

C. Coy.

ATTESTATION PAPER.

No. 725-554

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Johnston*
- 1a. What are your Christian names? *T. Thomas*
- 1b. What is your present address? *Bobcaygeon*
- 2. In what Town, Township or Parish, and in what Country were you born? *Township of Verulam, V. County*
- 3. What is the name of your next-of-kin? *John Francis Johnson*
- 4. What is the address of your next-of-kin? *Bobcaygeon Ontario*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *11th Nov. 1897*
- 6. What is your Trade or Calling? *Labourer*
- 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? *1 yr in 45th Regt.*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *T. Thomas Johnston*, 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 1st* 1916 *T. Thomas Johnston* (Signature of Recruit)
H. A. Fairbairn Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *T. Thomas Johnston*, 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 1st* 1916 *T. Thomas Johnston* (Signature of Recruit)
H. A. 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 *2nd* day of *January* 1916
McKeown (Signature of Justice)

Description of Thomas Johnston on Enlistment.

Apparent Age 18 years 1 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. 7 1/4 ins.

Scar on right shin

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

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations { Church of England Yes
 Presbyterian
 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 declares that he is not subject to fits of any description.

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

Date Jan 1st 1916

Place Lindsay

J. McCulloch
 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.

Thomas Johnston 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 JAN 15 1916

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

Attestatic Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B. 122 1

1 Cas Comm

a791237-3

a7B181-2

27W3172 1

11155-2

DISCHARGE DOCUMENTS



Name Johnston, Thomas

Regt. No. 725554 Rank Pte

Corps 109th Bn.

Medically unfit

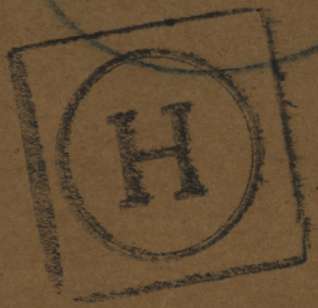
R. O. No.

H. Q. No. 1649-J-1420

09782

11/2,
24-2
23-2.

2.



114W67-1
R149-1
A122-1

SURNAME.

Johnston

CARD NO.

CHRISTIAN NAMES

Thomas

SOS. Dic 20/2/18 3
FOLL.

REGL. No.

725554

RANK

Pte.

UNIT

109th.

Batt.

FORMER CORPS

45th. Regt.

NEXT OF KIN.

NAMES IN FULL

Johnston, John Francis.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Bobcaygeon, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Prop. Verulam Ont.

DATE

Nov. 11th 1897.

PLACE OF ATTESTATION

Bobcaygeon, Ont.

DATE

Jan. 2nd. 1918.

Os. 23.7.16. 488/18

R/R 25/10/17

Sailed from Halifax 23 7-16 per SS 'Olympic'

MARRIED SINGLE *Yes* WIDOWER
TRADE OR CALLING *Labourer* RELIGION *Church of England*

DESCRIPTION.

APPARENT AGE *18* YEARS *1* MONTHS
HEIGHT *5* FEET *7 1/4* INCHES
CHEST MEASUREMENT *38* INCHES EXPANSION *4* INCHES
COMPLEXION *Fair* EYES *Brown* HAIR *Brown*
DISTINGUISHING MARKS *Scar on right shin.*

MEDICAL EXAMINATION. PLACE *Lindsay, Ont.* DATE *Jan. 1st. 1916*

No. 725554 RANK Pte

NAME Johnston, J.

T. O. S. 1-1-16
D. O. 37. 3-1-16

UNIT 109th. Battalion.

M. D. 3

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Jan 1.	1916. Jan 31	✓ ✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



425
Number

425 554

Rank

Pf.

Surname

JOHNSTON

Christian Name

Thomas

Units

20th B.C. Inf.

Theatre of War

France

Date of Service

6/10/16

Remarks

Latest Address

~~*P.O. Subcaygeon*~~
Bandier Stat. Ont

Roll No.

Sask.

200m-2-21.M.

Page 18184

DEC 26 1922
GA.
REGN. NO. 46052

X Form DMS 1402.
8289 100M 9/8/17.

CANADIAN
MILITARY HOSPITAL,
LIVERPOOL HOSPITAL.

DOCUMENT
CARD 0

A. & D. No. T454 AT _____
ADMITTED 26-9-17. DISCHARGED 1/10/17 WARD No. 017.
REGTL. No. 725554 RANK Pte. NAME JOHNSTON, T.
UNIT 20. Gans. TRANSF'D FROM Grpington
DIAGNOSIS G.S.W. CHEST & LT WRIST DIAGNOSIS
CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT.
		<u>26/9/17.</u>	<u>Orig. & dup.</u>	<u>9/10/17.</u>	<u>H.R.</u>

M.H.S. IN HOSPITAL

SENT TO M.O. 1/c _____ FLOOR _____ WARD 0 ON 2/10/ 1917.
RECEIVED FROM M.O. COMPLETE _____ 191 _____

(n.w.)

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

ms.
TCs

Name **JOHNSTON Thos.** Rank **Pte.**Reg. No. **725554**Unit **20th Bn.**Next of Kin **Canada.**

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-5	3 Can. G.H. Boulogne.	GSW L. Wrist	A514	M4796	19-5	
		& R. Chest slit.				
16-5	Edinb. W.H. Bangour,	W. Lothian.	do.	B347		
5-8	CCH. Bromley.		do.	B406		
26.8	Ont. Mil. Hosp. Ctrington.		do.	B921		
27.9.17	Bell. Kirkdale (2771)		-	B28		
17.10.17	Inv to Canada	GSW L. Wrist		B51		(939)

Name *Johnston, Thomas. The*

Rank

Reg. No. *725554.*

Unit

109 BATT.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
<i>10.8.16.</i>	<i>Southern</i>	<i>Aldershot.</i>	<i>Pneumonia. 4</i> <i>Seriously Ill.</i>	<i>4</i>	<i>11/18</i>	
<i>22.9.</i>	<i>Discharged</i>			<i>16.</i>		

Reg. No. 7255 54 Name Johnson
Rank Pvt Corps 77B Age 20 Service
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Queens Mill Kingston
19th St

3 11 17
20 2 18

GSW Wrist

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

725554 Pt- Johnston J.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
10 8 17	178		1		487		Bronley	H Taylor	2017
15 9 17	770		10		4867		Aspington	W. A. Chiswick	Handwritten
					<u>5354</u>				

L. J. J.

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.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 25554 Rank Private Name Johnston Thomas

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

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) Laborer.

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

		Embarked Canada. Halifax	24.7.16		
		Disembarked England. Liverpool	31.7.16		

Capt. ADJUTANT 109th Overseas Battalion, C. E. F.

Transferred for kha Overseas Service with 20th Btn. 5 OCT 1916 D.O. Pt. 11. No. 279

CERTIFIED CORRECT.
18 OCT 1916
CAN. RECORDS SECTION

6/10/16	C B Dep	Arrived & taken on strength	20th Bn	6/10/16	MB Pt 20's 5511/10/16
do	do	Left for	do	20/10/16	MB Pt 20's 5511/10/16
27/10/16	20th Bn	Arrived	do	23/10/16	MB Pt 20's 5511/10/16
10-5-17	4 CPA	Adm. to 12th Bn & Pt. Chert Adm. to 12 CPA		10-5-17	ADJUTANT, 109TH BATTALION CAN. INFANTRY
12-5-17		Adm. to 12th Bn			
14-5-17	3 Can Gen Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per HS St Denis			14-5-17	W3083 (A4898) Pt 2 41D/5-6-17.

Whogau Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. 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.

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				
26.5.17.	1st Lt G. A. D.	I.O.S. arriving in England in Hoop.	Sandwich.	16.5.17	FC# 0.78. gct Lieut. J. G. Pratum for Colonel i/c Records Capt Comd.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
to Mrs. [Name]
 Major
 HOSPITAL REPRESENTATIVE,
 ONTARIO MILITARY HOSPITAL, ORPINGTON.

QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date Nov. 5th 1917

No. 725559 Rank 1st Name Johnston, Thomas.

Corps 20th Battr.

Address Bobcaygeon.

Next of Kin J. F. Johnston. father name.

Occupation Farmer

Age 19

Enlisted Jan. 1st 1916

Examined by

Height 5' 8"

Chest

Complexion Fair

Hair Brown

Eyes Brown.

Religion Ch. E.

History:—

Eng. Aug 1916. with 109th Battr. Pneumonia in Eng
Aug 1916. Train to 20th Battr. Oct 1916 & sent to France. Wounded
May 9th 1917. at Vimy ridge G.D.W. left wrist. Bauguar Hospital
Edenburgh. May 6th. Treatment. Cranley, Kent. Hospital July 1917.
Kingwood. Can. Hospital. July to Aug. J.M.H. Dept. 1917. removed
requested for hand. Perthdale Hospital Liverpool. Sailed for Can.
Oct 1917. admitted Q.M.H. 3/11/17.
Compt. Partial loss of use of left hand & arm.

Observation:— Dear of entry G.D.W. base of 1st meta-carpal, near of
epit. dorsum hand just below styloid process ulna, urdinas
of carpus being badly shattered. (X-ray shows comminuted fracture
with much damage of all carpal bones. Eng), supination normal,
pronation about 80% normal. extension wrist nil, flexion about 10% normal,
active flexion fingers about 20% normal. passive about 60%.
extension normal movement thumb about 60% normal, grip
about 1/8 normal. atrophy muscles. circulatory disturbances as
shown by cyanosis. sensation normal. has great difficulty in
picking up small articles, has ^{limited} control over fingers.
Heart & lungs apparently normal.

Pay On Boat
At Quebec
Cheque

Dis. 50% permanent - on duty.
cat. 6.

Fit for leave.

Received J. P. Steensen Capt.
 7622
 Adjutant & Registrar
 Queen's Military Hospital

Handwritten text at the top of the page, possibly a header or title, including the word "Список" (List).

Main body of handwritten text, appearing to be a list or detailed notes, written in a cursive script.

Second section of handwritten text, continuing the list or notes.

Third section of handwritten text, possibly a summary or concluding remarks.

Final line of handwritten text at the bottom of the page.

28554
Bromley
ORIGINAL
MEDICAL HISTORY SHEET.

Surname Johnston Christian Name Thomas 017

Examined { on 3rd day of January 1916
at Lindsay
Birthplace { City or Town Verulam
County Victoria

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

Apparent age 18 years
Trade or occupation Laborer
Height 5 Feet 7 1/4 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 38 inches.
Physical development Good
Small-Pox Marks None

EXAMINED FOR RE-ENGAGEMENT,
Date Fit or Unfit
INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE, MILITARY HOSPITAL, ORPINGTON, CANADA
21 MAY 1917
M.O.
M.O.
M.O.
M.O.

Vaccination Marks { Arm Right None Left Two
Number Two
When Vaccinated last January 25th 1916
(a) Marks indicating congenital peculiarities or previous disease None

VACCINATIONS
Date Result
25-1-16 Good J. McCulloch M.O.
M.O.
M.O.

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

ANTI-TYPHOID INOCULATIONS, ETC.
Date Result
5/5/16 Good J. McCulloch M.O.
16.5.16 " J. McCulloch M.O.
24.5.16 " J. McCulloch M.O.
2.10.16 " H. Boyd M.O.

Enlisted on 1st day of January 1916 at Bobbyson

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C & F</u>	<u>72555 4</u>		<u>1.1.16.</u>
Transferred to.. ..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.</u>	<u>5 SEP 1917</u>	<u>G.S.N left wrist</u>	<u>Invalid to carry duty to be carried by President, Medical Board</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.

FALSE DOCKET
3

CANADIAN

Christian Name *Thomas*

Surname *Johnson*

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				
Edinburgh War Hospital		16	5	17	3	8	17	G.S.W. Lt Carpus	79	Slight damage to the carpus, some osteomyelitis. Guard to guard & pro- ten.	<i>H. W. Binnun M.B.</i>
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		4	8	17	25	8	17	G.S.W. Chest Left wrist	22	Requires further treatment - Extensive damage of carpus left wrist. Discharging sinus. Many small pieces of sequestrum present.	<i>Arthur Ross</i>
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		25	8	17				do.			<i>H. A. Elliot Lt. Col.</i>
CANADIAN MILITARY HOSPITAL LIVERPOOL.		26	9	17				G.S.W. Chest Left wrist		Slight discharge ulnar side left wrist. Movements of wrist & hand limited. Pronation normal supination 45° palmar flexion nil. dorsiflexion nil. Flexion fingers 1st interphalangeal joints 40% normal other joints nil.	<i>J. A. Beard</i>
<i>Cragnaga</i>		17	10	17	27	10	17	<i>Co.</i>		<i>Improving</i>	<i>Ed. Ward Capt.</i>

THE MEDICAL OFFICER
 CANADIAN MILITARY HOSPITAL
 LIVERPOOL

4410440

Ontario Military Hospital.

Ward 4 No. of Bed 26 Date Aug. 26/17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
425 554	Johnston L. Pte	20th cans	left wrist

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Nat. — Canadian
 Div. — 2nd Div.
 Bgd. — 4th Bgd.
 Reg. — Kingswood barracks
 Wdd. — Vimy Ridge
 May 9th 17

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 18901 10x8 P.A + L

Anterior and distal displacement of the Scaphoid, Trapezium and Trapezoid about $\frac{3}{4}$ "

Signature of M.O. H. Elliot M.D. Camp

Signature of Radiographer L. Buckner

Date Aug 26/17

Date Aug 26/17

Capt



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1005	725534	Pte	Johnston	Thomas
Year	Unit.	Age.	Service.	
1916.	109 th C. E. F.	18	7/12	
Station and Date.	Disease			
7-8-16.	Pneumonia P. Pneumonia a year ago.			
Connaught Hospital Aldershot	Yesterday	Cough pain in left chest no vomiting headache chivering		
	Co.A.	Harsh breathing both sides: <u>quieter on left.</u> Rusty sputum Heart sound good No Remy, nor Brudzinski		
		<p style="text-align: right;">A. J. Russell 1st Lt. Russell</p>		
9.8.16.		A little <u>impairment</u> , and <u>trudeness</u> at left base.		
		P. 85 BP. 102. Roek 65 50.		
10.		Breathing quiet left base.		
13.		Fine creps. left base and up to apex in front. Increase T.V. 7.		
	Impaired	Lhx. cough still persistent - explained: fluid old Gran. leucocytes Polymorphs present		
15.		Crackles left base: not much sign of fluid now.		
16.		Re-explanation account of cough: no fluid.		

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

Station
and Date.

7.8.

Reduced respirations at left base. no rales of fluid.
Cough persistent.

19.8.

~~Pleno pericardial rub~~

24.8.

Still coughing: sputum tenacious mucopurulent.

30-8-16.

A. M. A. Danboro' Court.

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 **725554.**

(3) Full Name of Soldier **Thomas Johnston.**

(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 John Francis Johnston Bobcaygeon Ontario Canada.

(10) Is your Mother alive? No.

If so, state name and address Nil.

(11) If your Mother is a widow Nil.

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.

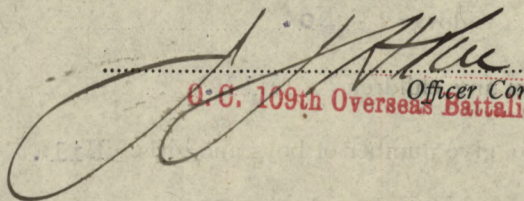
(15) Are you insured? No.

