160th O. S. Battalion, C. E. F.

ATTESTATION PAPER.

Original

No. 651869

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Lamont
1a. What are your Christian names?	Bert
1b. What is your present address?	Chesley, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Greenock - Canada.
3. What is the name of your next-of kin?	Mrs. Janet McDonald
4. What is the address of your next-of-kin?	Greenock, Ontario
4a. What is the relationship of your next-of-kin?	Mother 18
5. What is the date of your birth?	June 29th, 1893
6. What is your Trade or Calling?	Machinist 25
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

B Lamont (Signature of Recruit)

Date March 2nd 1916 J. L. Macdonald (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bert Lamont, 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.

B Lamont (Signature of Recruit)

Date March 2nd 1916. J. L. Macdonald (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 Chesley ONT. this 2nd day of March 1916

[illegible] (Signature of Justice)

Mayor

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of BERT LAMONT on Enlistment.

Apparent Age 22 years 8 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	5 ft. 5¾ ins.
Chest measurement. Girth when fully expanded	35½ ins.
Chest measurement. Range of expansion	2½ ins.
Complexion	Medium
Eyes	Blue
Hair	Light Brown
Religious denominations. Church of England	
Presbyterian	Yes
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

Red naevus on right temple.

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 March 2nd 1916.

Place Chesley, Ontario.

J. A. Ramme
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.

Bert Lamont 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.

A. Weir Capt.
(Signature of Officer)

Date Mar 2nd 1916.

Inc 30/9/19 a.m.

DISCHARGE DOCUMENTS

R. O. No.....

H. O. No.....

Name LAMONT, Bert.

Regt. No. 657869 Rank.....

Corps 160th Bn

Medically Unfit

05395

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... X 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 2/2

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.B 122 — 1

Unused — — 2

M.F.B 245 — — 1

Pass — 149 — — 1

Cheque — 1

? — and Post Cards — 1

Under R-122

(1)

3 - 11

22 - 11

26 11

407270

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

Con

Number 651869 Rank Pte

Surname LAMONT

Christian Name Bert

Unit 4 Bn Can Inf Theatre of War France

Date of Service 28-3-18

Remarks 333 Parliament St

~~582 Spadina Ave~~

Latest Address Toronto

Roll No. "B" Page 4489

Jurvo Desk
JUL 9 1921

NAME Lamont Bert

REGT'L. No. 651869

RANK AND CORPS Pte 47th Bn form 160th Bn

H. Q. FILE No 649

FOLLOWS NO. FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
Nof 7		Mrs Janet Mc Donald (mother) Greenock Ont
#8370	31-5 6-10-18	Adm 53 Gen H Boulogne Sept 29th/18
H.N. A335	4-10-18	GSW Elbow

L. L. 31493 M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 334	War Chester	5-10-18	Gen. Lt. Fellow
B 428	Gran. Can. Spec. Buxton	28-1-19	" " "
B. 465	10 Can. Gen. Kirkdale	14/3/19	" " "
B. 490	Invalided to Canada S.S. Scot. M. 102	14/4/19	" " "

Form D.M.S. 1317.
1859—30m—27/11/16.

DEVILLE CANADIAN SPECIAL HOSPITAL
REGISTRAR'S
27 JAN 1919
OFFICE
BUXTON

_____ HOSPITAL.

A. & D. No. 15764 Ward G 6

Unit 47 Bapo Sick or Wounded.

Regtl. No. 651869 Pl. of Act'n War R Chester

Rank Pte Name Lamont J S

Age 25 Religion Pres

Service Compl'd 30 IV Time with Field Force 6 W

Diagnosis GSW Lt Elbow

Admitted 27 JAN 1919 Discharged 13 MAR 1919

Transferred 5th Can. Gen. L'pool.

46 days

RECORD FURTHER REMARKS ON BACK.

Form R. 149.

Name LAMONT Bert Rank Pte Reg. No. 651869

Unit 47th. (W.O.R.)

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
29 9	53 G.H. Boulogne	3rd	GSW L. Elbow A	335	H 3/10	4486.6
5-10	W.H. Chester		do.	B334		28396
28-1-19	Cpam. Cam. Stores Buxton.		do	B428		5895
14 3 5 6	D. Kirkdale		do	B465		8602
14-4-	Invalid to Canada		do	B490		9543
	SL 500 Mth 2					

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

LEDGER No. 2368 SERIAL No. E4 111 37

REG. No. 651869 NAME Lamonte. B.

RANK Pte CORPS 47th Bn AGE 26 SERVICE C 8/12 E 23/12 Y 8/12

	HOSPITALS	DATE OF ADMISSION
1	Military. Whitby	26.4.19.
2		
3		

DIAGNOSIS OS G.S.W. L. Elbow.

TRANSFERRED TO Dom Ortho Mil 12-6-19

DISPOSITION Dis to Unit 15-9-19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1832.

P.T.O.

REMARKS:

FORM D.M.S./B59
41697. 10m. 26/9/18 D.38

UNIT Mechanist 19

RANK– Pte NAME– Tamm L REG. No 65186 UNIT–

Lesion Inj. Elbow 27/9/18

Treatment E.C.B mass manip & bandage elbow

Commenced 3/2/19

Remarks 1/118 P.M. James Patterson Capt AMC

Excision elbow joint A.G.F. 105 A.G.E. 130

No nerve lesion

2-19. Mass. Shoulder & arm Elbow A.G.E. 186 A.G.F. 105 Wrist A.G.E. 180 A.G.F. 120. Flex of fingers 1/4 Ext of fingers full. Forearm fixed in mid position 5/8

26/2/19 Patient has a bad cough - took temp - attention Capt Dey / Chase. re extras

6-3-19. Elbow A.G.F. 100. A.G.E. 160. Sup. 3/4 fixed A.G.E. wrist minus 168 A.G.F. 126 Flex of fingers 1/4 (over)

Elethea

	Treatm't.	Initial.	Treatm't.	Initial.	Treatm't.	Initial.
1						
2						
3	ES/NMB	NMB				
4		WG/NMB				
5	MO	WG/NMB				
6	ES/NMB	WG/NMB				
7	ES/NMB	WG/NMB				
8						
9						
10	ES/NMB					
11						
12	ES/NMB					
13						
14	ES/NMB					
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	WG/NMB					
27	MO					
28	MO					
29						
30						
31						

Date Treatment Commenced _____ 19____

No 651869. RANK Pte. NAME Lamont. Bert.

T. O. S. 2-3-16
(Re-6-6-3-16) UNIT 160th Battalion.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Mar 2	Mar 31	✓
Apr.		✓
May		✓
June		✓
July		M.
Aug.		✓
Sept.		✓
Oct.		M.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 17 1916

C

NAME Lamont Bert

RANK & No. Pte. 651869

CORPS 160th. Batt.

ENLISTMENT, PLACE Chesley, Ont. DATE Mar. 2. 1916

FORMER CORPS nil.

COUNTRY OF BIRTH Canada, Greenock, Ont.

NEXT OF KIN McDonald Mrs. Janet (mother)

ADDRESS OF NEXT OF KIN Greenock, Ont.

DISCHARGE, PLACE DATE

R/C. 25/4/19 908/9 Pte.

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011. H. Q. 1772-39-839.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Machinist RELIGION

DESCRIPTION.

APPARENT AGE 22 YEARS 8 MONTHS

HEIGHT 5 FEET 5-3/4 INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 2½ INCHES

COMPLEXION Medium EYES Blue HAIR L. Brown

DISTINGUISHING MARKS Red navus on right temple.

MEDICAL EXAMINATION. PLACE Chesley, Ont. DATE Mar. 2. 1916

REMARKS:

*Name L. LAMONT, Bert Rank Pte. Regtl. No. 651869

Fyle Depot

Original unit Present unit 160th. M. or S. Age 25 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival

Next of kin Mother Mrs. J. McDonald Greenock Ont.,

Address on leave 582 Spadina Ave., Toronto Ont.

Address on discharge Same address

Transportation issued Yes / No Date Character on discharge

Previous occupation Machinist Date and place of enlistment March 2nd. 1916 Chesley Ont.

