REGIMENTAL DOCUMENTS

NAME Cartier Louis George REGT. NO. 1012669 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH
27	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	S			10375	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				H	
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					41 — 29
						10 — 29
						5 29
						1

C.E.F. REGIMENTAL DOCUMENTS

NAME CARTER LOUIS GEORGE REGT. No. 1012669 UNIT H. Q. FILE No. 10656

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)		FOR DOCS.			
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)		SEE: CARTIER: Louis George			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)		1012669			DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			Box # 1552		
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

ORIGINAL

Pro 1012669

ATTESTATION PAPER.

No. 1012669

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Cartier
1a. What are your Christian names?	Louis Georges.
1b. What is your present address?	St. Guillaume d'Upton, Que.
2. In what Town, Township or Parish, and in what Country were you born?	St. Guillaume d'Upton, Que.
3. What is the name of your next-of kin?	Parmelie Gelinas.
4. What is the address of your next-of-kin?	St. Guillaume d'Upton, Que.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	May 16th, 1894.
6 What is your Trade or Calling?	Mechanic.
7 Are you married?	No.
8 Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis Georges Cartier, 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.

Geo. Cartier (Signature of Recruit)

Date October 21, 1916. E. C. Charland Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis Georges Cartier, 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.

Geo. Cartier (Signature of Recruit)

Date October 21, 1916. E. C. Charland Capt. (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 ~~Oct 21st~~ Ottawa this 21st day of Oct 1916

L. L. Howard Maj. (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of Louis Georges Cartier on Enlistment.

Apparent Age 22 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Dark

Eyes Dark

Hair Dark

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

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

Two vaccination scars: left arm.

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 October 21st. 1916.

Place Ottawa, Ont.

L. M. Gordon
Lieut. C.A.M.C.
O.C. 230th Battalion, V.C.F., C.E.F.
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.

Cartier Louis Georges 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.

R. Howard Mac H. Col.
(Signature of Officer)

Date Oct 30th. 1916

for O.C. 230th Bn. C.E.F.

Forms
I. 1237
11

26176

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
26176	101669	Pte	Carter	George
Year	**Unit.**		**Age.**	**Service.**
1917	6. F. A. Bn.		22	6/12

Station and Date.

RE BARRACKS,
CANADIAN HOSPITAL
SHORNCLIFFE

Disease Debility.

Complaints - Pains in rt side & back, cough, night sweats, shortness of breath exertion, loss of wt 134 - normal 145.

Duration - About 2 mos.

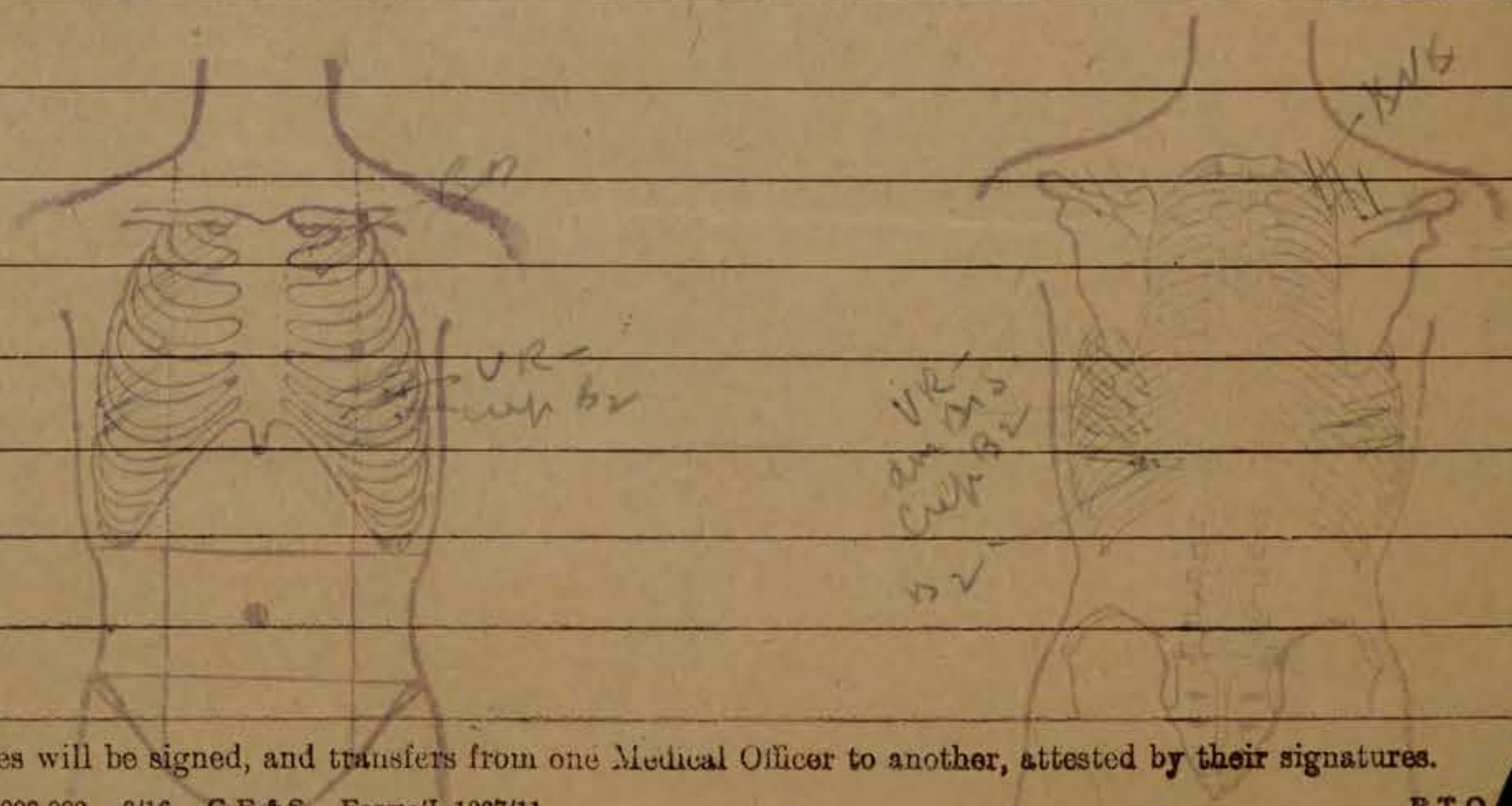
7 H. 7 Ten. L + W. 2 S & 3 S all L + W. 4 S & 5 S dull

Influenza - about 5 years.

Past Hist: Born in Canada. Enlisted Oct 21/1916 at Toronto. Vaccination before war.

Past Illness - Influenza from 5 years ago - 1st attack 3 weeks - relapse after a month - ill 2 months. Had a cough for 2 or 3 months after the Influenza.

