

S

REGIMENTAL DOCUMENTS

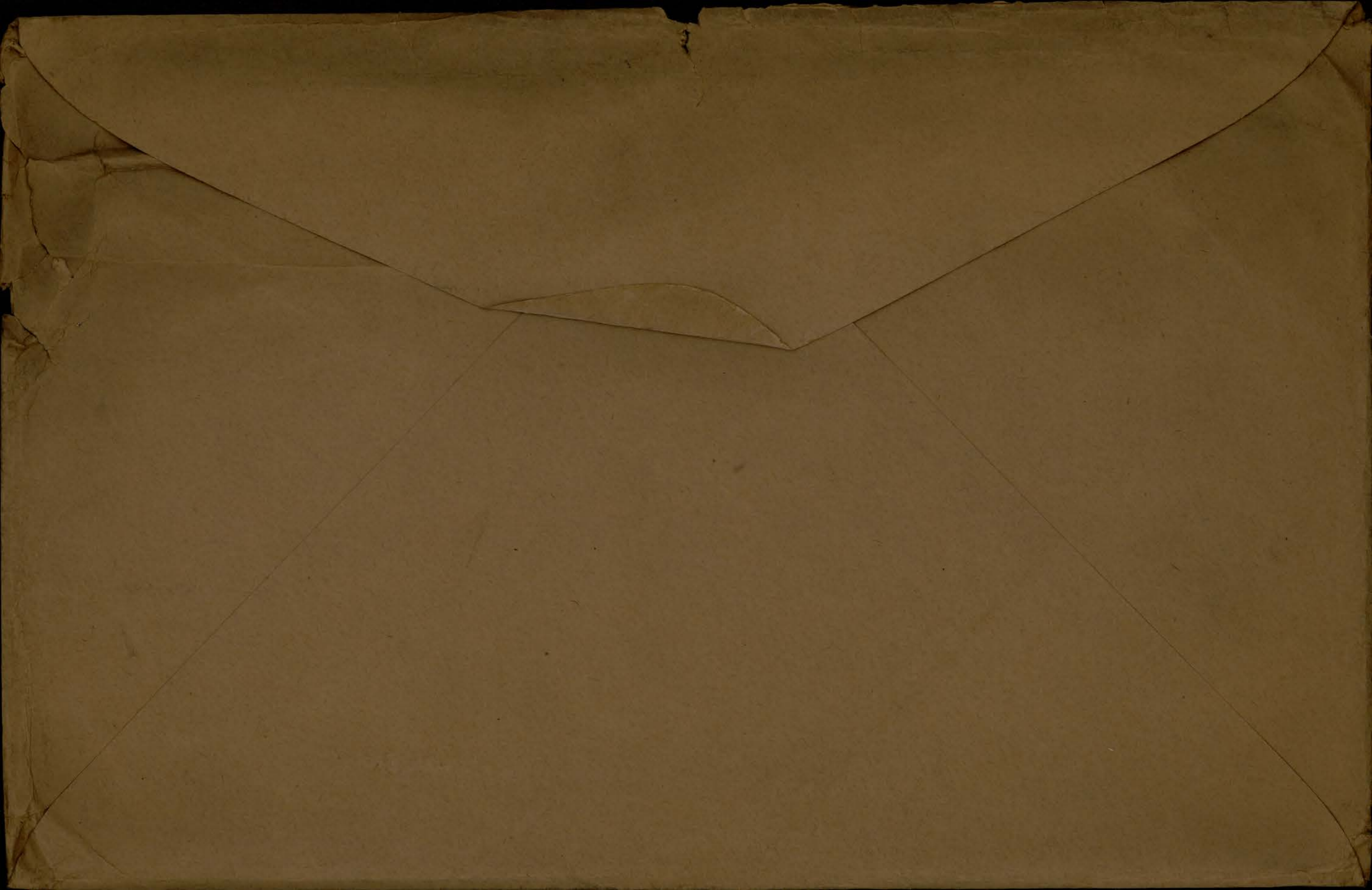
NAME **ABERNETHY, James**

REGT. NO. **1042809**

UNIT **240<sup>th</sup> Bn** H. Q. FILE NO. **414**

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
					DEATH	
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">M</p> <p style="font-size: 2em; margin: 0;">H</p> </div>			Category	
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						
/ TRAINING HISTORY SHEET (M.F.W. 113) <i>Record sheet</i>						
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						<i>Died 4 Dec 18</i>
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)						Category
6 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>M.F.W. 67</i>						
2 <i>Wills</i>						
6 <i>Cards</i>						
1 <i>Pay sheets</i>						



ATTESTATION PAPER.

No. 1042809

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your surname?..... *Abernethy*
- 1a. What are your Christian names?..... *James*
- 1b. What is your present address?..... *77 Rozel St Montreal Can*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Larnack Scotland*
- 3. What is the name of your next-of-kin?..... *Mrs Martha W. Abernethy*
- 4. What is the address of your next-of-kin?..... *77 Rozel St Montreal Canada*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *23 May 1873*
- 6. What is your Trade or Calling?..... *Butcher*
- 7. Are you married?..... *yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *yes*
- 10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *yes*
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *no*
- 14. If so, what was the nature of the disability?..... *no*
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... *nil*
- 16. If so, what was the reason?..... *nil*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Jan 16<sup>th</sup>* 1917 *James Abernethy* (Signature of Recruit)  
*J. Maisonneuve* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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 *Jan 16<sup>th</sup>* 1917 *James Abernethy* (Signature of Recruit)  
*J. Maisonneuve* (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 *Genesee* this *16<sup>th</sup>* day of *January* 1917  
*[Signature]* (Signature of Justice)

M. F. W. 23.  
750 M.-1-17.  
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

*True copy of original in records*

# Description of James Abernethy on Enlistment.

Apparent Age 43 years 6 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 6 1/4 ft. ins.

*Scar L hip  
 scar R Leg union surface*

Chest measurement { Girth when fully expanded 40 ins.  
 Range of expansion 2 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

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

## 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 January 16<sup>th</sup> 1917.

H. W. Malone

Place Perth

Malone  
 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.

James Abernethy 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.

E. J. [Signature] **1st Col.**  
(Signature of Officer)

Date Jan 16 1917

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps 42<sup>nd</sup> Canadians

Military Hospital East Lake War Hos

No. 042809

Rank and Name Rie J Abernethy

Age \_\_\_\_\_

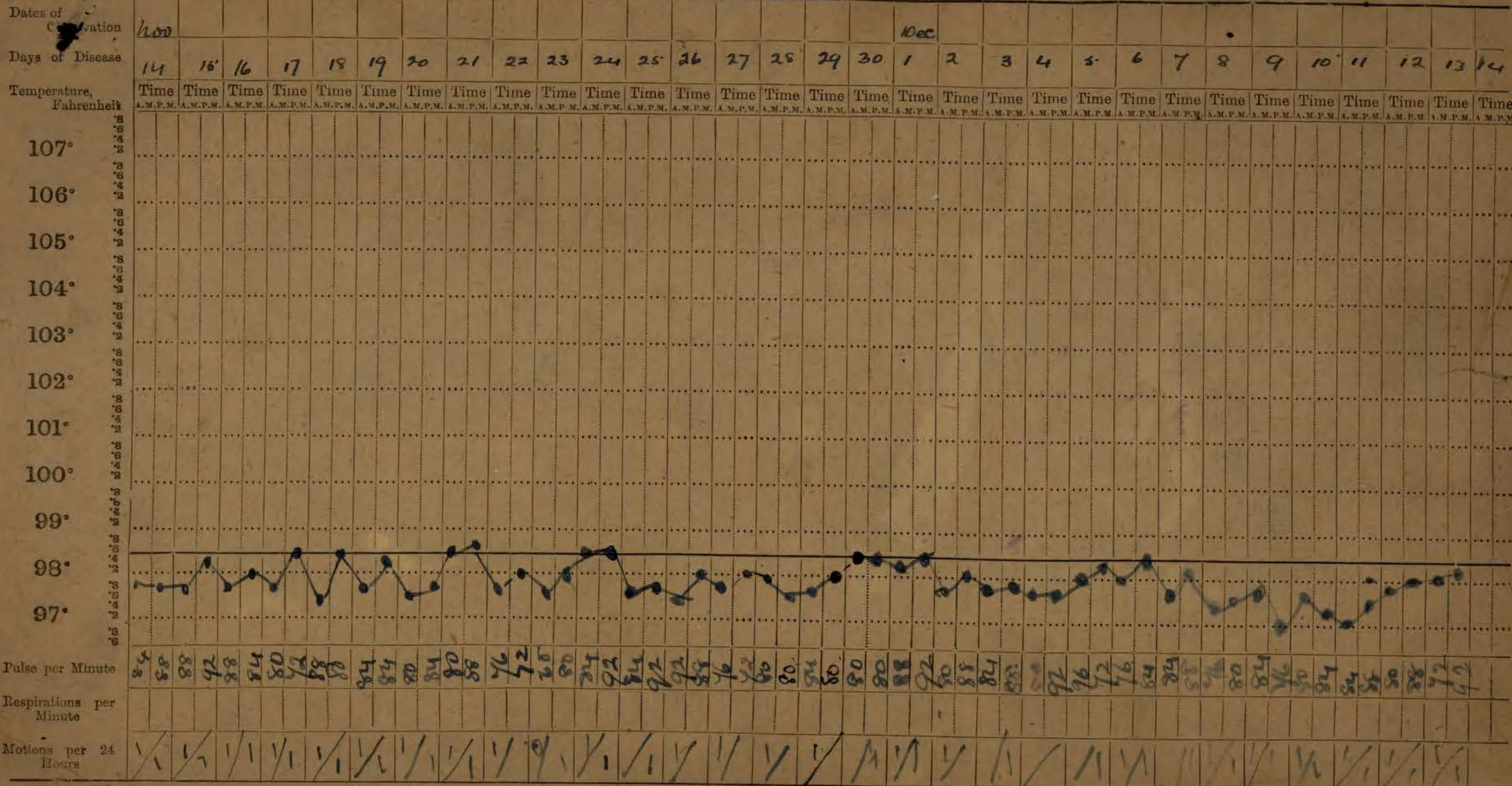
Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission 14 - 11 - 17.

