ATTESTATION PAPER.

No. 34525

Folio. —

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Peter Ryan
2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal Que.
3. What is the name of your next-of-kin? ..... Mrs. Adele Ryan (Mr.)
4. What is the address of your next-of-kin? ..... 97 Dorchester Montreal Que.
5. What is the date of your birth? ..... Feb. 13. 1885
6. What is your Trade or Calling? ..... Steam Fitter
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? If so, state particulars of former Service. ..... R.C.R. 6 yrs. Pte.
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.

Peter Ryan (Signature of Man).

Lt. C. S. McGregor (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Peter Ryan, 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.

P. Ryan (Signature of Recruit)

Date 23/9 1914. R. O. Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter Ryan, 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.

P. Ryan (Signature of Recruit)

Date 23/9 1914. R. O. Campbell (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 Quebec this 23rd day of September 1914.

(Signature of Justice)

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

(Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

S 7 Ame

Description of Peter Ryan on Enlistment.

Apparent Age 30 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 35½ ins.
Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair black

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

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).

tattoo on r. forearm
hearts & flag
Bee R
Wart on left shoulder

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 Aug. 28 1914.

Place Val Cartier

R. Maynard
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.

P. Ryan 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.

Minnie MacLaren Major (Signature of Officer)

Date Sept. 23rd 1914. O.C. No 1 General Hospital. C.E.F.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name Ryan, Peter.

Regt. No. 34525 Rank Pte.

Corps C. A. M. C.

30082

Med. Unfit. Auth. H.2.60-4-8

of 9-9-15.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2 & 3 .....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet ..2.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....2.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....3.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate...2.....

Inventory of Kit.....

Last Pay Certificate.....

A 4 B 178 - 1 a.o. 2 1237-6

a.o. 03 181-5

A 4 B 122 - 2 a.o. 2 1242-4

Misc 2 a.o. W 3212-23

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

No. 34525 RANK Pte. NAME Ryan, P.

T. O. S. UNIT Casualties, C. E. F.

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 1	1916 July 19	"		

Name RYAN P?W. *Rank* Pte. *Reg. No.* 34525

Unit C.A.M.C. No.1 Ganadian General Hospital

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO	W.O. List

TRANSFERRED TO TRAINING SCHOOL

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List

SURNAME. Ryan. (649-R-1770)

CARD NO.

CHRISTIAN NAMES Peter.

ROLL. 3

S.S. Dis 19-7/16

REGL. No. 34525. RANK Pte.

UNIT No. 1. Gen. Hospital

FORMER CORPS R.C.R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Ryan Mrs. Adele.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 97 Worchester St. Montreal P.Q.

COUNTRY OF BIRTH Canada, Montreal P.Q. DATE Feb. 13th. 1885

PLACE OF ATTESTATION Quebec P.Q. DATE Sept. 23rd. 1914

S/S. 4/10/14.

R/S 11/6/16.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 177-39-339.

From Quebec Per. S.S. Scandinavian 4/10/14

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Steam fitter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 30 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Tattoo on right fore-arm. Hands & flags Bee R. Wart on left shoulder.

MEDICAL EXAMINATION. PLACE Valcartier P.Q. DATE Aug. 28th. 1914.

Present Address. Not stated.

No. 34525. RANK Pte. NAME Ryan. P.

T. O. S. UNIT Discharge Depot. Quebec

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June	1916 no dates	no	C. A. M. C.	

No. 345 25 RANK Pte NAME Ryan P

T. O. S. UNIT No I General Hospital, C. E. F.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Sept 16	Sept 21	✓		
Sept 22	Oct 31	✓		

UNIT SAILED
OCT 3 1914

Name RYAN P.W. *Rank* Pte *Reg. No.* 34525.

Unit C.A.M.C. ~~No.1 Can.General Hospital~~. 13 CCAC

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915.						
Nov 17	No.1 Can.Gen.Hosp.	Etaples.	Bronchitis	96	E	
Dec.5	Disch.to duty		Ditto	112.	E	
" 11.	No.1 Can.Gen.Hosp.	Ditto	Myalgia	117	E	
" 16.	Disch.to duty		Ditto	122	E	
Dec.18	No.1.Can.Gen.Hosp.	do	do	124	E	
" 29	Disch.to duty		Ditto	129	E	
" 31	No.1.C.G.Hosp.	do.	do.	131	E	
1916						
Jan.20	Quex Park Hos.	Birchington Kent	Sciatica	127		
Feb.10	Disch. to light duty Ex Mil.Hos.S'cliffe		do.	139	E	

P.T.O.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
MAR.25	Moore Barr.Hos.	S'cliffe	Bronchitis	176	ER	
May 11	Military Hospital	S'cliffe	Phthisis	207		
June3.	Discharged:-		do.	258.	ER	

HAQ

649-R-1770.

Ryan P. Pte. # 34525-C.E.F. C.A.M.C.

Medals
& Dec. (widow) Mrs. B. Ryan,
62-A Papineau Ave.,
Montreal, P.Q.

P.&.S. (widow) ditto
(Ser. # 806248.)

Mem. Cross. (widow) ditto

Elig. for 14-15 star (No 1. Gen. Hospital C.A.M.C.) Pte

Scroll Desp. MAY 3 - 1921 Reqn. No 240758

E. .. .V on

Plague Desp. JAN 11 1922 Reqn. No P24394

E. - B W M.

a

Surname	Christian Name or Names	Reg. No.
Ryan	Peter. W.	34525.

Rank	Unit	Co.	Troop	Batty.
Pte.	No. 1. G.H.			

Hospital	Date of Admission
# 1 Gen Netherlands	4. 3. 15
Transferred No. 1. G.H.	Hosp. 5. 1. 15.
#1 Can Gen. Etaples	Hosp. 11-12-15
— Ditto —	Hosp. 14-11-15
— Ditto —	Hosp. 15-12-15
— Do —	Hosp. 18-12-15
	31-12-15

Diagnosis: Laryngitis Influenza. Bronchitis

(1) Later Diagnosis (if changed): Myalgia

(2) Sciatica.

(3) Rheiria

Additional Diagnoses: If more than one state present

DISPOSITION: Duty 15.3.15

Date: Dis. to duty. 21.1.15. 5-12-15 Dis to Duty 16.12.15

REMARKS: Disch.d to Duty 29-12-15 " " Light Duty. 10.2.16. Dis. 3.6.16

A & D. Bk. S.	
C.L. 18-12-15	#117
C.L. 23-11-15	#96
C.L. 24.12.15	122.
C.L. 28-12-15	124
" 13-12-15	112
" 6-1-16	129
" 16-1-16	131
A & D Bk #4 # 1 Gen	
C.L. 27.1.16	127
" 15.2.16	139

A.M.D. 2 DEPT.

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

P. J.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Queens Pk Birchington	20.1.16
2.	Shorncliffe Milit	10.2.16
3.	Mobile Bks. Shorncliffe	25.3.16
4.	Mil. Shorncliffe	11.5.16
5.		
6.		
7.		

C.L. 25.3.16 #176
" 12.5.16 207
6.9.16 258.

ORIGINAL.

34525 280 117

MEDICAL HISTORY SHEET.

Surname Ryan Christian Name Peter

Examined on 28 day of Aug 1914 at Valcartier

Birthplace City or Town Donkieul County Que

Apparent age 30

Trade or occupation Steam fitter

Height 5 Feet 6 Inches.

