

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|--|---|
| 1. What is your surname?..... | McCarty |
| 1a. What are your Christian names?..... | George Everett |
| 1b. What is your present address?..... | 884 Durocher Av. Outremont Que. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Montreal Que. Canada |
| 3. What is the name of your next-of-kin?..... | Mrs. H.L. McCarty |
| 4. What is the address of your next-of-kin?..... | 884 Durocher Av. Outremont, Que. |
| 4a. What is the relationship of your next-of-kin?..... | Mother |
| 5. What is the date of your birth?..... | March 24th. 1899. |
| 6. What is your Trade or Calling?..... | Clerk |
| 7. Are you married?..... | No |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes |
| 9. Do you now belong to the Active Militia?..... | No. |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | 3rd. Battery C.F.A. XXXXXXXXXXXX ²⁻⁴⁻¹⁹¹⁶⁻¹⁶⁻³⁻¹⁹¹⁸ |
| 11. Do you understand the nature and terms of your engagement?..... | Yes |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. | No |
| 14. If so, what was the nature of the disability? .. | Not applicable |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | No |
| 16. If so, what was the reason?..... | Not Applicable |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Everett McCarty solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date February 16th 1918. George Everett McCarty (Signature of Recruit)
Allen [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Everett McCarty, 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 February 16th 1918. George Everett McCarty (Signature of Recruit)
Allen [Signature] (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 sixteenth day of February 1918.
[Signature] (Signature of Justice)

Description of Pte. George Everett McCarty on Enlistment.

Apparent Age 19 years 6 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. 5 3/4 ins.

Chest measurement: Girth when fully expanded 32 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Light Brown

Hair Dark Brown

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

R. D. =	<u>20</u>
L. D. =	<u>20</u>
R. EAR	<u>24</u>
L. EAR	<u>24</u>

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.

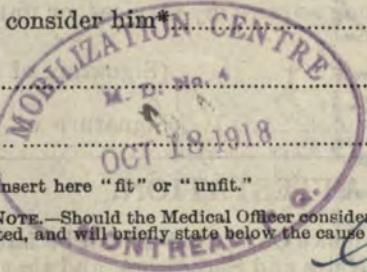
I consider him fit for the **Canadian Over-Seas Expeditionary Force.**

Date 1918

Place Montreal

*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.



Declared **FIT** by **MEDICAL BOARD**
MOBILIZATION CENTRE, M. D. #4

[Signature]
 Medical Officer

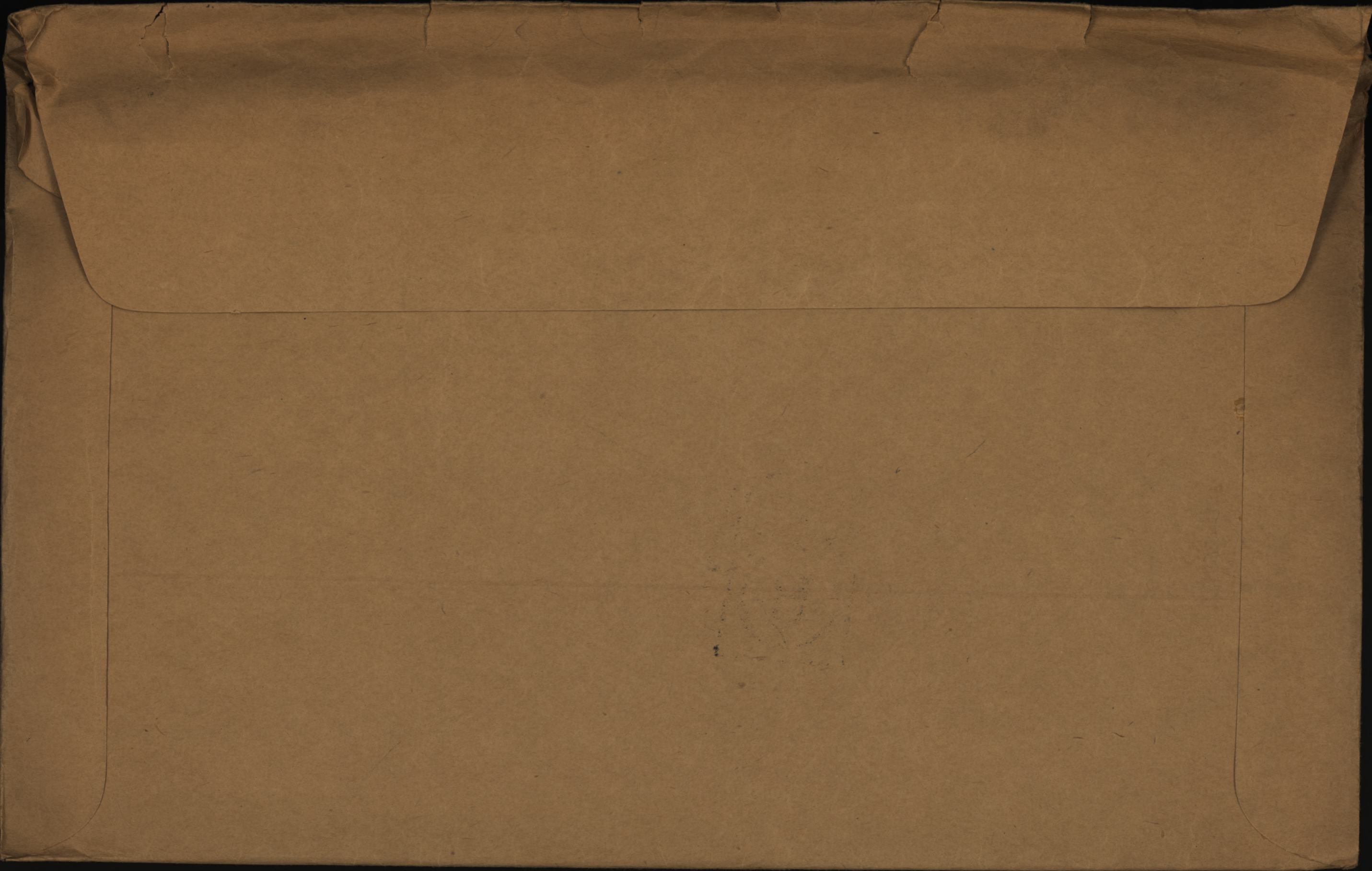
"C" Fit for Service in Canada only.

