REGIMENTAL DOCUMENTS

NAME Brown - Peter REGT. NO. 922911 UNIT 15th Batt H. Q. FILE NO.

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1	Pay Cert					
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W. 2589
100M-11-18

ORIGINAL

ATTESTATION PAPER.

No. 928911

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?	Peter
1b. What is your present address?	Mount Forest, Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Arthur Township, Ontario
3. What is the name of your next-of kin?	Mrs. M. F. Brown
4. What is the address of your next-of-kin?	Mt. Forest, Ont.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Aug. 31st 1896
6. What is your Trade or Calling?	Teacher
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? If so, state particulars of former Service.	No
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Peter 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.

Peter Brown (Signature of Recruit)

Date June 17 1916 A B Rutherford (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter 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.

Peter Brown (Signature of Recruit)

Date June 17 1916. A B Rutherford (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 Mt Forest this 17 day of June 1916

(Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Peter Brown 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 8 ins.
Chest measurement. Girth when fully expanded	35 ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Clear
Eyes	Brown
Hair	Brown
Religious denominations. Church of England	
Presbyterian	✓
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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).

Scar on left side of Pubic Bone from operation

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 17th 1916 .....

Place Mount Forest Ont M McPhaden .....
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.

..... Peter 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.

..... Major (Signature of Officer)

Date June 17th 1916 O. C. 153rd Bn. C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4928911 (Rank) PTE.

Name (in full) Brunt, Peter enlisted in

the 153rd. Battalion

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario on the 17th.

day of June 1916

HE served in ENGLAND

and is now discharged from the service by reason of "MEDICALLY UNFIT"

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

Age 23 Yrs.

Height 5' 8"

Complexion Dark

Eyes Brown

Hair Dark Brown

Marks or Scars Vacc. scars left arm. Operation scar of left inguinal hernia.

Peter Brown
Signature of Soldier

H. Sargeant Lt.
Issuing Officer

For O.C. No. 2 District Depot.
Rank

Appointment

Date of Discharge 1st. October 1919

Signed at Toronto, Ontario this 1st. day of October 19 19

in Military District No. 2.

File Reference No.

No. 2 DISTRICT DEPOT
OCT 1 1919
TORONTO

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.
250m.—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

Uniform is not to be worn after expiration of one month from date of discharge except by special permission of G. O. C. district.

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

CASE HISTORY SHEET.

BRANT MILITARY HOSPITAL Hospital. Burlington Station.

No. 928911 Rank L/Cpl. Name BROWN, Peter. Age 22

Unit #1 D.D. Completed years of service Where and how long } C. 11/12; E. 1 8/12; F. --

Date of admission MAR 7-1919 Date of discharge Sept 25-1919

Diagnosis Arthritis of right knee. Place of origin Bramshott. Feb. 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Fell into a trench Feb 1918 injuring R. knee. Got better for a time & was on light duty for a month. Swelled up in May 1918 after route march & again put on light duty. Took R. cadet course during Summer and again gave trouble at P.T.

Admitted to Hosp. #16 Gen. Bramshott Oct. 1918. Had plaster cast for 4 mos.

15/3/19 Has general Swelling of R. knee joint. Moderate tenderness externally & posteriorly. Can be passively flexed to right angle. Suggestive of fluid but no fluctuation in joint.

30/3/19. Condition about the same. Ordered radiant heat & light massage daily.

7/4/19. 10 cc of 2% formaldehyde in glycerin injected into joint & put to bed in Splint.

9/4/19 Reaction not very severe.

15/4/19. Second injection into joint.

16/4/19. Great deal of pain during night. Hypogenic

20/4/19 Pain practically gone. No redness

28/4/19. Still considerably swollen.

5/5/19 Still swollen, no redness.

12/5/19. Less swelling, less pain.

Neg 19/5/19. Still on splint. A little better.

26/5/19 Not much change. 3/6/19 Less painful, less swelling.

7-6-19 Knee quite painful. 14-6-19 No change 21-6-19 No change.

27-6-19 2% formaldehyde in glycerin injected into Synovia below patella.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.) Light massage & radiant heat. Injections into joint of 2% Formaldehyde in glycerine

CONDITION ON DISCHARGE, (and disposal made of case.) P.T.O. 1/6.

Date 1/6. Medical Officer i/c case. Lt Col Grant Lt

M. F. B. 313a.
20DM. 5-18.
1772-39-439.

B731

7-7-19 Splint removed. Tight flannel bandage applied.

9-7-19 Seen by Col Starr who advises massaged thigh without movement. Gentle bending & balancing by when dependent later to bear foot from Above ordered.

12-7-19 Knee daily becoming less tender.

19-7-19 walking a good deal on knee

28-7-19 Can not take very much weight on leg. no swelling. Tonic Syrup ordered.

5-8-19 Is now able to take slightly more weight on leg. no swelling - very little tenderness.

15-8-19 Discarding long caliper splint.

28-8-19 Knee now swells now - practically no tenderness.

10-8-19 Still using crutches - though knee shows no indication of their being necessary.

23-8-19 2.27 written

H. H. Burns
Capt. I.M.S.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

Military Hospital Group
SEP 25 1919
Ministry

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.

BRANT MILITARY HOSPITAL. M.D.#2. SEP 25 1919

STATION Burlington, Ontario. DATE .....

1. 1 (*a*) Unit #2 D.D. (*b*) Regimental No. 928911 (*c*) Rank L/Cpl.

(*d*) Surname BROWNE (*e*) Christian name Peter.

(*f*) Home address Mount Forrest, Ontario.

(*g*) Next of Kin Mrs. N.F.Browne. (*h*) Relationship Mother.

(*i*) Address of Next of Kin Same address.

2. Age last birthday 23 Date of birth 31-8-1896.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Mt.Forrest. (*b*) Date 17-6-1916.

4. Personal description:

(*a*) Height 5' 8" (*b*) Weight 148 (stripped) (*c*) Complexion Dark

(*d*) Colour of hair D.Brown (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Operation scar of left inguinal hernia.

5. Former trade or occupation School teacher (not permanent)

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
	3	102

	Periods	
	From	To
Canada	17-6-16	1-5-17
England	1-5-17	13-1-19
France or other theatres of War ~~x~~ Canada	13-1-19	Date.

7. Original disease, or injury CHR. ARTHRITIS RIGHT KNEE.

(*a*) Date of origin Feb. 1918. (*b*) Place of origin Bramshott.

(*c*) Cause Fall into trench.

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, 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.)

PARTIAL LOSS OF FUNCTION RIGHT 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.)