Weight 148 Lbs.

Chest measurement Minimum 32 1/2 inches. Maximum expansion 35 1/2 inches.

Physical Development Good

Small-Pox Marks 0

Vaccination Marks Arm Right Left ✓ Number 1

When Vaccinated last 1906

(a) Marks indicating congenital peculiarities or previous disease Tattoos on R. forearm Hands & Flag. Beer.

(b) Slight defects but not sufficient to cause rejection Wart on L shoulder.

Approved by F. Thomas. Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-engagement	
			M. O.
			M. O.
			M. O.
			M. O.
			M. O.
			M. O.
			M. O.

MAR 28 1916

Date	Result	Vaccinations.	
✓			M. O.
			M. O.
			M. O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Sept 2			M. O.
			M. O.
			M. O.

Enlisted on 23 day of Sept 1914 at Quebec

	Corps.	Regt'l Number	Habits.	Date.
Joined on enlistment.	R.A.M.C. No I. General Hospital	34525		28/9/14.
Transferred to.....				

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Mount Barrules	May 8-16	Phthisis	Discharged W. Fraser Capt.

Lieut.-Col. In Charge of Records, Canadian Contingent.

10 MAY 1916 Approved S. L. Walker Capt. for A.D.M.S.

Canadian Training Division, Shorncliffe.

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.

Entries in Red Ink made from Attestation Sheets.

M. F. B. 313.

5M—8-14. H. Q. 1772-39-439.

AUG 19 1915

for D. D. M. S.

Surname: McCaul Christian Name: Peter

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
No 1 Gen. Hospl		5	1	15	22	1	15	Influenza	18	Recovered.	A. G. H. Bennett Capt.
Quex Park.		20	1	16	10	2	16	Sciatica	22	To duty	J. Campbell Capt.
Mbrit.		25	3	16				Phthisis		Sputum analysis T.B. positive two specimens Board papers prepared 6/4/16.	F. H. Pratten Capt.

Duplicate Medical History Sheet posted to here.
Medical Registrar
Record Office.

DISCHARGED IN CANADA:-
NO LONGER PHYSICALLY FIT FOR WAR SERVICE,
PARA. 392: XVI: K.R. & O.
J. Leverett
for O.C.
CANADIAN CASUALTY
ASSEMBLY CENTRE,
FOLKESTONE.

Forms I. 1237 B.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. Year	Regimental No.	Rank.	Surname.	Christian Name.
12458	34525	Pte	Ryan	Peter
	Unit.		Age.	Service.
	I.S.		36	19/12

M.B. Station and Date.

Disease Bronchitis.

Compt. Pains in head and chest. Pain in right hip. Sweats at night.

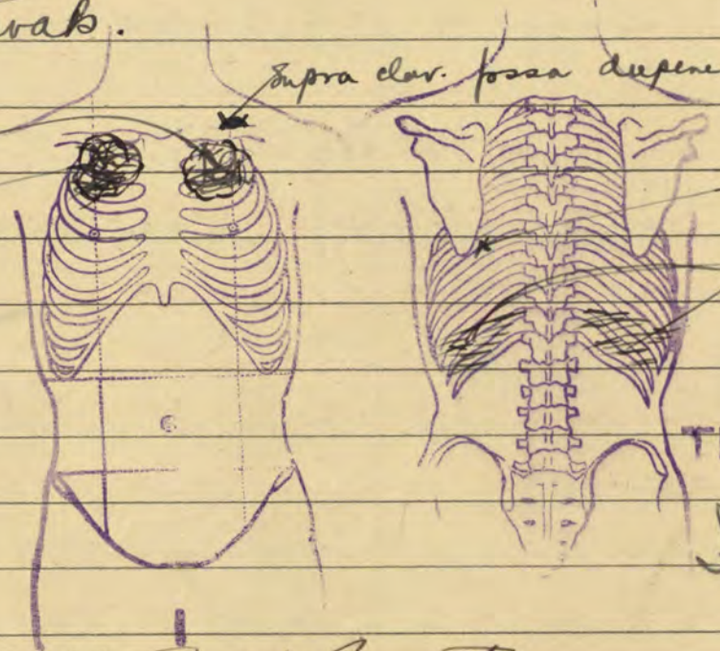
Duration Five months.

Family Hist. F. d. 55. T.B. Pul. – M. 62. axw. B.3. Twelve One unhealthy. Condition unknown.
S.2. axw. 1d. 36. Pul. T.B. Single.

Pers. Hist. Rheumatic Fever 1908 in Quebec. Frequent attacks of Tonsillitis + Influenza.

Previous Illness Was in France Apr. 25/15 to Jan. 20/15. Member Sanitary Squad. Spent 2 mos. in hospital at three separate times ① Influenza, ② Myalgia ③ Sciatica.

Pres. Illness Pains in back + legs + head. Had a cold. Coughing considerable. Sputum ++ Blood at intervals.



TRANSFERRED.
9 MAY 1916
Hastings

F. H. Crotty

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
	(Influenza)
M.B.E.F.	Hosp. at No. 1. C.G.H. for 18 days and was discharged from hosp. Returned with same complaint in a week. (Myalgia added to diagnosis) Returned to work in two weeks for a period of ten days. Hospital again with an added diagnosis of Sciatica for 18 days. Invalided to England. Arrived M.B.E.F. Mar. 18th.
Examination.	— (chart over page).
	Pers. Condit. — Coughs at night. Sputum + in am. No Blood recently. Night sweats. Normal weight 155 — now 137. Appetite poor. Bowels regular.
	Chest — Expansion lessened on left side & slightly delayed. Supraclavicular fossa deeper on left side & clavicle more prominent. Musculature fair.
	Palp. shows V.F. present throughout. Marked at both bases posteriorly.
	Percussion note high pitched and slightly dulled at left apex. No marked area of dullness.
	B.S. harsh at both bases posteriorly, and at both apices anteriorly. Expiration is prolonged & expiratory sound marked. No rales.
	Pt. has severe pains at intervals in Lips. These extend down right leg below knee. Same for four months. Tenderness marked at times.

