I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
201022	CHURCHWARD	JOSEPH GEORGE

OPEN

decd 05/03/30

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 1712

15-11-18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CHURCHWARD. JOSEPH. GEORGE

Regt. No. 201022 Rank Sergt

Corps 2nd Dn. Can. Garr. Regt

Med unfit

20356

(2 Pros on Disc. to BPC on M7W 2003
Ref. BPC — Spec 448d/4-7-19
BD

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Dental 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 3

Medical History Sheet..... 4

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F B- 122- 1
M. F W 39a- 1
M. F W 113 1
Misc. 2

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

#2

Sgt

Original

1 Batt

ATTESTATION PAPER.

No. 201022

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?	Joseph George Churchward
2. In what Town, Township or Parish, and in what Country were you born?	Sydney, N.S. Wales, Aus.
3. What is the name of your next-of-kin?	Annie Churchward - wife
4. What is the address of your next-of-kin?	~~128 Shuter~~ 7 Gloucester St. Toronto, Ont.
5. What is the date of your birth?	June 26th, 1884
6. What is your Trade or Calling?	Clerk
7. Are you married?	Yes
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.	R.G.A. 2 years
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

Dept. G Churchward (Signature of Man).

J Power (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Dept. G Churchward (Signature of Recruit)

Date 15th September 1915 J Power (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph George Churchward, 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.

Dept. G Churchward (Signature of Recruit)

Date 15th September 1915. J Power (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 Toronto, Ont. this 15th day of September 1915 191 .

Wm Mulock (Signature of Justice)

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

Wm C. Macdonell (Approving Officer)

M. F. W. 23.
200 M.—6-15.
H. Q. 1772-39-841.

MAJOR

Description of Joseph George Churchward on Enlistment.

Apparent Age 22 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6½ ins.

Chest measurement: Girth when fully expanded 35½ ins.; Range of expansion 3 ins.

Complexion Fair

Eyes Hazel

Hair Brown

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

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

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

Scar on both knees

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 15th September 1915 191 . Sam Hughes Lieut-

Place Toronto, Ont. 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.

Joseph George Churchward 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.

Wm C Mitchell MAJOR (Signature of Officer)

Date Dec 31st 1915 For O.C. 95th (O.S.) BATTN. C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 201022 (Rank) Sergeant

Name (in full) CHURCHWARD. Joseph George enlisted in

the 2ND. DEPOT BN. 1ST. C.O.R.

CANADIAN EXPEDITIONARY FORCE at TORONTO on the 12th

day of March 1918

HE served in Canada

and is now discharged from the service by reason of

"Having been found medically unfit for service"

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

Age 37 Years 4 Months

Height 5 Feet 8 Inches

Complexion Medium.

Eyes Hazel

Hair Brown

J. Churchward

Signature of Soldier

Marks or Scars

Small scars on both knees

One vacc. mark left arm.

2 Incision scars 1" long on brow.

H. C. Good Major

Issuing Officer

for O. C. 2nd Bn., Canadian Garrison Regt.

Rank

Appointment

Date of Discharge Oct. 22-1918

Signed at TORONTO this 22nd day of October 1918

in Military District No. 2

File Reference No. 34-CH-201

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. 201022 (Rank) Sergeant Name CHORCHWARD. Joseph George

Unit 2nd BN. CANADIAN GARRISON REGIMENT

Address on Discharge 349 Ossington Ave, Toronto, Ont-

Character and Conduct Good

Former Occupation Clerk.

Special Qualifications of Value in Civil Life Do

Medals and Decorations None

Remarks

Signed at Toronto. Ont. this 24th day of October 19 18.

H. C. Good Major
for O. C. 2nd Bn., Canadian Garrison Regt.
Name of Officer

Rank

Appointment

6 Class C3 Australian. 201022

ATTESTATION PAPER.

No. ~~3135~~

2nd ~~Depot Batt'n~~ 1st C.O.R. Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	CHURCHWARD
1a. What are your Christian names?	Joseph George.
1b. What is your present address?	3 Defoe St. Toronto. Ont. Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Sydney. Australia.
3. What is the name of your next-of kin?	Annie Churchward.
4. What is the address of your next-of-kin?	~~3 Defoe St. Toronto. Ont. Canada.~~ 349 Ossington Ave Toronto Ontario
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	June 26th 1881
6. What is your Trade or Calling?	Clerk.
7. Are you married?	Married.
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.	Yes. 95 Btn (OS) for 2 Yrs 6 Mos (Sgt) #201022
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	Yes.
14. If so, what was the nature of the disability?	Medically Unfit For Futher War Service.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	

Naval or. [illegible]

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph George Churchward., 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.

J. Churchward (Signature of Recruit)

Date March 12th 1918 [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Georgs Churchward., 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.

J. Churchward. (Signature of Recruit)

Date March 12th 1918 [illegible] (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 Toronto. Ont this 12th day of March 1918

[illegible] (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Joseph George Churchward. on Enlistment.

Apparent Age 36 years 9 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	4 ins.	
Complexion	Medium	
Eyes	Hazel	
Hair	Brown.	
Religious denominations. Church of England	C of E	
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).

Deviated Septum.

Scars Both Knees.

Both Eyes D20
Hearing Normal
Throat Normal.

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date March 12th 1918.

Place Toronto, Ont.

Ernest Hardy Capt
Medical Officer. R.C.O. PRESIDENT

*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.

Joseph George Churchward. 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.

W. D. Rogers Major (Signature of Officer)
O. C. 2nd Depot Bn., 1st C. O. R.

Date March 12 1918.

ORIGINAL

Canadian Army Dental Corps, Military District No. 2.

Dental Certificate on Discharge

To Officer i-c Dental Services at Whitby Hospital.

Name Churchward J. J. Sgt. Regimental Number 201022

has been given Dental examination previous to discharge, and is entitled to Dental treatment to the extent of:-

amal. fill:
porcelain fill.
part: lower. denture

This certificate to be presented within two months of the date on discharge papers.

H. A. Semple Capt.
Officer i/c Dental Examination on Discharge.

Examined at Whitby Date 12/2/'18.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 95th (O.S.) BATTN. C.E.F.

Regimental No. 201022 Rank Pte. Name Churchward Joseph George

Enlisted (a) 15/9/15 Terms of Service (a) Duration of War C. E. F. Service reckons from (a) 15/9/15

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
					Embarked Canada 21.5.16.
8.6.16.	A.G.95-th	Acting Sergeant	Shornciffe	13.7.16	Disembarked England 31.5.16. Part II - 175.
25-7-16	attached to	Canadian Pay office,	London	8-8-16	Part 2 Order No. 194 - 1-8-16. (B.O. 2946 - 31-7-16).
30/12.16.	Rtd to 95th	Returned to 95th Battn	Seaford.	30.12.16.	Part II 345. D.O.
					Lance Wright Lt. Adjt. 95th Pte Battalion C.E.F.
24 JAN 1917	95th.	Trans.to 5th.,C.M.Tg.Bn.	Bramshott		Part II, D.O.24. A/Wright Lt
27-1-17	O.C.5th	Taken on strength	Bramshott	25-1-17	Cdd. 95th Pte BATTN. C.E.F. Bn. O. 21.

C.C.A.C. SUB-OFFICE, BRAMSHOTT. Attached D.D 2 MAR 1917.

