File G / 1

69th O. BN. C. E. F. "C"

Original 121710

ATTESTATION PAPER.

No. 121710

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Gagnon
1a. What are your Christian names? ..... MERIDE
1b. What is your present address? Jonquieres ..... Roberval Lake St Jean
2. In what Town, Township or Parish, and in what Country were you born? ..... Granby
3. What is the name of your next-of-kin? (Father) ..... Donat Gagnon
4. What is the address of your next-of-kin? ..... Roberval Jonquieres, Lake St Jean
4a. What is the relationship of your next-of-kin? ..... Father P.Q.
5. What is the date of your birth? ..... 11 Sept 1896 Canada
6. What is your Trade or Calling? ..... Mesureur
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

Meride Gagnon
E. Mauseau Capt

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Meride Gagnon, 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.

Meride Gagnon (Signature of Recruit)

Date Nov 2nd 1915 E. Mauseau Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Meride Gagnon, 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.

Meride Gagnon (Signature of Recruit)

Date Nov 2nd 1915 E. Mauseau Capt (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at St John N.B. this 23rd day of January 1916

[illegible] (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Gagnon Méréde on Enlistment.

Apparent Age 19 years 2 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 36 ins.
- Range of expansion ~~34~~ ins. 2"

Complexion Fair

Eyes Brown

Hair Brown

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.)

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 21 Jan 1916

Place St John NB

Capt. Geo. E. Clark
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.

Méréde Gagnon 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.

J. McDougall (Signature of Officer)

Date January 7th 191

"Meredé"

REGIMENTAL DOCUMENTS

NAME Gagnon Médéric K.M. (Pte) REGT. NO. 421710 UNIT "C" 69th Bn. (F.C.) H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				01138	Deceased
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
2	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	A. F. W. 3212					
4	Misc.					
9	A-F-D. 1237					

Box #3360

2-11
2-11

92431.—W6490/1535—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 69th Battalion. C.E.F.

Regimental No. 121716 Rank Private Name Gagnow M.

Enlisted (a) 2-11-15 Terms of Service (d) Duration of War Service reckons from (a) WXXXx 2-11-15.

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

Extended Re-engaged Qualification (i)

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				
		Discharged to Canada			
		No Longer Physically Fit for War Service.			
		K. R. &. O. 392 XVI.			
					Lieut; for O.C. Canadian Casualty Assembly Centre.

(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 offi ial 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				

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 "C" Coy 69th Battalion (F-C)

Regimental No. 121710 Rank Private Name Gagnon, Merdee

C. E. F.

Enlisted (a) 2/11/15 Terms of Service (a) duration of war Service reckons from (a) 2/11/15

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) Laborer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Canada	17/4/16	
		Arrived	England	27/4/16	

(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				

File B DUPLICATE. 121710

MEDICAL HISTORY SHEET.

121710

Surname GAGNON *Christian Name* ~~MIEDE~~ Médé

Examined on 21st day of Jan 1916 at St John N.B.

Approved by G. E. Clerk. Rank Capt. A. M. C. M.O.

Birthplace City or Town Grande Baie County Chicoutimi

Apparent age 19

Trade or occupation Mesureur de bois

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None

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

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.
18.1.16	Good	G. E. C. M.O.
28.1.16	Good	GEC M.O.
		M.O.

Enlisted on 2nd *day of* November 1915 *at* Languiprès ~~A/PAPI~~

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to	69th Battn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-1'9.

23

Surname GAGNON Christian Name MEIDE

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Quebec	6							None	None	Cured	
1st Can. G. A.	1c										
St John N.B.	Chicoutimi										
Grande Baie	Manoir de Baie	1	Jan	36	Good	Nov		Heart		Heavenpel	
C. E. Clark.											
Capt. V. M. C.										Temperature Very	6
Milton											

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

A.D.W. No. 16110

Regtl. No., Rank and Name 121716 Pte. Gymm. Corps 69th Batt.

Disease Bronchitis Hospital M.B.C.H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B.

Date June 24th 1916. F. H. Rattey

O. i/c Ward.

LABORATORY REPORT.

No T. B. found

Date of Examination 27 JUN. 1916

J. B. Brown Capt.

Captain, Officer in charge, Moore Barracks Laboratory, Shorncliffe.

O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212.

In lieu of 120

Regd. Rank and Name [illegible] Corps [illegible]

Disease [illegible] Hospital No. 17 G. H.

To Officer i/c Laboratory. Ward 33.

Please carry out an examination of the accompanying specimen of [illegible]

with special regard to [illegible]

Date [illegible] [illegible]

O. i/c Ward.

LABORATORY REPORT.

O. i/c Laboratory.

Q & D. 16 110.

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

Regtl. No., Rank and Name Pte. Sgt 20a. 121716. Corps 69th Batt.

Disease Bronchitis. Hospital M B C D.

To Officer i/c Laboratory. Ward 14.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to

Date 23/6/16.

P. S. Wm Capt
O. i/c Ward.

LABORATORY REPORT.

T. B found + + +

C. L. Armstrong
Capt

Date of Examination 23-6-16

for C. G. M. C.D. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Bed 16

Army Form W. 3212.

(In duplicate.)

Regtl. No. Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ Officer _____ Ward _____

LABORATORY REPORT.

Date of Examination _____

Officer i/c Laboratory.

W 12068—6749. 200,000. 11/15. H.W.V.(P). G.W. 1075. 24 Lundon/doc

107

Forms
I. 1237
10.

Army Form I. 1237.

