ORIGINAL

ATTESTATION PAPER.

No. 703472

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Lowry.
1a. What are your Christian names?	William.
1b. What is your present address?	Prince George, B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Banbridge, Ireland.
3. What is the name of your next-of kin?	Mrs. Margaret Lowry.
4. What is the address of your next-of-kin?	Longcore House, Dunadry, Belfast, Irland.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	June 10th, 1893.
6. What is your Trade or Calling?	Prospector.
7. Are you married?	No.
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? If so, state particulars of former Service.	No.
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, William Lowry, 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.

William Lowry (Signature of Recruit)

Date Jan 25th 191 . S.T. Huntington (Signature of Witness)
Major 102nd Batt C.E.F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Lowry, 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.

William Lowry (Signature of Recruit)

Date Jan 25th 1914. S.T. Huntington (Signature of Witness)
Major 102nd Batt C.E.F.

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 Prince George B.C. this twenty fifth day of January 1914.

S.T. Huntington (Signature of Justice)
Major 102nd Batt C.E.F.

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

102nd BATTALION (COMOX-ATLIN) C.E.F.

Description of William Lowry on Enlistment.

Apparent Age 22 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 9 1/2 ins.

Chest measurement.
Girth when fully expanded 36 ins.
Range of expansion 3 ins.

Complexion Dark.

Eyes Blue

Hair Black

Religious denominations
Church of England
Presbyterian
Methodist
Baptist or Congregationalist
Roman Catholic
Jewish
Other denominations Unitarian
(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).

mole at Bottom of Left Scapula
2 Vaccination marks on Right Arm.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Jan 25th 1916.

Place Prince George B.C.

D B Frazer M.D
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.

William Lowry 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.

S A Huntington (Signature of Officer)
Major 102nd Batt C.E.F.

Date ~~Jan 24th~~ Mch 3/16 1916.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A

LOWRY WILLIAM 703472 NO.11 SPEC. SERV. CCY. 2ND BN.

33489

PHYS. UNFIT

H

CARD NO.

SURNAME. Lowry.

CHRISTIAN NAMES William.

REGL. No. 703412 RANK Pte.

UNIT 102nd. Batt.

FORMER CORPS Nil.

FOLL. SOS dis 14/11/18. Mis unfit M.O.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Lowry, Mrs. Margaret.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Moneyore House, Munadry, Belfast. Ire.

COUNTRY OF BIRTH Ireland, Bannbridge. DATE June 10th 1893.

PLACE OF ATTESTATION Prince George DATE Jan. 25th 1916.

Sailed from Halifax Per [redacted] S S 456

"Empress of Britain. 18-6-17

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

Returned to Canada per SS Letitia. April 11/17 (Auth) T. 330

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Prospector. RELIGION Unitarian

DESCRIPTION.

APPARENT AGE 22 YEARS 6 MONTHS

HEIGHT 5' FEET 9½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Blue HAIR Black.

DISTINGUISHING MARKS

Mole bottom of left scapula. 2 vacc. marks on right arm.

MEDICAL EXAMINATION. PLACE Prince George. DATE Jan. 25th - 1916.

No 703472. RANK Pte NAME Lowry Wm.

T.O.S. 25-1-16 (A.O. 36) (5-2-16). UNIT 102nd. Battalion C. E. F.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T
1916.	1916.	
Jan. 25.	Feb. 29.	✓
	Mar.	✓
	April	✓
	May	✓
	June	✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
JUN 18 1916

No. 703472 RANK Pte. NAME Lowry Wm.

~~T.O.S.~~ Trans. from "J" Unit M.H.C.E. 4-11-17 UNIT #11 Special Service Coy. C.E.F.

O.O. 135 of 4-11-17.

M.D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Nov. 1	Nov. 30	W	Brig. T.O.S. 25-1-16	Nov. Paylist.
Dec.		V		
1918	1918			
Jan. 1	Jan. 14	V	Discharged 14-1-18	O.O. 140 of 14-1-18.
			a/c closed by payment S.	

R. 149.

Name LOWRY. William. *Rank* Pte. *Reg. No.* 703472.

Unit 102nd.Bn.

