Original ORIGINAL

ATTESTATION PAPER.

No. ~~159~~

Folio. A 2494

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Norman Dennis
2. In what Town, Township or Parish, and in what Country were you born? ..... Brant Tp. Bruce Co. Ont.
3. What is the name of your next-of-kin? ..... William Dennis
4. What is the address of your next-of-kin? ..... Walkerton
5. What is the date of your birth? ..... 19th June 1896
6. What is your Trade or Calling? ..... Laborer
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

Norman Dennis (Signature of Man).

W J Douglas (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Norman Dennis, 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.

Norman Dennis (Signature of Recruit)

Date January 12th 1915 W J Douglas (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Norman Dennis, 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.

Norman Dennis (Signature of Recruit)

Date January 12th 1915 W J Douglas (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 Walkerton Ont this 12th day of January 1914.

J A Tolton (Signature of Justice)

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

W J Douglas Capt. (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Norman Denny on Enlistment.

Apparent Age 18 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement.
- Girth when fully expanded 37½ ins.
- Range of expansion 3 ins.

Complexion fair

Eyes brown

Hair brown

Religious denominations.
- Church 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).

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 Jan 12, 1915 F. J. L. Houston

Place Walkerton Ont Capt Cmd

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.

Norman Denny 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. J. Douglas (Signature of Officer)
Lt Col.

Date Jan 12, 1915

C.E.F.

DENNIE NORMAN 402494 34 BN. 11362

M.U.

H

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 402494 (Rank) L/CPL.

Name (in full) DENNIS, Norman enlisted in

the 34th BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WALKERTON, ONT.. on the TWELFTH

day of JANUARY, 1915.

HE served in FRANCE(With 4th BATTALION)

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	42	Marks or Scars	
Height	5 - 6		
Complexion	FAIR		MOLE ON FACE.
Eyes	BROWN		
Hair	BROWN		

Signature of Soldier

DISCHARGE SECTION
APR 5 1919
No. 1 District Depot

Issuing Officer

CAPT.
Rank

Lieut. Col.
O.Commanding District Depot No. D.D.
Appointment

Date of Discharge

Signed at WDON, ONT.. this FIFTH day of APRIL, 19 19

in Military District No. ONE

File Reference No. D-250 795

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
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

1 P.M. 10-DE-52

ORIGINAL

LAST PAY CERTIFICATE

Regt.No. 402494 Rank T/Cpl Name Dennie Norman

Corps 1 CORD who was Discharged Med Unfit D-150

on 1919 to

The following is a statement of the account of the above named from 21-3-19 to 5-4-19

Bal Dr from mon. of / from L.P.C.	146	Bal Cr from mon. of / from L.P.C.	
ASSIGNED PAY:		Regt.Pay / P'ld All. 16 dys. @ $1.10 / dys. @ $	1840
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE:	
OTHER CHARGES:	~~418~~ 1000	OTHER CREDITS: Clothing Allowance	35.00
PAYMENTS:	435 1000 / 5/4 5/3/19 3500	Subsistence @ 80¢ per day	
Bal.Credit (to be pd.)		Bal.Dr.(to be deducted)	306
P D P Overseas	5646	(from soldier $) (from Dependent $)	5646

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at $ per month has been to by this Unit	at $ 15 per month has been paid to 31-3-19 by this Unit in sufficient funds to cover march	Subcribed $ Pd.by $ other Units pd.by this $ Unit

Dependent or Beneficiary : Mrs W Dennie

Address: Box 279 Walkerton Ont

REMARKS: D.O. 94 Discharged on ~~Demobilization.~~ Med Unfit

Date of Enlistment:
If married and if Separation Allowance card submitted. No

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

Date:: 10/4/19
London, Ontario.

J. D. Patterson Captain.
Paymaster, No.11 District Depot.

.....M. D.....Depot Battalion.....Regiment

Regtl. No.....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname.....
2. Christian name.....
3. Present address.....
4. Military Service Act letter and number.....
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth.....
6. Place of birth.....
   (town, township or county and country)
7. Married, widower or single.....
8. Religion.....
9. Trade or calling.....
10. Name of next-of-kin.....
11. Relationship of next-of-kin.....
12. Address of next-of-kin.....
13. Whether at present a member of the Active Militia.....
14. Particulars of previous military or naval service, if any.....
15. Medical Examination under Military Service Act :—

(a) Place.....(b) Date.....(c) Category.....

DECLARATION OF RECRUIT

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

.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... yrs.....mths.

Height.....ft.....ins.

Chest measurement { fully expanded.....ins. / range of expansion.....ins.

Complexion.....

Eyes.....

Hair.....

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

.....

O. C.....Depot Btln.

.....Regt.

Place..... Date.....

M. F. W. 133.
500M.—5-18.
1772—39—1158.

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps ...34th O.S. BATTALION? C.E.F.....

Regimental No. 402494 Rank PRIVATE C. E. F. Name DENNIE, Norman

Enlisted (a) 12-1-15 Terms of Service (a) d. of war Service reckons from (a) 12-1-15

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) .....

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				
7-3-19	C.O.LMCH	S.O.S.No.1 D.D on transfer to Brant House Military Hpl.No.2 D.D. Burlington	London	7-3-19	DDO 72 HSO 72

Capt.
for O.C.No.1 District Depot

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O

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

LONDON, ONT.

DISCHARGED

APR 5 1919

MEDICALLY UNFIT

Lieut. Col.

Commanding District Depot No. 1

O.C. Records Section No. 1 D.D.

43

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 9th Reserve Battalion, C.T.D.

Regimental No. 402494 Rank Private Name Dennie, N. (Dennie)

Enlisted (a) 12-1-15 Terms of Service (a) Duration of war Service reckons from (a) 12-1-15

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) _____

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.
		Transferred from 34th Bn	Shorncliffe	27.8.15	Regt, Order No 358
		Transferred to 4th Batt.,	France		R.W. Miller Lt
1-1-16.	O.C.C.B.D.	Reinforcement. Can.	Base Depot.	1-1-16.	N.R.
9-1-16.	do	Proceeding to join Unit.		9-1-16.	N.R. ADJUTANT, 9TH RES. BATT. DCR 250
16-1-16.	O.C.4th Bn.	Reinforcement. Joined	4th Batt'n.	11-1-16.	B.213. 250
17-1-16	O.C.C.B.D.	Taken on Strength "B" Can. Direct from the Front.	Base Dep.	17-1-16	101/B2/3/193. DCR 250
15-2-16	do	Proceeding to rejoin Unit	4th Battalion	15-2-16	N.R. 264
20-2-16	OC 4th Bn	Rejoined Unit of	do	17-2-16	B213 267
7-1-17	do	Granted 10 days leave	England	7-1-17	B.213 Pt 2 O. 6. d/- 17-1-17
21-1-17	do	Returned from leave	Field	19-1-17	B213.
23-6-17.	4th.Bn	Granted 1 Good Conduct Badge	Field.	12-1-17.	B-213 Pt 2 Orders No 7o.
27-10-17	do	To be Lance Corporal vice 452475 L/C. McCarthy, B.W. Eng; with effect from 30-7-17,	Field	30-7-17	B213 Pt 2 O. No ~~99~~ 100, d/ 13-11-17
19-11-17	do	Awarded The Military Medal	do		No 30389 fifth supplement Pt 2 O. No 5, d/ 16-1-18

