

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

38

Name CORNEIL FREDERICK

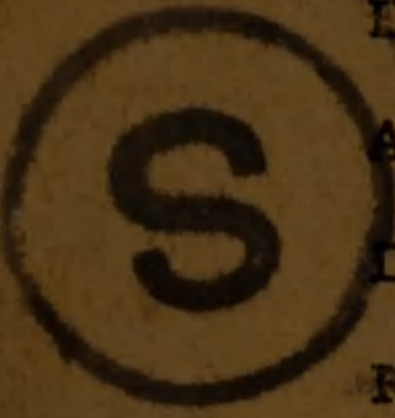
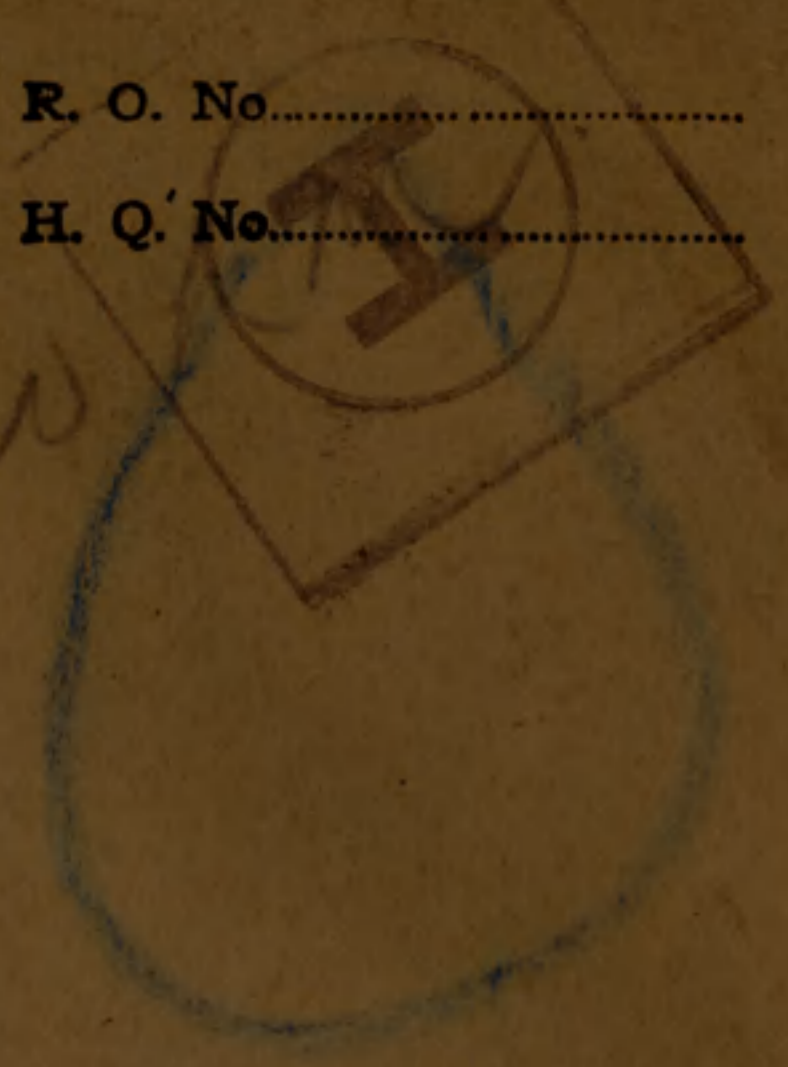
Regt. No. 723090 Rank L/Cpl

Corps 38th Mm (7th Reg)

Pay Profit

Rev. 20
13

36950



43-6
15-6
11-6

a 7 B 127-1
a 7 B 179-1
M. H. W. 67-1
K 149-1

X-Ray - 2
1 R. 2

1 pay card

1 Cas Card
a 7 B 181-1
a 7 B 1831-1
a 7 B 2172-1

403934 16

ORIGINAL

ATTESTATION PAPER.

B. Coy.
No. 725090

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Cornell*
- 1a. What are your Christian names?..... *Frederick*
- 1b. What is your present address?..... *R.R. No. 3 Amemee*
2. In what Town, Township or Parish, and in what Country were you born?..... *Co. of Victoria County Canada*
3. What is the name of your next-of-kin?..... *Hiram E. Cornell*
4. What is the address of your next-of-kin?..... *R.R. No. 3 Amemee Ont. Canada.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *June 16th 1895*
6. What is your Trade or Calling?..... *Schoolteacher*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?..... *45th Victoria Rgt 1 year*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Frederick Cornell..... (Signature of Recruit)

Date *15th Dec* 1915. *H. J. Thom Capt*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frederick Cornell*, 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.

Frederick Cornell..... (Signature of Recruit)

Date *15th Dec* 1915. *H. J. Thom Capt*..... (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 *15th* day of *December* 1915.

[Signature]..... (Signature of Justice)

Description of Frederick Corniel on Enlistment.

Apparent Age 20 years 6 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 6 ft. 1/2 ins.
 Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.
 Complexion Dark
 Eyes Hazel
 Hair Dark Brown

Scar above left breast.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec. 15 1915

Place Lindsay

J. McCulloch
 Medical Officer.
H. Boyd
 Medical Officer

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick Corniel 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. J. Hill Lt. Col. (Signature of Officer)
 U.S. 109th Overseas Battalion, C. E. F.

Date JAN 17 1916 1916

725090

DUPLICATE

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Cornel Christian Name Frederick

Examined { on 30th day of December 1915
at Lindsay
Birthplace { City or Town Caps
County Victoria Ont

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

Apparent age 20 years
Trade or occupation School teacher
Height 6 Feet 1 1/2 Inches.
Weight 141 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 37 inches.
Physical development Good
Small-Pox Marks none

EXAMINED FOR RE-ENGAGEMENT, M.O.
INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT M.O.
HOSPITAL REPRESENTATIVE, M.O.
ONTARIO MILITARY HOSPITAL, M.O.

Vaccination Marks { Arm Right none Left one
Number one

VACCINATIONS, M.O.
Date Result 26/1/16 good J. McCulloch M.O.

