

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Arrest Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M.F.W. 67 — 2

DISCHARGE DOCUMENTS

Name *Brown Leo Pius*

Regt. No. *2517399* Rank *Private*

Corps *A. Coy. 1st Depot Bn.*

Med. Unit

44974

R. O. No.

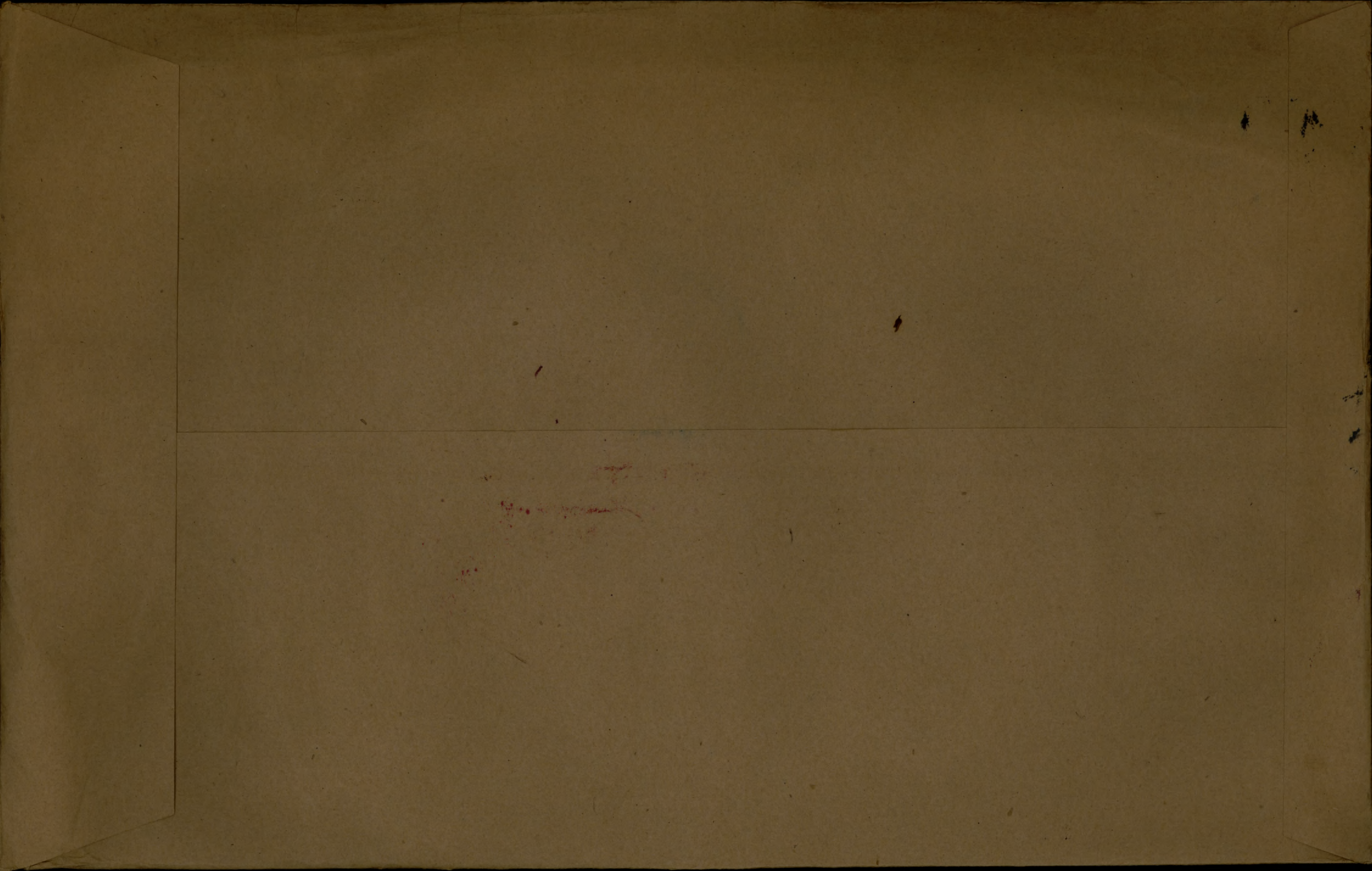
H. Q. No.

