Original

A. COMPANY
B. C. Special Service Unit

ATTESTATION PAPER.

No. 3760043.
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Holywell
1a. What are your Christian names? — George
1b. What is your present address? — 2970 Manitoba St Vancouver BC.
2. In what Town, Township or Parish, and in what Country were you born? — Duns Scotland
3. What is the name of your next-of kin? — Mrs Janet Holywell
4. What is the address of your next-of-kin? — 6 Montague St. Edinburgh Scotland
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — 27 Sept 1873
6. What is your Trade or Calling? — Carpenter
7. Are you married? — Widower
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? (Naval or) If so, state particulars of former Service. — Railway Service Guard
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? — no
14. If so, what was the nature of the disability? — no
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — no
16. If so, what was the reason? — no

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

George Holywell (Signature of Recruit)

Date APR 20th 1918 191 . Sgd/ John D. Nicol (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

George Holywell (Signature of Recruit)

Date APR 20th 1918 191 . Sgd/ John D. Nicol (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 Vancouver this APR 20th 1918 day of ..... 191 .

R. H. Alexander mayor (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of ~~Gwen Frederick Cutcliffe~~ Holywell George on Enlistment.

Apparent Age 44 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement: Girth when fully expanded 36 ins.; Range of expansion 39 ins.

Complexion Medium

Eyes Blue

Hair Grey

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

Strabismus in right eye

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.~~ Home Service

Date APR 20 1918 191 .

Place Vancouver BC

Medical Officer.

J. Armstrong President
W. D. Patton Member
F. H. Trasdale Member

*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.

George Holywell ~~Frederick Cutcliffe Gwen~~, having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

R. Monteith (Signature of Officer)
Commanding No. XI Special Service Co'y C.E.F.

Date APR 20 1918 191 .

HOLYWELL GEORGE 2760043 C.A.M.C. 31653

DECEASED

H

FORM OF WILL

'A' Co
B.C. Special Ser, Uni

I, George Holywell (Name in full)

Regimental Number 197 serving in A. COY. B. C. SPEC. SER. UNIT

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

my sister, Nellie Holywell,
6, Montague street,
Edinburgh, Scotland,

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

absolutely, and my personal estate I bequeath to

my sister, Nellie Holywell.

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

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 23rd day of April A.D. 191 8

George Holywell Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. Vesturme Burley Maj

Address of Witness Esquimalt, B.C.

Occupation of Witness Commanding No. 6 Station R.C. Regt.

Signature of Second Witness J A Jordan Cpl

Address of Witness 271 – 62 ave South Vancouver BC

Occupation of Witness

M. F. W. 82.
300M.-12-16.
1772-39-983.

file 36 H.

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

No. 2K 0043 was admitted to hospital on the 30th of July 1918

suffering from hernia & contusions of head

The disability is of a not serious nature, and in all probability will not interfere with his future efficiency as a soldier.

* Here insert "claims" or "does not claim."

He * does not claim that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

STATION Quebec Military Hosp. Geo. Abbott M.D.

DATE July 31st 1918 Medical Officer in Charge.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I, Pte George Holywell hereby declare that the injury sustained by me on the 30th of July did not occur while I was in the performance of military duty.

Geo. Holywell { Soldier's Signature

STATION Quebec Military Hospital

DATE July 31st 1918 Geo. Abbott M.D. { Signature of Medical Officer

CERTIFICATE OF COMMANDING OFFICER.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

† Here insert "occurred" or "did not occur."

I certify that the injury to the above named soldier † while he was in the performance of military duty.

‡ If "on duty," the nature of the duty should be stated, and whether the soldier was in any way to blame. The date of the injury and the place where it occurred should also be stated.

‡

The soldier has been so informed.

STATION

DATE Commanding

M. F. B. 371.

10M.—4-17.
H. Q. 1772 39-164.

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

Pvt ~~Holywell Georges~~ C A M C

No. 2760143 was admitted to hospital on the 5-3-19

suffering from Fracture right Fibula

The disability is of a non serious nature, and in all probability will not interfere with his future efficiency as a soldier.

* Here insert "claims" or "does not claim."

He * was not that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

STATION Dublin Military Hospital

DATE 10-3-19

G A Brown Major
Medical Officer in Charge.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I, Geo. Holywell hereby declare that the injury sustained by me on the 5th 3-19 did not occur while I was in the performance of military duty.

G. Holywell { Soldier's Signature

STATION Dublin Military Hospital

DATE 10-3-19

G A Brown Major { Signature of Medical Officer

CERTIFICATE OF COMMANDING OFFICER.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

† Here insert "occurred" or "did not occur."

I certify that the injury to the above named soldier † was not received while he was in the performance of military duty.

‡ If "on duty," the nature of the duty should be stated, and whether the soldier was in any way to blame. The date of the injury and the place where it occurred should also be stated.

‡

The soldier has been so informed.

STATION Dublin Military Hospital

DATE 18-3-19

Harry Morris Mpr. Cadle.
of Commanding Military Hospital

M. F. B. 371.

10M—4-16.
H. Q. 1772-39-164.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Blywell J.

