

Unit 134th Battalion Rank Lieutenant Name E. C. Gordon

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname?..... Gordon
- (b) What are your Christian Names?..... Edward Clarence
- 2. (a) Where were you born? (State place and country)..... Toronto, Canada.
- (b) What is your present address?..... 38 Foxbar Road, Toronto.
- 3. What is the date of your birth?..... September 21st, 1895.
- 4. What is (a) the name of your next-of-kin?..... Margaret D. Gordon.
- (b) the address of your next-of-kin?..... 38 Foxbar Road, Toronto. Ont.
- (c) the relationship of your next-of-kin?..... Mother
- 5. What is your profession or occupation?..... Student.
- 6. What is your religion?..... Presbyterian.
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 8. To what Unit of the Active Militia do you belong?..... 48th Highlanders
- 9. State particulars of any former Military Service..... None.
- 10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

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

E. C. Gordon.....(Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

Date Feb - 10 1916

Place Toronto

J. W. Hughes  
Medical Officer.

\*Insert here "fit" or "unfit."

OFFICERS' DECLARATION PAPER  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

Answers

1. (a) What is your name? Harold Clarence
2. (a) Where was your birth? (State place and country) Toronto, Canada
3. (a) What is your present address? 38 Foxboro Road, Toronto
4. (a) What is the date of your birth? September 21st, 1895
5. (a) What is the name of your father? Kenneth B. Gordon
6. (a) The address of your next of kin? 38 Foxboro Road, Toronto
7. (a) The relationship of your next of kin? Mother
8. (a) What is your present occupation? Student
9. (a) What is your profession? Physician
10. (a) Are you willing to be examined or vaccinated and inoculated? Yes
11. (a) To what Unit of the Active Militia do you belong? 48th Highlanders
12. (a) Are you a member of a former Military Service? None
13. (a) Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the regulations of the Army Medical Department and find him to be fit for service in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Medical Officer

Date

Signature

C.E.F.

GORDON EDWARD CLARENCE

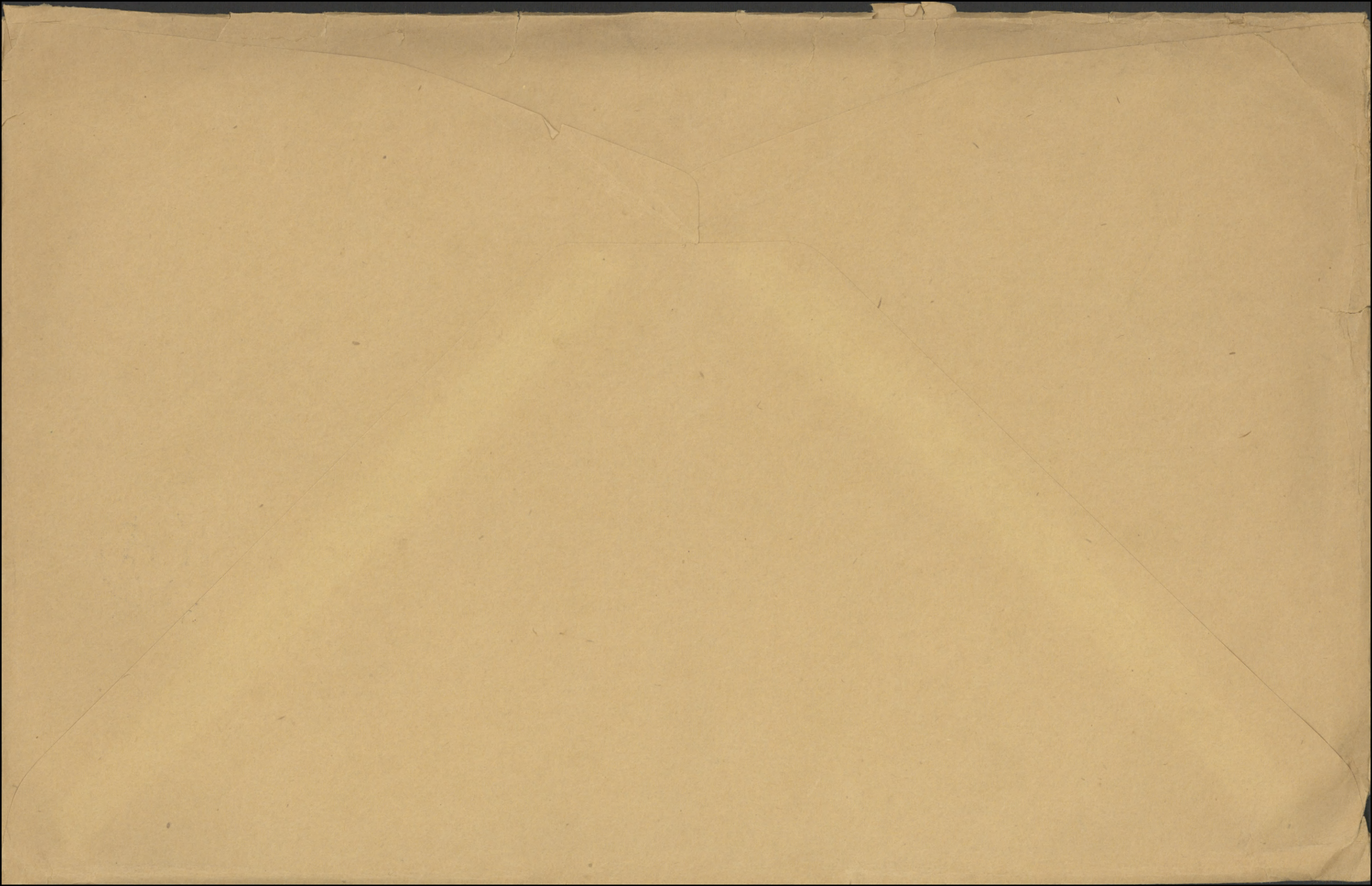
LIEUT

134 BN

18246

DEMOB.





To be made out in duplicate.

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

INSTRUCTIONS.

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

- (1) Name of Overseas Unit which Soldier joins..... 134th. Overseas Bn. C.E.F.  
 ..... ~~(48th. Highlanders)~~ .....
- (2) Regimental Number..... Lieutenant.
- (3) Full Name of Soldier..... Edward Clarence Gordon.
- (4) Place of Birth..... Toronto, Ont; Canada.
- (5) Are you married, or not?..... No.
- (6) If married, state,  
 (a) Full name of your wife..... Not applicable.
- (b) Present Postal Address..... Not applicable.
- (7) Are you a widower?..... No.
- (8) Have you any children?..... No.  
 If so, give number of boys and girls..... Not applicable.  
 Also their names and ages..... Not applicable.
- .....  
 .....  
 .....

(9) Is your Father alive? No.

If so, state name and address Not applicable.

(10) Is your Mother alive? Mrs. Donald Gordon, 38 Foxbar Road, Toronto, Ont; Canada.

If so, state name and address.....

(11) If your Mother is a widow Yes.

Are you her sole support, or not? Yes.

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

~~Not applicable.~~

\$50.00 per month.

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

Not applicable.

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

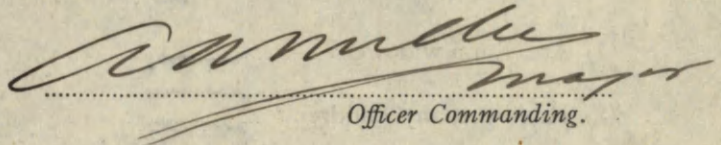
Yes. Not applicable.

(15) Are you insured? No.

If so, in what Company? Not applicable.

Have you made arrangements for payment of your Insurance premium Not applicable.

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

  
Officer Commanding.

Date 31/7/16.

DRC-2-21.

Lt

1. THIS IS TO CERTIFY that (Rank) Lt
2. (Name in full) Edward Clarence Gordon (M.C)
3. Enlisted in 134 Bn
4. ~~CANADIAN EXPEDITIONARY FORCE~~, on the
5. ~~day of~~ 191 AND WAS APPOINTED TO COMMISSIONED RANK
6. in 134 Bn
7. CANADIAN EXPEDITIONARY FORCE on the Third day
8. of January 1916
9. He SERVED in CANADA Eng & France with 134 Bn, 4 Bn  
3 Res Bn, D. D. #2. 1 C.O.R. W.

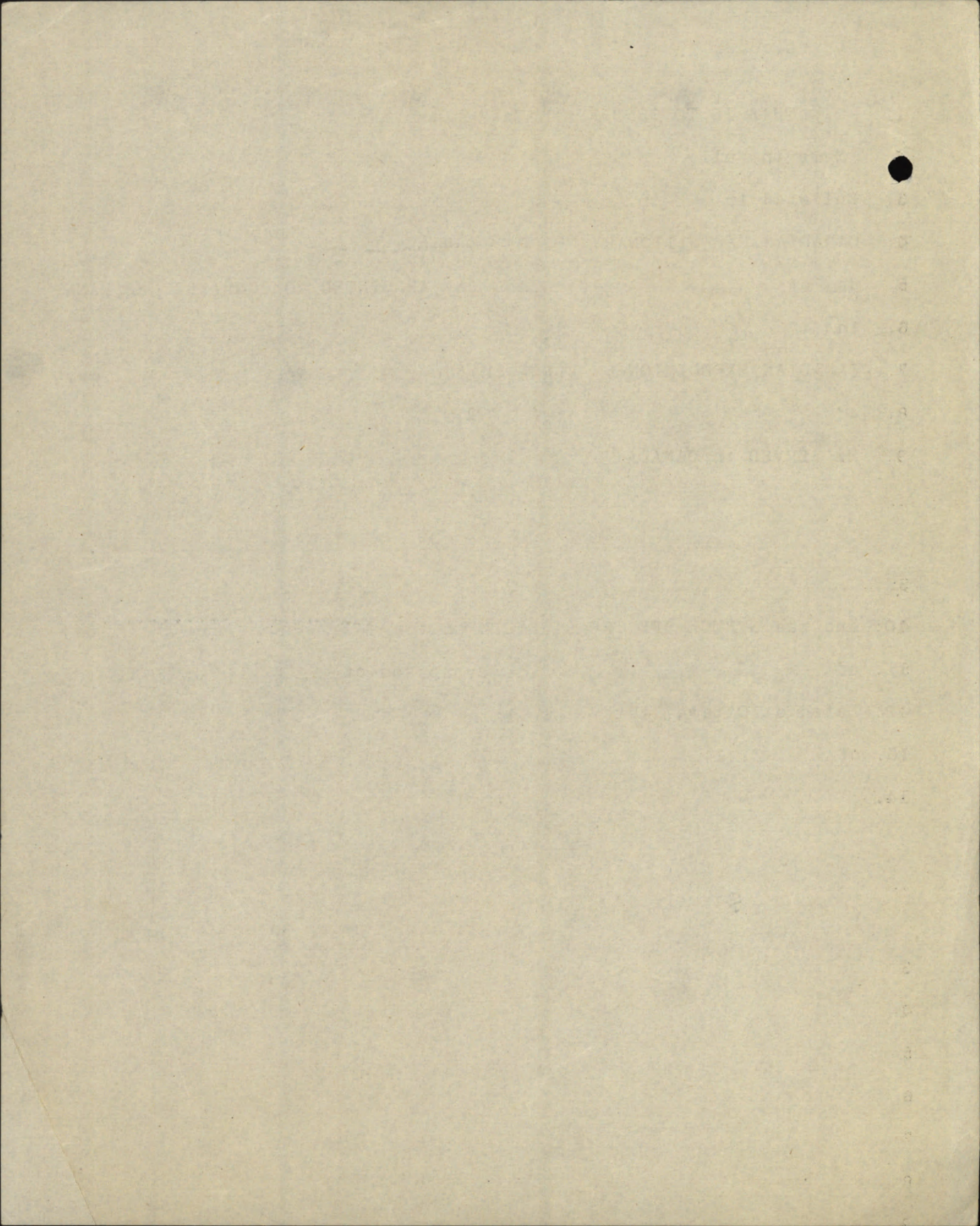
10. and was STRUCK OFF THE STRENGTH on the First / ~~Sixth~~ Sixth day
11. of January 1919 by reason of Demob.
12. Dated at Ottawa, this \_\_\_\_\_ day
13. of \_\_\_\_\_ 191\_\_\_\_\_
- 14.

