

card
99
5/8/16

ATTESTATION PAPER.
~~109th OVERSEAS BATTALION, C. E. F.~~
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 724269

Folio.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Grant*
- 1a. What are your Christian names?..... *Thomas Ewart*
- 1b. What is your present address?..... *Bobcaygeon*
2. In what Town, Township or Parish, and in what Country were you born?..... *Bobcaygeon, Twp of Verulam, Ont.*
3. What is the name of your next-of kin?..... *Peter Grant*
4. What is the address of your next-of-kin?..... *Bobcaygeon, Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *Dec 27 1890*
6. What is your Trade or Calling?..... *Carpenter*
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?..... *45th Vict. Regt. two 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, *Thomas Ewart Grant*, 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.

T. Ewart Grant..... (Signature of Recruit)

Date *April 25* 191*6* *A. B. Fairbairn Lieut.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Ewart Grant*, 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.

T. Ewart Grant..... (Signature of Recruit)

Date *April 25* 191*6* *A. B. Fairbairn Lieut.* (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 *Bobcaygeon* this *25th* day of *April* 191*6*

W. M. M. M. (Signature of Justice)

Description of Thomas Ewart Grant on Enlistment.

Apparent Age.....22 years 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 5 1/4 ins.

Chest measurement. { Girth when fully expanded.....35 1/2 ins.
 Range of expansion.....3 1/2 ins.

None

Complexion.....Dark

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....yes
 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 25 1916.....191 .

.....J. M. C. [Signature] Capt.

Place.....Babcoycum.....

.....109th Overseas Battalion 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.

.....Thomas Ewart Grant.....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] Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date.....APR 25 1916.....191 .

REGIMENTAL DOCUMENTS

NAME GRANT, THOMAS E WART REGT. NO. 724269 UNIT 21st Bn 6th Res Bn FILE NO. 13-1-30

S

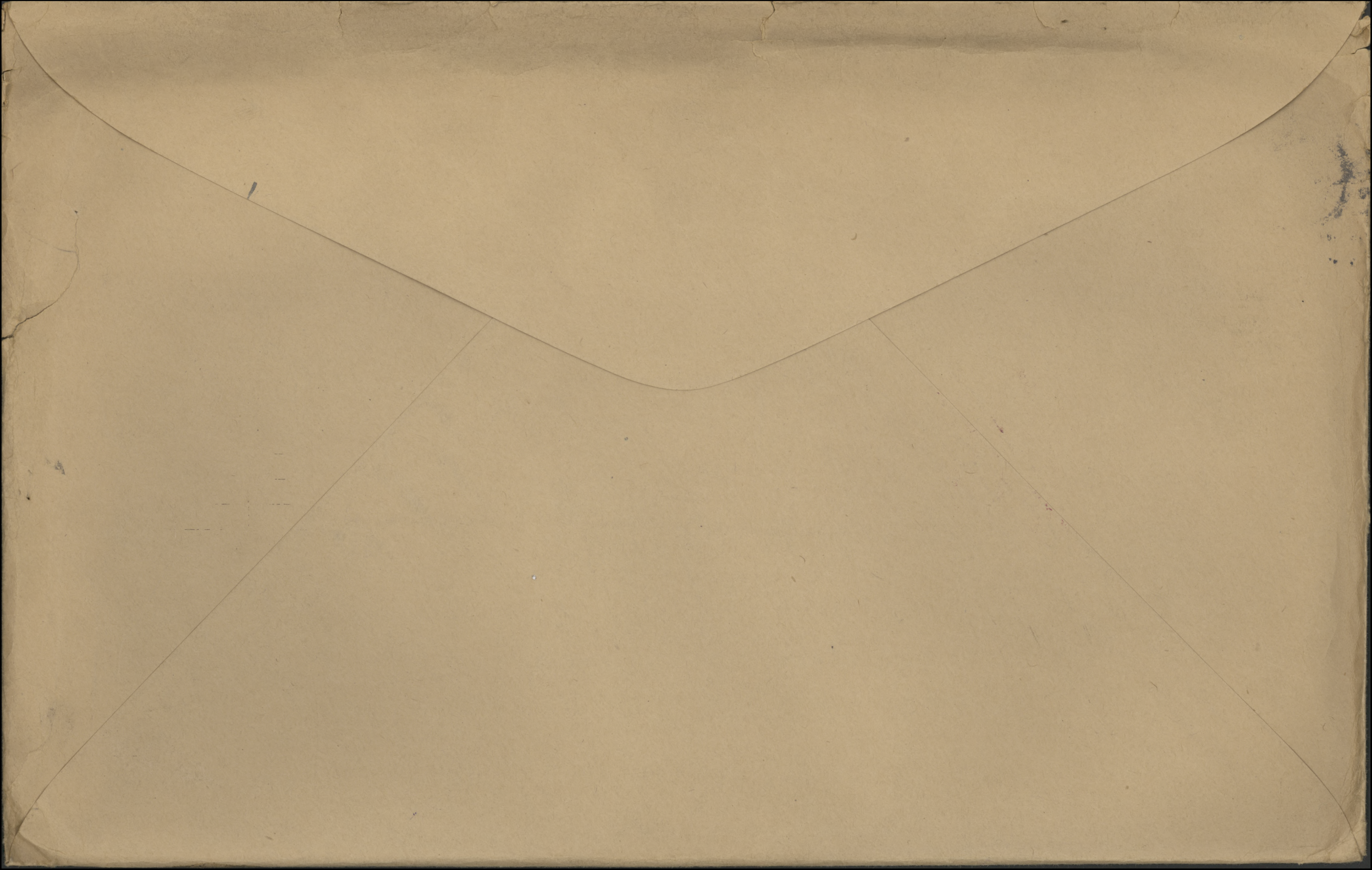
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Invaladed to Canada</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Med Unfit</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)				23409	
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Reseal</i>					
<i>2791437</i>					8-30
<i>279188</i>					10-31
<i>M.F.W. 67</i>					31
<i>183</i>					2.
<i>Pay board</i>					

M

Reseal 2-5-55

HI

MF



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

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

Casualty Form—Active Service. X

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

Regimental No. 724269 Rank Private Name Grant Thomas Swartz

Enlisted (a) 25-4-16 Terms of Service (a) D of W Service reckons from (a) 25-4-16

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

Extended _____ Re-engaged _____ Qualification (b) Carpenter

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.
--------	--	-------	------	--

CERTIFICATE CORRECT.
 17 OCT. 1916
 CAN. RECORDS, LONDON.