J. Markham.

(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.

Next of kin - Mrs. Annie Churchward,
7 Gloucester St.,
Toronto, Canada.

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				

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

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

B.C.R.M.

Unit, Regiment or Corps 2ND. DEPOT BN. 1ST. C.O.R.

Regimental No. 201022 Rank Pte. Name CHURCHWARD, Joseph George.

C. E. F.

Enlisted (*a*) 12-3-18 Terms of Service (*a*) D of W. & 6 months Service reckons from (*a*) 12-3-18

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*) Clerk.

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				
15/3/18	20 Bn 1 C.O.R.	To be Sergeant	Toronto	12/3/18	Part 2 OO # 74
21.10.18	2nd Bn. C.O.R.	S.O.S. on ~~TRANSFER~~ to discharge Having been found med. unfit for service	TORONTO	22.10.18 Part II, D.O. # 113	

(*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.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Churchward Christian name Joseph xxxx George.

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

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

4. Address (including street and number, if any) 3 Defoe St. Toronto. Ont. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of March 1918. 1917, by the undersigned medical board sitting at Toronto. Ont.

5. Age as stated 36 Years 8 9 Months. 6. Apparent age 36 Years 9 Months

7. Height 5 Feet 8 Inches. 8. Weight 131½ Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 35 Ins. } 10. Complexion Medium { Eyes Hazel / Hair Brown. }

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

13. Number of vaccination marks { Right arm ..... / Left arm 1 } 14. When vaccinated last 2 Yrs Ago.

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

Deviated Septum.

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 C3

17.

(a) Vision R. 20 L. 20

(b) Hearing. R Normal L. Normal.

C. A. T. Eby Capt. President.

Ex. Navy Capt. Member. E R Brandreth Capt. Member.

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

Joined 12th day of March 1918 at Toronto. Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Depot Batt'n 1st C.O.R.	201022		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Ex. Camp	4/10/18	V.D.H.	E TR
Ex. Camp, Toronto	Oct. 4/18.	Valvular disease regurgitation.	of the Heart, Aortic E. Capt. P. SMB.

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.

M. F. B. 313.
300M.—10-17.
1772-39-438.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

BPC 30352 dR 14 Edwards

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Edwards *Christian Name* Joseph George

Examined { on 15th day of September 1915
at Toronto, Ont.

Approved by [signature]
Lieut.
Rank M.O.

Birthplace { City or Town Sydney, Aus.
County

Apparent age 31 yrs. 4 ms.

Trade or occupation Clerk

Height 5 Feet 8½ Inches.

Weight 130 Lbs.

Chest measurement { Minimum 32½ inches.
Maximum expansion 35½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 2
Number 2

When Vaccinated last 1915

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	Examined for Re-engagement,
10/6/16		P.T.I. [signature] M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
30/11/15	+	J Jordan M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23/11/15	+	J Jordan M.O.
27/11/15	+	J Jordan M.O.
1/12/15	+	J Jordan M.O.

Enlisted on 15th *day of* September 1915 *191* *at* Toronto, Ont.

	Corps.	Regt'l Number.	Marks.	Date.
Joined on enlistment	[illegible]	201022.		
Transferred to..	[illegible] 48th Highrs.			

95th (O.S.) BATTN. C.E.F.
5th, Can. Tg. Bn.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott Camp, Hants. 13 FEB. 1917 APPROVED.	[signature]	V.D.H. Capt. C.A.M.C. for Colonel, A.D.M.S. Canadian Troops, Bramshott Camp.	E. L.A. Dickson [illegible] PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
Bramshott Camp, Hants. 26 FEB. 1917 APPROVED.	[signature]	V.D.H. Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp	E. L.A. Dickson [illegible] PRESIDENT, MEDICAL BOARD, BRAMSHOTT.

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.

100M.—5-15.
H. Q. 1772-39-439.

26

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Whitby Military Hospital.		12	10	17	~~18~~ 1	~~18~~		V. D. H.	39	~~Transferred to Crabpt~~	~~S.S. Ball Capt~~
					12.	2.	18.		124	Pain over praecordium. Fainting spells. Dyspnoea on moderate exertion. Poor peripheral circulation. Palpitation. Aortic regurgitation.	S.S. Ball Capt

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D.C. No. 5

LAST PAY CERTIFICATE

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

Regimental No 201022 Rank Sgt Name Churchward, J. G

Corps 2nd C.G.R. who was* discharged

On 22/10/18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/10/18 191...,
to 22/10 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	
Advances by Cheques No. 16332	25		Regt'l. Pay 22 days at $ 1 c. 35	29	70
Advances by Cheques No.			Field Allow. 22 days at $ c. 15	3	30
Assigned Pay and Sep'n Allce. No. 18045	43		Separation Allowances* (~~Monthly~~)	18	
Other charges M.F.W. 102	2		Other Allowances* Subsistence	15	20
Payment on transfer or discharge No 18266	41	20	Other Credits* Cloth	35	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	111	20	Total	111	20

*Give particulars.

A monthly stoppage of $ 25 00 (†) has (‡) been paid on account of Assigned

Pay for the month of October 191 8.
and Sep'n Allce. for month of do 191...

(to) Assignee Mrs A. Churchward

(Address) 349 Ossington Ave
Toronto

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 12/3/18

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

(3) cause of discharge Unfit for Service authority K.R.O. 163

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 30/10/18

Place Ex Camp, Toronto G.G. Ormsby Lt Col. p.t.
Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT.....

NAME OF SOLDIER.....

REGIMENT..... RANK..... No.....

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
No dental history sheet.																						
OCT 7 - 1918																						
Discharge Exam at Can Co-2-D-D				Requires-				filling				# 1, 32, 29, 30, 31.								H. A. Temple Major		Certificate given
OCT 7 - 1918								partial				lower denture										

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 95th (O.S.) BATTN. C.E.F.

(2) Regimental Number 201022.

(3) Full Name of Soldier Joseph George Churchward.

(4) Place of Birth Sydney Australia

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

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

(b) Present Postal Address 7 Gloucester St. Toronto. Ontario.

(7) Are you a widower ? —

(8) Have you any children ? Yes.

If so, give number of boys and girls 1 Girl.

Also their names and ages

Iris Bonney Churchwards. 10 years.

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address —

(10) Is your Mother alive ? No

If so, state name and address —

—

(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.

Yes

(15) Are you insured ? No.

If so, in what Company ? —

Have you made arrangements for payment of your Insurance premium —

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

R W Barker Lt. Col.,
Officer Commanding.
95th. O S. Battalion. C E F.

Date 3. 5. 16

orm D.M.S. 1348 (Revised).
2075—30m—2/12/16.

BPC 30352

146044

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

13-2-17 191

No. 201027 Rank Lieut Name Churchward J. G.

Local Unit 5th Res Bn Overseas Unit Age 35

Examination held in Bramshott area.

DISABILITY. V.D.H.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

States that he has recently been relieved from pay office London on age of work

Invalided.

Examination shows - enlargement of apex near end of Sternum - Dot fro. Murmur over Aortic area - Tachycardia marked - also that and Pulmonary area of heart somewhat increased

Board recommends :

Class E

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures :

Members { J A Dickson Maj — Pres.
H Strachan Capt

Approved.

