

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

Attestation Papers..... 4 X 13

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A. H. B 122 1  
M 7667- 1

Particulars of discharge  
M. F. W. 64.  
100m.-6-17.  
H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

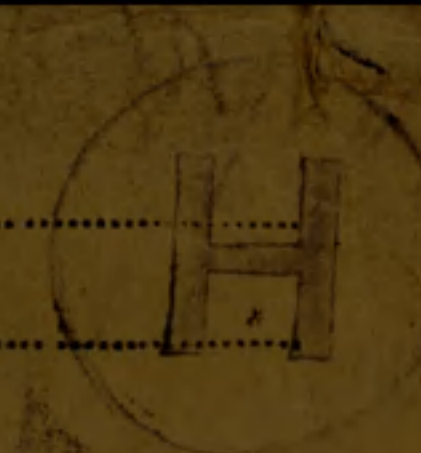
38

JOHN

X 6264

R. O. No.....

H. Q. No.....

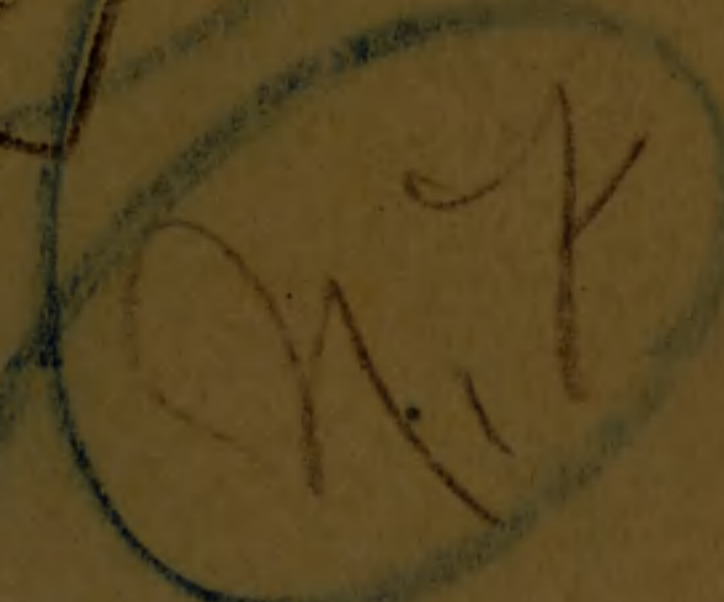
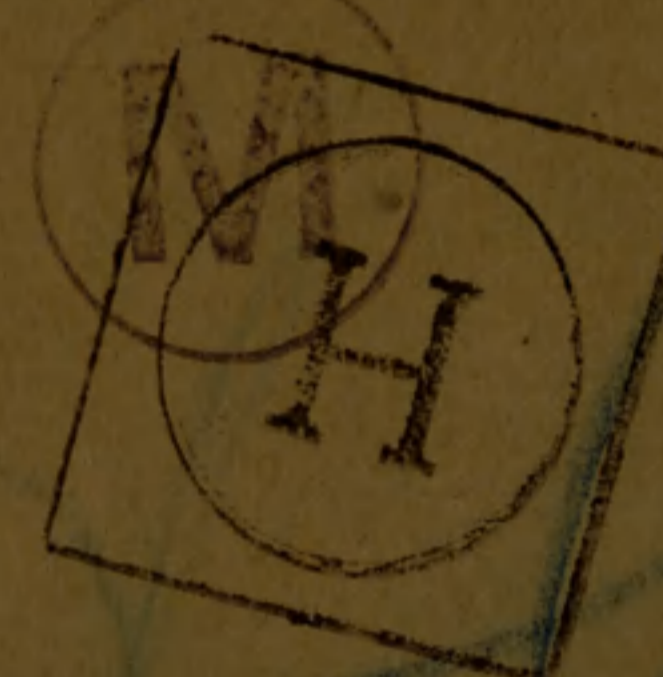


Name Atkinson John or Jack

Regt. No. 745225 Rank Pvt

Corps 1<sup>st</sup> Res 38<sup>th</sup> In C. & G. Co. O. R. W. form 126<sup>th</sup> Bn

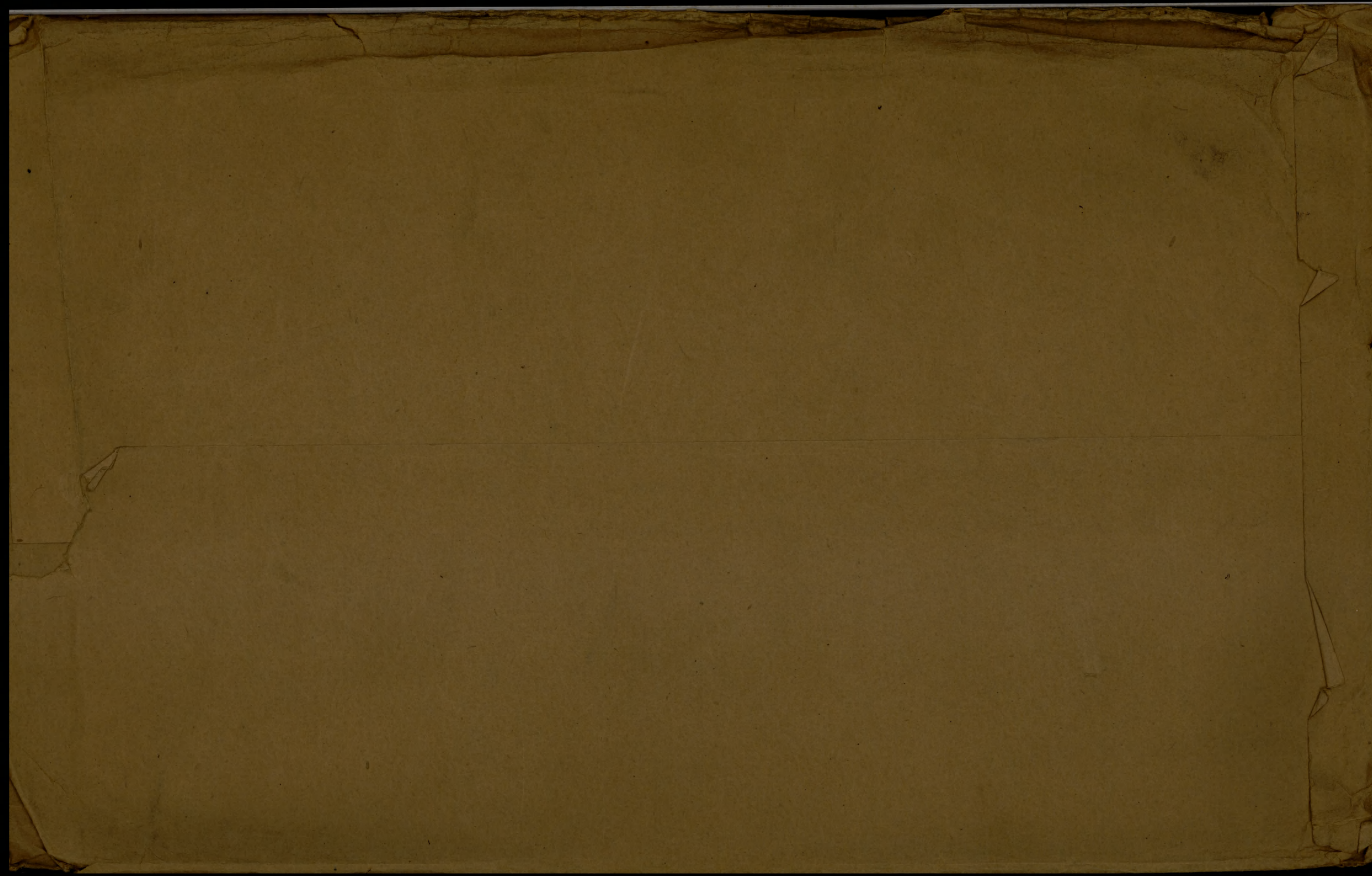
*Physically Unfit*



7-10  
17-10  
26 10  
2

Lo A  
M.A.







775228

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Atkinson*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *La. Lancashire England*
2. In what Town, Township or Parish, and in what Country were you born?..... *Mr Olive Atkinson*
3. What is the name of your next-of-kin?..... *116 68 Edwin Ave Toronto*
4. What is the address of your next-of-kin?..... *Wife*
- 4a. What is the relationship of your next-of-kin?..... *Sept 5 1892*
5. What is the date of your birth?..... *Lilasetter*
6. What is your Trade or Calling?..... *Yes*
7. Are you married?..... *Yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *No*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?..... *Yes*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..
16. If so, what was the reason?.....

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Atkinson*, 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 *Dec 9<sup>th</sup>* 1915 *Jack Atkinson* (Signature of Recruit)  
*J J Madigan* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Atkinson*, 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 *Dec 9<sup>th</sup>* 1915 *Jack Atkinson* (Signature of Recruit)  
*J J Madigan* (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 *Toronto* this *9<sup>th</sup>* day of *Dec* 1915  
*J R Prause Mayor* (Signature of Justice)



Description of John Atkinson on Enlistment.

Apparent Age 23 years 3 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.)