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report 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.
5-1-18	4th Bn	Granted 14 days leave	U.K.	4-1-18	B 213 Pt 2 D no 5, d/
26-9-18	do	RETURNED FROM LEAVE	Field	20-1-18	B 213.
23-2-18	do	Wded, t Hosp	do	18-2-18	B 213.
19-2-18	2 C Fa	Inj. L. Eye (acc) (adm 18-2-18)	to 4 C.Fa	18-2-18	A 36/D 3561,
19-2-18	4 C Fa	do adm	do	19-2-18	A 36/D 4208
19-2-18	6 C.C.S.	do (adm 19-2-18)	trans 23 C.C.S.	19-2-18	A 36/D 4132.
20-2-18	23 C C S	Penet Wd L. Eye (acc)	adm do	19-2-18	A 36/D 4457.
21-2-18	do	do	trans 83 Gen Hosp	20-2-18	do
20-2-18	83 Gen Hosp	acc. perfty Wd L. Eye	83 Gen Hosp	20-2-18	W 3034/D 4208.
10-3-18	G.O.C. 1st Army	Casualty now reported as injured, accidentally	Field	18-2-18	A F W 3428 A.A.G. file K.Dd. 18-6896.
13-3-18	H/S. "Cambria,"	Invalided, Injured (accidentally) & posted to 1st C ORD, Shomcliffe, 83 Gen.		13-3-18	A F W 3083 Pt 2 D no 28, d/ 21-3-18.
20 3 18	1 C ORD	T.O.S from 4 Bn	Witley	14 3 18	Pt II 077 RHD
13.1.19	O/S.	Taken on strength No. 1 District Depot Landed D.O. 35			

[signature] Lieut for Lt-Col. A.A.G.

[signature] LIEUT FOR ~~LT-COL.~~ I/C RECORDS, C.O.M.I.

[signature] Major Lieut for C.O. NO. 1 DISTRICT DEPOT

R—122.

Rank Name DENNIE Norman Reg'l No. 402494

Unit 34th to 9th BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Walkerton.Ont. 12th Jan.1915 Place of Birth Brant Tp.Bruce.Co.

Name and Address, Next-of-Kin William Denny, Walkerton.Ont.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character L/Cpl C'seas bas

N/E. R.B No 17798
File R.L.
Category CAN.MU

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
31.12.15	O.C. 9th	Trans: to 4th Bn.	Scliffe	31.12.15	Pt II 778 Pt. II-3
21-7-17	4th BN.	Granted 1 Good Conduct Badge	Field	12-1-17	Pt II-70
13.11.17	—	Apptd. Lance Corporal.	Pte.	30.7.17	Pt II O-100
16.1.18	—	Awarded Military Medal.	L/Cpl.	19.11.17	— 5. L.G. 30389
20.2.18	1st CORD	T.O.S. from 4th Bn	" Witley	14.3.18	Pt II 77 (4th Bn Pt II 28 of 21.3.18) O.C.
17.1.19	1st WR (4)	Invalided to Canada	Kirkdale	13.1.19	C.L. B.423
20.1.19	1st WRD	SOS on being invalided to Canada	L/Cpl Witley	13.1.19.	D.O. 16

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					

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) DENNIE. N.

REGIMENT 4th Battn RANK L Cpl No. 402499

Date of Examination in England 27. 12. 18 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 3. 13.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada No
- (b) In England No
- (c) In France Yes

Signature of Dental Officer [signature] Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2.

NAME OF SOLDIER Dennie, Norman

REGIMENT

RANK L/Cpl.

No. 402494

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																							
March 8 '19			2 to be extracted & prophy																		E Grainger		

M.F.B. 465.
200M.—6-18.
1772-39-950.

IV

ORIGINAL

A-2494
159

MEDICAL HISTORY SHEET.

Surname Denny. Christian Name Norman

Examined on 12th day of Jan 1915 at Walkerton

Birthplace City or Town Brant Tp County Bruce Co

Apparent age 18

Trade or occupation Labour

Height 5 Feet 5 Inches.

Weight 148 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number None

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by

Rank M.O

Date	Fit or Unfit	Examined for Re-engagement,
		18 MAR 1918 M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
13/2/15	Good	J H Qatz M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
30/3/15	Good	J H Q M.O.
16/4/15		M.O.
		M.O.

Enlisted on 12th day of Jan 1915 at Walkerton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	4th Can Bn	402494		
Transferred to..				402494

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
westcliff - F'stone	14/10/18	anophthalmos Left.	Bill for 4 months - Alm Roy Jr
	18 OCT	APPROVED	J R Goodall Major CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE
westcliffe Folkestone	1-12-18	Anophthalmos, L.	I.T.C. Fr Lloyd Capt
-2 DEC 1918	Approved.		Wallace A. Swisher of A.D.M.S. Canadians.

227 London, Ont., 27- 3- 19 Foreign body in left eye

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. [illegible]stone.

M. F. B. 313.
50M—9-14.
H. Q. 1772-39-439.

Considered fit for duty in CANADA. [illegible] Capt.

CANADIAN

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
2nd London General Hospital, St. Mark's College, King's Road, CHELSEA. S.W.		13	3	18	23	4	18	Penetrating injury Lege.	41	While working on salvaging party, his pick struck something? detonator which exploded injuring Lege - extensive detachment & haemorrhage - Lege slight PL.; Rege normal. Magnet 3 times on Lege negative, To Folkestone R.V.: 6/6. L.V.: hand movements on admission. Later removed as a dangerous eye (25-4-18). Artificial eye ordered. Glass eye will be forwarded to C.C.H. Epsom where he is being transferred for conv.	H.C. Capt.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		23	4	18	21	6	18	Accidental Inj. Left Eye. L. anophthalmos.	60		[signature] Capt. C.A.M.C. Adjt. & Regr for Officer Commanding WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT
M.C.H. Epsom		21	6	18	25	6	18	do.	5	Eyes still disch: Transfer to Westcliffe	
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		25	6	18	23	12	18	Left Anophthalmos (acc. injury)	182	Artificial eye ordered. R.V. discharge has cleared up	[signature] Bradley Maj. R.H. Ells Capt. C. Adjt. & Regr for Officer Commanding WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT
L.M.C.H.		29	1	19	7	3	19	Do.	37	R.V. 6/6 Transf. Brant Hosp. Burlington	L. W. Jones Capt.
~~Brant Mil. Hospt~~		~~4-3-19~~									

Christian Name

Surname

MEMORANDUM

From L. M. C. H.

To Maj. W. J. Brown.

From

To

ANSWER

27.2.19. 19

402494
L/Cpl. Dennie N.

Sir.
M/n. N.C.O. saw you 8.2.19.
You recommended leaving
artificial eye out 1 wk. & Boric ac
& Zn. Would you please
advise as to necessity of new
eye as he complains it
is too small.

L. M. Jones
Capt.

19

Feb 26/19

Continue treatment for
one week

[illegible]
[illegible]

M. F. B. 207.
1 million - 9-16.
H. Q. 1772-39-282.

MEMORANDUM

From L. M. C. H.

To Maj. W. J. Brown

From

To

ANSWER

19-2-19 19

402494.
L/cpl. Dennie N.

Sir.
M/ N. N. C. O. has left anophthalmos & a discharge (watery) from socket.
He complains that the artificial eye is too small causing irritation.
Would you kindly examine & recommend for treatment.

L. M. Jones
Capt.

Feb 18/19 19

Leave eye out for wash & use Boric bathing & Zinc & Bone 1% in socket T.I.D

J. Brown
Mgr

M. F. B. 207.
1 million - 9-16.
H. Q. 1772-39-282.

L. L. Job 310—M. & D. 6574.

112

D. 528.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Wm Dennie

Address Box 279
Walkerton
Ont.

