22/12/15

2

ATTESTATION PAPER.

No. 736081.

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Loucks.
1a.	What are your Christian names?	Chester Angus
1b.	What is your present address?	Minden Ont
2.	In what Town, Township or Parish, and in what Country were you born?	Minden Tp. Haliburton Co. Ont
3.	What is the name of your next-of kin?	Flora Loucks
4.	What is the address of your next-of-kin?	Minden Ont
4a.	What is the relationship of your next-of-kin?	mother
5.	What is the date of your birth?	June 21 1893
6.	What is your Trade or Calling?	Lumberman
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? If so, state particulars of former Service.	No
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, Chester Angus Loucks, 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.

Chester Loucks (Signature of Recruit)

Date Dec 22 1915. George Tilly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Chester Angus Loucks, 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.

Chester Loucks (Signature of Recruit)

Date Dec 22 1915. George Tilly (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 Minden this 22nd day of December 1915.

R H Bates (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

6

Description of Chester Angus Loucks on Enlistment.

Apparent Age 21 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 3½ ins.

Chest measurement: Girth when fully expanded ..... 37 ins.
Range of expansion ..... 4½ ins.

Complexion ..... fair

Eyes ..... blue

Hair ..... dark brown

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

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).

Dog Bite on inside of left shin.
Saw Cut on right thigh

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 JAN 17 1916 191 .

Place Brandon

J. McCulloch Capt.
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.

Chester Angus Loucks 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 of Officer)

Date FEB 2 1916 191 .

REGIMENTAL DOCUMENTS

NAME LOUCKS CHESTER ANGUS REGT. NO. 726081 UNIT 109th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	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.B.W. 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)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
38	Mine				
1	Record				
1	Pay book				

NON-EFFECTIVE BY

DEATH

Category

31993

DISCHARGE

Category

Med Unfit

DESERTION

1

38-21
10-21
11-23

M

M.D. 13 CHILLIWACK B.C. RECEIVED

CSC SEC

RCMP GRC

M.D. 11 PERSONNEL

INF

JN

BOT 5747

H

W. 2589
100M-11-19
1772-39-1377

726081 — Loucks — Chester Angus

SIN/NAS — Surname/Nom — Given names/Prénoms

Deceased 250372

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Box 5747

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT CEF

No. 726051 RANK Pte NAME Lucks. C. A.

T.O.S. 22-12-15. UNIT 109th. Battalion.
D.O.B. 25-1-16

M.D. 3

PAID FROM	PAID TO	SIG. OR REC'T
1915	1916	
Dec 22	Jan 31	✓
Feb.		✓
Mar.		✓
April.		
May.		✓
June.		✓
July.		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
JUL 23 1916

Form R. 149.

CHESTER. ANGUS.

Name LOUCKS. Rank PTE. Reg. No. 726081

Unit 2ND. BN. C.M.G.C.

Next of Kin CANADA.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-10	18 G.H. Cannes	G.S.W.	Leg R.	A 343	Q 632	4733/6
31 10	Mil Shorncliffe	"	Thigh "	B 358	DWR	176
22-1-19	11 C.G.H. Scliffe		"	B 425		5495
29-4-19	Mil Con Epsom		do.	B 505		10261
23 5	Inv W Canada		"	B 528		9096
	501 - 3					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

LEDGER NO. _____ SERIAL NO. _____

REG. NO. 226081 NAME Loucks Chester

RANK Pte CORPS 3 SD AGE 26 SERVICE _____

	HOSPITALS	DATE OF ADMISSION
OS 1	Queens Hull / Kingston	4-6-19
2		
3		

DIAGNOSIS GSW Rt Thigh

TRANSFERRED TO _____

DISPOSITION 31.12.19 Dis. CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

C. Loucks. 648-L-1658

SURNAME.

CHRISTIAN NAMES Chester Angus

REGL. No. 726081 RANK Pte.

UNIT 109th Batt

FORMER CORPS Nil.

3 CARD NO. V

S.O.S. Dis 31-12-19

To S.C.R.

FOLL.

DOD 12 of 12-1-20

#31010

NEXT OF KIN.

NAMES IN FULL Loucks, Mrs Flora

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Minden, Haliburton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Minden Tship, Ont. DATE June 21st, 1893

PLACE OF ATTESTATION Minden, Ont. DATE Dec. 22nd, 1915

Sailed from Halifax Per S.S. "Olympic", 23-7-16 488/21 R/C. 2-6-19 340/22

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Lumberman. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 22 YEARS MONTHS

HEIGHT 5 FEET 3 1/2 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Fair. EYES Blue. HAIR D. Brown.

DISTINGUISHING MARKS Dog bite on inside of left shin. Saw cut on right thigh.

MEDICAL EXAMINATION. PLACE Minden, Ont. DATE Jan. 17th, 1916

REGT'L. No. 726081

NAME Loucks. Chester Angus

H. Q. FILE No. 649

RANK AND CORPS pte. 2 Can. Div. M. G. Co.

FOLLOWS No. Form 109 B

CABLE

NO.	DATE	NATURE OF CASUALTY
	Nof K.	Mrs Flora Loucks. "Martie"
6-4		Minden Ont.
Q632	16-10-18	Adm. 18 Gen. H. Dannes
HLQ343	14-10-18	Carriers Oct 7. 1918 G.S.W. Rlg.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B. 358	Mil. Shoonc.	31-10-18	Gsw. Retigh
B. 425	Ex 10 11 Con. Gen.	22-1-19	" " "
	Ex Moore Barracks.		
B. 505.	10 Mil. Conv.	29/4/19	" " "
	Ex Epsom.		
B. 528.	Invalided to Canada. S. L. 501. M. 03.	23/5/19	" " "

Number. 726081 Rank Pte

Surname. LOUCKS

Christian Name. Chester Angus

Unit. 21st Bn. Can. Inf. Theatre of War. France

Date of Service. 6-10-16

Remarks.

