

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

AFB 122 1
M. & W. 67 - 1

1 Casland

M. F. W. 62.
100m. 6-17.
H. Q. 1779-39 985.

AF 91237-1
misc med rec 5

DISCHARGE DOCUMENTS

Name *Brewer, Benjamin Thomas*

Regt. No. *724535* Rank *Pte*

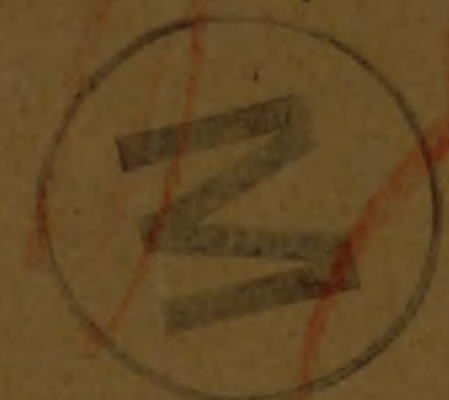
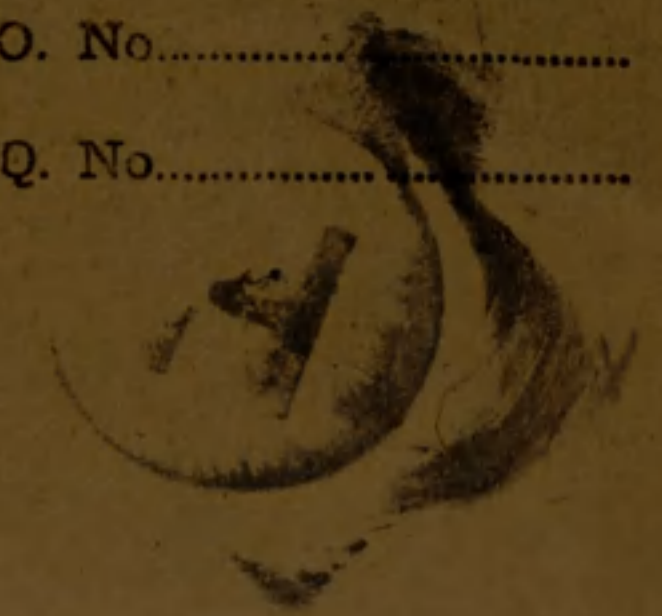
Corps *E O 109th Co Bn*

38481

Med cert.

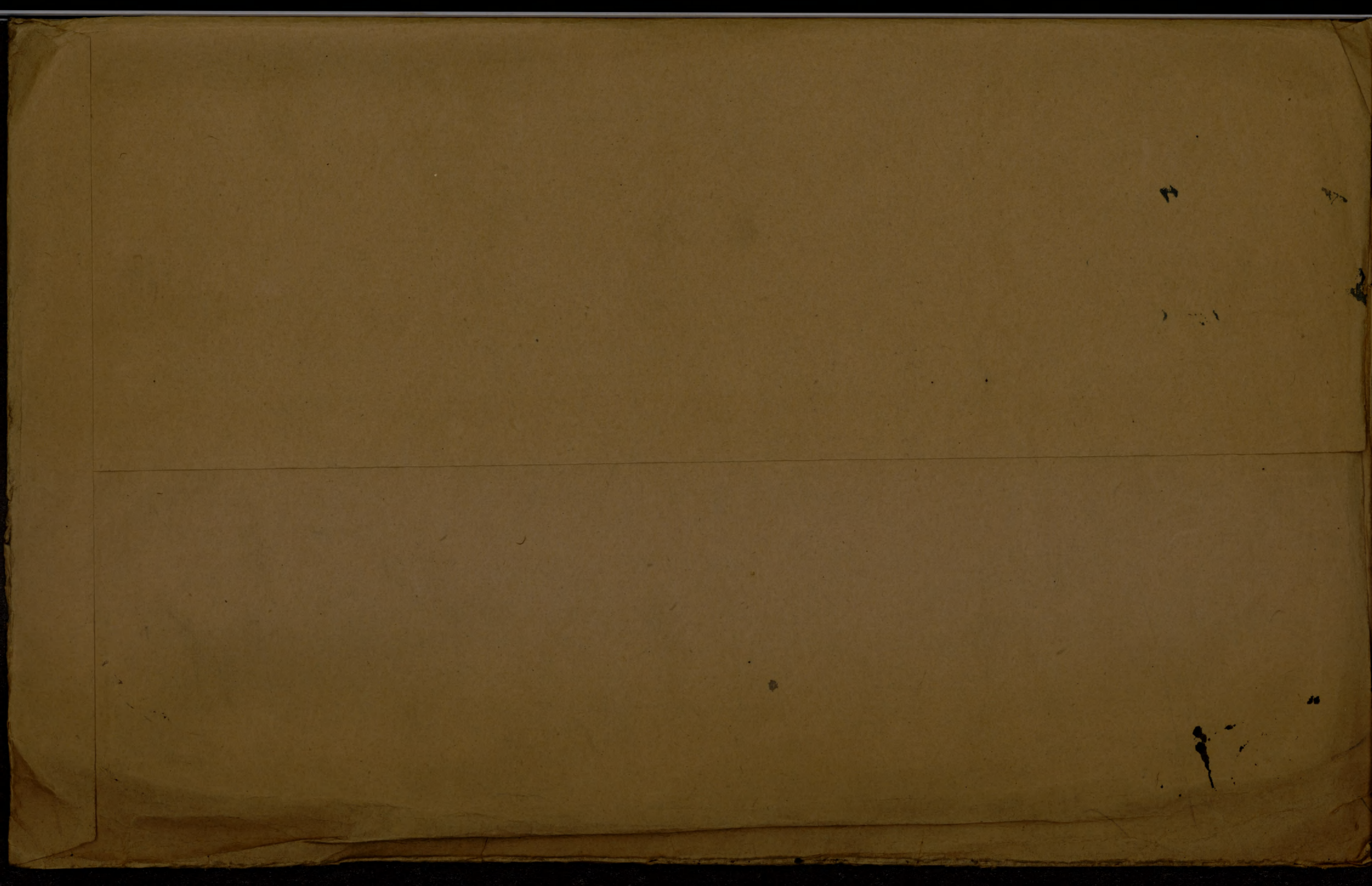
R. O. No.....

H. Q. No.....



5-21
18-21
32-22
2

AF



"9" Coy.

ATTESTATION PAPER.

No. 724535

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *Benjamin Thomas Brewer*
2. In what Town, Township or Parish, and in what Country were you born? *Bedford England*
3. What is the name of your next-of kin? *Wife Annie Brewer*
4. What is the address of your next-of-kin? *54 Durham St Lindsay Ontario Canada*
5. What is the date of your birth? *9th August 1880*
6. What is your Trade or Calling? *Electrical Engineer*
7. Are you married? *yes*
8. Are you willing to be vaccinated or re-vaccinated? *+ inoculated yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *45th Vict Regt 2 mos*
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*

B. T. Brewer (Signature of Man.)
R. H. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Benjamin Thomas Brewer*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *November 12* 191*5* *B. T. Brewer* (Signature of Recruit)
R. H. Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Benjamin Thomas Brewer*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *November 12* 191*5* *B. T. Brewer* (Signature of Recruit)
R. H. Anderson (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 *12* day of *November* 191*5*.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

Description of *Benjamin Thomas Brewer* on Enlistment.

Apparent Age..... *35* years *2* 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. *7 1/2* ins.

Mole on back of neck
mark of operation on abdomen

Chest measurement. { Girth when fully expanded..... *36* ins.
 Range of expansion..... *3* ins.

Complexion..... *Fair*

Eyes..... *Blue*

Hair..... *Light Brown*

Religious denominations. { Church of England..... *C of E*
 Presbyterian.....
 Wesleyan Methodist.....
 Baptist or Congregationalist.....
 Other Protestants.....
(Denomination to be stated.)
 Roman Catholic.....
 Jewish.....

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..... *October 9th* 191*5*.

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

Place..... *Rudary*

*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.

Benjamin Thomas Brewer 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.

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

Date..... *DEC 29 1915* 191*5*.

(9) Is your Father alive? *Yes*
If so, state name and address *Edward J Brewer Bedford Eng*

(10) Is your Mother alive? *Yes*
If so, state name and address *Abigail Brewer*
12 Eastville Road Bedford England

(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? *Prudential*
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 *July 11 1916* *J. J. Allen* *Lt. Col.*
O. C. 109th Overseas Battalion, C. E. F. *Officer Commanding.*

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..... 100th BATTALION CANADIAN INFANTRY

(2) Regimental Number 424535

(3) Full Name of Soldier..... Benjamin Thomas Brewer

(4) Place of Birth..... Bedford

England

(5) Are you married, or not? Yes

(6) If married, state,

(a) Full name of your wife..... Annie Brewer

(b) Present Postal Address..... Kent St Lindsay

Ontario Canada

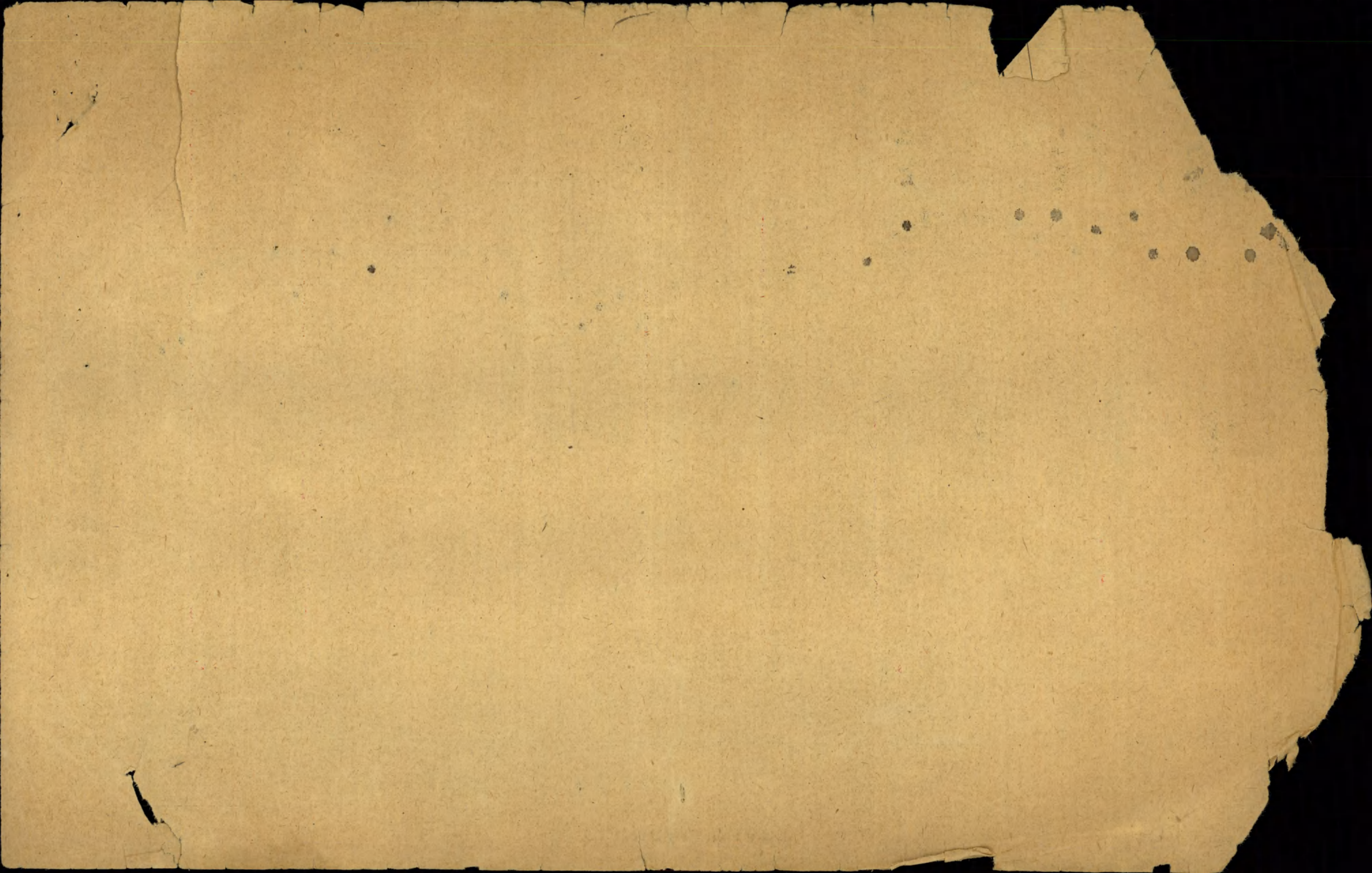
(7) Are you a widower?