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Everett McCarty 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] Colonel (Signature of Officer)
 O. C. A. S. C. Unif M. D. 4.

Date DEC 14 1918 1918



16
5
30

REMARKS:

H. O. M. D. No. 4
 Surname *McCarthy* T. O. S. 19
 Christian names *George Everett* D. O. Pt. II of
 Regt. No. *1284 36 4* Rank *Ot.* S. O. S. *Disc 28/6/1919*
 Unit *C. A. S. Co. Ser. Coy.* Reason *M.W.*
 Auth. *DO 181-187 100-679 67119*

#46986

Next of Kin *McCarthy Mrs J L* Relationship *Mother*
 Address *884 Durocher Ave* Also notify :
Montreal P.Q.
Durham P.Q.

BORN-Place *Canada, Montreal P.Q.* Date *Mar 24th 1899*
 ATTESTED-Place *Montreal, P.Q.* Date *Feb 16th 1918*

O/S R/C

NAME *Watkins Alfred Herbert*

RANK & No. *Pte (C Co)*

CORPS *49th Battalion*

ENLISTMENT, PLACE *Edmonton* DATE *Jan. 3rd 1915*

FORMER CORPS *Nil*

COUNTRY OF BIRTH *England Reading*

NEXT OF KIN *Watkins Harry (Father)*

ADDRESS OF NEXT OF KIN *Spencers Wood W Reading Berks Eng.*

DISCHARGE, PLACE _____ DATE _____

43 2238

*Comp Letton's Lane
L. Brown & Sons
L. Brown & Sons*

supp card 8.3.21

649-M-50798.

McCarthy

✓
McCarthy
✗

✓
G.R.
✗

✓ # 1284364 Pte. C.A.S.C. ✓

Meds. & Decs.

Mother

Mrs. Mary McCarthy
884 Durocher Ave.
Montreal, Que.

P. & S.

Mother

Same as above.

Mem. Cross

Mother

Same as above.

Canada only
28

43291

B-

in Canada

M

64.1465

JAN 17 1921

1004

1870
JAN 10

1870
JAN 10

DEPT. HIST. & GEOG.

CASE HISTORY SHEET

STE. ANNE'S MILITARY Hospital.

STE. ANNE DE BELLEVUE Station.

No. **1284364** Rank **Pte.** Name **McCarty G.E.** Age **20**

Unit **C.A.S.C.** Completed years of service **0** Where and how long **0. 14/12**

Date of admission **13-3-19.** Date of discharge **27.6.19**

Diagnosis **Goitre** Place of origin **Canada.**

CONDITION ON ADMISSION AND PROGRESS OF CASE

COMPLAINT: Swelling of neck, shortness of breath precordial pain on exertion.

HISTORY: First noticed swelling of throat in November 1916, but at that time had no symptoms. Last August 1918, he noticed that he was short of breath and that any exertion such as running caused palpitation and often precordial pain. He readily became tired. Seems to be of nervous disposition. **Present Condition:** Well nourished, fairly well developed, of nervous disposition. Both lobes of thyroid and isthmus enlarged. Right lobe larger than left. Swelling soft but shows no fluctuation. No evidence of exophthalmos no gastric symptoms. No bruit heard on auscultation. Marked tremor of lips and hands.

9-4-19 Operation, right lobe of thyroid and isthmus removed.
15-4-19 Stitches removed condition excellent. 30-4-19, Condition good.
15-5-19 Condition good, toxic symptoms rapidly subsiding. Has had no pains over praecordia or palpitation since operation. Dyspnoea not so distressing.
30-5-19 Condition showing steady improvement. 10-3-19, Able to run now without showing much dyspnoea. 23-6-19 Condition greatly improved, as compared with condition prior to operation. Neck measurement before operation 16" now 15". Tremor of tongue, lips and hands greatly lessened. No palpitation or praecordial pain. Feeling much stronger and can now run 100yds without any very marked dyspnoea.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)
One sister has small goitre but no symptoms.
One brother has small goitre but no symptoms.
One brother, age 23, had large goitre operated on twice.

TREATMENT

(Especially any specific or special form)
Partial Thyroidectomy right lobe removed.
April 9/1919.

CONDITION ON DISCHARGE

(and disposal made of case.) Discharge under M.F.B. 227.

