

ATTESTATION PAPER.

No. ✓

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

66086

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- What is your name?..... *Peter Wright*
 - In what Town, Township or Parish, and in what Country were you born?..... *Dublin, Ireland*
 - What is the name of your next-of-kin?..... *Mrs. Lucy Gordon Reuter*
 - What is the address of your next-of-kin?..... *44 Maple Street, Dublin*
 - 5. What is the date of your birth?..... *31st Dec 1879*
 - 6. What is your Trade or Calling?..... *Draftsman*
 - 7. Are you married?..... *no*
 - 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
 - 9. Do you now belong to the Active Militia?.....
 - 10. Have you ever served in any Military Force?..... *12 yrs. Royal Engineers Eng.*
If so, state particulars of former Service.
 - 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*
- *Peter Wright* (Signature of Man).
..... *Allill* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

..... *Peter Wright* (Signature of Recruit)
e. *Oct 26* 1914. *Allill* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *P. Wright*, 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.

..... *Peter Wright* (Signature of Recruit)
Date *Oct 26* 1914. *Allill* (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 entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

e me, at *Montreal* this *26* day of *Oct* 1914.

..... *J. Arthur Brown* (Signature of Justice)

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

..... (Approving Officer)

Description of Peter Wright on Enlistment.

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

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

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

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded 37 1/4 ins.
 Range of expansion 3 1/4 ins.

Complexion Dark

Eyes Grey

Hair Dark Brown

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

Scar outer side of left knee.

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 Apr 23 1914.

Place Montreal

H. L. Tavey Capt
 Medical Officer.

*Insert here "fit" or "unfit." 4

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.

.....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.....1914.

18-11-18
24th BN

RE-ATTN
FURTHER

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



- 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..... 2
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 3
- 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..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit..... 1
- Last Pay Certificate.....
- AFB 122..... 1



Name WRIGHT, PETER
 Regt. No. 66086 Rank PTE
 Corps 24th BN:

1ST ENLISTMENT, Medically unfit
2ND " " Deceased.



35495

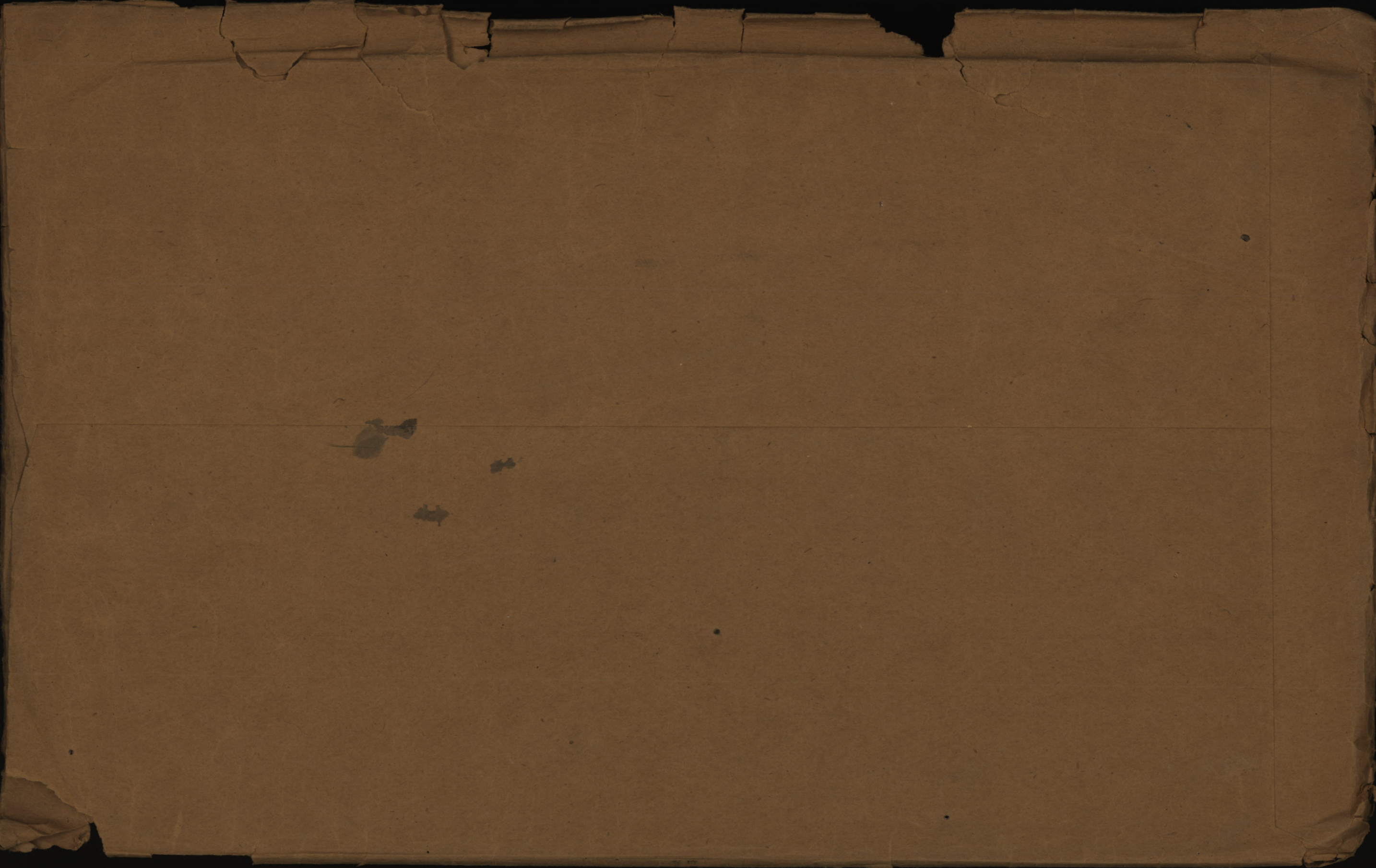
Med: reports - 3
 MFB. 303. - 1
 (Enquiry into cause of death)

Docs to B.P.C.
 9-4-20
 Spec - 4040
 M.H.

Kit 3
 2-21
 2-21
 7-21

3

med. Cert. 122
 18 reg will. 18-11-18



049-W-2773

Number 66086 Rank Plt

Surname Wright

Christian Name Peter

Units 24 Bn Theatre of War France

Date of Service _____

(D)

Remarks _____

Latest Address (Niece) Mrs A. Curley

44 Mary St Dublin Ireland

Roll No. _____

5m-7-23. (M95).

B.2552

B
2

DESP JAN 17 1924

REGN. NO.

911.
3

649-W-2773

CARD NO.

SURNAME.

Wright

CHRISTIAN NAMES

Peter

REGL. No.

66086

RANK

Corp.

UNIT

~~*24th*~~*M. H. C. Co.
Re S.O.S. 27-12-16, H.*

FORMER CORPS

*Royal Engineers Eng.**S.O.S. Dis. 26-12-16 H*
FOLL.*S.O.S. Deceased 8-7-18**P. H. 84 of 7-18 #4 D.D.**Bn.*

NEXT OF KIN.

NAMES IN FULL

London, Mrs. Lucy

RELATIONSHIP TO SOLDIER

sister

ADDRESS

*44 Mary St., Dublin, Ire.**Also notify*~~CHANGE OF ADDRESS~~*Miss Jessica Bone**29 St. Peters Rd. St.**Leonards-on-Sea,**Surrey, Eng.**L. 14-11-17*

COUNTRY OF BIRTH

Ireland Dublin

DATE

31-12-1879

PLACE OF ATTESTATION


Montreat, P. O.

