

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- 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..... 1 ✓
- Medical Report for Invalids..... 3
- Medical History Sheet..... 3 ✓
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1 ✓
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

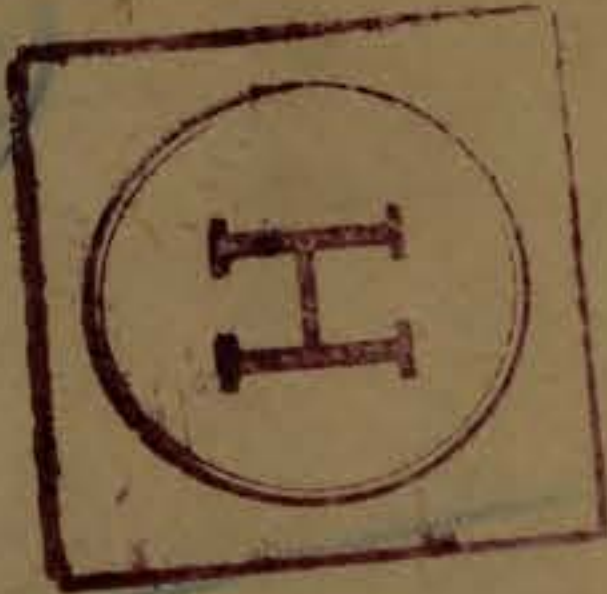
42495

R. O. No.
 H. Q. No.

Name Brown, Albert
 Regt. No. 25928 Rank Cpl.
 Corps 23rd Res. Batt. C.E.F.
med. Hosp.

14 MI

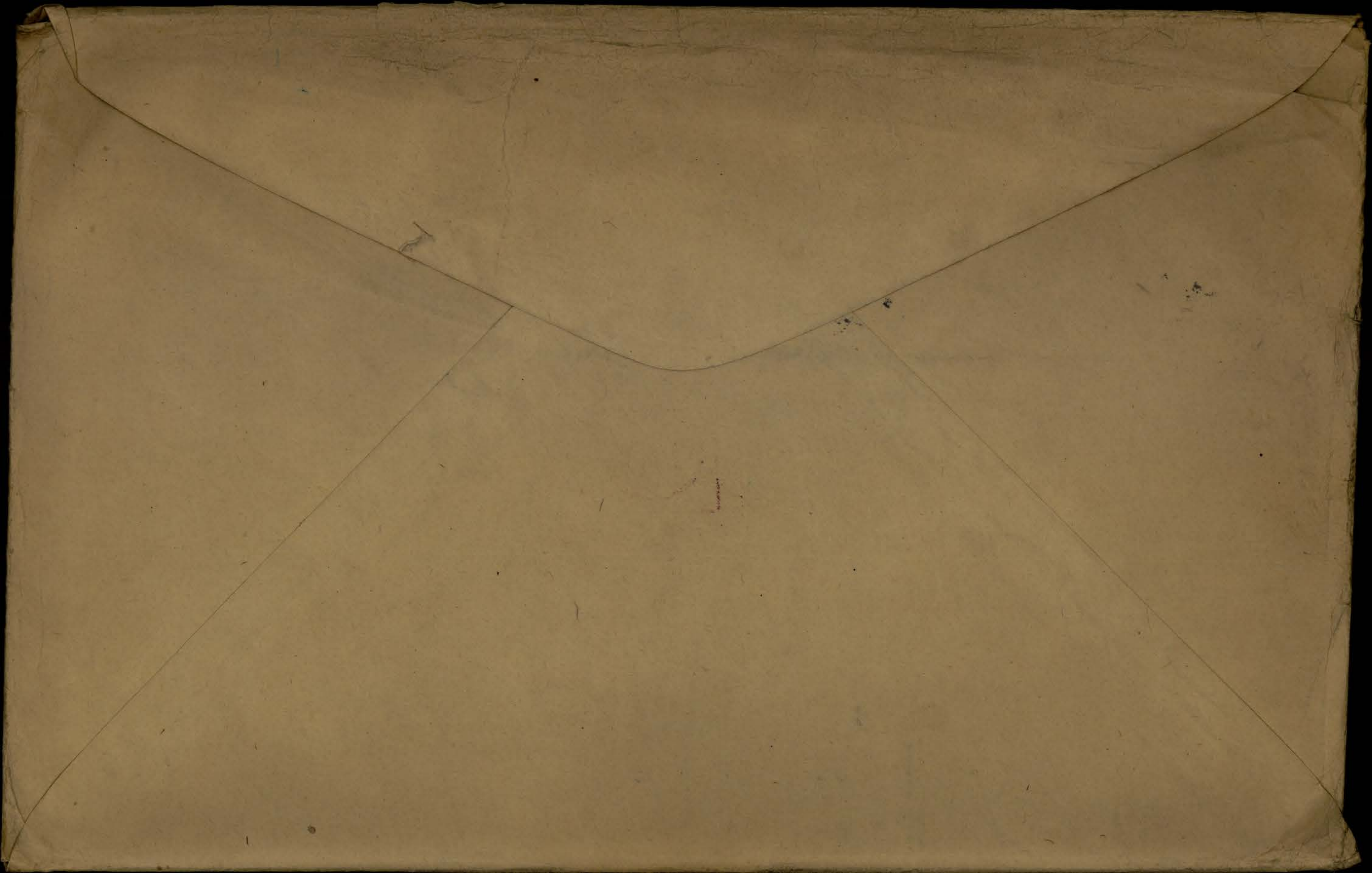
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ATTESTATION PAPER.