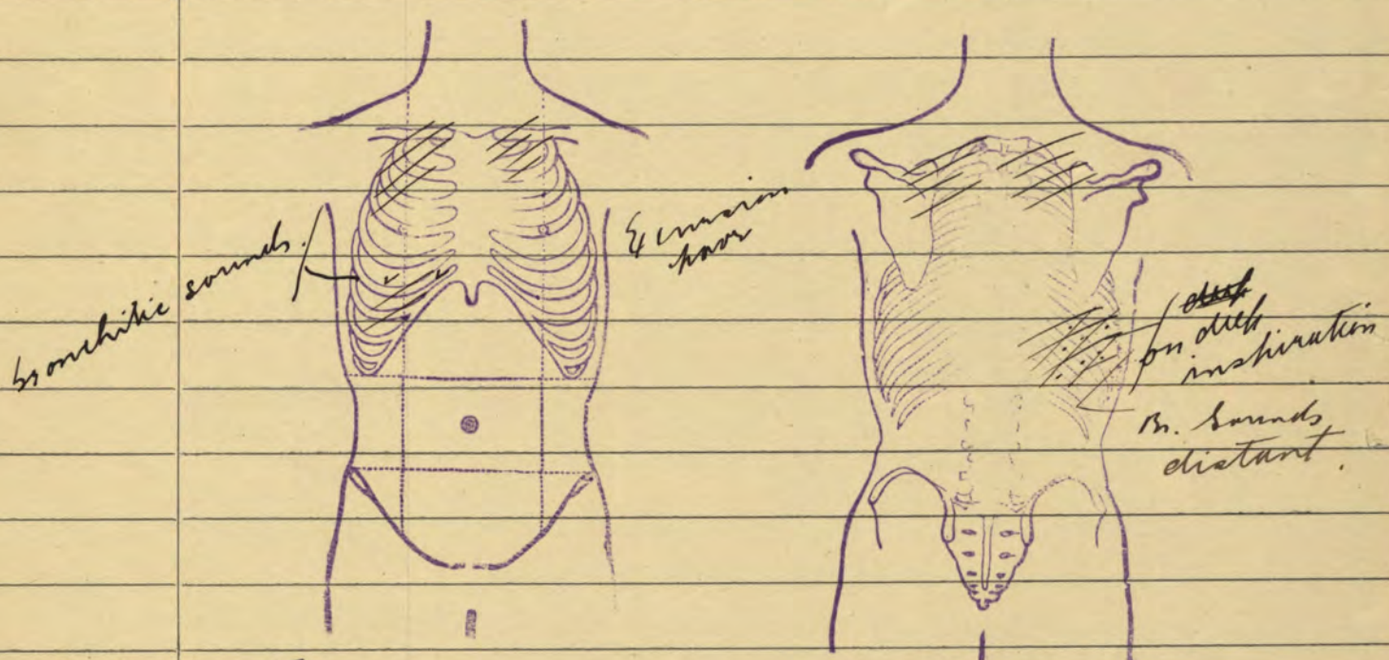
Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. Year	Regimental No.	Rank.	Surname.	Christian Name.
12458	34525	Pte.	Ryan	Peter
	Unit.		Age.	Service.
	C. A. M. C.		36	19/12

Station and Date.	Disease
M.B.C.H. 11-4-16	Lbg strps applied over area of lumbar pain. F.H.P.



5/V/16.	Sputum muco-purulent ℥iss (24 hrs.) dyspnoea marked on exertion.

TRANSFERRED.

F. H. Rattey Capt. C.A.M.C.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Forms
I. 1237
10

32 E

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	34525	Cte	Ryan	Peter

Year.	Unit.	Age.	Service.
	101 Canadian General Hospital	30	1/12

Station and Date.	Disease
~~OCT 24 1915~~	Complaint – ~~Influenza~~ Bronchitis
17-11-15	Pain all over, headache, cough some soreness in chest. Pain in legs.
	Pain in legs for two weeks.
	Three days ago the other symptoms developed.
	Has some sore throat.
	Examn – Negative.
5-12-15	Discharged fit for duty.
	Thos Butler Capt

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

(8065.) W 2445–1448. 250M. 5/15. J. T. & S., Ltd.

P.T.O.

Station and Date.	

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	34525	Pte.	Ryan	G.

Year	Unit.	Age.	Service.
	No 1 Canadian Gen Hosp.	36	16/12.

Station and Date.	Disease Myalgia.
11.12.15	Complaint - Pains in legs shoulders & chest. Difficulty in breathing especially at nights. Was discharged from hospital a few days ago but had to come back as he found he couldn't do his work. Slight cough in morning. Pain on manipulation of legs.
16-12-15	Discharged fit for duty. Thos Butler Capt

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

E.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	34525	Pte	Ryan	P

Year	Unit.	Age.	Service.
1915	No. 1. Canadian Gen Hosp CAMC	36	15/12.

Station and Date.	Disease
18-12-15	Sciatalgia

Pain in back & shoulders.
Was only out of hospital 2 days & has been in & out for last two months.
Exam: Negative.

L. G. Hodder.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Register No. D.R. 897.

A.P. File No. 015838-P-26

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 34525 Name Peter Ryan
(Christian Name) (Surname)

Unit C.A.M.C. Rank Pte Date of enlistment 8-8-14

Date of casualty 9-10-18 B.P.C. File No. 4982

Was service performed overseas ?

DEPENDENT

Name Mrs. Budget Ryan, Relationship widow

Address 62-A Papineau Ave.,
Montreal
Que

Amount of Special Pension Bonus $ 80 Abstracted by M. Wilson

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

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

Total deductions $

Balance due $

Cheque No. Date issued

Clerk J. B. Lebourt

REMARKS: Soldier discharged 19-7-16
Not Eligible Dependent
in receipt of W.B.4

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

"Noted" 26/8/20
DG 30

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 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		

Remarks:

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

NAME RYAN, Peter

Regimental No. 34528

Unit No.1 General

Date of enlistment Sept.23rd,1914.

Place of birth Montreal,P.Q.

Married (yes or no) No

Amount of pay assigned monthly $15.00

To whom payable Next of kin

Name and address of next-of-kin

Mrs.Adele Ryan, (mother)
Street E.
97, Dorchester, Montreal,P.Q.

Date and place discharged Canada

Reason for discharge

Character on discharge

PAY OFFICE, N.E. BRANCH, CANADIAN CONTINGENTS, MAR 28 1916

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914																
Sept 23	Oct 31	40	1.00	40	40	10	4	6.60	50.60			30	15	3.30	48.30	6.60 Cr. pre a/c; see D.S.C.; 3.30 defaulter
Nov 1	Nov 30	30	1.00	30	30	10	3	2.30	35.30			12.50	15	6.60	34.10	6 days pay R.W.
Dec 1	Dec 31	31	1.00	31	31	10	3.10	1.20	35.30			20	15		35	
Jan 1	Jan 31	31	1.00	31	31	10	3.10	30	34.40			5	15		20	
Feb 1	28.			28			2.80	14.40	45.20			15.	15.		30	
Mar 1	31			31			3.10	15.20	49.30			32.50	15		47.50	
Apl 1	30			30			3	1.80	34.80			17.50	15.		32.50	
May 1	31			31			3.10	35.50 2.30	71.90			53.50	15		68.50	books pay 15-11-14 to 25-1-15
June 1	30			30			3	3.40	36.40			5.	15		20	
July 1	31			31			3.10	16.40	50.50			10	15		25	
								25.50				201.00				
		adjust of Exch						5.37								
Aug 1	31			31			3.10	30.87	64.97			14	15		29	
Sept 1	30			30			3	35.97	68.97			9.02	15		24.02	
Oct 1	31	31	1	31	31	10	3.10	44.95	79.05			17.59	15		32.59	
Nov 1	30	30	1	30	30	10	3	46.46	79.46			4.46	15		19.46	
Dec 1	31	31	1	31	31	10	3.10	60	94.10			122.10	15		37.10	
1916 Jan 1	31	31	1	31	31	10	3.10	57	91.10				15		15	DO "S. 29.1.1916. To Canc. T.S. 21.1.1916
" 1	31	31	1	31	31	10	3.10	76.10	110.20						nil	
		524		528			52.80	110.20				268.17	240	9.90		
								47.47								

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From 1916	To	No. of Days	Rate	Amount 528	No. of Days	Rate	Amount 52 80	47 47		No.	Date	268 17	240	9 90		
														34 10		Gen Pay credited twice
Feb 1	- 29	29	100	29	29	10	2 90	110 20	142 10			24 19	15	13 20	99 69	12 days Pay & 12 days Set } $059.
														13 20		
Mar 1	- 31	31	100	31	31	10	3 10	42 41	76 51		✓	7 29	15	3 83	26 12	Cloth on Repay $078.
				588			58 80	50 39				299 65	270	74 23		
				588			58 80	47 47	694 27			299 65	270	74 23	643 88	BB46 BB1 22
																13-5-16

