARGED "HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE" (3 mos. P D.P. & clo'g all')	167

From Montreal Pers. S. Metagama Oct. 16, 1915

MARRIED SINGLE WIDOWER
TRADE OR CALLING *Moulder* RELIGION *Church of England*

DESCRIPTION.
APPARENT AGE *34* YEARS *11* MONTHS
HEIGHT *5* FEET *8 1/2* INCHES
CHEST MEASUREMENT *38* INCHES EXPANSION *2* INCHES
COMPLEXION *Dark* EYES *Grey* HAIR *Grey*
DISTINGUISHING MARKS *Scar on right calf*

MEDICAL EXAMINATION. PLACE *Not stated.* DATE *Not stated.*

Present Address. Not stated

SURNAME.

Brown

CARD NO.

CHRISTIAN NAMES

George Andrew.

Ses Dis M. U. 4-10-18
FOLL. *2*
D.O 167-1-10-18 KH

REGL. No.

405204

RANK

pte

UNIT

35th

Bu

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dalton, Sarah

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

*1882 Davenport Rd.,
West Toronto, Ont*

Old Index Card No. 11, 19

COUNTRY OF BIRTH

Canada! Weston, Ont

DATE

Sept 19th, 880

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Aug 21st 1915

*9/8/16 10/15 228
3*

Surname **Brown** Christian Name or Names **G.A.** Reg. No. **405204**
 Rank **Pte.** Unit **18th Bn. Misc Unit. (6 Co. Coy.)** Co. Troop Batty.

Hospital **25 G.H. Hardelet** Date of Admission **19.7.16**

Transferred **22 Cas. Clear. Stat.** Hosp. **10-9-17**

11 Harvard, U.S.A. Gen. H. D. Camiers Hosp. **11-9-17**

Brook War Hosp. Woodwich Hosp. **16-9-17**

2016 C. & H. Orpington Hosp. **1-11-17**

5 Ban. Gen. Birkdale Hosp. **6.2.18**

Diagnosis **Periostitis L. Hand**
 (1) **Cirrhosis Liver**
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION **Dis. to Base Details. 26.7.16**, Date

C.L. 28.7.16 A277(1)

REMARKS

3. 8. 16 A282. Invalided to Canada.
18-9-17 A.10 16-2-18
20. 9. 17. A. 12
21. 9. 17. B. 11.
5-11-17 B48
13.2.18 B131(1)
22-2-18 B139

A.M.S. DEPT.
 Bch of D.M.S. I.F.M.F.C. London.

B.S.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name **BROWN, George Andrew** Reg'l No. **405204**
 Unit **35th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Toronto, 21st Aug. 1915.** Place of Birth **Weston, Ont.**
 Name and Address, Next-of-Kin **Sarah Dalton,**
Davenport Rd., Toronto, Ont. Relationship **Sister.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

97.
 N/E. R.B. No. 1257
 File R.L. _____
 Category mus team

M

Discharge, Date and Place _____ Reason _____ Character _____

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				
		<i>Arrived in England</i> <i>Per. S. S. Matayama</i>		25 OCT. 1915	
<i>10/11/15</i>	<i>Adj't</i> <i>35th Batt.</i>	<i>Admit Hospital</i>	<i>Braunschweig</i>	<i>28/10/15</i>	<i>Part II DO #199</i>
<i>10/11/15</i>	<i>✓</i>	<i>Discharged Hospital</i>	<i>✓</i>	<i>2/11/15</i>	<i>Part II DO #199</i> <i>" 66</i>
<i>17. 3. 16</i>	<i>oc. 35th</i>	<i>Struck off to 18th Batt.</i>	<i>Overseas</i>	<i>15. 3. 16</i>	<i>A.F.B. Bkd. 21/3/16</i>
<i>31. 3. 16</i>	<i>O.C. 18th</i>	<i>Arrived as reinf't from 35th</i> <i>and taken on strength from</i>	<i>In Field</i>	<i>16. 3. 16</i>	<i>Part II no 14.</i>
<i>28. 7. 16</i>	<i>" "</i>	<i>No 25. Genl. Hosp.</i>	<i>Hardehot</i>	<i>19. 7. 16</i>	<i>Cas. List. A. 277. Peritonitis R. Land.</i>
<i>3. 8. 16</i>	<i>18th</i>	<i>Discharged to Base Details</i>		<i>26. 7. 16</i>	<i>" " 282 "</i>
<i>2. 9. 16</i>	<i>O.C. 18th</i>	<i>Class. P.B. by Med. Board</i>	<i>Field</i>	<i>10. 8. 16</i>	<i>Part II 35.</i>
<i>7. 9. 16</i>	<i>" "</i>	<i>" " and attached</i> <i>for duty to Can. Corps HQ.</i>	<i>Field</i>	<i>14. 8. 16</i>	<i>" 36.</i>
<i>9. 9. 16</i>	<i>C.A.C. H.Q.</i>	<i>Class. P.B. and attached</i> <i>to C.A.C. H.Q. for duty</i>	<i>"</i>	<i>14. 8. 16</i>	<i>Part II 40.</i>

23

Brown, G.A. 405204.

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				
6-9-17	18 th B	leaves to be Att 666 Coy Field 9 Transfd. to 6 th Canadian Area Emp. Coy		22-8-17	PT 0.62 + 6 th C.A.E.C PT II 1/12-9-17
17.9.17.	G.C.E.R. Emp	adm: 22 Cas: Clearing Str	H. Field	10.9.17.	C.L.A-10 Cirrhosis Liver
19.7.17.	.....	Drum: 15 Pro 11. (Howard, U.S.A) gen storp. Damm	Caniers	11-9-17.	C.L.A-12. "
20.9.17.	~ do ~	adm: Brook War Hospital	Woolwich	16-9-17	C.L.B-11. "
24.9.17	Gen Depot.	TOS from b th Area Emp Co	S'cliffe	16.9.17	PT II D.O. 169 & 6TH E. Coy PT II 4
3.11.17	Misc. Ct.	Trans to C.G. Hosp Orpington	Orpington	1.11.17	C.L. B48
22.2.18	C.L. Misc	Invalided to Canada Ex hos Gen Hospital, Kirkdale		16-2-18	C.L.B. 139
7-3-18	Gen Dep	S.O.S. inval to Canada	S'cliffe	16-2-18	D.O. 56
	Dis Depot	To Convalescent Home	M.D. 2 Trents	28/2/18	UK 438.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. S. Dalton

Name of Soldier

Brown G. A.

PAYMENTS.

L. L. Job 89002.—Req. 6213.

404704
20⁰⁰

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>M 241</i>	20	
May		<i>73330</i>	20	
June		<i>07320</i>	20	
July		<i>D 6428</i>	20	
Aug. ✓		<i>F 9583</i>	20	
Sept.		<i>M 15413</i>	20	
Oct. ✓		<i>M 19963</i>	20	
Nov. <i>HAZ</i>		<i>E 25081</i>	20	
Dec.		<i>A 36385</i>	20	
Jan. <i>60</i>	1917	<i>K 37775</i>	20	
Feb.		<i>K 43014</i>	20	<i>20 P</i>
March		<i>L 48824</i>	20	<i>20 W</i>
April		<i>Y 237</i>	20	<i>20 B</i>
May		<i>Q 6886</i>	20	<i>20 C</i>
June		<i>R 13271</i>	20	<i>20 Lu</i>
July		<i>L 20724</i>	20	<i>C</i>
Aug.		<i>P 27281</i>	20	<i>b</i>
Sept. <i>JER</i>		<i>O 34558</i>	20	<i>Lu</i>
Oct.		<i>M 47969</i>	20	<i>£500.00 ✓</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

35 Bath. N. Coy.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

2nd. Contingent

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. S. Dalton*
 Address *1882 ~~3885~~ Lavenport Rd*
West Toronto, Junction,
Ont.

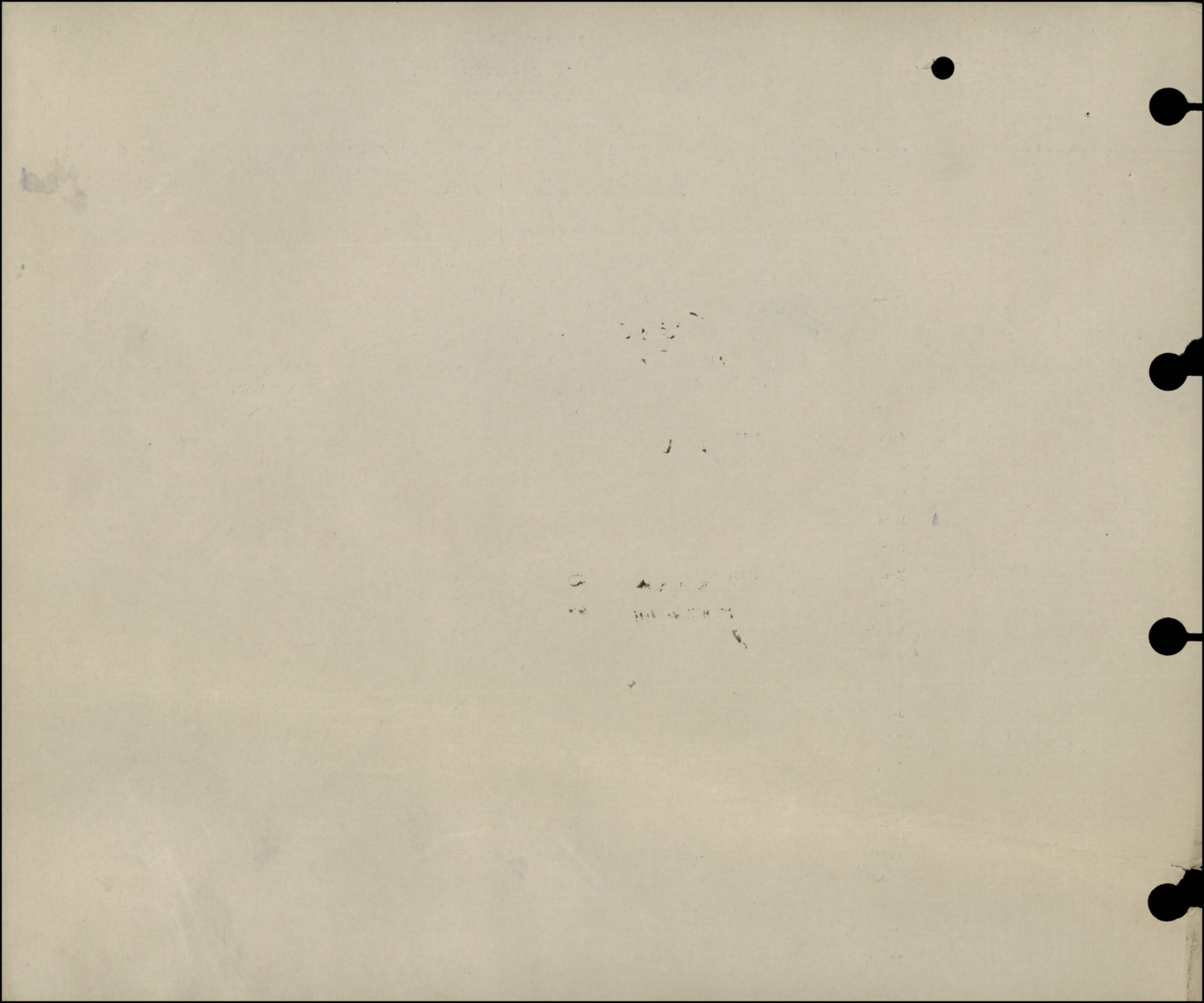
By Whom Assigned *Brown, G. A.*
 Regtl. No. *408704 (405204)*
 Rank *Pte.*
 Corps *35th Battr. A. Co*