H



2517399

B



1st Hussars

Original

ATTESTATION PAPER.

No. 2517399.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Brown
- 1a. What are your Christian names?..... Leo Pius
- 1b. What is your present address?..... 393 1/2 Emerson St., Detroit, Mich.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Oswego, N.Y., U.S.A.
- 3. What is the name of your next-of-kin?..... Mrs. Margaret Brown
- 4. What is the address of your next-of-kin?..... ~~393 1/2 Emerson St., Detroit, Mich.~~
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... July 27th, 1896
- 6. What is your Trade or Calling?..... Machinist
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No P. 13
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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? .. No
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason?..... ...

920 Newport Ave, Detroit, Mich. J.B.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leo Pius Brown, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Leo P. Brown (Signature of Recruit)

Date Sept. 20th, 191 7 [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leo Pius Brown, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Leo P. Brown (Signature of Recruit)

Date Sept. 20th, 191 7 [Signature] (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 Windsor, Ont. this 20th, day of September 191 7

[Signature] (Signature of Justice)

Dues See 100-11-17 H. Q.

Description of Leo Pius Brown on Enlistment.

Apparent Age 21 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 5 1/2 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Gray

Hair Brown

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

Hearing - - R E N
 L E N
 Vision - - - R E x20/180 20/80
 L E 20/180

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 September 20th, 191 7

Place Windsor, Ont.

[Signature]
[Signature]
 Medical Officer.

*Insert here "fit" or "unfit." Fit

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.

Leo Pius Brown having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] Lieut. Colonel (Signature of Officer)

O. C. 1st Depot Battalion, W. O. R.

Date 24-9-17 191 7

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Original

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

Regimental No. 2517399 Rank Private Name BROWN, Leo. Pais.

Corps "A" Co. 1st. Depot Bn., W.O.R. was* Discharged

On November 7th. 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from November 1st. 1917, to November 7th. 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	33.	94
Advances by Cheques } No. <u>No. 486 A.R. 512</u>	10.	00	Reg'tl Pay 7 days at \$ 1.00	7.	00
} No. <u>No. 513 A.R. 486</u>	23.	94	Field Allow. 7 days at \$.10		70
Assigned Pay No.			Other Allowances* <u>Overpaid 72c</u>		
Other Charges* <u>Kit Short</u>		8.	on discharge deposit in Bank 72c		
Payment on transfer or discharge No.			Other Credits*		72
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	42.	36	Total	42.	36

*Give Particulars.

A monthly stoppage of \$ Nil. (†) has (‡) been paid on account of Assigned Pay for the month of 1917 to (Assignee).....
(Address).....

(†) 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 20-9-17
- (2) if married and if a Separation Allowance Card has been submitted No. No.
- (3) cause of discharge and authority D.O. 54 1st. Depot Bn., W.O.R.

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 November 7th. 1917.

Place London, Ont.

[Signature]
..... **Capt.**
Paymaster, 1st Depot Bn., W.O.R., M.D. No. 1. Cap. t.
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.

Dis. Feb
16. 11. 17

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 Hussars

(2) Regimental Number.....*2517399*

(3) Full Name of Soldier.....*Leo Pius Brown*

(4) Place of Birth.....*Oswego N.Y. USA*

(5) Are you married, or not?.....*No.*

(6) If married, state,
(a) Full name of your wife.....*-*

(b) Present Postal Address.....*-*

(7) Are you a widower?.....*No.*

(8) Have you any children?.....*-*

If so, give number of boys and girls.....*-*

Also their names and ages.....*-*

(9) Is your Father alive?..... *No*

If so, state name and address..... *-*

(10) Is your Mother alive?..... *Yes*

If so, state name and address..... *Mrs Margaret Brown*

..... *920 Newport Ave, Detroit Mich*

(11) If your Mother is a widow..... *Yes*

Are you her sole support, or not?..... *No*

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

.....
.....