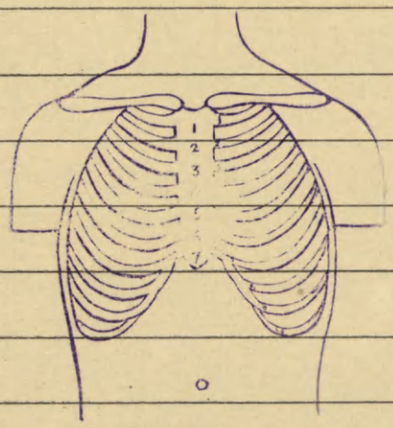
MEDICAL CASE SHEET.*

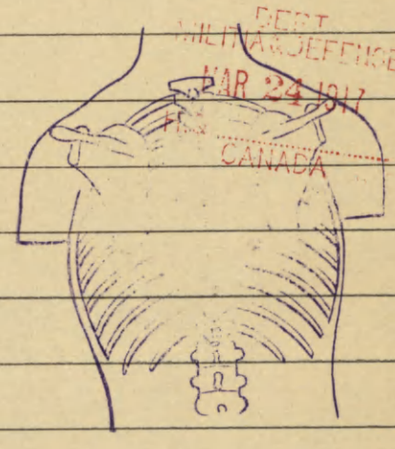
No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
107	121716	Pte.	Gagnon.	Frederic
Year	Unit.		Age.	Service.
1-7-16	69th Bn.		19.	4/12.

Station and Date.
Hastings
1-7-16

Disease Tuberculosis.

Occupation Cutter.





Father a & w. Jonquieres West Co Beauharnois Que.
Mother dead
2 Brothers a & w

Personal History

Home Address Jonquieres West Co Beauharnois Que
Enlisted Quebec arrived in England April 1916.
Hartleford Camp Shorncliffe. sick when landing in England. reported sick at Camp sent to Hospital in June to B Hospital sputum exam T-B found

Previous illness. nil

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

Station and Date.

a162-27 3/7.

Forms
I. 1237
10

16100.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
16100	121716	Pte	Gaynor	Frederick ~~Frederick~~
Year 1916.	Unit. 69 Bn		Age. 19	Service. 6/12

Station and Date.

Disease Pulmonary Tuberculosis.

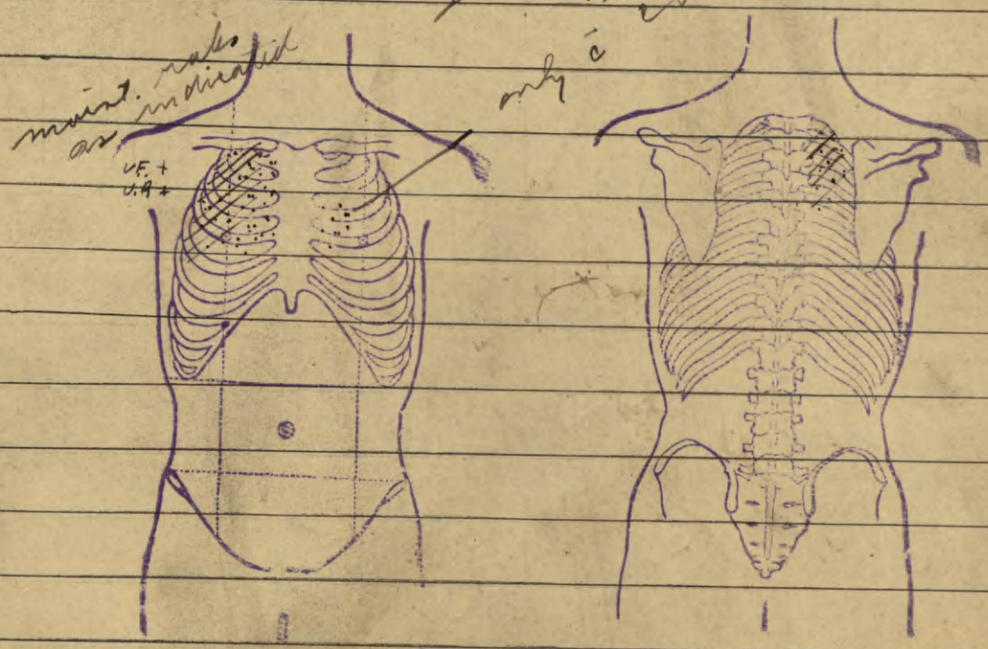
M.B.C.H.

Present illness. For few years has been more or less susceptible to "colds" especially if he would become wet. Three months ago when on camp at St. John contracted a severe cold with cough & sputum, the sputum often being streaked with blood. Came to England May 1st and above symptoms were progressive and was sent to M.B.C.H. 22/VI/16 where sputum analysis was found to be T.B. positive.

28/VI/16 Sputum ℥j m.c. (24 hrs.) T.B. positive

Highest known wt. 152.

Present weight 141 lbs.



F.H. Scott

TRANSFERRED.
1 - JUL 1916
Hastings

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
16110	121716.	Pte.	Gagnon.	Frederick
Year 1916.	Unit. 69. Bat.	C.	Age. 19.	Service. 6/12.

Station and Date. Disease ~~Bronchitis~~. Tuberculosis

22-6-16

Complaint: Cough & expect.

