SPECIAL

recruit

155th OVERSEAS BATTALION, C.E.F.

Triplicate

ATTESTATION PAPER.

No. 636576

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Green
1a. What are your Christian names? ..... Jonas
1b. What is your present address? ..... Craydon
2. In what Town, Township or Parish, and in what Country were you born? ..... Desanto Ont
3. What is the name of your next-of kin? ..... Mrs. Jennie Green
4. What is the address of your next-of-kin? ..... Craydon Ont
4a. What is the relationship of your next-of-kin? ..... wife
5. What is the date of your birth? 1879
6. What is your Trade or Calling? ..... Labour
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, Jonas Green, 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.

Jonas Green (Signature of Recruit)

Date Feb 5 1916 J. C. Cale Lt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jonas Green, 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.

Jonas Green (Signature of Recruit)

Date Feb 5 1916 J. C. Cale Lt. (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 Markham this 5 day of Feb. 1916

H. McCutcheon J.P. (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841

Description of Jonas Green on Enlistment.

Apparent Age 37 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6¼ ins.

Chest measurement:
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 2 ins.

Complexion dark

Eyes brown

Hair black

Religious denominations:
- Church of England yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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

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

Initials J.G. on right forearm in India ink (tatoo)

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 Feby 5th 1916.

Place Maelbana

J.G. Barrows
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.

Jonas Green 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.

(Signature of Officer)

Date Feb 5 1916.

M. H. Adams Lieut. Col.
Commanding 155th Overseas Battalion.

FEB 8 1916

recruit

SPECIAL

195th OVERSEAS BATTALION, C.E.F.

Original

ATTESTATION PAPER.

No. 636576

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Green
1a. What are your Christian names? ..... Jonas
1b. What is your present address? ..... Crayden
2. In what Town, Township or Parish, and in what Country were you born? ..... Lasarito Ont
3. What is the name of your next-of kin? ..... Mrs Jennie Dell Green
4. What is the address of your next-of-kin? ..... Crayden
4a. What is the relationship of your next-of-kin? ..... wife
5. What is the date of your birth? 1884
6. What is your Trade or Calling? ..... Labourer
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, Jonas Green, 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.

Jonas Green (Signature of Recruit)

Date Feb 5th 1916. J. G. Cole Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jonas Green, 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.

Jonas Green (Signature of Recruit)

Date Feb 5th 1916. J. G. Cole Lt (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 Marlbank this 5th day of February 1916.

H. McCutcheon J.P. (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841

Description of James Grieve on Enlistment.

Apparent Age 37 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6¼ ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 2 ins.

Complexion dark

Eyes brown

Hair black

Religious denominations:
- Church of England yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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

Initials J. G. and right forearm in India ink (tatoo)

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 Feb. 5 1916 H. G. Burrows

Place Markham

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.

James Grieve 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.

~~J. C. Colbert Lt~~ (Signature of Officer)

Date ~~Feb 5~~ 1916 W. M. K. Adams Lieut. Col.
Commanding 155th Overseas Battalion.

FEB 8 1916

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

Attestation Papers.....1.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....1.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....2.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....1.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate .....

Inventory of Kit.....

Last Pay Certificate.....1.....

M. F. W. 62.
50M.—9-16.
H. Q. 177—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name GREEN JONAS

Regt. No 636576 Rank Pte

Corps No 3 Can Genl Med Unit

25913

(C)

(II)

F

a

6 6
25 6
34 7
1

Open

13

Box
3780

No. 636686 RANK Pte. NAME Green Jonas

T. O. S. 22-2-16 UNIT 155th. Battalion C. E. F.
D.O. 70 of 24-2-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 22	1916 Feb. 29	✓		
Mar.		✓		
apr		✓		
May		✓		
June		✓		
July		✓		
August		n.		UNIT SAILED
September		n		OCT 17 1916
October		n.		

No. 636576 RANK Pte. NAME Green J.

