1st Depot Bn., E. O. Regt., C. E. F.

TRIPLICATE

13 M. D. Depot Battalion Regiment

Regtl. No. 3056111 ~~402111~~

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Dummitt
2. Christian name: Joseph Harry
3. Present address: Peterboro, Ont. 49 Alfred St.
4. Military Service Act letter and number: F. C. 929641
5. Date of birth: April 19th 1885
6. Place of birth (town, township or county and country): Haliburton, Ont.
7. Married, widower or single: *single* Widower,
8. Religion: English Church,
9. Trade or calling: Carpenter,
10. Name of next-of-kin: Mrs Elizabeth Dummitt,
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 49 Alfred St. Peterboro, Ont.
13. Whether at present a member of the Active Militia: Nil
14. Particulars of previous military or naval service, if any: nil
15. Medical Examination under Military Service Act:—

(a) Place: Peterboro, Ont. (b) Date: Nov. 23d 17. (c) Category: A. 2.

DECLARATION OF RECRUIT

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

J. H. Dummitt (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 32 yrs. 6 mths.

Height: 5 ft. 10½ ins.

Chest measurement: fully expanded 36½ ins.; range of expansion 4½ ins.

Complexion: dark

Eyes: grey

Hair: black

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

scar above rt knee
scar left bullock,
scar goiter,

O. C. Lt. Col. O. C. 1st Depot Bn., E. O. Regt., C.E.F. Depot Btln.

Regt.

Place: Kingston, Ont. Date: Jan 15th 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

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

Regt. 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 .....
5. Date of birth .....
6. Place of birth .....
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 relate to me, and are true.

(Signature of Recruit) .....

DESCRIPTION ON CALLING UP

Apparent age ..... Yrs.

Height ..... ft. ..... in.

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

Complexion .....

Eyes .....

Hair .....

Distinctive marks, and marks indicating from normal peculiarities or previous illness .....

O. C. ..... Depot Bttn.

Regt. .....

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

M.P.S. 100
20M—8-17
4717—8—1164

REGIMENTAL DOCUMENTS

NAME DUMMITT JOSEPH HARRY Pte REGT. NO. 3056 111 UNIT 38th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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)				38536	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Wounds.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Medals					
1	Mons Star					
1	Khaki card					
1	RB					
						19-1
						34-12
						29-12
						1

Deceased

W. 2999
180M-11-19
1772-39-1572

A

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

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

Casualty Form—Active Service.

305611 Unit, Regiment or Corps 3rd Off 1st Depot Bn. E O. Regt., C. E. F. DUMMITT

Regimental No. ~~[illegible]~~ Rank Pte Name ~~Dummitt~~, Joseph Henry

Enlisted (a) Jany 15/18 Terms of Service (a) C.E.F. Service reckons from (a) Jany 15/18

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

Extended — Re-engaged — Qualification (b) Carpenter

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Canada	21/2/18.	
		Disembarked	England.	4/3/18.	
5/3/18.	O.C. 6th. Res.	T.O.S. 6th. Can. Res. Batt.	Seaford.	4/3/18.	Pt-11-B.0.54.
SEP 26 1918		DRAFTED TO 38th Bn	SEAFORD.	SEP 26 1918	PART II No. 228
27 SEP 18	C.B.D.	TAKEN on STRENGHT 38th		27 SEP 18	N.R. D095 — 1.10.18
28 SEP 18		Jaines		ecac 28 SEP 18	a1522.
30 SEP 18	"	Left for Unit	FIELD	30 SEP 18	N.R. D1722
- 5 OCT 18	Unit	Joined Unit	FIELD	- 2 OCT 18	B. 212.

CERTIFIED CORRECT 24 SEP 1918 CAN. RECORDS, LONDON

H.T. OCT 6 1918 SAILED HM.T. OLYMPIC ARR'D HALIFAX June 1918

J. H. Munro Lt
OFFICER i/c RECORDS 6th CAN. RES. BN

(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				
5 MAI 1919		Proceeded to England.	5 MAI 1919		
6-6-19	Brancaster	S.O.S on Proceeding to Canada	Part II Orders 24 1 Kuaff Pt Ja Adj. 35 Bn		G J Kellow LIEUT. FOR LT COL. A.A.G.
6-6-19	T.O.S.	~~#3DD~~ sub Depot			~~#Hr~~ 177
16-6-19	SOS	~~#3DD~~ Disch	RO 1426		~~#Hr~~ 177

Lieutenant
For O. C. No. 3 District Depot.

