

*OK R.G. Jan 25 1916 2 Coy Kimmount*

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

No. *726095*  
 Folio. **ORIGINAL**

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

- (ANSWERS.)
1. What is your surname?..... *Holbrook*
  - 1a. What are your Christian names?..... *Joseph, Jemmyson*
  - 1b. What is your present address?..... *Furnace Falls, onh England*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Parish of South Clifton, Nottinghamshire*
  3. What is the name of your next-of-kin?..... *Selina Holbrook*
  4. What is the address of your next-of-kin?..... *Kimmount Furnace Falls onh*
  - 4a. What is the relationship of your next-of-kin?..... *Wife*
  5. What is the date of your birth?..... *August 22nd 1876*
  6. What is your Trade or Calling?..... *Blacksmith*
  7. Are you married?..... *yes*
  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?..... *Australian light horse*  
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, *Joseph J. Holbrook*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Jan 25* 191*6*. *J. J. Holbrook* (Signature of Recruit)  
*W. A. Markleit* (Signature of Witness)

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

I, *Joseph J. Holbrook*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Jan 25* 191*6*. *J. J. Holbrook* (Signature of Recruit)  
*W. A. Markleit* (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 *Kimmount* this *25<sup>th</sup>* day of *January* 191*6*.

*A. White* (Signature of Justice)

*6*  
*RA*

# Description of *Joseph Simpson Holbrook* Enlistment.

Apparent Age *38* years *5* 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. *11 1/2* ins.

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

Complexion ..... *Fair*

Eyes ..... *Gray*

Hair ..... *Black*

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

*Scar of cut on palmar surface of left little finger*

## 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 ..... *January 28* 1916.

Place ..... *Keewauwat*

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

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

*Joseph Simpson Holbrook* 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.

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

Date ..... *JAN 29 1916* 191

REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

HOLBROOK JOSEPH TENNYSON

726095

NO 3 C.G.R. FORM 109TH  
BM.

29464

M.U.





# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 726095 (Rank) Corporal

Name (in full) HOLBROOK, John, Tennyson enlisted in  
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Kilmount, Ont on the Twenty-Fifth  
day of January 1918

HE served in Canada, England and France

and is now discharged from the service by reason of Medically unfit for further  
general service Auth--Med. B'd., 6-12-18--R.O.--1080

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

Age 45 years--3 Months

Height 6 Feet

Complexion Dark

Eyes Grey

Hair Dark Brown

Marks or Scars

Scar on little finger of left

Hand

*Joseph Tennyson Holbrook*  
Signature of Soldier

*Geo Crawford*  
Issuing Officer  
O. C. No. 8 Bn., Can. Garr. Regiment

Lt.-Col.

Rank

Date of Discharge December 12th 1918

Appointment

Signed at Kingston, Ontario this Twelfth day of December 1918.

in Military District No. THREE

File Reference No. 3 MD-88-H-400

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 726095 (Rank) Corporal Name HOLBROOK, Joseph, Fenyson

Unit No. 3 Battalion, Canadian, Garrison Regiment, C.E.F.

Address on Discharge Kilmount, Ontario

Character and Conduct very good

Former Occupation Blacksmith

Special Qualifications of Value in Civil Life

Blacksmith

Medals and Decorations

H O N E

Remarks

H O N E

Signed at Kingston, Ontario this Twelvth day of December 1918

Geo Crawford Lt.-Col.  
Name of Officer  
O. C. No. 3 Bn., Can. Garr. Regiment

Rank

Appointment



TLH. Rank Name HOLBROOK, Joseph Tennyson, Reg'l No. 726095.  
 Unit 109th. Bn. If in perm. Corps, }  
 What Unit? } Married or Single Married.  
 Place and Date of Enlistment Kinmount, Jan. 25th. 1916. Place of Birth Parish of  
South Clifton, Nottinghamshire,  
Eng.  
 Name and Address, Next-of-Kin Selina Holbrook,  
Kinmount, Ont. Relationship Wife.  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character Pte 1/s.

H. W. &amp; 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. 2310		31-7-16	
4.12.16	109th Bn	S.O.S. on tfr. to 38th Bn	Witley	4.12.16	Pt II DO 339
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	Field.	6.12.16	Pt II DO 242
17-2-17		S.O.S. to 16th M.G. Coy	In the Field	1-1-17	Pt II DO 21.
16.2.17	16th M.G. Coy	S.O.S. from 38th Bn		2.1.17	Pt II DO 14
17.10.17		Adm Queen Mary M. Hosp.	St. Whalley	14.10.17	CLB 39 Quo.
21.10.17	M.G. Reg. Dept.	Sick. Posted to M.G. Reg. Dept.	Leeds	14.10.17	4th Div M.G. Co. Pte 236. Pte 145 1/17
2.11.17	16th M.G. Coy	Ftd. Mil Conv Hosp.	Epsom	31.10.17	CLB 52 Quo.
17.12.17		Disc		7.12.17	90
12.12.17	M.G. Depot	On Com. to no 3 C.C.D.	Leeds	7.12.17	no 3 C.C.D. Pte 274 & 249 d/12/17

N/E. R.B. No. 1458  
 File R.L.  
 Category OK Can

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.				
7-3-18.	M. E. Kopp Depot	ceases attached 3 <sup>rd</sup> C.I.D. and is on Rte. command to No. 1. C.I.D., Boston, pending return to Canada (B.I.)	Seaford.	7-3-18.	& 3-662 * 56/73-18. R.I. DO # 57.
25-3-18.	do.	Having been returned to Canada, for disposal by A.G. Ottawa, under auth. Para 592 Sec 25, H.R. & O., ceases to be attached to No. 1. C.I.D., Boston, and is S.O.S.	"	do.	12-3-18. R.I. DO # 71.



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

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

# Casualty Form—Active Service.

250M.—1-16  
H. Q. 1772-39-920.

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

Regimental No. 426095 Rank Private Name Hollbrook, Joseph Lemmon

Enlisted (a) 25.1.16 Terms of Service (a) D of W. Service reckons from (a) 25.1.16.

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) Blacksmith

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England</u>		<u>Liverpool</u>	<u>31.7.16</u>	
	<u>O.C.</u>	<u>Proceeded overseas for service with 38th.Btn.</u>	<u>Witley</u>	<u>4-12-16</u>	<u>D.O.Pt.11 339</u>

W. Russell *Adj.*  
ADJUTANT  
109th Overseas Battalion, C. E. F.

W. Russell *Adj.*  
ADJUTANT  
109th Overseas Battalion, C. E. F.

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

CERTIFIED CORRECT.  
4-12-16  
12 DEC. 1916  
CAN. RECORDS, LONDON

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6 12/16	C.B.D.	TAKEN on STRENGTH	Havre	6 12/16	N. R. P.H.O. 42-5-113 1/2
7 12/16	»	Left for Unit	FIELD	7 12/16	N. R.
16 12/16	Unit	Joined Unit	FIELD	9 12/16	B. 213. DCS. 69-31 12/16
19. 1. 17.	Q. G. H. Q.	Transferred to 16th Can. M.G. Coy.		1. 1. 17.	P.H.O. 21 d 17. 2. 17.
"	Doc	T. Q.S. 16th Can M.G. Coy.		2-1-17.	01810 NO 14. 162/17
13-10-17	Oblinit	Evac to Hosp	Not Stated	12-10-17	B213
13-10-17	58 L.B.A.	adm	58 L.B.A.	12-10-17	} a36-a19
28-10-17	13 Genl	adm	13 Genl	13-10-17	
14-10-17	13 Genl	P.W.O. 1 <sup>st</sup> Lt	England	14-10-17	W3034-11722
14-10-17	13 Genl	Invalided (Sick) and posted to Can. Machine Gun Depot Seaford. HS. St. Andrew.		14-10-17	W3083 No. 4089 Part II Ordre 145 d/ 11/11/17
		C.P. Johnson Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
21-10-17	M. S. Regt Depot	Taken on strength	Seaford	14-10-17	Pt II 0 226 H. H. Moody. Lieut for Lt. Col i/c Records, C. E. F. 56/7/18 L. M. Hammond For O.C. 3rd Canadian
7/3/19	DISCHARGED FROM 3 <sup>RD</sup> C. C. D. Seaford TO 2 <sup>ND</sup> BRD. BN. PART II D. C. NO. ....				

