

ATTESTATION PAPER.

No: 72

Folio. 48603

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Henry Arthur Suggs*
  - 2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal*
  - 3. What is the name of your next-of-kin?..... *Mother Mrs. Barbara*
  - 4. What is the address of your next-of-kin?..... *632 Manana St. Montreal.*
  - 5. What is the date of your birth?..... *Aug 2. 1876*
  - 6. What is your Trade or Calling?..... *clerk*
  - 7. Are you married?..... *yes*
  - 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
  - 9. Do you now belong to the Active Militia?..... *5th Royal Highlanders.*
  - 10. Have you ever served in any Military Force?..... *above 9 years*  
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*
- ..... *H.A. Suggs* (Signature of Man).  
 ..... *Blas Evans* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Henry Arthur Suggs*, 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.

Date *Oct 20<sup>th</sup>* 1914. *H.A. Suggs* (Signature of Recruit)  
*Blas Evans* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Nov 2<sup>nd</sup>* 1914. *Henry Arthur Suggs* (Signature of Recruit)  
*Geo. E. W. Munnick* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *27<sup>th</sup>* day of *November* 1914.

..... *Geo. E. W. Munnick* (Signature of Justice)

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

..... *Mo. W. Piche Lt Col* (Approving Officer)

# Description of Henry Arthur Tuggey on Enlistment.

Apparent Age 38 years 2 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 1/4 ins.

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

Complexion Pale

Eyes Blue

Hair Fair

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

Vaccination 1 left leg  
Scar left forearm inside  
Pedunculated bit on left arm front  
Mole small back right side  
scar nose right side

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Oct 19 20 1914 1914.

Place Montreal

[Signature]  
Lieut  
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.

Henry Arthur Tuggey 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] (Signature of Officer)

Date October 20th 1914.

DISCHARGE DOCUMENTS

R. O. No. 47

H. Q. No. 1

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

Attention Papers..... *1-7-2*

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..... *1*

Corps History Sheet.....

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

Parchment Certificate..... *1*

Medical Report for Invalids.....

Medical History Sheet..... *4*

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*

Name *Suggery H. Arthur*

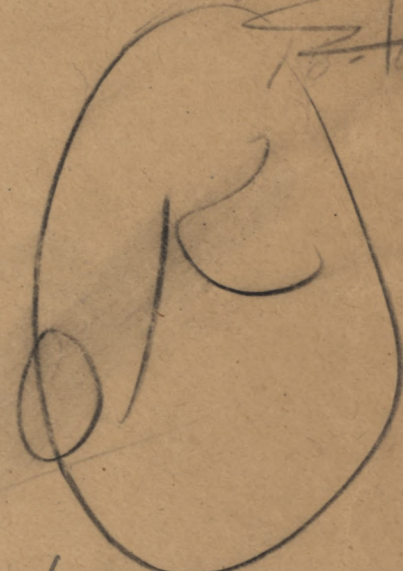
Regt. No. *48603* Rank *Private*

Corps *C. A. V. C.*

*Medically unfit*



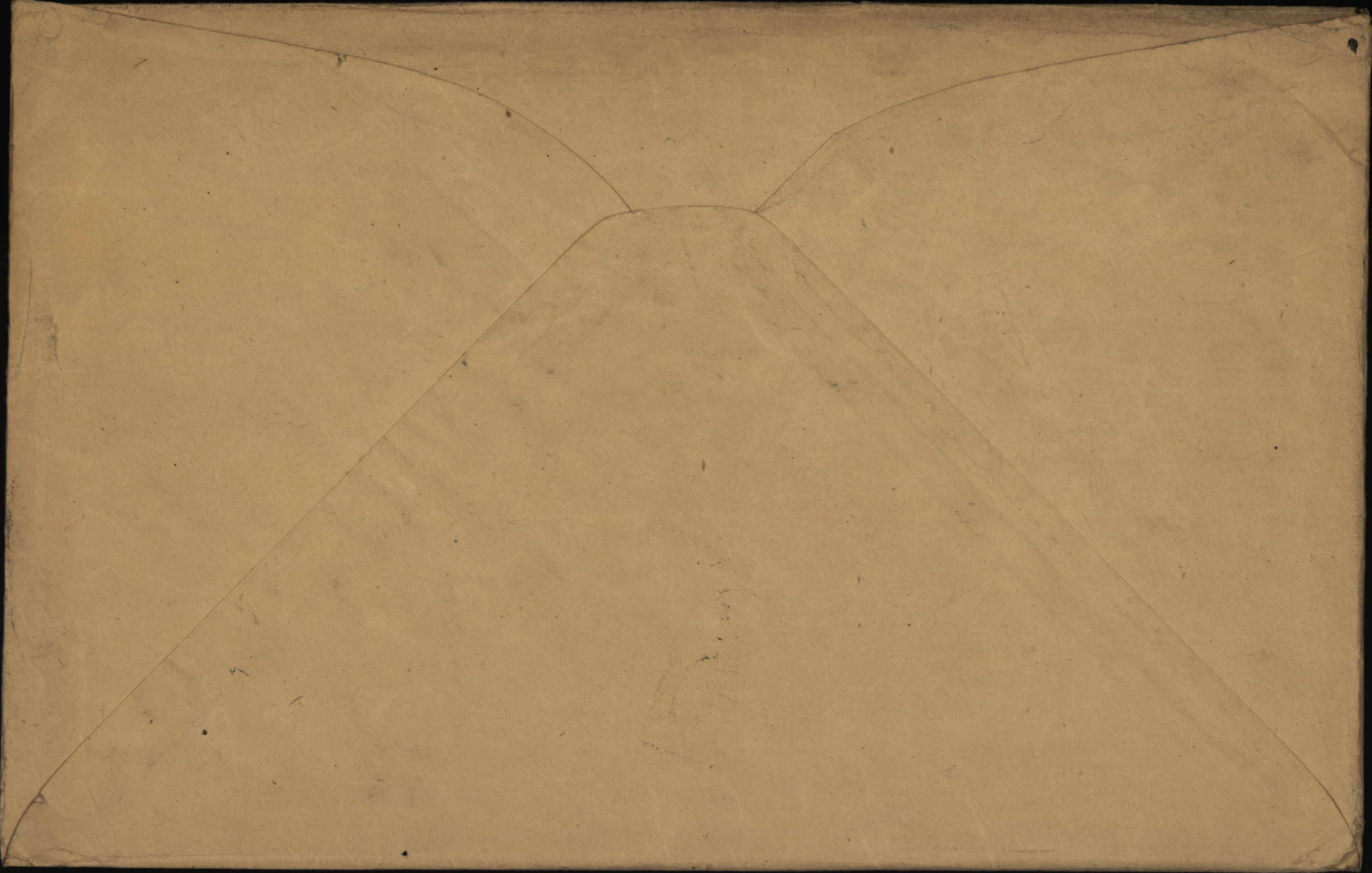
19681



*20 - 14*  
*20 - 14*  
*14*

*a. J. B. 178-2*  
*M. B. 303-2*  
*a. J. 1237-2*

*1R12g*  
*17/2*



E.M.B.  
1914

Number 48603 Rank Pte.

