C.E.F. REGIMENTAL DOCUMENTS

NAME BROWN. JOSEPH. REGT. No. 448037 UNIT 57TH BN. H.Q. FILE No. 44870

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403082

PUBLIC ARCHIVES RECORDS CENTRE

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

448037

ATTESTATION PAPER.

No. 448037

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... BROWN ..... JOE. (Orphan)
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal
3. What is the name of your next-of-kin?..... Jack Lasker, (Friend)
4. What is the address of your next-of-kin?..... 457, Sanguinet St. Montreal P. 2.
5. What is the date of your birth?..... 30 June 1896
6. What is your Trade or Calling?..... Cooper
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

Joe Brown (Signature of Man).

H. Tobert Mag (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, BROWN JOE., 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.

Joe Brown (Signature of Recruit)

Date June 25th 1915 1914. H. Tobert Mag (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, BROWN JOE., 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.

Joe Brown (Signature of Recruit)

Date June 25th 1915 1914. H. Tobert Mag (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 Montreal this 25th day of June 1914.

H. Tobert J.P. (Signature of Justice)

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

E. Fabien O. Pte. (Approving Officer)

Pte. Det. D.C.S. 7/13th.

200 M.—8-14.
H.Q. 1772-1-13.

Description of BROWN JOE. on Enlistment

Apparent Age 19 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 35½ ins.
- Range of expansion ..... 3¼ ins.

Complexion ..... Fair

Eyes ..... Grey

Hair ..... Light Brown

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

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

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

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 June 25 1915 1914. J. A. Chabot Captain C.

Place Montreal XX F.A.

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.

Joe. E. 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.

E. [illegible] (Signature of Officer)

Date 17 July 1915. O.C. [illegible]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 448037. (Rank) Private.

Name (in full) BROWN, Joe. enlisted in

the 57th, Battalion,

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC. on the 25th,

day of June, 19 15.

HE served in France.

and is now discharged from the service by reason of K.R.&.O. 377 (10) C.H. 1917.

MD4. 22-B-105. Category "E". Medically Unfit. S.O. 693.

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

Age 21 yrs. 3 mos.

Height 5 ft. 7 ins.

Complexion Medium.

Eyes Brown.

Hair Brown.

J. Brown.
Signature of Soldier

Marks or Scars G.S.W. scar on left forearm.

R. Lyce
Issuing Officer Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge September, 5th, 1918.

Appointment

Signed at Montreal, QUEBEC. this 6th, day of September, 19 18.

in Military District No. 4.

File Reference No. DD4-19-B-62.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 448037. (Rank) Private. Name BROWN, Joe.

Unit 57th, Battalion, C.E.F.

Address on Discharge 216 Rivard St., Montreal, QUEBEC.

Character and Conduct — Indifferent —

Former Occupation Cooper.

Special Qualifications of Value in Civil Life Cooper.

Medals and Decorations NONE.

Remarks "EUROPEAN WAR". Service in France. 22.3.17. to 16.6.17.
Entitled to wear one casualty stripe. 9.6.17.

Signed at Montreal, QUEBEC. this 6th. day of September, 19 18.

R W Lee
Name of Officer

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Appointment

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

com. gr

Number. 448037 Rank Pte.

Surname. BROWN.

Christian Name. Joe.

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

Date of Service. 21.3.17.

Remarks

Latest Address. 216 Reward St.
Montreal, Que.

Roll No. B Page 3710.

NAME

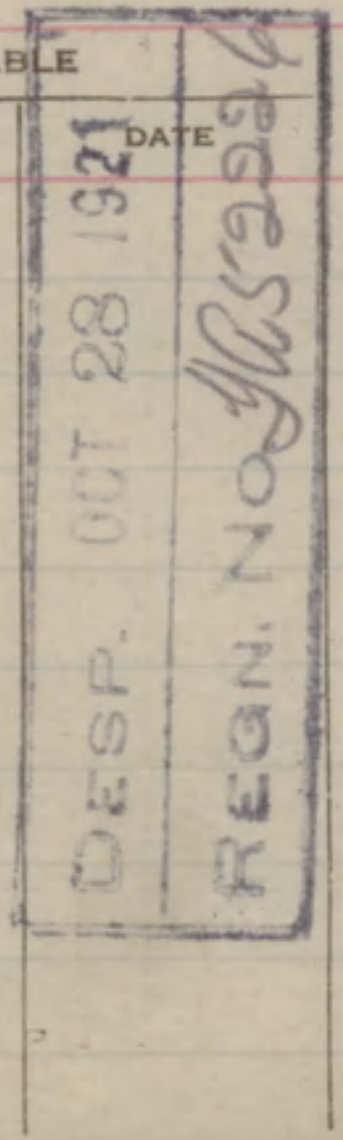
REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No. DATE



NATURE OF CASUALTY

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

SURNAME. Brown.

CARD NO. 649-B-1537

CHRISTIAN NAMES Joseph

FOLL. E.D.

REGL. No. 448637 RANK Pte.

UNIT 57th Batt (1st R.D.)

FORMER CORPS Nil

Old No. 48019

NEXT OF KIN.

CHANGE OF ADDRESS Alex Notify

NAMES IN FULL Lacker, Jack

Mrs Annie Brown (R.N.S.)

RELATIONSHIP TO SOLDIER Friends

ADDR 457 Henri Julien St. Montreal, P.Q.

216 Rivard St. Montreal P.Q.

G.N.W. 132, 24/6/17

L.S.G.O.P 21/7/17

COUNTRY OF BIRTH Canada.

DATE

PLACE OF ATTESTATION Montreal

DATE June 25th 1915

Sailed from Quebec 21/7 15 per S.S. "Corsican"

R/C - 5-11-15

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Single WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 448037 RANK Pte. NAME Brown. J.

T. O. S. UNIT Casualties.

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Nov. 6.	1915 Dec. 31.	N.	From 5 Td. Bn.	
1916 Jan.		N.		
Feb.		N.		

No 448037 RANK Pte. (23 Res. Bn.) NAME Brown J.

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

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov.	1915 Nov.	✓	No dates stated.	

REGT'L. No. 448037

H. Q. FILE No. 649

NAME Brown Joe Orphan

RANK AND CORPS Pte 42nd Bn form 5th R Hof C

FOLLOWS No. 1st R H

CABLE NO.	DATE	NATURE OF CASUALTY
M5-600	20-6-17.	Adm to Auxiliary Mil. Hosp Southall June 16th 1917. (S.S.W. arm)
M5-605	21-6-17.	Adm. to 3 Can Gen Hosp Boulogne June 13th 1917 (S.S.W. L. arm)
		"Sailing from Liverpool for Canada per H.S. "Braemer Castle". Dec. 16th 1917.

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B322	Aux Mil Southall	16-6-17	GSW. arm
A450	#3 Can Gen Boulogne	13-6-17	SW L arm
B10 (2)	Exc Aux M. H. Southall Can Conv. H. Uxbridge	12-9-17	SW L arm
B77-2	ex " #5. Can Gen. Liverpool.	28-11-17.	S.W. L. Arm. Comp. Frac Radius 21-12-17 Ust Bu Reg
B93-2.	" " "	16-12-17	" " " " "

LEDGER NO. ..... SERIAL NO. .....

REG. NUMBER 448037 NAME A Brown

RANK Pte . CORPS .....

AGE ..... SERVICE .....

NAME OF HOSPITAL Drummond Military PLACE Montreal

DATE OF ADMISSION 16-6-17 1.2.18

DISEASE GSW. arm GSW arm

TRANSFERRED TO OTHER HOSPITALS .....

.....

OPERATION .....

DISCHARGED TO ..... IN CATEGORY .....

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

P. T. O.

REMARKS:

Form R. 149.
7106—250m 7/2/17.

Name BROWN. Joe *Rank* Pte. *Reg. No* 448037

Unit 42nd. Battn.

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-6.	3 Can. Gen. Hos. Boulogne		SW. L. Arm. A450. M-5605. 20/6			
16-6	Aux Mil. Hos. Southall		" B. 322 M. 5600			
12-9.	Can Con Hep Uxbridge		do.	B.10.		
	R. 225 1962					
28-11	5. C. G. H. Liverpool		do. C. E.			
	R. 225-4165.		Radius. B 44.			
16-12	Inval Ho Canada	NE	do B. 98.			
	R. 220-2618.					