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
C. C. 109th Overseas Battalion, C. E. F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

QUADRUPPLICATE

LAST PAY CERTIFICATE

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

Regimental No. 725554 Rank Pte. Name Johnston, T.

Corps 109th Bn. who was* Discharged

On February 20th 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 20th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	1	40
Advances } No.....			Reg'tl Pay <u>20</u> days at \$ <u>1</u> c.....	20	00
by } No.....			Field Allow. <u>20</u> days at \$..... c <u>10</u>	2	00
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>D.O. 37 Subs</u>	12	80
Other charges.....			Other Credits* <u>Clothing</u>	13	00
Payment on transfer or discharge No. <u>7888</u>	49	20	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	49	20	Total.....	49	20

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of January 1918 } (to) Assignee Mrs. John Quigley,
 { and Sep'n Allice. for month of 191..... }
 (Address) Lindsay, 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 SMD 88-J-55
- (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 11th, 1918

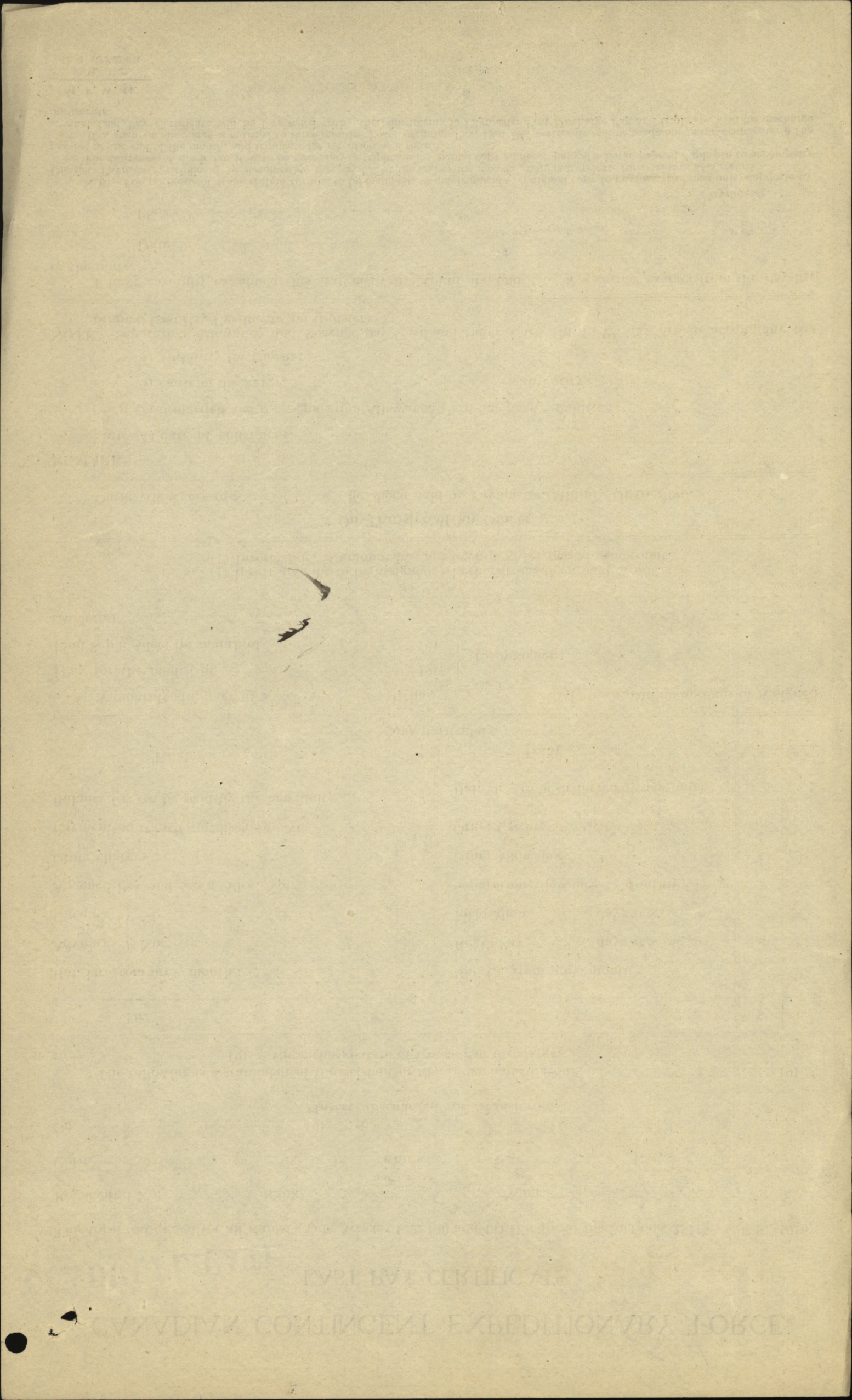
Place Kingston, Ont.

Capt.
Paymaster, "C" Unit, M. F. 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.

M. F. W. 44.

cheque #7888 attached



DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE ... 4/9/75

NAME JOHNSTON,
NOM THOMAS

Service No.

Matricule No

Army W.W. 1

725554-

CPC No.

CCP No

26400

WVA No.

AAC No

Information Received from:

Information reçue de:

D.V.A. 9.3. From S.P.M.F. - RE Dist.

Date of Death

Date du Décès

6/4/75

Place

Endroit

Moose Jaw, Saskatchewan

Distribution:

~~WSR-DASG~~

VI - ASS

DO - BD

HO - BC

Pour le chef,

Beverly Anne Bandy

for Chief, Central Registry Division.

Dépôt central des dossiers.

DEPARTMENT OF VETERAN AFFAIRS
 MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS
 DEATH NOTIFICATION
 AVIS DÉCÈS

NAME: _____
 A.S.N. No. _____
 Service No. _____
 Veterans No. _____
 VVA No. _____
 AAC No. _____
 PATR. No. _____

Information relative to the death of the deceased should be furnished to the nearest office of the Department of Veterans Affairs, or to the nearest office of the Ministère des Affaires des Anciens Combattants.

Date of death: _____
 Date du décès: _____
 Place: _____

For the case, the death certificate should be sent to the Chief, Central Registry Division, or to the Directeur, Bureau central des dossiers.

Distribution: WSD, DAS, V, AS, D, RD, HO, DC

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

31414/627 86

9599-7-5.

g

Name **Jöhnston, T.**
Surname

Christian Name

Regimental Number **725554**

Rank **Pte.**

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

Unit **109th Bn.**

Original Unit

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

Date of Discharge **20-2-18.**

P. D. P. Filing Number **13-111-3.**

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

L. L. 22373—M. & D. 3009.

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	2193	24-4-18	3300	2128	23-5-18	33 00	1913	22-6-18	34 10		10010

M. F. W. 127.
50M-6 17.
1772 89-1140.

Remarks:

018

Dec'n No. 31414/627 W. S. G. File No. 09599.746
 Award 153 days at \$ 70. per day \$ 350
 S. A. months at \$ per mo. \$ \$350.00
 Less P, D. P. Credited \$150.10
\$249.90
 Less further debit balance \$.....
 Net due paid as below \$249.90

TO SOLDIER			TO DEPENDENT			
0	Ag. No	Ch. No	Amount	Ag. No	Ch No	Amount
1	3038	45148	210.00			
2						
3						
4	2030C	480618	39.90			
5						
6						
Total				Total		

Bobcaygeon, P.O.
Ont.

6-5-19.
17-6-19

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date

Pt Name *Johnston Thomas*

M. F. W. 41
1 0M-7-16
1772-39 889. P. C. No.

Regimental No.

725-554

Name and address of next of kin

Thrust
Robeyson *Out.*

Unit

109 Bn

Date of enlistment

Jan 1916

Md - 28-10-17 *Civil Thrust.*

Place of

Robeyson

Married (yes or no)

no

Date and place discharged

Amount of pay assigned monthly \$

15⁰⁰ 7-8-16-31-10-17

Reason for discharge

To whom payable

Mrs John Durgley

Character on discharge

Araquaya 25¹⁰ 19 Luisray Out. Cat 3.3. H.A. 649-f-1420.

