

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

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.....

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

Name Boundy Clifford Humphrey

Regt. No. 26006 Rank Lance Cpl

30917

Corps 1st. Central Ontario Regt.

Being no longer physically fit for War Service

M

H

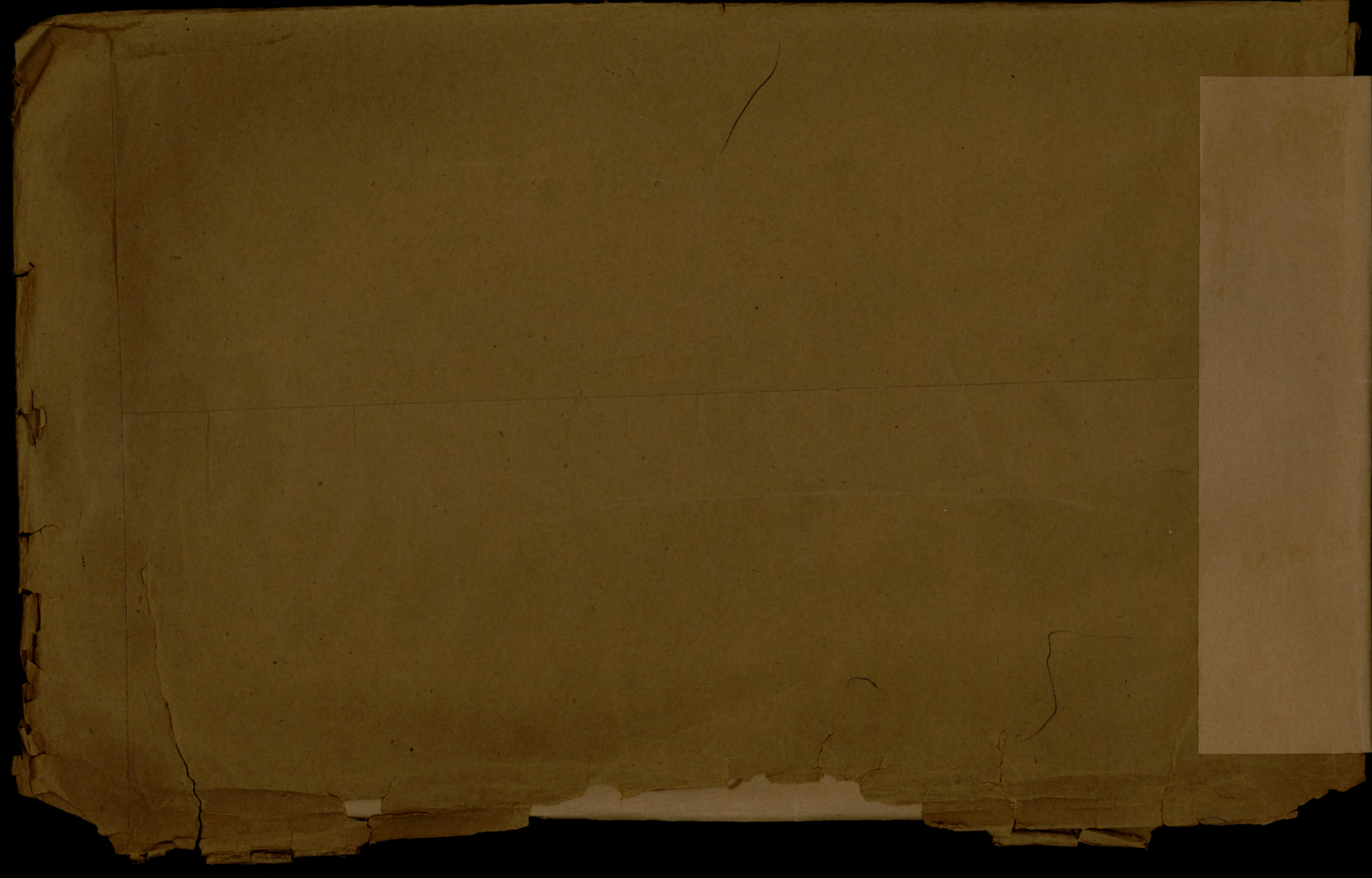
CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

CARD

R.F. 10. 122-1

402843

*7-7
25-7
26-7*



W. Coy.

ATTESTATION PAPER.

No. 426006

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Bowndy*
- 1a. What are your Christian names?..... *Clifford Humphrey*
- 1b. What is your present address?..... *Haliburton*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Cobourg Ont Canada*
- 3. What is the name of your next-of-kin?..... *William Bowndy*
- 4. What is the address of your next-of-kin?..... *P.O. Cobourg Ont Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *April 25, 1897*
- 6. What is your Trade or Calling?..... *Farmer*
- 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?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Clifford Humphrey Bowndy*, 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 *November 30th* 1915 *Clifford H. Bowndy* (Signature of Recruit)
G. H. Bissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Clifford Humphrey Bowndy*, 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 *November 30th* 1915 *Clifford H. Bowndy* (Signature of Recruit)
G. H. Bissonnette (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 *Haliburton* this *30* day of *Dec* 1915
G. H. Bissonnette (Signature of Justice)

Description of Clifford Humphrey Boundy on Enlistment.

Apparent Age... 18 years ... 8 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. 6½ ins.

Scar under left eye

Chest measurement { Girth when fully expanded..... 34 ins.
 Range of expansion..... 2 ins.

Complexion Fair

Eyes Hazel

Hair Dark Brown

Religious denominations. { Church of England..... C of E.
 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..... December 27th 1915.

Place..... Lindsay Ont

J. McNeill 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.

..... Clifford H. Boundy 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.

Date..... JAN 12 1916 1916
 *J. McNeill* Lt. Col. (Signature of Officer)
C. C. 109th Overseas Battalion, C. E. F.

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps 124 Batten

Military Hospital C. M. H. Hastings
Service 17/12 Pneumonia Section

No. 726006

Rank and Name L/cpl. Boundy C.

