7 M. D. First Depot Battalion New Brunswick Regiment

Regtl. No. 3255534

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original

(Class.....)

1. Surname Gunn
2. Christian name Ernest
3. Present address 4 Blair St., St. John, N.B.
4. Military Service Act letter and number 3255534
5. Date of birth Jan 4/1900
6. Place of birth St. John, N.B.
(town, township or county and country)
7. Married, widower or single Single
8. Religion C of E
9. Trade or calling Labourer
10. Name of next-of-kin William J Gunn
11. Relationship of next-of-kin Father
12. Address of next-of-kin 4 Blair St., St/John, N.B.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—

(a) Place St.John,N.B. (b) Date Jan.12/18 (c) Category E

DECLARATION OF RECRUIT

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

Ernest Gunn (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 17 yrs ---- mths.

Height 5 ft 6-1/2 ins.

Chest measurement: fully expanded 33 ins.; range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Brown

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

F. F. May Major.

O. C. 2nd i/c. 1st. Depot Battal. Depot Btln.
New Brunswick Regiment.
Regt.

Place St.John, N.B. Date Jan.12/18

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

Ernest

4 Main St., St. John, N.B.

Jan 4/1900

St. John, N.B.

Single

C of E

Labourer

William J Gunn

Father

4 Main St., St John, N.B.

Le

Nil

St.John,N.B. Jan.12/18 E

DECLARATION OF RECRUIT

I, Ernest Gunn

do solemnly declare that the

above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

5-1/2

Dark

Brown

Brown

St. John, N.B. Jan.12/18

REGIMENTAL DOCUMENTS

NAME Gunn Ernest Regt. No. 3255334 Unit 7th C&GR H. Q. File No. 31576

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)	7/5/14	C			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category S
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
7 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		H			Med. Unfit
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
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 M7W71					
1 M.7.B.288					
1 Misc.					
1 M7B8134					
1 M7B488					

7.1.15
22.1.15
26.1.15

W. 2509
30M-11-13

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Gunn. C.

REGIMENTAL NO. 325534 RANK Pte

ENLISTED AT St John N.B. PROMOTIONS, &c. AND DATE

DATE 12. 1. 18

IF SERVED PREVIOUSLY. STATE UNIT. &c. No

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN W. J. Gunn RELATIONSHIP Father

ADDRESS OF 4 Blair St. St. John N.B.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
I.O.S. on transfer from 1st Dep. Bn. R.B. Regt with effect 7-8-18	113	21-8-18	Auth District Order 1798 d/21-8-18.
S.O.S. to I.S.C.	56	25.2.19	R.O. 1430 - 12.12.18

LEDGER NO. 252 SERIAL NO. C 47631

46

REG. NUMBER 325534 NAME Gunn Ernest

RANK Bugler CORPS 7th C.G.R.

AGE 18. SERVICE Can 13/12.

NAME OF HOSPITAL Military PLACE St Johns Nfld.

DATE OF ADMISSION 25-1-19

DISEASE Observation T.B. N.A.D.

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 1-2-19 IN CATEGORY A II

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

H. Q.

M. D. No. 7

Surname Gunn

Christian names Earnest

T. O. S. Jan 12th 1918

Regtl. No. 325-5-534 Rank Bugler

D. O. Pt. II 15 of 15/1/18.

Unit N.B. Regt 1st Dpo. Bn

S. O. S. 19

Reason

Auth.

Next of kin Gunn William J. Relationship Father

Address 4 Blair St., St John N.B.

Also notify:

BORN—Place Canada St John N.B. Date Jan 4th 1900

ATTESTED—Place St John N.B. Date Jan 12th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

COPY

St. John County Hospital,
May 31st. 1919.

I examined Pte. Gunn #3255534. His general condition is apparently the same as when he was discharged from the St. John County Hospital in February. He thinks he has more cough and is not feeling so well. He complains of being easily tired, has sweats and pains in his right chest. When he was admitted to this hospital in February he claimed he had always been well, until he had caught a cold a few weeks previously. In the examination this time he says he was treated at Lake Edward Sanatorium for six months. The history of why he was discharged from Lake Edward Sanatorium is uncertain, and is suggestive that he was dismissed. He then enlisted again.