Latest Address Marden Ont

Roll No. Page 5200 29-4-A

Cy V 45250 [illegible] AUG 20 1941

*Name LOUCKS Chester Angus Rank Pte. Regtl. No. 726081

Fyle Depot 3-L-624

Original unit 109th Bn. Present unit 2nd M.G. M. or S. Age 26 Religion C.E. Ref. H.Q.

Port, ship, and date of arrival Megantic 2-6-19, Quebec.

Next of kin Mrs. Pogue, Minden, Ont.

Address on leave Same

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Lumberman Date and place of enlistment 22-12-15 Minden, Ont.

Diagnosis G.S.W. Rt. leg Date of Medical Boards

LOCAL CARD No. 3 District Depot

Date.	Remarks.	Pt. 2 Order No.
TOS	From Clearing Depot	
4-6-19	Posted to Hospital Section, Queen's	HS: 162
5-6-19	Granted leave ~~with subsistance~~ to 19-6-19	HS 162
5.8.19.	awl from 9.30 pm 5-8-19 to 8.30 pm 12-8-19 Forfeits 8 days pay by RW.	HS 228

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

[OVER]

Date	Remarks.	Pt. 2 Order No.
10/1/20	S.O.S. #3 Cas Coy on Disch'ge 31-12/19	
	M.U. To S.C.R. for treatment	
	R.O. 1080. M-B. 17-12/19.	H. 2.10.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

Surname	Christian Name or Names	Reg. No.
LOUCKS	C.A.	726081

Rank	Unit
Pte.	MG 2Bn.

Cas. List.	
	18 Gnl. Camiers 7-10-18.
14-10-18 A343-2	GSW Leg. R.
4-11-18 B358	Mil. Hosp. Shorncliffe 31-10-18
24.1.19 B.4251	11 C. G. H. Moore Barracks 22.1.19
2.5.19 B505	Woodcote Park Epsom 29.4.19.
30.5.19. B.528.	Invalided to Canada. 23.5.19.

A.M.D. 2 DEPT.

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

D.M.S. 1300. 50M-30-8-18.

Cas. List.

A.T. Serum
Dose and date } 1st 1500
3.10.18

2nd 15-10-18
500 - 22-10-18
24-10-18

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness } 3/10/18

Religion C.E.
26

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 726041 Rank Pte
Name Chester. A. LOUCKS
Unit 2 Bn Cmlg Corps. 2 Div.

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply)

~~No. of F.A.~~ 22 DIRECT
Date of admission 3.10.18
F.A. diagnosis
S.W. Rt Leg

Severe
Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)
Popliteal artery & Vein
lighted [illegible]

Base Hospital diagnosis (alterations or additional)
GSW Thigh (R) Sev

(1012) Wt. W15045/H3401. 1750m. 5-3-17. J.R. & C.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 22

Date of entry 3.10.18

Penetrating wound Rt Thigh

Preop

Entrance wound inner side right thigh. Popliteal artery lacerated. Tied off. Severe haemorrhage. Given 1000 c.c. No F.B. found. Retain

R H Fisher Capt

BIPP gauze

4-10-18

Lyvarm - Evac Lying

[signature]

No. of Hospital 18 Gen'l

Date of entry 7-10-18 Sev.

GSW Thigh (R)

Ligated popliteal artery & vein

F.B. not found - no post tibial pulse.

Remove pack - Xray.

(Popliteal Vein also ligated)

17-10-18

wds (R) thigh sutured

29-10-18

Sutures out - Ant wd clean - Post wd slightly infected

E.K. Tallot Lt

M.C. Sen.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

R—122

A.C. Rank Name LOUCKS, Chester Angus. Reg'l No. 726081

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

Place and Date of Enlistment Minden, Dec. 22nd. 1915. Place of Birth Minden Tp. Haliburton Co. Ont.

Name and Address, Next-of-Kin Flora Loucks.

Minden, Ont., Relationship Mother.

Assigned Pay Monthly $ Payable to MD3

Relationship

Separation Allowance $ Payable to Pte

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. 9258
File R.L.
Category M.M.Can.

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
C.		Arrived in England per H. M. T. 2310		31-7-16	
5-10-16	109th Bn	S.O.S. to 21st Battn	Bramshall	5-10-16	Pt II DO 279 WSR
9-10-16	21st Bn	Taken on strength.	Field	6-10-16	" II 58.
22-2-17	"	Attch 14th Can M. Gun. Co for duty	"	17-1-17	" 22.
8-3-17	"	S.O.S. to 14th C.M.G. Co	"	16-1-17	" 27.
12-3-17	14th M.G. Co	S.O.S. from 21st Battn	"	17-1-17	" 27
15-3-18	2nd Bn M.G. Corps	Tfd to M.G. Corps	Pte "	1-3-18	" 20
		On Strength 2nd Bn. C M G Corps 19-3-1[illegible]			
14-10-18	2nd Bn. CMGC.	Wounded.	Pte. Field	7-10-18	C.L. "A. 343."