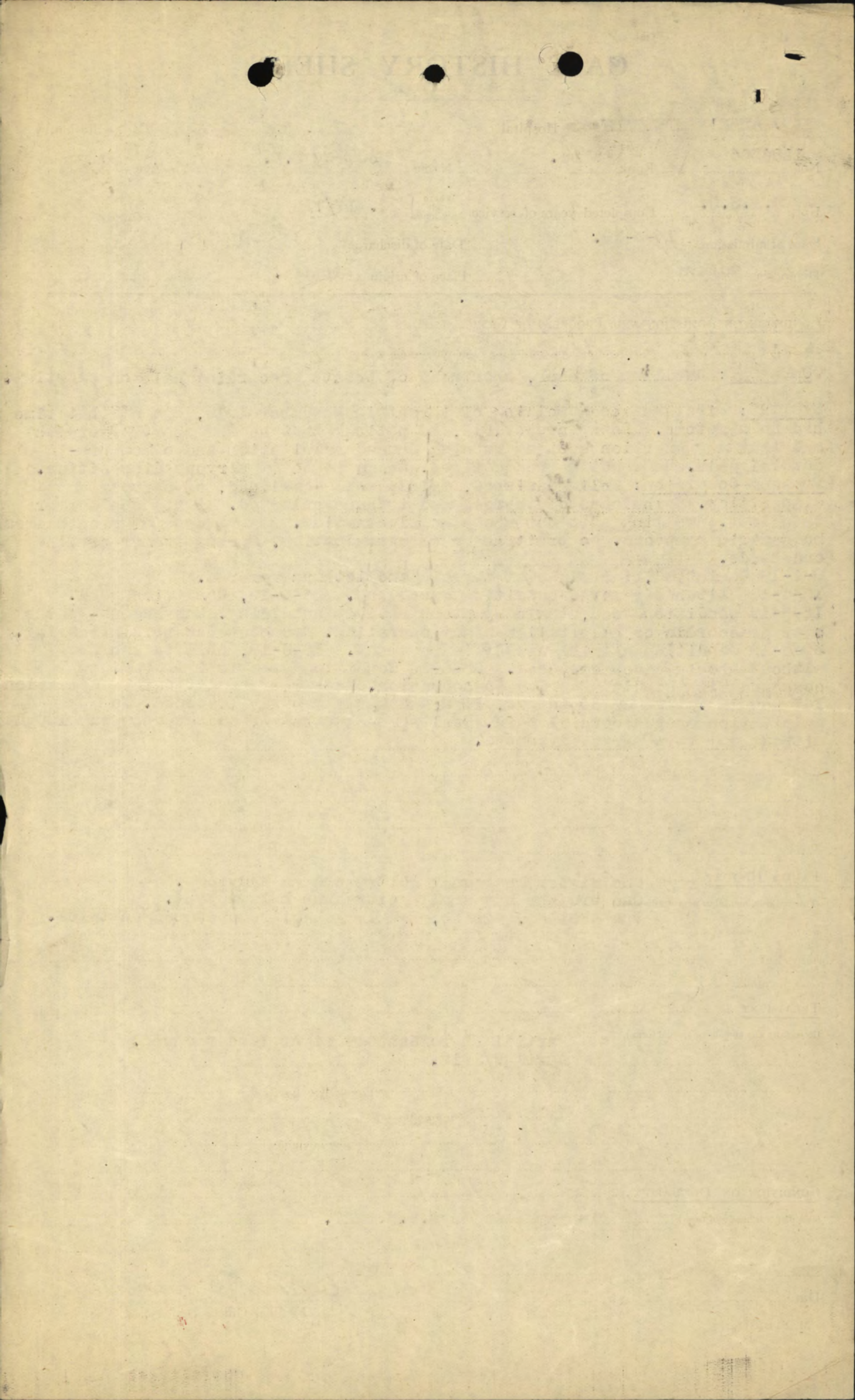
Date.....

C. G. Clements
Medical Officer i/c case.

GALVESTON SHEET



1



Aug. 7th, 1919.

Rank Private. Date of att. Feb. 16th. 1918.
Regimental Number 1884366 Date of Discharge June 29th. 1919.
Unit No. 4. C.A.S.C. Service Comp. M.D. No. 4.
Name McCARTY George Everett.
Address 884 D rocher Street Outremont, Quebec.
B.P.C. District Office Montreal B.D. No. 4.

Attestation Form:-

Weight on enlistment: 115 pounds
Marks of Identification: Linear Scar anterior neck Vaccination
mark left arm.
Rank at attestation: Private.

Casualty Form:-

Disability: Sotire Present on Enlistment.
Hosp. 78 days.

Misc.: Nil

Conduct:-

Veneral diseases Nil
Conduct: Good
Self inflicted wound: Nil

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

DATE

June 24/19

Reg. No.

