C.E.F. REGIMENTAL DOCUMENTS

NAME BOWERMAN, THOS. H. REGT. No. 725188 UNIT 1 C.O.R.D. H.Q. FILE No. 32779

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Jan 31st 1916

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 725188.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Bowerman
1a. What are your Christian names? ..... Thomas Stanley
1b. What is your present address? ..... 3 St. Augusta Ave. Toronto
2. In what Town, Township or Parish, and in what Country were you born? ..... Bloomfield P.E.I.
3. What is the name of your next-of-kin? ..... Jennie Bowerman
4. What is the address of your next-of-kin? ..... 3 St. Augusta Ave. Toronto Ont. Canada
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... Jan 31st 1895
6. What is your Trade or Calling? ..... Actor
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? ..... 12th York Rangers 2 Years
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, Thomas S. Bowerman, 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.

T. S. Bowerman ..... (Signature of Recruit)

Date Jan. 25th 1916. Geo. Downey ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas S. Bowerman, 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.

T. S. Bowerman ..... (Signature of Recruit)

Date Jan. 25th 1916. Geo. Downey ..... (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 Lindsay this 25th day of January 1916.

..... (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Thomas Hewlett Bowerman on Enlistment.

Apparent Age ... 21 ... years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 4½ ins.
Chest measurement. Girth when fully expanded	35½ ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	fair
Eyes	Blue
Hair	Light Brown
Religious denominations: Church of England	
Presbyterian	
Methodist	Methodist
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other Denominations (Denomination to be stated)	

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.)

None

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 declares that he is not subject to fits of any description.

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

Date ... January 25th 1916. ... J. McCulloch ... Capt.

Place ... Lindsay ... J. D. Boyd ... Medical Officer

109th Overseas Battalion, C. E. F. 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.

Thomas H. Bowerman ... 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.

... Lt. Col. (Signature of Officer)

O.C. 109th Overseas Battalion, C. E. F.

Date ... JAN 25 1916 ... 191 .

P.M. 25 130 174

DEPARTMENT OF MILITIA AND DEFENCE. 23280

WAR SERVICE GRATUITY.

464

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 Thomas Hewlett 2. Surname Bowerman
3. Rank Gte. 4. Original Unit 109 Batt. 5. Reg. No. 725-188
6. Address, in full, to which future payments of gratuity are to be forwarded
28 Augusta Ave.
Toronto
7. Date of enlistment in the C.E.F. 21st day January 1916
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 —
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? 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:—
20th Batt. Oct. 1916 — June 1917
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 not applicable
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 1 year 11 months 3 days. Left 109 Batt. September 1916. Joined 20th Batt. Oct. 1916 until June 1917
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

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 3 months one hundred dollars thirty cents. G.A.D. #2

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

21. Have you, during the present war, served in the Imperial Forces? not applicable

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? not applicable
(b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable

24. Are you now serving in the C.E.F. ..... If not, give:—(a) Date of discharge 24th December 1917 (b) Reason for discharge physical unfitness

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 ...
20th Batt. Jan 17th 1917 Bombing raid services from October 1916 until June 15th 1917

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....
(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: Thomas Hewlett Bowerman

Place of Residence: 28 Augusta ave. Toronto

Declared before me at: Toronto

This 11th day of February 19.19

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
29-12-17	33.00			
29-1-18	33.00			
28-2-18	34.10			
	100.10			

Certified Correct.

District Paymaster.

for PAYMASTER, MILITARY DISTRICT No. 2

CAPTAIN C.A.P.C., C.E.F.

243 Debit to be received s/p q.a/c attached hereto

Returned to Canada. Authority C.111

Adjutant General's letter D.C.4/ A.G.2-1-29 of 19-6-17

To be made out in duplicate.

I.Q. 51-21-20-53

DUPLICATE

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 D Co. 109th O/S Batt. C.E.F.

(2) Regimental Number 725188.

(3) Full Name of Soldier Charles Hewitt Bowman

(4) Place of Birth Picton Ont.

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Samuel Bowerman, 34. Augusta Ave Toronto.

(10) Is your Mother alive? Yes

If so, state name and address Jennie Bowerman 34 Augusta Ave Toronto.

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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 JUL 19 1916

E. B. Carnegie Major
Officer Commanding.
109th Overseas Battalion, C. E. F.

(4 copies)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D. 2

LAST PAY CERTIFICATE

No. 28

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

Regimental No. 725188 Rank Pte Name T. H. Bowerman

Corps No 2 Casualty Unit who was* Discharged

On Dec 24 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec 1 1917, to Dec 24 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	32	67
Advances by Cheques No. 11340	10		Regt'l Pay 24 days at $ 1 c	24	
No. 11894	20		Field Allow. 24 days at $ c 10	2	40
No. 12261	30		Other Allowances* Subsce	12	80
Assigned Pay No.					
Other Charges*			Other Credits* clothing	13	
Payment on transfer or discharge No. 12879	24	87			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	84	87	Total	84	87

*Give Particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of 191 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 20306

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 20/12/17

Place Toronto

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.

30M.—10-17.
H. Q. 1772-39-903.

Discharge 22-1-18 9.1

649-13 - 17883 B.P.C.

Duty. A IV

Proceedings of Medical Board at Discharge Depot, QUEBEC, Que.

No. 725188 Rank Pte. Name and Corps of disabled Soldier:— Bowerman Thomas Bullett. 109th Battn.

Previous civilian occupation:— Farmer

Cause of Disability:— Under age 17 10/12

Condition, in detail, which prevents the soldier earning a full livelihood:—

No certificate attached.
Boy states he is 17 10/12 yrs of age. He appears older.
He is fit.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) None

Probable duration of incapacity:— not app.

Does it render him permanently unfit for Military Service? No

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? No

Signature:— K C Cairns Capt.
President.

Station:— Quebec

Members

Date 6/11/17.

APPROVED.

Date 6/11/17 W. B. Carnegie Major
Asst. Director Medical Services.

Date
Director General Medical Service.

B.P.C. FOLIO FALSE DOCKET 2

BPBa
2/12/17
NOV 24 1917
R.G.
DEC 24 1916
NOT CHARGED
22 1917
340-22- 17

Bed 6

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

France 10/12

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
89481	725188	Pte.	Bowman	Thos. H.
Year	Unit.		Age.	Service.
1917	1/C.O.R.D.		17 yrs.	18/12

Station and Date.

M.B.C.H.
July 18th

Disease Ch. Bronchitis.

Urine: Normal.

Mentally fit.

Coughs considerably — some expectoration. No blood. Lost about 15 lbs. No night sweats. Some pains in chest at night or on exertion. Gets dizzy at times. Nervous.

F.H. Pneumonia 4 yrs. ago. Measles.
F.H.

Exam. Coughs slightly.
Heart, lungs, neg.

Condition improved; discharged to duty.

DISCHARGED TO DUTY

26 JUL 1917

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	
	Urine shows:
	Col. S.G. React. Sugar. Alb. Microscopic
18.-7.-17.	Amb. 1020 Acid 0 0 Neg.
	J C Wickham
	Capt. O.S.C.

D 725188

MEDICAL HISTORY SHEET.