Form 5351-M. & D. 6890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>19⁹ 17</i>	<i>18⁹ 17</i>	<i>73</i>	<i>1</i>	<i>73</i>	<i>73</i>	<i>10</i>	<i>730</i>	<i>14317</i>	<i>22347</i>					<i>110-</i>		<i>Engl P6</i>
	<i>30¹¹ 17</i>													<i>973</i>		<i>b. S. Dalgair</i>
														<i>15-</i>		<i>a.R. 114</i>
																<i>a.P. Oct 17</i>
																<i>L.P. random 22¹¹ 17</i>
																<i>8874 showing eye ad 30¹¹ 17</i>
									<i>22347</i>							<i>22347 T.D. to C. unit.</i>

*19/17
waw*

Engl P6hd - 1-8-16-30-9-17 = 210⁰⁰

*22-11-17
S.A.P. recovery of
15⁰⁰ Oct/17.*

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

89

To Whom *Mrs. John Luigley*
 Address *Lindsay,
 Ont.*

By Whom Assigned *Johnston, J.*
 Regtl. No. *725554.*
 Rank *Pte.*
 Corps *109 Battn*

Rate *15⁰⁰ per m.*

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				



1000

1000

1000



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-813.

Sheet No. 2. Mrs. John Quigley

PAYMENTS. # 725554 Name of Soldier Johnston, J.
 Pte. 109 Batts

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				AUG 1 1916
April	1916			<i>\$15⁰⁰</i> <i>#15 over-payt for Oct/17 has been recovered by Cas. P. M. H. Q 649-J-1420 dated 29th on corr. file O 9599-J-46 C. S. J. 30th</i>
May				
June				
July				
Aug.		<i>Z 15439</i>	<i>15</i>	
Sept.		<i>D 16902</i>	<i>15</i>	
Oct.		<i>D 21405</i>	<i>15</i>	
Nov.		<i>J 26576</i>	<i>15</i>	
Dec.		<i>M 33463</i>	<i>15</i>	
Jan.	1917	<i>A 41115</i>	<i>15</i>	
Feb.		<i>A 4602</i>	<i>15</i>	
March		<i>W 47530</i>	<i>15</i>	
April		<i>S 2739</i>	<i>15</i>	
May		<i>R 9024</i>	<i>15</i>	
June		<i>M 17206</i>	<i>15</i>	<i>0</i>
July		<i>R 22507</i>	<i>15</i>	<i>0</i>
Aug.		<i>C 30288</i>	<i>15</i>	<i>0</i>
Sept.		<i>Q 36464</i>	<i>15</i>	<i>0</i>
Oct.		<i>C 42674</i>	<i>15</i>	<i>225-</i>
Nov.		<i>X 18178</i>	<i>15</i>	<i>X 18178 Cancelled</i>
Dec.				<i>\$225-00</i>
Jan.	1918		 A/c Closed
Feb.				Ret'd per. <i>Armaguay</i>
March				Date <i>7-10-17</i> , X... <i>8-11-17</i>
April			 Clerk. <i>G. Raymond</i>
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.				

A.C. Rank Name **JOHNSTON, Thomas.** Reg'l No. **725554** ✓

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

Place and Date of Enlistment **Bobcaygeon. Jan. 1st. 1916.** ✓ Place of Birth **Tp. of Verluam,** ✓
V. County.

Name and Address, Next-of-Kin **John Francis Johnson.** ✓ Relationship **Father.** ✓
Bobcaygeon, Ontario. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

B139

N/E. R.B. No. 9647

File R.L. _____

Category Can M/W

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8.8.16	O.C. 109 th	Admitted to Hoop	Frensham	7.8.16	C.L. #4 ✓ Pt. II J.O. 2218 ✓
14.8.16	109 th C.L.	Seriously Ill	Comaught	10.8.16	C.L. #4 ✓
23.9.16	109 th Bn	Dis from Comaught Hoop	Braunschott	22.9.16	Part II. J.O. 267 ✓
5.10.16	do	S.O.S. to 20 th Bn	do	5.10.16	Pt. II. 50.279 ✓
11.10.16	20 th Bn	T.O.S. from 109 th Bn	Field	6.10.16	" II 55. ✓
19.5.17	" " Cd.	Adm 3. Gen. Hoop	Boulogne	12.5.17	62. A514. ✓
24.5.17	" " "	Adm Edinburgh War Hoop	Bangour	16.5.17	62. B334. ✓
26.5.17	20 th Bn	T.O.S. arriving in Eng.	Sandby.	16.5.17	62. B078. ✓
9.8.17	20 th C.L.	To 6 th Hoop	Bromley Kent	5.8.17	62. B406. ✓

A.F.S. 103 CHECKED
16 OCT 1916

CSW L. West
R. Chest. Sec.
41-5.6.17
CSW Chest

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.				
29.8.17	20th Bn	To Ontario Mil Dep.	Oxford Pa.	26.8.17	G.I. B 421. GSW L wrist
28.9.17	" " C4	To Gen Mil Dep.	Kirkdale "	27.9.17	" B 23. (2) "
31.10.17	1st Bn R.C.L.	Involuted to Canada	Kirkdale "	17.10.17	" B 51.
15.11.17	1st Bn R.C.L.	To Canada.	Sdley "	17.10.17	DD. 251.
		15KRO. 392/16.			
	D Depart.	To Convalescent Home	4th D. 3 Haugston	28/10/17	NR 391.

72554.

Pl. Johnston J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE	1	2	3	4	CREDIT	DEBIT
			\$	C.						\$	C.																						
Fwd			334	40				19	10	353	50							32	27	10	47	23	83	150	-	216	57	136	93				
June	30	1/10	33							33														15	-	15		154	93				
July	31		34	10						34	10													15	-	15		174	03				
Aug 1/20	20		22							22														15	-	16	22	179	81			Jan 6 1917 B.O.D. 21.8.17.	
"	11		12	10				19	10	42	60							32	27	10	47	23	83	195	-	262	79	191	91				
Sept	18		19	80				19	10	19	80													15	-	15	-	196	71			Friday 27.19/17 Dr. Can.	

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEMP. ALLOC. ENG.
OCT 1917	Bal. FORWARD								196 71		
NOV 1917	Dr. 170 10 1/2			4 87					191 84		
1918	Dr. 114 13 10 1/2			9 73							
	Dr. 770 15 2/3			48 67					133 44		

Balance transferred to M. K. Branch. Nil

Stopped 1/10/17
 A.M. FORM REND. EFFEC. 1/10/17
 DISCHARGED TO Can. DATE 1/10/17
 PAYBOOK VERIFIED Ex 1917
 B.A.V. 43.17 L.P.C. REND 1/10/17
 AUTH. O.P.B. 39 1/10/17

Checked *[Signature]*
 Supp. 20C 28.1.17 Dr. 133.04

649-J-1420

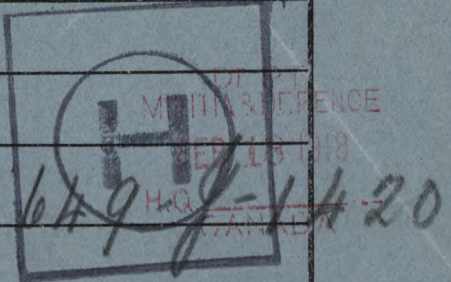


This space to be for numbers.

Proceedings on Discharge.

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

No.	425554.
Rank	Pvt.
Name	Johnston, Thomas.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	20th Batt.
Date of Discharge	Kempton Jan 20-2-18
Place of Discharge	" "



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....20.....years.....—.....months.
 Height.....5.....feet.....9.....inches.
 Complexion Fair.
 Eyes Brown.
 Hair Fair.
 Trade Farmer.
 Intended place of residence } Boboysen.
 (To be given as fully as } Bnt.
 practicable.)

