

Description of Amos Lowndes on Enlistment.

Apparent Age 27 years 8 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft 7 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 ins.

Complexion Fair
 Eyes Blue
 Hair Light

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Jan. 7 - 1919 1919

Place Montreal Amos Lowndes
 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.

Amos Lowndes 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.

P. Hugh Major C.O.I.C. (Signature of Officer)
 a/S.O.O. M.D.4

Date 7th. January 1919.

Duplicate

45 Suzanne st

224
No. ~~120522~~
120842
Folio.
C. J. H.
L

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

1. What is your name? Amos Lowndes
2. In what Town, Township or Parish, and in what Country were you born? Manchester E.C.
3. What is the name of your next-of-kin? Sarah Ann Lowndes Wife
4. What is the address of your next-of-kin? 45 Suzanne st
5. What is the date of your birth? 24 th May 1894
6. What is your Trade or Calling? Machinist
7. Are you married? Yes
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force?.. & 7 years, 7th Manchester
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

Amos Lowndes (Signature of Man).
J. H. H. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Amos Lowndes, do solemnly declare that the above answers made by me to the above questions 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.

Amos Lowndes (Signature of Recruit)
 Date August 11th 1915 *J. H. H.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Amos Lowndes, 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.

Amos Lowndes (Signature of Recruit)
 Date August 11th 1915 *J. H. H.* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this eleventh day of August 1915

A. Charrin C. G. G. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

L. Mignault (Approving Officer)

Description of Amos Lowndes on Enlistment.

Apparent Age 21 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 4 ins.

Chest measurement: (Girth when fully expanded 35 1/2 ins.)
 Range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair Fair

Religious denominations:
 Church of England yes
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants
 (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date August 11th 1915

Place Montreal

[Signature]
 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.

Amos Lowndes 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.

[Signature] Signature of Officer)
 LIEUT. COL.
 O. C. 69th O. BN. C.E.F.

Date SEP 24 1915 1915

discharged in Montreal

ATTESTATION PAPER

No. A-18746
Folio. 100

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

- 1. What is your name? Amos Louwender
- 2. In what Town, Township, or Parish, and in what Country were you born? Manchester Eng.
- 3. What is the name of your next-of-kin? Wife Sarah Louwender
- 4. What is the address of your next-of-kin? 45 Sussex St., Montreal
- 5. What is the date of your birth? 24th May 1889
- 6. What is your trade or calling? Machinist
- 7. Are you married? yes
- 8. Are you willing to be vaccinated or re-vaccinated? **YES**
- 9. Do you now belong to the Active Militia? yes
- 10. Have you ever served in any Military Force? 2nd Ammunition Column
If so, state particulars of former Service. **YES**
- 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**

Amos Louwender (Signature of Man.)
J. G. H. Braid (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Amos Louwender, do solemnly declare that the above answers made by me to the above questions 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.

Date April 29 1915 Amos Louwender (Signature of Recruit.)
J. G. H. Braid (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Amos Louwender, 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.

Date April 1915 Amos Louwender (Signature of Recruit.)
J. G. H. Braid (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 29 day of April 1915

[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
[Signature] (Approving Officer.)

DESCRIPTION OF Amos Lowndes ON ENLISTMENT.

Apparent Age 25 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 4 1/4 ins.

Chest measurement { Girth when fully expanded 26 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Blue

Hair light brown

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

no other mark

Tatto Blue left forearm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 29th 1915

Place MONTREAL

A. A. Mackay
 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

Amos Lowndes 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.

[Signature] (Signature of Officer.)

Date 1915

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS
120842

LOWNDES

AMOS

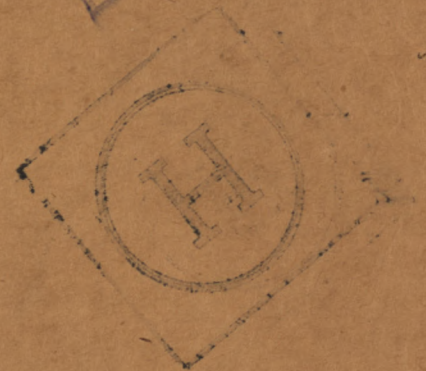
4TH DET. CGR.

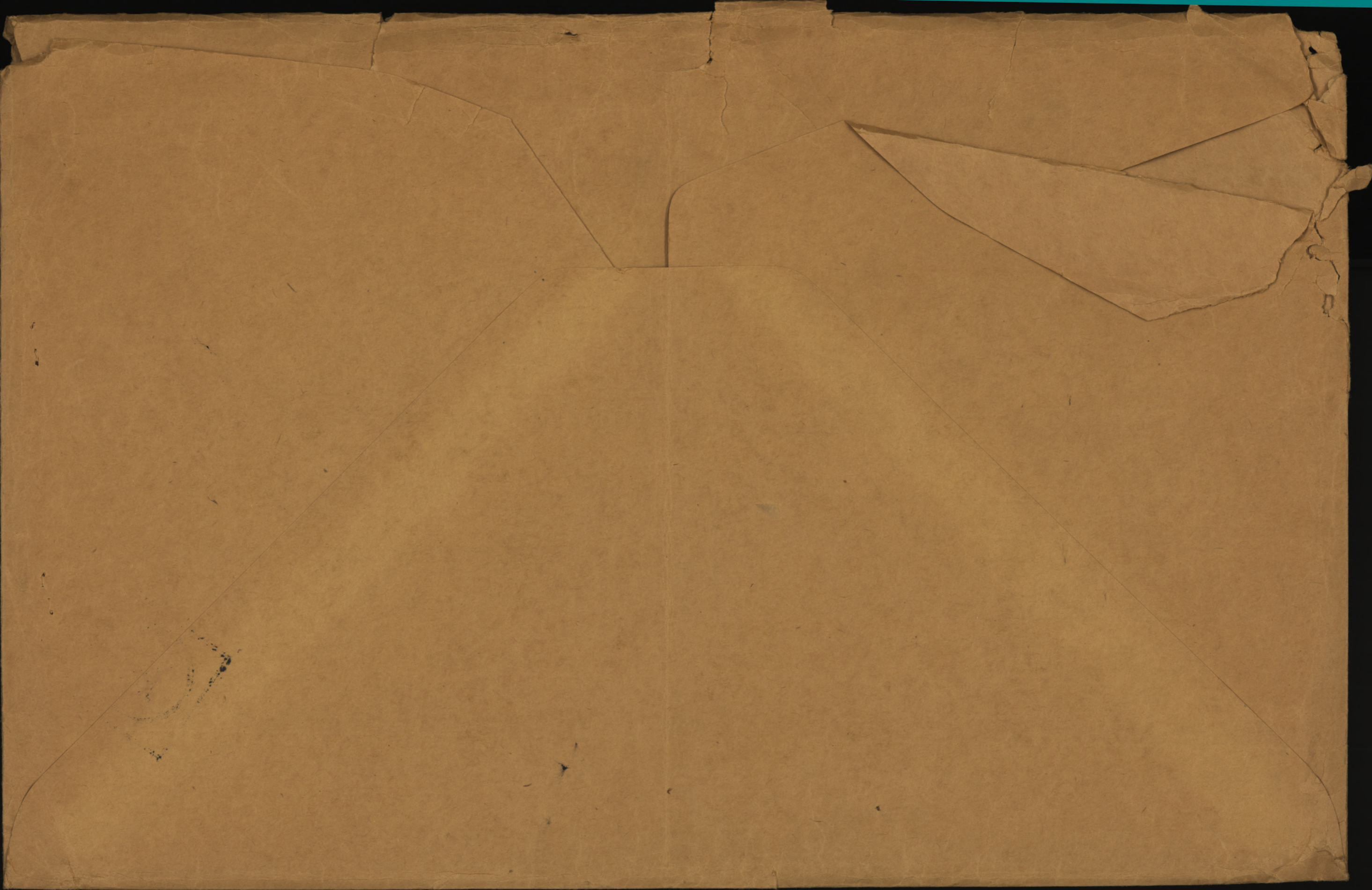
MED. UNFIT

Box 5772

CANADIAN FORCES
RECORDS CENTRE
JOM JUNET

~~Box 407694~~





120842

I.D. number
No. d'identification

LOWNDES

Surname
Nom de famille

Amos

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

5772

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



Name **Lowndes** Rank **Private** Reg. No. **120842**
Amos
 Unit **14th Bn.**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4 8 7	Can. St. Hos. Havre		N.Y.D. Q.	433		
14 8	Long. class to	Discharged	do	A 558		
14 8-16	Trans to England	Class 'C'		A 563		
11 3	C.M.H. Hastings		Epilepsy	B310		
28 4 17	Discharged		do	B379		

REGT'L NO 120842.

NAME

Lounder.

H. Q. FILE No. 649-

RANK AND CORPS

Pte

A. 14th Bn

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

Sailed from Liverpool for
Canada per. S.S. Justitia
7-12-14. M.D.H. L.B. 3
Risk of A.G.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
Q433	7. Can Stat, Havre	4-8-16	No ny 20 "Q"
A. 5-5-3	from " " "	14-8-16	" " (Disch.)
310	Moore Bldg Can & Provnc	26-12-16	myalgia (C.A.M.C.)
A 563	To England Classified	14-8-16	Not stated.
326	Dio from Mrs Bldg. Can & Provnc.	27-1-17	myalgia. C.A.M.C.
3310	Can Mil Hastings	11-3-17	Epilepsy.
B. 379	" Crow. Innes. Horton.	28-4-17	"
A 5-	No 7 Stat, Arques	6-8-17	P.H.O.
B 7	mil. Bethnal Green	9-9-17	P.H.O.
B28	Can. low. Bromby	10-10-17	" " "
B. 159 (2)	Dio.	16-10-17	" " "
18	M.H.C.C. Montreal.	10-1-18	Adm. M.Y.H. Miss Daint

mechanic

Form DMS 1401

6289 100M 9/3/17.

A. & D.
CARD

F

_____ HOSPITAL.

AT _____

A. & D. No. T3539 PL. OF ACTION _____

RANK Pte 120847 UNIT 1st Battalion a. SICK OR WOUNDED

NAME Lawrence AGE 27 RELIGION bl

PLACE IN HOSPITAL _____

DIAGNOSIS P.U.O.

ADMITTED 9-10-17 FROM Bellhual Green

DISCHARGED 10/10/17 TO 3 C.C.D

TRANSFERRED _____

SERVICE AT HOME 2 yrs IN FIELD 6 1/2

RESULTS _____

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

(P.T.O.)

8. 9 -

REMARKS.

7014.

CANADIAN MILITARY HOSPITAL,
HASTINGS, SUSSEX,

OVERSEAS.

HOSPITAL.

A. & D. No. 1009 Ward A. 1.

Unit 14th. Btn. CGDD. Sick or Wounded.

Regtl. No. 120842 Pl. of Act'n

Rank Pte. Name LOWNDES, AMOS.

Age 26 Religion CE.

Service Compl'd 24 mo Time with Field Force 2 mo

Diagnosis Epilepsy. DISCHARGED TO DUTY.

Admitted 10 MAR 1917 Discharged 28 APR 1917

Transferred

Temp.

MEDICAL HISTORY SHEET

Orig. recd. from	CASA	} 10 MAR 1917
Dup. recd. from	-4-	
Orig. sent to	Asptop 24	/191
Dup. sent to		/191
Received from Registrar this	Orig. Dup.	/...../191
J. Hamilton	M.N.	Ward

LEDGER No. 695¹ - 358²

SERIAL No. 5676-105399

REG. No. 120842 NAME Loundis A

RANK P¹² CORPS 469P AGE 27 SERVICE 48/12

HOSPITALS

DATE OF ADMISSION

1 DM C H. Montreal

11 6 18

2

3

DIAGNOSIS

1/2 Gastritis

TRANSFERRED TO

DISPOSITION

18.6.18

CATEGORY

Number. 120842 Rank Pte

Surname. LOWNDES

Christian Name. Amos

Unit. 14th Bu. Cav. Inf. Theatre of War France

Date of Service. 28. 6-16 Dm.

Remarks. Mrs. Sarah A. Lowndes (w) *Canada*

Latest Address ~~16 Buller Ave. Mile End.~~

. Montreal. P. Q.

Roll No. *9*

Page 5044

B
X

9246882 DM

AUG 26 1927

NAME

Lowmder Amos

REGIMENTAL NO.

~~2775276~~ 120842.

RANK

Private.

ENLISTED AT

Montreal P. I. Can

PROMOTIONS, &c.
AND DATE

DATE

7 Jan 1919

IF SERVED PREVIOUSLY. STATE UNIT. &c.

Yes. 69th Pn. C. E. F. 2 years 8 months

MARRIED, WIDOWER, OR SINGLE

Married (Discharge papers produced)

NEXT OF KIN

Sarah Ann Lowmder RELATIONSHIP Wife

ADDRESS OF

16 Bulles St. Mile End Montreal P. I. Can

ASSIGNMENT OF PAY \$

20 C. TO

ADDRESS

16 Bulles St. Mile End Montreal, Que.

SEPARATION ALLOWANCE, ENTITLED OR NOT

Yes.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

10 Jan 19

IN WHOSE FAVOUR

Sarah Ann Lowmder

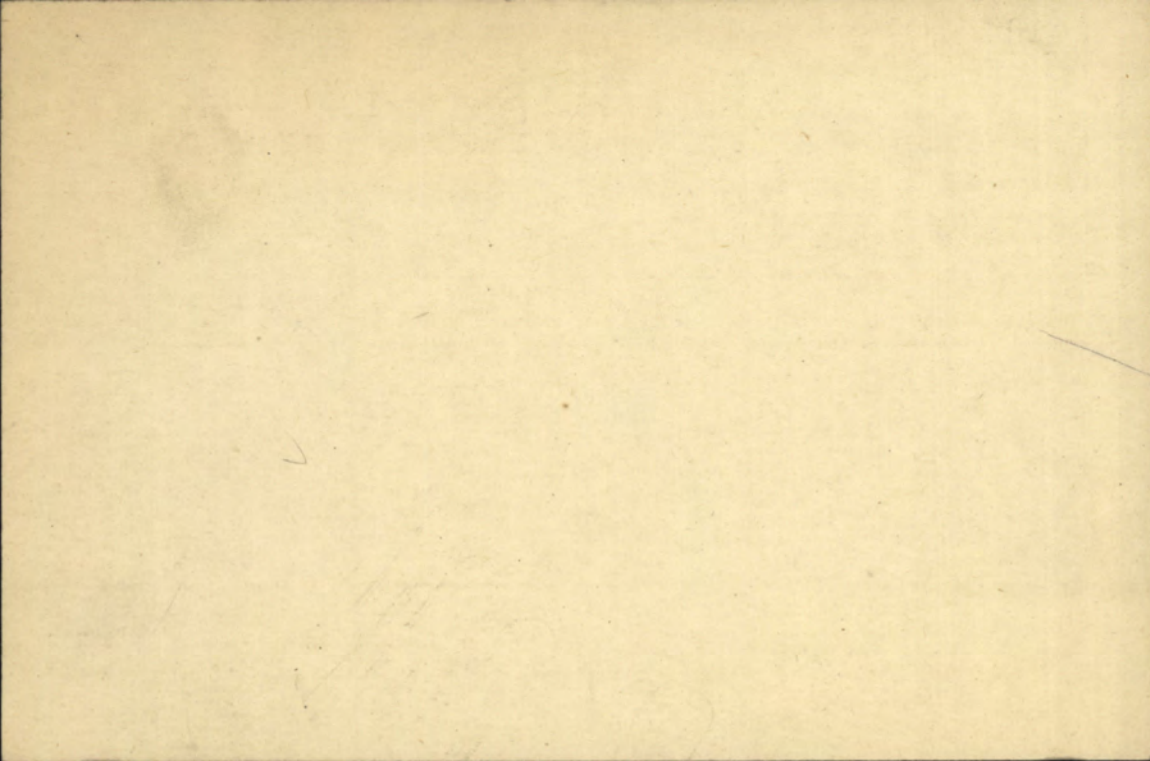
✓

Surname Lounides H. Q.
 Christian names Amos M. D. No.
 Regtl. No. 2475276-120842 Rank Pte T. O. S. 19
 Unit 69th S. O. S. Det 10-6-1919
 Reason Demol.

