

Fourth M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3081034

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Elroy

(Class FIRST)

1. Surname: PRENDERGAST
2. Christian name: Joseph Leo
3. Present address: 125 Nazareth St. Montreal, P. Q.
4. Military Service Act letter and number: 103458 DC
5. Date of birth: 1st. July 1895
6. Place of birth: Montreal, P. Q.
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Machinist
10. Name of next-of-kin: Mrs Mary Prendergast
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 30 Columbia St. Montreal, P. Q.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—
(a) Place: Montreal, P. Q. (b) Date: Jan. 17th 1918 (c) Category: A2-

DECLARATION OF RECRUIT

I, Joseph Leo PRENDERGAST, do solemnly declare that the above particulars refer to me, and are true.

Joseph Leo Prendergast (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 22 yrs. 6 mths.
Height: 5' 1" ins.
Chest measurement: fully expanded: 33 ins. range of expansion: 2 1/2 ins.
Complexion: Pale
Eyes: Gray
Hair: Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease: RE 30 LB 30 RE OK 16 10 ft Voice

M. A. Piche Lieut.-Col. Commanding 1st Depot Bn. 1st Quebec Regt. O. C. First Depot Btl. First Quebec Regt.

Place: Montreal, P. Q. Date: January 5th. 1918

PARTICULARS OF RECRUIT

GRANTED UNDER MILITARY SERVICES ACT, 1917

Class FIRST

1. Name: PHINDRAGAT
 2. Christian name: J. Lee
 3. Present address: 105 St. George Street, Montreal, P. Q.
 4. Military Service Number and number: 105500 X
 5. Date of birth: 1st July 1893
 6. Place of birth: Montreal, P. Q.
 7. Married, widowed or single: Single
 8. Religion: Roman Catholic
 9. Trade or profession: Hospital
 10. Name of next of kin: Mrs. M. V. Phindragat
 11. Relationship to next of kin: Mother
 12. Address of next of kin: 3 Colborne St., Montreal, P. Q.
 13. Whether at present a member of the Armed Forces: No
 14. Particulars of previous military or naval service, if any: None
 15. Medical Examination under Military Service Act: Passed
 (1) Place Montreal, P. Q. Date 1st July 1918

DECLARATION OF RECRUIT

Joseph Lee PHINDRAGAT

I hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

DESCRIPTION ON CALLING UP

Approximate age: 25
 Height: 5 ft 6 in
 Complexion: Fair
 Eyes: Gray
 Hair: Brown

Signature of Recruit: [Signature]
 Date: 1st July 1918

REGIMENTAL DOCUMENTS

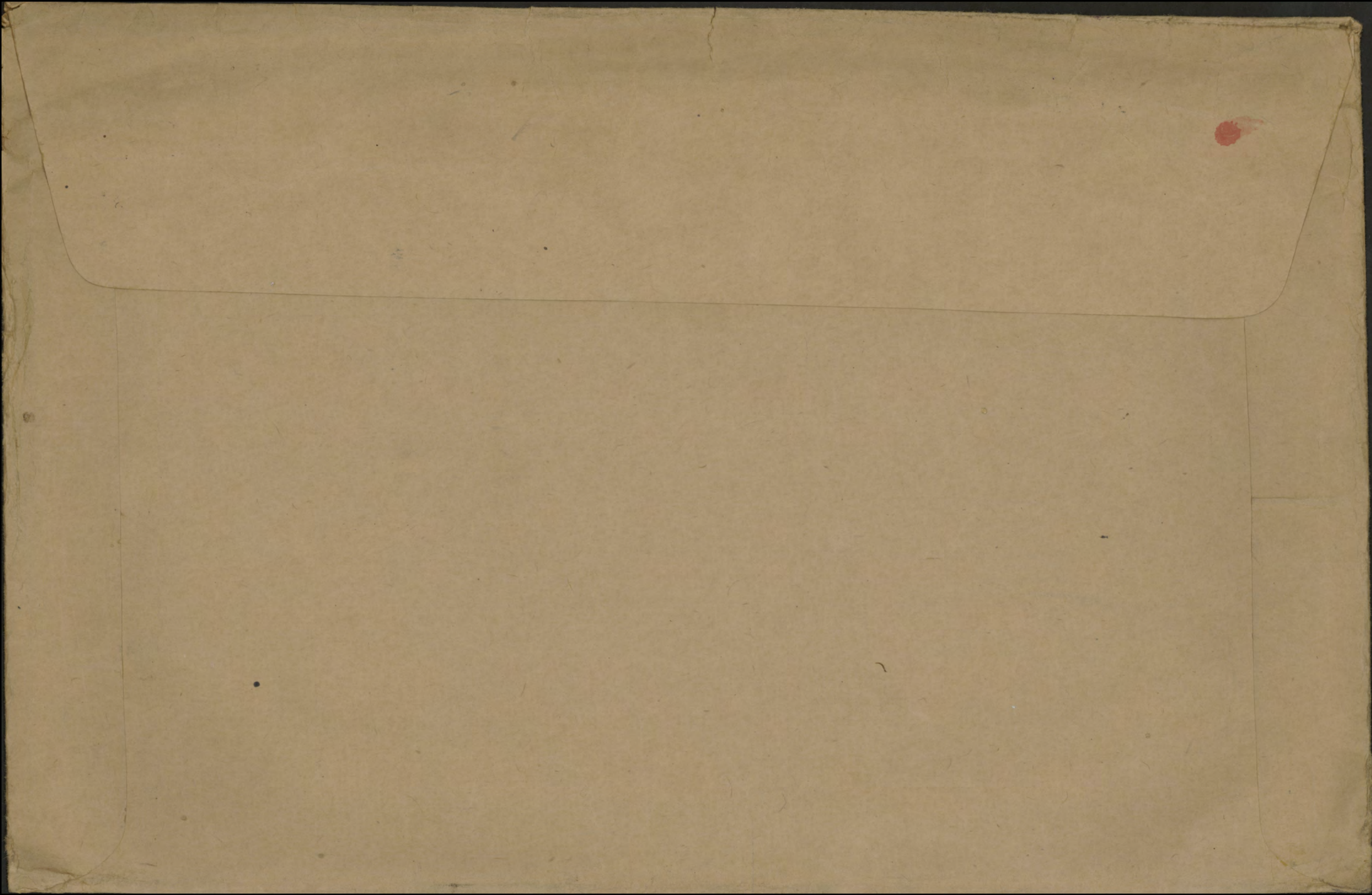
NAME *Prendergast Joseph Leo* REGT. NO. *3081034* UNIT *1420 B 14 2R* H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>B.P-6</i>	<i>18-5-20</i>	<i>Dec 6164</i>	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category <i>Deceased</i>
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				<i>6211</i>	DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
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)					
<i>6 of name card</i>					
<i>4 Will</i>					
<i>1 R/22</i>					
<i>AM 1-1-21</i>					
					<i>3</i>
					<i>35-8</i>
					<i>16-8</i>
					<i>3-8</i>
					<i>3</i>

M

H

3
35-8
16-8
3-8
3



Name Premungast, Pt.

Regimental No. 3081084

Unit D.D.4

Bgde. or Div. _____

Nationality _____

Injury Fract. R. Tibia

Received at _____

Referred from D.I.
Lieut. Brown.

RADIOGRAPHS { Scratch out parts not needed } (Plates) (Brom. Paper) (Stereo) (Localization) (Screened only)

SIZE	DATE	REMARKS
6 1/2 x 8 1/2	13-5-19	2 Plates
5 x 7		2 "
X		
X		
X		
X		
X		
X		
X		
X		
X		

Name

Premungast, Pt. Mat 1091

No. 3081084

LEGS
KNEES

Diagnosis and Localization

X-Ray of R. Tibia + Patella shows:

Old fracture both bones junction
middle + lower 1/3 tibia united with
inward bowing; fibula 1" over-
lapping, inward displacement of
lower fragment, partial union.
Number of small f.b.'s. in soft tissue
several pieces like threads of fine
wire. Patella f.b. directly in front of
patella upper shaft.

Radiographs by

Sgt. Capron.

Report by

M/S. Crossley
C. A. M. C.

649-P-13570

#3081034, Pte. J.L. Prendergast, (*Norm.*)
1st. Dep. Bn.
1st. Que. Regt.

(*14. th Bn France*)

Medals & Dec. (Mother) Mrs. Mary Prendergast,
14 St. Agnes Street,
Pte. St. Charles,
Montreal, P.Q.

scroll Desp. APR 20 1922 Regn. No. 254613

Plaque Desp. APR 24 1922 Regn. No. P 36238

Plaque & Scroll (Mother) Same as above.

Memorial Cross (Mother) Same as above.

*not Elig - for 14-15 Star
& Don
& B w m*

*44371
ac*

M 642296 JAN 22 1921

1019

ac
Number 3081034 Rank Plt-~~B~~

Surname PRENDERGAST

Christian Name Joseph Leo ~~X~~

Units 14th Bn. Can. Inf. Theatre of War France

Date of Service 5-6-18 ~~D~~

Remarks Mother

Latest address Mrs. Mary Prendergast
14 St. James St.

Roll No. B. Page 10125 Pt. St. Charles
Montreal P. Q.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP FEB 17 1923
 REGN. NO. 20269530

*—Name will be given in full; surname first.

Joseph Leo.

Name PRENDERGAST ^{rank} Pte.