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

*Name ....Brown..Joseph.....Rank Pte.....Regtl. No. .448037.....

Original unit .....42nd.... Present unit .....Mtr S. Age ..19. Religion ...ce..... Fyle Depot ...19-B-62..... Ref. H.Q. .....

Port, ship and date of arrival ...St..Johns..N.B.....29-12-17.....

Next of kin ....Mother..A..Brown....216.Rivard.St.Montreal.....

Address on leave ..216.Rivard..St.Montreal.....

Address on discharge .....

Transportation issued Yes No Date .....Character on discharge .....

Previous occupation ..Clerk.....Date and place of enlistment .....Montreal..25th..June..1915.....

Diagnosis .....S.W..Arms.Lft.....Date of Medical Boards Montreal, June 25th 1915

Date.	Remarks.	Pt. 2 Order No.
18-4-18.	T.O.S. D.D. No. 4	1 Page 2
18-4-18.	T.O.S. Details Company D.O. Part 117	1 Page 2
3-7-18.	Placed on subsistence, effect.18-4-18.	76 Page 2

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

(over)

Date.	Remarks.	Pt. 2 Order No.
26-7-18.	Admonished and Forfeits 7 Days Pay by R.W. Absent without	
	leave from 11am 17-7-18 until 11 am. 23-7-18.	99 Page 3
29-7-18.	S.O.S. On transfer to Hospital Section and subsistence	
	stopped, effect. 27-7-18.	102 Page 2
9-9-18.	S.O.S.Hosp.Sec.On Trans to Dis Sec. (6-9-18.)	144-p-2
6-9-18	Discharged Auth .KR&O 377 (10) CM 1917 MD 4 22-B-105 Cat. "E"	
	Medically Unfit P.C #433 discharged to Inv. Sol. Comm.	

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

EPITOME OF HOSPITAL TREATMENT.

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

FORM D.M.S. 1300.
137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Brown.	J.	448037.

Rank	Unit	Co.	Troop	Batty.
Pte.	42nd. Bn.	1st Que. Regt.		

Hospital: 3 Can Gen. Boulogne. — Date of Admission: 13-6-17.

Transferred: Aux. Mil. Southall. — Hosp. 16-6-17.

Can. Convl. Hillingdon Uxbridge — Hosp. 12-9-17

3rd Can. Gen. Liverpool — Hosp. 28-11-17

Hosp.

Diagnosis: GSW. arm. lt. B.C.F. Radius. D.D.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 20-6-17. B.322.

C.L. 21-6-17. A.450.

14-9-17 B.10 (2)

1-12-17 B77-2

Date

REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

Brown Joe

448037. Pte. 25th Res. Bn.

Proceedings of Medical Board held at Quebec 19.11.15

sent to C.R. 13.12.15

C.A.D.C.5009-10M.
3494-30-8-17.

448037. Brown J. Pte 4 L. Bn

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
Dec. 3/17	OK.		no	

T. E. Robins
capt cad

P.697.

EXTRACTS FROM ACTIVE SERVICE PAY BOOKS.

Date of Payment.	No. of Acq. Roll	AMOUNTS. Francs	£	s	$	¢	Place of Payment.	Name of Paymaster	REMARKS.
22/9/17	~~3921~~			~~10/-~~	~~2~~	~~43~~	~~Aldridge~~	~~L. Kendrick~~	
~~28/9/17~~	~~4126~~			~~10/-~~	~~2~~	~~43~~	~~"~~	22/2/18	
~~16/10/17~~	~~4564~~			~~10/-~~	~~2~~	~~44~~	~~"~~	22/2/18	
13/11/17	5419		1	–	4	87	"	4/4/18	
~~17/11/17~~	~~cash~~		~~3~~	~~–~~	~~14~~	~~60~~	~~London~~	~~J. Orr~~	2/4/18
							26-77	✓	

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 17[redacted]-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... 57th Battalion .....

Regimental No. 448037 ..... Rank Pte. ..... Name BROWN Joseph. .....
C. E. F.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-9-18		Discharged Auth KR&O 377 (16) CM 1917 MD 4 22-B-105 Cat. "E" Medically Unfit P.C#433 discharged to I. S. C.			

E. R. Gagnon Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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

[P.T.O.

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

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

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

57th Battalion C.O.C.

Casualty Form—Active Service.

Unit, Regiment or Corps 1ST REINFORCING CO. 5TH R. H. C., C. E. F.

Regimental No. 448 037 Rank Pte. Name Brown, Joe.

C. E. F.

Enlisted (a) 25/6/15 Terms of Service (a) D of W Service reckons from (a) 25/6/15

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) Cooper A.F.B.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked.....	Halifax.	15/12/16.	per s/s
		Disembarked.....	Liverpool.	28/12/16.	"Olympic".
4/1/17.	O.C. 92nd.	Arrived & taken on strength.....	East Sandling.	28/12/16.	Bn: O. 2. #336
4-1-17.	OC.92nd.	Transferred 5th.Res.Bn.	E.Sandling.	4-1-17.	Bn.Ord.No.5.
5-1-17.	OC.5th.	Taken on str.5th.Res.Bn.	E.Sandling.	4-1-17.	Bn.Ord.No.One.
19-1-17.	OC.5th.	Transferred 20th.Res.Bn.	E.Sandling.	20-1-17.	Bn.After.Ord.16.
30-1-17	20th Res Bt	Transferred to 20th Res Batt Taken on strength	Shoreham	20-1-17	
21/3/17	O.C. 20th Res Bn	Transferred to 42nd Battalion Overseas	Shoreham	21/3/17	

Cowan Lieut.
Asst. Adjt. 92nd Bn. (48th Highlanders) C.

4 Mc Cowan LIEUT
ASST. ADJ. 5th RESERVE Bn. (CENT. ONT.) C.E.F.
D. O. Pt. II No. 33
CAPT. & ADJUTANT
20th Res Bn
D. O. Pt. II No. 73
LT. & ASST. ADJU
20th CANADIAN RESERVE BN.

CERTIFIED CORRECT. 11 APR. 1917 DIV. RECORDS, LONDON.

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

[P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
22/3/17	C.B.D.	Arrived in France & taken on strength 42nd Can Bn.	C.B.D.	22/3/17	N.R. P.II.O. 36 of 26/3/17
14/4/17	O.C. C.B.D.	Sentenced to 7 days F.P. No. 2 for - failing to answer defaulters parade	C.B.D.	8/4/17	B 2069. P.II.O. 50 of 26/4/17
15/4/17	Do	Taken on strength "A"	Do	15/4/17	N.R.
21/4/17	42nd	Arrived Unit	Field	21/4/17	B 213/299. 5/5/17.
7/4/17	C.B.D.	Sentenced to 4 days' C.B. for "Absent from C.T.C. Parade, 7.45 a.m."	C.B.D.	7/4/17	B 2069
9/4/17	Do	Struck off strength T.O.	F.P.	9/4/17	N.R.
9/6/17	Do	Wounded to hospital		9/6/17	B 213/317. 19/6/17
16/6/17	3 Con Gen.	S. W. forearm, L. Invalided, wounded & posted to 1st Quebec Reg't Depot, Shoreham	SS "St. Patrick"	16/6/17	W. 3083 (28448) P.II.O. 75 of 28/6/17.
22.6.17	1st Que R.D.	T.O.S. from 42nd Bn	Shoreham	16.6.17	Pt II Do 95.

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

Adjutant,
Lieut. for Colonel i/c Records, Comy.

JAN -1 1918
APR 18 1919

TAKEN ON STRENGTH CASUALTY UNIT M. D. 4.
T. O. S. District Depot No. 4

CASUALTY UNIT M. D. 4.
AUTHY. PT. II D. O. No. 1

Auth[illegible] 2223-275.

ORIGINAL

original

MEDICAL HISTORY SHEET

M1 13

Surname Brown *Christian Name* Jos

Examined { on 25th day of June 1916
at Montreal.

Birthplace { City or Town Montreal,
County Quebec.

Apparent age 19 years.

Trade or occupation Cooper

Height 5 feet 7 Inches

Weight lbs.