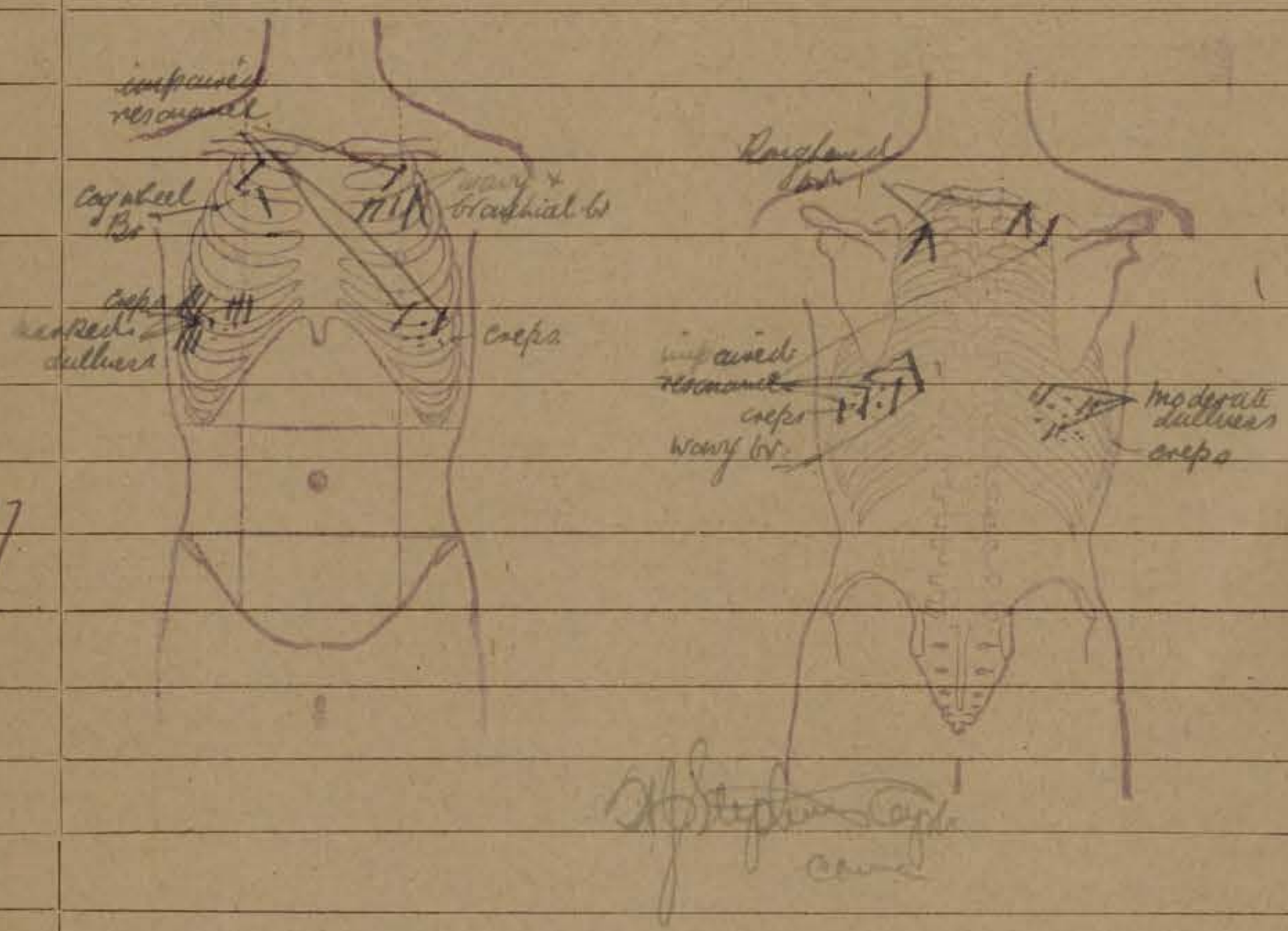
Present Illness. Patient states quite well - no cough on going up. Came to England June 21/17. On the boat took a cold & this persisted ever since. Got 7 weeks ago pain in chest & shortness of breath & loss of weight night sweats. No Haemoptysis. Cough has been getting worse.



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

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.& S. Forms/I. 1237/11.

P.T.O.

Station and Date.	
8. 4. 17	

Surname Gaine Christian Name Denis George

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
H.M. HOSPITAL SHIP "LETITIA" No. ..... Date		11	5	17	12	5	17	Debility		Same as on admission	D. R. Wark Capt. C.
Montreal Que,	G.N.C.H.	16	5	17	~~10~~ 12	10	17	Debility Suspected L.B.C.	116	Discharged to Clearing Station for transfer to Ste. Agathe. Sputum Exam negative X-ray of chest shows cylinkiffe mottling both lungs	[illegible] M.O. H.
Ste Agathe	S.I.M.S.	13	10	17	2	11	17	L.B.C.	19	Dental Treatment	T. C. Wolff Lieut. A.M.C. for M.O. i/c S.I.M.S.
Montreal Que,	G.N.C.H.	3	11	17	9	11	17	T.B.C.	5	Discharged to Clearing Station for transfer back to Ste. Agathe.	J. Chabot Captain
Ste Agathe	S.I.M.S.	28	11	17	28	11	17	T.B.C.	18	Discharged to clearing st. for special gastric investigation	[illegible] Capt. R.A.M.C.
MONTREAL GENERAL HOSPITAL		28	11	17	3	12	17	T.B.C. Pulmonary	5	Invalided home	[illegible] Capt. Lieut. A. M. C. For M. O. i/c Troops, M. G. H.
Montreal Que,	G.N.C.H.	3	12	17	7	12	17	Pul. T.B.C.	9	Discharged to O.C. "A" Unit through the Clearing Station.	J. Chabot Captain
ROYAL EDWARD INSTITUTE		7	12	17	10	1	18	T.B.C.	35	Discharged to Clearing Station	E. D. Martin

MEDICAL HISTORY SHEET

SPC. 267.33
CR 88

Surname Cartier Christian Name Louis Georges.

Examined on 21st day of October 1916
at Ottawa, Ont.

Birthplace City or Town St. Guillaume d'Upton,
County Que.

Apparent age 22 yrs. 5 Mths.

Trade or occupation Mechanic.

Height 5 feet 6 Inches

Weight 140 lbs.

Chest measurement Minimum 31 inches
Maximum expansion 34 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left 2
Number Two.

When Vaccinated last As a child.

(a) Marks indicating congential peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None

Approved by L. M. S. Grambourn
M. O. 200th Battalion, V. C. E. C. E. F.

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
15-1-17	one	B. Willoughby	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
16-11-16	Good	R H Parent	M.O.
23-11-16	Good	R H Parent	M.O.
30-11-16	Good	R H Parent	M.O.

Enlisted on 21st. *day of* October 1916 *at* Ottawa, Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	230th Batt V.C.F	1012669	V. C.	Oct 21/16
Transferred to				

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

11

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.
1012669 - Pte, Cartier George, 230th Bn.

Previous Civilian Occupation. Motor Mechanic

649-C-1245

Cause of disability -
Debility

Condition in detail which prevent the soldier earning a Full livelihood:-
Pain in rt side of chest. cough in the morning. very little sputum. general weakness & sweats at night. poor appetite.
On exam.- rt apex slightly dull with roughened breath sounds & some impairment of vesicular breath sounds. rt base quite dull breath sounds impaired, & cog wheel breathing. Left base few 'clicks' & impaired vesicular breathing.
Sputum analysis neg. for T. B.
.0001 c.c. O.T. positive
XRay.- rt diaphragm restricted. irregular, hilus shadows T. T. O.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)
3/5

Probable duration of incapacity:-
3 mos then impossible to say.

