65 918

ATTESTATION PAPER.

No. 2 Inf 6944
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Peter Frank Smith.
2. In what Town, Township or Parish, and in what Country were you born? — Montreal P. Q.
3. What is the name of your next-of-kin? — Mrs. Philip Smith (Mother)
4. What is the address of your next-of-kin? — 7 Concord St. Montreal, P.Q.
5. What is the date of your birth? — 6th June 1894
6. What is your Trade or Calling? — Pipe coverer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes.
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes.

Peter F. Smith (Signature of Man).
B. Clusen (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, P. F. Smith, 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.

Peter F. Smith (Signature of Recruit)

Date 30/1/1915. B. Clusen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, P. F. Smith, 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.

Peter F. Smith (Signature of Recruit)

Date 30/1/1915. B. Clusen (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 30 day of January 1915.

(Signature of Justice)

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

(Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

A1264

Description of P. F. Smith on Enlistment.

Apparent Age 20 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Clear

Eyes Hazel

Hair Brown & curly

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

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

Vac. L. arm.

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 30/1/15 191 .

Place Montreal

J. S. Jenkins
Lieut. A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

(Signature of Officer)

Date 191 .

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

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... XX2

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..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... X

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

Name SMITH Peter Frank

Regt. No 65918 Rank Pte.

Corps 24th Bn.

"Med Unfit"

~~Pte. M.D.5.~~

R. O. No.....

H. Q. No.....

30180

2

25-26
12-26
2-27

Ea.

47B122-1
Med Casesheets
Av 3-1
B122-1
Pay Card

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39 935.

7777

REG. NO. 65198 NAME (SURNAME FIRST) Smith P. J.

RANK Pte CORPS 24th Batt

AGE 22. SERVICE 30/12.

NAME OF HOSPITAL W. C. H. PLACE Montreal Que

DATE OF ADMISSION 17-10-17

DISEASE Loss of Muscle Rt. arm.

DISCHARGE 8-3-18.

OPERATION

DISCHARGED TO DUTY ✓

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

Reg. No. 65918 Name Smith P. J.

Rank Pte Corps 24 Bn Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Royal Victoria	27.3.17	G.S.W. left arm
Trans St Georges	12.5.17	

P.T.O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

R. 149.

4

Name SMITH P.F. *Rank* PRIVATE *Reg. No.* 65918

Unit 24TH.BATTALION

Next of Kin CANADA

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-4	No.4.Gen.Hosp.	Camiers	G.S.W.R.F'arm & Frac	A198	M5401	19-4
13-5	Royal Vic.Hosp.	Netley	do	B66		
8-7	CCH	Bearwood W'kingham	do	B110		
23-10-16.	Can W.H. Walmer.	GSW R Arm.frac,		B205.		
13-2-17.	Discharged.		""	B295.		

MD. 4
25.

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

D.M.S. 1313

CANADIAN HOSPITAL, AT

A. & D. CARD.

Regt. No. 65918 A. & D. No. 2779.

Rank Pte. Corps 24 Bn

Name Smith P. F. Age 22 Religion R.C.

Service at Home 8/12 Peter Frank

" " Front 7/12

Diagnosis GSW. Rt. arm.

Admitted 7 JUL 1916 Netley

Discharged

Place in Hospital ~~XXX B 24~~ G.6.

M. H. Rec'd (See Document card)

Transferred 12 AUG 1916 Moore Barracks

Results

P.T.O.

REMARKS: at St Eloi 10:4:16
Adm " Camiennes 11:4:16
" " Netley 13:5:16.
Thence here.

Opn for removal of metal.
Arm in splint, tube still in arm
Gen H good.

no PD.

No. 65-918 RANK Pte. NAME Smith P. 7.

T. O. S. UNIT Discharge Depot. Quebec

M. D. 25.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar	1917 no date	✓	156th	

No. 1264 Rank Pte. Name Smith G. J.
65918 Mar. Paylist.

T.O.S. 1-2-15 Unit 24th. Battalion
D.O. 78 of 1-2-15

M.D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Feb. 1	1915 Feb. 28	✓		
Mar.		✓		
Apr.		✓	Forfeit 2 days pay. 21-4-15.	Apr. Paylist.
May		✓		

UNIT SAILED
MAY 11 1915

SURNAME. Smith

CARD NO.

CHRISTIAN NAMES Peter Frank

FOLL. S.O.S. Dis 23/2/18 7

REGL. No. 65918 RANK Pte.

UNIT 24th Bn.

FORMER CORPS Mil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Smith, Mrs. Philip

RELATIONSHIP TO SOLDIER Mother

ADDRESS 7 Concord St., Montreal, P.Q.

COUNTRY OF BIRTH Canada Montreal DATE

PLACE OF ATTESTATION Montreal, P.Q. DATE Jan. 30th 1915

O/S. 11/5/15 73/18 R/L. 20/2/17.

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Montreal per S.S. "Cameronia" 11-5-15

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Present Address

R.R.

B

Number 65918 Rank Pte

Surname SMITH

Christian Names Peter Frank

Unit 24th Bn. Can. Inf. Theatre of War France

Date of Service 15-9-15 (2)

Remarks Mother - Mrs Catherine F. Smith
9 Concord St
Montreal

Latest Address ~~48 Manco St~~
~~Montreal~~ P.Q.

Roll No. B. Page 2471

24th Bn

E.O.S. M. U. 22/2/18 M D.H.

Scroll Desp. 23/8/21 Recpt. No. 251921

APR 5 1922

Plaque Desp. Recpt. No. P34283

Smith. Peter.F., Pte. 65918 24th Bn. 649-S-2672

Med. & Dec. (Mother) Mrs. Catherine F. Smith.
(M) 9 Concord Street.
Montreal. P. Q.

P. & S. (Mother) Address as above.

Ser# 808557

Mem. Cross. (Mother) " " " 55102

Eligible for star Pte. 24th Bn.
Elig. " V.M.
Elig. " B.W.M.
M.A.

14-15 star desp on D 4-4

D.M.S. 1505.

Surname	Christian Name or Names	Reg. No.
Smith	P. G.	65918

Rank	Unit	Co.	Troop	Batty.
Pte.	24th Battn			

Hospital — Date of Admission

Transferred 4 Gen Canmiss Hosp. 11. 4. 16

Netley Royal Victoria Hosp. 13. 5. 16.

Lons Bearwood Pk Hosp. 8 7. 16

Can. War Hosp. Walmer Hosp. 23. 10. 16

Diagnosis G S Wd R. L'Arm frac

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

Disc. 13-2-17

C 19. 4. 16 A198

" 18. 5. 16 B66.

