Cel/Bdr.

ATTESTATION PAPER.

No.

Folio. 8696

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Thomson, Harry
2. In what Town, Township or Parish, and in what Country were you born? — Ottawa, Ontario
3. What is the name of your next-of-kin? — Thomson, T. (Father)
4. What is the address of your next-of-kin? — 212 Brewery St. Hull Que
5. What is the date of your birth? — 27th Dec 1887
6. What is your Trade or Calling? — Laborer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 2½ yrs Dragoons
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

H Thomson (Signature of Man).

H Wilson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

H Thompson (Signature of Recruit)

Date Dec 4 1914 H Wilson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Thomson, 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.

H. Thomson (Signature of Recruit)

Date Dec 4th 1914 H Wilson (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 Winnipeg this 4 day of Dec 1914

F Murray (Signature of Justice)

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

L J Duchesne (Approving Officer)
Lt Col.
O.C. 5th Arty Brigade
C.E.F.

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of Harry Thomson on Enlistment.

Apparent Age 27 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 35½ ins.
Range of expansion 2½ ins.

Complexion dark
Eyes Brown
Hair Black

Religious denominations:
- Church of England
- Presbyterian Yes
- 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).

Tattoo.
Flag & S.

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 Dec 4 191 .
Place Winnipeg

L Headham
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.

Harry Thomson 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.

L J O Ducharme (Signature of Officer)
Lt Col. Comdg 5th Brigade Artillery C E F.

Date Dec 4th 191 ..

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No. 69-1-786

Name Thompson Harry.

Regt. No. 86986 Rank Pte

Corps 19th Batty C.F.A.

Being Medically Unfit

Rel 23-7-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	2
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	
Medical History Sheet	2
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1

Army Form B.122-1
A. F. B-130-1
M. F. W-39a-1
A. F. B-178-2
A. F. B-179-2

4 misc

09079

2
2-30
2-30
7 2
2

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39-935.

NAME Thomson, H.

H. Q. FILE No. 649-

REGT'L. No. 86986.

RANK AND CORPS Dvr. 5th Bgde. C. F. A.

CABLE	
NO.	DATE

NATURE OF CASUALTY

NO. 604

XX FOLL. X

L. L. Job 83225—M. & D. 5812.

M. F. W. 12—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓9.	Shorncliffe. Mil.	21-9-15	Contus. Hip, ankle.
✓35	Moore Barr Shorn	19-11-15	Bronchitis
B. 45	" " "	13-1-16	" Discharged
215	M H C C Kingston	1-8-17	Re-attest. & Adm. Fleming C. Home Class 2.
221	M. H. C. C. Kingston	7-8-17.	Trans to Mowat from Fleming.

M D 3

2

Reg. No. 8 6 9 8 6 Name Thompson H

Rank Dvr Corps 19th Batty Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Flemming Home Ottawa	15 2 16	Pul. T.B
The Mowat Memorial Kingston	4 3 16	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

Name Thomson. H. *Rank* Dvr. *Reg. No.* 86986.

Unit 5th.Brigade, Canadian Field Artillery. (Second Division.)

Next of Kin CANADA.

Date 1915.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21.9.	Shorncliffe Military Hosp:	Shorncliffe.	Contus. Hip, Ankle.	9.		
19.11.	Moore Barracks Hosp	Shorncliffe.	Bronchitis.	35.		
13-1-16.	Discharged. Ex Above.		"	B45.		

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

No. 86986 RANK Pte. 5th Bgde. NAME Thomson A. N.?

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

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 1	Apr. 30	O.S.		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		N.		Kingston
Nov. 1	Nov. 30	N.	Discharged to Pension ~~10/12/16~~ 13/2/16	(W.O. 99) of 16/12/16
			a/c closed by payment N.	

No. ~~6 25~~ 86986. RANK Dvr NAME Thompson. H.

T. O. S. UNIT 19th Bty 67 A. 5th Art. Bde 67

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Dec 4	Dec 31	✓		
Jan 1st	Jan 31	✓		
Feb 1st	Feb 28	✓		
Mar 1st	Mar 31	✓		
	Apr	✓		
	May.	✓		
	June	✓		

No. 86986. Rank Pvr. (5 C.F.Q.) Name Thomson H.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 5.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916. Jan.	1916. Jan.	✓	Dates not stated.	

16/9 S.E.R. 649-T-738.

CARD NO.

SURNAME Thomson.

CHRISTIAN NAMES Harry.

REGL. No. 86986 RANK A. Bomb.

UNIT ~~19th Bty. 5th Bde~~ Re. T.O.S. 1-8-17. M.H.C.C. 3

FORMER CORPS Dragoons. Ont

FOLL. S.O.S. Dis 13.12.16 ~~20 11 16~~ 3

S.O.S. 31/7/18 P.U.

S.O. 107. 2/8/18 3. S.D.

NEXT OF KIN.

NAMES IN FULL Thomson. T.

RELATIONSHIP TO SOLDIER Father

ADDRESS 24 Brewery St. Hull P.Q

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Ottawa, Ont DATE Dec 27th 1887

PLACE OF ATTESTATION Winnipeg, Man. DATE Dec 24th 1914

O/S. 8/8/15. 167/14.

MARRIED SINGLE yes 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

No. 86986. RANK Gnr. NAME Thompson, H.

T. O. S. UNIT Casualties.

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan. 16.	Feb. 29.	N.	From 5th Bde.	
	Mar.	N.		

Number 86986 Rank Gnr

Surname THOMPSON

Christian Name Harry

Units C.F.A. Theatre of War England

Date of Service 18-8-15.

Remarks

Latest Address 62 Rosedale Ave.
Ottawa. Ont.

Roll No. A Page 2425

200m.-2-21.M.

D.M.S. 1300.

Surname: Thompson
Christian Name or Names: H.
Reg. No.: 86986

Rank: Dvr
Unit: 5 Bde C.F.A
Co.:
Troop:
Batty:

Hospital: Shorncliffe mili.
Date of Admission: 21. 9. 15.

Transferred: Moore 13KS Shorncliffe Hosp. 19.11-15

Hosp.

Hosp.

Hosp.

Diagnosis: Bronchitis. Contus. Hip & Ankle.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION: Dis.
Date: 13-1-16

C.h. 27. 10. 15 8
Ref. 27.12.15 # 35
C.L. 7-6-16 845

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 THOMPSON H. Rank Pte. Regt. No. 86986 Unit "C" 3.

