721010
SIN/NAS

CHRISTIAN
Surname/Nom

Curley
Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

A0-68-1695

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT CEF

Original A 1881

ATTESTATION PAPER.

No. Original

Folio. NP 921-010

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Christian
1a. What are your Christian names? ..... Curley
1b. What is your present address? ..... Selkirk Man.
2. In what Town, Township or Parish, and in what Country were you born? ..... Manitoba
3. What is the name of your next-of-kin? ..... Mother
4. What is the address of your next-of-kin? ..... Emma Christian
4a. What is the relationship of your next-of-kin? ..... Homestead P.O. Pennsylvania USA.
5. What is the date of your birth? ..... Apl. 15. 1883.
6. What is your Trade or Calling? ..... Chain maker.
7. Are you married? ..... no.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes.
9. Do you now belong to the Active Militia? ..... no.
10. Have you ever served in any Military Force? ..... no.
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? ..... yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Curley Christian, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Curley Christian (Signature of Recruit)

Date Nov 16 1915 W. J. Bell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Curley Christian, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Curley Christian (Signature of Recruit)

Date Nov 16 1915 W. J. Bell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Selkirk this 22nd day of November 1915.

George B. Rose (Signature of Justice)

M. F. W. 23
206 M—9-15
H. Q. 1772-39-841

Description of Curly Christian on Enlistment.

Apparent Age 32 years .... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height .... 5 ft. 6½ ins.

Chest measurement. Girth when fully expanded .... 36½ ins.
Range of expansion.. 3½ ins.

Complexion ... Clear ...

Eyes ... Black ...

Hair ... Black ...

Religious denominations
- Church of England ....
- Presbyterian ....
- Methodist ....
- Baptist or Congregationalist ....
- Roman Catholic ....
- Jewish ....
- Other Denominations ....
(Denomination to be stated)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

None.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Nov. 19 1915.

Place Sidney

A. Ross
Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

....

....

....

....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Curley Christian .... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. J. Coleclough Major (Signature of Officer)

for

Date 22nd Nov 1915

1981

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 722010 (Rank) Pte.

Name (in full) CHRISTIAN CURLEY enlisted in

the 108th Bn

CANADIAN EXPEDITIONARY FORCE at Selkirk Man. on the 8th

day of Sept. 1915

HE served in England and France

and is now discharged from the service by reason of Physical Unfitness

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

Age 36

Height 5' 7½"

Complexion Dark

Eyes Brown

Hair Dark

Marks or Scars

Vaccination scars on left arm.

Amputation of both arms and legs.

G.S.W. Arms and Legs. 9-4-17

C. Christian.

Signature of Soldier

H S Beemer

Issuing Officer

Captain,

Rank

For Lieut.-Colonel,

O.C. No. 2 District Depot.

Appointment

Date of Discharge Sept. 3rd 1918

Signed at Toronto Ont. this 3rd day of Sept. 19 18

in Military District No. #2

File Reference No.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 781010 (Rank) Pte. Name CHRISTIAN GURNEY

Unit 108th Bn

Address on Discharge Euclid Hall Jarvis St. Toronto Ont.

Character and Conduct Very Good

Former Occupation Chain Make r

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Gold Stripes One.------ ------1

Signed at Toronto Ont. this 3rd day of Sept. 1918

H. G. Beemer

Name of Officer

Captain,
For Lieut.-Colonel,

Rank

O.C. No. 2 District Depot.

Appointment

M.B.

Uniform not to be worn after date of discharge unless written authority has been granted by the G. O. C. of district.

EW LM

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

18914/377

Name CHRISTIAN C.
Surname Christian Name

Regimental Number 721010 Rank Pte.

Unit #2. D.D.

Original Unit

District where paid M.D.2

Date of Discharge

P. D. P. Filing Number 5-869-2

Address (in full) Invalid Soldiers Commission,
Toronto.

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

L. L. 16038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100.10	13954	15/11/8	33.00	13005	15/12/8	33.00				34.10	66.00
3401 E.S.	400853	29 3/19	70.00								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks:

Transf. to Ledger

Dec'n No 18.9.14/3.77 **W. S. G.** File No 3182.-6.7

Award ...... days at $ ..70 per day $ 350.00

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

Less P. D. P. Credited $100.10

$249.90

Less further debit balance $......

Net due paid as below 249.90

TO SOLDIER TO DEPENDENT

	Date	0	Ag. No	Ch No	Amount		Ch No	Amount
	29.3.19	1	2340	460853	70			
	6.6.19	2	2735 A	451363	140			
		3						
	14-5-19	4	1193 C	463417	39.90			
		5						
		6						
			Total		249.90	Total		

GEN'L AUDITOR
Posting checked by
W Black
Date 22.7.19

Rehoused

19 Beverley St.
Toronto. Ont.

1921

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
4-5-17	Man Reg Depot	Taken on Strength	Dibgate	26-4-17	Pt II DO.56.
10-7-17	78th Bn	Trnsfd Ontario Mil Hosp	Orpington	4-7-17	CL B° 235.

[signature] LIEUT:
FOR LT: COL: I/C RECORDS, C.O.M.F.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

[signature] Major
HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON.

Taken on strength
No 2 District Depot
from April 18th 1918

Army Form B. 103.

Regimental Number 7210

Casualty Form—Active Service.

Temp.

Regiment or Corps

Rank Pte Surname Christian Christian Name J C

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

Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked...			
29.12.16	CBD	Arrived TOS 78th Bn	Havre	29-12-16	[illegible] pt II 30/8/17
29.12.16	Do	Left for Unit	Field	1-1-17	[illegible]
6.1.17	OC 78th	Joined Unit	Do	4.1.17	B213 [illegible]
14.4.17	11 CFA	Contusions Arms Legs Adm	11 CFA	11.4.17	
		Do	CCS	11.4.17	[illegible] 3598
14.4.17	23 CCS	" " Adm	23 CCS	11.4.17	[illegible] 3590
		Do	1 AT	12.4.17	
13.4.17	32 Staty	Cont Arms Legs Adm	32 Staty	13.4.17	3034/290
22.4.17	32 "	" " " Dang. Ill	"	22.4.17	3034/318
26.4.17	H/S St Denis	Sick & Posted to Man Reg.		26.4.17	[illegible]
		Depot Shorncliffe			Pt II ords 53 d 15.5.17

[signature] Lieut.

(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.

(M1'01) W6185/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

94577

721010 Private Curley Christian,
108th Bn. Can. Inf.

20

Perforated sheet for Will from Pay Book of Reg.

No. 721010

Name Pte C. Christian

Unit 108th Battalion

Military Will

In the event of my death I give the whole of my property and effects to my Mother, Mrs Emma Christian. Homestead. Pa U.S.A.

Signature Pte Curley Christian

Rank and Regt. 721010

Date Nov 11th 1916

Selkirk,
Man.

Sheet II 1981

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 .....

Regimental No. 721010 Rank Pte C. E. F. Name Christian C.

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

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*) .....

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				
		T.O.S. No.2 District Depot, Part II, D.O. No. 6			
		Lieut. and Asst. A.G. For O.C. No. 2 District Depot			
		Dis #2 D.D. Sept. 3rd 1918 Ptll #133			
		Captain, For Lieut.-Colonel, O.C. No. 2 District Depot.			

(*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				

1981

This space to be for numbers

Proceedings on Discharge.

29/4/39

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

M.B.

