

card
23.6.17
m2w

Duplicate
No. 639749

ATTESTATION PAPER.
10th OVERSEAS BATTALION, C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Henry Brusseau
2. In what Town, Township or Parish, and in what Country were you born?..... Perkins Mill P. 2
3. What is the name of your next-of kin?..... William Brusseau
4. What is the address of your next-of-kin?..... 64 Florence St Ottawa
5. What is the date of your birth?..... 7th Sept 1878
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated?..... H. B. Yes
AND INOCULATION
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
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

Henry X Brusseau (Signature of Man.)
A. H. Currie Lt (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Brusseau, 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.

Date Feb 25 1916
Henry X Brusseau (Signature of Recruit)
A. H. Currie Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Brusseau, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Feb 25 1916
Henry X Brusseau (Signature of Recruit)
A. H. Currie Lt (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 Perkins Mill this 25 day of February 1916.

C. S. Burtch (Signature of Justice)

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

T. D. B. H. H. (Approving Officer)

Description of Henry Brousseau on Enlistment.

Apparent Age 38 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 4 ¹/₄ ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 3 ins.

Complexion Dark
 Eyes Brown
 Hair Brown

None

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

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 25 July 1916

Place Ottawa

W. C. Mackay
Edwin Mackay
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Henry Brousseau having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date February 28 1916
W. D. Budge Lieut. Col. (Signature of Officer)
 Commanding 156th Overseas Battalion

MEDICAL HISTORY SHEET.

Surname Brusseau Christian Name Henry

Examined { on 25 day of Feb. 1916
 at Ottawa

Approved by J. C. Coakley
 Rank Quar. M.O.

Birthplace { City or Town Perkins Mill
 County P. Q. Canada

Apparent age 38 yrs 5 months

Trade or occupation Laborer

Height 5 Feet 4 1/4 Inches.

Weight 174 Lbs.

Chest measurement { Minimum 36 inches.

{ Maximum expansion 39 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { A r m Right 1 Left
 Number One

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>2/28/16</u>	<u>fit</u>	<u>Brusseau Henry</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 28 day of February 1916 at Ottawa

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>156th Balmi</u>	<u>639749</u>		<u>Feb</u> <u>25-16</u>
Transferred to	<u>C.E.F.</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.

* 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 * Medical Board.
assembled at Portsmouth, Ont.
on the 18th. June, 1917.
by order of G.O.C., Military District #3
for the purpose of examining and inquiring into
the death of No. 639749, Pte. H. Brousseau,
156th. Battalion C.F.E.F.

PRESIDENT.

Major A. R. Alguire,

MEMBERS.

Capt. W. A. Jones,

The Board having assembled pursuant to order, proceed to examine and inquire into the death of the above mentioned man and find that:

- (1). He was admitted to Mowat Memorial Hospital, September 17-16 suffering from Pulmonary Tuberculosis, with some laryngeal involvement.
- (2). He was given the usual care and treatment but grew gradually worse and died at 8.45 A.M., in June 8-17.

A. R. Alguire Major A.M.C.,
President.

W. A. Jones Capt. A.M.C.
Member.



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Another large block of faint, illegible text below the middle section.

Handwritten signature or name, possibly "W. H. ...", written in dark ink.

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E
086

Register No. D. B. 465

WAR SERVICE GRATUITY

A.P. File No. 2245-H-1

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 639749 Name Henry Brousseau
(Christian Name) (Surname)
Unit 156th Bn Rank Otc Date of enlistment.....
Date of casualty 8-6-1917 B.P.C. File No. 13384
Was service performed overseas? no

DEPENDENT

Latest
Address

Name Mrs John Bishop (nee Brousseau) Relationship Widow
Address Cache Bay, Ont

M.F.W. 2652
25M-6-20.
H.Q. 1772-38-1473

Amount of Special Pension Bonus \$ 80 Abstracted by J Maher

Eligible for Gratuity \$ ~~100.00~~ 90.00 ann.
Less amount of Special Pension Bonus paid..... \$ 80.00
Less Debit Balance of S. A. or A.P..... \$

26

Total deductions \$ 80.00

Balance due \$ ~~100.00~~ 10.00 ann.

