

ORIGINAL  
APR 29 1916

- D -

9422 A

ATTESTATION PAPER.

No. 724286

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Gould
- 1a. What are your Christian names?..... John James
- 1b. What is your present address?..... Gooderham - Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Gooderham, Ont
- 3. What is the name of your next-of kin?..... Elizabeth Gould
- 4. What is the address of your next-of-kin?..... PO Gooderham, Ont - Canada
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 23<sup>rd</sup> June - 1892
- 6. What is your Trade or Calling?..... Green Buyer
- 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?..... 2 Years - 46<sup>th</sup> Regt  
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, John J Gould, 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.

John J Gould (Signature of Recruit)

Date APR 29 1916 191 . GC Faddenfull (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John J Gould, 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.

John J Gould (Signature of Recruit)

Date APR 29 1916 191 . GC Faddenfull (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 Tp of Blamorgan this APR 29 1916 day of ..... 1916 .

D. Williams (Signature of Justice)

345

9422 A

Description of John James Bold on Enlistment.

Apparent Age 22 years 11 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 9 ins.

Chest measurement { Girth when fully expanded 39 ins.  
Range of expansion 5 ins.

*None*

Complexion Fair

Eyes Grey

Hair Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date APR 29 1916 191

Place Gooderham

*[Signature]*  
Medical Officer  
109th Overseas Battalion

\*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 James Bold 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.

*[Signature]* (Signature of Officer)  
O. C. 109th Overseas Battalion, C. E. F.

Date APR 29 1916 191

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

# DISCHARGE DOCUMENTS

Name *Gould, John James.*

Regt. No. *724286* Rank *Pte.*

Corps *51<sup>st</sup> Bn. From 109<sup>th</sup> Bn.*

*Physically unfit*

20049

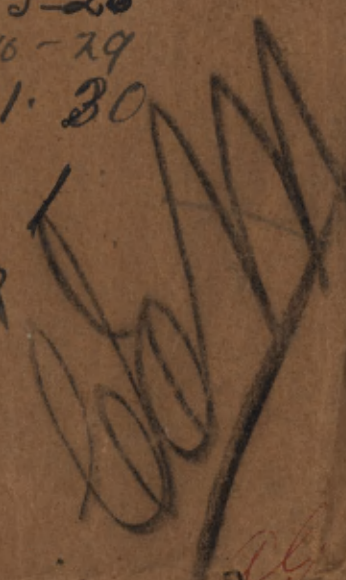


R. O. No.....

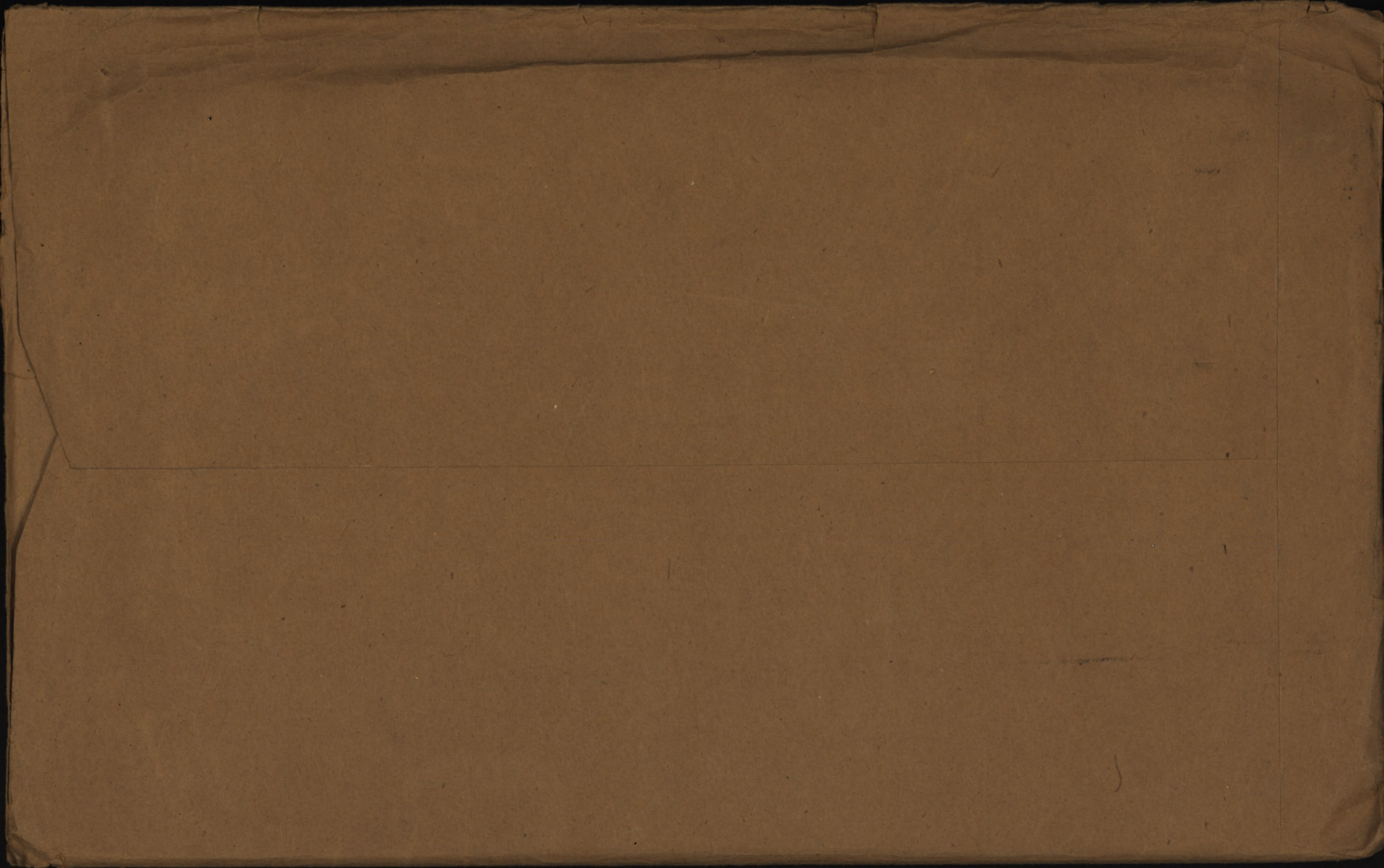
H. Q. No.....



*5-26  
16-29  
31-30*



*2019.01.00-1  
A.H.B. 122-1  
R. 10. 104-1  
M.F.W. 62.  
50m.-9-16.  
H. Q. 1772-39-935.  
card*



To be made out in duplicate.

H.Q. 54-21-23-53  
**DUPLICATE**

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins.....  
109th OVERSEAS BN., C.E.F.
- (2) Regimental Number ..... 724286
- (3) Full Name of Soldier..... John James Gould
- (4) Place of Birth..... Gooderham - Ont
- (5) Are you married, or not? ..... No
- (6) If married, state,  
(a) Full name of your wife.....  
.....  
(b) Present Postal Address.....  
.....
- (7) Are you a widower? ..... No
- (8) Have you any children?.....  
If so, give number of boys and girls.....  
Also their names and ages.....  
.....  
.....  
.....

(9) Is your Father alive?..... no .....  
If so, state name and address.....

(10) Is your Mother alive?..... yes ..... Elizabeth Gould .....  
If so, state name and address..... Woodburn - Ont .....

(11) If your Mother is a widow.....  
Are you her sole support, or not?..... yes .....