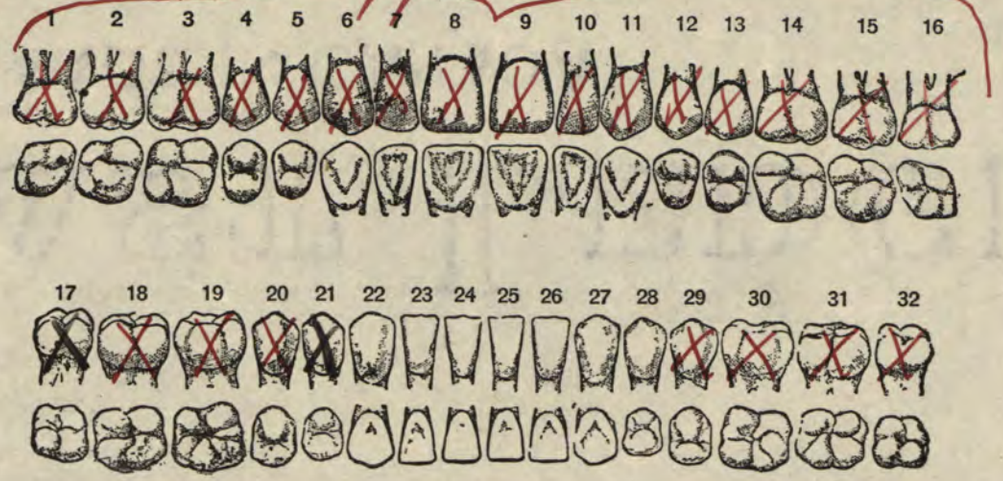
RANK Pte

REGIMENT Garrison Regt

No. 2 26 60 4 3

M.F.B. 485
2'40M.1-17
1772-39 950

Full upper denture



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
August 27 1918 Condition on first Examination									23 1-16 18-20 29-32										J. P. Gaulier Capt.	5	~~Lower~~ 26.27.28. 6 + 17.21.
August 27 1918										2 17.21											Requires lower partial denture and new full upper denture. J.P.G.

(C)

CASE HISTORY SHEET.

No. 2760043 Rank Private Name Halywell Age 44

Unit Spec: Service Completed years of service (Where and how long) 2 months

Date of admission 19/June 1918 Date of discharge June 23. 1918

Diagnosis Sub Lymphopsi Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Came into Hospital with Temperature 101.4 Pulse 84 Resp. 20 - head ache. Shivering. Pains all over & the usual symptoms of Sub Lymphopsi

20/6/18. Improved - Temp't Normal

21/6/18. Convalescent " "

23/6/18. Condition remains same.

FAMILY HISTORY Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT No. 9. Dover gr. X. Hexamin gr. V.

(Especially any specific or special form) Routine Treatment for Sub Lymphopsi

CONDITION ON DISCHARGE, Fit for C

(and disposal made of case.)

Date June 23. 1918

W. Chaut Capt
Medical Officer i/c case

C

14004

M. F. B. 313a.
50M.-11-17.
1772—39-439.

CLINICAL CHART.

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

Corps: Special Service — Hospital Station: Belvedere Camp

No. 2460043 — Rank and Name: Halywell, Geo — Age: 45 — Service: 2 months

Disease: Influenza — Date of Admission: 19/6/18 — Date of Discharge: 23/6/18 — Result: Better — Case Book: — Folio:

Dates of Observation	19	20	21																												
Days of Disease	1	2	3																												
Temperature Fahrenheit — TIME a.m. p.m.																															
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	84	66	60	58																											
Respirations per Minute	20	20	20	20																											
Motions																															

M. F. B. 288

50m.—7-16.
H. Q. 1772-39-513.

Signature: W. L. Grant Capt — In charge of case.

CLINICAL CHART.

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

Corps

Hospital Station

No. Rank and Name Age Service

Date of Admission Date of Discharge Result Case Book Folio

Disease

Date of Onset

Date of Disease

Temperature (Fahrenheit)

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Stools

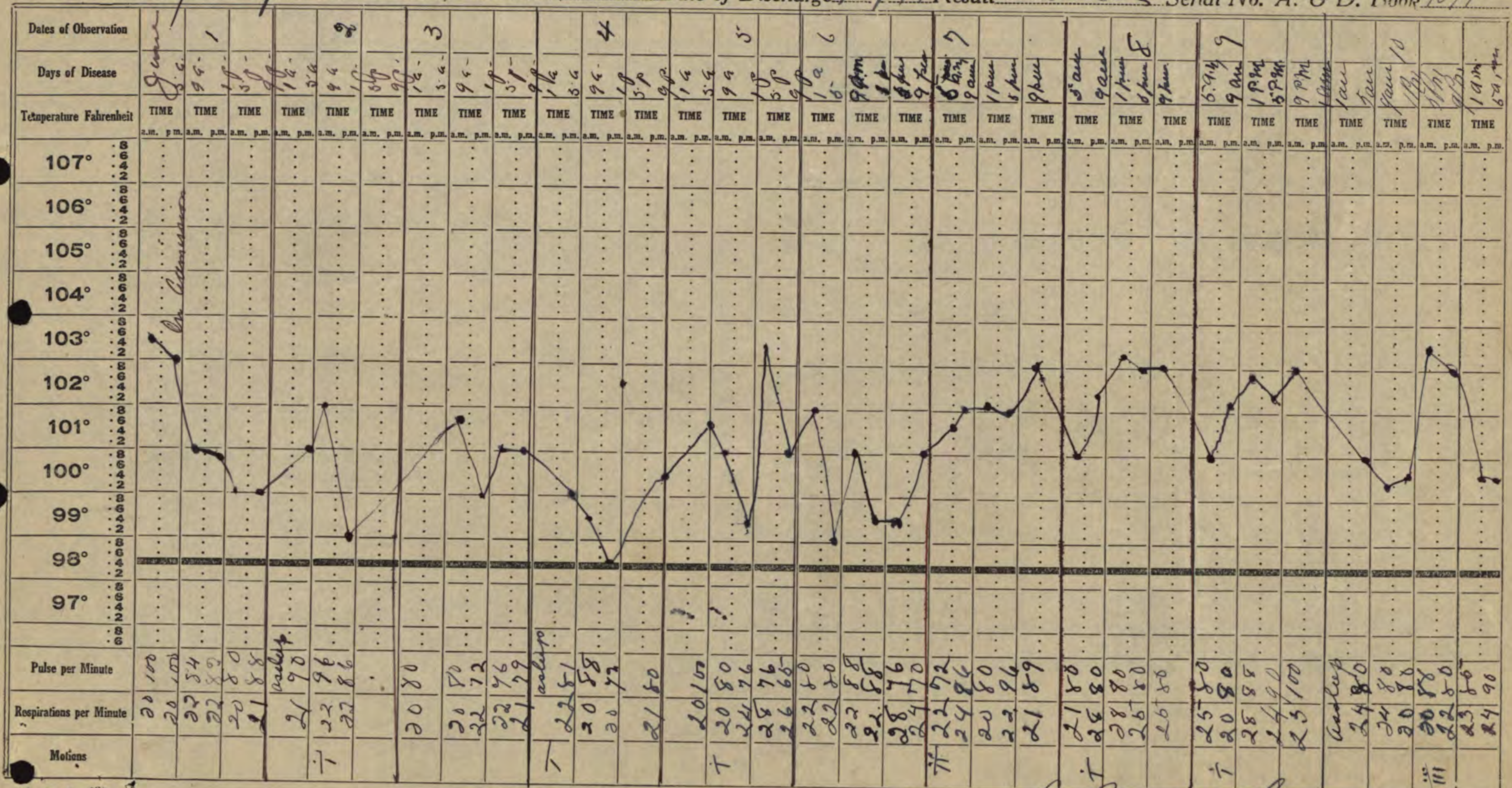
Signature In charge of case.