Cheque No. 91892846 ✓ Date issued.....
JUL 20 1920

Clerk A.H. Nicol

REMARKS: Remarried
Hold payment until address is
verified.

Audited by
[Signature]
Date 19/7/20 10.00

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name _____ Surname _____ Christian Name _____

Regimental Number _____ Rank _____ Address (in full) _____

Unit _____

Original Unit _____

District where paid _____

Date of Discharge _____

P. D. P. Filing Number _____

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

1-3-16

MILITIA AND DEFENCE

528
M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Belina Brousseau,

Name of Soldier

Brousseau, Henry

Address

*130 St Henri
~~St Florence St,~~
Kull, Que.*

Regtl. No.

639749

Rank

Ote.

Corps

15th Bn

Relation to Soldier

wife, child or mother

}
Wife

To what Corps belonging

when called out

600. 9/10/16 67m 12/10/16 5m 13/7/17.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.				
Feb.				
March				
Apl.	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....
W

22

22

22

22

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Helina Brousseau

Wife

Name of Soldier *Brousseau, Henry (Ste.)*
(639749)

PAYMENTS.

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	R304	40	40
May		E3154	20	20
June		M7986	20	20
July		W6424	20	20
Aug.		211508	20	20
Sept.		F15172	20	20
Oct.	4	F18609	20	20
Nov.				20
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted 1-9-17
B.P.C. to Recover
Clerk... J.P.L. Date 9-8-17.

Account Closed - Transferred
To Casualties (RMK 12/10/16)

ACCOUNT CLOSED
DATE... PER...
Decl. 8/6/17 RMK 30/6/17 Gmd 13/7/17

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Original not available

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *156th BN C.E.F.*


Regimental No. *639749* Rank *Pte* Name *BRUSSEAU Henry*

C. E. F.

Enlisted (a) *25/2/16* Terms of Service (a) *Def W.* Service reckons from (a) *25/2/16*

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

Extended. Re-engaged. Qualification (b).

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				
<i>8/6/17</i>	<i>G. UNIT. M.H.C.C.</i>	<i>Deceased.</i>	<i>Kingston</i>	<i>8/6/17</i>	<i>D. O. 159.</i>
					<i>W. Rutledge for Def W.</i>

(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.

Original not available

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

M. F. W. 54. (A. F. B. 103.)

500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 156 Battalion

Regimental No. 639749 Rank Pte Name Brousseau Hy.

Enlisted (a) 25-2-16 Terms of Service (a) DW Service reckons from (a) 25-2-16

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

Extended Re-engaged Qualification (b)

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				
		<u>from the</u>		<u>9/16</u>	
<u>8.6.17</u>	<u>"G" Unit Mace.</u>	<u>Sgt. Deceased</u>	<u>Kingsdown</u>	<u>8/17</u>	<u>M-11 DO #159</u>



Clyde Scott

for

(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.

No. 639749 RANK Pfc.

