

Dec 8
CK
M

A. Coy.
No. 124709.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

ORIGINAL

1. What is your surname? *Bubitt*
- 1a. What are your Christian names? *James George*
- 1b. What is your present address? *754 Richmond St. Toronto*
2. In what Town, Township or Parish, and in what Country were you born? *Leith Scotland*
3. What is the name of your next-of-kin? *Edward Bubitt*
4. What is the address of your next-of-kin? *62 Albion Road Edinburgh*
- 4a. What is the relationship of your next-of-kin? *Father Scot.*
5. What is the date of your birth? *15th March 1895*
6. What is your Trade or Calling? *Fireman*
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? *Territorials 2 years*
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, *James Geo. Bubitt*, 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 *Dec 9th* 191*5* *James Bubitt* (Signature of Recruit)
Wm D Bauphelle (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Geo. Bubitt*, 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 *Dec 9th* 191*5* *James Bubitt* (Signature of Recruit)
Wm D Bauphelle (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 *13th* day of *December* 191*5*.
[Signature] (Signature of Justice)

6
977

Description of James Culitt on Enlistment.

Apparent Age... 23 years... 9 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height... 5 ft. 7 ins.

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

Complexion... Fair

Eyes... Blue

Hair... Brown

Religious denominations { Church of England...
 Presbyterian... Presby
 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.)

Scar on left jaw

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 declares that he is not subject to fits of any description.

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

Date... Dec 19 1915

Place... Lindsay J. McCulloch Capt. 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.

James Culitt... 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. P. Mc... Lt. Col. (Signature of Officer)
 C. C. 109th Overseas Battalion, C. E. F.

Date... JAN 10 1916 191 .

NAME

CUBITT James George

REGT. NO.

724709

UNIT

109 4 Bath 665

M. F. W. 2505
REFERENCE

47551

404122

TO WHOM FORWARDED

M

H

CONTENTS

DATE RECEIVED

DATE FORWARDED

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

med Unfit

DESERTION

*30-16
12-16
6-16
2*

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2)

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

DISCHARGE CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 213 or A.F.B. 268)

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

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

R149

misc

1 C.A.D.C 5009a

2 C.D.B

1 P880

1 Cas card

1 M JW19 2

5 misc

1 A 129

PROCEL
PAP

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank * <small>[To be entered in pencil to facilitate alteration.]</small> (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(Place)		(Signature of
(19) Pivotal-man (f)	(20) Qualifications (g)	(Date)		Posting Officer
		or (21) Corps trade and rate		
(22) Extended }			(23) Re-engaged }	
(24) Miscellaneous entries:—				

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co (3490)

724709 Pte Cubitt. J.G.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

13.3.19 H.K. Co
22. Train

Sentenced to 28 days F.P. No. 2
6.3.19 for "W.O.A.S."
A. W. Li. In that he absented
himself from 06.45 hrs, 24.2.19
till 06.45 hrs. 26.2.19
Forfeits 2 days pay by P.A. Reg.

92069
Pl 2 ord 9
15.4.19

Emb. Camp. Proceeded to England.

MAY 9 - 1919

N.R.
Pl. 2 O.No.

Emb. Camp. Proceeded to England.

N.R.
Pl. 2 O.No.
Capt. J. G. Parson
FOR LIEUT.
A.A.C.

6/6/19

O.M.F.C.
S. O. 8X ON PROCEEDING TO CANADA. for discharge

G. Melanson
FOR OFFICER COMMANDING,
"M" WING, C.O.C. LIEUT.

22/6/19 Casco

Pl 2. 124. 200 from 4 b. b. i.

28/6/19. Wilby

Nothing to be written in this margin.

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.....

Regimental No. 724709 Rank Pte. Name Cubitt. J.G.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
		Stoppage of 60¢ per diem whilst confined to Base Hosp. with V.D. from 21-9-19 to 24-10-19.			300 <i>Sturckett</i> Capt. For O. C. No. 2 District Depot
		Stoppage of 60¢ per diem whilst confined to Base Hosp. with V.D. from 25-10-19 to 24-11-19.			333 <i>Sturckett</i> Capt. For O. C. No. 2 District Depot

(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. e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O]

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

War Service Badge
Class 2
No. 121350

EG

THIS IS TO CERTIFY that No. #724709 (Rank) PRIVATE

Name (in full) CUBITT, James, George enlisted in
the 109th Battalion C.E.F.
CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 8th
day of December 19 15.

HE served in ENGLAND & FRANCE

and is now discharged from the service by reason of
Demobilization
Medical Unfitness.

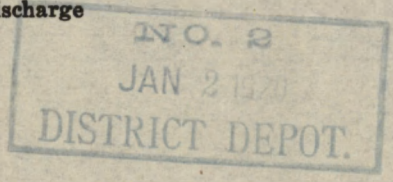
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age <u>27 Yrs</u>	Marks or Scars <u>Vacc. scars left arm.</u>
Height <u>5' 8"</u>	<u>Faint scar side of left jaw.</u>
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Light Brown</u>	

J G Cubitt
Signature of Soldier

A Argent Cpl
Issuing Officer

Date of Discharge



O.C. No. 2 District Depot.

Rank

Date 2nd January 19 20

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

DISCHARGE CERTIFICATE

Uniform is not to be worn after
expiration of one month from date of
discharge, except by special permission
of G. O. C. District.

CERTIFIED CORRECT.

31 AUG. 1916

CAN. RECORDS, LONDON.

W. S. B. CLASS. A.

466

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

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

Casualty Form—Active Service.

2501.—1-16,
H. Q. 1772-39-20.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 24/09

Rank

Name

Bibbitt James George

Enlisted (a) 9-12-15

Terms of Service (a)

D. of W.

Service reckons from (a)

9-12-15

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)

Serviceman

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

Embarked Halifax N. B. I. 2810

24 7/16

Disembarked Liverpool

31 7/16

Transferred to 44th Bn.

8-8-16 7-11 20.222 of 9-8-16

Outsetting Capt.

ADJUTANT

109th Overseas Battalion, C. E. F.

Proceeded for service Overseas 8-8-16

10-8-16 44th. Bn.

Disembarked France

Havre

12-8-16

Nominal Roll

25-11-16 do.

Evac. Sick

Field

20-11-16

B. 213. 10. E.S. 44

" 12C.F.A.

Tender feet adu.

12C.F.A.

2-11-16

a. 36. " 47.

2-12-16 ac. 44

Regained unit

Field

26-11-16

B. 213 " 49

" 12C.F.A.

Tender feet To

Duty

"

a. 36 " 87.

13-1-17 ac. 44

Evac. Sick

Field.

7-1-17

B. 213. " 105

" 11C.F.A.

Coms. foot. Rb. adu.

11C.F.A.

6-1-17

a. 36. " 108.

To Duty 12-1-17.

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

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				
20.1.17.	OC. 44	Rejoined Unit	Field	12.1.17.	B. 213. 10 C.S. 109.
3/2/17	"	On command for Expense Yard.	Field	29/1/17	" " 114.
17.3.17	"	Rejoined Unit	"	9.3.17	" " 133.
20.10.17	"	10 day's leave to UK	"	14.10.17	B213. DO. 119 of 31.10.17.
3.11.17	"	From Leave	"	27.10.17	"
22.12.17	"	Granted food Conduits Badge	"	9.12.17	" D.O. 114 of 31.12.17.
2-3-18	4 D.E. Coy	S.O.S. Class. "B.2"	Field	25-2-18	B. 213 d/2-3-18; Auth: 4th Div. lre. A. 39-30-58 d/26-2-18
"	"	T.O.S. 4 th B. D	Emp Co	26.2.18	Pt. 2 13 13.3.18
3.10.18	4 th B. D Train	Sentenced to 7 days for W.O. A.S. Conduct to the prejudice of good order and military discipline, making an improper reply to a N.C.O.		29.9.18	A.F. B 2069 Pt. 2 ord. 56 d/12-10-18
9.11.18	"	Granted 14 days leave		28.9.18	
23.11.18	"	Rejd. from leave		3.11.18	B213 Pt. 2 64 18.12.18
26-1-19.	4 th Can. D. Emp boy.	Transferred to 8 th Can. Area Emp. boy.		22.11.18	
	- do.	T.O.S. 8 th Can. Area Emp. boy. from 4 th Can. D. W. Emp. boy.		26-1-19.	9491 st Echelon A1/17 d/13-1-19 11A. 38743 Pa 5d/1919.
				27-1-19	Pt. 3d/1919