	Embarked Canada.	Halifax	24.7.16.	
	Disembarked England	Liverpool	31.7.16.	
	Transferred for Overseas Service with 21st Batt'n			OCT 5 1916
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10. D.O. Pt. 11. No. 279 Capt. ADJUTANT
21st BATTALION	joined unit.	21st BATTALION	31/10.	109th Overseas Battalion, C.F.F. P.C. 11 O. 58 4/9-10-16. B. 213. 3/11/16.
C.B.D.	Struck off strength to "A."	7. Con. Stay Hosp	12/9/16.	Dismissing N.R. 12/10. CAPTAIN,
7. Con. Stay.	Influenza. adm.	Do Do.	11/10/16.	ADJUTANT, W 3034. 1/10.
4. Con. Dep.	Influenza. adm.	4. Con. Dep.	17/10/16.	109TH BATTALION CAN. INFANTRY. W 3034. 1/10.
C.B.D.	Taken on from 4. Con. Dep. "A."	C.B.D.	25/10/16.	H.R. 25/10.
"	Left for unit	"	27/10/16.	" 27/10
7. Con. Stay Hosp	"Influenza."	7. Con. Stay Hosp.	17/10/16.	W. 3034 17/10/16.
4. Con. Dep.	" T.B. to	C.B.D.	24/10/16.	" "
21st B. att'n.	Attached 4th Fld Co., C.F.	In the Field	18/12/16.	Letter 21/1252 d/24-1-17
Do	Ceased to be att'd 4th F.C., C.F.	Do	17-1-17	P.C. 11 O. 13 d/31/17
16-4-17.	Wounded to Fld Ambulance.		9-4-17.	B-213 9/1. P.C. 11 O. 14 d/3-2-17. Letter. N. 1. 16/2701. D.C.S. 293. 24/17

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

724269

GRANT. T. E.

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				
10-4-17.	13. Stay Hpl. SW. R. Hip. adm. Do	Invalided (Wounded) & posted to Eastern Ontario Regt. Depot for H.Q. "Princess Elizabeth".	13. Stay Hpl. Seaford	10/4/17. 22-4-17	W. 3034. W. 3083/A. 259. Pt II O. 53d/11-5-17,
3. 5. 14.	15. 13. Stay Hpl.	Posted from 21 st Inf. Bn. Seaford	J. Whogan Seaford	23 rd 17.	Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F. Pt. II O. 53. W. 3034. LIEUT; FOR LT: COL: I/C RECORDS, C.O.M.F.

TLH. Rank Name GRANT, Thomas Ewart, Reg'l No. 724269.
 Unit 109th. Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Bobcaygeon, Apr. 25th. 1916. Place of Birth Bobcaygeon Tp.
 of Verulam, Ont.
 Name and Address, Next-of-Kin Peter Grant, P.O. Bobcaygeon, Ont. Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 5955
 File R.L.
 Category M.V. Com

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report. Date.	From whom received.	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.
		Arrived in England per H. M. T. 2310		31-7-16	
5-10-16	109th Bn	S.O.S. to 21st Batta <i>Taken on strength.</i>	Braunschweig	5-10-16	Pt II. 20-279 WR
9-10-16	21st Bn		In the Field	6-10-16	II 58.
19-10-16	"	Adm No 7 Can Stat Hosp	Home	11-10-16	BLA 347 Influenza
24-10-16	"	Team to 304 Convo Depot	"	17-10-16	" 351 "
1/11/16	"	Dis to Reinforcements	field	24-10-16	" 358 "
22-1-17	2nd Div Engrs	Attach 4th fld Co Can Engrs.	field	18/12/16	PT O.H.
31-1-17	"	Leaves to be attach 4th fld Co Engrs	do	17-1-17	" 5.
31-1-17	21st Bn	Attach 4th fld Co Can Engrs	do	18-12-16	" 13. PT O.H.
19-4-17	"	Adm. No. 13. Stat. Hosp.	Boulogne.	10-4-17	C.L.A. 490. G.S.W. Rk. Hk. ^{Sen.}

A.F.B. 163 CHECKED
 1100CL196

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.				
					G.S.W. R. Hig. Ser.
30. 4. 17	21 st Bn.	Adm. Mil. Hosp.	Bethnal Green	23. 4. 17	C.R.B. 333.
3 ⁵ / ₁₇	G.O.R.D.	Taken on Strength.	Seaford	23 ⁴ / ₁₇	Pt. II. No. 52. 53d/11 ⁵ / ₁₇
10 ¹ / ₁₇	21 st Bn.	Trans. to: Outs. mil. Hosp.	Orpington	4 ¹ / ₁₇	C.R.B. 390. G.S.W. R. Hig.
4 ⁹ / ₁₇	Cot.	Trans. to: Can. low. Hosp.	Bromley	31 ¹ / ₁₇	— 2. — —
24 ¹⁰ / ₁₇	-	Trans. to: No. 5. Can. Gen. Hosp.	Pte Kirkdale	19 ¹⁰ / ₁₇	— 45. — — Ser.
C. 30 ¹¹ / ₁₇	-	Invalided to Canada.	" "	19 ¹¹ / ₁₇	— 77. — — "
18 ¹² / ₁₇	Cot. to	SOS. on being invalided to Canada.	Seaford	19 ¹¹ / ₁₇	Pt. II. No. 281.
	Halifax	Convalescent.	M.D. Kingston	28-11-17	N.R. 409

30

MEDICAL HISTORY OF AN INVALID.