*D.O. 157 is amended to read
 J.O.S. → 23-3-19 instead of 5/6/19 J.O.S.
 Auth. D.O. 164 of 12/6/19
 #4 Det. S.C. R. E*

Next of kin Lounides Sarah Ann Relationship Wife
 Address 16 Buller St
Mile End
Montreal, P.Q.
 Also notify:

BORN—Place England, Franchester Date May 24th 1891
 ATTESTED—Place Montreal, P.Q. Date Jan 7th 1918
 O/S..... R/C.....



LOWNDES, A. Pte. #120842. *69* H.Q. 649-L-12360. (4)

not elig. for 14-15 stars

Medals &
Decorations

(widow)

Mrs. Sarah A. Lowndes,

68 Suzanne St.,

Mile End,

MONTREAL, P.Q.

M

Plaque & Scroll (widow)

AS above. ✓

Memorial Cross. (widow)

AS above.

H.L.
Desp AUG 4 1920 (W/C 16930)

16179.

2007

W.

509

ALSO
STONE



³¹
SURNAME.

Lowndes

60-2-105

CARD NO. ✓

²⁰
CHRISTIAN NAMES

Amos

S.O.S. No 20-518 Pt 2 339 21 318 H

FOLL.

REGL. No. 120842

RANK Pte.

UNIT 69th

FORMER CORPS

~~Am Col~~ 2nd Bde C.F.C. 41825

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lowndes, Mrs Sarah Ann

RELATIONSHIP TO SOLDIER

Wife

ADD

~~7368~~ Suzanne St.
~~Mile End~~ Montreal P.Q.
S.O.S. P. 22-6-77.

COUNTRY OF BIRTH

England, Manchester

DATE

May 24th 1889

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Sept 25th 1915

{ Pres. ent. in 42nd Bw. }

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

No A 18746

Q/817-4-16-383
34

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-339.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

26

YEARS

—

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

32

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Sept 20th 1915

No 12084 2 RANK

pte

NAME

*Lounder A**Lounder, (Linn)*

T. O. S.

UNIT

69th Battalion

M. D.

Val

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1915 1915
 Sept 22 Sept 30
 Oct
 Nov
 Dec
 1916 1916
 Jan.
 Feb.
 Mar.
 Apr.

✓
 ✓
 ✓
 ✓
 ✓
 ✓
 n.

Forfeit 3 days pay.
 10 days C.B.
 14 days C.B.
 7 days C.B., 3 days pay,

D.O. 55 22-11-15
 D.O. 83 (13-12-15)

Mar. pay list.

UNIT SAILED

APR 17 1916



No. 41825 RANK Pte (Mr)

NAME Lowndes A

Lowndes Amos

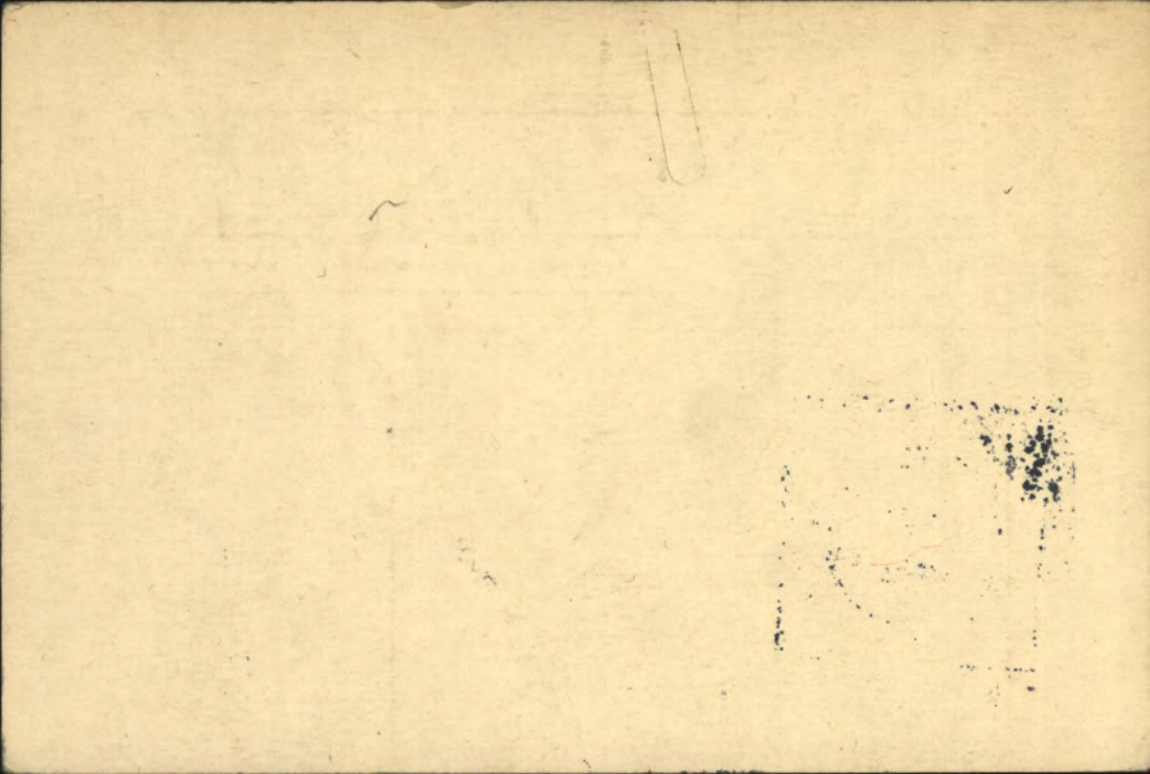
T. O. S.

UNIT Ammunition Column, 2nd Brigade, C. F. A. - C. E. F.

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Sept 12	1914 Sept 21	✓		
Sept 22.	Oct 31.	✓		

UNIT SAILED
OCT 3 1914



No. 19746 RANK

Pte

NAME

L rounds a

T. O. S. 29-4-15-

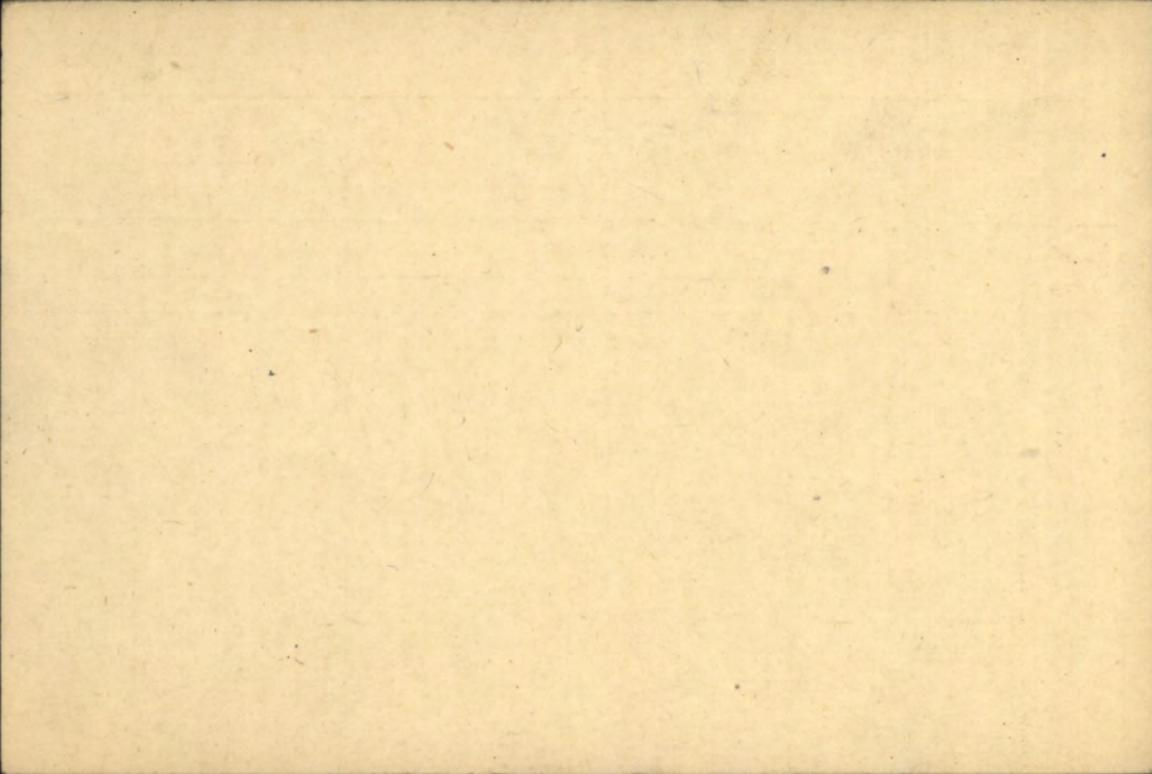
UNIT

42nd Battalion

DU # 67 30-4-15-

M. D. 4

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
1915- Apr 29	1915- Apr 30	L		
	May	L		
June 1	June 2	re	Dischgd 2-6-15- M. U.	June payroll
			UNIT SAILED JUN 1 0 1915	
			A/C closed by payment (re)	



Name LOWNDES A. Rank Pte. Regt. No. 120842 Unit 4.
 Battn. 69th. Camp or O. S. O. File M. H. C. C. H. Q. File.....
 Next of kin Wife, 45 Seznon St. Montreal, P.Q.
 Discharged to Class..... D. of D. 25% 20% 10% Conduct.....
 Pension awarded..... Date of first payment.....
 Address on discharge 16 Buller Ave. Miles. End. Montreal P.Q.
 Diagnosis Eplipsy. Urinary Condition D.A.H. Date boarded 24-12-17

DATE	CLASS	REMARKS	Part 2 Order
10-1-18	2	M.G.H.	#18
27-2-18	2	D.C.H.	#59
11-3-18	2	D.C.H. Outpatient without sub.	#72
13-3-18	2	M.G.H.	#73
1924-18		Trans to D.D. 4. Hosp. Sect.	108.-1
7-5-18		Discharge Section	19.

DATE	CLASS	REMARKS	Part 2 Order
20-5-18		DISCHARGED	33.
$ \begin{array}{r} 27 \\ 20 \\ 30 \\ 16 \\ \hline 73 \\ 24 \\ \hline 97 \end{array} $			
$ \begin{array}{r} 10 \\ 20 \\ 28 \\ 20 \\ 28 \\ 67 \\ \hline 114 \end{array} $			

1st Sheet of Record

A.C. Rank Name **LOWDES, Amos** Reg'l No. 120842
 Unit 69th. Bn. ^N If in perm. Corps, What Unit? }
 Married or Single **Married.**
 Place and Date of Enlistment **St. John . September 22nd. 1915.** Place of Birth **Manchester, England.**
 Name and Address, Next-of-Kin **Mrs. Sarah Lowndes.**
45, Suzanne St., Montreal, P. Q., Canada. Relationship **Wife.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place **His. 81** Reason Character **AS R33B346 / Amb.**

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.				
29-4-16	H. 2.	Arrived in England.	Bramshott	28-4-16	Dev. O. 1586
7-6-16	69th Bn	Trans. to 23rd Bn	Otterpool	7-6-16	Pl. II 134
11-6-16	O.C. 23 rd	Taken on strength	Diebgate	7-6-16	Pl. II O 137
28-6-16	"	Trans. to 14th Bn	O'Beas	28-6-16	t. A.P. P. 3 Ch. 16-2-152
14-4-16	14 th Bn	Taken on strength	Field	29-6-16	Par II 028
16-8-16	14 th Bn	Ad No 4 can Sta. Hosp Havre		4-8-16	N.Y.D. Slt Cas L AA 33
5-1-17	do	dis " 7 can Sta Hosp		14-8-16	Cas L A 553
18-8-16	do	discharged to duty	Ex 470 C.S.H.	7-8-16	CPA 435
17-1-17	do	trans to Eng. " classed		14-8-16	CPA 563
21-8-16	oc	classified & Transferred to C.C.A.C., Folkestone		14-8-16	Pl. II 33
16-8-16	C.C.A.C.	Reported from Base. Trans	do	15-8-16	Pl. II O. 337.
18-8-16	do	Taken on strength.	do	17-8-16	— 342.

12-5-9
9-2-17

101

E.V.L.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
15.8.16	cadets	Att from C.C. & C. PBD	Cheriton	17.8.16	Pt II 234
29-12-16	Do.	Admitted Moore Bho. Hos.	Digali	27-12-16	Pt Pt. II-367. (Myalgia) ^{S. 58} 310
31-1-17	Do.	Discharged	West Langel	27-1-17	Gas list 326.
27-2-17	bambys	Dis + Rep from Moore Bho	"	27-2-17	" 27
31-1-17	Do.	ceases to be adm on being adm to elbrook Bho. Hos	Do	27-12-16	31.
24-1-17	b b a b	Adm Moore Bho Hosp + ceases to be at camp	Hast	27-12-16	--- 40
10-2-17	- - -	Reports	- - -	9-2-17	--- 70
14-2-17	- " -	On Command to Garr. Duty Depot	"	12-2-17	--- 76
12.3.17	C.C.A.C	S.O.S. on transfer to 1st Quebec Regiment	Hastings	10.3.17	Pt. II D.O. 118
16.3.17	14th Bn	adm Can Military Hoosp	Hastings	16.3.17	C.L. 1330 Epitaph
18.3.17	1st Lt	T.O.S. FROM COAC	Shoreham	10-3-17	Pt. 2 DO. 1
18.4.17	"	ceases to be on Com G.D.D on adm to Hoosp	do	12-4-17	--- 38
9.6.17	14. Bn.	Dischd. Cymel Hp Hastings	"	28.4.17.	C.L. B379. Epilepsy 10.2.8
9.6.17	1 Q.R.D.	SOS to Div Emp Coy France	Shoreham	8.6.17	Pt. II 84 + I/14.7.14.
14.9.17	Q.D.C.	admit to 7th Stat Hos. Argues	Pt Field	6.9.17	C.L. a/s Pao
14.9.17	1. C.D.E.C.	adm. military Hoosp	" B. 2nd gran	9.9.17.	C.L. B-7. P40
17.9.17	Head Gen Depot.	TOS from 1st Dimp Co.	Pt Schiffe	9.9.17	Pt II 10. 163 d/17, 9.17
20.9.17	1st D.E.C	Invalid Sick of posted to Gen Dep	Field	8.9.14	Pt. II. 0. 11
10.10.17	Misc Ch.	Trans. Com: Coms Hoosp	Droney	10.10.17	C.L. B 28 R.M.U.

2nd Sheet of Record.

Rank _____ Name *Loundes, Amos* Reg'l No. *120842*
 Unit *69th Bn.* If in perm. Corps, }
 What Unit? } Married or Single *Married*
 Place and Date of Enlistment *St John. Sept 22nd 1915* Place of Birth *Manchester, Eng.*
 Name and Address, Next-of-Kin *Mrs Sarah Loundes.*
45 Suzanne St. Montreal. P.O. Can. Relationship *Wife.*
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. ~~725~~
 File R.L. _____
 Category *M.U. Can.*

Discharge, Date and Place _____ Reason _____ Character *of S. Cab.*
 H. W. V., Ld.—11319-1st.