**Casualty Form—Active Service.**

Regiment or Corps 109<sup>th</sup> Overseas Battalion C.E.F.

Rank Private Surname Hallbrook Christian Name Joseph Thomas

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) 25-1-16 Terms of Service (a) 2 of W. Service reckons from (a) 25-1-16

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Blacksmith  
or Corps Trade and Rate \_\_\_\_\_

Signature of Officer. \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ... Disembarked...		
7-12-17	C.O. G. C. D.	On board to 3 <sup>rd</sup> C.C.D. Liverpool		7-12-17	Pt. U. D. No. 2774 J. H. Leonard Lt.
MAR 8 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 54			
12 MAR 1918		EMBARKED FOR CANADA FROM LIVERPOOL			Lieut.-Col. Canadian Discharge Depôt.
25-4-18	Cas Coy	TAKEN ON STRENGTH NO. 3 Bn C.P.R. D.C. No. 1		25-4-18	Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
11-6-18.		Promoted to rank of corporal Do #1		11-6-18.	

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
20/11/18	Transferred to C.A.S.C. HQ 75 and struck off strength - } No. 3 Bn, Can. Gar. Regt., C.E.F. } 88-H-400	20/11/18	KINGSTON, ONT.	210 20/11/18	Capt. & Adj. <del>_____</del> No. 3 Bn, Canadian Garrison Regt., C. E. F.
DEC 12 1918	DISCHARGED & STRUCK OFF STRENGTH (Met. unful) Met. board 6.12.18 P.O. 4080				Capt. & Adj. <del>_____</del> No. 3 Bn, Canadian Garrison Regt., C. E. F.

NE

3

No 3 C. G. R.

88-H-400

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD FEB. 6 1918

No. 726095 Rank PTE. Name HOLBROOK J.T.

Local Unit M. G. T. D. Overseas Unit M. G. C. Age 44

Examination held at 3<sup>rd</sup> C. C. D. MEDICAL DEPT.

DISABILITY. GENERAL DEBILITY TRENCH  
Overseas—Local: FEVER.  
(scratch one out)

### PRESENT CONDITION.

① In France 10 months returned Sep 20, 17 suffering from Trench fever. This departed since 17-12-17, no better.

② Complaints of pain in legs and back and arms.

③ Examination: ① Man looks his age, but general condition good.

② Some sclerosis of radials.

③ A history of lumbago previous to enlistment, some stiffness in walking.

### BOARD RECOMMENDS:—

- 1. Fit for Duty higher category in 6 months.
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:—

*[Signature]*

.....President.

Members

*[Signature]*

APPROVED

Dated at Seaford 7-2 1918 *[Signature]*

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

605 (Rev. 1918)

No. 101 Rank 1st Lt. Name W. J. ...  
Local Unit M.P.T.D. Overseas Unit ... Age ...  
Examination held at ...

DISABILITY  
Overseas—Local  
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

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

Signatures:—

.....President.

Members

.....  
.....

APPROVED

Dated at.....1918.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank C.P.I. Name Jos. Tennison Surname Holbrook  
Unit of Corps No 3 Bn. C. G. R. (If a soldier) Regt. No. 726093  
Born at South Clifton, Notts Eng. (Date) Aug. 22. 1873.  
Signature (for identification) Jos Tennison Holbrook

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 147 lbs. Colour of eyes grey  
Height 6 ft. x in. Identification Marks Scar on front of left little finger.

2. NUTRITION AND DIATHESIS?

no  
History of Rheumatism since Oct 1917

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

no

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

no

5. HEART?

Abnormal Sounds? no  
Abnormal Size? no  
Pulse Rate? Intermittence or Irregularity? no Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation?

no

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

good

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1.022 Reaction? acid Albumen? nil Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part?

good

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

Very fair.

Examined at Fort Henry Signed C. B. Jackson Capt C.M.O.  
Date 6/12/18 Signed W. Sloan Capt C.M.O.  
Jos Tennison Holbrook  
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Medical Examination upon leaving the Service  
of an Officer in for general service or a Soldier fit for duty

The Service upon being found otherwise than fit for duty by a Medical Board, and Soldiers leaving the Service upon being found unfit for general service by a Medical Board, are not to be reported on this form.

Name: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Regiment: \_\_\_\_\_  
Company: \_\_\_\_\_  
Post: \_\_\_\_\_  
Signature: \_\_\_\_\_

The examination is to be made jointly by two Medical Officers.

1. PHYSIOLOGICAL - Any abnormality, whether of function or of structure, if so described.

Weight: \_\_\_\_\_  
Height: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_  
Irradiation of light: \_\_\_\_\_

2. NUTRITION AND DIARRHEA

After exercising rapidly and thorough examination is not sufficient to determine the nature of the parts indicated below. It is essential to examine the parts indicated below.

3. NERVOUS SYSTEM: Is there a history of previous disease?

4. RESPIRATORY SYSTEM: Is there a history of lung trouble?

5. HEART

Abnormal sounds? \_\_\_\_\_  
Abnormal size? \_\_\_\_\_  
Pulse Rate? \_\_\_\_\_  
Interruptions or irregularity? \_\_\_\_\_  
Murmurs? \_\_\_\_\_

6. ARTERIES - (a) Any hardened or aneurysmal? (b) Blood pressure.

7. DIGESTIVE SYSTEM: Conditions of teeth and tonsils to be included.

8. GENITO-URINARY SYSTEM

Testis - Size, \_\_\_\_\_  
Epididymis - \_\_\_\_\_  
Prostate - \_\_\_\_\_  
Urethra - \_\_\_\_\_  
Bladder - \_\_\_\_\_  
Vagina - \_\_\_\_\_  
Cervix - \_\_\_\_\_

9. SKIN, NAILS, EARS, EYES (and other appendages)

10. Is there any evidence of injury - mental or health or physical condition - (transient or permanent) if so describe.

11. Mention as to the health and physical condition of the eyes.

Examined at \_\_\_\_\_  
Signed \_\_\_\_\_  
Date \_\_\_\_\_

If one member of the examining party is a Surgeon, the report should be signed by him. If one member of the examining party is a Surgeon, the report should be signed by him. If one member of the examining party is a Surgeon, the report should be signed by him.



Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pte.* Name *Jos. Tennyson* Surname *Holbrook*  
 Unit of Corps *No. 3 Gas Unit* (If a soldier) Regt. No. *726095*  
 Born at *South Clifton, Wilt, Eng.* on, (date) *Aug. 22nd 1873*  
 Signature (for identification) *J. T. Holbrook*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *154* lbs. Colour of eyes *grey*  
 Height *6* ft. 0 in. Identification Marks *Scar small finger left hand*

2. NUTRITION AND DIATHESIS?

*Good*

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

*Normal*

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

*Normal*

5. HEART?

Abnormal Sounds? *no*  
 Abnormal Size? *no*  
 Pulse Rate? *80* Intermittence or Irregularity? *no* Muscular Tone? *Good*

6. ARTERIES.—(a) Any hardening or nodulation? *Slight sclerosis of radial arteries*  
 (b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

*Normal*

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1.020* Reaction? *acid* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE or any other part?

