Central Recruiting Station - Parents consent on the way

148TH "OVERSEAS" BATTALION ORIGINAL

ATTESTATION PAPER.

No. 1520 FEB 15 1916

Folio. 49

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Egan
1a. What are your Christian names? ..... William
1b. What is your present address? ..... 76 William St. Montreal P Q
2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal P Q
3. What is the name of your next-of kin? ..... Mrs Nora Egan
4. What is the address of your next-of-kin? ..... 76 William St. Montreal P Q
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... January 24, 1896 W J Egan
6. What is your Trade or Calling? ..... Bulletmaker
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? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Egan, 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.

William Egan (Signature of Recruit)

Date February 15, 1916. A H Pickard Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Egan, 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.

William Egan (Signature of Recruit)

Date February 15 1916. A H Pickard Sergt (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 Montreal P Q this 16 day of Feby 1916.

A Shee (Signature of Justice)
Major

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841.

1916
1847
19-5

Dis Sec
26.2.16
M.M.

Description of WILLIAM EGAN on Enlistment.

Apparent Age ~~18~~ 18 yrs years ~~0~~ months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded 33½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Blue

Hair Red

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic Yes
- 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).

Nil

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 February 15 1916.

Place Montreal P Q

A H Mac Cordick
Lt. A.M.C.
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.

William Egan 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.

A H Magee Lt. Col.
O.C., 148th "Overseas" Battn. C.E.F.
(Signature of Officer)

Date FEB 18 1916 191 .

Re attested

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 649-E-715

Name Egan William

Regt. No. 841020 Rank Pte

Corps 148th Bn.

(1) Med unfit

(2) Med unfit

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	1
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	
Medical History Sheet	
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	1
Last Pay Certificate	1
MFB. 264	1
M.F.W. 67	2

Index Card .....

Casualty Card 1

Non-Effective Card .....

Part II Order Card 1

Change of Address Card .....

Honour & Award Card .....

03112

Pay Card

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39-935.

H Q

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 148TH "OVERSEAS" BATTALION, C.E.F.

(2) Regimental Number 841520

(3) Full Name of Soldier William Egan

(4) Place of Birth Montreal

(5) Are you married, or not? No

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

(b) Present Postal Address 76 William St Montreal P.Q.

(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
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

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

If so, state name and address .....

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

If so, state name and address.....

.....

(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 ?.....

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.

.....

Officer Commanding.

Date.....

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 841520 Rank Private Name Egan., William.
C. E. F.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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				

(*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				

No. 841 S 2 00 RANK Pte NAME Egan Wm.

T. O. S. 16-2-16 UNIT 148th Battalion C. E. F.
(Do 40 of 17-2-16)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 16	1916. Feb. 29	✓		
Mar.		✓		
Apr		✓		
May		✓		
June		✓		
July		✓	Transfd to Composite Regt	July pay list

649-E-715 4

CARD NO.

SURNAME. Egan,

CHRISTIAN NAMES William

REGL. No. 841 S.20 RANK Pte

UNIT ~~148~~ 16 M.H.C.C. re T.O.P. 10-9-17 4

FORMER CORPS Nil.

M.U.
S.O.S. Disc. 31/1/19 63/4 4

PTD 19-2-18 - 50 - ~~Batt~~ MOC

Cancelled D.O. 73 - 19-8-18. 4/

NEXT OF KIN.

NAMES IN FULL Egan, Mrs Nora

RELATIONSHIP TO SOLDIER Mother

ADDRESS 76 William St. Montreal P.Q.

CHANGE OF ADDRESS

Died 11.6.20 4
SCR 583 W-1 4/6/20

COUNTRY OF BIRTH Canada, Montreal P.Q. DATE Jan 24 11 1897

PLACE OF ATTESTATION Montreal, P.Q. DATE Feb. 16 11 1916

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Bullet maker RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 18 YEARS ~~~~ MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 33½ INCHES EXPANSION 3½ INCHES

COMPLEXION Fair EYES Blue HAIR Red

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE Feb. 15th 1916

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

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

282

SEPARATION ALLOWANCE

Name Nora Egan

Address 76 William St
Montreal
Que

Relation to Soldier wife, child or mother } Widowed Mother

Name of Soldier Egan, William

Regtl. No. 841520. H.