Tattoo on R Forearm

Height 5 ft. 6 1/4 ins.

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

Complexion Fair

Eyes Blue

Hair Light

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec 9<sup>th</sup> 1915 D. G. Mackay

Place Toronto Capt  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Atkins 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.

D. G. Hamilton (Signature of Officer)

Date Dec 9<sup>th</sup> 1915



# PARTICULARS OF DISCHARGE.

1. Name *Atkinson John*  
2. Regimental Number *775-225-* 3. Rank *PTE*  
4. Corps *7th Res. Bn. Form. 126th Bn.*  
5. Date of Discharge *30-9-17*  
6. Place of Discharge *Kingston Onto*  
7. Place to which transport given. (Give street address where possible.)

*122 Geary Ave. Toronto Onto*  
*Enlisted Toronto 9-12-15-*

8. Description at time of Discharge:—

Age *25* years      months.      Descriptive marks *Tatto mark. on Rt. arm*  
Height *5* feet *7* inches.      *G. S. W. Left. Shin.*  
Complexion *Fair*  
Eyes *Blue*  
Hair *Blonde*  
Trade *Tile setter*

9. The above named man is discharged in consequence of

*med. unfit      K. R +. O. Para 392. Sec. 16 K. R. 40.*  
*1912.*

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

*50% (Eng. Bd.)*

11. Character

*good.*

Date *18-10-17*

i/c Records.

*J.T.*







WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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 out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *John* 2. Surname *Atkinson*
3. Rank *Pte* 4. Original Unit *126<sup>th</sup> Batt* 5. Reg. No. *775226*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*1145 Dovercourt Rd*
7. Date of enlistment in the C.E.F. *Dec 4 - 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Olive Edna Atkinson*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *1145 Dovercourt Rd*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. 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:—  
*126<sup>th</sup> Batta Aug 11 - 1916*  
*Bct 1 - 1916*
13. 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? *Yes*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served  
*Fiance 38<sup>th</sup> Batta 5 mths*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

19. 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 and by whom paid

*157 A. Post Discharge  
C Unit*

20. Have you been issued with a War Service Badge? If so, what class?

*A & B*

21. Have you, during the present war, served in the Imperial Forces?

*No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

*Oct 14 1917* (b) Reason for discharge *Invalided in consequence of contracting T.B.*

25. 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*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit

*Nov - 1916  
April 12 - 1917*

27. (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?

*No*

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 in virtue of the Canadian Evidence Act.

Signature of Applicant:

*John Atkinson*

Place of Residence:

*1145 Dovercourt Rd.*

Declared before me at:

*[Signature]*

This

*9th*

day of

*June*

19*17*

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

*[Signature]*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
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*No record P.D.P. granted*

Certified Correct.

District Paymaster.



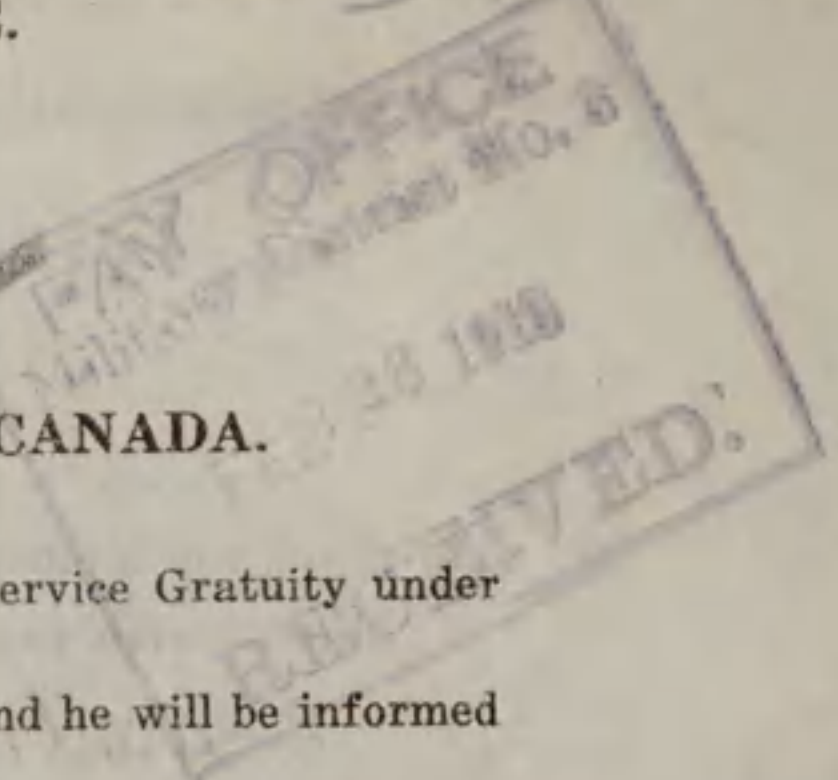
Duplicate of Decl. no  
Original 22211/443.

0586-2-10  
27098  
540 ✓

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.



Duplicate of Decl  
no 22211/443

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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 out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *John* 2. Surname *Atkinson*
3. Rank *Pte* 4. Original Unit *126<sup>th</sup>* 5. Reg. No. *775225*
6. Address, in full, to which future payments of gratuity are to be forwarded *1145 Dovercourt Rd Toronto*
7. Date of enlistment in the C.E.F. *Dec 4 - 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Oliver Edna Atkinson*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *1145 Dovercourt Rd Toronto*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. 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:—  
*109<sup>th</sup> Batty - Oct - Nov 30 - 1916*
13. 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*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *126 - Dec 4 - 1915 - Oct 1916  
109<sup>th</sup> Batty Oct 1916 - Nov 1916 - 38<sup>th</sup> Batty Nov 30  
Discharged 30 Oct 1917*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. 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 and by whom paid  
*3 Months Post Discharge at 53 Per Month*  
*Total 15.95*
20. Have you been issued with a War Service Badge? If so, what class? *A - B*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?  
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge  
*Sept 30 - 1917* (b) Reason for discharge  
*Medically Unfit*
25. 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*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit  
*38<sup>th</sup> Batty Nov 30<sup>th</sup> 1916 Left Hospital France*  
*12<sup>th</sup> April 1917*
27. (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?

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 in virtue of the Canadian Evidence Act.

Signature of Applicant: *John Atkinson*

Place of Residence: *1145 Dovercourt Rd.*

Declared before me at: *Toronto Ont*

This *25<sup>th</sup>* day of *Feb* 19*17*

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

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
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<i>1917</i> Nov 7 -	<i>\$ 33<sup>00</sup></i>	<i>20<sup>00</sup></i>		
Dec 7 -	<i>33<sup>00</sup></i>	<i>20<sup>00</sup></i>		
Jan 7 -	<i>32<sup>95</sup></i>	<i>20<sup>00</sup></i>		
	<i>98<sup>95</sup></i>	<i>60<sup>00</sup></i>		

*Total Amt pd \$ 158<sup>95</sup>*  
*Debit Bal. 1<sup>15</sup>*  
*160<sup>10</sup>*

District Paymaster.

*James Neaps*



475225

ORIGINAL

7505

ORIGINAL

MEDICAL HISTORY SHEET.

(B)

Surname Atkinson Christian Name John

Examined { on 4th day of Dec. 1915  
at Toronto

Approved by

B.G. McKay

Birthplace { City or Town  
County England

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Rank Capt. M.O.

Apparent age 23

Trade or occupation Typesetter

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, EASTBOURNE

Height 5 Feet 6 1/2 Inches. M.O.

Weight 125 Lbs. M.O.

Chest measurement { Minimum 32 inches. M.O.

{ Maximum expansion 34 1/2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right 1 Left  
Number 1

Date Result VACCINATIONS.

When Vaccinated last years 27-3-16 OK M.O.

(a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection None M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

None 15-3-16 OK M.O.

None 21-3-16 OK M.O.

None 25-3-16 OK M.O.

None 24-9-16 + M.O.

Enlisted on 9th day of Dec. 1915 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>126th Battn.</u>	<u>775225</u>		
Transferred to.....	<u>38th Bn.</u>		<u>OCT 15 1916</u>	

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Eastbourne</u>	<u>7/6/17</u>	<u>Pulmonary Tuberculosis</u>	<u>Discharged to Canada G. M. M. C. C.</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



7505

(B)

Christian Name

Surname

2307  
149

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				
SOUTHERN GENERAL HOSPITAL, STOURBRIDGE SECTION.		12	4	17	10	5	17	Debility	29	discharged to duty	W. Kirkpatrick MAJOR, R.A.M.C.F. REGISTRAR AND ASST. ADMINISTRATOR S. GEN. HOSP. STOURBRIDGE SEC
CANADIAN MILITARY HOSPITAL, EASTBOURNE.		12	5	17				Pul. Tuberculosis.		Board of 7-6-17. Invalided to Canada.	
	AMNS Letitia	18	6	17	29	6	17	- do -		Loss of weight and weakness are chief complaints - improving	W. Kirkpatrick Capt C.M.C.
Mowat Sanitorium Kingston Ont.		9	July	17				Pulmonary Tuberculosis		Recommended for discharge by Medical Board as disease is now quiescent.	A.E. Hampson Capt M.C.



