"C" Coy

No. 725-5-42

Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Lumby
1a. What are your Christian names?	George Alexander
1b. What is your present address?	Burnt River Ont
2. In what Town, Township or Parish, and in what Country were you born?	Orangeville Ont
3. What is the name of your next-of kin?	Mrs. Mary H. Lumby
4. What is the address of your next-of-kin?	Burnt River
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	31st October 1891
6. What is your Trade or Calling?	Engineer
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, George Alexander Lumby 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.

Geo A Lumby (Signature of Recruit)

Date Dec. 15th. 1915. Wm McCampbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Alexander Lumby 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.

Geo A Lumby (Signature of Recruit)

Date Dec. 15 th. 1915. Wm McCampbell (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 Fenelon Falls this 31st day of December 1915.

Wm McArthur (Signature of Justice)

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

Description of Geo. Alexander Lumby on Enlistment.

Apparent Age 24 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement:
- Girth when fully expanded 37 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Grey

Hair Light Brown

Religious denominations:
- Church of England C of Eng.
- Presbyterian
- Methodist
- 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).

scar on right hand.

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 Dec. 15 1915.

Place Lindsay

J. McCullock Capt.
Medical Officer.
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.

Geo. Alexander Lumby having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date JAN 12 1916 191

LUMBY GEORGE ALEXANDER 725542 21ST BN 34293

MED. UNFIT

H

CASUALTIES

War Service Badge.
Class A
No. 119215
issued.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 725542
2. Rank Private
3. Name LUMBY, George Alexander
4. Unit 109th. O/S Battn. (#2 Det. Gen. List C.E.F.)
5. Date of Discharge OCT 27 1920 Place TORONTO, ONT.
6. Reason for Discharge Medical Unfitness
7. Authority #2 Det. Gen. List C.E.F. Memo #114 dated 22-10-20
8. Proposed Residence after Discharge 54 Nottingham St. Guelph, 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. ?

G A Lumby
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date OCT 27 1920

Signature [illegible] Lt. Colonel
(O.C. Discharging Unit.)
Officer Administering #2 Det. Gen. List CEF.

M.F.B. 218a—150M-3-19—1772-39-113.

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

Condition when finally boarded for discharge.

D.O.H. Oct. 14, 1920 #725542 - Pte. Lumby, G.A.

Dec. 1916, pain in Rt. Hip. Jan. 1917, Burned by shell explosion. Evacuated to Buxton, where a diagnosis of traumatic arthritis was made Dec. 21, 1917. T.B. Hip diagnosis. Jan. 1918 Abscess developed. Sept. 1918. Open drainage of abscess. Feb. 1919. Sinus healed. June 1919, Sinus reopened and became secondarily infected. Steady emaciation and loss of weight since. 1. He presents the picture of a bad tuberculous hip with sinuses secondarily infected with pyogenic organisms. Hip is ankylosed in fair position. Several sinuses discharge large quantities of pus. Patient is emaciated, exhausted and anaemic. There is a nightly elevation of temperature of the septic type.

2. He requires further treatment.

J B Edmison
Capt

Lumby
725542.

C Coy
Fenelon Falls.
119

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Lumby Christian Name George Alexander

Examined { on 15th day of December 1915 at Lindsay

Birthplace { City or Town Grangeville County Ontario

Apparent age 24 years

Trade or occupation Engineer

Height 5 Feet 6 Inches.

Weight 138 Lbs.

Chest measurement { Minimum 34 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. None Left. One Number One

When Vaccinated last February 27th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by J. McCullock
J. McCullock Capt.
Rank Medical Officer M.O.
109th Overseas Battalion

Date	Fit or Unfit	Examined for Re-engagement,
		23 MAR 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
27.2.16	Good	J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9/5/16	Good	J. McCullock M.O.
18.5.16	"	J. McCullock M.O.
25.5.16	"	J. McCullock M.O.
TAB 22.9.16	"	H.O. Boyd do

Enlisted on 15th day of December 1915 at Burnt River

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C E F	725542.		15 H. 12. 15.
Transferred to..	~~21st Bn~~ 20th Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Monks Hotel	19-5-17	(1) Synovitis L. Knee (2) Loose semilunar	C III E G Jameson Capt
		Tuberculous L. hip	We recommend that he be discharged having been found medically unfit for service. To D.S.C.R. as D.P.

Dominion Military Orthopaedic Hospital
OCT 14 1920
Christie St., Toronto.

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.

CANADIAN

Surname Lundy Christian Name George Alexander

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.
QUEEN'S CANADIAN MILITARY HOSPITAL, BEACHBOROUGH PARK, SHORNCLIFFE.		17	3	17	17	4	17	Traumatic Synovitis left knee joint	31	Massage Treatment - Rest, passive movement. Discharged in good condition	Eric Kent Parkes Capt Canadian
Shorn. Mil. Hosp.		17	4	17	18	4	17	"	2	Monks Horton.	[illegible] Capt Canadian
Canadian Convalescent Hospital, Monks Horton, Kent.		18	4	17	24	5	17	do	36	Discharged to Hosp. Representative Category C III for Regimental Depot.	[illegible] Registrar Capt. C.A.M.C. Canadian Conv. Hospital Monks Horton, Kent
WHITBY MILITARY HOSPITAL OCT 12 1917					29	10	17	"	17	Transferred to Kingston	[illegible] Major
L.M.H.		12	10	17	5	2	19	T.B. Hip.		Awaiting Splint Massage & Thermo Test.	[illegible] Capt.
D.O.H		7	2	19							

Form—R. 190 8528-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

DOMINION ORTHOPAEDIC HOSPITAL.

Pte [illegible]mby G.
725542

Date. Oct 14th 1920

This is to certify that I have this day examined the marginally noted man, and find him free from Venereal or other Infectious Disease.

Captain C.A.M.C.

22-1-19 T. B. Hip.
25-5-19 Arthritis
19-12-18 Knee
27-10-20

Forms
I. 1237
10

SPORNCLIFFE, MIL. HOSP.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725542	Pte.	Lumby	G

Year	Unit.	Age.	Service.
1917.	2/1. Bn. C. E. F.	24.	15/12. 6/13

Station and Date.

Shorncliffe.

Disease Infected Knee Joint L.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S

P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.* 10 C.H.B.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2-570	725542	Pr	Lumley	G.

Year	Unit.	Age.	Service.
1917	20th Batt	24.	1 6/12 6/12

Station and Date. Monks Horton 12-4-17

CAN. CONV. HOSPITAL, MONKS HORTON, KENT

Disease ~~Infected~~ Inflamed Knee Joint - (Left.) Engineer. (Stationary)

Admitted to Hosp. - Jan. 22 - 4th Field Amb. - 2 weeks - Then to No 6 CCS - 2 weeks - Then to Liverpool Merchants, Estaples - 1 week. Then to Queens Can. M. Hosp. Beechborough - 1 month - Then to S.M.H. - 1 day. Arrived Monks Horton Apr. 18/17

Present Condition - Joint still tender, and also complains of pain from left knee -

For further Cons.

A H Christie
Capt CAMC

22-2-17 Warm

17/5/17 For Short Form Board

M D McEwen Capt CAMC.

19-5-17 Boarded S.F.1

Fitnesses C III

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

CRIME.

"F" Unit M.H.C.C.

SQUADRON, BATTERY OR COMPANY.

CHARGE against No. 425542 Pte. Lumby. G.A.

Place.	Date of Offence.	OFFENCE.	Name of Witness.	Punishment Awarded.	By whom Awarded.
London	31st 8.17	Creating a disturbance in Hospital about 2 am	Pte Lewis " Beattie	24 hrs detention	

Service years

Number of good conduct badges

Date of last entry in company conduct book

Character

Date of last entry for an act of drunkenness

Number of cases of drunkenness within the last 12 months

H. Shadlman Capt

Commanding.

M. F. B. 264.

700m.—9-16.
H. Q. 1772—39—99.

CRIMES.

SQUADRON, BATTERY OR COMPANY.

CHARGE Number 1.

Place.	Date of Charge.	OFFENCE.	Name of Witness.	Proceedings Adopted.	By whom Adopted.

Service

Number of good conduct badges

Date of last entry in conduct book

Character

Date of last entry for an act of drunkenness

Number of cases of drunkenness within the last 12 months

Commanding

M. T. B. 224.

Dom.—2.

E. & T. 1174—W.—60

(22189) W9988—M1025. 150,000. 11/16. L. & M. Ltd. Forms /W3068/2.

Army Form W. 3068.

TRANSFER STATEMENT OF CLOTHING & NECESSARIES.

INSTRUCTIONS.—This Statement will be made out by the Depot, and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's clothing account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units.

STATEMENT showing the Articles in possession of (*Regimental No.,*

Rank and Name) 425842 Pte Lumby G.A.

proceeding from the Canadian Discharge Depôt, Buxton.

to the Discharge Depôt, Quebec.

Date of enlistment _____ Date of transfer _____ 191 .

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station Buxton George F. Skelton Lieut: & Q.M.

Commanding Squadron, Battery, &c.

Date 30. JUN 1917 Canadian Discharge Depôt, Buxton.

Name of Unit man is leaving.

(2) Station _____ _____

Commanding Squadron, Battery, or Company.

Date _____ _____

Name of Unit man is joining.

ARTICLES OF CLOTHING & NECESSARIES IN POSSESSION.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing	No.	Necessaries	No.
Aprons, Kilt		Badge, Cap	
Boots, Ankle, pairs	1	Bag Kit	1
Caps, Service Dress	1	Braces, pairs	1
Caps, Glengarry		Brass, Button	
Drawers, pairs	2	Brush, Brass	
Frocks, Canvas		,, Blacking	
Greatcoat, D.M.	1	,, Clothes	1
Jackets, Service Dress ..	1	,, Hair	1
Kilts		,, Polishing	
Pantaloons, Cord, pairs ..		,, Shaving	1
Putties, pairs	1	,, Tooth	1
Spurs, Jack, pairs		Cap, Comforter	
Trousers, Service Dress, pairs	1	Comb, Hair	1
Trousers, Canvas or Khaki Drill Overalls, pairs		Disc, Identity, with Cord ..	
Waistcoat, Cardigan ..	1	Fork	
Coat, Waterproof		Garters, Highland, pairs ..	
Gloves, Leather, pairs ..		Holdall	1
Gloves, Motor Cyclist, pairs		Hose Tops, pairs	
Goggles, pairs		Housewife	1
		Knife, Clasp	
Vests Woollen	2	Knife, Table	
		Laces, Leather, Spare, pairs	
Razor & Case	1	Shirts, Flannel	2
		Socks, Worsted, pairs ..	3
		Spoon	
		Titles, Metal, pairs ..	
		Towels, Hand	2
		Wax Polish Tin	

I certify that this statement is correct.

Date 30. JUN 1917

Signature of the Soldier G. A. Lumby

Dominion Orthopaedic Hospital,
Toronto, NOV. 1st 1920.

Ref. 2-5-Lu

TO: The D.G.M.S.,
Ottawa.

725542, Pte. Lumby, G.

Herewith Case Sheets in the case of the marginally-noted, boarded at D.O.H. 14-10-20

5 Case Sheets
2 Progress Inserts
2 Clinical Charts

Captain, C.A.M.C.
Registrar for Officer Commanding.

JRL.

232/ 454

CASE HISTORY SHEET.

Tor. Orth. Hospital. Toronto Station.

No. 725542. Rank Pte. Name Lumby, Geo. Age 26.

Unit 2 DD. Completed years of service (Where and how long) 4 6/12.

