

Unit A.M.C Training Rank Captain Name J.A. Magnan

Depot # 4

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... Magnan
- (b) What are your Christian Names?..... Joseph Adehmar
2. (a) Where were you born? (State place and country)..... St. Ambrose, P.Q.
- (b) What is your present address?..... 27 St. Famille St. Montreal
3. What is the date of your birth?..... 1st Aug 1872
4. What is (a) the name of your next-of-kin?..... Arthur Magnan
- (b) the address of your next-of-kin?..... Joliette P.Q.
- (c) the relationship of your next-of-kin?..... Son
5. What is your profession or occupation?..... Physician
6. What is your religion?..... R.C.
7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
8. To what Unit of the Active Militia do you belong?..... C. A. Mtl
9. State particulars of any former Military Service..... 83rd Regt 8 years
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

J.A. Magnan (Signature of Officer)

Taken on strength (place)..... Montreal

(date)..... 15th December 1916

R. B. Bonycastle Major,
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him*..... fit..... for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... Dec 12th..... 1916

Place..... Montreal

J. J. Ryan, Capt
Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL AT WASHINGTON, D.C., THIS _____ DAY OF _____, 19____.

QUESTIONS TO BE ANSWERED BY OFFICERS

1. What is your full name as it appears on your official records?
2. What is your rank and grade?
3. How long have you been in the service of the Government?
4. How long have you been in the service of the Department?
5. How long have you been in the service of the office to which you are assigned?
6. How long have you been in the service of the position to which you are assigned?
7. How long have you been in the service of the position to which you are assigned?
8. How long have you been in the service of the position to which you are assigned?
9. How long have you been in the service of the position to which you are assigned?
10. How long have you been in the service of the position to which you are assigned?

I, _____, do hereby declare that the foregoing is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

THE OFFICER'S EXAMINATION

The following questions were asked of the officer during his examination:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

REGIMENTAL DOCUMENTS

NAME MAGNAN Joseph ADHEMAR REGT. NO. Capt. UNIT e.a.m.c. H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

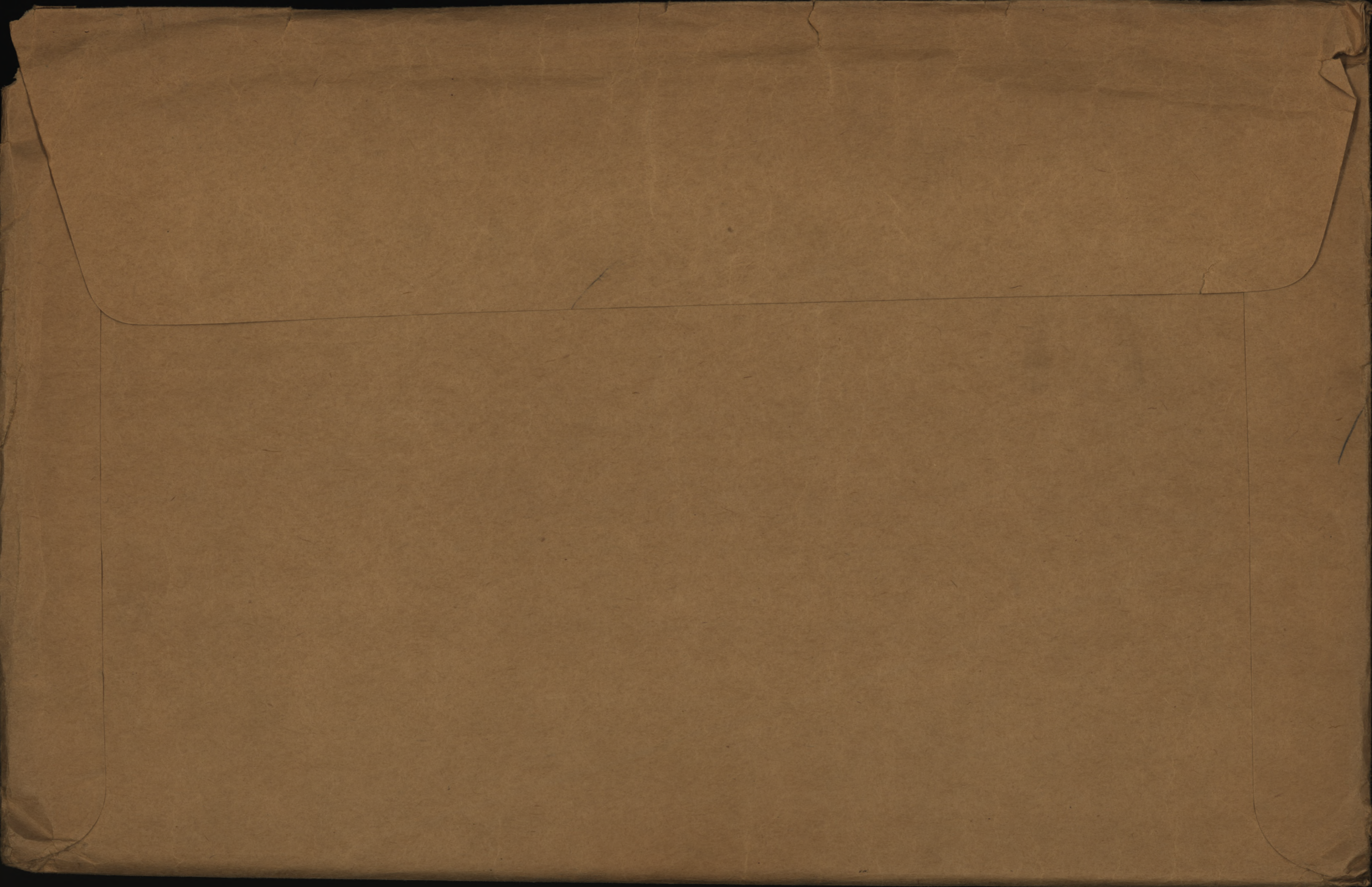
DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
27 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	23-12-1914	Pers. M	4-7-19	Pers - 840 sub	DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	5-2-20	Rec 26/7/19			Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
6 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					De mol
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		Secured		01317	
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)		Step 8490-1.			DESERTION
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 Disp. Cert's.					
1 M.F.W. 67.					
4 misc.					
1 M.F.W. 2591					
1 Card					
1 B. 149					
1 Card					
1 Index Card					

Ref. S.S. Baltic 25/6/19.



SURNAME.

Deceased - 12-11-19-
Magnan auth. H. P. file 21 9/25

CARD NO.

74.
308.9-7-19 Lamont Capt
PO 2081 of 15-7-199104

CHRISTIAN NAMES

Joseph Adelman.

REGL. No.

RANK

bapt.

Leo 198 of 17-7-19
410.00

UNIT

a. m. c. (Tr. Depot no 4.) (6th P. D.)

FORMER CORPS

b. a. m. c. 83rd Regt. (Exp.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Magnan, Arthur.

RELATIONSHIP TO SOLDIER

Son.

3490

ADDRESS

Joliette, P. Q.

COUNTRY OF BIRTH

Canada. St. Ambrose P.Q.

DATE

Aug. 1st 1872.

PLACE OF ATTESTATION

DATE

*R/C. 4-7-19 36/1 Capt
3*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Physician

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Dec. 12th 1916.

Present Address. 27 St. Famille St., Montreal,
P.Q.

No.

RANK

Capt.

NAME

Magowan J. A.