" 13. 7. 16 B110

" 1. 11. 16 B205

" 17-2-17 B295

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Name SMITH P.F. Rank Pte. Regt. No 65918 Unit A

Battn. 24th Camp or O.S. O File M.H.C.C. H.Q. File 649-S-2672

Pension awarded 240.00 1Yr. Date of first payment 6-3-18

Discharged to Class 3 Conduct on discharge Good.

Next of kin Mother 23 Alexander St. Montreal P.Q.

Address on discharge 48 Mance St. Montreal. P.Q.

DATE	CLASS	REMARKS	PART 2 ORDER
19-3-17	2	G.N.C.H.	#79
27-3-17	2	Royal Victoria.	#88
12-5-17	2	G.N.C.H.	#131
28-5-17 30-5-17	2	A.W.L. Ffts. 3 Days. Pay	#142
11-7-17	2	G.N.C.H. Outpatient	#176
12-7-17	2	D.C.H. from G.N.C.H.	#179
~~26-9-17~~	~~2~~	D.C.H.	#242
26-9-17	2	Trans. to HQ"A" Unit From D.C.H Discharge Pending	#242
1-10-17	2	M.G.H. From HQ"A" Unit	#260

M.H.C. F. 29

DATE	CLASS	REMARKS	PART 2 ORDER
17-10-17	2	G.N.C.H. From M.G.H.	#260
20-11-17 / 22-11-17		A.W.L. Ffts 3 days pay	#289
7-1-18	2	D.C.H.	#9
16-1-18 / 17-1-18		A.".L. Ffts 1 days pay	#17
19-1-18	2	D.C.H. Outpatient Without Sub.	#21
22-2-18	3	DISCHARGED	#58

18158

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
18158	65918	Pte	Smith	Peter. F
Year 1916	Unit. 24th Batt		Age. 22	Service. 18/12

Station and Date. MOORE BARRACKS, CARAMANGO, SHORNCLIFFE.

Disease G Sev Rt Arm

12/8/16 12th An April 10/16 received shrapnel wound of ~~bac~~ dorsal surface of rt. arm about 2" above elbow joint, it took out a large piece of flesh and at same time fractured the humerus. At the time of injury was on fatigue duty back of front lines near St. Eloi, Belgium, at night. Sent to C.C.S. at Poperhinge, same day to no. 4 British Gen. Hosp., Camiers, France. There had arm put in splint and after 1 mth. went Netley Hospital, where was operated on for drainage. After 7 weeks went to Bearwood, arm still in splint. After 5 weeks sent here for treatment.

Exam:- Two discharging wounds about 2" long & narrow on post. & ant. surfaces arm about 2" above elbow on rt. side. The one of post. surface has dead bone protruding from it. a probe, on being passed into each wound, elicits dead bone. Treat:- Moist warm bichloride dressings once daily, also angular splint on internal surface of arm & forearm.

18-8-16 Removed 3 pieces dead bone. Curetted sinuses & ends of bones. Put up in splints

Wallace A. Scott
Col. C.A.M.C.

Army Form
Military Hpl. S'cliffe.
22/10/16

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

(J 3531.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
20/8/16	Dressed q.4.h. Irrigated with Eusol, & Boric Sol. & Douched with ½. Iodine. Hot Fomentations to Progressing favorably. H A Bessen Capt
24/8/16	Slept well last night. Arm less painful H A Bessen Capt
26/8/16	Much improvement. Pt sleeping well now H A B
Oct 16th.	Improvement.
22-10-16.	Transferred to Thorncliffe Military Hospital. Sinus is steadily closing since operation. Much Improved R A Boire. Major

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	65918.	Pte	Smith.	Peter Frank.
Year 1916.	Unit. 24 Canadians		Age. 21	Service. 1 2/12.

Station and Date.	Disease G.S.W. arm (Rt) IX. Fracture Humerus (4)
Kathay. 13.5.16.	In Action, St Eloi, April 10th/16 receiving shrapnel wound of the outer side of the right arm with fracture of the humerus. In 18th Stationary Hospital, Camiers for a month.
	C.D.A. There is a large dirty wound on the outer + inner aspect of the right arm with sinus leading down to fractured bone. Sidney R. Hotson
16.V.16.	Skiagram shows fracture at junction of middle + lower third of humerus. In triangular splint ever month. S.E.H.
20.V.16.	Hand swollen. Splint uncomfortable. Interrupted plaster splint applied with arm bent at elbow 90°. Wound cleaner. S.E.H.
12.VI.16.	Wound discharging but outer surfaces granulating well. S.E.H.
26.VI.16	Temp: has risen. Some oedema + swelling at upper + inner part of arm. Splint removed. fomentations applied. Rectangular splint applied. No bony union. S.E.H.
30.VI.16	Incision + counter drainage made in arm. Sequestrum removed. Temp: normal after operation

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

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

P.T.O.

Station and Date.	
4.7.16.	Still discharging freely. Rec. Can. Con Hospl. — S.E. Holden
7/7/16	Can. Hosp. Wokingham

Forms I. 1237 / 10

Army Form I. 1237.

RC

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2779	65918	Pte	Smith,	P.J.

Year	Unit.	Age.	Service.
1916	2/ Batt	22	15/12

Station and Date.

Can. Convl. Hospital, Bear Wood.

7 JUL 1916

13313

Disease G.S.W. right arm

10/4/16 at St. Eloi.

to Camiers on 11/4/16;- to Netley on 13/5/16;- thence here

S.T.

Operation for removal of metal

P.C.

arm in splint - tube still in arm -

General health good

R.O.R.D.

12/8/16 Transferred to Moore Barracks

CANADIAN CONVALESCENT HOSPITAL REGISTRARS OFFICE 13 AUG. 1916 BEAR WOOD, WOKINGHAM, BERKS.

..... Captain,

Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.

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

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

P.T.O.

Station and Date.	

Forms
I. 1237
10

1130

361318

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1130	65918	Pte.	Smith	Peter
Year	Unit.		Age.	Service.
	24th Bn.	A. Co.	21	4/12

Station and Date.

MB 6 H

Disease Tonsilitis

Treat by Capt Gunn.

4 days ago.
Got repeated attacks
Rt side

Capt Gunn Capt Cavers

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

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. 65918 Rank Pte Name Smith P T

Corps 24th Batt who was* Discharged

On Feb 22 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 1918, to Feb 22 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 22 days at $ 1.00	22	00
Advances by Cheques No.			Field Allow. 22 days at $ c.10	2	20
Assigned Pay and Sep'n Allce. No. 16933	35	20	Separation Allowances* (Monthly) 22.18	19	58
Other charges Civ. Clothes # 16934	13	00	Other Allowances* Civ. Clothes	13	00
Payment on transfer or discharge No. 16932	26	18	Other Credits* 22 days Subs. @ 80c	17	60
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	74	38	Total	74	38

*Give particulars.