ORIGINAL ORIGINAL

Surname Bowerman Christian Name Thomas Hewlett.

Examined on 25th day of January 1916 at Lindsay

Birthplace City or Town Bloomfield County P. Edward Island

Apparent age 21 years.

Trade or occupation Actor

Height 5 Feet 4½ Inches.

Weight 122 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. none Left. one Number One.

When Vaccinated last January 25th 1916

(a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection Slightly Flat footed.

Approved by J. McCulloch Capt. Medical Officer

Rank 109th Overseas Battalion, C.E.F.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
25.1.16.	good	J. McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18.4.16	good	J. McCulloch M.O.
25.4.16	good	J. McCulloch M.O.
2.5.16	good	J. McCulloch M.O.

Enlisted on 25th day of January 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt.	725188.		25.1.16.
Transferred to	C.E.F.			
	21st Bn			

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Bateman Christian Name Thomas Hewlett

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

Ten Days. 10

MEDICAL HISTORY SHEET

Surname Bowerman Christian Name Thomas Hewlett

Examined { on 21st day of Jan 1916 / at Toronto Ontario

Birthplace { City or Town Rikton / County Ontario

Apparent age 17.

Trade or occupation Labourer.

Height 5 feet 6 Inches

Weight 132 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 2. inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left / Number

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 21st day of January 1916 at Toronto.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	10th Battn.		(1)	
Transferred to	20th Batt			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
EXHIBITION CAMP Toronto.	DEC 14 1917	Under-age Neurasthenia.	E. W. T. McLean Major, A.M.C. Pres. S.M.B.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Moore Barracks Hpl, Shorncliffe.	29481	JUL 17		1917	26	JUL	1917	Ch. Bronchitis (?)	10	Well nourished: no evidence of bronchitis. Heart & lungs neg. To Cmes. Cat A ~~B~~ H	J. Wickham Capt. C. & U.C.

R—122

A.G.R.

Rank | Name BOWERMAN, Thomas Hewlett | Reg'l No. 725188

Unit 109th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Lindsay, 25th Jan., 1916. | Place of Birth Bloomfield, P.E.I.

Name and Address, Next-of-Kin Jennie Bowerman,

34 Augusta Ave., Toronto, Ont., Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 8768
File R.L.
Category Can Mil

H. W. & V., Ld.—7165-16.

A.F.B. 103 CHECKED 17 OCT 1916

Report. Date.	Report. From whom received.	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.
		Arrived in England per H.M.T. 2810 31-7-16			
5-10-16	109th Bn	S.O.S. to 20th Battn	Bramshott	5-10-16	Pt II D.O. 279. S.W.C.
11-10-16	20th "	T.O.S. from 109th B'n	Field	6-10-16	" II 55.
14.3.17	"	W 4 Can. Field Ambulance	"	15.2.17	C.L. a 460 P.W.O.
"	"	W 8 British Red X Hosp.	Le Touquet	7.3.17	" " "
14-4-17	"	6 Can Hospital	Etaples	5-4-17	Ch. a 484 - P.W.O
17-4-17	"	5 Can Depot	Cayeux	7.4-17	Ch a 486
30-4-17	"	Disch to Base details	do	20 4 17	Ch a 497
12.7.17	16 ORD	Taken on Strength as Minor Pte	Wandling	11.7.17	-125 (49-16.7-17. 20 Bn)
1-8-17	5 Res.	Moore Bks Hosp.	Shorncliffe	18-7-17	C.L. 107.

Report. Date.	Report. From whom received.	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.
8-8-17	O. Res.	Disc f. Moore Rps Hosp.	26-7-17.	—	C.L. 112
24-9-17	C.O.R.D.	On Comm. 16 D.D. Burks	24-9-17.	—	Pl. Fy 199
23-10-17	"	S.O.S. to Canada H.R.&O. Para 392 Sec 16	Sandling	18-10-17.	Pl. Fy Da 228
	D.D. Depot	Fit. for Duty Mus Born 30. 1. 00.	M.D. #2 Toronto	28/10/17	R.R. 396 Toronto, Ont.

M. F. W. 41
1 0M — -16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. T. H. Bowerman

Regimental No. #725188

Unit 109 Bn

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

PDP sent 28/12/17

Date and place discharged

Reason for discharge

Character on discharge

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
															Bal 20 273	
	20							960	960	113 40		10			20 40	20 11-26 20 273
										118 94		20		Bal		
Dec 1	24	24	1	24	24	10	240	320	752	122 61		30			20 40	Dis 20 306
								32 67		128 79		24 87				
								13								

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Mrs Jennie Bowerman.

Sheet No. 2.

L. L. Job 4503—Req. 6832.

Name of Soldier Bowerman T. H.
Y 25488 109th Batt.

Fed 378

Month.	Year.	Cheque No.	Amt.	Remarks.
				100 Aug 16.
April	1916			
May				15.00 Overpayment recovered by Cas. entry. P.M.G. 18-12-17 H.A. 649-B-17883 on file 1937-7-5 ~~J.P.C.~~ 13-12-17
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P29259	140	
Dec.		~~X 33548~~	~~10~~	Sp. Reg 18-12-16. Cancelled 12/16/16
Jan.	1917	W 30494	10	
Feb.		Z 37959	10	
March		Z 43268	10	10
April		F 49831	10	10
May		G 920	10	10
June		X 6775	10	
July		F 13445	10	10
Aug.		Z 22478	10	
Sept.		D 27579	10	
Oct.		D 34589	10	
Nov.		G 46994	10	
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

140

140 ow. 83

150.00

A/c Closed 31/10/17

Ret'd per Mississaubee

Date 18/10/17 F. X 4/11/17

Clerk

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.				

23280 / 464

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1939-T-2

Name Bowerman, Thomas
Surname Christian Name

Regimental Number 725188 Rank Pte. Address (in full) 34 Augusta Ave.,

Unit 109th Bn. Toronto, Ont.

Original Unit

District where paid M.D.2.

Date of Discharge 24-12-17.

P. D. P. Filing Number 14-203-2.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	3174	29-12-17	33	00	3160	29-1-18	33	00	3084	28-2-18	34	10			100	10
~~1884 1st G42578 14-3-19 7~~										Con. Sus. Acct.				2.43.			
1884 1st G42578 14-3-19				70	00												
1666a 2nd G39662 14/3/19				70	00												

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

Credit slip & Ch.
received by Ch. W.P.G.
Tor. 19/11/20

1464

Dec'n No 23280 / W. S. G. File No 1939-T-5

Award ..... days at $ 70.00 ~~per~~ day $ 280.00

S. A. ..... months at $ .... per mo. $ ..... $

Less P. D. P. Credited $100.10

$179.90

Less further debit balance $2.43

Net due paid as below 177.47

	TO SOLDIER				TO DEPENDENT			
	0	Ag. No	Ch No	Amount	Ag No	Ch No	Amount	
14·3·19	1	1884	42578	70 00				
14·3·19	2	1666A	39662	70 00				
8-4-19	3	1646B	413983	37 47				
	4							
	5							
	6							
		Total				Total		

28 Augusta Ave,

Toronto.

Ont.