(8) Have you any children?..... Yes 2

If so, give number of boys and girls..... 2 Boys

Also their names and ages..... Gordon 5 years

Edward 3 years



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B.

Corporal _____

No. _____ Rank and Name _____

Brewer

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation

Days of Disease

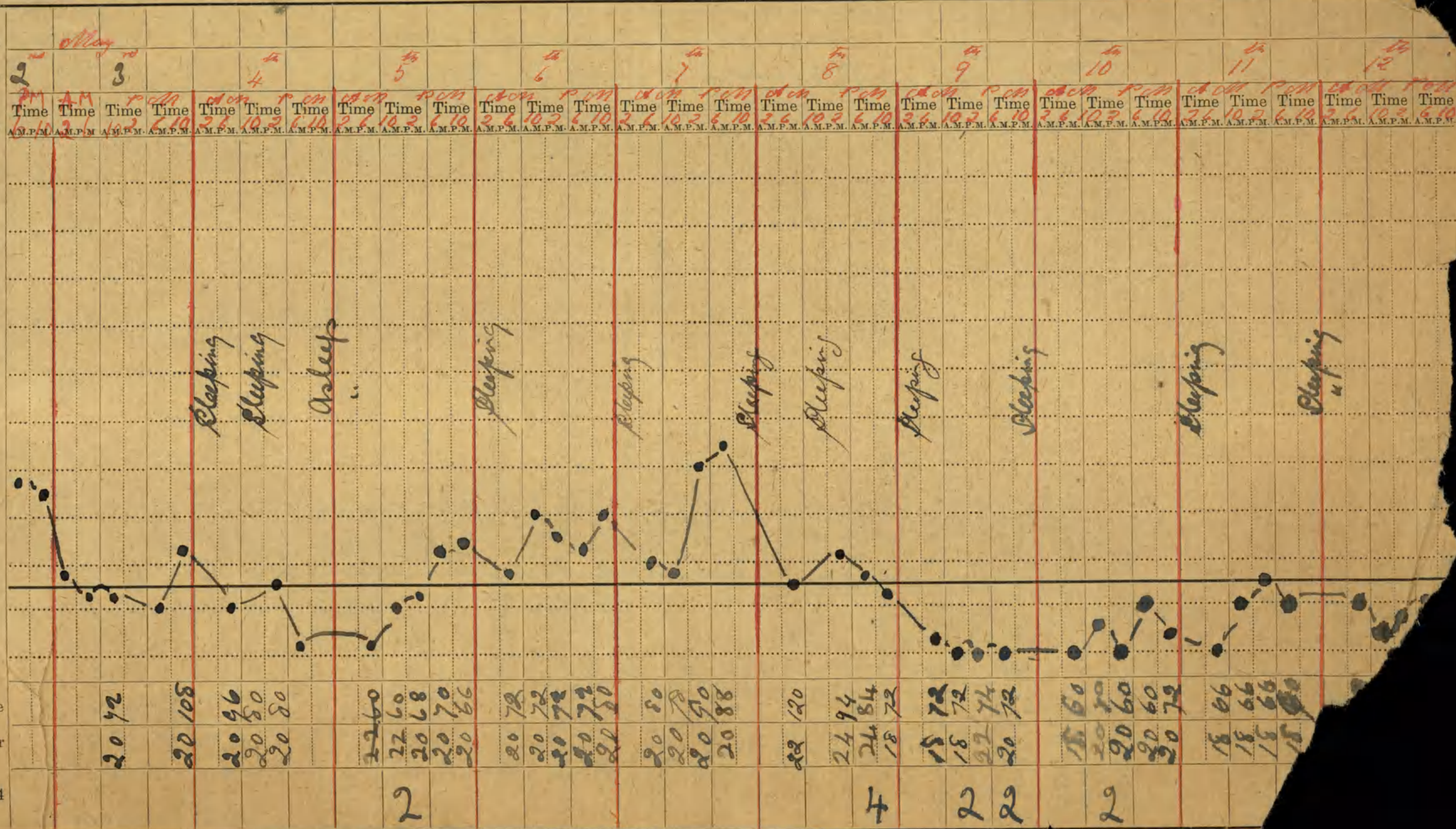
Temperature Fahrenheit

107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°

Pulse per minute

Respirations per Minute

Motions per 24 Hours



LAST PAY CERTIFICATE

This document is to certify that the following is the amount of the last pay of the member named hereunder.

Name of member: _____

Rank: _____

Service number: _____

The amount of the last pay of the member named hereunder is as follows:

Basic pay: _____

Gratuity pay: _____

Travel allowance: _____

Other allowances: _____

Total: _____

Signature of member: _____

Date: _____

This certificate is valid only if countersigned by the commanding officer of the unit to which the member is attached.

Signature of commanding officer: _____

Date: _____

Signature of member: _____

Date: _____

This certificate is valid only if countersigned by the commanding officer of the unit to which the member is attached.

Signature of member: _____

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

TRIPPLICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 724535 Rank Pte. Name Brewer B.T.
 Corps 109th Bn who was * discharged
 On January 10th 1918, to Class 3, Medically unfit.

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

January 1st 1918		TO		January 10th, 1918.		
DR.	\$	c.	CR.	\$	c.	
Bal. Dr. from previous month.....			Regimental pay 10 days at \$... 1 c.....	10	00	
Total payments during period			Field allowance 10 " \$... c 10.....	1	00	
from.....			Other allowances Subs, D.O. 356.....	8	00	
Assigned Pay <u>5839</u>	1	4	00	Other Credits (give particulars) S/A.....	8	00
Other Charges (give particulars).....				Clothing.....	13	00
Bal. Cr. on discharge or transfer <u>5841 28</u>		00	Bal. Dr. on discharge or transfer.....			
TOTAL.....	40	00	TOTAL.....	40	00	

The amount shewn as Balance Cr. due on discharge or transfer has † Been paid.

Monthly stoppage on account of assignment of pay is \$20.00, and has been charged in Pay-list for month of December, 1917.

To Mrs. Annie Brewer,
Cor Sussex & Glenely
Sts.
Lindsay, Ont.

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted S/A paid to date of disc
char

(3) cause of discharge and authority SMD 82-B-213.

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 January 7th, 1918.

Place Kingston, Ont.

W. Peter Capt
 Paymaster, "C" Unit M. H. C. C.

Paymaster.

M. F. W. 44.

cheque # 4841 attached.

200M-1-16.
 H. Q. 1772-39-903.

Discharge
26-1-18
 S.T.



CLINICAL CHART
(To be used as a Case Sheet.)

Army Form B

Corps _____

Military Hospital Epsom

No. _____ Rank and Name Brewer

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____

Result _____

Dates of Observation

Days of Disease

Temperature Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

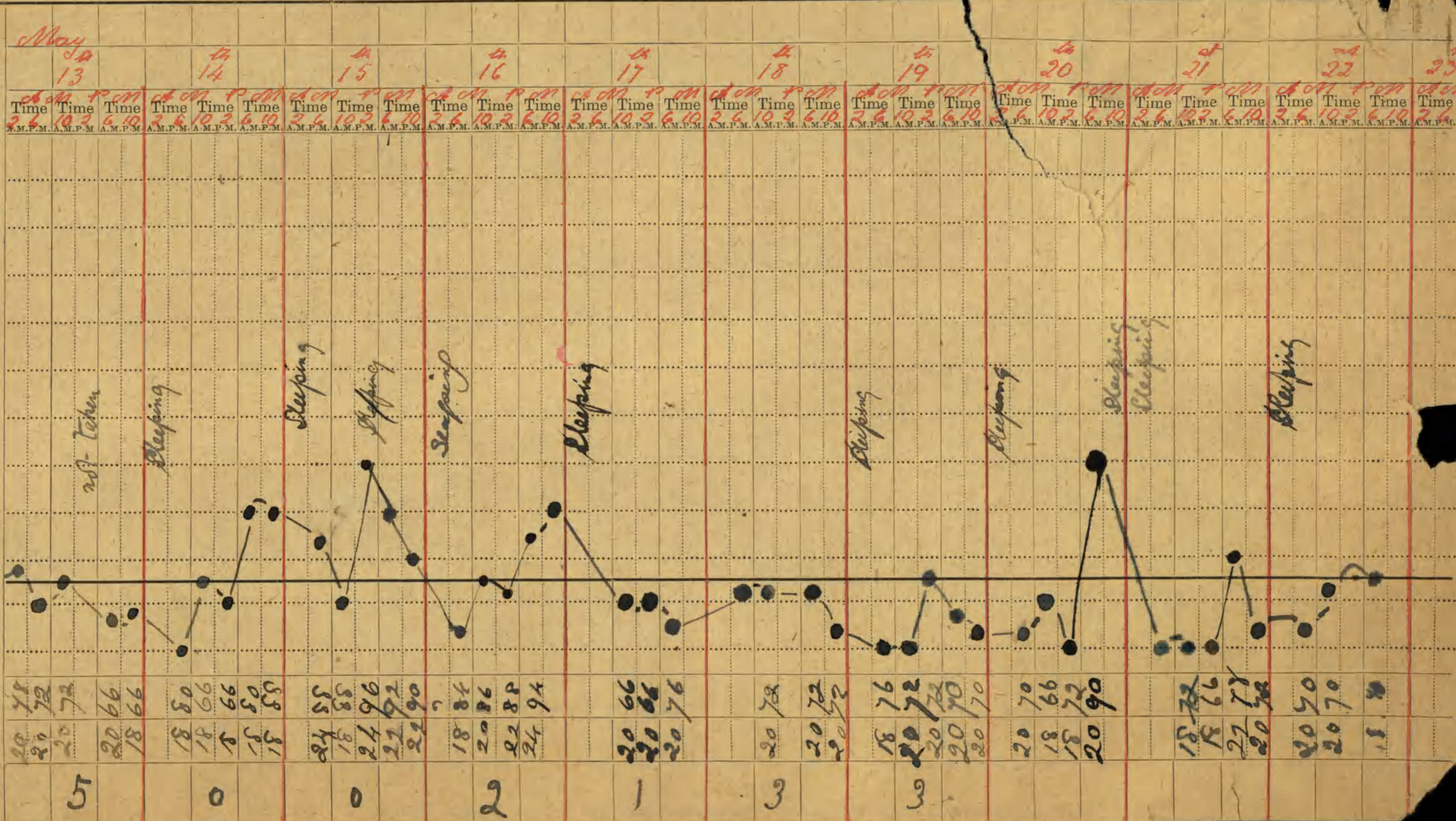
98°

97°

Pulse per minute

Respirations per Minute

Stools per 24 Hours



Signature _____

In charge of case _____

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

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

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

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

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

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

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)
Not applicable

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

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

18. Remarks.

19. Recommendation :—(a) Fit for duty? *No*
(b) Fit for base duty? *No*
(c) Invalid to Canada? *Yes Class E*
(d) Discharge from service as permanently unfit? *No*

Classification for the Military Hospitals Commission

Date of Board *31-7-11*

Station *Canadian Military Hospital, Liverpool*

Signatures of the Board.

