REGIMENTAL DOCUMENTS

NAME BROWN Oscar REGT. NO. 3320977 UNIT PPCLI H. Q. FILE NO.

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				45162	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Deceased
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	C03					
1	Canada					
1	R.I.P.					
1	a.f.b. 1237					
						14-26
						21-27
						33-2 1/8
						1

W. 2589
100M-11-18

2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

ORIGINAL
1-B-90

3 M. D. Depot Battalion Regiment

Regtl. No. 3320977

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Brown
2. Christian name: Oscar
3. Present address: 45 Redpath Street. Ottawa, Ont.
4. Military Service Act letter and number: PR 584091
5. Date of birth: 9th January 1896
6. Place of birth (town, township or county and country): Ottawa, Ont.
7. Married, widower or single: Single.
8. Religion: R.C.
9. Trade or calling: Motor Truck Driver.
10. Name of next-of-kin: Mrs. B. Liberty
11. Relationship of next-of-kin: Mother.
12. Address of next-of-kin: 45 Redpath Street, Ottawa, Ont.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil.
15. Medical Examination under Military Service Act:—

(a) Place: Ottawa, Ont. (b) Date: 9-11-1917. (c) Category: A1

DECLARATION OF RECRUIT

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

O Brown. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs 10 mths.

Height: 5 ft 5½ ins.

Chest measurement: fully expanded 35 ins.; range of expansion 3 ins.

Complexion: Dark

Eyes: Grey

Hair: Black.

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

Scar both knee caps

A W Bruvahi Lt.Col.
O. C. 2nd. Depot Batt., E. O. R.
O. C. Depot Btln.
Regt.

Place: OTTAWA Date: APR 12 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class "A" No. 382610

THIS IS TO CERTIFY that No. 3320977 (Rank) Pte.

Name (in full) Brown Oscar enlisted in

the 2nd Depot Batt. E.O.R.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 12th

day of April 1918

HE served in C.B.D. & E.D. in France.

and is now discharged from the service by reason of medically unfit general service. Ro 1894
Demobilization.
~~Medical Unfitness~~.

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

Age 23 yrs. 6 mos.

Height 5 ft. 5½ ins.

Complexion Dark

Eyes Grey

Hair Black

O Brown
Signature of Soldier

Marks or Scars Scar both knees

Date of Discharge

Dispersal Station "G"
JUL 12 1919
Military District No. 3

J. Williams
Issuing Officer

Lt
Rank

Date 19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

Overseas 2 Can

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	2320977	Pte	Brown C. Oscar	
	Unit. P.P.C.L.I.		Age.	Service.

Station and Date.

Convalescent Hospital,
No.
Date
Woodcote Park, Epsom.

Disease

Long scar down outer side of right knee nearly healed
Flexion of knee limited
Massage 5a daily

10.1.19.	C.O. Mass.
17.1.19.	" " Ext round wk. F. 135°
24.1.19.	" " Knee swollen due to accident — fell
31.1.19	" "
7.2.19.	" " Improved flexion.
14.2.19.	" " agf 105.
21.2.19.	" " Rec Rg.
28.2.19.	" " agf 95°
4-3-19	CC
7.3.19.	C.O. Mass agf. 780
11.3.19	C.O.
14.3.19	C.O. Mass no improvement this week.
21.3.19	C.O. Massage Rec Board
6.5.19	Papers written a man boarded B 1
9.5.19	" approved by ADMS

Sar 1-5-19

O.C. Coy

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

5365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

292 022588 B-1697 1983 122

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Ascue 2. Surname Brown

3. Rank Pte 4. Original Unit P.P.C.L.I. 5. Reg. No. 3220977

6. Address, in full, to which future payments of gratuity are to be forwarded 41 Redpath St. Ottawa, Ont.

7. Date of enlistment in the C.E.F. April 12th 1918

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 "

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 5 Months 2nd C.O.R. 8 Months P.P.C.L.I.

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.

5134. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6111. Wt. /P17. 25,000. 4/19. S.O.,F.Rd.

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.

20. ~~Have you been issued with a War Service Badge? If so what class?~~

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? No.