OBJECTIVE SIGNS: Right knee is ¾" larger than left - due to synovial thickening. Knee is limited in movement. A.G.E. normal. A.G.F. 130° Range of movement 75°. Movements of knee are very ~~xxx~~ weak about 1/10 normal power. Has been supplied with long caliper splint. Patella moveable but not as free as normal. No dislocation of patella or semilunar cartilages. X-Ray - no bony pathology.
SUBJECTIVE SYMPTOMS: Right knee aches in wet weather. Leg does not become tired on walking though he puts very little weight on it as he uses crutches steadily in walking. (N.B. I do not consider these necessary)

(*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 (If pulse rate is abnormal, B. P. will be taken.) NO Genito-Urinary System (Albumen and Sugar will be excluded.) NO

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

No albumen or sugar. No goitre, varicose veins, varicocele, hernia, piles.

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

Fell into trench while in training Feb. 1918 on light duty (office work) three weeks. Return to full duty. In May 1918 very much swollen after a route march. Remained on duty. Swelling gradually diminished. In July and Aug. became swollen following P.T.
Admitted to hosp. in Oct. 1918. Had had plaster casts, splints etc. since with massage and exercises and electricity for past 8 months. Was using knee in Feb. & March 1919. No injury but knee became much swollen, weak, and painful.

(*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*).)

Scabies Jan. 1917. Recovered.

Left inguinal hernia operation 1916 April. Recovery. No disability.

Adenoids - operated in 1914 Recovery. Slight catarrhal affection nose since.

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

As in 4 (f)

11.—(*a*) Did the disabling condition have its origin before enlistment?

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

Not applicable.

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

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.)

Hospitals England. 2½ months.

Hospitals Canada. 9 months.

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)

Yes: Massage etc. 6 months as out-patient D.S.C.R.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

THAT HE BE DISCHARGED AS MEDICALLY UNFIT: FOR FURTHER TREATMENT UNDER D.S.C.R. AS AN OUT-PATIENT.

Capt. A.M.S.

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, Cpl. P.B rome. 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

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.

WE CONCUR.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

S.C.R. TREATMENT OUTPATIENT (MASSAGE) SIX MONTHS.

(*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.)

AS MEDICALLY UNFIT: FOR FURTHER TREATMENT UNDER D.S.C.R. AS OUT-PATIENT.

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.

A. T. Cameron Lieut. Smith Maj. R.C. *President.*

PLACE BRANT MILITARY HOSPITAL

DATE SEP 25 1919 A. Collins Major-Can. A.M.C. } 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..... } Members

DATE.....

APPROVED BY

APPROVED
SEP 27 1919
J. R. Kentner CAPT.
FOR A. D. M. S. M. D. 2

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	928911	Lcpl.	Browne	Peter
Year 1918.	Unit. 4th Res.		Age. 22	Service. 2 5/12

Station and Date.

12 Camp

1-11-18

Disease Arthritis R Knee

Complaints. (1) swollen R knee.

First noticed trouble in knee following an injury in having in Feb 1918. swelled up did not go sick. was on light duty for about 2 weeks. knee swollen about 1 week. was all right till April when again made much it swelled up. stayed swollen a few days & then he carried on until Aug when took Carded Course There (Chilwell) PT & swelled up again has been swollen ever since. Pain at if stands a long time.

P.C. Rt knee swollen 4cm larger than left. contains fluid. fluctuates, swelling behind knee joint communicating a joint. Redness. No point of tenderness

Examination of physical & ex. expression perfect.

Temp normal X ray neg.

4/11/18 put up in plaster.

J G Forbes

179 prepared.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
5 Caulers Hosp Kirkdale 11-12-16.	Leg in PP coat - from shoulder to calf to upper part of thigh getting about 2 inches above knee - No dressings Sent to Canada

H L Burrell Lt Col

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

20/ Corps 4th Res.

No. 9289 11. Rank and Name Lieut. Browne. P. Age 22. Military Hospital 12 Cit Sec.

Disease Arth B. Knee. Date of admission 1-11-18. Date of discharge _____ Result _____ Service 2 yrs 5 m.

Dates of Observation: 1 2 3 4 5 6 7 8 9 10 11 12

Days of Disease

Temperature Fahrenheit	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.
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19

Pulse per Minute: 72 98 96 90 86 76 86 94

Respirations per Minute

Motions per 24 Hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
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Respirations per Minute																															
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case

CASE HISTORY SHEET.

L.M.C.H. Hospital. London Ont Station.

No. 928911 Rank L/Cpl. Name Brown P. Age 22

Unit #12. D. Completed years of service Where and how long } C 11/12. E 2 0/12. 7 mil.

Date of admission 13-1-19. Date of discharge 7.3.19.

Diagnosis Synovitis Rt. Knee Place of origin England.

CONDITION ON ADMISSION AND PROGRESS OF CASE. On admission the right Knee is in a plaster cast. There is movement of the Knee as much as the cast will allow. There is 3" atrophy of the right Thigh (disuse). On removal of cast 3/4" swelling of the Rt. Knee was found. There is considerable fibrous thickening of the joint and around the patella. The patella is not freely movable but has some movement. Knee - Extension full. Flexion active & passive through a range of 35°. There is no dislocation of patella nor Semilunar cartilages.

11/2/19 Continue treatment

6-3-19- Fitted with Elastic Knee cap.

FAMILY HISTORY. Neg

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Cast removed and bandaged on loosely.

(Especially any specific or special form.) Massage and passive movements to Rt. Knee.

CONDITION ON DISCHARGE, Knee stronger. No swelling. Movements unchanged. Graduates to Brant Hosp. Burlington.

Date 7.3.19.

L. Pay. Jones Capt. A.M.C.
Medical Officer i/c case.

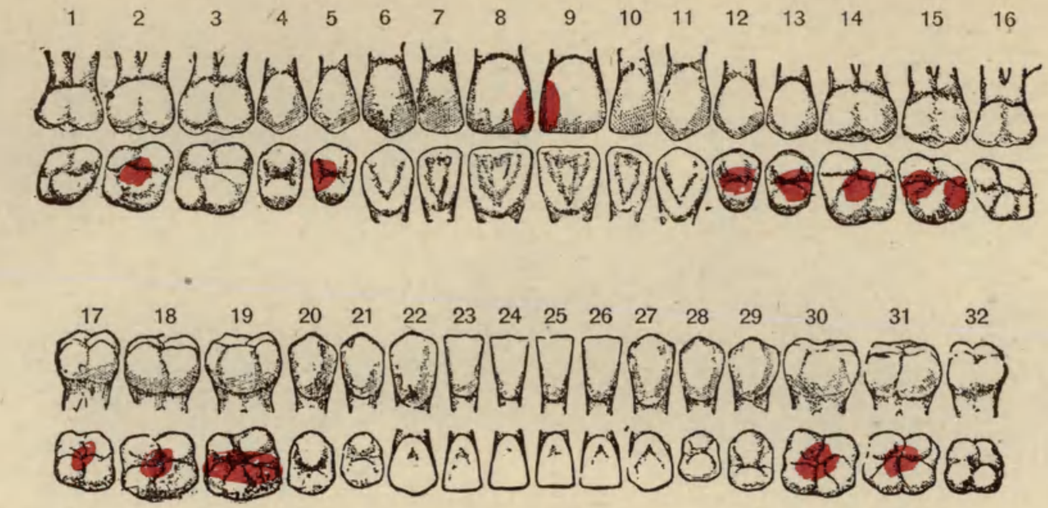
M. F. B. 313a.
200M.—5-18.
1772-39-439.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT M.D.#2

NAME OF SOLDIER BROWN A. Peter. RANK L/Cpl. No. 929911

REGIMENT



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 District	REMARKS
Condition on first Examination		12														2						
Much Dis																			2 Fillings			Good.
Discharge examination at Brand. Military Hosp. Nov. 24/19. J.H. Fillings Capt.																						