CLINICAL CHART.

Corps C.A.M.C. Hospital Station Quebec

No. 2760043 Rank and Name Pte. Holywell S. Age 45 Service 2 6/12 in Canada

Disease Pyelonephritis Date of Admission 1-6-19 Date of Discharge 1-7-19 Result died Serial No. A. & D. Book 1099c

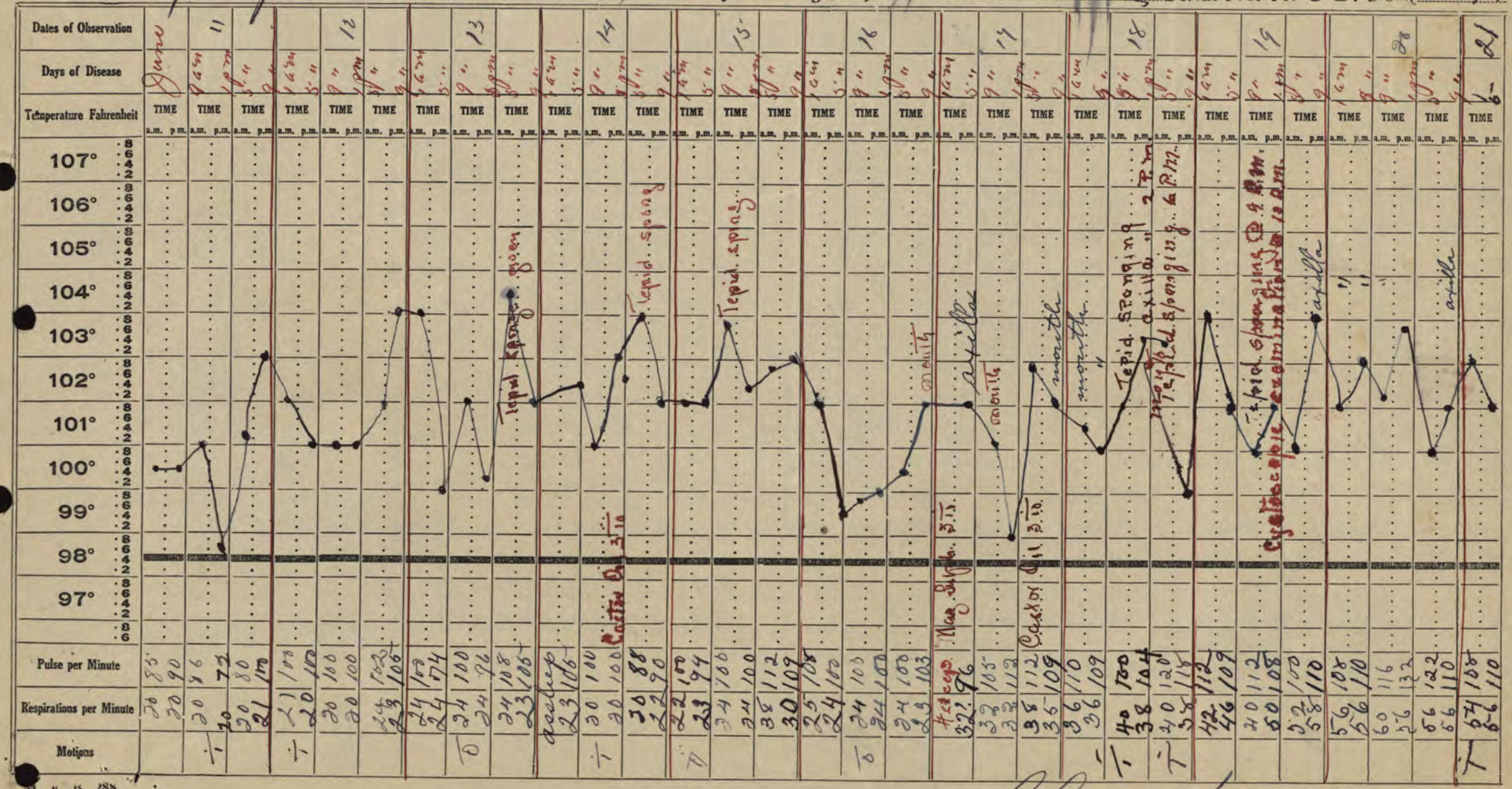


M. F. B. 288.
50M—10-18.
H. Q. 1772-39-513.

Signature L. Lavallée Lt In charge of case.