(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.  
Twenty-five Dollars  
Rest of family all married

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

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

(15) Are you insured?..... no .....  
If so, in what Company?.....  
Have you made arrangements for payment of your Insurance premium.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

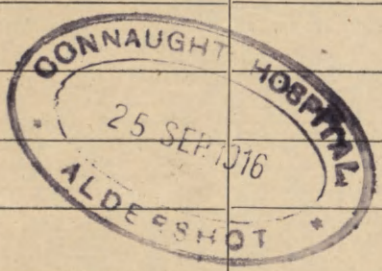
Date..... JUL 11 1916 .....

[Signature] ..... Lt. Col.  
O. C. 109th Overland Battalion, C. E. F.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <b>T165</b> Year <b>1916</b>	Regimental No.	Rank.	Surname.	Christian Name.
	<b>724286</b>	<b>PLC</b>	<b>Gould</b>	<b>J. J.</b>
	Unit.	Age.	Service.	
	<b>109 C.E.F. Base</b>	<b>24</b>	<b>4/12</b>	

Station and Date.	Disease
	<b>3 weeks ago admitted to Bramblethorpe Hosp. with pains in legs; swelling of knees &amp; ankles -</b>
<b>16-9-16</b>	<b>Transferred to Comnaught, still pains in legs, no swelling.</b>
<b>23-9-16</b>	<b>To See C.O.</b>
<b>25-9-16</b>	<b>Discharged.</b>



*Geo. Fleming  
Supt. Great Ranc.*

Station  
and Date.

MEDICAL CASE SHEET



9422 F

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 724286 Rank pty Name Gould, John J <sup>3/11/</sup> 1916.  
Local Unit 109<sup>th</sup> Overseas Unit \_\_\_\_\_ Age 24

Examination held at Bramshott, Hants.

### DISABILITY.

Overseas—Local.  
(scratch one out)

~~Rheumatism~~  
Debility C.E.C.C. 649.G.4959

DEPT. MILITIA & DEFENCE  
SEP 18 1917  
H.Q. CANADA

### PRESENT CONDITION.

Has had attacks of ~~the above~~ Rheumatism <sup>M.F.B 3/3</sup>  
~~disability~~ for the last ten years  
Has been in B.M.H. 11 dys and  
Counaught hospital 9 dys. The attacks  
have become worse since ~~coming~~  
to England

Board recommends:

1. Fit for Duty.
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for Base duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty. — yes
5. Discharge.

Discharged; Owing to having been declared by Medical Board as fit for permanent base duty only and no suitable employment on such duty available, although fit for employment in civil life.

W. S. Lubman for Col. J. E. F.  
Director of Recruiting and Organization, C.E.F.

Signatures:

Members { C. E. Cooper <sup>Major</sup> Col. C. E. F. Pres.  
H. MacLaren Capt  
H. MacLaren Capt

Approved.

Bramshott 21/11 1916.

P. A. Stewart  
A.D.M.S. For G.O.C. &  
Canadian Troops, Bramshott.

18  
10-9-17  
W. S. Lubman

2359 19 9  
17

SEP 19 1917

EXAMINATION  
BY  
SEP 19 1917  
NOT CHARGED - C. J. DEBARTHON

STANDING MEDICAL BOARD

725 28  
109

DISABILITY  
[Article No. 10]

PRESENT CONDITION

The patient has attacked a  
fever for the last few years  
this fever in P.M. 11 days a  
course usually repeated 2 days  
more severe in nature than  
the first

- 1. [ ]
- 2. [ ]
- 3. [ ]
- 4. [ ]
- 5. [ ]

C. J. DeBarthou  
M.D.  
11 [ ]

Approved  
[ ]

Commanding Surgeon, [ ]

Form to be used instead of blank page on Army Form 179

Proceedings of Medical Board at Discharge Depot.

MILITIA DEFENCE  
JAN 26 1917  
849-G-4959  
CANADA

Number 724286 Rank Pte Name of Corp of disabled soldier Bond, John James, Garrison Duty Batt.  
Previous Civilian Occupation. Grain buyer.

Cause of disability:- Chronic Arthritis - Knee & Hip, Right not due to but aggravated by service

Condition in detail which prevented the soldier from earning a full livelihood:-  
Complains of being unable to flex leg at knee on account of pain in hip joint.

On Physical examination he appears normal.

On forced flexion of leg, there is muscular resistance and complaint of pain in the hip joint. He says he has <sup>had</sup> attacks of pain in joints since

Opinion of the Board.

PTD

Degree of incapacity (Please state in fractions).

1/5 - 75% due to temporary aggravation

Probable duration of incapacity:-

Permanent - 3 months for aggravation

Does it render him permanently unfit for "Military service?" Yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalescent Home

Signature.

C. A. Robertson Capt. President.  
M. A. Logan Capt. Members.  
W. H. Dalpe Capt.

Station. Quebec

Date Jan 16. 1917

Approved.

Date Jan 16/17  
12/17

W. H. Carrick Major  
Assistant Director Medical Service.  
Dr. C. O. Cameron Capt.  
Director General Medical Service.

he was 14 years old; but that he has been  
worse since he was in England.

He walks with a limp but there may be  
some element of neurosis present.

9422

C Robertson Capt  
M Rogers Capt  
W Daise Capt

1 Co-36 Name Pte. Gould, J. J. Antler Sask.  
122 Wanchestery Ave.  
Name and address of next-of-kin Parents

Regimental No. 724286

Unit 109th Bn

Date of enlistment

Place of

Married (yes or no) Yes.

Date and place discharged Aug 28/17

Amount of pay assigned monthly \$ 15.00

Reason for discharge ob letter Aug 14/17

To whom payable Mrs. Eliz. Gould (mother)  
Gooderham, Ont.

Character on discharge Class III DD 751

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					
Feb 9/17	28	28	1-	28-	28	10	2 80	28 38	8638	12965	16 28 70-		86 38	7 <sup>20</sup> Feb 34. Out 2/28 - 1 Feb. FEB 28 1917
MAR 7	31	31	1-	31-	31	10	3 10 20-	5410	14811	1910	35-		5410	12134 MAR 31 1917
Apr 30	30	1-	30-	30	10	3-	11 40 20	6440	16528	2940	35-		6440	16190 Out Apr 12 DD 106
May 1	31	31	1	31 00	31	10	3 10 20 00	18598			35 00			over May 1 DD 106
June 1	30	30	1 <sup>00</sup>	30 00	31	10	3 00 20 00	18607270	19895	3770			7270	July PA
June 1	30	30	1 <sup>00</sup>	30 00	31	10	3 00 20 00	21597			35 00			one for July 11 DD 194.
June 1	30	30	1 <sup>00</sup>	30 00	31	10	3 00 20 00	420 5420	22696	2260			5760	July PA
July 1	31	31	1	31 00	31	10	3 10 12 60	20 00 1260	6670	25754	31 30 35-		406670	24346
Aug 1	28	28	1	28 00	28	10	2 80	1805 1680 8 00	7365	30337	42 05		3160	78405
													7365	Aug PA



File No. 07236-J-7  
 Passed to Inv. 31-10-19

**WAR SERVICE GRATUITY.**

Register No. 61346

Reg. No. 724286

Dependent Mrs. E. A. Gould, "Mother"

Name Pl. John James Gould

Address Gooderham, Ont.

Address Waskaka, S. A.  
 Award... Man.

Pay Soldier \$ 119.90  
A Sharp  
W. S. Hayden  
Paul  
Don Gregor

Pay Dependent \$ 170.00

Clerk Don Gregor

Days 122 Rate 100. Due 400.  
 Less P.D.P. credited 160.10  
 Less further Dr. Bal. or overpayment.

