

Card
90
57th REG'T

83 FD CATT. No. 195893.
ATTESTATION PAPER

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

- 1. What is your surname? Louch
- 1a. What are your Christian names? John Wallace
- 1b. What is your present address? c/o Wm. Newman, Omeeme, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born? Portsmouth, Eng.
- 3. What is the name of your next-of-kin? Mrs. Edith Vaughn
- 4. What is the address of your next-of-kin? c/o Mrs. Ryne 137 Crown St., Liverpool
- 4a. What is the relationship of your next-of-kin? Mother Eng.
- 5. What is the date of your birth? Nov. 14th. 1898.
- 6. What is your Trade or Calling? Farm Laborer
- 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? No
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ... John Wallace Louch, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

John Wallace Louch (Signature of Recruit)
W. B. Tranter (Signature of Witness)

Date..... April 1st. 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

John Wallace Louch (Signature of Recruit)
W. B. Tranter (Signature of Witness)

Date..... April 1st. 1916

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 Peterboro this 1st day of April 1916

T. J. Johnson (Signature of Justice)

Description of Louch, John Wallace on Enlistment.

Apparent Age 17 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. 5 ins.

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

Complexion..... Dark

None.

Eyes..... Hazel

Hair..... Dark 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..... April 1st. 1916

J. E. Eachwood
 Major 57th. Regt.

Place..... Peterborough, Ont.

Medical Officer.

* Insert here "fit" or "unfit."

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

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Wallace Louch..... 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.

T. J. Johnston (Signature of Officer)

Date 1/4..... 1916.

Robert of claimant 17/10/14
Paul of defendant 14/11/1900

Recd. 25/8/16
2233
JUL 11 1916

Original

B.

ATTESTATION PAPER.

No. 72/300.
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... *Louch*
- 1a. What are your Christian names?..... *John Wallace*
- 1b. What is your present address?..... *Quencee Ontario*
2. In what Town, Township or Parish, and in what Country were you born?..... *Portsmouth England.*
3. What is the name of your next-of-kin?..... *Mrs Edith Vaughan*
4. What is the address of your next-of-kin?..... *40 Mrs Rymer 15 of Crown St. Liverpool Eng.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *16th November 1894*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *Yes.*
10. Have you ever served in any Military Force?.. *93rd Ad. Bn. C. I. F.*
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, *Louch John Wallace*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

John W. Louch..... (Signature of Recruit)

Date..... *JUL 11 1916* 191..... *J. J. Mc*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

John W. Louch..... (Signature of Recruit)

Date..... *JUL 11 1916* 191..... *J. J. Mc*..... (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..... *JUL 11 1916* this..... *JUL 11 1916* day of..... 191

Barriefield..... *J. J. Mc*..... (Signature of Justice)

Description of John Wallace Touch on Enlistment.

Apparent Age 18 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 3/4 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 1/4 ins.

Complexion Fair

Eyes grey

Hair black

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

3 recruitment scars on left arm.

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 July 12 1916 1916 H. B. G. L.

Place Barnfield Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Wallace Touch 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)
 G. C. 109th Overseas Battalion, C. E. F.

Date JUL 11 1916 1916

ROUGH JOHN WALLACE PTE

REGIMENTAL DOCUMENTS

1195823

1193

REGT. NO. *70 403 000*

UNIT *1109th Cav.*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

31979

DESERTION

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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

1 LAST PAY CERTIFICATE (M.F.W. 44)

2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

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

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

3 *misc*

1 Pay Board

2 *68 1237*

1 M.F. 7-11-22

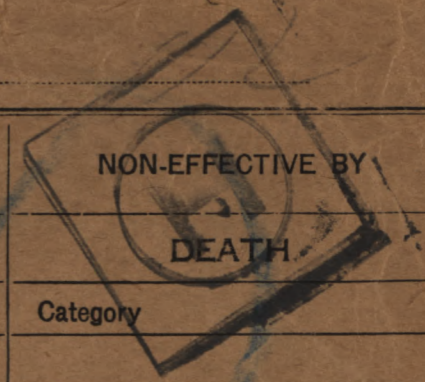
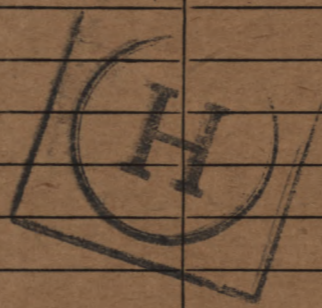
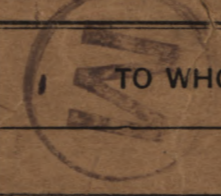
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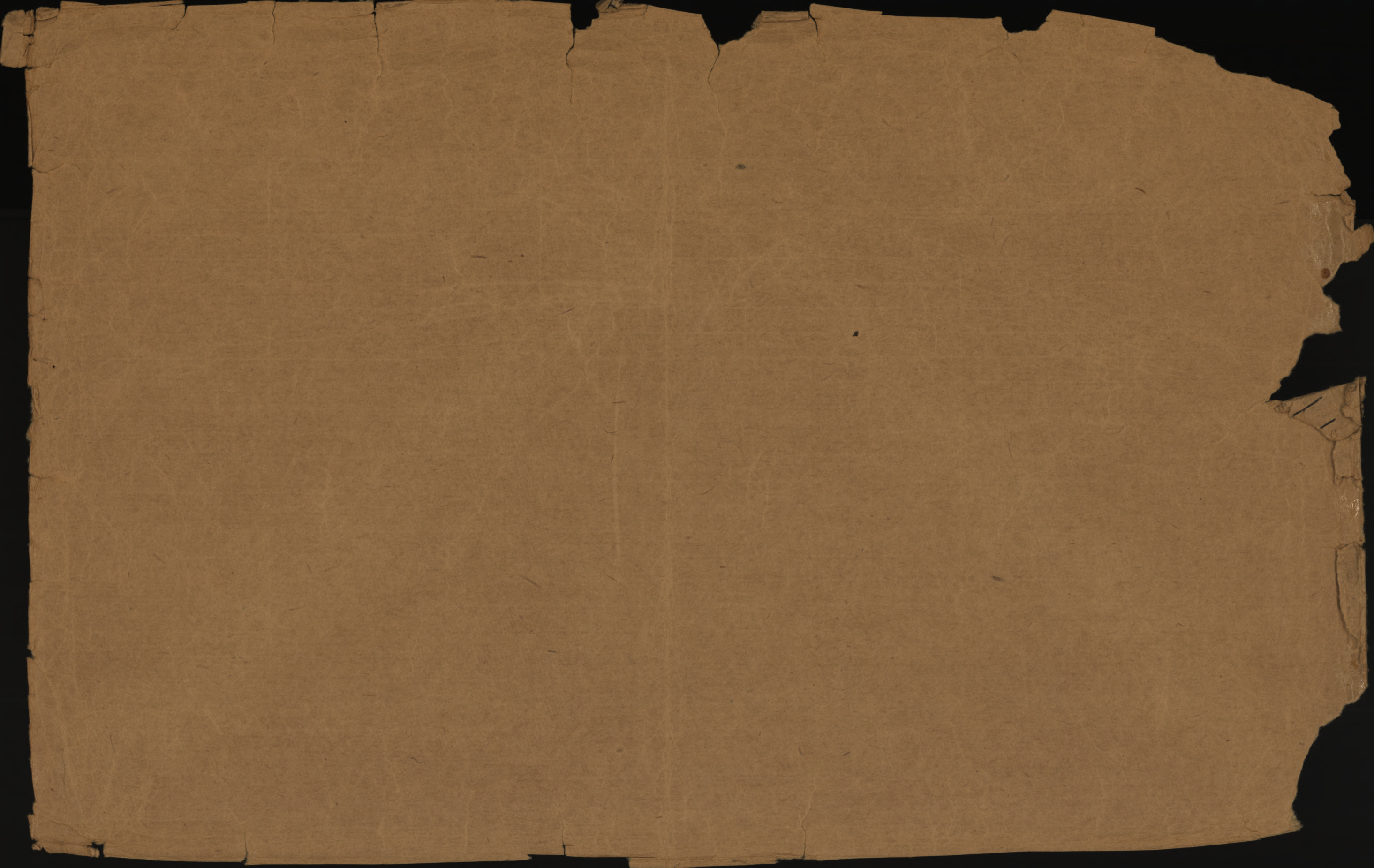
1 *R149*

1 *1221*

407669

2-12
2-12





(2) 724300
(1) 195823

I.D. number
No. d'identification

Louch
Surname
Nom de famille

John Wallace
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

5747



No. 724300. RANK Pte.

NAME Louch, J. W.

T. O. S.

UNIT 109th Battalion.