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

..... *No*

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

..... *-*

15) Are you insured?..... *No*

If so, in what Company?..... *-*

Have you made arrangements for payment of your Insurance premium..... *-*

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

J. L. Miller..... *Lieut. Colonel*
O, C, 1st Depot Battalion, W. O. R. Officer Commanding.

Date..... *24-9-17*

Duplicate

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 Hussars

(2) Regimental Number.....

2517399

(3) Full Name of Soldier.....

Leo Pius Brown

(4) Place of Birth.....

Oswego N.Y. USA

(5) Are you married, or not?.....

No

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

—

(b) Present Postal Address.....

—

(7) Are you a widower?.....

No

(8) Have you any children?.....

—

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?..... *No*

If so, state name and address..... *-*

(10) Is your Mother alive?..... *Yes*

If so, state name and address..... *Mrs Margaret Brown*
920 Newport Ave Detroit Mich

(11) If your Mother is a widow..... *Yes*

Are you her sole support, or not?..... *No*

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

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

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

15) Are you insured?..... *No*

If so, in what Company?..... *-*

Have you made arrangements for payment of your Insurance premium..... *✓*

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

A. L. Milligan
..... *Lieut. Colonel*
O, C, 1st Depot Battalion, W. O. R. Officer Commanding.

Date..... *24-9-17*

Name *Brown L.P.* No. *2517399* Unit. *W.O.R.*
 Rank *Pfc* Age. *22* Service *6 mos* Date. *Oct 29/17*

Diagnosis *Interstitial Keratitis*
 History. *recurrent attacks*

Nose Pharynx Larynx
 Nasopharynx

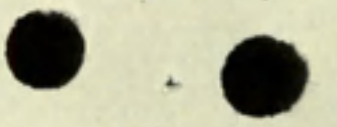
R.E.	Ear	L.E.	R.E.	Ear	L.E.
	Perforation			Schwarback	
	Discharge			Weber	
	Retraction			Rinne	
	Voice			Upper Fork Limit	
	After inflation			Lower Fork Limit	
	Galton				

condition was.....present previous to enlistment and has.....
 been..... by active service..... improvement is
 to be expected.

Vision
 V.C.D. == $\frac{4}{30}$ ($\frac{20}{100}$) *no improvement with glasses*
 V.O.S. -- $\frac{4}{30}$ ($\frac{20}{100}$) *no improvement with glasses*
 Cornea Fundus

Much thickened & scarred
 condition was.....present previous to enlistment and has..... *not*
 been..... *affiliated* by active service..... *no* improvement is
 to be expected.

He is a Category..... *E*.....man due to..... *Eye condition*
Major G. Brown



UNITED STATES DEPARTMENT OF THE INTERIOR

LAND OFFICE

WASHINGTON, D. C.

1911

TO THE SECRETARY OF THE INTERIOR

FROM THE LAND OFFICE

REPORT

ON

THE

LANDS BELONGING TO THE UNITED STATES

IN THE TERRITORY OF ARIZONA

BY THE LAND OFFICE

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

M. F. W. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Hussars

Regimental No. 2517399 Rank Pte. Name Brown S. P.
C. E. F.

Enlisted (a) Windsor Terms of Service (a) Duration of War Service reckons from (a) 22-9-17
46 mos.

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) Machinist

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				
		EMBARKED	CANADA		H. M. T.
		DISEMBARCKED	ENGLAND		H. M. T.
		Transferred to 1st Depot Bn W. O. R.	London, Eng	15.10.14	Auth. B2 # 36

15.10.14

(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				

SURNAME.

Brown

649-B-21680

CARD NO.

4

CHRISTIAN NAMES

Leo Pius

SOS Dis. 7/17/17 I

REGL. NO.

2517399

RANK

Pte.

UNIT

1st Depot (W. Ant. Regt)

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Brown, Mrs. Margaret

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*920 Newport Ave,
Detroit, Mich, U.S.A.*

COUNTRY OF BIRTH

U.S.A. Oswego, N. Y.

DATE

July 27th - 1898

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Sept. 20th - 1917

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

21 YEARS

2 MONTHS

HEIGHT

5 FEET

5 1/2 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Sept. 20th - 1917

Present Address

39 3 1/2 Emerson St.,

Detroit, Mich., U.S.A.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

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

This space to be for numbers.