Reg. No. 3081034

Unit 14 Cam.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
31-8	55. G.H. B'logne.	Qu'bec, France		B 311	H296.	3746/5
4-9	Manor House	Belkessine	do	B 3		26158
	off 909 N. Thorncliffe			B 316		
19-1-19	11 Can Gen Hosp.	S. 4111	do	B 428		5338
27-2	5. Can Gen Hosp	Hirkdale	do	B-461		7862
14-4-19	Invalided	Canada	L 200	B 500		8583

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

1-1-1

1-1-1

15/1/20
17
SURNAME.

Prendergast.

CHRISTIAN NAMES

Joseph Leo.

REGL. No.

3081034.

RANK

Cte

UNIT

1st Que. Regt. 1st Sps. Bn (5th R. I.)

FORMER CORPS

nil.

HY
CARD No.

4

S.O.S. (Deceased) 15-1-20

FOLL.

D.O. 15/15-1-20

HDP

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Prendergast Mrs. Mary

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

30 Columbia Ave., Montreal
P. Q.

COUNTRY OF BIRTH

Canada. Montreal P. Q.

DATE

July 1st 1895.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Jan. 5th 1918.

S.S. Savonia fr. Halifax 18-2-18.
1916. 25-4-19. 3081034. P. Q.

MARRIED

SINGLE

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

Reg. No. 3081034 Name Pendergast J L.
Rank Pte Corps S D 4 Age 22 Service 6/2/12. 9/14/12. 3/2/12.
Ledger No. Serial No. 622361 38

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
St Ann De Belleuse Montreal	26-4-19	45th Pk Leg
Died 7 a.m.	15-1-20	Myocarditis

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

NAME

Prendergast Joseph Leo

REG'T L No. 3081034

H. Q. FILE No. 649.

RANK AND CORPS

Pl. 14th Bn. Form 1st Depo.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

H 290

Wof K

Mrs. Mary Prendergast (mother)

#30 Columbia Ave., Montreal, P. Q.

79-5

H 296

9-9-18

Adm 5-5 Gen H. Boulogne Aug 31 St.

H L 311

5-9-18

1918 GSW leg frac.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Que. Reg.

- | | | | |
|-------------------|--|---------------------|-----------------|
| B316 ² | Manor House Folkestone
Aff. no 9. Can. Gen. Shorncliffe | 4-9-18 | Ysw. Leg. frac. |
| B428 | 11 Can. Gen. Shorncliffe | 19-1-19 | Ysw. Leg. fract |
| B461 ¹ | 5 Can Gen Liverpool | 27-2-19 | Ysw Leg. Fract. |
| B500 | Invalided to Canada | 14 ⁴ /19 | Ysw Leg frac. |
| | S/L 500 | | M D 4. |

M. S. A.

12

CARD NO.

✓

SURNAME.

Preetzmann,

CHRISTIAN NAMES

Werner

REGL. No.

257581

RANK

Pte.

UNIT

Sask. Regt. 1st Dpo. Bn.

FORMER CORPS

nil.

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Preetzmann Mrs.

RELATIONSHIP TO SOLDIER

mother

ADDRESS

Dantzag Germany.

COUNTRY OF BIRTH

Germany, Wasen B. Gilgenburg

DATE

Feb. 10th 1892

PLACE OF ATTESTATION

Regina Sask.

DATE

Jan. 18th 1918.

MARRIED

SINGLE

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

PRENDERCAST J.L.

3001034.

RANK

UNIT

CO.

TROOP

BATTY.

Pte. Q.14.

HOSPITAL

DATE OF ADMISSION

55 Gen. Boulogne

HOSP. 31-8-18.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

GSW Leg. Fract. *lv*

2.

3.

DISPOSITION

CL.5-9-18.A311-5.

DATE

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Surname

Christian Name or Names

Reg. No.

PRENDERGAST.

J. I. Unit

3081034.

Pte.

Que. 14.

Cas. List.

11-9-18.B316/2	Manor Hs. F'stone.	4-9-18.
	G.S.W. Leg. Frac. <i>N</i>	
23-1-19 B428.	<i>11 C. G. Shorncliffe 19-1-19</i>	
3-3-19 B.461/1	<i>5 C. G. Liverpool. 27-2-19.</i>	
17-4-19 B500	<i>Inv. to Canada 14-4-19</i>	
	<i>S. L. 500 M. D 4</i>	

A.M.D. 2 Dept.

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

118

*Name PRENDERGAST Joseph Leo Rank Pte. Regtl. No. 3081034
 Fyle Depot 19-P-574
 Original unit 1st Q.R. Present unit DD#4 M. or S. Age 24 Religion R.C. Ref. H.Q.

Port, ship, and date of arrival Portland Me. "ARAGUAYA". 25-4-19.

Next of kin (M) Mts. M. Prendergast. 30 Colombia St. Montreal.

Address on leave 14 St. Agnes Ave Pt. St. Charles Montreal.

Address on discharge

Transportation issued Yes Character on discharge No Date

Previous occupation Mechanist Date and place of enlistment 5-1-18 Montreal, Que.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
28-4-19	T.O.S. from 15-4-19 Posted to Hosp. Sec. 28-4-19	118
28-4-19	Fur. W/S. t. 12-5-19	118
16-1-20	S.O.S. Deceased 15-1-20	15 ✓

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

FIELD MEDICAL CARD.

A.T. Serum } 1st 750. 30. 8. 18
 Dose and date }
 2nd

No. 308103H Rank PTE
 Name PRENDERGAST, J. L.
 Unit 146th Bn

FIELD AMBULANCE NOTES.

Morphia }
 Dose and time }

Date of wound or } 30. 8. 18
 onset of illness }

Religion R.C.

Battle Casualty Accidentally Wounded. "Sick"
 (Strike out description which does not apply)

No. of F.A. 3 Field Ambulance C. E. F.
 Date of admission 30. 8. 18
 F.A. diagnosis

Contusion S.W. R. leg RT foot
 700

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 33

*multiple wounds of
leg on front of
fibula*

Date of entry 30/18

*all with hard green
suppurative exudate
Three other drains placed
at site of wounds
Foot -
wound 1 - 13 removed
Klein dressing*

*R. Charles
May 18/18*

No. of Hospital

Date of entry

*7712
7102 P120*



*found two anterior internal surfaces of tibia
fracture of tibia & fibula
found 2nd inner side of sole of foot
Mark of a downward splint to right
extension below fracture*

*Mr. Fletcher
M.D.*

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

STE ANNE DE BELLEVUE MILITARY HOSPITAL.

TO PATHOLOGICAL LABORATORY

Date 31-10-19

Specimen of Blood
NAME Henderson Reg. No. 3081034 Ward F3
M.O. St. Cross L. Bed 30

Nature of examination required:- Blood culture

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Culture taken Oct. 31/19....2 P.M.
Nov. 1 /19....8 A.M. (18 hours)...no growth.

Culture to be kept for further observation. Report follows.

Will report every day.

[Handwritten signature]

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

SPE ANGE DE BELLEVUE MILITARY HOSPITAL.

C1
2/1919

TO PATHOLOGICAL LABORATORY.

Date May. 13

Specimen of

NAME

Urine
Sendu gast. tank

Reg. No.

30810 34

M.O.

E. Brown
Lt.

Bed No.

40 Ward DI

Nature of examination required:-

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Acid.

Albumin. 0.

Sugar. 0.

S.G. 1036.

Micro. A few pus & epithelial cells &
an occasional hyaline cast.

1870

Received of the Treasurer of the
Board of Education

the sum of _____ Dollars

for _____

Wm. H. ...

STE ANNE DE BELLEVUE MILITARY HOSPITAL.

TO PATHOLOGICAL LABORATORY.

Date

9-6-14

Specimen of

Urine

NAME

Prendergast

Rank

PL

Reg. No.

8180184

NO.

Capt R. D. W. T. H.

Bed No.

28

Ward

F. 3

Nature of examination required:-

Special circumstances surrounding case:-

REMARKS:-

Acid.

Albumin.O.

Sugar.O.

S.G.1026.

Micro.A few epithelial cells &
leucocytes.



STE. ANNE DE BELLEVUE MILITARY HOSPITAL

To: Pathological Laboratory

Date 30 - 10 - 19

Specimen of ✓

Name Pendergast Rank Pt Ward 4

Reg. No. 3081034 Unit D D 4 Bed 30

Diagnosis Acute Arterial Rheumatism M.O. J. H. Pendergast

Nature of Examination required:- White cell count

Special circumstances surrounding the case:-

WHITE CELL COUNT.....16,800

Laboratory Report:-

J. H. Pendergast

.....

H. Anne

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date *25 11 19*

Reg'tal No. *308103-1* Rank *pte* Name *Phredogash* Unit *D 4*
Bed *20* Ward *A 3*

Injury or disease _____ Part affected _____

Treatment or Exam _____

White cell count

*lympho. —
lymphocytes
eosinophiles
neut.
trans.*

M. F. W. 2509.
50m. 4.19.M.
1772-39,1276.

Phredogash

Report _____

White cell count...12,200
Polymorphonuclears.....78%
Large Lymphocytes.....18
Small " 3
Eosinophile.....1

Signed _____

J. R. [Signature]

1925
M. E. W. 1208

1925

.....
.....
.....
.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

HOSPITAL

To ofc Medicine

St. Ann's Hotel

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date May 26 / 19

Reg'tal No. 3081034 Rank Pte. Name Prendergast Unit D.D.C.

Bed 40 Ward D.I.

Injury or disease Part affected

Treatment or Exam

Report 27⁵/₁₉

Medical Examination, please.

Complains of general malaise, and stiffness of joints.

Temp 10.1 Pulse 96

No evidence of any disease except Sup. Ocular Myopia
History suggests influenza.

M. F. W. 2509.

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

J.C. Brown Lieut.