Surname TUGGEY

Christian Name Henry Arthur

Units L.A.V.L. Theatre of War England

Date of Service 22-1-15

Remarks

Latest Address 632 Menhara St.  
Montreal. P.Q.

Roll No. A Page 24/5

200m-2-21.M.



No. 48603. RANK *Spr.*

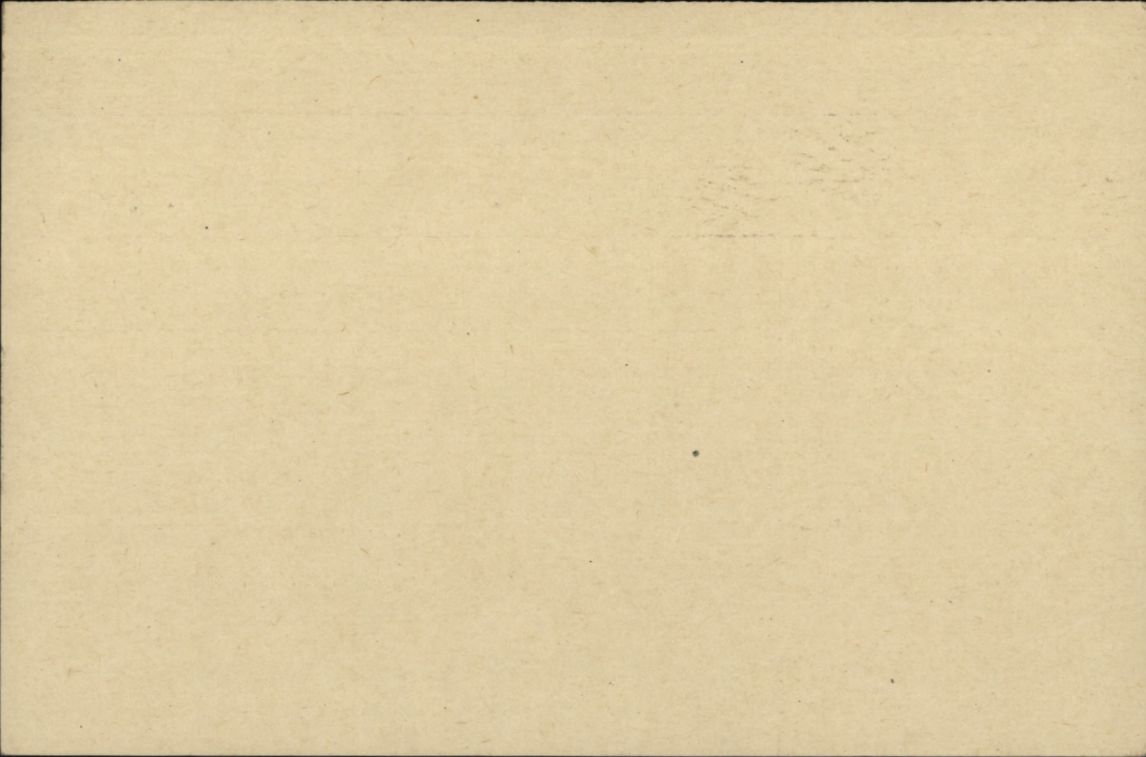
NAME *Suggs, H. A.*

T. O. S.

UNIT *Casualties.*

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Sept. 1.</i>	<i>1915. Dec. 31</i>	<i>N.</i>	<i>From C. A. V. C.</i>	
<i>1916 Jan. 1.</i>	<i>May 31</i>	<i>N.</i>		





NAME

*Tuggey Henry Arthur*

*16-7-64*

*26/4/16. 24*

RANK & No.

*Trooper 48603*

*48603*

CORPS

*C. A. V. C.*

ENLISTMENT, PLACE

*Montreal*

DATE

*Nov. 2. 1914*

FORMER CORPS

*5<sup>th</sup> Royal Highlanders*

*Died 5.8.20. 4  
SCR 1878A-1. 78.20*

COUNTRY OF BIRTH

*Montreal Que. Canada*

NEXT OF KIN

*Tuggey Barbara Mrs. (Mother)*

ADDRESS OF NEXT OF KIN

*632 Menhara St.*

*Montreal Que. Canada*

DISCHARGE, PLACE

*Halifax*

DATE

*Feb. 8<sup>th</sup> 1915.*

*over 74*

REMARKS;

Discharged, medically unfit for further  
service Jan; 11<sup>th</sup> - 19 15 - G - O - C 16 - J - 64

Arrived. Aft; Feb. 8<sup>th</sup> P - P "Hesperian"  
and given transport to Montreal  
A - O - 16 - J - 64

G.O.C. 62 letter 14/4/15. H.Q. 16-1-25.

Reg. No. 48603 Name Lagney H.A.

Rank Spr. Corps C.A.V.C. Age \_\_\_\_\_ Service \_\_\_\_\_

Ledger No. \_\_\_\_\_ Serial No. \_\_\_\_\_

HOSPITALS	DATE	DIAGNOSIS
<u>Laurentia San. St. Agathe</u>	<u>7 8. 15</u>	<u>G. B. Pulmonary</u>
<u>from Laurentide Mill</u>	<u>10. 1. 16</u>	
<u>Dis</u>	<u>1. 3. 16</u>	

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2533.  
75M.—9-19.  
1772-39-1332.

Surname

Tiggey .

Christian Name

H. A.

Reg. No.

48693

Rank

TIGGEY

Unit

Trumpeter.

Co.

C.A.V.C.

Troop

Batty.

MEDICAL BOARD held at

Date

Serial No.

(1) Netheravon.

9-1-15.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board Bronchial Asthma.

Disposition Recommended

(1) Return and discharge to Canada. 29-1-15.