M. D. 3.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1916 April 11	1916 April 31	d.
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UNIT SAILED
JUL 23 1916



No. *96* *P* Number. *724300* Rank. . . *Pte* *B*
Y

Surname. *L. O. U. C. H.*

Christian Name. *John Wallace*

Units *124th Bn. Canadian Infantry* Theatre of War *France*

Date of Service. *9/3/17*

Remarks.

Latest Address. *455 Lansdowne Ave*
Toronto
Ont

Roll No. *B* *Page 4850*

9 35435

Rec'd JUN 23 1941

M. D.

Red
Ret. 15/1/40

Re - 155 ve

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

BWM }
VM } → MAR 8 1943

Mrs. Phyllis M. Lovch
325 Bogert Ave, Apt 373
Willowdale, Ont
M2N 1L8

NAME

RANK

No.

UNIT

T. O. S.

SIG.
OR
REC'T

PAID
TO

PAID
FROM

Surname *Lough* H. Q.
Christian names *John Wallace* M. D. No.
Regtl. No. *724300* Rank *Pvt.* T. O. S. 19...
Unit *109th* S. O. S. 19...
Reason *Bn*
Auth.

Next of kin *Vaughan Mrs. Edith* Relationship *not stated*
Address *40 Mrs. Riggins* Also notify:
13 Crown St. Liverpool
Eng.

BORN—Place *England, Portsmouth* Date *Nov. 14th, 1897*
ATTESTED—Place *Barrie, Ont.* Date *July 11th, 1916*
O/S R/C
W. 22—100M 7-18. 1772-39-839.



SURNAME.

Louch

CARD NO. ✓

CHRISTIAN NAMES

John Wallace.

FOLL.

S.A.S. Dis. 19/16. 3.

REGL. No.

195' 823.

RANK

Pte.

UNIT

93rd.

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Vaughan Mrs Edith.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*40 Mrs Ryne 137 Crown St.
Liverpool Eng.*

COUNTRY OF BIRTH

England, Portsmouth.

DATE

Nov. 14th, 1898.

PLACE OF ATTESTATION

Peterboro Ont.

DATE

Apr 1st 1916.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Farm Labourer.

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

17.

YEARS

5.

MONTHS

HEIGHT

3.

FEET

5.

INCHES

CHEST MEASUREMENT

35.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark.

EYES

Nazel.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Peterboro Ont.

DATE

Apr 1st 1916.

NAME

Louch, John Wallace

REG'T'L No.

724300

RANK AND CORPS

pte 124th Bn (Form 109th Bn)

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS
No.

FOLLOWS

M5889
21-3

16-8-17

b. admitted # 23 bas. clear. stat.
Aug. 9th, 1917, Shrapnel legs
arms, side chest.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a. 96	No. 23 Cav. Reg. Stat	9-8-17.	S. W. Legs. Arms & Side & Chest
a 99,	Co. No. 4. Gen. Hannes. Samers	10-8-17.	g. S. W. mull-
B46 "	1st East. Gen. Cambridge	21-10-17	" " " Thigh Sev.
B229-1	Co. No. 16. Cav. Gen. Orpington	28-5-18.	" " " "
B332-	Inv. to Cav.	24-9-18	" " "

649-2-17360.

CARD NO. 4

SURNAME. *Louch.*

CHRISTIAN NAMES *John Wallace*

REGL. No. *724 300*

RANK *Pte.*

UNIT *109th*

FORMER CORPS *93rd. Bn.*

208 Siles 24-7-19
Dr. unauth
206. 2031 of 22-7-19

Bn.

NEXT OF KIN.

NAMES IN FULL *Vaughan, Mrs. Edith*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *90 Mrs. Byrne, 137 Crown St.,
Liverpool, Eng.*

also holds
CHANGE OF ADDRESS
Mrs. E. Byrne
(P. h. S.)
137 Crown St.
Liverpool Eng.
(auth 5-4-21-38-1
@ Oct 3/17)

COUNTRY OF BIRTH *England, Portsmouth* DATE *Nov. 14th 1897.*

PLACE OF ATTESTATION *Barrie, Ont.* DATE *July 11th 1916*

Sailed from Halifax Per S.S. R/C. 7-10-18 2 1/2 2

L. L. 94504. M. & D. 6512. *"Olympic". 23-7-16* 488 *21* M. F. W. 22. 250M. -2-16. H. Q. 1772-39-339.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

5- $\frac{3}{4}$ INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 $\frac{1}{4}$ INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Black

DISTINGUISHING MARKS

3 Vacc scars on left arm.

MEDICAL EXAMINATION.

PLACE

not stated

DATE

July 11th 1916

Present Address, Omemece, Ont.

No. 195823

RANK Pte.

NAME

Louch W.

John

T. O. S. 1-4-16

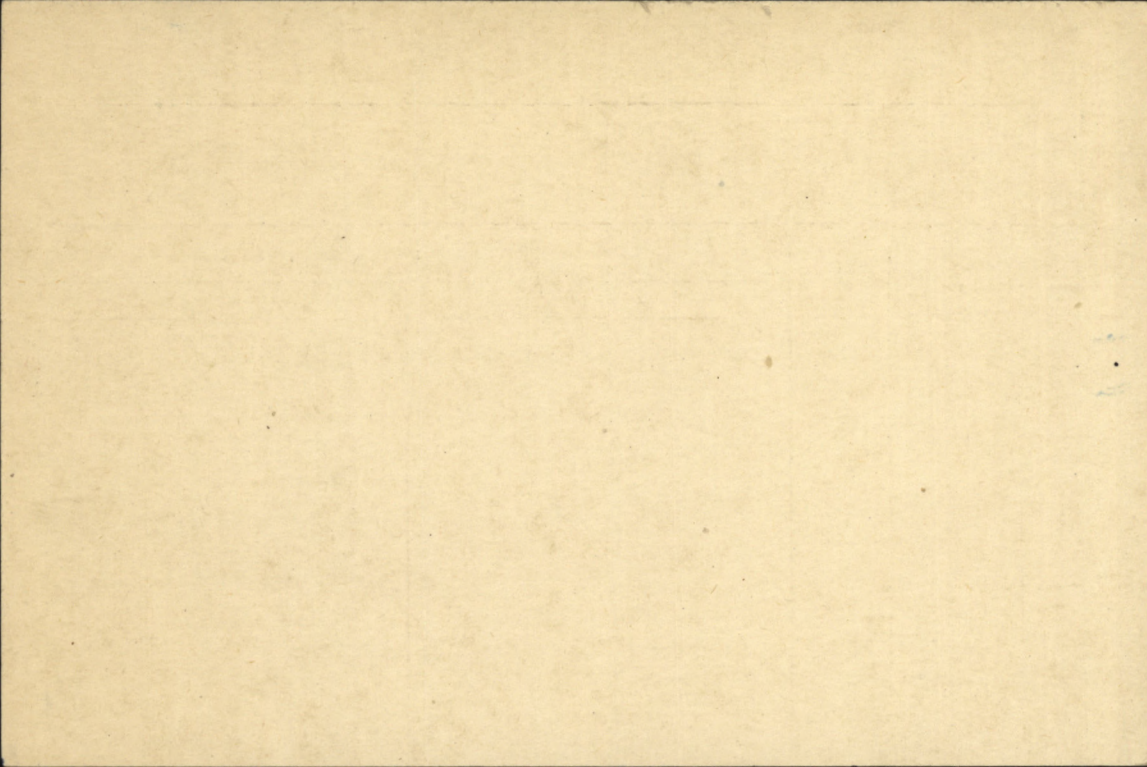
UNIT 93rd. B attalion

OO 85 of 6-4-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 April 1	1916 April 30	n	absent	April Paylist.
May		v	forfeits 20 days pay A. W. L. 13-4-16	OO. 107 of 4-5-16.
June		v		
July 1	July 10	v	Discharged medically unfit 10-7-16	OO. 166 of 10-7-16.
			% closed by payment S.	