Does it render him permanently unfit for Military Service? yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity? Convalescent Home.

Signature. E A Robertson Capt President.
M Hogan Capt Members.
K Claus Capt.

Station. Que

Date May 30/17

Approved.

Date May 30/17 W M Carruthers Major
Assistant Director Medical Service.

Date
Director General Medical Service.

5m-11-16.(M)

& lung marking pronounced. especially rt. lower lobe. Numerous nodes at hilus

Special Report attached.

Case is probably rlt slightly aggravated by service & is suspiciously like T.B.

E A Robertson Capt
M J Coghlan Capt
K C Calms Capt

X-Ray Dept.

MOORE BARRACKS

CANADIAN HOSPITAL

SHORN CLIFFE

Record No. 4478
6-4-17

Ward 32 A/D No. 26176

1012300 Pte. Cartier G. C F C

Excision right diaphragm restricted and irregular Hilus shadows and lung markings pronounced especially right lower lobe. Numerous nodes at hilus.

Sgd. W. H. Hagan

Capt. C.A.M.C.

O i/c X-Ray Dept..

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 1012669 Rank Pte Name Cartier, L. G.

Corps 230th Bn who was* Discharged

On 15th July 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st July 1918, to 15th July 1918, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 15 days at $ 1.00	15.	00
Advances by Cheques } No.			Field Allow. 15 days at $ .10	1.	50
Assigned Pay No. 16310	10.	65	Other Allowances* Subs 15 days @ 80	12.	00
Other Charges* C. C. on Discharge Issued	13	00	Other Credits* C. C. on Discharge Issued	13.	00
Payment on transfer or discharge No. 16309	17.	85			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	*41.	50	Total	*41.	50

*Give Particulars.

A monthly stoppage of $ 20c (†) has been (‡) been paid on account of Assigned Pay for the month ~~of~~ to 15th July 1918 to (Assignee) Mrs L. Cartier

(Address) St Guillaume d'Upton
Yamaska County
P.Q.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 21/10/16

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge and authority MO 22-C-785

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date FEB 8 1918

Place

Wm MacDuff
Maj.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-903.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 230th Forestry Batt

(2) Regimental Number 1012669

(3) Full Name of Soldier Cartier Louis George

(4) Place of Birth St. Guillaume d'Upton. Que.

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife ✓

(b) Present Postal Address ✓

(7) Are you a widower? ✓

(8) Have you any children? ✓

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67.

500M.—9-16.
1772-39-951.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Louis Cartier, St. Guillaume d'Upton Que

(10) Is your Mother alive? Yes

If so, state name and address Carmelia Fetines, St. Guillaume d'Upton

(11) If your Mother is a widow ✓

Are you her sole support, or not? ✓

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

✓

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

✓

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

✓

(15) Are you insured? Yes

If so, in what Company? Great West & Alliance Nationale

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

P. Redalebony.
Lieut. Col. *Officer Commanding.*

Date 13/1/17 O. C. 230th. Forestry Battalion C. E. F.

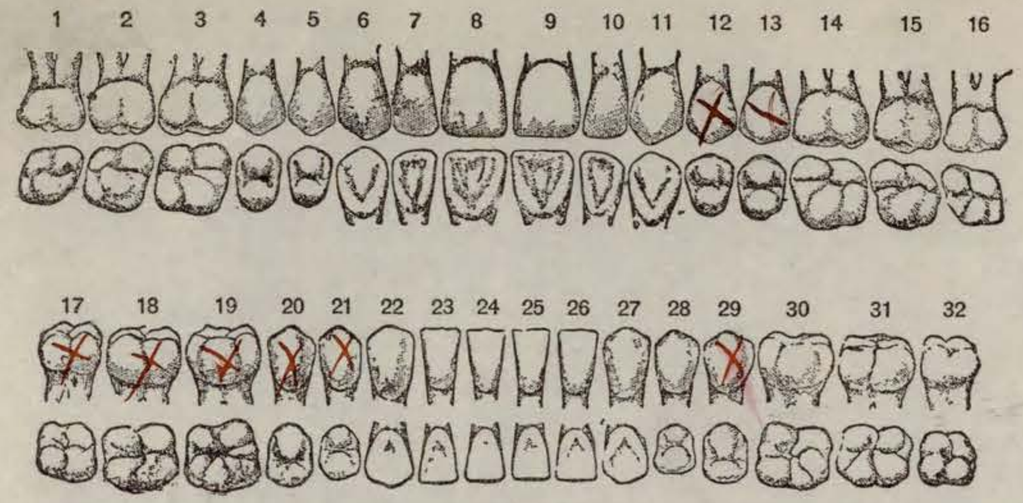
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT .....

NAME OF SOLDIER C.A.R. TIER J. RANK Pte. No. 101.2669

REGIMENT 230th BATT.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination																						
GOOD.	NOV 5.										12.13 17.18.19. 20.21 29.									CAPT. BROCK.	4.	O.K.

M.F.B. 465
20-9M-1-17
1772-39 950

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.F.A.

Military Hospital HOUPE BARRACKS CANADIAN HOSPITAL SHORNCLIFFE

No. 1012669 Rank and Name Gte. Cartier Age 22 Service 6/12

Disease Debility Date of admission 28-3-17 Date of discharge Result

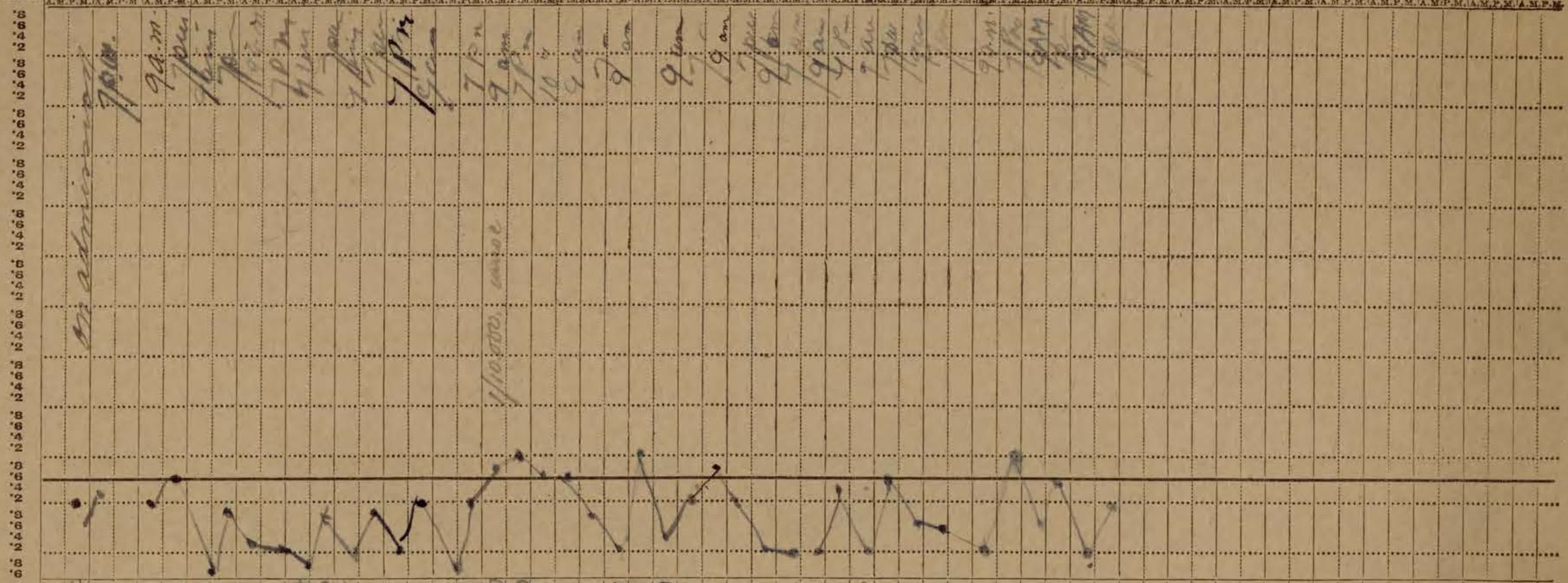
Dates of Observation	28		29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Days of Disease																					