Rate $50.00

By Whom Assigned Dennie. W

Regtl. No. 402494

Rank Pte

Corps 4th Battn

SPECIAL REMITTANCE

Schedule # 346. 27.3.17 PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1917			
Feb.				
March				
~~April~~ MAY	R	7575	50	Mailed 3/5/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

L. L. Job 80137—M. & D. 5683.

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Wm Dennie

Address Box 279 Walkerton Ont

Rate $15.00 SEP 1 1915

By Whom Assigned Dennie N.

Regtl. No. 402494 a 24944

Rank Pte

Corps 34th Battn C. E. F.

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		J4104	15.—	
Oct.		45035	15—	
Nov.		W2574	15	
Dec.		W5586	15	
Jan.	1916	Y8142	15.	
Feb.		11457	15	
March		15299	15	

CONSOLIDATED ACCOUNT

CANADIAN ASSIGNED PAY AUDITED
amford
AUDIT CLERK
DATE 27/5/15

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs Wm Dennie PAYMENTS Name of Soldier Dennie N. Pte # a 2494 34th Battn

L. L. Job 89002.—Req. 6213.

$15.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P7188	15	
May		R 3561	15	
June		R 6787	15	
July		G 66999	15	
Aug.		L 11364	15	
Sept.		L. 15813	15	
Oct.		L 20242	15	
Nov.		L 21653	15	
Dec.		L 31592	15	
Jan.	1917	P 37718	15	
Feb.		P 43818	15	15 A
March		Q 43945	15	15 A
April		S 1417 S 1477	15	15 Ch. S 1417 Can Hds
May		M 7398	15	15 Th.
June		G 14230	15	15 Ch.
July		R 21122	15	Ba
Aug.		W 30359	15	390.
Sept.		V 34370	15	
Oct.		K 40890	15	
Nov.		G 49834	15	
Dec.		A 46725	15	420
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 27/5/15

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.				

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 27/1/78

NAME
NOM DENNIE, NORMAN

Service No.
Matricule No 402494 BRD./BN

CPC No.
CCP No 1271006

WVA No.
AAC No

Information Received from:
Information reçue de: SOLICITOR - DOUGLAS A. FARR.

Date of Death
Date du Décès 9/12/77

Place
Endroit N/K

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
M. Shannon
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

FORM D.M.S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
DENNIE	M.	402494.

RANK	UNIT	CO.	TROOP	BATTY.
L/C		1Co. 4.		

HOSPITAL	DATE OF ADMISSION
6 CCS	19-2-18.

1. 83 Gen B'logne — HOSP. 20.2.18
2. 2 I'am Gen. Chelsea. — 14-3-18
2. Westcliff E. & E. — HOSP. 24-4-18
3. Woodcote Park. Epsom. — HOSP. 22.6-18.
4. Westcliff. E & E. — 26.6-18
4. 5 C.G. L'pool. — HOSP. 24.12.18

DIAGNOSIS

1 Inj.Lr.Eye Accid. HO
L. Anophthalmos, Inj. R

2.

3

Invalided to Canada.

DISPOSITION 13.1.19 DATE

REMARKS

CL. 23-2-18 A147-3
26.2.18 A149-S.
16-3-18 B165-1.
26-4-18 B198
25-6-18 B249 (2)
28-6-18 B252
30.12.18 B408-2
17-1-19 B423 (3)

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

M. H. Duplicate.

*Name DENNIE, Norman. Rank L/Cpl. Regtl. No. 402494

Fyle Depot 1DD-10-D-250

Original unit 34th. Bn. Present unit 4th. Bn. M. or S. S. Age 22 Religion C.E. Ref. H.Q. 1-D-30-D-795

Port, ship, and date of arrival Halifax, Essquibo. 26-1-19

Next of kin William Dennis, Walkerton, Ont.

Address on leave

Address on discharge Box 279 Walkerton, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Laborer. Date and place of enlistment Jan. 12, 1915, Walkerton, Ont.

Diagnosis Foreign body in left eye. Date of Medical Boards 25-3-19, London Ont.

T.D.S. Date.	Remarks	Pt. 2 Order No.
13-1-19	No. 1. D. D.	
29-1-19	Posted to Hosp. Sect. L.M.C.H.) and granted furlough	
	with subs to 12-2-19	35

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

(over)

Date.	Remarks.	Pt. 2 Order No.
5-4-19	Discharged from H. M. S. Medically unfit. (P.D.P.)	94

M.F.W. 192
150M—6-18.
1772-39-1243.

Form DMS 1401.
8289 100M 9/3/17.

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

HOSPITAL. 0

A. & D. CARD

AT

A. & D. No. 7738. PL. OF ACTION 402494.

RANK ~~L/Cpl.~~ L/Cpl. UNIT 4th Can Bn. SICK OR WOUNDED

NAME Dennis Norman AGE 19 RELIGION C/E.

PLACE IN HOSPITAL ~~9~~ 7. & 9

DIAGNOSIS Accidental Inj. Left Eye.

ADMITTED 23/4/18. FROM 2nd London Gen. Chelsea.

DISCHARGED TO

TRANSFERRED 21. 6. 18. C.C.H. Epsom.

SERVICE AT HOME 14/12. IN FIELD 26/12.

RESULTS

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

(P.T.O.)

REMARKS.

Mrs Dennie (Mother)
P.O. Box 279
Walkerton
Ont.

Form DMS 1401
8289 100M 9/3/17.

O.

A. & D. CARD

HOSPITAL.

AT 402494

A. & D. No. 8132 PL. OF ACTION

RANK L/C. UNIT 4th Can Bn. 34th Bn. SICK OR WOUNDED

NAME Dennie W. AGE 19. RELIGION C.E.

PLACE IN HOSPITAL 157.

DIAGNOSIS Left Anoph. (acc. inj.)

ADMITTED 25/6/18. FROM Can Con Hpl Epsom

DISCHARGED 23-12-18 TO 5 G.H. Hp for S.T.6

TRANSFERRED

SERVICE AT HOME 4 4/12. IN FIELD 20/12.

RESULTS

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

(P.T.O.)

REMARKS.

Reg. No. 402494 Name Dennie N.

Rank PTE Corps I. D. D. Age 20 Service C 7/12 E 12/12 S 24/12

Ledger No. 483 Serial No. B 9041 37

HOSPITALS	DATE	DIAGNOSIS
Mil London	29-1-19	Anophthalmus G. S. W.
Trans. Brant Burlington	7-3-19	
" L. M. C. H. London	20-3-19	
Dis	31-3-19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

REGT'L. No. 402494

NAME Dennie N.

H. Q. FILE No 649

RANK AND CORPS Pvt. Co. 4th Regt.

FOLLOWS NO.

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY

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

M. F. W. 42—100M.—23-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 149 5	No 83 Gen Boulogne	20-2-18.	Injury L Eye Acc (1st C O Rep
A 147-3.	No 6 Cas. Cl. Sta.	19-2-18.	" " "
B 165 1	2nd London Gen Chelsea S.W.	14-3-18	" " " " " " "
B 198 1	4 " " " " " West Can Eye & Ear Folkestone	24-4-18.	" " " " " " "
B 249 2	to Mil. Cow. Epsom.	22-6-18	" " "
B 252 1	to West Cliffe C.P. & E. Folkestone	26-6-18	L. Anopthalmos Inj
B 408 2	No 5 Can Gen Twickdale	24-12-18	" " "
B 423 3	Inval to Canada	13-1-19	" " "

Form R. 149.