Age 18

Service 17/12

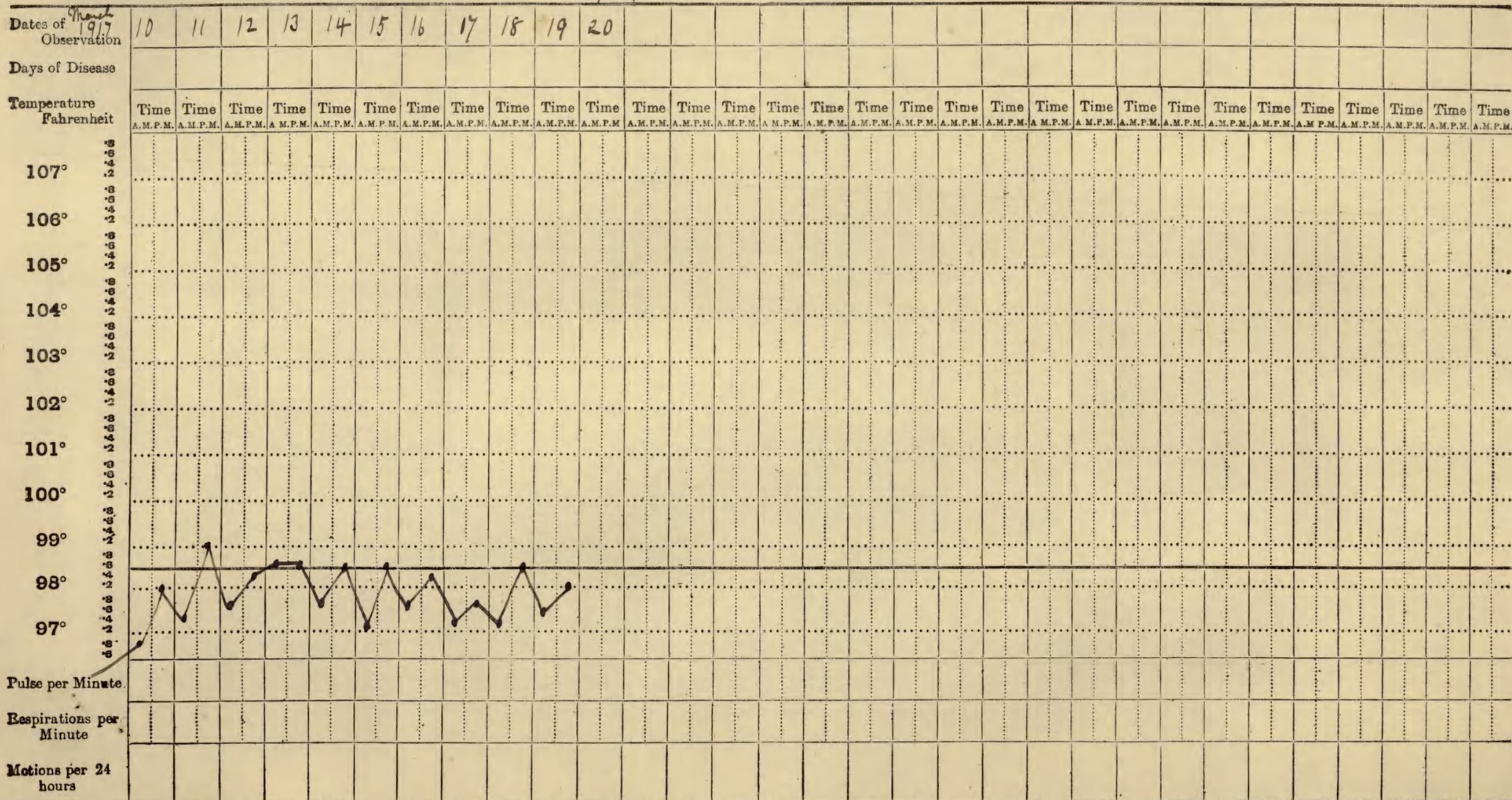
Pneumonia Section

Disease _____

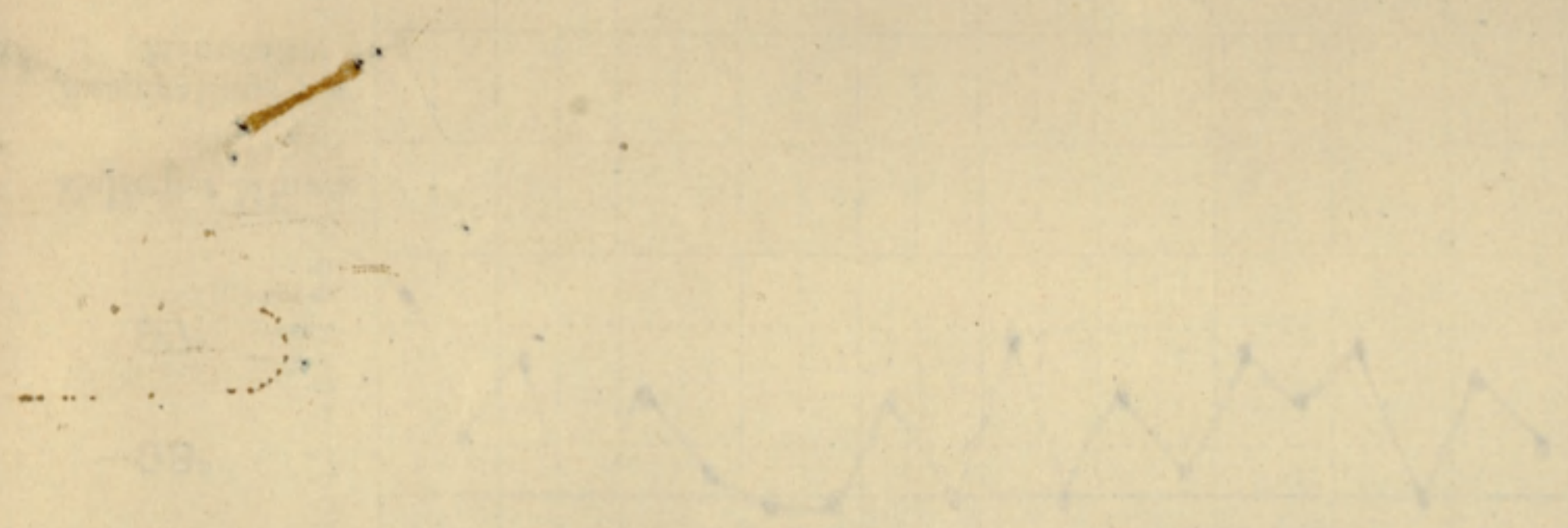
Date of admission 5/1/17

Date of discharge _____

Result _____



Signature R. Wood In charge of case.



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
31.	726006.	L/cp.	Bouudy.	C.H.
Year		Unit.	Age.	Service.
1917.		124 Bu.	18	1 yr.
Station and Date.	Disease			
M. 2. B. B. 13.	Phthisis			
Complaint: Cough, debility, and pain in chest				
Family History: Father living & well. Mother dead of T.B. One brother in France.				
Previous Illness:- Was in bed two months ago with cough and pain in the chest; has had a slight cough ever since.				
Present Disability:- Began about a month ago with a more severe cough and pain in the chest. Has lost about 15 pounds during the last two months. Has had night sweats.				
Present Condition: Not very healthy looking. Mouth and throat in good condition.				
Chest:- Rather narrow. Apices not much obstructed. Expansion poor, especially on the left.				
Palpation:- adds nothing.				
Percussion. No change anteriorly. Posteriorly there is a small dull area beneath the left scapula.				
Auscultation: Increased vocal resonance, rales, and friction rals over the dull area.				

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

Station
and Date.

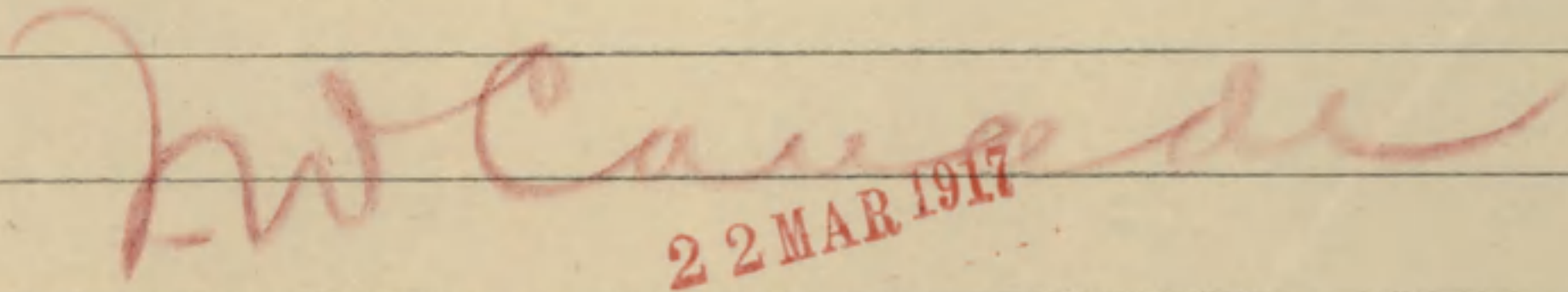
Heart normal and other organs
functionating properly. Appetite good
at present.

Spurium, negative.

Compae
Crest

3824

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 445 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	726006	L/C	Bundy	C
	Unit.	Age.	Service.	
	124th Batt	18	12/12	
Station and Date. CAMBRIDGE MILITARY HOSPITAL, HASTINGS, SUSSEX. 5/1/17	Disease	I.B. Lung		
Enlisted in	109th Batt			
Date	28/11/15			
Place	Haliburton Ont			
Transferred	124th Batt			
Arrived in England	31/7/16			
In France from England				
In England from France				
Hospital	Bramshot	26/12/16		
Transfers	Hastings	5/1/17		
8-3-17.	Doing well at present. Falls pretty well. not much cough or expectoration. Not gaining weight. T.B. not found in sputum.			
Remarks & N.O. Report.	Invalided to Camp by M.B. 24-2-17			
	 22 MAR 1917			
	Capt. C.A.M.C. M.O.			

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

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 726006 Rank Recy cpl Name Bowndy C. H. 1916.
 Local Unit 124 Overseas Unit Age 17+

Examination held at Bramshott, Hants.

DISABILITY

Y. TB. (suspected)

Overseas -- Local
(scratch one out)

Under age

PRESENT CONDITION

It has cough ever since coming
 to England. Has lost weight 15 lbs
 It has night sweats. Family history
 bad.

Board recommends:

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

Class. E.

Signatures :

Members { C. E. Cooper Cole Pres...
 Major, C.A.M.C.
H. Maccharon Capt

Approved..

Bramshott 11-12 1916.