Chest measurement { Minimum 33¼ inches
Maximum expansion 3¼ inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

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

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

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		19 JUN 1917	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
17.3.17		H.A.S.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
17.3.17	1·A.B. / 1	H.A.S.	M.O.
			M.O.
			M.O.

Enlisted on 25th *day of* June 191 5 *at* Montreal.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Reinforcing Co. R.C.R.	448037		25/6/16
Transferred to	2d Res Bn			20/1/17
	42nd Bn.			27/2/17.

CANADA

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Uxbridge	17 OCT 1917	G.S.W. Lft. Forearm	T.to C.A.P. Borden Camp

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Brown Christian Name

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Southall Mil Hospital (Jos. General Military Hospital, Eastern Command, 10 Sep 1917, Edmonton, N. 18)		16	6	17	11	9	17	G. S. W. Arm L VIII IV 2	87	Portion of Radius blown away. Soft parts badly lacerated. radial artery severed. Very septic on admission to Southall Military Hospital. Condition improved. wound healing. Both exposed ends of radius removed on Sept 3rd	H Sinjar pp C W T
										Transferred Canadian Hospital Uxbridge	
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.		11	9	17	27	11	17	DO	78	Large irregular discharging wound on back of left forearm. No use of left wrist or fingers. Much sequestra has separated leaving an interval of ½-¾" between upper and lower ends of fractured radius. AF.B.179 written	R. A. Johnston Lt Cane
No. 5 Canadian General Hospital Liverpool		27 NOV 1917						do		Same as above. and impaired sensation post surface forearm & hand. and ant surface thumb. G. C. good	W S Tyrer
Montreal P.Q. Royal Victoria Hospital		15	1	18	1	2	18	G S W Left Arm	18	see MFB 313A attached	

Dawson Mac Collum Capt.
M. O. i/c of Troops Royal Victoria Hospital.

FOR ALL RANKS.
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form)

Place D.C.H. Date March 26/18.

Number 448037 Rank Pte. Name Brown, J.

Corps 42nd. Bn. Age 21 Religion C. of E.

(1) Disability Comp. Fracture left radius, ununited.

(2) Incurred -

(Cancel one) (Overseas XXXXXX (Canada.

(3) Category D

(4) Recommendations -

(a) Treatment (specify nature of) Wait 6 months for infection to heal then bone graft.

(b) Return to duty No.

(a) General

(b) Special (specify nature of)

(c) Special

2nd Wednesday Apl President.

W Sanderson)
Geo. C. Fleet) Members.

Place Date

Approved A.D.M.S. M.D.
or Camp

Place Date

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED MAR 29 1918 MAJOR for A.D.M.S. MONTREAL, Que.

(CANCEL WHERE NOT APPLICABLE. IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).

M.F.W.180.
20m.-1-18.(M).
H.Q.1772-39-1213.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Standing Medical Board

assembled at Montreal

on the 8th March 1916

by order of A.D.M.S. 4th District

for the purpose of examining # 448037

Pte Jabez J. (George Wightman) Brown

23rd Batt C.E.F.

PRESIDENT.

Major D. D. MacDougall R.C.

MEMBERS.

Lieut A. A. Robertson A.M.C.

Lieut J. T. Rogers A.M.C.

The Board having assembled pursuant to order, proceed to examine Pte J. Brown

find that his vision is

20/30 with each eye without glasses

He is otherwise fit

and is fit for service overseas

Dated at Montreal.
8th March 1916.

D. D. MacDougall Major

J. T. Rogers Lieut

A. A. Robertson Lieut

M. F. B. 303.
75 m.—9-15.
H. Q. 1772—39—153.

The A.A.G.,
4th Division.

I concur.

DEPT
MILITIA & DEFE
MAR 11 19
H.Q. 649-B
CANADA

J S Patee Major.

A/A.D.M.S., 4th Division.

The Secretary, Militia Council,
Ottawa, Ont.

Forwarded.

Wilson
Brig-General.

Montreal P.Q.
9/3/16.

O.C., 4th Division.

Approved, 13.3.16
Oscar A. Cannon, Capt.
for a/D.G.M.S.

Mic File

B-638

36606

DEPARTMENT OF MILITIA AND DEFENCE.

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 Joe. 2. Surname Brown

3. Rank Pte. 4. Original Unit 5th Batt. 5. Reg. No. 448037

6. Address, in full, to which future payments of gratuity are to be forwarded 216 Ruard St Montreal Que

7. Date of enlistment in the C.E.F. 25th June 1915.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge none

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:—
5th Batt 6 months Canada + England
42nd " France + England

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 not applicable

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
3 years 4 month.

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!

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 .....
~~Not yet~~ None

20. Have you been issued with a War Service Badge? If so, what class? ..... Yes! A & B

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 .....
Not applicable

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? ..... Not applicable

24. Are you now serving in the C.E.F. ..... No! If not, give:—(a) Date of discharge Sept 6 - 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.....
13 month 42nd Batt

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... Yes!
(b) If so, are you in receipt of full pay and allowances from that Department? ..... Yes!

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: Joe Brown!

Place of Residence: 216 Roxboro St. Montreal

Declared before me at: Montreal

This twentieth day of June 19.19 Victor R Brown

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

Commissioner of the Superior Court, District of Montreal.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

Ottawa Re 2256 - 30225

S. A. & A. F. AUG 7 1919

POST OFFICE AUG 2 1919 Military District No. 4 MONTREAL

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

B638

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 ..Joseph..... 2. Surname ..Brown.....

3. Rank ..private.. 4. Original Unit ..5th 7th Batts.. 5. Reg. No. 448037

6. Address, in full, to which future payments of gratuity are to be forwarded .....
Mr. J. Brown
216 Ruward St. Montreal.

7. Date of enlistment in the C.E.F. ..June 25th, 1915.....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..None.....

9. Relationship of such dependent .. " .....

10. Present address, in full, of such dependent .. " .....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..No.....

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. 5th Bn June 25. 1915
Transferred to H 2nd April 1917

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 units 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 ..June 25th 1915 to..
Sept. 6th 1918. With 5, 7, 23rd Reserve
1st Reinforcing, R.H.C. & 42nd

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..

Section
FILE as numbered above
is charged to you since
Please
attach this letter and take
necessary action
7/8/19 F. B.
7/8/19

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

No Budget Papers
122
7 R 84

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 ..... No (I. S. C. discharge over 2 mths ago)

20. Have you been issued with a War Service Badge? If so, what class? ..... Yes. 1 class B

21. Have you, during the present war, served in the Imperial Forces? ..... No .....

22. Are you entitled to received, 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 ..... Sept 6th, 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 .....
Began April 25th to July 15th 1917 with 42nd Batt.

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? .....

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: J. Brown.

Place of Residence: 216 Rivard St. Montreal.

Declared before me at: Montreal

This 2nd day of June 19.19.

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

G. E. Hall
Major

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 448037 Rank Pte Name BROWN J.

Corps 257th Bn. who was* Discharged

On 6th Sept 191 8 to I.S.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st Sept 191 8 to 6th Sept 191 8 the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	5	80
Advances by Cheques No.			Regt'l Pay 6 days at $ 1c 00	6	00
Advances by Cheques No.			Field Allow. 6 days at $ c 10		60
Assigned Pay No.			Other Allowances* C.C.	35	00
Other Charges*					
Payment on transfer or discharge No. 5209	35	00	Other Credits*		
Payment on transfer or discharge No. 5210	12	40			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	47	40	Total	47	40

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has been (‡) been paid on account of Assigned Pay for the month of Aug. 191 8 to (Assignee) Mrs. A. Brown

(Address) 269 Rivard St., Montreal, Que.

(†) 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.

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

REMARKS:—

State (1) date of enlistment 25-6-15

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

(3) cause of discharge and authority M.O. No. 4. 28-3-105

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

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

Date.....

Place.....

MILITARY DIST. No. 5 SEP 6 1918 DEMOBILIZATION

CAPTAIN
O.I.C.—Demobilization Pay Section, Military Dist. No. 5.
Paymaster

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

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

M. F. W. 44.

150m.—4-17.
H. Q. 1771-25-102.

(9) Is your Father alive? No

If so, state name and address Not applicable

(10) Is your Mother alive? No

If so, state name and address Not applicable

(11) If your Mother is a widow Not applicable

Are you her sole support, or not? Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

(15) Are you insured? No

If so, in what Company? Not applicable

Have you made arrangements for payment of your Insurance premium Not applicable.

