

1st DEPOT BATTALION, N. B. REGIMENT.



No. 7 M. D. First Depot Battalion N.B. Regiment

Regtl. No. 3258004

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original.

(Class F. C.)

1. Surname Thompson
2. Christian name Michael
3. Present address Dawsonville Rest. Co. N. B.
4. Military Service Act letter and number 382682 F B
5. Date of birth May 27th 1894
6. Place of birth Dawsonville Rest. Co. N. B.
(town, township or county and country)
7. Married, widower or single Single
8. Religion C of E
9. Trade or calling Farmer
10. Name of next-of-kin Mrs Michael Thompson
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Dawsonville Rest. Co. N. B.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
 (a) Place Campbellton N.B. (b) Date Nov. 15th 1917 (c) Category A 2

DECLARATION OF RECRUIT

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

Michael Thompson (Signature of Recruit)
W. Anderson (Signature of Officer)

DESCRIPTION ON CALLING UP

Apparent age	<u>23</u> yrs.	<u>11</u> mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	<u>5</u> ft.	<u>8</u> ins.	
Chest measurement	fully expanded	<u>36½</u> ins.	Scar Right fore arm
	range of expansion	<u>33</u> ins.	
Complexion	<u>Medium</u>		
Eyes	<u>Hazel</u>		
Hair	<u>Brown</u>		

J. J. May Lt. Col.
 O. C. 1st. Depot Battalion
 New Brunswick Regiment

Place St John N. B. Date May 2nd 1918

REGIMENTAL DOCUMENTS

NAME *THOMPSON Michael*

REGT. NO. *3258004*

UNIT *13th Cav Reg Bn*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

S

M

DEATH
Category

1 *5* ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

3x

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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DENTAL HISTORY SHEET (M.F.B. 465)

1

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

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1

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PARTICULARS OF CHARACTER (A.F.W. 3226)