CLINICAL CHART.

Corps C A M C
Hospital Station #8 D. D.
No. 2760043 Rank and Name Pte Holywell G. Age 45 Service Canada 26/12
Disease Pyelonephritis Date of Admission 1-6-19 Date of Discharge 1-7-19 Result Died, Serial No. A. & D. Book 1099



M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature L. Laville Lt. In charge of case.

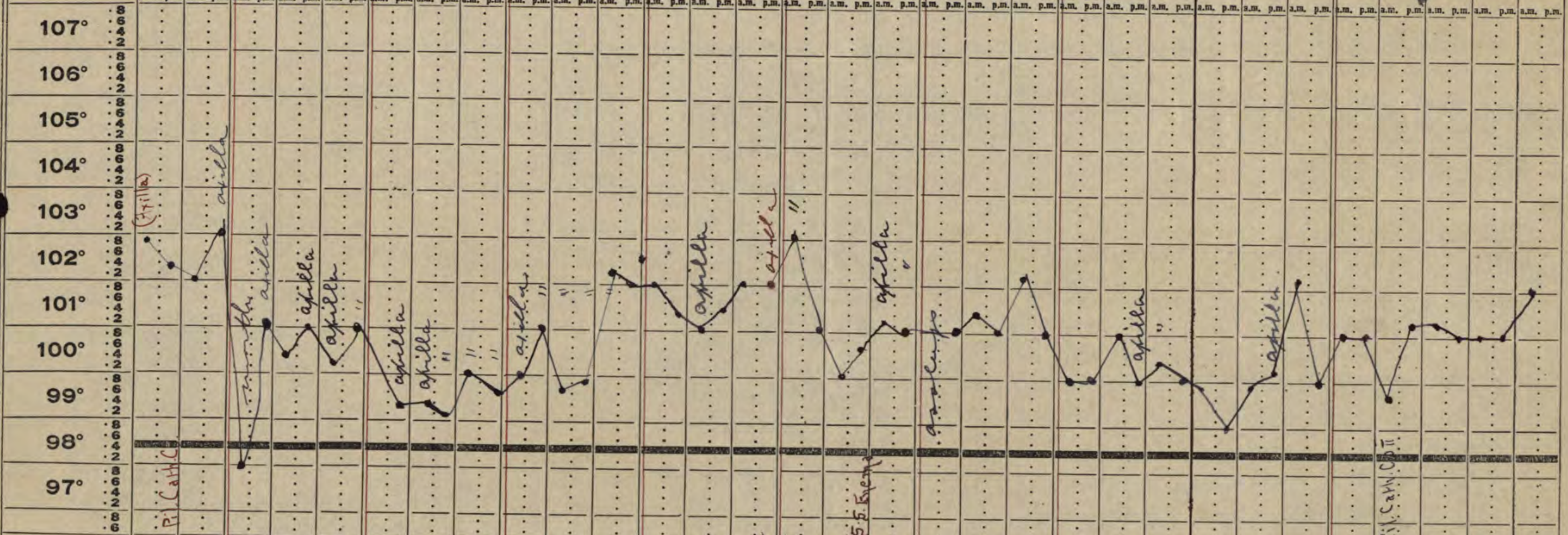
CLINICAL CHART.

Corps C. A. M. C. Hospital Station # 5 W.D.

No. 2760043 Rank and Name Pte. Holywell G. Age 45 Service Canada 26/12

Disease Pyelonephritis Date of Admission 1-6-19 Date of Discharge 15-7-19 Result Died Serial No. A. & D. Book 1099 C.

Dates of Observation	21			22			23		1 a.m. 3 a.m.	24			25			26			27			28			29			30			1
Days of Disease	9a	1p 5p	1a 5a	9a	1p 5p	1a 5a	9a	1p 5p	1a.m. 5a.m.	9a	1p 5p	1a 5a	9 1	5p 9p	1a 5a	9 1	5p 9p	1a 5a	9 1	5p 9p	1a 5a	9 1	5p 9p	1a 5a	9 1 P.	5p 9	1a 5a	9 1	5 9	5 am	9 a.m. 1 p.m.
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.



Pulse per Minute	128 116	116 126	118 109	116 116	120 106		104 84	112 115	110 109	120 124	133 132	140 144	112 128	120 128	148 140	116 120	120 138	120	124 124	128 126	130 136	124 112	108 110	120 120	116 120	124 130	122 122	120 136	132 120	120 132	50
Respirations per Minute	48 52	48 46	43 46	48 44	58 48		52 56	48 51	55 48	52 58	56 52	56 60	40 60	58 54	56 56	48 45	44 44	59	48 44	46 49	48 46	52 50	56 56	58 66	44 56	52 54	58 48	52 56	56 60	56 45	60
Motions	1		11	1 1		D		1		1						1 1E		ff				1		1				21			0

Urine ℥xxx ℥xii ℥xxiii ℥xxiii Incon. ℥xvi Incon. ℥x Incon. ℥xvi Incon. ℥xv Incon. ℥xx Incon.