1284364

RANK

Private

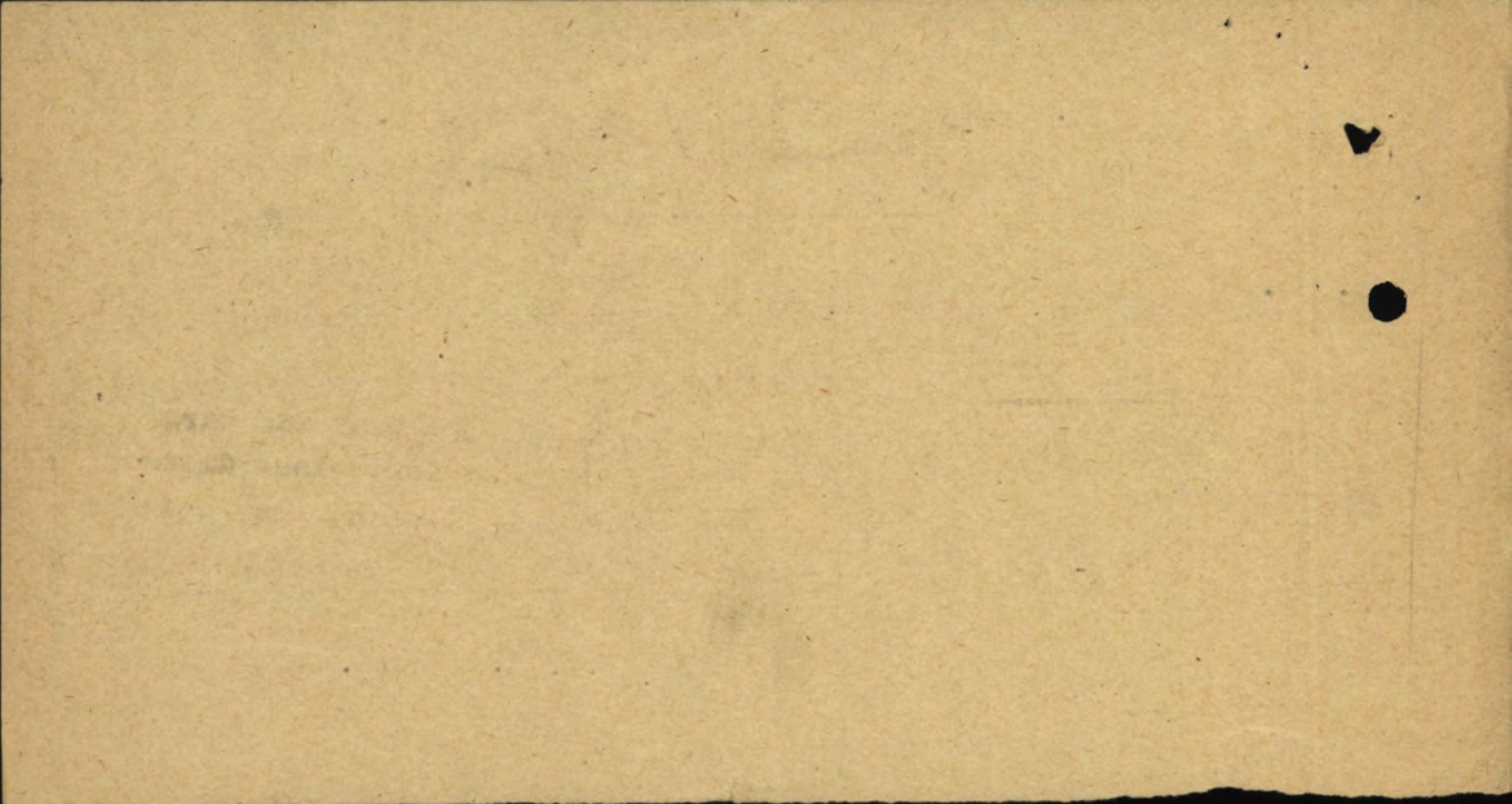
NAME

McCarthy W.E.

THIS IS TO CERTIFY THAT THE marginally
NAMED MAN IS FREE FROM VENEREAL DISEASE,
VERMIN AND TRANSMISSABLE SKIN DISEASE.

C. G. Clements Lieut

M.O. i/c Case.



CASE HISTORY SHEET.

Hospital: St Ann's Mil. Station: St Anne de Bellevue
 No. 1284364 Rank Pte Name Mcarty G. E. Age 20
 Unit CASH Completed years of service 6 Where and how long 14 E. 12
 Date of admission 13-3-19 Date of discharge 27.6.19
 Diagnosis Goitre Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints - Swelling of neck shortness of breath and pre-cordial pain on exertion.

History. First noticed swelling of throat in November 1916 but at that time had no symptoms. Last August 1918 he noticed that he was short of breath and that any exertion such as running caused palpitation and often pre-cordial pain. He readily becomes tired. Seems to be of nervous disposition.

Present condition

well nourished fairly well developed of nervous disposition.

Both lobes of thyroid and isthmus enlarged right lobe larger than left swelling soft but shows no fluctuation. no evidence of

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

exophthalmos no gastric symptoms. No bruit heard on auscultation. Mented tremor of legs & hands

- One sister has small Goitre but no symptoms
- One brother has small Goitre but no symptoms
- One brother age 23 had large goitre operated

TREATMENT.

on twice

(Especially any specific or special form.)

Partial Thyroidectomy right lobe removed Apr. 9/1919

CONDITION ON DISCHARGE.

(and disposal made of case.)

Discharge under M.D.B. 227

Date.....

C. J. Clements
Medical Officer i/c case.

(9/4/19. Operation right lobe of thyroid
and isthmus removed.)

15/4/19. Stitches removed condition excellent.

(30/4/19. condition good.)

(15/5/19. condition good toxic symptoms rapidly
subsiding. Has had no pains over
praecordia or palpitation since
operation. Dyspnoea not so distressing.

30/5/19. Condition showing steady improvement

10/6/19. Able to run now without showing
much dyspnoea.)

(23/6/19. Condition greatly improved as
compared with condition prior
to operation.