No. 25928

Folio. 140

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Brown
- 1a. What are your Christian names?..... Albert V
- 1b. What is your present address?.....
2. In what Town, Township or Parish, and in what Country were you born?..... Maidenhead Berks Eng
3. What is the name of your next-of-kin?..... Jane
4. What is the address of your next-of-kin?..... 418 Wicksen Av. Westmount
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... Nov. 3rd. 1892
6. What is your Trade or Calling?..... Lumberman
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... Yes
10. Have you ever served in any Military Force?..... 3 V R C
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
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, Albert V Brown, 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.

Sgt. Albert V. Brown..... (Signature of Recruit)

Date Sep. 21 1914. J. McCombe..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, A. V. Brown, 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.

Albert V. Brown..... (Signature of Recruit)

Date Sept. 21 1914. J. McCombe..... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Valcartier this 22 day of Sept 1914.

Sgt. J. Meystre..... (Signature of Justice)

Description of A. V. Brown on Enlistment.

Apparent Age 21 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 11 1/2 ins.

Chest measure-
 ment { Girth when fully ex-
 panded..... 36 1/2 ins.
 Range of expansion..... 1 1/2 ins.

2 Vax Left Arm

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations.
 Church of England
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 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 Aug. 28 1914.

Place Valcartier S. B. Cumming Medical Officer.

*Insert here "fit" or "unfit."

5-g.d

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.

A. V. Brown 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.

Sgt. J. McCombe (Signature of Officer)

Date Sept. 2nd 1914.

Casualty Form—Active Service.

Regiment or Corps 14th Can. Bn. R.M.R.

Regimental No. 25928 Rank L-^{Sgt} Corp Name Brown Albert V.

Enlisted (a) Sept 22/14 Terms of Service (a) Period of War Service reckons from (a) Sept 22/14

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. 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				
8 ³ / ₁₅	OC No 7 Stabf	G.S.W. Head + R arm.	No 7 Stabf Hosp.	4-3-15.	103034-07131.
7 ³ / ₁₅	OC No 3 b.f.	Shrapnel Wds	Transf to 46 b.f. 7 ³ / ₁₅ .	6-3-15.	a 36.
14 ³ / ₁₅	" "	" "	In the Field	4-3-15.	To ho 6. b.f. 7 ³ / ₁₅ . a 36.
16 ³ / ₁₅	ho 6 b.f.	Transfer.	To ho 3 train	4-3-15.	a 36-08545-1.
13 ³ / ₁₅	OC 14 th Bn.	Promotion To be sergeant.	France.	20 ⁷ / ₁₅ .	A.F. 8213 13 ³ / ₁₅ .
1/6/15	2 Stabf	J.M. Hand + R Arm	England	31/6/15	W3034/75
31/5/15	A.P.A. David	"	England	31/5/15	(a 36)

W. B. G. B. G.
 CAPT.
 OFFICER in RECORDS
 CANADIAN SECTION G. H. Q.

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

#1 ORIGINAL MEDICAL HISTORY SHEET.

B.P.C. 2676
140

Surname Brown Christian Name Albert Victor

Examined { on 1st day of Oct 1914
at 85 Ardania
Birthplace { City or Town Gradenhead
County Berkshire Eng

Approved by H.C. Derringer 25928
Rank Capt. a/c. M.O.

Apparent age 21
Trade or occupation Lumberjack
Height 5 Feet 11 Inches.
Weight 160 Lbs.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Chest measurement { Minimum 39 inches.
Maximum expansion 36. inches.
Physical development good
Small-Pox Marks none

Date	Result	VACCINATIONS.

Vaccination Marks { Arm Right. Left. LV
Number 2
When Vaccinated last as a child.
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection
none.

Enlisted on 21st day of August Sept. 1914 at VALCARTIER.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>3. Vib. Rifles</u>	<u>25928</u>		
Transferred to..	<u>14. Batt. 3 Brigade</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Entries in Red Ink made from Attestation Sheets.
July 15 1915
R. M. Shaw
S. S. S.

Name Corp. A. R. Brown

M. F. W. 41
10 M.-5-16.
1772-30-889.

Regimental No. 25978

Name and address of next-of-kin

Unit 14th

Batt.

Mrs. Janasil Brown

Date of enlistment

nil.

4118 Western Ave.

Place of

nil.

Westmont.

Married (yes or no)

nil.

Date and place discharged

22-4-17 Inbu.

Amount of pay assigned monthly \$

nil.

Reason for discharge

Accuse in Lake Edward.

To whom payable

nil.

Character on discharge

Tuberculosis.

B 897

Job 2376. M. & D. 6692.

1916

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					
<u>19-3-17</u>	<u>22-4-17</u>	<u>35</u>	<u>1.10</u>	<u>38.50</u>	<u>35</u>	<u>.10</u>	<u>3.50</u>							<u>6.2.42⁰⁰ No. 2. 18.</u> <u>Re-attested H.2.593-1-82</u> <u>of 24-2-17 D.O. 18</u> <u>Disch 22-4-17. D.O. 27</u>
				<u>38.50</u>			<u>3.50</u>							<u>C.F. 42.00</u> →
<u>C.F. 42.00</u>														
<u>"Discharged" (22-4-17)</u>														
<u>Cr. 42.00 on Disch.</u> <u>Send. to Ottawa.</u>														

NAME BROWN, Albert V.