T. O. S. 5-2-16
O.O.S 6 of 8-2-16

UNIT 155th Battalion C.E.F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Feb. 5 1916	Feb. 29 1916	V.S.		
Mar.		"		
Apr		"		
May		"		
June		"		
July		"		
August		"		
Sept 1	Sept 19	"	Trans Special Service Coy	DII 264 of 19-9-16

No. 636576 RANK Pte NAME Gregory J. Onas.

Nav. P.L. 636579
Nav. 636556

T. O. S. UNIT Special Service Battalion
" 3886 cy.

Trans from 155 Bn
20-9-16 D154 of 20-9-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Sept 20	Sept 30	✓
Oct		✓
Nov		✓
Dec		✓
1917	1917	
Jan		✓
Feb		✓
Mar		✓
Apr.		✓
May		✓
June		W
July		W
Aug		W

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

(over)

Sept. 1	Sept 30	U		
Oct.		U		
Nov.	no date	U		
Dec.		U		
1918	1918			
Jan.		U	forfeito 5 dy pay. 7 dy CB	00167 of 16-1-18.
Feb.		U		
Mar. 1	Mar. 9	U	Discharged 6-3-18. M.U.	00680 of 9-3-18

a/c closed by payment 8.

CARD No. ✓

SURNAME. Green.

CHRISTIAN NAMES Jonas.

FOLL. S.O.S. Dis 6-3-18. 3

REGL. No. 636576. RANK Pte.

UNIT ~~155th~~ Special Service Co. No. 3. ~~Batt.~~

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Green Mrs. Jennie Lowe.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Croydon, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Leslieville, Ont. DATE 1879.

PLACE OF ATTESTATION Marlbank, Ont. DATE Feb. 5th 1916.

Trans from 155th Bn. to Spec. Ser. Co. No. 3, Auth [illegible] 155th Bn. h. R. 19/9/16.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Labourer. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 37. YEARS 0. MONTHS

HEIGHT 5. FEET 6 1/4. INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 2. INCHES

COMPLEXION Dark. EYES Brown. HAIR Black.

DISTINGUISHING MARKS Initials J. G. on right forearm in India ink tattoo.

MEDICAL EXAMINATION. PLACE Marlbank. DATE Feb. 5th, 1916.

Present address:—Croydon, Ont.

REG. NO. 636576 NAME (SURNAME FIRST) Green Jonas.

RANK Pte. CORPS S.S.

AGE 43. SERVICE

NAME OF HOSPITAL Ongwanada Mil. PLACE Ont. Kingston

DATE OF ADMISSION 11-12-16.

DISEASE Kidney.

DISCHARGE 5-1-17.

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

L. L. Job 310—M. & D. 6574.

1—3—'16

MILITIA AND DEFENCE

106

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Jean Green

Address ~~Enterprise~~
~~R.M.D. No 1~~
~~149 West Bridge St~~ ~~Ont.~~
~~Belleville~~

Relation to Soldier wife, child or mother } ~~Croydon, Enterprise~~, Wife
~~R.M.D. #1~~ Ont.
~~Box 120~~

Name of Soldier Green Jonas

Regtl. No. 636576

Rank Pte

Corps ~~15~~ 3 Bn

S.S. Co 19/9/16 Dmd 23/9/16

To what Corps belonging when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Enterprise Ont R.M.D. #1
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

1-3-16

MILITIA AND DEFENCE

M. F. W. 11a.
50m.—4-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS 636576

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Jean Green wife

PAYMENTS.

Name of Soldier Green J Pte

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		O 5498	60		60
June		M 9652	20		20
July		Y 8692	20	—	20
Aug.		M 17096	20		20
Sept.		P 15688	20		20
Oct.		W 18962	20		20
Nov.		C 22659	20	300	20
Dec.		~~C 26194~~	~~20~~		20 C 26194 Cancelled ~~149 West Bridge St, Belleville~~ Ont
Jan.	1917				~~140~~
Feb.		O 31526	60	—	60 Re-open a/c ruling Sgt H. O'Brien 22/1/17
March		T 35225	20		20 and A.M.S. Jany 13/17
April		H 1139	20		20.
May	4	G 4678	20		20 ~~Graydon Enterprise R.M.D. #1 Ont.~~ 26/4/17
June		K 7684	20		20 ~~Bal 20~~
July		K 10977	20		20
Aug.		Q 14860	20		20
Sept.		P 17520	20		20
Oct.		V 19840	20		20
Nov.	15	N 22984	20		20 Enterprise Ont Rm Q #1
Dec.		F 27766	20		440
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

recruit

636576

155th OVERSEAS BATTALION, C.E.F.