T. O. S. 15/12/16

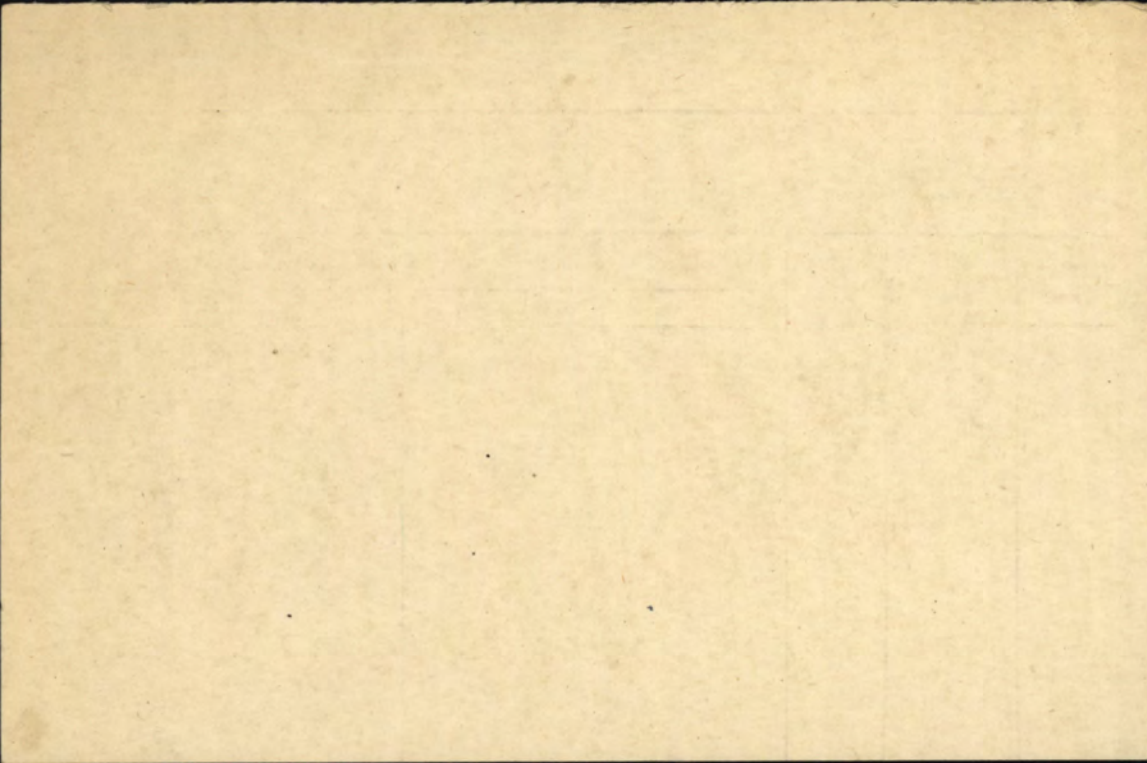
UNIT

A. M. C. Training Depot - No. 4.

D.O. 350924/12/16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec 15	Dec. 31	✓		
1917	1917	✓		
Jan.		✓	Trans. of 28/2/17	D.O. 6081/3/17
Feb.				



Name MAGNAN

Rank Capt.

Reg. No. *F. 101*Unit C.A.M.C. *Joseph Adchmar* at *H.Q. 5th Dist. C.F.C.*

Next of Kin

Canada

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-3	Can. Conv. Off. Hosp. Matlock (7001)		Arteriosclerosis.	1232	✓	
24-3	Discharged 7003			1248		<i>b</i>
5-3	<i>Transfer to No. 7003</i>					

NAME

Magnan J. A.

REGT. NO.

RANK AND UNIT

Capt. J. B. A. M. C. att H. Q. 5th Dist. C. F. C.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1232 -3

Gen. Hosp. Off. Matlock

6/3/19

arteriosclerosis

1248 -2

discharged

Bath

24/3/19

"

Number

Rank

capt

Surname

MAGNAN

Christian Name

Joseph Adhemar

Units

Theatre of War

France

Date of Service

16-6-18

Remarks

Latest Address

27 St. Famille

Montreal, P. Q.

Roll No.

69m6

200m.-6-21.

Page 21034

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

D.....

RANK

SURNAME

INITIALS

UNIT

B. H. ... 16/9/25 (Wesley)

DESP. SEP 11 1925
REGN. NO. 16025

Home address.....
(Street).....
(City or Town)

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

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

Railway.....

Number of children on board.....

Destination.....

(Sgd.).....

V. 2502.

1-19.

1288.

Surname	Christian Name	Serial No.
MAGNAN	J. A.	4-M-1250.
Rank	Unit	
Capt.	C.A.M.C.	
Medical Board held at	Date	Condition found by Board
Matlock Bath	19-3-19	Arterio-sclerosis
Fit Home ser.unfit	G.D.&.G.S.	6 months.
Ripon Area	30-5-19	Arterio-sclerosis Inj.5th.Finger rt
Fit lt.Duty, Perm.unfit	HS.,GD.,& G.S.	

Remarks.

Surname

Christian Name

MAGNAN

J. A.

Rank

Unit

Capt.

C.A.M.C. att.CFC.

Casualty List

C.C.O.H., Matlock Bath 6-3-19

7-3-19/1232-3. "Arterio-sclerosis."

26-3-19/1248-2. Discharged:-24-3-19.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

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

Casualty Form—Active Service.

Unit, Regiment or Corps Draft A. M. C. TRAINING DEPOT No 4

Regimental No. _____ Rank Captain Name Joseph Adehmar Magnan

Enlisted (a) 1/2/17 Terms of Service (a) Sur of War Service reckons from (a) 1/2/17 17

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) (C) Physician

M.S.B. CLASS A

M. F. W. 54.
750M. 10-15.
H.Q. 1772-39-920.

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				
<u>22.3.17</u>	<u>C.A.M.C.D.</u>	<u>TAKEN ON STRENGTH</u>	<u>Halifax</u>	<u>4/3/17</u>	
			<u>Liverpool</u>	<u>15/3/17</u>	
<u>23-4-17</u>	<u>"</u>	<u>On Com. to 2nd Res. Bdegt</u>	<u>Westenhanger</u>	<u>15/3/17</u>	<u>Pt 2080</u>
<u>23-4-17</u>	<u>"</u>	<u>On Com. to 2nd Res. Bdegt</u>	<u>"</u>	<u>23-4-17</u>	<u>Pt 20112</u> <u>am Jeffrey # d</u>
<u>28-4-17</u>	<u>8th R.Bn.</u>	<u>Ceases to be attached to 8th Can. Res. Bn.</u>	<u>Shorncliffe</u>	<u>28-4-17</u>	<u>P.O. PT. 2 # 118</u> <u>1101.</u>
<u>21/5/17</u>	<u>C.A.M.C.B</u>	<u>to be attached to 8th Res Bn on posting to a DMS Hastings</u>	<u>Westenhanger</u>	<u>27/4/17</u>	<u>Pt II 20119</u> <u>Pt Fletcher #</u>
<u>12-12-17</u>	<u>Colombd</u>	<u>ceases to be on command to 1st Bn</u>	<u>Shorncliffe</u>	<u>10.12.17</u>	<u>Pt 20.346 (201607)</u>
<u>13-12-17</u>	<u>do</u>	<u>1st B. 1st B. 1st B. 1st B. 1st B.</u>	<u>do</u>	<u>10.12.17</u>	<u>Pt 20.347 (201611)</u> <u>Ynblayney</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing 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				
10-12-17	1st CCD	Ceases to be attached on proceeding to Can. Red Cross Special Hosp. Effect 10-12-17.	E. Sandling	10-12-17	Pt 11 DO 266 d/10-12-17 Lieut. for Officer Commanding, 1st Canadian Command Depot.
17/2/17	Cambridge	J.O.S. G. R. + Ho. Staff from Cambs Depot.	Duxton	10/2/17	2000011. 280. 10/2/17
24/5/18	A.S.M.S. Duxton	S.O.S. C.R.X.S.H. on posting to C.A.M.C. Dep. for over sea	Duxton	25/5/18	D.O. Pt. 11 #43 28/5/18 <i>Boz Boyd</i> Major for Li. Col. D.O. CANADIAN RED CROSS HOSPITAL, DUXTON.
30.5.18	Cambs	To S from 11 Dist Duxton	S'Chiffe	25.5.18	Pt #150 (60.626)
19.6.18	do	To S. 6 No 2 Dist. 6 Hb. (Peas)	do	16.6.18	Pt 168 (Am d/16/25/17. 706) <i>W. M. ...</i> Capt. Adjutant, for O.C., C.A.M.C. Depot.
8.6.18	aaey	To S. came Gen on arr in France as relief Auth Can Rept 13265 d/6/18 Add as in Wb to 6 Dist CFC	"	16.6.18	KR 29561 Pt 42 d/1918
"	"	ceases to be att'd on attachment to No 11 Dist C.F.C. (Am. 12104/2. Sino)	"	22.6.18.	Pt 47 d/
S.M.O 21.8.18.	S.M.O C.S.C.	Authy. S.S.M.S. S.C. 183/6 L.O.B.C. 207/4/63/18. 16/8/18.	"	20.8.18	Km. 12104/2. Sino C.S.C. 10-7. over S.M.O 21815. Pt orders. 58. 9/9/18.
23.11.18. 2.12.18	CGAD	To S from 11 Dist CFC Left for HQ 11 Dist CFC	"	23.11.18.	BE 3404
				2.12.18.	BE 3494