CANADIAN EXPEDITIONARY FORCE

92828

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 3056111 (Rank) Pte

Name (in full) Dummitt Joseph Harry enlisted in

the 1st Depot Bn. E.O. Regt

CANADIAN EXPEDITIONARY FORCE at Kingston on the 15th

day of January 1918

HE served in 38th Bn in 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 33

Height 5 ft 10½"

Complexion Dark

Eyes Grey

Hair Black

Marks or Scars Linear 3" oblique scar ant surface lower 1/3 right thigh

H Dummitt

Signature of Soldier.

Sidney O'Neill

Issuing Officer.

Date of Discharge

Dispersal Station "G" JUN 16 1919 Military District No. 3

Rank

Date 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

M.F.B. 39A.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

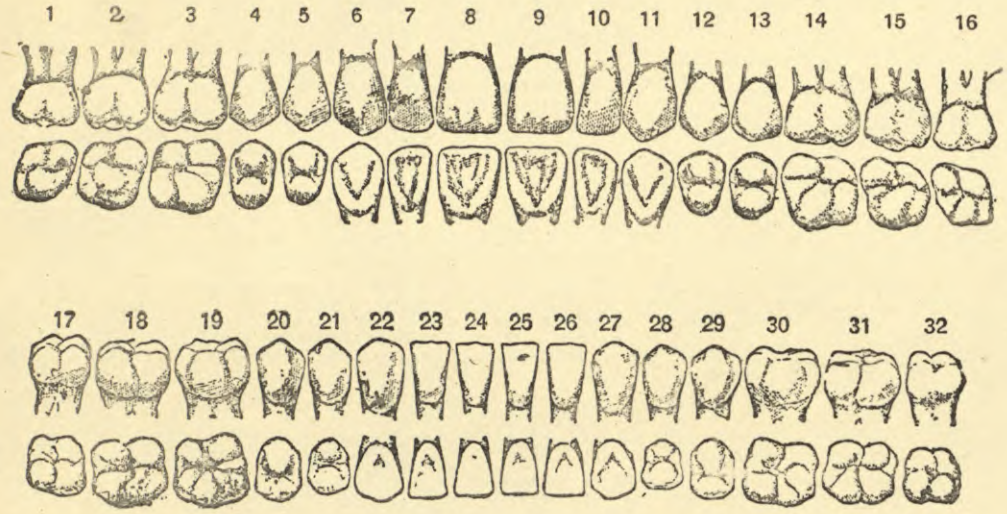
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) Dummitt. J. H.

REGIMENT 30th bn. RANK pte. No. 3056111

Date of Examination in England 5/5/19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

A. D. D. S., M. D. No. 3

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer R. A. Ayre capt

3056111

M.S.A. 19

Orig.

257

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Dummitt Christian name Joseph Harry 929641

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule PC 929641

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

4. Address (including street and number, if any) 49 Alfred St., Peterboro, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of Nov. 1917, by the undersigned medical board sitting at Peterboro, Ont.

5. Age as stated 32 Years 6 Months. 6. Apparent age 32 Years Months

7. Height 5 Feet 10½ Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 36½ Ins. } 10. Complexion Dark { Eyes Gray / Hair Black }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm 0 / Left arm 1 } 14. When vaccinated last 1915.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar above right knee. Scar left buttock. Small goitre.

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.2

R. D. 30 L. D. 30
Hearing - normal.

Signature of Man J H Dummitt

J Stewart Cameron Major. President.

J H Cauwood Major. Member. T. Mac Lean Jones Capt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9/2/18	J C Greenlees cuf- ams	M.O.	17/1/18	J C Greenlees cuf- ams	M.O.
		M.O.	24/1/18		M.O.
		M.O.	2/2/18		M.O.