Bal Mar 31st. 50 39

Balance transferred
April Ledger

Carried forward ~~to~~
Large Ledger ~~sheet~~

act closed

236.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name	Ryan Adele. Mrs.	Name of Soldier	Ryan. Peter:-
Address	97 Dorchester St. Montreal P.Q.	Regtl. No.	34525
		Rank	Private
		Corps	#1 Gen. Hospl.
Relation to Soldier wife, child or mother	mother	To what Corps belonging when called out	

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			See Letter Aug 25th 1915 from Can. Pat Soc Montreal.
Sept.				
Oct.				
Nov.				Payments commence Sept 1st 1915
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				Pension granted 20 7/16.
Sept.	✓	D13078	20 ✓	
Oct.		~~W14393~~	~~20~~	A14393 - 20 cancelled. 19/10/15
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

From 1/7/15

238

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name	Ryan, Mrs Adele	Name of Soldier	Ryan, Peter
Address	97 Dorchester St Montreal	Regtl. No.	
		Rank	Sgt.
		Corps	5th C.A.M.C.
Relation to Soldier wife, child or mother	Mother	To what Corps belonging when called out	

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					ACCOUNT CLOSED DATE MAR 7 1916 PER
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					Pension granted 20 7/16.
March					
Apl.					Ret'd on Missanabie 11/6/16
May					
June					$27 74 Recovered as per Pensions List Nov 1916 cost 14 2/17
July					
Aug.		N4267	40	40	ACCOUNT CLOSED DATE JUN 17 1916 PER W
Sept.		G18217	20	20	
Oct.		E19868	20	20	
Nov.		M12312	20	20	Close account wife receiving
Dec.		O13845	20	20	P. a in 1st Com. mother
Jan.	1916	M19340	20	20	written to for refund of
Feb.		O23324	20	20	overpayment 2.3.16.
March		×	160		authority Mr Leggatt.

L. L. Job 8 095—M. & D. 5353. 28/7/16

MILITIA AND DEFENCE

237.

M. F. W. 11.
10m—9-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Ryan Bridget Mrs

Address ~~To Paymaster~~ ~~5th Division~~ ~~Quebec~~

400 Craig St. East. ~~Cor Parker St~~ Montreal. Que

Relation to Soldier wife, child or mother: wife

Name of Soldier Ryan. Peter.

Regtl. No. 34525.

Rank Private

Corps #1 Gen Hospital

To what Corps belonging when called out: ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Issue no more cheques pending adjustment of S.A. a/c issued to Paymaster Quebec in 3rd S.A. — per Mr Leggatt. 3.3.16
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				Pension granted 20 7/16
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		B 13078	20	Paid to Mrs Adele Ryan. mother. on Error
Oct.				
Nov.				
Dec.		B 18325.	60 —	
Jan.	1916	D 16810	20 —	Ret'd by D.P.O for better address remailed 28/7/16.
Feb.		A 17536	20	
March			120	Acct. closed ret'd on Missing 11/6/16

ACCOUNT CLOSED
DATE JUN 17 1916 PER W

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

150

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. Bridget Ryan, ~~Miss A. Ryan~~ — Wife

Name of Soldier Ryan. P. Pte

Month.	Year.	Cheque No.	Amt.	$15.00	Remarks.
April	1916	4534	15		#1 Gen. Hosp.
May		~~12532~~	~~15.15~~		
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

GS

Cancelled

"Compulsory" to wife – Corrd: 11 5/16 P.H.
Issue a May cheque 15.00 to replace #2532
Note new assignee from May 1, 1916.
Stop 3 M – May 19/16

Returned S.S. Missanabi 11/6/16
J.X 16/6/16 G.K

Pension granted July 20-16 S.H.S

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

29370 THE MORTIMER SYSTEMS, OTTAWA, CANADA

175

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

wife

Mrs. Bridget

To Whom Ryan. ~~Mrs A.~~

Address ~~97. Dorchester St. E.~~

~~169 Carlton St~~ Montreal Que.

400 Craig St E

Rate 15.00 per m

By Whom Assigned Ryan. P.

Regtl. No. 34535

Rank Pte.

Corps No 1. Gen Hosp.

Ca'B

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		E		
Oct.		E7740	15	
Nov.		B1366	15	
Dec.		J. 2502	15	
Jan.	1915	E3707	15	
Feb.		D5623.	15.	
March		66104	15	
Apl.		B7422	15	
May	a	82441	15.	
June	J	3538	15	
July		25386	15	
	cancelled	~~24503~~	~~15~~	
Aug.		H11499	15	
Sept.		G12902	15	
Oct.		H12220	15	
Nov.		D14972	15	
Dec.		C15280	15	
Jan.	1916	B16062	15	Returned S.I. Insufficient 11/6/16 a.K.
Feb.		A18265	15	J.K. 11/6/16
March		J 14149	15	

M. F. W. 41
10M.—5-16.
1792-30-889.

B396

Name Pte Ryan P.

Regimental No. 34535

Unit C. A. M. C.

Date of enlistment Nil.

Place of " Quebec

Married (yes or no) Yes-

Amount of pay assigned monthly $ 15.00

To whom payable Mrs B. Ryan
400 Craig St. Montreal

Name and address of next-of-kin
Mrs. B. Ryan.
400 Craig. St.
Montreal

Date and place discharged 19-7-16 Quebec.

Reason for discharge Med. Unfit.

Character on discharge H. Q. 60-4-8 of 9-9-15.

Ob 2376. M. & D. 6892.

Date From 1916	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
June 1-6-16	19-7-16	49	1.00	49.00	49	.10	4.90	105.96	159.86	535		99.86	60.00		159.86	Disch 19-7-16
				49.00			4.90	105.96	159.86			99.86	60.00		159.86	

"Discharged" (19-7-16)

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41.
10m.—4-16.
1772-39-889

271

Name Ryan Pte P

Regimental No. 34525

Unit Camc

Date of enlistment 8-8-14

Place of " Montreal

Married (yes or no) yes

Amount of pay assigned monthly $ 15 - 31/5/16

To whom payable SA 29/2/16

Name and address of next-of-kin 21 Genevieve Hill Quebec PQ

Date and place discharged MID 5 19-7-16

Reason for discharge

Character on discharge

Missanabie 11-6-16 II 649-R-1770

L. L. Job 502 M. & D. 6578.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	18/5/16							73 39								2 pc
19/5/16	31/5/16	13	100	13	13	10	1 30	x 5 H 60	147 69					80		x March april & May Due to 6 & 82
														9 73		adv on Ship
										Cr Bal on trans				57 96	147 69	

Pensioned
20-7-16
from 1/6/16 MID 5

PDP 28 9.17

Name Ryan Pte P

Regimental No. 34525

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $ 15 31/5/16 - 1/10/14 $300.00

Reason for discharge

To whom payable SA 1/9/15 to 29-2-16 mother $120.00
20 1/7/15 to 29-2-16 wife $160.00

Character on discharge

Missanabie 11-6-16

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	18/5/16							73 39 x S.A.								
19/5/16	31/5/16	13	100	13	13	10	1 30	60						80		x marks april & may due to be pd
														9 73		adv on Ship
														120 00		ass per SA 1/9/15 - 29/2/16
		No a														
																E.G.P. $15 31/5/16

Married or Single: Single

Place of Birth: Montreal P.Q.

