

17861

1989

Bp 3295

65740

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Bernard O'Brien
2. In what Town, Township or Parish, and in what Country were you born?..... Dublin Ireland.
3. What is the name of your next-of-kin?..... Mrs. J. Sheeney (Friend)
4. What is the address of your next-of-kin?..... 4 Holland St. Mt.
5. What is the date of your birth?..... Aug 25/1895
6. What is your Trade or Calling?..... Sailor
7. Are you married?..... no
8. Are you willing to be vaccinated or re-vaccinated?..... yes.
9. Do you now belong to the Active Militia?..... no.
10. Have you ever served in any Military Force?.. no.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} yes.

Bernard O'Brien (Signature of Man).
Thawford Sgt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Bernard O'Brien (Signature of Recruit)
 Date OCT 27 1914 1914. Thawford Sgt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bernard O'Brien, 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.

Bernard O'Brien (Signature of Recruit)
 Date OCT 27 1914 1914. Thawford Sgt. (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 27 day of Oct 1914.
[Signature] (Signature of Justice)

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

Description of Bernard O. Breis on Enlistment.

Apparent Age.....19.....years.....3.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 10 ins.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....3 1/2 ins.

Complexion.....sallow.....

Eyes.....blue.....

Hair.....dark brown.....

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

Tattooing
R forearm
"Anchor + clasped hands"
1/2" scar on each knee

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.....OCT 27 1914.....1914.

Place.....Montreal.....

St. Hubert
Capt C. M. C.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....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.

Signed J. J. Gunn
 (Signature of Officer)

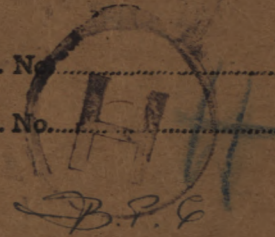
Date.....1914.

87M 2-12-18

DISCHARGE DOCUMENTS

R. O. No. _____

H. Q. No. _____



B.P.C. spec 1989
4/18/3/22/13

Ret 176-28

Proceedings of Court of Inquiry or on men

Reported Missing on Active Service.....

Attestation Papers..... 2-1-1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for

Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. & B 122 _____ 1

Copy Will _____ 1

card _____ 1

misc _____ 1

Cas card _____ 1

M. F. W. 62. _____

50M.-9-16. _____

H. Q. 1772-39-935. _____

26.5

Original Will - 1
Copy of Will - 1

Misc
Pay card - 1

Name O'BRIEN BERNARD

Regt. No. 65740 Rank Pfc.

Corps 24th Bn.