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I.
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname CUBITT (5) Christian Names <i>James George</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <div style="font-size: 1.5em; font-family: cursive;">109th Batta</div>	(3) Regtl. No. <div style="font-size: 1.5em; font-family: cursive;">724709</div>
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(10) Enlistment (<i>b</i>)	(11) Engagement (<i>c</i>)
(12) Service reckons from (<i>date</i>)	(13) Special conditions (if any) of enlistment (<i>d</i>)
(14) Any subsequent variations (if any) } of conditions of service	Initials and Rank of an Officer.
(Authority)	(<i>date</i>)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (<i>date</i>) Second Occupation Card despatched on (<i>date</i>)

(17) Next of Kin	
(18) Demobilizer (<i>f</i>)	(Place)
(19) Pivotal-man (<i>f</i>)	(Date)
(20) Qualifications (<i>g</i>)	or (21) Corps trade and rate
(22) Extended {	(23) Re-engaged {
(24) Miscellaneous entries:—	

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 40 of 1917). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			Arrived in England HMT 2810		31-7-16.	
9-8-16	109th	222	SOS to 44th Bn	Oxney	8-8-16	+44th 221 d/8 ²⁰ / ₁₆
31-8-16	44th	222	Embarked for France		10-8-16	
9-12-16	"	CLA 87	Reported from Base	Field	20-11-16	
13-12-16	"	CLA 90	Adm #12 Can Hld Amb	"	21-12-16	
15-12-16	"	" 92	Rejoined unit	"	24-12-16	
27-1-17	"	" 128	Reported from Base sick	"	7-1-17	
3-2-17	"	" 134	Adm #11 Can Hld Amb	"	6-1-17	
3-2-17	"	" "	Dis. to duty.	"	12-1-17	
31-12-17	"	P.F.O 144	Granted 1 S.C. Badge	"	9-12-17	
12-3-18	"	20	SOS to 4th Can Div Imp. Coy	"	25-2-18	+4th DEC 13 d/13 ³ / ₁₈
5-2-19	4th CDE Co	5	SOS to 8th CAS Co	"	26-1-19	+8th CAS Co 3 d/8 ² / ₁₉
15-4-19	8th CAS Co	9	28dys F.P. no 2 Amb 24-2-19 to 26-2-19 Forfeit 2 days Pay	Rover	15-4-19	
15-5-19	"	14	Proceeded to England	Havre	4-5-19	
28-5-19	CASC DD	124	SOS to CASC DD	Witley	28-5-19	
10-6-19	Jwing	26	SOS to CASC DD	"	9-6-19	

Certified true copy.

Certified Correct.

70 Bni

LIEUT

FOR THE RECORDS, C.O.M.F.

11-9-19 T.O.S. No. 2 District Depot, Part II, D.O. No. 267

Chickett
Capt.
For O.C. No. 2 District Depot

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I.
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
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(10) Enlistment (<i>b</i>) (12) Service reckons from (<i>date</i>) (14) Any subsequent variations (if any) } of conditions of service	(11) Engagement (<i>c</i>) (13) Special conditions (if any) of enlistment (<i>d</i>)
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Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (<i>date</i>) Second Occupation Card despatched on (<i>date</i>)

(17) Next of Kin (18) Demobilizer (<i>f</i>) (19) Pivotal-man (<i>f</i>) (20) Qualifications (<i>g</i>) (22) Extended {	(Place) (Date) or (21) Corps trade and rate (23) Re-engaged {
---	--

{ Signature of
Posting Officer

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1915). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8
HWV(R1460) 3/19 100,000
W10416-P2151

424709.

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Cubit Christian Name James George

Examined { on 9th day of December 1915
at Lindsay
Birthplace { City or Town Leith
County Scotland

Approved by J. McCulloch Capt.
J. McCulloch Medical Officer
Rank 109th Overseas Battalion M. G. E. F.

Apparent age 33 yrs
Trade or occupation Fireman
Height 5 Feet 7 Inches.
Weight 127 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 37 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right one Left one
Number Two

Date	Result	VACCINATIONS.
<u>25.1.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>3.3.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last January 25th 1916
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
Slightly flatfooted

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 8th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn</u> <u>C 87</u>	<u>424709</u>		<u>8.12.15</u>
Transferred to.....	<u>44th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Nithy</u>	<u>16.5.19</u>	<u>Corns R foot</u>	<u>A nail mark kept</u>
<u>Base Hoopl</u>	<u>27.12.19</u>	<u>Callosities</u>	<u>Discharged to DSCR</u> <u>H. B. Thomson</u> <u>Pres M.B. Capt.</u>

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 *Cubitt* Christian Name *James George*

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				
Reported from base		20	11	16	21	11	16	Sick.N.Y.D?	2		A87-90 (VW)
No.12 Can.field Amb.		21	11	16	26	11	16	Tender Feet	5	Rejoined unit.	A92
Reported from Base		7	1	17	6	1	17	"			A 128
No.11.Can fld Amb.	Sick	6	1	17	12	1	17	Corns on Feet		To Duty	A 134.A 134.EP
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY.		18	8	19	11	SEP	1919	Gonorrhoea	24	D.T.G. Treatment not completed Stoppage as per daltis	<i>W. Kinch</i> CAPT. REGISTRAR.
Hma T. Araquany		11	9	19	20	9	19	V.D.S.	9.	Condition unchanged	<i>W. A. Forster</i> Capt.

(GONORRHEA) (M.F. 7. 101).

NO 724709

NAME

Capitt # 2 WR

DATE DATE OF DISEASE.	SMEAR	URINE	URIN-ALYSIS	OTHER LAB. TESTS.	COM-PLI-CATIONS	MEDI-CINE	IRRI-GATION	OPER-ATIONS.
Oct 24 1919	d	d						disch
Oct 31 1919	op ^o	op ^o						
Nov 4 1919	op ^o	d						
Nov 7 1919	op ^o	pi						white amony
Nov 11 1919	op ^o ^{vulv}	pi						white am
Nov 14 1919	pi							disch thru an
				<p>R.V.N.P. A. Rather small. Fairly regular. Long & narrow. K28. Fairly soft, moderately tender. V. Palpable. Slightly tender. S. Smaller than right. Fairly firm & tender. Sm: +++</p>				12th } pusulent 13th } white 14th clear
NOV 18 1919	d	d		<p>R.V.N.P. A. about normal in size Slightly irregular Fairly firm. Slightly tender V.N.P. S. Smaller than right Slightly irregular. Softer Slightly tender. Sm: ++</p>				disch thru an
				<p>Pro: - Pus + Epith + Pro: fluid + Sperm + Duc - Pus + Epith + Pro: fluid + Sperm +</p>				
NOV 21 1919	pi	d						white to pusulent
				<p>one large infected gland in the porta urethra touched with silver w. put on SN.</p>				pusulent after SN
NOV 25 1919	op ^o sh ⁱ	d						disch thru an
NOV 28 1919	sh ⁱ	d						disch thru an
DEC 2 1919	sh ⁱ	d						disch thru an
DEC 5 1919	one disch	d						disch thru an

~~III~~

large pusulent drop after delator

VENEREAL DISEASE CASE SHEET.

(Gonorrhoea)

Reg. No.:

Rank:

Name:

Unit:

H I S T O R Y.

No. of previous attacks

Where and when acquired

Date and character of symptoms

DATE

TIME

ADMITTED TO HOSPITAL

BY SURGEON GENERAL

1878

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA).

