

ATTESTATION PAPER.

No. 18676

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Peter Pederson
- 2. In what Town, Township or Parish, and in what Country were you born?..... Trondheem, Norway
- 3. What is the name of your next-of-kin?..... Sister Miss Ellen Pederson
- 4. What is the address of your next-of-kin?..... 11318 Carry St. Edmonton Alta
- 5. What is the date of your birth?..... 20th November 1890
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... 101st
- 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. No
- 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

P. M. Pedersen (Signature of Man).
 [Signature] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Peter Pederson, do solemnly declare that the above answers made by me to the above questions 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.

P. M. Pedersen (Signature of Recruit)

Date 23/9 1914 [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter Pederson, 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.

P. M. Pedersen (Signature of Recruit)

Date 23/9 1914 [Signature] (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 Valcartier this 23rd day of Sept 1914.

R. C. Bowyer Capt (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

9th Battalion
101st Regt

Description of Pte Peter Peterson on Enlistment.

18676

Apparent Age 23 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 18676 6 ft. - ins.

scar back of left wrist

Chest measurement { Girth when fully expanded 41 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes blue

Hair brown

- Church of England.....
- Presbyterian.....
- Wesleyan.....
- Baptist or Congregationalist.....
- Other Protestants Lutheran
(Denomination to be stated.)
- Roman Catholic.....
- Jewish.....

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 he declares that he is not subject to fits of any description.

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

Date Sep 4 1914.

H. S. Elliot

Place Valcartier

Maj. Aue
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.

Peter Peterson 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.

P. C. Bowen Capt (Signature of Officer)

Date 23/9 1914.

PEDERSON PETER

18676

36 BN.

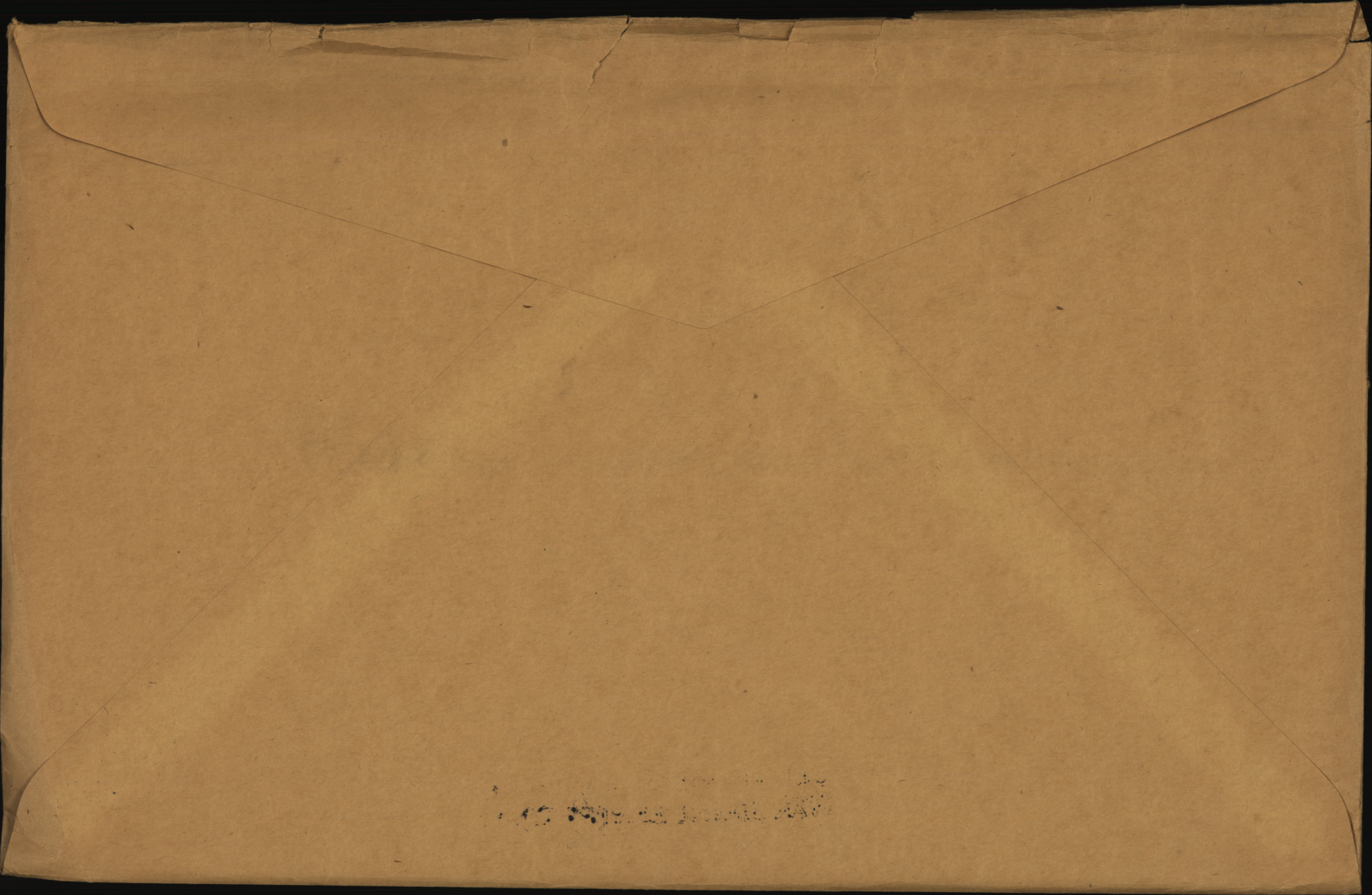
533

M.U.

MB

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





Number

18676

Rank

Pte

Surname

PEDERSON

Christian Names

Peter

Unit

1st Bn. Can. Inf.

Theatre of War

France

Dates of Service

Remarks

J

Try Armenia via Edmonthon Allen

Latest Address

not available

Roll No.

