

ATTESTATION PAPER.

No. 652055

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Desjardins.
- 1a. What are your Christian names?..... Peter Charles,
- 1b. What is your present address?..... Cape Croker, Bruce, Ontario.
2. In what Town, Township or Parish, and in what Country were you born?..... Manitowing, Ontario.
3. What is the name of your next-of-kin?..... Margaret Desjardins.
4. What is the address of your next-of-kin?..... Cape Croker, Ontario. *Canada*
- 4a. What is the relationship of your next-of-kin?..... Wife.
5. What is the date of your birth?..... 15th April. 1880.
6. What is your Trade or Calling?..... Fisherman.
7. Are you married?..... Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Peter C. Desjardins (Signature of Recruit)

Date March 21st. 1916. *H. V. Paterson Lieut* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter Charles Desjardins., do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Peter C. Desjardins (Signature of Recruit)

Date March 21st. 1916. *H. V. Paterson Lieut* (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 Cape Croker, this 23rd day of March 1916.

A. J. Driscoll (Signature of Justice)

Description of Peter Charles Desjardins. on Enlistment.

Apparent Age.....**36**.....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.....**11 1/2**.....ins.

Chest measurement. { Girth when fully expanded.....**44 1/2**.....ins.
 Range of expansion.....**3 1/2**.....ins.

Complexion.....**Dark.**

Eyes.....**dark Brown.**

Hair.....**Black.**

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....**X.**
 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.....March 22.....1916.

Place.....Winton Qia.....R. H. Fisher
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Peter Charles Desjardins......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.

R. Weir.....(Signature of Officer)

Date.....March 23rd,.....1916.....**Lt-Col.**

NAME DESJARDINS PETER CHARLES REGT. NO. 652055 UNIT 160th Bn H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

13287

DISCHARGE

Category

Denobilization

DESERTION

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1+1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1+1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 4 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 2 DENTAL HISTORY SHEET (M.F.B. 465)
- 4 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 2 MEDICAL EXAMINATION (M.F.W. 129)
- 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)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

- 1 M.F.W. 192
- 1 misc.
- 1 mfw 67
- 1 Reg cards
- 1 R 122
- 1 Med Bd

Deceased 17-4-52

M

H

12-21
19-21
29-21
2

42987

2469

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 652055 Rank Pte. Surname DESJARDINES
(Given name in full)

Peter Charles

Unit or Corps 1 DD Birthplace Monttowing, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique ... good ... Weight 215 lbs. Height 6 ft. 1 in. Colour of Eyes brown

Nutrition ... good

Pulse ... 68

Condition of arteries ... good

Vision Rt ... 20/20 Left ... 20/20 ...

Hearing (conversational voice) Rt ... 21 ft.

Left ... 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Scar $1\frac{1}{2}$ long, under left chin.
cause cervical glands.
Jan. 31/17.

Opinion as to general health and physical condition ... Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System ... no ... Genito Urinary System ... no ... Cardio-Vascular System ... no ...

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

Disturbance of mentality ... no ... Muscular System ... no ... Digestive System ... no ...

Osseous and Joint System ... no ... Any other general condition ... yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Had abscess of left cervical glands, Jan. 31/17, in hospital 8 days. "no disability.

No disability due to service.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... PTE Name..... PETER CHARLES Surname..... DESJARDINS
 Unit or Corps..... GEN. DEPOT. (If a soldier) Regtl. No..... 652055
 Born at..... MANATAWAINO - ONT CAN. on, date..... 15 APRIL 1880
 Signature (for identification)..... P.C. Desjardins

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight..... 214 lbs.
 Height..... 5 ft. 11 1/2 ins.

good

2. **NUTRITION AND DIATHESIS** P

good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM** P

nil

4. **RESPIRATORY SYSTEM.**

nil

5. **HEART** P

Abnormal Sounds? no
 Abnormal Size?
 Pulse Rate? 72

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

nil

7. **DIGESTIVE SYSTEM** P

nil

8. **GENITO-URINARY SYSTEM** P

Urinalysis—S.G.?..... 1.010 Reaction?..... ac Albumen?..... nil Sugar?..... nil

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

6 R E 6/6
6 L E 6/6

skin neg.
ear hearing normal

Vitamin

Ant. C.A.K.C
Lieut. C.A.K.C

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

nil

11. Opinion as to the health and physical condition of the one examined?

no



Examined at..... Wittele, Eng
 Date..... 3/11/19

Signed..... B. Bennett Capt
 Signed..... J. A. Hurst Lt Col

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination Form for the U.S. Army

Serial Number: _____

Date of Examination: _____

Name of Examinee: _____

Grade: _____

Branch: _____

Station: _____

Regiment: _____

Company: _____

Platoon: _____

Section: _____

Post: _____

Country: _____

State: _____

County: _____

Town: _____

Street: _____

City: _____

State: _____

Country: _____

Post Office: _____

Telephone: _____

Address: _____

City: _____

State: _____

Country: _____

Post Office: _____

Telephone: _____

Address: _____

City: _____

State: _____

Country: _____

Post Office: _____

Telephone: _____

Address: _____

City: _____

State: _____

Country: _____

Signature of Examinee: _____
Date: _____

11/11

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

39-11-1916

No. 652055 Rank Pte Name Sesjardin P.C.
Local Unit 160th Bn Overseas Unit _____ Age 37

Examination held at Bramshott, Hants.

DISABILITY. None,

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

*This man has complained of
some pain in left ankle after
route marches.*

Board recommends:

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty. *Class - B(II)*
5. Discharge. *Raised to ATT by M.O. 13/2/17. D.O.#47 Part II*

Signatures:

C.E. Cooper Col. ^{Pres.}
A. Dickson Major
H. Tomlinson Capt

Approved.

Bramshott Nov 30 1916.

P.A. Stewart Maj
for A.D.M.S. *J.G.O.C.*
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

Name *Mr. J. C. ...*

Age *37*

Examination held at Bramshott House

DIABILITY *None*

General (section one only)

PRESENT CONDITION

*Left hand ...
Right hand ...
... ..*

Board of Examiners

1. Mr. ...

2. Mr. ...

3. Mr. ...

4. Mr. ...

5. Mr. ...

Class - (B/1)

... ..

Approved

1896

MEDICAL HISTORY SHEET.

Surname *Desjardins* Christian Name *Peter Charles*

Examined on *20* day of *May* 191*6* Approved by *[Signature]*
at *Warton Dist.*
Birthplace { City or Town *Manalwanney* Rank *Capt* M.O.
County *Manitoulin Dist.*

Apparent age *36*
Trade or occupation *Fisherman*
Height *5* Feet *11 1/2* Inches. M.O.
Weight *244* Lbs. M.O.
Chest measurement { Minimum *41* inches. M.O.
Maximum expansion *44* inches. M.O.
Physical development *Good* M.O.
Small-Pox Marks *None* M.O.

Vaccination Marks { Arm *Right + Left*
Number *Two*
When Vaccinated last *2 1/2 years ago* *7-7-16* Pos *[Signature]* M.O.
(a) Marks indicating congenital peculiarities or previous disease *None* M.O.

(b) Slight defects but not sufficient to cause rejection
Slight varicose veins on right leg
Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.
16-4-18 *[Signature]* M.O.
22/8/16 *[Signature]* M.O.
30/8/16 *[Signature]* M.O.
6/9/16 *[Signature]* M.O.
24/5/17 *[Signature]* M.O.