*Normal*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

*Man says he had French fever in Sept. 1917. Complains of pains in right arm, legs & back. No objective signs.*

11. Opinion as to the health and physical condition of the one examined?

*Good*

Examined at *Fort. Henry Ont.* Signed *W. Southwell* M. O.  
 Date *22-4-18* Signed *W. J. Holbrook* M. O.  
*J. T. Holbrook* Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Medical Examination upon leaving the Service of an Officer or for general service or a Soldier fit for duty

Officers leaving the Service upon being found unfit for general service, Medical Board, and Soldiers leaving the Service upon being found unfit for duty by a Medical Board, are not to be reported on this form.

Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Station: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

1. PHYSICAL - Any abnormal condition or injury, if any, should be reported here.  
 Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Color of eyes: \_\_\_\_\_  
 Color of hair: \_\_\_\_\_  
 Color of skin: \_\_\_\_\_  
 Blood pressure: \_\_\_\_\_

2. NUTRITION AND DIGESTIVE SYSTEM - Report any abnormal condition or injury, if any, should be reported here.  
 Food: \_\_\_\_\_  
 Digestive system: \_\_\_\_\_

3. RESPIRATORY SYSTEM - Report any abnormal condition or injury, if any, should be reported here.  
 Respiratory system: \_\_\_\_\_

4. HEART - Report any abnormal condition or injury, if any, should be reported here.  
 Heart: \_\_\_\_\_

5. BLOOD - Report any abnormal condition or injury, if any, should be reported here.  
 Blood: \_\_\_\_\_  
 Pulse rate: \_\_\_\_\_  
 Blood pressure: \_\_\_\_\_

6. URINARY SYSTEM - Report any abnormal condition or injury, if any, should be reported here.  
 Urinary system: \_\_\_\_\_

7. GENITOURINARY SYSTEM - Report any abnormal condition or injury, if any, should be reported here.  
 Genitourinary system: \_\_\_\_\_

8. SPECIAL SENSES - Report any abnormal condition or injury, if any, should be reported here.  
 Special senses: \_\_\_\_\_

9. OPINION AS TO THE HEALTH AND PHYSICAL CONDITION OF THE OFFICER OR SOLDIER - Report any abnormal condition or injury, if any, should be reported here.  
 Opinion: \_\_\_\_\_

Signature of Officer or Soldier: \_\_\_\_\_  
 Signature of Medical Board: \_\_\_\_\_  
 Date: \_\_\_\_\_

# CASE HISTORY SHEET.

Queen's Military Hospital. Kingston, Station.  
No. 726095 Rank Cpl. Name Holbrook, J.T. Age 45  
Unit 3rd C.G.R. Completed years of service <sup>Where and how long</sup> } 30/12, 12/12, C. 8/12, E. 10/12, F.  
Date of admission 21-10-18. Date of discharge Nov. 6/18.  
Diagnosis Influenza Place of origin Kingston, Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE. October 20th patient complained of severe cold, pyrexia, severe frontal headaches & pain in lumbar region. On admission examination of lungs negative. Oct. 25th crepitant rales over left lower lobe post. Mustard paste front & back.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Routine influenza treatment. Mustard paste 1-3, over trachea, Oct. 30th. Examination of lungs - neagative. Allow up.

CONDITION ON DISCHARGE, Temperature normal ten days, up seven days.  
(and disposal made of case.) Discharged to Unit with recommendation for leave.

Date Nov. 6/18.

S.M. Polson, Major A.M.C.  
Medical Officer i/c case.

CASE HISTORY SHEET



Faint, illegible text at the top of the page, possibly containing patient information or case details.

Main body of faint, illegible text, likely a case history or medical notes, spanning most of the page.

Faint, illegible text at the bottom of the page, possibly a signature or date.



INSTRUCTIONS

1. On examination the conditions of the ...

2. The ... of ...

3. This ... will ...

4. ...

5. ...

6. ...

ТРИНАДЦАТЫЙ ЛЕТНИЙ ...





INSTRUCTIONS

1. On examination the condition of patient's mouth to be noted on  
chart in red ink.

2. The condition of teeth to be noted in red ink.

3. On each patient to be noted on chart the date of last visit.

4. Condition of examination to be

5. Condition of teeth to be

6. Condition of gums to be

13388 PROSPECT JAMES  
DENTIST

13388 PROSPECT JAMES  
DENTIST

13388 PROSPECT JAMES  
DENTIST

13388 PROSPECT JAMES  
DENTIST



**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 BATTALION, C. E. F.**

(2) Regimental Number ..... **726095** .....

(3) Full Name of Soldier..... **Joseph Tennyson Holbrook.** .....

(4) Place of Birth..... **South Clifton, Nottinghamshire,** .....

**England,**

(5) Are you married, or not? ..... **Yes.** .....

(6) If married, state,

(a) Full name of your wife **Selina Holbrook,** .....

(b) Present Postal Address..... **Kinmount ,** .....

**Ontario,**

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

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

If so, give number of boys and girls..... **2 boys, 1 girl.**

Also their names and ages.....

..... **Joseph Tennyson** ..... **age 5 years.**

..... **Richard William** ..... **age 5 years.**

..... **Margaret Emma** ..... **age 9 years.**

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

If so, state name and address...**England.**  
**William, North Clifton, Nottinghamshire,**  
**Yes.**

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

If so, state name and address.....**Emma, North Clifton, Netts.**  
.....**England.**

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

Are you her sole support, or not?.....**No.**.....

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

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

**Wife) Selena Holbrook,**  
.....  
**Kinmount ,**  
.....  
**Ontario.**  
.....

(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.**.....

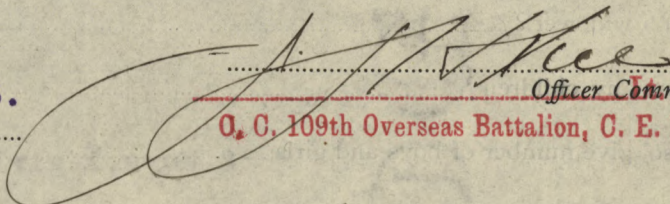
(15) Are you insured?.....**Yes.**.....

If so, in what Company?.....**Canadian Order Of Foresters.**.....

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

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 19 1916.**.....

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

MEDICAL CASE SHEET.\*

WALKER HP.  
WOODCOCK PK  
EPSON

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

726095

Pte

Holbrook J.T.

Year

Unit.

Age.

Service.

4<sup>th</sup> Can. Div. Machine Gun Corps

41

21/12

Station and Date.

Disease

Spinal Fever.

Whalley  
16/10/17

Illness commenced 8/10/17 with pain in back & legs, head ache, vomiting. ? Pyrexia

Admitted here no pyrexia. Still pain in back & legs.

Tremulous and weak. Tongue.

Heart action rapid no murmurs.

Lungs hep.

liver hep

Skate Pollard  
LEUT. R.A.M.C.