1

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

09573

1

C.D-3

H

41 - 3
10 - 3
5 - 4
1

1

W + 9

2

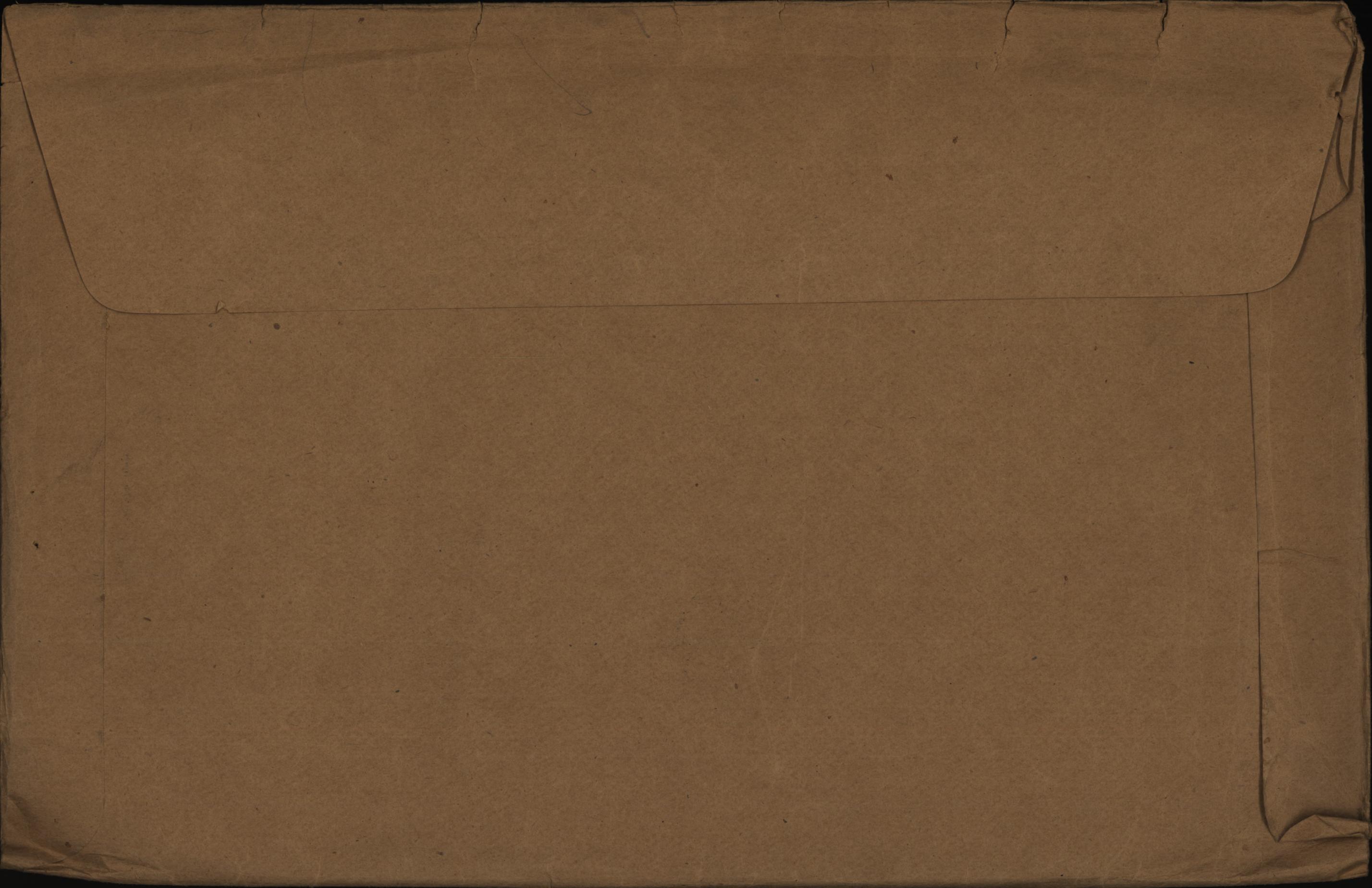
W + 9

1

W + 9

1

W + 9



NAME

Thompson M

REGT. NO.

3258004

RANK AND UNIT

Pte

13R. N. B. Regt.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 316	12 Can. Gen. Branch	4-10-18	Arthritis R. knee
C 345	to Can. Red X Spec.	Buxton 3-12-18.	" " "
C 371	Discharged	13-1-19	" " "

A. & D. CARD

No 126009 HOSPITAL.

AT

Brannett

A. & D. No.

9647

PL. OF ACTION

RANK

O/2

REG. No.

3258004

UNIT

13th CavalrySICK OR
WOUNDED

NAME

Thompson, M

AGE

23

RELIGION

Pres.

PLACE IN HOSPITAL

Red Cross Room 8

DIAGNOSIS

Infl. Rt Knee Joint

ADMITTED

23 - 10 - 18

FROM

DISCHARGED

To

TRANSFERRED

Boston 2/12/18

SERVICE AT HOME

4
1/2

IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.]

E.M.H. ✓

✓
Plt.

Number 3258004 Rank

WR

Surname THOMPSON ✓

Christian Name Michael ✓

Units N.B.R. ✓ Theatre of War England ✓

P

Date of Service 15/8/18 ✓

Remarks

Latest Address Lawsonville ✓
N.B.

Roll No. A Page 2699

200m.-2-21.M.

DEPT NOV 6 1924

REGN. NO. 7237

SURNAME.

Thompson

CHRISTIAN NAMES

Michael

REGL. NO.

3258004

RANK

Pte.

UNIT

A. B. Regt. 1st Dep. Bu 74th Draft.

FORMER CORPS

Nil.

CARD NO.

*S.S. 7-7-19 Demob.
FOLL
AD. 196 of 15/7/19 SD 7*

T. O. S.

May 2 10 18

D.O. Part II No

131

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Thompson, Mrs. Michael.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Dawsonville, N. B.

COUNTRY OF BIRTH

Canada, Dawsonville, N. B.

DATE

May, 27th 1894

PLACE OF ATTESTATION

St. John N. B.

DATE

May 2nd 1918.

*o/s. 3-8-18. 1358
10.*

*R/C. 5-7-19 362 207
D/B 51.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Surname

Christian Name or Names

Reg. No.

Thompson

My

325804

Rank

Unit

05

n.B 13 R

Cas. List.