Temperature Fahrenheit — Time (A.M. P.M.)

Pulse per minute

Respirations per Minute

Motions per 24 Hours



(19342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature H. Stephen Capt In charge of case.

Form R 122
2353—100M—9-12-16.

C.T.

Rank | Name CARTIER Louis Georges | Reg'l No. 1012669

Unit 2nd Drt.230th Forestry Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Ottawa.21st Oct.1916 | Place of Birth St Guillaume d'Upton Que. Canada.

Name and Address, Next-of-Kin Parmelie Gelinas, St Guillaume d'Upton, Quebec, Canada. Relationship Mother

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason Pte | Character

228
File R.L.
Category OR Can

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		T.O.S. CFC On Arrival In Eng. S S Scandinavian		6-2-17	PT II D.O. 44
5.4.17.	C.H.C.	Adm Moores Barracks Hosp	S'cliffe	28.3. 2.4.17.	P.II.D.O. 78. dt. 31.5.17 C.L. "No 64" Bronchitis Chronic
16-5-17	"	Discharged -do-	-do-	11-5-17	C.L. # 91. "
25.5.17	" B.D.	On Strength	Sun'dale	1.5.17	PT II 23.
3.7.17	" "	S.O.S. to Canada for discharge.	"	11.5.17	PT. II. D.O. 57.
	Dis Dep	To Convl Home	MD 4 Montreal	21.5.17	NR 280

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.					

M. F. W. 41
1 6M—7-16
1772-39 889

1485

Name Cartier, Louis Geo. (Pte).

Regimental No. 1012669

Unit 230th Forestry Batt.

Date of enlistment

Place of " S. A. Nil.

Married (yes or no) (not stated)

Amount of pay assigned monthly $ Nil.

To whom payable

Letitia. 22. 5. 17

~~Name and~~ address ~~of next of kin~~ St. Guillaume d'Upton.
Yamaska County.
P. Q.

Date and place discharged Omos. Cons. Home.

Reason for discharge 30. 5. 17.

Character on discharge HQ 649. b 1459
Class II

Ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	30/4/17							23 67								Eng. L. P. C.
21/4/17	30/5/17	41	1.00	41 00	41	10	4 10							50 00		D. D. Que
												Bal Cr on Trans 18 77				
									68 77						68 77	Trans per "A" Unit

HQ
E. A. P. 20/4/17

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2984-G-2

Name Cartier, George
Surname Christian Name

Regimental Number 1012669 Rank Pte. Address (in full) St. Guillaune A. Upton, Que.

Unit 230th Bn.

Original Unit

District where paid M.D. 4.

Date of Discharge 15-2-18.

P. D. P. Filing Number 6-104-4.

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

L. L. 22573—M. & D. 8009.

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	2068	13-2-18	33	00	2032	13-3-18	33	00	2007	13-4-18	34	10			100	10

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

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

O	Ag. N.			
J				
2				
N				
4				
5				

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... 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				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

1012669

4

Army Form W. 3212. (In books of 100)

Regtl. No., Rank and Name Carter, Pte Geo Corps CFA

Disease Chron. Bronchitis Hospital MBCS

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 2-4-17 P. W. Barker

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 2/4/17. E. A. Campbell Clapham

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

Army Form W. 3212. (In books of 100)

#
102669

Regtl. No., Rank and Name Carter, Pte Geo Corps C.F.A.

Disease Chron Bronchitis Hospital M B C St

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date Apr 3-17

D W Barker
O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 3/4/17

E A Campbell Capt CAMC
O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

9

Army Form W. 3212. (In books of 100)

1012 b 69

Regtl. No., Rank and Name Carter, Pte Geo Corps C.F.A.

Disease Chron Bronchitis Hospital MRBCst

To Officer i/c Laboratory. Ward 32 Tent

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 4-4-17 R W Barker

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 4/4/17 E A Campbell Capt AMC

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

3

Army Form W. 3212. (In books of 100)

1012269

Regtl. No., Rank and Name Carter Pte. Geo. Corps C.S.A.

Disease Chron Bronchitis Hospital MBCSX

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to TB

Date 5-4-17 C W Barker

O. i/c Ward.

LABORATORY REPORT.

No T B found

Date of Examination 5/4/17. E Campbell Captain

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

4

Army Form W. 3212. (In books of 100)

1012669

Regtl. No., Rank and Name Barber, Pte Geo Corps C.F.A.

Disease Chron Bronchitis Hospital MPCH

To Officer i/c Laboratory. Ward 37

Please carry out an examination of the accompanying specimen of Sputum

with special regard to TB

Date 6-4-17 F W Baker

O. i/c Ward.

LABORATORY REPORT.

Geo L Bloomer

Date of Examination 6/4/17. E A Campbell Capt AMC

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

6

Army Form W. 3212. (In books of 100)

1012669

Regtl. No., Rank and Name Carter, Pte Geo Corps CFA

Disease Tubercle of Lung Hospital MBCSR

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to TB

Date Ap. 7 - 17 P W Barker

O. i/c Ward.

LABORATORY REPORT.

No T B found.

Date of Examination 7/4/17 E A Campbell Capt Chem

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

9

1012669

Army Form W. 3212. (In books of 100)

Regtl. No., Rank and Name Cartier Pte Geo Corps C Sa

Disease Tubercle of Lung Hospital MPCH

To Officer i/c Laboratory. Ward 3Y

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date Ap. 9. 17 F W Barker

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 9/4/17. E A Campbell Capt RAMC

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

8

Army Form W. 3212. (In books of 100.)

1012669

Regtl. No., Rank and Name Carter, Pte Geo Corps CSA

Disease Tubercle of Lung Hospital MPSCH

To Officer i/c Laboratory. Ward 3rd

Please carry out an examination of the accompanying specimen of Sputum

with special regard to TB

Date Ap 9. 17 F W Barnes

O. i/c Ward.

LABORATORY REPORT.