M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature L. Goodeve Lt. Col. In charge of case.

CASE HISTORY SHEET.

Military Hospital. Quebec Station.

No. 2 36004 3 Rank Name Pte George Holywell Age 44

Unit 5th C.G.A. Completed years of service (Where and how long) 1 & months

Date of admission 30.7.18 Date of discharge 12/8/18

Diagnosis Wounds of scalp. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Patient was playing with general in camp when he was hit on right side of head. He does not know who he was hit with. He was brought in to hospital where a couple of stitches were put in.

On right side of head is a cut, 1½ inch long going from backwards & outwards, & situated over temporal bone. Further behind, on left side of ~~temporal~~ occipital bone, another cut about two inches long going backwards, downwards & outwards. No injury to bone & dead tabing only skin but both right through.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) July 29th Stitched part in. Dressing
July 30th Dressing changed
July 31st Dressing changed
Aug. 1st Dressing changed
" 2nd Dressing removed. Wounds painted with iodine
" 6th: Dressing changed every day since 2nd. Stitches removed.
Aug. 10 Iodine application every day since 6th.

CONDITION ON DISCHARGE,

(and disposal made of case.) Cured.

C.T.

Date Aug. 12th 1918

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

B 39245

CLINICAL CHART.

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

Corps 5th C. G. A. Hospital Station Quebec

No. 236043 Rank and Name Pte George Blatywell Age 44 Service 15 months

Disease Date of Admission 3.2.18 Date of Discharge 12/8/18 Result Cured Case Book B Folio 275

Dates of Observation	28	29	1	2	3	4	5	6	7	8	9	10
Days of Disease												
Temperature Fahrenheit (TIME a.m. p.m.)												
Pulse per Minute	90	84	74	74	70	74	70	74	74	74	74	70
Respirations per Minute	20	20	20	20	20	20	20	20	20	20	20	20
Motions	+	+	+	+	+	+	+	+	+	+	+	

Admitted

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature Geo Alcorn Capt In charge of case.

CASE HISTORY SHEET.

Military Hospital. Quebec Station.

No. 276143 Rank Pte Name Georges Holywell Age 44

Unit C.A.M.C. Completed years of service (Where and how long)

Date of admission 5/3/19 Date of discharge 15/4/19

Diagnosis Fracture Rt fibula Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE. Injury to right leg and ankle, considerable swelling and tenderness on pressure over fibula just above external malleolus, dorsi flexion ankle limited owing largely to pain. 6th Sent for X Ray. States he fell at about 7 o'clock while off duty. 7th Resting more comfortably, swelling over peroneii much less. Pain on pressure over external malleolus. 8th X Ray shows an incomplete fracture at external malleolus, in good position. 9th Slight ecchymosis over peroneii lower part. 10th complains of a dull pain in leg. 11th Less pain since plaster applied. 17th Resting comfortably. 18th Comfortable. 19th Resting comfortably. 20th feeling fine. 21st fine. 23rd feeling fine. 24th very comfortable. 25th doing well. 26th Comfortable. 27th Limb feeling very comfortable. 28th Sits up in wheeled chair with foot elevated. 29th Limb very comfortable. 30th Feeling fine. 31st Leg doing well, good movement of toes, no pain, sleeps well. 2-4-19 - Leg doing well, improving every day, feeling fine. 3-4-19 Doing fine. 16-4-19 - Feeling fine - 19-4-19. Uncle hospital -

11/4/19 Patient goes to X-Rays

12/4/19 Plate returned shows uncorrected union of fractured fibula. Massage continued. No action under allowed.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) good

15/5/19: Massage continued

S. D. Price 12/4/19

TREATMENT (Especially any specific or special form) Ice bag - Morphia Sulph gr ¼ at HS. 6th Mag Sulph ℥iv 7th Tr Iodine applied. 8th Massage 10th Gypsum cast applied 37th Sits up in wheeled chair with leg elevated on pillow

CONDITION ON DISCHARGE (and disposal made of case.) B77 Returned Duty

Date 15/5/19

Geo A Cameron Capt
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

2 8028

District Laboratory of Hygiene
MAR 6 1919
4702
Mil. Dist. No. 5, Quebec, P.Q.

M.D. No. 5. LABORATORY QUEBEC, P.Q.

URINE REPORT.

No. 276143 RANK. Pte

NAME. Holmes

CORPS. 2 M.G.

WARD. 2

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS.	BILE
APPEARANCE. Clear	ACETONE
COLOR. Amber	DIACETIC ACID
REACTION. Acid	DIAZO
SPECIFIC GRAVITY. 1015	UREA
ALBUMEN. Nil	
GLUCOSE. Nil	

MICROSCOPICAL EXAMINATION.

REMARKS.

Harry Murray Capt. A.M.C.
Officer i/c Laboratory. Que.