SPECIAL

MEDICAL HISTORY SHEET.

Surname Green *Christian Name* Jonas

Examined { on 5th day of Feb 1916 / at Maulbank

Birthplace { City or Town Deseronto / County Hastings

Apparent age 37

Trade or occupation Laborer

Height 5 Feet 6 1/4 Inches.

Weight 136 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. No Left. No / Number None

When Vaccinated last Years

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by J. G. Burrows

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
Feb 16	Good	Cabublow M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
4/7/16	Positive	Cabublow M.O.
20/7/16	"	Cabublow M.O.
		M.O.

Enlisted on 5 *day of* Feb. 1916 *at* Maulbank

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	155th Batt	636576		5/2/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kingston	23-1-18	Bronchitis & Rheumatism	E. M. D. Graham Capt

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4?9.

Surname Green Christian Name Jonas

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				

Recruit

636576

155th OVERSEAS BATTALION, C.E.F.

SPECIAL

MEDICAL HISTORY SHEET.

Surname Green *Christian Name* Innas

Examined { on 5th day of Feby 1916 / at Marlbank

Approved by J. G. Burrows

Birthplace { City or Town Deseronto / County Hastings

Rank ..... M.O.

Apparent age 37

Trade or occupation Laborer

Height 5 Feet 6 1/4 Inches.

Weight 136 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right. No Left. No / Number None

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None

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

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
Feb 16	good	C A Publow M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
4/7/16		C A Publow M.O.
20/7/16		C A Publow M.O.
		M.O.

Enlisted on 5 *day of* Feb. 1916 *at* Marlbank

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	155th Batt	636576		5/2/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kingston	23-1-18	Average - Neurotic	E H D Foley Capt

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4'9.

Surname Green Christian Name Leonard

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 636576 Rank Private Name Green J. R.

Corps #3. Special Service Company who was* Discharged

On March 8th 1918, to —

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3 1918, to March 8th 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	9	40	Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 9 days at $1.00 c.	9	00
Advances by Cheques No.			Field Allow. 9 days at $— c. 10	—	90
Assigned Pay and Sep'n Allce. No.	7	25	Separation Allowances* (Monthly)	7	25
Other charges Rept Chgs etc	8	73	Other Allowances* Clothing Allow.	13	00
Payment on transfer or discharge No.	29	77	Other Credits*	33	00
Balance Cr. (to be paid by the new unit)	8	00	Bal. Dr. (to be deducted by new unit)		
Total	63	15	Total	63	15

*Give particulars.

A monthly stoppage of $ 15.00 (†) has not (‡) been paid on account of Assigned Pay for the month of March 191... and Sep'n Allce. for month of — 191... (to) Assignee Mrs J. Green

(Address) R. R. 1 Enterprise Ontario

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Yes Paid to 8/3/18

(3) cause of discharge Medically Unfit authority 88 — G.

(4) authority for transfer .....

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

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

Date March 8th 1918

Place Kingston Ontario D. G. Bissonnette

Paymaster.

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

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

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

M. F. W. 44.

100M.—12-17.
H. Q. 1772-33-903.

M. F. W. 129.

50m.—7-17.
1772—39—1142.

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 Jonas Surname Green

Unit of Corps S Scotia 3 (If a soldier) Regtl. No. 63657

Born at Desoronto Ont (date) Sept 14th 1871

Signature (for identification) Jonas G[redacted]

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

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

Weight 120 lbs.

Height 5 ft. 7 in.

Colour of eyes Brown.

Identification Marks

2. NUTRITION AND DIATHESIS?

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate? Intermittence or Irregularity? Muscular Tone?

6. ARTERIES.—(a) Any hardening or nodulation?

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1.022 Reaction? acid Albumen? Trace Sugar? Nil.

