

Original
657491 c

ATTESTATION PAPER.

No.

162nd O. S. Batt'n, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Simpson*
- 1a. What are your Christian names? *George Edwin*
- 1b. What is your present address? *Montreal*
2. In what Town, Township or Parish, and in what Country were you born? *Birmingham England*
3. What is the name of your next-of-kin? *Ada Simpson*
4. What is the address of your next-of-kin? *1st Cross St. Walsley, Cheshire, Eng.*
- 4a. What is the relationship of your next-of-kin? *Sister*
5. What is the date of your birth? *8 June 1881*
6. What is your Trade or Calling? *Sutton Green*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *George Edwin Simpson*, 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.

Date *3rd February* 191*6*. *G. Edwin Simpson* (Signature of Recruit)
D. M. Matheson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George Edwin Simpson*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *3rd Feb* 191*6*. *G. Edwin Simpson* (Signature of Recruit)
D. M. Matheson (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 *Chesley Hall* this *3rd* day of *Feb* 191*6*
[Signature] (Signature of Justice)

Description of George Edwin Simpson on Enlistment.

Apparent Age 35 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 ins.

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

Complexion medium

Eyes blue

Hair brown

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

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 left fore arm
Bugle
Design enclosing name "George"

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..... Feb 3 1916.

Place..... Burks Falls

H. S. Barber
 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.

G. E. Simpson 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)
162nd O. S. Batt'n, C. E. F.
 Date..... Feb 3 1916.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
Attestation Papers.....
Declaration of change of name.....
Authority for special enlistments.....
Documents of re-enlisted men.....
Regimental Conduct Sheet.....
Compulsory Stoppages.....
Casualty Forms.....
Proceedings on discharge.....
Corps History Sheet.....
Date and No. of Deposit Receipt for Purchase Money and Amount.....
Parchment Certificate.....
Medical Report for Invalids.....
Medical History Sheet.....
Proceedings of Regt. Court Martial.....
Copies of Convictions by Civil Power.....
Company Conduct Sheet.....
Clothing Transfer Certificate.....
Inventory of Kit.....
Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name Simpson George Edwin
Regt. No. 657491 Rank Pte
Corps 162nd Bn

Deceased 4-4-1818



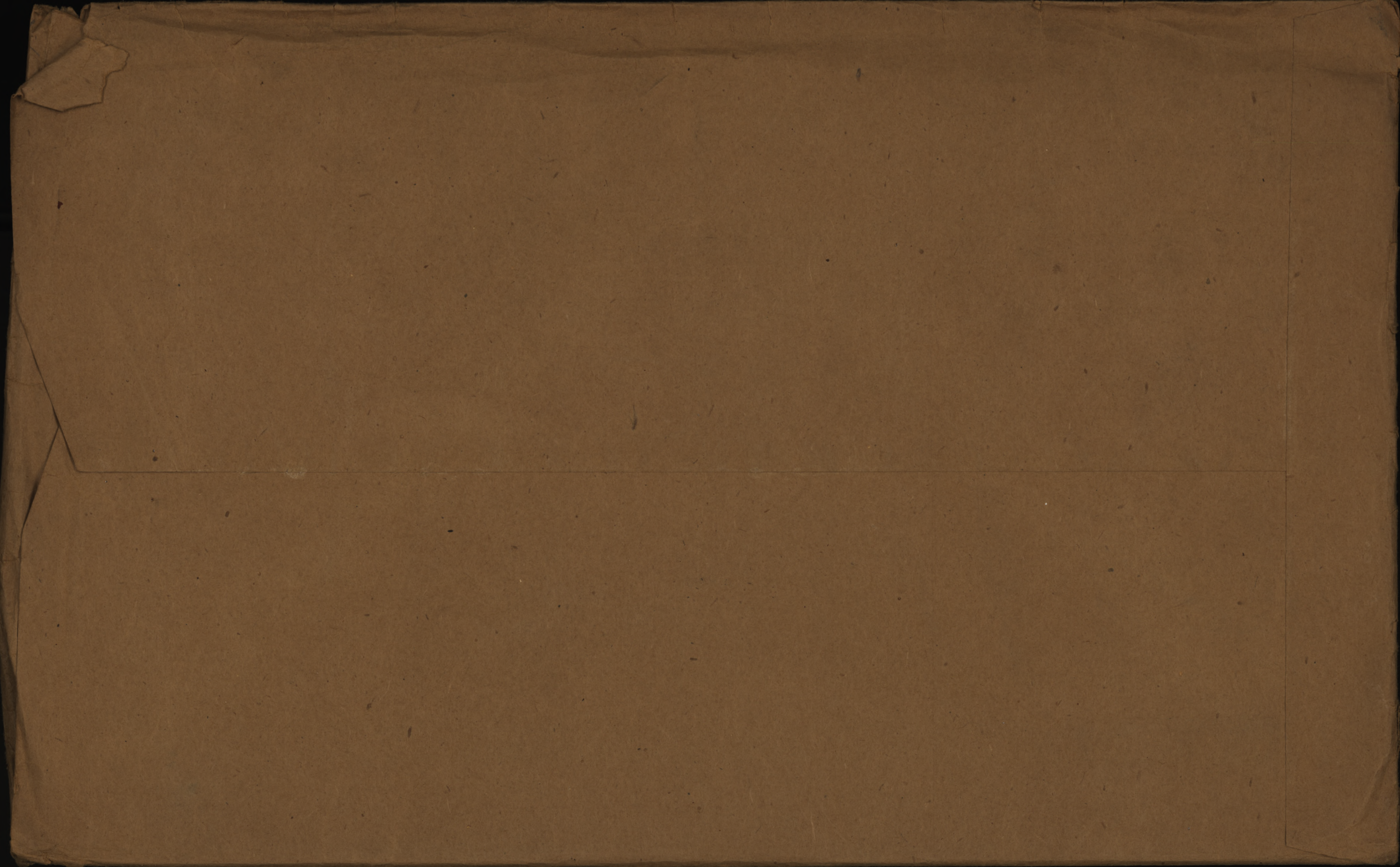
20759

25-8
22-8
5-5
1

John

1-R 149

MX
14-2-1918
forms of will



649-S-14763.

Simpson George Edward.

Edwin

#657491 Pte., 162nd Bn

7th 601920

Meds. & Deas.

Ben.

Mrs. T. Thompson
62 Grafton St.,
Hyde, Cheshire nr
Manchester, Eng

M

P. & S.

Sister

Mrs. Broadbent,
4 Mullberry Grove
Leacombe Liverpool,
England.

