

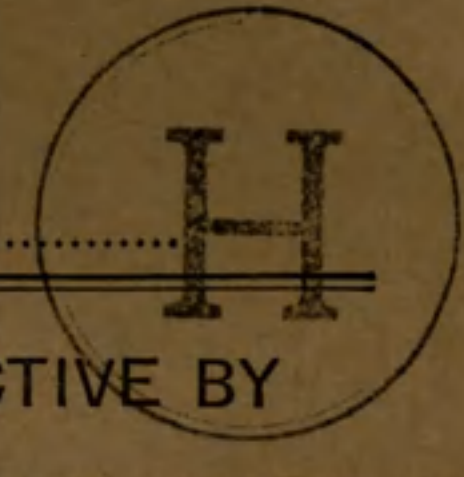
C.E.F. REGIMENTAL DOCUMENTS

X257

NAME ANDREWS JOHN JAMES

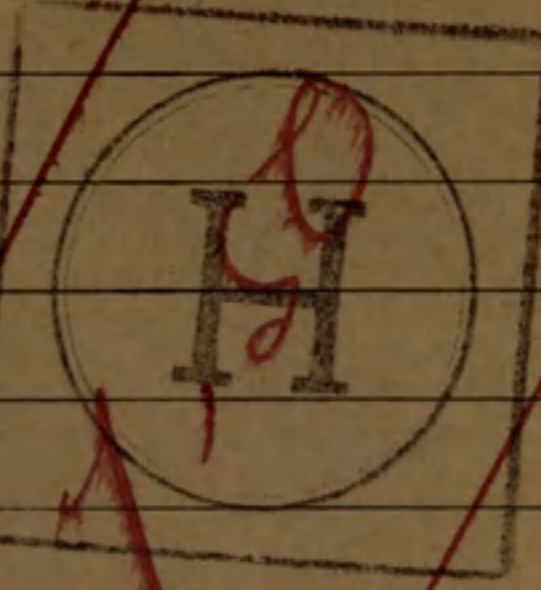
REGT. No. 724095

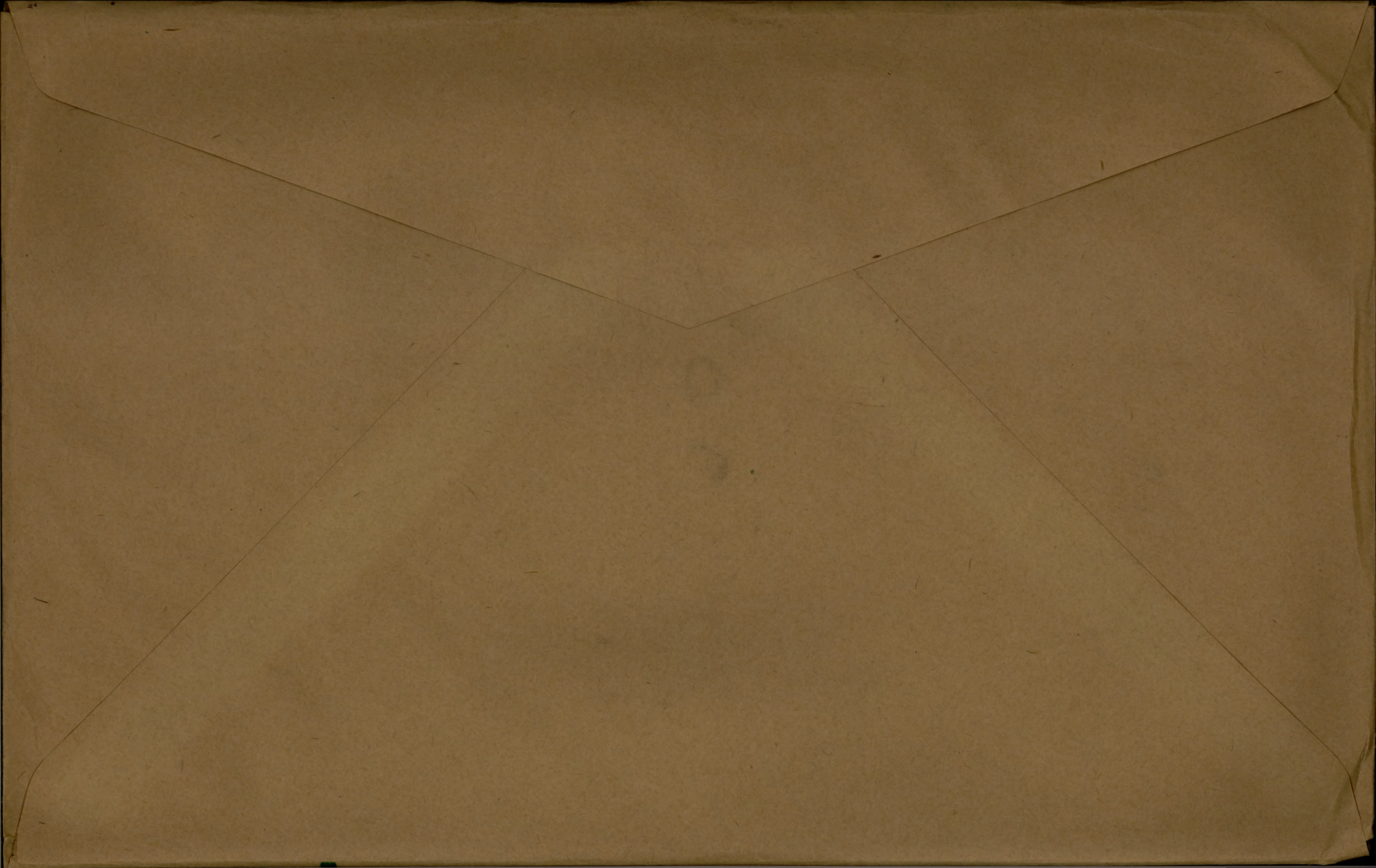
UNIT 3 S.S.CO H. Q. FILE No.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					MED UNFIT
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)					
CARDS					
PAY-SHEETS					

Please read - 22-1





6712

S. (Anst. Behett Roy 11-16)
4th. Overseas Pioneer Battalion, C. E. F.

MAR 14 1916

ORIGINAL

ATTESTATION PAPER.

No. 721095

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Andrews*
- 1a. What are your Christian names?..... *John James*
- 1b. What is your present address?..... *Rindsey Cont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Woolwich England.*
- 3. What is the name of your next-of kin?..... *William Andrews*
- 4. What is the address of your next-of-kin?..... *93 High St. Woolwich Eng.*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
- 5. What is the date of your birth?..... *April 19th 1888*
- 6. What is your Trade or Calling?..... *Team Driver*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *2 yrs 15th Regt.*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John J. Andrews*, 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..... **MAR 14 1916** 191 . *J. J. Andrews* (Signature of Recruit)
W. Warren Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John J. Andrews*, 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..... **MAR 14 1916** 191 . *J. J. Andrews* (Signature of Recruit)
W. Warren Capt (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..... *Rindsey* this..... **MAR 14 1916** day of..... 191 .
J. J. H. [Signature] (Signature of Justice)

6712

Description of John James Andrews on Enlistment.

Apparent Age.....27 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 5 ins.