H. J. M. S. [Signature] President.
H. J. M. S. [Signature]
A. S. [Signature]

Approved *[Signature]* A.D.M.S.
Dated at *Liverpool* for A.D.M.S., Canadians, London Area, Station

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

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9 AUG 1911 191

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5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **yes**

(ii.) While off duty? **no**

(iii.) Was a Court of Inquiry held? **no**

(iv.) Where? **2**

(v.) When? **2**

(vi.) Opinion of the Court? **2**

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

He States, - at Vimy 9.4.17, he was "knocked out" and slightly wounded on R hand by shell. (M.C.S. says "shell concussion") Dressed at reg. 10.8. sent through a C.C.S. (unknown) to his company, next day to end Australian Corp. Boulogne. at Boulogne got diarrhoea, fanned clothed blood sent to Leeds war hosp. 14.4.17. next day got pains in legs & arms, cramps in fingers. Left side headache, specks floating in front of eyes, dizzy, no shortness of breath. on 26.4.17 sent to Woodcote Park Conv. Hosp. Can. Section. 2 days later sent to Manor war hosp for myalgia pains in legs & arms which were getting worse. Urine examined here for first time. Report of exam urine states Albumin present. Improved here and sent to Can. Mch. Hosp. Liverpool 20.7.17.

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

Complains of backache, frontal headache, pains and stiffness of lips and legs. Urinates frequently. B.P. fairly high. Heart sounds - first beat at apex slightly muffled. Some ascites, no oedema of face or feet. Repeated exam of urine shows presence of albumin. Resp. system and nervous system normal.

8. OPERATION. (i.) Was one performed? **no**

(ii.) If so, state what. **no**

(iii.) Was one advised and declined? **no**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **no**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **no**

(b) Fit for base duty? **no**

(c) Invalid to Canada? **yes Class E**

(d) Discharge from the Service as permanently unfit? **no**

Date of Report **27. 7. 1917**

Signed **W.C. Matthews**
Officer in medical charge of case.

Station **Can. Mch. Hosp. Liverpool Eng.**

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

LT. COL. G.A.M.C. | Officer i.e. Hospital | Strike out one
G.O. CANADIAN MILITARY HOSPITAL | S.M.O. | Brigade | of these.
LIVERPOOL

Dated at **Liverpool** Station, on **31 July 1917**

* Delete if inapplicable.

Reserved for M.H.C.

B.P.C.

Regt. No. 724535 Rank Pte Surname BREWER Christian Name BENJAMIN THOS.

Unit or Corps—(a) Overseas from United Kingdom 38* BTA (b) In United Kingdom

Born at—Town Liddington County or Province Bedfordshire Country England

Date of Birth—Day 9 Month August Year 1880 Age 36 yrs 11 months

Joined at Lussay Dist. Can Date 9 10 18

Former Trade or Occupation Electrician

Permanent marks or peculiarities that will serve for future identification:

Faint scar, left side (varicella operation) Loss of distal phalanx first finger left hand

649-B-14610

Height—feet 5 inches 8 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) B. J. Brewer

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

IMPAIRED FUNCTION, KIDNEYS

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	NEPHRITIS.	VIMY	9. 4. 17
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? No If yes, has Active Service aggravated it? No
- (ii.) As to Group (b) above? No If yes, has Active Service aggravated it? No
- (iii.) As to Group (c) above? No If yes, has Active Service aggravated it? No

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? No
- (ii.) As to Group (b) above? No
- (iii.) As to Group (c) above? No

3

Duch 258 26-1-18 g.T.

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A.G.R. Rank Name BREWER, Benjamin Thomas Reg'l No. 724535
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married
 Place and Date of Enlistment Lindsay, 12th Novr., 1915. Place of Birth Bedford, England.
 Name and Address, Next-of-Kin Annie Brewer,
 54 Durham St., Lindsay, Ontario, Canada Relationship Wife.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No 4821

File R.L.

Category Can Mil

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2310		31-7-16	
4.12.16	109th	S.O.S. on tfr. to 38th Bn	Dritley field	4.12.16	Pt II DO 339
13.12.16	38th Bn	T-O-S on tfr from 109th	Emsht	6.12.16	Pt II DO 242
24.4.17	✓	Adm East Leeds War Hsp	Leeds.	14.4.17	Cl. B. 170. G.S.W. Rd Hand
28.4.17	✓	Posted to EORL Seaford	Seaford	14.4.17	Pt II DO. 48 + Hb EORL
3.5.17	✓	1st. Can Conv. Hsp	Epsom	24.4.17	Cl. B. 178
4.5.17	✓	1st. Mann. Ctry of War Hsp	Epsom.	29.4.17	Cl. B. 179
25.7.17	✓	1st. Can. Mil. Hospital	Liverpool	21.7.17	Cl. B. 245
19.9.17	EORL	Dis. Can. Mil. Hsp		14.9.17	Cl. B. 15.
24.9.17	E.O.R.D.	S.O.S. to Canada for dis.	Seaford	14.9.17	Pt II 196 Auth A.G. Nom. Roll
		To be dis in Canada per H.S. Araguaya	Seaford	14.9.17	

A.F.B. 103 CHECKED
 8 DEC 216
 D.M.

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

Scar vaccination left arm. Scar varicocelelectomy left side.

Terminal phalanx index finger left hand is missing.

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

On duty.

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

Not exceptional.

14. Treatment.

Hospitals in France & England. Queen's Military Hospital since

Oct. 7/17

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

Not applicable.

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

6 months.

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

1/3 for 6 months.

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

Yes.

.....
L.N. Armstrong Capt. AMC

Medical Officer by whom the case is brought forward.

COPY.

X

MEDICAL HISTORY OF AN INVALID.

- 1. Station. Q.M.H., Kingston.
- 2. Regiment or Corps. 38th Batt.
- 3. Regimental No. and Rank. 724535, pte.
- 4. Name. Benj. Thos. Brewer
- 5. Age last Birthday. 37
- 6. Enlisted on Oct. 9th 1915.
at Lindsay, Ont.
- 7. Former trade or occupation. electrician
- 8. General remarks on his:—
(a) Conduct.
(b) Habits.
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
Address;— Lindsay, Ont.
Date. Dec. 13th 1917.

9. Service.	Years.	Days.	
		PERIODS	
		FROM	To
109th Batt.	Oct. 1915	Dec. 1916.	
38th Batt.	Dec. 1916	date.	

- 10. (a) Disease or disability. Effects of nephritis. *m. 7-1-1*
- (b) Date of origin. April 1917
- (c) Place of origin. France.
- (d) Cause. Exposure.

(18)

11. Present condition. (Most Important.) Man complains of pain in back & slight dizziness & spots before his eyes at times. Was blown up April 9th & back was bruised at that times. It was while he was in Leeds Hospital that albumen was detected; since that time albumen has been continuously present until 4 weeks ago. On several occasions since then a mere trace of albumen has been found. Functional nepritic test shows practically normal result except for increased night urine of low specific gravity. Man looks fairly robust & weighs same as on enlistment. Lungs, heart normal. Pulse 72. S.B.P. 125 D.B.P. 100. Urine;— S.G. 1020, React. acid alb. none, sugar none.

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

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-88-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No.

Rank

Name

Disability

Date

Hospital or Station }
transferred to for }
final disposal. }

Date of final }
disposal }

How finally }
disposed of }

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

Administrative Medical Officer.

Date of final Medical Board or decision.

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

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

(At Station or Hospital where finally disposed of.)

Arrived from

Station and Hospital

Date

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. "

12. "

15. "

16. "

17. "

18. Is he unfit for Military Service. Yes.

Recommendations : On account of disability resulting from mephrisit and the tendency to its recurrence on exposure, this man should be placed in category "E". Man requires no further hospital treatment, man fit to pass under his won control

Signatures :—

W. T. Connell Lt-Col. AMC President.

E. C. D. MacCallum Capt. AMC

Members.

Station. Kingston.

Date. Dec. 20/17

R. J. Tucker Lieut. AMC

Date.

E. E. Latta Major. AMC
Ass. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

4
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.

MAY 27 '24

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.)

U. S. Veterans Bureau
 Received
 MAY 25 1924
 Medical Division
 Regular & Foreign Service
 Sub-Division

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.

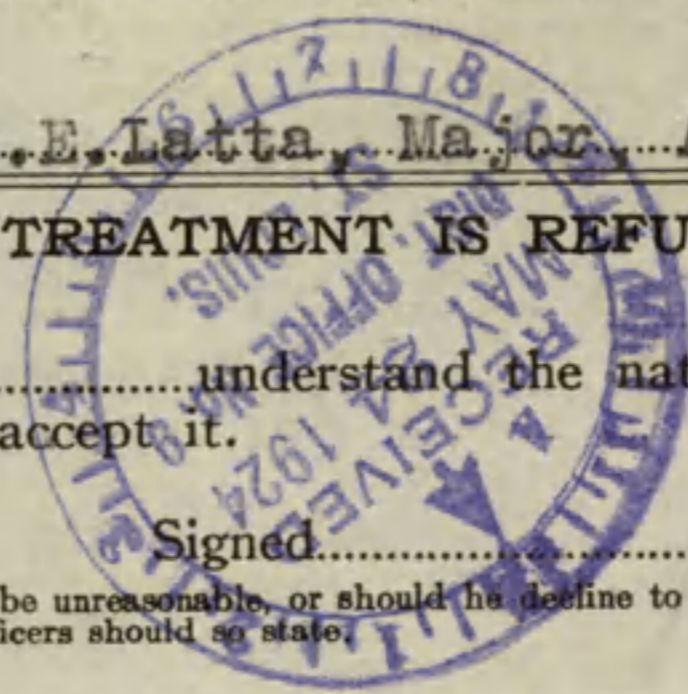
PLACE... Kingston,
 DATE... Dec. 20-17.

W.T. Connell, Lt. Col. *President.*
 E.C.D. MacCallum, Capt. /CAMC.
 R.J. Tucket, Lieut. AMC.
 E.E. Latta, Major A.M.C. } Members

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.



..... *President*

PLACE..... }
 DATE..... } Members

APPROVED BY APPROVED BY
Assistant Director of Medical Services. *Director-General of Medical Services.*
 DATE..... DATE.....

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).)

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

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.)

Service.

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? **6 months.**

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

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)

BUREAU WAR RISK INS.
MAY 29 1920
MEDICAL DIV.
FOREIGN RELATIONS SECT.