B
Page 503

B
✓

DESP. JUL 28 1923

REGN. NO. 4767

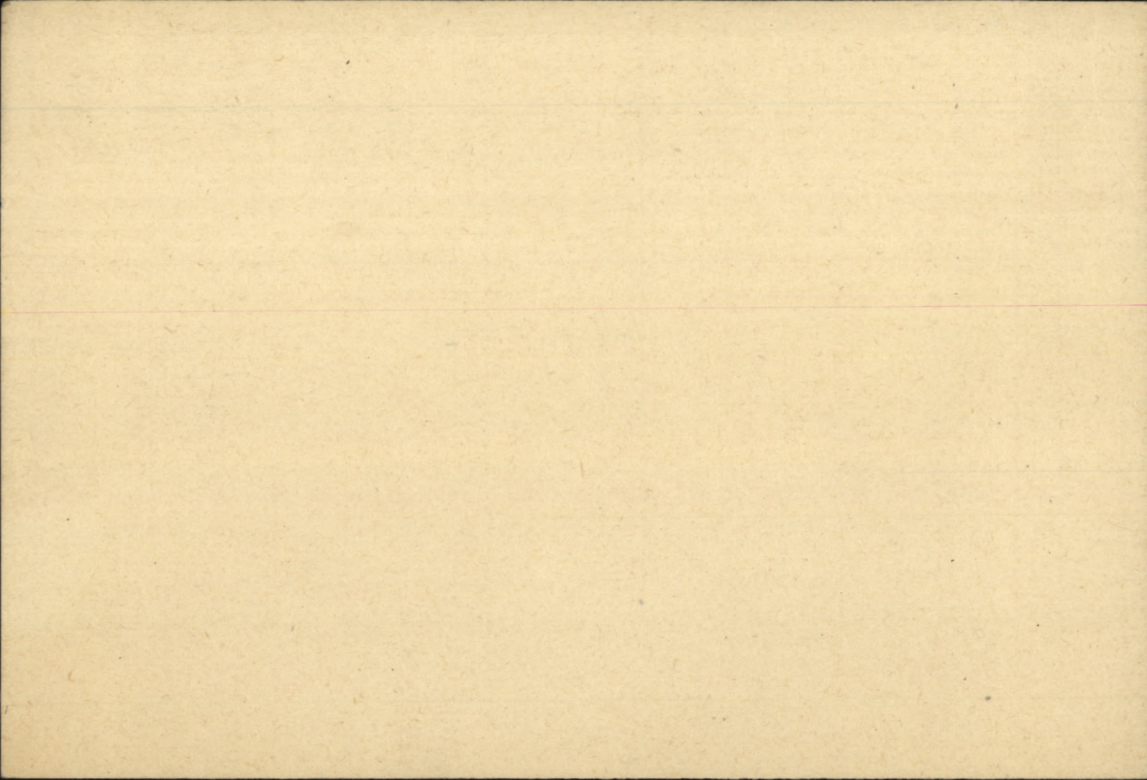
No. 18676. RANK Pte. (36 Res. Bn.) NAME Pederson P. M.

T. O. S.

UNIT Discharge Depot (Quebec.)

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Nov.	1915. Nov.	J	Dates not stated.	



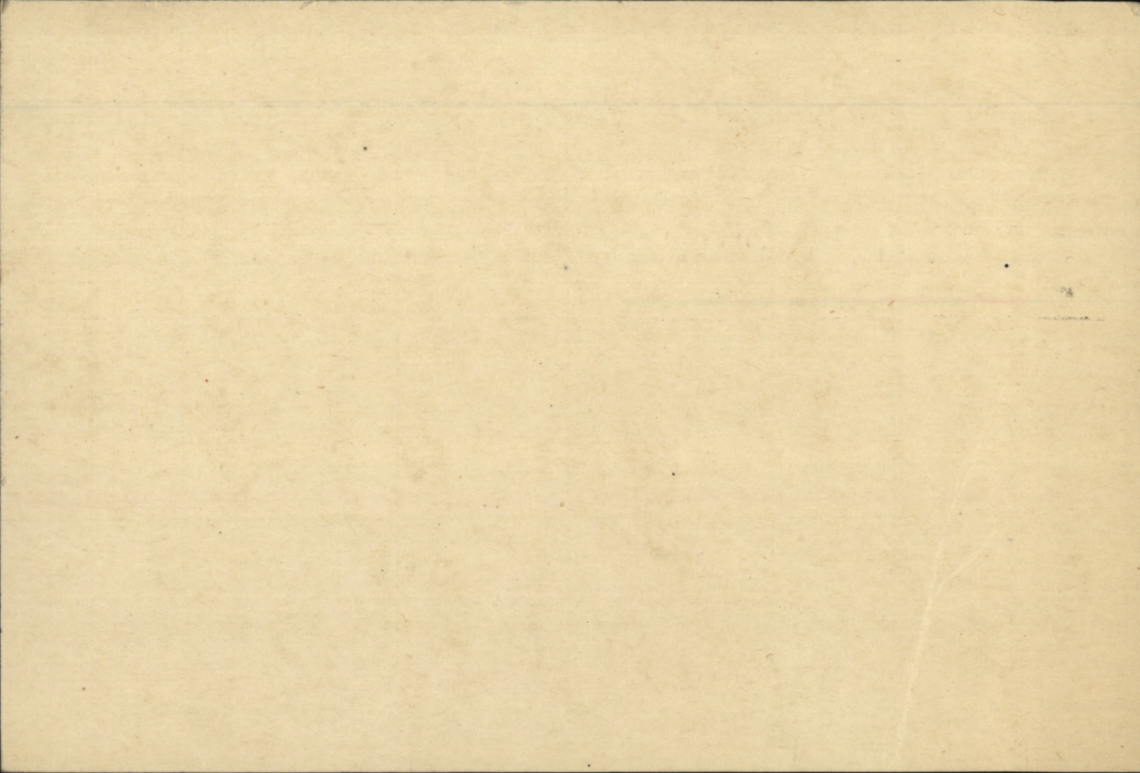
No. 18676 RANK Pte

NAME Pederson G.
P. Sept payroll

T. O. S. UNIT Casualties

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 1	1916 Jan 31	✓	from 9th Bn	
	Feb	✓		
	Mar	✓		
	Apr	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug	✓		
Sept 1	Oct 7	✓	disch'd 7-10-16	Sept payroll
			a/c closed by payment \$	



SURNAME.

Pederson (649 P-1670)

CARD NO.

CHRISTIAN NAMES

Peter.

FOLL.

S.S. Div 9/10/16

REGL. NO.

18676

RANK

pte.

UNIT

9th.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Pederson Miss Edna.

RELATIONSHIP TO SOLDIER

not stated

ADDRESS

*11318 Carvey Edmonton
Alta*

COUNTRY OF BIRTH

Norway, Ironheed.

DATE

Nov. 20th. 1890.