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

None

Complexion.....Dark

Eyes.....Blue

Hair.....Black

Religious denominations. { Church of England.....
Presbyterian.....
Methodist.....Yes
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.....MAR 14 1916.....191

Place.....Sunday

J. McCusker Capt.
Medical Officer.
109th Overseas Battalion, C. E. F.

*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.

.....John James Andrews 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.

MAR 14 1916

Date.....191

J. J. [Signature] Lt. Col. (Signature of Officer)
C. O. 109th Overseas Battalion, C. E. F.

SPECIAL

MEDICAL CASE HISTORY SHEET.

Richardson Conv.Home.

Kingston, Ont.

ANDREWS, John Joseph. Pte. #724095. 109th. Batt'n.

Service. England.

Admission:- May 30th. 1917.

Diagnosis:- Conjunctivitis Elephantis, Rt. Eye.

Date of origin:- January 15-17. Place of origin:- Sussex.

Cause of illness:-

History:

First reported sick with Eye trouble at Crowborough Camp, Sussex, Admitted to Sussex Eye Hospital. Sent to Bramshott Camp, March 4th. 1917. To C.F.C. Depot. April 7th. To Buxton May 7th. Sailed for Canada on S.S. Olympic May 14th. Reached Halifax, May 21st. Kingston, May 30th. 1917.

Condition on admission:

In Dec. 16, rt. Eye began to bother him. Was treated by M.O. till Feb. 13-17 when he entered hospital. Was getting well when he took cold and eye again got worse. At present the upper and lower eyelids are quite red and swollen. Edge of upper lid is ulcerated. Has a slight conjunctivitis. Recommend further treatment by a specialist.
Heart and Lungs normal.

Incapacity:- Eng. Board: None.

Can. Board:- 20% reducing to nil.

Duration:- 2 months.

DEPT.
MILITIA & DEFENCE

MAR 1 1918

CANADA

649. A. 4633.

SECTION

D

R.C.

MAR 1 1918

J. H. 57.
1-3-18

Report No. 6736 Class II
 Andrews, John J.
 Lindsay, Ont.
 No. of M. H. C. File No. of Local File No. of H. Q. File

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

No. 724092 Rank Pte. Original Unit 109th. Present Unit
 Age 29 Height 5 ft. 5 ins. Complexion Dark Eyes Blue Hair Black Character
 Date of enlistment 14-3-16 Where enlisted Lindsay, Ont. Where seen service England
 Ship returned by Olympic Date of arrival May 31st. 17 Port of arrival Halifax, N.S.
 Birthplace England Religion Methodist
 Name and address next of kin Sister, Mrs L. Rowntree, 324 Grange Rd., Plaxton, London, Eng.
 Cause of disability Conjunctivitis, }
 Blepharitis } R. Eye.
 Condition which prevents the soldier from earning a full livelihood

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board 20% reducing to Nil
 Probable duration of incapacity 3 months
 Is final disability likely to prevent return to previous occupation?
 Recommendation of Canadian Board Convalescent Home specialist treatment
 Destination to which transportation issued Kingston, Ont
 Members of Board H. Miller, Capt.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Farming
 Regular trade or profession
 Average earnings previous to enlistment \$30.00 no. 2 Board Any other income
 Name and address of last employer 121 Miller, Lindsay, Ont.
 Rent per month If purchasing property amount due and annual payment, \$
 Taxes If Homestead, when is patent due?
 If carrying life or accident insurance, annual premium
 If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$
 If unable to follow previous occupation, name preference
 At what age soldier left school? What grade, standard, &c., was he in?
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References
 Witness Last Employer. I declare that the above statement is correct.
 Date J. McDonnell, Signature J. J. Andrews.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
 Not desirous of tuition.

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$
 Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$
 Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
 PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
 First payment date.....
 Form No. 5a.

CLASS 1.—Men for immediate discharge without a pension.
 (a) Unfit for overseas service but capable to take up their previous civilian occupation.
 (b) Disability not the result of service or involving claim as the result of or aggravation by service.

First payment date.....
 PENSION—Class..... Amount per year \$.....
 Trans'd to Unit—Date.....
 Trans'd Class 1—Date.....
 Trans'd Class 3—Date.....
 Amount forwarded to H. Q. Unit \$.....
 Credit Clothing Allowances \$.....
 Last Pay Cert. \$.....
 Dr. \$.....
 Amount paid at Depot H. Q. \$.....
 L. P. C. leaving Depot \$.....

Recommendation by Interviewer as to classes likely to be of use, and general remarks.

Date.....
 Witness.....
 References.....
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 Has he taken any Technical or Continuation classes, if so what?
 At what age soldier left school?
 What grade, standard, etc., was he in?
 If unable to follow previous occupation, name preference
 If in receipt of sick benefits or other insurance—name of society
 If carrying life or accident insurance, annual premium
 Taxes.....
 If Homestead, when is patent due?
 Rent per month.....
 Name and address of last employer.....
 Average earnings previous to enlistment.....
 Regular trade or profession.....
 Occupation prior to enlistment.....

DEPENDENTS

NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife				
Children	1			
	2			
	3			
	4			
	5			

INFORMATION TO BE FURNISHED BY SOLDIER

Members of Board.....
 Destination to which transportation issued.....
 Recommendation of Canadian Board.....
 Is final disability likely to prevent return to previous occupation?
 Probable duration of incapacity.....
 Degree of incapacity (Please state in fractions) Eng. Board.....
 Canadian Board.....

Condition which prevents the soldier from earning a full livelihood.....
 Cause of disability.....
 Name and address next of kin.....
 Birthplace.....
 Ship returned by.....
 Date of enlistment.....
 Height.....
 Rank.....
 Original Unit.....
 Present Unit.....
 Hair.....
 Eyes.....
 Complexion.....
 Where enlisted.....
 Where seen service.....
 Port of arrival.....
 Religion.....
 Character.....

Class.....
 No. of.....
 No. of.....
 No. of.....
 No. of.....

This form is to be filled out by the soldier or his next of kin. It should be filled out as soon as possible after the soldier has been discharged from the hospital. It should be filled out as soon as possible after the soldier has been discharged from the hospital.

Report No. 6726

Class II.

No. of M. H. C. File

No. of Local File

No. of H. Q. File

Andrews, John J.
Lindsay, Ont.

MAY - 7 1920

No. 724095 Rank Pte. Original Unit 109th. Present Unit Can. Ser. N. Corps.
Age 29 Height 5 ft. 5 ins. Complexion Dark Eyes Blue Hair Black Character
Date of enlistment 14-3-16 Where enlisted Lindsay, Ont. Where seen service England
Ship returned by Olympic Date of arrival May 21st. 17 Port of arrival Halifax, N.S.
Birthplace England Religion Methodist
Name and address next of kin Sister, Mrs L. Rosati, 324 Grange Rd. Plasterow, London, Eng.

Cause of disability Conjunctivitis,)
blepharitis) R. Eye.

649-a-4633

Condition which prevents the soldier from earning a full livelihood

In Dec. 16 right eye began to bother him. Was treated by H.Q. till Feb. 13/17 when he entered hospital. Was getting well when he took cold & eye again got worse. At present the upper & lower eyelids are quite red & swollen. Edge of upper lid is ulcerated. Has a slight conjunctivitis. Recommend further treatment by a specialist.