Date of admission Feb 7. 1919. Date of discharge 27-10-20

Diagnosis Frac. Femur, Lt. Place of origin - Lens, 17-1-17.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Summary History to date (Feb 14. 1920).

In Dec 1916 and Jan 1917. was troubled with pain in Lt knee and Lt hip. aggravated by walking. Jan 17. 1917 was buried by shell explosion and buried though apparently not seriously injured. He went back to billets in a few days then to duty. In a short time however he was compelled to go sick. was sent to a rest camp then to a hos. finally from there to Beachborough England. (Mar 17. 1917). then to a convalescent camp at Knutsford. and Regimental Depot. unable to walk without pain. he finally reached Burton Park Canada. Diagnosis. traumatic arthritis Lt hip and knee.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) Dec. 21. 1917. Provisional Diagnosis T.B. hip made. - Put to bed with extension.

Jan 17. 1918. abscess hip aspirated. and injected iodoform E.P.

TREATMENT (Especially any specific or special form) Jan to Sept 1918. Repeated aspirations without curing ~~an~~ abscess.

Sept. 13. 1918. Open drainage of abscess. Wound later broke down.

CONDITION ON DISCHARGE (and disposal made of case.) Feb 8. 1919. Up patient. Sinus apparently healed. Splint.

Feb 1919. to Feb. 1920. Notes very incomplete.

Date ..... Medical Officer i/c case. 270

M. F. B. 31.5a.
100M.—6 18.
1772—39 4.9.

apparently when he left Davisville his
ears was healed. At the end of March
there is a note to the effect that a
"3½" sinus runs in a direction upwards
and outwards" Apparently the sinus
at this time had only a moderate
amount of discharge. probably a pure
The sinus. In June it apparently
became secondarily infected - multiple
abscesses and incisions for drainage.
Profuse and continuous discharge. Loss
of weight - One small sequestrum removed

Exam. Feb 14.1920.

Emaciated.

Hip. Fixed in bad adduction internal
Rotation and flexion. Great thickening
about hip. There sinuses discharging
a large amount of pus. one
ant and two post. The hip is
not ankylosed but is movement
is painful and muscle.
spasm is marked.

X Ray

Shows extensive destruction of the
~~acetabulum~~ head of the femur
and erosion of the acetabulum.
The head of the femur is displaced
upwards.

Diagnosis

The hip left with secondarily
infected sinuses.

Feb 24. Exam. Sinuses unchanged

421

CASE HISTORY SHEET.

Dominion Orthop. Hospital. Toronto Station.

No. 125542 Rank Pte Name Lumby, George Age 26

Unit D.D. #2 Completed years of service (Where and how long) 46/12

Date of admission 7-Feb 1919 Date of discharge

Diagnosis Fract Femur L. Place of origin Lens, 17-1-17

CONDITION ON ADMISSION AND PROGRESS OF CASE Discharging sinus left hip.

Feb 26/ Condition improving.

March 10/19 X-ray ordered. Waiting for splint

March 17 Splint not ready March 24th No change and no advance - waiting splint.

March 27 8½ inch sinus in direction upward and outward from opening. Discharge observing.

April 8/19 Splint supplied. Being worn.

April 15th Wound in good condition

FAMILY HISTORY (May 23)

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Capt Cassell

~~CAPT. McKENZIE~~ Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

CASE HISTORY SHEET.

D.O.H. Hospital. Toronto Station.

No. 725542 Rank Pte Name Lumby Age 26

Unit 2nd D.D. Completed years of service (Where and how long) 4 6/12

Date of admission 7th Feb 1919 Date of discharge

Diagnosis Co. Tract Femur left Place of origin Lens 17-1-17.

CONDITION ON ADMISSION AND PROGRESS of CASE Dec Discharge has been little changed since removal of sequestrum. Temperature elevated practically continuously. Seen by Col Starr Dec 23rd who recommended tank treatment. This was tried but without good results.
Feb. 1st Complaining of considerable pain in back of thigh and outside of hip. Nothing definite objectively other than tenderness.
Feb. 2nd Some induration of whole upper third of thigh especially externally and behind.
Feb. 3d Fluctuation demonstrable over great trochanter and post-ext surf thigh.
Feb 4th Operation. Incision through skin & subcut. tissue upper third thigh post-ext surf. Pus spurting out under considerable pressure. Two kidney pans full of sanguino-purulent discharge evacuated. Digital exploration showed sinus running upward in thigh, upper extremity of sinus not reached from lower incision, so a second opening for drainage made just behind great trochanter. Post surf of sacrum palpated through this. No sequestra found. Communication between anterior wound and tract in posterior thigh not demonstrated.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

Feb. 5th Wound comfortable draining freely
Feb. 10th Still discharging freely from three wounds.
Transfer to Capt Harris.

TREATMENT (Especially any specific or special form.)

CONDITION ON DISCHARGE (and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 513a.
100M.—6 18.
1772—39-439.

Form 1. 5M-3-17-S.P.

MILITARY CONVALESCENT HOSPITAL
TORONTO

SECTION A.

Date Oct.12/17

Name Lumby G.A. Age 24 Married or Single Single

Home Address 54 Nottingham St

Enlisted on 15/12/15 at Burnt River

Town or City Guelph Province Ont.

Unit 109th Rank and No. Pte 725542 Previous Conduct

Diagnosis and Recommendations of previous Boards.

Traumatic Arthritis left knee & hip.

Complaint if any, regarding pay.

X B. Hip. S.

Complaint reported to .....

By .....

The above to be filled in by office when patient is admitted to hospital

Date .....

REPORT OF ADMITTING OFFICER

SECTION B.

WHITBY MILITARY HOSPITAL

DATE 12-10-17

WEIGHT { Present / Best

HEIGHT

CLASSIFICATION OF CASE

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Indicate primary class by XX
secondary by X

1. MEDICAL
   a. Cardiac
   b. Pulmonary
   c. Gas
   d. Nervous
   e. Gastro Intestinal
   f. Rheumatic
   g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC XX
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   a. Wasserman
   b. Blood
   c. Urine
   d. Sputum
7. PROVISIONAL FINAL BOARD

Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

CAPT. LIVINGSTON

Date

Special questions for Soldiers' Aid Commission

1. Diagnosis

2. Degree of Disability (expressed by fraction)
   Permanent or otherwise

3. Can former occupation be resumed?
   If not, what class of work could be undertaken?

4. What military duty could he perform?

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge

REPORT OF MEDICAL OFFICER

SECTION D.

Date Oct. 16th 17.

1. COMPLAINT Limitation of movement - left knee and leg

DATE OF ORIGIN & CAUSE OF DISABILITY Jan 17th 1917
Buried by shell in trenches

2. PREVIOUS HISTORY

Nil previous serious illness

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts. Cigarettes 10-15 daily

Venereal Infection Nil.

Did patient reach England or France or remain in Canada? France

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects? Not gassed.

If wounds or injury how caused? Was buried in trenches by bursting shell after a raid on Jan 17th 17. Left leg was buried but this had to be dug out. Walked a mile and a half to billets. Rested for 2 or three days when sent to clearing station. Could walk fairly well though knee was paining. At present is worse than ever was, more pain and more limitation of movement.

Is condition due to service or climate? If not, was it aggravated by them? How? Service

On or off duty? On duty

In action or in field service? In action

If due to exposure on duty, what was nature? Not applicable

Previous treatment and results. Where treated? In hospitals in France - 2 mos massage & light bandages

In hosp.ls in England - 2 mos - electric & for baths at Queen's Convalescent Hosp.l

L.M.C.H. - 2 mos - electric & massage.

PHYSICAL EXAMINATION

SECTION E.

Date Oct. 16th '17.

General appearance: healthy.

Left Hip:

Marked wasting of muscles of hip and thigh.

1 1/2" shortening in left leg.

Movements.

Grating in hip on passive movement and lordosis on forced movement of flexion.

Hyperkinesis continual.

Flexion of knee full and easy when thigh is flexed.

Left knee - contour fair.

Heart & lungs: normal.

Oct 21/17

Indication are ~~Fracture~~ Dislocation or Fracture left Hip or Bolt a possibly deeper

~~Her~~ Send Mott Have X Ray

[illegible]

Treatment recommended

x. ray.

Probable minimum duration of treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer

PROGRESS NOTES

SECTION F.

All Progress Notes must be signed and dated

Date	
29-10-17	Transferred to Guelph 2 Da
21/12/17	Patient complains left hip. Pain in 180° abduction & rotation movement of hip. Seen by Dr Gillis JHE
29/12/17	Please have full physical exam. and description of hip. Also have Dr. Elliott give note on chest condition if any. T.B. suspect. Dr Goccin letter.
7/1/18	Seen by Dr Elliott. 10 Bm 9/1/18 JHE
9/1/18	Recordence of pulmonary tuberculosis ~~do~~ holding weight well. ~~Dabin~~ Cutaneous tuberculin Kindly note size reaction on 12/1 JHE
12/1/18	– Von Pirquet – negative.
Jan 19/18	– Tolane & Ray repeated – put to bed with extension – l 2u
" 17/18.	aspirated – abscess of hip – Bed Patient greenish yellow pus – Specimen sent to Major Fitzgerald to be put through guinea pig. Cultured here & found sterile. Extension put on with 6 lbs weight. JHE
" 25/18 –	" increased to 10 " JHE
Feb 1/18	– Aspirated again – 50 c.c's pus taken away JHE
" 8/18	– Lordosis disappearing gradually. Pain lessened. Still has extension JHE
" 16/18	– Impetigo developed on face – isolated. wrg 20 4 dressings & 20 c.c's anti-streptococcic serum given intravenously JHE
" 24/18	– Taken out of isolation & back to ward. JHE
Mar 2/18	– Abscess seems to fill & empty itself (resolved). JHE
" 6/18	– To be aspirated again & iodoform emulsion injected. Still in bed with extension JHE
" 26/18	– Aspiration – 80 c.c's pus 12 lbs removed. JHE