No TB found

Date of Examination 10/4/17. E A Campbell Capt AMC

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

J. J. K. & Co., Ltd., London, S.E.
W 16569/M 251. 4,000,000. 2/16.

Forms
B. 252
32

Army Form B. 252.
(*see* King's Regulations.)

CHARGE.

Moore Bks.Hospital

BATTERY, SQUADRON, TROOP OR COMPANY.

CHARGE against No. 1012669 Pte Cartier G.

Place.	Date of Offence.	Offence.	Names of witnesses.	Punishment awarded	By whom awarded.
Folkestone	20 th April 1917	(1) Absent in South St.till apprehended by Mil.Pol. about 2.30pm (2) Improperly dressed (No blue band.)	Cpl. Daggitt C.M.P. L/Cpl. Garner M.F.P.		

G A Lewin Capt
ASST. PROVOST MARSHAL
FOLKESTONE

Commanding Battery,
Squadron, Troop or Company.

Statement of Evidence Against No.1012669 Pte.Cartier G.

Moore Bks. Hos.

Sir,

About 2.30pm on the 20th inst. I was on duty in South St. where I saw the accused. He had no pass. I arrested him and conducted him to the Guard Room where he was detained. On being searched his blue band was found in his pocket.

R. T. Daggett Cpl. C.M.P.

Sir,

I was present when the accused was arrested.He had no pass.

J. Garner L/Cpl. M.F.P.

Fr[illegible]n only.—Unit, Number, Rank and [illegible]me.

M. F. W. 54. (A. F. B. 10[illegible]
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 230th Forestry Batt

Regimental No. 1012669 Rank Pte Name Carter Louis Georges

Enlisted (a) Oct. 21/16 Terms of Service (a) C. E. F. One year or Dur. Service reckons from (a) Oct. 21/16

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				
		Embarked	Halifax	24/1/17	
		Disembarked	Liverpool	6/2/17	
20-2-17	D of T.O.	T.O.S. Can: For: Corps. (Draft from Canada)	London	6-2-17.	D.O. Pt II No. 44. W. J. Wilson Lieut & Asst-Adjt. C.F.C.

E. A. Thomas Lt.

HOSPITAL REPRESENTATIVE
FOR ADJUTANT GENERAL CANADIANS
MOORE BARRACKS HOSPITAL
SHORNCLIFFE

INVALIDED TO CANADA FOR
FURTHER MEDICAL TREATMENT

(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 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				

Copy

X Ray Dept

Record No 44492
6/4/17

Ward 32 A/D No 2617
101266q Pte Cartier G. C.F.C.

Excursion right diaphragm restricted & irregular. Hilus shadows & lung markings pronounced especially right lower lobe. Numerous nodes at hilus.

W. Rager
Capt R.A.M.C.
O/C X Ray Dept

13

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name 1012669 Pte Carter G Corps C F A

Disease Chron Bronchitis Hospital M.B.C.H.

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 30/3/17. H O Butzow Capt.

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Streptococcus +++

Date of Examination 30/3/17 E A Campbell Capt A.M.C.

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

1012669

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name Carter, Pte Geo Corps C.F.A.

Disease Chro. Bronchitis Hospital MRCST

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 29-3-17. D.W. Barker

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 29/3/17. R.B. Jenkins Capt

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

Moore Barracks Canadian Hospital.
Shorncliffe. Kent.

Date.....1917.....

REQUISITION. Urinalysis REPORT

DATE. Mar 29/17 COLOUR Lt Amb.

REG.NO. 1012669. S.G. 1020

NAME. Carter George. REACTION. Acid

UNIT. C.F.A. SUGAR. neg

WARD. 32 ALBUMEN. neg

DIAGNOSIS. Chr. Bronchitis MISCROSCPIC.

EXAM REQUIRED. Routine R B Jenkins

Capt C.A.M.C.
Officer i/c Laboratory.

X. Ray Department,
Moore Barracks, Canadian
Hospital, Record No. 4472
14

M.B.C.H. 6/4/17

Ward 32. Bed. A/D. No. 26176.

#1012669. Pte. Cartier, G. C.F.C.

Excursion right diaphragm
restricted and irregular. Hilus shadows
and lung markings pronounced especially
right lower lobe. Numerous nodes at hilus.

W H Eagar

Capt. C.A.M.C.
O. i/c X. Ray Department,
Moore Barracks, Canadian

Capt., C.A.D.C.
Officer i/c Dental Service.

MOORE BARRACKS CANADIAN HOSPITAL.

Shorncliffe ..... .1917

This is to certify that I have examined:-

No.	Rank	Name	Unit
1012669	Pte	Carter Geo	235th

and find that he is
~~is not~~ dentally fit, ~~and requires the following Dental treatment:-~~

AC 1567

March 30/17

H. Schmidt

Capt., C.A.D.C.
Officer i/c Dental Service.

REQUISTION	REPORT
DATE Apr 7-17	COLOUR
REG. NO. 1012669	S.G.
NAME Carter Phelps	REACTION
UNIT C.7a	SUGAR
WARD 37	ALBUMEN neg
DIAGNOSIS	MISCROSOPIC
EXAM REQUIRED albumen Diago - Indoe	neg

CAPT. C.A.M.C.
OFFICER I/C LABORATORY.

REQUISITION urinalysis.

DATE Mon. 29/5/17.

REG. NO. 1112669.

NAME. Carter Sergt.

UNIT C F A

WARD 32.

DIAGNOSIS Chron Bronchitis

EXAM REQUIRED. Routine.

REPORT

COLOUR Straw

S.G. 1020

REACTION acid

SUGAR neg.

ALBUMEN neg.

MISCROSOPIC

R B Graham

CAPT. C.A.M.C.

OFFICER I/C LABORATORY.

REQUISITION Urinalysis.

DATE Apr. 8/17.

REG. NO. 101 2649

NAME. Carter Geo Pte.

UNIT C.F.A.

WARD 37

DIAGNOSIS Chron Bronchitis.

EXAM REQUIRED. Albumin
Diap - Indet. Pus

REPORT

COLOUR Pale.

S.G. 1030

REACTION acid

SUGAR neg.

ALBUMEN neg.

MISCROSOPIC

CAPT. C.A.M.C. E A Campbell
OFFICER I/C LABORATORY.

Moore Barracks Canadian Hospital.
Shorncliffe. Kent.
Date.....1917....

REQUITION. Urine analysis

REPORT.

DATE. Apl 6th

COLOUR. Lt Amb

REG.NO. 101264 1.

S.G. 1030

NAME. Carter Geo Ale

REACTION. Acid

UNIT. C.F.A.

SUGAR. Neg

WARD. 32.

ALBUMEN: Neg.

DIAGNOSIS. Chr Bronchitis

MICROSOPIC.

EXAM REQUIRED. Albumin.

H A Campbell.

Capt. C. A. M. C.

Diazo. Indol. Pos.

Officer i/c Laboratory.

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

NAME Collins, C. C.