No. 721010

Rank Pte.

Surname CHRISTIAN

Christian Name CURLEY

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

Corps (Squadron, Battery or Company) 108th Bn (#2 D.D.)

Date of Discharge SEP 3 1918

Place of Discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years ..... months.

Height 5 feet 7½ inches.

Complexion Dark

Eyes Brown

Hair Dark

Trade Chain Maker

Intended place of residence (To be given as fully as practicable.) Euclid Hall Jarvis St. Toronto Ont.

Descriptive Marks

Vacc scars on left arm.

G.S.W. Arms and legs. (AMPO)

9-4-17

Discharged 15-3-54

2. The above-named man is discharged in consequence of

Physical Unfitness

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

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

Very Good

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

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

Chain Maker

...ng of the Commanding Officer, who ...ke identical entries on the character ...d initial them.

WSG Comp
14.2.19 NS

(OVER)

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

Nil

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

6. Medals and Decorations................. Nil

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

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

(Place) TORONTO. ONT.

(Date) SEP 3 1918

H. G. Beemer Captain, For Lieut.-Colonel, *Commanding* O.C. No. 2 District Depot.

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) TORONTO. ONT X C. Christian .... (*Signature of Soldier.*)

(Date) SEP 3 1918 Harvey M. Gordon Lieut .... (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

X C. Christian per Harvey M. Gordon Lieut (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to......(the date to which the Record of Service is completed) 2 years 360 days.
2 360
Total......years......days

11. **Confirmation of Discharge.**

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

(Place) TORONTO, ONT.

(Date) SEP 3 1918

H. G. Beemer Captain, For Lieut.-Colonel, (*Signature*) O.C. No. 2 District Depot.

1981 C. Christian 721010

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER C. Christian DISTRICT

REGIMENT 78th Bn. RANK Pte. No. 721010

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.

	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	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	Jan 17/18				General Prophylaxis																	

All Dental Work Completed
H.S. Thomson. Capt.

M.F.B. 465
200M-1-17
1772-39-950

1981

Next of kin:- Mrs. Emma Christian,
Homestead P. O., Pennsylvania, U.S.A.

EXTRACT FROM QUEBEC MEDICAL BOARD.

NAME: Curley CHRISTIAN, DATE: Nov. 16/17.

ADDRESS: Selkirk, Man. AGE 35 yrs.

NO. 721010 RANK: Pte. HEIGHT: 5' 6½"

UNIT: 108th Bn. CHARACTER: Good.

PREVIOUS OCCUPATION: Hair dresser. WHEN SEEN SERVICE: France.

CAUSE OF DISABILITY: Wounded by H.E.S. amp. of both arms & both legs.

STATEMENT OF DISABILITY AS PREVENTING THE SOLDIER EARNING A FULL LIVELIHOOD: Patient has lost rt. arm 4" below elbow, left " 6" " elbow } joints normal.

Also lost both legs 5" below knees. Joints are normal. Stumps well healed and in good condition. Otherwise in good health.

INCAPACITY: Total.

IS FINAL DISABILITY LIKELY TO PREVENT RETURN TO PREVIOUS OCCUPATION Yes.

TERM OF CONVALESCENCE: 6 mos.

CLASS: 2.

BOARD: C. J. Currie, Maj.; F. N. Hughes, Capt.; J. D. Loudon, Lt.

EXTRACT FROM ORIGINAL M.H.S.

WEIGHT: N. R.

CHEST MEASUREMENT: N.R. Minimum. Maximum. N.R.

PHYSICAL DEVELOPMENT:

SLIGHT DEFECTS:

EXTRACTS FROM ENGLISH MEDICAL REPORT.

DISABILITY:
RECOMMENDS: N.R.

N.R.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Claim

I claim that the two artificial legs furnished me by the Lim. factory at the Davisville Military Hospital are not satisfactory, and I want the privilege of selecting the style and make of my legs.

X
Signed C. Christian.
#721010.

H.W. Gordon
Lieut

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

Form 1. 5M-3-17-S.P.

MILITARY CONVALESCENT HOSPITAL 1981
TORONTO

SECTION A.

Date Oct 25/17

Name Christian. C Age 35 ~~Married or~~ Single

Home Address 671 Main St.

Enlisted on Oct 8/15 at Selkirk. Man.

Town or City Winnipeg Province

Unit 78 E. Rank and No. Pte 721010. Previous Conduct

Diagnosis and Recommendations of previous Boards. Amp Both Legs & Both Arms.

Complaint if any, regarding pay.

Complaint reported to .....

By .....

The above to be filled in by office when patient is admitted to hospital

Date .....

REPORT OF ADMITTING OFFICER

SECTION B.

DATE

WEIGHT { Present / Best

HEIGHT

CLASSIFICATION OF CASE

Indicate primary class by XX
secondary by X

1. MEDICAL
   a. Cardiac
   b. Pulmonary
   c. Gas
   d. Nervous
   e. Gastro Intestinal
   f. Rheumatic
   g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   a. Wasserman
   b. Blood
   c. Urine
   d. Sputum
7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Military Orthopedic Hospital

Oct 25/17

F. J. Quelgne Capt

Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

Capt McKenzie

Date

Capt. K. G. McKenzie,
Capt. C.A.M.C.

Special questions for Soldiers' Aid Commission

1. Diagnosis

2. Degree of Disability (expressed by fraction)
   Permanent or otherwise

1710

3. Can former occupation be resumed?
   If not, what class of work could be undertaken?

4. What military duty could he perform?

The above questions, S[illegible] C., are to be filled in by Officer in charge of case, but not until case is ready for discharge

SECTION D.

Date 1981

1. COMPLAINT

amp. both legs & both arms.

DATE OF ORIGIN & CAUSE OF DISABILITY

April 9/17. Vimy Ridge
H.E.S.

2. PREVIOUS HISTORY

—

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts. —

Venereal Infection —

Did patient reach England or France or remain in Canada? France

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects?

If wounds or injury how caused?

Patient has amputation of both arms below elbows and both legs below knees. The stumps are all well healed and in good condition.

Is condition due to service or climate? If not, was it aggravated by them? How?

On or off duty?

In action or in field service?