Reg. No. Rank Name Cubitt Unit

Diagnosis Admitted Discharged

Medical Officer i/c case

HISTORY

No. of previous attacks

Where and when acquired

Date and character of symptoms

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
DEC 8 1919	sh.	d			Wilatation 1/29.			H. yellow
DEC 12 1919	O	O			Increase Potash			moisture only
	Der. - Pus + Epith ++							
16/12/19	Cl. Sh. Cl.	Cl.	P. P. Good	i. d.				occasional W. M. H.
16-12-19	Prost. - Both lobes slightly Irreg. slightly tender good smear							
18/12/19	Cl. sub. Sh. Cl.	Cl.	K. D. I. to	31 28				ditto.
19-12-19	Prost. - Notes same Good Smear							
19-12-19	Prost Smear. - GB Neg. Pus + Epith +							
19-12-19	Der Smear, - GB Neg. Pus + Epith +							
22/12/19	Cl. few fil Cl.	Cl.	F 25-26-28	Metab Sound possible.				damp. Am.
23-12-19	Prost. Notes the same. Good Smear.							
apparently cured.								
Geo A Russell Capt R.A.M.C.								

VENEREAL DISEASE CASE SHEET

CONORRHOEA

HISTORY

17

CERTIFIED PARTICULARS AGREE WITH DOCUMENTS
For O.C. No. 2 District *Caplt*

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 ... James George ... 2. Surname ... Cubitt
3. Rank ... Pte. ... 4. Original Unit ... 109th Battn. 5. Reg. No. 724709
6. Address, in full, to which future payments of gratuity are to be forwarded
- 44 Muir Ave. Toronto. W.
-
7. Date of enlistment in the C.E.F. ~~Dec. 6th 1915.~~ 9.12.1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable.
9. Relationship of such dependent Not applicable.
10. Present address, in full, of such dependent Not applicable.
-
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:—
- ... Yes ... 44th Battn. Aug 2nd 1916 until Oct 1918.
-
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 ... 15 years 10 months.
- 109th Battn. Dec. 6th. 1915 until Aug. 31st 1916. 44th Battn.
- Aug. 1st 1916 until Sept. 1918. 4th Div. Train. Sept 1918.
- until June 1st. 1919. C.A.S.C. June 1st 1919 Until 1 Oct. 1919.
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 **No.**
20. Have you been issued with a War Service Badge? If so, what class? **No.**
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? **Not applicable.**
24. Are you now serving in the C.E.F. **Yes.** If not, give:—(a) Date of discharge
 **Not applicable** (b) Reason for discharge **Not applicable**
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit **No.**
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
- Yes** **44th Battn. Aug. 1st 1916 until Sept. 1918.**
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? **Not applicable**

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:

Place of Residence:

Declared before me at:

This

6th.

day of

October

1919.

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

J. Macdonald Lt
Rgt

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

183 days

Sos 2/1/20 med kupa
DD PTE 364
#2 DD

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names James George 2. Surname Cubitt
3. Rank Pte. 4. Original Unit 109th Batt 5. Reg. No. 724709
6. Address, in full, to which future payments of gratuity are to be forwarded
44 Muir Avenue, Toronto
7. Date of enlistment in the C.E.F. December 9th 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. not applicable
9. Relationship of such dependent. not applicable
10. Address, in full, of such dependent. not applicable
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 :-~~
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?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
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. 3 years, 5 mos, 2 days
Canada, 109th Batt, Dec 9th 1915 to July 22nd 1916
Overseas 109th Batt, July 22nd to Aug 4th 1916, Aug 4th 1916
to Mar. 15th 1918 with 44th Batt, Mar 15th 1918 to May 11th 1919 with 8th Battalion
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no Empl. Coy.
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. *No*
20. Have you been issued with a War Service Badge? If so what class? *No*
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.? If not, give:—(a) Date of discharge
(b) Reason for discharge
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.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

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: *James G. Cuthbert*
 Place of Residence: *44 Muir Ave. Toronto, Ont.*
 Declared before me at: *Witley Camp, Surrey Eng.*
 This *Eleventh* day of *May* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

"QUESTIONS 12-13-14-20-24-25
26 & 27 ARE UNANSWERED"

*Rev. Marshall Major
for O.C. & Com. Dir. Train*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Base Hospital, M.D.#2, Toronto.

23-12 1919.

To Officer Commanding:

REG. NO 924709 RANK PT NAME Cubitt J. E. UNIT W200

The above noted soldier has been examined in accordance with instructions of D.G.M.S. Circular Letter No.25,

FOR GONORRHEA.

Report in his case is contained in answers to the following questions:

May he be discharged as cured within the meaning of that letter yes.

Is further treatment considered necessary? no

If so, should it be carried out in a Military Hospital before discharge, or may he be discharged for treatment under the Dept. of Soldiers' Civil Reestablishment? n. a.

He has been warned of the danger of transmitting infection. He has been informed that he may receive free treatment from the Department of Soldiers' Civil Reestablishment.

J. A. Russell, Captain.
For O.C. Base Hospital, M.D.#2.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

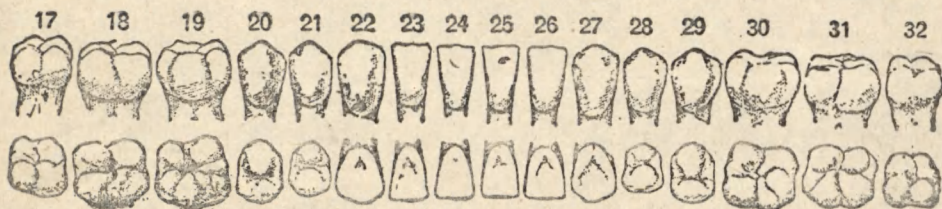
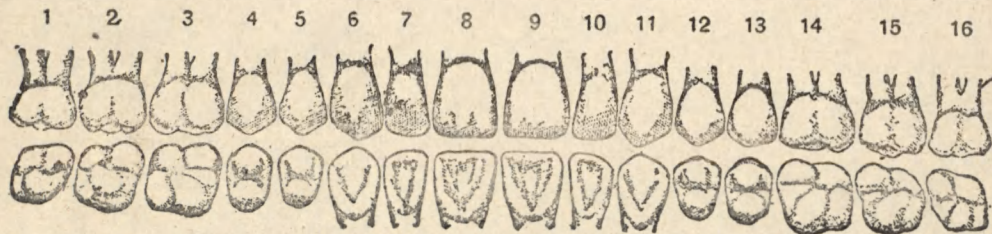
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) **Cubitt J.G.**

REGIMENT **4th Div Train** RANK **Private** No. **724709**

Date of Examination in England **12.5.19.** Date of Examination in France _____



1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS **4. 6. 7. 20. 21. 31.**

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

yes

Signature of Dental Officer *J. J. Munro Capt*

Name CUBITT, James, Rank Pte.

Reg. No 724709

George
Unit 44th. Battn

Next of Kin Edward Cubitt, 62 Albion Rd, Edinburgh, Scot.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
20-11	Reported from Base Sick.	N.Y.D.		A87		
21-11	No, 12 C.F.A.		Tender Feet	A90		
26-11	To duty		do	A92		
7-1-17	Rpd from Base Sick.	NYD.		A.128.		
6-1.	No. 11. C.F.A.		Corns. R. Foot.	A.134.		
12-1.	To Duty.	(do do)		A.134.		

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'TL NO

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 87;	Rep. from Base	20-11-16	M. Y. D.
A 90	#12 Can. Old. Amb.	21-11-16	Tender feet
A 92	Rejoined Unit	26-11-16	" " "
a 128	Rep from Base	7-1-17	Sick my 10
a 134	No 11 Can. Fld. Amb.	6-1-17	Corns R. Foot.
"	To Duty	12-1-17	" " "
C 7 ^Q	Can. Spel Wittey	19-8-19	20
b 24 ^z	Invalided Can. (L. 510) (1)	11-9-19	20

No. 724709. RANK

Pte

NAME

Arbitt. J.

G.

