

REGIMENTAL DOCUMENTS

PTE NAME **BRADAMORE PETER**

REGT. NO. **724274**

UNIT **109th Bn**

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1
2
3

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M F W. 192.

1 M F W. 67.

1 *See book*

1 *PCI*

M

H

DEATH

Category

34971

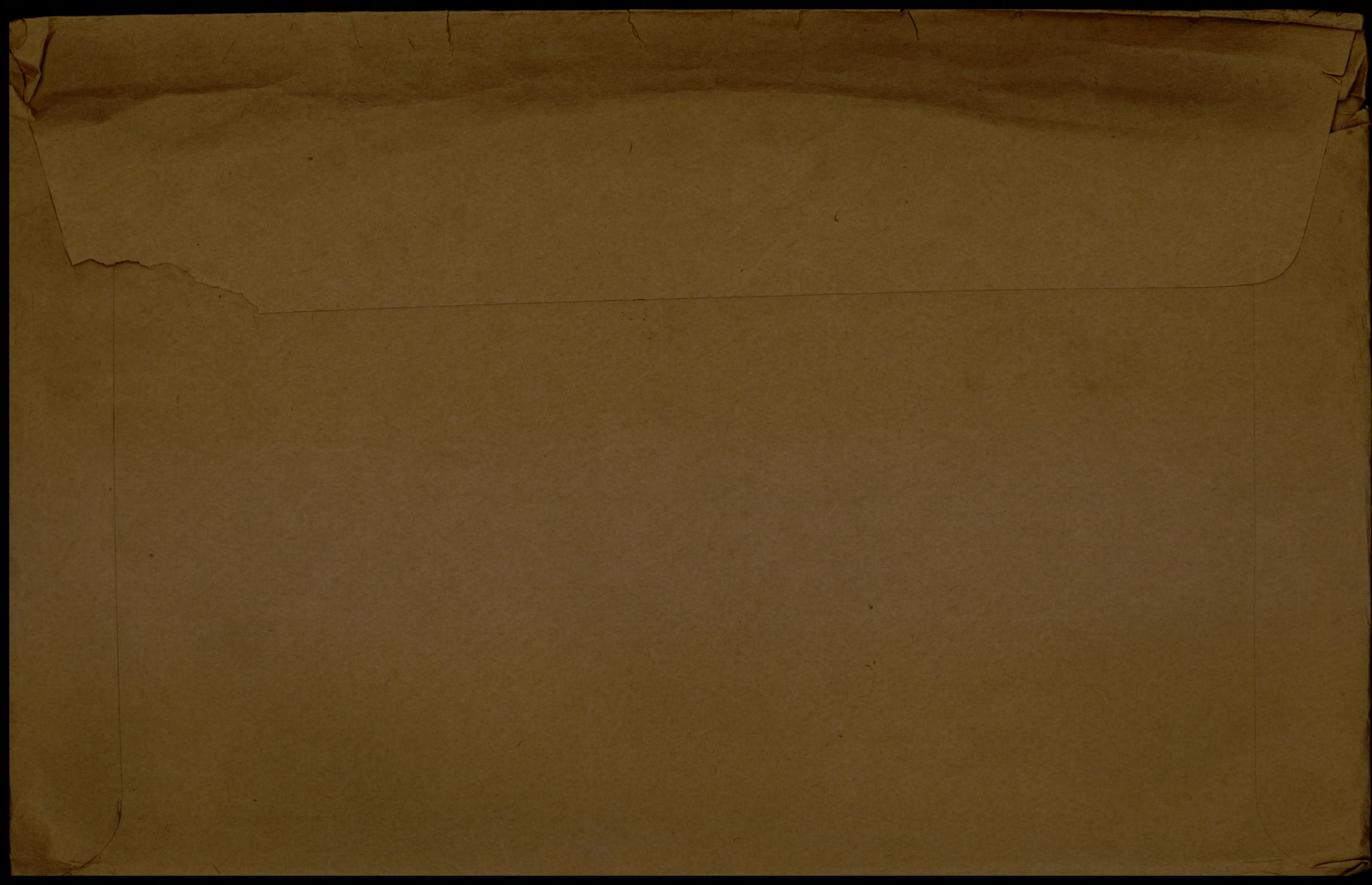
DISCHARGE

Category

Med Unft

DESERTION

3-14
12-14
34-14
3



APR - 1 1916

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 782974

CANADIAN OVER SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Bradamore
- 1a. What are your Christian names?..... Peter
- 1b. What is your present address?..... Kinnmount
- 2. In what Town, Township or Parish, and in what Country were you born?..... Township Lutterworth, Haliburton Co. Ont. Canada
- 3. What is the name of your next-of-kin?..... Ellen Bradamore
- 4. What is the address of your next-of-kin?..... ~~Brother~~ Kinnmount
- 4a. What is the relationship of your next-of-kin?..... Mother Ont. Canada
- 5. What is the date of your birth?..... April 23. 1888
- 6. What is your Trade or Calling?..... Labourer
- 7. Are you married?..... no.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes.
- 9. Do you now belong to the Active Militia?..... no.
- 10. Have you ever served in any Military Force?..... no.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... yes.
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Peter Bradamore, 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.

P Bradamore (Signature of Recruit)

Date APR - 1 1916 1916 W. Mark Lenz (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter Bradamore, 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.

P Bradamore (Signature of Recruit)

Date APR - 1 1916 1916 W. Mark Lenz (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 Kinnmount this 5th day of April 1916.

E. White (Signature of Justice)

Description of Peter Bradmore on Enlistment.

Apparent Age 28 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 1/2 ins.

Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 4 ins.

Complexion Medium

Eyes Hazel

Hair Dark

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

Tumor about size of hens egg near upper middle of upper half of chest.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date APR - 1 1916 191 .

Place Haliburton

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Peter Bradmore having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date APR - 1 1916 191 .
J. J. [Signature] Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724274 (Rank) Private

Name (in full) BRADAMORE, Peter. enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Kinmount, Ont. on the 1st

day of April 1916.

HE served in Canada, England and France

and is now discharged from the service by reason of "Medically Unfit R.O. 1080."

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 31 yrs. 4 months. Marks or Scars

Height 5 ft. 10 ins. Scar 7" long back of right calf.