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

Station  
and Date.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

DECEMBER  
A-1-18

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

Regimental No. 726095 Rank Corporal Name HOLBROOK, J.T.  
 Corps No. 3 Battalion, C.G.B. who was\* discharged  
 On 12th. December 1918, to 1st. Decr. 1918  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. Decr. 1918  
 to 12th. Decr. 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. <u>6860</u>	5	60	Regt'l Pay <u>12</u> days at \$ <u>1.10</u> c.	13	20
Assigned Pay and Sep'n Allee. No.	72	00	Field Allow. <u>12</u> days at \$ <u>1.10</u> c.	1	20
Other charges			Sep. Oct. Nov. \$15 Dec. \$12 Separation Allowances* (Monthly)	27	00
Payment on transfer or discharge No.	70	40	Other Allowances* <u>Clothing</u>	35	
Balance Cr. (to be paid by the new unit)			Other Credits* <u>7 Dys Subs.</u>	5	60
Total	\$148	00	Bal. Dr. (to be deducted by new unit)	66	00
			Total	\$148	00

\*Give particulars.

A monthly stoppage of \$ 15 (†) has 8 (‡) been paid on account of Assigned  
 Pay for the month of November 1918  
 and Sep'n Allee. for month of do 1918 (to) Assignee Mrs. S. Holbrook  
 (Address) KINMOUNT, 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 25th. January 1916  
 (2) if married and if a Separation Allowance Card has been submitted Adjusted to 12/12/18  
 (3) cause of discharge MEDICALLY UNFIT authority R.C. 1080  
 (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 12th. December 1918,

Place Kingston, Ont.

*D. G. Bissanath*  
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.



D. 209, Kinnmount.

29

ORIGINAL  
MEDICAL HISTORY SHEET ORIGINAL

Surname Holbrook Christian Name Joseph Tunnyson

Examined { on 20-10-11 day of January 1916  
 at Kinnmount  
 Birthplace { City or Town South Clifton  
 County Nottingham England

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

Apparent age 39 years  
 Trade or occupation Blacksmith  
 Height 5 Feet 11 1/2 Inches.  
 Weight 154 Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 37 inches.  
 Physical development good  
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>29/1/17</u>	<u>DT</u>	<u>JOS</u> <u>17 OCT 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left four  
 Number four

Date	Result	VACCINATIONS.
<u>21-2-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 21<sup>st</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection  
Very slight varicosis on calf of left leg due to kick.  
Slight defective teeth

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>28/9/16</u>		

Enlisted on 25<sup>th</sup> day of January 1916 at Kinnmount

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>726095.</u>		<u>25.1.16.</u>
Transferred to..	<u>C.E.F.</u>			
	<u>38<sup>th</sup> str</u>	<u>2/2/16</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3<sup>rd</sup> C.E.F.</u>	<u>6-2-18.</u>	<u>General Debility (Trench Fever)</u>	<u>BII</u> <u>W. Smith</u> <u>Capt.</u>
<u>Seaforth</u>	<u>23-11-18.</u>	<u>do</u>	<u>BIII</u> <u>W. Smith</u> <u>Capt.</u>
<u>Hort Henry</u>	<u>22-4-18</u>	<u>Sequelae Trench fever</u>	<u>CII</u> <u>for 6 m.</u> <u>W.D. Graham</u> <u>Capt.</u>

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

Hort Henry 6/12/18 Sequelae Trench fever CII C.F. Bracken Capt.

M. F. B. 513  
 150M.—8-15.  
 H. Q. 1772-39-439.

CAMMADEN

Surname *McBrook* Christian Name *Joseph Tunney*

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				
<i>St. Mary's Military Hospital WHALLEY, Lancs.</i>		14	10	17	30	10	17	<i>French Fever</i>	16	<i>Admitted practically Convalescent Pain in legs &amp; back. Tachycardia Transferred 30/10/17 to Canadian Comm. Hosp't <del>Amsterdam</del> Woodcote Park, Epsom.</i>	<i>Geo W. Holland L-Ramc</i>
<i>St. W. Epsom</i>		30	10	17	7	DEC	1917	<i>French Fever.</i>	29	<i>31-10-17 Patient still complains of pain in knees. Has made steady progress under Rudl Gyn treatment Now no pain due disability Cat DT</i>	<i>W Stewart CAPT. G.A.M.C. "B" DIVISION.</i>
<i>Queens Military Hospital</i>		21	10	18	6	11	18	<i>Influenza.</i>	<sup>16</sup> <del>18</del>	<i>Normal course.</i>	<i>W Stewart Capt. A.M.C.</i>



AP.  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION.....**Fort Henry.**..... DATE.....**6-12-18.**.....

1. 1 (a) Unit.....**#3 C.G.R.** (b) Regimental No.....**726095.** (c) Rank.....**Cpl.**  
 (d) Surname.....**Holbrook.** (e) Christian name.....**Jos. Tennison.**  
 2. Age last birthday.....**45 years.** Date of birth.....**Aug. 22, 1873.**  
 3. Enlisted at.....**Kinmount, Ont.** on.....**Jan. 23, 1916.**

4. Personal description:—

(a) Height.....**6'** (b) Weight.....**147.** (c) Complexion.....**Medium.**  
(stripped)  
 (d) Colour of hair.....**Brown.** (e) Colour of eyes.....**Grey.** (f) Identification marks.....  
**Scar on front of small finger left hand.**

5. Address after discharge (for the use of the Board of Pension Commissioners) .....  
**Kinmount, Ontario.**

6. Former trade or occupation.....**Blacksmith.**

	PERIODS	
	From	To
7. (a) Service	<b>109th Bn. C.E.F.</b>	<b>Jan. 23-16.</b>
	<b>#3 Bn. C.G.R.</b>	<b>Apr. 14, 18.</b>
		<b>Dec. 5-16.</b>
		<b>Date.</b>

(b) Has he been overseas?.....**France.** 8. Original disease or disability.....**1. General debility following Trench fever.**

(a) Date of origin.....**1. 1917.** (b) Place of origin.....**1. France.**

(c) Cause\*.....**1. Service conditions.**

(d) Present disease or disability.....**1. Sequelae Trench fever and Influenza.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

**subjective - Pains in knees and ankles especially after walking. Says ankles well at night but are O.K. again in the morning. Weakness in legs. Has lost about 20 lbs. since October 1917. Says he will not be able to carry on his former occupation as a blacksmith on account of weakness in legs.**

9. Present condition.—(Continued.)

**OBJECTIVE - Weighs 152 lbs. Before he had trench fever heweighed about 170 - 175 lbs. Looks somewhat debilitated. No swelling of ankles at present.**

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous..... **Yes.**..... Digestive..... **Yes.**..... Respiratory..... **Yes.**..... Cardiac..... **Yes.**  
Genito-Urinary..... **Yes.**..... Skin, Middle Ear, Eye or any other part..... **Yes.**

10. History: (a) of Condition referred to in "a" section 9.

**Has Trench fever Oct. 1917 in France.**

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

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

**N/A.**

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..... **No.**

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?..... **6 months.**

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

**Queen May Military Hospital 5 weeks.  
Convalescent Hospital 17 days.**

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No.

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

~~Yes.~~ *Max 3 months JAM*

17. Recommendations

That he be placed in Category C2 with disability due to service.

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

STATEMENT OF THE SOLDIER.

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

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

*Joe Lemmyson Hallbrook*  
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

**YES**

19. Is the soldier fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service, (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C,

- (Category A) ~~Yes or No.~~
- ( " B) ~~Yes or No.~~
- ( " C) Yes or No. **C2**
- ( " D) ~~Yes or No.~~
- ( " E) ~~Yes or No.~~

20. It is certified that the soldier

(a) ~~Does not require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

Placed in Category C2 disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W. H. ... Capt. AMC. President.
C. W. ... Capt. AMC. Members.

PLACE Fort Henry.
DATE 6-12-18.