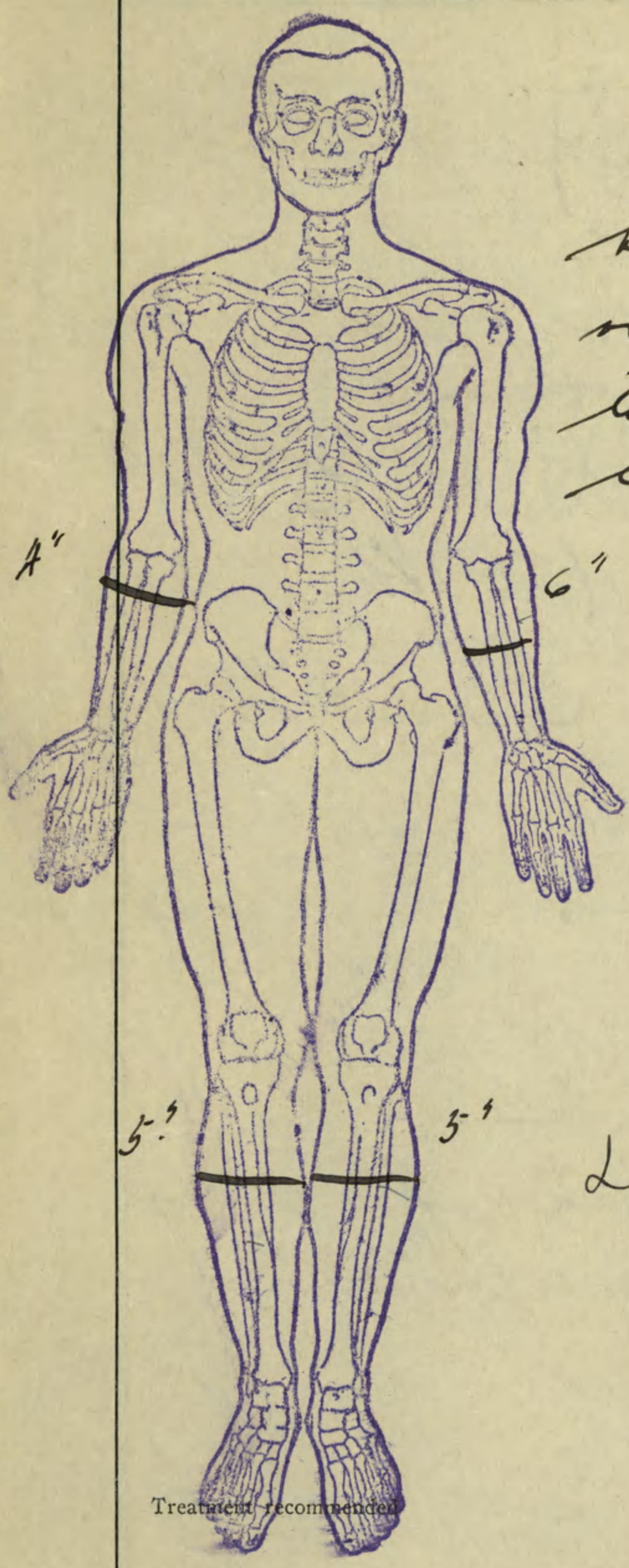
If due to exposure on duty, what was nature?

Previous treatment and results. Where treated?

PHYSICAL EXAMINATION

SECTION E.

Date 1981



all amputations are well healed and not painfull or tender. They are now ready to be measured for artificial limbs.

C.A.M.

L

Treatment recommended

Probable minimum duration of treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer

PROGRESS NOTES

SECTION F.

All Progress Notes must be signed and dated

1981

Date	
Dec 10th.	Hoops were ordered some time ago for this patient. He is waiting on feet before he can be set up with artificial limbs. KGMK
Jan 1st.	Patient has had both legs ordered & has been wearing them for some time in through. Burns says to-day that Judge Corley's arms should be here soon
March 1st.	Arms not here. Legs are very satisfactory as patient walks well without a cane KGMK
March 28/18.	Now being fitted with arms KGMK
June 5.	Leather linings and alterations to [illegible]
Jun 14/18	Legs finished, ordered hands KGMK
~~Jud~~	A Carnes arm ordered for right. Patient has Judge Corley hook for left. His artificial legs are satisfactory. To be discharged to Euclid Hall KGMK
	Col. Starr says that these wooden arms [illegible] & slip socket much superior which the patient wants. KGMK

.................................HOSPITAL

1981

PROGRESS NOTES

All Progress Notes must be signed and dated

Date

Aug 18/18. Ordered Carnes arm for left arm, so that when patient receives it, he will have two Carnes arms & two Judge Corly's hooks.

KGWC

G. & T. 76328 "B"

.....HOSPITAL

OPHTHALMIC INSERT

Date

Name Age No.

Rank Unit Former Occupation

History

	RIGHT EYE	LEFT EYE
External		
Intraocular		
Vision		
Mydriatic		
Fields		

Diagnosis:

Opinion:

.....

Signature of Medical Officer

Army Form B. 181.

CLINICAL [CHART].

(To be attached to Case Sheet.)

Corps *78th Can Bn.* Ontario Military Hospital *Orpington*

No. *721010* Rank and Name *Christian C. Pte* Age *35* Service *20/12*

Disease *Arms & Leg Amps.* Date of admission *July 3rd 1917* Date of discharge *19.9.17* Result *Canada*

Dates of Observation	July 3	4	5	6	7	8	9	10	11	12	13	14	15
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13
Temperature Fahrenheit (Time A.M. P.M.)	Admitted	Discontinued											
Pulse per Minute	80	74 / 72											
Respirations per Minute	20	15 / 20											
Motions per 24 hours													

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97° (subdivisions ·8 ·6 ·4 ·2)

(6201) Wt. W. 114[..]/M11[..] 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature *[illegible] Capt* In charge of case.

Forms I. 1237/12

1981

Army Form I. 1237.

26-4-17

Dep: 3-7-17

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Fo 221	721010	Pte	Christian	C.

Year	Unit.	Age.	Service.
	18th Canadian	35.	1 6/12 4/12

Station and Date.	
30·V·17.	Disease All amputations healed except one or two stitch holes: over the both knees a superficial slough of the bruised skin has come away leaving a raw patch several inches across: to be dressed with Paraffin vii.
5·VI·17. 2	no stump is quite healed yet: there is a small sinus in both legs: a patch of superficial slough over left knee: small superficial ulcers both arms.
22·VI·17.	All stumps practically healed now: knees nearly well also.
	W. Fell.
3.7.17.	Corrington 3/7/17

Bethnal Green Military Hospital, Cambridge Road, E.

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

(44502) Wt. W 11203—M 1150. 1,250,000. 6.12/16. C.F.&S. Forms/I. 1237/12. (E238) P.

Station
and Date.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ...... no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ...... rec. 66 dollars Post. Dis. office 40 Richmond st. City

20. Have you been issued with a War Service Badge? If so, what class? ...... a.

21. Have you, during the present war, served in the Imperial Forces? ...... no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ...... no

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ...... no

(b) If so, was such reversion in consequence of misconduct or inefficiency? ...... no

24. Are you now serving in the C.E.F.? ...... no ...... If not, give:—(a) Date of discharge 9th nov. ~~1918~~ 1918 (b) Reason for discharge Qudruple ampation legs. and arms

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ...... no

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ...... 78th Batt. 28 Dec. 1916. 28 april 1917

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ...... no

(b) If so, are you in receipt of full pay and allowances from that Department? ...... no

And I make this solemn declaration, conscientiously believing it to be ~~true~~, and knowing that it is of the same force and effect as if made under oath and in virtue of ~~the Canadian~~ Evidence Act.

Signature of Applicant: Curley Christian x Ge.

Place of Residence: 19 Beverly st Main

Declared before me at: Toronto Ont

This 24th day of Jan 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. [signature] J.P.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
15-11-18	33.00			
15-12-18	33.00			
15-1-19	34.10			
No overpayment	$100.10			

Certified Correct.

E K Bruce / District Paymaster.
CAPTAIN C.A.P.C., C.E.F.
for PAYMASTER, MILITARY DISTRICT No. 2

18914

377

FILE No.
RECEIVED
JAN 28 1919
PAYMASTER
MILITARY DISTRICT No. 2

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names Curley 2. Surname Christian

3. Rank Private 4. Original Unit 108 5. Reg. No. 721010

6. Address, in full, to which future payments of gratuity are to be forwarded
19 Beverley st
Toronto Ont.

7. Date of enlistment in the C.E.F. Oct. 8. 1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge none

9. Relationship of such dependent "

10. Address, in full, of such dependent "

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
78th Batt. Dec. 1916. April 1917.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Oct. 1915. – Dec. 15. 1916
with 108th Batt. Dec. 28. 1916 — 1918. Nov. 9th
with 78. Batt.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

CLINICAL CHART.