GEN'L AUDITOR
Posting checked by
Date 17/5/19

JSh

L. L. Job 4503.—M. & D. 6332

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Red 378

Mrs.

To Whom Jennie Bowerman

Address 34 Augusta Ave Toronto.

By Whom Assigned Bowerman T. H.

Regtl. No. 425186.

Rank L/cpl.

Corps 109th Batt. C.E.F.

Rate 10° Aug 16. 20m 8/16 Feb 29/4/16

PAYMENTS

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

CONSOLIDATED ACCOUNT 3

M. F. W. 41
1 0M—7-16
1772-39 889

P. C. No. B. 3056

Pte Name Bowerman J. H.

Regimental No. 925188

Unit 109 Bn.

Date of enlistment 21-1-16

Place of " Toronto

Married (yes or no) No.

Amount of pay assigned monthly $10 1/16 31/10/17 15 0.

To whom payable Mrs Jamie Bowerman
Musanabie 28-10-17 34 Augusta Ave. Toronto Ont.

Name and address of next-of-kin Home. 34 Augusta Ave. Toronto Ont.

Date and place discharged Int. B. 7-11-17 Duty. S.H. Nil

Reason for discharge 24/12/17. M.D. 2

Character on discharge

Cate Q IV J.H.S. 649-B-17883

Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	27/9/17							97 96								E. S. P. C.
28/9/17	30/11/17	64	1	64 00	64	10	6 40		168 36					9 73		Boat
														60 00		C.D. Due.
														4 87		A.R. 11656
														9 73		" 11923
														41 36		" 12494
								10 00							135 69	Oct 17
								Cr. Bal.							32 67	L.P.C. rendered 4/11/17
									168 36						168 36	showing acct adj to 30/11/17 & fdt M.D. II
Cr. Bal. brt forwd 32 67							Sup. L.P.C.						+ 2 43			
							32 67	Cr. Balance					30 24		32 67	Sup. L.P.C. to M.D. 2 14-3-18.
							S.L.P.C. ack'd by M.D. 2 12/18									

× Recovered by M.S.P. 10/3/19 - 2 43

Erg. A Pet gd 1/16 30/9/17 14 0.

27/11/17

M. F. W 41
1 0M—7-16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Original not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th Bn

Regimental No. 725188 Rank Pte C. E. F. Name Bowerman, T. H.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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. 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				
	T.O.S. #2	Casualty Unit, Toronto, Part II Order # 273		11/11/17	
Dec 20th 1917.	Dis #2	Casualty Unit	Tofonto Ont	Dec 24th 1917	t.11.306
					W G Bennan ~~Lieut~~ for O.C. #2 Cas Unit

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

[P.T.O.

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				

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.

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

Regimental No. 425188 Rank Private Name Bowerman Thomas Hewlett

Enlisted (a) 25.1.16 Terms of Service (a) G. of W. Service reckons from (a) 25.1.16.

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) Actor

Report: Date	Report: From whom received	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.
		Embarked Canada	Halifax	24.7.16	
		Disembarked Liverpool	England	30.7.16	
					Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
5.10.16	109th Bn	S.O.S. to 20th Bn.	Bramshott	5.10.16.	Pt. II D.O. 279. Lieut. for Colonel i/c Records, C. E. F.
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O'rs 55d11/10/16
do.	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	B213
30/12.	do	Sentenced 18 days F.P.No.1 for;- 1. Drunk in billet. 2.Using obscene language to a N.C.O.		27/12.	B2069.Pt 2 O'rs 2d6/1/17.
10/2/17	do.	9 days F.P. No 1 for:- Conduct to the prejudice of good order & military discipline - Breaking rank -	field -	6/2/17	B2069 Pt 2 O'rs 10/2d16/2/17.
14/2/17	4 CFA.	F. U. O.	Adm 4 CFA.	15-2-17	A 36. D.O. 276d 15-3-17.
15/2/17	6 — " —	— " —	Adm 14/2. Trgh.	— " —	15-2-17. — " — 277d 15-3-17.
15/2/17	18 — " —	— " —	Adm 2/2 Trgh 6 — " —	14-2-17	— " — [illegible]
21/2/17	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3/3/17	18 CFA	— " —	Trgh 18 CFA	27-2-17	— " — 278d [illegible]
10/3/17	— " —	— " —	Trgh 18 AT.	6-3-17	— " — 280d 27/3/17.

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

P.T.O.

CERTIFIED CORRECT. 18 OCT. 1916 CAN. RECORDS, LONDON.

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				
7-3-17	8 Red Cross P.U.O. 34.	adm	8 Red Cross	7-3-17	W3034.
5-4-17	— " —	— " — Trsfd.	6 Con Dep.	5-4-17.	W.3034.
5-4-17	6 Con Dep.	— " — adm	— " —	5-4-17	— " —
6-4-17	— " —	— " — Trsfd	5 — " —	6-4-17	— " —
7-4-17	5 — " —	— " — Adm	5 — " —	7-4-17	— " —
20-4-17		Trsfd	Base Depot	20-4-17	NR.
22-4-17	C B Dep.	A. from 5 C. Dep.	C B Dep.	22-4-17	NR.
26-4-17	C B Dep. 20th Bn	Left for Arrived	20th Bn do	26-4-17	NR. B213
30-4-17	C B D.	A. Trsfd	F.P.	30-4-17	N.R.
27-4-17.	— " —	A (Prisoner) out of draft leaving 26-4-17.	C B D.	27-4-17	NR.
5-5-17	do	28 days F.P.No.2 29-4-17 for:- Conduct to the prejudice of good order & military discipline 1.8:- Absenting himself from draft proceeding to the front, after being duly warned.			B2069.Pt 2 36D/14-5-17
17-5-17.	do	A - from F.P. (Prisoner)	C B D	17-5-17	NR.
16-6-17.	do 20th Bn	Left for Armentieres	20th Bn — " —	8-6-17.	N.R. 301 M 25-6-17.
18-6-17	2 D B D	A from Unit	2 D B D	18-6-17	NR.
11-7-17	do	A. trsfd Shorncliffe		11-7-17	NR.
10-7-17	O.C.Reinfts	MINOR Trsfd to Eng and posted to 1st Centl Ont. Regl Depot Shorncilffe		10-7-17	N.R. Auth.KE 13429/xd/26-6. Pt 2 49d/16-7-17.

J W Hogan Major
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

12.7.17	1st C.O.R.D.	T.O.S. from 20th Bn.	N. landing	11.7.17	P. II O-125
24.9.17	✓	On Con. C. D. D. Burton	✓	24.9.17	—— 199
23.10.17	✓	S.O.S. to Canada KRO 392 Sec. 16	✓	18.10.17	—— 228

by J C Mathieu Capt
for Colonel i/c Records,

(3 28 62) W288 -6574 200,000 4/16 HWV(35P314) Forms W/3226/1
8116—M888 200,000 10/16

Army Form W. 3226.

PARTICULARS as to CHARACTER of a Soldier serving with an Expeditionary Force who is sent Home for discharge or permanently for any reason.

(The form will be signed by the Soldier's Commanding Officer.)

No. 725188 Name BOWERMAN T. H.

