REGIMENTAL DOCUMENTS

NAME Commandant, E.Li REGT. NO. 739830 UNIT 114th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	26/3/19.				DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				30769	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
	MEDICAL EXAMINATION (M.F.W. 129)					M.U.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	a.F.W. 3997.					
1	2.S.C. 132..					
1	m.F.W. 192.					
	[illegible]					
	[illegible]					
	[illegible]					
	[illegible]					
	[illegible]					
	[illegible]			403824		24-23
						14-23
						1 24
						2

W. 2589
100M-11-18
1772-39-1377

ORIGINAL.

ORIGINAL

ATTESTATION PAPER.

No. 739830

114th O. S. Battalion, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Commandant.
1a. What are your Christian names?	Eli.
1b. What is your present address?	Sahanation P.O. Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Muskoka. Gibson Reserve. District of Canada
3. What is the name of your next-of kin?	(Dinah) Dinah Commandant.
4. What is the address of your next-of-kin?	Sahanation P.O. Ontario.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	16th. of November 1889
6. What is your Trade or Calling?	Farmer.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Eli Commandant., 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.

Eli Commandant (Signature of Recruit)

Date May 1st. 1916. C. D. Smith Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Eli Commandant., 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.

Eli Commandant (Signature of Recruit)

Date May 1st. 1916. C. D. Smith Capt. (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 Shoal Lake this 2nd day of May 1916.

E. Chew (Signature of Justice)

M. F. W. 28.
600M.—2-16.
H. Q. 1773-99-841.

Description of Eli Commandant on Enlistment.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height		5 ft 6 ins.
Chest measurement.	Girth when fully expanded	36 ins.
	Range of expansion	3 ins.
Complexion		dark
Eyes		brown
Hair		black
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	Methodist
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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 May 5 1916 — Chas Smith Capt
Medical Officer.

Place Chatham

*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.

Eli Commandant 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.

Louise Davis (Signature of Officer)
Major
for O. C. 114th O. S. Batt'n. C. E. F.
(BROCK'S RA[illegible])

Date MAY 25 1916 191

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 739830 (Rank) Pte.

Name (in full) COMMANDANT ELI enlisted in

the 114th Batt.

CANADIAN EXPEDITIONARY FORCE at Sahanatien Ont on the 1st

day of May 19 16

HE served in England and France.

and is now discharged from the service by reason of

Medically Unfit.

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

Age 26

Height 5' 6½

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Vacc. Scar left arm.

G.S.W. Head 31.8.18

Eli Commandant
Signature of Soldier

H Sargeant Capt
Issuing Officer

O.C. No. 2 District Depot.
Rank

Appointment

Date of Discharge Feby 20. 1919

Signed at Toronto. Ont this 20th day of February 19

in Military District No. No. 2

File Reference No.

FEB 20 1919
DISTRICT DEPOT

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.

E.S

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

Permission to wear uniform expires ..... date of discharge, except by special permission of G. O. C. district.

Permission is not to be worn after ..... of one month from

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 2

Name of Soldier Commandant Eli

Rank Pte

No. 739830

Regiment

M.F.B. 465.
200M.—6-18
1772-39-950

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						

Discharge Exam.
At Exhibition Camp
Date FEB 11 1919
} Certificate issued for

"Filling"

H A Simple
Major

GRANVILLE CANADIAN SPECIAL HOSPITAL,
BUXTON 6/12/18. 191

737830.

Pte Commandant.

This is to certify that the m/n. has been examined and found free from infectious disease, transmissable skin disease, venereal disease and vermin, and is fit to travel.

W. K. Stratford
.....Capt., CAMC.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

Date of Assignment Sep 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

18			

PARTICULARS OF SEPARATION ALLOWANCE

No. 739830.

Rank Pte. Promoted Reverted Discharge

Soldier's Name E. Commandant.

Battalion 114 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Dina Commandant

Address Sahanatien. Ont.

Change of Address

1

2

3

4

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total		3513-E-7 REMARKS
Dec 31			72	72		
Jan 18	C 67590		18	18	L.	
Feby	D 97142		18	18	F.	
Mar	a 115328		18	18	F.	
Apr	n 8678		18	18	F.	
May	m 13776		18	18	F.	
June	G 25365		18	18	F.	
July	S 28761		18	18		
Aug	G 38609		18	18	L.	
Sept	J 47130		18	18	L.	
Oct.	I 56339		18	18		
Nov	D 56327		18	18		
Dec	R 64720		18	18		
JAN	J 76329		18	18		
			306	306		

A/c Closed 31-1-19

Ret'd per Scotian

Date 15/1/19 F.X. 18/1/19

MD. 2 Clerk H.A.S.

M.R.C. 60363

CANADIAN ASSIGNED PAY AUDITED

O.K. to 31/12/18 W. Binks

AUDIT CLERK

DATE 21/6/19

CONSOLIDATED ACCOUNT

M. F. W. 128. 4'0M. 6-7-1772-39-1141 L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'0M. 6-7—1772-39-1141
L. L. 22320—M. & D. 4933.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Mrs Dina Commandant
(Assignee)

Name of Soldier Commandant E.
Pte 739830 114 Bn.

L. L. Job 19227—M. & D. 7814.

18.00 Sept/17

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X 36000	18 00	
Oct.		N 47225	18	
Nov.		B 52279	18	
Dec.		D 53923	18	$72.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
O.K. to 31/12/18. W. Binks.
AUDIT CLERK
DATE 21/6/19 .....

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.				

L. L. Job 4503.—M. & D. 6832.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

ASSIGNED PAY.

Name Mrs. Dina Commandant

Address ~~Sh~~ Sahanatien Ont.

Relation to Soldier wife, child or mother Rate 18.00 Sept. 1/17

Name of Soldier Commandant E.

Regtl. No. 739830

Rank Pte

Corps 114 Bn

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 M. 22/8/17 J.S.C. 28/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 4

R—122
8,401—50,000—21-10-16.

FH

Rank

Name COMMANDANT, Eli

Reg'l No. 739830

Unit 114th.Bn.

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Ohswekin, 1.May.1916.

Place of Birth Gibson Reserve DISTRICT Muskoka, Canada

Name and Address, Next-of-Kin Dinah Commandant, Sahanatien, P.O.Ont.Can.