Net 239.90

*R. W. 134  
5-12-19.*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>28/11/19</u>	<u>45162</u>	<u>542899</u>	<u>119.90</u>		<u>28/11/19</u>	<u>45163</u>	<u>542898</u>	<u>170.00</u>
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
 Posting checked by [Signature]  
 Date 28/11/19

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

I

*me*

7236-J-3

Name **Gould, John James**  
Surname Christian Name

Regimental Number **724286** Rank **Pte.**

Address (in full) **Waskads, Man.**

Unit **51st Bn.**

Original Unit **109th Bn.**

District where paid **M.D.2.**

Date of Discharge **28-8-17.**

P. D. P. Filing Number **13-109-2.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	1619	24-10-17	53 00	1606	24-11-17	53 00	1586	24-12-17	54 10		160 10

M. F. W. 127.  
 60M-017.  
 1972-89-1140.

Remarks:







MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

536

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

*h*

To Whom *Mrs Elizabeth Gould* By Whom Assigned *E. J. Gould*  
 Address *Gooderham* Regtl. No. *724286*  
*Out.* Rank *pte*  
 Corps *109 Btn 10 Coy*

Rate *15-00* **AUG 1 1916**

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	<u>1914</u>			<i>Stop payments</i> <i>"Dis. to. 1st July 17"</i> <i>3m. 28/16 - 25/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<b>COPIED FOR CASUALTIES.</b>  <i>apc closed</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

51 31744

21 12 6 7 2

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

537

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

Sheet No. 27

L. L. Job 310.-Rev. 1914

Name of Soldier

*J. J. Gould*

**PAYMENTS.**

*Mrs. Elizabeth Gould (Mother) 120 Co 7 24286 (Pte) 109 Bu*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.		<i>W 15821</i>	<i>15</i>	
Sept.		<i>18159</i>	<i>15</i>	
Oct.		<i>Q 22795</i>	<i>15</i>	
Nov.		<i>N 24588</i>	<i>15</i>	
Dec.		<i>M 30358</i>	<i>15</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*66-9mc*

*[Signature]*

*acct closed Jan 17 1917  
 acc closed.  
 Ret'd Scandinavian 5/1/14  
 75<sup>00</sup> 7 X 11/1/14 still*

**AUG 1 1916**

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

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

517

SEPARATION ALLOWANCE

Name Elizabeth Gould.  
Address Gooderham  
Ont.  
Relation to Soldier } Widowed  
wife, child or mother } Mother.

Name of Soldier Gould, John Jas.  
Regtl. No. # 724286  
Rank Pte.  
109th Batt'n.  
To what Corps belonging }  
when called out }

*Print M. A. S. C. 1/2/17 D. Amb. #2. 8/9/17  
21/9/17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR CASUALTIES

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

11  
11  
11  
11  
11





# SEPARATION ALLOWANCE

Sheet No. 2.

*Mrs*  
Elizabeth Gould

OVERSEAS CONTINGENTS

*Mother*  
PAYMENTS.

Name of Soldier

Gould J.F.

# 424286

*Pvt.*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		V 3030	41	<i>S.A. Paid by M.A.G.C. to 28/8/17</i>
July		F 12906	20	
Aug.		U 11349	20	<i>20 = 1/9/17</i>
Sept.		T 16042	20	
Oct.		V 19293	20	
Nov.		Z 21999	20	
Dec.		3 25515	20	
Jan.	1917	<del>C 29624</del>	20	<i>C 29624 Cancelled</i>
Feb.				
March				
April				
May				<i>161 - acc closed ret'd on Scandinavian 5-1-17.</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

LEDGER No.

217

9422

SERIAL No.

13429

28

I

REG. No.

724286

NAME

Gould John G.

RANK

Pte.

CORPS

51st Bn.

AGE

25

SERVICE

HOSPITALS

DATE OF ADMISSION

1

M. G. H. Toronto.

7-6-17

2

3

DIAGNOSIS

Rheumatism

TRANSFERRED TO

DISPOSITION

9-7-17

CATEGORY

6

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

REMARKS: \_\_\_\_\_

NAME

Gould, J. J.

RANK AND CORPS

Pvt J. 109th Bn

REG'T L NO

424286

H. Q. FILE NO. 649-

FOLLOWS

No.

H

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

J. 307.

8-1-17.

Sailed from Liverpool for Canada  
 per the S.S. Scandinavian on the 5th  
 of Jan. 1917. (Rheumatism, Arthritis  
 Myalgia)

9422

H

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
12	Mil Bramshott	7-9-16	N. Y. N.
29	Discharged	23-9-16	" " "
33	Not diagnosed		Myalgia
106	M. H. C. C. Toronto		
(6)	Whitby college	11-4-17	class 2.
23	M. H. C. C. Toronto	23-1-17	Adm. Spadina Cl. 2.
37-3	M. H. C. C. Toronto	1-2-17	T.O. S. 2
184	" " " "	29-6-17	Whitby from Spadina
57	" " " "	20-2-17	Trans. 2
- 194 5	" " " "	11-7-17	Out - P. Whitby T.O.L. P. 6508
163	" " " "	8-6-17	Spadina from College
163	" " " "	8-6-17	P.C. 508 (College) S of L.

649-G-4959.

CARD NO. ✓

SURNAME.

Gould.

CHRISTIAN NAMES

John James

S.O.S. Dis 28-8-17.

REGL. No.

724286.

RANK

Pte.

UNIT

109<sup>th</sup>

2  
Bn.

FORMER CORPS

43<sup>th</sup> Regt. (2 yrs)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gould, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Gooderham, Ont.

COUNTRY OF BIRTH

Canada, Gooderham, Ont.

DATE

June 23<sup>rd</sup> 1892.

PLACE OF ATTESTATION

Tp. of Glamorgan.

DATE

Apr. 29<sup>th</sup> 1916.

of S 23.7-16 <sup>488</sup>/<sub>14</sub>

R/c 5-1-17.

y.y.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Grain buyer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

22

YEARS

11

MONTHS

HEIGHT

5'

FEET

9

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

5'

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

D. Brown

DISTINGUISHING MARKS

Chil.

MEDICAL EXAMINATION.

PLACE

Gooderham, Ont.

DATE

Apr. 29<sup>th</sup> 1916.

Present address, Gooderham, Ont.