J. Stewart Maj
 for G.O.C. & A.D.M.S.
 Canadian Troops, Bramshott.

MEMORANDUM

TO: THE SECRETARY OF DEFENSE
FROM: [Illegible]

1. [Illegible text]

2. [Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

Address:- % Wm. Boundy (Father)
Cobourg, Ontario.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Kingston, Ontario.**
2. Regiment or Corps. **109th. Battalion.**
3. Regimental No. and Rank. **#726006.**
L/Cpl.
4. Name. **Clifford H. Boundy**
5. Age last Birthday. **19**
6. Enlisted on **November 28-1915.**
at **Haliburton, Ont.**
7. Former trade or occupation **Student.** Date. **May 31st. 1917.**

8. General remarks on his:—
(a) Conduct.
(b) Habits.
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT
MILITIA DEFENCE
JUN -9 1917
H.Q.
CANADA

9. Service.	Years.	Days.	PERIODS	
			FROM	To
109th. Battalion,			Nov-28-15	date.
Mowat Hospital.			April 8-16	date.

10. (a) Disease or disability. **Pulmonary Tuberculosis.**
(b) Date of origin. **October 1916.**
(c) Place of origin. **England.**
(d) Cause. **Unknown.**

11. Present condition. (Most Important.) **Complains "Feeling good no coughing or spitting"**
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Sputum absence of T.B. May 3-1917. Negative in England.
Weight usual 128 lbs. now 142 lbs. Gain in hospital 3 lbs.
-Constitutional reaction- normal R-18-P-80-T-97.98.
No history of haemorrhages. Chest clear.
Some increase V.F. & V.R. below right apex.

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

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

Scar 1" long under left eye.

(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.

Medical treatment in hospitals in England.
Mowat Hospital, Kingston, Ont.

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?

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 one year then re-examination.

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

For discharge. Prognosis with or without Sanitarium treatment good.

H. Thompson Capt RMC
Medical Officer by whom the case is brought forward.

9-6-17
 336

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital) Arrived from)

Date

If admitted. 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 Depot:

.....

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 200m. 8-16.
 H. Q. 1772-89-1117.

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

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

OPINION OF THE MEDICAL BOARD.

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. Yes.

Recommendations :

On account of Pulmonary Tuberculosis from which he has now apparently recovered the Board recommend that he be discharged as Medically Unfit. Class E. His disability will be about 1/2 extent for one year. He is able to pass under his own control. Further treatment not being indicated

Signatures :—

E. Kidd

Lt-Col. AMC. President.

A. Rossalgaine

Major AMC.

Station. Kingston, Ontario.

Date. May 31st. 1917.

W. Jones

Capt. AMC.

Members.

Date

JUN 8 - 1917

Approved.

Date. 11-6-17

Asst. Director of Medical Services.

J. A. Burch
Director-General of Medical Services.

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 726006.....

(3) Full Name of Soldier Clifford Humphrey Boudy.....

(4) Place of Birth Bobourg Out Canada.....

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

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address William Boundy 27 Henry St

(10) Is your Mother alive? No

If so, state name and address { Bobourg Ont. Canada

(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? 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.

Date July 19, 1916

[Signature]
Lt. Col. Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Bouudy Christian Name Clifford Humphrey

Examined on 7 day of December 1915
at Haliburton. Ont
Birthplace { City or Town Cobourg
County Ontario

Approved by J. McCulloch
Rank Capt. Medical Officer M.O.
109th Overseas Battalion, C. E. F.

Apparent age 18
Trade or occupation farmer
Height 5 Feet 6 1/2 Inches.
Weight 125 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 34 inches.
Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right None Left Two
Number Two
When Vaccinated last February 23rd 1916

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>23-2-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

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

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 30th day of November 1911 at Haliburton. Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Battalion C.E.F.</u>	<u>726006.</u>		<u>30-11-15.</u>
Transferred to.. ..	<u>C.C.A.B.</u>			<u>15.12.16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>11 DEC. 1916</u>	<u>Under eye (suspected)</u>	<u>Class E</u>
<u>APPROVED</u>	<u>11/12/16</u>	<u>Ad. Steward</u>	<u>President</u>
<u>Hastings</u>	<u>Mar 2-17</u>	<u>debility</u>	<u>Medical Board, Bramshott.</u>
<u>Hastings, Sussex.</u>	<u>18-MAR 1917</u>	<u>Howe</u>	<u>Inv. to Canada</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.

Invalidated to Canada for further treatment
Hospital Representative Hastings

Surname *Bowdley* Christian Name *Alfred Henry*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Asambur</i>		<i>2</i>	<i>1</i>	<i>17</i>	<i>5</i>	<i>1</i>	<i>17</i>	<i>Phthisis</i>	<i>4</i>	<i>T.B. area beneath the left scapula, affected area is not large and apparently not old standing. Sputum negative. Condition stationary.</i>	<i>Good</i>
		<i>5</i>	<i>1</i>	<i>17</i>	<i>23</i>	<i>3</i>	<i>17</i>	<i>T.B.</i>	<i>76</i>	<i>In Canada aboard ship</i>	<i>Good</i>

CANADIAN MILITARY HOSPITAL,
HASTINGS, SUSSEX.

Alfred Henry
Capt.
REGISTRAR
FOR O.G. CAN. MIL. HOSP., HASTINGS.

1902-C-9

Asst. Director Pay Serv.
Military Dist. 3.
JUL 11 1919
RECEIVED

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

B609

2618 7/9 24

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 *Clifford Humphrey* 2. Surname *Boundy*
3. Rank *L/cpl* 4. Original Unit *109th* 5. Reg. No. *726006*
6. Address, in full, to which future payments of gratuity are to be forwarded
*Clifford Humphrey Boundy
Box 273 Cobourg Ont.*
7. Date of enlistment in the C.E.F. *Nov 28th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent *not applicable*
10. Address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
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:—
not applicable
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? *not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
*Canada 109th Bn Nov 1915
until July 1916 Overseas 109th Bn July 1916
Nov 1916 124th Bn Nov 1916 July 1917*
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
109th Bn from Nov 1915 till Nov 1916 transferred to the 124th overseas and was with that unit till discharged
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *not applicable*
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 *not applicable*
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 *Post Discharge pay for 3 months*
20. Have you been issued with a War Service Badge? If so, what class? *"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 *not applicable*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
 (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 *July 31st 1917* (b) Reason for discharge *physically unfit for further service*
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 *not applicable*
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 *England only not applicable*
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: *C. H. Boundy*

Place of Residence: *Cobourg Ont.*

Declared before me at: *Cobourg*

This *10th* day of *July* 19*.1.9*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Sept 5-17</i>	<i>34.50</i>			
<i>Oct 5-17</i>	<i>34.50</i>			
<i>Nov 5-17</i>	<i>38.65</i>			
	<i>104.65</i>			

Certified Correct.

Clarence Mays
District Paymaster.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 726006 Rank L/Cpl. Name Boundy C.H.

Corps 109th Battalion who was* discharged

On July 31st 1917, to Class 3, Medically Uⁿfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st 1917, to July 31st 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay <u>31</u> days at \$ <u>1</u> <u>05</u>	<u>32</u>	<u>55</u>
Assigned Pay No.			Field Allow. <u>31</u> days at \$ <u>0</u> <u>10</u>	<u>3</u>	<u>10</u>
Other Charges*			Other Allowances* <u>Subs D.O. 150</u>	<u>18</u>	<u>60</u>
Payment on transfer or discharge No. <u>6985</u>	<u>62</u>	<u>25</u>	Other Credits* <u>Clothing</u>	<u>8</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	<u>62</u>	<u>25</u>	Total	<u>62</u>	<u>25</u>

*Give Particulars.

A monthly stoppage of \$ Cancelled (†) has (‡) been paid on account of Assigned Pay for the month of 1917 to (Assignee)

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No.

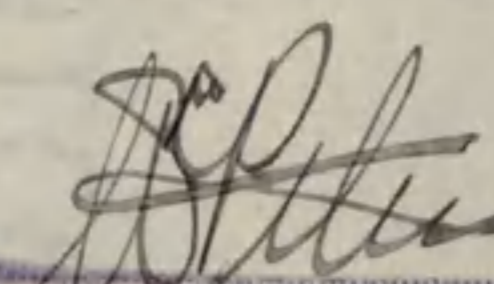
(3) cause of discharge and authority M.D.3, 88-B-103

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date July 16th, 1917.

Place Kingston, Ont.


 Paymaster, "C" Unit M.H.C. Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

Cheque # 6985 attached.