28. 10-18 6316

17. C.P. Bramslett 24. 10. 18

admitted P. Hull 25.

6-12-18 2/345-10

C. H. C. P. - Buelton

3-12-18"

21. 1. 19 6271

His

HPB. 1. 19.

A. M. D. 2 Dept.

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

Cas. List.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

THOMPSON M

REGIMENT

13 Re BN

RANK

PL

3258004

Date of Examination in England

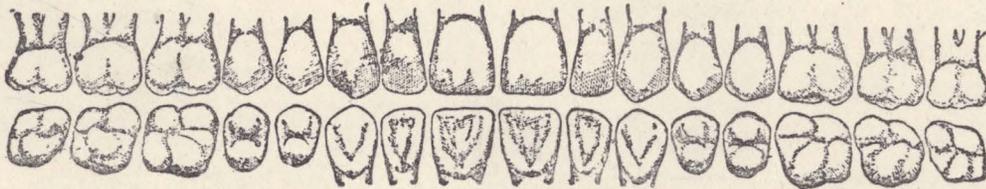
5-619

Date of Examination in France

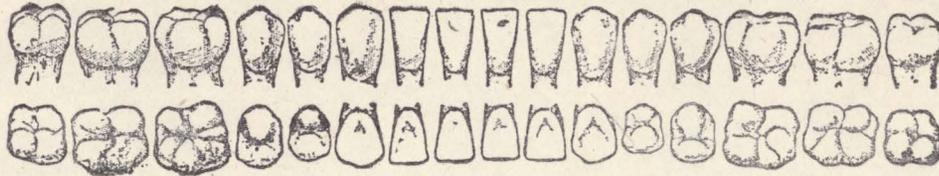
DIRECTIONS TO DENTAL OFFICERS

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

3. 14. 15. 17. 20. 30. 31

2. EXTRACTIONS

12

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

Signature of Dental Officer

M. Parke



W. W. B. P. M. O. P. M.
400566

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *7.*

NAME OF SOLDIER

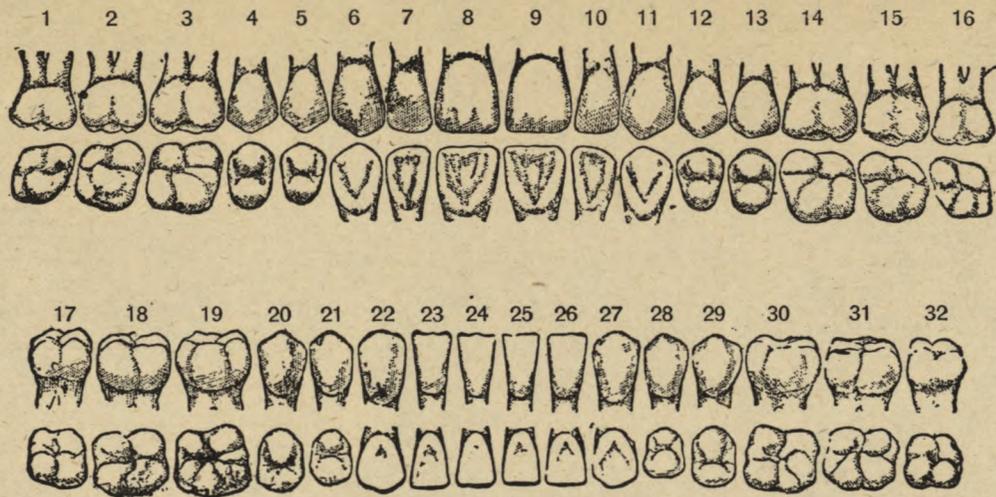
Thompson, Michael.

REGIMENT

Depot. Batt. V.B.R. D. Coy. Pte.

NO.

3258004.



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918.</i>																					
	<i>July 26.</i>																			<i>L.H. Reed</i>		<i>Jan. 10. 13. 17. 20.</i>
																						<i>Ext. 1-4, 14, 21.</i>

No. Previous History.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 16/4/75

NAME Service No. CPC No.
NOM THOMPSON MICHAEL Matricule No 3258004 ARMY WW1 CCP No 155349

WVA No.
AAC No 205014

Information Received from:

Information reçue de: LETTER WIDOW

Date of Death

Date du Décès 21 FEB 75

Place

Endroit N/S

Distribution: WSR-DASG

VI - ASS

~~MAXED~~

HO - BC

Pour le chef,

for Chief, Central Registry Division.