K. in A. 9-1-16.

Medals 81-10-19



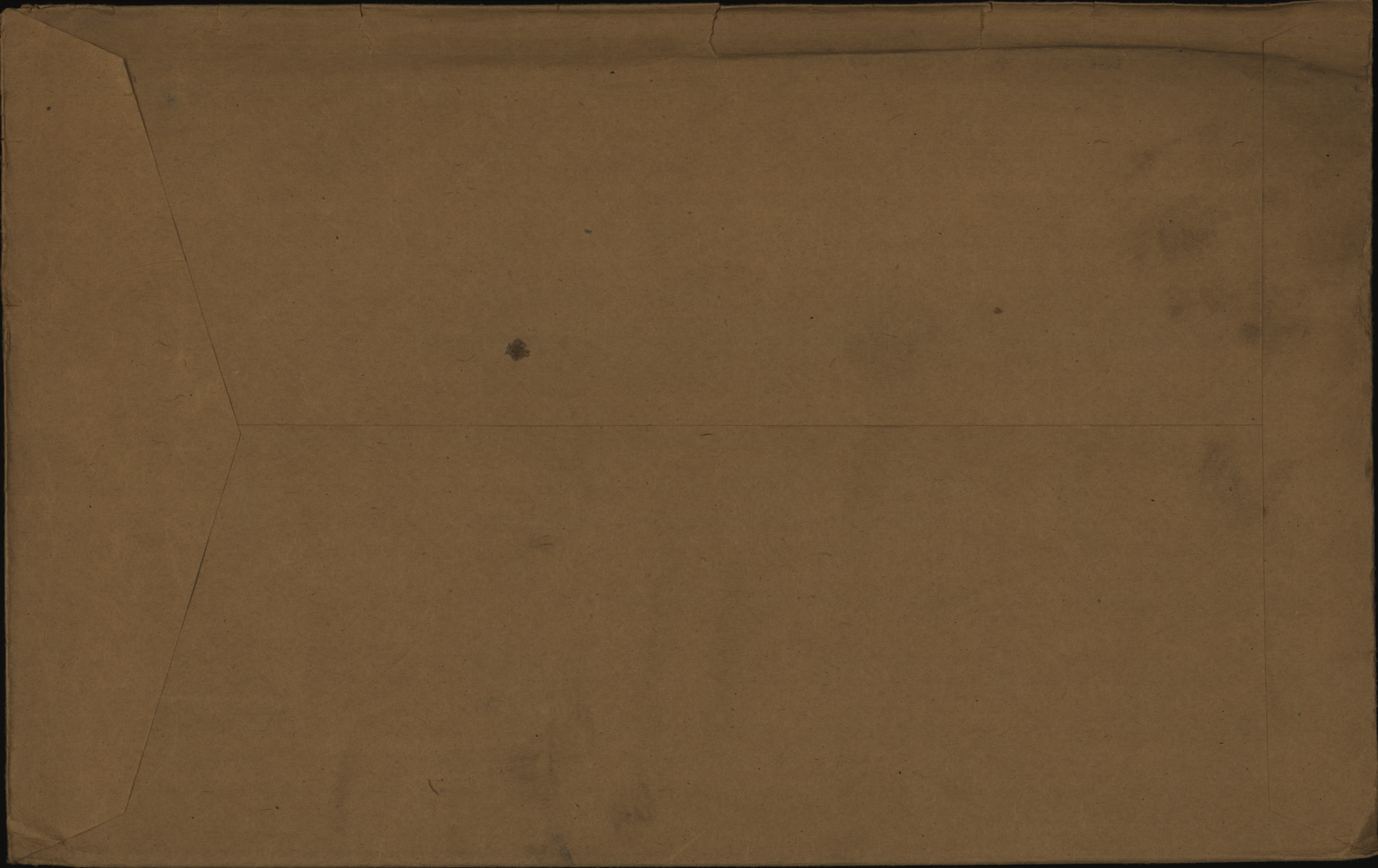
Ret. 4/19

12-10-1921

00446



2
34-31
27-31
4-31



SURNAME.

O'Brien

649-0-257

CARD NO.

9
1
16

CHRISTIAN NAMES

Bernard

FOLL.

REGL. NO.

85740

RANK

Pte.

UNIT

24th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

O'Brien, Mrs. Julia J.
~~*Shenny, Miss J.*~~

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~*4 Rolland St., Montreal,*~~
103 L'Allemand Ave., P.Q.

(auth. L. 20-9-16) old card.

COUNTRY OF BIRTH

Ireland, Dublin

DATE

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Oct. 27th 1914

of S. 11-5-15 ¹³/₁₀

From Montreal per

S.S. "Cameronia" 11-5-15

MARRIED

yes

SINGLE

~~YES~~

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address

H.A.Q.

649-0-257.

O'Brien B. Pte. #65740-C.E.F.

24 & Bm

Medals
& Dec. (widow)

Mrs. Julia O'Brien,
1627 St. James St.,
Montreal, P.Q.

P.&S. (widow)

ditto

(Ser #769491)

Mem. C. (widow)

ditto

Scroll Desp.

Regn. No 247812

Plaque Desp.

Regn. No 50393

P17484

6 lig. 14/15 star

Pte 24 & Bm
NOV 21 1921

U " B.W.M.

-B.

W

47433 MAR 8 1921

1113

65740

Number 65740

Rank Pte.

Surname O'BRIEN

Christian Names Bernard

Unit *24 Bn Can Inf* Theatre of War *France*

Date of Service *15-9-1915*

Remarks *Widow*

Latest Address *Mrs Julia O'Brien*
1627 St. James St.
Montreal, P. 22, Can

Roll No. *B*
Page 2327

B
X

D

GA 814 - Reg

APR 19 1871

GA 39211 Dep

SEP 16 1871

Reg. No. 65740 Name O. Brien Bernard
 Rank pte Corps 24th Bu Age 19 Service -
 Ledger No. 4634 Serial No.