See # 808513

Scroll Desp. **MAY 1 1920**

Reqn. No. 2442513

Mem. Cross

Nil.

Plaque Desp

Reqn. No.

*hot cliq. 14/15
hot cliq. 9. m.
hot cliq. 13. w. m.*

SEP 29 1920

*P945-2
70 -*

1951

George Edwin

Name Simpson Rank Pfc

Reg. No. 657491

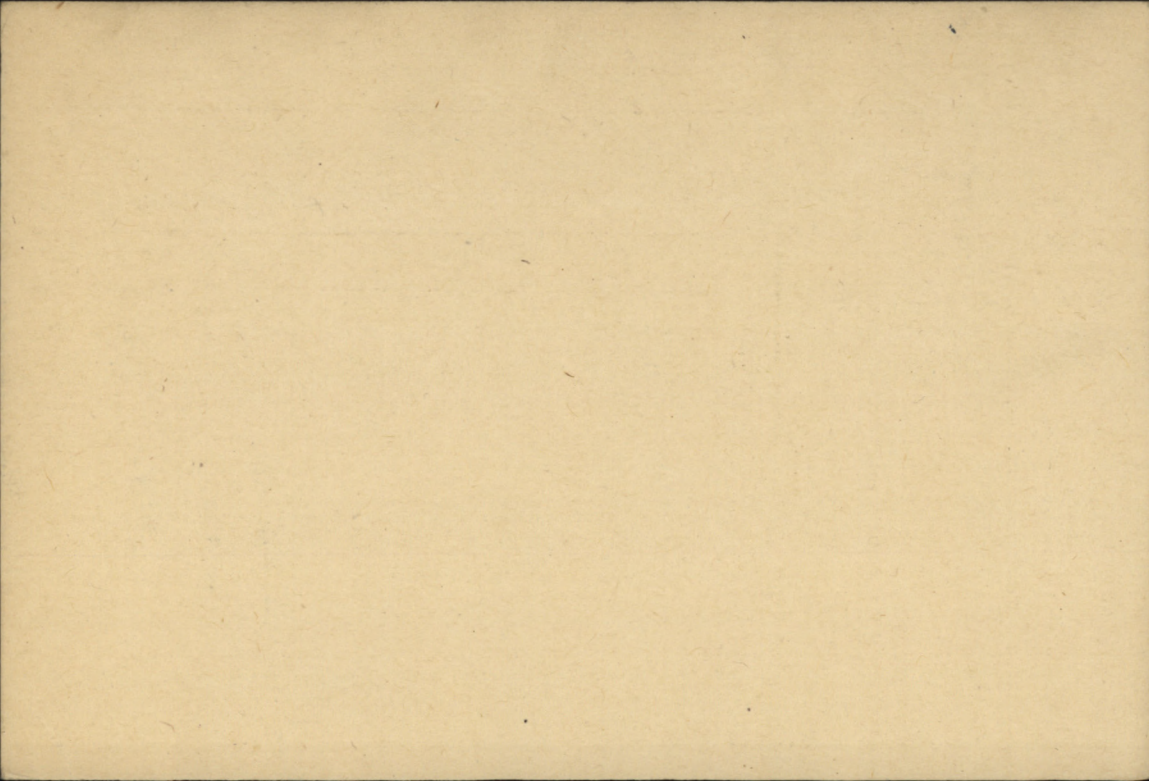
Unit 3rd Reg

Next of Kin Ada Simpson 64 Croft St Hyde
Cheshire Eng

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4.5.17	Move Pfc	St Cliffe	Bronchitis	63		
11-6-17.	Dis.	do	do	68		
	m.v.4 rel # 25					

No. *657491* RANK*Pte*NAME *Simpson Geo. E*T. O. S. *3-2-16 (20/152 Feb 1916)* UNIT *162nd Battalion*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb 3</i>	<i>1916</i> <i>Feb 29</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>		
			<i>Prom. from Corporal 1/9/16</i>	<i>DD 135 of 30-8-16</i>
				UNIT SAILED
				OCT 3 1 1916



18813
Have

Plt
~~Plt~~

Number 657491

Rank

Surname SIMPSON

Christian Name George Edwin

Units 162 Pm Cav Reg Theatre of War England

Date of Service 11-11-16 In Canada ^D

Remarks

Mrs. J. Thompson (Ben)
Latest Address 62 Grafton St.,
Hyde Cheshire nr.

Manchester,
England.
Roll No A Page 1838

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. MAR 23 1913
REGN. NO. 403849

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

SURNAME.

Simpson,

CARD NO.

X

CHRISTIAN NAMES

George Edwin.

FOLL.

REGL. NO.

657491.

RANK

Pte.

UNIT

162nd.

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Simpson, Ada.

RELATIONSHIP TO SOLDIER

Sister.

ADDRESS

*64 Croft St. Hyde. Cheshire.
Eng.*

COUNTRY OF BIRTH

England, Cheshire.

DATE

Jan 8th. 1885.

PLACE OF ATTESTATION

Curk's Falls, Ont.

DATE

Feb. 3rd. 1916.

205 Returning to Canada S.S. Araguay June 11, 1917
med. Unfit. 2. 337.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Grocer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

35.

YEARS

Not stated, MONTHS

HEIGHT

5.

FEET

3.

INCHES

CHEST MEASUREMENT

36 1/2.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Medium.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Tattoo on left forearm Bugle.
Design enclosing name. "George"

MEDICAL EXAMINATION.

PLACE

Burk's Falls, Ont.

DATE

Feb. 23rd, 1916.

Present Address. Montreal, P.Q.

Surname *Simpson* Christian Name or Names *G. E.* Reg. No. *657491.*
 Rank *Pte* Unit *3 Res.* Co. Troop Batty.
 Hospital *Moore Barracks Thorn.* Date of Admission *4.5.17.*

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Bronchitis chr. Riv.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Discharged. 11.6.17

62.11.5.17 #63.
18.6.17 88

REMARKS

To Canada per HS Araguaya
from Liverpool. 11-6-17.

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



RES. BATTALION,
SANDLING.

.....1917.

NO. *657491*.....

RANK, *Plt*.....

NAME, *Simpson*.....

THIS IS TO CERTIFY THAT THE marginally

NAMED MAN HAS BEEN IN CATEGORY, *a2*.....

UNTIL TODAY.

SIGNED, *J.P.H.*.....*Jos* Capt.,
C.A.M.C., M.O., Res. Battn.



REG. BATTALION,
BIRMINGHAM.

..... 1917.