Enlisted on *23rd* day of *March* 191*6* at *Cape Croker, Ontario.*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>160th Os. B'n.</i>	<i>C.E.F. 652055</i>		
Transferred to	<i>4th Res Bn</i>			<i>FEB 23 1918</i>
	<i>Labor Pool</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>London, Ont</i>	<i>5/10/16</i>	<i>Exp'd by Board fit</i>	<i>[Signature]</i>
<i>Bramshott Camp, Hants.</i>	<i>30-11-16</i>	<i>None</i>	<i>Pres [Signature]</i>
<i>Bramshott.</i>	<i>11/3/18</i>	<i>D.A.T. + Overweight</i>	<i>Pres [Signature]</i>
<i>Bramshott.</i>	<i>30/3/18</i>	<i>D.A.T. + Overweight.</i>	<i>Pres [Signature]</i>
<i>Bramshott.</i>	<i>30-1-19</i>	<i>None</i>	<i>Pres [Signature]</i>

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.

JAB 103-18-2. 18-3-18 E.W.N.

Surname *Disfardens* Christian Name *Peter* *Choi*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Buinska</i>		<i>23</i>	<i>17</i>		<i>7</i>	<i>2</i>	<i>17</i>	<i>Cervical Abscess.</i>	<i>16</i>	<i>Incision and drainage Recovery.</i>	<i>R. F. Slater, Capt. C.A.C.</i>

Surname **Desjardines** Christian Name or Names **P.C.** Reg. No. **652055**

Rank **Pte.** Unit **160th Bn. C.L.P.** Co. **Headq's R. Umek** Troop Batty
Hospital Date of Admission

Transferred **Bramshott Military³/₄** **24-1-17**
57 C.C.S. Hosp. **7.5.18**

Hosp.
Hosp.
Hosp.

Diagnosis **Perineal Abscess**
(1) **P.U.O. at.**
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. **7.2.17** Date
u 13548
REMARKS

C.L. 1-2-17 33
10-2-17 34
14.5.18 R 9,
18-5-18 ARB

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

No. 652055 RANK

Pte.

NAME

Desjardins P. C.

T. O. S.

21/3/16
(D.O. 74) of 27/3/16

UNIT

160th. Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 21	1916 Apr. 30	✓		
May		✓		
June		✓		
July		m.		
Aug.		✓		
Sept.		✓		
Oct.		n.		

UNIT SAILED

OCT 17 1916



SURNAME.

Desjardins

CHRISTIAN NAMES

Peter Charles

REGL. No.

652055

RANK

Pte.

UNIT

160th

FORMER CORPS

Nil

CARD NO.

G.O.S. No. 19-3-19.

FOLL.

Demob.

Auth: D.O. 77 of 19.10.

Batt.

NEXT OF KIN.

NAMES IN FULL

Desjardins, Mrs. Margaret

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Cape Croker, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Manitowing

DATE

April 15th 1880

PLACE OF ATTESTATION

Cape Croker Ont.

DATE

Mar. 23rd 1916

R/C 25-2-19, 2/6.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Fisherman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

36 YEARS

— MONTHS

HEIGHT

5 FEET

11 1/2 INCHES

CHEST MEASUREMENT

44 1/4 INCHES

EXPANSION

3 1/4 INCHES

COMPLEXION

Dark

EYES

Dark Brown

HAIR

Black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.,

DATE

Mar. 22nd 1916

NAME

D. Desjardine P. O.
Pte. 160th Bn.

REGT'L NO

652055

H. Q. FILE NO. 649-

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

33. mil. Bramshott

24-1-17.

n. y. D.

37.

"

"

7-2-17.

Perineal abscess. Dis

NAME

Desjardines P. C.

REG'T'L. No.

652055

RANK AND CORPS

Pte C.L.P.

H. Q. FILE No. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A-9 ¹ / ₁	No 57 bas Clg Stat	7-5-18	P. U. U. (H Q Labour ^{Gen Hosp} Ward)
A 13 ¹ / ₁	" " " Dtsch	13-5-18	" " " " " "

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 652055 (Rank) PRIVATE

Name (in full) DEBJARDINS, Peter Charles enlisted in

the 160TH OVERSEAS BATTALION

CANADIAN EXPEDITIONARY FORCE at CAPE CROKER, ONT. on the 21ST

day of MARCH 19 16.

HE served in CANADA, ENGLAND AND FRANCE

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 38 YEARS

Height 5 FEET 11 1/2 INCHES

Complexion FAIR

Eyes BROWN

Hair BLACK

Marks or Scars SCAR UNDER LEFT
OHIN.

Signature of Soldier

Date of Discharge LONDON, ONTARIO,
MARCH 19th, 1919.

Issuing Officer

CAPTAIN,
FOR A/DIRECTOR OF RECORDS.

Rank

OTTAWA, ONTARIO,
MAY 20TH,

Date 19 19.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that the undersigned is a member of the CANADIAN EXPEDITIONARY FORCE, and that he has been discharged from the service by reason of ill health on the 15th day of April 1918 at London, Ontario.

The name of the member is John J. [unclear] and his service number is [unclear].

The name of the commanding officer is [unclear] and his rank is [unclear].

The name of the medical officer is [unclear] and his rank is [unclear].

The name of the member's next of kin is [unclear] and his address is [unclear].

The name of the member's employer is [unclear] and his address is [unclear].

The name of the member's home address is [unclear].

The name of the member's home town is [unclear].

The name of the member's home county is [unclear].

The name of the member's home province is [unclear].

The name of the member's home country is [unclear].

The name of the member's home continent is [unclear].

The name of the member's home planet is [unclear].

The name of the member's home galaxy is [unclear].

The name of the member's home universe is [unclear].

Witness my hand and the seal of the Department of Militia and Defence at Ottawa, Ontario, this 15th day of April 1918.

Major-General [unclear]

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16

H. Q. 1772-39-926.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 652055 Rank Pte Name Desjardins, Peter Charles

Enlisted (a) 21-3-16 Terms of Service (a) 6 E 7 Service reckons from (a) 21-3-16

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

Duration of War.

Extended _____ Re-engaged _____ Qualification (b) (Fisherman)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada Halifax		17/10/16	
		Arrived - England	Liverpool	28/10/16	
3-1-18	O.C. 160th Bn	appointed as the maker Sergeant	Witley	23-11-17	D.O. Part 2. #1.
23/2/18	O.C. 160th Bn	Reverted to private on transfer to Reserve Unit.	Witley	23/2/18	D.O. Part 2. #28.
23/2/18	O.C. 160th Bn	S.O.S. on transfer to 4th Bn in Reserve Bn	Witley	23/2/18	D.O. Part 2 #28 R B Whitehead
26-2-18	O.C. 4th Res. Bn.	S.O.S. 4th Res. Bn.	Bramshott	24-2-18	Part 2 order n° 48.
13-3-18	do	S.O.S. 4th Res. Bn. on posting to W.O.R.D. having been boarded bat. B2.	do	12-3-18	Part 2 order n° 61.

**CAPTAIN,
ADJUTANT,
FOR C.O. 160th CANADIAN INFANTRY BATTALION.**

P. B. Whitehead lieut CAPTAIN
ADJUTANT 4th CANADIAN RESERVE BATTALION

(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.]

Desjardins, P. G.