Relationship Mother.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No 3300
File R.L.
Category OR CAN

O/S

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.
C.		Arrived in England. S.S.	Caronia	11.11.16	
20-11-16	35th B.	Taken on strength.	W. Sandling	11-11-16	Pt II O 277
4-I-17.	35th	S.O.S To 4th Res Bn	W. Sandling	4-I-17	Pt II, O'4
4-I-17.	4th Res	T.O.S From 35th Res Bn	W. Sandling	4-I-17	Pt II, O'1
27-4-17	do	Adm Isolation Hospl.	B'Shott	27-4-17	99 & 6 L 51 Paroliddles 15-10-17
22-5-17	do	Disch'd " "	"	21-5-17	120. Memps. WOR 4 B 37
10-9-17	4th Res.	Proceeded Ops. posted to 1st Bn.	"	Pte 9-9-17	215 1st Bn Pt O 98 of 26 9/17
16.4.18	1st Bn	S.O.S. to 1st Bn b. M.G.b	Field	Pte 21.3.18	— 40 & 1st Bn. CMGBn. #29 of 20-4-18.
12.9.18.	1st MGBn.	Wounded.	do.	" 31.8.18.	H.A. 28579-1. (S.R.)
16.9.18.	MGCorps Depot.	Wded. T.O.S. from 1st MGBn.	Seaford.	" 7-9-18	Pt II Do #210. & 1st MGBn. #82 of 20-9-18.

A.F.B. 103 CHECKED 14 SEP 1917

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.
20·12·18	CMGCD.	On Command to No. 1 CDD, Buxton.	Pte.	Seaford.	17·12·18	Pt. II DO# 289.
21·1·19	CMGCD.	Ceases att. 1st CDD, Buxton, and is SOS to CEF in Canada.	Pte.	Seaford.	3·1·19	Pt. II DO# 21.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 73.9.830 Rank Pte Name Commandant. E.
(Surname first)

Unit No. 2 District Depot who was* DISCHARGED

On FEB 20 1919 191....., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 20 1919 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 20 days at $ 1 c		20 -
Field Allowance 20 days at $ c 10		2 -
Separation Allowance		
Clothing Allowance		25 -
Post Discharge Pay W.P.S.		70 -
*Other Credits		
Advances 21478	5 -	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
	122 -	
Balance on transfer or on discharge, cheque No. 22511		
Total	127 -	127 -

*Give particulars.

A monthly stoppage of $ 18 xx (†) has (‡) been paid on account of

Assigned Pay for the month of Jan 191 9
and Separation Allce. for month of 191.....

(to) Assignee Mrs. D. Commandant.

(Address) Lahonatien Ont

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment.....married or single.....

(2) Separation Allowance, entitled or not No (3) Reason for discharge.....

(4) Authority for discharge or transfer Dis 19

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

FEB 19 1919
Date .....

TORONTO, ONT.
Place .....

Malcolm J. Cameron CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL 739830

Surname Commundant Christian Name Ele'

Examined on 5th day of May 1916 at Ohswekeh

Approved by Capt Hunter Capt M.O.

Birthplace City or Town Gibson Reserve County District of Muskoka

Apparent age 24

Trade or occupation Farmer

Height 5 Feet 6 Inches.

Weight 156 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36 inches.

Physical development good

Small-Pox Marks

Vaccination Marks Arm Right. Left. one Number one

When Vaccinated last 1913

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		10 SEP 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
30/8/16	+	Capt Thrush M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18/5/16	X	Capt Thrush M.O.
28/5/16	X	Capt Thrush M.O.
16-4-17	TAB 1	A&P M.O.

Enlisted on 1st day of May 1916 at Ohsweken

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	114th Bn. C.E.F.	739830		1/5/16
Transferred to..	35th BATTALION C.E.F. 4th CAN. RES. BATTALION.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
9. Con. Hospital Exhibition Camp	5 Nov 11/19	G.S.W. Head remarked G.S.W. Head	Sent to Toronto Con. W. Brown Capt

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.

150M.—8-15.
H. Q. 1772-39-439.

CANADIAN

Surname Bommandant 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.
Isolation Hpl Ashot		27	4	17	21	5	17	Mumps	25	Orchitis - Recovery. Duplicate Medical History Sheet posted to here.	E Brown Capt Rame
East Suffolk & Ipswich Hospital IPSWICH.		7	9	18	16	9	18	Sw Head	9	Buried by shell. Concussion 16 9 18 Trsfd to Woodcote Park H. Epsom	A.W. Woo
MCH Epsom		16	9	18	14	11	18	do	60	Transfer to G.C.S.H. Buxton for active treatment.	Go Inland Capt Caml
Granville Can. Spec. Hosp Buxton Derbyshire		14	11	18	17	12	18	— " —	34	2/12/18 mentally improved no headaches at present sleeps well. Dizziness of the stoops over Reflexes normal	Elm & Kennish Capt Caml

2.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Commandant. E.

REGIMENT M.E.F.C. RANK Pte No. 739830

Date of Examination in England | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada
- (*b*) In England yes.
- (*c*) In France

Signature of Dental Officer H Curran Capt

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

FILE No.
RECEIVED
PAYMASTER
No. 2

OTTAWA, CANADA, 1919

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ..... Eli ..... 2. Surname ..... Cammaudaah .....

3. Rank ..... Private ..... 4. Original Unit ..... 114 Batt ..... 5. Reg. No. ..... 738830 .....

6. Address, in full, to which future payments of gratuity are to be forwarded ..... Bala .....
..... Ontario .....
.....

7. Date of enlistment in the C.E.F. ..... 1st May 1916 .....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... no .....

9. Relationship of such dependent ..... no .....

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

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

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
..... sixth month England 4th Res. Regt.
..... eleven months seventeen days France, Can. M.G.C.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ..... yes, no, ...

14. Were you on active service only in Canada or the United States ? If so, give particulars of units and dates of such service ..... Canada, ... May 1st 1916 114 Batt.
..... to Oct 28, 1916 ..... over seas 1st november
..... France, ... December 11th, 1917.
.....

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... Two years and nine
..... months. ..... Canada England France.
..... C C R C, ... Can M G C, ...

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... no .....

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... no .....

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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... no .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... no .....

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

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

22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... gratuity .....