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

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

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

Examined at ..... Signed ..... M. O.

Date ..... Signed ..... M. O.

Jonas Green
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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

File No. 7356-J-6 Passed to Inv.

WAR SERVICE GRATUITY.

Register No. 61419

Reg. No. 636576 11-11-19

Pte

Name Jonas Green

Address Enterprise, Ont.

Dependent Mrs Jennie D. Green "Wife"

Address Same Add

Pay Soldier $ 110 00

Sharp Haydon

Clerk Cunneyworth 13-11-19

Pay Dependent $ 60 00

Days 61 Rate 100 00 Due 200.00

Less P.D.P. credited 30.00

Less further Dr. Bal. or overpayment.

Net 170.00

R W131 20/11/19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 13/11/19	43175	14-11-19 539929	110		1 13/11/19	43176	14-11-19 539930	60
2					2			
3					3			
4					4			
5					5			
6					6			

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

Led. sheet created from W.S.G. Decl. 11-11-19

GEN'L AUDITOR Posting checked by ..... Date 15/11/19

R Evans 11/11/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Green, J.
Surname Christian Name

Regimental Number 636576 Rank Pte

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

~~20~~	25		

1-12-17
P.C. 3257

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 636576

Rank Pte Promoted Reverted Discharge

Soldier's Name Jonas Green

Battalion S. S. Co.

Beneficiary Mrs Jean Green.

Relationship Wife

Address Croyden Enterprise, Ont R.R. #1.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31		440		440		
Jan	068273	30		30	mc	
		~~740~~ 470				

Paymaster Paying
From 1-2-18
To .....

M. D. #3

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22520—M. & D. 7653.

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.—6-17—1772-39-141
L. L. 22320—M. & D. 4493.

AP.

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

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

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE Feb. 2nd/18.

1. (a) Unit # 3S.S.Co (b) Regimental No. 636576. (c) Rank Pte.

(d) Surname Green. (e) Christian name ~~James.~~ Jones

2. Age last birthday 47. Date of birth Sept. 19th, 1871

3. Enlisted at Marlbank. on Feb. 4th, 1916.

4. Personal description:—

(a) Height 5' 7". (b) Weight 130. (stripped) (c) Complexion Dark.

(d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks

Tattoo marks J.G. on left forearm.

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

Enterprize R.M.D. No. 1.

6. Former trade or occupation Farmer.

7. (a) Service

	Years	Days

	Periods	
	From	To
155th. Bn.	Feb. 1916.	Oct. 1916.
# 3 S.S. CO.	Oct. 1916.	Date.

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible) 1. Overage.

2 Chronic Nephritis.

(a) Date of origin 1. Not applicable. 2. Oct. 1916. (b) Place of origin 1. Not applicable. 2 Barriefield.

(c) Cause* 1. Not applicable. 2 Man says ut was result of a blow on the back.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Subjective:-

1. Man says he is 47 years 2. Says that he has to get up at night to urinate and that urine scalds him. Says that his back pains him a great deal and that time he has p pains in both iliac regions. Says he feels very weak and not able to carry on.

Objective:-

1 Man appears to be age stated and is only fairly well nourished. 2 Urinalysis report. shows slight trace of albumen. On pressure over lumbar region he complained of pain. Man appears to be neurotic. Reflexes are greatly exaggerated.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

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

Man has very high palate.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

1. Does not prevent earning full livlihood.

2. 10%.

12. Did the disability arise on or off duty? 1. Not applicable. 2 duty.

13. Was a Court of Inquiry held? 1. Not applicable. 2 No.

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

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

1 & 2 Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2 No.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Not applicable. 2 ~~Hospital treatment in Ongwanada Hosp.~~ Permanent with improvement.

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

1. Not applicable. 2 Hospital treatment in Ongwanada. Hospital.

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

No.

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

20. Recommendations

Discharge on account of overage.

W. S. Sharp Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Jonas Green

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment~~. (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).

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

Category "E".

W. Wilfness Capt. AMC President

W. B. Grala Capt. AMC. } Members.

STATION Fort Henry.

