

Duplicate

Unit 170th Mississauga Br Rank Captain Name James Kilburn Mossman

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

*B23
25-1026*

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Mossman
(b) What are your Christian Names? James Kilburn
2. (a) Where were you born? (State place and country) Toronto, Canada
121 Tyndall av.
(b) What is your present address? Toronto, Canada
3. What is the date of your birth? June 5, 1889
4. What is (a) the name of your next-of-kin? Alex Mossman
(b) the address of your next-of-kin? 121 Tyndall av. Toronto
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Physician
6. What is your religion? Protestant
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 9th Horse
9. State particulars of any former Military Service. none
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. K. Mossman (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Mar. 31st 1916

Place Toronto

*Insert here "fit" or "unfit".

M. F. W. 51

40m.—12-15.
II. Q. 1772 39 917.

Jas. W. Bartlett
Medical Officer.
M. O. 2nd Hd. Co. C. C.

OFFICERS' DECLARATION PAPER

CANADIAN OVER SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

QUESTIONS

1. Name and rank of officer

2. Name of ship

3. Name of commanding officer

4. Name of ship

5. Name of ship

6. Name of ship

7. Name of ship

8. Name of ship

9. Name of ship

10. Name of ship

11. Name of ship

12. Name of ship

13. Name of ship

14. Name of ship

15. Name of ship

16. Name of ship

17. Name of ship

18. Name of ship

19. Name of ship

20. Name of ship

21. Name of ship

22. Name of ship

23. Name of ship

24. Name of ship

25. Name of ship

26. Name of ship

27. Name of ship

28. Name of ship

29. Name of ship

30. Name of ship

31. Name of ship

32. Name of ship

33. Name of ship

34. Name of ship

35. Name of ship

36. Name of ship

37. Name of ship

38. Name of ship

39. Name of ship

40. Name of ship

41. Name of ship

42. Name of ship

43. Name of ship

44. Name of ship

45. Name of ship

46. Name of ship

47. Name of ship

48. Name of ship

49. Name of ship

50. Name of ship

MOSSMAN

JAS. KILBURN

CAPT

C.A.M.C.

36051

DEMOB

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

6439



CPT
I.D. number
No. d'identification

MOSSMAN
Surname
Nom de famille

JAMES KILBURN
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

6439

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



To be made out in duplicate.

Lieut Robinson

DUPLICATE

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

- (1) Name of Overseas Unit which Soldier joins..... 170th O.S. Bn.....
- (2) Regimental Number.....
- (3) Full Name of Soldier..... James Kilburn Crossman.....
- (4) Place of Birth..... Toronto, Canada.....
- (5) Are you married, or not?..... no.....
- (6) If married, state,
(a) Full name of your wife.....
- (b) Present Postal Address.....
- (7) Are you a widower?..... no.....
- (8) Have you any children?..... no.....

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

Also their names and ages.....

(9) Is your Father alive? *Yes - Alexander Mossman*
If so, state name and address *121 Lyndall Ave. Toronto*

(10) Is your Mother alive? *Yes - Hettie Elizabeth Mossman*
If so, state name and address *121 Lyndell Ave. Toronto*
Canada.

(11) If your Mother is a widow? *no*
Are you her sole support, or not? *no*

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

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

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

(15) Are you insured? *Yes*
If so, in what Company? *Great West Assurance Co.*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

OCT 13 1918

Date.....

R. Rees
Officer Commanding.
170th MISSISSAUGA BATTALION
C. E. F.
LT. COL.

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

L. L. 6945. M. & D. 6994.

NEXT OF KIN.

CHANGE OF ADDRESS

CARD NO.

RANK

FOLL.

M. F. W. 22. 100M.-8-16. H. Q. 1772-39-339.

Mossman, M. C.

James Kilburn.

Capt.

170th
9th Horse.Mossman, Alexander,
Halter, J.~~121 Syndall Ave. Toronto~~
356 St. Antoine St. Ont.

Montreal P.Q. auth. L. 28-3-84

Canada

Toronto, Ont.

DATE

June 5th 1889

"Lapland"

30/10/16.

DATE

Sailed per S.S. ~~Mauritania~~ 25-10-16. R/C. 22-5-19 33/
7 Capt.

373-2294

7.4

9.0.3.11.25-5-19

"Hemol"

NO 357 of 23-12-19

#200.8

Bn.

Also RO 2332 of 26/12/19
mno 2

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Physician

RELIGION

Protestant,

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Toronto. Ont.

DATE

Mar. 31st 1916

Present Address, 121 Syndall Ave. Toronto, Ont.

RANK

NAME _____

T.O.S. 31-1-16
20982-2-16.

UNIT 170th Battalion

M. D. 21

PAID		SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
Jan. 31	Feb. 29	✓		
Mar. 31		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		

UNIT SAILED
OCT 25 1916

UNIT SAILED
OCT 25 1916



ORIGINAL
MEDICAL HISTORY SHEET.

Surname Massman Christian Name James Nelson

Examined { on 31 day of Mar 1916
at Toronto

Birthplace { City or Town Toronto
County York

Apparent age 28

Grade or occupation Physician

Height 5 Feet 10 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 37 1/2 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left ☒
Number 2

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

none

Approved by

As. W. Barton
Captain M.O.

Rank 2nd Lt. M.O.

Date. Fit or Unit. EXAMINED FOR RE-ENGAGEMENT.

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

Date. Result. VACCINATIONS.

6/26/16 M.O.
M.O.
M.O.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

6/13/16 M.O.
6/20/16 M.O.
6/27/16 M.O.

Enlisted on 31st day of March 1916 at Toronto, Canada

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>170th Mississauga Battalion</u>			
Transferred to	<u>105th Bn.</u>	<u>Capt</u>		<u>9/12/16.</u>

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.