THIS IS TO CERTIFY THAT THE MARRIAGE

NAMED MAN HAS BEEN IN CATEGORY

UNTIL TODAY.

SIGNED
C.A.N.C. M.O.,
Reg. Batten.

Moore Barracks Canadian Hospital

No 657491 Rank Pte Name Simpson Geo Unit 3 Res

To report at Dental Clinic Monday at 9am

THIS PATIENT MUST REPORT AT TIME STATED

Date

*Imp JH
CL*

J. O. Smith
..... CAPTAIN C.A.D.C.

Mr. J. B. ...

...

...

...

...

...

...

(Unofficial)

MEDICAL HISTORY SHEET

Surname Simpson Christian Name G.

Examined	on _____ day of _____ 191	Approved by _____	
	at _____		
Birthplace	{ City or Town _____	Rank _____	M.O. _____
	{ County _____		
Apparent age	_____		
Trade or occupation	_____		M.O. _____
Height	_____ feet _____ Inches		M.O. _____
Weight	_____ lbs.		M.O. _____
Chest measurement	{ Minimum _____ inches		M.O. _____
	{ Maximum expansion _____ inches		M.O. _____
Physical development	_____		M.O. _____
Small-pox Marks	_____		M.O. _____
Vaccination Marks	{ Arm Right Left		
	{ Number _____		
When Vaccinated last	_____		M.O. _____
(a) Marks indicating congenital peculiarities or previous disease	_____		M.O. _____
	_____		M.O. _____
(b) Slight defects but not sufficient to cause rejection	_____		M.O. _____
	_____		M.O. _____
	_____		M.O. _____

Enlisted on _____ day of _____ 191 at _____

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment		657481		
Transferred to	3 rd Reserve			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Montreal General Hosp	5-1-18	Tuberculosis Lung Intestine meninges	303 - Report death and autopsy findings

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.

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					
Moore Barracks Hpt. Shorncliffe.		3	5	17					Tubercle of lungs	118	cough, vomits after eating, shortness of breath, weakness. Sputum Positive TB + + +. Board papers prepared in view of to Canada recommended.	purkayen Capt
Ste Agathe G.I.M.S.		21	7	17	16	11	17		T.B.C.	118	Bilateral, moderately advanced, open active pulmonary Tuberculosis Sputum :- TB + + +	W. Boyd

INVALIDED TO CANADA FOR
FURTHER MEDICAL TREATMENT

C.A. Thomas

HOSPITAL REPRESENTATIVE
FOR ADJUTANT GENERAL CANADIANS,
MOORE BARRACKS HOSPITAL,
SHORNCLIFFE.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....162nd O. S. Batt'n. C. E. F.

(2) Regimental Number ..657491

(3) Full Name of Soldier.....George Edwin Thompson

(4) Place of Birth.....Montreal Que.

(5) Are you married, or not? ..no

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? ..

(8) Have you any children? ..

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(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.

(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.

Miss Nancy Smith
132 A St. James St Montreal Que

(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.

(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.

Date

OCT 14 1916

Arthur Mc
Officer Commanding.
162nd C. C. Batt'n. C. E. F.

PROCEEDINGS OF A MEDICAL BOARD AT DISCHARGE DEPOT.

649-12-14763

Number Rank Name and Corps of disabled soldier:-
657491 Pte. Simpson, Geo. Edward -162

Previous civilian occupation:-
Cook

Cause of disability:-

Phthisis.

MILITARY MEDICAL SERVICE
11 1917
CANADA

Condition in detail which prevents the soldier earning a full livelihood:-

Cough, hemoptysis, loss of sp. weight. S.B. +++ Stasis. Mother dies of heart disease and sister "washed away" by influenza very often in civil life. Jan. 9.17. Cough & pain in chest. Hemorrhage from lungs Apr. 9.17. No hemoptysis for 2 wks. No night sweats for 2 wks. Pr. Coud. Poorly nourished. Has lost wt. 20 lbs. Respy. Pr. ves. breathing rt. apex. Moist rales throughout lungs. Circresp. Pulresp. Requires San. treatment.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)

Probable duration of incapacity:-
Total decreasing $\frac{1}{3}$ due to service.

6 mos.

Does it render him permanently unfit for Military Service?

Yes.

Would operation, special treatment, or the use of appliances, etc. lessen incapacity?

Lanitarium.

Signature

W. A. Clain Capt.

President.

Station:-

Quebec

W. A. Clain

Members

J. H. Laughlin Lt.

Date:-

7-7-17.

APPROVED.

Date:-

July 7/17

W. A. Clain Major

Asst. Director Medical Services.

Date:-

Director General Medical Services.

2

Py

11



1749 P. E. Simpson, No. 1234

Book

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1849

Handwritten text, mostly illegible due to fading and bleed-through. Some legible words include "Simpson", "Book", and "1849".

Handwritten text, mostly illegible due to fading and bleed-through.

Handwritten text, mostly illegible due to fading and bleed-through.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 657491 Rank Pta. Name Simpson, G.E.

Corps 162nd. Bn. who was* Died.

On Jan. 4th., 1918, to Officer i/c Estates, Ottawa, Ont.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1st., 1918, to Jan. 4th., 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	61	70.
Advances } No.....			Reg'tl Pay <u>4</u> days at \$ <u>1.00</u>	4	00.
by } No.....			Field Allow. <u>4</u> days at \$ <u>.10</u>		40.
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>Civ. Clothing*</u>	13	00
Other charges <u>Civ. Clothing</u>	13	00	Other Credits* <u>4 days Subs. at</u>		
Payment on transfer or discharge No.....				80	3 20
Balance Cr. (to be paid by the new unit).....	69	30	Bal. Dr. (to be deducted by new unit).....		
Total.....	82	30	Total.....	82	30

* Give particulars.

A monthly stoppage of \$ Nil (†) has Nil (‡) been paid on account of Assigned Pay for the month of 191 (to Assignee Nil.) and Sep'n Allice. for month of 191
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

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

REMARKS:—

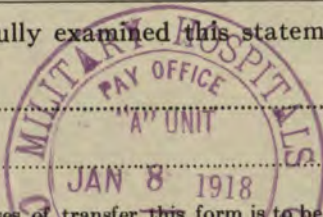
- State (1) date of enlistment Not known.
 (2) if married and if a Separation Allowance Card has been submitted Nil
 (3) cause of discharge authority
 (4) authority for transfer Deceased 441-18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date

Place



[Handwritten Signature]
 PAYMASTER UNIT
 MILITARY HOSPITALS COMMISSION COMMAND

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The following is a statement of the pay and allowances of the member of the force named above for the period from the date of his entry into service to the date of his discharge or death.