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.				
<i>1st Sheet filed in envelope.</i>					
<i>17.10.17</i>	<i>Gen Depot</i>	<i>On Com 3rd C.C.D. Seaford</i>	<i>Re. S'cliffe</i>	<i>16.10.17</i>	<i>A II Do 189</i>
<i>8.11.17</i>	<i>3rd C.C.D.</i>	<i>Adm. to Depot Hospital</i>	<i>Seaford</i>	<i>5.11.17</i>	<i>PT II 220 Bronchitis</i>
<i>19.11.17</i>	<i>Gen. Dep.</i>	<i>beases on Com. 3rd C.C.D.</i>	<i>S'cliffe</i>	<i>17.11.17</i>	<i>— 216 + 3rd C.C.D. 229/19-11-17</i>
<i>22.11.17</i>	<i>" "</i>	<i>On Com. C.W.D. Beaton</i>	<i>✓</i>	<i>22.11.17</i>	<i>— 219</i>
<i>14.12.17</i>	<i>Gen. Depot</i>	<i>beases on Com & is S.O.S on proc. to Can. for disposal a.g.</i>	<i>Rte S'cliffe</i>	<i>7.12.17</i>	<i>— 238</i>
	<i>Dis Dept.</i>	<i>Class duly</i>	<i>M.D. 4 Montreal</i>	<i>19/12/17</i>	<i>NR 418. Montreal Que.</i>

M/E

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 120842 (Rank) Private

Name (in full) Amos Lowndes enlisted in
the 4th Det Cdn Garr Reg't CEF
CANADIAN EXPEDITIONARY FORCE at Montreal Que on the 7th
day of January 1919

HE served in Canada
and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 28 Yrs
Height 5 Ft 7 Ins
Complexion Fair
Eyes Blue
Hair Light

Marks or Scars

Amos Lowndes
Signature of Soldier

Pepper
Issuing Officer

Major
Rank

Date of Discharge June 10th 1919 for O.C. 4th Det Cdn Garr Reg't CEF
Appointment AOL

Signed at Montreal Que this 10th day of June 1919
in Military District No. Four
File Reference No. _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

19-2-57

DENTAL HISTORY SHEET

M.F.B. 465
20mg-1-17
1772-89-960

CANADIAN ARMY DENTAL CORPS

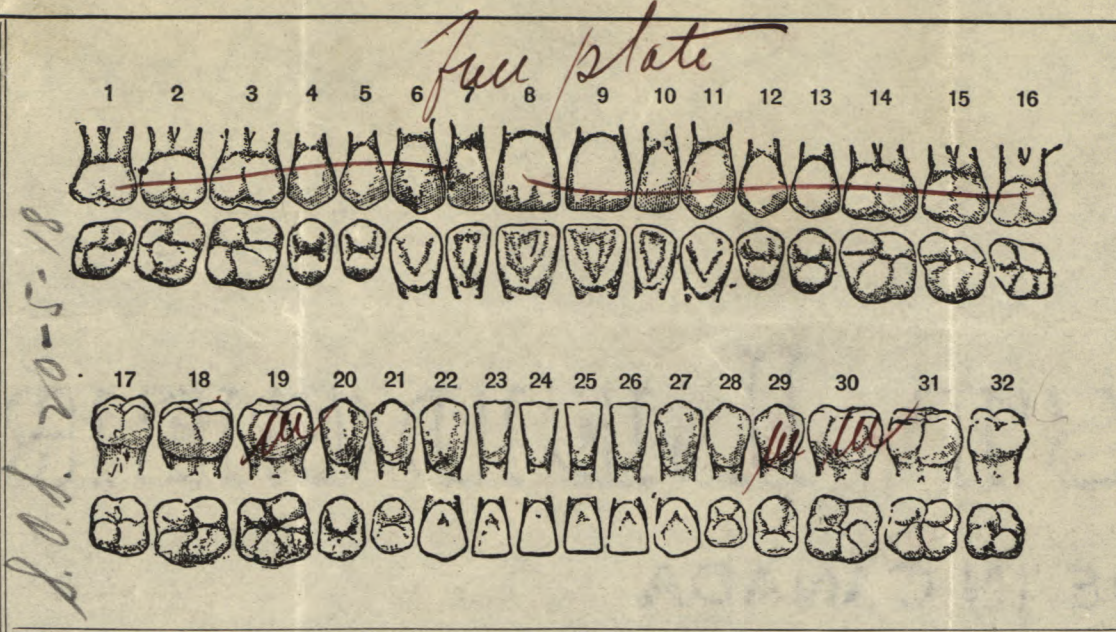
DISTRICT.....

NAME OF SOLDIER *Forwood, A. A.*

RANK *Pvt*

REGIMENT *15e*

No. *120842*



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.

good

Condition on first Examination	Date	Amalgam	Temporary Filling (a)/(G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
<i>90%</i>	<i>1918</i>																					<i>17 plate repaired</i>
	<i>June 3rd</i>																					<i>Cap't Lecointre's upper plate to be repaired. So Return Completed</i>

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 120842 Rank Private Surname LOWNDES, Amos.
(Given name in full)

Unit or Corps No. 4 Det: C.O.C., C.E.F. Birthplace Openshaw, Manchester, England.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 170 lbs. Height 5.5 ft. 5 in. Colour of Eyes blue
 Nutrition good
 Pulse 76
 Condition of arteries good
 Vision Rt. no Left no
 Hearing (conversational voice) Rt. no ft.
 Left no ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Tattoo - Rose back of right hand

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

At St Anne de Bellevue for suspected gastric ulcer. Examination negative there
Fit for discharge

MEDICAL EXAMINATIONS
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* (Canada)

Date *9-6-19* Signed *Ch. Malcolm Pope* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *J. Lowndes*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

POST DISCHARGE PAY OFFICE

16272-224

Three months pay and allowances after discharge.

Name **Lowndes, Amos**
Surname Christian Name

11361-A-2

Regimental Number **120842** Rank **Pte.**

Address (in full) **16 Buller Ave.,**

Unit **69th Bn. C.E.F.**

**Mile End, Montreal,
P.Q.**

Original Unit

District where paid **M.D. 4.**

Date of Discharge **18-5-18.**

P. D. P. Filing Number **14-139-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2755	17-6-18	58 00	2148	17-7-18	59 10				58 00	117 10
2636	1st	G428175	4-4-19	70 00							
"	"	G428176	" " "	30 00							

Con. Lus. Acct.

2.67

Remarks: **Advance Payment made by #4. Cas. Unit.**

M. F. W. 127.
60M-617.
1772 39-1140.

29/4/15.

MILITIA AND DEFENCE

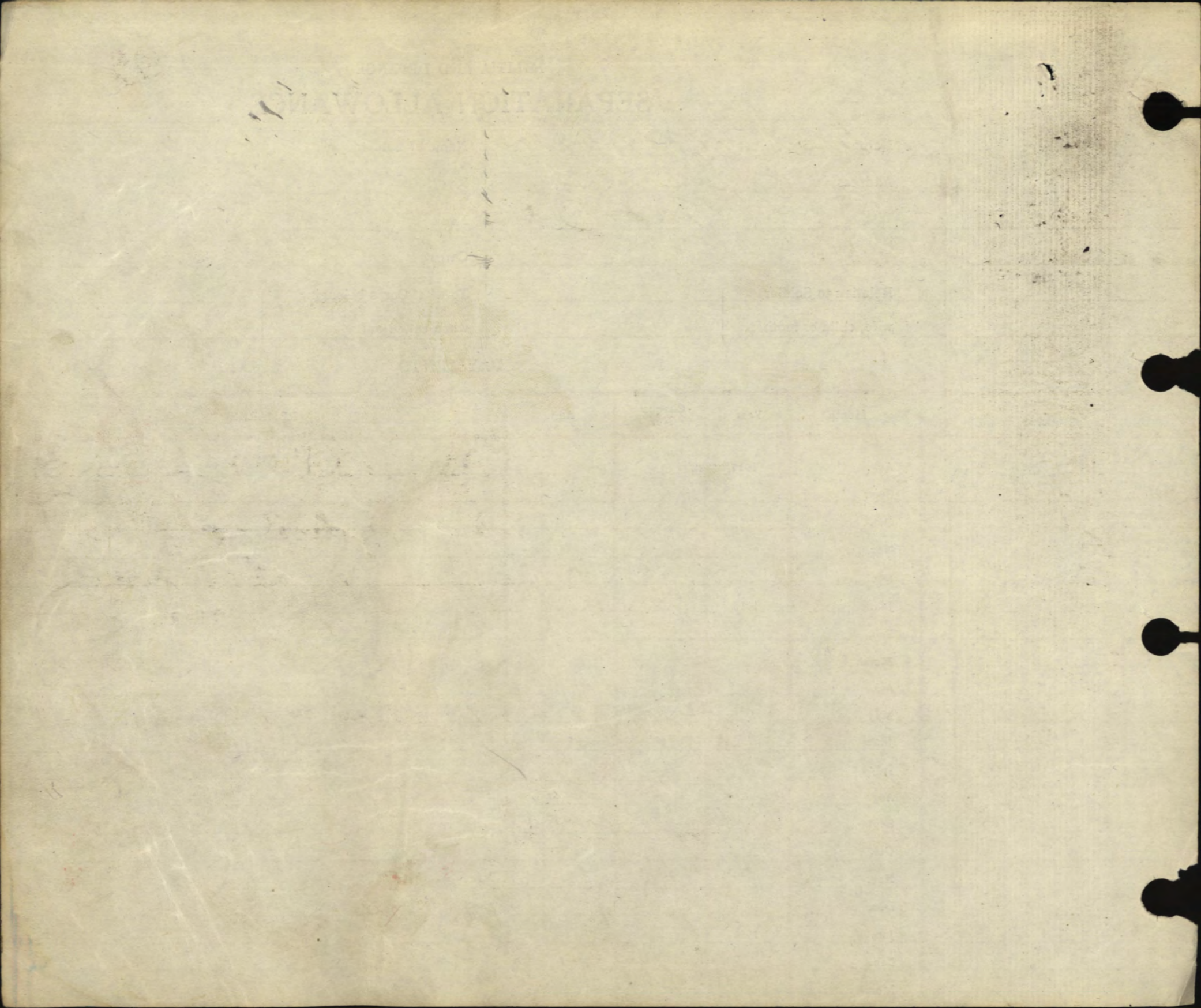
132

SEPARATION ALLOWANCE

Name *Mrs Sarah A Howndes* Name of Soldier *Howndes, A*
 Address *45 Susan St
Montreal* Regtl. No.
 Rank *Olt*
 Corps *47nd. Batta*
 Relation to Soldier }
 wife, child or mother } *Wife*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		47119	20	<i>4010 - 21 - 2/11/7119 Cancelled Discharged 1/6/15 (per H. of 6/15)</i>
July				
Aug.				<i>No check</i>
Sept.				<i>Account closed.</i>
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



11-8-15

MILITIA AND DEFENCE

133

SEPARATION ALLOWANCE

Name *M^{rs} Sarah Ann Lowndes* Name of Soldier *Lowndes, Amos*
 Address *45 Suzanne St* Regtl. No.
Montreal Rank *Pte*
Que Corps *69th Batt*
 Relation to Soldier }
 wife, child or mother } *wife*
 To what Corps belonging }
 when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Return of \$22 overpaid requested</i> <i>22⁰⁰ Deducted in 'Live' Acct: 69th Bn. ^{2x3} 15/11/15</i> <i>\$22 deducted from</i> <i>apex regular ledgers.</i> <i>6/1/15</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>K 6016</i>	<i>33</i>	<i>(K. 11604 cancelled)</i> <i>Discharged 27/9/15 (AMR 15/10/15)</i>
Oct.		<i>12988</i>	<i>20</i>	
Nov.		<i>K 11602</i>	<i>20</i>	
Dec.				
Jan.	1916			
Feb.				
March				

90

ASSIGNED PAY

Sheet No. 2.

Mrs. Sarah Lowndes **WIFE**
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

120842

Lowndes A.

Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$20 00
April	1916	J 671	20	
May		X 6168	20	
June		Y 9293	20	Cancelled
July		M 12700	20	Cancelled → Spec Reg 8/16
Aug.		M 14133	60	make Aug Chk for 60 to adj a/c C.S.J.
Sept.		E 17297	20	20 ⁰⁰
Oct.		E 21787	20	This acct suspended pending
Nov.				recovery of \$40.00 overpaid
Dec.				July/15 while soldier was in
Jan.	1917	K 40378	20	42 Batta, SAB
Feb.		K 45649	20	
March		C 51688	20	20 ⁰⁰
April		B 32221	20	20 ⁰⁰
May		B 2480	20	B 9481 Can. Edm.
June		Z 18083	20	D
July		B 24802	20	Lu
Aug.		M 32937	20	
Sept.		H 37423	20	D
Oct.		O 43439	20	
Nov.		Q 49796	20	
Dec.		O 59179	20	
Jan.	1918			
Feb.			380.	
March				
April				
May				
June				
July				

69th Bn.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.


Name of Soldier.....

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

SEPARATION ALLOWANCE

Name *Mr. Sarah Lowndes* Name of Soldier *Lowndes Amor*
 Address *H 3 Suzanne St. Mill End Montreal* Regtl. No. *120842*
 Rank *Pte*
 Corps *69th Btn*
 Relation to Soldier } *Wife* To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>\$ 22.00 Deducted in February & March thro discharge overpayments in the 69th Btn</i> <i>Discharged from the 69th Bn. 27/9/15</i> <i>Enlisted in the 69th Bn. 20/9/15</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			 <i>11 40</i> <i>38</i> <hr/> <i>4 58</i> <i>67</i> <hr/> <i>5 25</i> <i>119 in mar</i>
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>921836</i>	<i>67</i>	
Feb.		<i>925006</i>	<i>20</i>	<i>see note</i>
March		<i>927045</i>	<i>18</i>	<i>18</i>

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sarah Rowndes

wife

Name of Soldier

Rowndes, Amos

Sheet No. 2.

PAYMENTS.