Surname..

[illegible]

Casualty Form—Active Service.

Regiment or Corps..... *5th Can Sld Lmb*

Rank *Capt.* Surname *Mossman* Christian Name *J.H.* (MC)

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended { } Re-engaged { } Qualification (b).....

or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Date	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 ...			
		Disembarked...			
<i>2-6-17</i>	<i>5th Can Sld Lmb</i>	<i>Granted leave to pass</i>	<i>Sld.</i>	<i>31-5-17</i>	<i>B213, Pn D 519/20 17</i>
<i>16-6-17</i>	<i>do</i>	<i>from leave</i>	<i>do</i>	<i>10-6-17</i>	<i>B213. Pn D 54 17</i>
<i>7-7-17</i>	<i>do</i>	<i>Temp att to 18th Can Sld Lmb</i>	<i>do</i>	<i>30-6-17</i>	<i>B213. Pn D 61 17</i>
		<i>as MO.</i>			<i>9-1-8-17.</i>
		<i>ADMS 22 Lth H.T/275 662 9/30-6-17</i>			
<i>12-9-17</i>	<i>D.S.M.S.</i>	<i>Temp att to 18th Can Sld</i>	<i>Sld</i>	<i>30-6-17</i>	<i>KM/12104 9/14-9-17</i>
		<i>now S.O.S on report</i>			<i>Pn D 68 9/18-9-17</i>
		<i>to G.A.M.C General</i>			
		<i>D.S.M.S. B/1480/39 9/12-9-17</i>	<i>"</i>	<i>1-7-17</i>	<i>KM/12104 Pt II</i>
<i>12-9-17</i>	<i>Adq.</i>	<i>To 5th Can Sld Gen 4 att to 18th</i>			
		<i>as MO. Dqms B/1480/39 9/12 9/17</i>			
<i>9-2-18</i>	<i>18th Can Sld Lmb</i>	<i>Granted 14 days leave</i>			<i>4-2-18 Pn D 12 9/17</i>

(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.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
2-3-18.	adq.	beases to beated win 1186 18th Field		20-2-18	KM/12104/1
		Posted to 5 C.F. Amb. Auth.			Pt 17 d/23 1/8
		DyMS B/1483/577 d/27 1/8		21/2/18	
2/3/18	do	G.O.S. of 3rd Cdn F. B. Amb	do	27/2/18	P.O. 12 d/13/18
16-6-18	5 C.F. Amb	Temp att'd as M.D. to			
		76th Army Bn. R.F.A.		10/6/18	B213.
		QSM 5 1675 d/8-6-18			
23-6-18	—	Rejoined Unit	Field	18/6/18	B213
29 9 18	—	Went on 14 days leave	England	26/9/18	B213 d/2 50 d/9/10/18
20 20 18	—	Rejoined from leave	Field	14/10/18	B213
2-12-18	London Gazette	Awarded the "M.C." for			No.31043-14280
		conspicuous gallantry and tireless			
		energy in the execution of his duty			Pt.2 Ord 65 a-19/10/18
		This Officer was in charge of a Section			
		of stretcher bearers and rapidly organised			
		the evacuation of these wounded. He followed			
		close on the attacking Infantry waves and			
		regardless of his own personal safety attended			
		to the wounded. His zeal and judgment were a			
		great example to the wounded,			
19-1-19	5 C.F. Amb.	Temp. Duty G.O.S. 2nd Cdn.		6/1/19	B213 Pt. 6 d-1919.
		(and QSM 5 2211/1-8/7468 d-4-1-19)			

Casualty Form—Active Service.

Regiment or Corps

Rank *Capt.* Surname *Mossman* Christian Name *James Kilburn*

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36 or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
7/14	O.C. C.E.C.	Posted to C.M.C. not having proceeded to Eng with unit		7/14	O.C. C.E.C. N.B. 47/14 P.O. 18/19
7/14	O.C. C.E.C.	Proceeded to England		7/14	P.O. 18/19
		Embarked			
		Proceeded to England for Lt. Col. J.P.G. C.M. Sec.			

(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.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		S.O.S. O.M.F.C. to C.E.F. <i>Canada</i>	<i>with</i>		<i>PT 10-11-19</i> <i>10-3-19</i>
					<i>at 10-11-19</i> <i>for 10-11-19</i>
14.5.19	DC 2nd Div Pool	S.O.S. ON PROCEEDING TO CANADA	with 14.5.19	At D.O. No 23	
			for 14.5.19	for 14.5.19	
27 ⁵ 79	M.H.Q. Ottawa	TOS S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 5, 14 79	CE.F. R.O. No. 1983-19	
26-12-19	H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2, 25-5-19	CE.F. R.O. No. 2332-19	
		<i>W. Hunter</i> for Director Personal Services			

Army Form B. 103.

Original not available

DUPLICATE.

Regimental Number

Casualty Form—Active Service.

Regiment or Corps

170th

Battalion

Rank

Capt

Surname

Mossy

Christian Name

James Kilburn

Religion

Age on Enlistment

years

months.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

20. 10. 1916

Date of promotion to present rank

Date of appointment to lance rank

Extended

Re-engaged

Qualification (b)

or Corps Trade and Rate

Signature of Officer i/c Records.

Report

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place of Casualty

Date of Casualty

Remarks
Taken from Army Form B. 213, Army Form A. 36, or other official documents

Date

From whom received

Embarked ...

Disembarked...

8/11/16

D. N. S.

On arrival from France
is taken on strength (attached)

31. 10. 16

C.O. 2009

11. 12. 16

a/c BRAN

Leaves to be attached
as M.O. to 170th Bn
is att'd to 105th Bn with as M.O.