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

Result \_\_\_\_\_



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

MEDICAL HISTORY SHEET

Surname Abernathy Christian Name James

Examined { on 16 day of Jan 1917  
at Renfrew  
Birthplace { City or Town Larnach  
County Scotland

Approved by J. Malone  
Rank Captain M.O.

Apparent age 43  
Trade or occupation Butcher  
Height 5 feet 6 1/2 Inches  
Weight 175 lbs.  
Chest measurement { Minimum 38 inches  
Maximum expansion 41 inches  
Physical development Good  
Small-pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>16 NOV 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
Number

Date	Result	VACCINATIONS
<u>194.17</u>		<u>J. Malone</u> M.O.
		M.O.
		M.O.

When Vaccinated last  
(a) Marks indicating congenital peculiarities or previous disease Scar L. Hip  
Scar R. Leg Union Surface

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5.4.17</u>	<u>Good</u>	<u>J. Malone</u> M.O.
<u>12.4.17</u>	"	<u>J. Malone</u> M.O.
<u>19.4.17</u>	"	<u>J. Malone</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 16 day of January 1917 at Renfrew

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>240th Bn</u>	<u>1042809</u>		
Transferred to	<u>Mounted Corps</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Spoom</u>	<u>20-3-18</u>	<u>myalgia x</u>	<u>Fit</u>
<u>Spoom</u>	<u>16-5-18</u>	<u>febrile, ag.</u> <u>myalgia</u> <u>otitis media</u>	<u>At Home</u> <u>Smith</u> <u>At Home</u>

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.

MILITARY MEDICAL SERVICE

Surname *Aburnathy* Christian Name *James*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>East Leeds War Hospital, Leeds.</i>		<i>13</i>	<i>11</i>	<i>17</i>	<i>DEC</i>	<i>21</i>	<i>1917</i>	<i>Rheumatism</i>		<i>Discharged to Woodgate Park, Epsom.</i>	<i>McBain</i> Major, R.A.M.C.
<i>M.C.H. Epsom.</i>		<i>21</i>	<i>12</i>	<i>17</i>	<i>28</i>	<i>JUN</i>	<i>1918</i>	<i>Do</i>	<i>190</i>	<i>Complains of pain in Rt. leg. Pains in head, dizziness &amp; faintness &amp; weakness. Hard of hearing in Rt. ear. Cannot see well with Rt. eye. There is no swelling of any joints. Both ankles show a little oedema. Arteries are a little thickened Arus senilis present. Uris. Neg. Heart &amp; lungs normal. There is no tenderness round Rt. leg but around knee joint there is considerable crepitus. Rt. leg weak on walking.</i>	
		<i>28</i>	<i>JUN</i>	<i>1918</i>	<i>24</i>	<i>SEP</i>	<i>1918</i>	<i>Rheumatism</i>		<i>Condition as above Invalided to Canada</i>	<i>P. Kear</i> Capt same <i>A. Burns</i> Capt Camp.
		<i>24</i>	<i>9</i>	<i>18</i>	<i>7-10</i>	<i>18</i>		<i>Do</i>		<i>Discharged to Port of Debarkation S Grayson Capt</i>	
<i>5 M CH Montreal</i>		<i>5</i>	<i>11</i>	<i>18</i>	<i>NOV</i>	<i>14</i>	<i>1918</i>	<i>Myalgia</i>		<i>Transfer to St Anne's Mil Hospital E. Roberts Capt</i>	

No. 5 CANADIAN  
 GENERAL HOSPITAL  
 LIVERPOOL

# CASE HISTORY SHEET.

D m c Hospital. Montreal. Station.  
 No. 1042809 Rank. Plé Name. Abernethy Age. 52  
 Unit. DDY Completed years of service Where and how long } C-E&F 1 1/2  
 Date of admission. Nov 5/18 Date of discharge. NOV 18 1918  
 Diagnosis. Myalgia. Deafness. Vision. Place of origin. France.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints of pains in legs and swelling of ankles after walking. Scar on R leg & thigh result of operation for Varicose Veins. Some Lupinus in R knee. See Spec. Report by G & E. Other Systems Normal.

Transferred to St Anne's. Md. Wash. D.C.   
 Rehabilitation Capt

- Nov 6th 1918 - Eye Report - (Presbyopia)  
 R.E.V. = 20/30 slight deformity of pupil (oval) - L.E.V. = 20/30  
 R.E.V. = 20/20 with sph +0.50 - L.E.V. = 20/20 with sph +0.50  
 For near vision slight presbyopia - R.E. +1.50 - L.E. +1.50.  
 Ear Report: - (Acute deafness)  
 Left middle ear suppurative both ears - At present both dry.  
 Right ear: large perforation of drum: Hears moderate voice one foot:  
 Bone conduction reduced 1/2 -  
 Left ear: large perforation of drum - Hears moderate voice, 12 feet, whisper 1 foot - Bone conduction reduced 1/3 - Condition due to service.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) neg.

## TREATMENT

(Especially any specific or special form) no treatment needed for eyes glasses given

## CONDITION ON DISCHARGE

(and disposal made of case.) no change of Category C 3

Date: P. Postiquey Major A. M. G. Ho. Eye & Ear Dept. Medical Officer i/c case.   
 18193





# CASE HISTORY SHEET.

D.M.C.H. Hospital. Montreal Station.  
No. 1042809 Rank Pte. Name Abernethy Age 52  
Unit D.D.4! Completed years of service 10 } C. E. & F. 10/12  
Date of admission NOV. 5, 1918. Date of discharge NOV 14 1918  
Diagnosis Myalgia Defective vision Place of origin France.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of pains in legs and swelling of ankles after walking. Scars on right leg and thigh result of operation for Varicose veins. Some criptus in right knee.  
SE 1. Spec. report Em E. & ear.  
Other symptoms normal.

Transfer to St. Anne's Mil. Hospital.

(Sgd) E.E. Robbins, Capt.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

CASE HISTORY SHEET

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

REMARKS: \_\_\_\_\_

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# CASE HISTORY SHEET.

DRUMMOND MIL. HOSP. Hospital. DRUMMOND MIL. HOSP. Station.

No. 1042809 Rank PLT Name Abernathy Age 45 1/2

Unit DD no 4 Completed years of service 4 Where and how long

Date of admission 5/11-18 - DMCH Date of discharge 81617 1 AON NOV 1 1918

Diagnosis Presbyopia + sup. middle ear Place of origin newly diagnosed

### CONDITION ON ADMISSION AND PROGRESS OF CASE

Eye report: -  
RE V = 20/30 slight deformity of pupil (oval)  
LE V = 20/30  
RE V 20/20 with sph + 0.50  
LE V 20/20 - - - + 0.50

For near vision slight presbyopia

RE + 1.50  
LE + 1.50

Ear report: - sup. middle ear suppurative both ears  
at present both dry

Right ear: large perforation of drum; hears moderate voice  
one foot; Bone conduction reduced to 1/3 - Left ear: - large  
perforation of drum - hears moderate voice 12 feet, whispered  
1 foot. Bone conduction reduced 1/3

Condition of ear due to service

### FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

### TREATMENT

(Especially any specific or special form.) no treatment needed  
duration permanent (ear)  
Glasses recommended (eye)

### CONDITION ON DISCHARGE

(and disposal made of case.) Same as on admission  
Ready to be discharged  
as far as eye & ear

Date \_\_\_\_\_ [Signature]  
M. O. 11a Eye & Ear Dept.  
Medical Officer i/c case.