T. O. S. 8-12-15.

UNIT

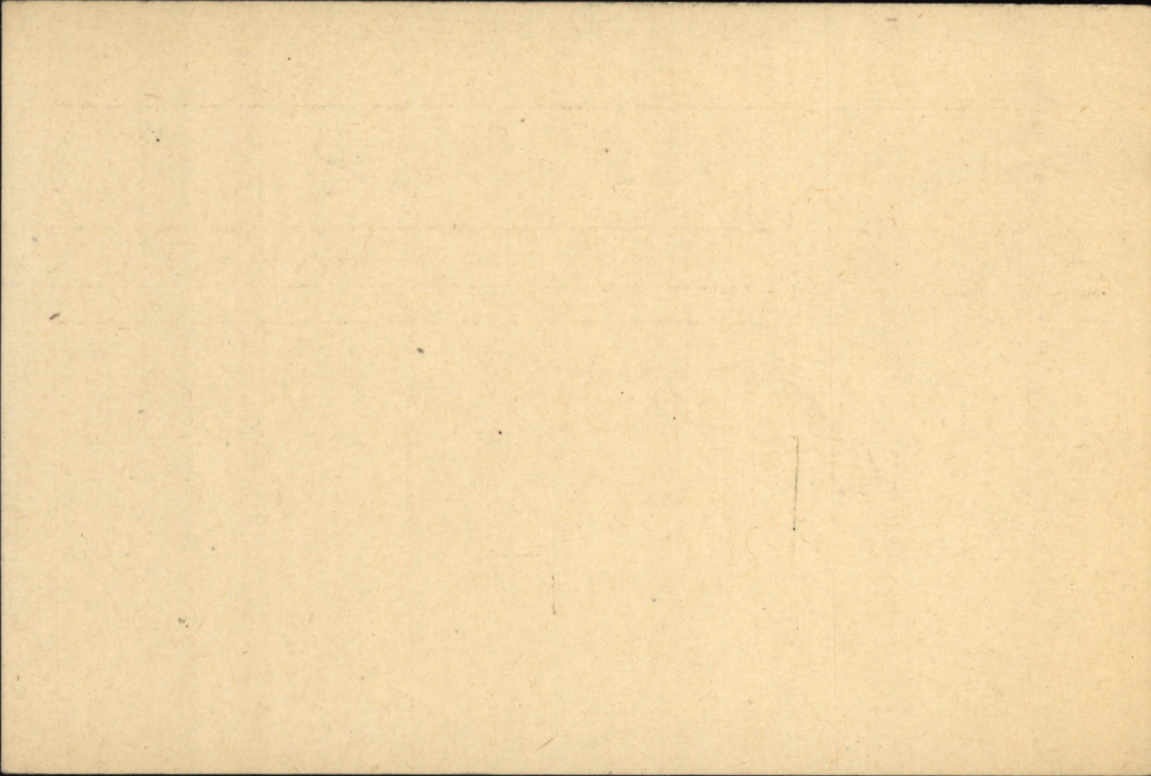
109th. Battalion.

D. O. 17. 9-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 8	1915 Dec. 31	✓	Awarded. 7 days det. 11-1-16.	D. O. 46. 13-1-16.
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

AD.
D
Number

724709

Rank

Plt

Surname

CUBITT

Christian Name

James George

Units

44th Bn Can Inf

Theatre of War

France

Date of Service

10-8-16

Remarks

Latest Address

44 Main Ave

Toronto, Ont-

Roll No.

B. Page 21337

200m.-6-21.M.

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

IT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

DISP DEC 27 1922
 REGD. NO. 13265

(OVER)

SURNAME. *Cubitt*

CHRISTIAN NAMES *James, George.*

REGL. NO. *724709.* RANK *Pte.*

UNIT *109th.*

FORMER CORPS *Territorials*

29
CARD NO.
S.O.S. 2-1-20 made
for te. in F.O.C. R.
and to 20364/30-12-19
200
Bm.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Cubitt, Edward.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *62 Albion Rd. Edinburgh.
Scot.*

COUNTRY OF BIRTH *Scotland, Leith.*

DATE

PLACE OF ATTESTATION *Lindsay, Ont.*

DATE *Dec. 13th. 1915.*

Sailed from Halifax per. S.S.

R/B. 19-9-19 4/2/16

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Yes.

Surname *Cubitt* Christian Name or Names *J. G.* Reg. No. *724709*
Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____

plc. Hospital *44th Batt. CASO. DEPOT.* Date of Admission *21. 11. 16.*
12 G.F. Amb.

Transferred *11 " " "* Hosp. *6. 1. 17*

Am. Spec. for Wiley. Hosp. *19. 8. 19.*

Hosp. _____

Hosp. _____

Diagnosis *Tender Feet.*
(1) *Borns Nat Foot.*
Later Diagnosis (if changed)
(2) *U.D.G. 6*
(3) _____

Additional Diagnosis: if more than one state present

INV. TO CANADA 11-9-19

DISPOSITION

Date

Ch. 9. 12. 16 aff 7(12) *Reg. unit. 26. 11. 16*
13. 12. 16 A. 90 Repts from Base *20. 11. 16*
15. 12. 16 A 92
27. 1. 17 A/128 Base Rept "sick" *7. 1. 17*
3. 2. 17 A 134 To duty *12. 1. 17*
28. 8. 19. 670

REMARKS

A.M.D. 2 Dept.

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

Rev. 7

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name L, CUBITT. JAMES GEORGE. Rank _____ Pte. 724709.
 Original unit 14th Present unit _____ M. or S. _____ Age 27 Religion _____ Pres. _____
 Fyle Depot _____
 Ref. H.Q. _____
 Port of ship, and date of arrival Halifax, Araguaya 19-9-19
 Next of kin Edward Cubitt. 67 Ibion Rd., Edinburgh Scot.
 Address on leave Same
 Address on discharge 44 Muir Ave., Toronto, Ontario.
 Transportation issued Yes _____ No _____ Date _____ Character on discharge _____
 Previous occupation fireman Date and place of enlistment 8th. 15. Lindsay Ont
 Diagnosis Callosities of right foot Date of Medical Boards 27-12-19

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u> <u>11-9-19</u>	<u>Posted to HOSP SECT (5-10-19)</u>	<u>268.</u>
<u>21-9-19</u>	<u>Araguaya to B.H.</u>	<u>H.S. 268</u>
	<u>D.O. 268 Date of Posting amended to read 19-9-19</u>	<u>274</u>
	<u>Stoppage of 60¢ per diem whilst confined to Base Hosp</u>	<u>300</u>

*—Name will be given in full; surname first. with V.D. from 21-9-19 to 24-10-19 [OVER]

J.P.

R-122

Rank _____ Name CUBITT, James George ✓ Reg'l No. 124709 ✓

Unit 109th Bn. If in perm. Corps, }
What Unit? } Married or Single Single ✓

Place and Date of Enlistment Lindsay 9th Dec. 1915 ✓ Place of Birth Leith ✓
Scotland

Name and Address, Next-of-Kin Edward Cubitt ✓
62 Albion Road. Edinburgh. Scotland ✓ Relationship Father ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship X 43

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.—7165-16.

ease

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	
9-8-16 31-3-13	O.C. 109 th 44th	S.O.S. + Kingd 44 th Bn. Embarked For France	Deney	8-8-16	Y.O.S. N. II 221 d. 8.8.16 P. II 80.222 (A.G. + Q.M.G.) Pt-11-224 22.8.16 ATB 103 Checked 9.B.K.
9-12-16	"	Rep from Base	Field	20-11-16	Ch. 487 442
13-12-16	"	Adm #12 Can Fld Amb	"	21-11-16	Ch. 490 Tender Feet
15-12-16	"	Rejoined Unit	"	24-11-16	Ch. 492
27-1-17	"	Reported from Base (Sick)	"	7-1-17	Ch. 4128
3-2-17	"	Adm #11 Can Fld Amb	"	6-1-17	Ch. 4134 Corns R. Foot
"	"	Dis to Duty	"	12-1-17	Ch. 4134
21-12-17	"	Granted G.C. Badge	M/S	9-12-17	Pt 20 144