When he entered the St. John County Hospital he was drunk; within a week he was allowed to go in town for an hour, and became so drumk that he was arrested in twon and was in gaol over Sunday and did not report back to the hospital for over a week, when of course, he was dismissed.

He had a normal temperature and pulse while in here, very slight cough; the X-Ray also showed nothing definite beyond some old signs, probably at the left apex. It was my opinion then that he did not have clinical tuberculosis, although there were signs of old tuberculosis in his chest.

On examination of his chest on May 28th. I still find the old signs that were thereat that time, and the X-Ray shows nothing suggestive of activity, but probably some disease at the left apex slightly in the right. With my knowledge now that he had been treated for tuberculosis for six months at Lake Edward Sanatorium, I would be inclined to think that instead of being classified asnot clinically tuberculosis, that he should be classified as quiescent case.

I do not think it is any use to send this man to any other sanatorium, as he has had all the consideration he is entitled to, especially as he has been treated at Lake Edward Sanatorium, as he now says. I cannot findany moisture in his chest or anything suggestive of active disease.

Sgnd. H. A. Farris.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 7th C. G. R. Hospital Station St. John. N.B.

No. 325-5-5-34 Rank and Name Bugler Gunn, Ernest Age 18 Service C 13/2

Disease Date of Admission 25-1-19 Date of Discharge 2-2-19 Result Improved Case Book Folio

Dates of Observation																															
Days of Disease	25 Jan	26	27	28	29	30	31	1 Feb																							
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
106°																															
105°																															
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100°																															
99°																															
98°																															
97°																															
Pulse per Minute	76	80	76 68	84 80	84 88	80	74 84	74																							
Respirations per Minute	20	20	20 20	20 20	20 22	20	18 18	18																							
Motions							1	1																							

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature C. Loughery In charge of case.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 3255534 Rank Pte Name Gunn Ernest

C. E. F.

Enlisted (a) 12/1/18 Terms of Service (a) Duration of War Service reckons from (a) 12/1/18

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) Laborer

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				
		7th C.G.R. S.O.S. By reason of Demobilization	StJohn, N.B.	22.2.19.	R.O.1420 Para 1 sub sec A d-12-12-18. D.O Part II 56 — 25-2.19

R. H. Dean Lieut.

A/adjutant 7th Detachment C.G.Regt.

(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 dutie.

[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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3255534 (Rank) Private

Name (in full) Ernest GUNN enlisted in

the 1st Depot Battalion. N.B. Regiment.

CANADIAN EXPEDITIONARY FORCE at St John. N.B. on the 12th

day of January 19 15.

HE served in CANADA

and is now discharged from the service by reason of BEING MEDICALLY UNFIT FOR FURTHER WAR SERVICE. Auth. R.O.1420, para 1, sub-sec A, d/12-12-18. & MD7 4-C-573 of the 20-2-19.

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

Age 19 Years 1 Month.

Height 5 Feet 6½ Inches.

Complexion Dark.

Eyes Brown.

Hair Brown.

Marks or Scars

Scar on left side of chin.

Ernest Gunn
Signature of Soldier

7th BN. CAN. GARRISON REG'T. FEB 22 1919 ST. JOHN N.B.

G.R. Barnes
Issuing Officer

Major.
Rank

Date of Discharge February 22nd .1919.

Commanding 7th. Det. C.G.R. C.E.F.
Appointment

Signed at St John. N.B. this 22nd day of February 19.

in Military District No. SEVEN.

File Reference No. MD7 4-C-573

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

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

.....

Name of Officer

.....

Rank

.....

Appointment

This space to be for numbers.

Proceedings on Discharge.

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

No. 3255534

Rank Private

Surname Gunn

Christian name Ernest

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

Corps (Squadron, Battery or Company) 7th. Batta lion. C.G.R. C.E.F.

Date of discharge February 22nd . 1919.

Place of discharge St John. N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 1 months.

Height 5 feet 6½ inches.

Complexion Dark.

Eyes Brown.

Hair Brow n.

Trade Teamster/

Intended place of residence (To be given as fully as practicable.) 14 Meadow St St John. N.B.