16. Can the former trade or occupation be resumed?
(If not, briefly state why)

17. Recommendations. **On account of disability resulting from mephrisit and the tendency to its recurrence on exposure, this man should be placed in Category "E". Man requires no further hospital treatment, man fit to pass under his own control.**

Medical Officer by whom the case is brought forward.

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.....

.....Rank.
Signature of invalid examined.

WAR SERVICE GRATUITY.

265

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 *Benjamin Thomas* 2. Surname *Brewer*
3. Rank *Private* 4. Original Unit *109th Batt.* 5. Reg. No. *424535*
6. Address, in full to which future payments of gratuity are to be forwarded
B. Y. Brewer
Lindsay PO Ontario
7. Date of enlistment in the C.E.F. *October 9th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs Annie Brewer*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *33 Sussex St South*
Lindsay Ontario
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:—
38th Batt France
Dec 4th 1916 to April 14th 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
24 months 1 day —
109th Batt 13 months 26 days
38th Batt 4 months 5 days
Hospital & Convalescence
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *\$144.00*
Paymaster Kingston Ontario

20. Have you been issued with a War Service Badge? If so, what class? *C.P.F. badge*

21. Have you, during the present war, served in the Imperial Forces? *No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

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

24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge

Jan 10TH 1918 (b) Reason for discharge

Medically unfit for further service

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *No*

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

from Dec 4TH 1916 to April 9TH 1917.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *No*

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

Signature of Applicant: *B.M. Brewer*

Place of Residence: *Lindsay*

Declared before me at:

This *25th* day of *January* 19*17*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Jan 17/18</i>	<i>33.00</i>	<i>25.00</i>		
<i>Feb 18/18</i>	<i>33.00</i>	<i>25.00</i>		
<i>Mar 18/18</i>	<i>34.10</i>	<i>25.00</i>		

Certified Correct.

[Signature]
 District Paymaster.

Total amount paid \$175.10.

NAME OF BOARD: _____
 DIVISION: _____
 CLASS: _____
 DATE: _____
 NAME OF BOARD: _____
 CLASS: _____
 DATE: _____
 NAME OF BOARD: _____
 CLASS: _____
 DATE: _____

RECOMMENDATION BY THE BOARD AS TO GRADES HELD TO BE OF USE AND SERVICE TO THE ARMY
 DATE: 1-10-14
 SIGNATURE: _____

REFERENCES: _____
 DIRECTOR, BOARD OF SENIORITY AND PROMOTION: _____
 NAME AND ADDRESS OF THE EMPLOYEE: _____
 GRADE HELD: _____
 DATE OF EMPLOYMENT: _____
 SPECIAL PLACE OF EMPLOYMENT: _____
 OCCASION OF EMPLOYMENT: _____

REMARKS	GRADE	DATE	NAME - IS EMPLOYED	GRADE	GRADE OF RETIRE
1					
2					
3					
4					
5					

RECOMMENDATION TO BE FORWARDED BY BOARD: _____
 RECOMMENDATION TO WHICH PROMOTION IS MADE: _____
 RECOMMENDATION OF SENIORITY BOARD: _____
 BOARD OF SENIORITY: _____
 BOARD OF SENIORITY (PLEASE STATE TO WHICH BOARD): _____

CONDITION UNDER WHICH BOARD IS TO BE APPOINTED: _____
 CHANGE OF GRADE: _____
 NOTIFICATION OF BOARD TO BE SENT TO: _____
 NAME AND ADDRESS NEXT OF KIN: _____
 SIGNATURE: _____
 DATE OF EMPLOYMENT: _____
 NAME OF BOARD: _____
 CLASS: _____
 DATE: _____

SIGNATURE: _____
 DATE: _____
 NAME OF BOARD: _____
 CLASS: _____
 DATE: _____

SIGNATURE: _____
 DATE: _____
 NAME OF BOARD: _____
 CLASS: _____
 DATE: _____

CIVIL SERVICE BOARD - Men whose condition may be improved by further training...
 CIVIL SERVICE BOARD - Men whose condition may be improved by further training...
 CIVIL SERVICE BOARD - Men whose condition may be improved by further training...

rt No. **AK**
10156
~~x4330~~

Class II **D.**

Brewer Benjamin T,
Lindsay Ont.

No. of M. H. C. File
 No. of Local File
 No. of H. Q. File

No. **724535** Rank Pte. Original Unit **109** Present Unit **38**

Age **37** Height **5** ft. **8 1/2** ins. Complexion **Fair** Eyes **Blue** Hair **Fair** Character **Good**

Date of enlistment **9-10-15** Where enlisted **Lindsay** Where seen service **France #X2060**

Ship returned by **HSH. 2** Date of arrival **25-9-17** Port of arrival **Quebec.**

Birthplace **England** Religion **C.O.E.**

Name and address next of kin **Wife, A. Brewer, same address**

Notification of return to be sent to **"**

Cause of disability **Nephritis**

Condition which prevents the soldier from earning a full livelihood

6 mos. in France, shell shock, bruise of back & GSW in R. hand Apr. 9/17 No disability resulting. Developed nephritis while in Hosp. at Leeds Apr. 28/17. Thick cloud albumen in urine. Complains of pains in back, hips, dizziness. Pres. cond. Appear good.. Rises once or twice at nights to pass urine, papers dated 27-7-17 state albumin present in urine, papers dated 4-9-17 state albumin present in urine. Heart and lungs normal.

MAY 28 1920

by 9-12-14/10

Degree of incapacity (Please state in fractions) Eng. Board **total** Canadian Board **50% dec.**

Probable duration of incapacity **2 mos.**

Recommendation of Canadian Board **Conva. Home.**

Destination to which transportation issued **Kingston**

Members of Board **K.C. Cairns Capt A. Haig Capt. P.J. Coughlin Lt.**

INFORMATION TO BE FURNISHED BY SOLDIER

W.M. Carrick, MJR

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Wife	27			Good
2					
3	2 eldest	6			
4					
5					

Occupation prior to enlistment **Electrician**

Regular trade or profession **"**

Average earnings previous to enlistment **\$22. wk.** Any other income

Name and address of last employer **Lindsay Office Fittings Co, Lindsay Ont.**

Rent per month **\$12** If purchasing property amount due and annual payment, \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium **Prudential \$29.**

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

If unable to follow previous occupation, name preference **after improvement**

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

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

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

References **Last emp.**

Witness **J. McDonnell** I declare that the above statement is correct.

Date **Quebec, 3-10-17** Signature **B.T. Brewer**

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

Electrical work. V. Counsellor

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

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

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

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

First payment date—

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

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

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

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

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

250M.—1-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 424530 Rank Private Name Brewer Benjamin Tho

Enlisted (a) 23.11.15 Terms of Service (a) D. of W. Service reckons from (a) 23.11.15

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

Extended _____ Re-engaged _____ Qualification (b) Electrical Engineer.

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				

CERTIFIED CORRECT.
 12 DEC. 1916
 CAN. RECORDS, LONDON

	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16	

4-12-16	O.C. 109th.	Proceeded overseas for service with 38th.Btn.	Witley	3-12-16	D.O.Pt.11 339
---------	-------------	---	--------	---------	---------------

W. A. Selting
 ADJUTANT
 109th Overseas Battalion, C. E. F.

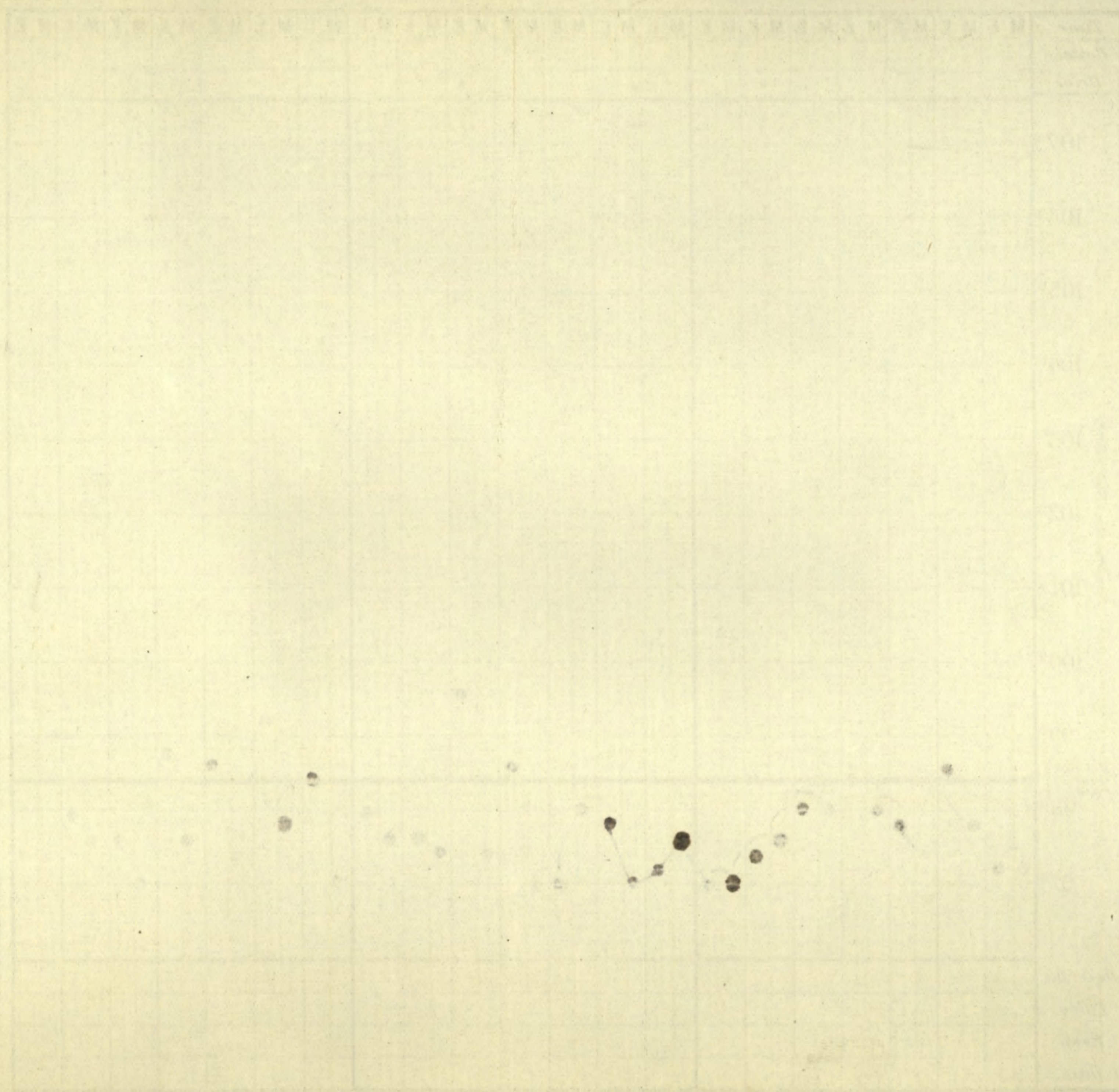
W. A. Selting
 ADJUTANT
 109th Overseas Battalion, C. E. F.

6 12 16	C.B.D.	TAKEN on STEPHEN 38th Havre		6 12 16	N. R. <i>Pitt 242</i> 13.12.16
7 12 16	"	Left for Unit	FIELD	7 12 16	N. R.
16 12 16	Unit	Joined Unit	FIELD	9 12 16	B. 213. DCS. 69-30 12 16
30-12-16	"	Grenade Course 4th Div School		26.12.16	B213 Des 73 d 8.1.17.