Regiment 20th Canadian Infantry

1. How has he been employed in the Army? Rifleman

2. Sobriety Sober

3. Is he reliable? No

4. Is he intelligent? Fairly so

5. Has he shown any special aptitude for particular employment in civil life? Automobile Mechanic

6. Any other facts regarding him you wish to be noted?

7. *In the case of a Non-Commissioned Officer only*—
Has he a good power of command and control, and is he tactful in his way of handling men?

Major
O.C. "A" Coy 20th Bn

A.G.'s OFFICE AT HOME
No. 13429
3-JUL 1917
CLERICAL SECTION

Commanding H. Rorke. Lieut-Colonel
20th Canadian Battalion

Date June 29 1917

Transcr 10/2

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 1 Co. R. D. Military Hospital MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

No. 725188 Rank and Name Pte. Bowerman Thos. H. Age 17 Service 18/2

Disease L. Bronchitis Date of admission 18-7-17 Date of discharge 28-7-17 Result Cured.

Dates of Observation	18	19	20	21	22	23	24
Days of Disease	1	2	3	4	5	6	7
Temperature Fahrenheit (Time A.M. P.M.)							
Pulse per Minute	80						
Respirations per Minute	20						
Motions per 24 hours							

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97° (·8, ·6, ·4, ·2)

194 8 — 18

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature J. Wickham Capt. In charge of case.

C.A.D.C. 5009
10M-3378-1-8-17.

725188

Pte Bowerman Jff

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

1 CORPS

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
3. 10. 17.	Fit.			

R. Jamieson
Capt CADC

OVERSEAS MILITARY FORCES OF CANADA.

No. R.L.22-3. E 4717.

Officer i/c R.2.

Canadian Record Office,
Green Arbour House,
Old Bailey,
London. E.C.4.

MINOR.

July 4th 1917.

No.725188.
Pte.BOWERMAN,
T. H.
20.Can.Bttn.

This is to certify that the correct statement of Birth of the soldier marginally noted has been produced, and I certify that he was born on the 30th day of JANUARY 19 00

To be attached to TRIPLICATE. Attestation Paper, please.

For Lieut. Col. i/c Records.
LIEUT.
C.O.M.F.

E2/EE½

ROUTINE ORDERS
BY
LIEUT-COLONEL W. A. SCOTT, DEPUTY i/c 100 & BARRACKS HOSPITAL.

Moore Barracks Hospital,

Shorncliffe, January 30th. 1916.

PAGE NO. 1. No. 31.

DUTY 136 Orderly Officer, Captain Neilson
Next for Duty " Kennedy.

CHURCH SERVICE 131 Holy Communion.....8.00 A.M.
Divine Service.....10.30 A.M.
Holy Communion.....11.30 A.M.
Recreation Room.
All patients will attend one service at least and all Officers, N. C. O's and men not on duty will also attend.
Song Service..... 7.30 P.M.

Moore Barracks Canadian Hospital
Shorncliffe

18.7.17.1917

This is to certify that I have examined:

No 725188 Rank Pte Name Bowerman B.H. Unit 1 Corps

and find that he is dentally fit.

J. E. Smith

CAPTAIN.C.A.D.C.

Name Bowerman Enl. 25-1-16

Date of Embarkation for England 24-7-16.

Proceeded to France. 5-10-16 Returned to England. 10-7-17

Minor

Date returned to Canada. 18-10-17

P.R.2855.

Entries on Conduct Sheets.

Chkd 28-4-26

(over)

Cas. Shea

14-2-17 — P. U. C. — To duty 22-4-17.

1268 Y25188 Mi Bowerman S.H. Can OR 28/10/7 1st COR

No. 14394

ONTARIO
REGISTRAR GENERAL

PROVINCE OF ONTARIO
DOMINION OF CANADA

This is to Certify that the following Return of Birth was made to

THE REGISTRAR GENERAL OF THE PROVINCE OF ONTARIO,

by the Registrar of the Division of Picton in the County of Prince Edward for the year A.D. 1900 and is now duly on record in the Books of this department and is a true copy of the same.

Name	Thomas Hewlett Bowerman
Sex	Male.
Date of Birth	January 30th., 1900,
Name of Father	Samuel K. Bowerman.
Maiden Name of Mother	Jennie Hewlett.
Residence of Father	Picton.
Occupation of Father	Laborer.
Name of Physician in attendance	Dr. G. A. Whiteman,
Name of Person making Return	Samuel K. Bowerman
Address of Person making Return	Picton.
Date of Registration	February 1st., 1900
Name of Division Registrar signing Return	R. A. Norman.
REMARKS	

This Certificate is granted under Section 7, Chap. 49., R.S.O., 1914, entitled the Vital Statistics Act.

Jno. S. McCullough
Deputy Registrar General.

Date of issue Apr 23rd., 19 17.

Parliament Buildings,
Toronto.

31

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Bowerman	T.H.	725188

Rank	Unit	Co.	Troop	Batty.
Pte.	20th Bn.	5th Res.		

Hospital	Date of Admission
4 Can. Fld. Amb.	15-2-17.
Transferred 8 R.Cross Le Toquet	Hosp. 7-3-17.
No 6 Conv. Dep. Etaples.	5-4-17
No 5 Conval. Cayeux	Hosp. 7. 4. 17
Mare. Bn.	Hosp. 18. 7. 17.
	Hosp.

Diagnosis P.U.O. Rh.

(1) Later Diagnosis (if changed) Chr. Bronchitis JR.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION		REMARKS	Date
		Dist Base Details	20.4.17.
C.L. 14-3-17	A460	Dis. 26. 7. 17.	
" 14-4-17	a 484		
" 17. 4. 17	4486.		
30.4.17	a 497		
1.8.17.	107.		
8.8.17.	122		

A.M.D. 2 Dept.
Bch. of D.E.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

M&H

Number 725188 Rank Pte

Surname BOWERMAN

Christian Name Thomas Newfell

Units 20 Bn Canadian Inf Theatre of War France

Date of Service 6-10-16.

Remarks sent to

Latest Address 28 ~~34~~ Augusta Ave Toronto Ont

22570

Roll No. B Page 19708

200m.-6-21.

DEOP. JUL 24 1924
REGN. NO. 6303

No. 72-188. RANK Pte L/Corpl. NAME Bauerman. J. H.

T.O.S. 21-1-16. UNIT 109th. Battalion.
D.O.S. 7. 26-1-16

M.D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan 21	Jan 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓	Pte. L/Corpl. in B. Band. 16-6-16	S. O. 149 of 16-6-16.
July.		✓		

UNIT SAILED
JUL 23 1916

644-B-17883

CARD No. RR

SOS Dis. 24/12/17

SURNAME. Bowerman,

CHRISTIAN NAMES Thomas Hewlatt.

REGL. No. 725188 RANK ~~Pte~~ L/Cpl.

UNIT 109th Batt

FORMER CORPS 12th Regt. (York Rangers.)

NEXT OF KIN.

NAMES IN FULL Bowerman, Mrs Jennie

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 34 Augusta Ave., Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Bloomfield, P.E.I. DATE Jan. 31st, 1895

PLACE OF ATTESTATION Lindsay, Ont. DATE Jan. 25th, 1916.