652055

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				
17-3-18	W. ORD	T.O.S. posting from 4 Res Bn attached to that unit pending disposal.	Beamslett	12-3-18	D.O # 62
11-4-18	W. ORD	S.O.S. transferred to Can Gen Det at Shorncliffe.	Beamslett	10-2-18	D.O # 86
12/4/18 21/4/18	Gen Depot	T.O.S. Gen Depot S.O.S. & D. Pr assigned to Can Det at Bn	S. Cliffe	10/4/18 20/4/18	PH 0.87 14/4/18 V 0.94 21/4/18 <i>Asst: Adjt West Dnd: Regtl. Depot</i>
13.1.17 16.2.17 26.3.18	160th Bn ccac 160th Bn W.O.R.D	Trans to ccac & att 160th Bn. To Ssg/comm 160th Bn. Having been raised from Categories B & C to A. is To S from ccac	B Shott. Hastings B. Shott.	30.11.16 30.11.16 13.2.17	PH # 59 — 20. — 47
		Entitled to wear I.G.C Badge	do.	21.3.18	72567 <i>LIEUT FOR LT: COL: I/C RECORDS, C.O.M.F.</i>
19.4.18	H. S. Bn.	Left S. G. school on arrival at Ch. Bn. from Gen Dept Shorncliffe		19/4/18	N/R 653 No. 12 23/4/18
19-4-18	A. W. G. C. S. Bn.	Left to 1st Bde Inf. Cols. Bn.		23/4/18	No. 63. 9/5/18.
	A. W. G.	T.O.S. 1st Bde. Inf. Works Bn. on transfer from Cdn. Labour Pool		23.4.18	N.R. 653. K.R. 16276 PH # 27 d/11-5-18
27-4-18	Unit.	Joined unit		23.4.18	B 213

CERTIFIED CORRECT.
 13.1.17
 16.2.17
 26.3.18
 CAN. RECORDS, LONDON.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I
Part I.

(1)*Substantive rank <i>Plé</i> *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname <i>Desjardines.</i> (5) Christian Names <i>Peter Charles</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <div style="font-size: 2em; text-align: center;"><i>160th Bn</i></div>	(3) Regtl. No. <div style="font-size: 2em; text-align: center;"><i>652055</i></div>
--	--	--

(10) Enlistment (b) *March 2nd 1916 Cape Breton* (11) Engagement (c)
 (12) Service reckons from (date) *ent. can* (13) Special conditions (if any) of enlistment (d)
 (14) Any subsequent variations (if any) }
 of conditions of service }

(Authority) _____ (date) _____

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin *Margaret Desjardines Wife*
 (18) Demobilizer (f) _____ (Place)
 (19) Pivotal-man (f) _____ (Date)
 (20) Qualifications (g) _____ or (21) Corps trade and rate
 (22) Extended { _____ (23) Re-engaged { _____

(24) Miscellaneous entries :—

(Signature of
Posting Officer)

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoemaking, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8

HWV (R1460)

3/19

100,000

P2151

W10416

19

28

6

Copy

(A) Report		(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
Date	From whom received					
			Arrived in England		28-10-16	
13-1-17	160 th Bait	#9 73	Trans to CCAC attached to 160 th Battalion	B. Shai	30-11-16 13-1-17	DO 59
1-2-17	-11-	C.L. 33	admitted B.M. Hosp	-11-	24-1-17	#034 (Pericardial abscess)
10-2-17	-11-	C.L. 37 DO 39	Discharged	-11-	7-2-17	
12-1-17	CCAC.	#0 20	TOS. on Com 160 Bait	Hastings	30-11-16	
16-2-17	160 Bait	" 47	Having been raised from Com Bait to CCAC TOS. from	B. Shai	13-2-17	
1-1-18	-11-	" 1	appa/sqr. Shoemaker	Ple Whalley	23-11-17	
23-2-18	-11-	" 28	Reverts to rank of Private	"	23-2-18	4 th Res Bait DO 48 ⁰ 26-2-18
23-2-18	-11-	" 28	S.O.S on Insp to 4 th Res Bait	Ple "	23-2-18	
10-3-18	4 th Res Bait	" 61	S.O.S on Posting to Regt Dep	" B. Shai	12-3-18	W.O.R.D DO 62 ^d 14 3-18
26-3-18	W.O.R.D	" 72	Entitled to wear G. D. Badge	"	21-3-18	
11-4-18	-11-	" 86	Cases attached to 4 th Res Bait and S.O.S on Insp to G. DEP. S. C. H.	-11-	10-4-18	GEN DEP DO 87 ^d 12 4-18
22-4-18	Lab Pool	" 52	TOS on arrival from GEN DEP	" Field	19-4-18	GEN DEP DO 98 ^d 2 -4-18
11-5-18	3 rd C.W.B	" 27	TOS from Com Lab Pool	" -11-	23-4-18	CAN LA POOL DO 63-29-5-18
26-9-18	-11-	" 59	S.O.S to 3 rd C.W.B.	" -11-	13-9-18	3 rd C.W.B DO 14/279-18
14-1-19	3 rd C.W.B	" 4	S.O.S. to Gen Depot	" -11-	11-1-19	GEN DEP DO 130 ^d 11-1-19
6-2-19	GEN DEP	" 30	SOS to MDI Rlye	" Whalley	5-2-19	
17-2-19	MDCW	" 41	TOS from Gen Depot	" K Park	6-2-19	
17-2-19	-11-	" 41	S.O.S to CEF Canada	" -11-	17-2-19	

Nothing to be written in this margin

B. L. Shuman Lieut.
Or. Colonel 1/6 records, OTRC

LTR

Rank Name DESJARDINS, Peter Charles x Reg'l No. 652055 x
 Unit 160th, Bn. If in perm. Corps, } Married or Single Married. x
 What Unit? }
 Place and Date of Enlistment Cape Croker, Ont, March 21st, 1916 x Place of Birth Manitowing, Ontario, x
 Name and Address, Next-of-Kin Margaret Desjardins. x
 Cape Croker, Ontario, Canada. x Relationship Wife. x

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No. 6036

File R.L.

Category C.R. Lan

Discharge, Date and Place

Reason

Character

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.				
C		ARRIVED IN ENGLAND "S.S. METAGAN" 20-10-16			
13-1-17	160th Bn	Transferred to C. C. A. C. and attached to 160th Battalion	Bramshott	30.11.16 13-1-17	Plat No. 57. Plat No. #13
1. 2. 17	"	Adm. B. M. Sg.	"	24.1.17	Plat No. 34 abcess. <i>Perical</i>
10. 2. 17	"	Dischg	"	7. 2. 17	57. 59
12. 1. 17	b. b. R. C.	Sgt on Com 160th Bn. Having been raised from category	Sturtevant	30.11.16	Plat No 20.
16. 2. 17	160th Bn	Plat No. 34 from C. C. A. C. Bramshott.	Bramshott.	13. 2. 17	47.
20. 3. 17	160th Bn	Tos from CAC r attached 25th Nov.	"	11. 3. 17	10 caused by Plat No 50 50 53
3.1.18	160th Bn	Appt a/sq. Stormaker	Witley	23.11.17	Plat 1.
23.2.18	160th Bn	Revert to Rank of Private	"	23.2.18	Plat No. 28. 4th Kuster DO. 45 26.2.18
23.2.18	160th Bn	Sgt on Transf to 4th Kuster	"	23.2.18	Plat No. 28

