

*Banksman*

244th "OVERSEAS BATTALION, C. E. F.  
ATTESTATION PAPER.

No. **448319**

Folio. *47*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

- 1. What is your surname?..... SHAW.
- 1a. What are your Christian names?..... John.
- 1b. What is your present address?..... 532 Lasalle Road, Verdun, P.Q. Sufficient Address *[Signature]*
- 2. In what Town, Township or Parish, and in what Country were you born?..... Derby, England.
- 3. What is the name of your next-of-kin?..... Mary Shaw.
- 4. What is the address of your next-of-kin?..... As Above.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... Sept. 16th 1885.
- 6. What is your Trade or Calling?..... Painter.
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... 57th Batt. C.E.F.  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the } Yes.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

John Shaw (Signature of Recruit)

Date Sept. 6th 1916, W. J. Butter (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John SHAW, 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.

John Shaw (Signature of Recruit)

Date Sept. 6 1916. W. J. Butter (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal, P.Q. this 6 day of Sept. 1916.

John [Signature] (Signature of Justice)

Description of John Shaw on Enlistment.

Apparent Age... 31 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft. 6 ins.

Chest measurement (Girth when fully expanded) ..... 35 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Dark.

Eyes ..... Brown.

Hair ..... Brown.

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

*Factor in both hands  
 "Hands across the sea"  
 in left; and "Sign of  
 the cross in right"  
 Large mole on right  
 leg. Mole on back.*

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..... Sept. 6 1916.

*W. Sabourin*  
*Capt. M.C.*  
 Medical Officer.

Place..... Montreal, P.Q.

\*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:—

INVALIDATED TO CANADA FOR  
 FURTHER MEDICAL TREATMENT  
 HOSPITAL REPRESENTATIVE,  
 CANADIAN MILITARY HOSPITAL, BRAMSHOTT

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... John Shaw ..... 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.

*J. M. K. K. K.*  
 Lieut. Col. (Signature of Officer)  
 o/c 244th "Overseas" Battalion, C. E. F.

Date..... Sept. 8 1916.

448319

P.M.  
57th Batt

# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? Jack Shaw
2. In what Town, Township, or Parish, and in what Country were you born? Derby England.
3. What is the name of your next-of-kin? Mrs. Ready
4. What is the address of your next-of-kin? 1299 Avenue St. Montreal,
5. What is the date of your birth? Sept 16th 1886
6. What is your trade or calling? Laborer
7. Are you married? yes
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. no
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

Jack Shaw (Signature of Man.)

J. Beaulieu (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Jack Shaw, 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.

Jack Shaw (Signature of Recruit.)

Date Oct 27th 1915 J. Beaulieu (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jack Shaw, 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.

Jack Shaw (Signature of Recruit.)

Date Oct 27th 1915 J. Beaulieu (Signature of Witness.)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 27 day of Oct 1915

H. Denis Lieut (Signature of Justice.)

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

G. A. V. L. Renaud (Approving Officer.)

*auth. m. D.F.'s' major  
men not accounted for*

*Carded  
14-7-16  
A.B.*

DESCRIPTION OF Jack Shaw ON ENLISTMENT.

Apparent Age 29 years \_\_\_\_\_ months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height \_\_\_\_\_ 5 ft. 3 3/4 ins.

Chest measurement { Girth when fully expanded \_\_\_\_\_ 34 1/2 ins.  
 Range of expansion \_\_\_\_\_ 2 1/2 ins.

Complexion \_\_\_\_\_ Dark.

Eyes \_\_\_\_\_ Dark Brown

Hair \_\_\_\_\_ Black

Religious Denominations { Church of England \_\_\_\_\_  
 Presbyterian \_\_\_\_\_  
 Methodist \_\_\_\_\_  
 Baptist or Congregationalist \_\_\_\_\_  
 Other Protestants \_\_\_\_\_  
(Denomination to be stated.)  
 Roman Catholic \_\_\_\_\_ Yes  
 Jewish \_\_\_\_\_

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Oct-27th 1915 \_\_\_\_\_ Sachabat, Captain

Place Montreal \_\_\_\_\_  
 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

Jack Shaw having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

\_\_\_\_\_ (Signature of Officer.)  
S. J. ...  
S. J. ...

Date 9/14/15 1915

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

A. P. B. 179 - 23

A. P. B. 122 - 1

M. B. - 2

I 1237 - 1

Dental Certificate - 1

M. F. W. 62. Confidential Inf - 1

50m-9-16. H. Q. 1772-39-935.

# DISCHARGE DOCUMENTS

Name SHAW JOHN

Regt. No. 448319 Rank Pvt

Corps 244th Bn

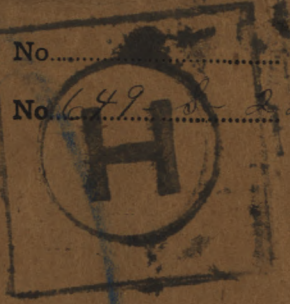
14629

Deceased  
April 13<sup>th</sup> 1918.



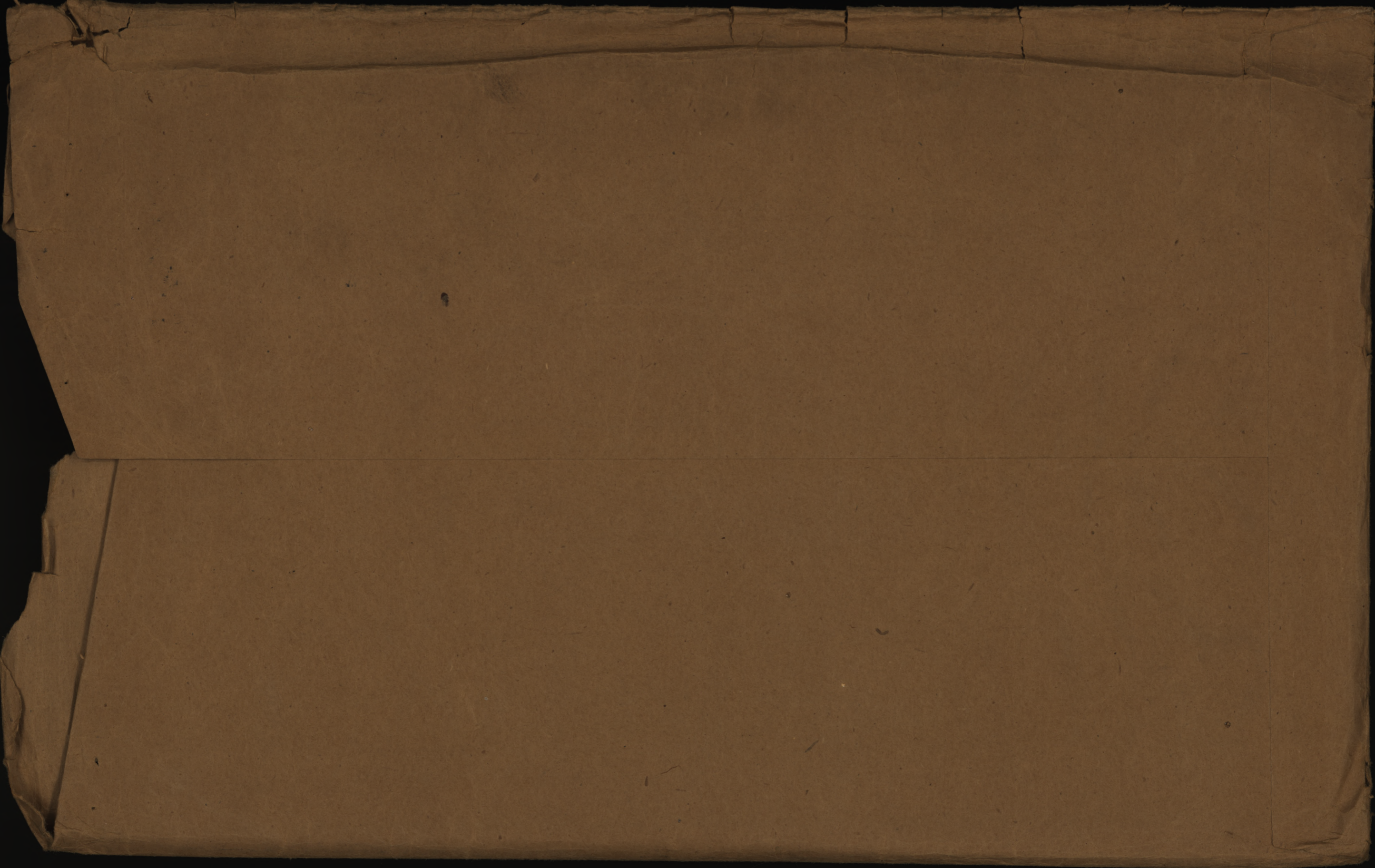
R. O. No.....

H. Q. No. 649



30-3  
17-3  
9-3  
2

1 R 149



SURNAME.

*Shaw*

649.8-2353

CARD NO.

50510 scanned 13-4-18.  
aux 1st II = 105.15-4-18  
808111 23-8-16 4

CHRISTIAN NAMES

*Jack,*

REGL. No.