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

(Signed) H. Scott Major.
Officer Commanding.

Date June 25th/16

(Copy) Authority A.M.Q. 27-B-105. original

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

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 1st Reinforcing Co. 5th R. H. C., C. E. F.

(2) Regimental Number 448037

(3) Full Name of Soldier Joe Brown

(4) Place of Birt Montreal, Que.

(5) Are you married, or not? Not

(6) If married, state,
(a) Full name of your wife Not applicable

(b) Present Postal Address Not applicable

(7) Are you a widower? Not applicable

(8) Have you any children? Not applicable

If so, give number of boys and girls Not applicable

Also their names and ages Not applicable

M. F. W. 67.

500M.—9 16.
1772-39-954.

(SEE OTHER SIDE.)

Author. 4 M.D. 22-B-105. DUPLICATE. Duplicate

MEDICAL HISTORY SHEET

Surname Brown *Christian Name* Jos E

Examined { on 25th day of June 1916
at Montreal.

Birthplace { City or Town Montreal,
County Quebec.

Apparent age 19 years.

Trade or occupation Cooper

Height 5 feet 7 Inches

Weight lbs.

Chest measurement { Minimum 33¼ inches
Maximum expansion 3¼ inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

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

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

Approved by

Rank M.O.

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

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

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

Enlisted on 25th *day of* June 191 5 *at* Montreal.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	5th RES BATT	448034		
Transferred to				

TAKEN ON STRENGTH CASUALTY UNIT M. D. 4
JAN -1 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Brown Christian Name Jos.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
CCH.Uxbridge		11	9	17	25	11	17	GSW L.Arm.	78	Large irregular discharging wound on bakk of left forearm. No use of left wrist or fingers. Much sequestra has separated leaving an interval of one half to three quarters of an inch between upper and lower ends of fractured radius. Invalid to Canada	R.K.Johnston Lt. CAMC
D.M.C.Hosp	Montreal	1	2	18	29	7	18	G.S.W. Lt.forearm	179	Transfered R.V.H. for operation 5/7/18	MacRenaud Lt.
ROYAL VICTORIA HOSPITAL, MONTREAL JUL 29 1918					SEP 12 1918			G.S.W. Lt.Arm	46	Xray showed ununited fracture of left radius with loss of ¾" of bone. Operation performed for bone grafting, piece of bone was taken from left tibia and transplanted to left radius and arm put up in plaster. Operation wound on leg still requires dressings. Recommend transfer to D.M.C.H. for Dressings, Etc., Capt. M.O. i/c of Troops Royal Victoria Hospital	

CASE HISTORY SHEET.

R.C.M.H. Hospital. Montreal, P.Q. Station
ROYAL VICTORIA HOSP

No. 448037 Rank Pte. Name J. Brown Age 21
I.S.C.
1st.Rein.RHC

Unit Completed years of service Where and how long } C-/10 E-/15 F-/10

Date of admission 29th.July 1918. Date of discharge Sept. 18/18

Diagnosis G.S.W. left arm Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Gunshot wound June 8/17 in left arm, resulting in fracture of radius, non union and osteomyelitis. Compound fracture left radius with loss of 3/4-1 of bone.
Physical examination - general condition good. All other sys.normal. Left forearm shows a large scar over lower end of radius. The hand is partially fixed in position of pronation. Movements of pronation and supination practically nil. There is slight movement of flexion and extension at wrist, but it is very limited. Movement of fingers - Fingers and thumb can be flexed into palm, but cannot be fully extended at the M.C. phal. joints. Thumb cannot be flexed but can be slightly adducted and abducted. Sensation is lost over back of thumb and back of hand corresponding to 1st. metacarpal bone. Sensation in palmer surface is normal. Muscles of arm are only slightly atrophied.
X Ray - showed ununited fracture of left radius, with loss of 3/4" of bone. Operation performed August 8/18 for bone grafting, piece of bone was taken from left tibia, and transplanted to left radius, arm put up in plaster.
Aug. 27/18 - X-Ray of arm shows bones in good position and union apparently taking place.
September 10th. Arm still in plaster cast, operation wound on leg still requires dressings. Recommend transfer to D.M.C.H. to have dressings applied.

D. McCallun, Capt. M.O.i/c Troops, R.V.H.

D.M.C.H. 26/9/18 Fresh plaster applied, Capt. Gilday
P.C.M.H. Jan 7/19 Recommend Transfer to R.V.H. for bone graft.

JAN 10 1919

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date.....

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

Forms
I. 12
11

5 CAN. GEN. M. R.
LIVERPOOL

Army Form I. 1237.

MEDICAL CASE SHEET.*

(MT 13)

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	448074	Pte	Brown	Joseph

Year	Unit.	Age.	Service.
1917	42nd	21	2-8/4

Station and Date. Canadian Convalescent Hospital, Willingdon House, Uxbridge

Disease G.S.W. Lt F/Arm

G.S.W. 9.6.17. back of L. forearm fracturing radius. Had operation on following day for removal of splinters & setting arm - much sequestrum has separated since - leaving an interval ½-¾" bet. upper & lower ends of radius. Large irregular discharging wounds back & L. arm. Has no use in L. wrist & fingers. Can flex there to 40° & passive movement only at elbow —

	Heat — Dressings — Has been
19.9.17	A.T.B. 179 Writes. Has been
9.10.17	Admitted to House — Inflamed area about
	wd. Hot Fomentation G.O.C. Attesting Bd.
	L.M. Morton Capt.
17.10.17	Seen by Bd. Invalided - Condition good. Improving
23.11.17	To Kirkdale Commanding Officer
Liverpool.	Discharging wound middle third forearm.
	Loss of use of wrist & hand. Drop wrist.
	Elbow elbow 45°. extension full.
	Loss of sensation post surface forearm & hand
	& ant surface thumb. G.C. Lord
	W. Lyon

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

Wt. W 4234—M 627. 1,000,000. 8/16. C.F.& S. Forms/I. 1237/11.

Station and Date.

Forms
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	448037.	Pte	Brown	J.
Year 1917.	Unit. 42 Bn		Age. 21	Service. 1 9/12

Station and Date.

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

Disease G S W. Lt forearm c fr Radius

Wounded. 8/10/17. Orion. Lt forearm. middle third

27-11-17. Hosp. 1 – 22 C C S. 8 days. removal shrapnel.
arm put up in splint
2 – no 3 C G.H. 3 days. dressed
3 Southall V.A.D. 3½ months – dressing & massage
4 – Edmonton – 3 days. – dressed
5 – Wybridge. 2½ months – dressed –
6 – Liverpool.

Liverpool. 29-11-17. Wound forearm still discharging.
Arm in splint. Splint straight.
Movements! – Elbow. Extension full. Flexion 45°
Wrist – no movements
thumb & fingers. very slight.
Wrist drop.
Interval of ¾" between upper & lower ends of fractured
radius.
Sensation impaired all post forearm & hand.
" " ant surface thumb.
G. Cond good

W I Syme

H.M. HOSPITAL. SHIP
'BRAEMAR, CASTLE'
16.12.17.
Discharged to duty 28-12-17

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10933). Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

ROYAL VICTORIA HOSPITAL

CASE HISTORY SHEET.

No. 448037 Rank Private. Name Joseph BROWN. Age 21

Unit Casualty Unit No. 4 Completed years of service Where and how long

Date of admission 15th January 1918 Date of discharge 1st February 1918

Diagnosis G.S.W. Left Arm. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Gunshot wound in left arm. resulting in fracture of Radius, Non Union, Osteomyelitis and discharging sinus.

General condition Good. Complains of easy fatigue.

Integ. & Locom, sys. Normal, except bad scarring on left forearm, with loss of function of forearm and hand and fingers. Has drop wrist, no ability to pronate, supinate, felxion or extension of wrist or fingers.

Circ. Sys Normal
Resp. Sys. Nromal
Dig. Sys. Normal
G.U. System. Normal.
Urine, - Amber &&&&& acid, 1024, Alb, & Sug. Neg. Few pus, & Epith.

FAMILY HISTORY Good.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Dry dressings to arm,

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Sinus just healed, To wait six months after healing

(and disposal made of case.) before operating, Recommend transfer to G.N.C.H.

for Dry Dressings.