UNIT SAILED
JUL 15 1916



Name **LOUCH** Rank **PTE** Reg. No. **724300**
 Unit **John Wallace 124th Canadian Pioneer Batta**
 Next of Kin **Mrs Edith Vaughan C/O Mrs Ryne 137 Crown St
 Liverpool**

Year	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
Aug 9	No 23 Cas Clg Station SW	Legs	Arms I Side			14817
Aug 10			& Chest	A96		M5889
	No 4 Gen Hos. Carriers	G.S.R. Mult.		A99		
21-10-17	1st East Gen Cambridge	G.S.W. High (Gen)		B46		4151
28-5	Out. Mil Coy	do		B227		18786
24-9	Invalided to Canada	do		B332		2504
						4117

Name **L Louch, John Wallace** Rank **Pte** Regtl. No. **724300**

Original unit **124th Bn** Present unit **1st Can Res** M. or S _____ Age **18** Religion **C.E.** Fyle Depot _____ Ref. H.Q. _____

Port, ship and date of arrival **Halifax, Khyber, 1-10-18**

Next of kin **Mother Edith Byrne Omemeo Ont.**

Address on leave **458 Lansdowne Ave., Toronto**

Address on discharge **Same address**

Transportation issued No **Yes** Date _____ Character on discharge _____

Previous occupation **Farmer** Date and place of enlistment **Barriefield, 18-7-16**

Diagnosis **GSW lt hip** Date of Medical Boards **9-7-19**

Date.	Remarks.	Pt. 2 Order No.
T.O.S. #2	D.D. 24-9-18.	M.O.H.
	Posted to Hosp. Sect, 7-10-18. Granted leave from	H.S. 191
	8-10-18 to 22-10-18. Subs. 8-10-18 to 22-10-18.	175
28-10-18	SYMXX M.O.H. to Whitby as from 25-10-18	194
	AWL 10 p.m. 11-11-18 (W.M.H.)	H.S. 211

*—Name will be given in full ; surname first.

(over)

Date.

Remarks

Pt. 2 Order No.

Returned 10 pm. 12-11-18 (W.M.H.) H.S. #213 R

AWL from 10 pm. 11-11-18 until 10 pm. 12-11-18 Admonished

Forfeits 2 'days' P&A by R.W. (W.M.H.) H.S. 215 R

Whitby to D.O.H. 4-4-19 H.S. 97

Subs. from 11-4-19 to 19-4-19 H.S. 104

Subs. from 13-6-19 to 23-6-19 (D.O.H.) H.S. 165

21-7-19 Hos Sect to Cas Co. Ex. Camp D.O. 202

24-7-19 S.O.S. Dis. Med. unfit (183 days W.S.G) 203

Pl. Kouch. f.
724300.

Section 9. Objective. Continued:-

Atrophy of the left leg.

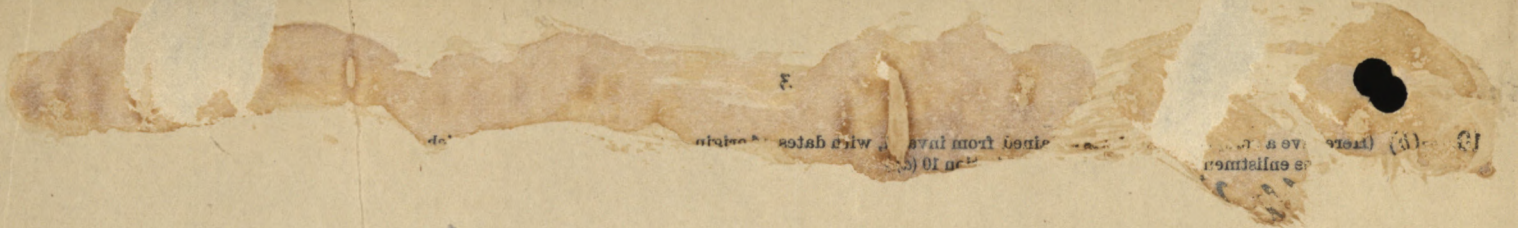
Upper third thigh.	Right. 19 1/2"	Left. 16 1/2"
Middle " "	18 "	16 "
Lower " "	13 1/2"	12 3/4"
Knee.	13 1/2"	13 1/2"
Calf.	13 "	12 1/2"

Atrophy is due to disuse.

Subjective:- Can walk for 1/2 hour then leg becomes sore and tired. The knee becomes weak. Hip aches in wet weather.

Can not reach foot with either hand, and must sit on side of chair with leg extended.

R.H.M.



enlighten (1) there
and in (2) from
with dates
from

Original Not Available
Fill in only.—Unit, Number, Rank and Name.

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

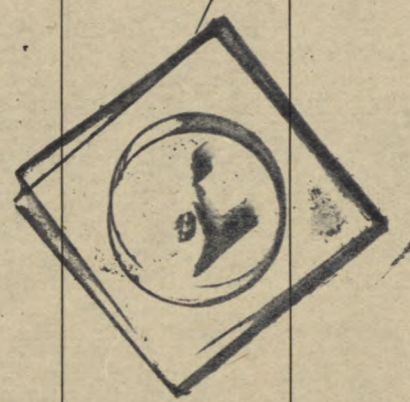
500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 93rd B. Battalion
Regimental No. 195823 Rank Pte Name Louch, John Wallace
Enlisted (a) 1-4-16 Terms of Service (a) D. of W. Service reckons from (a) 1-4-16
Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
Extended. Re-engaged. Qualification (b).

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>10 7/16</u>	<u>93rd B. Battn.</u>	<u>S.O.S.</u> <u>DISCHARGED</u> <u>Medically Unfit</u>	<u>Barriefield Camp</u>	<u>10 7/16</u>	<u>Pt " DO 166</u>



[Handwritten signature]
for dofr.
E.T.O.

(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.

Casualty Form - Active Service

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				

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 Battalion C.E.F.

(2) Regimental Number
72[#] 300

(3) Full Name of Soldier.....
John Wallace Louch

(4) Place of Birth.....
Portsmouth England

(5) Are you married, or not?
Yes

(6) If married, state,
 (a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?
No

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

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

If so, state name and address

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

If so, state name and address.....

(11) If your Mother is a widow.....

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

(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.

(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.

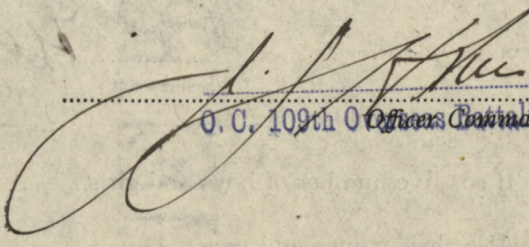
(15) Are you insured?.....

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

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

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

Date July 11/16

 Lt. Col.
O. C. 109th O. Officers Commanding, E. F.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 724300 Rank Pte Name Louch, J.W.
(Surname first)
 Unit No. 2 District Depot who was* DISCHARGED
 On 24-7 1919, to M.U.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-7 to 24-7 1919
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay <u>24</u> days at \$ <u>1</u> c <u>10</u>		26 <u>40</u>
Field Allowance <u>24</u> days at \$ <u>1</u> c <u>-</u>		35 <u>-</u>
Separation Allowance		70 <u>-</u>
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>122133</u>	131 <u>40</u>	
Total	131 <u>40</u>	131 <u>40</u>

*Give particulars.

NOT TO BE SENT OVERSEAS UNTIL 19 YEARS OF AGE

Correct Date of Birth Nov. 14. 1900

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

Auth. Stat. Declaration d/11.10.17.

Casualty Form—Active Service.

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

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

Regimental No. 424300 Rank Private Name Louch, John Wallace

Enlisted (a) 11.7.16 Terms of Service (a) D of W. Service reckons from (a) 11.7.16

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) Farmer

Report Date	From whom received	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.
-------------	--------------------	--	-------	------	--

		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	

8/12/16	O.C. 109th Bn	Transferred to 194th Bn	Witley	8/12/16	
---------	---------------	-------------------------	--------	---------	--

Capt.
ADJUTANT
109th Overseas Battalion, C.E.F.
O.O. Pt II, # 3743
Autresell
Capt.
ADJUTANT
100th Overseas Battalion, C.E.F.

9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 205
---------	-----------	--	-------------	---------	--------------------

Eastman
MAJOR ADJUTANT,
124th BATTALION C.E.F.

9-3-17	124th Bn.	Proceeded for Overseas Service,	Witley Camp	9-3-17	Part II Orders No. 69
--------	-----------	---------------------------------	-------------	--------	-----------------------

Shum
Lieut. ASST. ADJUTANT,
124th. GGBG (Pnra)

CERTIFIED CORRECT.
7 MAR. 1917
N. RECORDS, LONDON.