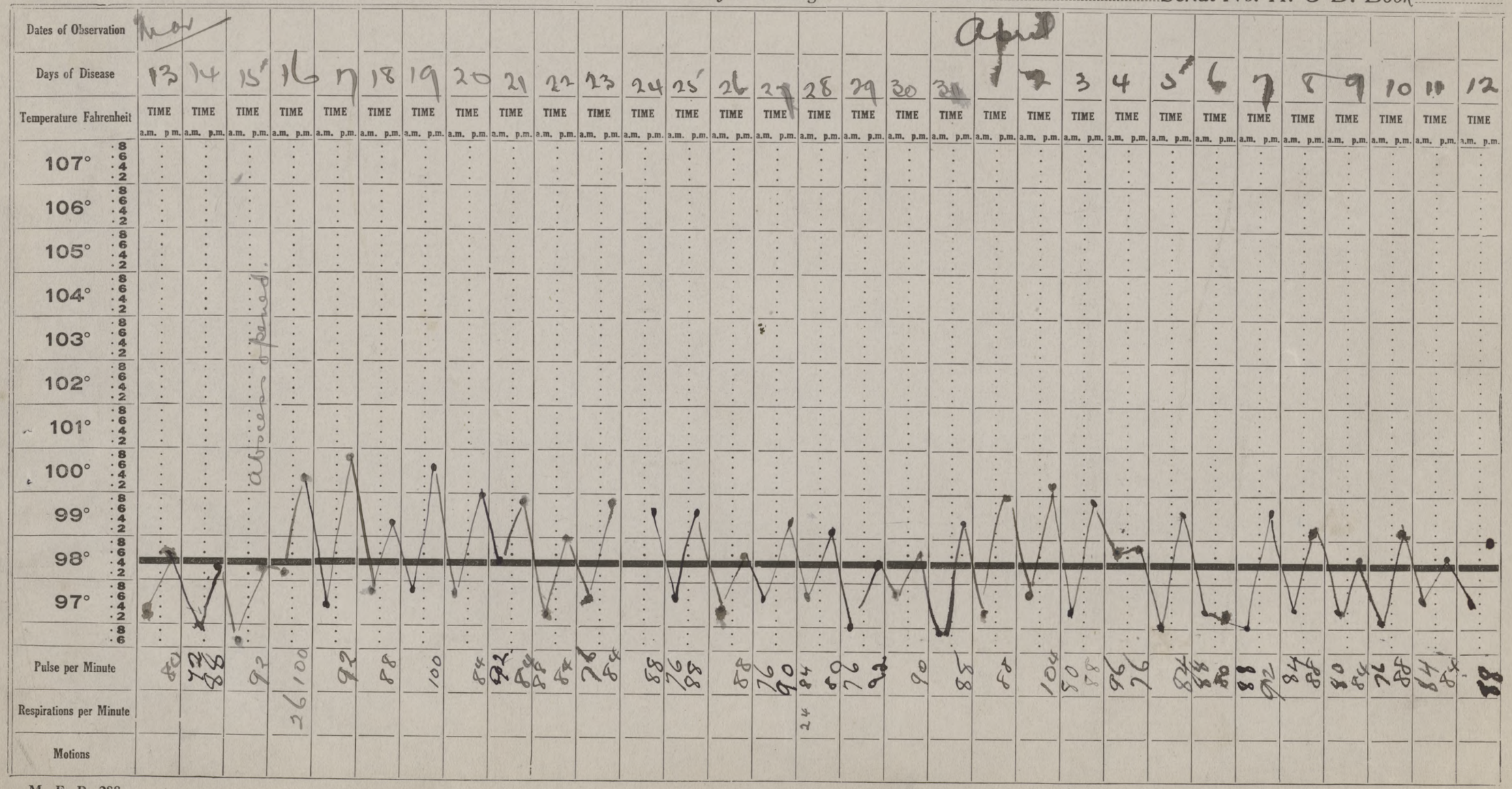
CLINICAL CHART.

Lumby

Corps ..... Hospital Station .....

No. ..... Rank and Name Pte Lumby G. A. Age ..... Service .....

Disease ..... Date of Admission ..... Date of Discharge ..... Result ..... Serial No. A. & D. Book .....



M. F. B. 288.

50M.—3-19.
H. Q. 1772-39-513.

Signature ..... In charge of case.

CLINICAL CHART.

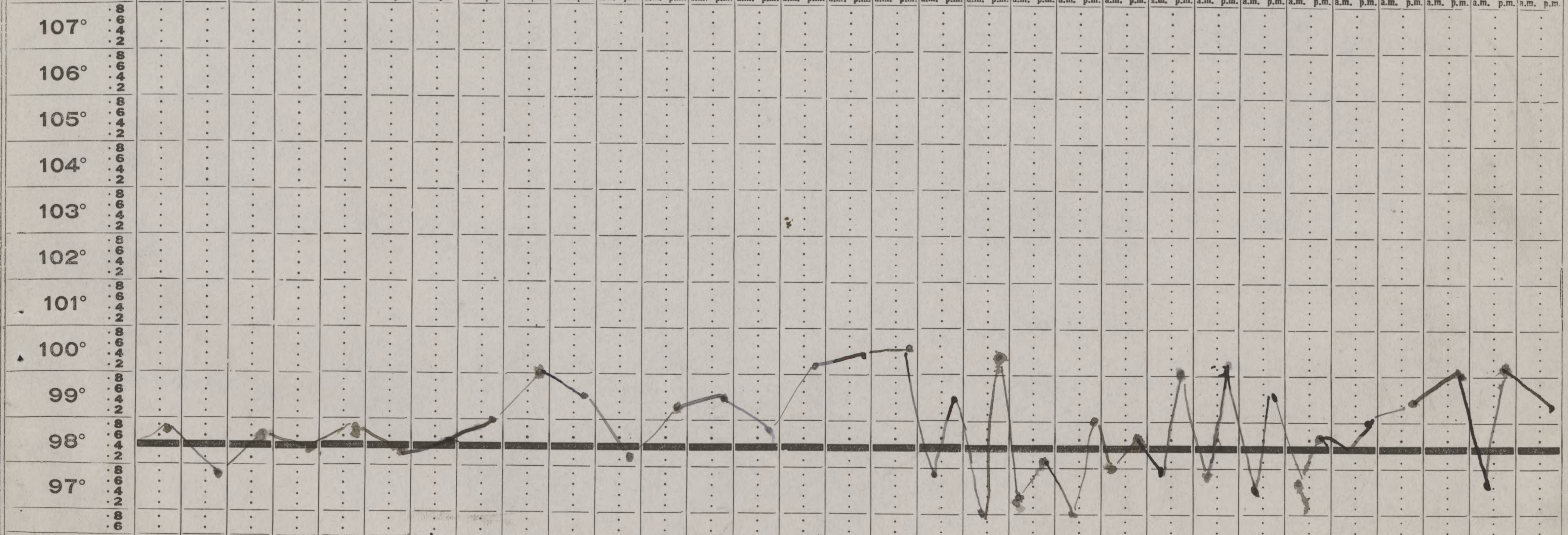
Corps

Hospital Station

No. Rank and Name Pte Lumby. G. A. Age Service

Disease Date of Admission Feb '18. Date of Discharge Result Serial No. A. & D. Book

Dates of Observation	Feb 19																			March											
Days of Disease	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
Pulse per Minute	92	100	92	92	92	104	106	104	104	96	100	96	108	104	104	108	104	96	92	88	88	96	104	96	96	84	80 100	84	88	96	
Respirations per Minute																															
Motions																															



M. F. B. 288.
50M.—3-19.
. Q. 1772-39-513.

Signature In charge of case.

Condition when finally boarded for discharge.

D.O.H. Oct. 14, 1920 #725542 - Pte. Lumby, G.A.

Dec. 1916, pain in Rt. Hip. Jan. 1917, Burned by shell explosion. Evacuated to Buxton, where a diagnosis of traumatic arthritis was made Dec. 21, 1917. T.B. Hip diagnosis. Jan. 1918 Abscess developed. Sept. 1918. Open drainage of abscess. Feb. 1919. Sinus healed. June 1919. Sinus reopened and became secondarily infected. Steady emaciation and loss of weight since. 1. He presents the picture of a bad tuberculous hip with sinuses secondarily infected with pyogenic organisms. Hip is ankylosed in fair position. Several sinuses discharge large quantities of pus. Patient is emaciated, exhausted and anaemic. There is a nightly elevation of temperature of the septic type.

2. He requires further treatment.

CASE HISTORY SHEET.

Hospital. Station.

No. Rank Name Age

Unit Completed years of service (Where and how long)

Date of admission Date of discharge

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

June 12/19 Discharge moderate in quantity.

June 13/19 For operation P. K. M.

June 20/19 Awaiting operation.

June 23/19 Awaiting operation

July 15/19 The wound has had several abscesses form, at intervals during the past six weeks.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form)

Sept. 3d 1919. Wound broke down again & considerable pain referred to buttocks, which was not disturbed objectively.
Sept 9th Temp remains elevated. Condition not good discharge profuse. To see Col Menzies tomorrow a.m. 10.30.
Sept. 10th Subjectively improved and appears better. Discharge from wound slightly less profuse.
Sept. 25th Condition not improved. Discharge profuse. Marked loss of weight.

CONDITION ON DISCHARGE (and disposal made of case.) Oct 10th? Operation by Maj D. E. Robertson. Exploration of sinus by finger with digital removal of sequestrum the size of a large bean

Date

J. M. Cassels Capt.
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

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.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425542. Rank Private Name Lumby George Alexander

C. E. F.

Enlisted (a) 15.12.15 Terms of Service (a) D. of W. Service reckons from (a) 15.12.15

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) Engineer

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	
5.8.16		Appointed Pro L/Cpl	Camp	5.8.16	Part II Orders 218
		Transferred for Overseas Service with 20th Batt'n		OCT 5 1916	D.O.Pt.11 No. 279 Capt. ADJUTANT 109th Overseas Battalion C. E. F.
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR 109th 20 o'rs 55d 11/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	8213
27-1-17	6 C F A	Synov. Lt knee	adm 6 C F A	22-1-17	136 DCS 268 12-2-17
			trsfd C R S	25-1-17	
— " —	4 C F A.	— " —	adm 4 C F A.	25-1-17	136 DCS 282 26-2-17
24/2/17	— " —	— " —	Trsfd cel. 6.	21-2-17	— " — 278 [illegible]
14-3-17	6. BRC	Inf. Knee Jnt (ans)	adm 6. BRC	14-3-17	W3034.
17-3-17	Liverpool Merchants	ditto To Eng. per HS Brighton		17-3-17	W3083 (9846) Pt 2 O'rs 23D/23-3-17.

Capt. for Major D.A.A.G.

CERTIFIED CORRECT. 2 OCT. 1916 CAN. RECORDS LONDON

ADJUTANT, 109th BATTALION CAN. INFANTRY.

(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				
27-3-17	1st B.O.R.D.	T.O.S. of Depot	W. Sandling	17-3-17	Pt II O. 18. MCS
					J.C. Pratten Lieut Capt. For Colonel i/c Records, COMF.
28.6.17	1st B.O.R.D.	attd to 1st C.D.D. Buxton	W. Sandling	28.6.17	Pt II D.O. 111. J. H. Hatton Lt Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.
28 JUN 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 153			
			Commanding		R.E. O'Brian Capt for Lt. Col. Canadian Discharge Depôt.
		EMBARKED FOR CANADA FROM LIVERPOOL		10 JUL 1917	
			Commanding		R.E. O'Brian Capt for Lt. Col. Canadian Discharge Depôt.
20-12-17	"D" Unit	T.O.S. from "F" Unit taken on Strength of District Depot No 2 from april 18th 1918	Toronto	17-12-17	Pt II O. No. 554
18-4-18	T.O.S. No. 2 District Depot, Part II, D.O. No. 1				

Lieut. and Asst. Adj.
For O.C. No. 2 District Depot

2nd. Sheet.

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 .....

Regimental No. 725542 Rank Private C. E. F. Name LUMBY, George Alexander

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				
30-6-20	Toronto	S.O.S. #2 Dist Dep. on transfer to #2 Det. Gen. List C.E.F.	Toronto, Ont	30-6-20	#2 D.D.Pt. II. D.O.#182
1-7-20	Toronto	T.O.S. #2 Det. Gen. List C.E.F. on transfer from #2 Dis. Dep.	Toronto, Ont	1-7-20	#2 Det. C.E.F.Memo #1.
22-10-20	Toronto	S.O.S. #2 Det Gen. List C.E.F. "Discharged".	Toronto, Ont	27-10-20	#2 Det. C.E.F. Memo #114

R. N. Toward Mjr.
for 2 Det. C.E.F.

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

[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				

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 Dom. Orth. Hosp. DATE October 14, 1920.

1. 1 (a) Unit D.D. #2 (b) Regimental No. 725542 (c) Rank Pte.