Signed J.G. Brownlie Col

17-0-122
1917
M. E. J. 220M

1917

1917-0-122

1917-0-122

1917-0-122

1917-0-122

1917-0-122

1917-0-122

1091
2/6 1/2 x 8 1/2
2/5 x 7
13
19

St. Ann's Mil. HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date May 13/19

Reg'tal No. 3081034 Rank Pte. Name Credergast Unit D.D.C.

Bed 40 Ward D.I.

Injury or disease Fracture Rt. Tibia Part affected

Treatment or Exam. Bone Union

X-Ray Rt. Tibia - condition of fracture, f. b. or sequentia.

X-Ray Rt. Patella f. b.

J. Brown Lt. P.F.

Report Old fracture both bones fused, mid & lower 1/3; tibia united with inward bowing; fibula 1" overlapping, inward displacement of lower fragment, partial union. Number of small f. b. in soft tissues several pieces like threads of fine wire. Patella. f. b. directly in front of patella upper half.

Signed E. H. Crossley

1875
No. 111
Post. N. W. M.

London
10/11/75
Dear Mr. ...
I have the pleasure to inform you that ...
the ... of ...
is ...
and ...
I am, Sir, very respectfully,
Your obedient servant,
...

Address to recipient

Name of recipient

By ...
1875

REGISTRATION FOR DEPOSITORS OF EXCHANGE

PROSPECT

STE. ANNE DE BELLEVUE MILITARY HOSPITAL

To: Pathological Laboratory

Date 23 9 19

Specimen of Blood

Name Pendergast

Rank pt

Ward F 3

Reg. No. 3081094

Unit D D 4

Bed 30

Diagnosis Q fever

M.O. Q fever

Nature of Examination required:- White cell count

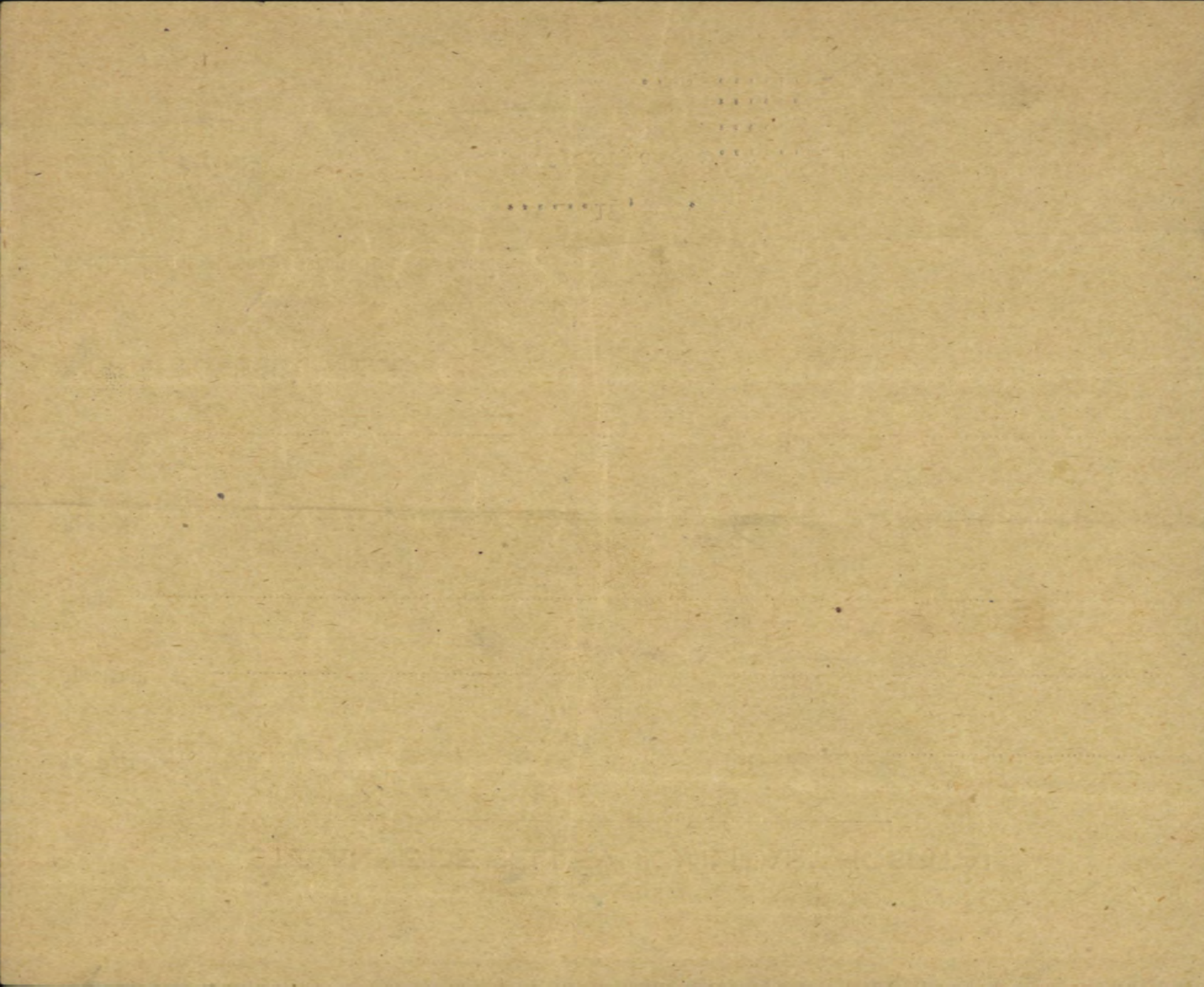
Special circumstances surrounding the case:-

CELL COUNT.....12,200.

Laboratory Report:-

Polymorphonuclear.....71%
Large Lymphocytes..... 8
Small L "18
Eosinophiles.....1

W. L. Carter



5th Inf. Can., 1st Quebec

E.E.

Rank

Name PRENDERGAST, Joseph Leo

Reg'l No. 3081034

Unit

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Montreal, P.Q. Jan. 5th 1918 Place of Birth Montreal, P.Q.

Name and Address, Next-of-Kin Mrs Mary Prendergast,

30, Columbia Street, Montreal, P.Q.

Relationship Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 21206
File R.L.
Category M-UCANADA

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

m +
17-1-21
ae.

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		4-3-18	S/S SAXONIA
15.3.18	23 rd Res	S.O.S.	B'shott	5.3.18	2074
6.6.18	"	S.O.S. to 14 th Bn 4s	"	5.6.18	2075 D/11.6.18 14 th Bn D.O. 157
5-9-15	CR	Wounded	Old	31-8-18	CL A 311
14-9-18	CR	T.O. from 14 th Bn.	Bahatt	4-9-18	2024 D.O. 1252/18-9-18, 14 th
17 4 18	Q.R.	Invt. to Canada ex. No 5 C.A. 2 port			
		\$2500. Inv. 4		14.4.19	CL B 500
22.4-19	Q.R.	S.O.S to Canada for further Med Treatment	Pison	14-4-19	D.O. 92

A.F.B. 33 CHIVED JUL 11 1918

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..... **1st DEPOT BN. 1st QUEBEC REG'T.**.....

(2) Regimental Number **3081034**

(3) Full Name of Soldier..... **PRENDERGAST Joseph Leo**

(4) Place of Birth..... **Montreal, P. Q.**

(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? **No**

(8) Have you any children? **No**

If so, give number of boys and girls..... **NOT APPLICABLE**

Also their names and ages..... **NOT APPLICABLE**

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

If so, state name and address..... Not applicable

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

If so, state name and address..... Mrs. Mary Prendergast

..... 30 Columbia St. Montreal, P. Q.

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

Are you her sole support, or not?..... No

(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.

..... Not applicable

(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.

..... Not applicable

15) Are you insured?..... No

If so, in what Company?..... Not applicable

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

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

M. A. Piche Lieut.-Col.
.....
Commanding 1st Depot Bn. 1st Quebec Regt...
Officer Commanding.

JAN 21 1918

Date.....

CASE HISTORY SHEET.

Hospital.

Station.

No. 3081034 Rank Name Orlando J. ... Age

Unit Completed years of service Where and how long }

Date of admission Date of discharge JAN 15 1920

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE.

May 17/19. Admitted to medical ward for a few days.
Temp. 101. P 110.
Multiple acute throat aphts, no membrane.
28/19. Has a lead pipe shaped ulcer + left + blowing (faint) systolic murmur.
June 18/19. No evidence of inflammation in throat, throat still rapid but not inflamed. RCD slight int + left.
July 1/19. General improvement, slight anaemia. Still definite V.H. subjective symptoms of throat.
July 15/19. No complaints in reference to throat or head. Respiratory sounds normal. Convalescent. Heart now blowing systolic murmur at apex transmitted into axilla.
July 28/19. Praesens + Orthopnea. No evidence of inflammation in throat. RCD $0 \frac{11}{10.5}$ cm. Blowing systolic murmur at apex, transmitted into axilla. No jugular. No subjective symptoms of throat or neck. Convalescent. R.C. could demonstrate

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)
I am while undergoing rehabilitation without

Aug 9/19. Relapses & melioration - acute acute multiple + marked into axilla. RCD $11 \frac{11}{11.5}$ cm. Murmur of V.H.

TREATMENT

(Especially any specific or special form.)
No throat. RCD $11 \frac{11}{11.0}$ cm. Sorep. At apex marked murmur (PMJ not seen nor felt). Systolic murmur. Pericardial friction 3rd space + left of M.S.R. No subjective complaints referable to throat. PRT. Character of pericardial. Creating drug pericardial friction. Arterio sclerosis - capillary

CONDITION ON DISCHARGE

(and disposal made of case.)
146-55

Date Medical Officer i/c case.