Joined 9 day of January 1918 at Kingston

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st R.B.E.O.R.	3056111		26 SEP 1918
Transferred to	58th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Kingston	Feb 18 1918	nil	A II McKeglon Capt Cmdg Prov Med Board
Bramshott	13/5/19	chronic tuberc. media	a [illegible]

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname: Bennett Christian Name: Joseph Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
H.M.T. Melita		3	3	18				Gonorrhoea	2	Transferred to E.M.O. Liverpool	[illegible]
CANADIAN HOSPITAL ETCHINGHILL, LYMINGE		13	3	18	30	5	18	Gonorrhoea	79	1st attack U.D.I. Canada on 23-2-18 Started treatment - Reading Hill 14-3-18 Had daily injections and irrigations on board and at Seaford. Discharged [illegible] 25-[illegible]-18 Urine cleared 20-5-18 Seven Sounds Dilators. No discharge: Urine & smear negative. Provocative Vaccine [illegible]	H. Peterson Capt

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 1st Depot Bn., E. O. Regt., C. E. F.

(2) Regimental Number 3056111

(3) Full Name of Soldier Joseph Harry Dummitt,

(4) Place of Birth Haliburton, Ont.

(5) Are you married, or not? Widower,

(6) If married, state,
(a) Full name of your wife nil

(b) Present Postal Address nil

(7) Are you a widower? yes

(8) Have you any children? nil

If so, give number of boys and girls nil

Also their names and ages nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? nil

If so, state name and address nil

(10) Is your Mother alive? yes

If so, state name and address Elizabeth Dummitt, 49 Alfred St., Peterboro, Ont.

(11) If your Mother is a widow yes.

Are you her sole support, or not? yes.

(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.

$30.00 per month, only son at home.

(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.

nil

(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.

nil

(15) Are you insured? yes

If so, in what Company? Woodman of the World,

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

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

R W Smart Lt. Col.
O. C. 1st Depot Bn., E.O. Regt., C.E.F.
Officer Commanding.

Date Jan 15th 1918.
JAN 7 1918

D 1184

122

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

882

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Joseph Harry 2. Surname Dummitt.

3. Rank Pte. 4. Original Unit 1st East. Ont. Depot Bn. 5. Reg. No. 3056111

6. Address, in full, to which future payments of gratuity are to be forwarded
Mrs. E. Dummitt
51 Alfred St. Peterboro. Ont. Canada

7. Date of enlistment in the C.E.F. 14/1/18.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge nil.

9. Relationship of such dependent nil

10. Address, in full, of such dependent nil.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? nil.

12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of~~ Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
14/1/18 to 1/10/18 with 1st East. Ont. Depot Bn
2/10/18 to present date with 38th Battn

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department nil

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? nil.

5434. Wt. /80P. 250,000(8). 2/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

Nil.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

Nil.

N/A

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

21. Have you, during the present war, served in the Imperial Forces? Nil.

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

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

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

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge JAN 15 1919 (b) Reason for discharge S. O. S. Demobilization

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

N/A

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

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

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

Signature of Applicant: J. H. Dunnett

Place of Residence: 51 Alfred St. Peterboro. Ont. Canada.

Declared before me at: Brockville

This 10 day of May 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. A D Cameron Lt Col

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Form R 122.
2353—100M—9-12-16.

LTR

Rank: 3rd Dft 1st. Bn E·O·R
Unit

Name: DUMMITT, Joseph Harry
If in perm. Corps / What Unit?

Reg'l No. 3056111

Married or Single: Widower ~~Single~~.

Place and Date of Enlistment: Kingston Jan. 15th, 1918.

Place of Birth: Haliburton Ont.

Name and Address, Next-of-Kin: Mrs Elizabeth Dummitt
49 Alfred St. Peterboro Ontario

Relationship: Mother.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No 12584
File R.L.
Category Can OR

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		4-3-18	S/S MELITA
5.3.18	6th Res Bn	T.O.S. from Canada	Seaford	4.3.18	Pt. I 54
26-9-18	✓	posted to 38th Bn Overseas	PL	" 26-9-18	— 2284 38th Pt I & II 95 ✓ 1-10-18
9-5-19	38 Bn	Proceeded to England	-	Havre 5-5-19	— 30
20.5.19	F Wing CCC	T.O.S. pending R.T.C.	"	Bramshott 5-5.19	— 21
		83-29-80		6.6.19	
14.6.19	F Wing CCC	1st to Canada		" 6.6.19	- 24

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.					

NAME Dummitt J. H.

RANK AND CORPS Pte. Cash Ont.