24. ~~Are you now serving in the C.E.F.?~~ If not, give:—(a) Date of ~~discharge~~ ~~(b) Reason for discharge~~

JUL 12 1919

S. O. S. Demobilization

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

26. ~~Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit~~

27. ~~(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~

(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: O Brown

Place of Residence: 41 Redpath St Ottawa

Declared before me at: Witley Surrey

"QUESTIONS 12-13-14-20-24-25 26 & 27 ARE UNANSWERED"

This 28 day of June 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

F. W. Fire Mayr.
Commissioner C C C

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

M.S. 5. IV

2nd. DEPOT BATTALION,
Eastern Ontario Regiment. C916

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

3320977

ORIGINAL

1 OCT 1918

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

1. Surname Brown Christian name Oscar

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule ..... 10 DEC 1918

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) 45 Redpath street Ottawa

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

5. Age as stated 21 Years 10 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 5½ Inches. 8. Weight 123. Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35 Ins. } 10. Complexion Dark. { Eyes Grey. / Hair Black. }

11. Physical development. Good. { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / None. / Left arm ..... } 14. When vaccinated last Never.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scars both knee caps.

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

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

Eyes. Rt. D.20.
Lf. D.15.
Hearing- Normal.

J. E. Craig, Capt. *President.*

R. J. McLaughlin Capt. *Member.* J. M. Lograce Lieut. Capt. *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
13-4-18		J. W. Shillington M.O.	13-4-18		J. W. Shillington M.O.
		M.O.	17-4-18		J. W. Shillington M.O.
		M.O.	23-4-18		J. W. Shillington M.O.

Joined 8th day of April 1918 at Ottawa

TAB 1.5.19

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Depot Bn E.O.R	3320977		
Transferred to.....	6th Tay.	3320977		OCT 10 1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
C P Scott Valley	29-6-19	Extensive and adherent scar Rt Knee Leg	Bi A.T. Maylor Capt

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

1161

Signature of Man Oscar Brown 45 Redpath

ORIGINAL

Surname Brown Christian Name Oscar

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.
		1									
1st Southern General Hospital, Dudley Road, Birmingham		5	12	18	3	1	19	GSW Knee.	29	Trans to Cavalry Dépôt Epsom	Capt-
Nec Epsom		3	1	19	19 MAY 1919			"	137	adhesions - extension	May RAMC
										massage, flex. & ad	
										Discharged Bt	
											Capt

C.A.D.C. O.M.F.C.

2192

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

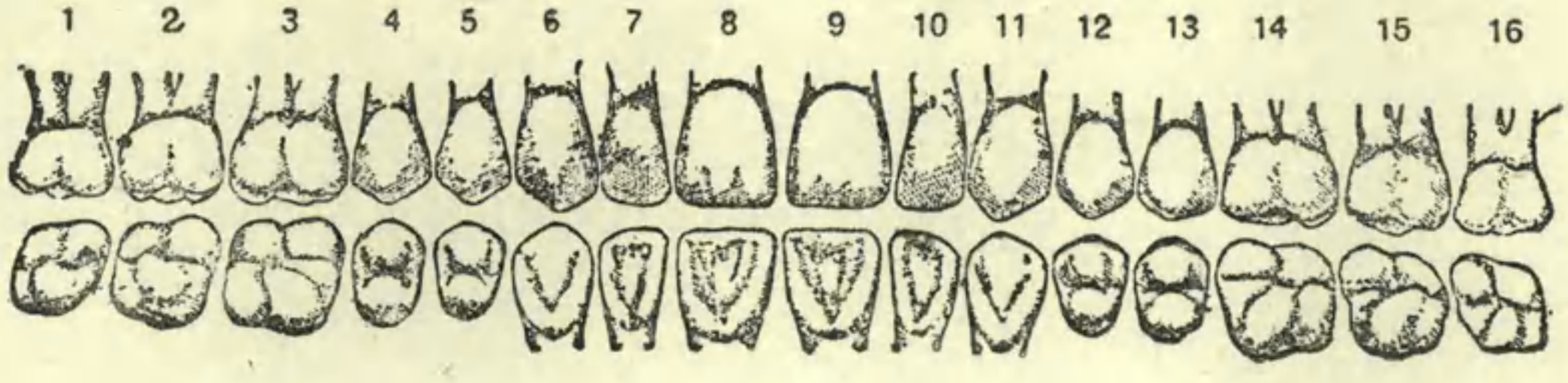
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BROWN O.