Awarded M.C. 2-12-18.

L. G. 50040

Wounded 8-8-18.

7





# ORIGINAL

ORIGINAL.

## MEDICAL HISTORY SHEET.

Surname GORDONChristian Name EDWARD CLARENCE.Examined { on 10th day of February, 1916.  
at Toronto.Approved by [Signature]Rank Capt M.O.

For your information  
Please dispose of this  
M.H.S. in accordance to  
Army Council Instruction  
No 479 of 1918 para 19.

n. Toronto,

York.

Student

Feet 8-1/2 Inches.Weight 130 Lbs.Chest measurement { Minimum 31 inches.  
Maximum expansion 35 inches.Physical development FairSmall-Pox Marks NilVaccination Marks { Arm Right Left  
(Number ---)When Vaccinated last when a child - 2 yrs. ago(a) Marks indicating congenital peculiarities or  
previous disease Mole over left Zygoma.

(b) Slight defects but not sufficient to cause rejection

Fracture of Proximal Phalanx of first  
finger left hand.

Date. Result. VACCINATIONS.

Mar. 10 +

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

Feb. 26 +Mar. 4 +Mar. 11 +Enlisted on 3rd day of January 1916 at Toronto, Canada

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>134th O.S. Bn. C.E.F.</u>			
Transferred to	<u>4th Bn</u>			<u>26-2-18</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Mallow Park COTT</u>	<u>21/10/18</u>	<u>9.5W Chest T&amp;T</u>	<u>A.C.S. nervous disability</u>

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

**CANADIAN**

ORIGINAL

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname GORDON Christian Name EDWARD CLARENCE.

Examined on 10th day of February, 1916. at Toronto.

Approved by [Signature]

Birthplace City or Town Toronto. County York.

Rank Capt M.O.

Apparent age 20

Trade or occupation Student

Height 5 Feet 8-1/2 Inches.

Weight 130 Lbs.

Chest measurement Minimum 31 inches. Maximum expansion 35 inches.

Physical development Fair

Small-Pox Marks Nil

Vaccination Marks Arm Right Left. Number ---

When Vaccinated last when a child - 2 yrs. ago

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes M.O. entries.

(a) Marks indicating congenital peculiarities or previous disease Mole over left Zygoma.

Table with columns: Date, Result, VACCINATIONS. Includes Mar. 10 + M.O.

(b) Slight defects but not sufficient to cause rejection Fracture of Proximal Phalanx of first finger left hand.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes Feb. 26 +, Mar. 4 +, Mar. 11 + M.O.

Enlisted on 3rd day of January 1916 at Toronto, Canada

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 134th O.S. Bn. C.E.F. and 26-2-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes Malouin Park C Coy, 2/10/18, 9.5W Chest TET, A.C.S. non-combat disability.

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

CANADIAN

EDWARD CLARENCE

Christian Name

GORDON

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Base Hospital		11	7	16	20	7	16	Lumbar on foot	10	Massages Treatment Improvement	H H Harvie Capt
THE PRINCE OF WALES' HOSPITAL, FOR OFFICERS, MARYLEBONE, N.W. 1		1	9	18	16	10	17	G.O.W. chest G.O.W. arm (flank)	41	G.O.W. chest (2) G.O.W. arm (flank) Some constipation and abdominal rigidity - no pulmonary symptoms arm wound clean. Both wounds healed.	Dr Burney St. Home
Mallow Park Cott		16	10	18	25	10	18	do	9	boarded 25/10/18 for G.S. no wound disability	Lyons mat on

THIS FORM WILL BE USED BY ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... **Toronto** ..... DATE..... **25th February 1919**

1. 1 (a) Unit..... **No.2 District Depot** ..... (b) Regimental No..... ..... (c) Rank..... **Lieutenant**  
 (d) Surname..... **GORDON** ..... (e) Christian name..... **Edward Clarence**  
 (f) Home address..... **57 Bloor St. E., Toronto**  
 (g) Next of Kin..... **Mrs. Donald Gordon,** ..... (h) Relationship..... **Mother**  
 (i) Address of Next of Kin..... **57 Bloor St. E., Toronto**

2. Age last birthday..... **24** ..... Date of birth..... **21st September 1894**

3. Enlistment, or Appointment (if an Officer) (a) Place..... **Toronto** ..... (b) Date..... **3 January 1916**

4. Personal description:  
 (a) Height..... **5ft. 9 in.** ..... (b) Weight..... **132** ..... (c) Complexion..... **Fair**  
(stripped)  
 (d) Colour of hair..... **Brown** ..... (e) Colour of eyes..... **Blue** ..... (f) Identification marks, Scars, etc..... **Nil**

5. Former trade or occupation..... **Student**

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <b>3</b>	Days <b>57</b>
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	PERIODS	
	From	To
Canada.....	<b>3rd January 1916</b>	<b>19 August 1916</b>
England..... <b>19th Aug. 1916 to 27 Feb. 1918</b>	<b>1 Sept. 1918</b>	<b>8 December 1918</b>
France or other theatres of War.....	<b>27th February '18</b>	<b>1 Sept. 1918</b>
<b>Canada</b>	<b>8 December 1918</b>	<b>Present date</b>

7. Original disease, or injury..... **Perforating G.S.W. of chest**

(a) Date of origin..... **Aug. 1918** ..... (b) Place of origin..... **France**  
 (c) Cause..... **G.S.W.**

T.M. 5/12/19

B. P. C. FOLIO  
FALSE DOCKET  
**5**

8. Present disability— (Here state the exact nature of 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.)

Partial loss of function of respiratory system

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective:- See attached Specialists report.

Subjective:- There is pain after exertion in region of point of exit of bullet over 7th left rib in anterior axillary line. Also after resting in one position for some time and on moving there is aching caused over same region and also on damp days the pain is much worse

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System..... **no** Cardio-Vascular System..... **no** Genito-Urinary System..... **no**  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... **no** Respiratory System..... **no** Integumentary System..... **no**
- Disturbances of Mentality..... **no** Digestive System..... **no** Muscular System..... **no**
- Osseous and Joint Systems..... **no** Any other general condition..... **no**

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

On Aug. 8/1918 Officer was hit with G.S. Bullet

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).)

Scarlet fever 1910

(c) (Here give a description of wounds, scars, and deformities. G.S.W. scar over left kidney 1918

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

not applicable

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? 12 months

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

In Hospital 3 months

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? (If not, briefly state why) yes

17. Recommendations

Fit for Home Service

*W. H. Butt Capt*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned..... 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.....

*B. P. C. GILIO*  
B. P. C. GILIO  
FALSE DUCKET Rank.  
Signature of invalid examined.  
3

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.

We concur

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

Fit for Home Service

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Toronto

*L. A. Temple Capt.* President.  
*W. H. Butt Capt.*

DATE 1st March 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE.....

Members

DATE.....

APPROVED BY *Clayton Thrush Capt.*  
 Assistant Director of Medical Services.

APPROVED BY *James Mackie Capt.*  
 Director-General of Medical Services.

DATE 5/3/19

DATE 11/3/19

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

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7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Toronto DATE 25th February 1919

1. 1 (a) Unit No. 2 District Depot (b) Regimental No. .... (c) Rank Lieutenant  
 (d) Surname G O R D O N (e) Christian name Edward Clarence  
 (f) Home address 57 Bloor St. E., Toronto  
 (g) Next of Kin Mrs. Donald Gordon, (h) Relationship Mother  
 (i) Address of Next of Kin 57 Bloor St. E., Toronto
2. Age last birthday 24 Date of birth 21st September 1894
3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 3 January 1916
4. Personal description:  
 (a) Height 5ft. 9 in. (b) Weight 132 (c) Complexion Fair  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Nil
5. Former trade or occupation Student

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	57

	PERIODS	
	From	To
Canada	3rd January 1916	19 August 1916
England	19th Aug. 1916 to 27 Feb. 1918	1 Sept. 1918
France or other theatres of War	27th February '18	8 December 1918
<u>Canada</u>	<u>8 December 1918</u>	<u>1 Sept. 1918</u>
		Present date

7. Original disease, or injury Perforating G.S.W. of chest  
 (a) Date of origin Aug. 1918 (b) Place of origin France  
 (c) Cause G.S.W.

B.P.C. BOARD  
 FALSE DOCKET



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.)

..... Partial loss of function of respiratory system .....

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

..... Objective:- See attached Specialists report. ....

..... Subjective:- There is pain after exertion in region of point of exit of bullet over 7th left rib in anterior axillary line. Also after resting in one position for some time and on moving there is aching caused over same region and also on damp days the pain is much worse .....

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... no ..... Cardio-Vascular System..... no ..... Genito-Urinary System..... no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses..... no ..... Respiratory System..... no ..... Integumentary System..... no  
Disturbances of Mentality..... no ..... Digestive System..... no ..... Muscular System..... no  
Osseous and Joint Systems..... no ..... Any other general condition..... no

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

..... On Aug. 8/1918 Officer was hit with G.S. Bullet .....