REGT'L. No. 3006111

H. Q. FILE No 649

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
C 159. (1)	Can. Etchinghill Lyminge Kent	14-3-18	V. D. G.
C 222.	Wisch.	31-5-18	" " "

Number 3056111 Rank Pte

Surname DUMMITT

Christian Name Joseph Harry

Units 38th C Inf Theatre of War France

Date of Service 26-9-18

Remarks

Latest Address 338 Aylmer
~~51 Alfred~~ St
Peterboro

Roll No. B Page 17812

200m.-2-21.M.

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORI
AND HOW LONG

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 CA

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 .....

* CROSS OU

DISP. REGIST. DEC 19 1922

M. F. W. 142.

1772—39—1171.
50m.—2-19.

Form R. 149.

J H

Name Dummitt *Rank* Pte *Reg. No.* 3056111

Unit 6th Res. Bn.

(unverified)

Next of Kin

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14.3	C.M.H. Etchinghill.		V.D.G.	C/159		14428
31-8-	Discharged		do	3422		02453

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

"Y" 3 CARD NO.

S.O. Salemal 16-6-19
N.O. St Π 1770 of 26-6-19
+3 Alle

SURNAME. Dunmitt

CHRISTIAN NAMES Joseph Harry

REGL. No. 3056111 RANK Pte.

UNIT East. Ont. Regt. 1st Dpo. Bn.

FORMER CORPS Inf.

FOLL.

NEXT OF KIN.

NAMES IN FULL Dunmitt, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~49~~ 51 Alfred St. Peterboro. Ont.

Auth: Lo. Ch. of No. 1 St. S.A.&P. 22-10-18.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Haliburton, Ont. DATE Apr. 19th 1885

PLACE OF ATTESTATION Kingston, Ont. DATE Jan. 15th 1918

O/S 21-2-18 1106/9

P/6 13/6/19 341/52 Pte.

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

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

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 402 11 11. RANK Pte. NAME Dunnoitt Joseph Harry.

T. O. S. 14-1-18 UNIT 1st Depot Battalion Co. Regt

DO. 13. 13-1-18

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Jan 14	Jan 31	"		
Feb.		"		

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Dummitt.	J. H.	3056111.

RANK	UNIT	CO.	TROOP	BATTY
Pte	E.O. OR.			

HOSPITAL: Can H. Etchinghill.

DATE OF ADMISSION: 14.3.18.

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS: V.D.G. Ho

1.

2.

3.

DISPOSITION: Dis. 31.5.18.

DATE

REMARKS

CL 18.3.18 C157.
5.6.18 C222.

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.	

P. 558

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Haliburton Ont.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Elizabeth Dunnitt
49 Alfred St. Peterboro Ont.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF

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 1 No.	ACQUITTANCE 1 DATE	ACQUITTANCE 2 No.	ACQUITTANCE 2 DATE	ACQUITTANCE No	DEFERRED REF. F.
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE			
	Cr Balance from Canada as per A/C. 28/2/18																	20.05			
Mar.	P.P.				34 10				Mar	a/c							15				
					34 10				a/c R 1999. C. Hill 13/3/18.					2 43. 2 43			15	37 02			

NS, &c.

CTIVE TE	AUTHORITY

AL, &c.

NAME OF HOSPITAL

REG'L No. 3056111 RANK Pte: NAME DUMMITT Joseph Harry

6th CANADIAN RESERVE BATTALION.

IF IN PERMT. CORPS WHAT UNIT } UNIT TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Kingston TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14. 1. 18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1. 3. 18

PAYABLE TO Mrs Elizabeth Dummitt 49 Alfred St. Peterboro' 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)

TTANCE ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	3		4													
TE	No.	DATE	No.	DATE	1	2	3	4				CREDIT	DEBIT			
CE	DEFER-RED. F.	SEP. ALLCE. ENG.														
35																
2																

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3
			$	c.			$	c.			$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE			

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND or~~ * CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:–	1/3/18.	EFFECTIVE DATE:–	
AMOUNT:–	15.00	AMOUNT:–	

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

Mrs E. Dummett
49 Alfred St Peterboro'
Ont

Stopped eff 1-6-19

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	
~~1919~~									
~~26-4~~	~~429~~	~~20 fcs~~	~~3~~	~~49~~					
~~7-5~~	~~2609~~	~~A 10~~	~~48~~	~~67~~					
			54	16					