Battn. Camp or O. S. O File M. H. C. C. H Q. File

Next of kin Wife, 62 Rosedale Ave. Ottawa Ont/

Discharged to Class Conduct on discharge

Pension awarded Date of first payment

Address on discharge

Diagnosis Date boarded D. of D.

DATE	CLASS	REMARKS	Part 2 Order
1-8-17	2	Fleming Re-attested	#215
7-8-17	2	Mowatt	#221
23-10-17			
24-10-17		A.W.L. Ffts. 2 Days Pay	#299
18-4-18		Trans to D.D. 3. Hosp. Sec.	108.1.
11-5-18			
21-5-18		A.W.L. Ffts. 5 days pay.	38.
31-7-18		DISCHARGED TO I.S.C.	107.

M.H.C. F. 29 5M-5-17. L.M. Co.

DATE	CLASS	REMARKS	Part 2 Order

Embarked Sewell Camp Aug 5/15
Arrived Otterpool Camp Aug 1/15

Unit 2579.

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Thompson Christian Name Harry

Examined on 4th day of Dec 1914 at Winnipeg Man.

Birthplace City or Town Ottawa County Ont.

Apparent age 27-0

Trade or occupation Labourer

Height 5 Feet 5½" Inches.

Weight 142 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 2½ inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks Arm Right. Left. Number — 1

When Vaccinated last 3/2/15

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Approved by G. T. Cadham

Rank Capt M.O.

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

29 DEC 1915

Date	Result	Vaccinations.
3/2/15	Positive	W. Wylie Capt RAMC
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Jan & Feb/15		Winnipeg General Hospital
		M.O.
		M.O.
		M.O.

The Medical History Sheet of all men proceeding overseas must be returned by the Officer commanding their unit to the Record Office within 24 hours of their leave England.

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

Enlisted on 4th day of December 1914 at Winnipeg, Man.

	Corps.	Regtl. Number.	Habits.	Date.
Joined on enlistment	19th Battery	86986		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

Not to be sent out, AC

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.

100M.—1-15.
H. Q. 1772-39-439.

C

Surname Thompson Christian Name Harry

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.
Shorncliffe Mil. Hosp.		21	9	15	25	9	15	Contusion ankle.	5.	Discharged to Unit	G. Wilson Capt
Moore Barracks Hosp. Shorncliffe.		19	11	15	13	1	16	Bronchitis	56	Discharge to Canada	J. Blackmuch CAPT C.A.M.C REGISTRAR.

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

BJ

HOSPITAL SECTION folio 3

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. 669815 Rank pte Name THOMPSON H

Corps reattested who was* discharged further treatment

On july 31st 191 8 to with I.S.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from julylst 191 8, to july 31st 191 8 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 31 days at $ 1 c.	31	00
Advances by Cheques No.			Field Allow. 31 days at $ 10 c.	3	10
Assigned Pay and Sep'n Allce. No. 6783	40	00	Separation Allowances* (Monthly)	25	00
Other charges			Other Allowances*		
Payment on transfer or discharge No. 7011	19	10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	59	10	Total	59	10

*Give particulars.

A monthly stoppage of $ 15 (†) has (‡) been paid on account of Assigned Pay for the month of july 191 8 and Sep'n Allce. for month of 191 (to) Assignee MRS. E THOMPSON

(Address) 63rosedale ave. OTTAWA ONT

(†) 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 DEC.14th

(2) if married and if a Separation Allowance Card has been submitted pd.date of dischar

(3) cause of discharge H.D.3 88-t-4july 20th authority

(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 july 27th kingston ont

Place kingston ont

CAPTAIN
Paymaster
PAYMASTER, No. 3 DISTRICT

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.

300M.—2-18.
H. Q. 1772-39-903.

cheque no. 7011 attached

(641)—Wt. W1751-1403. 500,000.—5-15.—C. & G. Forms B. 103/4

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 19th Battery

Regimental No. 86986 Rank Driver Name Thompson H.

Enlisted (a) 4/12/14 Terms of Service (a) Duration of war Service reckons from (a) 4/12/14.

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

Extended ____ Re-engaged ____ Qualification (b) ____

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				
		Certified Correct. Capt. [signature] Adjutant 5th Field Artillery Brigade C.E.F.			
20/12/15.		Recommended for discharge by finding of Medical Board.			
18-4-18.	T.O.S.	from M H CC.			H. Q. 1
31-7-18.	S.O.S.	No. 3 D. D., Kingston		31-7-18	H. Q. 107 [signature] Major for O. C. District Depot No. 3

(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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 86986 (Rank) Dvr

Name (in full) Thompson Harry enlisted in

the 19th Bty C. F. A.

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man on the 4th

day of December 1914

HE served in Canada England

and is now discharged from the service by reason of

Medically unfit for further service

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 30 years	Marks or Scars
Height 5 feet 6 3/4 inches	Tattoo Marks
Complexion Dark	right arm
Eyes Brown	
Hair Black	

H. Thompson
Signature of Soldier

S. Maud
Issuing Officer — Major
for O. C. District Depot No. 3
Rank

Date of Discharge 31-07-18

Appointment

Signed at Kingston this 31st day of July 1918

in Military District No. 3 M.D.

File Reference No. 6-3-9-107.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 86986 (Rank) Dvr Name Thompson H.

Unit No 3 District Depot

Address on Discharge Ottawa Ont.

Character and Conduct very good -

Former Occupation Brakeman

Special Qualifications of Value in Civil Life Wd. discharged to S.S.C.

Medals and Decorations nil

Remarks nil -

Signed at Kingston this 31st day of July 1918

Name of Officer Major
for O.C. District Depot No. 3

Rank

Appointment

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 19th Bty 5th Bde

Regimental No. 86986 Rank A. Bomb. Name Thomson, Harry

Enlisted (a). 4.12.14 Terms of Service (a) C. E. F. D of Yd. Service reckons from (a) 4.12.14.

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

Extended. ..... Re-engaged. ..... Qualification (b). .....