A monthly stoppage of $ 20 00 (†) has (‡) been paid on account of Assigned Pay for the month of to Feb 22 1918 and Sep'n Allce. for month of to Feb 22 1918 (to) Assignee Mrs K Smith

(Address) 48 Mance St Montreal

(†) 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 30-1-15

(2) if married and if a Separation Allowance Card has been submitted Sep Pay this office to 22-2-18

(3) cause of discharge ..... authority MD 4 22-5-458

(4) authority for transfer .....

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 .....

MILITARY HOSPITALS COMMISSION PAY OFFICE "A" UNIT FEB 20 1918 MONTREAL

W. MacDuff Lieut
a/ Paymaster, "A" Unit, M. H. C. C.
~~Captain~~
Paymaster.

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.

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

4 D. 22. S 458

MEDICAL CASE-HISTORY SHEET.

Hospital D.C.H. Station M.D.#4.

65918 Peter Frank

No. 65198 Rank Pte. Name P.F. Smith Age 22

Unit 24th. Bn. Service 30 months

Date of Admission 17/10/17. Date of Discharge 8. 3. 18.

Diagnosis Loss of muscle right upper arm. 2. Partial ankylosis right elbow.

Date of Origin April 11/16 Place of Origin St. Eloi.

Cause of Illness or Injury:

G.S.W.

History of Present Illness or Injury.
(Is Illness or Injury result of Service?)

April 11/16 Shrapnel wound of right humerus

Condition on Admission. Had a compound comminuted fracture right humerus which healed with slight deformity and considerable loss of bony substance. Lower two thirds of right triceps muscle shot away. Full extension right elbow limited 10 degrees. Can only flex right elbow to 10 degrees short of a right angle. This limitation of movement is due partly to loss of muscle tissue, partly to bony changes around joint. Other than above general condition normal.

Treatment.

Had massage.

Condition on Discharge from Hospital.

As above.
227 Made Jan 30/18.

W. Templeman, M.D.
Medical Officer i/c Case.

Date Jan 30/18.

M. F. B. 313a.
30M—9-16.
39-439.

C
7777

Office of the A.D.M.S., Canadians, Shorncliffe,
19 Westbourne Gardens,
FOLKESTONE.

January 26th. 1917.

To:- Officer i/c Records,
Canadian Record Office,
LONDON.

Name Smith, Peter, Frank.

No. 65918 Rank Pte.

Unit 24th Battn. C.C.A.C.

The above noted appeared before a Medical Board on January 25th. 1917 and the following entry has been made on the Medical History Sheet of this man.

Board recommends:- Discharge.
Signed, J.A. Nelson, Captain, President, S.M.B.

January 26th. Approved.
Signed, S.L. Walker, Captain, for A.D.M.S. Canadians, Shorncliffe.

Further entries are also contained in this Sheet which are herewith copied.

Moore Barracks Military Hospital, Shorncliffe. June 11th 1915 - June 17th 1915. (illegible) 7. Peritonsalan abscess on rt. side. Treatment. myical & pallistine.
Signed, G. Green, Capt.

Netley. May 13th 1916 - July 7th 1916. G.S.W. Arm. Rt. VIII.4. Fracture of Humerus. 56. In action St. Eloi April 10th 1916 receiving large wound outer side of right arm with comminuted fracture of humerus. Wound very septic. Outer wound healing up Collection of pus. Opening and drainage. Piece of dead bone removed. No union. Recommended C.C.JH.
Signed, S. Holder.

C.C.H. Bearwood. July 7th 1916 - August 12th 1916. G.S.W. Rt. Arm. 36. Transferred to Moore Barracks Hospital for treatment.
Signed, G.G. Corbet, Captain.

Moore Barracks Canadian Hospital, Shorncliffe. August 12th 1916 - October 22nd 1916. G.S.W. Arm. 72. Transferred to Shorncliffe Military Hospital, while here had sequestra removed under anaesthetic. Sinus still remains but is improving.
(Cont'd Back of Page) Signed, R.H. Bowie, Major. C.A.M.C.

I hereby certify that the entries as above noted are true copies.

S L Walker

Captain C.A.M.C.,
for A.D.M.S., Canadians,
Shorncliffe.

Canadian War Hospital, The Beach, Walmer. October 22nd 1916 - January 12th 1917. G.S.W. Arm. 82. Quite healed, able to grip hard and lift weights.

Signed, M. Hardy, O.C.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

0 Inf 6944

Army Form B. 103.

Casualty Form—Active Service.

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

Regiment or Corps 24th Victoria Rifles (C.E.F.)

Regimental No. 65918. Rank Private. Name Smith P.J.

Enlisted (a) 30th Jan 15 Terms of Service (a) War. Service reckons from (a) Enlistment.

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 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				
16.9.15	24 Can Bn	Disembarked	Boulogne	16.9.15	N.R.
11.4.16	" " "	Wounded 134.	In the field	11.4.16	K1. 134/INF/24/30
11.4.16	4 Genl.	G.S.W. Forearm Rt. 358	4 Genl.	11.4.16	W3034
14.4.16	14 Cas Stat.	G.S.W. Arm Rt (Frac) 134	14 Cas Stat.	11.4.16	036
14.4.16	" " "	" " " " 134	15 Amb Trn.	11.4.16	036
12.5.16	4 Genl	" " "	45 Aberdonian	12.5.16	W3083. Part II Orders 21/5/16

Lieutenant
for Lt Col. A. A. G.

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

[P.T.O.

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

Rank | Name SMITH. Peter F. | Reg'l No. 65918.

Unit 24th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal. 30th Jan. 1915. | Place of Birth Montreal. P.Q.

Name and Address, Next-of-Kin Mrs Phillip Smith. 7 Concord St. Montreal.

Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

M.X. 8/7/21 MJ

CCAC

N.E. R.D. N: 8345
File R.L.
Category M.U. Can
R139-30 W

M.U.C.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England per S.S. Cameronia		20.5.15	
18.6.15.	O.C. 24.	Discharged Hospital.	East Sandling.	17.6.15.	Pt. II O# 218.
22.6.15.	do.	Forfeits 1 day Pay. a.w.l.	do.	22.6.15.	do. #222.
19.9.15		Embarked for France.	Folkestone.	15.9.15	Embk. Memo. #288.
19.4.16	24th Bn	Adm No. 4 Gen. Hospital	Camiers	11.4.16	C.L. No. a198 "G.S.W. rt. forearm" on.
21.5.16	.	Sur. Transf'd CCAC. Eng.	Field	12.5.16	Pt. II-21
22.5.16	CCAC	Taken on strength.		13.5.16	Pt. II 176
13-7-16	24th Bn	adm Can Gen Hosp-Brawood	Wokingham	8-7-16	C.L.B. 110 - GSW - R Forearm
1-11-16	24th Bn	Fd Can War Hosp	Walmer	23-10-16	C.L.B 205 GSW R Arm fract
17-2-17	do	Disch " " "	"	13-2-17	C.L.B 295
20-2-17	C.C.A.C.	S.O.S. to Con. for Discl	Hastings	13.2.17	P.II.O 86. C.

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 Depot	To Convalescent Home.	MTO No 4 Montreal	28-2-17	NR No 205

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16968-R-4

Name Smith, Peter Frank
Surname Christian Name

Regimental Number 65918 Rank Pte.

Unit 24th Bn.

Original Unit

District where paid M.D.4.

Date of Discharge 22-2-18.

P. D. P. Filing Number 5-110-4.

Address (in full) 48 Mance St., Montreal, Que.

Rates:—Regimental pay $1.00 per diem: Field Allowance $.10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
116	00	2187	26-2-18	58	00	2144	26-3-18	58	00							116	00

Remarks: Deceased.

M. F. W. 127.
60M—6 17.
1772 39-1140.

File No. 016968-P-20.

WAR SERVICE GRATUITY.

Sur. 23.9.20.

Register No. S2908

Reg. No. 65918. 16

Name Smith P.F.

Address (Deceased)

Dependent Mrs Catherine F. Smith (mother)

Address 77 Colonial Ave.

Montreal Que.

Dep'n No ..... W. S. G. File No .....

Award .... days at $ per day $

S. A. .....months at $ per mo. $ .... $

Less P. D. P. Credited $ .....

$

Pay Soldier $

Pay Dependent $

Less further debit balance as below

Gayler-Willett

Days 183 Rate 100 Due 600.00

Less P.D.P. credited 116.00

Clerk RSB 8/11/20.

Less further Dr. Bal. or overpayment.

Net 484.00

TO SOLDIER				TO DEPENDENT		
	Ag. No	Ch No	Amount	Ag No	Ch No	Amount
0						
3						
4						
5						
6						
Total						

Pa B ruling to pay whole of W Cy to Mother 8/11/20

R W134 17.11.20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1 11/11/20	65115.	188223	484 00
2					2			
3					3			
4					4			
5					5			
6					6			

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

GEN'L AUDITOR
Posting checked by .....
Date .....

P. Evans 23 9/20

Register No. DS 1557

A.P. File No. 016968-P-20

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 65918. Name Peter Frank Smith.
(Christian Name) (Surname)

Unit 24th Bn. Rank Pte. Date of enlistment 30-1-15.

Date of casualty 12-3-18. B.P.C. File No. 25990.

Was service performed overseas? Yes.

DEPENDENT

Name Mrs. Catherine F. Smith, Relationship W. Mother.

Address 77 Colonial Ave.,
Montreal,
P.Q.

Amount of Special ~~Pension~~ Bonus $ Nil. Abstracted by J. M. Davidson.

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

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

Total deductions $

Balance due $

Cheque No. Date issued

Clerk

Audited by

Date

REMARKS: Soldier discharged 22-2-18.
File passed to "W" for
action re 3165.
"G" 28/8/20

DG 25

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 0721

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

Remarks:

M. F. W. 127
300M-1-19
1772-30-1140

E
Ret

Name Smith Peter F. Pte.

M. F. W. 41
1 0M—7-16
1772-39 889.

Regimental No. 65918

Unit 24th. Btn.

~~Name and~~ address ~~of next-of-kin~~ #23 Alexander St. Montreal P. Q.

Date of enlistment

Place of " S. A. #20.00 from 1-2-15 to 31-3-17 mrs Kate Smith #7 Concord St. Montreal P. Que. Convalescent Home Rec. 5.3.17

Married (yes or no) Mother. 20.00 from 1-5-15 to 25-2-17 mrs. Kate Smith #7 Concord St. Montreal P. Q.

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable Brampian 28.2.17

Character on discharge Class 11 H Q 649. S-2672

D. A. Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	31/1/17							11851								Eng. L. P. C.
1/2/17	28/2/17	28	100	2800	28	.10	280		14931					973		Paid on Boat
														90 00		W. W. Quebec.
														20 00		as. Pay. Feb/17
										Bal. C. Trans				29 58	14931	Pensioned. 6. 3-18

From 1/3/17 H M.W.

Pensioned C. A. P. 31/1/17

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

L. L. Job 30481—Req. 5220.

M. F. W. 12.
10m. 11 14.
H. Q. 1772 39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Kate Smith

Address 7. Concord St.
Montreal
Que

Rate $20.00 MAY 1 1915

By Whom Assigned Smith P.O.

Regtl. No. ~~1264~~ 65918

Rank Pte

Corps A Co. 24th Battn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payment 1/7
Sept.				Discharged to Canada
Oct.				3 M 1/7 S.N 20 4/7
Nov.				
Dec.				
Jan.	1915			
Feb.				Acct Closed
March				
April				
May		P130	20	
June		N1892	20	
July		V1339	20	
Aug.		O6319	20	
Sept.		Q6747	20	
Oct.		S6602	20	
Nov.		T8436	20	
Dec.		U10024	20	
Jan.	1916	X7692	20	
Feb.		Y10740	20	
March		K14873	20	

22

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. Kate Smith

PAYMENTS.

Name of Soldier Smith, P. F.
#1264 A Co 24th Battn

$ 20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P25560	20	
May		P25641	20	
June		I7356	20	
July		G16709	20	
Aug.		R14974	20	
Sept.		J18964	20	
Oct.		J23575	20	
Nov.		G28998	20	
Dec.		Z32810	20	
Jan.	1917	C41449	20	
Feb.		DW7429	20	440 810p 1/3/17
March				
April				Returning Grampian 20/2/17 7X 440 2/3/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted MAR 13-18
P.P.C. to Recover $ .....
Clerk J. P. L. Date Aug 12-18

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

38391 THE MORTIMER SYSTEMS, OTTAWA, CANADA

1-2-15

Mrs K Smith

346 Smith

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Kate Smith,

Address 7 Concord St. Montreal Que.

Relation to Soldier wife, child or mother: Widowed mother.

Name of Soldier Smith, Peter Frank.