Date 1st February 1918

Donnison Mac Colleen Capt.
M.O. i/c of Troops Royal Victoria Hospital
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

DEPT. MILITIA & DEFENCE
APR 16 1918
H.Q. CANADA

CASE HISTORY SHEET.

No. 448037 Rank Private Name Joseph Brown Age 21

Unit Casualty Unit No. 4 Completed years of service Where and how long 649-B-1554

Date of admission 15th January 1918 Date of discharge 1st February 1918

Diagnosis G.S.W. Left Arm Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Gunshot wound in left arm. Resulting in fracture of Radius.

Non Union, Osteomyelitis and discharging sinus.

General condition good. Complains of easy fatigue

Integ. & Locom. sys. Normal, except bad scarring on left fore arm, with loss of function of fore arm and hand and fingers. Has drop wrist, no ability to pronate, supinate, flexion or extension of wrist or fingers.

Circ. Sys. Normal

Resp. Sys. Normal

Dig. Sys. Normal

G. U. System Normal

Urine - Amber acid, 1024, Alb. & Sug. Neg. Feb pus, & Epith.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Good.

TREATMENT Dry dressing to arm.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Sinus just healed. To wait six

(and disposal made of case.) months after healing before operation.

Recommend transfer to G.W.V.C.H. for Dry

dressings.

Date 1st February 1918

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

D226
16 | 4 | 18.

283-16-4-18

APR 16 19

8/4/19
D

4-13-3

CASE HISTORY SHEET.

ROYAL VICTORIA HOSPITAL Hospital. MONTREAL P.Q. Station.

No. 448037 Rank Private Name Joseph Brown Age 21

Invalided Soldiers Commission.

Unit (1st Ref. RHC. Completed years of service (Where and how long) O/10 E/15 F/10

Date of admission 29th July 1918 Date of discharge Sept 18/18

Diagnosis GSW. Left Arm. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE Un-united Radius(left).

Gunshot wound June 6/17 in left arm, resulting in fracture of Radius, non-union and osteomyelitis. Compound fracture left radius with loss of /¾ -1" of bone.

Physical Examination -General condition good. All other sys. normal. Left forearm shows a large scar over lower end of radius. The hand is partially fixed in position of pronation. Movements of pronation and supination practically nil. There is slight movement of flexion and extension at wrist, but it is very limited. Movement of fingers. Fingers and thumb can be flexed into palm, but cannot be fully extended at the M.C. phal. joints. Thumb cannot be flexed but can be slightly adducted and abducted. Sensation is lost over back of thumb and back of hand corresponding to 1st. metacarpal bone. Semsation in palmer surface is normal. Muscles of arm are only slightly atrophied.

Xray - showed ununited fracture of left radius, with loss of ¾ of bone.

Operation performed August 8th 1918 for bone grafting, piece of bone was taken from left tibia, and transplanted to left radius, arm put up in plaster.

August 27th - Xray of arm shows bones in good position and union apparently taking place

September 10th Arm still in plaster cast, operation wound on leg still requires dressings. Recommend transfer to D.M.C.H. to have Dressings applied.

W. Bruce Collins Capt.
M.O. i/c of Troops Royal Victoria Hospital

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT See above. 26/9/18 - Frost plaster applied, Capt. Kelaher

(Especially any specific or special form.)

Sept Jan 7/19. Recommend transfer to D.M.C.H. for Xray & Ortho

JAN 10 1919

W. Patterson Capt.

CONDITION ON DISCHARGE,

(Disposal made of case.)

Medical Officer i/c case.

4-Q-12

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
14.9.17	1st Que.	Trans to. H Ho Can Con Hosp	Uxbridge	12.9.17	CLB 10. SW L Arm
1.12.17	--	Trans 5 Can Gen Hosp.	Liverpool	28.11.17	CLB 77.
20.12.17	--	Invalided to Canada	--	16.12.17	CLB 93. --
24-12-17	-"-	Having been invalided to Canada No longer fit for war service	B'shott	16-12-17	D.O. 255.
	Dis Depot	Finally discharged	MD# 4 Montreal	26/12/17	NR 419. Montreal-Que.

R—122
8,400—50,000—21-10-16

CHS Rank ✓ Name BROWN Joe ✓ Reg'l No. ~~648027~~ 448037

Unit 1st.Rein.5th.R.H.C. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal. June.25th.1915. Place of Birth Montreal.

Name and Address, Next-of-Kin Jack Lacker

457 Sanguinet St. Montreal. P.Q. Relationship Friend.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 11080
File R.L.
Category Inf. Can

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
30-12-16	92nd Bn	*Arrived in England.*	S.S. Olympic	26-12-16	
30-12-16	92nd Bn	Taken on Strength	Shorncliffe	28-12-16	Pt 2 D. O. 336
5-1-17	92nd Bn	S. O. S to 5th. Res. Bn.	Shorncliffe	4-1-17	Pt. 2 D. O. 5
5.1.17	5th Res Bn	Taken on Strength	Bramshott	4.1.17	Pt. II. O. 1
20-1-17	" "	S O S on Transf to 20th Res Bn	"	20-1-17	— 16
30.1.17	20th Res	T O S from 5th Res Bn	Shoreham	20.1.17	Pt. II D. O. 23
21-3-17	— " —	S. O. S on proc. O/seas to 42nd Bn	— " —	21-3-17	A II 073.
26.3.17	Pte 42nd	T.O.S from 20th Res. Bn	Field	22.3.17	— " — 36.
21.6.17	— " —	Adm 3 Can General Hosp.	Boulogne	13.6.17	64a 459 SW L arm
20.6.17	— " —	Adm. Auxiliary Mil Hosp.	Southall	16.6.17	L 11 322. GSW Arm
22.6.17	1st 2 R D.	T.O.S from 42nd Bn.	Shoreham	16.6.17	14 II Do 95 + 42 1/2 A II 075 d 28.6.17

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				

40687 C

R—122.

Rank Name BROWN Jos. Reg'l No. 448037

Unit Draft 57th to 23rd Bn ✓ If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal. Que. June 25th 1915. Place of Birth Montreal. Que.

Name and Address, Next-of-Kin Jack Lacker. 457. Sanguinet St. Montreal. (Orphan).

Relationship Friend.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Med. unfit Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
2.8.15	O.C. 23	Taken on strength	Shorncliffe	31.7.15	Part II 181
21.9.15	"	Forf. 6 days P&A. 21 days No. 2. F.P. Absence	"	21.9.15	" 224
21.8.15	"	Forf. 3 dys P&A. Insub.	"	21.8.15	" 198 + 239
26.8.15	"	Forf. 1 dys P&A Absent	"	26.8.15	" 202
9.9.15	"	" 5 dys P&A 7 dys CB "	"	9.9.15	" 214
				5.11.15	273
16.11.15	"	Struck off for disch in Canada	"	~~15.11.15~~	" ~~217~~ (R.O. 3595 Appdx) Medically unfit

POST DISCHARGE PAY OFFICE

36666/731 MC

Three months pay and allowances after discharge.

Name Brown, Joseph
Surname Christian Name

Regimental Number 448037 Rank Pte.

Unit 54th Bn.

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
S.R. Hill 23/7/19												

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

Remarks:

File No. 0225-6-J-19

WAR SERVICE GRATUITY.

Register No. B.638

plt

Reg. No. 448037 5th/3rd

Name Brown Joseph

Address 216 Ribard St
Montreal Que

Pay Soldier $ 420 00

Clerk a s Raymond
S B Smart
J H Neville

Dependent

Address

RW104
12 11/19

Pay Dependent $

Days 183 Rate 70 Due 420 00

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net 420 00

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3 2-9-19	12518	502906	210 00		3			
4			70 00		4			
5			70 00		5			
6 2-9-19	26055	520791	70 00		6			

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

GEN'L AUDITOR
Posting checked by
.....
Date 2/18/19

M. F. W. 41.
10m.—11-15.
1772-39-889.

(260)

Name Brown Pte. J

Regimental No. 448037

Unit 23rd Battln. (57th Battln.)

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable S/A. Nil

"Mistagama" 15/11/15

~~Name and~~ Home address ~~of next-of-kin~~ 445 Rivard St.