Complexion Ruddy Round scar outer side of lower

Eyes Blue third of right calf.

Hair Black

P. Bradamore

Signature of Soldier

P. H. G. [Signature]

Issuing Officer

No. 3 District Depot

Rank

Lient.

Date of Discharge 29-8-19

Appointment

Signed at Kingston, Ont. this 29th day of August 1919

in Military District No. 3

File Reference No. 3DD-3-B-899.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on cer-
tificate will not be com-
pleted.

I wish there
a M. H. S.
for this
man, pls.

There are no
further docs on file

NAME

Quantity

DESCRIPTION

Approved

Superintendent

No docs.

on either N.O.

or O.S. files.

Stem.

26-3-347

Classification recommended: -

Date.....

CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston Station.

No. 724274 Rank Pte. Name Bradamore, Peter Age 30

Unit #3 D.D. Completed years of service ^{Where and how long} } C. 7/12. E. 11/12. F. 16/12.

Date of admission March 8/19. Date of discharge August 29/19.

Diagnosis GSW rt. leg. Comp. fract. tibia. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE G.S.W. right leg. Point of entry indicated by a scar 3 $\frac{1}{2}$ " above outer malleolus. Exit indicated by a ~~xxx~~ large discharging ulcer middle of posterior surface of calf, lacerating gastrocnemius & fracturing fibula with loss of part of bone. A large ulcerating area occupies middle of calf in latter ~~xxx~~ scar. Another S.W. of left buttock indicated by two scars 2" below crest of ilium. Another on back of thigh. No effect on muscles or nerves. Scars healed & sound. 10-5-19- Negative Wasserman.

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Daily dressing. Boracic compresses to clean ulcerated surface. Eusol dressing. X Ray shows- About 1" has been removed from the middle 3rd of the shaft of the fibula. Boarded August 22/19 & placed under care of S.C.R.

CONDITION ON DISCHARGE
(and disposal made of case.)

Date August 29/19. [Signature] Adj. A.M.C.
Medical Officer i/c case.

67536.

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..... *Deco 109^d O/S. Batt. C.87.*

(2) Regimental Number..... *424274*

(3) Full Name of Soldier..... *Peter Bradanore*

(4) Place of Birth..... *Pittsworth Township. Ont.*

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

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

(b) Present Postal Address..... *Cobocank. Ont.*

(7) Are you a widower?.....

(8) Have you any children?.....

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

Also their names and ages.....

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

If so, state name and address *Joseph Beadamore Cobocouk.*

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

If so, state name and address *Ella Beadamore
Cobocouk.*

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

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

.....

15) Are you insured? *Yes.*

If so, in what Company? *Canadian Order of St. Lawrence*

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

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

Date **JUL 19 1916**

[Signature]
Officer Commanding.
Major
109th Overseas Battalion, C. E. F.

Fc
4197.R. Rank Name BRADAMORE, Peter Reg'l No. 724274 ✓
R Unit 109th Bn. If in perm. Corps, } Married or Single Single. ✓
What Unit? }
Place and Date of Enlistment Kinmount, 1st April, 1916. ✓ Place of Birth Tp., of Lutterworth, Haliburton Co., Ont., Canada.
Name and Address, Next-of-Kin Ellen Bradamore, Kinmount, Ont., Canada. Relationship Mother. ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship

Relationship

N/E. R.B. No. 19527
File R.L.
Category CANLMU

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Crossed

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2310		31-7-16	
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramwell	5-10-16	Pt II. 50.279 Swb.
11-10-16	20 th Bn	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
4-8-17	..	Att 4 F.C. barracks	..	22-7-17	Pt II 63
14-8-17	do.	base att 4 F.C. E.	..	29-7-17	Pt II 55
25-8-17	do.	Adm no 6 San Field Amb.	Field	17-8-17	Ch H 587
25-8-17	do	Dis do do	do	17-8-17	Ch H 587
20-11-17	do	55 General Hosp	St Boulogne	12-17	Ch A 68 L.W. L hip
23-11-17	1 COY 20	East Suffolk Hosp	Sewich	20-11-17	Ch B 71
26-11-17	1 COY 20	T.O.S. from 20 Bn	Sandring	20-11-17	Pt II 262. 20 Bn Pt II 0 870/812-17.

A.F.B. 103 CANCELLED 16 OCT 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
24-12-17	160R	20 Ban Con Hosp.	Epsom	21-12-17	62 B 97-5. S.W. 2. Mip
31-1-18	5 Pas	T.O.S. from 160R.	Witney	25-1-18	PT #031 } 160R PT #0 32d/1-2-18
15-2-18	12 Pas	T.O.S. from 5 Pas	"	15-2-18	PT #040 } 46d/15-2-18 20 Ban PT #0
5-4-18	✓	awarded 1 G.C. Badge	Witney	5-4-18	PT #082 } SEP 1918
29-8-18	"	S.O.S. to 20 Ban of 5.	"	28-8-18	PT #0305 } 20 Ban PT #0 82d/11-9-18
22-10-18	20 Ban	transferred	Field	14-10-18	62 W 351
26-10-18	160R	T.O.S. from 20 Ban.	Witney	14-10-18	PT #0297 } 20 Ban PT #0 105
27-2-19	1st COR	Invalided to Canada	Kirkdale	24-2-19	62. B. 458
3-3-19	✓	S.O.S. " " "	✓	24-2-19	-50

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

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

Regimental No. 424274 Rank Private Name Bradamore Peter

Enlisted (a) 1.4.16 Terms of Service (a) C. of W. ✓ Service reckons from (a) 1.4.16

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) Laborer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
5-10-16	109th Bn.	Transferred for Overseas Service with 20th Batt'n	20th Bn	OCT 5 1916	D.O. Pt. 11. #279 Capt.
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 55d/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Joined	do	23/10/16	B213
4-8-17	do	Granted 10 days leave (Lourdes)		30-7-17	B213 Pt 2 55d/14-8-17
18-8-17	do	Rejd from leave	20th Bn	10-8-17	B213 ADJUTANT, 109TH BATTALION CAN. INFANTRY.
28-7-17	4 Fld Coy	Attached to 4 Fld Coy C.E.		22.7.17	B.213
4-8-17	do	Auth. 2 Can Div G.37-692 d-18-7-17 Ceases to be att on return to Bn		29-7-17	B213 Pt 2 55d/14-8-17.
18-8-17	do	Returned from Bn		10-8-17	B213.
	do	Wounded 15/8/17. Retd to Duty		17-8-17	
15-8-17	C.C.F.A.	A.N. L. but touch admt 6 CCA		15-8-17	A36.
17-8-17	✓	Adm & Ais: Duty		17-8-17	
25-8-17	20th Bn	rejd from leave	20th Bn	17-8-17	B213.
10-11-17	39 Cld.	Adm 11/11 Dura. 21 AT.		11-11-17	B445B.
17-11-17				17/11/17	B213.

