

TRIPLICATED

45th Regt.

TRIPLICATE

ATTESTATION PAPER

No. 1450115

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? *Manley Cairnduff*
2. In what Town, Township, or Parish, and in what Country were you born? *Bobcaygeon Ont*
3. What is the name of your next-of-kin? *Wife Mary Cairnduff*
4. What is the address of your next-of-kin? *Bobcaygeon Ont*
5. What is the date of your birth? *21st April 1891*
6. What is your trade or calling? *Farmer*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated? *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*

Manley Cairnduff (Signature of Man.)
R. H. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Manley Cairnduff*, 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 *August 23* 1915 *Manley Cairnduff* (Signature of Recruit.)
R. H. Anderson (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Manley Cairnduff*, 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 *August 23* 1915 *Manley Cairnduff* (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 *23* day of *August* 1915.
Geo. A. Balfour (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
[Signature] (Approving Officer.)
O. C. 77th. Overseas Battalion, C. E. F.

DESCRIPTION OF Manley Cairnduff ON ENLISTMENT.

Apparent Age 24 years 4 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. 10 1/2 ins.

Small scar on left wrist

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious Denominations { Church of England
 Presbyterian
 Methodist 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 August 16th 1915

J. McCulloch
 Lieut.
 Medical Officer.

Place Sudsey

*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

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

Date Jan 26 1916

[Signature] (Signature of Officer.)
 LIEUT. COL.
 G. G. 77th. Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 145045 (Rank) Corporal

Name (in full) Cairnduff Manley enlisted in
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 23rd
day of August 1915

HE served in Canada England France
and is now discharged from the service by reason of Being medically
unfit for further service

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

Age 26 years
Height 5 feet 10 1/2 inches
Complexion Fair
Eyes Blue
Hair Brown

Marks or Scars
small scar on left wrist

Manley Cairnduff
Signature of Soldier

H. Bidsall Lt.-Col.
Issuing Officer
O. C. District Depot No. 3.
Rank

Date of Discharge 8-6-18

Signed at Kingston this 6th day of June 1918
in Military District No. 3

File Reference No. 8-3-

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. 145045 (Rank) Capt. Name Laurencuff M.

Unit No 3 District Depot

Address on Discharge Lindsay, Ont

Character and Conduct Very good,

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Kingston this 6th day of June 19 18

J. B. Bickell
Name of Officer Lt.-Col.
O. C. District Depot No. 3.

Rank

Appointment

A.G.R. Rank Name CAIRNDUFF, Manley ✓ Reg'l No. 145045 ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married ✓
 Place and Date of Enlistment Lindsay, 23rd Aug., 1915. ✓ Place of Birth Bobcaygeon, Ont. ✓
 Name and Address, Next-of-Kin Mary Cairnduff, ✓
 P.O. Bobcaygeon, Ont., Canada. ✓ Relationship Wife. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

NE R.B. No. 13039
 File R.L. *Caulk*
 Category *Chester*

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. 2810		31-7-16	
5.8.16	109 th Bn.	Apptd Prov. Sgt.	Deney		Pt. II S.O. 218
5-10-16	do	S.O.S to 20 th Bn	Bramshott	5-10-16	Pt. II. 50. 279 I.M.C.
11-10-16	20 th Bn	S.O.S. from 109 th Bn	Field	6-10-16	" II 55.
11-10-16	do.	Reverts to rank of Private	do	do	" IV 55 42 42 9.5.17
19-5-17	"	App. A/cpl. with pay	"	15.4.17	" 37
9.6.17	"	Reverts to Pte	"	14.5.17	" 42
25-8-17	do	2 Stat Hosp	Abberville	16.8.17	Ch 2587 GSW R. Thigh
24.8.17	do	App A/cpl with pay	Field	17.7.17	Pt. II 58
8.9.17	do	promoted Cpl	Cpl -	4.8.17	- 62

A.F.B. 103 CHECKED
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 D
Date.	From whom received.				
R8-9-17	C.L. 20 th Bn.	Adm. R nd Western Gen. Hosp.	Manchester	R5-9-17	C.L.B. 23(1) G.S.W. R th High st CO. R.D.
30-9-17	"	Inv. (And) + posted to 1 st C.O.R.D.	Field	R4-9-17	Pf II-67 + Pf II-210 2/5/10/17
4-5-18	16 th Bn.	S.O.S. to Canada for Pte Willey disip by a/c.		24-4-18	Pf II 122

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-320.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 145045 Rank Private Name Garinduff Manley

Enlisted (a) 23.8.15 Terms of Service (a) D. of W. Service reckons from (a) 23.8.15

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
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CERTIFIED CORRECT.
 18 OCT. 1916
 CANTON

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
5-8-16		Appointed ^{Pvt.} A/Serjt	Qaney	5.8.16	Part II Order 218
		Transferred for Overseas Service with 20 th Bn	Battal'n	OCT 5 1916	D.O.Pt.11. No. 279

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	MS Pt 2 37D/16.
do	do	Left for	do	20/10/16	MS Pt 2 37D/16.
20/10/16	20th Bn	Arrived	do	23/10/16	B213 ADJUTANT, 109TH BATTALION CAN. INFANTRY.
12-5-17	do	Apptd A/Cpl with pay Vice Cpl Manning Apptd A/Sgt		15-4-17	B213 Pt 2 37D/19-5-17.
2-6-17	do	Reverts to Pte (Cpl Manning reverted)		14-5-17	B213 Pt 2 42d 9-6-17.
18-8-17	do	To be A/Cpl with pay Vice L.F. Mitchell			B213 Pt 2 58d/24-8-17.
15-8-17	H C F A.	W. & High & adi adm 1st		17-7-17	B213 Pt 2 58d/24-8-17.
16-8-17	6 CES	adm 1st		14-8-17	A36 2968
	2 HCB	adm 2 HCB		16-8-17	3412
1-9-17	20th Bn	Prom Corpl Vice 58135 Cpl L.F. Mitchell prom.			4241
22-9-17	2 HCB	W. & High L. Troop A.T. 10		4-8-17	B213 Pt 2 62d/8-9-17.
				22-9-17	A.3034. A.261.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

22-9-17 2 Staty
 Inv (K.A.A.) & posted to 1st Centd
 one. Ppl Dep. Thorncliffe per Carnish
 24/9/17 No. 3083. 3920
 Pt 2. 67 d 30/9/17.
J. Johnston
 Major Capt. for Lt.-Col., A.A.G.
 Canadian Section. G. H. O. 3rd Echelon B.E.F.