CASE HISTORY SHEET

DATE: 10/10/1968

DEPARTMENT: MENTAL HEALTH

PAGE: 1

Pas:

### CLINICAL CHART.

(To be attached to Case Sheet.)

Corps Canadian Foresters

Military Hospital 8 General

No. 1042809

Rank and Name ABERNETHY PR J

Age 51

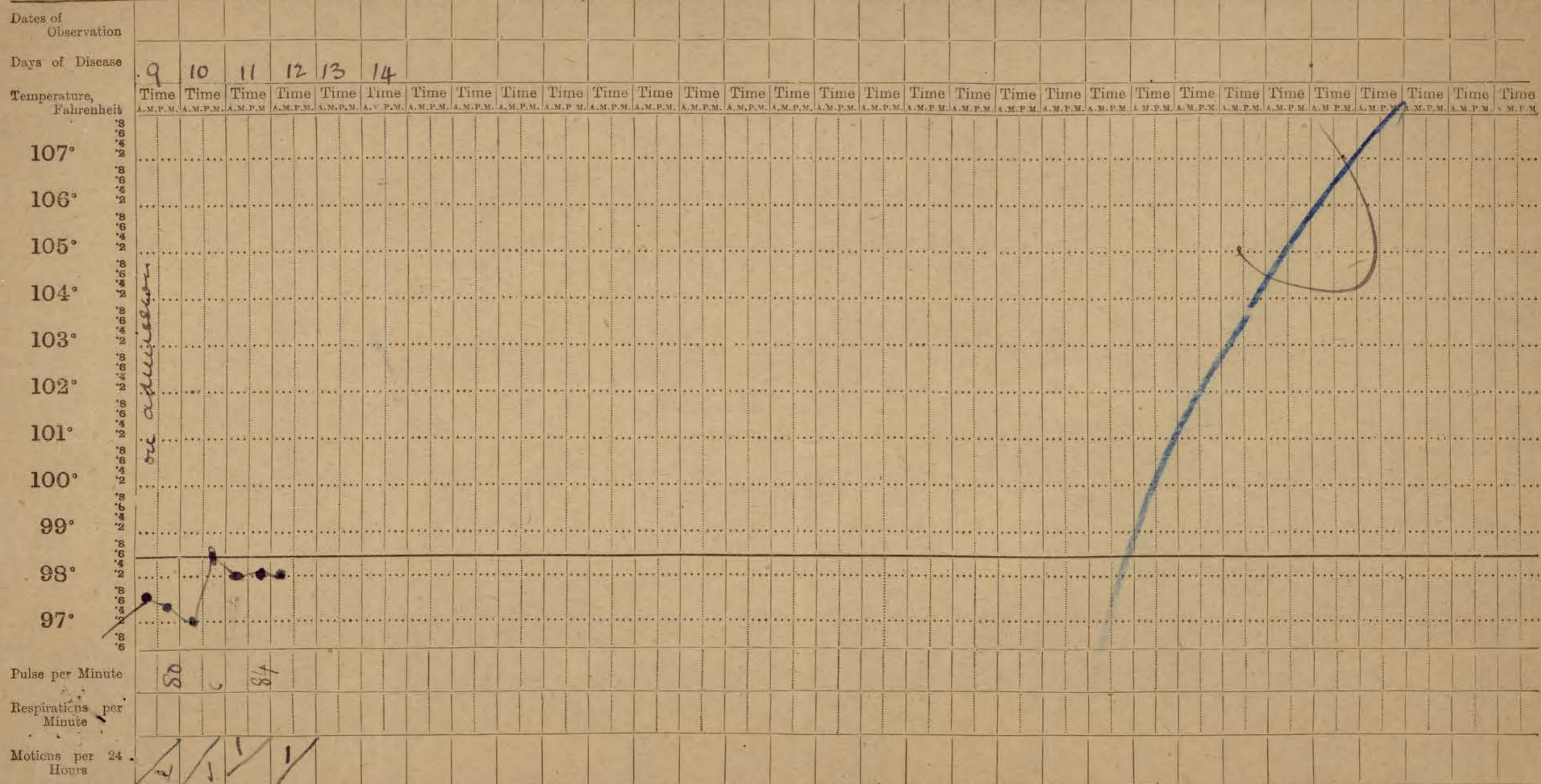
Service 18/12

Disease \_\_\_\_\_

Date of admission 9 XI 17

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

Result \_\_\_\_\_



Signature \_\_\_\_\_

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

CLINICAL CHART.  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

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

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

Age \_\_\_\_\_

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

Service \_\_\_\_\_

Disease \_\_\_\_\_

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

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

Result \_\_\_\_\_

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature \_\_\_\_\_

In charge of case \_\_\_\_\_

Military Convalescent Hospital,  
Woodcote Park Epsom, Surrey.

Division III Hut 54

24. 4. 1918

CASES FOR EXAMINATION AND REPORT BY:-

- { OPHTHALMIC SURGEON.
- { AURAL SURGEON.

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. 1042809 Rank and Name Pte. Ahernethy J.

Complains of Defective Hearing

T. Kelly Captain  
C.A.M.C.

QUESTIONS	ANSWERS BY { OPHTHALMIC SURGEON, { AURAL SURGEON.
<p>(1) Does he need Hospital treatment?</p> <p>(2) Will he be fit for Overseas?</p> <p>(a) With glasses.</p> <p>(b) With treatment.</p> <p>(c) Is any prescription given for glasses?</p>	<p>(1) No.</p> <p>(2) Yes in low category.</p> <p>(a)</p> <p><u>6. 1+202</u> <u>Syringe out &amp; apply</u> <u>SV Reak. 0%</u> <u>no in.</u></p> <p><u>To be instructed in own</u> <u>total.</u></p>
<p>{ OPHTHALMIC SURGEON.</p> <p>{ AURAL SURGEON.</p>	<p><u>REMARKS</u></p>
<p>AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.</p>	<p>Signature of M.O. examining case</p>

P. J. P. P. Capt.  
Signature of M.O. examining case

QUESTIONS	ANSWERS BY { OPHTHALMIC SURGEON, { AURAL SURGEON.
<p>(1) Does he need Hospital treatment?</p> <p>(2) Will he be fit for Overseas?</p> <p>(a) With glasses.</p> <p>(b) With treatment.</p> <p>(c) Is any prescription given for glasses?</p>	<p>(1)</p> <p>(2)</p> <p>(a)</p> <p>(b)</p>
<p>{ OPHTHALMIC SURGEON.</p> <p>{ AURAL SURGEON.</p>	<p><u>Cerumen. h. removed.</u></p>



Woodsen Park Hospital  
Woodsen Park, N.Y.

QUESTIONS TO BE ANSWERED BY THE PATIENT

QUESTIONS TO BE ANSWERED BY THE PHYSICIAN

QUESTIONS TO BE ANSWERED BY THE PATIENT

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QUESTIONS TO BE ANSWERED BY THE PATIENT

QUESTIONS TO BE ANSWERED BY THE PHYSICIAN

*Handwritten notes in the left margin, including a large scribble and some illegible text.*

*Handwritten signature or name in the left margin.*

*Handwritten signature or name in the left margin.*

Please return to Orderly Room for Board Papers.

Canadian Division,  
Convalescent Hospital,  
Woodcote Park, Epsom, Surrey.

Division. III... Hut. 54..

1917.

CASES FOR EXAMINATION AND REPORT BY:--

{ ~~OPHTHALMIC SURGEON.~~

{ AURAL SURGEON.

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. 1042 B.C.F.... Rank and Name... Pte. Abernethy J......

Complains of... Deafness.....

A. E. Cantelm..... (Capt.)  
C. A. M. C.

QUESTIONS.

ANSWERS BY { OPTHALMIC SURGEON.  
{ AURAL SURGEON.

- (1) Does he need Hospital Treatment?
- (2) Will he be fit for Overseas?
  - (a) With glasses.
  - (b) With treatment.
  - (c) Is any prescription given for glasses?

- (1) No
- (2) Only in low category.
  - (a)

Would you please Report on

- 1. Cause of Deafness
- 2. Extent of Deafness

REMARKS.

Chronic Supp. otitis media  
Both drums perforated.  
Hears { R - loud Voice 1 foot -  
          { L - quiet Voice 1 foot -  
          {     Purson Capu  
.....  
Signature of M.O. examining case.

This man was reported on on 24/8.

