

38007

120434

BRENNAN

Joseph

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

1041

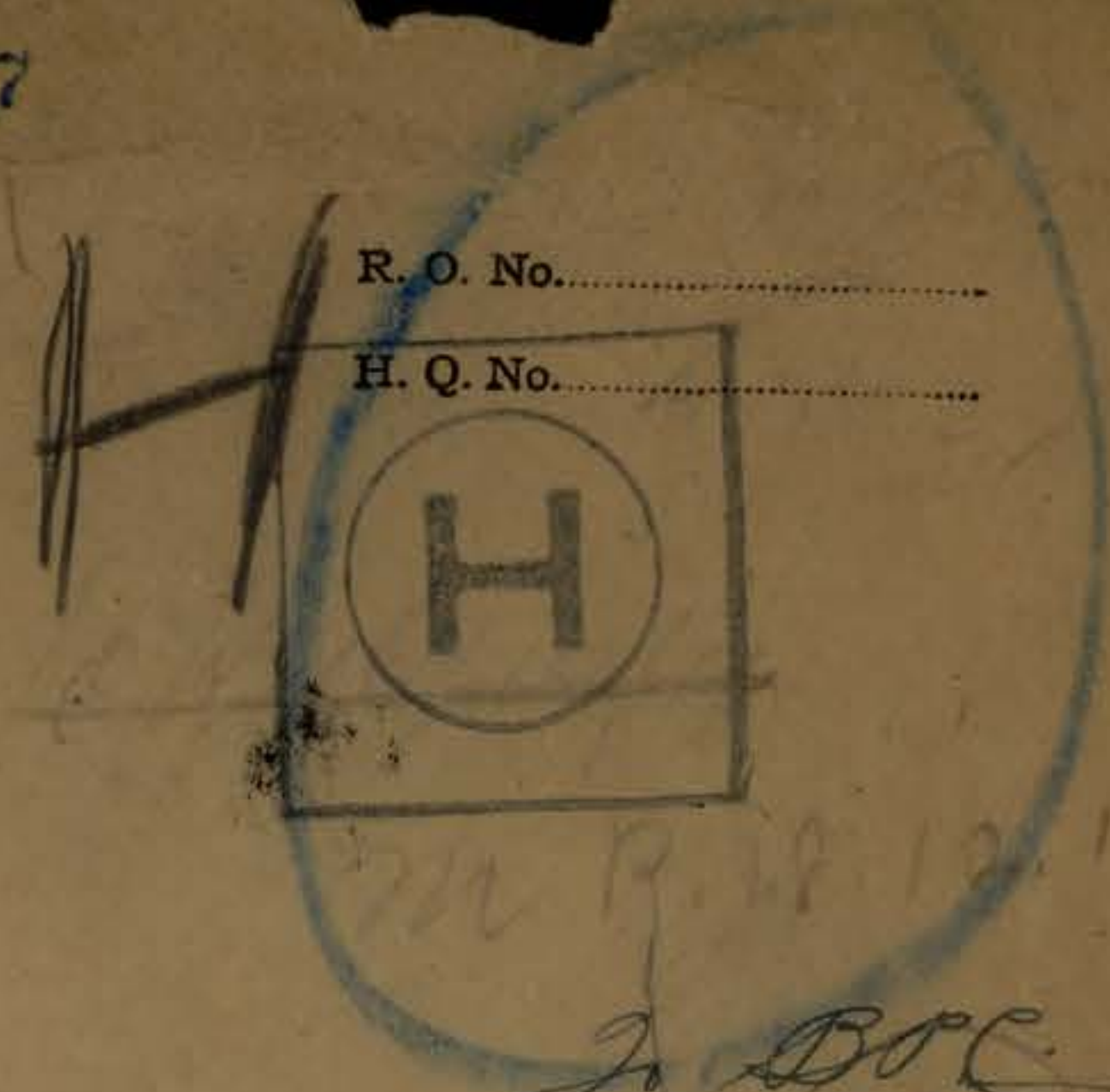
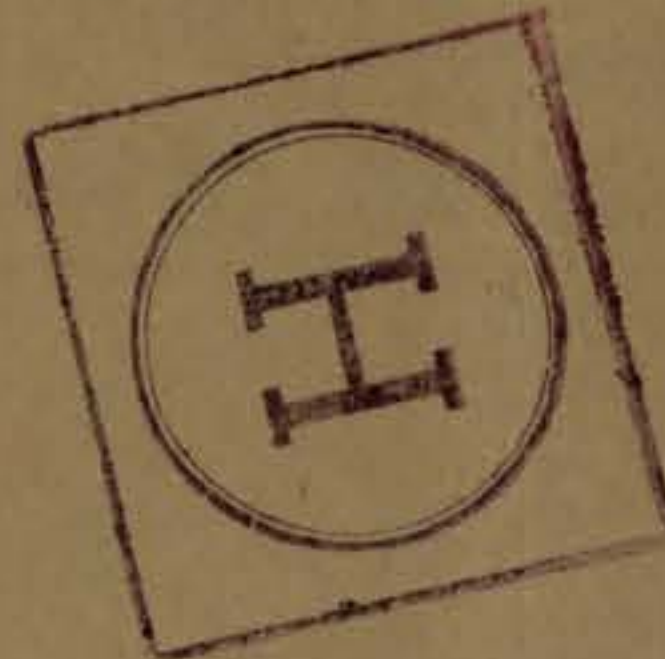


