

ok  
of force  
Feb-3 →

Woodville

66

**ATTESTATION PAPER.**  
109th OVERSEAS BATTALION, C. E. F.

No. 725597

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**ORIGINAL**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

- 1. What is your surname?..... *Cowie*
- 1a. What are your Christian names?..... *John Albert Russell*
- 1b. What is your present address?..... *P.R.#2 Woodville Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Thorah Tp. Ontario Co. Ont.*
- 3. What is the name of your next-of-kin?..... *John H. Cowie*
- 4. What is the address of your next-of-kin?..... *P.R.#2 Woodville Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *Jan. 7th. 1898*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *John Albert Russell Cowie* 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.

Date *February 3rd* 1916 *John Albert Russell Cowie* (Signature of Recruit)  
*Gust Hall* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *John Albert Russell Cowie*, 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 *February 3rd* 1916. *John Albert Russell Cowie* (Signature of Recruit)  
*Gust Hall* (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 *Woodville* this *Third* day of *February* 1916.  
*Rankin W Thomas* (Signature of Justice)

66

# Description of John Albert Russell Cowie on Enlistment.

Apparent Age 20 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 1/4 ins.

Chest measurement { Girth when fully expanded ..... 38 1/4 ins.  
 Range of expansion ..... 4 3/4 ins.

Complexion ..... dark

Eyes ..... Blue

Hair ..... Black

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

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

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

*Scars resembling vaccination but caused by bite from dog, on anterior of right arm about midway between elbow and shoulder. also scar behind elbow on right arm. Scar on outside of right ankle and a scar on the inside of right ankle, both caused by dog-bite.*

## 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 July 3<sup>rd</sup> 1916.

Place Woodville

*J. McCulloch*  
 Capt.  
*H. Boyd*  
 Medical Officer  
 109th Overseas Battalion, C. E. F.

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

John Albert Russell Cowie 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 February 5<sup>th</sup> 1916. [Signature] Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

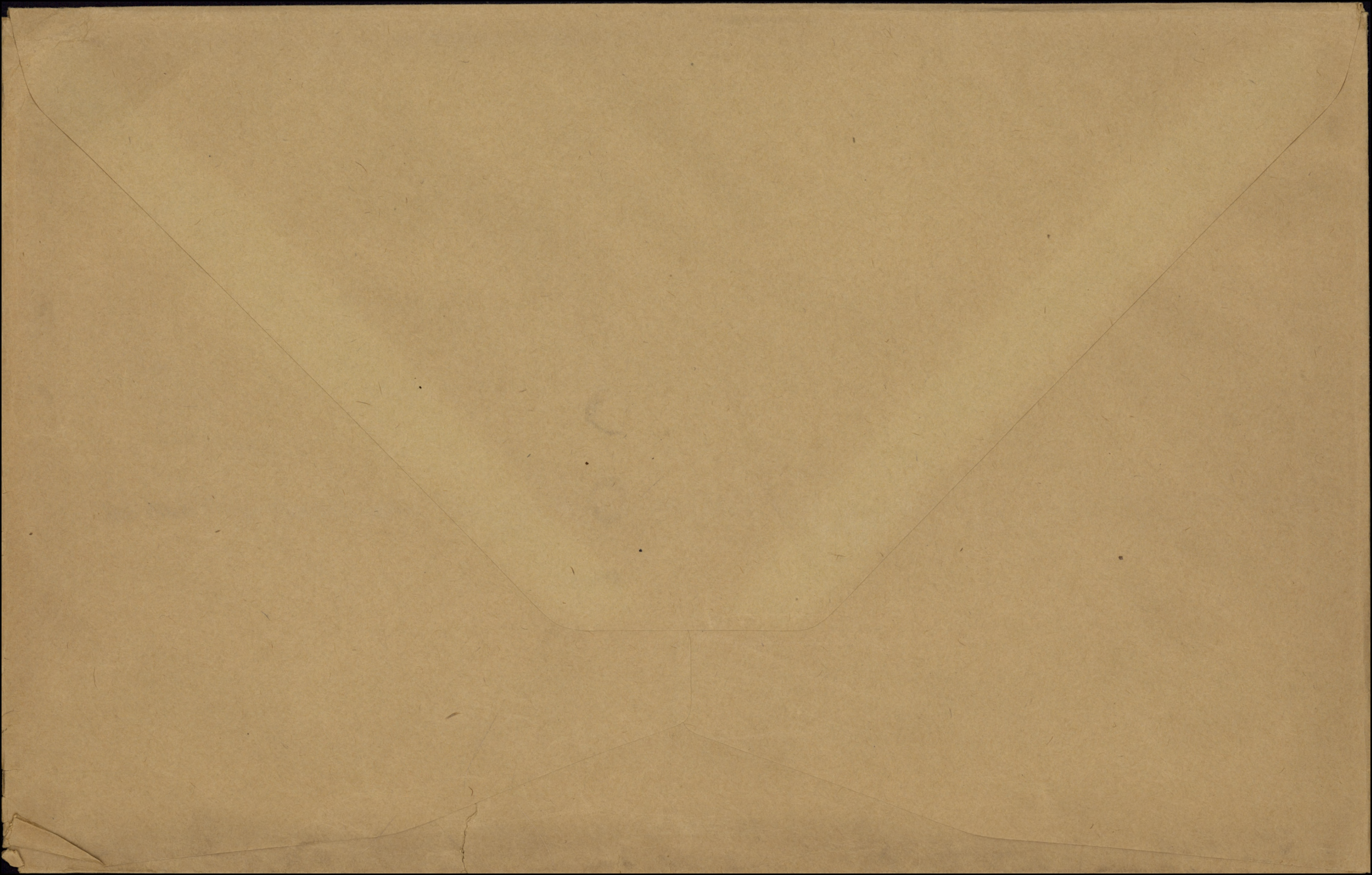
**C.E.F. REGIMENTAL DOCUMENTS**

NAME **COWIE JOHN ALBERT RUSSELL** REGT. No. **725597** UNIT **20 BN** H. Q. FILE No. **41127**



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					<b>DEATH</b>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<b>M.U.</b>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					





ADMITTING CARD.

O.N.P.

Regt. No. 725597 A. & D. No. 2009

Rank Pvt

Name Carrie J. R. R.

Corps 10th Co

Religion Pres. Age 19

M. H. Rec'd \_\_\_\_\_ M. H. Requested \_\_\_\_\_ M. H. Ret'd \_\_\_\_\_

Disease Stomach

Admitted 27 JUN 1917

Discharged 29 JUN 1917 at 11 9th Res

Place in Hospital 71

Transferred \_\_\_\_\_

Results \_\_\_\_\_

14/12

REMARKS:

MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			

Orig. Dup. Recd. from *Sumnerdon* 1/6/1917

Orig. Dup. Sent to *NR* 29/6/1917

Recd. from Repr. this Orig. Dup. 1 / 10

Ward

*Orig Recd / J. H. H. H. H. H.*

29 JUN 1917

No. 72597 RANK

Ple

NAME Cavie. J. A. R.