PLACE OF ATTESTATION

Valcartier P. Q.

DATE

Sept. 23rd. 1914.

OPS 4-10-14 9/15

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

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

From Quebec per. S.S. Zealand 4-10-14

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Lutheran

DESCRIPTION.

APPARENT AGE

23 YEARS

10 MONTHS

HEIGHT

6 FEET

INCHES

CHEST MEASUREMENT

41 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Scar back of left wrist.

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q.

DATE

Sept. 4th. 1914.

Present Address. not stated.

NAME

ACCOUNT NO.

ADDRESS

CARD NO.

DATE.

DEBIT.

FOLIO.

AMOUNT.

DATE.

CREDIT.

FOLIO.

AMOUNT.

Place. tents.

Disease Chancere

Discharged 3/4/15

Admitted 1/2/15

Corps 9 Bn

A.I.D. No 1504

Reg No 18676

Rank Pte

Name Peterson P.M.

DATE.

DEBIT.

FOLIO.

AMOUNT.

DATE.

CREDIT.

FOLIO.

AMOUNT.

NAME *Pederson, Peter M.*

H. Q. FILE No. 649-

REGT'L. No. *18676*

RANK AND CORPS *Plt*

1st. Battalion

CABLE

NO.

DATE

C. 1133 14/5-15 Wounded

NATURE OF CASUALTY

NO. *623*

FOLL. *X*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

62

Reported from Base.

wounded

71

St. Thomas Hosp. London S. E. 8/5/15.

Abscess from shrapnel ^{shrapnel}

101

2nd London Gen. Chelsea. 3/7/15.

Duch. to sick furlough. (Abscess from ^{shrapnel})

Surname *Pederson* ✓ Christian Name or Names *P. M.* Reg. No. *18676*
 Rank *Pte.* 9th Bat. 1st Unit *Battn* Co. *Gen. Ketheravon.* Troop *1. 2. B.* Batty.
 Hospital *2^d Lon. Gen. Chelsea* Date of Admission

Transferred *St. Thomas* Hosp.
 Hosp. *8-5-15*
 Hosp.
 Hosp.

Diagnosis *Chancere.*
Abscess from shrapnell.
 (1)
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnoses, if more than one state present

DISPOSITION *Dis. to sick furlough.* *Outy. 3. 4. 15.*
 Date *3. 7. 15.*

REMARKS
A & D. BR. 1 Gen.
C.L. 2/7/15. 101.
Ed. 14-5-15/82 Rept from Base by Telegram
date not stated.
W: HOR 25-6-15
" 2-7-15

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Medical. Board.

Shorncliffe. 28. 7. 15.

*Cond. Chance Weak eyes.
Injury to chest*

*2. months light duty,
then full duty.*

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E
st

14358-P-1

Name **Pederson, Pete**
Surname

Christian Name

Regimental Number **18676**

Rank **Pte.**

Address (in full) **418 - 7th St. N.W.**

Unit **36th Bn.**

Calgary, Alta.

Original Unit

District where paid **M.D.13**

Date of Discharge **9-10-16**

P. D. P. Filing Number **15 - 5**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	64	26-7-17	33 00	64	25-8-17	33 00	64	26-9-17	34 10		100 10

M. F. W. 127.
60M-6 17.
1772 39-1140.

Remarks:

File No. 14358-P-12

WAR SERVICE GRATUITY.

Register No. P1806

gc

Dec. 26 7 20.

Reg. No. 18676

Dependent _____

Name Pederson Peter M

Address _____

Award Armed per day \$ _____

S. A. 3 months at \$ _____ per mo \$ _____

Less P. D. P. Credited _____

Less further debit balance
Net due paid as below

Pay Soldier \$ 249.90

Pay Dependent \$ _____

O	Ag. No	Ch No	Pay	Qu	No	Ch No	Amount
1							
2	<u>Gaylor</u>						
3							
4							
5							
6							
Total							

Days 153 Rate 70⁰⁰ Due 250.00

Less P.D.P. credited 100.10

Clerk W. Whitley 30/7/20

Less further Dr. Bal. or overpayment. _____

Net 249.90

R 1112
17-8-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>4/8/20</u>	<u>59313</u>	<u>188014</u>	<u>249.90</u>					
2								
3								
4								
5								
6								

GEN'L AUDITOR
Posting checked by
[Signature]
Date 20/7/20

P. Evans
26/7/20

NAME ⁰ PEDERSEN, Peter

Regimental No. ⁺ 18676. ✓

Name and address of next-of-kin

Unit ³⁶ ~~2nd~~ Battalion

Miss Ellen Pedersen,

Date of enlistment Sept. 23rd, 1914

11318 Carey Street,

Place of birth Norway

Edmonton, Alta. ✓

Married (yes or no) No

Date and place discharged

Nov 5-15 Canada

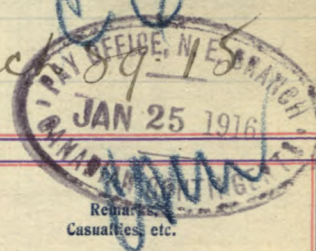
Amount of pay assigned monthly \$ Nil

Reason for discharge

To whom payable

Character on discharge

H.P. 12/23 Oc



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					
Sept 22	Oct 31	40	1 ⁰⁰	40 00	40	10	4 00	44 00 ✓			30 00			30 00 ✓		
Nov 1	Nov 30	30	1 ⁰⁰	30	30	10	3 00	14 00 ✓	47		47			47 ✓		
1 Dec	31	31	1 ⁰⁰	31	31	10	3 10	17 10 ✓			34			34 ✓		
1 Jan	31	31	1 ⁰⁰	31	31	10	3 10	10 34 ✓	20		15		17 60	32 60	FORFEITS 16 DAYS	
Feb 1	28	28	1-	28	28	10	2 80	1 60 ✓	32		40				Trans. I. B. D.	
March	31	31	1 ⁰⁰	31	31	10	3 10	32 40 ✓	66		50				Trans. I. B. D. 3/3/15	
Apr 1	30	30	1	30	30	10	3	66 50 ✓	99		50		15	15	Trans. to 18th Bn	
May 1	31	31	1	31	31	10	3 10	84 50 ✓	118		60		50	50		
June 1	30	30	1	30	30	10	3	68 60 ✓	101		60				Trans. to 9th Bn	
July 1	31	31		31				310 ✓	101		60			80	5th B. P.M. 3/7/15 am 1st Bn Pay List 5th Hq. Group No. 3	
								55 70								
								Exchange 7 23								
1 Aug	31 Aug	31	1 ⁰⁰	31	31	10	3 10	62 93 ✓	100		87			34 07	34 07 ✓	Sick furlough 3/7/15 to 10/7/15
1 Sep	30 Sep	30	1 ⁰⁰	30	30	10	3	66 80 ✓	99		80			19 47	19 47 ✓	
1 Oct	31 Oct	31	1 ⁰⁰	31	31	10	3 10	80 33 ✓	114		43					Trans. to 3d B. Co. 152
Nov 1	5	5	1	5	5	10	50	114 43 ✓	119		93			29 20	778 7 ✓	
								42 06						48 67		
								42 06						42 06	42 06 ✓	Transferred to acct & pm 9 cent. 9 cent liability can be res