(d) Surname LUMBY (e) Christian name GEORGE ALEXANDER

(f) Home address 54 Nottingham St., Guelph

(g) Next of Kin Mary Lumby (h) Relationship Mother

(i) Address of Next of Kin 54 Nottingham St., Guelph

2. Age last birthday 28 Date of birth 31-10-91

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

4. Personal description:

(a) Height 5' 4-1/2" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair Lt. Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

Scars - 4 Left Hip, 1 Rt. Thumb

5. Former trade or occupation Engineer

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
	4	10 Mos. 13 Days

Patient's Statement	Periods From	Periods To
Canada	12-12-15	14-7-16
England	19-7-16	15-9-16
France or other theatres of War	15-9-16	17-3-17
England & Canada	17-3-17	To Date

7. Original disease, or injury Tuberculosis Lt. Hip

(a) Date of origin Dec. 1916 (b) Place of origin France

(c) Cause T.B.

M. F. B. 227.

400M—11-18.
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.)

1. Impaired function Lt. Hip

2. Necessity of Rest for Therapeutic Reasons.

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.)

1. He presents the picture of a bad tuberculous hip with sinuses secondarily infected with pyogenic organisms. Hip is ankylosed in fair position. Several sinuses discharge large quantities of pus. Patient is emaciated, exhausted and anaemic. There is a nightly elevation of temperature of the septic type.

2. He requires further treatment.

(*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*).)

Dec. 1916, pain in Lt. Hip. Jan. 1917, Burned by shell explosion. Evacuated to Buxton, where a diagnosis of traumatic arthritis was made Dec. 21, 1917 T.B. Hip diagnosis. Jan. 1918 Abscess developed. Sept. 1918. Open drainage of abscess. Feb. 1919, Sinus healed. June 1919, Sinus reopened and became secondarily infected. Steady emaciation and loss of weight since then.

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*).)

No

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

See Sect. 9 A.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 & 2 - 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.)

1 & 2 - N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A. & B. 1 & 2 - 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? 1. Permanent 2. 12 mos.

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

Hosp. France, Eng. & Can.

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

Yes - Rest. Recumbancy, Heliotherapy. Quartz Mercury Arc.

16. Can the former trade or occupation be resumed? No
(If not, briefly state why)

17. Recommendations

Discharge as physically unfit for further treatment under S.C.R. as an In-patient.

D. Harris 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 ..... 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 .....

G.A. Lumby ..... Rank.
Signature of invalid examined.

(Sgd.) J.P.S.C.

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.

We concur

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.)~~ Yes

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.)

Rest. Heliotherapy

~~(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 as medically unfit for service, to D.S.C.R. as an in-patient.

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.

President.

PLACE

DATE

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

G.A.

PROCEEDINGS of a MEDICAL BOARD
assembled at Military Orthopaedic Hospital, North Toronto,
on the 9th of February, 1918.
by order of A.D.M.S., M.D. #2.
for the purpose of examining and reporting on

Pte. G.A. Lumby,
#725542

109th Bt., C.E.F.

PRESIDENT.

F. L. Thompson, Capt.

MEMBERS.

F. J. Livingston, Capt.
W. E. Martin, Capt.

The BOARD having assembled pursuant to order, proceed to examine the above mentioned man and report that:

1. PRESENT CONDITION:

This patient has an abscess of left hip with practically complete fixation causing lordosis. This abscess was aspirated and patient put to bed with 10 lbs. extension on.

2. EXTENT TO WHICH HIS CAPACITY IS LESSENED FOR EARNING A FULL LIVELIHOOD IN THE GENERAL LABOUR MARKET AT PRESENT:

100%

3. PROBABLE MINIMUM DURATION OF THE DISABILITY:

3 months.

4. WHETHER TREATMENT IN A CONVALESCENT HOME WOULD MATERIALLY ASSIST HIS RECOVERY:

Yes.

F. L. Thompson, Capt
F. J. Livingston, Capt
W. E. Martin, Capt.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Guelph DATE 26.11.17

1. (a) Unit "F" Unit, MHCC (b) Regimental No. 725542 (c) Rank Pte

(d) Surname LUMBY (e) Christian name George Alexander

2. Age last birthday 26 years Date of birth 31.10.1891

3. Enlisted at Lindsay, Ont. on 15.12.15

4. Personal description :—

(a) Height 5'4½" (b) Weight 128¾ lbs (stripped) (c) Complexion Fair

(d) Colour of hair Lt.Brown (e) Colour of eyes Grey (f) Identification marks

Deformed Hip

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

54 Nottingham St. Guelph, Ont.

6. Former trade or occupation Engineer

7. (a) Service

	Years	Days

	Periods From	Periods To
109th Batt.	15/12/15	6/10/16
20th "	6/10/16	1/8/17
"F" Unit, M.H.C.C.	1/8/17	26/11/17

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible). Loss of function lt.leg

(a) Date of origin 17-1-17 (b) Place of origin France

(c) Cause* Shell Explosion

*(Here include original disease or injury)

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

There is fixation of the hip joint at an angle of 60 degrees with the line of abdomen and a fleshy mass size of fist on thigh at junction with abdomen. Passive flexious and extension of knee and ankle joints are normal, but active movements are slightly limited. There is 2" of atrophy at middle of thigh and 1" at calf. The knee joint is painful. He has not use of leg. Goes on crutches.

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

M. F. B. 227.

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

10. History ;

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

Scar 3/4" long on back of right hand near base of thumb.

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

100% (one hundres per cent)

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

13. Was a Court of Inquiry held? No

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

Yes..... No....Not applicable

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

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

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

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

Hospital in France, England and M.H.C.C.

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

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

20. Recommendations Transfer to Orthopaedic Hospital Davisville, Ont. for further treatment.

sgd. Jas. Moore, Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

Signature of soldier examined.

21. Does the
numbe

A
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22. Is the sol

23. It is certi

24. It is reco

STATION

DATE

APPR

DATE

APPR

DATE

OPINION OF THE MEDICAL BOARD

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

Agree except in (9) fixation of left hip joint is at an angle of 100 degrees with axis of body.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment.
(b) ~~Does not require treatment~~.
(c) ~~Should pass under his own control.~~ XX
(d) Should not pass under his own control.

(Strike out condition not applicable).

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

Transfer to "D" Unit, Orthopeadic Hospital for continuation of treatment for two months.

sgd. B.F. Keillor, Capt.C.A.M.C. *President.*
J.B. Jupp, " " } *Members.*
G.E.Chapman, " " }

STATION Guelph, Ont.

DATE Dec. 4th, 1917

APPROVED BY

DATE ..... *Assistant Director of Medical Services.*

APPROVED BY

DATE ..... *Director-General of Medical Services.*

Specialist's Report.

Lumby, G.A. #725542 — Guelph Convalescent Hospital, Nov. 25th, 1917.

Present Condition. Left Hip fixed in flexed almost to right angle. About two inches muscular atrophy at thigh. Some eversion. Left knee-free movements extension and flexion. He complains of pain in knee when hip is moved with force.

~~Left ankle-Free movements no pain.~~ Otherwise normal.

Compensatory sclerosis.

Apparent shortening-condition gradually getting worse. The troubel is all in left hip. Probably tubercular. The X-Ray places not suitable for diagnosis as regards head of femur and acetabulum. Position is bad.

PROGNOSIS — Complete ankylosis of left hip.

Treatment — Eventually surgical for correction of deformity. Extension etc. to be tried first. Medical measures - for general health - Fats, etc.

sgd. H.O. Hewitt, Lieut.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

(Medic

1. (a) Unit.....
   (d) Surname.
2. Age last birth
3. Enlisted at....
4. Personal desc
   (a) Height....
   (d) Colour o
   De
5. Address after
   54
6. Former trade
7. (a) Service
   (b) Has he b
8. Present disea
   (a) Date of
   (c) Cause* ..
9. Present cond
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M. F. B. 227.

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

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 Dom. Orth Hosp. DATE October 25th 1920

1. 1 (a) Unit D. D. No 2 (b) Regimental No. 725542 (c) Rank Pte

(d) Surname LUMBY (e) Christian name GEORGE, ALEXANDER

(f) Home address 54 Nottingham Street Guelph

(g) Next of Kin Mary Lumby (h) Relationship Mother

(i) Address of Next of Kin 54 Nottingham St Guelph

2. Age last birthday 28 Date of birth 31-10-91

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

4. Personal description:

(a) Height 5' 4½" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair Light Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

Scars 4 Left Hip 1 Rt Thumb

5. Former trade or occupation Engineer

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
	4.	10 Months 13 days.

Patients Statement

	Periods From	Periods To
Canada —	12-12-15	14-7-16
England —	19-7-16	15-9-16
France or other theatres of War —	15-9-16	17-3-17
England & Canada	17-3-17	To Date

7. Original disease, or injury Tuberculosis Rt hip

(a) Date of origin Dec. 1916 (b) Place of origin France

(c) Cause Injury

M. F. B. 227.

400M.—11-18.
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.)

1 Impaired function R. hip.
2 Necessity for Rest for Therapeutic Reasons.

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.)

1. He presents the picture of a bad tuberculous hip with sinuses secondarily infected with pyogenic organisms – hip is ankylosed in fair position several sinuses discharge large quantities of pus. Patient is emaciated exhausted and anaemic. There is a markedly elevated temperature of the septic type.

I He requires further treatment.

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

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

Dec. 1916. Pain in R. hip. Jan 1917. Burned by shell explosion. – Evacuated to Britain when a diagnosis of traumatic arthritis was made. Dec 21. 1917. Hip diagnosed. Jan 1918. Abscess developed. Sept 1918 Opened draining abscess. Feb 1919 sinus healed. June 1919 sinus reopened. and became secondarily infected. – Steady emaciation and loss of weight since then

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*).)

No

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

See etiq a

11.—(*a*) Did the disabling condition have its origin before enlistment? 1-2 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.)

1-2 NA.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? ARB 1-2 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? 1. Permanent 2. 12 mos.

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

Hrp Rain Bath

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

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

Yes. Rest. Recuperation. Heliotherapy. Gradually increasing Ade.

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

(If not, briefly state why)

17. Recommendations

Discharge as Physically unfit for further treatment under SGR as an Inpatient

D Hamilton

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.....

G A Lumby ..... 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.

We concur

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.)

Rest Helotherapy

(*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 as Medically unfit for service. L.D.S.R. as an inpatient

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.

President.

PLACE ..... } Members

DATE .....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

Should the refusal of the 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

Assistant Director of Medical Services.

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

R. & O. 6045 (*Revised*).
8778—10M—31/10/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Monks Horton 19/5/17 1916.

No. 728542 Rank Pte Name Lumby G.

Local Unit 5th Res Batt Overseas Unit 20th Bn Age 24

Examination held at Can. Con. Hosp Monks Horton

DISABILITY. Overseas ~~Local~~. (scratch one out)
(1) Traumatic Synovitis of L. knee.
(2) loose semilunar cartilage

PRESENT CONDITION.

In France 6 months. Evacuated from France May 17th 1917. In Beachboro' Pk Hosp one month. States knee is still painful on walking especially on hills. Pain also in thigh. Feels fit otherwise.

On examination L. knee slightly swollen and loose cartilage can be felt on flexion of knee.

Buried Jan 17/17. Knee injured as usual. C III Engineer—Steam Saloon.