A.F.B. 103 CHECKED
11 OCT 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
8-11-18	CMGCD.	Wounded TOS. from 2nd MGBn.	Pte. Seaford. Gift Conv	31-10-18	RRDO #254. 2 Bn CMGCD 115-16-11-18
30/5/19	W.G.C.	Invalided to Canada	Pte Hosp. Epson	23/5/19	C/B 528 #154 d/ 3.6.19 CMGCD
		S 501 W.D. 3.			

WLR.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 726081 Rank Private Name Loucks, Chester Angus.

Enlisted (a) 22.12.15 Terms of Service (a) C. E. F. D of W. Service reckons from (a) 22.12.15

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) Lumberman.

Report: Date	Report: 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	
		Transferred for Overseas Service with 21st. Batt'n	OCT 5 1916		A W Aselting Capt. D.O.Pt.11. No. 279 ADJUTANT 109th Overseas Battalion, C. E. F.
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II O. 58. d/9-10-16.
	Do.	Left for unit.	en route.	20/10.	N.R. 20/10.
					A W Aselting CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
	21st BATTALION	Joined unit.	21st BATTALION	22/10.	B. 213. 27/10.
	21st BATTALION	To Stokes Gun Course	Fixed	5/11	B213 10/11
	do	Rejoined unit	do	15/11	B213 17/11
	Do	Attached 14th M.G. Co.	Do	17/1/17	B-213 19/1. Pt. II O. 22 d/22-2-17.
	AG. GHQ	Struck off strength on transfer to 14th M.G.Co.	In the Fld.	16-1-17	A/6864 d/20-1-17 Pt.2.0 27 d/8-3-17

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

[P.T.O.

CERTIFIED CORRECT. 12 OCT. 1916 CAN. RECORDS, LONDON.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
	A.GG.H.Q.	Taken on strength of Coy.	In the Field	16/3/17	A.G. Part 11 Ord.27.
24.11.17	OC unit	Granted 14 days leave of absence		17.11.17	B213 pt II or 142 d/8 12/17
8.12.17	"	Rejoined unit from Leave		3.12.17	B213 Pt II Ord 149 a 20.12.17
19.3.18	Cdn Corps	Absorbed into 2nd Batt'n Can Mach Gun Corps		19.3.18	A105-220 file (S) 290-286 P27/18
12.10.18	Unit	Evac to Hosp	Field	3.10.18	B213
7.10.18	18 Gen H.	G S W. leg. R. sev.	18 G.H.	7.10.18	W/K 7895
30.10.18	do	do To	England		W/M 2419
31.10.18	H/S "Brighton"	Invalided (wd) & posted Cdn M G Dep	Seaford	31.10.18	W3083-6417 P115/18
			C.B. Johnston		Capt for Lt Col. A.A.G. Cdn Section G.H.Q. 3rd Echelon
8.11.18	C M G C D.	Tos fm. 2nd M G Bn.	Seaford	31.10.18	P6 II O. 254
					N.C. Coe Rs Lt A Capt LIMIT: FOR LT: COL: I/C RECORDS, C.O.M.F.
23-5-19	M.D.3	T.O.D #3 D.D & posted to Queens M H. 4-6-19.	Kingston	11-6-19	H.D. Pt. II—162
11-6-19.	Granted leave with subs from 5-6-19 to 19-6-19.				H.D. 162.

119

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th O/S. Bn. C. E. F.

Regimental No. 726081 Rank Private C. E. F. Name Loucks, Chester Angus

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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				
10/1/20	S. O. S. #3 Cas Cay on Disch'ge. 31-12/19.				
	M. U. To S. C. R for treatment R.O. 1080.				
	M. B. 17-12/19.				H. Q. 10.

[signature] Capt.
O. C. Casualty Company
No. 3 District Depot

(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.

[P.T.O.

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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 726081 (Rank) Private

Name (in full) LOUCKS, Chester Angus enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Minden, Ont. on the 22nd

day of December 19 15

HE served in CANADA, ENGLAND and FRANCE

and is now discharged from the service by reason of

Medically Unfit, R.O. 1080

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

Age 26 years

Height 5 ft 3½ in

Complexion Fair

Eyes Blue

Hair Dk. Brown

Marks or Scars

Dog bite on inside of left shin,

Saw cut on right thigh

Chester A Loucks

Signature of Soldier

Capt.

Issuing Officer

C.C. Casualty Company

No. 3 District Depot

Rank

Appointment

Date of Discharge 31-12-19

Signed at Kingston, Ont. this 31st day of December 1919

in Military District No. 3

File Reference No. 3DD, 3-L-624

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

C.A.D.G. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Loucks C. A.

REGIMENT 2nd M.G. Bat. RANK Pte No. 726081

Date of Examination in England 27/4/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 16
2. EXTRACTIONS V 3
3. CROWNS V
4. DENTURES
   - (a) Full Upper V
   - (b) Part Upper V
   - (c) Full Lower V
   - (d) Part Lower V

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada V
- (b) In England V
- (c) In France YES.

Signature of Dental Officer A. P. Lawson

SYDENHAM MILITARY HOSPITAL

Dec.8th 1919.

Name .....Loucks C.A.Pte. #726081. 2nd M.G.

Disability.....G.S.W.LEG RT.
The wound of entrance is represented by a scar 6½" long on the Medial aspect of the thigh, extending upwards from the knee joint.
There is an operation scar 8" long o n the Posterior aspect of the leg extending upwards for about 5" from the knee joint and 3" downwards from the knee joint.
Skin Graft Oct.9th 1919.