Rank Pte

Corps ~~148~~ 73 Batt

Composite Regt 27/6/16 Cmt 22/7/16

To what Corps belonging when called out }

n/a A.B.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.		36		
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		M28750	20	20

ACCOUNT CLOSED
DATE..... PER W.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Nora Egan

Name of Soldier Egan William

841520

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	4 1230	20	20	
May		J5429	20	20	
June		M 8943	20	20	P14120 Cancelled 27/6/16
July		B 6435	20 -	20	
Aug.		~~P14120~~	~~20~~	20	Discharged ~~20/7/16~~ (Pens. ~~31/7/16~~) 22/7/16
Sept.					
Oct.					Pension granted 21-7-16
Nov.					
Dec.					
Jan.	1917				Pension granted 1-1-18
Feb.					BPC 6062 Hed. 649-E-7-15 31/1/18
March					
April					ACCOUNT CLOSED
May					
June					DATE..... PER..... W
July					No overpayment. A.A.G. 13/1/20
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Egan (Surname) Wm. (Christian Name)

Regimental Number 841120. Rank Pte

Unit

Original Unit 148th Bn.

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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		

Remarks:

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

File No. 2339-W.3

WAR SERVICE GRATUITY.

Register No. Spec Reg. 75/2251

Reg. No. 841520.

Name Egan Wm

Address Deceased

Dependent

Address

Pay Soldier $

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Clerk

Less further Dr. Bal. or overpayment.

Net

R W13+ 4/11/20.

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1				Not Eligible under P.C. 2465	1			
2				Less than 1 year in Canada Only	2			
3					3			
4					4			
5					5			
6					6			

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

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

Entered on Roll.

(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 Apl.30/18

1. (a) Unit 148th Bn C.E.F. (b) Regimental No. 841520 (c) Rank Pte

(d) Surname EGAN (e) Christian name WILLIAM

2. Age last birthday 19 Date of birth Jan.18/1899

3. Enlisted at Montreal, Que. on no date

4. Personal description :—

(a) Height 5' 8" (b) Weight 120 (stripped) (c) Complexion Fair

(d) Colour of hair Red (e) Colour of eyes Blue (f) Identification marks

Circular scar 1 cm in diameter, inner aspect left knee.

5. Address after discharge (for the use of the Board of Pension Commissioners)

312 Notre Dame St. E. Montreal

6. Former trade or occupation Mechanic

7. (a) Service	Years	Days
	?	?

	Periods	
	From	To
148th Bn C.E.F.	?	?
D. D. #4	?	Apl.30/18

(b) Has he been overseas ? NO

8. Present disease or disability (use authorized nomenclature if possible) Phthisis #419

(a) Date of origin 1916 (b) Place of origin Canada

(c) Cause* Specific infection.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Complaints:- cough and pain.

Lungs:- active tuberculosis of left lower lobe, (pneumonia condition) with scattered rales over right side.

Patients memory is very poor, almost illiterate. Cannot remember date of enlistment, etc. Mentally rather dull.

[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.

75M.-12-17.
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. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Enlisted about three years ago. Lung trouble began while in training before his unit left for overseas. Has been at Ste. Agathe since.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

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?

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).

No data

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

Yes

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

20. Recommendations

Category "E"

That he be transferred to the care of the Invalid Soldiers Commission.

E. Harding

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 SOLDIER 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

William Egan

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.

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~~). E

23. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

Yes. Sanatorium 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).

Category "E", to Invalid Soldiers Commission for further treatment.

J. A. Chabot Captain — President

C. A. Borchard Capt. — Members.

STATION Montreal, Que.

DATE May 1/18

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED MAY 3 1918 MAJOR For A.D.M.S. MONTREAL, Que.

APPROVED BY

DATE

Assistant Director of Medical Services.

Discharge Under P.C. 433

APPROVED BY

DATE

Director-General of Medical Services.

SUPPLEMENTARY BOARD. July 17th 1918.

In our opinion the condition of this man has not improved since date of last board, and Sanatorium Treatment is still recommended.

J. A. Chabot Captain C

E. E. Robbins Lieut A.M.C.

ASSISTANT DIRECTOR MEDICAL SERVICE
M.D. No. 4
APPROVED
JUL 27 1918
MAJOR
For A.D.M.S.
MONTREAL, Que.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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 HISTORY OF AN INVALID.