ORIGINAL

Home address - Bobcaygeon

1. Station. **Kingston,** 8. General remarks on his:—
2. Regiment or Corps. **21st Battn.** (a) Conduct.
3. Regimental No. and Rank. **724269 Pte.** (b) Habits.
4. Name. **T.E. Grant** (c) Temperance.
5. Age last Birthday. **28** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **April 25/16**
at **Bobcaygeon**
7. Former trade or occupation. **Carpenter** Date. **Feb. 12/18**

9. Service.	Years.	Days.
PERIODS		
	FROM	To
109th Battn.	April 25/16	Oct. 1916
21st Battn.	Oct. 1916	date

10. (a) Disease or disability. **Effects G.S.W. in right hip.**
- (b) Date of origin. **April 7/17**
- (c) Place of origin. **Vimy Ridge**
- (d) Cause. **Gun shot wound.**

Man was struck in right hip with shrapnel April 7/17. At present he

11. Present condition. (Most Important.) **complaints of weakness and aching in the right hip if he walks more than a couple of miles.**
- (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Man does not complain of pain unless he gives hip a twist while walking. Says he cannot rotate his leg outward. Does not limp or use canes. Examn There is a healed scar 4" long & 1½" wide immediately behind great trochanter (rt. side) This is adherent to the muscles. The shrapnel bullet caused considerable loss of muscle tissue and also some splintering of the great trochanter. The bullet is still in the tissues. Flexion of the thigh is limited to 90° with the trunk. Outward rotation is practically nil. Internal rotation about 5%. Abduction of hip 25% normal. No atrophy of thigh muscles. X-ray report shows shrapnel ball located between lesser trochanter and tuber ischii, opposite middle of shaft of femur. It also shows path of bullet across the front of the neck of the femur. Heart and lungs normal. Urine:- 1030-R. acid-no alb.-no sugar.

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

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

Depressed scar 4" x 1 1/2" immediately behind the great trochanter.

(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?

on duty

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable.

14. Treatment.

English Hospital in France and England.

at Queen's Military Hospital since Dec. 5/17.

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

not applicable.

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

one year-partly 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.

40% for one year, then re-examn.

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

for discharge.

J. Langner Capt AME

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

Yes.

11.

"

12.

"

15.

"

16.

"

17.

"

18. Is he unfit for Military Service.

"

Recommendations :

On account of disability resulting from effects of G.S.W. hip the man should be placed in Category "B". Man able to pass under his own control. Man requires no further Hospital treatment.

Signatures :—

W. D. Cornell M. Colame President.

E. G. W. Moscoball Captain

Station. Kingston,

Members.

Date. Feb. 15th/18

L. N. Armstrong Captain

Date. FEB 19 1918

M. Craig Captain A. M. C.

For A. D. M. S. M. D. Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____

Arrived from } _____

Date _____

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

Summary of Causes of invaliding, or remarks as to remand to Regiment, Stat on 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. 1772-89-11.

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.

DUPLICATE.

724269

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Grant Christian Name Thomas Everett

Examined { on 25 day of April 1916
at Bobcaygeon
Birthplace { City or Town Bobcaygeon
County Ontario

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

Apparent age 25 years
Trade or occupation Carpenter
Height 5 Feet 5 1/4 Inches.
Weight 154 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 1/2 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 Yes
Number One

Date.	Result.	VACCINATIONS.
<u>1-5-16</u>	<u>Good</u>	<u>J McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last May 1 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>12/5/16</u>	<u>"</u>	<u>J McCulloch</u>
<u>24/5/16</u>	<u>"</u>	<u>J McCulloch</u>
		M.O.
		M.O.
		M.O.

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

Enlisted on 25 day of April 1916 at Bobcaygeon

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724269</u>		<u>25-4-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname Grant Christian Name Thomas Ernest

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 4 Can Det [Hoop] Harve		11	10	16	17	10	16	Influenza		Dis to:	A347
No 4 Can Det Harve		17	10	16	24	10	16	do		Reinforcements Harve	A351-338.
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		30	8	17	18	OCT	1917	G.S.W. Rthip	50	Received G.S.W. at Vining on 7.4.17 fracturing head of femur - Was treated surgically at 8th Field ambulance, 13th Stationing Hospital Balagne and Dupuytren Sheel & operation wound post to right trochanter 3 inches long. Wound healed. No chattering. Movements limited. No external rotation - walks with a limp Passive flexion possible to 90 degree. Forward & backward motion limited to 50 percent. Same as above.	
No 5 Can Det Liverpool GUAYA.		18	11	17	25	11	17	do.		as above	On the 11th Nov 1917 came with you Capt [unclear] W.P. [unclear]

QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date 7 Dec 1917

No. 724269 Rank Pte Name Grant, J.E.
 Corps 21st Batt. CEF
 Address Bobcaygeon Ont.
 Next of Kin Father Mr P Grant. Same address
 Occupation Carpenter.
 Age 27
 Enlisted 25th April 1916
 Examined by

Height 5 ft 6 in.

Chest
 Complexion dark.

Hair black.

Eyes brown

Religion Presbyterian. Surg Upper

History:— Enlisted 25th April 1916 went to France 1st Oct 1916
 was 7 mths in France wounded 7th April 1917. Bethnal
 green London. arrived in Canada 29th Nov 1917.
 shrapnel wound right hip, with compound fracture
 femur.

Observation:— Patient complains that he is unable to walk
 over two miles without fatigue & with the assistance
 of sticks. Scar right hip about 4 in long, just below
 Trochanter. Limited abduction rotation & backward
 movement. Flexion good.

Fit for leave.

Pay On Boat
 At Quebec
 Cheque

Discharged Feb 28-18

7618

Received *L. Armstrong*
 Capt. A. M. C.

Dis. - 40% 1 yr. partly permanent. on Duty.
leaf 3.

L. S. Stevenson Capt.

Adjutant & Registrar
Queen's Military Hospital

Date

Name

Rank

No.

Company

Address

Next of Kin

Occupation

Height

Weight

Complexion

Hair

Eyes

Build

Other

At Quebec

Group

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724269	pt	Grant	J.E
		Unit.	Age.	Service.
23/4/17.	1917	21 st Bn.	27	16 12
Station and Date.	Disease <u>g s w. rt Hip.</u>			
	occupation Carpenter. Ent. Boissy-en-France Oct 25/16.			
	Eng. 1/8/16 France. 3/10/16. Wounded Vimy 7/4/17.			
	1 - 8 th Field Amb.			
	2 - CES. Braay where operation performed.			
	3 - 13 th Stat Hosp Boulogne. 10/4/17.			
	4 - Bethnal Green Hosp London 22/4/17. two small pieces of bone removed from rt hip.			
	5 - Out Mil Hosp Orpington 3/7/17.			
	Wt 3/7/17.			
	g s w. rt hip near 4" long just behind great trochanter. slight discharge. limitation backward movement, forward and lateral good. rotation limited.			
	P.P. near 4" long just behind grt trochanter.			
	Limitation Backward movement hip. great			
	" Forward " not so great.			
	" Lateral " not so great.			
	" Rotation great.			
	gen condition good. no treatment			
	W. S. Tyrer Capt C. S. M. R.			
19-11-17	6 S.	W. S. Tyrer		

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

m1-27

Bed 33

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

202255

Year

1917

Unit.