Regtl. No. 1264.

Rank Private.

Corps "A" Coy. 24th Battn.

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS File 16968-P.20
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March		H 1859	40		40
Apl.		H 3415	20	—	20
May		F7924	20	—	20
June		K1212	20	—	20
July		E135 81	20	—	20
Aug.		L3796	20	—	20
Sept.		F16825	20		20
Oct.		M9556	20		20
Nov.		E10265	20	—	20
Dec.		D20159	20		20
Jan.	1916	O14583	20		20
Feb.		L23975	20		20
March		K27420	20		20

ACCOUNT CLOSED

DATE ..... PER ..... W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Kate Smith

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Name of Soldier Smith Peter Frank
1364

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	F3749	20 –	20
May		W1129	20	20
June		V6077	20	20
July		R11238	20	20
Aug.		Y13 7[illegible]	20	20
Sept.		F17301	20	20
Oct.		U20547	20	20
Nov.		D23228	20	20
Dec.		P97143	20	20
Jan.	1917	Z30318	20	20
Feb.		Z33200	20	20 $520
March		a37076	20	20 Acct closed rets on Grampian 20-3/17
April				
May				
June				Rm 20-3/17
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted MAR. 13-18
B.P.C. to Recovers .....
Clerk J. P. L. Date Aug. 12-18

ACCOUNT CLOSED
DATE..... PER 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.				

Rank Pte Name SMITH. Peter F. Reg'l No. 65918.

Unit 24th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal. 30th Jan. 1915. Place of Birth Montreal. P.Q.

Name and Address, Next-of-Kin Mrs Phillip Smith. 7 Concord St. Montreal.

Relationship Mother.

Assigned Pay Monthly $ 20.00 Payable to Mrs Kate Smith (as above).

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 31-1-17 Canada. Reason Character

Entered on N.E. Card Index J. S.

Checked by T. J. Williams

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1 June	30 June	30	1.00	30	30	.10	3		33			7 50	20	1 10	28 60	4 40	1 day F. DO 222.
1 July	31 July	31	1.00	31	31	.10	3 10		34 10			7 50	20		27 50	11 00	
Adjustment of Exchange								40.	40							11 40	
1 Aug	31 Aug	31	1.00	31	31	.10	3 10		34 10			9 73	20		29 73	15 77	
1 Sep	30 Sep	30		30	30		3		33			5 35	20		25 35	23 42	
1 Oct	31 Oct	31		31	31		3 10		34 10			2 61	20		22 61	34 91	
1 Nov	30 Nov	30		30	30		3		33			5 29	20		25 29	42 62	
1 Dec 1916.	31 Dec	31		31	31		3 10		34 10			16 81	20		36 81	39 91	
1 Jan	31 Jan	31		31	31		3 10		34 10			5 24	20		25 24	48 77	
1 Feb.	29 Feb	29		29	29		2 90		31 90	876	797	2 62	20		22 62	58 05	
												2 61					
1 Mar	31 Mar	31		31	31		3 10		34 10	934		2 61	20		25 22	66 93	
				305			30 50	40	335 90			67 87	200	1 10	268 97		

66 93. Cr Bal.

Carried forward to Large Ledger sheet

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

Married or Single: S

Place of Birth: Montreal. P. Q.

Name and Address of Next of Kin: Mrs. Philip Smith
7. Concord. Street. Montreal

Relationship of Next of Kin: mother.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l. No. 65918 Rank Pte Name Smith. Peter. F.

If in Perm. Corps What Unit } Unit 24 Batt. Transferred to CCAC Date 16/1/17 Authority Debit Notes Lect 739 31-1-17

Permanent Force Allowances Transferred to LPR Date 1/2/17 Authority

Place of Attestation Montreal Transferred to Date Authority

Date of Attestation 30 Jan 1915 Transferred to Date Authority

Assigned Pay Monthly $ 20.00 Date Effective 1-6-15

Payable to Mrs Kate Smith 7 Concord St, Montreal. Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 1-2-17 Effective 1-2-17 Reason Discharged to Canada

Discharge Date and Place Canada Jan 31/17 Reason and Authority List 739-31/1/17

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Pay Office N.E. Branch Canadian Contingent FEB 13 1917

Entered on N.E. Card Index

Checked by T. J. Williams

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1916 Mar			30	5			30	50						40	335 90									67 87				200	110	268 97	66 93				
Apr 1/30	30	1.00	30		30	10	3								33	988	5/4/16	1055	26/4/16					261	262			20		25 23	74 70				
																												20		20 00	88 80				
May	1-31	31	31		31		3	10							34 10																				
June	1-30	30	30		30		3								33													24 24 24 24		20 00	20 96	100 84				
July	1-31	31	31		31		3	10							34 10																				
~~Aug~~	~~1-31~~	~~31~~	~~31~~		~~31~~		~~3~~	~~10~~							~~3~~																				
Aug	1-31	31	31		31		3	10							34 10													20		20 00	144 94				
																												20	48	20 48	128 56				N.H.D.504 May 1916.
Sept	1.30	30	30		30		3								33 00													20		20	141 56				
Oct	1-31	31	31		31		3	10							34 10													20		22 43	153 23				
Nov	1.30	30	30		30		3								33 00													20		24 88	161 35				
Dec.	1.31	31	31		31		3 10								34 10													160 00 20		23 90	171 55				
			58				58 00																												
Jan	1.15	15	16 50												16 50													20		23 89	164 16				2 Ans. CCAC. 16.1.17 Auth. Debit Notes
			654 50											40	654 90									70 48	262	15 10		96 400	158	490 74					

CCH working
1703 7/7 243
1298 CCH work 6/7 122
1382 " 6/7 122
318 " 26/5 146
1747 " 9/9 98
2479 23/11 4 Gran. Spec. H. 244
1464 9/8 working 121
1642 8/12 Nollen 25
2034 31/10 7 B Hosp. 146
2633 23/10 4 Gran. Spec. 243

Can Ind

Small Ledger Sheet.