Movements.....HIP.....normal.
KNEE.....normal.
ANKLE.....dorsi flex.....115°.
plantar flex...125°. — The movement is really Plantar Flexion
inversion ~~& eversion~~ 90%.
eversion....to mid line. absent.
TOES.....4 outer toes..dorsi flex.~~very slight~~.
plantar flex..normal.
Great toe.....dorsi and plantar flex.
at interphalangeal art-
articulation...~~very slight~~ a
~~at Metatarsal phalangeal~~
~~articulation~~.

Cutaneous Sensibility.....

EPICRITIC ....1.Hyperaesthesia an area on the lateral aspect of leg extending from ankle joint to a point about 4"# above the ankle joint.
2.Hyperaesthesia on dorsum of foot,

PROTOPATHIC ....Corresponds to Epicritic.

Electrical Responses .....

FARADISM.....1.Posterior Tibial Group..normal response
2.Peroneal Group.....sluggish response.
3.Anterior Tibial Group...no response.

GALVANISM.....1.Posterior Tibial Group..normal response
2.Peroneal Group..sluggish response
K.C.C.greater A.C.C.
3 Anterior Tibial Group..sluggish
response..A.C.C.greater K.C.C.

Diagnosis.....Lseion of the Anterior Tibial. + Peroneal

J.P. Quigley
.....
Major C.A.M.C.

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LOUCKS. C A

REGIMENT M G 2nd RANK Pte No. 426081

Date of Examination in England 1/5/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18, 31, 3.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England
- (c) In France Yes

WOODCOTE PARK CONVALESCENT CAMP

Signature of Dental Officer H Cowan Capt

Forms I. 1237. 12

Bed 9

Ward 1.

Army Form I. 1237.

No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	726081	Pte	Loucks	J.

Year	Unit.	Age.	Service.
	2nd C. M. G. C.	26	Dec. 1915

Station and Date.

Disease G. S. M. Rt Thigh

No XI CGH 21-1-19.

Transferred from Bevan Hosp Folkestone

Past History

Wounded Oct 3/18 at Cambrai in Rt Thigh

To C.C.S. 22. Popliteal artery ligated. No F.B.

Then to 18 Gen Hosp France. Ligated Popliteal artery & vein. No F.B. found No Post Tibial Pulse

Then to Lankerton and Bevan

Present Condition:

Healed Scar 8" long over medial side of Vastus Muscle right thigh. No disability. A wound 8½" long on post aspect of knee right still discharging slightly. Granulations looking healthy. Circulation apparently well established No oedema.

Treatment:

Dakins dressings.

J. Kennedy Capt.

28-1-19 Wound back Rt by healing and granulating well. Treat Saline dressings.

Rt. drop foot. Have Elect. Report.

X ray

~~24~~ 14/2/19. Knee movement is normal. Wound still discharging superficially. Granulation present

Station and Date.	
28-2-19	Granulating healthy. Touch with $AgNO_3$ at points.
	O.G.N. 0.3

726081

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Loucks Christian Name Chester Augus

D10 D'F

Examined on 17th day of Jan 1916 at Minden

Approved by J. McCulloch Capt. Medical Officer

Birthplace City or Town Minden County Haliburton

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

Apparent age 22

Trade or occupation Farmer

Height 5' Feet 3 1/2 Inches.

Weight 145' Lbs.

Chest measurement Minimum 32 1/2 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. no Left. One Number — One

When Vaccinated last — January 24th 1916

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None.

7 A B

Date	Fit or Unfit	Examined for Re-engagement,
		5 - NOV 1918 M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
26.1.16.	Good	J. McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
27.4.16	Good	J. McCulloch M.O.
5.5.16	Good	J. McCulloch M.O.
15.5.16	"	J. McCulloch M.O.
22.9.16	-	H. Boyd R.O.

Enlisted on 22 day of December 1915 at Minden

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt. C.E.F.	726081		22.12.15.
Transferred to..	21st Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.	19 MAR 1919	Injury to Left Knee Joint	Invalided to Canada. F. L. Keely CAPT. C.A.M.C.
APPROVED 27 MAR 1919 William A. Snow COLONEL, a/A.D.M.S. CANADIANS, SHORNCLIFFE AREA.			

CANADIAN

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.

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname Loucks Christian Name Chester Angus

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
HARRERTON HOSPITAL WHITSTABLE		31	10	18				GSW thigh R.		Convalescent.	J D Russell Lt Rame
BEVAN MILITARY HOSPITAL, SANDGATE, KENT.		2 JAN 1919			21	1	19	" "	19	X Ray 7.1.19. FB not found.	P. D. Fitz-Gerald MRCS LRCD
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.		21 JAN 1919			28	4	19	do.	97	Popliteal wd. not healed. Flexion of ankle nil. Extension normal. Eversion & inversion weak & limited. Condition has improved. "Itoc" #227. 12-3-19	J. D. Blakely Capt
					23 MAY 1919						
S S Ufyantic		23	6	19				Do		Wd Change	W W Brodie Capt

To be made out in duplicate. H.Q. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number 726081

(3) Full Name of Soldier..... Chester Angus Loneks

(4) Place of Birth..... Minden Ontario

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

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

(b) Present Postal Address.....

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

(8) Have you any children ?..... No.

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Flora Rogue, Wiarden Ont.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

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

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

(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? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

Date JUL 11 1916

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

CEF

DATE ...28n3.1972.....

NAME
NOM ..LOUCKS.CHESTER.A.....

Service No.
Matricule Nº ..726081.....

CPC No.
CCP Nº ...198121.....

