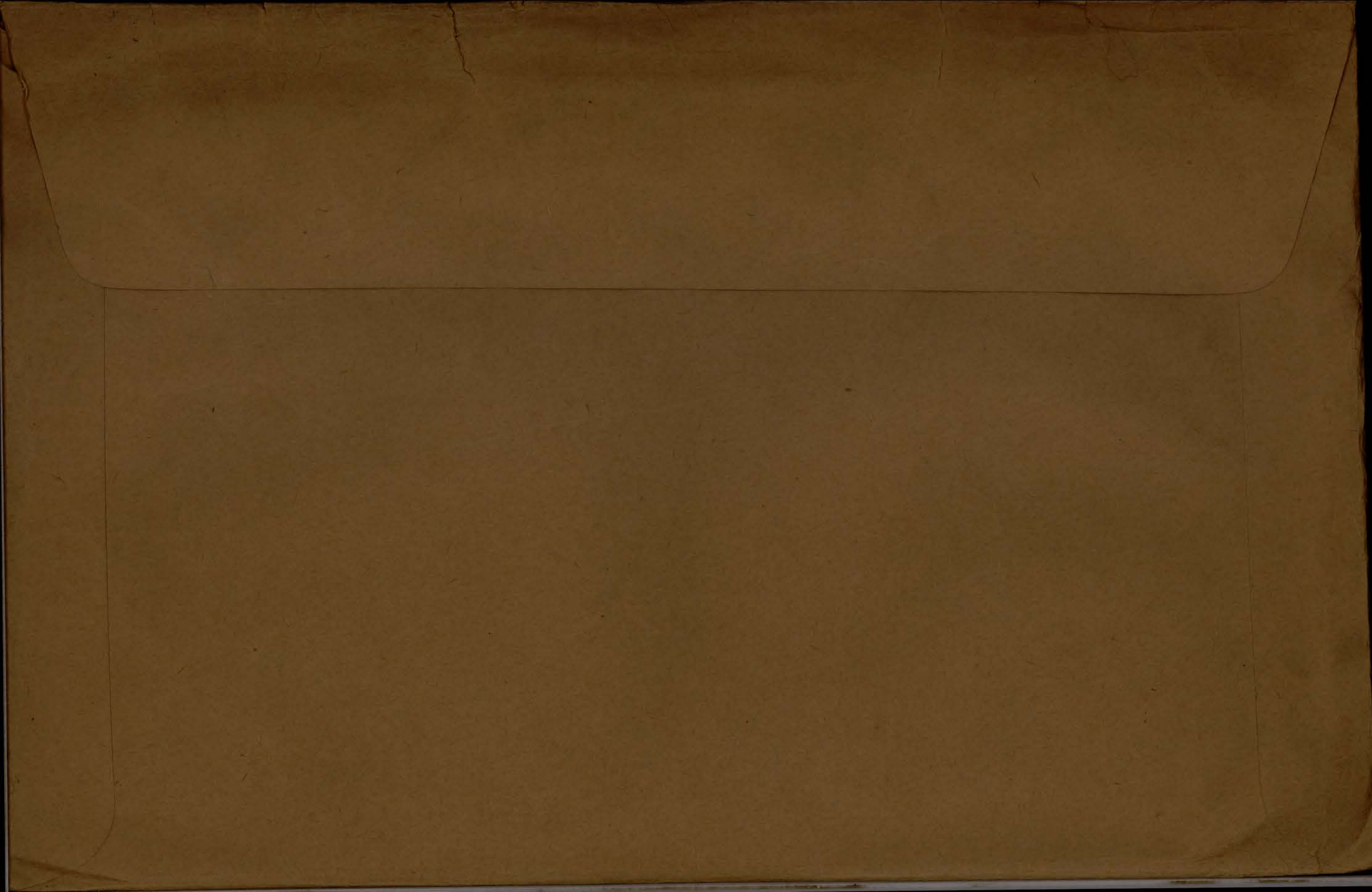


REGIMENTAL DOCUMENTS

NAME **COTE. JOSEPH.**

REGT. NO. **3311772** UNIT **2nd. Div. B.** H. Q. FILE NO. **2nd. C.O. Regt.**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY		
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH		
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category	
1 TRAINING HISTORY SHEET (M.F.W. 113)							
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						37040	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)							
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						38352	
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)							DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)							Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)							
1 MEDICAL EXAMINATION (M.F.W. 129)							
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)							
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)							
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)							DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)			H				
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)							
1 PARTICULARS OF CHARACTER (A.F.W. 3226)							
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)							
1 C.A. DC 5009a						2	
2 misc						14-7	
1 R149						14-7	
1 R149						1 7	
1 card							
3 2 D & D							
4 2 2 1237							
1 2 B. 181							
4 misc							
1 orig will							



PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

TRIPPLICATE

(Class **ONE**)

1. Surname..... **Cote**
2. Christian name..... **Joseph**
3. Present address..... **Fanquier Ont.**
4. Military Service Act letter and number..... **245321**
5. Date of birth..... **Dec. 4 1884**
6. Place of birth..... **P.Q. Canada**
(town, township or county and country)
7. Married, widower or single..... **Single**
8. Religion..... **Roman Catholic**
9. Trade or calling..... **Farmer**
10. Name of next-of-kin..... **Andre Cote**
11. Relationship of next-of-kin..... **Brother**
12. Address of next-of-kin..... **558 Rue Orleans, Maisonneuve Montreal Que.**
13. Whether at present a member of the Active Militia..... **No**
14. Particulars of previous military or naval service, if any..... **None**
15. Medical Examination under Military Service Act:—
 (a) Place..... **Halleybury Ont.** (b) Date..... **Nov. 15 1917** (c) Category..... **A2**

DECLARATION OF RECRUIT

I, **Joseph Cote**, do solemnly declare that the above particulars refer to me, and are true.

Joseph Cote

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... **33** yrs..... **6** mths.
 Height..... **5** ft..... **7½** ins.
 Chest measurement } fully expanded..... **40** ins.
 } range of expansion..... **3** ins.
 Complexion..... **Medium**
 Eyes..... **Hazel**
 Hair..... **Brown**

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

Nil

[Signature]

Major

for O. C. 2nd. Depot Btln.
 2nd. C.O. Regt.

Place **Niagara-on-the-Lake** Date **July 11 1918**

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

(Class)

1. Name	
2. Address	
3. Trade or Profession	
4. Date of Birth	
5. Height	
6. Complexion	
7. Eyes	
8. Hair	
9. Marital Status	
10. Education	
11. Date of Drafting	
12. Remarks	
13. Signature of Recruiting Officer	
14. Signature of Recruit	
15. Date of Signing	

DECLARATION OF RECRUIT

I hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

Signature of Recruit: _____

Date: _____

DESCRIPTION OF CALLING UP

1. Name	
2. Address	
3. Trade or Profession	
4. Date of Birth	
5. Height	
6. Complexion	
7. Eyes	
8. Hair	
9. Marital Status	
10. Education	
11. Date of Drafting	
12. Remarks	
13. Signature of Recruiting Officer	
14. Signature of Recruit	
15. Date of Signing	

Signature of Recruiting Officer: _____

Date: _____

Signature of Recruit: _____

Date: _____

2226

GRANVILLE CANADIAN SPECIAL HOSPITAL

PATHOLOGICAL LABORATORY

Urinalysis:

Date 24 SEP 1918 Ward C. 140 Bed 634

Name Pte Cole Regt. No. 3311772 Unit

Quantity in 24 hours Sp. Gr. 1.017 Reaction Acid

Consistence clear Colour LA Sediment

Chemical:

Albumin Approx 0 Sugar 0 Urea

Remarks

Microscopical:

Casts

Pus

Blood

Other Elements

Wm. H. ...
Pathologist.