No. 465.
20m3—6-18.
1772-20-050.

928911.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Brown *Christian Name* Peter

Examined { on 17 day of June 1916
at Mount Forest, Ont

Birthplace { City or Town Arthur Township
County Ont., Canada

Apparent age 19 years - 10 mos.

Trade or occupation Teacher

Height 5 Feet 8 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 3½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number none

When Vaccinated last —

(*a*) Marks indicating congenital peculiarities or previous disease —

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

Approved by A. J. Stockwell

Rank Capt. A.M.C. 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.
27.3.17	Take	A. R. Perry Capt M.O.
		M.O.
TAB 2 8.6.17 / 15.6.17		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1/11/16	Good	A. R. Perry Capt M.O.
9/11/16	"	A. R. Perry Capt M.O.
28/12/16	"	A. R. Perry Capt M.O.
27-7-17		A. R. Perry Capt M.O.

Enlisted on 17 *day of* June 191 6 *at* Mount Forest, Ont. Can.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	153rd. Bn. C.E.F.	928911		17/6/16.
Transferred to	25th RESERVE BATTALION C.E.F. 4th CAN. RES. BATT.			7 MAY 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
St Thomas Ont. 26/2/17 Brantford 28/11/18 Brant Military Hospital Brantford 23-9-19	Med Board	found Fit. D Chr. orthitis R. Knee Partial loss of function Right knee	Allison Cant. Hosp (Des Med Board) Invalid to Canada Discharged to O.S.C.R. 6 mos Outpatient A. M. Cameron Lieut Major C.A.M.C. Pres. S.M.B.

N.B.—This sheet 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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-19.

Surname Christian Name Rank

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.
London		20	1	17	5	2	17	Eczema	27	Recovered Sgd. J.O.M.cDonald	
No 12 CAN. GENERAL HOSPITAL		1	11	18	11	12	18	Chronic arthritis Rt Knee	41	Injured rt knee at Ps in Feb 1918 swollen each again in April swollen each again in August became swollen & remained so ever since. now 4 cm larger than left. limitation of flexion & pronation & full supination	J.W.Johnson
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		11	DEC	1918				Do		Legion P.P. Cash. 10/- pain & discomfort. Admitting 1B's to Canada Condition unchanged	M.C. Burritt R.C.A.M.C. Act Lieut
"ARAGUAYA."		29	12	18	7	1	19	Do			
E.M.C.H.		13	1	19	7	3	19.	Do.	53.	Transfer to Brant Hosp.	L.M. Jones Capt
Brant Mil. Hospt. Burlington		7	3	19.	25	9	19		202	Burlington's Knee 3/4" larger than left. Mvt. normal. Flex. 45° = hyperextends Claims he can not bear weight on knee. S.I.R. 6 mos. out patient	H.H. Burgess Capt.

LONDON MILITARY CONVALESCENT HOSPITAL

7.3.19.

To:

928911
L. Cpl. Brown P. Certified that the marginally noted N.C.O. or man is free from Venereal and other infectious disease.

L. M. Jones. Capt., C.A.M.C.
London Military Convalescent Hospital.

29

Brant Mil HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date July 1st 19..

Reg'tal No..... Rank..... Name Brown P Unit.....

Bed..... Ward Top floor

Injury or disease Chronic Synovitis Part affected R. Knee joint.

Treatment or Exam.

Condition of R. Knee joint

Geo.

Report. - Slight effusion into joint - no evident bone pathology

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

Signed L P Hess

2-6410

Surname	Christian Name or Names	Reg. No.
BROWN	P.	928911

Rank	Unit
L/Cpl.	W.O. 4th Res.

Cas. List.	
	12 Can.Gen.Bramshott 2-11-18.
7-11-18 C345	Arthritis rt. knee a.s.
14 IV. 18. 6373	S. C.G.P. Kirkdale 12. IV. 18
9-1-19 6383	Invalided to Canada 29-12-18

A.M.D. 2 DEPT.
Bch. of D.G.M.S. (M.P.) London

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

Cas. List.

*Name BROWN, Peter Rank Pte. Regtl. No. 928911,

Fyle Depot IDD 10-B-427

Original unit 153rd Bn. Present unit M. or S. S Age 21 Religion Pres. Ref. H.Q.

Port, ship and date of arrival Halfax, Araguaya, 10-1-19

Next of kin (Mother) Mrs N.F.Brown, Mount Forest, Ont.

Address on leave Same

Address on discharge 40 Charles St., Toronto

Transportation issued Yes / No Date Character on discharge

Previous occupation Teacher Date and place of enlistment June 17th, 1916, Mount Forest, Ont.

Diagnosis Chr. Arthritis right knee Date of Medical Boards 25-9-19

Date. T.O.S	Remarks.	Pt. 2 Order No.
29-12-18	No.1 D.D.	
13-1-19	Posted to Hosp.Sect. and granted furlough with subs	
	to 27-1-19 L. M. C. H.	17 20

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

(over).

Date.	Remarks		Pt. 2 Order No.
26-1-19	SERVICE CHEVRONS 2 BLUE	DDO	26
7-3-19.	Transferred to Brant House Burlington. #. 2 D.D.		72 72.
	T.O.S. 7-3-19 from #1 D.D. and poste to Hos. Sect.		
	(To be transferred to #1 D.D. on Completion of treatment. 77		
	#1D.D. to B.M.H. 7-3-19	H.S.	69
29-3-19	S.O.S. HOSPITAL SECTION TO D.D.#1		85.
	No.1 D.D. Orders.		
30-3-19.	Hosp.Sect.from No.2 D.D.		87.
11-4-19	D.D.O.#87 cancelled		101 101
	B.M.H. to D.D.#1 29-3-19	H.S.	85
	H.S. 85 cancelled B.M.H.	H.S.	88
25-9-19	B.M.H. to Cas. Co.	H.S.	268
1-10-19	S.O.S. is.Med.Unfit(to take further OUT patient treatment with the Dept of P.C. W.S.G. (O.K ELECTS 180 days		272

M. F. W. 192
150m.—5-18
1772-39-1243

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 153rd. O.S. Battalion C.E.F.