Age.

Service.

724269 Pte Grant J.
21st Can Bn.

27

14/12

Station
and Date.

Disease

G. S. W. Hyp

Enlisted at Bobcaygeon Ont on 27/4/16 with
the 109th Can Inf Bn,
came to England 1/8/16 with 109th Can Inf Bn
went to France 3/10/16 on a draft to the 21st Can
Inf Bn.

Patient states he was well until wounded at Vimy
Ridge on 7/4/17

Previous Treatment

i. Wound dressed on the field

ii. 7/4/17 Thence to the 5th Field Ambulance.iii. Thence to 66 S. Brnoy where operation was
performediv. Thence to 13th Stationary Hospital Boulogne 10/4/17
Wounds dressed dailyv. 22/4/17 Thence to Bethnal Green Hospital London
where X ray taken two small pieces of bone removed
from right hipvi. 3/4/17 Thence to Ontario Military Hospital Coxington
Kent.

3/7/17

Examination shows

S.S.W right hip scar about 4" long just behind the
great trochanter slight discharge. Limitation of
backward movement forward and lateral good.
rotation limited.

S.P. Byler

19-11-17

H. S. Byler

Station
and Date.

12-8-17

Still has pain in right thigh and still uses
cane when walking. Wound completely
healed

24-8-17

Recommended for C.C.H

29-8-17

Transferred to C.C.H.

A.S. MacLachlan
Capt Canb

CANADIAN CONVALESCENT HOSPITAL
BROMLEY, KENT

18/10/17

Transferred to Liverpool for invaliding
to Canada

1

Dallison
CAPTAIN C.A.M.C.
CANADIAN CONVALESCENT HOSPITAL

Liverpool, 26/10/17

Condition same as on 3/7/17.

W. J. G. M. C.

MEDICAL CASE SHEET.*

FCT
2/13
Year
1917

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724269	Plt	Grant	J. E.
Year	Unit.	Age.	Service.	
1917	2 nd Canadian Regt.	27 yrs	1 yr	

Station and Date.

24.4.17.

2

Ch. Enan.

Disease G. I. W. Hip (R)
Comp. fracture great trochanter

Wounded April 7th at Vimy Ridge

Had two injections in France.
 Had operation two weeks ago
 Has no splint of any kind

Large wound over great trochanter - fairly healthy

24.4.17.

29

Beetnal Green

Military Hospital,

Cambridge Road,

17.

Canell. Dakin treatment

X Ray shows fracture of great trochanter + presence of shrapnel bullet remote from fracture.

1. MAY 1917

Pocket of pus evacuated deep in wound & probe Bone bone felt

3.5.17.

4.5.17.

7.5.17.

16.5.17.

19.6.17

25.11

Two pieces of bone removed from bottom of wound and free drainage obtained

Profuse discharge - no tenderness anywhere but in wound itself

Temp. normal

Less discharge

A. T. S. 500 Units. In

Atty Smith - to Richard - Major

S. Henry Hunch pro

Lieut. Col. R.A.M.C.T.

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

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 21st Can Bn.

Ontario Military Hospital Orrington

No. 724 269 Rank and Name Grant J. Pt Age 27 Service 14/12

Disease A.S.W. Hyp Date of admission July 3rd 1917 Date of discharge 30.8.17 Result C. C. H. Bromley

Dates of Observation	Days of Disease																																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																	
Temperature Fahrenheit	Time																																				
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.			
107°																																					
106°																																					
105°																																					
104°																																					
103°																																					
102°																																					
101°																																					
100°																																					
99°																																					
98°																																					
97°																																					
Puls per Minute	54	54	60																																		
Respirations per Minute	15	15	18																																		
Motions per 24 hours																																					

Admitted.
Discontinued



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

TRIPPLICATE

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

Regimental No. 724269 Rank Pte. Name Grant, T.E.

Corps 109th Battalion who was* Discharged

On February 28th 1918, to Class 3, Medically unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st 1918, to February 28th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	15	00	Bal. Cr. from prev. month.....		
Advances by } No.....			Reg't Pay..... 28 days at \$... 1 c.....	28	00
Cheques } No.....			Field Allow. 28 days at \$..... c10	2	80
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No <u>3646</u>	28	80	Other Credits* <u>Clothing</u>	13	00
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	43	80	Total.....	43	80

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of February 1918 } (to) Assignee..... Mrs. Peter Grant,
 and Sep'n Allce. for month of 191..... }
 (Address) Bobcaygeon,
 Ont.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted..... No.....
- (3) cause of discharge..... authority..... 3MD 88-G-145.....
- (4) authority for transfer

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

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

Date February 25th, 1918.....

Place Kingston, Ont......

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

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

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

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

cheque #8646 attached

M. F. W. 44.

EAST PAY CERTIFICATE

1. This form is issued for all ranks of the Canadian Expeditionary Force, and is to be filled up by the commanding officer of the unit to which the soldier is attached. It is to be filled up at the end of each month, and is to be submitted to the Adjutant-General's Office, Ottawa, at the end of each month.

Table with columns for Name, Rank, Regiment, and various pay items (Basic Pay, Allowances, etc.).

2. The following is a list of the items which are included in the East Pay Certificate: (a) Basic Pay, (b) Allowances, (c) Gratuity, (d) Sick Pay, (e) Family Allowance, (f) Other Allowances, (g) Other Benefits.

On transfer of an Officer has been paid by Paymaster, Military District No. 1

REMARKS: (a) Date of enlistment, (b) Date of discharge, (c) Date of transfer, (d) Date of death, (e) Date of capture, (f) Date of return, (g) Date of release, (h) Date of repatriation, (i) Date of re-employment.