5-10-17 1st CORP 7. O. S. from 20th Bn W. Shij 24 9/17 Pt II 210

10.4.18 RECORD. Att to 1st C.D.D. Witley 10.4.18 P. O. 98
Buxton
McDougal Capt. Adjt.
 for O. C. 1st C. O. R. D.

21
 For Colonel i/o Records
Huber
Link
McK

11 APR 1918

TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 85

EMBARKED FOR CANADA FROM LIVERPOOL

Commanding

W. W. L.
 Lieut. Col.
 Canadian Discharge
 Depot

145045

DENTAL CERTIFICATE.

C. P. Cairnduff, M.

The following Certificates will

be attached to the Medical History Sheets of all

1st C.O.R.D Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>11/4/18</i>	<i>Pantupper & J. Gelling</i>	_____	_____	<i>at Public expense</i>
			<i>J. G. Cairnduff Capt. C.A.D.C.</i>	

GENERAL CERTIFICATE

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1871

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

TRIPPLICATE

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

Regimental No. 145045 Rank Cpl. Name Cairnduff, N.Corps 109th Battalion who was* DischargedOn June 6th 1918, to Class "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1st 1918, to June 6th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No			Reg't'l Pay <u>6</u> days at \$ <u>1</u> c <u>10</u>	<u>6</u>	<u>60</u>
by } No			Field Allow. <u>6</u> days at \$ <u>10</u>		<u>60</u>
Cheques } No			Separation Allowances* (Monthly) <u>\$25</u>	<u>5</u>	<u>00</u>
Assigned Pay and Sep'n Allce. No. <u>3087</u>	<u>5</u>	<u>00</u>	Other Allowances* <u>Clothing</u>		<u>8</u> <u>00</u>
Other charges			Other Credits*		
Payment on transfer or discharge No. <u>3086</u>	<u>15</u>	<u>20</u>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	<u>20</u>	<u>20</u>	Total	<u>20</u>	<u>20</u>

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid on account of Assigned Pay for the month of May 1918 and Sep'n Allce. for month of 1918 (to) Assignee Mrs. M. A. Cairnduff,
(Address) Bobesaygeon, Ont.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment Aug. 16th, 1915
(2) if married and if a Separation Allowance Card has been submitted paid to date of disch.
(3) cause of discharge authority 3rd 88-0-441
(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date June 5th, 1918Place Kingston, Ont.

W. Peters CAPTAIN
PAYMASTER, No. 3 DISTRICT DEPOT

Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

cheque #3086 attached

M. F. W. 44.

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **245045.**

(3) Full Name of Soldier **Manley Cairnduff.**

(4) Place of Birth **Boboyeon Ontario Canada.**

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

(6) If married, state,

(a) Full name of your wife **Mary Adelaide Cairnduff**

(b) Present Postal Address **Hogies Creek Ontario Canada.**

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

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

If so, give number of boys and girls **Two Girls. 4**

Also their names and ages **Violet Edith Age 4 Yrs.**

Verna May Age 1 Yrs.

(9) Is your Father alive? Yes.

If so, state name and address Herbert Allison Cairnduff Robson
Ontario Canada.

(10) Is your Mother alive? No.

If so, state name and address Nil.

(11) If your Mother is a widow Nil.

Are you her sole support, or not? Nil.

(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.

Nil.

(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.

Nil.

(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.

Yes.

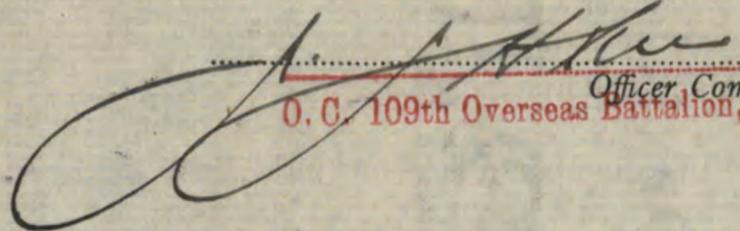
(15) Are you insured? No.

If so, in what Company? Nil.

Have you made arrangements for payment of your Insurance premium? Nil.

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 6, 1916.


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

145045
23/18

ORIGINAL Copy

Trappist Hall 145045
ORIGINAL

MEDICAL HISTORY SHEET.

Surname Cairnduff Christian Name Manley

Examined { on 16th day of August 1915
at Lindsay
Birthplace { City or Town Bobcaygeon
County Ontario

Approved by (Signed) J.M. Culloch
Rank Lieut. M.O.

Apparent age 24 years
Trade or occupation Farmer
Height 5 Feet 10 1/2 Inches.
Weight 143 Lbs.
Chest measurement { Minimum 33 inches
Maximum expansion 37 inches

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>28 SEP 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right None Left Two
Number Two

Date	Result	VACCINATIONS.
<u>14/9/15</u>	<u>Good</u>	
<u>28/3/16</u>	<u>Good</u>	<u>J.M. Culloch</u>
		M.O.
		M.O.

When Vaccinated last March 3rd 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/9/15</u>	<u>Good</u>	<u>N.M. Halkett</u> M.O.
<u>3/10/15</u>	<u>Good</u>	<u>N.M. Halkett</u> M.O.
<u>22/9/16</u>		<u>H.O. Boyd</u> M.O.
<u>11.6.17</u>	<u>Good</u>	<u>R.D. 6/4/18</u>

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

Enlisted on 16 day of August 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C.E.F.</u>	<u>145045</u>		<u>16.8.15</u>
Transferred to..	<u>20th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>6-3-18</u>	<u>gsw. left</u> <u>slight lacer</u> <u>left foot.</u>	<u>Britt unaltered 2 hr</u> <u>excision of lacer</u> <u>union by suture</u> <u>at home - Smith</u>
<u>Kingston</u>	<u>24-5-18</u>	<u>g.s. w. of left</u> <u>thigh</u>	<u>E. G. J. Jackson</u> <u>capt</u>