Next of Kin Mrs.M.Lowry, Donegore House, Dunadry, Belfast. Ire.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-10.	No.10.Gen.Hos.Rouen.		By Gerdite ACS67. Burns Face.Hands.	A57	9-11.	
31-10.	No.3.Stat.Hos.Rouen.		-----do------	A59	13-11	
21-1-17.	Royal.Vict.Hosp.Netley.		------do----	B126	05608.	
13-2.	D of C.Can Red X Hos.Taplow.		-----do-----	B145	17-2-17.	
11-4	Discharged		do	B220		

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

REGT'L NO 703472

NAME Lowry William

H. Q. FILE No. 649-

RANK AND CORPS 8 Pte. 102nd Batt.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
03608	28-11-16	Adm. No. 3 Stat. Hosp., Rouen Oct. 31st 1916. (accidental burns. face, arms.)
J 330	15-4-17	Sailed from Liverpool for Canada per the Hosp. Ship "Letitia" on the 11th April 1917. (Burns)

M. L. # 11

42

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M —4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 59	No 3 Stat, Rouen	31-10-16	Burns Face Hands
C	Exc No 10 Stat Rouen.		
A 57	No 10 Gen. Rouen	31-10-16	" " "
B 1216.	Royal Victoria Netley	21-1-17	Acci. Burns. Face. Hands.
B 145	The Duchess of Connaught's R.C. Taplow Bucks	13-2-17	Burns, Face Hands Acci
106	M.H.C.C. Esquimalt	5-5-17	T.O.S. for Duty, Rations and Treatment.
109	" " " "	10-5-17	Trans. To Qualicum.
B 270	~~Duchesses~~ Discharged	11-4-17	Burns. Face & Hands
246	M.H.C.C. Esquimalt	22-10-17	Trans. Qualicum to Esquimalt
252	" " " " "	24-10-17	T.O.S. Esquimalt

M & A

Number. . . 703472 . . . Rank . Pte . . . .

Surname. . . Lowe . . . . . .

Christian Name. . . W. Allan . . . . . .

Unit. 10 2. Bn. Can. Inf. . Theatre of War . France

Date of Service. . . 1-2-8-16 . . . . . .

Remarks. . . . . .

Latest Address . . . . . McBride P.O. Prince George B.C. . . .

Roll No. B. Page 5816

QA 435-49-Hesh

SEP 30 [illegible]

Name LOWRY W. Rank Pte. Regt. No. 703472 Unit J

Battn. 102nd Camp or O. S. 0 File M. H. C. C. H.Q. File

Pension awarded $60.00 Date of first payment 15-1-18

Discharged to Class Conduct on discharge

Next of kin Mother Donegare Ho. Dumadry Antrim Ireland

Address on discharge

Diagnosis Burnt Date boarded 27-4-17 D. of D. 20%

DATE	CLASS	REMARKS	Part 2 Order
5-5-17	2	Esquimalt	#106
10-5-17	2	Qualicum	#109
22-10-17	2	Esquimalt	#246
31-10-17		Trans. to #11 S.S.Co.	#252

M.H.C. F. 29. 5m-4-17. G.H.P. Ltd.

DATE	CLASS	REMARKS	Part 2 Order

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Lowry	W.	703472

Rank	Unit	Co.	Troop	Batty.
Pte.	102nd Bn.			

Hospital	Date of Admission
10 Gen. Rouen	31.10.16

Transferred 3 Stat Rouen Hosp. 31.10.16
Royal Victoria Hosp Netley Hosp. 21-1-17
The 2 of 6 R x Lapalon Hosp. 12.2.17
Hosp.

Diagnosis Burns Face and Hands.

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date	REMARKS
C.L.	10.11.16	A57
"	13.11.16	A54 To Canada per H.S. Letitia
	21-1-17	B126 from Liverpool 11.4.17.
	19.2.17	B145
4	8.17	B270 2. Disch 11.4.17.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. G.H.Q. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Army Form B. 103.

0/24346

Casualty Form—Active Service.

Regiment or Corps 102nd BATTALION C.E.F. Regimental Number 703472.

Rank Pte. Surname Lowry. Christian Name William.