(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				
11.3.17	M.H.U.	disembarked	Boulogne	11.3.17	NR
11.8.17	O.C. 124 Bn.	Wounded evac.	Field	9.8.17	B.213 D.O. 36 d. 17.8.17
10.8.17	13 C.F.A.	W. Both legs (+ frac.) face-neck, forearm L side - h. chest	adm. 13 C.F.A.	9.8.17	} A.36/2734
10.8.17	4 Gen. Hp.	ESU. Multi.	To 23 C.G.S.	10.8.17	
28.8.17	Telegram.	do.	4 Gen. Hp.	10.8.17	W.3034/3223
21.10.17	4 Gen. Hp.	do.	To 56 Co. Dep.	26.8.17	K.F. 29.8.17 T. 18789
21.10.17	O.C. F.T.	do.	To England	21.10.17	W.3034/97208
	"Pieter-de-Sonnick"	Posted to 1st. Gen. Ont. Regt. Thorncliffe	To England	21.10.17	W.3083/41145 D.O. 141 d. 31.10.17

M. Andersen
 Licent.
 for Lt. Col. G.A.G.
 Law. Sec. G.H.Q. 3rd. Ech.

29.10.17 1st B.O.R.D. T.O.S. from 124 Bn. W. Slings
 31.3.18 " S.O.S. to B.C.R.D. ...
 3.4.18 B.C.R.D. T.O.S. from 1st B.O.R.D. Seaford

21.10.17 No. 224
 10.3.18 - 88
 10.3.18 - 92

W. J. Carter LIEUT.
 FOR LT; COL; I/O RECORDS, C.C.M.F.

SEP 24 1918 H.M.T. "K" Embarked... LONDON...
 SAILING NO. 64 Disembarked... QUEBEC...

SEP 24 1918
 OCT 1 1918

24-9-18
 T.O.S. No. 2 District Depot, Part II, D.O. No. 173
 #2 DISCHARGED
 22 7/19 D.D. MEDICALLY UNFIT
 CAT. E.

Wm. J. Turner
 Lieut. and Asst. Adj.
 O.C. No. 2 District Depot
 24-7-19 Pt 41 DO 203

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *577*

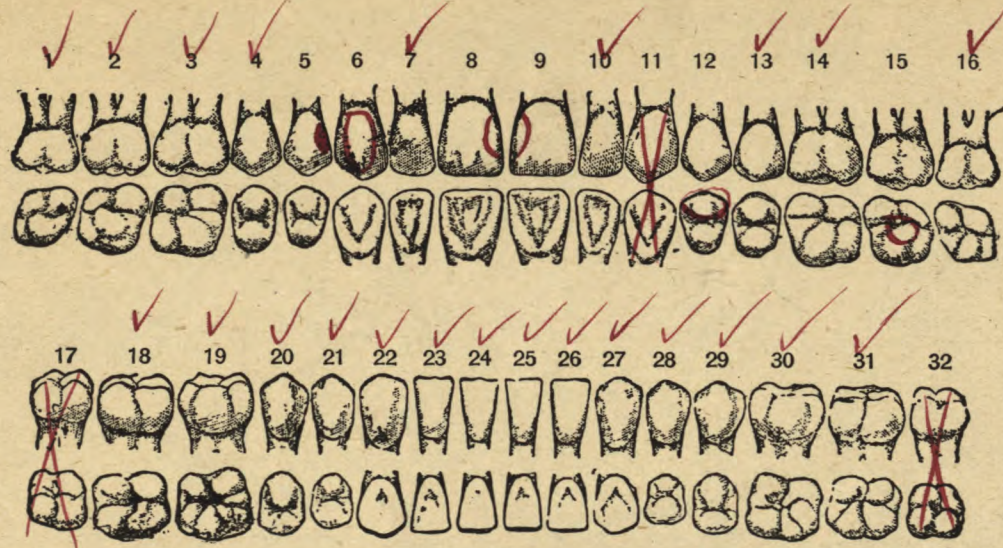
M.F. 2000
177 850.

NAME OF SOLDIER *Loech John*

REGIMENT *136 Bn*

RANK *Pte*

No. *724300*



INSTRUCTIONS

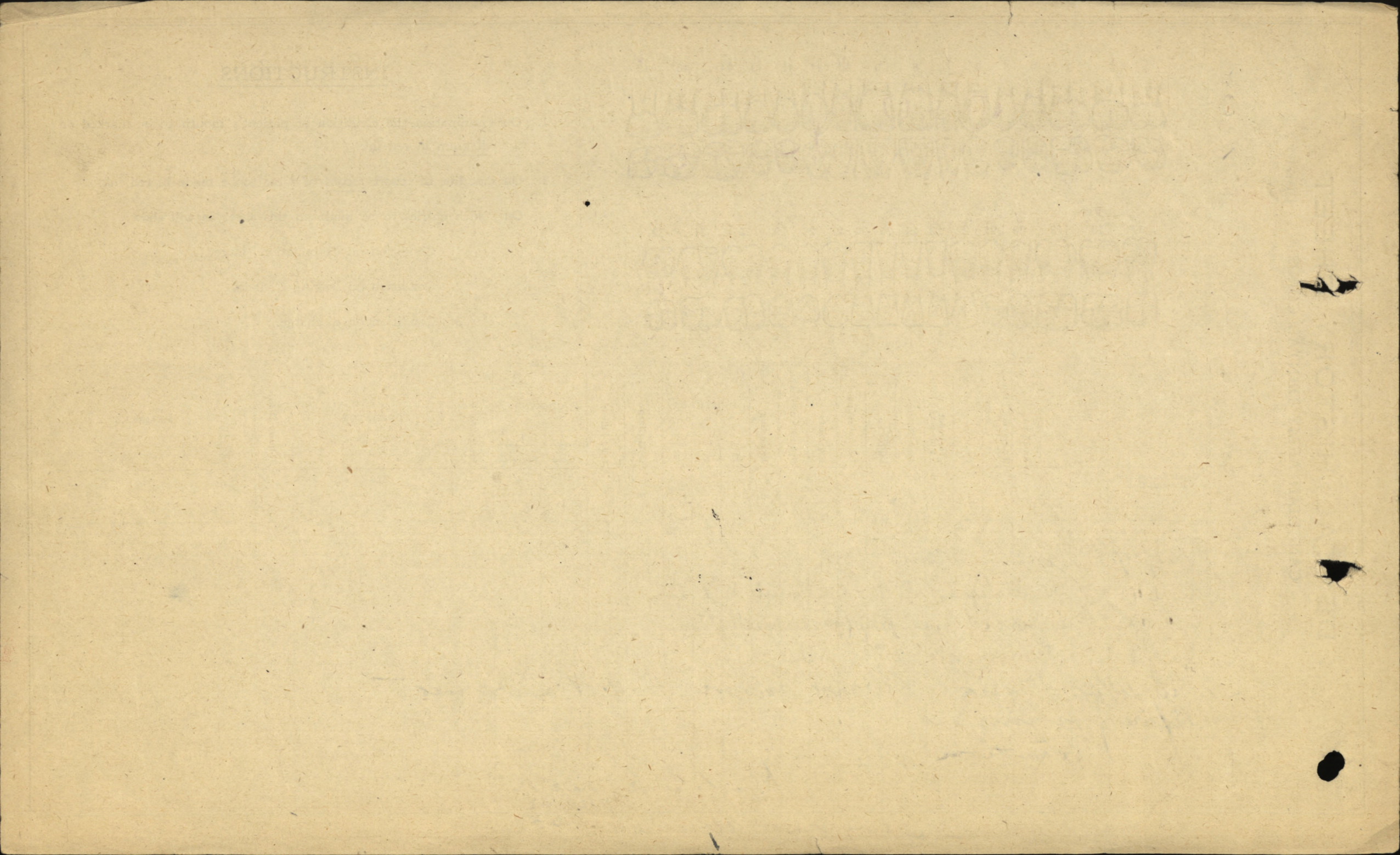
1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination																						
<i>May 30/19 Examination</i>																						
<i>June 11</i>																						<i>Devitalization #15 Treatments #8 #9 #12</i>
<i>" 12</i>																						<i>Removed lingual pulp (press. aneth) #15</i>
<i>July 9</i>																						<i>treatments #12 #15 silicate #5</i>
<i>July 14/19</i>																						<i>Requires fillings Extraction</i>
																						<i>Final Board Exam D.O.H. Jones</i>
																						<i>N. S. Thompson Major</i>
																						<i>Given Certificate</i>

*N. S. Thompson
Major
Given Certificate*



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge

150419

issued

This is to Certify that No. 724300 (Rank) Pte.

Name (in full) LOUGH John Wallace. enlisted in

the 109th Bn

CANADIAN EXPEDITIONARY FORCE at Barrie field on the 11th

day of July 19 16.

HE served in ENGLAND AND FRANCE.

and is now discharged from the service by reason of

"MEDICALLY UNFIT".

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

Age 19 yrs.

Height 5'7 1/2"

Complexion Fair.

Eyes Blue.

Hair Brown.

Marks or Scars Scars lt hip, lt leg, rt arm, rt shoulder.

U.S.W. left hip 8-8-17.

Gold stripes one-----1.

John Wallace Lough
Signature of Soldier

J. McNamee
Issuing Officer

No. 2 District Depot
Toronto, Ont.
July 24/19.

For *Capt*
O.C. No. 2 District Depot.
Rank

Date of Discharge

Appointment

Signed at Toronto. this 24th day of July 1919

in Military District No. 2

File Reference No.