Norman

Name DENNIE Rank L/Sgt Reg. No. 402494

Unit 4th Bn

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19	2	6. C. C. S	Injury L Eye		A147		13985.
20	2	83 G H Boulogne		do	A149		20006/24
14	3	2nd Lond G H. Chelsea Sw		do	B165		14675
24	4	Westcliff E E Hos Folkestone		do	B198		16911
22	6	Jnl Con Hos Epsom		do	B249		20152
26	6	Westcliff E E Hos	L. Anopthalmos Inj		13252		20405
24	12	5 C G H Kirkdale		do	B.40A		3844
13.1.19		Sup'l to CANADA		do	B423		6308

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

No. 2494 RANK Pte NAME Dennie Norman.

~~T.O.S.~~ Transf.d from 32nd Regt. Ord. # 2 Jan & Feb Paylist.

UNIT 34th Battalion C.E.F.

M.D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1915	1915			
Jan. 12	Jan. 16	✓		
" 17	" 25	✓		
" 26	Feb. 28	✓		
Mar.		✓		
Apr.		✓	mulct. 6. days.	0065-8-4-15.
May		✓		
June		✓		
July		✓	mulct	So 140 July Paylist
Aug.		✓		

UNIT SAILED

OCT 23 1915

Number 402494 Rank L/Cpl

Surname DENNIE

Christian Name Norman

Units 4th Can Inf Theatre of War France

Date of Service 12-1-17

Remarks

Latest Address Box 279
Walkerton

Roll No. B. Page 21643. Out

200m.-2-21.M.

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM)

IT IN CATEGORY

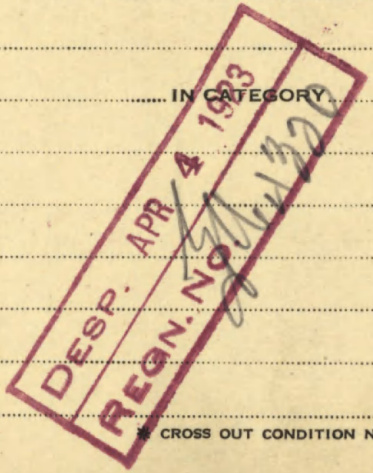
INVALID

WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL STATION



* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.9.15		EFFECTIVE DATE:-	
AMOUNT:- 15 00 xx		AMOUNT:-	

NAME:- DENNIE Norman.

NUMBER:- 402494

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

Mrs Lottie Dennie,
Box 279
Walkerton, Ont.
Stopped 1/1/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.Ord 13/1/17	30.7.17.	Lance Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4th Batn
B.O. 44. 203/18	14.3.18.	25.4.18	1 Cord.

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
8/7 10/12 - 20/12 - 10 dys			7 30				
29/11	4208		4 87				
9/12	24005		~~1 46~~				
10/12	4429		~~48 67~~				
			5498				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSICE ALLICE
	1 05 - 10			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Can 1/1/19 W'cliffe 9/12 SA/84 b/s 7.4.76

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Forwd.								2391		
Apl	L/C. P.	34 50		b.a.p.				15			
				AR. 1940 15/2/18 London 1st Coln	4 87						
				" 4417 " " W.Eye & Ear Hosp	2 43				3611		
		34 50			7 30			15			
May	L/C. P.	35 65		b.a.p.				15	5676		
		35 65						15			
June	L/C. P.	34 50		b.a.p.				15			
				AR 910 - 14/6/18 - West Cliff	4 87						
				AR 2310 - 24/6/18 - Epsom	9 72						
				" 492 - 14/5/18 - Wcliff	2 43						
				" 759 - 29/5/18 - do	2 43				5680		
		34 50			19 46			15			
July	L/C. P.	35 65		c.a.p.				15	7745		
				AR. 1408 - 12/7/18 - Wcliff	4 87				7258		
				AR. 1629 - 31/7/18 - do	2 43				7015		
		35 65			7 30			15			
Aug.	L/C. P.	34 50		c.a.p.				15	9080		
				AR. 1891 15-8-18. W'cliff	24 33						
				" 1740 13-8-18. "	4 87						
				" 2040 27-8-18. "	2 43				5917		
		36 65			31 63			15			
Sept	L/C. P.	34 50		b.a.p.				15	7867		
				AR. 2182 12-9-18. W'cliff	2 43				7624		
				Dn. 1559 AR 3295. 26/9 "	4 87				7137		
		34 50			7 30			15			

Awarded Military Medal. 16/1.19

CANADIAN ASSIGNED PAY AUDITEE
AUDIT CLERK
DATE 27/5/19

NUMBER 4024494 RANK L/Corpl NAME Dennie. Norman

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		35 65	- -	Brot Forward					71 37		
Oct	L Corpl ##	36 50		Cap				15	92 02		
				ab 3856 14/10 Welsh Hosp	2 43						
				3791 29/10 ✓	4 87				84 72		
		35 65			7 30			15			
Nov		34 50		ab 4066 15/11 NC. Hosp Scheff	2 43						
Dec		35 65		Cap				30			
	17 10-1/18 1-2 of 1-1/18 10 days			4208 27/11 ✓	4 87						
	20 3+4 17/1/18 1 Week	7 30		GK 105 4/11 0578	29 20						
				Returning 10/12 NC Hospe Scheff	4867				47		
		77 45			85 17			30			
Feb				5825. 31/12. S. GK End on L.P.C.	487						
				4005. 190. 9/12.	1 40				4067		
					693						

S. of S. Can. 13/1. 20/1 RECORD

LEB
Hosp
Hosp

MARRIED OR SINGLE S

PLACE OF BIRTH Brant Bruce Co.

NAME AND ADDRESS OF NEXT OF KIN William Denny
Walkerton, Ont.

RELATIONSHIP OF NEXT OF KIN

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
Appt Sgt	30.7.17	P.C. 100. 13.11.17
Awarded Military Medal		P.C. 5. 16.1.18

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 402494 RANK ~~Pte~~ Sgt NAME Dennie Norman

IF IN PERMT. CORPS, WHAT UNIT UNIT 4th Bde

TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/9/15.

PAYABLE TO Mrs Wm Denny Box 279 Walkerton Ont. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 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
			213				21 30								234 30												77 78	105		182 78	51 52				
Apr 1/30	30	1	30		30	10	3								33									36	262			15		302 3	64 29				
May 1/31	31	"	31		31	"	3 10								34 10	9/12	9/5/16	9/15	23/7/16					256	256			15		20 12	78 27				
June 1/30	30	"	30		30	"	3 -								33				980	15/6/16					256			15		17 56	93 71				
July 1/31	31	"	31		31	"	3 10								34 10	1017	26/6/16	1062	5/7/16					426	262			~~15~~ 15		688	120 93				
Aug 1	31	"	31		31	"	3 10								34 10	1165	27/8/16	1223	2/9/16					262	261			15		35 23	119 80				Asst Pay not charged in July 15.00
Sept 1	30	"	30		30	"	3 -								33 -	1204	19/8/16	1215	15/9/16					349	523			15		23 72	129 08				
Oct 1	31	"	31		31	"	3 10								34 10	1267	2/10/16							261				15		17 61	145 57				
Nov	30		30		30		3 -								33	1298	27/10	1320	5/11					261	261		1947	15		39 69	138 88				
Dec	31		31		31		3 10								34 10	1359	27/11							11 34				15		26 34	146 64				
			4680				4680																												
Jan 31	11		34 10												34 10			1448	9/1	16/1/17		@ early 9/17		872	523	4866	15		7761	10313		103 13		
Feb 28	10		30 80												30 80	1519	29/1			1469	6/1			261		73 -	~~15~~	15		9061	4332		43 32		
			601 70												601 70									34 71	2953	78 23	145 91	270 -		558 38					

CANADIAN
ASSIGNED PAY AUDITED
A. K. Williams
AUDIT CLERK
DATE 27/5/19.