(2)

(3)

(4)

(5)

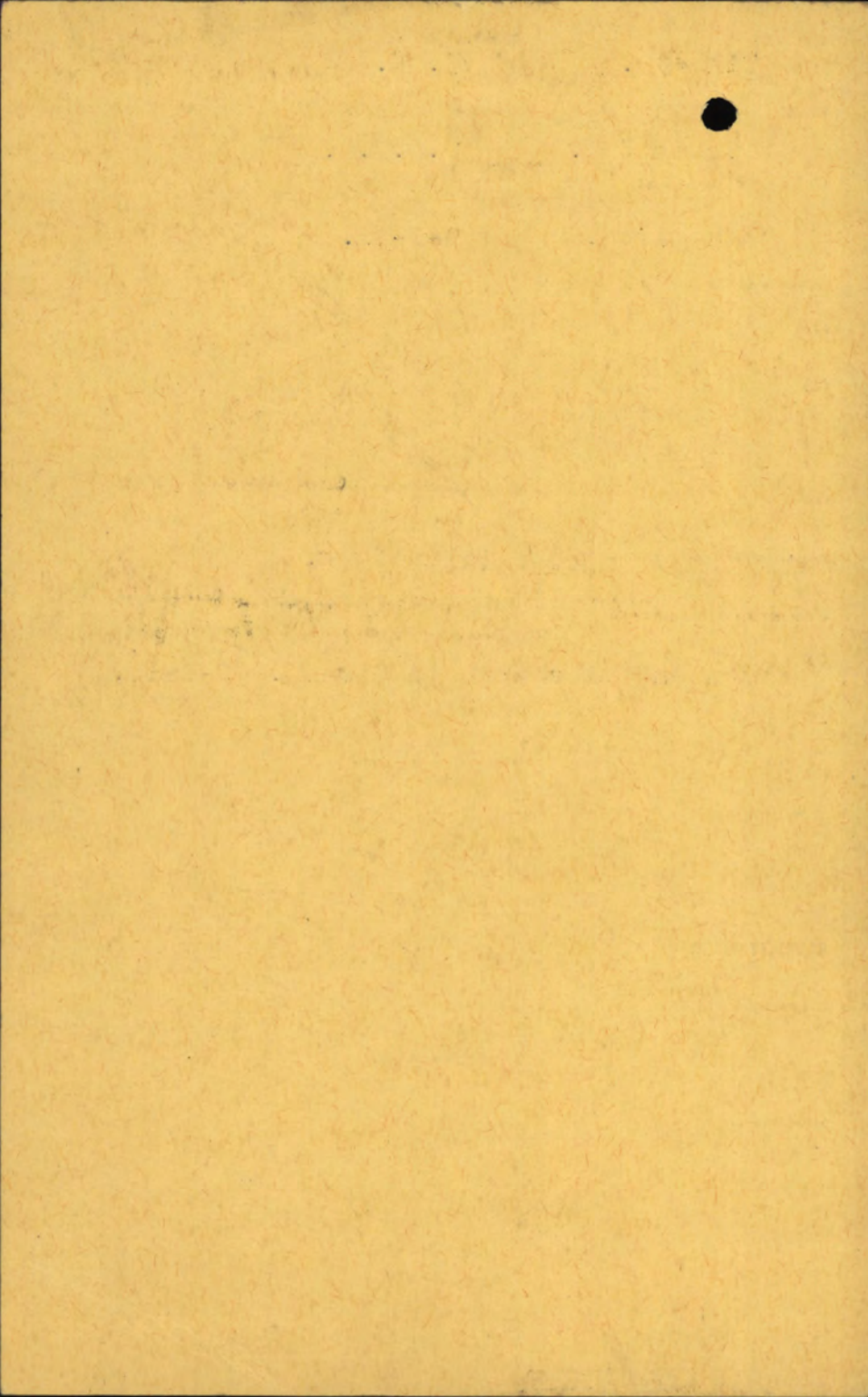
CASUALTY BOARD held at

Date.....

Disposition

Remarks





Surname *Treggoy* Christian Name or Names *Hy.* Reg. No. *48603*  
 Rank *Spr.* Unit *Det. Corps.* Co. *A* Troop Batty.  
 Hospital Date of Admission

Transferred *West Down, N. No. 1 General* Hosp. *21-11-14*  
*to Bullford* Hosp. *22-11-14*  
*to 1 Gen Hosp* Hosp. *26.1.15*  
 Hosp.

Diagnosis *Bronchitis, chronic*  
 (1)  
 Later Diagnosis (if changed)  
 (2)  
 (3)

Additional Diagnoses: if more than one state present

DISPOSITION *To Duty* *12-12-14*  
*on duty* *25.1.15*  
*Boarded: Invalided* *28.1.15*  
*As D. Card - 1 Gen.*

REMARKS  
*A + 10 B, No. 1 G.H.*  
*" " #308*

A.M.D. 2 DEPT.  
 Sch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Juggey Henry Arthur*  
Surname Christian Name

Regimental Number *48603* Rank *Spr*

Address (in full)

Unit  
 Original Unit  
 District where paid  
 Date of Discharge  
 P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

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

Remarks.

**WAR SERVICE GRATUITY.**

1045. 8. 1. 21.

Reg. No. 48603 Pte Dependent Mrs Eleanor M. Kearney (Guardian)  
 Name Suggs, Henry A. Address 406 Drummond Bldg. In Trust  
 Address (Deceased) Montreal, for child.

*Per ruling of P.A.B. to pay whole of M.S.G. to Dept of S.B.R. for credit to estate of 400 = deceased soldier.*

Pay Soldier \$ \_\_\_\_\_ Pay Dependent \$ 400 =

St Jacques-Budhuys Days 122 Rate 100 Due 400 =

*P.A.B. ruling to pay whole of M.S.G. to Guardian*

Less P.D.P. credited \_\_\_\_\_

Clerk RM 8/1/21 Less further Dr. Bal. or overpayment. \_\_\_\_\_

Net 400 =

*R 2134 11-1-21*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
14/5/21	R 19250	26	400.00		18 1/21	-	1882909	400 =
2				Refund by Mrs E M Kearney BDR 8335. 2/5/1920. see file A.P. 18285. H-24.	2			400 - Credit
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
RM  
Date 10/1/21

GEN'L AUDITOR  
Posting checked by  
RM  
Date 10/1/21

*RM 8/1/21*

Name Juggy H. A. Spr

M. F. W. 41  
10m.-11-15.  
1772-39-889.

131

Regimental No. 48603

Juggy

Name and address of next of kin

6327 Montanard St  
Montreal

Unit C.A.V.C.