38007

DISCHARGE DOCUMENTS

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *24*
- 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..... *1*
- Medical History Sheet..... *21*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit..... *1*
- Last Pay Certificate.....

Name *Brennan Joseph.*
 Regt. No. *120434* Rank *Private.*
 Corps *69th Bn C.E.F.*
Medically unfit.



*In BOC
 21/5/20
 Spec - 6192
 M.C.*

B7-6-20

*BOX
 # 1041*



*1
 2-20
 2-22*

A.F.B. - 2
11/1/18
7/1/18
1 R 149

File A.
2.

1250 - Barry St.

ATTESTATION PAPER.

No. 120434.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Brennan
- 1a. What are your Christian names? Joseph.
- 1b. What is your present address?
2. In what Town, Township or Parish, and in what Country were you born? Montreal P.Q.
3. What is the name of your next-of-kin? Mary Brennan.
4. What is the address of your next-of-kin? 1250 - Barry St Montreal
- 4a. What is the relationship of your next-of-kin? Canada
5. What is the date of your birth? 10th March 1894
6. What is your Trade or Calling? Machinist
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?
10. 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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..
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?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Brennan, 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.

Date: 16 August 1915. Joseph Brennan (Signature of Recruit)
Raoul Charbunear (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Brennan, 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.

Date: August 16 1915. Joseph Brennan (Signature of Recruit)
Raoul Charbunear (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 Montreal this 16th day of August 1915.
A. Cheric (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Joseph Brennan on Enlistment.

Apparent Age 21 years 5 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. 7 1/2 ins.

1 Vacc. left arm.

Chest measurement { Girth when fully expanded 33 1/2 ins.
 Range of expansion 3 ins.

Complexion medium
 Eyes Brown
 Hair Fair

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

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 16 Aug 1915 R. Lessard Capt
 Place Montreal A. M. C.
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.

Joseph Brennan.....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.