HOSPITALS

DATE

DIAGNOSIS

Montreal Gen.
dis. 15 duty.

1/12/15
18/2/15

V. D. G. 6

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50m-6-19.

1772-39-1332.

Name O'Brien B.

Rank Pte

Reg. No 65740

Unit 24th Battalion

P. L. 25. O. 84.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
O.C. Battalion Reports						
9-1-16	KILLED IN ACTION		Bullet Thro. Head	131	M3465	DIV 24-1 Sht 74
	BURIAL REPORT MADE OUT					
	G.R. " " "					

NAME

O'Brien
Private Bernard.

H. Q. FILE No. 649-

REG'TL No.

65740.

RANK AND CORPS

Pte. 24th. Batt.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. 41

M3465

24-1-16

Killed in action Jan 9.

a. S. B.

Rouen

X

FOLL.

2090a

22-1-16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

131.

O.L. Battis. reports.

9/1/16

Killed in action {Bullet through
Head.}

No. 49 RANK *Pte.*
 65740 *Mar. Paylist.*

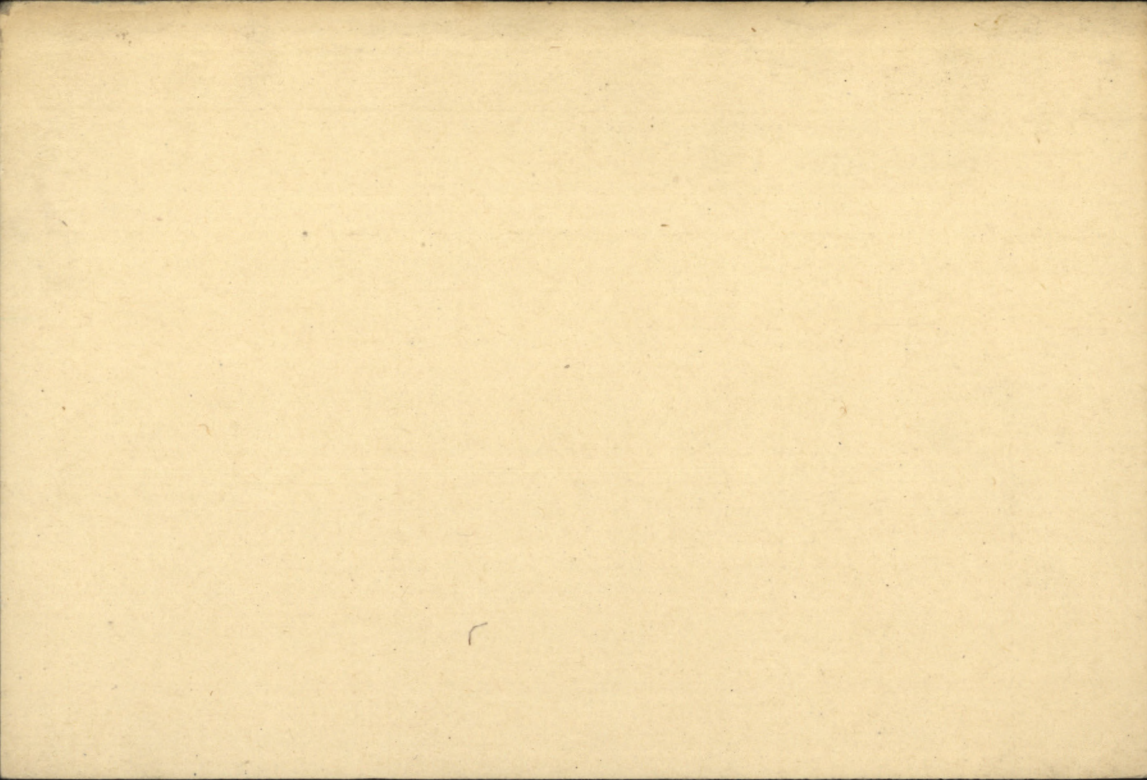
NAME *O'Brien B.* *8.*

T. O. S. 27-10-14 UNIT 24 *th.* Battalion
Nov. Paylist.

M. D. 4

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. •	
FROM	TO		PARTICULARS	AUTHORITY
<i>1914</i> <i>27 Oct.</i>	<i>1914</i> <i>31 Oct.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1915</i>	<i>1915</i>			
	<i>Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		