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge ..... February 20th 1919 ..... (b) Reason for discharge ..... medical unfit. .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... no .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 1st C.M.G.C. ..... 9 months 1st November 1918 to August 28th 1918. .....

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

(b) If so, are you in receipt of full pay and allowances from that Department? .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Eli Commandant

Place of Residence: Bala

Declared before me at: Bala

This 8 day of March 1919

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

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps ...114...th...Overseas...Battalion.C.E.F.

Regimental No..739830..... Rank..Private..... Name..COMMANDANT.. Eli.....

C. E. F.

Enlisted (*a*)..1.5.16..... Terms of Service (*a*).....~~C.E.F.~~..... Service reckons from (*a*)..1.5.16.....

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked..	Halifax	31.10.16.	(Part 2)
		Disembarked.	Liverpool.	11.11.16.	
11.11.16	O.C. 114th	Transfered to 35th Bn.	W.Sandling	11.11.16.	D.O. 272.
		J. Sheppard Lt Captain a/ Adjutant 114th C. S. Battalion			
20.11.16	O.C. 35th	Taken on Strength 35th Bn	West Sandling	11.11.16.	Pt. II. Ord. 276. 277
4.1.17	O.C.35th	Transf'd to 4th.Res.Bn.	W.Sandling	4.1.17	Pt.2.Order No.4.
					Lieut-for Capt. A/Adjt.35th.,Battalion,C.F.
4.1.17	O.C.35th	Taken on strength 4th Reserve Battalion.	-do-	4.1.17	Pt.2. Order No.1.

(*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.

739830 Pte Commandant E.

CERTIFIED CORRECT 17 SEP 1917 CAN. RES. RDS. LONDON

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
10-9-17	O.C.4th.Can.Res.Bn.	Having proceeded overseas to 1st.Bn. is S.O.S.4th Can.Res.Battalion.	Bramshott	9-9-17	Pt.2.Order No.215. ✓ R M Adie ----------Capt. Adjt for O.C.4th.Canadian Res.Battalion.
	C. B. D.	ARRIVED C. B. D.	FRANCE	10.9.17.	N. R. D. PART II ORDERS No 98 D 26.9.17.
	C. B. D.	LEFT C. B. D. FOR	CCRC.	26.9.17.	N. R. D 26.9.17
27.9.17	O. C. ~~BN~~ CCRC	ARRIVED CCRC BN.	FIELD	27.9.17	~~B 213~~ WR D 27.9.17
20/1/18	do	Left for 1st Bn		20/1/18	WR
20/1/18	ob 1st Bn	Joined 1st Bn.		20/1/18	B213
10.4.18	AGGH Q.	Transferred to 1st Battn Cdn Machine Gun Corps		21/3/18	AG 4201(0) d 10/4/18. AAG File 26120 Part I 40 d 16/4/18.
"	"	T O S I BATTN C M G corps on transfer FROM 1st Inf Bn		22/3/18	P29529 d/ apl 18
30/8/18	2 C F A	Concuss. (buried by Shell) Adm	Fld.	30/8/18	H. 6219
31/8/18	3 Aust. Gen.	S.W. Head Adm.	—	31/8/18	H. 6312
10-9-18	42 C.C.S.	S.W. Head. Adm	—	30/8/18	H 7790
-do-	-do-	-do- to 29 A.T.	—	31/8/18	
6-9-18	3 Aust Gen	Inv (W) & posted to CMGC Depot Seaford, per A.T. St Denis.	do	6-9-18	P2 O.82 A3W 3083/5970.

C B Johnston Capt for Lt. Col. AAG Cdn Sect 3rd Echelon

Commandant 2

the only thing he complains of at present time is headache and dizziness. He says these symptoms occur after he walks around considerably. The pain is of the sharp, shooting type. After he has a good rest the pain disappears. The dizziness occurs at the same time and goes away after he rests. No other symptoms elicited. No mental symptoms

This man is not neurotic nor in my opinion has he any organic nervous disease. Would suggest X. Ray of Head 11 2/19 JB

31/1/19 J H Travis Capt

RM. (Duplicate)

MESSAGES AND SIGNALS.

No. of Message...............

Charges to pay
£ s. d.
$ c.

Office Stamp.

ce Instructions

Priority

nded in at the *Office at* *M.* *Received here at* *M.*

TO

** Sender's Number* | *Day of Month* | *In reply to Number* | **A. A. A.**

FROM
PLACE
TIME

M. F. B. 418.
6M. pads—6-18.
H. Q. 1772—39—659.

Sheet 2.

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 114th Bttn. Regimental Number 739830

*Substantative Rank _____ Surname Commandant, Christian Names Eli.

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
16.9.18	C.M.G.C.D.		T.O.S. from 1st Bn. C.M.G.Cps.	Seaford.	7.9.18	Pt. II DO 210
			[signature] LIEUT: FOR Major I/C RECORDS, C.O.M.F.			[initials] 19.12.18

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
28-12-18			Attached C.D.D. Buxton for return to Canada, Part II Order No. 307 Ceases to be attached C.D.D. Buxton on embarking for Canada.			

A. Virgin Lt. for Lt. Col.
Commanding Canadian Discharge Depot.

JAN 1919 Ealing 104 "SCOTIAN" 14 JAN 1919

JAN 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 20

Nothing to be written in this margin.

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

20-2-19 S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 49

O. C. Discharge Sections,
No. 2 District Depot

2851

GRANVILLE CANADIAN SPECIAL HOSPITAL

PATHOLOGICAL LABORATORY

URINALYSIS:

Date 28. NOV 1918 Ward Palace. 126 Bed 535

Name Pte. Commandant Regtl. No. 739830 Unit 1st CMG 13

Quantity in 24 hours Sp. Gr. 1026 Reaction Acid

Consistence Cloudy Colour Lt Sediment

CHEMICAL:

Albumin Approx 0 Sugar 0 Urea

Remarks

MICROSCOPICAL:

Casts

Pus

Blood

Other Elements Few Calcium Oxalate Crystals

Form 16 2000 11-11-18

Pathologist

Medical History Sheet (A.F.B 178).

Medical Board Papers

Attestation Paper (R. 144).

Field Conduct Sheet (A.F.B. 122).