Report No. 3697

Class II

D 3

No. of H.C. File

No. of Local File

No. of H. Q. File

D Unit

Atkinson, John  
14 Wiltshire Ave.  
Toronto

No. **775225** Rank **Pte.** Original Unit **38** Present Unit  
 Age **25** Height **5** ft. **6** ins. Complexion **Fair** Eyes **Blue** Hair **Light** Character **Good**  
 Date of enlistment **Dec. 1915** Where enlisted **Toronto** Where seen service **France**  
 Ship returned by **Letitia** Date of arrival **29-6-17** Port of arrival **Halifax**  
 Birthplace **England** Religion  
 Name and address next of kin **wife - Above Add.**  
 Notification of return to be sent to  
 Cause of disability **pulmonary tuberculosis**

Condition which prevents the soldier from earning a full livelihood **patient is only fairly well nourished, face slightly flushed. Suffers from a slight hacking cough accompanied by little expectoration. This cough is aggravated by exertion and there is also considerable shortness of breath upon exertion such as walking up hill. 6 years ago he was treated for pulmonary tuberculosis and made a good recovery. No history of phurisy. During Jan 1917 while working with a mine party at Vimy Ridge he breathed a quantity of mine gas and was quite ill after that. From this time on he lost flesh and began to cough with profuse expectoration accompanied by some hemorrhage. Exam. shows flatness about right apex with decreased expansion. Breath sounds are disordered, showing a prolonged expiratory sound on deep inspiration a few moist rales, but not heard on easy breathing.**

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board **100% DDS 50%**  
 Probable duration of incapacity **Eight Months**  
 Recommendation of Canadian Board **Sanatorium for Tuberculosis**  
 Destination to which transportation issued **Toronto**  
 Members of Board **Capt. Moore, MacDonald & Barton**

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					Good
Children 1	<b>Girl - Boy</b>				
2					
3					
4					
5					

Occupation prior to enlistment **Tile Setter**  
 Regular trade or profession  
 Average earnings previous to enlistment **\$10** Any other income  
 Name and address of last employer **T. Bradshaw Co.**  
 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 **W.B. MacCoy** I declare that the above statement is correct.  
 Date **2-7-17** Signature **Pte. J. Atkinson**  
 Recommendation by Interviewer as to classes likely to be of use, and general remarks:

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 service) and whose cases will immediately be considered by the Pension Board with a 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.







## MEDICAL HISTORY SHEET.

Surname Atkinson Christian Name John

Examined { on 4th day of December 1915  
 at Toronto

Birthplace { City or Town \_\_\_\_\_  
 County England

Approved by D. E. McKay  
 Rank Captain M.O.

	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
Apparent age <u>23</u>			M.O.
Trade or occupation <u>Tilesetter</u>			M.O.
Height <u>5</u> Feet <u>6½</u> Inches			M.O.
Weight <u>125</u> Lbs.			M.O.
Chest measurement { Minimum <u>32</u> inches Maximum expansion <u>34½</u> inches			M.O.
			M.O.
Physical development <u>Good</u>			M.O.
Small-Pox Marks <u>None</u>			M.O.

	Date	Result	VACCINATIONS.
Vaccination Marks { Arm Right <u>1</u> Left _____ Number <u>1</u>			
When Vaccinated last <u>Years</u>	<u>27-3-16</u>	<u>OK</u>	M.O.
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>			M.O.

	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
(b) Slight defects but not sufficient to cause rejection <u>None</u>	<u>12-3-16</u>	<u>OK</u>	M.O.
	<u>21-3-16</u>	<u>OK</u>	M.O.
	<u>25-3-16</u>	<u>OK</u>	M.O.
	<u>21/9/16</u>		

Enlisted on 9th day of December 1915 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>126th Battn.</u>	<u>775,225</u>		
Transferred to.. .....				

### 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.







MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book <b>1315</b> Year	Regimental No.	Rank.	Surname.	Christian Name.
	775225	Pvt	Atkinson	J
	Unit.	Age.	Service.	
	C. O. S. D.	25	Pia	

12 MAY 1917

Station and Date.  
CANAL MILITARY HOSPITAL, EASTBOURNE.

Disease Debility  
 Occupation - File clerk  
 Entered - Dec 4 1915  
England - 23 Aug 1916  
France - Dec 1916  
 carried on 3 1/2 mo. at front  
 wounded 17 March 1917  
 Hospitals - 26 G.H. Staps - 34th  
1st S.G. Birmingham - 1 mo

1315

Complaint  
 weakness on exertion, excessive sweating  
 shortness of breath pain in chest.

History of Disability -  
 Six years ago patient developed lung trouble, in Toronto, he was sent to Muskoka where he spent 3 or 4 months. At the time he states he was in very poor health and suffered a hemorrhage from the lung. During this last year or so he has been in pretty fair health however. In the trenches he became very weak and began to have attacks of haemoptysis and was sent back to supports, while here he was wounded in the left leg, on account of the wound and his chest condition he was sent back to England.

A. J. P. 14 Wilton's Road Toronto

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



Station  
and Date.

Phys Exam -

He looks anaemic; he is in poor physical condition  
he puts up small amount of sputum and  
coughs slightly.

There is a patch of diminished breath sounds  
just below middle of clavicle anteriorly; ves-  
tals are heard; over the same area there  
is hyper-resonance; and depression of chest  
wall - over the apex there is diminished  
resonance and increased breath sounds.

Jan

1867 - Medical & Surgical -

Charles J. [Signature]



MEDICAL CASE SHEET.\*

(F)

No. in Admission and Discharge Book.  
I.C. 120  
Year  
1917

Regimental No. 775225 Rank. Pte Surname. Atkinson Christian Name. John  
Unit. 38<sup>th</sup> Canadians. Age. 25 Service. 1<sup>3</sup>/<sub>12</sub> 7/12

Station and Date. 1st Southern General Hospital, Stourbridge Section.

Disease. Delirium  
Date of Admission. April 12<sup>th</sup> 17. Date of Discharge. 20 MAY 1917

HISTORY BY PATIENT (events leading up to injury or disease)  
Pt. states he was taken ill with a feeling of weakness

& very troublesome cough.

In Hospital in France since Dec. 17/17.

DUTY AT THE TIME. Trench.

PLACE. Vimy Ridge DATE. Dec. 17/17

CONDITION ON ADMISSION. Pt. has cough at night with a  
amount of glairy expectoration.

OPERATION. (Description of)

RESULT.

Has Patient had operation in France?

CONDITION ON LEAVING HOSPITAL. Convalescent

April 25

Fit for (a) Discharge (b) A.M.H. (c) V.A.D. (d) Cases if  
suitable should be recommended for A.M.H. in preference to V.A.

CONDITION ON LEAVING V.A.D. HOSPITAL.

FURTHER REPORT ON CONDITION WHILE IN HOSPITAL.

April 12

Please examine Sputum for TB. Negative.

May 7

Fit for discharge



Station  
and Date.



7505

(F)

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book 1315	Regimental No.	Rank.	Surname.	Christian Name.
	775225	Pte.	Atkinson,	J.
Year 12/5/17	Unit.	Age.	Service.	
	E.O.R.D.		INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT 18/12	

*J. J. Moran. Capt.*

CANADIAN MILITARY HOSPITAL EASTBOURNE.

Disease Debility.

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, EASTBOURNE

Occupation - Tile Setter. Enlisted Dec. 4, 1915. England 23rd Aug. 1916, France, Dec. 1916. Carried on 3 1/2 months at front. Wounded 17th March 1917. Hospitals 26th G.H., Etaples, 3 weeks., 1st S.G. Birmingham, 1 month.

Complaint. Weakness on exertion, excessive sweating, shortness of breath, pain in chest. History of Disability. Six years ago patient developed lung trouble, in Toronto, he was sent to Muskoka where he spent 3 or 4 months. At the time he states he was in very poor health and suffered a hemorrhage from the lungs. During this last year or so he has been in pretty fair health, however. In the trenches he became very weak and began to have attacks of hemoptysis, and was sent back to supports; while here he was wounded in the left leg. On account of the wound and his chest condition he was sent back to England.

Physical Examination. Patient looks anaemic; he is in fair physical condition; he put up small amount of sputum and coughs slightly.

There is a patch of divided breathing just below middle of clavicle outung. No rales are heard; over the same area there is hyperresonance; and depression of chest wall. Over the apex part there is diminished resonance and increased breath sounds.

(Signed) J. Moriarty, Capt.

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











7505

(K)

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name & Corps of disabled Soldier:-

975225 Private Atkinson, John, 38th Battalion

Previous civilian occupation:- File seller 649-A-3632

Is he able to resume previous civilian occupation:- No

Cause of disability:- Pulmonary Tuberculosis

LEPT MILITARY DEFENCE JUL 11 1917

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

Patient is only fairly well nourished, face slightly flushed. He suffers from a slight hacking cough, accompanied by little expectoration. This cough is aggravated by exertion, and there is also considerable shortness of breath upon exertion such as walking up hills. Six years ago, he was treated for Pulmonary Tuberculosis, and made a good recovery. No history of Pleurisy. During January 1917, he was working with a mine working party at Brimley Ridge. During this time he breathed a quantity of mine gas, and was quite ill after that. From this time on he lost flesh and began to cough, with profuse expectoration accompanied by some haemorrhage.