#65918 Smith P. J.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Forward														40	654 90									7048	262	15 10	96	400	001 58	490 70	164 16				Transf L.P.C. 31/1/17
Jan		10	654 50												17 60																				Auth List 739 - 31-1-17
16-31	16	1 00	17 60												~~181 76~~					R4361 12						487				487	176 89				+ Taken from pay book
																				7813. 10/1/17						2 43				58 38	118 51				Credit Balce 118 51
																				92 10/1/17						4 86									Discharge Canada 31/1/17.
																				128 26/1/17						2 43									Auth list 739. 31/1/17.
																				125 30/1/17.						48 56									S.P.P. rendered 1/2/17
															672 50											Balance transferred to N. E. Branch.					118 51				L.P.C. " 1/2/17.
March 1917																													118 51	118 51	Nil				Trans to N.E. Br. 3/2/17
																																		Checked	~~Total L.P.C.~~ Trans to "Canada Bal: 118 51 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.	65918
Rank	Private
Surname	Smith
Christian Name	Peter Frank
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	24th Battalion
Date of Discharge	22/2/18.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	23 years 8 months.	
Height	5 feet 5½ inches.	
Complexion	Medium	
Eyes	Hazel	
Hair	Brown	Deformed right arm from wound.
Trade	Pipe Coverer	
Intended place of residence (To be given as fully as practicable.)	48, Mance Street, Montreal.	

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

Medical Unfitness due to Loss of muscle right upper arm. Partial ankylosis right elbow. Authority H.Q. 4D.22-S-458 Dated Feb.12th 1918 and in accordance with instructions in Circular Letter No.285 HQ.16-1-25 December 5/1917.

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

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

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

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the 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.)

Re-adjustment must -

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Star 31-10-19

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.....P. F. Smith.....(*Signature of Soldier.*)

(Date).....22/2/18.....Phil Murphy.....(*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...3...years...23...days.

11. **Confirmation of Discharge.**

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

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

(Date).....FEB 23 1918.....

(*Signature*) .....G. Ross.....

MAJOR,

O. C. "A" Unit

Military Hospitals Commissions Command.

MILITARY HOSPITALS HEADQUARTERS "A UNIT" COMMISSION 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.

P H Smith

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

B.P.C. 25990
CR498

139617

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Monks Horton

Date Jan. 23rd 1917

1. Unit. 24 Bn - CCAC
2. Regimental No. 65918
3. Rank Pte
4. Name Smith, Peter Frank
5. Age last birthday 22
6. Enlisted { on Jan 30th 1915 - at Peel St. Barracks, Montreal
7. Former Trade or Occupation { Pipe coverer

8. **Disability.**

Deformity of Right Elbow - Limited movement

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. April 11th 1916

10. Place of origin of disability. St. Eloi

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

Wounded by shrapnel April 11th - Right arm close to elbow joint - Compound fracture of arm just above elbow. History sheet shows that wound was very septic requiring drainage, and that dead bone was removed at Moore Barracks.

12. (*a*) Give your opinion as to the causation of the disability.

G.S.W. in presence of enemy

(*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*).

Septic condition of wound involving the elbow joint - Compound fracture

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* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(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 yes. 2 yes

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — G.S.W.

21. Has the disability been caused or aggravated by
    - (*a*) Intemperance? — no
    - (*b*) Misconduct? — no

22. Is the disability permanent? — yes

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? — ~~1/4~~ 1/2 for 6 mos.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, 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 base duty? — no
    - (*c*) Invalided to Canada? — no
    - (*d*) Discharge as permanently unfit? — yes

27. Remarks.

APPROVED
[illegible]
CAPT. C.A.M.C.
for G.O.C. CANADIANS.

Signatures :—

[illegible] Capt President.

Station Marks Horley — [illegible] Capt
Date 25/1/17 — Members.

Approved.

Station SHORNCLIFFE (19, Westbourne Gardens, Folkestone.) — [illegible]
Administrative Medical Officer.

Date 26 JAN 1917

CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

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.

Arm above elbow wasted away - cannot flex forearm to even a right-angle - cannot straighten arm on account of bony deformity of joint. Pronation and supination limited - good movement of fingers
Heart - Normal
Lungs - Normal
Nervous System - Normal
Genito-Urinary System - Normal

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy? yes

(*b*) On active service? yes

(*c*) On duty? yes

(*d*) Off duty? no

15. Was a Court of Inquiry held on the injury? Not applicable

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? yes - Operations for drainage and removal of sequestra.

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?

(*b*) Fit for base duty?

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit?

H. A. Christie, Capt. C.A.M.C.
Officer in medical charge of case.

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

Station _____

Date _____

CANADIAN CONVALESCENT HOSPITAL
25 JAN. 1917
MOORE HORTON

Lieut.-Colonel, C.A.M.C.
Officer in charge of Hospital.

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

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

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

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

Signed at Prior Park, Bath, this _____ *day*

of _____ , 191 .

_____ *President.*

B.P.C.

MEDICAL HISTORY OF AN INVALID.

4D.22-S-458.

1. Station.
Military District No. 4.

2. Regiment or Corps.
24th Battalion, C.E.F.

3. Regimental No. and Rank.
#65198,
Private,

4. Name.
Smith, P. F.

5. Age last Birthday.
23,

6. Enlisted on
January 30th, 1915.
at
Montreal, P. Q.

7. Former trade or occupation.
Pipe-Coverer.

8. General remarks on his :—

(a) Conduct.

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date.
September 10th, 1917.

9. Service.

Years. 2 Days. 223.

Permanent Address:-
48 Mance St.,
Montreal, P. Q.

PERIODS	
FROM	TO
January 30th, 1915.	September 10th, 1917

24th Battalion, C. E. F.

10. (a) Disease or disability.
Loss of muscle right upper arm. 2. Partial ankylosis righ elbow.

(b) Date of origin.
April 11th, 1916.

(c) Place of origin.
St. Eloi.

(d) Cause.
G. S. W.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Had a compound comminuted fracture right humerus which healed with slight deformity and considerable loss of bony substance. Lower two—thirds or right triceps muscle shot away. Full extension right elbow limited 10 degrees. Can only flex right elbow to 10 degrees short of a right angle. This limitation of movement is due partly to loss of muscle tissue, partly to bony changes around joint. Other than above general condition normal.

12. (a) Is the disability the result of service or climate ?
Service.

(b) Has it been aggravated by intemperance, vice or misconduct ?
No.

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar over right elbow, as described.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

In action.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

Had massage.

At present none further.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Both permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1. Weakness of arm - 30%
TOTAL 75%.
2. Ankylosis Elbow - 45%
~~BONE~~. Bone
Cannot use arm as, might be fractured

18. State if for discharge on account of unfitness for Service.

~~for 6 months, then~~ to come up for reconsideration. at the end of 6 months.
Unfit for service. Class "E".

H. Templeman M.D

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. (1) Yes, and deformity of humerus with adhesion of scar tissue to bone (2) No, but limitation of movement due to above.

11. Concur, except to bony changes around joint - consider the deformity marked.

12. Concur.

15. Concur.

16. Concur.

17. For destruction of tissue, deformity and weakness of arm 20%; for limitation of movement 10% for six months.

18. Is he unfit for Military Service. Yes unfit for service.

Recommendations: For discharge to Class E.
May pass under his own control.
Re-examination at the end of six months.

