Original.

Unit C.A.M.C. Rank N.S. Name McIntyre, Agnes Evelyn

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

2396

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? McIntyre
   (b) What are your Christian Names? Agnes Evelyn
2. (a) Where were you born? (State place and country) Kincardine, Ont.
   (b) What is your present address? Kincardine, Ont.
3. What is the date of your birth? March 22nd - 1893
4. What is (a) the name of your next-of-kin? Mrs. Alex. George McIntyre
   (b) the address of your next-of-kin? Kincardine Ont.
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Nurse
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? not applicable
9. State particulars of any former Military Service not applicable
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.

A. E. Macintyre (Signature of Officer.)

Taken on strength (place) Toronto ~~22-12-1917~~

(date) 22nd December 1917

(Signature of Commanding Officer) C.A.M.C.
O/C SPADINA MILITARY HOSPITAL
TORONTO

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 22-12-1917

Place Toronto Ont.

A.C. Hyslop Capt. C.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

2-1079
OC 23617-1079

REGIMENTAL DOCUMENTS

NAME Pte Intyre Agnes E. REGT. NO. [illegible] UNIT 1 CDC H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Des Lee B [illegible]	[illegible]		DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category 3
	TRAINING HISTORY SHEET (M.F.W. 113)		Certd [illegible]	28 Apr		
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				18320	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Gen Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	S & P 10					2
						2 20
						2 20

W. 2589
100M-11-18
1774-9-1377

M. F. W. 71—500M.—5 18.
1772.—39—961.

NAME MACINTYRE, AGNES

REGIMENTAL NO. ✓ RANK N. S

ENLISTED AT TORONTO, ONT. PROMOTIONS, &c. AND DATE

DATE 22-12-17

IF SERVED PREVIOUSLY, STATE UNIT, &c.

~~MARRIED, WIDOWER, OR~~ SINGLE

NEXT OF KIN MRS. A.G. MACINTYRE RELATIONSHIP MOTHER

ADDRESS OF KINCARDINE, ONT.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
T.O.S. from the amcts 2nd eff 19-2-19 auth asems S.O. 44 para 326	56	28-2-19	
Admitted to hospital 22-4-19	114	24-4-19	Brant. Mil. Hosp.
S.O.S. to the amcts 2nd eff 22-4-19 auth asems S.O. 98 para 774	116	26-4-19	

Reg. No. ..... Name Cpl Intype A G

Rank CN S Corps C A M C Age 26 Service C 24/2

Ledger No. ..... Serial No. 738823

HOSPITALS	DATE	DIAGNOSIS
Brant Mil Burlington	22.4.19	Debility
Dis Unit	13.5.19	
Adm St Anselmus Toronto	2.10.19	Haemorrhage of Lung
Dis Unit	10.2.20	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

M. F. W. 41
100M-1-18.
1772-39-889.

Name N/S. McIntyre Agnes

Regimental No. Whitby Military Hospital

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 Transferred to a m c for payment 30/6/18

Reason for discharge

Character on discharge

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.
May 1st 19[illegible]	31st	31	2 00	62 -	31	60	18 60		80 60	77252		80 60			80 60	MPL.
June 1st	30	30	2 00	60 -	30	60	18 -		78 -	81732		78 -			78 -	JPL.

M. F. W. 41
100M-1-18.
1772-39-839.

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					

Original

2 MILITARY DISTRICT MAY 19 1919 15 5M 129 P.M.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname MacFadyen Christian name Agnes Evelyn

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule not applicable

3. Consecutive number on schedule of men reporting for service (if he appears on it) not applicable

4. Address (including street and number, if any) Kincardine Ont.

The following are accurate particulars with regard to the above named ~~man~~ WOMAN as ascertained by the medical examination on the 22nd day of December 1917, by the undersigned medical board sitting at Toronto Ont.

5. Age as stated 24 Years 9 Months. 6. Apparent age 24 Years 9 Months

7. Height 5' Feet 5" Inches. 8. Weight 122 Pounds.

9. Chest measurement { Minimum 32. Ins. / Maximum 35. Ins. } 10. Complexion dark { Eyes blue / Hair dark brown }

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

13. Number of vaccination marks { Right arm none / Left arm one } 14. When vaccinated last 4/5/20.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease none.