I have carefully examined the statement of account and find it to be a correct statement from the Paymaster of the unit.

Signature of Paymaster, Military District No. 1

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....
109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724269.

(3) Full Name of Soldier Thomas Ewart Grant.

(4) Place of Birth Bobcaygeon Ontario Canada.

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

(6) If married, state,
 (a) Full name of your wife Nil.
 (b) Present Postal Address Nil.

(7) Are you a widower? No.

(8) Have you any children? Nil.
 If so, give number of boys and girls Nil.
 Also their names and ages Nil.

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

If so, state name and address Peter Grant, Bobcaygeon Ontario Canada.

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

If so, state name and address Caroline Grant, Bobcaygeon Ontario Canada

(11) If your Mother is a widow No......

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

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

Nil.

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

Nil.

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

Nil.

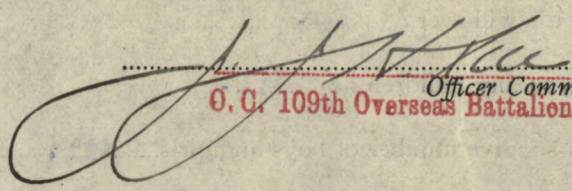
(15) Are you insured? No......

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

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

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

Date July 6, 1916......


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

POST DISCHARGE PAY OFFICE

25866/516

Three months pay and allowances after discharge.

Name Grant, Thomas E.
Surname

Christian Name

7309-7-3.

Regimental Number 724269

Rank Pte.

Address (in full) Bobcaygeon, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 28-2-18.

P. D. P. Filing Number 2-74-3.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1457	28-2-18	33 00	1429	28-3-18	33 00	1423	29-4-18	34 10		100 10
	1883-1272	28.3.19	70 00								
	449235	28-2-18	70 00								

Remarks:

M. F. W. 127.
50M-617.
1972-39-1140.

Amount

Dec'n No. 25866/5/6 W. S. G. File No. 0-7309-T-5
 Award days at \$ 70 per day \$ 280.00
 S. A. months at \$ per mo. \$ \$ 100.10
 Less P. D. P. Credited \$
 Less further debit balance \$
 Net due paid as below 179.90

S. Bobcaygeon
 Out.

25-3-19
 25-3-19
 8-4-19

		TO SOLDIER		TO DEPENDENT		
0	Ag. No	Ch No	Amount	No	Ch No	Amount
1	2390	401455	70.00	✓		
	1883A	49235	70.00	✓		
2	1541B	413072	39.90	✓		
4						
5						
6						
	Total		179.90		Total	

74413.

GEN'L AUDITOR
 Posting checked by
Bunchell
 Date 28/7/19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

(Mother)

To Whom *Mrs Peter Grant*
 Address *Bobcaygeon*
Ont -

By Whom Assigned *J. E. Grant*
 Regtl. No. *724269*
 Rank *pte*
 Corps *109 Btn.*

Rate *\$ 15.00* **AUG 1 1916**

PAYMENTS

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



1930-3

1930-3

1930-3

1930-3

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 310.-Req. 6574

Name of Soldier

J. E. Grant

PAYMENTS.

Mrs Peter Grant (Mother) Colby 724269 (Pte) 109 Bln

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15⁰⁰</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>V 15871</i>	<i>15</i>	
		<i>R 18777</i>	<i>15</i>	
Oct.		<i>R 23583</i>	<i>15</i>	
Nov.		<i>Q 26096</i>	<i>15</i>	
Dec.		<i>Q 33023</i>	<i>15 15</i>	
Jan.	1917	<i>Y 39089</i>	<i>15</i>	
Feb.		<i>Y 44457</i>	<i>15</i>	
March		<i>Y 49574</i>	<i>15</i>	
April		<i>R 2252</i>	<i>15</i>	
May		<i>R 8021</i>	<i>15</i>	
June		<i>U 15008</i>	<i>15</i>	
July		<i>Y 22019</i>	<i>15</i>	
Aug.		<i>Y 28843</i>	<i>15</i>	
Sept.		<i>J 36590</i>	<i>15</i>	
Oct.		<i>J 41999</i>	<i>15</i>	
Nov.		<i>J 49211</i>	<i>15</i>	
Dec.		<i>O 56687</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Su

W E

posted in error. Write Ck

*15 P.
15 E.*

15 S

C

CB

255 pres.

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.				

Surname Grant Christian Name or Names T.E. Reg. No. 724269
Rank Pte. Unit 21st Bn. E.O. Co. Troop Batty.

Hospital 7 Can. Stat. Havre Date of Admission 11.10.16
Transferred 4 Bon Depot Havre Hosp. 17.10.16

13. Stetony Hosp. Boulogne Hosp. 10-4-17.
Bethnal Green Mil London Hosp. 23-4-17
Ontario Mil. Exnington Hosp. 4.7.17

Diagnosis Influenza.
(1) Later Diagnosis (if changed) G.S.W. Rt. Hip. Sw. P.
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION Dis. & confinement 24.10.16 Date

C.L. 19.10.16 A347

REMARKS

24.10.16 A351
1.11.16 A358
Ch 19-4-17 @ 490
30-4-17 B333
10-7-17 B390
5.9.17 B21
25-10-17 B45-1
1.12.17 B442

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

Dis. to Canada per HS Araguaya from Liverpool 19-11-17.

Ru

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

Can Com Bromley
5. Can Gen Hospital

31-8-17
1910-17

2.

3.

4.

5.

6.

7.

Name GRANT T.M. Rank Pte. Regt. No. 724269 Unit C.
 Battn. 109th. Camp or O. S. O. File M. H. C. C. H. Q. File
 Next of kin Mr. P. Grant, Bobcaygeon, Ont.
 Discharged to Class 3 D. of D. Conduct Good
 Pension awarded \$90.00 1 Yr. Date of first payment 1-3-18
 Address on discharge Bobcaygeon, Ont.
 Diagnosis Date boarded

DATE	CLASS	REMARKS	Part 2 Order
6-12-17	2	Queens Outpatient.	342
11-1-18	2	Queens	#14
28-2-18	3	DISCHARGED	#70
.....
.....
.....

SURNAME.