Dépôt central des dossiers.

FOR A REPORT OF THE

DEATH NOTIFICATION

VI DE DE

VI DE DE

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3758004 (Rank) PTE
 Name (in full) Michael Thompson enlisted in
 the 1st Depot Bn W.B. Regt.
 CANADIAN EXPEDITIONARY FORCE at St. John W.B. on the Second
 day of May 1918
 HE served in W.B. Regt. (in England)
 and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age.....	<u>25</u>	Marks or Scars.....
Height.....	<u>5' 8"</u>	
Complexion.....	<u>Medium</u>	
Eyes.....	<u>Hazel</u>	
Hair.....	<u>Brown</u>	
<u>M Thompson</u>		
Signature of Soldier.		

Date of Discharge

Dispersal Station "C"

JUL 7 1919

Militia District No. 7

[Signature]
 DISPERSAL STATION, OFFICER, N. B. FOR
 O. C. DISTRICT DEPOT #7
 Rank _____
 Date JUL 7 1919 19____

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

[Faint, illegible handwriting]

CLASS
WAR SERVICE BADGE
NO. _____
Issued

R.D.

Rank _____ Name **THOMPSON MICHAEL** Reg'l No. ~~4~~ **3258004**
 Unit **103rd Bn N.B.** If in perm. Corps, }
 What Unit? }
 Married or Single **Single**
 Place and Date of Enlistment **St John N.B. May 2/18** Place of Birth **Dawsonville Rest Co N.B.**
 Name and Address, Next-of-Kin **Mrs. Michael Thompson**
Dawsonville Rest Co N.B. Relationship **Mother**
 Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____
 Discharge, Date and Place _____ Reason _____ Character _____

NJE R.B. No. **5455**
 Filed _____
 Catalogue _____

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.				
19 AUG. 1918	13 Res Bn	Arrived in England	AUG 15 1918	45 M/1 Lt	
22. 1. 19	"	S.O.S. posted to N.B.R.D. & On Comm to 1 C.C.D.	Pk Witley	19. 1. 19	19
21-1-19	N.B.R.D.	Trans from 13 Res & shown in Com 12 C.C.D.	Me - -	19-1-19	17 & 19-1 C.C.D. 21/1/19
1.4.19	N.B.R.D.	leaves on com to 1 C.C.D. & on com to 13 Res	Pk Ripon	29.3.19	69.4 B Res Lt 20-72 28/3/19
1-4-19	13 Res Bn	leaves attd on reporting to N.B.R.D.	Pk Ripon	31.3.19	75
23/5/19	13 Res	T.O.S. from N.B.R.D.	"	22/5/19	118 114-17/5/19
24.6.19	- - -	S.O.S. to Canada	- - -	26.6.19	-145
		Dis area - E - sailing 88			

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

M. F. W. 54. (A. F. B. 103:

500M—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION, N. B. REGIMENT.

Unit, Regiment or Corps.....

Regimental No. 2258004 Rank..... Name Thompson Michael
C. E. F.

Enlisted (a) 2x May/18 Terms of Service (a) duration of War Service reckons from (a) 2x May/18

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

Extended..... Re-engaged..... Qualification (b) Farmer

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				
		EMBARKED	HALIFAX	1-6-18	H.M.T. NANKIN
		DISEMBARKED	LIVERPOOL	16-8-18	
19-8-18	OC 13th Res. Bn	T.O.S. 13th Res Bn on arrival from Canada.	Bremshott	16-8-18	B.O. 195, Pt 2.
22-1-19	OC 13th Res. Bn	S.O.S. 13th Res Bn on posting to the N.B.R.D.	Ripon	19-1-19	B.O. 19, Pt 2.
					<i>M. Thompson</i> Lieut & Adjutant. 13th Canadian Reserve Battalion....