16. Slight defects but not sufficient to cause rejection none.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis } none. A.B. Griffin.

(Strike out disease admitted or suspected.)

We have examined the above named ~~man~~ WOMAN in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A1]

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

(b) Hearing. R. N L. N.

A. Logan Major President.

Edward Walker Capt. Member. A. B. Griffin Capt. Member.

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

Joined 22nd day of December 1917 at Toronto.

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

No. 2 District Depot TORONTO APR 24 1919 Arlington M.H.

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

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

Signature of ~~Man~~ WOMAN Agnes Evelyn MacFadyen

Surname

Christian Name

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital			DATES OF Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Oakhill Conv.	Hosp.	27	4	19	13	5	19	Debility	21	Recovered. Discharged fit for duty	W. Meadmore Capt

CANADIAN EXPEDITIONARY FORCE

J.W.13.48.

W.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Agnes Evelyn McINTYRE

Enlisted in The Canadian Army Medical Corps 21/3/22

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191[redacted] AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-second day

of December 1917.

SHE SERVED in CANADA, with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of February 1920 by reason of General Demobilization

Dated at Ottawa, this Eleventh day

of October 1920

W. E. L. Coleman Major

For Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.M.C.

Regimental No. —— Rank N/S Name AGNES EVELYN MACINTYRE

C. E. F.

Enlisted (a) 22-12-17 Terms of Service (a) C.E.F. Service reckons from (a) 22-12-17

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

Extended ..... Re-engaged ..... Qualification (b) NURSING SISTER-GRADUATE NURSE

Report: Date	Report: 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
19.2.19	Transferred	Spadina			
25-2-19	AMCTD#2	T.O.S. SPADINA MILITARY HOSPITAL - AUTH. ADMS DO# 44 PARA 326	TORONTO	19-2-19	Pt II D.O.# 5-6
10-4-19	O.C.	GRANTED PARTIAL SUBSISTENCE IN LIEU OF QUARTERS	TORONTO	4-4-19	Pt. II D.O.# 100
24-4-19	O.C.	SUBSISTENCE CEASES	TORONTO	22-4-19	Pt II D.O.# 114
24-4-19	PRINCIPAL MATRON FOR ADMS MD#2	ADMITTED TO HOSPITAL - (BRANT MIL.)	TORONTO	22-4-19	Pt II D.O.# 114
26-4-19	ADMS MD#2	S.O.S. SPADINA MILITARY HOSPITAL ON BEING POSTED TO THE AMCTD#2 - AUTH. ADMS. DO# 98 PARA 774	TORONTO	22-4-19	Pt II D.O.# 114
16-5-19	ADMS	SOS on transfer to Dominion Orthopadic Hospital.	Toronto	13-5-19	

Adjt. and Adjt.
SPADINA MILITARY HOSPITAL
TORONTO

Gerald Lunz ....Capt Adjt
for O.C. A.M.C. T.D. #2.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		S.O.SS. A.M.C.T.D.No2. 14-2-20. Medically Unfit R.O. 1420. Authority A.D.M.S. D.O.No.38. ....Lieut. A/ O.C. C.A.M.C. T.D.No2.			

15-5-20-129

CLINICAL CHART.

Corps C.A.M.C., T.D. 2 Hospital Station St. Andrews

No. — Rank and Name U.S. Mc. Sulipe Age 26 Service C. 24 F. 2,

Disease Pneumonia, Lobar & Hemorrhagic Date of Admission 2-10-19 Date of Discharge FEB 10 1920 Result Boarded 27/ Serial No. A. & D. Book D 94

Dates of Observation	Nov. 22	23	24	25	26	27	28	29	30							12 Dec		January. 21	23	24	25	26	27	28	29	30	31						
Days of Disease																																	
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2																																
106°	8 6 4 2																																
105°	8 6 4 2																																
104°	8 6 4 2																																
103°	8 6 4 2																																
102°	8 6 4 2																																
101°	8 6 4 2																																
100°	8 6 4 2																																
99°	8 6 4 2																																
98°	8 6 4 2																																
97°	8 6 4 2																																
	8 6																																
Pulse per Minute	60		78	84	90 72	96 84										72 54	84	84	70	80		76	88	68	68	72		88					
Respirations per Minute																18																	
Motions																																	

Relieved from Isolation.