(2) Regimental Number 928911

(3) Full Name of Soldier Peter BROWN.

(4) Place of Birth Mt. Forest, Ontario.

(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

M. F. W. 67.
200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... yes.

If so, state name and address ..... N.F. Brown. Mount Forest. Ont.

(10) Is your Mother alive ?..... yes.

If so, state name and address..... Mrs. N. F. Brown. Mount Forest, Ont.

.....

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

Are you her sole support, or not ?.....

(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.

.....

no.

(15) Are you insured ?.....

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 T Pitchard Lieut.-Col.
O.C. 153rd Ba... C.E.F.
Officer Commanding.

Date..... March.8th. 1917.

M. F. W. 54. (A. F. B. [illegible]
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. #928911 Rank PTE. Name BROWN, P.
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				
		Dis. #2 D.D. 1st. October 1919 Pt. 11 D.O.#272			

Capt.
FOR O. C. No. 2 D. D.

(*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.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 15-3rd Battalion C.E.F.

Regimental No. 928911 Rank Pte Name Brown, Peter

C. E. F.

Enlisted (a) 17-6-16 Terms of Service (a) ~~C.E.F.~~ Dofwar Service reckons from (a) 17-6-16

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) Machine Bombing Teacher

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 Canada	Halifax	28.4.17	H. M. T. Olympic
		Disembarked England,	Liverpool	7.5.17	
		Entered Segregation Camp	Bramshott	7-5-17	
2-6-17	25th Res.	Taken on Strength as an A/Lcpl Reverted to Permanent Grade of Private.	Bramshott.	7-5-17	Part 11 D.O. 154.
15-2-18	25th, Res Bn	Transferred to 4th Can Reserve Battalion.	Bramshott.	15-2-18	Part 11. D.O. No. 38.

Geo R Colin
Capt. & Campadjt.
Segregation Camp Bramshott

W. Wallace
Lieut.
A/ Adjutant.
25th, Canadian Reserve Battalion

INVALIDED TO CANADA FURTHER MEDICAL TREATMENT NOT REQUIRED
CANADIAN MILITARY HOSPITAL BRAMSHOTT
REPRESENTATIVE

(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				
15-2-18	C.O. 4th. Can. Res. Bn.	Taken on strength the Res. Bn.	Bramshott	15-2-18	Pt.2. Order No. 36.
23-7-18	4th Res. Batt'n	appointed L/Cpl, with pay	Witley	23-7-18	Part 2 order N° 172.
19-10-18	-do-	S.O.S on posting to W.O.R.D. having reported to Cadet Dist'n Depot R.A.F. London	-do-	19-10-18	Pte 2 D.O. N° 248
					A.B. Hoffe Lieut. — ADJUTANT 4TH CANADIAN RESERVE BATTALION
21-10-18	W.O.R.D	T.O.S. from 4th Res Bn & on lom. R.A.F. London.	Witley	19-10-18	D.O. 248
25-10-18	W.O.R.D	Cease to on lom. R.A.F & S.O.S. on posting to 4th Res Bn	Witley	22-10-18	D.O. 252 J.B. Jackson Lieut. i/c Records. West Ont. Regtl. Depot.
26-10-18	4th Can: Res: Bn:	Re-T.O.S. on posting from W.O.R.D. having reported back from R.A.F. London	Witley	22-10-18	Pte 2 D.O. N°. 251.
5/12/18	-do-	Having been approved for invaliding to Canada. to S.O.S. to W.O.R.D.	Witley	4/12/18	Pt 2 D.O. 289 A.B. Hoffe Lieut. — ADJUTANT 4TH CANADIAN RESERVE BATTALION

Form R 122
2353—100M—9-12-16.

LTR

Rank Name BROWN. Peter Reg'l No. 928911

153rd Bn. to 1st Can. Ont. Regt. If in perm. Corps, What Unit? Married or Single Single.

Unit WEST ONT. Regt

Place and Date of Enlistment Mt Forest, June 17th, 1916. Place of Birth Arthur Twp. Ontario

Name and Address, Next-of-Kin Mrs N.F. Brown.

Mt. Forest, Ontario. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 5403
File R.L.
Category CAN.M.D.

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 7 5 17 SS OLYMPIC.			
2-6-17	25 Res.	Taken on strength. to a/c/pl B'Shott		7-5-17	Pte to 154
2-6-17	do	Reverts to Perm't Sole Pte.	"	7-5-17	—— 15-4
25.7.17.	do	appt a/L-Corpl without pay	"	30.7.17	" 207
15/2.18	25Res	S.O.S. To 4.ResBN B'shott	15.2.18	DO, SS&4ResDO39	
23.7.18	4Res.	appt L/Cpl said	Witley	to	23.7.18 " 172
21.10.18	WORD	T O S from 4 Res. and o/t to RAF Lond	"	L/C	19.10.18 " 248 & 4Res. 2480/19.10.18
23.10.18	4 Res.	T O S from WORD on report from RAF London	"	"	22.10.18 " 251 to 0.0.25.2 d/25/10/18 0.0.8

WO

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.
4.12.18	4 Res	SOS to WORD	Witley	4 & 4.12.18	D0287. 7 & WORD R2 07 9-1-18
6.1.19	WOR	Invalid to base	Kirkdale	29.12.18	CC 6 3839 & WORD R2 07 9-1-18
9-1-19	W.O.R.D.	S.O.			

NUMBER 978911

NAME Browne P.

RANK S/C

DATE Feb 3/19

REFER.

DIAGNOSIS arthritis of right knee joint

RECOMMENDATION Remove splint and commence Massage and passive movement, keep leg bandaged