Lab

EW

EW

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.				
13-3-18	H. de Kock	S allow for Despatch of O/c SOS on posting to Regal Depot Bokofo. Badge		12-3-18	MORD. Pt. DO. 62. 0/14. 5-18. Pt. DO. 61
26-3-18	MORD	Subst. to wear on good conduct cease to be attach. to no. 11	Pte	26-3-18	Pt. DO. 72
11-4-18	MORD	SOS contrary to Gen Depot. Schiff		10-4-18	DO. 86. Gen Depot Pt 37/12-4-18 GEN DEPOT
22-4-18	Sub Pool	TOS on arrival from Gen Depot	Field	19-4-18	-52 Pt 98 1/25-4-18 Can Lab Pool
11-5-18	1st Can Inf.	TOS from Can Lab Pool	"	23-4-18	-27 Pt 63 1/25-4-18
26-9-18	ICIWBSOS to 3CIWC	13, 9, 18 Pt	O*59 & 3CIWC	Pt	0 1, 2, 9, 18
14-1-19	3rd Cav Coy	SOS to Gen Dep	" Fld.	11-1-19	Pt 04 Gen Depot DO 13 1/16-1-19
6-2-19	Gen Dep.	SOS to MO 1 Rhyl	" Witley	5-2-19	-30
17-2-19	1 MOC wing	T.O.S from General Depot.	" K. Park	6-2-19	Pt DO 41
17-2-19	"	SOS to C.E. 7. Canada	" K Park	17-2-19	" " 41

29 APR 1918

Date.

12-3-18

26-3-18

10-4-18

19-4-18

23-4-18

11-1-19

5-2-19

6-2-19

17-2-19

RECEIVED

Casualty Form - Active Service.

Regiment or Corps *1st Cdn Inf Works Bn.*

Rank *Pte.* Surname *Desjardins* Christian Name *PC*

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckon'd from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked		
11-5-18	O.C. Unit	To hospital		7-5-18	B. 213
7-5-18	1/3 Highland Fa.	P.W.O. 34 Adm to	7/42 C.C.S.	7-5-18	F. 276
7-5-18	57 C.C.S	"	Adm	7-5-18	F. 224
13-5-18	do	"	To unit	13-5-18	F. 1745
18-5-18	O.C. Unit	Rejoined from Hosp.		14-5-18	B. 213
		CLASS B R. 20-5-18 (Nueresthesia)			A. 11 of 4
		MED. BD A.I.D. CDNS, 578 (R&R)			
	✓	S.O.S. of 1st Cdn. Inf. Wks. Bn. on		13-9-18	D.O. 59 d/ 26. 9. 18
	✓	Transfer to 3rd Cdn Inf. Works Coy			
		T.O.S. of 3rd Cdn. Inf. Works Coy.		14-9-18	D.O. 1 d/ 27. 9. 18.
		(Authy. War Office 121/O'seas/5940. (S.D. 2) d/27-8-18.			

(a) In the case of a man who has re-engaged for, or enlisted into, the Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, &c.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP.1150 IM 5/18 G.W.P. Co. (3496)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)	Initials and Rank of an Officer.
--	---	-------------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(Place) *	(Signature of
(18) Demobilizer (f)	(Date)	(Posting Officer)
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what ground. [f] Required for demobilization purposes. [g] Signaller, Shoicing-smith, &c.

652055 Pte Degardin P. C.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	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.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

6-2-19.	Gen Dep	DD31	505 to C.C.C. M.D.#1	Witley	5-2-19.	
---------	---------	------	----------------------	--------	---------	--

5/2/19

205 C.C.C. Kimmel Park for return to Canada, Part II Orders No. ~~41~~ 205
 C.C.C. Kimmel Park on embarking for Canada, Part II Order No. ~~41~~ 205
 205 Major *Joyce* Commanding *MDI* Wing, Kimmel Park Camp. *Lieut*

J. P. Rease OFFICER i/c RECORDS, 8/2/19
 LIEUT.

EMPERESS OF BRITAIN

SAILED
 FEB 17 1919
 ARRIVED
 FEB 25 1919

FEB 17 1919 *Innov O/S* Taken on strength No. 1 District Depot. *Londres* No. 65 *combined* NO. 1 DISTRICT DEPO *for*

LONDON, ON *Dunlop* ON DEMOBILIZATION
 March *APR 1 1919*
J. S. Mitchell Lieut. Col.
 Commanding District Depot No. 1

Nothing to be written in this margin.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) DESJARDIN B.C.

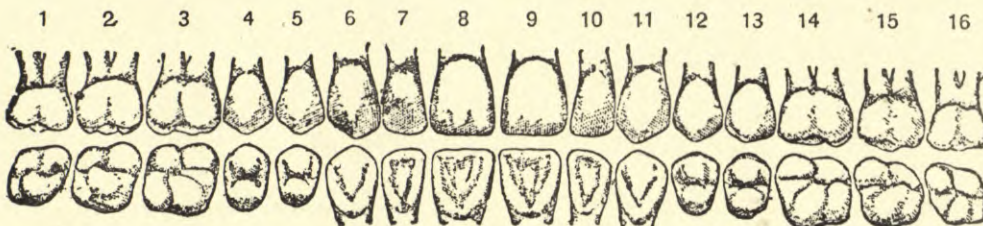
REGIMENT GEN. DEPOT RANK PTE No. 652055

Date of Examination in England 28-1-19 Date of Examination in France _____

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 11, 23.

2. EXTRACTIONS nil

3. CROWNS "

4. DENTURES
 (a) Full Upper
 (b) Part Upper
 (c) Full Lower
 (d) Part Lower

nil

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

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

Signature of Dental Officer [Signature]

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

THIS DOCUMENT CONTAINS
NEITHER RECOMMENDATIONS
NOR CONCLUSIONS OF THE
FEDERAL BUREAU OF INVESTIGATION
NOR THE DEPARTMENT OF JUSTICE
WHICH ARE SUBJECT TO CHANGE
WITHOUT NOTICE

Case No. 100-100000
Date 10-1-10
Page 1 of 1

[Faint, illegible typed text, possibly a letter or report body]

1	Mr. Tolson	10/1/10
2	Mr. Clegg	10/1/10
3	Mr. Glavin	10/1/10
4	Mr. Ladd	10/1/10
5	Mr. Nichols	10/1/10
6	Mr. Rosen	10/1/10
7	Mr. Tracy	10/1/10
8	Mr. Carson	10/1/10
9	Mr. Egan	10/1/10
10	Mr. Gurnea	10/1/10
11	Mr. Hendon	10/1/10
12	Mr. Pennington	10/1/10
13	Mr. Quinn	10/1/10
14	Mr. Nease	10/1/10
15	Miss Gandy	10/1/10

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....160th Bruce Battalion.....

(2) Regimental Number.....652055.....

(3) Full Name of Soldier.....DESJARDINS, Peter Charles.....

(4) Place of Birth.....Kenitowaning, Ont.....

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

(6) If married, state,
(a) Full name of your wife.....Margaret Desjardine.....

(b) Present Postal Address.....Cape Croker, Ont.....

(7) Are you a widower?.....

(8) Have you any children?.....No.....

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

Also their names and ages.....

(9) Is your Father alive?.....**No**.....

If so, state name and address

(10) Is your Mother alive?.....**No**.....

If so, state name and address.....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes.

(15) Are you insured?.....**No**.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

Warr Lt.Col.
Officer Commanding.

Date.....**June 6th 1916**.....

160th Os. B'n. C.E.F.