120842

L. L. Job 8902.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 2004	20	20
May		K 6575	20	20
June		A 4338	20	20
July		A 8103	20	20
Aug.		E 13307	20	20
Sept.		X 1668	20	20
Oct.		819887	20	20
Nov.		V 23004	20	20
Dec.		Y 26631	20	20
Jan.	1917	729837	20	20
Feb.		F 32747	20	20
March		F 35915	20	20
April		G 1905	20	20
May		J 5380	20	20
June		G 8628	20	20
July		W 12063	20	20
Aug.		N 14960	20	20
Sept.		T 18126	20	20
Oct.		D 22689	20	20
Nov.		24 046 P 24046	20	20
Dec.		K 27650	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*43a Suzanne St
Mile Road Montreal
gun*

RE-WRITE

M 11910 Cancel

24045 Can.

525

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

296

To Whom *Lounder Mrs S. A*
Address *91 Beaumont St.*
Mile End Montreal
Rate *15⁰⁰ per M.*

By Whom Assigned *Lounder Amos*
Regtl. No. *41825*
Rank *Sr.*
Corps *AM. Col CFA. 2nd Bde*

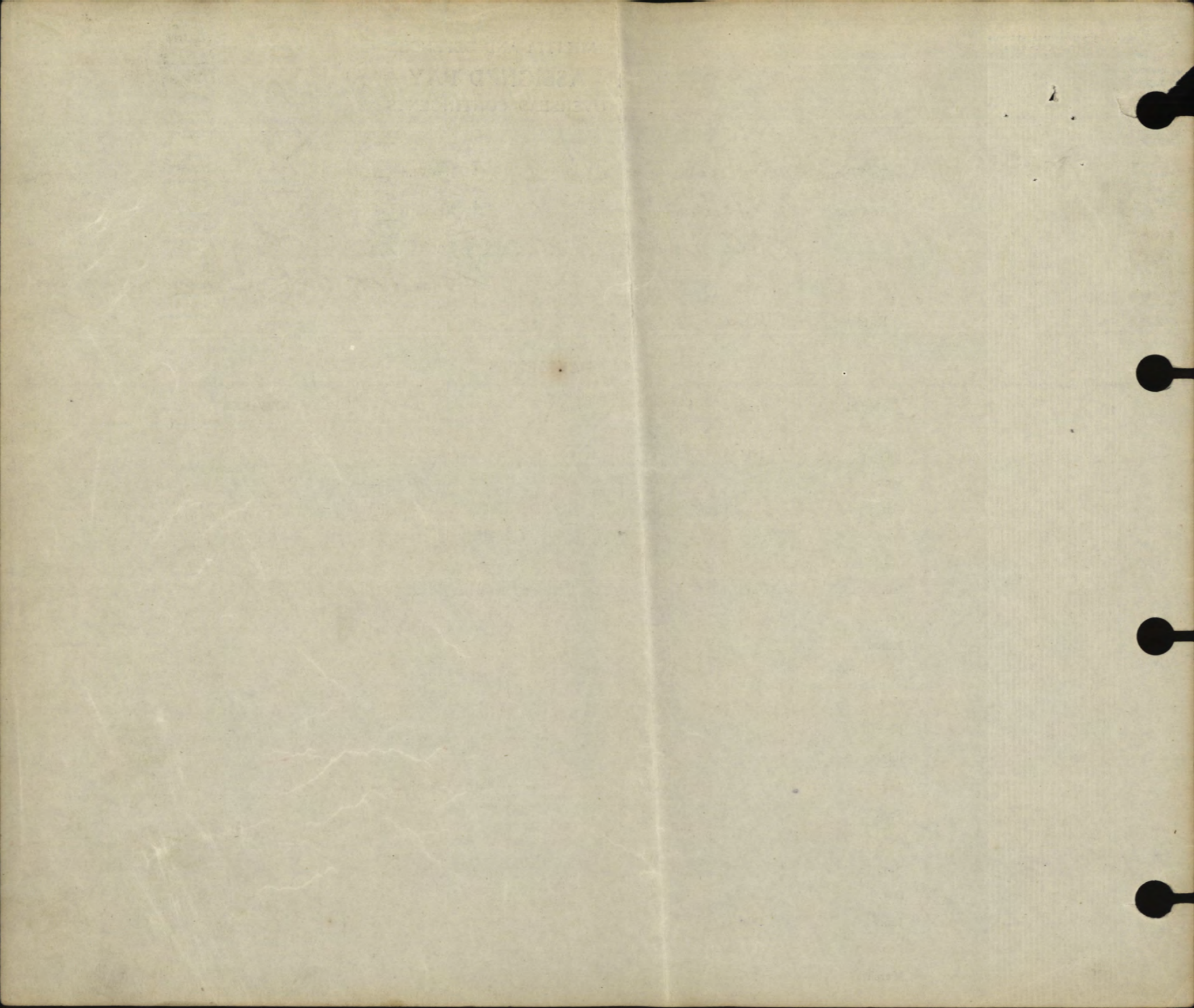
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		<i>61238</i>	<i>15 -</i>	
Nov.		<i>61262</i>	<i>15 -</i>	
Dec.		<i>182477</i>	<i>15</i>	
Jan.	<i>Cancelled - 1915</i>	<i>43920</i>	<i>15</i>	
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 2 CASUALTIES

Discharged - G.O.C. #675 - Medically unfit - 45⁰⁰ DX 14/4/17

me



acct closed

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

134

Name *Lowndes, Mrs Ann*

Name of Soldier *A Lowndes, Ann*

Address *91 Beaumont St*

Regtl. No. *41825*

mile End

Rank

Montreal P.Q.

Corps *Am. Col. 1679*

Relation to Soldier } *wife*

To what Corps belonging } *7 Manchester, Eng*

wife, child or mother }

when called out }

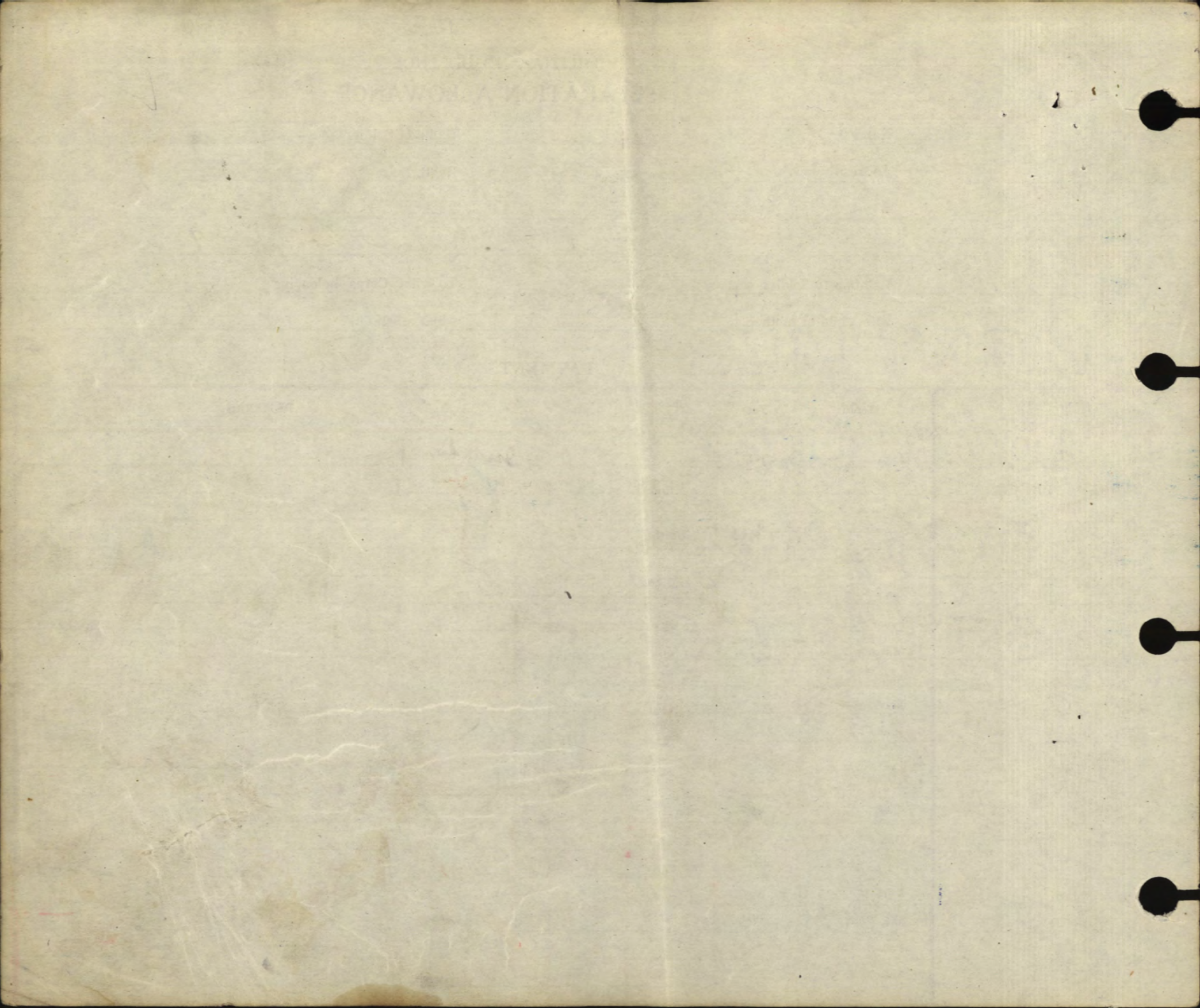
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		<i>C 964</i>	<i>20</i>	<i>on official list of discharges</i>
Oct.		<i>C 2116</i>	<i>20</i>	
Nov.		<i>C 2796</i>	<i>20</i>	
Dec. <i>Aug</i>		<i>C 2197</i>	<i>20</i>	
Jan.	1915	<i>C 4244</i>	<i>30</i>	
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

16 days to pay

*Discharged medically unfit
Date of advice Jan 16/15
Camp Order No. 675*

*File 60-L-105
Disch. at Halifax, Jan. 16/15*



NAME LOWNDES, A. (Gunner)

C-41825

Regimental No.

2nd Art Bgde.

Name and address of next-of-kin

Mrs J. A. Lowndes
91 Beaumont St.
Montreal

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

8-1-15

Amount of pay assigned monthly \$ 15

Reason for discharge

Returned to Canada

To whom payable

Next of Kin

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
22.9.14	31.10.14	40	1.00	40 -	40	10	4 -		44 -		10 -	15 -		25 -		
1.11.14	30.11.14	30	"	30 -	30	"	3 -	19 -	52 -		15 -	15 -	2 20	32 20	7 days 2 days pay.	
1-12-4	31-12-4	31	"	31	31	"	3	10 19 80	53 90		35	15		50		
1-1-5	31-1-5	31	"	31	31	"	3	10 3 90	38		10	15		25	letter 2B 17.9.15	
								13								
								186								
								1486		1486 Bal.						
								15.00		15.00						

706 mch/16

July 1917
Oct 1917

Transd 50
"Can. Liability Disch'ge"

15.00
15.00
PAID BY N.E. BRANCH
DATE SEP 18 1915
CANADIAN CONTINGENTS

15.00 a pay blaged for Jan'y
1915 but not paid a.P.
O.B.C. 1.431. 23/7/17
a.L.S. 27/7/17 C.29.
Q. 15.00 R.D. 19/10/17
Transd to "Canada"
Disc'ge

NAME *Louwides, Gomer A.*Regimental No. *41825*

Name and address of next-of-kin

Unit *Ammn. Column 2nd Bgde C.F.A.*

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

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					
<i>1/15</i>	<i>17/15</i>	<i>17</i>	<i>1.00</i>	<i>17.00</i>	<i>17</i>	<i>.10</i>	<i>1.70</i>	<i>3.90</i>	<i>22.60</i>	<i>M</i>	<i>1090</i>	<i>26/15</i>	<i>12.60</i>	<i>10.00</i>	<i>22.60</i>	

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Ammm. Col 2nd Bde CFA

Regimental No.

41825

Rank

gym

Name

Lowndes Amos

C. E. F.

Enlisted (a)

22-9-14

Terms of Service (a)

Service reckons from (a)

Date of promotion to }
present rank }


Date of appointment }
to lance rank }

Numerical position on }
roll of N. C. Os. }

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<p><i>Considered as Rejected at Valcartier</i></p> <p><i>gys</i></p> <p><i>H-10-14</i></p>  <p><i>cblydes Scott</i></p>					

1) 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, Shocing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

Original not available

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

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

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps 42 Pw

Regimental No. 18746 Rank Pvt Name Louder Amos


C. E. F.

Enlisted (a) 29-4-15 Terms of Service (a) 1 yr Service reckons from (a) 29-4-15

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).

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				

2/6-15	42 Pw	<p>S.O.S Discharged in Montreal 1 R 40 para 3 22 (2) (c) within 3 months of Enl. med Unfit for Service</p> 	Montreal	2-6-15	<p>Auths June Pd 19 15 amended by after order 6 d/8 2.23</p> <p><i>Clyde Scott</i> <i>for D. J. R.</i></p>
--------	-------	--	----------	--------	---

few

(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.]

L 81-11-10-3-17

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank,
M. F. W. 54. (A. F. B. 103.)
250M.-1-16.
H. Q. 1772-39-920.
09W
23429
concomos
746342-6
16-8-16

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

Casualty Form—Active Service.

Unit, Regiment or Corps 69th O. BN. C. E. F.

Regimental No. 120842 Rank Pte. Name Lowndes, Amos
C. E. F.

Enlisted (a) 11.8.15 Terms of Service (a) duration of war Service reckons from (a) 11-8-15

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) Mechanist

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 17/1/16
Arrived England 27/4/16
No. 134 Part -11- Orders
Transferred to 23rd Battalion Otterpool Camp 7/6/16
Drafted overseas to 14th Can Batt. 28/6/15
Cull. Pt II Bn. O. 152.

Edmond LIEUT.
Adjutant 23rd Canadian Inf. Bn.

29.6.16	ltd.	ARRIVED CAN BASE DEPOT for with the	Home	29.6.16	ltd.	28. 14.7.16.
5.8.16	do	off strength 'A' Co	7 ban Stry Hqpl.	5.8.16	53.71.	371. 8 ⁹ /16
8.8.16	do	on do from	7 ban Stry Hqpl.	8.8.16	53.3.	321. 11 ⁹ /16
7.8.16	7 ban Stry	Epilepsy	20 duty	7.8.16	63024.	
4.8.16	do	ltd.	Adm	4.8.16	63024.	

(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.

14 SEP

[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				

10.8.16	l.c.D.	classified "b"	l.c.D.	10.8.16	NR 6126.
15.8.16	Ol. King: Havre	Proceeded to	England	14.8.16	NR. File 6170. 3p. 21.8.16.

[Signature]
 LIEUT.
 FOR LT COL.
 A.A.G.

Taken on strength C.C.A.C. Pt. II D.O. No. 337. 14/8/16

ATTACHED
~~TRANSFERRED~~ FROM C.C.A.C. TO *C.A.M.S.T.S.*

PART II D.O. No. 342.6. 18/8/16

*awd season
 for OC. Ft
 cell*

*Hastings
 22/2/17*

ATTACHED
~~TRANSFERRED~~ FROM C.C.A.C. TO *G.D.D. 12-2-17* PART II D.O. No. *76-11 14-2-17*

*St for Ab
 bbal*

12/4/17 *C.C.A.C.* ceased to be attached to *C.C.A.C.* 12/4/17 Part II D.O. No. 97.

[Signature]
 O. to Records & Dispatch,
 For Lt. Col. Commanding,
 Canadian Garrison Duty Depot.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 4 Det C. G.
 Regimental No 120847 ~~2775276~~ Rank Private Name Lawrence Amos
 C. E. F. C. E. F.
 Enlisted (a) 7-1-19 Terms of Service (a) C. E. F. Service reckons from (a) 7-1-19
 Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N. C. Os. }
 Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
June 4		Transferred to N. V. Det. C. G. Reg ²	Montreal	4/6/19	
		TAKEN ON STRENGTH 4TH BN, C. G. R. C. B. F. 4TH, FT. H. D. C. 157= 5-6-19			
		STRUCK OFF STRENGTH 4TH BN, C. G. R. C. B. F. 4TH, FT. H. D. C. 164= 10-6-19			
		Upon Demobilization R 01328			

(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.]

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. 120842

Rank Private

Surname Lowndes

Christian name Amos

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

Corps (Squadron, Battery or Company) 4th Det ^udn Garr ^reg't CEF

Date of discharge June 10th 1919

Place of discharge Montreal Que

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years.....months.

Height 5 feet 7 inches.

Complexion Fair

Eyes Blue

Hair Light

Trade Machinist

Intended place of residence 3360 Henri Julien
Montreal

(To be given as fully as practicable.)

Descriptive marks



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

On Demobilization RO 1328 Nov 18, 1918

Authority for discharge.....

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.

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

Very good

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

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

Machinist

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

Proceedings on Discharge

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

Empty table with 4 rows and 2 columns for recording 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) Montreal Que

Jeffery Major

(Date) June 10th 1919 for O.C. Commanding 4th Det. Cdn Garr Reg't CEF AOL

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, and that I have received my permanent discharge certificate.

(Place) Montreal Que

J. J. J. J. (Signature of Soldier.)

(Date) June 10th 1919

Eug. J. J. (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.....days.

11. Confirmation of Discharge.

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

(Place) Montreal Que

Jeffery Major

(Date) June 10th 1919 for O.C. 4th Det Cdn Garr Reg't CEF

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.