Descriptive Marks
 Scar on right cheek and deformed left hand at wrist.

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

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the hand writing of the Commanding Officer, who will sign if made ident cal 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

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

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

*W. S. G. Comp.
 10-4-19 E. O. N.*

*Non-effective Branch
 21-11-18
 G. S. J.*

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.
"C" Unit, M. H. C. G.

(Date) 20-2-18

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Kingston Bn - T. Johnston (Signature of Soldier.)

(Date) Feb. 5th / 18 H. Griffin (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 45 days.

Total 2 years 45 days.

11. Confirmation of Discharge.

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

(Place) Kingston

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

(Date) 20-2-18

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 up to date. Jan 21st/18.

J. Johnston

18-2-18
457

FEB 19 1918

21-1A-2-18

320
19/11/18

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron Battery Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<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>
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."	

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.

FEB 1 1918
NOT CHARGED

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Kingston DATE Jan. 31/18.

1. (a) Unit 20th Battalion. (b) Regimental No. 725554 (c) Rank Pte.
(d) Surname Johnston (e) Christian name Thomas

2. Age last birthday 20 Date of birth Nov. 11/1897

3. Enlisted at Bobcaygeon on Jan. 1/16.

4. Personal description :-

(a) Height 5 ft 8" (b) Weight 140 (c) Complexion Fair
(d) Colour of hair Light Brown (e) Colour of eyes Brown (f) Identification marks

Deformity of left wrist - round scar 3" below, right knee joint in front of Tibia.

5. Address after discharge (for the use of the Board of Pension Commissioners.) Bobcaygeon.

6. Former trade or occupation Farming.

7. (a) Service

	PERIODS	
	From	To
<u>109th Battalion</u>	<u>Jan. 1/16</u>	<u>Oct/1/16</u>
<u>20th " "</u>	<u>Oct. 1/16</u>	<u>Date.</u>

(b) Has he been Overseas? (Yes - 7 months in France.)

8. Present disease or disability (use authorized nomenclature if possible) (Effects G.S.W. in left wrist.)

(a) Date of origin (May 9/17) (b) Place of origin (Vimy Ridge)

(c) Cause* (G.S.W.)
* (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Man was wounded on May 9th by bullet entering at base of right meta carpal bone, left wrist, and emerging on dorsum of hand just below styloid process of the ulna. At present man complains of inability to straighten out his wrist, or to close his fingers. Says hand is practically useless to him, as he can only pick up small articles between his thumb and index finger. Says hand feels numb when he presses on it. Examination. Healed wound of entry over base of right metacarpal bone, left hand. Healed scar of 5th wound, just below the styloid process of the ulna on the dorsum of the hand. There has been shattering of the carpal bones with dislocation of the hand towards

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

M. F. B. 227.

150M-6-17.
1772-39-117.

B. P. C. FOLIO
FALSE DOCKET
6

10. History ;

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

Had pneumonia in England, August 1916. Complete recovery. Wounded May 9/1917, at Vimy Ridge, in left wrist.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

50% Permanent.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable.

Yes..... No..... (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

(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.)

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

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

#3 General Hospital, Bolougne. Edinborough War Hospital. Queen's Military Hospital, Nov. 3/17.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? No

20. Recommendations That this man be discharged from the service.

H. Sangster Capt 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.)

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

T. Johnston Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (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).

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

W Douglas *Captain* President.
E C MacBellar *Captain* Members.
L N Armstrong *Captain* Members.

STATION Kingston.

DATE Feb. 4/18.

APPROVED BY

DATE

APPROVED BY

DATE

R. P. C. POLIO
 FALSE DOCKET
 3

J. M. Moly Major, A.M.C.
 District No.
 Assistant Director of Medical Services.

Director-General of Medical Services.

There is a great deal of callous formation and partial ankylosis. holds his hand about 10% of flexion all the time, at the wrist, he cannot extend wrist at all. Flexion at wrist about 4% normal. Movement of thumb in all directions about 25% normal. Flexion of fingers at metacarpal phalangeal joints about 33 $\frac{1}{2}$ % normal. Flexion of fingers at phalangeal joints about 10% normal. There is considerable atrophy of the interossei muscles. Sensation is unimpaired. Movements at elbow joint normal. X ray report shows: Shrapnel entered below metacarpal bone of thumb exit below metacarpal of the 5th finger, shows shattering of bones of fingers and carpus, with ankylosis.

Heart and lungs normal. Pulse -78. B.P.S.-117. D-78. Urine S.G.-1020

Re-acid. A-nil. S-nil.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, Thomas Johnston. 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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Reserved for M.H.C.

Regt. No. 72554 Rank Private Surname JOHNSTON Christian Name THOMAS
 Unit or Corps—(a) Overseas from United Kingdom 20th Bn. (b) In United Kingdom 109th Bn.
 Born at—Town BOBCAYGEON County or Province ONTARIO Country CANADA
 Date of Birth—Day 11 Month November Year 1897 Age 19 yrs. 9 months.
 Joined at Bobcaygeon Ont. Date Jan. 1, 1916
 Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification:—

Round white scar 1 1/2" diameter on right shin

D.P.
MILITIA & DEFENCE
EB 15
1420
CANADA

649-7

Height—feet 5 inches 8 Colour of eyes Brown
 Signature of Soldier (for identification purposes) T. Johnston

Medical Report.

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

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

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

Disabilities Group (a) INABILITY TO USE LEFT ARM AND HAND.
 Disabilities Group (b)
 Disabilities Group (c)

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.	<u>G.S.W. LEFT WRIST.</u>	<u>VIMY RIDGE</u>	<u>May, 9/17.</u>
(ii.) As to Group (b) above.	<u>Not applicable</u>		
(iii.) As to Group (c) above.	<u>Not applicable</u>		

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? No
 (i.) As to Group (a) above? No If yes, has Active Service aggravated it? Not applicable
 (ii.) As to Group (b) above? Not applicable If yes, has Active Service aggravated it? do.
 (iii.) As to Group (c) above? do. If yes, has Active Service aggravated it? do.

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? Not applicable
 (iii.) As to Group (c) above? do.

REGIMENTAL DOCKET
9

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

- (i.) While on duty? *yes NOT WHAT*
- (ii.) While off duty? *no*
- (iii.) Was a Court of Inquiry held? *no*
- (iv.) Where? *not applicable*
- (v.) When? *not applicable*
- (vi.) Opinion of the Court? *not applicable*

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).

Patient states that on the evening of May 9, 1917, while waiting in a shell hole in support line, a piece of shrapnell struck him in left wrist producing a compound fracture of carpus.
F. Amb. No 4 - First dressing same day. 18 C.C.S. 11/5/17. Wound dressed and Carrell-Dakin treatment commenced. No 3 General Hospital, Bologne 12/5/17
Edinburgh War Hospital 16/5/17 - Dressed i.eusol and fomented
Canadian Convalescent Hospital, Bromley - 4/8/17
Ontario Military Hospital 25/8/17

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

Cardiovascular, respiratory, nervous and genito-urinary systems apparently normal.
Left wrist: - Wound of entrance healed on radial side of wrist. Discharging sinus on ulnar side left wrist. Considerable swelling of wrist. X-ray shows comminuted fracture of carpus with much damage of all the carpal bones. Some displacement of carpus toward radial side.
Prognosis: - Will not be fit for over six months and wrist joint will be much limited in movement.

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

- (ii.) If so, state what. *Reduction of fracture and removal of F.B.'s sequestra*
- (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. *Not applicable*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *no*
- (b) Fit for base duty? *no*
- (c) Invalid to Canada? *yes*
- (d) Discharge from the Service as permanently unfit? *no*

Date of Report..... *Aug, 27* 191 *7*

Station..... *Ontario Military Hospital*

Signed..... *H. A. Elliot, S. C. M. C.*
 Officer in medical charge of case.