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).)

Scarlet fever 1910

(c) (Here give a description of wounds, scars, and deformities. **G.S.W. scar over left kidney 1918**)

11.—(a) Did the disabling condition have its origin before enlistment? **no**

(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.)

**not applicable**

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? **12 months**

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

**In Hospital 3 months**

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? (If not, briefly state why) **yes**

17. Recommendations **Fit for Home Service**

*W. H. Butt Capt*

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned..... 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.....

*alson*  
Signature of invalid examined.  
**FALSE DOCKET**  
Rank.

15

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.

We concur

2  
3  
4  
9  
10  
13

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

Fit for Home Service

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Toronto

*Casey Capt* President.  
*W. B. Butt Capt*

DATE 1st March 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....President.  
 PLACE.....  
 DATE.....  
 } Members

APPROVED BY  
*Campbell Capt*  
 Assistant Director of Medical Services.  
 DATE 5/3/19

APPROVED BY  
*J. A. Mackie Capt*  
 Director-General of Medical Services.  
 DATE 11/3/19

Spadina Military Hospital,  
Toronto, February 26th, 1919.

To:- President,  
Standing Medical Board,  
Room 27, 149 College St.,  
T O R O N T O.

Chest report by Lt.-Col. Elliott:-

The entrance is in the left kidney angle. The exit scar is in the lower left chest in the mid axillary line, about the level of the seventh rib. On physical examination the upper sternum moves poorly on inspiration and the left dome of the diaphragm is adherent to the chest wall. Localized dulness and other abnormal sounds are absent.

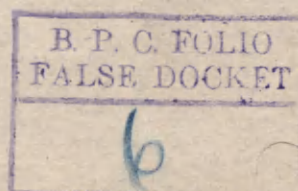
X-ray examination #44562 (T.G.H.) is reported as follows by Capt. Richards 'Stereoscopic plates were made of the chest. The bony contour is normal, and the heart and arch of the aorta are normal in size and position. Both hylus shadows are rather heavy and contain several calcified nodules, particularly the left. The right vertical bronchus extending into the apex contains several small fibrotic nodules along its course, but there is nothing to suggest a definitely localized lesion, or any evidence pointing unquestionably to tubercular process. The left vertical bronchus is heavier than usual, and expands opposite to the 1st rib into a fan-shaped appearance with some matting and several fibrotic nodules. In my opinion there is not sufficient evidence in this chest to warrant an opinion of tuberculosis. The amount of thickening of the bronchial tree is probably quite normal for this individual, while the glandular fibrosis is not greater than that commonly seen, where some old pulmonary infection has been present, and has been completely calcified.'

Diagnosis:- Shortness of breath on exertion, from diaphragmatic adhesions, following G.S.W chest.

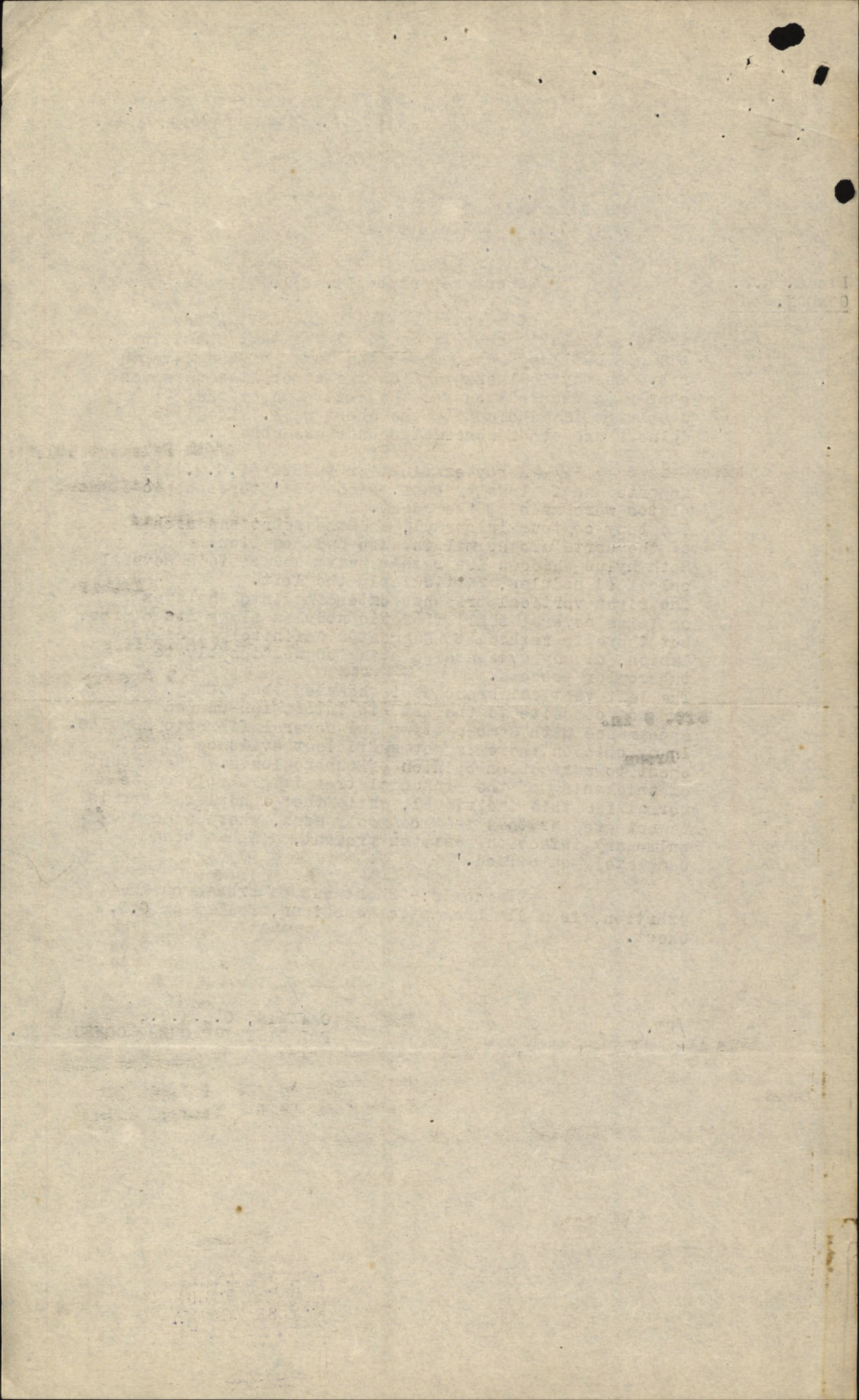
/HB.

*A. Goulding*

CAPTAIN, C.A.M.C.,  
FOR DISTRICT CHEST CONSULTANT.



20



C O P Y

Spadina Military Hospital  
Toronto, February 26th, 1919

To:- President, Standing Medical Board,  
149 College Street, Toronto

Lieut. E.C. Gordon.

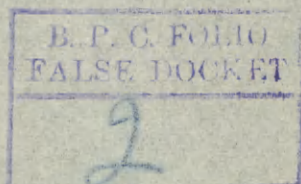
Chest report by Lt-Colonel  
Elliott:-

The entrance is in the left kidney angle. The exit scar is in the lower left chest in the mid axillary line., about the level of the 7th rib. On physical examination the upper sternum moves poorly on inspiration and the left dome of the diaphragm is adherent to the chest wall. Localized dulness and other abnormal sounds are absent. X-Ray examination #44562. (T.G.H.O is reported as follows by Capt. Richards 'Stereoscopic plates were made of the chest.

The bony contour is normal, and the heart and arch of the aorta are normal in size and position. Both hylus shadows are rather heavy and contain several calcified nodules, particularly the left. The right vertical bronchus extending into apex contains several small fibrotic nodules along its course, but there is nothing to suggest a definite localized lesion, or any evidence pointing unquestionably to tubercular process.

The left vertical bronchus is heavier than usual, and expands opposite to the 1st rib into a fan-shaped appearance with some matting and several fibrotic nodules. In my opinion there is not sufficient evidence in this chest to warrant an opinion of tuberculosis. The amount of thickening of the bronchial tree is probably quite normal for this individual while the glandular fibrosis is not greater than that commonly seen, where some old pulmonary infection has been present, and has been completely calcified. Diagnosis:- Shortness of breath on exertion, from diaphragmatic adhesions, following G.S.W. chest.

(sgd) A. Goulding,  
Captain, C.A.M.C.  
For DISTRICT CHEST CONSULTANT



143 College Street, Toronto  
President, Standing Medical Board

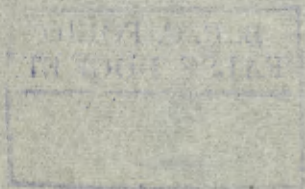
143 College Street, Toronto

Trust report of Dr. [Name]

1919

The entrance to the left  
 kidney angle. The exit is in the  
 lower left chest in the mid axillary  
 line. About the level of the 7th rib.  
 On physical examination the upper abdomen  
 moves freely on inspiration and the left  
 base of the diaphragm is adherent to the  
 wall. Localized dullness and other  
 abnormal sounds are absent. X-ray exam-  
 ination shows (1) T.T.C. is reported as  
 follows by Capt. [Name] Radiologist  
 after view of the chest.  
 The lung contour is normal, and the heart  
 and arch of the aorta are normal in size  
 and position. Both diaphragms are rather  
 heavy and contain several small nodules,  
 particularly the left. The right vertical  
 process extending into the lower chest  
 several small fibrotic nodules along the  
 course, but there is nothing to suggest  
 a definite localized lesion, or any  
 evidence pointing unambiguously to  
 tubercular process.  
 The left vertical process is rather large  
 and extends superiorly to the lat-  
 eral angle. The nodules are associated with  
 some mottling and several fibrotic nodules.  
 In my opinion there is not sufficient  
 evidence in the chest to warrant an  
 opinion of tuberculosis. The amount  
 of thickening of the pleural area is  
 probably quite normal for this individual  
 while the pleural nodules are not  
 greater than that normally seen, more  
 some old pleural infection has been  
 present, and has been completely resolved  
 tubercular infection of focus in relation  
 from fibrotic nodules, collapsed  
 C.A.V. chest.

(Capt. [Name])  
 143 College Street, Toronto  
 President, Standing Medical Board







Station  
and Date.