STATEMENT OF ACCOUNTS

The following is a statement of the account of the above named from _____ to _____ 1915. The balance due of transfer or checks _____

On _____ 1915 the account was _____

Account charged or transferred _____

Who year _____

Name _____

Dr	To
	Balance from previous month _____
	Interest _____
	Other charges _____
	Other credits _____
	Balance due to be debited to new unit _____
	Total _____
	Other Particulars _____

(1) been paid on account of assigned _____

(2) been assigned _____

(3) been assigned _____

(4) been assigned _____

(5) been assigned _____

(6) been assigned _____

(7) been assigned _____

(8) been assigned _____

(9) been assigned _____

(10) been assigned _____

(11) been assigned _____

(12) been assigned _____

(13) been assigned _____

(14) been assigned _____

(15) been assigned _____

On Transfer of an Officer _____

has been paid by Treasurer, Military District No. _____

REMARKS _____

(1) date of entrance _____

(2) if granted and a Separation Allowance Card has been submitted _____

(3) cause of discharge and authority _____

(4) discharged from the Contingent, State 4 Stop Payment advice for Assigned Pay has been forwarded, and date _____

(5) have carefully examined this statement of account and find it to be a correct statement from the pay roll of the unit _____

(6) _____

(7) _____

(8) _____

(9) _____

(10) _____

(11) _____

(12) _____

(13) _____

(14) _____

(15) _____

(16) _____

(17) _____

(18) _____

(19) _____

(20) _____

(21) _____

(22) _____

(23) _____

(24) _____

(25) _____

(26) _____

(27) _____

(28) _____

(29) _____

(30) _____

(31) _____

(32) _____

(33) _____

(34) _____

(35) _____

(36) _____

(37) _____

(38) _____

(39) _____

(40) _____

(41) _____

(42) _____

(43) _____

(44) _____

(45) _____

(46) _____

(47) _____

(48) _____

(49) _____

(50) _____

CERTIFICATE OF SERVICE.

(Issued following loss of permanent Discharge Certificate M.F.W. 39)

THIS IS TO CERTIFY THAT NO. 726006 (Rank) L/Corporal

(Name in full) BOURDY, Clifford Humphrey

Enlisted in 109th Battalion

Canadian Expeditionary Force, on the 30th day
of November 15 1917

He served in CANADA & ENGLAND

with the 124th Battalion

and was discharged at Kingston., Ont.

on the 31st day of July 1917

by reason of MEDICALLY UNFIT

His conduct and character while in the Service were Good

Medals and Decorations, etc. BRITISH WAR MEDAL

DESCRIPTION ON DISCHARGE.

Age 19 Years

Height 5'8"

Complexion Fair

Eyes Grey

Hair Dk. Brown

H. Q. 649-B-13935

(Signature)
(Clyde R. Scott),
Major,

Assistant

17th Director of Records November 30

Ottawa day of 1919

STATEMENT OF SERVICE

(Issued following loss of permanent Discharge Certificate U.S.N. 39)

THIS IS TO CERTIFY THAT THE
(Name in full)

Entered in
Canadian Expeditionary Force, on the
day

of
He served in

with the
and was discharged at

on the day of
by reason

the contract and conditions of his service were

Director of Records
H. G. A. Ottawa
day of

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

Proceedings of Medical Board at Discharge Depot.

Number 426006 Rank Lieut-Capt. Name and Corps of disabled soldier C. H. Boundy 109th Battalion
124th Coy
 Previous Civilian Occupation student

DEPT. OF MILITARY & DEFENCE
 APR 15 1917
 H.C. 3-13933
 CANADA

Cause of disability: - Phthisis aggravated by service 104
16.4.17

Condition in detail which prevent the soldier earning a Full livelihood:-

Young man with family history of t. b. Brother has it at present & mother died of t. b. Never went to France. Was troubled with lung symptoms before he left Canada. Patient at present looks anaemic. Complains of pain in the chest, persist cough with sputum. Patient lost weight. Physical signs - Vocal fremitus increased over right lung just below clavicle. Prolonged expiration in the area. There is no well marked evidence of t. b. in examination but it is my opinion he has it. Previous sputum tests

Opinion of the Board. all negative.

Degree of incapacity (Please state in fractions.)

Total diminishing to an indefinite degree.

Probable duration of incapacity:-

According to response to treatment, aggravated 50% by service.

6 months. impossible to say

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

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

Signature.

Santamini

E. A. Robertson Capt. President.

J. B. Legendre Capt. Members.

W. Bayne Capt.

Station. Quebec

Date April 4/17

Approved.

Date April 4/17

W. W. Carruthers Major
 Assistant Director Medical Service.

Date 20/17

J. H. McKay Capt.
 Director General Medical Service.

5

Wson

Handwritten notes in red ink, possibly a date or initials.

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

Opinion of the Board

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

President

Signature

Members

Station

Date

Approved

Faint, illegible text at the bottom left.

Faint, illegible text at the bottom right.

MEDICAL CASE SHEET

726006 = L/C Boundy C.H.
124 Battn. Age 18 Service 1 year.

Year
1917

Disease Phthisis.

Station
and Date
Bramshott
Mil. Hosp.
Jan 2nd

Complaint: Cough, debility and pain in chest.
Family History. Father living and well. Mother died of
T.B. One brother in France.

Previous illness:- Was in bed two months ago with cough
and pain in the chest; has had a slight cough ever since.

Present Debility:- Begab about a month ago with a more
severe cough and pain in the chest. Has lost about
15 pounds during the last two months. Has had night
sweats.

Present Condition:- Not very healthy looking. Mouth
and throat in good condition.

Chest:- Rather narrow. Apices not much shrunken.
Expansion poor, especially on the left.

Palpation:- adds nothing.

Percussion:- no change anteriorly, Posteriorly there
is a small dull area beneath the left scapula.

Ascultation:- Increased vocal resonance, rales and
friction ruts over the dull area.

Heart normal and other organs functioning properly.

Appetite good at present.

Sputum. Negative

Sgd A.H. MacKinnon.

PHYSICAL EXAMINATION

193000 = 1/3 Bounty U.S.A.

104 Barm. Age 18 Service 1 year

Disease: Tuberculosis

Location
and Date
Examination
M. H. H. H.

Complaint: Cough, debility and pain in chest.
Family History: Father living and well. Mother dead.
T. O. One brother in France.

Previous Illness: - One in bed two months ago with cough
and pain in the chest; has had a slight cough ever since.

Present Illness: - Began about a month ago with a
cough and pain in the chest. Has lost about
15 pounds during the last two months. Has had
no fever.

Present Condition: - Not very healthy looking. Cough
and throat in good condition.

Heart: - Slight murmur. Aortic not much enlarged.
Expansion poor, especially on the left.

Pericardium: - adds nothing.

Percussion: - no change anteriorly, posteriorly there
is a small dull area beneath the left scapula.

Auscultation: - increased vocal resonance, 1. In the
friction rales over the dull area.

Lungs: normal and other organs functioning properly.
Appetite good at present.

Spinal: Negative

Edg. A. L. Haskins

88-13-103

CASE HISTORY SHEET.

No. 726006 Rank L/C Name Boundy Clifford Age 19

Unit 109 Battn. Completed years of service ^{Where and how long} Nov. 20/15 to date Not in France

Date of admission Jan. 23/18 Date of discharge

Diagnosis *9 ad* Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE Man states in October 1916 he began to cough, considerable expectoration morning and night.

Man says he lost over 10 lbs in weight. Now has slight cough in the morning, slight expectoration shortness of breath on exertion.

Man looks under weight, expansion of chest poor. Some retraction of both apices. Respiratory murmur is rather deficient at both apices. No rales heard.

There is no temperature morning or night-Sputum negative.

FAMILY HISTORY Mother - tuberculosis

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date Jan. 28/18 (Signed) S.M. Asselstine Capt. A.M.C. Medical Officer i/c case.

42669C

Answer

Pres. Med. Board

Capit. R. S. Stearns

Office of Standing Medical Board,
Warrior Square, Hastings.

March 3rd, 1917.....1917.

To:-
Officer i/c of Records,
Canadian Record Office,
London E.C.