M. F. B. 288.
50M.—3-19.
H. Q. 1772-39-513.

Signature J. F. Edmison Capt. In charge of case.

CLINICAL CHART.

Corps C.A.M.C., T.D.2. Hospital Station St Andrews.

No. — Rank and Name N. S. McIntyre Age 26 Service C.E.F.

Disease Hemorrhage of Lung Date of Admission 2-10-19 Date of Discharge FEB 10 1919 Result Boarded to Serial No. A. & D. Book D-94

Dates of Observation	23	24	25		26	27		28		29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.																														
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	72 84	72	76 72	68		80 68	86	84 74	78	72 76	70	72 70	72	72 84	72 76	72 74	72 78	74 72	80	84	84 72	72 84	72 80	78 96	84 84	90 72	72	72	68	64	88	98
Respirations per Minute																															
Motions																															

M. F. B. 288.

50M.—3-19.

H. Q. 1772-39-513.

Signature J. D. Edmison Capt. In charge of case.

CLINICAL CHART.

Corps C.A.M.C. T.D. 2 Hospital Station Atlantic City

No. — Rank and Name U.S.M.C. Private Age 26 Service G.S.

Disease Hemorrhoids (Ext.) Date of Admission 2-10-19 Date of Discharge FEB 10 1920 Result Boarded 227 Serial No. A. & D. Book D-94

Dates of Observation	2	3		4	5		6	7	8		9	10	10	11		12	13		14	15	16	17		18	19		20	21	22
Days of Disease	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
Temperature Fahrenheit TIME a.m. p.m.	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	72 88	68 72	72 72	72 72	72 72	72 72	84 72	72 72	84 72	78 72	76 84	72 72	84 72	80 80	80 84	72 84	80 72	72 80	72 72	72 72	72 72	72 72	72 72	78 72	72 72	72 72	72 72	72 72	72 72	72 72	72 72
Respirations per Minute	20			24		24		18		20		20	24	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Motions																													

M. F. B. 288.
50M.—3-19.
H. Q. 1772-39-513.

Signature J B Edmunds capt C In charge of case.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER Mac Sinclair Ogram

REGIMENT Black Watch RANK Pte. No M 21 U.S.

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination																								Cavities	
																								Extractions	

F.B. 465
150M-10-18
1772-39-950

THE BOARD OF PENSION COMMISSIONERS FOR CANADA

RECOMMENDATION FOR AWARD OR CONTINUANCE OF PENSION.

TORONTO District Office.

Date 5/6/20

B.P.C. No. 196485

(To be filled in by D.O. clerk previous to medical examination.)

1. Regimental number
2. Rank at discharge Nursing Sister
3. Rank when disability was incurred "
4. Full name Miss Agnes E. MacIntyre
5. Address 206 Oakmount Rd. Toronto Ontario
6. Unit C.A.M.C.
7. Date of Discharge ~~10-7-19~~ 14-2-20.

M.C. 11. NBS.

Entered by Checked by

(To be filled in by D.O. M.E.)

8. Percentage of entire disability 100% One hundred
9. Percentage of pensionable disability "
10. Date for medical re-examination 14.2.1920

Initials

11. Amount of additional Pension on account of helplessness $
12. Amount of pension $ 75,00
13. Amount of additional Pension for wife $
14. Amount of additional Pension for children $
Total Monthly Rate. $ 75,00

(To be filled in by D.O. Clerk)

14A. Date of Marriage

PARTICULARS OF CHILDREN

Name	Date of Birth	Date of Expiry

WWK NBS

Entered by Checked by

15. Disability and Disabling condition

(To be filled in by D.O. M.E. Brief details of disability and disabling condition sufficient to justify pension award.)

Disability due to Tubercle Pulmonary Loss of Tonsils

ACTION TAKEN
Proceedings placed on file. 16/8/20 CB.C.