Grant.

CARD NO. ✓

CHRISTIAN NAMES

Thomas Ewart

FOLL.

REGL. NO.

724269

RANK

Pte.

UNIT

109th

En.

FORMER CORPS

45th Vict. Regt. 2 years.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Grant, Peter.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Bobcaygon, Ont.

COUNTRY OF BIRTH

Canada Bobcaygon, Sup of Verulam,

Vict Co. Ont.

DATE

Dec 27th 1890.

PLACE OF ATTESTATION

Bobcaygon, Ont.

DATE

April 25th, 1916

23-7-16

488 / 15

R/C. 28-1177

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

carpenter

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

22

YEARS

—

MONTHS

HEIGHT

5

FEET

5 1/4

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

dark

EYES

brown

HAIR

black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Lochaygon. Ont

DATE

April 25th 1916.

present address.

Lochaygon. Ont.

No. 724269 RANK *Plt.*

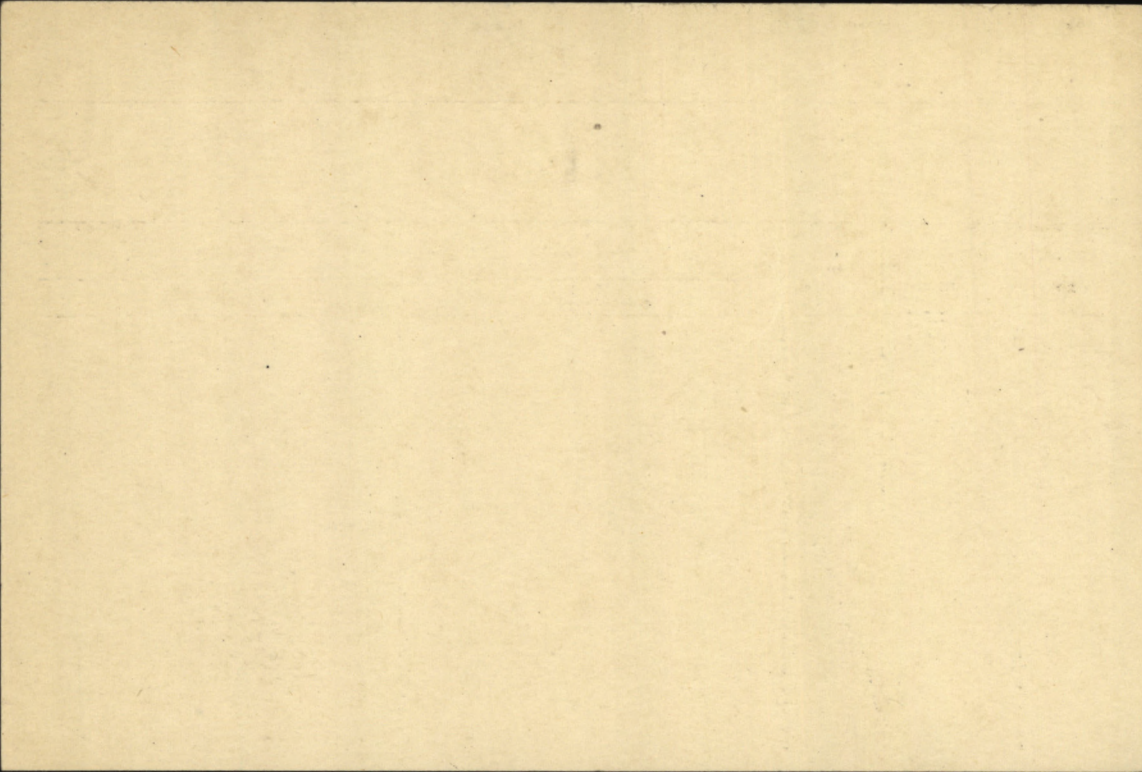
NAME *Grant, J. E.*

T. O. S. *25-4-16.* UNIT *109th Battalion.*
(S.O. 137 of 28-4-16)

M. D. *3.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916.</i> <i>April 25</i>	<i>1916.</i> <i>April 30.</i>	<i>v.</i>		
<i>May</i>		<i>v.</i>		
<i>June</i>		<i>v.</i>		
<i>July</i>		<i>v.</i>		

UNIT SAILED
 JUL 23 1916



#10
Number

724269

Rank

Pvt

Surname

GRANT

Christian Name

Thomas Ewart

Units

21st. Bu Can Inf

Theatre of War

France

Date of Service

6-10-16

Remarks

Latest Address

Sabuygeon,
Aut.

Roll No.

200m.-2-21.M.

Page 13288

DESP. MAY 17 1922

REGN. NO. 9/33715

Thomas Ewart.

Name GRANT.

Rank

Pte.

Reg. No. 724269. ✓

Unit

21st. Battn.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-10-16.	No. 7. Can S.H. Havre.		Influenza	A347		
17-10-16.	No. 4. Con Dep. Havre.		do	A351		
24-10-16.	DISCHARGED. REINF. HAVRE.		do	A358		
10-4-17	13. Stat Hosp Boulogne	GSW	Rt Hip Sev.	A490	M2235.	
23-4-17	Mili Hosp Bethnal Green		Do.	B333		19-4.
4-7-17	Ontario M.H. Orpington	GSW	Rt Hip	B390.		
31-8	<i>L. L. H. Bramley</i>		do	<i>B2. C 1287</i>		
19-10-17	no 5 C. G. H Kirkdale.		Do	<i>B45</i>		3989.
19-11-17	Inval. to Canada.		Do	<i>B77</i>		1796

W. 11/17

NAME

Grant Thomas Ewart 3

H. Q. FILE No. 649-

REGT'L No.

724269

RANK AND CORPS

Pte 21st Battalion (form. 109th Bn)

CABLE

NO.