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans. to Can 1-6-19 Disp. a

MONTH 1918	PARTICULARS	CR. 1		CR. 2		PARTICULARS
Mar 31	Bal forward					
Apl	P.P.	33				Apl a/p
						a/c 48. 12/4/18. E'Hier
						A/c. 963 7/5/18.
May	P.P.	33				
		34	10			aR 390. 15/5/18. E'h
		34	10			Can a/p. June
June	P.P.	33				
						aR 1376 13.6.18. 6th
						aR 1537. 18.6.18.
						DO 130 3.6.18. 6th Reserve V.D.
						To 30.5.18. 89 days.
		33	–			
July	P.P.	34	10			Can. a/p
						DO 155. 3.7.18. 6th Res. Forfeits
						PK A Oorstan Pass MM 23.6.18 – 9
						AR 2083 16.7.18 6th
						2465 27/7/18
		34	10			
Aug	P P	34	10			Can A P. Aug
						AR 2972 15/8/18
						3546 28/8/18
		34	10			
Sep	P.P.	33	–			Can. Sep
						AR 4009 12/9/18
						4517 28/9/18
		33	–			
Oct.	P.P.	34	10			Can.
						1411 6/10
						1704 15/10
						48205 2/9
		34	10			

CHECKED BY C.E. Bailey
CHECKED BY Bay

SEPARATION ALLOWANCE. | ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

RITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:- DUMMITT Joseph Harry

NUMBER:- 3056111

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6th Res.

DATE ACCOUNT FIRST OPENED:- 1/3/18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			20 R.D
			Can

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
Up to date cr 6 94				
Lady a cr 59 16				

OOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

UNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
49				
67				
16				

CTIVE:- Trans. to Can 1-6-19 Disp. auth N.R.B. 8565 B'Scott B'Scott m D 32 L.P.6

	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
								37 02		
33			Apl app				15			
			a/c 48. 12/4/18. E'Hill	2 48						
			A/c. 963 7/3/18.	1 48				51 11		
33				3 91			15			
34	10		aR 390. 15/5/18. E'Hill.	2 43			15	67 78		
34	10			2 43			15			
33			Can aP. June				15			
			aR 1376. 13.6.18. 6th Res	7 30						
			aR 1507. 18.6.18.	9 73						
			DO 130 3.6.18. 6th Reserve V.D. from 3.3.18 To 30.5.18. 89 days.		53 40			15 35		
33				17 03	53 40		15			
34	10		Can. aP. July				15			
			DO 155. 3.7.18. 6th Res. Jan/2.15 1 D days Pr A Constan Pass MN 23.6.15 — 9A 24.6.15.		1 10					
			AR 2053 16.7.18 6th Res	4 87						
			" 2465 27/7/18 "	9 73				18 75		
34	10			14 60	1 10		15			
34	10		Can aP. August				15			
			aR 2972 15/8/18 6th Res	7 30						
			" 3546 28/8/18 "	14 60				15 95		
34	10			21 90			15			
33			Can aP. Sept				15			
			aR 4009 12/9/18 6th Res	9 73						
			" 4517 28/9/18 "	9 73				14 49		
33				19 46			15			
34	10		Can aP.				15			
			1411 6/10 12th Res	3 73						
			1704 15/10 "	3 73						
			48205 2/9 Soldiers Aid	4 87				21 26		
34	10			12 33			15			a/c agreed 8/12/18

NUMBER 3056 111 RANK NAME DUMMITT Joseph Sta

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS			Dr. 1	Dr. 2	Dr. 3.
	Brot Ford								
Nov.	P.P.	33		bal.					
				2307	9/4	38 Bn	3 73		
				2475	19/4	~	13 06		
				2618	4/2	✓	3 73		
				2817	17/1	~	3 73		
Dec.	✓	34 10		bal.					
Jan. 9/19	✓	34 10		bal.					
		101 20					24 25		
Feb.	✓	30 80		bal.					
Mar.	✓	34 10		1779	1/1/19	✓	3 73		
				2982	17/1	✓	3 73		
				3136	24/1	✓	18 66		
				3336	4/2/	✓	3 73		
				bal.					
				3382	15/2	✓	3 73		
				3543	3-3	✓	3 65		
				3692	15-3	✓	3 65		
				3808	21-3	✓	18 25		
		64 90					59 13		
Apl.	✓	33		bal.					
May	✓	34 10		8	3-4	✓	3 49		
				182	15-4	✓	3 49		
				bal.			6 98		
				429	26-4	✓	3 49		
		67 10					10 47		
				4844 End.	29-5	— c.c.c. (2)	9 73		
				2508	8-5	✓ (2)	48 67		
							58 40		
	S.O.S. ban. 6-6-19 Sl. 83 E.R.								