24.9.19 White cell count 12,200.

Polymorph.	71%
Large lympho.	8
Small "	18
Monocytes	1.

20.10.19. Patient feels somewhat improved some days. Other he feels miserable - pain still present in shoulder joints.

28.10.19. Complaint of severe pain in praecordial region - had a very poor night. - Pulse rapid, marked pulsation in vessels of neck.

30.10.19. Patient still miserable - Morphine gr. 5 given. - After this he feels somewhat improved.

30.10.19. White cell count 16,800 -

31.10.19. Blood Cultures - after 18 hrs - no growth - This morning patient feels much improved. - Irregular gr. 1/100 given q 3 h. for three doses - followed by Tincture of Iodine q 3 h. for 3 doses - Patient slept well during the night.
J. B. Cross hand.

19/12/19 - Patient feeling miserable - stomach upset. Pulse good.

20/12/19 - Cardiac pain complained by patient this morning over praecordium. Marked stomach tympani & S.S. Evema given. - Patient is relieved.

9/1/20 Condition unchanged.

~~W.F.B. & J. B. Cross for discharge~~

~~W.F.B. for further treatment~~

14/20 Curative, gradually becoming worse. 15/20 Patient died at 7 AM. Cause of death: Peritonitis. J. B. Cross.

CASE HISTORY SHEET.

Military Hospital.
Station. Ste Anne de Bellevue

No. 3081034 Rank Pte Name Bremdergast J.L. Age 22
 Unit DDI Completed years of service 6 2/12 8 10/12 Fr. 3/12 Where and how long
 Date of admission 26-4-19/12-5-19 Date of discharge _____
 Diagnosis SW Imp Use Rt. Leg. Place of origin France.

Hygocanditis

CONDITION ON ADMISSION AND PROGRESS OF CASE

Compound fracture lower third rt tibia and fibula
 S.W. rt. leg & left foot Aug. 28, 1918.
 Wounds were healed in February 1919, but discharge
 commenced on inner side of leg about 1 week ago.
 Present condition - Patient rather pale and anaemic
 looking. Has lost considerable weight, he states.

Walks about on crutches. There is visible shortening
 of rt. leg. Measurement shows $\frac{3}{4}$ " shortening.
 Cannot use rt. leg at all.
 Marked deformity of rt. leg & foot, with some swelling of latter.
 Healed scar lower third ext. aspect 5" long, adherent
 to muscle. Scar lower third internal aspect, firmly
 adherent to bone 4" long, with ulcer at its center.
 Foot inverted and somewhat resembling a club
 foot - Ankle joint A.G.F. - 100° A.G.E. - 115° P.T.O.
 X-Ray Report 13-5-19 - Old fracture both bones junction middle
 and lower thirds. Tibia united with inward bowing. Fibula
 1" overlapping, inward displacement of lower fragment, partial

FAMILY HISTORY

Union. Numerous small f.o.s. in soft tissues. Several
 (Tuberculosis, mental or nervous diseases.) pieces like threads of fide were.
 Rt. Patella - F.B. directly in front of patella, upper half.
 Father killed accidentally 19 years ago - otherwise negative.

TREATMENT

(Especially any specific or special form.) Daily dressing.
 26-5-19 - Temp. 101 Pulse 110. Complains headache, feeling of
 stiffness all over & general malaise.
 27-5-19 - Knees and ankles very painful - no swelling
 Transferred temporarily to Medicine - Ward F.3

CONDITION ON DISCHARGE

(and disposal made of case.)

Date _____ P.T.O. P. Brown Medical Officer i/c case

Rt. knee - Small hard foreign body palpable
over upper part patella. No tenderness.

Movements A.G.F. - 90° A.G.E. 180°

Scars both thighs, - scar internal aspect calf left
leg - no disability.

Healed depressed scar plantar aspect rt. foot, result
of operation for removal of f.b. The plantar
fascia is contracted causing the foot to be arched
so that it resembles a club foot.

Has had ear trouble since a child - left ear discharging
every now and then, following measles in childhood,
Gonorrhoea - 8 years ago.

Acute Rheumatic Fever 6 years ago - in hospital 6 weeks.

Heart & Lungs - normal.

Urinalysis 13-5-19.

Acid.
albumens 0
Sugar 0
sp. g. 1036

Microsp. - a few pus and epithelial cells and

an occasional hyaline cast.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T3404 Year 1919	3081034.	Plt.	Purdy	J. L.
	Unit.	Age.	Service.	
	14 Cav Bn.	22.	9/2.	
Station and Date.	Disease <u>G. S. W. Leg (Frac)</u>			
20/1/19	Admitted from Monro House Hosp. Folkestone.			
	Past Condition			
	Wounded Aug 28, 1918 at Arras by shrapnel admitted to 33rd C. S. then to 55 General Hosp France, Boulogne. Diagnosed as Fract. S. W. Pt leg. and left foot. Shw to Monro House "Requies" Camp Fract of Tibia and Fibula.			
	Present Condition:			
	A bed case. Having leg on a Post splint. Wound on lateral side Tibula 5 1/2" long discharging superficially 1/2" in center. Wound on medial side of leg. large red granulation showing a small amount of discharge. Wound across plantar surface of R foot healed contracting the plantar fascia as foot resembling club foot remains.			
	Fracture of both bones.			
	Knee movement. a small hard lump at center of patella, painful, resembles F.P.			
	Treatments.			
	Bed. Post Splint ^{flat} Dress at night.			
	Dobkin dressings. X-ray knee			
27-1-19.	Wounds healing Jamieson caps			
	Banded I.T.O. Jamieson caps			

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

Station
and Date.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BN. 1st QUEBEC REG'T.

Unit, Regiment or Corps

Regimental No. 3081034 ✓ Rank Private Name PRENDERGAST Joseph Lee ✓

Enlisted (a) 5-1-18 ✓ Terms of Service (a) 3 Years ✓ Service reckons from (a) 5-1-18 ✓

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

Extended Re-engaged Qualification (b)

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

Embarked *Canada* *18/2/18* *Saxonia*

DISSEMBARKED *England* *4-3-18*

15.3.18 *23rd. Res. Batt'n.* *Taken on strength from* *Bramshott.* *5.3.18.* *D.P. 11 I. 74*

do *Posted to 14th Bn* *do* *5/6/18* *OPED 157*

C. B. D. *ARRIVED C. B. D.* *FRANCE* *7.6.18* *N. R. D 7.6.18 682*

C. B. D. *LEFT C. B. D. FOR* *14 Bn* *13/9/18* *N. R. D 1343*

O. C. BN *ARRIVED 14 BN.* *FIELD* *15.8.18* *B. 213 D 17.8.18*

31.8.18 *3 C7a* *some Multiple* *3 C7a* *30.8.18* *236*

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.

CERTIFIED CORRECT.
 15 JUN 1918
 CAN. RECORDS, LONDON.

Casualty Form - Active Service

308103rd Prendergast J.F.

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				
19.18	Unit	Wounded to hospital	Field	30.8.18	B 213.
31.8.18	55 Genl.	gwd hq 2nd	55 Genl	31.8.18	H 3339
4.9.18	do	do	Regt	4.9.18	H 6874
4.9.18	do	Invalided to England and Posted to Quebec Regt Depot, Braunschweig	at Braunschweig	4.9.18	CO 3083/5949 Pr O. 125 of 1918
<p><i>Resister</i> Lt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. F. F.</p>					
14.9.18.	QRD.	T.O.S from 14 Bn	Brischott	4.9.18	20.224 <i>Adair</i> LIEUT. FOR LT: COL: I/O RECORDS, C.O.M.F.
28-4-19		T.O.S.D.D.4. 15-4-19	Montreal	15-4-19	D.O.#118
16-1-20		S.O.S. D.D.4 (Deceased)	Montreal	15-1-20	D.O.#15 <i>Adair</i> D. C. District Depot No. 4

FORM OF WILL

I, Joseph Leo PRENDERGAST (Name in full)

Regimental Number 3081034 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

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

I devise all my real estate unto

No

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

absolutely, and my personal estate I bequeath to

Mrs. Mary Prendergast

30 Columbia Street

Montreal, P. Q.

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 17 day of January A.D. 1918

Joseph Leo Prendergast Signature of Soldier.

*N.B. Personal estate includes pay, allowances, money in bank, insurance proceeds, etc. but not everything except real estate.

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

Signature of First Witness Cecile O. Derby

Address of Witness Guy St Barracks Mtll

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness Donald Francis Smyth

Address of Witness Guy St Barrack Montreal

Occupation of Witness Soldier

ESTATES



MIL. & DEF.
P.M. JAN 22 1966

[Faint handwritten notes in blue ink, including the word "with" and some illegible scribbles]

CASE HISTORY SHEET.

Hospital. _____

Station. _____

No. _____ Rank _____ Name Prendergast - Age _____

Unit _____ Completed years of service _____ Where and how long } _____

Date of admission _____ Date of discharge _____

Diagnosis _____ Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE

18.6.19-Cont. - Sheet 2-

not irregular.

Relative Cardiac Dulness slightly out to left.

1.7.19: General improvement, slight malaria. Still definite V.D.H. and subject and objective dyspnoea.

15.7.19: No complaints with reference to joints or heart. Temperature and pulse normal. Convalescent. Heart shows blowing systolic murmur at apex transmitted into axilla.

28.7.19: Transferred to Orthopaedic, No evidence of inflammation in joints. Relative Cardiac Dulness $\frac{11}{0/10.5 \text{ cm}}$. Blowing systolic murmur at apex, transmitted into axilla. No subjective or objective dyspnoea on exertion.

