

ATTESTATION PAPER.
97th OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 208145
Folio. 2

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

- 1. What is your surname?..... Dwire.....
- 1a. What are your Christian names?..... Garrie Rondell.....
- 1b. What is your present address?..... 207 Preston St., Detroit, Mich.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... Silverton, Oregon.....
- 3. What is the name of your next-of-kin?..... Catherine Dwire.....
- 4. What is the address of your next-of-kin?..... 80 Silverton, Oregon, U.S.A.....
- 4a. What is the relationship of your next-of-kin?..... Mother.....
- 5. What is the date of your birth?..... March 25, 1892.....
- 6. What is your Trade or Calling?..... Rubber Worker.....
- 7. Are you married?..... No.....
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.....
- 9. Do you now belong to the Active Militia?..... Yes.....
- 10. Have you ever served in any Military Force?..... 7yrs. & 7mo. U.S. Navy.....
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.....

18
61
22
101
63
90
11
124

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Garrie R. Dwire, 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.

Garrie R. Dwire (Signature of Recruit)

Date.. March 10..... 1916.

Harold Keating (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Garrie R. Dwire, 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.

Garrie R. Dwire (Signature of Recruit)

Date. March 10..... 1916.

Harold Keating (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 Windsor, Ontario..... this..... 10th..... day of March..... 1916.

[Signature] (Signature of Justice)

Description of Garrie Rondell Gary Dwire on Enlistment.

Apparent Age 23 years 11 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 6 ft. 1 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 5 ins.

Complexion Fair

Eyes Gray

Hair Light

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date March 10 1918

Place Windsor, Ontario

W. J. Beasley
Lieut. Col.
 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.

Garrie R. Gary Dwire 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.

W. J. Beasley (Signature of Officer)

Date March 10 1918

C.E.F

RIE RONDELL

208145

97 BN

42772

DIED 11-4-18

2786





208145
I.D. number
No. d'identification

DWIRE
Surname
Nom de famille

GARRIE RONDELL
Given names
Prénoms

D.O.D. 11-4-18

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 2786

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



ORIGINAL

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... 97TH... O.S. Battalion C.E.F.

(2) Regimental Number... 208145

(3) Full Name of Soldier... Garrie Rondal Dwire

(4) Place of Birth... Silverton, Oregon, U.S.A.

(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? ... No

(8) Have you any children? ... No

If so, give number of boys and girls.....

Also their names and ages.....

ORIGINAL

(9) Is your Father alive? Yes.....

If so, state name and address Dumont Dwire, San Pedro, California, U.S.A.

(10) Is your Mother alive? Yes......

If so, state name and address Catherine Dwire, Silverton, Oregon, U.S.A.

(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.

Mrs. Catherine Dwire,

San Pedro, California, U.S.A.

(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? No.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

Date April 27. 1916

J. H. Lewis
Officer Commanding.

Base Co.

Name *DWIRE* ✓ Rank *G. arrie Rondell.* ✓
HC

Reg. No. *208145* ✓

Unit *17th Res* ✓

Next of Kin *usaw*

Paul

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
28.10.17	Can Sea Hop	Bramlett	Influenza	C52		
R 225	4653					
16.4.17	abon diarrhoi	changed to	Pleurisy			
R 226	1714	1904 file 103-4-1	Refusion			
22.12	Nos & lib. exp.	lib. exp.		894		
11.3	Inval to Canada	Do (8988)		C160		
		5683				

A. & D. CARD

Canadian Military HOSPITAL.
 AT Bransholt
 A. & D. No. 6391 PL. OF ACTION 208145
 RANK Otc UNIT 17th Reserve SICK OR WOUNDED
 NAME Duire J. AGE 25 RELIGION C. of C.
 PLACE IN HOSPITAL Ward 12. B
 DIAGNOSIS Influenza
 ADMITTED 27-10-17. FROM 17th Reserve
 DISCHARGED _____ TO: _____
 TRANSFERRED 21.12.17. Kirkdale
 SERVICE AT HOME 18/12. IN FIELD _____
 RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

No. 208145 RANK Plt

NAME Dwyer C. R.

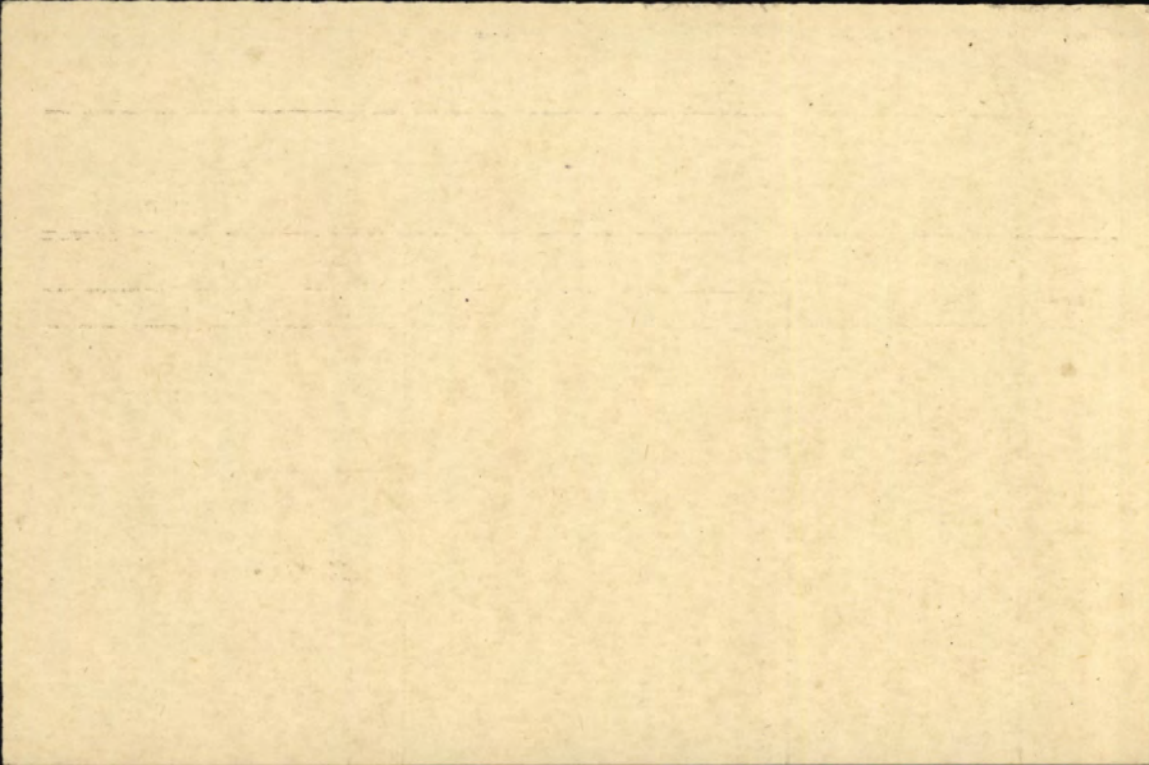
T. O. S.

UNIT

97th Battalion

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			see Dwive G. R.	



No. 20 8 145 RANK Pte.

NAME Lwire S.
Dwyer. C.R.
R.T. O. S. 10 - 3 - 16 UNIT 97 Battalion C. E. F.
(20.78 of 14 - 3 - 16.)

M. D. 2.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1916.

1916.

Mar. 10.

Mar. 31.

✓

Apr.

✓

May.

✓

June.

✓

July.

✓

Aug.

✓

Sept. 1.

Sept. 15.

✓

" 16.

" 30.

N.