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. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE May 24, 1972

NAME LOUCH, John W.
NOM

Service No. 724300 & 195823 WW1 CPC No. 159916
Matricule N° CCP N°

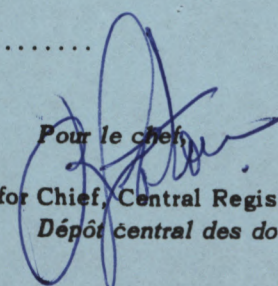
WVA No.
AAC N°

Information Received from: SPME CPC Toronto, Ont. May 16, 1972
Information reçue de:

Date of Death May 12, 1972
Date du Décès

Place not stated
Endroit

Distribution: WSR-DA'SG ✓
VI - ASS
~~DO - BD~~
HO - BC


Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

DEPARTMENT OF VETERANS AFFAIRS
CHIFFRE DES ARRÊTÉS DE LA GUERRE
DEATH NOTIFICATION
AVIS DE DÉCÈS



DATE: 10/10/1952

Service No. 100-100000-100000

100-100000-100000

100-100000-100000

Place of Birth
Service No.

Place
Service No.

100-100000-100000
100-100000-100000
100-100000-100000
100-100000-100000

100-100000-100000
100-100000-100000

100-100000-100000

Name Louch, J. W.
Lough John W.
English L.P.C. No. L 275

Regt'l No. 724300 Rank Pte File Numbers P.M. 25-76
Former Units 109th Batt. P.F.W. Original Unit 109th Batt.
Date of arrival in Canada 7/10/18 Boat Kyber Port of Disembarkation Quebec
Rates of Pay:—Regt'l. 1.00 Field 1.0 Date of arrival in M.D. 2
Separation Allowance. Date paid to nil Rate nil If continued by Chief Paymaster, England no
England
Assigned Pay. Date paid to 31/7/18 Rate \$15.00 If continued by Chief Paymaster, England no
England
Name and address of Beneficiary Mrs. E. Vaughan
% Mrs. Ryan 137 Crown St Liverpool
Pay claimed on English L.P.C. to 31/7/18 to be paid by new Unit from 1/8/18
Name of new Unit no 2 District Depot Date L.P.C. forwarded to new Unit 4/4/18
A.P. Charged on English L.P.C. to 31/7/18

L.L. 34682—M. & D. 864.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
\$	c.	\$	c.	\$	c.	On Boat		At Cl. Depot &c.		\$	c.	\$	c.	Credit		Debit		
186	53			186	53													
										14	60							AR 4365 21/8/18
										14	60							AR 5080 17/9/18
							50	00										Quebec 7/10/18
							5	00										AR 6. 7/10/18
												84	20					
												102	33					
				186	53							186	53	102	33			

109th Bn

24/10/18 FR.
UK 25-10-18

ASSIGNED PAY ENGLAND OR CANADA SEPARATION ALLOWANCE ENGLAND OR CANADA

NAME: LOUCH J. W.

EFFECTIVE DATE: 1/8/16 EFFECTIVE DATE: -

NUMBER: 724300

AMOUNT: 15.00 AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Mrs Edith Vaughan
c/o Mrs J. M. Crow St
Liverpool England Mother J.M.

Private.

UNIT AND TRANSFERS NOV 25 1918

ORIGINAL UNIT: 109 4/8

DATE ACCOUNT FIRST OPENED: 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
93. 3.4.18.	1.4.18	26.4.18	1st. Col. C.S.D. "K"

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
7.4.18	340	Orp	210				
5.7.18-19.7.18		Cr.	8730				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1	10		

Sailing list #62 24-9-18.

PARTICULARS OF RENDERING NON-EFFECTIVE: DISCH. TO CANADA 31.7.18 Orp. 18³³ 13.7.18. R. F. C. 186⁵³

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
March	1st Bal forward.								158 57		
April	P.D.	33		A 18146.			15		176 57		
May	✓	34 10		A 86194			15		37		
		34 10		44521			15		195 67		
June	✓	33		44521			15				
				a/r 2414 12/16 1/16 1/16 1/16	484				208 80		
		33			487		15				
July	✓	34 10		C 17533			15				
	S.F. from 9-7-18 to 19-7-18 10 days (and O.C. 16 C.G.M.) R. 195 17 1/2 C.R.P.	7 30		a/r 3040 5/7 (Orpington)	48 67				186 53		
		47 40			48 67		15				
Aug.				NA 4365 Orpington 21-8-18	14 60	Endorsed.			171 93		
					14 60						
Sept.				RA 5080 Orpington 17-9-18	14 60	Endorsed.					
"				See G Note Bal Trans to Can	171 93				14 60		
					171 93						
Oct.	See G Note # 1833. Bal Trans to Can.		14 60								
			14 60								

Mil

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724300	Pte.	Louch J.W.	J.W.
Year	Unit.		Age.	Service.
	1914. Canadian.			
Station and Date.	Disease			
17-6-18.	Disease <i>Inf. Procture Left Femur.</i>			
60th. 4th.	Tub in position to drain cavity in neck of left femur (S.S.W. - bulled having been removed).			
	Tub removed a couple of days after admission but his discharge has never wholly ceased & two small sin uscs lead down to bone. Invalid to Canada.			
	J. Davis Captain.			

CASE HISTORY SHEET.



MILITARY ORTHOPOEDIC HOSP. Hospital.

A. Toronto

Station.

No. 724300 Rank. Pte Name. Louch John Age. 18

Unit. 124 Completed years of service } Where and how long

Date of admission. 22/10/18 Date of discharge.

Diagnosis. Comp. Fract. Hip. Place of origin.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wounded Aug 8th 1914. Left Hip & thigh. also fractured Fibia Middle third. Scar inner surface thigh upper third. Scar ant. end surface thigh upper third. 1 1/2" long. Scar 8" long ant. surface thigh with 2 sinus. Scar 4" lateral surface upper third thigh with discharging sinus. Healing Great Troch of Femur Scar inner surface Fibia junction of middle & lower thirds. at point of fracture.

Movements of Hip. Splid ant. & post. at 180°. Movements of Knee. A. G. F. 90°. Range of motion 90°. A. G. E. 180°. On further trying to flex the knee he complains of pain in groin from pull of muscles. There is no shortening. It has today and may. Rotation 24/10

Oct 24th 1918. See slight adductor & ext. rotator deformity. FAMILY HISTORY. Sinus as small - no sign of tuberc. in X-ray a felt by (Tuberculosis, mental or nervous diseases.) probe. 8 ft. 8 in. for 1 month for drainage

8.11.18. Sinus on front of thigh is now healed. signs on outer surface of thigh is still discharging very slightly. nearly healed. Is receiving dry dressing to continue.

16.11.18 Sinus on front of thigh has broken down again & probe goes in about 2" to suspicious grating & then continues past it.

CONDITION ON DISCHARGE. (and disposal made of case.) Sinus on outer surface still open. Probe goes in to bone covered with periosteum. Dressed care

Date. Medical Officer i/c case. Capt Brown

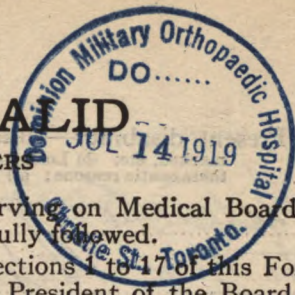


WASSERMAN NEG.

- 5/11/18 - while playing football a couple of days ago
 fell & strained muscles around hip, also
 tearing per scap. Put at rest in bed.
- 6.11.18 - developed flu. transferred to Inf.
- 28.11.18 - Doing well.
- 16.12.18 Has been receiving daily dressings.
 3 sinuses now open leading to sequestra
 operation after Xmas.
 flu now better H.S.B.
- 6.1.19 Fourth sinus opened up two weeks ago.
 all connect. wishes operation in Corrid.
 H.S.B.
- 18-1-19 - operation - all sinuses cleaned out
 Several sequestra removed
 Packed iodoform gauze - usual dressing.
- 24-1-19 - Daily dressings -
- 30-1-19 - Two sinuses closed up.
- 18-2-19 - one sinus has reopened leaving
 that at present - discharges not very profuse
 H.S.B.
- 2-4-19 - now has 3 sinuses & fairly
 free discharges. Off to D.O.H. H.S.B.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



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

STATION..... *Som. Ortho Ho* DATE..... *July 9/19*

1. 1 (a) Unit..... *DDU* (b) Regimental No. *724300* (c) Rank..... *PL*
 (d) Surname..... *LOUCH* (e) Christian name..... *JOHN WALLACE*
 (f) Home address..... *Omamee Ont*
 (g) Next of Kin..... *Edith Byrne* (h) Relationship..... *Mother*
 (i) Address of Next of Kin..... *One 137, Crown St Liverpool Eng*
 2. Age last birthday..... *19* Date of birth..... *Nov 14/1899*
 3. Enlistment, or Appointment (if an Officer) (a) Place..... *Kingston* (b) Date..... *July 1916*
 4. Personal description:
 (a) Height..... *5'7 1/2* (b) Weight..... *140* (c) Complexion..... *fair*
(stripped)
 (d) Colour of hair..... *brun* (e) Colour of eyes..... *Blue* (f) Identification marks, Scars, etc.....
Scars - lt hip - lt leg, rt arm, rt shoulder
 5. Former trade or occupation..... *Farmer*

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

	PERIODS	
	From	To
Canada.....	<i>July 1916</i>	<i>July 1916</i>
England.....	<i>July 1916</i>	<i>March 1917</i>
France or other theatres of War..... <i>England & Canada</i>	<i>March 1918</i> <i>Aug 1917</i>	<i>Aug 1917</i> <i>July 1919</i>

7. Original disease, or injury..... *G. SW left Hip with fracture at great trochanter*
 (a) Date of origin..... *Aug 8th 1917* (b) Place of origin..... *Leens*
 (c) Cause..... *Shrapnel*

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

Partial loss of function of left leg from ankylosis of the hip. Limitation of movement of the knee, weakness & slight pain.