BOARD RECOMMENDS:— Discharge as no employment can be found for this man. Cyst not to be fit for light employments May 1st

1. Fit for Duty ~~[illegible]~~ in front
2. Fit for Duty after 25/6/17 weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:

President. E. Gleason Lt Col

Members D E Stones Capt

APPROVED 20 MAY 1917

Dated at 1916. S L Walker CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

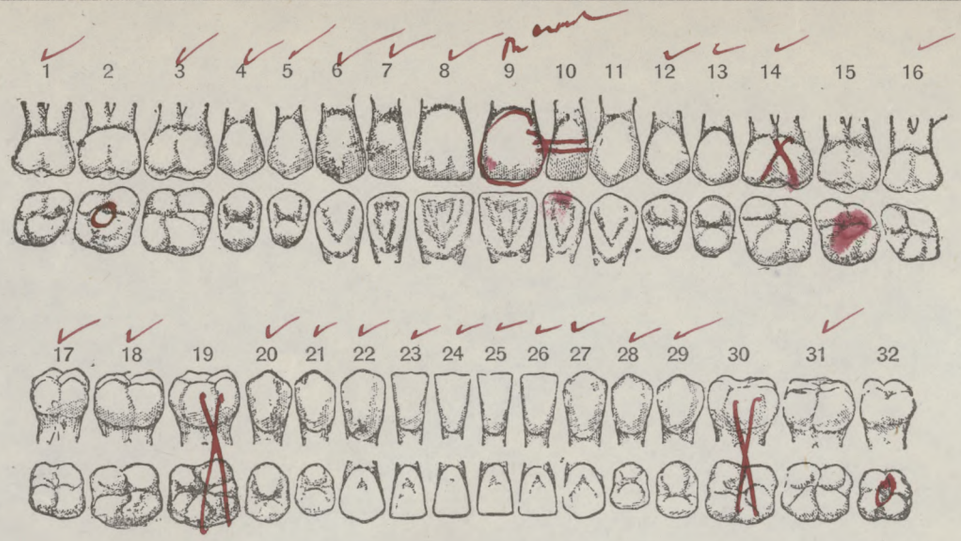
District #2

Name of Soldier Lunsby J. A.

Rank Pte.

No. 725542

Regiment



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	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
	Oct 4/20.				Final			Board													Toronto		
																					H J Hodgins, Capt.		
								Fillings & Ext.													Dentists		

M.F.B. 465.
150M.—4-18.
177-39-950.

AUDITOR | PAYMASTER

No. 2 DISTRICT DEPOT

No. 2 DETACHMENT, C.E.F. JUL 1 - 1920 56

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

M. OR S. | REGT. No. 725542 | RANK Pte | NAME (IN FULL) LUMBY, G. A. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? no | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109th Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

M. D. 6 (Infantry) Toronto | 24/10/20 | Sh. U. | Memo 20.114

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	SEPT'N ALLCE. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					Dec 31
1919 Jan 1	31	1.10	34	10					34	10					50214						34	10									34	10					
1-2-19	28	1.10	30	80					30	80					55982						30	80									30	80					
1-3-19	31	1.10	34	10					34	10					135310						34	10									34	10					
April 1-30	30	1.10	33	-					33	-					114984						31	90					1	10			33	-					Forfs 1 days pay. D.O. 100
May 1-31	31	1.10	34	10					34	10					115756						34	10									34	10					
June 1-30	30	1.10	33	-					33	-					119100 72-2516						33	-									33	-					
July 1-31	31	1.10	34	10					34	10					123172 99-2917						34	10									34	10					
Aug 1-31	31	1.10	34	10					34	10					126255 121-2518						34	10									34	10					
Sept 1-	30	1.10	33	-					33	-	143-26/9	164822					33	-													33	-					WRT
Oct.	31	1.10	34	10					34	10					167742						34	10									34	10					WRT
Nov	30	1.10	33	-					33	-					173 27/10 197-28/11						33	-									33	-					WRT
Dec	31	1.10	34	10					34	10					172-427 219-19/12						34	10									34	10					
1920 Jan	31	1.10	34	10					34	10					178 070						34	10									34	10					
Feb	29	1.10	31	90					31	90	193433	274-24.2			94143 251-28-1		31	90													31	90					
			167	20					167	20							31	90			135	30									167	20					

Sheet #2 - March

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

(2.)

M. OR S.

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

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

REGT. No. 725542. RANK Pte. NAME (IN FULL) Lumby G. A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109th Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 15.12.15. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

No. 2 DETACHMENT, C.E.F. 56

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 54 Nottingham St. Guelph. Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE D.S.C.R. in pur for | DATE 27.10.20 | REASON Nil. | AUTHORITY Memo 114 | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1920	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
March	31	1.10	34	10					34	10					29/3-303 32575-72						34	10									34	10					Bal. from Feb. a/c "Nil."
April	30	1.10	33	-					33	-					24/4-21 32931-4						33	-									33	-					
May	31	1.10	34	10					34	10					27/5-46 33083-2						34	10									34	10					
June	30	1.10	33	-					33	-					24/6-68 33198-8						33	-									33	-					
July	31	1.10	34	10					34	10					26/7-21 34458-1						34	10									34	10					
Aug.	31	1.10	34	10					34	10					24/8-45 34610						34	10									34	10					
Sept.	30	1.10	33	-					33	-					27/9-74 34865-9						33	-									33	-					
Oct (see below)																																					
1919 Nov.	183	1.10			W.S.C. S.A. 420 -				420														AR. 188	Date 13/11/19	Cheque No. 169728		W.S.C. S.A. 140 -				140 -		AMOUNT DUE SOLDIER DEPENDENT 280 -		
																							200.	27-11/19	174218		70 -				210 -		210 -		
																							224	29 12/19	179118		70 -				280 -		140 -		
																							257	4/2 20	95669		70 -				350 -		70 -		
																							280	2/3 20	325572		70 -				420 -		Nil.		
																											420 -				420 -				
Oct	27	1.10	29	70	35 -				64	70					97 26 97 26 34-955 34-955		29	70	35 -												64	70					
			265	10	35 -				300	10							29	70	35 -		235	40									300	10					

CAPTAIN, PAYMASTER, No. 2 DETACHMENT, C.E.F.

200M-5-19.—L. — 38/69-... & D. 9983.
M. F. W. 2.96.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Aug 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

Lumby

PARTICULARS OF SEPARATION ALLOWANCE

No. 72 5542

Rank Cpl. Promoted Reverted Discharge

Soldier's Name G. A. Lumby

Battalion 109 Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. J. Lumby

Address 54 Nottingham St.

Change of Address Guelph, Ont.

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31			180	180	a/p acc closed Retd per S. S. 2810 7. X. 9-8-17 21/7/17

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

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. 123
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

S.O.S. Medical fit 27.10.20. MO2.

H.Q. 649-L-8311.

#725542, Pte. G. A. Lumby. George Leland 20th Bn. Farm. 109th Bn.

Medals and Decorations.

Ser. #. 986274.

Plaque and Scroll.

Memorial Cross.

Not Eligible for 14-15 Star
Eligible for V.M
" " B.W.M.

Mrs. Mary Lumby, (Mother),
45 Cross St.,
Guelph, Ont.

do

DO.

Death due to Service
Auth. B.P.C. 4-1-22

698840

56634

Detail Comp. _____ Reqn. No _____

Revue Det. [redacted] 16 1923 Reqn. No 49887

53364 6/2/22

649-L-8311

AS

Number 725542 Rank 9. Gpl.

Surname LUMBY

Christian Name George Alexander

Units 25th Bn Can Inf Theatre of War France

Date of Service 5-10-16

Remarks (Mother) Mrs Mary Lumby 45 Cross St., Guelph, Ont.

Latest Address ~~54 Nottingham St.~~, Guelph, Ont.

Roll No.

B Page 22699

2m-10-21.M.243.

NAME Lumby G. A.

REGT'L No 723342

H. Q. FILE No. 649-

RANK AND CORPS Cpl 20th Bn

FOLLOWS

No.

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B 301	Queensbury Mil Beachborough pk	17-3-17	Inflam. L Knee Joint

REGT'L. No. 725542.

H. Q. FILE No. 649

NAME Lumby. G. A.

RANK AND CORPS Pte. 20 Bn.

CABLE		
No.	Date	NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
306	M.H.C.C. London	29-11-17	To hitley M.C.B. to Guelph McH.
350	M.H.C.C. London	14-12-17	Guelph Dn. C.H. to
354.	" " " " Toronto	18-12-17	W. Unit.
			M. Toronto from "F" Unit
361.	" " " " "	28-12-17	" " Guelph with subs

REGT'L. No. 42552

H. Q. FILE No. 649

NAME Lumley. J. a

RANK AND CORPS Pte 2nd Bn.

FOLLOWS No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A440.	No 6 Can F. d. Amb.	22-1-14	Balanitis + Sypno of Knee
A440	Can Rest Stat	25-1-14.	" " " "
A452	Ex To No 4 Can F. d. Amb.	25-1-14	Synovitis of Knee
A466	Ex To No 6 British + Staples	14-3-14.	Inflam Knee joint acc
B. 329	Ex Queens Can Mil Beachborough Park		
	To Can Convt Monks Horton	19-4-14	" " " "9"
B353	Ditto	25-5-14	" " " acc
289-2	M.H.C.C. Toronto	12-10-17	Trans. to Whitby from F. Unit pending accomodation being available at Guelph.
304.	" " " " "	29-10-17	Whitby to "F" unit
289.	" " " " London	12-10-17.	L. M. E. H. d. T. P. trans. "B" Unit Ont. Mil. Convt. Hosp. Whitby

No. 725542 RANK Pte. Corpl. NAME Trumbey G. A.

T.O.S. 11-12-15. UNIT 109th. Battalion.
D.O. 23.16-12-15.

M.D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 11.	1915 Dec 31.	✓		
1916. Jany	1916	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓	Pro. Corpl. 10-6-16.	D.O. 145 of 12.6.16.
July.		✓		

UNIT SAILED
JUL 23 1916

R. 149.

Name LUMBY George Alexander *Rank* Pte. *Reg. No.* 725542

Unit 20th Battalion.

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-1	No. 6 C. F. A.		Balanitis & Syno. L.Knee.	A440		
25-1	Can. Rest Stat.		do	A440		
25-1	No. 4 C. F. A.		do.	A452		
14-3	No. 6 B.R.X.H.	Etaples.	Inflam.Knee Joint Acc.	A466		
17-3	Queens Can.M.H.	Beachborough Pk.	do.	B301		
19-4	CCH.,Monks Horton.		do.	B329		
25-5	Discharged.		do.	B353		

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

*Name L. LUMBY George A. Rank PTE. Regtl. No. 725542

Original unit ..... Present unit 20th ~~M~~ or S. Age 26 Religion C.E. Fyle Depot ..... Ref. H.Q. .....

Port, ship, and date of arrival Halifax, July 30th, 1917

Next of kin Mother, Mrs. M. Lumby, Same address

Address on leave .....

Address on discharge 54 Nottingham St., Guelph, Ont.

Transportation issued Yes No Date ..... Character on discharge .....

Previous occupation Engineer Date and place of enlistment .....

Diagnosis Crushed Leg.(left) M.O.H. Date of Medical Boards 25-10-20

Date.	Remarks	Pt. 2 Order No.
	D.M.H. to D.O.H. 7-2-19 H.S.#42	
	Neglecting to obey orders. Forfeits 1 days' P&A A.A.46-2-5 H.S.97	
	W.S.G. submitted to P.O. Roll #6.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.
	U.S.G. submitted to P.O. # 8	
30-6-20	S.O.S. #2 DD. on Transfer to General List C.E.F	182 adpx
1-7-20	T.O.S. General List C.E.F #2 Det	Memo I
22-10-20	Discharged Medically Unfit with effect 27-10-20 (To take further In-PATIENT treatment with D.S.C.R.)	" #114

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Lumby	G.	725542

Rank	Unit	Co.	Troop	Batty.
Pte.	20th Bn.			