Religion Unitarian. Age on Enlistment 22 years 6 months

Enlisted (a) Jan. 25/16. Terms of Service (a) D. of W. Service reckons from (a) Jan 25/1916

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

Extended { _____ } Re-engaged { _____ } Qualification (b) Prospector

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

CERTIFIED CORRECT. 24 AUG 1916 CAN. RECORDS, LONDON.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	Halifax N.S.	20-6-16	
		Disembarked...	Liverpool	29-6-16	
		Invalided to Canada for further medical treatment. Proceed for service overseas. AUG 11 1916 C Thorne LIEUT.-COL., O.C. 102nd CANADIAN INF. Bn.			
17/8/16	Ob 10 Sna	Landed in France	Havre	12/8/16	ATR
31.10.16	Ro 10 Gen	R. J.D. admn	10 Gen	31.10.16	W 30 SH 75
"	"	Burns Fracheads To	another Hosp	"	— 75
"	Ro 3 Sta	" " " admn	Ro 3 Sta	"	— 75
4.11.16	49 C.C.S	" " " admn Tsfd	49 C.C.S A.T. 25	30/10/16	DCS 66 25-11-16 A-36
4.11.16	11 C. F.A	" " " (acc) admn Tsfd	11 C. F.A C.C.S	30/10/16	" "
4.11.16	Unit	Evacuated wounded by Condte	Field	30/10/16	DCS 67 27/11/16 B-213

(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) Signaller, Shoeing-smith, &c.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
3.12.16	3. Sta. Hosp.	Still in Hospital	3. Sta.	3.12.16	Letter K.I. 115-1124 X
10.1.17	" "	Still in Hospital	3. Sta.	10.1.17	Letter K.I. 115-1404 Z
20.1.17	" "	Per "St Andrew" To	England	20.1.17	W 3083 No 5816 Pt ii No 16 dt 23/1/17
		J. Kwon Mor Lieut for Lt Col. A.A.G. Cantt 3rd Eth SHQ.			
1C1	" 31.1.18	Struck off S.H.			

R—122

LTR.

Rank Pte Name LOWRY, William Reg'l No. 7034722

Unit 102ND BN If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Prince George, B.C. 25-1-16. Place of Birth Bannbridge, Ireland

Name and Address, Next-of-Kin Mrs. Margaret Lowry, Donegore House, Dunadry, Belfast, Ireland. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 7004
File R.L.
Category Can. M.U.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
31-1-17		Arrived in England	Empress of Britain	28 JUN 1916	
11-8-16	102nd.	Embarked For France	Bramshott.	11-8-16	Nom. Roll 12 8-16 A.F.B. 103. dtd. 18.8.16. Pte II Do. 224
10.11.16	—11—	Adm. No 10 Genl Hosp.	Rouen.	31.10.16	CL A54. P137 22 Burns. face Hands
13.11.16	—11—	Transfd No 3 Stat Hosp.	Rouen.	31.10.16	CL. A54 —11—
24-1-17	—11—	S.O.S. to G.B.D.D.	Field.	20.1.17	Pte II O. 16.
25-1-17	—11—	Adm. Royal Victoria Hosp.	Netley	21.1.17	CL. B126. Acci. Burns. face Hands.
2-2-17	66 ab	Taken on strength.	Hast	21-1-17	Pt II D.O 56 S.
19-2-17	102nd Bn	Dep 6 Red x Hosp	Taplow	13-2-17	6 LB 145 —11—
12.3.17	C.C.A.C.	S.O.S. on transfer to Bri Col. Regiment	Hastings	10.3.17	Pt. II D.O. 118. & B.C. REG PT 2 No 8

1032442 Lowry Alex

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
4.8.17	102nd	His D of C. can + HP	Taplow Ont.	11.4.17	CLB 270 Burns face Hands
15-11-17	B.C.R.D.	S of S. on emb. to Can. for Dis	Seaford -	11-4-17	Pt II O. 240
	Dis Depot	To Conv. Home	Victoria No 11 BC	21.4.17	N.R 253

11

Form to be used instead of blank space on Army Form 179

DEPT. OF MILITIA & DEFENCE
MAY 1917
H.Q. CANADA

3

Proceedings of Medical Board at Discharge Depot.

Number 703472 Rank Pte Name and Corps of disabled soldier. Lowry William 102 Batt

649-L-6905

Previous Civilian Occupation. Prospector.

Cause of disability:- Injury to features. Burns of hands & face & neck.

Condition in detail which prevent the soldier earning a Full livelihood:- Oct 31-1916 shell exploded setting fire to dugout and burning hand face & neck - was in hospital France 3 months-

Pres. Cond. Looks quite well - Complains of tenderness of skin over injured area - and weakness of eye (states he was blind for 3 weeks following injury) Vision is normal by card test, but he says they still tire easily when he reads. - There is some scar tissue spotted

Opinion of the Board.

P.T.O.

Degree of incapacity (Please state in fractions.)

15 to 20 %

Probable duration of incapacity:- permanent

Does it render him permanently unfit for "Military Service? Yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalescent Home.