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

CANADIAN

6

Manley

Christian Name

Carrichuff

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
2nd WESTERN GENERAL HOSPITAL, MANCHESTER.		25	9	17	11	1	18	Shp L. Thigh	109	Onset Aug 15/ 15. 11. 17. Wound healed. 29. 11. 17. Massage to knee. 11. 1. 18. Fit for transport.	W. W. Mann Lieut. R.A.M.C., T.F.
Manuel Westrop Epsom		11	1	18	23	JAN	1918	"		Wounds healed, fit for transport to base hospital	Chalabian
M. C. A. Epsom		23	1	18	18	3	18	Do	55	Severe Fr. & C. und. l. thigh. just below above the knee. Cannot straighten the leg fully. Left foot is flat. Boot raised. Femur was contused. Has had massage treat & done Rem Sym. huc. 21. 2. 18. P. B. Board 1. 3. 18 Present cond. Well nourished & well developed. Severe flesh und. l. thigh lower third. Contusion in popliteal space removed through an anterior lateral incision. He has pain along the outer side of l. thigh extending upwards to the hip. Movement of knee is complete. The whole l. lower extremity is weak. Circumference of l. thigh is 1" less than that of right. Circumference of l. leg is 1/2" less than that of r. leg with the exception of a small area posteriorly is anaesthetic & analgesic. When he was wounded he fell on l. foot causing a severe contusion. He now suffers pain along the bottom of l. foot just under the heads of the metatarsals. There is very marked tenderness here. He is wearing boot 1/4 x 4 1/2" across the sole of l. foot. He can walk only a very short distance without a stick.	Freebman Carr

CARRICHUFF

Kingston, Ont. *May 24/1918*

URINE ANALYSIS.

FOR DR. *Sanbury Medical Board*

Patient's Name *Epl. Cairnduff*

Amount voided 24 hours

Amount examined

Color *normal*

Odor *normal*

Reaction *Neutral*

Specific Gravity *1024*

Clearness *clear*

Character of sediment (if any)

CHEMICAL EXAMINATION

Albumin

Sugar

Acetone

Diacetic Acid

none

Bile

Indican

Urea

none
no rice

MICROSCOPICAL EXAMINATION

Epithelium *few flat cells*

Pus

Blood

Casts

none

Chemical sediments *phosphates*

Bacteria

Remarks

W. T. Connell
per BSK
Examiner.

THE STATE OF TEXAS

County of _____

Know all men by these presents, that _____ of the County of _____ State of Texas, for and in consideration of the sum of _____ Dollars, to _____ in hand paid by _____ the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said _____ of the County of _____ State of Texas, all that certain _____

Witness my hand and seal of office this _____ day of _____ 19____.

Notary Public

Borkoygen
 G.S.

Mrs. M. A. Casaroff,
 Home address

10-3-19
 6-5-19
 6-5-19
 15-5-19
 15-5-19
 25-6-19

Check No.	Amount	Check No.	Amount
1646	30.00	1646	30.00
3223	70.00	3223	70.00
1424	70.00	1424	70.00
1428	70.00	1428	70.00
1429	70.00	1429	70.00
1430	70.00	1430	70.00
1431	70.00	1431	70.00
1432	70.00	1432	70.00
1433	70.00	1433	70.00
1434	70.00	1434	70.00
1435	70.00	1435	70.00
1436	70.00	1436	70.00
1437	70.00	1437	70.00
1438	70.00	1438	70.00
1439	70.00	1439	70.00
1440	70.00	1440	70.00
1441	70.00	1441	70.00
1442	70.00	1442	70.00
1443	70.00	1443	70.00
1444	70.00	1444	70.00
1445	70.00	1445	70.00
1446	70.00	1446	70.00
1447	70.00	1447	70.00
1448	70.00	1448	70.00
1449	70.00	1449	70.00
1450	70.00	1450	70.00
1451	70.00	1451	70.00
1452	70.00	1452	70.00
1453	70.00	1453	70.00
1454	70.00	1454	70.00
1455	70.00	1455	70.00
1456	70.00	1456	70.00
1457	70.00	1457	70.00
1458	70.00	1458	70.00
1459	70.00	1459	70.00
1460	70.00	1460	70.00
1461	70.00	1461	70.00
1462	70.00	1462	70.00
1463	70.00	1463	70.00
1464	70.00	1464	70.00
1465	70.00	1465	70.00
1466	70.00	1466	70.00
1467	70.00	1467	70.00
1468	70.00	1468	70.00
1469	70.00	1469	70.00
1470	70.00	1470	70.00
1471	70.00	1471	70.00
1472	70.00	1472	70.00
1473	70.00	1473	70.00
1474	70.00	1474	70.00
1475	70.00	1475	70.00
1476	70.00	1476	70.00
1477	70.00	1477	70.00
1478	70.00	1478	70.00
1479	70.00	1479	70.00
1480	70.00	1480	70.00
1481	70.00	1481	70.00
1482	70.00	1482	70.00
1483	70.00	1483	70.00
1484	70.00	1484	70.00
1485	70.00	1485	70.00
1486	70.00	1486	70.00
1487	70.00	1487	70.00
1488	70.00	1488	70.00
1489	70.00	1489	70.00
1490	70.00	1490	70.00
1491	70.00	1491	70.00
1492	70.00	1492	70.00
1493	70.00	1493	70.00
1494	70.00	1494	70.00
1495	70.00	1495	70.00
1496	70.00	1496	70.00
1497	70.00	1497	70.00
1498	70.00	1498	70.00
1499	70.00	1499	70.00
1500	70.00	1500	70.00

30.00
 \$60 overpaid. Duplicate etc. (K.L.)
 Request requested. 14/8/19. (K.L.)
 15 returned 10-2-20 per
 Ch # 6245, " \$15.00 M/98
 " " 6373, " \$15.00 M/98
 Mr 99
 30-3-20

M.J.

Dec'n No 20550/40 W.S.G. File No 2657-M-1
 Award days at \$100.00 per day \$
 S.A. months at \$ per mo. \$
 Less P. D. P. Credited \$316.80
 Less further debit balance \$
 316.80

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

20550/409
2657-M-1

Name Cairnduff, Manley
Surname Christian Name

Regimental Number 145045 Rank Cpl.

Address (in full) Bobcaygeon, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 6-6-18.

P. D. P. Filing Number 7-128-3.

Rates:—Regimental pay \$ 1.10 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8000.