L. J. Lownds.

Reg. Conduct Sheet	W. 203	Medical Form W. 23
Statement of Company	B. 203	Attestation Paper
Battery	W. 178	Particulars of Receipt
Company	in MS.	Proceedings on Discharge
Field Conduct Sheet	Medical Form B. 413	
Copies of Certificates, D. P.	W. 84	
Med. Hist. Sheet	B. 37	
Company Form	B. 403	
Medical Report for Invalidity	W. 44	
Special History Sheet	W. 194	
Post Pay Certificate	W. 83	
Publican Discharge Certificate		
Form of Will		
Copy of discharge, medically unfit		
Copy of same has not been overruled		

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable:

 Officer Commanding

W.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.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
--	--

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

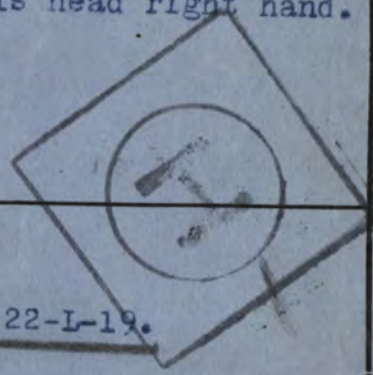
Proceedings on Discharge.

MILITARY DISTRICT No 4
MAY 25 1918
M.D.A.

DGO.
913

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

No. 120842	
Rank Private	
Name LOWNDES, Amos <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 69th Battalion, C.E.F.	
Date of Discharge MAY 18 1918	
Place of Discharge Montreal, QUEBEC.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 32 years..... - months.	Descriptive Marks Tattoo - clasped hands back of both forearms, - Rose on dorsum right hand. Sailor-girls head right hand.
Height..... 5 feet..... 7 inches.	
Complexion Fair	
Eyes Blue	
Hair Light	
Trade Machinist	
Intended place of residence } 16 Buller Ave. (To be given as fully as practicable.) } Mile End Montreal	
2. The above-named man is discharged in consequence of K.R. & O. 377 (10) C.M. 1917-MD4 22-L-19. Cat. 'E'	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Good.</i>
	<small>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:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Machinist</i>



copy comp.
1-2-19 CP

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.....
Service in France
29.6.16 to 14.8.16
9.6.17 to 8.9.17

Four horizontal lines for listing 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)..... Montreal, QUEBEC..

(Date)..... MAY 18 1918

R. W. G. A.
Lieutenant,
Officer in Charge, Discharge Section, District Depot No. 4
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, QUEBEC. *S. S. Bowden* (Signature of Soldier.)

(Date)..... MAY 18 1918 *R. W. G. A. Hunt* (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..... days.

11. Confirmation of Discharge.

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

(Place)..... Montreal, QUEBEC.....

(Date)..... MAY 18 1918

H. A. La Fleche
Lieut. Colonel,
D. C. District Depot No. 4
(Signature)

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

A. L. Under

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	---

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.

33760



PROCEEDINGS OF A MEDICAL BOARD

Dated at Feb 19 1916

No. 120842 Rank Pvt Name LOWNDES A

Local Unit _____ Overseas Unit 14 Bw Age 25

Examination held at Hastings

DISABILITY.
Overseas—Local.
(scratch one out)

Epilepsy
Strokes

PRESENT CONDITION.

Says he has had 2 attacks in
3 wks.
Gives history of taking Bromides.
Freq. Irritability.

BOARD RECOMMENDS:—

D III Observation
in
Home

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures:—

Members

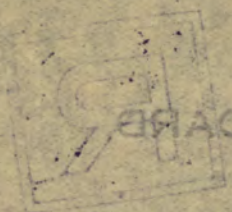
[Signature] President.
[Signature]
.....

APPROVED

Dated at _____ 1916.

[Signature]

19 FEB 1916
Hastings, Sussex



PROCEEDINGS OF A MEDICAL BOARD

Date of 1916

No. Name Rank

Local Unit Overseas Unit Age

Examination held at

DISABILITY
 (Specify as out)
 (Specify as in)

PRESENT CONDITION

100-1011

BOARD RECOMMENDS

1. Fit for Duty
2. Fit for duty after weeks' physical training
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures

President:

Members:

APPROVED

Date of 1916

Surname *Lowder* Christian Name *Amos*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		17	11	14	1	12	14				
Dithersawon		17	11	14	1	12	14	Gulley.	13		
		10	12	14	15	12	14	Epilepsy	5	Quitted Case. No signs at Dithersawon Convulsion witnessed by me Dec 16/14	
Sa. "Scandinavian"	"	8	1	15	16	1	15	"		No fit - while on board	

W. W. Sumham

George Hancock, Capt

*J. Trumbull
C.S.*

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec. 4 1916.

No. 120842 Rank Pt Name LOWNDES A.

Local Unit Bamb JS Overseas Unit 40 Age 25

Examination held at Albany

DISABILITY.
Overseas—Local.
(scratch one out)

Epilepsy

PRESENT CONDITION.

In France 8 weeks. - at base only.
Thinks trouble was aggravated.
cannot see how this could be.
Averaged one fit a month in
civil life. Fit otherwise
Epilepsy certified (Col. Branson)

BOARD RECOMMENDS:—

6iii

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty..... Yes
5. Discharge.....

Signatures:—

R. Anderson Capt President.

Members

W. Bethune Capt

APPROVED

14 DEC 1916

Dated at.....1916.

J. L. Walker

PROCEEDINGS OF A MEDICAL BOARD

Dated at 1916

No. Rank Name

Local Unit Overseas Unit Age

Examination held at

DISABILITY
Overseas—100%
(insert one out)

PRESENT CONDITION

BOARD RECOMMENDS —

1. Fit for Duty.....
2. Fit for duty after..... weeks' physical training
3. Fit for Temporary Base Duty..... weeks
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures —

..... President

Members

APPROVED

Dated at 1916

PROCEEDINGS OF A MEDICAL BOARD.

Dated at San Francisco, Calif. 1916.

No. 12042 Rank Pfc Name Shawley St

Local Unit 23rd Overseas Unit 14th Age 25

Examination held at C C of C

DISABILITY.
Overseas—Local
(scratch one out)

Epilepsy ?

PRESENT CONDITION.

The attacks have been more frequent in France -

No M.O Certificate at present

Aug 16 1916
C. A. M. C.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty Yes.....
5. Discharge Yes.....

Signatures:—

Members { W. M. ... President.
R. D. ...

APPROVED

Dated at Aug 16 1916

St. Walter Capt.
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... 1918

No..... Rank..... Name.....

Local Unit..... Overseas Unit..... Age.....

Examination held at.....

DISABILITY:
Overseas—Local
(tick for one only)

PRESENT CONDITION

BOARD RECOMMENDS —

1. Fit for Duty.....
2. Fit for duty after..... weeks' physical training.
3. Fit for Temporary Base Duty..... weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures —

..... President

Members

APPROVED

Dated at..... 1918

Medical Report on an Invalid.

Station Nitharvon Salisbury Plain

Date Dec. 18/1914

- 1. Unit Ammunition Column 2nd Bde.
- 2. Regimental No. 41825
- 3. Rank Pte
- 4. Name Amos Lowndes
- 5. Age last birthday 25
- 6. Enlisted { on Aug. 20th/1914
at Montreal
- 7. Former Trade or Occupation { Machinist

8. Disability.

Epilepsy

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. Childhood

10. Place of origin of disability. Canada

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

Epileptic fits in childhood again during 19th year
Since enlistment - had fits at Valcartier & Salisbury Plain.
Last fit Dec 16th at Nitharvon



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

Hereditary

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

b. not applicable

Dis Sec noted
34 H. 12
26 17

13. What is his present condition?

136 lbs.

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

Daily nourished

Developed.

Heart & lungs negative.

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

Not applicable

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

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

Not applicable

If so—(a) Where?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Not applicable

17. If not, was an operation advised and declined?

Not applicable

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 return to Canada

and (a) Discharge as permanently unfit,

or

(b) ~~Change to England?~~

Yes.

OT George Maule, Capt

Officer in medical charge of case.

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

Station Bulford

Murray Maclean MSc

Officer in charge of Hospital.

Date Dec. 18. 1914

* 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.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Conveyance _____
 or { Name of _____
 Embark- { Date _____
 ation { Port _____ } Vessel _____
 Officer in }
 medical charge } _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____
 Station } _____ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____

Arrived from _____ Date _____

If admitted	If undertreatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge, and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final medical }
 Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
 INVALID.

Signature _____
 Station _____
 Corps _____
 Regimental No. _____
 Rank _____
 Name _____
 Disability _____
 Date _____
 Hospital or Station }
 transferred to for }
 final disposal }
 Date of final }
 disposal }
 How finally }
 disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
 (91196) W 4549-502 70,000 9/14 J.J.K.
 Forms
 B. 179
 34

Medical Report on an Invalid.

Station Cheriton Camp.

Date 26 Sept. 1916

1. Unit 14th Battalion

5. Age last birthday 25 years.

2. Regimental No. 120842

6. Enlisted { on 12 Sept. 1915.
at Montreal

3. Rank Private

7. Former Trade or Occupation { Labour (mechanist)

4. Name Lounder, Amos.

8. Disability.

Epilepsy

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.

Before enlistment (Childhood)

10. Place of origin of disability.

Not applicable

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

Has been subject to fits since childhood. The spasms became more frequent while on active service in

France.

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

Temporarily
Provisionally aggravated
Not applicable while on active service

(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).

aggravated by the excitement and nervous strain on active service in France.

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 appearance healthy and fit. Apparently he is normal except for his nervous system. He is very nervous and has slight tremor and a rapid pulse. Shows no scars on tongue or lips, and no signs of other disability.

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

- (a) In the presence of the enemy?
- (b) On active 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?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

Yes

C. Howson, Capt. C.M.D.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

* 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.

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

Members of Board.

NOTE: (i) Clear and decisive answers to the following questions are to be carefully filed in the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information available to enable them to decide upon the man's claim to pension.
 (ii) Expressions such as "may," "might," "probably," "act," 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 Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
 (iv) In answering question 20 the Board should be careful to discriminate between diseases resulting from military conditions and those to which the soldier would have been equally liable in civil life.

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 _____

and has slight venous and a rapid result of injuries received on the _____ or ups, and no signs of other disability.

14. If the disability is an injury, was it caused by
 (a) In the presence of the enemy?
 (b) On active service?
 (c) On duty?
 (d) Off duty?

15. Was a Court of Inquiry held on the injury?
 (a) When?
 (b) Where?
 (c) Whom?

16. Was an operation performed on the injury? What?

17. If not, was an operation advised and declined? Why?

18. Is the injury of such a nature that it is likely to be permanent? If so, is the injury of such a nature that it is likely to be permanent? If so, is the injury of such a nature that it is likely to be permanent?

19. (a) Fit for duty?
 (b) Fit for base duty?
 (c) Invalided to Canada?
 (d) Discharge as permanently unfit?

21. Has the disability been caused or aggravated by
 (a) Intemperance?
 (b) Misconduct?

22. Is the disability permanent?

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

25. In defining the extent of his inability to earn a livelihood, estimate it at _____ or total incapacity.

26. If an operation was advised and declined, was the refusal unreasonable?
No.

26. Do the Board recommend
 (a) Fit for duty?
 (b) Fit for base duty?
 (c) Invalided to Canada?
 (d) Discharge as permanently unfit?

27. Remarks.

Not applicable

Not applicable

Not applicable

Yes

Signed at _____, _____, this _____ day of _____ 191_____

Station _____
 Date _____

Approved _____
 Station _____
 President.

Administrative Medical Officer.
 Date _____

Medical Report on an Invalid.

Station South Camp, Dalgat

Date 17 November 1916

- 1. Unit. b. a. m. b.
- 2. Regimental No. 120842
- 3. Rank Private
- 4. Name Louder, Amos
- 5. Age last birthday 25
- 6. Enlisted on September 1915
at Montreal
- 7. Former Trade Machinist
or Occupation

8. Disability.

Epilepsy

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.

Since childhood

10. Place of origin of disability.

Not applicable

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

Man says he has always suffered from epilepsy. Mother died with same. Two sisters also have fits. Served with Fourteenth Regiment in France and was sent to England as unfit to carry on duties of a soldier. This man was seen in a true epileptic fit by Lt Col. Broseau on 16 November 1916 as per certificate attached

Officer in medical charge of case.

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

Hereditary

(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).

Not applicable

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.

at present is feeling very weak as a result of a fit, and does not look well

This man says each fit is worse than the preceding one; that he had to quit his trade as a machinist as result of fits

1. Unit
2. Regimental No.
3. Rank
4. Name
5. Former Trade or Occupation
6. Enlisted
7. Former Trade or Occupation

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
- (b) On active 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?

17. If not, was an operation advised and declined?

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?

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalid to Canada? **Yes**
- (d) Discharge as permanently unfit? **Yes**

Not applicable

Not applicable

Not applicable

[Signature]
Officer in medical charge of case.

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

Station _____

Date _____

Officer in charge of Hospital.

* 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.

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 Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(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.

a1

a2

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

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

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?

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?

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

27. Remarks.

Signatures :—

President.

Station _____

Date _____

Members.

Approved.

Station _____

Date _____

Administrative Medical Officer.

Proceedings.

The Board having considered the evidence of the man mentioned in the documents submitted hereto attached, which form part of these Proceedings, marked

Former Trade or Occupation

Disability.

Epilepsy

Statement of Case.

The answers to the following questions are to be filled in by the Officer in medical charge of the man's case. He will carefully discriminate between the man's unsupported statements and what is in his military and medical documents. He will also carefully distinguish cases in which the

since childhood

applicable

... says he has always suffered from ...
... with same. ...
... with ... Regiment ...
... sent to England as unfit ...
... of a soldier. This may ...
... epileptic fit by ...
... number ...

Medical Report on an Invalid.

CANADIAN GARRISON DUTY DEPOT.

Station Hastings.

Date Feb 16th 1917.

- 1. Unit. 69th Bn and 14th Bn.
- 2. Regimental No. 120842
- 3. Rank Pte.
- 4. Name Lowndes Amos.
- 5. Age last birthday 25
- 6. Enlisted on Sept. 20th 1915.
at Montreal.
- 7. Former Trade (Machinist.
or Occupation

8. Disability.

Rheumatic pains in legs and arms.

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. About. Dec. 25/16.
- 10. Place of origin of disability. Dibgate plains, Kent.

- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. This man claims to have had epilepsy since infancy. States that his mother and two sisters died of epileptic fits. Went to Havre in June 29/16 but was returned after 8 weeks because of epileptic siezures. About Dec 25/16 he suffered with Myalgia, and he spent 33 days at Moore Barracks with the condition. His papers contain no evidence of his having been seen by an M%O in a fit.

Officer in medical charge of case.

- 12. (a) Give your opinion as to the causation of the disability. Exposure while on active service.

(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).

Not applicable

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.

Stated height 5 ft 8 in. Weight About 130 lbs
Patient complains of pains in legs and arms at night and on exertion. He is subject to epileptic fits in which he bites his tongue and passes water unconsciously. Has not had a fit for a month.
Heart is somewhat fast.
Respiratory system Negative. The night. Nervous system. Senses Water several times. Mental condition. Easily excited.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Statement of Case.

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

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

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

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?

19. Do you recommend

- (a) Fit for duty? No.
- (b) Fit for base duty? No
- (c) Invalided to Canada? No
- (d) Discharge as permanently unfit? Yes.

C. J. Gurofal, Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except that I would add epilepsy to his disability.

Station Hastings.

N. M. Guion, Capt
Officer in charge of Hospital.

Date 16th Feb, 1917.

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

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 Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
(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.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been caused or aggravated by
(a) Intemperance?
(b) Misconduct?

22. Is the disability permanent?

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

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?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend
(a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit

27. Remarks.

Signatures :—

President.

Station _____

Date _____

Members.

Approved.

Station _____

Date _____

Administrative Medical Officer.

Administrative Medical Officer.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Prior Park, Bath, England, on the

day of

191

Members of Board

... Expressions such as "may", "might", "probably", etc. should be avoided. ... The fact of persons vary according to whether the disability is attributed to wounds or injuries received or illness contracted in the presence of the enemy. ...

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

(b) If due to one of these causes to what specific condition do the Board attribute it?