REGIMENT P. P. C. L. I. RANK Pte. No. 3320977

Date of Examination in England 2-6-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

A. D. D. S., M. D. No. 8

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England Yes
- (*c*) In France

Signature of Dental Officer J. W. Ross Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Brown C. DISTRICT 2

REGIMENT R.C.R. RANK Pte No. 3320977

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
	1918																					
Condition on first Examination	Apr 8.										7 / 16.19.						1/4.			Capt Cowan	3.	4 Cav. 2. 8. 14. 18. 4 Ept. 3. 4. 30. 31.
"	" 8.										4 / 3.4.30.31.									" "	3	
"	"																			" "	3	
"	" 15		1/14				1/8	1/14		1/8										" "	3	
"	" 19		1/18					1/18												" "	3	
"	" 23	2/14.18		2/14.18		5/14.18														" "	3	Complete

M.F.B. 465
2/0M-1-17
1772-30

Form R 122.
2353—100M—9-12-16.

CR. Rank Name BROWN, Oscar. Reg'l No. 3320977.

No 8 Dft 2nd Bn EAST ONT Unit — If in perm. Corps / What Unit? — Married or Single Single.

Place and Date of Enlistment Ottawa, Apr.12th. 1918. Place of Birth Ottawa,Ont.

Name and Address, Next-of-Kin Mrs. B. Liberty,

45 Redpath St., Ottawa, Ont., Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		5/6-18	S/S CITY of MARSEILLES
8-6-18	6th Res Bn	T.O.S. from Canada.	Re Seaford	5-6-18	Pt II S/O 135
10-10-18	"	Posted to R.P.C.L.I.	" "	10-10-18	— 240 R.P.C.L.I. pt II 98 dy 16-10-18
15-11-18	E.O.R.	"Wounded"	" Field.	8-11-18	G.S.W. R. Knee & CORD. CTD
17-12-18	R.P.C.L.I.	Posted to E.O.R. Rd. (Wounded)	" "	5-12-18	Pt II S/O 119. 307 d/12-12-18 eff. 5-12-18
2-6-19	E.O.R.	leaves to be detailed to Res Bn and is SOS to M. Wing	" Witley	31-5-19	— 128 M Wing Pt II SI - 31-6-19.
		96. G. 46		3.7.19	
E.O.R. 10 19		RECORDS SOS TO CANADA LDN 3-7-19.			L.D. 1

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.					

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 8th Dft. 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

Regimental No. 3320977 Rank Pte Name Brown Oscar

Enlisted (a) Joined 8-4-18 Terms of Service (a) ~~6.67~~ D of W, C. E. F. Service reckons from (a) ~~8~~ 12-4-18

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

Extended ..... Re-engaged ..... Qualification (b) Motor Truck driver

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
S.O S. 2nd.	Depot Bn. E. O. R., B. O.		15-5-18	P. Woollcombe Lieut ADJT. 2ND. DEPOT. BATT. E. O. R.	
		Embarked	Canada	15-5-18.	H.M.T.Marseilles.
		Disembarked	England	5-6-18.	
8-6-18.	O.C.6th.Res. T.O.S. DRAFTED	6th.Can.Res.Bn.	Seaford	5-6-18.	Pt.2.B.O. #135
11-10-18.	CIBD.	Landed & TOS.pf PPCLI.	CIBD.	11-10-18.	N.R.A.790 D.O.98.
13-10-18.	"	Desp. to CCRC.	Field.	13-10-18.	NR.D.1425.
13-10-18.	CCRC.	Arrived.	CCRC.	13-10-18.	NR.A1631.
15-10-18.	"	Desp. to join	Unit.	15-10-18.	NR.D1650.
16-10-18.	Unit.	Joined.	"	16-10-18.	B.213.
9-11-18.	10 C.F. Amb.	Gsw Rt Knee.	Adm 8-11-18 to a Cbl Stn.	8-11-18.	M. 5418.
12-11-18	26 General	" "	Adm to 26 General.	12-11-18.	M.5583.
8-11-18.	1 Cdn Cbl Stn.	" "	Adm 1 Cdn Cbl Stn	8-11-18.	M.6261.
10-11-18.	1 Cdn Cbl Stn.	" "	to 12 Amb Train.	11-11-18.	M 10497.
16-11-18.	2 C Battn	Wounded in Action	Field.	8-11-18.	B.213.

CERTIFIED CORRECT. 16 OCT 1918 CAN. RECORDS, LONDON

10 OCT 1918

O.C. 6TH CAN. RES. BN.

TO P.P.C.L.I.

10 OCT 1918 SEAFORD

PART II No. 240

J. Mumm Lt

OFFICER I/C RECORDS 6TH CAN. RES. BN.