*448319.*

RANK

UNIT

*57th*

FORMER CORPS

*hil.*

*Br.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Shaw, Mrs Mary Ready*

RELATIONSHIP TO SOLDIER

*wife.*

ADDRESS

~~*7299 Messier St. Montreal, P.Q.*~~  
*532 Lasalle Rd. (auth. 17-1-71-4/4/16.*

COUNTRY OF BIRTH

*England Derby.*

DATE

*Sept. 16th 1886*

PLACE OF ATTESTATION

*Montreal,*

DATE

*Oct. 27th 1915*

*R16.4184*

*3117*  
*P.S.*

MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Labourer.*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*29* YEARS

— MONTHS

HEIGHT

*5* FEET

*3 3/4* INCHES

CHEST MEASUREMENT

*34 1/2* INCHES

EXPANSION

*2 1/2* INCHES

COMPLEXION

*Dark*

EYES

*Ok. Brown*

HAIR

*Black.*

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Montreal,*

DATE

*Oct. 27<sup>th</sup> 1915*



SURNAME.

Shaw

CARD NO.

✓

CHRISTIAN NAMES

John

FOLL.

3M4

REGL. NO. 448319

RANK

~~Bandsman~~ Pte.

UNIT 244th

Bn

FORMER CORPS 57th Batt. C E. Y.

NEXT OF KIN.

NAMES IN FULL

Shaw, Mrs Mary

RELATIONSHIP TO SOLDIER

Wife

ADD

1446 Wellington St, Verdun  
Montreal, P. Q.

Also notify  
~~CHANGE OF ADDRESS~~

Mrs. F. Francis  
166 McCall St  
Toronto Ont

A. Q. 593-1-12-14-5-17.

(Auch) letter 29/3/18.

COUNTRY OF BIRTH

England Derby

DATE

Sept 16th. 1885

PLACE OF ATTESTATION

Montreal P. Q.

DATE

Sept 16th. 1916.

From Halifax Pev. S. S. "Laplant" 28-3-17.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

31

YEARS

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Cross tattooed on R. wrist  
Hands across the sea tattooed on L. wrist. Large  
mole on R. leg; mole on back.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Sept 16th. 1916.

Present Address 532 Lasalle Road, Verdun P.Q.









508. m. U. 21/8/16

MDS.

File No 649-S-2353

SHAW Pte. Jack #448319 1st Que Bn

57th Bn

*Julien (re-married.)*

*AM*

M & D, Widow, Mrs. Mary Shaw, ~~1446 Wellington St.~~

*32 Desnoyers St., Verdun, Que  
St. Henry, Montreal P.Q. (13<sup>th</sup> St.)*

P & S " " "

*See # 808480*

Mem X " "

*S.R. 16-57-21*

MAY 9 - 1921

Scroll Desp.

Reqn. No *7.42044*

JAN 22 1923

Plaque Desp.

Reqn. No *48501*

*B.*

*NOT elig. for star*

*" " " V.M.*

*Elig. " B.W.M.*

*m.f.*

W C 44188

FEB 5, 1921

737

Scroll re. desp. - 19-8-22



No. 448319

RANK

Bandman

NAME

Shaw, John

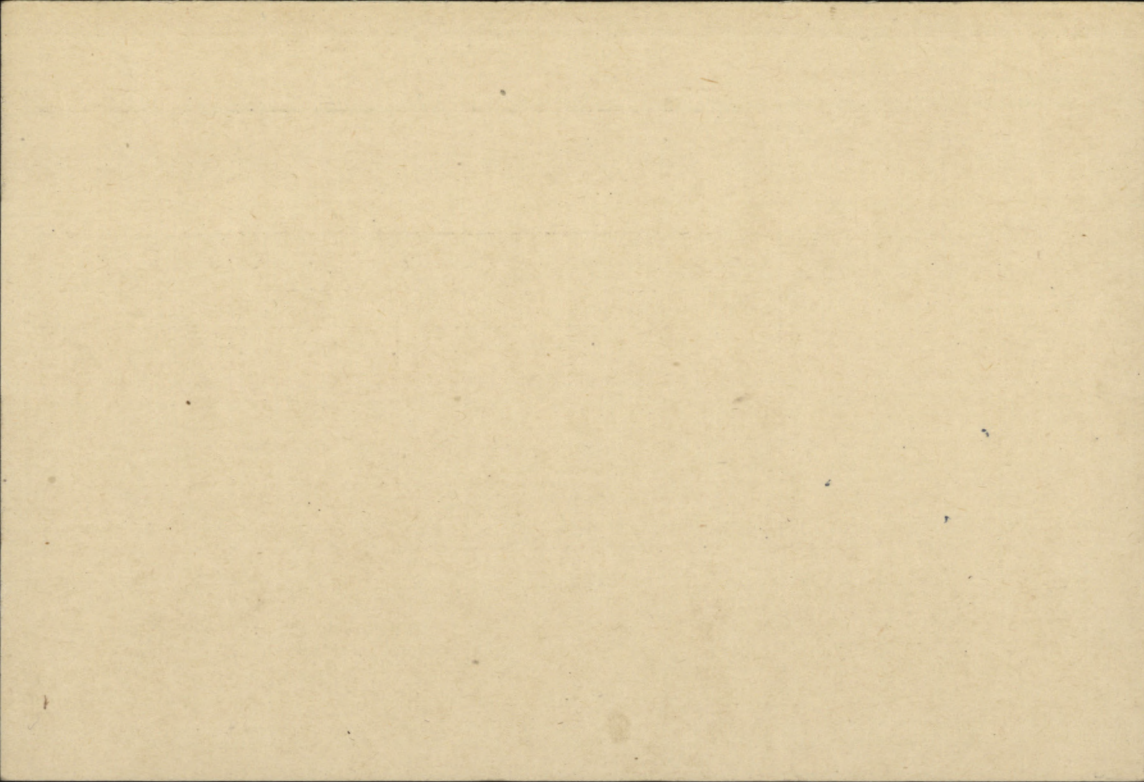
T. O. S. 6-9-16

UNIT 244th Battalion C. E. A.

2066 of 7-9-16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 6	1916 Sept 30	✓		
	Oct	✓		
	Nov.	✓		
	Dec.	✓		
1917	1917			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓		



No. 448319 RANK Pte.

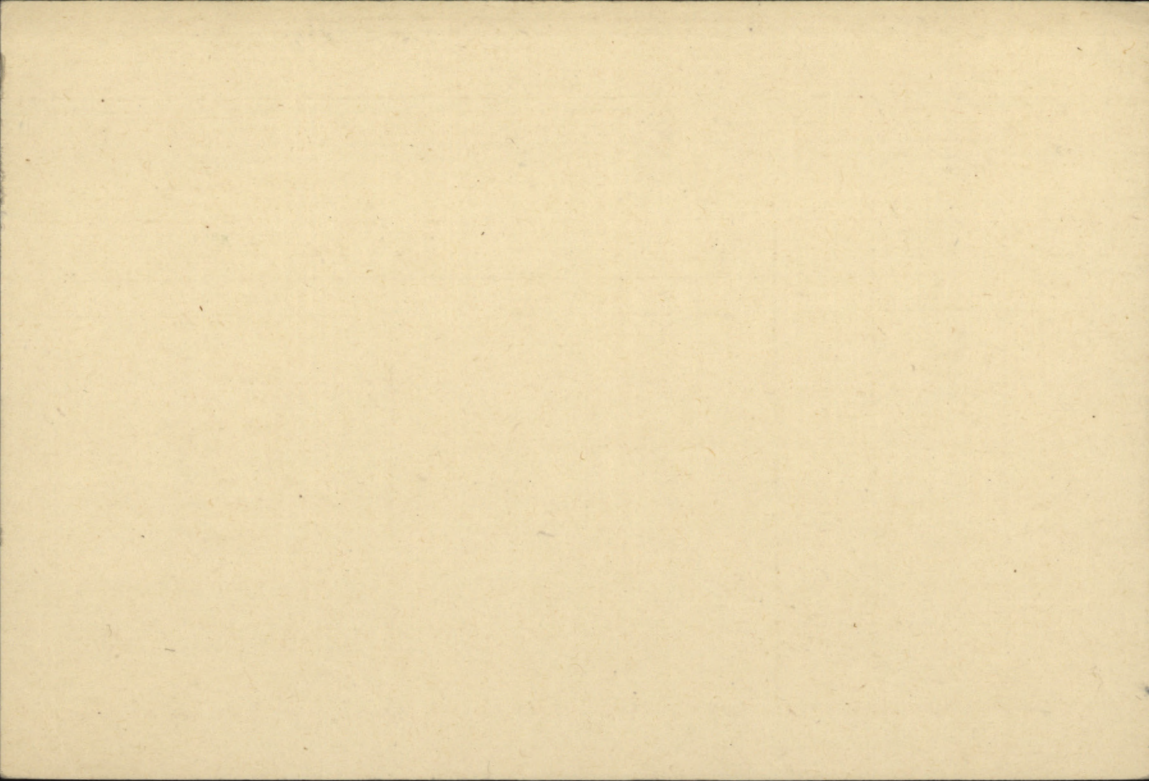
NAME Shaw J.

T. O. S.

UNIT Casualties C. E. S.