Next measurement before operation
"16" now "15"

Tremor of tongue lips & hands
greatly lessened.

No palpitation or praecordial
pain.

Feeling much stronger and
can now run 100 yards with-
out any very marked dyspnoea.

C. G. Clements Junr

CASE HISTORY SHEET.

Military Hospital. St Anne de Bellevue Station.
 No. 1284364 Rank Plt. Name McCarty, G. E. Age 20
 Unit CASE M04 Completed years of service 0-13/12 E. - 7- F. -
 Date of admission 13-3-19 Date of discharge 27.6.19
 Diagnosis Goutte Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints (1) Swelling of throat (2) Shortness of breath, (3) Palpitation, pre cordial pain on exertion.

Personal history.

no other serious illness

Family history.

one brother operated upon for goutte in 1917 re-operated upon March 1918 no recurrence of symptoms, one other brother and sister have small gouttes no marked symptoms.

father dead 15 yrs ago peritonitis, mother alive and well no evidence of goutte.

History Present Illness

In Nov. 1916 he first noticed that his throat began to swell, but there was no distressing symptoms, this swelling gradually increased in size, till about five months ago when he began to suffer from shortness of breath and pre cordial pain with palpitation on exertion. Lives very easily states that he is played out at the end of the day.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

Present Condition

Is only a fairly well developed man of stated age looks pale. States that the nervous system startled by any unexpected noise, can

TREATMENT

(Especially any specific or special form.)

walk for two miles without being tired, but any sudden exertion such as running up stairs causes palpitation, and dizziness

throat Both lobes of thyroid and isthmus are greatly enlarged. Measurement about thyroid cartilage 14" round middle of lobes 15 3/4"

CONDITION ON DISCHARGE.

(and disposal made of case.)

At lobe larger than l. Swelling is soft but not fluctuating, on auscultation no bruit can be heard, no evidence of exophthalmos, nor fine tremor of fingers

Stellwag and Mobius, and Von Graefe's sign absent.

Medical Officer i/c case.

Weight 12/3/19 - 126 $\frac{1}{4}$ lbs.
17/3/19 - 125 $\frac{1}{4}$
24/3/19 125 $\frac{1}{4}$
31/3/19 127 $\frac{3}{4}$

Circulatory System

Pulse 80 regular vol and tension good.
Heart P.M.I. seen and felt in 5th space
3 $\frac{1}{2}$ " from m.s.l. apex beat heavy in
character, R.C.D. within normal limits
on touching tabs 10 times. pulse rate increased
to 120 returns to normal in two minutes.
R. 24, 1st sound ~~soft~~ ^{systemic murmur} at apex, A & P₂
at base accentuated.

Respiratory System.

Crackles in sub clav. regions
Expansion equal and ample.
Lungs resonant throughout V.F. and V.R.
unchanged
Breath sounds roughened A over anterior
upper lobe.

19-3-19 neck. around 14 1/2"

13/3/19 urinalysis: acid
albumin: 0
sugar: 0
S.G. 1034
misc: nil.

~~3/4/19~~ - administered dose and
report on clinical chart.

Transferred to surgery.

Conductor F. P. Smith M.D.

CASE HISTORY SHEET.

STE. ANNE'S MILITARY Hospital.

STE. ANNE DE BELLEVUE Station.

No. 1284364 Rank Pte. Name McCarty G.E. Age 20

Unit C.A.S.C. Completed years of service ^{Where and how long} } C. 14/12

Date of admission 13-3-19. Date of discharge 27.6.19

Diagnosis Goitre Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

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FAMILY HISTORY One sister has small goitre but no symptoms.
(Tuberculosis, mental or nervous diseases) One brother has small goitre but no symptoms.
One brother, age 23, had large goitre operated on twice.

TREATMENT
(Especially any specific or special form) Partial Thyroidectomy right lobe removed.
April 9/1919.

CONDITION ON DISCHARGE
(and disposal made of case.) Discharge under M.F.B. 227.

Date..... *C. G. Clements*
Medical Officer i/c case.

CASE HISTORY SHEET

1. Name of patient: _____
2. Date of admission: _____
3. Age: _____ Sex: _____
4. Referring physician: _____
5. Presenting complaint: _____
6. History of present illness: _____
7. Past medical history: _____
8. Family history: _____
9. Social history: _____
10. Physical examination: _____
11. Laboratory and diagnostic studies: _____
12. Course of illness: _____
13. Discharge diagnosis: _____
14. Discharge date: _____
15. Discharge instructions: _____

16. Progress notes: _____
17. Medication list: _____
18. Diet and activity restrictions: _____
19. Patient education: _____
20. Follow-up plan: _____
21. Referral to other services: _____
22. Patient and family response: _____
23. Nurse's assessment: _____
24. Nursing interventions: _____
25. Outcome of care: _____

26. Additional notes: _____
27. Signature of nurse: _____
28. Date: _____
29. Signature of physician: _____
30. Date: _____
31. Hospital name: _____
32. Address: _____
33. Phone number: _____
34. Fax number: _____
35. Website: _____

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
200M-3-19 (D.P. 254).
1772-39-903 (9986).