JUN 22 1920

35

Wwk NBS 25

Signature of Medical Examiner

B.P.C Form 865. Mult.
50M-2-20.

Checked by

CB 70

INVESTIGATION | PAY MASTER'S CHECK

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK N/S. | NAME (IN FULL) Mc Intyre A.E.

NEXT OF KIN Mrs Alex (George) McIntyre | RELATIONSHIP mother
ADDRESS Kincardine Ont.
IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE
TO WHOM PAID | RELATIONSHIP
ADDRESS

PARTICULARS | EFFECTIVE DATE | AUTHORITY

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION 22-12-17. | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $ / | DATE EFFECTIVE
PAYABLE TO | RELATIONSHIP | ~~ANY CHANGE IN ASSIGNEE OR ADDRESS~~ Kincardine out
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE
DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1920	PAY AND F.A. No. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 No.	DATE	COL. NO. 2 No.	DATE	COL. NO. 3 No.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
March					41	30			41	30					5229 3576	6/1 5/3					41	30									41	30				Cr Subs while on leave (1.01.5.42) 23-12-19 to 15-1-20 = 8 10-30 1 dy in Apl 50
																																			Capt. C.A.P.C. PAYMASTER, C.A.M.C., M.D. 2.
1920																																			
August			8	40					8	40*											8	40									8	40				* Diff between Subs Allce + messing 26½-2½ = 7 days @ 1.20 Arch: Pm 19-7-106 dy 21 7/20 MD2 Last P 52-1-2 88 Cheque No 2 T13122 d/19-8-20
			W&G.												a/c no		date	Cheque No							W&G								an quantity of seeders		
31 dys	3		93.						93						1938		5-1-20	218807							93.						93.			nil	I have not received Capt. C.A.P.C. PAYMASTER, C.A.M.C., M.D. 2.
			92.						93																93.						93				

2000-3-19.—[illegible] 38768-... & L. 9985.
M. P. W. 2-96.
1772-39-1390.

Pay Bk issued 1-11-19

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK N/S. — NAME (IN FULL) McINTYRE A.E. (BLOCK LETTERS SURNAME FIRST) Agnes Evelyn

NEXT OF KIN Mrs Alex George McIntyre — RELATIONSHIP Mother

ADDRESS Kincardine, Ont

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
SPADINA M. HOSP.		Spad. No. 20
To T.D. #2	22-4-19.	116. DO 116
To Downsview	13-5-19	20 do 136 W.O. 41 DO 115
To T.D.'s	2-10-19	W.O. 41 DO 260 DO 381

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F. 6 CMB — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Tor. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 22-12-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 14/2/20 — REASON Med Unfit — AUTHORITY DO 45 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	2nd PAY AND F.A. 1st: NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 1 DATE	COL. NO. 2	COL. NO. 2 DATE	COL. NO. 3	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					SPADINA M. HOSP.
MAR 31 1919					—	—																															M.A. 1-3-19 - 3-4-19 $17.50
																																				Pl Subs (2nd) fr. 4-4-19. DO 100
																																				Leave Subs fr 23-4-19. DO 114
April 1-30	30	3-1	90		17 20	- 40			127	60	58	B					65	-									2/1 40 20				66	20			61	20	Pl Subs 4-4-19 - 29-4-19
																																				Ad fr. 19-4-19 DO 114 Ded. 2 days Subs
																																				Ad Hosp (Oakhill) 22-4-19. DO 119
																																				Cr Subs 20-4-19 $1.70
May	31		93		1 20 (6 1 20)				154	20																							154	20			Plus 13-5-19 TD #2 161
June	30		90		15 1 54	20			259 2 44	20					S69 120 L+A	585 15/ 26/6											225 2 25				225 2 25	- 20			34	20	Leave 1-6-19 to 22-6-19 DO 144
																																					DO 144 Cancels DO 119 144
																																					15 MA June
July	31		93		8 50 3 1 4 20 2 40 15 50				153	60	S19 979 75A	10-7	S70 411 85A	25-7			95										2 50				153	60					Leave Alb 26-6-19 to 2-7-19 DO 159 Ded 5 days MA
																																					8 50 MA 14-30 May
																																					2nd Part Subs 21-6-19 Appx (Cert)
																																					15 50 MA July
Aug.	31		93		15 60				108	50	S70 879 97A	13-8	S71 118 184	12-8			50												58	50			108	50					15 50 MA 1-31 Aug
Sept.	30		90		15				105		S71 437 114A	11-9	S71 871 123A	25-9			50												55				105						15 MA 1-30 Sept
																																					15 50 MA 1-31 Oct.
Oct.	31	3 00	93		15 50				108	50																							108	50					ad Hand 2-10-19 DO 290
Nov.	30		90						90		586 157	86 12					100										15				115		90		83	50	30 days MA on Nov 15 00
Dec.	31		93						93						S187 841 186	19/12	100														100		90		76	50	
1920 Jan.	31		93		- 25				95	75																			25				25		170		fine 25 cr md Lon 26-6-19 2-7-19 2.50
Feb 1-14	14	3 00	42		2 50 2 00				44	00	S328 001 146	3/2			S322 263 322	18/2	50										166	00			216						DO 38 1 GA (80-15421) 23-12-19 to 15-1-20 DO 141 Ds. Work 10-1-20 MA 2 00
			411		20 25				431	25							150		100		166	00			- 25	15					431	25					W.L.G. o.s.p.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION St. Andrew's Hosp Toronto DATE Feb. 6, 1920