Signature. R L Miller Capt President.

J G Blezard Members.

F D Geoghegan Lt

Station. Quebec.

Date 27/4/14

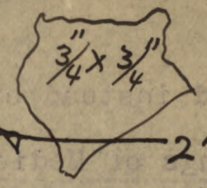
Approved.

Date April 27/17 W M Carrick Major. Assistant Director Medical Service.

Date _____ Director General Medical Service.

B.I.C. Feb 10
FALSE DOCKET
4

Dec'd 9-11-17

over face. Area of scar tissue  over bridge of nose and area of scar tissue about 2" by 3/4" between point of chin and Pomum adami. The upper tips of both ears is gone. Patient still feels weak and requires another month of convalescence. Contraction of scar under chin causes a tight sensation in throat. Other ~~system~~ negative

R. L. Miller, Capt.
J. C. Blezard Capt
F. W. Berg, 1st Lt

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. 703472 Rank Pte. Name Lowry, T.

Corps No. XI, Special Service Coy. who was* Discharged

On Jan. 14th. 18 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/. 1. 18 191..., to 14.1.18 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 14 days at $ 1 00	14	00
Advances by Cheques No.			Field Allow. 14 days at $ c. 10	1	40
Assigned Pay No.			Other Allowances* Allee. in lieu of civilian clothing	13	00
Other Charges*			Other Credits*		
Payment on transfer or discharge No. 583	28	40			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	28	40	Total	28	40

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

.....

(†) 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 23.3.16

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority D.C.O. 11 M.D. 34-C-232

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date 14th. Jan. 1918

Place Vancouver, B. C.

R. T. Leslie
Captain
Paymaster

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

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

M. F. W. 44.

150M.—1-17.
H. Q. 1772-39-903.

Red ×

ORIGINAL

Date 17 6/22

No. 703472.

MEDICAL HISTORY SHEET.

ORIGINAL

ORIGINAL

Surname Lowry. Christian Name William

Examined on 25th day of Jan 1916 at Prince George B.C.

Approved by D B Hazelwood.

Birthplace City or Town Bannbridge, County Ireland.

Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement.
		25 JAN 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Apparent age 22

Trade or occupation Prospector.

Height 5 Feet 9½ Inches.

Weight 155 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36 inches.

Physical development Good.

Small-Pox Marks Nil

Vaccination Marks Arm Right. 2. Left. Number 2

When Vaccinated last 20 Years ago.

Date	Result	Vaccinations.
8.8.16	+	M.O.

(a) Marks indicating congenital peculiarities or previous disease /

(b) Slight defects but not sufficient to cause rejection /

Date	Result	Anti-Typhoid Inoculations, Etc.
20.5.16	+	M.O.
2d	+	M.O.
30	+	M.O.

Enlisted on 25th day of January 1916 at Prince George, B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	102nd (Comox-Atlin) Battalion, C.E.F.	703472		25th Jan 1916
Transferred to..				

The Medical History sheets of all men proceeding overseas must be returned by the Officer commanding their unit to the Record Office when they leave England.

Lieut.-Col. In Charge of Records, Canadian Contingent.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Comox BC	27.4.16.		Invalided to Canada
Jepton Bucks	19.2.17	Burns of hands + Face	
A.D.M.S. CANADIANS, LONDON AREA. 76, STRAND, LONDON, W.C.			

Approved:

14 MAR 1917

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.

150M.—8-15.

H. Q. 1772-39-439.

Captain C.A.M.C.

for A.D.M.S., Canadians, London Area.

102nd (Comox-Atlin) Battalion, C.E.F.

703472

Surname Perry Christian Name William

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
RED CROSS HOSPITAL, NETLEY.		21	1	17	12	2	17	Burns -	23	Burn of face of 1st degree - Eyes - chronic conjunctivitis - Burn over throat - healed but very tender & causing slight contraction. Canadian Hospital	Killed A Wills Capt. R.A.M.C.
THE DUCHESS OF CONNAUGHT TAPLOW BUCKS CANADIAN RED CROSS HOSPITAL		12	2	17				Burns		Skin very tender & susceptible to thermal changes. Scar defect due to contraction	H Williamson Capt RAMC

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE DUCHESS OF CONNAUGHT RED CROSS HOSPITAL, TAPLOW.

Army Form B. 117.

49th CASUALTY CLEARING STATION. Date 31 OCT 1916

Report on Wounds or other Injuries, received otherwise than in Action.