Diagnosis T.& T wound left wlbow (communted fret. of the elbow joint) Date of Medical Boards 2-9-19

Date	Remarks	Pt. 2 Order No.
T.O.S. 15-4-19	#2 D.D. & Posted to Hos. Sec. 25-4-19 (Granted leave with subs. from 26-4-19 till 12-5-19)	119
12-5-19	Clear. Depot to WMH	HS120
	W.M.H. to D.O.H. 12-6-19	H.S.165

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

(over)

Date	Remarks	Pt. 2 Order No.
[redacted]9-19	D.O.H. to Cas. Co. H.S.	258
[redacted]8-9-19	S.O.S. Dis.Med.Unfit (183 days W.S.G)	259

M.F.W. 192
10M-4-19
1772-39-1243

Surname	Christian Name or Names	Reg. No.
Lamont	B.	651869

Rank	Unit
Pte	47 B 6 47 Wor R

Cas. List.	
	G.S.W.L. Elbow
4.10.18 A335½	53 Gen. Boulogne 29.9.18.
11.10.18 B334	Chester War 5.10.18
3.2.19 B428	Granville Buxton 25/1/19
19.3.19 B465	5.6.G.26 Kirkedale 14.3.19
17.4.19 B490	Invalided to Canada 14.4.19

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

D.M.S. 1300. 50M-30-8-18.

Cas. List.

25 2/12 1/12 Prebyter No. V IBR all

A.T. Serum Dose and Date } 1st 1500.

2nd 24/9/18 Adj.

A.T.S 500 gala 4.10.18.

FIELD AMBULANCE NOTES.

500 units 13.X.18

Morphia Dose and time } 1500 20-10-18

Date of wound or onset of illness }

Religion Pres. IW

4 Div

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 65/1869 Rank PTE.

Name LAMONT BERT

Unit 47 Coy. B. Coy

Battle Casualty Accidentally Wounded. "Sick"

(Strike out description which does not apply).

No. of F.A.

Date of admission

F.A. diagnosis

No. 1 CASUALTY CLEARING STATION Date 27-9-18

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

G.S.W. Elbow L.

Base Hospital diagnosis (alterations or additional)

W6508/M2843. 1,750M. 4-8-17. K. & J., Ltd. (6359).

9 S

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. /

Date of entry 27-9-18

No. of Hospital

Date of entry

NO. 53 GENERAL HOSPITAL

29 SEP 1918

X Ray Fract Rad & Ulna
involving joint
Wds excised & cleaned
No gas
T 97.8 P 90
Hrs after sons both legs
H. E. Attwood
Lt R.A.M.C.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

GRANVILLE CANADIAN SPECIAL HOSPITAL

TREATMENT DEPARTMENT

Buxton, 24-2-1919

To—
Officer i/c Examining Board,
G.C.S.H., Buxton.

I would beg to draw the marginally named case to your notice, please.

Patient has a bad cough & took then attention last Day & extras please

No. 657869
Rank Pte
Name Lamont
Ward H 118

Capt. C.A.M.C., Officer i-c Treatment Department.

TO BE ATTACHED TO PATIENT'S MEDICAL CASE SHEET, PLEASE.

Form 37. 2,000. 2-2-19

GRANVILLE CANADIAN SPECIAL HOSPITAL

TREATMENT DEPARTMENT

Buxton,... 6-3 ....191...9..

To—

Officer i/c Examining Board
G.C.S.H., Buxton.

No. 651869

Rank Pte

Name Lamont B.

Ward 118

I would beg to draw the marginally named case to your notice, please.

Elbow, A&F, 100°. Flex. 160°. Supination 3/4 pron. A&C. Wrist means 168°. A&F. 126°. Flexion of fingers 3/4. Suggest short course massage & exercises. Pt. complains he has no appetite. Capt Days attention please.

James Patterson
Capt. C.A.M.C., Officer i-c Treatment Department.

TO BE ATTACHED TO PATIENT'S MEDICAL CASE SHEET, PLEASE.

Form 37. 2,000. 2-2-19



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 65-1869 Rank Pte Name Lamont. B.
(Surname first)

Unit #2. District Depot who was* Discharged

On 18.9.1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.9.19 to 18.9.19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 18 days at $ 1 c 10				
Field Allowance 18 days at $ 1 c			19	80
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay			70	
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. 128238	124	80		
Total	124	80	124	80

*Give particulars.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

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 ..... 160th Os. B'n. C.E.F.

(2) Regimental Number 651869

(3) Full Name of Soldier ..... LAMONT, Bert

(4) Place of Birth ..... Greenock Twp. Bruce Co., Ontario.

(5) Are you married, or not ? ..... No.

(6) If married, state,
(a) Full name of your wife ..... Nil.

(b) Present Postal Address ..... Nil.

(7) Are you a widower ? ..... No.

(8) Have you any children ? ..... No.

If so, give number of boys and girls .....

Also their names and ages .....

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No. .....

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

(10) Is your Mother alive ?..... Yes. .....

If so, state name and address..... Mrs. Janet McDonald, R.R. 2 Greenock P.O. Ont.

.....

(11) If your Mother is a widow..... No. .....

Are you her sole support, or not ?..... No. .....

(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.

..... Nil. .....

.....

(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.

..... Nil. .....

.....

.....

(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.

..... Nil. .....

(15) Are you insured ?..... No. .....

If so, in what Company ?..... Nil. .....

Have you made arrangements for payment of your Insurance premium..... Nil. .....

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

..... Lt.Col.
Officer Commanding.

Date..... May 27th, 1916. .....

160th Os. B'n. C.E.F.

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) LAMONT. B.

REGIMENT 47th Bn RANK Pte No. 658869

Date of Examination in England Mar 28. 19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2 · 15 · 31 ·
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 18 · 19 · 20 · 21 · 28 · 29 · 30 · 31

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer L. D. Steele

Capt CADC

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

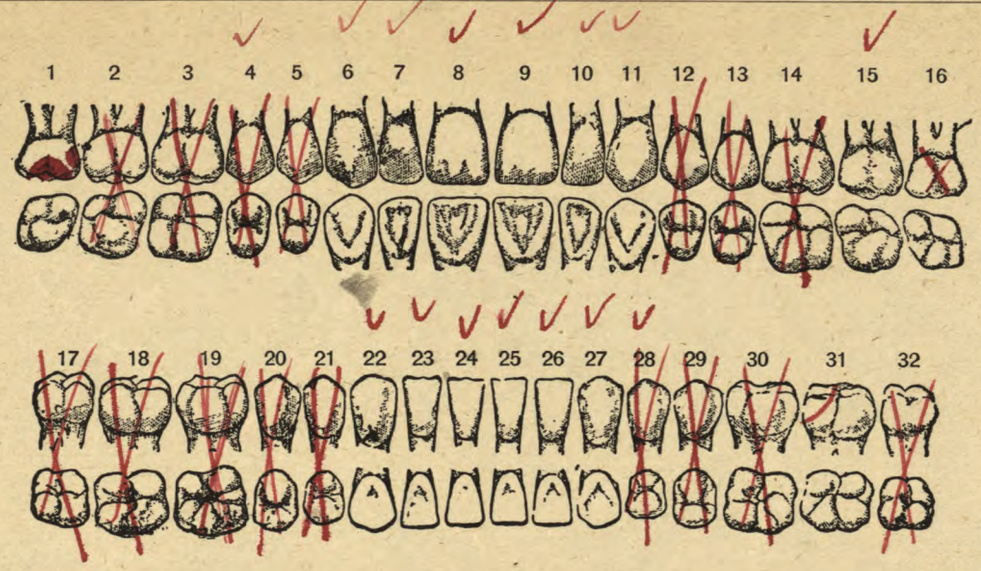
DISTRICT 2

NAME OF SOLDIER Bert. Cameron

REGIMENT 47th Bn

RANK Pte.

No. 651869



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						
July 8/19		1	treat	ox P	#31				1	local	~~extraction #16~~											
" 15/19		1	"		ox P	#31				1	treat gums									F. C. Thomson.		
" 16/19		"			"	"				"	"									C. Th.		
" 21/19		1	—			#31																
July 25		1	"		"															W.D.J.		
Aug 8/19		root fill #31		1 cem + amalgm #31																F.C.T.		
Sept 12/19		Final Board Exam D.O.A. Toronto. Requires Extractions and Dentures Teeth Certificate																		W. S. Thomson Major.		

M.F.B. 465
2000m—6-19
1772-39-65

3287

GRANVILLE CANADIAN SPECIAL HOSPITAL

PATHOLOGICAL LABORATORY

URINALYSIS:

Date 31st January 1919 Ward C-118 Bed 552

Name Pte. Lamonte. Regtl. No. 651869 Unit

Quantity in 24 hours Sp. Gr. 1026 Reaction Acid

Consistence Clear Colour Lt. A. Sediment

CHEMICAL:

Albumin Approx 0 Sugar 0 Urea

Remarks

MICROSCOPICAL:

Casts

Pus

Blood

Other Elements

Pathologist

Form 16 2000 11-11-18

copy of this letter.

Medical History Sheet (A.F.B. 178)..

Medical Board Papers

Attestation Paper (R. 144).

Field Conduct Sheet (A.F.B. 122)..

Casualty Form (A.F.B. 103).