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

Objective:—Scar 7" Antero-lateral surface upper third thigh. Scar 1" ant. surface same level. Scar 1" inner surface and scar 4" outer surface.

The hip is ankylosed at 180° to adduction deformity and no shortening of the leg.

Limitation of movement of the knee.

Ab. F. 95° Range 85°

Ab. E. 180°

Limitation due to disease and wearing of splint for 8 months.

X-Ray of hip shows ankylosis of head of femur & acetabulum, and solid union at point of fracture.

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

Nervous System No Cardio-Vascular System No Genito-Urinary System No
Special Senses No Respiratory System No Integumentary System No
Disturbances of Mentality No Digestive System No Muscular System No
Osseous and Joint Systems No Any other general condition No.

Urine - Negative

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

Wounded Aug 8-1914. Great fracture left femur. Had 12 operations for drainage and sequester. Leg in splints for 8 mos. Extension for 3 months. Healed in 21 months.

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

Medius left tibia Aug 8th 1917. healed. no disability.
L. sev. Right Arm. " 8th 1917. " " " " " "

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

Scar 2" left tibia.

11.—(a) Did the disabling condition have its origin before enlistment? *No*

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

Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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? *Permanent*

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

Hospital in England 14 months
" " Canada 9 " "

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

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

17. Recommendations *Discharge as unfit for further service*

B. Brown
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

J. W. Louch Rank.
Signature of invalid examined.
J. W. Louch

OPINION OF THE MEDICAL BOARD

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

He concurs.

19. Is the invalid fit for

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

20. It is certified that the invalid

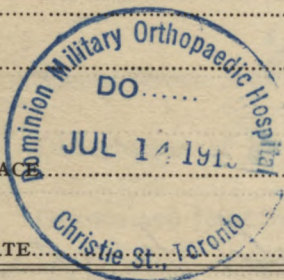
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

*We recommend that he be discharged
"Having been found medically unfit
for service."*

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



PLACE.....

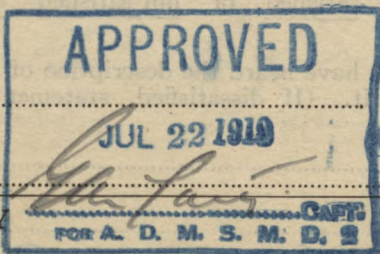
DATE.....

R. H. Murray M.D. President.
W. D. ...
C. H. Robson M.D. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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



PLACE.....

DATE.....

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

MINOR

A.C. Rank

Name

LOUCH, J. W. ^{OHN} ~~ATLACE~~

Reg'l No.

724300 ✓

Unit

109th. Bn.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Barrielfield, 11th July 1916

Place of Birth

Portsmouth

Name and Address, Next-of-Kin

~~Mrs Edith Vaughan~~

Mrs E. Byrne

England

~~Go Mrs Byrne 137 Crown St Liverpool~~

Relationship

Mother 137 Crown St.

Assigned Pay Monthly \$

Payable to

Liverpool Eng.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.-7165-16.

N/E. R. B. N. 3408
File R.L.
Category ban m U

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					
8.12.16	109 th Bn.	SOSon transf. to 124 th Bn	Witley	8.12.16	Pt II DD. 343
9.12.16	109 th Bn	SOS. - 109 th	-	-	- 265
9-3-17	124Bn	Emb for France	Witley	9*3*17	PtII DQ68
15.8.17	✓	To 23 bas clearing Sts	Field	9.8.17	SLA 96 SW Leg Arms & Side & Chest
18.8.17	✓	To 4 Gen Hosp.	Camiers	10-8-17	SLA 99
25.10.17	1 st BOR.	Adm 1 Eastern Gen Hosp.	Cambridge	21-10-17	- B 46
29.10.17	1 st BORD.	T.O.S. from 124 th Bn.	Pt. Welling	21-10-17	Pt II. O 234. 80 141 d/31 17. 124 th Bn.
MINOR - BORN 14.11.1900					
31.3.18	ICORD	SOS to CERD	Witley	31.3.18	amended by SO 9/1/18 8.4.18 of 1st col. P# 884 92 of 3/18

A.F.B. 103 CHECKED
19 MAR 1917
Jps

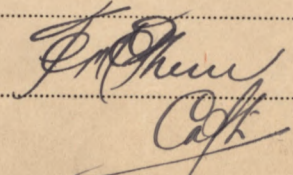
as
Bn

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.				
30.9.18	CG	Invalided to Canada.	Usib C.G. Hrs Coxington S.	24.9.18	CG B 337 CGRDR 20264 d/1/18

CASUALTIES

SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)

War Service Badge
Class
No. 150419
Issued.

1. No.	724300 + 195823.		
2. Rank	Pte.		
3. Name	LOUCH John Wallace.		
4. Unit	109th Bn(2D.D.)		
5. Date of Discharge	JUL 24 1919	Place	TORONTO, ONT.
6. Reason for Discharge.....	"MEDICALLY UNFIT".		
7. Authority (2D.D. Part 11 Daily Order 20 ³ / ₄)			
8. Proposed Residence after Discharge.....	455 Lansdowne Ave. Toronto, Ont.		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.		
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
	M. F. W. ?.....		
	<div style="font-family: cursive; font-size: 1.2em; margin: 0 auto;">John Wallace Louch</div>		
	Signature of Soldier.		
10.	No. 2 District Depot CONFIRMATION.		
	The discharge of the above named man is hereby confirmed.		
Place.....	TORONTO, ONT.		
Date.....	JUL 24 1919		
	<div style="font-family: cursive; font-size: 1.2em; margin: 0 auto;">  </div>		
	Signature..... (O. C. Discharging Unit.)		

29-8-52
AS

K.C.D. 16 ⁷/₂₀

LIST OF DOCUMENTS

1
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LIST OF DISCHARGE DOCUMENTS.

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

Reserved for M.H.C.

Regt. No. 724300 Rank *PO2* Surname *LOUCH* Christian Name *JOHN WALLACE*

Unit or Corps—(a) Overseas from United Kingdom *124 Bde* (b) In United Kingdom *1st Cdn. Bde*

Born at—Town *Portsmouth* County or Province *Hants* Country *England*

Date of Birth—Day *14* Month *Nov* Year *1899* Age *18* yrs *7* months

Joined at *Barnfield, Ont* Date *18/7/16*

Former Trade or Occupation *Farmer*

Permanent marks or peculiarities that will serve for future identification:

G. S. W. L.O. hip

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Height—feet *5* inches *7 1/2* Colour of eyes *Grey*

Signature of Soldier (for identification purposes) *J. W. Louch*

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) *CM PD. FRACTURE LT. GT. TROCHANTER.*
- Disabilities Group (b) *L*
- Disabilities Group (c) *L*

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.	<i>G. S. W. L.O. Hip.</i>	<i>Leam.</i>	<i>8/8/17</i>
(ii.) As to Group (b) above.	<i>L</i>		
(iii.) As to Group (c) above.	<i>L</i>		

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

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

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

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

- (i.) As to Group (a) above? *Yes*
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?

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

- (i.) While on duty? *Yes*
- (ii.) While off duty? *no*
- (iii.) Was a Court of Inquiry held? *no*
- (iv.) Where? *no*
- (v.) When? *no*
- (vi.) Opinion of the Court? *no*

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

*Patent straps wounded by Straps in CO. hip & tibia
 8/8/17. Sent to C.C.S. where some Straps was removed from all wds. Sent to 4th S. H. where remaining Straps was removed from hip. Placed 180 East. S. H. 21/10/17. Wound on 10/2/18. Straps removed from CO. tibia & on 27/3/18 drainage & curettage of neck of CO. femur was done - to #16 Cdn. S. H. 27/5/18.*

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

wds. in CO. tibia & tibia healed - no disability. Wound about left hip almost healed but joint cannot be moved. X-ray shows comminuted fracture. SO. Prothomide - no obvious Straps - Has been in CO. since August & will not be fit for any duty for many months. Other systems normal.