NAME ~~Brousseau Henry~~

Brusseau Henry

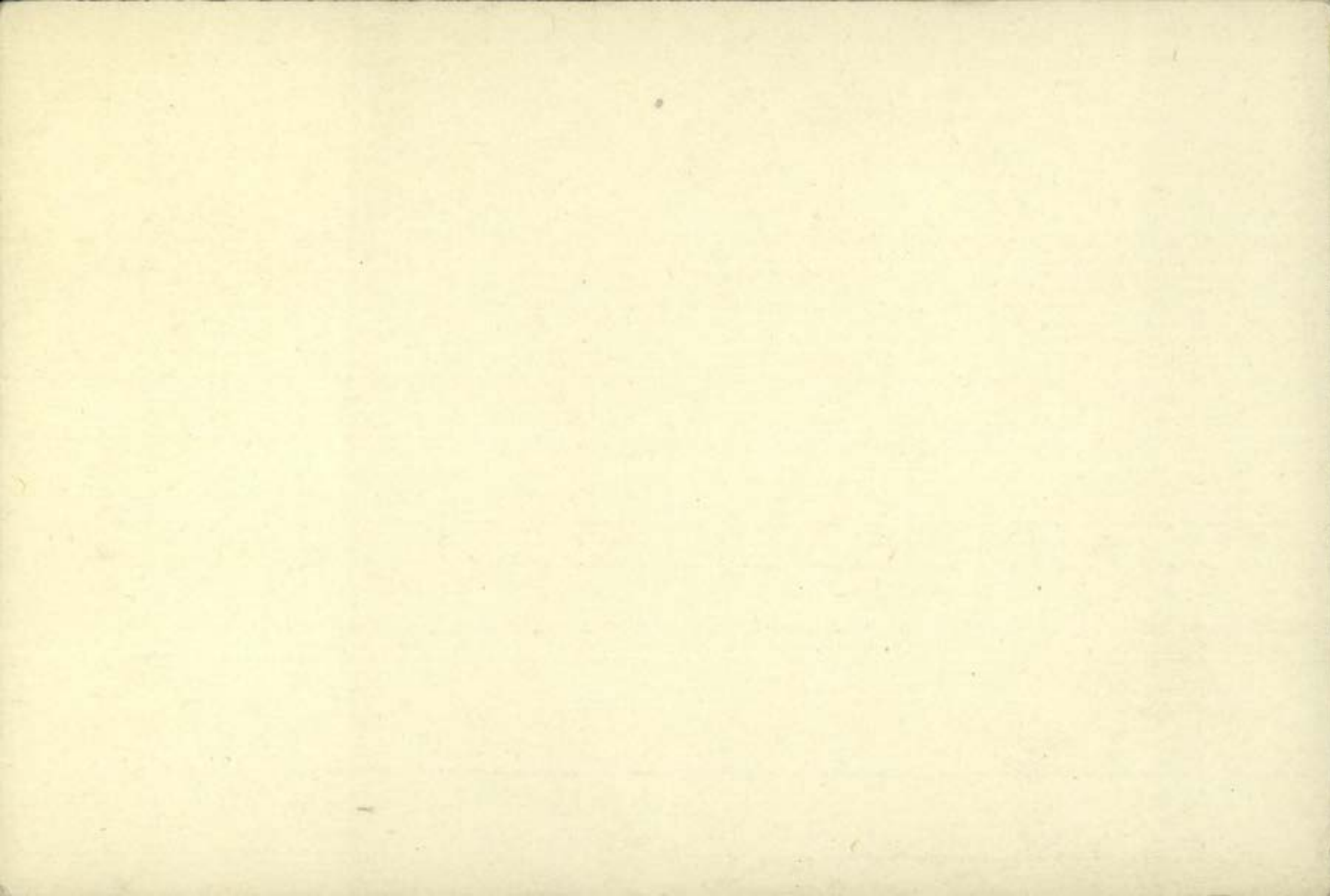
T.O.S. 29-2-16

UNIT 156th B. Battalion C.E.F.

O.O. 49 of 29-2-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 29	1916 Oct. 29	✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct 1	Oct-9	✓	trans to casualties: M.D. 3. 9-10-16.	SD 237 of 10-10-16.



LEDGER No. _____ SERIAL No. _____

REG. No. 634744 NAME Brousseau R.

RANK Pte CORPS 156. AGE 34 SERVICE

HOSPITALS Anguwarada Kingston DATE OF ADMISSION 17-9-16
1 Mount Memorial Kingston

2 _____

3 _____

DIAGNOSIS I.B.

TRANSFERRED TO _____

DISPOSITION 8-6-17 CATEGORY _____

M.F.W. 2558.
1126-D.P.-50M-12-18.
1772-58-1882.

No.

RANK

Pte'

NAME

Brussean Henry
OK.