Rate *\$20⁰⁰* *OCT 1, 1915*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>17083</i>	<i>20</i>	
Nov.		<i>X4229</i>	<i>20</i>	
Dec.		<i>X6401</i>	<i>20</i>	
Jan.	1916	<i>Y9858</i>	<i>20</i>	
Feb.		<i>Z13160</i>	<i>20</i>	
March		<i>X16407</i>	<i>20</i>	





Name Pte Brown G. A.

M. F. W. 41
100M-1-18
1772-39-389.

Regimental No. 405204

Name and address of next-of-kin

Unit 35 Bu.

Date of enlistment

Place of

Married (yes or no) Will advise later

Date and place discharged

Amount of pay assigned monthly \$ 20⁰⁰ pd for Feb Reason for discharge

To whom payable Sarah Dalton Character on discharge
1882 Davenport Rd Toronto

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
Jan 26	Apr 30	95	1 95-	95	10 9	50 8	-							Out Mar 5-00-73-1 st leave. In Mar 15 '07 a.w. 2. April 6. 10.0-100/
							13 60				40 -			
							126 10							
								11771	74 37			6 60		Fls 6 dp Pta. 10.0 105 out-April 14. 10.0 106
							126 10						126 10	
May 1	31	31	1 31-	31	10 3	10 24 80								Assigned Pay paid for Mar & Apr & Ottawa, supp. state. Apr. 30. M. P. X.
							58 90	77178	18 90				40 -	
June 1	30	30	1 30-	30	10 3	24 -				82940	57 -			J. F. L.
							57 -						57 -	
July 1	31	31	1 31-	31	10 3	10 ✓								Details 28-6-18 No. 79 July P. 8
							24 80							
							58 90	3178	58 90				58 90	
							58 90						58 90	Carried forward

Name Pte J A Brown

M. F. W. 41
100M-1-18
1772-32-882

Regimental No. 405204

Name and address of next-of-kin Toronto

Unit 35th Bn

1882 Lavenport Rd., Ont.

Date of enlistment

Place of

Married (yes or no) no

Date and place discharged

Amount of pay assigned monthly \$ Nil

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						
Aug 1	31	31	1	31 -	31	10	3 10	24 80	58 90	6313	57 80			110	58 90	1 st Supp. DN. 29-7-18 Out. Aug.	
									58 90					58 90			
Sept. 1	30	30	1	30 -	30	10	3 -	8 80	41 80	7318	25 7 ^{base}				41 80	Out Subs. ceases 11-9-18 Slr 157 In Cao. 11-9-18 Slr 157 Sept.	
											8293	16 80				41 80	
Oct. 1	4	4	1	4 -	4	10	40 35 -	39 40	8639	35 -	✓				39 40	In Disch 4-10-18 Slr 167	
											8640	4 40				39 40	
									18 90	18 90							ck. 77178. deposited in bank. April 1919.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2297/48.
[Signature]

*Emy
OK*

Name *Brown*
Surname

Isa.
Christian Name

Regimental Number *405 204* Rank

Address (in full) *1882 Davenport Road
Toronto*

Unit *2 D.O.*

Original Unit

District where paid *21*

Date of Discharge

P. D. P. Filing Number *13-754-2*

Rates:—Regimental pay \$ *100* per diem: Field Allowance \$ *10* per diem. Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

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		
<i>100 10</i>	<i>12368</i>	<i>3¹⁰/₁₈</i>	<i>33 00</i>	<i>11434</i>	<i>3¹¹/₁₈</i>	<i>33 00</i>	<i>8433</i>	<i>3¹⁷/₁₈</i>	<i>34 10</i>		<i>100 10</i>
<i>100</i>	<i>9-14-44</i>	<i>4/2/49</i>	<i>70 00</i>								
<i>187 2⁰⁰</i>	<i>21578</i>	<i>28.2.19</i>	<i>70 00</i>								

M. F. W. 127.
25M.-8-18.
1772-39-1140.

Remarks:

Dec'n No 2297/46B W. S. G. File No 02254-2118
 Award days at \$ 70.00 per day \$
 S. A. months at \$ per mo. \$ 420 00
 Less P. D. P. Credited 100 10
319.90
 Less further debit balance 219.90
 Net due paid as L. W.

TO SOLDIER					
0	Ag. No	Ch. No	Am ou		mount
1	162	1445	70 00	✓	
2	1870	121578	70 00	✓	
3	2085	3138170	70 00	✓	
4	1833 c	47623970	00	✓	
5		48198839	90	✓	
6					
	Total				Total

4-2-19
 28-3-19
 19-4-19
 12-6-19

GEN'L AUDITOR
 Posting checked by
Moreland
 Date 29/9/19

1882 Davenport Rd
 Toronto
 Ont.

R.H.

✓

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

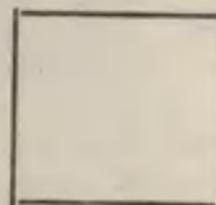
- 1. Surname Brown Christian name George Andrew.
- 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)
- 4. Address (including street) and number if any

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the 21 day of August 1915, by the undersigned medical board sitting at Toronto, Ont.

- 5. Age as stated..... Years..... Months. 6. Apparent age 34 Years 11 Month
- 7. Height 5 Feet 8 1/2 Inches. 8. Weight 153 1/2 Pounds.
- 9. Chest measurement { Minimum 36 Ins. Maximum 38 Ins. 10. Complexion..... { Eyes..... Hair.....
- 11. Physical development Good. { Good Fair Poor 12. Smallpox marks None.
- 13. Number of vaccination marks { Right arm..... Left arm 1. 14. When vaccinated last As child.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None.

16. Slight defects but not sufficient to cause rejection None.
 The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma.
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category



- 17. (a) Vision. R.....L..... (b) Hearing. R.....L.....

(Sgd) R. M. Hines, Lt. Colonel
President.

Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
13-9-15.		H. Mills, Capt. M. O.	6-9-15		H. Mills, Capt. M. O.
		M. O.	10-9-15		H. Mills, Capt. M. O.
		M. O.	14-9-15		H. Mills, Capt. M. O.

Joined 21st day of August 1915 at Toronto, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....	<u>Q. O. R.</u> <u>35th O.S. Batt.</u>	<u>405204</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ontario Military Hospital, Orpington, Kent.</u>	<u>2-1-18</u>	<u>Cirrhosis of liver.</u>	<u>Invalid to Canada (Sgd) A.D. Maclaren, Pres. Capt. CAMC.</u>

N.B.—This sheet is 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.

Signature of Man

If raised in category, record category in a square. The M. O. will initial and date.

George Andrew

Christian Name

Surname Brown

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Brock War Hospital, Woolwich.		16	9	17	31	10	17	Cirrhosis of liver.	45	Transferred from France. Long history of obscure abdominal pains. Troubles in France. Some vomiting and blood brought up. X ray shows same enlargement of liver. Transfer to Ontario Hospital, Orpington.	(Sgd) P.W. Jgn Capt. C.A.M
Ontario Military Hospital, Orpington, Kent.		31	10	17				" " "		Recommended boarding to Canada by Col. Rudolph.	(Sgd) W. Brown, Lie G.A.M.C.
# 5 Canadian General Hosp. Liverpool.		5	2	18	16	2	18	" " " "		Some pain over area of liver, increased on walking. No enlargement of liver if anything smaller chemically. No vomiting.	(Sgd) A.S. Bu Capt.
Whitby Mil- itary Hospital		7	5	18							
Military Wards, Toronto General Hosp.		16	5	18	27	5	18	Cirrhosis	11	Transferred to .....St.	F.J. S Capt.
Base Hospital		27	5	18	29	6	18	Gastritis	34	Convalescent at St.	(Sgd) T.F. Stack, Capt.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

AMF

LAST PAY CERTIFICATE

M.D. 2
No. 50

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

Regimental No. 405204 Rank Pte. Name BROWN, G. A.
 Corps No. 2 District Depot. who was* Discharged.
 On Oct. 4th 1918, to
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1st 1918, to Oct. 4th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances } No. <u>8639</u>	<u>35.</u>	<u>00</u>	Regt'l. Pay <u>4</u> days at \$ <u>1</u> c.	<u>4.</u>	<u>00</u>
by } No.			Field Allow. <u>4</u> days at \$ <u>10</u> c.		<u>40</u>
Cheques } No.			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.			Other Allowances* <u>Clothing</u>	<u>35.</u>	<u>00</u>
Other charges			Other Credits*		
Payment on transfer or discharge No <u>8640</u>	<u>4.</u>	<u>40</u>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	<u>39.</u>	<u>40</u>	Total	<u>39.</u>	<u>40</u>

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of191... }
 { and Sep'n Allee. for month of191... } (to) Assignee
 (Address) 1882 Davenport Rd., Toronto, Ont.