21. Has the disability been caused or aggravated by

- (a) Intemperance?
(b) Misconduct?

22. Is the disability permanent?

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

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?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit

27. Remarks.

Signature: [Handwritten Signature]

Officer in charge in case.

Signed at Prior Park, Bath, this day

Station _____ Date _____ 191

President. Administrative Medical Officer. Station. Date.

12. 9. 17. domides. dozalty. 4492

15 20 25

4492

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
195 Year 1914	C/41825	Plt	Lowndes.	Amos.
		Unit.	Age.	Service.
		Ann. bat.	25	4/14
Station and Date.	Disease	<p><i>Epilepsy -</i></p> <p>Complaints: - Fell unconscious on two occasions. Once at Valcartier after having been passed as fit by ex. am. officer & once at Salisbury plain - the last time falling from his horse. - Had been on duty for 24 hours.</p> <p>P. I. never had convulsions before. Has also been very healthy & never had serious illness.</p> <p>Pres. Cond: - Fairly well. & nourished. Heart negative. Pulse Reg. Appetite good. Tongue fairly clean. No headaches. Bowels regular. Had been drinking fairly heavily previous to having last convulsion.</p> <p>23 Had one or two fits when a child & when 19 yrs. old had several fits. Says he had one in 24 years following from 19 - 25 yrs. At one time (at Valcartier) his tongue very sad. Has had no fits in Bulford Hoops</p> <p>De 6 Had fit. " 16 Had fit.</p>		

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

MEDICAL CASE SHEET

Station and Date

Regimental No. Name of Patient

Age Sex

Place of Residence

Occupation

History of Present Illness

History of Past Illnesses

Family History

Physical Examination

Diagnosis

Prognosis

Treatment

Remarks

Signature of Physician

Signature of Surgeon

Signature of Assistant Surgeon

Signature of Hospital Surgeon

Signature of Medical Director

1009

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year.	Unit.	Age.	Service.	
1009	120.842	Pte	Lounds	Limes
CANADIAN MILITARY HOSPITAL HASTINGS, SUSSEX.	14 th Bn	C. G. D. D.		26
Station and Date.	Disease <u>Dits.</u>			
C.M. Hosp.	Says he has had several ^{fits} every year since childhood.			
10/3/17.	Here for observations - re fits.			
	Has pains in muscles of back.			
22/3/17.	Has had no fits since coming in here.			
30/3/17.	Has had no fits since admission.			
	Double ingrown toe nails removed - local anaesthetic.			
4/4/14.	Toes feeling fine - has had no fits since admission. unavailable			
10/4/14.	Toes healed but still painful.			
14/4/14.	Toes wear shoes, but toes still tender.			
25/4/17.	Has had no sugars since admission.			
	Foot now recovered			
	W. H. Agnew C.M.D.			

28 APR 1917
DISCHARGED TO DUTY

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(44502) Wt.W 11203-M 1150. 1.450.000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239)

Station
and Date.

MEDICAL CASE SHEET.*

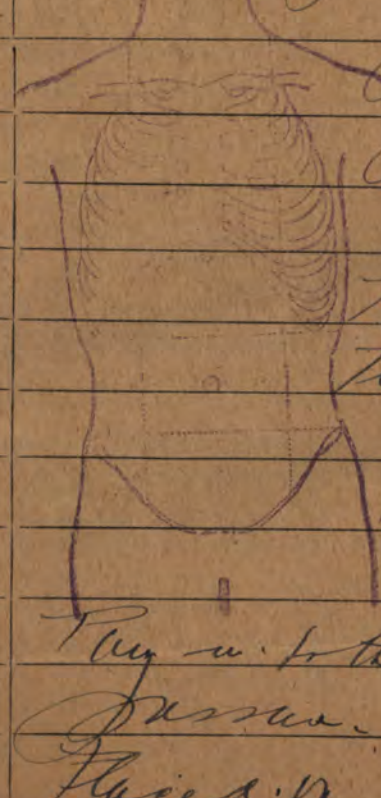
No. in Mission and Charge Book. 23466
 Year 1916
 Regimental No. 120842 Rank Pte Surname Lowndes Christian Name Amos
 Unit C.A.M.P. Age 25 Service 18/12

Station and Date.
MOORE BARRACKS

Disease Myalgia

COMPLAINT Pain in both legs
 Duration Blue days
 T.H. No previous illness except Epilepsy
Mother died of Epilepsy
1 Sister died of Epilepsy - 2 Sister at present has epileptic seizures
Father young & well
2 B's living
7 Children dead (Cause unknown)
No history of consanguinity
Has taken Bromides all his life
Was taken out of school at 12 years
Was a Cabman
Entered at mental
Complaint of pain in both legs

Physical exam
 Poorly developed
 Man. Mentally backward
 Tongue - clear
 Teeth - upper set false
 One false condyle
 Heart - normal - rapid
 Lungs - clear
 Pain in both legs - no tenderness or
 Swelling - no thickening
 Had 12 Bromide West



Station
and Date.

Jan 8th

Few much better to day,

E. E. Cleary

Jan. 21st

Lawrence absent without pass
Come back to work. ~~with~~ in an
unimpaired condition

Discharged to Lewis

E. E. Cleary

Has appeared before ^{Capt} Board and
has been recommended for C. 111

E. E. Cleary
Capt

MEDICAL CASE SHEET.*

8.9.17

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

120842.

Pte

Lownds

Amos.

Unit.

Age.

Service.

Year

1st Div. Employ Corp.

24.

2 yrs

Station
and Date.

Disease P.U.O.

Admitted R.G. Mil. Hosp 8-9-17

9-9-17

Seven weeks ago had Bronchitis. Three weeks ago
started vomiting after food & had pain on

passing urine which became black in colour.

Has pain at "bottom of stomach" after passing urine.

Urine to be examined for blood, pus, casts & deposits.

Has some tenderness below last rib on left side &

some abdominal tenderness on left side between

last rib & iliac crest.

10-9-17

Urine Tested. All: Trace of Blood present.

12-9-17

" " All: 5 Blood present.

13-9-17

14-9-17

X-ray findings: - nothing abnormal.

15-9-17

Complaining of pain in stomach vomiting just admitted P.A.A.

17-9-17

Says he feels much better

21-9-17

Feeling much better.

23-9-17

Complains of pain in thigh. - She painted with Iodine.

29-9-17

Pathological Report of Urine: - Reaction - acid, Albumin - a trace
Sugar - nil

Report: - Hyaline granular casts

red cells & white cells.

No gallstones.

1 OCT 1917

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

Station
and Date.

CANADIAN CONVALESCENT HOSPITAL
BROMLEY, KENT.

16/10/17

Discharged to Hospital
Representative D.J.

Dallison CAPTAIN Q.A.M.
CANADIAN CONVALESCENT HOSPITAL

Casualty Form—Active Service.

Regiment or Corps.....
 Rank *120842 Pte* Surname *Lyonides* Christian Name *A*
 Religion..... Age on Enlistment..... years..... months.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....

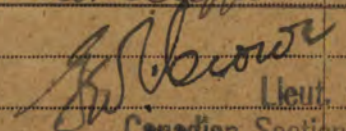
Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>13/11/17 DISCHARGED FROM 3RD C. C. D.</i>		<i>Seaford</i>	<i>Seaford</i>	<i>14/11/17</i>	<i>Embarked ... Disembarked... BN. PART II D. O. No. 7258 3rd Canadian Command Depot For O.C.</i>
<i>17 9 17</i>	<i>1st Gen Depot</i>	<i>T. of Gen Depot</i>	<i>Seaford</i>	<i>9.9.17</i>	<i>Pte D.O. 163. 17.9.17</i>
<i>17 10 17</i>	<i>Gen Depot</i>	<i>Command C.C.D.</i>	<i>Seaford</i>	<i>16.10.17</i>	<i>Pte D.O. 189. 17.10.17</i>
<i>19 11 17</i>	<i>Seaford</i>	<i>beavers bond C.C.D. Rejoin Gen Depot</i>	<i>Seaford</i>	<i>17 11 17</i>	<i>Pte D.O. 216. 19.11.17</i>
<i>22 11 17</i>	<i>Gen Depot</i>	<i>Command C.C.D.</i>	<i>Buxton</i>	<i>22 11 17</i>	<i>Pte D.O. 219. 22 11 17</i>
<i>Ally Rockwell For Gen Depot Seaford</i>					

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

[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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
NOV 28 1917	TAKEN ON STRENGTH C.D.D. BUXTON Pt. II ORDER No. 278				<i>Blair Lt</i>
		Commanding	Canadian	Lieut.-Col.	Discharge Depot
DEC 7 - 1917	EMBARKED FOR CANADA FROM LIVERPOOL				
		Commanding	Canadian	Lieut.-Col.	Discharge Depot
DEC 22 1917	TAKEN ON STRENGTH CASUALTY UNIT M. D. 4.				
					<i>Blair Lt</i> Adjutant, CASUALTY UNIT M. D. 4.
APR 18 1918	T. O. S. District Depot No. 4				
					AUTHY. PT. II, D. C. No. 1 <i>Blair Lt</i> District Depot No. 4
Discharged 18/5/18.	Authy. K.R.&O. 377- (10) 1917- MD4- 22-L-19 Cat. "E".				<i>med unfit</i>
					<i>Blair Lt</i> District Depot No. 4

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		DISEMBARKED	Boulogne	9.6.17	L.R. 8426
17.6.17	1st B Co 4. Co	Having arrived at Boulogne as reinforcement is taken on the strength of unit.		9.6.17	B.213 Pt. 2 ord 1 14.7.17
4-8-17	18 B. B. S	P. U. O.	admtd	18 B. B. S	4-8-17 A.36. 1369
5-8-17	18 B. B. S	do	"	"	4-8-17 } A36 1800
			To Range 110	5-8-17	
4-8-17	3 C. F. A	do	admtd. 3 C. F. A	4-8-17	} A36 1879
			To B. B. S	4-8-17	
4-8-17	2 C. F. A.	do	admtd	4-8-17	} A36 2538
			To 3 C. F. A	4-8-17	
6-8-17	7 Can. Inf Hosp	do	admtd. 7 Can. Inf	6-8-17	W3034 2072
7.9.17	do	Cystitis	To England	7.9.17	W3034 5916
8.9.17	do	Invalided (sick) per Ship and posted to Depot Shorncliffe	Hospital General	8.9.17	A. F. W. 3083 No. 3885 Pt 2 ord No. 11 20.9.17
 Lieut. for Lt.-Col. A. A. G. Canadian Section, G. H. O. 2nd Echelon B. E. F.					
17.9.17	See line Dept	P.O.S. from Lt Col	S'cliffe	17.9.17	W3034 2072

W. Brown
Regimental Surgeon, B. E. F.

CASE HISTORY SHEET.

Drummond Military Hospital. Montreal Station.
 No. 120842 Rank P to Amas Name Loondes Age 27
 Unit S.S.C. Completed years of service C 1/2 E, 3/2 E, 1/2 Where and how long
 Date of admission June 11/18 Date of discharge 18-6-18
 Diagnosis Gastritis 489 Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Vomiting after food, about 1/2 hour after eating
Entered Army 1915. Was injured by horse falling on him & was discharged June 1915 (unfit) Re-entered Sept 1915. went to France. Became ill with reflux gastritis. Was discharged to S.S.C. May 18/18. Was admitted to D.M.H. June 11/18 complaining of inability to retain food. Also vomited every day for the last nine days. No blood in the vomit to his knowledge. Bowel constipated. Movement with laxatives. Stools the stool has been black or several or even in which to attribute to the medicine he takes. (Dum treis) Treats + history of fatigue as better disagrees with him causes pain ^{2 days} after eating + vomiting. Pain a dull aching character not relieved by eating. Laxatives relieve by vomiting. Esophagus + stomach negative on x-ray. Tongue coated. Upper denture lower teeth good condition. Gums well nourished. Abdomen flat fairly muscular. Intercostal felt. Tenderness or pressure over the left side over a line with the umbilicus + somewhat above this over the stomach region. No tumor felt. Liver ^{enlarged 1/2 in below xiphoid + 1/2 in above} of lead not palpable. Stool: - negative for blood.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)
Marriage: - negative.
Urinanalysis: - Acid no albumen no sugar. Sediment Pos. Leucocytes & Calcium oxalates.
Feeds: - normal. Pupils equal. + reflex. R.V. = $\frac{3}{10} + 112 = \frac{29}{100}$ L.V. = $\frac{2}{10} + 112 = \frac{23}{100}$.
 (Especially any specific or special form) Diets Dietetic Lan P.R.V.

CONDITION ON DISCHARGE

Well improved. Discharge to S.S.C.
 (and disposal made of case.)

Date June 19th 18 Dr. Tompkins Medical Officer i/c case.

1850

I have just received your letter of the 10th inst. in relation to the matter of the ...
 and in reply to inform you that the same has been forwarded to the ...
 and that you will receive a further communication in due season.
 I am, Sir, very respectfully,
 Your obedient servant,
 J. M. ...

Received of ...
 the sum of ...
 for ...
 J. M. ...

CASE HISTORY SHEET.

Hospital: St Andrew's Station: St Andrew's
 No. 120842 Rank: Pvt Name: Louder Age: 32
 Unit: C.O.C. Completed years of service: C²⁰ S⁶ F⁶
Where and how long
 Date of admission: Mar 24/19 Date of discharge: 2-6-19
 Diagnosis: Suspected gastric ulcer Place of origin: Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Admitted from P.C.M.H.
 for observation & Completion of pain in stomach
 Entered Aug 8/14 & returned from France in Dec 1917.
 Revisited Jan 1919
Had Pouchet in Mar 1919 on Mar 3/19 when P.C.M.H.
 consulted for first time. Since then has pain in epigastrium
 only related to food appearing about 10 minutes before
 contents for a while when swallowed before he reclines.
 Was on Linhart's diet in St Andrew's from Mar 24/19 for 16
 days with no relief of pain.
 At present May 27/19 has no pain now, feels well.
 but eats only light food. Meats do not agree.
 No complaints at present.

Gastric contents showed no blood.
 Repeated stool negative for blood.
 May: Stomach empty on 1st exam. There was
 a doubtful feeling defect of the pylorus
 but the duodenal cap appeared to be
 normal. There was a moderate colonic
 stasis. The proximal end of the transverse
colon showed a prominent double
knick which however did not produce
obstruction.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)
May 23/19 no definite complaints & Seen by Col
Provine + no definite history can be
 obtained. All pains being of vague
 character.

TREATMENT

(Especially any specific or special form.)
May 27/19 Feels well.
See history & Unit 1st (Col. Provine)
M. P. Carter

CONDITION ON DISCHARGE

(and disposal made of case.)
 Date:

Medical Officer i/c case.

CASE HISTORY SHEET

Faint, illegible text at the top of the page, possibly a header or form fields.

Large area of very faint, illegible text, likely the main body of a case history or report.

Another large area of very faint, illegible text, continuing the case history or report.

Faint text at the bottom of the page, possibly a footer or additional notes.

Small, faint handwritten notes or markings in the lower right quadrant.

both
CASE HISTORY SHEET. *Primary*

D C M Hospital. *M M A* Station.
No. *120842* Rank *Plt* Name *Lawndes* Age *27*
Unit *4 CGP* Completed years of service *4 yrs.* Where and how long
Date of admission *26-2-19* Date of discharge *MAR 10 1919*
Diagnosis *Indigestion* Place of origin *Canada*

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient states that he was discharged to civil life in June 1918 suffering from Nephritis Stomach & Bladder Trouble.
Rehospitalized in Jan 1919 in Ordnance Dept and came on apparently in good health until two days ago. About 3 am on 25th woke up with severe abdominal pain in lower part extending across both sides - Had several attacks of vomiting with no relief from pain, which was continuous until admitted to hospital.
He states that he has been unable to eat solid meat, but can eat soft diet without gastric discomfort. Thinly well nourished man - Large head - Heart - apex beat in L. N. L. A 2 plus. No murmurs - Abd. soft tenderness on pressure in R. L. Quad. No rigidity - No mass felt. Tongue coated - Teeth good - Pupils equal & active - B.P. 135-80.