Name and Address of Next of Kin: Mrs Adele Ryan. 97 Dorchester Street E. Montreal. P.Q.

Relationship of Next of Kin: Mother

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 34525 Rank Pte Name Ryan P.

If in Perm. Corps What Unit — Unit C A M C 3 S — Transferred to C C A C — Date 12-5-16 — Authority C.C.I. 22.

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation — Transferred to — Date — Authority

Date of Attestation Sept 23rd 1914 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15.00 Date Effective Sept 1914

Payable to Mrs Adele Ryan. 97 Dorchester St E. Montreal PQ Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 19 May Effective 1st June Reason Discharge

Discharge Date and Place To Canada 18.5.16 Reason and Authority L.P.C. to Bath 18.5.16 C.C.I. 13.5.16

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
																															£.s.				
Mar 31															6 94 27															6 43 88	50 39				
Apl 1-30	30	1.00	30		30	10c	3								33													15		15	68 39				
May 1-12	12		12		12		1	20							13 20													15		15	66 59				22 March. Clothing and repayment from Pay Book. ~~53~~ 52¢
May 13-18	6	1	6		6	10		60						.50	7 10														.32	.32	73 37				
																								But transferred to M.C. book.							73 37				Paybook verified
															73 37														73 37	73 37	Nil				50¢ undercredits working pay 15.11.14 ~~35~~ 1.1.15 ~~70~~ days @ 50¢ = 36.00 and 35.50

Transd to "Canada Disc'ge a/c"

WP

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps: C.A.M.C.

Military Hospital: Moore Barrack Shorncliffe

No. 34525 Rank and Name: Pte Ryan Peter Age: 36 Service: 19/12

Disease: Bronchitis Date of admission: 25th March 1916 Date of discharge: Result:

Dates of Observation	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	16	19	20	21	27	29	30	5 May	2	3	4	5
Days of Disease								Apl.																								
Temperature Fahrenheit (Time A.M. P.M.)																																
Pulse per Minute	72		76	76	80			80		80	78	76	74	80	88	76	72	76	84	90	64	70	74	80	92	88	76	80	92	72	84	88
Respirations per Minute	28		24	24	20			20		20	20	24	18	18	32	20	20	24	28	24	24	22	22	36	24	24	24	24	22	26	24	28
Motions per 24 hours																																

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

on admission

Sod. Sal. gr. v not 9.4h.
" " " " 9.3h.
℞ (9.3h) 8175

Signature: F. W. Rattray Capt. C.A.M.C. In charge of case.

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps No. 1 Can. Gen. Hospital Military Hospital No. 1 Can. Gen. Etaples

No. 34525 Rank and Name Ryan P. Pte. Age 36 Service 15/12

Disease _____ Date of admission 18-12-15 Date of discharge 29-12-15 Result Duty.

Dates of Observation	18	19	20	21	22	23	24	25	26	27	28	29
Days of Disease												
Temperature Fahrenheit (Time A.M.P.M.)	Adm. 38.1											
Pulse per Minute	80	74	72	72	68	74	74	76	72	74	72 80	60
Respirations per Minute		20	20	20	20	20	22	20	20	20 20	20	20
Motions per 24 hours	0	1	0	0	0	0	0 Enc.	0	1	0	0	0	0	0

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

Signature L. G. Holder. In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.A.M.C. Military Hospital No. 1 Can. Gen.

No. 34525 Rank and Name Ryan P. Pte. Age 36 Service 16/12

Disease Myalgia Date of admission 31-12-15 Date of discharge 18/1/16 Result

Dates of Observation	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																					
Temperature Fahrenheit (Time A.M.P.M.)																					
Pulse per Minute	120	96	96	72	60	68	70	84	72	72	84	76	78	74	72	70	76	60	70	74	88
Respirations per Minute	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	22
Stools per 24 Hours		0	0	1	0	1	0	1	0	1	0	1	1	0	0	0	0	0	1	1	0

Admission

Signature J. S. Rutten Capt In charge of case.

(669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

LABORATORY MOBILE BARRACKS HOSPITAL. SHORNCLIFFE.

LABORATORY REQUISITION & REPORT.

Name Pte. Peter Ryan

Regtl No. 34525

Unit C. A. M. C.

Ward 32 up

Diagnosis Bronchitis

Examination required. Albumen, Sugar

H. Hall Capt.
M.O.

Urinalysis
Color yellow

S.P. Gr. 1022

Reaction acid

Sugar neg.

Albumin neg

Microscopic

T. B. Bowman
Pathologist.
Capt. C. A. M.C.

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name Pte. Wood 445-299 Corps 12th Cyclist Bn. ~~S.S.R.W. Fortt.~~

Disease Bronchitis Hospital MBC.

To Officer i/c Laboratory. Ward 8

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 20-4-16 G. Bayford. Capt.
O. i/c Ward.

LABORATORY REPORT.

T. B. present +

Date of Examination Apr 20-16

Wacelton
Capt Camc
for O. i/c Laboratory.

W 12965 – 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

11

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 345-25 Pte. Ryan. Peter Corps C. A. M. C.

Disease Bronchitis Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 8-4-16 F. H. Hatten
O. i/c Ward.

LABORATORY REPORT.

Negative for T. B.

Date of Examination Apr 8/16

Wacklaton
Capt Canus
for O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 2172
(In duplicate)

LABORATORY REPORT

Regt. No. Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ Officer _____ Ward _____

Date of Examination _____

8

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name Ryan P. Pte 34525 Corps C.A.M.C.

Disease Bronchitis Hospital Moore Barrack

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 27 March 1916. H C Kaye Capt

O. i/c Ward.

LABORATORY REPORT.

No T. B. found

Date of Examination Mch 27/16 W C Sinclair Capt. for

O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

LABORATORY REPORT

Date of Examination _____

7

Army Form W. 3212.
(In books of 100.)

Regtl. No.; Rank and Name 345-25 Pte. Ryan Peter Corps C. A. M. C.

Disease Bronchitis Hospital Moore Barracks Hosp.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 4-4-16

H B Kaye
O. i/c Capt Ward.

LABORATORY REPORT.

No T. B. found

Date of Examination 4/4/16

Thos. R. Little
for O. i/c Laboratory.
C. A. M. C.

W 12965-6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212.
(In books of 100.)

Regt'l No., Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory, Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ _____

O. i/c (or O.) Ward

LABORATORY REPORT.

No. 7 [illegible]

7

Date of Examination _____

_____

O. i/c Laboratory.

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 345·25 Pte Ryan Peter Corps C. R. M. C.

Disease Bronchitis Hospital Moore Barracks Hosp.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 5-4-16

F H Batten
O. i/c Ward.

LABORATORY REPORT.

TB not found

Date of Examination Apr 5 16

Macclanlon
Capt & Camp
for O. i/c Laboratory.

W 12965 – 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

251

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 345-25-Pte Ryan Peter Corps C.A.M.C.