Casualty Form (A.F.B. 103).

Transfer Clothing Statement (A.F.W. 3068).

Officer Commanding.

.....Depot.

Receipt of man and documents as above is acknowledged please.

.....Adjutant.

.....

TORONTO GENERAL HOSPITAL

Department of Radiology

REPORT OF THE ROENTGEN EXAMINATION OF

Date Feb 7th/19 Name Pte E.Commandant #739830

Address Exhibition Camp

Referred by Dr. Jas.Moore. Case No. 43513

Stereoscopic plates were made of the skull, and these do not show any evidence of F.B. or fracture.

The outline of the cranial vault is smooth and even but the markings of the inner surface of the skull are unusually deep and prominent.

The pituitary fossa is normal in appearance and otherwise there is no evidence of pathological condition.

11/2/19

F. E. Richards

Capt.C.A.M.C.,

O.C.,X-Ray Dept.

M.N.

W. 16575/M. 237. 2,000m. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

No. 739830 Name Cammandant, Eli | Sqn., Batty., or Company | B Corps ~~35~~ 4th Pontoon 1st Bn. | Date of enlistment | 1/5/14 | G.C. Badges | | Service or Proficiency Pay |

Date of last entry in Company Conduct Sheet | — | No. and date of last drunk | — | Period not reckoning towards freedom from extra fine | Sheet No. One | Signature O.C. Company, etc. | Character good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
S.OS.		1st Bn		C.M.G.C. Inv W. to Eng.		6.9.18	Base Pt 2 Orders 82	20.9.18	

Army Form B. 199

[P.T.O.

FORM D.M.S. 1300.
137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Commandant	E.	739830

Rank	Unit	Co.	Troop	Batty.
Pte	4th Can Res. W.O.	1-C.M.G.Bn		

Hospital	Date of Admission
Mil Isolation Hosp Aldershot	28.4.17
Transferred Can Mil Colchester Hosp.	7-9-18.
Woodcote Park, Epsom Hosp.	17.9.18
Granville Buxton Hosp.	15.11.18
Hosp.	

Diagnosis

(1) Parotiditis
Later Diagnosis (if changed) Shell Contus. Rt. Head, neck

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

	Date
C.L. 5.5.17 #51	Dis 21.5.17
C.L. 16.10.17 B34	Dis. 18.12.18
11-9-18. 312-1	
17.9.18 B31-2	
18.11.18 B370	
23.12.18 B400 (2)	

REMARKS

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. Londo

EPITOME OF HOSPITAL TREATMENT.

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

L.

*Name COMMANDANT. Eli Rank Pte. Regtl. No 739830

Original unit Present unit C.M.G.D. M. or S. Age 31 Religion Meth. Fyle Depot Ref. H.Q

Port, ship, and date of arrival St. Johnl Scotian 15-1-19

Next of kin Mother. Dianah Commandant, Sahanatien P.O. Ont.

Address on leave Same

Address on discharge Bala Ont.

Transportation issued ~~No~~ Yes Date 20-2-19 Bala Ont Character on discharge

Previous occupation Farmer. Date and place of enlistment Ohswekin. 24-5-16

Diagnosis G.S.W. in head. Upper rt. occipital region. Date of Medical Boards 31-1-19

Date. T.O.S.	Remarks	Pt. 2 Order No.
3-1-19	Posted to Cas. Co. (Ex. Camp) 15-1-19.	
	Leave & Subs. from 16-1-19 to 30-1-19.	20
20-2-19. S.	O.S.DISCH."MED.UNFIT" 153 days W.S.G.	49

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Maj. Graham.

Granville Canadian Special Hospital---Gymnasium Class

4

Regtl. No. 79830 Rank Pte Name Commandant E. Unit — Bed P126

Diagnosis: Cont: Head Class: S.D. (no stooping) Entered 21-11-18

Remarks: 2/12/18 — Carry on — cooperates D.P.

J de Beaupré
Capt. A.C.

Form 9 1000 19-8-18

and 29/8/18 headache + dizziness on stooping down: sleeps well and only ordinary dreams. W.J.H.D.

No. 739830 RANK Pte. NAME Commandant-Eli

T. O. S. 1/5/16 UNIT 114th Battalion.
D. O. 124 of 9/5/16

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 1	May 31	✓		
June		✓		
July.		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		n.	Trans. to 35th Bns.	Nom. pay list.

Number 199830 Rank Pte

Surname COMMANDANT

Christian Name Eli

Units 1st Pn Can Inf Theatre of War France

Date of Service 9-9-17

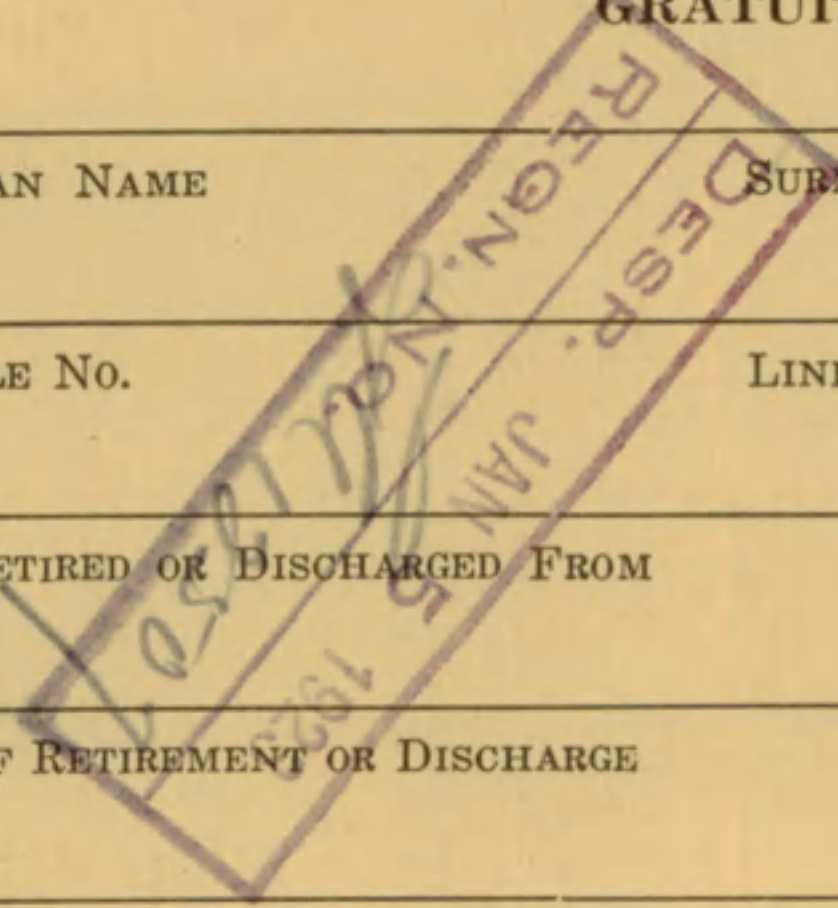
Remarks

Latest Address Bala P.O. Ont.