C

D.M.S. 1304-20M.
3958-19-10-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 191 .

No. Rank Name

Local Unit Overseas Unit Age

Examination held at

DISABILITY.
Overseas-Local

- SCRATCH ONE OUT. -

PRESENT CONDITION.

13/9/18

ELECTRICAL DEPARTMENT,
BEAR WOOD.

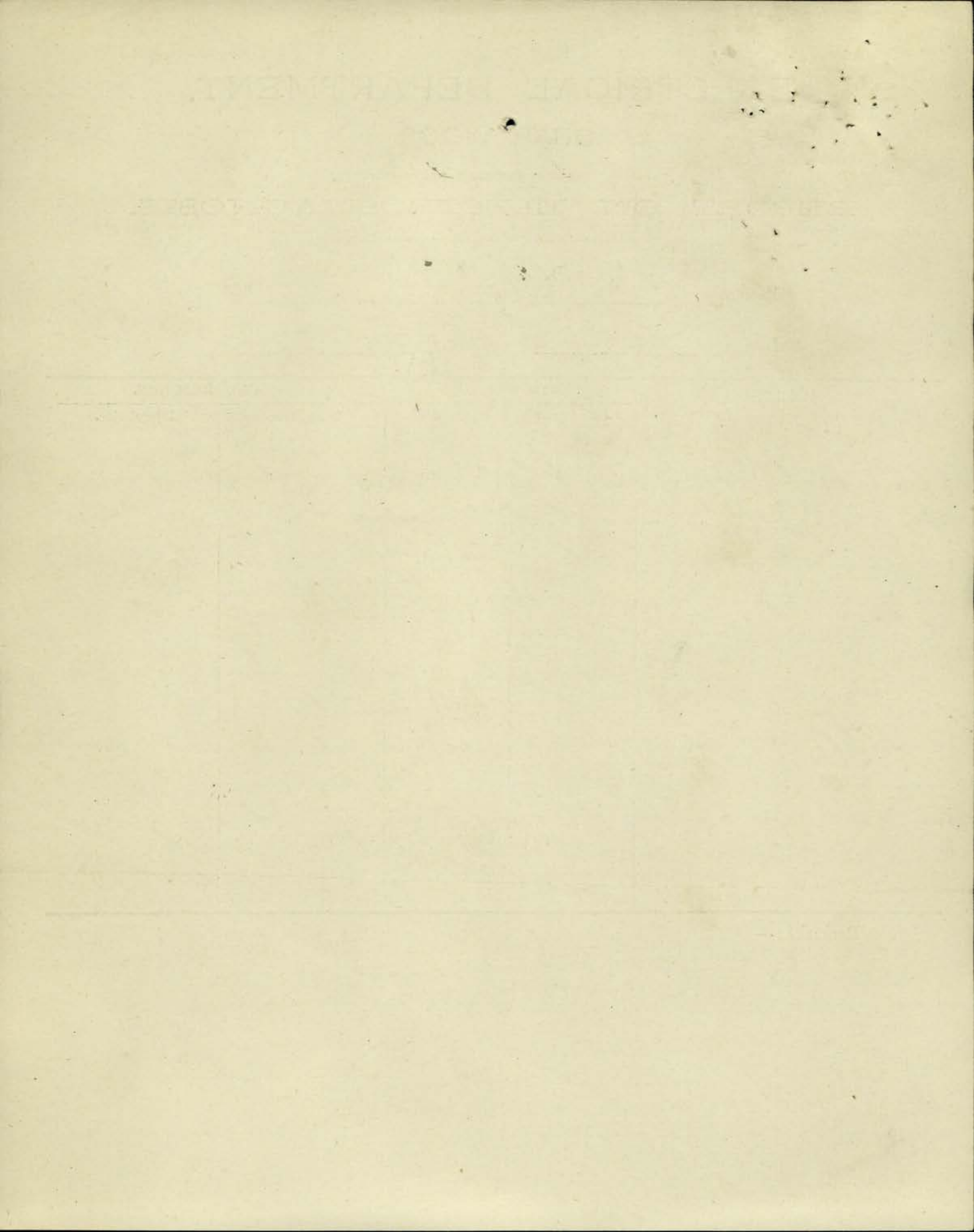
REPORT ON ELECTRO-DIAGNOSIS.

Patient Mr Cole

Lesion Posterior Intersosseous N.

MUSCLE.	FARAD. REACTION.		GALVANIC REACTION.	
	Sound Side.	Injured Side.	Sound Side.	Injured Side.
<p>Electrical reactions of biceps muscles of forearm & supinator digress, both faradic & galvanic, are slightly subnormal quantitatively, but do not suggest any serious degeneration of muscle, or loss of nerve conductivity.</p> <p>Triceps action is normal, excluding the theory that paralysis has been caused by any pressure on the trunk of the musculospiral near the acilla. Supination is fairly strong, but performed by biceps action only, or with the assistance of the sup. brachii, as no contraction of the digress is apparent.</p> <p style="text-align: right;">W. Maddox</p>				

Remarks:—



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

M. F. W. 54. (A. F. D. 105.)

500M.—9-16

H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd. Depot Bn. 2nd. C.O.R.

Regimental No. D3311772 Rank Private Name Joseph Cote

Enlisted (a) 11-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 11-7-18

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

Extended Re-engaged Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada	Montreal	28/1/18	H. W. J.
		Arrived England	Liverpool	15/8/18	"Pellerophon"
<u>18.9.18</u>	8th Res. Bn	Taken on Strength 8th Res Bn.	Witley	15.8.18	D.O., Pt. 2# 261
<u>6.1.19</u>	8th Res.	S.O.S. to 2nd C.O.R.P., (Cat. B3)	Witley	4.1.19	D.O. #6. F. W. Arast LIEUT. ASST ADJT FOR C.O. 8th CANADIAN RES. BN.
<u>6.1.19</u>	8th Res	T.O.S. from 8 Res Bn	Witley	4.1.19	DO #4
<u>20-1-19</u>	2nd C.O.R.P.	Enlist to 2nd Camp Rhyf.	Witley	19-1-19	DO # H. P. Arast LIEUT. OFFICER IN CHARGE RECORDS

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
30/1/19	T.O.S.	C.C.C. Kinmel Park for return to Canada Part II Order No.			
4/2/19	S.O.S.	C.C.C. Kinmel Park on Embarking for Canada Part II Order No.			<p><i>R. H. Jones</i> Lieut. Officer i/c Records No. 4 M.D. Concentration Wing.</p>

Report No. 8

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

Regtl. No., Rank and Name } 3311772 Pte Cte Age 34 Corps 6/12

Disease Influenza Hospital 1X Con. Gen.