1 I.M.

10 - Dec - 74

ORIGINAL

LAST PAY CERTIFICATE

Regt. No. *652055* Rank *Pte* Name *Desjardins, Peter*
 Corps *1st Wks Bn* who was *Discharged*
 on *19³/19* 1919 to

The following is a statement of the account of the above
 named from *1³/19* to *19³/19*

Bal Dr	from mon. of	Bal Cr	from mon. of
	from L.P.C.		from L.P.C.
ASSIGNED PAY:		Regt. Pay 19 dys. @ \$	10 19
<i>AR346</i> <i>28.50</i>	<i>9.50</i>	F'd All. 19 dys. @ \$	10 1.90
SEPARATION ALLOWANCE:	<i>19</i>	SEPARATION ALLOWANCE:	<i>19</i>
OTHER CHARGES:		OTHER CREDITS:	
		Clothing Allowance	35.00
PAYMENTS:	<i>AR346</i> <i>19/3/19</i> <i>121.45</i>	Subsistence @ 80¢ per day	<i>12.80</i> <i>28²/₁₉ - 15²/₁₉</i>
Bal. Credit (to be pd.)	<i>218.95</i>	Bal. Dr. (to be deducted)	
	<i>149.95</i>	(from soldier \$	} <i>149.95</i>
	<i>149.95</i>	(from Dependent \$	

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at \$ <i>30</i> per month	at \$ <i>15</i> per month	Subscribed \$
has been paid to <i>19³/19</i>	has been paid to <i>19³/19</i>	Pa. by <i>Unit</i>
by this Unit	by this Unit	other Units
		pd. by this
		Unit

Dependent or Beneficiary: *Mrs Mary Desjardins,*
 Address: *Cape Breton Dist*

REMARKS: D.O. *77* Discharged *19³/19*
 on Demobilization.
 Date of Enlistment: *21-3-16*
 If married and if Separation Allowance card submitted. *Yes Yes*

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

Date: *District Depot*
 London, Ontario.
 MAR 19 *1919*
 No. 1
 LONDON, ONT.

[Signature] Captain,
 Paymaster, No. 1 District Depot.

Place _____
Date _____

Approved _____
A.D.M.S., M.D.

President _____
Member _____

(8) If for treatment, specify nature of _____
(answer yes or no)

(7) Is officer of other rank fit for Category A _____
B.C.C. D

(6) Probable duration of Disability _____

OTHER CHANGES _____
35.00

(5) History _____
Subsistence @ 50¢ per day

(4) Present condition (describe fully) _____

(3) Disability _____
Where incurred _____
Address _____

(2) Cause _____
Date _____

(1) Disease or Injury _____
Religion _____
Date of enlistment _____
Has he been Overseas _____

Corps _____
Age _____
Height _____
Weight _____

Number _____
Name _____
Date _____
Place _____


FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form)

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B. 227 is the only form applicable.

yes

com

652055

Rank *a/sgt* 

Number

Surname

DESTARDINS

Christian Name

Peter Charles

Units

Can. Inf. Works Coy.

Theatre of War

France

Date of Service

19/4/18

Remarks

Latest Address

*P.O. Cape Croker
Ont.*

Roll No.

200m.-2-21.A

Page 21801

TOTAL SERVICE WHERE
AND HOW LONG

DATE AND PLACE OF ORIGIN

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT

IN CAT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

NEXT OF KIN

ADDRESS

HOSPITAL

DESP DEC 26 1922
REG NO 11185

M. F. W. 142.

1772-39-1171.

50m.-2-19.

* CROSS OUT

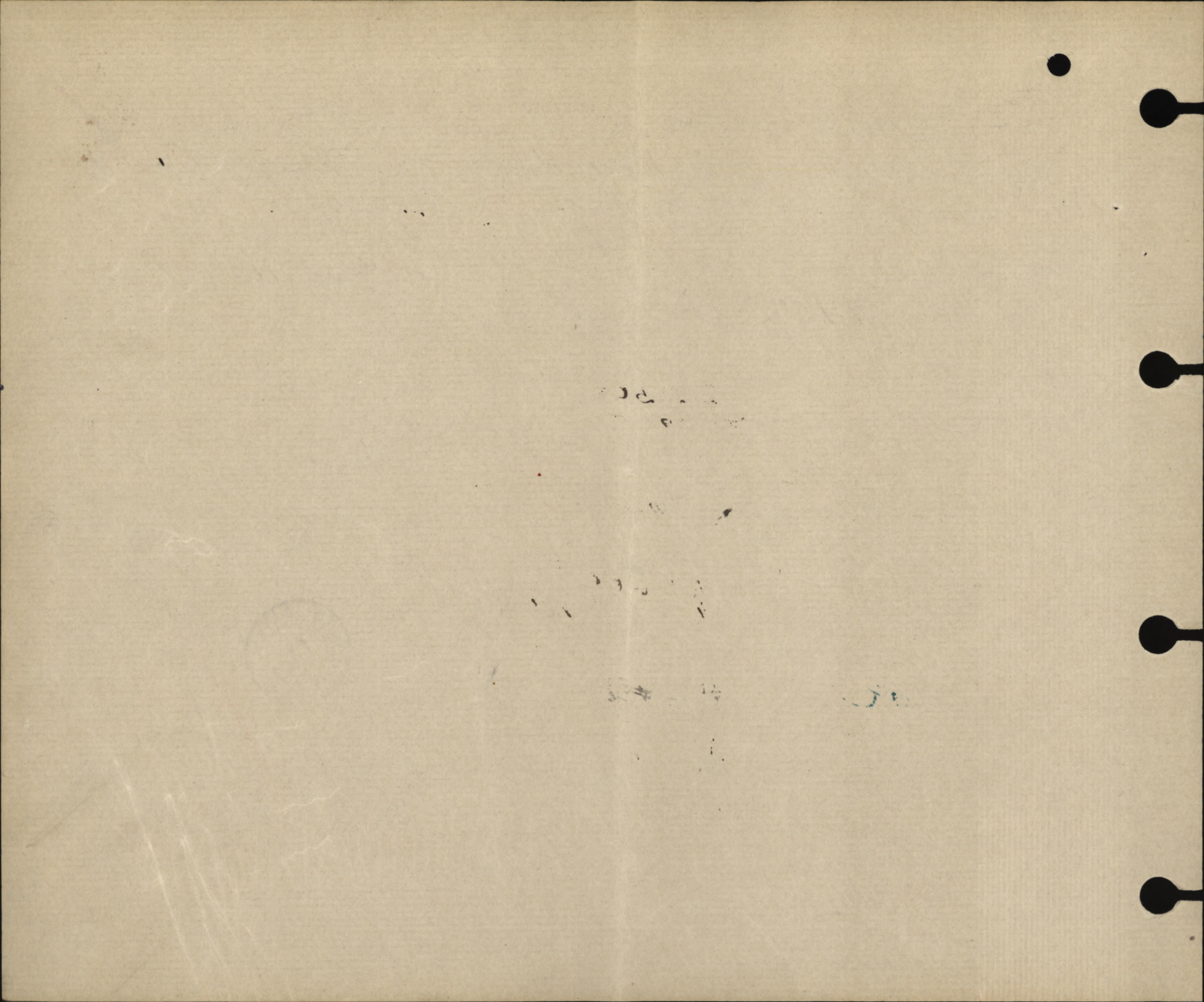
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

Mrs To Whom Margaret Desjardins *Wife* By Whom Assigned Desjardins P. C.
 Address Cape Breton Regtl. No. 652055
Ont Rank Pte
 Corps 160th Battrn "Base"
 Rate \$ 15⁰⁰/₁₀₀ OCT 1 1916

PAYMENTS

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





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 5470—Req. 6888.