(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				
5-12-18.	H/C Jan Breydel.	G.S.W. Rt Knee. Invalided and Posted to E.O.R.D. Seaford.	England.	5-12-18.	W3083-6582. Part II Orders. 119 d/- 17-12-18.

J. W. Hogan Major for Lt.-Col., A.A.G.
Canadian Section G.H.Q. 3rd Echelon B.E.F.

3-7-19. S. O. S. 329 Discharged 12-7-19 ~~Kingston~~ Ottawa Ft. 2. Pte. No. 409205
On Demob. Med Hospt for 55 Regt

J. T. Hickey Lt.
for O. C. Dispersal Area Station Ottawa

Surname	Christian Name or Names	Reg. No.
BROWN.	O.	3320977.

Rank: Pte.

Unit: E.O. PPCLI.

Cas. List.	
	1. Can. C.C.S. 8-11-18.
15-11-18. A372.	G.S.W. R. Knee. Rw.
19. 11. 18 A375	2. 26. G. Etaples 13. 11. 18.
10. 12. 18 B391	2/1 D.G. Dudley Rd. B'ham. 5. 12. 18.
7-1-19 BH11.	2 Woodcote Epsom 4-1-19.
21-5-19 B521	Disch. 19-5-19

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

D.M.S. 1300. 50M- 30-8-18.

Cas. List.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

J.J.

Number 332977 Rank Str

Surname BROWN

Christian Name Oscar

Unit C.G.L.I. Theatre of War France

Date of Service 10-10-18

Remarks

Latest Address 43 Redpath St
Ottawa, Ont.

Roll No. B. Page 3693.

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE
51	
114	
32931 Sergt	

NATURE OF CASUALTY

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

C.

3. G. CARD NO.

SURNAME. Brown.

CHRISTIAN NAMES Oscar.

So 8 12-7-19
FOLL. Demob
Do 203 24-7-19

REGL. No. 3320977. RANK Pte.

UNIT East Ont. Regt. 2nd Dpo Bn.

FORMER CORPS Nil.

T. O. S. April 8 19 18.

D.O. Part II No 102.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Liberty, Mrs. B.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 45 Redpath St, Ottawa Ont.

COUNTRY OF BIRTH Canada. Ottawa, Ont DATE Jan 9th 1896.

PLACE OF ATTESTATION Ottawa, Ont. DATE Sept 12th 1918.

O/S 15-5-18 1260/2.

R/C 11-7-19 368/4 Pte 'G'

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED 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

Written up for "B." Cat.

6.5.19 Papers written & Ward Boarded BI

9.5.19. " approved by a.D.M.S.

F. E. Coy.

Capt

D.M.S.1317. 10M.
5798-18-3-18.

(CANADIAN DIVISION),
CONVALESCENT HOSPITAL,
WOODCOTE PARK EPSOM

II

HOSPITAL.

A. & D. No. T2849 5 Ward IV

Unit R.C. Can. L. I. Sick or Wounded.

Regtl. No. 3320977 Pl. of Act'n 2/4/16 B'leux

Rank Pte Name Bracon C.

Age 22 Religion R.C.

Service compl'd 8/12 Time with Field Force 1/2

Diagnosis G.S.W. Rt Knee Flesh

Admitted 2.4.16 Discharged 8.4.16 5.4.16

Transferred E&RD Witley

Record further remarks on back.

Form R. 149.

Oscar

Name Brown Rank Pte Reg No. 3320977

Unit PPCLI

Next of Kin Mrs B Liberty 45 Redpath St Ottawa

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8.11.18	1 Coy to C.C.S		F & W Knee R	A3572	9/39	39299
12-11	Att 2nd Lt. G. H. Chaplin.		D	A375		5613.3
5.19	2/Lt S.G.H. Durkee, Rd B Can [illegible]		Do	B391		2663
4.1.19	2/Lt (Gen) Thomson		Do	B411		4336
19.5	Discharged			B321		3890
19-5	on 31-5-19 T.O.R.D. Letter			Repr. B - 321		

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

NAME Brown Oscar

REGT'L. No. 332077

RANK AND CORPS Pte 88 C.E. Can. E.R.