Descriptive marks

Scar on left side of chin.

2. The above-named man is discharged in consequence of BEING MEDICALLY UNFIT FOR FURTHER WAR SERVICE.

Authority for discharge R.O.1420, para 1, sub-sec A, d/12-12-18. & MD7 4-G-573 of the 20-2-19.

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

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

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

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

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

Lt Comp 26 32 BB

Medical Documents Forwarded to S. C. R. or B. P. C. ON 15-5-19

Lt

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) St John N.B. Garnet Gunn *(Signature of Soldier.)*

(Date) 22.2.19 [illegible] *(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) St John N.B.

(Signature) G.R. Barnes major

(Date) 22-2-19

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.)

I HAVE NO RESERVATIONS TO MAKE:-

other wise That I have not received any Clothing allowance nor war service gratuity

Signed Ernest Gunn No 3255594

This man was discharged to the I.S.C. and the allowances referred to were accordingly sent to them for payment to him when treatment was completed, please.

G R Barnes, Major

O. C. 7th Det. Canadian Garrison Reg't.

RECORD OF SERVICE.

CANADA FROM 12-1-18 to 22/2/19.

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

SPECIALIST'S REPORT ON CHEST EXAMINATION.

In the case of No.34291.Pte. HAYES, H.

COMPLAINS; Cough at nights.
No expectoration.

HISTORY ; Says he may have had pleurisy but is not sure. No serious illness.

EXAMINATION; Retraction right apex. Harsh breathing over both lungs. Blowing B. over right upper lobe. Expiration is prolonged. Showery rales on cough.

REMARKS; Strong suggestion of T.B.
Advise observation, temperature and pulse record with series of sputum examinations.

(Signed) D. A. Craig, Captain
C.A.M.C.

London Ontario

October 24th.,1918.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 7th C. G. Regt. Hospital Station St. John NB.

No. 3255534 Rank and Name Bugler Gunn Ernest Age 18 Service 6 13/12

Disease Jaw Date of Admission 25-1-19 Date of Discharge 2-2-19 Result Improved Case Book Folio

Dates of Observation																															
Days of Disease	25	26	27	28	29	30	31																								
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
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97°																															
Pulse per Minute	76	80	76 68	84 80	84 88	80	74 84	74																							
Respirations per Minute	20	20	20 20	20 20	20 22	20	18 18	18																							
Motions							1	1																							

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature C. Lonaghey In charge of case.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION St. John, N. B. DATE Feb. 18th, 1919.

1. 1 (a) Unit 7th C.G.R. (b) Regimental No. 3255534 (c) Rank Bugler

(d) Surname GUNN (e) Christian name Ernest

(f) Home address 14 Meadow St., St. John, N. B.

(g) Next of Kin Gunn, William James (h) Relationship father

(i) Address of Next of Kin 14 Meadow St., St. John.

2. Age last birthday 18 Date of birth Jan. 4th, 1900

3. Enlistment, or Appointment (if an Officer) (a) Place St. John (b) Date Jan. 12th-18.

4. Personal description:

(a) Height 5' 6½" (b) Weight 119 (stripped) (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. scar under left side of chin from abscess 7 yrs. ago.

5. Former trade or occupation Driving horses.

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	37

	Periods	
	From	To
Canada 1st Depot Bn. 7th C.G.R.	Jan. 12-1918 Aug. 1918	Aug. 1918 Feb. 18-1919
England		
France or other theatres of War		

7. Original disease, or injury Suspected T. B.

(a) Date of origin Unknown (b) Place of origin Canada

(c) Cause Probably T.B.C.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Moderate dyspnoea probably due to T.B.C. and probably C.O.A.S. Canada.

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.)