1. Station.
2. Regiment or Corps. 148 Battn CEF.
3. Regimental No. and Rank. No 84520 Private.
4. Name. William Egan
5. Age last Birthday. 18.
6. Enlisted on February 16th 1916.
   at Montreal.
7. Former Trade or Occupation. Labourer

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. 14.7.16

9. Service.	Years.	Days.	PERIODS. From.	PERIODS. To.

10. (a) Disease or disability. Phthisis.
    (b) Date of origin. June '16 -
    (c) Place of origin. Montreal
    (d) Cause. following broncho-pneumonia

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)

General condition poor. Looks ill. Anaemic. Chest poorly formed, shoulders sloping. Signs of tubercular disease in both lungs with thickening of right pleura at base behind.

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

M. F. B. 227.

100 M—2-16.
1772-39-117.

6

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

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

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

14. Treatment

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

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

minimum duration six months

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

100 %.

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

unfit for Service.

L C Nelson 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.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service.

20. Recommendations :

See attached R.T.B. 30

Signatures :—

.....President.

.....

Station.

Date. .....

Members.

Date. .....

Asst. Director of Medical Services.

Approved.

Date. .....

Director-General of Medical Services.

(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, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Administrative Medical Officer.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

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.

* 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 * Standing Medical Board,

assembled at Montreal, Que.,

on the 3rd ~~July~~ Aug., 1917,

by order of G. O. C., M. D. #4,

for the purpose of examining and reporting upon

#841520 - Pte. Wm. Egan -

148th Batt'n., ~~[illegible]~~. C.E.F.

PRESIDENT.

Capt. A. A. Robertson, A. M.C.

MEMBERS.

Capt. ~~W. L.~~ Barlow, A.M.C.

Dr. E.P. Chagnon.

The BOARD having assembled pursuant to order, proceed to examine Pte. Wm. Egan and find:-

1. That his general condition is poor, is anaemic, weighs 120 lbs., shoulders sloping and flat chested. There is eveidence of disease at both apices. Dulness at right base with moist rales. Cough and expectoration present. He states that during the past two months he has not suffered from night sweats. There is well marked debility.

2. The Board would recommend that this man be admitted to Sanitorium for treatment and re-attestation,

A A Robertson Capt., A.M.C.

W. G. Barlow Capt., A.M.C.

E P Chagnon M.D.

Approved

R Armstrong Major,

A.D.M.S., M. D. No. 4

M. F. B. 303.

150M.—1-17.

H. Q. 1772—39—133.

2

R

* 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 * Standing Medical Board

assembled at Montreal General Hospital.

on the 9th June 1916.

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

for the purpose of examining #841520 Pte. William Egan 148th Battalion C.E.F. according to instructions #617 D. & A. Rgl. 1914

PRESIDENT.

Lieut.-Col. A.M. Forbes, A.M.C.

MEMBERS.

Capt. R.E. Powell, A.M.C.

Capt. A.H. Gordon, A.M.C.

The Board having assembled pursuant to order, proceed to examine #841520 Pte. Wm. Egan and find:-

1. that he was ill with Broncho Pneumonia, and that there persists a right sided thickened pleura.
2. His earning power is diminished 100%.
3. Probable duration of illness two months.
4. The Board recommends that he be sent to the Khkai League Convalescent Home pending arrangement for his treatment at Ste. Agathe.

A M Forbes — Lieut.-Col. Pres.

R E Powell — Capt.

Members.

A H Gordon — Capt.

Dated at Montreal P.Q.
June 9th 1916.

M F. B. 303.

100m.—4-16.
H. Q 1772—39—133.

3

Noted GB 18-10-16

A. A. G.

M. D. No. 4.

I CONCUR

Major.

A/A.D.M.S., M.D.#4

Secretary, Militia Council

Ottawa, Ont.

FORWARDED

Colonel.

O.A., M.D.#4.

Montreal, P.Q.
20th July, 1916.

APPROVED

JUL 28 1916

a/D.G.M.S.

Dated at
June

* 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.