Transf to "Camp" Disc

Name Pederson Pte P

M. F. W. 41.
10m.-4-16. 106
1772-39-889.

W. J. J. J.

Regimental No. 18676
Unit 9th Bn
Date of enlistment
Place of " "

Name and address of next-of-kin 90 C 2 Tinkholm
Bruce Alta

Married (yes or no) no

Date and place discharged M D 13 7-10-16

Amount of pay assigned monthly \$ mil

Reason for discharge

To whom payable SA mil

Character on discharge Civilian Clothing issued
649-P-167

Metayama 15-11-15

II

L. L. Job 502 M. & D. 6578.

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
	<u>5/11/15</u>															
<u>6/11/15</u>	<u>31/12/15</u>	<u>56</u>	<u>100</u>	<u>56</u>	<u>56</u>	<u>10</u>	<u>560</u>	<u>4206</u> <u>Sub</u>	<u>135</u>	<u>16</u>	<u>137</u>	<u>14/12/15</u>	<u>65</u>	<u>43</u>	<u>60</u>	<u>2 PC</u> <u>2nd 6000 Pa</u> <u>adv on ship</u>
												<u>9</u>	<u>73</u>	<u>13516</u>		

Pensioned
4-9-16 & amended to 8-10-16

Draw 11/16 MD
13

93-10

Peterson
P

606

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.					
Year 1915	15676	Pl.	Peterson	P.					
	Unit.	Age.	Service.						
	9 Batt	24	6/12						
Station and Date.	Disease <i>Chancroid</i>								
1/2/15	Address: - <i>Edmundson Cav.</i>								
	Complaints: - <i>Sore on penis</i>								
	History: - <i>Exposed five weeks ago. Noticed sore ten days ago, to history of previous venereal disease</i>								
	Examination: <i>Soft chancre</i>								
	Treatment: <i>Constitution</i>								
2/2/15	<i>Soft chancre.</i>								
3/2/15									
4/2/15									
5/2/15									
6/2/15									
8/2/15									
9/2/15									
10/2/15									
11/2/15									
12/2/15									
13/2/15									
15/2/15									
16/2/15									
17/2/15									
18/2/15									
19/2/15									
20/2/15									
21/2/15									
22/2/15									
24/2/15									
	<i>To be discharged by GMD Davis Capt. Camp</i>								
	<table border="0"> <tr><td>25/2/15</td></tr> <tr><td>26/2/15</td></tr> <tr><td>27/2/15</td></tr> <tr><td>28/2/15</td></tr> <tr><td>2/3/15</td></tr> </table>				25/2/15	26/2/15	27/2/15	28/2/15	2/3/15
25/2/15									
26/2/15									
27/2/15									
28/2/15									
2/3/15									
	<i>Had three Salvarsan + one grey oil</i>								
	<i>Second March 8th/15</i>								
	<i>Third " 15/15</i>								
	<i>Fourth " 22/15</i>								
	<i>Fifth " 29/15</i>								

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

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 18676 (Rank) Pte

(Name in Full) Peter Peterson enlisted in

36th Bn

Canadian Overseas Expeditionary Force, on the 8th of Aug

1914, and accompanied said unit to Overseas

was returned to Canada, and discharged from the service at

on the _____ of _____ 191____, in consequence of _____

DESCRIPTION ON DISCHARGE

Age 24

Height 6" - 0"

Complexion Fair

Eyes Blue

Hair Brown

Trade Farmer

Marks or Scars _____

Signature of Man _____

Officer in charge Discharge Depot.

Place and Date _____

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 18676

Rank Pte

Name P. Peterson

Unit 36th Bn

Address on Discharge

.....
.....
.....
.....

His conduct and character while in the Service have been :

Good

Place

Date Commanding

Campaigns

Medals and Decorations

.....
.....

WARNING.—If you lose this Certificate a duplicate cannot be issued.

Certificate of discharge of No. 18676 (Rank) Private
 (Name) Pederson Peter
 (Regiment) 36th BATTN CEF.
 who was enlisted at Edmonton Alta.
 on the 8th Aug. 1914.

He is discharged in consequence of Having been
found medically unfit for further
service.

after serving _____ years _____ days with the Colours, and
 _____ years _____ days in the Army Reserve.

(Place) N. Sandling Signature of Arthur Astbury
 (Date) 4th Nov 1915 Commanding Officer 36th Res Bn CEF.

* Description of the above-named man on discharge when he
 left the Colours.

Age	<u>24</u>	Marks or Scars, whether on face or other parts of body.
Height	<u>6'-0"</u>	
Complexion	<u>fair</u>	
Eyes	<u>blue</u>	
Hair	<u>dark brown</u>	

strapped wound
scar on back

* Should agree with the description on Character Certificate, Army Form B. 2067.

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

No record of character available.

Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

“Any man, whether Soldier or Civilian, who brings a Recruit to
“a Recruiter, or to a Military Barrack, is a Recruiting Agent,
“and it is not necessary that he should have been formally
“appointed as such.”

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

- (a) Boys under 17 years of age.
- (b) Re-enlisted Pensioners.
- (c) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.
- (d) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

5s. to 2s. 6d. Regular Army.

1s. 6d. Special Reserve.

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depot nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	18676	Plt	Pederson	Peter M.
Year	Unit.	Age.	Service.	
1915.	9th Reserve Battalion, C. E. F.	24	11/12.	
Station and Date.	Disease			
Bulford Gen'l Feb 1915.	Chancre. 8 weeks.			
St. Thomas. London. May 1915.	Fluid draining on left side of chest below ribs, following shell explosion.			
			<i>W Colharpe</i> <i>Capt Came</i>	

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

Station
and Date.