26<sup>12</sup>/<sub>15</sub> St. Agathe des Monts Sanitorium  
to 2<sup>3</sup>/<sub>16</sub> our patient from 3<sup>3</sup>/<sub>16</sub>

Date of enlistment

Place of " 20<sup>2</sup>/<sub>15</sub> S.A. to Jan 31/15

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$ 14 Jan 15

Reason for discharge Civilian clothing worn (see card)

To whom payable

Mrs Barbara Juggy (mother)

Character on discharge

A. O. Hesperian 29-1-15  
9-2-15

16-T-64

L. 36 87694. M. & D. 6128.

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					
	21 <sup>1</sup> / <sub>15</sub>						950	M	3009	8/10	4950			L.P.C. P.P.M. m d 4
22 <sup>1</sup> / <sub>15</sub>	31 <sup>3</sup> / <sub>16</sub>	435	1	435	435	10	4350	M	1580	10/15	15575			+ P.P.M. m d 4
1 <sup>2</sup> / <sub>15</sub>	29 <sup>2</sup> / <sub>16</sub>	394	75				29550	M	2253	29/15	11130			+ P.P.M. m d 4
							20	M	2925	29/15	31			+ P.P.M. m d 4
	4 <sup>3</sup> / <sub>16</sub>	31 <sup>3</sup> / <sub>16</sub>	28	60			1680	M	1403	22/10	19490			o H.A. Paid 22-12-15
1 <sup>4</sup> / <sub>16</sub>	26 <sup>4</sup> / <sub>16</sub>	26	1	26	26	10	260	B	880	27/3/16	18190			o H.A. Paid o Hosp. Stoppage Aug/15 o Hosp. Stoppage Sept 15
							1750							
							1560							
							882.00						882.00	H.A.P.

*adjustment on  
T-200*

**Pensioned**

27-4-16

Discharged 26/4/16

E.A.P. Jan 31/15

Name Juggy H. A. Spr

Regimental No. 48603

Name and address of next-of-kin

Unit C.A.V.C.

Date of enlistment

adjustment

Place of " "

Married (yes or no)

S.O. 20<sup>00</sup> to Jan 31/15

Mrs Barbara Juggy

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

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					
	21 <sup>1</sup> / <sub>15</sub>						950							L.P.C.
22 <sup>1</sup> / <sub>15</sub>	26 <sup>4</sup> / <sub>16</sub>	461	1-	461	10	4610						34755		P.m.m D#4 Pd
	Subs 10 <sup>2</sup> / <sub>15</sub>	to 19 <sup>6</sup> / <sub>15</sub>		130 days		60 <sup>0</sup>	78	22 <sup>1</sup> / <sub>15</sub>				19490		H.Q. Pd
	Subs 3 <sup>3</sup> / <sub>16</sub>	to 26 <sup>4</sup> / <sub>16</sub>		55 days		60	33	23 <sup>3</sup> / <sub>16</sub>				18190		H.Q. Pd
	Dep. all <sup>0</sup>	1 <sup>2</sup> / <sub>15</sub>	to 26 <sup>4</sup> / <sub>16</sub>				29434	29 <sup>4</sup> / <sub>16</sub>				15035		H.Q. Pd
							92494					310		Hosp. Charges Aug 15
												420		Hosp. charges Sept 15
														H. Q. cheque to Mrs Barbara Juggy
								4247	20/3/17		4294		92494	

29247

NAME TUGGEY, Henry Arthur

Regimental No. 48603

Name and address of next-of-kin

Unit No. 1 C.A.V.C.

Mrs. Barbara Tuggey,  
632 Mentana St.,

Date of enlistment Oct. 20, 1914

Montreal, Que.

Place of birth Montreal, Que.

Married (yes or no) yes *no*

Date and place discharged 22/1/15

Amount of pay assigned monthly \$ 14<sup>00</sup>

Reason for discharge Medical

To whom payable Barbara (mother) 632 Mentana St. Montreal. 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					
Nov 8	Nov 30	23	1 <sup>00</sup>	23	23	10	2 30			6	14		20	
Dec 1	Dec 31	31		31	31		3 10	5 30		25	14		39	
1915	Jan 22	22		22	22		2 20							
Jan 1	Jan 31	31		31	31		3 10	40		10 60	14		24 60	Ret. to Canada Medically unfit Dw. Order of 21.1.15 Para 958 SP 7 22.1.15 Part II order 22/1/15



## MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

219

Name *Luggey, Mrs. Barbara*Name of Soldier *Luggey, Henry A.*Address *632 Montana St.*Regtl. No. *48603**Montreal*