APPROVED BY D. B. ... Major, A.M.C.
for D. A. Assistant Director of Medical Services.
For A.D.M.S. Mil. District No. 3

APPROVED BY
Director-General of Medical Services.

DATE DEC 11 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.
PLACE
DATE
Members.

# POST DISCHARGE PAY OFFICE

JAN 22 1919

Three months pay and allowances after discharge.

Name *J. M.* **Holbrook, Joseph T.**  
Surname Christian Name

Regimental Number **726095** Rank **Cpl.**

Address (in full) **Kinmount, Ont.**

Unit **#3 Bn. CGR.**

Original Unit

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

Date of Discharge **12-12-18.**

P. D. P. Filing Number

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

L. L. 46038—M. & D. 9245.

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		

M. F. W. 127.  
25M-8-18.  
1772-88-1140.

Remarks:                      Account opened 15-1-19.

File No. ....

# WAR SERVICE GRATUITY.

Register No. ....

Reg. No.	Dec. No. <u>      </u> File <u>      </u>	Dependent	
Name	Award <u>      </u> days at \$ <u>      </u> per d. / \$	Address	
Address	S. A. <u>      </u> mths at \$ <u>      </u> per mo. \$		
	Less P. D. P. Credited		
	Less further debit balance	\$	
	Net due paid as below	\$	
	TO SOLDIER'S ACCOUNT		
Pay Soldier \$		Pay Dependent \$	
		Days	Rate
			Due
		Less P.D.P. credited	
Clerk	Total	Total	Less further Dr. Bal. or overpayment.
			Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
.....  
Date.....

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom Mrs. Selma Holbrook <sup>Wife</sup> By Whom Assigned Holbrook for Tennyson  
 Address Kinnmount Regtl. No. 726095  
Ont. Rank Pte.  
 Rate \$15.00 **AUG 1 1916** Corps 109 Batt.

## 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				



2

1

1 + 0

2010



MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

Sheet No. 2.

*Mrs. Selma Holbrook* ~~Wife~~ *Wife*  
 OVERSEAS CONTINGENTS  
**PAYMENTS.**

Name of Soldier *Holbrook Jos. Dwyer*

L. L. Job 310.—Req. 6574.

#726095 *Pte. 109 Bat*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<b>AUG 1 1916</b>
				<i>\$15.00</i>
April	1916			
May				
June				
July				
Aug.		<i>J 15227</i>	<i>15</i>	
Sept.		<i>M. 16574</i>	<i>15</i>	
Oct.		<i>M. 21224</i>	<i>15</i>	
Nov.		<i>G. 26233</i>	<i>15</i>	
Dec.		<i>J. 34439</i>	<i>15</i>	
Jan.	1917	<i>E. 39020</i>	<i>15</i>	
Feb.		<i>E 45464</i>	<i>15</i>	
March		<i>B 50833</i>	<i>15</i>	<i>15-R</i>
April		<i>W 2274</i>	<i>15</i>	<i>15-W</i>
May		<i>W 9147</i>	<i>15</i>	
June		<i>216161</i>	<i>15</i>	<i>15-B</i>
July		<i>M 26325</i>	<i>15</i>	
Aug.	<i>B 35138</i>	<del><i>E 29043</i></del>	<del><i>15</i></del>	<i>E 29043 Camp 146</i>
Sept.		<i>R. 36463</i>	<i>15</i>	
Oct.		<i>F 42539</i>	<i>15</i>	
Nov.		<i>E 49586</i>	<i>15</i>	
Dec.		<i>Z 56296</i>	<i>15</i>	<i>255</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

1-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Seline Holbrook*  
Address *Keimount*  
*Ont*

Name of Soldier *Holbrook Jos J*  
Regtl. No. *726095*  
Rank *Pt*  
Corps *109 Batt*

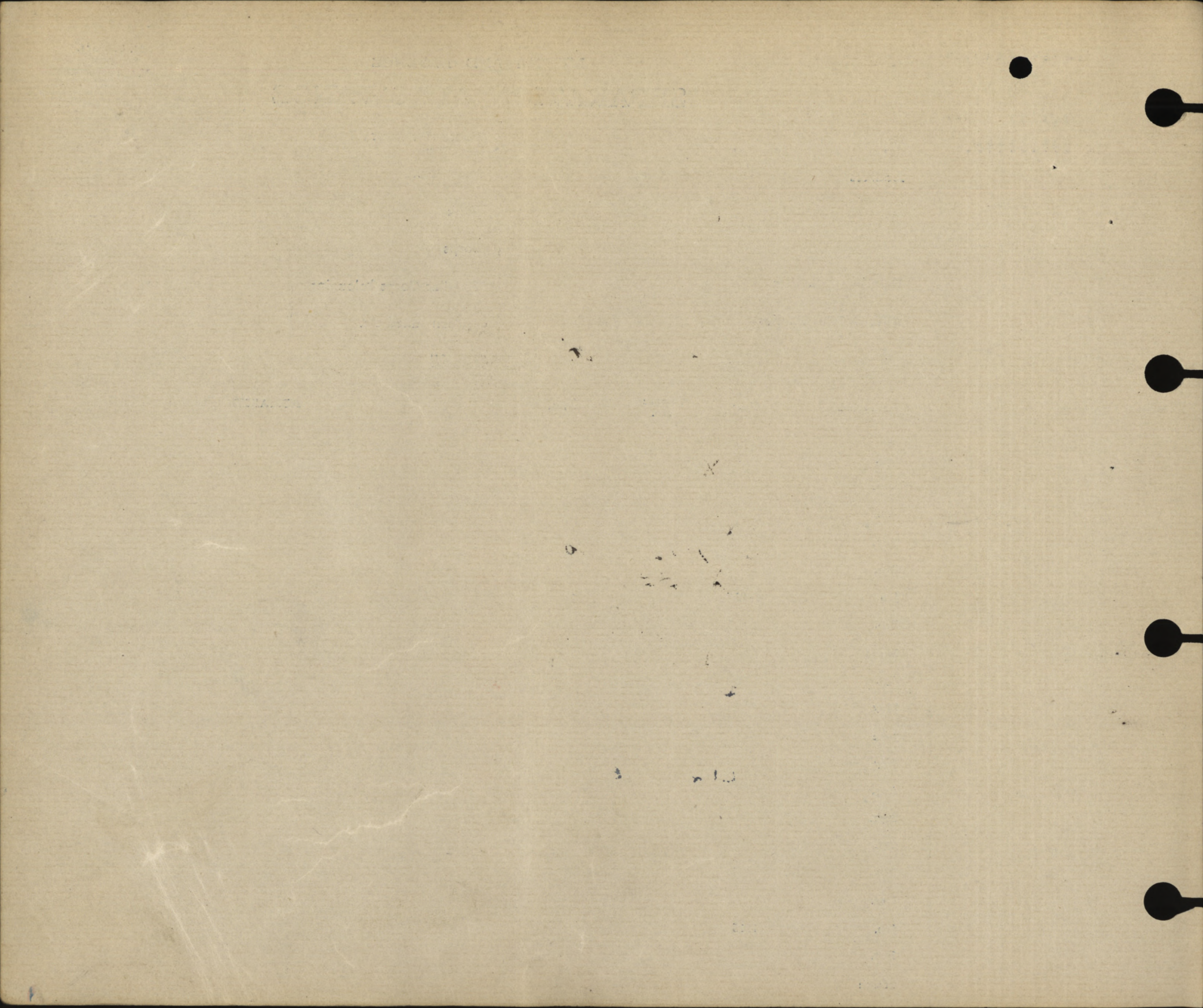
Relation to Soldier }  
wife, child or mother } *Wife*

To what Corps belonging }  
when called out } ✓ ✓

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		<i>28465</i>	<i>20</i>	<i>20</i>





## SEPARATION ALLOWANCE

Sheet No. 2.