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *C. a. m. C.*

Regimental No. Rank *Capt.* Name *Magnan J. A.*
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>8-7-19</i>	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 4	<i>25/79</i>	C.E.F. R.O. No. <i>2071-19</i>
<i>16-7-19</i>	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. <i>4</i>	<i>9-7-19</i>	C.E.F. R.O. No. <i>2081-19</i>
			<i>Res. J. Holman</i> <i>Capt.</i> for Director Personal Services		

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, Shoeing 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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Surname **MAGNAN** ✓

Christian Names **Joseph Adehmar** ✓

Came 84 MAR 25 1917

Rank **Captain**

Name and Address of Next-of-Kin

Promotion

Arthur Magnan, (Son)

Joliette. P.Q. ✓

Unit **Draft A.M.C.T.D.No.4.** ✓

Canada. ✓

Place of birth **St Ambrose.P.Q.Canada.** ✓

Married (Yes or No)

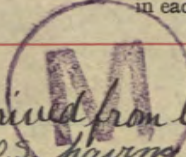
Appointments

TOS 15/12/16
Unit Draft A.M.C.T.D.No.4. ✓
Place of birth St Ambrose.P.Q.Canada. ✓
Married (Yes or No)
Appointments

Sealed from Canada 4 3 17 (E R 1000)

Date of leaving Canada

Date and Cause of Resignation

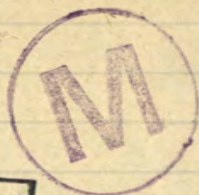
Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
20-3-17.	born ban S.cliffe	 Arrived from ban Posted to CA Mb Depot T.O.S. having arrived from Canada. & posted to CAMC Depot		16-3-17.	D.O. 1421. P ^o ord 50 (CAMCTS)
17.4.17.	RMS.			4-3-17	Co 496.
27.4.17.	RMS.	Att. to 8 th Can. Res. Bn.		21.4.17	Co. 546. P ^o ord 113. (8 th Res Bn).
30.4.17	D ^o	Ceases to be att. 8 th Can. Res. Bn.		29.4.17	Co. 558.
30.4.17	D ^o	Posted to ARMS Can. Hastings Area.		29.4.17	Co. 557.
3.5.17.	D ^o	Att to 1 st Can. Command Depot. Hastings.		30.4.17.	Co. 576.
22.8.17.	D ^o	Ceases to be att. 1 st Can. Command. Depot.		18.8.17.	Co. 1098.
22.8.17.	D ^o	Posted to CAMC. Depot.		18.8.17.	Co. 1097.
22.8.17.	D ^o	Att. to 1 st Can. Command Depot.		18.8.17.	Co. 1098.
10.12.17	do	Ceases to be att. 1 st CCD.		10.12.17	Co. 1607.
11.12.17	do	Posted to Can Red x Sp. Hp. Buxton		10.12.17	C.O. 1611
25-5-18.	D ^o	Posted to CAMC. Depot.		25-5-18.	Co. 626.

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 A. F. S. 103, 8-JUL-1918
Date	From whom received				
17-6-18.	came depot	SOS on proceeding of Seas. for duty with No. 2 Dist B.C.		16-6-18.	P ^t II Ord. 768.
23-7-18	C. A. M. C. gent.	T.O.S. on and in France as Rind.		16.6.18	P ^t II O. #2
6-8-18	Do	Att. as in W.E. to No. 6. Dist. C.F.C.		22.6.18	P ^t II O. #7.
9-9-18.	Do	Ceases to be att as in W.E. to No. 6. Dist B.C.		20-8-18.	P ^t II Ord. 58.
9-9-18.	Do	Att as in W.E. to No. 11. Dist B.C.		20-8-18.	P ^t II Ord. 58.
13-1-19	Do	Ceases to be att as in W.E. to 11 Dist C.F.C.		13-1-19	P ^x II Ord. 2
13-1-19	Do	Att as in W.E. to HQS Dist C.F.C.		27-12-18	P ^x II Ord. 2
		Granted extension of leave from 5-1-19 to		19-1-19.	A.G. 10. 543 d/10-1-19.
7-3-19	Ams	Adm to C. C. O. Ho. Matlock Bath		6-3-19	G.L. 1232 Arteriosclerosis
		Discharged		24-3-19	G.L. 1248
		Granted extension of leave from 19-1-19 to		26-1-19	A.G. 10. 547 d/16-1-19
27-2-19	Came Gen	Ceases to be att to HQS 5 Dist C.F.C.		1-2-19	P ^x II Ord. 9
27-2-19	Do	SOS on posting to Camc Gas Coy		11-2-19	P ^x II Ord. 9
12-3-19	Came Gas Coy	TOS on posting from Camc France		12-2-19	P ^t II Ord. 60
28-3-19	Do	SOS on posting to G.S.H. Buxton		25-3-19	P ^t II of 74.
18-4-19	G.S. Spelt	SOS to Home Camc Gas Coy. fipom		16-4-19	P ^t II of 23. - 26 d/8-5-19.
31-3-19	Do	SOS from Camc Gas Coy		25-3-19	P ^t II of 9 19
11-5-19.	Came RT	TOS from Grim Lane Spic Hosp.		16-4-19	P ^t II 124.
do	do	SOS to Camc Gas Coy		16-4-19	P ^t II 124

Surname *Magnan.*
Rank *Capt.*
Promotion

Christian Names *Joseph Adelman.*
Name and Address of Next-of-Kin

Unit
Place of Birth
Married (Yes or No)
Appointments



Continuation Sheet 1

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

<i>4-5-19.</i>	<i>CAMC Cas. Coy</i>	<i>1. OS. on posting from CAMC Re i.D. & remaining " On Command to Hqs. Cans Repon.</i>		<i>1. 30-4-19</i>	<i>Pt. 11 Ord. 106.</i>
<i>5-7-19</i>	<i>do</i>	<i>SOS on transfer to CEF Canada</i>		<i>26.6.19</i>	<i>Ord 157.</i>

<i>30-6-19</i>	<i>DCMS.</i>	<i>SOS on transfer to C.B.F. in Canada</i>		<i>26.6.19</i>	<i>6077.</i>	20986
		<i>Sailed to Canada per SS. Baltic</i>		<i>26.6.19</i>	<i>SL 91.</i>	

Deceased Auth Hdq. 2490-1.

519719

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				

1890

1-10-1891

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins A. M. C. TRAINING DEPOT No. 4

(2) Regimental Number Captain

(3) Full Name of Soldier Joseph Adehmar Magnan

(4) Place of Birth St. Ambrose, Joliette, Quebec, Canada

(5) Are you married, or not? No

(6) If married, state, (a) Full name of your wife not applicable

(b) Present Postal Address not applicable

(7) Are you a widower? Yes

(8) Have you any children? Yes

If so, give number of boys and girls 1 boy

Also their names and ages Arthur Magnan, 18 years

(9) Is your Father alive?..... No.....