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

(ii.) If so, state what.

(iii.) Was one advised and declined?

*Yes
 F.B.'s removed - Straps tibia
 - drainage & t.*

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?

(ii.) If so, describe.

*Yes
 one upper CO. deciduous.*

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

*no
 no
 Yes
 no.*

Date of Report *19 - June 1918*

Station *#16 Cdn. S. H.*

Signed *[Signature]*

Officer in medical charge of case.

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

Dunn-McPherson

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

O.S., No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL

Dated at *26 JUN 1918*

Station, on *26 JUN 1918* 191

* Delete if inapplicable.



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

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

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

If not, indicate it.

yes

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

If not, indicate it.

yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? no Aggravated? no (b) Misconduct of the Soldier { Caused? no Aggravated? no

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

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/8, 2/8, 3/8, 4/8, or all.)

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

(i.) Is it permanent?

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

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

18. Remarks.

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.

G

Date of Board



Station

Signatures of the Board. [Handwritten signatures: J. MacLaren Capt. C.M.B. President, J. D. Davis Capt. C.M.B., J. H. Martin Capt. C.M.B.]

Approved

[Handwritten signature]

Dated at

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

A.D.M.S.

Station

LONDON AREA, JUN 27 1918

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724300	Pte	Louch	J.
Year	Unit.	Age.	Service.	
	124 th Canadian	18	26 $\frac{D}{12}$ $\frac{D}{12}$	
Station and Date.	Disease			
27/5/18	G.S. W L Thigh (Tracl Femur)			
	Transferred from C.D. Eastern General			
	Hospital to Gorington (out Med.			
	Hospital on 27/5/18 for a Board.			
8/6/18	Wounds doing well.			

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

[Signature]
HOSPITAL REPRESENTATIVE
GENERAL (ONTARIO) HOSPITAL

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signature. (44502) Wt. W 11292-M 1150. 1,450,000. 6/12/16. C.F.&S. Forms/I. 1237/12. (B239)

Station
and Date.

No. 2 DISTRICT DEPOT

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

REGT. No. *424300* RANK *Pt* NAME (IN FULL) *Louch J.W. 24*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					<i>109th Bn. 455</i>	<i>Lansdowne Avenue, Toronto</i>	
					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY
					<i>Toronto</i>	<i>24-7-19</i>	<i>M.U. 20203</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>183</i>

MONTH	PAY AND F.A.		OTHER CREDITS	SEPT'N ALLCE.	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS							
	NO. OF DAYS	RATE				AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	\$	C.	\$		C.	\$	C.	\$	C.	\$	C.
Balance from previous account																										
Jan 1-31	31	1.10	34.10		34.10	46808		50202	15		19.10				34.10					Dec P.h.						
1-2-19	28	1.10	30.80		30.80	52090		56404	15		15.80				30.80											
1-3-19	31	1.10	34.10		34.10	21029		136014	15		19.10				34.10											
April 1-30	30	1.10	33.00	7.20	40.20			511981			40.20				40.20					Subs 11-4 to 19-4. D.O. 104						
May 1-31	31	1.10	34.10		34.10	5757					34.10				34.10											
June 1-30	30	1.10	33.00	8.80	41.80			119083 72-2576			41.80				41.80					Subs. 13/6 to 23/6/19. D.O. 105						
July 1-24	24	1.10	26.40	35.70	131.40	2133 44-2377					131.40				131.40											
183 days				420.00	420.00																W.S.G. PAID IN FULL					
July 24											70.00				70.00						W.S.G. PAID IN FULL					
Aug 22											70.00				140.00						W.S.G. PAID IN FULL					
Sept 20											70.00				210.00						W.S.G. PAID IN FULL					
Oct 21											70.00				280.00						W.S.G. PAID IN FULL					
Nov 20											70.00				350.00						W.S.G. PAID IN FULL					
Dec 20											70.00				420.00						W.S.G. PAID IN FULL					
				420.00	420.00						420.00				420.00						W.S.G. PAID IN FULL					

34021

 MILITIA AND DEFENCE
 ASSIGNED PAY.
Ref. No. *N Kelly*
*2nd**File 62797*

To whom Mrs Edith Vaughan,

Address C/o Mrs Byrne,

137 Crown Street,

Liverpool.

Rate \$15.00

Date to Commence 1st August, 1916.

By whom assigned Louch, John Wallace

Regtl. No. 724300

Rank Private

Corps, &c. 109th Battalion,

Orig. 93rd Battalion.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.		150694	15	+	
Sept.		184809	15	+	
Oct.		208091	15	+	
Nov.	60	254815	15	+	
Dec.		282942	15	+	
Jan.	1917	325904	15	+	
Feb.		367683	15	+	
Mar.		412768	15	+	
April					
May					
June					
July					
Aug.					

A.D. checked found correct.
27.3.17 P. H. Payne

ASSIGNED PAY.

By whom assigned

Lanch Jno W.

Regtl. No.

724300. Co. 109th Batt.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1929				
Feb.					
March					

Eme

Name Pte. Couch J.W. Cmetl.

M. F. W. 41
100M-1-18.
1772-39-838.

Regimental No. 724300.

Name and address of next-of-kin

Unit 109 Batt. P. of W. 109 Bn

Arr. 7/10/18

S.S. Kyber

Date of enlistment

Place of " "

Married (yes or no) no

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

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					
Oct.								12 -		40701	10 ⁰⁰			CB 12 - FOS pasted to HS 710 CB 2 - put 8-10-22 10.00175
Aug. 1	Nov 30	122	1	122 -	122	10	1220	2					720	102 ³³ Cr. L.P.C. 23853 awl. forf. 2 days P4a B0216
Dec 1	31	31	1	31 -	31	10	310			3410	43645	15 -		44856 1910 3410

TRANSFER

CASE HISTORY SHEET.

Dominion Ortho Hospital. Christie Street Station.
 No. 724300 Rank Pte. Name Louch, J. Age 19
 Unit D 10 #2 Completed years of service Where and how long } F. 8 1/2 F. 22 1/2 C. 1/2
 Date of admission 4-4-19 Date of discharge 3-7-19
 Diagnosis G.S.W. Hip-Comp Fract. Place of origin Lens, 8-8-17

CONDITION ON ADMISSION AND PROGRESS OF CASE

8/4/19 For 2 hrs of Hip G.S.W.
 29/4/19 Continue for 1 week V.B.B.
 6/5/19 No continue until wound is healed V.B.B.
 12/2/19 Wound is now healed V.B.B.
 28/2/19 No carry on a short time for 27 V.B.B.
 shortly
 31/5/19 Condition improving V.B.B.

D.O.H. July 14/19. Condition when finally boarded for discharge.
#724300, Pte. Louch, J.

Wounded Aug. 8th, 1917. Great trochanter left femur fractured. Had 13 operations for drainage and sequestrae. Leg in splints for 8 mos. Extension for three months. Healed in 21 months.
 Objective:- Scar 7" antero-lateral surface upper third thigh. Scar 1" inner surface and scar 4" outer surface. The hip is ankylosed at 180°. No adduction deformity, and no shortening of the leg.
 Limitation of movement at the knee. A.G.F. 95°. Range 85, A.G.R. 180°.

Limitation due to disease and wearing of splint for 8 mos. X-ray of hip shows solid ankylosis of head of femur and antabulum, and solid union at point of fracture. Atrophy of the left leg.

	right	left
Upper third thigh	19"	16"
Middle "	18"	16"
Lower "	15 1/2"	12 1/2"
Knee	13 1/2"	13 1/2"
Calf	13"	12 1/2"

Atrophy is due to disease. Subjective:- Can walk for 1/2 hour then leg becomes sore & tired. The knee becomes weak. Hip aches in wet weather. Cannot reach boot with either hand and must sit on side of chair with leg extended.

Fractured left tibia Aug. 8th/17. Healed. No disability.
 G.S.W. right arm. " "

Rashed
conduits

CONDITION ON DISCHARGE

(and disposal made of case.)

Date.....

Cap Brown
 Medical Officer, i/c case.

CASE HISTORY SHEET.

Dominion Ortho Hospital. Christie Street Station.

No. 724300 Rank. Pte. Name Louch, J. Age. 19

Where 1 F 8/12 F 22 1/2 C 1/2

191.....

No

MILITIA AND DEFENCE

FAMILY HISTORY.....