Bramshott 13-2- 191

Wishe 6-2-18

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

C. M. C. H.

PROGRESS INSERT

Name No. Unit

Rank

Date Whitley Military Hospital.

All Progress Notes must be signed and dated.

July 12th — Still has dyspnoea on exertion. Cannot do strenuous exercise. S.B.P. 128 D.B.P. 85 Heart as above. feet swell at nights. Is negotiating now for position in Pay & Record Office. C.B.

Aug 15 — Still refuses to have Blood taken C.B.

Aug 30th — Still has dyspnoea — Can walk about two miles at slow pace. Sweats easily and profusely. Has occasional praecordial pains — Has feet swell at night. and when he walks far. Very slight oedema at present. Liver not enlarged. a few fine rales at base of lungs: S.B.P. 145 D.B.P. 80 He has had slight indigestion lately and his nerves are all upset — C.B.

Sept 13th — occasional praecordial pains — dyspnoea about same. Diastolic aortic & presystolic mitral. apex beat 11½ cms to left in 5th interspace — slight swelling of feet. slight moisture at base of lungs: C.B. 303

Oct. 11th — Heart as above. dyspnoea on marked exertion. Can walk about one mile without distress

Pulse sitting quietly. 80.
after running up one flight of stairs & down again pulse. 112.
Pulse 2 mins later 80 note dyspnoea not marked —

So feeling fairly well — otherwise C.B.

29/11/17 — Patient thinks he is going back —

Heart enlarged —
Systolic + diastolic murmurs heard best over aortic valve. — transmitted to neck —
S.B.P. 138. D.B.P. 90. Slight corrigan pulse.
Still refuses Wassermann Reaction C.B. 24

C. M. C. H.

PROGRESS INSERT

Name | No. | Unit

Rank

Date

All Progress Notes must be signed and dated.

30/1/18	Patient still has Sizzy Spells & is not improving Surg. Wants Brain SSB.

REGT'L NO 20022

NAME Churchwood, Joseph.

RANK AND CORPS Sgt. 66 46.

H. Q. FILE NO. 649-

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
9334	28-3-17	Sailed from Liverpool for Canada per S.S. Grampian on 23rd March 17. Valvular Disease

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
110 -	M.H.C.C. Toronto	18-4-17	Adm Spadina Class II
Supp.	" " " "	30-4-17	OO (Spadina Unit (from 18.4.17)
131-(2)	M.H.C.C. Toronto.	8-5-17	S.O.S. of Out. Pat. Spadina 2nd leg.
131-(1)	M.H.C.C. Toronto	9-5-17	Spadina to Whitby.
3	" " " " "	1-1-18	Outpt Whitby (with Sub)

age
Emm's

Number 201022 Rank A/Sgt

Surname CHURCH WARD

Christian Name Joseph George

Unit 95th Bn Can Inf Theatre of War England

Date of Service 8-6-16

Remarks 48 Dearbourne Ave

Latest address ~~349 Ossington Ave~~
Toronto
Ont

Roll No. A Page 568

G.240321 deps

No. 201022 Rank Pte Name Churchward J G.

T. O. S. Unit 95th Battalion C. E. F.

1-11-15 D01 (1-11-15)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 1	1915 Nov 30	✓	app. acting L/Corpl.	D.O.6 (6-11-15)
			Pro. to Corpl.	D.O.15 (15-11-15)
	Dec	✓	" acting Sergt.	D.O.40 (10-12-16
1916	Jan 1916	✓		
	Feb	✓		
	Mar	✓		
	Apr.	✓		
	May	✓		
	June.		D/S. List.	

UNIT SAILED MAY 31 1916

CHURCHWARD, Joseph George 201022 Sgt. 95th Bn
649-C-10071

Medals prev. desp.

P. &.S. Widow:- Mrs Annie Churchward
52 Glenmanor Drive, Toronto 8

Mem. cross Widow as above

Death attributable to
Military service.

DESP. MAY 27 1930
REGN. NO. X. 113

No 201870 (022) Rank Sgt. Name Churchward J. G. (20)

T. O. S. Trnsfd from Unit 2nd Depot Battalion, C. O. R.
G. M. C. 13-3-18
D. O. 74, 15-3-18.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
mar. 13	mar. 31	✓	Pro. Sgt. 12. 3-18	D. O. 74, 15-3-18.
apr		✓		
May.		✓		
June		✓		

Reg. No. 201822 Name Churchward J. G.

Rank Pte Corps 95 Age 35 Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Mil. Whitby	18-4-17	V.D.H.

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

No. | Rank Pte | Name Churchward J G

T. O. S. 12.3.18 | Unit Toronto Mobilization Centre

AO 71 12.3.15

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Mar 13	1918 Mar 12	M.	Lanspd to A 2 Bn 1st CMR 12/3/18	AO 71 13/3/18

R—122

FRN

Rank a/Sgt Name CHURCHWARD, Joseph George. Reg'l No. 201022

Unit 95TH. BN. If in perm. Corps, What Unit? } Married ~~or Single~~ ✓

Place and Date of Enlistment Toronto 15th Sept 1915. Place of Birth Sydney N.S. Wales, Aus.

Name and Address, Next-of-Kin Annie Churchward, 7. Gloucester St, Toronto, Ont.

Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 8779
File R.L. ....
Category Learner

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

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.
			S. S. Olympic		
		Arrived in England.	8 JUN 1916		
13-7-16	O.C. 95th Bn	To be Act Sergeant on arrival in Eng.	Lower Dibgate	8-6-16	Pt II D.O. 175
28.6.16	To Pay C	T. O. S.	London	23.6.16	Pt II 155.
	⇒NOW KNOWN as *I☆C A PAY Corps☆DEC, 8, 1916 D 0-1				
	8.12.16	*I C A P C⇒T O S⇐London DEC, 1, 1916 DO 1-1			
1.1.17	A.P.C. #1	T.O.S. to 95th Bn.	London	30.12.16	Pt II D.O. # 1.
30-12-16	O.C. 95th Bn	T.O.S. from C. A. P. C.	Seaford.	30-12-16	—— 345.
24-1-17	"	SOS to 5th Res Bn.	Bramshott	24-1-17	—— 24
24-2-17	5th Res Bn	T.O.S. from 95th Bn. attch to 5th Res Bn.	"	24-1-17	—— 21
2-3-17	"	SOS to C C A C and.	W Sandling	15-2-17	—— 55
"	"	Leaves to be Attch 5th Res Bn and SOS to Garr Duty Bn,	"	28-2-17	—— 55

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.				
	Dis Dépôt	To Conv. Home	M.D. No 2 Toronto	9.4.17	N.R. 243.
		S.S. "Grampian" 9/4/17			
3-12-17	160 RD.	S.O.S. of Edmonton being Disch. to Canada.	a/Sgt	Kirkcaldy 23-3-17	A.F.W. 269

38391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

5-4-15.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

411

Name Mrs Annie Churchward,
Address 258 Church St.
Toronto
Ont.

Name of Soldier Churchward, Jos G.
Regtl. No.
Rank pte
Corps 35th Battn

Relation to Soldier wife, child or mother } Wife

To what Corps belonging when called out }

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			Return of $10 unpaid requested 9/8/15
	Sept.				Deducted from live account as
	Oct.				Feb/16 25/11/16. J.H.Y.
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	Apl.				
	May		76676.	37 - 37	
	June		A6873	20 20	
	July		H85105.	20 20	Discharged 14/7/15 (PMC 21/7/15)
	Aug.			20	
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1916			
	Feb.				
	March				

L- L. Job 310—M. & D. 657

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

527

To Whom Mrs Annie Churchward

Address 7 Gloucester St Toronto Ont

3 Defoe St.

Rate 25 00 6/11/16 with

JUN 1916

By Whom Assigned C Churchward J.G.