Officer i/c Laboratory. Ward 2

Please carry out an examination of the accompanying specimen of Urine

with special regard to Complete Analysis

Notes of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 20-2-19

D. McDougall/Capt.
O. i/c _____ Ward.

LABORATORY REPORT.

Color amber

Reaction acid

S. G. .020

Albumen present

Sugar neg

Bile neg

Microscopic Pus cells, granules, casts & Bladder Epith, amorphous urates.

Acetone neg

[Signature]
for CAPT. R.A.M.C.
CHIEF BACTERIOLOGICAL LABORATORY,
MILITARY HOSPITAL,
KINNEL PARK.

Date of Examination 22/2/19

22/2/19 O. i/c Laboratory.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

COTE. V

REGIMENT

8 Res.

RANK

Pte

No.

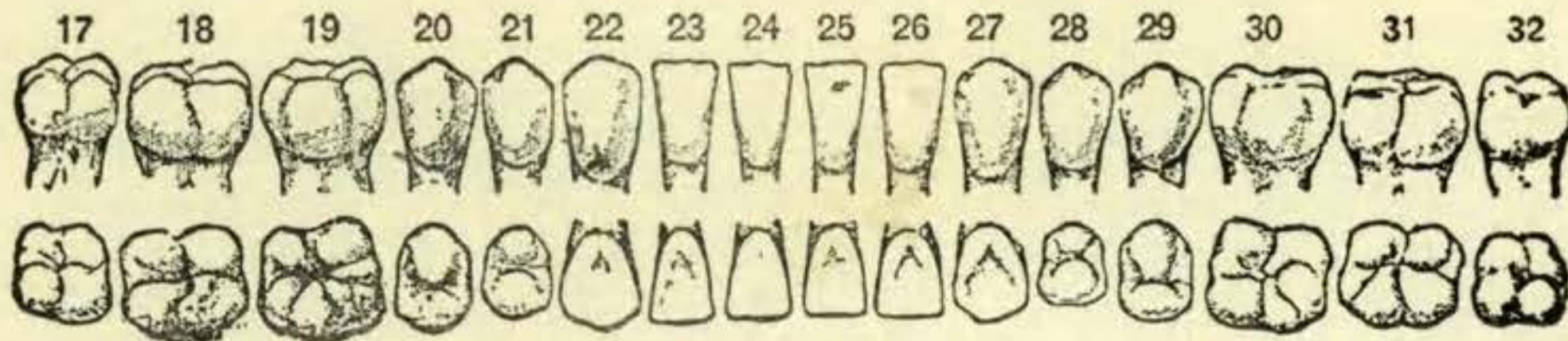
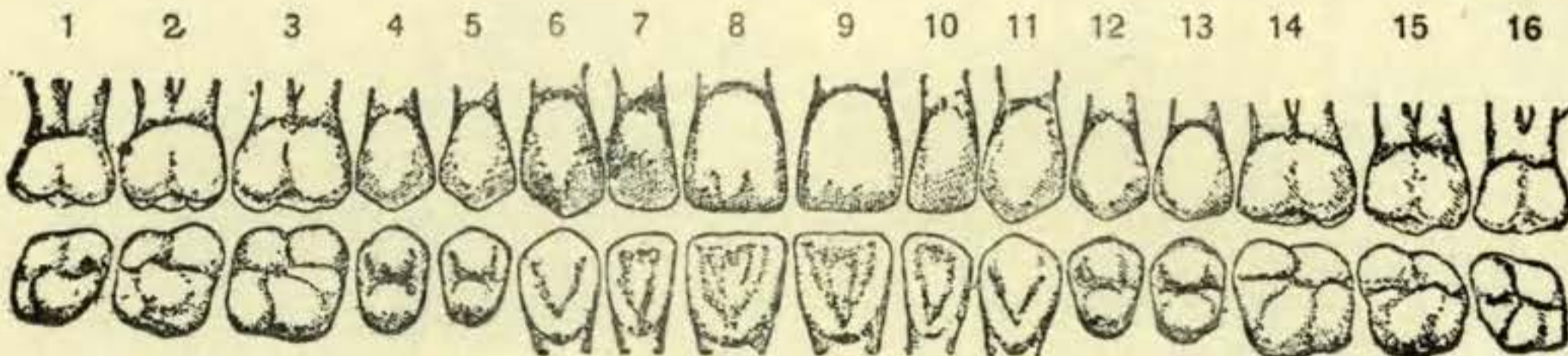
3311772

Date of Examination in England

24/1/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures; the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

W. Kennedy Lewis

DEPARTMENT OF THE ARMY
BUREAU OF THE GENERAL INVESTIGATION

Directorate of
General Investigation

1. Title of Report
2. Author
3. Date of Report
4. Period of Report
5. Place of Report
6. Character of Report
7. Summary of Report
8. Recommendations
9. Other

Report No. _____
Date of Report _____
Period of Report _____
Place of Report _____
Character of Report _____
Summary of Report _____
Recommendations _____
Other _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Approved: _____
Special Agent in Charge

11/4

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname FADT/ C O T E Christian name Joseph
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 84
485821
3. Consecutive number on schedule of men reporting for service (if he appears on it) 33
4. Address (including street and number, if any) Fauguer, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th. day of Nov. 1917, by the undersigned medical board sitting at Halleybury # 18.

5. Age as stated 32 Years 11 Months. 6. Apparent age 32 Years _____ Months
7. Height 5 Feet 7 1/2 Inches. 8. Weight 147 Pounds.

9. Chest measurement { Minimum 37 Ins. 10. Complexion Medium { Eyes Hazel
Maximum 40 Ins. { Hair Brown

11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks. ---

13. Number of vaccination marks { Right arm --
Left arm -- 14. When vaccinated last --

15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2. RF - D - 20
L - D - 20
Hearing normal.

W. W. Martyn Capt President.
W. Stary Capt Member. W. Deane Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, Reg.
<u>JUL 12 1918</u>	<u>SAC</u>	<u>M.O.</u>	<u>JUL 12 1918</u>	<u>SAC</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>18/7/18 FROM SAC</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>JUN 24 1918</u>	<u>ASU</u>	<u>M.O.</u>

Joined 11 day of July 1918 at Niagara-on-the-Lake Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd. Depot Bn.</u>	<u>D3311772</u>		
Transferred to.....	<u>2nd. C.O.R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Niagara Camp</u>	<u>July 18-18</u>		<u>A2</u>
<u>Scott Barracks</u>	<u>Dec. 17-18</u>	<u>Typhoid</u>	<u>3rd. Class</u>

N. B.—This sheet is 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.

2nd COY
N.E
AS
Signature of Man Joseph Fadt

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 12 CAN. GENERAL HOSPITAL.		21	8	18	3	9	18	Neuritis L arm	14	Temporary paralysis of L. muscles spinal nerve due to pressure to Bearwood on 21st - 1st Reg To have electrical treatment continued	
<i>Bearwood</i>		3	9	18	20	9	18	- Do -	18	Transfer to Granville Canadian Special Hosp'ty Buxton, Ontario	
Granville Can Spec Hosp Axtone Derbyshire		20	9	18	3	1	19	Hypertension	186	functional wrist drop cleared up under suggestive treatment. Cat's paw	<i>W. J. Atwell</i> Med. Off., Canadian Convalescent Hospital, Bear Wood, Walsingham, Berks
MILITARY HOSPITAL, KIRKEL PARK, BIRM		5	2	19				influenza		Very severe case. Developed broncho-pneumonia. Acute nephritis. Died 9.30 P.M. Feb. 22 nd , 1919	<i>D. MacDougall</i> Capt. R.A.M.C.