DATE

*Oct. 26th - 1914**o/s. 11-5-15 - 73
21.**B./C. 17-6-16*

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

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

²⁴ From Montreal per  S.S. "Cameronia" 11-5-15

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address

No. 66086 RANK Pte

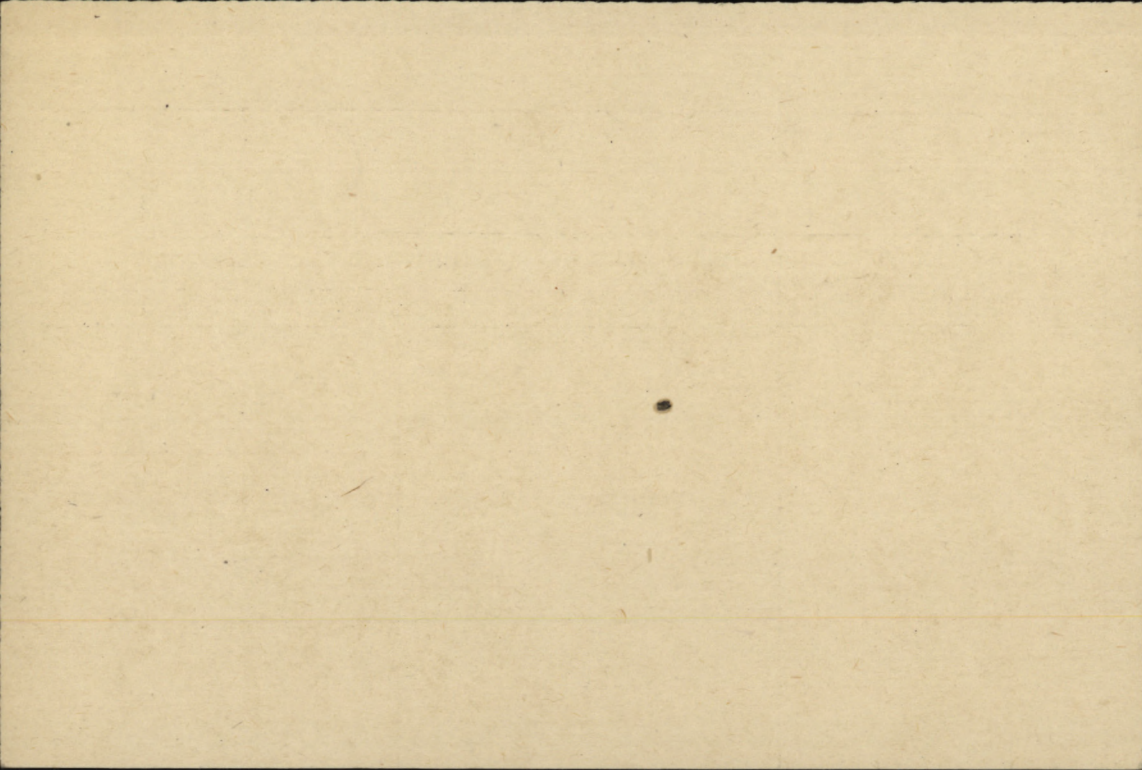
NAME Wright. P.

T. O. S.

UNIT Discharge Depot. Quebec

M. D. 5

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 June no date	1916 no date	v	24th Bu	



No. 304

RANK Pte.

NAME Wright P.

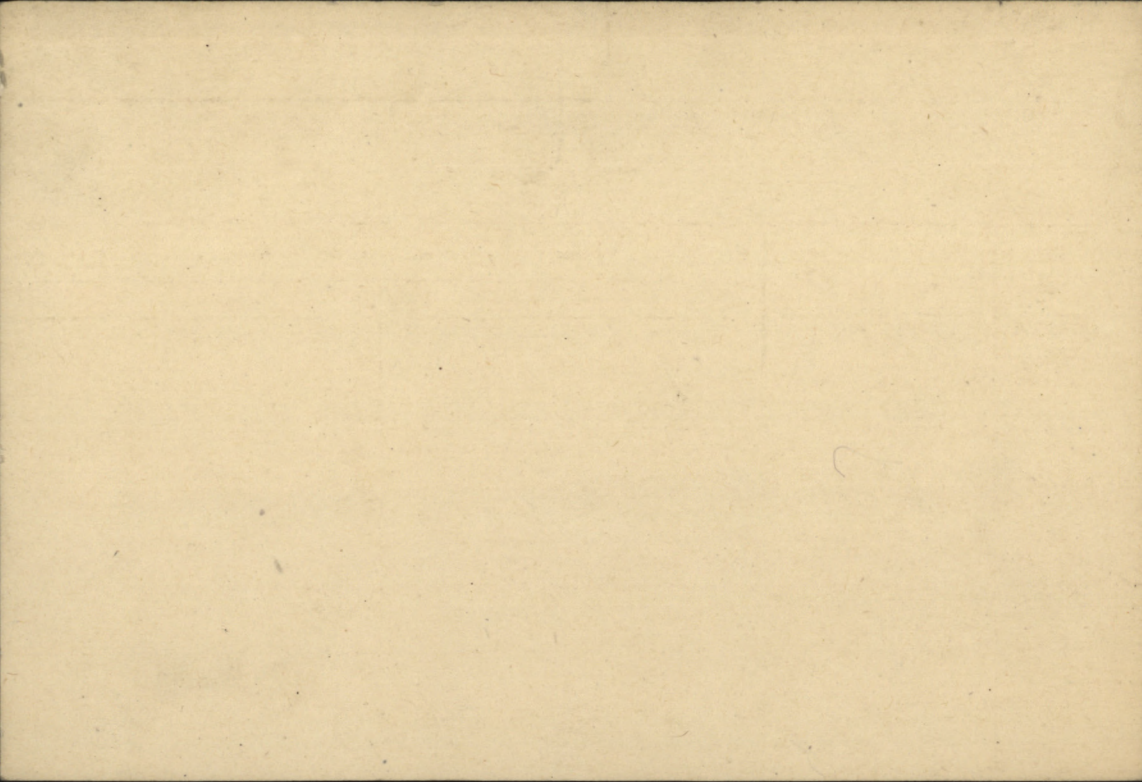
66086 mar. Paylist.

T. O. S. 26-10-14 UNIT 24th, Battalion
Nov. Paylist

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 26 Oct.	1914 31 Oct.	✓		
	Nov.	✓		
	Dec.	✓	Prom. 2. Cpl. 1-12-14	Dev. Paylist.
1915	1915	✓		
	Jan.	✓		
	Feb.	✓	Prom. Cpl. 15-2-15	
	Mar.	✓	Forfeits 2 days pay 5-3-15	d.O. 92 of 15-2-15 Mar. Paylist.
	Apr.	✓	Rejoined w/ provisional rank, Forfeits 2 days pay. 15-4-15.	Mar. Paylist.
	May.	✓	Forfeits 1 " " 4-5-15	Apr. " " May " " DO. 120.

UNIT SAILED
MAY 11 1915



Name Wright, P.

Rank Pte.

Reg. No. 66086.

Unit 24th Battalion.

Next of Kin Mrs L Gordon, 44 Mary Street,
Dublin Ireland.