M. D. 5

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Mar (no dates)	1916 Apr. 21	n.	From 57 <sup>th</sup> Bn.	Mar. payroll
Apr. 1	May	n.		
June		n.		
July 1	Aug. 21	n.	Dischd. Med. unfit. H. Q. 46-4-8 of 25 5-16.	July pay list.
<i>acc. closed by payment n.</i>				



No. 448319 RANK *Plt.*

NAME *Shaw Jack.*

T. O. S. 27/10/15

UNIT

*87th Battalion C. E. F.*

D.O. 150 of 2/11/15

M. D. *J. Val*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Oct. 28</i>	<i>Nov. 11</i>	<i>✓</i>		
<i>Nov. 1</i>	<i>Nov. 30</i>	<i>✓</i>		
	<i>Dec.</i>			
<i>1916</i>	<i>1916</i>			
	<i>Jan.</i>	<i>✓</i>	<i>3 dys pay ab.</i>	<i>Feb. paylist</i>
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr. absent.</i>	<i>✓</i>		

UNIT SAILED

JUN 2 1916



~~mmH~~ - ~~red~~

Number 448319

Rank Ple.

~~B~~

Surname SHAW

Christian Name John

Units 244<sup>th</sup> Bn. Can. Inf. - Theatre of War Eng.

Date of Service 7-4-17

D

Remarks Died after return to Canada  
Widow

Latest Address Mrs Mary Shaw  
1446 Wellington St.  
Montreal, Quebec, Que.

32 Desnoyers St  
5<sup>e</sup> Avenue  
Montreal

Roll No A Page 1426

Port, ship, and date of arrival

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. APR 3 1922  
REGN. NO. 2077

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



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Shaw.

J.

448319.

RANK

UNIT

Co.

TROOP

BATTY.

Pte  
HOSPITAL

1 Blue (23 R)

Depot

DATE OF ADMISSION

1. Can. Mil. Bramshott

HOSP. 14.10.17

2. Troop Can. Gen. Hosp. L'pool

HOSP. 17-11-17

3.

HOSP.

4.

HOSP.

DIAGNOSIS

~~H. P. S.~~ T.B. Pulmonary <sup>R</sup>

1

2

3

AM.D. 2 DEPT.

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

DISPOSITION

DATE

6.18.10.17 639  
27.10.17. 647 (2)  
23.11.17. 269  
5-1-18- 6.104.

REMARKS

— nature of Cos has now been  
rept as T.B. Pul.

Invalided to Canada

29-12-17

Dis. to Canada per H.S. Araguaya  
from L'pool. 29-12-17.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

23<sup>rd</sup> Res. Bn.

Bramshott Camp.

13-10-17.

This is to certify that the category  
of the marginally noted man is.

D III

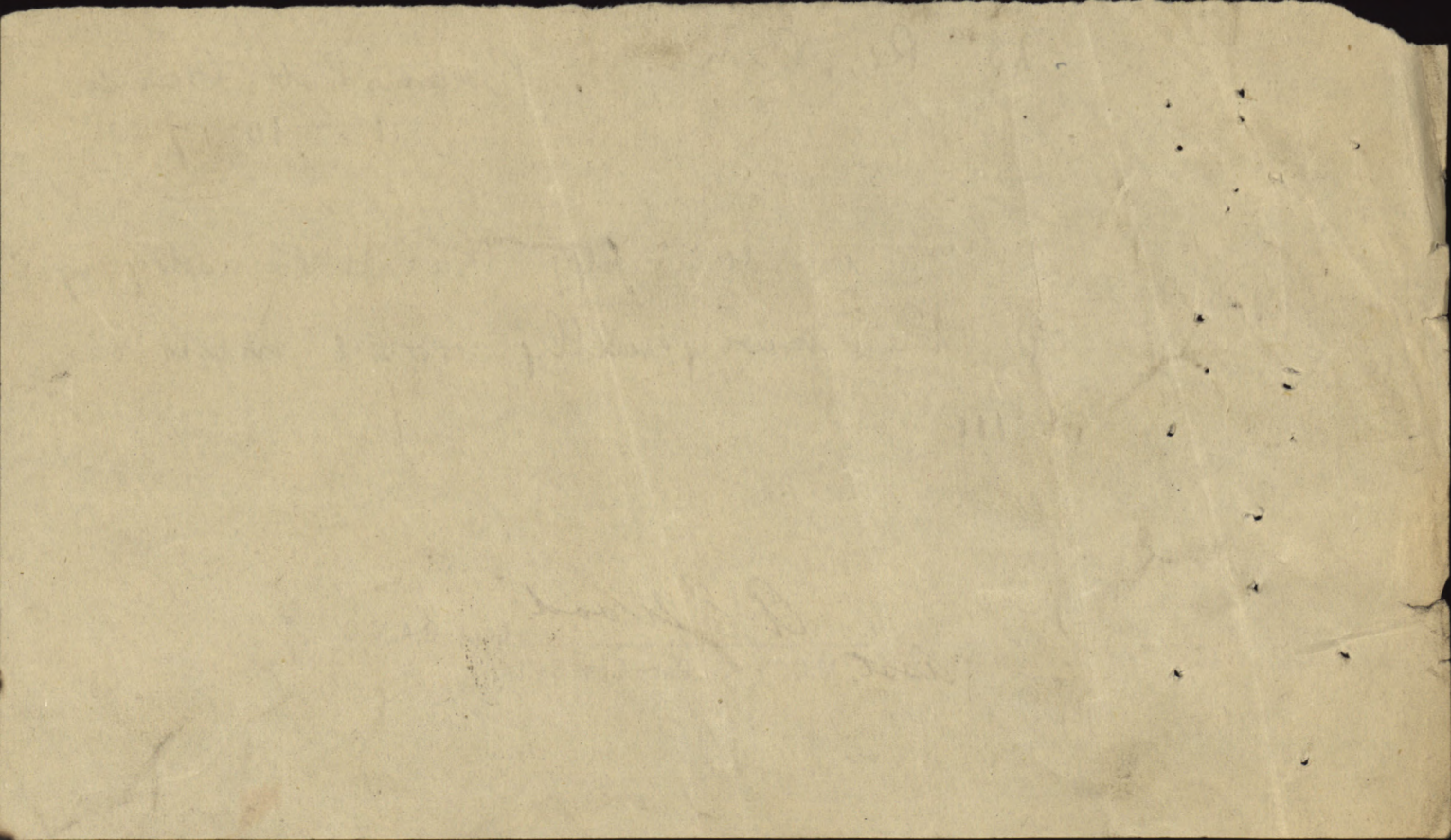
448319

W. Shaw. J.

A. E. Wood.

Capt. C.A.M.C.

Asst. M.O. 23 Can. Res. Battn.



Ward Cheney L A B O R A T O R Y R E P O R T. Date Oct 15 1917

Reg. No 448319 Rank 1st Name Shaw J Unit 23rd Res

Disease n. y. d.

Kindly examine the accompanying specimen of Sputum  
with special regard to Bacillus Present.

Mr. S. Walsh  
m. C. No TB. found  
Institute

Capt. CAMC. M.O. i/c Ward

Officer i/c Laboratory. Capt. CAMC.

4

8216

1881  
1882

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of the

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of the

1881

1881

**DUPLICATE**

H.Q. 54-21-23-53

To be made out in duplicate.

**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 **244th "OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number **448319**

(3) Full Name of Soldier **SHAW, John**

(4) Place of Birth **Derby, England.**

(5) Are you married, or not? **Yes**

(6) If married, state,  
(a) Full name of your wife **Mrs. Mary SHAW**

(b) Present Postal Address **532 Lasalle Road, Verdun,  
Montreal, P.Q.**

(7) Are you a widower? **No** **NOT APPLICABLE**

(8) Have you any children? **2**

If so, give number of boys and girls **2 Boys**

Also their names and ages **William John - 4 years**

**Harry - 10 months**

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

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

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

If so, state name and address..... **Mrs. Mary Ann SHAW, High Street, Derby,**

..... **England.** .....

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

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

**NOT APPLICABLE**

(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.

..... **Yes** .....

**NOT APPLICABLE**

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

If so, in what Company?.....

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.

*John Robe*  
Lieut. Col.  
c/o 244th "Over" Officer's Conscripting.

Date..... **6th September 1916**.....



# CANADIAN OVERSEAS EXPEDITIONARY FORCES

## Discharge Certificate

**F 448319**

This is to Certify that No. 448319 (Rank) Private  
 (Name in Full) Jack Shaw enlisted in  
57<sup>th</sup> Overseas Battalion  
 Canadian Overseas Expeditionary Force, on the 27<sup>th</sup> day of October  
 1915, and accompanied said unit to Quebec, Que.  
 was returned to Canada, and discharged from the service at Quebec, Que.  
 on the 21<sup>st</sup> day of August 1915, in consequence of being  
found Medically Unfit (H.O. 60-4-8 of 9-9-15)

### DESCRIPTION ON DISCHARGE

Age 29 years  
 Height 5 ft 3 in.  
 Complexion Dark  
 Eyes Dark  
 Hair Brown  
 Trade Laborer

Marks or Scars

Brown Mark on left  
Shoulder

Signature of Man

J. Shaw

Officer in charge Discharge Depot:

R. A. Ireland Major

Place and Date

Quebec, Que. 21<sup>st</sup> August 1915

for sig. M.D. 57

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 448319  
Rank Private  
Name Jack Shaw  
Unit 57<sup>th</sup> Battalion  
Address on Discharge

532 Lasalle St.  
Montreal Que.

His conduct and character while in the Service have been :

- good -

Place

Quebec Que.