H.Q. FILE No 649

FOLLOWS NO.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
Q 7339 B-B	18-11-18	Adm'd C.C.H. Rouen 8-11-1918 G.S.W. knee
WR 4372 8-11-18		Next of kin Mrs Bibert (mother) 45 Aylesford St Ottawa Ont
WT M 240 5-3	9-12-18	E.F.C. Soc. reports doing well

L. L. 31493. M. & D. 8476.

6460 21-11-18 Eng. Adm. Serv. Regt

Rhoer 1824

M. F. W. 42—100M.—28-11-17.
H. Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A375	26 Gen Estates	12-11-18	Shell Shock
B391	2/1st Lond. Gen. Hosp. Birmingham	5-12-18	" "
B441	Military Hosp. Devonport	4-1-19	" "
B8521-	" " " Leeds	19-5-19	G.S.W. Rt. Knee.

Date of Enlistment 8-4-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B 13622

OVERSEAS CONTINGENTS

Date of Assignment 1-June-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2. Dpt Bln. R. O. Reg. D Dpt

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS. B. LIBERTY, 45 REDPATH ST., OTTAWA, ONT. 15 15.00

3 % 3320977 PTE OSCAR BROWN FIFTEEN DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
					12758-10-20	
June	E. 15057		15	15	✓	
July	F 30633		15	15	✓	
Aug	E. 27421		15	15	✓	
Sept	A 41279		15	15	✓	
Oct.	F 45097		15	15	✓	
Nov	B 56651		15	15	✓	
	DFC. 68818		15	15	✓	
Jan 1919	H 72407		15	15	✓	
Feb.	I 81308		15	15	H	
Mar.	84848		15	15		
Apr.	G 2670		15	15		
May	D 4604		15	15		
June	C 10705		15	15		
July	C 11497		15	15	✓	
			210	210		

M. F. W. 128
400M.—6-17—1772-33-1141
L. L. 22320—M. & D. 7683.

K.D. #2 Emp. 21.7.19 Emp of Britain 11/19 K.B. 24/19

Dest. K.B. 24/19 M.R.O. 10/2/19

AUDITED

AUTHORITY FOR NEW ACC'T. N.R. M.D. 3. B. 2. R. F. Keogh 23-5-18

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.—5-17—1772 39-1141
L. L. 22390—M. & D. 7993.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

WAR SERVICE BADGE
CLASS A NO 38261

13-6 184

M.D.A. 87-433

O.G. 24

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3390977
2. Rank. Pte
3. Name. Brown, Oscar
4. Unit. C.E.F. 2 C.D.
5. Date of Discharge JUL 12 1919 Place Ottawa
6. Reason for Discharge DEMOBILIZATION

Medically unfit general service R.O. 1894

7. Authority. A.O. 1420 / 1894
8. Proposed Residence after Discharge

41 Redpath St.
Ottawa

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

O Brown
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date AUG 13 1919

Place

Date

Dispersal Station "G" JUL 12 1919

Signature

H. A. Wilkinson Captain
for O. C. Dispersal Area Station G.
(O. C. Discharging Unit.)

Embkd Ch Pol 5 Dist
Demobkd Quebec 10-7-19

M.F.B. 218a—300M.-11-18—1772-39-113.

OPINION OF THE MEDICAL BOARD

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

We concur and agree with the opinion of the Medical Officer.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded for return to Canada. Authority, A.G. Telegram 9083 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE Epsom.

DATE 6 - MAY 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE

DATE

Members

CERTIFIED TRUE COPY

APPROVED BY

Assistant Director of Medical Services.

DATE 6-5-19

Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR MEDICAL SERVICES, CANADIANS, LONDON AREA. MAY 9 1919 13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION EPSOM DATE 5 - MAY 1919

1. 1 (a) Unit P.P.C.L.I. (b) Regimental No. 3320977 (c) Rank PTE
(d) Surname BROWN (e) Christian name OSCAR
(f) Home address 41 Redpath Street Ottawa. Canada
(g) Next of Kin Mrs. P.Liberty (h) Relationship Mother
(i) Address of Next of Kin 41 Redpath Street Ottawa Canada

2. Age last birthday Twenty Three Date of birth Jan.9th 1896

3. Enlistment, or Appointment (if an Officer) (a) Place OTTAWA CANADA (b) Date April 9th 1918

4. Personal description:
(a) Height 5.4" (b) Weight 123 estimated (stripped) (c) Complexion Dark
(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc.
G.S.W. SCAR ON RIGHT KNEE. SMALL SCAR LEFT KNEE

5. Former trade or occupation MOTOR TRUCK DRIVER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	NOTES. ONE	NO

	STATES Periods	
	From	To
Canada	9-4-18	15-5-18
	4-6-18	20-10-18
England	-12-18	To Date
	20-10-18	-12-18
France or other theatres of War		

7. Original disease, or injury LACERATION RIGHT KNEE WITH INJURY TO PATELLA

(a) Date of origin 8-11-18 (b) Place of origin CAMBRAI
(c) Cause G.S.W.