WVA No.
AAC Nº ...222127.....

Information Received from:
Information reçue de: .....STMO..TO..DIST.....

Date of Death
Date du Décès ...MAR.25.1972...

Place
Endroit ..... SUNNYBROOK.HOSPITAL.

Distribution: WSR-DASG
VI - ASS
DO XBDXXXX
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

L- L. Job 31[illegible]-M. & D. 6574.

252

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs James Pogue.
Address Minden. Ont.

Rate $15 AUG 1 1916

By Whom Assigned Loucks C. A.
Regtl. No. 726081
Rank Pte.
Corps 109 Bn. "D Coy"

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			CONSOLIDATED 4 ACCOUNT
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

L. L. Job 310.—Req. 6574.

Sheet No. 2. Mrs James Pogue Mother

Name of Soldier Loucks C. A. 726085 — Pte — 109 Bn

$15 AUG 1 1916 "D Coy"

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		A 15726	15	
Sept.		D 17364	15	
Oct.		D. 21893	15	
Nov.		B 27040	15	
Dec.		B 36588	15	
Jan.	1917	J 40426	15	
Feb.		~~J 45752~~ J 46521	~~15~~ 15	~~J 45752 Cancelled 2nd~~ J 15
March		B 51446	15	
April		Z 2779	15	15 W.
May	15 Cu	~~Z 9545 15~~		Z 9545 Cancelled 2nd
June		D 13033	15	Cu
July		L 17003	15	
Aug.		Z 25377	15	6Z 25377 Remailed 4-10-17 bd.
Sept.		L 30333	15	Do
Oct.		G 37032	15	
Nov.		N 43092	15	
Dec.		M 49771	15	
Jan.	1918	N 58931	15	
Feb.			255 00	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Minden Tp Ont.

NAME AND ADDRESS OF NEXT OF KIN: Flora Louck Minden Ont. Mother

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c. ✓

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 726081 RANK Pte NAME Loucks Chester Angus C

IF IN PERMT. CORPS WHAT UNIT | UNIT 109th Bn TRANSFERRED TO 21st Bn DATE 6/10/16 AUTHORITY 80279

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO 14 M.G. Coy DATE 6/11/17 AUTHORITY 30.27 8/3/17

PLACE OF ATTESTATION Minden Ont | TRANSFERRED TO 2nd DATE AUTHORITY

DATE OF ATTESTATION Dec. 22nd 1915 | TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE aug 1st 1916

PAYABLE TO Mrs James Pogue Minden Ont RELATIONSHIP C

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

L. J.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
July 31														13 40	13 40									Bal. from Canada							13 40				
Aug 31	31	1.00	31		31	10	3 10								34 10	30	9/8/16							973				15		24 73	22 77				
Sept	30		30				3								33	62	31/8/16	93	15/11/16					730	730			15		29 60	26 17				
Oct	15		5				50								5 50													15		15	16 67				80279 Jan 21st Bn 6/11/16
"	26		26		26		2 60								28 60					7336 17/10 6/130						4 36				14 09	31 18				
1/30																				137 20/9 Lieut						9 73								
11 6 11	30		30		30		3								33	17/4 31/1/11								261				15		17 61	11 36 67				
1/12 31/12	31		31		31		3 10								34 10	1806 27/11								872				15		23 72	56 95				
			15	30			15 30																												
1917																								261											
Jan	31	1.10	34	10										1 10	34 10	1937 29/1/17								261				15		20 22	7 193				Abs 7th 109 Bn July 1 to 30 inc 7 days pay Chg to 30 days
Feb	28	"	30	80											30 80					2357 24/1/3 Edmonton						5 73		15		20 23	8 750				
Mar.	10	"	11												11 00					2709 19/3/17 31 Bn						2 62		15		15	7 850				Transfd 2nd Can M.G. Coy 6-11-3-17
" 31	21		23	10											23 10					1552 6/2/17 Edmonton						2 62		-		10 48	91 12				
																				4th						2 62									
Apl.	30		33												33					1760 24/3/17 Edmonton								15		15	109 12				
			340	30										1 10	314 80									33 58	7 30	39 80		135		205 68					

Checked Mcauliffe.

726081 Pte Loucks C.A.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			300	30										14 50	314 80									33 58	7 30	29 80		135		205 68	109 12				
May	31		34	10											34 10													15		15	128 22				
June	30		33												33					106 2/5	23 9					5 36		15		20 36	140 86				
July	31		34	10											34 10													15		15	159 96				
Aug.	31		34	10											34 10					441	29/6					2 67		15		17 67	176 39				
Sep	30		33	—											33 —	20 4	26/8 29/7	189	14/5	248 722	5/6 15/7	20 Bn 27 Bn		5 35 2 68	2 67	5 36 2 68		15		33 74	175 65				
			468	60										14 50	483 10									41 61	9 97	45 87		210		307 45					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Bot. fwd.		~~175 65~~							175 65		
Oct	P. Pay	34 10		Can A Pay				15			
				AR 149 9/9/17 14 Mg.	2 68				192 07		
		34 10			2 68			15			
Nov.	P Pay	33 00		Can A pay				15			
				C.P. 11333 17/11/17	97 33						
				C.P. 14367 24/11/17	73 00						
					170 33						
				AR 74 14 C M G Coy 23/9/17	2 68						
				AR 98 " 13/10/17	4 46						
				AR 109 " 19/10/17	3 57						
Dec	P.P.	34 10		Can A Pay				15			
				AR 198 4 C M G Coy 16/11/17	5 35				42 78		
		67 10			186 39			30			
1918 Jany	"	34 10		Can A Pay				15			
				AR 148 14 C M G Co 5/12/17	16 95						
				AR 6 2 C M G Bn 26/12/17	8 03				36 90		
		34 10			24 98			15			
Feby	"	30 80		C A Pay				15			
				AR 59 14 Neg Coy 9/1/18	3 57						
				AR 85 2 C M G Bn 24/1/18	4 46				44 67		
		30 80			8 03			15			
Mar	"	34 10		C.A.P.				15			
				AR 152 2 C M G Bn 12 3/18	3 57						
				" 251 " 6 3/18	8 03						
				" 356 " 23 3/18	4 46				47 71		
		34 10			16 06			15			

P 820
12474—375M—13-2-18.