Transfer Clothing Statement (A.F.W. 3068).

Officer Commanding.

.....Depot.

Receipt of man and documents as above is acknowledged please.

.....Adjutant.

.....

Plate No. 827

D.O.H. Toronto HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 18/6/19

Reg'tal No 651869 Rank Pte. Name Lamont Unit

Bed Ward

Injury or disease Part affected Lt. Elbow

Treatment or Exam.

Referred from.- Capt. P.B. Brown

Report Radiograph of elbow shows comminuted fracture of the elbow joint including condyles of humerus, which are rough and irregular. Part of the olecranon and head of radius is missing. There are some loose pieces of bone seen between the ends of the bone.

Signed G.R. Reid Capt.

M. F. W. 2509.
50M.—4-18.
1772—39—1276.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 651869 Rank Pte. Name Lamont, Bert
C. E. F.

Enlisted (a) 2-3-16 Terms of Service (a) ~~6 6 F~~ Duration of War. Service reckons from (a) 2-3-16

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) (Machinist

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked - Canada	Halifax	17-10-16.	
		Arrived - England	Liverpool	28-10-16.	
4-3-18	O.B. 160th Bn.	D.O.S. on transfer to 4th Reserve Battalion	Witley	1-3-18	B.G. para 42+32 2nd Lieut. 5-3-18 R B Whitehead CAPTAIN, ADJUTANT, FOR O.C. 160th CANADIAN INFANTRY BATTALION
6-3-18 ~~28-2-18~~	O.C. 4th Res. Bn.	S.O.S. 4th Res. Battalion	Bramshott	~~24-2-18~~ 1-3-18	Pt. 2. Order No. ~~46~~ 55
29-3-18	O.C. 4th Res. Bn.	Having proceeded overseas to the 47th battalion is S.O.S. 4th Can. Res. Battn.	Bramshott	28-3-18	Part 2 order no. 75. For R K Greene Lieut. A/Adjt. 4th Can. Res. Battalion.

(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.

CERTIFIED CORRECT
24 APR 1918
CAN. RECORDS, LONDON.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
12-3-18	4th Res Bn.	Awd. 1 G.C. Badge	B'shott	12.3.18	P.R. 60
					J. D. Lumsden LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F.
29/3/18	4 C I B D	ON STRENGTH 47 TH BATTN CAN BASE DEPOT		29/3/18	N.R. Do 25 d/6-4-18
30/3/18	C.B.D.	Left for	Field	30/3/18	
"	C.C.R.C.	Joined C.C.R.C.	Field	"	
11-6-18	Do	S.O.S to Unit	"	11.6.18	A.R. 999
-.-.18	[illegible]	Joined Unit		12.6.18	A.213
4.9.18	47 Bn	Evacuated wounded	—	3.9.18	K.1.17.11144
do	3 C.F.A.	J.W. thigh R to	C.C.S.	4.9.18	A.8605
		Joined Unit from	Hosp.		
28-9-18	47 Bn	wounded		27.9.18	K.1.17-11464
29-9-18	8 Stat Hosp	G.S.W. Elbow L	adm	29.9.18	15.4.290
4-10-18	53 Gen	do	to England	4.10.18	16600
4-10-18	A.T. Peterborough	Invalided (wounded) to West. Ont. Regtl. Depot.	D. Bases	4-10-18	W.3083/6167 D.0110 d/14-10-18
					J. Mackenzie Lieut for Lt-Col A.A.G. Canadian Section
14.10.18	W.O.R.D.	T.O.S. from 47th Bn	Witley	5.10.18	P.R.D.O. 42
					L. Edwards LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F.

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

M. F. W. 54. (A. F
500M.—9-16
H. Q. 1772-39-

Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion C.E.F.

Regimental No. 651869 Rank ..... Name Lamont, Bert.
C. E. F.

Enlisted (a) 2-3-16 Terms of Service (a) ..... Service reckons from (a) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
APR 15 1919		T.O.S. No. 2 District Depot, Part II, D.O. No. 119			

A. M. Turner
Major,
O.C. Hospital Section,
No.2 District Depot.

Dis.#2 D.D. 18th Sept. 1919 Pt. 11 D.O.#259

.....Major
O. C. Casualty Company, No. 2 D. D.

(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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

EG

War Service Badge.
Class A
No. 140561
issued.

This is to Certify that No. #651869 (Rank) PTE

Name (in full) LAMONT, Bert. enlisted in

the 160th Battalion

CANADIAN EXPEDITIONARY FORCE at Chesley, Ont. on the 2nd.

day of March 19 16

HE served in ENGLAND & FRANCE:::::::

and is now discharged from the service by reason of "MEDICALLY UNFIT"

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

Age 26 Yrs.

Height 5' 6"

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars Vacc. scars left arm.
3" x 3" birth-mark left forehead.
G.S.W. LEFT ELBOW 29-9-18
GOLD STRIPE ONE.....1

B Lamont
Signature of Soldier

H Sargent Capt.
Issuing Officer
.....
Rank
FOR O. C. No. 2 D. D.

Date of Discharge 18th September 1919

Appointment

Signed at Toronto, Ont. this 18th. day of September 19 19

in Military District No. #2

File Reference No.

No. 2 DISTRICT DEPOT
SEP 18 1919
TORONTO.

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

M F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

WESTERN ONTARIO REGIMENT.

R—122

8,401—50,000—21-10-16.

J.P.

Rank | Name LAMONT, Bert | Reg'l No. 651869.

Unit 160th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Chesley. Ont. 2nd March. 1916. | Place of Birth Greenock. Canada.

Name and Address, Next-of-Kin Mrs Janet McDonald.

P.O. Greenock. Ontario. Canada | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 6761
File R.L.
Category CAN.MU

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C		ARRIVED IN ENGLAND "S.S. METAGAMA 28-10-16			
4.3.18	160 Bn	S.O.S to 4th Res Bn	Witley	1.3.18	Pte 32, 4 Res. 552/16 3/18
12.3.18	4th Res	awarded G.C. Badge	Bshott	12.3.18	— 60
29.3.18	4th Res.	S.O.S. TO 47th. BN. O/S.	BSHOTT	28.3.18	PTii 75 47 Bn Pte 25 4/18
4.10.18	47 Bn	Wounded	Field	29.9.18	C.R.A. 335
14.10.18	W.O.R.D.	T.O.S. from 47th Bn	Witley	5.10.18	P.R.O. 242. P.R.O. 110. 12/18 47th Bn.
17-4-19.	W.O.R.	Invalid to Can S.C. 4.H M.D. 2 SL 500	N'dale	14.4.19	C.L.B 490
21.4.19	WORD	Cease as Patient in 4th & S.O.S. on being Invalided to Can	Repot	14.4.19	P.289

A.P.O. 103 CHESLEY APR 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.					

ORIGINAL

Original
651869

MEDICAL HISTORY SHEET.

Surname Lamont Christian Name Bert

Examined on 2 day of March 1916
at Chesley. Ont.

Approved by [illegible]

Birthplace City or Town Greenock Tp.
County Bruce, Ont.

Rank Capt. M.O.

Apparent age 22

Trade or occupation Machinist

Height 5 Feet 5 3/4 Inches.

Weight 128 Lbs.

Chest measurement Minimum 33 inches.
Maximum expansion 35 1/2 inches.

Physical development Fairly good.

Small-Pox Marks none

Vaccination Marks Arm Right. 0 Left. 1
Number one

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease Naevus on right temple

(b) Slight defects but not sufficient to cause rejection Teeth defective

MB For attention of dental corps

Date.	Fit or Unfit.	Examined for Re-engagement.
		10 OCT 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1916 June 7	Ny	[illegible] M.O.
24/6/16	R50	[illegible] M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16		[illegible] M.O.
30/8/16	2nd 3	[illegible] M.O.
7/9/16		[illegible] M.O.
28/8/17 2nd		pro. w. Lond. pro.

Enlisted on 2nd day of March 1916 at Chesley Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O. S. Battalion, C. E. F.	651869		
Transferred to	4th CAN. RES. BATTALION. 47th Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	8.X.16	Med. Board	Fit L. Jickett Captain
London Ont	Feb 10/19.	Examined by Supt. about G.S.W.	D to C 23 Feb Period Leave Pending Discharge

Dominion Military Orthopaedic Hospital SEP 12 1919 Christie St. Toronto

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-9.

[illegible] for Pres. S. M. B.

Surname Lamond Christian Name Bert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
CHESTER WAR HOSPITAL		5	10	18	27 8	1	19	Gsw L Elbow Frac Ulna & Radius	95	Large duty ward. Trans to Granville C.S. Buxton	W K Barbour Capt., R.A.M.C., Registrar Chester War Hospital
Granville Can Spec Hosp Buxton Derbyshire		27	1	19	13	3	19	do.	46	Excision L elbow joint. No nerve [illegible] Sloughs Fingers moist. D.B.6.	W E Ord Capt RAMC
No. 5 CANADIAN GENERAL HOSPITAL WILDROOL		13 MAR 1919			14 APR 1919			do.		Trans'd. for Canl to Can.	J Hammond Capt RAMC
"ARAGUAYA."		14	4	19	25	4	19	Do		Do	T. S. Ingram, Capt. C.A.M.C.
Whitby Milit Hosp.		12	5	19	12	6	19	Do.		Arm put in Splint Condition Improved to D.O.H.	H Veader Capt
D.O.H.								— DO. —		Boarded for discharge & medically unfit	J F Adams Capt

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. FILE

Ottawa Ont

Date Dec 26/62

Attention of

Dept. of Veterans Affairs
Canada
DEC 27 1962
Charged to

NAME LAMONT, Bert.

SERVICE NUMBER 651869 WW1

C.P.C. No. 178501

W.V.A. No.

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. TEL MEMO. London, Ont. Dec 20/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Dec 17/62
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
PAY
D.O.
H.O.

} Destroy form if advice of death already received.

for Chief, Central Registry

DVA 24

P. 559.

MARRIED OR SINGLE S

PLACE OF BIRTH Greenock Tp Bruce Co Ont

NAME AND ADDRESS OF NEXT OF KIN Mrs. Jeanett McDonald Greenock Ont

RELATIONSHIP OF NEXT OF KIN mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 651869 RANK Private NAME Lamont Burt

IF IN PERMT. CORPS WHAT UNIT } UNIT 160th Bn TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Chesley Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 2/3/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Mrs Bessie Meyers RR 1 Greenock Ont RELATIONSHIP Aunt

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C. C.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														12 95	12 95																12 95					w/d Pay paid by W A Brand for act and re-covered on Ot Pay List (Canada)
Nov 1916	30	1.00	30		30	10	3								33	23	8-11-16	59	30-11-16					14 60	4 86			15		34 46	11 49		7 50	3 99	Balance from Canada
Dec 1916	31	1.00	31		31	10	3	10							34 10	44	13-12-16	130	20-12-16					2 43	12 17			15		29 60	15 99		13 50	49	
1917 Jan	31	1.00	31		31	10	3	10							34 10			229	31-1-17						19 46			15		34 46	15 63		13 63		
Feb	28	1.10	30	80											30 80	263	16/2/17	302	28/2/17					4 86	12 16			15		32 02	14 41		14 41		
			9	20										12 95	14 45			4044	26/1/17					21 89	1 14 60			120 54							
Mch	31	1.10	34	10											34 10			352	16/3/17						4 86			15		34 46	14 05		Nil	14 05	
Apl	30		33												33													15		15	32 05				
May	31		34	10											34 10	18	18/4							4 87				15		32 03	34 12				
																30	30/4							12 16											
June	30		33												33	109	16/5							4 87				15		34 47	32 65				
																151	31/5							14 60											
July	31		34	10											34 10													15		15	51 75				
Aug	31		34	10											34 10	220	17/6							7 30				15		32 03	53 82				
																289	30/6							9 73											
Sept	30		33												33	371	19/7	568	31/7					7 30	14 60			15		53 93	32 89				
																438	31/7	500	14/8					9 73	7 30										

651869. Pt Lamont L.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS						DR. 1	DR. 2		DR. 3	DR. 4	BALANCE		DEFER-RED PAY	SET-TLLCE. ENS.													
Sep.	Bal Fwd		32 89															32 89																
Oct	3rd Pt Pay (a) 1st		3H 10				Loan a/c											15																
							a/R 6HH.	160 Bn	17/9				7 30																						
							a/R 715.	160 Bn	30/9				9 73																			3H 96			
			3H 10										17 03					15																
Nov	30	P.P.	33 –															15																
							a/R 859.	160 Bn	21/10				12 17																						
							a/R 792	do	16/10				7 30																						
							a/R 924	do	15/11				7 30																						
													26 77																						
Dec	31		3H 10				Loan a/Pay											15																
							4H005.	4108	6/10				33																			HH 96			
			67 10										27 10					30																
1918																																		
Jan		PP	3H 10				a/R. 1064	160 Bn.	5/12				14 84																						
																		15																
							✓	994	160 Bn	30/11			9 73																						
													14 60																						
			3H 10				1098	Do	17-12				14 60					15													34 86			
													29 20																						
Feb	28	P.P.	30 80				Loan											15																
							1161	9/1/18	160 Bn				7 30																						
							1270	28/1	"				12 17																						
							1350	12/2	"				7 30																						
													19 77																						
			30 80										26 77					15													23 89			
Mch	31		3H 10				Loan											15																
							1314	28/2	160 Bn				9 73																						
			3H 10				2058	2673	+ Res				17 03					15													16 28			
													26 76																						

P 820
12474 – 375M – 13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-16		EFFECTIVE DATE:-	
AMOUNT:- #1500		AMOUNT:-	

NAME:- LAMONT Bert

NUMBER:- 65869

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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

Mrs Bessie Meyers (Aunt)
RR1 Greenock Ont
(Stopped eff 1/3/19)

UNIT AND TRANSFERS

ORIGINAL UNIT:- 160th Bn

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
25	29.3.18	25.4.18	47th Bn
	1/11/18	26/11/18	W ORD Con 25
		15/5/	Can. Sec.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
14/2/19	1465	Buxton	~~4 87~~				
14/2/19	1481	"	~~48 67~~				
		SF 12 days 18/2 / 4/3/19 Cr.	~~8 76~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	— 10		

PARTICULARS OF RENDERING NON-EFFECTIVE ~~Transf~~ transferred to Can 1/3/19 NRB 4136 Broadstairs 25/3/19 Buxton NYD LPC $98^{26}/_{7}$

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 March	Bal Fwd								16 23		
Apr	Pte Pra	33 00		A.P. Cap				15			
				AR 40 4/4/18 4th Wng CCRC	4 46						
				AR 1nd 16/4/18 4th Wng CCRC	3 57 / 803			15 00 / 15	26 20		
May	Pte. Pra	33 00 / 34 10		A.P. Can.							
				AR 317 4-5-18. 4th W. CCRC.	4 46						
				AR. 460. 19-5-18 4 WCCRC.	3 57				37 27		
June	Pte Pra	34 10 / 33 00		A.P. Can.	8 03			15 - / 15 -	9 97		
				AR 509 4/6/18 4 WCCRC	4 46						
				" 327 22/6/18 47 Bn	3 57				47 24		
July	P. Pay	33 / 34 10		Can A.P.	8 03			15 / 15			
				AR 390 2/7/18 47 Bn	4 46						
				" 445 28/7/18 "	3 57 / 8 03			15 / 15	58 31		
Aug	P. Pay	34 10 / 34 10		Can A.P.							
				AR 491 1/8/18 10 C.I. Bde	3 57						
				" 538 27/8/18 "	3 57 / 7 14			15 / 15	70 27		
Sept	P. Pay	34 10 / 33		Can A.P.							
				AR 594 8/9/18 10 C.I. Bde	3 57						
				" 647 14/9/18 "	3 57 / 7 14			15 / 15	81 13		
Oct	P.P.	33 / 34 10		C.A.P.							
				HR 48856 1/11/18	9 73				90 50		
		34 10			9 73			15	101 70		
Nov	✓	33		R. 57460 2/12/18	9 73				54 73		
				CAP				15			
Dec	✓	34 10		✓	9 73			15			
Jan	—	34 10		CAP	C			15	136 97		
		101 20			9 73			45	136 97		

NUMBER 65186 9 RANK Pte NAME LAMONT, Bert

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd								13697		
Febry		30 80		HR/1438 31/1/19 Leicester	9 73			15	14304		
	CD 18 2/19 - 3 3/19 = 13 days 3/044.21 7/19 Work Dy	8 76		14814 13/2 Euston	4867						
				14657 15/6 ✓	4887 63 24				9826		
				1676 18/3 5 Bft Rud 68.14	4887				9339		
		39 56			68 14			15 -			
				174 1/4 ✓ Rud 1	4887				8852		
				16121 12/3 Buxton (Rud) 4	4887 9 74				8365		
					9 74						
				S.O.S. Bounds. 15/4/19.							
				S/L. #50. Work.							

checked by
J B Stanley
Checked 25/4/19.

CASUALTIES

War Service Badge.
Class A
No. 140561
issued.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.) EG

1. No. #651869

2. Rank PTE.

3. Name LAMONT, Bert.

4. Unit 160th Battalion (#2 D.D.)

5. Date of Discharge SEP 18 1919 | Place TORONTO, ONT.

6. Reason for Discharge
"MEDICALLY UNFIT"

7. Authority (#2 D.D. Part 11 Daily Order #259)

8. Proposed Residence after Discharge
582 Spadina Ave., Toronto

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

Bert Lamont
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO ONT.

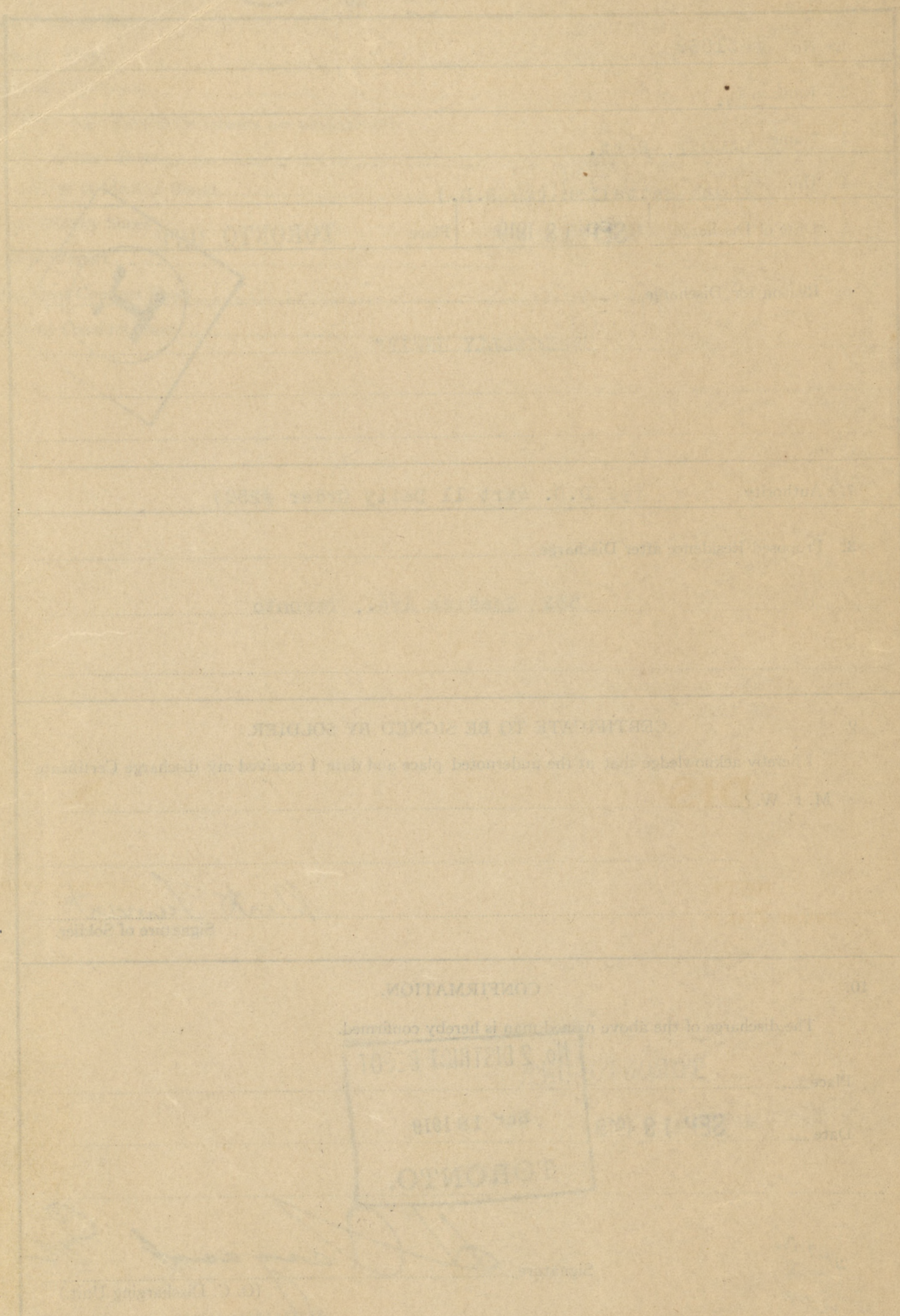
Date SEP 18 1919

No. 2 DISTRICT DEPOT
SEP 18 1919
TORONTO.

Signature H. Sargeant Capt.
(O. C. Discharging Unit.)
FOR O. C. No. 2 D. D.

27-7-55

M.F.B. 218a—50M.-2-19 1772-39-113.



LIST OF DISCHARGE DOCUMENTS.

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

D.O.H. #651869, Pte. Lamont, B. Sept. 12th, 1919.

Condition when finally boarded for discharge.

G.S.W. Lt. elbow 27-9-18 and sent to 1st C.C.S. same day 28-9-18 admitted to 53 General Hos. X-Ray report fracture left radius and ulna involving joint. Wound excised and cleaned. No gas T. 97.8 P.90 Had septic sores both legs 29-9-18. Chest/War Hosp. 5-10-18. Trans. to Buxton 27-1-19. Invalided to Canada April 1919. Admitted to D.O.H. June 1919.

Myalgia left side before enlistment. States he had pneumonia in Chester Hospital. Left wrist fractured and left shoulder injured before enlisting. Scars of T & T wound; outer 1-1/2" just below external condyle; inner 3-1/2" just in front of internal condyle 6" Operation scar on posterior surface of elbow. Wounds all healed. Scar in front on inner condyle adherent to muscles below. No evidence of nerve lesion. Shoulder movements normal. Left Elbow A.C.F. 140°, A.C.P. 95°. Pronation and supination of forearm lost; fixed in supination. Movements of wrist normal except A.C.E. 20° Finger movement normal. Complains weakness left arm, limited movement at elbow and can't turn hand.

Walker Capt
for Registrar

D.O.H. #651869, Pte. Lamont, B. Sept. 12th, 1919.

Condition when finally boarded for discharge.

G.S.W. Lt. elbow 27-9-18 and sent to 1st C.C.S. same day 28-9-18 admitted to 53 General Hos. X-Ray report fracture left radius and ulna involving joint. Wound excised and cleaned. No gas T. 97.8 P.90 Had septic sores both legs 29-9-18. Chest War Hosp. 5-10-18. Trans. to Buxton 27-1-19. Invalided to Canada April 1919. Admitted to D.O.H. June 1919.

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W. A. Low Capt
for Major-Registrar
for Officer Commanding

WHITBY MILITARY HOSPITAL

This is to certify that the marginally noted man is free from Venereal and other infectious diseases.

W. Fowler Grant

Medical Officer
Whitby Military Hospital, Whitby, Ont

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. **E. 1955.**

Army Form W. 3172.
(In pads of 50)

Ward 18 North Chester War Hospital. No. of Bed _____ Date 4-1-19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
65/869	Pte Lamont	19th Canadian	Lft Elbow

Short History of Case.
(To be completed by M.O. i/c case.)

Old Compound fracture of radius + ulna, now fearing up.

John V Blayden

Signature of M.O. _____

Date 4-1-19

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 1204 (1 X 1)

? Sequestra

Shows areas of ? necrosis at neighbouring parts of lft elbow, some ? thickening of lft humerus, ulna and radius at lower end of humerus ? periostitis at lower end of humerus involving the condyles, also ? some deposition of lime salts in and around the joint.

Signature of Radiographer J Lawson Russell
Capt. R.A.M.C.

Date _____

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward 9 No. of Bed 34 A Date _____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
51869	LAMONT		L Elbow

Short History of Case.
(To be completed by M.O. i/c case.)

? fracture
L Elbow
stretcher
case

Signature of M.O. H C Attwell

Date 27-9-18

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 217

Fracture upper end of both Radius & Ulna involving joint.

J Hazelrigg Sgt

Signature of Radiographer _____

Date _____

Pte Butchamart
651869

DOMINION ORTHOPAEDIC HOSPITAL

Date Sept 3 1919

This is to certify that I have this day examined the marginally noted man, and find him free from Venereal or other Infectious Disease.

J. H. Adams
Captain C.A.M.C.

POCKET OFFICER
MOON
107

LIBRARY
ROOM

CASE HISTORY SHEET.

Don Orth Hospital. Toronto Station.

No. 651869 Rank Pte Name Lamont B Age 26

Unit DD2 Completed years of service (Where and how long) F 8/12 E 2 3/12 C. 7/12.

Date of admission 12-6-19. Date of discharge 15 Sept 1919

Diagnosis G.S.W. L Elbow. Place of origin Cambrai 27-9-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

13/6/19 Wounded Sept 27 1918. Left Elbow.
Excised Mar 1919. Arm in plaster & fingers with sensation flexes & Extends Left. On chest & at Right Clavicle.
17/6/19 Fair sensation. To wear sling. [illegible]
10/7/19 Carry on taking massage & Electricity. [illegible]
17/7/19 Doing well. Massage & Electricity increasing [illegible]
6/8/19 For Medical Board in Sept. [illegible]
27-8-19 To see Maj DCR tomorrow [illegible]
28-8-19 Board for discharge [illegible]
2-9-19 Board complete [illegible]

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Hydro. Massage & Exercises with Galvanism

(Especially any specific or special form)

CONDITION ON DISCHARGE,

(and disposal made of case)

Date.....

Medical Officer i/c case.

M. F. B. 313a.
100M.—6 18.
1772—39-439.

Eqm

CASE HISTORY SHEET.

WHITBY MILITARY HOSPITAL MAY 12 1919

WHITBY MILITARY HOSPITAL Hospital. ..... Station.

No. 651869 Rank Pte Name Lamont, B. Age 26

Unit 47th Completed years of service (Where and how long) 5/12 2 7/12 6/12

Date of admission MAY 12 1919 Date of discharge

Diagnosis Excision L. Elbow Joint Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE 12-5-19 J.A.A.

G.S.W. L. Elbow Sept. 27/18. X-ray showed fracture of Radius & Ulna involving joint. Wound was excised & cleaned. Had 3 operations on elbow joint, excision of joint May 1919, wound healed. Splint removed January 1919.

Present condition:- Elbow joint is excised giving him a flail joint. Adherent scars on front & back of joint. Hand & lower end of forearm displaced inwards, the upper end of forearm being displaced outwards. Forming an angle of 150° at elbow. This deformity is due to loss of joint & gravity causing forearm to produce the deformity. A.G.F. 130° passively; 110° actively. A.G.E. 180°. Hand in a position of supination. Supination with rotation movements entirely absent. Wrist Joint - A.G.E. 180 A.G.F. - normal. On bending first all fingers barely touch palm of hand except middle finger which is ½" away. There is ankylosis of meta carpal phalangeal joints of index & middle fingers 75% normal. Power of hand 25% normal. No loss of sensation in hand. No nerve injury.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.) 15/5/19 To have x-ray of elbow.

Massage and passive movements.

6/5/19. WASSERMAN NEG.

4-6-19. Put up in acutely flexed position retain by Collar & Cuff. - In 3 days

CONDITION ON DISCHARGE, (and disposal made of case.) Commence Galvanism & massage to muscles. 20 minutes each daily. Arm to be always kept flexed

Date.....

C. H. Gilmour Capt.
Medical Officer in case.

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

6/6/19. Under general anaesthetic. elbow was acute, flexed and kept in that position by a plaster splint.

17/6/19. He is now ready to have Galvanism & massage to muscle of upper arm, Arm to be always kept flexed, even during massage treatment

Transferred to D.C.N.

A. Leader, Lieut

2-9-19 Boarded 227 D.F.C.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name Pte Ramont Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation: Jan.

Days of Disease: 6 7 8 9 10 11 12 13 14 15

Temperature, Fahrenheit — Time A.M.P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Operation am diseased

| | | |

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

Forms
I. 1237
12.

Army Form I. 1237.

MEDICAL CASE SHEET.*

118/53-2

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
15264	651869	Pte	Lamont	B.
Year	Unit.		Age.	Service.
	4th Canadians		25	3yrs 6 mths

Station and Date.

Disease Gsw L/Elbow

Occupation Machinist
Per. Address Greenock Rd Ontario
Canada

Enlisted March 12th 1916
Arr England October 28th 1916.
Arr. France March 1918.
Wounded September 27th 1918.
Hospitals C.C.S. 1 day 48th Gen. Hospital
Bolougne 6 days. Chester War Hosp. 3 days
Brunner Mond P.A.D. Middlewich 3 months
Chester War Hosp. 3 weeks. G.C.L. Hosp. Buxton.

Dentistry Report

History

Wounded by machine gun bullet in left elbow, 27/9/18 involving joint. States that first operation was performed on limb 29/9/18, when some bone fragments were removed. 2 subsequent operations in England, the last one being on Jan 6th 1919 when he says "bone of joint was scraped"

Pres. Cond.

Elbow permanently flexed and immobile at 100°. Hand in position of supination, with rotation movements entirely absent. 50% flexion of distal phalanges on proximal, but the latter does not flexion Metacarpals. States he has no disturbance of sensation of hand or arm. Adduction & abduction movements of fingers present.

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

(6365) W2944/P138 2,950,000 1/18 McA & V Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
	Flexion and extension of wrist limited. 10 E. Drd. Capt Cameron
1-FEB. 1919.	Fracture of Elbow joint. A.F.E. 105° A.G.S. 120°. Gun shot lesion. 1. Ed both nerves & muscles of left Lang. Finger 2. A.F.B. 179 Invalid to Canada. C.H. Dobson Major Can

EXAM. MED. BOARD
11 FEB. 1919
G. C. S. H.

27/2/19.	Report M.O. i/c Treatment Dept. Patient has a bad cough & looks thin attention Capt Day & extras please. Jas Patterson Capt Can.
2nd Can Gen Hosp 19-3-19	Excision of Lt Elbow joint Gun shot wound at said Elbow joint ant & post open & pussy. There is limitation of movement at Elbow wrist & fingers. Invalid to Can. J. Glennie Major C.A.M.C.

F[redacted]
I. 1237.
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
F.E.T. 907	651	Pte	Lamont	B
Year 1918	Unit. - 47th bans		Age. 25	Service. 2 4/12 Total in the field 6

Station and Date. 5/10/18. After War Hospital.

Religion Pres

Next of kin.

Disease GSW Elbow. Frac. Ulna & Radius

slight Severe Dangerous

~~Shell, Shrapnell,~~ Rifle Bullet, Bomb, Bayonet or other.

~~Date when wounded.~~

~~In action, where?~~

~~Stations and Hospitals where treated.~~

A.T.S. given 1500 1st 27/9/18 500 2nd 4/10/18
500. 3rd 13.X.18. 4th 20-10-18

(To be entered on Field Medical Card (A.C.I. 486 of 1917) Condition on admission.

5th. Oct. 18. Fracture of upper. End of radius & ulna. L arm

Granville Burton 3/11/19

15/10/18 Bed - Large dirty wounds back & R. Little Cast applied

Front Elbow Joint

Excise Scarring & Sinuses

12/10/18 Pain & Tenderness Right Elbow Region.

Clean Gill Surgery

14/10/18 Both arches better

17/10/18 Arm still very dirty & Granulating Region Redressed

Cleaning Up. Forearm still swollen

29/11/18 Up about now

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
Dec 17 [illegible]	Under Ether - Wds opened up and dressed Sequestra removed Elbow flexed to right drainage
Leeds War Hospital	
6. 1. 19.	Elbow joint dressed by Mr Blagden.
8. 1. 19	Dressed under G.A.
11-1-19.	Dressed without anesthetic, not painful: wound clean healthy looking: repacked into Kaso gauge
20/1/19	Transfer to Buxton.

Buxton
19/1/19

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be 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 Don. Oshawa DATE Sept 2 1919

1. 1 (a) Unit D.O.S. (b) Regimental No. 651869 (c) Rank Pte

(d) Surname LAMONT (e) Christian name BERT

(f) Home address R.R. 582 Spadina Ave Toronto

(g) Next of Kin (Mrs.) Barbara Lamont (h) Relationship wife

(i) Address of Next of Kin 582, Spadina Ave Toronto

2. Age last birthday 26 Date of birth June 21st 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Cheslay (b) Date March 12th 1916 ~~1915~~

4. Personal description:

(a) Height 5/6 (b) Weight 175 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 3"x3" Buttonhole & forehead —

5. Former trade or occupation Machinist

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	175

	Periods	
	From	To
Canada	March 12th 1916	Oct. 1916
England	Oct 1916	March 1918
France or other theatres of War Eyland + Canada	March 1918 Nov. 1918	Nov. 1918 Sept 1919

7. Original disease, or injury T. T. Traumatic left Elbow (Comminuted fracture of the elbow joint)

(a) Date of origin 27-9-18 (b) Place of origin Cambrai

(c) Cause G.S.W. Lt Elbow

M. F. B. 227.

400M—11-18.
1772-39-117.

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 left arm (moderate)

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.)

Scars of T. T. wound; outer 1½" just below external condyle; inner 3½" just in front of internal condyle. 6" operation scar on posterior surface of elbow. Wounds all healed. Scar in front of inner condyle adherent to muscle below. No evidence of nerve lesion. Shoulder movements normal. Left Elbow A.S.F. 140°. A.S.F. 95°. Pronation & supination of forearm lost, fixed in supination. Movements of wrist normal. Left A.S.F. 20°. Finger movements normal. Complains weakness left arm, limited movement at elbow & can't turn hand.

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

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

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

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

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

Left wrist fractured & left shoulder wounded before admission.
Urine normal.

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

Gsw Lt elbow 27-9-18. T sent to 1st Cld same day 28-9-18 admit to 53 General Hosp. X Ray report fracture left radius & ulna involving joint. Wound sutured & healed. No gas. T. 97.8 P. 90. Had septic bones both legs 29-9-18. Chester War Hosp - 5-10-18. Trans to Buxton 27-1-19. Invalid to Canada April 1919 admit to D.O.H. June 1919.

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*).)

Myalgia left side before enlistment
States he had pneumonia in Chester Hosp

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

Both ank Right temple

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? (a) no (b) 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? Permanent with some impairment.

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

Normal Hosp in France 1 week
ent Hosp in England 6½ mnths
Hosp in Canada 11 mnths

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no

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

17. Recommendations

Discharge as medically unfit

J. P. Adams 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

Pte Burt Tarrant Rank.
Signature of invalid examined.

4

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.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

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

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

We recommend that he be discharged having been found medically unfit for 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.

Dominion Military Orthopaedic Hospital DO SEP 12 1919 Christie St., Toronto

PLACE

DATE

President.

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

APPROVED

Assistant Director of Medical Services.

DATE SEP 16 1919

CAPT. FOR A. D. M. S. M. D. 2

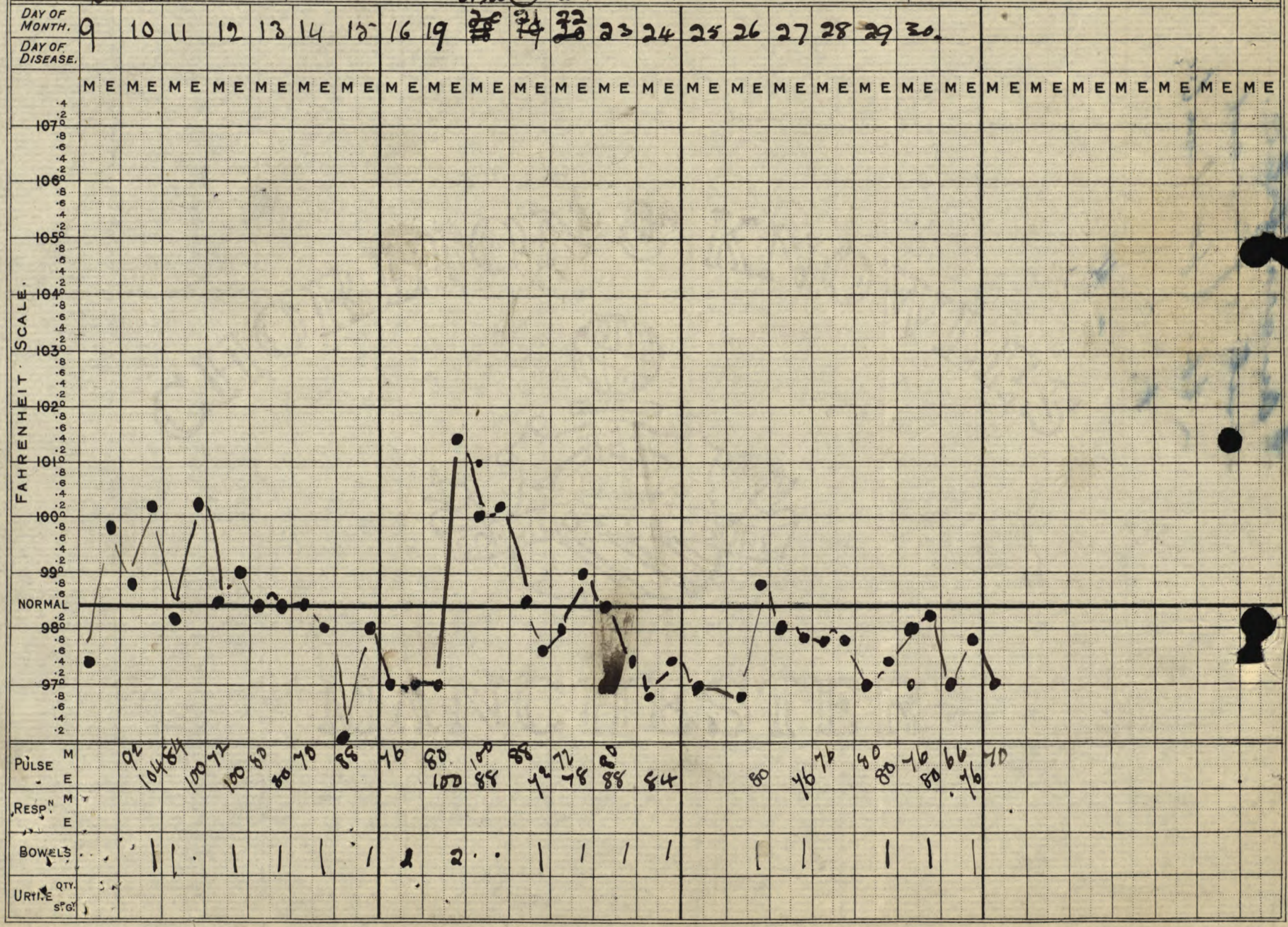
APPROVED BY

Director-General of Medical Services.

DATE

Temperature etc. Chart.

DATE OF ADMISSION.	NAME AND ADDRESS.	AGE.	DISEASE.
December.	Pte Lamont.		



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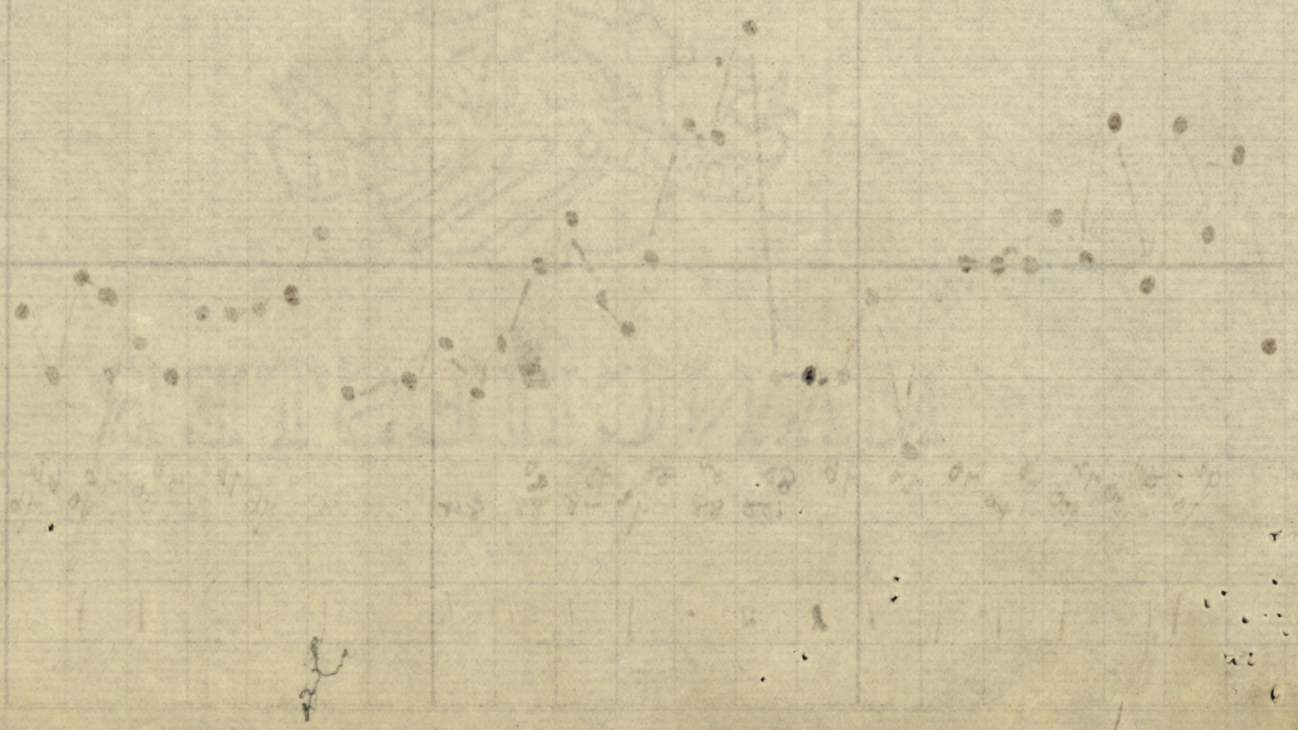

"ARAGUAYA" 25-4-19

L.1953

M. OR S.

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

REGT. No. 651869

No. 2 DISTRICT DEPOT

RANK Pte. NAME (IN FULL) LAMONT, B.

AUDITOR | PAYMASTER

18

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 160th. Batt. (C.O.R.) — IF IN P.F. WHAT UNIT? 582 Spadina Ave. (BLOCK LETTERS SURNAME FIRST)

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

DATE OF ATTESTATION — TRANSFERRED TO 13/3/16 — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 15/3/19.

PAYABLE TO Mrs. Bessie Meyers. — RELATIONSHIP (Aunt) — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R. #1. Greenock, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Toronto DATE 18-9-19 REASON M.U. AUTHORITY Do 259 IF ENTITLED TO POST DISCHARGE PAY 183

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	SEPTM ALLCE $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					T.O.S. 12-4-19 D.O. 114 SUBS 28/4 TO 12/5 D.O. 119
28/2/19.		1.10					98	26																													
									98	26	aR. 16171						4	87																				
											aR. 1076						4	87																				
											aR. 174						4	87																				
											Boat						5	00																				
											CK.						50	00																				
																							30	00													
																															9961		1	35			
11/3/19. 31-5-19.	92	1.10	101	20	13	60			114	80	S115189						S114295	98	45				15	-			1	35			114	80					
June 1-30	30	1.10	33	-					33	-	6683		118971 72-25/6		69-20/6/19. 117965		10	-	8	-			15	-							33	-					15-a.p. June
July 1-31	31	1.10	34	10					34	10	122740 97-24/7				121837 93-22/7		19	10					15	-							34	10					
Aug 1-31	31	1.10	34	10					34	10	124379 117 13/8.		126096 120-23/8		125814 117-20/8		10	-	9	10			15	-							34	10					Granted permission to marry with effect 23/9/19. Do 239
Sept 1-18	18	1.10	19	80	35	-			124	80	128238 40-17/9						124	80													124	80					
					70	-																															
			W.S.C.																								W.S.C.										
183 days			420	-					420	-																	70	-			70	-	350	-			AMOUNT DUE SOLDIER DEPENDENT 1st W.S.C. Allotment #2 D.D.
															Oct 11		1416 a/k 161		70	-											140	-	280	-			
															Nov 10		1476 521		70	-											210	-	210	-			WRT

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.

420 | 420 | 140 | Forward to Sheet 78 | 210 | 210

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Oct 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 657869

Rank Pte Promoted Reverted Discharge (LAMONT)

Soldier's Name Bert Lemont (stencil)

Battalion 160 Battn "B"

Beneficiary Bert. Lamont

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Bessie Meyers

Address R R #1

Change of Address Greenock Ont

1

2

3

4

Date 1917		Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		—		225	225	
Jan	S	69482		15	15	R
Feb	Y	74066		15	15	
Mar	J	93027		15	15	
Apr	K	16600		15	15	
May	L	16899		15	15	✓
June	H	21810		15	15	✓
July	P	33839		15	15	✓
Aug	J	38561		15	15	✓
Sept	K	42208		15	15	✓
Oct.	P	53978		15	15	✓
Nov.	J	59296		15	15	✓
Dec.	O	67396		15	15	✓
Jan.	P	72728		15	15	✓
July	N	76640		15	15	✓
Mch	L	84002		12	12	✓
Apr	J	92399		15	15	✓ MR0972-17
				465	465	

30/4/19 araguaya

25/3/19 3/5/19 Casualty

dest MR0972 47 Hamilton

AUDITED. 3/5/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.-6-17—172-39-1141
L. L. 22230—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-93-1141
L. L. 22330—M. & D. 7993.

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

Lamont . per. T.R.

To Whom Mrs Bessie Myers

Address R.R. #1
Greenock,
Ont

Rate 15 00/100

OCT 1 - 1916

By Whom Assigned Lemont Bert

Regtl. No. 651869

Rank Pte

Corps 160th Bn (Co B)

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				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Lamont. per N.R.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Bessie Meyers
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier Lemont Berk 651869 Pte 160th Bn

15.00

OCT 12 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		T26882	15	
Nov.		M29742	15	
Dec.		P34491	15	
Jan.	1917	B39789	15	
Feb.		B45484	15	
March		L48869	15	15
April		R3239	15	15
May		R9523	15	
June		T16096	15	
July		R23077	15	
Aug.		D 29903	15	
Sept.		H 36350	15	
Oct.		F 43133	15	
Nov.		Y49283	15	
Dec.		O57854	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

$225

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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.				

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. NO. 651869 | RANK Pte | NAME (IN FULL) Lamont. B. | 18

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2nd Sheet.		

ORIGINAL UNIT C.E.F. 160 Bn. | IF IN P.F. WHAT UNIT? WOR. | TRANSFERRED TO 38th Spadina Ave. Toronto. | DATE | AUTHORITY

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 13/3/16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 1.50 | DATE EFFECTIVE 1/5/19.

PAYABLE TO Mrs Bessie Myers. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R.#1. Gleenock. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto. | DATE 18.9.19 | REASON M.U. | AUTHORITY D.O. 459. | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT			4 20						4 20			Forward from Original Sheet.											2 10								2 10		2 10		
																	Dec 16	170857	AR	216					70								2 80		1 40		
																	Jan 14	171918	AR	239					70								2 50		70		WTR2
																	Feb	16	172309	"	264				70								4 20		—		
			4 20						4 20																4 20								4 20		Nil.		

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1359.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12485 [illegible] M. 18-2-18.

Reserved for M.H.

WHITBY FURLOUGH

Regt. No. 651869 Rank PTE Surname LAMONT Christian Name BERT

Unit or Corps—(a) Overseas from United Kingdom 47 CAN BATT (b) In United Kingdom 160 BATT

Born at—Town GREENOCK County or Province BRUCE CO. ONT. Country CANADA

Date of Birth—Day 29 Month JUNE Year 1893 Age 25 yrs. 7 months.

Joined at CHESLEY ONT Date MARCH 2nd 1916

Former Trade or Occupation MACHINIST

Permanent marks or peculiarities that will serve for future identification

Birthmark above right temple

Height—feet 5 inches 5 3/4 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) Pte B Lamont

Medical Report.

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

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

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

Disabilities Group (*a*): EXCISION OF ELBOW JOINT LEFT

Disabilities Group (*b*): NONE

Disabilities Group (*c*): NONE

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. LEFT ELBOW	CAMBRAI	SEPT 27-18.
(*ii.*) As to Group (*b*) above.	NA	NA	NA
(*iii.*) As to Group (*c*) above.	NA	NA	NA

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

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

(*ii.*) As to Group (*b*) above? NA If yes, has Active Service aggravated it? NA

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

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

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

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

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

PART I. (*continued*).

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

(i.) While on duty? YES (ii.) While off duty? NO

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

(vi.) Opinion of the Court? NA

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*). admitted BGS. 27/9/18 Monolis. at 53 Stat Hosp X-ray exam Fract Rad & Ulna involving joint Wd excised and cleaned No gas. T 97.8 P. 90. Ptes septic sores bad Dgs. 29/9 No notes from Chester War Hosp. 5/10/18 – 22/1/19.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) Excision elbow joint. R.G.T. 105°. A.S.E. 130. Motor lesion Hand in position of supination with rotation movements entirely absent. 50% flexion of distal phalanges on proximal but the latter do not flex on metacarpals. Adduction & abduction fingers present. Limitation of flexion & extension of wrist. Ellinsystems normal.

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

(ii.) If so, state what. see 6

(iii.) Was one advised and declined? NO

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? Yes six

(ii.) If so, describe. upper & lower bicuspids & molars bad & decay

10. DO YOU RECOMMEND:—

(a) Fit for duty? NO

(b) Fit for base duty? NO

(c) Invalid to Canada? YES

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

Date of Report February 5th 1919 Signed 10 E Dvd Capt
Officer in medical charge of case.

Station Buxton Derbyshire England

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

Capt { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at Station, on 191

* Delete if inapplicable.

CANADIAN SPECIAL REGISTRAR FEB 1919

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

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

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

yes -

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

yes -

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

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

nil

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

nil

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? nil.

18. Remarks.

Walks can —
dressing.

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

Classification for the Military Hospitals Commission.
G

Date of Board

Station

EXAM. MED. B
11 FEB. 1919
G. C. S. Ft.

Signatures of the Board. C. A. Robson Major CAMC *President.*
W. J. Wallis Capt CAMC.

Approved Major, D.A.D.M.S. For A.D.M.S. Canadians Buxton Area. A.D.M.S.

Dated at Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES
11 FEB. 1919
CANADIANS
BUXTON AREA.

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in P[redacted].

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....