T. O. S. 3-2-16  
S. O. C. 5-2-16

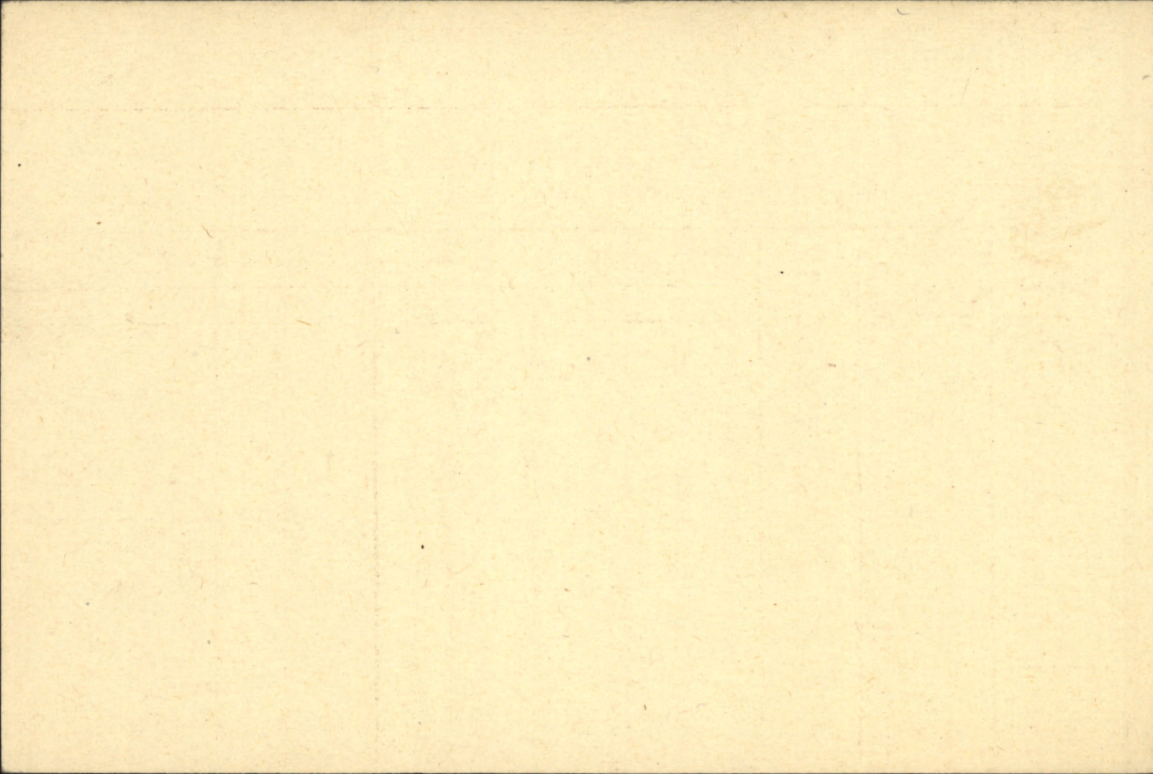
UNIT

109th. Battalion

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Feb. 3	1916. Feb. 29	✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED  
JUL 23 1916





# John Albert Russell

FORM R. 149.

7106-250m-7/2/17.

Name **COWIE** Rank **Pte.** Reg. No. **725597**  
 Unit **20th Battalion.**  
 Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.			Slt.			
11-4	No.2 Aust.G.H.Wimereux.	GSW L.F'Arma	491	M2616	23-4	
15-4	Leith W.H.Seafield.	Leith.	do.	B325		
6-6	Summerdown Conv.	H. Eastbourne.	do.	B358		
28-6	Com. M. H. Eastbourne		do.	B379		
29-6	Discharged		do.	B379		



REG. NO.

725597

NAME

Lowie J. A. Russel

7512

(SURNAME FIRST)

RANK

Pte

CORPS

109th Battalion

39

AGE

19

SERVICE

NAME OF HOSPITAL

Queen's Military

PLACE

Kingston

DATE OF ADMISSION

20 - 10 - 17

DISEASE

G.S. Wound left arm & Hand

DISCHARGE

31 - 1 - 18

OPERATION

DISCHARGED TO DUTY

Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



HEB  
Number

725-5-97

Rank

Plt

Surname

COVIE

Christian Name

John Albert Russell

Units

20th Gen Reg

Theatre of War

France

Date of Service

6-10-16

Remarks

Lonville

Latest Address

Lonville France

111 Nassau St  
Ashawa, Ont.

Victoria Co. Ont.

Roll No.

200m.-6-21.W.

Page 20713

TOTAL SERVICE WHERE  
AND HOW LONG

DATE AND PLACE OF ORTN

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)  
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT

IN CAT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

NEXT OF KIN

ADDRESS

HOSPITAL

RECN. No. 40013  
DESP. SEP 12 1928

M. F. W. 142.

1772-39-1171.

50m.-2-19.

\* CROSS OU

REGT'L NO 725597

H. Q. FILE NO. 649-

NAME

Cowie, John Albert Russell

RANK AND CORPS

Pte. 20<sup>th</sup> Bn. (form. 109<sup>th</sup> Bn)FOLLOWS  
NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

M. 2616

21-4-17

Adm. 2 Australian Gen. Hosp.

Wimereux April 11<sup>th</sup> 1917/ESW. left arm)

J. 349-

26-9-17

Sailed from Liverpool for Canada per the  
Transport # 826 on the 13<sup>th</sup> Sept 1917.  
(Special Authority.)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 491.	#2 Acust. Gen. Wimerup	11-4-17	Gsw. l. forearm. St.
B 325	Linn War, Seafield, Leith	15-4-17	Gsw. l. forearm.
B 358	Sinnerdson Court, Eastbourne		
	Sheeds War, Seafield bath	6-6-17	Geo Rft Farm 4/7/17
B 379	bandril Eastbourne	28-6-17	- - -
	Disch	29-6-17	
297 II	M. H. e. e. Kingston	30/10/17	Out - p. Queens
323	" " " " "	16-11-17	To Dr. Pat. Queens
346 II	" "	14/12/17	Queens with Jules
5-2.	" "	3/1/18	50 days. Queens.
24.	M. H. e. e. Kingston	31-1-18	Wisch from H. M. S.



Surname *Gowie* Christian Name or Names *J. A. R.* Reg. No. *125597*  
Rank *Rk* Unit *20 Batt.* Troop  Batty.   
Hospital  Date of Admission

Transferred *2 Australian Gen. Wimmera* Hosp. *11.4.17*  
*Leith War Hosp. Seafield* Hosp. *15.4.17*  
*Summerdown Conval. Eastbourne* *6-6-17*  
*Can Mil. Eastbourne* Hosp. *29.6.17*

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

*G. S. W. L. Farm slt. 140*

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*Dis 29.6.17*

*6 L. 23.4.17 2491*  
*24.4.17 B325*  
*9-6-17 B358*  
*5-7-17 B399*

REMARKS

A.M.D. 2 L...  
Bch. of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

A.G.R. Rank Name COWIE, John Albert Russell ✓ Reg'l No. 725597 ✓  
 Unit 109th Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single. ✓  
 Place and Date of Enlistment Woodville, 3rd Feb., 1916. ✓ Place of Birth Thorah Tp., Ont., ✓  
 Name and Address, Next-of-Kin John D. Cowie, ✓ Co., Ont.  
 R.R. No. 2 Woodville, Ont., Canada. ✓ Relationship Father. ✓

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No.	8280
File R.L.	
Category	Can M 16