UNIT SAILED
SEP 18 1916



42540-42543a

1244 2888
REG. NO. 208145

NAME Durre G.
(SURNAME FIRST)

RANK Pte

CORPS P. C. P.

AGE 26

SERVICE 12 Years

NAME OF HOSPITAL Military

PLACE Quebec

DATE OF ADMISSION 1-4-18 7-4-18

DISEASE N. a. S. N. y. S.

DISCHARGE

OPERATION 2

~~DISCHARGED TO DUTY~~ Died 11-4-18 4 PM

TRANSFERRED TO 7-4-18 (? as to where)

DISCHARGED BY MEDICAL BOARD

SURNAME.

D wire

CARD NO.

CHRISTIAN NAMES

Garric R.

D

FOLL.

REGL. No.

208145

RANK

Pte.

UNIT

*97th**Bn.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

D wire, Catherine

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Silverton, Oregon,
U. S. A.*

COUNTRY OF BIRTH

United States, Silverton, Ore.

DATE

Mar. 25th 1892

PLACE OF ATTESTATION

Windsor, Ont.

DATE

*Mar. 10th 1916**Sailed from Halifax by ex. S.S.**"Olympic" 18/9/16⁵³⁹**RC 23/3/16.2-I*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Rubber Worker

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

23

YEARS

11

MONTHS

HEIGHT

6

FEET

$\frac{1}{2}$

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

5

INCHES

COMPLEXION

Fair

EYES

Gray

HAIR

Light

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Mar. 10th 1916

Present Address

207 Preston St. Detroit, Mich.

U. S. A.

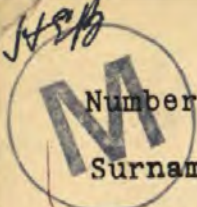
Name **Dwire, Garrie,** Rank **Pte.**
Rondell,
 Unit **R.U.R.**

Reg. No. 208145.

Next of Kin **U.S.A.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-2-17.	Reported from Base, :- Wounded.		Not Stated,			3/3/17. Q.A. 327.09681.
11-2-17	Rejoined Unit.					
10-4	No. 3 Can Gen Hosp Bone		do	A328.		
12-4	Ont. Mil. Hosp Orpington		SW. L. Arm Slt	A361	M2060	14-6
			Do.	B.259		
22-5	Discharged		D	B 289		

14819



Pl 6

Number 208145 Rank

Surname DWIRE

Christian Name Garric Rondell

Units A.C.A. Theatre of War France

Date of Service 3-11-16

Remarks (M) Mrs. K. Dwire, D

Latest Address ~~H.H.~~
Lankershim, P.O.D.

Roll No. B. PAGE 22571 Cal. USA

(This form to be filled in by all ranks on voyage to Canada.)

.....
RANK SURNAME INITIALS UNIT
.....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....

DESP. MAR 28 1923
REGN. NO. 41728

208145 Pte. ~~R. G. Dwire~~, R.C.R. - *U.S.R.L.O.* *M*

Medals & (Mother)
Dec.

Mrs. K. Dwire,
Lankershim, R.F.D.,
Calif., U.S.A.

P. & S. (Father)

D. Dwire, Esq.,
Address as above.

Per # 807049

Memorial (Mother)
Cross

As above.

MAY 4 - 1971
Scroll Desp. Reqn. No 241383

JAN 23 1922
Table Desp. Reqn. No 6 p36239

not elig. 14/15 star
elig. O. m.
B.W. m.

B

741

M 64442 FEB 8 1921

Surname **DWire** Christian Name or Names **G.R.** Reg. No. **208145**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____

Pte **R.C.R. N.S. 17 R.**
 Hospital _____ Date of Admission _____

= 3. Cam. Gen. Boulogne *10. 4. 17*
 Transferred *Ont. Mil. Orpington* Hosp. *12. 4. 17*
12. Cam. Gen. Bramshott. Hosp. *28 10. 17.*
5. Cam. Gen. Liverpool Hosp. *22-12-17.*
 Hosp. _____

Diagnosis *Wd*
 (1) _____
 Later Diagnosis (if changed) *S.W. L. Arm alt. w.*
 (2) _____
 (3) _____
 Additional Diagnosis: if more than one state present *Influenza - Pleurisy with effusion*

DISPOSITION _____ Date *Dis 22-5-17*

C.L. 3-3-17 A327 R.F.B. Wd. 10-2-17 REMARKS
6. 3. 17 a 328. " Reg. Unit 11. 2. 17
- 17. 4. 17 a 1361. Invalided to Canada 11-3-18
- 19. 4. 17 B259. T.T.E. ✓
28-5-17 B289
2. 11. 17 b52.
8-11-17
Drop mems - Dis. changed x
29-12-17-694.
" 16-3-18 C160
 Dis. to Canada per H.S. Araguaya from L'pool. 11-3-18.

A.M.D. 2 Dept.
 Bch. of D.G.M.S. O.M.F.C. London

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

* 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

APR 22 1918

CANADA



assembled at

Quebec

on the

11/4/18

by order of

O C Military Hospital

for the purpose of

reporting upon the cause of death of No 208145 Pte George R Dwire of PCR

649-D-5830

PRESIDENT.

Capt E A Robertson A M C

MEMBERS.

Capt G A Brown A M C

Capt J. A. Key A M C

The board having assembled pursuant to order, proceed to

report as follows: the board having examined the Corps of his English Medical Board, his Case-History Sheet, and as a result of examination of patient during his illness in Military Hospital cannot assign a definite cause of death. But the board suspects that this man may have died from some form of poisoning and therefore recommend that the coroner be notified and that the case be put into his hand for investigation.

M F. B. 303.

100m.-4-16
H. Q. 1772-302-183

Approved

Kaimulis
Lt. Colonel, A. M. C.
No. 5

E A Robertson Capt

G A Brown Capt

J. A. Key Capt



8-1-88
434
435

01/31/22 1/8

APR 22 1988

18
Habe

10

FORM OF WILL.

I, **Garnie Rondel Dwire** (Name in full)
Regimental Number **208145** serving in **26th Can Res Batta of the**
~~the Overseas Military Forces of Canada~~, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

)
) Name and Address
) of person or
) persons to whom
) it is to go.
)

absolutely, and my personal estate I bequeath to **my mother**

Mrs Catherine Dwire
Silverton Oregon
U.S.A.

)
) Name and Address
) of person or
) persons to receive
) personal estate.
) (See note).
)

IMPORTANT NOTE

This must be signed
and dated by the
Soldier Himself.

this **27th** day of **Sept.** A.D. 191**7**.

Carrie Rondel Dwire

Signature of Soldier.

N.B. Personal estate includes pay, effects, money in bank, insurance
policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in
the presence of us both present at the same time, who in his presence at
his request and in the presence of each other have hereunto subscribed our
names as Witnesses.

Signature of First Witness **T W Seagram Capt**
The Two Address of Witness **Bramshott Hants**
Witnesses Occupation of Witness **Pmr 26th Reserve Batta**
Must Sign Here. Signature of Second Witness **T.L. Bindley**
Address of Witness **Bramshott Hants**
Occupation of Witness. **Clerk**

ORDS REC'D Y O M F C.	
GREEN APT LT HOUSE,	
OLD BAILEY LONDON E.C. 4.	
R.L.	
4 - JUL 1918	
FILE CHARGE	SINCE
TO	
ACTED	

I hereby certify the above to be a true copy of the original Will now on
file in Estates Branch, O.M.F.C.

Date **28th June 1918.** *[Signature]* Lieut.
for OFFICER I/C ESTATES, O.M.F.C.