LAST PAY CERTIFICATE

Regimental No. 1284364 Rank Private Name McCarty, Geo. E.
(Surname first)
Unit No. 4 Det. C.A.S.C. Service Co'y who was* Discharged
On 28th June 1919 to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st June to 28th June 1919
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		4 10
Regimental Pay..... 30 days at \$ 1 c. 00		30 00
Field Allowance..... 30 days at \$ c. 10		3 00
Separation Allowance.....		
Clothing Allowance.....		35 00
War Service Gratuity <u>1st months W.S.G.</u>		70 00
*Other Credits <u>3 days Subs. @ 80¢</u>		2 40
<u>Subs. granted while on leave from Hosp.</u>		
<u>17-5-19 to 17-6-19 Authy D.O. No. 188-194-32 days @ 80¢.</u>		25 60
Advances <u>Ch. No. 172 116.00</u>	116 00	
Separation Allowance and Assigned Pay Cheque No. <u>--</u>		
*Other Charges <u>R.M. Stores</u>	2 63	
<u>2 days Pay & Allee</u>	3 80	
Balance on transfer or on discharge, cheque No. <u>235</u>	47 67	
Total	170 10	170 10

*Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of
Assigned Pay for the month of Nil..... 191..... }
and Separation Allee. for month of Nil..... 191..... } (to) Assignee.....
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment... 16-2-1918..... married or single.....
(2) Separation Allowance, entitled or not... Not..... (3) Reason for discharge... Demobilization
(4) Authority for discharge ~~or transfer~~... R.O. 1420.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date July -1919
Place Montreal

[Signature]
Paymaster
No. 4 Det. C. A. S. Service Co'y

N.B.—(A) This form is to be used for all ranks (vide Articles 122 and 130) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

MEDICAL HISTORY SHEET

Surname McCarty, Christian Name George Everett

Examined { on _____ day of _____ 1911
 { at _____
 Birthplace { City or Town _____
 { County _____

MOBILIZATION CENTRE
 M. D. No. 4
 Approved by Wm Arthur Cuff
 Rank per M.O.
 FEB 15 1918
 MONTREAL, P. Q.

Apparent age _____ M.O.
 Trade or occupation _____ M.O.
 Height 5 feet 3 3/4 Inches M.O.
 Weight 115 lbs. M.O.
 Chest measurement { Minimum 29 inches M.O.
 { Maximum expansion 31 inches M.O.
 Physical development Good M.O.
 Small-pox Marks None M.O.

Vaccination Marks { Arm Right Left
 { Number 1
 When Vaccinated last Child. M.O.

(a) Marks indicating congenital peculiarities or previous disease Goitre M.O.

(b) Slight defects but not sufficient to cause rejection _____ M.O.
 _____ M.O.
 _____ M.O.

R. D. = 20
 L. D. = 20
 R. EAR OK
 L. EAR OK

Enlisted on _____ day of _____ 1911 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>1284364</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>1912/15</u>	<u>marked</u> <u>pharyngitis</u>	<u>E 4-</u> <u>Alimentary</u> <u>cap</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.

H. C. H. H. 24/6/19 Disability following E. J. Good
 M. A. S. 390M.—1-17. H. Q. 1772-39-439.

A. S. C. UNIT M. D. 4
MILITARY SERVICE ACT, 1917.

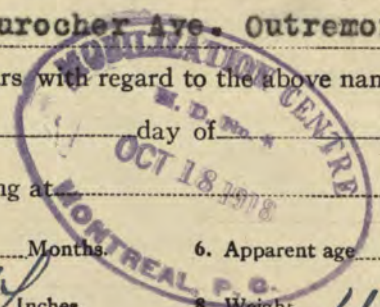
MEDICAL HISTORY SHEET.

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 McCarty Christian name Pte. ~~XXX~~ George Everett
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)..... 884 Durocher Ave. Outremont, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the _____ day of _____ 1917, by the undersigned medical board sitting at _____

5. Age as stated 18 Years 11 Months
6. Apparent age _____ Years _____ Months
7. Height 5 Feet 6 3/4 Inches
8. Weight 115 Pounds
9. Chest measurement { Minimum 34 Ins. Maximum 32 Ins.
10. Complexion Fair { Eyes Brown Hair Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks Yes
13. Number of vaccination marks { Right arm _____ Left arm one
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....



Signature of Man
George Everett

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
 (Strike out disease admitted or suspected.) Goitre

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C1

Guillaume Massé President.
Mercabau Member.

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

Joined 16th day of February 1918 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....	<u>Inf. Co. 1st</u>	<u>1284366</u>		<u>22.6.18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1284364 (Rank) Private,

Name (in full) McCarty, George Everett, enlisted in

the No. 4. C. A. S. C., Service Company, M.D., No. 4.

CANADIAN EXPEDITIONARY FORCE at Montreal, Quebec. on the Sixteenth,

day of February, 19 18.

HE served in Canada

and is now discharged from the service by reason of Medically Unfit.

Routine Order No. 1420. and 1894.

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

Age 20 years 3 months.

Height 5 feet 5 1/2 inches.

Complexion Fair.

Eyes Brown.

Hair Dark Brown.

Marks or Scars

Linear scar anterior neck.

Vaccination mark left arm.

gd E. McCarty
Signature of Soldier

W. J. Stewart
Issuing Officer

C O L O N E L.
Rank

Date of Discharge June 28th, 1919.

O.C. 4. CASC Service Coy., M.D. 4.
Appointment

Signed at Montreal, Que. this Twenty-eighth day of June, 19 19.

in Military District No. Four.