Mrs Margaret Desjardins Wife
(Assignee)

PAYMENTS.

Name of Soldier

Desjardins P. E.
#652055 Pte 160th Batta, Base

Month.	Year.	Cheque No.	Amt.	Remarks
			\$ 15 ⁰⁰ / _{xx}	OCT 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		Z 22503	15	
Nov.		J 29508	15	
Dec.		N 34891	15	
Jan.	1917	Ch 936396	15.	
Feb.		Q 42744	15	
March		S 50294	15	15R
April		T 1415	15	156
May		N 7609	15	
June		H 14412	15	15. S
July		S 21615	15	B
Aug.		X 27523	15	OB
Sept.		W 36242	15	OB
Oct.		L 41260	15	
Nov.		A 37711	15	
Dec.		g 53176	15	225
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918		17-	
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.				

SEPARATION ALLOWANCE

Name *Margaret Desjardins*Name of Soldier *Desjardins, Peter, C.*Address *Hope ~~brocker~~
Ontario (brocker)*Regtl. No. *652065*Rank *pte*Corps *160 Batt*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

Wife

PAYMENTS

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



Faint, illegible markings and scribbles in the upper central area.

A cluster of faint, illegible markings and scribbles in the middle section.

A cluster of faint, illegible markings and scribbles in the lower middle section.

A small, faint mark resembling a cross or 'X' in the lower right area.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
15m.-3-16.
H. Q. 1772-39-818.

Sheet No. 2. *Margaret Desjardins* OVERSEAS CONTINGENTS *wife*
PAYMENTS.

Name of Soldier *Desjardins Peter B.*
Pete

L. L. Job 95613-M. & D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q463	26	26
May		U2392	20	20
June		J9058	20	
July		W9891	20	20
Aug.		O12873	20	20
Sept.		S15697	20	20
Oct.		R19044	20	20
Nov.		U. 22219	20	20
Dec.		W24964	20	20
Jan.	1917	V28208	20	20
Feb.		V31382	20	20
March		V35719	20	20 N 24269 Cancelled Receipt
April		V743	20	20
May		V3993	20	20
June		Y7332	20	20
July		X10384	20	20
Aug.		E15511	20	20
Sept.		L019068	20	X
Oct.		H20012	20	T
Nov.		E26549	20	B
Dec.		X25520	20	Bi 426
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: DESJARDINS Peter Charles							
EFFECTIVE DATE: 1-10-16 <i>Stet</i>		EFFECTIVE DATE: -		NUMBER: 652055							
AMOUNT: \$1500		AMOUNT: -		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							
Mrs Margaret Desjardins (Wife) <i>Cape Breton Out</i>				DATE EFFECTIVE							
Stopped Eff 1. 2. 19				RANK OR APPOINTMENT							
				UNIT AND TRANSFERS							
				ORIGINAL UNIT: 160th Bn							
				DATE ACCOUNT FIRST OPENED: 1-11-16							
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D							
				UNIT TRANSFERRED TO							
		52. 19/4/18.	1/5/18.	4th Reg							
			16/18	Lat. Pool							
				1.1.18							
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				
10/19/18	1624	Comptrol's (to. 45)	7.54								
10/19/18	1624	20th Reg	4.66								
15/1	237	Witlay	14.60								
15/1	237	Witlay	9.73								
			36.53								
				P818. Dr 257th diff on AR 622 under 4th Reg.							
				Dis 10 Jan 31/1/19 Witlay NR 2462 31/1/19 Witlay m D 1							
				for 106th Defd Pay 16th Reg							
				ledger \$ 142.58							
				100 - 10							
PARTICULARS OF RENDERING NON-EFFECTIVE:											
1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31 March	Bal. Forward								22.30	10.75	
	30 P.P.	33		<i>loan</i>				15			
				<i>5th & 6th Instas. on 45th avn Loan.</i>	20						
				<i>snak 571 15/4/18 Det. S. Cliffe</i>	4.87				15.43	10.75	
		33			24.87			15			
May				<i>snak 66 - 1st Lt. W. Ken</i>	30/4/18				10.97		
				<i>" 117 "</i>	15/5/18				7.40		
				<i>" 153 "</i>	31.5.18				2.94		
	<i>Pay</i>	34.10		<i>ban at</i>				15	22.04	10.75	
	<i>P.P.</i>	94.10						15			
JUN 1918		33		<i>bal. P.</i>				15	40.04		
				<i>A.R. 376 30/6/18 1st Lt. W. B.</i>	4.46				35.58	10.75	
		33			4.46			15			
July	<i>undivided P.A. 24/3/18 - 31/3/18.</i>	6.60		<i>ban. A.R.P.</i>				15	29.18		
July	<i>P.Pay</i>	34.10							6.128		
		40.70		<i>A.R. 441 31/7/18</i>	4.46				56.82	10.75	
					4.46			15			
Aug.	<i>Pay</i>	34.10		<i>AR 498 15/8/18</i>	3.57				53.25		
				<i>ban. A.R.P.</i>				15	7.235		
Sept.	<i>P.Pay</i>	34.10		<i>AR 572 31.8.18</i>	3.57				68.78	10.75	
		33		<i>ban. A.R.P.</i>	7.14			15	86.78		
				<i>A.R. 675 15/9/18</i>	3.54				83.21		
		33			3.54			15			
Oct	<i>P.P.</i>	34.10		<i>bal. P.</i>				15	102.31		
		34.10						15			
Nov	<i>P.P.</i>	33		<i>bal. P.</i>				15	120.31		
				<i>AR 449 21.11.18</i>	16.79				103.52		
Dec	<i>P.P.</i>	34.10		<i>bal. P.</i>				15	122.62		
				<i>Over</i>							
				<i>Over</i>							

J. McElburn
Checked by R. M. M.

COMPILED BY
CHECKED BY

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan	PO	67/10		Bl Fwd	1679			30 -	10231	16 =	
		34/10		ca 9				15 -	14172		
		10/20			1679			45 -			
	Int on Defd Pay 31/1/19 = 86			a R 622. CW 9. 19 ¹² / ₁₅	779						
				" 1624. eq 10 ¹ / ₁₉	466						
				" 16237. ca 16 ¹ / ₁₉	1460						
				" 17421. ✓ 24 ¹ / ₁₉	973						
				" MDI-1381. Knined. 13 ¹ / ₁₉	973				96 07	16 -	
		- 86		← 2 on L.P.C. →	46 51						
				S.O.S. to Can. 17 ² / ₁₉							
				S.L. 24. Writ G.D.							

4178

10 Dec -74

18

AUDITOR PAYMASTER

M. OR S.

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

REGT. No. 652055 RANK Pte. NAME (IN FULL) Desjardines Peter Charles

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					Inf. Mts Bn.	Wyarton Out
IS SEPARATION ALLOWANCE PAID?	30	Pte 28 7/19	DATE EFFECTIVE		DATE OF ATTESTATION 21-3-16	TRANSFERRED TO Pte DATE EFFECTIVE 28 7/19
TO WHOM PAID	RELATIONSHIP				PAYABLE TO Mrs. Mary Desjardines	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS		PSP			ADDRESS Cape Breton Out.	
		Wyarton Out.			STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED PLACE London DATE 19-3-19 REASON Demob AUTHORITY 5077	IF ENTITLED TO POST DISCHARGE PAY

same as ap.