No. 724276 RANK *Plt.*

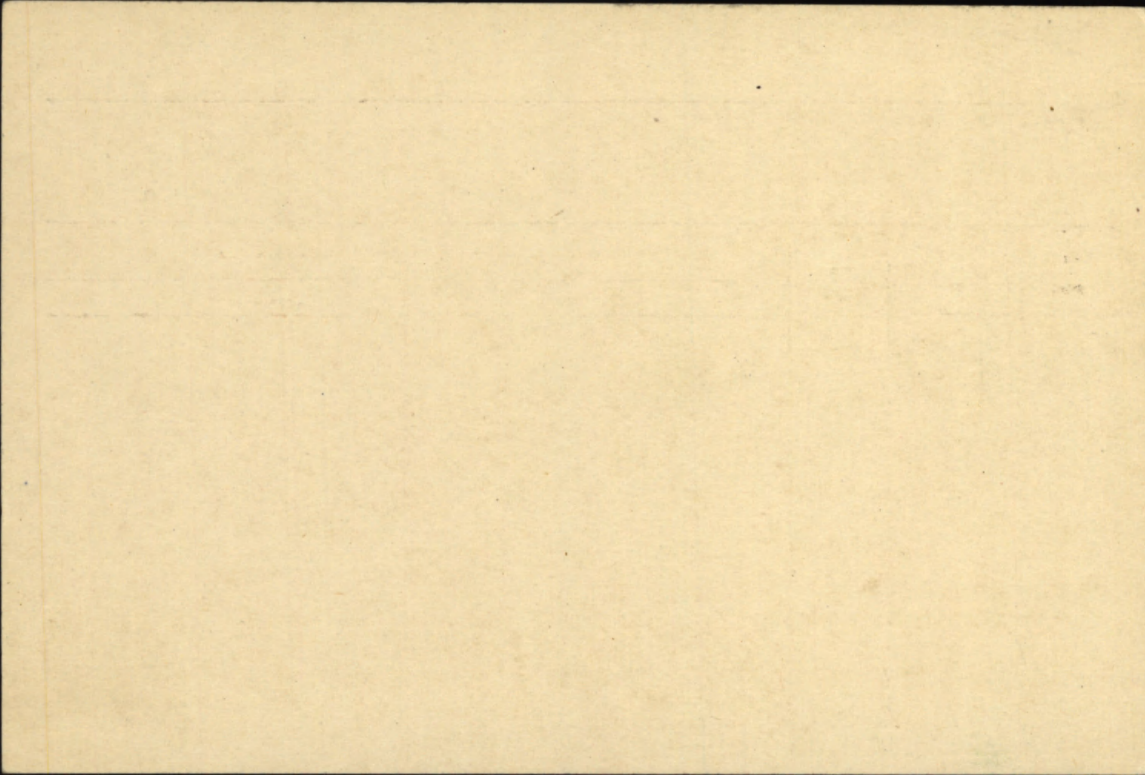
NAME *Gould, J. J.*

T. O. S. *29-4-16* UNIT *109<sup>th</sup>* *Battalion.*  
*(N.O. 154 of 8-5-16)*

M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 April 29</i>	<i>1916 May 31</i>	<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED  
 JUL 23 1916



Em  
Sm

Number 724286

Rank *Plt B*

Surname *Gowind*

Christian Name *John James*

Units *109 Bn Cavalry* Theatre of War *England*

Date of Service *31-7-16*

Remarks *Seulow*

Latest Address *~~Waskada~~  
man*

Roll No. *at Page 3025*

200m.-2-21.M.

DESP. SEP 18 1923

REGN. NO.

~~6947~~  
6946

Name Gould, John James <sup>Rank</sup> Pte.724286  
Reg. No.

Unit 109th. Battalion.

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-9-16	Mill Bramshott.		N.Y.D.	12		
23-9-16.	<i>is</i>		<i>is</i>	29.		
	<i>has now been. Diagnosed -</i>		<i>Myalgia</i>	33.		

1/1



INVESTIGATION REPORT TO BE FILLED IN BY THE PATIENT

Surname *Gould* Christian Name or Names *J. J.* Reg. No. *724286*  
 Rank *PTB.* Unit *109<sup>th</sup> Btn.* Co. Troop Batty  
 Hospital Date of Admission

Transferred *Bramshott. Mil* Hosp. *7. 9. 16*

Hosp.  
Hosp.  
Hosp.

Diagnosis

*n y d. o. myalgia.*

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

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*Dis. 23. 9. 16*

REMARKS

*Cf. 13. 9. 16 #12*  
*7. 11. 16 #29*  
*Cf. 16. 11. 16 #33*  
*2*

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

*107*

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



CASUALTIES, PROMOTIONS, &c.

MARRIED OR SINGLE

*Single*

PLACE OF BIRTH

*Gooderham Ont*

NAME AND ADDRESS OF NEXT OF KIN

*Elizabeth Gould  
Gooderham Ont Can*

RELATIONSHIP OF NEXT OF KIN

*Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

*[Handwritten signature]*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3			
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE		
<i>July 31</i>															<i>1370</i>								
<i>Aug 31</i>	<i>31</i>	<i>100</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>00</i>						<i>3410</i>	<i>29</i>	<i>9-8-16</i>							
<i>Sept 30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>00</i>			<i>3</i>	<i>00</i>						<i>33</i>									
<i>Oct 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>00</i>			<i>310</i>	<i>00</i>						<i>3410</i>	<i>105</i>	<i>30/16</i>	<i>164</i>	<i>15/16</i>					
<i>Nov 30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>00</i>			<i>3</i>	<i>00</i>						<i>33</i>	<i>192</i>	<i>30/16</i>							
<i>Dec 15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>00</i>			<i>150</i>	<i>00</i>						<i>1650</i>									
<i>18/12</i>	<i>28/12</i>	<i>13</i>	<i>13</i>	<i>00</i>			<i>130</i>	<i>00</i>						<i>1430</i>								<i>806 30/16 B.S.</i>	
																						<i>770 15/16</i>	
<i>WE July 1917</i>															<i>848</i>								<i>H 2076</i>

*Checked W.S. Barn.*

*Checked Stoneleigh*  
*Sarkis*

*WE July 1917*

OPTIONAL &c.  
EFFECTIVE DATE  
AUTHORITY

REG'L. No. 724286 RANK Pte NAME Gould John James O ✓  
 IF IN PERMT. CORPS / WHAT UNIT UNIT 109<sup>th</sup> Bn TRANSFERRED TO 6666 DATE 16.12.16 AUTHORITY 20334  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO N 6 Bn DATE 29-12-16 AUTHORITY PA 59-1-0  
 PLACE OF ATTESTATION Glamorgan Ant TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION Apr 29<sup>th</sup> 16 TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ 15<sup>00</sup> DATE EFFECTIVE Aug 1<sup>st</sup> 1916  
 PAYABLE TO Elizabeth Gould Gooderham RELATIONSHIP Mother  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE Ant  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 27/12/16 EFFECTIVE 1/1/17 REASON Disch<sup>a</sup> to Canada  
 DISCHARGE DATE AND PLACE 28/12/16 to Canada REASON AND AUTHORITY Old Comm. PA. 59-1-0 -  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 29 Dec 16 23/12/16  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.E. Card Index 24 Dec 16

ACQUITTANCE ROLLS  
2 3 4  
No. DATE No. DATE No. DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE	
1	2	3	4				CREDIT	DEBIT
							1370	
				15		2473	2307	
				15		15	4107	
				15		3690	3827	
				45		7663	4654	
				15		2479	<del>6660</del>	
				15		15	4804	
						973	5261	
						1947	3314	
							3314	
						3071	3314	

Checked by H. J. Tillotson  
PAY WITHHELD OR DEFERRED  
PAY AVAILABLE FOR ISSUE

4666 ABE 16.12.16  
D.O. 334.  
\*Extract from A.S.P. Book  
A.S.P.B. Verified  
Discharged to Canada 28/12/16  
PA 59-1-0 23/12/16  
Adm registered 27/12/16. 9/1/17.  
G.T. Bal. 835.14  
L.P.C. recd. 28.12.16.  
10/ PM. Buxton endorsed on  
Sailing list No 24 5-1-17. 30/12/16  
Transf to "Canada  
Disc'ge a/c"

64 15<sup>00</sup>/<sub>16</sub>  
1460 730  
2433 730  
973  
806 30/1/16 Bshot  
770 15/1/16 "  
2076

WP



PAYMENTS

3

4

ASSIGNED  
PAY

OTHER  
CHARGES

TOTAL  
DEBITS

BALANCE

CREDIT

DEBIT

PAY  
WITHHELD  
OR  
DEFERRED

PAY  
AVAILABLE  
FOR  
ISSUE

REMARKS

724286

7432

Gould, John James

Name in full

Private

Reserve Unit

G. D. B.

Discharge

11/10/19 40 N

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

DEPT. MILITARY PREFERENCE  
SEP - 8 1917  
649-9-4954  
CANADA

No. 724286 Army Rank Private

Name Gould, John James  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.C.A.C.