Gpl

402494 Pte. Dennie Norman

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.	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
1917	1/-		60	70											60 70								24 71	29 52	78 23	145 91	270 -		558 38	43 32				
March	31		34	10											34 10	162 421-2	18/2 4/3					RR 283 12/3	2 62	2 62	2 61	50 00	15 -		7809	--	.67			
April	30		33	-											33 -	1564 3-2	1952 5/3						2 62	2 62										
May			34	10											34 10	1639 21-2						RR 294 18/5	2	3 61		19 47	15		3408	--	4 75			
June			33	-											33 -								3 62				15		1762	11 73				
July			34	10											34 10	11 20/4							2 68				15		2571	1902				
Aug			34	10											34 10	151 20/5							3 57				15		1857	34 55				
Sept			33												33	167 20/5							2 68				15		1768	50 97				
																166 8/5							3 57				15		2579	27 18				
																179 8/5							2 68				15		1857	34 55				
																315 14/6							3 57				15		1768	50 97				
																267 11/6							2 68				15		1768	50 97				
																500 1/8	622 5/9						2 68	2 68			15		1768	50 97				
																473 16/7	544 13/8						6 24	2 68			15		5679	27 18				
																466 16/7	583 25/8					N397 11/9	5 36	2 68		19 47	15		5679	27 18				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLGE. ENG.
1917				Brought Forward							
Sept 30.	Bal	~~27 18~~							27 18		
Oct.	P. Pay.	34 10		Kpi.				15			
				RR 648. 19/9. 4/Bn	268 -				43 60		
		34 10			268			15			
Nov.	Gpls & Pte.	34 50		Ad.				15			
	Gpl Hpe 30.7.17 }			" 700. 24/9 4 Bn.	4 46						
	Bn. 100-13.11.17 }	4 70		471 24/9. 4 Bn	89						
	94 dy @ 5t. }			718 11/10 "	4 46						
				783 24/10 "	357						
				AR 3622 10/11/17 ECB	892						
				817 A. 37 10 4 Bn	4 46						
Dec	L/Cpl Pay	35 65									
		~~37 10~~ 2									
1918		74 85			26 76						
Jany	2/Cpls. Pay	35 65		Cash				15	6169		
				Cash 7/1/18 6169. 4 Bn	19 47			30			
				AR 920 24/11. "	357			15			
				947 10/12 "	357						
				Cash 19/1/18. 6038.	14 60						
				AR 1000 29/3/17 4th Bn	892				3221		
Feby	L/Cpl P.	35 65			50 13			15			
		32 20		C.S.P.				15			
				1629 5/6/18. 4 Bn	5 35						
				F.G. 1.1670 4/1/18 "	24 33						
				1117 22/1/18 "	8 03						
		32 20			37 71			15	32 21		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLGE. ENG.
Feb.	Forward.	32 20							37 71	15	32 21
Mch.	L. Cpl P.	32 20							35 57		8 13
		35 65		C.S.P.					41 28	15	
				170, 19/7/18. 4 Bn. C.S.P.						15	
		35 65		Ad. 1657 29/3/18 London.	4 87				23 91		
					4 87			15			

War Service Badge
Class A No. 84128 Issued

War Service Badge.
Class B No. 52801 Issued.

This space to be for numbers.

Proceedings on Discharge.

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

M

Ea.

No. 402494

Rank L/CPL.

Surname DENNIE,

Christian name Norman

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

Corps (Squadron, Battery or Company) 34th Bn., C.O.M.F.

Date of discharge APR 5 1919 DD 94 4/4/19

Place of discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years months.

Height 5 feet 6 inches.

Complexion FAIR

Eyes BROWN

Hair BROWN

Trade Laborer

Intended place of residence (To be given as fully as practicable.) Box 279 Walkerton, Ont.

Descriptive marks

MOLE ON FACE

2. The above-named man is discharged in consequence of

Authority for discharge MEDICALLY UNFIT

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.

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.)

KCCDy 9.2 20BB

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

.....

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, and that I have received my permanent discharge certificate.

(Place) LONDON, ONT. R. Dennis *(Signature of Soldier.)*

(Date) APR 5 1919 W. J. Deere *(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).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) APR 5 1919

(Signature).....

Lieut. Col.

Commanding District Depot No. 1

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.)

N Dennis

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. 29-9-18.

I.
TO: President Medical Board.

FOLIO. 8694/D.

ACCIDENTAL INJURY.
LEFT EYE ENUCLEATED.

R.V. 6/6. Left eye enucleated.
The marginally had his left eye enucleated at this Hospital ~~March~~ 23-4-18 as result of an accidental injury.
Artificial eye has been ordered and is expected in a few days.
Recommend category B 3 for four months.

L/Cpl. Dennie.
No. 402494. H.
34th Battalion.
4th Battn.

WWW/V 5.
27918.

Captain.C.A.M.C.
for C.C. West Cliff Canadian Eye & Ear Hospital.

Name. Dennie N No. 402494 Unit.

Rank. Age. Service. Date. Mch 21/19

Diagnosis. anophthalmos. (left)

History.

Nose Pharynx. Larynx.

Nasopharynx.

R.E.	Ear.	L.E.	R.E.	Ear.	L.E.
	Perforation.			Schwaback.	
	Discharge.			Weber.	
	Retraction.			Rinne.	
	Voice.			Upper Fork Limit.	
	After Inflation.			Lower Fork Limit.	
	Galton.			Tinnitus.	
				Paracussis.	

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

Vision. 20

V.O.D. 20 anophthalmos - artificial eye supplied c. Glasses.

V.O.S. socket good c. Glasses.

Cornea. Fundus.

Condition was. not present previous to enlistment and has.....
been caused by Active Service. no improvement is to be
expected.

He is a Category.....man due to.....

Brown
major

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	402494	L/C	Dennis	N.

Year	Unit.	Age.	Service.
1918	4th Bn	20	

Station and Date. 22 JUN 1918

Disease Acc (W.O.D.) Enucleation Polyp

Convalescent Hospital, Woodcote Park, Epsom.

W.O.D.

24/6/18 Transf. to Westcliffe

TAB

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Forms
I. 1237
11

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Army Form I. 1237.

C.E. **MEDICAL CASE SHEET.***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8132	402494	L/C.	Dennie	N.

Year	Unit.	Age.	Service.
1918.	4th Can Bn. 34th Bn.	19.	4 1/12 2 6/12

8684/D.

Station and Date. 25/6/18.

Disease Left Anoph. (acc. inj.).

Accidental Injury Feb 17/1918 - Enucleation Ap 23/18 West Cliff.

O.D. 6/6

O.S. —

Boric Irrigation socket - t. i. d.

For Eye fitting 10 am. Adjutants Office

5/8/18 Eye returned not suitable received. J. H. McRae

Hp-Rep-B III

7/11/18 Invalid to Canada. (as soon as eye arrives).

Artif. eye supplied from stock.