19.8.19: Re-transferred to Medicine with acute arthritis multiple, and marked myocarditis. Relative cardiac dulness $\frac{11}{M.S.L/11.5 \text{ cm}}$. Marked systolic murmur transmitted into axilla.

26.8.19: Col. Browne. No thrill. Relative cardiac dulness $\frac{11}{M.S.L/10.5 \text{ cm}}$. Sounds at apex transmitted (point of maximum intensity not seen nor felt) Systolic murmur heard. Peri-cardiac friction in 3rd space to left of mid sternal line - no subjective complaints referable to that. P2 + Character of peri-cardial - Creaking dry peri-cardiac friction.

27.8.19: Blood Pressure 146/58

24.9.19: White cell count 12,200 - Polymorph 71%. Large Lymphocytes 18%. Small Lymphocytes 3 - Eosinophile 1.

20.10.19: Patient feels somewhat improved some days, others he feels miserable. Pains still persist in shoulder joints - (Tuberculosis, mental or nervous diseases.) Complains of severe pain in precordial region - had a very poor night - Pulse rapid, marked pulsation in vessels of neck.

30.10.19: Patient still miserable. Morphia gr. 1/6 given. After this he feels somewhat improved. White cell count 16,800.

TREATMENT 31.10.19: Blood culture @ after 18 hours - no growth; this morning patient feels much improved - Digilatin gr. 1/100 given q. 3 h. for three doses, followed by Tincture mm XV q. 3. h. for 3 doses - Patient slept well during the night.

19.12.19: Patient feeling miserable - Stomach upset - Pulse good.

20.12.19: Acute pain complained by patient this morning over precordium. Marked stomach S.S. enema given - Patient is relieved.

CONDITION ON DISCHARGE, 9.1.20: Condition unchanged.

(and disposal made of case.) ~~M. F. B. 337 made out for discharge to B. O. R. for further treatment.~~

14/20 Convalescing extremely poor. Gradually becoming worse 15/20 - Patient died at 7 am.

Date _____ *C. R. Brown* Medical Officer i/c case.

CASE HISTORY SHEET

Number: _____ Date: _____
Patient Name: _____
Age: _____ Sex: _____
Occupation: _____
Address: _____
City: _____ State: _____

Chief Complaint: _____
History of Present Illness: _____
Past Medical History: _____
Allergies: _____
Social History: _____
Family History: _____

Physical Examination: _____
Vital Signs: _____
Laboratory Studies: _____
Imaging Studies: _____
Diagnosis: _____
Treatment: _____
Prognosis: _____

Comments: _____
Physician Signature: _____
Date: _____

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.
 No. 3081034 Rank Private Name Prendergast, J. L. Age 22.
 Unit D.B.4. Completed years of service ^{Where and how long} C. 2/12- E.10/12- F.3/12.
 Date of admission 26.4.19- 12.5.19. Date of discharge JAN 15 1920
 Diagnosis S.W. Imp. Use Rt. Leg. Myocarditis Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Compound fracture lower 1/3 right tibia and fibula. Shrapnel wound right leg and left foot August 28.1918. Wounds were healed in February 1919, but discharge commenced on inner side right leg about one week ago.

Present Condition: Patient rather pale and anæmic looking. Has lost considerable weight he states. Walks about on crutches. There is visible shortening of right leg - measurement shows 3/4" shortening. Cannot use right leg at all. Marked deformity right leg and foot with some swelling of latter. Healed scar lower third external aspect 5" long, adherent to muscles. Scar lower third internal aspect, firmly adherent to bone 1" long, with ulcer at its centre. Foot inverted and somewhat resembling a club foot. Ankle joint A.G.F. 100°, A.G.E. 115°. Right Knee. Small hard foreign body palpable over upper part patella. No tenderness. Movements: A.G.F. 90°. A.G.E. 180°. Scars both thighs - Scar internal aspect calf left leg - no disability.

Healed depressed scar plantar aspect right foot, result of operation for removal of foreign bodies. The plantar fascia is contracted causing the foot to be arched so that it resembles a club foot.

Family History: Father killed accidentally 19 years ago - otherwise neg.

X-Ray Report 13.5.19: Old fracture both bones junction middle and lower thirds. Tibia inverted with inward bowing. Fibula 1" overlapping inward displacement of lower fragments, partial union; number small F.B.'s in soft tissues. Several pieces like threads of fine wire. Right patella - F.B. directly in front of patella upper half.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

Has had ear trouble since a child - left ear discharging every now and then, following measles in childhood.

Gonorrhoea 8 years ago.

Acute Rheumatism Fever 6 years ago - in hospital 6 weeks.

26.5.19

TREATMENT

Temp. 101. Pulse 110. Complains of headache, feeling of stiffness all over and general malaise.

(Especially any specific or special form)

27.5.19 Knees and ankles very painful - no swelling -

~~Next~~ Transferred temporarily to Medicine Ward F 3.

Heart and Lungs normal.

13.5.19: Urinalysis: Acid. Albumen 0; Sugar 0; Sp.G. 1036.

Microscopic - A few pus and epithelial cells and an occasional hyaline cast.

28.5.19: Admitted to Medical Ward for observation.

Temp. 101. Pulse 110. Multiple Arthritis. Throat infected, no membrane.

CONDITION ON DISCHARGE

(and disposal made of case.)

28.5.19: Examination of heart shows slight enlargement to left and blowing (faint) systolic murmur.

18.6.19: No evidence of inflammation in joints. Pulse still rapid, but

Date

Ch.
Medical Officer i/c case.

P.T.O.

CASE HISTORY SHEET

10/11/51
10/11/51

10/11/51
10/11/51

10/11/51
10/11/51

10/11/51
10/11/51

10/11/51
10/11/51

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE: ENGLAND or CANADA.
EFFECTIVE DATE: 1/7/18 EFFECTIVE DATE:
AMOUNT: 15⁰⁰/₁₀₀ AMOUNT:

NAME: PRENDERGAST, Joseph Leo
NUMBER: 3081034

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Gene Fog Sister
127 Elizabeth St Montreal
Stop 1.3.19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plt

UNIT AND TRANSFERS
ORIGINAL UNIT: 1 Depot Bn. 10th Bn
DATE ACCOUNT FIRST OPENED:

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
75	1-7-18	22-7-18	14th Bn.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
25.2.19	8757	XI 69 Hqs.	4867				
				4/6/19	P. 868	2 A3.	
				7/4/19	P. 818	✓ 1.22	

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALLCE
	1	10		

197.77
4867
149.10

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Can. 1³/₁₉ - NR - 2nd 242 D - HR, XI 69 Hqs HR, XI CGH - MD 5 - D.A. F. L.P.C. 1.3.19

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918 Mar	Balance forward								1983	15	holder
April	Pk Pay	33		AR 91 23 Res 15.4.18 ✓	973				4310		
May	" "	33		AR 211 " 30.4.18 ✓	730				3580	50	
June	" "	34 10		AR 352 " 15.5.18 ✓	973				6017	45	
July	" "	34 10		AR 675 " 31.5.18 ✓	730				5287		
Aug	" "	33		Gen.	1703				8587		
Sept	" "	33		D.N. C.I.B.D. A.R. 842. 5.1.18 ✓	446				8141	60	
Oct	" "	33		AR 1024 - C.I.B.D. 8/10 28.6.18 ✓	446				7695		
Nov	ppd	34 10		Gen.				15	9605		
Dec	ppd	34 10		AR 1211 6 D B D. 11.7.18 ✓	446				9159	60	
1919 Jan	ppd	34 10		1438 " 27.7.18 ✓	446				8713	60	
Feb	ppd	34 10		to ap	892			15	10623		
Mar	ppd	34 10		AR 1561 " 7.8.18 ✓	446				10177		
Apr	ppd	34 10		524 3 law Inf Ode 24.8.18 ✓	357			15	9820	60	
May	ppd	34 10		to ap	863			15	11620		
June	ppd	33		AR 1181 964 Hqs 19/8.18 ✓	243			15	11377	60	
July	P Pay	33		AR 607	243			15	13287		
Aug	"	34 10		AR 1458 9 CGH 23/10/18	243			15	13044	60	
Sept	"	33		AR 1687 " 22/11/18	243			15	14844		
Oct	"	34 10		AR Dec	243			15	14601	60	
Nov	"	34 10		A.P. funds	243			15 00	16511	60	
Dec	"	101 20		AR Feb.	243			45	18121	60	Account opened 27/2/19
1919 Jan	"	3080		AR 7987 " CGH 5/2/19 ✓	487			15	20001	60	
Feb	"			AR 8757 " 25/2/19	4867				19514		
Mar	"			AR 9556 6 CGH 12/3/19	497				19777		
Apr	"			AR 1556 6 CGH 12/3/19	497				14910		
May	"			AR 7987 " CGH 5/2/19 ✓	487				14423		
June	"			AR 8757 " 25/2/19	4867						
July	"			AR 9556 6 CGH 12/3/19	497						
Aug	"			AR 1556 6 CGH 12/3/19	497						
Sept	"			AR 7987 " CGH 5/2/19 ✓	487						
Oct	"			AR 8757 " 25/2/19	4867						
Nov	"			AR 9556 6 CGH 12/3/19	497						
Dec	"			AR 1556 6 CGH 12/3/19	497						

33 45 1 P.C. 15 60

NUMBER 3081034 RANK

NAME Prendergast, J. L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33	43	Forward -	58	41		15 -	14423	60 -	
				Acct Adv. 236. Trans. Acct. No. 3/3/19	2	43			14130		
				Acct Adv. 118. Steffen Mill. 2/1/19	1	23			14058		
		33	43	1568 Docuit 7/4/19	62	06		15 -			
				LPC indomd. AR 1559 5 GH Kirkdale 27/3	4	87			13571		
				LPC indomd. " 886 " 9/4	4	87			13084		
					9	74					

S.O.S. Tolana 15.4.19 \$500.