STATION AND DATE

STATION AND DATE

STATION AND DATE

STATION AND DATE

STATION AND DATE

STATION AND DATE

STATION AND DATE

STATION AND DATE

STATION AND DATE

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Serjt	Gordon	C. C.
Year	Unit.	Age.	Service.	
	4 Bn - Comad.	22	3 yrs	
Station and Date.	Disease			
	(1) G. S. Chest. (2) G. S. W. S. Arm.			
	On Aug 8th - 18 at Coyers he was hit by machine gun bullets one below the elbow to very slight.			
	The 2nd hit him just to the right of the spinal column about level of 11 <sup>th</sup> <del>thoracic</del> and came out in the ant. axillary line about level of 8th rib. For the first few days he had some dyspnea - no cough - no haemoptysis - some abdominal rigidity and constipation for three days, since that time he has been comfortable.			
	Transferred to No 3 Stat Hosp.			
Sept 1-18.	Entered G. of Wales Hosp. no symptoms felt comfortable.			
Sept 15-18.	He is out of bed, and feels comfortable.			
Oct 6-18.	Recommended for board transfer to Mallock.			
	D. P. [Signature]			

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

Station  
and Date.

*Handwritten scribbles*

# MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station C.C.O.H. Matlock Bath. Derbys.

Date 21-10-18.

- 1. Rank and Name LIEUT. GORDON; EDWARD CLARENCE,
- 2. Unit 4th Can. Battn. R.D. 1st Gen. Ont. Witley.
- 3. Age 23 4. Total Service 38 Mos. War Service { (a) at home 11 Mos.  
(b) abroad 6 France.
- 5. Address 3rd Can. Res. Battn. Witley.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

- 6. Disability G.S.W. CHEST. RIGHT; INT. ARM LEFT; SLIGHT.
- 7. Date of origin of disability 8-8-18.
- 8. Place of origin of disability France.
- 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

From No. 2 Staty. Hosp., France. To Prince of Wales Hosp., 1-9-18.  
Bullet wound entrance posteriorly about 1 inch to right of  
Spine at Vertebrae and external wound in Ant. axillary line  
about level of 8th rib. Had some dyspnoea for a few days and  
abdominal rigidity. No cough, no Haemoptysis, wound of elbow  
slight graze. Wounds healed.

OPINION OF THE MEDICAL BOARD.

- NOTES.—(i) The Board will on no account inform the officer of its opinion on any of the following questions.
- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
  - (iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.
  - (iv.) When there is more than one disability the replies will distinguish between them.

- 10. Was the disability contracted (a) before entering the service? No.
- (b) in the service? Yes.

- 11. Was it attributable to military service? Yes.

If so, to what specific military conditions is it attributed? Active service conditions.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

- 12. If not attributable to, was it aggravated by, military service? N.A.

If so, by what specific military conditions? N.A.

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

*I concur in the findings of the Board of Medical Officers here recorded.*  
*D.A.D.M.S.*  
*FOR D.M.S.*  
*Canadian Contingents.*

14. What is the officer's present condition? 2 Small scars left about size of a shilling piece on chest as above described, also 2 small pea little scars of left arm, outer side of head of radius. No dullness of chest on percussion, breath sounds or vocal resonance normal. Heart rate 90 per m, slight irregularity rhythms, other systems normal. No wound disability. Fit for G.S.

15. To what degree is the officer disabled at the present time? -----  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No.

17. If not permanent, how soon is re-examination recommended? ----- months.

18. Is it necessary that the officer should be re-examined by the same Board? No.

19. What treatment is the officer receiving, and where, and from whom? Baths & Tonic treatment at Canadian Convalescent Officers' Hospital, Matlock Bath, Derbys.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No.

21. Does the officer require the constant attendance of another person? No.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service Yes.

B.—Fit for service in a garrison or labour unit abroad N.A.

C.—Fit for home service:—

(i) Active duty with troops N.A.

(ii) Sedentary employment only N.A.

D.—For admission to a command depot N.A.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital N.A.

(ii) In an officers' hospital N.A.

F.—Permanently unfit for any further military service N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? N.A.

A.C. Rankin, Lt. Col. C.A.M.C. President.

W.J. McAlister, Major. C.A.M.C.

Thos Lyon, Major. C.A.M.C. } Members.

"C".

# MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Mallon Park

Date 2/10/18

1. Rank and Name GORDON EDWARD CLARENCE LIEUT.
2. Unit 4<sup>th</sup> Can BATTN R.D. 1<sup>st</sup> Can. Cont Valley
3. Age 23 4. Total Service 38 Service { (a) at home 11  
(b) abroad 6 (France)
5. Address 3<sup>rd</sup> Riv. Balth Valley

### STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability 9. SW CHEST RIGHT, TNT, ARM LEFT SLIGHT
7. Date of origin of disability 8/8/18
8. Place of origin of disability France
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

From No 2 Stat Hosp France - In France of Walsley Hosp 1/9/18.  
Bullet wound Entrance probably about 1 inch to right of Spine.  
at level of 11<sup>th</sup> Thoracic Vertebrae & external wound in Ant axillary  
line about level of 8<sup>th</sup> rib. Had some dyspnoea for a few  
days & abdominal rigidity. No cough no Haemoptysis  
wound of elbow slight grazes. Wounds healed.

I concur in the findings  
of the Board of Medical Officers  
here recorded.

### OPINION OF THE MEDICAL BOARD

- NOTES.—(i) The Board will on no account inform the officer of its opinion on any of the following questions.
- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
- (iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.
- (iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no  
(b) in the service? yes
11. Was it attributable to military service? yes  
If so, to what specific military conditions is it attributed? active service conditions

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? NA  
If so, by what specific military conditions? NA

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no

14. What is the officer's present condition?

2 Small Scars left about size of a shelling piece on chest as above described, also 2 small pea like scars of left arm outer side head of radius. No dullness of chest on percussion breath sounds & vocal resonance normal. Heart rate 90 per slight irregularly rhythm. Other systems normal. No wound disability fit for G.S.

15. To what degree is the officer disabled at the present time? \_\_\_\_\_

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? \_\_\_\_\_

no

17. If not permanent, how soon is re-examination recommended? \_\_\_\_\_ months.

18. Is it necessary that the officer should be re-examined by the same Board? \_\_\_\_\_

no

19. What treatment is the officer receiving, and where, and from whom? \_\_\_\_\_

Baths & Iodic treatment

Mallow ecoti

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? no

21. Does the officer require the constant attendance of another person? \_\_\_\_\_

no

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service \_\_\_\_\_

yes

B.—Fit for service in a garrison or labour unit abroad \_\_\_\_\_

C.—Fit for home service:—

(i) Active duty with troops \_\_\_\_\_

(ii) Sedentary employment only \_\_\_\_\_

D.—For admission to a command depot \_\_\_\_\_

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital \_\_\_\_\_

(ii) In an officers' hospital \_\_\_\_\_

F.—Permanently unfit for any further military service \_\_\_\_\_

N/A

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? \_\_\_\_\_

A. Chausin Lt. Col. <sup>Chairman</sup> President.

H. M. ... Maj.

Thos Lyon Maj.

Members.

JAN -1 1919  
CANADA

Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.

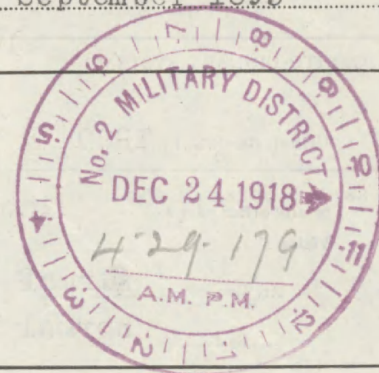
Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Lieutenant Name Edward Clarence Surname GORDON (M.C.)  
Unit of Corps No. 2 District Depot 559 Sherbourne Street, Toronto  
(If a soldier) Regtl. No. \_\_\_\_\_  
Born at Toronto, Ontario on, (date) 21st. September 1895  
Signature (for identification) E. L. Gordon

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight	Colour of eyes
<u>144</u> lbs.	<u>Blue</u>
Height	Identification Marks, Scars, etc.
<u>5</u> ft. <u>9</u> in.	<u>Nil</u>



2. NUTRITION AND DIATHESIS?

good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

no

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

no

B. P. C. FOLIO  
FALSE DOCKET



## 5. HEART?

Abnormal Sounds?

none

Abnormal Size?

no

Pulse Rate?

70

Intermittence or Irregularity?

none

Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? *No.*

(b) Blood Pressure.

112/78

## 7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

## 8. GENITO-URINARY SYSTEM?

normal

Urinalysis—S.G.? *1020*

Reaction?

*acid*

Albumen?

*none*

Sugar?

*none*9. SKIN, MIDDLE EAR, EYE  
or any other part?

normal

Vision:

Hearing:

Rt. Eye.....

*normal*

Rt. Ear.....

*normal*

L. Eye.....

*normal*

L. Ear.....

*normal*

## 10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

## 11. Opinion as to the health and physical condition of the one examined?

good

Examined at *Toronto*

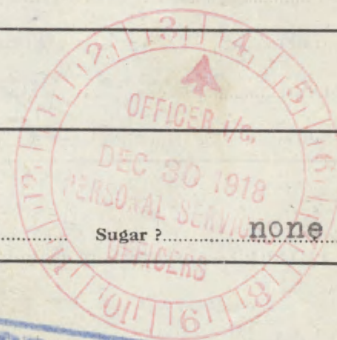
Signed

M. O.

Date *23rd December 1918*

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.



4-29-179  
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-920.

TEMPORARY

# Casualty Form—Active Service.

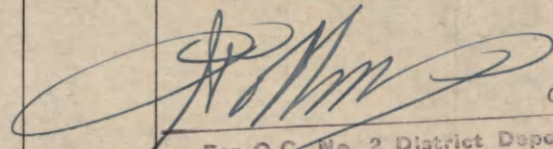
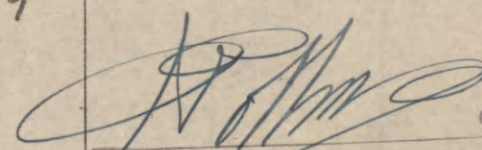
Unit, Regiment or Corps..... 4th Bn.

Regimental No..... Rank Lieut. Name..... GORDON, Edward Clarence, M.G.  
 C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } 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				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	10-12-18	Auth. R.O. 1464 Pt. 2 D.O. 254   Capt. For O.C. No. 2 District Depot
		S.O.S. on gen. demob.	Toronto	1-3-19 9.6.19	Auth. R.O. 1829 Pt. 2 D.O. 92.   Capt. For 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.]