When Vaccinated last January 26th 1916
(a) Marks indicating congenital peculiarities or previous disease none

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

ANTI-TYPHOID INOCULATIONS, ETC. M.O.
Date Result 12/6/16 good J. McCulloch M.O.
18/6/16 good J. McCulloch M.O.
25/6/16 good J. McCulloch M.O.

Enlisted on 15th day of December 1915 at Onenice

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bata</u> <u>C.E.F.</u>	<u>425090.</u>		<u>15.12.15.</u>
Transferred to.. ..	<u>38th Bata</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname

Corneil

Christian Name

Frederick

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				
No 11 C.F.A.		16	1	17	24	1	17	Neuritis L. Leg		A126	
No 13 C.F.A.		24	1	17	6	2	17	" "	To Duty	A128 - A141	

To Liverpool
24/10/17

(37)

m 2 17

37

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
	090	S/Pl.	Kornel	F. M.
	38 th Canadians		21	16 mos.
Station and Date.	Disease Gun Shot Wound, - Right Tibia			
ONTARIO MILITARY HOSPITAL 1 2 nd APR 1917	Entered Dec ^r 1915. Sent to France Dec ^r 1916.			
	Wounded at Vimy Ridge Apr 9 th by shrapnel in right leg, midway between knee & ankle. Passed through 13 th F. A. (Inoculated), then to 32 nd Stationary Wimmeroux. Sent to England to Dr. W. H. 15/4/17.			
	Present Condition: -			
	Two & two wounds. Entry wound midway between knee & ankle. On inner surface.			
	Exit wound in centre of tibia, two inches from entry wound. No injury to bone.			
13/4/17	Inoculated 1000 units			
	Delaines antitoxin			
	R. S. Parr			
11/5/17	1000 units Delaines			
	antitoxin.			
	R. S. P.			
July 30 th	Small wound on ant. surface of right leg (midcalf). Considerable pain and swelling of leg when he walks. Evidently has had some phlebitis.			
15-7-17	Wound healing - improving			
30 7 17	Wound almost healed. Still has pain and swelling of leg.			

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

Station
and Date:

15-8-17 Less pain, still has swelling on walking

30-8-17 Improving - by bandaged (flannel bandage)
circulation sluggish. Wound healed.

10-9-17 Wound has broken down again. Much swelling
beyond walking

17-9-17 Improving still has pain and swelling on
exercise. Col. Penrose has seen patient
and recommended Board.

30-9-17 Boarded for Canada

6-10-17 waiting discharge to Canada. Much the
same condition. D.P. Byers Capt

5th Can Gen Hosp.

have pod 24¹⁰/₁₇ Wound healed. Pain and swelling of the leg on
exercise

C.S. Cids

15.11.17

Discharged to Canada

Exp

C.S. Cids

Omemece, Ont.

QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date Dec. 3rd, 1917.

No. 725090 Rank L/Cpl. Name Corniel F. M.
 Corps 109 Battⁿ Transferred to 38th Battⁿ.
 Address Omemece Ont.
 Next of Kin H. E. Corniel, Omemece, Ont.
 Occupation School Teacher.
 Age 22
 Enlisted Dec. 15, 1915 Transferred to 38th Battⁿ Dec 3, 1916
 Examined by

Height
 Chest
 Complexion
 Hair
 Eyes
 Religion

Surge

History:— Left Canada for England July 23 1916. Went to France Dec 5th 1916. Wounded Vimy Ridge April 9th. Middle third right tibia. No 11 Field Ambulance. Transferred 9th April to 13 C.C.S. Transferred to No. 37 Stationary Hospital at Wimereaux April 11th, then to Ontario military Hospital at Orpington Kent on April 12. Transferred to No. 5 C. G. H. at Turkedale Eng. Oct. 24th. Sailed for Canada Nov. 15 1917. Arrived Halifax 26/11/17. Admitted to Queen's Military Hospital Dec. 2nd.

Observation:—

A scar over the mid-third of the tibia about 2" inches transversely by 1" vertically. Total loss of sensation from the wound down to leg—over the inner malleolus and on the inner side of the foot—Oedema of the ankle and foot. Feeling well.

25% for 6 mos. Re-exam.
 Capt. E.

Discharged Feb 20-18

Pay On Boat
 At Quebec
 Cheque

Received L. N. Armstrong
 Capt. G. A. M. C.

7614

Date

Name of Patient

Age

Sex

Rank

Regiment

Company

Service No.

Admission Date

Discharge Date

Referring Officer

Referring Hospital

Referring Date

Referring No.

Referring Officer's Rank

Referring Officer's Name

Referring Officer's Address

Referring Officer's Telephone

Referring Officer's Signature

Referring Officer's Title

Referring Officer's Branch

Referring Officer's Service No.

Referring Officer's Date of Birth

Referring Officer's Place of Birth

Referring Officer's Education

Referring Officer's Occupation

Referring Officer's Religion

Referring Officer's Political Views

Referring Officer's Social History

Referring Officer's Family History

Referring Officer's Present Illness

Referring Officer's Present Examination

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE LAST PAY CERTIFICATE

CASUALTIES, C.E.F.
649.6-10894

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

Regimental No. 725090 Rank Pte. Name Cornell, F.H.

Corps. 109th Battalion who was* Discharged

On February 20th 1918, to Class 3, Medically unfit
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st 1918 to February 20th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		20
Advances by Cheques } No			Regt'l Pay <u>20</u> days at \$ <u>1</u> c	20	00
Assigned Pay and Sep'n Allee. No			Field Allow. <u>20</u> days at \$ <u>10</u> c	2	00
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>7929</u>	35	20	Other Allowances* <u>Clothing</u>	13	00
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	35	20	Bal. Dr. (to be deducted by new unit)		
			Total	35	20

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid on account of Assigned Pay for the month of January 1918 and Sep'n Allee. for month of February 1918 (to) Assignee Mrs. H. E. Cornell
(Address) Orono, 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
- (2) if married and if a Separation Allowance Card has been submitted no
- (3) cause of discharge..... authority 312 68-0-270
- (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 February 16th, 1918

Place Hingston, Ont.