Died 22. 2. 19. ~~December 22nd 1919~~

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book, <i>1741</i> Year <i>1919</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>3311772</i>	<i>Plt</i>	<i>Cote</i>	<i>J.</i>
	Unit.	Age.	Service.	
	<i>8 Cav Res.</i>	<i>34</i>	<i>6/12</i>	

Station and Date. *CHIMEL PARK, BRIT.* Disease *Influenza.*

Severe type Scump. 103 - P. 84 P. 30. Bronchial condition documents the occurrence of consolidation, but small lobes involved in spots. In case, when poor.

20-2-19 Pleuritic sub heard all over both lower lobes. Coarse rales heard in left lower lobe. Small area of Consolidation in upper part of left lower lobe. Consolidation of about the upper half of right lower lobe.

21-2-19 Breathing very laboured, marked cyanosis. Pulse weak, rapid and irregular.

Died 9.30 P.M. Feb. 22nd, 1919.

Due to Military Service. D. MacDonagall, Capt. C.A.M.C.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1344 Year 1918	Regimental No.	Rank.	Surname.	Christian Name.
	331772	Pte	Coti	Ja.
	Unit.	Age.	Service.	
	2. C.O.R.D. Canadians	33 3/4		

Station and Date. HCSH Buxton	Disease
	Acute R Arm Syphilis
	Carry on H.M. Mafay

2 NOV 1918

This man has full power of all the muscles of his hand and he can make full use of it - but it would be useless to send him into S.S. at present as his suggestive temperament would only render him an easy prey for typhoid.

Board B. H. Strimshaw

EXAMINED BY BOARD

17 DEC 1918

G. C. S. H.

B.H.

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

Station
and Date.

MEDICAL CASE SHEET.*

G 140/633 Local

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3311772	Pt.	Cote.	J. A.
Year	Unit.	Age.	Service.	
	2 C. O. R. D. Canadians	33	3/12	

T 344
Station
and Date.

Disease

~~Neuritis R. Arm.~~ *Hysteria*Occupation *Farmer.*Enlisted. *July 1918. Languev. Ont.**Arr. England August 1918.**Arr. France* ✓*Reported Sick: 20th August 1918.**Hospitals: - No. 12 Can. Genl. Hosp. Bramshott (2 Weeks)
Bearwood Genl. Hosp (17 Days);**Dentistry Report: -**History: -**Previous to Enlistment: - About six years ago he had trouble in both wrists. He had been working with both hands in the cold water, and the condition in the wrists was blamed on this. Had V. D. G. a few years ago.**Since Enlistment: - In Canada about one month - no sickness. Arrived in England about Aug 15/18 and on Aug 20/18 reported sick. He states that when he woke up one morning he found that his wrist was bent down, and he could not straighten it up. There was no pain, and has been none, though at times he has had a slight strange feeling in it.**Examination: - Trouble is in right hand. He states that the condition is improving during the last week. The wrist is very weak but wrist drop is not complete. The hand cannot be placed flat on the table. The little finger can be abducted and adducted fairly well, there is but little abduction and adduction in the rest of the fingers and thumb.*

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

Station
and Date.

There is no prominence of supinator longus muscle on
supination of the forearm.

Grip in the hand is weakened. There is no sign
of injury. No pain is felt, and he states that
the condition is improving. At Connolly

27 SEP

all muscles of Right arm and
hand respond normally to
Faradism. Suggestive of
sprain

Main weakness in all muscles of
the forearm & hand. - flexors and
extensors of hand & fingers. and in
abductors & adductors of the fingers
but main power is everywhere present.

Sensatⁿ No sensory loss.

Diag. functional paresis of the
hand and arm muscles.

Rx. Gym for exercises to strengthen
hand.

Get Faradism, daily, from well
place. Ret 1 week. Suggestive

some improvement. Return day and
night

some improvement. Return
night

24. 9. 18

Mucialysis. Spher. 1017. Acac. acid.

Consist Clear. Colm. La

Alb. o. Sugar. o

Hubbison Capt

Return Wednesday

Great improvement. Return in an
Suggestive of
sprain

carry on at Gym. to strengthen grip for 10 days.

return for discharge. Suggestive of
sprain



FORM OF WILL M.S.A.

8.

I, Joseph Cote (Name in full)
Regimental Number 13311772 serving in 2nd. Depot Bn. 2nd. C.O.R.

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

Andre Cote
338 Rue Orleans, Maisonneuve
Montreal

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

absolutely, and my personal estate I bequeath to

Andre Cote
338 Rue Orleans, Maisonneuve
Montreal

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 11 day of July 1918 A.D. 191
This must be signed
and Dated by
THE SOLDIER
HIMSELF. Joseph Cote Signature of Soldier.

*N.B. Personal estate includes p.p.y, 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. E. Osley

Address of Witness Camp Niagara Ont

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness P. D. Thompson

Address of Witness Camp Niagara Ont

Occupation of Witness Soldier



Name in full: _____
Address: _____

Witnesses: _____
Date: _____

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original will of _____

Notary Public for the State of _____
My Commission Expires _____

Witnesses: _____
Date: _____

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original will of _____

Notary Public for the State of _____
My Commission Expires _____

Witnesses: _____
Date: _____

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original will of _____

Notary Public for the State of _____
My Commission Expires _____

Witnesses: _____
Date: _____

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original will of _____

Notary Public for the State of _____
My Commission Expires _____

Witnesses: _____
Date: _____

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original will of _____

MEDICAL CASE SHEET.*

RC

No. in Admission and Discharge Book. <i>UK 7669</i> Year <i>1918</i>	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	

<i>3311772</i>	<i>Pte.</i>	<i>Cole</i>	<i>Jr.</i>	
<i>2nd C.O.R.D.</i>	<i>33</i>	<i>3 1/2</i>		

Station and Date.
Convalescent Hospital,
Bear Wood.

9 SEP 1918

9/9/18.

13/9/18

Disease *Neuritis right arm*
Condition *fair*

*It states he cannot extend or Dorse flex R. wrist or fingers
He can separate fingers of R. hand and bring them
together again. Sensation is good over whole forearm,
hand & fingers*

*Transfer to Granville Canadian Special Hosp.
Buxton for further treatment*

A. Bellier Captain
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Walsingham, Berks.

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

Station
and Date.