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		
<div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div> <div style="position: absolute; top: 50%; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div>											

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

Remarks: See Cairnduff, N. for Payments. This Ledger Sheet merely inserted for the purpose of cross-reference.

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.				

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

M. A. Cairnduff (*wife*)

Name of Soldier

Cairnduff, M.

PAYMENTS.

Sgt

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	5 184	80	80
May		N 7244	25	25
June		A 9065	25	25
July		99787	25	25
Aug.		H 11635	25	25
Sept.		U 15267	25	25
Oct.		O 18800	25	25
Nov.		Q 21066	25	25
Dec.		Q 24661	25	25
Jan.	1917	P 28050	25	25
Feb.		P 31337	25	25
March		O 31212	25	25
April		Q 409	25	25
May		P 3675	25	25
June		R 7381	25	25
July		P 10538	25	25
Aug.		T 13577	25	25
Sept.		S 16739	25	25
Oct.		A 12837	25	25
Nov.		d 26002	25	25
Dec.		A 76906	25	25
Jan.	1918			685
Feb.				
March				
April				
May				
June				
July				

Dec'n No 2055a/109 W. S. G. File No 57-14-1
Award 153 days at \$1.00 per day
S. A. ... months at \$... per mo. \$...
Less P. D. P. Credited \$184.20
Less further debit balance \$...
Total due paid to below \$15.80

DATE	AMOUNT	DESCRIPTION
10-3-19	30.00	1646 32225 70.00
6-8-19	30.00	1424229522 70.00
11-7-19	30.00	1445B 412025 25.80
	30.00	128354669 30.00
	30.00	25152 504011 30.00
	165.80	

Mary A. Casimuff,
Beltsayon, Ont.
Address same address

10-3-19
6-8-19
11-7-19
13.5.19

18-5-19
10-4-19
7.4.19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

20330/409

2658-N-1

Emp.

Name ^{M.} Cairnduff, ^{N.} Surname Christian Name

Regimental Number 145045 Rank Cpl. Address (in full) Bobcaygeon, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 6-6-18.

P. D. P. Filing Number 7-128-3.

Rates:—Regimental pay \$ 1.10 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8006.

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		
184 20	2515	7-6-18	61 00	2416	6-7-18	61 00	2143	7-8-18	62 20		184 20
	1646-1st	32273	10/3/19	70 00	} Brought forward to other side of sheet.						
	1646-1st	32274	10/3/19	30 00							
	1424A.2^d	829522	10/3/19	70 00							

M. F. W. 127.
60M-6 17.
1772 89-1140.

Remarks:

1111

1111

1111

1111

1111

1111

23-8-15

MILITIA AND DEFENCE

95

SEPARATION ALLOWANCE

Name *Mrs. Mary A. Cairnduff*

Name of Soldier *Cairnduff. Manley*

Address ~~*276 Abbott St.*~~
~~*Lot 20. Ottawa. Ont.*~~
Box 16. Harvey Tp.
Bobcaygeon, Ont.

Regtl. No.
Rank *Pte* ~~*Pte*~~ *promoted sergt 23/12/15 (over 28/12/15)*

Relation to Soldier
wife, child or mother } *Wife*

Corps *47th Batta.*
To what Corps belonging } *transfr 109th 27/1/16 (over 26/2/16)*
when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>L4306</i>	<i>45</i>	<i>45.</i>
Nov.		<i>08768</i>	<i>20</i>	<i>20</i>
Dec.		<i>919002</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>V15650</i>	<i>20</i>	<i>20</i>
Feb.		<i>N 21079</i>	<i>30</i>	<i>30. N-21079 cancelled per order 28/2/16</i>
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Mary Cairnduff,*
 Address *Bobcaygeon,*
Ont.

By Whom Assigned

Cairnduff, M.
145045.
Cpl.
1st CO R B.

Regtl. No.

Rank

Corps

SPECIAL REMITTANCE

Rate \$ *73.00*

P. 523. no. 44. 4-2-18 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.		<i>450527</i>	<i>73 -</i>	
March				

17-10-1944

18-10-1944

19-10-1944

20-10-1944

21-10-1944

22-10-1944

23-10-1944

24-10-1944

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Mrs Mary E. Cairnduff ^{Wife} By Whom Assigned Cairnduff, Manley
 Address Bobcaygeon Regtl. No. 145045
Ont. Rank Sgt.
 Corps "C" Co. 109th Battr.
 Rate \$ 20.00 **AUG 1 1916**

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				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Mary A. Cairnduff, Wife
PAYMENTS.

Name of Soldier

Cairnduff, Manley
145045, Sgt. 109th Battr.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$20.00</i>
April	1916			
May				
June				
July				
Aug.		<i>J 15613</i>	<i>20</i>	
Sept.		<i>W 16582</i>	<i>20</i>	
Oct.		<i>W 21620</i>	<i>20</i>	
Nov.		<i>M 24008</i>	<i>20</i>	
Dec.		<i>H 30290</i>	<i>20</i>	
Jan.	1917	<i>M 27623</i>	<i>20</i>	
Feb.		<i>Y 42908</i>	<i>20</i>	
March		<i>Z 49958</i>	<i>20</i>	<i>20 R</i>
April		<i>V 316</i>	<i>20</i>	<i>20 E.</i>
May		<i>V 7236</i>	<i>20</i>	
June		<i>H. 13559</i>	<i>20</i>	<i>20 Br</i>
July		<i>Y 20329</i>	<i>20</i>	<i>20 Cu</i>
Aug.		<i>D 2773</i>	<i>20</i>	<i>20</i>
Sept.		<i>D 34712</i>	<i>20</i>	<i>20 Cu</i>
Oct.		<i>A 25283</i>	<i>20</i>	
Nov.		<i>L 54604</i>	<i>20</i>	
Dec.		<i>A 44209</i>	<i>20</i>	
Jan.	1918			<i>340</i>
Feb.				
March				
April				
May				
June				
July				

B

Ch

M

*20 R
20 E.*

*20 Br
Cu*

*20
Cu*

340

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Bairnduff

M.

145045

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

20th. Bn. *1. Co.*

HOSPITAL

DATE OF ADMISSION

2. Stat. Abbeville.

16-8-17.