CERTIFIED CORRECT. OCT. 1916

J.W.C.

(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, Shoing 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				

10-11-17. 6 C.F.A. *Mr. L. hip* *Adm Staff* *CCd* 10/11/17 B 7030
 20-11-17 55 Gen I.v (Wdd) & posted to 1st Centl Ont Regl W3083 - 4405.
 Depot, Shorncliffe per AT StDavid 20-11-17 Pt 2 87d/3-12-17. ✓

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

26-11-17 16000 T.O.S. from 20 Bn Sandling 20-11-17 Pt 2 62 ✓ *CCd*

R Hooper
 for Colonel i/c Records, *12th Res Bn*

4/2/18 1st.CORD S. Off. 3. to 5th. Res. Bn W. Sandling 25-1-18 Bn. Ord 32 ✓ 4

31-1-18 O.C. 5th T. On. S. from 1st. C. O. R. D. W. Sandling 25-1-18 Bn. Ord 31 ✓
Restm.

15-2-18 5th Res Bn; S.O.S. to 12th Res: Bn; W. Sandling 15-2-18. Bn: 0, 46 ✓

B. Jones CAPT.

5-2-18 12th Res: Bn: T.O.S. from 5th Res: Bn: W. Sandling 15-2-18. Bn: 0; 40. ✓

29-8-18 12th Res. Bn. C.E.F. Transferred to 20th Battn. Witley 28-8-18 Part II 205
W. Sandling Lieut i/c Records 12th Res. Bn. C.E.F.

5-4-18 12th Res Bn. Awd. 1 Good cond. Badge Witley 5-4-18 Pt 2 - 82 ✓

R Hooper LIEUT.

FOR LT: COL: I/C RECORDS, C.O.M.F.

CERTIFIED CORRECT.
 5 SEP 1918
 CAN. RECORDS, LONDON.

Casualty Form—Active Service.

Regiment or Corps.....20th Cdn Battalion.....
 Rank Private Surname BRADAMORE Christian Name Peter
 Religion..... Age on Enlistment.....years.....months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>20 AUG 18</u>	<u>C.I.B.D.</u>	<u>Arrived & T.O.S. 20th Bn.</u>			<u>Part II Ord 82</u>
<u>2 SEP 18</u>	<u>C.I.B.D.</u>	<u>Left for C.C. Regt</u>		<u>2 SEP 18</u>	<u>NR</u>
<u>2 SEP 18</u>	<u>C.C. Reim. Co.</u>	<u>Arrived.</u>		<u>2 SEP 18</u>	<u>4</u>
<u>5 SEP 18</u>	<u>—</u>	<u>Left for Unit</u>		<u>5 SEP 18</u>	<u>4</u>
<u>14 SEP 18</u>	<u>20th Bn.</u>	<u>Arrived</u>		<u>7 SEP 18</u>	<u>B.213.</u>
<u>11.10.18</u>	<u>9 C.F.A.</u>	<u>4th Lt. Regt R.</u>	<u>To</u>	<u>ces</u>	<u>11.10.18</u>
<u>13.10.18</u>	<u>13 Gen</u>	<u>4th Lt. Regt R.</u>	<u>adm</u>	<u>13 Gen</u>	<u>13.10.18</u>
<u>18.10.18</u>	<u>—</u>	<u>—</u>	<u>To</u>	<u>England</u>	<u>18.10.18</u>
<u>18-10-18</u>	<u>do</u>	<u>Inv (Wad) & posted to 1st Centl Ont. Regt Depot, Witley per AT JanBreydel.</u>			<u>W3083 - 6293.</u> <u>Pt 2 O.105-1918</u>

Whogau Major for Lt.-Col. A. A. G.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) [P.T.O.]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. J. Bradamore*
 Address *Kinmount*
Ont.

By Whom Assigned *Bradamore P.*
 Regtl. No. *724274.*
 Rank *Pte.*
 Corps *109th Btn.*

Rate *20⁰⁰ Oct 1st. 16*
2m. 28⁹/₁₆ W/B 6¹¹/₁₆

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				



Handwritten text, possibly a signature or name, located in the center of the page.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1773-39-819.

Sheet No. 2.

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

Mrs. J. Bradamore PAYMENTS.

Pte. *Bradamore. P.*
 Name of Soldier

724274. 109th Bn.

20⁰⁰ Oct 15 Remarks. *16*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P27228</i>	<i>20</i>	
Dec.		<i>X 33914</i>	<i>40</i>	<i>40 reb paid Oct</i>
Jan.	1917	<i>B37237</i>	<i>20</i>	
Feb.		<i>B 42910</i>	<i>20</i>	<i>20 (W)</i>
March		<i>C 49852</i>	<i>20</i>	<i>20 (W)</i>
April		<i>L 818</i>	<i>20</i>	<i>20 B.</i>
May		<i>2. 7047</i>	<i>20</i>	
June		<i>H 13454</i>	<i>20</i>	<i>20 B. H. 13454, loan 5. 7. 10.</i>
July		<i>C 19965</i>	<i>20</i>	<i>B.</i>
Aug.		<i>G 27366</i>	<i>20</i>	<i>B.</i>
Sept.		<i>F 38665</i>	<i>20</i>	<i>6</i>
Oct.		<i>S 48785</i>	<i>20</i>	
Nov.				<i>\$260</i> ✓
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	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.				

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BRADAMORE.

P.

724274

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

20th. Bn. 1st. C. Out.

HOSPITAL

DATE OF ADMISSION

5. C.F. Amb.

17-8-17.

1.