Heart & lungs are normal.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board 20% reducing to Nil

Probable duration of incapacity 2 Months

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board Convalescent Home specialist treatment

Destination to which transportation issued Kingston, Ont.

Members of Board R. L. Miller, Capt.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession Farming

Average earnings previous to enlistment \$30.00 mo. & Board Any other income

Name and address of last employer J. J. Andrews, Lindsay, Ont.

Rent per month If purchasing property amount due and annual payment, \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in? H.A.

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness Last Employer.

I declare that the above statement is correct.

Date J. McDonnell,

Signature

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Not desirous of tuition.

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment date.....

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by disease) and whose cases will immediately be considered by the Pensions Board in view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension. (a) Unfit for overseas service but capable to take up their previous civilian occupation. (b) Disability not the result of service or involving claim as the result of or aggravation by service.

AB 21-AM 1920

10/12/20

NOV 2 1920

No. _____ Rank _____
 Age _____ Height _____
 Date of enlistment _____
 Ship returned by _____
 Birthplace _____
 Name and address next of kin _____
 Cause of disability _____

Condition which prevents the soldier from earning a full livelihood

Canadian Board _____
 Degree of incapacity (Please state in fractions) Eng. Board _____
 Probable duration of incapacity _____
 Is final disability likely to prevent return to previous occupation? _____
 Recommendation of Canadian Board _____
 Destination to which transportation issued _____
 Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment _____
 Regular trade or profession _____
 Average earnings previous to enlistment _____
 Name and address of last employer _____
 Rent per month _____
 Taxes _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of sick benefits or other insurance—name of society _____
 If unable to follow previous occupation, name preference _____
 At what age soldier left school? _____
 What grade, standard, grade, was he in? _____
 Has he taken any Technical or Continuation classes, if so what? _____
 Whether given Vocational Training while in Hospital in England. If so, what subjects? _____
 References _____
 Witness _____
 Date _____
 I declare that the above statement is correct.
 Signature _____

Recommendation by interviewer as to classes likely to be of use, and general remarks: _____
 Trans'd to _____ Unit—Date _____
 Trans'd Class 1—Date _____
 Trans'd Class 3—Date _____
 Amount per year \$ _____
 Period granted for _____
 Dating from _____
 First payment _____
 Form No. 51

This form is to be filled out by the soldier or by a person acting on his behalf. It should be filled out as soon as possible after the soldier has been discharged from the hospital. The information given on this form is used to determine the soldier's eligibility for various benefits and allowances. The soldier should be given a copy of this form and should be advised of the importance of filling it out correctly.

DUPLICATE

4th. Overseas Pioneer Battalion, C. E. F.

To be made out in duplicate.

H.Q. 54-21-23-53

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... *H 6/S Pioneers Battalion*
Transferred from 109 Battalion Sydney

(2) Regimental Number... *724095*

(3) Full Name of Soldier... *Andrews, John, James*

(4) Place of Birth... *Woolwich England*

(5) Are you married, or not? ... *no*

(6) If married, state,
 (a) Full name of your wife... *none*

(b) Present Postal Address... *none*

(7) Are you a widower? ... *no*

(8) Have you any children? ... *no*

If so, give number of boys and girls... *none*

Also their names and ages... *_____*

(9) Is your Father alive? no
If so, state name and address _____

(10) Is your Mother alive? no
If so, state name and address _____

(11) If your Mother is a widow no
Are you her sole support, or not? _____

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Miss Alice Selig Anderson (Sister)
93 High Street
Woolwich Kent England

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? no
If so, in what Company? _____
Have you made arrangements for payment of your Insurance premium? _____
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Punchcathie
Lt. Col.
Com'd'g. 4th. Overseas Pioneer Bn. C. E. F.
Officer Commanding.

Date 5/8/16

137108

PROCEEDINGS OF A MEDICAL BOARD.

Dated at London Jan 16 1916.

No. 724045 Rank Plt Name Anderson J. D.

Local Unit 25th Regt P. B. Overseas Unit _____ Age 23

Examination held at CP & D Embankment

DISABILITY.
Overseas—Local.
(scratch one out)

Defective vision

PRESENT CONDITION.

Specialist report in U.S.
states R.V. $\frac{6}{36}$ but improved by glasses
L.V. $\frac{5}{36}$ unimproved + $\frac{6}{24}$
13 11

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members { J. R. Goodall CaptPresident.
R. Hyttimann Capt

APPROVED

Dated at London 16/1/17 1916.

J. R. Goodall Capt
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....1916

No.....Rank.....Name.....

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY
Overseas—Local
(scratch one out)

PRESENT CONDITION

BOARD RECOMMENDS—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures—

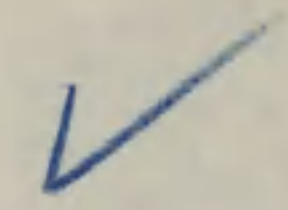
.....President

Members

APPROVED

Dated at.....1916

6712 11



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

Proceedings of Medical Board at Discharge Depot.

DEPT MILITIA & DEFENCE
JUN - 1 1917
109-a-4633
CANADA

Number 714095 Rank Pte Name and Corps of disabled soldier Andrews John J. 109th Bn
Previous Civilian Occupation. farmer

Cause of disability - Conjunctivitis right eye
Blepharitis

Condition in detail which prevent the soldier earning a Full livelihood:-
In Dec/16 left right eye began to bother him. Was treated by M.O. till Feb. 15th/17 when he entered hospital. Was getting well when he took cold & eye again got worse. At present the upper & lower eyelids are quite red & swollen. Edge of upper lid is ulcerated. Has a slight conjunctivitis. Recommend further treatment by a specialist.
~~Heart~~ Heart & Lungs are normal.

Opinion of the Board.

Degree of incapacity (Please state in fractions.) 20% reducing to nil.

Probable duration of incapacity:-
2 months.

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

Would operation, special treatment or the use of appliances, etc., lessen incapacity?
Specialist treatment
Cures at home

Signature. R.L. Miller Capt President.
H. K. ... Lt Members.
M. Dargent Capt.

Station. Quebec
Date May 25th/17

Approved.

Date May 25/17

W. M. ... Assistant Director Medical Service.

Date

Director General Medical Service.

Discharge
31-5-17
109th Bn

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

Proceedings of Medical Board at Discharge Dept.

RECEIVED
MAY 11 1917
CANADA

11

Number _____
Rank _____
Name and Corps of disabled soldier _____
Previous Civilian Occupation _____
Cause of disability - _____

Condition in detail which rendered the soldier unfit for service _____
Residence: _____

Opinion of the Board.

Degree of incapacity (Please state in fractions.) _____

Probable duration of incapacity: - _____

Does it render him permanently unfit for Military Service? _____

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

Signature _____
President _____

Members _____

Station _____

Date _____

Approved _____

Date _____
Assistant Director Medical Service _____

Date _____
Director General Medical Service _____

6712

136154

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Cromwell Jan 16 1916.

No. 724095 Rank Pte Name Andrew J. S.