114
Gen. No.
4269.

Certificate of Medical Officer.

No. 703472 Pte Lowry W. 102 Can.

was admitted to hospital on the 30/10/16. suffering

from Burns.

†Here insert "trivial" or "serious."

The disability is of a † Serious nature, and in all probability

‡Here insert "will" or "will not."

‡ will not interfere with his future efficiency as a soldier.

*Here insert "claims" or "does not claim."

*He Slate that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station 49 C.C.S. Contay. J.H. Moriley. Lieut R.A.M.C.

Date 30/10/16. *Medical Officer in Charge.*

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.

A.G.'s OFFICE AT THE BASE 120/918 8-NOV.1916 K1 CANADIAN SECTION

_____ *Soldier's Signature.*

Station _____ _____ *Signature of Medical Officer.*

Date _____ _____

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

†Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † occured while he was in the performance of military duty.

‡If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

‡ (a) 30th Oct 1916.

(b) CHALK PITS near POZIERES.

(c) Sleeping in a dug out at the time

(d) no.

~~The soldier has been so informed.~~

Station CHALK PITS J.W. Warden Lt Col

Date 2/11/16 *Commanding* 102nd Canadian Inf Battn

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

(92261) W 3725—1772 300,000 6/15 J J K & Co. Form/B. 117

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. Lowry Wm

M.G.H.

Regimental No. 703472

Unit 102 Batt.

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

R for P. June 1/17

Date and place discharged 31/10/17 Transferred No 11 Spec Res Co

Reason for discharge D/0252/2364 J Unit M.H. E.E. 30/10/17

Character on discharge

Form 5351—M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
																C.Fd
June 1	30	30	1 6d	30	30	10d	3	23247	26547			33 23247			26547	
July 1	31	31		31	31		3 10		3410			3410			3410	
Aug 1	31	31		31	31		3 10		3410			3410			3410	
Sept 1	30	30		30	30		3		33			33			33	
Oct 1	31	31		31	31		3 10		3410			3410			3410	

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

20272/404

11379-W-1.

Name Lowry, William
Surname Christian Name

Regimental Number 703472 Rank Pte.

Unit #11 S.S.Co.

Original Unit

District where paid M.D.11

Date of Discharge 14-1-18

P. D. P. Filing Number 2-80-11

Address (in full) Gen.Del.
Prince George, B.C.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22373—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	958	10-1-18	33 00	948	11-2-18	33 00	954	11-3-18	34 10		100 10
1586 1st $300 92 2 3/19 70 00											
1073 2nd $28915 " " 70 00											

M. F. W. 127.
60M—6 17.
1772-39-1140.

Remarks:

Dec'n No 2027494 W. S. G. File No 113379-M-11

Award .... days at $ 70 per day $ 280.00

S. A. .... months at $ ... per mo. $ ..... $

Less P, D. P. Credited $ 100.10

$

Less further debit balance $.....

Net due paid as below 179.90

TO SOLDIER TO DEPENDENT

O	Ag. No	Ch No	Amount	Ag No	Ch No	Amount
4	1586	30092	70 00			
	1073a	28915	70 00			
3	123713	429288	39 90			
4						
5						
6						
	Total			Total		

7/3/19
5/3/19
19.4.19

GEN'L AUDITOR
Posting checked by
Webster
Date 4.10.19

A.W.

Prince George
B.C.

Name Lowry Ste Wms. 849

M. F. W. 41
1 0M—7-16
1772-39 889.

Regimental No. 703472

Unit 102nd Bn.

Date of enlistment 27/4/17 Med. Bd. Rec. Conv. Home. Victoria B.C.

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ No

To whom payable No.

Letitia 25/4/17

~~Name~~ Home and address of next-of-kin Prince George B.C.

Date and place discharged 31/8/17 Being Transf to No XL S.S.C.