MEDICAL CASE SHEET

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 18676 Rank Private Name Pederson P.

Corps 36th O. Battn. C.E.F. who was* discharged

On October 7th 1916, to -----

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from September 1st 1916, to October 7th 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....	-	-	Bal. Cr. from prev. month.....	-	-
Advances } No.....	-	-	Regt'l Pay <u>37</u> days at \$ <u>1</u> c <u>00</u>	<u>37</u>	<u>00</u>
by } No.....	-	-	Field Allow. <u>37</u> days at \$ <u>c10</u>	<u>3</u>	<u>70</u>
Assigned Pay No.....	-	-	Other Allowances <u>Clothing Allow</u>	<u>8</u>	<u>00</u>
Other Charges*.....	-	-	Other Credits* <u>Subsistence, 37</u>		
Payment on transfer or discharge No.....	<u>70</u>	<u>90</u>	<u>days @ 60¢ (Sep. 1st to Oct 7th)</u>	<u>22</u>	<u>20</u>
Balance Cr. (to be paid by the new unit).....	-	-	Bal. Dr. (to be deducted by new unit).....	-	-
Total.....	\$	<u>70</u> <u>90</u>	Total.....	\$	<u>70</u> <u>90</u>

*Give Particulars.

A monthly stoppage of \$ NIL. (†) has (‡) been paid on account of Assigned Pay for the month of ----- 1916 to (Assignee).....

(Address).....

- (†) 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 and authority A.A.G., M.D. 13 September 2nd 1916.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Nil.

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

Date September 4th 1916.

Place CALGARY.

[Signature]
 Paymaster, Casualties, C. E. F.
 Capt.

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

STATE POLICE

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Casualty Form—Active Service.

Regiment or Corps 9th Battalion

Regimental No. 18646 Rank _____ Name Peterson Peter M

Enlisted (a) _____ Terms of Service (duration of war) Service reckons from (a) Aug 1914

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				
<u>7/4/15</u>	<u>9th Bn</u>	<u>Transferred to Enfl Base Depot</u>	<u>Shorncliffe</u>	<u>7/4/15</u>	
<u>8-5-15</u>	<u>H.S. S/Andrew</u>	<u>Edw. Back.</u>	<u>Dover.</u>	<u>8-5-15</u>	<u>A-36</u>
<u>8-5-15</u>	<u>Hospital England</u>	<u>Transferred to 9th Res Battalion</u>	<u>Shorncliffe</u>	<u>8-5-15</u>	<u>R.O. 9th Res Bn CAPT. 56 of 25-5-15</u>

[Handwritten signature]
R.O. 9th Res Bn CAPT.
56 of 25-5-15
OFFICIAL RECORDS
CANADIAN SECTION G. H. Q.


(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.

This space to be for numbers.

28-4-32

Proceedings on Discharge.

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

No.	18676		DEPT. OF MILITARY DEFENCE NOV 13 1916 649 P-167 CANADA
Rank	Private		
Name	Peter Pederson		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	36th O/B		
Date of Discharge	7 th October 1916		
Place of Discharge	Calgary Alta		

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age <u>24</u> years..... months. Height <u>6'</u> feet..... inches. Complexion <u>Fair</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Farmer</u> Intended place of residence } (To be given as fully as practicable.)	Descriptive Marks
---	-------------------

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

being Medically Unfit

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.

Good

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

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

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

Kesling

E. R. J.

*Start
27/10/19
Gardner & W.
17.11.16*

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

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

6. Medals and Decorations.....

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) Balgary Alta

(Signature) [Handwritten Signature]

(Date) 7/10/16

Liut. Colonel [Handwritten]
Commanding

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) X Ste P. M. Pederson 18676 (Signature of Soldier.)

(Date) C Leonard Duce (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.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)..... years..... days.
Total 260 years, .. days.

11. Confirmation of Discharge.

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

(Place) Balgary Alta

(Signature) [Handwritten Signature]

(Date) 7/10/16

Liut. Colonel [Handwritten]
A. A. G. Administration M. D. No. 13

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.)

~~None~~

~~Chas. O. Johnson. 18670.~~

200
13-11-16

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

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.

649-P-167

Army Form B. 179
DEPT
MILITIA & DEFENCE
DEC -4 1915
H.Q. CANADA

Medical Report on an Invalid.

Station West Sandling
Date 28-10-15

- 1. Unit 9th Batt. now 36th B.
- 2. Regimental No. 18676.
- 3. Rank Pte.
- 4. Name Peterson, P. M.
- 5. Age last birthday 24.
- 6. Enlisted { on August 8th 1914.
at Edmonton Alta Canada.
- 7. Former Trade or Occupation { Farmer.

8. Disability.

- (a.) Shell wound in Back.
- (b.) Chest crushed by explosion of shell.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. April 28th 1915
- 10. Place of origin of disability. Ypres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Was coming out of battle when shell exploded beside him. Unconscious. Sent to hospital 13th General, Booblogne 7 days. Then to St Thomas Hosp. 2 months. Went on leave 7 days. Returned to Digby 10 July, and has done no duty since.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

(a.) Explosion of shell
(b.) Active Service

C/o C. L. Lindholm
Bruce, Alta.

Carded 2-12-15
M. M.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Physical Condition:-

Health good. Appetite good.
Bowels regular.

Wound of part:- Wounds healed but muscles are very weak and he has great difficulty in bending or lifting anything. Walking impaired can only walk short distances. Pains in muscles.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Yes.
Yes.
Yes.
No.

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

Not applicable.

16. Was an operation performed? If so, what?

Yes :- for inward bleeding 10-5-15

17. If not, was an operation advised and declined?

Not applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

(a.) Yes
(b.) No

W. S. Dalje Capt Comm

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____

Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

1 Yes
2 No
3 No
Shall.
Infection-

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

No
No

(b) Misconduct?

(c) Any of the conditions mentioned in question 20, and if so, which?

No

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

3 months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

$\frac{1}{2}$

SINCE THE ABOVE RECOMMENDATION IT IS RECOMMENDED THAT THIS PATIENT BE SENT TO CANADA AND RETAINED IN THE SERVICE UNTIL HIS DEPOT IS REACHED WHEN HIS FURTHER DISPOSAL, EITHER FOR SERVICE IN CANADA, OR FOR DISCHARGE AS UNFIT SHOULD BE DECIDED BY MILITIA AUTHORITIES THERE.