Egan William

PROCEEDINGS of a * Standing Medical Board

assembled at Montreal

on the 14th July. 1916

by order of O.C. M.D. No. 4

for the purpose of examining and reporting on

Private William Egan, No 841520

148th Bath. C.E.F.

PRESIDENT.

Major D. S. MacTaggart R.A.M.C.

MEMBERS.

Capt. A.A. Robertson Amb

Capt. J. T. Rogers. Amb

The Board having assembled pursuant to order, proceed to examine Pte. Wm Egan and find General condition very poor. looks ill. Anaemic. Chest poorly developed, small shoulders stooping. There are signs of pulmonary disease in both lungs. with thickening of the right pleura at base behind.

1. Disability 100 %
2. Duration six months
3. Sanatorium treatment strongly recommended. In absence of such treatment prognosis very doubtful

D. S. MacTaggart Major
A.A. Robertson Capt
J. T. Rogers, Capt.

There is a history of cough and weakness in November - December 1915 - Symptoms had passed off before enlistment.

The Board is unable to estimate the disability resulting from preexisting condition.

H. Bruce Robertson

M F B. 303.

100m.—4-16.
H. Q 1772—39—133.

Noted Gb 29-10-16

To The A.A.G.,

M.D.No.4.

I CONCUR.

Major,

A/A.D.M.S., M.D. No. 4.

Montreal, P.Q.
22/7/16.

To The Secretary, Militia Council,
Ottawa, Ont.

FORWARDED.

Colonel,

O. ., M.D. No. 4.

Montreal, P.Q.
22/7/16.

APPROVED
JUL 28 1916
a/D.G.M.S.

There is a history of cough

This space to be for numbers

Proceedings on Discharge.

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

No.	841520
Rank	Private
Surname	Egan.
Christian Name	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	148th Battalion
Date of Discharge	31/1/18.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21 years - months.	Descriptive Marks
Height	5 feet 7 inches.	
Complexion	Fair	
Eyes	Blue	
Hair	Red	
Trade	Clerk.	None.
Intended place of residence (To be given as fully as practicable.)	2287 Ontario St., Montreal.	

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

Medical Unfitness due to
Pulmonary Tuberculosis.
Authority H.Q. 22-E-37 Dated Jan. 31st 1918.
Mire, BPC. 6062. d. 29/8

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.)

Clerk

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Dis per 26.2.18. m.m.

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. ..... (*Signature of Soldier.*)

(Date) 31/1/18. ..... Phil. Murphon (*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.....- days.

11. **Confirmation of Discharge.**

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

(Place) Montreal.

(Date) FEB 18 1918

(*Signature*) .....

MAJOR.

O.C. "A" Unit

Military Hospitals Commissions Command

MILITARY HOSPITALS HEADQUARTERS "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.

W. J. Gore

(OVER)

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.

BPC 6062

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Egan *Christian Name* William

Examined on 15 day of February 191 6
at Montreal P Q

Birthplace City or Town Montreal P Q
County

Apparent age ~~19 yrs.~~ 18 yrs

Trade or occupation Bulletmaker

Height 5' Feet 7" Inches.

Weight 117 Lbs.

Chest measurement Minimum 30 inches.
Maximum expansion 33½ inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm ~~Right~~ Left.
Number 2

When Vaccinated last when a child

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection Dental Care

16 February

Approved by A H McCordick
Rank Lt Colonel 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.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
MAR 1 1916		M.O.
MAR 19 1916		M.O.
	6	Montreal P Q M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		841520		
Transferred to				

148TH "OVERSEAS" BATTALION, C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Montreal	June 9th 1916	Broncho Pneumonia Thickened Pleura Recommendation	Discharged as unfit for service
	July 14th 1916	Sanatorium Treatment Sequelæ Pulmonary disease - Recommend Sanatorium Treatment.	July 20th 1916. Refuses treatment Refuses operation

C.H. Chenet Capt R.A.M.C.

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-459.

Surname EGAN Christian Name WILLIAM

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				

B.P.C.
4 D. 22-E-37

MEDICAL HISTORY OF AN INVALID.

1. Station. Ste. Agathe des Monts
2. Regiment or Corps. 148th. Bn.
3. Regimental No. and Rank. 841520 Pte.

Permanent Address 1213 Notre Dame Street Montreal.