D.C. 5009 A

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

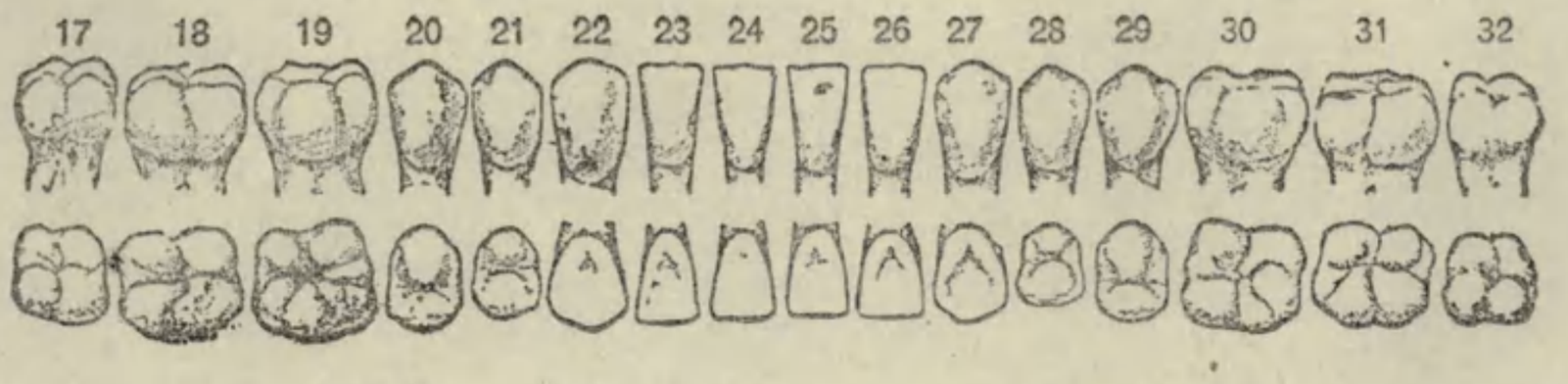
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BROWN. P.

REGIMENT 4th Res RANK Pte No. 928911

Date of Examination in England 16/12/18 | 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

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 Yes
- (*b*) In England Yes
- (*c*) In France No

Signature of Dental Officer O. Mawlapr.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C345	2 Can Gen Hosp	2-11-18	(4R) Arthritis Lt
C373	Can Gen Hosp Buckingham	12-12-18	" " - Knee
C383	Can Gen Hosp Buckingham	29-12-18	" " -

NAME Crow P

REGT. No. 928911

RANK AND UNIT L/Cpl. W O R

NEXT OF KIN

CABLE	
NO.	DATE

NATURE OF CASUALTY

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

S.O.S. M.L. 1/10/19
M.D.2.

H. Q. 649-B-39028.

BROWN, ~~Pte.~~ Sepl. Peter, #928911, 4th. Res. Bn. C.E.F.

Med & D	(Mother)	Mrs. Mary Brown, R. R. No. 5, Mount Forest, Ont.
P & S	(Father)	Mr. Neil F. Brown, Address as above.
Mem Cross	(Mother)	Address as above.

(Ser. # 985094.)

Not elig. for Star.
" " V.M.
Mj. Elig. " B.W.M.

B-

JUN 18 1924 Scroll Desp. Reqn. No 57789

JUN 18 1924 Plague Desp. Reqn. No 502

FEB 26 1924

463-34

Form R. 149.

Peter

Name BROWN, Rank L/Cpl Reg. No. 928911

Unit 4th Res.

Next of Kin

Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
2	11	12 Can G. H. Bramshott Arthritis R Knee			63445			294
12.12.		5 Can Gen Hosp.	Kirkdale	~	C373			3632.
29.12.		Invalided to Canada.			C383			6101.
Granted furlough 4/12/18 to 14/1/18								

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

No. 428911 RANK Pte. NAME Brown Peter.

T.O.S. 17-6-16 UNIT 153rd Battalion C. E. 7.
D.O. 160 of 11-7-16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
June 17	July 31	✓		
Aug		✓		
Sept.		✓		
Oct		✓		
Nov		✓	Prom L/C pte. 28-11-16.	D.O 279 of 28-11-16.
Dec.		✓		
1917				
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		

GBP

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number...928.911.....Rank...L/Cpl.....

Surname...BROWN.....

Christian Name...Peter.....

Unit...W.O.R.....Theatre of War...England.....

Date of Service...7-5-17.....

Remarks.....

Mother ~~Mrs Mary Brown RR #5 Mount Forest Ont.~~

Latest Address...~~76 Charles St.~~.....

.....~~Toronto Ontario~~.....

203 Hallam St

Toronto

Ontario

Roll No. A Page 416

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE
GM 255-99 Com	July 25/22

NATURE OF CASUALTY

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

SURNAME. Brown,

CHRISTIAN NAMES Peter.

REGL. No. 928911 RANK ~~Pte.~~ L/Cpl.

UNIT 153rd.

FORMER CORPS Nil.

CARD NO. 2 1/2 3 2 19

77-8-319

D.O.D. Wis. 1/10/19

M.U. Retainment P.C.R.

D.O. 272 29/9/19

#2010.

Died 28-5-20

SCR 225 D-2 3 n.

1/6/20

NEXT OF KIN.

NAMES IN FULL Brown, Mrs. N. F.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Mount Forest, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Arthur Twp, Ont. DATE Aug. 31st. 1896

PLACE OF ATTESTATION Mount Forest, Ont. DATE June 17th 1916

O/S. 29-4-17. 810/3

R/610-1-19 2 5 2/3 (Cpl)

L. L. 94501. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Halifax per S.S. "Olympic" 29/30/4/17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Teacher RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 ½ INCHES

COMPLEXION Clear EYES Brown HAIR Brown

DISTINGUISHING MARKS Scar on left of pubic bone from Operation.

MEDICAL EXAMINATION. PLACE Mount Forest, Ont. DATE June 17th. 1916

Present Address:— Mount Forest, Ont.

Reg. No. 928911 Name Brown P.

Rank L/Cpl Corps #1 Bde. Age 22 Service 6"/12 E 2"/12 F 2"/12

Ledger No. 1205-7 Serial No. B 731 28

HOSPITALS	DATE	DIAGNOSIS
L.M.G. Sch. London	13-1-19	Arthritis Rt Knee
From Brant Burlington	7-3-19	
Adm to 1st Con #2	26-9-19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

#28911, L/Cpl. BROWNE, P.

Brant Military Hospital,
Burlington, Ontario.

SEP 25 1919

Date: SEP 25 1919

This is to certify that this man has this day been examined and found to be free from Infectious, Venereal and Parasitic Disease.

J Kinkerson

Medical Officer.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 153rd Os Bn C.E.F.

Regimental No. 928901 Rank Pte. Name BROWN, Peter
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				
24.12.18	O/S.	Taken on strength No. 1 District Depot London D.O. 17 W. Spencer Lieut No. 1 DISTRICT DEPOT Sanco.			
7-3-19	C.O.LMCH	S.O.S.No.1 D.D.L.M.C.H.on transfer to Brant House Military Hpl, No.2 D.D. Burlington Capt. for O.C.No.1 District Depot	London	7-3-19	DDO 72 HSO 72
7.3.19.		T.O.S. No. 2 District Depot, Part II, D.O. No. 77. Capt.			