Table with columns for Name, Rank, and other details. The text is mirrored and difficult to read.

69 30

69 80

On Transfer of an Officer... The following is a statement of the pay and allowances of the member of the force named above for the period from the date of his entry into service to the date of his discharge or death.

The following is a statement of the pay and allowances of the member of the force named above for the period from the date of his entry into service to the date of his discharge or death.

FORM OF WILL.

I, George Edwin Simpson (Name in full)
Regimental Number 65-9491 serving in 162nd O. S. Batt'n, C. E. F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Mary Smith, (widow)
132A St. James St.
Montreal, Que.

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

absolutely, and my personal estate I bequeath to

Mrs. Mary Simpson (widow)
132A St. James St.
Montreal, Que.

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

IMPORTANT NOTE
This must be Signed
and Dated by
**THE SOLDIER
HIMSELF.**

this 12 day of October A. D. 1916
G. E. Simpson Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

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

Signature of First Witness J. H. Barrett, Lieut.

Address of Witness Burks Halls, Ont.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Occupation of Witness Journalist.

Signature of Second Witness G. J. ... Sgt. Major

Address of Witness Regimental Hq. P.O.

Occupation of Witness Engineer

Perforated sheet for Will from Pay Book of

Reg. No. 657491
Name Pte. G. E. Simpson
Unit 3rd Res. Can. Bn.

RECORDS REGISTRY O.M.F. OF C. GREEN AT FOUR HOUSE, OLD BAILLY LONDON, E.C. 4.	
R.L.	A
REF ^d TO	A205
12 APR. 1918	
C/O	L/R
FILE CHARGE	SINCE
TO	
ACTED ON	

MILITARY WILL.

In event of my death.
I give the whole of my
property and effects to
Mrs T Thompson

37 Grafton St.

Hyde Cheshire

Br. Manchester Eng

Signature G. E. Simpson
Rank and Regt. Pte. 3rd Res Can Bn
Date April 11/1917

I hereby certify the above to be a true copy of the original Will
now on file in Estates Branch.

Date 28 March. 1918.

W. R. Palmer
Lieut.
for OFFICER I/C ESTATES,
OVERSEAS MILITARY FORCES OF CANADA.

NOTE Extracted from Pay Book Page 20

Holograph

Died in Canada 4-1-18.

Transferred 27-3-18.

No. 657491. Pte. G. E. Simpson. 36th. Bn.

(BAG.) 24391.

G



1910

THE OFFICE OF THE SECRETARY OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

UNITED STATES

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

Office of the Secretary of the Interior

WASHINGTON, D. C.

1910

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

12.2.16
14.2.17

A.C. Rank Name SIMPSON, George Edwin. Reg'l No. 657491
 Unit 162nd. Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Burks Falls, 3rd. Feb. 1916. Place of Birth Cheshire,
 England.
 Name and Address, Next-of-Kin Ada ~~SMITH~~, Simpson,
 64, Croft St, Hyde, Cheshire, Eng. Relationship Sister. x
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. No *5680*
 File R.L.
 Category *Can't*

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.				
		<i>Arrived in England</i>		<i>11-11-16</i>	<i>per S.S. "Caronia"</i>
<i>5.12.16</i>	<i>162nd Bn</i>	<i>S.O.S. to 36th Res Bn</i>	<i>Shomcliffe</i>	<i>5.12.16</i>	<i>PT 4 224 A</i>
<i>6.12.16</i>	<i>36th Bn</i>	<i>Taken on strength.</i>	<i>W. Sandling</i>	<i>5.12.16</i>	<i>" 3140.</i>
<i>4-1-17</i>	<i>36th BN</i>	<i>SOS to 3RD RES BN</i>	<i>W.S'ling</i>	<i>4-1-17</i>	<i>PT. 2 D.O 4 ✓</i>
<i>4-1-17</i>	<i>3rd R. BN</i>	<i>TOS of 3RD PFS BN</i>	<i>W.S'ling</i>	<i>4-1-17</i>	<i>PT. 2 D.O 1</i>
<i>11. 5. 17</i>	<i>"</i>	<i>To Moore Barracks Can't Hosp.</i>	<i>Shomcliffe</i>	<i>4.5.17</i>	<i>C.L. 63 Bronchitis Chr. } (+ #20.120 3rd Res Bn.) }</i>
<i>31.5. 17</i>	<i>"</i>	<i>S.O.S. to 1st C.O.R.D</i>	<i>W. Sandling</i>	<i>22.5.17</i>	<i>#20.148. (494 1.C.O.R.D.)</i>
<i>18-6-17</i>	<i>"</i>	<i>Dischg from Moore Barracks</i>	<i>Shomcliffe</i>	<i>11.6.17</i>	<i>#20 88. (Bronchitis Chr.)</i>
<i>25-6-17</i>	<i>1 C.O.R.D.</i>	<i>S.O.S. to Canada</i>	<i>W. Sandling</i>	<i>11.6.17</i>	<i>#20 108</i>

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.				
	Dis Dept	To Sanatorium		97th St of Montreal 23-6-17	NR 304.

Name Simpson Geo. E. Proats

M. F. W. 41
1 03M-7-16
1772-39 889.

Regimental No. 657491

Name and address of next-of-kin 209 Bourkeme Ave. Maitland
Montreal P.Q.

Unit 162 Bn.

Date of enlistment

Place of S.A. Nil

Con. Home re. 7-7-17

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ 15.00 fr. 1-11-16 to 30-6-17

Reason for discharge 649-S-14763

To whom payable to Mrs. Moun Smith
362 A St James # Montreal P.Q.

Character on discharge

Araguaya 23-6-17 Class 2 702.649-S. 14763

b 5351-M. & D. 6880.

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					
	17-5-17													
18-5-17	30-6-17	44	1.00	44.00	44	10	4.40							
								90						
								570		1500		4000	5500	
														Eng. L. P. C. D/B-Quebec June From 1-7-17 all unit letter to S.A.P. re June 17. A.P. 28-7-17 Pensioned. 1.1.18 - 600.00 E.A.P. 31-5-17

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.	657491
Rank	Private
Surname	Simpson
Christian Name	G.E.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	162nd Battalion
Date of Discharge	January 4th 1918.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 37..... years..... months.	Descriptive Marks
Height... 5..... feet..... 3..... inches.	
Complexion Sallow	
Eyes Blue	
Hair Brown	
Trade Cook	
Intended place of residence } (To be given as fully as practicable.)	DECEASED.