DD15.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-10-4	C.F.Ambulance.		Arthretis.	62.		
<i>28-10.</i>	<i>Dis. To Duty.</i>		"	<i>69</i>		
1916						
24 3	No.4 Can.F.Amb.		Cont.Shldr.	A192		
26 3	D.R.S.No.6 C.F.A.		do.	A192		
31 3	To Duty		do.	A192.	12/4	
13-4	No.22 Gen.Hosp.Camiers	Bronchitis	Sev.	A201.		
22-4	No.3 Lndn.H.G.Wandsworth	Do		B49	M5557	24-4
5-5	Ontario Mily.Hosp.Orpington.Kent.	do		B58	9-5	
8-6-16.	Discharged to (canada.)		"	B170.		

H.A.Q.

✓ ✓ ✓ ✓ ✓
Wright, P., Pte. 66086 24th Bn. 649-W-2773

Med. & Dec. (Niece) Mrs. A. Curley,
44 Mary St.,
Dublin, Ireland.



P. & S. (Brother) John Wright, Esq.,
24 St. Marys Gate,
Manchester,

(Serial no. 845637)
also sent 808890

Russ

Mem. Cross. (Nil)

40519

Elig. for 14-15 Star 24th Bn Pte.
8.. .. d on
8.. .. B W on

Death due to
Dumval
a

Wright, Pte.

JAN 19 1921

Scroll Desp. _____ Reqn. No. _____

Z 11302

Plague Desp. **OCT 18 1921** _____ Reqn. No. _____

P 12389

Name WRIGHT P. Rank Pte. Regt. No 66086 Unit Aⁿ 4
 Battn. 24th Camp or O.S. O. File M.H.C.C. _____ H.Q. File 649-W-2773
 Pension awarded _____ Date of first payment _____
 Discharged to Class N.C. Conduct on discharge Good in C. Home.
 Next of kin Sister in Ireland
 Address on discharge Laurentian Sanatorium, St. Agathe. P.Q.

DATE	CLASS	REMARKS	PART 2 ORDER
26-6-16	2	Laurentian San.	Nom Roll 31-12-16
26-1-16	N.C.	Discharged, 6 months at Sanatorium.	# 18
✓ 27-12-16	2	RE-Attested Laur. San.	#185
10-11-17	2	Royal Edward Institute	#280
10-4-18		Trans. to D.D. No. 4 Hos. Sec.	108-1
8-7-18		DIED T.B. at R.E. Institute.	84.

Surname *Wright* Christian Name or Names *P.* Reg. No. *66086*
Rank *Plt* Unit *24th Bn* Co. Troop Batty.

Hospital *6th B.Y. Ambulance* Date of Admission

Transferred *4th C. F. Amb.* Hosp. *15.10.15*

to 4. " " " Hosp. *24.3.16*

to 4 " " " D.R. S.H. Hosp. *26.3.16*

to 22 Gen Hopt Cavalry Hosp. *13.4.16*

Diagnosis

Arthritis
Conjunctivitis
Bronchitis serious

(1) Later Diagnosis (if changed)

- (2)
- (3)

Additional Diagnoses: if more than one state present

DISPOSITION

Dis to unsh. 28.10.15 Date

Ch. 8.11.15 # 69
C.L. 30.10.15 62.
Ch. 12.4.16 # a/192
Ch. 24.4.16 # a/201
Ch. 26.4.16 # B/49
Ch. 9.5.16 # B/58+
C.L. 21-9-16 B170

REMARKS

To duty 31.3.16
Dis. 8-6-16

A.M.D. 2 Dept.

Ch. of D.G.M.S. O.M.F.C. London

170.11
[Signature]

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. No 3 London Gen Wandsworth 22. 4. 16

2. Onians Mill Crispington Kent 5. 5. 16

3.

4.

5.

6.

7.

MILITARY HOSPITALS COMMISSION

NOTICE OF DISCHARGE OF MAN FROM CONVALESCENT HOME

COPY

From the M. H. C. or Superintendent
Military Convalescent Home,
Hospitals Commission Command.

To the Secretary,
Soldiers Employment Commission

Name Wright, Petet Rank Pte Regt. No. 66086 Battn. 24th
Home address Laurentian San. St. Agathe. P.Q.
Previous occupation Draftsman

Sir,—

I have the honour to inform you that the man noted above will be discharged from the above-mentioned Military Convalescent Home on or about January 13th 1917.

2. His conduct in the Home has been Good

3. He has received training or instruction in the following subjects:—

- (a)
(b) nil
(c)
(d)

The Instructor reports upon his work as follows:—

- (a)
(b) nil
(c)
(d)

4. He should be capable of undertaking the following work:—

Remaining at St. Agathe for further treatment

5. Remarks upon his disabilities, his aptitudes, his preference for particular job, etc.:—

Tuberculosis

I have the honour to be,
Sir,
Your obedient servant,

Captain,

O.C. "A" Unit Military Hospitals Commission Command.

NOTE.—This form should be filled out and sent to the Secretary of the Employment Commission of the Province in which the Home is situated, not less than two weeks before the man is to be discharged. The information given under 5 "Remarks" should state fully how far the man's disabilities and aptitudes limit the work he can do; for example, whether he is unable to stand, so as to work at a bench, or follow an occupation which requires climbing, &c. A copy of this form should be placed on the man's M. H. C. File at the Home.

MILITARY HOSPITALS COMMISSION

OFFICE OF DIRECTOR OF MEDICAL DEPARTMENT

COPY

REPORT OF THE COMMISSIONERS OF THE MILITARY HOSPITALS COMMISSION

FOR THE YEAR 1900

AND THE PROGRESS OF THE SERVICE

IN THE UNITED STATES

AND TERRITORIES

AND POSSESSIONS

OF THE UNITED STATES

AND TERRITORIES

AND POSSESSIONS

OF THE UNITED STATES

AND TERRITORIES

AND POSSESSIONS

OF THE UNITED STATES

AND TERRITORIES

Casualty Form—Active Service.

Regiment or Corps 24th Battalion C.E.F.Regimental No. 66086 Rank Private Name Wright P.Enlisted (a) 26-10-14 Terms of Service (a) Duration of War Service reckons from (a) 26-10-14.Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	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.			
		Discharged in Canada No Longer Physically Fit for War Service. K. R. & O. 392 XVI.			
Dec 1916	Can.	S.S. Medically Unfit.	Montréal	26.12.16	Dec 1916 Pay full
18.1.17	A. Unit later	Re To S.	"	26.12.16	M ⁿ DO ⁿ 18
11.7.18	H.O.S.	S.S. Deceased	"	8.7.18	M ⁿ DO ⁿ 84.

J. Kewer
Lieut; for O.C.

Canadian Casualty Assembly Centre

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				

The Military Annex. to the
Royal Edward Institute.

June 22nd 1918.

DEPT
MILITARY & DEFENCE
JUL 23 1918
H.Q.
CANADA

In the event of my death I bequeath all the
money due to me by the Military Authorities
at that time to my niece Mrs Alice Curley
111 Mary St. Dublin. Ireland.

This comprises the whole of my property as I
have already disposed of my personal effects.

A. E. Hayward.

Dorothea C. Clark.

Witnessed.