Hospital	Date of Admission
6 Can Fld. Amb.	22-1-17
Can R. Station	25-1-17

Transferred	Hosp.
4 Can Fld Amb	25-1-17
No 6 British R.T. Etaples.	14-3-17
Queen's Can Mil. Buchborough Park	17.3.17
Mont Horton Conv	19-4-17

Diagnosis Balanitis and Syn. L. Knee.
Inflam. Knee joint acc.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION Discl 25-8-17 Date

C.I. 16-2-17 A440

— 3-3-17 @ 45-2

" 22-3-17 a 466

— 23.3.17 B301.

30-4-17 B329

— 1-6-17 B353

REMARKS

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

10 h

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

LEDGER NO. ..... SERIAL NO. .....

REG. NUMBER 725542 NAME Lumby J. A.

RANK Pte CORPS 2DD

AGE ..... SERVICE .....

NAME OF HOSPITAL Davisville PLACE Toronto

DATE OF ADMISSION 17 12 18

DISEASE Traumatic arthritis L Knee & Hip

TRANSFERRED TO OTHER HOSPITALS Dom Orthe 7-2-19

.....

OPERATION .....

DISCHARGED TO ..... IN CATEGORY D3

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

CARD NO.

FOLL.

SURNAME. Lumby 649 L 8311

CHRISTIAN NAMES George Alexander

REGL. No. 725542 RANK Pte.

UNIT 109th Batt.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Lumby, Mrs. Mary H.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Burnt River, Ont.

~~CHANGE OF ADDRESS~~ Also Notify:
Lumby. Mrs. J.A.
54 Nottingham st.
Guelph. Ont.

L.S.a.a.P. 14-12-16.

COUNTRY OF BIRTH Canada Orangeville, Ont. DATE Oct. 13th. 1891.

PLACE OF ATTESTATION Kenelon Falls, Ont. DATE Dec. 31st. 1915.

O/S 23-7-16 488/21

R/C. 21/7/17. 123

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 Engineer. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 24 YEARS 1 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Fair. EYES Grey. HAIR Lt. Brown.

DISTINGUISHING MARKS Scar on right hand.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Dec. 15th 1915.

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 725542 Rank Pte Name Lumby G.A. (Surname first)

Unit No. 2. DET. C.E.F. who was* Discharged

Oct. 27th. 1920. 191....., to S.C. In Patient.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct 1st to Oct. 27th. 1920 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 27 days at $ 1 00		27 00
Field Allowance 27 days at $ 10		2 70
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		35 00
*Other Credits		
Advances 347955	29 70	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. To. S.C. R. 347956	~~35 00~~	
Total	~~64 70~~	~~64 70~~

*Give particulars.

A monthly stoppage of $ NIL (†) has (‡) been paid on account of

Assigned Pay for the month of NIL 191.....
and Separation Allce. for month of NIL 191..... } (to) Assignee NIL

(Address) NIL

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 15.12.15 married or single N.S.

(2) Separation Allowance, entitled or not. No. (3) Reason for discharge M.U.

(4) Authority for discharge or transfer No. 2. DET. C.E.F. Gen List Memo. 114.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer, or soldier.

Date Oct 26th. 1920

Place Toronto. Ont.

Capt.

Paymaster.

No. 2. DET. C.E.F.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

CANADIAN EXPEDITIONARY FORCE

War Service Badge.
Class A
No. 119215
issued.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 725542 (Rank) Private

Name (in full) LUMBY, George Alexander enlisted in

the 109th. O/S Battalion

CANADIAN EXPEDITIONARY FORCE at Fenelon Falls on the 15th.

day of December 1915

HE served in CANADA ENGLAND & FRANCE

and is now discharged from the service by reason of ~~Demobilization~~ Medical Unfitness.

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

Age 29 years

Height 5' 4½"

Complexion Fair

Eyes Grey

Hair Lt. Brown

Marks or Scars Vacc. Scars Lt. Arm.

Scars 4 left hip 1 right thumb

G A Lumby
Signature of Soldier

Lt. Colonel
Issuing Officer

Date of Discharge
GENERAL LIST C.E.F.
OCTOBER 27th. 1920
TORONTO, ONTARIO.

Officer Administering #2 Det. C.E.F.
Rank

Date 27th. October 1920

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.
100M-3-19.
H.Q. 1772-39-882.

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 BATTALION, C. E. F.

(2) Regimental Number 725542

(3) Full Name of Soldier George Alexander Lumby

(4) Place of Birth Orangeville, Ontario, Canada

(5) Are you married, or not? No

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

(b) Present Postal Address Nil

(7) Are you a widower? Nil

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages Nil

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

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

If so, state name and address ....James A. Lumby, 52 Nottingham St, Guelph. Ontario, Canada

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

If so, state name and address.....Mary H. Lumby, 52 Nottingham St# Guelph.

.....Ontario, Canada.....

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

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

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

.....Nil.....

.....

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

.....Nil.....

.....

.....

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

.....Nil.....

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

If so, in what Company Metropolitan Life Assce.....

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

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

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

Date.....6th July 1916.....

1776

No..... Med. ~~Surg.~~

THE QUEEN'S CANADIAN MILITARY HOSPITAL.

Ward 4

Name Lumby G. H.

Address 54 Nottingham St. Guelph. Ontario Canada

~~Married~~ Single

Age 24

Nationality Canadian

Regiment 20th Bat. B. Eng.

Reg. No. 725542

Address—Parents or Friends 54 Nottingham St. Guelph. Ontario Canada

Date of Injury Jan 22nd

Admitted March 17th Discharged April 17th Days in Hospital 32

Diagnosis Traumatic Synovitis left knee joint

Result Cured

Operation, Date

Discharged in good condition

Remarks Radiant Heat Baths, Massage & Passive movement & then allowed to walk

Geo. Reid Major

No. ..... Med. Surg.

THE QUEEN'S CANADIAN MILITARY HOSPITAL.

Ward ..... Married ..... Single

Name ..... Age .....

Address ..... Nationality .....

..... Regiment .....

..... Reg. No. .....

Address—Parents or Friends .....

.....

Date of Injury .....

Admitted ..... Discharged ..... Days in Hospital .....

Diagnosis .....

.....

.....

Result .....

Operation, Date .....

.....

.....

.....

Remarks .....

.....

.....

.....

.....

.....

THE QUEEN'S CANADIAN MILITARY HOSPITAL.

No. _____ Name Tumby. G. A.

Enlisted	Dec 11th 1915 Lindsay. Ontario
Trained	Kingston Ontario
For France	Sept 6th 1916
Sick	Jan 22nd Bruay
Admitted to Q. C. M. H.	March 17th
Hospitals	No 6 F.A. C. R. S. No 6 C. C. S. Liverpool Merchants Etaps

THE QUEEN'S CANADIAN MILITARY HOSPITAL.

NAME Lumby. Pte. George. 725542.
20th Batt. C.E.F.

Traumatic Synovitis.

Patient twisted his knee severely on March 5th 17. Knee became very painful, swollen. Sent to Field Ambulance, Casualty Clearing Station and thence to Liverpool Merchants Hospital Staffs., and on to Q.C.M.H. via H.S.S. "Brighton" to Bonn & Shoreliffe.

On admittance here, there is still a moderate amount of fluid in the knee joint, limitation of movement and there is a great deal of creaking in the joint as it is worked. Radiant Heat Bath applied every second day followed by massage & passive movement. Condition improving.

Pte. Scott Stark

DISEASE.

Notes of Case.

Name { Mr George Lumby

Age 24

Diet

Case Book No.

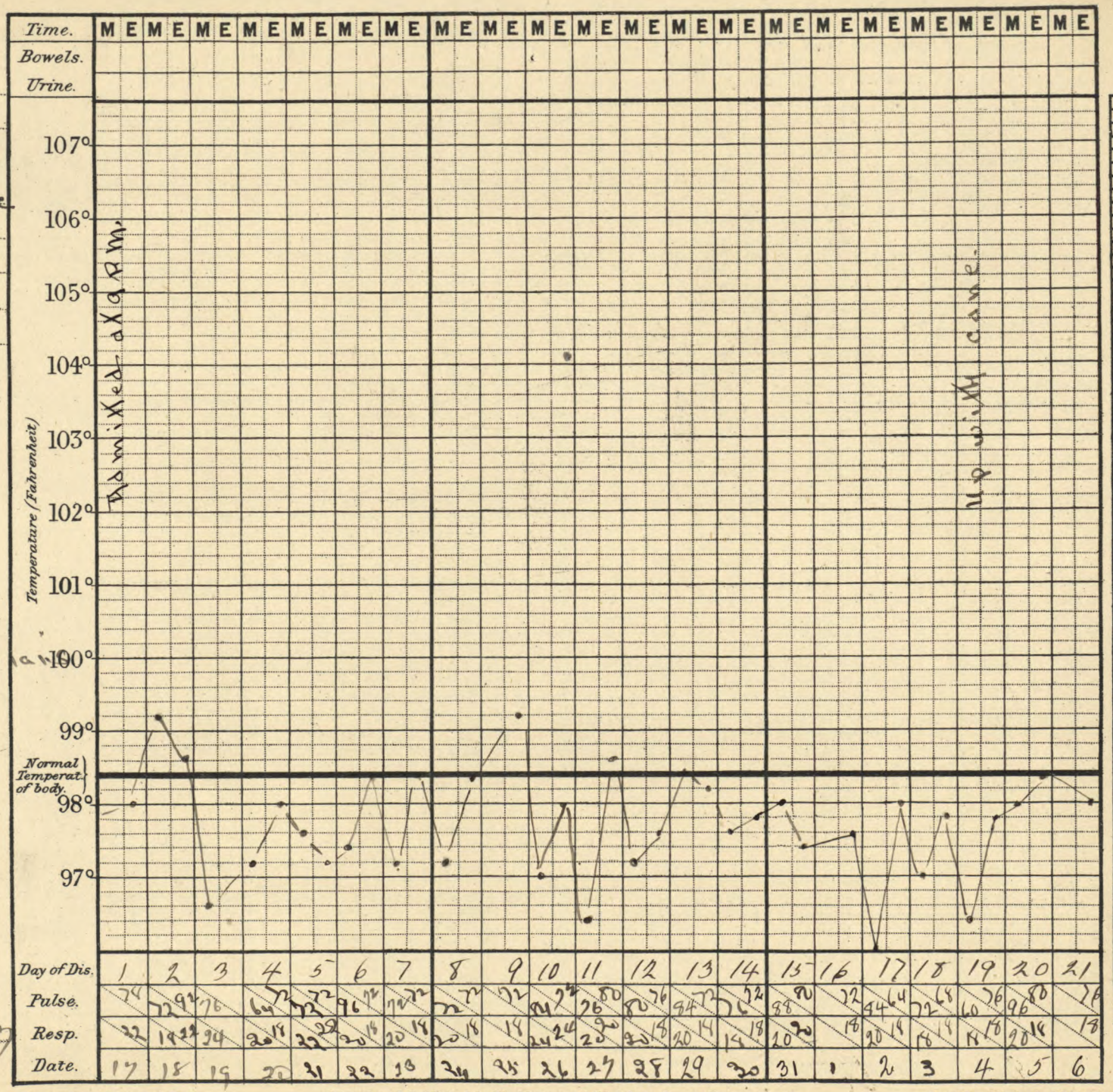
No. 725542

Rel. C. of E.

Regt. 20th Canadian

Date of admission. March 17th 1917

Result



Entered at Stationers' Hall. Printed and Published by Wodderspoon & Co. 6, Gate Street, Kingsway, W.C. Gould's Clinical Chart.

B. E. Carveth

DISEASE.

Notes of Case.

Name Pte. George Lumby.

Age 24

Diet

Case Book No.

No. 725542.

20th. Con. Inf.