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

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

If so, state name and address..... Mrs. Celina Genereux Magnan.....

..... Grey Nun Hospital, Longueuil, Que. Canada.....

(11) If your Mother is a widow..... Yes.....

Are you her sole support, or not?..... Yes.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

..... \$55.00 per month, only son.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... not applicable.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

..... Yes.....

15) Are you insured?..... Yes.....

If so, in what Company?..... Knights of Columbus, Chosen Friends, C.O.F.m.....

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

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

R. H. Bumpass Major,

O.C. A.M.C. Training Post No. 4
Officer Commanding.

Date Feb. 28-1917.....

ORIGINAL MEDICAL HISTORY SHEET

Captain
ORIGINAL

Surname Magnan Christian Name A Joseph Adelman

Examined { on 12 day of Dec 1916
at Montreal

Approved by J. Magnus
Rank Capt. M.O.

Birthplace { City or Town S. Ambrose
County Joliet -

Apparent age 44

Trade or occupation Physician

Height 5 feet 9 Inches

Weight 185 lbs.

Chest measurement { Minimum 38 inches
Maximum expansion 42 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>21-1-17</u>	<u>neg.</u>	<u>O. E. Farley Capt. Ave.</u>
<u>4-2-18</u>	<u>Tub. Inoc.</u>	<u>A. Adelman Capt.</u>
<u>3-1-17</u>		<u>O. E. Farley Capt. Ave.</u>
<u>10-1-17</u>		<u>O. E. Farley Capt. Ave.</u>
<u>21-1-17</u>		<u>O. E. Farley Capt. Ave.</u>

Date	Result	ANTI-TYPHOID INOCULATION ETC.

Enlisted on 15th day of December 1916 at Montreal

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C Training Depot # 4</u>	<u>6apt.</u>		<u>15.12.16</u>
Transferred to	<u>G.A.M.C.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>FEB 26 1917</u>	<u>Fit.</u>	<u>Passed medical.</u>
<u>C.C. de Montreal Bn</u>	<u>19-3-19</u>	<u>Arterio-sclerosis</u>	<u>Oban... Capt</u>
<u>Reyon</u>	<u>30-5-19</u>	<u>arterio-sclerosis</u> <u>hypertension h. hand etc</u>	<u>Ret C 11-6 m</u> <u>W. H. Wilson Capt</u>

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

GAMADIAN

Surname Magnan Christian Name Joseph Adehmar

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				
Montreal	15.12.16										
CANADIAN RED CROSS OFFICERS HOSPITAL 17, NORTH AUDLEY STREET, LONDON, W		18	2	19	5	3	19	15	Arterio Sclerosis Sent in for "Ch. Hemiplegia" by Col. Rudolph. because of numbness R. leg. & occasional slight swellings. Had marked hypertension - 220 - 240 Diastolic (Tyler). Urinal & serum urine normal. No hyposthenuria or polyuria. No limp or muscular weakness. Transferred to married suite.	Atkinson Major Camp	
CC. of H. Mat Ink Bath		5	3	19	24	3	19	19	do. Blood pressure at present $\frac{186}{100}$. No cardiac symptoms. Feet well. Fit for active service	Stammers Capt Lane	

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

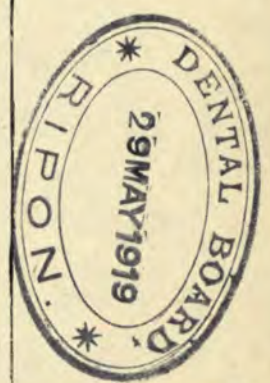
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MAGNAN, J.A.
 REGIMENT C.A.M.C. RANK Capt. No. _____
 Date of Examination in England 29-5-19 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS —
3. CROWNS Upper Bridge Repair
4. DENTURES
 - (a) Full Upper —
 - (b) Part Upper —
 - (c) Full Lower —
 - (d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada —
- (b) In England —
- (c) In France —

Signature of Dental Officer [Handwritten Signature]

NOTICE TO THE PUBLIC

FOR THE YEAR 1900

AND FOR THE YEAR 1901

A.M.D. 5/24

Eye, Ear, Nose and Throat Clinic

Hut 7, Camp 29, RIPON, Yorks.

May 30, 1919

Regt.No _____ Rank Capt. Name Magnan, J. A.

Unit C.A.M.C.

Without Glasses

With Glasses (as per prescription below)

	Sph.	Cyd.	Axis.
Visual acuity R. <u>3/60</u> with			6/6
" " L. <u>3/60</u> with			6/6

Category recommended is:- B"II".

Duration _____

Glasses not ordered

DIAGNOSIS Myopia both eyes.

REMARKS:-

Condition was _____ present before enlistment and has not been caused by service.

Has not been aggravated by service.

R. F. Nicholls

Capt. C.A.M.C.
Eye & Ear Specialist

Eye, Nose and Throat Clinic

Hut 7, Camp 22, Heron, Alaska

May 20

Warrant of Appointment, U.S.A.M.C.

U.S.A.M.C.

With Glasses (see below)

Without Glasses

Age 42

Sex M

Rank Capt

0/0

Visual acuity R. 20/50 with

0/0

Visual acuity L. 20/50 with

Distance

Optic chiasm: normal

Glaucoma: not observed

Diagnosis: Myopia both eyes

REMARKS:

Condition was present before enlistment and

has not been caused by service.

has not been aggravated by service.

U.S.A.M.C. Eye & Ear Specialist

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>13340</i>	Regimental No.	Rank.	Surname.	Christian Name.						
	<i>Capt</i>		<i>Magnan</i>	<i>Joseph</i>						
Year <i>1919</i>	Unit.	Age.	Service.							
	<i>Camb.</i>	<i>46</i>	<table border="1"> <tr><td>CANADA.</td><td></td></tr> <tr><td>FRANCE</td><td><i>6/12</i></td></tr> <tr><td>TOTAL</td><td><i>30/12</i></td></tr> </table>		CANADA.		FRANCE	<i>6/12</i>	TOTAL	<i>30/12</i>
CANADA.										
FRANCE	<i>6/12</i>									
TOTAL	<i>30/12</i>									
Station and Date.	Disease <i>Arterio-sclerosis (2 hypertension)</i>									
<i>C.C.C.H.</i>	<u>ONSET.</u> <i>July 1918</i>									
<i>HATLOCK BARR.</i>	<i>Tolby - 17-2-19</i>		<i>England.</i>							
<u>HISTORY OF DISABILITY.</u>										
<i>Mar 5</i>	<p>Seen by Col. Rudolph 17-2-19 B.P. 210-130 and some slight signs of H. paraplegia To C.P.C.H. 15-2-19. Good history of numbness in right arm dating from accidentally crushing the fingers in harness in July 1915. Knee joints slightly sluggish, Rt side of face slightly dull to rt level. Systolic murmur diffuse and not transmitted B.P. $\frac{230}{140}$ Arterio-tortuous and atherosclerosis. Mumps rec. 26-2-19 BP $\frac{190}{100}$ 2-3-19 $\frac{195}{110}$. To C.C.H.S. 3-19</p>									
<u>PERSONAL AND FAMILY HISTORY.</u>										
Had quite a severe attack of 'flu' in Nov. 1918.										
<u>PRESENT CONDITION.</u>		Generally feels well.								
<u>DIGESTIVE SYSTEM.</u>		O.K.								
<u>CIRCULATORY SYSTEM.</u>		B.P. $\frac{190}{120}$ Pulse strong and regular. Arteries a little hard. Very faint systolic sound.								
<u>RESPIRATORY SYSTEM.</u>		Lungs clear								
<u>NERVOUS SYSTEM.</u>		O.K.								
<u>G.U. SYSTEM.</u>		O.K.								
<u>LOCAL CONDITION.</u>										
<p>1st finger of right hand is permanently contracted. No symptoms of any paraplegia now.</p>										
	T.T. Rest and K.I. and baths.			<i>RR</i>						
<i>10-3-19</i>	Not Forwarded.									
<i>19-3-19</i>	Boarded and Cont. C-6 mms		<i>[Signature]</i>							

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

Station
and Date.