Local Unit 25th Regt B Overseas Unit CP 1st Bn Age 23

Examination held at CP 1st Bn

DISABILITY.
Overseas—Local.
(scratch one out)

Defect in vision

PRESENT CONDITION.

Specialist to report on in H S
State RV $\frac{6}{36}$ not imp'd by glasses
LV $\frac{6}{36}$ improved to $\frac{6}{24}$

B II

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:—

Members { [Signature].....President.
 { [Signature].....
 { [Signature].....

APPROVED

Dated at Cromwell 16/1/17 1916. [Signature]

Dated at 1918

APPROVED

Members

..... President

Signatures:—

2 Discharge

4 For Permanent base Duty

8 For Temporary base Duty weeks

2 For duty after weeks, practical training

1 For duty

BOARD RECOMMENDS:—

PRESENT CONDITION

(select one only)
CLASSIFICATION—LOCAL
DISABILITY

Examination held at

Local Unit Overseas Unit Age

No. Rank Name

Dated at 1918

PROCEEDINGS OF A MEDICAL BOARD

6712

4th. Overseas Pioneer Battalion, C.E.F.
724095

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Andrews. Christian Name John Joseph ^{JAMES}

Examined { on 14 day of March 1916.
at Sundsey
Birthplace { City or Town Woolwich
County England

Approved by J McCulloch
Rank Major M.O.
100th Overseas Battalion, C.E.F.

Apparent age 27 years.
Trade or occupation Farm labourer.
Height 5 Feet 5 Inches. M.O.
Weight 140 Lbs. M.O.
Chest measurement { Minimum 33 inches. M.O.
Maximum expansion 36 inches. M.O.
Physical development Good M.O.
Small-Pox Marks None. M.O.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { Arm Right. None Left. Six
Number Six

Date.	Result.	VACCINATIONS.
<u>March 17th 1916</u>	<u>Good</u>	<u>J McCulloch</u> M.O.

When Vaccinated last March 17th 1916
(a) Marks indicating congenital peculiarities or previous disease None M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/4/16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>25/4/16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.

Enlisted on 14 day of March 1916 at Sundsey

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>724095.</u>		<u>14.3.16.</u>
Transferred to	<u>4th O.S. Pioneer Bn. C.E.F.</u>			<u>6-6-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

FORM OF WILL.

I, John James Andrews (Name in full)

Regimental Number 924995 serving in 4th Pioneer Bn

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Same as below

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

absolutely, and my personal estate I bequeath to

Mr H Burnings
65 Stepney Green
London England

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

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 4th day of April A. D. 1916

J. J. Andrews 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. Bolger Lieut

Address of Witness 4th O/S Pioneer Bn C.E.F.

Occupation of Witness Civil Engineer

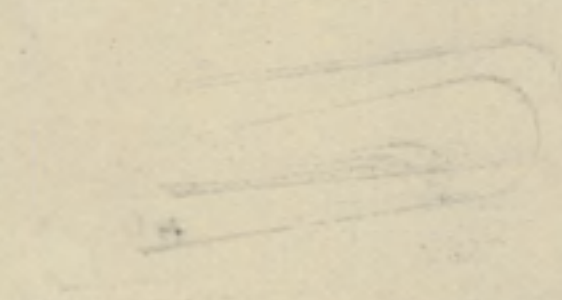
Signature of Second Witness J. W. White Capt

Address of Witness Findsay Pub Canada

Occupation of Witness Fireman Farmer

CERTIFIED A TRUE COPY
H. Spencer Reppert R
OFFICER $\frac{1}{6}$ ESTATES, M. & D.

ESTATES BRANCH
JAN 18 1917
MILITIA DEPT.



J.M.

6712

R-122

Rank *Pte* Name **ANDREWS, John James.** ✓ Reg'l No. **724095** ✓
 Unit **4th Pioneer Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** ✓
 Place and Date of Enlistment **Lindsay. 14th March 1916.** Place of Birth **Woolwich, England** ✓
 Name and Address, Next-of-Kin **Lillian Andrews.** ✓

93 High St., Woolwich, Eng. Relationship **Sister.** ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship
Relationship
Relationship

N/E. R.B. No. *107*
 File R.L.
 Category *D.T. Can.*

Discharge, Date and Place Reason Character

H. W. & V., Ltd. - 7165-16.

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.				
ARRIVED IN ENGLAND S.S. METAGAMA. 22-3-16.					
<i>The 4th Pioneer Bn will be known as the 5th Pioneer Bn B'shott R. O. 712d 7.11.16</i>					
<i>2.12.16</i>	<i>5th Pny S.O.S. to C.P.T. D. Croshaw</i>			<i>2.12.16</i>	<i>Pt. # D. O. 200</i>
<i>2.12.16</i>	<i>C.P.T. D. Croshaw from 4th Pion Bn</i>			<i>2.12.16</i>	<i>Pt. # D. O. 200</i>
<i>22.1.17</i>	<i>25th Res Bn</i>	<i>C.P.T.D now known as 25th Res Bn</i>	<i>B'shott</i>	<i>29.12.16</i>	<i>D. O. 22.</i>
<i>25-1-17</i>	"	<i>S.O.S. of C.P.T. D.</i>	<i>Bramshott</i>	<i>29-12-16</i>	<i>Pt. # D. O. 251</i>
"	"	<i>I.O.S. of 25th Res Bn</i>	"	"	" 251
<i>14-2-14</i>	"	<i>S.O.S. to C.C.A.C.</i>	"	<i>16-1-14</i>	<i>Pt. # D. O. 45 (CCAC D.O. 70^d 10-2-17)</i>
<i>14-2-14</i>	"	<i>Attached from CCAC</i>	"	<i>16-1-14</i>	" " " " " "
<i>27-3-17</i>	"	<i>leaves to be Att. C.C.A.C. & Att. from WO Regt. Depot.</i>	"	<i>11-3-17</i>	<i>" " 86. (CCAC D.O. 119)</i>

6712

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.				
2.3.14	25 th Regt	Brighton Adm. Hospital Eye Hosp.	B'slett	15-1-14	PT 20 61
"	"	Discharged	"	28.2.14	61
19-3-17	WMDep.	T.O.P. from Lt Col Ab. & Lt 25 th Regt.	"	11-3-17	- 9 & 6 C.A. 119
7-4-17	25 th Regt.	ceases to be Lt. proceeded to C.F.C.	"	7-4-17	- 98
9-4-17	WMDep.	ceases to be Lt. 25 th S.O.P. to C.F.C.	"	7-4-17	- 28
21.5.17	C.F.C.B.D.	S.O.S. to Canada for discharge	Sun'dale	12.5.17	- 19
	Dis Dep	to Conv Home	MD 3 Kingston	21.5.17	NK. 286.

C7C 0110. 93
d/20-4-17.

SPECIAL

Fill in Only.—Unit, Number, Rank and Name.
Casualty Form—Active Service.

M. F. W. 54.
 15000. 10-15.
 H.Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 724095 Rank Private Name Andrews, John James
 C. E. F.