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

DECEASED.
January 4th 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.

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

Statement of Service.

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

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

Confirmation of Discharge.

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

disposal
1918

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.....

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)..... January 4th 1918.....

(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 327 days.

11. Confirmation of Discharge.

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

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

(Date).....

(Signature).....

[Handwritten Signature]



Military Hospitals Commissions Command.

Reservations referred to as Part 8.
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Home.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">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>
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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.

Additional Certificate to the effect of a Soldier who takes his discharge as per request.

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

Statement of Service.

Forwarded to the Record of Service (to be completed)

Total

Confirmation of Discharge.

The discharge of the above named man is hereby confirmed.

(Signature)

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>2112</u> Year <u>1917</u>	Regimental No. <u>157491</u>	Rank. <u>Pte</u>	Surname. <u>Simpson</u>	Christian Name. <u>Geo E</u>
	Unit. <u>3 R. Batt</u>		Age. <u>37</u>	Service. <u>10/12</u>

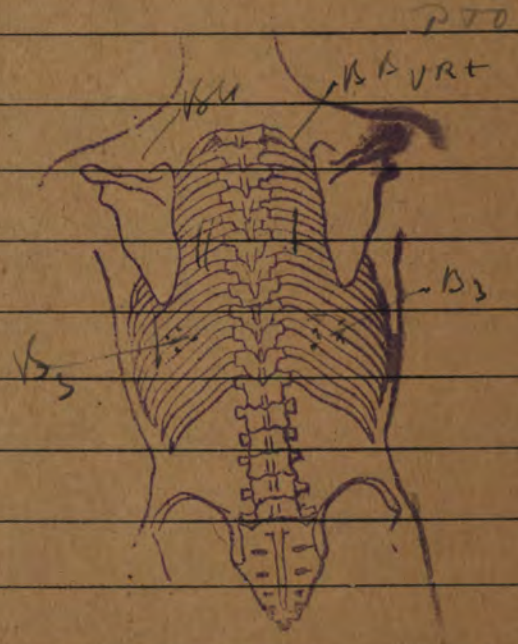
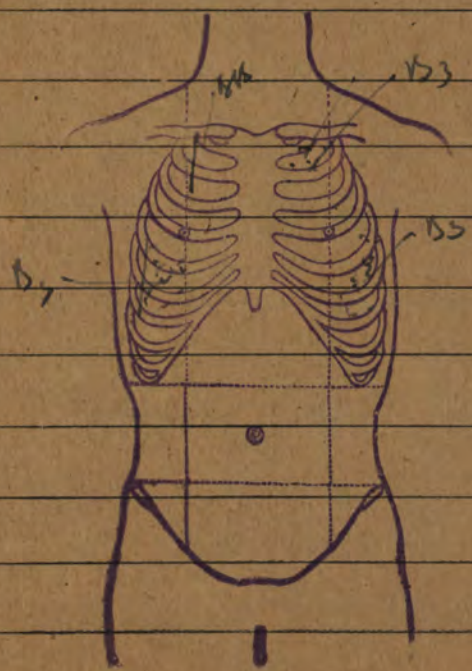
Station and Date. MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE

Disease Tubercle of lungs

3/5/17 Complaint. Cough, considerable expectoration. Pains in chest right side. Has difficulty when coughing when to stretch. Shortness of breath. Weakness. Sleep ~~is~~ is ~~poor~~ poor. Sleeps little. Has appetite but feels hungry but finds very little fills him up. Feels sick after eating.

Fat. In his "leakage of heart" I had "accident". Is died same as mother. To better knowledge.

Peru Hist Born in England. Went to Canada 1903. Working in towns in bush. Enlisted 162 Bn 3 Dec 16. Length for Officers Mess. Did about 2 months drill altogether & stood it alright. Came to England 1906. Reported sick 2 weeks ago treated by



Station
and Date.

Pen Hist No + then sent W.B.C.H. 3/5/17.

Castellanos Had two slight attacks of influenza before going to Canada. Never sick at all (Greece in England). Never sick in Canada occasional cold. Jamaica 1911. slight.

Present illness. Caught cold at New Year's after getting wet on ranges. Started with cough & pain in chest. About two weeks ago had haemorrhage, cupful pure blood. Spits blood streaked sputum. Weakness, shortness of breath. Attacks of vomiting after eating.

Weight on enlistment 140 lbs

Highest known weight 145 "

Weight on admission 124 "

- 7/5/17 121 "

- 29/5/17 121 "

11/6/17

Invalided to Canada

W. B. C. H.
Castellanos

Copy 11

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

Regtl. No., Rank and Name 657491 Simpson O. G. E. Corps 3 Rps

Disease Ch. Bronchitis Hospital MNH

To Officer i/e Laboratory. Ward 32

Please carry out an examination of the accompanying specimen of Sputum
with special regard to T. B.

Date 4/5/17

Capt Barker Comd.
O. i/c Ward.

LABORATORY REPORT.

T. B. positive + + +

Date of Examination 4/5/17

Capt Campbell Comd.
O. i/c Laboratory.

657491
 3
 Regtl. No., Rank and Name Simpson Pte G Corps 3 Reg

Disease Tubercle of Lung Hospital M B C H

To Officer i/c Laboratory. Ward 3v

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Albumen

Date June 1/17

P W Barrow

O. i/c Ward.

LABORATORY REPORT.

Negative

Date of Examination 1/6/17

B. Campbell Capt.

O. i/c Laboratory.

CLINICAL CHART.

Army Form B. 181.

Corps 3 Res

(To be attached to Case Sheet.)

Military Hospital _____

MOORE BARRACKS.