Regtl. No. 201022

Rank Sgt

Corps 95 Batt- e. Coy

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop Payments April 1/17
Sept.				Discharged To Canada
Oct.				3M 12/3/17 C.R.C. 12/4/17
Nov.				Prev Noted by F.X.
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR CASUALTIES.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—30—819.

528

Mrs Annie Churchward

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier Churchward J. G. #201022 95th B. C. Coy

JUN 1916

Month.	Year.	Cheque No.	Amt. $25.00	Remarks.
April	1916			
May				
June		4 5676	25	
July		V 11906	25	
Aug.		14 10348	25	
Sept.		K 16154	25	
Oct.		K 20554	25	
Nov.		K 25429	25	
Dec.		14 31616	25	
Jan.	1917	K 38227	25	
Feb.		K 43475	25	
March		R 46528	25	
April		~~$1051~~	~~25~~	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

M.C. Cancelled

25.00 A/c closed.
Retd Grampian 23-3-17
25 (D) F.X. 4-4-17 Sl'd.
25-15 $1051 Cancelled.

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.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. A. Churchward Wife Name of Soldier Churchward, J. G.

Pte Sarg

L. L. Job 89062.—Req. 6213.

Month.	Year.	Cheque No.	Amt. 10/-	B.F.	Remarks.
April	1916	[illegible]801	25	25	
May		L 5-5 114	25	25	
June		O 8531	25	25	
July		T/10531	25	25	2.415. Cancelled.
Aug.		K13684	25	25	408. Acct. closed. 7. 17.
Sept.		[illegible]15586	25	25	Retd Grampian 23. 8. 17.
Oct.		W 18751	25	25	W.O. 12. 4. 17.
Nov. 4		Y 21853	25	25	
Dec.		Y 25464	25	25	
Jan.	1917	Y 28610	25	25	
Feb.		Y 31595	25	25	
March		Y 34291	25	25	
April		~~Z 4115 25~~		25	
May				25	
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED
DATE..... PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

M. F. W. 41
10 M.—5-16.
1772-39-889.

Name Churchward Sgt. Flg.

Regimental No. 201022

Unit 95th Battalion

Date of enlistment

Place of "

Married (yes or no) Sa paid for Mar 1917

Amount of pay assigned monthly $25.00 paid for Mar 1917

To whom payable Mrs. Annie Churchward
3 Defoe St., Toronto Ont.

~~Name and~~ address ~~of next of kin~~
3 Defoe St., Toronto Ont.

Date and place discharged

Reason for discharge Class II

Character on discharge
Crompton 9-4-17

Form 2376. M. & D. 6692.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	12 3/17							12 32						4 87		A.R. 1164 O
13 3/17	30 4/17	49	1 35	66 15	49	15	7 35							2 43		A.R. 1198
														4 87		Boat
														50 00		D.D. 2nd
85 82	Balance Cr.													× 23 65 85 82		To Admit 1-5-17

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

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

L. L. Job 8 095—M. & D. [illegible]

MILITIA AND DEFENCE

M. F. W. 11.
10m—9-15.
H. Q. 1772 - 39-818.

19-10-15

SEPARATION ALLOWANCE

Name Annie Churchward

Address ~~139 Shutter St~~ ~~7 Gloucester St~~, 73 Defoe St. Toronto Ont

Relation to Soldier wife, child or mother } Wife

Name of Soldier Churchward Jos Geo

Regtl. No. 201022.

Rank ~~Pte~~ Promoted Sergt 27/11/16 (pm 14/2/16)

Corps ~~Toronto Base Batt~~ Transfered to 95th Batt'n. 21/10/16 (RPM 20/12/16)

To what Corps belonging when called out }

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
oadnoted 9/6/15	Aug.	1914			# 10.00 Deducted in February thro discharge overpayment in 35th. Batt'n.
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	Apl.				
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.		115672.	48-	48.
	Jan.	1916	N17197	20	20
✓	Feb.		E28375	20	10 x ½ augustment
	March		731731	30-	30 adjustment

5 CASUALTIES.

ACCOUNT CLOSED
DATE ..... PER ..... W

File No. 3206-J-3.V

WAR SERVICE GRATUITY.

Register No. 6633

Reg. No. 2010 22. Sgt.

Name Churchward J. C.

Address 23 Bluker St. Toronto Ont.

Dependent Mrs. Annie Churchward (Wife)

Address 23 Bluker St. Toronto Ont.

81 Metcalfe St
W120-12-12-19

Dec'n No. ..... W. S. File No. .....
Award ... days at $ ... per mo. $ ....
S. A. ..... months at $ ... per mo. $ ....
Less P.D.P. credited $
$
Less further debit balance $
Net due paid as below
TO SOLDIER DEPENDENT

	Ag. No	Ch. No	Amount	Ch. No	Amount
1	Inv. T.A. Cardwell.				
2	Chas. J.P. Merrick				
3					
4					
5					
6					
	T...		Total		

Pay Soldier $ 208.50

Pay Dependent $ 180.

Days 183. Rate 100 Due 600.

Less P.D.P. credited 211.50

Less further Dr. Bal. or overpayment.

Net 388.50

Clerk Hal Caldwell.

R
W131
11/11/19

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1 6/8/19	6065	496896	140	00	6/8/19	1 —	6066	496897	60	00
2 —	—	—	—	—		2 —	—	—	—	—
3 5.9.19.	16071	513187	68	50	5/8/19. 5/9/19	3 5/9/19	16072	513188.	30	00
4					16.9.19	15.9.19.	21045	518293	30	00
5						5 —	—	—	30	00
6						6 —	—	—	30	00

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

GEN'L AUDITOR
Posting checked by
Laurie
Date 5/8/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

3206-J-2

Name CHURCHWARD, JOSEPH GEORGE
Surname Christian Name

Regimental Number 201022 Rank SGT.

Address (in full) 3 DEFOE ST.,
TORONTO, ONT.

Unit 95th BN. 5th RES. BN.

Original Unit

District where paid M.D. 2.

Date of Discharge 26-2-18.

P. D. P. Filing Number 12-347-2.

Rates:—Regimental pay $ 1.35 per diem: Field Allowance $ .15 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
	211 50	5810	25-2-18	70 00	5716	25-3-18	70 00	5597	25-4-18	69 70	1 80	209 70

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks: DEBIT 2 days S.A.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Sergt. Churchward, J. G.

3 Defoe St., Toronto

Regimental No. 201022.