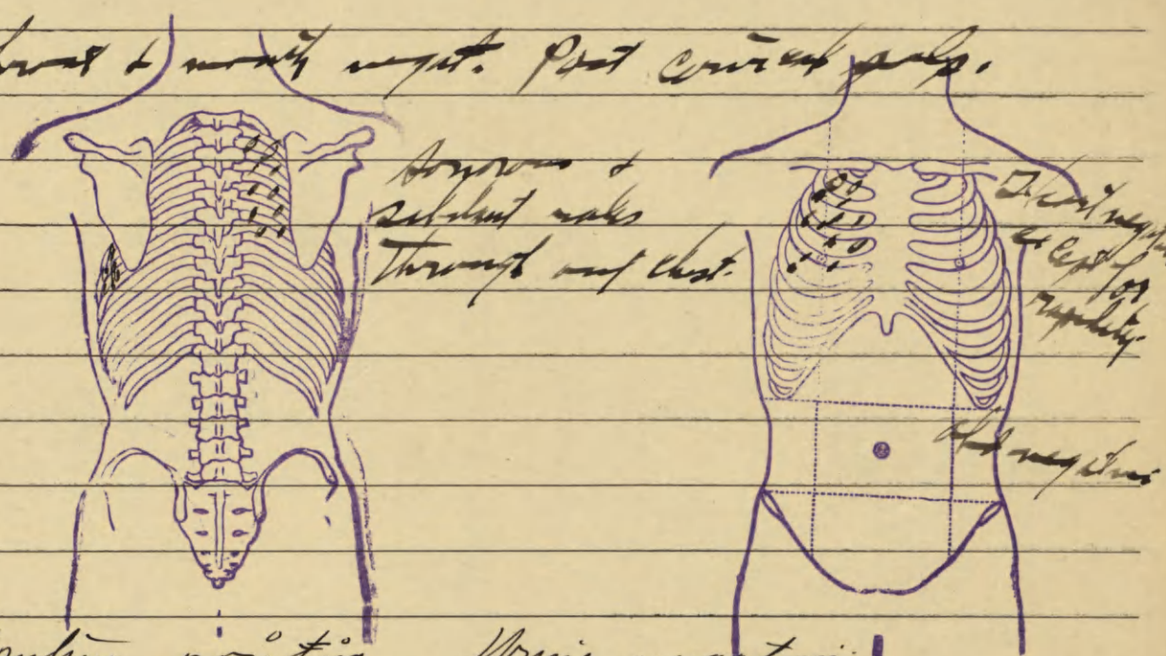
Duration: Began 2½ mos ago.

P.H. Has always been well. Denies V.D.

F.H. M. & F.B.

H.P.I. 2½ mos ago Fourth finger & cough then developed aches in chest & expect rather. Does not think he has lost wt. Has spat up blood streaked sputum. No night sweats. Bowels regular. Pains in chest make worse on deep breathing.

Throat & mouth negat. Post cervical glands.



26/6/16 Sputum positive, Urine negative.
Transferred to Ward 32 P. S. Wilson Capt CAMC.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps 69. Bde.

Military Hospital MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE

No. 121716. Rank and Name Pte. Gagnon. Medrick. Age 19. Service 6/12.

Disease ~~Bronchitis~~ Tuberculosis Date of admission 22-6-16. Date of discharge Result

Dates of Observation	22.	23	24	25	26	27
Days of Disease	1	2	3	4	5	
Pulse per Minute	100	96	76	88	84	88
Respirations per Minute	24	22	20	20	20	20
Motions per 24 hours	1	1	1	1		

Temperature Fahrenheit: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Admitted

Signature F.H. Trowell Capt. Comdg. In charge of case.

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

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

Regtl. No., Rank and Name Pte Grayson 177716 Corps Legr Bdn

Disease Bronchitis Hospital MBCA

To Officer i/c Laboratory. Ward 14

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T B

Date 23/6/16

F H Scatty
O. i/c Ward.

LABORATORY REPORT.

T. B. Positive. xxx

A. L. Cunningham
Capt

Date of Examination 23 JUN 1916

for Captain, Officer in Charge, Moore Barracks Laboratory, Shorncliffe.
O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3213

(In lieu of No. 1)

Regd No., Rank and Name [illegible] Corps [illegible]

Disease [illegible] Hospital [illegible]

To Officer-in-Charge Laboratory [illegible] Ward [illegible]

Please carry out an examination of the accompanying specimen of [illegible]

with special regard to [illegible]

Date [illegible]

Officer-in-Charge Ward

LABORATORY REPORT.

Date of Examination

Officer-in-Charge Laboratory

A rd 16110.

Moore Barracks Laboratory.

REQUISITION:

Date. 23/6/16.

Reg. No. 121716.

Name. Pte. Gapson.

Unit. 69 Batt.

Ward. 14

Diagnosis. Bronchitis.

Examination required. Urine

P. D. Wilson Capt

Medical Officer.

REPORT:

Urinalysis.

Colour. Amber

S.G. 1014

Reaction. acid

Sugar. neg

Albumin. neg

Microscopic.

A L Lamontagne

Capt. C.A.M.C.
for O. i/c Laboratory.

Bed 16

Office of the A.D.M.S. Canadians,
19, Westbourne Gardens,
Folkestone.

July 1st 1916.

From:-
The A.D.M.S. Canadians,
Shorncliffe.

To:-
The Officer i/c Records,
Canadian Record Office,
London.

Name...Gagnon, Medrick.....

No..121716..... Rank....Pte.....

Battalion.....69th Bn.....

The above noted appeared before a Medical Board on.....June 29th..... 1916, and the following entry has been made on the Medical History Sheet of this man:-

Board recommends. Discharge as permanently unfit. (Sgd) W.Bethune Prea S.M.B.