Shabic infection may have a bearing on slow recovery

LT. COL.; A.D.M.S. CANADIANS, SHORNCLIFFE.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

not applicable

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable **Approved!**

26. Do the Board recommend

(a) Discharge as permanently unfit,

or
13 *Bar service*

(b) Change to England?

No
Yes

J. J. Kiley
Captain A/D.A.A.G.
for Brigadier-General,
Comdg. Can. Train. Div., Shorncliffe.

Signatures:—

W. J. Blanchard Lt Col President.

Station Shorncliffe

Date Oct 28/15

W. J. Syall Capt C.A.M.C.

Members.

Approved.

Station Shorncliffe

Date Oct 28/15

J. J. Kiley
Administrative Medical Officer.

Capt. A/D.A.D.M.S.,
Canadian Training Division, Shorncliffe.

(On leaving Corps or Station where invalidated.)

Transfer	Date _____	Name of	Conveyance _____
	Station _____		Vessel _____
or Embarkation	Date _____	}	Officer in medical charge _____
	Port _____		

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Nov 16/15 The medical Board having met & examined Pte Peter Pedersen # 18676 finds his general condition good. Has been two weeks long over lower dorsal spines - about 1/2" to left of vertebral spines - caused by piece of shell. Examination otherwise negative. Only complaint is weakness of back around place when he exerts himself much or lifts. Good history of syphilitic chancre in Feb 1915 - 3 injections of salvarsan & 5 hypodermics of mercury. The board concurs in answers to Q 22 & 23 but considers Q 24 should be 1/4. Treatment of back not needed.

Date of final Medical Board, or decision

Nov. 16/15.

*W. L. Carver Capt AMC
Conrad Grogg Capt BMC
R. M. Wilson Lt AMC
Edwinters Major
Administrative Medical Officer. 5th Div.*

MEDICAL REPORT ON AN
INVALID.

Army Form B. 179.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal			Date of final disposal	How finally disposed of		

The original Report is invariably to accompany the discharge documents of Invalids.
Wt. W8530/2774 500M 9-15 M.&C.I.D.
Forms B. 179 34

*Carded 2-21-15
M. M.*

B (Enterica)

000

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>F. 1265</i> Year <i>1915.</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>18676.</i>	<i>Private</i>	<i>Peterson.</i>	<i>Peter</i>
	Unit.	Age.	Service.	
	<i>2nd Batt. Canadian Constab.</i>	<i>24.</i>	<i>9 Years.</i>	

Station and Date.
5th. London
Gen. Hosp.

Disease *Haematoma of base.*

H. H. Phelps

9.5.15

admitted to St Thomas Hospital

3.7.15

discharged from St Thomas'

H. H. Phelps

*5th. London General Hospital,
St. Thomas's Hospital,
London, S. E.*

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

Station
and Date.

MEDICAL CASE SHEET

Blank lined area for medical notes.

Faint text at the bottom of the page, likely bleed-through from the reverse side.

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Military Hospital \$ Thomas

Corps 1st Canadian

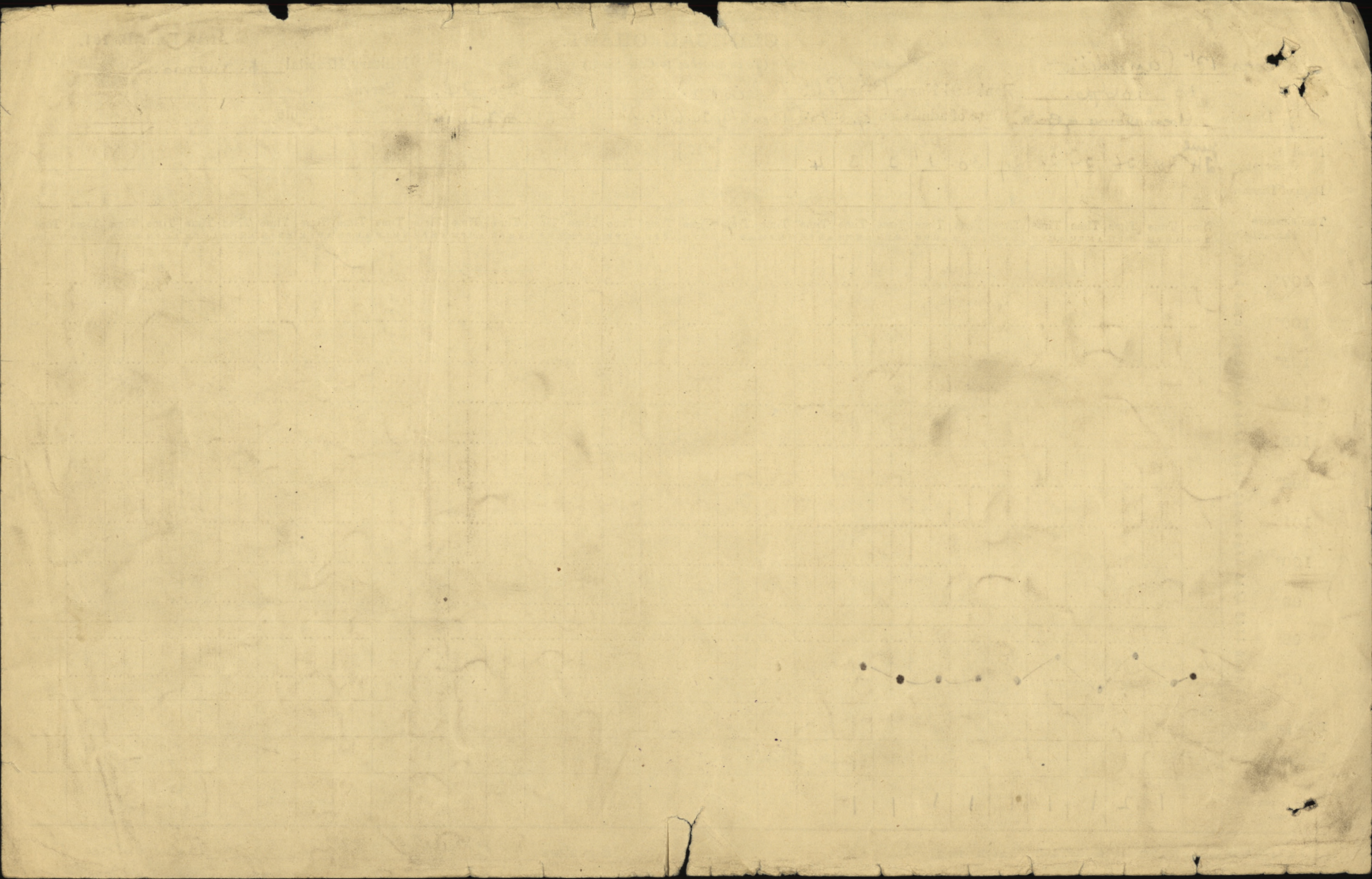
No. 18676 Rank and Name Pte Peli Pelison

Age 24 Service _____

Disease Hematoma of Back Date of admission 9.5.15: (Trans 513) 24.6.15 Date of discharge 3 July 15 Result _____

Dates of Observation	June				July																										
	24	25	26	27	28	29	30	1	2	3	4																				
Days of Disease																															
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
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99°																															
98°																															
97°																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 Hours		1	2	1	1	1	1	1	1	1																					

Signature H. Phelps In charge of case.



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Peterson Christian Name P. M.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 ,
 at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded _____ inches.
 Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
 Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
 (Rank) _____

Medical Officer.

Enlisted ... { at _____
 on _____ day of _____ 191 .

Corps.	Regtl. No.
_____	10676.
_____	_____
_____	_____

Became non-effective by ... _____

on _____ day of _____ 191 .

(Signature) _____
 (Rank) _____

Copied 14-2-17
smk

MEDICAL HISTORY OF AN INVALID.

Address, Bruce Alta. Next of Kin Mrs. Tinkhulm, Bruce Alta.

- 1. Station. **Edmonton Alta.**
- 2. Regiment or Corps. **9th Battn.**
- 3. Regimental No. and Rank. **18676 Pte.**

8. General remarks on his :—

(a) Conduct.

(b) Habits.

(c) Temperance.

649-10-167
DEPT MILITIA & DEFENCE
H.O. CANADA

- 4. Name. **Pederson, P.H.**
- 5. Age last Birthday. **25 yrs.**
- 6. Enlisted on **Aug 8th 1914.**
at **Edmonton Alta.**

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

- 7. Former Trade or Occupation. **Farmer.** Date. **July 11th 1916.**

9. Service. Years. Days.

Infantry.	PERIODS.	
	FROM.	TO.
101st to 9th Battn	Aug 8-14	date

- 10. (a) Disease or disability. **Injury to muscles of back caused by fragment of shell striking his back and trenching tools so that the actual damage to back was caused by the impact of the trenching tool. This occurred on the 8th of April 1918 at Ypres. He also gives a history of injury to chest causing coughing of blood for 10 days after accident.**
- (b) Date of origin.
- (c) Place of origin.
- (d) Cause.

- 11. Present Condition. (Most Important) **Chest condition cleared up, only subjective symptoms present. Complains of a tired and sore feeling across lower part of back when he stands for any length of time or on resuming even light farm work. Is able to bend over and touch his toes in a normal manner but cannot maintain that position, in other words he complains of a very weak back. The large muscle on the left side of the spine has evidently been lacerated and there is a curvature convex toward the right side of the spines of the vertebrae corresponding to the injured muscle.**

- 12. (a) Is the disability the result of service or climate?
- (b) Has it been aggravated by intemperance, vice or misconduct?

Yes.

No.

marked 17-11-16
31

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Cut across the lower end of radius on left wrist.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Exceptional, being received in the presence of the enemy and under fire.

14. Treatment

Hospital treatment along the line of communication.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

~~1/4th~~ H. O. J. Last

18. State if for discharge on account of unfitness for Service.

Medically unfit for service.

J. H. J. Last
Medical Officer by whom the case is brought forward.

noted
17-11-16
ell.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

Yes

11.

Yes

12.

Yes

15.

Yes

16.

Yes

17.

Yes

19. Is he unfit for Military Service.

Yes

20. Recommendations :

The Board concur in the case as brought forward, and consider this case has reached finality. We recommend his discharge as medically unfit for service, and that he be placed on permanent pension, estimated on a disability of ~~40%~~ ~~of the~~ **40%**. As it is obvious there has been a serious injury to the spine, as evidenced by the curvature.

Signatures :—

J. H. [Signature]
..... President.

Major, C.A.M.C.

[Signature]

Capt. C.A.M.C.

} Members.

Station. **Edmonton, Alberta.**

Date.

July 12th 1916.

Date. **18/7/16**

Approved.

Date.

3/8/16

J. D. Johnson
..... Major
Asso. Director of Medical Services.

[Signature]
.....
Director-General of Medical Services.

noted
17-1-16
see
30

169
A 709

Does the Board concur with the preceding report? If not give differing opinion.

10.
11.
12.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Recommendations :
The Board concur in the same as brought forward, and consider this case has reached finality. We recommend his discharge as medically unfit for service, and that he be placed on permanent pension, estimated on a disability of 100% as it is evident there has been a serious injury to the spine, as evidenced by the curvature.

Signature :
President

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Militia Form B. 227.

100 m-2-16.
H. G. 1772-38-117.

Medical Report on an Invalid.

649-P-664

Station Lower Diggate Camp, Shorncliffe.

Date July 26th 1915.

DEPT. MILITIA & DEFENCE
FEB -6 1918
H.Q. CANADA

- | | | | |
|-------------------|---|----------------------|-----------------------------|
| 1. Unit | <u>9th Reserve Battalion</u> | 5. Age last birthday | <u>24</u> |
| 2. Regimental No. | <u>18676</u> | 6. Enlisted { on | <u>August 8th 1914.</u> |
| 3. Rank | <u>P6</u> | { at | <u>Edmonton, Alta, Can.</u> |
| 4. Name | <u>Pederson, Peter M.</u> | 7. Former Trade { | <u>Farmer</u> |
| | | or Occupation { | |

8. Disability.

Injury to back and chest in shell explosion.

Weak Eyes.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. April 28th 1915.

10. Place of origin of disability. Ypres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Casing from shell struck him in back and force of explosion seemed to drive in his chest. 9 days in France. Then to St. Thomas's London. (He had passed no water for 3 days) Here his chest was tapped and two tubes inserted for 4 days. Ever since the explosion he has felt numb in back and becomes easily cold there and feels like micturating. His eyes were weak and easily ran water and this condition was much worse while in hospital.