Board 14.10.18

23/12/18 5 C.G. Hp for ITC R.O for dep. 28.11.18.

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

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

Station and Date.	

Forms I. 1237/12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
FC 15 T478	402494	L/Cpl.	Dennis	

Year	Unit.	Age.	Service.
	4th Can. Inf. Batt.	19	3 3/12 R 3/12

Station and Date.	Disease
	(Injury Lt eye) (1119)
	Perforating wd of ~~globe~~ eyeball (L.) (acc.) involving sclerotic & ~~causing~~ with small detachment of retina
	Feb 17. 1918. Loos.
	On salvaging party when picking up
	wire a ? detonator exploded injuring
13/3/18	Lt eye.
	* Haab negative. 3 times X ray positive
	Scleral wd at outer side of limbus
	small detachment of retina in region of
	L macula.
	COA. Eye injected. pupil under Atropine
	No pain V = L.M.O.
	Q Atrop. pr iv ad ℥i tds.
	Hot Foments.
	H Lee Capt
20/3/18	Please transfer to Hut 4 or 5 H Lee
	X ray Lt eye.
10/4/18	RV = 6/6 LV = No PL extensive detachment movements below & haemorrhage lower half
	M. Pot Iod ℥i tds.
	Massage to Lt eye.
23.-4.-18	For transfer to Folkestone please H Lee
	Transferred H Lee

CHF

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (R239) P.T.O

Station and Date.	

A.G's. BRANCH,
G.H.Q., 3RD ECHELON.
Date 13/3/18
No. E4
CASUALTIES

A.F. W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man.	402494 L Cpl Dennie N. 4 Cdn Inf Bn 1 Division	Date of Casualty. FEB 17 1918
2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.)	Injury Lt. Eye. - Contusion and penetration of small foreign Body - (unable to judge ultimate result.) JMC Living 8th Capt. C.A.W.C.	
3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)	L'c Dennie was on a salvaging party. He stooped down to pick up an old German Hair brush bomb. It exploded, injuring his left eye.	
4. Commanding Officer's opinion as to whether the man was:— (a) In the performance of military duty, (b) To blame, (c) Whether any other person was to blame.	Yes No No	

Date 19-2-18 Commanding 4th Cdn Inf Bn. Lt. Col.

5. (a) Opinion of G.O.C. Brigade.
(b) Disciplinary action taken or proposed, whether against injured man or another.

No action.

Brigadier General,
Commanding 1st Canadian Infantry Brigade

Date 4-3-18. Commanding Brigade.

6. To First Army "A."

Forwarded with reference to my Casualty Wire No. AB253 dated 7-3-1918.

A. G. Macdonell
Major General.

Date 8-3-1918. Commanding 1st Canadian Division.

7. To D.A.G., G.H.Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as ~~Battle casualty~~ injured accidentally

Date 10/3/18 Capt. for G.O.C. First Army.

18/6896
18 MAR 1918
CANADIAN SECTION

ARMY PRINTING AND STATIONERY SERVICES A—5/17—S985—

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under Sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under Section 18 for wilful maiming.

18.

27● - 19.

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 LONDON, Ont. DATE 22- 1- 19.

1. 1 (a) Unit No. 1. D. Depot. (b) Regimental No. 402494 (c) Rank L/Cpl.

(d) Surname DENNIE. (e) Christian name Norman.

(f) Home address Walkerton Ont.

(g) Next of Kin Mrs. Wm. Dennie. (h) Relationship MOTHER.

(i) Address of Next of Kin Walkerton, Ont.

2. Age last birthday 20 Date of birth June 19- 1898.

3. Enlistment, or Appointment (if an Officer) (a) Place Walkerton Ont. (b) Date 11- 1- 15.

4. Personal description:

(a) Height 5' 6" (b) Weight 148 Lbs. (stripped) (c) Complexion DARK.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Mole size of pea side of face anterior to ear.

5. Former trade or occupation TEAMSTER.

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
	4/ 1/6.	11

	Periods	
	From	To
Canada	11- 1- 15 14- 1- 19.	17- 8- 15 22- 1 - 19.
England	17- 8- 15 13- 3- 18	30- 11- 15 14- 1- 19
France or other theatres of War	3- 12- 15	13- 3- 18.

7. Original disease, or injury Foreign body in left eye.

(a) Date of origin Since enlsitment (b) Place of origin FRANCE.

(c) Cause Bomb Explosion.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Complete loss of left eye.

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.)

LEFT. Anopthalmos- Satisfactory artificial eye- See Specialist's Report attached. Patient states he has no trouble with artificial eye.

SPECIALIST'S REPORT.

NAME-Dennie W. No. 402494. March 27- 19.

DIAGNOSIS;- Anopthalmos. (LEFT)

VISION;- V.O.D. 20/20 V.O.S.;- Anopthalmos. Artificial eye supplied. socket good. Condition was not present previous to enlistment and has been caused by active service no improvement is to be expected.

Major. W. J. Brown. C.A.M.C.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

While on Slavage duty in FRANCE an explosion occurred and foreign body injured left eye 17- 2- 18. Was treated at 83rd, Dublin General Hospital then 2nd London General and transferred to Westcliffe and left eye removed 25/4/18. Was fitted with artificial eye and remained at Westcliffe until 23- 12- 18.

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, scar. and deformities.

2nd. Scar Posterior surface right leg. Previous to enlisting, no disability

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? 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.)

Dressings in hospital in FRANCE and ENGLAND. Eye removed at Westcliffe. Socket treated at L.M.C.H. M.D. No.1.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

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

(If not, briefly state why)

17. Recommendations DISCHARGE.

Gmacpine Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned M. Dennie 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

M. Dennie Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

AGREE.

Except Sec. 17. Should be fit for home service.

19. Is the invalid 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.~~) Yes
(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 invalid

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

(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.)
xxxxxxx

Considered fot for duty inCANADA.

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.

W. H. McFarlane CAPT. CAMC President.
G. E. Clements Capt. CAMC
Capt. CAMC } Members

PLACE London, Ont.,

DATE 25- 3- 19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President.

PLACE..... } Members

DATE.....

APPROVED BY D. J. McCoy Assistant Director of Medical Services. for

DATE 29 3 19

APPROVED BY Maor. C.A.M.C. Director-General of Medical Services.

DATE.....

CASE HISTORY SHEET.

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

No. 402494 Rank L/Cpl Name Dennie N. Age 20.

Unit #1 D. D. Completed years of service Where and how long } C 10/12 E. 3/12 F. 26/12

Date of admission 29. 1. 19. Date of discharge 7. 3. 19.

Diagnosis Left anophthalmos Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE The left eye has been enucleated and an artificial eye fitted. The interior of the eye socket is somewhat inflamed and has a profuse watery discharge. The artificial eye is poorly fitted. It is too small for the socket and has too much play causing it to press against the post. of socket producing irritation & pain.

Specialists Report. "Leave eye out 1 wk. Bathe c̄ Boric ac. Sol. & drop 2 or 3 drops Rx Zn. Sulph Grs ii Sat. Boric ac. Sol. ℥i. T.I.D.

FAMILY HISTORY neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Eye left out. Bathe c̄ Boric ac. Sol. hot & follow c̄ 2 or 3 drops Rx. Zn. Sulph. Grs ii Sat. Boric ac. Sol. ℥i

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Disch. & Inflam. subsided.

(and disposal made of case.) Transfer to Brant Hosp. Burlington.

Cat C.

Date 7. 3. 19.

L. M. Jones Capt CAMC

Medical Officer i/c case.