Unit 95th Bn

Name and address of next-of-kin

Date of enlistment

Place of "

Whitby

Married (yes or no) Yes. Paid for March

Date and place discharged

Amount of pay assigned monthly $ 25.00 "

Reason for discharge

To whom payable Mrs. G. Churchward

Character on discharge

L. P. Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1917																
1 May	31	31	1.35	41 85	31	1.5	4 65	12 23 50 65	132 15	19145			100 --			Quet from Qps 1.8.00 120 Inv from May 8. Do 1.31 Inv. M.L. Sol Aid
										19542		32 15			132 15	
1 June	30	30	1.35	40 50	30	1.5	4 50	25 -	70 -	21455			50 -			Inv.
										22301		20 -			70 -	
1 July	31	31	1.35	41 85	31	1.5	4 65	25 -	71 50	23759		10 -				
										25029			50 -			
										26562		11 50			71 50	
1 Aug	31	31	1.35	41 85	31	1.5	4 65	25 -	71 50	27340		10 -				
										28193			50 -			
										30082		11 50			71 50	
1 Sept.	30	30	1.35	40 50	30	1.5	4 50	25 -	70 00	32277			50 -			
										33732		20 -			70 -	
										~~25360~~		~~10 -~~				over.

Name.....

M. F. W 41
1 0M—7-16
1772-39 889.

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Sgt. J. G. Churchward

Regimental No. 201022

Unit 95th

Date of enlistment

Place of "

Married (yes or no) Yes-

Amount of pay assigned monthly $25 XX

To whom payable Mrs. G. Churchward

Name and address of next-of-kin 3 Defoe St., Toronto

Whitby

Date and place discharged Feb 26/18 to Class III

Reason for discharge A. A. G. Letter Feb 19/18

Character on discharge DO 5-3

D. [illegible] ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1 Oct	31	31	1.35	41.85	31	.15	4.65	25-	71.50	36350			50.00			
										35360		10-				
										37880		11.50			71.50	O.K.
1 Nov.	30	30	1.35	40.50	30	.15	4.50	25-	70-	40132			50-			
										43146		20-			70-	N.P.L.
1 Dec	31	31	1.35	41.85	31	.15	4.65	25-	71.50	47016			50-			
										47781		15-				
										48664		6.50			71.50	D.P.L.
1 Jan	31	31	1.35	41.85	31	.15	4.65	25-		52236		10-				Out Dec 22 ind 1102
								9.60		53083			50-			In Jan 3 1107
								8.10		55656		21.10			81.10	J.P.L.
1 Feb	26	26	1.35	35.10	26	.15	3.90	25-		58205		10-				
								13-		58337			50-			
								77.00		59287		14-			77-	T.P.L.

M. F. W 41
1 0M—7-16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Clerk RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

1.

CAR

S.O.R. 22-10-18. 2.7.8 2

D.O. 113 of 21-10-18

SURNAME. Churchward

CHRISTIAN NAMES Joseph George.

REGL. No. 201022 RANK Pte.

UNIT ~~1st Can. Out. Regt. 2nd Dpo. Bn.~~ T. O. S. Mar. 13. 1918 2/ C. G. R

FORMER CORPS 95th Bn. Ont. (2 yrs. 6 mos) D.O. Part II No 72.

NEXT OF KIN.

NAMES IN FULL Churchward Mrs. Annie

RELATIONSHIP TO SOLDIER wife

ADDRESS 3 Defoe St. Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Australia, Sydney N.S.W. DATE June 26th 1881

PLACE OF ATTESTATION Toronto Ont. DATE Mar. 12th 1918

O/S 31-5-16 443/8

L. L. 25989. 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

SURNAME. Churchward

CHRISTIAN NAMES Joseph George

REGL. No. 20107 2 RANK

UNIT 95 th

FORMER CORPS G. T. R. Engrs.

CARD No.

S.O.S. Disch. 26/2/18 - 2

NEXT OF KIN.

NAMES IN FULL Churchyard Mrs. Annie

RELATIONSHIP TO SOLDIER Wife

ADDRESS 137 Shuter St Toronto Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Australia Sydney N. S. W. DATE June 26th 1884

PLACE OF ATTESTATION Toronto Ont DATE Sept 15th 1916

L. L. 25989. M. & D. 8191.

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

Military Hospitals Commission
COMMAND "D" UNIT

M.D.2

CANADIAN CONTINGENT
EXPEDITIONARY FORCE

LMB. LAST PAY CERTIFICATE

No. 7

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

Regl.No..201022..... .Rank..Sgt..... Name...J.G..CHRUCHWARD (95th)

Corps....MHCC."D" Unit.....who was[x] Discharged.....

(26/2/.....1918...,to .....Class. III.....

[x]Insert "Discharged" or "transferred".

The following is a statement of the account of the above named from.....1/2/.....101 8...,to 26/2/ 1918... the inclusive date of transfer or discharge.

Dr.	$	¢	Cr.	$	¢
Bal.Dr.from prev.month.....			Bal.Cr.from prev.month.....		
Advances by Cheques)No..58205.....	10.	00.	Reg.Pay...26. days @ $.....1/35..	35.	10.
)No.....			Field Allow..26...days @ $.....¢.15.	3.	90.
Assigned Pay & Sep'n. Allce. No....58337.....	50.	00.	Separation Allowances[x] (Monthly).....		
Other charges.....			Other Allowances.....		
Payment on transfer or discharge No..59287.....	17.	00.	Other Credits[x].Clothing...	13.	00.
Balance Cr.(to be paid by the new unit).....			Bal.Dr.(to be deducted by the new unit).....		
Total.....	77.	00.	Total.....	77.	00

[x]Give particulars.

A monthly stoppage of $..25.00..has.....been paid on account of Assigned (Pay for the month of.....February.....191.8....) (& Sep'n.Allce. for month of."...".....191.8..)

to Assignee.....Mrs. A. Churchward.....

Address.....3 Defoe St., Toronto.....

REMARKS -
State (1) date of enlistment.....
(2) if married & if a Sep'n.Allce.Card has been submitted..Yes.....
(3) cause of discharge.....Physically Unfit.....
Authority. A.A.G.Letter 19/2/...
(4) authority for transfer.....

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

Date 22/2/18

Place.. Toronto

OP

Malcolm J. Cockburn

for [illegible]
"D" Unit, M.H.C.C.

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.

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

145681

Reserved for M.S.C. MD

Regt. No. 201022 Rank A/ Sgt Surname Churchward Christian Name Joseph George.

Unit or Corps—(*a*) Overseas from United Kingdom nil (*b*) In United Kingdom 5th Reserve Bn

Born at—Town Sydney County or Province New south wales Country Australia.

Date of Birth—Day 26th Month June Year 1881 Age 35 yrs. 9 months.

Joined at Toronto, Ontario, Canada Date Sept 15th, 15.

Former Trade or Occupation Accountant.

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

Small Scar on forehead.

649-C-10071

Height—feet 5 inches 8½ Colour of eyes Hazel.

Signature of Soldier (*for indentification purposes*) J.G.Churchward

DEPT. MILITIA & DEFENCE FEB -7 1918 H.Q. CANADA

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*). Valvular disorder of heart.

Disabilities Group (*b*). Ansemia

Disabilities Group (*c*). Neurasthenia.

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.	not applicable.	Mans own statement. Toronto,	1915.
(*ii*) As to Group (*b*) above.	Not applicable.	Mans own statement. June	1916.
(*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?

(*i*) As to Group (*a*) above? Yes If yes, has Active Service aggravated it? yes

(*ii*) As to Group (*b*) above? not applicable If yes, has Active Service aggravated it? not applicable.

(*iii*) As to Group (*c*) above? yes If yes, has Active Service aggravated it? no.