2/

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/16	EFFECTIVE DATE:-
AMOUNT:- 15⁰⁰	AMOUNT:-

NAME:- LOUCKS Chester Angus

NUMBER:- 726081

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mrs James Pogue	
Minden Ont	

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Batt.

DATE ACCOUNT FIRST OPENED:- 1st Aug: 1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2nd D.M.G. Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS — UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
24/3/19	9678	11 C.G.H.	~~40 17~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans. to Canada 1/5/19 M.D. 3 NR 2C/2 Vo. Moore Pte L. Moore Pte. 3/4/19 ROC Dal. 5 147.04

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. 4th d								47 71		
April	P. Pay	33		L.A.P.				15			
				AR 29 19 7/18 2 dl Bn	3 57				62 14		
		33			3 57			15			
May	P. Pay	34 10		L.A.P.				15			
				AR 136 4 5/18 2 M.G. Bn	8 03						
				" 279 28 9/18 2 Pnr Bn	4 46				68 75		
		34 10			13 49			15			
June	P.P.	33 00		AP				15			
				AR 308 19 6/18 2 M G Bn	8 03				78 72		
July	"	33 00			8 03			15			
		34 10		AP				15			
				AR 406 9 7/8 "	4 46				93 36		
		34 10			4 46			15			
Aug	"	34 10		AP				15			
				718. 2nd M.G. Bn. 19/8	7 14				105 32		
		34 10			7 14			15			
Sept.	"	33		AP				15			
				981. do 8/9	7 14				116 18		
		33			7 14			15			
Oct	"	34 10		AP				15	135 28		
		34 10						15	236 48		
Nov.	"	33		AP				15	54 73		
Dec	"	34 10		AP Pen. 5 10 x 2. 10/11	9 73				181 75		
Jan	"	34 10		AP Dec x/m				30	181 75		
		101 20			9 73			45			

Forward

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1914	Forward								18178	✓	
Feby	Do			H.R. Tamberton 17/10	973						
				7390 " C&H 23/1	487						
				8143 " 11/2	487						
				8460 " 18/2	1460				27965		
Mar		6490		Carl.				30	8881		
Apr.		33		8907 " 3/3	487						
				Carl April				15			
				C.956 Thom Mil 13/1	487				19084		
		9790			4381			45			
		9790									
May				814 M Barks 17/4 5	2433						
				2416 Epsom 3/5 9	1487						
				9676 M. Beds. 21/3 9	4867						
				203 Epsom 8/5 10	2433						
				4065 " 14/5 11	2433				6431		
					12653						
				1820 Epsom 19/5 End Ltr	2433				3998		
					2433						

Cr for bonds No. 3-23/5 Cr Cert 601

War Service Badge Class. AVB
No. 214984 Issued
C65-497.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 726081

2. Rank Private

M

3. Name LOUCKS, Chester Angus

4. Unit No.3, Casualty Company

5. Date of Discharge 31-12-19 Place Kingston, Ontario.

6. Reason for Discharge

H

Medically Unfit, To S.C.R. for further treatment

7. Authority R.O. 1080.

8. Proposed Residence after Discharge

Minden, Ontario.

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. ? 39

Chester A Loucks
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to S.C.R. ~~or B.P.C.~~ on JAN 17 20 Date

Place Kingston, Ontario.

Date 31-12-19.

Signature [signature] Capt.
O. C. Casualty Company
No. 3 District Depot
(O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 726081

2. Rank Private

3. Name LOUCKS, Chester Angus

4. Unit No.3, Casualty Company

5. Date of Discharge 31-12-19 Place Kingston, Ontario.

6. Reason for Discharge

Medically Unfit, To S.C.R. for further treatment

7. Authority R.O. 1080.

8. Proposed Residence after Discharge

Minden, Ontario.

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. ? 39

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ontario.

Date 31-12-19.

Signature

(O.C. Discharging Unit.)

Medical Documents Forwarded to S.C.R. on [illegible] Date

M.F.E. 218a—150M-3-19—1772-99-118.

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

830. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

18 Gen'l Hospital.

Ward F. No. of Bed 42 Date 7-10-18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
72608	Pte Loneks	2 Bn Canse.	Thigh (R) Knee (R) Leg (R)

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

F.B. present somewhere about Knee (R)
Popliteal vessels legated.
Plate 2 ways.
Urgent

Signature of M.O. Talbot

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 8756 - 2X

Neg. for frac. or F.B. in upper 1/3 of tibia and fibula and lower 1/3 of femur.

Signature of Radiographer Landon

Date

X. Ray Department,
No. XI Canadian General Hospital.
Record No. 37.
31.1.1919.

M.O.wd.1.
No.XI.CGH.
Shorncliffe.

Loucks. L.Pte.,726081.
2nd M.G.C., Canadian.26.
right leg.