1. *2nd W. G. Manchester* - HOSP. *25.9.17*

2. *Manor Co. of London War, Epsom* HOSP. *12.1.18*

3. *Military Camp, Epsom* HOSP. *24.1.18*

4.

HOSP.

DIAGNOSIS

1 G.S.W. Rt. Thigh. Mld. *R.*

2-

3

DISPOSITION

Disch. 18.3.18

DATE

C.L. 25-8-17. A587

REMARKS

<i>29.9.17</i>	<i>B23-</i>
<i>21.1.18</i>	<i>B118-2</i>
<i>26.1.18</i>	<i>B123-2</i>
<i>22.3.18</i>	<i>B170-2</i>



M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Name *Carrinduff, Manly* Rank *Cpl* Regtl. No. *145045*

Original unit *109th Batt* Present unit *No 3 C Co* M. or Age *27* Religion *Meth* Fyle Depot Ref. H.Q.

Port, ship, and date of arrival *Halifax Aquitania 30/4/18*

Next of kin *Wife Robeygrove, Ont.*

Address on leave *same as above*

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation *Farmer* Date and place of enlistment *Lindsay Aug 16th 1915*

Diagnosis *Wound* Date of Medical Boards *4/3/18*

Date.	Remarks	Pt. 2 Order No.
<i>30/4/18</i>	<i>T.O.S. No 3 Casualty Coy</i>	<i>D.O. 7016</i>
<i>5/6/18</i>	<i>S.O.S. to Discharge Section</i>	<i>D.O. 48</i>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

SURNAME.

Cairnduff

D 3 auth
3
21 ↓
21-4-25

CARD NO.

R-7-3-21 BU- ✓

CHRISTIAN NAMES

Manley

S.O.S. 6-6-18. 3.
FOLL.

REGL. NO. 145045

RANK

Cpl.

Auth Pt II 5 of 6-6-18. 3. 18. 18.

UNIT ~~77th.~~ 109th.

Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cairnduff, Mrs. Mary

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Bobcaygeon, Ont.

COUNTRY OF BIRTH Canada, Bobcaygeon, Ont. DATE Apr. 21st, 1891.

PLACE OF ATTESTATION Lindsay, Ont. DATE Aug. 28rd, 1915.

Trans. from 77th Bn. to 109th Bn. auth. Sailing List

L. L. 14504. M. & D. 6512. 15-7-16. R/C. 30/4/18 171/15-3.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

24

YEARS

4 MONTHS

HEIGHT

5

FEET

10 ¹/₂ INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

I have scar on left wrist.

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Aug. 16, 1915th

Present Address -

Not stated.

No. 145045

RANK

Pte

NAME

Cairnduff M

T. O. S. 16-8-15-

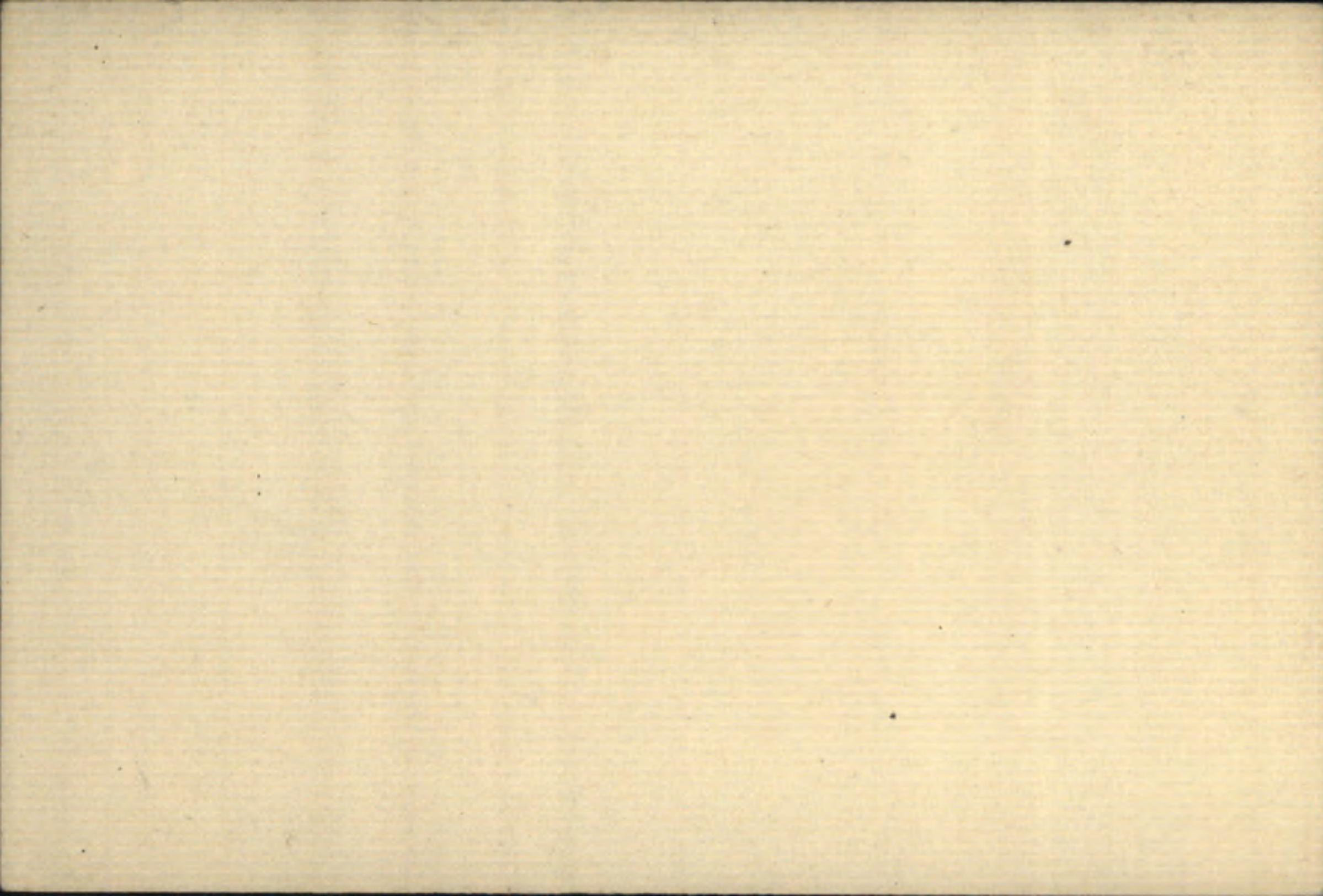
OO 7/16-8-15-

UNIT

45th Victoria Regt.
O. S. Cont

M. D. J

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug 16	1915 Aug 25	✓	Transferred to 77 th Bn 25-8-15	OO 75-25-8-15
Aug. 26	Aug. 31	✓	Now shown on 77 th Bn. Paylist	OO. 21 of 30-8-15.
Sept.		✓		
Oct.		✓	Prom. to Prov. Cpl. 6-10-15	HO. 55 of 6-10-15
Nov.		✓		Dec. Paylist
Dec.		✓	Prom. to Sgt.	
1916 Jan.	Jan 26	✓	Trans to 109 th Bn 24/1/16	OO 22 of 27-1-16