NOTE Died **in Canada See Ottawa Letter**

Transferred **24-6-18.**
No. 208145. Pte. G.R. Dwire. 26th. Res.
(BAC.) 26281.

LI

FORM OF WILL

(Name in Full)

I, the undersigned, being of sound mind and memory, do hereby declare that this is my last will and testament, and I hereby bequeath all my estate and effects unto the following persons, to wit:

My wife, Mrs. [Name]
My daughter, Miss [Name]
My son, Mr. [Name]

And I do hereby declare that I am not making this will under any duress, coercion, or undue influence, and that I am fully aware of the nature and extent of the property I am disposing of, and of the persons to whom I am bequeathing the same.

In witness whereof, I have hereunto set my hand and seal, at the City of [City], State of [State], this [Day] day of [Month], A.D. 19[Year].

City of

State of

And I do hereby declare that I am not making this will under any duress, coercion, or undue influence, and that I am fully aware of the nature and extent of the property I am disposing of, and of the persons to whom I am bequeathing the same.

And I do hereby declare that I am not making this will under any duress, coercion, or undue influence, and that I am fully aware of the nature and extent of the property I am disposing of, and of the persons to whom I am bequeathing the same.

And I do hereby declare that I am not making this will under any duress, coercion, or undue influence, and that I am fully aware of the nature and extent of the property I am disposing of, and of the persons to whom I am bequeathing the same.

And I do hereby declare that I am not making this will under any duress, coercion, or undue influence, and that I am fully aware of the nature and extent of the property I am disposing of, and of the persons to whom I am bequeathing the same.

And I do hereby declare that I am not making this will under any duress, coercion, or undue influence, and that I am fully aware of the nature and extent of the property I am disposing of, and of the persons to whom I am bequeathing the same.

Witness my hand and seal, at the City of [City], State of [State], this [Day] day of [Month], A.D. 19[Year].

Testimony of [Name], Clerk of the Court, at the City of [City], State of [State], this [Day] day of [Month], A.D. 19[Year].

NOT

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps P. C. R.

Hospital Station Clearing Dept, Quercy,

No. 208145 Rank and Name Pte. Dwyre

Age _____ Service _____

Disease Not determined Date of Admission April 1st Date of Discharge 4/4/18 Result Unimproved Case Book _____ Folio _____

Dates of Observation	April																													
	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Days of Disease																														
	9 1 5																													
Temperature Fahrenheit	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
106°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
105°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
104°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
103°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
102°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
101°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
100°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
99°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
98°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
97°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Pulse per Minute																														
Respirations per Minute																														
Motions																														

Signature W. W. Sherrill

In charge of case.

CASE HISTORY SHEET.

No. 208145 Rank Pte Name Livie Age 26
Unit R. C. R. Completed years of service Where and how long Ben Overseas.
Date of admission April 1st 1918. Date of discharge April 7th 1918.
Diagnosis ? Place of origin to Military Hospital.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient seems to be under influence of some drug. Does not answer questions intelligently. Came into Sick Parade at 5³⁰ P.M. and complained of not being able to eat.

Present Condition: In bed, at times excited and nervous, then drop off to sleep. Difficult to arouse him. Mind wandering most of time. Was smoking cigarette in bed most of night when he changed he was unobserved.

FAMILY HISTORY

neg.
(Tuberculosis, mental or nervous diseases.)

TREATMENT

Prognathic
Rest in bed.
(Especially any specific or special form.)

CONDITION ON DISCHARGE

Transferred
(and disposal made of case.)

Date 2/4/18

How Hunt Capt
Medical Officer i/c case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps P.P.P. Hospital Station Irish
 No. 208145 Rank and Name Pt. Dwire G Age 26 Service _____
 Disease not determined Date of Admission 7/4/18 Date of Discharge 11/4/18 Result Dead Case Book 124-13 Folio _____

Dates of Observation	Days of Disease																													
	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute			104	100	124	130	140	112	115	124	104	120	120	144	136	152														
Respirations per Minute			28	28	26	28	28	28	26	25	24	28	28	26	34	46														
Motions			1				1				1																			

Epilepsy

Admitted @ 8 p.m.

S. enem. @ 11 a.m.

Cathartic @ 12 m.

High S. enem. @ 11 a.m.

Coffeenum 1/2 m.

High S. enem. @ 11:20 a.m.

Hyp. @ 1:30 a.m.

Duch. grs. 1/20. Digitalin. grs. 1/100. @ 5:30 p.m.

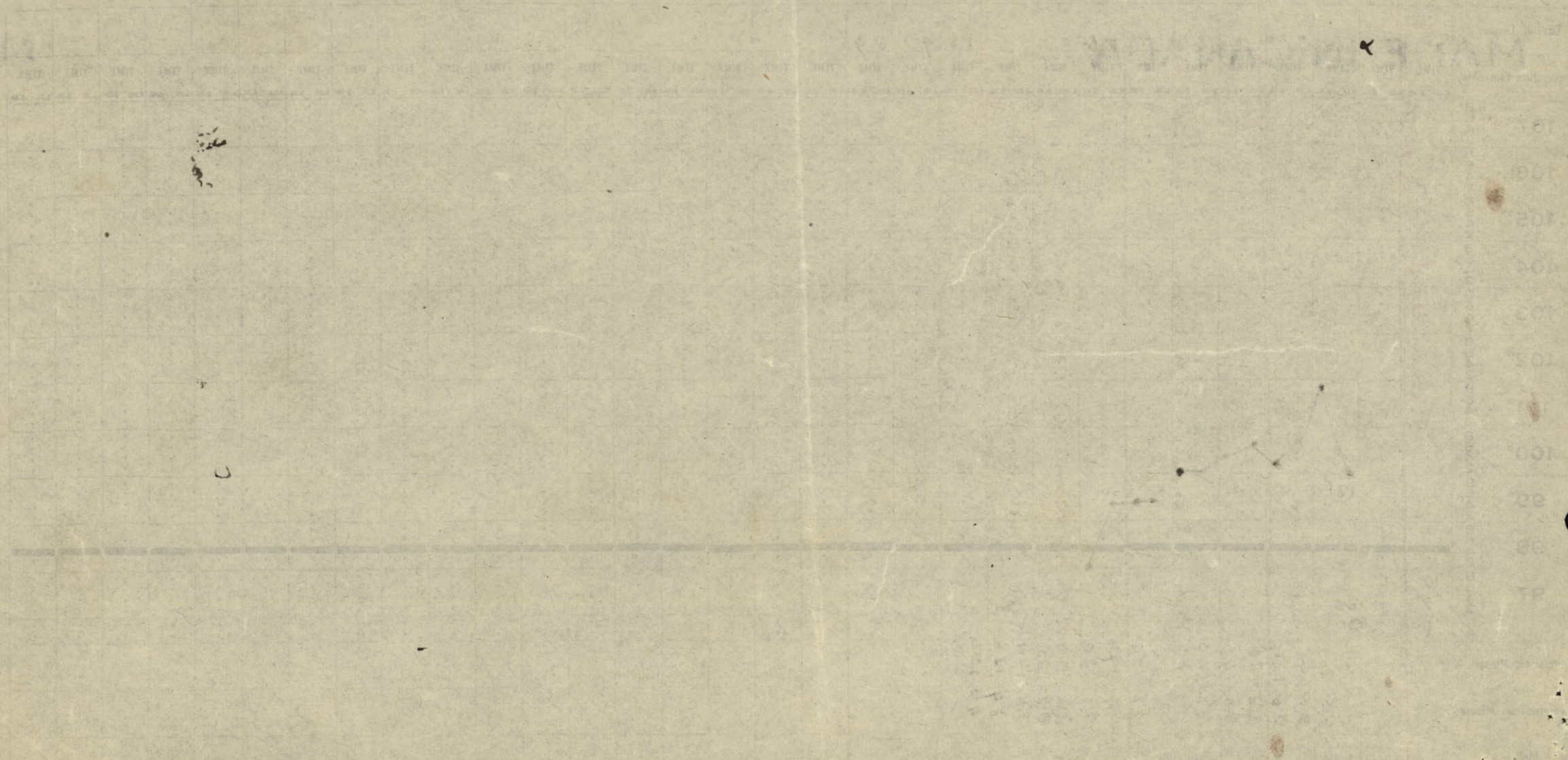
Disch @ 9 a.m.