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted NO
- (3) cause of discharge Phys. Unfit authority D. O. 167
- (4) authority for transfer

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

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

Date 2-10-18

Place TORONTO, ONT.

Whitman
 PAYMASTER, No. 2 DISTRICT DEPOT
 CAPT.

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

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

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

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *George Andrew* 2. Surname *Brown*
3. Rank *Private* 4. Original Unit *35th Batt.* 5. Reg. No. *405204*
6. Address, in full, to which future payments of gratuity are to be forwarded
1882 Davenport Road
West Toronto, Ontario
7. Date of enlistment in the C.E.F. *August 21, 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not Applicable*
9. Relationship of such dependent *Not Applicable*
10. Address, in full, of such dependent *Not Applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Yes, Oct. 1915 till Oct 4, 1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *From Aug 21, 1915 to October 4, 1918 with 35th Batt. C.E.F.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....
No
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *Yes*
One hundred dollars \$ 100.00
H. Q. Military Dist. No. 2.
20. Have you been issued with a War Service Badge? If so, what class? *A*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
No
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No*
24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge
October 4 1918 (b) Reason for discharge
Medically Unfit
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit..... *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit..... *Yes*
March 1916 till September 1917
France with 35th Batt. C.E.F.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
 (b) If so, are you in receipt of full pay and allowances from that Department? *Not Applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *G A Brown*

Place of Residence: *1882 Davenport Road West Toronto.*

Declared before me at: *Toronto*

This *7th* day of *January* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public Justice of the Peace, or Commissioner for the Administration of Oaths.
[Signature]

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid	Paid Soldier	Paid Dependent		
<i>3-10-18</i>	<i>33.00</i>			
<i>3-11-18</i>	<i>33.00</i>			
<i>3-12-18</i>	<i>34.10</i>			
	<i>\$ 100.10</i>			

Certified Correct.

W. H. Hurst Capt
 District Paymaster.
 Lt. Col., O. A. P. C.

Job
 Paymaster Military District No. 2

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *7 C*

1465
1772-1-050

NAME OF SOLDIER *Geo. Co-2-10-18. Brown - George Andrew*
 REGIMENT *1st Lt. Brown* RANK *1st Lt.* No. *445204*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

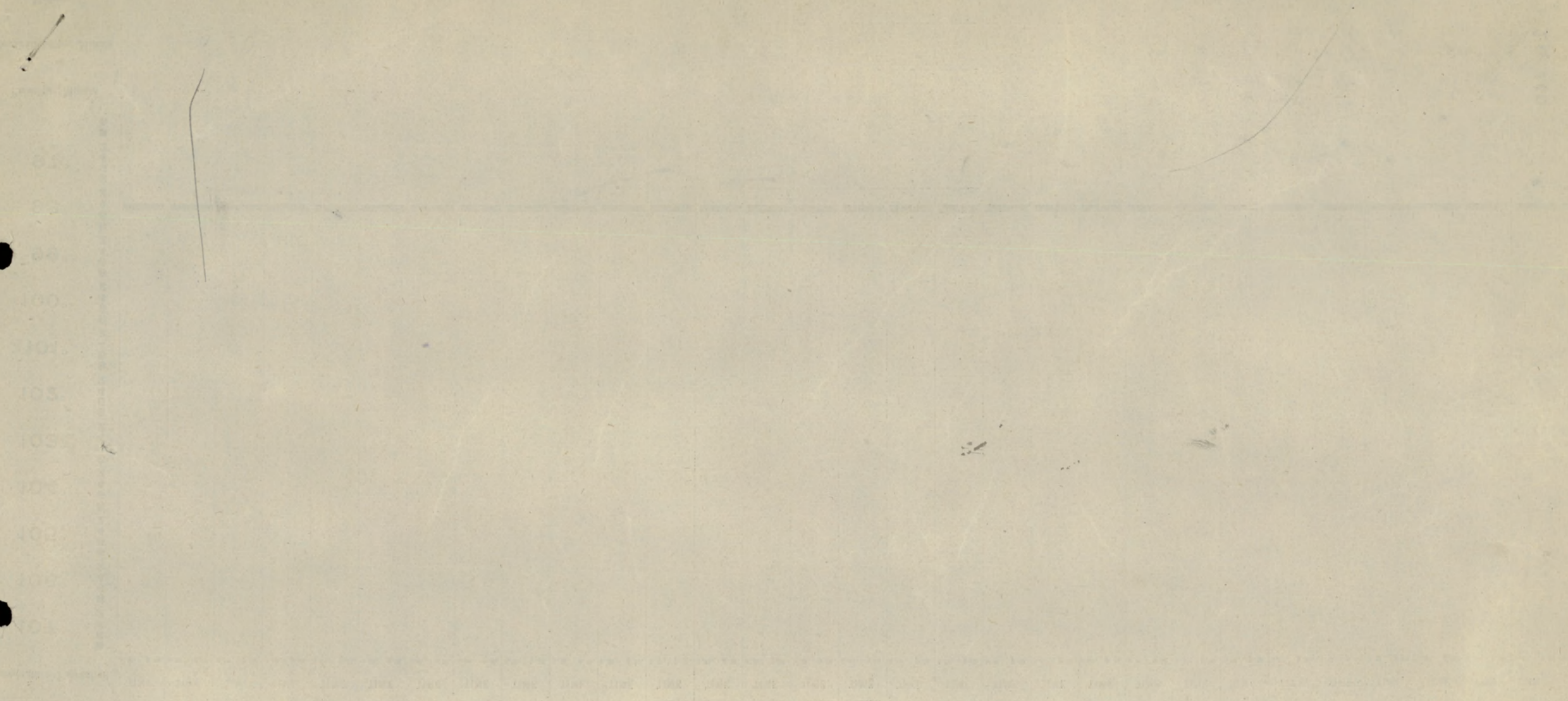
Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>OCT 4 - 1918</i>																					<i>No dental history sheet.</i>
<i>OCT 4 - 1918</i>																					<i>Discharge Exam at base Co-2-10-18. dentally fit</i>
																					<i>H. Temple Major</i>

1900
1000
1000
1000
1000

Handwritten text at the top of the page, possibly a date or reference number.



Handwritten numbers and symbols:

30

31

Faint, mirrored text at the bottom of the page, likely bleed-through from the reverse side. The text is difficult to read but appears to contain technical or administrative information.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 18th Bn. + 2^d of Spadina

Hospital Station _____

No. 405204 Rank and Name Pte. Brown G. A. Age 44 Service $\frac{34}{12}$

Disease Gastritis Date of Admission May 27/18 Date of Discharge May Result _____ Case Book 1232b Folio _____

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
107°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
106°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
105°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
104°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
103°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
102°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
101°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
100°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
99°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
98°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
97°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	.6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pulse per Minute	80																												
Respirations per Minute	20																												
Motions																													

Signature Esme Dale Capt In charge of case.

10101

REAR & THE INTERDENTAL GEAR

MADE IN CANADA

100
101
102
103
104
105
106

Diagnosis	Date of Admission	Date of Discharge	Room	Case No.	Bed No.

CLINICAL CHART

16 Can. Gen. Hosp.
Duplicate

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	405204	Pt	Brown	J.A. G
Year	Unit.	Age.	Service.	
	18 th Can. Batt.	47	26.2	
Station and Date.	Disease			
31/10/17	Cirrhosis of Liver bullet angios	Came to Eng Sept '15 Went to France March '16 - Reported sick 10/9/17 Few days in hospital in France then to Eng - To Orpington 31/10/17.		
Extra Case Sheet	<p>Indigestion p.c. for 10 yrs. Symptoms worse during past 3 months. For five years has had occasional vomiting in mornings occasionally some blood. Complaint of pain over hepatic area on exertion has gradually become worse.</p> <p>Ever since childhood has been in the habit of drinking beer. (Moderate quantities) has always lived well.</p> <p>Well nourished - venules of face dilated. Lungs clear - heart clear. Abdomen - No ascites - no distended superficial veins. Liver - Dullness begins at level of 3rd rib. edge of liver indefinitely made out at costal margin. Tenderness over costal margin. Wasserman negative.</p>			
	16/12/17	Slight improvement with treatment		
5/2/18	Bid Invalid to Canada To Kirkdale			
Star Gen Hosp.	Condition as above			

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
Station and Date.	Disease			
24/11/	I have not vomited for 1 week. His spit is small quantities of blood. Feeling well.			
26/11/	General condition about same. No vomiting.			
1/12/	Small amount of slightly blood stained mucus in sputum cups. Clouded line dullness beyond 6 th rib and extends to costal margin. Edge of liver is not felt. There is some tenderness in right hypochondriac region. No thickening of the m. diaphragm. Gall bladder not palpable. No thickening in epigastrium. Spleen not felt. No tenderness in epigastrium. No special tenderness in appendix region. No definite abdominal mass.			
Staf	No thickening of the m. diaphragm.			
Lutche	No special tenderness in appendix region.			
	No definite abdominal mass.			
	No special tenderness in appendix region.			
	No definite abdominal mass.			
	No special tenderness in appendix region.			
	No definite abdominal mass.			
11/12/	Examined by Col. Rudolph			
	Liver under 7 th lum ^{bar} rib. Liver dullness in 4 th line diminished. On deep palpation under surface of liver felt firm than normal. Periumbilical guarding & tenderness.			
16/12.	Board passes sent in.			
	W. E. Brown Sent Same			
11.1.18	Awaiting disposal of Canada. Liver dullness			
St. Clair	Pain over area liver; right side increased			
St. Clair	reception. Liver area ^{dullness} seems less than normal			
5/1/18	No vomiting at present. A. S. Burns Capt			

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

Station
and Date.