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				
		Proceeded Overseas		8.8.15.	
10.9.15.	Adj. 5th Bde C.F.A.	A.W.L. "2 days Pay"	Otterpool Camp		Ptu O No 1.
27.10.15.	W.O.	Adm. Mil Hosp. (Cont. Stiff Ankle)	S'cliffe	21.9.15.	Cas. Sheet. No 9.
12.11.15.	Adj. 5th Bde	Abs. from 2 pm. parade forfeits 1 days pay	Otterpool	12.11.15.	Ptu O No 32.
27.11.15.	W.O.	Moore Bks. Bronchitis	Shorncliffe	19.11.15.	Cas. List 35.
20.10.15.	Bde. Gen McDougall	Proceeded to Can. for Disch.	"	14.1.16	Appendix "B" to DO 291.
25.1.16	OC R. Bde	T.O.S. from 5th Bde.	S'cliffe	25.1.16	Ptu O No 21.
30.3.16	"	Ptu O No. 21d/25.1.16	Cancelled		" " 77
7.4.16.	5th C.F.A.	Transf. to Res. Bde. The date on which the unit proceeded overseas	Shorncliffe	17.1.16	" " 31.

(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				
7. 5. 16.	OC. 5th.C.F.A.	Pte O #31 d/7-4-16 amended to read: S.O.S. of 5th Bde C.F.A. on Proceeding to Canada for Disch 14-1-16	In the field	14.1.16	Pte O no. 35. Auth. Appendix B. C.F.D. Order 241 d/21-16 Ref. KC. Records d/22.4.16 RL2-9-107a RZ a2-22416 K.G 161/art/11/12.
7. 6. 16.	5th.C.F.A.	Disch. Moore Bks. Hosp.		13.1.16	Cas. List B. 45.
16.12.16	Cas.MO.3.	S.O.S. Med. Unfit.	Kingston	13.12.16	DO # 99

for DofR

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. M.H.C.C. MD 3

Regimental No. 86986 Rank Pte C. E. F. Name Thomson, Harry.

Re-attested.

Enlisted (a) 1.8.17. Terms of Service (a) — Service reckons from (a) 1.8.17.

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				
	#3 D.D.	S.O.S. Med. Unfit	Kingston	31.7.18	DO #107.

Adjutant General

for D of R.

(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				

CLINICAL CHART.

Army Form B. 181.

(*To be attached to Case Sheet.*)

Corps C. F. A.

Military Hospital M.P.C.

No. 86986

Rank and Name Dr H. Thompson

Age 28

Service 11/12

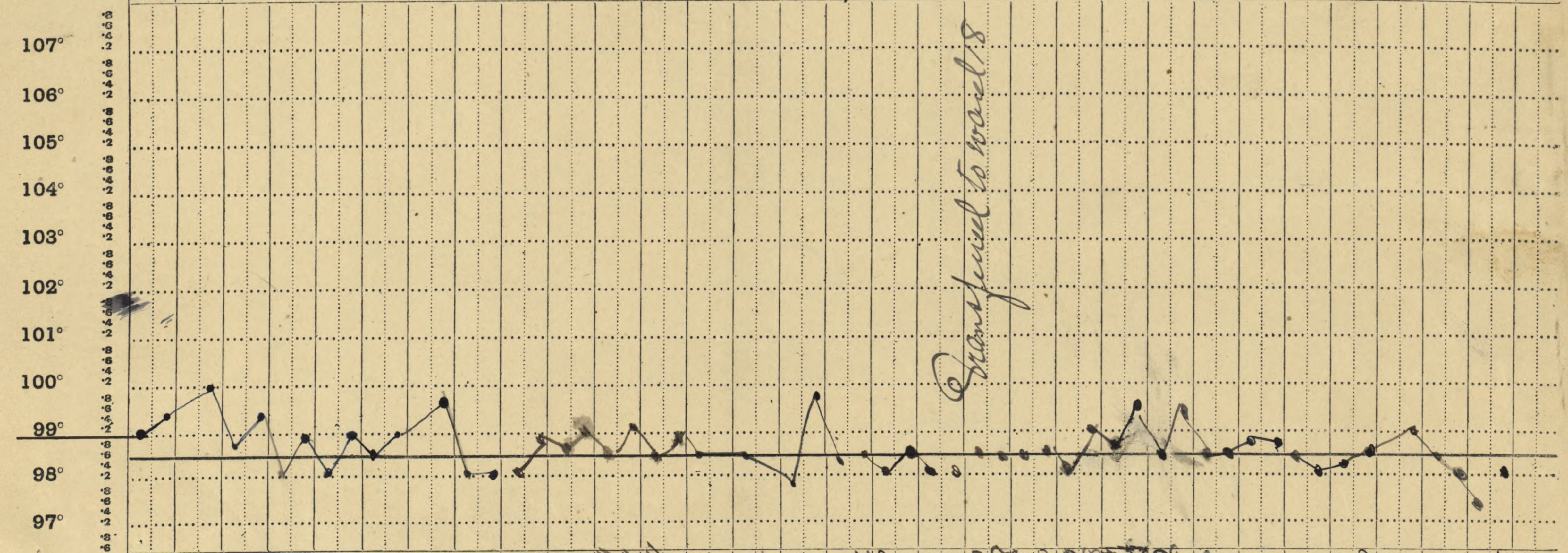
Disease Bronchitis

Date of admission 19/11/15

Date of discharge 13/1/16

Result

Dates of Observation	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Days of Disease	1	2	3	4	5	6	7	8	2																						
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.



Transferred to ward 18

Pulse per Minute	76 90	88	96 88	84 86	84 76	94 80	80	84 80	80 80	80 82	84 84	84 82	98	90	80 86	88 86	88 84	80 86	80 88	88 80	88 88	88 88	88 86	80 80	80 80	88 80	80 80	80	96 96	84 84	
Respirations per Minute	26 28	24	24 24	20 24	20 20	20 24	20	20 20	20 20	20 20	16 20	20 20	20	20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	22 20	20 20	20 20	20 20	20 20	20 20	20	20 24	22 20	
Motions per 24 hours	1	1	3	1	2	1	1																					1			

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature H. K. Neilson Capt. C.A.M.C. In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