CANADIAN EXPEDITIONARY FORCE

H.R. 4-35.
H.U.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Captain,**

(Name in full)..... **Joseph Adhemar MACHAN,**

Enlisted in..... **Canadian Army Medical Corps Training Depot # 4.**

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

day of..... ~~XXXXXXXXXXXX~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **Canadian Army Medical Corps Training Depot # 4.**

CANADIAN EXPEDITIONARY FORCE on the..... **Fifteenth** day

of..... **December** 6 191.....

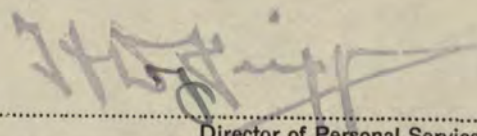
He SERVED in CANADA, **England and France with the C.A.M.C. Training Depot # 4., C.A.M.C. Depot., 2nd Reserve Brigade., 8th Res. Batta., A.D.M.S., Hastings., C.R.C. Spec. Hosp., Buxton., C.A.M.C. General., 111 District C.R.A., C.R.B.D., C.A.M.C. Cas. Coy., A.D.M.S. (Ripon)., 23rd Reserve Battalion.**

and was STRUCK OFF THE STRENGTH on the..... **ninth** day

of..... **July** 9 191..... by reason of..... **General Demobilization.**

Dated at Ottawa, this..... **Eleventh** day

of..... **December** 9 191.....

for  **Capt.**
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

Name of Soldier

Entered on

CANADIAN EXPEDITIONARY FORCE on

and was appointed a COMMISSIONED BARRACK

CANADIAN EXPEDITIONARY FORCE on

HE SERVED IN CANADA

and was struck off the strength of the

1st by reason of

and it follows that

1st

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Arthur Magman*
 Address *Joliette Que*

By Whom Assigned *Magman J. A*

Regtl. No.

Rank *Capt. - Major 17-8-17*

Corps *A.M.C. I.D. no 4*

Rate *30⁰⁰*

MAR 2 1917

PAYMENTS

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



232
100

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Arthur Magman
(Assignee)

PAYMENTS.

Name of Soldier

*Magman J A**Capt. A.M.C. J.D. No 4*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>30th</i>
				<i>MAR 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>A 52694</i>	<i>30</i>	
April		<i>K 3492</i>	<i>30</i>	<i>30 B.</i>
May		<i>K 10019</i>	<i>30</i>	<i>30 B.</i>
June		<i>J 16381</i>	<i>30</i>	<i>2</i>
July		<i>K 23648</i>	<i>30</i>	<i>B.</i>
Aug.		<i>W 32617</i>	<i>30</i>	
Sept.		<i>U 36800</i>	<i>30</i>	<i>5</i>
Oct.		<i>H 44014</i>	<i>30</i>	
Nov.		<i>A 32684</i>	<i>30</i>	
Dec.		<i>Y 57262</i>	<i>30</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*ARB
APD
WKS**300.2.1.1*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

15-12-16
MILITIA AND DEFENCE174
M. F. W. 11.
50m.—6-16.
H. Q. 177-39-313.

SEPARATION ALLOWANCE

Name *Celina G. Magnan* Name of Soldier *Magnan, J. A.*
 Address *Co Judge Tellier* Regtl. No.
Joliette Rank *Captain Major 17-8-17*
P. Q. Corps *A. M. C No 4*
 Relation to Soldier }
 wife, child or mother } *W. Mother*
 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				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



360
141

5.01

2/1/12
10/1/12
10/1/12

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Celina G. Magnan

W. Mother
PAYMENTS.

Name of Soldier

Magnan J. A.

L. L. Job 4503.-Req. 6832.

Captain

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>account closed.</i> <i>Beneficiary Deceased 5/10/17.</i> <i>See File 11656-f-1. B.S.S. 31/12/17</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>Z 37203</i>	<i>141</i>	
April		<i>L 1679</i>	<i>40</i>	<i>40</i>
May		<i>L 4795</i>	<i>40</i>	<i>40</i>
June		<i>L 8021</i>	<i>40</i>	<i>40</i>
July		<i>L 11604</i>	<i>40</i>	<i>40</i>
Aug.		<i>X 14753</i>	<i>40</i>	<i>130</i>
Sept.		<i>Z 17755</i>	<i>40</i>	<i>40</i>
Oct.		<i>J 20579</i>	<i>40</i>	<i>40</i>
Nov.		<i>W 23159</i>	<i>40</i>	<i>40</i>
Dec.		<i>S 96071</i>	<i>40</i>	<i>40</i>
Jan.	1918			<i>Return of this cheque requested 31/12/17</i> <i>W. 23159 cancelled 31/12/17</i> <i>S. 26071 cancelled 31/12/17</i> <i>501. E. S L</i>
Feb.				
March				
April				
May				
June				
July				

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.				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount \$ 30 bar

Separation Allowance Issued. Yes or No.....

Pay +

F.A. /

Messing /

bapt

Name Magnan

Initials J a

Bank of Montreal

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
TO BE INITIALED BY P.M. IN EVERY CASE

INITIALS

June 14 Adv. June & July Ptd. Bank
16 Trav a/c. 13-20⁵/19 3406
June Pay R. 180
A.P. bar 30
16 July 1-15⁵/19 3506
July Pay R. 186
A.P. bar 30

306

RETURNED TO CANADA
L.P.C. TO 31¹⁹ Ripon
TR 3-12-0 1952

156

6-23-30⁰⁰

30

Jr L. 12. 12⁵/19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE AUTHORITY

Beneficiary

Pay

Name

Address

F.A.

Initials

Messing

Bank

Amount \$

Separation Allowance Issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
TO BE INITIALED BY P.M. IN EVERY CASE

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$30 Canada

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

1st Lt. C. D. Hastings

Pay. \$30 p.d. Captain.

16th 19.

From Canada.
D.O. 1431 (Schiff) \$30 1/2.

Name Magnan, J. A.

Initials J. A.

Bank of Montreal.

add outfit allowance 1918 \$100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918.								
April 15.	A. P. Canada				30.			
" 17.	April Pay R.		142 50					
" 23	Bank.	1186.		112 50				
May.	A. P. Canada				30			
" 13.	May Pay R.		147 25					
" 23	Bank.	2612.		117 25				
June 7	June Pay R.		142 50					
" 11	A. P. Canada				30			
" 13.	So. C. P. M. Final Can. Sec. Loan.	Cash.	3410.	20				
" 27	Bank.	4139		92 50				
July 13	July Pay R.		147 25					
" 16	A. P. Can				30			
" 24	Bank.	5625		117 25				
Aug 5.	Adj. of Pay fr. 1 st 1/8 - 31 st 7/8. Voc 8/15.		61					
"	Bank.	6150		61				
" 14	A. P. Canada				30			
"	Aug Pay R.		178 25					
"	Bank	7235		148 25				
Sept 6.	Sept Pay R.		172 50					
"	A.P. Canada				30			
" 24	Bank	9156		142 50				
Oct 11	Oct. Pay.		178 25					
" 12	A.P. Can.				30			
" 21	Bank	10393		148 25				
" 31	add. outfit allowance 1918		100.					
"	Bank	10840		100.				
	Carried Forward							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 30⁰⁰ ban

Separation Allowance issued. Yes or No.....

1st 66 D Hastings

Pay Hnd pd
2nd 1-75
mess 1st.