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

Corps GW 48th Hospital Station

No. 721010 Rank and Name Pte C. Christian Age 35 Service

Disease Cot Date of Admission Oct 25th Date of Discharge Result Case Book Folio

Dates of Observation	Cot																													
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.
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																														
Respirations per Minute																														
Motions																														

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature ..... *In charge of case.*

649-C-10787

CARD NO.

S.O.S. Des. P.U. 3-9-18
D.O. 1347 29-8-18

SURNAME. Christian,

CHRISTIAN NAMES Curley

REGL. No. 721010 RANK Pte

UNIT ~~108th~~ (2. D. D) Batt.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Christian, Emma, Mrs.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Homestead, P.O. Man.

CHANGE OF ADDRESS

Also notify Lt. Col. G.H. Bradbury MP House of Commons Ottawa

COUNTRY OF BIRTH Canada, Manitoba DATE

PLACE OF ATTESTATION Selkirk Man. DATE Nov. 22-15.

Q/S. 18-9-18 $\frac{S.42}{S.}$

R.C. 30-9-17 (C.B.) M.D. 10.

L. L. 90:89.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39 839.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

Sailed for Canada per Hosp. Ship "Llandovery Castle" (Auth T.1352) 19/9/17

MEDICAL EXAMINATION. PLACE DATE

FORM R. 149.
7106—250m—7/5/17.

1981

Name CHRISTIAN. Curley, Rank Pte. Reg. No. 721010

Unit 78th Battalion

4/1/6

Next of Kin U.S.A.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13/4	32 Stat. Hosp.	Wimereux	Cont. Arms Legs "W	A177	M2445	20/4
18-4.	O.C. 32 Stat. Hosp.	Wimereux	Gangerine	A.178.	M2537.	
	reports DANGEROUSLY ILL.		Arms & Feet.			
26-4.	Mil. Hos.	Bethnal Green	do	B184		
4-7.	Ont. M. H. Orpington		Amp. Arms & Legs (Cont. Bruised, Gangrene)	B 235		
19-9.	Discharged			B. 19		322.

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

W.R.

Number. 721010 Rank. Pte

B

V

Surname. CHRISTIAN

Christian Name. Curley

Unit. 78th Bn Can Inf Theatre of War. France

Date of Service. 29-12-16

Remarks. 1421 Lansdowne Ave Toronto 29/1/23

Latest Address. ~~Euclid Hall Jarvis St.~~
Toronto Ont.

Roll No. "B" Page 45-41.

DESP. DEC 1 1923
REGN. NO 9952

No. 721010 RANK Pte. NAME Christian C

T. O. S. 20/11/15 (D.O.) of 9/12/15 UNIT 108th. Battalion

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 20	Nov. 30	✓		
Dec.		✓		
1916	1916			
Jan.		✓		
Feb.		✓		UNIT SAILED
Mar.		✓		
Apr.		✓		SEP 18 1916
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept 1	Sept 11	✓	Trans to Clearing Depot Camp Hughes 11-9-16.	BO 2190 of 12-9-16.

1981

REGT'L NO 221010

NAME Christian Curley.

H. Q. FILE NO. 649-

FOLLOWS

NO.

RANK AND CORPS Pte. 78th. Bn (108th. Bn)

CABLE No.	CABLE DATE	C. NATURE OF CASUALTY
M.2445	21-4-17	Adm. to. No. 32. Stat. Hos. Wimereux Apr. 13th. 1917 (Contusion, arms, legs,)
M 2537	22-4-17	Dangerously ill 32 Stat. Hosp. Wimereux April 18th 1917.
S 352	24-9-17	Sailed from Liverpool for Canada per H.S. Llandovery Castle on the 19th Sept. 1917 Amp. R+L. Hands Rt+L. foot

FOLLOWS

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 177 (2)	#32 Stat. Wimereux	13-4-17	Cont Arms Legs W.
A 178.	OC No " " " Repts.	18-4-17.	Gangrene Arm & Feet W. Dang Ill
B 184.	Mil Bethyal Green	26-4-17	Contusions Gangrene
B 235	Ontario Mil Orpington Kent	4-7-17	Amp. Arms. Leg. (Cont. Gangrene Buried) 1-8-17
B 19	Disch " " "	19-9-17	Amp. Arms Legs (Cont Buried Gangrene)
281.	M H.C.C. Kingston	6-10-17	Adm Queens
302	M.H. CC. Toronto	26-10-17	Trans'd Toronto from C Unit
300	" " " Kingston	25-10-17	" D Unit from Queens

1981 1710

REG. NO. 72010 NAME (SURNAME FIRST) Christian, C. 44

RANK Pte. CORPS 78th Bn.

AGE 35. SERVICE 8.10.15

NAME OF HOSPITAL M.O. 96. PLACE Toronto.

DATE OF ADMISSION 25.10.17

DISEASE Amp. Both Legs. & Both Arms.

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

1981

Form D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Christian	C.	721010

Rank	Unit	Co.	Troop	Batty.
Pte	78th Bn Man.			

Hospital	Date of Admission
1 2 32 Stat Wimereux	13-4-17

Transferred

3 Bethnal Green Mil Hosp. 26. 4. 17
4 Ontario Mil Orpington Hosp. 4. 7. 17
Hosp.

Diagnosis 1 Cont. Arms & Legs Wd.

Later Diagnosis (if changed) (1) 2 Gang. Arms & Foot.

(2) 3 Contusions (Gangrene) W.

(3) 4.5. amp. Arms & Legs (Cont. Gangrene, Buried)

Additional Diagnosis: if more than one state present

DISPOSITION Date

5 Dis. 19. 9. 17

	Disposition	
1	C. L. 20-4-17	A177
2	21-4-17	A178
3	2. 5. 17	B184
4	10. 7. 17	B235
5	25. 9. 17	B19 (3)

REMARKS

2 Dang. Ill 18-4-17

Dis to Canad per
HS "Llandovery Castle"
from Liverpool 19-9-17

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

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

L

*Name Christian, C. Rank Pte. Regtl. No. 721010 D

Fyle Depot

Original unit Present unit 78th M/ or S. Age 35 Religion Bapt. Ref. H.Q.

Port, ship, and date of arrival Halifax, October 6th, 1917

Next of kin (Brother) James Christian, Detroit, Michigan

Address on leave Same

Address on discharge Euclid Hall Jarvis St, Toronto

Transportation issued ~~Yes~~ No Date Character on discharge Very Good

Previous occupation Chain Maker Date and place of enlistment 22 Nov. 1915 Selkirk

Diagnosis Amp. both legs and both arms Date of Medical Boards 30-7-18

Date.	M.O.H. Remarks.	Pt. 2 Order No.
15-8-18	Posted to Cas. (Remaining in MOH)	121
3-9-18	S.O.S.DISCHGD."PHYS.UNFIT": to take further in-patient treatment with the ISC at Euclid) NO PDP or cl. allce.	134

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

1981

R—122
8,401—50,000—21-10-16.

E.T.

Rank | Name CHRISTIAN, Curley | Reg'l No. 721010

Unit ~~14th. Res.~~ (108 th) Battn | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Selkirk. Nov. 16th. 1915. | Place of Birth Manitoba.