Pte.

0



Regimental No. *25928*
23
Unit *14th* Battalion

Name and address of next-of-kin

Jane Brown, (mother)

Date of enlistment Sept. 21st, 1914.

4118, Western Avenue, Westmount.

Place of birth England

Married (yes or no) No.

Date and place discharged *to Canada 10-9-15*

Amount of pay assigned monthly \$

Reason for discharge *H.P. 12/11*

To whom payable

Character on discharge

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					
<i>1914</i>														
Sept	Oct 31	40	1 ⁰⁰	40	40	10	4			44			25	25
Nov	Nov 30	30	1 ⁰⁰	30	30	10	3	9		42			35	35
1/12/14	31/12/14	31	-	31	31	-	3	10	7	41			35	35
1/1/15	31/1/15	31	-	31	-	-	3	10	6	40			5	5
1/2/15	28/2/15	28	1 ¹⁰	30	28	-	2	80	35	20	68	80	15	15
Mar 1	31/3/15	31	-	34	31	-	3	10	53	80	91		14	14
Apr 1	30/4/15	30	-	33	30	-	3	0	87	-	123			
May 1	31/5/15	31	-	34	31	-	3	10	123	-	160	20		
June 1	30/6/15	30	-	33	30	-	3	160	20	196	20			
July 1	10/7/15	10	-	11	10	-	1	196	20	208	20		50	
July 11	31	21	1 ¹⁰	23	21	10	2	10	158	20	183	40		
<i>193 46</i>														
<i>4 77</i>														
Aug 1	31	31	1 ¹⁰	34	31	10	3	10	188	17	225	37	48 66	48 66
Sept.	10	10	1 ¹⁰	11	10	10	1	100	176	71	188	71	48 66	58 39
NE Grand Feb		<i>354</i>							130	32	168	98	9 73	
<i>130 32</i>														
<i>48 66</i>														
<i>130 32</i>														
<i>130 32</i>														

Corpl. 1/2/15
5000.50 paid by Chief P.M. 12/7/15
Transf to 25th Batten

Exchange 4.77
48 66 Cash 14 4.15 Embarkation
58 39 9.73 to be paid on
75 Birch to Canada 10.9.15
P 12/11
130 32 Transferred to 2nd
4 PM Gen. Gen. Liability
CA

Originals not obtainable
Casualty Form—Active Service.

Regiment or Corps 23rd Res. Battr. C.E.F.

Regimental No. 25928 Rank Corp. Name Brown A.

Enlisted (a) 12/8/14 Terms of Service (a) _____ Service reckons from (a) 148/14

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. 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				
		<p><i>Transferred from 14th Battr.</i></p> <p><i>To be discharged in Canada as medically unfit.</i></p> <p><i>[Signature]</i></p> <p>C. G. 23rd RES. BATTN. C. E. F. LT. COL.</p>			

(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				

Rank and Name BROWN, Albert V. *L/C.*

Regimental No. 928

Name and Address of Next-of-kin

Unit 14th. Battalion Jane Brown, (mother)

Date of enlistment Sept. 21st. 1914.

4118, Western Avenue, Westmount, P.Q. X

Place of birth England

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge *Medically unfit*

Character on discharge

Promotions or appointments

mt go 20

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				
		<i>Embarked</i>			
<i>7-3-15</i>	<i>2 Italy H B'logne</i>	<i>(G. S. W. R. Arm. Trac. (Radius & Numerus. Dangerously Ill))</i>	<i>Boulogne</i>	<i>10-3-15</i>	<i>cas. list No 14.</i>
<i>15-3-15</i>	<i>"</i>	<i>No change in condition</i>	<i>"</i>	<i>23-3-15</i>	<i>" " 15</i>
<i>22-3-15</i>	<i>"</i>	<i>Progress Fair.</i>	<i>"</i>	<i>29-3-15</i>	<i>" " 20</i>
<i>20/2/15</i>	<i>Ob. 14th Bn.</i>	<i>Promoted to Corporal</i>	<i>Rouen.</i>	<i>24-3-15</i>	<i>A.F.O. 1810. No 5.</i>
<i>1/6/15</i>	<i>W.O. Adm. 4</i>	<i>Gen Hosp</i>	<i>London</i>	<i>15/6/15</i>	<i>cas. list 83.</i>
<i>13/6/15</i>	<i>Mc. 23rd Bn.</i>	<i>Taken on strength 23rd Bn.</i>	<i>Shorncliffe</i>	<i>4/6/15</i>	<i>Part II orders no 136.</i>
<i>5/5/15</i>	<i>" 14th Bn.</i>	<i>Trans. to Can. Hqs. Can. Div.</i>	<i>Hq. Geo. Hosp</i>	<i>20/6/15</i>	<i>do. 24.</i>
<i>20.8.15</i>	<i>W.O.</i>	<i>Disch. to Shorncliffe</i>	<i>Dublin</i>	<i>14.8.15</i>	<i>C.R. 139-14th</i>
<i>27.9.15</i>	<i>Ob. 23</i>	<i>Struck off strength for discharge in Canada.</i>	<i>W Sandling</i>	<i>23.9.15</i>	<i>Pt II 229</i>
<i>26.9.15</i>	<i>R.O.</i>	<i>Sailed per S.S. "Missanibi" medically unfit</i>	<i>"</i>	<i>24.9.15</i>	<i>R.O. 2635</i>

CC MU. Can. 414.