55 Gen. B'logne

HOSP. 12-11-17

East Suffolk. Ipswich. Ipswich

HOSP. 20-11-17

3.

Mil. Conv. Epsom
10th W. G. Liverpool

HOSP. 21-12-17
13-10-18

4.

5 C.F. L'pool

HOSP. 11-1-18

DIAGNOSIS

1

S.W. Lt. Butt.

2.

Sw. L. Hip rw.
G.W.R. Legan

3

DISPOSITION

Dis to Duty. 17-8-17. DATE R

C.L. 25-8-17. A587

Dis 25-1-18

REMARKS

(Invalides to Canada)
24. 2. 19 7

21-11-17 268.15

24-11-17- B 710

27-12-17 B 97.3

2. 2-18 B 1290

23-10-18 B 352

22-10-18 A 357. 2.

15-1-19 B 421-2

27. 2. 19 B 458-3

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name BRADAMORE Peter Rank Pte. Regtl. No. 724274
 Original unit 109th Bn Present unit 20th Bn. M or S M Age 31 Religion C.E. Fyle Depot 3-B-899
 Port, ship, and date of arrival Portland, Me. "Essequibo" 7-3-19 Ref. H.Q. _____
 Next of kin Mrs. Ellen Bradamore, Kinmount, Ont.
 Address on leave Same
 Address on discharge _____
 Transportation issued Yes _____ No _____ Date _____ Character on discharge _____
 Previous occupation Farmer Date and place of enlistment Kinmount 5-4-16
 Diagnosis G.S.W. Rt. leg. Date of Medical Boards _____

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>	<u>From Clearing Depot</u>	
<u>8-3-19</u>	<u>Posted to Hosp. Sect: Queen's Mil. Hospital</u>	<u>MS 72</u>
<u>10-3-19</u>	<u>Granted leave with subsistence to <u>21-3-19</u></u>	<u>MS 72</u>
<u>21.7.19.</u>	<u>Overstaying his leave from 9.30 pm 21.7.19 to 8.45 pm 26.7.19. Forfeits 6 days pay by RW</u>	<u>MS 212</u>

*—Name will be given in full; surname first.

LOCAL CARD
No. 3 District Depot

Date.

Remarks.

Pt. 2 Order No.

29. 8. 19.

Discharged from HMS (To Sel for treatment)

RO 1080

HQ 242

NAME

Bradamane, Peter

REGT'L No.

724274

H. Q. FILE No. 649.

RANK AND CORPS

Rte 20th Bn / 9th Bn form 109th Bn

CABLE

FOLLOWS
No.

FOLLOWS

NO. DATE

NATURE OF CASUALTY

MIS 946. 26-8-17.

Adm to 5th fld amb returned
to regimental duty Aug 17th 1917

MIS 389 21-11-17

Adm # 55 Gen. Hosp Boulogne Nov.
12th 1917 shrapnel wound hip

Q 662 23-10-18

Adm 13 Gen Hosp Boulogne
Oct. 13th 1918 thru relief5-4
MIS 2312
13-10-17

Noft

McCullen Bradamane (matter
Kinnmount St.)

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
4587 ⁽¹⁾	5 th Law Bld. Amb.	17-8-17	S.W. L. Battuck
4587	Discharged to duty.	17-8-17	" " " "
468	#55. Gen. Bonloque	12-11-17	" " hip -
B71	East Suffolk & Ipswich	20-11-17	S.W. L. Hip
B97	Mil Comd, Ipswich	21-1-17	S.W. Lt Hip 15-12-17. 17-11-18.
B129	Discharged	25-1-18	" " " " 27-2-18
B352	1st West Kent Cavalry Liverpool	19-10-18	(20) Lt Col Rbley
B421	5 th Conty Kentals	11-1-19	" " " "
B458(3)	Invalided to Canada	24-2-19	" " " "

No. 724274 RANK P6

NAME ~~Bradmore P~~
Bradmore, Peter

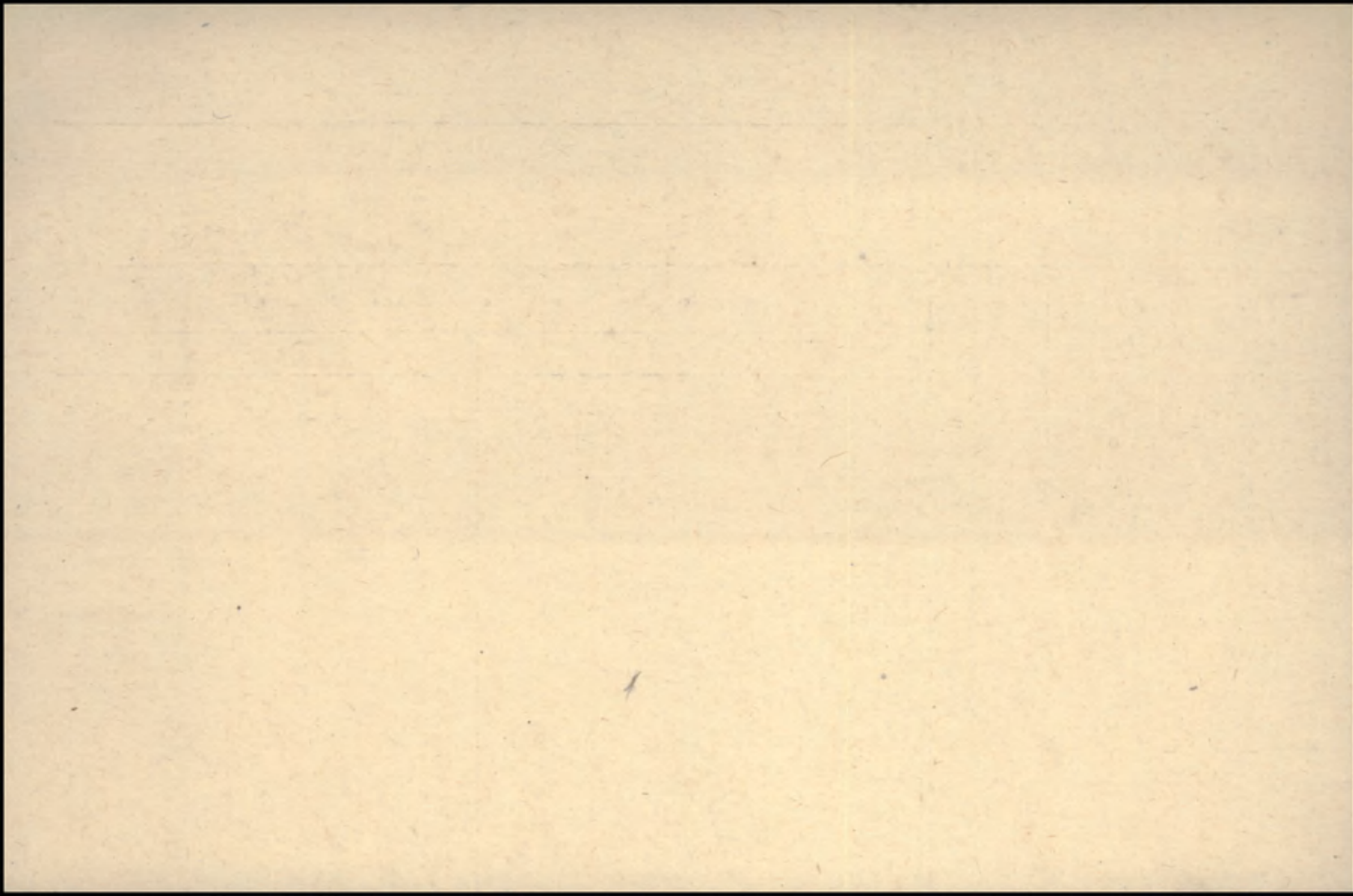
T. O. S.