Sailed from Halifax 23/7/16 488 per S.S. "Olympic"

L. L. 90589.—M. & D. 6312. Embl R/C 28-10-17 M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Actor. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 21 YEARS MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Fair. EYES Blue. HAIR Lt. Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Jan. 25th, 1916.

REGT'L. No. 725-188

H. Q. FILE No. 649

NAME Bauerman. J. H.

RANK AND CORPS Pte 20th Bn

FOLLOWS No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a460	#4 Can Fld Amb	15-2-17	P. U O
a460	#8 British + Le Longueti	7-3-17.	P. U O
a484	#6 Conv. Depot Etaples	5-4-17.	P. U O
a486	#5 Conv. Depot Calais	7-4-17	" " "
a497	" " " " Dise to base	20-4-17	" " "
	Details.		
167.	Manc Bks Can Thorne	18-7-17	Chr Bronchitis
122	Disch.	26-7-17	" "

FORM R. 149.
7106—250m—7/2/17.

Name BOWERMAN Thomas *Rank* PTE *Reg. No.* 725188

Unit Hewlett 5th Canadian Reserve Battn

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Jly 18	Moore Barks S '	Cliffe	Chr Bronchitis		107	
26-7	Discharged		do	112		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

R. 149.

Name BOWERMAN Thomas Hewlett *Rank* Pte. *Reg. No.* 725188

Unit 20th Battalion.

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-2	NO. 4 C. F. A.		P.U.O.	A460		
7-3	No.8 B.R.C.H.LeTouquet.		do.	A460		
5-4	No. 6 Con.Dep.Etaples.		do.	A484		
7-4	No. 5 Con.Dep. Cayeux.		do.	A486		
20-4	Disch. Base Details.		do.	A497		

Date		Movement	Place	Casualty	List No.	Notified N/K	O.	W.O. List

Moore Barracks Canadian Hospital
Shorncliffe

18-2-17.1917

This is to certify that I have examined:

No 725188 Rank Pte Name Bowerman B.H. Unit 1 Corps

and find that he is dentally fit.

J. B. Smith

CAPTAIN.C.A.D.C.

ROUTINE ORDERS
BY
LIEUT-COLONEL W. A. SCOTT, DEPUTY A/C 1/C 100 & BARRACKS HOSPITAL.

Moore Barracks Hospital,

Shorncliffe, January 30th. 1916.

PART NO. 1. No. 31.

DUTY 130 Orderly Officer, Captain Neilson
Next for Duty " Kennedy.

CHURCH SERVICE 131 Holy Communion.....8.00 A.M.
Divine Service.....10.30 A.M.
Holy Communion.....11.30 A.M.
Recreation Room.
All patients will attend one service at least and all Officers, N. C. O's and men not on duty will also attend.
Song Service..... 7.30 P.M.

Moore Barracks C . nadian Hos.

18 July

The undermentioned patient is this day

ard ..... to ard 10

Number: 725188. Rank: Pte Name: Bodsmeier J.H. Unit: E.E.

CANADIAN MILITARY HOSPITAL

No.

Date

List of Discharge Documents.

340-11 1 18

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	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. 725188

Rank Pte

Name Bowerman Thomas
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 Casualty Unit (109th Bn)(1st CORD)

Date of Discharge Dec 24th 1917.

Place of Discharge Toronto Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 17 years 6 months.
Height 5 feet 5 inches.
Complexion Dark
Eyes Grey
Hair Brown
Trade Chauffeur
Intended place of residence (To be given as fully as practicable.) 34 Augusta Ave Toronto Ont.

Descriptive Marks
1st Joint index Finger Right Hand Bent
Shrapnel Wd Right Hand

2. The above-named man is discharged in consequence of
Physical Unfitness

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.
Very Good HGB

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
Chauffeur

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113

(OVER)

W. S. G. Comb
28-2-19 A. B.

Mar 22-1-18

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

Nil.

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

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

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

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

(Place) Toront Ont. .....

(Date) Dec 24th 1917. .....

H G Beeman
Commanding ..... Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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) Toronto Ont. J H Bowman ..... (*Signature of Soldier.*)

(Date) Dec 24th 1917. H G Beeman ..... (*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) 1 years 344 days.

Total 1 years 344 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto Ont. .....

(Date) Dec 24th 1917. .....

H G Beeman
(*Signature*) ..... Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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.)

(OVER)

P. 697. 725188 Pte Bowerman T.H.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
18/6/17	7[illegible]	25			4	46	Etaples	A.B. Lawrence	
1/7	194	25			4	46	do	do	
10/7	243	15			2	67	do	do	
11/7	2581	25			4	46	do	Eligible	
13/7	106		2	0	9	73	Wandling	R.B. Alexander	
4/8	146		2	0	9	73	do	do	
1/8	173		6	10	31	63	do	do Lawrence	
7/9	217		1	0	4	87	do	do	
23/9	246		1	0	4	87	do	Na Douglas	

16 88

CASUALTIES, PROMOTIONS, &c.

Particulars	Effective Date	Authority

ADMISSIONS TO HOSPITAL, &c.

Date Discharged	V. or A.	Name of Hospital

REG'L. No. 725188 RANK Pte NAME Bowerman Thomas Hewlett

IF IN PERMT. CORPS WHAT UNIT | UNIT 109th Bn TRANSFERRED TO 20th Bn DATE 5/10/16 AUTHORITY 80279

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Pay H.Q. Siciliy Can DATE 22/9/17. AUTHORITY AG 5.1.33

PLACE OF ATTESTATION Lindsay Ont TRANSFERRED TO N&B Bdes DATE 28/9/17 AUTHORITY

DATE OF ATTESTATION Jany 25th 1916 TRANSFERRED TO DATE AUTHORITY

PAY OFFICE NOTE BRANCH FEB 22 1918 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ ~~20.00~~ 10.00 DATE EFFECTIVE Aug 1-1916

PAYABLE TO Jennie Bowerman 34 Augusta Ave RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE Toronto Ont Can

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/10/17. REASON Disch to Canada

DISCHARGE DATE AND PLACE Canada 27/9/17. REASON AND AUTHORITY AG 5-1-33

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index JCS

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by T. Quillian

Date	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Total Credits	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
									15 10	Bal. from Canada							15 70				
Aug 31	31 10		31		31 10		3 10		34 10	29 48 16				974	20	330	33 04 ~~29 74~~	16 76			D.O. 220 F.P. #2 3 days @ 3.30
Sept 30			30				3		43			91. 15/9/16		730	10	736	26	33 76			10.00 over drgd Aug A/P
Oct 1-5			5				50		550						10	770	17 70	21 56			Pd on repayment Rs Dec 5-1917 25/7/16
26/9-31	26 1.		26		26 10		2 60		2 60				7332 17/10/16 136 31/10/16	262							D.O. 279 from 20th Bn 5/10/16
Nov	30 1.		30		30 10		3		33	1311 31/10/16			7684 20/10/16	973			12 35	37 81			D.O. 278 F.P. 2 - 7 days 7.00
Dec	31 1.		31		31 10		3 10		34 10	1086 30/11 1368 27/11				262 1133 561	436	10	16 98	53 89	20 00		
1917			15	30			15	30								10	23 94	63 99			
Jan	31 1.10		34	10					34 10	1586 26/12/16				523		10	19 80	35 03			18 days F.P. #1 B.O. 6/1/17
Feb	28 1.10		30	80					30 80	1651 29/1		17/12 4/2		261	262	10	9 90	25 13			
			23 3	20					258 90					34 14	9 92	80	49 40	100 17			F.P. #1 B.O. 13 - 16/4/17
Mch	31		34	10					34 10							10		10	92 83	40	
Apl	30 1.10		33						33				1st Gun 13 6/4/17		6 98	10		16 98	108 85	45	
May	31		34	10					34 10				815 14/4 OBA 326 28/4 CBD		178 6 98	10	30 80	49 56	93 39	50	28 days F.P. No. 2 - 29/4/17 B.O. 36 - 14/5/17
			334	40					360 10					34 14	9 92	32 45	110	80 20	266 71	93 39	50	