N/E. R. B. N. 12842
F. J. B. R. L. MU. 6.
Category _____

John
Hobbs

724709 Lubitt J. G.

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.				
12-3-18	H. B.	S.O.S on trip to 4 th Can. Div. Engrs Coy C	Mo. Field	25-2-18	4 th Can. Div. Engrs Co Pn DO20 Pn 13/13-3-18
5-2-19	4 th Co Engrs	S.O.S. to 8 th Co Engrs	Mo. Field	26-1-19	8 th Co Engrs Pn 0.5. & Pn 3/8 2/19
15-4-19	8 th Co Engrs	sentenced to 28 days J.P. for work done from 0645 24-2-19 until 0645 hrs 26-2-19	Rouen	15-4-19	20.9
15-5-19	8 th Co Engrs	forfeited 2 days pay proceeded to England	Harr	9-5-19	- 14
28-5-19	CASC CD	SOS to CASC CD.	Pte Wisley	28-5-19	- 124
10-6-19	Judging	SOS to CASC CD	✓	9-6-19	- 26
18-9-19	CRO	Invalided to Canada	✓	11-9-19	CLC 24
		SL 510 MD 2			
20-8-19	CASC CD	SOS to CASC CD. DC	Wisley	19-8-19	Pn 192. has been DO 207 25-8-19
25-9-19	has been	SOS to Canada	Pte Wisley	11-9-19	DO 214

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <i>CUBITT. James George</i>
EFFECTIVE DATE:- <i>1-8-16.</i>		EFFECTIVE DATE:-		NUMBER:- <i>724709</i>
AMOUNT:- <i>\$ 15⁰⁰</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY
<i>Mr. Edward Cubitt.</i>				DATE EFFECTIVE
<i>62 Albion Road.</i>				RANK OR APPOINTMENT
<i>Edinburgh.</i>				
<i>Widow Scotland.</i>				
<i>Stopped 7/6/19</i>				
<i>11/11/19</i>				
UNIT AND TRANSFERS				
ORIGINAL UNIT:- <i>109^d Bn</i>				
DATE ACCOUNT FIRST OPENED:-				
AUTHORITY				DATE EFFECTIVE
DATE LEDGER SHEET T'S F D				UNIT TRANSFERRED TO
<i>13</i>				<i>1-4-18</i>
<i>25-4-18</i>				<i>44^d Bn</i>
<i>4th Div. Gen. Co. "H"</i>				

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>12/5</i>	<i>2002</i>	<i>Widow</i>	<i>38.93</i>			<i>Bal Ledger</i>	<i>79.23</i>
<i>25/8</i>	<i>5555</i>	<i>Widley</i>	<i>14.60</i>			<i>Bal d. PC.</i>	<i>46.83</i>
<i>4/9</i>	<i>5787</i>	<i>"</i>	<i>29.20</i>				<i>73.23</i>
<i>15/10</i>	<i>1518</i>	<i>44 days @ 60</i>	<i>26.40</i>				<i>Dis Can 11/10/19</i>
			<i>13.80</i>				<i>Dis Can 11/10/19</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis Can 11/10/19*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>pp. Bal. Fwd</i>								<i>93.57</i>		
<i>April</i>	<i>pp.</i>	<i>33</i>		<i>AM 634. 2-1-8</i>			<i>15</i>				
				<i>AR 125 13/4 4 Dsig</i>	<i>535</i>						
				<i>151-19.4</i>	<i>357</i>						
				<i>Quar 31 44/18 4 Dsig</i>	<i>446</i>				<i>98.49</i>		
<i>May</i>	<i>pp.</i>	<i>33</i>			<i>1338</i>		<i>15</i>				
				<i>Ag 1963</i>			<i>15</i>				
				<i>332 2/5 4 Dsig</i>	<i>446</i>						
				<i>497 18/5</i>	<i>357</i>				<i>109.56</i>		
					<i>803</i>		<i>15</i>				
<i>June</i>	<i>pp.</i>	<i>33</i>					<i>15</i>				
				<i>B 23181 2-1-8</i>			<i>15</i>				
				<i>626 4/6 4 Dsig</i>	<i>535</i>						
				<i>771 19/6</i>	<i>357</i>				<i>118.64</i>		
					<i>892</i>		<i>15</i>				
<i>JULY 1918</i>	<i>pp.</i>	<i>3410</i>					<i>15</i>				
				<i>C 886.3 2-1-8</i>			<i>15</i>				
				<i>972 5/7 4 Dsig</i>	<i>446</i>						
				<i>1131 15/7 4 Dsig</i>	<i>357</i>						
				<i>1249 29/7 4 Dsig</i>	<i>357</i>				<i>126.14</i>		
					<i>17.60</i>		<i>15</i>				
<i>Aug.</i>	<i>P.P.</i>	<i>3410</i>					<i>15</i>				
				<i>C. 68140 2-1-8</i>			<i>15</i>				
				<i>A/R 606 2/8 4 Dsig</i>	<i>357</i>						
				<i>693 18/8</i>	<i>357</i>				<i>138.10</i>		
					<i>7.14</i>		<i>15</i>				
<i>Sep</i>	<i>P.P.</i>	<i>33</i>					<i>15</i>				
				<i>D. 3102</i>			<i>15</i>				
				<i>DR 503 4 Dsig 8.9.18</i>	<i>357</i>						
				<i>905 22.9.18</i>	<i>357</i>				<i>148.96</i>		
					<i>7.14</i>		<i>15</i>				

Ch. Fred

1918 NUMBER 724709 RANK

NAME CUBITT J.G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Bal fwd								148 96	NIL	
Oct	H/P	34 10		\$76 27 1/2			15		168 06		
				Sentenced to 7 days \$4116, 29 th Dec 1918		7 70			160 36		
				CP 58424 £25.0.0 (5) 4.11.18	121 67				38 69		
		34 10			121 67	7 70	15				
Nov	Q. Q	33		D. 99522 £3.1.8			15		56 69		
				10.11. 20.10.18 H Train 7 46					49 23		
				52068. R. 24 33					2 4 90		
				£58923 £3.1.8			15		9 90		
				1191. 25.11.18. HCO Train 13 06					3 96	appt	
Dec	Q. Q	34 10							30 94		
				1525. 5.12.19. HCO Train 3 73					27 21		
Jan	Q. Q	34 10			48 58		30		61 31		
				\$1107.			15		46 31		
		101 20			48 58		45				
				1816. 8.1.19. HCO Train 1. 3 73					42 58		
				1664. 23.12.18 ✓ 2 3 73					38 85		
				1989. 20.1.19. ✓ 4 3 73					35 12		
Feb	Q. Q	30 80		\$9409 8			15		50 92		
				2178. 5.2.19. H Train 8 3 73					47 19		
				2930. 21.2.19 ✓ 10 3 73					43 46		
Mar	Q. Q	34 10		ly 3302			15		62 56		
				2490. 5.3.19. HCO Train 13 3 65					58 91		
		64 90			22 30		30				
				A 27591			15				
				28 days. 3.9.2. 6.3.19 awk							
				24.2.19 To 26.2.19. 3 days 2 days							
				pay. (30 days) 80. 9.15.19. 8 Cents							
Apl	Q. Q	33							43 91		
				119. 2.4.19. HCO Train 2 3 49					40 42		
				203 19.4.19. H Train 4 3 49					36 93		
May	P. P	34 10							71 03		
				321 HCO DT 25/4 6 20 93					50 10		
				May 17 615 50 3.1.8			15		38 10		
				2502. HCO C. 14.6.19. 9 38 93					3 83		
		67 10			66 84	33	30				
JUNE		33							29 17		
				June B102849			15		14 17		
JULY		34 10							48 27		
				July B117222			15		23 27		
				JAN. 592. CASE. 5.6.19. 4 87					28 40		
				JAN. 659. do. 12.6.19. 4 87					23 53		
		67 10			9 74		30				
				WR 938 11/2 4 9 73					13 80		
				WR 1078 - " - 25/7/19 21 9 73					4 07		
				WR 813 - " - 26/6/19 32 4 87					80		
					24 33						
				" 1104 26/7 6a 670 Wilby 9 73					10 53		
				" 1170 12/8 " " 9 73					20 26		
				B144167 £3.1.8 Aug 15					35 26		
				WR 5294 25/8 6a 7 Wilby 4 87					40 13		
					24 33		15				