No. 657491

Rank and Name Pte Simpson G E

Age 37

Service 5/12

CANADIAN HOSPITAL

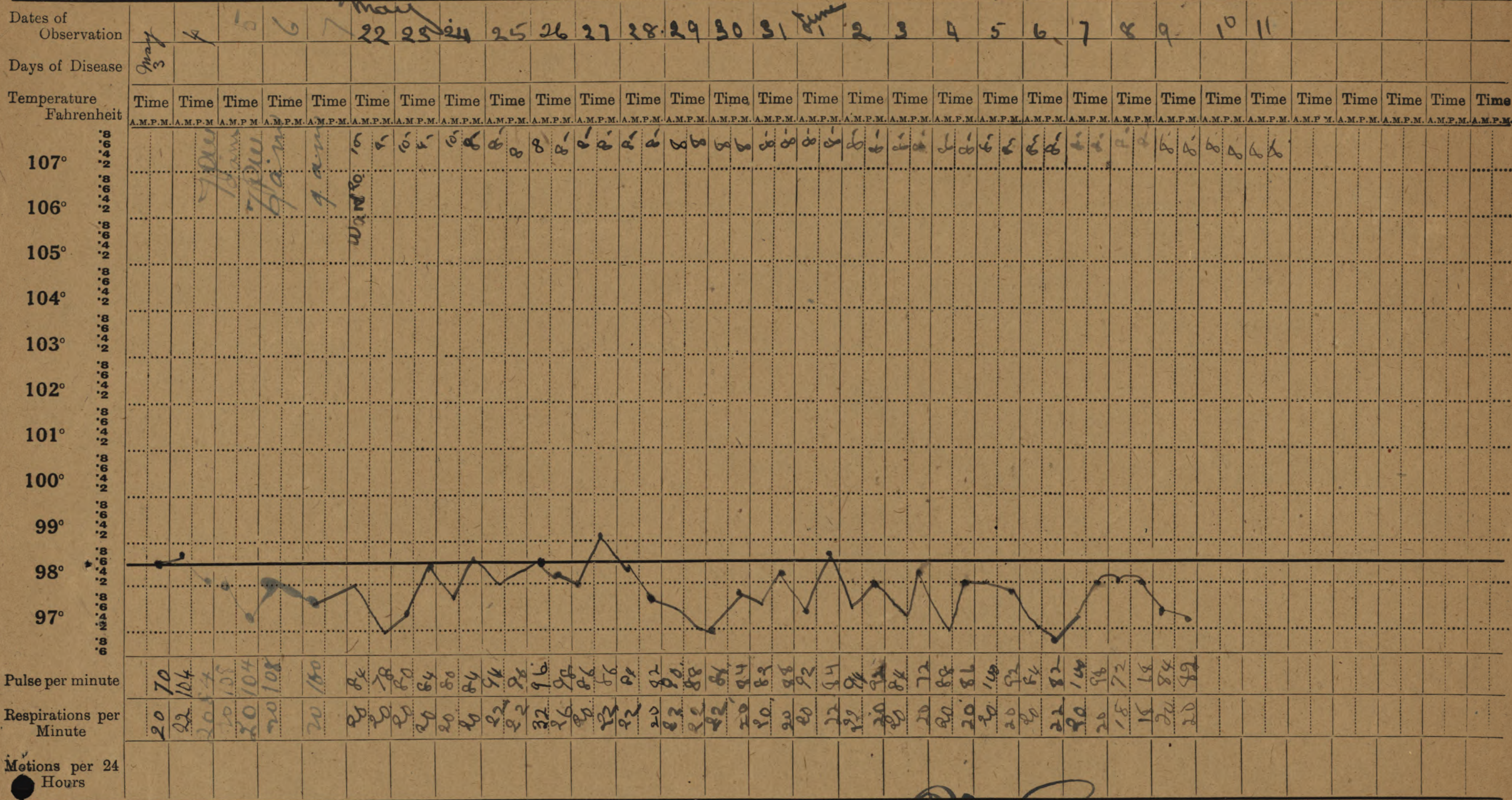
Disease Tuberculosis

Date of admission 3-5-17

Date of discharge 11/6/17

Result Canada

SHORNCLIFFE



Signature [Handwritten Signature] In charge of case.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Sta. Agathe DATE November 16th 1917

1. (a) Unit 162nd. Bn (b) Regimental No. 657491 (c) Rank Pte.
(d) Surname Simpson (e) Christian name G.

DEPT. MILITARY & DEFENCE
NOV 22 1917

2. Age last birthday 37 Yrs. Date of birth June 8th 1880

3. Enlisted at Burke's Falls on February 3rd. 1916

4. Personal description:—

NOV 19 1917

(a) Height 5' 3" (b) Weight 130 (c) Complexion Sallow
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

Tattoo on Arm Bugle and Crest marked George

5. Address after discharge (for the use of the Board of Pension Commissioners.)

157. Mentana Street Montreal.

6. Former trade or occupation Cook and Grocer

7. (a) Service	PERIODS	
	From	To
Canada 162nd. Bn.	3/2/16	25/10/16
England	11/11/17	14/1/17
Treatment England and Canada	14/1/17	16/11/17

(b) Has he been Overseas? Yes in England.

8. Present disease or disability (use authorized nomenclature if possible) Pulmonary Tuberculosis

(a) Date of origin Unknown (b) Place of origin Unknown

(c) Cause* Infection with tubercle Bacilli.
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Sputum positive for T.Bc. Cough expectoration etc.

Lung:- Thorax emphyd ematous, poor expansion. Right Lung:- shows a high pitched not-upper lobe apex posterior lobe, with harsh high pitched breath sounds, cogwheel type, subcrepitant rales, and some dry rales small size at hilus. Left Lung:- lesser degree infiltrate (Fibroid) hilus upwards and downwards with cogwheel breath sounds and some moist rales at sterno-clav. angle, axilla.

Remarks:- Chronic fibroid tuberculosis of lungs. Moderately advanced active.

Discharge classification-- Condition improved (Slightly)

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

100%

12. Did the disability arise on or off duty? On Duty

13. Was a Court of Inquiry held? Not applicable

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes 100% No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Two Months Six Months

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

England Moore Barracks April 11th. 1917

Canada L.I.M.S. Ste. Agathe. 20/7/17 to 16/11/17

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes Decidedly

19. Can the former trade or occupation be resumed? No

20. Recommendations That as #657491 Pte. G. Simpson late of the 162nd. Bn C.E.F. has bilateral wide spread open active pulmonary tuberculosis and refuses treatment Under P.C.508 the board recommend that he be allowed to pass under his own control with a disability of 100% for the next ~~twelve~~ ^{six} (6) months.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

G. E. Simpson

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

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

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
 - ~~(b) Does not require treatment.~~
 - (c) Should pass under his own control. **Under P.C. 508**
 - ~~(d) Should not pass under his own control.~~
- (Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Yes.

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

[Signature] - President.
 Capt. C.A.M.C.
 Lieut. C.A.M.C. } Members.

STATION Ste. Agathe des Monts

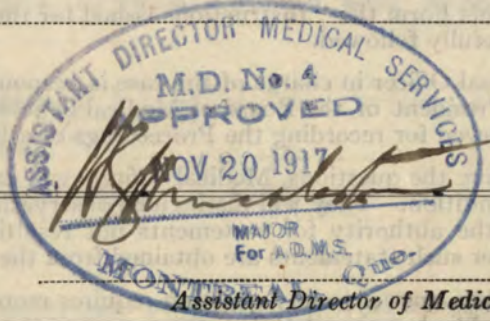
DATE November 15th. 1917.