Signature E. Robertson Cup In charge of case.

CLINICAL CHART

(To be placed in Case Book or on Patient's Case)

Name and Name of Hospital: _____
 Date of Admission: _____
 Date of Discharge: _____
 Age: _____
 Sex: _____
 Hospital Station: _____
 Case Book / Folio: _____



107
 106
 105
 104
 103
 102
 101
 100
 99
 98
 97

CASE HISTORY SHEET.

No. 208145 Rank P4 Name D. W. G. Age 26
 Unit P-C-B Completed years of service 7-4-18 Where and how long }
 Date of admission 7-4-18 Date of discharge 11/4/18
 Diagnosis h y D. Cause of death was never determined Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Soldier was admitted to hospital at 8 pm on 7/4/18 in a comatose condition. HE had returned from England by hospital ship which docked at Halifax on 28/3/18. He was to have been sent to Victoria but was missing on the train & did not turn up at the Clearing Depot for several days. HE was apparently all right on his return but soon sickened and was put in the ward at Clearing Depot. Finally after some days was sent to hospital.

On admission he was insensible to pain and nearly insensible to sound. On shouting ^{questions} he could answer yes & no & follow with his eyes any movement of questioner. His lips were rough & dry and the lower lip had a stain of blood on it - no marks in mouth of any corrosive poison. Temp 100 - Pulse 104 Resp 38. Pupils normal, in response do not react. Corneal reflex present - no retraction of neck or rigidity of any group of muscles - no marks of violence on

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

body or head - Heart sounds normal but feeble - Loud dry rales all over both lungs. Urine catheterized & found normal - no ear condition. 9/4/18 - more rational - Can give his name.

TREATMENT

(Especially any specific or special form.)

10/4/18 - Rather restless - muffled speech is thick & indistinct -

CONDITION ON DISCHARGE

(and disposal made of case.)

Died at 7 pm 11/4/18. Autopsy showed congestion of lungs as immediate cause of death but no remote cause was found. Verdict at inquest was Congestion of Lungs from causes unknown.

Date 11/4/18

C. Robertson M.O. i/c case.

42544 a

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7238
Refo
ORIGINAL MD

MEDICAL HISTORY SHEET.

ORIGINAL
Gary
Gary Gornie Randall

Surname DWIRE

Christian Name

Examined { on 10th day of March 1916
at Windsor, Ontario

Approved by

W. J. Beverly

Birthplace { City or Town Silverton
County Oregon

Rank First Lieut. M.O.

Apparent age 23

Trade or occupation Rubber Worker

17 APR 1917

Height 6 Feet 1/2 Inches

M.O.

Weight 180 Lbs.

M.O.

Chest measurement { Minimum 34 inches

M.O.

Maximum expansion 39 inches

M.O.

Physical development Good

M.O.

Small-Pox Marks No

M.O.

Vaccination Marks { Arm Right Left Yes
Number 2 Two

VACCINATIONS

When Vaccinated last 1910

Apr 10-16

Robert W. ...

M.O.

(a) Marks indicating congenital peculiarities or previous disease none

M.O.

M.O.

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

ANTI-TYPHOID INOCULATIONS, ETC.

Apr 3-16

Robert W. ...

M.O.

" 7-16

M.O.

" 11-16

M.O.

Enlisted on 10th day of March 1916 at Windsor, Ontario

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>97th Bn. C.E.F.</u>			
Transferred to	<u>R C R</u>	<u>208145</u>		<u>March 10 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott.</u>	<u>22.11.17</u>	<u>Pleurisy with Invalidation to Canada Effusion</u>	<u>W. J. Beverly</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.

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.

CANADIAN

Dwive

Christian Name *Raymond* Surname *Boyd*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Ex. Camp	3.10.16	28	3	16	11	4	16	Gonorrhoeic Epidymitis		Julian S. Boyd. Capt	
R.F.B. Wounded		10	2	17	11	2	17	N.S.	Rejoined unit.	A327-A328 HP	
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		11	4	17	22	5	17	G.D. W. Left Fore Arm	42 wound superficial & slight completely healed	H. L. Burns Capt. Cause	
No 12 Gun Hoop Braunschweig		27	10	17	21	12	17	Pleurisy of Effusion	56 Took ill Oct 27. High aspirated 2-11-17. 1 qt serous fluid removed. Improving.	H. L. Burns Major Cause	
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		21	DEC	1917	1	MAR	1918	" "	Improving, but still a great deal of dulness over side posteriorly.	H. L. Burns	
"ARAGUAYA."		11	3	18	22	3	18	" "	Condition unchanged	H. L. Burns	

Duplicate Medical History Sheet noted to here.

~~2 FEB 1918~~
1 MAR 1918
11 FEB 1918

CLINICAL CHART

NO. 1000

1000

DATE

TIME

100

102

104

103

103

101

100

99

98

97

Vertical text on the right edge, possibly a page number or index.



MEDICAL CASE SHEET.*

<p>No. in Admission and Discharge Book. 2-T. 1369. Year 1917.</p>	<p>Regimental No. 208145</p>	<p>Rank. P6</p>	<p>Surname. Divine</p>	<p>Christian Name. G. R.</p>
		<p>Unit. R. C. R.</p>	<p>Age. 25</p>	<p>Service. 12/12</p>
<p>Station and Date. 11 APR 1917</p>	<p>Disease <i>GSW Left Forearm</i> wounded April 9/17 King Ridge sent to 13th F.A. Hqs. Hence to 3rd Canadian General Hospital Hence to Orpington 20/4/17.</p>			
<p>20/4/17</p>	<p>Examination Shows. Slight superficial wound 1 1/2" x 1/2" over radial side of forearm. Surface healthy & granulating. X Ray Shows.</p>			
<p>16/5/17</p>	<p>General Condition good All wounds well healed. Recommended for transfer to Convalescent Duty Harbough M. Laurie Capt.</p>			

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

Station
and Date.

Summary
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	208145.	Pl.	Dwrie.	G.
Year	Unit.	Age.	Service.	
	17 th Res. Batt	25	<u>18</u> 12	
Station and Date	Disease <u>Pleurisy (Right) effusion</u> <u>English Woodson Co. Inc. 9. 1916</u> <u>American.</u> <u>arrived England Sept 18. 1916.</u> <u>France Oct 15. 1916.</u>			
April 7-1916	wounded. <u>O. W. left arm at elbow</u> <u>joint. at Viny Ridge. no</u> <u>disability.</u>			
Oct 23-1917	Took pleurisy at 17 th Reserve. Bromshott. sent to Bromshott. Gen Con Hosp no 12. There until Dec 17. 1917. Had pain in left right side cough dry hacking. with slight fever. fluid accumulated in chest. and was aspirated three times, 42 oz; 35 oz; 18 oz. a clear yellow fluid being drawn off each time. A week between first two aspirations and two weeks between second and third. Patient gradually improved. Patient lost 16 pounds during his illness which he regained. Family history: negative. Personal history. Had measles when he was a child. Other history negative.			