1. 1 (a) Unit C.A.M.C. T.D. (b) Regimental No. ----- (c) Rank N.S.

(d) Surname MacIntyre (e) Christian name Agnes Evelyn

(f) Home address Kincardine, Ontario and Canada.

(g) Next of Kin A.G.MacIntyre (h) Relationship Father

(i) Address of Next of Kin Kincardine, Ont.

2. Age last birthday 26 Date of birth March 22, 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Dec. 22/1917

4. Personal description:

(a) Height 5-5½" (b) Weight 115 on light clothing (stripped) (c) Complexion medium

(d) Colour of hair lt. brown (e) Colour of eyes blue (f) Identification marks, Scars, etc. none

5. Former trade or occupation Trained Nurse

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
	2	44

	Periods	
	From	To
Canada	Dec. 22, 1917	Date
England	----	---
France or other theatres of War	-----	-----

7. Original disease, or injury (1) Influenza (Mild attack)
(2) Peribronchial tubercule

(a) Date of origin (1) Sept. 1918 (b) Place of origin (1) Polish Camp, Niagara
(2) Pre-enlistment

(c) Cause (1) Infection
(2) Unknown (2) Unknown

M. F. B. 227.
400M.—11-18.
1772-30-117.

Specialist's report Nov.18 General condition much improved, Color rather better. Pulse-quick. Cough absent for 4 or 5 weeks. The slight activity in process, present on admission has apparently ceased- Now quiescent. Further convalescence with gradually increasing exercise.

(sgd) J.H.E.

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

Special Senses....no.... Respiratory System....no.... Integumentary System....no....

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

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

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

Patient states in Sept.1918 while on duty at Niagara in the Polish Camp Hospital she was exposed to Influenza and felt miserable but remained on duty. She had an elevation of temperature for several days but was not admitted to Hospital. She just noticed a cough in Feb.1919 when on duty at "Spadina". She was sent to St. Catherines Rest Home about April 22nd, 1919 remained until May 13th, 1919. She was not seen by a Medical Officer during this time and was returned to Duty without examination. Carried on At. Christie Street until October 1919 when she requested a chest examination. Was admitted to St. Andrew's Hospital 2-10-19, was a bed patient until Xmas time. While in Hospital Laemoptoxin on two occasions. Has been improving under general tonic treatment. Now weighs 115 lbs in light clothing.

Report N/S MacIntyre, C.A.M.C.

Apices light equally and well- a few linear marks- no stippling or studding. Rt. diaphragm somewhat higher than normal in relation to left, but both dome shapped clear and costo phrenic sinuses clear.
Hilus shadows and lower bronchial trunks moderate- Upper left trunks well defined with a few calcareous noderles scattered along.
Upper right well marked in vertebral and 1st interspaces trunks. Linear markings somewhat increased throughout- Rt. lung emphysemitous.
Heart enlarged to the right.