APPROVED BY

DATE

APPROVED BY

DATE



Assistant Director of Medical Services.

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness: A. L. Netherly, Jr. C.A.M.C. Signed: G. E. Simpson
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

19899 day

161014

NE

Medical Report on an Invalid.

MOORE BARRACKS,

CANADIAN HOSPITAL,

SHORNCLIFFE

Station

Date May 6th 1917

Ward 32 L.

- 1. Unit 3rd Res Bn
- 2. Regimental No. 657491
- 3. Rank Pte
- 4. Name SIMPSON Geo. E.
- 5. Age last birthday 37
- 6. Enlisted ^{on} 3rd Feb 1916
_{(at} Birks Falls. Ont
- 7. Former Trade ^{or Occupation} Cook.

8. Disability.

Tubercle of lungs

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Uncertain - probably before enlistment

10. Place of origin of disability. Uncertain

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Fam. Hist.

M died "heart ~~fricturs~~ disease" but had a bad cough l s same as mother.

Peers. Hist.

Born in England. Canada 1903. Cook in bush and in t towns. Enlisted in 162 Bn and drilled two months. Always cook in Officers Mess since. England Nov/16

Past illnesses.

Reported sick 2 weeks ago - admitted M.B.C.H. 3/5/17 Was subject to influenza every winter in England, accompanied by cough. Never sick in Canada except occasional colds.

Present illness

Caught cold at New Years after getting wet on ranges. Started with cough and pain in chest. About 2 weeks ago had haemorrhage, about $\frac{1}{2}$ cupful of blood - partly pure blood. Spits blood-~~EXINER~~ streaked sputum occasionally. Has weakness shortness of breath and occasional vomiting after eating.

12. (a) Give your opinion as to the causa- Infection - probably before enlistment
tion of the disability.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

- (1) No
- (2) Exposure and ordinary military conditions aggravating a condition probably existing previous to enlistment.

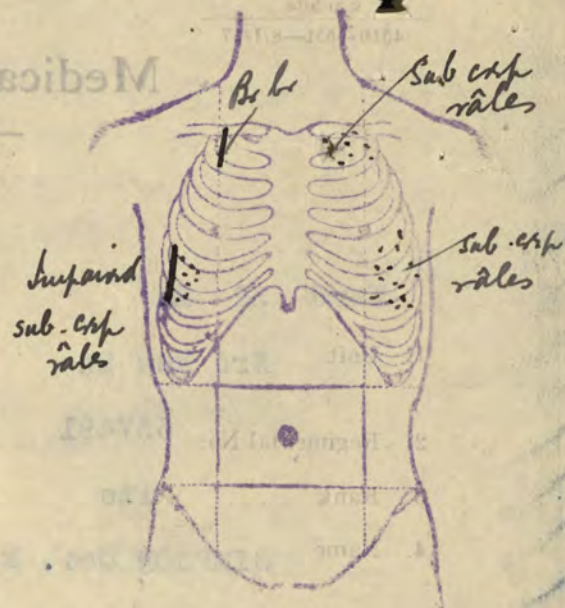
STATISTICS

EM / RED.

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Patient has had normal and sub-normal temp. and pulse 80 to 104 since coming in. Has had haemoptysis lately and now spits streaky sputum. Has occasional night sweats. Has a troublesome cough and vomits after eating. Has shortness of breath and weakness. Has lost weight - 145 lbs to 124 lbs. Physical signs as charted. Sputum positive P.B. x x x



14. If the disability is an injury, was it caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

Not applicable

15. Was a Court of Inquiry held on the injury ?

- If so—(a) When ?
- (b) Where ?
- (c) Opinion ?

Not applicable

16. Was an operation performed ? If so, what ?

No

17. If not, was an operation advised and declined ?

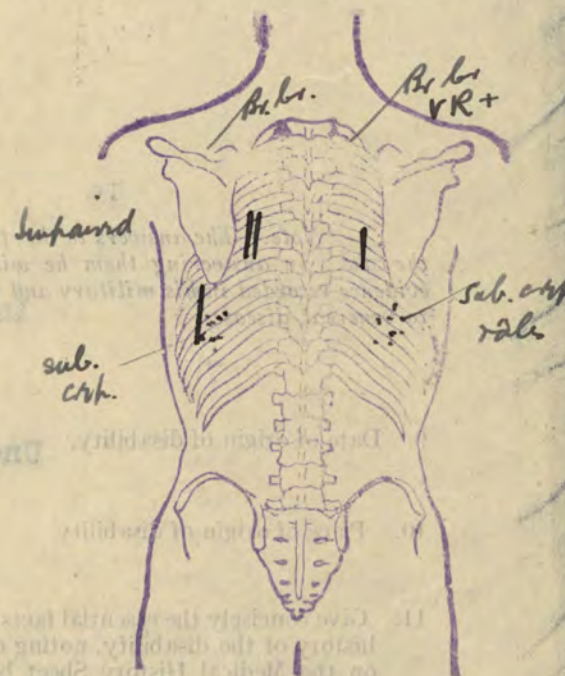
Not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service ?

Not applicable

19. Do you recommend

- (a) Fit for duty ? **No**
- (b) Fit for light duty ? **No**
- (c) Invalided to Canada ? **Yes**
- (d) Discharge as permanently unfit ? **No**



P.W. Barker Capt G.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Moore Barracks Gen. Hosp. Station **Wallace A. Scott Col. G.A.M.C.**

Officer in charge of Hospital.

Date **May 7th 1917**

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other causes.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

1 No 2 Yes

(b) If due to one of these causes, to what specific condition do the Board attribute it?

Exposure and ordinary military service aggravating a condition existing before enlistment.

1. Has the disability been aggravated by

(a) Intemperance? No

(b) Misconduct? No

22. Is the disability permanent? Impossible to say

23. If not permanent, what is its probable minimum duration? Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total for 6 months

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

26. Do the Board recommend

(a) Fit for duty? No

(b) Fit for light duty? No

(c) Invalided to Canada? Yes F

(d) Discharge as permanently unfit? No

Signatures:—

J.H.Birch, Capt. _____ President.

Station Moore Barracks Hosp. _____

H.B.Thomson, Capt. _____ } Members.

G Date May 7/17

Approved.

Station SHORNCLIFFE—
(19, Westbourne Gardens, Folkestone.)