UNIT

109th Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			see Badamore P.	



No. 724274. RANK *Pte.*

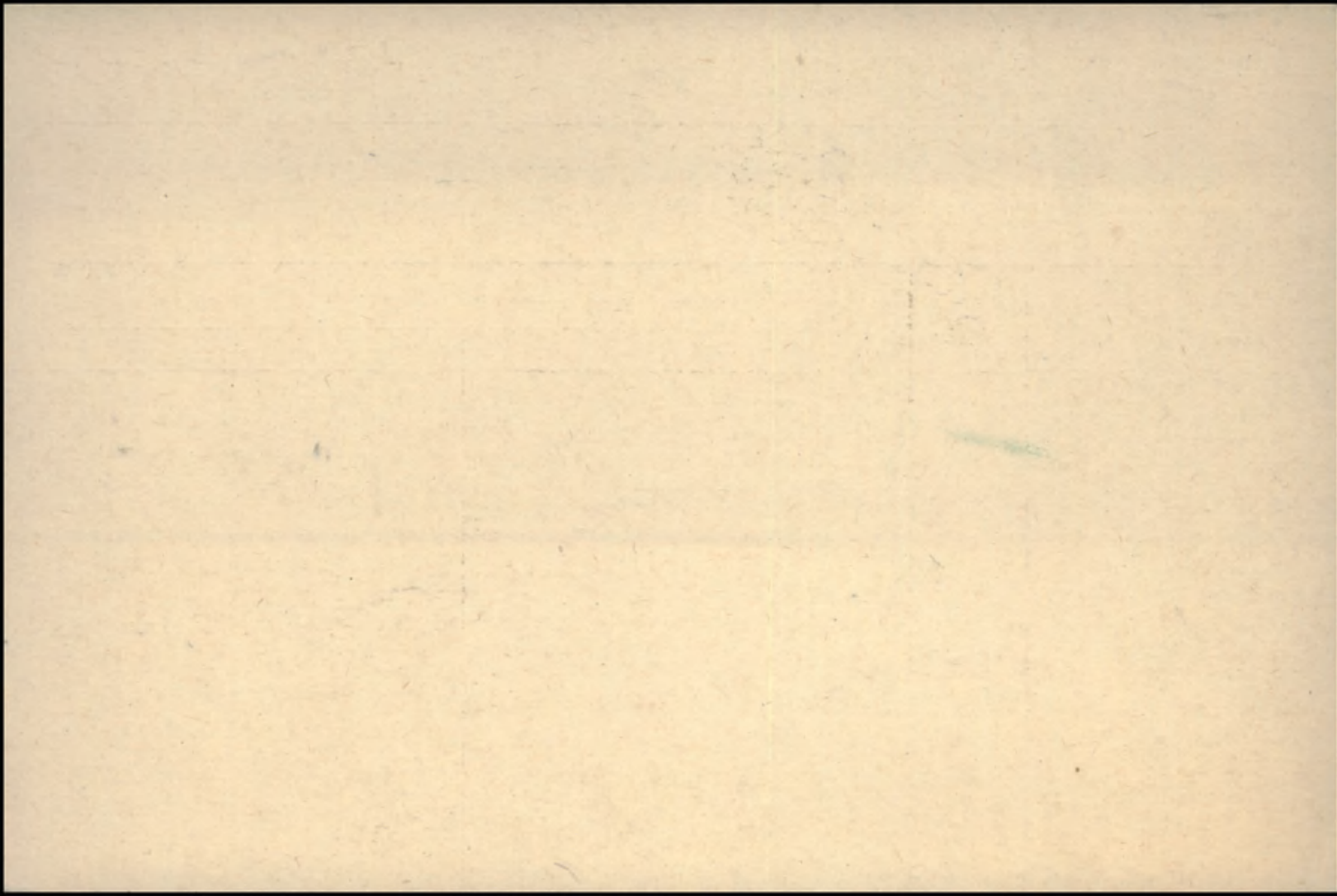
NAME *Badamore, P.*
Beadmoe.
Bradamore Peter

T. O. S. 1-4-16. UNIT 109th Battalion.
(S.O. 140 of 2-5-16)

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916.</i> <i>April 1.</i>	<i>1916.</i> <i>May 31.</i>	<i>W.</i> <i>N.</i> <i>✓</i>	<i>+</i>	

UNIT SAILED
JUL 23 1916



SURNAME. *Bradamore 649-B-18737*

CARD NO. *3*
1080 no 29-8-19
med FOLL fit
on 24 27 30 18/19
13.20

CHRISTIAN NAMES *Peter.*

REGL. No. *724274.* RANK *pte.*

UNIT *109th.*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Bradamore, Mrs. Ellen.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Kinnmount, Ont.*

COUNTRY OF BIRTH *Canada, Haliburton Co.* DATE *Apr. 23rd. 1888*

PLACE OF ATTESTATION *Kinnmount, Ont.* DATE *Apr. 5th. 1916*

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

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING *Labourer.*

RELIGION *Church of England.*

DESCRIPTION.