III

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BRISTOL  
MEDICAL CASE SHEET.\*

FRANCE

No. in Commission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1917	1042809	Pte.	Ahermuthy	J.
	46 Canadians.			1 1/2
Station and Date.	Disease <u>Rheumatism</u>			
Nov 13 Convey	For about 4 months he has been bothered with pains in his legs & vertigo for 5 weeks. At present he complains of pains in his right leg and there is some creaking on moving the knee but no swelling of the joint. R. Jamieson			
Nov 25.	A.M.N. R. Jamieson			
6 <sup>th</sup> C. G. Hosp Rosedale July 2. 18	Pain in both legs especially in knees. Sometimes swollen after walking. Scar from operation for varicose veins on right leg. Deaf in R. ear. Jugginess at times.			
24/9/18	Revalued to Canada A. B. Burns Capt. C.M.C.			

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

Station  
and Date.

# Synopsis

Forms  
I. 1237  
12

Army Form I. 1237.

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	1042809	Pte	Osterneithy	J.
Year	46 Can.		Age	Service.
			51	1 6/12
Station and Date.	Disease			
5 <sup>th</sup> C. G. H Kirkdale Nov 13/17	Pneumation			
	For about 4 months he has been bothered with pains in his legs, & vertigo for 5 weeks at present he complains in his right leg & there is some creaking on moving the knee but no swelling of the joint			
Urinalysis	Color amber. Reaction acid. Sp. Grav 1.028 alt. neg. Sugar neg.			
Remarks by Aural Surgeon	Chronic sup. otitis media. Both drums perforated. Rt. Loud voice / foot L. Quiet " " "			
5 <sup>th</sup> C. G. H. G. H. Kirkdale July 3. 18	Pain in both legs especially in legs knees. Sometimes swollen after walking Scar from operation for varicose veins on right leg. Deaf in right ear. Dizziness at times			
	A. P. Jones Capt. Comm.			

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

Station  
and Date.

Original

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 240th U.S. C. I. C. E. F.

(2) Regimental Number..... 1042809

(3) Full Name of Soldier..... Abernethy, James.

(4) Place of Birth..... Lanark, Scotland.

(5) Are you married, or not?..... yes -

(6) If married, state,  
 (a) Full name of your wife..... Mrs. Martha Abernethy  
77 Royal Street Montreal  
Que.  
 (b) Present Postal Address.....

(7) Are you a widower?..... No.

(8) Have you any children?..... No.

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

Also their names and ages.....





# FORM OF WILL

I, James Abernethy (Name in full)  
 Regimental Number 1042809 serving in 240 O.S. Batt C.E.F.  
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and  
 declare this to be my last Will.

I devise all my real estate unto

Mrs Martha Wallace Abernethy  
77 Rozel St  
Montreal Canada

ESTATES BRANCH  
 MAY 15 1917  
 Name and Address  
 of person or  
 persons to whom  
 it is to go.

absolutely, and my personal estate I bequeath to

Mrs Martha Wallace Abernethy  
77 Rozel St  
Montreal Canada

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

NOTE

This space for the  
 appointment of  
 Executor if  
 necessary.

IMPORTANT  
 NOTE

This must be signed  
 and Dated by  
 THE SOLDIER  
 HIMSELF.

this 29<sup>th</sup> day of April A.D. 191 7

James Abernethy Signature of Soldier.

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

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

Signature of First Witness J. Mairmont

Address of Witness Fort William Ont

Occupation of Witness Soldier

THE TWO  
 WITNESSES  
 MUST  
 SIGN HERE

Signature of Second Witness W. J. [unclear]

Address of Witness Wellington Ont.

Occupation of Witness Farmer

FORM OF WILL

ESTATE DEPARTMENT  
MILWAUKEE DEPT.

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

LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).  
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).  
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).  
(Army Form A 2.)
9. Regimental conduct sheet.  
(Army Form B. 120).
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178).
13. Medical report on invalid (if any).  
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.  
See section II on second page.
19. Active service casualty form.  
(Army Form B. 103).
20. Employment sheet.  
(Army Form B. 2066).

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

1. Duplicate attestation.  
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).  
(Army Form B. 178).

Instructions as to the preparation, dispatch,  
and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

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.)

---

This space to be left blank for the Chelsea Number.

270

W

TUNISIAN  
SAILED  
Tunisian  
Sa 24 9 18 Ar 7 10 18  
OCT 6 1918

TUNISIAN  
MONTREAL

Army Form B. 268.

### Proceedings on Discharge.

SAILED  
SEP. 24 1918  
TUNISIAN  
OCT 3 1918

wife  
Montreal  
4

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 042809 Army Rank Pte

Name Abernethy James  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Forestry attached 240<sup>th</sup> Bn.

Battalion, Battery, Company, Depot, &c. \_\_\_\_\_  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

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

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age _____ years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence (To be given as fully as practicable) { _____ _____	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Being no longer physically fit for War Service  
R.R.O. 392. XVI.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Good

4. Character awarded in accordance with King's Regulations:—  
Honest sober & law abiding

To be filled in on the soldier quitting the Colours.

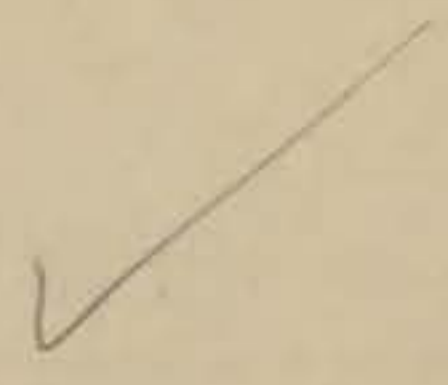
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

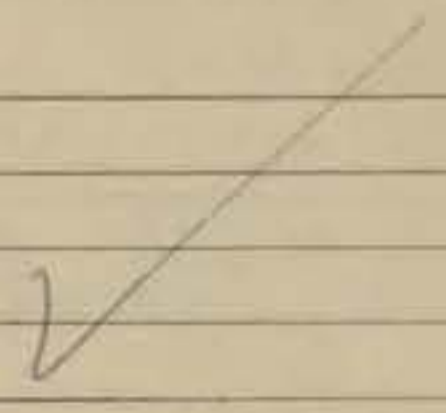
Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?



Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

*H. O. Duffin*  
CAPT  
HOSPITAL REPRESENTATIVE  
CANADIAN CONValesCENT HOSPITAL  
WOODCOTE PARK, EPELON  
Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (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 at 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 towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

C.R. Rank **ABERNETHY. James.** Reg'l No. **1042809.**  
 Name **ABERNETHY. James.**  
 Dft. **B. Coy, 240th Bn,** If in perm. Corps, }  
 Unit **to East. Ont. Rgt.** What Unit? }  
 Married or Single **Married.**  
 Place and Date of Enlistment **Renfrew, Jan. 16th, 1917.** Place of Birth **Lanark, Scotland.**  
 Name and Address, Next-of-Kin **Mrs. Martha W. Abernethy,**  
**77 Rozel St., Montreal, Canada.** Relationship **Wife.**

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

W.E. H.B. No. 2536  
 FILED  
 L. M. M.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<b>C. ARRIVED IN ENGLAND 14 5 17 S/S MEGANTIC</b>			
17. 5. 17.	7th Res. Bn.	Taken on Strength	Seaford.	14. 5. 17.	PT II 170. 118. <i>Checked July 11/17</i>
14. 6. 17.	✓	S.O.S. to C.F.C.	✓	4. 6. 17	133. 33d/5-6-17
19. 6. 17	B. Dep. C.F.C.	S.O.S. to 46 Coy France	S'dale	16. 6. 17	45 (PT II/d/26-7.17)
18/10/17	C.F.C.	Ad. Marseilles Stat. Hosp.	St. Marseilles	15/10/17	C.L. "A 38" Debility
17/11/17	"	Go No. 8. Gen. Hosp.	Rouen	9/11/17	" "A 64" "
21/11/17	"	Go East Leeds War Hosp.	Leeds	13. 11. 17	" B 61 " <b>O/C.</b>
"	46 Co. C.F.C.	Sick & trans. to England & posted to C.F.C. dep. dt.	"	Shield 12. 11. 17	1715-B.D.C.F.C. (PT II/182d/26. 11. 17)
27. 12. 17	C.F.C.	Go. Mil. Comm. Hosp. White Park	Epworth	22. 12. 17	C.L. B. 89 Debility.

84  
 4m  
 24/9/21 M.J.



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.				
30.9.18	C.F.C.	Invalidated to Canada ex No. 5. C. G. N. Kirkdale			S. O. S. Pt. II O. 2374-4-10-18. D. D. C. F. C. 24.9.18 C. L. B. 318" Debility

Casualty Form—Active Service.

Regiment or Corps \_\_\_\_\_ Regimental Number 1042809

Rank Pte. ✓ Surname Abernethy ✓ Christian Name James

Religion Presbyterian Age on Enlistment 43 years 7 months.