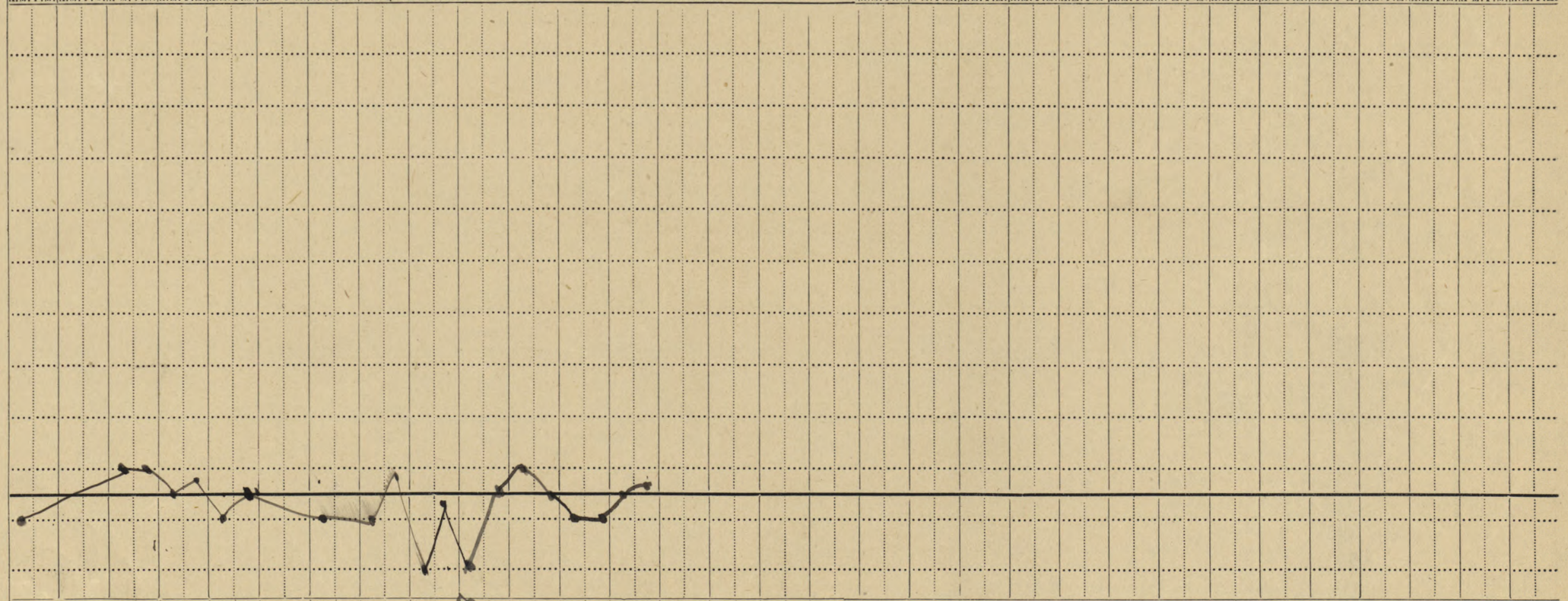
Corps C. F. A.

Military Hospital Moore Barracks

No. 86986 Rank and Name Dr. H. Thompson Age 28 Service 11/12

Disease Phthisis Date of admission 19/11/15 Date of discharge 13/1/16 Result

Dates of Observation	20	21	22	23	24	25	26	27	28	29	30	31	Jan 1st	2	3
Days of Disease															
Temperature Fahrenheit (Time A.M. P.M.)															
Pulse per Minute	96		92		80		84	80	108	108	96	90	96	72	90	76
Respirations per Minute	20		20		20		20	20	20	20	20	20	20	20	20	20
Motions per 24 hours																



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

Signature W. H. Neilson Capt CAMC In charge of case.

Mr. Thompson.

Two positive exams. of sputum — t.b.

What ward & which the M.O. please

showing TB

Ward (8 is) Broad.
Capt McCurrich —
Notify duly soon before transfer

[illegible]

Forms
I. 1237
10

133386

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	86986.	Dr.	Thompson.	H.
Year	Unit.		Age.	Service.
	C.F.A. 19th Batt.		27.	9/12

Station and Date.

Disease injured ankle. Sept. 20. 1915. pm. patient was kicked in ankle - outer aspect, by a horse. small superficial abrasion over ext. malleolus of left foot. No limitation of movement. small amount of swelling and slight tenderness over ext. malleolus.

*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

1338

335684

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7336	86986	Dr.	Thompson	H
Year	Unit.		Age.	Service.
	C.F.A. 5th Bde		28	11/12

Station and Date.

Disease Bronchitis

tror. 22/10

M.B. 6th Shorncliffe

Complt:
Pain in chest.
Cough. since Nov!.

P.H.:
About 2½ wks. ago started to cough - felt possibly sick, etc. unable to eat otherwise.
Kept on milk diet but cough kept getting worse and sent to M.B. 6th. on Nov. 19th

Phys. Exam of chest: Heart - neg
a few ~~[illegible]~~ in bill ant. axilla
in left axilla & a few sonorous rales in rt. side of chest - breath auscultatory below 4th rib. rt. & 5th in rt.
At rt. apex from behind crepitations heard & also in percussion note slightly impaired.
Sputum to Lab.

*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.	

Army Form B. 2079.

WARNING.—*If you lose this Certificate a duplicate cannot be issued.*

Certificate of discharge of No. 86986 (Rank) Driver

(Name) Harry Thomson

(Regiment) 5th Brigade C.F.A.

who was enlisted at Winnipeg. Man.

on the 4th Dec. 1914.

He is discharged in consequence of no longer physically fit for war service but fit for employment in civil life

after serving — years 27 days with the Colours, and — years — days in the Army Reserve.

(Place) Shorncliffe

(Date) 31. 12. 15

Signature of Commanding Officer — Lieut Colonel O.C. 5th Field Artillery Brigade C.E.F.

*Description of the above-named man on Dec 31st 15 when he left the Colours.

Age 28 years

Height 5 ft 5 ins

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars, whether on face or other parts of body.

Tattoo Flag r.f.

* *Should agree with the description on Character Certificate, Army Form B. 2067.*

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

A2865 Wt. W3036/1689 120,000 8/15 D.D & L. Sch. 44. Forms/B.2079/21

Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912 :—

"Any man, whether Soldier or Civilian, who brings a Recruit to "a Recruiter, or to a Military Barrack, is a Recruiting Agent, "and it is not necessary that he should have been formally "appointed as such."

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

(*a*) Boys under 17 years of age.

(*b*) Re-enlisted Pensioners.

(*c*) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.

(*d*) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

5s. to 2s. 6d. Regular Army.

1s. 6d. Special Reserve.

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depot nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

R—122.

Rank | Name: THOMSON Harry | Reg'l No.: 86986

Unit: 19th Battery | If in perm. Corps, What Unit? | Married or Single: Single

Place and Date of Enlistment: Winnipeg, 4 Dec 1914 | Place of Birth: Ottawa, Ont.