UNIT SAILED
 MAY 11 1915



No. 1031203 RANK *Pte*

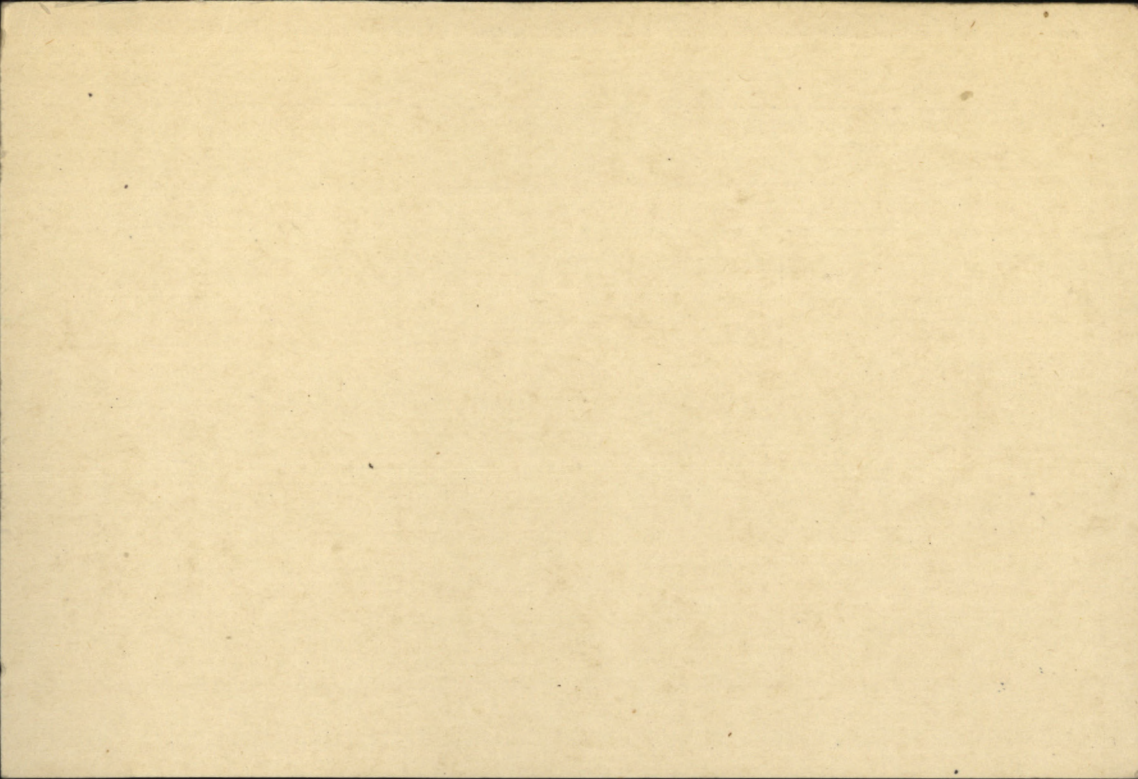
NAME *O'Brien Bertie*

T. O. S. *12-7-17.*
Do 171-20-7-17.

UNIT *236th Battalion, C. E. F.*

M. D. *6*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917. July 12</i>	<i>1917. July 31</i>	<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		
<i>Oct</i>		<i>✓</i>		



Surname

Christian Name or Names

Reg. No.

O'Brien.

B.

65740.

Rank

Unit

Co.

Troop

Batty.

Pte.

24th Batt.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Killed in Action. Bullet Thro Head.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: if more than one state present

DISPOSITION

Date

Killed in Action 9-1-16.

REMARKS

Ch. 24-1-16 #131. O.C. Unit reports.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.G. London.

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

176

Wife
To Whom *Mrs. J. O'Brien*
Address *No 4 Rolland Street*
Top Flat, Montreal, P. Q.