RANK AND CORPS Pte. Can. Inf. Corps

CABLE

NO.	DATE

NATURE OF CASUALTY

REGT'L NO 101266

H. Q. FILE NO. 649-

FOLLOWS

NO.

FOLLOWS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
146	R.H.C.C. Montreal	5.6.17	G.R.C.H. Class 2.
177.	" " "	12.7.17	Trans. from Irish -
300	" " " "	3-12-17	" L.I.M.S. to D.C.H.
237.	" " " "	20-9-17	Trans to G.R.C.H.
279	" " " "	9-11-17	D.C.H to L.I.M.S. for treatment
300.	" " " " "	3-12-17.	trans. L.I.M.S. to D.C.H.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
64	Mersey Bom. Hosp. "Dalhousie" M. H. E.E. Birkenhead	3-4-17 11-5-17. 13-10-17	Debility. Chronic Bronchitis. S.H.E. & T.J. M.S.

NAME Carley Geo.

REGT'L No. 101269

H. Q. FILE No. 649.

RANK AND CORPS Pte. 230th Bn

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
7333.	17.5.17	Sailed from Liverpool for Canada per Hosp Ship Letitia. May 13/17 Debility.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Cartier,	L.G.	1012669.

Rank	Unit	Co.	Troop	Batty.
Pte.	Can. Forr. Corps.			

Hospital: Moore. Barracks.

Date of Admission: 2-4-17.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Bronchitis. Chr.

Later Diagnosis (if changed)

(2) Debility. x

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 5-4-17. 64.

16.5.17 91

Date

Dis 11-5-17.

REMARKS

x To Canada per H.S. "Letitia" from Liverpool. 11.5.17.

RW

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

I .....Geo. Cartier.....do solemnly declare that I have answerdd all questions most truthfully and to the best of my knowledge and beleif. That I have not withold any information whatsoever.

Witness, Sgd. Geo. Cartier.....

.....A C Seymour.....

Number 1012669 Rank Pte.

Surname CARTIER

Christian Name Louis Georges

Units C.F.C. Theatre of War England

Date of Service 6/2/17

Remarks

Latest Address St. Guillaume d'Upton P.Q.

a Page H309

Roll No. Remarks. Date.

200m.-6-21.

Rank..... Regtl. No.....

Fyle Depot.....

.....M. or S. Age..... Religion..... Ref. H.Q.....

.....

.....

.....

.....

.....

Character on
ate..... discharge.....

Date and place of
..... enlistment.....

Date of Medical
..... Boards .....

Remarks	Pt. 2 Order No.

No. 1012669 RANK Pte NAME Cartier G.

T. O. S. 21-10-16 UNIT 230th Battalion
DO 950 23-10-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct 21	Oct 31	"		
	Nov	✓		
	Dec	✓		
	Jan 1917	✓	5 days pay forfeited a sick draft	Jan pay list DO 1421 21-1-17

Form R. 149.
7106—250m—7/2/17.

Name Louis Georges Cartier Rank Pte. Reg. No. 1012669.

Unit Can Forestry Corps

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
2-4-17	Moore Bks Hosp.	Shorncliffe	Bronchitis Chr.	64.		
11-5-17.	Discharged.	"	"	91		

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

Form D.M.S. 1317.
1202—15m—21/11/16.

HOSPITAL.

A. & D. No. 26176 Ward 32-20

Unit C.F.C. C.G.A. # 1 Sick or Wounded.

Regtl. No. ~~101306~~ 1012669 Pl. of Act'n

Rank Pte Name Barlier Geo

Age 22 Religion R.C.

Service Compl'd 6/12 Time with Field Force

Diagnosis Chrome Bronchitis

Admitted MAR 23 1917 Discharged 11.5.17 To Canada

Transferred Hall No No 5 40

RECORD FURTHER REMARKS ON BACK.

33

Orig. recd. from ..... /..../191..
Dup. recd. from MBCH. 8/4/1917

Orig. sent to ..... /..../191..
Dup. sent to ..... /..../191..

Registered this Orig. 8/4/17
Dup.

Abstract ..... Xref 32

SURNAME. Cartier 649-C-12459

SOS lis

CHRISTIAN NAMES Louis George

15/2/18. 65 1. 4

REGL. No. 1012669 RANK Pte.

UNIT 230th (2nd R.D.)

Bn

FORMER CORPS Mil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cartier Mrs. Parmelie

Order in 4 see file

RELATIONSHIP TO SOLDIER Mother

ADDRESS St Guillaume Dupton, P.Q.

COUNTRY OF BIRTH Canada St Guillaume Dupton, P.Q. DATE May 16th 1894

PLACE OF ATTESTATION not stated. DATE Not stated

018. 23/1/17.

R/C 22-5-19

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

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

From Halifax Per S.S. Scandinavian 23-1-17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Mechanic. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 22 YEARS 5 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Dark HAIR Dark

DISTINGUISHING MARKS 2 Vacc L. arm.

MEDICAL EXAMINATION. PLACE Ottawa, Ont, DATE Oct 21st 1916.

Present Address St Guillaume D'Upton P.Q.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

This space to be for numbers

M

Proceedings on Discharge.

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

I

No. 1012669

Rank Private

Surname Cartier

Christian Name George

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 230th Battalion

Date of Discharge 15/2/18.

Place of Discharge Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 9 months.
Height 5 feet 6 inches.
Complexion Sallow
Eyes Brown
Hair Black
Trade Mechanic
Intended place of residence (To be given as fully as practicable.) St Guillaume d'Upton, Quebec.

Descriptive Marks

Scar oblique linear through right eyebrow, one inch long.

2. The above-named man is discharged in consequence of

Medical Unfitness due to Tuberculosis (Phthisis)
Authority H.Q.4D.22-C-785 Dated Feb.1st 1918 and in accordance with instructions in Circular Letter No.285 H.Q.16-1-25 December5th 1917.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Mechanic

K C Company 230th Battalion

Non-effective branch 21-2-18

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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.....

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. G. Cartier.....(*Signature of Soldier.*)

(Date).....15/2/18. P. Stupton.....(*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....1....years....120....days.

11. **Confirmation of Discharge.**

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

(Place).....Montreal.

(Date).....FEB 16 1918

(*Signature*).....

MAJOR

O.C. "A" Unit

Military Hospitals Commissions Command.

MILITARY HOSPITALS HEADQUARTERS FEB 16 1918 "A UNIT" COMMISSION 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.)

None. G. Cartier

(OVER)

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

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

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

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

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-6.
H. Q. 1772-39-11.

DETAILED MEDICAL HISTORY OF 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.

MEDICAL HISTORY OF AN INVALID.

1. Station. Montreal.
2. Regiment or Corps. 230th
3. Regimental No. and Rank. #1012669 Pte.
4. Name. Cartier, George.
5. Age last Birthday. 23
6. Enlisted on 21st October, 1916. at Ottawa.
7. Former trade or occupation. Farmer.

8. General remarks on his:—
(a) Conduct.
(b) Habits.
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Sept. 20, 1917.

9. Service. Years. Days.

PERIODS	
From	To

10. (a) Disease or disability. Debility.
(b) Date of origin. Feb. 1917.
(c) Place of origin. England.
(d) Cause. Service.