File Reference No. 4.D. 22-N

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

#4 C. A. S. C.,
Service Company

JUN 28 1919

Mil Dist. No. 4

227 #179 182 26-6-19

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.	1284364.
Rank	Private.
Surname.....	McCarty,
Christian name	George Frank Everett.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No.4. CASC Service Company, M.D., No.4
Date of discharge	Montreal, Que.
Place of discharge	28th June, 1919.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age.....	20.....years.....3.....months.	
Height.....	5.....feet.....5 $\frac{1}{2}$inches.	Linear Scar anterior neck.
Complexion	Fair.	Vaccination mark left arm.
Eyes	Brown.	
Hair	Dark Brown.	
Trade	Book-Keeper.	
Intended place of residence (To be given as fully as practicable.)	884 Burocher St. Outremont. Quebec.	

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

Authority for discharge **R.O.1420 and 1894.**

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

Good

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

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

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:

N--I--L.

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

6. Medals and Decorations.....

N--I--L.

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......

H. G. Stewart Colonel.....

(Date).....28th June, 1919......

Commanding 4. CASC Service Coy......

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......

S. E. Kelly (Signature of Soldier.)

(Date).....28th June, 1919......

(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)..1 years 138 ys.

Total 1 years 138 days.

11. Confirmation of Discharge.

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

(Place).....Montreal, Que......

H. G. Stewart Colonel.....
(Signature) No. 4. CASC Service Coy. M.D.4.

(Date).....28th June, 1919......

Reservations referred to in Part 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.

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

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.

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

REGT. No. 1284364 RANK *P-6*

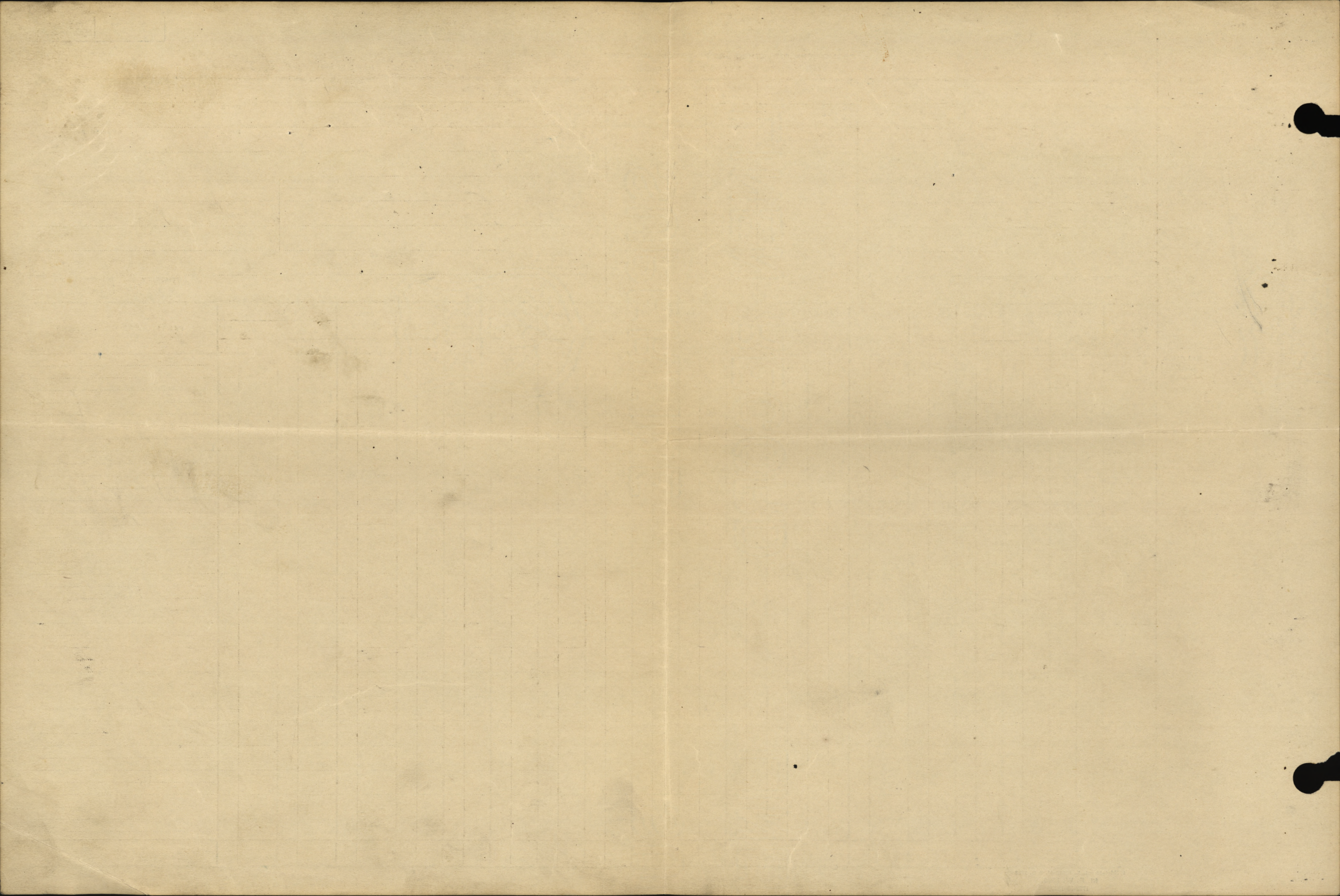
NAME (IN FULL) *McCarthy G. E. Jr* (BLOCK LETTERS SURNAME FIRST) *McCarthy*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>Subs. S.O.S.</i>	<i>28-6-19</i>	<i>C.A.S.C. - D.O. 182</i>	<i>L.A.S.C.</i>	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE
<i>No</i>					<i>No</i>	<i>16-2-18</i>
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP
ADDRESS					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY P.F. NO. IF ENTITLED TO POST DISCHARGE PAY
					<i>Montreal</i>	<i>28-6-19 Demobilization C.A.S.C. D.O. 182</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
<i>1919</i>																	
<i>April</i>	<i>30</i>	<i>1.10</i>	<i>33.00</i>	<i>24.00</i>				<i>57.00</i>	<i>169-28</i>	<i>30.00</i>	<i>27.00</i>		<i>57.00</i>				<i>Substance</i>
<i>May</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>36.00</i>				<i>34.10</i>	<i>2287-12</i>	<i>30.00</i>			<i>30.00</i>				<i>Substance</i>
<i>June</i>	<i>30</i>	<i>1.10</i>	<i>33.00</i>	<i>2.40</i>				<i>14.04</i>				<i>2.63</i>	<i>2.63</i>				<i>Disc. in Hosp. 27-6-19</i>
<i>July</i>				<i>25.60</i>				<i>25.60</i>	<i>235-14</i>	<i>1.16</i>	<i>47.67</i>		<i>3.80</i>	<i>167.47</i>			<i>Disc. in Hosp. 27-6-19</i>