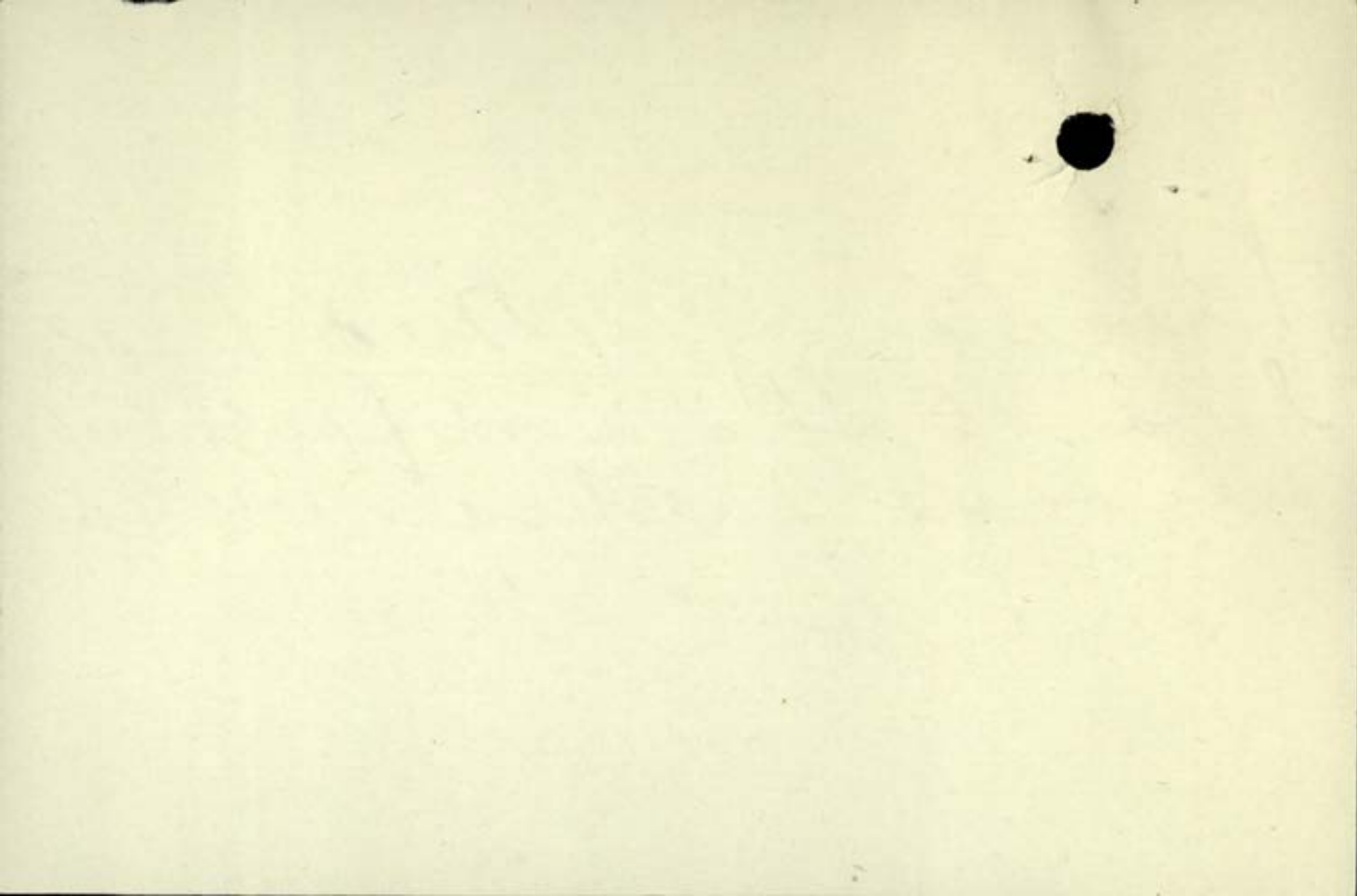
Date August 15th 1915 J. H. Houseverne (Signature of Officer)
Lt Col.

Proceedings of Med Bd's
held at Shorncliffe 31-8-16.
also at Quebec, 9-10-16

Sent to C. R.

28-10-16

V. B. L.



6499-B-9598 ✓
✓

Number 120434 Rank Pte. ✓

Surname BRENNAN ✓

Christian Name Joseph ✓

Units 69th Bn Can Inf Theatre of War England ✓

Date of Service 28-4-16 ✓

Remarks no P. by (D) ✓

Latest Address not available 24-8-21

Roll No. A page 4346

200m.-6-21....



ADMITTING CARD.

Regt. No. 120434 A. & D. No. 17660

Rank *Ote*

Name *Brennan J.*

Corps *69 Batt. B.*

Religion *R C*

Age

M. H. Rec'd _____ M. H. Requested _____ M. H. Ret'd _____

Disease *Epilepsy*

Admitted *31/7/16*

Discharged *SEP 29 1916* *Canada*

Place in Hospital *19-7*

Transferred

Results $\frac{11}{12}$ *Montreal*

REMARKS :

MEDICAL HISTORY SHEET.	Orig. recd. from	23 Bm	9/8/1916
	Dep. recd. from		/.../191
			/.../191
			/.../191
		Registrar this time.	
	<i>Y. M. Allen</i>		Ward

REGT'L NO 120434
H. Q. FILE NO. 649-

NAME Brennan Joseph
RANK AND CORPS Plt 2nd Bn

FOLLOWS
No.
FOLLOWS

CABLE	
No.	DATE
022072	

NATURE OF CASUALTY

Sailed for Canada per the Troopship
"Secret" on Sept 30th 1916 Epilepsy

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

215
215

Woods Barr, Shreve
Discharged

31-7-16
28-9-14

Epileptic Fits
" "

No. 120 434. RANK Pte.