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

H. A. Elliot, S. C. M. C. COL. C.A.M.C. (Officer i/c Hospital) Strike out one
 O.C. ONTARIO MILITARY HOSPITAL. (S.M.O. Brigade) of these.

Dated at *ONTARIO MILITARY HOSPITAL* Station, on *5-SEP-1917* 191 *7*
ORPINGTON, KENT.

* 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%.)

not applicable

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

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

not applicable

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

(i.) Is it permanent? *yes*

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

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

not applicable

18. Remarks.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
James James Major
HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON.

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

5 SEP 1917

Station

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

Signatures of the Board.

W. J. ... President.
James W. A. ... Capt. ...
Adam P. V. ... Capt. ...

Approved

G. J. ...

Dated at

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

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

FALSE DOCKET

10 SEP 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

321-18-2-11

Members of the Board :—

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

- 1. THE ENTIRE INABILITY—
- 2. THE RESPONSIBLE DISABILITY—
- 3. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
- 4. If not permanent, what is the probable minimum duration (in years)?
- 5. If permanent, is the disability estimated next above in 1b?
- 6. If permanent, what is the probable minimum duration (in years)?
- 7. If permanent, what is the probable minimum duration (in years)?
- 8. Remarks

INVALIDATED TO CANADA
 FURTHER MEDICAL TREATMENT
 HOSPITAL RECOMMENDATION
 DRAKHO MILITARY HOSPITAL CANADA

19. Recommendation :— (a) For full pay
 (b) For full pay during
 (c) For full pay during
 (d) Discharge from service as recommended, unless

Dated at this day of 191

Date of Report
 President
 Approved
 Date of Report
 Signatures of the Board

CONFIDENTIAL INFORMATION

Report No. **1234** Category **D or E** **D-2** No. of M. H. C. File _____ No. of Local File _____ No. of H. Q. File _____
109 **Johnston, Thomas**
Bobcaygeon,
Ont.

No. **72584** Rank **Pfc.** Original Unit **10918** Present Unit _____
 Age **19** Height **5** ft. **7 1/2** ins. Complexion **Fair** Eyes **brn** Hair **brn** Character **Good**
 Date of enlistment **Jan. 1916** Where enlisted **above** Where seen service **FRISCO**
 Ship returned by **Arguays** Date of arrival **25.10.17.** Port of arrival **HALIFAX**
 Birthplace **Canada** Religion _____
 Name and address next of kin _____
 Notification of return to be sent to _____
 Cause of disability **S.S.C. left wrist**
 Condition in detail which prevents the soldier from earning a full livelihood

Healed deep inner side of wrist and back of hand. Marked callus formation. Some displacement of hand to radial side. Hand in extended position. Movement and power of wrist and fingers practically nil. Pain at base in thumb and index finger. Sensation normal.

649-1420
FEB 18 1918
DEPT. OF MILITARY REFERENCE
HALIFAX CANADA

Degree of incapacity (Please state in fractions) Eng. Board _____ Canadian Board **40% DIS**
 Probable duration of incapacity **Permanent** _____ **40%**
 Does it render him permanently unfit for Military Service? **Yes**
 Would operation, Special treatment, or use of appliances etc., lessen incapacity? **Yes, Conv. None**
 Destination to which transportation issued **Kingston**
 Members of Board **Dr. B. Connor, Mowbray, & McBratney.**

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment **FARMER**
 Regular trade or profession _____
 Average earnings previous to enlistment _____ 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 _____
 If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____
 If unable to follow previous occupation, name preference _____
 At what age soldier left school? _____ What grade, standard, &c., was he in? _____
 Has he taken any Technical or Continuation Classes, if so what? _____
 Whether given Vocational Training while in Hospital in England. If so, what subjects? _____
 References _____
 Witness **V. A. Macey** I declare that the above statement is correct.
 Date **28.10.17.** Signature _____

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

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L. P. C. leaving Depot, \$ _____
 Amount forwarded to H. Q. Unit, \$ _____ Credit Clothing allowances, \$ _____
 Transf'd to _____ Unit—Date _____ Transf'd Class 1—Date _____ Transf'd Class 3—Date _____
 PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____
 First payment date _____
 Form No. 5a.

P. C. FOLIO
FALSE DOCKETS
4

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

C. Service in Canada.
 D. Treatment.

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

CONFIDENTIAL INFORMATION

Report No. _____

Category D or E

No. of M. H. C. File _____
 No. of Local File _____
 No. of U. C. File _____

Rank _____
 Original Unit _____
 Present Unit _____
 Date of enlistment _____
 Date returned by _____
 Name and address next of kin _____
 Where enlisted _____
 Date of arrival _____
 Part of arrival _____
 Religion _____
 Cause of disability _____
 Condition as stated when presented for discharge from training _____

1. Date of discharge
 2. Where discharged
 3. Cause of disability
 4. Condition as stated when presented for discharge from training

Members of Board _____
 Destination 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 (If possible state in fraction) (Rank Board) _____

Canadian Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHEN EMPLOYED	WAGES	STATE OF HEALTH
1					
2					
3					
4					
5					

Occupation prior to enlistment _____
 Regular trade or profession _____
 Average earnings previous to enlistment _____
 Name and address of last employer _____
 Rent per month _____
 Taxes _____
 If carrying life or accident insurance annual premium _____
 If in receipt of sick benefits or other insurance - name of society _____
 If unable to follow previous occupation state preference _____
 At what age did he leave school? _____
 Has he taken any Technical or Construction Classes, if so what? _____
 Whether given Vocational Training while in Hospital in England, if so what subjects? _____
 References _____
 Witness _____
 Date _____
 Signature _____
 I declare that the above statement is correct

Recommendation as to interview as to class he is to be of use and general remarks _____
 Last Pay Grade _____
 Amount forwarded to H. C. Unit _____
 Credit Clearing Allowance _____
 Amount paid at Depot H. C. _____
 H. C. Leavey Depot _____
 Transferred to _____
 Unit _____
 Date _____
 Transferred Class _____
 Date _____
 H. C. Class _____
 Date _____

1. Date of discharge
 2. Where discharged
 3. Cause of disability
 4. Condition as stated when presented for discharge from training