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

M. F. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Temporary  
Original - not available

# Casualty Form—Active Service.

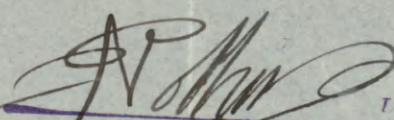
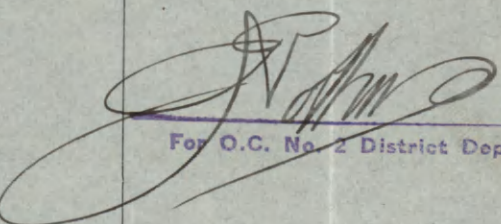
Unit, Regiment or Corps 134th Batt'n., C.E.F.

Regimental No. .... Rank Lieut. Name Goodon, Edward Clarence  
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
	O.M.F.C.	T.O.S. No. 2 D.D.	Toronto	10 12-18	Auth. R.O. 1464 Part 2 D.O. 254   Lieut. For O.C. No. 2 District Depot
		S.O.S. on Gen. Demob.	Toronto	6-1-19	Auth. R.O. 1531 Part 2 D.O. 17   Lieut. For 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



**CERTIFIED CORRECT**  
**CANADIAN RECORDS OFFICE**

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

M. F. W. 54.  
 150M. 10-15.  
 H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 184th OVERSEAS BATTALION  
(48th HIGHLANDERS,) C.E.F.

Regimental No. \_\_\_\_\_ Rank Lieut. Name Gordon, Edward Clarence  
 C. E. F.

Enlisted (a) 3/1/16 Terms of Service (a) Duration of War Service reckons from (a) 3/1/16 F.F.16

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				

		Embarked, Canada	Halifax	8/8/16	H.M.T. Scotian
		Disembarked, England	Liverpool	19/8/16	
27-2-18	OC, 134 <sup>th</sup> Bn.	Proceeded overseas for service with 4 <sup>th</sup> Bn.	Nithey	26-2-18	Part of Coy No. 21 134 <sup>th</sup> Bdn. Inf Bn Lt. J. Kelly!
28-2-18	1 <sup>st</sup> C. B. D.	Having arrived from Eng as a reinforcement is taken on strength of 4 <sup>th</sup> Bn.	1 <sup>st</sup> C. B. D.	28-2-18	M R / 247. No. letter no 121/draft/1/16/7898 (5) d/22-2-18. a.g. Can see file KR 24858. Pt 2 D no 22, d/4-3-18.
2-3-18	do	Left to join C.C. R.C.	do	2-3-18	M R / 249.
3-3-18	C.C.R.C.	arrived at camp	C.C.R.C.	2-3-18	M R / 152.
17-3-18	do	Reported as present with	do	17-3-18	M R / 94.
23-3-18	do	Left for 4 <sup>th</sup> Bn	do	23-3-18	M R / 217.
30-3-18	4 <sup>th</sup> Bn	arrived at unit	4 <sup>th</sup> Bn	24-3-18	B 213,
12-8-18	SHQ 4 <sup>th</sup> Army	wounded	Field	8-8-18	Casualty Summary List 1440

(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				
10-8-18	4 <sup>th</sup> CAN BN.	WOUNDED TO HOSPITAL	7d	8-8-18	B 213.
14-8-18	47 C.C.S.	SW Chest & Arm (adm 9-8-18)	t-24 Q Train	10-8-18	A 36/5 P 667
10-8-18	2 <sup>nd</sup> Strg Hosp	SSW Chest & Arm	L adm 2 Strg Hosp	10-8-18	W 3034/88184
31-8-18	do	do	trans 27 Q Train	31-8-18	do/14 3805.
31-8-18	H <sup>q</sup> Pineau	Invalided Wdwd & detached			W 3083/5905
	"Elisabeth"	t 1 <sup>st</sup> C.O.R.D., Witley	or 2 <sup>nd</sup> Strg Hosp	31-8-18	Pt 2 Ono 107, d/13-9-18.
					<i>Pl. Senter</i>
					Lieut for Lt-Col. A. G. G.
5-7-18	1516 O.R.D.	S.O.S. on way to 1 <sup>st</sup> station	Witley	31-8-18	Pt 1 D.O. 246
		no patient in Hospital.			
31-10-18	1516 O.R.D.	S.O.S. on posting to 3rd.	Witley	25-10-18	Pt 1 D.O. 302
		Can. Res. Battalion.			
					J. Jackson LIEUT. OFFICER i/o RECORDS.
4.11.18	Op. 3rd Str. Bn	T.O. from 1st C.O.R.D.	Witley	25.10.18	Pt 1 D.O. 308
8 <sup>2</sup> / <sub>19</sub>		T.O. Demobilization	Witley	6-1-19	R.O 1531. 14 <sup>1</sup> / <sub>19</sub> . D. Douglas Lieut

# CANADIAN EXPEDITIONARY FORCE

J.B.C.-2-21.  
H.C.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Edward Clarence Gordon H.C......

Enlisted in..... the 134th Battalion.....

CANADIAN EXPEDITIONARY FORCE, on the.....

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

in..... the 134th Battalion.....

CANADIAN EXPEDITIONARY FORCE on the..... third..... day

of..... January..... 191.....

He SERVED in CANADA, England and France with the 134th  
Battalion., 4th Battalion., 3rd Reserve Battalion., 1st Central  
Ontario Regimental Depot and District Depot No 2.

and was STRUCK OFF THE STRENGTH on the..... sixth..... day

of..... January..... 191..... by reason of..... Demobilisation.....

Dated at Ottawa, this..... thirtieth..... day

of..... September..... 191.....

Awarded-"Military Cross", 2nd December 1918, London Gazette  
No 31040.

Wounded-8th August 1918.

*[Handwritten Signature]*  
.....  
for Director of Personal Services. Cert.





# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## 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. #2 DR Rank L.T. Name Gordon E.C. 1 COR  
 Corps SOS who was\* Demob  
 On 6-1-19 1919, to 1-1-19 1919  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 1919 to 6-1-19 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month <u>LPC</u>	<u>22</u>		Balance Cr. from prev. month		
Advances by Cheques } No. _____			Reg'l Pay <u>6</u> days at \$ <u>2</u> c	<u>12</u>	
Assigned Pay and Sep'n Allee. No. _____			Field Allow. <u>6</u> days at \$ <u>1</u> c	<u>6</u>	
Other charges _____			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>16794</u>	<u>26</u>	<u>60</u>	Other Allowances* <u>Subs 20-12-18-6-1-19</u>	<u>30</u>	<u>60</u>
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	<u>48</u>	<u>60</u>	Bal. Dr. (to be deducted by new unit)		
			Total	<u>48</u>	<u>60</u>

\*Give particulars.

A monthly stoppage of \$ 30<sup>00</sup> (†) has \_\_\_\_\_ (‡) been paid on account of Assigned Pay for the month of Dec 1919 (to) Assignee Mrs D Gordon and Sep'n Allee. for month of \_\_\_\_\_ 1919.  
 (Address) 38 Foxbar Road 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.

Out 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 \_\_\_\_\_ authority 0017  
 (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.

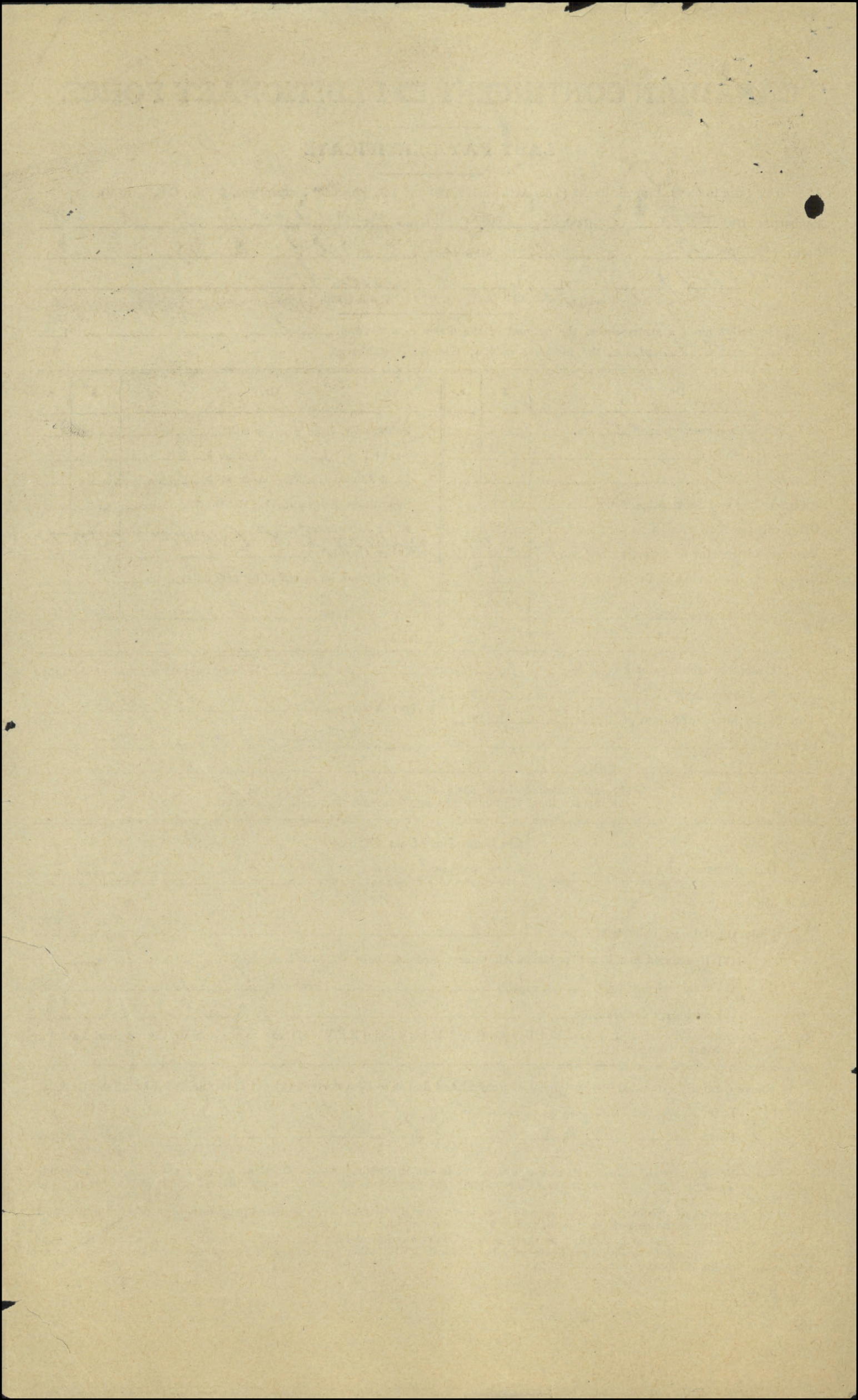
Date 18-1-19  
 Place Toronto Macouff CAPT. PAYMASTER, No. \_\_\_\_\_ Paymaster: \_\_\_\_\_

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.