Rank

Name

Cote Joseph

Reg'l No.

3311772

Unit

2

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Niagara on the Lake July 11th 18

Place of Birth

P.Q. Canada

Name and Address, Next-of-Kin

André Cote

Relationship

Brother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Pte.

N/E. R.B. No. *6378*
File No. *5772*
Category *D.O.B*



*MX.
78/1/21 MF.*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
<i>18.9.18</i>	<i>8 Res</i>	<i>Taken on Strength</i>	<i>Witley</i>	<i>Pte 15.8.18</i>	<i>Do 261</i>
<i>6.1.19</i>	<i>"</i>	<i>SOS to v.b. O.P.D.</i>	<i>"</i>	<i>4.1.19</i>	<i>Do 61 v.b. O.P.D. Do 4/6.1.19</i>
<i>21.1.19</i>	<i>2 C.O.R.A.</i>	<i>On board to Kimmel Pk.</i>	<i>"</i>	<i>19.1.19</i>	<i>Do 17</i>
<i>24.7.19</i>	<i>v.b. O.P.</i>	<i>Died at 9 Can. Gen. Hosp. Kimmel Pk.</i>	<i>"</i>	<i>22.2.19</i>	<i>CLC 448 v.b. O.P. 4/500/2019</i>
<i>22.1.19</i>	<i>M.D. 485</i>	<i>J.O.S. from Gen Dept</i>	<i>Rhyel</i>	<i>20.1.19</i>	<i>Do 19</i>
<i>10.3.19</i>	<i>2 C.O.R.A.</i>	<i>Leaves on board to M.D. Rhyel</i>	<i>Witley</i>	<i>22.2.19</i>	<i>Do 58</i>
<i>10.3.19</i>	<i>2 C.O.R.A.</i>	<i>J.O.S. having died in 209 G.H. Hospital</i>	<i>Witley</i>	<i>Pte</i>	<i>Do 58</i>

Stored in England 15 S S BEILEROPEON

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 8th Cdn. Res.

No. 331772

Rank and Name Pte Cote J.

Age 34

Military Hospital IX Cdn. Gen.

Service 6/12

Disease Influenza

Date of admission 5-2-19

Date of discharge _____

Result Died

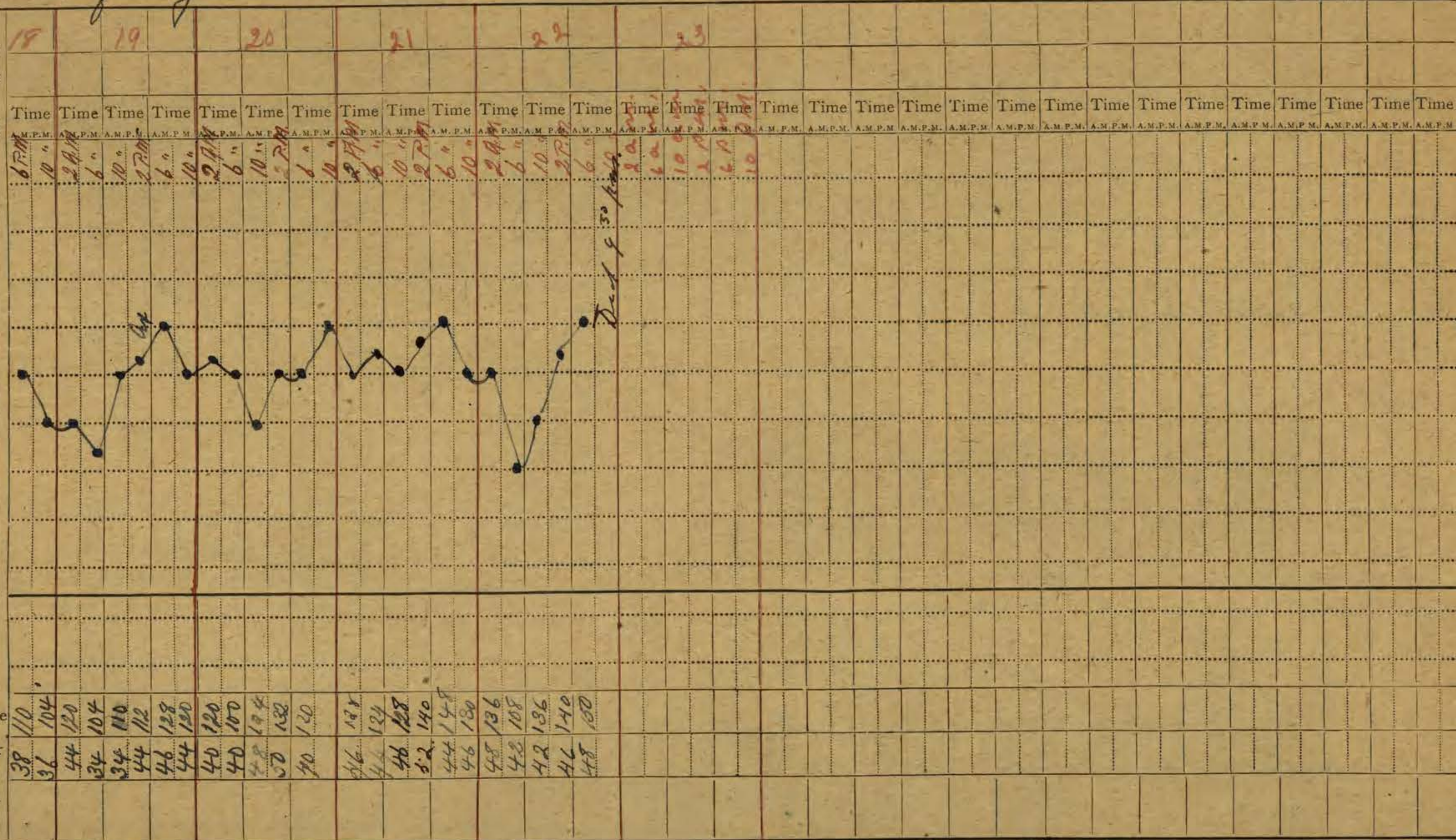
1741
Med
222.2.19
HOSPITAL
WINDMILL PARK, INDY