0 GSM

2 fracture

1 severe

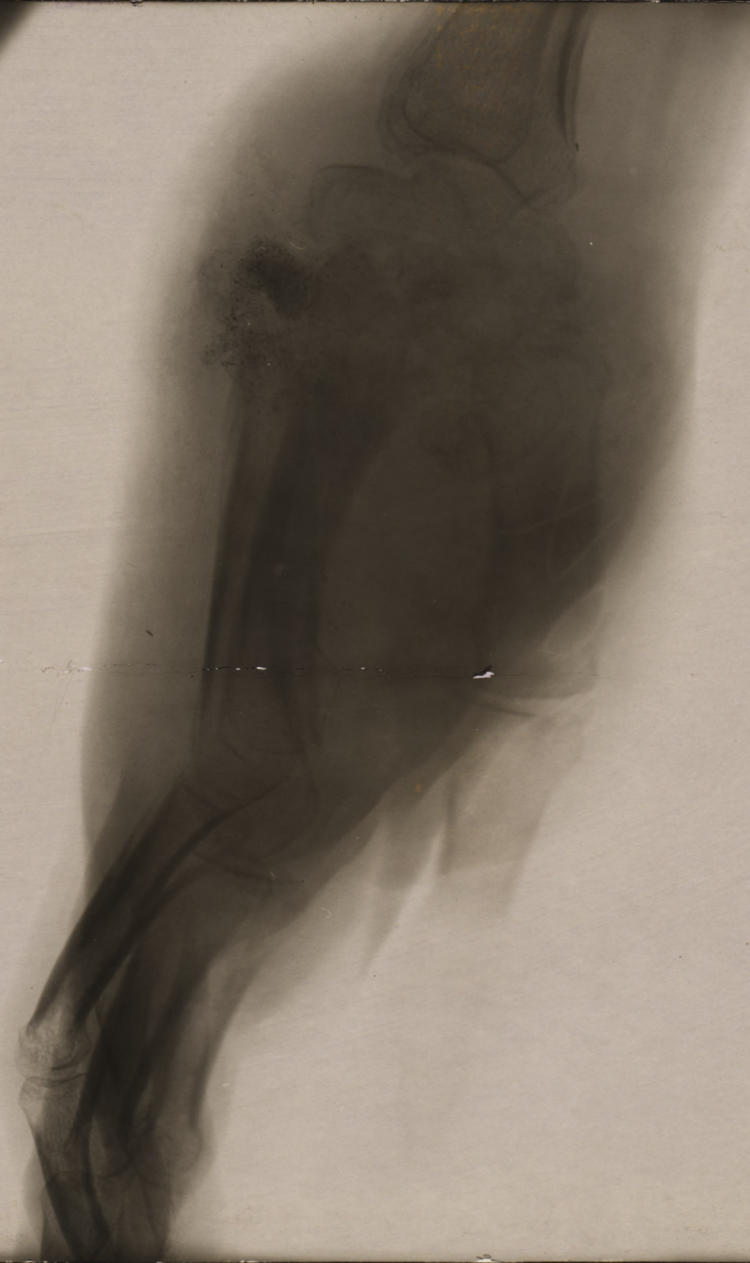
8 upper

6 carpus

0 squama removed



HMH
4061



ONTARIO MILITARY HOSPITAL

Ward No. 7

Plate No. L C P.A. & Lat.

904

Name Johnston T. Pte.

Regt'l. No. 725554

Unit 20th Cans.

Brigade 4th.

Division 2nd.

Part Lt. Wrist.

View Anterior & Lateral.

Date 26-8-17

Report: Anterior and distal displacement of the Scaphoid Trapezium & Trapezoid of about $\frac{3}{4}$ ".

7062

(94334).

Wt. 10083/M1038. 1,500,000. 11/16. J. J. K. & Co., Ltd. (E 316).

Form W3118

FIELD MEDICAL CARD.

(N.B.—USE LEAD PENCIL.)

The reverse is to be used for notes on special cases (history, operations, special treatment, or other necessary information), also for cases requiring or receiving special treatment or attention.

NUMBER 125554 RANK Pte.

NAME JOHNSTON, T. UNIT 20 Bn

Wound or Disease RW. L. Wrist & R Chest

Condition (if any) requiring special attention

Medical Unit from which transferred

A15500

Date



The red-edged envelope will be used for cases dangerously or severely wounded and who require immediate attention.

If a more detailed history is necessary, a Medical Certificate (A. F. 172), or Medical Case Sheet (A. F. I. 1237), or other statements of case may accompany.

18 C.C.S.

11/8/12

18. C.C. STATION.

~~Quinto~~

Chd 3 - Thro. & thro. Woods. Rt
Wrist - cleaned & swabbed
thro. iodine. Canal tubes
Splint.

Brace of chest over Rt
Clavicle - iodine

Evac Res.

[Signature]
C. W. Donald

Last examined
as train
6.30 pm

CLINICAL CHART.

Army Form B. 181

Corps 20th Canadians.

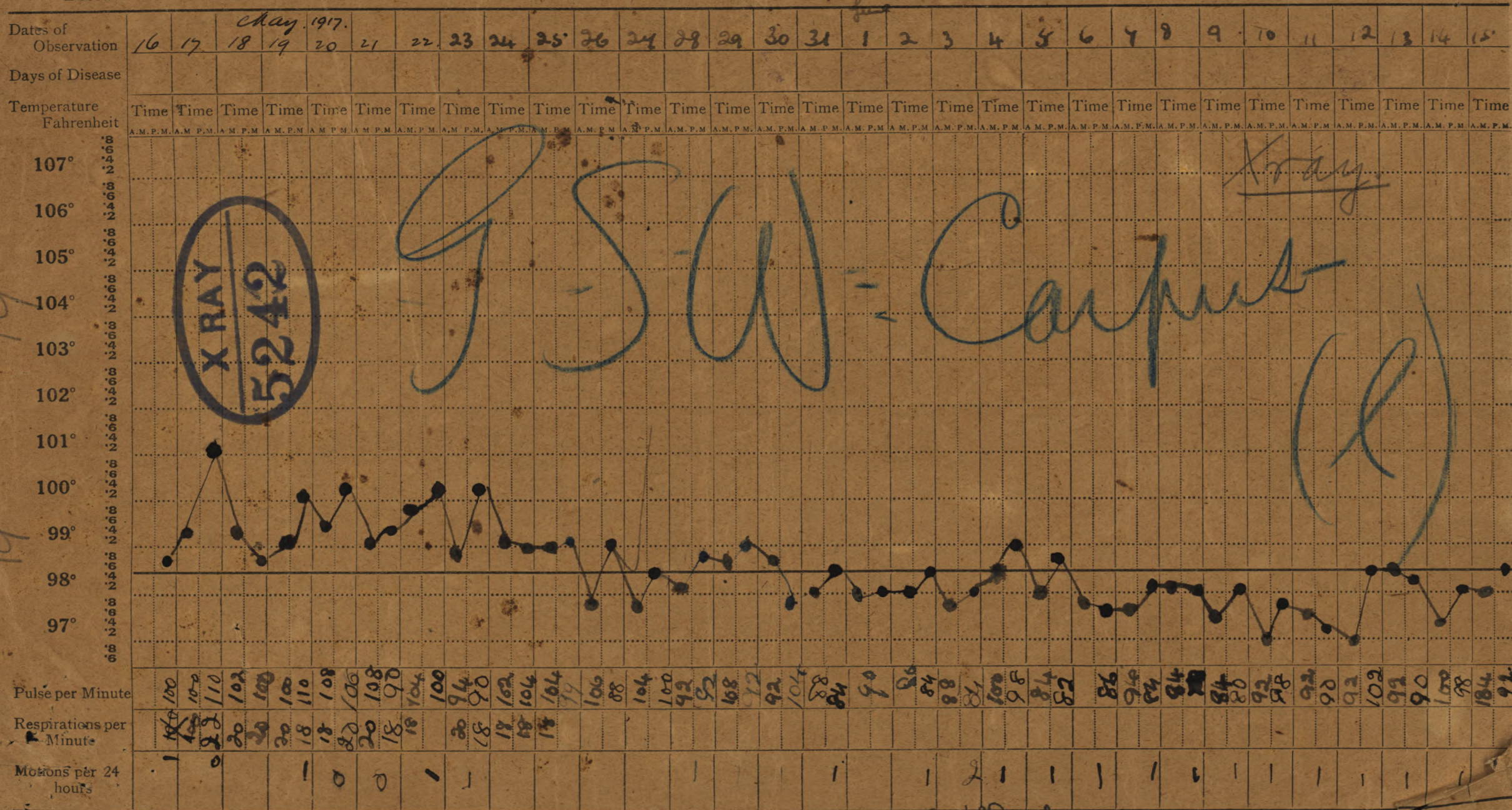
(To be attached to Case Sheet.)

Military Hospital Bangour.

No. 72554. Rank and Name Pte. Johnston, Thomas. Age 19.

Service 15 yrs.

Disease _____ Date of admission 16-5-1917. Date of discharge _____ Result _____



Signature E. H. [unclear]

In charge of case.

1875

C.E. H. Bromley

Forms
I. 1237
10

ward 7 19

Army Form I. 1237.

MEDICAL CASE SHEET.*

26.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725334.	Pte.	Johnston.	Thomas.
Year	Unit.	Age.	Service.	
	20th Canadians.	19.	1 5/12 yrs.	

Station and Date. Disease

Bangor. 16.5-17. G. S.W. Carpus - (l)
Wounded May 9-1917. at Vimy.
Operated at C.C.S. Nerve-damage.