3

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.					
EFFECTIVE DATE:-		EFFECTIVE DATE:-						
AMOUNT:-		AMOUNT:-						
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.						
		PARTICULARS OF RANK OR APPOINTMENT						
		AUTHORITY	DATE EFFECTIVE					
			RANK OR APPOINTMENT					
		UNIT AND TRANSFERS						
		ORIGINAL UNIT:- 109 Bu						
		DATE ACCOUNT FIRST OPENED:-						
		AUTHORITY	DATE EFFECTIVE					
		DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO					
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS (UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK)								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-												
MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
Aug	P P			24/10	24 33		15		40 13			
Sept	"			33-			30		3 03			
				6710					17 63			
				5787 579	38 93		45		46 83			
				28 Dyo Det. A 7 B 60	29 20				77 63			
				12/9/19	29 20							
					30 80							

SOS. No. 2510 10/9/19

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Hamilton

The Public Archives Records Centre
Tunney's Pasture
Ottawa 3, Ontario

MARK YOUR REPLY:

Attention: Reference Section

For attention of:

Re: Cubitt (Surname) James George (Christian Names) Service No. 724709

Veteran is stated to have served during S. African War () World War I (✓)

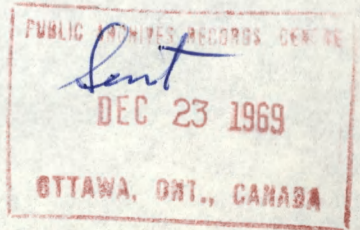
To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

- | 1. UNITS (including that of discharge) | HIGHEST RANK IN UNIT: |
|--|-----------------------|
| (a) <u>109 Bn</u> | <u>Pte</u> |
| (b) <u>44 Bn</u> | <u>Pte</u> |
| (c) <u>CFA</u> | <u>Pte</u> |
| (d) <u>CASC</u> | <u>Pte</u> |
| (e) _____ | _____ |
| (f) _____ | _____ |
- (If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE

- (a) South African War
Date and port of embarkation _____
- (b) World War I - (If Canada only, state if with territorial limitations).
Date(s) embarked for U.K. Canada - Britain - France
IF CANADA AND U.K. ONLY
Date(s) disembarked in Canada from U.K. _____
Period(s) of desertion in U.K. _____

3. Any other military service Militia
4. Date and place of all enlistments 29 December 1915 - Lindsay, Ont.
5. Date of all discharges and reason 2 ~~December~~ January 1920 - Medically Unfit
6. Date and place of birth as per attestation paper 15 March 1892 - Leith, Scotland
7. Marital status; If married, name in full of wife Single
8. Religion Presbyterian



Decorations, if any WVA 18. nil

Head, Accessions and Reference Section

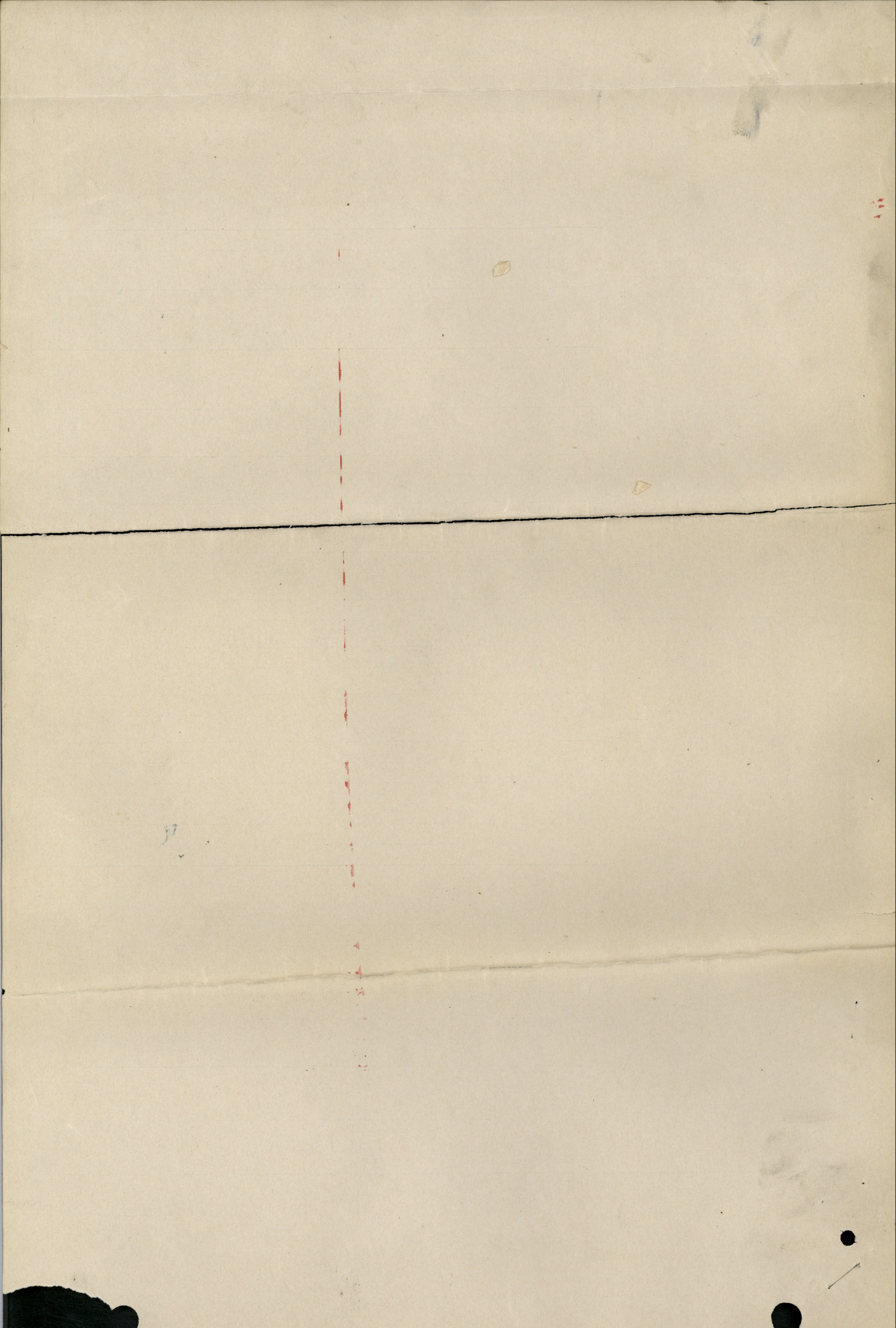
Handwritten notes and scribbles at the top of the page, including the word "INDEX" and various illegible markings.

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33643

MILITIA AND DEFENCE
ASSIGNED PAY.

N/Roll
Ref. No. *J.J.*To whom *Mrs Edward Cubit*Address *62 Albion Rd.,
Edinburgh Scotland*Rate *\$15.00*Date to Commence *1st Aug. 1916.*By whom assigned *Cubit J.G.*Regtl. No. *724709*Rank *Pte*Corps, &c. *109th Btn.*

Wm. Moyner J.S.
PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.		<i>149895</i>	<i>15 -</i>	<i>X</i>	
Sept.		<i>158198</i>	<i>15</i>	<i>X</i>	
Oct.		<i>194785</i>	<i>15</i>	<i>X</i>	
Nov.	<i>60 J</i>	<i>239011</i>	<i>15</i>	<i>X</i>	
Dec.		<i>271286</i>	<i>15</i>	<i>X</i>	
Jan.	1917	<i>313297</i>	<i>15</i>	<i>X</i>	
Feb.		<i>354919</i>	<i>15</i>	<i>X</i>	
March		<i>398052</i>	<i>15</i>	<i>X</i>	
April					
May					
June					
July					
Aug.					

120

*Det. checked & found correct
21/3/17. J.S.*

ASSIGNED PAY.

By whom assigned

Cubit J. G.