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

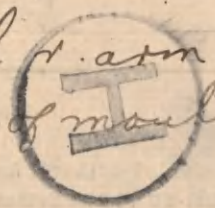
Date of discharge August 28th 1917

Place of discharge Toronto, Canada

1. Description at the time of discharge.

Age 24 years 6 months  
Height 5 feet 9 inches  
Chest measurement { girth when fully expanded ins.  
range of expansion ins.  
Complexion Dark  
Eyes Grey  
Hair Dark  
Trade Grain Buyer  
Intended place of residence  
(To be given as fully as practicable)

Descriptive marks.  
1 lb. mark on arm.  
Scar on mouth



(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of

Para. 392, Sec. 16, K. R. & O. 1912  
Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Good [Signature] LIEUT.  
for O/C Discharge Depot, Quebec.

4. Character awarded in accordance with King's Regulations:—  
Deceased 16-3-37.  
649-9-4959  
CANADIAN DISCHARGE DEPOT,  
[Signature]

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.  
Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

SEP 8 1918

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

*Local Casualty*

Certificate of education .....

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

(Place) DEC 22 1916

(Date) FILE

CANADIAN DISCHARGE DEPOT  
*James Taylor*  
Lieut.-Col.,  
Commanding Batt. Officer Commanding Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (Signature of Witness.)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for Aug 28<sup>th</sup> (date) 1917

(Place) Toronto, Canada

(Date) Aug. 18<sup>th</sup> 1917

Signature Frank M. Brown Capt.  
O. C. (D) Unit M. H. C. Command

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

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07236-27

C

DEPARTMENT OF MILITIA AND DEFENCE.

S.A.  
OCT 17 1919  
F.R.  
P.C. 23/10/19 & H.

WAR SERVICE GRATUITY.

FILE No.  
RECEIVED  
OCT 9 1919  
MILITARY DISTRICT No. 2  
91346

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Reg. No. 724286 2. Rank plie 3. Original C.E.F. Unit 109
- 4. Christian Names John James 5. Surname Gould
- 6. Address, in full, to which future payments of gratuity are to be forwarded Wasskoda  
Manitoba

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
CANADIAN SERVICE.			
1st Enl.	<u>724286</u>	<u>plie</u>	<u>109</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
IMPERIAL SERVICE.			
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
CANADIAN SERVICE.						
1st Enl.	<u>1916 April 29</u>	<u>1917 Aug 28</u>	<u>plie</u>	<u>51<sup>st</sup> Bn</u>	<u>Toronto</u>	<u>medically unfit class III</u>
2nd Enl.						
3rd Enl.						
4th Enl.						
IMPERIAL SERVICE.						
Imp. Enl.						

13

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 by virtue of the Canada Evidence Act.

Signature of applicant: *[Handwritten Signature]*

Place of Residence: *[Handwritten Address]*

Declared before me this *[Handwritten Date]* day of *[Handwritten Month]* 19*[Handwritten Year]*

Signature of Registrar of the Superior Court, Notary Public, Justice of the Peace or Commissioner for the Administration of Justice: *[Handwritten Signature]*

NOTICE: If the applicant has not forwarded a Return Declaration to Ottawa in connection with Registration otherwise it will be necessary to forward one with this application. There are for sale M.L.W. 144 under M.V.W. 144 and M.L.W. 145 and may be obtained from the Assistant Director Pay Service or the Paymaster General. These forms must be completed by the applicant.

Space below this line to be used only by the Assistant Director Pay Service.

POST DISCHARGE PAY

Date paid	Amounts paid soldier	Amounts paid dependant
<i>[Handwritten Date]</i>	<i>[Handwritten Amount]</i>	<i>[Handwritten Amount]</i>
<i>[Handwritten Date]</i>	<i>[Handwritten Amount]</i>	<i>[Handwritten Amount]</i>
<i>[Handwritten Date]</i>	<i>[Handwritten Amount]</i>	<i>[Handwritten Amount]</i>

REMARKS

*[Faint handwritten notes in the Remarks section]*

Assistant Director Pay Service, Mil. Div. No. *[Handwritten Number]*

*[Faint handwritten notes at the bottom of the page]*

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 by virtue of the Canada Evidence Act.

Signature of applicant: John James Gould

Place of Residence: Waskada Manitoba

Declared before me at: Waskada Man

This 4<sup>th</sup> day of October 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. S. D. Hannah J.P.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
24-10-17	53.00	
24-11-17	53.00	
24-12-17	54.10	
	<u>\$160.10</u>	

No other payments

REMARKS

Certified correct. [Signature]

Assistant Director Pay Services, Mil. Dist. No. \_\_\_\_\_

Date TORONTO, ONT. OCT 15 1918

12

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency \_\_\_\_\_
9. 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:  
109. Bn. Date of arrival in England  
July 29<sup>th</sup> 1916  
Date of departure January 5 1917
10. 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? not applicable
11. Have you been issued with a War Service Badge? If so, give number and class B<sup>C</sup> 3677  
C-3677 Class B
12. 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
13. 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, from where paid, and on what dates Aug Sept + Oct 1917  
Post Discharge Amount \$160  $\frac{10}{100}$   
and separation allowance
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled not applicable
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service not applicable
16. (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? \_\_\_\_\_
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. E. A. Goned
18. Relationship of such dependent Mother
19. Present address, in full, of such dependent Gooderham  
Ont
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name no

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9422  
B'shott B

D.  
724286

# MEDICAL HISTORY SHEET. ORIGINAL

Surname Gould Christian Name John James

Examined { on 29 day of April 1916  
 at Goodham  
 Birthplace { City or Town Goodham  
 County Ontario

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

Apparent age 24 years  
 Trade or occupation Grain Buyer  
 Height 5 Feet 9 Inches.  
 Weight 145 Lbs.  
 Chest measurement { Minimum 34 inches.  
 Maximum expansion 39 inches.

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

Physical development Good  
 Small-Pox Marks None

Vaccination Marks { Arm Right None Left One  
 Number One

Date	Result	VACCINATIONS
<u>May 12<sup>5</sup> 1916</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last May 12<sup>5</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease Nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>4/6/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection Nil

Enlisted on 29 day of April 1916 at Goodham

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>5</sup>th C.M.F.</u>	<u>724286.</u>		<u>29.4.16</u>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

	DATE.	DISEASE.	RESULT.
<b>APPROVED.</b> 3 NOV 1916 Bramshott Camp, Hants.	<u>3/11/16</u>	<u>Rheumatism</u> <u>Debility. R.E.C.</u>	<u>peru base duty</u> <u>C. Cooper O.C. Bramshott.</u> PRESIDENT.
<b>APPROVED.</b> 12 DEC 1916 Bramshott Camp, Hants.	<u>12-12-16</u>	<u>Rheumatoid arthritis</u>	<u>Medical Board Bramshott.</u> <u>C. Cooper O.C. Bramshott.</u> PRESIDENT.

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.

B

9422

Surname

Gould

Christian Name

John Paul

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				
Bramschoff in #		6	9	16	16	9	16	Rheumatism 11		M. H. W. M.	
Comaught.		16	9	16	25	9	16	myalgia 9	Discharged to Duty, recovered.	Geo. Fleming Supt. Casualty Depot	

DISCHARGED.  
under  
Para 392, Sec. 16, K. R. & O. 1912.  
Being no longer physically  
fit for war service.

*R. M. Hamilton*  
for Commandant.  
Canadian Casualty  
Discharge Depôt,

# Medical Report on an Invalid.

MILITARY REFERENCE  
JAN 28 1917  
649-G-4959  
H.A. CANADA

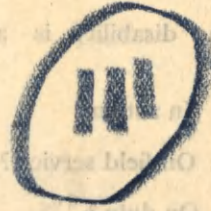
Station Bramshott Camp

Date November 20th 1916.