DATE Feb. 2/18.

APPROVED BY

DATE FEB 4 - 1918

J. B. Morley Captain A.M.C.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 13.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

AP.

DUPLICATE

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

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

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE Feb. 2nd/18.

1. (a) Unit # 38.S.CO (b) Regimental No. 636576. (c) Rank Pte.

(d) Surname Green. (e) Christian name ~~James.~~ Jones

2. Age last birthday 47. Date of birth Sept. 19th, 1871

3. Enlisted at Marlband. on Feb. 4th, 1916.

4. Personal description :—

(a) Height 5' 7". (b) Weight 130. (stripped) (c) Complexion Dark.

(d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks

Tattoo marks Y.G. on left forearm.

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

Enterprize R.M.D. No. 1.

6. Former trade or occupation Farmer.

7. (a) Service

	Years	Days

	Periods	
	From	To
155th. Bn.	Feb. 1916.	Oct. 1916.
# 3 S.S. CO.	Oct. 1916.	Date.

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible) 1. Overage.

2 Chronic Nephritis.

(a) Date of origin 1. Not applicable. 2. Oct. 1916. (b) Place of origin 1. Not applicable. 2. Barriefield.

(c) Cause* 1. Not applicable. 2 Man says ut was result of a blow on th back.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

Subjective:-

1. Man says he is 47 years. Says that he has to get up at night to urinate and that urine scalds him. Says that his back pains him a gread deal and that time he has p pains in both iliac regions. Says he feels very weak and not able to carry on.

Objective:-

1 Man appears to be age stated and is only fairly well nourished. 2 Urinalysis report. shows slight trace of albumen. On pressure over lumbar region he complained of pain. Man appears to be neurotic. Reflexes are greatly exaggerated.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

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

Man has very high palate.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

1. Does not prevent earning full livlihood.

2. 10%.

12. Did the disability arise on or off duty ? 1. Not applicable. 2 duty.

13. Was a Court of Inquiry held ? 1. Not applicable. 2 No.

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

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

1 & 2 Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 1 & 2 No.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1. Not applicable. 2 Permanent with improvement.

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

1. Not applicable. 2 Hospital treatment in Ongwanada. Hospital.

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

No.

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

20. Recommendations

Discharge on account of overage.

W S Lloyd Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Jonas Green

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~ (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).

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

Category "E".

W. Williamson Capt. AMC President

K. B. Graham Capt. AMC. } Members.

STATION Fort Henry.

DATE Feb. 2/18.

APPROVED BY

DATE FEB 4 - 1918

J. H. Morley Captain A.M.C.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 3.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

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

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

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry DATE 26-1-18

1. (a) Unit S S Coy No 3 (b) Regimental No. 636476 (c) Rank Pte.

(d) Surname Green (e) Christian name Jonas.

2. Age last birthday 47 Date of birth Sept 19th 1871.

3. Enlisted at Marlbank on Feb 4th 1916.

4. Personal description :—

(a) Height 5-7" (b) Weight 130 (stripped) (c) Complexion Dark.

(d) Colour of hair Black. (e) Colour of eyes Brown (f) Identification marks Tattoo-marks — J. G. on left forearm.

5. Address after discharge (for the use of the Board of Pension Commissioners) Enterprize R.M.D. No 1.

6. Former trade or occupation Farmer

7. (a) Service

	Years	Days

	Periods From	Periods To
156 Battn	Feb 1916	Oct 1916
S S Coy No 3.	Oct 1916	to date

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible) 1. Average. 2. Chronic nephritis.

(a) Date of origin 1. Not applic. 2. Oct. 1916. (b) Place of origin 1. Not applic. 2. Barnfield.

(c) Cause* 1. Not applic. 2. Man says it was result of a blow on the back.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

Subjective: 1. Man says he is 47 & says that he has to get up at night to urinate and that urine scalds. Says that his back pains him a great deal and that times he has pain in both iliac regions. Says he feels very weak & not able to carry on.