(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.

774535
Brewer
B.T.

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.
14.4.17	11 C.F.A.	Sw land A.	11 C.F.A.	9.4.17.	3936/8 2495 20118
do	No 2 Amtr Gus Hope	a/c. posted to C. out. Rgt Dykot Seaford per H.S. Princess Elizabeth.	to C.C.S.	14.4.17	W3083. N-5758. Ph. eraces 48 428-+-17. J. Anderson Lieut for Major & a. alt. Can see. J.W. Schellon for.
27.4.17	EOR.D.	To S. from 38th Bw.	Seaford.	14.4.17	P.II 46. Rawblows LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.



DISTANCE

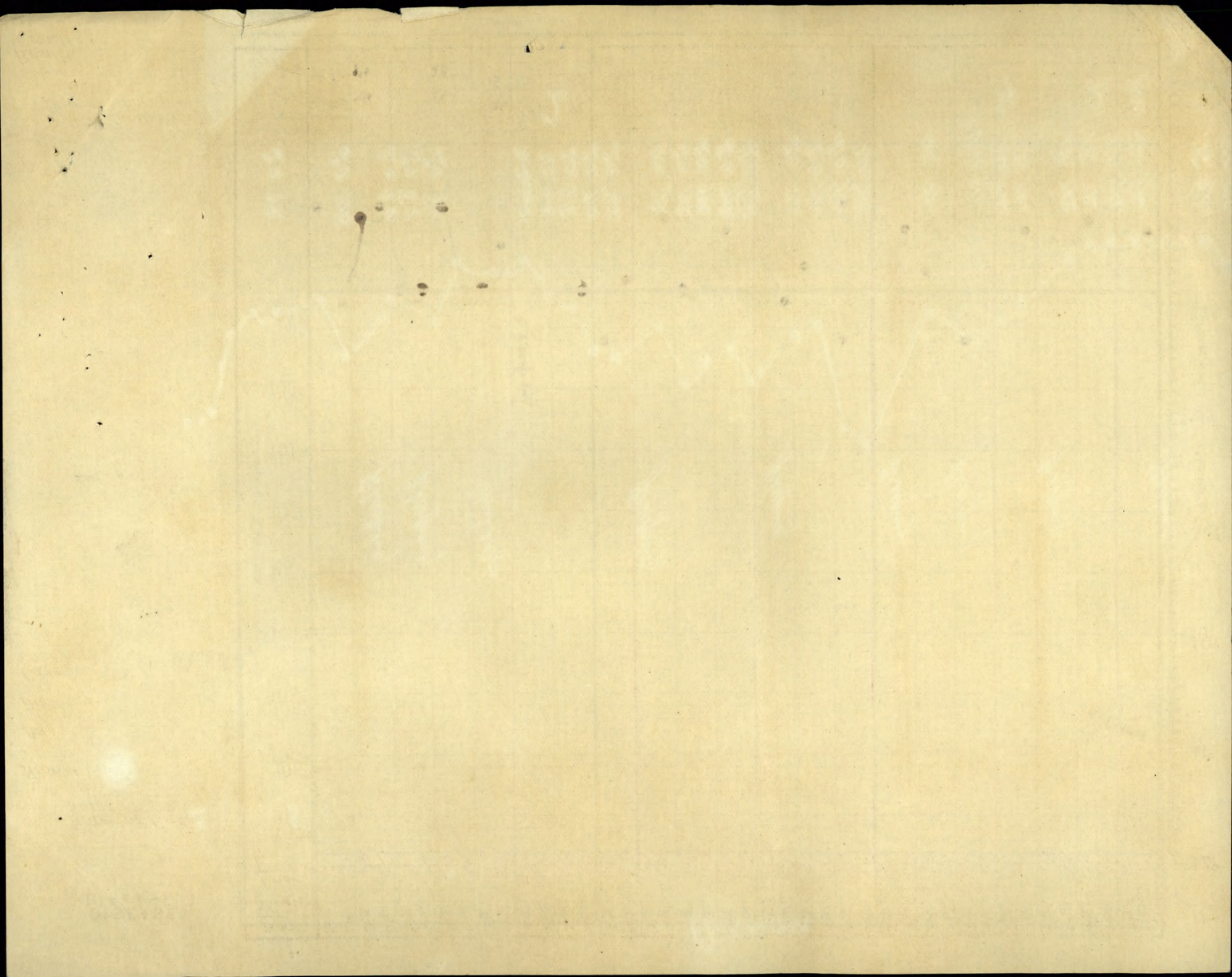
1000000

100000

10000

1000

100



DISEASE.

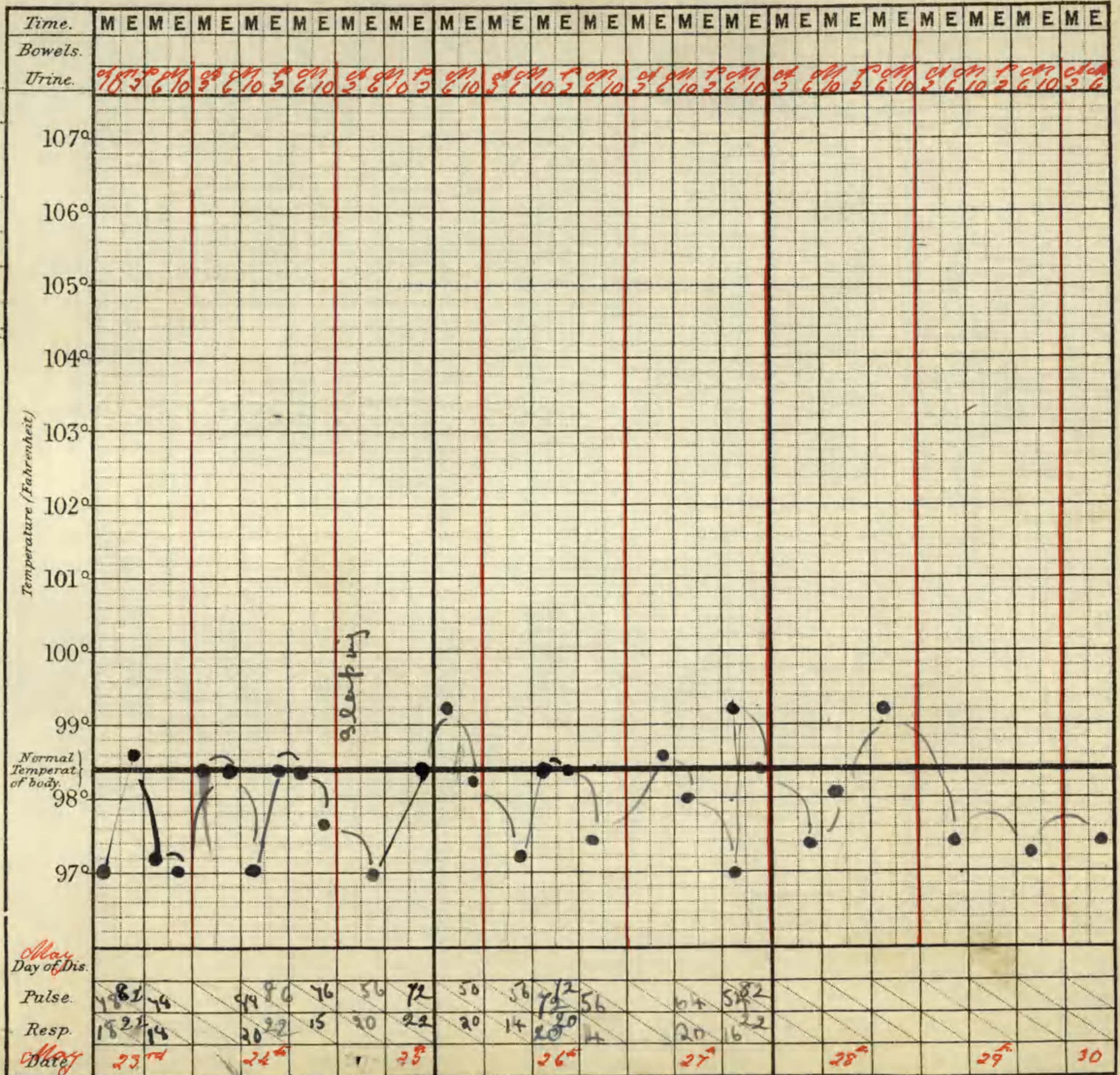
Notes of Case.

Name { Brewer

Age

Diet

Case Book No. A. Ward.



May Day of Dis.

Date of admission.

Result

THE ALMOND (COUNTY OF LONDON) EAR HOSPITAL

URINE EXAMINATION.

Number of
Microscopic

Examination of Urine

Microscopic Examination of

(5)

THE ALMOND (COUNTY OF LONDON) EAR HOSPITAL

Always

L.G.A.
15 MAY 1917

THE MANOR (COUNTY OF LONDON) WAR HOSPITAL.

URINE EXAMINATION.

Regtl. No. 724535.
Rank and Name Brewer B.T. Pte.
Corps 38th Canadians

Signature of Medical Officer. B. Lawrence

Ward "A." Manor War Hospital

NATURE OF INVESTIGATION REQUIRED.

7 Specimen Urine, pus, blood, & albumen.

Colour Smoky
Consistence opalescent.
Deposit -
Sp. gr. 1.006
Reaction alkaline
Albumen Present = 1.5 Grams per litre
Sugar -

Microscopical Examination

~~CASTS:~~
Granular
Hyaline
Cellular
Blood
Fatty
Waxy

Erythrocytes ++
~~Leucocytes~~
Pus +
~~Epithelium:-~~
Renal
Bladder, etc.,
Crystals.