Enlisted (a) 14.3.16 Terms of Service (a) duration of War + 6 months Service reckons from (a) March 14. 1916

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) ELD

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	Halifax	12.9.16	
		Disembarked England	Liverpool	22.9.16	BA-LRE-19-28. 4/1-12-16
		Transferred to C.P.T.D.	Crowborough	2.12.16	Camp Order #481
	 Lt: Col Com'd: 5th Canadian Pioneer Batta.			
2-12-16	CPTD	Taken on the strength	Crowborough	2-12-16	Part II Orders 256.
25-1-17	CPTD	Trans. to 25th. Res. Bn.	Crowborough	29-12-16	Pt. II. Ord. 25
25-1-17	25th. Res.	Taken on Strength	Crowborough	29-12-16	Pt. II. O. 25.
14-2-17.	25th Res.	Transferred to C.C.A.C.	Bramshott	16-1-17.	Part II. Orders 45.
10-2-17.	C.C.A.C.	J. O. Staff. 25th. Res. Bn.	Hastings	16-1-17.	Part II. Orders 45.
14-2-17.	25th. Res.	Attached from C.C.A.C.	Bramshott	16-1-17.	Part II. Orders 45

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

6712

298

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				
27-3-17	25th Res.	Taken on Strength of Western Ont. Regtl. Depot, Remains attached 25th. Res.	Bramshott.	11-3-17	Part 11 D.O. 86.
7-4-17.	25th Res.	Transferred to Can. Forestry Corps.	Bramshott.	7-4-17.	Part II. O.O. 98. Withdrewn Captain for Adjutant. 20th RESERVE BATTALION O.E.F.
20-4-17	Def TO	Taken on Strength Can. Forestry Corps.	Londre	7-4-17	Part II Order. 93 W. J. Wilson Adj. C 7C
11-5-17		Taken on Strength C.D.D Part 2 Orders No. 111			W. J. Wilson Lieut. for O.C-C.D.D.
12 MAY 1917		Embarked for Canada			W. J. Wilson Lieut. for O.C-C. D.D.
<p><i>Discharged 19th Jan 1918</i></p> <p><i>Struck off Strength # 3 Special Service Co. Jan. 1918</i></p>					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

0396-J-7

Name Andrews, John James
Surname Christian Name

Regimental Number 724095 Rank Pte.

Address (in full) Lindsay, Ont.

Unit NO. 3 Special Service Co.

Original Unit

District where paid M.D. 3.

Date of Discharge 19-1-18.

P. D. P. Filing Number 16-51-3.

Rates:—Regimental pay \$ 1.00 per diem; Field Allowance \$.10 per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1028	21-1-18	33 00	1010	21-2-18	33 00	1005	25-3-18	34 10		100 10

M. F. W. 127.
 8008-617.
 1772 33-1140.

Remarks:

649-A-4633.

CARD NO.

SURNAME. *Andrews*

CHRISTIAN NAMES *John James*

REGL. No. *727095* RANK *Pioneer*

UNIT *4th Pioneer No 3 Sps Coy. C.E.F*

FORMER CORPS *2 yrs. 45th Regt.*

S.O.S. Dis. *19-1-18-3.*

En.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Andrews Lillian*

RELATIONSHIP TO SOLDIER *Sister*

ADDRESS *93 High St. Woolwich Eng.*

COUNTRY OF BIRTH *England, Woolwich*

DATE *April 19th 1888*

PLACE OF ATTESTATION *Lindsay Ont.*

DATE *May 14th 1916*

Tr. from "C" Unit, No. 6 to No. 3 S.S. Coy. C.E.F. 19-17, auth. S.M. 200000 19-17-41
Tr. from 109th Bn to 4th Pioneer Bn auth. 109th Bn 1. P. 5-6-16

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.-8-16. H. Q. 1772-39-339.

o/p 12-9-16 532 / 2

R/C 21-5-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Yes
Farm Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

27

YEARS

11

MONTHS

HEIGHT

5

FEET

0

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Mar. 14th 1916.

Present Address

Lindsay, Ont.

No. 724095. RANK *Plt*

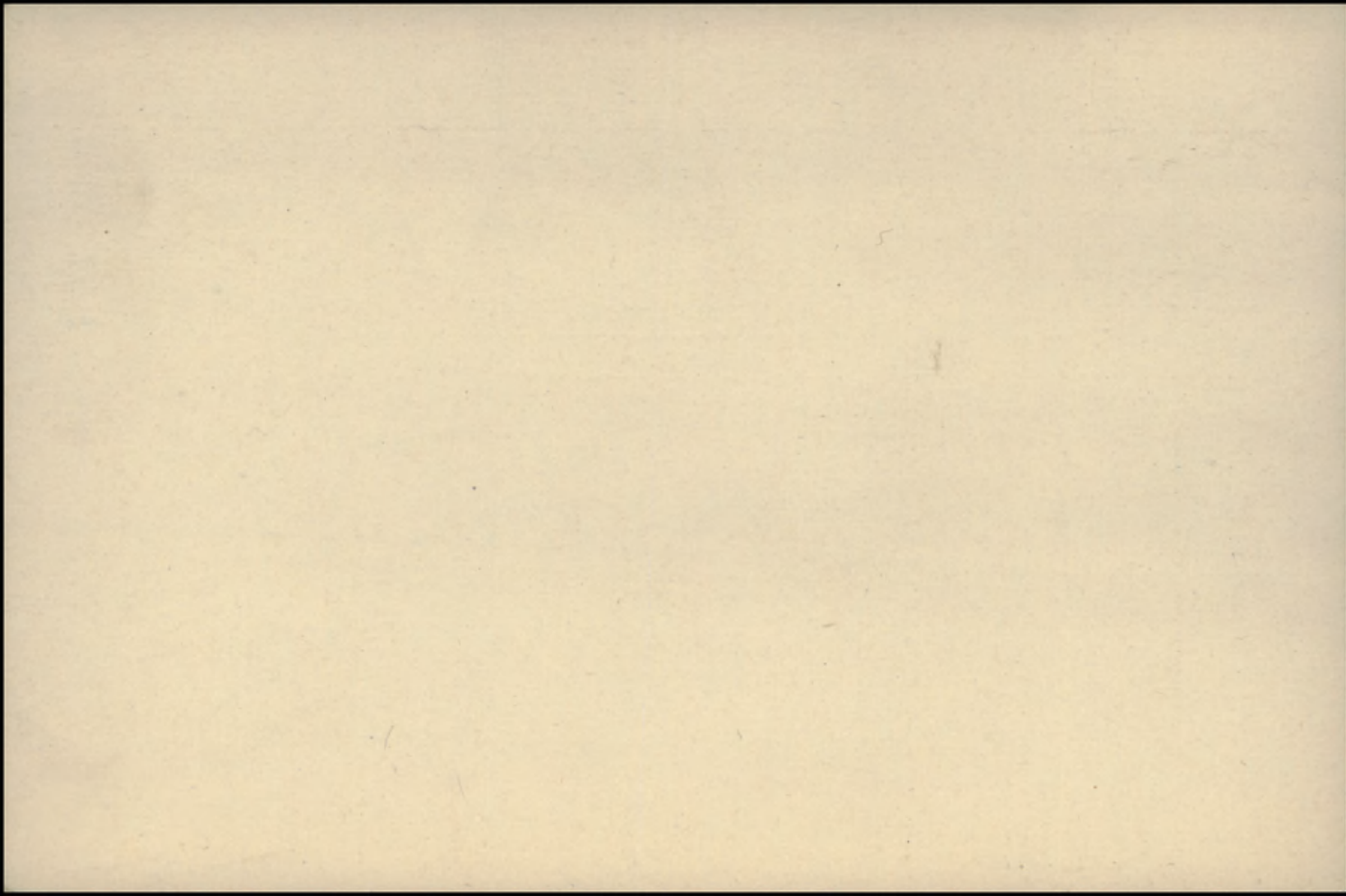
NAME *Andrews J. J.*

T. O. S. *14-3-16.*
D.O. 104.21.3-16

UNIT *109th. Battalion.*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar 14</i>	<i>Mar. 31</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
<i>June. 1.</i>	<i>June. 5.</i>	<i>H.</i>	<i>Transfd. to 4th Pioneer Bn 5-6-16 D.O. 169 of 5-6-16.</i>	



No. 724095 RANK *Pl.*

NAME *Andrew J. J.*

T. O. S.

UNIT

4th Pioneer Battalion C. E. 7.