Date of admission. March 17-1917

Result

Time.	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E
Bowels.																																
Urine.																																
Day of Dis.	22	23	24	25	26	27	28	29	30	31	32																					
Pulse.	108 60	88	88	80 96	40	80 50	92 76	100 80	100 100	104																						
Resp.	20 18	18	1 18	20 18	18	24 18	18 18	20 18	18 18	24																						
Date.	7	8	9	10	11	12	13	14	15	16	17																					

Temperature (Fahrenheit): 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Normal Temperat. of body.

Temperature. (Centigrade): 42°, 41°, 40°, 39°, 38°, 37°, 36°, 35°

Discharged at 6.30 P.M.

Entered at Stationers Hall. Printed and Published by Wodderspoon & Co. 6, Gate Street, Kingsway, W.C. Gould's Clinical Chart.

B. E. Carveth

QUADRUPLICATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

"F" UNIT
M. H. COMMAND

123-19

LAST PAY CERTIFICATE

30-12-17

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

Regimental No. 725542 Rank Pte. Name Geo. C. Lumby

Corps 109 Bn who was* Transferred

On December 15 1917, to "D" Unit M. H. Command.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec 1 1917, to Dec 14 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 14 days at $ 1 c ~~00~~	14	00
Advances by Cheques } No.			Field Allow. 14 days at $ c 10	1	40
Assigned Pay No.			Other Allowances*		
Other Charges*					
Payment on ~~transfer or~~ discharge No. 12220	15	40	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	15	40	Total	15	40

*Give Particulars.

A monthly stoppage of $ Nil (†) has ——— (‡) been paid on account of Assigned Pay for the month of ——— 191... to (Assignee) ...

(Address) (of man) 54 Nottingham St., Guelph, Ont.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 15/12/15

(2) if married and if a Separation Allowance Card has been submitted No. Single

(3) cause of discharge and authority DO. 350 - 16/12/17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date ...

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

Date DEC 1 9 1917

Place LONDON, ONT.

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

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

M. F. W. 44.

30M.—8-17.
H. Q. 1772-39-903.

DUPLICATE

(AW)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

B-1-25

LAST PAY CERTIFICATE

F. UNIT 30-L-
M. H. C. COMMAND

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

Regimental No. 725542 Rank Pte. Name Lumby, G.A.

Corps 109th Bn. who was* Transferred

On 13th October 1917, to "D" Unit, M.H.C.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1st. 1917, to Oct. 12th 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		10
Advances by Cheques } No. 9020	15.	10	Regt'l Pay 12 days at $ 1 c 00	12.	00
Advances by Cheques } No.			Field Allow. 12 days at $ c 10	1.	20
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	1.	80
Total	15.	10	Total	15.	10

*Give Particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address) of man, 54 Nottingham St.,

Guelph, Ont.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No, Single.

(3) cause of discharge and authority D.O. 289- 16/10/17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date OCT 17 1917

LONDON, ONT.

Place

Paymaster F. Unit, M.H.C. Command

Lieut.

Paymaster

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

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

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks. (Vide Articles 129, 160 and 111 Financial Instructions, 1917, C.E.F. 1916).

Regimental No. ..... Rank ..... Name ..... Unit .....

Corps ..... who was ..... discharged

On ..... 19..... from ..... C.E.F.

"Incapable of duty" or "Invalided".

The following is a statement of the account of the above named from ..... 19..... to ..... 19..... the date of transfer or discharge.

Bal. Dr. from prev. month		Bal. Cr. from prev. month	
Advances by Chaplain No.		Pay at ..... days at $	
Advances by Chaplain No.		Pay at ..... days at $	
Assigned Pay No.		Other Allowance	
Other Charges		Other Credits	
Payment on account or discharge No.			
Balance Cr. (to be paid by the new unit)		Bal. Dr. (to be debited by new unit)	
Total		Total	

Particulars

A monthly voucher of $ ..... has been paid on account of assigned Pay for the month of ..... 191..... to assignee (Address) .....

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlargement.

(2) If married and if a Separation Allowance Code has been applied ..... 19..... 19.....

(3) Reasons of discharge authority ..... 19..... 19.....

If discharged from the Contingent, state if then Assignment advice or assigned Pay has been forwarded and date.

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

Date .....

Place .....

Paymaster

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

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

M. T. W. 44.

(COPY)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 725542 Rank Pte. Name Lumby, G. A.

Corps 109th Bn. who was* Tfd.

On 29-10 191 7, to "F" Unit, M.H.C.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 13-10- 1917, to 31-10- 191 7, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month	1.	80	Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 19 days at $ 1 c	19.	00
Advances by Cheques } No.			Field Allow. 19 days at $ c 10	1.	90
Assigned Pay No.			Other Allowances*		
Other Charges*					
Payment on transfer or discharge No. 37169	19.	10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	20.	90	Total	20.	90

*Give Particulars.

A monthly stoppage of $ Nill (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No.-single.

(3) cause of discharge and authority D.O. 304.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date November 2nd, 1917.

Place Toronto, Ont. (signed) Malcolm J. Cockburn.

F. Unit M.H.C.C. Paymaster

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

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

M. F. W. 44.

150M.—4-17.
H. Q. 1772 39-903.

N.C.O. Sgt. 12/11/17.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form is to be used for all Ranks (Vide Pamphlet No. 14, Pay Instructions, 257Tbc, C.E.F., 1916).

Regimental No. ..... Rank ..... Name .....

Corps .....

On ..... 19 – .....

The following is a statement of the amount due to the above named from ..... 19 – ..... to ..... 19 – ..... 19 ..... inclusive on discharge.

		$	c
Bal. Dr. from previous month			
Advances by Cheques } No.			
Assigned Pay No.			
Other Charges			
Payment on transfer or discharge			
Balance Cr. (to be paid by this voucher)			
Total			

A monthly allotment of $ ..... has been paid on account of Assigned Pay for the month of ..... 19 ..... by Allotment No. ..... (Address) .....

Outfit Allowance of $ ..... has been paid by Cheque No. ..... on account.

REMARKS

State (1) date of enlistment

(2) if overseas and if a commissioned officer, whether Allotment and Allowance Authorized

(3) cause of discharge and number

If discharged from the Contingent, state if Pay Director has been advised, Pay has been forwarded, and date

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

Date ..... 19 .....

Place .....

Paymaster

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

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

M. S. W. 44

(30m—6.17
H. Q. 577-21-302.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 725542 Rank Pte. Name Lumby, G.A.

Corps 109 Bn. who was* tfd.

On August 1 1917, to "F" UNIT M.H.C. LONDON

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 6-7- 1917, to 31-7- 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
			5/7/17.		
Bal. Dr. from ~~prev. month~~ A.R. 3570	4	87	Bal. Cr. from ~~prev. month~~ Engh.P.C.	68	34
~~Advances~~ No. On Board	9	73	Regt'l Pay 26 days at $ 1 c	26	00
by ~~Cheques~~ No. D.D. Que.	60	00	Field Allow. 26 days at $ c 10	2	60
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit)	22	34	Bal. Dr. (to be deducted by new unit)		
Total	96	94	Total	96	94

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of July 1917 to (Assignee) Mrs. J. Lumby,

(Address) 54 Nottingham St.,
Guelph, Ont.

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

On Transfer of an Officer. Address;- 54 Nottingham St., Guelph, Ont.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted Mo.

(3) cause of discharge and authority CLASS II MED. UNFIT

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date August 21,1917.

Place Ottawa, Ont. (Sgd) M.Mc.Lean, Capt
Paymaster

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

M. F. W. 44.
150M.—4-17.
H. Q. 1772-39-603.

CASUALTIES C.E.F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 2571fc, C.E.F., 1916).

Regimental No. ..... Rank ..... Name .....

Corps ..... who was*

On ..... 191.., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ..... 191.., to ..... 191.., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay ..... days at $		
Assigned Pay No.			Field Allow. ..... days at $		
Other Charges*			Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total			Total		

*Give Particulars.

A monthly stoppage of $ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191.. to (Assignee) .....

(Address) .....

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

On Transfer of an Officer.

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

REMARKS:

State (1) date of enlistment.

(2) if married and if a Separation Allowance Card has been submitted.

(3) cause of discharge and authority

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date .....

Place .....

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

M. & S. W. 44.
100M—4-17.
H. Q. 1175 38-203.

.....HOSPITAL

X. RAY INSERT

Name Lumsby. No. Unit Age

Rank

No. of Plate

Date

All Reports must be signed and dated

Mar 13 1945	Bed. Splint with extension - leg in better shape and more comfortable still discharging profusely. G.C. fair.

G. & T. 76328 "D"

.....HOSPITAL

X RAY INSERT

Name | No. | Unit | Age

Rank

No. of Plate

Date

All Reports must be signed and dated

G. & T. 76328 "C"

.....HOSPITAL

PROGRESS INSERT

Name | No. | Unit

Rank

Date

All Progress Notes must be signed and dated

Apr 24/18 - General condition - improved. Fluid still present. Extension. Aspirate again in few days.

June 3/18 In bed with extension 12 lbs on -

" 30/18 - Aspirated - 50 ccs fluid & injected 30 ccs Iperine & iodoform emulsion.

July 10/18 - Abscess filled up again.

Sept 9/18 - To have operation - curetting of abscess cavity. Sept 12/18.

Sept 13/18 - Under general anaesthesia large abscess cavity below fascia lata opened up. About pint of greenish yellow pus evacuated. Cheesey material throughout. Lining of cavity curetted. Sequestra sloughing removed. Cavity extends upwards to hip joint. Well cleaned out and then fascia lata stitched up. Horsehair in skin

Oct 1/18 - Stitches removed 3 days ago. Cavity not filling up. Maj Robertson saw patient and is going to procure special long splint. Superficial gaping of incision.

Oct 22/18 - Dry dressing. Incision healing.

Nov 14/18 - Incision healing - but slowly. No further pus formation.

Nov 21/18 - See Col Stars re further treatment

.....HOSPITAL

PROGRESS INSERT

Name | No. | Unit

Rank

Date

All Progress Notes must be signed and dated

Dec. 6/18 – measured for splint & boots

Dec 29/18 – Has splint – boots too big.
Splint broken

Jan 6/19 – new measure for boots & splint.

Feb 8/19 – awaiting splint – strike on.

" 8/19 – transfer to Christie St.
To board to D.S.C. as convalescent
Splint arrives & is satisfactory

JK.

R—122

A.C. Rank Pte. Name LUMBY, George Alexander. Reg'l No. 725542

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

Place and Date of Enlistment Fenelon Falls. Dec. 15th. 1915 Place of Birth Orangeville, Ontario.

Name and Address, Next-of-Kin Mrs. Mary H. Lumby.

Burnt River, Ont., Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 5646
File R.L.
Category Gen M.

D.M.T. 30.11.22.

Clear Cas.