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

M. F. W. 44.

cheque #7929 attached

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

1. Name of member: _____

2. Rank: _____

3. Regiment: _____

4. Date of discharge: _____

5. Name of commanding officer: _____

6. Name of adjutant: _____

7. Name of paymaster: _____

8. Name of sergeant: _____

9. Name of quartermaster: _____

10. Name of commissary: _____

11. Name of medical officer: _____

12. Name of chaplain: _____

13. Name of adjutant-general: _____

14. Name of quartermaster-general: _____

15. Name of commissary-general: _____

16. Name of medical officer-general: _____

17. Name of chaplain-general: _____

M. E. W. 44
1914
No. 113-22

B.

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..... 725090

(3) Full Name of Soldier..... Frederick Maurice Corneil

(4) Place of Birth..... Omamee Ont.

Canada

(5) Are you married, or not?..... No

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

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

If so, state name and address **Hiram E. Corneil, Omeme, Ont.**.....

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

If so, state name and address **Margaret Evans Corneil**.....

..... **Omeme Ont. Canada**

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

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

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

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

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

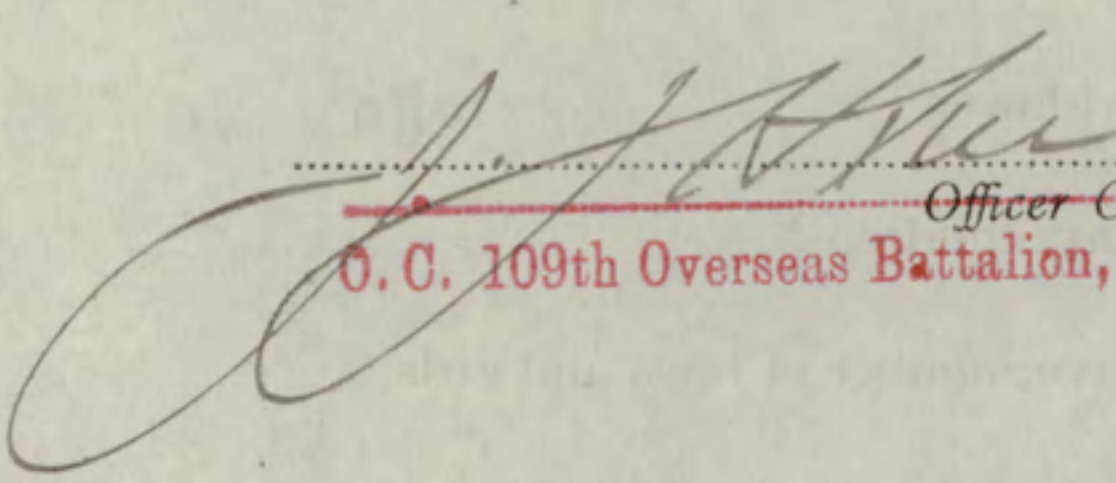
(15) Are you insured?..... **No**

If so, in what Company?.....

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

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

Date..... **July 6th 1916**


..... **Lt. Col.**

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

R.	Rank	Name	CORNEIL, Frederick ✓	Reg'l No.	725090 ✓
	Unit	109th Bn.	If in perm. Corps, } What Unit? }	Married or Single	Single. ✓
	Place and Date of Enlistment	Lindsay, 15th Decr., 1915. ✓		Place of Birth	Ops. 2p Victoria Co., Canada. ✓
	Name and Address, Next-of-Kin	Hiram E. Corneil, ✓			
	R.R. No. 3 Omemeo, Ont., Canada. ✓		Relationship	Father.	
	Assigned Pay Monthly \$	Payable to	Relationship		
	Separation Allowance \$	Payable to	Relationship		
	Discharge, Date and Place	Reason	Character		

H. W. & V., Ltd.—7165-16.

N/E. R.P.B. No. 5928
 13th Aile R.L.
 Cam. In. W.

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. 3310		31-7-16	
5. 8. 15	109 th	App'd Prov. Cpl	Odney	5-8-16	Pt II DO 218
3. 12. 16	"	Reverts to Rank to proceed on duty	Witley	2-12-16	338
4. 12. 16	"	Substantive to 38 th Bn	"	4. 12. 16	Pt II DO 339
13. 12. 16	38th Bn	T-O-S on tfr from 109th	Field	6. 12. 16	Pt II DO 242.
6. 2. 17.	✓	Reported from Base. (Sick)	In the Field	16. 1. 17	Ch. A120. N.Y.D.
14. 2. 17	✓	Adm No 11 Can Field Amb	✓	16. 1. 17	Ch. A126. Neuritis L. Leg.
16. 2. 17	-	Tfd. No 13	✓	24. 1. 17	Ch. A128 ✓
5. 3. 17	✓	Dis ✓ ✓ to Duty	✓	6. 2. 17	Ch. A141 ✓
19. 4. 17	✓	Adm Out No 12 Hosp	Orpington Kent	13. 4. 17	B166 G.S.W.R Leg Ok.

A.F.B. 1103 CHECKED
 2 DEC. 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
22.4.17	E.O.R. 17	105 from 38th Bn	Seaford	13.4.17	Pt II 170. 11 + 46 38th Bn
29.10.17	E.O.R.	Trans. No. 5 Can. Gen. Hosp.	Kirkdale	25.10.17	CR B49
30.11.17	✓	Invalided to Canada ex No. 5 Can. Gen. Hosp.	✓	15.11.17	CR B77
18.12.17	E.O.R. D.	S. S. being invalided to Canada	Seaford	15.11.17	Pt II 281
			He		
	Dis Depot.	To Convalescent Home	MD "3 1419/17	26/11/17	NR 412

1000

LBm

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

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

250M.—1-16,
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 725090 Rank Private Name Cornicil Frederick
C. E. F.

Enlisted (a) 15.12.15 Terms of Service (a) D of W. Service reckons from (a) 15.12.15

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) School Teacher.