M. F. B. 227.
300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(EXTENSIVE AND ADHERENT SCAR RIGHT KNEE) with impaired use of extremity involved.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE. 7" scar right leg extending from above knee/knee - outer aspect to region of head of Fibula. Scar well healed. Adherent and underlying tissues have been considerably damaged. No swelling of joint but flexion active. Is limited to a right angle. Extension complete.

SUBJECTIVE.
Swelling of knee joint after walking. Scar, lower one third tender and pain on forced flexion of the ~~wrist~~ joint. Extremity is weak.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No Integumentary System No.

Disturbances of Mentality No Digestive System No Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

STATES: Received extensive wound right knee. Was in splint, about six weeks. Wound healed for several weeks.

NOTES: (1) CCS T & T wound right knee traversing outer condyle and joint above patella. Wound excised F.P. to bone lesion.
(2) M.H.S. G.S.W. right knee. To Lpool 3-1-19

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

STATES. 1. Froze right ~~knee~~ ANKLE 1911. Recovered no disability.
2. ~~Measles~~ in childhood. Recovered.
MUMPS

(*c*) (Here give a description of wounds, scars and deformities.)

Scars both knees.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A. No. B. No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Surgical. Hospital routine. 3½ months massage.

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

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

17. Recommendations.

Nil.

Major & Lieut Col
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned O. Brown. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

O. Brown. Pte. Rank.
Signature of invalid examined.

4

OPINION OF THE MEDICAL BOARD

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

We concur and agree with the opinion of the medical officer

19. Is the invalid fit for

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

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

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

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

Boarded for return to Canada - authority A.G.S. Telegram 9383 11.11.18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE Ypres

DATE 8 - MAY 1919

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE 6-5-19

Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE MAY 9 1919

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS LONDON AREA.
13. BERNERS ST. LONDON, W.1

T.I BT

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION EPSOM DATE 5 - MAY 1919

1. 1 (a) Unit PPCLI. (b) Regimental No. 320977 (c) Rank PTE.

(d) Surname BROWN (e) Christian name OSCAR

(f) Home address 41 REDPATH ST., OTTAWA

(g) Next of Kin MRS. P. LIBERTY (h) Relationship MOTHER

(i) Address of Next of Kin 41 REDPATH ST., OTTAWA

2. Age last birthday TWENTY THREE Date of birth JAN. 9, 1896

3. Enlistment, or Appointment (if an Officer) (a) Place OTTAWA (b) Date APRIL 9, 1918

4. Personal description:

(a) Height 5' 4" (b) Weight 123 (ESTIMATED) (stripped) (c) Complexion DARK

(d) Colour of hair BLACK (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. G.S.W. SCAR ON RIGHT KNEE. SMALL SCAR LEFT KNEE.

5. Former trade or occupation MOTOR TRUCK DRIVER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	NOTES: Years	Days
	ONE	NO.

STATES: PERIODS	From	To
Canada	9 - 4 - 18	15 - 5 - 18
	4 - 6 - 18	20 - 10 - 18
England	- 12 - 18	TO DATE
France or other theatres of War	20 - 10 - 18	- 12 - 18

7. Original disease, or injury LACERATION - RIGHT KNEE - WITH - IN JURY - TO PATELLA.

(a) Date of origin 8 - 11 - 18 (b) Place of origin CAMBRAI.

(c) Cause G.S.W.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(EXTENSIVE AND ADHERENT SCAR RIGHT KNEE)
with impaired use of extremity involved

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective - 1" scar rightly extending from above the knee - outer aspect - to region of head of fibula - scar well healed - adherent - and underlying tissues have been considerably damaged - No swelling of joint - but flexion - active - is limited to a right angle extension complete

Subjective - swelling of knee joint after walking - scar - lower 1/3rd - tender - and pain on forced flexion of the joint - Extremity is weak

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

States - Received extensive wound right knee - was in splint - about 6 weeks - wound healed for. Several weeks.