DATE

NATURE OF CASUALTY

M 2235

18-4-17

C.
Adm to 13 Stationary Hosp. Boulogne
April 10th. 1917. (ISW. hip severe) ←
Returned to Canada per t/s. Araguay
28-11-17 Weakness right hip.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 347 ⁱ	No 7 Can Stat Havre	11-10-16	Influenza.
a 351 ^u	to "4" Can. Dep. Havre	17-10-16	" "
a 358	Disc to reinforcements Havre	24-10-16	Influenza.
A 490	13 Stationary Boulogne	10-4-17	YSW Rt Hip sev.
B 333 ²	mil. Bethnal Green	23-4-17	YSW. Rt. Hip sev.
B 390	to Ont. mil. ^{London} Arpington	4-7-17	YSW Rt Hip (L 8-8-17)
A 2 ¹	to Can. Conv. Bromley	31-8-17	YSW R. Hip. (C. Ont.)
B 45 ¹	to No. 5 Can. Gen ^{17. ex. H.} Kirkdale	19-10-17	YSW: R. Hip. (sev.)
B 77 ²	Invalided to Canada	19-11-17	" " " " (C. Ont Regt)
342.	M. H. C. Kingston	1-12-17	Out. P. Queen

8. MD 3

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>		
-----------	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *724269*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *J. E. Grant*
 Battalion *109 Battrn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Peter Grant (Mother)*
 Address *Bobcaygeon, Ont.*
 Change of Address
 1
 2
 3
 4

2 1/2 8/15 gm

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>DEC 31 1917</i>			<i>255</i>	<i>255</i>	
<i>Jan 18</i>	<i>64323 F</i>		<i>15</i>	<i>15</i>	<i>F 64323 cancelled</i>
			<i>XX</i>	<i>XX</i>	

a/c closed 31-12-17
Ret'd per... Araguay
at 255.00
Date 28-11-17 F. X. 4-1-18
 Clerk... *M. Peterkin*

CONFIDENTIAL INFORMATION

Report **12773**

Category **D or E**

No. of M. H. C. File

No. of Local File

No. of H. Q. File

Grant Thomas E.
Bobcaygeon, Ont
(Victoria Co)

No. **724269** Rank **Pte** Original Unit **1st** Present Unit **21st**

Age **27** Height **5** ft. **6 1/2** ins. Complexion **dark** Eyes **brn** Hair **blk.** Character

Date of enlistment **20-4-16** Where enlisted **Bobcaygeon** Where seen service **France**

Ship returned by **Araguaya** Date of arrival **Nov 28-17** Port of arrival **Halifax**

Birthplace **Canada** Religion **Pres.**

Name and address next of kin **Father, Peter, Grant Same address.**

Notification of return to be sent to **Father**

Cause of disability **Weakness Rt. Hip**

Condition in detail which prevents the soldier from earning a full livelihood **Was wounded by shrapnel April 7th 17, causing compound Fracture. 8" scar from wound 4" long. on rt. hip just behind the trachantec. Abduction and backward motion is limited cannot rotate hip. There is little of any shortening. forward motion of hip joint is good. He has to use a stick. Can walk about 2 miles with a stick. Otherwise he is healthy.**

E. 1. Discharge, no pensionable disability.
 E. 2. Waiting Reclassification.
 E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board **Canadian Board 100% DDS-AL**

Probable duration of incapacity **6 months probably some permanent impairment**

Does it render him permanently unfit for Military Service? **Not necessarily**

Would operation, Special treatment, or use of appliances etc., lessen incapacity? **Yes, Convalescent Home.**

Destination to which transportation issued **Kingston**

Members of Board **J.A. Proudfoot, Peake Cpt., J.N. Barton, Cpt. J.R. Corston Major.**

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	single				
2					
3					
4					
5					

C. Service in Canada.
 D. Treatment.

Occupation prior to enlistment **Carpenter,**

Regular trade or profession

Average earnings previous to enlistment **varied** Any other income? **none**

Name and address of last employer **Father**

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

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

If carrying life or accident insurance, annual premium **none**

If in receipt of sick benefits or other insurance—name of society **none** Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school? **15** What grade, standard, &c., was he in? **5th**

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

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

References **Rev. M. Smith Bobcaygeon**

Witness **H.F. Beanson.** I declare that the above statement is correct.

Date **Nov 28-17** Signature

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

A. General Service.
 B. Service abroad, not general.

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

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

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

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

First payment date.....

Form No. 10
 This document is for
 BENEFIT—Class Amount per year \$ Period granted for Date granted to
 Date of birth Date of death Date of death Date of death
 Amount forwarded to H.C. Unit \$ Credit Clothing allowance \$
 Last Pay Cert. Cr. \$ D. \$ Amount paid at Dept. H.C. \$ T. B. C. (leave) Defor. \$

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

Date Signature
 I declare that the above statement is correct.

Witness
 References
 Whether given Vocational Training while in Hospital in England if so what subject?
 Has he taken any Technical or Construction Classes if so what?
 At what age soldier left school? What grade standard sec. was he in?
 Is capable to follow previous occupation name previous
 Is in receipt of sick benefits or other insurance—name of society
 Is carrying life or accident insurance, amount premium

Taxes
 If Homestead, when is patent due?
 Rent per month If purchasing property amount due and annual payment \$

Name and address of last employer
 Average earnings previous to enlistment Any other incomes

Regular trade or profession
 Occupation prior to enlistment

DEPENDENTS	NAME	AGE	WHERE IS EMPLOYED	WAGES	STATE OF BIRTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

INFORMATION TO BE FURNISHED BY SOLDIER

Members of Board
 Description to which transportation issued
 Would operation, special treatment or use of appliances etc. lessen incapacity?
 Does it render him permanently unfit for Military Service?
 Probable duration of incapacity
 Degree of incapacity (Please state in fractions) Eng. Board Canadian Board

Condition in which soldier presents the soldier from carrying a full livelihood
 Cause of disability
 Notification of return to be sent to
 Name and address next of kin
 Birthplace Religion
 Ship returned by Date of arrival Port of arrival
 Date of enlistment Where enlisted Where seen service
 Age Height Weight Complexion Eyes Hair Complexion
 No. Bank Original Unit Present Unit

A General Service
 B Service abroad, not foreign.

C Service in Canada
 D Treatment

E 1 Discharge with claim for pension.
 E 2 Waiting Re-employment.
 E 3 Discharge, no pensionable disability.

Report

Category D or E

H.C. No. of
 Local No. of
 H.C. No. of

CONFIDENTIAL INFORMATION

Reserved for M.H.C.