July 1st 1916 Approved.
Sgd.S.L.Walker, Capt. for A.D.M.S. Canadiand.

Further entries are also contained on this Medical History Sheet, which are herewith copied:-

Moore Barracks. 22-6-16 Pulmonary Tuberculosis Spiritum analysis T.B.Positive.Moist rates and attractive right apex.also a few rates with rough over ? Board papers prepared for discharge. (Sgd) M.O.

I hereby certify that the entries as above noted are true copies.

S L Walker
Captain, C.A.M.C.
For A.D.M.S. Canadians,
Shorncliffe.

W/B.

(15)

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

Copy

Regtl. No., Rank and Name Pte Grayson 171716 Corps 69 Batt

Disease Bronchitis Hospital M.B.C.H.

To Officer i/c Laboratory. Ward 14

Please carry out an examination of the accompanying specimen of sputum

with special regard to T. B.

Date 23/6/16

T. H. Pratten
O. i/c Ward.

LABORATORY REPORT.

T. B. positive +++

Date of Examination 23/6/16

A. Lamontagne
Capt. C.A.M.C.
for O. i/c Laboratory.

W 12965 – 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

30

No. of M. H. C. File | No. H. Q.

Name and Home Address of Soldier: Gagnon, Médérick, Jonquières, P.Q.

758 No. 121716 Rank Pte., Original Unit 69th Present Unit

Previous civilian occupation as per record: Lumber Scaler,

Age 19 Height ft. ins. Complexion NO RECORD. Eyes Hair Character N.R.

Cause of disability: Loss of weight and strength with Pulmonary T.B. as underlying cause. T.B. Bacilli having been found in Sputum,

Condition in detail which prevents the soldier from earning a full livelihood

Patients says he feels weak and tired, unfit for hard work. In right apex, there is change in percussion in note, with also adventitious breath sounds and prolonged expiration. Physical condition is good, although he has lost 12 lbs. weight. T.B. found in sputum.

DEPT MILITIA & DEFENCE
MAR 24 1917
H.Q. CANADA

Degree of incapacity (Please state in fractions) Eng. Board: Total Canadian Board: Total

Probable duration of incapacity: At least 6 months.

Does it render him permanently unfit for military service? Yes

Would operation, special treatment, or the use of appliances, &c., lessen incapacity? T. B. Sanatorium,

Is final disability likely to prevent return to previous occupation?

Members of Board: W.M.CARRICK MAJOR T.B.GRAHAM CAPT. Mbr. E.A.ROBERTSON CAPT. Mbr. W.M.CARRICK MAJOR.

Information to be Furnished by Soldier if He will Require Assistance to Secure Work after His Return Home.

Ship returned by: Olympic Date of arrival: 17/7/16 Where seen service: England,

Date of enlistment: 2/11/15 Where enlisted: Jonquieres, Que

Birthplace: Canada Religion: R.C.

Occupation prior to enlistment: Lumber Scaler,

Name and address of last employer: Price Bros & Co.,

Whether work was regular or irregular: R. Average earnings per week: Day 2.00

Name and address next of kin: Mr Gagnon (Father)

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Whether any private income, self or wife—amount per year $: None

Rent per month $: N.A. Name and address of Landlord

If owner of property what payments still due $: N.A. An. payment $

If part of house let, or boarders taken in, state average income $: N.A. per week

If in receipt of sick benefits or other insurance—name of society Amt. per mon. $

If carrying insurance, amount of annual premium—Life, $: N.A. Accident, $

If unable to follow previous occupation, name preference: N.A. yet

If offered free Technical Education to fit yourself for a new trade would you avail yourself of it? N.A.

Destination to which transportation provided if other than Divisional H. Q.: N.A.

References: Last employers.

Remarks

Witness: WM.F.MOORE.

Date: 20/7/16

I declare that the above statement is correct

Signature: M. GAGNON.

Accrued pay $ Amount paid at Discharge Depot $

Amount forwarded to Divisional Headquarters $ If given or credited $13 in lieu of clothes

P. T. O.

TO BE FILLED IN BY M. H. C. AND SIGNED BY SOLDIER.

TO BE FILLED IN BY MEDICAL BOARD OR FROM RECORDS

No.

noted 9.6. 17.3.17

SUBSEQUENT INFORMATION

Date of leaving Convalescent Home..... Report No.....

Degree of Disability at that date (in fractions) .....

Recommendation of Medical Board .....

.....

Pension. Degree..... Amount per year $..... Dating from.....191.....

Condition of Soldier when visited .....

.....

Whether necessary to give special training of a technical nature..... If so, training suggested.....

.....

Does visitor confirm statement by Soldier on other side?.....

.....

.....

If work secured, name of employer .....

Wages, $.....

Name of visitor.....

GENERAL REMARKS

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CLASS 1.

Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.

Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanitarium. If deemed advisable in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanitarium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.

Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

R—122

A.G.R.

Rank | Name GAGNON, Merede. | 254/10 318/C | Reg'l No. 121710.

Unit 69th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment St. John, N.B. 2nd November, 1915. | Place of Birth Granby.

Name and Address, Next-of-Kin Donat Gagnon, Jonguieres, Lake St Jean, P.Q., Canada. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

C.C.A.C. N/E R.B. No. 5-69 File R.L. Category M.U. Can

M.T. 19-1-21 R.R.