Embarked NO. 26 '19
Disembarked JULY 5 '19

(a) In the case of a man who has re-engaged for, or enlisted into Section B, 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)

3258004. Pte Thompson. M.

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				
28-3-19	OC 13th Res. Bn	Attached to 13th Res. Bn from the N.B.R.D.	Ripon	26-3-19	B.O. 72, Pt 2.
1-4-19	OC 13th Res. Bn	Ceases to be attached to 13th Res. Bn on posting to the N.B.R.D.	Ripon	31-3-19	B.O. 75, Pt 2.
<p><i>summary</i></p> <p>Lieut & Adjutant. 13th Canadian Reserve Battalion...</p>					
1.4.19	N.B.R.D	leaves to be shown on com ^d to 13 th Res Bn & is attached to Ripon Depot Group. Posted to 4 Coy	Ripon	31.3.19	D.O. Pt II 69.
20-5-19	n. O. B.	S.O.S. to 13th Res. Bn	Ripon	20-5-19	D.O. Pt II 69.
<p><i>P. E. Apperley</i></p> <p>Lieut. in Records.</p> <p>New Brunswick Regtl. Depot.</p>					
25-5-19	OC 13th Res. Bn	T.O.S. 13th Reserve Bn on posting from the NBRD.	Ripon	22-5-19	B.O. 118, Pt 2.

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. 1st Depot Bn.

Regimental No. 3258004 Rank Pte Name Thompson Michael
C. E. F.

Enlisted (a) 2/5/18 Terms of Service (a) 11 of 10 Service reckons from (a) 2/6/18

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

Extended. Re-engaged. Qualification (b) Farmer

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				
<u>15/7/19</u>	<u>Eng</u>	TAKEN ON STRENGTH PART II. ORDER No. 196 ST. JOHN, N. B.	<u>District Depot No. 7.</u>	<u>26/6/19</u>	<u>R. W. Stone</u> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
<u>7/7/19</u>	<u>Miss H. M. S.</u>	STRUCK OFF STRENGTH PART II. ORDER No. 196	<u>District Depot No. 7.</u>	<u>7/7/19</u>	<u>R. W. Stone</u> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.

(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.]

H. S. 13
 class a
 P.H.
 H. 1st & 6th D.

Temporary replacement Original 103

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1, Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-Pr 1150 1M 5/18 G.W.P.C. (3/4/10)

(1)*Substantive rank <i>pte</i>	(2) Regiment or Corps	(3) Regtl. No.
*Acting rank [To be entered in pencil to facilitate alteration.]	<i>103rd Div N. B.</i>	<i>3258004</i>
(4) Surname <i>THOMPSON</i>		
(5) Christian Names <i>Michael</i>		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (a)		

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)		
(20) Qualifications (g)	or (21) Corps trade and rate		
(22) Extended {	(23) Re-engaged {		
(24) Miscellaneous entries:—			

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

ca

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
19.8.18	13 Res Rev T# 195		Arrived in England D.O.S. on arrival	B. Shott	15.8.18	H.M. Lewis
22.1.19	do		S.O.S. to NBR.D. on Com. det	Witley	16.8.18	
21.1.19	NBR.D. P.O. 17 th 19	19	J.O.S. from 13 th Res Com. det		19.1.19	

Certified true copy.
[Signature]
 for the 1/6 Records, C.M. & C.

25 MAR. 1919 Ceases to be attached on proceeding to 13 Res D.O. No. 8297
[Signature] Adjutant,
 Canadian Command Depot
 Ripon

13TH. Can. D.P.-20. Struck off Strength
 Res. Bn. No..... On proceeding to Canada
[Signature] Adjt.
 13th Can. Bn.

Nothing to be written in this margin.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Regimental No. 3258004 Rank. Pte. Surname. THOMPSON, Christian Name. Michael.

2-T-876 Year

Unit. Age. Service.

1918

13th. Can. Reserve Battn 24 7/12

Station and Date.

Disease Inflammation of joints (R. knee)

ENLISTED: 1 May 1918 St John

ARRIVED ENGLAND: Aug 1918

FRAC: No

COMPLAINT: Pain & swelling in R. knee.