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

Station
and Date.

Boarded for Canada at
Bromsholt.

Next date

Feb. 27-1918 pres cond:- anemic, fairly
well nourished. no cough - pulse
88. regular, full. has some pain still
in front in region of sixth rib. when he breathes
deeply. resp 22. has dyspnoea at times.
tongue clean. Stomach and bowels normal.
Exam of lungs: dulness in front on
right side from sixth to 10 ribs and
behind from sixth to 11th ribs on right
side. - voice and breath sounds

deminished.

heart normal. Patient feels well
and says he is improving every
day

A. F. Ryker

Capit

Comd.

Casualty Form—Active Service.

OSBun

Regiment or Corps 97th Res Bn. Regimental Number 208145
 Rank Pte Surname Quire Christian Name ~~Garry Kendall~~
 Religion Methodist Age on Enlistment 23 years 11 months.
 Enlisted (a) 10.3.16 Terms of Service (a) Doft Service reckons from (a) 10.3.16
 Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) Rubber Worker
 or Corps Trade and Rate Machine Gun
 Signature of Officer i/c Records. C. E. Kuntan Lt.

CERTIFIED CORRECT.
 17 NOV. 1916
 CAN. RECORDS, LONDON.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ... <u>Halifax Ca</u>		<u>18.9.16</u>	
		Disembarked... <u>Lpool Eng</u>		<u>25.9.16</u>	
<u>27.10.16</u>	<u>OC 97th</u>	<u>Trans to R.C.R.'s</u>	<u>Eltherpool</u>	<u>27.10.16</u>	<u>BC 274</u>
					<u>C. E. Logan CAPT.</u>
					<u>ADJT. 97 RES BN C.E.F.</u>
	<u>O. C. G. B. D.</u>	<u>Landed in France</u>	<u>Taken on</u>	<u>Nom. Roll d/</u>	<u>3-11-16</u>
		<u>strength</u>	<u>R.C.R. 200/3/16</u>	<u>Pt. I. D.O 67/</u>	<u>8/11/16.</u>
	<u>do.</u>	<u>Left for</u>		<u>Nom. Roll d/</u>	
	<u>O. C. B.</u>	<u>Arrived</u>	<u>22-11-16</u>	<u>B.213 d/ 25/1/16</u>	<u>DCS 138</u>
<u>17.2.17</u>	<u>OC Unit</u>	<u>Wounded in Action</u>		<u>10.2.17</u>	<u>B213 DCS 160</u>
<u>17.2.17</u>	<u>"</u>	<u>Retd from CCS</u>	<u>Fld</u>	<u>11.2.17</u>	<u>B213 - 160</u>
<u>10.4.17</u>	<u>3rdn Gen.</u>	<u>SW Arm. Co.</u>	<u>3rdn Gen</u>	<u>10.4.17</u>	<u>W3034/279.</u>
<u>11.4.17</u>	<u>"</u>	<u>do reported to Nova Scotia Princess</u>		<u>11.4.17</u>	<u>W3083 (2452)</u>
		<u>Regimental Depot Bramshott</u>	<u>Elizabeth</u>		<u>911043d/20/1/17</u>

(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) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5126 J. P. & Co., Ltd. Forms/E103/S. [P.T.O.]

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.				
15.10.17	17 th Res	TOS from 26 th Res.	Pfc Bishott	15.10.17	Pt II 245 + Pt II 244 26 Res
1-11-17.	NSR.	No 12 Can Gen Hospital (17R)	"	28.10.17	Ch 652 Influenza
28.11.17	NSRD.	TOS from 17 th Res. & shown as patient in Hospital awaiting involving to Canada	Pfc "	26.11.17	Pt II 255 Pt II 286 29/11/17 17 Res.
28.12.17	NSR.	No 5 Can Gen Hospital	Liverpool	22.12.17	Ch 694 Pleurisy Rumina
16.3.18	"	Involved to Canada	"	11.3.18	Ch. 160. Pleurisy "
20.3.18	N.A.R.D	" " " W.S.O.S.	Schiffe	11.3.18	Pt II 71.

Register No. *D.O. 736*

WAR SERVICE GRATUITY

A.P. File No. *3784-G-2*

DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *208145* Name *Garnie Rondell Quire*
 (Christian Name) (Surname)
 Unit *U.O.R.* Rank *Otc* Date of enlistment.....
 Date of casualty *11-4-1918* B.P.C. File No. *85586*
 Was service performed overseas? *Yls.*

DEPENDENT

Name *Mrs Violet Van Loo (nee Quire)* Relationship *Widow*
 Address *752 E 13th St*
Portland, Oregon
USA

Latest Address

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

Amount of Special Pension Bonus \$ *80* Abstracted by *E Maher*

Eligible for Gratuity \$ *180-*

Less amount of Special Pension Bonus paid..... \$ *80-*

Less Debit Balance of S. A. or A.P..... \$ *80*

Total deductions \$ *160*
80

Balance due \$ ~~*100*~~ *20-*

30-11-20

Cheque No. *9.1903624* Date issued *DEC - 3 1920*

REMARKS: *See Ledger Sheet # 2*
cheque for \$ 80. to B.P.C. as
per file 18 on file

Clerk *Blank*

Audited by *J. Bradbury*
 Date *1-12-20*

D.O. 736
9-12-20

Register No. *DD 736*

WAR SERVICE GRATUITY

A.P. File No. *5184 G 2*

TO
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. *208145* Name *Garrie Louedel* (Christian Name) *Dwore* (Surname)

Unit *DOR* Rank *Plt* Date of enlistment.....

Date of casualty *11-4-18* B.P.C. File No. *85586*

Was service performed overseas? *Yes*

Name *Board of Pension Commissioners* Relationship *DEPENDENT*

Address *Transportation Bldg*

Ottawa, Ont

Amount of Special Pension Bonus \$..... Abstracted by.....

Eligible for Gratuity \$ *80-*

Less amount of Special Pension Bonus paid..... \$.....

Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$.....

Balance due \$ *80-*

Cheque No. *9.1903623* Date issued *DEC - 3 1920*

REMARKS *See ledger sheet # 1 for award above cheque as per folio 18 on file*

Clerk *S. Clarke*

Audited by *J. Bradbury*
Date *1-12-20*

DD 134 9/12/20

M.F.W. 2652
25M-6-20.
H.Q. 1773-89-1473

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
 1772-89-1140

Remarks.