(*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				
13-1-19		T.O.S. No. 2 District Depot, Part II, D.O. No. ...17.....			
					A. M. Turner MAJOR Lieut. For O.C. No. 2 District Depot
29-3-19		S.O.S. No. 2 District Depot on Transfer to No. 1 District Depot.	Toronto, Ont. LONDON. ONT		D.O. Pt. 2 No. 85 A.M. Turner MAJOR Lieut. For O.C. No. 2 District Depot
MAR 30 1919		Taken on strength No. 1 District Depot London D.O. 87			For O.C. No. 1 DISTRICT DEPOT
11-4-19	C.O.#2DD	D.D.O.87 cancelled T.G. Herman Capt. for O.C. #1 D.D.	London	11-4-19	DDO 101 HSO 101

L. L. Job 4503.—M. & D. 6332.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Brown, Mrs N. F.

Address — R. R. # 5 —
Mt. Forest.
Ont.

Relation to Soldier wife, child or mother } #15

MAY 1- 1917

Name of Soldier Brown. Peter

Regtl. No. 928911

Rank L/Cpl

Corps 153rd Btn.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 6 ACCOUNT

Mrs Brown
Peter Brown

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Brown, N. F. Mrs. (Assignee)

Name of Soldier Brown, Peter 92891 — L. Cpl — 153rd Bttn —

$15.00

MAY 1- 1917

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		W	14269	15
June		I	16391	15
July		K	20175	15
Aug.		G	27348	15
Sept.		P	34021	15
Oct.		O	48459	15
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

90.00

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 B

OVERSEAS CONTINGENTS

13635

Date of Assignment May 1-1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 928911

Rank L/Cpl Promoted Reverted Discharge

Soldier's Name Peter Brown

Battalion 153rd Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs N. F. Brown

Address R R # 5

Change of Address Mt. Forest Ont.

1

2

3

4

D2258-P-51

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31-17			90 00	90 00	
Nov	C 57144		15	15	
Dec	B 62480		15	15	#2
Jan	N 65884		15	15	S
Feb	C 96879		15	15	
Mar	A 104159		15	15	✓ ✓
Apl	A 1374		15	15	
May	G 18969		15	15	
June	E 15069		15	15	✓
July	V 30645		15	15	✓
Aug	E 27433		15	15	✓
Sept	D 41291		15	15	✓
Oct	J 45110		15	15	✓
Nov	B 56664		15	15	✓
DEC	L 68830		15	15	✓
Jan 1919	H 72420		15	15	✓

31-1-19 A/c Closed

Ret'd per Araguaya

Date 10-1-19 F.X. 15-1-19

Clerk H McCarthy

M R O 61745 District.

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 2230.—M. & D. 1493.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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—172-39-1141
L. L. 22320—M. & D. 7993.

10-Br-105 OK

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

AUDITOR | PAYMASTER

M. OR S. S | REGT. No. 928911 | RANK Lt. | NAME (IN FULL) BROWN. Peter.

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C. E. F. C. Fd. Co. | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO 72 Dd. | DATE 7/3/19 | AUTHORITY Letter 20.72

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 | DATE EFFECTIVE Paid to 31-1-19

PAYABLE TO Mrs M. J. Brown | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R. #5 Mt. Forest Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. 105 / 10: NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1: NO.	DATE	COL. NO. 2: NO.	DATE	COL. NO. 3: NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	C.L.P.C.										32	26																											On Board A/L Jan
	31-12-18																								15				H87 500 5000								
26-3	1-1-19																																		7487		4261		
	28-2-19	59	1.15	6195	12.00						7395		$453H						12.00						$515 15						4261				7961		566	TW	205. 29-12-18. $0.17 Subs. 13-1-19 to 27-1-19. $0.17
	1-3-19	7	1.15	805									AR 110						10.00																			
	7-3-19					590					805		AR 232						5.00												566	1066	261	1425					Dft #2087 7/6 80.
																																					5 90	Dft #4 d/26-3-19. $5.90
																																						Co-Corp Sect en 20-3-19 0087. Depot order P.11. Para 9a 87 cancelled DO 101
																																						No L.P.C. on file. H.R.S.
																																					5 90	Covered by letter on file T.T.

Acting A/Adjt Cancelled 1.2.20 Duplicate L.P.C sent to Base Credit Supplies $5.90

A/Montmorot Maj

Transferred

No. 2 DISTRICT DEPOT

B2573

AUDITOR | PAYMASTER

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

REGT. No. 928911 RANK Pte. NAME (IN FULL) BROWN, Peter

M. OR S.

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.F.C. IF IN P.F. WHAT UNIT? C/o M.J. Brown. Mount Forest. Ont.

PLACE OF ATTESTATION TRANSFERRED TO ~~Toronto~~ DATE ~~29-3-19~~ AUTHORITY ~~10 C 84~~

DATE OF ATTESTATION 17-6-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1.3.19.

PAYABLE TO Mrs M. J. Brown, RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R. #5, Mt. Forest, Ontario.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto. Overseas DATE 1/10/19. REASON Mc AUTHORITY DO 272 IF ENTITLED TO POST DISCHARGE PAY 183

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	SEPTM ALLCE. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
																																			T.O.S. 1/2 D.O. 77
																																			SUBS. TO D.O.
8.3.19	22	1.15	25	30					25	30					S106622								15	00			2 6 1				17	61		7 69			Dr Bal of Acct 256 Amount 150
29-3-19																																			Transfer 100 84 Cancelled Supp. No. 86 dated 12-4-19 100 88
Apl 1-30	30	1.15	34	50			5	90	40	40	S112	1/2			S114615		25	40					15	00							40	40					
May 1-31	31	1.15	35	65					35	65	S113303		115508		114599		10	-	10	65			15	-							35	65					
June 1-30	30	1.15	34	50					34	50	117	24	118 22	932	118	71	10	-	9	50			15	-							34	50					
July 1-31	31	1.15	35	65					35	65	120 122 96	456 484 25/7	122	483	122090	9/7	5	-	10	-			15	-							35	65					
																	5	65																	
Aug 1-31	31	1.15	35	65	2 30 4 69				45	64	124	407	126	362	125	651	13	-	15	64			15	-							45	64					2nd - 2 days pro rata under rec March 4 69 Cr Bal not Brot Forward
Sept 1-30	30	1.15	34	50					34	50	129	737	164	999	164	008	10	-	8	-			15	-							33	-			1	50	
Oct 1	1	1.15	1	15	1 50 35 - 70 -				107	65	151	30/9					107	65													107	65					
					W.S.G.																						W.S.G.									
183 days					420				420																		70				70		350.				at W.S.G. Paid by A/2 O.D.
																									1-10-19		70	-			140	-	280	-			
					420				420		0						136	677									140				140		280				

Carried Forward, nil

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1779-89-1300.

WSG. 420	420			140	140.	Due Soldier 280.
		AR 201 Nov 28	1368300	70	210.	210
		AR 131 Jan 5.	1716660.	70	280	140
		AR 253. Jan 30	1721714	70	350	70
		AR 275 Feb 25	1724220.	70	420	0
420.	420.			420.	420.	

P 820
74—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.