*Transf from 109th Br. 6-6-16
S.O. 855 of 14-6-16*

M. D. *6.*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

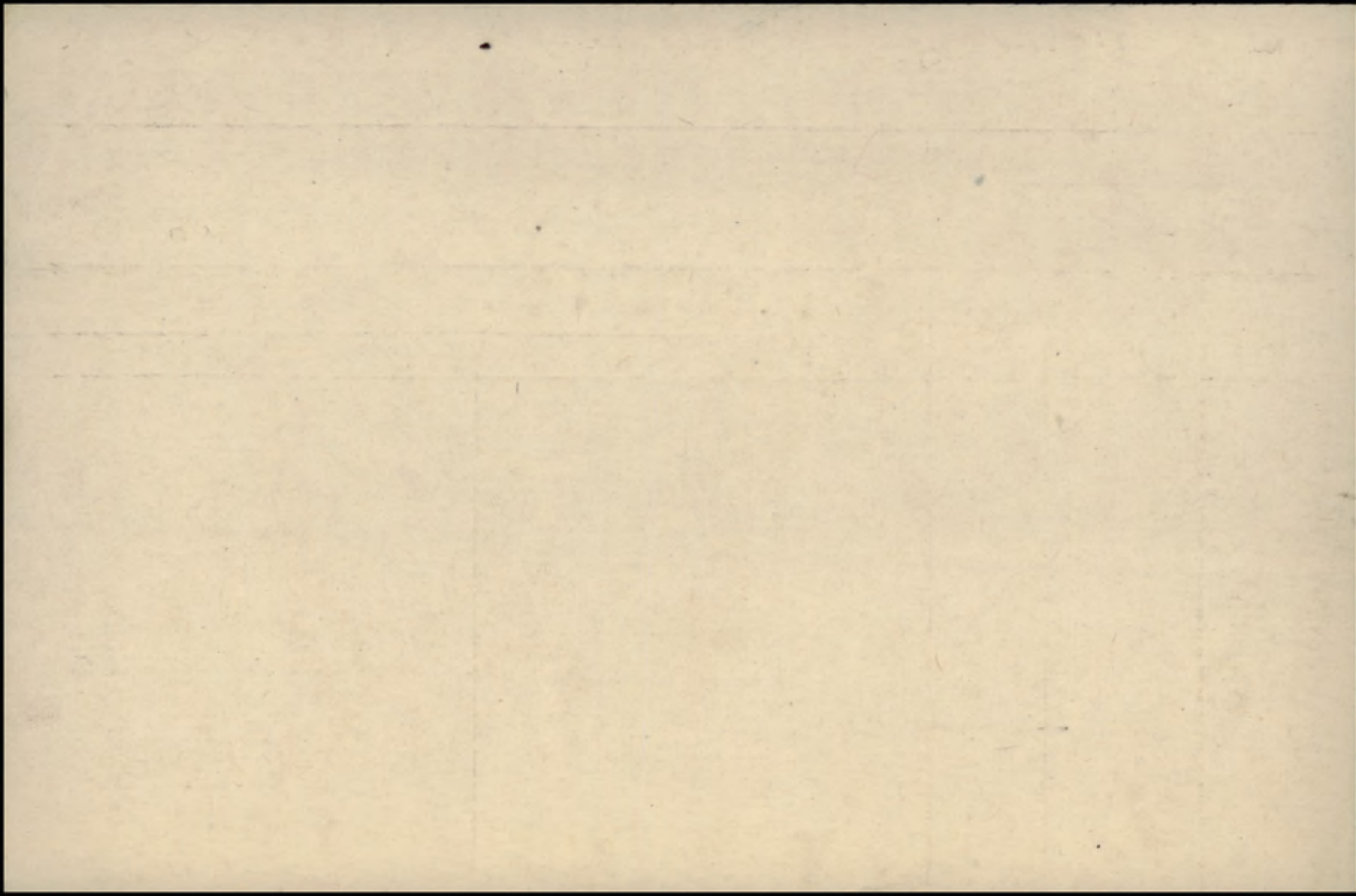
PARTICULARS

AUTHORITY

*1916
June 6*

*1916
June 30
July
Aug.*

*✓
✓
✓*



No. 724095 RANK Pte

NAME Andrews J. J.