Signed Peter Wright

a 162 23 ⁷/₁₄

Rank _____ Name **WRIGHT. Peter.** Reg'l No. **66086.**
 Unit **24th Bn.** If in perm. Corps, What Unit? Married or Single **Single.**

Place and Date of Enlistment **Montreal. 26th Oct. 1914.** Place of Birth **Dublin Ire. CCAC**

Name and Address, Next-of-Kin **Mrs Lucy Gordon. 44 Mary St. Dublin. Ire.** Relationship **Sister.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character **R 139-30-32 S**

*Mt
22-12-12
W*

N/E. R.B. No. **8571**
 File R.L. _____
 Category **M-U (B)**
975

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				
		Arrived in England per S.S. Cameronia		20.5.15	
19.9.15		Embarked for France.	Folkestone.	15.9.15	Emb. Memo. # 288.
30.10.15	W.O.	adm. 4 th Can. Field Amb.	France	15.10.15	bas rep # 62. "Arthritis"
8.11.15	W.O.	Discharged to Unit	"	28.10.15	Arthritis bas rep # 69
12.4.16	24 th Bn	Adm to No. 4 Can. Hd. Amb.	France	24.3.16	C.P. No. 6. 192 "Contus. Shoulder" NK
"	"	" to Div. Rest Stab. 6. Can. Hd. Amb.	France	26.3.16	" a 192 " " "
"	"	Discharged to duty etc	"	31.3.16	" a 192 " " "
24.4.16	"	Adm 22 Gen. Hosp.	Cambrai	13.4.16	" a 201 "Bronchitis serinus ON NK
30.4.16	"	Inval'd & transf'd to CCAC. Eng.	In the field	21.4.16	Pt. II-18
1.5.16	"	Taken on strength.	Elkater	22.4.16	Pt II 188.

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				
26.4.16	24 th Bn.	Re. adm. no 3 Ldn Gen Hosp.	Wandswoth	26.4.16	C.M. 1349 Bronc. Service
9.5.16	do.	Trans to Ont. Mil. Hosp.	Orpington	5.5.16	C.L.B. 50 "
25.8.16	C.C.A.C.	Can to be attached C.D.D., Bath	Folkestone	22.6.16	Pt II. O #355 A 3103 checked
25.8.16	C.C.A.C.	S.O.S. having proceeded to Canada for discharge.	Folkestone	22.6.16	Pt II. O #355 3-8-17
21-9-16	24 th Bn.	Dis. from Ont. Milit. Hosp.	Orpington	8.6.16.	C.L.B. 170. Bronchitis (sev.) J.P.B.

CHECKED. 5th Dec, 1916.

0 Inf 5427

Casualty Form - Active Service.

CERTIFIED CORRECT.

DEPT. OF DEFENCE
DEC 12 1917
CANADA

Regiment or Corps

24th Batt. V.R.C.E.

Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regimental No. *66086*

Rank

Pte.

Name

Night Peter

Enlisted (a) *26-10-14*

Terms of Service (a)

off day

Service reckons from (a)

26.10.14

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. 35, 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				
<i>16.9.15</i>	<i>24 CAN. BN</i>	<i>Disembarked</i>	<i>Boulogne</i>	<i>16.9.15</i>	<i>N.R.</i>
<i>16.10.15</i>	<i>O.C. NO. 4. CAN. FD. AMB</i>	<i>ARTHERITIS. (a.36. 16.10.15)</i>	<i>NO. 4. CAN. FD. AMB</i>	<i>15.10.15</i>	<i>a36</i>
<i>22.10.15</i>	<i>O.C. 24TH CAN BN</i>	<i>ANTHRITIS (B213 22.10.15)</i>	<i>NOT STATED</i>	<i>15.10.15</i>	<i>B213</i>
<i>23.10.15</i>	<i>H. CAN. FD. AMB.</i>	<i>" (a.36. 23.10.15)</i>	<i>D.P.S.</i>	<i>19.10.15</i>	<i>a36</i>
<i>30.10.15</i>	<i>D.R.S. H.C.F.A.</i>	<i>" (a.36. 30.10.15)</i>	<i>UNIT.</i>	<i>28.10.15</i>	<i>a36</i>
<i>29.10.15</i>	<i>24 CAN BN</i>	<i>RETURNED TO DUTY (B213) 29/10/15</i>	<i>"</i>	<i>28.10.15</i>	<i>B213</i>
<i>1.4.16</i>	<i>COM. COMPY</i>	<i>CLASS T.U</i>	<i>120 Laundry, Woodcote</i>	<i>1.4.16</i>	<i>MS. 101/INF/9/30</i>
<i>25.3.16</i>	<i>H.C.F.A.</i>	<i>London Shoulder</i>	<i>120 H.C.F.A.</i>	<i>24.3.16</i>	<i>a36</i>
<i>2.4.16</i>	<i>D.R.S. 6 C.F.A.</i>	<i>" " "</i>	<i>120 D.R.S. 6. C.F.A.</i>	<i>26.3.16</i>	<i>a36</i>
<i>2.4.16</i>	<i>" " "</i>	<i>" " TO DUTY</i>	<i>120 In the field</i>	<i>31.3.16</i>	<i>a36</i>
<i>31.3.16</i>	<i>24 CAN BN</i>	<i>Cond. of Hlth. (acc)</i>	<i>121 Not stated</i>	<i>24.3.16</i>	<i>B213</i>
<i>1.4.16</i>	<i>H.C.F.A.</i>	<i>Cond. Hlth.</i>	<i>124 D.R.S. H.C.F.A.</i>	<i>25.3.16</i>	<i>a36</i>
<i>1.4.16</i>	<i>D.R.S. H.C.F.A.</i>	<i>" " "</i>	<i>124 " " "</i>	<i>25.3.16</i>	<i>a36</i>
<i>1.4.16</i>	<i>" " "</i>	<i>" " "</i>	<i>124 D.R.S. Loan.</i>	<i>26.3.16</i>	<i>a36</i>
<i>7.4.16</i>	<i>24 Can. Bn.</i>	<i>Rejoined from Hlth posted to for duty at Fathis</i>	<i>124 II don boy.</i>	<i>31.3.16</i>	<i>B213</i>
<i>13.4.16</i>	<i>22 Gord.</i>	<i>Bronchitis 404 del.</i>	<i>247. 22. Genl.</i>	<i>13.4.16</i>	<i>W3034.</i>
<i>21.4.16</i>	<i>" "</i>	<i>Pulmonary Tuberculosis.</i>	<i>MS. St. George</i>	<i>21.4.16</i>	<i>W3083.</i>
<i>21.4.16</i>	<i>HS. ST. GEORGE</i>	<i>Tuberculosis.</i>	<i>England</i>	<i>21.4.16</i>	<i>a36 Part II Order 30/4/16</i>

P. Wright, Lieutenant
for Lt. Col. A. A. G.

(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. 35, 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				
1.5.16	ccac	Taken on strength C.C.A.C. Pt. II D.O. No. 138	F. Stone	22.4.16	✓ 1/3/16
17/6/16	ATTACHED	TRANSFERRED FROM C.C.A.C. TO	<i>ban. for dis.</i>	2.6.16	25/8/16
25.8.16	S.O.S.		F. Stone		355.4 <i>London Drive</i> <i>Pt. for C.C.A.C.</i>

CLINICAL CHART.

Army Form B. 181.

Corps 24th Bn

(To be attached to Case Sheet.)