Name and Address, Next-of-Kin Emma Christian.

Homestead. P.O. Pensylvania. U.S.A. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

N/E. R.B. No 7824
File R.L.
Category MUC

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
19-1-17.	(108th Bn) 14th Res ve.	T.O.S of the 108th Bn from Clearing Depot Winnipeg	Dibgate.	11-9-16	Pt II. 16
~~28~~-12		Arrived in England.		25-9-16	
28-12-16.	108th Bn	Trans to 78th Bn. o/seas	Seaford.	28-12-16	Pt II 241
8. 1. 17	78th Bn.	T.O.S. from 108th Bn.	Field	29. 12-16	Pt II D.O. 3
20. 4. 17	"	Adm No 32 Stat Hosp	Wimereux	13. 4. 17	CL A177 Cont Arms Legs W.
21. 4. 17	"	" " DANGEROUSLY ILL	"	18. 4. 17	CL A178 " "
2. 5. 17	"	Trsfd Military Hosp Bethnal Green	London	26. 4. 17	CL B184 " "
15. 5. 17	"	Sick & posted to Man Depot	Field	26. 4. 17	Pt II D053.
4. 5. 17	Man R.D.	Taken on Strength	Dibgate	26. 4. 17	Pt II D056.
10. 7. 17	78th Bn	Trsfd Ontario Mil Hosp	Orpington	4. 7. 17	CL B235 " "
25. 9. 17	— " —	Discharged " "	— " —	19. 9. 17	CL B19 " "

aff B.O. Checked 14/12/17 WDP.

721010 Christian C. 1981

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.					
27.9.17	M.R.O	S.O.S to Canada for further medical treatment	Pte	Debgale	19.9.17	Pt 11 DO 202

Name Pte. C. Christian

M. F. W. 41
100M-1-18.
1772-39-339.

Regimental No. 721010

Unit 108th

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin

Date and place discharged

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.
Aug 1.	31	31	1	31 –	31	10	3 10 –	10	34 20	6437		34 20			34 20	To Cas. 15-8-18
									34 20						34 20	
																Disch. 3-9-18
Sept. 1	3	3	1	3 –	3	10	30		38 30	6847	35				38 30	Do. 134
								35 –		6848	3 30					Inpatient I.S.C.
																~~3 mos. P.D.P.~~
									38 30						38 30	~~T. Clothing~~ SK

M. F. W. 41
100M-1-18.
1772-39-882.

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					

M. F. W. 41
1 0M—7-16
1772-39 889.

L. P. C. No. 6 2325

Pte Name Christian Curley

NOV 5 - 1917

Regimental No. 721010

Unit 108 Bn.

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Lland Castle 30/9/17

Home

~~Name and~~ address of next-of-kin

M B.

Date and place discharged

Reason for discharge

Character on discharge

Cate H D.

b 5351—M. & D. t880.

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.
	6.8.17							283 80								E. L. P. C.
7.8.17	31.10.17	86	1	86 -	86	10	8 60		378 40					100 =	100 =	D. D. Hal
											Cr	Bal			278 40	L. P. C. rend on
									378 40						376 40	showing apc cdy to 31/10/17
																and lfd to C Unit

Nil

M. F. W 41
1 0M—7-16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

CONFIDENTIAL INFORMATION

Report No. 4811 G.

Class........ Category........

Christian, Curley
Selkirk Man.

No. of M.H.C. File	No. of Local File	No. of H.Q. File

No. 721010 Rank Pte. Original Unit 108th Bn. Present Unit 78 Bn.
Age 35 Height ft. 5' 6 ins. Complexion Dark Eyes Black Hair Black Character good.
Date of enlistment Oct. 1915 Where enlisted Selkirk Man. Where seen service France.
Ship returned by Londonderry Castle Date of arrival Oct. 1917 Port of arrival Halifax
Birthplace Holmstead Penn. U.S.A. Religion Baptist.
Name and address next of kin Mrs. Emma Christian Holmstead Penn.
Notification of return to be sent to do.
Cause of disability loss of Both legs and both arms.

DEPT. MILITIA & DEFENCE [illegible] 1917

649-6-10787

Condition which prevents the soldier from earning a full livelihood

Wounded by H.E. Shell, Amp. of both arms & both legs.

Degree of incapacity (Please state in fractions) Eng. Board 100 % Canadian Board 100%
Probable duration of incapacity life
Is final disability likely to prevent return to previous occupation? yes.
Recommendation of Canadian Board
Destination to which transportation issued Toronto.
Members of Board Major C. J. Currie, Capt. J. H. Hughes, Lt. J. D. Loudon.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Chain Maker
Regular trade or profession do.
Average earnings previous to enlistment $150 per month Any other income? —
Name and address of last employer Wadlinger H. Selkirk Man.
Rent per month — If purchasing property amount due and annual payment, $ $
Taxes — If Homestead, when is patent due? —
If carrying life or accident insurance, annual premium none
If in receipt of sick benefits or other insurance—name of society — Amt. per mo. $
If unable to follow previous occupation, name preference ?
At what age soldier left school? 15 What grade, standard, &c., was he in? 5th Book pub. School.
Has he taken any Technical or Continuation Classes, if so what? – Night School, Holmstead Penn. class in Rolling Mill.
Whether given Vocational Training while in Hospital in England. If so, what subjects? no.
References Col. Geo. H. Bradbury O/C. 108 Bn. Ottawa
Witness J. Mck. Ferguson Lt.
Date 27 Dec 1917

I declare that the above statement is correct.
Signature Curley X Christian his mark

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
witnessed J. Mck. Ferguson Lt.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H. Q., $ L. P. C. leaving Depot, $
Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
PENSION—Class........ Amount per year, $........ Period granted for........ Dating from........
First payment date........

Form No. 5c.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claims as the result of or aggravation by service.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases, the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CONFIDENTIAL INFORMATION

Report No.	Class	Category	M.H.C. No. of	Local No. of	H.Q. No. of

INFORMATION TO BE FURNISHED BY SOLDIER

No.	Rank	Original Unit	Present Unit
Age	Height	Hair	Eyes
Date of enlistment	Where enlisted	Where seen service	Date of arrival
Ship returned by		Port of arrival	
Birthplace		Religion	
Name and address next of kin			
Notification of return to be sent to			
Cause of disability			

Condition which prevents the soldier from earning a full livelihood

Name and address of Board

Description to which transportation issued

Recommendation of Canadian Board

Is final disability likely to prevent return to previous occupation?

Probable duration of incapacity

Degree of incapacity (Please state in fractions) Eng. Board — Canadian Board

Certificate of Medical Treatment by further medical treatment in some military hospital or sanatorium is a desirable or necessary for a soldier who has been discharged as a result of injury or disease contracted on active service, the Medical Board should be informed of the fact, and the soldier should be given a duly signed Medical Certificate to that effect.

Class 3.—Men whose condition may be improved by further medical treatment (such as a hernia, varicose veins, etc.) should be returned to the Canadian Hospital or Convalescent Depot for treatment. If there is no Canadian Hospital or Convalescent Depot in the district, the case will immediately be referred to the Medical Board, and the soldier should be given a duly signed Medical Certificate to that effect.

Class 4.—Men whose condition is such that they are not fit for any employment, or are unable to return to their former occupation, should be referred to the District Medical Board.