T. O. S.

25-2-16 (20-18-28-2-16)

UNIT

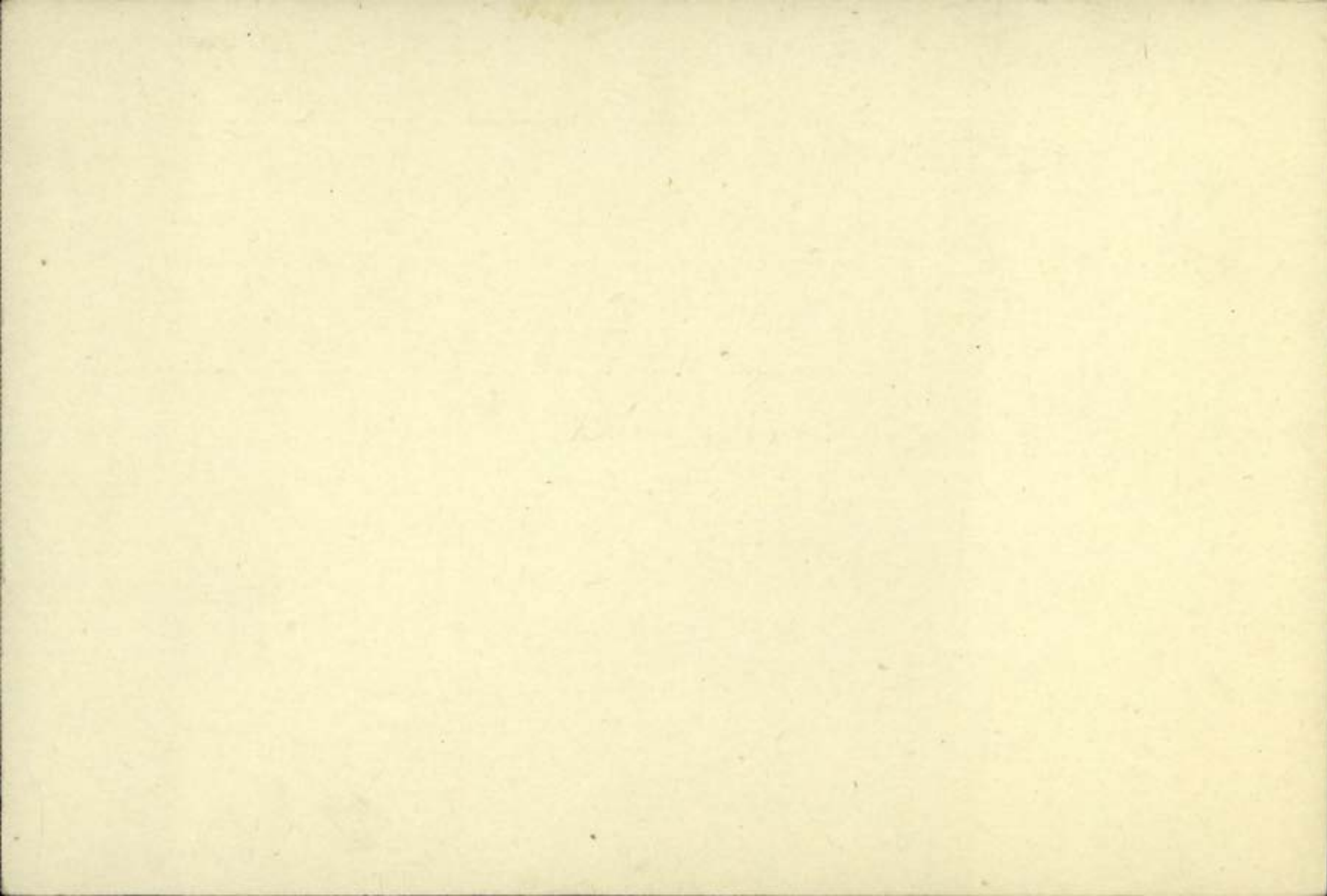
*Recruiting Dept.*M. D. *3.*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1916
Feb. 25.**1916
Feb. 28.**✓**Trans. to 156 th Bn. 28-2-16 (20-21-29-2-16).*



No. 639749 RANK Pte.
156th B'n.