NAME DUMMITT Joseph Harry

PARTICULARS			Dr. 1	Dr. 2	Dr. 3	Dr. 4	BALANCE	DEFERRED	SEPARATION
							2126		
bal.						15			
2307	9/4	38 Pw	3 73						
2475	19/4	✓	13 06						
2618.	1/2.	✓	3 73						
2817	17/1	✓	3 73						
bal.						15			
bal.						15	5321		
			24-25			45			
bal.						15			
1779.	1/1/19	✓	3 73						
2982.	17/1	✓	3 73						
3136	24/1.	✓	18 66						
3236.	4/2/	✓	3 73						
bal.						15.			
3382.	15/2.	✓	3 73						
3543.	3-3.	✓	3 65				5088		
3692.	15-3.	✓	3 65						
3806.	21-3.	✓	18 25				2898		
			59 13			30			
bal.						15			
8	3-4	✓	3 49						
182	15-4	✓	3 49						
bal.			6 98			15	5910		
429	26-4	✓	3 49				5561		
			10 47			30			
4844. End.	29-5.	— c.c.c. (2)	9 73.						
2508	8-5	✓ (2)	48 67				279		
			58 40						

War Service Badge
Class "A" No. 192878 A-G.

SHORT FORM.

PROCEEDINGS ON DISCHARGE. Occupational Group No. 17.

(Demobilization.)

1. No. 3056111
2. Rank. Pte
3. Name. DUMMITT Joseph Harry.
4. Unit. 38th Bn Inf.
5. Date of Discharge JUN 16 1919 Place Ottawa G.
6. Reason for Discharge Demob
   T.M.T. Olympic
   SAILED EDM'TON 6/6-19
   ARR'D HALIFAX June 12 1919
7. Authority. R.O. 1420
8. Proposed Residence after Discharge 57 Alfred St
   Peterboro - Ont.

Deceased

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

H Dummitt
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "G" Military District No. 3 JUN 16 1919

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date JUL 10 1919

Signature Sidney Thos. Captain for O.C. Dispersal Area Station G.
(O. C. Discharging Unit.)

1-8-55 AS

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23). or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 1

Date 8 JUN 1919

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No 3056111 RANK Pte. NAME (IN FULL) DUMMITT Joseph Harry. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: nil. RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS nil.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte. Joseph Harry Dummitt, 51 Alfred St., Petrolia, Ont.		

ORIGINAL UNIT C.E.F. 1st Eastern Ont. Depot Bn. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14-1-18. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1-3-18.

PAYABLE TO Mrs. Eliz. Dummitt, mother RELATIONSHIP

ADDRESS 51 Alfred St., Petrolia, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS D-1184

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Ottawa. DATE 16-6-19. REASON Demob. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							6	94	6	94																									6	94	Returned "Olympia". Bal. per Eng. L. P. C. Clothing Allow. and 1st Payment W. S. G.
June 21	1.10	1.14	23	10	35	00			128	10							4	67	9	73	5	00	100	44	15	00					135	04					Pay to Estimate due [illegible]
																													5	50	5	50	5	50			Overpaid 5
																																					MOW 2595 Rio
	W.S.G.						War Service Gratuity												W.S.G.																		
132 days at minimum $0.00			28	8															70	00							5	50			70	210					1st Payt. W.S.G. as above.
																			64	50											140	140					OK Balance as above.
																			70												210	70					942441 - July 14/19.
																			70												280						1292180 - Aug. 14/19.
																																					1311257 - Sept. 16/19.