Name- Boundy, C. No. 726006
Unit- 109th. 124th. 12th Res.Bn. Rank- L/C

The above noted appeared before a Medical Board
on.....2-3-17.....1917. and the following entries have been
made on the Medical History Sheet of this man:-

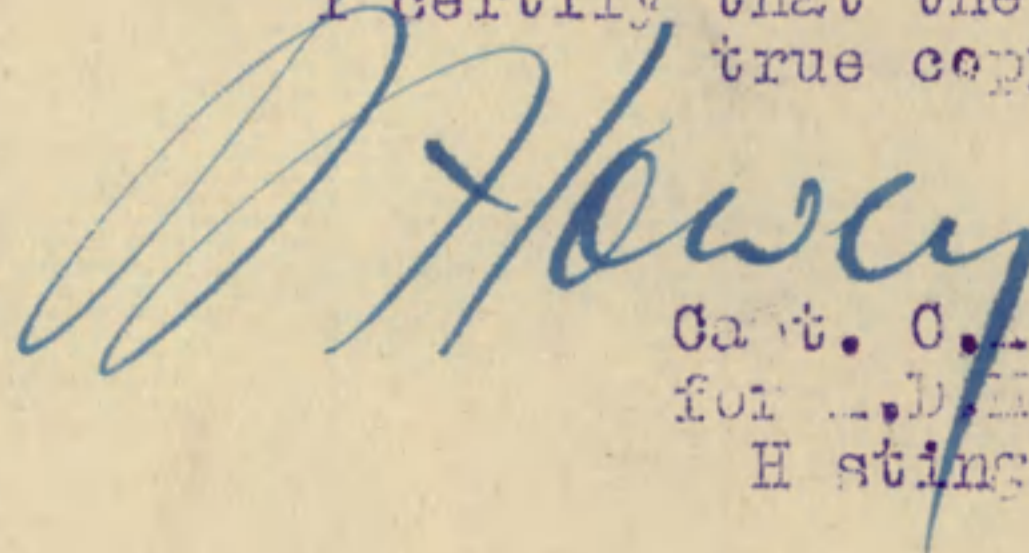
Board Recommends, Invaliding to Canada.
(Sgd) W.A.McIntosh, Major. CAMC. Presd. S.M.B.Hastings.
.....2-3-17.....1917. A P P R O V E D .
(Sgd) R.Howey, Capt. CAMC. for A.D.M.S.Hastings.

Hospital entries on this man's Medical History
Sheet are herewith copied:-

Previous Board.
Bramshott. 11-12-16. Underage T.B.Suspect. (Class E.) Sgd.C.E.
Cooper Cole. Major.

Bramshott. 2-1-17 to 5-1-17. Phthisis. 4 days. T.B. area beneath
the left scapula. Affected area is not large and apparently
not old standing. Sputum negative. Condition stationary.
(Sgd) C.W.McKinnon, Capt.

I certify that the above is a
true copy.



Capt. C.M.C.
for A.D.M.S., Canadians.
Hastings, Sussex.

Office of the
Director

Division of
Labor

.....
.....
.....

1/1/1917

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

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

250M.—1-16,
H. Q. 1772-39-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 26006 Rank Private Name Bowdley Clifford Humphrey

Enlisted (a) 30.11.15 Terms of Service (a) D of W. Service reckons from (a) 30.11.15

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) Farmer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16	
	Appointed A/L Cpl		Caen	5.8.16	Part II Order 21
8-12-16	OC. 109 th	Transferred to 124 th Bn	Witley	8.12.16	D.O. Part II No. 43
9.12.16	124 th Bn	Taken on strength of 124 th	Witley	8.12.16	Part II Order 265
21.12.16	124 th Bn	Transferred to C.C.A.B.	Witley	15.12.16	Part II Order 278

W. T. Selting
 ADJUTANT, CAPTAIN,
 109th BATTALION CAN. INF.
 MAJ. ADJUTANT

Invalidated to Canada for further treatment
 of 2 years back
 Hospital Representative Hastings

(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.

Regtl. No., Rank and Name Pvt. Bondy 926006 Corps _____

Disease T.B. suspect Hospital CANADIAN CONVALESCENT HOSPITAL,

To Officer i/c Laboratory. Ward SANATORIUM SECTION,
HASTINGS.

Please carry out an examination of the accompanying specimen of sputum
with special regard to T.B.

Date 12 FEB 1917 13 FEB 1917 Revelwood Capt
O. i/c Ward.

LABORATORY REPORT.

13 FEB 1917 no T.B. found

16 FEB 1917 no TB found.

20 FEB 1917 no TB found.

27 FEB 1917 no TB found

1 MAR 1917 no TB found

Date of Examination _____ Thos. A. Little

O. i/c Laboratory.

Regt No. 1st Regt and Name 1st Regt

Disease Scarlet fever

Ward 10

Hospital General Hospital

Please carry out examination of these specimens at

with special regard to

Date 12 FEB 1917

LABORATORY REPORT

17 FEB 1917

18 FEB 1917

20 FEB 1917

27 FEB 1917

1 MAR 1917

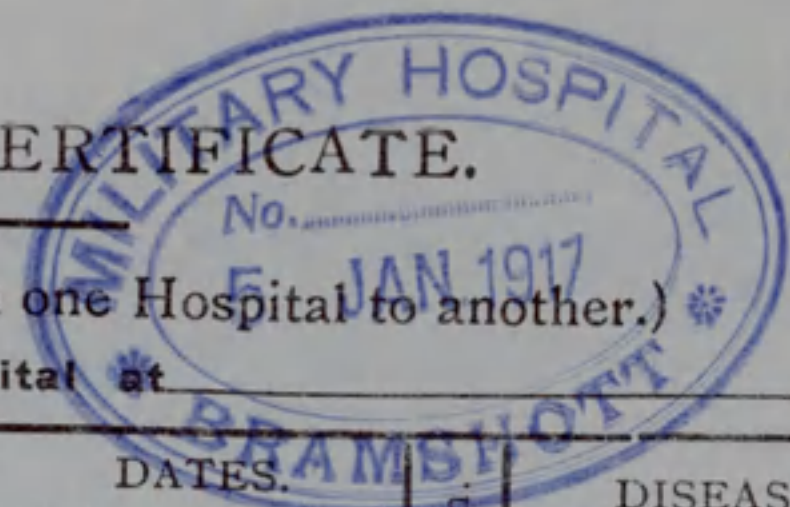
Date of Examination

O. J. Laboratory

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

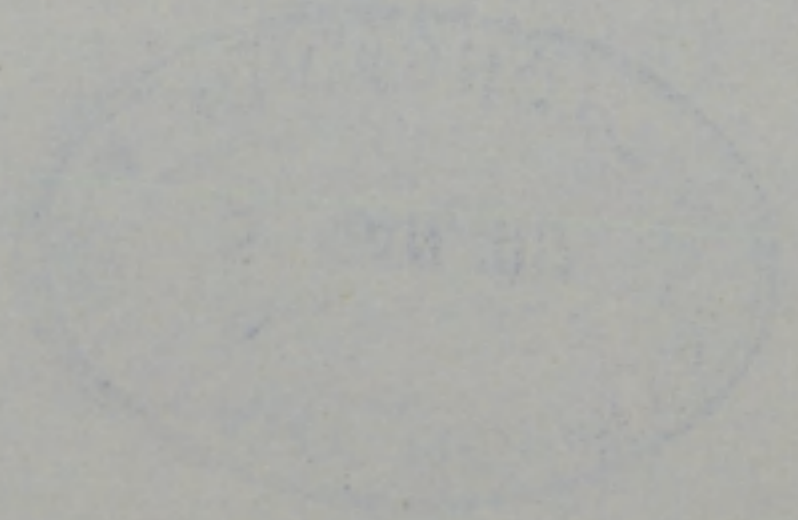


Extract from Admission and Discharge Book of _____ Hospital at _____ Date _____

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
31	124 Can B.		726006	LC. Boundy. Lt.	18	12/12		Jan 7/17	Jan 5/17	66	Phthisis	Hastings

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

J. G. Park Capt for _____ Medical Officer in Charge.



No. *426006* Name *Boundary, Clifford H* Sqn., Batty., or Company } *Sig Sec Corps* **124th BATTALION CANADIAN INFANTRY** Date of enlistment } *30/11/15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. } *George Jilly Ltut.* Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>Transferred to 124 Bn D.O 343-8-12-16</i>				<i>J.W. Bellamy</i>	
				<i>Transferred to C.C.A.C. 15.12.16 Part II Orders 278, 21.12.16</i>	<i>R.W. Jones</i>	MAJOR ADJUTANT, 124th BATTALION C.E.F.		ADJUTANT 100th Overseas Battalion	
				<i>Inveiled to Canada for further treatment</i>					
				<i>Hospital Representative Hastings.....</i>	<i>H. H. Maw. Capt.</i>				

Army Form B. 122

CW

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

239
 M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom *Mrs Boundy*
 Address *Cobourg, Ont.*

By Whom Assigned *Boundy, C. H.*
 Regtl. No. *726006*
 Rank *L/Cpl.*
 Corps *109th Batt.*