Name and Address, Next-of-Kin: T. Thomson, 24 Brewery St, Hull, Que. | Relationship: Father

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

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 (O.R. Co ?)
		Landed England Plymouth		18.8.15	S.S. Metagama
10-9-15	Adjt. 6th Bde C.F.A.	A.W.L. "2 Days Pay"	Otterpool Camp		Part II Orders No 1
27/10/15	W.O.	Adm Mil. Hosp (Contg Hip, Ankle)	Shorncliffe	21/9/15	Casualty Sheet No 9
12 18.11.15	Adj 5th Bde	Absent from 2 PM Parade forfeits 1 days Pay	Otterpool	12 18.11.15	Part II O No 32
27.11.15	W O	Moore Bks Bronchitis	Shorncliffe	19.11.15	Casualty List 35
20-10-15	Bde Gen McDougall A.T.D.	Proceeded to Can for Discharge	" "	14-1-16	Appendix "B" to D.O. 291
25.1.16	C.C.R. Bde	Taken on Strt from 5th Bde	S Cliffe	25.1.16	Part #6 No 21
30.3.16	"	Part II O. No 21 Dated 25/1/16	Cancelled.		" " 77
4-4-16	5th Bde C.F.A.	Transferred to Res Bde. The date on which the Unit proceeded overseas	Shorncliffe	17/1/16	" " 31

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					
7-5-16	OC 5th C.F.A.	Pte O No 31 dt 7-4-16 are amended to read :- Struck off the strength of 5th Bde. C.F.A. on Proceeding to Canada for Discharge 14/1/16	In the Field	14-1-16	Part II O No 35 auty appent B.E.T.D order 291 D/21-16 Ref. O.C. Records dt 22-4-16 - RL2-9-107a R2-a2-22-4-16 K.G. 161/art/11/12	
7-6-16	5th C.F.A.	Discharged Moore Bks. Hospital		13-1-16	Casualty List B45	

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name THOMPSON, HARRY
Surname — Christian Name

Regimental Number 86986 Rank Pte.

Address (in full) 75 Rosedale Ave., Ottawa, Ont.

Unit 19 Batty.

Original Unit

District where paid M.D.3.

Date of Discharge

P. D. P. Filing Number 8-177-3.

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
175.10	3476	29-10-18	58.00	3301	29-11-18	58.00	2820	28-12-18	59.10		175.10

Remarks:

M. F. W. 127.
25M.—8-18.
1772-20-1140.

File No. 017955-4-148

WAR SERVICE GRATUITY.

Register No. T 531

Reg. No. 86986

Name Thompson Henry

Address 75 Rosedale Ave
Ottawa Ont

Dependent Mrs. Thompson Emma

Address 60 Rosedale Ave
Ottawa Ont

Pay Soldier $ 174 90

Pay Dependent $ 150 00

Days 153 Rate 100 00 Due 500 00

Less P.D.P. credited 175 10

Clerk J Seguin

Less further Dr. Bal. or overpayment.

Net 324 90

Less P, D. P. Credited

Less further debit balance
Note this as below

TO SOLDIER TO DEPENDENT

Date	Ch. No.	Amount	Date	Ch. No.	Amount

Total

J Thomson
A H Turner

R
W 129
14 10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 3/9/19	a.c.o. 11530	511887	140 00		1 3/9/19	a.c.o. 11531	511886	60 00
2	"				2	"		
3 18/9/19	a.c.o. 27451	m.19-9-19 522908	34 90		3			30 00
4					4			30 00
5					5 18/9/19	a.c.o. 27452	m.19-9-19 522907	30 00
6					6			

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

GEN'L AUDITOR
Posting checked by
Date 25/9/19

P-56

Rank 5th Bde C.F.A. Name THOMSON Harry Reg'l No. 86986

Unit ~~19th Battery~~ If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Winnipeg, 4 Dec 1914 Place of Birth Ottawa, Ont.

Name and Address, Next-of-Kin T. Thomson

324 Brewery St, Hull, Que. Relationship Father

Assigned Pay Monthly $15.00 Payable to next of kin

Stopped 1/2/16. Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 15/1/16. to Canada. Reason Medically unfit Character

PAY OFFICE, M.E. BRANCH, APR 17 1916, CANADIAN CONTINGENTS

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.
1/8/15	31/8/15	31	1.00	31 -	31	.10	3 10	4 -	38 10			38 10			38 10	- -	Subsistence on train Canada
1/9/15	30/9/15	30	1.	30	30	.10	3 -		33 -			29 20		2 20	31 40	1 60	a w.l. 2 days pay B.A.1.
1/10/15	31/10/15	31	1.	31	31	.10	3 10		34 10			17 03	15 -		32 03	3 67	
1/11/15	30/11/15	30	1.	30	30	.10	3 -		33 -			21 90	15 -	1 10	38 -	Dr 1 33	Fined 1 day pay 0/32.
1/12/15	30/12/15	31	1.	31	31	.10	3 10		34 10			14 60	15 -		29 60	3 17	
1/1/16	30/1/16	31	1.	31	31	.10	3 10		34 10			- -	15 -	17 60	32 60	4 67	Discharged. Rel.d to Canada 15/1/16. Auth.y H.P. in Telegram 12/1/16. Debit 16 days pay S. Revenue ~~[illegible]~~ for 1/2/16 on 13/1/16
Bal on Left to N.E. Bch.																4 67	
N.E. Mai 16.								4 67	4 67					4 67	4 67		

Balance Nil.

Transd to "Can. Liability Disch'ge a/c

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						

M. F. W. 41.
10m.—11-15.
1772-39-889.

Name Thompson H. Gnr

Regimental No. 86986

Unit 5th Bde C.F.A. (5th Bde)

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $15.00 – Oct 1/15 to Jan 31/16 } 60.00
Mrs Emma Thompson
62 Rosedale Av.
Ottawa, Ont.

To whom payable

S. S. Pretorian 27-1-16

~~Name and~~ address of ~~next of kin~~ Home 62 Rosedale Av. Ottawa Ont

M.B. recom. T.B. Sanatorium 6 mos.

S.a. 20.00 1-7-15 to 31/1/16 = 140.00
Mrs Emma Thompson

Date and place discharged Disch. Class III Nov 20/16

Reason for discharge

Character on discharge

649-T-738

Class II

L. [illegible] 87694. M. & D. 6128.

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.
	15/1/16							Subs.						506		L PC
16/1/16	29/2/16	45	1	45.00	45	10	450	21 75	71 25	B 638	16/3/16	619	✓	+ 60 00	71 25	+ D.D. Quebec Av.
S/a adj. 1/2/16 – 29/2/16								20 00		S/a A7646				20 00		
																From 1-3-16 3/D.