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Obceas

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					
5-10-16	109 <sup>th</sup> Bn	S.O.S. to 20 <sup>th</sup> Bn	Bramshott	5-10-16	Pt II. 50-279 J.W.C.
11-10-16	20 <sup>th</sup> "	T.O.S. from 109 <sup>th</sup> "	Field	6-10-16	" 55.
23.4.17	---	Adm. #2 Aust. Gen. hosp.	Wimereux	11.4.17	C.W. #491 G.S.W.L. Forcarm St.
24.4.17	---	Jobeth War hosp	Seafeld Heath	15.4.17	--- B325 ---
26.4.17	15 <sup>th</sup> Coy	T.O.S. posted to Depot Coy W'sling		15.4.17	Pt II-47 P.II-32 20 <sup>th</sup> Bn. 7.4.17
9.6.17	20 <sup>th</sup> Bn.	To Summerdown Conv. hosp.	Eastbourne	6.6.17	C.W. B358 G.S.W.L. Forcarm
2-7-17	1 <sup>st</sup> C.O.R.D.	S.O.S. to 5 <sup>th</sup> Res. Bn.	W'Sandling	29-6-17	Pt II D.O. 115
5-7-17	20 <sup>th</sup> Bn.	To Can. Mil. Hosp.	Eastbourne	28-6-17	C.L.B. 379 G.S.W.L. Forcarm
5-7-17	"	Disch. ---	"	29-6-17	C.L.B. 379 ---

A.F.B. 103 CHECKED

17 OCT 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
6-7-17	5 <sup>th</sup> Res. T.O.S from 1 <sup>st</sup> C.O.R.D.		W Sandling	29-6-17	Pt II P.O. 181
13-8-17	5 Res S.O.S. 1st CORD for discharge		Pte do	11-8-17	Pt II 219 (158 <sup>d</sup> 14/8/17) CORD
29-8-17	1 CORD on com to CDD Buxton		Pte W Sand	28-8-17	Pt II 173
19-9-17	1 <sup>st</sup> C.O.R.D. Cease to be att <sup>d</sup> to 1 <sup>st</sup> C.D.D. Buxton <small>Having been invalided to Canada  being no longer physically fit for  War Service  PARA-392 Sect. 16 K.R. 40. 1912  S.O.S. to Canada  AUTH. - 1<sup>st</sup> C.D.D. EMBARK ROLL 13/9/17</small>		W Sandling	13-9-17	Pt II-194
	Sis Rept To Comr. Home		M. A. No 3 Kingston	25-9-17	N.R. 356.

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

32652-652

3806-J-9

Name **Cowie, J.A.R.**  
Surname

Christian Name

Regimental Number **725597**

Rank **Pte.**

Address (in full)

**Lorneville Junction, Ont**

Unit **109th Bn.**

Original Unit

District where paid **M.D. 3.**

Date of Discharge **31-1-18.**

P. D. P. Filing Number **10-60-3.**

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

L. L. 22273—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		
100 10	1202	31-1-18	33 00	1179	28-2-18	33 00	1176	30-3-18	34 10		100 10

Remarks:

**M. F. W. 127.**  
 60x-617.  
 1772 95-1140.

W.S.G. receipt  
28/4/19

Dec'n No	32652/652	W. S. G.	File No	38067.29		
Award	122 days at \$	70 <sup>00</sup> per day	\$	280.00		
S. A.	..... months at \$	..... per mo.	\$	100.10		
	Less P. D. P. Credited		\$	179.90		
	Less further debit balance		\$	.....		
	Net due paid as below		\$	179.90		
TO SOLDIER & DEPENDENT						
O	Ag. No	Pay	ou	o	a No	Amount
f	3041	480534	179.90	✓		
179.90						

5/19

Cowie J.A.R.  
Virginia Ontario  
York Co.

GEN'L AUDITOR  
Posting checked by  
*Rogers*  
Date 23.2.19

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Andrews*  
*Mrs John Andrews*

PAYMENTS.

Name of Soldier

*Bowie, John Albert R.*

L. L. Job 310.—Req. 6574.

# *725597* *C Coy Pli.* *109<sup>th</sup> Baltn*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>N 15201</i>	<i>15</i>	
Sept.		<i>X 16870</i>	<i>15</i>	
Oct.		<i>X 21850</i>	<i>15</i>	
Nov.		<i>S 25806</i>	<i>15</i>	
Dec.		<i>K 32640</i>	<i>15</i>	
Jan.	1917	<i>Ch B 37709</i>	<i>15</i>	
Feb.		<i>B 43382</i>	<i>15</i>	
March		<i>R 46660</i>	<i>15</i>	
April		<i>Q 1249</i>	<i>15</i>	<i>15. E</i>
May		<i>X 2272</i>	<i>15</i>	
June		<i>O 13981</i>	<i>15</i>	
July		<i>620489</i>	<i>15</i>	<i>15. S</i>
Aug.		<i>I 27704</i>	<i>15</i>	
Sept.		<i>H 34754</i>	<i>15</i>	
Oct.		<i>V 46868</i>	<i>15</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*15<sup>12</sup>*

*AUG 1 1916*

*usr*

*15. E* *30<sup>00</sup> overpaid Sept & Oct/17*  
*recovered by EPM*  
*(see file) Jtd 19<sup>11</sup>/<sub>17</sub>*

*210*  
*cu*  
*03*  
*03*  
*25*

*\$ 225<sup>00</sup>*

*A/c Closed 3/10/17*  
*Ret'd per 2/8/26*  
*Date 12/9/17 F. X 29/10/17*  
*Clerk [Signature]*

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.				



Name Gowie J.A.R.

M. F. W. 41  
1 0M-7-46 P. C. No.  
1772-39 889  
2411

Regimental No. 725.597. W

Home.  
Name and address of next-of-kin Lornville Junction  
Victoria Co., Ont.

Unit 109 Bn.

Date of enlistment 5.2.16.



M.B. 15.10.17. Conv Home.

Place of Woodville.

Married (yes or no) Yes no Sd.

Date and place discharged

Amount of pay assigned monthly \$ 15.00 1.8.16-31.10.17

\$225.00  
Reason for discharge

To whom payable Mrs John Andrews.

Character on discharge

Justitia 25.9.17. Woodville. Ont.

"D" H.O. 649. C 10863

Form 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	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date				
	30.8.17							48 48							E.L.P.C.
31.8.17	31.10.17	62	1.00	62.00	62	.10	6.20		116.68				4.87		AR 9365.
													9.73		Boat.
													70.00		S.D. Que.
													30.00		Sep & Oct.
														114.68	E.L.P.C. pendon 8/11/17
														2.08	show ap adv to 31.10.17
									116.68					116.68	and rfd to limit

CRK

Peterb SAAP  
re a.p. Sep Oct.  
8/11/17

EA Pchgd fr 1.8.16-31.8.17. \$195.00



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.—4-16.  
 H. Q. 1772-39-819.

*Andrews*  
 To Whom *Mrs John Andrews*  
 Address *Woodville*  
*Ont.*

By Whom Assigned *Cowie, John Albert, R.*  
 #  
 Regtl. No. *725597*  
 Rank *Plt*  
 Corps *"C." Co. 109<sup>th</sup> Battr.*

*R. R. #2.*  
 Rate *\$15<sup>00</sup>*

AUG 1 1910

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				



1911

12

11

10

9

10

Sus

Cowie 9. R.

7/1/18

Loss of sensation 2<sup>d</sup> & 5<sup>th</sup> fingers  
left hand, also ulnar side dorsum  
- palmar surface of hand. Flexion  
little finger 60%, extension 60% - grip  
1/3 normal.

History: Shell wound  
left forearm v. a. e. Apr 9/17

W. N. W.

Heald

*Brought Forward*

184

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

M. E. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425594 Rank Private Name Gowrie John Albert Russell

Enlisted (a) 3.2.16 Terms of Service (a) D of W Service reckons from (a) 3.2.16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Farmer

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

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

Embarked Canada.		Halifax	24.4.16.	
Disembarked England.		Liverpool	31.4.16.	