Muscles of calf react to Faradic.
Peroneal and anterior muscles of leg do not react to the strongest faradic and constant current the patient can stand. Skin supplied by anterior tibial normal -analgesia over musculo cutaneous.
R.D.in external popliteal nerve.

A M Brie
MAJOR, C. A. M. C.
OFFICER i/c X RAY DEPARTMENT,
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS,
SHORNCLIFFE.

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 Kingston DATE Dec 16/19

1. 1 (a) Unit 3 D.D. (b) Regimental No. 726081 (c) Rank Pte

(d) Surname Loucks (e) Christian name Chester

(f) Home address Wyevale, Ontario,

(g) Next of Kin Mrs. J. Bogue (h) Relationship Mother

(i) Address of Next of Kin Wyevale, Ontario.

2. Age last birthday 26 Date of birth June 21, 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Wyevale, (b) Date 22-12-15

4. Personal description:

(a) Height 5'-5" (b) Weight 135 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes blue (f) Identification marks, Scars, etc. Scar back of right popliteal space

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	Days
	3	351

	Periods	
	From	To
Canada	22-12-15	18-7-16
	23-5-19	date
England	18-7-16	22-10-16
	29-10-18	23-5-19
France or other theatres of War	22-10-16	29-10-18

7. Original disease, or injury Lacerating wound of lower ⅓ of r. thigh, lacerating popliteal artery & vein & injury to r. ext. common peroneal nerve

(a) Date of origin Oct. 2, 1918, (b) Place of origin Cambrai

(c) Cause S. W.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Large Keloid scar rt. popliteal space & lesion of external popliteal nerve, with drop foot and partial loss of function of ankle joint.

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.)

Scar 6" x 1" inner side of lower 1/3 of rt thigh, well healed, slightly adherent, non tender, Scar 8" long 1½" wide back of popliteal space, well healed, not tender, firm keloid scar - Field Medical card shows popliteal artery & vein ligated in France, X Ray shows no bony lesion. Electrical test of muscles & movements of joints attached, Circulation in leg & foot good, no swelling of tissues of leg or ankle, no ulcers. Measurements of leg Rt Calf 12½" Lt Calf 13½"

Complains of weakness rt leg & partial loss of function of ankle joint & foot

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System see above

Osseous and Joint Systems no Any other general condition no

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

States he was wounded Oct 8/19 in rt thigh, artery & vein ligated in France, Sent to England Tankerton Hosp 3-10-18, to Bevan Military 2-1-19, to #XI Can Gen Hosp 21-1-79 to Canada 23-5-19 where he has been in Lib M Hosp since landing

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

Nil.

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

Scar 6" long inner side of lower 1/3 of rt thigh

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.)

N. a

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) 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? Six Months at least

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

Hosp. 3-10-18 to date. Popliteal artery & vein ligated. Scar in popliteal space skin grafted at J. W. M. Hosp. Massage, electricity, Remedial exercises

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

(If the answer is "yes" state nature of treatment required and probable duration)

Tendon transplantation, Massage & Remedial exercises

16. Can the former trade or occupation be resumed? No, Leg weak nerve lesion

(If not, briefly state why)

17. Recommendations Discharge from army as medically unfit & place under care of S.C.R. for further treatment

J. D. Macdonald
Capt
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 #726081 Pte C. A. Loucks 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

Chester A. Loucks Rank.
Signature of invalid examined.

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.

Yes.

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.)

As medically unfit & placed under the care of the S.C.R. for further treatment.

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.

Dr. [illegible] President.

PLACE Kingston

DATE Dec 16/19.

[illegible] } 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.

.....President.

PLACE.....

DATE.....

} Members

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

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."
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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 Moore Barracks DATE 12-3-19

1. 1 (a) Unit 2nd C.M.R.C. (b) Regimental No. 226081. (c) Rank PTE.

(d) Surname LOUCKS. (e) Christian name CHESTER. A.

(f) Home address Minden. Ont. Can.

(g) Next of Kin Mrs James. Pogue. (h) Relationship Mother

(i) Address of Next of Kin Minden. Ont. Can.

2. Age last birthday 26 Date of birth 21st June. 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Minden (b) Date 22nd Dec 1915

4. Personal description:

(a) Height 5' 3½" (b) Weight 145. (estimated) (stripped) (c) Complexion Fair.

(d) Colour of hair Auburn (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. Scar inner aspect R. thigh. Wound ~~scar~~ rt. popliteal space

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 1918	Days 218
	3.	80

L. 503

	Periods From	To
Canada	22nd Dec 1915.	17 July 1916.
England	1st Aug 1916.	5th Oct 1916.
France or other theatres of War	5th Oct 1916.	31st Oct. 1918 (This statement)

7. Original disease, or injury INJURY TO POPLITEAL NERVE & ARTERY.

(a) Date of origin 3-10-18 (b) Place of origin France

(c) Cause G.S.W.

M. F. B. 227.

300M.—8-18.
1772-39-117.

12MAR 1919
18MAR 1919

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.)

Popliteal Nerve lesion - Impaired function right foot.

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:- Healed scar 8" long over medial aspect of vastus muscle causing no disability. There is a granulating wound 2"x1' over popliteal space at leg. Knee movements normal. 31-1-19." Muscles of calf react to Faradic. Peroneal and anterior muscles of leg do not react to strongest Faradic the patient can stand. Skin supplied by anterior tibial normal- analgesia over same. Sensation normal. P.D. over anterior tibial & external popliteal nerve." signed R.W.Pugh.
Flexion at ankle is nil. Extension is normal. Eversion and inversion weak & limited. Condition is improving.