Disease Bronchitis Hospital Moore Barracks Hosp.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 6-4-16 F.H. Barton

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 6/4/16

Thos R. Little Capt
for O. i/c Laboratory.
C.A.M.C.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

22/

LABORATORY REPORT

Date _____ Ward _____ Cubic _____

With special regard to _____

Please carry out an examination of the accompanying specimen of _____

To Officer in Charge of Laboratory _____ Ward _____

Disease _____ Hospital _____

Hospital No. Name and Surname _____ Course _____

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 34525 Pte Ryan Peter Corps C. A. M. C.

Disease Bronchitis Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 7-4-16 F. H. Bratten
O. i/c Ward.

LABORATORY REPORT.

T.B. not found

Date of Examination Apr 7-16

W A Clayton
Capt CAMC.
for O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

16

Army Form W. 3212
(In books of 100.)

Regtl. No., Rank and Name P. Ryan. Pte. Corps C.A.M.C.

Disease Bronchitis 34525 Hospital Moore Barracks

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 10.4.16. F.W. Trotter

O. i/c Ward

LABORATORY REPORT.

T.B. not found

Date of Examination Apr 10-16

Wadsworth
Capt Camc
for O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Date of Examination Apr 10-18

Mononucleosis

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name P. Ryan Pte. 34525. Corps C.A.M.C.

Disease Bronchitis Hospital Grove Hospital

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 11.4.16. F.H. Whatley Capt. R.A.M.C.
O. i/c Ward.

LABORATORY REPORT.

No T. B. found

11/

Date of Examination 11/4/16

Thos. R. Little Capt.
for O. i/c Laboratory.
C.A.M.C.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W 3212
In lieu of 3211

Regtl. No. Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____

O. i/c _____ Ward

LABORATORY REPORT

No 53 form

Date of Examination _____

O. i/c Laboratory _____

W 12063 6240 20,000 11/15 H W V(M) G. 1410 24/L mdon/808

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 34525 Pte. Ryan Peter Corps C. A. M. C.

Disease Bronchitis Hospital Moore Barracks Canadian

To Officer i/c Laboratory. Ward 32 up

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 12-4-16 F. N. Scotten

O. i/c Ward.

LABORATORY REPORT.

No T. B. found

Date of Examination 12/4/16

Thos R. Little Capt
for O. i/c Laboratory.
Cam C.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212.

(In book of 100)

Rank and Name [illegible] Corps C. A. M. C.

Disease [illegible] Hospital [illegible]

To Officer i/c Laboratory. Ward [illegible]

Please carry out an examination of the accompanying specimen of [illegible]

with special regard to [illegible]

Date [illegible]

O. i/c Ward.

LABORATORY REPORT.

Date of Examination [illegible]

O. i/c Laboratory.

W 12085—6740 300,000 11/16 H W V(K) G. 14/1032 24/1 mdo/360

A. D. No. 12458

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name P. Ryan Pte. Corps C.A.M.C.

Disease Bronchitis 34525 Hospital Moore Barrack

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 13-4-16 F. H. Scott

O. i/c Ward.

LABORATORY REPORT.

No T.B found

15

Date of Examination 13/4/16

Thos R. Little Capt

for O. i/c Laboratory.

C.A.M.C.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212
(In book of 100)

Regtl. No., Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory, Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____

O. i/c Ward.

LABORATORY REPORT.

Date of Examination _____

O. i/c Laboratory.

Wt. 8130—3250 11/18 New York G. 1/1000 2nd edition

A.L.D. No. 12458.

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name P. Ryan Pte 34525 Corps C.A.M.C.

Disease Bronchitis Hospital Moore Barracks.

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 15-4-16. F.N. Norton
O. i/c Ward.

LABORATORY REPORT.

No T.B. found

22/

Date of Examination 15/4/16

J.R. Little Capt
for
O. i/c Laboratory.
Camc.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212

In body of 100.

Regt'l No. Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer in Laboratory, Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ _____

O. i/c Ward

LABORATORY REPORT.

Date of Examination _____ _____

O. i/c Laboratory.

W 12005—00 to 300,000 1915. H. W. V.M. O. 14 1022 Sgt. Jones/308

Army Form W. 3212.
(In books of 100.)

Q. & D. No 12458

Regtl. No., Rank and Name 34825 P. Ryan Pte Corps C.A.M.C.

Disease Bronchitis Hospital Moore Barrack

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 17-4-16. F. H. Prentis

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

19

Date of Examination 17/4/16

Thos R. Sutton Capt.
for O. i/c Laboratory.
C.A.M.C.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212
(In book of 100.)

Recd. of Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____

O. i/c _____ Ward.

LABORATORY REPORT.

No 3.15. Form 6

Date of Examination _____

O. i/c Laboratory.

Army Form W. 3212.
(In books of 100.)

A. & D. No. 12458

Regtl. No., Rank and Name P. Ryan Pte. 34525 Corps C.A.M.C.

Disease Bronchitis Hospital Moore Barracks

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 18-4-16. F. H. Rattray
O. i/c Ward.

LABORATORY REPORT.

No T. B. found

21

Date of Examination April 18th 1916 Capt. A. L. Lawrenson
for C.A.M.C. O. i/c Laboratory.

12965 -6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form H. 3212.

(In book of 100.)

Dept. Sol. Rank and Name [illegible] Corps [illegible]

Disease [illegible] Hospital [illegible]

To Officer i/c Laboratory Ward [illegible]

Please carry out an examination of the accompanying specimen of [illegible]

with special regard to [illegible]

Date [illegible]

O. i/c Ward.

LABORATORY REPORT.

[illegible]

Date of Examination [illegible]

O. i/c Laboratory.

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 345 25 Pte. Ryan. Peter. Corps C.A.M.C.

Disease Bronchitis Hospital M.B.C. Hosp.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 19-4-16 F.H. Slatter
O. i/c Ward.

LABORATORY REPORT.

No T. B. found

Date of Examination 19 April 1916

R. Lawson Taylor
Capt
for C.A.M.C. O. i/c Laboratory

W 12965—6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer in Laboratory, _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ _____

O. i/c _____ Ward

LABORATORY REPORT.

Date of Examination _____ O. i/c Laboratory

Army Form W. 3212.
(In books of 100.)

A. & D. No. 12458

Regtl. No., Rank and Name P. Ryan Pte 34525 Corps C.A.M.C.

Disease Bronchitis Hospital Moore Barracks

To Officer i/c Laboratory. Ward 32.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 20-4-16. F.N. Rowden

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination Apr 20 16

Maclaren
Capt CAMC
for O. i/c Laboratory

W 12965 – 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W. 3229

(In lieu of 120)

Regt. No. Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____

O. i/c _____ Ward.

LABORATORY REPORT.

Date of Examination _____

O. i/c Laboratory.

Army Form W. 3212.
(In books of 100.)

A. & D. No. 12458

Regtl. No., Rank and Name P. Ryan Pte Corps C.A.M.C.
34525

Disease Bronchitis Hospital Moore Barracks

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus.

Date 22-4-16. F. H. Shotton
O. i/c Ward.

LABORATORY REPORT.

No TB found

Date of Examination Apr 22 16

Wacleston
Capt Camc
for O. i/c Laboratory

W 12965—6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

35

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 345 25 Pte. Ryan. Peter. Corps C. A. M. C.

Disease Bronchitis Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 24-4-16

F. H. Scottes
O. i/c Ward.

LABORATORY REPORT.