9. 12. 16

C.O. 1107

C.O. 4063

19. 12. 16

a/c BRAN

S.O.S. on transfer to
C.A.M. b. 1. S. Shoncliffe

19. 12. 16

C.O. 1106

C.O. 4099

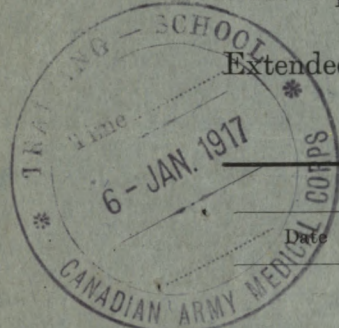
J. B. Burnham

MAJOR,

FOR COL. i/c RECORDS, C.E.F.

(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.]



Date	From whom received	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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
27-12-16	C.A.M.C.T.S.	T.O.S. from C.A.M.C.-Gen	Dibgate	19-12-16	Pt II D.D. 361
29-12-16	C.A.M.C.T.S.	SOS to Overseas	Shorncliffe	28-12-16	Pt IV DD. 367 <i>A - E. Clifton Capt.</i>
19.1.1917	M.F.	Posted to No 3 Can. Gen Hosp		4.1.17	C.O. 101 & P.I. Ord 4
29.1.1917	No 3 GEN. HOSP.	S.O.S on reporting to No 3. Can. Field Amb		8.1.17	P.I. O. 8
					MAJOR,
					FOR Q. I/O RECORDS, C.E.F.
6/1/17	36 Lt Col.	Taken on strength on arrival in France Model Debarked DMV 10555 d/- 24/1 ¹² / ₁₆		4/1/17	Bz13 WDO-4 d/- 18/1/17
13/1/17	"	Struck off strength on rejoining to No 5 Com Hd Amst. Dyms B1472 d/- 28/1/16.		8/1/17	" " 8d/- 29/1/17
13 ¹ /17	SCF Amb	Taken on Strength		9 ¹ /17	" " 9d 29 ¹ /17
17 ³ /17	do	Tempy att to 26 ¹⁴ Ld Batl. ADMS 2 Cd Dw. 13 ² /17		10 ³ /17	" " 26 d 26 ³ /17
24 ³ /17	do	Rejoined unit from tempy att.		23 ³ /17	B213 Pt II Mds 30 d 4 ⁴ /17
19 ⁵ /17	do	Tempy att to 1666 Sea.		12 ⁵ /17	B213 Pt II On 46 d 29 ⁵ /17
26 ⁵ /17	do	ADMS 171/30 d 30 ³ /17 Rejoined unit		21 ⁵ /17	B213 Pt II On 48 d 2 ⁶ /17

Surname	Christian Name	Serial No.
MOSSMAN	J..	
Rank	Unit	
Capt.	2nd.C.D.,HQ.	
Medical Board held at	Date	Condition found by Board
Witley Area	22-4-19	Myopia, Septicemia
Fit for General service.		Gen'l.

Remarks.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

Surname

Christian Name

Rank

Unit

Casualty List

A.M.D. 2 DEPT.

D.M.S. 1347. 5M-10-10-18.

Bch. of D.G.M.S. O.M.F.C. London

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 22-4 1919.

Reg No. Rank Major Name Messman

Unit C.A.M.C.

WITHOUT GLASSES.

WITH GLASSES.

(as per prescription below)

SPH.

CYL.

AXIS.

Visual acuity Rt. 6/60 with

Visual acuity Lt. 6/36 with

Category recommended is. .

Glasses not ordered.

Original disease or injury. Myopia

Date of origin. Childhood

Place of origin.

Cause.

Present disability.

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS.....

BEEN CAUSED BY SERVICE HAS..... BEEN AGGRAVATED BY SERVICE.

J. Macmillan
Captain. C.A.M.C.
Eye and Ear Specialist.
Witley Camp, Surrey.

EYE, EAR, NOSE AND THROAT CLINIC

Address, Street, City, State, Zip

Date, Month, Day, Year

For the purpose of this examination, the patient is to be examined in the following manner:

Unit, Name, Address, City, State, Zip

Without glasses

With glasses (as prescribed below)

Visual acuity, Distance, Near

Visual acuity, Distance, Near

Visual acuity, Distance, Near

Category recommended, Distance, Near

Classroom not assessed

Original disease or injury

Date of origin

Place of origin

Cause

Present disability

Remarks

Condition was, Present previous to military and naval service

Back caused by service, Remarks

Remarks, Date, Time, Signature

Number

Rank

Capt

Surname

MOSSMAN

Christian Name

James Kilburn

Units

Theatre of War

France

Date of Service

28-12-16

Remarks

Latest Address

~~Union Trust Co. Ltd.~~
184 - E 75th St. Toronto

Roll No

C A M E New York Ont.

200m.-6-21.

Page 21032 N.Y.

(This form to be filled in by all ranks on voyage to Canada.)

0.

CR

RANK

SURNAME

INITIALS

UNIT

al address

(Street)

(City or Town)

(Province)

one person to be notified of arrival

Station in Military District to which a furlough warrant is required

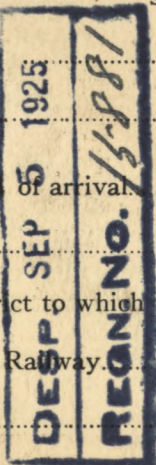
Railway

d, is your wife on board

Number of children on board

stination

(Sgd.)



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

MOSSMAN J.K

REGIMENT

CAMC

RANK

CAPT

No.