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				

		<u>Embarked Canada</u>	<u>Halifax</u>	<u>24.7.16</u>	
		<u>Disembarked England</u>	<u>Liverpool</u>	<u>31.7.16</u>	
		<u>Appointed A/bpl.</u>	<u>Oxney</u>	<u>5.8.16</u>	

Part II Orders 216
W. A. S. M. G. G. G.
ADJUTANT

		<u>Reverts to Rank of private</u>	<u>Witley</u>	<u>2.12.16</u>	
		<u>to proceed overseas.</u>	<u>Witley</u>	<u>4-12-16</u>	
		<u>Proceeded overseas for service with 38th. Btn.</u>			

109th Overseas Battalion, C. E. F.
D. O. " 338.
D. O. Pt. 11 339

W. A. S. M. G. G. G.
ADJUTANT
109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.
3. 12. 16
4-12-16
CAN. RECORDS, LONDON.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
6 12 16	C.B.D.	TAKEN ON STRENGTH 38 th Havre		6.12.16	N. R. <i>Pro 242 - 13.12.16</i>
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. <i>eq - 30 12 16</i>
20. 1. 17	"	<i>Evac. sick</i>	<i>Field</i>	16.1.17	" " <i>84 - 31.1.17.</i>
"	11 C.7a.	<i>Neuritis. l. leg. adm</i>	11 C.7a.	16.1.17	<i>936 E2243 DCS 86d. 10.2.17.</i>
27. 1. 17	"	" " " to	13 "(BAS)	24.1.17	" <i>E2324 DCS. 87d 12.2.17.</i>
3. 2. 17.	13 "	<i>Chilblains adm</i>	" "	" "	" <i>E2352 " 88d 14.2.17.</i>
17.2.17.	Unit	Joined Unit	FIELD	6.2.17.	B. 213. DCS. <i>92d 28.2.17.</i>
11. 4. 17	32 Staty.	<i>Sw. R. leg.</i>	32 Staty.	11.4.17	<i>W8034-253</i>
12. 4. 17	"	" "	<i>to England</i>	12.4.17	" <i>268</i>
12.4.17	do	<i>ditto. (l. leg R) posted to E. on R. Right Sahon. seaford. per M. Pinner Elizabeth.</i>		18.4.17	<i>W3083. K9 5437. Phys ex acc 48 48 1920.4.17.</i> <i>J. Anderson Lieut for major naal 3rd Lt. Col. Can seen para</i>
22.4.17	ESKD.	Posted from 35 th Bn	Seaford	13.4.17	<i>FOR PT. II 41</i> INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT <i>Wue</i> HOSPITAL REPRESENTATIVE ONTARIO MILITARY HOSPITAL, ORPINGTON <i>Major W. W. W. W.</i> <i>1/c Records, C.E.</i>

nd
sheet

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109 Battalion

Regimental No. 725090 Rank Pte Name Cornell, Frederick

C. E. F.

Enlisted (a) 15.12.15 Terms of Service (a) 6 E. Y. Service reckons from (a) 15.12.15

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).

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				
<u>22.2.18</u>	<u>MACC.</u>	<u>Sol Med unfit</u>	<u>Kington</u>	<u>20.2.18.53</u>	<u>closed Sect.</u> <u>J. D. H.</u>

(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.

Name CORNEIL Fredrick M. Rank L/Cpl. Regt. No. 725090 Unit C
 Battn. 109th Camp or O. S. 0 File M. H. C. C. H. Q. File.....
 Next of kin Mother, Omomee, Ont.
 Discharged to Class 3 D. of D. 50% DDS50% Conduct Good
 Pension awarded \$60.00 1 Yr. Date of first payment 21-2-18
 Address on discharge Omomee, Ont.
 Diagnosis Shrapnel wound rt. leg. 9.4.16. Date boarded 28-11-17

DATE	CLASS	REMARKS	Part 2 Order
2-12-17	2	Queens Outpatient	#339
4-1-18	2	Queens	#17
20-2-18	3	DISCHARGED	#53

ВЕСЕЛ
ПОСЯ

✓ (37)

ONTARIO MILITARY HOSPITAL

Ward No. 11

Plate No. R $\frac{C}{697}$ Lat. (2)

Name	Corneil F.M. L/Cpl.
Recl. No.	725090
Unit	38th. Canadian
Bgde.	12th.
Div.	4th.
Part	Left leg
View	Lateral
Date	20/8/17

REPORT :- No apparent foreign body or injury to bone.

12692

Corneil F.M. 11

ХИМИЯ
УЧЕБНИК
1989

Corneil F.M. 11

ONTARIO MILITARY HOSPITAL

Ward No. 11

Plate No. R $\frac{C}{697}$ A.P. (2)

Name	Corneil F.M. L/Cpl.
Regtl. No.	725090
Unit	38th. Canadian
Bgde.	12th.
Div.	4th.
Part	Left leg
View	Posterior
Date	20/8/17

REPORT :- No apparent foreign body or injury to bone.

L 690

Name Cornel Frederick

Regimental No. 725090

Name and address of next-of-kin Home Omsewa

Unit 109 Bn

Victoria Co. Ont

Date of enlistment 19-12-15

MPB Nov 20-17 Comp Home

Place of " Omsewa

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ 20.00 31-12-17

= \$340.00

Reason for discharge

To whom payable Mrs H.E. Cornel

Character on discharge

Glenart Castle 26-11-17

late D.H.G.

L. B. Job 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	Rate	Amount	No. of Days	Rate			Amount	No.					
	30 ⁹ / ₇						57 62							
3 ¹⁰ / ₇	30 ¹⁴ / ₇	61	61 00	61	.10	6 10						10 00		CRAC ED Half Oct Nov Dec
							118 72				60 00		70 00	LP Credit 19/17
													48 72	Car Balance show % ad to 3/17
							118 72						118 72	fld to "C" Unit

EL
18-12-17

CRAC ad. 1-8-16 to 30-9-17 \$280.00

Letter to Sabap
re CRAC Oct Nov Dec
19/17/17

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Wm H. E. Corneil

Address Ommece

Ont.

R. R. # 3.

Rate \$ 30.00 =

AUG 1 1916

By Whom Assigned Corneil, Fred

Regtl. No. 725-090

Rank Corp.

Corps B. Co. 109th Battr.

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				



15023 86

15023 86

ASSIGNED PAY

OVERSEAS CONTINGENTS

#8

Sheet No. 2. Mrs E. H. Corneil

Name of Soldier Corneil, Fred

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

PAYMENTS.