Dates of Observation

Days of Disease

Temperature Fahrenheit

107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°



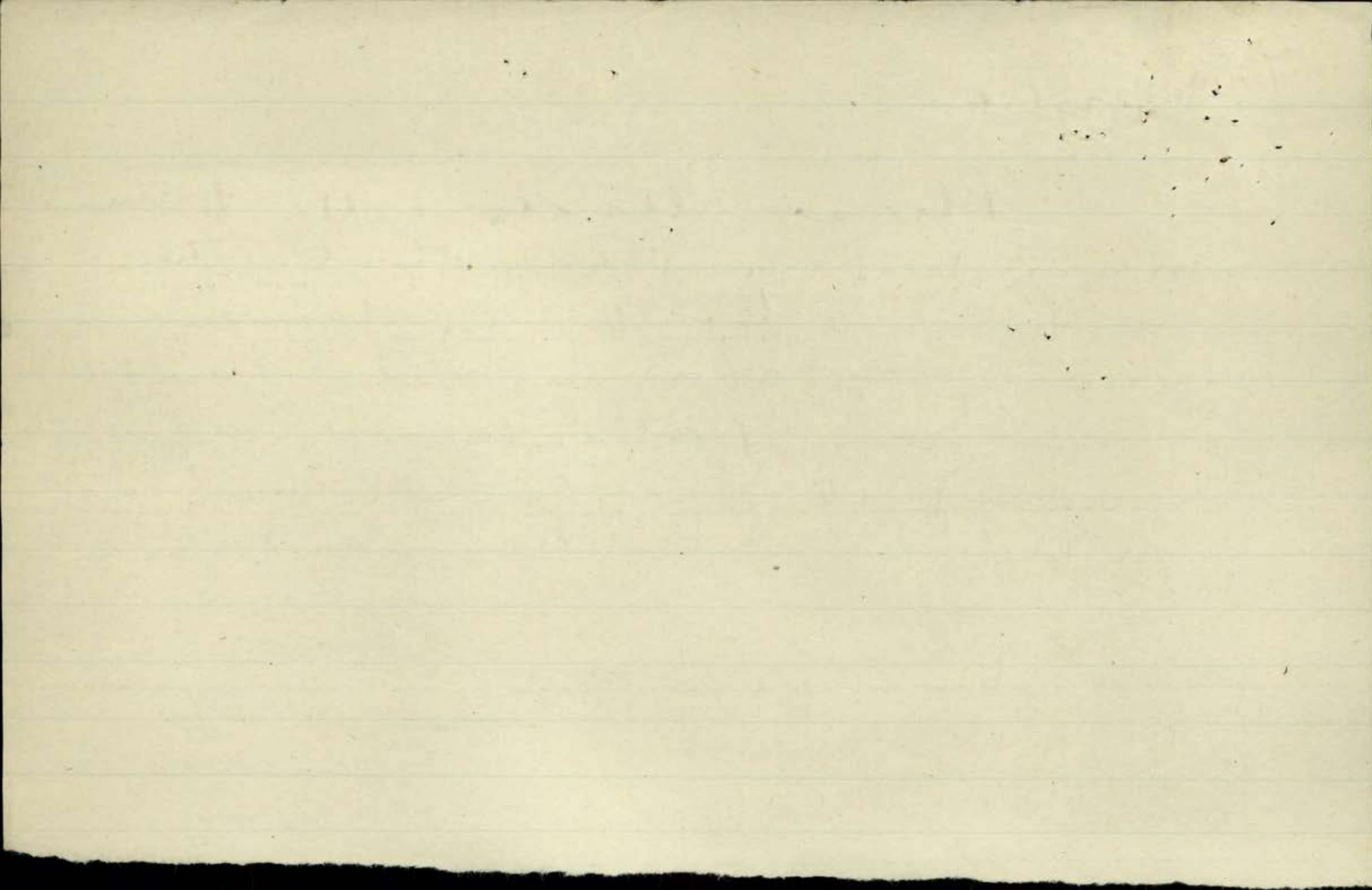
Died 9:30 p.m.

Signature D. MacDonagh, Capt. C.A.M.C. of case.

To Registrar.

Please attach letter to this
man's papers stating that there
has been a temporary pressure
paralysis of muscles & spinal
nerve and patient will require
splint and electrical treatment
for a time, at Convales. Hosp.

S. Myers
Capt.



Date of Enlistment 11-7-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

15897

1st-Aug-1918

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

102-682
1304

PARTICULARS OF SEPARATION ALLOWANCE

No. 5311772

Rank *Pte* Promoted Reverted Discharge

Soldier's Name

Joseph Cote

Battalion *2nd Depot - Bath 2nd C.O.P. Draft 98*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

- ANDY COTE,
- 338 ORLEANS AVE.,
- MAISONNEUVE, P.Q. 15 15.00
- % 3311772 PTE JOSEPH COTE
- FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
<i>Aug</i>	<i>X 38639</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>L 42591</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>M 50508</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>R 58565</i>		<i>15</i>	<i>15</i>	
<i>DEC</i>	<i>R 66286</i>		<i>15</i>	<i>15</i>	
<i>JAN</i>	<i>M 71049</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>P 76592</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>			<i>15</i>	<i>15</i>	
			<i>105</i>	<i>105</i>	

File 03756 - J-25

ENTERED IN
AUDIT LEDGER
AUG 17 1918
VOUCHER SECTION

M. F. W. 128.
400M-5-17-1772 38-1141
L. L. 22520-M. & D. 1933.

KILLED IN ACTION } *Influenza*
DIED OF WOUNDS } DATE *22-2-19*
C. L. No. *486-1* DATE *27-2-19*
M. R. *72491* TO DESTROY RENDERED
B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
03756 - J-25
CLERK *J. P. [Signature]* DATE *4/13/19*

AUTHORITY *M. D. 2 B. 10*
FOR *J. A. Thorne aid.*
NEW ACCT. *16-8-18*
at [Signature]

1741.

Name ^{P6} Cole. J. Folio Reg. 8th Cam Res.

Rank Reg. No. 3311772. Compy. m. D. H.

Age 34. Service 6/12 Rel. R.P.

Disease Influenza.

Admitted 5-2-19. From Pines Camp 16.

Ward H. 2.

Transferred To
Died 22.5.2.19. at 9.30 p.m.

Discharged To

AFW. 3118. 1237.

AFW. 3243 & 3243a Medical History Sheet & other Documents.

To

To
app to m.D.H. 6-2-19.

To 181-1237 filed

(orig)
Ward 16. 10-2-19

3212 MSA to Can Record office
London 27-2-19

om

From (orig)
ms 475
Apr 16. } 9-2-19

From

No 12 CAN. GENERAL HOSPITAL HOSPITAL.



AT.....

A. & D. No. 6510 PL. OF ACTION.....

RANK. REG. NO. 3311442 UNIT. 2nd Co. R. 98th W. Regt. SICK OR WOUNDED

NAME. Boti. AGE. 33 RELIGION. P.B.

PLACE IN HOSPITAL. Ward 16

DIAGNOSIS. Rheumatism Rt Arm

ADMITTED. 21. 8. FROM

DISCHARGED..... TO

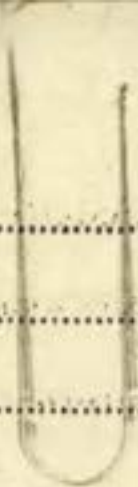
TRANSFERRED. 3-9-18 Bearwood

SERVICE AT HOME. 2/12 IN FIELD.....

RESULTS..... 5/365

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.



A series of horizontal dotted lines spanning the width of the page, intended for handwritten notes or remarks.

989
Number 3311772.

Rank

Pte



Surname

COTE

Christian Name

Joseph

Units

Ind. Co. R.

Theatre of War

England.

Date of Service

15-8-18

Remarks

(brother) Mr. Andre Cote

Latest Address

338 rue Orleans
Maisonneuve

Roll No.

A pag 4766 Montreal, Que.