Date of Examination in England

27/4/9

Date of Examination in France

1. This form will be made out for each individual at the time of demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

(a) In Canada

(b) In England

(c) In France

yes

Signature of Dental Officer

CANADIAN EXPEDITIONARY FORCE

I.E. 2-42.
I.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Captain.

(Name in full).....James Milburn ROSSMAN. M.C.

Enlisted in.....The 170th Battalion as M.C.

CANADIAN EXPEDITIONARY FORCE, on the.....

day of.....191 AND WAS APPOINTED to COMMISSIONED RANK

in.....The 170th Battalion.

CANADIAN EXPEDITIONARY FORCE on the.....Thirty-First. day

of.....March 1916.

He SERVED in CANADA,.....England and France, with the 170th Bn.

.....and Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the.....Twenty-Fifth day

of.....May 1919 by reason of.....General Demobilization.

Dated at Ottawa, this.....Tenth day

of.....February 1919 1920.

Awarded the Military Cross, I.C. No. 31043, - 2-12-18.

Awarded Order of St. Sava (5th Class) I.C. No. 31615, - 24-10-19.

JMK

Lt. Col.

for.

Director of Personal Services.

D.W.

184 St. George's
East 75
New York City
N.Y.

ORDER TO OFFICERS AND MEMBERS
OF THE
CANADIAN EXPEDITIONARY FORCE

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

Rates.
Pay. \$ *3* p. d.
I. d. *1.75* "
Messing. \$ *1* "

*Captain.**31/16. 10/16. 1/2. Can. P.O. 6444 1/2. 1/2. C.T.D. (B. Chott).*

Mossman
J. H.
Bank of Montreal.

Add. outfit allow 1/18 \$100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918.</i>								
<i>April 17.</i>	<i>April Pay R.</i>							
<i>" 24</i>	<i>Bank.</i>	<i>1186</i>		<i>142 50</i>				
<i>May 13.</i>	<i>May Pay R.</i>							
<i>" 22</i>	<i>Bank.</i>	<i>2612</i>		<i>147 25</i>				
<i>June 5</i>	<i>June Pay R.</i>							
<i>" 11</i>	<i>A. P. Canada.</i>				<i>75</i>			
<i>" 21</i>	<i>Bank.</i>	<i>4139</i>		<i>67 50</i>				
<i>July 13</i>	<i>July Pay R.</i>							
<i>" 16</i>	<i>A. P. Can.</i>				<i>75</i>			
<i>" 26</i>	<i>Bank.</i>	<i>5625</i>		<i>72 25</i>				
<i>Aug 8.</i>	<i>Adj of Pay fr 1/18-31/18 \$8189</i>				<i>61</i>			
<i>" 14</i>	<i>Bank.</i>	<i>6150</i>		<i>61.</i>				
<i>" 14</i>	<i>A. P. Canada.</i>				<i>75</i>			
<i>" 14</i>	<i>Aug Pay R.</i>							
<i>" 14</i>	<i>Bank.</i>	<i>7230</i>		<i>103 25</i>				
<i>Sept 6</i>	<i>Sept Pay</i>							
<i>" 6</i>	<i>A. P. Canada.</i>				<i>75</i>			
<i>" 6</i>	<i>Bank.</i>	<i>9186</i>		<i>97 50</i>				
<i>Oct 9</i>	<i>Oct Pay</i>							
<i>" 12</i>	<i>A. P. Can.</i>				<i>75</i>			
<i>" 21</i>	<i>Bank.</i>	<i>10393</i>		<i>103 25</i>				
<i>31</i>	<i>Add. outfit allow 1/18</i>				<i>100.</i>			
<i>" 31</i>	<i>Bank.</i>	<i>10840</i>		<i>100.</i>				
<i>Nov 9</i>	<i>A. P. Can.</i>				<i>75</i>			
<i>" 9</i>	<i>Nov Pay R.</i>							
<i>" 26</i>	<i>Bank.</i>	<i>12542</i>		<i>117 50</i>				
<i>" 26</i>	<i>Barry Jones</i>							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 75 Can 1⁶/₈

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

Mossman

J. H.

of Montreal

Pay 1⁺/₈

Capt

31¹⁰/₁₆

PO 644 670

2 a 1⁺/₈

DADMS

18¹⁹/₁₉

780 333 8⁵/₁₉

Moss 1⁺/₈

Reling appl of

DADMS

14⁵/₁₉

528 553 ✓

Add Outfit Allow 1⁶/₈

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1918

Dec. Dec Pay R.
13 a P Can

186

75

16 Bank R 13770

111

Jan Jan Pay R.
16 a P Can

186

75

25 Bank R 15558

111

Feb 12 a P Can

75

Feb Pay R.

166

24 Bank R 17068

93

Mar Mar Pay R.

186

15 a P Can

75

24 Bank R 18662

111

Apr Apr Pay R.

180

14 a P Can

75

24 Bank R 1018

105

28 Adv May P & A.

111

May May Pay R.

186

13 a P Can

75

23 Diff between Capt & DADMS rates fr 18¹⁹/₁₉. 602432.

402

June 24 I. or R. France of 1³/₁₉, 1²/₂ Sec W. O. Bank 3883

- 28

Aug 21 of pd diff between DADMS rates 9²/₁₉ and Capt's rates

401 72

Can. rates fr 15⁵/₁₉ - 31⁵/₁₉ Reling DADMS 14⁵/₁₉. Auth 528 553

51

Aug. 29. Transf. to Canada

60. 1405

350. 72

6350 72

Ret'd to Can
L P 6 to 31⁵/₁₉

He to W. O. Hedger

fr L 3 to L 12 12⁶/₁₉

31²/₁₉ Annote to Can. 60250 ✓

15. 1919

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Mess.
DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*6. Can. F.
Amb.
5 C.F. Amb.*

*Pay 3⁰⁰
J.N. 75
Mess 1⁰⁰
4.75*

Capt.