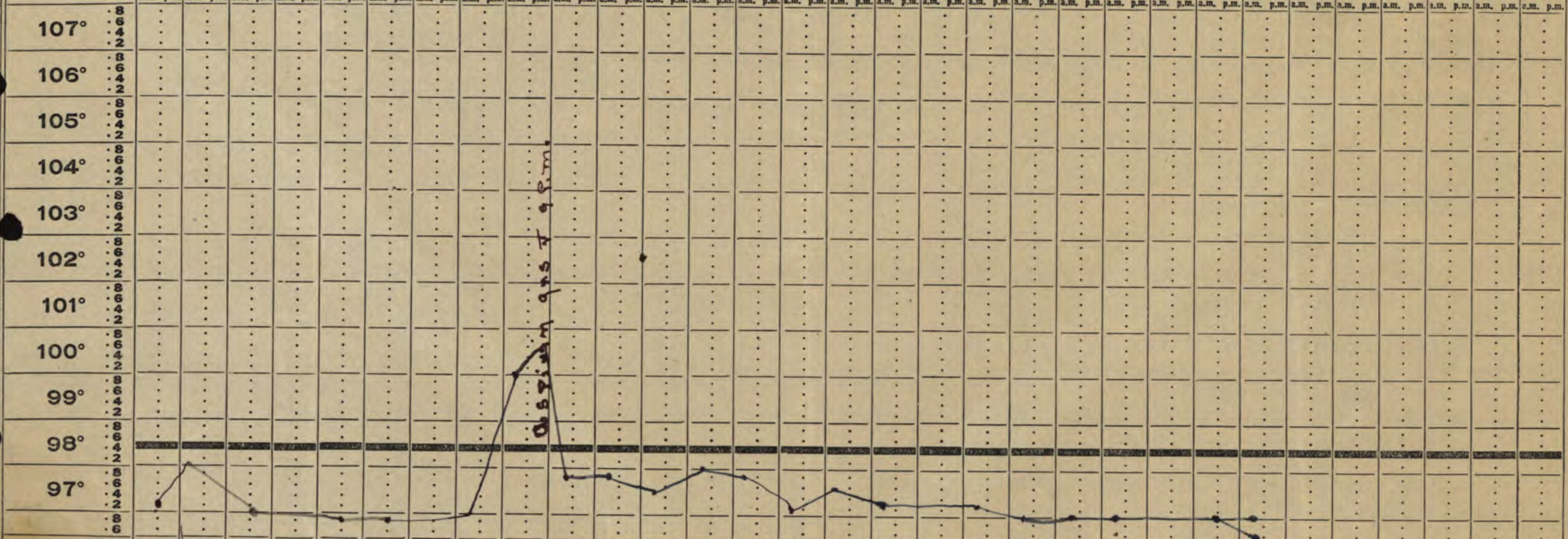
CLINICAL CHART.

Corps C. A. M. C. Hospital Station Quebec.

No. 276143 Rank and Name Pte Geo. Hollywell Age 44 Service

Disease Fracture of Fibula Rt Date of Admission 5/3/19 Date of Discharge 15/5/19 Result Cured Serial No. A. & D. Book 1024 R

Dates of Observation	april 8	9	10	11	12	13	14	15	20	21			May																		
Days of Disease									5 pm. 11	6 a.m.	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13						
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	9 TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.



Pulse per Minute	80	78	80		76	64		66	76 80	60		72	70	68	80	80	80		72	76	76	72		70	72						
Respirations per Minute	20	20	20		20	20		20	20 20	20		20	20	20	20	20	20		20	20	20	20		20	20						
Motions	·1·	·1·	·1·	·1·	·1·	·1·				·1·			·1·	·1·	·1·		1·		·1·	1·	·1·			·1·							

M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature Geo. Alexander Capt In charge of case.

CLINICAL CHART

NAME :- Georges Holywell Pte CA.M.C

DATE	TEMP	PULSE	RESP	BOWELS	URINE	MEDICINES
5th March	admitted					Hypo. morph. sp. 1/4 @ 9.30 pm
6th " "	98	80	18	T		
7 " "	98	80	18	T		
8 " "	98	80	18	T		
9 " "	98	72	18	T		
10 " "	98	72	18	T		
11 " "	98	80	18	T		
12 "	98	80	18	T		
13 "	97	72	20	T		
14 "	96.4	64	18	T		
15 "	97	64	18	T		
16 "	97	72	18	T		
17 "	98	72	18	T		
18 "	98	80	18	T		
19 "	98	80	18	T		
20 "	97	61	18	✓		
21	97.2	57	19	✓		
22	97.2	54	19	✓		
23	97.3	57	20			
24	97	60	22			
25	97	56	20	✓		
26	97.1	66	23			
27						
28	97.4	68	21	✓		
29						
30	97.2	64	20	✓		
31						
1/4/	97.2	68	20	✓		
2	97.4	70	20			
3	97.2	68	20	✓		
4	97	70	20	✓		
5	97	80	20	T		
7	96.4	80	20	T		

Good

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: A. C. B.C. Special Ser, Unit

Regimental No. 276043 Rank Private Name Holywell George

Enlisted (a) 30. 4. 18 Terms of Service (a) C. E. F. Service reckons from (a) April 30th 1918

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) Carpenter

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				
18-1-19	5th C.G.H.	Transferred to AMC. 6.E.7. M.D.5	Quebec.	18-1-19	D.O # 50. 19-2-19 Dist. Order 2845 of 27-12-18
					A. E. Macmillan Capt. A.M.C. O. C. A.M.C., 5th Div.
		Died at 9.20 a.m. the 1-7-19 at Savard Military Hospital.			
		R. Maynard Hp. Cadet at Savard Military Hosp.			

(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				

Form P. 812A.
7777 15m. 12/12/18 D509

UNIT IN CANADA.

C.R. FILE NO.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Miss Nellie Holywell
Address 6 Montague St.
Edinburgh, Scot.

Name HOLYWELL GEO.
From Canada: No. 276043 Rank Pte. Unit 5th Bn. L.G.R.

Rank	Authority	Unit

ASSIGNED PAY

Authority ..... Dol. ..... Effect .....