Checked W. Pitts

Sailing List 48 d 18.10.17 Cr Balce $41.99

3664—2M Pads. 19/12/16

SUPPLIES.
INDENT FOR RATIONS.

UNIT ..... STATION .....

OFFICERS AND MEN.			HEAVY DRAFT HORSES.	
Total Strength				
Attached for Rations			* Total Strength	
Less on Command			Less on Command	
" in Hospital			" in Hospital	
" on Leave				
" Absent without Leave				
" Officers not Drawing Rations				
" O.R. not Drawing Rations				
* Total not Drawing Rations			Total not Drawing Rations	
* Total Rations Authorised			* Total Drawing Rations	

* These totals must agree with the Daily Parade State accompanying

NUMBER OF DAYS RATIONS INDENTED FOR { MEN ..... HORSES .....

OFFICERS AND MEN.

Bread	Meat	Bacon	Sugar	Tea	Salt		

Total Rations Authorised as Above ...

Deduct—Number of Rations on Hand ...

Married or Single: Single

Place of Birth: Bloomfield P.E.I.

Name and Address of Next of Kin: Jennie Bowerman 34 Augusta Ave Toronto Ont

Relationship of Next of Kin: Mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 725188 Rank Pte Name Bowerman Thomas Hewitt

If in Perm. Corps What Unit | Unit 109th Bn Transferred to 20th Bn Date 5/10/16 Authority 80279

Permanent Force Allowances Transferred to Pay H.Q. London Can Date 26/9/14. Authority GO 5-1-33

Place of Attestation Lindsay Ont Transferred to N&B Bdy Date 30/9/17 Authority

Date of Attestation Jany 25th 1916 Transferred to Date Authority

Assigned Pay Monthly $ 10.00 Date Effective Aug 1st 1916

Payable to Jennie Bowerman 34 Augusta Ave Toronto Ont Can Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1/10/17. Reason Disch to Canada

Discharge Date and Place Canada 27/9/17. Reason and Authority A G 5-1-33

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

PAY OFFICE BRANCH FEB 22 1918 CANADIAN CONTINGENTS

Entered on N.E. Card Index

Checked by

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														15 10	15 10									Bal from Canada							15 70				
Aug 31	31	1.00	31		31	10	3 10								34 10	29 45 16											20	3 30	33 04	16 76				D.O. 220 FR #2 3 days @ 3.30
Sept 30			30				3						10		43			15/9/16 91						974				10	7 36	7 36	33 76				10.00 our dgd Aug a/c
																									730			10	7 34	26					Issued on repayment Vs. 5-10/16
Oct 1-5			5					50							550																				25 8/10/16
Oct 31	26	1.	26		26	10	2 60								28 60					7332	17/11/16					262		10	7 70	17 70	21 56				D.O. 279 Leave 20th Bn 9/10/16
																				131	31/11/16					973				12 35	37 81				D.O. 278 FR 2 - 7 days 7.00
Nov 30	1.	30			30	10	3								33	1311	24/10/16			1664	20/10/16			262		436		10		16 98	53 89		20 00		
																486	30/6							1133											
																3 61	27/10							261				10		23 94	62 99				
Dec 31	1.	31			31	10	3 10								34 10																				
1917			15	30			15	30																											
Jan 31	1.00		34	10											34 10	1588	14/12/16							5 23				10	19 80	35 03	63 06				18 days FR #1 B 02 6/1/17
Feb 28	1.00		30	80											30 80	1651	24/1	17 12	4/2					261	262			10	9 90	25 13	68 73				
			233	20									10	15 70	258 90									34 14	9 92	16 71		80	49 40	190 17					7 Dy FR #1 B 03 13-16/1/17
Mch 31			34	10											34 10													10		10	92 83		40		
Apl 30	1.00		33												33					14 Gw 13 6/4/17						6 98		10		16 98	108 85		45		
																				815 14/4/17 B.A.						178									
May 31			34	10											34 10					326 14/4/17 B.D.						6 98		10	30 80	49 56	93 39		50		28 days F.P. No. 2 - 29/4/17 B 036 - 14/5/17.
			334	40									10	15 70	360 10									34 14	9 92	32 45		110	80 20	266 71	93 39		50		

Sailing List 48 d 18/10/17 Cr Balce B 41.99

725188 Pte Bowerman S. H.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			334	40									10.	15 70	360 10									34 14	9 92	32 45		110.	80 20	266 71	93 39		50.		
June	30	1 00/10	33.												33.					409 25/52	2nd Lieut.					26 81		10.		12 68	113 71		55.		
July	31.		34.	10											34. 10	251	2/6							5. 36				10		15. 36	132 45		60		
Aug	31		34	10											34 10													10		10	156 55				
Sept 25	25		24	50											24 50					a 4,005						24 18		10		12 18	141 24				F.C.R. 1/4 of Crown Pt. Trans to Pay Bk. Resc. to ban. Eff. 20/9/17. Cab 5-1-33.
			463	10									10	15 40	48 3 80									39 50	9 92	3 01		150	80 20	314 53					
	2		2	20										1 57	3 57																174 84				# 157 Subsd Ref. Appl. 9.7.17

Month	Particulars	Dr. 1	Dr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allow. Eng.
Oct/17	Balfor								174 84		
				Dr. AR. 743 14/8/17. 2nd Inf. Base Depot.	2 68						
				Dr. AR 2581. Det Boulogne 15/8/17	4 46						
				" 131. 2nd Dr B Dep 22/8/17	4 46				163 24		
					11 60						
Nov.				AR 12494 CRD Bux 8/10/17.	41 37						
				" 11923. do. 5/10/17.	9 73						
				" 11656 do. 29/9/17.	4 87						
				2nd Ab. 141. 1st CORD. 5.9/17.	9 73						
				" 194 29/3 Hosp 5.7.17	4 46						
				" 246 30/9/17. 1st CORD.	4 87						
				" 217 15.9.17 "	4 87				83 34		
					79 00						
1918 Jany.				Drab 74 - 1st CORD - 15.8/17.	3 63						
				" 106. do - 15.7/17.	9 73						
				" 471 MB Hosp 30.7.17	2 43				39 55		
					43 79						

Balance transferred to N. E. Branch. NIL

A3M. FORM REN'D — EFFEC 1/10/17.
DISCHARGED TO Cay DATE 27/9/17.
PAYBOOK VERIFIED
Cr. BAL 97 96 L.P.C. REN'D 27/9/17.
AUTHY. A 75-1-33

Checked J. H. W. Williams
L. P. C.