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.)

General condition below par. Afebrile. Weight is stationary at 120. Appetite and digestion not good. Chest: below average size. Expansion, fair, equal. Resonant. B.S. vesicular. No rales elicited on coughing. Circulation, negative. Other systems normal. X-Ray of chest shows extensive mottling of both lungs, regarded as pathological. Sputum, (two exams) negative to T.B.C.

12. (a) Is the disability the result of service or climate? Yes.
(b) Has it been aggravated by intemperance, vice or misconduct? Not to my knowledge.

M. F. B. 227.

200M. 8 16.
1772-39-117.

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

Small brown mark right neck two inches below ear.

(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.

(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. None.

14. Treatment.

Moore Barracks; Hospital Shorncliffe, England.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? Not aggravated.

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

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. 20%.

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

C. R. Bourne
Capt.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Probably aggravated.

16. Six months.

17. 20/100 total. 10/100 due to service.

18. Is he unfit for Military Service. Yes unfit at present.

Recommendations: That he be sent to a Sanitarium for treatment. T.B. to be ~~injected~~ suspected at beginning.

Signatures:—

A M Ashton
President.
Lt.Col.

H Aubry Mayo
Members.

Station. Montreal, Que.
Date. Sept.27th, 1917.

Albert Paré

ASSISTANT DIRECTOR MEDICAL SERVICES
M.D. No. 4
APPROVED
OCT 3 1917
MONTREAL, Que.

Date.

Asst. Director of Medical Services.
MAJOR
For A.D.M.S.

Approved.

Date.

Director-General of Medical Services.

P. 559

MARRIED OR SINGLE: S

PLACE OF BIRTH: St Guillaume, Que.

NAME AND ADDRESS OF NEXT OF KIN: Mrs P. Pelinas, St Guillaume Que

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $: EFFECTIVE (DATE):

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 1012669 RANK Pte. NAME Cartier, Louis, Geo.

IF IN PERMT. CORPS WHAT UNIT: UNIT 230th. Forestry Bn. C.E.F. TRANSFERRED TO Dept L. DATE 21/4/17 AUTHORITY Trans Bkd 24/4/17 #7

PERMANENT FORCE ALLOWANCES: TRANSFERRED TO Dept K. DATE 21.4.17 AUTHORITY

PLACE OF ATTESTATION St Guillaume Que. TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION Oct 21st 1916 TRANSFERRED TO: DATE: AUTHORITY:

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO: RELATIONSHIP:

ASSIGNED PAY MONTHLY $: DATE EFFECTIVE

PAYABLE TO: RELATIONSHIP:

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE): EFFECTIVE: REASON:

DISCHARGE DATE AND PLACE Canada 20.4.17 REASON AND AUTHORITY Invalided to Canada Moore Bks. 2nd 14 17.4.17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE):

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE):

A.G. OFFICE, N.E. BRANCH, JAN 3 1918, OTTAWA CANADA

Entered on N.E. Card Index V.W.

Checked by

C.S.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Feby	28	1.10	30	80										30 80	30 80			1548	13/3						#84						30 80				
																		1644	13/3						#84										
Mch	31		34	10											34 10	1482	23 2/14	1615	23/3					944	943			226	31 44	33 43					
Apl 1-20	20		22												22																55 43				
			86	90											86 90					Stelliffe 141	18/4/17					2433		564	31 44 / 24 33	31 10				
	79																												26 / 153	743	23 67				
																								974	1947	2433			969						

Checked Kidd LRC

S.D.A. 4005 2568 1440-13 13 2/14 Trans to Dept. 21/4/17. Moore Bks. 2nd 14 - 17/4/17

Q. m. chgs 9/3/17 Q. 4005 S. 21/3/17 #113 Q. M. chgs 24/3/17 } Extracts from A.S.P.B.

A3M. FORM REN'D — EFFEC. —
DISCHARGED TO Canada DATE 20.4.17
PAYBOOK VERIFIED Extracts from A.S.P.B. 24.4.17
BAL. 23.67 L.P.O. REN'D 20.4.17
AUTH. Invalided to Canada Moore Bks 2nd 14 17.4.17

L'Pte. 230th Arrived in England in bad Shape. His Man will perhaps have a Balance from Canada to be b/f to his a/c
Can Forst Corps Sarlia H.S. Letitia 17/5/17

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			
MONTH	PARTICULARS		CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS		CR. 1	CR. 2	PARTICULARS				CR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
6/11/17	Balf																		23.67																	

Balance transferred to Canadian Liability Ac

Balance transferred to N. E. Branch. Nil

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, J. Cartier understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed. J. Cartier

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Montreal, Que. DATE 23rd Jan. 1918.

1. (a) Unit 230th Battalion. (b) Regimental No. 1012669 (c) Rank Pte.
   (d) Surname CARTIER (e) Christian name George
2. Age last birthday 23 Date of birth 16th May 1895
3. Enlisted at OTTAWA on 21 Oct. 1916
4. Personal description :—
   (a) Height 5 ft 6 ins. (b) Weight 113 lbs. (stripped) (c) Complexion sallow
   (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks scar oblique linear through right eye brow - ine inch long.
5. Address after discharge (for the use of the Board of Pension Commissioners.) St. Guillaume d'Upton, Que.
6. Former trade or occupation Automobile mechanic.
7. (a) Service — Years 1 — Days 92

	Periods From	Periods To
230th Battalion, C.E.F.	21 Oct. 1916	23 Dec. 1917
"A" Unit,	3, Dec. 1917	23 Jan. 1918

   (b) Has he been Overseas? Yes, to England only.
8. Present disease or disability (use authorized nomenclature if possible). Tuberculosis (Phthisis)
   (a) Date of origin March 1917. (b) Place of origin 419 England.
   (c) Cause* Exigencies of service.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

An emaciated sallow complexioned male- appearance listless. Reflexes normal, no tremors. Temperature at this examination 99 F. Heart, etc:- objectively negative except that there is undue breathlessness on exertion. Lungs:- Chest is flat symmetrical in movement & in shape except for slight relative deepening of right supra-clavicular fossa. Percussion note is impaired in resonance in right supra- and inter-scapular regions posteriorly, and in supra-clavicular fossa & infra clavicular region of left side. In last mentioned area the breath sounds are quite roughand expiration prolonged & accompanied by ~~[illegible]~~ rales. In apices posteriorly and inter-scapular regions are crepitant rales. Sputum examinations have been negative.
The roentgenologist reports:- "accentuation of bronchial shadows, more marked on right with increase of glandular elements ------- regarded as pathological, especially with reference to bronchi".
Other systems are negative.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

15 M.-6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

nlisted 21 Oct./16. Went to England Jan.1917. Carried on until March, developed pain in right thoracic region, and cough. Was in Moore Barracks Hos 1-1/2 months. Came to Canada in May 1917. Treated in Grey Nuns Conv. Home Montreal, later at Ste Agathe des Monts. He refuses further treatment.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

Tuberculosis 100%

12. Did the disability arise on or off duty ? On duty.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? One year.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

Moore Barracks Hosp. Shornaliffe. Montreal Gen'l Hosp.
Grey Nuns Conv. Home, Montreal Khaki League Conv. Home.
Laurentide Inn Conv. Home, Ste Agathe, Belmont St. Montreal.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

Yes, (he refuses treatment).