Triple plus pus
a few crystals

Bacteria +++

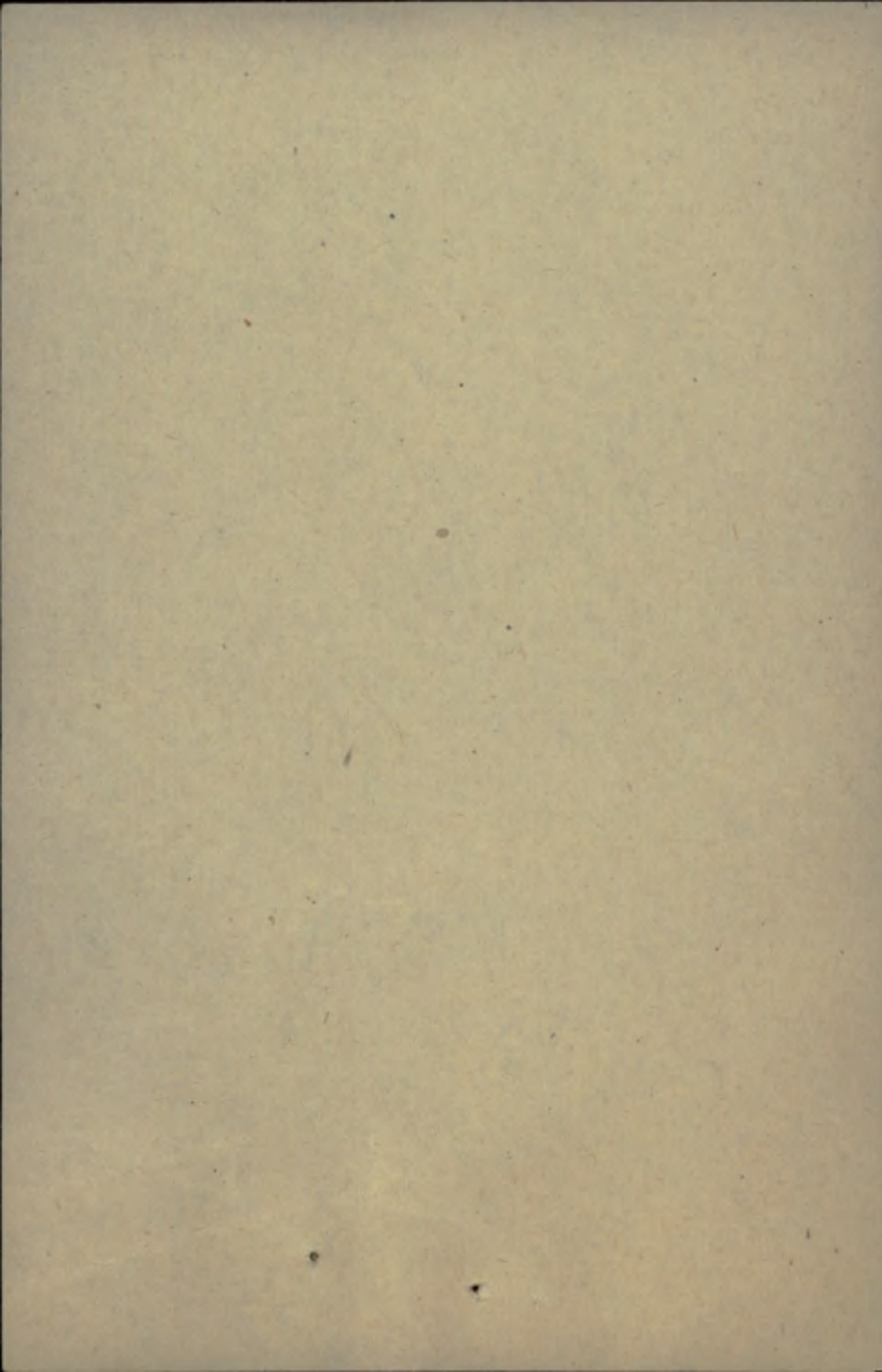
R. S. Johns B.Sc. M.D.

PATHOLOGIST.

HORTON (COUNTY OF LONDON) WAR HOSPITAL

Record No. ¹¹¹ 291





14-4-17 -

21-6-17

eyes

21-6-17

10-1-18

nymphs

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, 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.)

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.)

Man complains of pain in back & slight dizziness & spots before his eyes at times. Was blown up April 9th & back bruised at that time. It was while he was in Leeds hospital that albumen was detected; since that time albumen has been continuously present until 4 weeks ago. On several occasions since then a mere trace of albumen has been found. Functional nephritic test shows practically normal result except for increased night urine of low specific gravity. Man looks fairly robust & weighs as on enlistment. Lungs, Heart normal. Pulse 72 S.B.P. 125 D.B.P. 100. Urine -S.G. 1020, React.acid Alb. none, sugar none.

(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..... Cardio-Vascular System..... Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... Respiratory System..... Integumentary System.....
- Disturbances of Mentality..... Digestive System..... Muscular System.....
- Osseous and Joint Systems..... Any other general condition.....

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

M

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 Q.M.H. Kingston. DATE 1/11

1. 1 (a) Unit 38th Bn. (b) Regimental No. 724535. (c) Rank.....
 (d) Surname Brewer. (e) Christian name Ben j. Thos.
 (f) Home address Lindsay, Ont.
 (g) Next of Kin..... (h) Relationship.....
 (i) Address of Next of Kin.....

2. Age last birthday 37 Date of birth.....

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Oct. 9, 1915.

4. Personal description:

(a) Height..... (b) Weight (stripped) (c) Complexion.....
 (d) Colour of hair..... (e) Colour of eyes..... (f) Identification marks, Scars, etc.

5. Former trade or occupation electrician.

BUREAU WAR RISK INS.
 RECD
 MAY 29 1920
 MEDICAL DIV.
 DEPENDENT RELATIONS SECT.

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).

	PERIODS	
	From	To
Canada <u>109th Battn.</u>	<u>Oct. 1915.</u>	<u>Dec. 1916.</u>
England <u>38th Battn.</u>	<u>Dec. 1916.</u>	<u>date.</u>
France or other theatres of War.....		

7. Original disease, or injury Effects of nephritis.
April, 1917.

(a) Date of origin..... (b) Place of origin France.
 (c) Cause Exposure.

ABSTRACT CARD

KIRKDALE, LIVERPOOL
MEDICAL CASE SHEET.*

Boarded class E Canada 37 7 17
FRANCE

No. in Admission and Discharge Book. 221	Regimental No.	Rank.	Surname.	Christian Name.
	724535	Pte	Brewer	B. T. E. G.
Year 1917	Unit.	Age.	Service.	
	38 Canadian	36	1 6/12	

Station and Date.
EAST LEEDS WAR HOSPITAL
Harthills Road, Leeds

Disease Shell - concussion - Bruised Back W² of hand (R)
 wounded on Vimy Ridge April 9/17. by shell explosion.
 He was unconscious for short time - His main next to him was killed - and he had headache + pain in the back for 2 days after.
 He received only a ~~small~~ superficial abrasion of back of right hand which is almost healed.

April 16/17

A.T.S. on April 9/17 and again (500 units). April 15/17
 Had had diarrhoea for last 4 days. Hypermind
 Ordered Pepsin Tablets Armat. for 2 every 4 hours. Caps (same @)

April 18

Rec. A.M.H. HHS
 Complaints of myalgic pains, diarrhoea not yet arrested completely
 Ordered Sodii Salicyl. for 10. P. Armat. for 4 every 4 hours HHS

- 20/17

Manor War Hosp
Epsom

Definite cloud of albumen on admission spec
 S.G. 1020. Diarrhoea, 3 actions in 24 hours
 21.6.17. Faint trace alb. about 100 actions daily
 rather loose. Temp. normal.

C.M.H.

Liverpool
21.7.17.

General condition good, no pains, heart, lungs, digestive syst. O.K.
 Exam of urine shows presence of albumin

23.7.17

Urine analysis - shows presence of albumin.

30.7.17.

Condition remains the same, no pains, headache, or vomiting.

31.7.17.

Boarded for Canada Class E.

15.8.17.

Feels well.

21.8.17

Albumin in urine. Sp 10/16. Feels well.

26.8.17

In same condition
no change

4.9.17

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

W. D. D. Caplan

Station
and Date.

QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date Oct 7/17

No. 724535 Rank pte Name Benjamin Thomas Brewer

Corps 38 Batt'n.

Address Lindsay

Next of Kin Wife, same address

Occupation Electrician

Age 37

Enlisted Oct 9th/15 at Lindsay

Examined by

Height 5' 8 1/2"

Chest

Complexion Fair

Hair Fair

Eyes blue

Religion C of E.

History:—

England July 28th/16 France Dec 4th/16

April 9th/16 he suffered from shell shock. Burns on Back + ls 8.20 in it hand. sent to #2 Australian Hoop at Boulogne thence to Leeds War Hoop. Eng. developed nephritis while there with albumen in urine. Boarded for Canada at Liverpool reaching Canada Sept 24th/17. Queen's Military Hoop Oct 7/17.

Shell Shock

Observation:—

Patient complains of a sore back, aching chiefly. He has a headache + dizziness every three or four days. He also complains of stiffness in hips + knees occasionally, especially in damp weather. Urinalysis in English Hoop shows albumen in urine. Urinalysis Oct 7/17 at Queen's Military Hoop shows distinct albumen Heart + lungs normal

Dis:— effect of nephritis. 1/3 for 6 mos.

C of E.

Discharged Jan. 10th/18.

Pay On Boat

At Quebec

Cheque

H. J. Stevenson lieut.

Adjutant & Registrar
Queen's Military Hospital.

Received 19529

C.

Name _____

Rank _____

Address _____

City _____

State _____

Occupation _____

Age _____

Married _____

Controlled by _____

Height _____

Weight _____

Complexion _____

Hair _____

Build _____

Education _____

Service _____

Branch _____

Company _____

Grade _____

Serial _____

Signature _____

Date _____

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Annie Brewer

wife
PAYMENTS.

Name of Soldier Brewer, Ben J.
724535 *pte*

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20	
April	1916	01508	20	20
May		L5212	20	20
June		L8909	20	20
July		5912	20	20
Aug.		714425	20	20
Sept.		A15309	20	20
Oct.		W17866	20	20
Nov.		E21378	20	20
Dec.		E24851	20	20
Jan.	1917	W28512	20	20
Feb.		D31329	20	20
March		W34413	20	20
April		E513	20	20
May		E3931	20	20
June		G.7275	20	20
July		E10733	20	20
Aug.		13317	20	20
Sept.		H14890	20	20
Oct.			20	20
Nov.				A/c Closed 30-9-17
Dec.			380 xx	Ret'd per <i>Tragway</i>
Jan.	1918			Date 14-9-17 F. X. 28-9-17
Feb.				Clerk <i>Whinsay</i>
March				
April				
May				
June				
July				

580.00

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

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

1-3-16

206

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Auntie Brewer

Name of Soldier

Brewer, Ben. J.

Address

~~*27 Durham St*~~
Lindsay
Sussex + Glendy St

Regtl. No.

724535

Rank

RtE

Corps

109th Bn

Relation to Soldier

Glendy St

wife, child or mother

wife

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.				
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1916			
Jan.				
Feb.				
March		<i>028999</i>	<i>20.</i>	<i>20</i>



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

012

10

10

5

10

10

10

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Annie Brewer (Wife)

Name of Soldier

Brewer B. T.

PAYMENTS.

724535

Cpl. 109th Bu.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰ Aug '16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov. ✓		<i>X 27066</i>	<i>80</i>	<i>80⁰⁰ Nov. Spec Reg 4/11/16</i>
Dec.		<i>0 35154</i>	<i>20</i>	<i>20⁰⁰ Future</i>
Jan. <i>leo</i>	1917	<i>E 37256</i>	<i>20</i>	
Feb.		<i>6 43688</i>	<i>20</i>	<i>20⁰⁰</i>
March		<i>F 48268</i>	<i>20</i>	<i>20⁰⁰ overpaid for Sept '17</i>
April		<i>R 194</i>	<i>20</i>	<i>20⁰⁰ recovered by C.P. authority letter</i>
May		<i>D 6843</i>	<i>20</i>	<i>on file. 19/15 "</i>
June		<i>H 13470</i>	<i>20</i>	<i>20⁰⁰ 17</i>
July		<i>F 20476</i>	<i>20</i>	<i>B. 280 17</i>
Aug.		<i>J 27760</i>	<i>20</i>	<i>6</i>
Sept.		<i>I 34473</i>	<i>20</i>	<i>in Sussex & Glenelg St. Lindsay Ont. 6/9/17</i>
Oct.				
Nov.				<i>\$2.80 A/c Closed 30/9/17</i>
Dec.				<i>Ret'd per. A. Aquar</i>
Jan.	1918			<i>Date 14/9/17 F. 7/9/17</i>
Feb.				<i>Clerk. J.W.</i>
March				
April				
May				
June				
July				

mmr

st

20⁰⁰

20⁰⁰

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Wife*
Mrs Annie Brewer
 Address *Lindsay Ont*
Sussex & Glenelg St.