Capt

6th 77

D.O. 1421 (Schiff)
4/20/77

Name Magnan
Initials J A
Bank of Montreal

add Outfit allee 1⁹/₁₈ \$100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	Brought Forward							
Nov 19	a-p ban				30			
	Nov Pay R.		192 50					
26	Bank	12542		162 50				
Dec 13	Dec Pay R.		186					
	a-p ban				30			
16	Bank	13770		156				
Jan 16	Jan Pay R.		186					
	a-p ban				30			
18	Dental repairs 10/ list 92 Jan. 20 th 78. No 1249.			2 43				
25	Bank	15556		153 57				
Feb 12	a-p ban				30			
	Feb Pay R.		168					
20	Trasces 7-10 th France	5053					Feb 58.70	
24	Bank	17068		138				
24	Tras allee. 22-29-18	0295					1-16-0	
Mar 15	Mar Pay R.		186					
	a-p ban				30			
24	Bank	18668		156				
Apr 14	Apr Pay R.		180					
	a-p ban				30			
24	Bank	1018		150				
May 13	May Pay R.		186					
	a-p ban				30			
27/6	Tras 16-30 th 19	2622 2105		156			6.2.3 50 ⁰⁰	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

Mess DATE

AUTHORITY

Name

Initials

Bank

C.A.M.C.
1st CCD Hastings

Pay 3⁰⁰
F.A. 7⁵
Mess 1⁰⁰
#47⁵
Pd.

Capt. 16-3-14 From Canada


D.D. #1421 (Self) 1/20-3-14
1917-18

2600
G.M.
Magnan
J. A.
Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
Apr 12	Pd A. 1-31 ³ / ₁₇ Messg 16-31 ³ / ₁₇ Bank	1527		132 25				
Apr 13	Pd A. 1-31 ³ / ₁₇ " 16-31 ³ / ₁₇	500		132 25				
21	Pay Apr R.			142 50				
19	A.P. Can. (2 Mos. Mar & Apr)			80 -	60 -			
28	Bank	3017		82 50				
May 16	Pay May R.			147 25				
16	A.P. Can.				30 -			
25	Bank	6022		117 25				
June 12	A.P. Can.				30 -			
16	Pay June R.			142 50				
22	Bank	7999		112 50				
July 10	Billeting June 17	529					✓ 46-3-3 \$30 ⁰⁰	
July 12	Pay July R.			147 25				
17	A.P. Can.				30 -			
24	Bank	13007		117 25				
Aug 10	Billeting 1-31 ³ / ₁₇	2998					£6.7.5 \$31 ⁰⁰ ✓	
Aug 18	Pay Aug R.			147 25				
16	A.P. Can.				30 -			
23	Bank	17361		117 25				
Sep. 5	Rations 1-31 ⁵ / ₁₇	4466					£2.1.4.	
13	A.P. Can.				30			
19	Pay Sept. R.			142 50				
20	Bank	21814		112 50				
Oct 9	Billeting 1 ⁸ / ₁₇ - 3 ⁹ / ₁₇	6408					£6.19.9 \$34 ⁰⁰ ✓	
16	Pay Oct. R.			147 25				
11	A.P. Can.				30 -	117 25		

ASSIGNED PAY.	UNIT.	RANK.	NAME.
	NAME OF	DATE	AUTHORITY
Beneficiary	1st ced. Hastings Pay 3-	Capt	Name Magnan
Address	3 rd A. 75		Initials J. A.
Amount. \$ 30 ⁰⁰ Canada	Mess. 1-		Bank of Montreal
Separation Allowance issued. Yes or No.....	\$ 475		
	Pd		

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Oct. 16	Cr Bal forward					117 25		
20	Bank	26282		117 25				
Nov 17	Pay Nov R		142 50					
	A. P. Can				30 -			
22	Bank	30773		112 50				
Dec 7	A. P. Can				30 -			
8	Pay Dec R.		147 25					
14	Bank	35096		117 25				
Jan 11	A. P. Can				30 -			
18	Pay Jan R.		147 25					
23	Bank	39459		117 25				
Feb. 9	A. P. Canada				30			
13	Feb. Pay (R)		133					
19	Bank	40990		103				
March 11	A. P. Canada				30			
15	March Pay R.		147 25					
23	Bank	42637		117 25				


**PROCEEDINGS OF AN OFFICER OR NURSING SISTER
 STRUCK OFF STRENGTH
 OF THE
 CANADIAN EXPEDITIONARY FORCE**

W. S. B. CLASS
 23rd
 F

1. RANK	<i>Captain</i>	
2. NAME	<i>Magnan, Joseph Adelman.</i>	
3. UNIT	<i>C. A. M. G.</i>	
4. DATE STRUCK OFF STRENGTH		PLACE
5. REASON	<i>LOS 9-7-19 RO 2081-19</i>	
6. AUTHORITY	<div style="font-size: 2em; font-family: cursive;"> 11-19 # 10 </div>	
7. PROPOSED RESIDENCE		

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Capt. Magnan Joseph A.

26th June 1919 Embarked
 S S Baltic Liverpool.

Disembarked
 JULY 4 1919
 Halifax
KED
5-2-20

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STROCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

1. RANK

2. NAME

3. UNIT

4. DATE STROCK OFF STRENGTH

PLACE

5. REASON

6. AUTHORITY

PROPOSED RESIDENCE

The following persons are recommended for:

1. Discharge from the Expeditionary Force, M. F. W. 21, or as a condition of service, M. F. W. 22.

2. Commencement of service, M. F. W. 23.

3. Medical certificate, M. F. W. 24, or as a condition of service, M. F. W. 25.

4. Transfer to another unit, M. F. W. 26, or as a condition of service, M. F. W. 27.

5. Medical Reserve, M. F. W. 28.

6. Special Reserve, M. F. W. 29.

7. Transfer to the Reserve, M. F. W. 30.

8. Commencement of service, M. F. W. 31.

22nd 11th 1919 Embarked
2nd Battalion Liverpool

22nd 11th 1919
2nd Battalion Liverpool

2

1-A
10-11-1914
C. S. ...
10-11-14

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5003a).
6. Recordings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group..... A-1

Checked by No. 21

..... Cms

Date..... 16-6-19

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

M. OR S. *OK* REGT. NO. _____ RANK *CAPT* NAME (IN FULL) *MAGNAN, Jos. A.*

ORIGINAL UNIT C.E.F. *C.A.M.C.* IF IN P.F. WHAT UNIT? _____ BLOCK LETTERS SURNAME FIRST

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *30.00* DATE EFFECTIVE *1-8-19*

IS SEPARATION ALLOWANCE PAID? *Nil* DATE EFFECTIVE _____

TO WHOM PAID _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED _____ PLACE _____ DATE _____ REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____



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.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
			<i>500</i>		<i>350</i>										<i>13200</i>		<i>29100</i>	<i>28750</i>	<i>1271630</i>	<i>Balance</i>
					<i>76500</i>										<i>900</i>		<i>28750</i>	<i>47750</i>	<i>1527068</i>	<i>War Service Gratuity</i>
															<i>28750</i>		<i>28750</i>	<i>47750</i>	<i>1635114</i>	<i>Other Charges</i>
															<i>15500</i>		<i>15500</i>	<i>32250</i>	<i>1650009</i>	<i>W.S.G.S.A. Total</i>
															<i>150</i>		<i>150</i>	<i>2250</i>		<i>Balance Soldier Dependant</i>
															<i>2250</i>		<i>2250</i>			
																	<i>765</i>			

BALANCE FROM PREVIOUS ACCOUNT

Particulars
Stat 7 from 9/5 on Gen demob posted to disp Stat 7
Adm 21.5.9.8150.00
W.S.G.S.A. Total
Balance
War Service Gratuity
Other Charges
W.S.G.S.A. Total
Balance Soldier Dependant

1271630
1527068
1635114
1650009

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-12-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *Capt.* Promoted *1/ May 17-8-17* Reverted _____ Discharge _____
 Soldier's Name *J. A. Magnan*
 Battalion *A. M. C. I. D # 4*
 Beneficiary *Celina G. Magnan*
 Relationship *Wid. Mother*
 Address *10 Judge Tellier, Joliette, Que*

Name _____
 Address _____
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31.</i>	<i>—</i>	<i>4.21</i> <i>5.01</i>	<i>—</i>	<i>4.21</i> <i>5.01</i>	<i>11656-g-1</i> account closed - Beneficiary died 5/10/17. See File 11656-g-1. <i>B.S. 31/12/17</i> Received \$40 ⁰⁰ by the return of Oct cheque J-20579-40 ³ Refund form # 3097 5-2-18 G Brown
<i>Jan 1918</i>		<i>x40</i>		<i>x40</i>	

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 4004-6-17-1772-39-141
 L. L. 22520-M. & D. 1983.