Transferred for Overseas Service with 20th Batt'n OCT 5 1916 D.O. Ptll. No. 279

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O'rs 5521/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	22/10/16	NR
14-4-17	do	Wounded	Fld	9-4-17	B213 288D/27-4-17
14-4-17	2 Aust	Gen S. W. Forearm L Iny. (Wdd) & posted to 1st Regl Dep. Shorncliffe per HS	1st Centl Ont. Jan Breydel	14-4-17	W3083(6441) Pt 2 32D/27-4-17

Ms. 26-4-17

1st C.O.R.D T.O.S. from 20th Bn W. Sandling 15-4-17 #II-47

Capt. for Lt.-Col., A. A. G.  
Canadian Section, G. H. O. 3rd Echelon, B. E. F.  
Lieut. J. P. Matsumi Capt  
For Colonel i/c Records, Comd.

(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				
2/7/17	1 <sup>st</sup> BORD.	S. Off. S. on being Posted to 5 <sup>th</sup> Res. Bn	W Sandling	29/6/17	Bn of. 115
6/7/17	66.5 <sup>th</sup> Res	J. on S. from 1 <sup>st</sup> BORD.	W Sandling	29/6/17	Bn of 181
13/8/17	O.C. 5th	S. Off. S. on being Posted to 1st C.O.R.D.	W. Sandling.	11/8/17	B'n. Ord. 219 e.t.
14. 8. 17	1 <sup>st</sup> BORD	Reasons for ...	W Sandling	11. 8. 17	615 Canadian Reserve Battalion, West Sandling, Kent. 157
14. 8. 17 29. 8. 17	1 <sup>st</sup> BORD	Att to ... Buxton	W Sandling	28. 8. 17	Rt Lt Col. D. J. 157/173 J. H. Watton Lieut. & Assiet. Adj. for O. C. 1st C. O. R. D.
29 AUG 1917	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 204		Commanding	R. M. White Lt. Col. Canadian Discharge Depot.	
13 SEP 1917	EMBARKED FOR CANADA FROM LIVERPOOL		Commanding	R. M. White Lt. Col. Canadian Discharge Depot.	



725 597 P. Bowie f.o.R.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll.	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
<del>28.6.17</del>	<del>1361</del>	<del>10</del>		<del>2</del>	<del>43</del>		<del>Lawther &amp; Jameson Wilson</del>		
<del>29.6.17</del>	<del>1394</del>	<del>10</del>		<del>4</del>	<del>86</del>		<del>"</del>		
<del>25.7.17</del>	<del>612</del>	<del>1</del>		<del>4</del>	<del>87</del>		<del>W Sandling &amp; Hansie</del>		
<del>10.8.17</del>	<del>693</del>	<del>5</del>		<del>2</del>	<del>33</del>		<del>"</del>		
<del>23.8.17</del>	<del>187</del>	<del>10</del>		<del>4</del>	<del>86</del>		<del>W A Limer</del>		
				<del>1</del>	<del>28</del>	<del>97</del>			

INDENT FOR RATIONS.

UNIT.....

STATION.....

DATE.....

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.  
OFFICERS AND MEN. HEAVY DRAFT HORSES. LIGHT DR

TOTAL STRENGTH .....

ATTACHED FOR RATIONS.....

\* TOTAL STRENGTH.....

Remarks

NAME OF PLACE OF  
\* TOTAL  
PAYMENT

NAME OF PLACE OF  
\* TOTAL  
PAYMENT

NAME OF PLACE OF  
\* TOTAL  
PAYMENT

LESS ON COMMAND.....

LESS ON COMMAND.....

LESS ON COMMAND.....

.. IN HOSPITAL.....

.. IN HOSPITAL.....

.. IN HOSPITAL.....

.. ON LEAVE.....

.. ABSENT WITH  
OUT LEAVE.....

.. OFFICERS NOT  
DRAWING  
RATIONS.....

.. O.R. NOT  
DRAWING  
RATIONS.....

\* TOTAL NOT DRAWING RATIONS .....

TOTAL NOT DRAWING RATIONS .....

TOTAL NOT DRAWING RATIONS .....

\* TOTAL RATIONS AUTHORISED.....

\* TOTAL DRAWING RATIONS .....

\* TOTAL DRAWING RATIONS .....

\* These totals must agree with the Daily Parade State accompanying this indent.

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

OFFICERS AND MEN.

BREAD	MEAT	BACON	SUGAR	TEA	SALT	FOR BREAD	
						FLOUR	YEAST
TOTAL RATIONS AUTHORISED AS ABOVE ...							
DEDUCT:—NUMBER OF RATIONS ON HAND ...							

THE CANADIAN PENSION COMMISSION

6-10863

MEMORANDUM

To.....The Officer i/c Records.....  
Department of National Defence,  
From.....The Canadian Pension Commission.....

OTTAWA, 15th June, 1940. 31/1/8

CPC 24615

*✓*  
*200*  
*Robert Marshall*  
#725597, Pte. John A.R. Cowie  
109th Bn.

DEF  
NATIONAL DEFENCE  
JUN 17 1940  
H.Q. OTTAWA

The marginally named  
Died May 8th, 1940.  
Next of kin No information available.

In the opinion of the Commission, death was not related to service with the forces.

*Noted Docs 4 will to man. 8/7/20*  
*Robert Marshall*

*B. O'Meara*  
for  
Canadian Pension Commission.

Not on strength-  
SC9.

MINUTE BOOK

1951 June 1950

1951

1950

The meeting was held on  
the 19th day of June, 1950.  
No information available.

Present  
Messrs. [illegible]

In the opinion of the  
Commission, the [illegible]

is [illegible]

1951  
The Pension Commission

1950

# 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. 725397 Rank Pte. Name Cowie, J.A.R.

Corps. 109th Bn. who was\* Discharged

On January 31st 1918, to Class 3, Medically unfit  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1918, to January 31st 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'tl Pay..... <u>31</u> days at \$ <u>1</u> c.....	<u>31</u>	
by } No.....			Field Allow. .... <u>31</u> days at \$..... c. <u>10</u>	<u>3</u>	<u>10</u>
Cheques } No.....			Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allee. No <u>5970</u> .....	<u>15</u>		Other Allowances* <u>D.O. 34683 Subs.</u>	<u>21</u>	<u>60</u>
Other charges .....			Other Credits*..... <u>Clothing</u>	<u>15</u>	
Payment on transfer or discharge No <u>5971</u> .....	<u>53</u>	<u>70</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....			Total.....	<u>68</u>	<u>70</u>
Total.....	<u>68</u>	<u>70</u>	Total.....	<u>68</u>	<u>70</u>

\* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of January 1918 } (to) Assignee..... Mrs. J. Andrews,  
 { and Sep'n Allee. for month of ..... 191 }  
 (Address) ..... Woodville, 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..... 5MD 88.C.255
- (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 January 17th, 1918,

Place Kingston, Ont.

*W. Peter*  
 Paymaster, C Unit M. H. 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.