Specialist Report:- Feb. 10-19 #325534. Bugler GUNN, Ernest.
History:- Has been ailing 2½ months. Dyspnoea and night sweats, easily tired. Hoarseness 2 mos. Pain in right chest 2-3 mos. Best weight 145 lbs. 2 mos. ago, now 132 (dressed).
Examination:- Patient is hoarse, looks in good physical condition. Diminished expansion left side. Dulness left to 2nd rib anteriorly & angle of scapula posteriorly. Dulness right apex. Rough breathing left apex. A few rales left apex after coughing. Rales elsewhere transient. Fluoroscopic examination shows left apex slightly cloudy. Left dome of diaphragm as high as right. Left apex does not clear on inspiration.
Recommendation of Specialist:- Chief signs indefinite, but with fluoroscopic examination and history suggestive enough to advise East St. John Hosp. for observation & then treatment if needed. Was this condition due to or aggravated by active service? Yes.
(Sgd.) H. A. Farris.
Obj. Symp:- Temperature 98.7. Blood Press. S. 115. D. 78. Pulse 78. R.18 after 10 dips. Pulse 122. Res. 30. Dyspnoea slight. Two minutes after exercise pulse 78., resp. 24. three minutes after exercise P. 78, Resp. 18.
Subj:- Appetite good, loss of weight 132- to 119. Night sweats, has to throw the bed clothes off, difficulty in breathing after walking rapidly for ½ mile. Pain in precordial region after exercise. Also has to rest often if doing any work. Coughs every morning on arising.

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

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

Special Senses.....no.....Respiratory System.....See 9.....Integumentary System.....no.....

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

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

Sputum negative for T.B.C. signed C. Loughery
on clinical chart.

10. (a) History (of the condition referred to in Section 9 (a).) Individual states that about 2½ months ago he had a cold with a cough. The cold did not clear up as a usual cold did. He noticed that if he walked ½ mile fast, he got short of breath and had a pain in his right chest, just about at the nipple. Has night sweats, so that he has to throw off the bed clothes. And his underwear, which he wears at night, becomes damp. Coughs every morning on arising & expectorates about ½ dozen times a blackish or yellowish material. Has lost weight from 132 to 119 lbs. Appetite is good. Rest for a few minutes relieves the pain in his chest. No pain in coughing.

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*).)

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

11.—(*a*) Did the disabling condition have its origin before enlistment?

(*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.)

a. N. A.

b. N. A.

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

The regimental documents will be referred to.

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

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

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

St. James St. Hospital 25-1-19 Sputum Negative for T.B.C.

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

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

Yes, sanatorium

16. Can the former trade or occupation be resumed? not at present.

(If not, briefly state why)

17. Recommendations. That #3255534, GUNN, Ernest, be placed in Cat. E and be referred to the I.S.C. for treatment.

A. L. Jones 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 E. Gunn 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

Pte. Ernest Gunn 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

19. Is the invalid fit for

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

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.)

Sanatorium

(*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.)

and referred to I.S.C.

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.

A E Lovett Capt CAMC *President.*

PLACE St. John, N. B. F. Stevenson Lt Col CAMC

DATE 18-2-19. } 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..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE 20.2.19

APPROVED BY

Director-General of Medical Services.

DATE.....

M. D. NO. 7

M. OR S.

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

AUDITOR | PAYMASTER

REGT. No. 3255534 RANK PTE NAME (IN FULL) GUNN, F — (BLOCK LETTERS SURNAME FIRST)

14 Meadow St. St John N.B.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

No.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 12/1/18 — TRANSFERRED TO 7 E & R — DATE — AUTHORITY 2595-

ASSIGNED PAY $ 1 00 00 — DATE EFFECTIVE

PAYABLE TO Mrs. James Gunn, — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 14 Meadow St St. John N. B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED To D.S.C. — PLACE — DATE 22-2-18 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
					5 00				5 00																											5 00		Subs for = 8 00 1st $30.75
Feby 22	1 10	24	20	35 8 00					72 30	29068 25	1/19	27859 1/8	29067 21		7 05 10	1 20	1 35					12					72 20								Dec 22/19 20.75 1st Class 10.00
			W.S.G.																								W.S.G.					Soldier					
31 days @ 1/in.			70																								70					70					6177946 Pte Gunn F 31/3/19.
B.			70																								70					70					T.O.
																																Non effectives.					

WAR SERVICE GRATUITY.

30M-11-18.—L.L. 50877-M. & D. 9553.

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

NAME OF SOLDIER Gunn E.