Roll No. Page 22034.

200m.-6-21.

GRATUITY (IMPERIAL)



CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

C

SURNAME. Commandant.

CHRISTIAN NAMES Eli.

REGL. No. 739830. RANK Pte.

UNIT 114th.

FORMER CORPS Nil.

2 CARD NO. ✗

S. O. S. Dis. 20/2/19
M. U. FOLL.
H. O. 49 18/2/19 #2 [illegible]

Bn.

NEXT OF KIN.

NAMES IN FULL Commandant. Mrs. Dianah.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Sahanatien Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Gibson Reserve Ont. DATE Nov 16th 1889.

PLACE OF ATTESTATION Ohsweken Ont. DATE May 24th 1916.

R/C. 15-1-19 252/8 Pte.

L. L. 94504. M. & D. 6512.

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

Sailed from Halifax per S.S. "Corsica" 31/10/16.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 24. YEARS 0. MONTHS

HEIGHT 5. FEET 6. INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 3. INCHES

COMPLEXION Dark. EYES Brown. HAIR Black.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Ohsweken Ont. DATE May 5th/1916.

Present Address - Sahanatien Ont.

REGT'L. No. 739830.

H. Q. FILE No. 649

NAME Commandant, Eli

RANK AND CORPS Pte. 4th Can. Res. Bn. Div. M.C. form 114th

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	"C" NATURE OF CASUALTY
N.O.K.	Mrs. Dinsh	Commandant (Mother) Sahanstien Ont.
Q523 37-1	13-9-18	Adm. Mil H. Colchester. Sept. 7th. 1918. Shell contusion

L. L. 18950—M. & D. 7789

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
51.	Mil Isol: Aldershot	28-4-17.	Parotiditis
C.35	" " " Dis.	21-5-17	"
B 312	Gen Mil Colchester	7-4-18	shell conts
B 370	Gran Con Spec Button	15-11-18	" " Head neck
B.400.	Disc.	18.12.18	" " " "

Form R. 149.
7196—250m—7/2/17.

Name Commandant, *Rank* Eli. Pte. *Reg. No.* 739830.

Unit 4th. Res. Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-4-17.	Isol.	Aldershot.	Parotiditis.	51.		
21-5	Discharged	do		C34		Letter Hosp

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

Form R. 149.

ELI.

Name COMMANDANT, Rank PTE. Reg. No. 739830.

Unit 1ST BN., C.M.G. CORPS.

Next of Kin CANADA.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
7	9	Gen Mil Colchester	Shell Contus		B 312	R	573	26160
17	9	M.B.W. Epsom	do Head & Neck		B 318			26765
15	11	Gran Can Spec Buxton	"		B 370			1250
18	12	Dis	"		B 400			567
Gran	6	522 Bn Fur - 17-12 - 27-12						
		to Can Dis Dep Buxton						

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

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

93

LEAVE THIS BLANK.

Place:- Epsom

Regt.No. 739830 Rank pte Name Comandant

Unit CMGB Age 27 (Adm. 4.10.18

Division A18 Hut 43 Date of (Disch. 6/11/18

DISABILITY. Contusion Head + Neck

Date. 28 Aug 1918

CLASS. Special Lung 23/10/18

MACHINES. 30/10 Gen

Hours of Attendance, a.m. 9.00 to 3.30 10.00 p.m.

REMARKS. Complains of headaches and dizziness. Sleeps well. Should improve greatly

R.T.G.1. 20M-30-4-18. P.T.O.

LEAVE THIS BLANK.

PROGRESS, Notes. 7-10-18.

Carry on with Treatment.

14/10/18 Co.

22/10/18 Lieng.

30/10/18 Gen.

6/11/18. States he is unable to do class. Buxton

DISPOSITION. Hospital.

Henry A. Griff Capt.

Officer i/c Gymnasium.

Form DMS 1401.

Grenville Can. Spl. Hospital,

.....HOSPITAL.

A. & D. CARD

B. 2

AT.....

A. & D. No. T 3925 Pl. of Action.....

Rank Pte Reg. No. 439830 Unit 16 M G B Sick or Wounded

Name Commandant. E Age 27 Religion C of E

Place in Hospital PA

Diagnosis Cont Head (shell).

Admitted 14 NOV 1918 From M. & H. Epsom

Discharged 17 DEC 1918 To C. D. D. Buxton

Transferred .....

Service at Home 28/12 In Field 12/12

Results .....

.....

.....

29 days

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

A

DISCHARGED

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names ..Eli.. 2. Surname ..Commandant..
3. Rank ..Pte.. 4. Original Unit ..114th Batt.. 5. Reg. No. 739830
6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... Bala P.O. Ont. .....
.....
7. Date of enlistment in the C.E.F. ..May 1st/16.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..None.....
9. Relationship of such dependent ..None.....
10. Address, in full, of such dependent ..None.....
.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..None
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
1st C.M.G. Bat. Oct 1st/17 .....
..... To Aug 28/18.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ..None.....
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..No.....
.....
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..114th Batt — 4th Res
24-5-16 to 20-2-19 C.C.R.C. 1st M.G. Batt .....
..... 2 Years 9 Months 19 days
2 yrs 9 mths
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..No.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..No...

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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... No .....

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

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

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

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..... No .....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... No .....

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge ..... 20-2-19 ..... (b) Reason for discharge ..... Medically unfit .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... # 2 W. D. .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 1st M. G. Batt ..... Sept 10/17 ..... To Sept 3rd/18.

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Ed. Commandant

Place of Residence: Bala P.O. Ont.