Surname

Christian Name or Names

Reg. No.

Brown. A.

V.

25928.

Rank

Unit

Co.

Troop

Batty.

6 pl.

14 Btn.

Hospital

Date of Admission

2 staty. Boulogne.

22.3.15.

Transferred

4 London Gen.

Hosp. 1.6.15-

Shorncliffe

Hosp. 10.8.15.

Hosp.

Hosp.

Diagnosis

G. S. Wa. r. arm frac.: Radius &

(1)

Later Diagnosis (if changed)

Humerus. progress fair.

(2)

(3)

R. arm. Amp.

Additional Diagnoses, if more than one state present

DISPOSITION

Dangerously Ill

Date

no change

REMARKS

C.L. 29.3.15. 20.

15.6.15 83

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MEDICAL BOARD

4th London G.H. Denmark Hill S.E. 26.8.15
Shorncliffe 17.9.15

(1) G.S.W. Arm (Amputation)

(2) Amputated R. Arm below elbow. Bullet wound neck, shoulder, and arm.

Permanently unfit.

D.M.S. Return to Canada, disposal to be considered by Military Authorities there.

(2) do. do. do. do.

Name **BROWN A.V.** Rank **Cpl.** Regt. No. **25928** Unit **A E**
 Battn. **14th** Camp or O. S. **0** File M. H. C. C. H. Q. File
 Pension awarded Date of first payment
 Discharged to Class Conduct on discharge
 Next of kin **Mother, 4118 Western Ave., Westmount, P.Q.**
 Address on discharge
 Diagnosis **T.B.** Date boarded D. of D.

DATE	CLASS	REMARKS	Part 2 Order
19-3-17	2	Lake Edward	#82
24-3-17	2	Delete & Cancel Item # 82	"A" #83
19-3-17	2	Lake Edward Re-Attested	"E" #18
22-4-17	2	DIED. T.B.	#27

Name Brown, A. V. ^{Robert} Rank Cpl.

Reg. No. 25928

Unit 14th. Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915.						
9	3. No. 2 St. Tp.	Boulogne	Sh. W. Ramp	4		
7	3. — — —	— — —	Fract radius & humerus	8		
15	3. Dangerously ill.	— — —	"	15		
22	3. Progressing favourably			20		
31	3. Removed from Duggill list			22		
1	6. No 4. Ldn. G. Tp. Camberwell		Sh. W. Ramp	83		
14	8. King George III. Tp. Dublin.		Ramp			
	Discharged to — — —	Sh.cliffe	Camp Room	139		

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

H.Q. 649-B-28.

✓ ✓ ✓ ✓
BROWN, Cpl. A. V., #25928, 14th Battn.

M. & D. (Father) M William Brown,
4118 Western Ave.,
Westmount, Montreal, P.Q.

P. & S. ditto

(Ser. #806604)

Mem. C. (Mother) Mrs. Wm. Brown,
(address as above)

Star keep on D 5: 13/1/20

Reg. 14/15 star MAY 4 Plaque No 40173

SEP 12 Plaque Desp. Reem. No 2-41355

W B W m

P6594

65-1

M

G.38576 DEC 28 1920

1542
12/21
P

B

Number... 25928... Rank... Col...

Surname... BROWN...

Christian Names... Albert Victor...

Unit... 14th Am Cav. Div. Theatre of War... France...

Dates of Service... 17-10-14... 15-7-15... 24-9-15

8

Remarks... (S)

Father - William Brown

Latest Address... 4118 Western Ave...

Westmount, P. Q.

Page 209

Roll No. B

REGN. NO. 1459

DESP. JUN 6 1923

No. 25928

RANK

Pte.

NAME

Brown A.

V.