(Tuberculosis, mental or nervous diseases.).....

TREATMENT X-Ray.....

(Especially any specific or special form.).....

CONDITION ON DISCHARGE.....

(and disposal made of case.).....

Date.....

Cam Brown
Medical Officer, i/c case.

Case History Sheet

7-1-10

1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
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Family History

Treatment

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51

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Louch LOUCH Christian Name John Wallace

Examined { on 18 day of July 1911
at Barrifield Camp.
Birthplace { City or Town Portsmouth
County England
Apparent age 18

Approved by Hoboyd
Rank Capt M.O.

Trade or occupation Farmer
Height 5 Feet 5 3/4 Inches.
Weight 132 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 1/4 inches.
Physical development well made
Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		24 OCT 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE
GENERAL (ONTARIO) HOSPITAL, ORPINGTON.

Vaccination Marks { Arm Right Left.
Number 7 3.
When Vaccinated last May 1916
(a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
23.3.16		Ho. Boyd capt
		M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
12.3.16		Ho. Boyd capt
17.3.16		Ho. Boyd capt
23.3.16		Ho. Boyd capt
17.10.16	Good	Hoboyd. Capt.
		M.O.
		M.O.

Enlisted on day of 1911 at

	CORPS.	REG'TL NUMBER.	HABITS.	DATE
Joined on enlistment	<u>109th OVERSEAS</u>	<u>724300</u>		
Transferred to	<u>124th OVERSEAS</u>	<u>P O-S</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
No. 16, CANADIAN GENERAL (ONTARIO) ORDERLY ROOM HOSPITAL	26 JUN. 1918	65 yr L. Thigh Partient loss of function Limp leg.	Invalid & Canada Discharged unfit for further service

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.
M. F. B. 313.
400M.-1-16.
H. Q. 1772-39-139.
Christie St., Toronto

CANADIAN
9 MAR 1917

McLasson, Capt.
for Pres. S.M.B.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF		
		Admission into Hospital.		
		Day	Month	Year
16 th Cen. & 18 th	D.M.A.	21	10	1917
		27	5	1918
Whitby Mel Hosp		25	10	1918
D.O.H		4	4	1919



EMBKD SEPT 24 1918
 REEMBKD OCT 7 1918

D.O.H. July 14/19. Condition when finally boarded for discharge.
 #724300, Pte. Louch, J.

Wounded Aug. 8th, 1917. Great trochanter left femur fractured. Had 13 operations for drainage and sequestrae. Leg in splints for 8 mos. Extension for three months. Healed in 21 months.
 Objective:- Scar 7" antero-lateral surface upper third thigh. Scar 1" inner surface and scar 4" outer surface. The hip is ankylosed at 180°. No adduction deformity, and no shortening of the leg.
 Limitation of movement at the knee. A.G.F. 95°, Range 85, A.G.E. 180°. Limitation due to disuse and wearing of splint for 8 mos. X-ray of hip shows solid ankylosis of head of femur and antabulum, and solid union at point of fracture. Atrophy of the left leg.

Upper third thigh	right 19 1/2"	left 16 1/2"
Middle "	" 18"	" 16"
Lower "	" 13 1/2"	" 12 3/4"
Knee "	" 13 1/2"	" 13 1/2"
Calf "	" 13"	" 12 1/2"

Atrophy is due to disuse. Subjective:- Can walk for 1/2 hour then leg becomes sore & tired. The knee becomes weak. Hip aches in wet weather. Cannot reach boot with either hand and must sit on side of chair with leg extended.

Fractured left tibia Aug. 8th/17. Healed. No disability.
 G.S.W. right arm.


Has four sinuses, all connecting leading down to sequestrum
 old D.O.H. for removal
 G.S.W. of hip & antabulum
 movement of knee. getting leg
 his chair as help for rest

H. J. Durand
 Capt.

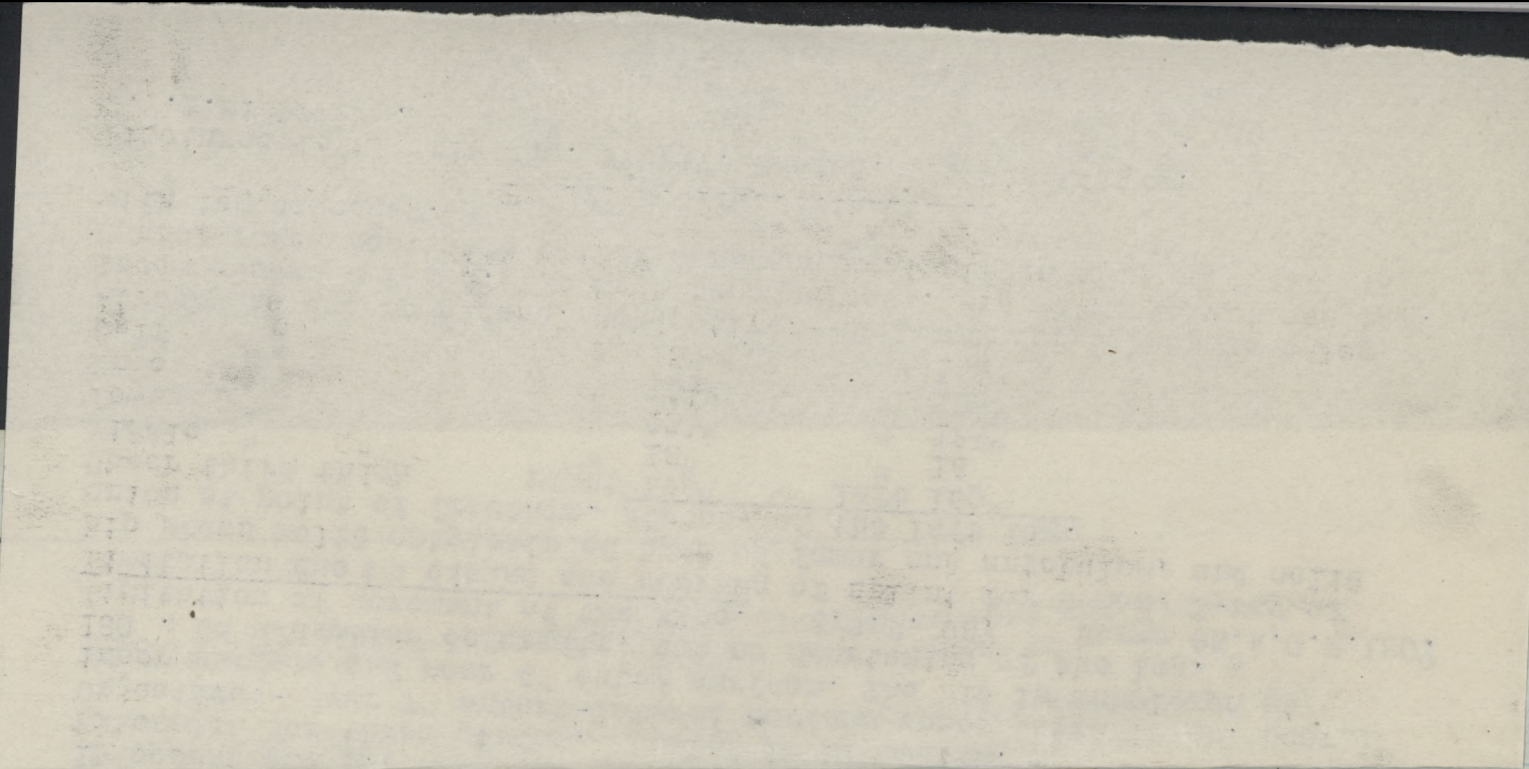
M. J. Durand
 Capt.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF								
		Admission into Hospital.								
		Day	Month	Year						
		21	10	17	27	5	18			
16 Cdn. S. Co.		27	5	18						
J. M. A.										
Whitby Mel Hosp		25	10	18	4	4	19			
D. O. H		4	4	19						

EMBKD SEPT 24 1918
DISEMBKD OCT 7 1918



G. S. W. High 171	Transf to Com Military Hosp. Orpington	W. F. Sweeney Lt. Col. R.A.M.C. (T.) Registrar 1st Eastern General Hospital, Cambridge.
Ditto.	Compound comm. cold breast. Great trochanter (left). Discharge almost cleared up - no sequestra.	De Dours Capt. Dames.
G. S. W. left hip with fracture of femur	Wannemann. Taken Oct 23/18 Operations - none. Two discharge abscesses I have during operation hip ankylosed.	M. M. M. Capt.
G. S. W. L. thigh	Had four sinuses, all connecting leading down to sequestrum old W. D. H. for removal of sequestrum & granulation tissue. Discharge No change in size for weeks	M. M. M. Capt.
do.		M. M. M. Capt.