- 1. Unit. Garrison Duty Battalion
- 2. Regimental No. 734288
- 3. Rank Private
- 4. Name Woolf John J.
- 5. Age last birthday 24
- 6. Enlisted { on April 25/16  
at Gooderham Ont.
- 7. Former Trade { Grain Buyer  
or Occupation {

## 8. Disability.

Chronic rheumatized Arthritis  
Chronic Myalgia



## Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Ten Years Ago
- 10. Place of origin of disability. Gooderham Ont.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Has had this ever since he was 14 years old severe attacks occurring once or twice every week. The attacks have been gradually increasing in severity. Has never confined to hospital in Canada but about three weeks after arriving in England was admitted to No 3 Det, Hat where he remained six days and was then transferred to Bramshott Hospital where he was detained 11 days and then moved to the Connaught Hospital where he remained 9 days and was then discharged to duty as recovered. He then went on leave for ten days and about the 4th day was taken sick at Bristol but was not sick enough to go to hospital.

12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).
- Condition has not been aggravated by service

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

26-1-17  
F-168

a162-26/14

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the  
documents submitted, hereto attached, which form part of these Presents, marked

*[Faint, illegible handwritten notes and signatures, possibly bleed-through from the reverse side of the page.]*

- 20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
- (b) If due to one of these causes, to what specific condition do the Board attribute it?
- 21. Has the disability been aggravated by (a) Intemperance? (b) Alcohol?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- To be rated as would be
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, or 3/4 (or total incapacity).
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend (a) Pensions? (b) Pensions and gratuity? (c) Invalidity to Canada? (d) Discharge as recommended?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Station

\_\_\_\_\_  
Date

\_\_\_\_\_  
Members

\_\_\_\_\_  
*President.*  
Lt.-Col. Major.

\_\_\_\_\_  
Lt.-Col. Major.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) no. (2) no.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

*apparatus fundamentally disability*

21. Has the disability been aggravated by

(a) Intemperance?

*no*

(b) Misconduct?

*no.*

22. Is the disability permanent?

*Disability permanent & will be engraved*

23. If not permanent, what is its probable minimum duration?

*will be over and probably disappear in five years in Canada*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*1/2 as compared to capacity as unimpaired*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

*not applicable.*

26. Do the Board recommend

(a) ~~Fit for duty?~~

(b) ~~Fit for light duty?~~

(c) Invalided to Canada?

*yes. - not classified.*

(d) ~~Discharge as permanently unfit?~~

Signatures:—

*W. Cooper, M.D. President.*

Station Bramshott.

*C. A. Diction Major*

Date 12 DEC 1916

*H. Machau Capt* } Members.

Approved.

Station Bramshott.

Date 12 DEC 1916

*W. Cooper*  
For G.O.C. & Administrative Medical Officer.

Canadian Forces, Bramshott Camp

Respiratory System NORMAL  
 Digestive System NORMAL except appetite is poor  
 Circulatory System NORMAL  
 Nervous System-- He complains of not being able to sleep at night. Reflexes are Normal  
 Hands and fingers show sound tremor.

13. What is his present condition?  
*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

Joints. Rt. Knee joint stiff almost ankylosed for last three weeks  
 Lt. Knee-joint Stiffened. Both painful. Both hip-joints Painful  
 Skin- NORMAL Genito-Urinary NORMAL

14. If the disability is an injury, was caused **Not applicable**  
 (a) In action?  
 (b) On field service?  
 (c) On duty?  
 (d) Off duty?

15. Was a Court of Inquiry held on the injury? **Not applicable**  
 If so—(a) When?  
 (b) Where?  
 (c) Opinion?

16. Was an operation performed? If so, what? **Not applicable**

17. If not, was an operation advised and declined? **Not applicable**

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? **Not applicable**

19. Do you recommend  
 (a) Fit for duty? **No**  
 (b) Fit for light duty? **No**  
 (c) Invalided to Canada? **No**  
 (d) Discharge as permanently unfit? **Discharged as permanently unfit**

*A. M. Maurice Capt. M.C.*  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Station Bramshott.

*A. Stewart Maj.*  
 Officer in charge of Hospital.

Date 20 NOV 1916

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.  
 †Delete this word if no exceptions are to be made.

# Medical Report on an Invalid.

Station Bramshott Camp

Date November 20<sup>th</sup> 1916

- 1. Unit. 51<sup>st</sup>
- 2. Regimental No. 724286
- 3. Rank Private
- 4. Name Sould, John Jr.
- 5. Age last birthday 24
- 6. Enlisted { on April 29/16  
at Gooderham Ont.
- 7. Former Trade { Grain Buyer  
or Occupation {

### 8. Disability.

Chronic Rheumatoid Arthritis  
Chronic Myalgia



### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Five years ago.
- 10. Place of origin of disability. Gooderham Ont.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Has had this trouble ever since he was 14 years old severe attacks occurring once or twice every week. The attacks has been gradually increasing in severity. Was never confined to Hospital in Canada but about 3 weeks after arriving in England was admitted to No. 3 Detention Hut where he remained 6 days and was then transferred to <sup>Bramshott</sup> ~~Gooderham~~ Hospital where he was detained 11 days and then moved to the Connaught Hospital where he remained 9 days and was then discharged to duty as recovered. He then went on leave for 10 days and about the 4<sup>th</sup> day was taken <sup>with</sup> at Bristol but was not sick enough to go to Hospital until after his leave expired.
- 12. (a) Give your opinion as to the causation of the disability. Apparently the condition was caused by exposure to cold & wet during boyhood as he was then employed driving logs down Brent River. Condition has not been aggravated by service.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

*[Handwritten notes and signatures, including "Approved for signature" and "Submitted to Board"]*

- 20. (a) State whether the disability is the result of injuries received or illness contracted; (1) in the presence of the enemy, (2) on active service.
- (b) If due to one of these causes, to what specific condition do the Board attribute it?
- 21. Has the disability been aggravated by:
  - (a) Intemperance?
  - (b) Misconduct?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?  
To be stated in months.
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?  
In defining the extent of his inability to earn a livelihood, estimate it at £. s. d. or total incapacity.
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend:
  - (a) Retention?
  - (b) Fit for light duty?
  - (c) Invalided to Canada?
  - (d) Discharge (specify circumstances)?

Signatures: \_\_\_\_\_  
Date: 13 DEC 1918

\_\_\_\_\_  
President.  
Lt.-Col. \_\_\_\_\_ Major.  
\_\_\_\_\_  
Lt.-Col. \_\_\_\_\_ Major.

Th Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) no (2) no

(b) If due to one of these causes, to what specific condition do the Board attribute it?

aggravation from underlying disability.

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

22. Is the disability permanent?

while in England.

23. If not permanent, what is its probable minimum duration?

will lessen and probably disappear in fine weather in Canada

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/2 compared to capacity on enlistment.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable.

26. Do the Board recommend

(a) ~~Fit for duty?~~

(b) ~~Fit for light duty?~~

(c) ~~Invalided to Canada?~~

(d) ~~Discharge as permanently unfit?~~

invalided to Canada, yes, not disinfid

Signatures:—

R. Cooper <sup>Major</sup> President.

Station Bramshott.

C. A. Dickson <sup>Major</sup> } Members.  
H. Macham <sup>Capt</sup> }

Date 12 DEC 1916

Approved.

Station Bramshott.

[Signature] For G.O.C. & Administrative Medical Officer.