T. O. S.

UNIT

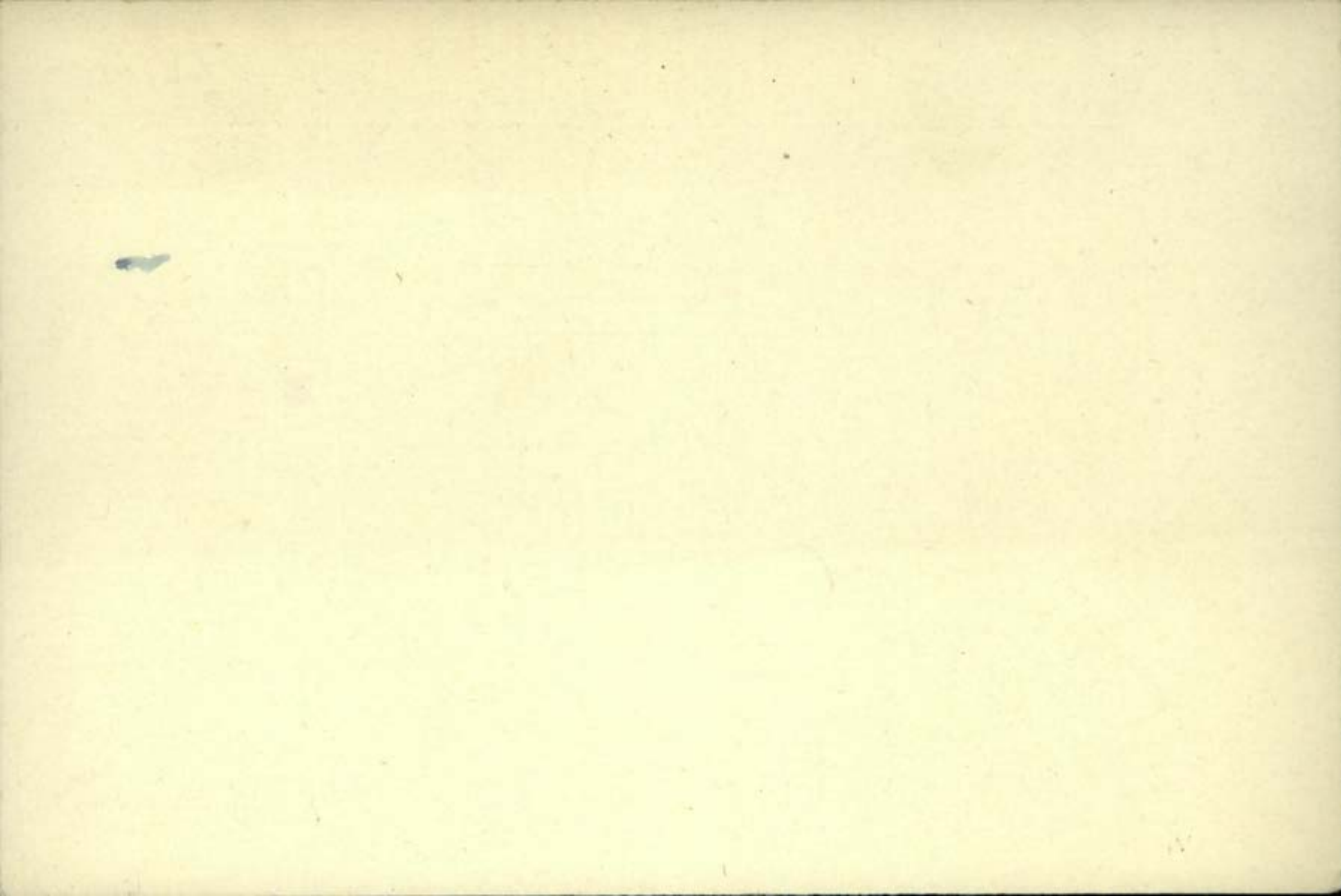
3rd Regt (Victoria Rifles)
(Active Service Mobilization)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug. 4 th	Aug. 9 th	V		
Aug. 12 th	Aug. 24 th	V		
" 25	Sept 21	✓		
Sept 22	Oct 31	L	Aug. 14 th * Bw. payroll	

UNIT SAILED

OCT 3 1914



No 25929. RANK *Corpl. (23 Bn.)*

NAME *Brown A.*

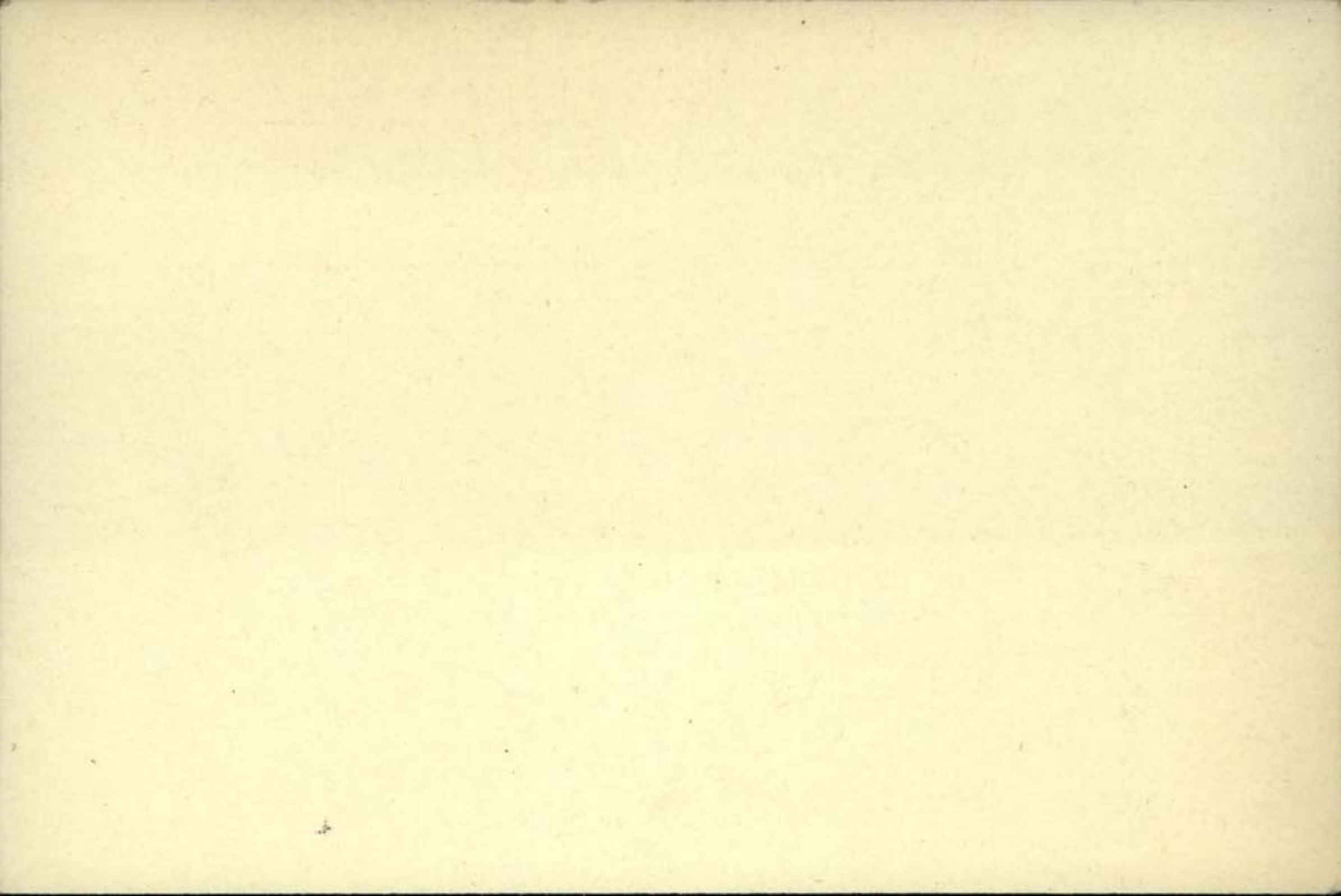
T. O. S.