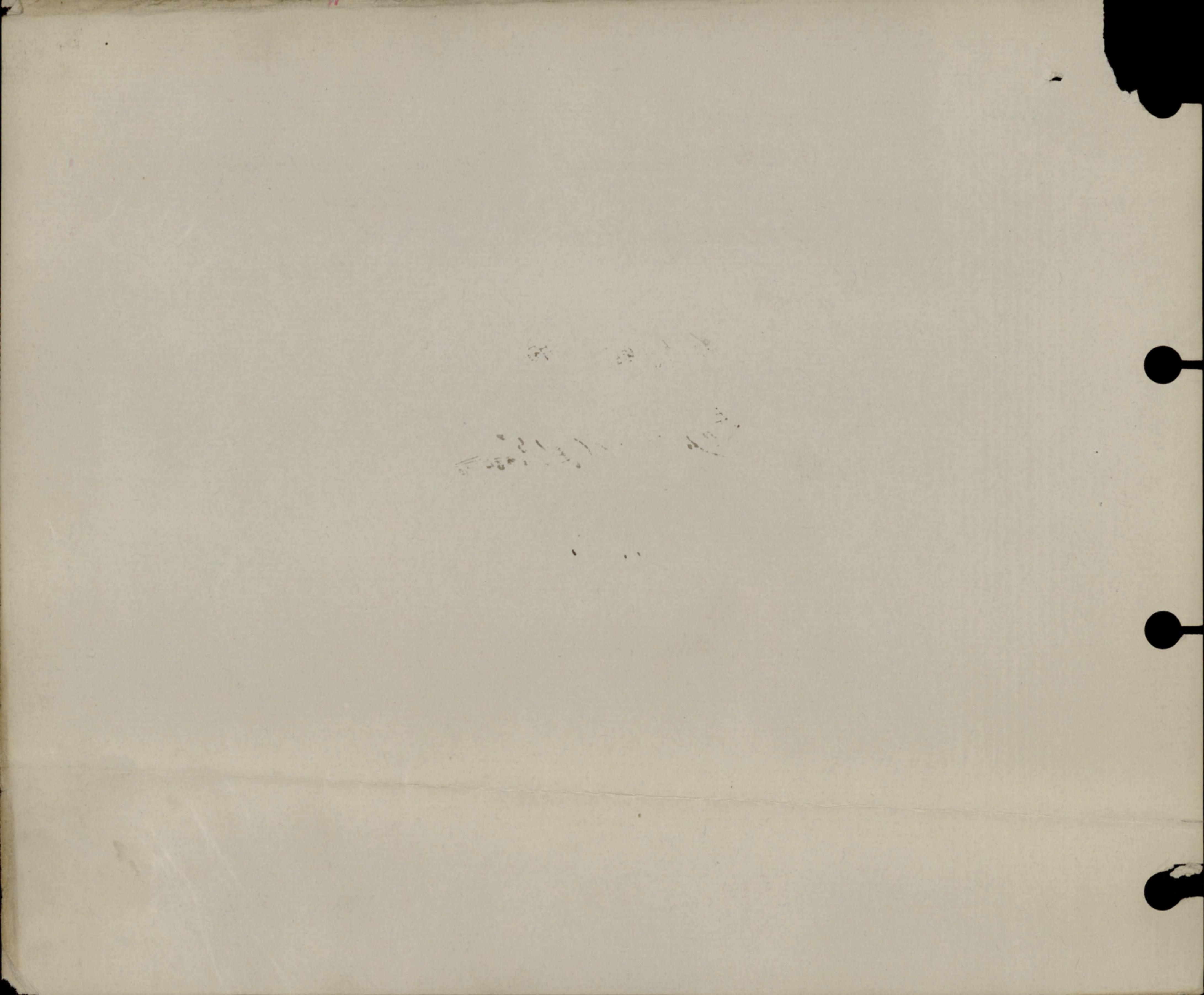
Rate *\$15.00* **AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payments April 1/17 Discharged to Canada 3M 20/3/17 etc. 1/5/17 Prev noted by G.X.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
 FOR
 2
 CASUALTIES.

✓



Name Boudry L/Cpl C.A.

M. F. W. 41
1 OM-7-16
1772-39 889.

1484

Regimental No. 726006

Name and address of next of kin

Unit 109 Bn

Henry Sr
Boboung
Ont.

Date of enlistment

Place of "

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ 15.00 Mar 1917

Reason for discharge

To whom payable Wm Boudry
(Same Add)

Character on discharge

Essequibo 31³/₁₇

5351-M. & D. 6890.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate			Amount	No.					
<u>21³/₁₇</u>	<u>20³/₁₇</u>	<u>H1</u>	<u>IP⁴</u>	<u>H3 05</u>	<u>H1</u>	<u>.10</u>	<u>H10</u>	<u>5130</u>			<u>60 -</u>				<u>Wld & reber</u>
	<u>31³/₁₇</u>							<u>5130</u>			<u>38 45</u>				<u>Job Unit '14/17.</u>
								<u>98 45</u>					<u>98 45</u>		<u>Pensioned</u>
															<u>for 1/8/17. \$192⁰⁰/p.a.</u>

Handwritten red stamp:
P.A.S.T.
20/17
10/17

File No. 1902-c-9

WAR SERVICE GRATUITY.

Register No. B609. MLD

22-7-19.

Reg. No. 726006.

Dependent Nil

Name Bliss H. Bowdy

Address Belmont

Coburn

Onto

Dec'n No.	W.S.G.	File No.
Days at \$	per day \$	Address
Months at \$	per mo. \$	
Less P. D. P. Credited		
Less further debit balance		
Net due paid as below		
TO SOLDIER		TO DEPENDENT
Ag. No.	Ch. No.	Amount
1		
2		
3		
4		
5		
6		
Total		

Pay Soldier \$ 280.00

Pay Dependent \$

W. J. Harrison

Clerk H. Davidson

P. May

Days 122 Rate 70 Due \$280.00

Less P.D.P. credited 104.65

Less further Dr. Bal. or overpayment.

Net \$175.35

RP 109 10-10-19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1/8/19								
131-7-19	2779	496457	70 00					
2/9/19	13220	510775	70 00					
3/19/19	26304	522421	35 35					
4								
5								
6								

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
 Posting checked by
 Date.....

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

82

1902-C-1

Name **BOUNDY, Clifford, H.**
Surname Christian Name

Regimental Number **726006** Rank **I/Cpl.**

Address (in full)

Unit **C.C.A.C.**

27 Henry St.,

Original Unit **109th Bn.**

Cobourg, Ont.

District where paid **M.D. 3,**

Date of Discharge **31-7-17.**

P. D. P. Filing Number **5-12-3.**

Rates:—Regimental pay \$ **1.05** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ 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		
104.65	229	5-9-17	34.50	225	5-10-17	34.50	228	5-11-17	35.65		104.65

M. F. W. 127.
60M-617.
1772 39-1140.

Remarks:

Surname

Christian Name or Names

Reg. No.

Bouandy

C. H.

726006

Rank

Unit

Co.

Troop

Batty.

H/6
Hospital

124 Batt. Plon

Date of Admission

*Brams-kott Military
Canine Hastings*

2-1-17

Transferred

Hosp. 5.1.17.

Hosp.

Hosp.

Hosp.

Diagnosis

Z. y. N.

(1)
Later Diagnosis (if changed)

T.B. Lungsw.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

6.1. 11-1-17 35
12.4.17. B62 ✓
20.4.17. A18

REMARKS

Dis. 22.3.17.
Dio. 22.3.17.

25.11.17

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME

Boandy C. X.

REGT'L No

726006

RANK AND CORPS

L.C.

H. Q. FILE No. 649-

124th BATT

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

2323

25-3-17

*Sailed from Liverpool for Canada per
Hosp. ship Esquibow on 22nd inst
phthisis*

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
35	Mil, Bramshott	2-1-17	N.Y. D
B 62	Can Mil, "Hastings"	5-1-17	" " "
B 67	Discharged	2-2-17	Not skated <i>J Blumgs as per list B 68</i>
99	M. W. L. Kingston	8-4-17	2. O. S. Mowat. New. Saw.
167	M. H. L. Kingston	12-6-17	Sofa, Outpatients
77	" " "		Fleming Couv. H.
101	" " " "	10-4-17	2. O. L. Outsp Mowat New. Saw.
116	" " " "	23-4-17	S. O. L. " " " "
208	" " " "	31-7-17.	Disc Mowatt d. 3
130	M H L Kingston	28-5-17	Jan L of Mowatt out Patient

LEDGER No. _____

SERIAL No. 42669 46

REG. No. 726006 NAME Bowndy Clifford,

RANK S/C. CORPS 109th Battrn AGE 19 SERVICE 24/12

HOSPITALS

DATE OF ADMISSION

1 Mowat Memorial Kingston

8-4-17

2

3

DIAGNOSIS J.B.