Amnon Davis Major
Administrative Medical Officer.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

Date

8 MAY 1917

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

England, on the _____ day of _____ 191____

Members of Board.

- LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR R. RAIKES, C.A.M.C.
- LIEUT.-COL. W. GRANT MORDEN. MAJOR HUME BLAKE.
- LIEUT.-COL. D. McLEAN MAJOR T. H. MACDONALD, C.A.M.C.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- (a) result of injuries received or illness contracted (1) in the presence of the enemy (2) on active service.
- (b) If due to one of these causes, to what specific condition do the Board attribute it?

- 1. Has the disability been aggravated by (a) Intemperance? No (b) Miscellaneous? No

- 22. Is the disability permanent? Impossible to say
- 23. If not permanent, what is the probable minimum duration? To be stated in months.

- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, or total incapacity.

- 25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

- 26. Do the Board recommend (a) Fit for duty? No (b) Fit for light duty? No (c) Invalued to Canada? Yes (d) Discharge as permanently unfit? No

- 27. Do the Board recommend (a) Fit for duty? No (b) Fit for light duty? No (c) Invalued to Canada? Yes (d) Discharge as permanently unfit? No

President

Members

President. Lt.-Col. Major, C.A.M.C.

Lt.-Col. Major.

Major, C.A.M.C.

8 MAY 1917

A.F.W. 3212

Reg No Rank & Name 657491 Pte Simpson G Corps 3rd Res Bn
Disease Ch. 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 May 4.17

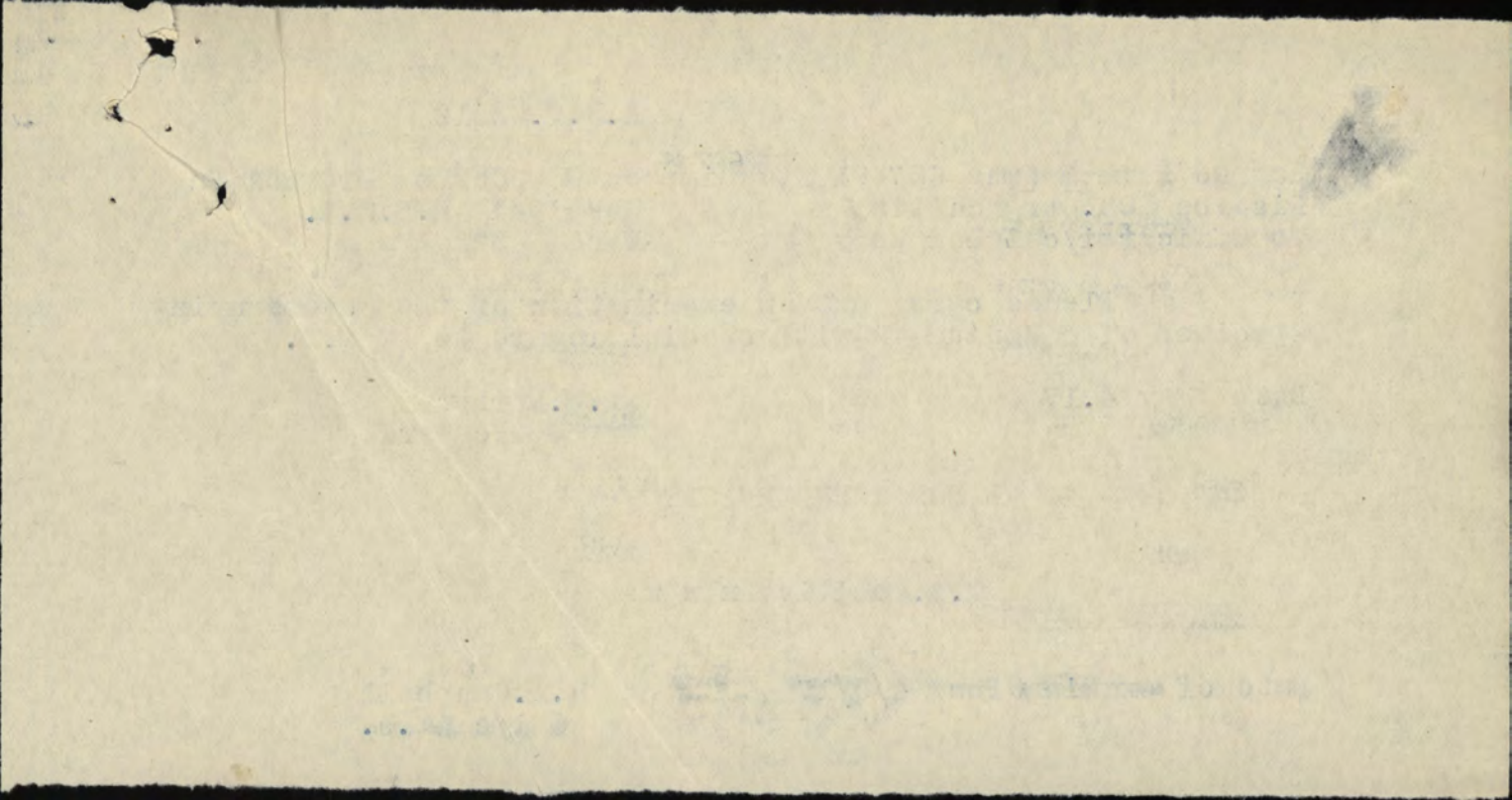
P.W.Barker
O i/c Ward

LABORATORY REPORT

T.B.Positive x x x

Date of examination 4/5/17

E.A.Campbell
O i/c La.b.



Moore Barracks Canadian Hospital.
Shorncliffe. Kent.

Date.....1917.....
May 4

Requisition. Urinalysis

REPORT.

DATE. May 4/17

COLOR. lt amber

REG. NO. 657491

S.G. 1020

NAME. Simpson Pte

REACTION. acid

UNIT. 3rd Res Bn

SUGAR. neg

WARD. 32

ALBUMEN. neg

DIAGNOSIS. Ch, Bronchitis

MICROSCOPIC.

EXAM REQUIRED. Albumen, Indol Diazo neg

E. A. Campbell
Capt. C. A. M. C.

8-5
20
10

657491 Pte Simpson G.E.

I do solemnly declare that I
have answered all questions most truthfully and to the best of my
knowledge and belief. That I have not withheld any information
whatsoever.

Signed *G. E. Simpson*

Witness *G. B. Kelly*

I solemnly declare that

have answered all questions most truthfully and to the best of my

knowledge and belief. That I have not withheld any information

with respect to

Signed

Witness