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
Balance from previous account																								
31-1-19	110					106 05								15				9 73 4 87 5 40		74 60		31 45		
Feb. 28			30 80			31 45																62 25	205.17 7/19 Subs 28 26 15 2 50 65	
1-3-19																								
19-3-19	19	110	20 90			15 20 12 80 19														130 95		19	35° clothing allowance 19° saman W R Mottumore May	
WAR SERVICE GRATUITY																								
153 Days	19/3/19		350			150					70		30							100		280	120	12-247
	19/4/19		280			120					70		30									210	90	19/4/19, 71184-5
											70		30									140	60	19/5/19, 81712-3
											70		30									70	30	19/6/19 893440-1
											70		30									0	0	11/7/19 106101-2
						500					350		150							500				Cont.

Date of Enlistment

21/3/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

3519

Oct. 1/16.

RATE OF SEPARATION ALLOWANCE

20	25	30	
----	---------------	----	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 652055.

Rank Pte. Promoted Reverted Discharge

Soldier's Name P. C. Desjardins.

Battalion 160th Battn. Base.

Beneficiary Margaret Desjardins

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Margaret Desjardins

Address Cape Croker. Ont.

Change of Address

- 1
- 2
- 3
- 4

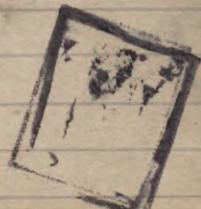
M.F.W. 2524-4-9-18.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		426	225	651	
Jan.	X 65549	30	15	45	B.
Feb	2 95027	25	15	40	M
Mar	A 124136	25	15	40	M
Apr	B 6487	25	15	40	M
May	O 15280	25	15	40	R
June	I 24344	25	15	40	R
July	Q 31049	25	15	40	R
Aug	I 40319	25	15	40	R
Sept	A 43522	25	15	40	R
Oct	O 52366	25	15	40	a
Nov	I 60441	25	15	40	a
Dec	A 68362	45	15	60	T.R.
Jan	O 70649	30	15	45	a
Feb	D 77168	30	15	45	0
Mar		830	435	1265	0

4558 P33

M. F. W. 128
4004-6-17-1772-89-1141
L. L. 22220-M. & D. 7493.

A/c Closed 28.2.19
 Ret'd per... Empress of Britain
 Date 25.2.19 M.F.W. 187... 1.3.19
 Closed...
 Sent 1.3.19 24409.



Reserved for M.H.C.

Regt. No. 652055 Rank Private Surname DESJARDINS Christian Name PETER CHARLES
 Unit or Corps—(a) Overseas from United Kingdom Not applicable (b) In United Kingdom W.O.R.D.
 Born at—Town Montreal County or Province Island Country Canada
 Date of Birth—Day 15th Month April Year 1880 Age 37 yrs. 11½ months.
 Joined at Cape Croker, Ont Date March 21st 1916
 Former Trade or Occupation Fisherman
 Permanent marks or peculiarities that will serve for future identification:
One Vaccination Scar on Left Arm
 Height—feet 6 inches 0 Colour of eyes Brown
 Signature of Soldier (for identification purposes) Desjardins P.C.

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)

D. A. H.

Disabilities Group (b)

Weakness in ^{Right} Ankle

Disabilities Group (c)

Nil

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.	<u>Unknown</u>	<u>Witley Sunday</u>	<u>August 1917</u>
(ii.) As to Group (b) above.	<u>Sprain</u>	<u>Cape Croker</u>	<u>1915</u>
(iii.) As to Group (c) above.	<u>Not applicable</u>	<u>Not applicable</u>	<u>Not applicable</u>

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? Not applicable
- (ii.) As to Group (b) above? Yes If yes, has Active Service aggravated it? Yes
- (iii.) As to Group (c) above? Not applicable If yes, has Active Service aggravated it? Not applicable

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? No
- (iii.) As to Group (c) above? Not applicable

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.

No
Varicosity of veins of left leg.

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

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused ?

No

Aggravated ?

No

(b) Misconduct of the Soldier

Caused ?

No

Aggravated ?

No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

not applicable

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

not applicable

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

(i.) Is it permanent ?

not applicable

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

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

not applicable

18. Remarks.

19. Recommendation :—(a) Fit for duty ?

No

(b) Fit for base duty ?

Yes but not likely to be passed in six months

(c) Invalid to Canada ?

No

(d) Discharge from service as permanently unfit ?

No

Classification for the Military Hospitals Commission.

Date of Board **30 MAR 1918**

Station **Bramshott.**

Signatures of the Board.

Edw. A. Young Maj. Genl. President.
W. St. L. Baillie Capt
J. J. ... Capt

Approved

R. G. Chom

For G.O.C. & A.D.M.S.

Dated at

D. A. D. R. S. For A. D. M. S.
General Practitioner, Bramshott, Sussex.

Bramshott. Station

30 MAR 1918

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

(i.) While on duty? *Not applicable* (ii.) While off duty? *Not applicable*
(iii.) Was a Court of Inquiry held? *None* (iv.) Where? *None* (v.) When? *None*
(vi.) Opinion of the Court? *None*

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).

1. Did not notice anything wrong with heart until about 1 1/2 yrs ago. Then began to have shortness of breath on slight exertion, and noticed his heart "pounding" very freely after very little exercise. Condition has gradually been aggravated during last eight months, and now he cannot do any work without becoming weak and short of breath. Feels nervous, and unable to carry on even when sitting still.
2. Sprained ankle before enlistment, and it bothered him considerably after long walks. Since joining army route marches have caused him to drop out on account of pain in ankle. Sprained ankle again 9 mos ago while jumping into a trench. Weighs 244 lbs, and finds it hard to carry this weight on his sprained ankle. - Swells up on route marches.

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

Digestive System - Normal
Respiratory System - Normal
Genito-urinary System - Normal
Circulatory System - Pulse 105 - slightly irregular rhythm - heart not enlarged appreciably. A faint diastolic murmur heard in mitral area - not propagated.
Nervous System - Seems abnormally nervous for a man of his apparent health.

H.A.C.I

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

(ii.) If so, state what.

(iii.) Was one advised and declined?

No
Not applicable
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?

(ii.) If so, describe.

No
Not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

No
Yes B2 *Not likely to be raised in six months.*
No
No

Date of Report: *March 27th* 191*8*

Station: *Bramshott*

Signed: *Y. B. Blayney*
Officer in medical charge of case.

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

W. H. Taylor Capt. came { Officer in Hospital } Strike out one
S.M.O. Brigade } of these.

Dated at: *Bramshott* Station, on: *Mar 27* 191*8*

*Delete if inapplicable.

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:—

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Not applicable
Not applicable
Not applicable
Not applicable



Dated at _____

this

day of _____

191

Not applicable
Not applicable
Not applicable

30 MAR 1918

Signatures of the Board

President.

30 MAR 1918

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott. March 11 1916

No. 652055 Rank Pt Name DESTARDINS P.C.

Local Unit 4th Res. Bn. Overseas Unit _____ Age 38

Examination held at Bramshott.

DISABILITY.
Overseas—Local,
(scratch one out)

D.A.H.
OVER WEIGHT

PRESENT CONDITION.

Heart rate 120 per minute largely
emotional.
Weight 245 lbs. Ht 6'1" claims he has
pain in ankles on march. Probably
due to weight.

BOARD RECOMMENDS:— Att

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

Signatures:—

Members

Dred Young, Maj. Comd. President.
W.H.P. Baillie Capt.
~~J. MacKay Capt.~~

APPROVED

Dated at Bramshott. 11/3/16 1916

J. MacKay Capt. Comd.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Examined at:

Local Unit:

Overseas Unit:

Age:

Name:

Rank:

Dated at:

1910:

DISABILITY:
Overseas-Local
(see instructions)

PRESENT CONDITION

BOARD RECOMMENDS:

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

Signatures:

..... President

.....