NAME Gordon Edward Clarence REGT'L No. \_\_\_\_\_  
H. Q. FILE No. 649.

RANK AND CORPS Lt. 4th Bn (Form 134th)

FOLLOWS No. \_\_\_\_\_  
FOLLOWS \_\_\_\_\_

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>n of K.</i>		<i>Mrs. Margaret D. Gordon (Mother)</i>
		<i>118 <del>South Drive</del> <del>Rosedale</del></i>
		<i>38 <del>Forbes Rd.</del> Toronto, Ont.</i>
<i>0766</i>	<i>13-8-18</i>	<i>Dang ill 2 Stat H. Abbeville</i>
		<i>Aug 11th 1918 GSec Chest, arm</i>
<i>0924</i>	<i>21-8-18</i>	<i>Rem from Dang ill list Aug 19<sup>th</sup> 1918.</i>

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
105 <sup>1/21</sup>	#2 flat Abbeville	11-8-18	L & W Chest Arm.
1064 <sup>1/21</sup>	2 flat. " "	Rem from Daupill list. 19-8-18	New Chest Arm -
1075 <sup>6</sup>	ex 26. S. Prince of Wales Marylebone Hos.	31-8-18	" " " " L
1131 <sup>4</sup>	Law. Camp. off. Matlock Bath	17-10-18	" " " " L
1149 <sup>5</sup>	Litch	25-10-18	" " " " L Arm

**C** NAME *Gordon, Edward* <sup>S.O.S. Demol. 1-19-17</sup> <sup>D.O. 17817-1-19-17</sup> <sup>LC 3143</sup> <sup>2-12-18</sup> <sup>M.C. 2</sup>  
 RANK & No. *lieut.* <sup>S.O.S. 6-1-19-17</sup>  
 CORPS *134<sup>th</sup>* <sup>R.O. 1531 "P"</sup>  
 ENLISTMENT, PLACE *Toronto* DATE *Feb. 10<sup>th</sup> 1916.* <sup>Batt.</sup>  
 FORMER CORPS *48<sup>th</sup> High.*  
 COUNTRY OF BIRTH *Canada, Toronto, Ont.*  
 NEXT OF KIN *Gordon, Mrs Margaret D. (mother.)*  
 ADDRESS OF NEXT OF KIN *118 South Drive,*  
 DISCHARGE, PLACE *Rosedale, Toronto, Ont.* <sup>Dec 23/10/18.</sup>

*Sailed from Halifax*  
 L. L. 85093—M. & D. 5952.

*RIC. 19-12-18* <sup>242</sup>  
*per S.S. Scotian,* <sup>3</sup>  
*8-8-16,* <sup>503</sup>  
 M. F. W. 22.—50m.—9-15.  
 H. Q. 1772—39—839.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Student*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

REMARKS:

No

RANK

*Lieut.*

NAME

*Gordon Edward Clarence*

T. O. S. 3 - 1 - 16. UNIT

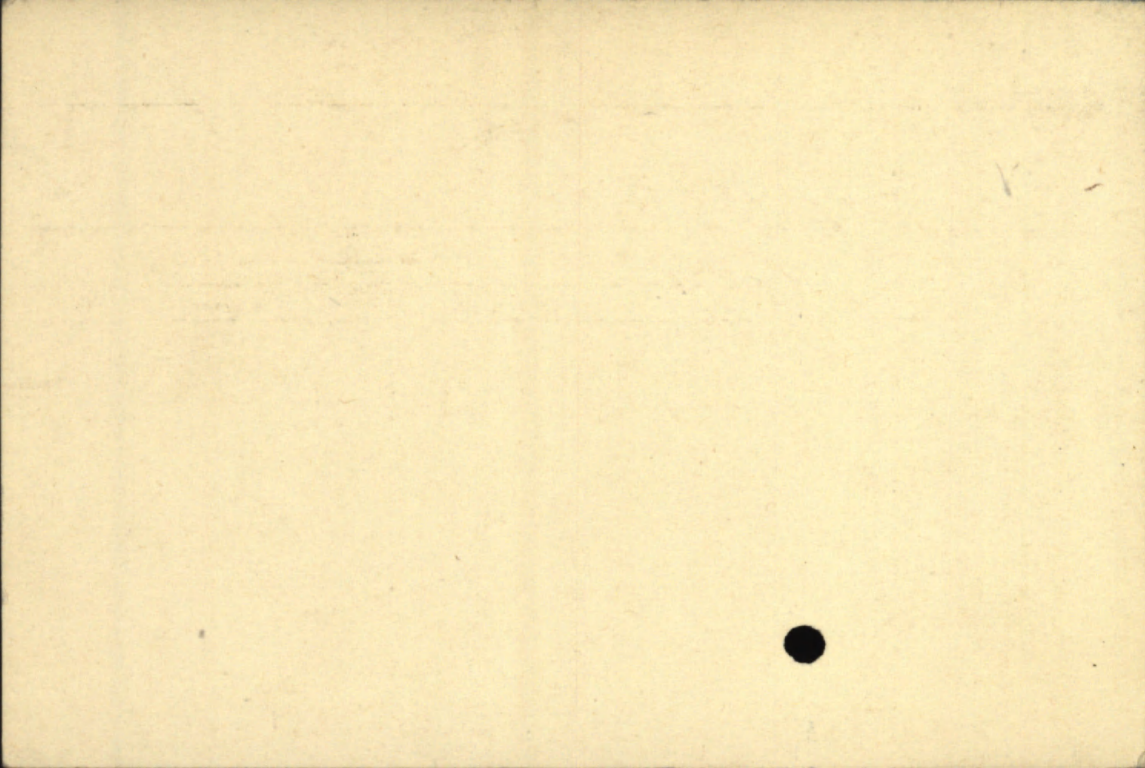
*134 Battalion C. C. F. (Highlanders)**(No. 8 of 20 - 1 - 16)*

M. D. 2.

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916.</i>	<i>1916.</i>			
<i>Jan-3.</i>	<i>Jan-31.</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		
<i>Aug. Paylist not available</i>				

**UNIT SAILED**  
**AUG 8 1916**





~~B~~

~~W~~

rank Lieut

Number

Surname

GORDON.

Christian Name

EDWARD. CLARENCE.

Units

Theatre of War France.

Date of Service

8.11. 26.2-18 10-12-18.

Remarks

1st C.O.R.

38. Front St Toronto Ont  
559 Sherbourne St.

Latest Address

Toronto Ont.

Roll No.

"B" Page 9463.

Next of kin.....

Address on leave.....

Address on discharge.....

Yes

No

Transportation issued

DE SP

REGN. NO.

NOV 16 1921

1057043

Character on discharge.....

Date and place of enlistment.....

Date of Medical Boards.....

Diagnosis.....

Date.....

Remarks.....

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

Name GORDON Rank Lieut. Reg. No.             
 Unit Edward C Lawrence  
4th Bn.  
 Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 11-8	2 Stat. Hos. Abbeville (Ph WO)			1057		
	DANGEROUSLY ILL.		GSW Chest, Arm.			13/18
19-8	<u>Removed Dangerously Ill</u>			1064		
31-8	<u>Home of W. L. S. H. W. 7001</u>		<u>GSW Chest, Arm.</u>	1075		
	<u>Say 18/8</u>					
17-10-18	Can. Con. Off. Hos., Matlock Bath 7001			1131		
25-10-18	<u>Discharged</u>	<u>7003</u>		1140		



Surname

Christian Name

Reg. No.

GORDON

E.

C.

Rank

Unit

Lieut.

4th. Batt'n.

MEDICAL BOARD held at

Date

Serial No.

(1) Matlock Bath

21-10-18.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

G.S.W. Chest rt' Arm, lt'

Disposition Recommended

(1) Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname. Christian Name.  
**GORDON** **E. C.**  
 Rank. Unit.  
**Lieut.** **4th. Batt'n.**

Date of admission.  
**No.2 Stationary Hospital, Abbeville.** 11-8-18.  
**Hosp. to Prince of Wales Hosp. London** 31-8-18.  
**Canadian Conval. Offs. Hosp. Matlock** 17-10-18  
 Transferred ..... Hosp.  
 ..... Hosp.  
 ..... Hosp.  
 ..... Hosp.

Diagnosis. **G.S.W. Chest, Arm, (Dangerously ill:-11-8-18.)**  
**Removed Dang. ill list:-19-8-18.**  
 Later diagnosis. ....  
 .....  
 .....  
 .....

Disposition. **Discharged:-25-10-18.**  
 Date.  
 12-8-18 1057-2.  
 20-8-18 1064-2.  
 2-9-18 1075-6.  
 /6-11-18 1131-4.  
 27-11-18 1149-5.

C.L. .... Remarks.  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....

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





Mar 1/9/16  
" 8th ✓

Aug Sept chad Sept

Assignment as at  
AUGUST 1 1916

Gordon. Lieut E. C.

~~48 Highland~~  
134 Biv

~~A. M. 1/10~~  
~~30~~

Mrs Donald Gordon (Mother)  
38 Foxbar Road  
Toronto, Ont.

\$ 1 1/4

Canada  
3 M Form  
Payment Stopped

Date	To	From	No. of Days	Rate	Amount	Field Allowance	Other Credits	Total Credits	Voucher No	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, etc.
------	----	------	-------------	------	--------	-----------------	---------------	---------------	------------	------	---------------	--------------	---------------	--------------	---------	---------------

✓

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs  
Donald Gordon

Name of Soldier

Gordon Edw C.

L. L. Job 4603. - Req. 6832.

PAYMENTS.#

134<sup>ch.</sup>

RN. "a" Lieut.

Month.	Year.	Cheque No.	Amt.	Remarks.
			30 <sup>00</sup>	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		P 17016	30	
Sept.		P 18219	30	
Oct.		P 22928	30	
Nov.		M 25624	30	
Dec.		I 32826	30	
Jan.	1917	Ch ✓ T 38779	30	
Feb.		T 44720	30	30 Ch
March		Q 49595	30	30 Ch
April		M 2179	30	30 B
May		T 5310	30	
June		Q 15012	30	30. Run
July		U 21732	30	Pr
Aug.		U 28832	30	L.
Sept.		E 36095	30	09
Oct.		P 41398	30	
Nov.		O 48825	30	
Dec.		J 58213	30	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

510

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.—	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				





## SEPARATION ALLOWANCE

Name *Margaret D. Gordon* Name of Soldier *Gordon, Edw. C.*  
 Address *38 Foxbar 11<sup>th</sup>* Regtl. No.  
*Toronto* Rank *Lieut*  
*Ont.* Corps *134<sup>th</sup> Batt<sup>n</sup>*  
 Relation to Soldier } *Widowed* To what Corps belonging }  
 wife, child or mother } *Mother* when called out } ✓ ✓

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan. <sup>28</sup>	1916			
Feb.				
March				



14

2112 20

1111 21

1

2

11

22

1111 20

1111 21

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs Donald Gordon,*  
 Address *38 Foxbar Rd.*

By Whom Assigned *Gordon Edw. C.*

Regtl. No.