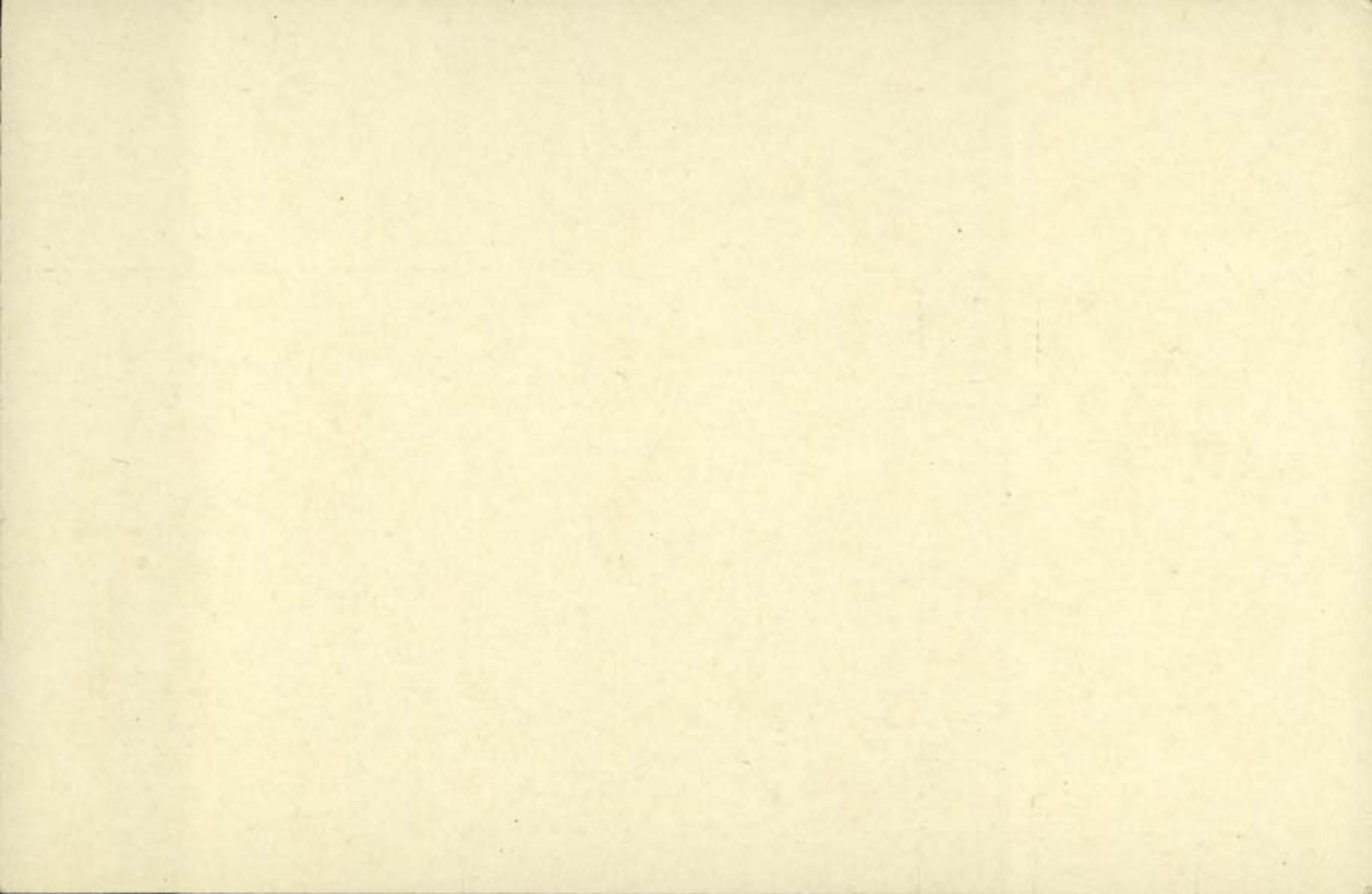
NAME Brennan J.

T. O. S.

UNIT Discharge Depot. Dublin

M. D. 5.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Sept. 12.	1916 Nov. 3	/	6gth Bn.	



SURNAME.

Brennan

CHRISTIAN NAMES

Joseph

REGL. NO.

120434

RANK

Plt.

UNIT

69th

FORMER CORPS

*Nil**SO. S. dis. 3-11-16 5*
FOLL.*Diapl 1.3.20 M.D.H.
auth SCR 210 1.16
3.3.20
Br. 4.*

NEXT OF KIN.

NAMES IN FULL

Brennan, Mary

RELATIONSHIP TO SOLDIER

R.A.S.

ADDRESS

*1250^c Barry St., Montreal
P.Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Montreal, P.Q.