Date

21<sup>st</sup> August 1916

Commanding

R. A. Ireland Major

Campaigns

Y. I.

Medals and Decorations

Y. I.

ORIGINAL

# MEDICAL HISTORY SHEET

448319

Surname SHAW Christian Name John

Examined on 6 day of Sept. 1916  
at Montreal P.Q.  
Birthplace { City or Town Derby  
County England.

Approved by Masbourne  
Rank Capt M.O.

Apparent age 31 years  
Trade or occupation Painter.  
Height 5 Feet 6 Inches.  
Weight 121 Lbs.  
Chest measurement { Minimum 32 inches.  
Maximum expansion 35 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left.  
Number 4  
When Vaccinated last Child  
(a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	VACCINATIONS.
<u>23/1/17</u>	<u>neg.</u>	<u>Klausthene</u> M.O.
<u>6/2/17</u>	<u>neg.</u>	<u>Klausthene</u> M.O.
<u>20/2/17</u>	<u>"</u>	<u>Captaine</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>NOV 17 1916</u>		<u>Klausthene</u> M.O.
<u>NOV 27 1916</u>		<u>Klausthene</u> M.O.
<u>Dec 1916</u>		<u>Klausthene</u> M.O.

Enlisted on 6th day of Sept. 1916 at Montreal P.Q.

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
		<u>448319</u>		
Transferred to	<u>244th "OVERSEAS BATTALION, C.E.F.</u>			
	<u>23rd BATTALION C.E.F.</u>			
	<u>23rd BATTALION C.E.F.</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Montreal</u>	<u>6/12/16.</u>	<u>fit</u>	<u>Passed Board</u>
<u>Stromham</u>	<u>14 June 17</u>	<u>Debility</u>	<u>D. Harten Capt Allie</u>
<u>Bramshott.</u>	<u>30-10-17</u>	<u>Likelihood of being</u>	<u>Dir C. E. F. Capt</u>

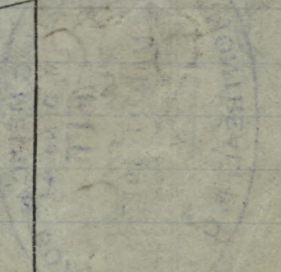
INSPECTING MEDICAL BOARD  
M. D. No. 4  
PRESIDENT.  
MEDICAL BOARD, BRAMSHOTT.  
C. J. Chubb Pres.

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.

John.  
Christian Name  
Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Montreal N.E.I.		13	1	17	16	Jan	17	Sprain Back		at times. Recovery. T. Light Duty B.R. Bourne Capt.	
Northwestern Hosp New South.		13	10	17				Tubercle of lung		Cough cold in bend March 1916. No diagnosis. Six months in R.E. Sanatorium. Re-enlisted in Sept 1916. Adm. to North West Hosp. on 12/10/17 with cough, expect. etc. Sputum +. Def. disease from apex to 4th rib on Rt. side from apex to nipple on left. A.S.B. 179 Inv. to Canada New York City	
		16	"	17				Do		T. B + Same condition W.A. Rohlfson Lt.	
"ARAGUAYA"		28	12	17	9	1	18	Do		Condition unchanged Slight Pharyngitis during trip. A.H. Zafer. Major Lane	
R.E.I. Montreal Que.		28	1	18	13	4	18	Tubercle of lung.	75	Died at the R.E.I. at 12 P.M. 13-4-18 Schabo Capt.	

No. 5 CANADIAN  
GENERAL HOSPITAL  
LIVERPOOL



E.T. Rank Name **SHAW, John** Reg'l No. **448319**  
 Unit **244th Battn** If in perm. Corps }  
 What Unit? } Married or Single **Married.**  
 Place and Date of Enlistment **Montreal, Sept 6th. 1916.** Place of Birth **Derby, England,**  
 Name and Address, Next-of-Kin **~~Montx~~ Mary Shaw.**  
**532, Lasalle Road. Verdun, Quebec. Canada.** Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **11280**

File R.L.

Relationship

Category **M. & C. Co.**

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9-24-16.

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.				
		<b>ARRIVED IN ENGLAND</b>	<b>7 4 17</b>	<b>S. S. LAPLAND.</b>	
<b>11-4-17</b>	<b>22 Res</b>	Taken on Strength	Shoreham	<b>7-4-17</b>	<b>PT 2 O 63</b>
<b>25-4-17</b>	<b>do</b>	<b>S O S to 23 Res</b>	<b>Shoreham</b>	<b>24-4-17</b>	<b>PT II O 67 &amp; II 5 23 Res</b>
<b>17.10.17</b>	<b>1QR</b>	<b>Can. Mil Hosp.</b>	<b>Bramshott</b>	<b>14.10.17</b>	<b>C.I.C. 39 N.Y.D.</b>
<b>26.10.17</b>					<b>" C47 T.B. Pulmonary</b>
<b>3.11.17</b>	<b>23 Res</b>	<b>S O S to 1QR II</b>	"	<b>Pl 2.11.17</b>	<b>PT II 304</b>
<b>5-11-17.</b>	<b>15<sup>th</sup> AR.D</b>	<b>T.O.S. from 23 Res</b>	"	<b>2-11-17</b>	<b>PT II 213</b>
<b>22-11-17.</b>	<b>15<sup>th</sup> AR.</b>	<b>adm 5 Can Gen Hos Liverpool</b>		<b>17-11-17</b>	<b>CF C69 T.B. Pulm.</b>
<b>5-1-18</b>	<b>15<sup>th</sup> AR.</b>	<b>Invalided to Can. ex</b>			
		<b>#5 Can Gen Hosp.</b>	"	<b>Pl 29.12.17</b>	<b>CF C104 T.B. Pulm.</b>

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.				
10.11.17?	16110	S.O.S. Invalided to Canada for further Medical Treatment	B'ham Pte	29.12.17	A.O. 9.
	Dr. Dept.	For further treatment.	M.D. + Montreal	21/1/18	NR 425

# MEDICAL CASE-HISTORY SHEET

HOSPITAL.....Gray Nuns Convalescent Home..... STATION.....Montreal Que......  
No. 448319 Rank. Pte. Name (Given)..... J. .... (Surname)..... SHAW..... Age.....  
Unit..... 244th Battalion, "A" Unit..... Service..... 16 mos.....  
Date of Admission..... January 25th 1918...... Date of Discharge..... April 13/18.....  
Diagnosis..... Tubercle of lung, 44.....  
Date of Origin. .... Place of Origin.....

CAUSE OF ILLNESS OR INJURY :

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

CONDITION ON ADMISSION.

Dr. E.S. Harding from Royal Edward Institute reports;  
This patient had an advanced condition of Pulmonary Tuberculosis  
and tubercular laryngitis on his entry to the Annex. The condition  
has aggravated.

TREATMENT.

CONDITION ON DISCHARGE FROM HOSPITAL.

Condition did not improve.  
Patient died April 13th, 1918.

*Sachabotcaptain*  
.....  
Medical Officer i/c Case.

Date.....

31110

MEDICAL CASE-HISTORY SHEET

Presenting Complaint: [Faint text]

History of Present Illness: [Faint text]

Physical Examination: [Faint text]

Investigations: [Faint text]

Diagnosis: [Faint text]

Prognosis: [Faint text]

Treatment: [Faint text]

Follow-up: [Faint text]

Remarks: [Faint text]

Signature: [Faint text]

Date: [Faint text]

Place: [Faint text]

Referral: [Faint text]

Admission: [Faint text]

Discharge: [Faint text]

Death: [Faint text]

Autopsy: [Faint text]

Other: [Faint text]

Remarks: [Faint text]

Signature: [Faint text]

Date: [Faint text]

Place: [Faint text]

Referral: [Faint text]

Admission: [Faint text]

Discharge: [Faint text]

Death: [Faint text]

Autopsy: [Faint text]

Other: [Faint text]

Remarks: [Faint text]

Signature: [Faint text]

Date: [Faint text]

Place: [Faint text]

Referral: [Faint text]

Admission: [Faint text]

Discharge: [Faint text]

Death: [Faint text]

Autopsy: [Faint text]

Other: [Faint text]

Remarks: [Faint text]

Signature: [Faint text]

Date: [Faint text]

Place: [Faint text]

Referral: [Faint text]

Admission: [Faint text]



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

M. F. W. 54. (A. F. B. 103.)

35M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 244th "OVERSEAS BATTALION, C. E. F.

Regimental No. 445319 Rank Bandsman Name SHAW, John  
C. E. F.