200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

UNIT

INITIALS

SURNAME

RANK

DESP. REGN. NO. 2032701
JAN 17 1923

al address

(Street)

(City or Town)

(Province)

one person to be notified of arrival

Station in Military District to which a furlough warrant is required

Railway

d, is your wife on board
Number of children on board

destination

(Sgd.)

File No 649-C-28645

Cote. Pte. Joseph #3311772 *2nd. C. O. R.D.*

M & D, Brother, Mr. Andre Cote, 338 rue Orleans
Maisonneuve,
Montreal, Que.

P & S
(Ser. # 759051.) " " " "

Mem X Nil Scroll Desp. ~~30/02~~ Reqn. No 245266

Please Desp. ~~NOV 3~~ Reqn. No ~~14705~~

1921

not elig. for star.
not " " V.M.
elig. " B.W.M.
my



NAME

Cote

REGT'L. No.

33117 1/2

RANK AND CORPS

Pte

Joseph

H. Q. FILE No 649

2nd Central Ontario Regt.

CABLE

NO. 1-4 DATE

NATURE OF CASUALTY

FOLLOWS
No.

FOLLOWS

#714. 14-2-19

Lang ill Shorncliffe. Mil

#715. 12-4-1914. Influenza

Not Andre Cpt. (Brother)

338, Orleans St. Montreal P.Q.

#746. 25-2-19

Died at Gen H. Kimmel P.Q.

Det 22nd 1919. Influenza

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C306 ⁽¹⁾	12 Can Ken Bromshott	22-8-18	Neuritis R Arm
C310 ⁽²⁾	Can Cow Beal Wood	4-9-18	Neuritis R Arm
C325	Granville Con Spel Buxton	2-9-18	Neuritis R Arm
C436 ⁽¹⁾	Discharged at	3-1-19	Neuritis R Arm
C437 ⁽¹⁾	9. Can Ken Kimmel Pk	12-2-19	Influenza
C439 ⁽¹⁾		12-2-19	
6448	9. Can Kimmel Pk.	22-2-19	" "

Granville Can. Spl. Hospital,

HOSPITAL.



B. 3

AT Buxton

A. & D. No. 344 PL. OF ACTION 3311772

RANK PM UNIT 2 C.O.R.D. SICK OR WOUNDED

NAME Cole. G.A. AGE 33 RELIGION RB

PLACE IN HOSPITAL 91401634

DIAGNOSIS Neuritis Rt arm

ADMITTED 20 SEP 1918 FROM 50th Bearwood

DISCHARGED 8 JAN 1919 TO 2nd C.O.R.D. Witley

TRANSFERRED

SERVICE AT HOME 3/2 IN FIELD -

RESULTS

106 days

REMARKS.

10-11-11

C D
22
5
19

Surname *Cote*.....

Christian names *Joseph*.....

Regtl. No. *33/1972* Rank *Pte*.....

Unit *2nd Gen. Cont. Regt. 2nd Ops Bn.* Reason.....

H. Q.....

M. D. No. *21*.....

T. O. S. *July 11* 19*18*.....

D. O. Pt. II *19* of *10/7/18*.....

S. O. S. *19*.....

Auth.....

Next of kin *Cote Andre*..... Relationship *Brother*.....

Address *338 Orleans St., Montreal*..... Also notify:.....

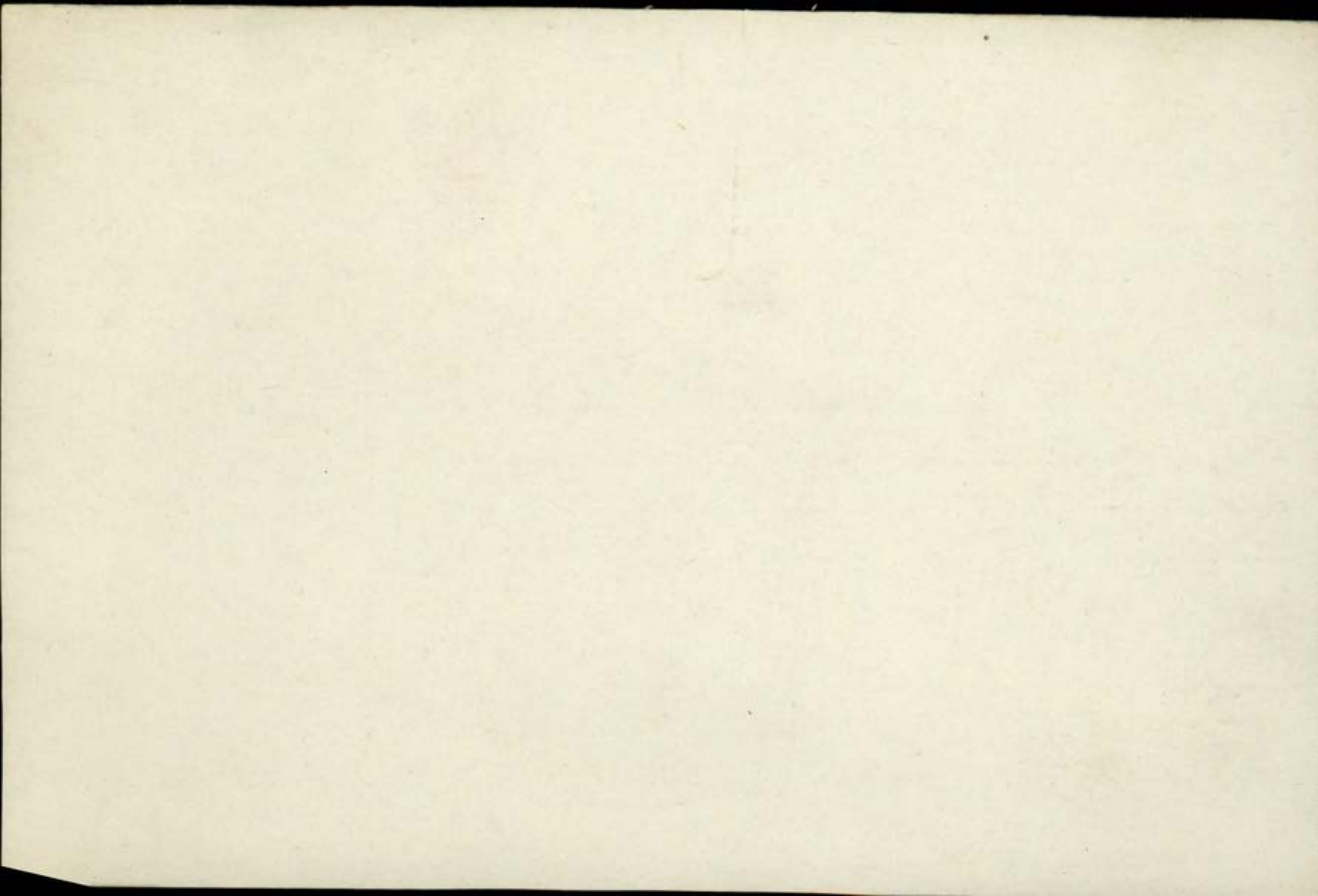
P. Q.