Rank

*P.Q.*Corps *C.A.V.C. — #3 section*

Relation to Soldier

*'Guardian'*

To what Corps belonging

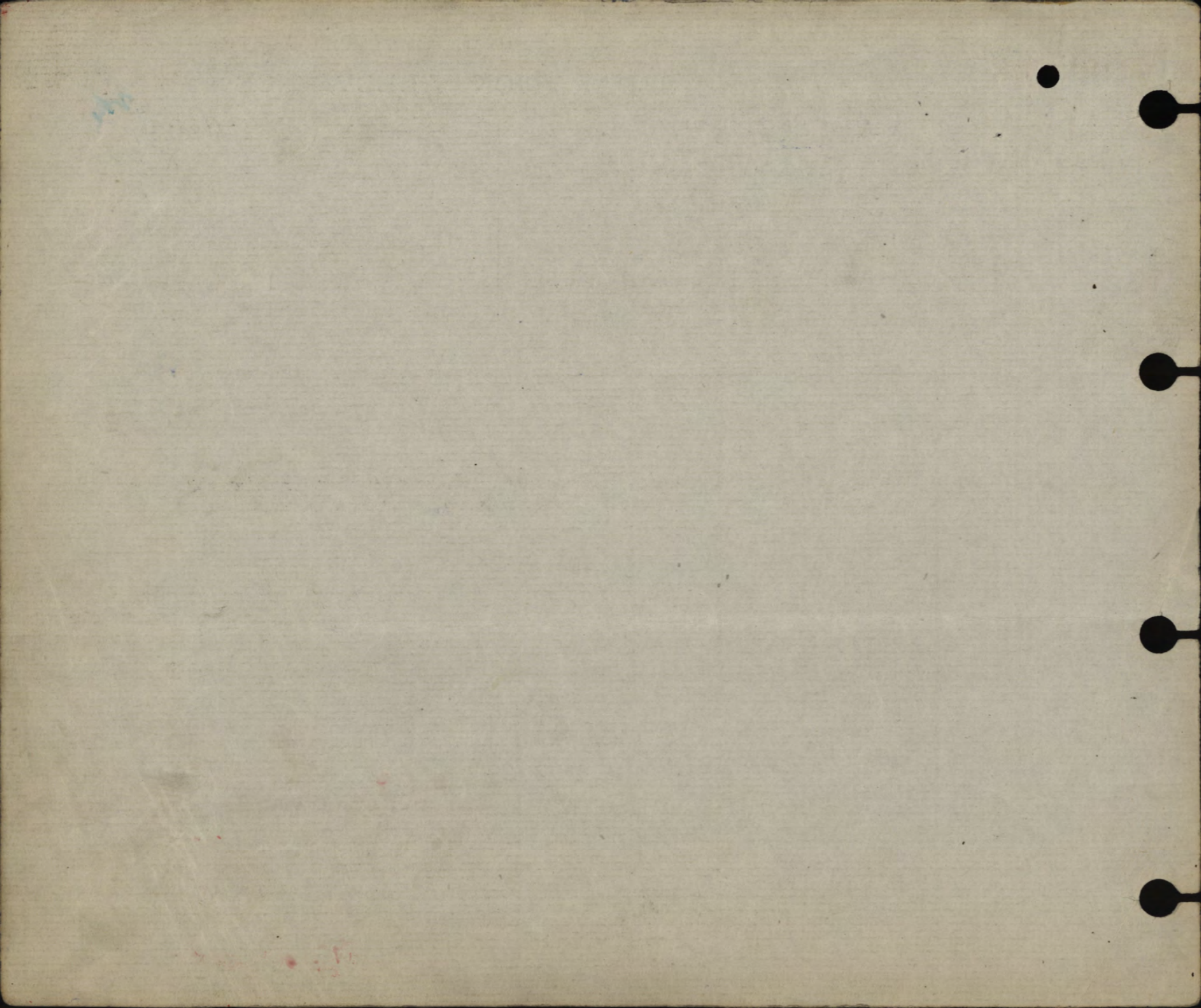
wife, child or mother

*for child*

when called out

## PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			
Sept.				
Oct. <i>1/2 mo.</i>	} 1915	<i>D 5129</i>	<i>70 -</i>	<i>Oct. 15<sup>th</sup> = D. of E.</i>
Nov. ✓				<i>on official list of Discharges</i>
Dec. ✓				
Jan. ✓				
Feb.				
March				
Apl.				<i>Account Closed, necessary</i>
May				<i>surplus Jan 28. 15. Feb 16 264</i>
June				
July				
Aug.				<i>arrived at Halifax, Feb. 8/15, discharged</i>
Sept.				<i>with transportation to Montreal.</i>
Oct.				<i>See File 16-T-64.</i>
Nov.				
Dec.				
J.n.	1916			<i>Pension Granted 27/4/16.</i>
Feb.				
March				





## SEPARATION ALLOWANCE

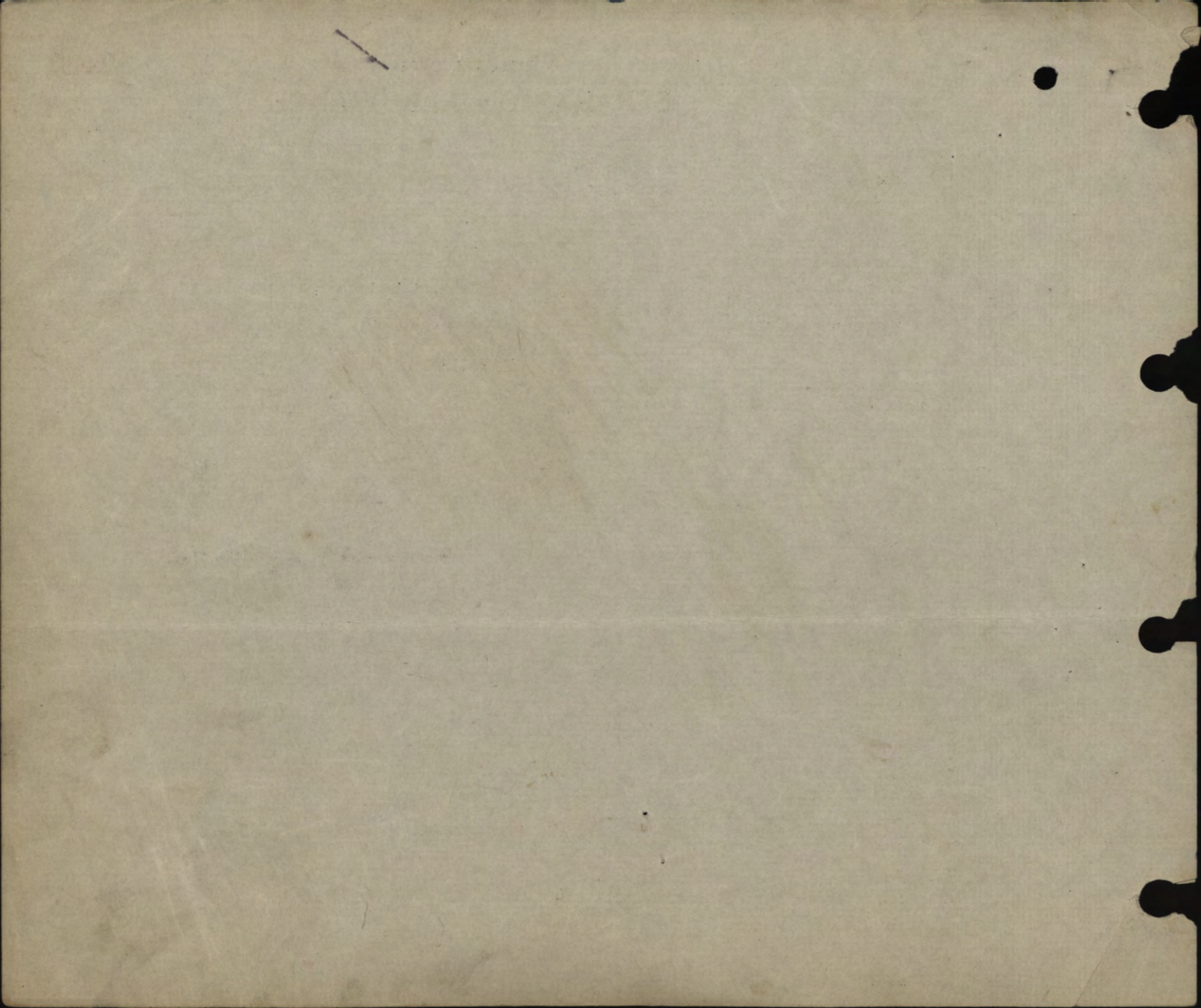
218

Name *Juggey, Barbara. W<sup>fe</sup>* Name of Soldier *Juggey, Henry. A*  
 Address *632 Montand. St* Regtl. No. *48603.*  
*Montreal* Rank *Private*  
*P.Q.* Corps *C.A.V.C. - 3 Section*  
 Relation to Soldier *"Guardian"* To what Corps belonging  
 wife, child or mother *"for child"* when called out

## PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<u>Oct 15 Date of E.</u>
Sept.				
Oct. <i>1/2 mon</i>				
Nov. ✓				<u>Duplicate sheet - see Discharge Ledger</u>
Dec. ✓		<i>115129</i>	<i>70</i>	
Jan. ✓	1915			
Feb. ✓				
March ✓				
Apl. ✓				
May ✓		<i>1413928</i>	<i>140</i>	
June ✓				
July ✓				
Aug. ✓				
Sept.		<i>A13045.</i>	<i>20</i> ✓	<i>Act. Closed</i>
Oct.		<i>B 15535</i>	<i>20</i> ✓	
Nov.		<i>C16031</i>	<i>20</i> -	<i>20</i> <i>Mtd to Canada on</i>
Dec.		<i>D15533</i>	<i>20</i>	<i>20</i> <i>S.S. Metagama 3/1/15.</i>
Jan.	1916	<i>a 16758</i>	<i>20</i> -	<i>20</i>
Feb.		<i>(1797)</i>	<i>20</i> -	<i>Cancelled</i>
March			<u><i>31000</i></u>	<i>Pension Granted 27/4/16.</i>



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

575

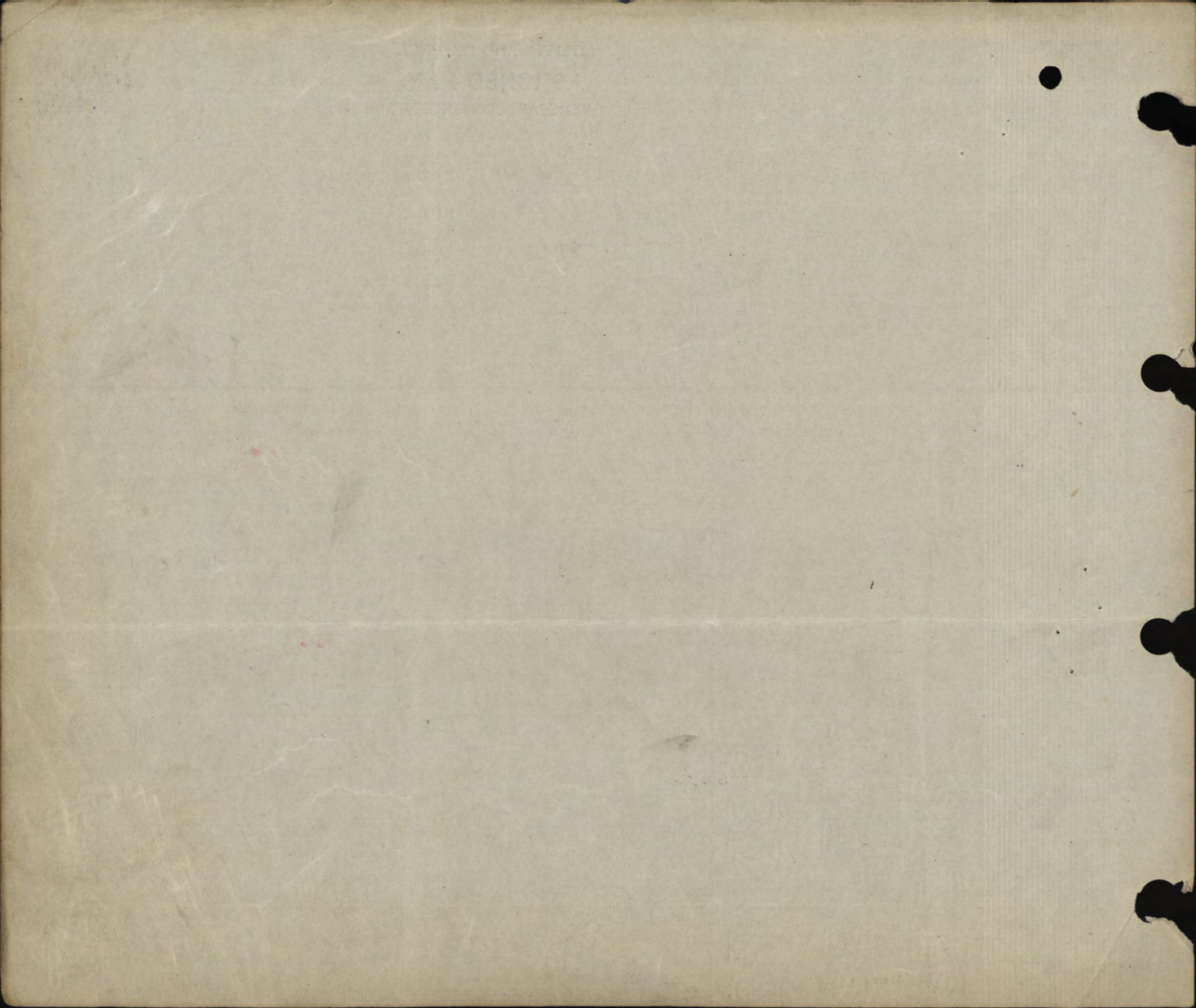
To Whom *Mrs. Barbara Suggay,*  
Address *632 Montana St.,  
Montreal.*

By Whom Assigned *Suggay, H.A.*  
Regtl. No. *48603*  
Rank *Pr.*  
Corps *No. 3 Sec, C.A.U.C.*  
*48603*

Rate *\$14.<sup>00</sup> per mo.*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.		<i>71743</i>	<i>14</i>	
Dec.		<i>82865</i>	<i>14</i>	
Jan.	1915	<i>94323</i>	<i>14</i>	
Feb.				<i>Discharged - medically unfit 16-T-64 F.X. 7/2/16 Q</i>
March				
Apl.				<i>Pension granted from April 27/16 A.K. P.D.P. 25<sup>6</sup>/17</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	Nil	Trooper	Tuggey	H.A.
Year	Unit.		Age.	Service.
1914.	C. A. V. C.			

Station and Date.	Disease
Petheravon	Bronchial Asthma
	Treated for Bronchitis in General Hospital in 1914.
	At onset of cold weather last fall had some coughing spells
Dec 24,	Well marked shortness of breath
	numerous sibilant râles and crepitations anteriorly and posteriorly and prolonged expiration with emphysematous condition of lungs
1915	No improvement
Jan 6.	Severe coughing spells
	Breath sounds every where loud and expiration prolonged
	Many sibilant râles
	Is an aggravated condition of old standing bronchial asthma.

C. B. Doyle Major  
C.M.C.

f3

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



FEB 13 1915

H.Q. CANADA

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Luggan Christian Name H.A.

TABLE I.—GENERAL TABLE.