Seline Holbrook

OVERSEAS CONTINGENTS

PAYMENTS.

Wife

Name of Soldier

Holbrook Jos J  
Pte

L. L. Job 89002.—Req. 6213.

726095.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	04437	20 -	20
May		U 688	20	20
June		V 3635	20 -	20
July		W 10091	20	20
Aug.		X 11593	20	20
Sept.		T 16171	20	20
Oct.		O 19563	20	20
Nov.		T 22948	20	20
Dec.		Y 25613	20	20
Jan.	1917	X 28785	20	20
Feb.		X 31786	20	20
March		X 35095	20	20
April		Y 1132	20	20
May		X 4556	20	20
June		Z 7278	20	20
July		X 10803	20	20
Aug.		K 14575	20	20
Sept.		J 17526	20	X
Oct.		P 20302	20	X
Nov.		Q 23135	20	B 440
Dec.		G 26406	20	B 20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. No.

*Halbrook*

*J. J.*

*726095*

RANK

UNIT

Co.

TROOP

BATTY.

*Pte*

*M.G. 6 (116)*

HOSPITAL

DATE OF ADMISSION

*Queen Mary's Mil. Whalley, Lancs. 14.10.17*

1. *Mil. Conv. Epsom.* HOSP. *31.10.17.*

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1. *puo. b.*

2.

3.

DISPOSITION

*Ch. 18.10.17 B39*  
*3.11.17 B52*  
*18.12.17 B90*

*Dis - 7-12-17* DATE

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



HOLBROOK, Joseph, Tennyson, Pte. 726095 38th Bn.

649-H-23495

Medals: Despd.

Cross: Widow/Mrs. Selina Holbrook,  
Furnace Falls,  
Ontario.



DESP. JUL 25 1941  
REGN No. 5

M&H

Number

726095

Rank

Pte

Surname

HOLBROOK

Christian Name

Joseph Tennison

Units

38 Bn Cavalry

Theatre of War

France

Date of Service

6-12-16

Remarks

Furnace Falls

Latest Address

~~P.O. Mount~~  
Ontario

Roll No.

B. Page 14868

DESP. JUL 8 1922

REGN. NO.

2/44203

3.

CARD NO.

SURNAME.

*Holbrook,*

CHRISTIAN NAMES

*Joseph Tennyson*

REGL. NO.

*726095.*

RANK

*Pte.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

*Australian Light Horse.*

*S.O.S. Div. 12-12-18, m. U.  
D.O. 233 of 13-12-18, 3/4/18*

FOLL.

NEXT OF KIN.

NAMES IN FULL

*Holbrook, Mrs Selina*

RELATIONSHIP TO SOLDIER

*Wife.*

ADDRESS

*Kinmount, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England, S. Clifton, Nolts.*

DATE

*Aug. 22<sup>nd</sup> 1876.*

PLACE OF ATTESTATION

*Kinmount, Ont.*

DATE

*Jan. 25<sup>th</sup> 1916*

*Sailed from Halifax*

*23/7/16 per*

*S.S. Olympia*

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

*P/C. 20-3-18 29.*

MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Blacksmith*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*38*

YEARS

*5*

MONTHS

HEIGHT

*5*

FEET

*11 1/2*

INCHES

CHEST MEASUREMENT

*34*

INCHES

EXPANSION

*4*

INCHES

COMPLEXION

*Fair*

EYES

*Grey*

HAIR

*Black*

DISTINGUISHING MARKS

*Scar of cut on palmar surface of left little finger.*

MEDICAL EXAMINATION.

PLACE

*Kinmount, Ont.*

DATE

*Jan. 25, 1916.*

*Smith*  
HOLBROOK, J.T. *Smayson.*  
Rank

Pte.

726095

Name

16th.

Rank

Reg. No.

Unit

~~4th~~ C.M.G.CO.

Next of Kin

Canada.

*also*

Date 1917.

Movement

Place

Casualty

List  
No.Notified  
N/K O.

W.O. List

14-10-Queen Mary's Mil. Hosp. Whalley, Lancs.

7001.c3711.

P.U.O.

B.39.

31-10-Mil. Casual Hosp. Epsom

"C" 4761.

so.

B.52.

7-12-Discharged

Serial No. 1922

so.

B.90.





NAME

*Halbrook*

RANK AND CORPS

*Pte*

REG'TL No.

*726095*

H. Q. FILE NO. 649.

*J. Mach. Gun.*

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

B39	Queen Mary's Mil. Hospital	14-10-14	P. U. O.
B52	Lothian Comd. Epsom	31-10-14	P. W. O. (Mac. Gun Corps)
B90	Discharged	7-12-17	" " "

No. 726095 RANK

*Pvt*

NAME

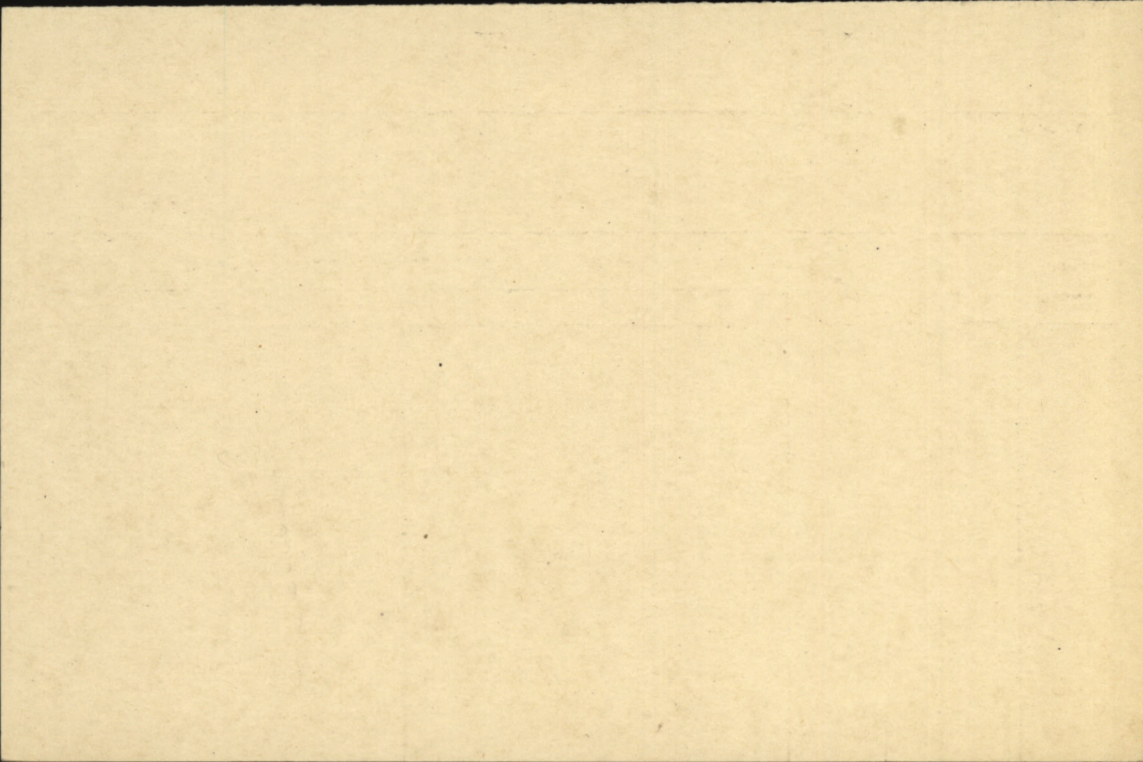
*Robbink Joseph Tommyson*

T. O. S.

UNIT

*No 3 Special Service Co*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i>	<i>1918</i>			
<i>Apr 21</i>	<i>Apr 30</i>	<i>n</i>		
<i>May</i>		<i>n</i>		
<i>June</i>		<i>n</i>	<i>Prom. Cpl. 11-6-18</i> <i>now 3rd Reg C.R.</i>	<i>DO 5712-6-18-</i>



LEDGER No. 5052

SERIAL No.