Physical examination shows flatness about right apex with decreased expansion. Breath sounds are disordered - showing a prolonged expiratory sound. On deep inspiration a few fine moist rales are noticed, but are not heard on ordinary easy breathing

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 100%

Disability due to Service:- 50%

Probable duration of incapacity:- Eight months

Does it render him permanently unfit for Military Service:- Yes

Would operation, special treatment or the use of appliances etc., lessen incapacity:- Yes - treatment would improve

Recommendation of Medical Board:- That he be sent to a Sanatorium for treatment of Tuberculosis

Station:- Halifax, N. S.

E. J. Munn President

CLASS:- # A III

D. J. Macdonald Member

Date 2-7-17

W. J. Barton Capt M.C. Member

APPROVED

Date 2-7-1917

J. R. Christy Capt R.O.

Asst. Director Medical Services.

Date

Director General Medical Services.



*Handwritten signature*

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*Faint mirrored text in the middle*

*Main body of faint mirrored text, appearing as bleed-through from the reverse side of the page*

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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. *126 O.S. Reel. Batt.*

(2) Regimental Number *775 225*

(3) Full Name of Soldier *Pte Atkinson John*

(4) Place of Birth *Lancashire England*

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

(6) If married, state,  
 (a) Full name of your wife *Olive Edna Atkinson*

(b) Present Postal Address *116 Edwin Ave  
Toronto Can*

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

(8) Have you any children? *two*

If so, give number of boys and girls *1 boy 1 girl*

Also their names and ages *May Agnes age 3 yrs.  
Jack " " "*



(9) Is your Father alive?..... *Yes.*

If so, state name and address..... *Jas. 122 Geary Ave Toronto*

(10) Is your Mother alive?..... *Yes.*

If so, state name and address..... *Mary. 122 Geary Ave Toronto.*

(11) If your Mother is a widow..... *\_\_\_\_\_*

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.

(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?..... *Yes.*

If so, in what Company?..... *London Life*

Have you made arrangements for payment of your Insurance premium..... *Yes.*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*J. J. Hambleton*  
Officer Commanding.

Date *July 31st 1916*



# FORM OF WILL.

I, John Atkinson (Name in full)

Regimental Number 775228 serving in 128<sup>th</sup> Pul 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

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

absolutely, and my personal estate I bequeath to my wife

Olive Edna Atkinson  
116 Edmoir Ave  
Montreal } 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 2<sup>nd</sup> day of Aug A. D. 191

John Atkinson Signature of Soldier.

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

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

Signature of First Witness G. J. W. Duff Sr.

Address of Witness Brookston

**THE TWO WITNESSES**

Occupation of Witness \_\_\_\_\_

**MUST SIGN HERE**

Signature of Second Witness Thomas Alexander

Address of Witness 27 Oak St Montreal

Occupation of Witness Soldier



FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the within and foregoing is the true and correct copy of the original of the within and foregoing Will of me.

I hereby affirm and ratify the above.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Attest my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Notary Public for the State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_ 19\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Attest my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Attest my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Attest my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.



Tent 39

7505

I

LABORATORY. No. 26 General Hospital.

Specimen of urine

From No. 775223 Rank Pk Name J. Atkinson

Unit 38th Canadians

Examination required albumen, acidity etc.

Result:—

No albumen.  
Reaction acid.  
No sediment except a few dumbbell-shaped crystals of calcium oxalate.

A. Barkful

Date 6/4/17

Signature

M. O. i/c Laboratory.



Date..August.6th,.1918.....  
#2 D.D. File .....

<u>NAME</u>	<u>UNIT</u>	<u>RANK</u>	<u>NUMBER</u>
Atkinson, J.		Pte	775225

DOCUMENTS RECEIVED.

Proceedings on Discharge-----	2
Attestation Paper -----	1
Casualty Form -----	1
Company Conduct Sheet -----	-
Regimental Conduct Sheet-----	-
Field Conduct Sheet-----	-
Medical History Sheet -----	-
English Medical Board-----	-
Clothing Statement -----	-
Last Pay Certificate-----	-

DOCUMENTS PASSED.

	To	Date
Last Pay Certificate -----		
Medical History Sheet-----	) Hosp. Sect	"
English Medical Board -----	)	"
Clothing Statement -----	)	"















# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

22211/443  
*ml*  
 586-J-4.

Name Atkinson, John  
Surname Christian Name

Regimental Number 775225 Rank Pte.

Address (in full) 122 Geary Ave.,  
 Toronto, Ont.

Unit 7th Res. Bn.

Original Unit 126th Bn.

District where paid M.D. 3.

Date of Discharge 30-9-17.

P. D. P. Filing Number 16-23-3.

Rates:—Regimental pay \$ 1.00 per diem; Field Allowance \$ .10 per diem. Separation Allowance \$ 20.00 per month.

L. L. 22573—M. & D. 8009.

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		
160 10	462	7-11-17	53 00	455	7-12-17	53 00	458	7-1-18	52 95	1 15	158 95
<del>1680</del>	<del>361 55</del>	<del>11.3.19</del>	<del>70 00</del>								
	<del>361 56</del>	<del>11.3.19</del>	<del>30 00</del>								
<del>1486</del>	<del>344 95</del>	<del>11.3.19</del>	<del>49 90</del>								

Remarks: H.Q. 54-21-23-25 C.P.1-17.

M. F. W. 127.  
 60M-6 17.  
 1772 39-1140.



Dec'n No 22211 **V.S.G.** File No. 586 J-10.

Award 122 days at \$ 70.00 per day \$ 400.00

S. A. 122 months at \$ 30.00 per mo. \$ 160.10

Less P. D. P. Credited \$ 239.90

Less further debit balance \$.....

Net due paid as below 239.90

TO SOLDIER		TO DEPENDENT		Amount	
0	Ag. No	Ch. N.	Acct	No	Am
1	1680	36155	70.00	1680	36156 30 00
2	1486A	34495	19.90	26320	443356 30 00
3				24568	443505 30 00
4				13610	466159 30 00
5					
6					
Total			119.90	Total	120.00

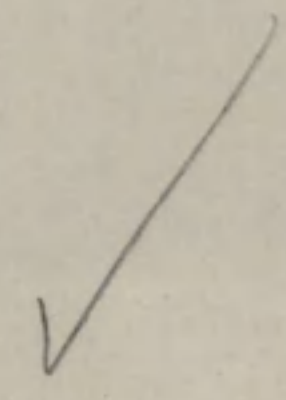
11-3-19  
11-3-19.

11-3-19.  
29/5/19  
29-4-19  
23/5/19

GEN'L AUDITOR  
Posting checked by  
*J. W. Rose*  
Date 11/7/19.

Oliver Edna Atkinson  
1145 Dorcaswood - Rd.  
Toronto.  
Ont.

CASH













1478 Dufferin St.,  
Toronto,

(18/6/17)

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

*Em*

M. F. W. 12.  
50m.—6-16.  
H. Q. 1772-39-319.

Mrs. *Ont.*  
To Whom *Olive Atkinson*  
Address ~~716~~ *716 Edwin Ave*  
*Toronto*

(wife)