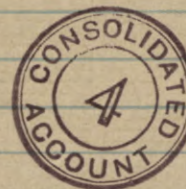
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

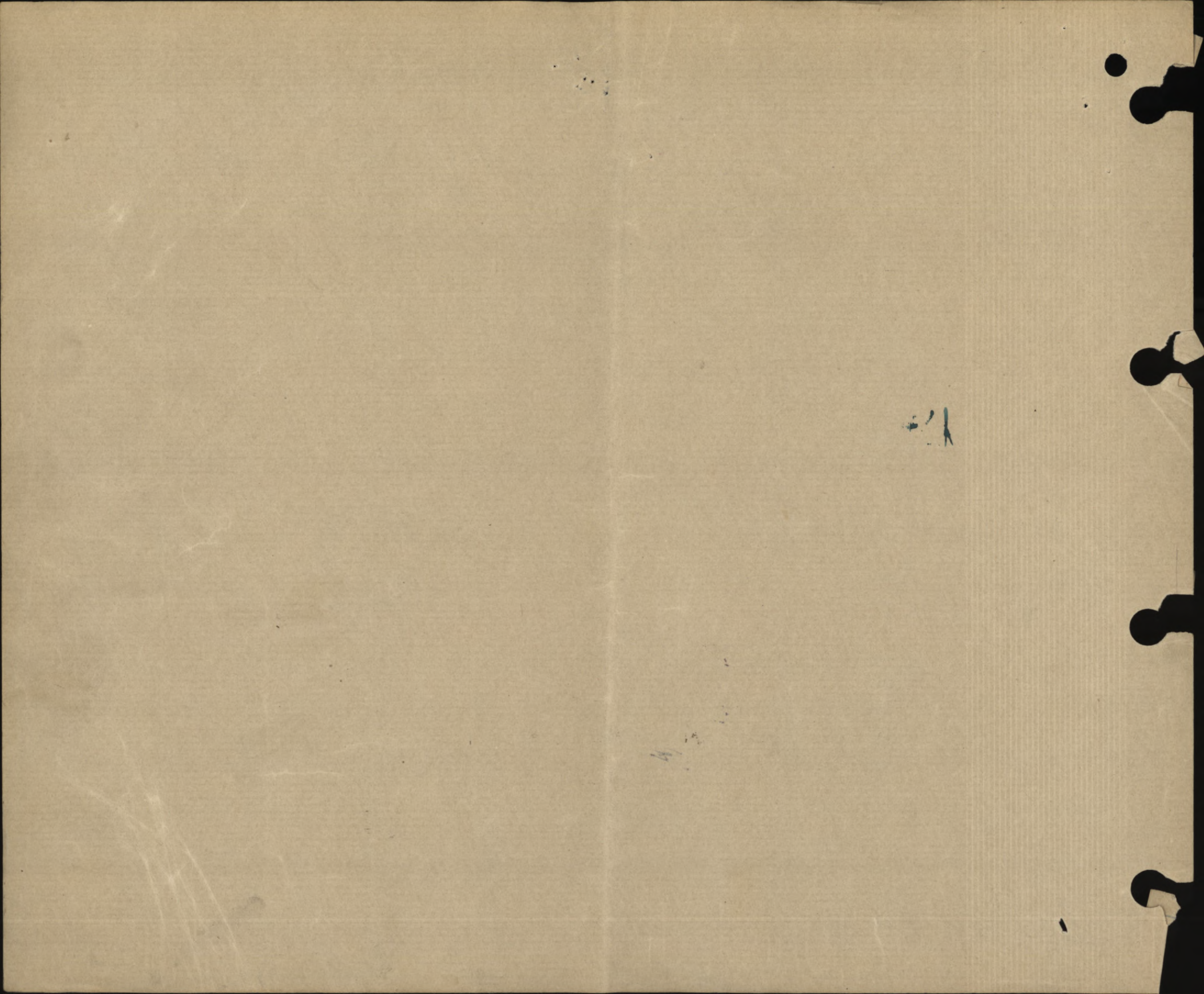
To Whom *Mrs Katharine Swire,*
 Address *Silverton,*
Oregon,
U.S.A.
 Rate *15⁰⁰*

By Whom Assigned *Swire G.*
 Regtl. No. *208145*
 Rank *Plt.*
 Corps *97th Batten*
 OCT 1916

PAYMENTS

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





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *Mrs Katharine Swire*
 (Assignee)

Name of Soldier *Swire G.*

PAYMENTS.

208145 *Pte. 91st Bn.*

L. L. Job 5470—Req. 6888.

15⁰⁰ Remarks **OCT** *1210*

Wife

Wife

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		<i>A 15079</i>	<i>15⁰</i>	<i>150-L mailed 6/7/17</i>
Aug.		<i>B 33157</i>	<i>15</i>	<i>Lu</i>
Sept.		<i>X 38260</i>	<i>15</i>	<i>20</i>
Oct.		<i>C 41055</i>	<i>15</i>	
Nov.		<i>W 53144</i>	<i>15</i>	
Dec.		<i>I 53596</i>	<i>15</i>	<i>225.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

P. 697-25M.
3989-31-10-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	A-M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
July 7-27	Forfeited Pay				4	40		Namackon	BO 159
10-17	"	"			1	10			BO 161
Sept. 1-17	24005	H 3		3 1/2		58		The Scapran	
Oct 25-17	24005	H 73		5/5	1	32		"	
" " "	24005			5/5	1	32		"	

P. 697-25M.
3989-3I-10-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	AMOUNT				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$			
3-1-17	577	100	48	67	100	W. Chadwick		
30-6-17	329	10	2	43	100	Branchett	W. MacDonald	
4-7-17	345	5	24	33	"	"		
15-7-17	295	12	9	74	"	975		
21-7-17	404	2	9	74	"	W. Ferguson		
15-8-17	304	10	2	44	"	"		
27-8-17	545	1	4	87	"	"		
29-9-17	658	1	4	86	"	"		
15-11-17	1716	10	2	43	110	W. Roblin		
26-11-17	1756	5	24	34	100	L. L. C.		

18285
3850
22135
3743
25892

173 01
72 60
245 61
36 69
168 92

729
440
2500
7669

State of

STATE OF

Do

Do

★ HS H2 ★
March 26 1918

Army Form B. 268.

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for the Chelsea Number.

162

Proceedings on Discharge.

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

M

No. 208145 Army Rank Private

Name Duire Garris Rondal
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 94th Batta. — R. C. P. O'Leary — 17th^x Res.
Battalion, Battery, Company, Depot, &c. Scotia Reg'l Depot
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 11. 4. 18

Place of discharge On leave

1. Description at the time of discharge.

Age _____ years _____ months
Height _____ feet _____ inches
Chest measure- { girth when fully expanded _____ ins.
ment { range of expansion _____ ins.
Complexion _____
Eyes _____
Hair _____
Trade _____

Descriptive marks.

Shrapnel wound on
left elbow.
Scar on 3rd finger of left
hand.
Operation Scar on Groin
(Left)

Intended place of residence { Toronto Ont
(To be given as fully as practicable) { 2

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

2. The above-named man is discharged in consequence of being no longer fit for Service Abroad — authority by Medical Board. Deceased.