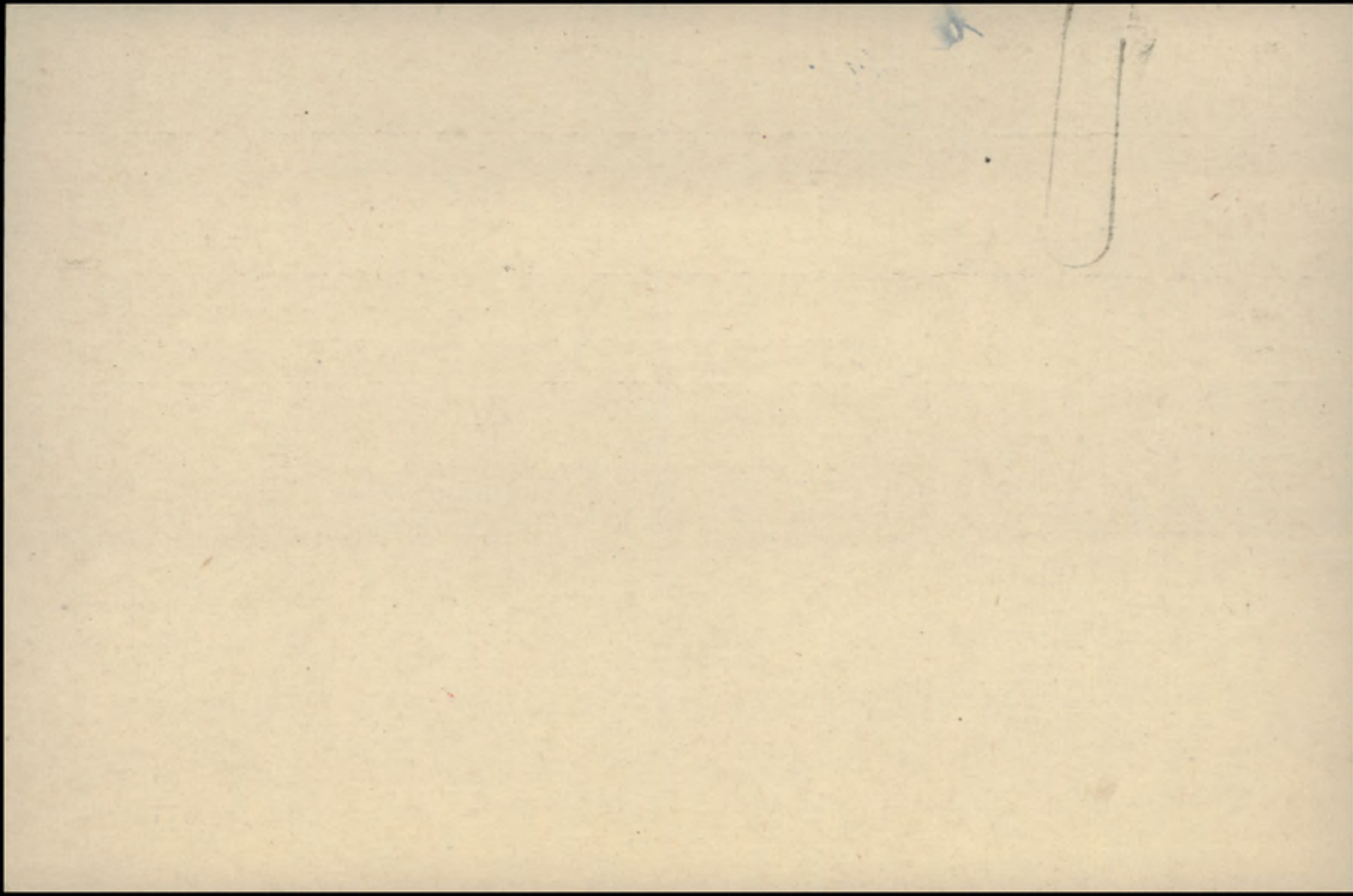
T. O. S.

UNIT Special Service Battalion
3rd Coy

transfd from "C" unit M1466 1-9-17
no 210 of 1-9-17.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Sept 1	Sept 30	u.		
	Oct	u		
	Nov	u		
	Dec	u		
1918	1918			
Jan 1	Jan 18	u	Dischd. 17-1-18. ma no 210 of 21-1-18.	
apc closed by payment s.				



86

649-A*4633
Pte

Number 724095-

Rank

Surname ANDREWS

Christian Name John James

Units 4 Cav Pw Bn Theatre of War England

Date of Service 22-9-16

Remarks

nil on file
re death
D

Latest Address

~~GPO Lindsay~~
Westminster Hospital

Roll No

a Page 4449 London Out

10m -8-21"

10 $\frac{3}{33}$

DESP. MAR 13 1933

REGN. NO. 129

396.937

Asst. Director Pay Services
Military Dist. 3,
AUG 30 1919
RECEIVED

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

S. A. & A. P.
SEP 5 1919

Q 894

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Reg. No. 724095 2. Rank Private 3. Original C.E.F. Unit 109 Batt
- 4. Christian Names John James 5. Surname Andrews
- 6. Address, in full, to which future payments of gratuity are to be forwarded
Sindsay, p.o. Ontario

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
CANADIAN SERVICE.			
1st Enl.	45 <u>Co. Hunter</u>	<u>Private</u>	<u>Active Militia</u>
2nd Enl.	109 Batt <u>724095</u>	<u>Private</u>	<u>C.E.F.</u>
3rd Enl.	<u>not applicable</u>		
4th Enl.	<u>not applicable</u>		
IMPERIAL SERVICE.			
Imp. Enl.	<u>not applicable</u>		

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
CANADIAN SERVICE.						
1st Enl.	<u>aug 10 1914</u>	<u>22 sep 1914</u>	<u>pte</u>	<u>45. Reg</u>	<u>valcartier Que</u>	<u>Med. unfit</u>
2nd Enl.	<u>14 march 1915</u>	<u>19 Jan 1918</u>	<u>pte</u>	<u>Co 3 Special Service Co.</u>	<u>Kingston</u>	<u>Physical unfit for further service</u>
3rd Enl.	<u>not applicable</u>					
4th Enl.	<u>not applicable</u>					
IMPERIAL SERVICE.						
Imp. Enl.	<u>not applicable</u>					

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-89-1389.

No budget papers FR 77

11-9-19

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency not applicable
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
4th Pioneers Battalion 22 September 1916
until May 7. 1917
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
11. Have you been issued with a War Service Badge? If so, give number and class B
no. 6. 25 123.
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit no
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates.
Post Discharge pay paid \$100.10
from Kingston Ont. Jan 19. Feb 19
March 19. 1918
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled
not applicable
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no
 (b) If so, are you in receipt of full pay and allowances from that Department? not applicable
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
18. Relationship of such dependent not applicable
19. Present address, in full, of such dependent not applicable
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name
not applicable

REMARKS none

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: J. J. Andrews
 Place of Residence: Sudbury, Ont

Declared before me at: Lindsay Ontario
 This 29th day of August 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. Commissioner

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.		
Dates paid.	Amounts paid soldier.	Amount paid dependent.
<u>Jan 21/18</u>	<u>33⁰⁰</u>	
<u>Feb 21/18</u>	<u>33⁰⁰</u>	
<u>Mar 25/18</u>	<u>34¹⁰</u>	
<u>Total Amt</u>	<u>100¹⁰</u>	

REMARKS

Certified correct. Wm A. Sealey
 Assistant Director Pay Services, Mil. Dist. No. 3

Date 2/9/19

468-26-2-18

LN/

Category E

MEDICAL HISTORY OF AN INVALID. SPECIAL

1. Station. **Kingston, Ont.**

2. Regiment or Corps. **4th Pbn eers**

3. Regimental No. and Rank **pte. #724095**

4. Name. **John Joseph Andrews**

5. Age last Birthday **29 years.**

6. Enlisted on **Mar 14th 1916** at **Lindsay, Ont.**

7. Former trade or occupation **Farm Laborer** Date. **August 9th 1917.**

8. General remarks on his:—
 (a) Conduct
 (b) Habits.
 (c) Temperance.

DEPT MILITIA & DEFENCE
 FEB 26 1918
 I.Q. 649-A-4633
 CANAD.
 SECTION "D"

(At Station or Hospital where finally disposed of.)

Station and Hospital) Arrived from }
 Date

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

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. }
 Administrative Medical Officer.

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200M. 8-16.
H. Q. 1772-39-117.

Date	Disability	Name	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

9. Service. Years. Days.

	PERIODS	
	FROM	TO
109th Battalion C.E.F.	Mar. 14th 1916	June 3rd. 1916
4th Pioneers	June 3rd. 1916	Date.

10. (a) Disease or disability **Blephanitis.**
 (b) Date of origin. **Jan. 13th 1917**
 (c) Place of origin. **Sussex, Eng.**
 (d) Cause. **Unknown.**

11. Present condition. (Most Important.) **Subjective Symptoms.** He says the eyes feel alright. (Specialist's report:- Old **Blephanilis** right upper eyelid. This is quiescent and does not need treatment. Small **Chalagia** left lower lid, this is not causing trouble but should be removed. Man does not wish treatment for this condition. The man appears in good physical condition, the only trouble being, chronic **Blephanilis** whcih does not need treatment.