L.P.C.

This space to be left blank for the C. I. Case Number.

Army Form B. 268.

797

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 3081034. Army Rank Private.

Name Breudergast. Joseph. Leo
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Quebec Regiment

Battalion, Battery, Company, Depot, &c. 14th Cav. Bn (ops) 1st Div. E. O. R. (O.U.)
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 15-1-20

Place of discharge Deceased

1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.
Age	years _____ months _____	
Height	feet _____ inches _____	
Chest measurement	{ girth when fully expanded _____ ins.	
	{ range of expansion _____ ins.	
Complexion	_____	
Eyes	_____	
Hair	_____	
Trade	_____	
Intended place of residence	(To be given as fully as practicable) _____	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to* _____

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment _____

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances, (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
(Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).
(Army Form B. 221.)
8. Court of Inquiry on an injury (if any).
(Army Form A. 2.)
9. Regimental conduct sheet.
(Army Form B. 120.)
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178.)
13. Medical report on invalid (if any).
(Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103.)
20. Employment sheet.
(Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any).
(Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

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 St. Anne de Bellevue DATE 9/10

1. 1 (a) Unit D.D. #4 (b) Regimental No. 3081034 (c) Rank PLC
 (d) Surname Proulx (e) Christian name Joseph - Sen.
 (f) Home address 14 - St. Agnes Ave. Pt. St. Charles, Montreal
 (g) Next of Kin Marie L. Proulx (h) Relationship mother
 (i) Address of Next of Kin 14 - St. Agnes St. Pt. St. Charles, Montreal
 2. Age last birthday 22 Date of birth 29-7-1897
 3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 5-1-18
 4. Personal description:
 (a) Height 6' 2" (b) Weight 115 (c) Complexion Fair
(stripped)
 (d) Colour of hair Bl. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small scar on leg
Madras

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
	2	5

	PERIODS	
	From	To
Canada	5 - 1 - 18	15 - 2 - 18
England	28 - 4 - 18	5 - 5 - 18
	17 - 2 - 18	4 - 4 - 18
France or other theatres of War	28 - 8 - 18	28 - 8 - 18

7. Original disease, or injury Impaired use of R. leg following I.S.W.
 (a) Date of origin Aug 18 (b) Place of origin France
 (c) Cause Shrapnel

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) Impaired function of leg: following G.I. W.

B) V.D.H. following rheumatic fever. Myocarditis: marked weakness - very poor function of heart. Necessity for rest of the body. bed patient.

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: Cannot use it leg at all - marked deformity at knee & foot. Healed scar lower 1/3 ext. aspect 5" long, adherent. Scar lower 1/3 int. aspect, adherent to bone 1" long. Foot irregular, resembling a club foot - ankle joint A.G.F. 100° - movements of it knee A.G.F. 90° - A.G.E. 180° X-Ray: old fracture both bones function middle and lower thirds. Fr. ends 1" overlapping. Forward displacement of lower fragment partial union.

B) Subjective: Patient cannot use leg at all.

B) Objective: Enlarged heart to left - blowing systolic murmur at apex transmitted to axilla - R.C.D. 11.5 cm. P. 60 not seen or felt - Pericardial friction 3rd space left of M.S.L. - P 2 + 1 Blood Pressure 146/58

(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

B) Subjective: Frequent precordial pain. Gastric trouble accompanying. Dyspnea. Choking sensation. Patient feels well for a while in a seated position.

30-10-19 White Cell count 16,800
25-11-19 do 12,200

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

Entered from 18 to Eng. hospital 18, France June 18 evacuated to Eng. Sept. 1918. Fracture Rt. leg following G.I. W. Treated in different hospitals till J. to C. and admitted S.G.B. 24-4-19. Under treatment for G.I. W. of leg and V.D.H. following long attack of acute rheumatic fever Bed patient

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).)

Pre-enlistment: Vegetative.

W.H.I. - Grounded. 7-1-18 to 7-2-18

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

§ l.w. at leg.

11.—(a) Did the disabling condition have its origin before enlistment? *(A) No (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 + B. Unappreciable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *A and 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) Permanent - B) Permanent - (Handwritten: Permanently - Totally Disabled)*

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

Orthopedic treatment.

Digitalis - Hydrochlorization

Massage.

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)

Yes.

16. Can the former trade or occupation be resumed? *No - Patient in a hopeless condition.*

(If not, briefly state why)

17. Recommendations.

For discharge to S. C. R. for further treatment.

Amulio P. P. [Signature]

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..... 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.....

(Handwritten initials)

J. J. Pendergast
Signature of invalid examined.

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.

.....
.....
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.)
V.D.H. - Rest in bed - indefinitely -
(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. to J.C.R.

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 *J. Amundson* }
DATE *17/70* }
J.G. Monmouth Col. President.
P.J. Bird Major 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 *Amundson* APPROVED BY
Colonel Director-General of Medical Services.

DATE *JAN 15 1920* DATE.....

Nov. 7 1917

MILITARY SERVICE ACT, 1917. ORIGINAL 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 PRENDERGAST Christian name Joseph Leo

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 103458 DC

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

4. Address (including street and number, if any) 125 Nazareth St. City. 11 SEP 1918

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 22 Years 5 Months. 6. Apparent age 22 Years 5 Months

7. Height 5 Feet 1 Inches. 8. Weight 107 Pounds.

9. Chest measurement { Minimum 30 1/2 Ins. Maximum 33 Ins. 10. Complexion Fair { Eyes Blue Hair Brown

11. Physical development { Good Fair Poor 12. Smallpox marks _____

13. Number of vaccination marks { Right arm _____ Left arm 1 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

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.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2 Slight Varicocile

17. (a) Vision R. 30 L. 30 (b) Hearing. R. OK L. Voice 15 ft

(sgd) C. L. Brown, Capt. President.
 (sgd) H.P. Stockwell Capt Member. (sgd) J.R. Gauthier, Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.1.18</u>		M.O.	<u>18.1.18</u>		<u>E. Lockpelle</u> M.O.
<u>19.2.18</u>		<u>J.A. Hainic Capt</u> M.O.	<u>FEB 8 1918</u>		<u>E. Lockpelle</u> M.O.
		M.O.	<u>13.2.18</u>		<u>J.A. Hainic Capt</u> M.O.

Joined 5th day of January 1918 at Montreal

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BN. 1st QUEBEC REGT.</u>	<u>2081034</u>		
<u>23rd RESERVE BATT. C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>18.2.18</u>	<u>Til</u>	<u>ATG</u>

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

M. F. B. 313. 300M.—10-17. 1772-39-43B.

14 FEB 1919 15 FEB 1919 APPROVED

Involved in Canada
 Wallace A. Swift
 A.D.M.S. CANADIANS, SHEPHERD

Signature of Man Joseph Leo Prendergast (Capt)

CANADIAN MILITARY SERVICE ACT, 1917. ORIGINAL MEDICAL HISTORY SHEET.

Surname *Spender* Christian Name *Joseph Lee*

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						
<i>GNCH</i>		<i>19</i>	<i>1</i>	<i>187</i>	<i>21</i>		<i>Guna</i>	<i>19</i>	<i>Fit to Unit</i>	<i>(Signature)</i>			
<i>Memor House, F.W. Stone</i>		<i>4</i>	<i>9</i>	<i>18</i>	<i>18</i>	<i>1</i>	<i>Camp Fract. R. Tibia & Fibula</i>		<i>Commenced w/ of sole R foot & left. Flex. Blood Back splint. Daily massage of ankle.</i>	<i>W.D. Chambers</i>			
<i>No. XI CANADIAN GENERAL HOSPITAL MOORE BARRS, THORNCLIFFE.</i>		<i>11</i>	<i>8</i>	<i>JAN</i>	<i>1919</i>	<i>26</i>	<i>Camp Fract of Tibia & Fibula L.S.W.</i>	<i>40</i>	<i>X-Ray, 5/2/19. Fract lower 1/3 shaft of tibia & fibula. Anterior Post view shows fragments lying at 120° Colles' pos except of ant. fragment. Requested 2 small FB. 1/8" x 1/4" present about 2" above site of fracture. Scar on thigh still discharging wound on medial side of tibia still discharging. Foot in an arch position due to wound on plantar surface. In a stilet case boarded. J.T.G. Operation proposed here but he declines it done in theatre.</i>	<i>(Signature)</i>			
<i>No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.</i>		<i>26</i>	<i>FEB</i>	<i>1919</i>			<i>Camp Fract Tibia & Fibula L.S.W.</i>		<i>None now visible. Anterior view almost healed & in line side; leg tall. Star. Urea. No other change.</i>	<i>(Signature)</i>			
<i>"ARAGUAYA."</i>		<i>14</i>	<i>4</i>	<i>19</i>	<i>14</i>	<i>APR</i>	<i>1918</i>	<i>25</i>	<i>4</i>	<i>19</i>	<i>NO</i>	<i>NO CHANGE</i>	<i>(Signature)</i>