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

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

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

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

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

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

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

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

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

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

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

(Signature of Soldier.)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

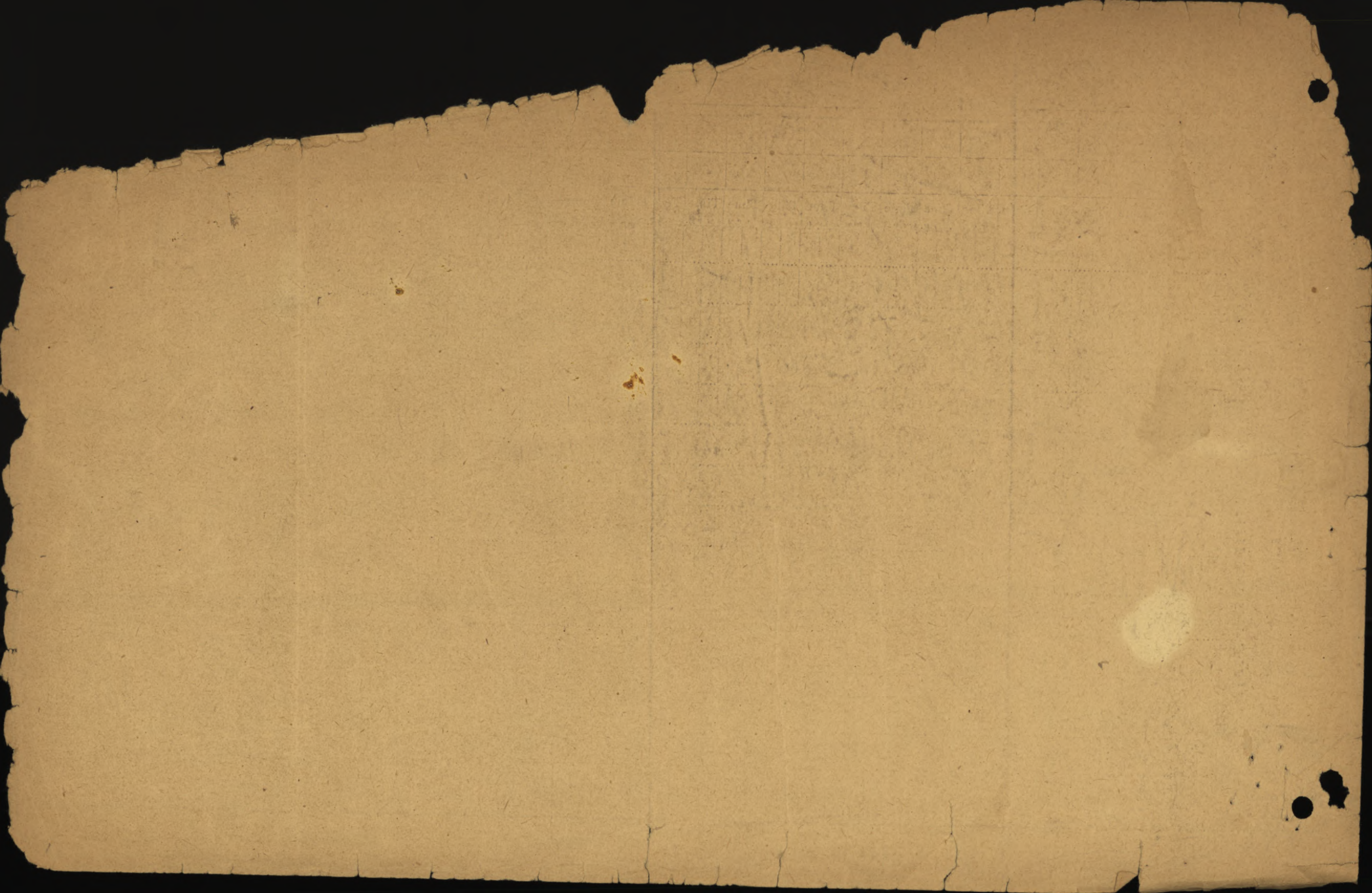
V CAN. MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 65-91 Year	LIVERPOOL		Surname.	Christian Name.
	Regimental No.	Rank.		
Year	Unit.		Age.	Service.
1917.	208143-	Pvt	Devitt	G.
	17th Res		25-	18/12
Station and Date.	Disease			
27/10/17	<p><i>Engorged Pleurisy with effusion -</i> <i>complaint of pain in chest worse</i> <i>on coughing or deep breathing.</i> <i>Duration 50 days -</i> <i>First attack</i> <i>commenced with chills & fever.</i> <i>Back felt sore. Back better now.</i> <i>Edema, well nourished.</i> <i>Tongue good, for throat not inflamed</i></p> <p><i>Circulatory System negative</i> <i>Respiratory System negative</i> <i>Abdomen - negative. Spleen not</i> <i>palpable. Livers not enlarged.</i> <i>C.N. system. T.D.S. 6 years ago. otherwise ^{negative}</i> <i>Nervous system negative</i></p> <p><i>Skini - scar of sharp wound left</i> <i>forearm just below elbow.</i> <i>Black discoloration on chest & back</i> <i>probably due to pediculosis in France</i> <i>(Right ear pit evidently old habitat of</i> <i>pediculosis)</i> <i>Was inoculated (Anti typhoid) about 1</i> <i>year ago.</i> <i>Widely - ?</i> <i>Arms.</i></p>			

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

Station
and Date:

- 7/11/17 Right Side of chest very dull -
breath sounds suppressed,
Aspirated and 1 quart serous fluid
removed.
- 27/11/17 Feeling much easier today. Still
considerable fluid in R. side chest
- 5/12/17 About 1 1/2 pints of fluid aspirated from
R. chest.
- 6/12/17 Feeling better. Breath sounds much
clearer.
- 11-11-17 Feels better today. Rt. side of flat ^{note} except in upper part in front.
Breath sounds distant, ^{expiratory} prolonged. J.V.F. absent in lower
part, present slightly in upper part in front. Apex beat
in nipple line. No embarrassment of respirⁿ.
- 19-11-17 Feels better + looks better - is less pale. Flat note below
5th rib in front, 7th in axillary line, base of scapula
posteriorly.
- 26-11-17 Says usual weight is 180. Today is 168th
Fluid increasing. Flat note below 5th rib in axillary line
+ flat up to 1-1 1/2 in above base of scapula. Friction not heard
at base and in front above 4th rib.
26. leave out on veranda for 24 hrs feels better for it. Color im-
proving.
- 2-12-17 Fluid cleared up considerably. Flat note begins at 7th rib
in axillary line. Posteriorly at about base of scapula. Lush below
this the note still has slight resonance.
- 10-12-17 Def. flatness below scapula with some
bulging. No rattle in front. J.V.F. negative.
B sounds audible but very distant. Few creps
evidently plural in upper scattered over the
area.
- 20-12-17 Transferred to Kynedale. Has been improving finally



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T687 Year 1917	208145	Private	Dwice	G. R.
		Unit.	Age.	Service.
		R. C. R.	25	$\frac{21}{12}$
Station and Date.	Disease	Pleurisy Right with Effusion		
No. 3 CANADIAN GENERAL HOSPITAL LIVERPOOL	Occupation	Rubber-worker		
21.12.17	Enlisted	10th March 1916		
	England.	22nd Sept 1916		
	France	16th Oct 1916		
	Wounded 9th April 1917	G.S.W. left Elbow.		
	Wound healed, movement good.			
	Pleurisy Right with Effusion	22.11.17 England		
	Hospitals. Exhibition Camp. Gonorrhoeal Epididymitis 23.16 - 11.4.16.			
	Duntroon Military Hosp. Orpington.	11.4.17 - 22.5.17		
	G.S.W. left forearm. Wound superficial & slight completely healed.			
	No 12 Gen Hosp Bramshott.	27.10.17 - 21.12.17		
	Pleurisy Right with effusion.			
	was seen in Hosp			
	History of case: Took ill 27.10.17 complaining of pain in chest on coughing and on deep breathing.			
	Examination showed. R side of chest very dull breath sounds suppressed. Aspirated and quart of serous fluid removed on 2.11.17			
	5.11.17. 1 1/2 pints of fluid aspirated from R chest. Feeling better. breath sounds more distinct.			
	19.11.17. Condition improving slight.			
	10.12.17 Definite flatness below scapular with some bulging T.V.F. negative. Breath sounds audible			

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

Station
and Date.

but very distant. Few ~~crepitations~~ ^{crepitations} evidently pleural
in origin scattered over this area.

20.12.17 Transferred to new Ca Gen Hosp. Kirkdale

Present condition. Patient is progressing favourably.
Sleeps well, eats well, weighs 168 lbs used
to weigh 180 lbs 4 months ago.

Very little cough, slight breathlessness if he
walks very far.

Cardiac system normal.

Respiratory system. Inspection. Rt side of chest looks
somewhat ~~on~~ expansion. Vocal fremitus somewhat
increased on Rt side especially, below angle of
scapulae posteriorly.