Enlisted (a) Jan-16-17 ✓ Terms of Service (a) War & Six Months ✓ Service reckons from (a) Jan-16-17

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Butcher  
or Corps Trade and Rate \_\_\_\_\_

W.P. Richardson Lt. Adj. Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ... <u>Halifax, N.S.</u>		<u>APR 30 1917</u>	
		Disembarked... <u>Liverpool, Eng.</u>		<u>MAY 14 1917</u>	
<u>MAY 17 1917</u>	<u>U.S. 7th RESERVE BATTALION.</u>	<u>TRANSF. ON STRENGTH FROM 3rd Co Can Seafood</u>	<u>Seaford</u>	<u>14-5-17</u>	<u>130</u>
<u>JUN 4 1917</u>	<u>D.O. 7th RESERVE BATTALION.</u>	<u>S.O. to Can Longtry Corps</u>	<u>Seaford</u>	<u>4 1917</u>	<u>133</u>
		<u>W.P. Richardson</u>			<u>LIEUT. &amp; ASST. ADJT. 7th RESERVE BATTALION.</u>
	<u>eff.</u>				
<u>4-6-17.</u>	<u>D. of T.O.</u>	<u>T.O.S. Base Depot, C.F.C.</u>	<u>Sunningdale.</u>	<u>4-6-17.</u>	<u>Pt. 11.</u>
			<u>Lt. &amp; A/Adj.C.F.C.</u>	<u>D.O. 34.</u>	
<u>19-6-17</u>	<u>C.F.C. Base Depot, C.F.C.</u>	<u>Sunningdale.</u>	<u>19-6-17</u>	<u>Pt. 11.</u>	<u>D.O. No. 45</u>
	<u>posting to Company 46, Franco.</u>				

CERTIFIED CORRECT.  
18 JUL 1917  
CAN. RECORDS, LONDON.

(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) Signaller, Shoemaking, &c.  
(B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. P.T.O.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Resembled Name	17 <sup>6</sup> / <sub>17</sub>		LR 8467
10-10-17	Marseilles Italy	Admitted (Debelly Ser)	Yield	10-10-17	W 3391/a 5305
12-11-17	Western Australia	Sick. Transferred to Eng. and held at C.F.C depot Sunningdale.		12-11-17	W 3053 / 4295
					Pf 20.30-19 d/21.11.17
		Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
26.11.17	B.C.F.C.	T.O.S. from 46 C.C.F. Co. France on adm to Hosp in England Sunningdale		13.11.17	" 18/19
					<i>D. D. Currie</i> FOR LT COL. 1/0 Records, C. S. D.
		Embarked for Canada		24-9-18	
OCT 10 1918	T. O. S. District Depot No. 4	Montreal		27/9/18	AUTHY. PT. II D. O. No. 175
56-12-18.	S. O. S. District Depot No. 4	Montreal		4-12-18	Certified correct in this unit Authy. D. O. pt. 11. #232 <i>A. Harris Lt</i> <i>asst adj DSD</i>
		DECEASED.			

PATHOLOGICAL LABORATORY (B.2.)  
Military Convalescent Hospital,  
Woodcote Park, Epsom, Surrey.

*Canada*

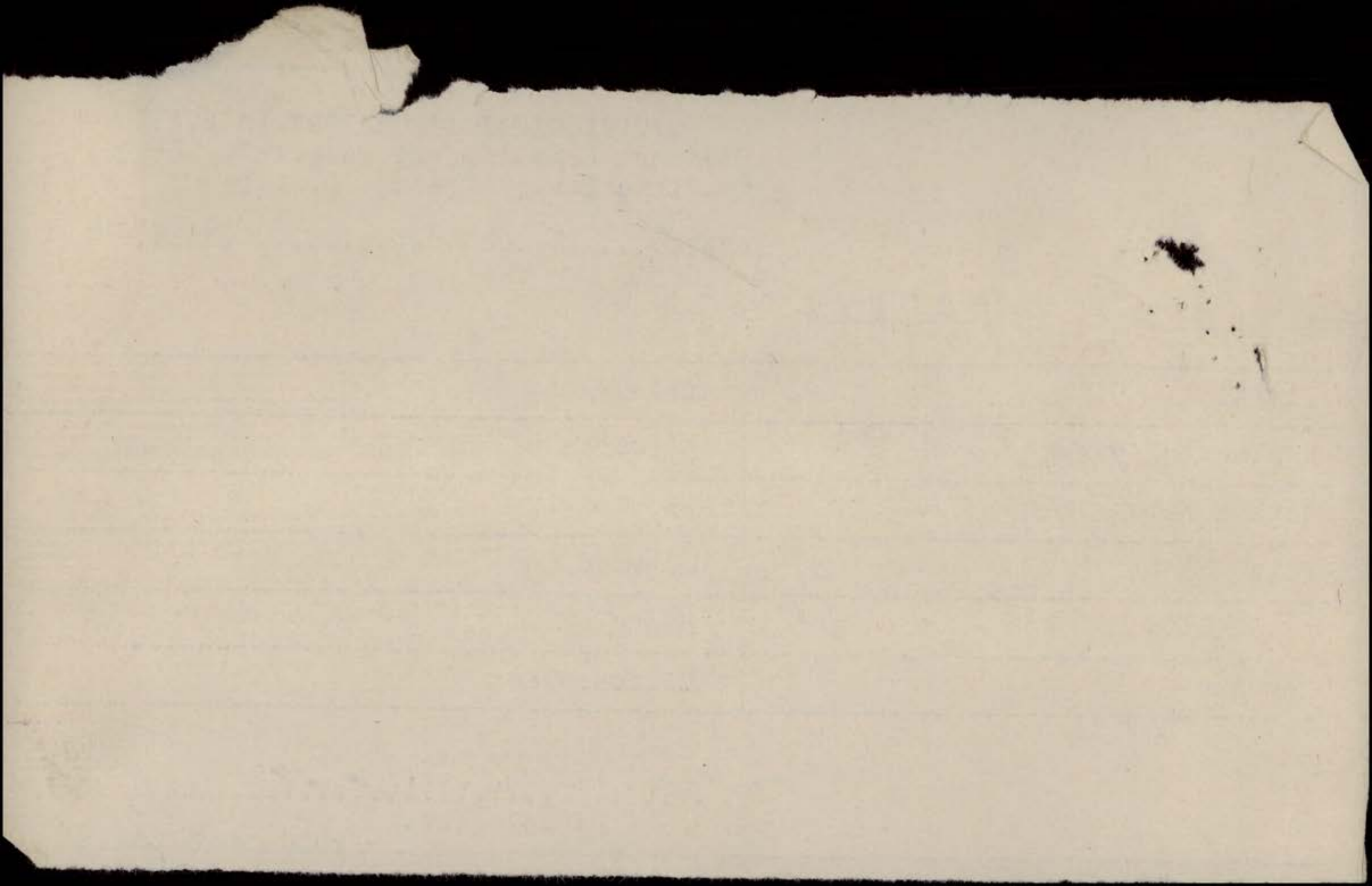
Date *Feb 26* ..... 1918.

U R I N A L Y S I S

Division *III - 54*  
Regimental Number *1042809*  
Rank & Name *Lt Abrentley*  
Unit \_\_\_\_\_  
Infirmity \_\_\_\_\_  
Remarks \_\_\_\_\_

Colour *Amber*  
Reaction *Acid*  
Sp. Grav. *1025*  
Albumen *Tr.*  
Sugar *Tr.*  
Microscopic \_\_\_\_\_

*Geo. Gausden Capt*  
.....  
Pathologist.



## FIELD MEDICAL CARD.

A.T. Serum }  
 Dose and date } Ist  
 2nd

## FIELD AMBULANCE NOTES.

Morphia }  
 Dose and time }

Date of wound or }  
 onset of illness }

Religion Pres.

No. 1042809. Rank 1st Lt.  
 Name Abernethy, J.  
 Unit C. I. Corps. 46 Coy.

Battle Casualty Accidentally Wounded. "Sick"  
 (Strike out description which does not apply)

No. of F.A.  
 Date of admission  
 F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional?)

Myalgia

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

No. of Hospital

Date of entry

Abstract from Medical Card.

Admitted into Fortago 3 weeks.

Pain in legs

Operation for V. Veins 18 months ago.

R. B. Bushnell

~~Chronic myalgia  
Pain in legs  
V. Veins 18 months ago~~

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.





Date.

Remarks

Pt. 2 Order No.