Objective: 1. Man appears to be age stated and is only fairly well nourished. 2. Urinalysis report shows slight trace of albumen. On pressure over lumbar region he complained of pain. Man appears to be nervous. Reflexes are pretty exaggerated.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

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

~~Letter enclosed~~ Man has very high palate.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

1. Does not prevent earning full livelihood
2. 10%

12. Did the disability arise on or off duty? 1. Not applic 2. ~~Duty~~

13. Was a Court of Inquiry held? 1. Not applic 2. No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? 1 & 2 Not applic

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2 No.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Not applic 2. ~~Permanent with improvement~~

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

1. Not applic
2. ~~Hospital treatment in Kyweneda Hosp.~~

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

No.

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

20. Recommendations

Discharge on account of average.

Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Jonas Gillon

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (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).

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

Category E

Capt. *President*

Capt. } Members.

Capt.

STATION Fort Henry

DATE January 31st/18

APPROVED BY

Captain A. M. C.

DATE FEB 4 - 1918 *Assistant Director of Medical Services.*

For A. D. M. S. Mil. District No. 9

APPROVED BY

DATE *Director-General of Medical Services.*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

73569-6

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

G. 1419

OTTAWA, CANADA.

P.C. 8/11/19 Ett.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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

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

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 636576 2. Rank Pvt 3. Original C.E.F. Unit 155th O.S. Batt.

4. Christian Names Jonas 5. Surname Green

6. Address, in full, to which future payments of gratuity are to be forwarded Centre Dene Ont

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	636576	Private	C.E.F.
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.		not applicable	

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
			CANADIAN SERVICE.			
1st Enl.	2nd Feb 1916	9th March 1918	Private	155 Batt	Kingston Ont	unfitness for further Service arising from Sickness
2nd Enl.						
3rd Enl.						
4th Enl.						
			IMPERIAL SERVICE.			
Imp. Enl.			not applicable			

61

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

Feb. 7/19.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

9. 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: No

10. 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? No

11. Have you been issued with a War Service Badge? If so, give number and class No

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No

13. 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, from where paid, and on what dates $29.00 Post Discharge Pay – on discharge 9th March 1919

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

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department? No

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Jennie Dell Quick

18. Relationship of such dependent wife

19. Present address, in full, of such dependent Enterprise Ont

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Jonas Gellen

Place of Residence: Enterprise Ont

Declared before me at Tamworth, Ont

This 29th day of October 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. Jas Flanworth Notary Public

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
	No Record	

REMARKS

Certified correct. R. Foulkes Lt Col

Assistant Director Pay Services, Mil. Dist. No. 3

Date Oct 30/19 Nov

60

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 by virtue of the Canada Evidence Act.

Signature of applicant: _____

Place of Residence: _____

Declared before me at _____

This _____ day of _____

Signature of Commissioner of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, etc.

Space below this line to be used [illegible] Pay Services.

Pos[illegible]

Date [illegible] Amount [illegible] Amount paid [illegible]

Certified correct:

(Assistant Director Pay Services, M.D. Plat. No. 3

Date _____

No P

This space to be for numbers

Canada Casualty

H

Proceedings on Discharge.

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

No. 636576

Rank Private

Surname Green

Christian Name Jonas

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

Corps (Squadron, Battery or Company) No 3 Casualty Unit

Date of Discharge March 6th 1918

Place of Discharge Fort Henry Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	38 years months.	Nil
Height	5 feet 7 inches.	
Complexion	Dark	
Eyes	Brown	
Hair	Black	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Croydon Ont.	

2. The above-named man is discharged in consequence of Medical unfitness for further service arising from bad teeth and over age, 3mD 44-Gf 256

Dated 5-3-18

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

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

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

Good

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

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

Labourer

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W.S.G. 10-11-19.

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

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

6. Medals and Decorations: Such as may be authorized for service in Canada

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

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

(Place) Fort Henry — E M Freeman

(Date) 6-3-18 — *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) Fort Henry — J A Green (*Signature of Soldier.*)

(Date) 6-3-18 — W Unwin (*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) Fort Henry

(Date) 6-3-18 — (*Signature*) E M Freeman

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.)

J. A. Green
W. Allinrock

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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