Class 5.—Men who are unfit for military service, but who are able to perform light duty, should be referred to the District Medical Board.

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Other income?

Name and address of last employer

Wages earned previous to enlistment

Amount of Pension—Class ..... Amount per year, $ ..... Period granted for ..... Dating from .....

First payment date .....

Form No. 2c.

Last Pay Cert. Cr., $	Dr., $	Amount paid at Depot H. Q., $	L. P. C. leaving Depot, $
Amount forwarded to H. Q. Unit, $		Credit Clothing allowances, $	
Transfd. to	Unit—Date	Transfd. Class 1—Date	Transfd. Class 2—Date

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

I declare that the above statement is correct.

Signature .....

Witness

Date

References

Whether given Vocational Training while in Hospital in England. If so, what subjects?

Has he taken any Technical or Continuation Classes, if so what?

At what age soldier left school? What trade, standard, &c., was he in?

If unable to follow previous occupation, name preference

If in receipt of sick benefits or other insurance—name of society — Amt. per mo. $

If carrying life or accident insurance, annual premium

Taxes — If Homestead, which is patent date?

Rent per month — If purchasing property, amount due and annual payment, $ ..... $

Name and address of last employer

Rent per month

Taxes

If Homestead, which is patent date?

If purchasing property, amount due and annual payment, $ ..... $

Occupation prior to enlistment

Regular trade or profession

Other income?

Wages earned previous to enlistment

Name and address of last employer

Amount forwarded to H. Q. Unit, $

Credit Clothing allowances, $

Transfd. to — Unit—Date — Transfd. Class 1—Date — Transfd. Class 2—Date

PENSION

CONFIDENTIAL INFORMATION

Report No. 4811

G

Category D or E

Christian, Curley

Selkirk, Man.

No. of M. H. C. File	No. of Local File	No. of H. Q. File
649	C-	10784

JAN -2 1918

No. 721010 Rank Pte. Original Unit 108th Bn. Present Unit 78 Bn.

Age 35 Height 5 ft. 6 ins. Complexion Dark Eyes Black Hair Black Character Good

Date of enlistment Oct. 1915 Where enlisted Selkirk, Man, Where seen service France

Ship returned by L.Castle Date of arrival Oct. 1917 Port of arrival Halifax

Birthplace Holmstead, Penn. U.S.A. Religion Baptist

Name and address next of kin Mrs. Emma Christian, Holmstead, Penn.

Notification of return to be sent to

Cause of disability Loss of both legs and both arms. (Amputated)

Condition in detail which prevents the soldier from earning a full livelihood

Wounded by H.E.Shell. Amputated both arms and both legs.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board 100% Canadian Board 100%

Probable duration of incapacity Life

Does it render him permanently unfit for Military Service? Yes

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

Destination to which transportation issued Toronto.

Members of Board Major C.I.Currie, Capt. F.N.Hughes, Lt. J.D. Loudon.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

C. Service in Canada.
D. Treatment.

Occupation prior to enlistment Chair maker

Regular trade or profession " "

Average earnings previous to enlistment $150. per mo. Any other income?

Name and address of last employer Wadlenge, H. Selkirk, Man.

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium none

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? 15 What grade, standard, &c., was he in? 5th Book Public school

Has he taken any Technical or Continuation Classes, if so what? Night school, Holmstead, Penn. Class in (Rolling Mill.

Whether given Vocational Training while in Hospital in England. If so, what subjects? no

References Col. Geo.H. Bradbury O/C 108th Bn. Ottawa

Witness McK. Ferguson, Lt. I declare that the above statement is correct.

Date 22-12-17 Signature Curley Christian X his mark

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Witnessed J McK. Ferguson, Lt.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date G

PENSION—Class........... Amount per year, $........... Period granted for.................... Dating from....................

First payment date..............................

Form No. 5a.

A. General Service.
B. Service abroad, not general.

Form No. 20

Entry returned date .....

Transf'd to	Date—Date	Transf'd Class 1—Date	Transf'd Class 3—Date
EXPIRATION—Class	Amount per year $	Period granted from	Inform from

Last Pay Cert. Cr. $	Dr. $	Amount held at Depot H.Q. $	L. P. C. Issued Depot $
Amount forwarded to H. Q. Unit $		Credit Clothing allowance $	

Recommendation by Interviewer as to classes likely to be of use and any general remarks

Date — — 19 Signature

I declare that the above statement is correct

Witness

Reference

Master Eyes Vocational Training while in Hospital in England. If so, what subjects?

Has he taken any Technical or Continuation Classes? If so, what?

At what age solicit. left school? Why? Wear glasses, standard, dec., are he in?

It unable to follow ordinary occupation, name deficiency

If in receipt of sick, accident or other insurance—name of society Amt. per mo. $

If certificate of accident insurance, annual premium

Trade

Rent per month If homestead, when is payment due?

If homestead, probably amount due and annual tax assess. $

Name and address of last employer

Wages earning previous to enlistment Any other income?

Occupation prior to enlistment

Religious creed or profession

INDEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Children 1					
2					
3					
4					
5					

Occupation in detail which prevents the soldier from earning a full livelihood

Cause of disability

Notification of return to be sent to

Name and address next of kin

Birthplace Religion

Ship returned by Date of arrival Port of arrival

Date of enlistment Where enlisted Where seen service

Age Height Complexion Eyes Hair Character

No. Original Unit Present Unit

Relinquishment of Board

Medical Board

Recommendation to be sent to Medical Board.

Medical Board

Date of discharge Medical Board

Reason for discharge, Regulations quoting.

Medical Board

Medical Board

Medical Board

M.D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

W.

No. 2 DISTRICT DEPOT

LAST PAY CERTIFICATE

No. 56

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 721010 Rank Pte. Name C. Christian

No. 2 District Depot.

Corps ..... who was* Discharged

On Sept. 5, 1918, to Inpatient I.S.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1, 1918, to Sept. 5, 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques: No. 6847	35	00	Regt'l Pay 3 days at $ 1 00	3	00
Advances by Cheques: No.			Field Allow. 3 days at $ 10	30	
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* CLOTHING	35	00
Payment on transfer or discharge No. 6848	3	30	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	38	30	Total	38	30

*Give particulars.

A monthly stoppage of $ ——— (†) has ——— (‡) been paid on account of Assigned Pay for the month of ——— 191.... and Sep'n Allce. for month of ——— 191.... (to) Assignee ———

(Address) Euclid Hall, TORONTO

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....

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

(3) cause of discharge Pay. Unfitness authority D.O. 134

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date August 30-18

Place TORONTO, ONT.

W. Kennedy CAPT.

PAYMASTER, No. 2 DISTRICT DEPOT

Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

Forms I. 1237 / 12

Canada Ontario Mil. Hosp. Orpington

Army Form I. 1237.

19 9 1) Bed 16 1981

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	721010	Pte	Christian	C.