B133 B38

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
29.4.16	HQ	Arrived in England.	Bramshott	28.4.16	D.Q. 1586.
8.7.16	69th	Adm. Moore Bks 1th	S'cliffe	22.6.16	C.L. 8 - Tuberculosis
13.7.16	"	Adm. Mil. Hh.	S'cliffe	4.7.16	" 9 - T.B.
22-11-16	"	S.O.S. (Dis: Mil: Hospital	"	13-7-16	" 48
8. 8. 16	C.C.A.C.	Discharge to Canada	G'stone.	13.7.16	Gt. II. O. 318
4. 8. 16	do	S.O.S.	do	4.7.16	— 254
13.9.16	69th Bn	S.O.S. to c.c.a.c.	do	4.7.16	— 221.
	Dis. Depot	To Sanatorium.	M.D. No. 5.	17.7.16	Nom. Roll No. 14

CHECKED. 5th Dec, 1916.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

M. F. W. 41.
10m.—4-16.
1772-39-889.

275

Name Gagnon (Pte) Merede.

Regimental No. 121710

Unit 69th Bn

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ No

To whom payable No

Home ~~Name~~ and address of next-of-kin Jonquieres, Que.

20/7/16 Med Bd Rec T.B. Sanat - 6 mos.

Date and place discharged D D Quebec

Reason for discharge Med unfit -

Character on discharge

Olympic 17/7/16 Class II H.Q. 649-G-4851

L. L. Job 502 M. & D. 6578.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	12/7/16							54 54								L.P.C. Eng.
13/7/16	31/8/16	50	100	50 00	50	10	500		106 54			60 00		5 00		* D D Quebec Paid
														9 73	74 73	° Paid on boat - not charged to Pay Bk
															31 81	- Paid on Boat.
									106 54						106 54	
																Deceased 30/7/16
Def Pay mit 31/7/16 List #5								19								

Transferred to M.D. 5 Dr 1/9/16 with Cr Bal.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
10 M.—5-16.
1772-39-889.

Name Pte Jagnow M.

118

Regimental No. 121710

Unit 69th Battn

Date of enlistment Nil.

Place of " Nil.

Married (yes or no) Nil.

Amount of pay assigned monthly $ Nil.

To whom payable Nil.

Name and address of next-of-kin Nil. Nil.

Date and place discharged 30.12.16 Imbra

Reason for discharge Died

Character on discharge M. Auth.

985

Ob 2376. M. & D. 6692.

Date From 1916	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits C.F.	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Aug.								31 81	31 81	871		31 81			31 81	
Sept 1	30	30	1.00	30 00	30	.10	3 00		33 00	1042		33 00			33 00	
Oct 1	31	31	1.00	31 00	31	.10	3 10		34 10							C.F. 34.10 No Address
Nov 1	30	30	"	30 00	30	"	3 00	34 10	67 10			34 10 8 00			42 10	C.F. $25.00
Dec 1	30	"	"	30 00	"	"	3 00	25 00	58 00							C.F. $ 58.00
																Deceased 30-12-16
				121.00			12 10	90.91	224.01 →			106.91			106.91	— C.F. 117.10
														C.F.	117.10	
															224.01 →	
								C.F. 58.00								
																58.00 Cr. on. to Other
												"Deceased"				(30-12-16)

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Gagnon	W.	121710

Rank	Unit	Co.	Troop	Batty.
Pte.	69th Bn			

Hospital — Date of Admission

Transferred Moore Barracks S'cliff Hosp. 22.6.16

S'cliff Mil. Hosp. 4.7.16

Hosp.

Hosp.

Diagnosis

(1) Tuberculosis

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis. 13.7.16

A. 8.7.16 #8 (1)

13.7.16 9.

22.11.16 48

REMARKS

EPITOME OF HOSPITAL TREATMENT.

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

(649-4-4851)

CARD NO. D

FOLL.

SURNAME. Gagnon

CHRISTIAN NAMES Meredé

REGL. No. 121710 RANK Pte.

UNIT 69th Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Gagnon, Donat.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Jonquieres. Lake St. John P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Granby P.Q.. DATE Sept. 11th 1896

PLACE OF ATTESTATION St. John. N.B. DATE Jan. 21st 1916

O/S 17-4-16. 383/22

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Sailed from St John for S.S. Scandinavian 17/4/16

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Carpenter. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 19 YEARS 2 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 34 INCHES

COMPLEXION Fair EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE St. John. N.B. DATE Jan. 21st. 1916

Present Address: Jonquieres, Lac St Jean. P.Q.

Joseph Aumont

No. 121710 RANK Pte NAME Gagnon M.

T. O. S. 3-11-15 UNIT 69th Battalion

D. O. # 131-22-1-16

M. D. Val

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 2	1915 Nov 30	"	45	
dec 1916	1916		63	
Jan.		"	63	
Feb.		"	63	
mar.		"		
apr.		"		
			73 0	UNIT SAILED APR 17 1916
			76 73 8	

No. 121716 RANK Pte. NAME Gagnon B. Mercede

121710

T. O. S. UNIT Discharge Depot. Quebec

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July no	1916 date	✓	bgth Bn	

Number 121710 Rank Pte B

Surname GAGNON

Christian Name Merede

Units 69th Bn Can Inf Theatre of War England

Date of Service 28-4-16

Remarks

Latest Address Jonquieres P.Q.

Roll No A Page 3177

200m.-2-21.M.

File No 649-C-4851

GAGNON, Pte. Mederic #121710 69th Bn

M & D Father, Mr.Donat Gagnon, Jonquierer, Lac St. Jean, P.Q.