NAME Brousseau W.

T. O. S.

UNIT

Casualties C. E. I.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct 10	1916 Oct 31	M.		
	Nov.	M.		
	Dec.	M.		
1917 Jan.	1917 Jan.	M.		
	Feb.	M.		
	Mar.	M.		



SURNAME.

*Brusseau**449-B-16819*D
FOI

CHRISTIAN NAMES

Henry

REGL. No.

639749

RANK

Pte.

UNIT

156th

FORMER CORPS

*Mil**Bn.*

NEXT OF KIN.

NAMES IN FULL

Brusseau, William

RELATIONSHIP TO SOLDIER

Not stated

ADDRESS

*64 Florence St., Ottawa,
Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Perkins Mill P.Q.

DATE

Sep 1th 1878

PLACE OF ATTESTATION

Brockville, Ont.

DATE

Feb 25th 1916

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

38

YEARS

5

MONTHS

HEIGHT

5

FEET

4 1/4

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

Feb 25th 1916

Present Address Not stated

BROUSSEAU for Cross

649-B-6076

Brusseau, Henry No. 639749 Pte. 156th. Bn.

not elig for 14-15 Star.

John Bishop

Medals and Dec.

Widow

Mrs. Velina Brusseau,
~~26 St. Charles St.,~~
~~Hull, P.Q.~~

*CACHE Bay,
Gmt.*

P. & S.

Widow

Same as above.

Memorial Cross

Widow

" " "

Canada only.

24650

DESPATCHED

X 1397 $\frac{11}{2}$
 $\frac{2}{21}$

RR Desp.

SEP 29 1920

(w) @ 24909

w

3rd 1

w x netel 11/20 not called on

* 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 Inquiry
assembled at Kingston Ont.
on the 30th. June 1917
by order of G. O. C. M. D. No. 3.
for the purpose of Examining and reporting upon the
cause of death of # 639749. Pte. H. Brousseau,
156th. Battalion. C. E. F.

PRESIDENT.

S. E. Thompson. Capt. A. M. C.

MEMBERS.

E. C. D. Mac Callum. Capt. A. M. C.

F. S. Gales. Lieut. M. H. C. C.

The Court having assembled pursuant to order, proceed to examine and report upon the cause of death of the above named private, And find that:-
I - He was admitted to Mowat Sanatorium, suffering from Pulmonary Tuberculosis Sept. 16th. 1916.
II- That the above named man died from Pulmonary Tuberculosis at 8.45 A. M. Friday June 8th. 1917.

S. E. Thompson Capt. A. M. C.
E. C. D. MacCallum Capt. A. M. C.
F. S. Gales Lieut. M. H. C. C.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Kingston, Ontario.**
 2. Regiment or Corps. **156th Battalion.**
 3. Regimental No. and Rank. **639749 Private.**
 4. Name. **Henry Brusseau**
 5. Age last Birthday. **38**
 6. Enlisted on **February 25th. 1916.**
 at **Ottawa.**
 7. Former trade or occupation. **Labourer** Date. **March 10th. 17.**
 8. General remarks on his:—
 (a) Conduct. **Good.**
 (b) Habits. **Good.**
 (c) Temperance. **Good.**
 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

(At Station or Hospital where finally disposed of.)
 Station and Hospital } Arrived from }

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
30th 8-16
 H. Q. 1772-59-117.

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.

9. Service. Years. Days.

PERIODS	FROM	TO
		156th. Battalion.