EFFECTIVE DATE:- 1/5/17

AMOUNT:- 15 00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

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. M. F. Brown (Mother)
R.R. #5 Mount Forest Ontario
Stopped Eff. 1-1-19

R.J.H. 22-10-18 D.O. 252 WORD 25-10-18
Course 19-10-18 WORD D.D. 248. 21/10/18.

NAME:- BROWN. Peter

NUMBER:- 928911 106

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
B/o. 172. 23/7/18. 4 Res.	23/7/18.	2/cpl. with Pay
	19/10/18	4/80.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 153rd Batt.

DATE ACCOUNT FIRST OPENED:- 1/5/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			25 Res.
N.R.	1/10/18		Sup. Cadets 120.

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
~~15-10-18~~	~~2752~~	~~12 Res Bn~~	~~9 73~~				
~~18-10-18~~	~~2766~~	~~"~~	~~"~~				
~~31/10/18~~	~~3710~~	~~1/2 6 Lg. H.~~	~~4.87~~				
~~3/11/18~~	~~3792~~		~~9 73~~				
30-9-18	Balance agreed		15 25				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 80	- 10.		
B/o. 172 23/7/18. 4 Res.	1 05	- 10.		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 31-12-18 Bramshott 17th Jan 19 3/1/19

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Brought Forward								17 22		
April	20. G.B.	33 00		Cas.				15-			
				ak. 80 13/4/18 4 Re.	7 30						
				✓ 283 29/4/18 ✓	9 73				18 19		
		33-			17 03			15-			
May	31 P P	34 10		C.A.P.				15			
				AR 548 15/5/18 4 Res	9 73						
				✓ 752 29/5/18 ~	9 73				17 83		
		34 10			19 46			15			
June	30. P.P.	33		C.A.P.				15			
				AR 960. 17/6/18. 4 Res	9 73						
				✓ 1105 28/6/18 —	9 73				16 37		
		33			19 46			15			
July	31 "	34 10		C. A. P.				15			
	adj. of Pay. 1/2 6 Lge. from 23/7-31/7/18 =	45		✓ 1346. 15/7. ✓	9 73						
				- 1567 30/7 ~	9 73				16 46		
		34 55			19 46			15			
Aug.	31 L/Cpl. Pay.	35 65		C.A.P.				15			
				- 1754 15/8/18 ~	9 73						
				- 1998 30/8/18 —	9 73				17 65		
		35 65			19 46			15			
Sept	30 " "	34 50		C.A.P.				15			
				AR 2252 13/9/18 4 Res	9 73						
				✓ 2518 25/9/18 12 Res	12 17				15 25		
		34 50			31 90			15			
Oct	✓	35 65		C.A.P.				15			
				AR 51397 Hampstead London 21-10-18	9 73						
				on AR 2752 15-10-18 1 Res Bn	9 73						
				AR 2785 12 Res Bn 19-10-18	7 30				6 71		
		35 65		Bnk AR 2804 30/10/18 WORD	2 43						
					29 19			15			

NUMBER 928911 RANK NAME BROWN P.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30-10-18	Balance Forward								6 71		
Nov	" Z Lopls Pay	34 50		C.A.P.				15			
				A.R. 27/10 WORA 15th 27/11/18	4 87						
				A.R. 3792.12 Can Gen Hosp. 3.12.18	9 73						
Dec.	" "	35 65		C.A.P. 28/12 endorsed.				15	46 86		
				A.R. P5046.5 6 Ly Hosp. 7.12.18	4 87				27 39		
		70 15			19 47			30			

A.3 M. FORM ... EFFECT. ... DISCHARGED ... DATE ... PAY BOOK VERIFIED ... L.P.C. REN'S. ... AUDIT ...

Stoppages 1/1/19
Awarded 31/12/18
7-12-18
Credit £ 32 26
1/12/18
Bramshott 11-109

L.P. & endorsed A.R. P5046 4 87 from Bal. 6/1. 27. 39

S.O.S. to Canada mtl 29/12/19 L. 4/69

P. 559.

MARRIED OR SINGLE Single

PLACE OF BIRTH Carthur Tp. Ontario

NAME AND ADDRESS OF NEXT OF KIN N. F. Brown

Mound Forest Ont

RELATIONSHIP OF NEXT OF KIN Mother.

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. 928911 RANK ~~Sergt~~ Pte. NAME Brown, Peter

IF IN PERMT. CORPS / WHAT UNIT — UNIT 153rd Bn. TRANSFERRED TO 25th Res. DATE AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Mount Forest Ont. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 11-6-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE May 1st 1917

PAYABLE TO Mrs N. F. Brown Mound Forest Ont R.R. No 5 RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	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
30/4.														33.	33.																33 00				Bal from Canada
1/5/17.	10																																	
30/6.	61	1 00/10	6	10											6 10.	244	31/5							H 84				15	15	34 8	65 23.				15 a/c May
July	31		34	10											34 10													15	27	15 27	84 06		✓		24005 1416 G/L
Aug	31		34	10											34 10	246	30/6							12 17				15		75 84	42 32		✓		
																276	15/7							48 62										
																454	31-7							26 44										
Sept	30		33												33	411	15-7							9 43				15		51 50	23 82		✓		
			168	30										33	201 30									102 21				60	15 27	177 48					

MONTH	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	BEFORE SEP. RED. PAY	BEFORE SEP. ALLCE. ENG.
Sept	Balance Found	~~2888~~				23 82		
Oct	31 days Pte @ 1.00	34 10				15		
		34 10				30 75		
Nov	30 do.	33 00				15		
Dec	31 do.	34 10				15	43 52	
		67 10		24 33		30		

MONTH	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	BEFORE SEP. RED. PAY	BEFORE SEP. ALLCE. ENG.
Jan/18.						15	43 52	
	31 do.	34 10				33	42	
		34 10				15		

MONTH	PARTICULARS	CR.1	CR.2	DR.1	DR.2	DR.3	DR.4	BALANCE
	a/c. Can.							
	QR 675 25 Res 30/9/17			12 17				
	QR 818 31/10/17 25 Res			9 73				
	QR 7PH 9/10/17 ✓ ✓			7 30				
	QR 835 15/11/17 ✓ ✓			7 30				
	a/c Can						15	
	a/c Can			24 33			15	43 52

928911 Pte Brown C

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.	ACQUITTANCE ROLLS 1 Date	ACQUITTANCE ROLLS 2 No.	ACQUITTANCE ROLLS 2 Date	ACQUITTANCE ROLLS 3 No.	ACQUITTANCE ROLLS 3 Date	ACQUITTANCE ROLLS 4 No.	ACQUITTANCE ROLLS 4 Date	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR3	DR4	BALANCE	DEFER SEPTS. ALLOTM'T PAY ENVS.																	
Feb																																			
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	28. CB.		20 80													15																			
				Ab. Clear																															
				AR 1020.	15/1/18	25	28							7 30																					
				1092	31/1		✓							9 73																					
														17 03																					
			20 80	1175	14/2		✓							7 30																					
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																		56 99																	
				Ab. Canc.														41 77																	
				AR 1644	26/2		4 Res.							7 30				17 22																	
				AR 1957	28/3/18		✓							19 47				17 22																	
			34 10											26 77		15																			

Dr. [illegible] 9 43

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

CASUALTIES

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

EG

1. No. #928911

2. Rank PTE.

3. Name BROWN, Peter.

4. Unit 153rd. Battalion (#2 D.D.)

5. Date of Discharge OCT 1 1919 Place TORONTO, ONT.

6. Reason for Discharge "MEDICALLY UNFIT"

7. Authority (#2 D.D. Part 11 Daily Order #272)

8. Proposed Residence after Discharge 40 Charles St., Toronto, Ontario.

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. ?