DATE

March 10th 1894

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

*Aug. 16th 1915**Sailed from St John Per S. S.*

L. L. 6915 M. & D. 6994

*Scandinavian**R/C 6-10-16*

M. F. W. 22. 100M. -8-16. H. Q. 1772-88-339.

*383**9**17-24-16*

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

21 YEARS

5 MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

30 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Medium

EYES

Brown

HAIR

Fair

DISTINGUISHING MARKS

1 Vacc. mark left arm.

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Aug. 16th 1915

No. 120434

RANK

Plt

NAME

Brennan J. J.

T. O. S.

UNIT

69th Battalion

M. *Hal*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 aug 16</i>	<i>1915 aug 31</i>	<i>✓</i>		
<i>sept</i>		<i>✓</i>		
<i>oct</i>		<i>✓</i>		
<i>nov</i>		<i>✓</i>		
<i>dec</i>		<i>✓</i>		
<i>1916 Jan.</i>	<i>1916</i>	<i>✓</i>	<i>14 days C. B.</i>	<i>D.O. # 145-6-2-16</i>
<i>Feb.</i>		<i>✓</i>	<i>3 days C. B.</i>	<i>D.O. # 183-21-3-16</i>
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>n.</i>		

UNIT SAILED

APR 17 1916

Handwritten marks and symbols, possibly a signature or initials, located in the lower-left corner of the page.

69. 7/6

Casualty Form—Active Service.

Regiment or Corps bqn. Battalion, 687.

Regimental No. 20434 Rank Plt. Name Brennan Joseph

Enlisted (a) 16/8/15 Terms of Service (a) 10 years Service reckons from (a) 16/8/15

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 H.F.B.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Canada	17-4-16	
		Disembarked	England	27-4-16	
19-6-16	oc. 72nd Bn.	Taken on St. from bqn	Dubgate	7-6-16	ln. 139
19-3-17	23 rd Res. Bn.	on Discharge to Canada	Stouham	29-9-16	D. P. I. O. 75 Lt. H. Murphy see G.O. 28rd. Can. Res. Batin.
10-16	Discharge Depot.	S.O.S. Discharged Med. Unfit.	Quebec	3.11.16	auth. Det. Paylist.

W. Ruthie
for info

(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.

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				

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 69th O BN. C. E. F.

Regimental No. 120434 Rank Pte. Name Brennan, Joseph
C. E. F.

Enlisted (a) 16/8/15 Terms of Service (a) duration of war Service reckons from (a) 16/8/15

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		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	
Date	From whom received					
		Embarked	Canada	17/4/16		
		Arrived	England	27/4/16		
		No.134 Part -11- Order Transferred to 23rd Battalion CEF Otterpool Camp			7/6/16	

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

A.G.R.

Rank Name BRENNAN, Joseph. Reg'l No. 120434

Unit 69th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.

Place and Date of Enlistment Montreal, 16th August, 1915. Place of Birth Montreal, P.Q.

Name and Address, Next-of-Kin Mary Brennan,
 1250c Berri St., Montreal, P.Q., Canada. Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Serial No 3072

Discharge, Date and Place Reason Character

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.				
29.4.16	A.L.	Arrived in England.	Bramshott	28.4.16	S. O. 1586
5.5.16	C. G. 69th Bn.	3 days. 6. B. Absent without leave 6 p.m. to 8 p.m. 4/5/16	Exeterpool	6.5.16	P. A. O. 109
11.6.16	23rd Bn	Taken on strength	Dibgate	7.6.16	Pt. II 137
16.6.16	"	For 10 days PIA, 28 days det. (i) awol.	" }	13.6.16	" 142
		(ii) Breakg. camp while defaulter (iii) awol.		15.6.16	
1.7.16	"	Pay deferred under D.O. 20/16	"	1.7.16	" 155
4.8.16	"	Adm. Moore Bks	O'cliffe	31.7.16	S. C. L. 215 184 Epileptic fit
4.10.16	"	Dis " "	"	28.9.16	Col. 215.
19.3.17	"	Lo on sick to Canada	Shoreham	29.9.16	Photo 75
	Disch. Bk	Finally Discharged	Quebec	3-11-16	VR 69 1250 Berri St Montreal

82-1

File No. 02106-J-33

WAR SERVICE GRATUITY.