Enlisted (a) 6/9/16 Terms of Service (a) C.E.F. Service reckons from (a) 6/9/16

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) Painter

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	<i>Calicut</i>	MAR 25 1917	<i>J. P. Brown</i> Capt. & Adjutant
		DISEMBARKED ENGLAND	<i>Liverpool</i>	APR 7 1917	<i>J. P. Brown</i> Capt. & Adjutant
		Transferred to <u>22nd Reserve Batta.</u>	<i>Shoreham</i>	APR 7 1917	<i>J. P. Brown</i> #1609
<u>1.4.17</u>	<u>22nd R. Bn.</u>	Taken on strength	Shoreham	7.4.17	D.P. 11 0.53
<u>25.4.17</u>	<u>22nd R. Bn.</u>	Posted to 23rd. Res. Bn.	Shoreham	24.4.17	D.P. 11 0.67
			<i>S. H. Smith</i> Capt. Adjutant 22nd Res. Bn., C.E.F.		<i>Leud.</i>
<u>25.4.17</u>	<u>23rd R. Bn.</u>	Taken on strength	Shoreham	24.4.17	D.P. 11 0.112
<u>3/11/17</u>	<u>23rd. CAN. RES. BN.</u>	POSTED TO 1st. QUE. REG. DEPOT (Boarded <u>F</u> )	<i>Bramshott</i>	<u>2/11/17</u>	D.P. II O No. <u>304</u> <i>W. H. Smith</i> Lieut. for O.C. 23rd. Can. Res. Bn.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				
15-4-18	A' unit M.H.C.C.	Sgt. (Deceased)	Montreal	13 <sup>4</sup> / <sub>18</sub>	INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT  HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, BRAMSHOTT  PT. II 100. 105
			<del>Charles Scott</del>		
			<del>for Wof IP.</del>		

57th Reg't. C. F.

448319

MEDICAL HISTORY SHEET.

448319

Surname **SHAW** Christian Name **JACK**

Examined { on **27th** day of **Oct** 191 **5**  
 at **Montreal**  
 Birthplace { City or Town **Derby**  
 County **England**

Approved by *[Signature]*  
 Rank **First Amb.** M.O.

Apparent age **29**  
 Trade or occupation **Laborer**  
 Height **5** Feet **3 3/4** Inches.  
 Weight **113** Lbs.  
 Chest measurement { Minimum **32** inches.  
 Maximum expansion **34 1/2** inches.

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

Physical development  
 Small-Pox Marks  
 Vaccination Marks { Arm Right Left  
 Number **4**

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last **6 years ago**  
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection  
*Several Corps*

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

Enlisted on **27th** day of **Oct** 191 **5** at **Montreal**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<b>57th Reg't,</b>			<b>27/10/15</b>
Transferred to..	<b>C.E.F.</b>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



~~INTERPOL~~ MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	448319	Pvt	Shaw	J.
Year	Unit.	Age.	Service.	
	93 <sup>rd</sup> Res.	31	12/12	
Station and Date.	Disease			
	Tubercle of Lungs.			
	<p>Post-History always healthy before he joined the Army. While playing in the band at a military funeral in Quebec on very cold day in March 1916. He caught cold &amp; was taken to Military Hospital in Quebec the same night. Had severe cough, pain in chest, spitting blood &amp; much exhausted. Remained five weeks. Was told he had lung trouble but does not know what form. Was then sent to Lake Edward Sanatorium Quebec. Remained four months and was discharged from the Army in Quebec two weeks later.</p> <p>He again joined the Army in Montreal on 6/9/16. He states that he was feeling well at that time &amp; had no difficulty in passing the medical examination. Landed in England, 5/4/17. has been able to carry on as Balloon up till yesterday, entered No 12 General Hospital Bramshott, 13/10/17.</p> <p>Present Condition. Complaints of Cough very troublesome at night, expectorates freely has sputum no blood. pain between shoulders. Night sweats. Loss of weight. Appetite fair. Headache. Cold chills. Temp. Normal. Pul 90. Res 22. Dyspnoea on exertion.</p>			
		<p>J. C. Adamshead, Capt. C.M.C.</p>		
21. 11. 17	<p>Says he is feeling a lot better lately. Says he is gaining in weight again. Coughs some expectoration, says he has no night sweats now</p>			

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

H. G. Roberts, F.R.C.

Station  
and Date.

Oct. 15

Expansion poor both sides. Amphoric? breathing  
left apex. Flat note here with dull. res. below.  
Rt apex dependent resonance. B. sounds rough  
and prolonged. Def creps. both sides on  
normal breathing. Signs of cavitation left apex  
creps increased on deep B. becoming coarse  
and moist. On cough the moisture  
and coarseness increase at both apices  
and extend to 4th Rib on Right side  
and to nipple on left.

Oct. 17.

Complaints - (i) Heavy cold - one week.

(ii) Pains in shoulders - " "

(iii) Cough. 3-4mons.

Family Negative

Personal & Previous - B. Melbourne, Derby Eng.

Sept. 16. 1886. Health good till enlistment at Montreal  
~~Sept 14th 1915~~ Oct. 14th 1915 in 57th Batt. In March 1916

playing in band on very cold day caught severe cold  
in Quebec city. Taken to Hosp. for 4 wks then to

Lake Edward San. Caught severe. & sb. hemorrhage  
several times. Sputum positive. In Aug. discharged

much improved. No cough or other symptoms.

Enlisted Sept. 6. 1916 in 244th Kite Lines C.W.V.

Quarried March 1917. Transferred to 23rd Res. Squadron

Here for 3mons. Then to Aldershot as batman to  
Major Storey. Cough recommenced in July following

and. He's coughed since with increasing  
severity. In Bramshott one week ago.

Recs. - Severe cold about a week ago. Cough

severe - expect. moderate - yellow. dry spora  
marked on insertion. c pains in shoulders. Reported to  
M.O. and sent to 1012 Gen. for observation. (For 179.)

Appetite good - Digest good - Bowels reg.  
Scars - Tattoo - left. "Hand across Sea"  
Rt. - Cross.  
naevus under side Rt. chest 1" diameter  
Painful - Brown.

Spindling  
+.

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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 57th Battalion, C. O. E. F.


Regimental No. 448319 Rank Pfc Name Shaw, John

C. E. F.

Enlisted (a) 27-10-15 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 27-10-15

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				
	57	20s Med. Unit	Quebec	21-8-16	L. P. C. on <u>original file</u> <u>AG 6493-2353</u>
					<u>W. Rutledge</u> <u>app for [unclear]</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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



### DENTAL CERTIFICATE.

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
8/12/17	good	no  T.E. Robins Capt. C.A.C.	no	Partial Lower.

DENTAL CERTIFICATE

The following Certificates will be attached to the Medical History Sheet of all Other Ranks being returned to Canada for disposal.

Name of Soldier	Rank	In case of loss or injury of teeth, the loss has to be made known to the Dental Officer of the Army Service Corps	Present Dental Condition	Date of Examination
[Faint handwritten name]	[Faint handwritten rank]	[Faint handwritten text]	[Faint handwritten text]	[Faint handwritten date]

Name Pfc Sharr J.

Regimental No. 448319

Name and address of next-of-kin

Unit 57th Battalion

*mil*  
*mil*  
8123

Date of enlistment 27-10-15

Place of " mil.

Married (yes or no) not mentioned

Date and place discharged 21-8-16 Tinsley.

Amount of pay assigned monthly \$ 20.00

Reason for discharge Med. Unfit.

To whom payable mil.

Character on discharge H.Q. 60-4-8 of 25-5-1716.

6b-2376 M. & D. 6892

Date	1916		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					
March							L.P.C.	1879	1879	194	1879			1879	
Apr	1	30	30	1.00	30.00	30	.10	3.00	33.00	298	33.00			33.00	
May	1	31	31	"	31.00	31	"	3.10	34.10	437	34.10			34.10	
June	1	30	30	"	30.00	30	"	3.00	33.00	584	30.00	20.00		33.00	
July	1-7-16	21-8-16	52	"	52.00	52	"	52.00	78.00/35.20	606	60.00	40.00		135.20	Disch Med. Unfit
Aug							Sup allow.	34.00	34.00	601	35.20	40.00		34.00	H.Q. 60-4-8 of 25-5-16
															Sup allow. from 1st July to Aug. 21st
					<u>143.00</u>			<u>14.30</u>	<u>130.79</u>		<u>288.09</u>			<u>288.09</u>	→

Tisch. (21-8-16)



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary ShawWife  
PAYMENTS

Name of Soldier

Shaw Jack

L. L. Job 89002.—Req. 6213.

1030

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
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				

"  
In convalescent Home  
closed per M. D. Paymasters (4)  
letter Aug 28-8-16

ACCOUNT CLOSED  
DATE.....PEN.....  
W

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

SEPARATION ALLOWANCE

24/10/15

394

*M.W. gm*

Name *Mary Shaw*  
Address ~~103 Upper Street~~  
*532 LaSalle Rd*  
*Verdun*  
*Montreal*  
*Quebec*

Name of Soldier *Shaw. Jack.*  
Regtl. No. *1030*  
Rank *Private*  
Corps *54 Battalion*  
To what Corps belonging }  
when called out }

Relation to Soldier }  
wife, child or mother } *Wife*

*27 <sup>6</sup>/<sub>16</sub>*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>M 13133</i>	<i>20</i>	<i>20</i>
Dec.		<i>015979</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>M19520</i>	<i>20</i>	<i>20</i>
Feb.		<i>7123286</i>	<i>20</i>	<i>20</i>
March		<i>F 33657</i>	<i>20</i>	<i>20</i>
			<i>10 2</i>	

ACCOUNT CLOSED  
DATE..... PER *W*





EXTRACTS FROM ACTIVE SERVICE PAY BOOKS.