Date.	Remarks	Pt. 2 Order No.
3-11-18.	(1) Drunkness. (1st offence) Wearing Civilian Clothes without authority (1) admonished (2) 3 days C.B.	198-p-8.
18-11-18.	SOS. Hosp. Sec on Trains to Cas Co'y 14-11-18.	214-p-3
18-11-18.	AWL. From 5-11-18. till 7-11-18. fined 2 day pay	214-p-3
6.12.18	S.O.S. Casualty Coy Died of injuries received by Train at Grand Trunk Yards (accidental)	232.P3.
7-12-18.	Amendment. Should read in D.O. Pt. 11. #232-p-3.	
	For "Hosp. Sec" Should read Cas CO'y.	233-p-4

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

*Albernethy J.*

*1042809.*

RANK

UNIT

Co.

TROOP

BATTY.

*Pte*  
HOSPITAL

*C.F.C. 46.*

DATE OF ADMISSION

1. *Marseilles Stat. Hosp.*

HOSP. *10.10.17*

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

*Debility* *Rw*

1.

2.

3.

DISPOSITION

DATE

*C.D. 19.10.17 938.*

REMARKS

*A.M.D. 2 Dept.*  
*Beh. of D.G.M.S. O.M.F.C. London*

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

*Abernethy*

*J.*

*104.2.809*

RANK

UNIT

Co.

TROOP

BATTY.

*Pte*

*Can For. (46)*

HOSPITAL

DATE OF ADMISSION

*8 Genl. Bowen  
East Leeds War Leadr.*

*9.11.17  
13.11.17*

1.

*Cowal. Woodcote Park Epson*

HOSP. *22-12-17*

2.

*5 C. G. H. L'pool*

HOSP. *29-6-18*

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

*Debility*

2.

3.

DISPOSITION

DATE

*62 19.11.17 @ 64  
" 22.11.17 @ 61.  
28.12.17 B389  
3.7.18 B246  
30.9.18 B318.*

REMARKS

*Inv to Canada. 24.9.18.*

A.M.D. 2 DEPT.

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

# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

D 4/12/18  
SURNAME.

*Abernethy*

*649 a. 5262.*

CARD NO.

CHRISTIAN NAMES

*James*

*as*  
*x*

FOLL.

REGL. NO.

*1042809*

RANK

*Pte*

UNIT

*240<sup>th</sup>*

*Br*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Wallace, Miss*

RELATIONSHIP TO SOLDIER

*Friend*

ADDRESS

*73 Royal St, Point St. Charles,  
Montreal, P. Q.*

COUNTRY OF BIRTH

*Scotland, Lanark*

DATE

*May 23<sup>rd</sup>, 1873*

PLACE OF ATTESTATION

*Renfrew, Ont*

DATE

*Jan 16<sup>th</sup>, 1917*

*U/c 3-5-17*

*R/c 4-10-18 211 4 over -  
19*

FROM HALIFAX PER

S S 'MEGANTIC' 3-5-17

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Butcher*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*43*

YEARS

MONTHS

HEIGHT

*5' 1*

FEET

*6 1/4*

INCHES

CHEST MEASUREMENT

*40*

INCHES

EXPANSION

*3 -*

INCHES

COMPLEXION

*Ruddy*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Scar left hip Scar R. leg union surface.*

*Mole at 6<sup>th</sup> cervical vertebra, Mole near waist line behind, Scar small of back Scar from Vacc. Varicose R. thigh inner surface*

MEDICAL EXAMINATION.

PLACE

*Kennew. Ont*

DATE

*Jan 16<sup>th</sup> 1917*

*also notify:*

*Abermethy, Mrs M.E.  
77 Royal St., Montreal P.Q.*

*Montreal,  
P.Q.*

*S.E.A.P. 11-6-17*

*Present*

*com*  
Number, 1042899..... Rank, Pte..... B

Surname, ABERNETHY..... V

Christian Name, James.....

Unit, C.F.C..... Theatre of War, France.....

Date of Service, 16-6-17..... P..... D

Remarks, .....

(Widow no2) Mrs Martha Abernethy  
Latest Address, apt 6 802 Dorchester St. W., Montreal.

Roll No. B Page 2835 (Died M.D.#4)



DEEP

WEST

*J. H. [unclear]*

95, 1923

15836

No. 1042809. RANK *Pte.*

NAME *Abernathy J.*

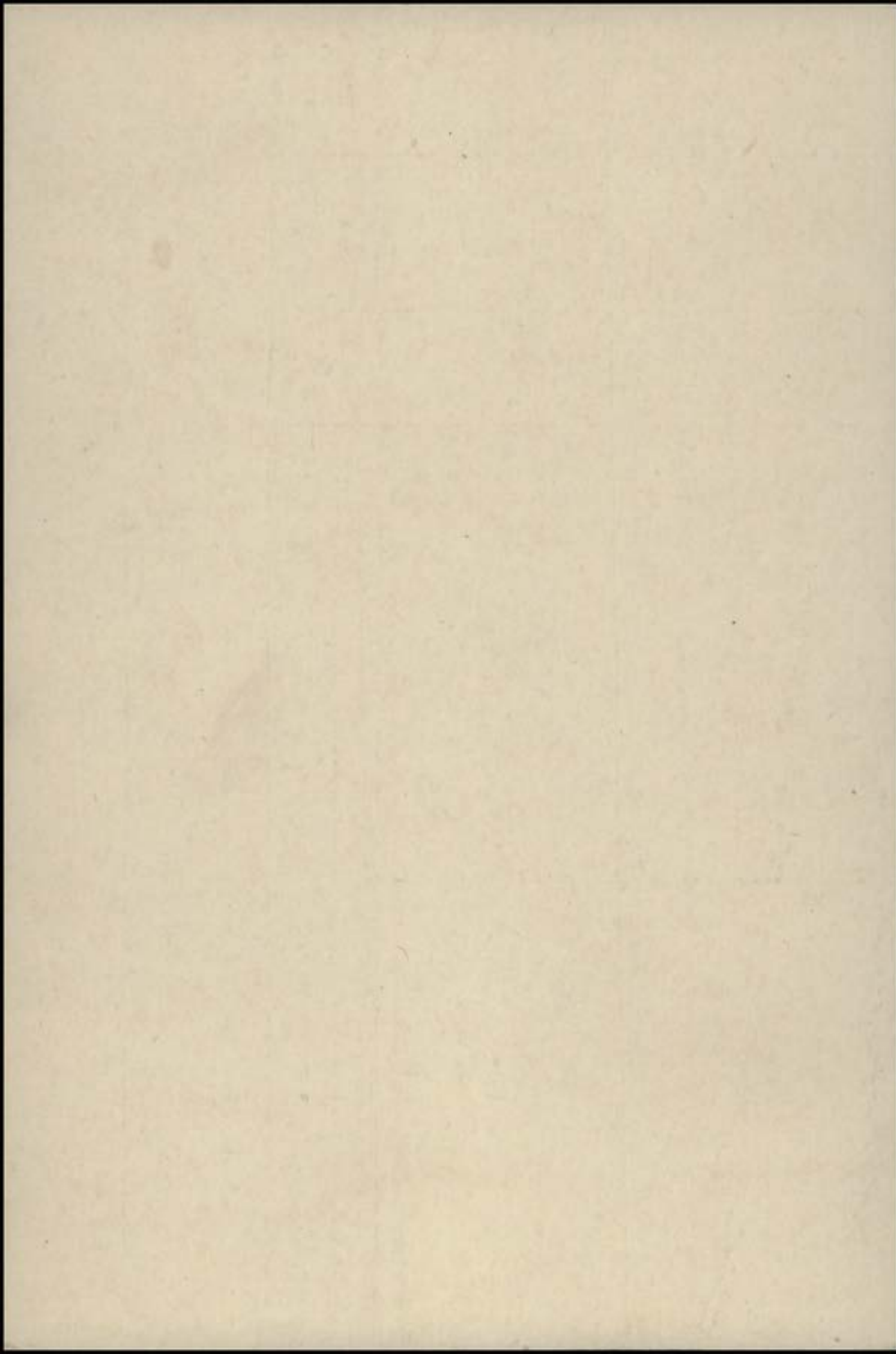
T. O. S. 16-1-17.

UNIT *240<sup>th</sup> Battalion C. E. F.*

*Do. 17. 19-1-17.*

M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917. Jan. 16</i>	<i>1917. Jan. 31</i>	<i>L</i>		
<i>Feb.</i>		<i>L</i>		
<i>Mar.</i>		<i>L</i>		
<i>Apr.</i>		<i>L</i>	<i>awarded 12 days detention</i>	<i>Do. 94. 19-4-17.</i>
			<i>transf. to special service Coy #3.</i>	<i>Do. 95. 24-4-17.</i>



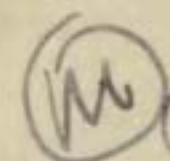
✓  
ABERNE THY, J.

✓  
1042809

✓  
P te.