Sup. R.P.B. 31/1/18 Cr. 39 55
Indndy endorsd Orig R.P.B.

1 Lt B15 Officer

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Aug 1. 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 425188

Rank L/Cpl. Promoted Reverted Discharge

Soldier's Name T. H. Bowerman

Battalion 109 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Jennie Bowerman

Address 34 Augusta Ave. Toronto.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31			150	150		Mp. 150.00 A/c Closed 4/10/17 Ret'd per Miscamber Date 18/10/17 F. X 4/11/17 Clerk

M. F. W. 128
400M.—6-17—1772-39-1341
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1693.

(3) Subjective;-He complains of being very nervous and pain across left side of chest on exertion; Shooting in character.

Objective;-Pulse I00 standing, Exertion (walking 75 yds) slows up to 90, after resting I00 in 2 minutes. Respirations I8; Exertion (walking 75 yds) 29, normal in 2 minutes. Coarse tremor of fingers ; Pupils react. Knee, Biceps and supinator jerks normal; No extensor response.

Urine - neutral, S.G.I020; no Albumen or sugar.

Respiratory, Digestive and Genito-urinary Systems are normal.

Disability directly due to partial loss of function of right index finger and of nervous system.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

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

Next of Kin; Mother; Mrs Jennie Bowerman. 34 Augusta Ave. Toronto. Ont.

Examined by. No record. Unknown.

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

B. P. C.

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

Mans address same

MEDICAL HISTORY OF AN INVALID

STATION Ex. Camp. Toronto. DATE Dec 6th. I9I7

1. (a) Unit #2 Casualty (b) Regimental No. 725I88 (c) Rank Pte
   (d) Surname BOWERMAN (e) Christian name Thomas
2. Age last birthday I7 Date of birth June 30th I900
3. Enlisted at Toronto on Jan 2Ist. I9I6
4. Personal description :—
   (a) Height 5' 5" (b) Weight I20 (stripped) (c) Complexion Dark
   (d) Colour of hair lt. Brown (e) Colour of eyes Grey (f) Identification marks first joint index ~~third~~ right hand bent.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   34 Augusta Ave. Toronto. Ont.
6. Former trade or occupation Chauffeur
7. (a) Service — Years I, Days 339

	Periods From	Periods To
I09th Battalion	Jan 2Ist. I9I6	Nov I1th I9I7
#2 Casualty Unit	Nov I1th I9I7	to date

   (b) Has he been Overseas ? Yes, France
8. Present disease or disability (use authorized nomenclature if possible). (I) Under age (2) Inability to extend Ist phalanyx of rt. index finger (3) Neurasthenia
   (a) Date of origin (2)(3) Jan . I7th. I9I7 (b) Place of origin (I) Canada (2)(3) France
   (c) Cause* (I) Born Jan 3Ist I900 (2) Shrapnel wound (3) Unknown.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

(I) Subjective;-Man states he was born Jan 3Ist. I900

Objective;- Well developed and looks his age.

(2) Subjective;-Pain shoots up index finger of right hand, as far as knuckle , with skin over Terminal phalanx becoming numb on a cold day.

Objective;- Fine linear scar over Ist. inter-phalangeal joint of right index finger; Terminal phalanx is flexed and he cannot extend it voluntarily, but it can be extended passively. This finger appears weaker than normal by 25%.

(Over)

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

M. F. B. 227.

15 M.-6-17.
1772-39-117.

10. History ;

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

He has a small linear scar on left eyebrow, non-tender to slight touch, but painful to deep pressure. It is not over Supra-orbital notch. Left eye waters in cold weather and pain shoots across eye-lid.

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

(I) Does not apply (2) 5% (3) 10% decreasing to nil; Total 15%

12. Did the disability arise on or off duty? (I) does not apply (2) (3) On duty

13. Was a Court of Inquiry held? (I) (2) (3) Does not apply

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

Yes..... No. (I) (2) (3) Does not apply

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (I) (2) (3) No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (I) Does not apply (2) Permanent (3) 3 mos

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

(I) Does not apply (2) (3) None

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

(I) (2) (3) No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations

That he be discharged.

R S Richardson M.B.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

T H Bowman

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

~~#9. (3) Subjective. We concur except: We find Pulse standing 96. on exertion 108 returning to 96 in one minute. Footnote -age 1. should read Incapacity instead of disability.~~

Otherwise we concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

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

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

That he be placed into Catogory E and be discharged for under-age and for physical unfitness.

W J McLean Major. *President.*
W J Clark Capt. } *Members.*
E A Robinson M.D. }

STATION Exhibition Camp, Toronto.

DATE December.14th.1917.

APPROVED BY

DATE 17/1/4/17

J J B Bruce Capt

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

(3) Subjective;- He compalins of being very norvous and pain across chest on exertion , shooting in character.

Objective;-Pulse 100 standing; Exertion (walking 75 yds) slows up to 90, after resting 100 in two minutes. Respirations 18, Exertion (walking 85 yds) 29, normal in two minutes. Coarse tremor of fingers. Pupils react. Knee, Biceps and supinator jerks normal. No extensor response.

Urine neutral. S.G.1020; no Albumen or sugar.

Respiratory, Digestive and Genito-urinary systems normal.

Disability directly due to partial loss of function of right index finger and of nervous system.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

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

Next of Kin; Mother; Mrs Jennie Bowerman. 34 Augusta Ave. Toronto. Ont. Examined by. No record. Unknown.

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

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

Name address some

B. P. C.

MEDICAL HISTORY OF AN INVALID

STATION Ex. Camp. Toronto. DATE Dec 6th. 1917

1. (a) Unit #2 Casualty (b) Regimental No. 725188 (c) Rank Pte
   (d) Surname BOWERMAN (e) Christian name Thomas
2. Age last birthday 17 Date of birth June 30th 1900
3. Enlisted at Toronto on Jan 21st. 1916 649-B-17883
4. Personal description :—
   (a) Height 5" (b) Weight 120 (stripped) (c) Complexion Dark
   (d) Colour of hair lt. Brown (e) Colour of eyes Grey (f) Identification marks first joint index ~~finger~~ right hand bent.
5. Address after discharge (for the use of the Board of Pension Commissioners.) 34 Augusta Ave. Toronto. Ont.
6. Former trade or occupation Chauffeur
7. (a) Service Years I 339 Days

	Periods From	To
109th Battalion	Jan 21st. 1916	Nov 11th 1917
#2 Casualty Unit	Nov 11th 1917	to date

(b) Has he been Overseas ? Yes, France

8. Present disease or disability (use authorized nomenclature if possible). (1) Under age (2) Inability to extend 1st phalanx of rt. index finger (3) Neurasthenia
   (a) Date of origin (1) Jan. 17th. 1917 (b) Place of origin (1) Canada (2)(3) France
   (c) Cause* (1) Born Jan 31st 1900 (2) Shrapnel wound (3) Unknown.