GENERAL STATEMENT

1. The Canadian Contingent to the European Force, consisting of the following personnel, was organized at ...

2. The personnel of the Canadian Contingent were organized into the following units: ...

3. The Canadian Contingent was organized into the following units: ...

4. The Canadian Contingent was organized into the following units: ...

5. The Canadian Contingent was organized into the following units: ...

6. The Canadian Contingent was organized into the following units: ...

7. The Canadian Contingent was organized into the following units: ...

8. The Canadian Contingent was organized into the following units: ...

9. The Canadian Contingent was organized into the following units: ...

10. The Canadian Contingent was organized into the following units: ...

11. The Canadian Contingent was organized into the following units: ...

12. The Canadian Contingent was organized into the following units: ...

13. The Canadian Contingent was organized into the following units: ...

14. The Canadian Contingent was organized into the following units: ...

15. The Canadian Contingent was organized into the following units: ...

16. The Canadian Contingent was organized into the following units: ...

17. The Canadian Contingent was organized into the following units: ...

18. The Canadian Contingent was organized into the following units: ...

19. The Canadian Contingent was organized into the following units: ...

20. The Canadian Contingent was organized into the following units: ...

21. The Canadian Contingent was organized into the following units: ...

22. The Canadian Contingent was organized into the following units: ...

23. The Canadian Contingent was organized into the following units: ...

24. The Canadian Contingent was organized into the following units: ...

25. The Canadian Contingent was organized into the following units: ...

26. The Canadian Contingent was organized into the following units: ...

27. The Canadian Contingent was organized into the following units: ...

28. The Canadian Contingent was organized into the following units: ...

29. The Canadian Contingent was organized into the following units: ...

30. The Canadian Contingent was organized into the following units: ...

31. The Canadian Contingent was organized into the following units: ...

32. The Canadian Contingent was organized into the following units: ...

33. The Canadian Contingent was organized into the following units: ...

34. The Canadian Contingent was organized into the following units: ...

35. The Canadian Contingent was organized into the following units: ...

A

B

DEMobilIZATION  
DEPARTMENT OF MILITIA AND DEFENCE.

MAR 31 1919

WAR SERVICE GRATUITY  
War Service Gratuity  
KINGSTON, ONT.

*ROK*

32652  
652

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *John Albert Russell Cowie* Surname *Russell*
3. Rank *Private* 4. Original Unit *109th Bn* 5. Reg. No. *725597*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Virginia Ottawa York County*
7. Date of enlistment in the C.E.F. *Feb. 3rd 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. Present address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*109th Bn. July 1916*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *109th Bn Feb 1916 to Aug 1916 - 20th Bn Aug 1916 to April 1917  
Hosp. then to West Sandby Reserve to Sept 1917*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *3 months post des. M.D.# Rington*
20. Have you been issued with a War Service Badge? If so, what class? *A*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *no*
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge *Jan 31<sup>st</sup> 1918*  
 (b) Reason for discharge *medically unfit*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *no*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *20th Bn Aug 1916 to April 1917*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*  
 (b) If so, are you in receipt of full pay and allowances from that Department? *no*

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

Signature of Applicant: *J. A. M. Coburn*

Place of Residence: *Virginia Ontario*

Declared before me at: *Toronto*

This

*27<sup>th</sup>* day of *March*

19*17*

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

**POST DISCHARGE PAY.**

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Jan 31/18</i>	<i>33<sup>00</sup></i>			
<i>Feb 28/18</i>	<i>33<sup>00</sup></i>			
<i>Mar 31/18</i>	<i>34<sup>10</sup></i>			

Certified Correct.

*\$ 100 10*

District Paymaster.



725597

# ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

8

Surname Cowie

Christian Name John Albert Russell

MILITIA & DEFENCE

Examined { on 3<sup>rd</sup> day of July 1916  
at Woodville

Approved by J. McCulloch **APR 27 1920**  
Rank 109th Overseas Battalion, C.E.F.  
Medical Officer

Birthplace { City or Town Spyr Thorch  
County Ontario

Apparent age 28 years

Trade or occupation farmer

Height 6 Feet 10 1/4 Inches

Weight 139 Lbs.

Chest measurement { Minimum 33 1/2 inches

{ Maximum expansion 38 1/4 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right None Left one

{ Number 7 one

When Vaccinated last February 19<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<b>24 APR 1920</b>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>19-2-16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>15.5.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>25.5.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>23.9.16</u>	<u>"</u>	<u>H. Boyd</u>
		M.O.
		M.O.

Enlisted on 3<sup>rd</sup> day of July 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>725597</u>		<u>3-2-16</u>
Transferred to.....	<u>21st Bn</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>W Sandhuig.</u>	<u>8-5-17</u> <b>-9 AUG 1917</b>	<u>lgs. left arm</u> <u>approved</u>	<u>Discharged</u> <u>H.B. Thomsen</u>
		<u>J. McCulloch</u> CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE.	

CANADIAN

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.

88-C-230  
235

Surname *Conce* Christian Name *John Albert Russell*

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				
Leith War Hospital, Seafield, Leith.		15	4	17	4	6	17	S.S.W. Treason	50	Wound healed. some degree of "claw hand" - little and 4 <sup>th</sup> fingers flexed - so improving under massage. got to Canadian Com. Hospital.	Gordon H.B.
CANADIAN MILITARY HOSPITAL, EASTBOURNE.		5	6	17	27	6	17	" "	22	Fit. To Can Mil Hosp. Eastbourne	W.E. Jones Capt R.A.M.C.
		27	6	17	29	6	17	do	3	Bears discharged a iii	W. Hawley Capt R.A.M.C.



R. C. APR 27 1920

Lorneville Joh. Victoria Co Ont.  
**MEDICAL HISTORY OF AN INVALID.**

**B.P.C. ORIGINAL**

1. Station. Q.M.H. Kingston, Ont. 8. General remarks on his:—

2. Regiment or Corps. 109th C.E.F. (a) Conduct.

3. Regimental No. and Rank. 725597 (b) Habits.

Pte.

4. Name. John R. Cowie. (c) Temperance.

5. Age last Birthday. 20 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on 3 Feb. 1916.

at Woodville, Ont.

7. Former trade or occupation. Farmer. Date. 4 Jan. 1918.

REPORT  
 CONFERENCE  
 JAN 23 1918  
 649-6-10863  
 CHECK

9. Service.	Years.	Days.	
		PERIODS	
		FROM	To
<u>109 Bn. C.E.F.</u>	<u>Feb. 1916.</u>	<u>Oct. 1916.</u>	
<u>20 Bn. C.E.F.</u>	<u>Oct. 1916.</u>	<u>Date.</u>	

10. (a) Disease or disability. (1) Effects of injury to Ulnar nerve left fore-arm by  
 (b) Date of origin. (1) 9 April 1917. ( Shrapnel wound)  
 (c) Place of origin. (1) Vimy Ridge.  
 (d) Cause. (1) H.E. shell.

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Man says shrapnel injured his left forearm causing loss of use of left hand. He says he has very little strength in left hand and there is loss of sensation in fourth and 5th fingers, also across dorsum of left hand and corresponding portion of palm. Obj. There is a healed scar 1 1/2" long on middle of Ulnar surface of left forearm; another scar 3" long directly opposite on postero-ulnar surface. Small muscular hernia in each case. The ulnar nerve has been affected as there is loss of power and sensation in 4th and 5th digits, also loss of sensation on ulnar surface of dorsum of left hand, and corresponding position of palmar surface. There is atrophy of adductor muscles of left thumb. Extension of index, 2nd and 3rd fingers normal. Flexion normal. Extension of little finger 60%, Flexion 60%. Grip with thumb and three fingers of left hand 1/3 normal. All passive movements of thumb and fingers normal. Movements of left wrist, normal. Supination & pronation normal. No ulnar deflection of left hand. Operation not advised. Lungs normal at present expansion 35-38" No evidence of any lesion. Has not had cough for 10 weeks. No sputum. Weight previous

12. (a) Is the disability the result of service or climate? ( to enlistment 160. present weight 170.  
 (b) Has it been aggravated by intemperance, vice ( Heart normal 76 per min. S.B.P.-130, D  
 or misconduct? NO. ( B.P.-85. Urine -S.G.-1021 React. Ac.-Alb.-no.Sugar-  
 ( No.