Peter Brown
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT. 2 DISTRICT DEPOT

Date OCT 1 1919 OCT 1 1919

TORONTO

H. Sargeant Cpl
Signature
(O. C. Discharging Unit.)

M.F.B. 218a—50M.- -2-19 1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

#77

Mount Forest

This space to be left blank for the Chelsea Number.

1247

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 928911 Army Rank ~~9/L/Cpl.~~ Pte

Name ~~BROWNE~~ Peter

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ~~153rd Bn~~ — ~~4th Reserve~~ 153 Bn

Battalion, Battery, Company, Depôt, &c. ~~Western Ontario Regt. Depot~~

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age ____ years ____ months
Height ____ feet ____ inches
Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable) Mount Forest Ont

Descriptive marks.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
Hickman
HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

"COMPLETE"

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer fit for service abroad. Authority: Medical Board, Bramshott.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

1 R.B. 427

"ARAGUAYA" SAILED Dec. 9 1913 Jan. 1914

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Wt. W. 13141/283 430,000 3/15 M.&C. Ld.

Forms B. 268 39

*Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... ... Class_____

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____

(Date)_____

CANADIAN MILITARY HOSPITAL HOSPITAL 10 DEC. 1918 REPRESENTATIVE BRAMSHOTT

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, BRAMSHOTT

Commanding _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*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 at 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 towards engagement to_____(the date to which the record of service is completed)_____ years _____ days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

Signature _____

(Date)_____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

_____

PART III.

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

President.

Colonel, A.D.M.S.
Canadian Troops, Granville Camp.

PART I. A.F.B. 179 Canada (Revised).

394

Reserved for M.H.C.

Regt. No. 178911 Rank L/Cpl Surname Browne Christian Name Peter

Unit or Corps—(a) Overseas from United Kingdom none (b) In United Kingdom 4th Reserve

Born at—Town Mount Forest. County or Province ONT Country CANADA

Date of Birth—Day 31 Month August Year 1896 Age 22 yrs. 2 months.

Joined at Mount Forest Ont. Date JUNE 17th 1916

Former Trade or Occupation School teacher

Permanent marks or peculiarities that will serve for future identification :— none

Height—feet 5 inches 8. Colour of eyes Brown.

Signature of Soldier *(for identification purposes)* Peter Browne

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*). CHRONIC ARTHRITIS RT. KNEE

Disabilities Group (*b*).

Disabilities Group (*c*).

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
Alan Mew Lt
HOSPITAL REPRESENTATIVE.
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

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.	TRAUMA.	Bramshott	Feb 1918
(*ii*) As to Group (*b*) above.			
(*iii*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(*i*) As to Group (*a*) above? no If yes, has Active Service aggravated it?

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

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

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

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

(*ii*) As to Group (*b*) above? n.a.

(*iii*) As to Group (*c*) above? n.a

PART III.

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

President.

PART I. A.F.B. 179 Canada (Revised).

B99

Reserved for M.H.C.

Regt. No. 178911 Rank L/Cpl Surname Browne Christian Name Peter

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Born at—Town Mount Forest. County or Province ONT Country CANADA

Date of Birth—Day 31 Month August Year 1896 Age 22 yrs. 2 months.

Joined at Mount Forest ONT. Date JUNE 17th 1916

Former Trade or Occupation School teacher

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Medical Report.

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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*). CHRONIC ARTHRITIS RT. KNEE

Disabilities Group (*b*).

Disabilities Group (*c*).

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT.
H. Mahoney Lt.
HOSPITAL REPRESENTATIVE.
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

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.	TRAUMA.	Bramshott	Feb 1918
(*ii*) As to Group (*b*) above.			
(*iii*) As to Group (*c*) above.			

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3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(*i*) As to Group (*a*) above? no If yes, has Active Service aggravated it?

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

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

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

(*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, state how it received—

(i) While on duty? yes. (ii) While off duty? no

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

(vi) Opinion of the Court?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)*

only entry on M.H.S London 20/5/17 – 5/6/17 Eczema. Came to Eng April 1917
In Feb. 1918 while doing P.T. he hurt his rt knee. It became painful & swelled up. remained swollen for one week. Improved. In April 1918 swelled up again swollen some days. Improved & then carried on till Aug 1918 with Cadet course knee swelled up again has remained swollen ever since
It is painful on long marching & if remains standing any time

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

Vascular system negative G.U. system negative
Respiratory system negative nervous system negative
Rt knee 4cm larger than left. rt thigh 1cm smaller than left.
Fluid in rt knee joint marked swelling & fluctuation behind knee joint.
Joint creaks on flexion limitation of flexion to 90 degrees. extension perfect

8. OPERATION. (i) Was one performed? no

(ii) If so, state what.

(iii) Was one advised and declined?

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?

(b) Fit for base duty?

(c) Invalid to Canada? yes

(d) Discharge from the Service as permanently unfit?

Date of Report 10/11/18 191 Signed Hay & Johnson Capt
Officer in medical charge of case.

Station 12 C Gtt. Bramshott

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

Lieut-Colonel,
O.C. No. 12 Can. General Hospital
Officer i/c Hospital (S.M.O. Brigade) Strike out one of these.

Dated at Bramshott Station, on 11-11-1918 191

* 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)? 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?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) N.A. Medl.
~~One hundred per cent (100%)~~

15. THE PENSIONABLE DISABILITY—*(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all).*
~~all~~ N.A Medl.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? ~~no~~
(ii) If not permanent, what is its probable minimum duration *(in months)*? ~~three months~~ N.A. Medl.

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

18. Remarks.

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 28 NOV 1918

Station Bramshott.

Signatures of the Board: H. MacKenzie Capt. C.A.M.C. President.
Chas. J. Jones Capt.

Approved J.W. Bridges A.D.M.S.
Colonel, A.D.M.S.
Canadian Troops, Bramshot Camp.

Dated at Bramshott. Station 28 NOV 1918