4. Name. William Egan
5. Age last Birthday. 19 yrs.
6. Enlisted on Does not Know date of enlistment; says it was in the spring of 1916.
   at Montreal.
7. Former trade or occupation. Munition worker Date. October 29th. 1917.

8. General remarks on his:—
   (a) Conduct. Not conducive to Orderly Sanatorium Routine
   (b) Habits. Good
   (c) Temperance. yes

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.	Years.	Days.
	PERIODS	
	From	To
Canada (Including "A" Unit. M.H.C.C) Signed release on July 8th. 1916 Resumed treatment ~~August~~ September 12th. 1917	Spring 1916	October 30th. 1917

10. (a) Disease or disability. Pulmonary Tuberculosis
    (b) Date of origin. Unknown
    (c) Place of origin. Unknown
    (d) Cause. Infection with tubercle bacilli

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.)

Symptoms:- Intelligence of very low grade. Slight cough and expectoration negative for tubercle bacilli. Anaemia not nearly so pronounced. Less dyspnoeia No signs of toxaemia. Shows a gain in weight of three pounds. His weight now stands at 127 pounds.

YSICAL EXAMINATION:- Right Lung; shows impaired percussion resonance at apex with evidence of fibrosis, breathing of harsh cogwheel type ›evr the middle lobe anteriorly. Harsh breathing in axilla, No adventtious sounds.

Left Lung:- Shows agreater impairment of resonance ith apical narro ing and general evidence of fibrosis extending over ıe upperx lobe and the apex of the posterior lobe. Adhesive pleuritis at the base.

12. (a) s the disability the result of service or climate? Service
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

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.)

Round Scar on knee on inner surface.

(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.

Not exceptional

14. Treatment.

Montreal General Hospital June 1916

Laurentide Inn Military Sanatorium 1/7/16 to 8/7/16

Again " " " " 12/9/17 to 30/10/17

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

Yes 100%

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

Indefinite

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.

75% for six months

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

Yes

T. Wolff

Lieut. C.A.M.C.

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. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations: #841520 Pte. W. Egan has "Quiescent "Pulmonary tuberculosis; as he has refused to obey medical orders and acts in a manner no conducive to discipline and order in a Sanatorium that further treatment will not benefit him, and that he be allowed to pass under his own control with a disability of 75% for Six Months.

Signatures :—

President.

Lieut. C.A.M.C. Members.

Station. Ste. Agathe des Monts

Date. October 29th. 1917.

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED OCT 30 1917 MAJOR For A.D.M.S. MONTREAL

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(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, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-117.

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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

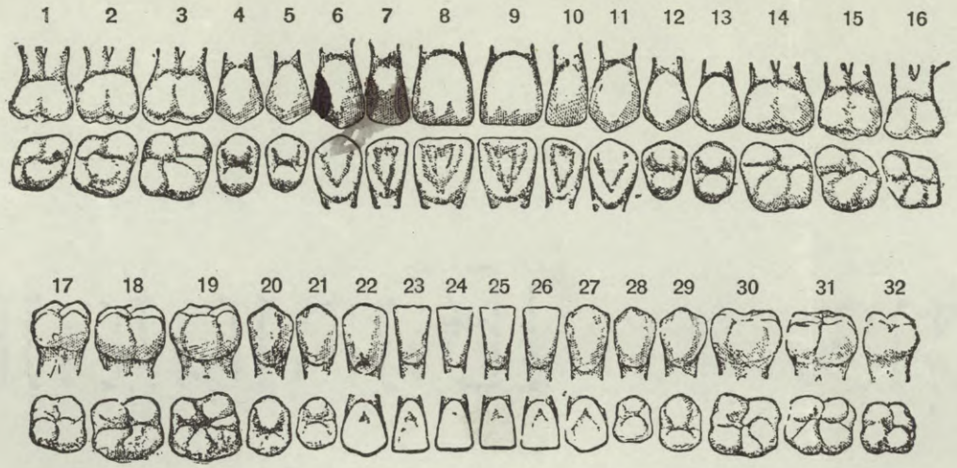
DISTRICT 4

NAME OF SOLDIER Egan, W

REGIMENT 148th Battn

RANK Private

No. 841520



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	Jan	Oct 24																			Capt Brock		Feeling very well
	"	"			3/4.7																" "		return! OK