10. (a) Disease or disability. **Phthisis.**
 (b) Date of origin. **March 1916.**
 (c) Place of origin. **Brockville.**
 (d) Cause. **Unknown**

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Man ill nourished and feels weak, but is up around part of the day. Speaks with a hoarse voice. Present weight 128 lbs. coughs continuously. Dyspnoea on ordinary exertion. Temperature above normal. Pulse rapid over long period. On examination. Expansion is poor. Pectorifay in l ft apex with signs of a cavity. Rales throughout whole left lung. Scattered rales in right lung. V.F. & V.R. increased over whole chest. Dullness over 5rd. interspace left side. Sputum positive
Prognosis with 3m. treatment only fair, without bad.

12. (a) Is the disability the result of service or climate? **Ho.**
 (b) Has it been aggravated by intemperance, vice or misconduct? **Ho.**

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Not applicable.

12. Yes.

15. Yes.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

16. Yes.

17. Yes.

14. Treatment.

Howat Sanitarium, Kingston.

18. Is he unfit for Military Service. Yes.

Recommendations :

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

As this man has pulmonary tuberculosis acquired in service and as further treatment is indicated, the Board recommends that he be given six months further treatment in a sanitorium.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

Signatures :—

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

4/4 extent.

W. A. Jones
Capt AMC
President.

J. H. Moxley
Capt AMC
Members.

Station Kingston, Ontario.

Date. March 15th. 1917.

J. W. Buchanan
Capt AMC
D/ A. D. M. S. Mil. District No. 8
For A. D. M. S. Mil. District No. 8
Asst. Director of Medical Services.

18. State if for discharge on account of unfitness for Service.

No.

W. A. Jones
Capt AMC

Date. March 15th. 1917.

Approved.

Date.

Medical Officer by whom the case is brought forward.

Director-General of Medical Services.

MEDICAL HISTORY OF AN INVALID.

1. Station. *Ottawa*
 2. Regiment or Corps. *156 Batta*
 3. Regimental No. and Rank. *Private*
 4. Name. *Henry Bronsman*
 5. Age last Birthday. *44*
 6. Enlisted on *25 Feb 1916* at *Ottawa*
 7. Former Trade or Occupation. *Sabrer*
 8. General remarks on his :—
 (a) Conduct. *Good*
 (b) Habits. *//*
 (c) Temperance. *//*
 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 Date. *7th Sep 1916*

9. Service.	Years.	Days.	PERIODS.	
			From.	To.
<i>156th Batta C.E.F.</i>	<i>25 Feb 1916</i>	<i>7th Sep 1916</i>		

10. (a) Disease or disability. *Tuberculosis of Lungs*
 (b) Date of origin. *7th Mch 1916 (Sa Grippi)*
 (c) Place of origin. *Hull P. Q.*
 (d) Cause. *Tubercle Bacilli*

11. Present Condition. (Most Important) *Patient thin & weak*
(To include full description of present disabling condition or conditions.)
 hectic Malaise flush & clubbed fingers perspires easily appetite poor frequently nauseated cough severe with Prurulent sputum (4 PM) T 101-3/5 P 112 A 20 (resting) Large area of consolidation in upper lobe of left lung

12. (a) Is the disability the result of service or climate? *Both*
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 M-2-16.
H. G. 1172-39-117.

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.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*small vaccinia scars
on left and right upper arms*

Does the Board concur with the preceding report? If not, give differing opinion.

Yes.

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service.

Yes.

20. Recommendations :

This Board recommends Sanatorium Treatment for this patient.

Signatures :-

*Chairman Capt. AMC
T. H. Leggett Major President.*

Station. *Ottawa, Ont.*

Date. *Sept. 7. 1916*

Date. **SEP 25 1916**

Approved.

Date.

*Members.
P. H. Esch, Ricard AMC
S. J. ... Captain, A.M.C.
D/ A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. Medical Services.*

Director-General of Medical Services.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

✓

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No exceptional exposure

14. Treatment

*Has been treated by
Private Physicians at his
home in Hull*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

✓

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*more than six
months*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/1

18. State if for discharge on account of unfitness for Service.

*Robert Saw
Major AMC
M.O. Saw Hospital Watase
Medical Officer by whom the case is brought forward.*