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

CASE HISTORY SHEET.

BRANT MILITARY HOSPITAL Hospital. Burlington Station.

No. 402494 Rank L/C. Name Dennie, Norman Age 20

Unit H.D.D. Completed years of service (Where and how long) C. 7/12; E. 1-2/12; F. 2-3/12.

Date of admission MAR 7- 1919 Date of discharge 31- 3- 19

Diagnosis Anapthalmos, left Place of origin Lens, Feb. 17th, 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Loss of left eye 17/2/18. Eye socket is healthy. Was fitted here with artificial eye satisfactory as to size, but only a fair match. Other systems normal.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Neg.

TREATMENT

(Especially any specific or special form.)

None

CONDITION ON DISCHARGE,

(and disposal made of case.) Condition the same, transferred to L. M. C. H., M.D. #1 for discharge. Cat C.

Date 31-3-19 Cat-C. L. C. Nymal Lt

Medical Officer i/c case.

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

CASE HISTORY SHEET.

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

No. 402494 Rank L/Cpl. Name DENNIE, N. Age 20

Unit No. 1 D.D. Completed years of service Where and how long C 7/12 E 12/12 F 24/12

Date of admission 20-3-19 Date of discharge 31/3/19

Diagnosis G.S.W. L. Eye. Anophthalmos (Eye Enucleated) Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Shrapnel wound left eye. Feb 17/1918. Necessitating removal of eye.

VOD = 20/20.

VOS - anophthalmos. artificial eye supplied socket good.

Brown major

22/3/19 Boarded on M.F.B. 227

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT Special as above.

(Especially any specific or special form)

CONDITION ON DISCHARGE, Medically unfit M.F.B. 227

(and disposal made of case.) Board Chas F Imfield

Cat C

Date 31-3-19

Brown

Medical Officer i/c case major

M. F. B. 313a.

50M.—3-18.
1772—39-439.

B9041

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D 3077

Date of Assignment Sept 1 – 15

RATE OF SEPARATION ALLOWANCE

Another Acct in Spec. Rem. Ledger

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 402494 (~~a 2494~~

Rank Pte Promoted Reverted Discharge

Soldier's Name H. Dennie

Battalion 34th Batt^n

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Pte Wm Dennie

Address Box 279, Walkerton, Ont.

Change of Address

1

2

3

4

45-18 n3

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			420-	420-		
Jan 15	B 67186		15	15	9	See also a/c. in Spec. rem. ledger
Feb	E 94641		15	15		
March	A 123758		15	15		
April	B 6110		15	15		
May	J 25956		15	15	R	
2008 June	J 4839		15	15	R ~~Aug~~	In adj June a/c 1-15 mailed H 7/18
July	Q 30629		15	15	R	
Aug	I 39876		15	15	R	
OK Wann Sept 1	N ~~42824~~ 24		15	15	R	
Oct 1	D 57858		15	15	R	
Nov	9 59940		15	15	R	
Dec	J 64073		15	15	D	
1918 Jan	O 76180		15	15	D	
			615	615		

A/c Closed 31-1-19

Ret'd per ~~Corrections~~

Date 26-1-19 M.F.W.187 31-1-19

Closed Modell

Acct 1-2-1918 654 #8.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

CANADIAN ASSIGNED PAY AUDITED OK
AUDIT CLERK
DATE 27/7/18

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22321—M. & D. 1693.

P—56

Rank Private Name ~~DENNY~~ Dennie Norman Reg'l No. ~~402494~~ ~~402994~~ 402494

Unit 34th to 9th BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Walkerton.Ont. 12th Jan.1915 Place of Birth Brant Tp.Bruce.Co.

Name and Address, Next-of-Kin William Denny, Walkerton.Ont.

Relationship

Assigned Pay Monthly $ 15.- From 1st Sept 1915 Payable to Mrs. Wm. Denny Box 279 Walkerton, Ont.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

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	Balance	Remarks, Casualties, etc.
1/9/15	31/10/15	61	1	61.	61	.10	6 10		67.10 ~~66~~			12 18	15 15		42 18	24 92	
1/11/15	30/11/15	30	1	30.	30	.10	3 -	24 92	57 92			19 46	15		34 46	23 46	
1/12/15	31/12/15	31	1	31 -	31	.10	3 10	23 46	57 56	1134 1209		14 60 9 73	15		30 33	18 23	Sp to 4th Bn. Dec 31/15
1/1/16	31/1/16	31		31	31		3 10		34 10			10 48	15		25 48	26 85	
1.2	29.2	29		29	29		2 90		58 75			3 48	15		18 48	40 27	
1.3	31.3	31		31	31		3 10		74 37			7 85	15		22 85	51 52	
													105				
				213			21 30		234 30			77 78	105		182 78	51 52	

CANADIAN ASSIGNED PAY AUDITED
OK F Ewhellmers
AUDIT CLERK
DATE 27/5/19

Ckd LH 10/12/17

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

10 - Dec - 52

ADDRESSED: Swan | PAYMASTER: [illegible]

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

M. OR S. | REGT. No. 402494 | RANK L/Cpl | NAME (IN FULL) DENNIE Norman. 11

NEXT OF KIN | RELATIONSHIP | ADDRESS | IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE | TO WHOM PAID | RELATIONSHIP | ADDRESS

Phil

105 10

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st CORD | IF IN P. F. WHAT UNIT? Box 279 Walkerton, Ont. (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO #2 DD. | DATE 7/19 | AUTHORITY

DATE OF ATTESTATION 12-1-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 Pdt. | DATE EFFECTIVE 31-1-19.

PAYABLE TO Mrs W. Dennie | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Box 279. Walkerton Ont.

STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London | DATE 5/4/19. | REASON Med Unfit | AUTHORITY D094 | IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 31-12-18							74	76															15	00			4 87 5 00			74	87		11	TW	a/c Jan On Board
Jan 4 Feb.	59	1/3	6	85	12			79	85	5066	21/4					10						8460	15						11							D035 203. 13th Subs 29th to 17th 2/19
										233	28 1/4					15										29	20			69	31		10	54	TW	Feb. a/c. Gen. Rem. 105 d. 528
1-3-19 7-3-19	7	1/15	8	05			10	54	18	59																										HRS
21-3-19	11	1/15	12	65							AK	28 3/4	435	28 3/4	10	00		1000			1.46	Refund from Repayment 2066												35th Clothing allce
1-4-19 5-4-19	5	1/15	5	75	35	00		53	40				5/4	5/3/19				35	00											56	40	3	06			Dft. 21-3-19 from H.Q. DD. 5 Ont. A/P per appl. Returned of unexpended funds
183 Days			420					420																											5-4-19 G 67844
																70																			5/5/19 - 77152.
																70																			5/6/19 G 88251
																70																			
																55																			
																66	44																		
																81																			
																70																			
			420					420								416	94													306	420					

WAR SERVICE GRATUITY

Cont.

60m.-11-18 L. & S. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Forms
I. 1237
11

Army Form I. 1237.

C/E. **MEDICAL CASE SHEET.***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7738	402494	L/Cpl.	Dennie,	Norman
Year 1918	Unit. 4th Can. Bn.	Age. 19	Service. 4 0/12 2 6/12	O.

Station and Date.

Disease Accidental Injury Left Eye.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. JUNE 16th 1918.

IMP.
TO: Officer Commanding.
Canadian Convalescent Hospital.
Epsom.

ACCIDENTAL INJURY TO LEFT EYE.
ANOPHTHALMOS.