Notes (1) ccs" T & T - wound Right - Knee - traversing outer Condyle and joint above Patella - wound excised - T.P. to home Station - "
(2) M.H.S. T.W. Right Knee. to Epsom - 3-1-19

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Scalds, Trace right ankle - 1911 - Recovered - no disability
Impetigo in Childhood - Recovered

(*c*) (Here give a description of wounds, scars, and deformities.)

Scars, both Knees

11. (*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months

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

Surgical - Hospital Routine
3½ months massage.

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

No.

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

17. Recommendations Nil.

F. Thomas Medical Officer
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned O-Brown have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

W.H.

Brown O. Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) Yes B1.
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

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

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

B.T.C.Auth A.C.T 1 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E.D.Coutts Capt CAMC. *President.*

PLACE Witley A.H.Naylor Capt CAMC. } Members

DATE 29-6-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President

PLACE ..... } Members

DATE .....

APPROVED BY

W.S. uint Capt for
Assistant Director of Medical Services.

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

R.C.M.S. HEADQUARTERS CANADIAN CORPS CAMP 30 JUN 1919 WITLEY

CERTIFIED TRUE COPY

Capt

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley Camp DATE 29-6-19

1. 1 (*a*) Unit P.P.C.L.I. (*b*) Regimental No. 332927 (*c*) Rank Pte.

(*d*) Surname BROWN (*e*) Christian name Oscar

(*f*) Home address 41 Redpath St., Ottawa Ont

(*g*) Next of Kin Mrs P.Liberty (*h*) Relationship Mother.

(*i*) Address of Next of Kin 41 Redpath St., Ottawa Ont.

2. Age last birthday 23 Date of birth 9-1-1896

3. Enlistment, or Appointment (if an Officer) (*a*) Place Ottawa (*b*) Date 9-4-18

4. Personal description:

(*a*) Height 5' 5½" (*b*) Weight 135 (stripped) Pnd (*c*) Complexion Dark

(*d*) Colour of hair Black (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc. Long scar Rt Knee.

5. Former trade or occupation Motor Truck Driver.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	I	80

	Periods	
	From	To
Canada	9-4-18	15-5-18
England	15-5-18	11-10-18
France or other theatres of War	11-10-18	12-11-18

7. Original disease, or injury Lacerated Wound Rt. Knee.

(*a*) Date of origin 8-11-18 (*b*) Place of origin Fraser.

(*c*) Cause G.S.W.

M. F. B. 227.
400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Moderate weakness Rt knee.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJ:- 7" scar extending along outer side of right knee. Scar well healed but slightly adherent. No swelling. Extension normal. Can flex leg (on thigh) to Rt angle.

SUBJ:) Complains that knee is weak and becomes painful on doing much m marching or standing. Says he could do ordinary army marching but leg would be painful at night.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Invalid states:- Received Machine Gun bullet in right knee while in France. Was in splint six weeks. Wound healed.

Notes:- C.C.S. T & T wound Rt knee traversing outer condyle and joint above patella. Wound excised F.P. to bone lesion.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil

(*c*) (Here give a description of wounds, scars and deformities.

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 12 Months.

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

C.C.S. Wound opened and drained.
To 1st Southern Gen Hosp Birmingham 5-12-18
M.C.H. Epsom 3-1-19

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

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

17. Recommendations

N.A. Christie Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned O. Brown Pte. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A.H.N.

Brown O. Pte. Rank.
Signature of invalid examined.

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 332977 RANK Pte NAME (IN FULL) Brown. Oscar (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Oscar Brown		
41 Redpath St		
Ottawa Ont.		

ORIGINAL UNIT C.E.F. P.P.C.L.I. D Bath. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 12-4-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-8-19

PAYABLE TO Mrs. B Liberty — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 45 Redpath St Ottawa Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Kingston DATE 12-7-19 REASON Demob AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
BALANCE FROM PREVIOUS ACCOUNT							26	88	26	88																									26	88
July	18	1.00	19	80	35	70			124	80							38	93	9	87	87	88	15	00			6	60			151	68	6	60		
War Service Gratuity																																				
122	Days	Min	280	00					280	00													70	00												
																							63	40							140				140	
																							7	00							210				70	
																							7	00							280					

1983

PARTICULARS OR REMARKS

Returned Emp of Britian
Bal. per Eng L. & C.,
Clothing Allce. and 1st Payment W. S. G.
Pay to Estimate date of discharge.
Advances in England.
Boat Money, Train Money.
Overpaid 6 days on discharge.

m D W 2 5 9 5 8 2 cc

1st payt W S G as above

D/S Bal

R. 11.8.19 14 0016

10.9.19 1301 923

13 21455 OCT 10 1919

200M-3-19.—L. L. 5878-L. & D. 9985.
M. F. W. 2596.
1772-39-1398.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/6/18.		EFFECTIVE DATE:-	
AMOUNT:- $15.00		AMOUNT:-	

NAME:- BROWN. Oscar.