P & S " " "

(Ser.# 807221.)

Scroll Desp. MAY 3 - 1921 Reqn. No 2 41081

Mem X Nil

Plaque Desp JAN 24 1922 Reqn. No 2 Au5330

Not Eligible for 14-15. Star
Not E. " " V.M
Eligible for B.W.M.

B-

R.A

No. 121710 RANK Pte NAME Gagnon, M.

T. O. S. UNIT Casualties, A. E. F.

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug. 10	a/c.	M.	from 69th Bat.	
Sept. 1	Sept. 30	M.		
Oct.		M.		
Nov.				
Dec. 1	Dec. 30	M.		
		M.	Deceased 30-12-16.	Dec. pay list.
				M.D. 5
				# 10
			a/c. not closed M.	

R. 149.

Name Gagnon Merede Rank Pte. Reg. No. 121710

Unit ~~69 Batt.~~ 10th Res

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
22-6	Move	Bar	Tuberculosis	8.		
4/7/16.	Mt.	Shoncliffe	T. B.	9.		
13-7-16	Discharged	"	"	"	48.	

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

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 121716 A. & D. No. 16610

Rank Pte

Name Gagnon Mederic

Corps 69 Batt. Co

Religion R.C. Age

M. H. Rec'd M. H. Requested M. H Ret'd

Disease Bronchitis to Tuberculosis

Admitted JUN 22 1916

Discharged

Place in Hospital 14-32

Transferred to Hastings JUL 1 - 1916

Results 6/12 Jonquiere no no 1/50

P.T.O.

REMARKS:

MEDICAL HISTORY SHEET.

Orig. recd. from ...../..../191 .

Dup. ~~recd. from~~ made out 11/7/191 6

Orig. sent to 6 9 13 12/7/191 6

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

Received from Registrar this Orig. Dup. /..../191 .

..... Ward.....

Married or Single — S.

Place of Birth — Granby.

Name and Address of Next of Kin — Donat. Gagnon. Jonquiere. P.Q.

Relationship of Next of Kin — Father.

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ — Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital
31-7-16	45-00		19 cents

Reg'l. No. 121710 — Rank Private — Name Gagnon. Mercede

If in Perm. Corps What Unit — Unit 69th Batn. — Transferred to C.C.A.C. — Date 12-7-16 — Authority P.M.C.C.I. List No 74

Permanent Force Allowances — Transferred to N.R. — Date 13.7.16 — Authority

Place of Attestation Montreal. — Transferred to — Date — Authority

Date of Attestation 2-11-15 — Transferred to — Date — Authority

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason Discharge

Discharge Date and Place 12.7.16. Canada — Reason and Authority CCI List 74

Account transferred to Non-Effective Branch (Date) 15.8.16

Account transferred to Officers' Pay Branch (Date)

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
April 30																															39 50				Balance from Canada
May 16 31	31	1.00	31 00		31	10	3 10								34 10				9/6/16					5 00	17 03					22 03	51 57				5.00 paid in Can. Currency on book
June 16 30	30	"	30 00		30	"	3 00								33 00	72	2/6/16	112	16/6/16					17 03	4 87					21 90	62 67				
July 16 12	12	"	12 00		12	"	1 20								13 20	255	7/7/16							24 33						24 33	51 54 ✓				
							Balance to Sgt Pay.																								51.54				
Feb 1917															51 54													51 54	51 54						Transd to "Canada Disc'ge a/c"
August 1917														19	19														19	19		Transd to "Canada Disc'ge a/c"				Interest on Defd Pay List 5

Checked

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

Deceased

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. 121710

Rank Private

Name Gagnon, Mederick

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

Corps (Squadron, Battery or Company) 69th Battalion C.E.F.

Date of Discharge December 30th 1916.

Place of ~~Discharge~~ Death ~~Montreal~~ P.Q. Lake Edward Sanatorium

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 11 months.
Height 5 feet 7 inches.
Complexion Fair
Eyes Brown
Hair Brown
Trade Lumber scaler
Intended place of residence (To be given as fully as practicable.) Jonquières P.Q.

Descriptive Marks

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

DECEASED. December 30th 1916.

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.

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

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

35

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

noted 17.5.17

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, P.Q. ..... (*Signature of Soldier.*)

(Date) December 30th 1916. ..... (*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.....years 358 days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, P.Q.

(Signature) G. E. Hall

(Date) .....

Captain,
O.C. 4th Unit
Military Hospitals Commissions Command.

(34) p

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.)

NO RESERVATIONS.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
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."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be left blank for the Chelsea Number.

4

Army Form B. 268.

Proceedings on Discharge.

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

No. 121716 Army Rank ~~Gnr~~ Private

Name Gagnow, Mederick.

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

Corps 69th Battalion. C.E.F.

Battalion, Battery, Company, Depôt, &c. C.C.A.C.

(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

Place of discharge Canada

1. *Description at the time of discharge.*

Age 19 years months

Height feet inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade Lumber Scaler.

Intended place of residence (To be given as fully as practicable) Joincare, Que.

Descriptive marks.

(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 Physically Fit for War Service.

K. R. &. O. 392 XVI.

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Original Documents not available.

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

Original Documents not available

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.

Lieut; for

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* C.C.A.C.

33

Wt. W. 13141/283 430,000 3/15 M.&C. Ld.

Forms B. 268

*Strike out if not applicable.

[OVER.

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.

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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 depôt 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, despatch, and custody, of discharge documents.

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

14

29

D.M.S. 1312.
Army Form B. 179.
Canada.

