

28-10-18 Deceased

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge *Death*.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 2

Last Pay Certificate.....

A 4 B- 122- 1

# DISCHARGE DOCUMENTS

Name **BOYD, JAMES,**

Regt. No. **2013550** Rank **C. S. M.**

Corps **Can Engineers**

Date **S.O.S. 2-10-18**

R. O. No.....

H. Q. No.....

33955



3-12  
22-12  
34-12







ORIGINAL

No. 2013550.

## ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... BOYD

1a. What are your Christian names?..... James

1b. What is your present address?..... St. Johns P.O.

2. In what Town, Township or Parish, and in what Country were you born?..... Ireland. Belfast.

3. What is the name of your next-of-kin?..... Mr. William Boyd

4. What is the address of your next-of-kin?..... Cromlan Co. Antrim Ireland

4a. What is the relationship of your next-of-kin?..... Father

5. What is the date of your birth?..... July 29th. 1892

6. What is your Trade or Calling?..... Blacksmith

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?..... Yes

10. Have you ever served in any Military Force?..... Yes 3 years R.C.E.  
If so, state particulars of former Service. naval or

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

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No

14. If so, what was the nature of the disability? .. -

15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No

16. If so, what was the reason? .. -

SUFFICIENT ADDRESS  
MWS

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Boyd, 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.

James Boyd (Signature of Recruit)Date JULY 1st. 191 8 Geo. J. Frith (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Boyd, 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.

James Boyd (Signature of Recruit)Date JULY 1st. 191 8 Geo. J. Frith (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 St. Johns P.O. this 1st. day of JULY 191 8

mm itale (Signature of Justice)



Description of ~~James~~ BOYD James on Enlistment.

Apparent Age.....25.....years.....10.....months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 5 $\frac{1}{2}$  ins.

Chest measurement { Girth when fully expanded.....38 $\frac{1}{2}$  ins.  
Range of expansion.....4 ins.

Complexion.....Ruddy

Eyes.....Grey

Hair.....Brown

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

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

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

## 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.....July 1st......1918

Place.....St. Johns P.Q.

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.

.....James Boyd.....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.

(Signature of Officer)

Date.....July 1st......1918

Lt. Colonel C. E.  
Engineer Training Depot.



# MEDICAL HISTORY SHEET

Surname **BOYD**

Christian Name **James**

2013550

Examined { on **1st.** day of **July** 191**8**  
at **St. Johns. P.Q.**

Approved by

Birthplace { City or Town **Belfast**  
County **Ireland**

Rank **Capt** M.O.

Apparent age **25 years**

Trade or occupation **Blacksmith**

Height **5** feet **8 1/2** Inches

Weight **160** lbs.

Chest measurement { Minimum **34 1/2** inches  
Maximum expansion **38** inches

Physical development **good**  
**nil**

Small-pox Marks

Vaccination Marks { Arm Right Left **V**  
Number **4**

When Vaccinated last **Dec. 1917.**

(a) Marks indicating congenital peculiarities or previous disease **nil.**

(b) Slight defects but not sufficient to cause rejection

Vision R. 20. L. 20.  
Hearing Normal.

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

Date Result VACCINATIONS

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on **1st.** day of **July** 191**8** at **St Johns P.Q.**

|                      | CORPS | REG'TL NUMBER  | HABITS | DATE |
|----------------------|-------|----------------|--------|------|
| Joined on enlistment |       |                |        |      |
| Transferred to       |       | <b>2013550</b> |        |      |

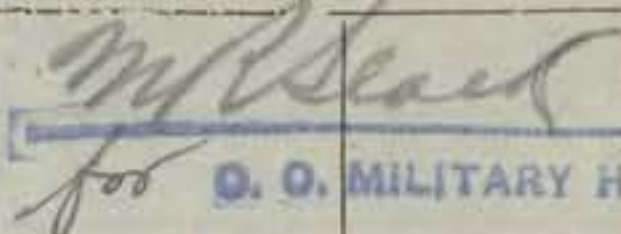
## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| STATION                | DATE          | DISEASE | RESULT   |
|------------------------|---------------|---------|--|
| <b>ST. JOHNS, P.Q.</b> | <b>2-7-18</b> |         | <b>A. J. G. Gessie. Capt.</b><br>President Medical Board,<br>St. Johns, P.Q. |

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.



Surname BOYD Christian Name James

| STATION        | Date of Arrival<br>at the<br>Station | DATES OF                   |       |      |                            |       |      | DISEASE   | Number of<br>days in<br>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<br>Medical Officer   |
|----------------|--------------------------------------|----------------------------|-------|------|----------------------------|-------|------|-----------|----------------------------------|--|---|
|                |                                      | Admission<br>into Hospital |       |      | Discharge<br>from Hospital |       |      |           |                                  |  |   |
|                |                                      | Day                        | Month | Year | Day                        | Month | Year |           |                                  |  |   |
| St Johns, P.R. |                                      | 26                         | 9     | 18   | 28                         | 9     | 18   | Influenza | 3                                | Trans. to Base.  | <br>Capt., A.M.C.<br>for G. O. MILITARY HOSPITAL |



# CASE HISTORY SHEET.

Montreal General Hospital. Montreal P.Q. Station.

No. 2013550 Rank C.S.M. Name Boyd, James Age 26

Unit C.E.T.D. Completed years of service Where and how long

Date of admission Sept. 28th. 1918 Date of discharge October. 2nd. 1918. Died 5-15 a.m.

Diagnosis Influenza & Bronchial Pneumonia. Place of origin St Johns. P.Q.

CONDITION ON ADMISSION AND PROGRESS OF CASE He was admitted to hospital on the evening of the 28th September, 1918, suffering from Influenza and Bronchial Pneumonia.. Examination shows a diffuse bronchial pneumonia both lungs. Injection of the pharynx and throat, recurrent delirium and a high temperature. His condition rapidly grew worse and he died during the night of October 2nd 1918 at 5-15 a.m.

Autopsy findings show a diffuse Bronchial Pneumonia. The cause of death being Toxaemia from the same.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date

A. M. G.  
Capt. A. M. G.  
Medical Officer in Charge  
M. G. H.



CASE HISTORY SHEET

1. Name of Patient: \_\_\_\_\_  
2. Date of Birth: \_\_\_\_\_  
3. Sex: \_\_\_\_\_  
4. Address: \_\_\_\_\_  
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
6. Telephone: \_\_\_\_\_

7. Referring Physician: \_\_\_\_\_  
8. Date of Admission: \_\_\_\_\_  
9. Date of Discharge: \_\_\_\_\_  
10. Length of Stay: \_\_\_\_\_  
11. Primary Diagnosis: \_\_\_\_\_  
12. Secondary Diagnosis: \_\_\_\_\_  
13. Tertiary Diagnosis: \_\_\_\_\_  
14. Quaternary Diagnosis: \_\_\_\_\_  
15. Other Diagnoses: \_\_\_\_\_

16. History of Present Illness: \_\_\_\_\_  
17. Past Medical History: \_\_\_\_\_  
18. Family History: \_\_\_\_\_  
19. Social History: \_\_\_\_\_  
20. Review of Systems: \_\_\_\_\_

21. Physical Examination: \_\_\_\_\_  
22. Laboratory Studies: \_\_\_\_\_  
23. Radiology Studies: \_\_\_\_\_  
24. Pathology Studies: \_\_\_\_\_  
25. Other Studies: \_\_\_\_\_

26. Treatment Plan: \_\_\_\_\_  
27. Progress Notes: \_\_\_\_\_  
28. Discharge Summary: \_\_\_\_\_  
29. Follow-up: \_\_\_\_\_  
30. Other: \_\_\_\_\_

31. Physician's Signature: \_\_\_\_\_  
32. Date: \_\_\_\_\_  
33. Hospital: \_\_\_\_\_  
34. Department: \_\_\_\_\_  
35. Unit: \_\_\_\_\_



No. 2013550 Boyd, James C. S. M. Eng. T. Depot,

Med. and Dec.

Father

William Boyd, Esq.,  
Main St.,  
Crumlin Co. Antrim,  
Ireland,

P. and S.

Father

Same as above.

Memorial Cross

Mother

Mrs. Isabella Boyd,  
Address as above.

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LEDGER No. 3866-106

SERIAL No. A11963

REG. NUMBER 2013550 NAME Royd Jas

RANK S/M CORPS 6:6:2:19

AGE 26 SERVICE 64 years

NAME OF HOSPITAL San to Military General PLACE Montreal

DATE OF ADMISSION 28/9/18

DISEASE Influenza (Pneumonia)

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m.-6-18.

1772-39-1332.

P. T. O.



REMARKS:.....

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Surname

Boyd

Christian names

James

Regtl. No.

2013 1530

Rank

Sgt

Unit

Can Coy 2d Bde

H. Q.

M. D. No.

4

T. O. S.

July 2 1918

D. O. Pt.

II 18th of 3/7/18

S. O. S.

Dis. 2-10-19 18

Reason

Deceased

Auth

N.O. 271 y 2-10-18

Next of kin

Boyd, William

Relationship

Father

Address

Cromham  
Co. Antrim, Ire.

Also notify:

BORN—Place

Ireland Belfast

Date

July 29<sup>th</sup> 1892

ATTESTED—Place

St. John's P.O.

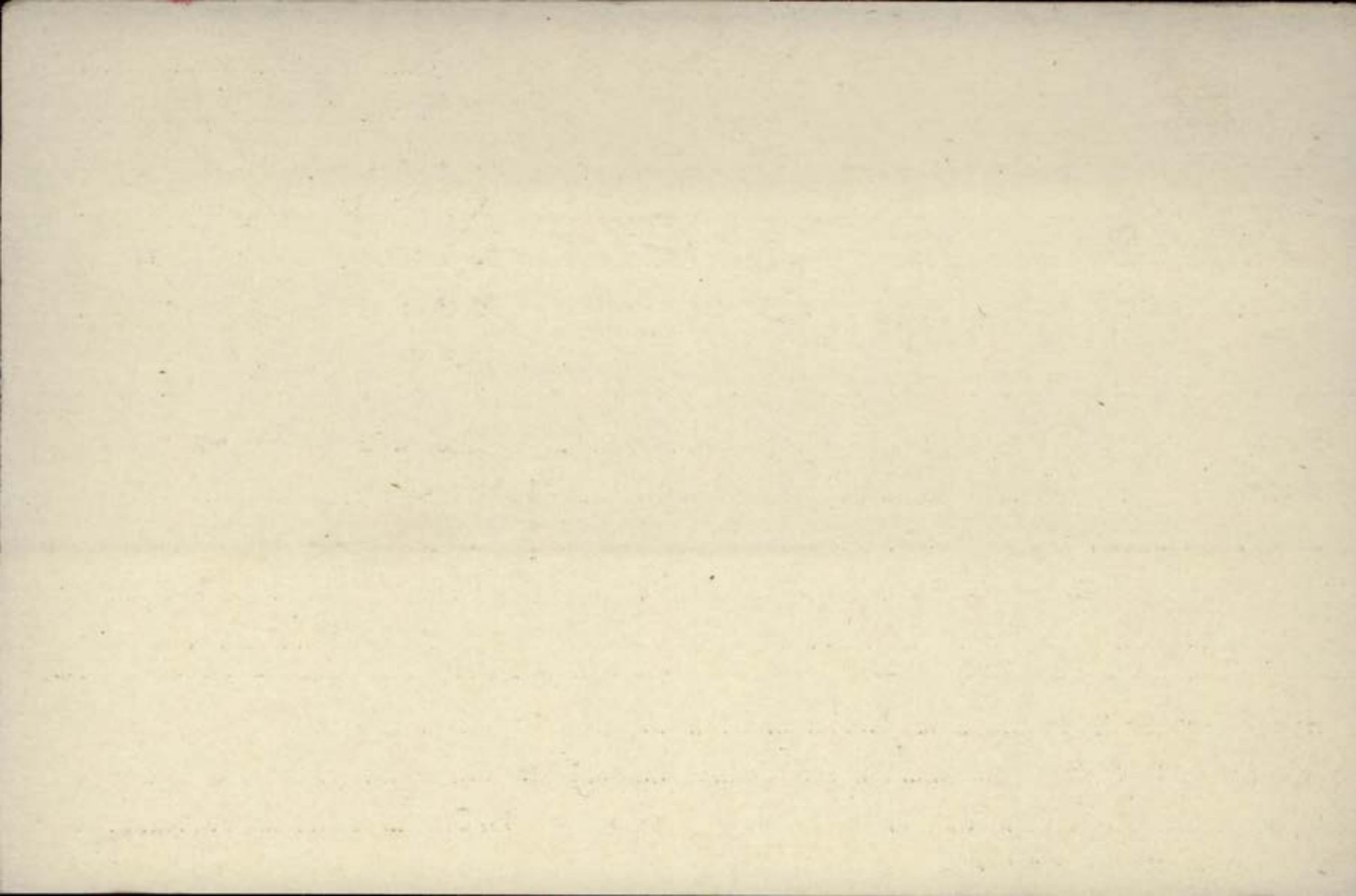
Date

July 1<sup>st</sup> 1918

O/S

R/C







## List of Discharge Documents.

|  |                           |  |                      |
|--|---------------------------|--|----------------------|
| Reg. Conduct Sheet,  | Militia form B. 263.      | Attestation Paper,   | Militia Form B. 235. |
| Squadron }<br>Battery }<br>Company }                             | Conduct Sheet, " B. 263a. | Proceedings on Discharge   | " B. 218.            |
| Copies of Convictions, by C. P.                                  | in MS.                    | In the case of recruits who are rejected on final approval, the discharge documents will consist of<br><br>(a) Proceedings on Discharge.<br><br>(b) Attestation.<br><br>(c) Medical History Sheet (in the event of such having been prepared.) |                      |
| Med. Hist. Sheet,  | Militia Form B. 313       |  |                      |
| Medical Report for Invalid*                                      | " B. 227.                 |  |                      |
| Statement of Man's Account on Transfer and Last Pay Certificate, | " D. 877.                 |  |                      |

\*Only if discharged "Medically unfit."

*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.*

NOT APPLICABLE

This space to be for numbers.

## Proceedings on Discharge.



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

|  |   |
|--|---|
| No. 2013550  |   |
| Rank C.S.M.  |   |
| Name Boyd, James<br><small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>   |   |
| Corps (Squadron, Battery or Company) Canadian Engineers  |   |
| Date of Discharge October 2nd, 1918.   |   |
| Place of Discharge ST. JOHNS, P. Q.  |   |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE.   |   |
| Age 26 years 8 months.<br>Height 5 feet 8 inches.<br>Complexion Ruddy<br>Eyes Grey<br>Hair Brown<br>Trade Blacksmith<br>Intended place of residence<br><small>(To be given as fully as practicable.)</small>                                     | Descriptive Marks<br>NIL.   |
| 2. The above-named man is discharged in consequence of Death   |   |
| <small>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.</small> |   |
| To be in the handwriting of the Commanding Officer, who will himself make and countersign the character certificate and initial them.  | 3. Conduct and character while in the service have been, according to the records, etc.<br><br>Good   |
|  | <small>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.</small> |
|  | 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)<br><br>Blacksmith   |

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-39-113

(OVER)



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

NIL.

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

6. Medals and Decorations.....

NIL.

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

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

(Place).....ST. JOHNS, P. O.

*Wm. J. L. L.* Lt. Colonel C. E.  
G. C. Engineer Training Depot

(Date).....October, 2nd, 1918.

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).....ST. JOHNS, P. O. (Signature of Soldier.)

(Date).....October, 2nd, 1918. (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.

*Not Applicable* (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place).....ST. JOHNS, P. O.

(Signature) *Wm. J. L. L.* Lt. Colonel C. E.  
G. C. Engineer Training Depot

(Date).....October, 2nd, 1918.

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.)

NIL.