Date of Payment.	No. of Reg. Roll.	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Dollars	2	5	0	¢			
<del>12/9/17</del>	<del>471</del>						<del>Pranscott</del>		
<del>32/10</del>	<del>1504</del>						<del>Pranscott</del>		
<del>2/11</del>	<del>1610</del>						<del>Pranscott</del>		

31 63

Date	To what	To what	UNITED STATES		To what	To what
			NAVY	DEPARTMENT		

S  
W  
O

1234



6-9-16.

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-518.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs. M. Shaw*

*Wife*  
PAYMENTS.

Name of Soldier

*Shaw. J.*

*Bdmw.*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>J 150 68</i>	<i>16</i>	<i>16</i>
Oct.		<i>M 210 52</i>	<i>20</i>	<i>20</i>
Nov.		<i>V 240 93</i>	<i>20</i>	<i>20</i>
Dec.		<i>V 268 09</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>S 302 40</i>	<i>20</i>	<i>20</i>
Feb.		<i>S 333 42</i>	<i>20</i>	<i>20</i>
March		<i>T 364 20</i>	<i>20</i>	<i>20</i>
April		<i>A 225 1</i>	<i>20</i>	<i>20</i>
May		<i>S 593 6</i>	<i>20</i>	<i>20</i> <i>1446 Wellington St Verdun Montigny</i>
June		<i>S 916 2</i>	<i>20</i>	<i>20</i>
July		<i>J 123 66</i>	<i>20</i>	<i>20</i>
Aug.		<i>E 16 274</i>	<i>20</i>	<i>20</i>
Sept.		<i>I 188 73</i>	<i>20</i>	<i>T</i>
Oct.		<i>S 214 45</i>	<i>20</i>	<i>B</i>
Nov.		<i>B 259 27</i>	<i>20</i>	<i>T</i>
Dec.		<i>H 28 583</i>	<i>20</i>	<i>B</i>
Jan.	1918			<i>316</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

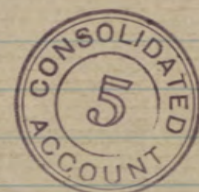
MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12  
 50m.—7-16  
 H. Q. 1772-39-819

To Whom *Mrs. Mary Shaw* By Whom Assigned *Shaw John*  
 Address ~~*532 Basalle Rd*~~ Regtl. No. *448319*  
~~*1446 Wellington St.*~~ *Verdun* Rank *Bandsman*  
*1446 Wellington St. Montreal Que* Corps *244<sup>12</sup> Bn*  
 Rate *20<sup>00</sup>* APR 1917

PAYMENTS

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



*closed*

Handwritten notes in the center of the page, including the number '6000' and other illegible markings.

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

*Mr Wm Shaw*

*Ditch*  
PAYMENTS.

Name of Soldier

*Shaw John*  
*Baudornan. 448319. 2nd<sup>nd</sup> An*

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 <sup>00</sup>	APR 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		W 6124	20	
May		I 9662	20	20 W 1446 Wellington St., Wexham T.D.
June		2020253	20	B
July		B26672	20	CB
Aug.		R 31880	20	
Sept.		Y39459	20	
Oct.		1 45649	20	
Nov.		7 53066	20	
Dec.		J 63128	20	
Jan.	1918			180 <sup>00</sup> M
Feb.				
March				
April				
May				
June				
July				

*W.A.S.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

PAYMENTS.

Month.	Year.	Cheque No.	Amtd.	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.				



*Cl.*

Register No. *B. 1603*

WAR SERVICE GRATUITY

A.P. File No. *016576-J44*

*(8580)*  
*(445519)*

TO DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *448319* Name *John Shaw*  
(Christian Name) (Surname)

Unit *57th Bn.* Rank *Pte* Date of enlistment *27.10.15(16.9.16)*

Date of casualty *13.4.18* B.P.C. File No. *5850*

Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. Mary Shaw* Relationship *Widow*

Address *1204 Wellington St,  
Verdun,  
P.Q.*

Amount of Special Pension Bonus \$ *80* Abstracted by *M. Knox*

Eligible for Gratuity \$ *1800*

Less amount of Special Pension Bonus paid \$ *800*

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

Total deductions \$ *800*

Balance due \$ *1000*

Cheque No. *91900926* Date issued *17/8/20*

Clerk *J. E. Lehouert*

REMARKS: *Soldier discharged on  
21.8.16. Re-Enlisted 16.9.16.*

Audited by  
*Paul Howard*  
Date *16.8.20*

*\$100*

*W.S.  
26*

M.F.W. 2652  
23M-6-30.  
H.Q. 1773-80-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

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

Remarks:

## SEPARATION ALLOWANCE

Name *Mrs. Mary Shaw,*Name of Soldier *Shaw. John.*Address *532 Lasalle Rd.,*Regtl. No. *448319.**Verdun, Montreal,*Rank *Bands.**1446 Wellington St**Ave.*Corps *2440 S. Bn. C.E.F.*