Declared before me at: Toronto

This 17th day of Feb. 19 19

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

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	739830	Rfn	Commandant.	E.
Year 1918.	Unit. 1 Bn. Can M. G.		Age. 27.	Service.

Station and Date. M C H.

Disease Shell concussion. Head + neck.

17. 9. 18 Complains of headache.
L Lieut 74

23 9. 18 Light Duty 74.

30. 9. 18 Transfer to No. 1 Divisional Coy Capt. Canc.
M.O 7 Sist. Div.

2.10.18. Has much ringing in the head. appreciation of sounds decreased sensibility to external stimuli. Consciousness undisturbed memory poor. Circulation normal. Train of thought somewhat retarded judgement undisturbed. Emotional field shows some decrease determination
Emotional Mental field shows some decrease. Reflexes normal. Discharge RG #4.

7.10.18. C.O.

14.10.18. Further observation 3 P.M. Monday. C.O.
Long Class. C.O.

20.10.18 General Class X

21.11.18. G.C.S.H. for active treatment.

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

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

[P.T.O.

Station and Date.	

Commandant, Eli. Pte. 139830

Neurological Report.

Objective Findings. All deep reflexes are moderately hyperactive. ~~Pupils~~ Superficial reflexes are normal. No Romberg, Ankle Clonus nor Babinski. Pupils equal and normal in reaction to light and accomodation. No muscular incoordination. No sensory disorders. No tremors.

Subjective. This man received G.S.W of head in August 1918 and was rendered unconscious for a few seconds. He received a slight shrapnel wound in right occipital region. He said there was slight bleeding from right ear but doesn't know whether or not this was due to wound of external ear.

Army Form I. 1237.

Forms
I. 1237
1/2

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
13928	739830	Pte	Commandant	E.
Year	Unit.		Age.	Service.
	1st Canadian Mach. Gun Bty			2y 8m 17d

Station and Date.

Disease Cut Head (Called)

occupation farmer

Enlisted - May 1st 1916

England - November 1st 1916

France - Sept 1917

wounded August 28th 1918

Admitted to England - Sept 2nd 1918

Hospitals C.C.S. Australian Ec Abbeville 1 week

Ipswich Hosp. 1 week Exam M.C.H. 2 months.

Filed medical Card

H.P.I. on August 28th 1918 was buried by a shell explosion at arras and suffered from a contused laceration of the scalp. Was unconscious for a few minutes and had violent headache & pain all over the head Ever since has had ringing in his ears whenever he walks any great distance. occasionally has a light headache.

Present Condition General condition good. somewhat slow in answering questions. Small scar over right parietal region near vertex.

Heart & lungs are normal.

says he has no disturbing dreams or does he ever tremble - He has no fears.

Reflexes - normal. Elmer K Lemon Capt Can. A.M.C.

No medical aids

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

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

and Date.

Patient only complaint appears to be headache
and some dizziness on stooping down. Says he
sleeps well, has only ordinary dreams, and no other
complaints. Reflexes normal. Heart and Lungs normal.
Bowels Regular. Has Bx xx occasionally for the
Give some light work around wards. Keep quiet and
Gym Swedish except stooping Exercise
Return in 1 week C.R. Graham Major

Patient has not had any headaches lately. No tremor. No
dizziness. Sleeps well. Have since examined and
if negative Board B II C.R. Graham Major Canl

28/11/18 Urinalysis Spec Grav. 1026. React - Acid
Consistence - Cloudy - Colour - Light Amber.
Alb - Neg - Sugar Neg.

EXAM. MED. BOARD
4 DEC. 1918
G. O. S. M.

B II

1/12/18 "Gym effort: carry on" Cpl E J Bateman Orderly

LIST OF DISCHARGE DOCUMENTS.

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

11-8-39

War Service Badge.
Class C
No. 86428 issued
mb.

War Service Badge.
Class B
No. 53662 issued

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

R

1. No. 739830

2 Rank. Pte.

3. Name. COMMANDANT ELI

4. Unit. 114th Batt. (D.D.#.2)

5 Date of Discharge Feby 20. 1919 Place TORONTO, ONT.

6 Reason for Discharge HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

H

7. Authority. D.O.D.D.#.2 Pt 11 nO 49

8. Proposed Residence after Discharge

Bala P.O. Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Eli Commandant

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date Feby 20. 1919

Signature H Sargeant Capt

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O.C. No. 2 District Depot.

G.M.K. 26-3-19

OPINION OF THE MEDICAL BOARD

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

We concur, except # 17 Cat. C. 2.

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

20. It is certified that the invalid
   - (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
   - (b) Does not require treatment.
   - (c) ~~Should pass under his own control.~~
   - (d) Should not pass under his own control.
   - (Strike out condition not applicable.)

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

Placed in Category C. 2.

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

Julian Boyd Major ..... President.

PLACE Toronto Exhibition Camp,

DATE Feb 11, 1919

W E Brown Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... President.

PLACE .....

DATE ..... } Members

APPROVED BY

APPROVED

Assistant Director of Medical Services.

FEB 12 1919

DATE .....

Bowley ..... CAPT.

FOR A. D. M. S. M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE .....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Toronto Exhibition Camp, DATE Jan 31, 1919

1. 1 (a) Unit # 2 D.D. (b) Regimental No. 739830 (c) Rank Pte.
   - (d) Surname COMMANDANT (e) Christian name Eli,
   - (f) Home address Bala, Ont.
   - (g) Next of Kin Duina Commandant, (h) Relationship mother
   - (i) Address of Next of Kin Bala. Ont.
2. Age last birthday 29 Date of birth 16/11/1889
3. Enlistment, or Appointment (if an Officer) (a) Place Ohsweken, (b) Date 1/5/16
4. Personal description:
   - (a) Height 5 ft. 6" (b) Weight 160 (stripped) (c) Complexion dark
   - (d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc. nil
5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	230

114 Bn.	Periods From	Periods To
Canada	1/5/16	11/11/16
England	11/11/16	10/9/17
France or other theatres of War Eng. & Canada	10/9/17 Sept. 1918.	Sept. 1918 to date

7. Original disease, or injury G.S.W. in head. Upper right occipital region.
   - (a) Date of origin Aug. 28, 1918. (b) Place of origin France
   - (c) Cause Active service conditions. shrapnel.