Gen. Post. Office, Montreal. Que.

445

Date and place discharged Is being transferred to another unit.

Reason for discharge

Character on discharge

Class. No. 3. H.Q 649-B-1554

L. Job 87694. M. & D. 6128.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Ch't Voucher No.	Ch't Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	5/11/15							12 87								L. P. C. End
6/11/15	31/12/15	56	1.00	56 00	56	.10	5 60	Sub 31 50	105 97	1204	16/12/15	45 97	✓	60 00	105 97	✓ Pd. H.Q + Pd Que. D.D
1/1/16	31/1/16	31	1.00	31 00	31	10	3 10	Sub 18 60	52 70	1878	8/2/16	52 70	✓		52 70	
1/2/16	29/2/16	29	1.00	29 00	29	10	2 90	17 40	49 30	A716	26/2/16	49 30	✓		49 30	

7/4/16. This a/c. transferred to P.M. 4th M.D. from 1/3/16, see folio 31

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

P—56

Rank Name BROWN Jos. Reg'l No. 448037

Unit ~~Draft 57th to~~ 23rd Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal. Que. June 25th 1915. Place of Birth Montreal. Que.

Name and Address, Next-of-Kin Jack Lacker. 457. Sanguinet St. Montreal. (Orphan).

Relationship Friend.

Assigned Pay Monthly $ Nil Payable to

Relationship

Separation Allowance $ Payable to

Relationship

PAY OFFICE, N. E. BRANCH CANADIAN CONTINGENT JAN 24 1916

Discharge, Date and Place To Canada 5/11/15. Reason H.P. 12/23. Oct 29/15. Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
																83	Dr bal.
Aug 1	31	31	1	31	31	10	3 10		34 10	1		31 63		3 30	34 93		3 days P.A. 130198
Sept 1	30	30	1	30	30	10	3		33			14 60		29 70	44 30	12 13	6 day P.A. - 130224 21 " No. 27 P.
Oct 1	31	31	1	31	31	10	3 10		34 10			4 87			4 87	17 10	
Nov 1	5	5	1	5	5	10	50		5 50							22 60	
NE Branch Feb.									22 60					22 60	22 60		$22.60 Transferred to to acct & pm Genl Genl liability can [illegible]

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs. Annie Brown

Address 259 Rivard St
Montreal.
P.Q.

Rate 15 00

DEC 1 1916

By Whom Assigned Brown.

Regtl. No. 448037

Rank Pte

Corps 5th R.H.C. 1st Rein

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CONSOLIDATED

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. A. Brown

L. L. Job 4503.—Req. 6832.

Name of Soldier Brown Geo

448037 5th RHC. 1st Reim. pte

15.00

DEC 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		J 35702	15	Cable 726-18-1-17-26-1-17 ASR
Jan.	1917			Make no payment for the Month of Jan.
Feb.		K 43063	15 00	Soldier Received Punishment, entailing
March		L 48873	15	27 Days loss of Pay. M.W. 4.31-1-29.14 11/16
April		Y 289	15	15 6
May		J 6939	15	
June		R 13321	15	15 Cu
July		L 20789	15	C
Aug.		P 27340	15	6
Sept.		O 34618	15	Cu
Oct.		M.48079	15	$150.00
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Dec 1/16

RATE OF SEPARATION ALLOWANCE

Env.

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 448037

Rank Pte Promoted Joe Reverted Discharge

Soldier's Name Geo. Brown

Battalion 5th R.H.C. 1st Rein

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Annie Brown.

Address 259 Rivard St Montreal P.Q.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31/17			150	150		
Nov.	B 55058		15	15		
Dec	D 60782		15	15	Br.	A.P. 210.00 A/c Closed 28-2-18
Jan/18	E 54591		15	15	Hd	Ret'd per Bramer Castle
Feb	C 96463		15	15		Date 26/12/17 F.X. 5/3/18
Mar	~~A 103749~~		~~15~~	~~15~~		Clerk C.A. Culbert per G.B.

A 103749 cancelled 13/3/18 C.C.

MR O.2B Rend 5-3-18.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7503.

103996

20

Perforated sheet for Will from Pay Book of Reg.

No. 448037

Name Brown Joseph.

Unit 20th Canadian Res. Bn

Military Will

In the event of my Death. I give the whole of my property and effects to my mother Mrs Annie. Greenberg. 259 Rivard St. Montreal.

Signature J. Brown.

Rank and Regt Pte 20 Can Res Bn.

Date 20th March 1917

P. 559
MARRIED OR SINGLE Single.

PLACE OF BIRTH Montreal

NAME AND ADDRESS OF NEXT OF KIN Mr. Jack Lacker.
457 Sanguinet St. Montreal P.Q.

RELATIONSHIP OF NEXT OF KIN Friend

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 448037 RANK Pte. 5th Bn 2nd Draft NAME Brown. Joe.

IF IN PERMT. CORPS WHAT UNIT UNIT 92 · Bn TRANSFERRED TO 5th Res Bn DATE 1.2.17 AUTHORITY 10067 7/12/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Norcliffe DATE 19.11.17 AUTHORITY

PLACE OF ATTESTATION Montreal. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 25/6/16. TRANSFERRED TO DATE AUTHORITY

JAN 21 1918

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1st Jan 1917

PAYABLE TO Mrs Annie Brown 259 Rivard St. Montreal Canada RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO B RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) stopped EFFECTIVE 1/12/17. REASON Discharged to Canada. 19/11/17.

DISCHARGE DATE AND PLACE 19/11/17. Canada. REASON AND AUTHORITY Invalided. Aplidge 17 & 19. 13/11/17.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index CC

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by W. Wallace

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																			
Jan ~~1-31~~	0													11 75	11 75																11 75				Hdq 5th Res Bn Auth. R069. D/22.1.17 assd Pay for Jan. & Feb.
Jan 1-31	31	1.10	34	10											34 10																			45 85		
Feb 1/28	28	1.2	30	80											30 80	74	24 1/17	Hdq						4 87				15			34 87		34 87		
																270	21.2.17	"						4 87				15							
Mar/31	31	-	34	10											34 10	170	12.2.17	"						24 33				15	2 20						
																317	6.3.17	20 Res Bn											2 60						
																													3 90						
Apr	30		33	00											33 00														11 60		67 77		8 11		
																1241	303 CAPD							4 36				15	7 70		27 06		14 05		
																Book 3/3 CAPD																			
																Order								32				15			15 32		32 83		
May	31		34	10											34 10	257	194	C&R	London					4 36											
																251	"	"	24/6					4 36											
June	30		33	00											33 00	215	22/5	142	Rentr.					3 35	4 87			15		85	32 79		21 07		
																			Res																
July	31		34	10											34 10				11/7						4 87			15			19 87		45 27		
																			London																
Aug	31		34	10											34 10				6/9/17						4 87			15			19 87		59 58		
																23	4.6.17	Hdq CAPD	Bramley					4 36											
Sept	30		33	00											33 00	294	8.6.17	return	DK. 6/9					2 68	4 87			15			26 91		65 59		
			300	30										11 75	311 05									64 43	19 48	1 35	57 35	346 16							

Hdq 5th Res Bn
Auth. R069. D/22.1.17
assd Pay for Jan. & Feb.