NUMBER:- 3320977

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can. d. P. 6.		Pte.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs B Liberty (mother)
45 Redpath St. Ottawa Ont

St Stpd 1/11/19.

UNIT AND TRANSFERS

~~No 8 Dft 2nd Dep Bn 30R~~

ORIGINAL UNIT:- 6th CANADIAN RESERVE BATTALION

DATE ACCOUNT FIRST OPENED:- 1/6/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6th Res Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~4/19.~~	~~4180~~	~~M Wing~~	~~$10.0.0.~~ ~~18 67~~	~~12 days S.C~~		~~17-31/5/19. Routine Orders B 523~~	~~$ 8 76~~

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10	~~1 0~~	

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Leave to Canada 1/11/19 NRB 10337. M Wing M.D.3. W.Mar 3/6/19 W.Mar. NPC 6e Bat. 96 88 Ex.~~ "M"

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAY 31.	CRED. BAL. L-P-C.								38 70		
June	Pres Pay	33		C.A.P.				15.			
				AR 1301 - 6 Res - 14/6/18	2 43						
				1587 ✓ 26/6/18	7 30				46 97		
		33			9 73			15	~~46~~		
July	✓	34 10		C.A.P.				15			
				AR 1923 - 6 Res - 9/7/18	29 20						
				✓ 2470 ✓ 27/7/18	9 73				27 14		
		34 10			38 93			15			
Aug	✓	34 10		C.A.P.				15.			
				AR 1983 - 6 Res - 15/8/18	7 30						
				3587 ✓ 28/8/18	9 73				29 21		
		34 10			17 03			15.			
Sept	✓	33.		C.A.P.				15			
				AR 1135 - 6 Res - 14/9/18	7 30						
				1869 - 17/9/18	2 65						
				AR 1516 - 6 Res - 28/9/18	9 73				27 53		
		33			19 68			15.			
Oct.	P.A.	34 10		C.A.P.				15	4 63		
				AR 1954, 6 Res., 10/10/18	7 30						
				✓ 2353, 7 Inf. Bde., 18/10/18	3 73						
				✓ 5595, 6 Res., 30/10/18	12				35 18		
				✓ 2711, CanQ., 18/10/18	3 73				31 75		
		34 10			11 88			15			
Nov.	✓	33		C.A.P.				15			
				✓ 2851 1/11/18 PPCLI	3 73						
Dec	✓	34 10		C.A.P.				15			
Jan	✓	34 10		✓				15			
		101 20		forwarded	3 73			45	84 22		

NUMBER 3320977 RANK Pte NAME BROWN. O.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brought fwd					84 22		
Feb.	PrA	30 80		AR 2769 6/1/19 Epsom HP	4 87						
				(Feb) Cap				15			
				✓ 4409 7/2/19 Epsom HP	4 87						
Mar.	✓	34 10		Cap				15			
				✓ 3441 19/2/19 Epsom HP	4 87						
				✓ 641 7/3/19 ✓ ✓	4 87				99 64		
		64 90			19 48			30			
April.	✓	33 -		Cap				15			
				✓ 808 7/4/19 Epsom HP	9 73						
				3250 23/4 ✓ (4)	19 47						
May	✓	34 10		2988 7/5 ✓ (9)	9 73						
								15.			
				1446 7/5 Epsom (14)	4867						
				Q4005/B363 7/5 (15)	- 35				48 79		
		67 10			87 95			30.			
June		33.		DD.				15			
	DD. 12/4 24/5/14 C.O.S. S.D. from 19/5/14 & 31/5/14 in days	8 76		4486 4/6/19 Tetanus (1)	4867						
				5487 19/6/19 Typhoid (5) (2nd)	9 73						
				5554 20/6/19 ✓ ✓ (6) 2nd	19 20				1205		
		41 76			87 60			15 -			

Lt. qb 805 Can 3-7-19

for
48 79 bal
33 - PrA
8 76 SE.

90.55
DA
48.67
15
63.67
✓ 6.88

Can 7/6/19