725090 "Blory" Corp. 109th Baltn-

Month.	Year.	Cheque No.	Amt.	Remarks.
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		V 15175	20 -	
Sept.		V 17053	20	
Oct.		V 21912	20	
Nov.		Q 25641	20	
Dec.		I 30679	20	
Jan.	1917	F 38046	20	
Feb.		Y 43340	20	
March		2 49542	20 -	
April		X 944	20	
May		U 7194	20	
June		14037	20	
July		2 20858	20	
Aug.		E 28181	20	
Sept.		E 34946	20	
Oct.		R 47266	20	
Nov.		Y 53118	20	
Dec.		R 55910	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$ 20.00

240
A/c Closed 31-12-17
Let's per... Glenhant Castle
Date 15-11-17. P. X. 15-12-17
Clerk... E. J.

20
20 -

20

20
20
20

340⁰⁰ ad.

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.				

4.
 L. 951

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

15487/308

3724-F-4
P

Name Corneil, F. M.
Surname

Christian Name

Regimental Number 785090

Rank Pte.

Address (in full) Omenee, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 20-2-18.

P. D. P. Filing Number 2-70-3.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			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		
100 10	1377	21-2-18	33 00	1352	22-3-18	33 00	1349	22-4-18	34 10		100 10
1620	1st 30263	8/3/19	70 00								
1355	2nd 29780		70 00								

Remarks:

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

Dec'n No 18487/308 V. S. G. File No 3924-2-16

Award ... days at \$ 70⁰⁰ per day \$ 250.00

S. A. month \$... per mo. \$ 100.10

Let ... T. Credited \$

Less full or ... balance \$ 249.90

Let ... to ... W

8/2/19	1620	30263	70.00	✓
8/2/19	1355	29780	70.00	✓
11/4/19	1092	225851	70.00	✓
1355-19	1007	45916	29.90	✓
			<u>249.90</u>	

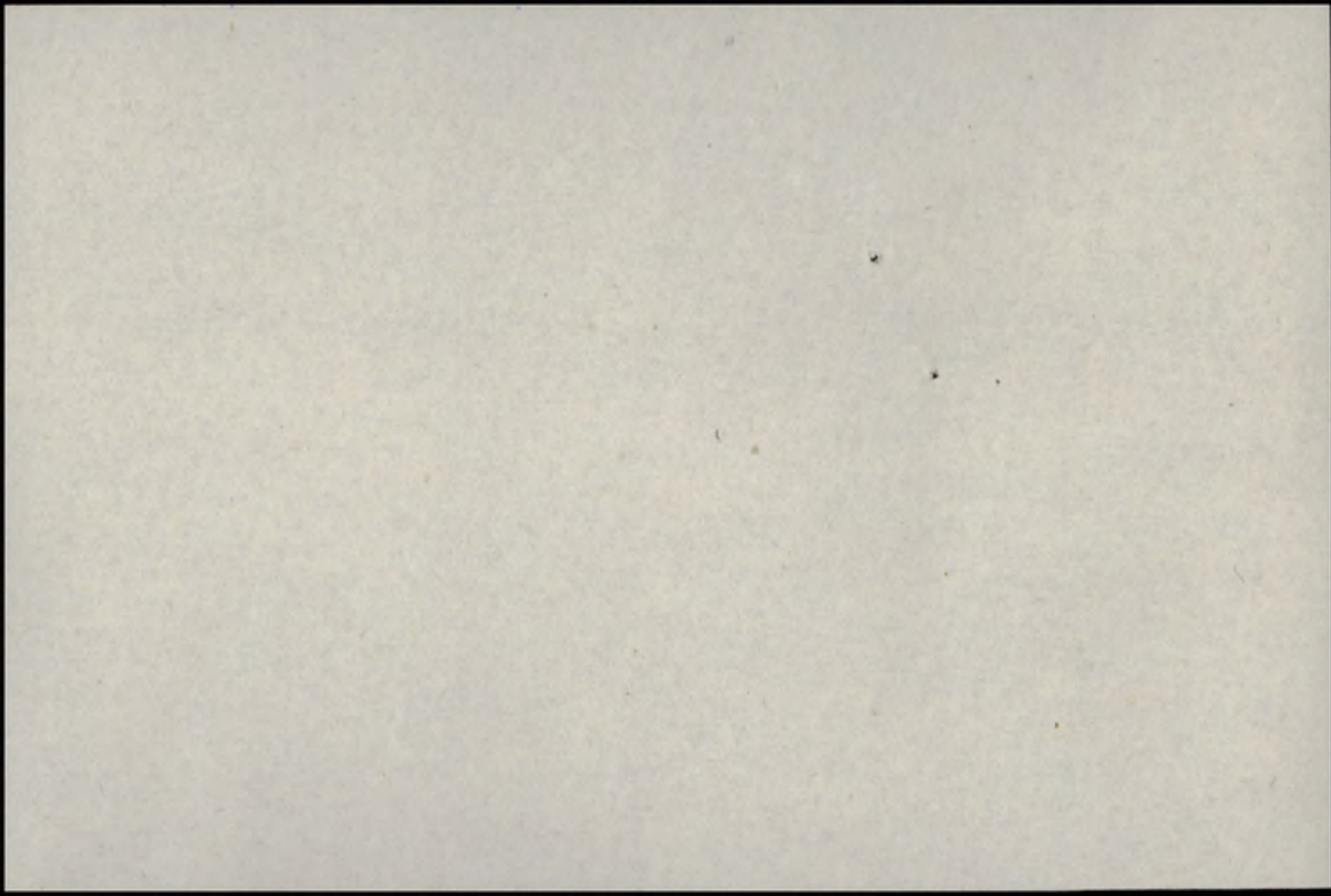
Overman
RR#3 Alt

Ad

GEN'L AUDITOR
 Posting checked by *Webster*
 Date *23 7 19*

0 G SW
0 Flock
1 Serene
9 Lower
3 Zebra

1



No. 725090 RANK

1st Lt
Corpl.

NAME

Cornick, G.