MEDICAL CASE SHEET.*

Scaped

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	045204 405204	Pvt.	Brown	George
Year	Unit.	Age.	Service.	
1917	18 th Canadians	47	2 years	
Station and Date.	Disease			
Brook War Sept 16 th	Hypertrophic cirrhosis of Liver lung & bronch history of abdominal trouble. Chest Emphysematous. Lung w added sounds. Heart. Murmur faint. no murm heard. Uterus. Abdomen full. Liver not felt - no tenderness about gall bladder. no history jaundice - no bile in urine. distinct tenderness elicited over appendix. He says he has pain there after walking. has to hold his hand there, & stoops over. ^{right} no special morning sickness. To see Major Brown	sent on as ? cirrhosis of liver. & haematemesis in France. ^{some resistance below R. costal margin & below xiphisternum.}		
26.	Refers pain (which is lessening rapidly) to region of gall bladder now no vomiting here.	Sept 26. R. Colquhoun gr. i. alt. with		
Oct. 6.	The X-ray shows ^{marked} enlargement of liver. cannot explain by examination of hands enlargement. no vomiting or haematemesis here. General condition improving. R. Rogers	R. Soddi Bicorb. one hour after meals - Borkley alt. 31 hours.		
Transferred to Canadian Hosp.				
Oct. 1917. Kenneth Rogers M.D. (Can.)				
Application to be made to Canadian Headquarters when to transfer Case -				

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

Station
and Date.

Mr. Callion (Gust)

1882 Devonport Road

Toronto Junction
Canada.

BROOK WAR HOSPITAL, Shooters Hill, WOOLWICH, S.E.

Ward..... H1

Date..... Sept. 26. 17.

Bed No.....

REGTL. No.	RANK AND NAME.	CORPS.	PART TO BE X RAYED.
045204.	^{Pte} Brown George. 47.	18 th Canadians	Hepatic region.

great enlargement of liver shadow which reaches iliac crest at its lower outer border.

SHORT HISTORY.

History of obscure abdominal trouble - ? haematemesis in France.
 Liver. ? does any abnormality (enlargement etc) show.
 Suggestion of cirrhosis.

PLATE NUMBER

PA.5777

F. J. Ellison

0 ⁱ/_c X Ray Dept.

K. Rogers
M.D. Lond.

Box No.

Sheet No.

Sheet No.

Sheet No.

Sheet No.

0
50

Sheet No.

CASE HISTORY SHEET.

12325

No. 405204 Rank Pte Name Brown G. A. Age 47

Unit 18th Bn # 2 DR. Spadina Completed years of service 34 }
Where and how long 12

Date of admission MAY 27 1918 Date of discharge

Diagnosis Gastritis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint	Duration
1/ Pain in epigastric region	14 mos.
2/ Nausea & vomiting	14 mos.

Before enlisting was moulder. Always had good health. Uses alcohol in moderation. Smokes 3 cigars weekly. Denies venereal disease.

Seven years ago had similar attack. Dieted carefully for 3 months & it cleared up. No trouble till 14 months ago in France. Pain bothered him most - sharp stabbing pain which would affect him on route march etc. Pain seems to follow some meals - anything greasy - comes on 30 mins - 60 mins after food is eaten. Belches a great deal after meals & brings up a sour looking material. This continued & finally lost a great deal of weight. Pain has never been agonizing but severe & has never been cured. Vomited bright red blood last September. Never had black stools.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Chest - normal.

Heart - not enlarged - Sounds normal in char.

Abdomen - nothing abnormal found.

TREATMENT N. Sps. Reflexes present - normal in character.

(Especially any specific or special form) Milk 3 viii 924 - Stomach pulp 1/2 after meals

June 1/18 - Improved - Pain less - no vomiting

June 8/18 - Allowed up - Pain now gone - Custard - ice cream - eggs added to diet

June 15/18 - Very much better.

CONDITION ON DISCHARGE

(and disposal made of case.)

June 22/18 - Is now feeling quite well.

June 28/18 - To be made O.P. - Discharged.

Date June 28/18

G. M. Dale Capt
Medical Officer i/c case.

5784.

6

May 28 Urine
1019
Acid
Alb U.S.T.
Otherwise neg.

May 30/18. Gastric Contents

Volume -	160 Ccs.
Total.	71.
Free H ⁺	62.
Pepsin	+
Blood	0
Bile	0.
Microscopic	nothing abnormal found
Inspiration	deep red

Urine Report. June 3/18.

Sp. Gr. 1021.
Reaction acid.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	405204	Plt	Brown	GA
Year	Unit.	Age.	Service.	
	18 Can Bn	47	26/12	
Station and Date.	Disease			
31-10-17	Cirrhosis of Liver			
<p>Enlisted ^{Aug} July 1915 - Came to Eng Sept. 1915 - Went to France March 1916 - Went sick about 7 wks ago - sent to American Hospital at Etaples - sent to Brook War Hospital at Sept 16th - Admitted to #16 Can Gen. Oct 31/17.</p> <p>For past 7th or 8 yrs has been troubled slightly with "indigestion" after meals. For the past year & particularly for past 3 mths he has noticed considerable increase in these symptoms. About 4 yrs or 5 yrs ago began to have intermittent vomiting particularly in mornings. About 4 yrs ago had intermittent haematemesis - has not had any of any account until the last couple of months - has again noticed it. About four yrs ago had pain on exertion under right costal margin. Has not been troubled with this until about a year ago. Since then it has been increasing in severity. Ever since childhood has been in the habit of drinking beer in moderate quantities. Has never taken much gin - Has taken whisky in moderate quantities - Is very fond of condiments and has always indulged in them freely (Patient states he has lived well (at least up to time of joining army)</p> <p>Ps</p> <p><u>Present Condition</u></p> <p>Patient well developed - well nourished - does not appear acutely ill - Has no jaundice - Apparently no arterial arterio-sclerosis - Thumb of right hand dislocated</p>				

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

Station
and Date.

Respiratory:

Patient states he has a slight cough. — No

dullness — Lungs clear

Heart borders normal — Sounds clear.

Abdomen — Full — No ascite demonstrable —

Spleen not palpable — Upper border liver

6 space mammary line — Area below

costal margin quite tender — Liver apparently

not enlarged — No varices

Nervous System

Reflexes present — Flexor response

No clonus

Nov 6 Urea mounted slight turbidity, ureteral force dilated

6/11/11 Lungs clear, heart normal, eye sounds clear

Abdomen: No masses or tenderness palpable

abdominal veins, no caput Medusae

Liver: Relative hepatic dullness begins in middle

of 5th rib. Absolute dullness lower margin of 6th rib

and extends to point 2 1/2 in below margin, 4 in. to

line at which point edge of liver is palpable,

marks out. In middle, liver dullness only a little

below 6th rib, edge of liver not felt here. There

is quite marked tenderness below right costal

margin to mammary line. Edge of liver not felt

over upper abdomen, point lower to right side. There is

no ascites or tenderness of the periumbilical region.

Impression — No positive evidence of cirrhosis (D.D.C.)

7/11 Wassermann Negative

10/11 Tol. Breakfast. Free HCl 7. Little acidity, 25.

No lactic acid. No occult blood. Few leucocytes 60

14/11 Has very slight haematuria from yesterday

Wassermann negative

MEDICAL CASE-HISTORY SHEET

Military Wards, Toronto General Hospital.

HOSPITAL T.G.H. STATION Toronto

No. 405204 Rank Pte. Name (Given) George A. (Surname) Brown Age 47.

Unit 18. Bn. C.E.F. Service Casualties.

Date of Admission 16/5/18. Date of Discharge 27-5-18.

Diagnosis Hepatic Bichrosis and Chronic Gastritis

Date of Origin In 1911 Place of Origin Toronto.

CAUSE OF ILLNESS OR INJURY: - ? Has appearance of having been a heavy drinker. Has taken 1 quart of Beer, or more, daily since 17 years of age. Sometimes whiskey & gin & a drink.

HISTORY OF PRESENT ILLNESS OR INJURY. Since 1911, was not working for 3 months because - of pain in right hypochondrium - Sharp stabbing in character - intermittent - exaggerated on exercise. 1/2 hr after meals - would have this pain become nauseated and vomit - had gaseous and acid eructations - starting 1/2 an hour after meals and lasting for an hour - never vomited any blood - Same condition - recurred in France in September 1917. - Has always drunk Beer 1 quart a day.

CONDITION ON ADMISSION. Examination - of Abdomen - flacid - full - tympanic Spleen - not palpable - Liver palpable and tender - on pressure especially just underneath 9th costal cartilage on right side - Sometimes has pain in right lumbar region - lasting 2 or 3 days at a time - since 1911 - Patient has gained 30 lbs since reporting sick -

TREATMENT. Soft diet: - Bismuth Series: - Requested. - Rept nothing abnormal found - (See rept.) - Urine - Rept - negative. - no urobilin. Heart - normal. Lungs - clear Nervous System - o.k.

CONDITION ON DISCHARGE FROM HOSPITAL. Physically fit - would recommend transfer to ~~Spa~~ for ~~board~~ treatment and board. Given

W. R. Moxon
Medical Officer i/c Case:

Date 28/5/18.

ORIGINAL MEDICAL HISTORY SHEET.

916

Surname Brown Christian Name Guy Andrew

Examined { on 21 day of AUGUST 1918
 at TORONTO, Ont.
 Birthplace { City or Town Weston Ont.
 County _____

Approved by [Signature] Hines?
 Rank [Signature] M.O.

Apparent age 34 years 11 months
 Trade or occupation Moulder
 Height 5 Feet 8 1/2 Inches.
 Weight 153 1/2 Lbs.
 Chest measurement { Minimum 36 inches.
 Maximum expansion 38 inches

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right Left
 Number 1

Date	Result	VACCINATIONS.
<u>13-9-15</u>		M.O.
		M.O.
		M.O.

When Vaccinated last Aschild
 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/9/15</u>		M.O.
<u>10-9-15</u>		M.O.
<u>14-9-15</u>		M.O.

Enlisted on 21st day of August 1918 at Toronto, Ont.