*31% Jr Canada
R.O. 644 d/2%*

Name *Mossman*
Initials *J.K.*
Bank *of Montreal*

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>								
<i>Apr 21</i>	<i>Pay Apr R.</i>		<i>142 50</i>					
<i>28</i>	<i>Bank</i>	<i>3017</i>		<i>142 50</i>				
<i>May 8</i>	<i>Pay May R.</i>		<i>147 25</i>					
<i>25</i>	<i>Bank</i>	<i>6022</i>		<i>147 25</i>				
<i>June 16</i>	<i>Pay June R.</i>		<i>142 50</i>					
<i>22</i>	<i>Bank</i>	<i>7999</i>		<i>142 50</i>				
<i>July 20</i>	<i>Pay July R.</i>		<i>147 25</i>					
<i>24</i>	<i>Bank</i>	<i>13007</i>		<i>147 25</i>				
<i>Aug 18</i>	<i>Pay Aug R.</i>		<i>147 25</i>					
<i>23</i>	<i>Bank</i>	<i>17361</i>		<i>147 25</i>				
<i>Sept 19</i>	<i>Pay Sept R.</i>		<i>142 50</i>					
<i>24</i>	<i>Bank</i>	<i>21814</i>		<i>142 50</i>				
<i>Oct 16</i>	<i>Pay Oct R.</i>		<i>147 25</i>					
<i>20</i>	<i>Bank</i>	<i>26282</i>		<i>147 25</i>				
<i>Nov 17</i>	<i>Pay Nov R.</i>		<i>142 50</i>					
<i>22</i>	<i>Bank</i>	<i>30773</i>		<i>142 50</i>				
<i>Dec 8</i>	<i>Pay Dec R.</i>		<i>147 25</i>					
<i>14</i>	<i>Bank</i>	<i>35096</i>		<i>147 25</i>				
<i>Jan 18</i>	<i>Pay Jan R.</i>		<i>147 25</i>					
<i>23</i>	<i>Bank</i>	<i>39489</i>		<i>147 25</i>				
<i>Feb 13</i>	<i>Feb Pay R.</i>		<i>133</i>					
<i>" 19</i>	<i>Bank</i>	<i>40995</i>		<i>133</i>				
<i>March 15</i>	<i>March Pay R.</i>		<i>147 25</i>					
<i>" 23</i>	<i>Bank</i>	<i>42687</i>		<i>147 25</i>				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be Initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

NAME OF

DATE

AUTHORITY

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

140th Batt

Capt^x M.O.

3-10-16

From Canada

P.O. #4463D

(Borok) 4-2-11-16

Name *Morseman*

Initials *J. K.*

Bank *of Montreal*

DATE
1916

PARTICULARS

1916-17

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case

INITIALS

Nov. 7 Messing, 31-31¹⁰/₁₆ *Bank* 41.25

22 Pay Nov. R. Mess. 31¹⁰/₁₆ \$1.00

Cr. Balance from Canada

28 Bank

Dec 13 Pay Dec R

" 18 Bank

1917 Jan. 20 Pay Jan R.

26 Bank

Feb 20 Pay Feb. R.

25 Bank

Mar 20 Pay Mar R.

27 Bank

4225

143 50

41 25

142 50

147 25

147 25

147 25

19288

147 25

133 -

21931

133 -

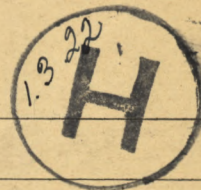
147 25

24826

147 25

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

War Service Badge
Class "A" No.



1. RANK *CAPT*

2. NAME *MOSSMAN. JAMES KILBURN*

3. UNIT *CAMC*

4. DATE STRUCK OFF STRENGTH *SOS 25-5-19 HQ 2332-19* PLACE *TORONTO Quebec.*

5. REASON *DEMOBILIZATION*

6. AUTHORITY

7. PROPOSED RESIDENCE *MONTREAL*

EMB Minnekahda
MAY-14-19
DIS MAY-23-19

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
 2. Casualty Form, A. F. B. 103 or M. F. W. 54.
 3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
 4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
 5. Medical Report, M. F. W. 129.
 6. Dental History Sheet, M. F. B. 465.
 7. Last Pay Certificate, M. F. W. 44.
 8. Certificate as to Missing Documents.
1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
 2. Casualty Form (A.F.B. 103).
 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
 5. Dental Certificate (C.A.D.C. 5009a).
 6. Proceedings on Striking off Strength (M.F.W. 2591).
 7. Last Pay Certificate (P. 41)
 8. War Service Gratuity Form (M.F.W. 2595).
 9. Sundry Documents.

(923) Wt. /45P 3/19 15M D.St.

Group *B*
Checked by No. *18*
Date *13/4/19*

Group *B*
Checked by No. *[Signature]*
Date *7-5-19*

Cancelled
9.8.15
L

Proceedings of an Officer or Nursing Sister
Struck off Strength
of the
Canadian Expeditionary Force.



CAPT

1 RANK

MOSSMAN, JAMES KILBURN

2 NAME

C.A.M.C.

3 UNIT

4 DATE STRUCK OFF STRENGTH

PLACE

5 REASON

DEMORALIZATION

6 AUTHORITY

7 PROPOSED RESIDENCE

MONTREAL

The folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 52.
2. Casualty Form, A. F. B. 100, or M. F. W. 51.
3. Medical History Sheet, M. F. B. 219, or A. F. B. 118.
4. Proceedings of Medical Board, A. F. A. 179, or M. F. B. 207.
5. Medical Report, M. F. W. 120.
6. Dental History Sheet, M. F. B. 103.
7. Last Pay Certificate, M. F. W. 41.
8. Certificate as to Missing Personnel.