Name **CAIRNDUFF,** ^{Manley} Rank **Pte.**

Reg. No. 145045

Unit **20th. Battalion**

Next of Kin **Canada**

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-8.	No 2. Stn. H. Abbeville.	G.S.W.	Rt. Thigh	A587.	M5946.	25-8
25 1918	2nd W Gen Manchester	(2724)	do	B23		
12-1-18	Warrant (C of Hon)	W. F. Epsom	do	B118		10707
24-1-18	Sub Commiss	W. F. Epsom	do	B123		1205
18-3	Discharged		do		no	3872

No. 145045 RANK

Sgt.

NAME

Cairnduff, M.

T. O. S. Form 77th In.
D.O. 63. 2-2-16.

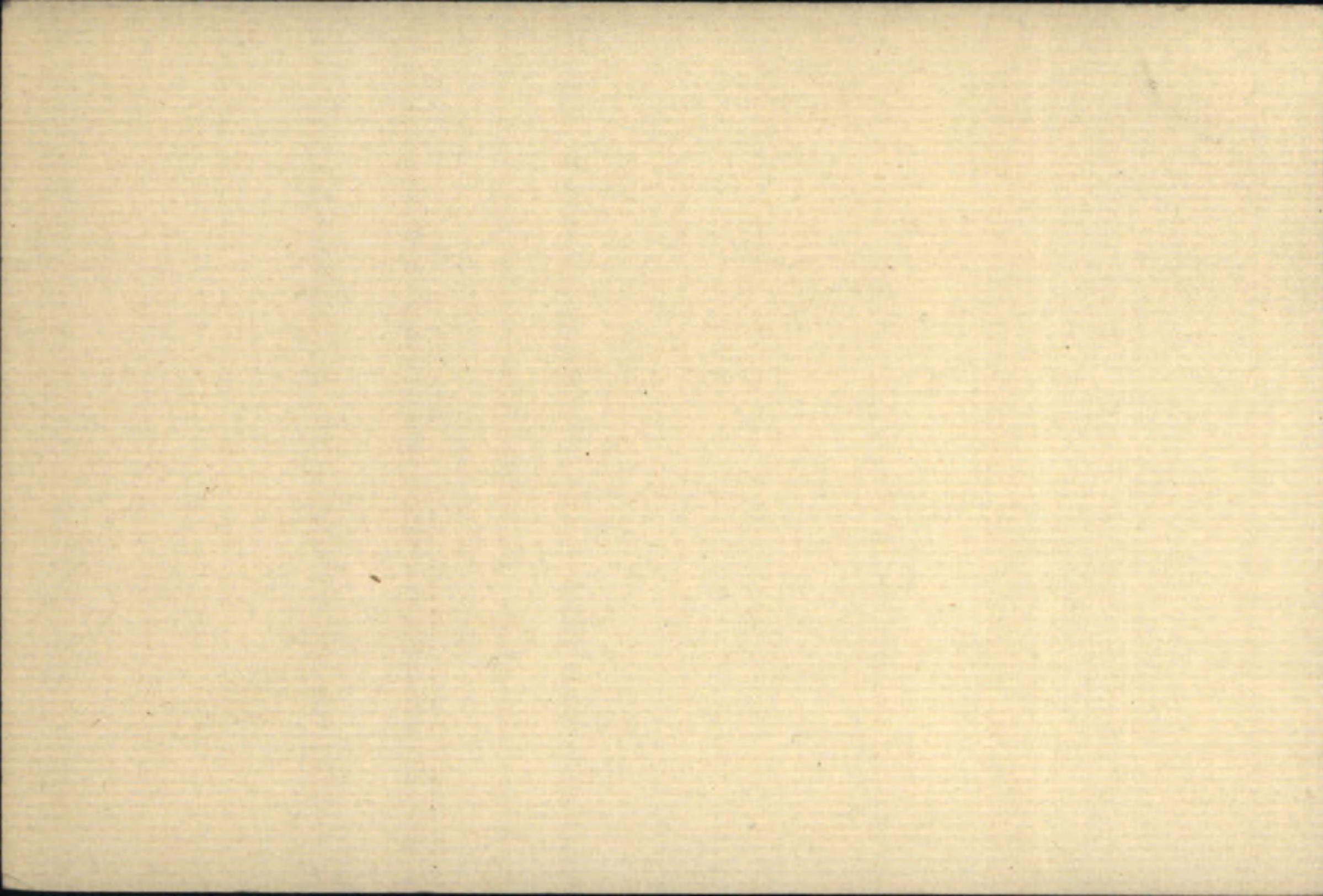
UNIT

109th. Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 27	1916. Feb. 29	✓	Prov. app. Sect.	D.O. 116 of 4-4-16.
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 23 1916



HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 4555.
75M.—9-19.
1772-39-1332.

NAME *Cairnduff Manley*

REGT'L No. 145045

RANK AND CORPS *PTE*

197th Bn. (from 77th Bn)

H. Q. FILE NO. 649.

FOLLOWS
No.

CABLE

NO.

DATE

C.