DURATION OF PRESENT ILLNESS: 23-10-18

PAST ILLNESSES: Similar attack 4 yrs ago

FAMILY HISTORY: Negative

HISTORY PRESENT ILLNESS: Swelling and pain in right knee, insidious in onset and without any injury causing same. No Gonorrhoea or Syphilis, patient states. Says he had a similar attack of swelling of knee joint 4 years ago.

CONDITION ON ADMISSION: Well developed man with normal organs except for considerable swelling of right knee. Holds his knee stiff while walking but no limitation to passive movement.

Treatment: Rest & Massage

J. N. Heaven Capt

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Urine
B.G. 1015
All neg
Sug neg

Station
and Date.

TREATMENT:

31-12-18

Improving - J.W.G.

8/1/19

Carry on J.W.G.

15/1/19

Pain entirely absent. Some stiffness
remains in knee.

Discharge in D Category. Fit for

A.

M.H. Greaves Capt

CONDITION ON DISCHARGE:

Station
and Date.

121

Blood culture negative. WMR

29/11/18

Transferred to Burlington for treatment.

W. H. Rapin Case

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____

Rank and Name _____

Age _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation	26						27						28						29						30					
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
Days of Disease	A.M.P.M.																													
Temperature Fahrenheit																														
Pulse per Minute	88						92						88						92											
Respirations per Minute																														
Motions per 24 hours																														

Signature _____

In charge of case: _____

16.11

ASSIGNED PAY. ~~ENGLAND~~ CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: THOMPSON Michael
NUMBER: 3258004

EFFECTIVE DATE: 1/8/18
AMOUNT: 20.00

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C.	1/8/18	Pte.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

M^r Michael Thompson (Mother)
Dawsonville, Ga.

M^r S. Thompson Father
Dawsonville Post Co.
96 W. 7th St.
Stop 1-7-19

UNIT AND TRANSFERS
ORIGINAL UNIT: 15Bz. 1030ft 213 Regt
DATE ACCOUNT FIRST OPENED: 1/8/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			13 Res.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28/5	1134	13 Res.	14.60			Lmb C. bal	20.07
						Lejex	34.67

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *to Canada 30/6/19 which 29/5/19 reports to report 20/7 1919*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal from lew.								13 30		
Aug	PPay	34 10		Canal				20	22 53		
		34 10		AR 24. Bourley 20/8/18	4 87			20			
Sep		33		G.A.P.				20			
				AR 1311. Bourley 3/9	4 87				25 79		
				v 2840	4 87			20			
Oct		34 10		Can				20	35 02		
		34 10		AR 1929 12/10 13 Res	4 87			20			
Nov		33		Can				20			
Dec		34 10		as Dec				20			
Jan 1919		34 10		AR 3656 11/12. Buxton	9 73						
				v 3814 21/12	2 43			20	64 06		
				AR				60			
Feb		101 20			12 16						
		30 80		AR 3970. 10/1/19	4 87						
Mar		34 10		v 4059 17/1/19	4 70						
				v 70577. 28/1/19 100 CDD	7 30			20			
				AR Feb. Mar.				20			
				AR 11130 12/2. 12 CDD	4 87						
				v 11704 20/2	19 47				42 72		
				v 12063 12/3	4 87				37 85		
					51 11			20			

COMPILED BY: *Scatman*
CHECKED BY: *Scatman*

Scatman

Ward Cin Peak Hospital. No. of Bed 46, 137 Date _____

Regt.	Rank and Name.	Corps.	Part to be X-Rayed.
325804	Pte Thompson M.	13th	Rt Knee

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Swelling & pain in
Rt Knee without
History of Gout or haem
or trauma, insidious
in onset. Had similar
attack 4 yrs ago

6x82

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 7831

No visible bone lesion
Knee joint - Right -

Signature of M.O. J. N. GreavesSignature of Radiographer W. A. NagarDate 12-12-48Date Major Cam E



6683B

155349

6683B

WAR SERVICE BADGE

CLASS. **B** NUMBER

S.G. 33

DISPERSAL AREA **c**

OCCUPATIONAL GROUP **1**

Mother
COLE

SHORT FORM
M
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1st Depo # BT (Demobilization.)