REG. NUMBER 726095 NAME Holbrook J. F.

RANK lpl CORPS C I R

AGE 45 SERVICE 6/12/12 8/12 7/10/12

NAME OF HOSPITAL Queens University PLACE Kingston

DATE OF ADMISSION 21. 10. 18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unit for Duty 6-11-18 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

No. 726 095 RANK Pte.

NAME Stolbrook, Joseph *Tommy*

T. O. S. 25-1-16. UNIT 109th. Battalion.  
D. O. S. 29-1-16.

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Jan 25	1916 Jan. 31	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916

2



Reg. No. 726095	Rank. Pte	Surname Holbrook, J.	Category. BII	Dentally Unfit.	
Christian Names (1) (2) Ch. G. B. (3)		Date 8-2			
Place of Enlistment: Simmons	Date of 23/1/16	Taken on from Epsom	Religion Meth	Inoculations 1/17	Company
Province: Ont	Age on 39	Date 17/12/17	Vaccination		
On Command	Hospital		Permanent Cadre Date taken on	Employed as	
Date Proceeding	Date Admitted				
Record of Overseas Service: 5/12/16 till 30/4/17	10 mos.		Profession or Trade (Civil) Blacksmith		
Reason for Return: French fever	Transferred or Posted to Class 4. 14/1/18		Date: 19/12/17		
Married or Single Married	LEAVE.				
Address of Next of Kin: Mrs. J. Holbrook Simmons Ont	No. of Pass Issued. 8/2	FROM. 7/12/17	To. 17/12/17	Free Transportation.	
Country					

## Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
249	12/13/17	S/9			
256	20-12-17	X			

## TRAINING.

## Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.
Nature of Training										Date passed test				
Drill														
Musketry														
Bombing														
Rifle Bombing														
Bayonet Training														
Anti-Gas														
Lewis Gun														
Rapid Wiring														

## Special Training Courses, etc.

9-1-18 IV 28-1-18  
 29-1-18 IV 14-2-18.  
 sp Evans 4-2-18 S.M.B.  
 sp Bd. 8-2-18 Cat BII

NAME

Holbrook. Jos. Demyson.

REGIMENTAL NO.

7260 95

RANK

PTE

ENLISTED AT

Kinnouit. Ont.

PROMOTIONS, &amp;c. ✓

AND DATE

DATE

Jan 25-1916.

IF SERVED PREVIOUSLY, STATE UNIT, &amp;c.

Australian Regt. Horse.  
Married.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

Selma Holbrook

RELATIONSHIP

wife.

ADDRESS OF

Kinnouit, Ont.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

Above

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

# CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
<p>TAKEN ON STRENGTH</p> <p>No. 3 BATTALION GARRISON REGIMENT, C.E.F.</p>			
<p>DISCHARGED &amp; STRUCK OFF STRENGTH</p>			
<p><b>DEC 12 1918</b> (Med. unfit)</p>			<p>Med. Board 6.12.18 R.O. 1080</p>

MARRIED OR SINGLE

*Married*

PLACE OF BIRTH

*South Clifton Nottinghamshire*

NAME AND ADDRESS OF NEXT OF KIN

*Selina Holbrook*

*Kenmount Out Can*

RELATIONSHIP OF NEXT OF KIN

*Wife*

NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHOR

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

P.830.

1. L.P.C. issued date *6/3/18* *Eq* *1/3/18*

2. Authority *A 213 199*

3. Discharged to *Canada*

4. Pay Book verified *6/3/18*

5. Balance shown on L.P.C. *79.81*

6. Balance shown in Ledger Sheet *123.61*

7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of Unit entries.	Amount	
			Debit	Credit
<i>1913</i>	<i>14/1/18</i>	<i>Seaford</i>	<i>9.73</i>	
<i>2195</i>	<i>29/1/18</i>	<i>do</i>	<i>11.87</i>	
<i>2535</i>	<i>24/2/18</i>	<i>do</i>	<i>11.60</i>	
<i>2541</i>	<i>1/3/18</i>	<i>do</i>	<i>11.60</i>	
Not Difference \$			<i>43.80</i>	

8. Assigned Pay cancelled A.S.M. Forms rendered. *Stopped Eq 1/3/18*

9. Separation Allowance and Assigned Pay continued to Dependent in England and transferred to Accounts Branch for payment.

Certified correct

*W. J. W. W. W.*  
Officer i/c Group.

Checked

*G. Williams*

ASSIGNED PAY CREDITS

OTHER CREDITS

TOTAL CREDITS

ACQUITTANCE ROLLS

1

2

3

NO.

DATE

NO.

DATE

NO.

DATE

*385 385*

*3410 39816*

*33 36 31/8/16 67 15/11/16*

*3410 107 30/9/16 146 15/10/16*

*105 05 33 175 30/1/16*

*3410 277 30.11.16*

*3410 221 11/11/16*

*1650*

*187 15 1760 624 15/12/16*

*2200 678 10/1/17*

*385 228 25*

*8.80*

*3410*

*33 00*

*3410*

*3410*

*385 338 25*

*40 School 18 28 1/2*

*870 15 2 1752 20 2 2382 24 1 489 10 3 669 19 3*

*44 4 4*

*334/40*

MARRIED OR SINGLE

*Married*

PLACE OF BIRTH

*South Clifton Nottingham*

NAME AND ADDRESS OF NEXT OF KIN

*Selina Holbrook*

*Kenmount Out Can*

*Wife*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		
			\$	C.			\$	C.			\$	C.	
<i>July 31</i>													
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>						
<i>Sept 30</i>			<i>30</i>				<i>3</i>						
<i>Oct 31</i>			<i>31</i>				<i>310</i>						
<i>Nov 30</i>			<i>30</i>				<i>3</i>						
<i>Dec 31</i>			<i>31</i>				<i>310</i>						
<i>Jan 17</i>			<i>1230</i>										
<i>Jan 15</i>	<i>15</i>	<i>1.10</i>	<i>1650</i>										
<i>Jan 16</i>	<i>16</i>	"	<i>18480</i>										
<i>Jan 16</i>	<i>16</i>	"	<i>1760</i>										
<i>Feb 20</i>	<i>20</i>	"	<i>2200</i>										
<i>Feb 21-28</i>	<i>8</i>	"	<i>8.80</i>										
<i>March 31</i>	<i>31</i>	"	<i>3410</i>										
<i>April 30</i>	<i>30</i>	"	<i>3200</i>										
<i>May 31</i>	<i>31</i>	"	<i>3410</i>										
			<i>33440</i>										

*Handwritten notes on a separate piece of paper, partially overlapping the main form. The text is mostly illegible due to blurring and bleed-through from the reverse side of the page. Some words like 'to', 'of', and 'of' are visible.*



426095

Holbrook, J.P.