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

(*i*) As to Group (*a*) above? not applicabl e

(*ii*) As to Group (*b*) above? Yes. (mans own statement June 1916).

(*iii*) As to Group (*c*) above? not applica-

-BLE.

25

PART I. *(continued).*

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

(*i*) While on duty? not applicable (*ii*) While off duty? not applicable.

(*iii*) Was a Court of Inquiry held? (*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.)* Recommended F.M.P.

This man states that he is short of breath on exertioon. He states that he was slightly short of breath on enlistment, but active service has aggravated it. He states that he cannot march more than one mile. He states that he is very nervous and is easily excited. He states that he has become aenaemic since coming to England, June, 16

Bramshott Standing Medical Board recommends Class E
13/2/17. F.M.P.

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

Respiratory system, very slight expansion of lungs. Circulatory system, Tachycardia marked. Systolic murmur over aortic are and is transmitted to mitral area. Enlargement of heart to nipple line. nervous system, marked tremor (fine tremor). Digestive system normal. Genito-urinary system normal. osseous system normal.

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

(*ii*) If so, state what. not applicable.

(*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? yes.

(*ii*) If so, describe. Four teeth extracted. plates fitted but are unsuitable and cannot be used.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no.

(*b*) Fit for base duty? no.

(*c*) Invalid to Canada? no.

(*d*) Discharge from the Service as permanently unfit? yes.

Date of Report February 22nd, 191 7. Signed F. M. Petrie Capt CAMC
Officer in medical charge of case.

Station Bramshott, Hants.

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

Geo A Russell Capt: CAMC ~~Officer i/c Hospital~~ S.M.O. ~~Brigade~~ } Strike out one of these.

Dated at Bramshott Station, on 26 — 2 — 191 7

* Delete if inapplicable.

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

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

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

If not, indicate it. Yes.

12. Is the cause of the disability fully indicated in Part I (2)?

If not, indicate it. 2. (a) This man has had repeated attacks of rheumatism prior to enlistment and evidently had cardiac hypertrophy prior to enlistment - training has brought about loss of compensation.

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%.)*

50%

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).*

1/2 of the above for six months.

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

(*i*) Is it permanent? No - will improve on return to Canada.

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable.

18. Remarks.

19. Recommendation:—(*a*) Fit for duty? No.

(*b*) Fit for base duty? No.

(*c*) Invalid to Canada? No.

(*d*) Discharge from Service as permanently unfit? Yes Class E.

Classification for the Military Hospitals Commission: Not Classified.

Date of Board 26-2-17. Station Bramshott.

Signatures of the Board: J.A.DICKSON MAJOR CAMC; JNO. GRAHAM CAPT. CAMC — President.

Approved 26-2-17. A Young Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, A.D.M.S.

Dated at Bramshott. For G.O.C. & Station Bramshott. 191 26-2-17.

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

That hee be placed in category E, and be discharged having been found medically unfit, for service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

..... CAPT. *President.*

PLACE Exhibition Camp, Toronto. ..... CAPT. } Members.

DATE October 4th, 1918. .....

APPROVED BY

..... *Assistant Director of Medical Services.*

DATE 10/10/18

APPROVED BY

..... *Director-General of Medical Services.*

DATE .....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... *President.*

PLACE ..... } Members.

DATE .....

NEXT OF KIN: MRS ANNIE CHURCHWARD (WIFE)
ADDRESS: 349 OSSINGTON AVE TORONTO ONT.

MEDICAL HISTORY OF AN INVALID

MAN'S ADDRESS: SAME.

EXAMINED AT TORONTO MOBOLIZATION CENTRE. M.O. UNKNOWN.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be 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 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Exhibition Camp, Toronto Ont. DATE Oct 4-1918.

1. 1 (a) Unit 2nd Batt. Can. Car. Regt. (b) Regimental No. 201022 (c) Rank Sgt.

(d) Surname CHURCHWARD. (e) Christian name JOSEPH GEORGE.

2. Age last birthday 37 Date of birth June 26-1881.

3. Enlisted at Toronto Ont. on March 12-1918.

NO. 2 MILITARY DISTRICT OCT 5 1918 24-6k-201

4. Personal description:—

(a) Height 5' 8" (b) Weight 131 (stripped) (c) Complexion Medium.

(d) Colour of hair Brown. (e) Colour of eyes Hazel. (f) Identification marks None.

5. Address after discharge (for the use of the Board of Pension Commissioners)

349 Ossington Ave. Toronto Ont.

6. Former trade or occupation Accountant.

7. (a) Service	Years	Days
	0	206

	Periods	
	From	To
Canada, 2nd Batt. C.G.R.	March 12-1918.	Date.

(b) Has he been overseas? England. 8. Original disease or disability. Valvular disease of the heart.

(a) Date of origin 1916. (b) Place of origin England.

(c) Cause* Unknown.

(d) Present disease or disability Valvular disease of the heart, aortic reguigitation.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

SUBJECTIVE: Patient states that on walking 100 yards rapidly he becomes quite short of breath and dizzy. Walking slowly he can walk ¼ mile. He also has dizzy spells lasting several minutes. He also has attacks of stabbing pain in the praecordion, sometimes without exertion and also brought on by exertion. Pain does not radiate from. (cont.)

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

precordion. Pain is relieved by laying down.
OBJECTIVE: Apex of heart is in 6th space, 4 in. from mid-line. Apical impulse is heavy in character. There is a loud blowing diastolic murmur. Maximum intencity in aortic area, transmitted over precordion and toward right nipple. Pulse wave falls away quickly. Pulse standing at rest 96. After hand to foot exercise 42 times 120. Returns in 70 sec. to 100. The exercise made him short of breath.
INCAPACITY: Due to partial loss of function of circulatory system.

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

Nervous Yes. Digestive Yes. Respiratory Yes. Cardiac See 9a.
Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part Yes.

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

1. Patient states that while doing heavy route marching in England in 1916 he was bothered forthe first time in his life with stabbing pain in precordion. During the next 8 months he began to be troubled by attacks of dizziness and also noticed that he easily became short of breath. He was reboarded in March 1916 and sent to Canada. ~~He has not been troubled for the last few months.~~ Condition persists to date.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Small scars on both knees. They are non adherent and non tender.
One vaccination mark left arm.
2 linear ~~xxxx~~ scars 1" long on brow. They are non adherent and non tender.

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

Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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? Permanent.

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

Whitby Conval. Hospital Canada. 10 months.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No.

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

17. Recommendations That he be ~~discharge~~ discharged Cat B.

A B Holmes Lt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned Joseph George Churchward. 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 Nil.

J G Churchward.
Signature of soldier 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 criticized.

We concur, and in addition find.
9. a. (3)- Has Dyspnoea on walking up a flight of 20 steps.
(2)- Respiration sitting 18, standing 20, running 3 yards 26
4 min. ten later 18.

19. Is the soldier fit for

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

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

(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).

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Scars over both knees. Scar on forehead. One vacc. scar on left arm.

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

40%

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

13. Was a Court of Inquiry held ? No.

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

Yes..... No. Not applicable.

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

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

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

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

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

Whitby Military Hospital - 4 months.

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

No.

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

20. Recommendations That he be discharged as medically unfit for further military service.

S S Bate Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned J. G. Churchward, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J G Churchward

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

WE RECOMMEND: That he be discharged on account of physical unfitness.