APPARENT AGE

28 YEARS

MONTHS

HEIGHT

5 FEET

8 1/2 INCHES

CHEST MEASUREMENT

40 INCHES

EXPANSION

4 INCHES

COMPLEXION

Medium

EYES

Hazel.

HAIR

Dark.

DISTINGUISHING MARKS

*Tumor about size of hen's egg.
near middle of upper half of chest.*

MEDICAL EXAMINATION.

PLACE

Haliburton, Ont.

DATE

Apr. 1st. 1916.

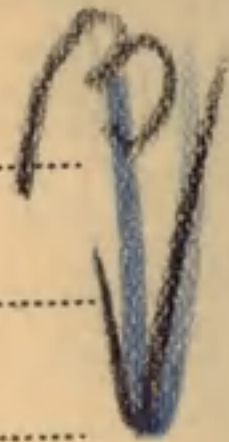
Present Address. Kinnmount, Ont.

E.M. 44

W.D.

Number 724274

Rank Plc



Surname BRADAMORE

Christian Name Peter

Units 20th Airborne Division Theatre of War France

Date of Service 6/10/16

Remarks

Latest Address Kenmont

Out

Roll No. [Red scribble]

200m.-6-21... Page 19780

DESP. NOV 28 1922
REGN. NO. 6241

2

Peter

Name BRADAMORE, Rank Pte. Reg. No. 724274

Unit 20th. Battalion

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
No 17-8. No. 5. Can. F. Amb.	SW. Lt. Buttock	A587. M5946.	25-8			
17-8. Dis. to Duty	do	A587				

C191
917
RUE 17-9-17

BRADAMORE Peter

Name **Bradmore** Rank

Pte ✓

Reg. No. **724274**

Unit

20th B N

Next of Kin **Canada**

UK

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
12-11	No 55 G. H. Boulogne	SW-1	Hip	A68	M/6389/16290	
20-11	E. Suffolk Ipswich Ipswich		do	B71		6598
21-12	pub. Co. Ipswich		do	B94		8889
25-1-19	Discharge		do			2849
1918						
13-10	13 G. H. Boulogne	SW-1	Knee	A351	Q1662	4854/6
19-10	1 W. H. Faversham		do	B352		29592
11-1-19	506 G. H. Keikla		do	B421		4803
24-2-19	Invalided to Canada			B437		7619

LEDGER No. 368

SERIAL No. ~~5758~~ 57-536 39

REG. No. 724274 NAME Bradamoni, P.

RANK Pte. CORPS D. D. 3. AGE 30 SERVICE C 7 1/2 E 1 1/2 F 1 1/2

HOSPITALS

DATE OF ADMISSION

1 Queen's Univ. Mil. Kingston.

8-3-19.

2

3

DIAGNOSIS os G.S.W. rt leg. comp fract. tibia.

TRANSFERRED TO

DISPOSITION Dis to BGR 29-8-19

CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

REMARKS:

HOSPITAL
Sydenham Kingston SBA

DATE
21.11.19

DIAGNOSIS
G.S.W. Rt Leg

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4, ONTARIO

To ● COPY FOR H.D. FILE

Date..... SEPTEMBER 4, 1968

Attention of

NAME BRADAMORE PETER

SERVICE 724274
NUMBER WW1

C.P.C. No. 202478
W.V.A. No. 20313

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

..... DVA 93 TORONTO 2, ONTARIO JULY 8, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... June 30, 1968

Cause of Death.....

Place of Death..... PETERBORO ONTARIO

Name and Address of next of kin (if known).....

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

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF THE ADJUTANT GENERAL

Date: 10/15/68

10/15/68



NAME	GRADE	NO.	DATE	REMARKS
...

The following information was received from

10/15/68

(This information was obtained from)

...

...

Date of Death: June 30, 1968

...

...

...

...

...

...

...

Chief, Central Registry

Essequito 7-3-19

AUDITOR PAYMASTER

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

REGT. No. 724274 RANK *Pvt* NAME (IN FULL) *Bradamore P*

M. OR S. _____

NEXT OF KIN *Wil* RELATIONSHIP _____

ADDRESS _____

IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE _____

TO WHOM PAID *Wil* RELATIONSHIP _____

ADDRESS _____

ORIGINAL UNIT C.E.F. *1st. C.O. Re. D.* IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *30.00* DATE EFFECTIVE *1-1-19*

PAYABLE TO *Mrs J. Bradamore* RELATIONSHIP *W.S.* ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Kingston 29. 8. 19. J.S.C.P. for Treatment* PLACE _____ DATE _____ REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

Cancelled from 30/4/19
Peter Bradamore 724274

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	DEBITS	DEBIT	CREDIT					
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.							\$	C.	\$	C.	
					477.00	477.70																477.70	
<i>Feb</i>																							
<i>March</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>12.00</i>		<i>46.10</i>							<i>12.92</i>							<i>12.92</i>			<i>7278</i>
<i>April</i>	<i>30</i>	<i>1.10</i>	<i>33.00</i>			<i>33.00</i>							<i>5.00</i>	<i>8.50</i>						<i>33.00</i>			<i>9594</i>
<i>May</i>	<i>31</i>	<i>"</i>	<i>34.10</i>			<i>34.10</i>							<i>15.00</i>	<i>19.10</i>						<i>34.10</i>			<i>9724</i>
<i>June</i>	<i>30</i>	<i>"</i>	<i>33.00</i>			<i>33.00</i>							<i>15.00</i>	<i>19.00</i>						<i>33.00</i>			<i>28114</i>
<i>July</i>	<i>31</i>	<i>"</i>	<i>34.10</i>			<i>34.10</i>							<i>15.00</i>	<i>19.10</i>						<i>34.10</i>			<i>27662</i>
<i>Aug</i>	<i>31</i>	<i>"</i>	<i>34.10</i>			<i>34.10</i>							<i>34.10</i>							<i>34.10</i>			<i>27769</i>
					<i>35.00</i>	<i>35.00</i>							<i>35.00</i>				<i>2.00</i>	<i>6.60</i>		<i>43.90</i>	<i>9.90</i>		<i>2022</i>
<i>War Service Gratuity</i>																							
<i>183 Sep</i>														<i>11208.80</i>						<i>0</i>			<i>184616</i>

FB
MLB

* Strike out whichever inapplicable

ASSIGNED PAY CANADA.	SEPARATION ALLOWANCE. ENGLAND OR CANADA.	NAME: BRADAMORE <i>Peter</i>
EFFECTIVE DATE: $\frac{10}{16}$	EFFECTIVE DATE: -	NUMBER: 724274
AMOUNT: \$20.00	AMOUNT: -	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>Mrs. J. Bradamore Kinmount, Ont.</i>	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT <i>Pte</i>
--	---	-----------	----------------	-----------------------------------

Stopped 1-3-19

New Book issued 11/18. 118621.