Okay

200M-3-19.—L. ... 58785-... & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

14-1-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D - 7647 7647

Date of Assignment

Mar 1st 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

928236 D.8.

PARTICULARS OF SEPARATION ALLOWANCE

No. 3056111

Rank Pte Promoted Reverted Discharge

Soldier's Name J. H. Dummitt

Battalion 1st Depot Bn E.O.R. 3rd Draft

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Dummitt

Address ~~49~~ 51 Alfred St Peterboro, Ont

Change of Address

1

2

3

4

5086 J-3Y

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
April	A 6946		15	15	91	La 1749 rendered 9/4/18.
"	G 2715		15	15	91	G 2715 mailed 10/4/18.
May	O 19321		15	15	91	alt and ff 1-11-18 415759 b of a.
June	K 22444		15	15	91	
July	O 28344		15	15	91	
Aug	K 37024		15	15		
Sept	N 47229		15	15	91	
Oct	2 51080		15	15	L	
Nov	K 59255		15	15	L	
Dec	G 67501		15	15	L	
Jan 19	O-74631		15	15	L	
Feb	S 80812		15	15	e	
Mar	88252		15	15	e	
Apr	M 4377		15	15	e	
MAY	L 5369		15	15		
JUN	K 9842		15	15		
			240	240		

G. L. a. Pneaid 22-3-18

W.B.

ACCOUNT FOR NEW ACC'T. A.R.M.D. #3 B1 M. Martin 20-3-18

M. F. W. 128. 4'OM. 6-7—1772-39-1141 L. L. 222320—M. & D. 7993.

20/6/19 A/c Closed

Ret'd per Olympic

Date 17/6/19 Ex.

Clerk A. Spence

M.R.O. 12766

AUDITED.

M.R.O. 1 C.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400m.—4-17—1779 39-1141
L. L. 22320—M. & D. 7983.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

P.O.G.

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 Bramshott DATE 13-5-19

1. 1 (a) Unit 38th Batt. (b) Regimental No. 3056111 (c) Rank Pte.

(d) Surname Dummitt (e) Christian name Joseph Harry

(f) Home address 51st Alford St. Peterboro Ont.

(g) Next of Kin Mrs. Elizabeth Dummith (h) Relationship Mother

(i) Address of Next of Kin 51. Alford St. Peterboro. Ont.

2. Age last birthday 34 Date of birth 19 April 1885

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 15-1-18

4. Personal description:

(a) Height 5' 10½" (b) Weight 135 (stripped) estimated (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Linear 3" oblique scar ant surface lower 1/3 right thigh.

5. Former trade or occupation Carpenter.

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
	1	118

	Periods	
	From	To
Canada	15-1-18	21-2-18
England	4-3-18	26-9-18
France or other theatres of War	27-9-18	5-5-19

7. Original disease, or injury Otitis Media Acute. Suppurative.

(a) Date of origin ~~XX~~ February 1919 (b) Place of origin France

(c) Cause Infection and Exposure.

M. F. B. 227.

400M.—11-18.
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.)

Impairment of hearing - Slight.

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.)

Obj;o. Spec. Report 12-5-19 upon ears.

Rt ear 20 ft + + N clear retracted

Rt-ear Voice Weber Rinne Schbach Meatus Drumhead

Lt ear 20 + N clear Retracted

Category A (Signed) J. Burnett Capt. C.A.M.C.

Subj. Complains of hard of hearing.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? No
(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*).)

Acute ears following cold of head Feb. 1919.

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*).)

V.D.G. 3-3-18

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

1 marked vacc. scar mid 1/3 arm L. Childhood.

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

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

Not applicable

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

The regimental documents will be referred to.

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

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

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

Nil

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

D. C. Aikenhead Capt. C.A.M.C.

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 Pte. J. H. Dummitt have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nil

R.J.O.D.

H. Dummitt 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.

Yes - Hearing practically normal at present.

Ottawa 16/6/19 Seen & returned Capt. H. Dunnett

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Authority A.G. 9083 of 11-11-18

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.

R. J. O. Dwyer Capt. *President.*

PLACE Gramshott

DATE 13-5-19

V. H. Storey Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE .....

DATE .....

} Members

APPROVED BY

James C. Fyshe Maj.
for *Assistant Director of Medical Services.*

DATE 13-5-19

APPROVED BY

Director-General of Medical Services.

DATE .....

CERTIFIED A TRUE COPY
V. D. Davidson
CAPT CAMC