M. F. W. 4001

1917-18

Handwritten notes and signatures at the bottom of the page.

AUDITOR	PAYMASTER
---------	-----------

REGT. NO.

RANK CAPT.

NAME (IN FULL) M O S S M A N

JAS. KILBURN

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

.....
ADDRESS

.....
IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

.....
TO WHOM PAID

RELATIONSHIP

ADDRESS

PLACE OF
ATTESTATION

.....70.....
TRANSFERRED TO

DATE _____

AUTHORITY

DATE OF ATTESTATION

.....
TRANSFERRED TO

DATE _____

.....
AUTHORITY

ASSIGNED PAY \$

DATE EFFECTIVE

.....
PAYABLE TO

RELATIONSHIP

PLAN ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

PLACE

DATE _____

.....
REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

25/5/9

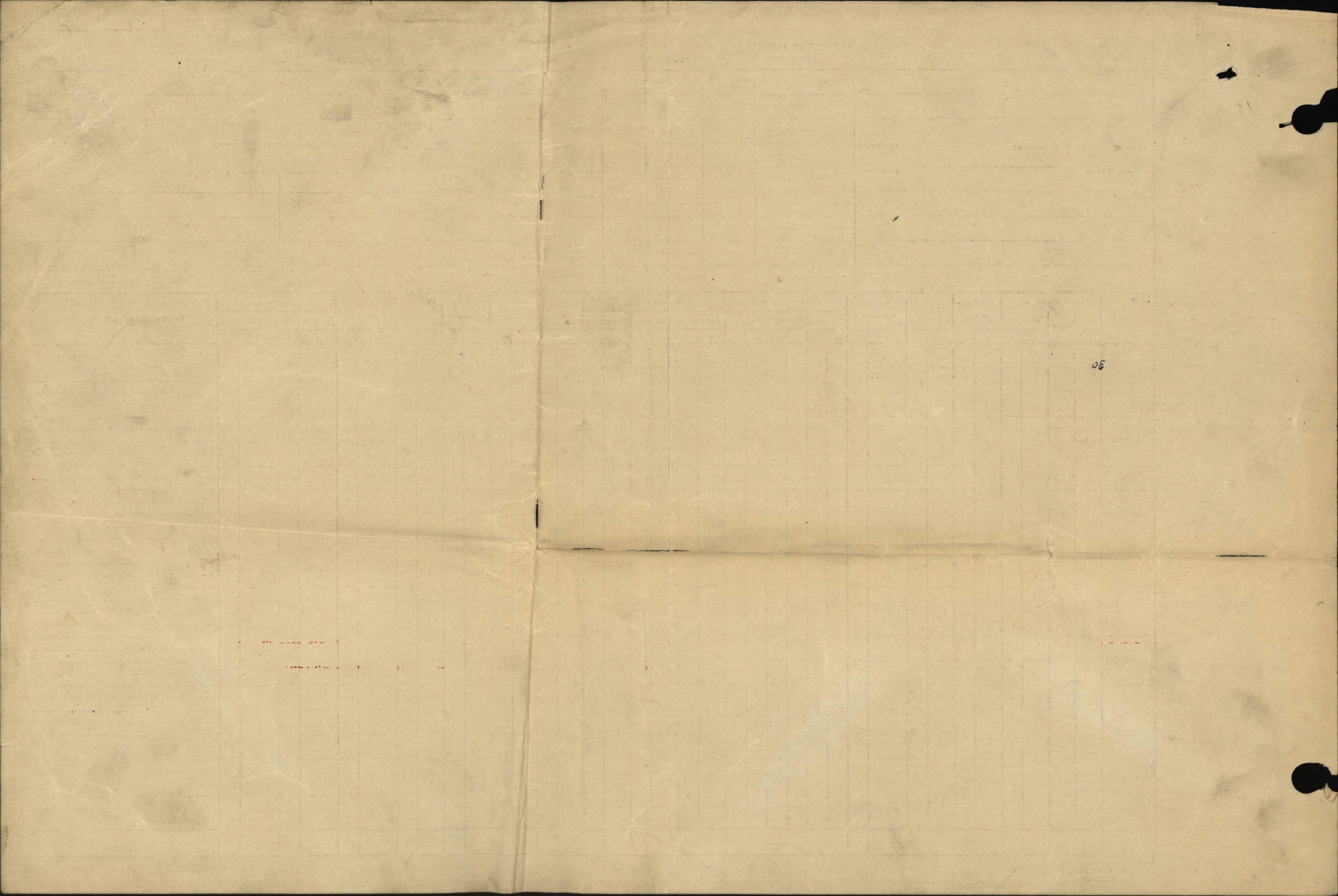
Remo

Do 35

POST
DISCHARGE
PAY

BALANCE
FROM
PREVIOUS
ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.					DEBIT	CREDIT	
			\$	C.																					
31-5-19					NIV		NIV					150 00						18 00		168 00	168 00	20. P. Post Feb missing 14-31/7/19			
June 1		5 ⁰⁰																168 00		198 -	198 -	T.O.S. D.O. 209 Overcredited B A 65 631/5/19			
183 ddp	5-1				915 -		915 -					Jan 210 216 1753795 211 Jan T 1753913					199 ⁰⁰		198 -	717 -	CAPT. MASTER No. 2 DISTRICT DEPOT				
																		567		765 -	150 -				
																		150		915	1000				
																		915		915	1000				
					351 -		351 -					252 Feb 24 1866012						28		28	350 72	W. S. G. PAID IN FULL			
					351 ⁰⁰		351 ⁰⁰											350 72		351 00	10	Lt. Duery FOR PAYMASTER'S SERVICE GRATUITY for diff days & 2nd Med rate 18/11/19 11 days @ #3 = #351 ⁰⁰ 11/3/19 288 Mo' 10/71 d/16-2-20/19			