ASSIGNED PAY 15.00 1.2.19 SEPARATION ALLOWANCE

" " "
" " "
" " "

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
~~DEC.~~ 1919					
JAN.					
FEB.					
MARCH Supp.	P. 81152	30		Feb. Mch.	
APRIL	G. 5716	15		Final payment	
MAY (Jan. Main)	A. 92990	15			
JUNE		Discharged 31.5.19			
JULY		Total 18.6.19			
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

I

M. F. W. 71—500M—6 18.
1772—39—9.1.

NAME Hobywell George

REGIMENTAL NO. 2960043 RANK Pte

ENLISTED AT Vancouver B.C. PROMOTIONS, &c. AND DATE

DATE 20-4-18

IF SERVED PREVIOUSLY STATE UNIT, &c. Railway Service Guard

MARRIED, WIDOWER, OR SINGLE Widower

NEXT OF KIN Mrs Janet Hobywell RELATIONSHIP Mother

ADDRESS OF 6 Montague St Edinburgh Scotland

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT S.O.S. on Demobilization under A. & I. 470 Para 1C. with effect 15-8-19 P.O. Part II 1158 16-8-19

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR R. Wagner Capt. O.C. Surgical Rehabilitation Hospital Westbourne

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	

No. 2760043 Rank Pte. Name Hollywell, George

Holywell

T. O. S. Unit No. 11 Special Service Co. A. E. F.

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 April 20	1918 April 23	x	Trans to "A" Cay Depot	DO 112 of April 26/18

1/7/19

NAME. Holywell, George

RANK. Pte

No. 2760043

115

D.O. Part II No. 36, 1-6-18 of the C.S.R.

CORPS Spec. Serv. Co.

H. Q. FILE.

ENLISTMENT, PLACE. Vancouver, B.C.

DATE. April 20th, 1918

~~DISCHARGE~~ BIRTH, PLACE, Scotland, Duns.

DATE. Sept 27th, 1873.

REASON.

S.O.S. Deceased 1-7-19. D.O. 710 of 31-7-19. Award, Mil. Hosp.

ADDRESS ON DISCHARGE.

T. O. S. Apr. 22 1918.

D.O. Part II No. 12

DOCUMENTS.

~~NEXT OF KIN~~

~~ADDRESS~~

NEXT OF KIN Holywell, Mrs. Janet. RELATIONSHIP Mother

ADDRESS 6 Mollagur St; Edinburgh, Scot.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

Holywell Pte Geo 2760643 A.M.C.

not Elig for 14/15 Star.

649-H-27800

Medals

Sister Miss Nellie Holywell

6. Montague St.

Edinburgh

Scotland

8480

P.T. Mother Mrs. Janet Holywell

Reg # 805830

same address

APR 30 1921

Scroll Desp. Regn. No. 2-40341

mens cross Mother as above

JAN 17 1922

Plaque Desp. Regn. No. 16498

~~No Pensioner~~

Desp. JUN 2 1920 69960

*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a* Medical Board

assembled at Military Hospital Quebec

on the 11-3-19

by order of D.C. Mil-Hosp

for the purpose of Examining & reporting on

#2760043 Pte Jno Holiwell C.C. & M.C.

PRESIDENT

G.A. Brown Major A.M.C.

MEMBERS.

Jno. Chern. Capt. AMC.

The Board having assembled pursuant to order, proceed to

Examine Pte Jno. Holiwell & find that he has a fracture of right fibula, sustained 5-3-19 from a fall on the sidewalk while off duty. He is receiving appropriate treatment, having had an X-ray to verify the diagnosis

G A Brown Major

Jno Chern Capt

APPROVED

W H Delaney

Lieut. Colonel

A.D.M.S. Military District No. 5.

M. F. B. 303.

75m.—5-18.
H. Q. 1772-39-133.

A. COY. B. C. SPEC. SER. UNIT

Original

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Holywell Christian name George

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 2470 Manitoba St Vancouver B C

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of April 1918 by the undersigned medical board sitting at Vancouver B C

5. Age as stated 44 Years 7 Months. 6. Apparent age 45 Years Months

7. Height 5 Feet 5 1/2 Inches. 8. Weight 154 Pounds.

9. Chest measurement { Minimum 36 Ins. Maximum 39 Ins. } 10. Complexion Medium { Eyes Blue Hair Gray }

11. Physical development { Good ~~Fair~~ ~~Poor~~ } 12. Smallpox marks 0

13. Number of vaccination marks { Right arm 1 Left arm 1 } 14. When vaccinated last 1917

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Strabismus in right eye.

16. Slight defects but not sufficient to cause rejection Slight varicose veins left leg.

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [C,]

17. (a) Vision R. 20/80. L. 20/30

(b) Hearing. R. normal L.

Signature of Man Geo. Holywell

Gunnedwald President.

H. D. Pallin Member. F. H. Lonsdale, Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 20th day of April 1918 at Vancouver B C

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	11th Special Service Coy C.E.F.	2760043		20th APR 1918
Transferred to	C.A.M.C. MDS			18-1-19.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Quebec	25-8-18	Varicose Veins	Lt. Col. Medical Board Lt. Col. Commd. Capt. Comm. C. A. Lojeski

N.B.—This sheet is 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.
300M.—10-17.
1772-39-439.

Surname Halywell Christian Name George

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
A. Wedner Camp Hospital		17	6	18	23	6	18	Dysentery	7	Treated Sweat, Tonic, & Opium. No. 9 Routine Treatment for Dysentery. H.M.C. 2 Phys. Capt	
Sorrel Hill Hosp. Bro.		5	3	19	15	5	19	Fracture right fibula	72	Bty reshaped & unit	Dr Adare Capt.
St Mt Hosp.	Quebec	1	6	19	1	7	19	Cyclonephritis	31	Died at 9.20 A.M. 1919	L Lavallee

CASE HISTORY SHEET

Levard Military Hospital. Quebec Station.