UNIT

Discharge Depot (Quebec.)

M. D. *5.*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Oct. 5.</i>	<i>1916 Jan. 4.</i>	<i>✓</i>		



No. 25928 RANK Cpl.

NAME Brown A.

W.

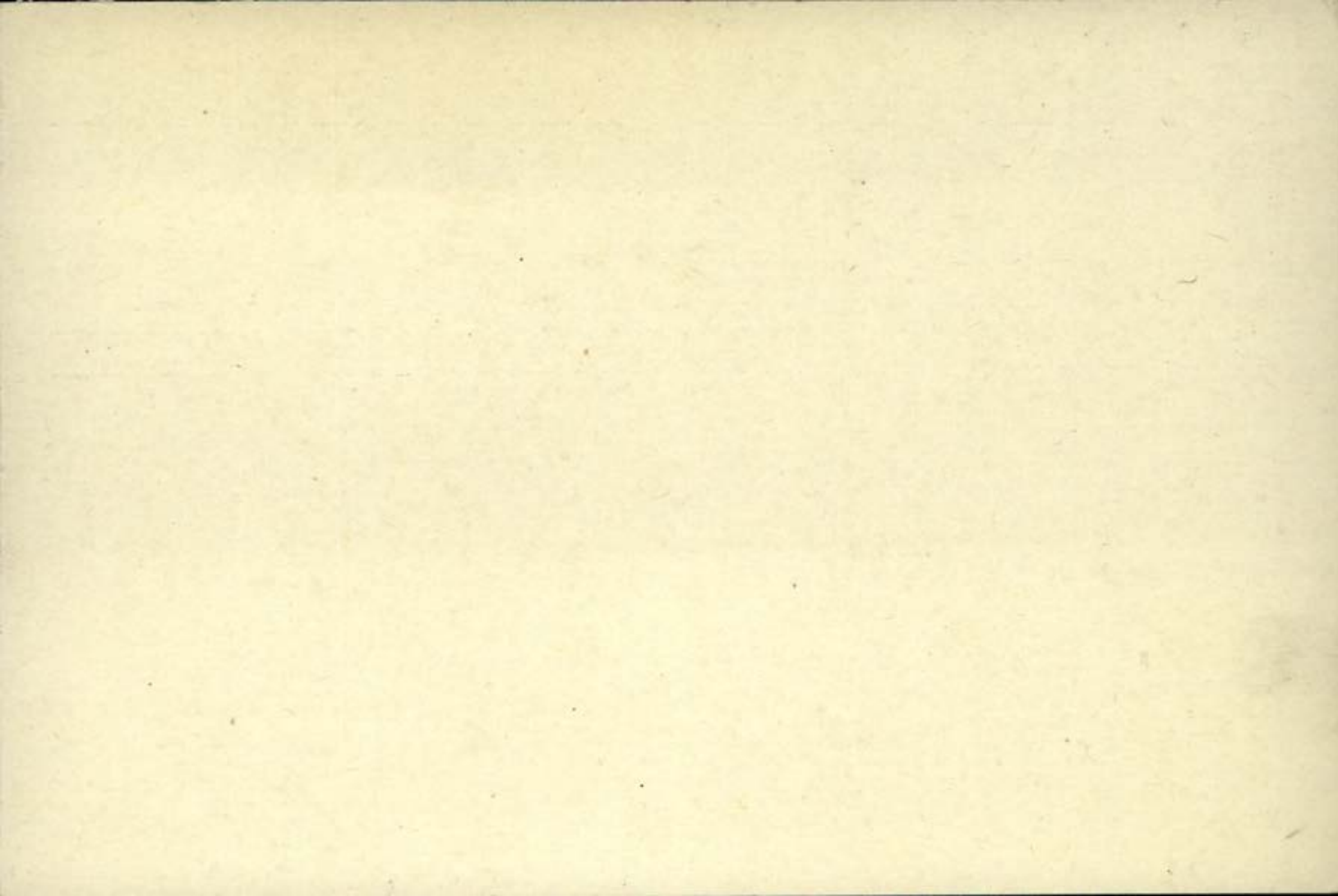
T. O. S.