FAMILY HISTORY *No blue line on gums.*

(Tuberculosis, mental or nervous diseases.)

4/3/19 No complaints of Abd. pain or discomfort.

TREATMENT

(Especially any specific or special form.)
*Calomel gr iij. Mag Sulf 3ij.
Mag Carb gr x t.i.d. a.c.*

CONDITION ON DISCHARGE *As above. fit to Unit A²*

(and disposal made of case.)

Date *5/3/19* *E. E. Othman Capt.*
Medical Officer i/c case.

COPY HISTORY SHEET

Serial

Name

(Original Serial Number)

Date of Birth

Place of Birth

U.S. Army Serial Number

Copy No.

Number of Copies

(Total Number of Copies)

Date of Issue

By

(Signature)

Number of Pages

Total Pages

1430 I-109
BPC 92920
CASE HISTORY SHEET.

P.C.M.H. _____ Hospital. _____ M.D.#4 _____ Station.

No. 120482 Rank Pte Name Lowndes Age 32

Un. ~~C.O.C.~~ Completed years of service _____ Where and how long _____

Date of admission March 19/19. Date of discharge _____

Diagnosis Sus. duodenal Ulcer Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaining of pain in stomach chest and back. Cough began 3 days ago. Has vomited several times during past few days. Chest resonant throughout. Numerous bronchi over entire lung. Other systems apparently normal. 21/3/19 Vomited during the nigh. No pain or Temp. 24/3/19 - Vomited immediately after breakfast small quantity of undigested food. No blood. Complains of burning pain in epigastrium, worse after taking food. Abd. shows tenderness in right hypogastric region. Transfer to Se. Anne de Bellevue for X-Ray, Bismuth Meal and gastric analysis.

(Sgd) E.E.Robbins, Capt

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date _____

Medical Officer i/c case.

May 7th 122 1/2 lbs.

St Anne de Besen HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date.....

Reg'tal No. 120842 Rank Pfc Name Lowndes A. Unit 606

Bed 36 Ward 74

Injury or disease Refractive Vision Part affected.....

Treatment or Exam.....

Fundi.

Prescription for glasses
if necessary

R Park
com

Report.....

vision normal

fundi normal

Heupfarrwehler

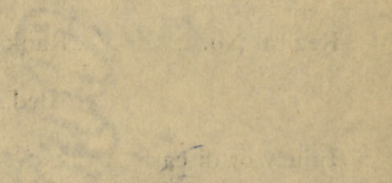
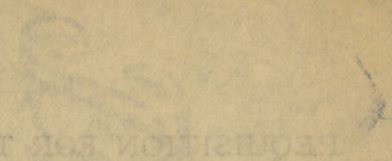
M. F. W. 2509.

50M-4-18.
1772-39-1276.

Signed.....

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION



Signed

Dr. W. W. ...
No. 123
1912

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *Dep. 704*

M.F.B. 465.
REV. 2-18.
2-38-300.

NAME OF SOLDIER

Lawrence James

REGIMENT

Canadian Trenchmen Coy

RANK

Private

120842
No. *2775276*



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	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Jan July 4.</i>																			<i>Leeson D.</i>		<i>upper denture to repair. & lower plates</i>
<i>July 4/19</i>																			<i>Leeson D.</i>		<i>To return July 5/19</i>
<i>10/5/19</i>																			<i>" "</i>		<i>To return July 10/19.</i>
<i>" 10/19.</i>																			<i>" "</i>		<i>" "</i>
																			<i>" "</i>		<i>" July 11, at 2 PM</i>

DEPT. OF THE ARMY SHEET

ENGINEERING DISTRICT OFFICE

0. 3/12/1914

ENGINEERING DISTRICT OFFICE

THE DISTRICT ENGINEER
HAS RECEIVED FROM THE
DISTRICT SURVEYOR
A REPORT ON THE
PROGRESS OF THE
WORK DURING THE
MONTH OF MARCH 1914
AND HAS TO REPORT THAT
THE WORK HAS BEEN
CARRIED OUT IN
ACCORDANCE WITH THE
PROGRAMME OF WORK
APPROVED BY THE
DISTRICT ENGINEER
ON THE 15th FEBRUARY 1914
AND THAT THE WORK
HAS BEEN COMPLETED
IN ACCORDANCE WITH
THE PROGRAMME OF WORK
APPROVED BY THE
DISTRICT ENGINEER
ON THE 15th FEBRUARY 1914
AND THAT THE WORK
HAS BEEN COMPLETED
IN ACCORDANCE WITH
THE PROGRAMME OF WORK
APPROVED BY THE
DISTRICT ENGINEER
ON THE 15th FEBRUARY 1914

ВЕРХНЯЯ ПЕЧАТЬ
СЕРТИФИКАТ
№ 1234567890

ДЕЛТА ИСТОРИЧЕСКОЕ

CLINICAL CHART.

Army Form B. 181

Corps 14th Batt C.G.D.D.

(To be attached to Case Sheet.)

Military Hospital Hastings

No. 120842. Rank and Name Pte. Lowndes.

Age 26. Service 24/12.

Disease Epilepsy. Date of admission 10-3-17. Date of discharge _____ Result _____

Dates of Observation	Days of Disease																															
	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	
Temperature Fahrenheit	Time																															
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																																
106°																																
105°																																
104°																																
103°																																
102°																																
101°																																
100°																																
99°																																
98°																																
97°																																
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 hours																																

Signature W. Harwood C. H. Oliver In charge of case.

Regtl. No., Rank and Name 120842 Pfc. J. J. Foundes Corps 14th Pa. C.S.D.
 Disease Epilepsy Hospital Cant.
 To Officer i/c Laboratory. Ward A1

Please carry out an examination of the accompanying specimen of urine

with special regard to _____

Date Mar: 20th '14

Manville Capt. Comd.
 O. i/c A Ward. 8

LABORATORY REPORT.

Handwritten notes:
 Sugar negative
 Albumin negative
 Microscopic shows a few surface epithelial cells
 192

Date of Examination _____

Thos. R. Stute
 O. i/c Laboratory.

Army Form W 322 (Rev. 1-25-50)

Name of Laboratory _____
 Address _____
 City _____ State _____
 Zip _____

Name of Person or Organization _____
 Address _____
 City _____ State _____
 Zip _____

LABORATORY REPORT

Date of Report _____
 Page _____ of _____

Date of Examination _____
 Name of Laboratory _____

Form W 322 (Rev. 1-25-50) GPO: 1950 O-500-000
 (128-120-000-000)

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

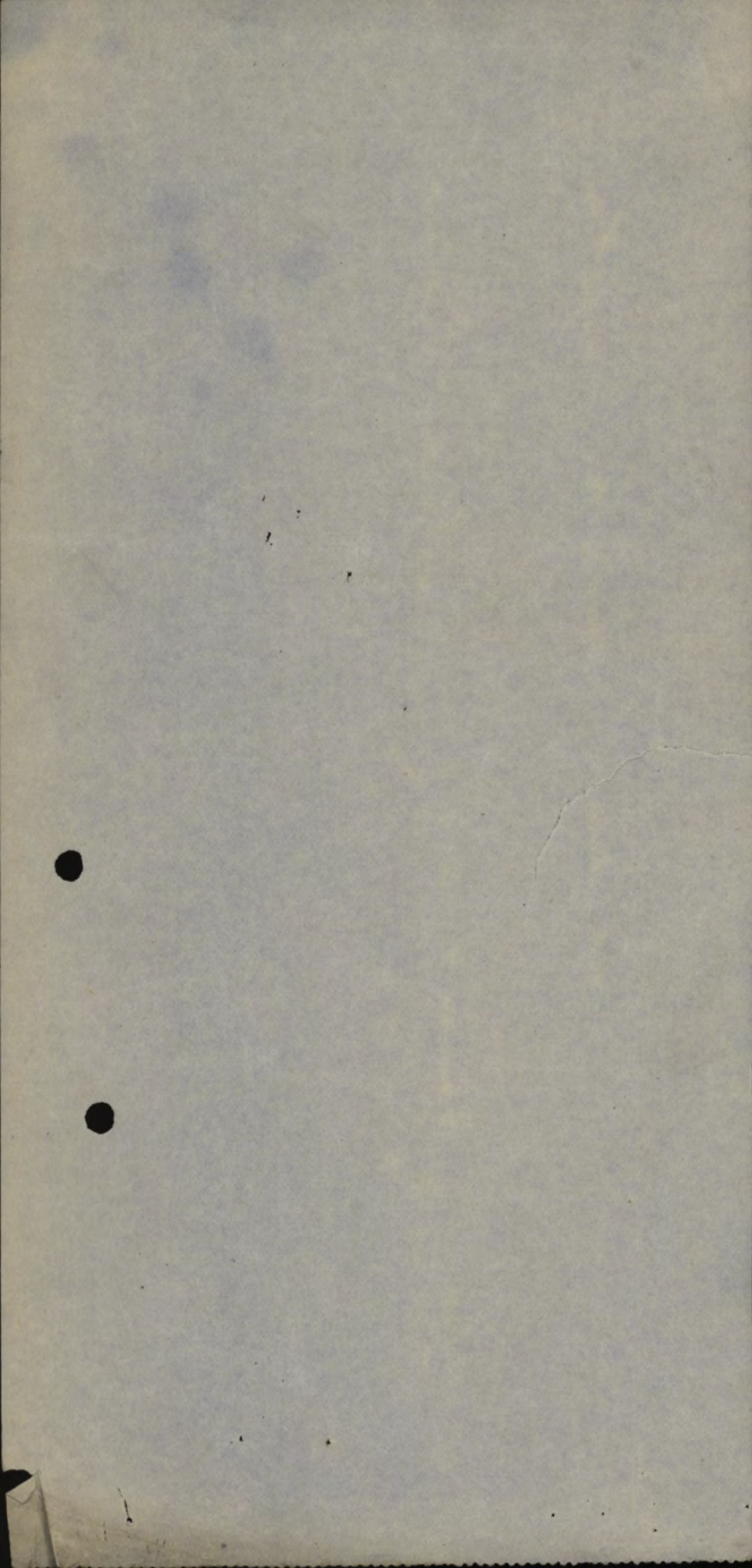
(To accompany a Man transferred from one Hospital to another.)

Extract from Admission and Discharge Book of C. B. Detention Hospital at Rouelle Date Aug 10th 1916

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
1131	14 th Battr 3 rd Bde	—	128842	McLownes A. M	25	12 12	3 Weeks	—	—	—	Epilepsy	England

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

G. L. Vaux Lt Col
Medical Officer in Charge.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 120842 (Rank) Private

Name (in full) LOWNDES, AMOS enlisted in the 69th Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE at St. John, N.B. on the Twenty-second day of September 19 15

HE served in FRANCE

and is now discharged from the service by reason of K.R.&.C 377 (10) C.M. 1917 - MD4 22-L-19 bat. "E"

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 32 years
 Height 5 feet 7 inches
 Complexion Fair
 Eyes Blue
 Hair Light

Marks or Scars Tattoo - clasped hands back of both forearms. Rose on dorsum right hand. Sailor girls head right hand.

A. Lowndes
 Signature of Soldier

L. A. Laxey
 Issuing Officer
Lieut. Col.

Date of Discharge MAY 18 1918

Commanding No 4 District Depot
 Rank
 Appointment

Signed at Montreal, QUEBEC. this 18th day of May 19 18

in Military District No. 4

File Reference No. MD4 22-L-19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 120842 (Rank) Private Name LOWNDES, AMOS

Unit 69th Battalion, C.E.F.

Address on Discharge 16 Buller Ave. Mile End Montreal

Character and Conduct Good

Former Occupation Machinist

Special Qualifications of Value in Civil Life

Machinist

Medals and Decorations Service in France - 29.6.16 to 14.8.16
9.6.17 to 8.9.17

Remarks

Signed at Montreal, QUEBEC. this 18th day of May 1918

H. A. G. Richards.

Name of Officer

Lieut-Col.

Rank

Commanding No 4 District Depot

Appointment

1027
2/14/19
6-5-19

W. A. B. J.

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date *Apr 24/19*

Reg'tal No. *170842* Rank *1st* Name *Rowles* Unit.....

Bed *36* Ward *F4*

Injury or disease *Duodenal Ulcer.* Part affected.....

Treatment or Exam.....

Barium Series.
~~*Series*~~
Stomach & Duodenum

M. A. Carter

M. F. W. 2509.

50M.-4-18.
1772-39-1276.

Report *2 oz Ba. in 4 oz Cereal (milk) at 5 am, Tuesday*
Plates at 9 - screened at 2.
plate at 2-30 etc (no breakfast)

Stomach emptied in 4 hrs -
There was a doubtful filling defect
of the pylorus but the duodenal
caps appeared to be normal.
There was a moderate colonic stasis
at the prox. end of the transverse
showed a persisting double track
which, however, did not produce
obstruction - J.H.M.

Signed

Ch. in asc. c. + prose
 $\frac{1}{3}$ tr. c.

St. high - Oberham

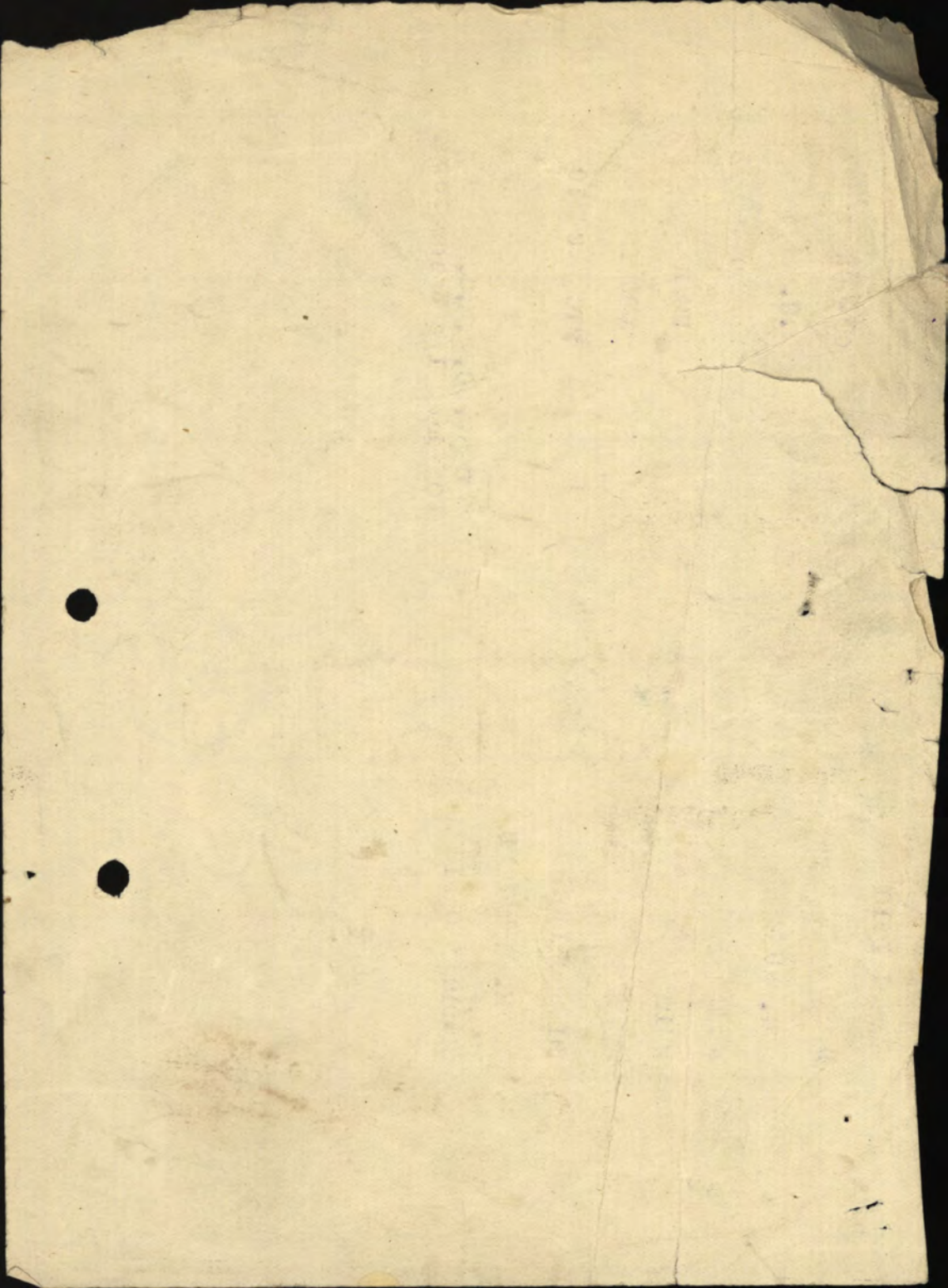
P. 2 + - Jd. ? pylons

D_c +

DEFINITION *Urinalysis*
DATE *Dec 29-12-16*
REG. NUMBER *120842*
NAME *Pte Lowndes*
UNIT *C. A. M. B.*
DISEASE *11 myalgia*
REG. NUMBER *Roulette*
MEDICAL OFFICER

REPORT
COLOUR *amb.*
S.G. *1022*
REACTION *acid*
SUGAR *neg*
ALBUMIN *neg*
MICROSCOPIC

R.B. Jenkins
Capt. C. A. M. C.
Officer in Charge Laboratory.