Military Hospital Orpington

No. 66086 Rank and Name Plt Wright P

Age 40 Service 23 1/2

Disease Tubercle of Lung

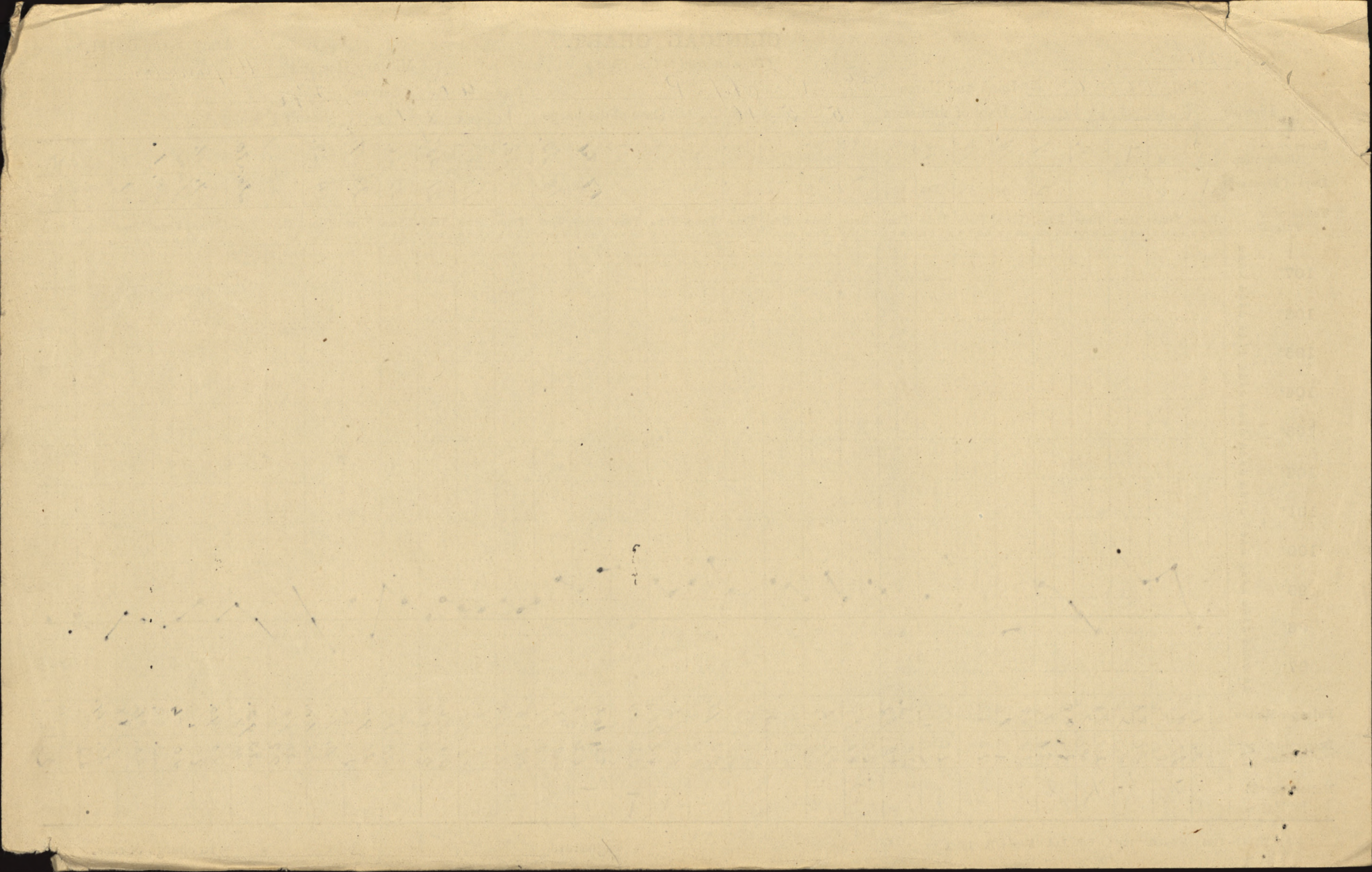
Date of admission 5-5-16

Date of discharge June 8/16

Result Canada

Dates of Observation	Days of Disease																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Temperature Fahrenheit	Time																															
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.		
107°																																
106°																																
105°																																
104°																																
103°																																
102°																																
101°																																
100°																																
99°																																
98°																																
97°																																
Pulse per Minute	140	105	96	86	85	82	78	82	85	96	88	80	76	72	76	88	96	88	88	88	88	88	88	88	88	88	88	88	88	88		
Respirations per Minute	24	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20		
Motions per 24 hours		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

Signature R. L. Pinney H.S. In charge of case.



376 8922
MEDICAL HISTORY SHEET.

Surname Wright Christian Name Peter

Examined { on 26 day of Oct 1914
 at Montreal

Birthplace { City or Town Dublin
 County Ireland

Apparent age 35

Trade or occupation Drayton

Height 5 Feet 9 Inches

Weight _____ Lbs.

Chest measurement { Minimum 34 inches
 Maximum expansion 31 1/4 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm _____ Right _____ Left _____
 Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease Scar on outer side of left leg

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

Approved by Signor
H. P.aney

Rank Capt + mb M.O.

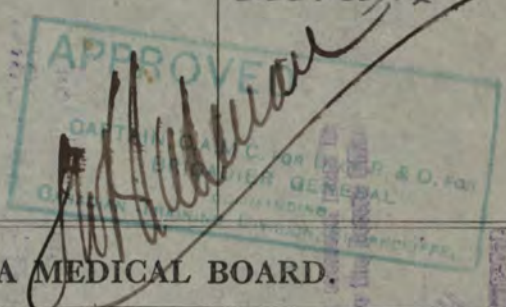
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>Sept 11</u>		<u>H. P.aney</u> <u>Capt + mb</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Sept 14</u>		<u>H. P.aney</u> <u>Capt + mb</u> M.O.
<u>14</u>		<u>do</u> M.O.
		M.O.

Enlisted on 26 day of Oct 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>24 Batt. (R) C.E.F.</u>	<u>66086</u>		<u>Oct. 26/14</u>
Transferred to.. ..				



EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ont. Mil Hosp</u>	<u>May 11/16</u>	<u>Tubercle of Lung</u>	<u>recom. for discharge as unfit</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.

66086

8RD LONDON GENERAL HOSPITAL
WANDSWORTH.



Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		22	4	16	5	5	16	Tubercle of lung 13	T.B. present in sputum in large amount. Consolidation of both apices. Rec. Sanatorium treatment.	J. Hope Gosse Capt. R.C.I.C.	
		5	5	16				Tubercle of Lung	Sputum - TB present - weakness loss of weight very little cough - Family history pos. to TB.	G.H. Jepson Capt. C.M.C.	

DISCHARGED IN CANADA:-
 NO LONGER PHYSICALLY FIT FOR WAR SERVICE;
 PARA. 392, XVII K.R. & O.
 J. O. O.
 CANADIAN CASUALTY
 ASSEMBLY CENTRE,
 FOLKESTONE.

Bed 20

Forms I. 1237 10

~~Bed~~

9 of e 5/5/16

1078. 7 mos 72 613

Army Form I. 1237.