Regt. No. **724269** Rank **Pte** Surname **GRANT** Christian Name **T. E.**
 Unit or Corps—(a) Overseas from United Kingdom **109th Bato** (b) In United Kingdom **21st Bato**
 Born at—Town **Bobcaygeon** County or Province **Victoria** Country **Ont Can**
 Date of Birth—Day **27** Month **December** Year **1889** Age **27** yrs. **9** months.
 Joined at **Bobcaygeon Ont** Date **April 27. 1916**
 Former Trade or Occupation **Carponat**
 Permanent marks or peculiarities that will serve for future identification:—

Height—feet **5** inches **6** Colour of eyes **Light Brown**
 Signature of Soldier (for identification purposes) **Thomas Ewart Grant**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Disabilities Group (a). **WEAK RT. HIP**
 Disabilities Group (b).
 Disabilities Group (c).

Group the disabilities, placing those resulting from separate causes in separate groups.

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	G.S. WOUND	Yuny	April 27. 1916
(ii) As to Group (b) above.	—	—	—
(iii) As to Group (c) above.	—	—	—

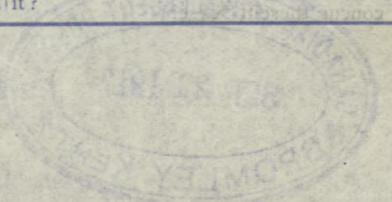
NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

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

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

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

(i) As to Group (a) above? **yes**
 (ii) As to Group (b) above? —
 (iii) As to Group (c) above? —



5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? **Yes**

(ii) While off duty? **No**

(iii) Was a Court of Inquiry held? **No**

(iv) Where? **No**

(v) When? **No**

(vi) Opinion of the Court? **No**

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

Was in good health when the wound was received. On 7.4.17 received Q.S.W. fracturing head of Femur. He was treated on the field, & the field ambulance, C. C. S. Bruay, 13th Stationary Hospital Boulogne, Bethnal Green Hosp. The Oxford Hospital Orpington, finally Bromley.

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

Scar from Q.S.W. about 4 inches long on right hip just behind the trochanter. Backward motion is limited so also is abduction. He is unable to rotate. Forward motion is good. At times after walking feels pain in the wound. Unable to walk without a stick and 2 miles is about as far as he is able to walk. Otherwise he feels well. He will be unable to carry on the full duties of a soldier before some months.

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

(ii) If so, state what. **To remove shrapnel and for drainage.**

(iii) Was one advised and declined? **No**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary

9. (i) Is there loss or decay of teeth attributable to Active Service? **No**

(ii) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **Yes, D.A.**

(d) Discharge from the Service as permanently unfit? **Yes**

Date of Report **Sept. 21** 191**7**

Signed **D Allison Capt C.A.M.C.**
Officer in medical charge of case.

Station **Can. Con. Hospital Bromley.**

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



J.R. Spier
J. Hoobrow

{ Officer i/c. Hospital } Strike out one
{ S.M.O. Brigade } of these.

Dated at _____ Station, on _____ 191**7**

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)?

If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I (2)?

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused? No
Aggravated? No

(b) Misconduct of the Soldier

Caused? No
Aggravated? No

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

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all).

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent?

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

Not applicable

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

18. Remarks.

Shell & operation wound posterior to Rt. qt. brachator about 3" in length & Nd healed. No apparent shortening of leg. Movements limited. Passive flexion possible to 90° but painful. Forward & backward motions limited about 50%. Practically no external rotation. Walks with marked limp.

19. Recommendation:—(a) Fit for duty?

No

(b) Fit for base duty?

No

(c) Invalid to Canada?

Yes

(d) Discharge from Service as permanently unfit?

No

Classification for the Military Hospitals Commission.

Date of Board

Bromley Kent

R.P. Boscoe Capt. C.A.M.C.

Station

21 Sept. 1917

Signatures of the Board

[Signature]

Approved

[Signature]

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

Dated at

..... Captain C.A.M.C., for A.D.M.S. Canadians London Area.

Station

2 OCT 1917

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

1. THE ENTIRE DISABILITY. Without regard to his regular occupation, in which extent he is capable of being employed for ordinary work. He should be granted a special rate for ordinary work.

2. THE RESPONSIBLE DISABILITY. (i) If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

3. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

4. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

5. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

6. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

7. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

8. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

9. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

10. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

11. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

12. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

13. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

14. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

15. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

16. If the disability is due to an injury sustained in the line of duty, it should be treated as if it were a war disability.

Regt. No.
Unit or Co.
Born at—
Date of B.
Joined at
Former T.
Permanent

Height—
Signature
The
uns
exc
1. DISAB

Group the disabilities, placing those resulting from separate

2. CAUS
(i) As to Group (a) above.
(ii) As to Group (b) above.
(iii) As to Group (c) above.

NOTE.—

3. Is the
(i)
(ii)
(iii)
4. Is the
(i)
(ii)
(iii)

Commissioner for the Military Pensions Commission

Dated at this day of 191
President.
Signatures of the Board

This space to be for numbers.

Proceedings on Discharge.

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

No. 724269	
Rank Pte.	
Name Grant. T.E. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 109th Battalion.	
Date of Discharge 28-2-18	
Place of Discharge Langston Ont	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age... 28 years..... 2 months.	Descriptive Marks Scar right hip. One vaccination mark left arm.
Height 5 feet..... 6 inches.	
Complexion Dark	
Eyes Brown	
Hair Black	
Trade Carpenter.	
Intended place of residence } Bobcaygeon, Ont. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of Being medically unfit for further service	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Good
	Good
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

25m.—11-15.
H. Q. 1772-39-113.

(OVER)

16-10-11-55

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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

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

(Place) Kingston

[Signature] CAPT. & ADJT.
"A" Unit, M. H. C. C.
Commanding

(Date) 28-2-18

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston J. E. Grant (Signature of Soldier.)

(Date) Feb 18th 18 [Signature] (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)...1 years 30 days.

Total...1 years...30 days.

11. Confirmation of Discharge.

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

(Place) Kingston

[Signature] CAPT. & ADJT.
"A" Unit, M. H. C. C.
(Signature)

(Date) 28-2-18

Reservations referred to at Para. 8.

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

Paid to Jan. 31st 18,
J. E. Grant.

List of Discharge Documents.

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

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