B. P. C. FALSE DOCS  
 M. F. B. 227.  
 200M. 8-16.  
 1772-59-117.

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

Scar - One Vaccination scar left arm.

One round scar  $1\frac{1}{2}$ " in diameter middle right arm.

Scar  $1\frac{1}{2}$ " long  $\frac{3}{4}$ " wide anterior ulnar surface left forearm middle third. Corresponding scar 2" long on posterior ulnar surface.

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held? (1) On duty.

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. (1) Not exceptional.

14. Treatment.

Hospitals in France and England.

Queen's Military Hospital, since 20th Oct./1917.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? (1) Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? (1) Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated. (1)  $\frac{1}{5}$ th.

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

L. N. Armstrong Capt. M.C.  
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. "

12. "

15. "

16. "

17. "

18. Is he unfit for Military Service. Yes.

Recommendations : On account of disability resulting from shrapnel wound, affecting ulnar nerve of left hand, this man should be placed in Category "E". Man requires no further hospital treatment. Man able to pass under his own control.

Signatures :—

*W. H. ...* Capt. Am. C. President.

*E. B. ...* Capt. Am. C. Members.

*H. ...* Capt. Members.

Station. Kingston.

Date. Jan. 7/18.

Date. JAN 11 1918

Approved.

Date.

B. P. C. FOLIO  
FALSE DOCKET  
2

*G. W. ...* A.M.C.  
Asst. Director of Medical Services.  
D. A.D.M.S. MIL. DISTRICT NO. 3  
For A.D.M.S. Mil. District No. 3

Director-General of Medical Services.

465/28/1/18

28-1-18  
I 457  
R.C.

JAN 28 1918

*[Handwritten signature]*

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

Date of final Medical Board or decision } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
300m. 8.16  
H. Q. 1772-58-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }  
Date of final disposal }  
How finally disposed of }

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

6

**DUPLICATE**

To be made out in duplicate.

H.Q. 54-21-23-53

**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 **725597**.....

(3) Full Name of Soldier **John Albert Russell Cowie**.....

(4) Place of Birth **Balsoever, Ontario, Canada**.....

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

(6) If married, state,

(a) Full name of your wife **Nil**.....

(b) Present Postal Address **Nil**.....

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

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

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

Also their names and ages **Nil**.....

(9) Is your Father alive? Yes

If so, state name and address John D. Cowie, Woodville, Ontario, Canada  
R.R. No. 2

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow No

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.

Nil

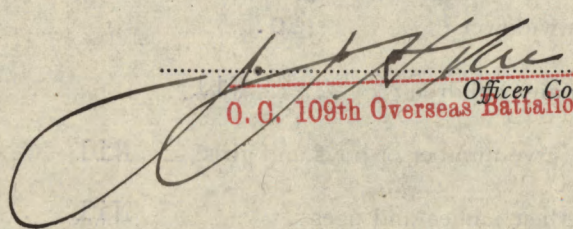
(15) Are you insured? No

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 6th July 1916.

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



MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Thorah Sp. Ont Co*  
 NAME AND ADDRESS OF NEXT OF KIN *John D. Cowie*  
*RR No 2 Woodville ont*  
 RELATIONSHIP OF NEXT OF KIN *Father*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *725 597* RANK *Pte* NAME *Cowie John Albert Russell*  
 IF IN PERM. CORPS | UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *20<sup>th</sup> Bn* DATE *5-1-16* AUTHORITY *80-279*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1<sup>st</sup> B.O.R.D.* DATE *2/6/17* AUTHORITY *Co. L. B. 325. 24/4/17.*  
 PLACE OF ATTESTATION *Woodville* TRANSFERRED TO *Payk.* DATE *31-8-17* AUTHORITY *A 2/13/17 3/18.*  
 DATE OF ATTESTATION *Feby 3<sup>rd</sup> 1916* TRANSFERRED TO *Witch* DATE  
 AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15<sup>00</sup>* DATE EFFECTIVE *aug 1-1916*  
 PAYABLE TO *Mrs John Andrews, Woodville* RELATIONSHIP *Entered on N.E. Card Index*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped* EFFECTIVE *11-9-17* REASON *As to Cowie*  
 DISCHARGE DATE AND PLACE *Canada 30/1/17* REASON AND AUTHORITY *A. F. B. 179. 2/8*  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Checked by *J. Williams*  
 RELATIONSHIP

31

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT												
July 31															21 05	21 05																					
Aug 31	31	10	31	31	10	310									34 10	21 98 16																					
Sept 30	30					3									33	53 31 87 68 1/16																					
Oct 1-5	5					50									5 50																						
6/31	26	1	26	26	10	260									28 60	733 117/16 ✓																					
Nov 30	1	30	30	30	10	3									33 00	1310 3/10 ✓																					
Dec 31	1	31	31	31	10	310									34 10	1243 1/16 ✓																					
1917			15 30			15 30																															
Jan 31	1	34	34	34	10										34 10	1506 1/2 ✓																					
Feb 28	1	30	30	30	80										30 60	1682 21/1 ✓																					
Mar 31		34	34	34	10										34 10	1732 7/2 ✓																					
Apr 30	1	33													33																						
May 31		34	34	34	10										34 10																						
			334 40												21 05	365 45																					

Checked *J. Williams*

Sailing List 45 12/9/17 Lt Bal 43<sup>00</sup>

725597.

Pte. Cowie. J. A. R.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS		BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1			2	3	4	CREDIT				DEBIT	CREDIT
Find			334 40					21 05	358 45						44 05	17 76	14 10		150		225 91	129 52					Transk 1 <sup>st</sup> CORD. effed 21 6 17	
June 20	17	22						22											15		15	136 54						
✓ 30	10	11						11														147 54						
July			34 10					34 10											15		18 64	163					25 <sup>th</sup> 4 <sup>th</sup> 20R. 4.4.17	
Aug 30			33					33											15	3 30	18 30	177 70					30 <sup>th</sup> 3 days 2 <sup>nd</sup> P.M. having duty buttons coming off Guard. 30 19 3 187. 5 <sup>th</sup> Res To Pay 2 h. Dis to Canada	
			434 50					21 05	455 55										195	3 30	277 55						Authy A. F. B. 179 288	
																					25	25	177 45					Checked 1.9.17

R 76 9/6 7  
482 11/6  
482 23/6  
hastbours

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SEP. ALLCL. ENG.
Oct 17	Balf								177 45		
Oct.				4/9/17	487						
				✓ 1805: 10 Stat Hosp: 28 <sup>th</sup>	243						
				✓ 1844: ✓ : 29 <sup>th</sup>	48 64						
				✓ 612: 5 Res Bn: 26 <sup>th</sup>	484						
				✓ 675: ✓ : 12 <sup>th</sup>	2402				92 28		
					8517						
1918	Jan			Anal 187 1 <sup>st</sup> CORD 31 <sup>st</sup>	4867				43 61		
					4867						
				Balance transferred to N. E. Branch.					NIL		