C J Cummings — *President.*
F W Stughes Capt
J D London Lt — *Members.*

STATION Whitby Military Hospital.

DATE Feb. 12th. /18.

APPROVED BY

DATE Feb 17/18

A E W Thrupp Capt
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

B. P. C. FOLIO
FALSE DOCKET

168 4-3-18

murmurs heard best over aortic area and transmitted to neck.
S.B.P. I38, D.B.P. 86, Pulse 80, Respirations 24, standing.
After moderate exercise Pulse II2, Respurations 28, Capillary pulsation visible in finger tips. Slight tremor of hands. Hands clammy.
Reflexes normal. All other systems normal Wasserman Negative.
The incapacity is directly due to partial loss of function of the heart.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Amie Churchward,
3 Defoe St., Toronto,

Same.

Wife.

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

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

MEDICAL HISTORY OF AN INVALID

MILITARY SERVICE ACT MAR 5 1918
B.P.C. Original
WHITBY MILITARY HOSPITAL

STATION..... DATE FOR A.T.C.....

1. (a) Unit "D" Unit, M.H.C.C. (b) Regimental No. 201022 (c) Rank Sgt.
   (d) Surname CHURCHWARD. (e) Christian name Joseph George.
2. Age last birthday 36 Date of birth June 1881.
3. Enlisted at Toronto on 26th. June 1881. (?)

NO. 2 MILITARY DISTRICT FEB 15 1918

4. Personal description :—
   (a) Height 5' 8½" (b) Weight 143. (stripped) (c) Complexion Fair.
   (d) Colour of hair Brown (e) Colour of eyes Hazel. (f) Identification marks I vacc. scar on left arm. Scars on both knees. Scars on forehead.
5. Address after discharge (for the use of the Board of Pension Commissioners.) 3 Defoe St. Toronto, Ont.
6. Former trade or occupation Clerk.
7. (a) Service

	Years	Days
	2 4/12	11.

	Periods	
	From	To
95th. Bn.	15th. Sept. /15	23rd. June /16
C.A.P.C.	23rd. Juen 1916	31st. Dec. /16
5th. Res. Bn.	31st. Dec./16	9th. Apr. /17
MHCC "D" Unit,	9 Apr. /17	Date.

   (b) Has he been Overseas? England.
8. Present disease or disability (use authorized nomenclature if possible). V.D.H.
   (a) Date of origin 10th. June /16 (b) Place of origin Shorncliffe.
   (c) Cause* Strain of service.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Subjective symptoms: Palpitation of heart. Sharp pains over praecordium at various intervals. Fainting spells, but does not become unconscious. Has to sit or lie down, lower his head between his knees, and in about 3 minutes is alright. Poor peripheral circulation. Hands cold and clammy. Dyspnoea after moderate exertion. Cannot walk for 200 yds. without being short of breath. Sleeps poorly and for about 5 hours each night. Sleep is disturbed by thumping of heart. Objective signs: Heaving apex beat about two inches below left nipple and in nipple line. Left border of heart enlarged to nipple line. Ststolic and diastolic

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

M. F. B. 227.
150M.-6-17.
1772-39-117.

see page 4.

B. P. C. FOLIO FILE DOCKET 2

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

This space to be for numbers

448

Proceedings on Discharge.

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

No. 201022

Rank Sergeant

Surname CHURCHWARD.

Christian Name Joseph George

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

Corps (Squadron, Battery or Company) 2nd BN. CANADIAN GARRISON REGIMENT

Date of Discharge October 22nd 1918

Place of Discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 37 years 7 months.
Height 5 feet 8 inches.
Complexion Medium
Eyes Hazel
Hair Brown
Trade Clerk.
Intended place of residence (To be given as fully as practicable.) 349 Dssington Ave Toronto Ont.

Descriptive Marks
Small scars on both knees.
One vacc. mark on left arm.
2 linear scars 1" long on brow.

Dead 5-6-1100 71

2. The above-named man is discharged in consequence of
Having been found medically unfit for service
Ann. A.H.Q. letter 2 M.D. 34 - CH. 201 Oct. 15. 1918

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

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

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

Good H.D.

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

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

Clerk.

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

(OVER)

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

None

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

6. Medals and Decorations..... None

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

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

(Place) TORONTO

(Date) Oct. 22. 1918

H C Gould ..... Major
for O. C. 2nd Bn., Canadian Garrison Regt.
Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) TORONTO J. H. Churchward. *(Signature of Soldier.)*

(Date) Oct. 22. 1918 C. B. Stocking Lieut. *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 0 years 225 days.

Total 0 years 225 days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO

(Date) Oct. 22. 1918

H C Gould ..... Major
(Signature) O. C. 2nd Bn., Canadian Garrison Regt.

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.)

None J. H. Churchward.

(OVER)

REPORT OF MEDICAL OFFICER
SECTION D.

Date May 3/5/17

1. COMPLAINT Shortness of breath, precordial pain, dizziness

DATE OF ORIGIN & CAUSE OF DISABILITY June/1910
no known cause

2. PREVIOUS HISTORY

Patient says never had previous heart trouble

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts. I smoke after meals

Venereal Infection No

Did patient reach England or France or remain in Canada? Canada. England.

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects?

If wounds or injury how caused? Not applicable

In June 1915 had shortness of breath never had any other symptoms until June 1916 when he felt something give way, then had precordial pain and dizzy spells. Pain and palpitation bothered him at night so that he could not sleep. At present can only walk ½ mile without shortness of breath.

Is condition due to service or climate? If not, was it aggravated by them? How? Aggravated by service

On or off duty? Duty.

In action or in field service? Field service.

If due to exposure on duty, what was nature? Not applicable

Previous treatment and results. Where treated?

Patient says he was never in a hospital and was never treated anywhere

1/5

PHYSICAL EXAMINATION
SECTION E.

Exam 3.

Pulse 80 standing
aortic regurg. murmur.
Heart enlarged.
Apex in nipple line 2" below nipple

4/5/17 aortic Regurg very well compensated.
Dyspnea on exertion well marked.
no marked oedema feet. apex beat — nipple line. Heart enlarged marked
pic leaving Pq Stn.

M.C.O asks that he be allowed to work at learning cabinet making & sell on part. Impossible.
Sgt to Whitby 9/5/17 10 AM

Treatment recommended

Probable minimum duration of treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

22

Signature of Medical Officer

PROGRESS NOTES

SECTION F.

All Progress Notes must be signed and dated

Date

May 10. Gets dyspnoea on very little exertion. No swelling of feet of late. See Dr O'Reilly.

Symptoms.

Dyspnoea - notices some shortness of breath if he walks 200 yards. He could walk ½ mile if he took his time. One flight of stairs effects him.

Headache - at times across forehead, sharp stabbing nature

Dizziness - exertion sometimes brings this on and he has to sit down. It passes off in a few minutes

Palpitation - He can always feel heart beating.

Praecordial pain - Sensation as if someone were squeezing his heard, lasts 3 or 4 minutes. It is not bad but he usually sits still till it passes away. Sometimes caused by exertion - sometimes not.

Signs.

Capillary pulsation.

Fall of pulse pressure not very rapid.

Heaving pulsation praecordium

Heart enlarged to mammary line.

Blowing diastolic murmur at aortic area and down lower left side of sternum

W.A.C.