By Whom Assigned *Atkinson Jno.*

Regtl. No. *775-225*

Rank *Pte*

Corps *126 Bn.*

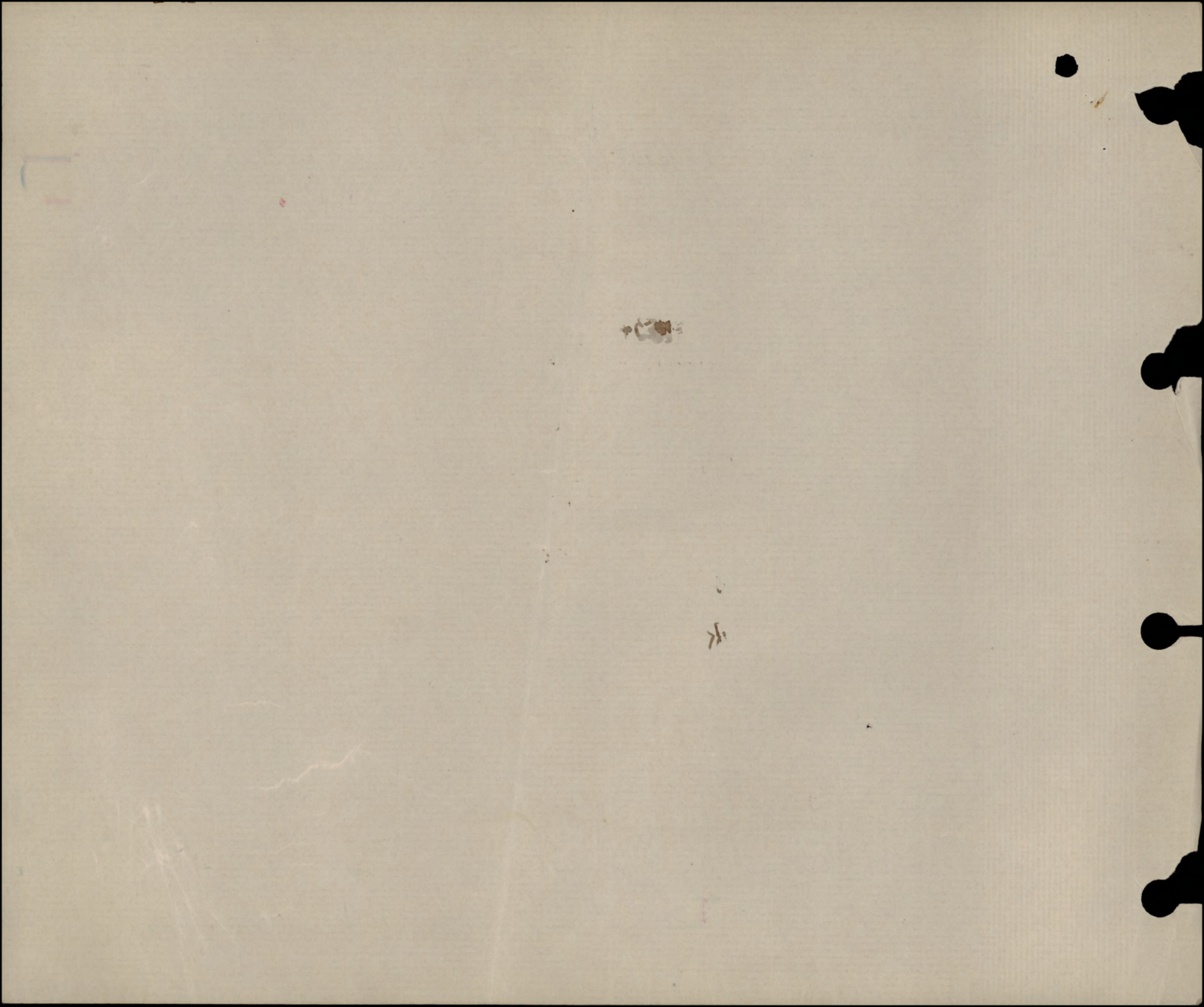
\$ *20*  
Rate *Ont*

AUG 11 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1697 929 1969 1136" data-label="Text"> <p>COPIED FOR I CASUALTIES.</p> </div> <div data-bbox="1616 1503 2064 1618" data-label="Text"> <p><i>Acc closed.</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				







# ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs. Olive Atkinson  
Sheet No. 2.

(wife)  
PAYMENTS.

Name of Soldier Atkinson Jno.  
775225 Pte

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

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$20	AUG 1 1916 126 Bn.
April	1916			
May				
June				
July				
Aug.		K10369	20	
Sept.		L15247	20	
Oct.		✓ P19697	20	
Nov.		I 24746	20	
Dec.		R 35305	20	
Jan.	1917	P 36347	20	<del>20</del> <del>London Dist Toronto Ont.</del>
Feb.		P 42572	20	20 (J.W.)
March		Q 47701	20	20
April		R 1385	20	20 E
May		Q 6280	20	
June		R 12875	20	20 E
July		<del>Cancelled R 19712</del>	<del>20</del>	51478 Dufferin St. Toronto, Ont.
Aug.				\$220 A/c Closed 20/6/17 (18/6/17 work)
Sept.				Ret'd per... <u>Titia</u>
Oct.				Date... 18/6/17 F. X. 25/6/17
Nov.				Olerk... <u>J.W.</u>
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



1-3-16

MILITIA AND DEFENCE

M. F. W. 11.  
15m.—3-16.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Olive E. Atkinson*

Name of Soldier *Atkinson John*

Address ~~#68 Edwin Ave.~~

Regtl. No.