By Whom Assigned *O'Brien Bernard*
Regtl. No. *65740*
Rank *Pte.*
Corps *A. Coy 24th. Battn.*

Rate *\$20.00*

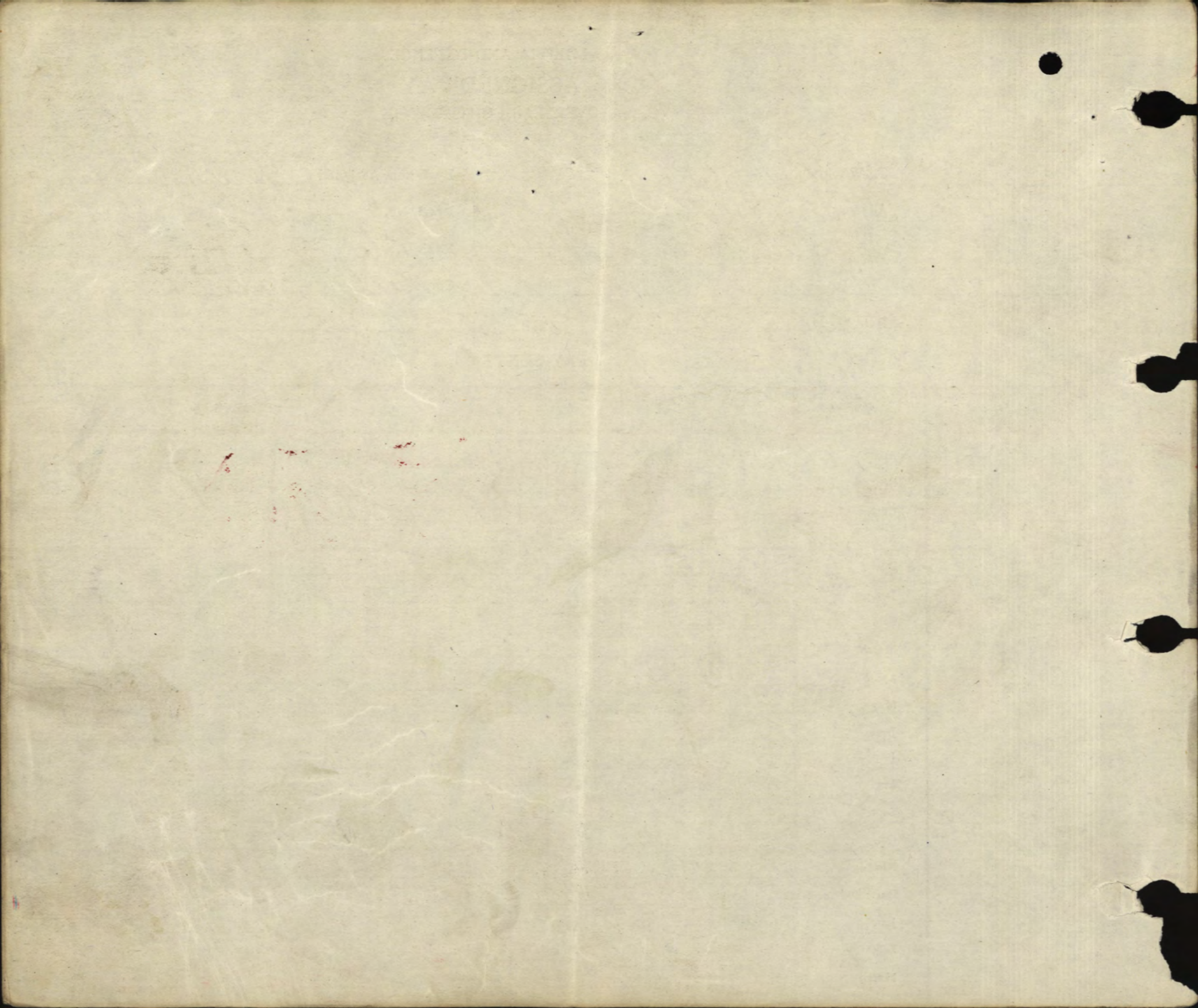
MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; padding: 10px; display: inline-block;">Casualties</div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		<i>V. 1767</i>	<i>40 -</i>	
July		<i>V-1320</i>	<i>20 -</i>	
Aug.		<i>06304</i>	<i>20 -</i>	
Sept.		<i>Q6732</i>	<i>20 -</i>	
Oct.		<i>56587</i>	<i>20 -</i>	
Nov.		<i>18420</i>	<i>20 -</i>	
Dec.		<i>W10008</i>	<i>20 -</i>	
Jan.	1916	<i>X 7675</i>	<i>20 -</i>	
Feb.				
March				

make 158/16 12/16 a.k.
180

Granted Pension Jan, 10, 1916
Account closed killed in action Jan 9 - C. L. Jan 25 1916



MILITIA AND DEFENCE

SEPARATION ALLOWANCE

343

Name

Mrs Julia O'Brien

Name of Soldier

O'Brien Bernard

Address

~~41 B. Dominion St~~
No. 4 Rolland St
Top. 7th Floor
Montreal
Que

Regtl. No.