✓  
46th Coy C.F.C.  
✓  
C.E.F.

Medals  
& Decs



(widow No. 2) Mrs. Martha Abernethy,

scroll Desp. ~~OCT 19 1921~~ Regn. No. ~~253385~~ Apt. 6, 802 Dorchester St. W.,

Plaque Desp. ~~APR 5 1922~~

Regn. No. ~~R 34308~~

Montreal, P.Q.

P. & S.

(widow No. 1) Mrs. J.N. Abernethy,

See # 806324

Dalveen,  
Biggar, Lanarkshire,  
Scotland.

Memorial Cross

(Widow No. 1) #4

Mrs. J.N. Abernethy,  
Dalveen,  
Biggar, Lanarkshire,  
Scotland.

Not eligible for star  
Elig. " V.M.  
Elig. " B.W.M.  
m. p. 1-1-

56554

52052 5/10/21





• LEDGER NO.

514-47-55<sup>2 3</sup>

SERIAL NO.

27-18193

REG. NUMBER

1042809

NAME

Abernethy

RANK

Pte

CORPS

W 4

AGE

52

SERVICE

C. S. 7 22/12

NAME OF HOSPITAL

D. M. C. H.

PLACE

Montreal

DATE OF ADMISSION

5-11-18

DISEASE

myalgia<sup>1</sup> Defective Vision<sup>2</sup> Deafness<sup>3</sup>

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

18-11-18

IN CATEGORY



REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

# ASSIGNED PAY

Sheet No. 2

*Mrs. M. E. Abernethy*  
(Assignee)

OVERSEAS CONTINGENTS

*wife*  
PAYMENTS.

Name of Soldier

*Abernethy James*  
*Plc - No. 1042809 - 240<sup>th</sup> Bn*

L. L. Job 5470—Req. 6838.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 12-00</i>
				<i>MAY 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>13074</i>	<i>15</i>	<i>77 Rozel Street, Point St. Charles, Montreal, Que 29/5/17 C.S.G.</i>
June		<i>B 17639</i>	<i>15</i>	
July		<i>B 21148</i>	<i>15</i>	
Aug.		<i>C 26109</i>	<i>15</i>	
Sept.		<i>C 33378</i>	<i>15</i>	
Oct.				<i>75<sup>00</sup> ✓</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*M.E.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

77 Rozel Street,  
Point St. Charles,  
Montreal,

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

To Whom *Mrs M. E. Abernethy* By Whom Assigned *Abernethy James*  
 Address *Henry St* Regtl. No. *1042809*  
*Penfold* Rank *Plt*  
*Ont* Corps *240" Bw*  
 Rate *\$15-00*

MAY 1 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Account</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

21 11/11/11  
11/11/11

Married 2.4.17

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Martha E. Abernethy*

Name of Soldier *Abernethy, James.*

Address ~~*Penfrew*~~

Regtl. No. *1042809*

*77 Royal Street -  
Montreal P.Q.*

Rank *Pte*

Corps *240<sup>th</sup> Batt*

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

To what Corps belonging }  
when called out }



PAYMENTS

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



12. 08.13

1

1

1

Married 2-4-17

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Martha E. Abernethy* <sup>Wife</sup>  
PAYMENTS. *Pls*

Name of Soldier *Abernethy, James*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		F6929	39	39 RF 6929 Remailed to add. 22-6-17
June		C7080	20	20 77 Royal St. Montreal
July		B11391	20	20
Aug.		Q13729	20	20
Sept		<del>C17186</del>	<del>20</del>	<del>20</del> 99-00 C. 17186 Cancelled ✓
Oct.		x	20	T
Nov.		x	x	afc suspended
Dec.				By R. G. 8-9-17
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Married Apr. 2. 1917.

# Separation and Assigned Pay Branch

# A

123 <sup>May</sup> March 1st 1917

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

20	25	30
1-12-17	1-9-18	

P.C. 3257. P. 6253  
M.O. 2652

### RATE OF ASSIGNMENT

15		
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### PARTICULARS OF SEPARATION ALLOWANCE

No. **1042809**  
 Rank **ptr.** Promoted Reverted Discharge  
 Soldier's Name **James Abernethy**  
 Battalion **240 Batts.**  
 Beneficiary **Mrs. Martha E. Abernethy**  
 Relationship **Wife M.F.W. 2554 26/18**  
 Address

### PARTICULARS OF ASSIGNMENT

Name **Mrs. M. E. Abernethy** <sup>Wife</sup>  
 Address **77 Royal Street Point St Charles**  
 Change of Address **Montreal.**  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30 - 17.		99	75	174	
Oct B	50117	X	15	15	
Nov. B	51823		15	15	X
Dec B	57425		15	15	S
Jan 18 B	63872		15	15	c
Jan 18		110	45	125	
Dec 31 21	66242	85		85	B. mailed 29/12/17. Sat ap. Alc open
Jan 1918 M	70811	25	15	40	to
Feb. B	91114	25	15	40	
Mar G	97333	25	15	40	✓
Apr G	7115	25	15	40	S
May F	10036	25	15	40	c
June B	12992	25	15	40	c
July Y	25984	25	15	40	✓ c
AUG F	28391	25	15	40	c
SEP F	34977	25	15	40	c
OCT F	41601	25	15	40	c
NOV F	49706	25	15	40	c
DEC F	62208	45	15	60	c
JAN		504	300	804	c

46-9-1.  
 m f w 2554 OK 21/11/18  
 S. A. suspended 31st Aug 1917 with B of R.  
 Re-open S.A. from date suspended. B of R  
 same. B63872 Not sufficient evidence. 20-12-17  
 Nightingale  
 Ret'd per. Tunisian  
 Date 9/12/18 F.X. 11/10/18 to m.w. #4.  
 Clerk Gollins  
 Sat ap closed 31/12/18 Died 4/12/18  
 2 Pm. 4 spec. mess. 10/12/18. 74/12/18.  
 (MRO 53633)  
 Form 1 to F.F.C. N.R. 23/18.

M. F. W. 128  
400M-617-177-39-141  
L. L. 2230-M. & D. 7583.





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

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

on the day of 1918

Members of the Board:—

234

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

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

Dated at this day of 1918

Signatures of the Board: [Signature] President.

Reserve for M.H.O.

Regt. No. 1042809 Rank PTE Surname ABERNETHY Christian Name JAMES

Unit or Corps—(a) Overseas from United Kingdom FORESTRY CORPS (b) In United Kingdom C.F.C. RESERVE

Born at—Town LANARK County or Province LANARKSHIRE Country SCOTLAND

Date of Birth—Day 23 Month MAY Year 1866 Age 51 yrs 9 months

Joined at RENEW O.N.T. Date JAN 16<sup>TH</sup> 1917

Former Trade or Occupation BUTCHER

Permanent marks or peculiarities that will serve for future identification:

LONG SCAR INNER SIDE RIGHT LEG (VARICOSE VEIN OPERATION)

Height—feet 5 inches 6 1/2 Colour of eyes BLUE

Signature of Soldier (for identification purposes) [Signature]

Medical Report.

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

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

- Disabilities Group (a) PAIN AND STIFFNESS IN BOTH LEGS
Disabilities Group (b) DEAFNESS RT. EAR
Disabilities Group (c) DEFECTIVE VISION

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

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Rows include MYALGIA, VARICOSE VEINS, OTITIS MEDIA, AGE - PRESBYOPIA.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? PARTLY NO If yes, has Active Service aggravated it? YES NA

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? PARTLY YES (ii) As to Group (b) above? YES (iii) As to Group (c) above? NO

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? *NA* (ii.) While off duty? *NA*
- (iii.) Was a Court of Inquiry held? *NA* (iv.) Where? *NA* (v.) When? *NA*
- (vi.) Opinion of the Court? *NA*

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

Patient states he first felt pains in legs in Aug. 1917, but kept on duty until a hot day in Oct. 1917 when he fainted. When in hospital at that time he states there was a discharge from his rt ear and since then he has been deaf on that side. Since the fainting he states he has been dizzy and has pains in head. Field Medical Board from 8th Gen. Hosp. has— Chronic myalgia pains in legs and vertigo

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

Subjective - Complains of pain in both legs, but worse in right - pains in head, dizziness, faintness on stooping forward. Complains that he is not able to see as well as previously with rt eye. He also states there is swelling of ankles after walking.