	CORPS.	REG'T NUMBER.	RANK.	DATE.
Joined on enlistment				
Transferred to..	<u>Q. O. R.</u> <u>35th O.S. Batt.</u>	<u>404704</u> <u>405204</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

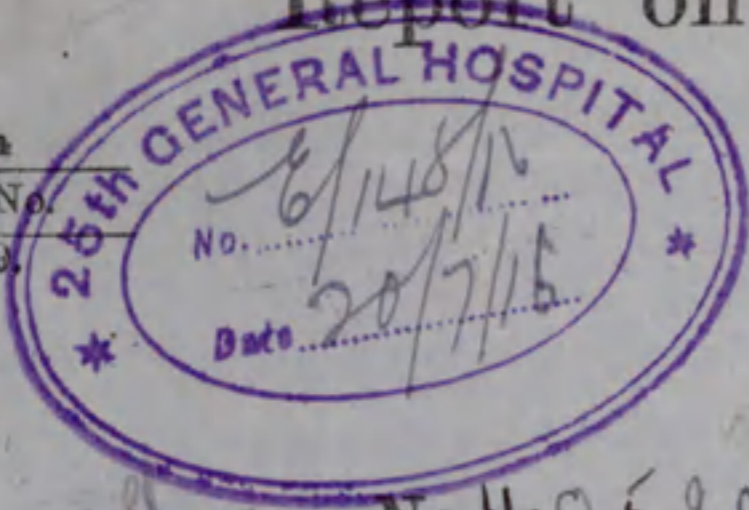
STATION.	DATE.	DISEASE.	RESULT.
<u>ONTARIO MILITARY HOSPITAL, OBERLINGTON, KENT,</u>	<u>2 JAN 1918</u>	<u>leishmaniasis splenis</u>	<u>Invalid & awarded a gratuity of £100 + bounty</u>

CANADIAN

Christian Name: *George Andrew*
 Surname: *Brown*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Brook War Hospital Woolwich</i>		16	9	17	31	10	17	<i>Colic of liver</i>	45.	<i>Transferred from France long history of obscure abdominal pain. trouble in France. Some hematemesis. There no vomiting or blood brought up. X-ray shows some enlargement of liver - Transferred to Ontario Hospital Orpington</i>	<i>[Signature]</i>
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		31	10	17.				"	<i>Recommended boarding & transfer by Col. Keulegan</i>	<i>[Signature]</i>	
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		5	FEB	1918	16	FEB	1918	"	<i>Some pain over area of liver - increased on walking. No enlargement of liver if anything smaller than usually. No vomiting.</i>	<i>[Signature]</i>	
WHITEBY MILITARY HOSPITAL		7	5	18							
<i>Military Works Toronto Genl. Hosp.</i>		16	5	18	27	5	18	<i>Colic</i>	11	<i>Transferred to Queen St.</i>	<i>[Signature]</i>
<i>Base Hospital</i>		27	5	1918	29	6	1918	<i>Gastritis</i>	34	<i>Concluded at Queen St.</i>	<i>[Signature]</i>

Report on Wounds or other Injuries, received otherwise than in Action.



Gen. No. 4269

Certificate of Medical Officer.

No. 405204 Pte Brown, Geo A 18 Canadian, D. Coy was admitted to hospital on the 19-7-16 suffering from Fracture of Metacarpal bone (3 & 4) Rt Hand

†Here insert "trivial" or "serious."
†Here insert "will" or "will not."
*Here insert "claims" or "does not claim."

The disability is of a trivial nature, and in all probability will not interfere with his future efficiency as a soldier.

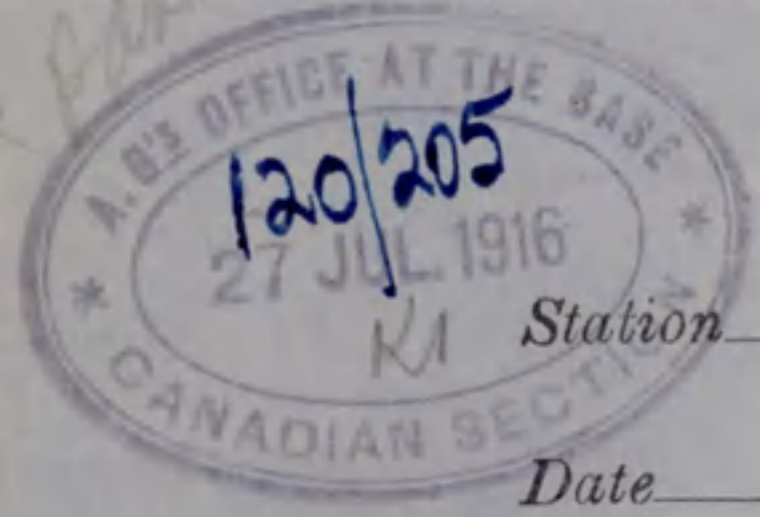
*He claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station 25 Gen Hq Date 20-7-16 Medical Officer in Charge M. J. R. A. M. B.

Certificate to be signed by soldier.

I, hereby declare that the injury sustained by me on the did not occur while I was in the performance of military duty.



Station Date Soldier's Signature Signature of Medical Officer

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

†Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier occurred while he was in the performance of military duty.

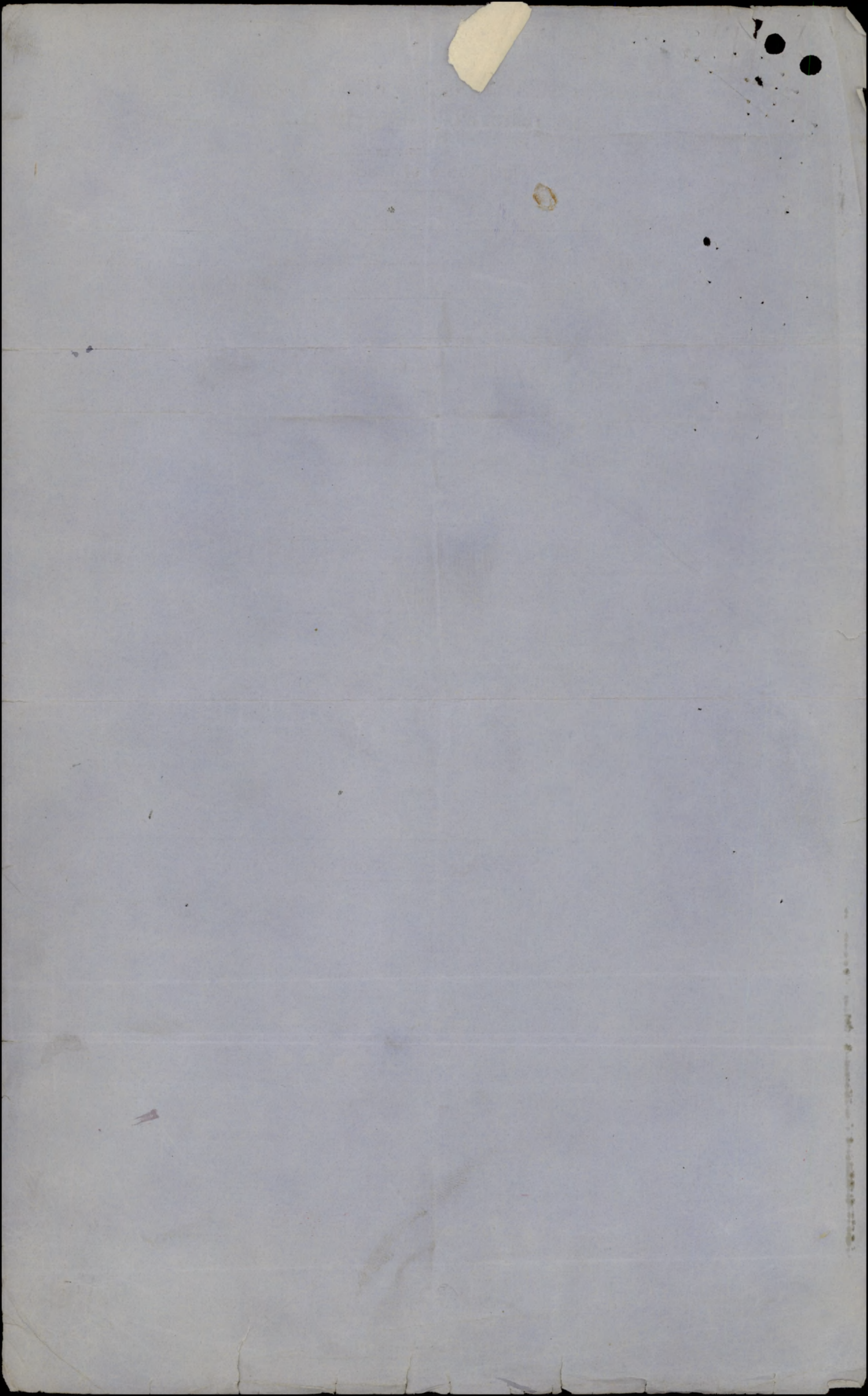
If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

† occurred on or about the 25th of June. On Kings way close to Bluff H. Q. Pte Brown was assisting to unload steel tram track rails. when a section of the track slipped and jammed his hand. He was not to blame in any way.

The soldier has been so informed.

Station Dead Dog Farm. Date July 23rd. S. M. Loghin Capt Commanding D. Co 18th Battalion 4th Brigade

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.



405204 Pte Brown G.A.

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					
23-7-16	O.C. D'Looy 18th Bn.	Injury 25/6/16 (periostitis of 2nd & 4th metacarpal bones, R. hand) certified to have occurred while in performance of military duty. In no way to blame		25-6-16	B.117	DES. 230, 29/7/16.
29-7-16	Can Base Dep.	Class T.B.	Adm. Can Base Dep.	29-7-16		Nom. Roll. DES. 234, 8/8/16.
10-8-16	do	Classified P.D. by Medical Bd	do	10-8-16		do. DES. 238, 20/8/16. Pt. II Order 35, 2/9/16.
20-8-16	Can Corps HQ.	Classified P.D. + attached for duty to Can Corps HQ.		14-8-16	B.213	DES. 238, 20/8/16. Pt II Order 36, 7/9/16
25-8-17	Can Corps HQ	Ceases to be attached to Can. Corps Comp. Coy. on being transferred to 6th Canadian Area Employment Coy., + S.O.S. of 18th Can Bn. (Auth: A.G., G.H.Q., 9/17/17, d/11.8.17)	In the Fld.	22-8-17	B.213.	(Can Sect. No. KA.12771) Pt. II Order 36, 6/9/17.
25-8-17	O.C. 6th Emp. Co.	Taken on Strength 6th Canadian (Area) Employment Co.	Field	23-8-17	B213	Pt. 11.0.Bo.1 d/12-9-17
11-9-17	22.C.C.S.	n.y.d. Cystitis	17 A.T.	11-9-17	a36	44, 8400
10-9-17	22 C.C.S.	myk. do.	adm 22 C.C.S.	10-9-17	a36	8014.
11-9-17	11 Gen. (Mk)	Cystitis Liver adm	11 Gen.	11-9-17	w303d	5014.
15-9-17	Ob. Unit	Evacuated to	22 C.C.S.	10-9-17	B.213.	