*(Here include original disease or injury)

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

(1) Subjective;-Man states he was born Jan 31st. 1900

Objective;- Well developed and looks his age.

(2) Subjective;-Pain shoots up index finger of right hand. as far as knuckle , with skin over Terminal phalanx becoming humb on a cold day.

Objective;- Fine linear scar over 1st. inter-phalangeal joint of right index finger: Terminal phalanx is flexed and he cannot extend it voluntarily, but it can be extended passively. This finger appears weaker than normal by 25%.

(Over)

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

M. F. B. 227.

15-9M -6-17.
1772-39-117.

Discharge 22-1-18 9.1

10. History ;

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

He has a small linear scar on left eyebrow, non-tender to slight touch, but painful to deep pressure. It is not over Supra-orbital notch. Left eye waters in cold weather and pain shoots across eye-lid.

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

(1) Does not apply (2) 5% (3) 10% decreasing to nil; Total 15%

12. Did the disability arise on or off duty? (1) does not apply (2) (3) On duty

13. Was a Court of Inquiry held? (1) (2) (3) Does not apply

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

Yes..... No (1) (2) (3) Does not apply

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) (2) (3) No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Does not apply (2) Permanent (3) 3 mos

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

(1) Does not apply (2) (3) None

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

(1) (2) (3) No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations

That he be discharged.

R S Richardson M.B.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

T H Boorman

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

#9. (3) Subjective. We concur except: We find Pulse standing 96. on exertion 108 returning to 96 in one minute.

Footnote Page 1. should read Incapacity instead of disability.

Otherwise we concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
~~(d) Should not pass under his own control.~~

(Strike out condition not applicable).

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

That he be placed into Category E and be discharged for under-age and for physical unfitness.

W J McLean Major. *President.*
A J Clark Capt. } *Members.*
E A Johnson M.D. }

STATION Exhibition Camp, Toronto.

DATE December.14th.1917.

APPROVED BY

DATE 17/12/17

J B Bruce Capt

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

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.

C P

This space to be left blank for the Chelsea Number.

D

DELTA 10
OCT 28 1917

Army Form B. 268.

50

D U Y

Proceedings on Discharge.

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

No. 725188 Army Rank Pte.

Name ~~Bowma~~ Bowerman T H
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st C O R D

Battalion, Battery, Company, Depôt, &c. 109 Bn
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 17 years months
Height 5 feet 5 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Farmer
Intended place of residence (To be given as fully as practicable) Toronto (2)

Descriptive marks.
L eye (scar) &
finger R hand

(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

(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.)

To be filled in on the soldier quitting the Colours.

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 B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2.16 Sch. 3j Forms B. 268 40

[OVER.

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

10/12 France

Certificate of education ..... _____

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

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

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

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

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

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

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

(3) Subjective;-He complains of being very nervous and pain across left side of chest on exertion; shooting in character.

Objective;-Pulse 100 standing, Exertion (walking 75 yds) slows up to 90, after resting 100 in 2 minutes. Respirations 18; Exertion (walking 75 yds) 29, normal in 2 minutes. Coarse tremor of fingers ; Pupils react. Knee, Biceps and supinator jerks normal; No extensor response.

Urine - neutral, S.G.1020; no Albumen or sugar.

Respiratory, Digestive and Genito-urinary Systems are normal.

Disability directly due to partial loss of function of right index finger and of nervous system.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

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

Next of Kin; Mother; Mrs Jennie Bowerman. 34 Augusta Ave. Toronto. Ont. Examined by. Unknown. No record.

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

Mens address same

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

B. P. C.

MEDICAL HISTORY OF AN INVALID

STATION Ex. Camp. Toronto. DATE Dec 6th. 1917

1. (a) Unit #2 Casualty (b) Regimental No. 725188 (c) Rank Pte
   (d) Surname BOWERMAN (e) Christian name Thomas
2. Age last birthday 17 Date of birth June 30th 1900
3. Enlisted at Toronto on Jan 21st. 1916

DEPT. MILITIA & DEFENCE DEC 22 1917 H.Q. CANADA

4. Personal description :-
   (a) Height 5' 5" (b) Weight 120 (stripped) (c) Complexion Dark
   (d) Colour of hair lt. Brown (e) Colour of eyes Grey (f) Identification marks first joint index ~~third~~ right hand bent.
5. Address after discharge (for the use of the Board of Pension Commissioners.) 34 Augusta Ave. Toronto. Ont.
6. Former trade or occupation Chauffeur
7. (a) Service Years I 339 Days

	Periods From	Periods To
109th Battalion	Jan 21st. 1916	Nov 11th 1917
#2 Casualty Unit	Nov 11th 1917	to date

   (b) Has he been Overseas ? Yes, France
8. Present disease or disability (use authorized nomenclature if possible). (1) Under age (2) Inability to extend 1st phalanx of rt. index finger (3) Neurasthenia
   (a) Date of origin (2)(3) Jan . 17th. 1917 (b) Place of origin (1) Canada (2)(3) France
   (c) Cause* (1) Born Jan 31st 1900 (2) Shrapnel wound (3) Unknown.

*(Here include original disease or injury)

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

(1) Subjective;-Man states he was born Jan 31st. 1900

Objective;- Well developed and looks his age.

(2) Subjective;-Pain shoots up index finger of right hand. as far as knuckle , with skin over Terminal phalanx becoming numb on a cold day.

Objective;- Fine linear scar over 1st. inter-phalangeal joint of right index finger; Terminal phalanx is flexed and he cannot extend it voluntarily, but it can be extended passively. This finger appears weaker than normal by 25%.

(Over)

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

M. F. B. 227.

15 M.—6-17.
4772-39-117.

B. P. C. FOLIO FALSE DOCKET 4

10. History ;

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

He has a small linear scar on left eyebrow, non-tender to slight touch, but painful to deep pressure. It is not over Supra-orbital notch. Left eye waters in cold weather and pain shoots across eye-lid.

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

(I) Does not apply (2) 5% (3) 10% decreasing to nil; Total 15%

12. Did the disability arise on or off duty? (I) does not apply (2) (3) On duty

13. Was a Court of Inquiry held? (I) (2) (3) Does not apply

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

Yes..... No. (I) (2) (3) Does not apply

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (I) (2) (3) No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (I) Does not apply (2) Permanent (3) 3 mos

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

(I) Does not apply (2) (3) None

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

(I) (2) (3) No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations

That he be discharged.

R S Richardson M.B

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

T H Boorman

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

No. (3) Subjective. We concur except: We find Pulse standing 96. on exertion 108 returning to 96 in one minute.

Footnote Page 1. should read Incapacity instead of disability.

~~Otherwise we concur.~~

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
~~(d) Should not pass under his own control.~~

(Strike out condition not applicable).

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

That he be placed into Category E and be discharged for under-age and for physical unfitness.

W J McLean — Major. *President.*
W J Clarke — Capt. } *Members.*
E A Robinson — M.D. }

STATION Exhibition Camp, Toronto.

DATE December 14th 1917.

APPROVED BY

DATE 17/12/17

J B Barron Capt

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

B.P.C. FOLIO
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