1. No. 3258004	
2. Rank. Pto	
3. Name. Thompson Michael	
4. Unit. 13th. CANADIAN RESERVE BN. D.D. No. 7	
5. Date of Discharge JUL 7 1919	Place ST. JOHN N. B.
6. Reason for Discharge HMT NORTHLAND EMBK. 20.6.19. D.EMBK. 5.7.19	
7. Authority. R.O. 1420	
8. Proposed Residence after Discharge Dawsonville N.B.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39 & Class 'A' W.E. Thompson M Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... Ramajin Gylb DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPO #7 (O. C. Discharging Unit.)	

DEMOBILIZATION.

Dispersion Station "C"
JUL 7 1919
Military District No. 7

Medical Documents
Forwarded to
S. C. B. or B. P. C.
CN

19-7-19

Net 2-20

96-17-11-54

WAR SERVICE BADGE
B
A.P. 33
DISCHARGE
COURT

PROCEEDINGS ON DISCHARGE
M
Description

1. Name		2. Rank		3. Grade	
4. Unit		5. Date of Discharge		6. Name of Discharge	
7. Name of Discharge		8. Proposed Residence after Discharge		9. Address	
10. Signature of Soldier		11. Signature of Discharging Unit		12. Confirmation	

1. Name: *Shannon*

2. Rank: *Pvt*

3. Grade: *Pvt*

4. Unit: *10th Cavalry*

5. Date of Discharge: *1920*

6. Name of Discharge: *W. B.*

7. Name of Discharge: *W. B.*

8. Proposed Residence after Discharge: *W. B.*

9. Address: *W. B.*

10. Signature of Soldier: *W. B.*

11. Signature of Discharging Unit: *W. B.*

12. Confirmation: *W. B.*

LIST OF DISCHARGE DOCUMENTS

American Legion Hospital, Portland, Oregon, 1918
 in Portland, Oregon, 1918
 Field Hospital, Portland, Oregon, 1918
 Casualty Hospital, Portland, Oregon, 1918
 Post Hospital, Portland, Oregon, 1918
 Certificate that patient has recovered and is discharged
 Medical History Sheet
 Proceedings of Medical Board
 Physical History Sheet
 Medical Report
 Regimental Conduct Sheet
 Company Conduct Sheet

1. 1918

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
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. 1063a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 44)
(Enclosed in special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 30a).
10. Dispersal Certificate (C.D. 2).
11. Equipment Statement, C.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 831).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sanitary Documents.

Group A1
 Checked by No. 5
cmc B
 Date 12-6-19

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 initialed 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.

Witley

STATION..... **Witley**..... DATE **14-2-19**

1. 1 (a) Unit..... **1st C.C.D.**..... (b) Regimental No..... **3258004**..... (c) Rank..... **Pte.**
 (d) Surname..... **Thompson.**..... (e) Christian name..... **Michael.**
 (f) Home address..... **Dawsonville, Restigouche, B.B.**
 (g) Next of Kin..... **Mr D. Thompson.**..... (h) Relationship..... **Father**
 (i) Address of Next of Kin..... **Same.**

2. Age last birthday..... **25**..... Date of birth..... **1894**

3. Enlistment, or Appointment (if an Officer) (a) Place..... **St John.**..... (b) Date..... **1-5-18**

4. Personal description:
 (a) Height..... **5-6**..... (b) Weight..... **150**..... (c) Complexion..... **Dark**
(stripped)
 (d) Colour of hair..... **Dark**..... (e) Colour of eyes..... **Gray**..... (f) Identification marks, Scars, etc.
Scar left hip and left toe.

5. Former trade or occupation..... **Farmer.**

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).

	PERIODS	
	From	To
	Years	Days
Canada.....	1-5-18	2-8-18
England.....		
France or other theatres of War.....		
	9 months.	

7. Original disease, or injury..... **Arthritis right knee.**

(a) Date of origin..... **P.T.E.**..... (b) Place of origin..... **Canada.**
 (c) Cause..... **Infection.**

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.)

(Arthritis Right Knee). Difficulty in walking due to arthritis Right Knee caused before enlistment and aggravated by service.

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.)