P.W.P. 27/2/16

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

1-7-15

301

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs. Emma Thompson

Address 62 Rosdale Ave. Ottawa Ont

Relation to Soldier wife, child or mother: Wife

Name of Soldier Thompson, Harry

Regtl. No. 86986

Rank Dr.

Corps 19th Bty. 5th Bdge.

To what Corps belonging when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		L 4211.	60.	(Handed out 2/10/15)
Oct.		L 6967	20	20
Nov.		M 17190	20 —	20
Dec.		H 18504	20	20
Jan.	1916	L 17715	20	20
Feb.			140	20
March				

ACCOUNT CLOSED DATE ..... PER W

ACCOUNT CLOSED DATE 10/1/16 PER

Acct closed 31/1/16 (Rettd to Canada per S.S. Pretorian) Pension Granted

This space to be for numbers

Proceedings on Discharge.

649-T-138

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

No.	86986 Released 16-9-20 S.C.R.
Rank	Driver
Surname	Thompson
Christian Name	Harry
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	19th Battery 5th Brigade
Date of Discharge	31-7-18.
Place of Discharge	Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	30 years	5 months.	
Height	5 feet	5 3/4 inches.	
Complexion	Dark		Descriptive Marks
Eyes	Brown		Tattoo mark of flag on right arm
Hair	Black		
Trade	Brakeman		
Intended place of residence (To be given as fully as practicable.)	62 Rosedale Ave Ottawa Ont		

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

being Medically Unfit for further Service

authority MD3-88-T-4, dated 20-7-18.

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.

— Very 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.)

— N.A. discharged to I.S.C. —

KLeD 3/2/20

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

NIL

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

6. Medals and Decorations.....

NIL

Nil

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

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

(Place) Kingston, Ontario.

(Date) July 31st 1918.

S. Evans Major
for O. C. District Depot No. 3
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) Kingston H Thompson (*Signature of Soldier.*)

(Date) July 31st, 1918. G Spargo (*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) 3 years 221 days.

Total 3 years 221 days.

11. **Confirmation of Discharge.**

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

(Place) Kingston, Ontario.

(Date) July 31st, 1918.

(*Signature*) S. Evans Major
for O. C. District Depot No. 3

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.)

No H Thompson

(OVER)

List of Discharge Documents.

469- 7-9-18

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.

ORIGINAL.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Thompson *Christian Name* H

TABLE 1.—GENERAL TABLE.

Birthplace ... Parish Ottawa County Ont.

Examined ... ... on 4th day of Dec. 191 4, at Winnipeg Man.

Declared Age ... ... 27 years days.

Trade or Occupation ... Labourer

Height ... ... 5 feet 5½ inches.

Weight ... ... 142 lbs.

Chest Measurement: Girth when fully Expanded 35½ inches. Range of Expansion 2½ inches.

Physical Development ... Good

Vaccination Marks: Arm ... Right Left; Number 1

When Vaccinated 3-2-15

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (*Signature*) H.T.Cadham,
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at Winnipeg on 4th day of Dec 191 4.

	Corps.	Regtl. No.
Joined on Enlistment ...	C.F.A. 5th Bgde.	86986.
Transferred to	19th Batty.	

Became non-effective by ...

on day of 191 .

(*Signature*)
(*Rank*)

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Rema
	Day	Month	Year	Day	Month	Year	Tuberculosis		
Moore Barracks Canadian Hospital	19	11	15	13	1	16	Tuberculosis	55	
Shorncliffe M.H.	21	9	15	25	9	15	Contusion Ankle	5	
Moore Bks. Shorncliffe	19	11	15	13	1	16	Bronchitis	56	

List in the case of Warrant Officers treated in quarters.

rks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Canada	H. K. Neilson
Discharged to Unit.	G. Wilson Capt.
Discharged to Canada.	J.B. McMurrich. Capt.C.A.M.C.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
3-2-15	Pos. Vacc. A.Tayor, Capt. A.M.C.
Jan. 8th	Inoc. "
Feb.15th	Inoc. 3 times General Hospital. "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Sewell Camp	Aug 5-15				
Otterpool "		Aug 19-15			

MEDICAL HISTORY OF AN INVALID.

1. Station. Ottawa, Ont.

2. Regiment or Corps. 19th Battery

3. Regimental No. and Rank. 86986 Gunner

4. Name. Harry Thompson

5. Age last Birthday. 30.

6. Enlisted on 4th Dec. 1914.

at Winnipeg.

7. Former trade or occupation.

Brakesman.

8. General remarks on his:—

(a) Conduct. No report save oral

(b) Habits. that he is intemperate.

(c) Temperance.

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

Address- 62 Rosedale Ave., Ottawa.

Date. July 6th 1917.

9. Service.	Years.	Days.
	PERIODS	
	FROM	TO
19th Battery C.F.A., C.E.F.	4th Dec 1914	

10. (a) Disease or disability. Pulmonary tuberculosis.

(b) Date of origin. Oct. 1915.

(c) Place of origin. England.

(d) Cause. Atmospheric exposure.

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.)

Wt. 128 lbs. T. 99 1/5. P. 96. R. 20.

Lungs show involvement at right apex in front. Expectotation moderate in morning and some cough. Appetite only fair. Reports are made that this man is careless ~~is~~ ~~careless~~ about his sputum and that he is drinking heavily.

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

(b) Has it been aggravated by intemperance, vice or misconduct? Yes.

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.)

.....

(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 ?

Not applicable.

(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.

Ordinary exposure.

14. Treatment.

Hospitals England, Mowatt Memorial at Kingston.

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 ?

Permanent, improvement in 3 months

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.

Totally.

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

Re-attested and sent to Hospital for treatment.

Lt-Col R.M.S.

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. Yes.

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. Yes.

Recommendations: That Gunner Thompson be re-attested and sent to a sanitarium for treatment at once.

Signatures :—

President.

Lt. Col R.M.S.

Members.

Station. Ottawa, Ont.

Date. July 6th 1917.

Date. JUL 18 1917

Approved.

Date. 13-8-17

Asst. Director of Medical Services.

D/ A.D.M.S. Mil. District No. 3

For A.D.M.S. Mil. District No. 3

Director-General of Medical Services.

(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.

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Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-117.

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.

Form B. 181.

(To be ...

...racks.

Corps C.F.A.