TRANSFERRED TO _____

DISPOSITION 7-7-17 Invalid

CATEGORY _____

REMARKS:

HOSPITALS.

DATE.

DIAGNOSIS.

a.d.m. Queens Mill Kingston
disc-28-1-18.

23-1-18

N. A. P.

SURNAME. *Bounty* *649-B-13933*

CARD No.

CHRISTIAN NAMES *Clifford Humphrey*

3
S.O.S. W.S. 31-7-17

REGL. No. *726006* RANK ~~*Pvt.*~~ *L/Cpl.*

UNIT *109th.* *Batt.*

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Bounty William*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Cobourg, Ont.*

COUNTRY OF BIRTH *Canada, Cobourg, Ont.* DATE *Apr. 4th. 1897.*

PLACE OF ATTESTATION *Haliburton, Ont.* DATE *Dec. 17th. 1915.*

Sailed from Halifax 23/7 16⁴⁸⁸ per S.S. "Olympic"

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

18.

YEARS

8.

MONTHS

HEIGHT

5.

FEET

6 1/2.

INCHES

CHEST MEASUREMENT

34.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Fair.

EYES

Hazel.

HAIR

lt. Brown.

DISTINGUISHING MARKS

Scars under left eye.

MEDICAL EXAMINATION.

PLACE

Lindsay.

DATE

Dec. 7th. 1915.

Returned to Canada per S. Cosquibo 22/3/17
med unpt. (auth. 9323)

2/3/17
Boarded
cert. to Gen.

HOSPITAL.

A. & D. No. *384*

Ward *Sanatorium*

Unit *124 oh.*

Sick or Wounded.

Regtl. No. *726006*

Pl. of Act'n

Rank *1st Lt.*

Name *Boandy, C.*

Age *18*

Religion *C.E.*

Service Compl'd *12/12*

Time with Field Force

Diagnosis *V.B.*

Admitted *5-1-17.*

Discharged *Sanatorium*
22 MAR 1917

Transferred

MEDICAL HISTORY SHEET.

Orig. recd. from *Sanatorium* 2/2/1917

Dup. recd. from /...../191

Orig. sent to *Canada* 20/3/1917

Dup. sent to /...../191

Received from Registrar this
 Orig. Dup. /...../191

.....

R. & O. 6034.

REGTL. NO.

26006

RANK

1st Lt.

NAME

Bundy Clifford H

COY.

D

FOLIO

TAKEN ON FROM

Haliburton

DATE

30-11-15

PARTICULARS

Single

PROMOTIONS OR APPOINTMENTS

af Lee to 1st Lt

AUTHORITY

D.O. 218

DATE

5-8-16.

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

18.4.16. 25.4.16. 2.5.16. 22.9.16.

QUALIFICATIONS

VACCINATION

23.2.16.

DRAFTED TO

6.6.16-15.12.16

REMARKS

STRUCK OFF

LEAVE

NEXT OF KIN

FROM

TO

Father William Bourdy.

Colbourg Ontario

REMARKS

Clifford. Humphrey

Name Boundy

Rank I/C

Reg. No. 726006

Unit 124th Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
2-1.	Bromshott.		N.Y.D.	35		
Jan 5	Can Mil Hsp	Hastings	Do	B62		
Mch 22	Discharged	Do	Do	B62		
	Read above Casualty as	T.B.Lungs		B.68		

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

G. Duty Bn

Number

726006

Rank

A/L Cpl

Surname

BOUNTY

Christian Name

Clifford Humphrey

Units

109th Bn C Infd

Theatre of War

England

Date of Service

31.7.16

Remarks

Latest Address

27 Henry St.
Colindale

Roll No.

A Page

Out

200m.-6-21.

H150

DESP. JUL 15 1924

REGN. NO. 6043

G.R. Rank *Act. 2. Cpl.* Name **BOUNDY, Clifford Humphrey** Reg'l No. **726006**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? }
 Married or Single **Single.**
 Place and Date of Enlistment **Haliburton, 30th November, 1915.** Place of Birth **Cobourg, Ont., Canada.**
 Name and Address, Next-of-Kin **William Boundy,**
P.O., Cobourg, Ont., Canada. Relationship **Father.**

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

40/3
 N.E. & B. No. **6167**
 File R.L.
 Category *War*

Discharge, Date and Place Reason Character *FCR 233124*

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 per H. M. T. 2810 31-7-16					
5. 8. 16	D.C. 109 th	Appntd Prov. 2. Cpl.	Oscney	5-8-16	N.I.D. 218 + D.O. 285
8. 12. 16	"	S.O.S on tfr. to 124 th Bn	Hitley	8-12-16	" " 343
9. 12. 16	D.C. 124 th	S.O.S " " fr 109 th	"	"	" " 265
21. 12. 16	"	S.O.S to CCAC pending Dischgd	"	15-12-16	" " 278 with CCAC letter of 15.12.16
2. 1. 17	"	adm B M Asp	Bramshott	2-1-17	" " 2 + CP 357 of 1/4/17
16. 1. 17	124 th Bn	T.O.S on tfr from 124 th Bn to this	Hastings	11-12-16	" " 26
22- 2- 17	124 th Bn	Caused to be att'd to the 124 th Bn	"	22-2-17	" " 53
12. 4- 17.	"	Tfrd to Mil Hosp Hastings.	Hastings	5-1-17	C.R. B. 67. N.I.D.
12. 4- 17	"	Discharged " "	"	22-3-17	C.R. B. 67 not stated 124 th Bn B.C. 68. 29-20-4-17.

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.				
20-3-17	1. CORD	TOS	W. Sandby	10-3-17	PI-11 <i>Cancelled u 25617 PR 10108 120217</i>
1-8-17	1. G. O. M. B. Peases	with Lt. Div to ^{Canada}	W. Sandby	20-3-17	PI-11 145
3-8-17	G. O. M. B.	S. C. S. Canada for Div		20-3-17	PI-11 260
	Disc Dept.	To Mowat Sanatorium	MD No. 3. Kington		NR 238.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Wm Boundy

PAYMENTS.

Name of Soldier

Boundy, C. H.
Plt L/Cpl 109 B Co.

726006

\$15.00

Remarks. **AUG 1 1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>15413</i>	<i>15</i>	
Sept.		<i>15549</i>	<i>15</i>	
Oct.		<i>19953</i>	<i>15</i>	
Nov.		<i>24904</i>	<i>15</i>	
Dec.		<i>30996</i>	<i>15</i>	
Jan.	1917	<i>37427</i>	<i>15</i>	
Feb.		<i>442714</i>	<i>25</i>	<i>15</i>
March		<i>349004</i>	<i>15</i>	<i>15</i>
April		<i>Z 76</i>	<i>15</i>	<i>15</i> <i>W Z 76 cancelled.</i>
May				<i>#12000 A/c closed</i>
June				
July				
Aug.				<i>Retd. Essequibo 22-3-17</i>
Sept.				<i>F.X. 28-3-17 M.C.</i>
Oct.				
Nov.				<i>P.O.P. 27/8/17 A.K.</i>
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

just

W.C.

(Circular stamp)

✓

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

LIST 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 fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ESSEQUIBO

31-3-17

Army Form B. 268.

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. <u>726006</u>	Army Rank <u>Lance Corporal</u>
Name <u>Boundy, Clifford Humphrey</u>	(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
Corps <u>1st Central Ontario Regiment</u>	
Battalion, Battery, Company, Depot, &c. <u>109th Battalion (2) 124th Battalion</u>	(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)
Date of discharge _____	
Place of discharge <u>Canada</u>	
1. Description at the time of discharge.	
Age <u>19</u> years _____ months	Descriptive marks. <u>Scar under left eye.</u>
Height <u>5</u> feet _____ inches	
Chest measurement { girth when fully expanded <u>34</u> ins. range of expansion <u>3</u> ins.	
Complexion <u>fair</u>	
Eyes <u>grey</u>	
Hair <u>dk brown</u>	
Trade <u>farmer</u>	
Intended place of residence <u>27 Hymys Colony St.</u>	(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 <u>Being no longer physically fit for war service</u> <u>Para 392, Sec 16, K. R. & O 1912</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer <u>[Signature]</u>	
Army Form B. 2088 has been issued to*	

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. *Only if discharged "Medically unfit."	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.)	