Obj:— Slight swelling of right knee. Measurement left knee 14 $\frac{1}{4}$ "
Rt Knee 14 $\frac{3}{4}$ ". Tenderness over medial side of right knee.
No limitation of movement.

Sub:— Only when he walks fast he has pain in right knee. At his own gait he can walk 2 miles without difficulty.

- (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.....

Urinalysis:— 1022. acid. Sug. & Alb. Nil.

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

He had pains in right knee for years before he enlisted. Walking over rough ground always causes trouble. Since enlistment began to swell and the pain became more severe. Has been treated in Hosp. for 4 months.

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).)

Nil.

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

Irregular scar left hip.

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

Yes. Knee swells and became very painful since enlistment.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months.

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

Massage and electricity for 6 months.

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.

(If not, briefly state why)

17. Recommendations

E. W. Moniece, Lieut. C. A. M. C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, M. Thompson, 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

Thompson, M. Pte. Rank. Signature of invalid examined.

J. L. H.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.) B.11.
- (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.)

Boarded for return to Canada. Auth. A.C.1/9083 of 11-11-18.

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.

N. J. Barton. Major. C.A.M.C. President.

PLACE..... Witley

Jas. L. Hammond. Capt. C.A.M.C. Members

DATE..... 28-2-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President.

PLACE..... Members

DATE.....

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

CAPTAIN For A.D.M.S. CANADIAN TROOPS, WITLEY



Date of Enlistment 2/5/18

MILITIA AND DEFENCE T-7050

Date of Assignment

Separation and Assigned Pay Branch

1st Aug. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 ⁰⁰ ..			
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PARTICULARS OF SEPARATION ALLOWANCE

No. _____ Name _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion 1st Depot Bn. N. B. Regt. 441-103
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name _____
 Address _____
 Change of Address _____
 1 MR. MICHAEL THOMPSON,
 DAWSONVILLE,
 2 N.B. 20 20.00
 3 % 3258004 PTE. MICHAEL THOMPSON
 TWENTY DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
1918						
Aug 11	38874		20	20	<p>4017957-M-23</p> <p>Y. 38874 & P. 44026 returned & leave per hacer 7293-1918- g/c suspended awaiting information from Overseas as to correct name of assignee. Return of cheques requested. L.P. 11719. To suspend. Rendered 26/9/18. A/c reopened as from 1-8-18 in favor of Mr. Stillman Thompson as per A 2^m on file. L.P. 12514 for 120. rendered 21-1-19 to adjust a/c as from 1-8-18 to 31-1-19. P.O.C. M. 22-1-19 UN. L.P. 50441. Reinstatement & alteration rendered 21-1-19 P.O.C. M. 22-1-19 UN. 04999 mailed 27/1/19. P.O.C.</p>	
Sept 10	44026		20	20		
Jan 0	4999		120	120		e
Feb 8	76861		20	20		e
Mar 3	88615		20	20		e
April T	412		20	20		e
May 2	6258		20	20		✓
June S	11597		20	20		
July W	112987		20	20		✓
			1240.00			

A/c Closed 31/19. File 01.79571-M-23
 Ret'd per. [Signature] Date 5.7.19
 113269
 Dest. L.P. No. 221 M.P.W 187
 Clerk [Signature] Date 5.7.19
 M.D. [Signature]

AUTHORITY FOR NEW ACCT. } M. H. T-B-2.
 29-9/18
 E. Nash

M. F. W. 128
 4004-6-17-1772-38-1141
 L. L. 2220-M & D. 7962

M.D. No. 7

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

J. O. Lawsonville, N. B.

AUDITOR: P. H. Payne
PAYMASTER: J. [unclear]

REGT. No. 325804 RANK Pte NAME (IN FULL) Thompson, Michael
1st. D. Bn, N. B. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		S	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	S	C.	S	C.	S	C.	S	C.	DEBIT	CREDIT	
			\$	C.																			
June																							Northland 5-7-19
July	10	1 ¹⁰	11 00	35 00	20 07	20 07																	1st. D. Bn. Eng. P. Co. 1307-19
																							* 6 days allow 1st pay W.S.G. P. Co. July pd. by [unclear]
WAR SERVICE GRATUITY.																							
					</																		