65740.

Rank

Pte

Corps

24th Battⁿ 1st Rifles A. Co

Relation to Soldier

wife, child or mother

} wife.

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915	62020	24	
Feb.		4389	20	
March		74025	20	
Apl.		22088	20	
May		89274	20	
June		811442	20	
July		710561	20	
Aug.		N. 2441	20	
Sept.		A 13757	20	
Oct.		718047	20	
Nov.		916471	20	
Dec.		012831	20	
J.n.	1916	118161	20	
Feb.		1029318	20	
March			284	

ACCOUNT CLOSED
DATE MAR. 17, 1916 PER P34.19 overpayment recovered by Pension
20 in March '16.

Pension granted 10/16

A/c closes. O.P.P. 15-3-16.

Faint, illegible red markings or bleed-through from the reverse side of the page.

Rank

Name O'BRIEN, Bernard.

Reg'l No. 65740.

Unit

24th Bn

If in perm. Corps,
What Unit?

Married or Single Married.

Place and Date of Enlistment Montreal. 27th Oct. 1914.

Place of Birth Dublin. Ire.

Name and Address, Next-of-Kin Mrs J. O'Brien. 4 Ralland St. Mon.

Relationship Wife.

Assigned Pay Monthly \$ 20.

Payable to

Mr J. B. O'Brien. 4 Rowland St.
(apt 3) Montreal

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place Killed in action 9/1/16

Reason

Co. # 131.

Character



Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						
1 June	30 June	30	1 ⁰⁰	30	30	10	3			7 50	20		27 50	5 50	
1 July	31 July	31	1 ⁰⁰	31	31	10	3 10			7 50	20	1 10	28 60	11 00	1 Day F. D. 0.251.
Adjustment of Exchange														11 40	
1 Aug	31 Aug	31	1 ⁰⁰	31	31	10	3 10			9 74	20		29 74	15 76	
1 Sep	30 Sep	30		30	30		3			5 36	20		25 36	23 40	
1 Oct	31 Oct	31		31	31		3 10			2 61	20		22 61	34 89	
1 Nov.	30 Nov	30		30	30		3			5 29	20		123 28	42 60	
1 Decr	31 Decr	31		31	31		3 10			16 83	20		36 83	39 87	
1 Jan	9 Jan	9		9			9				20		20	29 77	Stopped after 9/1/16
1 July	16						9			3 71			3 71	33 48	Killed in action 9/1/16
1 Sept	16													33 48	
													33 48	33 48	371 C 22

Statement of
JUL 1916
Account rendered

Sch. 1574161
Cash found in
effects 3.71

PAY BOOK CHECKED.
Date 17/11/17
By [Signature]
N.E. BRANCH.

\$33⁴⁸ sent to Ottawa
for settlement
28-7-16

517

Register No. 2018

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 13811-13-6

Regt'l No. 65740 Name Bernard O'Brien
(Christian Name) (Surname)
Unit 24th Br. Rank Date of enlistment.....
Date of casualty..... B.P.C. File No.....
Was service performed overseas? —

DEPENDENT

Name Mrs. Julia O'Brien Relationship Widow
Address 1627 St. James St.
Montreal
P.Q.

M.F.W. 2652
25M-6-30.
H.Q. 1772-89-1473

Amount of Special Pension Bonus \$..... Abstracted by.....

Eligible for Gratuity Less Special Bonus deducted in error \$ 16.00 ✓

Less amount of Special Pension Bonus paid..... \$.....

Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$.....

Balance due \$ 16.00 ✓

Cheque No. 91903004 Date issued 29/9/20
EW

Clerk J. W. Muller

REMARKS :
.....
.....
.....
.....

Audited by
Geoff Howard
Date 29-9-20

\$16

20.9.20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

LL 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

Register No. D. 1018

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 13811-B-6

Regt'l No. 65-740 Name Bernard O'Brien
(Christian Name) (Surname)

Unit 24th O Bn Rank Pte Date of enlistment.....