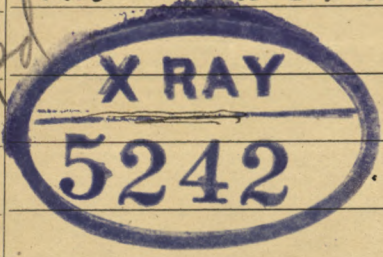
25 June. Wound in dorsum of carpus, discharging but improving. Patient can begin to move his fingers.

July 6. Wound still discharging, but swelling has decreased a good deal; no movement in wrist, slight movement of fingers.

July 12. Swelling gone down to great extent, still discharging.

July 25. Still a little swollen, good deal of discharge.

27 JUL 1917



CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.

Admitted ~~30.4.17~~ 11.8.17

25/8/17 Transferred to Orpington for further treatment

McSpleman CAPTAIN R.A.M.C.
CANADIAN CONVALESCENT HOSPITAL.

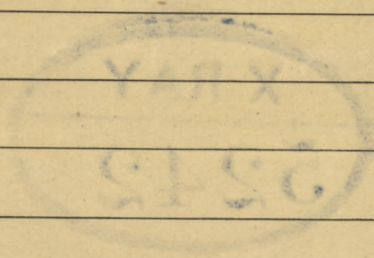
*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

March 19

to

Canadian Hosp



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2DT2825	425554.	Plt.	Johnston	J.
Year	Unit.	Age.	Service.	
1917	20 Cans.	19	20/2.	
Station and Date.	Disease			
ONTARIO MILITARY HOSPITAL,	Glen St. Wrist.			
ORPINGTON, KENT.				
25-8-17.	Exde 4			
	Dir. 2			
	Ref. Edinburgh War Hospital.			
	Nat. - Canadian			
	Wold May 9/17 at Vimy.			
	Enlisted Jan. 1, 1916. Went to France Oct. 6/16			
	While waiting in a shell hole in support line a piece of shrapnel struck him in left wrist causing a compound fracture.			
	7. Amb. no. 4 - First dressing same day.			
	C.P.S. 18 - 11/5/17 - Wound dressed & Carrel - Dakin treatment begun.			
	No 3. Gen. Hosp. at Bologne - 12/5/17.			
	Edinburgh War Hospital - 16/5/17.			
	O.M.H. - 25/8/17.			
	Cond ⁿ on admission:-			
	Discharging sinus ulnar side left wrist. Small piece of sequestrum was removed. Considerable swelling of wrist.			
	Harriot St. Cam.C.			
20/9/17	Several pieces of sequestrum have come out. Swelling of wrist much reduced. Still discharging. H.A.C.			
26/9/17	Swelling much reduced. Wd. still discharging slightly. Discharged to Canada. Harriot St. Cam.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
MILITARY HOSPITAL
LIVERPOOL.

30/9/17

Left wrist and fingers somewhat swollen
Very slight discharge from wound
Movements of wrist very limited.
Palmar flexion Nil. Dorsiflexion Nil.
Supination 50% normal. Pronation Normal.
Flexion of fingers at joint between proximal
and middle phalanges about 40% normal.
flexion at other joints nil. Extension Normal.
Slight movement at metacarpophalangeal joint
of thumb. none at interphalangeal joint.
General condition good. No other disabilities

Massage

J. Blezard

17/10/17

Wound healed.

Palmar flexion 20° dorsiflexion Nil.
Supination 75° pronation full
Lateral movements nil. Fingers no change
Discharged JAC

JAC

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

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

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

*2560/18
EJF*

No. *725554*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *J. Johnston*
 Battalion *109 Batten.*
 Beneficiary
 Relationship
 Address

Name *Mrs John Quigley*
 Address *Lindsay Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>AQ 649-J-1420</i>
<i>Dec 31</i>	<i>—</i>		<i>225 -</i>	<i>225 -</i>	<i>Ar. paid to 31-10-17 Acct. closed. Retd per. Araguay 17 10/17</i>
			<i>x</i>	<i>x</i>	<i>7.X.8-11-17</i>
			<i>x</i>	<i>x</i>	<i>Discharged 20716, per A.O file 649-J-1420. Atsmik 23719</i>
			<i>x</i>	<i>x</i>	

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. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7498.

NAME

Johnston

Y

REG'T'L. No. 72 5 554

H. Q. FILE NO. 649

RANK AND CORPS

Pte.

109th Bn

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

22	M. W. C. C. Kingston	20.12.17.	Out Pat Queens
22	M. W. C. C. Kingston	17.1.18.	Inpat. Queens

NAME

Johnston, Thomas

REGT'L. NO.

725654.

RANK AND CORPS

pt/ ^{1st} Bomb Coy - Battalion) 20th Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

M. 11118.

12-8-16.

6.
 Seriously ill at Connaught Hospital
 Aldershot, August 10th 1916 (pneumonia)

M4 796

19-5-17

Adm. to No 3 Can. Gen. Hosp. Boulogne
 May 12th 1917 Ill Chest, wrist

T. 356

23-10-17.

Sailed from Liverpool for Canada
 per the Hosp. ship "Araquay" on
 Oct. 17th 1917. Ill. L. wrist

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

4 Connaught Aldershot 10-8-16 Pneumonia

~~5 " " " " 9-8-16 N.Y. H. Q~~

7 Entry on sheet No 5-15 an error & should be cancelled

16 Connaught Aldershot 22-9-16 Pneumonia 1-11-16

A 514 Gen. Bonlogne 12-5-17 G.S.W. L. Wrist R. Chest - alt

B 347 Edinburgh War. Bangour 16-5-17 G.S.W. L. Wrist R. Chest
West. Lathian 26-6-17

B 406 Can. Conv. Bromley 5-8-17 G.S.W. Chest 10-9-17

B 421^{ex} Ontario Milit Orpington 26-8-17 G.S.W. L. WristB 23⁽²⁾ To Can. Mil. Kirkdale 27-9-17 G.S.W. R. Wrist L. Chest 23¹⁶/₁₇B 51⁽³⁾ et " Invalided to Canada 17-10-17 G.S.W. L. Wrist

311 M.A.C.C. Kingston 5-11-17 Out Pat. Queens

326-3 " " " " 21-11-17 Trans to In - P. Queens

Surname *Johnston. T.* Christian Name or Names *T.* Reg. No. *725554*
 Rank *Pte.* Unit *109th Batt* Co. *20th Bn.* Troop Batty
 Hospital Date of Admission

Transferred *Connaught Aldershot* Hosp. *10. 8. 16*

#3. 6th Gen. Regt. Hosp. *12. 5. 17*

Edinburgh War. Barracks W. Lothian Hosp. *16-5-17*

Can. Gen. Hosp. Bromley Hosp. *5. 8. 17.*

Diagnosis *Pneumonia Seriously Ill.*

(1) Later Diagnosis (if changed) *Gas Lt wrist R^o chest. set. H^o*
 (2)
 (3)

Additional Diagnoses: If more than one state present

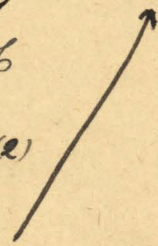
A.M.D. 2 Dept.
 Bch. of D.G.M.S. O.M.F.C. London

DISPOSITION *Dis. 22. 9. 16* Date

Ch. 14. 8. 16 - 4
23. 8. 16 + 4
30. 9. 16. 16.
19. 5. 17. a 514.
24. 5. 14 B 344
9. 8. 17 B 406
29. 8. 17 B 421
29. 9. 17. B 23 (e)
1. 11. 17. B 51 (a)

REMARKS

Dis to Canada per
 HS "Araguaya" from
 Liverpool 17-10-17



51

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Mil Hosp Orpington*
San Mil Cinkdale -

26.9.17

27.9.17.

2.

3.

4.

5.

6.

7.