T. O. S. 15-12-15.

UNIT

109th. Battalion

D.O. 37. 3-1-16

M. D. 3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM

PAID TO

SIG. OR REC'T

PARTICULARS

AUTHORITY

1916
Dec. 15 *1916.*
Jan. 31
Feb.
Mar.
April.
May.
June.
July.

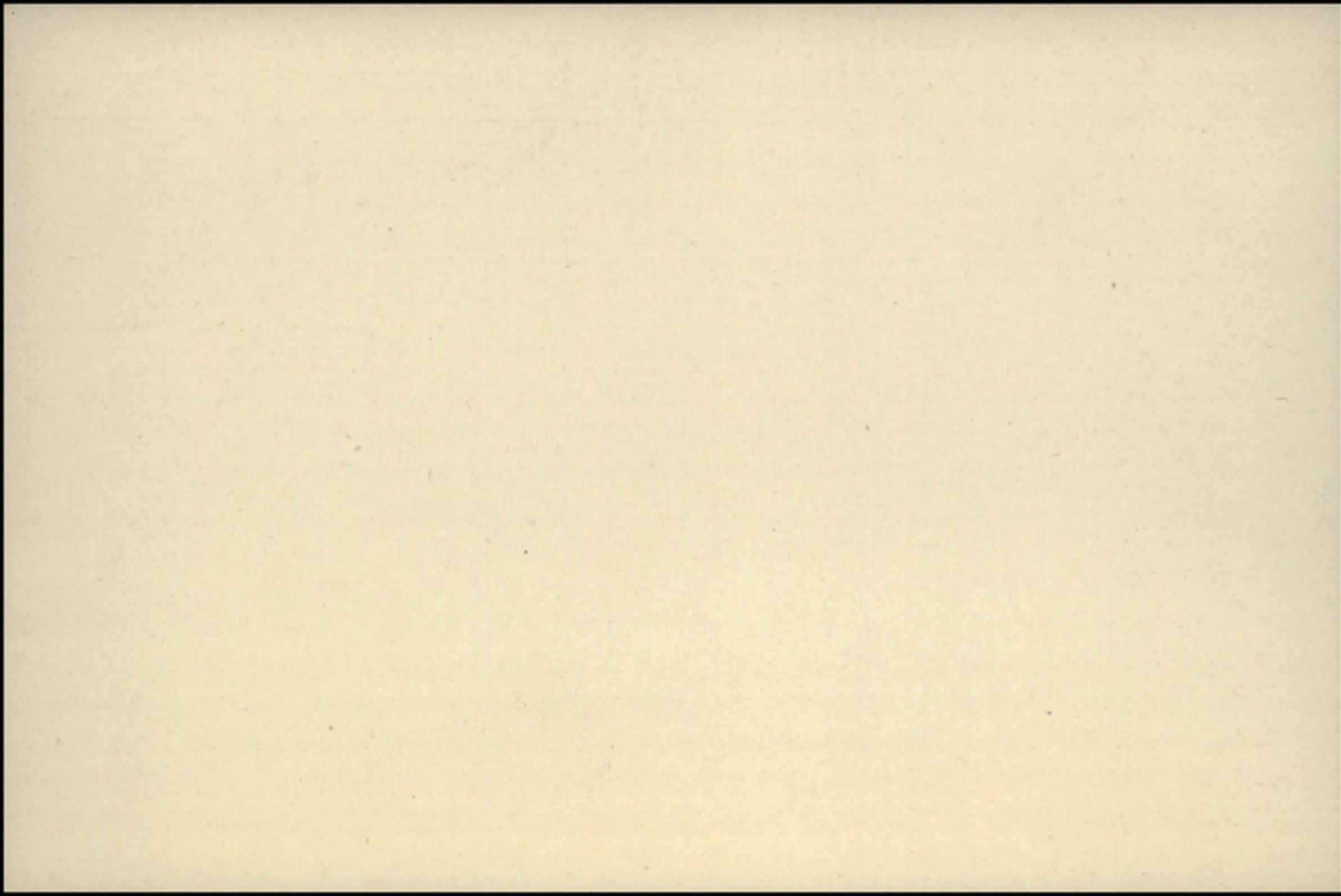
✓
✓
✓
✓
✓
✓
✓

Pto. Corpl. 9-5-16.

D.O. 146 of 9-5-16.

UNIT SAILED

JUL 23 1916



Name **CORNEIL** Rank **Pte.**
Frederick
 Unit **38th Battn.**

Reg. No. **725090**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
16-1	Reported from Base	sick	N.Y.D.	A120		
16-1	No. 11 Can. Fld. Amb.		Neuritis, L. Leg	A126		
24-1	No. 13 Can. Fld. Amb.		do	A128		
6-2	To Duty		do	A141		19
13-4	Ont. Mil. Hosp. Orpington.		GSW. R. Leg.	B166.M23374		4
25.10	ho 5 C.G.H. Liverpool		Do	B.49		4428
15-11	Inval. to Canada			B77		1776.
	<i>NE</i>					
		<i>John</i>				

REGT'L NO 725090

NAME Corniel Frederick

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 38th Bn. (Form 109) (Bn)

FOLLOWS NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No. DATE

M2337 19-4-17

Adm. to Ant. Mil. Hosp. Arpington
April 13th 1917. SSW Rh. Leg. ✓
Sailed from Liverpool for
Canada per. the H. S. "Blencourt-
Castle" 15/11/17. SSW R. leg.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A120	Rep. from base sick	16-1-17	h. y. w.
A126	#11 C. F. Amb.	16-1-17	Neuritis l. leg.
A128	#13 Can. 7d. Amb.	24-1-17	" "
A141.	To duty	6-2-17	" "
B166.	Ontario Mil Orington Kent	13-4-17	GSW R Leg
B.49-1	ex 16 Can Gen #5 Can. Gen. Kirkdale	25-10-17	" " " " (East Ont.) 17-11-17
B 77 (2)	ex " " " " Invalided to Canada	15-11-17	" " " "
33911	M. A. E. E. Kingston	2/12/17	posted out - J. Duceon

A.D.
Number 725-090 Rank Cpl
Surname CORNEIL
Christian Name Frederick
Units 38th Bn Can Inf Theatre of War France
Date of Service 6-12-16
Remarks RMD #3
Latest Address Onemee, Ont

Roll No B Page 195-12

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP
REGON
1022
36855

649-C-10897

CARD NO.

SURNAME. *Cornell*

CHRISTIAN NAMES *Frederick*

REGL. NO. *725090*

RANK *~~Pte.~~ Cpl.*

UNIT *109th*

Batt.