NATURE OF CASUALTY

FOLLOWS

M. 5946
106-3

26-8-17

Adms. No. 2 Stationary Hosp, Abbeville, Aug 16th
1917, (Gsw Right thigh) ✓

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A587	St. Abberville	16.8.17	U.S.W. R High bld.
B. 23 ⁽¹⁾	#2 nd West. Gen. Manchester.	25-9-17.	" " " " (1st Case Del Reg)
B118	Manor Co. London Mar. Epsom.	12-1-18.	" " " " (14-2-18)
B123	Mil. Conie. Epsom.	24-1-18	" " " " (20-2-18)
B170	Discharged	18-3-18	U.S.W. High

~~M. J.~~

Number 145045 Rank Sgt
Surname CAIRNS UFF

Christian name Manley

Units 20 Bn Coy theatre of War France

Date of Service 6-10-16. (2)

Remarks Died 3 3/2, due to service -

Latest Address GPO Ludlow

~~By Mrs Mary McDonald (unmarried widow)~~

38127 30 King St
Ludlow

Roll No. B Page 22098

(This form to be filled in by all ranks on voyage to Canada.)

RANK SURNAME INITIALS UNIT

al address..... (Street) (City or Town) (Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

l, is your wife on board..... Number of children on board.....

ination.....

(Sgd.)

Reinforced 27-5-25

REGN. NO. 13322
MAY 11 1925

bpl.

649-C-14047

CAIRNDUFF, Sgt. Manley #145045

20th Bn.

M. & D.

Widow
(remarried)

Mrs. Mary A. Macdonald,
30 King St.,
Lindsay, Ont.

(M)

P. & S.

"

as above

Memorial X

"

" "

*Elig. for D.M.
" " B.W.M.*

Death is attributable to Military Service

ms

7/75

DESP. MAY 22 1925

REGN. NO. *X. 55097*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

23-8-15

Separation and Assigned Pay Branch

Aug 1/16

RATE OF SEPARATION ALLOWANCE

25			
----	--	--	--

OVERSEAS CONTINGENTS
 Special Remittance Ledger
 Ledger
 Ledger
 Ledger

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 145' 045'
 Rank Sgt. Promoted Reverted Discharge
 Soldier's Name Manley Cairnduff
 Battalion C Co 109th Batta
 Beneficiary Mary A Cairnduff
 Relationship wife
 Address Lot 20. Con 16 Harvey Top
 Bobcaygeon Ont.

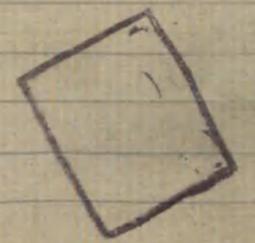
PARTICULARS OF ASSIGNMENT

(wife)
 Name Mrs Mary A. Cairnduff
 Address Bobcaygeon, Ont.
 Lot 20 Con 16 Change of Address Harvey Top
 1
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		685	340	1025	
Jan 18	C 69057	25	20	45	S.A. paid 20 = per no from Aug 23/15 up to 23 rd Dec 1915. provided to Sgt 23-12-15.
Feb	e 100161	25	20	45	
Mar	a 102408	25	20	45	
April	A 4549	25	20	45	
May	H 19368	25	20	45	
		810	440	1250	

2657-M-1

.....A/c Closed 31-5-18.....
 Ret'd per... Aquitania
 Date 4-5-18 F.X. 7-5-18 M.D. 3.
 Clerk... J.H. Goldsmith
 MR 02B



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:—

Dated at _____ this _____ day of _____ 191_____

Signatures of
the Board

President.

Reserved for M.H.C.

Regt. No. 145045 Rank Corp'l Surname CAIRNDUFF Christian Name MANLAY
 Unit or Corps—(a) Overseas from United Kingdom 20th Bn. (b) In United Kingdom 5th Res.
 Born at—Town BOBCAYGEON County or Province ONTARIO Country CANADA
 Date of Birth—Day 21st Month April Year 1891 Age 26 yrs. 10 months.
 Joined at LINDSAY ONTARIO CANADA Date Aug. 16th, 1915.
 Former Trade or Occupation Farmer
 Permanent marks or peculiarities that will serve for future identification:—

Wound scars as described in Sect.7.

Height—feet 5 inches 10½ Colour of eyes Blue.

Signature of Soldier (for identification purposes)

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). WEAKNESS LEFT LOWER EXTREMITY.
 LOSS OF SENSATION IN FRONT OF LEFT LEG.
 PAIN IN LEFT THIGH.
 Disabilities Group (b). PAIN UNDER LEFT METATARSALS.
 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.	G.S.W. LEFT THIGH :: FLESH: SEVERE. WITH CONTUSION OF FEMUR AND INJURY TO CUTANEOUS NERVES.	LENS	15.8.17.
(ii.) As to Group (b) above.	CONTUSION OF LEFT FOOT.	LENS	15.8.17.
(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? No.
 (i.) As to Group (a) above? No. If yes, has Active Service aggravated it? N.A.
 (ii.) As to Group (b) above? ~~Yes~~ NO. If yes, has Active Service aggravated it? N.A.
 (iii.) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.
4. Is the disability due to disease contracted or injuries received while on Active Service— Yes.
 (i.) As to Group (a) above? Yes.
 (ii.) As to Group (b) above? Yes.
 (iii.) As to Group (c) above? N.A.

5

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? **N.A.** (v.) When? **N.A.**
 (vi.) Opinion of the Court? **N.A.**

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.) Wounded on 15.8.17. at Lens. Operated at 2nd Stat. Hosp. F.B. had lodged in lower end of femur, and near the front. It was removed anteriorly. The F.B. had apparently tunnelled the bone.—No displacement. Admitted to 3rd West. Gen. Hosp. on 25.9.17. Wounds healed by 15.11.17. and massage commenced then. Admitted to Epsom 23.1.18. He has taken massage and electrical treatment since admission, also Rem. Gym. He has improved considerably.