Signatures :—

H Amby Major President.

J Williams Major

Members.

Station. Montreal, Que.

Date. Sept. 19th, 1917.

E R Chapman

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

Militia Form B. 227.

200m. 8-6.
H. Q. 172-89-11.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date.....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision.

Administrative Medical Officer.

Lyper 6/2/18

4 D 22 - S - 458

(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 G.N.C.H., Montreal. DATE Jan.30,1918.

1. (a) Unit 24th Battalion (b) Regimental No. 65918 (c) Rank Private

(d) Surname Smith (e) Christian name Peter Frank

2. Age last birthday 23 Date of birth June 6th, 1895.

3. Enlisted at Montreal, Que. on Jan. 30th, 1915.

4. Personal description :—

(a) Height 5'5½" (b) Weight 124 (stripped) (c) Complexion medium

(d) Colour of hair brown (e) Colour of eyes hazel (f) Identification marks

Deformed right arm from wound.

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

48 Mance St., Montreal.

6. Former trade or occupation Pipe coverer.

7. (a) Service

	Years	Days
	3	---

	Periods	
	From	To
24th Battalion, C.E.F.	Jan. 30,1915.	Jan.30,1918.

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). 1. Loss of muscle right upper arm. 2. Partial ankylosis right elbow.

(a) Date of origin April 11,1916. (b) Place of origin St. Eloi.

(c) Cause* Gun shot wound.

*(Here include original disease or injury)

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

Has a compound comminuted fracture right humerus which healed with slight deformity and considerable loss of bony substance. Lower two thirds of right triceps muscle shot away. Full extension right elbow limited 30 degrees. Can only flex right elbow to a right angle. This limitation of movement is due partly to loss of muscle tissue, partly to bony changes around joint. Other than above general condition normal.

19

[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.]

M. F. B. 227.

15M.-6-17.
1772-39-117.

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

Scar over right elbow, as described.

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.

1. 30%. 2. 45%. Total 75%.

12. Did the disability arise on or off duty? In action.

13. Was a Court of Inquiry held? No.

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

Yes..... No..... Not applicable.

(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? Both permanent.

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

Had massage. At present none further.

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

No.

19. Can the former trade or occupation be resumed? No. Cannot use arm as bone might be fractured.

20. Recommendations

Unfit for service Class "E", to come up for reconsideration at the end of six months.

MI

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 Peter Frank Smith 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

P F Smith

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.

Concur, except.

#9 In addition to loss of muscle tissue, there is also considerable loss of bony tissue, the right Humerus now being about 1/3rd the size of the left. It is recommended that this man's disability be kept at 75% for six months on account of the great liability to fracture of the small fragile Humerus, if moderately heavy work be undertaken. Has already fractured this bone since his return to Canada, through slight accident.

Typed 8/2/18.

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~~).

23. It is certified that the soldier

(a) ~~Does require treatment~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~

(Strike out condition not applicable).

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

Unfit for Service Class E

E. L. Peggie, Major — President.
W. C. Gowdey, Capt
[illegible], Capt — Members.

STATION Montreal.

DATE Feb. 7th, 18.

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED [illegible] For A.D.M.S.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

Should the refusal of the 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.

Class II

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number 65918 Rank Pte. Name and Corps of disabled soldier. 24 Battn — 649-S-2672
Smith, Peter F.

Previous Civilian Occupation.
Pipe coverer.

Cause of disability - Lacerated movement - right - elbow.
G.S.W. Shrapnel

Condition in detail which prevent the soldier earning a Full livelihood:-
Arm above elbow shows great loss of tissue - some particles was carried away by original injury and some due to sloughing during treatment. Invalid can not flex forearm to even right-angle. There is bony deformity in elbow joint so that arm can not be straightened.
Sig of tissue quite fresh. Prognosis unfavorable. Cannot raise arm to level of shoulder.

Opinion of the Board.

Degree of incapacity (Please state in fractions.) 2/5.

Probable duration of incapacity:- Permanent.

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity? Convalescent home for massage.

Signature. E. Robertson Capt. President.
M. Hoglen Capt. Members.
J. Branden Capt.

Station. Quebec

Date Mar 5th 1917

Approved.

Date Mar 5/17 W. L. Carruth Major
Assistant Director Medical Service.

Date 20/3/17 W. Arnold Capt.
Director General Medical Service.

6

5m-11-16.(M)

Form 3. To need instead of blank space on Army form 179

Proceedings of Medical Board at Discharge Depot.

Number ( ) Rank Name and Corps of discharged soldier.

Previous Civilian Occupation.

Cause of disability -

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

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

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

Signature. _____ President.

_____ Members.

Station.

Date

Approved.

Date _____
Assistant Director Medical Service.

Date
Director General Medical Service.

Sm-11-16.(M)

J. 2542

S. 30. A

MEDICAL HISTORY SHEET.

ORIGINAL

Surname: Smith Christian Name: Peter Frank

APR 8 1918

Examined: on 20 day of Jany 1915 at Pell St Barracks Montreal

Birthplace: City or Town Montreal; County Que

Apparent age 21

Trade or occupation Pipecoverer

Height 5 Feet 5½ Inches.

Weight ..... Lbs.

Chest measurement: Minimum 31 inches; Maximum expansion 3 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks: Arm Right. Left.; Number 1

When Vaccinated last Feby 1911 RSB

(a) Marks indicating congenital peculiarities or previous disease ✓ Nil

(b) Slight defects but not sufficient to cause rejection ✓ Nil.

Approved by ✗ 8-4-18

J. J. Jenkins

MAY 17 1918

Rank Captain M.O.

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

Date	Result	Vaccinations.
Feb 8/15		H L Pancy Captain M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Feb 3/15		H L Mackelkow Captain M.O.
13		do M.O.
		M.O.

Enlisted on 20 day of Jany 1915 at Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	24th Batt. C.E.F.	65918.		Jany. 30. 1915
Transferred to..				

The Medical History Sheets of all men proceeding overseas should be forwarded by the Officer commanding their unit to the Officer commanding when they leave England.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Mounts Hutton	Jan 25-1917	G S W Rt Elbow	Discharge certificate

APPROVED 26 JAN 1917

Tho Morison CAPT. C.A.M.C. for G.O.C. CANADIANS.

Approved L L Walker CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Lieut. Colonel Commanding Canadian Convalescent Depot.