Rank

*Lieut*

Corps

*"A" 134 Bn.*

#  
 Rate *30<sup>00</sup>*

*Toronto  
 Out*

**AUG 1 1916**

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





1881  
1882  
1883  
1884  
1885  
1886  
1887  
1888  
1889  
1890

1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900

## MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

M. F. W. 11a.  
15m.-3-16.  
H. Q. 1772-39-818.

Sheet No. 2.

Margaret D. Gordon *Mother*  
OVERSEAS CONTINGENTS  
PAYMENTS.

Name of Soldier

Gordon, Edw. C.  
Lieut

L. L. Job 95618—M. &amp; D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	T 447	118	118
May		P 2367	30	30
June		Z 7168	30	30
July		J 11323	30	30
Aug.		U 11163	30	30
Sept.		T 15848	30	30
Oct.		V 19142	30	30
Nov.		Z 21814	30	30
Dec.		Z 23339	30	30
Jan.	1917	B 29465	30	30
Feb.		B 32279	30	30
March		B 35364	30	30
April	25 35	<del>D 1299</del>	<del>30</del>	30 D 1299 Cancelled RE-WRITE
May		L 4850	30	30
June		Y 8065	30	30
July		Y 11341	30	30
Aug.		M 14556	30	30
Sept.		L 17565	30	30 L 17565 Item 38 Fox bar Rd Toronto 30.10.17RH
Oct.		S 20077	30	30
Nov.		E 23922	30	30
Dec.		J 26731	30	30
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		1920		
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

English L.P.C. No. ....

Name *J. Gordon* .....

Regt'l No. .... Rank ..... File Numbers { .....

Former Units ..... Original Unit .....

Date of arrival in Canada ..... Boat ..... Port of Disembarkation .....

Rates of Pay:—Regt'l ..... Field ..... Date of arrival in M.D. ....

Separation Allowance. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Assigned Pay. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Name and address of Beneficiary { .....

Pay claimed on English L.P.C. to ..... to be paid by new Unit from .....

Name of new Unit ..... Date L.P.C. forwarded to new Unit .....

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
\$	c.	\$	c.	\$	c.	On Boat		At Cl. Depot &c.		\$	c.	\$	c.	Credit		Debit		
																		200.00 75¢
																		subs 20 13.15 00
																		75¢
TRANSFER																		



ET

Rank and Name

GORDON, Edward Clarence

MC

Lieut.

Regimental No.

Name and Address of Next-of-Kin

Mother.

Unit 134th Battrn.

Margaret D. Gordon.

Date of enlistment.

38, Foxbar Road. Toronto.

Place of birth Toronto. Ontario. Canada.

Ontario. Canada.

Married (Yes or No)

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA, 8.8.16

M

1 CORP

Report

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

Place

Date

★

I.S.T.C.O.R.

REMARKS

Taken from Official Documents

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
27.2.18	134th Bn	S.O.S. on proceeding to sea to H. Ber		27.2.18	Pl II 21
4.3.18	H. Ber	S.O.S. on arrival from England		28.2.18	Pl II 22
12.8.18	B.A.M.S.	Adm. 2 Stat Hosp, Abbeville seriously ill		11.8.18	C.L. 1057 G.S.W. b chest, arm L.
20.8.18	..	Removed from Dangerously ill list		19.8.18	Ch 1064 ..
6.9.18	4 Bn.	Invalided Wounded & det to 1 CORP.		31.8.18	Pl II O. 104
5.9.18	1 CORP.	T.O.S. on evacuation		31.8.18	Pl II O. 246
2.9.18	B.A.M.S.	Adm P. of Wales Hosp, Marylebone		31.8.18	C.L. 1045
31.10.18	1 CORP.	S.O.S. to 3 Res (on leave to 15.11.18)		25.10.18	Pl II O. 302. & 308. 3 Res.
8.11.18	B.A.M.S.	San. bow. officer Hosp. Matlock Bath Discharged		14.10.18 24.10.18	C.L. 1131 G.S.W. b chest, arm L. Ch 1149
2-12-18	..	awarded Military Cross			London Gazette 30.1.13
29-12-18	4 Cdn Bn	S.O.S. of Establishment & with abs		8-12-18	Pl II 152

A.F.S. 103

4-MAR. 1918

20 SEP. 1918

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				
6.1.19	Daoude	DoD out of service on transfer to C&A Antigua upon cessation of hostilities 10.1.18. Ro 5146.			

10448

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

3-1-16

# Separation and Assigned Pay Branch

# G 4852

Aug 1 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30			
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RATE OF ASSIGNMENT

30			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank *Lieut* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *Edw. C. Gordon*  
 Battalion *"A" 134 Bn.*  
 Beneficiary *Margaret D. Gordon*  
 Relationship *W. Mother*  
 Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name *Mrs. Donald Gordon*  
 Address *38 Doucay Rd.*  
 Change of Address *Toronto, Ont.*  
 1 *118 South Drive, Rosedale Toronto*  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>		<i>718</i>	<i>510</i>	<i>1228</i>	<i>MRO 54872 - Destroy 23.12.18 Emb.</i>
<i>Jan 10</i>	<i>66454</i>	<i>30</i>	<i>30</i>	<i>60</i>	<i>m</i>
<i>Feb 4</i>	<i>91400</i>	<i>30</i>	<i>30</i>	<i>60</i>	
<i>March 8</i>	<i>92040</i>	<i>30</i>	<i>30</i>	<i>60</i>	
<i>April 7</i>	<i>14603</i>	<del><i>30</i></del>	<i>30</i>	<i>30</i>	<i>Suspend PA. From 1-4-18. Assigner refuses to fill in S.D. of Day</i>
<i>May 1</i>	<i>18641</i>		<i>30</i>	<i>30</i>	<i>M.P.O. 1 B. issued file 07183-2-6. R.L.</i>
<i>June 6</i>	<i>21120</i>		<i>30</i>	<i>30</i>	<i>PA account closed 31/3/18 ruling S.P. (M.P.O.)</i>
<i>July 8</i>	<i>29742</i>		<i>30</i>	<i>30</i>	<i>MRO 15494 Act. 18.10.18.</i>
<i>Aug 10</i>	<i>37148</i>		<i>30</i>	<i>30</i>	<i>A.3 M rec to stop A.P. 1-1-19 Emb. 16.1.19.</i>
<i>Sept. 7</i>	<i>47571</i>		<i>30</i>	<i>30</i>	<i>S of S. C.E.F. eff. 6-1-19. HQ 332.48.105.</i>
<i>Oct. 2</i>	<i>55547</i>		<i>30</i>	<i>30</i>	
<i>Nov. 2</i>	<i>58298</i>		<i>30</i>	<i>30</i>	
<i>Dec. 2</i>	<i>63506</i>		<i>30</i>	<i>30</i>	
<i>1919 Jan.</i>			<i>30</i>	<i>30</i>	
		<i>808</i>	<i>870</i>	<i>1678</i>	

M. F. W. 128  
 40000-6-17-1772-39-1141  
 L. L. 22220-M. & D. 7893.

*31.12.18* A/c Closed  
 Ret'd per *Melita*  
 Date *14.12.18* T.X. *23.12.18*  
 Clerk *Embarnes*







X

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

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
ADDRESS		Subsistence	20 12 18	D.O.# 2511
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP			
ADDRESS				

no. ✓

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS								
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3						
1919			\$	C.	\$	C.	\$	C.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$
Jan 1-6	6	3 18	3060		4860		6794							2660				
183dup	3		549		549									Mar 10	222	160		
			3711		58611									Apr 4	281644			
			25380		83991									Apr 8	281322			
														May 7	385609			
														June 9	387898			
														Apr 61	July 9	750568		
					83991		83991							Apr 90	Aug 14	752436		

Balance from previous account

AUDITOR *R* PAYMASTER *[Signature]*

REDUCTIONS AND REVERSIONS AFFECTING RATE OF PAY AND ALLOWANCES

REGT. No. *9-29* RANK *Leut* NAME (IN FULL) *GORDON, E.C.*

ORIGINAL UNIT C.E.F. <i>1st C.O.R.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
DATE OF ATTESTATION <i>3/1/16</i>	TRANSFERRED TO	DATE AUTHORITY
ASSIGNED PAY, \$ <i>30<sup>00</sup></i>	DATE EFFECTIVE <i>1-1-19</i>	
PAYABLE TO <i>Mrs D.</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS <i>57 Bloor St E. Toronto.</i>
ADDRESS <i>38 Drexler Rd. Toronto, Ont.</i>		
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE <i>Amended to 1-3-19</i>	REASON <i>2062</i>
DISCHARGED	PLACE <i>6-1-19</i>	DATE <i>Demob</i>
		REASON <i>2017</i>
		IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

CASH ROLLS			CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
			<i>2660</i>								<i>22</i>				<i>4860</i>				
<i>Mar 10</i>	<i>222165</i>		<i>93</i>	<i>-</i>	<i>✓</i>								<i>93</i>	<i>-</i>	<i>456</i>	<i>-</i>	<i>✓</i>		<i>R</i>
<i>Apr 4</i>	<i>281644</i>		<i>37</i>	<i>11</i>	<i>✓</i>								<i>130</i>	<i>11</i>	<i>456</i>	<i>-</i>	<i>✓</i>		<i>Sup. Credit.</i>
<i>Apr 8</i>	<i>281322</i>		<i>90</i>	<i>-</i>	<i>✓</i>								<i>220</i>	<i>11</i>	<i>366</i>	<i>-</i>	<i>✓</i>		<i>Auth P'm 25 90 190.</i>
<i>May 7</i>	<i>385609</i>		<i>34680</i>		<i>✓</i>								<i>56691</i>	<i>1273</i>	<i>-</i>	<i>✓</i>			<i>W</i>
<i>June 9</i>	<i>387898</i>		<i>93</i>	<i>-</i>	<i>✓</i>								<i>65991</i>	<i>1180</i>	<i>-</i>	<i>✓</i>			<i>PA</i>
<i>AR 61 July 9</i>	<i>750568</i>		<i>93</i>	<i>-</i>	<i>✓</i>								<i>75291</i>	<i>187</i>	<i>-</i>	<i>✓</i>			
<i>AR 90 Aug 14</i>	<i>752436</i>		<i>87</i>	<i>-</i>	<i>✓</i>								<i>83991</i>	<i>Closed.</i>					<i>W.S.G. PAID IN FULL</i>
			<i>83991</i>		<i>✓</i>								<i>83991</i>	<i>Cash</i>					

LIEUT. FOR PAYMASTER USE ONLY





ASSIGNED PAY.