*Toronto Ont.*

Rank *Pte*

*1478 Dufferin St.*

Corps *126<sup>th</sup> Battr*

Relation to Soldier



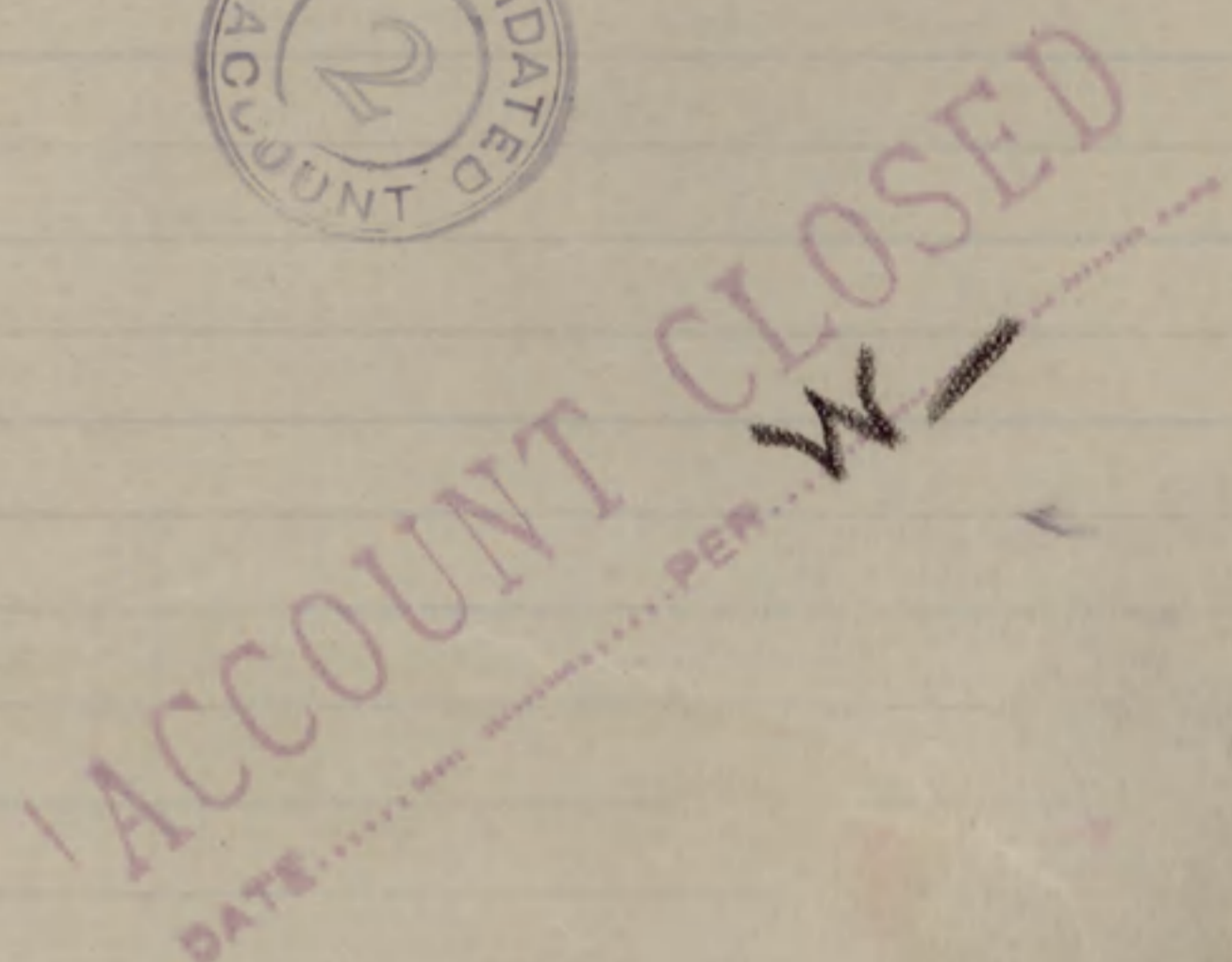
To what Corps belonging

wife, child or mother

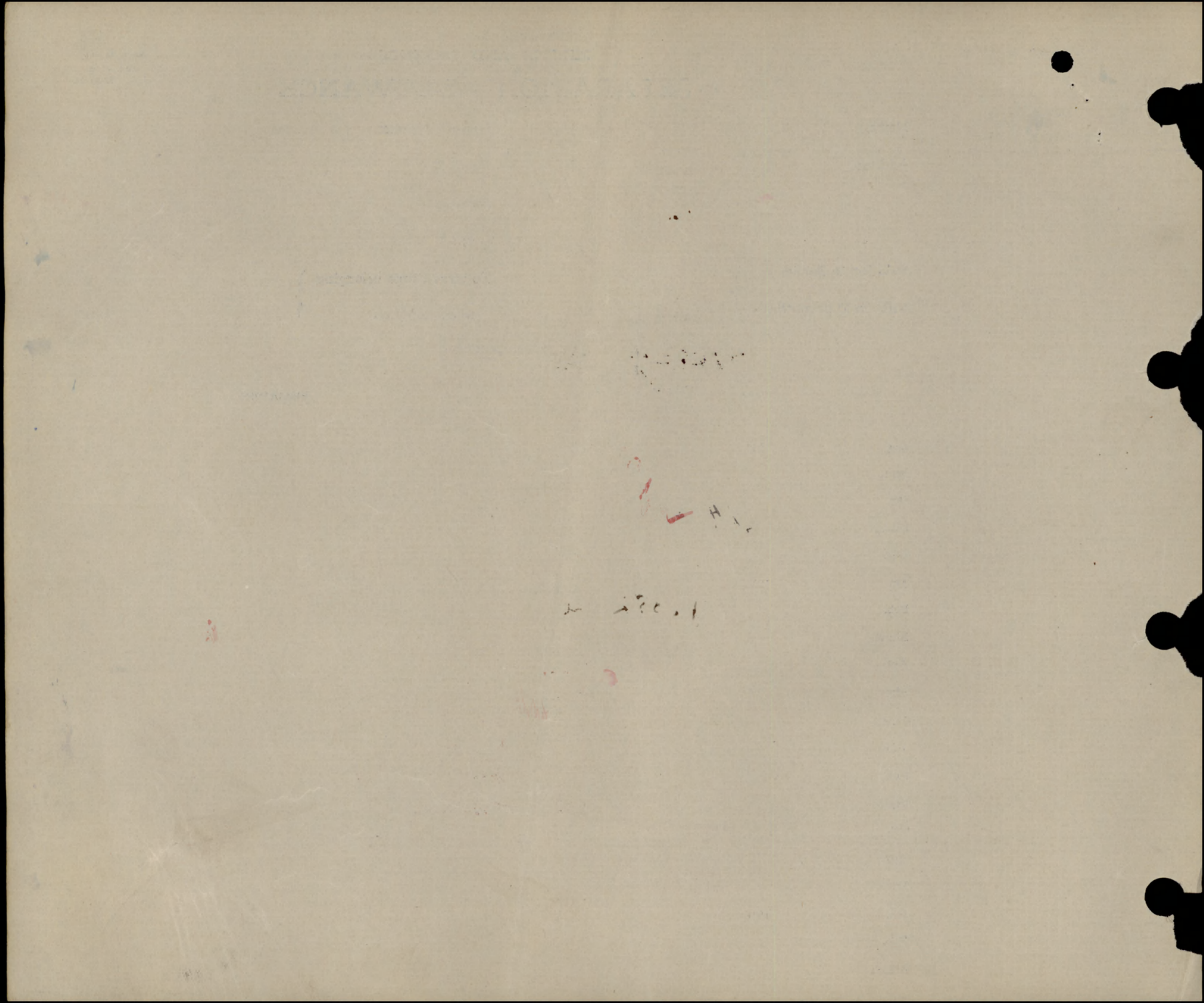
*wife*

when called out

PAYMENTS

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







MILITIA AND DEFENCE  
SEPARATION ALLOWANCE

M. F. W. 11a.  
60m.-12-15.  
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6313

*Olive E. Atkinson*

*wife*  
PAYMENTS.

*Pte*  
Name of Soldier *Atkinson John*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P248	40	40
May		U2258	20	20
June		C2220	20	20
July		O10107	20	20
Aug.		B10744	20	20
Sept.		H14847	20	20
Oct.		H18148	20	20
Nov.		H20856	20	20
Dec.		M. @ H24218	20	20 920 Edwin Ave. Toronto Ont.
Jan.	1917	H27572	20	20
Feb.		H30722	20	20
March		<del>H33857</del> H33856	20	20 H33858 Cancelled
April		I.136	20	20
May		I3327	20	20 7300
June		15-APM 86352	20	20 1478 Dufferin St Toronto Ont
July		<del>I9800</del>	20	20 I 9800 Cancelled
Aug.			20	T
Sept.			\$320.00	
Oct.				A/c Closed
Nov.				Ret'd per <i>Letitia</i>
Dec.				Date <i>18/6/17</i> F. X. <i>13/7/17</i>
Jan.	1918			Clerk <i>LC</i>
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED  
DATE..... PER *W*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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



7505

(6)

A.G.R. Rank Name ATKINSON, John ✓ Reg'l No. 775225 ✓

Unit 126th Bn. If in perm. Corps, } Married or Single Married ✓  
 What Unit? }  
 Toronto,

Place and Date of Enlistment 9th Decr., 1915. ✓ Place of Birth Lancashire, England.

Name and Address, Next-of-Kin Mrs. Olive Atkinson, ✓  
 68 Edwin Ave., Toronto, Ont. ✓ Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E R.B. No. 3220  
 File R.L.  
 Category *Can MV*

Discharge, Date and Place Reason Character

H. W. & V., Ld.—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. Empress Of Britain 24th. AUG. 1916					
14.10.16	126th Bn.	S.O.S. on Trans. to 109th Bn.	Bramshott	15.10.16	Part II D.O. # 298
19.10.16	109th Bn	T.O.S from 126th Bn	B'shott	16.10.16	Ft II D.O 298 <i>Albm.</i>
4.12.16	.	S.O.S on tfr. to 38th Bn.	Witley	4.12.16	Pt II D.O. 339
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	Field	6.12.16	Pt II D O 242.
28.3.17	✓	Adm N° 26 General Hsp	Etaples	20.3.17	CL. A159 G.S.W. Lt Leg. (Gen)
20-4-17	✓	1st Southern Gun Hqrs	Stourbridge	11.4.17	"B167 "
17.4.17	✓	Posted to E.O.R.D.	Field.	11.4.17	Pt II D.O. 44. (43 E.O.R.D.)
18.5.17	✓	Hq. Can Mil Hsp	Eastbourne	13.5.17	CL.B. 190 G.S.W. Lt Leg + Tuberculosis
28.6.17	✓	Dis		18.6.17	CL. B224
12.5.17	E.O.R.D.	Ceases Hsp. -> Retail Depot.	Seaford	11.5.17	Pt II D.O. 61.

A.F.D. 103 CHECKED  
 8 DEC. 1916



6 7505

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.				
17.5.17.	EORJ.	<sup>Eastbourne.</sup> Ceases Depot on Adm Asp.	Seaford.	13.5.17	P <sup>n</sup> 70.26
26.6.17.	-	SOS. to Canada for Discharge	-	18.6.17.	- 106
	Bisbep	To Con Home	Mk 3 Kingston	29.6.17	Discharge 32-1-62 NH 307 and a 22 6 17.



7505

DLBM

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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

126th Overseas Bn.

Unit, Regiment or Corps

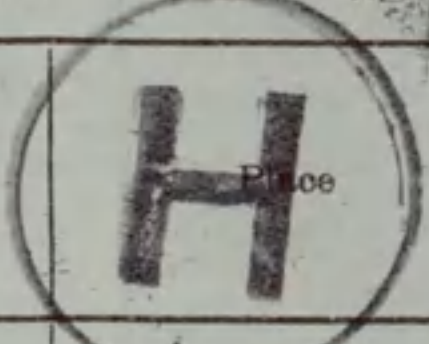
Regimental No. 775225 Rank Pte Name Johnson John  
C. E. F.

Enlisted (a) Dec 9/15 Terms of Service (a) War Service Service reckons from (a) Dec 9/15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, 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 N.S. 14/8/16

Disembarked England Liverpool 24/8/16

Transferred to 4th Battalion Canadian Infantry Bramshott 15-10-16 D.O. Part 2-14-10-16 #38

Lt. Colonel  
O. C. 126th O. S. "Peel" Battn., C. E. F.

19-10-16 O.C. Taken on strength of Bramshott 16-10-16 D.O. Pt. 11 293  
126th. 109th. Battalion

4-12-16 O.C. Proceeded overseas for Witley 4-12-16 D.O. Pt. 11 339  
109th. service with 38th. Btn.

*W. J. Bullen*  
ADJUTANT  
4th Canadian Division, U.S.A.

CERTIFIED CORRECT.  
2 DEC 1916  
CAN. RECORD DEPARTMENT

6 12 16 C.B.D. TAKEN on STRENGTH 38th Havre

7 12 16 " Left for Unit FIELD

16 12 16 Unit Joined Unit FIELD

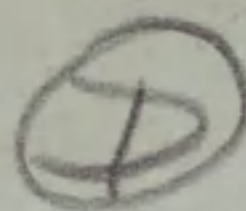
6 12 16 N.R. P.I.T.O. 242/13. 12. 16

7 12 16 N.R.

9 12 16 B. 213. DCS. 69-30 12 16

(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.





7505

775225  
ATKINSON  
J.

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				
20. 3. 17 24 MAR 1917	26 Genl. 38 th.	P.S.W. L. Reg. adm. Wounded in Action	26 Genl. Field	20.3.17 17.3.17	W 3034-232 B. 213. DCS. 106
"	22 CCS.	P.S.W. L. Reg. adm. to	22 CCS. 18 A.T.	18.3.17 19.3.17	A36-E3142 DCS. 107
11. 4. 17	26 Genl.	Debility W.S. Brighton	England	11. 4. 17	W 3083-1320 P.W. 44-d Lieut. for <i>Mead</i> A. A. G. Canadian Section, G.H. Q. - 3 <sup>rd</sup> , Ech.
24. 4. 17 G.	60 Rtd.	TOS. from 38 <sup>th</sup> Bn.	Seaford.	11. 4. 17	P.T. 170. 43 <i>Butler</i> LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.

CANADIAN MILITARY HOSPITAL - EASTBOURNE  
HOSPITAL REPRESENTATIVE.