Register No. B 2774

Reg. No. 120434 Dependent

Name *Brennan* Address *Miller*

Address *1250 Bern St*

Less further debit balance *Montreal Div*

TO SOLDIER TO DEPENDENT

Pay Soldier \$ *179.90* Pay Dependent \$

Days *122* Rate *90.00* Due *280.00*

Less P.D.P. credited *100.10*

Less further Dr. Bal. or overpayment. *✓*

Net *179.90*

Clerk *J. O. Bonneville*

*Row 104
16/20*

*L. Ricard
W. H. Turner*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
	<i>48750</i>	<i>10-1-20 547250</i>	<i>179 90</i>					
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
[Signature]
Date *8/20*

[Signature]
7/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Brennan, Joseph**
Surname Christian Name

2106-J-1

Regimental Number **120434** Rank **Pte.**

Address (in full) **1250 C. Barry St.**

Unit **23rd & 69th Bn.**

Montreal, P.Q.

Original Unit

District where paid **Ottawa**

Date of Discharge **3. 11. 16.**

P. D. P. Filing Number **12B6.**

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

L. L. 22573—M. & D. 800P.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	755	16 / 11 / 17	33 00	741	20 / 12 / 17	33.00	733	18 / 1 / 17	34 10		100.10

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks:

Amn

P.C. 3-1-20

Name Brennan . P. J.

M. F. W. 41
1 OM-7-16
1772-39 889.

598

Regimental No. 120434
Unit by Bn E F.

Name and address of next of kin
1250 b. Berri St
Montreal
P.Q.

Date of enlistment

Place of " "

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

Date and place discharged

Reason for discharge Class I

Character on discharge

Σ

Job 5351-M. & D. 1890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
								15	15	1029	8/6/47	15	✓			<p>APP for Apr 1946</p> <p>Chg 2 cc</p> <p>H. & P.</p>

Spa cannot certify

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs. Mamie Brennan

Name of Soldier

Brennan Jos.

413

Sheet No. 2.

PAYMENTS.

Pls 120434

B 2669 Box

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			1500	
April	1916	2641	15	P. N. P. 7-9-16 J. A. E. L.
May		75928	15	
June		89177	15	
July		109469	15	
Aug.		610947	15	
Sept.		715465	15	
Oct.			90	Acct Closed
Nov.				Returned I. O. Secrete 30-9-16
Dec.				FX. 7H
Jan.	1917			Discharged to Canada
Feb.				Stop payment 1/10/16
March				3M 1/9/16
April				LM
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

lme

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.				

CW

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 15m. - 3-16.
 H. Q. 1772-39-819.

412

To Whom Mrs. Mamie Brennan By Whom Assigned Brennan Joseph.
 Address 1250^c Berri St, Regtl. No. 120434
Montreal. Rank Pte.
 Rate \$ 15⁰⁰ **APR 1916** Corps "B" Coy 69th Bn