Date of Enlistment 15-12-16

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

11935

Mar 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

30			
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PARTICULARS OF SEPARATION ALLOWANCE

No.
 Rank *Capt.* Promoted *17-8-17* Reverted Discharge
 Soldier's Name *J. A. Magnan*
 Battalion *A. M. C. 200 #4*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Arthur Magnan*
 Address *Joliette Que.*
 Change of Address
 1
 2
 3
 4

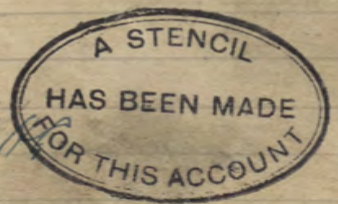
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31.	—	—	300	300	✓
Jan 1918	66514 J		30	30	✓
Feb	72617 G		30	30	
Feb	90021 O		30	30	
April	4558 F		30	30	
May	16830 P		30	30	✓
June	21170 L		30	30	✓
July	29375 J		30	30	✓
Aug.	39241 M		30	30	✓
Sept	4276 S		30	30	✓
Oct	53545 V		30	30	✓
Nov	59134 R		30	30	✓
Dec	62969 Y		30	30	✓
Jan	73227 V		30	30	✓
Feb	78925 T		30	30	✓
Mar	87004 K		30	30	✓
Apr	2960 N		30	30	✓
May	7180 E		30	30	✓
JUN	10615 P		30	30	✓
July	11589 F		30	30	✓
				870	

11646-216. REMARKS

M. F. W. 128
 400M-637-1772-39-1141
 L. L. 22220-M. & D. 7483.

.....A/c Closed 31/9/19
 Ret'd per *Belle*
 Date 4/7/19 P.X. 17/7/19
 Clerk *J. Lavigne*

MR. L. J. 104909. to P. rend. 17/7/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 4004-6-17-177-39-141
 L. L. 22320-M. & D. 1983.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		CAPT	MAGNAN	J.A.
Year	Unit	Age	Service.	
	Edm C	46		
Station and Date.	Disease			
Can. R. X Nov	Arteriosclerosis (hypertension).			
	<u>Family History.</u>	Negative		
	<u>Personal History.</u>			
	Remembers not serious illness prior to enlistment			
	In Nov. 1918. Four day temp. & cough No pneumonia			
	<u>Present Illness.</u>			
	Injured Rt hand in July 1918. It was crushed under a stretcher. Soon after this a flexor contracture commenced in the Rt small finger. This has gradually progressed. About 7 months ago Lt small finger became affected in a similar way.			
	In Sept 1918 noticed that Rt. leg arm ^{Rt.} _{of} face was slightly numb. He fell from the saddle twice because he could not feel the stirrup. In long walks his Rt leg would play out. This condition has persisted off & on ever since. Some weeks he feels quite normal. Some days the affected parts are quite numb. While exposed to bad weather in France he was worse.			

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

Station
and Date.

Examination

N.S. Cranial N's. Rt side of face slightly
dull to light touch.

Deep Reflexes. Left knee jerk
slightly sluggish. No changes in other
reflexes. No Romberg sign. No Babinski
or ankle cl.
Sensation. No evident changes.

C.V.S.

Heart. Impulse diffuse & heaving
Apex beat $\frac{3}{4}$ " outside nipple line.
Systolic murmur in all areas. More
pronounced along left border of sternum.
Not transmitted to axilla

Vessels. Bl. Press 230-140
All palpable vessels are slightly
tortuous, hard & atheromatous.
Pulse 76. Regular. Responds normally
to exertion.

G.U.

No symptoms.

Urinalysis.

26. 2. 19 S. B. C. 150 Q. 100 R.S.D.

Quantity of urine = not increased

Sp. G. two samples - 1.016 & 1.018

Reaction acid.

alb. & casts - 0. Sug. & hct. - 0.

hct. & hct. - nil abnormal

Under 2.19. A.P. now - 195, 110

Rec'd for methods Aathi.

Attendance.
Major canal

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION RIPON DATE 30-5-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank CAPT
 (d) Surname MAGNAN (e) Christian name JOSEPH ADENMAR
 (f) Home address 27 ST. FAMILIÈRE MONTREAL P.Q.
 (g) Next of Kin ARTHUR MAGNAN (h) Relationship SON
 (i) Address of Next of Kin JOSEPHETTE P.Q.

2. Age last birthday 46 Date of birth AUGUST 21st 1872

3. Enlistment, or Appointment (if an Officer) (a) Place MONTREAL (b) Date 15-12-16

4. Personal description:

(a) Height 5' 9" (b) Weight 170 lbs (c) Complexion DARK
(stripped)
 (d) Colour of hair BROWN (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. NIL

5. Former trade or occupation PHYSICIAN

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>2</u>	Days <u>167</u>
---	-------------------	--------------------

	PERIODS	
	From	To
Canada	<u>15-12-16</u>	<u>1-3-17</u>
England	<u>1-3-17</u> <u>11-2-19</u>	<u>15-6-18</u> <u>present</u>
France or other theatres of War	<u>15-6-18</u>	<u>11-2-19</u>

7. Original disease, or injury (A) ARTERIO-SCLEROSIS
(B) INJURY TO FLEXOR TENDON FIFTH FINGER
RIGHT HAND

(a) Date of origin (A) 1912 (b) Place of origin (A) CANADA
(B) 1918 (B) FRANCE
 (c) Cause (A) CONDITIONS OF CIVIL LIFE
(B) CONDITIONS OF ACTIVE SERVICE

FALSE DOCKET

10

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

- A (ARTERIO-SCLEROSIS) PARTIAL LOSS OF FUNCTION OF CARDIO-VASCULAR SYSTEM
- B (CONTRACTION OF FLEXOR TENDON FIFTH FINGER RIGHT HAND) PARTIAL LOSS OF FUNCTION FIFTH FINGER RIGHT HAND

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

A Objective: officer appears fairly healthy and well nourished heart is not enlarged, no murmurs, but some roughening of mitral systolic, arteries are fairly hard and tortuous. B.P. systolic 150, Diastolic 100

B Objective: officer fifth finger right hand is contracted into position of 90° flexion due to contraction of flexor tendon. it is slightly tender to touch, but not painful grip of finger is 1/2 normal.

A Subjective: officer says that to walk a mile and one half cause him to be tired out and has to rest, at a slow pace he can walk 7 miles says he cannot exert himself or exercise violently at all says he has an occasional dizzy spell.

B Subjective: officer complains of partial loss of movement and of weakness of fifth finger right hand.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System NO Cardio-Vascular System NO Genito-Urinary System NO
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses NO Respiratory System NO Integumentary System NO
- Disturbances of Mentality NO Digestive System NO Muscular System NO
- Osseous and Joint Systems NO Any other general condition NO

officer has a tend-synovitis of flexor tendon fifth finger left hand, is not a disability

10. (a) History (of the condition referred to in Section 9 (a).)