Relation to Soldier

To what Corps belonging

wife, child or mother

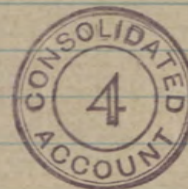
} *Wife.*

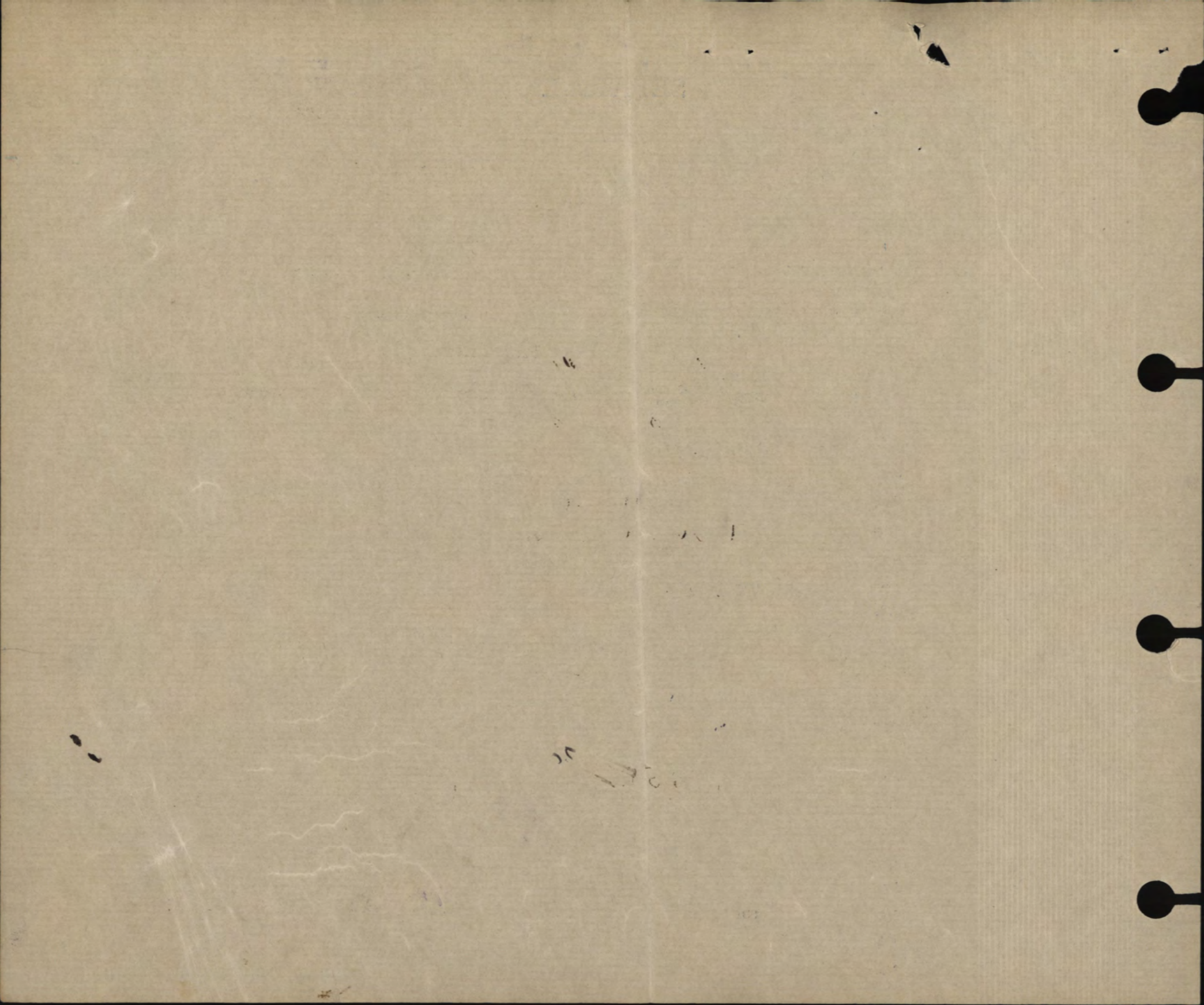
when called out

} *✓*

## PAYMENTS

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

*Closed*





448319. Bandman. Shaw. John

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C						\$	C																
MONTH PARTICULARS			CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	SER-ALLGE. ENG.	MONTH PARTICULARS	CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	SER-ALLGE. ENG.		
Brought Forward			34	10			4 86		20	58	41																
						adv 3-16-1918	7 30	70			51	11															
Nov 6 days P. pay	6	60							20		37	70															
			34	10			12	16			20																
Nov 16 P. pay	6	60									20																
						adv 1-10-12 <sup>th</sup> 20 <sup>th</sup> 11/17	19	47																			
						adv 4-17-12 <sup>th</sup> 12-17	9	73																			
						adv 1-10-11 <sup>th</sup> 12-17	2	43																			
			6	60			24	3			6	08															
							31	63		20																	
<p>Liability transferred to Canada Nil</p> <p>balance transferred to N. E. Branch.</p> <p>Blue Band. 562. N. School 1/12/17</p> <p>adv to B6 18/2/18 NE 15/22 = 03</p> <p>adv to B6 18/2/18 NE 15/22</p> <p>adv to 92 2 43 Endorse 2646</p> <p>March adjustment of exchange 03</p> <p>Trans to "Canada Disc'ge a/c" 2 43 NIL</p>																											

Balance on Ledger Sheet when L.P.6 was rendered Cr 6 08

A3M. FORM REN. Stopped 1/12  
 DISCHARGED TO Canada DATE 6/11  
 PAYBOOK VERIFIED 6/11  
 Cr BAL. 6 08 L.P.C. REN. 6/11  
 AUTHY. B'shott 11/13 1/11

Invalide  
 [Signature]

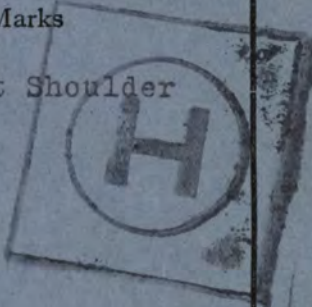
78  
 Febry  
 1918

March adjustment of exchange  
 Trans to "Canada Disc'ge a/c"

This space to be for numbers.

# Proceedings on Discharge.

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

No. 448319	
Rank Private	
Name Jack Shaw <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 57th Overseas Battn; C.E.F.	
Date of Discharge 21st August 1916	
Place of Discharge Quebec, P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 29 years 10 months.	Descriptive Marks Brown Mole on Left Shoulder on Back
Height 5 feet 3 inches.	
Complexion Dark	
Eyes Dark	
Hair Brown	
Trade Laborer	
Intended place of residence } 532 Lasalle Rd. (To be given as fully as practicable.) } Montreal, P.Q.	
2. The above-named man is discharged in consequence of being found medically Unfit H.Q. 60-4-8- of the 9th September 1915.	
<small>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.</small>	
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.  - food -  Major, for A.A.G., M.D., No. 5.
	<small>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:</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  - labourer -  Major, for A.A.G., M.D. 5

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

*J.B.* X

Carded  
15-7-16  
*J.B.*

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.

*B. H. Ireland* Major,

(Date) 21st August 1916

Commanding for A.A.G., M.D. 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.

*J. Shand* (Signature of Soldier.)

(Date) 21st August 1916

*B. H. Ireland* (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.

*J. Shand* (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 302 years.....days.

Total 302 years.....days.

11. Confirmation of Discharge.

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

(Place) Quebec, P.Q.

(Signature) *B. H. Ireland* Major,

(Date) 21st August 1916

for A.A.G., M.D. 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.)

W. J. Shaw

## List of Discharge Documents.

---

Reg. Conduct Sheet, Militia form B. 263.  Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235.  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.	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
*Only if discharged "Medically unfit."	

*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.*

649-S-235-3

This space to be for numbers.

# Proceedings on Discharge.



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

No.	448319
Rank	Private
Name	Shaw, John
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	244th Battalion
Date of Discharge	Died April 13th 1918.
Place of Discharge	Montreal.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....32.....years.....7.....months.  
 Height.....5.....feet.....6.....inches.  
 Complexion     Dark  
 Eyes             Brown  
 Hair             Brown  
 Trade            Painter  
 Intended place of residence }  
 (To be given as fully as practicable.) } Deceased.

### Descriptive Marks



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

DECEASED.  
April 13th 1918.

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.

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.)

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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).....

(Date)..... Commanding .....

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)..... Montreal..... (Signature of Soldier.)

(Date)..... 13/4/18..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

Total...1 years...217 days.

11. Confirmation of Discharge.

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

(Place)..... Montreal.....

(Date).....

(Signature).....



Handwritten signature and title: MAJOR, O.C. "A" Unit

Military Hospitals Commissions Command.

**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.)

None .

NOT CHARGED

APR 20 1918

123-20-5-13

APR 22 1918

*Handwritten notes:*  
123-20-5-13  
APR 22 1918

### List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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."	

*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.*

LABORATORY REPORT.

Ward Chester Paulino A

Date Oct. 19th 1917

Reg. No. 448219 Rank. Plt Name Shaw Unit 23rd Reg.

Disease T.B.

Kindly examine the accompanying specimen of Sputum

with special regard to T.B.

N.B. Positive

8702

W. J. Orance

M.C. i/c Ward

Capt. CAMC.

W. H. ...

Capt. CAMC

Officer i/c Laboratory

Shaw

Shaw

200



L A B O R A T O R Y R E P O R T

Ward Chest Pavilion Date Oct 17 1917

Reg. No. 449319 Rank. Plt Name Shaw Unit 23rd Reg

Diagnosis \_\_\_\_\_

Kindly examine the accompanying specimen of Sputum

with special regard to T.B.

*Positive.*

8795

G.W. Torrance Capt. CAMC  
M.O. i/o Ward

W. Williams Capt. CAMC  
Officer i/o Laboratory.

1870  
1871  
1872

1873  
1874  
1875

1876

1877

1878-1879

1880-1881

1882

LABORATORY REPORT.

Ward Christ. Pavillion

Date Oct. 15<sup>th</sup> 1917

Reg. No. 448219 Rank. R/E: Name Shaw: Unit 23 Res.

Disease \_\_\_\_\_

Kindly examine the accompanying specimen of Sputum

with special regard to T.B.

8412

*None found*

W. M. M. M. M. Capt. CAMC.  
M.O. i/c Ward

A. W. Hunt Capt. CAMC.  
Officer i/c Laboratory

1848

20th Nov

1848

1848

1848

1848

1848

1848

1848

Ward Capt. Penhays L A B O R A T O R Y R E P O R T. Date Oct 16<sup>th</sup> 1917

Reg. No. 448819 Rank. Plt Name Shaw Unit 28<sup>th</sup> Reg.

Disease \_\_\_\_\_

Kindly examine the accompanying specimen of Sputum

with special regard to T.B.

*Positive.*

8781

C. W. Jordan E.  
Capt. CAMC, M.O. i/c Ward

A. Williams Lt.  
Officer i/c Laboratory. Capt. CAMC

Jan 15 1850  
No. 100

Dr. J. W. Brown

1850

12/10

(W. Brown)

3

8372

Ward 11 URINE SPECIMEN. Date 14/10/17 1917

Reg. No. 448319 Rank Pt Name Shaw Unit 23 B

Reaction acid Sp. Gr. 1005 Bile \_\_\_\_\_

Albumen neg Sugar neg Blood \_\_\_\_\_

Sediment \_\_\_\_\_

N. S. Walsh for Capt. CAMC.  
M.O. i/c Ward

[Signature] Capt. CAMC.  
Officer i/c Laboratory.

7

1000

5/25/20

1000

1000

1000

1000



SYNOPSIS OF

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	448319	Pte	SHAW	J.
Year	Unit.		Age.	Service.
1917	23rd Reserve		31	12/12
Station and Date.	Disease <u>TUBERCLE OF LUNG.</u>			
Bramshott	<p>Enlisted in 1916, spent six months in a sanatorium in Canada for T.B. discharged from service the same year. Enlisted autumn 1916 again, came overseas had difficulty in carrying on. Boarded in Shoreham June 1917 suspected T.B. Admitted No. 12 Can. Gen. Hosp. 13-10-17 with cough profuse expectoration and dyspnoea. Sputum contains many T.B. Bacilli.</p> <p>Boarded for Invaliding to Canada.</p> <p>(Sgd) D.C. Aikenhead, Capt. C.A.M.C.</p>			
28/12/17.	<p>Eats &amp; sleeps well. very little sputum. hoarseness otherwise condition unchanged</p> <p style="text-align: right;"><i>G. H. Elliott Capt.</i></p>			

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

Station  
and Date.

Reserved for M.H.C.