PAYMENTS

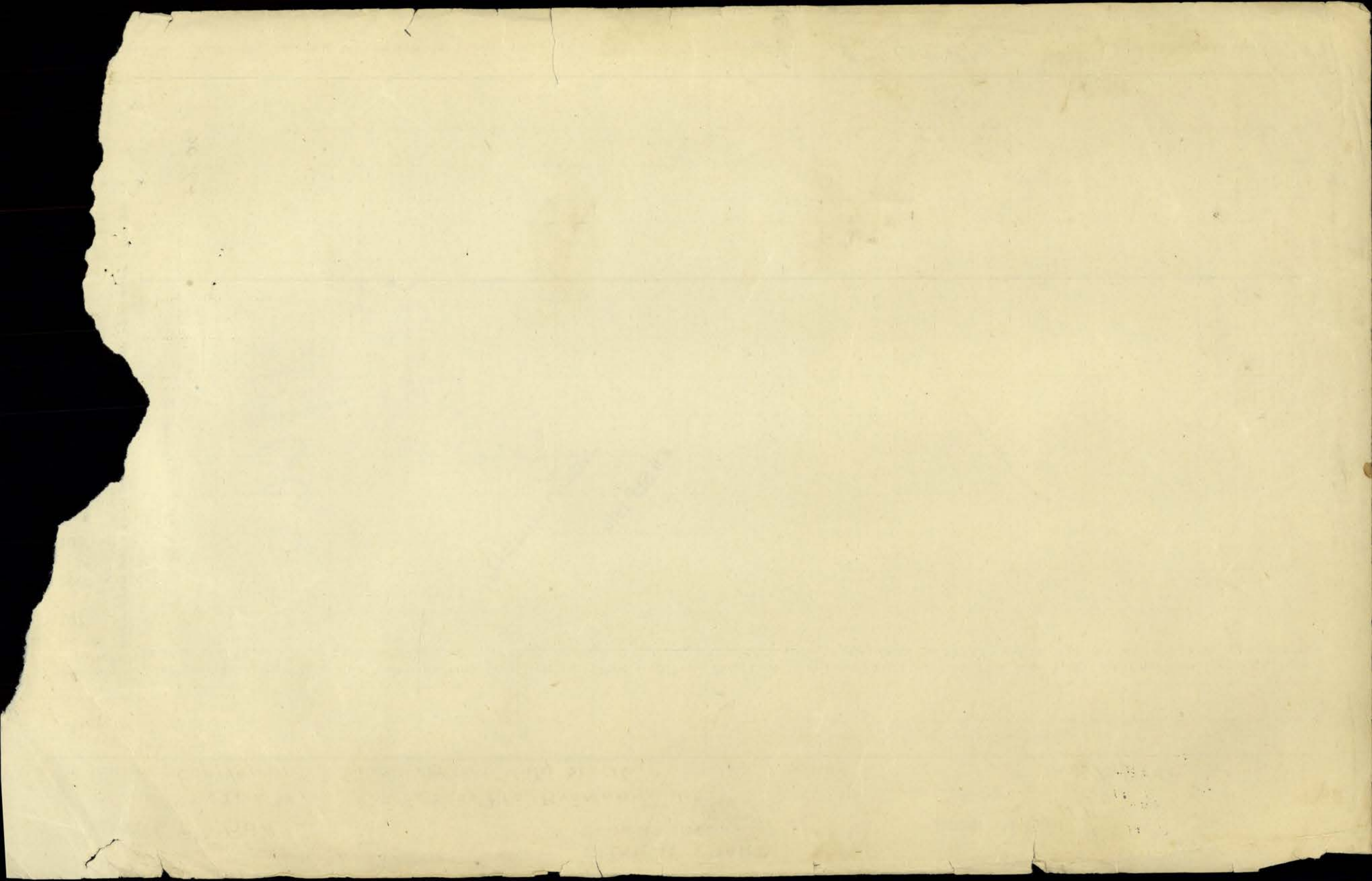
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		<u>9641</u>	<u>15</u>	APR 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

acct closed.

COPIED FOR CASUALTIES.



1902



3 **MEDICAL HISTORY SHEET.** 120434
120434

Surname Brennan Christian Name Joseph

Examined { on 16 day of Aug 1915
at Montreal
Birthplace { City or Town Montreal
County _____

Approved by [Signature]
Rank Captain M.O.

Apparent age 21 — 3
Trade or occupation Machinist
Height 5 Feet 7 1/2 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 33 1/2 inches
Maximum expansion 3 inches
Physical development normal
Small-Pox Marks none
Vaccination Marks { Arm Right Left X
Number 1

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last 1900
(a) Marks indicating congenital peculiarities or previous disease none

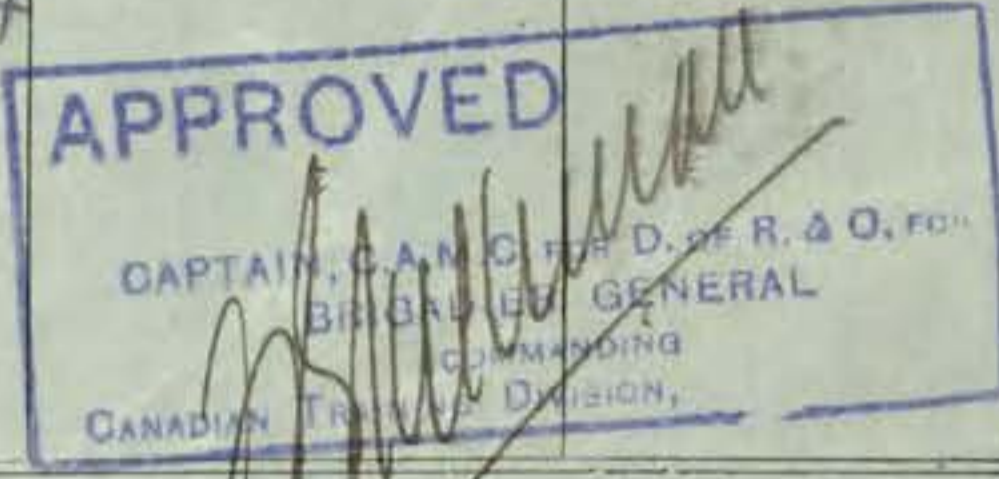
Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7-3-16</u>	<u>Good</u>	<u>95%</u> M.O.
<u>20-3-16</u>	<u>Good</u>	<u>95%</u> M.O.
		M.O.