Transk 1<sup>st</sup> CORD. effed 21 6 17  
 25<sup>th</sup> 4<sup>th</sup> 20R. 4.4.17  
 30<sup>th</sup> 3 days 2<sup>nd</sup> P.M. having duty buttons coming off Guard. 30 19 3 187. 5<sup>th</sup> Res To Pay 2 h. Dis to Canada  
 Authy A. F. B. 179 288  
 Sipped 1.9.17

A.S.M. FORM REND. EFFEC. DISCHARGED TO Can DATE 30 8 17 PAYBOOK VERIFIED BY BAL 48 L.P.C. REND. AUTHY. A. F. B. 179 288

Checked *[Signature]*  
 L.P.C.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 17/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. *725 597*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *John Albert R. Cowie*

Battalion *109<sup>th</sup> Batta "C" Co.*

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs. John Andrews*

Address *Woodville Ont. P.R. No 2.*

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>225</i> <i>XX</i>	<i>225</i>	<i>AP closed 31-10-17.</i> <i>Ret'd per Troopship 2861 - 13<sup>9</sup>/<sub>17</sub>.</i> <i>F.X. 29<sup>10</sup>/<sub>17</sub>.</i> <i>Last A.P. Cheque issued in Oct 17.</i> <i>Discharged 21/18 M.O. of 26-1-18 weekly.</i>

*128021*  
*BAH*

*ap*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No.  
Rank                      Promoted                      Reverted                      Discharge  
Soldier's Name  
Battalion  
Beneficiary  
Relationship  
Address

### PARTICULARS OF ASSIGNMENT

Name  
Address  
Change of Address  
1  
2  
3  
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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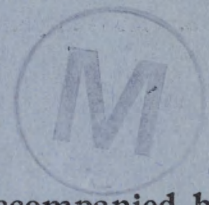
2329

*Luceus*

26-8-32

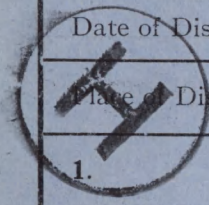
This space to be for numbers.

# Proceedings on Discharge.



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

No.	725597
Rank	Pte.
Name	Cowie, J.A.R.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	20th Battalion.
Date of Discharge	31-1-18
Place of Discharge	Kingston Ont



## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	years.....	months.....	Descriptive Marks
20			
Height.....	6	feet.....	
		inches.....	
Complexion	Fair		1 Vaccination marks, left arm.
Eyes	Grey		
Hair	Black		
Trade	Farmer		
Intended place of residence	Lonneyville, Junc.		
(To be given as fully as practicable.)	Victoria Co Ont		

2. The above-named man is discharged in consequence of *Being Medically unfit for further service*

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 soldier and the Officer Commanding his Squadron, Battery or Company:

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

*Comp 7-1-18 BR*

M. F. B. 218.  
25m.—11-15.  
H. Q. 1772-39-113.

(OVER)

*W. S. W. 1/19/18*

*W. S. W. 18.2.18*

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).....Kingston.....

*J. Budsall*  
O. C. "C" Unit, M. H. O. O.

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

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).....Kingston J. A. R. Cowie..... (Signature of Soldier.)

(Date).....Jan. 8<sup>th</sup> 18..... *Gudryce*..... (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....1..years363days.

Total.....1..years363days.

11. Confirmation of Discharge.

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

(Place).....Kingston.....

*J. Budsall*  
O. C. "C" Unit, M. H. O. O.

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

Reservations referred to at Para. 8.

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

*None.*

*J. A. R. Cowie.*

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">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>
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*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.*



Reserved for M.H.C.

Regt. No. **725597** Rank **Pte.** Surname **Cowie** Christian **J.A. Russel**  
 Name **J.A. Russel**  
 Unit or Corps—(a) Overseas from United Kingdom **20th. Bn.** (b) In United Kingdom **5th. Res. Bn.**  
 Born at—Town **Bolsover** County or Province **Ontario** Country **Canada**  
 Date of Birth—Day **7** Month **January** Year **1898** Age **19** yrs **8** months.  
 Joined at **Woodville, Ont. Canada** Date **Feb. 3rd. 1916**  
 Former Trade or Occupation **Farmer**  
 Permanent marks or peculiarities that will serve for future identification:—  
**Large** **Circular scar on inner side of left knee.**  
**" " " right upper arm due to dog bite.**  
**Small scar on extensor surface of right elbow.**  
**Two linear scars on left forearm (fairly fresh looking scars)**  
**Old linear scar on left hand, palmar surface.**  
**One vaccination mark on left upper arm.**  
 Height—feet **6** inches **0** Colour of eyes **Grey**  
 Signature of Soldier (for identification purposes) **J. A. R. Cowie** **(11B)**

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)

**Loss of power in left hand.**  
**Anaesthesia of little and ring finger.**

Disabilities

Group (b)

**Nil**

Disabilities

Group (c)

**Nil**

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.	<b>Gunshot wound of left forearm.</b>	<b>France</b>	<b>Apr. 9/17</b>
(ii.) As to Group (b) above.	<b>Nil</b>		
(iii.) As to Group (c) above.	<b>Nil</b>		

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

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

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

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

(i.) As to Group (a) above? **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? **No**

(v.) When? **No**

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

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

While making a charge against the enemy on forenoon of April 9/17, he received gunshot wound of left forearm. A shell burst near him and he was buried. Another shell burst and blew him into the air. When he came to the ground he felt a stinging sensation and a numbness in the left forearm, and saw that he was wounded. Wounds attended to in Advanced Dressing Station, and he was sent to hospital at Boulogne. Here he was operated upon under an anaesthetic. He does not know what operation was done but drainage tubes were placed in the arm. Had no x-ray pictures. Removed to Edinburgh Hospital Apr 15th, discharged June 4th. Convalescent until June. On leave until July 15th, then on duty. Could not stand rifle drill. Wounds all healed May 20th.

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

Large scars are seen over junction of middle with upper third.  
 One on extensor surface near ulnar border is about 2 1/2 in. long, 1/2 in. wide.  
 " " flexor " " " " " " " " " " " " " " in diameter and circular.  
 Scars freely movable over underlying tissues, not adherent. All fingers are in semiflexed position and cannot be extended voluntarily. They can be almost completely flexed. Interosseous muscles of left hand are atrophied producing a flat surface on back of hand. Anaesthesia of little finger and ulnar border of ring finger. Has pain in back in lumbar region. Has had cough for about 8 mos. Exam. of circulatory, respiratory, integumentary, locomotor nervous and genito-urinary negative. General condition good.

8. OPERATION. (i.) Was one performed? **Yes**

(ii.) If so, state what. **Some operation on forearm involving drainage. Exact nature of operation unknown.**

(iii.) Was one advised and declined?

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? **Yes**

(ii.) If so, describe: **One tooth said to have become carious since enlisting viz. second molar upper jaw on left side.**

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**

Date of Report..... 1917 **Aug 8/17.**

Signed..... **J.A. Petru Capt come.**  
Officer in medical charge of case.

Station..... **West Sandling, Kent.**

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except  
**Sgt J.A. McKenzicapt** Officer i.e. Hospital / Strike out one S.M.O. Brigade of these.

Dated at **West Sandling** Station, on **Aug 8th** 1917

\* Delete if inapplicable.

11. Is t  
If t

12. Is t  
If t

13. Wa

14. TH  
(E)

15. TH

16. Per

17. If a

18. Rem

19. Re

Date of l

Station

Approve

Dated at

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*  
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%.)  
*40% forty percent*

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,  $\frac{1}{2}$ ,  $\frac{2}{3}$ ,  $\frac{3}{4}$ , or all.)  
*all*

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

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? *no*  
(b) Fit for base duty? *no*  
(c) Invalid to Canada? *no*  
(d) Discharge from service as permanently unfit? *Yes.*  
Classification for the Military Hospitals Commission

Date of Board *8-8-17*

Station *W Sandling*

Approved *S. Silvanus* CAPT.