UNIT.

RANK.

Inss.  
DATE

NAME.

NAME OF DATE AUTHORITY

AUTHORITY

Beneficiary

134<sup>th</sup> Bn.

Lieut.

19-8-16 From Canada

Name

Gordon

Address

Canada.

P.O.#16. Parc 2.

Initials

E.C.

(Bramshott)

Bank of Montreal.

Amount. \$ 30<sup>00</sup> fr. 1-8-16.

C.T.D. d/21-8-16.

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

DATE  
1916

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

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

INITIALS.

16-17  
- Bank - Ass'd Pay 30<sup>00</sup>  
Sep 1 P.a 1-31/8/16. Mess 19-31/8/16 63 60 ✓

22 " " " " 0.7532 93 60

Pay Sept. (R) 108

23 A.P. Can. Aug. Sept. 60

26 Bank

78

Oct. 19 Pay Oct. (R) 111 60

24 A.P. Can. 30

28 Bank 81 60

Nov 18 Pay Nov. (R) 108

21 A.P. Can. 30

27 Bank 78

Dec 13 A.P. Can. 30

Pay Dec. (R) 111 60

19 Bank 81 60

1917 Jan 17 A.P. Can. 30

22 Pay Jan (R) 111 60

23 Bank 81 60

Feb 19 A.P. Can. 30

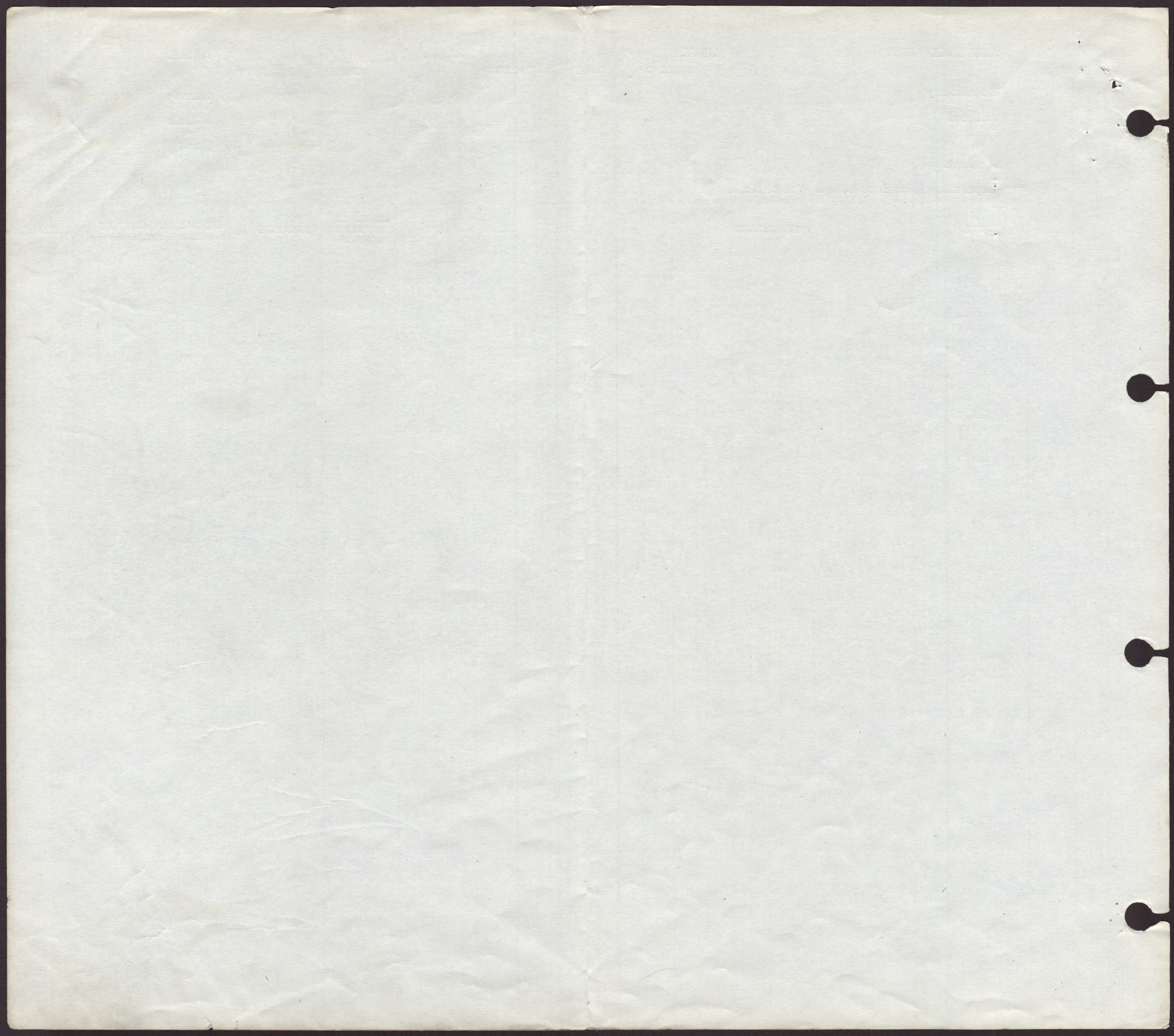
20 Pay Feb (R) 100 80

22 Bank 70 80

Mar 13 A.P. Can. 30

22 Pay March (R) 111 60

24 Bank 81 60







ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 30 *ban*

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

*194 Ban*

*Pay 2. 60  
for  
mess. 13. 60*

*Lieut*

*Gordon  
E.C.  
of Montreal  
Prof Sq.*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>1917. Dec. 7</i>	<i>Adv. P &amp; A.</i>	<i>Cash 32735</i>		<i>21 33</i>				
<i>10</i>	<i>A.P. Ban Pay R.</i>		<i>111 60</i>		<i>30</i>			
<i>14 1917. Jan. 9</i>	<i>Bank A.P. Ban Pay R.</i>	<i>35096</i>		<i>57 27</i>	<i>30</i>			
<i>21</i>	<i>Bank A.P. Ban Pay R.</i>	<i>39272</i>		<i>81 60</i>	<i>30</i>			
<i>Feb. 11</i>	<i>Bank A.P. Ban Pay R.</i>	<i>40800</i>		<i>72 13</i>	<i>30</i>			
<i>19</i>	<i>Adv. P &amp; A. £10</i>	<i>Cash 40608</i>		<i>48 67</i>				
<i>25</i>	<i>ration 10-30 17</i>	<i>10555</i>					<i>1-8-0</i>	
<i>Mar. 9</i>	<i>Bank A.P. Ban Pay R.</i>		<i>111 60</i>		<i>30</i>			
<i>21</i>	<i>Bank</i>			<i>81 60</i>				

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

mess  
DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount.

\$ 30 Can.

Separation Allowance issued. Yes or No.

134 Bn.  
1-C.O.P.W.

Pay 2.

F.A. 60

Messing 1.

\$3.60.

Lieut.

19/16

For Can.  
P.O. 16. Part II  
B. Skell. C.F.P.  
21. 7. 16.

Name

Initials

Bank

Gordon.  
C. G.  
Montreal  
Vrajagar. Sq

Add Outfit Alice 1/8 \$100.00

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 12	A.P. Can PayR.			30				
23	Bank	0959	108	78				
May	A.P. Can PayR.				30			
22	Bank	2474	111 60	81 60				
June	A.P. Can PayR.				30			
24	Bank	4063	108	78				
July 2	A.P. Can PayR.				30			
20	Bank	5575	111 60	81 60				
22	A.P. Can PayR.				30			
24	Bank	6953	111 60	81 60				
Sept 11	A.P. Can PayR.				30			
20	Is. R. 1/8 196. Bell. List 203. Sept 10 80 69							
22	Bank	8930	108	4 75 78 25				
Oct	A.P. Can PayR.				30			
18	Adv of P. ca. £ 10.	Bank	9942	48 67				
19	Adv. on of Col. Kit.	Bank	10313	111 60		32.93		
	Bank			58 40				
	Bank			32 93				
	Add. Outfit Alice 1/8		100	41 60				
	Bank	10931		<del>41 60</del>				

1918-19

To be shown as off till 1st cl. is pd.

\$58.40

FORWARD.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 30

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

*E.C.P.R.D* Pay *2*  
F.A. *60*  
Messing *2360*

*Serjeant*

Name *Gordon*  
Initials *E.C.*  
Bank *Montreal*  
*Truifalgar St*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918	Balance Forward			<i>nil</i>		<i>nil.</i>		
Nov 2	Adv of P.A. £ 10. Bank	11230		<i>48 67</i>				
4	Balance Kit claim Bank	11272		<i>29 20</i>				
8	Change of High to Inf <i>31 3/8</i>	<i>L 85</i>		<i>61 33</i>			<i>£ 12.0.0 <sup>48 67</sup> Pd 206-00</i>	
15	Balance Mo. P.A. & Adpt F.A. <i>12 1/8 - 30 1/8</i> Bank	11760		<del><i>44 75</i></del>		<i>D 2000</i>		
	Indem. Test Kit 10 to C. Pay % 1. MC. L 85. 10384		<i>29 20</i>					
	<i>Alban</i>				<i>30</i>			
	<i>Pay to Nov</i>		<i>120</i>					
	<i>Adpt F.A. 12/1/18 31 1/8</i>		<i>30</i>					
Dec 1	Adv Recy P.A. Bank	12800		<i>x 94</i>			<i>Net to loan</i>	
	<i>Alban</i>		<i>124</i>				<i>L 10.0.0 to 31 1/8</i>	
	<i>Alban</i>				<i>30</i>		<i>To the D.C. ledger</i>	
1919	Jan 3 Inam. loss Kit <i>8 8/8</i>	<i>L 208</i>					<i>7-12-6 In full</i>	
	23 be C. Pay % auth PMC L 208		<i>37 11</i>			<i>A 37 11</i>	<i>Trans to L 12 ft. 16</i>	
Feb 28	Transfd to bank	<i>7-1959</i>		<i>37 11</i>			<i>1749 by 2000 bank</i>	
							<i>at Bal. 31-7-19</i>	