Reason for discharge

Character on discharge Class. II

H.Q. 649-L-6905

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
27/3/17	26/3/17							25 87								L.P.L. & Ins.
31/5/17		66	1.00	66 00	66	10	6 60		332 47					x 100 00	100 00	x N.D. Tuberc. Paid.
												Cr. Bal.			232 47	
									332 47						332 47	

Trans to Jimit
Pr. 1/6/17 with
Cr. Bal

M. F. W 41
1 0M—7.16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Bawnbridge Ireland

NAME AND ADDRESS OF NEXT OF KIN: Mrs Margaret Lowry

Donegore House, Dunadry, Belfast

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO 703472 RANK Pte NAME Lowry William

IF IN PERMT. CORPS WHAT UNIT) UNIT 102. Battn TRANSFERRED TO 6 B.A.C. DATE 16-2-17 AUTHORITY 22. n.b. 25/1/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO L.P.C. DATE 24.3.17. AUTHORITY To Nord Sal. 18.3.17

PLACE OF ATTESTATION Bruce George B.C. TRANSFERRED TO Pay 2K DATE 27/3/17 AUTHORITY

DATE OF ATTESTATION Jany 25/16 TRANSFERRED TO R.R. Bch DATE 17.1.18 AUTHORITY

ASSIGNED PAY MONTHLY $~~1.60~~ DATE EFFECTIVE June 1st 1916.

PAYABLE TO ~~Canadian Bank of Commerce, London, England~~ RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Aug 1/16. EFFECTIVE ~~July 1/16~~ June 1/16. REASON Assignee English Bank Dis to Canada.

DISCHARGE DATE AND PLACE 26/3/17 Canada REASON AND AUTHORITY Taplow 15/a/ 18.3.17 Invalided

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index. Checked by

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														18	18																18 00				Balance 30/6/16 Canada
	1-31/7/16	31	1.00	31	00	31	.10	3	10				15 -		49 10	19	6.7.16							7 30.						7 30	59 80		15		A.S.P for June not paid.
																64	19/7/16							7 30.										Auth. No 55999. Dated 4-8-16
	1-31/8/16	31	1.00	31	.	31	10	3	10						34 10	104	31/7/16							9 73.						17 03	76 87		30		
	1-30/9/16	30	1.00	30	-	30	.10	3	.						33 -	151	21/8/16	211	5/9/16					261.	262.					5 23	104 64		45		
	1-31/10	31		31		31		3	10						34 10	300	3/10							261.						5 23	133 51		60		
																251A	19/9							262.										
	1-20/11	20		20		20		2	.						33 -	348	17/10							261.						26 1	163 90		75		
	1-31/12	31		31		31		3	10						34 10																198 00		90 -	108 00	
	1917			18	40			18	40																										
	1-31/1	31	1/6	34	10										34 10																232 10		105	127 10	
	Feb 1-15.	15	-	16	50										16 50								Remit 12/2/17.			487				48 7	243 73				Trans to 6 B.A.C. 16-2-17
				25	300																									42 27					
	16-28	13.		14	30								15	18 -	28 b 00 14 30									34 78	262						258 03				
	1-23	23.		25	30										25 30																283 33				Trans to L.P.C. 24.3.17.
Checked Gwilliams L.P.C.	24/1/16	3	1.00	3	30										30								38 5/3/17 43 13/3/17			34 33				76 76	59 87				
Images		29	2	60																															
		29			795	90							1500	18 00	378 90									34 78	262 76	487				69 03					

A3M. FORM REN.D ..... EFFEC.....

DISCHARGED TO Canada DATE 26/3/17

PAYBOOK VERIFIED 26/3/17 [illegible]

Credit [illegible] L.P.C. REN.D 26/3/17

AUTH. Taplow 15/a/ 15/3/17

L/L. B.C. Regt. Seaford. Ref. R.S. 2c D.C.S. 2-1-50 Sailed on "Hosp" Ship "Letitia" from Liverpool 11/4/17.

Invalided.

703472 Pte Lowry - William

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $ c.	No. of Days	Rate	Amount $ c.	No. of Days	Rate	Amount $ c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	S.A. ALLOT. ENG.
1917	Balce FORWARD										
	Balce FORWARD								2787		

Trans to Can Liability a/c

Balance transferred to N.S. Branch. Nil

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. 703472

Rank Private

Surname Lowry

Christian Name William

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

Corps (Squadron, Battery or Company) No XI Special Service Coy C.E.F.

Date of Discharge 14th January 1918

Place of Discharge Vancouver B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 6 months.	Descriptive Marks
Height 5 feet 10 inches.	2 face marks right arm
Complexion Dark	Burns on face Hands & Neck
Eyes Blue	
Hair Black	
Trade Prospector	
Intended place of residence (To be given as fully as practicable.)	Post Office Prince George B.C.

2. The above-named man is discharged in consequence of Medically unfit for Service under H.Q letter 16-1-25 "C3 no Employment available" D.C.O 11 M.D. 34-C-232 dated 26-11-17

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.

— Very 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.)