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
 MAJOR, HOSPITAL REPRESENTATIVE, HOSPITAL (ONTARIO) HOSPITAL, ORPINGTON.

Casualty Form—Active Service.

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

Regiment or Corps D Company 35 Canadians

Regimental No. 405204 Rank Pte Name Brown George Andrew

Enlisted (a) 21.8.15 Terms of Service (a) one year or duration of War Service reckons from (a) 21.8.15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>15/3/16</u>		<u>To the 18th Bn. 2nd Can. Div.</u>		<u>15/3/16</u>	<u>Woods Lt. Col. 35th Can. Div.</u>
		ARRIVED IN FRANCE	HAVRE	16.3.16	<u>M.R. of A fol 427</u>
16-3-16	Can Base Depot	Arrived from 35th Can Res Bn, Shorncliffe, and taken on strength of 18th Can Bn.	Can Base Depot	16-3-16	Nom Roll 16/3/16 Part II Order 14, 31/3/16
18-3-16	do	Proceeded to join unit -	In the Fld	18-3-16	Nom Roll 18/3/16 DCS.142, 23/3/16
24-3-16	18th Bn	Joined unit	do	19-3-16	B.213, 24/3/16 DCS.158, 12/4/16
22-7-16	4 C.F.A.	Periostitis, poss. fract. Adm.	4 C.F.A.	16-7-16	A36. DCS. 230, 29/7/16.
do	do	do Trans. to No. 10 C.C.S.	No. 10 C.C.S.	18-7-16	do do
19-7-16	25 Gen.	Periostitis h. hand. Adm.	No. 25 Gen.	19-7-16	W3034.
26-7-16	do	do Dischgd. to Base Details	Base Details	26-7-16	do

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

OVER

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

405204 *Pte Brown G A (A/S)*

Date of Payment.	No. of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
29/6/17	527	15			268		Tedd Street		
5/12/17	1201		2		973	Orpington	Taylor		
21-1-18	1662		10		4867	✓	✓		
7/11/17	863		1		487	✓	✓		
					6595				

1579/17

FIELD MEDICAL CARD.

A.T. Serum }
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }

Date of wound or }
onset of illness }

Religion *Pres*

No. *405204* Rank *Lt Col*

Name *BROWN G A*

Unit *18 Panaderos, 1st Depot Camp Co*

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

(Strike out description which does not apply)

No. of F.A. *bles direct*

Date of admission *10-9-17*

F.A. diagnosis

NYD *hepatosis of liver*

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

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

Base Hospital diagnosis (alterations or additional)

Subacute Cholecystitis

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.

No. of C.C.S. 22

Date of entry 10-9-17

Went - am - spec. sup. 11, 17
S.B. 10:30 2 mo. ago had pain in
area of right upper quad. of abd. & breast
at scapula. Not severe
enough for morph. Has had
it off & on ever since. 3 days ago
had emesis of blood - says that it
came up 3 vomitings.

Liver palpable 2 fingers below costal
margin - tender - most tenderness in
region of tip of 9th costal cart. Some
local rigidity of muscles.

Gall bladder distense? No facilities
here for blood count or gastric
analysis.

H.M.

No. of Hospital 11 Gen Hospital

Date of entry 11-IX-17.

← History see over,
Culicane Normal temp. No jaundice
Head neg. Lungs, a few vesicular sounds
Aldren. Well marked rigidity in
R. U. Q. Nothing felt.

14-IX-17. No temp. Increasing
pain, spasm & tenderness.

Uric all = 0 Sugar = 0 Bile = 0.
Unduluted Dulocute G, B, disease

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.

R D Lee Major
MAR 21 1918

No.

RANK

Pte.

NAME

Brown Geo. Andrew

404704

T. O. S.

UNIT

35th Battalion

M. D. *2*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM

PAID TO

SIG. OR REC'T

PARTICULARS

AUTHORITY

1915

1915

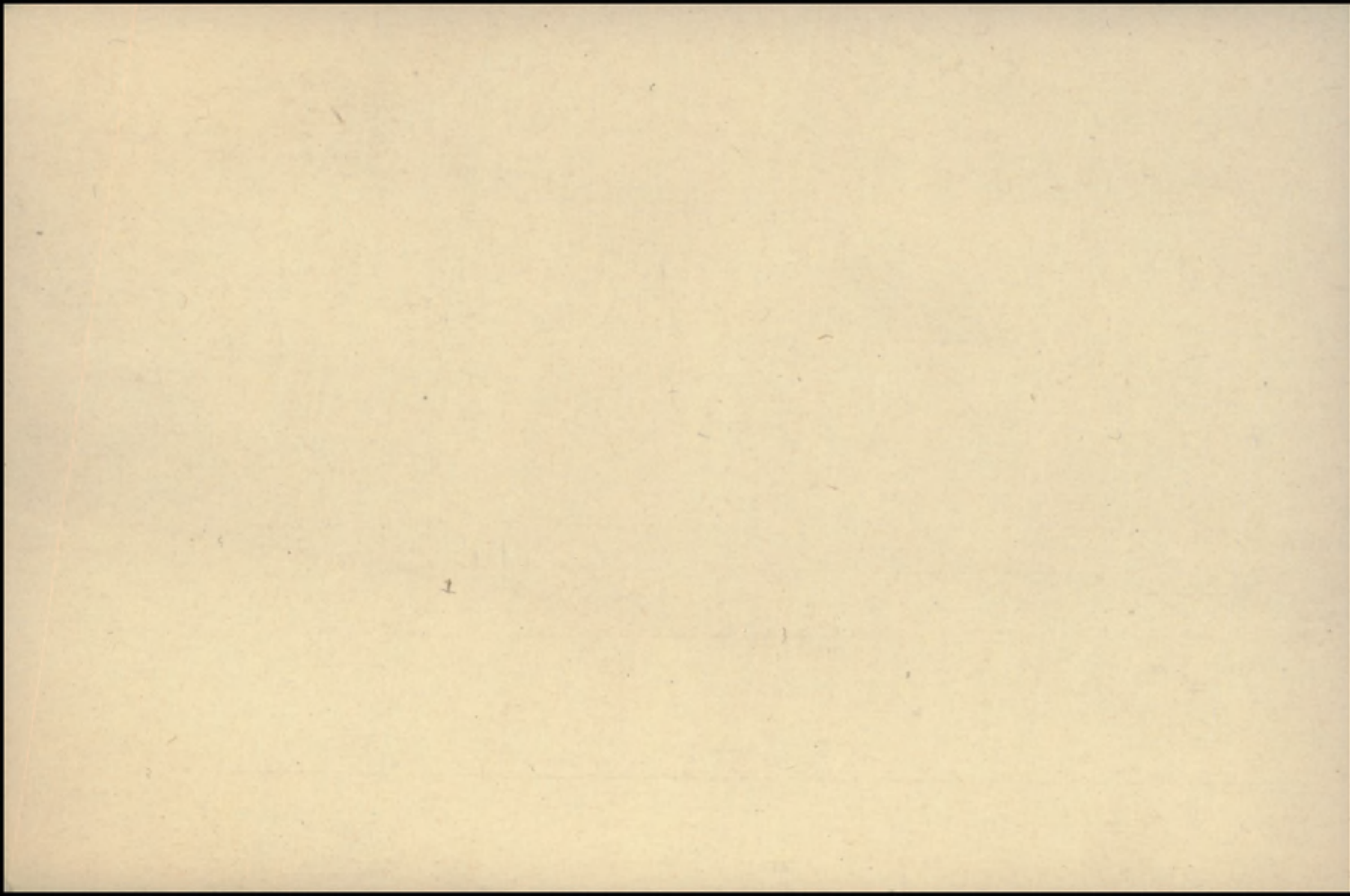
Aug. 26

Sept. 30
Oct.

✓
✓

UNIT SAILED

OCT 1 6 1915



OPINION OF THE MEDICAL BOARD—(Continued).

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

On account of physical unfitness.

Category E

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

PLACE Base Hospital, Toronto

DATE Sept. 11, 1918

Jas. W. Barton President. Major Capt. Labrecque Members.

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 30-9-18

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE DATE President. Members.

9. Present Condition (Continued)

(2) Objective: There is a bony prominence over the metatarsal bone of the right hand due to angulation backwards at site of old fracture in middle of shaft. Bone is soundly united. Right thumb has been dislocated forward at metacarpophalangeal joint. Range of extension normal. Thumb can not be fully flexed into palm of hand by two inches. Grip of thumb 50% of normal. No atrophy of thumb present.

(1) Objective: At the present time the physical findings of the liver are normal and there is no enlargement of the spleen. There is, however, some tenderness on pressure over the gall bladder.

Next of kin Mrs. Sarah Dalton, Sister, address, 1882 Davenport Rd., Toronto Ont. Medical History of an Invalid. Mess address the same. Medical examiner--At Toronto Armouries.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

Base Hospital, Toronto Sept. 11, 1918 STATION. DATE

- 1. 1 (a) Unit #2 D.D. (b) Regimental No. 405204 (c) Rank Pte. (d) Surname BROWN (e) Christian name George Andrew
2. Age last birthday 47 years Date of birth Sept. 19, 1870
3. Enlisted at Toronto, Ont. on July 1915

- 4. Personal description: (a) Height 5' 10" (b) Weight 170 pounds (c) Complexion Fresh (d) Colour of hair Black (grey) (e) Colour of eyes Blue (f) Identification marks Depressed scar in centre of forehead

5. Address after discharge (for the use of the Board of Pension Commissioners) 1882 Davenport Rd., Toronto, Ont.

6. Former trade or occupation Moulder

Table with 2 columns: Years, Days. Row 1: (a) Service, Three, 61. Table with 2 columns: From, To. Row 1: 35th Battalion, C.E.F., July 1915, March 1916. Row 2: 18th Battalion, C.E.F., March 1916, Present. Row 3: #2 District Depot, Present.

- (b) Has he been overseas? Yes 8. Original disease or disability Gastritis (2) Gunshot wound, right hand (a) Date of origin (1) Sept 1917 (2) July 1916 (b) Place of origin (1) Somme, France (2) Ypres, Belgium (c) Cause* (1) Unknown (2) Shrapnel (d) Present disease or disability (1) Chronic Gastritis (2) Results of GSW right hand.

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

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

- (1) Subjective: weakness Pain and vomiting on eating solid food. Nausea Objective: Tenderness in hypogastric region of abdomen. Gastric analysis, shows (1) 36c.c. Total acidity 73. Free 39. Pepsin positive Blood and Bile negative.

9. Present condition.—(Continued.)

(1) Objective: (2) 160 c.c. Total acidity 71 Free 62. Pepsin positive

Bile and Bile negative. Microscopically nothing abnormal. X-Ray examination Bismuth series, shows defective filling of pyloric ends of stomach and duodenum, possible ulcer.

(2) Subjective: Weakness in right hand.

Objective: Permanent swelling on dorsum of right hand with permanent dislocation of right thumb. Right thumb hyperextended.

Disability due to weakness of right thumb and to weakness of stomach.

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

Nervous normal Digestive as above Respiratory normal Cardiac normal

Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal except as stated

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

On recovering from gunshot wound of right hand was placed on burying parade for a year. In July 1917 pain began to occur in hypogastric region, especially after eating or stooping. Nausea attacks and then vomiting followed and finally haematemesis.

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

none

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

(1 & 2) Origin since enlistment

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

(1 & 2) 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?

(1 & 2) Permanent

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

Treatment at Base Hospital, Toronto.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

no

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

no, on account of weakness of right thumb and weakness of stomach

17. Recommendations

For discharge

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, G.A. Brown, 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

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

no concur

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

(1 & 2) Origin since enlistment

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

(1 & 2) 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?

(1 & 2) Permanent

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

Treatment at Base Hospital, Toronto.

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

20. It is certified that the soldier (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

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

PROGRESS NOTES

SECTION F.

All Progress Notes must be signed and dated

Date

27/4/18. Reported. Complaints of pain over liver on walking very far. Breath smells of liquor on last two occasions of reporting.

30/4/18 Has been kept in bed for last three days. States he feels nervous and still has severe pains after walking.

2/5/18 Examination confirms above mentioned mass, and still has sharp colicky pain at intervals, usually of short duration. Four years ago he was laid up for 3 mos with a very similar attack. Would advise continued observation under convalescence.

R. Mann

2/5/18 Warned for transfer to Whiteby on 2/5/18

7-5-18 Admitted Whiteby 2.5.18

Complaints:

1. Tenderness over Rt costal margin & lower border of liver. Stabbing pain under ribs & lower border of liver Rt side & midway between mammary & anterior axillary lines. Particularly felt after walking quickly.

2. Vomiting about 1/2 hour after meals. This has continued for a couple of days after at various intervals. Vomit is food & has a sour taste does not disclose any particular color to it. After vomiting says he brings up more mucous stained with bright red blood. No quantity specified. Meat or greasy foods disagree with him & cause vomiting. Says bowels are regular & stools normal in appearance.

MILITARY CONVALESCENT HOSPITAL

SECTION A.

Date of admission to Hospital Mar 15 1918
Name BROWN, George Andrews
Age 47
Home Address 1882 Devonport Road 7 21 9-15 Tel. J 178.
Town or City Toronto Province Ontario
Unit 18th Bn Rank and No. Pte 405204 Previous Conduct

SPADINA M.H.

Enlisted on 21-9-15 at Toronto.

Diagnosis and Recommendations of previous Boards
Cirrhosis of liver
Complaint if any, regarding pay
Complaint reported to
By
Date

The above to be filled in by office when patient is admitted to hospital.

REPORT OF ADMITTING OFFICER

SECTION B.

DATE of admission to treatment
HEIGHT Present 160 stripped
WEIGHT Best 156 stripped
CLASSIFICATION OF CASE
1. MEDICAL
a. Cardiac
b. Pulmonary
c. Gas
d. Nervous
e. Gastro Intestinal
f. Rheumatic
g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
a. Wasserman NEGATIVE 25-3-18 Capt Riddell
b. Blood
c. Urine
d. Sputum
7. PROVISIONAL FINAL BOARD
Warned for transfer to Whiteby on the 2 day of May 1918
A.C. 14-5-18
Chronic Cholecystitis J.D.A.
admitted from leave Mar 15/18 A.R. Riddell
Signature of Admitting Officer.

REPORT OF MEDICAL OFFICER

SECTION C.

Capt. R. E. Johnston, M.O.
Date
Special questions for Soldiers' Aid Commission
1. Diagnosis
2. Degree of Disability (expressed by fraction) Permanent or otherwise
3. Can former occupation be resumed? If not, what class of work could be undertaken?
4. What military duty could he perform?

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge.

Date

1. COMPLAINT Pain ~~in~~ right side of abdomen (over liver) and in the back
Sick at stomach.

DATE OF ORIGIN & CAUSE OF DISABILITY 4 yrs ago

2. PREVIOUS HISTORY States never ill until 4 yrs ago.

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment.

3. PERSONAL HISTORY
Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts.
Smokes considerable 10 cigarettes a day.
~~Drinker~~ used to drink on average 4 or 5 glasses beer a day.

Venereal Infection Denies.

Did patient reach England or France or remain in Canada? France 18 months.

4. PRESENT ILLNESS
not gassed.
If "Gassed" what kind? Duration of exposure. What were immediate effects?
was quite well until 4 years ago when working ash molder was troubled with pain in back and frequent sickness at stomach. was ill for two or three months after this he felt quite O.K. until March 1917. (Enlisted Aug 1915) when he was taken with sharp pains in side & soreness in right side over liver after horseback riding or lifting, etc. When he first went sick he used to vomit frequently.

Is condition due to service or climate? If not, was it aggravated by them? How?

On or off duty?

In action or in field service?

If due to exposure on duty, what was nature?

Previous treatment and results. Where treated?
Hosp in France 6 days
Woolwich Hosp 6 weeks xray med & rest.
Orpington Kent 4 mos.
Kirkdale 2 wks

Date MAR 18 1918

man is well developed. Age 47. No jaundice present. not anaemic. No distended veins present on abdomen or chest. Liver dulness begins on 5th interspace in nipple line. Lower border is felt one finger breadth below right costal margin moderately tender. Spleen not enlarged. Heart not enlarged. No murmurs present. Lungs O.K. States he had not had any sickness of stomach since landing in Canada about 2 wks ago. Is taking fish & egg diet.

Mar 15/18
End of 9th rib costal cartilage
Area of tenderness (Mass?)
with palpable mass suggesting inflammatory trouble about the gall bladder & adenoma a both.
To have barium meal and test meal. Urine Exam. J.P.O.

Apr. 25/18 Has tender mass in right hypochondriac region extending down to about 1" above umbilicus and apparently continuous with left. with border of liver which is 3" below costal margin and mass ~~is~~ tender and feels like tender margin of liver - Ridge rounded away with Treatment recommended respiration - focus into liver on Rt.

R.S.S.

Probable minimum duration treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Reserved for M.H.C.

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, recomme

Regt. No. 405 209 Rank PTE Surname BROWN Christian Name GEORGE ANDREW
Unit or Corps—(a) Overseas from United Kingdom 78th Batt (b) In United Kingdom 35th Batt

Born at—Town Wexford County or Province Ontario Country Canada

Date of Birth—Day 19 Month September Year 1870 Age 42 yrs 3 months

Joined at Toronto Date 21st August 1915

Former Trade or Occupation Myquener

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

Irregular whitish scar on inside of right lower leg.

Height—feet 5 inches 8 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) George Andrew Brown

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).

PAIN IN ABDOMEN. HAEMATEMESIS
NAUSEA WEARINESS.

Disabilities Group (b).

Disabilities Group (c).

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.	CIRRHOSIS OF LIVER.	CANADA	1909?
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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? Yes

(i.) As to Group (a) above? Yes If yes, has Active Service aggravated it? Yes

(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—No

(i.) As to Group (a) above? No

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

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

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board _____ Pres

5. If a cause of disability was an injury received on Active Service, was it received— *Not applicable*

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

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.)

patient states that for some years has been troubled with indigestion after meals. At the time of enlistment in Aug 1915 symptoms were very slight. In past year he has been much worse. Has had nausea vomiting very frequently in the mornings and has had intermittent haematemesis. He has had a pain in the right upper quadrant for some fourteen months and has been feeling weak for the last four months. Went sick Sept 10, 1917. Sent to American Hospital at Etobicoke till Sept 16, 1917. when he was sent to St. George's Hospital, Woolwich till 31/10/17 when he was transferred to 16 Can. General Hosp. In about twenty years he has taken about four quarts of beer daily. Frequently smokes a pipe.

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

Well nourished. no ascites. no distended superficial abdominal veins. Liver. absolute dulness begins 6" right and extends 2 inches margin. Edge not felt. Spleen under 12 right hypochondrium. Spleen not felt. No tenderness in the region of epigastrium. St. Liver has small amount of blood stained mucus. Respiratory. normal. Cardiac. normal. Genitourinary. normal. Nerves. normal. Recommend for discharge & transfer to 16 Can. General Hosp. by Col Rudolph. Wasserman. negative

8. OPERATION. (i.) Was one performed? *No*

(ii.) If so, state what.

(iii.) Was one advised and declined? *Yes*

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? *Yes*

(ii.) If so, describe.

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? *Yes*

Date of Report *16/12* 1917

Signed *W. B. ...* Officer in medical charge of case.

Station *16 Can. General Hospital*

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

D. W. ... COL. C.A.M.C. { Officer i/c Hospital } Strike out one of these. { S.M.O. Brigade } Station, on *2 JAN 1918* 1918
Dated at *ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT,* * Delete if inapplicable.

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*

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

If not, indicate it. *yes*

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

Aggravated?

(b) Misconduct of the Soldier

Caused?

Aggravated?

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, 1/3, 2/3, 3/4, or all.) *not applicable*

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent? *not applicable*

(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.

A. F. B 117 was laid before the Board but has no hearing upon present disability

INVALIDATED FOR FURTHER MEDICAL TREATMENT
Major
HOSPITAL
No. 10 Canadian General Hospital (Ontario) Hospital Commission

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 *2 JAN 1918*

Station *ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT,*

Approved *[Signature]* Major, C.A.M.C. A.D.M.S.

Dated at *for A.D.M.S. Canadians, London Area.* Station *2 JAN 1918*

Signatures of the Board

[Signatures]

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

On account of physical unfitness.

Category E

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

PLACE... Base Hospital, Toronto

DATE... Sept. 11, 1918

Jas. W. Barton President. Major Capt. Lobkeles Members.

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE... 30-9-18

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE

DATE

President.

Members.

9. Present Condition (Continued)

(2) Objective: There is a bony prominence over the metatarsal bone of the right hand due to angulation backwards at site of old fracture in middle of shaft. Bone is soundly united. Right thumb has been dislocated forward at metacarpophalangeal joint. Range of extension normal. Thumb can not be fully flexed into palm of hand by two inches. Grip of thumb 50% of normal. No atrophy of thumb present.

(1) Objective: At the present time the physical findings of the liver are normal and there is no enlargement of the spleen. There is, however, some tenderness on pressure over the gall bladder.

next of kin Mrs. Sarah Dalton, Sister, address, 1882 Davenport Rd., Toronto Ont.

MEDICAL HISTORY OF AN INVALID

Man's address the same. Medical examiner--At Toronto Armouries.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3.
3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

Base Hospital, Toronto reconsidered Sept. 27, 1918
STATION... DATE... Sept. 11, 1918

1. 1 (a) Unit #2 B.D. (b) Regimental No. 405204 (c) Rank Pte.
(d) Surname BROWN (e) Christian name George Andrew
2. Age last birthday 47 years Date of birth Sept. 19, 1870
3. Enlisted at Toronto, Ont. on July 1915

4. Personal description:-
(a) Height 5' 10" (b) Weight 170 pounds (c) Complexion Fresh
(d) Colour of hair Black (grey) (e) Colour of eyes Blue (f) Identification marks Depressed scar in centre of forehead

5. Address after discharge (for the use of the Board of Pension Commissioners)
1882 Davenport Rd., Toronto, Ont.

6. Former trade or occupation Moulder

Table with 2 columns: Years, Days. Row 1: (a) Service, Three, 61. Below is a table with columns From, To and rows: 35th Battalion, C.E.F. (July 1915 to March 1916), 18th Battalion, C.E.F. (March 1916 to Present), #2 District Depot.

(b) Has he been overseas? Yes 8. Original disease or disability Gastritis
(2) Gunshot wound, right hand
(a) Date of origin (1) Sept 1917 (2) July 1916 (b) Place of origin (1) Somme, France (2) Ypres, Belgium
(c) Cause* (1) Unknown (2) Shrapnel
(d) Present disease or disability (1) Chronic Gastritis (2) Results of GSW right hand.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.
[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(1) Subjective: weakness Pain and vomiting on eating solid food. Nausea
Objective: Tenderness in hypogastric region of abdomen.
Gastric analysis, shows
(1) 36c.c. Total acidity 73, Free 39, Pepsin positive
Blood and Bile negative.

9. Present condition.—(Continued.)

(1) Objective: (2) 160 c.c. Total acidity 71 Free 62. Pepsin positive
Bile and Bile negative.
Microscopically nothing abnormal. X-Ray examination,
Bismuth series, shows Defective filling of pyloric
ends of stomach and duodenum, possible ulcer.

(2) Subjective: Weakness in right hand.
Objective: Permanent swelling on dorsum of right hand with permanent
dislocation of right thumb. Right thumb hyperextended.
Disability due to weakness of right thumb and to weakness
of stomach.

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

Nervous. normal Digestive. as above Respiratory. normal Cardiac. normal
Genito-Urinary. normal Skin, Middle Ear, Eye or any other part. normal except as state

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

On recovering from gunshot wound of right hand was placed on Burying
Parade for a year. In July 1917 pain began to occur in hypogastric
region, especially after eating or stooping. Nausea attacks and then
vomitting followed and finally haematemesis.

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

none

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

(1 & 2) Origin since enlistment

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to
accept treatment? (1 & 2) 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? (1 & 2) Permanent

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

Treatment at Base Hospital, Toronto.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

no

16. Can the former trade or occupation be resumed? no, on account of weakness of right thumb
(If not, briefly state why.) and weakness of stomach

17. Recommendations

For discharge

L. S. H. [Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, G. A. Brown, 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

G. A. Brown [Signature]
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the soldier fit for

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

20. It is certified that the soldier

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

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

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.

We concur.

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.)

On account of physical unfitness.

Category E.

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.

(Sgd) Jas. W. Barton, Major President.

PLACE Base Hospital, Toronto.

(Sgd) L.O.C. Skeeles, Capt.

Members

DATE Sept. 11, 1918.

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.....

Members

DATE.....

APPROVED BY

APPROVED BY

(Sgd) G. W. Larty, Capt.
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 30-9-18.

DATE.....

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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.

reconsidered Sept. 27, 1918.
 STATION Base Hospital, Toronto DATE Sept. 11, 1918.

1. 1 (a) Unit # 2 D.D. (b) Regimental No. 405204. (c) Rank Pte.
 (d) Surname Brown (e) Christian name George Andrew.
 (f) Home address 1882 Davenport Rd. Toronto, Ont.
 (g) Next of Kin..... (h) Relationship.....
 (i) Address of Next of Kin.....
2. Age last birthday 47 years. Date of birth Sept. 19, 1870.
3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Aug. 21, 1915
(July)
4. Personal description:
 (a) Height 5' 10". (b) Weight 170 (c) Complexion Fresh.
(stripped)
 (d) Colour of hair Black (grey) (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
Depressed scar in centre of forehead.

5. Former trade or occupation Moulder.

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
	<u>3</u>	<u>61.</u>

Has he been overseas? <u>Yes.</u>	PERIODS	
	From	To
<u>Canada</u>	<u>July 1915.</u>	<u>March 1916.</u>
	<u>March 1916.</u>	<u>Present.</u>
<u>England</u>		
<u>France or other theatres of War</u>		

7. Original disease, or injury Gastritis.
Gunshot wound, right hand.

- (a) Date of origin 1. Sept. 1917 (2) July, 1916 (b) Place of origin 1. Somme, France.
2. Ypres, Belgium.
 (c) Cause 1. Unknown. 2. Shrapnel.

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.)

1. Chronic Gastritis. 2. Results of G.S.V. Rt. 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.)

1. Subjective. Pain and vomiting on eating solid food. Nausea. 2. Tenderness in hypogastric region of abdomen. Obj-Gastric analysis shows:- 1. 36 C.C. Total acidity 73, Free 39, Pepsin positive Blood and Bile negative.

Present condition (Continued). 2. Objective. 2. There is a bony prominence over the metatarsal bone of the right hand due to angulation backwards at site of old fracture in middle of shaft. Bone is soundly united. Right thumb has been dislocated forward at metacarpo phalangeal joint. Range of extension normal. Thumb can not be fully flexed into palm of hand by two inches. Grip of thumb 50% normal. No atrophy of thumb present. 1. Objective. At the present time the physical findings of the liver are normal and there is no enlargement of the spleen. There is, however, some tenderness on pressure over the gall bladder.

Are the following systems normal? (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 normal Cardio-Vascular System Normal Genito-Urinary System Normal (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses Respiratory System Normal Integumentary System Disturbances of Mentality Digestive System As above Muscular System Osseous and Joint Systems Any other general condition

10. (a) History (of the condition referred to in Section 9 (a)) On recovering from gunshot wound of right hand was placed on burying parade for a year. In July 1917 pain began to occur in hypogastric region, especially after eating or stooping. Nausea attacks and then vomiting followed and finally haematemesis.

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).)

(c) (Here give a description of wounds, scars and deformities. NONE.

11.—(a) Did the disabling condition have its origin before enlistment (1 & 2) Origin since enlistment.

(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.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1 & 2). 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? (1 & 2) Permanent.

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

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit No. (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? No, on account of weakness of right thumb and weakness of stomach. (If not, briefly state why)

17. Recommendations For discharge.

(Sgd) L.O.C. Skeeles, Capt. 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 G. A. Brown 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

(J.W.B.) (Sgd) G. A. Brown. Rank. Signature of invalid examined.

of Discharge Documents.

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.	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.)
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.	

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.

M
V. 5-43
19-5-43

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

No.	405204
Rank	Pte.
Surname.....	BROWN
Christian Name.....	GEORGE. ANDREW.
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	35th Bn (#2 D.D.)
Date of Discharge	OCT 4 1918
Place of Discharge	TORONTO, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	47 years..... months.
Height.....	5 feet..... 10 inches.
Complexion	Fresh
Eyes	Blue
Hair	Grey
Trade	Moulder.
Intended place of residence <small>(To be given as fully as practicable.)</small>	1882 Davenport Rd. Toronto Ont.
2. The above-named man is discharged in consequence of Having been found Medically Unfit for Service.	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc. Very good <i>[Signature]</i>	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Moulder.	

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

30-2-52 AS

wsq Comp 23/1/19ms

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).....TORONTO, ONT.....

.....*W. Robson Lieut*.....

(Date).....OCT 4 1918.....

Commanding.....Captain.....

For Lieut.-Colonel,

O.C. No. 2 District Depot.

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).....TORONTO, ONT.....*E. A. Brown*.....(Signature of Soldier.)

(Date).....OCT 4 1918.....*W. Robson Lieut*.....(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).....³ years.....⁴³ days.

Total.....³ years.....⁴³ days.

11. Confirmation of Discharge.

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

(Place).....TORONTO, ONT.....

(Date).....OCT 4 1918.....

(Signature).....*W. Robson Lieut*.....Captain.....

For Lieut.-Colonel,

O.C. No. 2 District Depot.

Reservations referred to at Para

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

nil & a Br