BORN—Place *Canada, P. Q.*..... Date *Dec. 4th 1884*.....

ATTESTED—Place *Nagara-on-the-Lake Ont.*..... Date *July 11th 1918*.....

O/S *27-8-17* *1344*
2.....

R/C.....



Can: Conval: Hospital,
Bear Wood. HOSPITAL.



Granville

AT *U.K. 7669* PL. OF ACTION

A. & D. NO. *U.K. 7669* RANK *Pte* REG. NO. *3311772* UNIT *2nd B O.R.D. 98th* SICK OR WOUNDED

NAME *Cote* AGE *33* RELIGION *40*

PLACE IN HOSPITAL *129 B St Joseph*

DIAGNOSIS *neuritis right arm*

ADMITTED *3 SEP 1918* FROM *1012 Gen Granville*

DISCHARGED To

TRANSFERRED *30 SEP 1918* *Granville Buxton*

SERVICE AT HOME *3/12* IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

Name **COTE**Joseph
Rank

Plé Reg. No 3311772

Unit ~~1st~~ **2nd C.A.R.D.**Next of Kin Andre Cote, 338 Rue Orleans,
Maisonneuve, Montreal, Qué. **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
22.8	12 Can 9th Bramshill	Neuritis Rt Arm		6306		24694
4.9	B.P. Bearwood	do		6310		25713
21.9	1st Can Spec Buntin	do		6325		27042
3-1-19	Discharged	Do		6411		913
1919						
6-2	9th B.G.H. Kinnel Pk	Influenza		6439		6483
12-2	<u>DANGILL</u>	do		6439	H 715	7183
22.2.19.	DIED	Influenza		6448	H 746	7555
	Born. Dec. 4th 1884.					
	Religion, R. C.					

(R. 2.25-6-5442)

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

bote

J.

3311772

RANK

UNIT

CO.

TROOP

BATTY

9th

2nd B.O. 8 R. Depot

HOSPITAL

DATE OF ADMISSION

17. C. P. Braushott.

22. 8. 18.

1. C. C. Bentwood.

HOS. 4-9-18

Yanville - Buxton

2. G. C. Gen: Kennell Park

HOSP. 21. 9. 18
6. 2. 19

3.

HOSP.

4.

HOSP.

DIAGNOSIS

hepatitis Rt arm. at.

1.

Influenza

2.

3.

Died at 22. 2. 19

DISPOSITION

DATE

6h 2. 9. 18.

6306

6-9-18 310-2

24. 9. 18 325

10. 1. 19 411

13. 2. 19 439. 1

24. 2. 19 448

REMARKS

Dis. 3. 1. 19.

Dang: Ill - 12. 2. 19.

Pres Dang Ill, now dead 22. 2. 19

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

G. Col. Mackay

29 29

Granville Canadian Special Hospital---Gymnasium Class

Regtl. No. 331772 Rank *Pi.* Name *Colin* Unit Bed *H 140/633*

Diagnosis: *Neuritis* Class: *Hand* Entered *27-9-18*

Remarks: 4.10.18. Extensors, a little bit stiff. Hand a little weak.

Improving. J.P. 11-10-18. Patient is improving, carrying on.

29/10/18 Full movements of hand: movements a bit weak, stiff. J.P.B.

31/10/18 Pat. movements null: carry on. J.P.B.

6/11/18 Improving - carry on. J.P.

3/12/18 Gym. work almost reached finality: suggest Board in one week. J.P.B.

16/12/18 suggest Board. J.P.B.

J. LeBeau
captain

Farmer. Sick 2.0-8-18 Local basally
diag. Functional Paresis right hand.

No. 12 Canadian General Hospital.

Bramshott. Hants.

.....1918.

This is to certify, that the marginally noted man is free from Vermin, Venereal, and contagious Diseases, and is fit to travel.

T. Rey.

3311772

*Ph
Cote 9*

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
6810	331772	PLC	Cole	J
1918	2nd COR		33	3/12
Station and Date.	Disease <u>Paralysis</u>			
Branchford	<u>Complaint</u> Inability to use muscles of R forearm. Duration 2 days Jan Hart - neg			
Aug 21	<u>Personal History</u> "Rheumatism" 6 yrs ago. Also he says he had a temporary paralysis of both hands since then quite healthy. Denies VDS. No injuries			
	<u>Present Illness</u> He woke up on the morning of 19. 8. 18 finding the right hand & wrist paralyzed. Says he may have lain on the arm during the night but does not know for sure. The paralysis has not improved since.			
	<u>Present Condition</u> Extensors & flexors of wrist & fingers apparently are totally paralyzed. Sensation is normal. Slight contracture of flexors giving hand a claw like effect and the wrist assumes the "drop wrist" position. No pain is felt. No sign of injury along course of nerves. No constitutional disturbance or affection of other nerves. Temp & pulse neg <u>Nervous System</u> - neg except for above group			
22-8-18	Hand placed on extensor splint and electricity			

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

Station
and Date.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned... have heard the description of my disability read, and am satisfied (or not satisfied) with it.

Signature of Soldier examined. Includes handwritten name and date.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet. If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 2311772, Rank W.P.A., Surname COTE, Christian Name JOSEPH. Born at DONT, QUEBEC, CANADA. Date of Birth 4th March 1894. Joined at FAUQUIER MONT, Date JULY 1915. Former trade or occupation FARMER.

Height 5 feet 8 inches, Colour of eyes BLUE. Signature of Soldier (for identification purposes) [Handwritten Signature]

Medical Report

1. DISABILITY. Disabilities Group (a) HYSTERIA, Disabilities Group (b) NA, Disabilities Group (c) NA.

2. CAUSE OF DISABILITY. Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Place of origin: CANADA, DONT, QUEBEC. Date of origin: 1914.

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

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

5. MEDICAL HISTORY.

Has worked a farm all the life... 5 years which he spent in mine... 9 years ago... admitted with a typical functional unit drop...

6. PRESENT CONDITION.

This man was admitted with a typical functional unit drop. He has shown up under suggestion that unit could now be raised in right arm is normal. There is no use sending the man out p.s. as his suspicious temperament would only under him an early victim for the next of another similar condition - other suspicious...

7. OPERATION. (i) Was one performed?

(ii) If so, state what.

(iii) Was one advised and declined?

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

8. (i) Is there loss or decay of teeth attributable to Active Service?

(ii) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category)

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report...

Signed... Officer in medical charge of case.

Station...

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



Registrar for O.C., [Signature] (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at... 191...

*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? Aggravated? }

(b) Misconduct of the Soldier { Caused? Aggravated? }

13. 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, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).

(i) Is it permanent?

(ii) If not permanent, what is its probable minimum duration (in months)?

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

17. Can the former trade or occupation be resumed?

18. REMARKS:—

19. RECOMMENDATION:—

(a) Fit for duty? (state category)

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board

Signatures of the Board

Station

Approved

Dated at

Walter Ross MAJOR, D.A.D.M.S. For A.D.M.S. CANADIANS BUXTON AREA.

A.D.M.S.

Station