FORMER CORPS *45th Victoria Regt.*

S.O.S. 20-2-18.M.U. 3.
10. FOLL.
Auth-Documents.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Cornell Hiram. C.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *R. R. No. 3. Amnence
Ont.*

COUNTRY OF BIRTH *Canada Victoria Ont.*

1895

PLACE OF ATTESTATION *Lindsay Ont.*

DATE *Dec. 15th 1915*

ailed from Halifax

23/7/16 sent to olympic 48

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Schoolteacher

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

20

YEARS

6

MONTHS

HEIGHT

6

FEET

1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Hazel

HAIR

Dark Brown

DISTINGUISHING MARKS

Scar above left breast.

MEDICAL EXAMINATION.

PLACE

Lindsay Ont.

DATE

Dec. 15th 1915

290 ✓

Surname **Corneil** Christian Name or Names **F.** Reg. No. **725019**
 Rank **Pte.** Unit **38th Bn.** Co. **East Ont.** Troop Batty.

Hospital Date of Admission **16-1-17**
 Transferred **no 11 C. F. W.** **no 13 Can. F. Amb.** Hosp. **24-1-17**

Ontario Mil. Hosp. Orpington Hosp. **13. 4. 17**
No. 5. Can. Gen. Kirkdale. Hosp. **25. 10. 17.**
 Hosp.

Diagnosis **neuritis L. Leg.**
 (1) **G. S. W. R. Leg**
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

To duty. 6-2-17. Date

C.L. 6-2-17 A120
" 14-2-17 A126
" 16-2-17 A128
5-3-17. A141.
18. 4. 17 B166
20-10-17 B. 4991
1. 12. 17 B77.

REMARKS

R.F.B. Sick 16-1-17.

Invalided to Canada 15. 11. 17

A.M.D. 2 Dept.

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

a.w.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1-16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

*1-7-35
BWA*

PARTICULARS OF SEPARATION ALLOWANCE

No. *725090*

Rank *Capt.* Promoted Reverted Discharge

Soldier's Name *Fred Corneil*

Battalion *109th Batta "B" Coy.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. H.E. Corneil*

Address *Omeume, Ont. R. R. # 3*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>340</i>	<i>340</i>	<p><i>Ch. P. \$340. A/c Closed 31-12-17</i></p> <p><i>Bot'd per... Glenhart.. Castle</i></p> <p><i>Date 15-11-17. X. 15-12-17</i></p> <p><i>Clk. E.S.</i></p> <p><i>\$60.00 Overpaid for Oct. Nov. & Dec. 17 has been recovered by C.P. On file 3724-F-16</i></p> <p><i>D.O. 3-1-18.</i></p> <p><i>Discharged 20/2/18. H.O. 649-C-10897 J.P. 2/18</i></p>

M. F. W. 128
 40034-6-17-1772-39-114
 L. L. 22320-M. & D. 1866.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 2520-M. & D. 7383.

Ontario Military Hospital.

Ward XI Cleverly No. of bed 37 Date 18th August 1917

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<u>725090</u>	<u>Cpl. Corniel, F. M.</u>	<u>30th Div.</u>	<u>Left Leg.</u>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Brigade: 12th
 Division: 4th
 Nationality: Canadian
 Occurred at: Vimy
 Ref. from: No 32 W. American
Old S.W. Left leg.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate R 6/72 8 1/2 x 6 1/2 A.P. + L

No apparent foreign body or injury to bone.

Signature of M.O. Arthur Macbeth

Date 18-8-17

Signature of Radiographer R. Gilchrist

Date Aug. 20/17

capt



649. 6. 10897

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.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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.	725090
Rank	L/Cpl.
Name	Gorneil F.M.
<small>Note—The name must agree strictly with that on document unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	109th Batt.
Date of Discharge	20-2-18
Place of Discharge	Kingston Ont
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	22 years.....months.
Height	6 feet.....1/2 inches.
Complexion	Fair
Eyes	Brown
Hair	Fair
Trade	School Teacher.
Intended place of residence	Omeme, Ont.
<small>(To be given as fully as practicable.)</small>	
<p>2. The above-named man is discharged in consequence of <i>Bung medically unfit for further service</i></p>	
<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.	
<i>good - Good -</i>	
<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.)	

To be in the handwriting of the Commanding Officer, who will sign if make ident ent entries on the character certificate and initial them.

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) Hampton

[Signature] CAPT. & ADJT.
1st Unit, M. H. C. C.

(Date) 20-2-18

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) Hampton Det - F. M. Corneil (Signature of Soldier.)

(Date) Feb 15th 18 H. Griffin (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 77 days.

Total 2 years 77 days.

11. Confirmation of Discharge.

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

(Place) Hampton

[Signature] CAPT. & ADJT.
1st Unit, M. H. C. C.

(Date) 20-2-18

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.)

Paid up to date, Jan. 31st/18.

Fred. M. Corneil

Leg is not swollen and movements at ankle and knee are all normal.
 There is loss of epicritic and protopathic sensation over the
 anterior surface of the Tibia for a strip 2" wide extending down
 just below internal malleolus. X-ray shows an area of periostitis
 3/4" long near the middle of the inner border of the shaft.
 Man does not limp nor use a cane. Heart & lungs normal. Pulse 76.
 B.P.S. 119 - D.78.
 Urine: - ~~S.G.~~ Normal.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

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

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

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

MEDICAL HISTORY OF AN INVALID

ORIGINAL

STATION Kingston, DATE Jan. 31/18

1. (a) Unit 38th Battn. (b) Regimental No. 725090 (c) Rank L/Cpl.
 (d) Surname Cornell (e) Christian name Frederick M.

2. Age last birthday 22 Date of birth June 16/1895

3. Enlisted at Lindsay on Dec. 15th/15

4. Personal description :-

(a) Height 6'1 1/2" (b) Weight 164 (c) Complexion fair
(stripped)

(d) Colour of hair light brown (e) Colour of eyes hazel (f) Identification marks

Scar size of 50 / piece just above left nipple.

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

Omeme

6. Former trade or occupation School teacher

7. (a) Service	PERIODS	
	Years	Days
	From	To
<u>109th Battn.</u>	<u>Dec. 15/15</u>	<u>Dec. 5/16</u>
<u>38th Battn.</u>	<u>Dec. 5/16</u>	<u>date</u>

(b) Has he been Overseas? yes - 4 months & 1/2 in France.