(sgd J.M.Stone, Capt.

.....

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
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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....

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(1) Debility- moderate weakness on exertion- Loss of weight

(2) Latent tuberculosis (Peri bronchial)

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.)

Objective- Patient is 12 pounds under normal weight and tires easily
1. on exertion- Pulse rate after running up stairs 102 returning to 80 in 3 minutes. Patient has a good appetite and is gradually gaining in weight.

Subjective Under weight- and tires easily on exertion.

Objective- See report of Lt. Col. Elliott attached

2.

Subjective - NIL

(*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....

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

Patient states in Sept.1918 while on duty at Niagara in the Polish Camp Hospital she was exposed to Influenza and felt miserable but remained on duty. She had an elevation of temperature for several days but was not admitted to Hospital. She just noticed a cough in Feb.1919 when on duty at "Spadina". She was sent to St. Catherines Rest Home about April 22nd, 1919 remained until May 13th, 1919. She was not seen by a Medical Officer during this time and was returned to Duty without examination. Carried on At. Christie Street until October 1919 when she requested a chest examination. Was admitted to St. Andrew's Hospital 2-10-19, was a bed patient until Xmas time. While in Hospital Laemoptoxin on two occasions. Has been improving under general tonic treatment. Now weighs 115 lbs in light clothing.

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*).)

Exanthemato - in childhood
always healthy and vigorous until 1918

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

No scars or deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? (1) no (2) yes, according to special report

(*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) Not applicable
(2) Yes- the patient was not aware of any disability on enlistment.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) 1 & 2 No (b) 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) Three months (2) Permanent

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

Hospitalization as in 10-a (No Documentary evidence)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes- with limitations for 3 mths.
(If not, briefly state why)

17. Recommendations

Patient be discharged as Medically unfit for service-
To D.S.C.R. as out patient for observation.

J. D. Edmison Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, E. MacIntyre, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of NIL

Agnes E. MacIntyre Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

The Board concurs

19. Is the invalid 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.)
(*d*) Temporarily unfit,	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

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

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

as medically unfit for service - to D.S.C. as out patient for observation

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.

J. P. L. Cathcart Maj. *President.*

PLACE St. Andrew's Hall, Toronto,

DATE Feb. 7, 1920

J. L. Edmison Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President*

PLACE.....

DATE..... } Members

APPROVED BY

Assistant Director of Medical Services.

DATE 20-2-20

APPROVED BY

Director-General of Medical Services.

DATE.....

CASE HISTORY SHEET.

St Andrews Military Hospital

Hospital. Toronto Station

No. ..... Rank W/S Name Macintyre A D Age 26

Unit Amc Completed years of service Where and how long 6 24/12

Date of admission 2-10-19 Date of discharge FEB 10 1920

Diagnosis Haemorrhage of Lung Place of origin Jan 1918 Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint Cough in morning and occasionally during day- Expectoration about 1½ oz in morning, blood-streaked Sept 26th 19. Feeling of tightness across chest, no night-sweats. At present time is in fair weight. Sings very easily.

Duration Has had cough since Feb 1919- Pain in chest for past two months

Report M/S MacIntyre, C.A.M.C.

Previous Illness Scarlet Fever-chills &- Diphtheria-Chilblains

Family History

Chest is symmetrical, expansion equal and well- a few linear marks- no stippling or studding. Rt. diaphragm somewhat higher than normal in relation to left, but both dome shaped clear and costo phrenic sinuses clear.
Hilus shadows and lower bronchial trunks moderate- Upper left trunks well defined with a few calcareous nodules scattered along. Upper right well marked in vertebral and 1st interspaces trunks. Linear markings somewhat increased throughout- Rt. lung emphysematous. Heart enlarged to the right.

X Ray Report

(sgd) J.M. Stone, Capt.

suggestion of pleural thickening deleted

Vertical Branches is well outlined to 1st with faint stippling. 1st and 2nd interspace branches show numerous calcareous deposits. Left hilus shows numerous calcareous areas.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) .....