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.	726006	
Rank	Lance Corporal.	
Name	Clifford Humphrey Boundy.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	109th Battalion	
Date of Discharge	July 31st 1917.	
Place of Discharge	Mowat Hospital, Kingston	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
		Descriptive Marks
Age.....19.....years.....months.		
Height.....5.....feet.....7.....inches.		
Complexion Fair		
Eyes Blue		
Hair light		
Trade Student		
Intended place of residence	Cobourg, Ont.	
(To be given as fully as practicable.)	Henry street.	
2. The above-named man is discharged in consequence of		
Being medically unfit for further service.		
<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.		
— Very good —		
<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.)		

10/11/17
 H.H.H.

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 Ontario..... *A. Bidsall* Major.....

(Date).....July 31st 1917..... Commanding C. Unit. M.H.C.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 Ont..... *Clifford H Bousdy* (Signature of Soldier.)

(Date).....July 31st 1917..... *F. C. Luss* Lieut. (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/.....years *2 1/2* days.

11. Confirmation of Discharge.

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

(Place).....Kingston Ont.....

(Signature) *A. Bidsall* Major.....

(Date).....July 31st 1917.....

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.)

Clifford H Bousdy

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled

Folkestone, Kent, England, on the _____ day of _____ 191____

Members of Board.

(i) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

20. (a) State whether the disability is the result of injuries received or illness contracted (1) in the presence of the enemy (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

21. Has the disability been caused or aggravated by (a) Intemperance? (b) Misconduct?

22. Is the disability permanent? 23. If not permanent, what is its probable minimum duration? To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend (a) Fit for duty? (b) Fit for base duty? (c) Invalided to Canada? (d) Discharge as permanently unfit?

27. Remarks.

Signatures:—

W. J. McInnes, Major, C.A.M.C., President.

Signed at 41, Grimston Avenue, Folkestone, this _____ day _____

Date 5.8.17.

Approved

President.

Administrative Medical Officer

Invalided to Canada for further treatment

Hospital Representative Hastings

Army Form B. 179. Canada.

Medical Report on an Invalid.

Station Hastings

Date Feb. 20th, 1917

- 1. Unit. (1) 109th (2) 124th Batta 5. Age last birthday 18
2. Regimental No. 726006 6. Enlisted on Nov. 28th, 1915 at Haliburton
3. Rank L/col 7. Former Trade Student. or Occupation
4. Name Boundy E.

8. Disability.

Phthisis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Before enlistment
10. Place of origin of disability. Canada
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Had colds frequently during his school days particularly in winter. These frequently lasted most of winter. In case of loss of teeth he had a cold before going to England, and this troubled him much after coming to England. Went to Hospital Bramshott Jan. 2nd, and has not returned there to have to better during the last few months. Came here Jan. 25th, and has lost considerable weight since then. Since Jan. 28th has had a good deal of sputum, and expectorates freely. At times has pain in upper front part of chest. At times sputum has been streaked with blood. Had night sweats first about Sept. 1916. Has not had any for about a month.

- 12. (a) Give your opinion as to the causation of the disability. (a) Infection, and exposure of Active Service conditions. (1) No (2) Yes but exposure and Active Service conditions have activated a preexisting disability.

Disc. See H/17/20

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Appetite fair, fairly well nourished. Considerable cough, and expectoration. No night sweats for some time. Not losing any weight during past two weeks. Lungs, except for slightly increased expansion on left side, negative. Repeated examination of sputum all negative.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
(b) On active service?
(c) On duty?
(d) Off duty?

Not Applicable

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

Not Applicable

16. Was an operation performed? If so, what?

Not Applicable

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

Not Applicable

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

Not Applicable

19. Do you recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

R. Woodcock Capt. Officer in medical charge of case.

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

Can. Milit. Hosp.

Station Hastings, Ont. Date 2.3.17. P. D. Stewart M.D. Day Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
(iii) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
(iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 No. a2 Yes.

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

Service conditions activating an old disability.

21. Has the disability been caused or aggravated by

- (a) Intemperance? No.
(b) Misconduct? No.
Neglect? No.

22. Is the disability permanent?

Not applicable.

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

Not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not applicable.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

- (a) Fit for duty? No.
(b) Fit for base duty? No.
(c) Invalided to Canada? Yes.
(d) Discharge as permanently unfit? No.

7

27. Remarks.

Signatures:— (Signed.)

W. A. McIntosh, Major, C.A.M.C. President.

Station Hastings, G. B. Peat, Major.

Date 2.3.17.

Approved.

Station Hastings, Ontario. Date 4/8/17. Administrative Medical Officer.

3-MAR 1917

Captain, C.A.M.C.

1st Lt. D. M. S., Canadian.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Prior Park, Bath, England, on the _____ day of _____ 191_____

Members of Board.

(Faint, mostly illegible text regarding board procedures and regulations)

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

(a) State whether the disability is the result of injuries received or illness contracted (1) in the presence of the enemy (2) on active service. If it is therefore essential when assigning the cause of the disability to differentiate between them take Article 641 to 648 of the Canadian Pay and Allowance Regulations.

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

21. Has the disability been caused or aggravated by

- (a) Intemperance?
- (b) Misconduct?

22. Is the disability permanent?

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

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

27. Remarks.

Signatures:—

President _____

Signed at Prior Park, Bath, this _____ day

_____ day

Members of _____, 191_____

Station _____

Date _____

Approved.

President.

Station _____

Date _____

Invalided to Canada for further treatment

Hospital Representative Hastings..... *H. B. Mansel capt*

Army Form B. 179.

Canada.

Medical Report on an Invalid.

Station _____

Date _____

Jan 31/17

- 1. Unit. *124 Batt*
- 2. Regimental No. *726006*
- 3. Rank *L/C.*
- 4. Name *Baundy C.*

- 5. Age last birthday *18*
- 6. Enlisted *on Nov. 28/15*
at Halifax Ont.
- 7. Former Trade or Occupation *Farmer.*

8. Disability. *If the disability is an injury, was it caused*

Pulmonary TB.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

Previous to enlistment.

10. Place of origin of disability.

Canada.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Has always been very subject to colds and coughs. Two years ago was laid up for two months with cough & expectoration night & morn, haemoptysis, loss of appetite etc. Since coming to England in July, 1916 has had a more or less constant cough with a good deal of expectoration. Has often had a little blood in his sputum. Later he developed pain in chest. Has had frequent night-sweats. Has lost some weight although appetite has been fair. Was admitted to hospital at Bramshott Dec 24/16 and then transferred here.

12. (a) Give your opinion as to the causation of the disability.

T.B. infection.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

1. No

Date _____

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Medical Report on

Station _____

Date _____

5. Age last birthday _____

6. Enlisted _____

7. Former Trade or Occupation _____

1. Unit _____

2. Regimental No. _____

3. Rank _____

4. Name _____

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

- (a) In the presence of the enemy?
(b) On active service?
(c) On duty?
(d) Off duty?

Statement of Case

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

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

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

19. Do you recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

Officer in medical charge of case.

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

Station _____

Date _____

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service.
(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

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

21. Has the disability been caused or aggravated by

- (a) Intemperance?
(b) Misconduct?

22. Is the disability permanent?

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

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

27. Remarks.

Signatures :—

Station _____

Date _____

Approved.

Station _____

Date _____

President.

Members.

Administrative Medical Officer.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

wt 141 ³/₄ lbs. 20-2-17.

Medical Report on
Appetite fair, fairly well nourished, considerable cough and expectoration, no night sweats for some time, had lost some weight during last two weeks.

Being except for slightly decreased expansion on left side - negative.

Repeated examinations of sputum all negative.

In spite of this array of evidence to the contrary he is in my opinion tubercular.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

not applicable

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

not applicable

16. Was an operation performed? If so, what?

not applicable

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

not applicable

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

not applicable

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

no
no
yes
no

Revelwood Capt.

Officer in medical charge of case.

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

Station Hastings P. Stewart Major C.M.B.
Officer in charge of Hospital.

Date 21-2-17

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 no. a2 yes. Proceedings.

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

Service conditions activating an old disability

21. Has the disability been caused or aggravated by

- (a) Intemperance? no
- (b) Misconduct? no
- (c) Neglect? no

22. Is the disability permanent? not applicable

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

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? not applicable

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

- 26. Do the Board recommend
 - (a) Fit for duty? no
 - (b) Fit for base duty? no
 - (c) Invalided to Canada? yes
 - (d) Discharge as permanently unfit? no

27. Remarks.

Signatures:—

W. M. B. Major C.M.B. President.

Station Hastings

Date Mar. 17

G. B. M. J. M. J. Members.

Approved.

Station

Date

H. Over
Administrative Medical Officer.

Captain, C.A.M.C.

St. A.D.M. Hastings, Sussex