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 initialled 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 *McAuliffe Barracks* DATE

1. 1 (a) Unit *C.A.S.C.* (b) Regimental No. *1284364* (c) Rank *Pte*
 (d) Surname *McCarthy* (e) Christian name *George Coerette*
 (f) Home address *884 Duroches St Montreal Que*
 (g) Next of Kin *Mrs W.L. McCarthy* (h) Relationship *Mother*
 (i) Address of Next of Kin *884 Duroches St Montreal Que*

2. Age last birthday *20* Date of birth *Mar-27-1899*

3. Enlistment, or Appointment (if an Officer) (a) Place *Montreal Que* (b) Date *Feb-14-1918*

4. Personal description:
 (a) Height *5' 6"* (b) Weight *126* (c) Complexion *Fair*
(stripped)
 (d) Colour of hair *Dark Brown* (e) Colour of eyes *Brown* (f) Identification marks, Scars, etc.
Linear scar anterior neck.
Vaccination mark left arm.

5. Former trade or occupation *Book-keeper*

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
	1	130

	PERIODS	
	From	To
Canada <i>C.A.S.C.</i>	<i>Feb-14-1918</i>	<i>Date</i>
England		
France or other theatres of War		

7. Original disease, or injury *Gout*

(a) Date of origin *Prior to enlistment* (b) Place of origin *Canada*
(Two or three years)
 (c) Cause *Alcoholism*

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.)

Disability following Toxic Goiter

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.)

well nourished well built male of ~~medium~~ ^{medium} build nature. Lincal scar six inches long across front of neck extending $1\frac{1}{2}$ " to left and $1\frac{1}{2}$ " to right. recent ~~partial~~ partial thyroidectomy wound. Right lobe of thyroid removed in total, left lobe large palpable but soft, no bruit heard. No eye symptoms. marked tremor of tongue slight tremor of hands. pulse rate 80. On exertion 110 returns to 80 in 2 mins. Pulse regular of good volume well sustained. Heart apex beat bounded no murmurs. A_2 P_2 accentuated. ^{neck measure 15"}

- (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 as above Cardio-Vascular System as above Genito-Urinary System
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses Respiratory System Integumentary System

Disturbances of Mentality Digestive System Muscular System

Osseous and Joint Systems Any other general condition

Subjective. Complains slight dyspnoea on extreme exertion & weakness.

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

Has had slight swelling of neck for past three or four years joined army Feb. 1918. Symptoms developed in August 1918 when he noticed that he was short of breath and that while at heavy work he felt weak and often had palpitation accompanied with precordial pain. Admitted to the Army de Bellevue Mar 12/1919. Partial thyroidectomy Apr. 9/19. right lobe removed. Has shown improvement since. Has had no palpitation is not nearly so dyspnoeic. no pain over heart. Tremor lessened.

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).)

ref.

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

*Small scar front of neck 6" long.
Vaccination scar left arm.*

11.—(a) Did the disabling condition have its origin before enlistment?

yes

(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.)

*Had enlarged thyroid at enlistment neck.
Measurement 14" symptoms developed only in
Aug. 1918. Neck measurement prior to operation 16" At
present.*

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?

One year with improvement.

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

Partial Thyroidectomy Apr 9/19. right lobe removed.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

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

yes

17. Recommendations

That man be discharged and report for re-examination in twelve months

C. G. Bement, M.D.
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, *H. George Everett, M.D.* 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.....

H. George Everett, M.D. Rank.
Signature of invalid examined.

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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.

No concur

19. Is the invalid fit for

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

unfit for service

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.)

Yes

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 *M. Case R. H.*

DATE *24/6/19*

Gray B. Guild President.
Markward Hunt 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.....
 } President
 } Members

APPROVED BY *W. J. Turner* Colonel
 FOR Assistant Director of Medical Services.
 M. D. No. 4
 DATE *JUN 25 1919*

APPROVED BY.....
 Director-General of Medical Services.
 DATE.....