INVALIDED TO CANADA FOR  
FURTHER MEDICAL TREATMENT  
11/11/17  
J. Brown Capt.



(H)

7505

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

Regtl. No., Rank and Name 475 325 Pl Atkins Corps E. O. R. J

Disease Tuberculosis Hospital \_\_\_\_\_

To Officer i/c Laboratory. Ward XI

Please carry out an examination of the accompanying specimen of Sputum with special regard to \_\_\_\_\_

Date 19-5-17

B. R. Richards J/S  
O. i/c Ward.

LABORATORY REPORT.

No T. B. found

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

H. S. Mann Capt

HOSPITAL REPRESENTATIVE,  
CANADIAN MILITARY HOSPITAL, EAST GOURNE

Date of Examination 19-5-17

Ch Douglas Capt  
O. i/c Laboratory. 27



Form No. 100 (1952)

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

Diagnosis \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

LABORATORY REPORT

*[Faint handwritten signature]*

INVALIDATED TO CANADA FOR  
FURTHER MEDICAL TREATMENT

*[Faint handwritten text]*

\_\_\_\_\_

\_\_\_\_\_



2

(H)

7505

✓

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

Regtl. No., Rank and Name 775225 Plt Atkinson Corps E. O. R. H.

Disease Rebilit Hospital CMH

To Officer i/c Laboratory. Ward XI

Please carry out an examination of the accompanying specimen of Sputum with special regard to \_\_\_\_\_

Date May 20<sup>th</sup> / 14 M. G. McCue

O. i/c Ward.

LABORATORY REPORT.

*No tubercle bacilli found.*

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

*H. S. Mann*

*Capt*

*[Signature]*

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, EASTCOURNE

Date of Examination 22-5-17

*C. Douglas*

O. i/c Laboratory.

28



Form 100-10 (Rev. 1-15-60)

Name of Patient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_

Specialist \_\_\_\_\_

LABORATORY REPORT

*[Faint handwritten text]*

INVALIDATED TO CANADA FOR  
FURTHER MEDICAL TREATMENT

*[Faint handwritten signature]*

Printed Name of Laboratory \_\_\_\_\_



DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. File

Ottawa, Ont.  
Date June 15, 1964

P.A.

Attention of

NAME ATKINSON, John

SERVICE NUMBER 775225 WWL

C.P.C. No. 45964  
W.V.A. No.

NAVY  
ARMY ~~XXX~~  
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Toronto, Ont. Tele-Memo d/June 10, 1964

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 10, 1964  
Cause of Death  
Place of Death Sunnybrook Hospital, Toronto, Ont.

*BOA 402187*

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~PAY~~  
~~DOX~~  
H.O.

} Destroy form if advice of death already received.

*E.C. Richards*

for  
Chief, Central Registry



DEPARTMENT OF VETERANS AFFAIRS

Copy for Mr. [Name]

Chronic [Condition]  
Use [Form], 1964

Mr. [Name], John

Mr. [Name], [Address]

Mr. [Name], [Address], Toronto, Ontario, June 10, 1964

June 10, 1964

Mr. [Name], [Address], Toronto, Ont.

YLY  
YLY

Chief, [Department]







EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Name Atkinson Enl. 9-12-15

Date of Embarkation for England 14-8-16

Proceeded to France. 4-12-16 Returned to England. 11-4-17 Sick

Date returned to Canada. 18-6-17

P.R. 2855.

Checked 5-7-29.

Ormer



Geo. Sheet

{ 17-3-17 G. S. W leg l.  
{ 11-4-17 Debility To Eng. 11-4-17







REGT'L NO 775225  
H. Q. FILE NO. 649-

NAME

Atkinson John

RANK AND CORPS

Oste

38th Bn (Form 126<sup>th</sup> Bn)

FOLLOWS  
NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

b

M 786

28-3-17

Adm to 26 Gen Hosp Staples

March 20/17. GSW R. Leg. Severe

7338

25-6-17

Sailed from Liverpool for Canada

per the H. S. "Letitia" on the 18th June 1917

Tubercular.







LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

346

M. H. G. G. Toronto

10-12-17

~~M. D. G. G.~~ Spadina

346

" " " " " "

10-12-17

Re-adm. Spadina.



*14212*  
Number 775-225 Rank Pfc

Surname ATKINSON

Christian Name John

Units 38th Cav Reg Theatre of War France

Date of Service 4-12-16

Remarks

Latest Address

296 Alameda Ave  
~~122 Geary Ave~~  
Toronto Ont

Roll No.

10m.-8-21.M.

Blage 21830



DESP. NOV 9 1922  
REGN. NO. 11993

379



Name **ATKINSON** Rank Pte.

Reg. No. 775225

Unit 38th Battn. John

Next of Kin Canada.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-3	No. 26 Gen. Hos. Etaples.	GSW. L. Leg (sev)	A159.	M786.	28-3	
11-4	1st S'tn. G.H. Stourbridge	Sect. B'gham	B167			
13-5	Can. Mil. H. Eastbourne.	GSW. L. Leg. Debility	B190.			
<i>Cas. not ascertained</i>	<i>GSW. L. Leg. Tuberculosis.</i>	<i>B194</i>				
18-6	<i>Discharged.</i>	<i>- do -</i>	<i>B224</i>			







*Has not had furlough.*

FORM D.M.S. 1313.  
7065 20m 6,2/17.

**ADMITTING CARD.**

*D.S.*

Regt. No. *775225* A. & D. No. *T 1315*

Rank *Pvt*

Name *Atkinson J*

Corps *Co. 1st Regt. 38th Div. (38th Div. A)*

Religion *Rom* Age *20*

M. H. Rec'd ..... M. H. Requested *Diagn.* ..... M. H. Ret'd .....

Disease *Debility (Diagn.)*

Admitted *12/5/17*

**Boarded for Invaliding 7-6-17**

Discharged *18 JUN 1917*

Place in Hospital *10/81*

Transferred .....

Results .....

P.T.O.



## REMARKS:

## MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			

Orig Recd from E. O. R. Co. 12/5/17  
 Orig. Dup. Sent to Hosp. Rep. 11/6/17  
 Recd. from Repr. this Orig. Dup. 1/19

~~179~~

Ward

Orig. Recd.

H. Ansley

91 JUN 1917



No. 775225

RANK *Pte.*

NAME *Atkinson, Jas.*

T. O. S. *9-12-15*  
*(No. 18 of 10-12-15)*

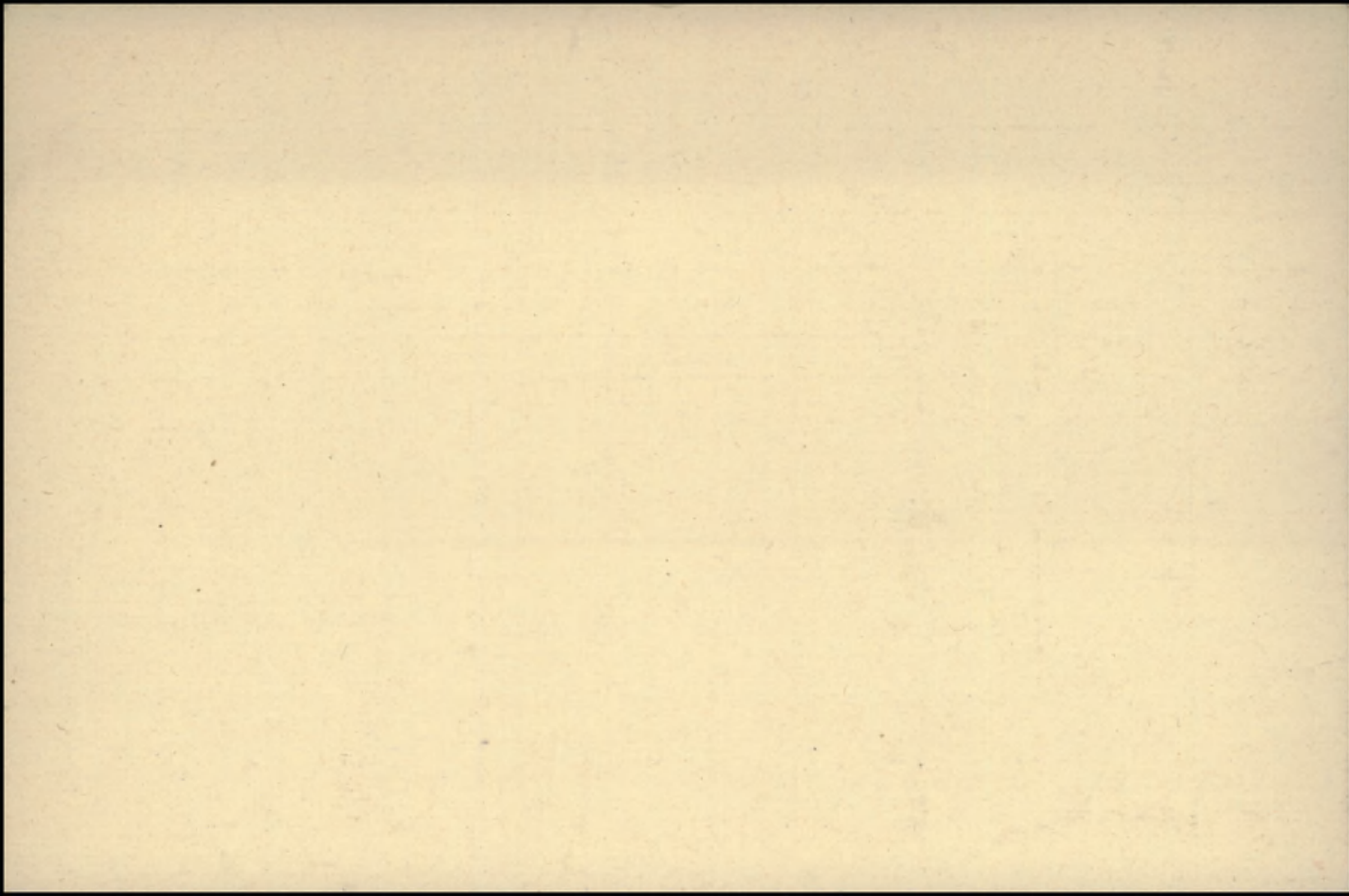
UNIT *126<sup>th</sup> Peel Battalion, C. E. F.*