Date 12 DEC 1916

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 1. Respiratory system - normal
- 2. Digestive system - normal except appetite is poor.
- 3. Circulatory system - normal.
- 4. Nervous system - the complaint of not being able to sleep at night. Reflexes are normal. Hands and fingers show some tremor.
- 5. Joints - Rt. knee joint stiff - almost ankylosed for last 3 weeks. Lt. knee joint stiffened. Both painful. Both hip joints painful.
- 6. Skin - normal
- 7. Genito-urinary system - normal.

14. If the disability is an injury, was caused *not applicable*

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury? *not applicable*

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what? *not applicable*

17. If not, was an operation advised and declined? *not applicable*

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? *Not applicable*

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for light duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit? *Discharge as permanently unfit. (?)*

*A. B. McQuarrie Capt. C.M.C.*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Bramshott A. D. Stewart Maj

Date Nov 20th 1916 caul  
Officer in charge of Hospital.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

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: Gould Christian Name Ino James

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Gooderham County Ont.

Examined ... { on 29 day of April 1916,  
at Gooderham

Declared Age ... 24 years ... days.

Trade or Occupation ... Main Buyer

Height ... 5 feet 9 inches.

Weight ... 145 lbs.

Chest Measurement { Girth when fully Expanded 39 inches.  
Range of Expansion 5 inches.

Physical Development ... Good

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) J Mculloch  
(Rank) Capt. Medical Officer.

Enlisted ... at Gooderham  
on 29 day of April 1916.

Corps.	Regtl. No.
<u>109th Bn.</u>	<u>724386</u>

Became non-effective by ... DISCHARGED under

Para 392, Sec. 16, K. R. & O. 1912.

on ... day of ... Being no longer physically fit for war service. 1916

(Signature) J. M. ...  
(Rank) ... Commandant.









*Lat 8 July 9 1917*

MILITARY CONVALESCENT HOSPITAL  
TORONTO

9422 K

SECTION A.

Date of first admission to Hospital; June 7/17.

Name Gould, John J. Age 25 ~~Married~~ or Single

Home Address 122 Winchester St.,

Town or City Toronto Province Ont.

Enlisted { on  
at

Unit 51st Bn. Rank and No. Pte. #724286. Previous Conduct

Diagnosis and Recommendations of previous Boards.

Complaint if any, regarding pay.

Complaint reported to

By

The above to be filled in by office when patient is admitted to hospital

Date

REPORT OF ADMITTING OFFICER

SECTION B.

DATE of admission for treatment;

*June 7/17*

WEIGHT

Present  
Best

HEIGHT

CLASSIFICATION OF CASE

Indicate primary class by XX  
secondary by X

- 1. MEDICAL *XX*
  - a. Cardiac
  - b. Pulmonary
  - c. Gas
  - d. Nervous
  - e. Gastro Intestinal
  - f. Rheumatic
  - g. Miscellaneous

- 2. SURGICAL
- 3. ORTHOPEDIC
- 4. SPECIAL
- 5. DENTAL

- 6. LABORATORY EXAMINATIONS REQUIRED
  - a. Wasserman
  - b. Blood
  - c. Urine
  - d. Sputum

- 7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Admitted on 7th June, /17.  
 By order of O.C. "D" Unit,  
 as provisional *in* patient.  
 For treatment and reconsideration  
 because of complaints described  
 as..... *shemmatism*  
 apparently due to service.  
 Was discharged as Glass *iii* man.  
 With Pension.....  
 Without Pension.  
 From *W. Little* Hospital On *April 17* Date

*W. Little*  
Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

LIEUT. MITCHELL, M.C.

Date

Special questions for Soldiers' Aid Commission

- 1. Diagnosis
- 2. Degree of Disability (expressed by fraction)  
Permanent or otherwise
- 3. Can former occupation be resumed?  
If not, what class of work could be undertaken?
- 4. What military duty could he perform?

13429

PROGRESS NOTES

SECTION F.

All Progress Notes must be signed and dated

9422

K

Date

15/6/17

Complaints of pains in ankles, knees, hips  
RT. shoulder.

anti-rheum. mist.

W. G. S.

June  
20  
17

W. sup. - very much less pain

G. W. M.

June 25<sup>th</sup>

Improving. T.D.

June 27  
17

Improving.

W. G. S.

29/6/17

Recommended for leave over the holiday  
to 1/7 - ~~W. G. S.~~

July 4.

Has pain in all joints: Pain much worse  
in <sup>right</sup> knee.

C. P. M.

K

9422

Date June 8/17

1. COMPLAINT (1) Pains in legs (sharp & shooting).  
 (2) slight swelling of legs.  
 (3) General stiffness.  
 DATE OF ORIGIN & CAUSE OF DISABILITY 1, 2 & 3 since last August.  
 (4) numerous bites of heads

2. PREVIOUS HISTORY  
 Rheumaty fever 4 yrs ago.  
 Scarlet fever - - -  
 tonsillitis often. - - -

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY  
 Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts.  
 Habits good

Veneral Infection no.

Did patient reach England or France or remain in Canada?  
 Canada  
 England.

4. PRESENT ILLNESS  
 If "Gassed" what kind? Duration of exposure. What were immediate effects?  
 Last August (1916) he first noticed stiffness and slight swelling of the right leg, gradually got worse, until he was unable to get about so was sent to Hoop (in bed a month). He had been much exposed to cold and wet.

Is condition due to service or climate? If not, was it aggravated by them? How?  
 Service & climate.

On or off duty? on duty.

In action or in field service? field service

If due to exposure on duty, what was nature? long exposure to cold & wet.

Previous treatment and results. Where treated?

Bramshott	massage	3 wks.
Aldersbott	massage	3 wks.

PHYSICAL EXAMINATION  
SECTION E.

9422

K

Date

June 5/17

He has pains (sharp & shooting) in ~~the~~ both legs worse in right of right arm.

In his shoulder the pain begins & radiates toward the finger tips, also the pain starts in his hips and shoots down to his

ankles - pain in hip on bending over.  
vaccination scar on right arm much like a keloid - <sup>(14" x 2" diameter)</sup> often sore.  
He has some numbness & tingling of <sup>in</sup> his right hand.

Has slight morning cough, with mucous expectoration.

Heart: <sup>slight</sup> mitral systolic murmur - propagated to axilla - loud ringing 2nd sound in mitral area.

pulse 90 sitting. 100 standing - 130 on slight exercise. SPP = 130. DDP = 90.

appetite good - bowels regular -  
tath fair - tongue slightly coated - throat somewhat congested.

urine: - acid - 1020 - Itamber & clear no alb.

Chest There is some irradiation & dullness Rl apex

no adv sds

Do not a disability

Requires no treatment for this

J. Pearson

Wasserman negative sum.

Treatment recommended

Probable minimum duration of treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer

9/6

6/6/17

NAME OF NEXT OF KIN *Elizabeth Gould*  
 ADDRESS OF NEXT OF KIN *Goderham, Ont.*  
 122 *Worcester St. Toronto*  
 MAN'S ADDRESS  
 RELATIONSHIP *Mother*

9422

M

MEDICAL HISTORY OF AN INVALID.