MEDICAL CASE SHEET. R C

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	66086.	Pte.	Wright.	P.
Year	Unit.		Age.	Service.
1916.	24 th Canadians		40.	8/12
Station and Date.	Disease <i>Influenza of Lung.</i>			
3RD LONDON GENERAL WANDSWORTH. 22. APR. 16.	France.			
<p>About 2 months ago (Feb 19, 16) it dev. a cough, it has lost weight. No Haemoptis. never had Pleurisy or Pneumonia. One brother died of T.B.P.T. It fell on its shoulder in France. In Apr 10 it went sick with Bronchitis & then sent to Etaples. No history of cold or chest trouble for 10 yrs whilst it was in Canada.</p>				
April 24	<p>T.B. found in Sputum. C.S. A. Lung. P.N. impaired over upper three spaces with faint crackles & a few crepitations after cough. V.S. increased.</p>			
— 25.	Sputum: Tubercle Bacilli present, abundant cream.			
Apr 27	For Board sent to Bromley City.			
May 5 th	Transferred to Ovington Kent			

History Sheet Complete

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

19798-P-2

Name **Wright, Peter**
Surname Christian Name

Regimental Number **66086** Rank **Pte.**

Address (in full) **Laurentian Sanatorium,**

Unit **24th BN.**

Ste. Agathe des Monts,

Original Unit

P.Q.

District where paid **M.D.4**

Date of Discharge **17-1-17**

P. D. P. Filing Number **11 -1 -4**

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

L. L. 22573—M. & D. 8008.

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	12	23-7-17	33	00	12	9-8-17	33	00	15	27-9-17	34	10	100	10

Remarks:

M. F. W. 127.
60M-6 17.
1979-39-1140.

File No. _____

WAR SERVICE GRATUITY.

Register No. _____

Reg. No. _____ Dependent _____

Name _____ Address _____

Address _____

Dec'n No.		W. S. G. File No.	
Award days at \$ per day \$			
S. A. months at \$ per mo. \$		\$	
Less P, D. P. Credited		\$	
		\$	
Less further debit balance		\$	
Net due paid as below			
TO SOLDIER		TO DEPENDENT	
Ch No	Amount	Ch No	Amount
1			
2			
3			
4			
5			
6			
Total			

Pay Soldier \$ _____ Pay Dependent \$ _____

Clerk _____

Rate _____ Due _____

Less P.D.P. credited _____

Less further Dr. Bal. or overpayment. _____

Net _____

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

*ms
copy*

To Whom *Mrs R Burt*
Address *117th Galt Ave
Verdun Que*

By Whom Assigned *Wright PE*
Regtl. No. *66056* ~~66056~~
64086
Rank *Pte*
Corps *D. Co 2nd Batta*

Rate *15⁰⁰* MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS	
Aug.	1914	CANCELLED			
Sept.					
Oct.					
Nov.					
Dec.	1915	$\begin{array}{r} 90 \\ 120 \\ \hline 210 \end{array}$ <i>of</i>			<i>Sept 1/15 No 116 280. Deduction 710 of. Deduct 70</i>
Jan.					
Feb.					
March					
Apl.		<i>P 1105</i>	<i>15 -</i>	<i>Supacct.</i>	
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.	1916	<i>15</i>	<i>120 of X 27 ⁶/₁₆</i>	<i>Scandinavian 17 ⁶/₁₆</i> <i>89</i>	
Jan.					
Feb.					
March	CANCELLED				

Miss Katie Bunt.

11

11
11
11
11
11

Rank

Pte
CCAC
24th Bn.

Name

WRIGHT, Peter.
If in perm. Corps,
What Unit?

Reg'l No.

66086.

Unit

Married or Single

Single.

Place and Date of Enlistment

Montreal. 25th Oct. 1914.

Place of Birth

Dublin Ire.

Name and Address, Next-of-Kin

Mrs Lucy Gordon. 44 Mary St. Dublin. Ire.

Relationship

Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

31-5-16 Canada.

Reason

Character



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1 June	30 June	30	1 ⁰⁰	30	30	10	3		33			27 50			27 50	5 50	
1 July	31 July	31		31	31		3 10		34 10			32 50			32 50	7 10	
Adjustment of Exchange																8 70	
1 Aug	31 Aug	31	1 ⁰⁰	31	31	10	3 10		34 10			38 93			38 93	3 87	
1 Sep	30 Sep	30		30	30		3		33			5 36			5 36	31 51	
1 Oct	31 Oct	31		31	31		3 10		34 10							65 61	
1 Nov	30 Nov	30		30	30		3		132 90			7 91			107 91	90 70	
1 Dec	31 Dec	31		31	31		3 10		34 10			16 82			16 82	107 98	
1 Jan	31 Jan	31		31	31		3 10		34 10			5 22			5 22	136 86	
1 Feb.	29 Feb	29		29	29		2 90		31 90	803		2 62			2 62	166 14	
1 Mar	31 Mar	31		31	31		3 10		34 10	881		2 61			5 23	195 01	
				305				30 50	160	337 10		142 09			142 09	195 01	

BALANCE TRANSFERRED TO NEW LEDGER.

Carried forward to
Large Ledger sheet

4040

4040



No Class

B.P. 8922

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. 66086	
Rank Private	
Name Wright, Peter <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 24th Battalion, C.E.F.	
Date of Discharge December 26th 1916.	
Place of Discharge Montreal, P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 37.....years.....11.....months. Height 5.....feet.....9.....inches. Complexion Dark Eyes Grey Hair Dk Brown Trade Draftsman Intended place of residence } Laurentian Sanatorium, (To be given as fully as } St Agathe, P.Q. practicable.)	Descriptive Marks Scar on outer side left knee.
2. The above-named man is discharged in consequence of Medical Unfitness due to:- Tuberculosis. H.Q. Authority Dated December 4th 1916. 4D 22-W-166 "Under Prov: H.Q. 60-4-8 Sept. 1915"	
<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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Original documents not available. Good in Canada.</i> <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.) <i>To continue treatment.</i>

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

How 3/4 good

(OVER)
Am
Created 10-2-14

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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

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

(Place).....

(Date)..... 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) Montreal, P.Q. Peter Wright (Signature of Soldier.)

(Date) December 26th 1916. S. K. Building (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request,

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

.....(Signature of Soldier.)

10. Statement of Service.

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

Total 2 years 120 days.

11. Confirmation of Discharge.

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

(Place) Montreal, P.Q.

(Date) JAN 17 1917

(Signature) G. E. Hall

Captain.



O. C. 'A' Unit Military Hospitals Commission's Command.

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.)

NO RESERVATIONS.

Peter Wright

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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 _____ (date)

(Place) _____

Signature _____

(Date) _____

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.)

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.