No T. B. found

Date of Examination 25/4/16

G. L. Lamontagne
Capt.
for C. A. M. C. O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

Army Form W

(In case of illness)

Regiment, Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer in Laboratory, _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ _____ Officer _____ Ward

LABORATORY REPORT

Date of Examination _____ _____ Officer in Laboratory

Wt 1905—6700. 500,000. 4/15. H.W.V.M. & L. 14/635. 2nd Edition.

Army Form W. 3212
(In books of 100.)

A & D No

Regtl. No., Rank and Name 34525 Pte Ryan Corps R.A.M.C.

Disease Bronchitis Hospital Moore Barracks

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Tubercle Bacillus

Date 28/4/16 F.N. Statten

O. i/c Ward

LABORATORY REPORT.

No T.B. found.

for W A Clay Lt
Captain.—Officer in Charge,
Moore Barracks Laboratory,
Shorncliffe.

Date of Examination 28/4/16

O. i/c Laboratory.

W 12965 – 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

10

Army Form W. 3212.
(In books of 100.)

A. & D. No. 12458

Regtl. No., Rank and Name 345·25 Pte. Ryan. Peter Corps C. A. M. C.

Disease Bronchitis Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B.

Date 5-5-16

F. H. Hartle
O. i/c Ward.

LABORATORY REPORT.

T. B. found +++

Date of Examination 5/5/16

H. Saunders Lt
Capt.
for C. A. M. C.
O. i/c Laboratory.

W 12965 – 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

101

Army Form W. 3212.
(In books of 100.)

A. & D. 1245-8

Regtl. No., Rank and Name 345-25 Pte Ryan Peter Corps C. A. M. C.

Disease Bronchitis Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B.

Date 3 - 5 - 16 F H Scatter
O. i/c Ward.

LABORATORY REPORT.

In sputum T. B. found + + +

Date of Examination 3/5/16 L L Lamontagne capt.
for C. A. M. C. O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

13

Army Form W. 3212.
(In books of 100.)

A. & D. 1245·8

Regtl. No., Rank and Name 34525 Pte. Ryan Peter Corps C. A. M. C.

Disease Bronchitis Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B.

Date 6-5-16

O. i/c Ward.

LABORATORY REPORT.

1 B Positive ++

Date of Examination 6/5/16

Wadsworth
Captain, Officer In Charge,
Moore Barracks Laboratory,
Shorncliffe.
O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/266

Army Form W. 3513

LABORATORY REPORT

Regd. No. Rank and Name _____ Corps _____

Diagnosis _____ Hospital _____ Ward _____

To Officer i/c Laboratory

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____ O. i/c Ward

Date of Examination _____ O. i/c Laboratory

E 16564

C

Rank and Name	RYAN Peter, William.		
Regimental No.	34525	Name and Address of Next-of-kin	
Unit	No.1 Genl.	Mrs Adele Ryan (mother)	
Date of enlistment	Sept 23,1914	97 Dorchester Street E.,	
Place of birth	Que.	Montreal, Que.	
Married (Yes or No)	No	Date and place of discharge	
If in Permanent Force		Reason for discharge	
		Character on discharge	

M+ 6-12-20 ac

CCAC 1017

M U Can

Promotions or appointments

Report Date	Report From whom received	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
18.11.14	O/C	1 Gen Hp Abs. wl. Forf 6 days pay (RWS)	Bulford Hp		P II O. No 11
14.5.15		Embarked	S'hampton	13.5.15	
31.7.15.		On strength. 1. Can. Gen. Hp.			Nom. Roll.
23.11.15		Adm No I Can G. Hp. - Bronchitis	Etaples.	17.11.15	CL 96. R2c 61 M6.
13.12.15.		Discharged to duty.	do.	5.12.15	" 112 " "
10.12.15		On Nominal Roll.	do.	24.9.15	
18.12.15		Adm No I Can Hp "Myalgia"	do	11.12.15	CL 117 R II c - camc
24.12.15		Discharged to duty	do	16.12.15	CL 122 R II c camc
28.12.15.		Adm. 1. Can. Gen. Hp. (Myalgia).	do.	18.12.15.	124 "
10/1/16	WO	Adm 1 " " "	do	31.12.15	" 131 Myalgia
6/1/16	WO	Discharged to duty	do	29/12/15	CL 129. do
29/1/16	1 Genl.	Invalided & transf to TD.	do	21/1/16	R2 O 5

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				
		Struck off strength			
11.2/16	Camb. T.S.	Struck off strength from 19.H.	Sclipse	20/1/16	PA II 43.
27.1/16	b/o. Camb. T.S.	"Sciatica" Adm. Park Hos.	Birchington	20/1/16	b/o. 127.
15.2/16	b/o Camb. T.S.	Sciatica Disch. Mil Hosp	S'cliffe	10.2/16	b/o 129. (b 265)
26.2/16	Camb. T.S.	{Absent. To be paid at rates laid down in Article 852. R.W. for pay of the Army 1914}	do	24.2/16	PA II 58. R. 24.2/16.
27.2/16	Camb. T.S.	Forfeits 12 days pay R.W. absent. Awarded 12 " detention	do.	12.2.16 to 23.2.16	PA II 59. b/o. 176.
27.3/16	do	Adm. Moore B Hos	do.	25.3.16.	PA II 90. (Bronchitis) b 14/27.
15.4/16	b/o 207. T.S.	Adm. Mil Hos. S'cliffe (Exc. M.B. Hos)		11.5.16	b/o 207 (Phthisis
26.5/16	Camb. T.S.	Struck off str. off to b/o A.G.	Dilogate	13.5.16	PA II 150.
13.5.16	CCAC.	Taken on strength	Folkestone	13.5.16	PA II 160.
20-6-16	—"—	SOS to Canada	—"—	2-6-16	PA II 225.
6.9.16.	C.A.M.C. Cas. Sec	Discharged military Hosp.	Shorncliffe	8.6.16.	Phthisis. C.L. 258.

CHECKED. 5th Dec, 1916.

Ward E

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	34525	Pte.	Ryan	P.
Year	Unit.		Age.	Service.
	No. 1, Can. Gen. Hosp.		36	16/12

Station and Date. 31-12-15

Disease ~~Myalgia~~ Sciatica

4/1/16.

~~Pain in the the~~ right sacro-iliac joint. Pain in sciatic nerve on flexing thigh and ~~extending~~ leg.

Jan. 8th - Sacral region strapped with adhesive.

Jan. 10th - Harsh sound behind - few crackles, particularly at left apex, post.

Jan. 16th - Lung clear - severe pain in ilio sacral joints - pain in sciatic nerve on flexion.

Transferred to England for further treatment.

S. S. Rutan
Capt

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 1st Cav. Div. P.R.M.C. Military Hospital 1st Pair Gen.

No. 34525 Rank and Name Ryan P. Age 30 Service 13/12

Disease Date of admission 17-11-15 Date of discharge 4-12-15 Result

Dates of Observation	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10
Days of Disease																								
Temperature Fahrenheit (Time A.M.P.M.)	Admitted 7.30												9 a.m.					Discharged						
Pulse per Minute	64	60	66	54	66	76	80	72	76	72	108	78	72	70	76	78	84	84	89	76	70	72	80	88	84	94	72	80	72	80	76	96	100	94	99
Respirations per Minute	20	24	20	20	20	18	20	18	16	18	24	22	20	22	20	22	20	20	20	22	20	22	20	20	20	20	20	20	20	20	20	20	20	20	22
Stools per 24 hours		1			1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms/B. 181/3.