Date of Enlistment *Not given*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M

20535 *1st June 1918*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

75.00			
-------	--	--	--

D.A.D.M.S.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
Rank Promoted Reverted Discharge
Soldier's Name
Battalion *C. A. M. C.*
Beneficiary
Relationship
Address

Name
Address
Change of Address
1 THE UNION TRUST CO.
BAY ST.
2 TORONTO ONT. 75 75.00
3 % CAPT. J. K. MOSSMAN
SEVENTY FIVE DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1918</i>				
<i>June</i>	<i>J 3539</i>		<i>75</i>	<i>75</i>
<i>July</i>	<i>H 31841</i>		<i>75</i>	<i>75</i>
<i>Aug.</i>	<i>P. 41133</i>		<i>75</i>	<i>75</i>
<i>Sept.</i>	<i>U 43449</i>		<i>75</i>	<i>75</i>
<i>Oct.</i>	<i>W 54692</i>		<i>75</i>	<i>75</i>
<i>Nov.</i>	<i>U 57891</i>		<i>75</i>	<i>75</i>
<i>Dec.</i>	<i>X 68029</i>		<i>75</i>	<i>75</i>
<i>1919 Jan</i>	<i>U 73139</i>		<i>75</i>	<i>75</i>
<i>Feb</i>	<i>W 77398</i>		<i>75</i>	<i>75</i>
<i>Mar.</i>	<i>M 86607</i>		<i>75</i>	<i>75</i>
<i>Apr.</i>	<i>P 4134</i>		<i>75</i>	<i>75</i>
<i>May</i>	<i>G 8540</i>		<i>75</i>	<i>75</i>

File 13196-7-26 REMARKS *n.r. 501.*

mailed 29-6-18

900 Acc Closed 31-5-19

Ret'd per... Minnie Kahda

Date... 23-5-19 M.F.W. 187 M.D.S.

... J. Kalpin

MR O "Deatray

L. P. 87575

30-5-19

M. F. W. 128.
40M. 6-1-1772-38-1141
L. L. 2220-M. & D. 1891.

ACTIVITY	<i>29m-19-4-18</i>
FOR	<i>Mr. Gurski</i>
NEW ACC'T.	<i>28-6-18</i>

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

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PARTICULARS OF ASSIGNMENT

Name	Address	Change of Address
1		
2		
3		
4		

M. F. W. 128.
400M.-6-17-1772-39-1141
L. L. 22320-M. & D. 7993.

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 Wootley DATE 22/4/19

1. 1 (a) Unit 2nd Can Div HQ (b) Regimental No. (c) Rank Capt
(d) Surname Mossman (e) Christian name James
(f) Home address Union Trust Co. Bldg Toronto Canada
(g) Next of Kin Alex Mossman (h) Relationship Father
(i) Address of Next of Kin 356 St Antoine St. Montreal
2. Age last birthday 29 Date of birth 1889
3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Jan. 21/16
4. Personal description:
(a) Height 5-10 (b) Weight 160 (c) Complexion Fair
(d) Colour of hair Brown (e) Colour of eyes Green (f) Identification marks, Scars, etc. Long scar R. calf - scar R forearm - scar L axilla
5. Former trade or occupation Medical practice

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	<u>3</u>	<u>91</u>

	PERIODS	
	From	To
Canada	<u>Jan. 21-16</u>	<u>Oct. 28-16</u>
England	<u>Oct. 28-16</u>	<u>Dec. 28-16</u>
France or other theatres of War	<u>Dec. 28-16</u>	<u>Apr. 22-19</u>

7. Original disease, or injury ① MYDPIA BOTH EYES
② SEPTICAEMIA & GENERAL

- (a) Date of origin ① childhood ② June 1915 (b) Place of origin ① Serbia
(c) Cause ① Congenital ② Active service conditions

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.)

- ① Defective Vision (Myopia Both Eyes)
- ② Ankylosis partial of Right Knee (Septicaemia General)

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.)

Strong healthy and robust.
Objective: Eye Ear nose and Throat Clinics

Withy Camp, 22-4-19

- ① Visual acuity Rt. - $\frac{6}{60}$ with present glasses $\frac{6}{6}$
Visual acuity Lt. - $\frac{6}{36}$ with present glasses $\frac{6}{6}$
Original disease - myopia
Origin date - childhood F. A. MacNeil Captain
- ② Shortening right leg - $\frac{3}{4}$ in. Full extension - 170°
Dorsiflexion - 30° Atrophy above right knee. At knee - both $14\frac{1}{2}$ "
3" above knee Rt. - $14\frac{1}{2}$ " Lt. $15\frac{1}{4}$ " 3" below knee Rt. - $13\frac{1}{2}$ " Lt. $12\frac{3}{4}$ "
Adherent linear scar 4" long dorsum Rt. knee.
① Unable to see with left eye without glasses.
② Causes a distinct limp. General ache in right knee in cold weather.

(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.....no Integumentary System.....no
Disturbances of Mentality.....no Digestive System.....no Muscular System.....no
Osseous and Joint Systems.....no Any other general condition.....no
Urine analysis - negative

10. (a) History (of the condition referred to in Section 9 (a).)

- ① Has had weak eyesight since childhood Has worn glasses since 1916.
- ② While on active service with Serbian army developed septicaemia of left hand following punctured finger during an operation. I in various hospitals necessitating four incisions i.e. left index finger, left axilla, at. forearm and right leg. Had effusion of right knee lasting one month. Septicaemia commenced about June 1st 1915. Discharged in August 1915 following invaliding home.