M. F. B. 227. G. NM. B.

300M.—8-18.
1772-39-117.

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

Partial loss of function of head.

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

Objective - A small painless non-adherent scar on the scalp about the upper outer angle of the Rt. border. occipital bone. No deformity or palpable injury to the the brain cranial vault. See x-ray report attached.

Subjective - He gets severe headache if he exerts himself very much as walking at his own rate 2 to 3 miles, or if he stoops down very often as in picking up articles as small parcels, or blankets for 1 to 2 hours. He sleeps well, and eats well.

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

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

Special Senses.....no.....Respiratory System.....no.....Integumentary System.....no.....

Disturbances of Mentality.....no.....Digestive System.....no.....Muscular System.....no.....

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

No hernia, no piles, no varicose veins, no varicocele, no goitre. Urine- No albuman no sugar.

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

He was blown up and buried Aug..1918 and received the shrapnel wound in the scalp and has since been troubled with headaches, which are greatly increased by exertion.

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

nil

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

nil

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

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

Not applicable.

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

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

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

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

ordinary hosp. treatment for healing of scalp wound.

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

no

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

17. Recommendations

Discharge "Z"

Arthur Thomson
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Lt Commandant. 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

E. Commandant. Rank
Signature of invalid examined.

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Gibson Reserve, Muskoka, Canada.

NAME AND ADDRESS OF NEXT OF KIN: Dinah Commandant
Sahanatien P.O. Ont

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 139830 RANK Private NAME Commandant Eli

IF IN PERMT. CORPS } WHAT UNIT } UNIT 114th Bn. TRANSFERRED TO 35th Bn. DATE 11/11/16 AUTHORITY 5027

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 4th Res Bn DATE 1.2.17. AUTHORITY 60 4-1-17

PLACE OF ATTESTATION Orsweken, Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 11/5/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 18 00/xx DATE EFFECTIVE 1/9/17 A & M form rendered 1/8/17

PAYABLE TO Mrs Dina Commandant. Sahanatien P.O. Ont Canada RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

61

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
Nov.														1580	1580									Balance from Canada							1580				
1-30	30	1	30		30	10	3								33																4880		15		
Dec. 1-31	31	1-	31	-	31	10	310								344 10	1093	30/11	1110	7/12					487	1460				1947	6343		30		
			610																																
Jan. 1-31	31	1-10	344 10												344 10	1373	27/1							1460						5407	8293		45	3793	Bal eff. 1.2.17.
															11700																				
Feb. 1-28	28		3080												3680	138	30/1							344	344						8939		60	2939	
Mch 1-31	31		344 10												344 10	194	15/7							486	486						4378	7971		75		
																									1703										
Apl 30	30		33												33										2920						2920	8351		90		
																																11761			
May	31		344 10												344 10									487						487	11574				
June	30		33												33		43/4	5/6														11984				
July	31		344 10												344 10									730												
																810	30/6							1217												
Aug	31		344 10												344 10	388	30/5							486							2433	18961		150		
																450	14/6																			
Sept	30		33 -												33	440	30/7	702	16/8					1460	487			18		5451	16810		150	1810	
																575	11/7	1783	29/8					487	1217										
			367 40											1580	38320									9734	9976			18		21510					

739830 Pte Commandant Eli

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.														
—					~~168~~	~~10~~												168	10	150															
Oct.	31 days @ Pte 1/10				34	10			Can A.P.								18																		
									aR 830	9/9			4 Res	4 87				179	33																
					34	10								4 87			18																		
Nov	30				33				Can A.P.								18																		
Dec	31				34	10			AR 1089	5-10			1st Bn	4 46																					
									Can A.P.								18																		
									aR 65	1 Bn Log Cp			15/10	3 57				202	40																
					67	10								8 03			36																		
Jan. 1918	31				34	10			Can A.P.								18																		
									Dn aR 559	24/9/17			1 Cl Bn	4 46																					
									1325	15/11/17			16 Bn	13 38																					
									1248	29/10			✓	4 46																					
									566	5/12			CCRC	4 46				191	74																
					34	10								26 76			18																		
Feb.	28				30	80			Can A.P.								18																		
									aR 765	1/1/18			CCRC	4 46																					
									Dn aR 468	30/11/17			✓	3 57																					
									708	20/12/17			✓	3 57				192	94	150															
					30	80								11 60			18	34	10																
March	31				34	10			Can A.P.								18	227	04																
																		34	06																
									890	18/1/18			CCRC	3 57				192	98																
									28257	1/2/18			C.S.B.	4 46																					
									2346	16/2			RE	3 57																					
									2376	17/3/18			CCBD	4 46				192	98	150															
					34	10								16 06			18																		

CANADIAN
ASSIGNED PAY AUDITED
E.A. Bradley
AUDIT CLERK
DATE 21/6/19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/9/17		EFFECTIVE DATE:-	
AMOUNT:- 18		AMOUNT:-	

NAME:- COMMANDANT Eli

NUMBER:- 739830

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY (WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.)		AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs Dina Commandant (Mother)				Private
Sahanatien P.O. Ont.				

UNIT AND TRANSFERS

ORIGINAL UNIT:- 114 Bn.

DATE ACCOUNT FIRST OPENED:- 1/11/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
B/O.H. 4/1/17	1/3/17		H. Bn. Bn
39. 27/3/18	1/5/18		1 M.G. Bn

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
10 12/18	10926	Buxton	9 73			~~5. 7. 17 12 to 27 12~~	~~7 30~~
17 12/18	11883	"	48 67				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transferred to Canada 31 12/18 Rep Gran 6 6/32 of 17 12/18 2/6. Gr Rel 233 52/xx