UNIT AND TRANSFERS			
ORIGINAL UNIT: <i>109 Pte.</i>	DATE ACCOUNT FIRST OPENED: <i>1-7-1916.</i>		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO <i>1 C.O.R.D.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13/12/18</i>	<i>60849</i>	<i>£ 2.</i>	<i>9 73</i>				
<i>31/1/19</i>	<i>5989</i>	<i>2.</i>	<i>9 73</i>				
<i>28/1/19</i>	<i>7578</i>	<i>5</i>	<i>24 33</i>				
<i>29/1/19</i>		<i>10 days sick furlough</i>	<i>7 30</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *trans to Canada 25-2-19. P.M. 21 989 6-3-19 Liverpool to Liverpool 21 2.*

DATE	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Bal. Fwd.</i>								<i>53 43</i>		
<i>April</i>	<i>Pte pay</i>	<i>33</i>		<i>b.a.p.</i>				<i>20</i>			
				<i>AR 101 12/4/18 12 Res</i>	<i>9 73</i>						
				<i>AR 1951 22/3/18 do</i>	<i>19 47</i>						
				<i>AR 239 26/4/18 do</i>	<i>9 73</i>				<i>27 50</i>		
		<i>33</i>			<i>38 93</i>			<i>20</i>			
<i>May</i>	<i>Pte pay</i>	<i>34 10</i>		<i>b.a.p.</i>				<i>20</i>			
				<i>AR 489 14/5/18 do</i>	<i>7 30</i>						
				<i>AR 659 23/5/18 do</i>	<i>7 30</i>				<i>27</i>		
		<i>34 10</i>			<i>14 60</i>			<i>20</i>			
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>b.a.p.</i>				<i>20</i>			
				<i>AR 769 7 June 12 Res</i>	<i>24 33</i>						
				<i>AR 1031 26 June 12 Res</i>	<i>4 87</i>				<i>10 80</i>		
		<i>33</i>			<i>29 70</i>			<i>20</i>			
<i>July</i>	<i>P.P.</i>	<i>34 10</i>		<i>b.a.p.</i>				<i>20</i>	<i>24 90</i>		
				<i>AR 1198 47 12 Res</i>	<i>7 30</i>				<i>17 60</i>		
				<i>1388 19/7 12 Res</i>	<i>7 30</i>				<i>10 30</i>		
		<i>34 10</i>			<i>14 60</i>			<i>20</i>			
<i>Aug.</i>	<i>P.P.</i>	<i>34 10</i>		<i>b.a.p.</i>				<i>20</i>	<i>24 40</i>		
				<i>AR 1719 14/8 ✓</i>	<i>11 87</i>				<i>19 53</i>		
				<i>1967 27/8 ✓</i>	<i>7 30</i>				<i>12 23</i>		
		<i>34 10</i>			<i>12 17</i>			<i>20</i>			
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>CAV</i>				<i>20</i>			
				<i>AR 797 5/9/18 20 Pte</i>	<i>3 57</i>						
				<i>AR 897 27/9 20 Pte</i>	<i>3 57</i>				<i>18 09</i>		
		<i>33</i>			<i>7 14</i>			<i>20</i>			
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>b.a.p.</i>				<i>20</i>	<i>32 19</i>		
		<i>34 10</i>						<i>20</i>			

NUMBER

724274

RANK

Plt

NAME

Bradamore

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Prnt. Fund					32 19		
	Yr. Dec of pay	10/20		At. 60849. 12/12	973						
				car.				10			
				car.				20	63 66		
July	P. P.	10/20			973			60			
		20 80		Car				20			
				at 5989. 11/19 Shop Lpool	973						
				" 7578 28	2433						
				" 8853. 1/2 LPCE	489				35 53		
					38 93						
	S.S. 10 days 29/1/19	30 80			38 93			20			
		17 20							28 23		

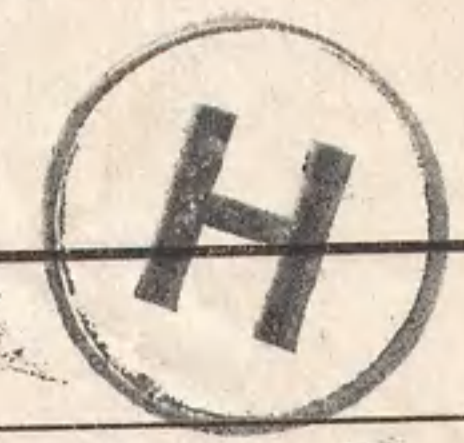
S.S. 24/1/19. 20 74 100 100 100 100

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate Militia Form W. 23
 or Particulars of Recruit Militia Form W. 133
 Field Conduct Sheet Militia Form W. 178 or A.F.B. 122
 Casualty Form Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate Militia Form W. 44
 Certificate that missing documents are unobtainable
 Medical History Sheet Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet Militia Form B. 465
 Medical Report M.F.W. 129 or D.M.S. 1375
 Regimental Conduct Sheet Militia Form B. 263
 Company Conduct Sheet Militia Form B. 263a

War Service Badge Class *A+B*
 No. *214202-55935* Issued

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



1. No. *724274*

2. Rank *Private*

3. Name *BRADAMORE, Peter*

4. Unit *No. 3 District Depot.*

5. Date of Discharge *29-8-19* Place *Kingston, Ont.*

6. Reason for Discharge *"Medically unfit and in order that further treatment may be carried on by the .S.C.R"*

7. Authority *R.O. 1080,*

8. Proposed Residence after Discharge *Kinmount, Ont.*

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
 I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? *39.*