Regt. No. *448319.* Rank *Pte.* Surname *Shaw.* Christian Name *John.*  
 Unit or Corps—(a) Overseas from United Kingdom \_\_\_\_\_ (b) In United Kingdom *23rd Reserve.*  
 Born at—Town *Melbourne.* County or Province *Derbyshire* Country *England*  
 Date of Birth—Day *16* Month *September* Year *1886* Age *31* yrs. *1* months.  
 Joined at *Montreal, Quebec.* Date *Sept. 6<sup>th</sup> 1916.*  
 Former Trade or Occupation *Painter*

Permanent marks or peculiarities that will serve for future identification:—

- ① Circular naevus outer side Rt. thigh*
- ② Tattoo - left forearm "Hands across the Sea"*
- ③ Tattoo Right forearm - a "cross"*

Height—feet *5* inches *6* Colour of eyes *Brown*  
 Signature of Soldier (for identification purposes) *John Shaw*

### Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).

(Follow the official nomenclature as far as possible.)

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

Disabilities Group (a). *Tubercle of Lung.*

Disabilities Group (b). \_\_\_\_\_

Disabilities Group (c). \_\_\_\_\_

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CANADIAN MILITARY HOSPITAL, BRAMSHOTT

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	<i>Infectious Tubercle Bacillus Sequel to Influenza.</i>	<i>Quebec City</i>	<i>March 1916</i>
(ii) As to Group (b) above.	_____	_____	_____
(iii) As to Group (c) above.	_____	_____	_____

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service? *No.*

(i) As to Group (a) above? *No.*

If yes, has Active Service aggravated it? *No* (circled)

(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, as described in (b)*

(ii) As to Group (b) above? \_\_\_\_\_

(iii) As to Group (c) above? \_\_\_\_\_

5. If a cause of disability was an injury received on Active Service, was it received— *Not applicable*

(i) While on duty? *Not applicable* (ii) While off duty? *Not applicable*

(iii) Was a Court of Inquiry held? *Not applicable* (iv) Where? *Not applicable* (v) When? *Not applicable*

(vi) Opinion of the Court? *Not applicable*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Family history negative. Health excellent previous to enlistment first at Montreal Oct 1915 in 57th. In March 1916 playing in the band on a very cold day contracted a severe "influenza". Hospital few weeks. Severe cold, dyspnoea, cough and expectoration with night sweats. Sputum positive so sent to Lake Edward Sanatorium. Discharged from there in August in good condition. Reenlisted in 244th Bait. Sept 6 1916. Overseas in March 1917 to 23rd Reserve. Landed in June and was then before a Medical Board which recommended "Hospital treatment for suspected pulmonary phthisis". Had no treatment but was made a batman and sent to Aldershot. Coughed with increasing severity till about one week ago "caught another cold" and was sent to No 11 General Hosp for observation.

Sputum positive. Documentary evidence of previous board at Shoreham attached.

M.H.S. one entry - Montreal M.H. 13/1/17 - 16/1/17 Sprain back. Recovery.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient is feebly well nourished but rather anaemic. Temp. occasionally to 99° in P.M. Pulse 75 Resp normal. Cough severe - mucous, purulent expectoration moderate, dyspnoea marked on exertion. Continual "aching" on shoulders. Night sweats occasionally. Appetite and digestion good. Bowels regular. Respiratory System - Expansion poor. Diminished resonance over both sides greatest right apex at this apex indicating consolidation or compressive atelectasis. Breath sounds roughened and expiration prolonged. Definite crepitations on light breathing, increasing on deep and becoming coarse and moist on cough especially in apices but extending definitely to 4th ribs on Rt side and to nipple on left both anteriorly and posteriorly. (i) Nervous (ii) Digestive (iii) Genito-urinary (iv) Cardio Vasculari (v) Muscular (vi) Osseous (vii) and Articular Systems normal. (viii) Cutaneous normal except as described under "identification". Special Senses normal.

8. OPERATION. (i) Was one performed? *Not applicable*

(ii) If so, state what. *Not applicable*

(iii) Was one advised and declined? *Not applicable*

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

9. (i) Is there loss or decay of teeth attributable to Active Service? *Not applicable*

(ii) If so, describe. *Not applicable*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *No*
- (b) Fit for base duty? *No*
- (c) Invalid to Canada? *Yes in "f"*
- (d) Discharge from the Service as permanently unfit? *No.*

Date of Report *Oct 17* 191*7*

Signed *C. W. Bennett*  
*H. C. Lane* Officer in medical charge of case.

Station *No 11 Canadian General Hospital*  
*Bramshott.*

I have satisfied myself of the general accuracy of the above Report, and concur therein *[Signature]*

*C. Cooper Col. C.M.E. for* {Officer i/c Hospital } Strike out one  
{S.M.O. Brigade } of these.

Dated at *Bramshott* Station, on *18-10-* 191*7.*

\* Delete if inapplicable.

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

*Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I (1)?

If not, indicate it.

*yes*

12. Is the cause of the disability fully indicated in Part I (2)?

If not, indicate it.

*yes*

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

*no*

Aggravated?

*no*

(b) Misconduct of the Soldier

Caused?

*no*

Aggravated?

*no*

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

*not applicable*

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none,  $\frac{1}{8}$ ,  $\frac{2}{8}$ ,  $\frac{3}{8}$ ,  $\frac{4}{8}$ , or all).

*not applicable*

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent?

*not applicable*

(ii) If not permanent, what is its probable minimum duration (in months)?

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

*not applicable*

18. Remarks.

*sputum positive for T.B. Is not well nourished. looks ill*

INVALIDED TO CANADA FOR  
 FURTHER MEDICAL TREATMENT  
 HOSPITAL REPRESENTATIVE  
 CANADIAN MILITARY HOSPITAL, BRAMSHOTT

19. Recommendation:—(a) Fit for duty?

*no*

(b) Fit for base duty?

*no*

(c) Invalid to Canada?

*yes*

(d) Discharge from Service as permanently unfit?

*no*

Classification for the Military Hospitals Commission.

*f.*

Date of Board 30 OCT 1917

Signatures of the Board

*H. Mayhew* *President.*  
*Ag. Sergeant Capt.*  
*W. H. T. Baillie Capt.*

Station Bramshott.

Approved

*H. Phogic Capt.*

For G.O.C. & A.D.M.S.

Dated at

Bramshott. Station

30 OCT 1917

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

[Faint, mostly illegible text, likely containing the board's findings and recommendations.]

Classification of the  
Bill by Hospital  
Commission

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of  
the Board

President.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at 14 June 1917.

No. 448319 Rank P.M. Name SHAW J.

Local Unit 23<sup>rd</sup> Reserve Bde Overseas Unit \_\_\_\_\_ Age 30

Examination held at Shoreham

DISABILITY.  
~~Overseas~~ Local  
(scratch one out).

## DEBILITY

### PRESENT CONDITION.

This man complains of dyspnoea, weakness, cough, night sweats, loss of weight, anorexia etc.

Was in J. B. Sanatorium in Canada shortly before enlisting.

Now ~~has~~ dullness and coarse breathing and rales over both upper ~~of~~ lobes.

Board recommends hospital treatment for suspected Pulmonary Phthisis

#### BOARD RECOMMENDS:-

D III

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

#### Signatures:-

Members

Chas. J. White Capt ..... President.  
X. A. Penhollow Capt .....

APPROVED

Dated SHOREHAM 15 JUN 1917 1917.

W. J. Mackenzie

..... CAPT  
D.A.D.M.S. CANADIANS  
SHOREHAM-BY-SEA  
For A.D.M.S.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT  
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

PROCEEDINGS OF A MEDICAL BOARD

1917

Dated at

Rank

Local Unit

DISABILITY  
Overseas-Local  
Local Unit only

DEBILITY

PRESENT CONDITION

BOARD RECOMMENDATIONS:

- 1. Fit for Duty
- 2. Fit for duty after ..... weeks, physical training
- 3. Fit for Temporary Base Duty ..... Weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

President

Members

APPROVED

For A.D.M.S.

1917





CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation																																
	Days of Disease																															
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.		
107°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
106°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
105°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
104°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
103°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
102°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
101°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
100°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
99°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
98°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
97°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 Hours																																

Signature \_\_\_\_\_ In charge of case.

Date of Enlistment

6-9-16.

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

Date of Assignment

apl. 1. 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

20			
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P.O. 3257

PARTICULARS OF SEPARATION ALLOWANCE

No. 448319  
 Rank Bandsm an Promoted Reverted Discharge  
 Soldier's Name John Shaw.  
 Battalion 244<sup>th</sup> Batta  
 Beneficiary Mrs Mary Shaw.  
 Relationship wife  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Shaw wife  
 Address 1446 Wellington St.  
 Change of Address Vertlow  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31	—	316	180	496
Jan 18	70583	30	20	50
Feb	68040	25	20	45
<i>Y closed</i>				

746016576244 REMARKS 16576-2-44

*Alwa app*  
 #591 A/c Closed 28-2-18  
 Ret'd per... *A. L. Aragony*  
 Date 9-1-18 F.X. 13-2-18  
 Clerk... *C. C. Faggart*  
 m o # 4.

Pension Granted **JUNE 1-18**  
 B.P.C. to Recover \$.....  
 Clerk... *J. P. L.* Date **July 18-18**

*Pls July 30/18*

\* S.A. & A.P. paid to 31/5/18 by J.P.M. m o # 4  
m o 30-7-18

M. F. W. 128  
400M-6-17-1772-38-141  
L. L. 22520-M. & D. 7553.