Interspace Branches, to its termination shows many interlacing branches which appear to terminate in definite pulmonary deposits

3-10-19. Sputum- Negative

TREATMENT 25-6-10-19 Sputum Exam for tubercle Bacillus - Negative

(Especially any specific or special form.) 20/10/19 Sputum Exam.

21/10/19 - Sputum neg for TB

23/10/19 - Weight 114 lbs. 28/10/19 113 3/4 4/11/19 - 116 1/2

11/11/19 - 113 1/2

Nov 18 - General condition much improved ever since last report. Cough absent for 4 weeks. The slight exudative process present on admission has apparently ceased - now quiescent. Further convalescence will gradually increase exercise. JMS

CONDITION ON DISCHARGE,

(and disposal made of case.) .....

Date..... Medical Officer i/c case.

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

38823

CASE HISTORY SHEET.

Hospital. Toronto Station

No. Rank W/D Name MacIntyre A. D. Age 26

Unit Amc. Completed years of service Where and how long 6 24/12

Date of admission 2-10-19. Date of discharge FEB 10 1920

Diagnosis Haemorrhage of Lung. Place of origin Jan 1918. Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint Cough in morning and occasionally during day. Expectoration. about 1/2 oz in morning, blood-streaked Sept 26th 19. Feeling of tightness & discomfort, no night-sweats. at present about 10 lbs under weight. Tires very easily.

Duration Was last caught in Feb. 1919. Pain in chest for past two months.

Previous Illness Scarlet Fever childhood. Chickenpox childhood.

Family History Negative for tuberculosis and malignancy.

Chest is symmetrical with fair expansion. Slight impaired resonance left infraclavicular, also in left supra spinous fossa.

X Ray Report Right diaphragm is slightly high with suggestion of pleural adhesions at highest point. Right Hilus shows dilated main bronchial trunks with thickened walls. Vertical Branches is well outlined to 1st rib with faint stippling. 1st and 2nd interspace branches present to faint pulmonary densities. Left hilus shows numerous calcified areas. Vertical Branches is faintly stippled 2nd interspace Branches, to its termination shows many interlacing branches which appear to terminate in definite pulmonary deposits.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

3-10-19. Urine - Negative

TREATMENT (Especially any specific or special form.) 25-6-10-19 Sputum Exam for tubercle Bacillus - Negative

20/10/19 Sputum Exam

21/10/19 - Sputum Neg for TB

28/10/19 - Weight 114 lbs. 28/10/19 117 3/4 4/11/19 - 116 1/2

11/11/19 - 113 1/2

Nov 18 - General condition much improved ever worked better Pulse good. Cough absent for 4 weeks. The right axillary gland has apparently ceased - now quiescent. Further convalescence with gradually increasing exercise.

CONDITION ON DISCHARGE, (and disposal made of case.)

Date

Medical Officer i/c case.

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

38823

Report M/3 MacIntyre, C.A.M.C.

Apices light equally and well- a few linear marks- no stippling or studding. Rt. diaphragm somewhat higher than normal in relation to left, but both dome shapped clear and costo phrenic sinuses clear.
Hilus shadows and lower bronchial trunks moderate- Upper left trunks well defined with a few calcareous noderles scattered along. Upper right well marked in vertebral and 1st interspaces trunks. Linear markings somewhat increased throughout- Rt. lung emphysemitous. Heart enlarged to the right.

(sgd) J.M. Stone, Capt.

.....

Feeling of tight
10 shoulder wea

Duration

part two months

Previous Illness

Family History

Chest is symm

resonance

fossa.

X Ray Report

suggestion of

shows dilated

Vertical Branch

1st and 2nd

FAMILY HISTORY. dense

(Tuberculosis, mental or nervous dise

4.2.20

Left apex is narrow on percussion & lags somewhat
Expiration slightly prolonged.
Right apex - Slight prolongation of expiration.

Opinion The physical signs & symptoms on admission were those of
D.C. incipient tubercle of lung. The X Ray examn showed
evidence of old infection with recent aggravation
due to service
The aggravation due to service has disappeared.
There is peribronchial tubercle, not due to service.

Rec discharge

J.H. Colquhoun Lt Col

(~~A post report on chest exam for admission will be found on my chest files JHC~~)