Prospector

KCSO 27/11/20 HK

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

KCSO 27/11/20 HK

Discharged 6-2-18 BCY

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..... Nil

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) Vancouver B.C.

(Date) 14th January 1918

R. G. Moulton Major
Commanding No. XI Special Service Co'y C.E.F.

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) Vancouver B.C. Wm Lowry (*Signature of Soldier.*)

(Date) 14th January 1918 John H. Nichols (*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)...1...years 350 days.

Total.....1.....years.....350.....days.

11. **Confirmation of Discharge.**

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

(Place) Vancouver B.C.

(Date) 14th January 1918

(*Signature*) R. G. Moulton Major
Commanding No. XI Special Service Co'y C.E.F.

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.)

No Reservations

Wm Lowry.

(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.

J-L-975

(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 Qualicum B.C. DATE Oct. 24th/17

1. (a) Unit 102nd Battn. (b) Regimental No. #703472 (c) Rank Pte.

(d) Surname LOWRY. (e) Christian name WILLIAM.

2. Age last birthday 24 years. Date of birth June 10th 1893

3. Enlisted at Prince George on Jan. 25th 1916.

4. Personal description :—

(a) Height 5 ft 10½ in. (b) Weight (stripped) (c) Complexion Fresh

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

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

Prince George B.C.

6. Former trade or occupation Prospector.

7. (a) Service

	Years	Days	Periods From	Periods To
C.E.F. (Overseas)			Jan 25/16	present date.

(b) Has he been Overseas ? France.

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

(1) Scarring of nose.
(2) Limitation of extension movements of head owing to adherent cicatrix over throat.
(3) Weak vision, slight ectropion lower eyelid.
(4) Poor circulation in skin of hands.

(a) Date of origin Oct. 30th 1916. (b) Place of origin at Courcelatte

(c) Cause* Burns caused by explosion incendiary bomb. (Here include original disease or injury)

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

A man in good physical health. Eyesight: States that he was completely blind for a month after injury, that at present he cannot read long at night without vision blurring.
Quebec Report Card 1. - test normal, some slight extropion lower lids.
Features: Chief disfigurement is scarring of nose for 1½ in. from tip. Patient states that he frequently in the morning has slight foul discharge from nose since injury. Ears: flare out from head and show deformity from burns with about 1" loss of tissue along ~~soft~~ edge of pinna, no disability in hearing. 4½" adherent scar in front of throat caused limitation in extension of head over pomum adami and above sternal notch. This is continuing to diminish with massage.
Hands: Get cold easily and little black blisters tend to form on dorsum at intervals - no disability.

* owing to contraction.

[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.

150M.-6-17.
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

(1) ¼" D. Scar at R. angle mouth. (2) 1½" scar across bridge of nose, not painful but itchy at times (3) 3/8" scar descending from each angle of mouth. (4) Scarring runs with loss of tissue for ½" margin of pinna. Both ears flare out more than normal. (5) 1" x 1" scar from point chin in middle line of neck, adherent, healed. (6) 3½ x 2½" scar, adherent, red, healed, covering pomum adami, extending to upper end of sternum.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

Limitation extension - head 10%
Injury to features - " 15%

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? N.A.

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

Yes..... No. X

(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? 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?

Injury to features, permanent.
Extension disability, diminishing almost to nil in 1 month

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

Paraffin wax treatment of face, hands, neck and head for 2 months.
Oild for 2 weeks.

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

The scar on front of throat ~~still~~ diminish can be further loosened.

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

20. Recommendations

That further massage of scar on throat will diminish limitation of extension movement of head.

Campbell Davidson MD
Medical Officer A.M.C.H.

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 William Lowry 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

Wm Lowry

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.

Sec.8. (1) and (2) Yes. (3) no ectropion. (4) Yes.

Sec.9. Poor circulation is result of 3rd degree burns of hands and skin is tender.

Sec.11. (1) Scarring nose and ears - nil.

(2) 10%. (3) and (4) Nil.

Sec.14. Not applicable.

Sec.16. All permanent.

Sec.18. No.

22. Is the soldier fit for

(a) ~~General service~~, (~~Category A~~) - (~~Yes or No~~).
(b) ~~Service abroad, not general service~~, (---"---B) - (~~Yes or No~~).
(c) Home service, (Canada only), (" C) (Yes or No). C.3.
(d) ~~Temporarily unfit~~, (---"---D) - (~~Yes or No~~).
(e) ~~Unfit for service in Categories A, B and C~~, (---"---E) - (~~Yes or No~~).