Year	Unit.	Age.	Service.
1917	78th Can. Bn.	35	20/12

Station and Date.	
	Disease Arms & Legs Ampt
July 3rd 1917	Patient states he was wounded at Vimy
	Ridge on 9/4/17
(1)	Was taken to ? Field Ambulance where wounds
	were first dressed 11/4/17
(2)	Thence to 32 dressing station Australian 13/4/17
(3)	Thence to London General Hospital 27/4/17
(4)	Thence to Bethnal Green Hospital where Operations 28/4/17
	were performed Legs and Arms amputated
5	Thence sent to Ontario Military Hospital Orpington
	Kent 3/7/17.
6.	6/7/17. Examination shows.
	Stumps of both legs and both arms
	quite healed except for small patch of granulating
	surface of the stump of right fore-arm which is
	quite clean and healthy. Moist dressing
	applied. Otherwise patients seems quite well.
	H. E. L. Sparks Lieut. C.A.M.C.
	Boarded
19-9-17	Discharged to Canada.
	A. McLaren Capt CAMC

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

(44502) Wt. W 11203 M 1150. 1,450,000. 6/12/16. C.F.&S. Forms/I. 1237.12. (E233)

P.T.O.

Station and Date.	

Forms
I. 1237
12

1981

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Pte	Christian	Curly
Year		Unit.	Age.	Service.
		78 Canadian Gren		

Station and Date.	Disease
27.4.17	G. S. W. crushed by ~~shell~~ earth from shell explosion: Both hands and both feet are gangrenous. hands cold and mummified with moist gangrene at line of separation:
28.4.17	Both forearms amputated: the left 5 inches the right 4 inches below the elbow: pus in between muscles.
29.4.17	Sums well: temp. normal. slept with morphia:
	A little suppuration at the corners of the wounds otherwise ~~the~~ the stumps are ~~healing~~ healing well: no pain.
1st 1.17.	Both legs amputated about 5 inches below the knee. ~~[illegible]~~
7.5.17.	Healing fairly well.
15.5.17.	The ~~left~~ right leg is healed: all stitches taken out:
	The ~~right~~ left leg is suppurating a little at a few stitch holes:
	The arms have not close as well as the legs: there is a good deal of suppuration in the left and the lower flap has partially opened up.
19.5.17.	Rt. leg quite healed: left leg slight discharge from 3 points: rest healed.

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

11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12 (E239)

P.T.O.

M. F. W. 41
1 0M—7-16
1772-39 889.

DO 349
#2 D.D.

Name Private C. Christian

Regimental No. 721010

Unit 108th

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin

Nth Toronto

Transf from "C" Unit

Date and place discharged

Reason for discharge

Character on discharge

b 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
								Dr. Bal.	15 -	392	77	15 -			15 -	N.P.L.
Dec. 1	31	31	1-	31 -	31	.10	3 10		34 10	486	62	19 10		15 -	34 10	D.P.L.
Jan 1	31	31	1-	31 -	31	.10	3 10		34 10	556	53	34 10			34 10	N.J. J.P.L.
Feb 1	28	28	1-	28 -	28	.10	2 80	9 60	40 40	604	36	40 40			40 40	Out Feb 1 ind DO 35 In " 13 DO 46 N.J. F.P.L.
Mar. 1	31	31	1-	31 -	31	.10	3 10		34 10	656	51	34 10			34 10	N.J. M.P.L.
Apr. 1	30	30	1-	30 -	30	.10	3 -		33 -	703	41	33 -			33 -	N.J. A.P.L.
May 1	31	31	1-	31 -	31	.10	3 10		34 10	777	21	34 10			34 10	N.J. M.P.L.
June 1	30	30	1	30 -	30	.10	3 10		33 -	843	13	33 -			33 -	N. Toronto J.P.L.
July 1	31	31	1	31 -	31	10	3 10		34 10	AR.	54	34 -			34 -	July
														Cr. Bal.	10	
									34 10						34 10	Carried forward

1981

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

We recommend that he be discharged to the I.S.C. as an in-patient

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

C. J. Cunne [illegible] President.

Place Military Orthopedic Hospital

[illegible] Members.

Date AUG 14 1918

APPROVED BY [illegible] Christian Capt Assistant Director of Medical Services.

APPROVED BY .... Director-General of Medical Services.

Date 27/8/18.

Date ....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness .... Signed ....

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

.... President.

Place ....

Members.

Date ....

Objective Amputation of both legs 5" below knee flap operation, scar not adherent to tendon, movement full supplied with two satisfactory artificial limbs.

Incapacity due to loss of 1/ both forearms 2/ both legs.

CJC

Next of Kin [illegible] Christian (Brother) Detroit Michigan

Address

Home Address Same

Medical Officer

1981

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 D.M.H. Toronto Date 30/7/18

1. 1 (a) Unit DD#2 (b) Regimental No. 721010 (c) Rank Pte

(d) Surname CHRISTIAN (e) Christian name Curley

2. Age last birthday 36 Date of birth Apl 15th 1882

3. Enlisted at Selkirk Man on Sept 8th 1915

4. Personal description:—

(a) Height 5-7½ (b) Weight (stripped) 135 (c) Complexion Dark

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

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

Euclid Hall Jarvis St Toronto

6. Former trade or occupation Chair Maker

7. (a) Service: 2 years 10 mths

Unit	Periods From	Periods To
108th Battn	Sept 8th 1915	Dec 15th 1916
78th "	Dec 16th 1916	Oct 1st 1917
M.H.C.	Oct 1st 1917	Apl 17th 1918
DD#2	Apl 17th 1918	to Date

(b) Has he been overseas? Yes 8. Original disease or disability Gangrene of 1/ arms & legs.

(a) Date of origin Apr. 9/17. (b) Place of origin Vimy Ridge

(c) Cause* Buried by shell in trench

(d) Present disease or disability Amputation of both forearms & legs.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

1/ Subjective — none

2/ Objective — Amputation of right forearm 4" below elbow, full movement of

1881

9. Present condition.—(*Continued.*)

stump not tender a Carnes arm has been ordered for this forearm
Left forearm is amputated 6" below elbow, full movement; not tender supplied with a small judge Corley Hook
Subjective — aching around the knees after taking legs off also skin tends to become irritated especially in hot weather

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous normal Digestive normal Respiratory normal Cardiac normal

Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal

arm - normal

Was taken at Dornville July 29/18

10. History: (*a*) of Condition referred to in "a" section 9.

Patient was buried for 3 days & had limbs amputated for gangrene

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

none

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? not applicable

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? permanent

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

Canada 10 mths England 5 mths France 2 weeks

1881

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

no

16. Can the former trade or occupation be resumed? no
(If not, briefly state why.)

17. Recommendations

That he be discharged to the C.S.C. as an in-patient

R G McKenzie
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

The artificial legs are not satisfactory. He wishes to be supplied with slip sockets for legs & a Carnes arm for left arm

C Christian
Signature of soldier examined.

CJC

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 criticized.

we concur

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

20. It is certified that the soldier
(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).

 1981

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

President.

Signatures of the Board

 1981 Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

8894

Reserved for M.H.C.

Regt. No. 721010 Rank Pte Surname Christian Christian Name Curly

Unit or Corps—(a) Overseas from United Kingdom 75th Can (b) In United Kingdom 109th Can

Born at—Town Homestead County or Province Pennsylvania Country U.S.A.

Date of Birth—Day 15 Month April Year 1882 Age 35 yrs. 2 months.

Joined at Selkirk Manitoba Date Nov 19/15

Former Trade or Occupation Chain Maker

Permanent marks or peculiarities that will serve for future identification :—

Scar about 2" long on left side of face, ½" from corner of mouth.

Both hands and both feet amputated.

Height—feet 5 inches 6½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) C. Christian.