A Documents show officer had a slight attack of right hemiplegia in July 1918, did not report sick. officer states he now feels O.K. as regards this. Boarded CD 19-3-19

B officer states he had his hands injured while in France and that since that time tendon flexor of fifth finger right hand have contracted up as noted in 9A

10.—(b) Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a.)

nil

(c) Here give a description of wounds, scars and deformities.

nil

11.—(a) Did the disabling condition have its origin before enlistment? (A) yes (B) no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(A) yes, as he was never troubled until 1918.
 (B) N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (A) no (B) no

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (A) + (B) permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

(A) Hospital treatment two weeks in officers hospital London and at Mather's batt
 (B) N.A.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (A) no (B) no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? (A) yes (B) yes
(If not, briefly state why)

17. Recommendations *cd*

A. A. Morrison capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *J. A. Magman* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J. A. Magman
Signature of invalid examined.
B. P. O. FOLIO
EXAMINE DOCKET
Rank
9

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

g/w.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- | | | |
|--------------|-------------|---------------------|
| (Category A) | (Yes or No) | <i>no permanent</i> |
| (" B) | (Yes or No) | <i>no permanent</i> |
| (" C) | (Yes or No) | <i>no permanent</i> |
| (" D) | (Yes or No) | <i>no permanent</i> |
| (" E) | (Yes or No) | <i>no permanent</i> |

20. It is certified that the invalid

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

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. ~~It is recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)

*Boarded for return to Canada
Auth. A.G. 1A/8-1-155 dated 4-1-19*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

Ripon

DATE

30-3-19

W.H. Wilson Capt. President.
W. Post captain

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE

DATE

Members

APPROVED BY

E. Shoultice

APPROVED BY

Assistant Director of Medical Services.

CAPTAIN, C.A.M.C.
FOR A.D.M.S., CANADIAN TROOPS,
RIPON CAMP, YORKS.

30 MAY 1919

I concur in the findings of the Board of Medical Officers here recorded.
DATE
W.H. Wilson
Captain, D.A.D.M.S. for D.M.S. Canadians.

208 9-7-19 RO 2081-19

THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Reservist Bath DATE 19-3-19

1. 1 (a) Unit C. I. M. C. (b) Regimental No. — (c) Rank CAPT.
 (d) Surname MAGNAN (e) Christian name Joseph H. ALDENMAR
 (f) Home address 27 St. Famille, Montreal P.Q.
 (g) Next of Kin Arthur Magnan (h) Relationship son
 (i) Address of Next of Kin Joliette, P.Q.

2. Age last birthday 46 Date of birth Aug. 21, 1872

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 10-12-16

4. Personal description:
 (a) Height 5' 7" (b) Weight 175 (Est.) (c) Complexion dark
(stripped)
 (d) Colour of hair dark brown (e) Colour of eyes brown (f) Identification marks, Scars, etc.

5. Former trade or occupation Physician

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>2 3/12</u>	<u>4</u>

	PERIODS	
	From	To
Canada	<u>15-12-16</u>	<u>1-3-17</u>
England	<u>15-3-17</u> <u>11-2-19</u>	<u>15-6-18</u>
France or other theatres of War	<u>15-6-18</u>	<u>11-2-19</u>

(Officers statement)

7. Original disease, or injury ARTERIO SCLEROSIS

(a) Date of origin Montreal To Hosp. 17.2.17 (b) Place of origin Canada? Eng.

(c) Cause Unknown Age 3

B. P. C. FOLIO
 FALSE DOCKET
H

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Arterio-sclerosis)

Moderate bodily weakness and inability to do work requiring heavy labor.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition fairly good. Good color and well nourished. No loss of weight. Urinalysis negative. S.G. 1022. No signs of any hemiplegia. Reflexes normal (knee jerk and pupillary).

Heart—Sharp strong beat, faint systolic murmur at apex not transmitted. Pulse rate 75.

Arteries—Tortuous and hard. Blood pressure $\frac{186}{100}$. No headaches nor dizziness, not displaying any cardiac symptoms. Feels well and is of active habits. Sleeps well and good appetite.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... *no* Cardio-Vascular System..... *no* Genito-Urinary System..... *no*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... *yes* Respiratory System..... *no* Integumentary System..... *no*
Disturbances of Mentality..... *no* Digestive System..... *no* Muscular System..... *no*
Osseous and Joint Systems..... *no* Any other general condition..... *no*

Condition of long-sightedness in both eyes present since childhood and corrected by glasses

10. (a) History (of the condition referred to in Section 9 (a).)

Reported to V. M. D. Landon 17-2-19. Refers several slight evidences of old R. hemiplegia & high B. tension 210/130. Ad. to C.R. C.O.H. 18-2-19. on recommendation of Col. Rudolph for "Old hemiplegia" because of some numbness of R. leg & some weakness. In Sept. 18 distinct itato he noted that R. face and leg were slightly numb & this has persisted off & on since B.P. 230/140. Urinal. & other routine tests urine negative. Improved generally B.P. 2-3-19 = 195/110. Total C.O.H. 5-3-19. Pt. has long-standing contractures both hands dating he states from injury to R. hand in July '15. Feeling very good.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

no

(c) (Here give a description of wounds, scars and deformities.)

nil.

11.—(a) Did the disabling condition have its origin before enlistment? *to not indeed*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Six months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Rest, tonic baths and K.I.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *Yes*
(If not, briefly state why)

17. Recommendations

This officer although he has an aortic arterio-sclerotic condition presents no subjective symptoms, feels well and should be able to carry on at sedentary work which he desires to do.

J. J. Cannon Capt Comd
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

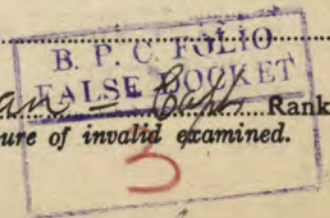
I, the undersigned *Capt. J. A. Maahan* have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J. J. Cannon
Lieut. Col. Comd.

J. A. Maahan

Rank. *Det.*
Signature of invalid examined.



4
OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

The board concurs

19. Is the invalid fit for

- | | | | |
|--|--------------|--------------------------|-------------------|
| (a) General service, | (Category A) | (Yes or No.) | <i>no sig. no</i> |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) | <i>no sig. no</i> |
| (c) Home service (Canada only), | (" C) | (Yes or No .) | <i>yes C</i> |
| (d) Temporarily unfit. | (" D) | (Yes or No.) | <i>J.N.A</i> |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | |

20. It is certified that the invalid

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

- (b) Does not require treatment.
 (c) ~~Should pass under his own control~~
 (d) ~~Should not pass under his own control~~
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

He is fit for home service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *C.C.H. Metlak Bulk*
 DATE *19-3-19*

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....
 DATE.....
 APPROVED BY.....

I concur in the findings of the Board of Medical Officers here recorded.
[Signature] President
[Signature] Members
 Captain, D.A.M.S. for D.M.S. Canadians,
 Director-General of Medical Services.

[Signature] Assistant Director of Medical Services.
 DATE.....

DATE.....

Capt. Magnan J. A.

Came

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
12.3.19	Came Cas Coy		Iss. from came France	St. Cliffe	12.3.19	Pl II No. 66
28.3.19	do.		Iss. to J.C. St. H. Buxton	do.	25.3.19	Pl II No. 74
			<i>Magnan</i>			Capt.
			OC came Cas Co.			
31-3 18-4-19	OCAC	# 19	Iss. from came Cas Coy	Burton	25-3-19	
18-4-19	"	# 23.	S.O.S. on posting to ADMS Ripon		16-4-19	
16-6-19		23rd. CAN. RES. BN.	TAKEN ON STRENGTH	Ripon	16-6-19	B.P. II. C. No. 144
		23rd Can. Res. Bn.	D.P.-20. No. 144		15/6/19	Ripon
			Struck off Strength on proceeding to Canada			
26th June 1919	Embarked					
S S Baltic Liverpool.						

MAJOR, C.A.M.C.
FOR C.O., GRANVILLE CANADIAN SPECIAL HOSPITAL
BUXTON, DERBYSHIRE.

Magnan
Capt. & Adjt.
23rd Can. Res. Bn.

CAPTAIN & ADJUTANT,
No. 16 TRAN ATLANTIC,
CONDUCTING STAFF,
O, E, F.

Nothing to be written in this margin.