No. 2760043 Rank Pte Name Holywell S. Age 45

Unit C.A.M.C. Completed years of service (Where and how long) 2 1/2 in Canada

Date of admission 15-6-19 Date of discharge Died at 1st July, 1919

Diagnosis Pyelonephritis Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complaining of headache, vomiting general malaise for past few days. Temp. 102°4 on admission.
Headache continues - fever rises and has varied since between 100 + 103 with very little drop in morning. Gives history of injury in rt. renal region from a fall some months ago.
Urinalysis shows Albumen and pus acc. by blood + epithelial and granular casts. Daily urinalysis with practically same findings. Ureteral catheterization asked - Consultant vetoes it.
17-6-19 - Respiration very rapid + pulse also, condition failing. Blood test for typhoid negative.
Exam. of Kidney region shows slight tenderness and continued feeling of discomfort. Sub delirium and condition of sleeplessness at night. Constipation marked.
Diagnosis - between Perinephritic abscess and Pyelonephritis

18-6-19 - Ureteral catheterization recommended with segregation of specimens of urine, and instillation of 15% Sol. Argyrol followed by X Ray Exam of rt. Renal region. H.F.C.
I concur J.D.

FAMILY HISTORY. Sample obtained from left kidney - Not in possible from right + left sample shows albumen, blood - pus - + gran. casts.
(Tuberculosis, mental or nervous disease.)
21-6-19 - Subdelirium - B.P. Syst. 110 - Diast. 60
22-6-19 Bad night. Delirious - No control of sphincters. B.P. 120 - 80
AMT. 24 HOURS - 29 ozs.

TREATMENT. 25-6-19 - Pulse - poor - very rapid - delirious
(Especially any specific or special form.)

CONDITION ON DISCHARGE. Died 9.20 A.M. 1st July 1919
(and disposal made of case.)

Date 1st July 1919

L. Lavallée Lt.
Medical Officer i/c case.

F. B. 313a.
100M.—6-18.
772—39-439.

G 31728

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. Single. REGT. No. 276043 RANK Pte. NAME (IN FULL) Holywell. George. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

HS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. R.S.G. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION ✓ | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 2-4-17. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO 15.00 Paid by Ottawa. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Quebec. | DATE 31-5-19. | REASON Demob. | AUTHORITY R.O. 1420 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	1919				10	—																															Cloth. All. 35
	May-	31	1.10	34	10	35	—	140	—	219	10								127	50					15	—			6	60							M.S.G. 140.—
																													~~70~~				219	10			70.—	A.P. Paid by Ottawa— Laundry 50 A.W.I 1.10. Fine 5.00

WAR SERVICE GRATUITY

	W.S.G.	S.A.	Total
6 days minimum.	140		140
	140		140
Ottawa 29/20 Ch. 57877	70		70

W.S.G.	S.A.	Total Paid	Balance Soldier	Deferred	
70	—	70	70	—	1st Payment as above - 31-5-1
70		140	—	—	28-6-19 - 57877
140		140			
				70	Not Paid by Mrs. Holywell through Dept. 38 Federal Dept. for Rec. Speed. D.R. #2427 - 29/21 - A.B. 8894 - 9-5

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Address.
#6 Montague, Str.
Edinburgh. Scotland.

AUDITOR: All | PAYMASTER: JEP

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. Widower | REGT. No. 2760043 | RANK Pte. | NAME (IN FULL) HOLYWELL, G. (BLOCK LETTERS, SURNAME FIRST)

H 199

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reg. 1.00		
Field 1.10		

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Vancouver B.C. | TRANSFERRED TO: A.M.C. | DATE | AUTHORITY

DATE OF ATTESTATION: April 20-1918 (April 2-1917) | TRANSFERRED TO: R.S.G. - Vancouver | DATE | AUTHORITY

ASSIGNED PAY, $: $15.00 | DATE EFFECTIVE

PAYABLE TO: Miss. Nellie Holywell | RELATIONSHIP: Paid by Ottawa

ADDRESS: Edinborough, Scotland, 6 Montague St.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED: PLACE Levebec P.Q. | DATE 31-5-19 | REASON RO. 1430 | AUTHORITY "C" Demob. | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					Transferred from March Pay list 1919
April							10	00	10	00																									10	00	*Asm. Pay Paid by Ottawa
April	30	1.10	33	00					33	00	17	15	22	30			9	00	9	00			—				* 15	00			33	00	All				Laundry .50
May	31	1.10	34	10			35	00			35	15	46	31			9	55	117	95						50	15 / 1 / 5	00 / 00 / 00			149	10	All		70	00	*Asm. Pay paid by Ottawa; All L. Part II 0.24 S.M.H.; Part II 0.25 - fine (Drunkenness)
							140	00	209	10																					182	10					
									252	10																											Clothing 35.00; W.S.G. 2 yrs. $140.00; S.O.S - 31-5-19; Part II 0.37 - 59
War Service Gratuity					70	00	70	00																			70	00			70	00					Paid by Paymaster Demobilization Ind-5
June	30	1.10	33	00					33	00																	15	00			15	00			18	00	Part II 0.59 cancel; Part II 0.39
					4	75			4	75																					—				4	75	a.p. paid by Ottawa $15.00
									37	75																					15	00			22	75	$4.75 money found on his body — Deposited
July	1	1.10	1	10					1	10																									1	10	
									38	85																					15	00			23	85	Deceased; S.O.S Part II 0.71 S.M.H. 1-7-19

60m.-11-18. L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	