Enlisted on 16 day of Aug 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>69 B m.</u>	<u>120434</u>		
Transferred to..				



EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Shawcliffe</u>	<u>24/8/16</u>	<u>Epilepsy</u>	<u>Discharged</u>
<u>Shawcliffe</u>	<u>2/9/16</u>		<u>D. Z. McIntyre Capt. C.A.M.C.</u>
	<u>approved</u>	<u>for S. L. Walker</u>	<u>for W. B. Bethune Capt.</u>

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

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

114
St. C.P., KINGSWAY, W.C.
30,000-17/4/16-10533.

To Card 466
Army Form B. 179.
Canada.

Medical Report on an Invalid.

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE

Local

Station _____

Date August 21st 1916.

- 1. Unit *69. Bat*
- 2. Regimental No. *120434*
- 3. Rank *Private*
- 4. Name *Brown, Joseph*
- 5. Age last birthday *22*
- 6. Enlisted { on *Aug 16th, 1916*
at *Montreal*
- 7. Former Trade or Occupation *Machinist*

8. Disability.

Epilepsy.

Statement of Case.

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

- 9. Date of origin of disability. *1914.*
- 10. Place of origin of disability. *Canada*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *Latent states that he had first seizure in 1914. This was the only seizure before enlistment. Next seizure in April 1916. These seizures on ship crossing to England. Has had at least ten seizures true Epilepsy since admission to hospital. No history of injury obtainable. Paternal grandfather died during epileptic seizure.*

- 12. (a) Give your opinion as to the causation of the disability. *Unascertainable*
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.)
(1) No (2) No

Signed at Prior Park, Bath, this _____ day

of _____, 1916.

President.

APPROVED

13. What is his present condition?

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

Present condition not good. Confined to bed greater part of time due to exhaustion following so many surgeries. Patient nervous, speech slightly stammering.

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

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Not applicable

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

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

Not applicable

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

No

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

No

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

Not applicable

19. Do you recommend

- (a) Fit for duty? *No*
- (b) Fit for base duty? *No*
- (c) Invalided to Canada? *No*
- (d) Discharge as permanently unfit? *Yes*

G. Wallace Capt CAME
Officer in medical charge of case.

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

except† MOORE BARRACKS,
CANADIAN HOSPITAL,
Station SHORNCLIFFE

J. W. Macgregor
Officer in charge of Hospital.

Date *Aug 24 1916*

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

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

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 *No* a2 *No*

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

not applicable

21. Has the disability been caused or aggravated by

- (a) Intemperance? *No*
- (b) Misconduct? *No*

22. Is the disability permanent?

Impossible to state

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

not applicable

To be stated in months.

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

Total

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

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

not applicable

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit? *yes*



27. Remarks. *Had epilepsy prior to enlistment but has been aggravated by general service conditions*

Signatures:—

J. P. Bethune Cpm President.

Station *Moore Barracks* *J. W. Macgregor* Members.
Date *21/8/16*

Approved.

Station *Shorncliffe*

D. F. McInnes
Administrative Medical Officer.

Date *22 SEP 1916*

FOR A.P.M.S. CANADIANS, SHORNCLIFFE

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Blank space for Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. **120434** Army Rank **Private**

Name **Brennan, Joseph**
(The name must agree strictly with that of enlistment, unless changed subsequently by authority.)

Corps **69th. Battalion, C.E.F.**

Battalion, Battery, Company, Depôt, &c. **C.C.A.C.**
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge **NOV 3 1916**

Place of discharge **CANADA, Quebec (Discharge Depôt.)**

1. Description at the time of discharge.

Age 22 years 7 months	Descriptive marks.
Height 5 feet 7 1/2 inches	
Chest measurement { girth when fully expanded 36 1/2 ins. range of expansion 3 ins.	
Complexion Medium	
Eyes Brown	
Hair Fair	
Trade Machinist	
Intended place of residence Montreal, Que.	
(To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of
Being no longer physically fit for War Service
K.R. & O. 392 XVI.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— **Original Documents not available.**

4. Character awarded in accordance with King's Regulations:—
Original Documents not available.

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Lieut. for
Initials of Commanding Officer.
C.C.A.C.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date) Commanding Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) (Signature of Soldier.)

(Date) (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 at his own request.

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

..... (Signature of Soldier.)

10. Statement of service.

Service towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) " .. "

Total " .. "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for NOV 3 1916 (date)

(Place) Signature

(Date) OCT 19 1916

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

None.
J. Brennan