8. Present disease or disability (use authorized nomenclature if possible). Effects G.S.W. in right leg.

(a) Date of origin April 9/17 (b) Place of origin Vimy Ridge

(c) Cause* G.S.W. *(Here include original disease or injury)

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

Man was wounded in right leg April 9/17, the bullet striking the ant. surface of Tibia about its middle and splintering the bone but did not cause complete fracture. At present man complains of pain on inner side of ankle when he walks, also says the ankle is weak. Man says he has to wear a bandage all the time or his leg swells up and becomes sore. Says has no feeling over the inner and front part of the right shin bone down to point below the ankle. Examination There is a healed scar about 2" wide 1" long, over the inner front portion of the right tibia at its middle. This is not coherent and is slightly tender on pressure.

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

10. History ;

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

Patient was 4 1/2 months in France. While going over the top of Vimy April 9/17 he received a wound on the Rt. Tibia. This discharged for 6 months before it completely healed up. Has been healed now for 4 months.

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

25% for 6 months - Re-examn.

12. Did the disability arise on or off duty ?

On duty

13. Was a Court of Inquiry held ?

no

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

Yes..... No.....
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ?

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

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

one year.

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

32 Stationary Wimereaux - Ont. Military Hospital. Orpington,
Queen's Military Hospital Dec. 2/17

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

no

19. Can the former trade or occupation be resumed ?

yes

20. Recommendations

That this man be discharged from the service.

W. S. ...
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Fred. M. Corneil
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier 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).

Yes.

23. It is certified that the soldier

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

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

W. S. ... President.
E. C. MacCallum Member.
L. N. Armstrong Member.

STATION Kingston,

DATE Feb. 4/18

APPROVED BY

DATE FEB 9 - 1918

APPROVED BY

DATE

W. S. ... Captain A. M. G.
Assistant Director of Medical Services.
For A. D. M. S. M. N. District No. 3.

Director-General of Medical Services.

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:—

[Faint, mostly illegible text from the reverse side of the page, including the word 'recommend' and some numbers like '22', '23', '24', '25', '26', '27', '28', '29', '30', '31', '32', '33', '34', '35', '36', '37', '38', '39', '40', '41', '42', '43', '44', '45', '46', '47', '48', '49', '50', '51', '52', '53', '54', '55', '56', '57', '58', '59', '60', '61', '62', '63', '64', '65', '66', '67', '68', '69', '70', '71', '72', '73', '74', '75', '76', '77', '78', '79', '80', '81', '82', '83', '84', '85', '86', '87', '88', '89', '90', '91', '92', '93', '94', '95', '96', '97', '98', '99', '100']

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.

Reserved for M.H.C.

Regt. No. 725090 Rank *Capt.* Surname *CORNEIL* Christian Name *FREDERICK MAURICE*
Unit or Corps—(a) Overseas from United Kingdom. *38th Canadian* (b) In United Kingdom. *38th Canadian*
Born at—Town. *Amnec* County or Province. *Ontario* Country. *Canada*
Date of Birth—Day. *16th* Month. *June* Year. *1895* Age. *22* yrs. *2* months.
Joined at. *Lindsay Ontario* Date. *Dec. 15th 1915*
Former Trade or Occupation. *Schoolteacher*

Permanent marks or peculiarities that will serve for future identification:—

*Scar on left breast just above the nipple about the size of a crown.
Scar on right leg over shin about midway between ankle and knee*

Height—feet. *6* inches. *1* Colour of eyes. *Blue*

Signature of Soldier (for identification purposes). *Frederick Maurice Corneil*

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)
Disabilities Group (b)
Disabilities Group (c)

PAIN AND OEDEMA RIGHT LEG ON WALKING

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.	<i>GUNSHOT WOUND RIGHT LEG. & PHLEBITIS.</i>	<i>Vimy Ridge.</i>	<i>April 8th 1917</i>
(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? *No*
(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? *Yes*
(ii.) As to Group (b) above? *No*
(iii.) As to Group (c) above? *No*

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? None (v.) When? None
 (vi.) Opinion of the Court? None

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.)
 Patient says that when going over the top during the recent operations of the right leg he sustained a severe laceration, then to full ambulance station at Sharncliffe then to C.C. Sat Heron No 13, then to Winclesby No 32 Stationary Hosp. Thirty six hours there and then sent to Ontario Military Hosp. arriving April 12th 1917. Patient does not remember dates when he was at the various hospitals etc.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)
 General health - Good
 Heart - No evidence of disease
 Lungs - No evidence of disease
 Venereal Glands - No evidence of disease
 Wound of right leg on tibia about mid way between ankle and knee. Has healed and broken down several times. Much oedema of the leg and foot also some pain especially if he is on his feet for any length of time. There has been no improvement of the condition during several months of treatment.

8. OPERATION. (i.) Was one performed? No Right leg after being wounded which is caused by shrapnel.
 (ii.) If so, state what. None
 (iii.) Was one advised and declined? None

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: No

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

Date of Report: Sept 13th 1917
 Station: Ontario Military Hospital, Orpington Kent
 Signed: W. Macbeth Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except
 Dated at: Orpington, Kent Station, on: 26 SEP 1917
 * 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)?
 If not, indicate it. Yes
12. Is the cause of the disability fully indicated in Part I. (2)?
 If not, indicate it. Yes
13. Was the disability caused or aggravated by—
 (a) Negligence of the Soldier { Caused? No Aggravated? No
 (b) Misconduct of the Soldier { Caused? 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%.)
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.)
16. Permanency of the Pensionable Disability estimated next above in (15).
 (i.) Is it permanent?
 (ii.) If not permanent, what is its probable minimum duration (in months)?
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? No
 (b) Fit for base duty? No
 (c) Invalid to Canada? Yes
 (d) Discharge from service as permanently unfit? Yes

Classification for the Military Hospitals Commission.

Date of Board: 26 SEP 1917
 Station: ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.
 Approved: Major Captain C.A.M.C.,
 Dated at: Orpington, Kent Station: Orpington, Kent
 For A.D.M.S. Canadians, London Area. Station: Orpington, Kent
 29 SEP 1917

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
 HOSPITAL REPRESENTATIVE
 ONTARIO MILITARY HOSPITAL