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3081034	Pte.	Prendergast.	Joseph. Leo.
Year.	Unit.	Age.	Service.	
	1919	14th Canadian Batn.	22. 8/12.	-
Station and Date.	Disease			
No. XI. CGH. Shorncliffe.	IMPAIRED USE OF RIGHT LEG.			
<p>Enlisted Jan. 1918. to England March 1918. To France June 1918. Evacuated to England Sep. Com. Fracture right leg. SW. right leg and ft foot. Documentary.</p> <p>1. C.C.S. No. 33. August 30. 1918.</p> <p>2. 55th Gen. Hospital France. 31. 8. 18. "Excised wd. ant. int. surface of right tibia. Fract of tibia and fibula. Excised wd. inner side of sole of foot. Put up in a Thomas Splint with slight extension below fract."</p> <p>3. G.W.C.H. 19. 1. 18. to 7. 2. 18. Gnr.</p> <p>4. Manor House. Folkestone. 4. 9. 18 to 18. 1. 19. Comp. fract. rt. tibia and fibula.</p> <p>5. No. XI. CGH. Shorncliffe. 18. 1. 19. to date. Comp. Fract. of rt. tibia and fibula. Statements: Says he was operated on 4 times at Manor House Hospital. another operation was advised here but he preferred to have it done in Canada. So Boarding him as a stretcher case.</p> <p>Present condition. Subjective. Cannot use leg. Does not complain of pain at present. is a bed case.</p> <p>Objective. Leg in a Posterior splint. Wound on post. side of fibula. 5/8" is discharging superficially 1/2" in the centre. Wound on medial side of leg - large scar formation. A small amount of discharge. Healed scar across plantar surface of right foot, contracting the plantar surface fascial so that foot is arched, and somewhat resembles a club foot. X-ray report 5. 2. 19. "Fract. of lower third shaft of tibia and fibula. A.P. view shows fragments in lying at angle of about 120 degrees Callus good except at centre. Suggestion of sequestra. Two small f. bs. 1/8" x 1/4" present about 2" above site of fracture" sd. Capt. Jones. A small fb. can be felt over patella. A small circular scar on upper leg is still discharging. General condition fair. Heart and lungs normal. Slight varicocele. Other systems normal.</p>				

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) [P. T. O.]

Station
and Date.

11

No 5 Cune General An. p. 100

2/2/9. Bones now united, tissues almost
lined with large area of scar tissue
on inner side of the tubes. Some
tearing of tissue inward. Some
thickening. Plates are increased
due to plates towards foot - contraction
also some contraction of foot at tubule
from contraction of tendons. All
movements somewhat hindered

W. B. G. M. M. M.



X. Ray Department,
No. XI Canadian General Hospital.
Record No. 10049.

M.O.wd.l.
No.XI.CGH.

6.2.1919.

Pendergast. J.L.Pte.
3081034
14th Bn. Canadian.22.,
right leg.

fracture lower third
shaft of tibia and fibula. Ant. post. view
shows fragments lying at angle of about
120 degrees. Callus good except at centre.
Suggestion of sequestra. Two small foreign
bodies present $\frac{1}{2}$ " x $\frac{1}{4}$ " about 2" above site
of fracture.

.....
OFFICER IN CHARGE

No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS,
SHORNCLIFFE.

10049. P. 7.

W. A. Jones, Capt
MAJOR, C. A. M. C.



X. Ray Department,
No. XI Canadian General Hospital.

Record No.
10049.

M.O.wd.1.
No.XI.CGH.

6.2.1919.

Pendergast. J.L.Pte.
3081034
14th Bn. Canadian.22.,
right leg.

fracture lower third
shaft of tibia and fibula. Ant. post. view
shows fragments lying at angle of about
120 degrees. Callus good except at centre.
Suggestion of sequestra. Two small foreign
bodies present $\frac{1}{2}$ " x $\frac{1}{4}$ " about 2" above site
of fracture.

W. A. Jones, Capt.
..... MAJOR, C. A. M. O.

OFFICER in CHARGE, X-RAY DEPARTMENT,
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS
SHORNCLIFFE.

P.7
10049

Reserved for M.H.C.

MEDICAL HISTORY

Regt. No. 3081034 Rank Pte Surname Prendergast Christian Name Joseph Leo
 Unit or Corps—(a) Overseas from United Kingdom 14 Can Bn (b) in United Kingdom 1460n Bn, 123 (Recd)
 Born at—Town Montreal County or Province Que Country Canada
 Date of Birth—Day 17 Month July Year 1896 Age 22 yrs. 8 months.
 Joined at Montreal, Que, Canada Date 5th January, 1918
 Former trade or occupation Machinist

Permanent Marks or any peculiarity that will serve for future identification :—

*Numerous healed scars about elbow joint also on left leg.
 Scars on right leg also one across ptosis and a few on foot.*

Height—feet 5 inches 1 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) J. Prendergast

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)
 Disabilities Group (b)
 Disabilities Group (c)

Impaired Use Of Right Leg

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>SHRAPNEL</u> <u>ARRAS</u> <u>France</u>	<u>Aug</u> <u>28, 1918</u>
(ii.) As to Group (b) above.	<u>P-500.</u>	
(iii.) As to Group (c) above.		

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? No If yes, has Active Service aggravated it ? N.A.
 (ii.) As to Group (b) above ? If yes, has Active Service aggravated it ?
 (iii.) As to Group (c) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? Yes
 (ii.) As to Group (b) above ?
 (iii.) As to Group (c) above ?

(1) 5. MEDICAL HISTORY. Enlisted Jan. 1918 to England March 1918 to France in June 1918. Evacuated to England Sept. 6 on fracture Rt Leg. Sold. Rt Leg left foot.

(2) Documents:
 (1) C.G.S. No 33, Aug 30, 1918.
 (2) J.S. Gen Hosp. France, 31/8/18 "Examined and ordered treatment of fracture of tibia & fibula. Fracture of tibia & fibula. Fractured and inner side of sole of foot. Put up in a Thomas splint & left leg in a below fracture splint."
 (3) G. W. C. H., 19/1/18 to 22/1/18 Im -
 (4) Monon France, Fochentons, 4/9/18 to 18/1/19 Camp 7000 Rt Tibia & Fibula
 (5) No XI C. G. H., Shoreham, 18/1/18 to date Camp 7000 Rt Tibia & Fibula.

(3) Statement: Says he used a splint on 4 times of Monon France Hosp. another operation was advised here but he preferred to have it done in the quads. So boarding him on a stretcher board.

6. PRESENT CONDITION. Cannot use leg. Does not. Subjective: complaint of pain at present. Is a bed case.

Objective: Leg on a Pasternak splint. Wound on superficially 1/2" in the center, wound on medial side of leg. Larger scar formation, a small amount of discharge. Healed scar across plantar surface of right foot, contracting the plantar surface fasciae so that foot is arched and somewhat resembles a club foot. X-Ray Report 5/2/19 "Fracture lower 1/3 shaft of tibia and fibula. Anterior posterior view shows fragments lying at angle of about 120°. Callus good except at center. Suggestion of sequestrum. Small foreign bodies 1/8" x 1/4" present about 2" above side of fracture." Capt Jones, a small foreign body can be felt over patella. A small circular red at end upper leg still discharging. General Condition Fair. Head & lungs normal. Height 5'6". Weight 145 lbs. No. 10808

7. OPERATION. (i) Was one performed? **Yes** (ii) If so, state what. **at 55 Gen Hosp France, also he says several times at Monon France Hosp Folkestone**
 (iii) Was one advised and declined? **Yes**
 Vide U.C. 13100. No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? **No.**
 (ii) If so, describe.

9. DO YOU RECOMMEND:—
 (a) Fit for duty? (state category)
 (b) Invalid to Canada? **Yes**
 (c) Discharge from the Service as permanently unfit?

Date of Report **Feb 7, 1919**
 Station **No XI C. G. H. Moore B.K.S. Shoreham, Kent**
 Signed **[Signature]**
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein **except**
[Signature] (Officer i/c Hospital) Strike out one of these (S.M.O. Brigade)
 Dated at **[Stamp]** Station, on **17 Feb 1919**
 *Delete if inapplicable.



Proceedings

10. Is the disability full? If not, describe it.

11. Is the cause of the disability... If not, describe it.

12. From the medical history now adduced, was the disability caused or aggravated by... By...

13. THE ENTIRE disability is present for earning purposes? (Estimate at not more than...)

14. THE DISABILITY previous to joining the Forces? What part of the disability is due to military service? (Estimate at not more than...)

15. Permanency of the disability:
 (i) Is it permanent?
 (ii) If not permanent, when is it expected to terminate?

16. If an operation was performed, consider the results.

17. Can the former trade be resumed?

18. REMARKS:—

19. RECOMMENDATION:
 (a) Fit for duty (state category)
 (b) Invalid to Canada?
 (c) Discharge from the Service as permanently unfit?

Date of Board **4 Feb 1919**

No. XI CANADIAN GENERAL HOSPITAL
 Station **MOORE BARRACKS, SHORNCLIFFE, KENT**

Approved **wa**
 Dated at **17 Feb 1919**

Proceedings of a Medical Board on the Soldier mentioned in Part I.

- 10. Is the disability fully described in Part I. (1)?
If not, describe it. *Ym*

- 11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it. *Ym*

- 12. From the medical information now adduced, was the disability caused or aggravated by:
 - (a) Negligence of the Soldier { Caused? *u*
Aggravated? *u*
 - (b) Misconduct of the Soldier { Caused? *u*
Aggravated? *u*

- 13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) *u*

- 14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *u*

- 15. Permanency of the Disability due to Service estimated next above in (14).
 - (i) Is it permanent?
 - (ii) If not permanent, what is its probable minimum duration (in months)?

- 16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

- 17. Can the former trade or occupation be resumed?

- 18. REMARKS:—

19. RECOMMENDATION:—

- (a) Fit for duty? *u*
- (b) Invalid to Canada? *u*
- (c) Discharge from Service as permanently unfit? *u*

Date of Board **14 FEB 1919**

Station **No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE**

Approved **William A. Swart** COLONEL A.D.M.S.