Date of casualty 9-1-16 B.P.C. File No. 3295-

Was service performed overseas? yes

DEPENDENT

Name Mrs Julia O'Brien Relationship Widow

Address 1627 St James St.,
Montreal,
P.Q.

Amount of Special Pension Bonus \$ 80.00 Abstracted by G M Reilly

Eligible for Gratuity \$ 180.00

Less amount of Special Pension Bonus paid..... \$ 80.00

Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ 80.00

Balance due \$ 100.00

Cheque No. 9-1892338 Date issued 19-7-20

Clerk J. Leclerc

REMARKS :
.....
.....
.....
.....

Audited by
[Signature]
Date 19/7/20 \$100.00

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53061—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-36-1140

Remarks:

Rank _____ Name **O'BRIEN. Bernard.** Reg'l No. **65740.**
 Unit _____ If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Montreal. 27th Oct. 1914.** Place of Birth **Dublin. Ire.**
 Name and Address, Next-of-Kin **Mrs J. O'Brien. 4 Ralland St. Montreal.**
 Relationship **Wife.**

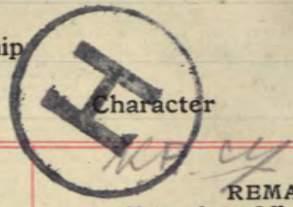
Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

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				
		Arrived in England per S.S. Cameronia		20.5.15	
20.7.15	O.C. 24 th	Forfeit 1 day's pay for absence	East Sandling	20.7.15	East Sand Pt II. O# 251.
19.9.15		Embarked for France.	Folkestone.	15.9.15	Emb. Memo. # 288.
24.1.16	W.O.	Killed in Action	France	9.1.16	See Rept. 131 O.N.
22.1.16	O.C. 24	Killed in Action	In the field	9.1.16	Pulled thro' Head Pt II. No 4.

*mx
2-3-21
R*



Casualty Form—Active Service.

Regiment or Corps 24th Bn (V.R.) C.E.F.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regimental No. 65440 Rank Pte. Name O'Brien, P.

Enlisted (a) 24.10.14 Terms of Service (a) Wat Service reckons from (a) enlistment

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, 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>16/9/15</u>	<u>24 CAN Bn</u>	<u>Disembarked</u>	<u>Coulogne</u>	<u>16.9.15.</u>	<u>NOM ROLL</u>
<u>11/1/16</u>	<u>" " "</u>	<u>Killed in action } 114.</u> <u>Shot through neck }</u>	<u>In the Field</u>	<u>9.1.16</u>	<u>K.I. 137/INF/24/18</u>
<u>14/1/16</u>	<u>" " "</u>	<u>Killed in action } 115</u> <u>Bullet through head }</u>	<u>" " "</u>	<u>9.1.16</u>	<u>#3213 Part II Order No 4 of 22/1/16</u>

P.M. Shaw
Captain.
for Lieut-Col., D.A.A.G.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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

O'Brien

MEDICAL HISTORY SHEET.

Surname

O'Brien

Christian Name

Bernard

Examined { on *27* day of *Oct* 191*4*
 at *Montreal*
 Birthplace { City or Town *Dublin*
 County *Ireland*

Approved by *Wignot*
H. Muskelsten
 Rank *Capt* M.O.

Apparent age *19*
 Trade or occupation *Tailor*
 Height *5* Feet *10* Inches
 Weight *4* Lbs.
 Chest measurement { Minimum *33* inches
 Maximum expansion *36 1/2* inches
 Physical development *Good*
 Small-Pox Marks *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number

Date	Result	VACCINATIONS.
<i>Feb 15</i>	<i>H. P.aney</i>	<i>Capt amb</i> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease
Father right arm amputated
relaxed R. 1/2" scar each knee

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>Dec 14</i>	<i>do</i>	<i>Capt amb</i> M.O.
		M.O.
		M.O.

Enlisted on *27* day of *Oct* 191*4* at *Montreal*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>2nd Batt. 052.</i>	<i>65740.</i>		<i>Oct: 27. 1914</i>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

65740

TO BE LEFT BLANK.

TO BE LEFT BLANK.