19. Can the former trade or occupation be resumed ? No.

20. Recommendations Discharge, Class "E" unfit.

C C Burchard, Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned G. Cartier, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

MG.

G Cartier
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

WE CONCUR.

22. Is the soldier fit for

(a) General service, (Category A) (Yes or No).
(b) Service abroad, not general service, (" B) (Yes or No).
(c) Home service, (Canada only), (" C) (Yes or No).
(d) Temporarily unfit, (" D) (Yes or No).
(e) Unfit for service in Categories A, B and C, (" E) (Yes or No). No.

23. It is certified that the soldier

(a) Does require treatment.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Discharge, Class "E".

H E Ryan Maj — *President.*
G Gaffney Capt
W W Bowen Capt — *Members.*

STATION Montreal.

DATE 24 January 1918.

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED MONTREAL

W E Nelson

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at England, on the day of 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President*.
LIEUT.-COL. W. GRANT MORDEN.
LIEUT.-COL. D. MCLEAN
MAJOR R. RAIKES, C.A.M.C.
MAJOR HUME BLAKE.
MAJOR T. H. MACDONALD, C.A.M.C.

Proceedings.

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

President.
Lt.-Col.

Major, C.A.M.C.

Lt.-Col.

Major.

Major, C.A.M.C.

D.M.S. 1312.
Army Form B. 179.
Canada.
4516—5M—8/1/17

Medical Report on an Invalid.

MOORE BARRACKS,
CANADIAN HOSPITAL
SHORNCLIFFE.

Station

Ward 32

Date 7/4/1917

1. Unit 230 Bn C.F.C. C.E.F.
2. Regimental No. 1012669
3. Rank Pte
4. Name CARTIER, George
5. Age last birthday 22
6. Enlisted on 21-10-1916 at Hull P.Q.
7. Former Trade or Occupation Mechanic, Motor

8. Disability.

Debility

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.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE FOR ADJUTANT GENERAL CANADIANS, MOORE BARRACKS HOSPITAL, SHORNCLIFFE.

9. Date of origin of disability. Questionable but before enlistment

10. Place of origin of disability. Canada before enlistment

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Patient states that he enlisted in the above Bn as above and has not made any transfers Came to England 4/2/1917, Patient states that his condition is worse since coming to England.

Past illnesses. Had typhoid fever five years ago, sick for five ~~xxxxx~~ ~~xxxxxxx~~ weeks when he had a relapse, sick for three months, developed severe cough, with a lot of expectoration, made very slow recovery and not quite complete, Cough and chest involvement persisted, did only light work for a long time after. Disclaims venereal diseases.

Past occupations. Was employed around agarage doing light work for a year preceding his en istment, before that was livin a at home and did only light work.

Family history. Had four brothers and two sisters who died during infancy.

12. (*a*) Give your opinion as to the causation of the disability. Disease contracted before enlistment.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

(1) No.
(2) No. Acquired disease before enlistment causing predisposition. Would not consider it aggravated by ~~xxxxx~~ climatic or active service conditions.

B. P. C. FOLIO
FALSE DOCKET
3

13. What is his present condition ?

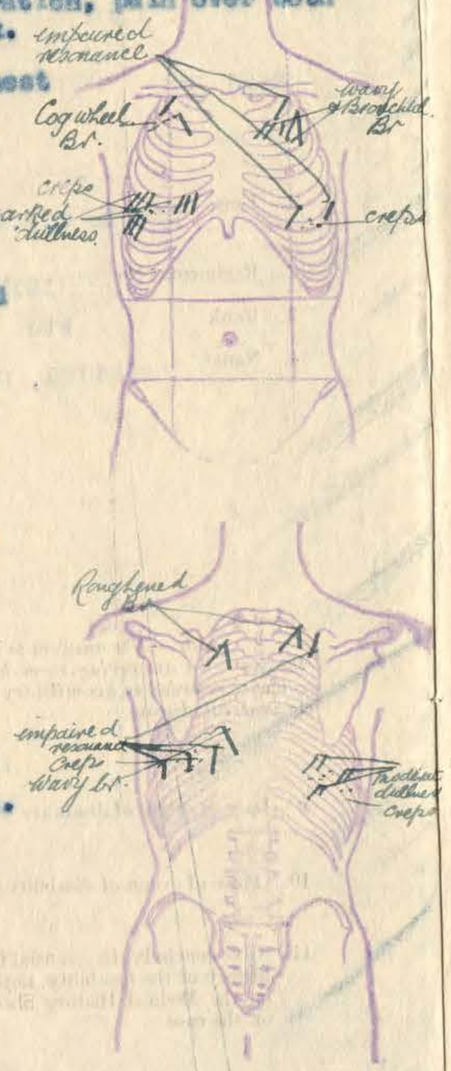
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Patient states that his present complaints are shortness of breath, night sweats, cough with little expectoration, pain over both bases and right apex.

Physical examination. As per diagram.
Poor expansion, thin chest
ed and debilitated.

Sputum analysis. Negative T.B. .cool ec T.O.
Urinalysis Negative positive.
Indol. test positive.
Other systems and organs examined and found to be apparently normal.

This is a clinically positive T.B. and should have Sanatorium treatment.



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

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

Not applicable

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

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

Not applicable.

16. Was an operation performed ? If so, what ? No

17. If not, was an operation advised and declined ? No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service ? No

19. Do you recommend

(*a*) Fit for duty ? No
(*b*) Fit for light duty ? No
(*c*) Invalided to Canada ? ~~No~~ YOS
(*d*) Discharge as permanently unfit ? No.

(Sgd) H J Stephens Capt CAMC.
Officer in medical charge of case.

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

Station Moore Barracks Canadian Hosp (Sgd) Wallace A Scott Colonel CAMC
Officer in charge of Hospital.
Moore Barracks Can. Hosp Shorncliffe

Date 9 April 1917

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

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

6449-6-12459

Opinion of the Medical Board.

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

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

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

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

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. (1) No (2) No

(*b*) If due to one of these causes, to what specific condition do the Board attribute it ? Not applicable

Remarks:- This is an old condition, which has been slightly aggravated by service.

1. Has the disability been aggravated by

(*a*) Intemperance ? No
(*b*) Misconduct ? 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 ? Total for six months, ¼ of which is due to service.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable ? Not applicable

26. Do the Board recommend

(*a*) Fit for duty ? No
(*b*) Fit for light duty ? No
(*c*) Invalided to Canada ? YES
(*d*) Discharge as permanently unfit ? No

F

Signatures :— W. Bethune, Capt. CAMC. President.

H. J. Stephens, Capt. CAMC. Members.

Station Moore Bks. Hosp.

S. Date Apr. 10th, 1917.

Approved.

Station SHORNCLIFFE—
(19, Westbourne Gardens, Folkestone.)

Date 11 APR 1917

J A Birch
Administrative Medical Officer.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE. CAPT.