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal. Forward.								192 98	150 -	
April	30 P.P.	33 -		C.A.C.				18 -			
				Gnar 1279 20/3/18 1st Dollard	3 57 -				204 41	150 -	
		33 -			3 57			18	238 51		
May	P.P.	34 10		C.A.P.				18			
				1st M.G. Bn AR. 1402/2	3 57						
				D.M. " AR. 4916/4	8 03 ✓						
				" AR. 261, 17/5	4 46				204 45		
		34 10			16 06			18			
June	"	33 -		Can. A.P.				18			
				AR. 389 5.6.18 1 M.G. Bn	3 57						
				" 506 20.6.18 "	4 46				211 42		
		33 -			8 03			18			
July	"	34 10		Can. A.P.				18			
				AR. 591 2.7.18 "	3 57						
				" 658 22.7.18 "	4 46				219 49		
Aug	"	34 10		A.P.	8 03			18			
		34 10						18			
				AR. 745 8/8/18 "	3 57 ✓						
				" 428 22/8/18 Det 1 Div.	3 57 ✓				228 45		
Sept	"	34 10		A.P.	7 14			18			150
		33 —						18			
				AR. 3260 17/9/18 Epsom	9 73 ✓				233 72		
Oct	"	33		A.P.	9 73			18			
		34 10						18			
				AR. 4468 17/10/18 "	4 87 ✓				244 95		
		34 10			4 87			18			
Nov	"	33		A.P.				18			
				AR. 1750 13/11/18 "	4 87				255 08		
Dec	"	34 10		A.P.				18	271 18		
	Int on Def Pay	13 44		AR. 10926 10/12/18 Buxton	9 73				284 62 -		
					PAID						

NUMBER 739830 RANK NAME COMMANDANT E

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		80 54		Forward	14 60			36	244 95		
	A/C 17/12/18 to 27/12/18; 10 days @ 73/- Do 300 CDD Burston 19-2-18	7 30		11883 17/12/18 Burston	48 67				233 52		
		87 84			63 27			36			
Feb				7348 31/12/18 " endorsed.	9 73				223 79		
					9 73						
				Struck off strength of Dm/7 of/c on transfer to 6/8/7 Canada 3 Fly Do 21/W/CD 21-1-19.							

CANADIAN
ASSIGNED PAY AUDITED
DR to 31/12/18
E.L. Bradley
AUDIT CLERK
DATE 21/6/19

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned... Commandant. Eli. ...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 :—

...Commandant. Eli. ...
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except................"

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART 1. MD. 2 A.F.B. 179 Canada (Revised 1918). 40256 10/8/18 T.D. 343

Reserved for M.H.C.

Regt. No. 139830 Rank PTE Surname COMMANDANT Christian Name ELI

Unit or Corps—(a) Overseas from United Kingdom 1st CAN MACHGUN BTN (b) in United Kingdom MACH GUN DEPOT SEAFORD

Born at—Town GIBSON RESERVE County or Province ONTARIO Country CANADA

Date of Birth—Day 16 Month NOVEMBER Year 1890 Age 28 yrs. ..... months.

Joined at OHSWEKEN ONT Date MAY 1st 1916

Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification :—
SMALL SCAR BOTH KNEES.
VACCINATION SCAR LEFT ARM

Height—feet 5 inches 6 Colour of eyes BROWN

Signature of Soldier (for identification purposes) Commandant. Eli.

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)	S.W. HEAD WITH HEADACHES.
Disabilities Group (b)	N/A
Disabilities Group (c)	N/A

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	S.W.	ARRAS	AUGUST 28th 1918
(ii.) As to Group (b) above.	N/A	N/A	N/A
(iii.) As to Group (c) above.	N/A	N/A	N/A

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

(i.) As to Group (a) above ? NO — If yes, has Active Service aggravated it ? N/A
(ii.) As to Group (b) above ? N/A — If yes, has Active Service aggravated it ? N/A
(iii.) As to Group (c) above ? N/A — If yes, has Active Service aggravated it ? N/A

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

(i.) As to Group (a) above ? YES
(ii.) As to Group (b) above ? N/A
(iii.) As to Group (c) above ? N/A.

PART I. (continued).

5. MEDICAL HISTORY. Received G.W. Right side of head and temple by shell on August 28th 1918 at Arras. At 3 ans Gen was found to be suffering from concussion. Patient states that he was unconscious for a few minutes and took notice has had violent headaches occasionally with shooting pains through the head and migraine in his ears whenever he wears his steel helmet. Treatment - nursing, rest and light duty. Hospitals - CCS #42 1 day, #3 Ans Gen Hosp 7 days, Hospital 8 days, in Clt Canada 60 days. Granville Can & Buxton - since 14-11-18

6. PRESENT CONDITION. Small 1/2" scar 3 1/2" above right external ear, small scar centre of upper occipital region was healed. Has no complaint at present is slight headache occasionally and dizziness if he stoops over. Sleeps well and has ordinary dreams. No tremor of hands or fingers. Appreciation shows diminished sensibility to external stimuli, memory poor. Gait & thought somewhat retarded.

Heart and lungs normal

A/N

7. OPERATION. (i.) Was one performed? no A/N (ii.) If so, state what. n/a

(iii.) Was one advised and declined? no

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

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

(ii.) If so, describe. n/a

A/N A/N A/N

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) yes B II (b) Invalid to Canada? no (c) Discharge from the Service as permanently unfit? no

Date of Report 2nd DEC 1918 Signed Edmund Kendall Capt.
Officer in medical charge of case.

Station Granville Can & Buxton

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

Officer i/c Hospital / S.M.O. Brigade / C.A.M.C. } Strike out one of these

Registrar, for O.C., Granville Can. Sp. Hosp., Station, on 191

*Delete if inapplicable.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRARS 2 - DEC. 1918 OFFICE Buxton

PART II.

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

10. Is the disability fully described in Part I. (1)? yes
If not, describe it. n.a.

11. Is the cause of the disability fully described in Part I. (2)? yes
If not, describe it. n.a.

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.) 20%

14. THE DISABILITY DUE TO SERVICE.—*(See Part I, (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? no
(ii.) If not permanent, what is its probable minimum duration *(in months)*? six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? n/a

17. Can the former trade or occupation be resumed? no

18. REMARKS:—

19. RECOMMENDATION:—

(a) Fit for duty? (state category) yes B II (b) Invalid to Canada? no (c) Discharge from Service as permanently unfit? no

Date of Board 5 DEC 1918

Signatures of the Board: Edmund Kendall Capt. President. Walter Ross Capt.

Station G.C.S.H.

Approved Walter Ross A.D.M.S.

Major, D.A.D.M.S. For A.D.M.S. Canadians Buxton Area.

Dated at Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES 10 DEC 1918 CANADIANS BUXTON AREA