G.

Medical Report on an Invalid.

Local

Station Moore Barracks Can. Hosp.

Date 28/VI/16

1. Unit. 69th Bn.
2. Regimental No. 121716
3. Rank Pte.
4. Name Gagnon Medrick
5. Age last birthday 19
6. Enlisted { on Nov. 2/15 at St Jonscare Quebec
7. Former Trade or Occupation { Lumber sealer

8. Disability.

Pulmonary Tuberculosis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. ?
10. Place of origin of disability.

Has been susceptible to winter colds for last few years in civil life.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Three months ago when in camp St Johns N.B. contracted a "cold" with cough & sputum, the sputum often being streaked with blood, came to England May 1st/16 since which time the cough & sputum have been progressive. was sent to M.B.C.H. 22/VI/16 where sputum was found to be T.B. bacilli and physical signs as depicted in "13"

12. (*a*) Give your opinion as to the causation of the disability.

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

? infection

1. no.
2. an old lesion activated by exhausting of camp life.

22

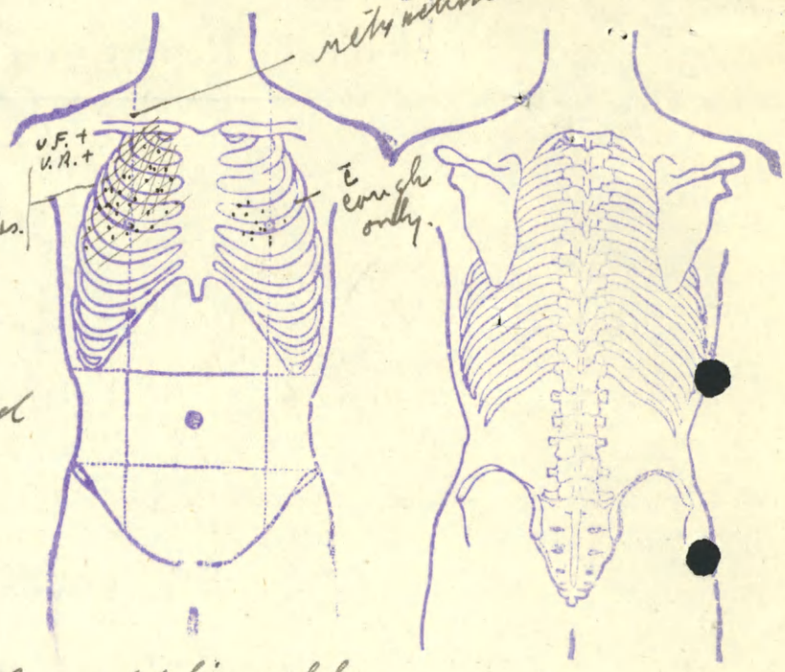
Has not been in France.

Highest known wt. 182
Present weight 141
Sputum ℥j m. s. 24 hrs. T. B. positive

13. What is his present condition?

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

General condition fair.
cough dry & hard.
shortness of breath on exercise.
History of blood streaked sputum.



14. If the disability is an injury, was caused

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

not applicable

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

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

not applicable

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? not applicable

19. Do you recommend

(*a*) Fit for duty? no

(*b*) Fit for light duty? no

(*c*) Invalided to Canada? no

(*d*) Discharge as permanently unfit? yes.

F. H. Pratten Capt. Canadian

Officer in medical charge of case.

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

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE.

Station _____

Date 28/6/16

Officer in charge of Hospital.

COLONEL C.A.M.C.
OFFICER i/c MOORE BARRACKS
CANADIAN HOSPITAL, SHORNCLIFFE.

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

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

(21)

Opinion of the Medical Board.

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

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

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

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

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

(*b*) If due to one of these causes, to what specific condition do the Board attribute it? — Old focus aggravated by general service conditions.

21. Has the disability been aggravated by

(*a*) Intemperance? — No

(*b*) Misconduct? — No

22. Is the disability permanent? — Yes

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

To be stated in months.

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

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

26. Do the Board recommend

(*a*) Fit for duty? —

(*b*) Fit for light duty? —

(*c*) Invalided to Canada? —

(*d*) Discharge as permanently unfit — Yes

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADIER GENERAL COMMANDING CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Signatures :—

W. Bethune Capt — President.

W. Clewold Capt — Members.

Station Moore Barracks

Date June 29/16

Approved.

Station Shorncliffe

Date 1 JUL 1916

S. L. Walker
Administrative Medical Officer.

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

(80)

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

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT.-COL. W. GRANT MORDEN.
MAJOR JOHN L. TODD, C.A.M.C.
MAJOR MAURICE ALEXANDER, *Legal Adviser.*

Proceedings.

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

_____ *President.*
Lt.-Col.

_____ Major.

_____
Lt.-Col.

_____ Major.

19

D.M.S. 1312.
Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Moore Barracks Can. Hosp.