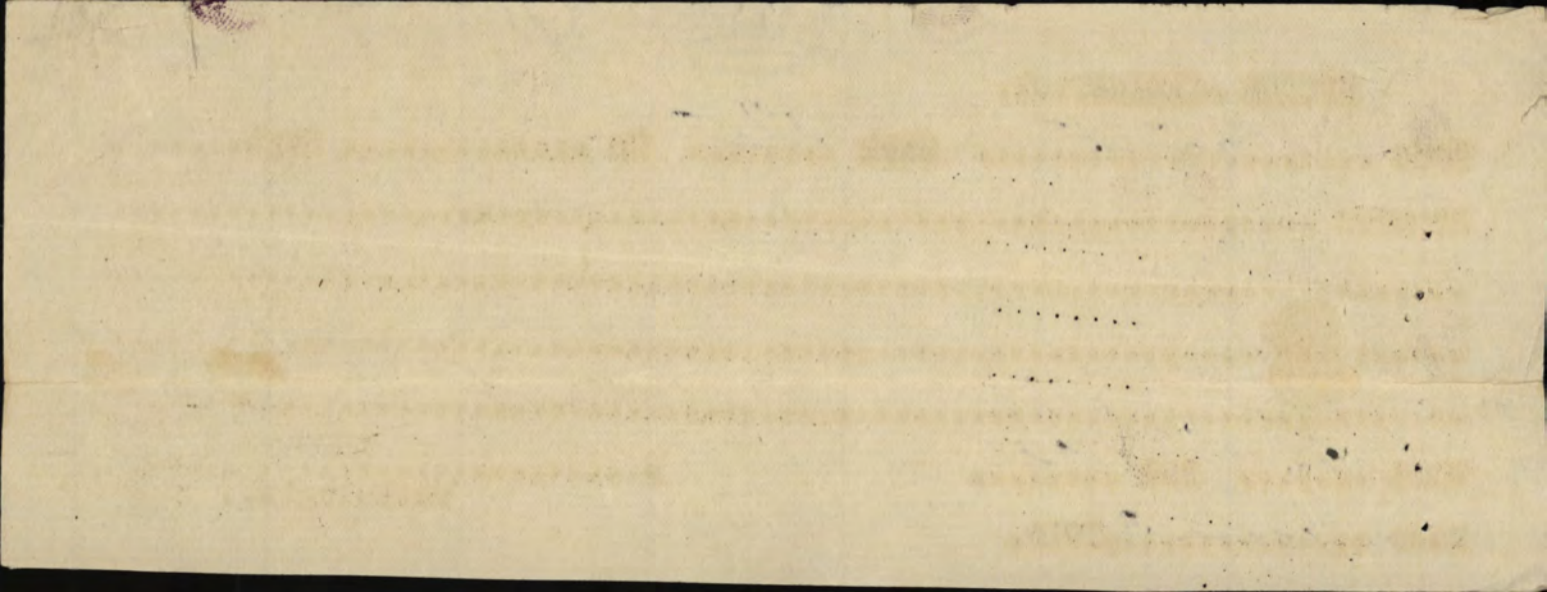
5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

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.



O. Inf. 542 ORIGINAL

Medical Report on an Invalid.

Station Ont. Military Hospital

Date May 8/16

1. Unit 24th Batt. C.E.F.
2. Regimental No. 66086
3. Rank Private
4. Name Knight, Peter

5. Age last birthday 40
6. Enlisted { on Oct 1914
at Montreal
7. Former Trade or Occupation { Foreman - reinforced concrete work.

DEPT MILITIA & DEFENCE
JUL 12 1916
H.O. CANADA

8. Disability.

#44 Tubercle of Lung.

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. Apr 10th 1916
10. Place of origin of disability. Rimghurst Flanders(?)
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Reported sick Apr 10/16 - cough & weakness, sent to #6 F.A. Rimghurst (3 days) - then Etaples #22 General (6 days) then #3 General London (13 days)
Family list. Father positive - two brothers died of Tuberculosis
Present condition - loss of weight - slight cough - Dulness, rales - increased fremitus - on R side 1st 4th ribs
Sputum - shows Bac. Tuberculosis present.

12. (a) Give your opinion as to the causation of the disability. fatigue exposure lightening up a latent focus.
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8). fatigue exposure

4

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.

Weight under weight.
Sputum exam - positive TB.

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

not applicable

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

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

not applicable

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

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

not applicable

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

not applicable

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

not applicable

19. Do you recommend

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

Discharge as permanently unfit

G. L. Depson

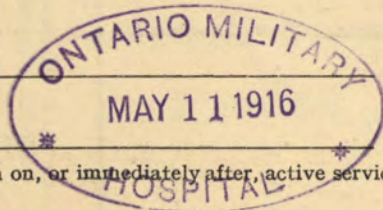
Officer in medical charge of case *Capt Campbell*

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

~~except~~†

Station _____

Date _____



N. W. McPherson Lt Col
Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

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

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

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

$\frac{1}{2}$ yes
 $\frac{2}{3}$ no

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

exposure + infection

21. Has the disability been aggravated by

(a) Intemperance? *no*
 (b) Misconduct? *no*

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

active service

22. Is the disability permanent? *yes*

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

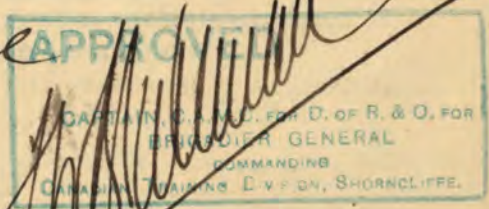
not applicable

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 $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.



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

not applicable

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

not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, *yes*
 or
 (b) Change to ~~England~~ *Canada* *yes*

Signatures:—

Enham W. W. W. W. President.

Station *Orpington*

Harby Smith Capt.

Date *May 11th 1916*

G. Campbell Capt. Members.

Approved:

Station *London*

S. A. Clark

Date *12 MAY 1916*

Administrative Medical Officer.
 Major, D.A.D.M.S.
 for D.M.S.
 Canadian Contingents.

(On leaving Corps or Station where invalidated.)

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

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

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision } _____

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
 INVALID.

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

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

Wt. W8530/2774 500M 9-15 M.&C.I.d.

Forms B. 179 34

MEDICAL CASE SHEET.*

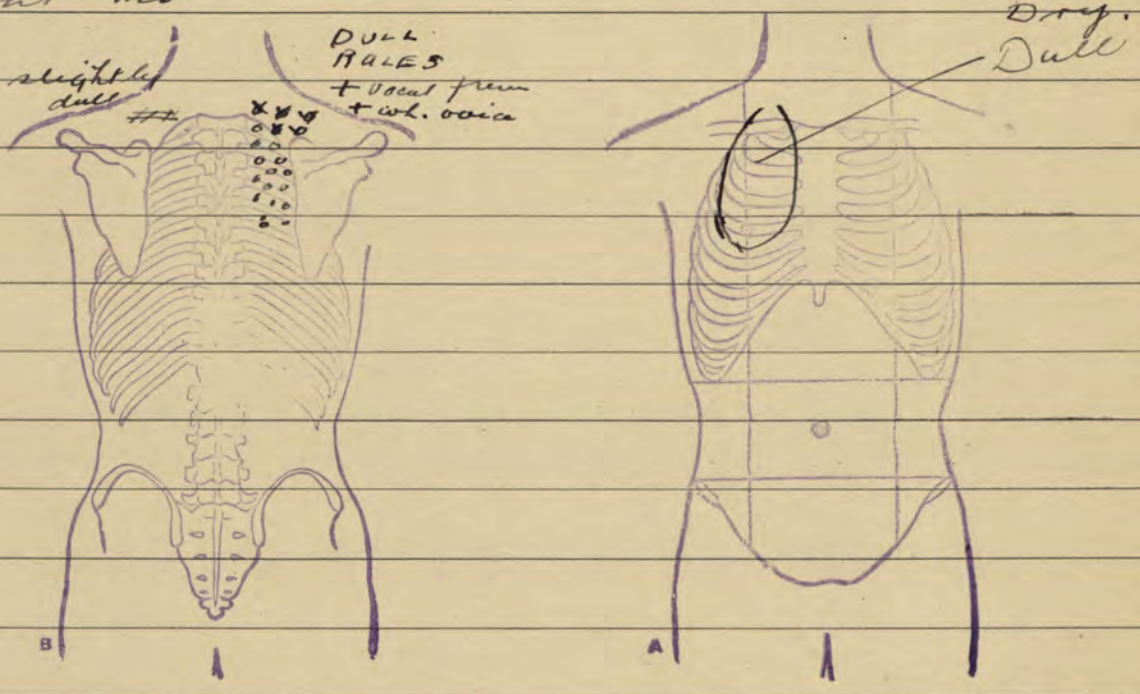
No. in Admission and Discharge Book
B2719
Year
1916