M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Dec 9</i>	<i>1915</i> <i>Dec 31</i>	<i>✓</i>		
<i>1916</i> <i>Jan.</i>	<i>1916.</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
			<i>Forfeits 3 days' pay a.w.</i>	<i>No. O. 157 of 10-7-16</i>

**UNIT SAILED**  
**AUG 14 1916**







LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

(a) Discharge certificate (Army Form B. 2078 or Army Form B. 204).

(b) Character Certificate (Army Form B. 2067) if entitled.

(c) Copy company conduct sheet (Army Form B. 121) when required under Kings Regulations.

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

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

Army Form B. 268.

No.	775225
Army Rank	Private 1st Class
Name	Atkinson, James
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps	The Buffs, East Kent Regiment (The Buffs)
Battalion, Battery, Company, Depot, &c.	
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge	30-9-17
Place of discharge	Canada
Description at the time of discharge.	
Age	5 years 6 months
Height	5 feet 6 inches
Chest	34 inches
measure- ment with when fully expanded	
range of expansion	2 1/2 inches
Completion	Barbaric
Eyes	Blue
Hair	Brown
Trade	Miner
Intended place of residence	(To be given as fully as practicable)
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <i>Wounded in Action</i>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form D. 480	
Initials of Commanding Officer	
* Strike out if not applicable.	

15-10-17  
97  
B.B.

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(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <i>Wounded in Action</i>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form D. 480	
Initials of Commanding Officer	
* Strike out if not applicable.	

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

Army Form B. 268.

No.	775225
Army Rank	Private 1st Class
Name	Atkinson, James
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps	The Buffs, East Kent Regiment (The Buffs)
Battalion, Battery, Company, Depot, &c.	
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge	30-9-17
Place of discharge	Canada
Description at the time of discharge.	
Age	5 years 6 months
Height	5 feet 6 inches
Chest	34 inches
measure- ment with when fully expanded	
range of expansion	2 1/2 inches
Completion	Barbaric
Eyes	Blue
Hair	Brown
Trade	Miner
Intended place of residence	(To be given as fully as practicable)
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
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* Strike out if not applicable.	

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Proceedings on Discharge



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

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.  
 (Place) \_\_\_\_\_  
 (Date) \_\_\_\_\_  
*10 June 1917*  
 Commanding \_\_\_\_\_  
 Bn. \_\_\_\_\_  
 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) \_\_\_\_\_  
 (Date) \_\_\_\_\_  
 (Signature of Witness) \_\_\_\_\_  
 (Signature of Soldier) \_\_\_\_\_  
 (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) \_\_\_\_\_  
 (Date) \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 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. <i>775225</i>	
Rank <i>Private</i>	
Name <i>John Atkinson</i> <small>The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>38th Battalion</i>	
Date of Discharge <i>30. 9. 14</i>	
Place of Discharge <i>Kingston</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>25</i> years..... months.	Descriptive Marks <i>Tatto mark on right arm Gun shot wound left shin.</i>
Height <i>5</i> feet..... <i>7</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Blonde</i>	
Trade <i>Self setted</i>	
Intended place of residence <i>122 Geary Ave Toronto</i>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>Being medically unfit for further service</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

50m.—3-16.  
H. Q. 1772-39-113.

*176-38  
AS*

(OVER)

*Doc 512  
18-10-17  
9T*

7505  
*M*  
*M*



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

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

6. Medals and Decorations.....

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

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

(Place) Kingston Ont. Birdsall Major  
(Date) 30.9.14 Commanding "C" Unit M.H.C.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Kingston Pte Jack Atkinson (Signature of Soldier.)  
(Date) F. J. Edwards (Signature of Witness.)  
When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

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

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.  
Total 1 years 30 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.  
(Place) Kingston - Ont.  
(Date) 30.9.14 (Signature) Birdsall Major

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.)

Mo. Pte Jack Atkinson







OPINION OF THE MEDICAL BOARD.

7505

①

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

Yes

10.

Yes

11.

Yes

12.

Yes

15.

Yes

16.

17.

Yes

18.

Is he unfit for Military Service.

Yes

Recommendations :

As this man's condition is now apparently quiescent, Board recommends he be placed in Category "B". Further treatment not at present indicated. Man may pass under his own control.

Signatures :-

President. Capt. A.M.C.

*J.H. Mowat*

Members. Capt. A.M.C.

*R.S. Mowat*

Members.

Station. Kingston, Ont.

Date. August 30th 1917.

*J. Thompson*

Date.

Approved.

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

D/A. Asst. Director of Medical Services

Major A.M.C.

Director-General of Medical Services.

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

*J.E. Thompson*

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

Tattoo of girl and serpent on rt. forearm.

(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 Exceptional.

14. Treatment.

English Hospitals.

Mowat, Kingston July 9th 1917.

Huntsville Hospital for I.B. Treatment

in 1911.

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

Yes, 4/4

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

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.

1/2 for 4 months.

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

For discharge.



# Supply Ledger Sheet

AUDITOR \_\_\_\_\_ PAYMASTER \_\_\_\_\_

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

M. OR S.

REGT. No. 775225 RANK pte NAME (IN FULL) Atkinson-John

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					126th BN		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					9/12/15		
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
<u>Wife</u>							
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
<u>Mrs Olive Atkinson</u>							
<u>109 Earls court ave</u>					ADDRESS		
<u>Toronto Ont.</u>							
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<u>Me. R. B.</u>	<u>30/9/14</u>	

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	CHARGES	DEBIT	CREDIT	DEBIT	CREDIT			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$	C.	
<u>Sub. record</u>																							
<u>9/12/15</u>																							
<u>10/26/16</u>																							
					</																		















5. If a cause of disability was an injury received on Active Service, was it received— *no*  
(i) While on duty? *no* (ii) While off duty? *no*  
(iii) Was a Court of Inquiry held? *no* (iv) Where? *no*  
(v) Opinion of the Court? *no*

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

*Six years ago patient developed ... Toronto Ont.; he was sent to ... 4 months ... health and suffered a hemorrhage from ... During the following year he regained his health ... The trenches he became very weak, shock of ... had attacks of haemoptysis and was sent back to the ... while he was wounded in the left leg. ... this wound and his chest condition he was sent back to ...*

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

*He was wounded on 11 March 1917. He spent 3 weeks in ... F. H. Staples and one minor in Birmingham (1st South ... When the wound healed up ... condition, somewhat ... and puts up very little ... disorders breathing ... no ... depression ...*

8. OPERATION. (i) Was one performed? *not applicable*  
(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.

9. (i) Is there loss or decay of teeth attributable to Active Service? *not applicable*  
(ii) If so, describe.

10. DO YOU RECOMMEND:—  
(a) Fit for duty? *no*  
(b) Fit for base duty? *no*  
(c) Invalid to Canada? *yes*  
(d) Discharge from the Service as permanently unfit? *no*

Date of Report *19 May* 1917 Signed *J. M. ...* Officer in medical charge of case.  
Station *Eastbourne*

I have satisfied myself of the general accuracy of the above Report, and concur therein—  
*[Signature]*  
CANADIAN MILITARY HOSPITAL EASTBOURNE, SUSSEX. Station, on *19 MAY 1917*

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

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

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

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

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? *no* Aggravated? *no* } (b) Misconduct of the Soldier { Caused? *no* Aggravated? *no* }

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

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

16. Permanency of the Pensionable Disability estimated next above in (15). (i) Is it permanent? *yes* (ii) If not permanent, what is its probable minimum duration (in months)? *not applicable*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *not applicable*

18. Remarks.

19. Recommendation:—(a) Fit for duty? *no* (b) Fit for base duty? *no* (c) Invalid to Canada? *yes* (d) Discharge from Service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

Date of Board *7/6/17* Station *Eastbourne*

Signatures of the Board: *[Signatures]*  
Approved *[Signature]* Station *[Signature]*  
Dated at *[Signature]* Station *[Signature]*  
D.A.D.M.S. CANADIANS SEAFORD 8 JUN. 1917