Wt in June 147½. Best wt 168.

SBP 155 DBP 90 -

Look in fairly good shape.

4 meals at ordinary table.

WAC

JUN 1 1917

JUL 1917

Compensation well established Feeling fairly well - at present Continue Convalescence - Aortic diastolic + aneurism of arch Aortic Flint murmur. admits Venereal disease many years ago

Dr Scott

June 19th/17 - Still dyspnoeic on exertion - Feels well otherwise. Wassermann refused

C.H.

S.P.

MILITARY CONVALESCENT HOSPITAL
TORONTO

SECTION A.

Date April 18/17.

Name Churchward, Joseph G. Age 35 Married ~~or Single~~

Home Address 3 Defoe St.

Enlisted on 15-9-15 at Toronto.

Town or City Toronto Province Ont.

Unit 95 Bn. Rank and No. Sgt 201022 Previous Conduct Good.

Diagnosis and Recommendations of previous Boards.

V. D. A. aggravated by service.

Complaint if any, regarding pay.

Complaint reported to .....

By .....

The above to be filled in by office when patient is admitted to hospital

Date .....

REPORT OF ADMITTING OFFICER

SECTION B.

4-8/5/17 R7

DATE

HEIGHT

WEIGHT { Present / Best

CLASSIFICATION OF CASE

Indicate primary class by XX secondary by X

1. MEDICAL
   - a. Cardiac X
   - b. Pulmonary
   - c. Gas
   - d. Nervous
   - e. Gastro Intestinal
   - f. Rheumatic
   - g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   - a. Wasserman
   - b. Blood
   - c. Urine
   - d. Sputum
7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

To Pass up 8/5/17

3

WASSERMAN NEG. JAN 7 1918

Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

Date

Special questions for Soldiers' Aid Commission

1. Diagnosis same.

2. Degree of Disability (expressed by fraction) Permanent or otherwise

3. Can former occupation be resumed? If not, what class of work could be undertaken?

23

4. What military duty could he perform? No duty requiring any exertion

W.A.C.

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge

P. 559

MARRIED OR SINGLE M

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Annie Churchward
9 Gloucester St Toronto ont

RELATIONSHIP OF NEXT OF KIN Wife

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. 201022 RANK Sergt NAME Churchward

IF IN PERMT. CORPS } WHAT UNIT UNIT 95th Bat

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto ont

DATE OF ATTESTATION 15-9-15

TRANSFERRED TO Pay & Record DATE 23-6-16 AUTHORITY 22-6-16 (Cashiers Letter)

TRANSFERRED TO 95th Bn DATE 31/12/16 AUTHORITY D.O. 1

TRANSFERRED TO 2nd Res Bn DATE 1/3/17 AUTHORITY 1/1/17 R069 7/17

TRANSFERRED TO L.D.C.Bde DATE 11.3.17 AUTHORITY A.259-1 6.3.17

18.3.17

N.S.E. Regt

ASSIGNED PAY MONTHLY $ 25.00 DATE EFFECTIVE

PAYABLE TO Mrs Annie Churchward RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 12.3.17 EFFECTIVE 1.4.17 REASON Depot to Canada

DISCHARGE DATE AND PLACE to Canada 12/3/17. REASON AND AUTHORITY P.C. 59-1. 6.3.17

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

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by J. McLaurin

No small Pybrent.

JAN 19 1918 — 1ST DIVISION N.E. BRANCH — DISTRICT HEADQUARTERS

C.J.

DATE 1916	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
June														6 50	650															6 50				Balance from Canada
"	30	1.35	40 50		30	15	450							45	45	24	16/6/16							1460				25		3960	11 90				
"															51 50														12	12		10			Overpaid in June 23-30/6
June 23																								1460	1460					2920		29 20 (10)		
July 31	39	1.50	5850		39	20	780		39	1.00	39				10530			808	19/7/16						1460	4380		25			8340		740		
Aug 31	31		4650		31		620		31		31				8370			1225	15/8/16	1433	31/8/16				1947	3163		25			7610	20			
Sept 30	30		45		30		600		30		30				81 32.50		6339 cancel	1633	15/9/16	1787	30/9/16			3335	2433	2676		25			7944	176			
Oct 31	31		4650		31		620		31		31				8370			1975	15/10/16	2148	31/10/16				2920	2920		25			8340	206			
Nov 1-30	30		45 -		30		6 —		30		30				81 —			2269	15/11/16	2549	30/11/16				2920	2677		25			8097	209			
Dec 31	31		4650		31		620		31		31				8370	2894		2828	15/12/16					3355	5596			25			8431	148			
1917															569 90														270	270		122			
Jan			Adjustment																																
Dec 31/17	1	1.35	1 35		1	15	15								1 50																28				
			43 05																																
Jan 31	31	1.50	46 50												46 50													25 -			25 -	21 78			
			419 40								192			6 50	617 90									35 90	187 36	158 16		200	1470	596 12	21 78				
			419 40								192			6 50	617 90									35 90	187 36	158 16		200	1470	596 12	21 78				

Checked D.G. Robertson.

$2.71 = 1 day Rate overcharged in Dec 16
Leave to 5 Jan 17
31/12/16. D.O. 1 - 1/1/17

Sailing List 24 of 23/3/17 Gr. 5.02

201022 Sgt Churchward J G

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
			419	40							192			650	617 90
Feb 1-28	28	1.50	42												42
Mar 1-10	10	✓	15												15
11-12	2		3	00											3 00
															617 90

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		666	16/1/17				
				116	6/2/17		
				202	14/2		
				1244	1/3		
		11982	17/2				
		11640	6/3				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
			381 42	200	14 70	596 12	21 78			
	730 ✓			25		32 30	31 48			
		243 ✓		25		25	21 48			
		243 ✓				12 16	12 32			
		730 ✓								
	243 486					729	5 03			
						665 58				
	730	1216	381 42	250						

REMARKS

Hd to L.P.C. Bch. Effect 7/3/17
Cash No 59-1-1 6/3/17

x Taken from Pay Book.

A3M. FORM REN'D 12/3/17 EFFEC. 1/4/17
DISCHARGED TO can. DATE 12/3/17
PAYBOOK VERIFIED Ger.
DISCH. SER. BAL 12 32 L.P.C. REN'D 12/3/17 Checked Hdd. L.P.C.
DEFER-RED PAY ALLCE. SER. ENG. P.O. 59-1-1 6/3/17.

Invalided to Canada.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.
6/3/17	Balfa								5 03		

Balance transferred to Canadian Liability A/c.

Balance transferred to N. E. Branch. Nilty

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE

2nd Det., C. G. R.

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

AUDITOR | PAYMASTER

M. OR S. M | REGT. No. 201022 | RANK Sgt | NAME (IN FULL) Churchward J. G

NEXT OF KIN Wife | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID Wife | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO Mrs A. Churchward | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 449 Symington Ave Toronto Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 22.10.18 | REASON M. U | AUTHORITY DO 113 | 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.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS 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.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	Jan from Oct 22				9-				9-			5796												9-							9-						Pay & Allowances to 31st Oct 1918 Inclusive Less
																																					ACCOUNT CLOSED. NOT SIGNED. RESPONSIBLE OFFICER CAN'S PARAS 7TH H.Q. CIRCULAR No. 102 (LOCAL ISSUE).
																																					ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.