P. Bradamore
 Signature of Soldier.

10. CONFIRMATION.
 The discharge of the above named man is hereby confirmed.

Place *Kingston, Ont.*

Date *29-8-19*

P. J. [Signature]
 Signature (O.C. Discharging Unit.)

Medical Documents
 Forwarded to
 S.C.R. or B.P.C.
 on
 Date *SEP 8 - 1919*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

10715 Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

526 B 28
C 211 R

PARTICULARS OF SEPARATION ALLOWANCE

No. 724274
 Rank Pte Promoted Reverted Discharge
 Soldier's Name P. Bradamore
 Battalion 109th Bn.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs J. Bradamore
 Address Kinnmont Ont.
 Change of Address 27-2-18 Kinnmont,
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct. 31-17	55898		260	260	
Nov - B	55897		20	20	
Dec. D.	59967		20	20	Re S
Jan	Q 66209		20	20	Re
Feb	G 94121		20	20	G. 94121 remailed per address. 27-2-18 M.R.O. 1 B.
Mar	A 101404		20	20	
Apr.	E 5326		20	20	
May	F 12142		20	20	
June	D 20115		20	20	
July	V 27895		20	20	
AUG.	C 32027		20	20	
SEP.	D 38315		20	20	
OCT.	F 42124		20	20	
NOV.	B 53706		20	20	
DEC.	C 66771		20	20	
JAN 1919	H 69722		20	20	
FEB.	J 78859		20	20	
MAR	F 85274		20	20	
			600		

M. F. W. 128
400 M. -6-17-1772-39-141
L. L. 2320 - M. & D. 1936.

AUDITED.

... A/c Closed 31-3-19
 Ret'd per... Cassequin
 Date... 7-3-19 F. X. 12-3-19
 ... Clerk... M. O. 3 M. 76758



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
400M-6-17-17238-1141
L. L. 22220-M. & D. 7888.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (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.)

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

~~as medically unfit & placed under the care of S.G.R.~~

~~for further treatment~~

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

D. G. Boni Caproni President.
D. G. Boni Caproni Members
 PLACE Kingston
 DATE Aug. 25/19

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

PLACE _____
 DATE _____
 APPROVED BY _____
 APPROVED BY _____
 DATE _____
 DATE _____

W. G. ... Assistant Director of Medical Services.
 DATE AUG 28 1919
 Director-General of Medical Services.
 DATE _____

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Kingston Ont. DATE August 25th 1919

1. 1 (a) Unit 3 D.D. (b) Regimental No. 724274 (c) Rank pte.

(d) Surname BRADMORE (e) Christian name Fedor

(f) Home address Kingmount Ont.

(g) Next of Kin Allen Bradmore (h) Relationship brother

(i) Address of Next of Kin Kingmount Ont.

2. Age last birthday 31 Date of birth Apr. 24/1888

3. Enlistment, or Appointment (if an Officer) (a) Place Kingmount (b) Date Apr. 1/16

4. Personal description:

(a) Height 5'10" (b) Weight 104 est. (c) Complexion Ruddy
 (stripped)

(d) Colour of hair black (e) Colour of eyes blue (f) Identification marks, Scars, etc. Scar 7"

long back of rt. calf - round scar outer side of lower third of rt. calf
Pamer

5. Former trade or occupation _____

	Years		Days
	From	To	
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	3		142

	PERIODS	
	From	To
Canada <u>(3 D.D.)</u>	<u>April/16</u> <u>24-2-19</u>	<u>July 20/16</u> <u>date</u>
England	<u>18-11-19</u> <u>11-8-18</u>	<u>6-10-16</u> <u>24-2-19</u>
France or other theatres of War	<u>6-10-16</u> <u>26-8-18</u>	<u>10-11-17</u> <u>11-10-18</u>

7. Original disease, or injury Compound fracture both bones of right leg

(a) Date of origin Oct. 11/18 (b) Place of origin Cambrai France

(c) Cause S.R.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—signs, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Small ulcer in scar at back of leg - moderate weakness of right leg.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

long scar 7" middle of back of right calf. Scar thick and adherent at lower end with a shallow ulcer 1-1/4" long and 1/2" broad still present. Small scar 1" inner side of lower end of upper third of calf - well healed and non-adherent. Small scar outer side of lower third of calf, well healed, slightly adherent. All movements of knee normal. All movements at ankle normal, except flexion which is slightly limited. Patient is able to raise himself on his toes. X-ray shows - about 1" has been removed from middle third of the shaft of fibula.

Man complains that right leg is weak, that he cannot walk far without resting and that it is difficult for him to raise himself on his toes. Cyst in midline about angle of Lewis of sternum. Small piece of abscess under skin of inner side of upper third of left thigh about 3" below buttock. Wasserman test - negative.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No Genito-Urinary System No (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses No Respiratory System No Integumentary System Yes Disturbances of Mentality No Digestive System No Muscular System Yes Osseous and Joint Systems No Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Patient states he was wounded Oct. 11/18 - Was treated in France at No. 13 American until Oct. 18/18 - then sent to 1st West. Gen. Liverpool, then to No. 5 Gen. General, Liverpool 10-1-18 - sent to Canada 24-2-19 and has been treated in this hospital ever since.

10. (b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

G.S.W. left buttock 17-8-17 to 17-8-17 - Recovered S.W. left hip 20-11-17 to 25-1-18 - Recovered No disability

(c) (Here give a description of wounds, scar, and deformities.)

Transverse scar 3" back of lower third of rt. thigh. Small scar outer side of left hip 4" below crest of ilium.

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to. (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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 mos.

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

Hospital Oct. 11/18 to date - operation at No. 13 American General, Boulogne

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes

16. Can the former trade or occupation be resumed? (If not, briefly state why) No

17. Recommendations.

Discharged as medically unfit & placed under the care of S.C.R. for further treatment.

James C. McDonald Medical Officer by whom the case is brought forward. Capt. P. A. G. E.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out.)

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

I complain in addition of

P. Bradmore Rank. Signature of invalid examined.