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).)

history - childhood

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

Linear scar 4" long dorsum of Rt. knee. Linear scar 1" long inner surface Rt. elbow.
Circular scar 1" in diameter left axilla.

11.—(a) Did the disabling condition have its origin before enlistment? 1 + 2 - yes

(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.)

1 ho
2 ho

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 + 2 - 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? 1 + 2 - Permanent

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

① ho
② ho

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)

① ho

② yes. Electric treatment and massage. 6 months at least

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

J. B. Ballenty Capt. cane

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, J. K. MOSSMAN, 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

J. K. Mossman Capt. C. F. Rank
Signature of invalid examined.
FALSE DOCKET
5

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

Conced

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B

(Category A)	(Yes or No.)
(" B)	(Yes or No.)
(" C)	(Yes or No.)
(" D)	(Yes or No.)
(" E)	(Yes or No.)

Yes A.

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.)

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
 Electrical treatment to massage - six months

(b) Does not require treatment.

(c) Should pass under his own control.

- (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.)

R.T.C. Auth. 29. 1A 8-1-155 of 4/1/19

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.

PLACE

DATE..

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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.

PLACE.

DATE..

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

DATE.

DATE _____

7

I concur in the findings
of the Medical Officer
Director-General of Medical Services
were recorded.

TE.

Captain, S.A.D.M.S.,
for D.M.S.,
Canadians,

Surname MOSSMAN /

M.C.

Christian Names

James Kilburn /

5th Sld Amb.

M.C. 1917

Rank

Captain /

M O

Name and Address of Next-of-Kin

Father, do

APR 1 1917

Promotion

Alex Mossman. /

TVS 31.3.16.

121, Tyndall Ave. Toronto. Ontario. /

Canada. /

Unit

170th Battn. /

Place of birth Toronto. Ontario. Canada. /

Married (Yes or No)

Appointments

Date of leaving Canada 25.10.16 & 9.6.11.16.

Date and Cause of Resignation

Report

Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

REMARKS
Taken from Official Documents

From whom received

8th 10.16 D.M.S. on arrival from Canada is taken on Strength. (attached)

31.10.16

CO 2059

11.12.16 10th 12.16 C. Brown 105th Bn With as M.O.

9.12.16

R.O. 1157

19.12.16 10th 12.16 C. Brown S.D.S on transfer to C.M.C. 15. S. Cliffe

14.12.16

R.O. 1256

30.12.16 D.M.S. Proceeded O.S. for duty.

23.12.16

C.O. 4063.

15.1.17 3rd Gen. App. Arr from Eng as. Reinf. x. S.O.S.

4.1.17

P.O. 1157

19.1.17 D.M.S. Posted to No 3 Can Gen App

4.1.17

C.O. 101.

29.1.17 3rd Gen. App. S.D.S on reporting to 105th Can Sld Amb

8.1.17

P.O. 1157

26.3.17 5th Sld Amb Temp. att. to 26th Can Bn as M.O.

10.3.17

C.O. 424.

10.4.17 D.M.S. Ceases to be att. 26th Can Bn.

23.3.17

C.O. 465.

1.6.17 D.O. Att. to No 1 Can Cas Clr Stn for temp. duty.

12.5.17

C.O. 707.

5.6.17 D.O. Ceases to be att. No 1 Can Cas Clr Stn.

21.5.17

C.O. 723.

20.6.17 5th Sld Amb. Proceeded on leave.

10.6.17

P.O. 54.

8.17 D.O. Temp. att. to 18th Can Inf Bn as M.O.

31.5.17

P.O. 51.

30.6.17

P.O. 61.

P.O. 55 18th Bn of 9.8.17

A.F.B. 108.

4-JAN.1917

A.F.B. 108.

18JAN.1917

A.F.B. 108.

5-FEB

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
24-9-17	CAMC Gen	LOS from 5th Can Fld Amb.		1-7-17	Pt 963
30-9-17	18th Bn.	Granted 10 days leave to England		19-9-17	Pt 068
24-9-17	CAMC Gen	Att to 18th Can Bn as M.O.		1-7-17	Pt 963
14-2-18	18th Bn.	Granted 14 days leave to England		4-2-18	Pt Ord. 12.
20-3-18	H.O.	Leaves to be att as in. W & to 18th Can. Bn.		20-2-18	Pt Ord. 14
20-3-18	H.O.	S.O.S. & Estab. Posted to 5. Can Fld Amb.		20-2-18	Pt Ord. 14
21-3-18	5th Fld Amb	S.O.S. on posting from. CAMC Gen.		21-2-18	Pt Ord. 12.
2-12-18	W.O.	Awarded the Military Cross.			Lon. Gaz 31043.
9-10-18	5th Fld Amb	Proceeded on 14 days leave of absence to U.K.		26-9-18	Pt Ord. 50.
31-1-19	DO	Att for temp Duty to A.D.H.S.		6-1-19	Pt Ord 6
22-5-19	H.O.	To be DADMS		18-1-19	Lon. Gaz 31351
10-4-19	5th Fld Amb	Reported to CAMC Gen not having proceeded to Eng with Unit		7-4-19	Pt 918
8-8-19	W.O.	Relinquishes his appt DADMS		14-5-19	L.S. 31496
24-10-19	W.O.	Awarded the Order of the White Eagle with swords 5th class by King of Serbia.			13/6/19
		Sailed to Canada per S.S. Minnekahda		14-5-19	L.S. 55
30-5-19	NMS	S.O.S. on train to C.T. 7 in Canada		14-5-19	6067.
		- cessation of hostilities		5-5-19	
				10. June 1919	

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