Vocal resonance decreased greatly on rt side more
so posteriorly below angle of scapulae.

Breath sounds distant and hard to hear on
affected side. A few coarse crepitations heard
posteriorly.

Digestive system normal.

Nervous system normal.

Genito urinary system. Gonorrhoea 6 years ago
Gonorrhoeal Epididymitis in 1916.

General condition improved but far from
normal yet.

Ch. Banning M.D. ^{St. Ann's}

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

NAVY DEPARTMENT

DISPATCH OF ORIGINAL MEDICAL

HISTORY SHEETS.

When an Officer is transferred—

to see that all entries are
correctly and fully made and
signed.

When transferred to hospital to which
he is transferred, immediate
entries in date, illustrated
to Unit to Officer Commanding
and such Unit.

When an Officer Commanding Unit—

in an admission of illness to
hospital forward all sheets to
such hospital at once.

When transferred to another Unit to
Officer Commanding such Unit
the Officer Commanding Overseas
return to Record Office
at once, without delay.

Form No. 100 (Revised) 1917

C. M. Hospital.

Ward 2 No. of Bed 4 Date Apr 13th /17.

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
208145	Pte D. Wier	R. C. Q.	Lower left arm

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

7 B
7th Bdegr.
3rd Div
Trinity Redgr Apr 9/17
Ret American
Ref from no 3. 6 am Gen
Bayloguel

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate L B) 2 PA. 10 x 12 broken
77 " 10 x 8
 A few minute particles of metal in
 the region of the coronoid process
 of the ulna

Signature of M.O. C. W. Shuman

Signature of Radiographer L. Gilchrist

Date Apr 13 /17

Date April 15/17
Capt

2

1

1. 1. 1. 1. 1.

4

Sheet 2.

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

500M.-9-16

H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps

97th Overseas Battalion

Regimental No. 208145

Rank

Pvt

Name

Dwight Garrison R

C. E. F.

Enlisted (a) 10.3.16

Terms of Service (a)

Infantry

Service reckons from (a)

10.3.16

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				
	Ch. Depot	SOS Deceased Subj. d / 11-4-18	Quebec	11. 4. 18	auth 649-10-5830

~~ibly de sent~~

for R

(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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *208145*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *G. Dwire,*

Battalion *97th Batta*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Katharine Dwire,*

Address *Silverton, Oregon, U.S.A.*

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918 Dec 31</i>			<i>225</i>	<i>225</i>	<i>m R 0 2 B Rend 3-4-18 92</i>
<i>Jan 31</i>	<i>P 67400</i>		<i>15</i>	<i>15</i>	<i>..... A/c Closed 31-3-18</i>
<i>Feb</i>	<i>E 99824</i>		<i>15</i>	<i>15</i>	<i>Ret'd per... Araguaya</i>
<i>Mar</i>	<i>A 28873</i>		<i>15</i>	<i>15</i>	<i>Date 30-3-18 F.S. 3-4-18</i>
<i>April</i>	<i>H. 1790</i>		<i>15</i>	<i>15</i>	<i>mailed 2/5/18</i>
			<i>285</i>	<i>285</i>	<i>..... Clerk... 92</i>

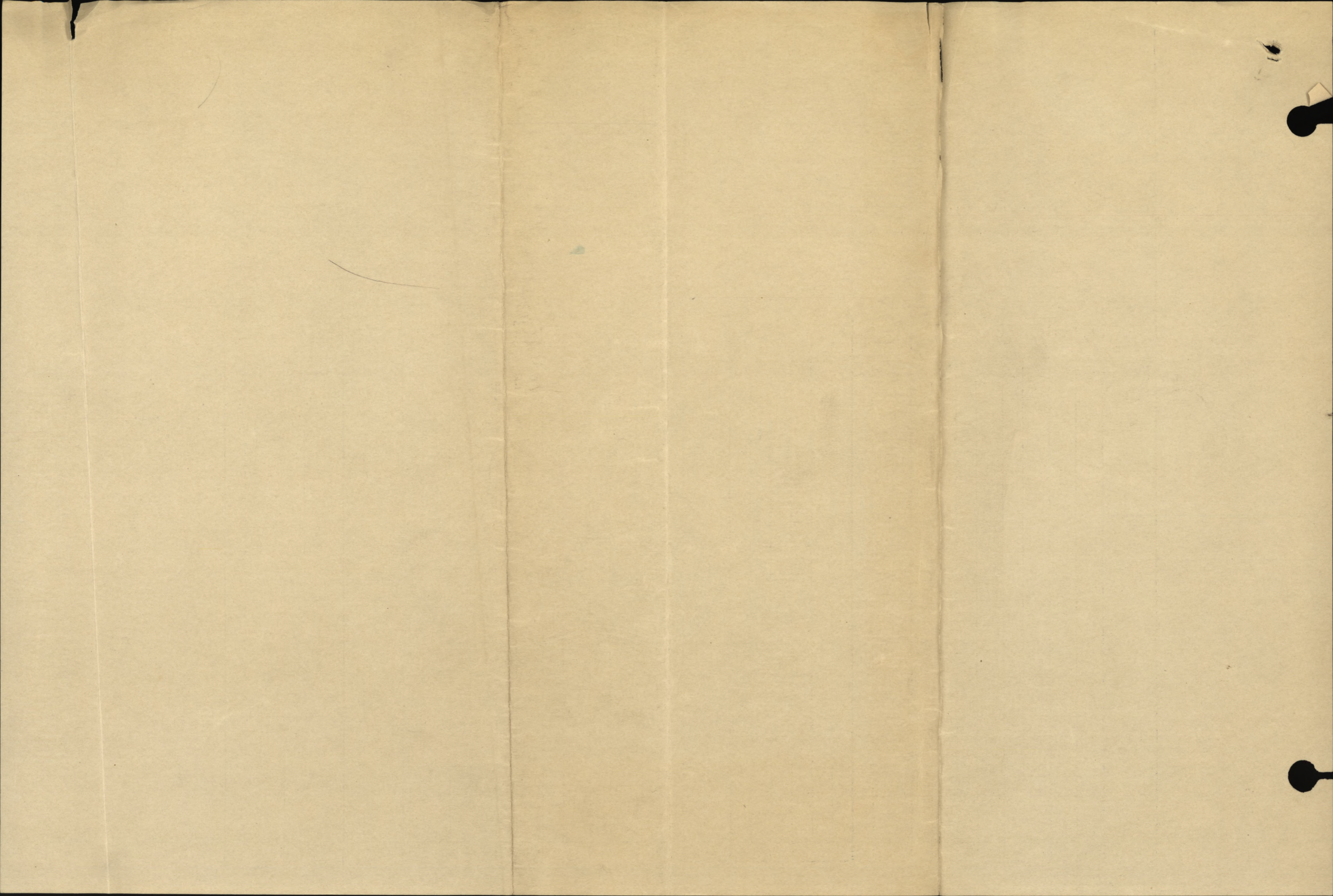
6740270 to 31-3-18; } 24-4-18
ack closed 31-3-18 98

Pensions Notified Date	<i>24-4-18</i>
Killed in Action	
Died of Wounds	Date <i>11-4-18</i>
Missing	
C. 157. (13) 13-4-18	Clerk <i>Dall</i>
Date Noted	<i>24-4-1918</i>

M. F. W. 128.
 40m. 6-7-17239-141
 L. L. 22350-M. & D. 1902

9

m R 0 2 B Rend 29/4/18 92



CLINICAL CHART.
(To be attached to Case Sheet.)

Corps _____

Military Hospital

No. _____

Rank and Name _____

Age _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
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99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature _____

In charge of case. _____