Birthplace .. Parish .. County ..

Examined .. .. { on 21 day of September 1915  
at Montreal Que

Declared Age .. .. 38 years .. days.

Trade or Occupation .. Clerk.

Height .. .. feet, .. inches.

Weight .. .. lbs.

Chest Measurement { Girth when fully Expanded .. inches.  
Range of Expansion .. inches.

Physical Development .. Normal

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

When Vaccinated .. ..

Vision .. .. { R.E.—V = fair  
L.E.—V = fair

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

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

Approved by .. (Signature)  
(Rank)

Medical Officer.

Enlisted .. .. { at Montreal  
on 21 day of September 1915

Joined on Enlistment ..	Corps. <u>C. A. V. Corps.</u>	Regtl. No. <u>nil</u>
Transferred to ..	<u>1st C. C. T.</u>	

Became non-effective by ..

on .. day of .. 1915  
(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	Remarks
	Day	Month	Year	Day	Month	Year			
Wetheravon	6	1	15	28	1	15	Bronchial Asthma	22	

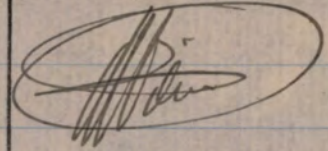


List in the case of Warrant Officers treated in quarters.

facts 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

Had Gonorrhoea in 1914. He got better; was  
more sure coming to England.



4



Medical Report on an Invalid.

Station Ketheravon

Date January 6<sup>th</sup> 1915

- |                   |                          |                               |                           |
|-------------------|--------------------------|-------------------------------|---------------------------|
| 1. Unit           | <u>C.A.V.C.</u>          | 5. Age last birthday          | <u>38</u>                 |
| 2. Regimental No. | <u>Gil.</u>              | 6. Enlisted                   | { on <u>Sept. 21 1914</u> |
| 3. Rank           | <u>Trooper</u>           |                               | { at <u>Montreal</u>      |
| 4. Name           | <u>Trp. H. A. Zuggel</u> | 7. Former Trade or Occupation | { <u>Clerk - clothing</u> |

8. Disability.

Bronchial Asthma

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. Nov. 16<sup>th</sup> 1914
10. Place of origin of disability. Salisbury Plains, England
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Was treated for bronchitis in Montreal General Hospital last Oct. year (1914)  
 Severe coughing spells starting about middle of November shortly after arriving in England, discharged Nov. 29<sup>th</sup> 1914 but readmitted to Ketheravon with same symptoms Dec 24<sup>th</sup>, on admission well marked shortness of breath, numerous sibilant râles and crepitations over chest anteriorly & posteriorly, prolonged expiration.  
 At present date Jan. 6<sup>th</sup> 1915 patient shows no improvement severe coughing spells, well marked shortness of breath. Breath sounds everywhere very loud & expiration prolonged. Many sibilant râles everywhere over chest. Fine crepitant râles at both apices.  
 Confined to bed
12. (a) Give your opinion as to the causation of the disability. Aggravated by exposure
- (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). Ordinary military & climate

13

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.

*Copy see previous page.  
Lst some weight*

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

*Not applicable*

(a) ~~In action?~~

(b) ~~On field service?~~

(c) ~~On duty?~~

(d) ~~Off duty?~~

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?

*No*

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

*Not applicable*

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

*Not applicable*

19. Do you recommend

*Return to Canada and*

(a) Discharge as permanently unfit,

*Yes*

~~or~~

(b) ~~Change to England?~~

*C. H. Mulde Major Comd*  
Officer in medical charge of case.

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

~~except~~

Station *Wetherston*

*Kenneth Jamieson*  
Officer in charge of Hospital.

Date *Jan 6, 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.

*Ordinary service and climate*

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

*lost exposure in a predisposed individual*

21. Has the disability been aggravated by

(a) Intemperance?

*No*

(b) Misconduct?

*No*

22. Is the disability permanent?

*No*

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

*two months*

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?

*Nil. E.B.F.*

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

*Return to Canada & Yes.*

(a) Discharge as permanently unfit, or

(b) ~~Change to England?~~

Signatures:—

*Red C. Finley Lt. Col.* President.

Station *Jan 9, 1915*

*J. D. D. [Signature]* Capt.

Date *Pethuam*

*W. H. Ellis Capt.* Members.

Approved.

Station *Buckford, Eng.*

*G. B. Foster, Lt-Colonel*

Date *11-1-15.*

for. Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 or Station \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_  
 Embark- { Date \_\_\_\_\_  
 ation { Port \_\_\_\_\_ } 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 Date	If undertreatment		Disease	How finally disposed of	Date of Discharge, &c.
	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.

(91196) W 4549-502 70,000 9/14 J.J.K.

Forms  
 B. 179  
 34

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		<del>Tpr.</del>	<del>Tuggey</del>	<del>H.A.</del>
Year		Unit.	Age.	Service.
<del>1914</del>		<del>G.A.V.C.</del>		
Station and Date.	Disease			
<del>Netheravon</del>	<del>Bronchial Asthma</del>			
	<del>Treated for Bronchitis in Montreal General Hospital in 1914.</del>			
	<del>At onset of cold weather last fall, had severe coughing spells.</del>			
<del>Dec. 24</del>	<del>Well marked shortness of breath. Numerous sibilant rales and crepitations anteriorly and posteriorly and prolonged expiration with emphysematous condition of lungs.</del>			
<del>1915</del>				
<del>Jan. 6</del>	<del>No improvement.</del>			
	<del>Severe coughing spells.</del>			
	<del>Breath sounds everywhere loud and expiration prolonged.</del>			
	<del>Many sibilant rales.</del>			
	<del>Is an aggravated condition of old standing bronchial asthma.</del>			

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





7432  
\* N.B. This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

1432  
PROCEEDINGS of a \* Standing Medical Hospital.

assembled at The Montreal General Hospital

on the 6th June 1917

by order of The O. C. M. D. #4

for the purpose of examining #48603 Trooper Henry Arthur Tuggey,

C. A. V. C., C.E.F.

PRESIDENT.

Major W.H.P. Hill, A.M.C.

MEMBERS.

Capt. R.E. Powell, A.M.C.

The Board having assembled pursuant to order, proceed to examine #48603 Pte. Henry Arthur Tuggey, C.A.V.C., C.E.F.

and find:-

1. He is suffering from advanced Pulmonary Tuberculosis of chronic type involving the upper portions of both lungs.
2. He was admitted on June 2nd 1917 with a history of Haemoptysis. X-Ray findings confirm the diagnosis but Tubercle Bacilli have not been demonstrated in the sputum.
3. The Board recommends that this man be re-attested and put on Pay & Allowance.
4. Sanitarium treatment urgently recommended.
5. Minimum disability one year, 100%.