M. H. C. C.  
 "D" UNIT  
 TORONTO, ONT.  
 JUL 14 1917

1. Station. *WHITBY MILITARY HOSPITAL*  
 2. Regiment or Corps. *109th Bn*  
 3. Regimental No. and Rank. *724 286 Pte.*  
 4. Name. *GOULD John*  
 5. Age last Birthday. *25*  
 6. Enlisted on *April 29th 1916*  
 at *Goderham Ont.*  
 7. Former trade or occupation. *Green buyer* Date. *July 9th, 1917*

8. General remarks on his :-  
 (a) Conduct. *No record 90-36*  
 (b) Habits. *Good*  
 (c) Temperance. *Abstain*

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.	Years.	Days.	PERIODS	
			FROM	To
<i>Canada</i>			<i>April 29, 1916.</i>	<i>July 1916</i>
<i>England</i>			<i>July 1916</i>	<i>Jan 5th 1917.</i>

DEPT. MILITIA & DEF.  
 JUL 19 1917  
 H.Q. CANADA

10. (a) Disease or disability. *Chronic rheumatism.*  
 (b) Date of origin. *August 20th 1916*  
 (c) Place of origin. *England*  
 (d) Cause. *Wet and exposure.*

ON COMMISSIONERS FOR CANADA.  
 AUG 2 1917  
 CONSIDERED FOR PENSION

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.)  
*There is slight pain in both shoulders, hip, knee and ankle joints in damp weather. These joints are not swollen nor tender. He feels perfectly well in dry weather. He gives a history of having had several attacks of rheumatism prior to enlistment. Present attack began in England in August 1916.*

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

2246

M

Q 22  
1-9/11

JUL 19 1917

(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 Depot.

That he be discharged on account of  
 physical infirmities and be allowed to pass under  
 his own contract. Being to the command of his  
 detachment as recommended for capture.

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

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
200m. 8-16.  
 H. Q. 1772-88-117.

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.



2242

M.

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

Red vaccination scar on right arm.  
Small scar on left side of chin.

(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?

not applicable

(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.

Exposed to cold, wet weather in England.

14. Treatment.

Penarth - massage - 3 weeks.  
Aldershot - massage - 3 weeks.

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

Aggravated 75% by service.

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

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.

Not 1/5

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

Unfit for service.

C. B. Macfarish

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. No. { (a) Chronic rheumatism  
(b) Prior to enlistment  
(c) Canada  
(d) unknown

11. yes.

12. no { (a) no.  
(b) no.

15. No. aggravated 50%

16. yes.

17. yes. 1/5, one half of which is due to aggravation from service.

18. Is he unfit for Military Service. yes.

Recommendations :

That he be discharged on account of physical unfitness and be allowed to pass under his own control. Owing to the recurrence of his rheumatism we recommend him for Category E.

Signatures :-

G. J. Currie Esq. President.

F. J. Hughes Esq. Members.

Station. WHITBY MILITARY HOSPITAL

Date. JUL 10 1917

J. D. London, Lt.

Date. 18/7/17

Approved.

Date. 21/7/17

Edw. Ryan Esq. Asst. Director of Medical Services.

J. M. Bucknare Esq. Director-General of Medical Services.

Address - 122 Winchester Ave.  
 Part of kin - Elizabeth Gould  
 Gooderham Ont.  
**MEDICAL HISTORY OF AN INVALID.**

9422  
 DEPT. MILITIA & DEFENCE  
 JUN -3 1917  
 H.Q. CANADA  
**M. H. C. C.**  
**"D" UNIT**  
 TORONTO, ONT.  
 JUN 1 1917  
 No-36  
 DEPT. MILITIA & DEFENCE  
 MAY -3 1917  
 H.Q. CANADA

1. Station. *Whitby M. Hosp.* 8. General remarks on his:-

2. Regiment or Corps. *109th Bn* (a) Conduct. *good*

3. Regimental No. and Rank. *724286* (b) Habits. *good*

4. Name. *John J. Gould* (c) Temperance. *Abstain*

5. Age last Birthday. *24*  
 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on *April 29 1916*  
 at *Gooderham*

7. Former trade or occupation. *Grain buyer* Date. *April 10th 1917*

9. Service.	Years.	Days.	PERIODS	
			FROM	To
<i>Canada</i>				<i>July 1914</i>
<i>England</i>				<i>Jan 1917</i>

10. (a) Disease or disability. *Limp due to habit Neurasthenia*

(b) Date of origin. *August 1916*

(c) Place of origin. *England*

(d) Cause. *Rheumatism*

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.)

*This patient walks with fairly marked limp for which no cause can be found. It is probably a habit that he has developed. He got rheumatism in England and following this had functional spasticity of right leg & some pain in joints. The spasticity & pain is now all gone but he continues to limp.*

12. (a) Is the disability the result of service or climate? *Yes.*

(b) Has it been aggravated by intemperance, vice or misconduct? *No*

71816 91917

2246

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? Is any other opinion

(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.

200m. 8-6. H. Q. 1772-89-117.

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.

Q 38. 4-5-17

Handwritten notes and scribbles at the top left.

Handwritten notes and scribbles at the top right.

9422

L

OPINION OF THE MEDICAL BOARD.

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

10. Yes

11. Yes

12. Yes to Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations :

That he be discharged with compensation placed in category C.3.

Signatures :-

Central Military  
Convalescent Hospital  
Toronto

Station.

Date. 12 April 1917

*[Signature]* President.  
*[Signature]*  
*[Signature]* Members.  
*[Signature]*

Date. 2.6.17

Approved.

Date. 6/6/17

*[Signature]* Capt.  
Ass. Director of Medical Services.  
*[Signature]* Capt  
for Director-General of Medical Services.

9422

L

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

Vaccination mark right arm

(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?

not applicable

(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.

Has had rheumatism repeatedly before enlisting and it came back in England. This neurasthenia developed afterwards.

14. Treatment.

Massage & movement.

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

Primary cause was previous to enlisting but had no trouble when he joined

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

~~12~~ 6 months

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

~~1/10~~ 1/5

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

Unfit because subject to rheumatism

W. Stacey Capt  
Medical Officer by whom the case is brought forward.

9422

TLH. Rank Name GOULD, John James. / O Reg'l No. 724286. / C  
 Unit 109th. Bn. If in perm. Corps, } Married or Single Single. /  
 What Unit? }

Place and Date of Enlistment 'Tp. of Glamorgan, Apr 29th. 1916' Place of Birth Gooderham, Ont. /

Name and Address, Next-of-Kin Elizabeth Gould, /  
 P.O. Gooderham, Ont. Canada. / Relationship Mother. / cca

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 6482  
 File R.L.  
 Category Gen MM

Discharge, Date and Place Reason Character  
 H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810				31-7-16	
31-8-16	bc. 109 <sup>th</sup>	Admitted to Hoopl	B. D. Sturt	30-8-16	PT II D.O. 245 x PT II D.O. 244
19-9-16	do	Trans to Connaught Hoopl	Bramshott	16-9-16	PT II D.O. 262 x DO. 280
26-9-16	do	Dis from Connaught Hoopl	do	23-9-16	PT II D.O. 270 C.P. 29 myalgia
6-9-16	do	Admtd. B.M. Hospital	do	6-9-16	PT II D.O. 250. C.P. 12.
14-11-16	do	S.O.S. to C.E.A.C.	Witley	13-11-16	— 319
14-11-16	GDPB att'd GDPB APP etc		Bramshott	6-11-16	— 1
16-11-16	ccac TO S4 of com GDPB APP		Woking	8-11-16	— 505
14-11-16	Gen D. Bn.	att to Gen D. Bn for BDRAGP	Bramshott	3-11-16	— 1.
18-12-16	"	leave to be att G.D. Bn having proc to bank D. Buxton for disch. as M.V.	"	18-12-16	— 30

SR 1330241

SR 1339173

9422

C

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.				
20-2-17	CCAC	S.O.S. proceeding to Canada, M.U. ceases to be attached to 51 <sup>st</sup> Bn.	Hastings	5-1-17	PT 0 86
6-1-17	COO Discharge Report	S.O.S to Can for Dis M.U. to convalescent home	Buxton M.S. 112 Toronto	6-1-17	— 5
				13-1-17	157