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.
		Arrived in England per H.M.T. 2810 31-7-16			
5.8.16	O.C. 109th	Appt'd Prov. Cpl	Witley		P.II D.O. 218
5.10.16	do	T.O.S. to 20th Batta	Bramshott	5-10-16	P.II D.O. 279
11-10-16	20th Bn	T.O.S. from 109th "	Field	6-10-16	" II 55.
do.	do.	Reverts to rank of Private	do.	do	do.
16.2.17	do	Adm'd No 6 Can fld Amb	do	22-1-17	C.R.A. 440 Balanitis and Synovitis
"	do	Transf'd to Can Rest Stat	do	25-1-17	" " "
3.3.17	do	" " No 4 Can fld Amb	do	25-1-17	" 452 "
22.3.17	"	#6 British Red Cross Hosp.	do	14.3.17	" 466 Inflam. knee joint acc
23.3.17	"	Queens Can. Mil. Hosp.	Beachboro' Pk.	17.3.17	C.L.B. 301 " " " "

A.F.B. 103 CHECKED 16 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.
27. 3. 17.	1st C.O.R.D.	To S on joining from 20th Bn	W Sandling	17.3.17	Pt II DO. 18
23. 3. 17.	20th Bn	Invalided (sick) & posted to 1st Cen			
		Dist Regt Depot S'cliffe	Field	17.3.17	✓✓ 23.
23.3.17.	"	adm Queens Can Mil Hy	Beachborough Pk	17.3.17	Ch B 301 Inflam of Knee.
30.4.17.	"	To Convalescent Hy	Monks Horton	19.4.17.	Ch B 329 ✓✓✓
1-6-17	"	Disch. " " "	" "	25-5-17	B.L. B353 ✓✓✓
6-6-17	1st C.O.R.D	brace to be shown in Hosp and Posted to Dep bo	W Sandling	26-5-17	Pt II 089.
18-6-17	✓	braces att to Dep bo. & on Comm to ~~I.B.A.P.B London~~ Inst Det S'cliffe	✓	18-6-17	— 101 1st C.O.R.D DO 105.
22-6-17	✓	braces att to Inst Det S'cliffe	✓	18-6-17	— 105
28-6-17	✓	att to 1st C.D.D. pend Dischg to Canada	✓	28-6-17	— 111
16.7.17	✓	S.O.S. to Canada	✓	10.7.17	— 129
	Des Dpo	To Conv. Home	M.D.1 London	21.7.17	NR 317

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte Lumley G. A.

Regimental No. 725542

Unit 169 Bn

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin 54 Wellington St. Guelph, Ont.

Date and place discharged 29.10.17

Reason for discharge O.O. 304

Character on discharge Trans to F. Unit

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Oct 13	31	19	1	19	19	10	1 90		20 90	37169		19 10		180	20 90	On pay D0298 Dr. Bal. L.P.C.

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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			No.	Date					

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. Lumby G. A.

Regimental No. 725542

Unit 109 Bn

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin 54 Nottingham St. Guelph, Ont.

N. J.

Date and place discharged

Reason for discharge

Character on discharge

(1)

5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Dec 15	31	17	1	17	17	10	1 70		18 70	49023		18 70			18 70	
Jan 1	31	31	1	31	31	10	3 10	8 80	42 90	55479		36 30		6 60	42 90	Ont 23/2/17 D.O.361 In 3.1.18 D.O.7.
Feb 1	28	28	1	28	28	10	2 80		30 80	60254		30 80			30 80	Forfeits 6 days. P.4a. D.O.9
Mar 1	31	31	1	31	31	10	3 10		34 10	65307		31 67		2 43	34 10	Amend. L.P.C.
April 1	30	30	1	30	30	10	3		33	69602		33			33	
May 1	31	31	1	31	31	10	3 10		34 10	76356		34 10			34 10	
June 1	30	30	1	30	30	10	3		33	83390		33			33	
July 1	31	31	1	31	31	10	3 10	✓	34 10	AR 6434					34	
														Cr Bal	10	
									34 10						34 10	
								10								

Ford

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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			No.	Date					

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte Lumby G A.

Regimental No. 725542.

Unit 109 Bn

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin
54 Nottingham St. Guelph. Ont.

Date and place discharged

Reason for discharge

Character on discharge

(2.)

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Aug 1	31	31	1	3 10	31	1 0	3 10	10	34 20	36574		34 20			34 20	
Sept 1	30	30	1	30	30	10	3		33	38726		33			33	
Oct 1	31	31	1	31	31	10	3 10		34 10	40564		34 10			34 10	
Nov 1	30	30	1	30 -	30	10	3 -		33 -	42810		33 -			33 -	
Dec 1	31	31	1	31 -	31	10	3 10		34 10	44862		34 10			34 10	

TRANSFER

M. F. W. 41
100M-1-18.
1772-39-889.

Name

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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			No.	Date					

M. F. W. 41
1 0M—7-16
1772-39 889.

(1041)

Name Lumby, (Pte.) G. A.

Regimental No. 725542.

Unit 109th Bn.

Date of enlistment 28-7-17 Med. Bd. Rec. Con. Home 3 mos.

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $15.00 31-7-17.

To whom payable Self. Nil.

~~Name~~ Home and address of ~~next of kin~~ 54 Nottingham St., Guelph, Ont.

Date and place discharged

Reason for discharge

Character on discharge

S.S. Olympic, 21-7-17. Class II. H. Q. 649-L-8311.

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	5 7/17							6834								L.P.C. Reg.
6 7/17	31 7/17	26	1.00	26 =	26	.10	2.60		96.94					*4.87		* A.R. 3570.
														°9.73		° On boat.
														-60 =	74.60	D. D. Due.
												Dr. Bal.			22.34	
									96.94						96.94	Trans. to "F" unit
								Cr. Bal. down	22.34					°2.43		fr. 6-8-17 with
												Cr. Bal.		19.91	22.34	Cr. Bal.

°Suppy. A.P.33. 17/4/7. 21-2-18. W.H. Sheliffe
to "F" unit 21-2-18.
28/2/18 "F" fwd Sup to "D" unit.
14/3/18 D" unit acktg'd.
memo Dr 2.43

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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			No.	Date					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs J Lumby

L. L. Job 310.—Req. 6574.

Name of Soldier Lumby G. H. 729842 - Pte - 109 Bn

$15

AUG 1 1916

	Month.	Year.	Cheque No.	Amt.	Remarks.
	April	1916			
	May				
	June				
	July				
	Aug.		G 15744	15	
	Sept.		C 17443	15	
	Oct.		E 21850	15	
S.W.B	Nov.		C 27339	15	
	Dec.		C 36541	15	54 Nottingham St Guelph Ont 20/12/16
	Jan.	1917	L 40455	15	
	Feb.		L 45530	15	
	March		D 51634	15	15 60
	April		C 2953	15	15 R
	May		C 9184	15	
	June		B 17019	15	
	July		Cancelled	15	
	Aug.		~~N 30332~~	~~15~~	N 30332 Cancelled -
	Sept.			15	B 180
	Oct.				A/c Closed
	Nov.			180	Ret'd per S.S. 2810
	Dec.				Date 21-7-17 F. X. 9-8-17
	Jan.	1918			Clerk
	Feb.				
	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.					

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Ems

To Whom Mrs J Lumby.

Address ~~52 Lanningham St.~~ 54 Nottingham St Guelph.

Ont. 20/12/16

Rate $15

AUG 1 1916

By Whom Assigned Lumby. G. A.

Regtl. No. ~~729842.~~ 725542

Rank Cpl.

Corps 109 Bn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			COPIED FOR 2 CASUALTIES.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			CONSOLIDATED 6 ACCOUNT
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Orangeville Ont

NAME AND ADDRESS OF NEXT OF KIN: Mary H. Lumby, Burnt River Ont

RELATIONSHIP OF NEXT OF KIN: Mother

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
Reverts to Rank	6/10/16	B.O.55 1/10/16

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 725542 RANK Cpl Pte NAME Lumby George Alexander

IF IN PERMT. CORPS WHAT UNIT: UNIT 109th Bn TRANSFERRED TO 20th Bn DATE 5/10/16 AUTHORITY B0279

PERMANENT FORCE ALLOWANCES: TRANSFERRED TO C.E.A.C. DATE 29/4/17 AUTHORITY Can Lieut Bd 23/3/17

PLACE OF ATTESTATION Fenelon Falls Ont: TRANSFERRED TO British Hosp. DATE 31.5.17 AUTHORITY

DATE OF ATTESTATION Dec. 15-1915: TRANSFERRED TO Depot Co. DATE 4-7-17 AUTHORITY A.G. 2-1-29 27-6-17

N.E. Bde 17.1.18

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Aug 1st 1916

PAYABLE TO Mrs J Lumby 52 Lanningham St Guelph Ont RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO: Code cancd RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.8.17 REASON Discharged to Canada

DISCHARGE DATE AND PLACE 8/7/17 Canada REASON AND AUTHORITY A.G. 2-1-29 27-6-17 Invalided.

Checked by J.C. Scott

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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														15 20	15 20									Bal. from Canada							15 20				
Aug 31	31	1.10	34	10	31	10	3	10							37 20	20	9/8/16							974				15		24 74	27 64		1 20		
Sept	30	1.10	33				3								33	51	31/8/16	63	15/9/16					1217	730			15		34 47	29 19		3 20 / 4 50 / 24 12		
Oct.	1-5		5	50				50							6													15		15	20 19				B0279 Jan 20th Bn 5/10/16
6/31	26	1.	26		26	10	2	60							28 60					17535	17/10/16				5 23					17 40	31 39				
Nov	30	1	30		30	10	3								33 00	1322	31/10/16			122	31/7/16				12 17										
																								262				15		17 62	46 77				
Dec	31	1.	31		31	10	3	10							34 10	1380	23/11/16							2 62				15		17 62	63 25				
1917			15	30			15	30								1521	16/2/16																		
																1692	16/12/16							11 34											
Jan	31	1.10	34	10											34 10		16/1/16							5 23				15		31 57	65 78				
Feb	28	1.10	30	80											30 80													15		15	81 58				
March	31		34	10											34 10					19780	3/3/17				2 61			15		17 61	98 07				
Apl/28	28		30	80											30 80													15		15	113 87				Trans to CEAC eff 29/4/17 GLB301-28/3/17
Apl. 29.30	2		2	20											2 20																116 07				
			306	90										15 20	322 10									48 72	7 30	20 01		135		206 03					

Date of Payment	No. of Acq.
17.4.17	8
12.5.17	32
30.5.17	
12.6.17	
27.6	

N.

Sailing List #41 - 10/7/17, G Bal 634

#725542 R. Lumby G.A. A.P. 15 08

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
1917			306	90										15 20	322 10									43 72	7 30	20 01		135		206 03	116 07				
May	30	1.10	33												33													15		15	134 07				
31	1		1	10											1 10																135 17				
June 1-30	30		33												33													15		15	153 17				
July 1-3	3		3	30											3 30													15		15	141 47				
1/11			22	30										15 20	392 50									42 72	7 30	20 01		130		250 03					
	2		2	20										11	2 31																143 78				
																		3570	2/7/17 X																
Sept.																									4 86					4 86	138 92				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLOT. ENG.
1917											
Oct.	Balance bt forward								138 92		
" "				D.N. A/R 336 12/7/17 Pensions & S.S.H. A/c	4 86						
				DN A/R 15/4/17 1st Corp.	4 87				129 19		
Nov				Sec A/c 81. 14/4/17 Civil Hosp.	9 73 2 43						
				" 111 30/5/17 Civil Hosp.	5 10						
				" 33. 17/4/17 Pl. & Sheff.	2 43						
				" 53 30/6/17 1st Corp.	12 17				61 06		
					68 13						

Transferred to Can Liability a/c

Balance transferred to N. E. Branch. Nil

REMARKS

Appt Debt Suffered 4/9/17 Auth. A.G. 2-129. 2/8/17

11 Dr Def Pay to 31/5/17

Appt stopped 1.8.17

A3M. FORM REN'D ..... EFFEC. 1.8.17
DISCHARGED TO Canada DATE 5/9/17
PAYBOOK VERIFIED 5/9/17
Cr. BAL. $68.37 L.P.C. REN'D 5/9/17
AUT. HY. Pl. 2-129 27/6/17

invalided

checked: N. Jackins

Appt Endorsed on L.P.C. Included Sup. L.P.C. 7/1/18. Cr. Bal. $61.06