Dated at Montreal, P.Q.  
June 6th 1917.

M F B. 303.

100m.-4-16.  
H. Q. 1772-39-133.

*L. H. P. Hill*  
*R. E. Powell*

163  
Major, Pres.

Capt.

AL 100  
C. B. (11/12)

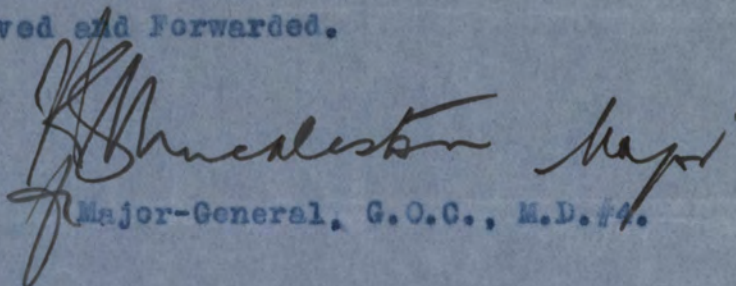
AL 100  
C. B. (11/12)

AL 100  
C. B. (11/12)

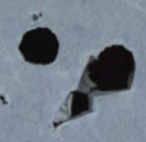
Montreal, P. Q., June 12th, 1917.

Board of Pension Commissioners for Canada,  
Ottawa.

Approved and Forwarded.

A handwritten signature in dark ink, appearing to read "J. B. Macdonald". The signature is written in a cursive style with a large initial "J".

Major-General, G.O.C., M.D.#4.



*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

15. H. H.

*[Faint, illegible text at the bottom right corner]*

\*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* Standing Medical Board.

assembled at Montreal, Que.

on the 5<sup>th</sup> May 1915.

by order of O. C. 4<sup>th</sup> Division

for the purpose of examining Private H. A.

Dugges, C. A. S. C. in accordance  
with the instructions contained  
in article 572 P & A. Regl. 1912.

PRESIDENT.

Majr. C. A. Peters, C. A. M. C.

MEMBERS.

Majr. H. S. Muckleston,  
C. A. M. C.  
Lieut. C. R. Bourne,  
C. A. M. C.

The Board having assembled pursuant to order, proceed to examine Private H. A. Dugges, C. A. S. C. and find that he has physical signs of Pulmonary Tuberculosis of both apices.

The Board is of the opinion that he is unfit for Military Service, this present disability will be fifty per cent. of his earning power, and <sup>that</sup> the future disability will be the same amount, is the opinion of the Board.

Dated at Montreal,  
P.Q. this 5<sup>th</sup> day of  
May 1915.

C. A. Peters  
Majr. C. A. M. C.  
H. S. Muckleston  
Majr. C. A. M. C.  
C. R. Bourne  
Lieut. C. A. M. C.

A.A.G.i/c Administration,  
4th Division.

I concur.

*[Handwritten Signature]*  
Major.

6/5/15

A/A.D.M.S., 4th Division.

Secretary, Militia Council,  
Ottawa, Ontario.

FORWARDED.

*[Handwritten Signature]*  
Colonel.  
O.C., 4th Division.

Montreal.  
6/5/15.

*[Handwritten mark]*

DEPT  
MILITIA & DEFENCE  
MAY -7 1915  
H.Q. CANADA

Approved.  
12.5.15

*[Handwritten Signature]* Major  
A/D.M.S.

210





E 264

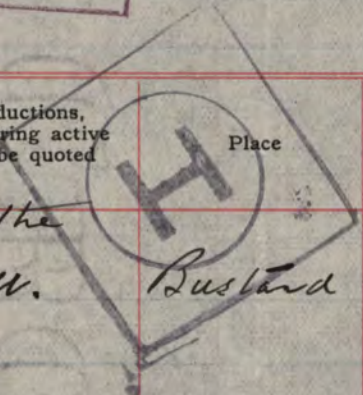
Rank and Name TUGGEY, Henry Arthur  
 Regimental No. 48603 Name and Address of Next-of-kin Mrs Barbara Tuggey  
 Unit No. 1. Sec C.A.V.C. 632 Mentana Street, Montreal P.Q.  
 Date of enlistment 20th Oct. 1914.  
 Place of birth Montreal P.Q.

Married (Yes or No) No. Date and place of discharge Returned to Canada 22/1/15  
 If in Permanent Force Reason for discharge Medically unfit  
 Character on discharge Good

N/E. R.B. No.  
 File R.L.  
 Category *Military*

Promotions or appointments

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				
31/1/15	V.C. A.D.S.	Struck off the strength M. W.	Bustard	22/1/15	Ret to Canada for discharge Part 2 orders 31/1/15



Rank and Name

UNIT

Date

Place

REMARKS  
Taken from Official Documents

Record of promotions, reductions, transfers, casualties, etc, during active service. The authority to be quoted in each case.

Report

From whom received

Date

*[Faint, illegible handwriting and bleed-through from the reverse side of the page are visible throughout the document.]*

92

This space to be for numbers.



# Proceedings on Discharge.

DEPT MILITIA & DEFENCE  
MAY 13 1916  
H.Q. CANADA

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

No. <i>48603</i>	
Rank <i>Private</i>	
Name <i>Henry Arthur Juggoy</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>C A V C</i>	
Date of Discharge <i>28<sup>th</sup> April 1916</i>	
Place of Discharge <i>Montreal</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>38</i> .....years..... <i>2</i> .....months.	Descriptive Marks <i>Vac. left leg.</i> <i>Scar left forearm</i> <i>Mole small of back</i>
Height..... <i>5</i> .....feet..... <i>6 1/4</i> .....inches.	
Complexion <i>Pale</i>	
Eyes <i>Blue</i>	
Hair <i>Fair</i>	
Trade <i>Clerk</i>	
Intended place of residence } <i>632 Menhara St</i> (To be given as fully as practicable.) } <i>Montreal</i>	
2. The above-named man is discharged in consequence of  <i>being medically unfit</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.  <i>Good</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <i>Clerk</i>	

*Carded 15-5-16*

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 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 Troop H. A. Tregger (Signature of Soldier.)

(Date)..... May 9<sup>th</sup> 1916. A. R. Yale (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

Total 1 years 177 days.

11. Confirmation of Discharge.

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

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

(Date)..... May 9<sup>th</sup> 1916.

(Signature)..... W. Schmitt, Col. O.C. Composite Regt.

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.)

*Trooper, H. A. Tuggey*

R. O. 15-5-16.

## List of Discharge Documents.

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

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