PRESIDENT STANDING MEDICAL BOARD

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.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

A12 64 65918

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Miss B. M. T.	June 11/15	11	6	15	17	6	15	Quinsy	7	Peritonsilar abscess on right side — Treatment surgical & palliative —	[illegible]
Nesley		13	5	16	7	7	16	G.S.W. Arm Pr. VIII. 4. Fracture of humerus	56	In action St Eloi April 10th 15 receiving large wound outer side of right arm with comminuted fracture of humerus. Wound very septic later wound healing up. Collection of pus, opening & drainage. Piece of dead bone removed. No union. Pte Canad Con Hospl.	Sir, Holder 6.7.16
Can. Conval. Hospital Bear Wood.		7	7	16	12	8	16	Do	36	Transferred to Moore Brks, Hospital for treatment	G. G. Corbet Capt
Moore Barracks Hosp Shorncliffe.		12	8	16	22	10	16	Do.	72	Transferred to Shorncliffe Military Hospital - while here, had sequestra removed under anaesthetic sinus still remains but is improving	R. A. Bowie, Major, Cmdg
CANADIAN WAR HOSPITAL THE BEACH, WALMER.		22	10	16	12	1	17	Do	82	Quite healed - able to grip hard & lift weights	H. Hardy O.C.
G.N.C.H., Montreal,		19	3	17	22	3	17	Limited mov. right elbow G.S.W.	3	Transferred to hospital for treatment.	[illegible] Capt.
Royal Victoria Hospital		27	3	17	12	5	17	ununited fracture of humerus. Ankylosis of elbow.	47	→ Correction of deformity of humerus. → to return in 3 months for gentle of ankylosis of elbow joint.	[illegible] Capt. Officer Commdg Convalescent Depot Officer Commdg Troops Royal Victoria Hospital.

Christian Name

Surname

Form I. 1237 / 11

BPC 25990

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	65918	Pte	Smith	P. F.

Year	Unit.	Age.	Service.
1917	24th Bn	22	19/12 8/12

Station and Date.

Monks Horton 12/1/17

Disease Shrapnel wound of right arm.

Occupation – Pipe Cutter

Scars – Large irregular scar of right arm from elbow up. Elbow joint deformed – cannot straighten it. Wounded – April 11th 1916 – Sent to Camiers, 4th British for one month. – Then to Netley Hosp. – 7 weeks. Then to Bearwood Conv. Hosp. for 6 weeks. Then to Moore Barracks – removal of dead bone – 10 weeks. Then to Can. War. Hosp. Walmer. Arrived Monks Horton Jan. 12th

Present Condition,
Board 179

H. A. Christie
Capt. C.A.M.C.

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

(22205) Wt. W 4934—M 627. 1,000,000. 8/16. C.F.A.S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

Moore Barracks Canadian Hospital.

Shorncliffe.

.....17/6.....1915.

To:-

The Officer i/c Hospital.

Sir:-

I hereby certify that I have received all the kit I deposited with the Pack-store when I entered the Hospital.

I also beg to state that I am perfectly satisfied with the treatment I have received and with the food supplidd while in Hospital. I am now feeling fit to return to my Unit.

Peter H Smith

.....

1 morf.
June 13 -
84 - 20 - 97.0

14 - 15 -
78 - 20 - 98.1 °

15 - 15 -
70 - 18 . 98 . °

16 —
66 . 18 - 97.1 °

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 24th Batt.

Military Hospital Moor Barracks

No. 65918 Rank and Name Pte Smith Peter J. Age 22 Service ~~Inf~~ 18/12

Disease G.S.W. Rt arm Date of admission 12-8-16 Date of discharge 22-10-16 Result Improved

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

Signature R A Bourke Major In charge of case.

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

Army Form W. 3172.

_____ Hospital.

Ward 30 A No. of Bed _____ Date 14 · V · 16.

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
65918	Pte Smith P. J.	24th Canadians	Rt arm.

Short History of Case. (To be completed by M.O. i/c case)	Report on Result of X-Ray Examination. (To be completed by Radiographer.)
G.S.W. right arm. Fracture of Humerus.	No. of Plate 6383 a. Fracture at junction of middle and lower thirds of Humerus.
Signature of M.O. S. H. Holder	Signature of Radiographer W. M. Howells
Date 14 · V · 16	Date 16/5/16.

W 8290—3262 100,000 8/15 H W V(M 1318) G. 15/1043

X-Ray Department
Moore Barracks, Hospital.
15/8/16.

M.B.C.H.

Ward 2 Bed 26 A/D No. 18158 Report No. 1348

#65918 Smith, P.F. Pte. 24th Battn.

Shrapnel fracture junction
middle and lower third humerus, right.
Slight displacement lower fragment inward
and forward. Non-union. Sequestra present.
Marked absorption calcium salts.

W.H. Cagar

Capt. C.A.M.C.
M.O. i/c X-Ray Dept.

A 18158.

ARMY FORM W 3083

No. 4 General Stationary Hospital at Camiers

Regtl. No. 65918 Date 12/5/16

Name Pte Smith S J.

Regt. or Corps. 24 Canadians.

Name of Ship

Ward 30.

Gsw arm R.

8

T. Gill

MEDICAL HISTORY SHEET

UNOFFICIAL

Surname SMITH *Christian Name* PETER FRANK

Examined { on ..... day of ..... 191..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches / Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm ..... Right ..... Left ..... / Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

Rank ..... M.O.

S DEPT. MILITIA & DEFENCE APR -7 1918 H.Q. CANADA

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

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

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

Unit Class E. 8.3.18.

Enlisted on 30 *day of* January *191* 5 *at* Montreal,

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal, Que.	7/2/18	Partial ankylosis right elbow.	Discharge, Class "E"

J. A. Chabot Captain

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.

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname SMITH Christian Name Peter Frank

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
G.N.C.H.Montreal Que.		13	5	17	26	9	17	Limited movement rt. elbow	137	Discharged to Clearing Stn. for transfer to O.C."A" Unit P.C. 508. Extension, supination & pronation good admitted to Hospital when deformity of humerus was corrected	
Montreal Gen Hosp		1	10	17	17	10	17	Fracture rt. humerus	16	Put in plaster - Position good Fracture recent - this old callous caused by Shrapnel No convalescent home	
Montreal, Que. G.N.C.H.		17	10	'17				Partial ankylosis right elbow.		Discharge, Class "E" MFB 227 7/2/18.	
D.C.H.Montreal Que.		17	10	17	8	3	18	Ditto	142	Discharged to O.C."A" Unit through the C.A.& D.O. Class "E".	

30 a. Oli Smith 65918 24 Canadians 15/5/16 a 5383

83

Fracture at junction of middle and lower third of Humerus.

W.M.H.

Mr Holder