Objective - Is fairly well nourished, looks his age (51) Is quite deaf on right side. Eye specialist reports - Presbyopia due to age - Scar on right leg and thigh result of operation for Varicose Veins. Both legs slightly swollen with Varicose Veins. Slight crepitus around rt knee joint. Arcus senilis present - Other systems - Negative - Extent of deafness - Hears Rt loud once 1ft Lt. Quiet voice 1 foot

8. OPERATION. (i.) Was one performed? *NO*

- (ii.) If so, state what. *NA*
- (iii.) Was one advised and declined? *NO*

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

- 9. (i.) Is there loss or decay of teeth attributable to Active Service? *yes*
- (ii.) If so, describe. *Teeth gone from both upper and lower*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *NA*
- (b) Fit for base duty? *no*
- (c) Invalid to Canada? *yes*
- (d) Discharge from the Service as permanently unfit? *na*

Date of Report *12 MAY 1918* 191

Signed *[Signature]* Officer in medical charge of case.

Station *Epsom*

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

Dated *14 MAY 1918* 191  
 for *Capt. C.A.M.C.* (Officer i/c Hospital) Strike out one of these.  
 Military Convalescent Hospital, Epsom, Station, on *14 MAY 1918*

\* Delete if inapplicable.

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

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

11. Is the disability fully indicated in Part I. (1)? *YES*  
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *YES*  
If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	Caused? <i>no</i>	(b) Misconduct of the Soldier	Caused? <i>no</i>
	Aggravated? <i>no</i>		Aggravated? <i>no</i>

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

*Sixty six percent.*

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4, or all.)

*Three fifths*

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

- (i.) Is it permanent? *no*
- (ii.) If not permanent, what is its probable minimum duration (in months)?

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

18. Remarks.

*It is probable that the disabilities were not entirely due to active service will not be fit for any kind of duty for over six months.*

- 19. Recommendation:—(a) Fit for duty? *na.*
- (b) Fit for base duty? *na.*
- (c) Invalid to Canada? *yes*
- (d) Discharge from service as permanently unfit? *na.*

Classification for the Military Hospitals Commission.

*9*

Date of Board *16/5/18*

Station *Epsom*

Approved *[Signature]* Major, C.A.M.C. A.D.M.S.

Dated at *15 JUN 1918* Station

Signatures of the Board.  
*[Signature]* President.  
*[Signature]*

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *1042809* RANK *Pte* NAME (IN FULL) *Abernethy James*

M. OR S.

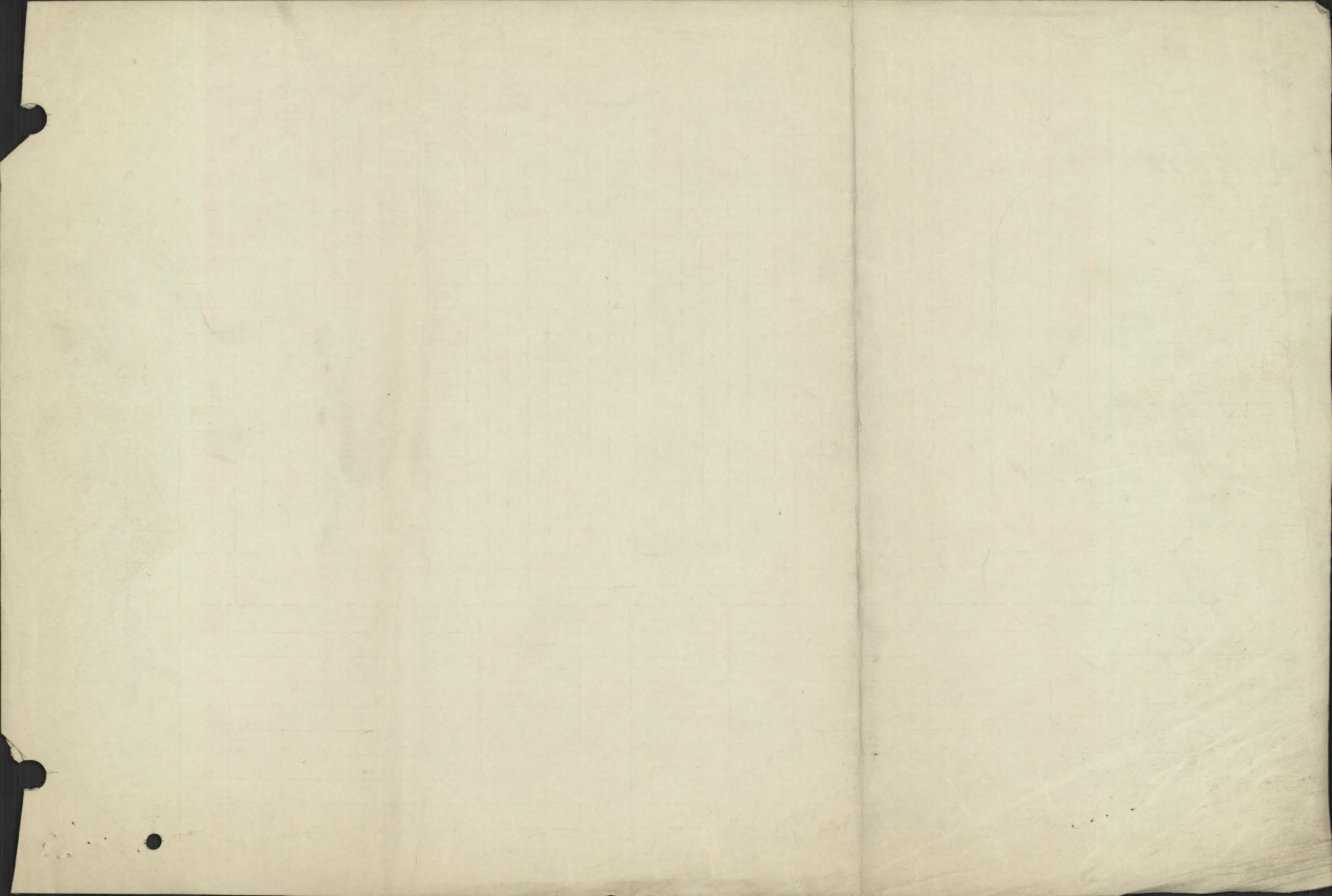
NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					<i>240<sup>th</sup> Bn.</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>Yes</i>							
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>Assignee</i>					<i>16-1-17</i>	<i>deceased</i>	<i>4-12-18 D.O. 232-3</i>
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					<i>15<sup>00</sup></i>		
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs M. Abernethy</i>		
					ADDRESS		
					<i>77 Rosel. St</i>		
					<i>St. St Charles Montreal</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

*IVO CARD*

*X*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
			\$	C.							\$	C.	\$	C.			
			<i>90</i>									<i>9000</i>		<i>9000</i>	<i>9000</i>		<i>90<sup>00</sup> A.P. @ 15<sup>00</sup> mth from 1-7-18 to 31-12-18 pd by Ottawa &amp; not chgd on English I.P.B.</i>
																	<i>Non Recurable Overpayment</i>
																	<i>Packet forwarded to</i>
																	<i>Chief Accountant 12-6-19</i>
																	<i>Cr - \$90.00</i>
																	<i>Classified 9/10/20</i>
																	<i>Jobless</i>









\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **ABERNETHY, James**

EFFECTIVE DATE: AMOUNT: \$15.00 EFFECTIVE DATE: AMOUNT: -

NUMBER: **1042809.**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

Mrs Martha E. Abernethy  
Harry St Renfrew Ont.  
(Wife)

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plt

UNIT AND TRANSFERS

ORIGINAL UNIT: -

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE ACCOUNT FIRST OPENED - **1/5/17**

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>(This section is crossed out with a red diagonal line)</i>							

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
Aquit Roll.	21.8.17	1/7/18	CTC. Eng M <sup>2</sup> A

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS' & ALL'CE
	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:

*Discharged to Canada 30/6/18 Authy. Epsom 2/6. 12.95.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/13/18	Balfour								114.12		
Apr	PP	33		Cap				15			
				AR 2436 CCH Epsom 26/4/18	487			15	127.25		
May	PP	3410		Cap				15			
				AR 2007 CCH Epsom 27/5/18	487			15	141.48		
June	P. Pay	33		6. AP				15	159.48		
	S.F. 15/6 W. 25/6. f-686	730		AR 1995 CCH Epsom 26/6/18	973			15	166.78		
					973			15	157.05		
									157.05		
July				MAR. P625. 5 Gen Hoop 19/7/18	2 43				154.62		
Aug				AR 7199. 5 Gen 2/8/18	2 43						
				AR 8400. 5 Gen Hoop	2 43						
				AR. P9720 " " 2/8/18	2 43				147.33		
					729						
Sept.				AR. P125. 5 Gen Hoop (Entry) 13/9/18	2 43				144.90		

STOPPED 1/7/18  
DISCHARGED TO CANADA 30/6/18  
PAY BOOK VERIFIED 30/6/18  
AUTHY. Epsom 2/6. 12.95.

Checked *H.V. Williams*  
EPC

*Canadian assigned pay audited 2/10/19*