15<sup>00</sup> Pay

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS			
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE				AMOUNT \$	C.	NO.	DATE	NO.	DATE	NO.	DATE
Forwd 334 40.									3 85 338 25								53 40 14 60 20 06
June 30 1 <sup>10</sup> / <sub>11</sub>			33	00					33 00								2 68 ✓ 2 61 ✓
July 31			34	10					34 10								
Aug 31			34	10					34 10								5 68 ✓ 2 68 ✓
Sep 30			33	00					33 00								5 36 ✓ 5 36 ✓
			468	60					3 85 472 45								53 40 14 60 41 43

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLGE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2
Feb									153 02 ✓			March			
Oct	PPay	34 10		1044 18/6 4 <sup>th</sup> Div Sig Co	2 67 ✓							June			
								15							
				2354 8/9 4 <sup>th</sup> Div Sig Co	5 35 ✓										
				2579 2579 4 <sup>th</sup> Div Sig Co	5 35 ✓				158 75						
Nov	PPay	34 10		Can A Pay	13 37 ✓			15							
		33 00						15							
				2658 8/10 4 <sup>th</sup> Div Sig Co	4 46 ✓										
				1750 8/8 do	5 35 ✓										
				52 4018 3/10 CCH Epm	9 73 ✓										
Dec	PPay	34 10		Can A Pay				15	176 31						
1918		67 10			19 54			30							
Jan	PP	34 10		Can A Pay				15							
				Dr 609 7/12/17 CCH Epm	48 67										
				6294 30/11/17 do	9 73 ✓										
				1759 20/12/17 3662 129 20					107 81						
		34 10			87 60			15							
Feb	PP	30 80		Can A Pay				15	123 61						
				Shak 14/1/18 3662	9 73				113 88						
		30 80			9 73			15							
Mar	Sick Furlough								121 18						
	7/12/17 to 17/12/17														
	10 days @ 73 ✓														
	3000, 249 12/14/17														
		7 30		Dr 2195, 3662 30/1/18	4 87										
				" 2751 " 5/3/18	14 60										
				" 2535 " 2/2/18	14 60										
		7 30			34 07										

44X  
87 11  
for July 1918



Pay.

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
60	20 06	150		238 06	100 19				
	2 68 ✓								W. Dir. Sig Co
	2 61 ✓	15 00		20 29	112 90				W. Dir. " "
		15		15 00	132 00				
	2 68 ✓								405.00
	2 68 ✓	15		20 36	145 74				405.00
	5 36 ✓								1800. Sig Co
	5 36 ✓	15		25 72	153 02				
60	41 43	210		319 43	153 02				

ARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 ANCE DEFERRED PAY ENG.

Bal Fwd.  
 See Debit note.  
 Bal Trans to Canada. 87 11  
 87 11 ——— 87 11  
 Nil ———

Supplementary to P.B.  
 reviewed 21/3/18  
 by 7.50. S.F. 100a.  
 Cr Bal. 87, 11  
 Checked J. Jackson

10-9  
MILITARY DEFENCE  
DEC 26 1918


H.S. CANADA

5-6-41

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.	726095.	
Rank	Corporal.	
Surname	HOLBROOK.	
Christian Name	Joseph. Tennyson.	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	No. 3 Battalion, Canadian Garrison Regiment, C.E.F.	
Date of Discharge	DEC 12 1918	
Place of Discharge	KINGSTON, ONT.	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	45 years 3 months.	 <p>Descriptive Marks Scar on little finger of left hand.</p>
Height	6 feet - inches.	
Complexion	Dark.	
Eyes	Grey.	
Hair	Dark Brown.	
Trade	Blacksmith.	
Intended place of residence	Kinmount, Ont.	
(To be given as fully as practicable)		
2.	The above-named man is discharged in consequence of	
Medically unfit for further general service. Auth., Med., B'd., 6-12-18., R.O. 1080.		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3.	Conduct and character while in the service have been, according to the records, etc.	
<p><i>Very good.</i></p> <p>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</p>		
4.	Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<p><i>Blacksmith</i></p>		

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

*Dec 26 1918 - 3-41  
679-21-23495*

*HCD  
29/1/20*

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

NII

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

6. Medals and Decorations.....

NII

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, ONT.

*G. C. Crawford* Lt.-Col.  
O. C. No. 3 Bn., Can. Garr. Regiment  
Commanding

(Date) DEC 12 1918

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, ONT. *J. J. Holbrook* (Signature of Soldier.)

(Date) DEC 12 1918 *[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)...2 years 321 days.

Total...2 years 321 days.

11. Confirmation of Discharge.

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

(Place) KINGSTON, ONT.

(Signature) *G. C. Crawford* Lt.-Col.  
O. C. No. 3 Bn., Can. Garr. Regiment

(Date) DEC 12 1918

**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.)

**No Reservations**

*J. J. Hollbrook*

<p>Arrestation Paper Militia Form B. 232</p>	<p>Reg. Conduct Sheet Militia form B. 263</p>
<p>Proceedings on Discharge B. 218</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 217</p> <p>Medical Report for Invalidity B. 231</p> <p>Med. Hist. Sheet Militia form B. 313</p> <p>Copies of Convictions, by C. P. in MS.</p>

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.

Reservations referred to are Parts 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

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

## List of Discharge Documents.

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

*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.*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *726095* RANK *Capt* NAME (IN FULL) *Holbrook Jos J.*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?
ADDRESS		<i>Capt. J. J. Holbrook</i>			PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE	<i>Kinnount. out.</i>			DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$	DATE EFFECTIVE
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs. S. Holbrook</i>	
					ADDRESS	
					<i>Kinnount. out.</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					<i>3 Pr Canada Regt</i>	
					DISCHARGED	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Kingston Dec 17/18</i>	<i>Medical R. 1080</i>

*14-259*

MONTH	PAY AND F. A.		OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1			COL. NO. 2			\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.					NO.	DATE	NO.	DATE	NO.											DATE
Jan 15/19	153	W.S.G.	350	00									3600	30									66 00	<i>Det Regt L.P.C.</i>
Feb 19/19		Exp <sup>n</sup> allowance	150	00									40 00	30 00										
Mar 24/19													70 00	30 00										
Apr 11/19													104 00	30 00										
													70 00	30 00										
													350 -	150 -										

*184*

*W.S.G. form received  
W.S.G. form sent Mar. 16/19*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

# Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<del>20</del>	25 <sup>00</sup> <sub>11/2/17</sub>		
---------------	-------------------------------------	--	--

P.C. 13257

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **726095**  
 Rank **Pte.** Promoted Reverted Discharge  
 Soldier's Name **Jos. Sennypson Holbrook**  
 Battalion **109 Batta**  
 Beneficiary **Seline Holbrook**  
 Relationship **Wife**  
 Address

PARTICULARS OF ASSIGNMENT

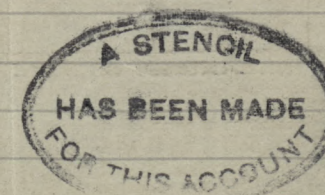
Name **Mrs. Seline Holbrook** *wife*  
 Address **Kenmount ont.**  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		440	255	695
1918 Jan.	N 70284	30	15	45
Feb	R 73563	25	15	40
W.B. Mar	J 93014	25	15	40

REMARKS

M.R.O. 2<sup>nd</sup> rendered 27/3/18

~~Account closed 31/3/18~~  
 Ret'd per. *Olympic*  
 Date *23/3/18* F.X. *27/3/18*  
 M.D.#3 Clerk. *M. Brennan*





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 400M-6-17-1772-89-1141  
 L. L. 22220-M. & D. 7593.