Signature Thos Butters In charge of case.

(1001)—Wt. W8203—1273.—800,000.—11-14.—K. & K. Forms B. 103/1.

1978

Army Form B. 103

Casualty Form—Active Service.

Regiment or Corps No. 1 General Hospital E.E.F.

Regimental No. 34525 Rank Pte Name Ryan, Peter, W.

Enlisted (a) _____ Terms of Service (a) Year or term of War Service reckons from (a) 23/9/14

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) Steam fitter

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					
5/1/15	Capt. Bennett	admitted to Hospital with Influenza		Netheravon	5/1/15	Discharged 20/1/15
17.11.15	O.C. G.Hosp	Bronchitis	(admitted)	Etaples	17.11.15	W 3034
5.12.15	do	do	(discharged)	do	5.12.15	W 3034 No 187
11.12.15	do	Myalgia	admitted	do	11.12.15	W 3034 No 193
16.12.16	do	do	discharged.	do	16.12.16	W 3034 No 198.
31.12.15	do	do	admitted	do	31.12.16	W 3034 No 213
18.12.15	do	do	admitted	do	18.12.15	W 3034 No 200
29.12.15	do	do	discharged	do	29.12.15	W 3034 No 211.
18.1.16	do	Sciatica. Transfd to Eng		do	18.1.16	W 3034 No 231
20.1.16	C.O. H.S. Stad Antwerpen	"Sciatica. Transfd to Eng		H.S. Stad Antwerpen.	20.1.16	A. 36. Pt II Ords No 5 d/29/1/16.

R M Shaw
Capt. C.A.M.C.
for Lt 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.

1998

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				
11/2/16	Camb. T.S.	Taken on Strength	Sclippe	20/1/16	P.R. II. H3.

Paraber
Dilegate
66a 66b

TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL

W/O 26/5/16
W/O 160-3

66a

J. Jam Simmons
CAPT. C.A.M.C.,
COMMANDING C.A.M.C. TRAINING SCHOOL

DISCHARGED IN CANADA:-
NO LONGER PHYSICALLY FIT FOR WAR SERVICE,
PARA. 392: XVI: K.R. & O.

for O.C.
CANADIAN CASUALTY
ASSEMBLY CENTRE,
FOLKESTONE.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C. Gen. Military Hospital No. 1 Can Gen Hosp.

No. 34525 Rank and Name Pvt. A. Ritz Age 36 Service 16/12.

Disease Dysalgia Date of admission 11/12/15 Date of discharge 16-12-15 Result

Dates of Observation	11	12	13	14	15	16	17	18
Days of Disease								
Temperature Fahrenheit (Time A.M.P.M.)								
Pulse per Minute	90	72	72	72	80	72	84	60 60 60
Respirations per Minute	22	20	20	20	20	20	20	20 20 20
Motions per 24 hours		1	0	1	0	0	0	0 1

Dr. Ricard 3 p.m.

Signature Thos Butler In charge of case.

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

4002

4002

This space to be for numbers.

M

BR64982

Proceedings on Discharge.

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

No. 34525

Rank Private

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

Corps (Squadron, Battery or Company) C.A.M.C.

Date of Discharge 19th July 1916

Place of Discharge Quebec, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 31 years 4 months.
Height 5 feet 6 inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Steam Fitter
Intended place of residence (To be given as fully as practicable.) 97 Dorchester St. East Montreal P.Q.

Descriptive Marks

Tattoo on right forearm
clasps hands
Wait on right shpulder

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

Authority H.Q. 60-4-8- of 9th September 1915.

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

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

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

— Good —

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

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

STEAMFITTER

W. S. G. Comp.

M. F. B. 218. 15-8-19. A.D.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Clear 2 4/1 2/1 9.

Carried 28-6-14

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

NIL

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

6. Medals and Decorations..... NIL

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Quebec, P.Q. ..... Major

(Date) 19th July 1916 ..... *Commanding* for A.A.G., M.D. No. 5.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Quebec, P.Q. ..... P. Byrne ..... (*Signature of Soldier.*)

(Date) 19th July 1916 ..... B. Adler Sgt (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... P. Byrne ..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Quebec, P.Q.

(*Signature*) ..... Major,

(Date) 19th July 1916 ..... for A.A.G., M.D. No. 5.

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.)

P. Ryan

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E

NOP

015-838-P-3

Name Ryan, Peter (Surname, Christian Name)

Regimental Number 34525 Rank Pte.

Unit C.A.M.C.

Original Unit

District where paid M.D.5

Date of Discharge 19-7-16

P. D. P. Filing Number 7-21-5

Address (in full) % Board of Pension Commissioners, Room 306, Drummond Bldg., Montreal, P.Q.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 20.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
160	10	289	3-5-18	53	00	286	4-6-18	53	00	279	4-7-18	54	10			160	10

Remarks: 1599 A Chateaubriand Ave. Montreal, P.Q.

M. F. W. 127.
60M—6 17.
1772 30-1140.

File No. 015838-P.26.

WAR SERVICE GRATUITY.

Register No. P.876.

Reg. No. 34526 - Pte.

Name Ryan Peter.

Address 62-2 Paperman Ave,

Gimbee, Gun.

Dependent Mrs. Bridget Ryan (wife)

Address Same address.

Pay Soldier $ ~~160.10~~

Pay Dependent $ 239.90

Days 122 Rate 100.00 Due 400.00

Less P.D.P. credited 160.10

Less further Dr. Bal. or overpayment. ✓

Net 239.90

Clerk

RM 104 10 2394

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order		Ck. No.	Amount.	
1						1	6298	N	509317	100	00
2						2				100	00
3						3 17/9/19	24469	N	520417	239	90
4						4					
5						5					
6						6					

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
O.H.B.
Date 18/9/19

No. 649-

NAME Ryan, P. W.

REGT'L. No. 345-25-

RANK AND CORPS Pte (C.A.M.C.) No. 1 Can. Gen. Hosp.

CABLE		NATURE OF CASUALTY
NO.	DATE	
7.239	20-7-16	Sailed for Canada June 3rd 1916 per the S.S. "Missanabie" Tuberculosis.

NO. 1830
POLL.

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
96	No 1. Can. Gen. Etaples,	17/11/15	Bronchitis.
112 (1)	No. 1. Can. Gen H. Etaples.	5/12/15	Disch. to Duty. (Bronchitis)
114	No 1 Can. Gen., Etaples	11-12-15	Myalgia
122	No. 1 Can. Gen. Etaples.	16-12-15	Myalgia. Disch. to Duty
124	No. 1 Can. Gen. Etaples.	18-12-15	Myalgia.
129	" " " "	29-12-15	" Disch. to Duty.
131	" " " "	31-12-15	Myalgia.
124	Ex 1 Pk. Birchington, Kent.	20-1-16	Sciatica.
139.	Mil. Shorncliffe.	10/2/16	Disc. to light-Duty. Sciatica
176	Moore Barr. Can., Shorncliffe	25-3-16	Bronchitis
207	Mil: Shorncliffe: Ex Moore B. Can: Shorn.	11-5-16	Phthisis.

NAME Ryan, P. W.

H. Q. FILE No. 649-

REGT'L. No. 345-25

RANK AND CORPS Pte Can. Army Med. Corps

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39 893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
258	Mil Shorncliffe	3-6-16	Phthisis.