UNIT Casualties

M. D. 5

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar. 19	1917 Apr. 22	n.	Re-attested	D.O. 18.



649-B-28,

CARD NO.

SURNAME.

Brown,

M. D. 5.

CHRISTIAN NAMES

Albert Victor

B. 08. Dec. FOLL. 4-1-16. 5.

REGL. No.

25928.

RANK

Pte

UNIT

14th

Bn.

FORMER CORPS

3 V. R. C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Brown, Mrs Jane.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*4118 Western Ave, Westmount,
Montreal. P. Q.*

COUNTRY OF BIRTH

England, Maidenhead, Berks. DATE Nov-3rd 1892.

PLACE OF ATTESTATION

Valcartier, P. Q. DATE Sept 22nd 1914.

Sailed from Quebec per S.S. Andania

L. L. 25989. M & D. 8191. *4-10-14.*

M. F. W. 22. 100M.-8-17. H. Q. 1772-30-339

Y.S.

MARRIED

SINGLE

eyes

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>21651</u> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<u>25928.</u>	<u>Corpl.</u>	<u>Brown</u>	<u>Albert.</u>
		Unit.	Age.	Service.
		<u>14th Canadians.</u>	<u>23.</u>	<u>3yrs.</u>
Station and Date.	Disease: <u>Pt. was wounded on March 6th 1915.</u>			
<u>1/6/15.</u>	<u>5. ^{Wt} The forearm & hand were badly smashed up by a shell.</u>			
	<u>The arm was amputated 1 1/2" below the elbow on March 15th 1915.</u>			
	<u>He also had a compound fracture of the humerus (right) which was plated on April 8th 1915. These operations were done at No 2 Stationary Hospital - Boulogne.</u>			
	<u>Pt. arrived at W.L.H on 31/5/15. & feels fairly fit.</u>			
	<u>The wound of the plating operation has not yet healed up.</u>			
<u>6/6/15.</u>	<u>The plate having been shown to be loose by X rays, the arm was today reopened & the plate unscrewed & lifted out. Wound was then partially closed & a drainage tube left in.</u>			
<u>8/6/15.</u>	<u>Drainage tube removed. The wound & its surrounding are very tender.</u>			
<u>25/6/15.</u>	<u>Tenderness practically gone.</u>			
<u>2/7/15.</u>	<u>Small granulating surface left (quite clean)</u>			
<u>30/7/15.</u>	<u>Wounds healed - Ready for discharge.</u>			

6/8/15. A.F.B 179.

A. Brown

So go out with re 10/7/19 + 2 P.D. 11/8/15

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

Station
and Date.

RECEIVED
CENTRAL OFFICE
NO H 22-B-97
- 8 SEP 1915

Proceedings on Discharge.

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

No. 25928 Army Rank Private Corporal Name Brown
 The name must agree strictly with that on enlistment, unless changed subsequently by authority.
 Corps 23rd Regt. Bn. C 63 Battalion, Battery, Company, Depot, &c. Shorncliffe
 (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 1915 Place of discharge Quebec
 Description at the time of discharge

Age 23 years 9 months
 Height 6 feet 1 inches
 Chest 38 inches
 girth when fully expanded
 range of expansion 3 ins.
 Complexion Fair
 Eyes Brown
 Hair Brown
 Trade Bookbinder
 Intended place of residence 4118 Western Ave. Washington D.C.
 (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.)

1. The above-named man is discharged in consequence of being medically unfit
Autonomy 392 (XVI) K.R.V.
 (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: —
 4. Character awarded in accordance with King's Regulations: —

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. 480 was awarded in this case.
 Initials of Commanding Officer. W. G. 1915
 Army Form B. 2088 has been issued to*

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, and place them in 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. 204).
 (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.
 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. 204).
 (b) Character certificate (Army Form B. 2067) if entitled.
 (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.
 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, and place them in this form.
 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.

LIST OF DISCHARGE DOCUMENTS.

- Proceedings on discharge (Army Form B. 268)
 - Proceedings on transfer to re-serve (if any) (Army Form B. 2056)
 - Duplicate attestation (Army Form B. 2056)
 - Army Form B. 97 (if any)
 - Declaration of change of name (if any)
 - Re-engagement paper (if any) (Army Form B. 136)
 - Authority for continuance, or extension, of service (if any) (Army Form B. 221)
 - Court of Inquiry on an injury (if any) (Army Form A. 2)
 - Copies of convictions by Civil Power (if any)
 - Medical history sheet (Army Form B. 178)
 - Medical report on invalid (if any) (Army Form B. 179)
 - Copy of receipt for purchase money (if any)
 - Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
 - Detailed statement of former service allowed to reckon towards pension (if any)
 - Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge)
 - Descriptive return (Army Form D. 400), where required
 - Active service casualty form (Army Form B. 103)
 - 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)

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

*J. Brown Lt. Col.
23rd Res. Batta. C.E.F.*

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

(Place) _____

(Date) _____

*J. Brown Lt. Col.
Commanding 23rd Res. Batta. C.E.F. Regiment.*

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

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) _____

(Date) _____

*A. Brown (Signature of Soldier.)
Bennett Sgt (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) _____

(Date) _____

*R. C. A. (Signature)
Major R. C. A.
O. C. Discharge Depot.*

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.)