The marginallynamed man was injured in the left eye by explosion of a bomb in February 1918.
Right vision 6/6.
Left vision Hand movements only.
Left eye was considered a dangerous eye and was removed, April 25th 1918.
Artificial eye has been ordered.
We are transferring him to your hospital for a period of convalescence and glass eye will be forwarded as soon as received.

L/Cpl. Dennie.
No. 402494.N.
4th Battalion.

BHM/V 4.
16618.

W. W. Brown Major.C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

3/6/18 Eye ordered.

Ward Basket. t.i.d. & Argyrol 25% t.i.d.

C.E. Dp. Epsom. 21/6/18

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

(23205) W. W. 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms I. 1237/11.

Forms
I. 1237
11

Army Form I. 1237.

C/E. **MEDICAL CASE SHEET.***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7738	402494	L/Cpl.	Dennie,	Norman

Year	Unit.	Age.	Service.
1918	4th Can. Bn.	19	40/12 26/12 O.

Station and Date.

Disease Accidental Injury Left Eye.

/18 Comes from 11th London General with attached Report.

RV = 6/6

L.V = L.M.O.

I. Dangerous painful tender eye to come out.

4/18 Removed eye.

Dress eye daily & keep clean N.C.J.

/5/18. Calomel gr v. followed by Salts. N.C.J.

/5/18 Opened meibomian cyst L. Eye.

29/5/18. See Major Burnham for Glass Eye.

3/6/18 Eye ordered.

Wash socket t.i.d. & Argyrol 25% t.i.d.

C.C. Hp. Epsom. 21/6/18

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

(23205) W. W. 4234—M 627. 1,000,000. 8/16. C.F.& S. Forms I. 1237/11.

Station and Date.	
M 5 Cy H	Quarter Invalidating to Canada.
Barbadoli	Wears well fitting artificial ge.
23/12/18	Bevallace
	Capt

Part I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

D63

Reserved for M.H.C.

Regt. No. 402494 Rank L/CPL. Surname DENNIE Christian Name NORMAN

Unit or Corps—(a) Overseas from United Kingdom 4TH CAN. BN. (b) In United Kingdom 1ST CEN. ONT. REG DEP.

Born at—Town WALKERTON County or Province BRUCE Co. ONT. Country CANADA

Date of Birth—Day 19th Month JUNE Year 1895 Age 20 yrs. 5 months.

Joined at WALKERTON CANADA Date 12 JAN. 1915.

Former Trade or Occupation LABOURER.

Permanent marks or peculiarities that will serve for future identification:—
SCAR AT LOWER BORDER OF CALF RT. LEG
LEFT EYE GLASS.

Height—feet 5 inches 5 Colour of eyes Rt BROWN. Lt ENUCLEATED

Signature of Soldier (*for identification purposes*) [signature]

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*): ANOPHTHALMOS - LEFT

Disabilities Group (*b*): N.A.

Disabilities Group (*c*): N.A.

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.	G.S.W. - L. EYE (ACCIDENTAL)	NEAR LOOS	FEB. 17 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.

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? 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.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL

FOLKESTONE. KENT. 27-11-18.

INP:
TO:- President Medical Board.

FOLIO. 8684/D.

LEFT EYE ENUCLEATED.
OLD INJURY.

L/Cpl. Dennie.N.
No. 402494.
4th Can Battn.
34th Can Batt.

The marginally named N.C.O. was accidently wounded February I2th I9I8, from explosion of a bomb, whilst on a Salvage Party.

Left Eye was enucleated at this Hospital April 25th. An artificial eye has been ~~supplied~~ ~~ordered.~~ supplied. W.W.

Right Vision 6/6. This condition is due to Service. I recommend that this N.C.O. be Invalided to Canada.

W. Wright Captain.C.A.M.C.
For O.C. West Cliff Canadian Eye & Ear Hospital.

WWW/HB/5.
27-11-18.

No indication at present of any ventral hernia or weakness. See special report attached - Extract therefrom;- "Left eye was enucleated at this hospital 25/4/18; artificial eye has been supplied. R.V. 6/6. Condition due to service. I recommend that this N.C.O. be invalided to Canada. W. Wright Capt Camc

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

(ii.) If so, state what. Enucleation L. eye.

(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.

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

(ii.) If so, describe. N.A.

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? No

Date of Report Nov. 29th 1918

Signed W. Wright Capt Camc
Officer in medical charge of case.

Station West cliff C. E. Hospital

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

WEST CLIFF CANADIAN EYE AND EAR
NOV 30 1918
HOSPITAL, FOLKESTONE, KENT.

S.H. McKee COL. C.A.M.C.
O.C. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

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

Dated at ..... Station, on ..... 191.....

* Delete if inapplicable.

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

(i.) While on duty? Yes (ii.) While off duty? No

(iii.) Was a Court of Inquiry held? No (iv.) Where? N.A. (v.) When?

(vi.) Opinion of the Court? N.A. (REPORT SENT IN FROM BATTALION).

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*).

Enlisted 12th Jan/15; England Aug. 26/15; France Dec. 31/15. He states that while on salvage duty hit a detonator with pick and piece entered left eye. Sent to Corps Rest Station & thence to C.C.S and Boulogne. In #83 Gen. he states that some papers were made out re accidental injury. Transferred to #2 London Gen & thence to West Cliff Can. S.H. Folkestone 23/4/18. L. eye enucleated 25/4/18 at West Cliff. Has had several artificial eyes ordered but none have been satisfactory. Provided with one eventually from stock. Complained while in West Cliff of lump appearing in R. upper Rectus region. Thought possibly a hernia through muscle but lump never seen & has not reappeared for 6 months.

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

Subj. - Loss of L. eye.
Obj. - Circulatory, Respiratory & other Systems normal.
No indication at present of any ventral hernia or weakness.
See special report attached - Extract therefrom; - "Left eye was enucleated at this hospital 25/4/18; artificial eye has been supplied. R.V. 6/6. Condition due to service. I recommend that this N.C.O. be invalided to Canada.
W. Wright Capt Cam

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

(ii.) If so, state what. Enucleation L. eye.

(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.

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

(ii.) If so, describe. N.A.

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? No

Date of Report Nov. 29th 1918 Signed W. Wright Capt Cam
Officer in medical charge of case.

Station West cliff C. S. Hospital

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

WEST CLIFF CANADIAN EYE AND EAR
NOV 30 1918
HOSPITAL, FOLKESTONE, KENT.

S.H. McKee COL. C.A.M.C.
O.C. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

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

Dated at ..... Station, on ..... 191.....

* Delete if inapplicable.

PART I.

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. Yes see #8

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? / Aggravated? } No (b) Misconduct of the Soldier { Caused? / 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%.)
40 %

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*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
all

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? Yes
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? N A.

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

18. Remarks.
A. G. I. 9083 – 11 – 11 – 18"
Ques 2a The story is that whilst on a salvaging party salvaging old wire from a shell hole he was pulling on some wire, and in that way caused an explosion and something hit him in the eye. There was old ammunition and bombs in the hole with the wire – Capt. W.O. took a statement of case – but there was no court of inquiry after that

19. Recommendation :—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission: G

Date of Board 1 – 1 – 19
Station Westcliffe, Kent. Folkestone Kent

Signatures of the Board. Wshoggi Capt. President.
Hunter-Blyth

Approved William A. Sworn Lt. Col. A.D.M.S. Canadians, Folkestone.
A.D.M.S. Approved.
Dated at Station DEC 1918 191

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.

.....

.....

.....