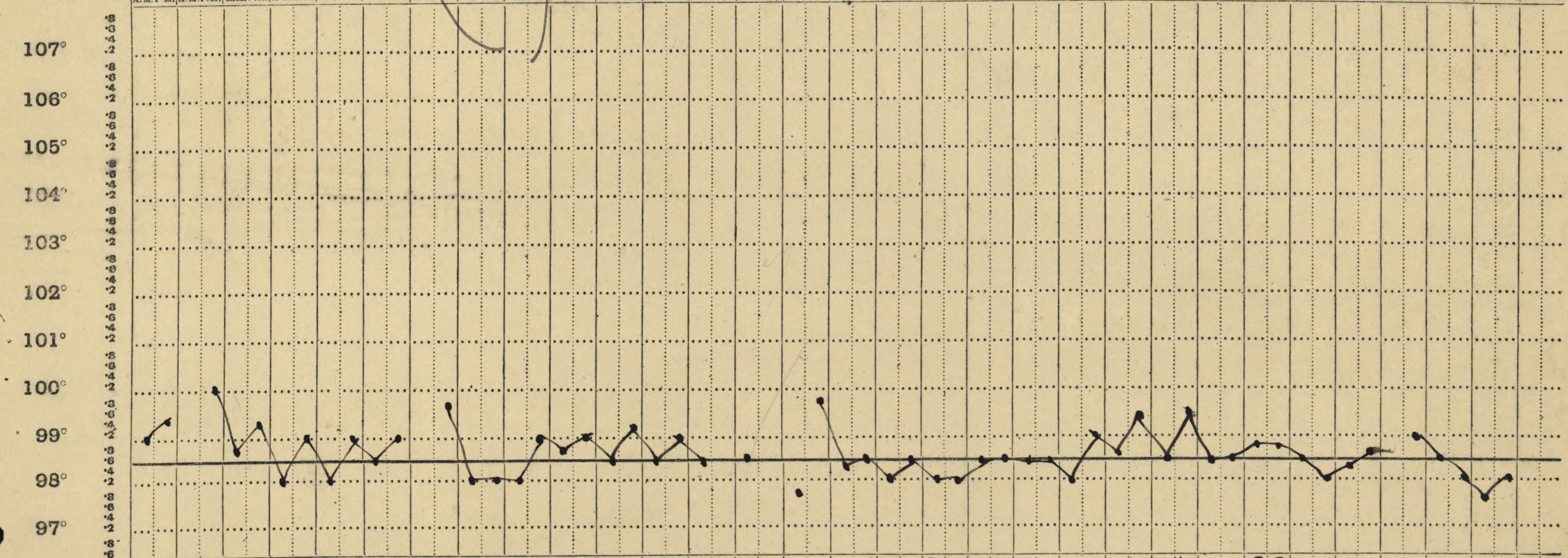
No. 86986. Rank and Name Drv. Thompson. Ag... 8. ...ce

Disease Phthisis. Date of admission 19/11/15. Date of discharge Re...

P.O. 30/11/15

Dates of Observation	19		20		21		22		23		24		25		26		27		28		29		30		1		2	
Days of Disease																									Dec			
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.
Pulse per Minute	76	90		88	96	88	84	80	84	76	84	80		80	84	80	80	80	80	80	84	84	84	86	90		90	
Respirations per Minute	26	28		24	24	24	20	24	20	20							20							20				
...ons per 24 hours																												

Dates of Observation	3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19	
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.
Pulse per Minute	80	86	80	86	80	86	80	86	80	88	88	80	88	88	84	88	80	88	80	80	80	80	80	80	88			96	98 84		84	80		
Respirations per Minute		20					20							20			20			20			20			20			20			20		
...ons per 24 hours																																		



(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature ______________________ In charge of case.

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Ro 10-T-32

Army Form B. 179.

Medical Report on an Invalid.

Station Moore Barracks Hosp.

Date Dec. 16 / 15

1. Unit 19th Battery C.F.A. C.E.F.
2. Regimental No. 86986
3. Rank Driver
4. Name Thompson, Harry
5. Age last birthday 28
6. Enlisted { on Dec. 4 / 14 at Winnipeg
7. Former Trade or Occupation { Brakesman on R.R.

49-T-738

CANADA

8. **Disability.**

Pulmonary Tuberculosis

II

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.

I

9. Date of origin of disability. About Nov. 1st / 15

10. Place of origin of disability. Otterpool

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Pt. states he was quite well till about Nov. 1. / 15 when he developed a cough and a pain in chest — coughed mostly at nights and would have a sweat and have to go out of tent and vomit. He felt very tired most of the time. Was admitted to Moore Barracks Hosp. on Nov. 19/15 and temp. has varied from 98 to 100 at times. He is feeling much better now and says he sleeps well all night. He does not expectorate very much now.

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

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). Climate and ordinary military service.

2

Loaded G.B.

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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital 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 pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(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.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. — I Yes 4 No 4 No.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — Chronic rheumatism

21. Has the disability been 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? — Total

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

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

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — Yes

(*b*) Change to England? — No

24 DEC 1915

APPROVED
for Arthur Capper
MAJOR D.A.A.G. OF D. OF R. & P. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Signatures :—

[illegible] President.

A. Henderson Capt. Caml } Members.

Station Shorncliffe

Date Dec 21st 15

Approved.

Station Shorncliffe

Date Dec 22/15

R. A. Boatby
Administrative Medical Officer.
Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

To Canada for treatment & discharge.

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.

Circulatory system apparently normal.
Expansion is limited over both apices.
Resonance impaired over r. apex posteriorly — an occasional moist rale is heard here. There are also a few sibilant rales in r. mammary line about level of 4th & 5th rib.
He has gained some weight and appetite is very good now.
T.B. found in sputum on two occasions.

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

(a) In action?

(b) On field service? Not applicable

(c) On duty?

(d) Off duty?

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

If so—(a) When? Not applicable

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what? Not applicable

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) Discharge as permanently unfit, or
(b) Change to England? _____ yes

Fred B Marlow 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†

Wallace A. Scott
LT. COL.
O. I/C MOORE BARRACKS,
Officer in charge of Hospital.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

Station _____

Date 18 DEC 1915

* 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.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ }
or
Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B.179.

MEDICAL REPORT ON AN 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.

(x8) 88579. Wt. 1836 475M 5-15 W B & L

Forms B. 179. 34

B.P.C. 7738

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the 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. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Mowat Sanatorium Portsmouth, Ont. DATE Sept. 26, 1918.