12. (a) Is the disability the result of service or climate? **Service.**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No**

26/12/18
27/12/18

OPINION OF THE MEDICAL BOARD.

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

None.

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

Not Applicable.

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

Not Applicable.

14. Treatment.

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

Not Applicable.

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

Permanent.

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

1/10 extent.

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

Yes.

D. A. Carr
Capt. A.M.C.
Medical Officer by whom the case is brought forward.

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

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. No

Recommendations: Find this man fit for Category C I. Further treatment will not improve his condition.

Signatures:—

W. A. Jones Capt. A.M.C.
President.

H. Duckray Capt. A.M.C.
Members.

Station. Kingston, Ont.

Date. August 14th 1917.

Date. AUG 16 1917

Approved.

Date.

[Signature]
Asst. Director of Medical Services.
D/ A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. District No. 3

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.	
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)	

*Only if discharged "Medically unfit."

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

This space to be for numbers

Proceedings on Discharge.

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

No. <i>724095</i>	
Rank <i>Private</i>	
Surname <i>Andrews</i>	
Christian Name <i>John James</i> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No 3 Special Service Co</i>	
Date of Discharge <i>January 19th 1918</i>	
Place of Discharge <i>Fort Henry Kingston</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>30</i> years..... months. Height <i>5</i> feet..... <i>8</i> inches. Complexion <i>Dark</i> Eyes <i>Blue</i> Hair <i>Black</i> Trade <i>Farmer Labourer</i> Intended place of residence <i>Lindsay</i> (To be given as fully as practicable.) <i>Ontario</i>	Descriptive Marks <i>nil</i>
2. The above-named man is discharged in consequence of <i>Physical Unfitness for further Service Authority</i> <i>Serial 88-A-37 Jan 18th 1918</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center; font-size: 2em;"><i>Good</i></div>	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center; font-size: 1.5em;"><i>Farmer</i></div>	

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

*Dis Sect-
19-2-18.
H.S.*

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

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

6. Medals and Decorations..... *Nil*

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

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

(Place) *Fort Henry* *at B. Buxali*
(Date) *19-1-18* Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Fort Henry* *J. J. Andrews* (Signature of Soldier.)
(Date) *19-1-18* *Parent* (Signature of Witness.)

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

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

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

..... *J. J. Andrews* (Signature of Soldier.)

10. Statement of Service.

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

11. Confirmation of Discharge.

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

(Place) *Fort Henry*
(Date) *19-1-18* (Signature) *at B. Buxali*

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.)

Nil

J. J. Andrews
Parent

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

B.P. TRIPPLICATE
DEF. MILITIA & DEFENSE
JAN 24 1918
H.Q. CANADA

STATION Kingston, Ontario. DATE Dec. 17th, 1917.

1. (a) Unit 13 S.S.CO (b) Regimental No. 145143 (724095) (c) Rank ptc.

(d) Surname Andrews. (e) Christian name John James

2. Age last birthday 25. Date of birth April 19th, 1888.

3. Enlisted at Lindsay, Ont., on March 14th, 1916.

4. Personal description:—

(a) Height 5' 8 1/2" (b) Weight 145. (c) Complexion (stripped)

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

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

Lindsay, P.O. Ont.,

6. Former trade or occupation Farming.

7. (a) Service

Years Days

PERIODS

From

To

109th Batt.

March 1916.

June 1916.

4th Pioneers.

June 1916.

Feb. 1917.

25th Reserve.

Feb. 1917.

June 1917.

5 S.S.CO.

June 1917.

Date.

(b) Has he been Overseas? England.

8. Present disease or disability (use authorized nomenclature if possible). Blepharitis & Mentally deficient

(a) Date of origin 1. Jan. 18/17. 2. Unknown likely before enlistment. (b) Place of origin Sussex Eng. 2. Unknown.

(c) Cause* 1. Unknown. 2. Unknown. *(Here include original disease or injury)

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

Subjective:—

Man has no complaints.

Objective:—

Physical man is in splendid physical condition.

No sign of any blepharitis. Man is dull looking.

Mental.

Man answers questions quite intelligently but is not bright. The letter attached shows that owing to his mental attitude he is not fit for service.

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

M. F. B. 227.

1514-6-17.
1772-39-117.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- 2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- 3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- 4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- 5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Nil.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1. No disability.

2. Able to earn full livelihood.

12. Did the disability arise on or off duty?

1. Yes. 2. No.

13. Was a Court of Inquiry held?

No.

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

Yes..... No..... Not aggravated.

(If the answer is in the affirmative, state in percentages to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

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

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

1. No disability. 2. Permanent

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

English Hospitals.

Richardson Convalescent Home, Kingston.

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

No.

19. Can the former trade or occupation be resumed?

No.

20. Recommendations

Recommend discharge.

AS Sauer Cap AMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

pt. J. J. Andrews
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No) NO.
- (b) Service abroad, not general service, (" B) (Yes or No) NO.
- (c) Home service, (Canada only), (" C) (Yes or No) NO.
- (d) Temporarily unfit, (" D) (Yes or No) NO.
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No) YES.

23. It is certified that the soldier

- (a) Does require treatment.
 - (b) Does not require treatment.
 - (c) Should pass under his own control.
 - (d) Should not pass under his own control.
- (Strike out condition not applicable).

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

Category E
Agree

W. J. Jones Capt. AMC. President.

A. J. Smith Capt. AMC. Members.

STATION Fort Henry Ont.,

DATE December 19th, 1917.

APPROVED BY

DATE JAN 1-1 1918

APPROVED BY

DATE

G. W. Heathhead Major, A.M.C.
Assistant Director of Medical Services.
For A.D.M.S. Mil. Dist.

Director-General of Medical Services.

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

Local

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) _____ 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.

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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

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

This space to be for numbers

Proceedings on Discharge.



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

No.	724095
Rank	Private
Surname	Andrew
Christian Name	John James
Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No 3 Special Service Co
Date of Discharge	January 19th 1918
Place of Discharge	Fort Henry Kingston
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 20..... years..... months.	Descriptive Marks
Height..... 5..... feet..... 8..... inches.	
Complexion	Dark
Eyes	Blue
Hair	Black
Trade	Harve Labourer
Intended place of residence	Lindsay
(To be given as fully as practicable.)	Out.
2. The above-named man is discharged in consequence of Physical fitness for further service Authority 3rd. 88-A-37 Dated January 18th 1918	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
Good	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Farmer	

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

673. W. S. B. Comp.
12-4-19

(OVER)
Dis Sect
19-2-18
H.S.

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place) *Fort Henry* *AR Buzwal*
(Date) *19-1-18* Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Fort Henry* *J J Andrews* (Signature of Soldier.)
(Date) *19-1-18* *J Parent* (Signature of Witness.)

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

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

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

J J Andrews (Signature of Soldier.)

10. Statement of Service.

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

11. Confirmation of Discharge.

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

(Place) *Fort Henry*
(Date) *19-1-18* (Signature) *AR Buzwal*

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.)

J J Andrews