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)	Inability to walk
Disabilities Group (*b*)	Partial Inability to use his arms.
Disabilities Group (*c*)	

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GSW both feet.	Vimy Ridge	9.4.17
(*ii.*) As to Group (*b*) above.	GSW both HANDS	Vimy Ridge	9.4.17
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ? No

(*i.*) As to Group (*a*) above ? No — If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? No — If yes, has Active Service aggravated it ? No

(*iii.*) As to Group (*c*) above ? — If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ? Yes

(*iii.*) As to Group (*c*) above ?

PART I. (continued). 1981

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? Yes (ii.) While off duty? No

(iii.) Was a Court of Inquiry held? No (iv.) Where? (v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).

Patient ststes that on April 9th at Vimy Ridge he was buried and both hands and feet crushed as a result of a shell explosion.
Hands and feetbecame gangrenous and on April 28th at Bethnal Green Hosp.both hands were amputated;and on May 1st both feet were amputated.
On July 3rd all stumps practically healed and he was transferred to Ontario Military Hosp.Orpington.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Both feet and hands are amputated.All the wounds are completely healed except for a small patch of clean healthy granulations on the stump of the rt arm.
Respiratory,Nervous,Digestive,Circulatory,and Genito Urinary systems all Normal.

8. OPERATION. (i.) Was one performed? Yes

(ii.) If so, state what. Amputation of both feet and hands.

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? YES

(d) Discharge from the Service as permanently unfit? No

Date of Report July 6th 1917 191 Signed W.E.L Sparkes Lt CAMC

Officer in medical charge of case.

Station ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

I have satisfied myself of the general accuracy of the above Report, and concur therein ~~except~~

D.W.McPherson Col.CAMC Officer i/c Hospital } Strike out one of these.

Dated at ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT. Station, on 19 JUL 1917 191

* Delete if inapplicable.

PART II. 1981

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? Yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it. Yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier: Caused? No Aggravated? No (b) Misconduct of the Soldier: Caused? No Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)

Not app.

15. THE PENSIONABLE DISABILITY.—*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, $\frac{4}{4}$, or all.*) Not app.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? Yes
(ii.) If not permanent, what is its probable minimum duration (*in months*)? Not app.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not app.

18. Remarks.

19. Recommendation:—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board 19 JUL 1917

Station ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

Signatures of the Board.
W.H.Merritt Major CAMC President.
James W Ross Capt CAMC
Adam E Hilker CAMC Capt

Approved W. Smallwell A.D.M.S.
Captain C.A.M.C.
for A.D.M.S., Canadians, London Area.

Dated at Station A.D.M.S. CANADIANS, LONDON AREA, LONDON, 27 JUL 1917 191

P. 559.

Married or Single: S.

Place of Birth:

Name and Address of Next of Kin: Mrs Emma Christian Homestead P.O. Pennsylvania U.S.A.

Relationship of Next of Kin: Mother.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 721010 — Rank: Private — Name: Christian Carl

If in Permt. Corps What Unit — Unit: 108th

Transferred to 14th Reserve Bn — Date 1/2/17 — Authority Bo 10 10/1/17.

Transferred to Pay. 2 "L" — Date 4.8.17. — Authority Orp. 18A.23. 31.7.17

Transferred to N.E. Bch — Date — Authority

Transferred to — Date — Authority

Permanent Force Allowances

Place of Attestation: Selkirk

Date of Attestation: 16/11/15

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason: Discharged to Canada

Discharge Date and Place: 6/8/17 Canada — Reason and Authority: Orp. 18 A/23 31/7/17. Invalided

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Entered on N.E. Card Index — Checked by J. McElburn

JAN 19 1918 — Canadian Contingent

6

C. I.

Date 1916-7	Pay No. of Days	Rate	Amount $	c.	Other Credits	Total Credits	Acquittance Rolls 2 No.	Date	3 No.	Date		4 No.	Date	Cash Payments 2	3	4	Other Charges	Total Debits	Balance Credit	Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
12.9.16 to 31.1.17	142	1.10	156	20		156 20	H1299 / 92051	15/12 / 30/11	803	18/1/17	78th Btn.			9 73 × / 12 17 ×	2 61 ×		60 × / 2 49 ×	24 99	131 21		75 —	56 21	Taken on strength 12/9/16 Bo. 209 25/11/16. Q 4005 A 159 20/12/16; Q 4005 A 96 18/12/16; Transf'd. to 14th Reserve Bn. 1/2/17; S.O. to from Canada Bo 10 10.1.17. Bo 1039 14/12/16
1-28/2	28	1.10	30	80	10 30	41 10			274	29/12/16					14 60 ✓			17 21	155 10		90	65 10	
1-31/3	31	1.10	34	10.		34 10.			854 / 916 / 968	8/2/17 / 17/2 / 18/3	78th Btn / " / "				2 62 ✓ / 2 61 × / 2 62 ✓			7 85	181 35.		105	176 35	
1-30/4	30	..	33	.		33 .			1033	26/3	Do.				2 62 ×			2 62	211 73		120		
1-31/5	31	1.10	34	10		34 10													245 83.		135		
1-30.6.	30	1.10	33.			33.						BPM Remitt	13/6/17	2'90	27 68	9 73 ✓ / 4 87 ✓ / 14 60		14 60.	264 23.		150		
1-31.7	31	1.10	34	10.		34 10.													298 33.		165		
1-3.8.	3	1.10	3	30.		3 30.													301 63.				Trans to Pay 2 "L" eff. 4.8.17. Auth. Orp. 18A.23. 31.7.17.
4-6	3	1.10	3	30	3 20	6 50 (368 90)												67 27	308 13 ✓	241 33			Int. Def Pay to 30/6/17

Nil

Canada 6/8/17

Inv. 28th

Orp. 18 A/23 31/7/17

Invalided

A.S.M. Form Rendered ... Effective

Discharged ... Date

Checked J. MacKinnon

L.H.

P. 697.

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

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
~~Oct~~/17	Bal fd								308 13		
Nov				E/n. A.R. 691 Orpington 1/8/17	24 33 ✓ (24 33)				283 80		

Balance transferred to Canadian Liability a/c

Balance transferred to R. E. Branch. Nil

M

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.

AUDITOR	PAYMASTER

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

M. OR S.

REGT. No. 721010 RANK Pte. NAME (IN FULL) Christian, Curley.
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 108 Bn. | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 8/9/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: new address Keens Bldg, Spadina Av. Toronto
ntd Feb. 5-1/19
~~C/o Invalid Soldiers Commission Toronto.~~ ~~19 Beverley St 2nd~~

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE #2 D.D. DATE 3/9/18 REASON Med. Unfit. AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.		Total Credits $ c.	Acquittance Rolls (Col. No. 1, 2, 3)	Cash Payments Col. No. 1	Col. No. 2 (Cheque)	Col. No. 3	Assigned Pay W.S.G. $ c.	Regimental Charges $ c.	Other Charges $ c.		Total Debits $ c.	Balance Debit $ c.	Balance Credit $ c.	PARTICULARS OR REMARKS
Balance from previous account	Cr. Fwd. P.L. 869 line 5					100 10							66 00		[struck through]			Discharged P.L. 869, 1st & 2nd P.D.P.
								Jan 15th	792		34 10							cheque mailed 15/1/19.
						100 10					34 10		66 -		100 10			

P.D.P.
~~W.S.G.~~ PAID IN FULL
[signature] CAPTAIN
~~FOR PAYMASTER WAR SERVICE GRATUITY~~

Post Discharge pay only

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								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	