Date 28/VI/16

1. Unit. 69th Bn.
2. Regimental No. 121716
3. Rank Pte
4. Name Gagnon Medric
5. Age last birthday 19
6. Enlisted { on Nov 2/15 / at Joincare Quebec
7. Former Trade or Occupation { Lumber sealer

8. **Disability.**

Pulmonary Tuberculosis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.? Has been susceptible to winter colds for last few years in civil life.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Three months ago when in Camp St Johns N.B. contracted a 'cold' with cough and sputum the sputum often being streaked with blood. Came to England May 1st 1916 since which time the cough and sputum have been progressive. Was sent to M.B.C.H. 22/VI/16 where sputum was found to be T.B. positive and physical signs as depicted in '13'

12. (*a*) Give your opinion as to the causation of the disability. ? Infection

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

1. No.
2. An old lesion activated by exposure of camp life.

Has not been in France

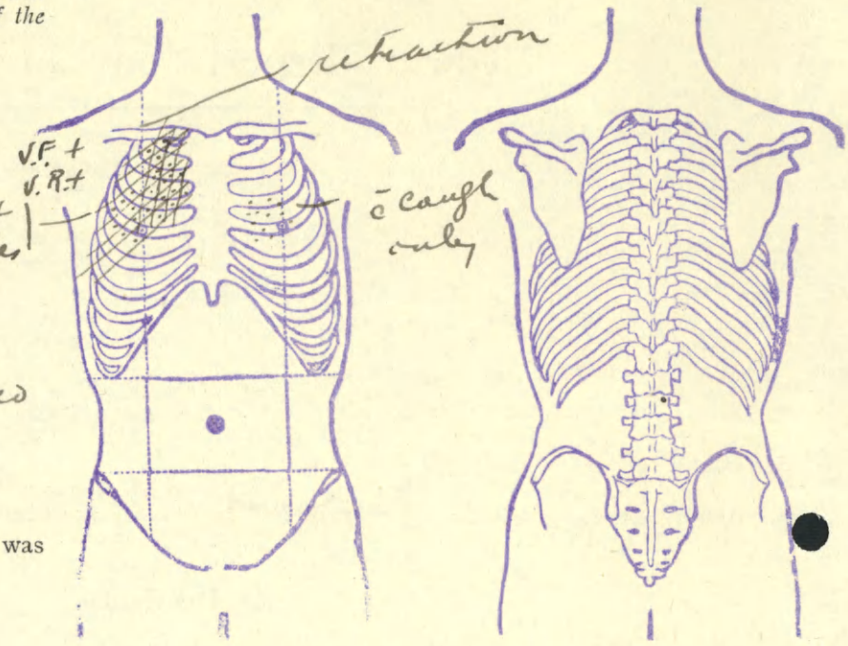
Dis 8 22
20-10-17
M.M.

Highest known wt 152
Present wt. 141
Sputum ℥ M.P. 24 hrs 2. B. positive

13. What is his present condition?

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

General condition fair
Cough dry and hard
Shortness of breath on exertion
History of blood streaked sputum



14. If the disability is an injury, was caused

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

Not applicable

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

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

Not applicable

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable

19. Do you recommend

(*a*) Fit for duty? No.

(*b*) Fit for light duty? No.

(*c*) Invalided to Canada? No

(*d*) Discharge as permanently unfit? Yes.

H. H. Prattley Capt. Cams.
Officer in medical charge of case.

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

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE.

Station

Date 28/6/16

Officer in charge of Hospital.

OFFICER i/c MOORE BARRACKS,
CANADIAN HOSPITAL, SHORNCLIFFE.

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

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

Opinion of the Medical Board.

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

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

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

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

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

(*b*) If due to one of these causes, to what specific condition do the Board attribute it? — Old focus aggravated by general service conditions

21. Has the disability been aggravated by

(*a*) Intemperance? — no

(*b*) Misconduct? — no.

22. Is the disability permanent? — yes

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

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — Total for 6 months

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

26. Do the Board recommend

(*a*) Fit for duty? ——

(*b*) Fit for light duty? ——

(*c*) Invalided to Canada? ——

(*d*) Discharge as permanently unfit — yes.

APPROVED
CAPT. IN CHARGE, FOR D. OF R. & O. FOR BRIGADIER GENERAL COMMANDING CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Signatures :— W. Bethune Capt — President.

Station Moore Barracks C. Hospital — W. Clerwold Capt. — Members.

Date June 29/16.

Approved.

Station Shorncliffe — A L Walker — Administrative Medical Officer.

Date 1 JUL 1916

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

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

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT.-COL. W. GRANT MORDEN.
MAJOR JOHN L. TODD, C.A.M.C.
MAJOR MAURICE ALEXANDER, *Legal Adviser.*

Proceedings.

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

_____ *President.*
Lt.-Col.

_____
Major.

_____
Lt.-Col.

_____
Major.

Duplicate - original not available

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Gagnow *Christian Name* Frederick

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... on _____ day of _____ 191 ,
at _____

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet _____ inches.

Weight ... ... _____ lbs.

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... ... { R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... { (*a*) _____

(*b*) Slight defects but not sufficient to cause rejection ... ... { (*b*) _____

Approved by (*Signature*) _____
(*Rank*) _____
Medical Officer.

Enlisted ... ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment ... { Corps. 69th Bn. Regtl. No. 121716

Transferred to ... ... { Corps. Regtl. No.

Became non-effective by _____

on _____ day of _____ 191 .
(*Signature*) _____
(*Rank*) _____

(B 99129.) W. 15297/M127. 500M. 1/16, J. P. & Co., LTD.

Forms B. 178 / 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick L

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks b use. sub be g
	Day	Month	Year	Day	Month	Year			
Moore Barracks	22	6	16				Pulmonary		Sho
Can. Hosp.							Tuberculosis		nalie
									nales
									Bo
									2 δ

ick List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Sputum analysis T. B. positive - moist	
ales and retraction right chest. - also few	
ales with cough over area of bronchus dim.	F. H. Scatten
Bound papers forwarded for discharge	Capt. RAMC.
2-8/VI/16	

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation