

REGIMENTAL DOCUMENTS

NAME BROWN HUGH REGINALD

Pte REGT. NO. 3345297

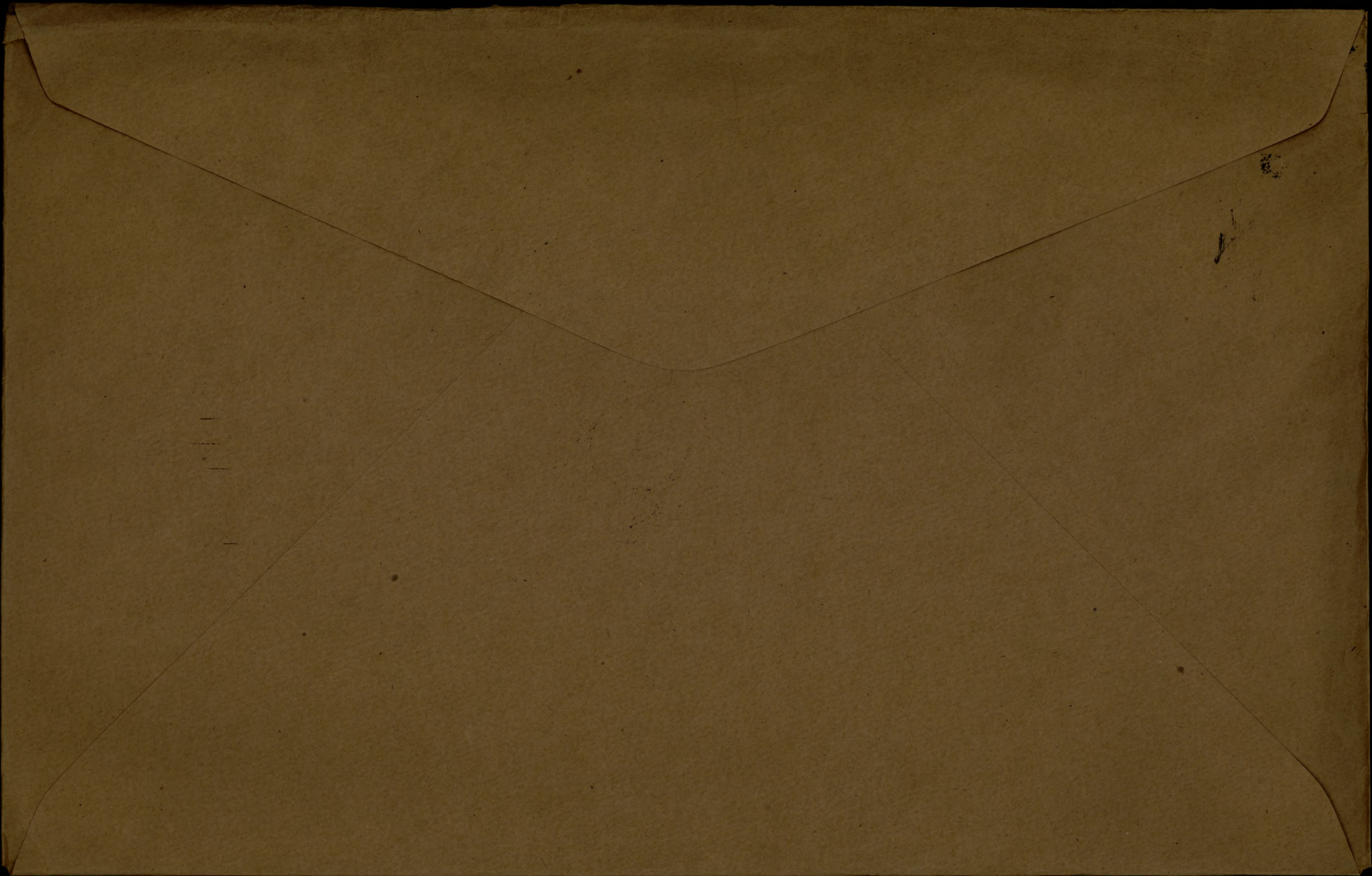
UNIT 1st Depot Co. Man. Regt. M. Q. FILE NO.

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1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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#10 M. D. First Depot Battalion Manitoba Regiment

Regtl. No. 3345297

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

- 1. Surname: Brown
2. Christian name: Reginald Hugh
3. Present address: 71 Maryland Street, Winnipeg, Manitoba, Canada
4. Military Service Act letter and number: 545763 JC
5. Date of birth: March 22nd, 1896
6. Place of birth: Winnipeg, Manitoba, Canada
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Salesman
10. Name of next-of-kin: William Brown
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: 71 Maryland Street, Winnipeg, Manitoba, Canada
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act: (a) Place: Winnipeg, Canada (b) Date: 9/5/18 (c) Category: E

DECLARATION OF RECRUIT

I, Reginald Hugh Brown, do solemnly declare that the above particulars refer to me, and are true.

Signature of Recruit: Reginald Hugh Brown

DESCRIPTION ON CALLING UP

Apparent age: 24 yrs 2 mths.
Height: 5 ft 7 1/4 ins.
Chest measurement: fully expanded 34 ins., range of expansion 2 ins.
Complexion: Ruddy
Eyes: Blue
Hair: Dark
Distinctive marks, and marks indicating congenital peculiarities or previous disease: Scar left breast

Signature of Officer: Major for Commanding, 1st Depot Battalion Manitoba Regiment O. C. Depot Btl.

Place: Winnipeg, Canada Date: 11/5/18

MAY 13 1918

Discharged (Remotely) A. D. 1957 Medically unfit Effective 9-1-19



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

10395

This is to Certify that No. 3345297 (Rank) Pvt

Name (in full) Reginald Hugh Brown enlisted in

the 1st Depot Battalion, Man. Regt.

CANADIAN EXPEDITIONARY FORCE at Winnipeg, Canada on the 11th

day of May 1918

HE served in Canada (1st Depot Battalion, Man. Regt.)

and is now discharged from the service by reason of Medically unfit

(C.S.-4. of 6-1-19)

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

Age 24 years. 9 months

Height 5 feet 7 1/4 inches

Complexion Ruddy

Eyes Blue

Hair Dark

Marks or Scars

Scar left breast.



Hugh Reginald Brown  
Signature of Soldier

S. B. Sullivan  
Major for  
Issuing Officer  
Commanding, 1st Depot Battalion Manitoba Regiment  
Rank

Date of Discharge January 9th 1919

Appointment

Signed at Winnipeg, Canada this 9th day of January 1919

in Military District No. Ten

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. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the particulars called for on this certificate will not be completed.



ORIGINAL

LAST PAY CERTIFICATE.

3345297 Reg'l No. Rank Pte. Name Brown R. Corps I D B M discharged On 18.6.18 1919, to

The following is a statement of the acc't of above named from 9.5.18 to 18.6.18 1919, inclusive date of Trans. or discharge.

M. D. 10 No. 29

DR

CR

Table with columns for DR and CR. Rows include: Bal. Dr. fr. prev. mo., Advances by cheques, Assgd. Pay & Sep. Allow., Other Charges, Pay't on Trans or Dis., Bal. Cr. (to be pd by New Unit), Total 45.10.

A monthly stoppage of \$... has been paid on acc't of Assigned Pay for month of ... 1919) & Sep. Allow for mo. of ... N. 1919) (To Assignee NIL

REMARKS

- (1) date of enlistment 9.5.18
(2) if married & if Sep. Card has been submitted no no
(3) cause of discharge medically unfit Authority B O 7
(4) Authority for transfer

I have carefully examined this statement of account and find it to be correct extract from the Pay List of the Unit.
January 27th. 1919 1st DEPOT BATTALION, MANITOBA REGT.
Date Winnipeg Man. District Depot, M. D. No. 10.
Capt. Paymaster







MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. ✓

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Brown Christian name Reginald Hugh  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 545763 J.G  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
 4. Address (including street and number, if any) #71 Maryland St. Winnipeg Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of May 1918 1917, by the undersigned medical board sitting at Winnipeg Canada

5. Age as stated 24 Years 2 Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months  
 7. Height 5 Feet 7 1/4 Inches. 8. Weight 119 Pounds.  
 9. Chest measurement { Minimum 32 Ins. 10. Complexion Ruddy { Eyes Blue  
 { Maximum 34 Ins. { Hair Dark  
 11. Physical development. { Good  
 { Fair  
 { Poor 12. Smallpox marks \_\_\_\_\_

13. Number of vaccination marks { Right arm 1  
 { Left arm \_\_\_\_\_ 14. When vaccinated last Childhood  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar left breast

16. Slight defects but not sufficient to cause rejection General weakness & V.D.H.  
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
 { Tuberculosis { Tuberculosis  
 { Syphilis { Syphilis  
 (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 E

President President.  
Member Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 9th day of March 1918 at WINNIPEG, MANITOBA, CANADA.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3345297</u>		<u>9.5.18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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 R. H. Brown







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

# Casualty Form—Active Service.

Unit, Regiment or Corps. *1st Depot Battalion Manitoba Regiment*

Regimental No. *3345297* Rank *pt* Name *Brown Reginald H.*  
C. E. F.

Enlisted (a) *9/5/18* Terms of Service (a) *eff. M.A.* Service reckons from (a) *11/5/18*

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) *Salesman*

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				
<i>6/1/19</i>	<i>A.A.G.</i>	<i>Discharged Demobilization</i> <i>AD 1257</i> <i>Medically unfit</i> <i>St. Paulin</i>	<i>Winnipeg</i>	<i>9-1-19</i>	<i>604 of 6-1-19</i>

*Date of birth 18/6/19*

*St. Paulin*  
Major for Commanding, 1st Depot Battalion Manitoba Regiment

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]







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

M. F. W. 54. (A. F. B. 103:

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps..... *1st Depot Bn Manitoba Regt*

Regimental No. *3325297* Rank *pte* Name *Brown, Hugh Reginald*

Enlisted (a) *11-5-18* Terms of Service (a) *C. F. F. 10 years* Service reckons from (a) *11-5-18*

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				
	<i>1st MR</i>	<i>SOS med. Unfit</i>	<i>Winnipeg</i>	<i>18.6.18</i>	<i>death HQ 629-B-27120</i> <i>H. P. Langman</i> <i>for DofR</i>

(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. [P.T.O







N

M.S.A. 545763 JC

REG. NO. 3345297 NAME Brown, Reginald Hugh

ENLISTED AT Winnipeg, Canada DATE 9/5/18 CATEGORY E

PREVIOUS SERVICE Nil NATIONALITY Canadian

CLASS OF ENLISTMENT Draftee OCCUPATION Salesman

WHEN ORDERED TO REPORT 9/5/18 WHERE Winnipeg, Canada

MARRIED OR SINGLE Single RELIGION Presbyterian

AGE 24-2 HEIGHT 5-7 $\frac{1}{4}$  WEIGHT 119

COLOR OF HAIR Dark EYES Blue COMPLEXION Ruddy

CHEST MEASUREMENT, NORMAL 32 EXPANDED 34

NAME OF NEXT OF KIN William Brown RELATIONSHIP Father

ADDRESS 71 Maryland Street, Winnipeg, Manitoba, Canada

REMARKS *137*



b

7 of 2-1-19 Let I Mad mofh 18749











NAME. Brown Reginald RANK. Pte. REC. FILE. 10  
Hugh No. 3345297 1st Div. 21. 18-6-18  
man Regt. CORPS. 1st. Dps. Bn. NO. 7-97-1-16-18  
H.Q. FILE. 1/m. h.

ENLISTMENT. PLACE. Winnipeg man. DATE. May 11th 1918.  
BIRTH  
DISCHARGE. PLACE, Canada. Winnipeg man. DATE. March 22nd. 1894  
REASON.

ADDRESS ON DISCHARGE. T. O. S. May 9. 1918  
D.O. Part II No 132

DOCUMENTS.

NEXT OF KIN Brown. William. RELATIONSHIP Father  
ADDRESS 71 Mary land St. Winnipeg  
man.



CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED  
BY

DATE

TO

DATE

BY

RECEIVED  
BY

DATE





NAME *Brown Reginald*

REGIMENTAL NO. *3345297*

RANK *Plt.*

ENLISTED AT *1ST DEPOT BATTN MONTGOMERY REGT*

PROMOTIONS, &c.  
AND DATE

DATE *WINNIPEG, MAN.  
9.5.18*

IF SERVED PREVIOUSLY. STATE UNIT. &c. *No*

MARRIED, WIDOWER, OR SINGLE *Single*

NEXT OF KIN *William Brown* RELATIONSHIP *Father*

ADDRESS OF *71 Maryland St* *Winnipeg Man*

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*B.O. 132*

*Salesman  
Presby.*



# CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
L. Capt. 10.7.18 to 30.9.18	283	10.7.18	
L. Capt. 13.11.18 - 19.11.18	320	16.11.18	
L. Capt. 19.11.18 - 1.12.18	336	2.12.18	
Absent 8 <sup>0</sup> AM 1.12.18	341	7.12.18	
L. Capt. Medunfit	7	7.11.19	Eff. 18.6.18



OPINION OF THE MEDICAL BOARD—(Continued).

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

Discharge as medically unfit.

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 Winnipeg, Man. DATE May 21st, 1918. President: W. R. Bond Capt. Members: W. E. Hetherington Lt. A. Shauke Capt.

APPROVED BY APPROVED BY

DATE MAY 22 1918 Assistant Director of Medical Services. Director-General of Medical Services.

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.

MEDICAL HISTORY OF AN INVALID

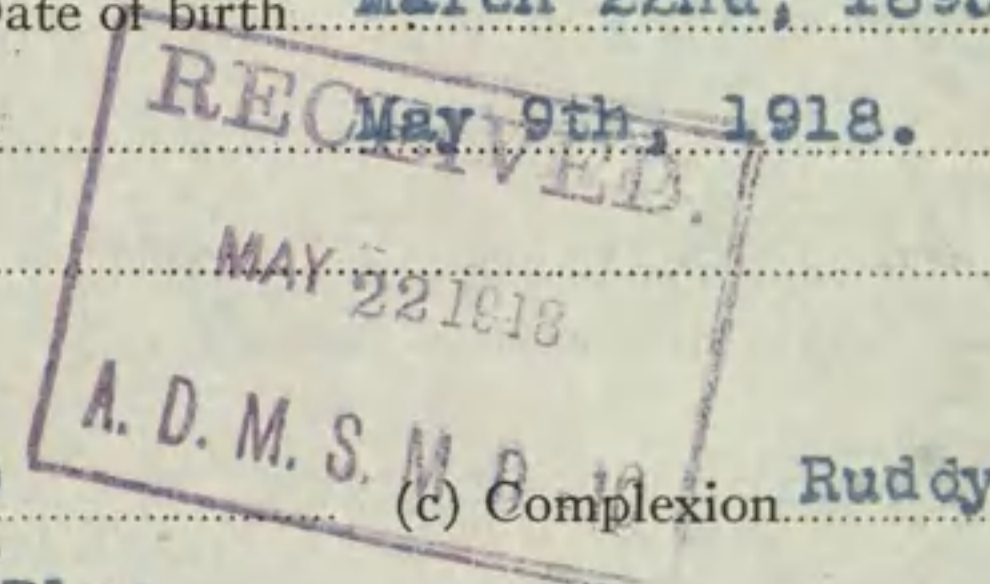
B.P.C. ORIGINAL 1026

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.

LOCAL STATION Winnipeg, Man. DATE May 21st, 1918

- 1. 1 (a) Unit 1st D.B.M.R. (b) Regimental No. 3345297 (c) Rank Pte. (d) Surname BROWN (e) Christian name Hugh Reginald
2. Age last birthday 24 Date of birth March 22nd, 1893
3. Enlisted at Winnipeg, Man. on May 9th, 1918.
4. Personal description: (a) Height 5ft. 7in. (b) Weight 119 (stripped) (c) Complexion Ruddy (d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks



One vaccination left arm. Address after discharge (for the use of the Board of Pension Commissioners) 71 Maryland St., Winnipeg, Man. Former trade or occupation Salesman.

Table with 2 columns: Years, Days. Row 1: (a) Service C.E.F. From May 9th, 1918 To May 21st, 1918

- (b) Has he been overseas? No. 8. Original disease or disability 1. Chronic Eczema 2. Disordered action of heart. (a) Date of origin 1. Congenital 2. 1915 (b) Place of origin 1. 2. Winnipeg, Man. (c) Cause\* 1. Unknown. 2. Rheumatic fever following tonsillitis. (d) Present disease or disability 1. Impaired function of skin. 2. Impaired function of heart.

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. Chronic eczema covers the entire body. Desquamation is continuous and when perspiration takes place itching is severe. 2. Heart condition followed Rheumatic Fever. Pulse rate on standing



9. Present condition.—(Continued.)

120. Enlargement of heart. Dyspnoea on exertion.

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

Nervous Normal Digestive Normal Respiratory Normal Cardiac As above
Genito-Urinary Normal Skin, Middle Ear, Eye or any other part Normal

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

As above.

(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.

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

Pre-isted enlistment, not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO. NO. NO. 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).

None.

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.)

Yes.

17. Recommendations Discharge as medically unfit.

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, 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 examinee.

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.

Yes

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).

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).



FEB 24 1919

W. J. P. L.

### List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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.	
*Only if discharged "Medically unfit."	

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

J. S. M.

### Proceedings on Discharge.

DEPT. MILITIA & DEFENCE  
FEB 24 1919  
H.Q. CANADA  
not av

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

No.	3345297
Rank	Private
Surname	Brown
Christian Name	Reginald Hugh
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	
Date of Discharge	11 May, 1918 ✓ 18/6/19
Place of Discharge	Winnipeg, Manitoba, Canada
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....24..... years.....2..... months.	Descriptive Marks
Height.....5..... feet.....7½..... inches.	
Complexion Ruddy	Scar left breast
Eyes Blue	
Hair Dark	
Trade Salesman	
Intended place of residence } 71 Maryland Street, (To be given as fully as } Winnipeg, practicable.) } Manitoba, Canada	
2. The above-named man is discharged in consequence of  grading Category E	
<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.  Good S.P.S.	
<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.)  Salesman S.P.S.	

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

(OVER)

S.O.S. Dis. M. G. 18/6/18 - D.O. 7-7/19







OPINION OF THE MEDICAL BOARD—(Continued).

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

Discharge as medically unfit.

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: Winnipeg, Man. DATE: May 21st, 1918. J. Bond Capt. President. W. G. ... Members. A. Shanks Capt.

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

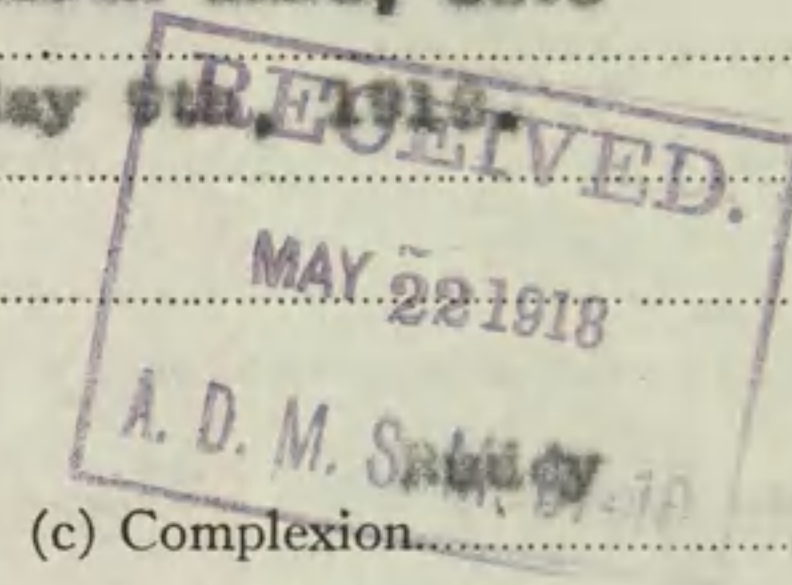
B. P. C. MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed. 2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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.