Regtl. No. *724 709*

Ple

109th Bn

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

Original Group 34

"M" WING, C.C.C.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp DATE May 16, 1919

1. 1 (a) Unit 4th Div Train (b) Regimental No. 724 709 (c) Rank Lt.

(d) Surname Cubitt (e) Christian name James George

(f) Home address 44 Queen Ave Toronto Ont

(g) Next of Kin Mr E B Cubitt (h) Relationship Father

(i) Address of Next of Kin 62 Allison Rd. Edinburgh Scotland

2. Age last birthday 26 Date of birth May March 18, 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Dec 8/1915

4. Personal description:

(a) Height 5' 8" (b) Weight 132 (c) Complexion Fair
(stripped)

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Vaccination
Rt arm.

5. Former trade or occupation Fireman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>218</u>

	PERIODS	
	From	To
Canada	<u>Dec 8/15</u>	<u>July 24/16</u>
England	<u>July 31/16</u>	<u>Aug 12/16</u>
France or other theatres of War	<u>Aug 12/16</u>	<u>May 9/16</u>

7. Original disease, or injury Foot Rt.
BRUISE

(a) Date of origin 1912 (b) Place of origin Canada

(c) Cause Improper boots

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

Tender rt foot.

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

Objective - Corns over heads of metatarsal bones, (first and fifth) both tendes.
Corn over each phalangeal joint, 4th + 5th, both tendes.

Subjective Pain on walking, especially in army boots.

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

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

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

Condition was present before enlistment but became aggravated as soon as he began wearing issue boots. Found great difficulty in marching etc. Reported to # 12 C. I. A. 20. 11. 16 - 21. 11. 16. and again to # 11 C. I. A. 6. 1. 17 - 12. 1. 17.

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

Pres - mil
Suic - mil.

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

vac. mark Rt arm

11.—(a) Did the disabling condition have its origin before enlistment? *ye.*

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

Yes - General service -

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

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

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

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

e f ambulance - cauterize

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
(If the answer is "yes" state nature of treatment required and probable duration)

Recurrent excoriation on sole of feet. (AMB)

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

17. Recommendations.....

W. D. Donfield Capt MAUC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of *a*

P. G. J. J. Corbett Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

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

YMA

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

A.T.P. with. T.M. ag 9083 of 14 11-18

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

PLACE *Witley* *A. Richardson* President.
W.E. Jones } Members
 DATE *16-5-19*

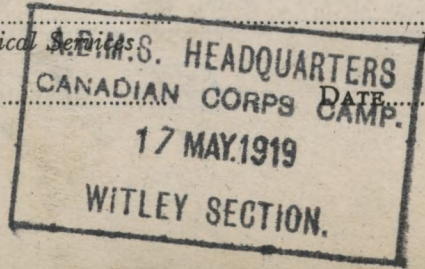
TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

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



BASE
DIRECT

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp, Surrey DATE August 27th, 1919

1. (a) Unit C.A.S.C. (b) Regimental No. 724709 (c) Rank Pte.
 (d) Surname CUBITT (e) Christian name JAMES GEORGE
 (f) Home address 754 Richmond St. Toronto, Ont.
 (g) Next of Kin Edward Cubitt (h) Relationship Father
 (i) Address of Next of Kin 67 Albion Rd. Edinburgh Scotland
2. Age last birthday 27 Date of birth March 15th 1892
3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 13-12-15
4. Personal description:
 (a) Height 5' 7" (b) Weight 165 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
Fireman Scar on left jaw.
5. Former trade or occupation Fireman

	PERIODS	
	From	To
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>3</u>	Days <u>256</u>
Canada	<u>13-12-15</u>	<u>31-7-16</u>
England	<u>31-7-16</u>	<u>10-8-16</u>
France or other theatres of War	<u>10-8-16</u> <u>9-5-19</u>	<u>9-5-19</u> <u>Present</u>

7. Original disease, or injury Gonorrhoea.
 (a) Date of origin 4/8/19 (b) Place of origin London
 (c) Cause Infection

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

Gonorrhoea, slight mucous discharge

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

sl. mucous discharge, from urethra
no complications

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

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

Rt foot, callosities on ball of foot, tender to pressure. some small corns, on small toes. These conditions have developed since enlistment.

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

Contracted V. D. C. London. 4/8/19.
Admitted C. S. H. 18/8/19. no complications
Routine treatment, much pus, g.c. not determined in smear.

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

None.

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

Scars of vacc = two, left arm, deltoid region.

11.—(a) Did the disabling condition have its origin before enlistment?

no

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

NA.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

(a) yes (b) no.

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

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

one month.

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

Injections Func Permanganate.
Internal medicine

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

Yes

One month.

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

Yes.

17. Recommendations.

That no 724709. Pte Cubitt, J. G. be returned to Canada for further treatment

J Murray Robertson Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

J. G. Cubitt Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

No Original M.H.S.A. 413103 produced
Auth Daq 14-1-48 9 13/6/19

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Invalid to Canada Auth Daq letter 27/8/19

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

PLACE *C.S. Hwittly*

DATE *27-8-19*

J.W. Home Capital President.
[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....

DATE.....

APPROVED BY *[Signature]* Col. G.A.M.C. APPROVED BY

[Signature] Assistant Director of Medical Services.



..... President

..... Members

..... Director-General of Medical Services.

DATE.....

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Base Hosp, Toronto DATE 27-12-19

1. 1 (a) Unit WO 210, 10 (b) Regimental No. 224709 (c) Rank PO
 (d) Surname CUBITT (e) Christian name James George
 (f) Home address 44 Muir Ave. Toronto
 (g) Next of Kin Edward James Cubitt (h) Relationship Father
 (i) Address of Next of Kin 62 Albion Rd. Edinburgh Scotland
 2. Age last birthday 27 Date of birth Mar 16th, 1892
 3. Enlistment, or Appointment (if an Officer) (a) Place Ruidsay out. (b) Date Dec 8th/15
 4. Personal description:
 (a) Height 5-8" (b) Weight 140 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Faint scar side of L. jaw
Fire man

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	19

	PERIODS	
	From	To
Canada	8-12-15	July 1916
England	July 1916	Oct 8-16
France or other theatres of War	5-8-16 June 1919	June 1919 to date

7. Original disease, or injury Callusities of R. Foot
 (a) Date of origin Summer of 1916 (b) Place of origin France
 (c) Cause marching in service boots

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

Partial loss of function of R. foot. due to Callosities.

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

Objective. Callosities under heads of metatarsals
toes of R. foot.
Special Report attached.
Slightly flat footed, non rigid.

Subjective. After walking a couple of miles, suffers
pain across the heads of metatarsals of R. foot.

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

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

no alb. no sugar

*no hemia, goiter, varicoceli, varicose veins nor
Rauwolfoid.*

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

*Slightly flat footed on voluntary
h. Hosp. France a week in Nov. & a week in Jan
with tender feet.*

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

R.O.G. infection Aug 5th 1919. Disch Aug 10th, treated in Hosp. England & can to date. Apparently cured.

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

nil.

11.—(a) Did the disabling condition have its origin before enlistment?

no,

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

no.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

no.

no.

The regimental documents will be referred to.

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

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

permanent.

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

Hosp. Trauma, 2 wks.

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

Should have boot fitted to relieve pressure on callosities.

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

yes.

17. Recommendations.

Fit for home service.

For treatment of callosities under W.S.C.P.

Geo Russell, Capt Cam C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

H.B.J

I complain in addition of.....

Pte J G Roberts Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

we concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Callosities on feet - 3 mos.

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

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

To OSER for further treatment of Callosities and for observation as OP.

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

PLACE *Toronto*
DATE *Dec 27. 19*

S. B. Shouson Capt. President.
[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....
DATE.....
..... President.
..... Members

APPROVED BY *[Signature]* APPROVED BY
Assistant Director of Medical Services. Director-General of Medical Services.
DATE *7-9-12-19* DATE

1595
a-1-20

aw-302

War Service Bureau
Class A
No. 121350

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

M

1. No. #724709

2. Rank PRIVATE.

3. Name CUBITT, James, George.

4. Unit 109th Battalion C.E.F. (#2 D.D.)

5. Date of Discharge JAN 2 1920 Place TORONTO, ONT.

6. Reason for Discharge

MEDICALLY UNFIT

I

7. Authority (#2 D. D. Part 11 Daily Order #364)

8. Proposed Residence after Discharge

44 Muir Ave., Toronto, Ontario.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. ?

Medical Documents
forwarded to
S. G. R. or J. G. Cubitt
F. C.
JAN 2 1920

Signature of Soldier.