.....

Members

APPROVED

Dated at:

1910:

Reserved for M.H.C.

Regt. No. 652055 Rank PTE Surname DESJARDINS Christian Name PETER CHARLES
 Unit or Corps—(a) Overseas from United Kingdom # 1 I.W.B. (b) in United Kingdom W.O.R.D.
 Born at—Town MANITOWANING County or Province Country CANADA
 Date of Birth—Day 15 Month APRIL Year 1880 Age 39 yrs. 8 months.
 Joined at CAPE CROKER - ONT. Date 21 MAR. 1916
 Former trade or occupation FISHERMAN
 Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet 6 inches — Colour of eyes BROWN

Signature of Soldier (for identification purposes) Desjardin P.C.

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)
 Disabilities Group (b)
 Disabilities Group (c)

ARTHRALGIA
~~OLD SPRAIN~~ (R+L) ANKLES
NA
NA

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Accident</u>	<u>Canada</u>	<u>Preceding enlist.</u>
(ii.) As to Group (b) above.	<u>na</u>	<u>na</u>	<u>na</u>
(iii.) As to Group (c) above.	<u>na</u>	<u>na</u>	<u>na</u>

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

(i.) As to Group (a) above? yes If yes, has Active Service aggravated it? yes
 (ii.) As to Group (b) above? na If yes, has Active Service aggravated it? na
 (iii.) As to Group (c) above? na If yes, has Active Service aggravated it? na

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

(i.) As to Group (a) above? no
 (ii.) As to Group (b) above? na
 (iii.) As to Group (c) above? na

5. MEDICAL HISTORY.

Previous Illness — None
Enlisted Mch 1916; To Eng. Oct 1916;
To France April 1918 & was there
9 mos; Never wounded or gassed
Was laid up at CCS with P.O. (7-5-18)
Sprained Rt ankle before enlist.
Again in France; Boarded Bri (Mch
Cupic Dec 1918

6. PRESENT CONDITION.

Complains of pain ^{at walking} in both ankles
after marching. Can walk 1-3 mls at
own pace. (iii) Dyspnoea on marching
Exam. does not reveal any definite
objective signs except slight crepitation
when left ankle is moved about.
Sight good; Pulse 80 & regular;
Heart & all other systems normal.

7. OPERATION. (i.) Was one performed?

no

(ii.) If so, state what.

(iii.) Was one advised and declined?

na

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?

yes

(ii.) If so, describe.

13 decayed teeth extracted

9. DO YOU RECOMMEND:—

(a) Fit for duty?
(state category)

BII

(b) Invalid to Canada?

no

(c) Discharge from the Service
as permanently unfit?

no

Date of Report Jan 22 1919

Signed E. W. Mershof
Officer in medical charge of case.

Station Witley

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

not in Hospital (Officer i/c Hospital) Strike out one
S.M.O. Brigade of these

Dated at Station, on 1919

*Delete if inapplicable.

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

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

yes

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

yes

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.)

N.A.

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.)

N.A.

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

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

N.A.

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?

yes

18. REMARKS:—

Authority A.G. 1(9083) d 11-11-18

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

B 11

(b) Invalid to Canada?

no

(c) Discharge from Service as permanently unfit?

no

Date of Board

22/1/19

Station

Witley

Approved

Dated at

Signatures of the Board

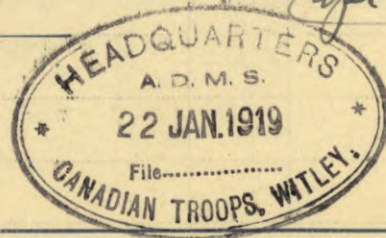
Monteith Noel Allen
Gas. L. Hammond
api came

President.

CAPTAIN,
For A.D.M.S. CANADIAN TROOPS, WITLEY.

A.D.M.S.

Station



191

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 23-1-17	652055	Pte	Lofjander	P. C.
	160 Co	Unit.	37	Age. Service. 11/12
Station and Date.	Disease Cervical Abscess.			
B 24 H	Complaint - (1) Swelling in neck.			
Jan 23/17	Onset gradual during past week.			
	Previous Illness - Similar			
	attack several years ago. 10 months.			
	Family History - unknown.			
	Present Illness - About one			
	week ago began a hard swelling			
	in some side of neck as previous			
	abscess. This increased in			
	size steadily and began to be			
	tender and painful 3 days before			
	admission to B. 24 H.			
	Physical Examination - Two mate			
	rized swelling on left side of neck -			
	hard throughout and painful			
	on pressure.			
	Hot moist brain compresses 246			
Jan 24/17	In softening of mass. Hot			
	moist compresses continued.			
Jan 26/17	Softening of mass over abscess.			
	Incision and pro set gives to			
	a considerable amount of pus.			
	Hot moist brain compresses 247			
	The Cervical abscess at 3 1/2 to 1 1/2 p.m.			
Feb 3/17	Draining freely - mass very			
	much smaller.			

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

Station
and Date.

Feb 17

Wound healed -

Rec. return to lines

R.F. Slater

Capt. C A U C.

INSTRUCTIONS

~~XXXXXXXXXX~~
XXXXXXXXXX

~~XXXXXXXXXX~~
XXXXXXXXXX

July 11, 1952

THE NATIONAL ARCHIVES
COLLEGE PARK, MARYLAND

СМЯТАНА ВЪВЕДЪ ДЕЙСТВИЕ СЪЩЕ
ДЕЙСТВИЕ ДАТНОЕ
ИСТОРИЯ ЛИСТЪ



21-9-35

This space to be for numbers

[Handwritten scribble]

Proceedings on Discharge.



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

No.	652055	
Rank	PRIVATE	
Surname	DESJARDINS	
Christian Name	PETER CHARLES	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	160TH. BRUCE BATTALION C.O.M.F.	
Date of Discharge	APR 19 1919 18/3/19	
Place of Discharge	LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	38 years.....	months.....
Height.....	5 feet.....	11½ inches.....
Complexion	DARK	
Eyes	BROWN	
Hair	BLACK	
Trade	FISHERMAN	
Intended place of residence	P.O. CAPE CROKER	
<small>(To be given as fully as practicable.)</small>	ONTARIO.	
2. The above-named man is discharged in consequence of		
ON DEMOBILIZATION		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>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.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
<i>H.C.O. 14-4-21.</i>		

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

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

(OVER)

4-7-52 AS

OK

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 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.

(Place) **LONDON, ONT.** *P. C. Desjardins* (Signature of Soldier.)

(Date) *March* **APR 19 1919** (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) *March* **APR 19 1919**

(Signature) *D. Stebbins* **Discharge Section, No. 1 D. D.**

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.)

James P. C. D. ...

	Reg. Order Sheet Military Form B. 206	
	Proceedings on Discharge Military Form B. 206a	
	Proceedings on Discharge Military Form B. 206	
	Medical History Sheet (in the event of such having been prepared) Military Form B. 215	
(a) Proceedings on Discharge		
(b) Attestation		
(c) Medical History Sheet (in the event of such having been prepared)		

M.R. - in the case of a man discharged by purchase, the date and number of deposit receipt with amount of same to be noted hereon.

BRITISH ARMY

1914-15

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p><i>*Only if discharged "Medically unfit."</i></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.