Regimental No. 66086 Rank. Private Surname. Wright Christian Name. P
Unit. 24th Battalion C. I. F. Age. 40 Service. 23/12

Station and Date.
Orpington
5-5-16

Disease
Complaint - slight cough - weakness - lost weight.
expectoration slight in mornings -
Reported Sick Apr 10/16 - bronchitis (2nd France) felt rather poorly for
6 weeks before sent to Etaps #22 General 6 days - to 3 General
London 13 days to O.R. #. May 5/16.
No hemoptysis - no night sweats - appetite in France lost - now
improved - inclined to constipation
Sputum on two occas. pos.
Fam. Hist. Father & 2 brothers died of TB - Always well to Dec 1/16

Present cond



May 7/16 Sputum +
" 11/16 much improved (130)
18/16 improved - 129 -

Im 5 - slight pleurisy present no fluid yet.
" 8 improved - transferred to Casuals

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * COURT OF ENQUIRY

assembled at District Depot No.4.

on the 9th July 1918.

by order of O.C. District Depot No.4.

for the purpose of enquiring into the death of
#56086 Pte. Wright, Peter 24th Battalion.

PRESIDENT.

Captain A.G. Bernier.
60th Battalion.

MEMBERS.

Lieut. R.O.W. Steven,
24th Battalion.

Lieut. H.G. Badgley
87th Battalion.

The COURT having assembled pursuant to order, proceed to enquire into the death of the above mentioned man

1. He was admitted to the Laurentide Inn Military Sanatorium June 19th 1916. Transferred to the Royal Edward Institute, Military Annex on November 10th 1917.
2. He was suffering from Pulmonary Tuberculosis.
3. He became progressively worse and died at 10.45 pm. July 8th 1918, from Pulmonary Tuberculosis.

PRESIDENT

A.G. Bernier
..... Captain.
60th Battalion.

MEMBERS.

R.O.W. Steven
..... Lieut.
24th Battalion

H.G. Badgley
..... Lieut.
87th Battalion.

Approved
L.R. Deicke
Lieut. Colonel,

M. F. B. 303. District Depot No. 4.

1917
No. 1000
1000

1917
No. 1000
1000

1917
No. 1000
1000

1917
No. 1000
1000

5

Dr. The A.D.M.S., M.D. #4. September 29, 1916. 19.

Montréal. #66086 Pte F. Wright
DEAR DOCTOR:— 1st Batt. C.E.F.
The following report shows the present condition of your patient. Admitted 26/6/16.

REPORT

SYMPTOMS:

Asthenia	Increased	Anaemia	no improvement
Pyrexia	100%	Tachycardia	present
Respiration	26 per minute	Tussis	present
Expectoration	considerable	Tubercle Bacilli	present
Appetite	bad	Digestion	poor
Nutrition	poor	Wt.	? lbs.

PHYSICAL EXAMINATION:

Nares.....
Pharynx.....
Larynx.....

THORAX:

Right Lung—
Upper Lobe... Cavity at 2nd Rib. chronic infiltration.
Mid Lobe... Fine moist rales.
Lower Lobe... Areas of crepitations.
Pleura.....

Left Lung—
Upper Lobe... Fine crepitations.
Lower Lobe... This now shows consolidation with B.S. plus etc.
Pleura.....

REMARKS:

Friction rub at base.

- The case shows no improvement. About 5 weeks ago had a relapse and the left lung became consolidated at the base.
- His disability is 100% for an indefinite period and he is now bed-ridden.
- I recommend continuous treatment for 9 months more.

O.C., "A" Unit, M.H.C. Command

I have the honour to remain,
Sir,
Your obedient servant.

FOR YOUR RECORDS, PLEASE.

Yours faithfully,



Major
A.D.M.S. M.D. #4.

Medical Superintendent.

Lieut. M.O. i/c L.S.

Dear Doctor:—
The following report shows the present condition of your patient.

REPORT

.....	.....	Symptoms:
.....	.....	Asthenia
.....	.....	Pyrexia
.....	.....	Respiration
.....	.....	Expectoration
.....	.....	Appetite
.....	.....	Digestion
.....	.....	Diagnosis
.....	.....	Prognosis

RECORD

.....	PHYSICAL EXAMINATION:
.....	Heart
.....	Larynx
.....	Throat

THORAX:

Right Lung—

Upper Lobe.....

.....

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O.O. "A" Unit, U.S.C. Germany

FOR YOUR RECORD, PLEASE, Yours faithfully,

Medical Superintendent

Major
A.D.M.S. M.D. 47

The Laurentian Society
for the Treatment and Control
of Tuberculosis

PRESIDENT - - D. LORNE MCGIBBON, Esq.
VICE-PRESIDENTS - HUGH M. KINGHORN, M.D.
SEC. - TREASURER - FAYETTE BROWN, Esq.
MEDICAL SUPT. - G. F. MACLURE, Esq.
J. RODDICK BYERS, M.D.



THE LAURENTIAN SANITARIUM,
STE. AGATHE DES MONTS, P.Q.

October 28, 1916

From the M.O.i/c Laurentian Sanitarium.

To the A.D.M.S., M.D. #4 Montreal.

4D 22- W- 166

#66086 Pte P. Wright
24th Batt C.E.F.
Admitted 26/6/16.

Sir,

I have the honour regarding the marginally named to make a

Monthly Report.

Symptoms, Has been bed ridden but is now feeling stronger.

Temperature is normal most of the time.

Cough and expectoration still remain troublesome.

Examination. Right U.L. A cavity with chronic infiltration.

R.L.L. fine moist rales.

Left.U.L. Fine rales.

L.L.L. Effusion of last month is nearly all absorbed.

Thickened pleura now remains.

Remarks. 1. The case shows slight improvement but it is chronic.

2. The disability is 100% permanent.

3 His conduct is excellent.

4 I recommend continuous treatment for 8 months more.

I have the honour to be,

Sir,

Your obedient servant.



O.C.,
"A" Unit,

FOR YOUR RECORDS.

Lieut. M.O.i/c L.S.

11/11/16

Ch. Clavel

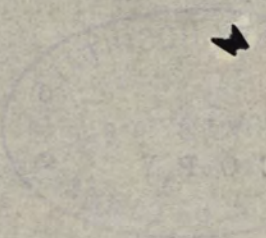
Lieut Col,

A.D.M.S, M D

THE LAURENTIAN SANITARIUM

375, AVENUE DE LA MONTE, S.E.

The Laurentian Society
for the Treatment and Control
of Tuberculosis



1. LINDSEY ST. GEORGE, D.
2. 1000 W. MONTGOMERY, D.C.
3. 1000 W. MONTGOMERY, D.C.
4. 1000 W. MONTGOMERY, D.C.
5. 1000 W. MONTGOMERY, D.C.



SUPERINTENDENT

LAURENTIAN RECORDS

FOR YOUR RECORDS

1917

1917

1917