12. (a) Give your opinion as to the causation of the disability.

Bruising from shell casing and concussion from explosion while on active service. April 28th 1915 at Ypres.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

*his spec
4.2.15
add*

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General health fair. Sleeps fairly well. Nervous on sudden sounds. Breathlessness not marked. Pain on left short ribs when lying on that side or stretching. SCAR and red discoloration at lumbar region, left of spine. Eyes blurred for distance and easily water.

Station Lower Digate Camp, Shorncliffe.
Date July 26th 1915.

14. If the disability is an injury, was it caused

(a) In action?

Yes. Injury to back and chest and shell explosion.

(b) On field service?

Weak Eyes.

(c) On duty?

Yes.

(d) Off duty?

15. Was a Court of Inquiry held on the injury?

No.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Yes. Drawing fluid by tube inserted below lower ribs near spine.

17. If not, was an operation advised and declined?

Not applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes. Permanent home light duty.

H. C. Sharpe Capt C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except†
MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE.

W. Allan A. Scott
LIEUT.-COLONEL, C.A.M.C.

Station

OFFICER IN CHARGE OF HOSPITAL,
SHORNCLIFFE.

Date

26/7/15

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

1. ^{yes}
2. ^{no}
3. ^{no}

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Shell Explosion

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

22. Is the disability permanent?

no

23. If not permanent, what is its probable minimum duration?

Two months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/4

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, or

no

(b) Change to England?

*yes - Two months light duty - & return
then to full duty.*

Signatures:—

William Johnson A Col
President.

Frederick Waters Capt.

Station *Shorncliffe*

Date *July 28/15*

Members.

Approved.

Station *Shorncliffe*

Date *29.7.15*

J. H. M. The Hon. Capt.
H. G. Russell Taylor Major
Administrative Medical Officer.
H. G. M. S.

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

C.H.

Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.

30.7.15

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Name of Conveyance _____
 or Vessel _____
 Embark- { Date _____
 ation Port _____ } Officer in medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____ Officer in medical charge. _____
 Station }

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station _____
 Corps _____
 Regimental No. _____
 Rank _____
 Name _____
 Disability _____
 Date _____
 Hospital or Station transferred to for final disposal } _____
 Date of final disposal } _____
 How finally disposed of } _____

The original Report is invariably to accompany the discharge documents of Invalids.

x 31 (88579) W. 1896 4/5M 5-15 W B & L

Forms B. 179. 34

2.471.1.8-2-9-94

570-8-218

Rank and Name PEDERSON Peter
 Regimental No. 18676
 Unit 9th., Batt.
 Date of enlistment Sept 23rd., 1914
 Place of birth Norway

Name and Address of Next-of-kin
 Miss Ellen Pederson,
 11318 Carey Street,

Married (Yes or No) No
 If in Permanent Force

Edmonton, Alta
 Date and place of discharge
 Reason for discharge
 Character on discharge

19210

c. ✓

Promotions or appointments

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				
4-4-15	O.C. 9	Trans to Inf. Base details	Shorncliffe	4-4-15	Part II-1.
"	"	" 1st Batt Base Coy	"	"	" 98.
14-5-15	B.D. 62	Wounded.	Base.		O.N.
26-4-15	Infy Base Dep	Embarked to 1st Bt	France.	26-4-15	Part II-122. Infy Base Dept
27-5-15	B.D. 71	Abscess from Shrapnel.	St Thomas's Hsp	8-5-15	
25-5-15	O.C. 9th	Taken on strength 9th Bt	Shorncliffe	8-5-15	Part II-2
16-5-15					
1-7-15	C.D. 101	1st Bn. Disch. to sick Furlough	2nd Ind. G.H. Chelsea.	3-7-15	
1-7-15	A.F.W. 3016	Furlough. 27-15 to 10-7-15.	London. Gen.		663 Commercial Rd. London.
29-9-15	O.C. 36th	Taken on 36th Bt	W. Sandling	29-9-15	P.O. 151.
16-11-15	A.F.B. 179	4. Bt. Rec. Base Service. Displ. M. Aust. Canada.	Shorncliffe	28-10-15	Back & chest wound H-22-P-20.

bb

M. V. Can. 1248 162

WERR2

RATES OF REGIMENTAL PAY.

OFFICERS.

	Per diem.
Colonel or Lt.-Colonel.....	\$5.00
Major.....	4.00
Captain.....	3.00
Lieutenant (qualified or provisional).....	2.00
Paymaster, quartermaster.....	3.00
Adjutant, in addition to pay of rank.....	0.50

WARRANT OFFICERS, N. C. O. AND MEN.

Brigade, Regimental or Staff Sergt. Maj.	1.85
“ “ “ “ if W.O....	2.00
“ “ “ Q. M. Sergt.....	1.60
Orderly Room Sergeant.....	1.50
Pay Sergeant.....	1.50
Squad. Battery Troop or Company Sergt. Maj....	1.60
“ “ “ “ Q.M. Sergt....	1.50
Farrier Sergeants.....	1.50
Sergeants.....	1.35
Corporals.....	1.10
Bombardiers or 2nd Corporals.....	1.05
Privates—Gunners, Sappers, Drivers, Batmen, etc.	1.00

RATES OF FIELD ALLOWANCE.

	Per diem
Colonel.....	\$1.50
* Lt.-Colonel.....	1.25
Major.....	1.00
Captain.....	75
Lieutenant.....	60
Warrant Officer.....	30
Staff-Sergeant.....	20
Sergeant.....	15
Rank and File.....	10

WILL

In the event of my
 death, I give the whole
 of my property and effects
 to Miss E. Pedersen.

~~11318 Carey St. Edmonton~~
 Box 49. Halden, Alta.

Signed Pte. Peter M. Pedersen
 no 78676

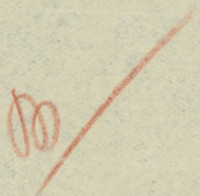
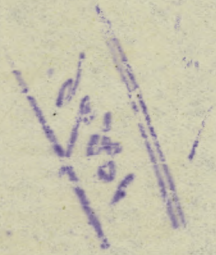
Oct. 12 - 1914.

18676. S^{to}. Pedersen. P. M.

Sos Gregory ^{1st} Balks

msk- 11318 Carey & Clark m.
Holden. Attn.

m D 13



N/D.

12838

10/20/21

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10/20/21

10/20/21