By Whom Assigned *Brewer B. T.*
 Regtl. No. *C/ 724535 (724532)*
 Rank *Cpl.*
 Corps *109th Bn*

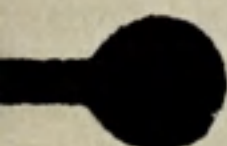
Rate *20⁰⁰ Aug/16 Cable 2483-2 1/16*
A.S.R. 3 1/16

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				



Acc Closed.



[Faint, illegible markings]

[Handwritten squiggle]



POST DISCHARGE PAY OFFICE

13322/265

Three months pay and allowances after discharge.

Name Brewer, B.T.
Surname

Christian Name

2121-B-155

Regimental Number 724535

Rank Pte.

Address (in full) Cor. Sussex & Glenely Sts.

Unit 109th Bn.

Lindsay, Ont.

Original Unit

District where paid M.D.3.

Mrs. A. Brewer

Date of Discharge 10-1-18.

P. D. P. Filing Number 14-49-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 800P.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	986	17-1-18	58 00	968	18-2-18	58 00	966	18-3-18	59 10		175 10
1652	9.30560	10/3/19	70 00								
1652	9.30561	10/3/19	30 00								
1366A2	429681	10/3/19	70 00								
2221a	md 423343	9/4/19	30 00								

Remarks:

M. F. W. 127.
50M - 6 17.
1772 89-1140.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

20-			
-----	--	--	--

*124028
18 MAR*

PARTICULARS OF SEPARATION ALLOWANCE

No. *7245-35-*
 Rank *Plt* Promoted Reverted Discharge
 Soldier's Name *Ben J. Brewer*
 Battalion *109 Batts.*
 Beneficiary *Annie Brewer*
 Relationship *wife*
 Address *54 Durham St Lindsay Ont*

PARTICULARS OF ASSIGNMENT

Name *M^{rs} Annie Brewer* wife
 Address *Lindsay Ont*
 Change of Address
 1 *Sussex & Gladys Sts*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Sep 30</i>		<i>380</i>	<i>280</i>	<i>660</i>	<p><i>A.P. Closed 20th 9/17 Returned</i> <i>S.A. Closed 30th 9/17 Returned</i></p> <p><i>A.P. Closed 20th 9/17 Returned</i></p> <p><i>Returned per Plt Araguay 14-9-17</i></p> <p><i>Discharged from "C" Unit. M.H.C.C. 10-1-18</i></p> <p><i>P.M. weekly returns In D. #3 3/1/18, Tyle 92121-B-1</i></p> <p><i>A. Ken 25/2/18</i></p>

Name... BREWER B. T. Rank Pte. Regt. No. 724535 Unit C.
 Battn. 109th Camp or O. S. O. File M. H. C. C. H. Q. File
 Next of kin... Wife. Lindsay, Ont.
 Discharged to Class... 3 D. of D. 50% Conduct Very Good
 Pension awarded... 180.00 6 Mths. Date of first payment... 11-1-18
 Address on discharge... Lindsay, Ont.
 Diagnosis Nephritis. Date boarded... 3-10-17

DATE	CLASS	REMARKS	Part 2 Order
8-10-17	2	Queens Outpatient	#282
9-11-17	2	Queens	#316
21-11-17	2	Queens Outpatient	#326
5-12-17	2	Queens	#340
21-12-17	2	Queens Outpatient	#356
10-1-18	3	DISCHARGED	#19

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname **Brewer** Christian Name or Names **B.T.** Reg. No. **724535**
 Rank **Pte** Unit **38th Bn** Co. **(E. O. R.)** Troop **724535** Batty.
 Hospital **East Leeds War** Date of Admission

Transferred **Epsom Conval. 24-4-17** Hosp. **24-4-17**
Manor C. of London War Epsom Hosp. **29-4-17**
Liverpool Can. Mil. Hosp. **21.7.17**
 Hosp.

Diagnosis **Diarrhoea & G.S.W. rt Hand**
 (1) *Influenza & " " " " " A*
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

DISPOSITION	REMARKS	Date
C.L. 3-5-17 B178		
" 4-5-17 B179		
" 25-7-17 B240	<i>disch. 14.9.17</i>	
" 20.9.17 B18	Dis. to Canada per HS Araguaya from Liverpool 14-9-17.	

9.10.17
 A.M.P. 2 DEPT.
 Gen. of D.G.M.S. O.M.F.C. London.

NAME

RANK AND CORPS

CABLE

REGT'L NO

H. Q. FILE NO. 649-

FOLLOWS

FOLLOWS

No.

DATE

NATURE OF CASUALTY

M 2677

23-4-17

Adm to East Leeds War Hospital
April 14th 1917. L.S.W. at hand.

Y 350

22-9-17

Sailed from Liverpool for Canada
per the Korp Ship Araguay
on Sept. 14 to 1917 Nephritis

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B. 170.	East Leeds War. Harehills Rd Leeds	14-4-17.	qsw. R. hand.
B. 178	" " " " Woodside Park Leeds	24-4-17	" " " "
B. 179	Main County of London War. Epsom Surrey	29-4-17	Diarrhoea & Swell Hand ⁵⁻⁶⁻¹⁷
B. 295	Can Mil Liverpool	21-7-17	Influenza & Swell Hand ¹⁹⁻¹⁷
B-15	discharged	14-9-17	H.S.W. R. Hand & Influenza
282.	M. H. C. C. Kingston	8-10-17	Out P. Queens Mil Hosp.
316	" " " " " "	9-11-17	Inpatient Queens
326.	M. H. C. C. Kingston.	21-11-17	In to Out Patients (with sub sist) Queens
256	" " " " " "	21-12-17	Lo. In P. - Queens Outpatient with Subs. Queens



No.

RANK

Pte

NAME

Brewer Benj. Thomas

T. O. S.

UNIT 45th Victoria Regt.
Can O's Contingent

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Apr 20	1915- Apr 30	✓	Dischgd 5-6-15-	June payroll
May		✓		
June	June	✓		
a/c Closed by Payment (P)				



No.

RANK

pte

NAME

*Brewer B.**T.*

T.O.S. 1-11-15-

UNIT *9 3rd Battalion C. I. F.**D.O.# 12-12-11-15-*M. D. *3*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

*1915-**1915-**Nov. 1**Nov. 24**✓**Late 45th Regt**D.O.# 12-12-11-15-*

UNIT SAILED

JUL 15 1916

19529

REG. NO. 724535 NAME Brewer, Benjamin Thomas
(SURNAME FIRST)

RANK Pte. CORPS 38 Batt

AGE 37 SERVICE

NAME OF HOSPITAL Queen's Military PLACE Kingston, Ont.

DATE OF ADMISSION 7-10-17

DISEASE Shell Shock

DISCHARGE 10-1-18

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD yes?
100M-9-17-H.Q. 1211-8-30.

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

*Returned to Canada per SS Uruguay 14-9-17 Antik
Present Address: 1355.*

649-B-14610.

✓ CARD NO.

SURNAME. Brewer.

CHRISTIAN NAMES Benjamin, Thomas.

S.O.S. dis 19/1/18 3

REGL. NO. 724535. RANK Pte.

UNIT 109th.

Bm.

FORMER CORPS 45th. Victoria Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Brewer, Mrs. Annie.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS ~~54 Durham St. Lindsay.~~
Dussear & Glencairn Sts. Ont.

Sailed 18/9/17. 24/10

COUNTRY OF BIRTH England. Bedford.

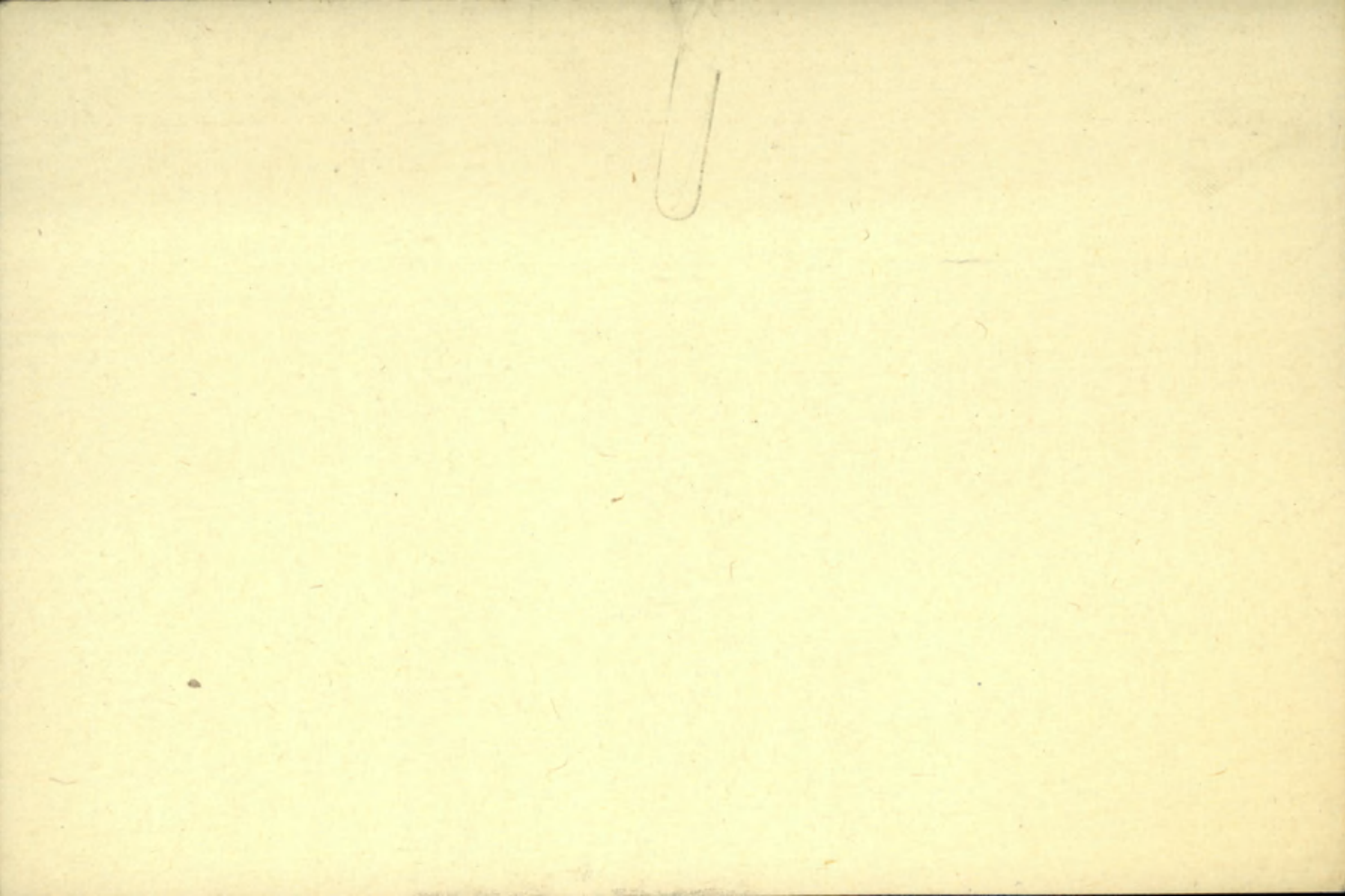
DATE

PLACE OF ATTESTATION Lindsay. Ont

DATE Nov. 12th. 1918

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

488
7.
18/6 25/9/17.