23. It is certified that the soldier

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

Placed in Class C.3. and returned to duty.

R L Miller Capt. A.M.C. — *President.*

Members.

STATION Esquimalt, B.C.

DATE Oct. 24th, 1917.

APPROVED BY

DATE OCT 26 1917

G.C. Drewry — Major, A. M. C.
For *Assistant Director of Medical Services.* M. D. 11

APPROVED BY

DATE

APPROVED NOV 7 1917 D.G.M.S.

Director-General of Medical Services.

TREATMENT: (1) No. 3 Stationary Hospital, Boulogne - 3 months. Mark 7 Paraffin wax treatment gave him immediate relief and eventually eliminated much scarring. Taken off daily and re-applied for 3 months. Hot compressed when insolence occurred.
(2) Red Cross Hospital, Netley - 2 weeks, oil applications.
(3) Red Cross Taplow - 6 weeks, no treatment.

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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
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.

St. C.P., Kingsway, W.C.
30,000—17/4/16—10533.

Army Form B. 179.
Canada.

DEPT. MILITIA & DEFENCE
MAY -4 1917
H.Q. CANADA

Medical Report on an Invalid.

Station Taplow Bucks.

Date Feb 17/17

1. Unit 102 Canadians
2. Regimental No. 703472
3. Rank pte
4. Name Lowry. W.
5. Age last birthday 23.
6. Enlisted {on Jan 25/16 / at Ft George
7. Former Trade or Occupation} Prospector

8. **Disability.** Burns of hands & face with contraction of muscles of right hand & fingers. Hands still spreading under skin graft to back of hand.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 30th Oct 1916

10. Place of origin of disability. Courcelette

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

On 30th Oct at courcelette an enemy shell exploded and subjected to dug out in which patient was an occupant. He received severe burns about face head & hands & neck. Went to hospital in France for 3 months. Then to Netley for 3 mths.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

Station

Date

12. (*a*) Give your opinion as to the causation of the disability. Burns

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3.*) (1) yes

Burns received in battle

B.P.C. FOLIO
FALSE DOCKET
2

13. What is his present condition? Hands & face scarred & shiny tender to both heat and cold
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. exposure. Skin much contracted so that movements of head and neck are interfered with.
all other systems normal

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy? yes

(*b*) On active service? yes

(*c*) On duty? —

(*d*) Off duty? —

15. Was a Court of Inquiry held on the injury? not applicable.
If so—(*a*) When? —

(*b*) Where? —

(*c*) Opinion? —

16. Was an operation performed? If so, what? ~~not applicable~~ no

17. If not, was an operation advised and declined? no

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? not applicable.

19. Do you recommend

(*a*) Fit for duty? —

(*b*) Fit for base duty? —

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit? —

A H Munro Capt RAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station THE DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL TAPLOW BUCKS

Date 19.2.19

J A Roberts Col
Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.	Yes	Yes.
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?	Burns from Shell Explosion	
21. Has the disability been caused or aggravated by		
(*a*) Intemperance?	No	
(*b*) Misconduct?	No	
22. Is the disability permanent?	Yes.	Military Life
23. If not permanent, what is its probable minimum duration? *To be stated in months.*	Not applicable	
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? *In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.*	Total for 6 months	
25. If an operation was advised and declined, was the refusal unreasonable?	Not applicable	
26. Do the Board recommend		
(*a*) Fit for duty?	No	
(*b*) Fit for base duty?	No	
(*c*) Invalided to Canada?	Yes	
(*d*) Discharge as permanently unfit?	No	
27. Remarks.		

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE
DUCHESS OF CONNAUGHT RED CROSS HOSPITAL

Signatures:—

G E Gillies Major R.A.M.C.
President.

Members.

THE DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL TAPLOW BUCKS

Station 19.2.17

Date

Approved.

A.D.M.S. CANADIANS, LONDON AREA, 76, STRAND, LONDON, W.C.

Station

Date 14 MAR 1917

Captain C.A.M.C.,
For A.D.M.S., Canadians, London Area.
Administrative Medical Officer.

B. P. C. FOLIO
FALSE DOCKET
1

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

27. Remarks.

Signatures:—

Officer in medical charge of case.

President.

Members.

Signed at Prior Park, Bath, this _____ *day of* _____ *, 191* .

Station _____

Date _____

Approved.

_____ *President.*

Station _____

Date _____

Administrative Medical Officer.