1. 1 (a) Unit 19th. Batt'y. (b) Regimental No. 86986 (c) Rank Ex-Gnr.

(d) Surname Thompson (e) Christian name Harry

2. Age last birthday 30 Date of birth Dec. 1887

3. Enlisted at Winnipeg on Dec. 4/14

4. Personal description:—

(a) Height 5' 5½" (b) Weight 118 lbs. (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks

See question 10 (b)

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

62 Rosedale Ave., Ottawa.

6. Former trade or occupation Brakesman.

7. (a) Service

	Years	Days

	Periods	
	From	To
19th. Battery	Dec. 4/14	Date

(b) Has he been overseas? Yes 8. Original disease or disability

Pulmonary Tuberculosis.

(a) Date of origin 1st. presumable evidence (Sept. 1915) (b) Place of origin England.

(c) Cause* Unknown.

(d) Present disease or disability Pulmonary Tuberculosis.

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9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

General condition fair, he is a Far Advanced case of Active Pulmonary Tuberculosis with cough and expectoration which is positive. Temperature normal, pulse slightly increased. During his sojourn in the Sanatorium he

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

has not improved any. The disease has slowly progressed, the man has mis-behaved and his own condition is, not in a small measure, the result of his own behaviour. Pulmonary Condition:- Infiltration throughout right lung and to a lesser degree throughout greater part of left lung, the base being comparatively free. Far Advanced T3, R3, L3, Far Advanced "B".

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous Negative Digestive Negative Respiratory See above Cardiac See above

Genito-Urinary Negative Skin, Middle Ear, Eye or any other part Negative.

10. History: (*a*) of Condition referred to in "a" section 9.

In Sept. 1915 developed a cold, complained of general weakness, loss of weight, cough and expectoration, night sweats. Diagnosis Tuberculosis.

(*b*) 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.

Tattoo marks on both arms.

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

Not Applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? Yes, present condition aggravated by mis-conduct

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Permanent.

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

English Hospitals.

Fleming Home, Ottawa.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

No. Patient's conduct in the past has shown that Sanatorium treatment is of no avail.

16. Can the former trade or occupation be resumed ? No
(If not, briefly state why.)

17. Recommendations In view of the patient's repeated infringements of Sanatorium xxxx rules and his utter disregard for the Sanatorium Staff would recommend that he be discharged.

Bruce H Hopkins Medical Supt.
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 and either "satisfied" or "not satisfied" struck out.)

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

H Thomson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes Category "E" for Discharge.

19. 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).

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20. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

~~(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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

In view of the patient's past conduct would recommend discharge. Would also recommend that he be placed in the hands of the Civil Authorities.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

PLACE Portsmouth, Ont. — Bennett Hopkins Medical Supt. } Members.

DATE September 26, 1918. — W. MacKay Associate Physician

APPROVED BY — Medical Director, Assistant Director of Medical Services. G. Unit, Invalided Soldiers' Commission

DATE

APPROVED BY — *Director-General of Medical Services.*

DATE

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.

President.

PLACE ..... } Members.

DATE .....

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Army Form B. 179.

Medical Report on an Invalid.

Station Moore Barracks Hosp.

Date Dec. 16/15

1. Unit 19th Battery C.F.A. C.E.F.
2. Regimental No. 86986
3. Rank Driver
4. Name Thompson, Harry
5. Age last birthday 28
6. Enlisted { on Dec. 4/14 at Winnipeg
7. Former Trade or Occupation { Brakeman on R.R.

8. **Disability.**

Pulmonary Tuberculosis

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. About Nov 1st/15

10. Place of origin of disability. Otterpool

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Pt. states he was quite well till about Nov 1/15 when he developed a cough and a pain in chest. Coughed mostly at night and would have a sweat and have to go out of tent and vomit. He felt very tired most of the time. Was admitted to Moore Barracks Hosp. on Nov 9/15 and temp. has varied from 98 to 100 at times. He is feeling much better now and says he sleeps well all night. He does not expectorate very much now.

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

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). Climate and ordinary military service

13. What is his present condition? Circulatory system apparently normal

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

Expansion is limited over both apices. Resonance impaired over r apex posteriorly - an occasional moist rate is heard here. There are also a few sibilant rates in r. mammary line about level of 4th and 5th rib.

He has gained some weight and appetite is very good now.

T.B. found in sputum on two occasions.

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

(*a*) In action?

(*b*) On field service? Not applicable

(*c*) On duty?

(*d*) Off duty?

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

If so—(*a*) When? Not applicable

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? Not applicable

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*) Discharge as permanently unfit, or Yes.

(*b*) Change to England? —

Fred b Marlow 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*†

William A. Smith

LT. COL.

O. I/C MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

Officer in charge of Hospital.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

Station

Date 18 DEC 1915

* 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.

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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital 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 pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(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.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. — I. yes II. no III no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — Exposure & infection

21. Has the disability been 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? — Total

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

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

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — yes

(*b*) Change to England? — no

Signatures:—

John McCrae Capt. President.

A. Henderson Capt. Canc. } Members.

Station Shorncliffe

Date Dec 21/15

Approved.

Station Shorncliffe

Date Dec 22/15.

G. H. Bowlby

Administrative Medical Officer.

Capt. A/D.A.D.M.S.

Canadian Training Division, Shorncliffe.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ Station _____ } *or* Embarkation { Date _____ Port _____ }

Name of { Conveyance _____ Vessel _____ Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN 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.

(xs) 88579, W. t. 1886 475M 5-15 W B & L

Forms B. 179. 34

Moore Barracks Canadian Hospital,
Shorncliffe, Kent, 27-11-1915.

The following patients may be transferred to Ward No. 18
from Ward No. 13

Number.	Name.	Rank.	Unit.
84984	Thompson H.	Dr.	67a 5Bdge

Signed: E. Fisher

L. L. Job 85095—M. & D. 5953.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-30-819.

468.

Ewl

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Emma Thompson

Address 62 Rosedale Ave

Ottawa

Rate $15.00

By Whom Assigned Thompson H.

Regtl. No. 86986

Rank Dr.

Corps 19 Battery

Cancelled. Returned to Canada per S.S. Pretorian F.X. 19 12 2/16 CB
P.C. 148 from Oct. 5th

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		17009	15	P. D. P. 27. 7. 15. 03
Nov.		M8454	15	F.X. 12 2/16 CB
Dec.		N10603	15	
Jan.	1916	P12309	15	60.00
Feb.		a/c closed		
March				