No. 724535 RANK

Pvt

NAME Brewer B.

D.

T. O. S.

UNIT

Transferred from 93rd Bn
25-11-16 D.O.V. 25-11-15

109th. Battalion

M. D. 3

PAID FROM		PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
				PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov. 30		✓		
	Dec.		✓		
1916	Jan. 1916		✓		
	Feb.		✓		
	Mar.		✓		
	April.		✓		
	May.		✓		
	June.		✓		
	July.		✓		

UNIT SAILED
JUL 23 1916

DESP NOV 25 1922

REGN NO 5370

mm

PLF
13

Number 724,535- Rank PLF

Surname BREWSTER

Christian Name Benjamin Thomas

Units 38th Bn Can Inf Theatre of War France

Date of Service 6-12-16

Remarks 32 Sussex St South

Latest Address Lindsay Ont.

(G.P.O.)

Roll No. 89

200m. - 6-21-... Page 20465

List of Discharge Documents.

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	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(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.	424535		
Rank	Private		
Name	Benjamin V. Brewer		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	38th Battalion		
Date of Discharge	Jan 10 th 1918		
Place of Discharge	Kingston		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
	Age.....34.....years.....4.....months. Height.....5.....feet.....7.5.....inches. Complexion Fair Eyes Blue Hair Lt. Brown Trade Electrical Engineer Intended place of residence Lindsay (To be given as fully as practicable.) Out	Descriptive Marks 1 Vace scar left arm. Scar of Varicocelectomy left side	
2. The above-named man is discharged in consequence of <i>Benny unfit for further military service</i>			
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>			
3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center; font-size: 2em; margin: 10px 0;"><i>Very Good</i></div>			
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>			
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)			

Dw [Signature]
26-11-18
J.T.

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

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

6. Medals and Decorations.....

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

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

(Place) Kington.....

Strait cap
Major
O. C. 1st Unit, M. H. C. Co.
com.
Commanding

(Date) 3-1-18.....

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) Kington B.Y. Brewer..... (Signature of Soldier.)

(Date) Jan 16th 18..... D. Header..... (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) 2 years 50 days.

Total 2 years 50 days.

11. Confirmation of Discharge.

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

(Place) Kington.....

Strait cap
Major
O. C. 1st Unit, M. H. C. Co.
com.
(Signature)

(Date) 3-1-18.....

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.)

none

B.Y. Brewer

424536

Pl. Brewer B. J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT				
			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE				No.	DATE									
May			393	30					3 55	336	85						54	31	14	97	487	200	274	15	62	70					
June	30		33							1	10																				
July	31		34	10						33																					
Aug	21		23	10						34	10																				
										23	10																				

Trans Pay 2 L (2) 22-8-17
 With 21-6-2-1878. Dis to Canada.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ENG.
Oct 17	Balf								94.00		
Nov				Trans 18/3. CCNS form 9/1/17	4	87					
				1376	15	6	17		486		
1918											
Jan				Balf 61 Com. H. 19/17	14	60					
				42 do. 28/7/17	4	86					
				46 do. 3/8/17	48	67			16	14	

Balance transferred to N. E. Branch NIL

Scott
 DISCHARGED TO CANADA DATE 1/1/17
 PAY WORK VERIFIED BY BAL 12/12/17
 L.P.C. REND

Maguire
 checked
 J. M. Lawrence H.C.

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.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No.	724535	Army Rank	Private
Name	Brewer, Benjamin T. 649 B 14610		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	Eastern Ontario 7th Reserve		
Battalion, Battery, Company, Depot, &c.	38th Bn 454th Regt		
<small>(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.)</small>			
Date of discharge			
Place of discharge	Canada		
1. Description at the time of discharge.			
Age	36 years 11 months	Descriptive marks.	
Height	5 feet 8 1/2 inches	Loss of distal phalanx, first finger left hand. Faint scar left side, varicella operation.	
Chest measurement	girth when fully expanded 39 ins. range of expansion 3 ins.		
Complexion	Sun		
Eyes	Blue		
Hair	Sun		
Trade	Electrician		
Intended place of residence (To be given as fully as practicable)	Lindsay		
<small>(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.)</small>			
2. The above-named man is discharged in consequence of Being no longer fit for war service K.R.O. 392 XVI			
<small>(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.)</small>			
3. Military character:— Good			
4. Character awarded in accordance with King's Regulations:— Honest sober & conscientious			
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*			

26-1-18
9-1

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

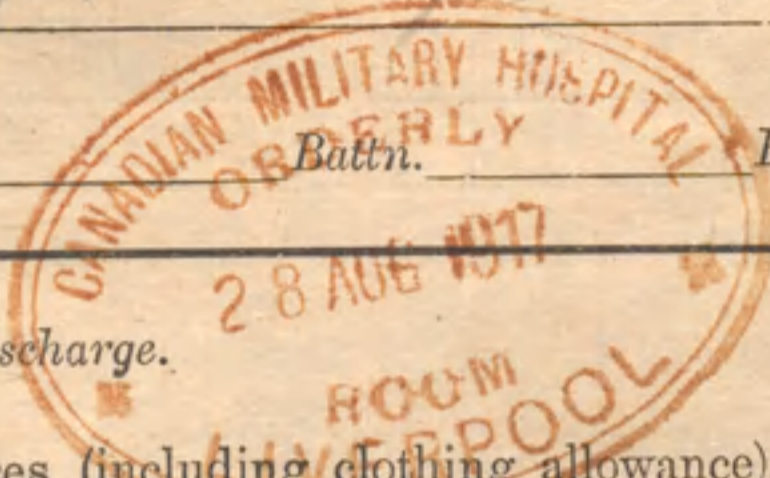
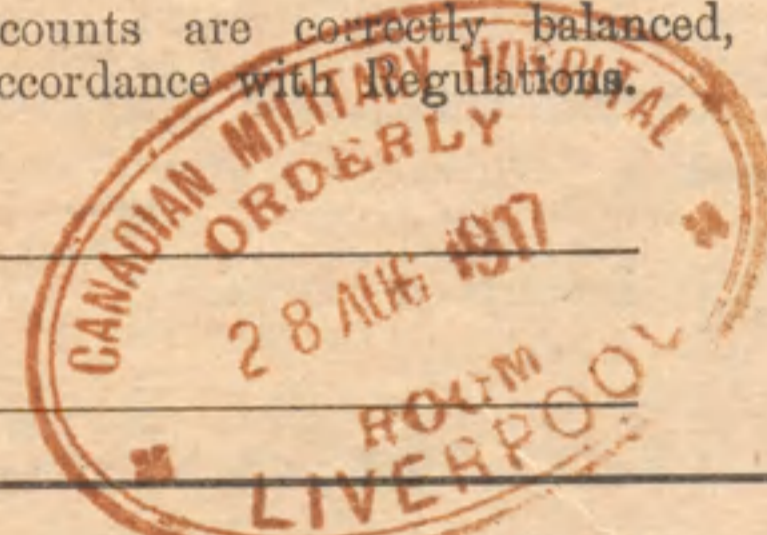
6. Campaigns, Medals and Decorations

Certificate of education *not available*

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

(Place) *H. Duffell Capt*

(Date) *28 AUG 1917* 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.)

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :-

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :-

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and ordinary constitution engaged in the same occupation?

15. THE PENSIONABLE DISABILITY.—As Part I. (3).—Aggravation or Active Service of a disability entitles a pensioner to a higher rate of pension than he would be entitled to if the disability were not aggravated or aggravated by Active Service.

16. Permanency of the Pensionable Disability estimated next above in (14) is due to causes arising during Active Service?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation:—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Date at this day of 191

Signatures of the Board. Approved. Dated at for A.D.M.S. Canadian Expeditionary Force.

Reserved for M.H.C.

Regt. No. 724535 Rank Pte. Surname BREWER Christian Name BENJAMIN THOMAS

Unit or Corps—(a) Overseas from United Kingdom 38th Bn. (b) In United Kingdom

Born at—Town Loddington County or Province Bedfordshire Country England

Date of Birth—Day 9th Month August Year 880 Age 32 yrs 11 months

Joined at Lindsay, Ont. (Can.) Date 9-10-15 MILITIA & DEFENCE

Former Trade or Occupation Electrician

Permanent marks or peculiarities that will serve for future identification: 649-B-14610 CANADA

Faint scar left side, (Varicocoele operation)

Loss of distal phalanx first finger left hand.

Height—feet 5 inches 8 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) B.T. BREWER

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 3 rows for Disabilities Group (a), (b), and (c). Group (a) contains IMPAIRED FUNCTION KIDNEYS.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: NEPHRITIS, VIMY, 9-4-17.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. If yes, has Active Service aggravated it? (ii) As to Group (b) above? (iii) As to Group (c) above?

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? Yes. (ii) As to Group (b) above? (iii) As to Group (c) above?

Handwritten note: 2 each 832 3-1-18

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

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)
He states, - At Vimy 9-17, he was "knocked out" and slightly wounded on R. hand by shell. (M.O.S. says "shell concussion"). Dressed at Reg. D. S. Sent to a C.C.S (unknown) to Hersin-Courigny, next day to 2nd. Australian Hospital Boulogne. At Boulogne got diarrhoea, passed clotted blood. Sent to Leeds War Hosp. 14-4-17. Next day got pains in legs and arms, cramps in fingers. Left side headache, specks floating in front of eyes, dizzy, no shortness of breath. On 26-4-17 sent to Woodcote Park Conv. Hosp. Can. Section. Two days later sent to Manor War Hosp for myalgic pains in legs and arms, which were getting worse. Urine examined here for first time. Report of exam urine states albumen present. Improved here and sent to Canadian Military Hospital, Liverpool 20-7-17

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)
Complains of back ache, frontal headache, pains and stiffness of hips and legs. Urinates frequently. B.P. fairly high. Heart sounds normal. Beat at apex slightly muffled. Some ascites, no oedema of face or feet. Repeated exam of urine shows presence of albumen. Resp. digestive and nervous systems normal.

8. OPERATION. (i) Was one performed? No.
(ii) If so, state what.
(iii) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? No.
(ii) If so, describe.

10. DO YOU RECOMMEND:—
(a) Fit for duty? (a) No.
(b) Fit for base duty? (b) No.
(c) Invalid to Canada? (c) Yes. Class "E"
(d) Discharge from the Service as permanently unfit? (d) No.

Date of Report 27-7-17 Signed Capt. CAMC
Station Canadian Military Hospital Liverpool
I have satisfied myself of the general accuracy of the above Report, and concur therein except.
Dated at Canadian Military Hospital Liverpool, 31st July 1917

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

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

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

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier? No.
(b) Misconduct of the Soldier? No.

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

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/8, 2/8, 3/8, 4/8, or all.)
Not applicable

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

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? (a) No
(b) Fit for base duty? (b) No
(c) Invalid to Canada? (c) Yes Class "E"
(d) Discharge from service as permanently unfit? (d) No.

Date of Board 31-7-17
Station Canadian Military Hospital Liverpool
Approved [Signature] Captain G.A.M.C.,
Dated at for A.D.M.S. Canadians, London Area. Station
Classification for the Military Hospitals Commission.
President.
A.D.M.S. CANADIANS, LONDON AREA, LONDON.
9 AUG 1917 191