BETHNAL GREEN MILITARY HOSPITAL.

Ward Loyalty

Regtl. No., Rank and Name 20842 Pte LOWNDS

Disease P.U.O.

To Officer i/c, Pathological Laboratory, at
LONDON HOSPITAL.

Please carry out an examination of the accompanying specimen
of Urine with special regard to Blood, Albumin & Casts.

Date of Specimen 27-9-17

M. Gallagher
Officer i/c of Ward.

LABORATORY REPORT.

Date of Report 28-9.

Reaction - acid.
Albumin - a trace.
Sugar - absent.
Deposit: hyaline & granular casts.
red cells & white cells.

R. ac.

Alb. tr

Sug. 0

Dep. {

Hyal. + gran.
casts

Red bld cells

White bld. cells

The Laboratory,
No. 7 Canadian Stationary Hospital

Patient: Leavens # 20842
Ward: 5-

22/8/17

EXAMINATION OF URINE.

Reaction: Acid
Spec. G. 1015 -
Albumen: Positive
Sugar: nil
Miscell.: —

Microscopic.

few leucocytes.
numerous red cells.

V. H. MacKay Capt., C.M.D.
Officer i/c Laboratory. J. M.

1871
1872
1873
1874
1875
1876
1877
1878
1879
1880

1881
1882
1883
1884
1885
1886
1887
1888
1889
1890

1891
1892
1893
1894
1895
1896
1897
1898
1899
1900

1901
1902
1903
1904
1905
1906
1907
1908
1909
1910

1911
1912
1913
1914
1915
1916
1917
1918
1919
1920

The Laboratory,
No. 7 Canadian Stationary Hospital

Patient: *Levado #190842*

19/8/17.

Ward: *5*

EXAMINATION OF URINE.

Reaction: *Acid*

Microscopic.

Spec. G. *1014*

Albumen: *Positive*

Trace of blood.

Sugar: *Nil*

Miscell.:

V. H. Mackray Capt., C.M.C.
Officer i/c Laboratory.

J. M.

1790

1790

1790

1790

1790

1790

The Laboratory,
No. 7 Canadian Stationary Hospital

Patient: *Lawrence #170542*

24/8/17

Ward: *5-*

EXAMINATION OF URINE.

Reaction:	<i>acid</i>	<u>Microscopic.</u>
Spec. G.	<i>1010</i>	<i>few leucocytes.</i>
Albumen:	<i>Positive</i>	<i>Numerous red cells.</i>
Sugar:	<i>Nil</i>	<i>Epithelium</i>
Miscell.:	<i>—</i>	

V. H. Mackay
Officer i/c Laboratory

Capt., C.M.G.

J. M.

Handwritten scribbles in the top left corner.

Handwritten scribbles in the middle left area.

Vertical handwritten scribbles in the center of the page.

Handwritten scribbles in the bottom center area.

Vertical handwritten scribbles on the right side of the page.

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 Lowndes Christian name AMOS
- 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).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of January 1919 by the undersigned MO. Montreal Que. sitting at.....

- 5. Age as stated 27 Years 8 Months. 6. Apparent age 27 Years 8 Months
- 7. Height 5 Feet 7 Inches. 8. Weight 125 Pounds.
- 9. Chest measurement { Minimum 34 Ins. Maximum 36 Ins. 10. Complexion Fair { Eyes Blue Hair Light
- 11. Physical development Fair { Good Fair Poor 12. Smallpox marks None

- 13. Number of vaccination marks { Right arm..... Left arm one 14. When vaccinated last 1917
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None.

Tattoo - Clasped hands back of both forearms. Rose on dorsum right hand. Sailor girl's head on right hand.

16. Slight defects but not sufficient to cause rejection None.

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 A can.

Camoulet Lt. MO.
President

Signature of Man Lowndes

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 7 day of Jan. 1919 at Montreal.

Corps	REG'TL NUMBER	HABITS	DATE

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>9-6-19</u>	<u>Ft for discharge</u>	<u>R. B. Thakore Capt</u>

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
JCMH Montreal		26	2	19	10	3	19	Indigestion		Fit to Wait - E. E. Osborne Capt.	
JCMH Montreal		19	3	19	MAR	25	1919	Brucella suspected duodenal ulcer		Transferred to Ste Anne de Belleury Mil Hosp. E. E. Osborne Capt.	
JCMH Montreal		24	3	19	2	6	19	Suspected duodenal ulcer		he refused to take any pills & ulcers stayed negative, July negative etc. Re. as above to Unit fit. J. J. Osborne Capt.	

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

M. OR S. *M.* REGT. No. *120842* RANK *Pte* NAME (IN FULL) *LOWNDES, A.*

NEXT OF KIN <i>Mrs Sarah Ann Lowndes Wife</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS <i>Reg. Pay 1.00 FIELD All .10 Subs. " .80</i>	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>No 4 Det C.O.C.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)	
ADDRESS <i>16 Buller St Mile End, Montreal P.Q.</i>					PLACE OF ATTESTATION <i>Montreal P.Q.</i>	TRANSFERRED TO <i>4th Bn C.G.R.</i>	DATE <i>21-3-19</i>	AUTHORITY <i>Dis Order No 607 of 21-3-19</i>
IS SEPARATION ALLOWANCE PAID? <i>Yes.</i>	DATE EFFECTIVE <i>10-1-18</i>				DATE OF ATTESTATION <i>7-1-19</i>	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID <i>Mrs Sarah Ann Lowndes</i>	RELATIONSHIP <i>Wife</i>				ASSIGNED PAY, \$ <i>20.00</i>	DATE EFFECTIVE <i>1-1-19</i>		
ADDRESS <i>as above.</i>					PAYABLE TO <i>Mrs Sarah Ann Lowndes</i>	RELATIONSHIP <i>Wife</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS <i>16 Buller St, Mile End, Montreal, P.Q.</i>			
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE		
					DISCHARGED <i>Montreal</i>	DATE <i>10/6/19</i>	REASON <i>Demob.</i>	AUTHORITY <i>P.O. 1328</i>
								IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.				OTHER CREDITS	S. A etc	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.																		
<i>1919</i>																						
<i>Apr</i>	<i>30</i>	<i>1.10</i>	<i>33 00</i>	<i>28 90</i>	<i>30 00</i>	<i>115 90</i>	<i>13</i>	<i>4</i>	<i>25</i>	<i>4</i>	<i>10 00</i>	<i>5 00</i>	<i>50 00</i>			<i>65 00</i>		<i>50 90</i>	<i>adm Hosp 27/2/19. DOP 11 no 58 of 27/2/19</i>			
<i>May</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>	<i>50 90</i>	<i>24 80</i>	<i>139 80</i>	<i>56</i>						<i>50 00</i>	<i>4 40</i>	<i>4 40</i>	<i>54 40</i>		<i>85 40</i>	<i>S.A.A.P. 132. Gr Bal Mar 31/19.</i>			
<i>June</i>	<i>10</i>	<i>1.10</i>	<i>11 00</i>		<i>10 00</i>	<i>21 00</i>	<i>15</i>	<i>19</i>	<i>5</i>		<i>20 00</i>		<i>7 13</i>	<i>75 20</i>	<i>14 07</i>	<i>106 40</i>			<i>A. 65 C. Forfeit 4 d's pay & allow. No. P. 117 no 132 of 15/19. S.A.A.P. 132 of 15/19. S.A.A.P. 132 of 15/19. S.A.A.P. 132 of 15/19.</i>			

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		\$	C.	\$	C.	CCL. NO.			COL. NO.			\$	C.	\$	C.	\$	C.	\$	C.	\$		C.	
			NO.	DATE					NO.	DATE	NO.	DATE	NO.	DATE												NO.
			\$	C.	\$	C.	\$	C.	\$	C.																

Date of Enlistment

20-9-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

Apr. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ⁰⁰ / 100 ⁰⁰		
----	--------------------------------------	--	--

PL3257

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 120842
 Rank ~~Pvt.~~ Promoted Reverted Discharge
 Soldier's Name A. Lowndes
 Battalion "B" Co. 69th Bn.
 Beneficiary Mrs Sarah Lowndes.
 Relationship wife.
 Address

PARTICULARS OF ASSIGNMENT

(Wife)
 Name Mrs. Amos Lowndes
 Address 43^a Suzanne St. Mile End Montreal, Que
 Change of Address
 1
 2 3360 Henri Julien Villeray Montreal.
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		525	420	945	
1918	Jan 9 69808	30	20	50	
		44	XX		

File 11361-2-7

This account A. P. suspended pending recovery of \$40.00 overpaid July 1/15 while soldier was in 42 Batt. Inf. T.S. B.

Recovered by by issuing 2nd Cheques 2nd Dec 1916

S.A. a/c Stopped 31-1-18 Returned per S.S. Justice in MD4

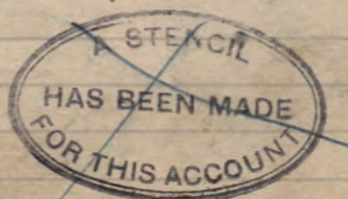
\$555⁰⁰ - Y x 31-1-18 JAN 4-2-18

A.P. a/c Stopped 31-1-18 Returned per S.S. Justice in MD4

\$400⁰⁰ - Y x 31-1-18 - JAN 4-2-18

Cr. Slip 5824 - \$40 - rend 4/10/19 J.S.

M. F. W. 128
400M-6-17-172-38-141
L. L. 2523-M. & D. 7488.



120,842

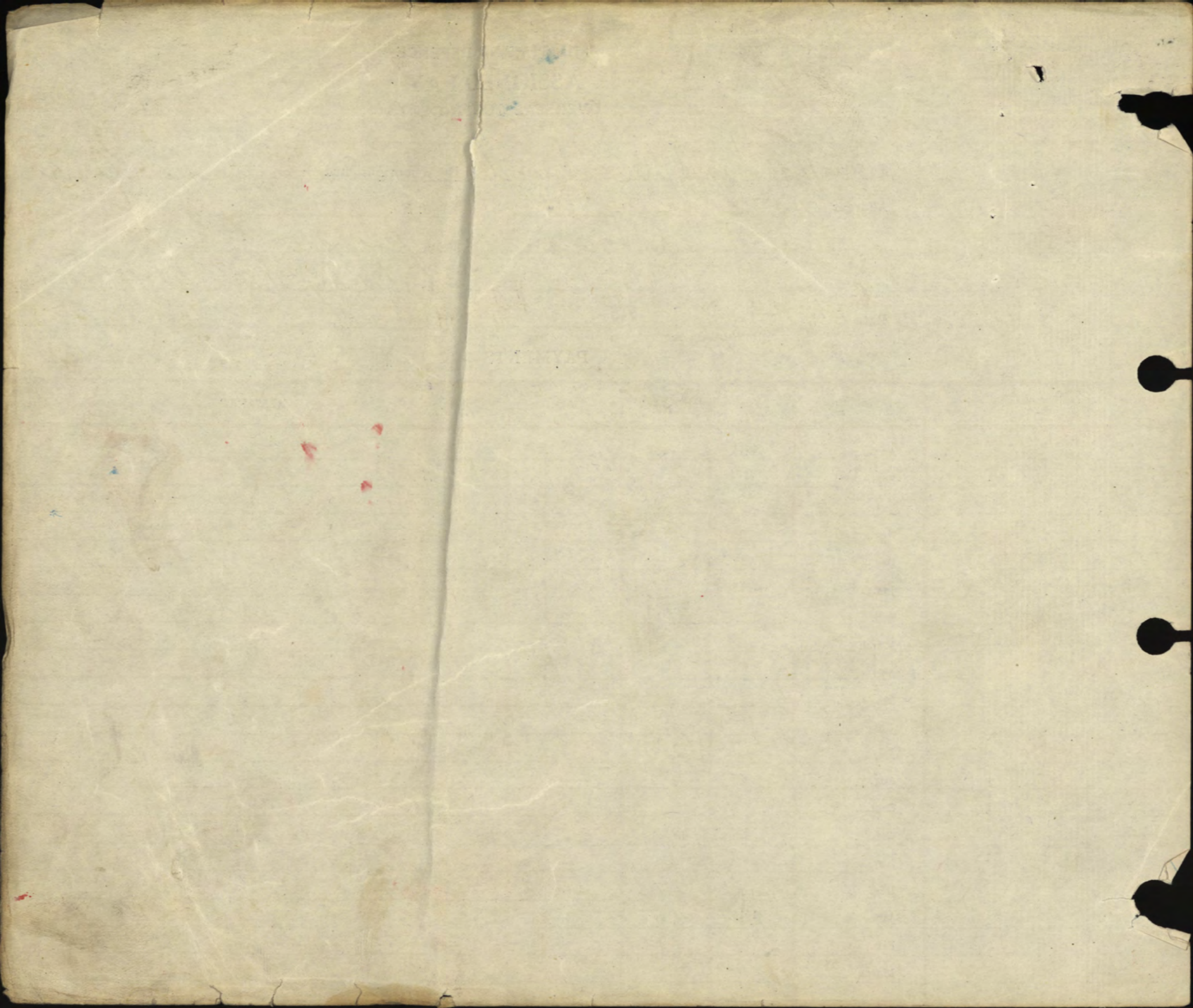
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

X

To Whom *Mrs Sarah Anne Lowndes* By Whom Assigned *Lowndes Aimes*
 Address *45 Susanna St* Regtl. No. *18746*
Mt-Leban Montreal Rank *private*
 Corps *Cooy 42nd Battalion*
 Rate *\$ 20.00* JUL 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		12571	40	Pay Roll says "No Record" and scratched off
July				
Aug.				
Sept.				
Oct.				\$ 40.00 A.P. Refund requested Oct 18/16 A.M.P.
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



^{43²}
~~45~~ *Luzanne St.,*
Mill End,
Montreal,

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

15/4/16.

P. Q.

Wife

To Whom *Mrs Sarah A. Lowndes*
 Address ~~*45 Luzanne St.*~~
~~*Mill End Montreal P. Q.*~~

By Whom Assigned *Lowndes. A*
 Regtl. No. *120842.*
 Rank *Pte.*
 Corps *"B" Co 69th Battr.*

Rate *\$20-* APR 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		5671	20	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

APR