Proceedings on Discharge.

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

No.	2517399.	
Rank	Private	
Name	Brown, Leo. Pius	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	"A" Coy	
Date of Discharge	7/11/17.	
Place of Discharge	London, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	21.....years.....	4.....months.
Height.....	5.....feet.....	5½.....inches.
Complexion	Dark.	
Eyes	Gray.	
Hair	Brown.	
Trade	mechanic	
Intended place of residence	920 Newport Ave Detroit Michigan	
<small>(To be given as fully as practicable.)</small>		
Descriptive Marks		
"Nil"		
Military District No. 1		
NOV 9 1917		
I. D.....		
2. The above-named man is discharged in consequence of being medically unfit, disability pre-dated enlistment, was not due to or aggravated by enlistment. Auth. 1 D-30-B-522, d/3-11-17		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
"Very Good"		
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
mechanic		

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

(OVER)

F.B.
Dis. Let
15-11-17
H. J.

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

"nil"

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

6. Medals and Decorations.....

"nil"

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

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

(Place) London, Ont.....

R. P. Mullis
Capt. Adj. Gen.
1st Depot Battalion, W. O. R.
Commanding

(Date) 7/11/17.....

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) London, Ont *J. P. Brown* (Signature of Soldier.)

(Date) 7/11/17 *R. P. Mullis* (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.

J. P. Brown (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) London, Ont.....

R. P. Mullis
(Signature) Capt. Adj. Gen.
1st Depot Battalion, W. O. R.

(Date) 7/11/17.....

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.)

I have received all just claims due me:—
J. P. Brown

MEDICAL HISTORY OF AN INVALID.

BPC

Handwritten signatures and initials

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

- 1. Station. London, Ont.
- 2. Regiment or Corps. W.O.R.
- 3. Regimental No. and Rank. 2517399
- 4. Name. BROWN Leo. Pious
- 5. Age last Birthday. 21.
- 6. Enlisted on Sept. 20/17. at Windsor, Ont.
- 7. Former Trade or Occupation. Mechanic. Date. 31/10/17.
- 8. General remarks on his:
 - (a) Conduct.
 - (b) Habits.
 - (c) Temperance.

NOV 1 1917
 30 B-522
 DEPT. MILITIA & DEFENCE
 NOV 10 1917
 H.Q. CANADA

(At Station or Hospital where finally disposed of.)
 Station and Hospital } Arrived from }

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

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

Date of final Medical Board or decision. }
 Administrative Medical Officer.

9. Service.	Years. Days.	
	PERIODS.	
	FROM.	TO.
<u>1st. Hussars. W.O.R.</u>	<u>Sept. 20/17.</u>	<u>31/10/17.</u>

- 10. (a) Disease or disability. Keratitis.
- (b) Date of origin. Previous to enlistment.
- (c) Place of origin. Oswego N.Y.
- (d) Cause. Injury to Cornea.

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.) This man has defective vision.
H.E.V. 20/100. L.E.V. 20/100. Note specialists report attached. Heart, lungs and other organs normal

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227,
 100 M-2-16,
 H. G. 1772-39-117.

Date	Disability	Name	Regimental No.	Rank	Station	Corps

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.

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

Mole on left shoulder. Mole below left knee.

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

Yes.

10.

11.

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

Not applicable.

12.

15.

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

Not applicable.

16.

17.

14. Treatment

L.M.H. London, Ont.

19. Is he unfit for Military Service.

Yes.

Category "E".

20. Recommendations :

That he be placed in Category "E" as further treatment or hospital care will not improve the dischargee's condition.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

25% none due to service.

Signatures :—

A. E. Mac Larty Capt. *Comd.* President.

T. J. Hunter Capt. *Comd.* Members.

J. B. Renwick Lieut. *Comd.* Members.

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

Yes.

Station. London, Ont.

Date. 31/10/17.

APPROVED
NOV 2 1917
D. G. M. S. M. D. No. 1.

Date.

Approved.

Date.

Asst. Director of Medical Services.

Director-General of Medical Services.

L. M. Jones Lieut. *Comd.*
Medical Officer by whom the case is brought forward.