Dated at **A.D.M.S. CANADIANS SHORNCLIFFE AREA** Station **15 FEB 1919**

Signatures of the Board: *W. A. Swart* (President), *J. H. ...*

March 1918 and Sept.

side of note of decision below

1918 this photo

1918 this photo

used to show

sect. 12 a

discharging

of discharge

containing

5/2/19

posterior

Callus good

of weight

Capt Jones

changing

at other Sept

also the rap

stance Harp

evidence to the contrary.

medical charge of case.

Strike out one

Brigade of these

191

P804
H.H.



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

REGT. No. 3081034 RANK Pfc NAME (IN FULL) PRENDERGAST, JOS. L.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. _____

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 1-5-19 RELATIONSHIP sister

TO WHOM PAID Mrs J. Joy ADDRESS 14 St. Agnes Ave. St. St. Charles Montreal

ORIGINAL UNIT C.E.F. 1st Q.R. PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 3-1-18 TRANSFERRED TO DATE AUTHORITY

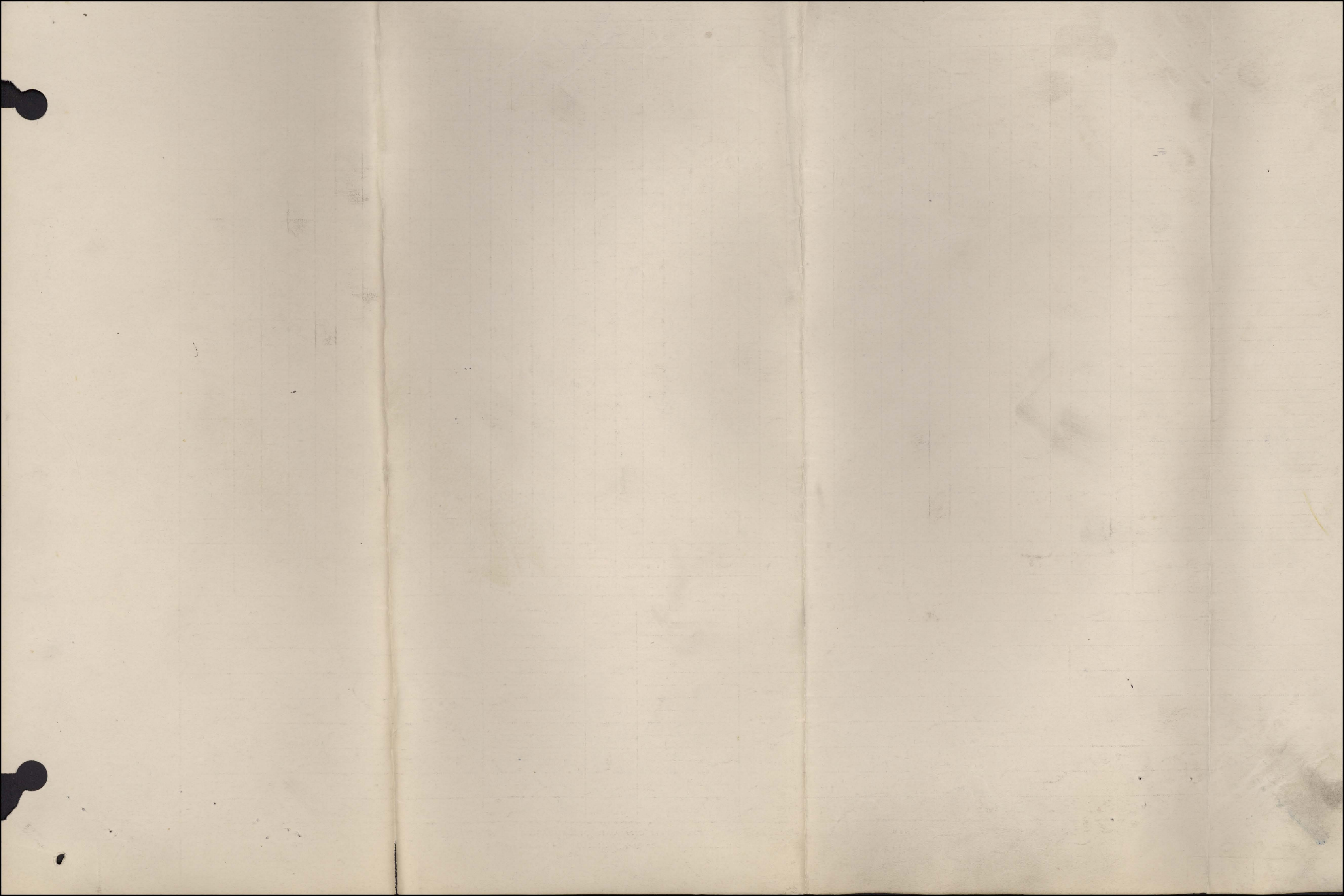
ASSIGNED PAY \$ 1500 DATE EFFECTIVE 1-5-19

PAYABLE TO Mrs J. Joy (Sister) ADDRESS 14 St. Agnes St. St. Charles Montreal

STOP PAYMENT FORM RENDERED, DATE EFFECTIVE

DISCHARGED Montreal Decead. 15-1-20 PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY No 15-1

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				\$	C.	\$	C.		\$
BALANCE FROM PREVIOUS ACCOUNT					149 10													149 10		ARRAQUAYA. Bal br 298 P6 28/2/19. 149.10 ✓
Jan 31	10	34 10			34 10	586 16/3			4 87		50 00					69 61		113 59		
Feb 30	10	33 00	2 40		35 40	886 27/3			4 87									148 99	740 days Fur Extra. 28/4/19 to 30/4/19 00118-1 900 12 - - 15/19 to 17/19 ✓	
Mar 31	10	34 10	9 60		73 70	886 9/4			15 00							45 00		177 69	Ad. di. 2/19 3737 ✓	
Apr 30	10	33 00			63 00	5163 7			45 00							60 00		180 69		
May 31	10	34 10			64 10	10032 24			45 00							60 00		184 99		
Jun 30	10	34 10			64 10	1356 28			45 00							60 00		188 89	Grasp Adv - Jan 1919 183-62 AP 14766-5-24 ✓	
Jul 31	10	34 10			64 10	1648 29			45 00				3 65			63 65		188 24		
Aug 31	10	33 00			63 00	1648 29			45 00							60 00		192 34		
Sep 30	10	34 10			64 10	1648 29			45 00							60 00		192 34		
Oct 31	10	34 10			64 10	1648 29			45 00							60 00		192 34		
Nov 30	10	33 00			63 00	19493 24			45 00							45 00		210 34		
Dec 31	10	34 10	25 30 00		64 35	20762 19			45 00							60 00		214 69	25 4 mes grant ✓	
Jan 31	10	34 10			64 10	22140 19			45 00							60 00		214 69	233 79 paid to Direct of Real Estate ✓	
					802 05				233 79							278 79		214 69	ch 22150 - 19-1-20 ✓	
																802 05				
<p>Other Credits W.S.C. S.A. Total War Service Gratuity Other Charges W.S.C. S.A. Total Soldier Dependents</p> <p>280 00 120 00 400 00 140 00 60 00 200 00 70 00 30 00 300 00 70 00 30 00</p> <p>70 00 30 00 400 00 70 00 30 00</p> <p>70 00 30 00 400 00 70 00 30 00</p>																				
<p>Final</p>																				



Date of Enlistment 5-1-18

MILITIA AND DEFENCE

Date of Assignment

1-7-18

Separation and Assigned Pay Branch

1st July 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25	30		
----	----	--	--

1-7-18
1-9-18
162153
M023903

RATE OF ASSIGNMENT

\$15.00			
---------	--	--	--

P 7053
7063

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion 1st Que Regt
 Beneficiary Sister
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 MRS. JANE FOY,
 126 NAZARETH ST.,
 2 MONTREAL, QUE. 15 15.00
 3 % 3081034 PTE JOS. PRENDERGAST
 FIFTEEN DOLLARS
 4 14. St. Agnes Av. Point St. Charles per env. J.L.

Date	Cheque No.	Amount S/A	Amount A/P	Total
July	J 33342		15-	15-
Aug	Q 40281		15-	15-
Sept	O 42027		15-	15-
Oct	G 48662	25	15	40
Oct.	M 1496	75	-	75
Nov	N 58409	25	15	40
Dec	N 64444	45	15	60
Jan	A 75703	30	15	45
Feb.	F 76640	30	15-	45-
March	A 87837	30	15-	45-
ap.	A 4789	30	15-	45-
		290	150	

File No 14766-J-24 REMARKS N.R. 703A
 Pa. paid to Sister as a Special Case from 1-7-18 date of assignment of pay. Sister has five children & is in need.
 M. P.O. 13418 A. 60.6322
 Ruling P.A.B. 2-10-18 B.H. 10-18
 M. R.O. 4. P. und re ch. add 4-11-18. B.S. per T.
 A/c Closed 30-4-19.
 Rep'd per Uruguay.
 Date 25.19.19 F.X. 25.19.
 Clerk Ray
 m.D. #4. P.O.
 M.P.O. Lt. 88797 Destroy end.

M. F. W. 126.
400m. 47-1772 50-1141
L. L. 2320-M. & D. 7993.

AUTHORITY } Cable T8422
 FOR } File 14766-J-24
 NEW ACCT. } Wagnie 14-6-18

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

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

PARTICULARS OF ASSIGNMENT

Name	
Address	
	Change of Address
1	
2	
3	
4	

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