A. Brown

(On leaving Corps or Station where invalided.)

24

Medical Report on an Invalid.

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

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

Station 4th London General Hospital, R.A.M.C., T.
Denmark Hill, S.E.

Date Aug. 6. 1915

- 1. Unit 14 Canadians
- 2. Regimental No. 25928
- 3. Rank Cpl
- 4. Name Albert Brown
- 5. Age last birthday 23
- 6. Enlisted { on August 10th 1914
at Montreal }
- 7. Former Trade { Cumberman
or Occupation }

8. Disability.

G. S. W. Arm (Amputation)

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. March 6 1915
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
The forearm was amputated 1 1/2" below the elbow on March 15th.
There was also a compound fracture of the humerus which was plated on April 8th.
- 12. (a) Give your opinion as to the causation of the disability. Gunshot wounds
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Active service

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

(At Station or Hospital where finally disposed of.)

Station and Hospital }
Arrived from _____ Date _____

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

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

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.
(xx) (9357) V. 4. 1886 475M 5-15 W B & L
Form B. 179
34

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.

Right arm amputated just below elbow joint

Opinion of the Medical Board.

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

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

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

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

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

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

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

Active Service
G.S.W.

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

C.W.
Captain, C.A.M.C.
for D.M.S.
Canadian Contingents

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

In action

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?

march 15 Amputation
april 8th Plating humerus

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

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?

19. Do you recommend

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

Permanently unfit.

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

No

22. Is the disability permanent?

Yes

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

To be stated in months.

See 22

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

Total

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 Health Insurance Act?

No

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

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

No further operation advised

26. Do the Board recommend

(a) Fit for home service;

(b) Fit for light duty;

(c) Temporarily unfit for home service or light duty (Stating probably period).

No
No

Permanently unfit

W. Stanger R. Rome
Officer in medical charge of case.

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

Station Denmark Hill, S.E.

Date 26/8/15

Joseph H. Biers
Major R.A.M.C. Officer in charge of Hospital.
for Officer Commanding
4th London General Hospital, R.A.M.C.

* 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.

Station Denmark Hill, S.E.

Date 26/8/15

C.W. McDonald R. Rome
Members.

Approved.

Station

Administrative Medical Officer.

Date

(On leaving Corps or Station where invalidated.)

Transfer { Date _____
Station _____ }
or
Embarkation { Date _____
Port _____ }

Name of { Conveyance _____
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.
	Date	From			

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

Date of final Medical Board, or decision _____

Administrative Medical Officer. _____

MEDICAL REPORT ON AN INVALID.

Army Form B. 179.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

Hospital or Station transferred to for final disposal _____
Date of final disposal _____
How finally disposed of _____

The original Report is invariably to accompany the discharge documents of Invalids.
(23) (S8579) Wt. 1536 475M 5-15 W B & L
Forms B. 179. 34

12-62 22-13-97

Army Form B. 179.

Medical Report on an Invalid.

Station Subgate
Date Sept 7/15

- Unit 23rd Res Bn.
- Regimental No. 25928
- Rank Cpl.
- Name Brown Albert V.
- Age last birthday 24
- Enlisted { on Aug. 14
at Montreal }
- Former Trade or Occupation { Lumberman }

8. Disability.
amputated RT arm below elbow.
Bullet wound in neck & shoulder & arm.

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.

- Date of origin of disability. March 6/15
- Place of origin of disability. Fleur Baieux
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
at Fleur Baieux on March 6th struck by exploding shell which badly lacerated muscles of RT. Arm. Which had to be amputated inch & half below elbow. Has V shaped wound in upper & middle third of arm. Had the arm amputated at Boulogne. remained in the ward till June 1st. Then came to England & West London Hospital.

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

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.

Patient has amputation of Rt arm one half inches below the elbow leaving the joint intact. Has Y shaped scar in upper & middle third of Rt arm. Amputation performed at Boulogne.

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

- (a) In action? *yes*
- (b) On field service? *yes*
- (c) On duty? *yes*
- (d) Off duty? *no*

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

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

no

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

yes. Hand & arms sacrated & had to be removed.

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

no 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?

19. Do you recommend

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

Discharge in Canada

A. Armstrong
Officer in medical charge of case.

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

Station _____
Date _____
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 1163, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

*1 yes
2 no
3 no*

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

gsu

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

no no

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?

lost

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.

not applicable

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

26. Do the Board recommend

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

yes no

Signatures:—

John De Keon Lt Col President.

Station *Shorncliffe*

Date *Sept 17 15*

Herbert Math Capt. Members.

Approved.

Station _____

Date _____

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

HEADQUARTERS
CANADIANS
Administrative Medical Officer.
22 SEP 1915
CANADIAN CONTINGENT

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.
18/9/15 - C. Woodard
Captain, C.A.M.C.
for D.M.S.
Canadian Contingents.