RANK Gnr

No. 3255324

REGIMENT 1 C.D.D.

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	Feb/22										1										Examiner J S Harrington		Cavities 3 9 Extractions
	feb.22-29 Examined for discharge Certificate issued																				J S Harrington E Gunn		

M.F.B. 465
250M--1-43
1772-39-5

CASE HISTORY SHEET.

Military. Hospital. St. John N.B. Station.

No. 3255534 Rank Bugler. Name Gunn Ernest Age 18.

Unit 7th C.G.R. Completed years of service Where and how long 6 13/12

Date of admission 25-1-19 Date of discharge 4-2-19

Diagnosis Observation T.B. Place of origin St. John N.B.

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient entered hosp. today complaining of pain over right upper chest in front. States that when he walks any distance he becomes weak. Says he has lost 10 lbs in last month & half. Says for over a month has been troubled with night sweats & ton. Inspection of chest shows good movement. Breathing rather harsh & fine moist rales at both apices & coarse rales at base behind. A few fine crepitations are heard now & then over right chest in front.

Temp 3/1/19 Fine dry & moist rales heard over both apices in front & back.

Sputum 3 negative on two occasions for T.B.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) nil

TREATMENT Tonic Rest

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Improved

(and disposal made of case.) Recommended for a Medical Board

Date Feb 4/19 C. Loughery

Medical Officer i/c case.

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

MEDICAL HISTORY SHEET

Surname Gunn. Christian Name Ernest

Examined { on ..... day of ..... 191.....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches
Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by .....

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
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... day of ..... 191..... at .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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.
300M.—1-17.
H. Q. 1772-39-439.

325-5-5-34

Surname ..... Christian Name .....

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				
St John NB.		25	1	19	1	2	19	Observation for WBC	8	Patient complained 7 days in right upper chest. Rales fine moist at day in both apices. Sputum neg. for WBC. Has had night sweats while in hosp.	

3255534

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 Lunn Christian name Ernest

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

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

4. Address (including street and number, if any) 4 Blair St City

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12 day of January 1918, by the undersigned medical board sitting at St John N.B.

5. Age as stated 17 Years — Months. 6. Apparent age 17 Years — Months

7. Height 5 Feet 6½ Inches. 8. Weight 132 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 33 Ins. } 10. Complexion Dark { Eyes Brown / Hair Brown }

11. Physical development Fair. { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm — / Left arm 2 } 14. When vaccinated last Childhood

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

Underage.

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 [E]

17. (a) Vision R. 20/20 L. 20/20

(b) Hearing. R. OK L. OK

E M Lunn President.

H S Clarke Member. Mayes Case Member.

Signature of Man Ernest Lunn

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined ..... day of ..... 191 ..... at .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname ..... Christian Name .....

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				
St. John N.B.	-	25	1	19	1	2	19	Observation for Th.	8	Patient complained of pain in right upper chest Rales moist & dry in both apices. Sputum neg. for Th. Does had night sweats while in hosp.	Signed C. Lovejoy. Copy from temporary N.F.B. 31 3 Jobes Ju Bellef.

Military Hospital, M. D. No. 1
Wolseley Barracks
LONDON, ONT.

CASE HISTORY SHEET.

..... Hospital. London Ont Station.

No. 34291 Rank Pte Name Hayes Herbert Age 38

Unit DD #1 Completed years of service Where and how long } C 1/2 E 13/12 F 3C 1/2

Date of admission 26-10-18 Date of discharge

Diagnosis Susp. T B Place of origin

Canadian Military Headquarters No. 1 Military Hospital

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains - Cough. expect
Hist: Says he may have had pleurisy

Exam. Rt. side dull right apex
Resp. dull Left,
Scattered rales over both lungs

Sputums Taken 26-10-18 Neg
27-10-18 Neg
28-10-18 Neg
" " 29-10-18 Neg
" " 30-10-18 Neg

FAMILY HISTORY No T.B.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Rest. Records of Temp pulse & Respiration

(Especially any specific or special form)

CONDITION ON DISCHARGE, Transferred to D.S.C. for treatment X.

(and disposal made of case.)

Date Nov 27/18

D A Cameron Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

C42834