LOCAL Winnipeg, Man. May 21st, 1918 STATION: 1st D.B.M.A. 3345297 DATE: (c) Rank Pte.

1. 1 (a) Unit: BROWN (b) Regimental No.: 3345297 (c) Rank: Pte. (d) Surname: BROWN (e) Christian name: Hugh Reginald 2. Age last birthday: 24 Date of birth: March 22nd, 1893 3. Enlisted at: Winnipeg, Man. on: May 5th, 1918 4. Personal description: (a) Height: 5ft. 7in. (b) Weight: 119 (c) Complexion: Dark (d) Colour of hair: Dark (e) Colour of eyes: (f) Identification marks: One vaccination left arm.



5. Address after discharge (for the use of the Board of Pension Commissioners) 71 Maryland St., Winnipeg, Man.

6. Former trade or occupation: Salesman.

7. (a) Service Table with columns: Years, Days, PERIODS (From, To). Entry: C.M.F. May 9th, 1918 to May 21st, 1918

(b) Has he been overseas? No. 8. Original disease or disability: 1. Chronic Eczema 2. Disordered action of heart. (a) Date of origin: 1. Congenital 2. 1918 (b) Place of origin: 1. 2. Winnipeg, Man. (c) Cause\*: 1. Unknown. 2. Rheumatic fever following tonsillitis. (d) Present disease or disability: 1. Impaired function of skin. 2. Impaired function of heart.

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. Chronic eczema covers the entire body. Desquamation is continuous and when perspiration takes place itching is severe. 2. Heart condition followed Rheumatic Fever. Pulse rate on standing



9. Present condition.—(Continued.)

120. Enlargement of heart. Dyspnoea on exertion.

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

Nervous Normal Digestive Normal Respiratory Normal Cardiac As above
Genito-Urinary Normal Skin, Middle Ear, Eye or any other part. Normal

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

As above.

(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.

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

Pre-isted enlistment, not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO. NO. NO. 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). None.

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.)

Yes.

17. Recommendations

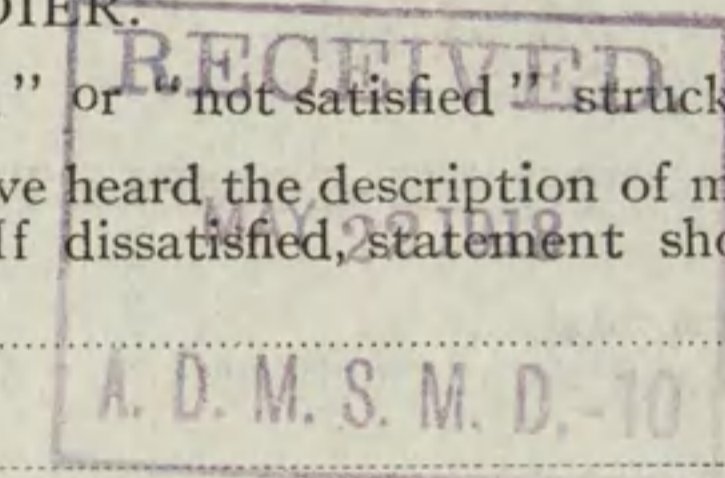
Discharge as medically unfit.

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 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.



Hugh Reginald Brown Signature of soldier examinee.

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.

Yes

19. Is the soldier fit for

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

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).