Subjective:- Complaining of weakness in right leg, ankle, & unhealed wound on posterior aspect right knee.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

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.

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

F.M.Card. No 22. C.C.S. 3-10-18. Penetrating wound r. thigh. Entrance wound inner side right thigh. Popliteal artery lacerated. Died of Hemorrhage. Gun 1000 C.C. No F.B. found. 7-10-18. Leg warm. Evacuated No 18 Gen. Hosp:- 7-10-18. C.C.S. Ligated Popliteal artery in thigh Rt. Ligated popliteal artery in c. No F.B. not found. No Post-tibial Pulse. Remove Splint- R-Ray- 17-10-18. W.d.s. Rt. thigh sutures 29-10-18. Sutures removed. Ant. wd. clean. post. wd. slightly infected.
M.H.S.:- Danderon Hosp. 31-10-18 to 2-1-19. C.C.S. Thigh Convalescent.
Beran Mil. Hosp. 2-1-19. to 21-1-19.- X-Ray 7-1-19. F.B. not found."
No 11 C.C.H. 21-1-19. to present time

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

Nil.

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

Scar 8" - inner aspect rt thigh - unhealed wound posterior aspect right knee

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.)

N.A.

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? Six.

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

as in (10 a) - Dakins & Saline Dressing - to granulating wound.

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

(If the answer is "yes" state nature of treatment required and probable duration)

- To heal wound and restore nerve functions which is steadily improving.

16. Can the former trade or occupation be resumed? - yes eventually.

(If not, briefly state why)

17. Recommendations

"I to C"

J. M. Blakely Capt.

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 Chester A Loucks 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.M.B.

Chester A Loucks Rank.

Signature of invalid examined.

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.

Yes.

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.~~) Invalid to Canada
(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.)

Dressings & Electrical — 6 months

(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.) 9th

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

Invalid to Canada

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.

No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.

A. E. Chisholm Capt. President.

PLACE

F. L. Twigg Capt.

Members

DATE 19 MAR 1919

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.

.....President.

PLACE

Members

DATE

APPROVED BY

Wallace A. Scott COLONEL.

Assistant Director of Medical Services.

DATE 27 MAR 1919

APPROVED BY

Director-General of Medical Services.

DATE

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L 7231

Date of Assignment Aug 1-1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 726081

Rank Pte. Promoted Reverted Discharge

Soldier's Name C. A. Loucks

Battalion 109 Battn. D. Coy

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. James Rogue

Address Minden Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 11322-C-4
Dec 31			255	255		
Jan	F 66462		15	15	✓	
Feby	H 72051		15	15	✓	
Mar	J 95574		15	15	✓	
Apr	D 2324		15	15	✓	
May	L 19615		15	15	✓	
June	H 24431		15	15	✓	
July	N 29866		15	15	✓	
Aug	J 41308		15	15	✓	
Sept	M 45138		15	15	✓	
Oct	S 51371		15	15		
Nov	M 56725		15	15		
Dec	S 62531		15	15	✓	
1919 Jan	P 75384		15	15		
Feb	N 79081		15	15	✓	
Mar	D 86285		15	15	✓	
Apr	J 4236		15	15	✓	
May	W 9269		15	15		
June	V 10143		15	15		
			525	525		

A/c Closed 30-6-19

Ret'd per Megantic

Date 3-6-19 M.F.W. 187 11-6-19

Closed P. E. Lapointe

AUDITED

MD #3.

MRO Des 119574

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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—1772-39-1141
L. L. 22320—M. & D. 7493.

AUDITOR | PAY LETTER — AR | 99725

"MEGANTIC" 3-6-19.

M. OR S.

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

REGT. No 726081 RANK Pte. NAME (IN FULL) Loucks C.A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN hd. — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? hd. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
$1.10 Pte C.A. Loucks Hamdon Pq Ontario.		

ORIGINAL UNIT C.E.F. 2. C.M.G.C. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 00 — DATE EFFECTIVE 1-7-19.

PAYABLE TO Mrs. Lorne Logue, — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Lanesboro, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE 1-7-19.

DISCHARGED PLACE Kingston DATE 31-12-19 REASON To SCR AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH.	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						
April 30									147	04																									147	04		
																	4 87		102 19																			
																	5 60		20 00				30 00								162	06	15	02			AR
May	31	1 10	34	10					34	10																										19	68	
June	30		33	-	12	-			45	-							64	68															64	08				1062 for 15 days 274780
July	31	"	34	10					34	10							15	-	19	10													34	10				276192 277182
Aug	31	"	34	10					34	10							15	-	19	10													34	10				416928 417010
Sept	30	"	33	-					33	-							15	-			13	13			4 85								33	-				417291 418609
Oct	31	"	34	10					34	10							34	10															34	10				419828
Nov	30	"	33	-					33	-							15	-	18	-													33	-				420442 420786
Dec	31		34	10					34	10							34	10															34	10				421442
Jan							35	-	35	-							35	-															35	-				421700
									463	54																							463	54				
																	War Service Gratuity								4 79												
O.K. AR	183 Days				H20				H20	-															70	-					350	-				418842
																									70	-					280	-				419945 4-11-19
																									70	-					210	-				420901
																									70	-					140	-				421442
																									70	-					70	-				421685
																									70	00					H20	-				To SCR 133986

200M-3-19.—L. ... 58789-1... & D. 9935.
M. F. W. 2.96.