A.F.L. 21.2.-22.2.17 2 days pay R.N.
Entd. 20 Res Bn Rly. S. 22.2.17
amount 2 days 3rd 2 Entd 20th Res Bn 27.2.17
10 days FP 2 = 20 Res Bn 27.2.17
FP 2 = 4 days 4.50 - 26.4.17
A.F.L. 20 Res Bn 1.3.17
A.F.L. 7 days FP 2 - 4.50 - 26.4.17

R40005 865 177

Sailing List #2 Liverpool 28.12.14 Cr Book 13.94 Entd C.R. 1188. 10/-

448037 Pte Brown, Jos.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH PARTICULARS	CR.			CR. 2	PARTICULARS									DR. 1	DR. 2	DR. 3		DR. 4		BALANCE	DEFER SER -RED. ALCE. PAY ENG.													
1917				~~65 59~~																65 59 -														
Oct	90			34 10												15																		
									145	3/6	42 Bn	4158		2 61																				
									CS	4736	27.10.17			34 07						48 01														
			34 10											36 68		15																		
Nov.	P.P.		20 90													15																		
									0/11/17. 7 days loss of pay $30.242																											
									3/11/17. 3 days loss of pay $30.244																											
									5/11/17. 5 days loss of pay + forfeits																											
									1 days pay under R. W. $30.269																											
									5/11/17. 3 days loss of pay. " "																											
									8/11/17. 2 days loss of pay $30.249																											
									8/11/17. 3 days loss of pay "																											
									8/11/17. 5 days loss of pay + "																											
									forfeits 1 days pay under																											
									R. W. $30.269. Cert Uxbridge																											
									total forfeiture of pay. 12 days						13 20					40 71														
			20 90												13 20	15																		
Balance transf. to Canadian Liab. Account																				13 94														
Balance transferred to N. E. Branch.																				~~Nil~~ 26 77														
N.E.																																		
Feb. 1918									A/E 11586	12/1/17	5 G.G. Hosp.			N.E. 9/12		J.H. 969				2 48	Ent.												~~2 48~~
..									A/E 4586	9/6/1917	GGH Uxbridge			N/E 5/24		J.H. 615				2 43	The S.K. Kelley												~~4 86~~
..									" 41126	24/9/17	" "			N/E 9/3		J.H. 566				2 48	do												~~7 29~~
																J.H. 99				7 29														
March.									" 11070	17/1/17	Cook London			N/E 10/24						14.60	do														
do									" 54119	13/4/17	GGH Uxbridge			N.E. 10/33		J.H. 12K				4 87	o/E												2 44	
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do									Transf to "Canada Discharge a/c"				2 43 2 43																						
																J.H. 930																		
April.									" 3921	21/9/17	do.			N.E. 12/45						2 48	o/E.														
June 19.									Adj. of Exchange											01														Nil	

A.F.W. FORM SEN 8 ~~Uxbridge~~ EFFECTIVE 1/12/17.
DISCHARGED TO Canada DATE 19/11.
PAYABLE AT CMR 20/11/17.
Cr. BAL 13.94 I.P.C. No. 20/11/17.
AUTHY Uxbridge 17 & 49. 13/11/17.
Invalided.

Checked Gw Williams

Extracts of standing 26 77 2 48 2 43 91

Engineer Dr 26 77
By Bank of Mont 13 94
40 71

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

B-145

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION ROYAL VICTORIA HOSP. DATE 23rd August 1918

1. (a) Unit D.D. #4 (b) Regimental No. 448037 (c) Rank Private
   (d) Surname BROWN. (e) Christian name Joseph.
2. Age last birthday 21 Date of birth June 25th 1897
3. Enlisted at Montreal P.Q. on June 25th 1915
4. Personal description :—
   (a) Height 5.Ft 7" (b) Weight 190.Lbs. (stripped) (c) Complexion Medium
   (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks
   Wound of middle of left forearm.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   216 Rivard Street. Montreal P.Q.
6. Former trade or occupation Clerk.
7. (a) Service

	Years	Days
	M. D. 4	

	Periods	
	From	To
57th O/S Battn. C.E.F.	June 25th 1915	August 1915
23rd Res. Battn. C.E.F.	August 1915	June 25th 1916
1st Ref. Co., R.H.C. C.E.F.	June 25th 1916	January 20th 1917
20th Res. Battn. C.E.F.	January 20th 1917	March 20th 1917
42nd O/S Battn. C.E.F.	March 20th 1917	January 1st 1918
District Depot #4	January 1st 1918	Present.

   (b) Has he been Overseas? Yes.
8. Present disease or disability (use authorized nomenclature if possible) G.S.W. Left Forearm.
   (a) Date of origin June 8th 1917 (b) Place of origin France.
   (c) Cause* G.S.W.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Gunshot wound of left forearm resulting in loss of portion of Radius with Ulnar deflection of the lower portion and adhesion of tendons in scar.
An operation for Bone Grafting has been performed, using Tibial Bone.
Advise that he remain in the Royal Victoria Hospital with arm in splint until bone regenerates.
Other systems - Normal.

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

MILITARY DISTRICT NO. 4
AUG 29 1918

M. F. B. 227.
15 M.-6-17.
1772-39-117.

10. History ;

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

Scar 8" long on left shin, the result of taking bone for bone graft.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty ? On duty

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? Not applicable.

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

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

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

Bone Grafting operation. Arm put up in splint.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? Yes.

19. Can the former trade or occupation be resumed ? Not at present.

20. Recommendations That he be transferred to the I.S.C. for further Hospital Treatment.

W H Hustle / Lieut

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.)

I, the undersigned Joe Brown. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of nothing.

J Brown

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Concur.

22. 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).

23. It is certified that the soldier

(a) Does require treatment.
(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).

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

That he be transferred to the I.S.C. for continuation of further Hospital Treatment.

President.

Members.

STATION Montreal P.Q.

DATE 23rd August 1918

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED MAJOR For A.D.M.S. MONTREAL, Que.

APPROVED BY

DATE .....

Assistant Director of Medical Services.

APPROVED BY

DATE .....

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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

Date of final Medical Board or decision. }

..... Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

Militia Form B. 227.
20 m.-5-15.
H. Q. 1772—39—117.

DEPT. MILITIA & DEFENCE
DEC 11 1915
H.Q. CANADA

C 19-B-1554

MEDICAL HISTORY OF AN INVALID.

1.—Station. Quebec, P. Q.

2.—Regiment of Corps. 23rd Reserve Battn. 57th Battn.

3.—Regimental No. and Rank. 448037 Private.

4.—Name. Brown, Jos

5.—Age last Birthday. 19

6.—Enlisted { on 24th June 1915 at Montreal.

7.—Former Trade or Occupation. Cooper.

8.—General remarks on his :—

(a) Conduct. Good

(b) Habits. Good

(c) Temperance. T. T.

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

Date 19th Nov 1915.

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
23rd Reserve Battn 57th Battn.	24th June 1915	Present.

10.—Disease or Disability. Defective vision.

11.—Date of origin, cause, present condition and whether the same is the result of service or climate.

1 2 3

4

1. Before enlistment.
2. unknown.
3. Very shortsighted - has less than 1/3 normal vision with each eye. Has been supplied with glasses in England which do not seem to help him much.

Not result of service

Has it been aggravated by intemperance, vice or misconduct?

No

G. P. O. Montreal

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

Carded 11-12-15 M. M.

[OVER]

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

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

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

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

1. Yes.
2. Not applicable.
3. 1/4 of which 25% is an aggravation of an old condition.

He says his eyesight was not tested at enlistment.

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

DEPT MILITIA & DEFENCE
DEC 14 1915
H.Q. CANADA

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

Sandling Nov 1st 1915.

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

Yes.

Conrad Gyeggie.
Capt C.A.M.C.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

The Medical Board having met and examined #448037 Pte Joe Brown concurs in the above report. The Board recommends that he be fitted with proper glasses wme

Signatures :-- W. M. Carrick Capt AMC President.

Station Quebec Conrad Gyeggie Capt C.A.M.C.

Date 19th Nov 1915 Robt Vernon Lt AMC Members.

Date Nov. 20/15. G. Gwinters Major
Assistant Director of Medical Services.

Approved.

Date 23rd/15 [illegible] Capt
Director of Medical Services.

[OVER]

Carded 11-12-15
M.M.

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

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

6. Medals and Decorations.....

Service in France.
22.3.17.to.16.6.17.

Entitled to wear one casualty stripe. 9.6.17.

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) Monreal, QUEBEC.

(Date) September, 6th, 1918.

K. McGee
Lieutenant,
Commanding Officer i/c Discharge Section, District Depot No. 4.

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) Montreal, QUEBEC. J Brown. *(Signature of Soldier.)*

(Date) September, 6th, 1918. J R Emo Sgt. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, QUEBEC.

K. McGee
(Signature) .....*Lieutenant,*
Officer i/c Discharge Section, District Depot No. 4.

(Date) September, 6th, 1918.

Reservations referred to at Para. 8.

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

NO RESERVATIONS.

J Brown.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

MILITARY SERVICE ACT 1918 M.D.4

Proceedings on Discharge.

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

No. 448037.

Rank Private.

Surname BROWN,

Christian Name Joe.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 57th Battalion, C.E.F.

Date of Discharge 23 September, 6th, 1918.

Place of Discharge Montreal, QUEBEC.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21. years 3. months.	Descriptive Marks
Height 5. feet 7. inches.	
Complexion	Medium.
Eyes	Brown.
Hair	Brown.
Trade	Cooper.
Intended place of residence (To be given as fully as practicable.)	216 Rivard St., Montreal, QUEBEC.

G.S.W. scar on left forearm.

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

K.R.&.O. 377 (10) C.M. 1917. MD4. 22-B-105. Category "E". Medically Unfit. R.O. #693. Discharged to, the I.S.C.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Irreproachable

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

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

Cooper.

Stn 22-3-50

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

B-638. N. S. H. Comp.
11-8-19 a.m.

SD 6.7.62

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

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

on the day of 191

Members of the Board :—

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

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, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent ?
(ii.) If not permanent, what is its probable minimum duration (in months) ?

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

18. Remarks.

19. Recommendation :—(a) Fit for duty ?
(b) Fit for base duty ?
(c) Invalid to Canada ?
(d) Discharge from service as permanently unfit ?

Classification for the Military Hospitals Commission.

Dated at this day of 191

Date of Board

Signatures of the Board.

Station

President.

Signatures of the Board

Approved

Dated at Station

Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 448037 Rank Private Surname BROWN Christian Name JOE

Unit or Corps—(a) Overseas from United Kingdom 72nd Batt. (b) In United Kingdom 5th Royal Highlanders

Born at—Town Montreal County or Province Quebec Country Canada

Date of Birth Day 2 Month [illegible] Year 1896 Age [illegible] yrs. [illegible] months.

Joined at Montreal Date June 2nd 1915

Former Trade or Occupation Clerk

Permanent marks or peculiarities that will serve for future identification :—
distinctive marks. Talks with peculiar accent.

Height—feet 5 inches 9 Colour of eyes Brown

Signature of Soldier (*for identification purposes*) J. 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*) LOSS OF FUNCTION L WRIST AND HAND

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.	G. S. W. Lt forearm	avion	8/6/17
(*ii.*) As to Group (*b*) above.	n.a.	n.a	
(*iii.*) As to Group (*c*) above.	n.a.	n.a	

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

3. Is the disability due to disease contracted or injuries received prior to Active Service ?
(*i.*) As to Group (*a*) above ? no If yes, has Active Service aggravated it ? n.a.
(*ii.*) As to Group (*b*) above ? n.a. If yes, has Active Service aggravated it ? n.a.
(*iii.*) As to Group (*c*) above ? n.a. If yes, has Active Service aggravated it ? n.a.

4. Is the disability due to disease contracted or injuries received while on Active Service—
(*i.*) As to Group (*a*) above ? yes
(*ii.*) As to Group (*b*) above ? n.a.
(*iii.*) As to Group (*c*) above ? n.a.

PART I. *(continued).*

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

(*i.*) While on duty? yes (*ii.*) While off duty?

(*iii.*) Was a Court of Inquiry held? no (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court? n.a.

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).*

Was wounded at Avion June 8 - 1917. Was sent to 2 C.C.S. and had an operation on the following day for removal of shrapnel and setting arm. Radius was broken. Treatment at No 3 Canadian General and stayed there three days. Then was sent to Southall Red Military Hospital where he stayed 3½ months. He was admitted to Can Convalescent Hospital Uxbridge 14/9/17

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

Large irregular discharging wound ~~on~~ left forearm. Much sequestra has separated leaving a cavity ½" – ¾" between upper & lower ends of radius. Has no use of left wrist or fingers.

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

(*ii.*) If so, state what. Removal of shrapnel & setting arm

(*iii.*) Was one advised and declined? no

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

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

(*ii.*) If so, describe.

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?

Date of Report October 7 191 7 Signed R P Rowden Capt

Station Can Convalescent Hospital Uxbridge Officer in medical charge of case.

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

R.C. Preston Lt. Col. { Officer i/c / S.M.O. } { Hospital / Brigade } Strike out one of these.

Dated at C.C.H. Uxbridge Station, on 10.10.17 191 7

* Delete if inapplicable.

PART II.

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

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

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

If not, indicate it.

Yes

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? no / Aggravated? no } (*b*) Misconduct of the Soldier { Caused? no / Aggravated? no }

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

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, ⅕, ⅖, ⅗, ⅘, *or all.*)

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

(*i.*) Is it permanent?

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

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

18. Remarks.

Wd extending from Radial border to ulna outer border of Left forearm across dorsum at juncture of middle & lower thirds. Deep depression of scar which is healed to small granulating area. Evident loss of bony substance in radius & fibrous union — Loss of sensation over whole hand more marked over radial distribution

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.

Date of Board 17 OCT 1917 R P Rowden Capt. C.A.M.C. President.

Station Lex Bridge *Signatures of the Board.* Thaw Capt C.A.M.C.

Approved [illegible] Captain C.A.M.C. A.D.M.S.

Dated at for A.D.M.S., Canadians, London Area. Station 26 OCT 1917 191

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

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

J.D.Adamson Capt.CAMC.

R.P.Borden Capt.CAMC

Uxbridge President.

Signatures of the Board

Reserved ...H.C.

Regt. No. 448037 Rank PTE Surname BROWN Christian Name JOE

Unit or Corps—(a) Overseas from United Kingdom 42nd Batt (b) In United Kingdom

Born at—Town Montreal County or Province Quebec Country Canada

Date of Birth—Day 25 Month June Year 1896 Age 21 yrs. 3 months.

Joined at Montreal Date June 25, 1915.

Former Trade or Occupation Clerk

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

No distinctive marks. Talks with peculiar accent.

Height—feet 5 inches 9 Colour of eyes Brown

Signature of Soldier (*for identification purposes*) J 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*)	LOSS OF FUNCTION LT. WRIST AND HAND.
Disabilities Group (*b*)	N.A.
Disabilities Group (*c*).	N.A.

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.	G.S.W. Lt. forearm	Avion	8/6/17
(*ii.*) As to Group (*b*) above.	N.A.	N.A.	N.A.
(*iii.*) As to Group (*c*) above.	N.A.	N.A.	N.A.

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

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

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

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

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

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

(*i.*) As to Group (*a*) above ? Yes

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

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

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

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

(*iii.*) Was a Court of Inquiry held? No (*iv.*) Where? N.A. (*v.*) When? N.A.

(*vi.*) Opinion of the Court? N.A.

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*).

Was wounded at Avion June 8, 1917. Was sent to No.2 C.C.S and had an operation on the following day for removal of shrapnel and setting arm. Radius was broken. He then went to No. 3 Canadian General and stayed here three days. Then was sent to Southall Auxillary Military hospital, where he stayed 3½ months. He was admitted to Can. Convalescent Hospital, Uxbridge 14/9/17.

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

Large irregular discharging wound on back of left forearm. Has no use of left wrist or fingers. Much sequestra has separated leaving an interval of ½" - ¾" between upper and lower ends of fractured radius.

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

(*ii.*) If so, state what. Removal of shrapnel & setting arm.

(*iii.*) Was one advised and declined? No

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

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

(*ii.*) If so, describe. N.A.

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?

Date of Report October 4th 1917 Signed R.K. Johnston Lt. CAMC.
Officer in medical charge of case.

Station C.C.H. Uxbridge

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

W. Webster, Lt. Col.
Officer i/c / S.M.O. Hospital / Brigade — Strike out one of these.

Dated at C.C.H. Uxbridge Station, on Oct. 9th 1917

* 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)? YES
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? YES
If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier: Caused? NO; Aggravated? NO (*b*) Misconduct of the Soldier: Caused? NO; Aggravated? NO

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

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

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

18. Remarks.

Wound extending from Radial boxrder to ulna outer border of left forearm across dorsum at junctionx of middle and lower thirds.

Deep depression of scar which is healed to small granulating area.

Evident loss of bony substance in radius and fibrous union - Loss of sensation over whole hand - more marked over mediam distribution.

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.

Date of Board 17-10-17 *Signatures of the Board.* J.D.Adamson Capt.CAMC. *President.*
R.P.Borden Capt.CAMC

Station Uxbridge

*Approved ..... Captain C.A.M.S.

Dated at for A.D.M.S. Canadians, London Area. Station

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

26 OCT 1917

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