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

Well nourished and well developed. Severe flesh wound left thigh, lower third. Entrance in popliteal space—removed through antero-lateral incision. He has pain along the outer side of left thigh extending upwards to the hip. Movements of knee are complete. The whole left lower extremity is weak. Circumference of left thigh is 1 inch less than that of right. Circumference of left leg is $\frac{1}{2}$ inch less than that of right leg. The left leg with the exception of a small area posteriorly is anaesthetic and analgesic. When he was wounded he fell on left foot causing a severe contusion. He now suffers, pain along the bottom of left foot just under the heads of the metatarsals. There is very marked tenderness here. He is (wearing a bar $\frac{1}{4}$ " by $\frac{1}{2}$ " across the sole of left

8. OPERATION. (i.) Was one performed? **Yes.** (boot. He can walk only a very short distance without a stick.)
 (ii.) If so, state what. **As stated in six.**
 (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. **N.A.**

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
 (b) Fit for base duty? **B-iii unlikely to be raised within six months.**
 (c) Invalid to Canada? **No.**
 (d) Discharge from the Service as permanently unfit? **No.**

Date of Report **4th March, 1918.**Signed **FRED. C. MARLOW, Capt. C.A.M.C.**
Officer in medical charge of case.Station **EPSOM.**

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

S. R. JOHNSTON { Officer i/c Hospital } Strike out one
 Capt. C.A.M.C. for { ~~XXXXXX~~ } of these.

Dated at **Military Convalescent Hospital, EPSOM.** Station, on **5 MAR 1918** 191

* Delete if inapplicable.

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	Caused? No.	(b) Misconduct of the Soldier	Caused? No.
	Aggravated? No.		Aggravated? No.

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

N.A.

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, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, or all.)

N.A.

16. Permanency of the Pensionable Disability estimated next above in (15).
 (i.) Is it permanent? **N.A.**

(ii.) If not permanent, what is its probable minimum duration (in months)? **N.A.**

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

18. Remarks

19. Recommendation:—(a) Fit for duty? **N.A.**

(b) Fit for base duty? **Yes, B-iii unlikely to be raised in Category within six months.**

(c) Invalid to Canada? **N.A.**

(d) Discharge from service as permanently unfit? **N.A.**

Classification for the Military Hospitals Commission.

Date of Board **6/3/18.**

A. H. CAMERON SMITH, Major, President.
H. C. WALLACE, Captain.

Signatures of the Board

Station **EPSOM.**

A.D.M.S. CANADIANS,
 LONDON AREA,
 LONDON, 1918

Approved **A. D. M. S. Cameron** Major, C.A.M.C. A.D.M.S.Dated at **for A.D.M.S. Canadians, London Area.** Station**12 MAR 1918**

OPINION OF THE MEDICAL BOARD—(Continued).

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

CATEGORY "E" Disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Kingston, Ont.,

DATE May 24, 1918

Signature of President: J. Sullivan, CAPT. CANC. President.
Signature of Member: CAPT. CANC. Members.
Signature of Member: CAPT. CANC. Members.

APPROVED BY [Signature] Captain A. M. C.
For A. D. M. S. Assistant Director of Medical Services.

APPROVED BY [Signature] Director-General of Medical Services.

DATE MAY 25 1918

DATE

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

PLACE

DATE

President.
Members.

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed 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 8, 9 and 10 be communicated to the soldier, 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 FORT HENRY, ONT., DATE May 24th, 1918.

1. 1 (a) Unit No. 3 C.C.D.D. (b) Regimental No. 145045 (c) Rank Cpl.

(d) Surname Cairnduff (e) Christian name Manley

2. Age last birthday 27 years Date of birth April 21, 1891

3. Enlisted at LINDSAY, ONT. on Aug. 16, 1915.

4. Personal description:—

(a) Height 5' 11" (b) Weight 146 (c) Complexion FAIR

(d) Colour of hair D. BROWN (e) Colour of eyes BROWN (f) Identification marks

S.W. Scar left patella; bullet wound, left side.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Bobcaygeon, Ont.

6. Former trade or occupation FARMER.

7. (a) Service

(1)

Table with columns: From, To, PERIODS. Rows: 109th Bn. (Aug. 16, 1915 - Oct. 3, 1916), No. 3 C.C.D.D. (Oct. 3, 1916 - May 2, 1918), No. 3 C.C.D.D. (May 2, 1918 - to date).

(b) Has he been overseas? FRANCE. 8. Original disease or disability G.S.W. of left thigh.

(a) Date of origin Aug. 15, 1917 (b) Place of origin Lens, France.

(c) Cause* G.S.W.

(d) Present disease or disability G.S.W. of left thigh.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Subjective: Man complains of weakness and numbness in left leg. Says that leg tires very easily. Also complains of a steady pain extending from knee up thigh and down leg. Says he has very little control over left foot.

9. Present condition.—(Continued.)

Objective

Man complain
Man is well-nourished. He walks with a marked limp, favoring the left leg. There is a well-healed scar about 3" in length on outer side of left thigh just above patella. There is another scar 3" in length and 1" in width over left popliteal space. Movements of knee are normal. Circumference of left thigh is 1 1/2" less than that of right and circumference of left leg is 1/2" less than that of right. There is diminished sensation, left ankle and foot & pressure on sole of left foot, elicits tenderness.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous normal Digestive normal Respiratory normal Cardiac normal
Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal (mt)

10. History: (a) of Condition referred to in "a" section 9.

Scar on outer side of left thigh & behind left knee.

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

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

not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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?

Permanent with some improvement.

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

Hospital treatment in FRANCE & ENGLAND.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

no

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

yes, with limitations.

17. Recommendations

Discharge, Category "E".

W. J. Graham
Medical Officer by whom the case is brought forward.

CAPT CAMC

STATEMENT OF THE SOLDIER.

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

I, the undersigned M. Cairnduff, 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

M. Cairnduff
Signature of soldier examined.

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 criticized.

YES

19. Is the soldier fit for

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

20. It is certified that the soldier

(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)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	145045
Rank	Capt.
Surname	Carnduff Maulay
Christian Name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	109th Bn
Date of Discharge	6-6-18
Place of Discharge	Rugby, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	26 years
Height	5 feet 10 inches
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Farmer
Intended place of residence	Lindsay
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Being medically unfit 3rd H-C cert	
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.	
3. Conduct and character while in the service have been, according to the records, etc. Very good.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Farmer.	

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

K.E.
11/3/20
com.

W.S.G. Comp
17/2/1918.

16
31
3
16
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31
30
31
31
28
18
212

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.....

Blank lines for listing medals and decorations.

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

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

(Place) Kingston

(Signature) M. Cairnduff Lt. Col.

O. C. District Depot No. 3.

(Date) 6-6-18

Commanding

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) M. Cairnduff (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 on his own request.

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

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Kingston

(Signature) M. Cairnduff Lt. Col.

O. C. District Depot No. 3.

(Date) 6-6-18

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.

M. Cairnduff