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

Place TORONTO, ONT.

Date JAN 2 1920

NO. 2
JAN 3 1920
DISTRICT DEPOT.

Signature A. Dargant-Cap
(O. C. Discharging Unit.)

S.D.
28.6.60

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
OFFICE OF THE COMMISSIONER

M

1

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the indicated place and date I received my discharge Certificate No. _____

Signature
Date

The date and place of the above signed receipt is hereby confirmed.

Signature
Date

LIST OF DISCHARGE DOCUMENTS.

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

CASE HISTORY SHEET

Base Base Hospital. Toronto Station.
 No. 724 709 Rank Dr. Name Cubitt Age 28
 Unit 202 Completed years of service C 7/12 E 1/12 F 36/12 }
Where and how long
 Date of admission Sept 21/19 Date of discharge _____
 Diagnosis VDG Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE V. N. G. case sheet attached
affected. Aug 5th/19. Metatarsal which Aug 11th. Developed
Epididymitis - testis. no record of positive swabs in gland

Complaint: Aft much walk R. foot is painful &
swollen. Callous under head of metatarsal bone.
 Existed Dec 8th/15:

Juden Inst. 21-11-16 to 26-11-16. } France.
7-12-16 to 12-1-16. }

Previous to admission Healthy

Present condition
 Cardiovascular System normal
 Respiratory normal
 Digestive normal
 Nervous normal
 Special Senses normal
Osseous & ligamentous Syst. - Callus under
head of metatarsal of R. foot. Old
Arthritis of first-metatarsophal. joint
which does not trouble him.

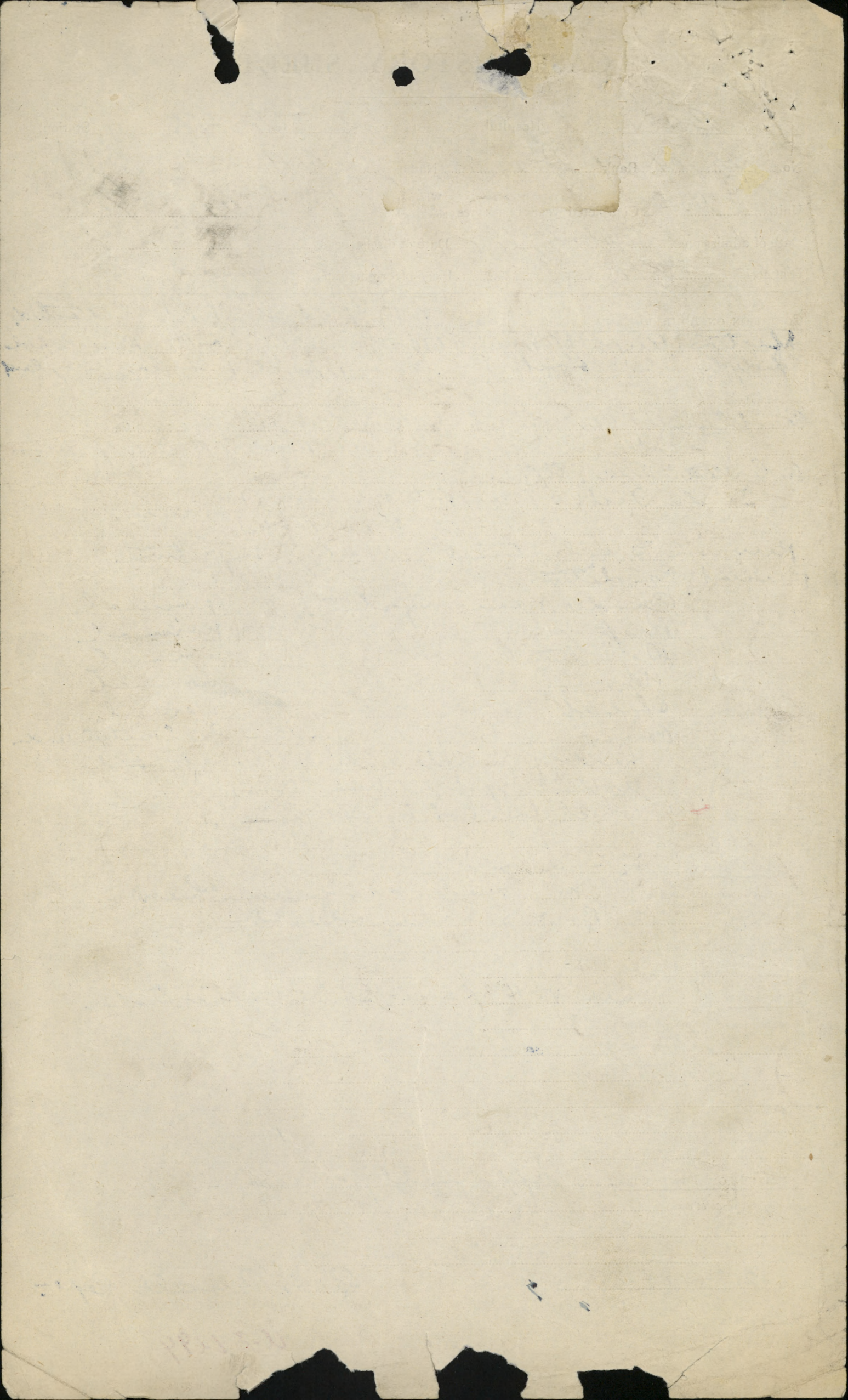
FAMILY HISTORY F. - a. & w.
(Tuberculosis, mental or nervous diseases.) M. dead, cause unknown.
B. & S. alive & well.

TREATMENT See V. N. G. case sheet attached.
(Especially any specific or special form.)

CONDITION ON DISCHARGE apparently cured.
(and disposal made of case.)

Date 23-12-19 Geo A Russell Capt.
Medical Officer i/c case.

A-82299



#724709 Dvr. Cubitt,

19-12-19.

Col. Menzies advises;- "M/N man is suffering from Callosities under heads of metatarsols of rt. foot. He also has an old arthritis of first metatarsols of rt foot. He also has an old arthritis of first metatarso phalangeol joint, which does not trouble him.

Advise a Metatarsol bar under sole of rt boot, to take weight of Collosities. This with excercise sill improve him."

Attached prescription forms in duplicate.

(Signed, GW.Ogilvie Dowsley,
Major CAMC.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE PROGRESS OF CHEMISTRY

IN THE YEAR 1928

BY THE COMMITTEE ON THE PROGRESS OF CHEMISTRY

AND THE BOARD OF CHEMISTS

OF THE UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS, 1929

UNIVERSITY OF CHICAGO PRESS

FORM "B"

D.G.H.S Circular Letter #25, Altered for report to

A.D.H.S. M.D.#2.

Province to which Patient is Discharged. Ontario

Name In Full CURBITT, James George

Address After Discharged 44 Main Ave Toronto

Diagnosis V. D. G.

Condition On Discharge apparently cured.

Wasserman Re-Action ✓

Date Of Examination 23-12-19

Gold Russell, Captain & Registrar
For O.C. Base Hospital, M.D.#2.

FORM 101

U.S. Social Security Administration, Bureau of Census

A. D. No. 4-2-53

Residence to which this return is being sent

Name in full EMILY J. JAMES

Address when divorced 1111 1/2 ...

Diocese ...

Location of Divorce ...

Married Name ...

Date of Divorce ...

Signature ...

Printed Name ...

ON THE
DISEASE

VENERICAL DISEASE CASE 2

GOVERNMENT

HISTORY

[Faint handwritten notes]

[Faint handwritten notes]

[Faint handwritten notes]

1875

11/11