Dated at *SHORNCLIFFE*

Signatures of the Board.

*H.B. Thomson* President.  
*D.A. Macfarlane* Capt.

A.D.M.S.

Station

**-9 AUG 1917**

191

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

101 BUA 0-

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.  
 Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY** of

Surname Swire Christian Name J. A.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 ,  
 at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded \_\_\_\_\_ inches.  
 Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
 Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
 L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_  
 \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_  
 \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment	Corps.	Regtl. No.
...	10 9th <i>Br</i>	725597
Transferred to	...	...

Became non-effective by ...  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_









BPC 24615

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne June 27th 1917.

No. 725597 Rank Pte Name Cowie, J.R.R.

Local Unit ..... Overseas Unit 10th Batt. Age 19

Examination held at Canadian Military Hospital, Eastbourne.

DISABILITY.  
Overseas ~~Local~~  
(scratch one out).

G.S.W.L. Forearm.

### PRESENT CONDITION.

*Wound heals good*

*phys. cond. ok*

CANADIAN  
MILITARY HOSPITAL  
→ 28 JUN. 1917 ←  
EASTBOURNE, SUSSEX.

### BOARD RECOMMENDS:—

1. Fit for Duty ..... *As Bth att*
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

*[Signature]* Major CAMC President.

Members { *[Signature]* Capt. CAMC

*[Signature]* Capt. CAMC

APPROVED

Dated 28 JUN 1917 1917. *[Signature]* Capt. CAMC

Seaford.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Date of Examination

Name of Candidate

Local Unit No. / Overseas Unit No.

Examination held at

DISABILITY Overseas Record

PRESIDENT'S CONDITION

WESTBOURNE SUB. X  
S. J. J. J. J.  
LONDON

BOARD RECOMMENDATIONS

- 1. Fit for Duty
- 2. Fit for duty after \_\_\_\_\_ weeks' physical training
- 3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

President

Member

APPROVED

Dated

Report No. **HJB** Class II. **D.** No. of M. H. C. File **649-6-10863** No. of Local File No. of H. Q. File

**1918**  
**C**

**Cowie, John A.R.**  
**Lornville Junction.**  
**Victoria Co. Ont.**

No. **725597** Rank **Pte.** Original Unit **109th.** Present Unit **2th/**

Age **19.10** Height **5** ft. **11 1/2** ins. Complexion **Darkm** Eyes **Blue** Hair **Black** Character **N.R.**

Date of enlistment **5-2-16** Where enlisted **Wordville** Where seen service **France 13850**

Ship returned by **HMT. P-8261** Date of arrival **25-9-17** Port of arrival **Halifax.**

Birthplace **Canada.** Religion **Presbytn.**

Name and address next of kin **Father. J.D.Cowie, same address.**

Cause of disability **Notify do**  
**Injury to ulnar nerve causing loss of use of left hand due to**  
**G.S.W.**

Condition which prevents the soldier from earning a full livelihood **In France nine months. On April**

**9th. 1917 received G.S.W. in left forearm. A shell burst near him and buried him. Another dug him out and blew him into the air. Exact nature of operation performed unknow, but drainage tubes were put into arm. No X-ray taken.**

**Physical exam. Scars on forearm, junctura of middle with upper third. One on extensor surface near ulnar border is about 2 1/2" long and 1/3" wide. One on flexor surface near ulnar border is about 1/2" long and is circular. Scars freely movable underlying tissues non adherent. All fingers except thumb are semi flexed. Ring and little finger cannot be extended, voluntarily. Forefinger and middle finger can be flexed to palm, ring and little finger cannot. Interosseous muscles of left hand are atrophied. Anaes-**

Degree of incapacity (Please state in fractions) Eng. Board **40%** Canadian Board **15%**

Probable duration of incapacity **Permanent.**

Is final disability likely to prevent return to previous occupation? **Does it render him permanently unfit for Military Service? No.**

Recommendation of Canadian Board **Conv.Home.**

Destination to which transportation issued **Kingston.**

Members of Board **K..CAIRNS. GAPE. R. MABRUNS. CAPT. W.R.GRANT.CAPT.**

INFORMATION TO BE FURNISHED BY SOLDIER **W.M.CARRICK MJR.**

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children	1 <b>thetia of little finger and ulnar border of ring finger.</b>				
	2 <b>Did have pain in lumbar region and a cough for eight months. States</b>				
	3 <b>this has cleared up. Says he has some dyspnoea not much. Otherwise</b>				
	4 <b>exam. negative. General condition good. Typical ulnar paralysis,</b>				
	5 <b>which nerve suture or transplantation might benefit greatly.</b>				

Occupation prior to enlistment **Carpenter.**

Regular trade or profession **Farming.**

Average earnings previous to enlistment **\$50.mo.& board.** Any other income

Name and address of last employer **Mr. Alexander North Bay**

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

Taxes **If Homestead, when is patent due?**

If carrying life or accident insurance, annual premium

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

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

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

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

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

References **Last emp.**

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

Date **Quebec 15-10-17** Signature **J.A.R. Cowie.**

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

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

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

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

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

First payment date

**B. P. C. F. G. I.**  
**FALSE DOCKET**

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

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

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



QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date 20. 10. 17.

125597 Rank Pte. Name Bowie John Albert Russell  
 109th. Battalion  
 Address Somerville St. Ont.  
 Next of Kin Father. Mr J. D. Bowie (same address)  
 Occupation ~~Farmer~~ Farmer  
 Age 19 yrs 10 Mths.  
 Enlisted Woodville 3. 2. 16.  
 Examined by Dr. Galloway  
 Height 5' 11"  
 Chest 33 1/2"  
 Complexion Medium  
 Hair Brown  
 Eyes Blue  
 Religion Presbyterian  
 G.S.W. L Arm & Hand

History:—  
 Eng. July. 1916. Tran. to 20th Batt. Oct. 1916. France Oct  
 1916, Wounded. April 9th 1917 Vimy. G.S.W. left arm & hand.  
 operated on in France. Bantahan Clearing station. Edinburgh Hospital.  
 April. 1917 - June 1917. massage. Eastbourne Con. Hosp, massage etc.  
 July 11th - Went Bandaging Dept. 1917, Buxton, Derby Oct 1917  
 Q.M.H. Oct 20th 1917,  
 partial loss use of left hand, loss of sensation. little &  
 side of ring. loss of power.

ion:— Scar of G.S.W. 2" long. left forearm. flexor surface  
 ray between elbow & wrist. to ulnar side. scar of exit  
 surface. 3" long. ulnar side. ulnar not fractured. wound  
 around has a feeling of pins & needles in fingers.  
 ring & little finger more than 60% normal. loss of  
 ulnar side ring. grip 1/5 normal. cannot fully  
 ring fingers. only about 95% normal. 1/4" droply  
 Heart & lungs normal. Complaints of dizziness on  
 climbing hills. Heart apparently normal.  
 Fit for leave

On Boat  
 At Quebec  
 Cheque  
 Gf.  
 (over)  
 7512

Dis:—Effects of Shrapnel wound left arm

$\frac{1}{5}$  Rem.

bat. E.

Discharged Jan. 31<sup>st</sup> 18.

L. D. Stevenson Lieut.

Adjutant & Registrar  
Queen's Military Hospital.