

"a" Coy.

# ATTESTATION PAPER.

No. 724713

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

**ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... *Runney*
- 1a. What are your Christian names?..... *Robert Egerton*
- 1b. What is your present address?..... *81. Robert St Toronto*
2. In what Town, Township or Parish, and in what Country were you born?..... *Queensound Ont.*
3. What is the name of your next-of-kin?..... *Margaret H Runney*
4. What is the address of your next-of-kin?..... *26 Elmwood Ont.*
- 4a. What is the relationship of your next-of-kin?..... *mother*
5. What is the date of your birth?..... *17th Nov. 1890*
6. What is your Trade or Calling?..... *carpenter*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *yes*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *DEC 8 1915* 191 . . . . . *Robert Egerton Runney* (Signature of Recruit)  
*Wm H Campbell* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *DEC 8 1915* 191 . . . . . *Robert Egerton Runney* (Signature of Recruit)  
*Wm H Campbell* (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 *Lindsay* this *9th* day of *January* 1916.

*[Signature]* (Signature of Justice)

6



# Description of Robert Egerton Lunnery Enlistment.

Apparent Age 28 years 11 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 1/2 ins.

*Scar over left eye*

Chest measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

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

Date Dec 8 1915

Place Lindsay Ont

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

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Egerton Lunnery 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.

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

Date JAN 10 1916



REGIMENTAL DOCUMENTS

NAME LUNNEY Robert Egerton REGT. NO. 7247 <sup>8</sup> UNIT 38th C.I. Bn H. Q. FILE NO. D <sup>Ham 12-5-19</sup>

**9**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

*38*

*Ret 23-2-20*

*Best*  
*Ret 11-4-22*  
**34703**

**DEATH**  
Category **I**

**DISCHARGE**

Category *Remob.*

**DESERTION**

**H**

*44 - 2*  
*27-27*  
*8 - 27*

*2*

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)  
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)  
TRAINING HISTORY SHEET (M.F.W. 113)  
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)  
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)  
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)  
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)  
1 DENTAL HISTORY SHEET (M.F.B. 465)  
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)  
MEDICAL EXAMINATION (M.F.W. 129)  
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)  
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)  
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)  
LAST PAY CERTIFICATE (M.F.W. 44)  
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)  
1 PARTICULARS OF CHARACTER (A.F.W. 3226)  
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)  
2 *mis*  
*PH 3*  
*PH 3A*  
*PH 3B*  
*PH 3C*  
*PH 3D*  
*PH 3E*  
*PH 3F*  
*PH 3G*  
*PH 3H*  
*PH 3I*  
*PH 3J*  
*PH 3K*  
*PH 3L*  
*PH 3M*  
*PH 3N*  
*PH 3O*  
*PH 3P*  
*PH 3Q*  
*PH 3R*  
*PH 3S*  
*PH 3T*  
*PH 3U*  
*PH 3V*  
*PH 3W*  
*PH 3X*  
*PH 3Y*  
*PH 3Z*







**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 *724713*

(3) Full Name of Soldier..... *Robert Egerton Lumley*

(4) Place of Birth..... *Oura. Sand. aut.*

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

(6) If married, state,  
 (a) Full name of your wife..... *No*

(b) Present Postal Address..... *nil*

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

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



(9) Is your Father alive? *yes*  
If so, state name and address *George Lunny*

(10) Is your Mother alive? *yes*  
If so, state name and address *Margaret Lunny*  
*Elmwood. Ont*

(11) If your Mother is a widow *no*  
Are you her sole support, or not? *no*

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

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

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

15) Are you insured? *no*  
If so, in what Company? *nil*  
Have you made arrangements for payment of your Insurance premium? *nil*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date **JUL 19 1916**

*J. J. Cannon*  
Officer Commanding Major  
109th Overseas Battalion, C. E. F.



Remedial Treatment Gymnasium,  
Canadian Hospitals and  
Command Depots.

LEAVE THIS  
BLANK.

W.O. /  
Place: - C.M.C. + Epson

Regt. No. 72473 Rank 1st Name Lumley R.E.

Unit 38 Com Age 28 (Adm. 2-1-19)

Division A Hut 9 Date of ( 13-1-19 )  
(Disch.)

DISABILITY.

Date.

Sept 29-19

Blw - Foot R.

CLASS.

Gym

Hours of  
Attendance,  
a.m. 1000

MACHINES.

p.m.

REMARKS.

no disability



LEAVE THIS  
BLANK.

PROGRESS, Notes.

18/1/19 Hoop for  
Peter Currier

DISPOSITION.

Hoop

Henry Hoop  
Officer i/c Gymnasium.

Capt.



Name **Lunney** **Robert Egerton**  
 Rank **Pte.**

Reg. No. **724713**

Unit **38<sup>th</sup> Bn.**

(Next of Kin) **M. H. Lunney, P.O. Elmwood, Ontario.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915						
29-9	22. C.C.S.	SW. Fort. R		1336	1000	37466
1-101	16. G. B. he Jackson		DO	1338		454-4
6-10	1 <sup>st</sup> S. G. St. B. ham.		DO sev.	1338		28334
31-12	mie (ca) M. L. person.		NO	1410		1229
23-1-19	16 B. G. H. Officer	District Medical R		1428		15650
4-2	Discharged		DO	1441		10876
4-2	Will proceed on 16/2/19 to 6th Res. Squadron					Exp. 330







REGT'L. No. 724713

H. Q. FILE NO. 649

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS  
NO.

FOLLOWS

70-3  
 Mrs Margaret Sumner "Mrs"  
 Lakesley Ont.

6600 6-10-18 Adm. 22. C. C. S. Sept 29/15.  
 HP. 4336 3-10-18 Gsw. R. foot.

Deceased. 15-2-22 - Tuberculosis  
 Aish. B.D.C. m. d/27-3-22.



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

2338 <sup>3</sup>	16 New Le Report	1-10-18	SW. R Foot
B338 <sup>1</sup>	1 South View, Birmingham	6-10-18	" " " (See
B. 410 <sup>2</sup>	10 mil. Cond. Epsom.	31-12-18	GSW. foot - R. see.
B428 <sup>1</sup>	1016 Can. Gen. Orpington.	23-1-19	Otitis media R
B441 <sup>1</sup>	Desc	4-2-19	" " "



C

NAME *Lunnery, Robert Egerton* "J.2" 888 3419 Demob  
105 of 15-419 2200

RANK & NO. *Pte.*

1508 *admiralabu*  
2 ER. *Lo Service*  
22 m. A  
27327

724713

CORPS *109th.*

Batt.

ENLISTMENT, PLACE *Lindsay, Ont.*

DATE *Jan. 4<sup>th</sup>; 1916.* S.

FORMER CORPS *Nitz*

COUNTRY OF BIRTH *Canada, Owen Sound, Ont.*

NEXT OF KIN *Lunnery Mrs. Margaret H. (Mother)*

ADDRESS OF NEXT OF KIN

*C. Kesley, Ont.*

*S.O.A.P. 4-1-18. R.W.*

DISCHARGE, PLACE

*0/5 23-7-16 488*

*21*

L. L. 85779—M. & D.—6011.



*A/C. 1-4-19 295*  
*30 Pte* M. F. W. 22. 100 m.—9.15.  
H. Q. 1772-39-839.



REMARKS:



No. 724 713. RANK

Pte.

NAME

Lunney R.

C.

T. O. S. 8-12-15. UNIT

109th. Battalion.

D.O. 17. 9-12-15.

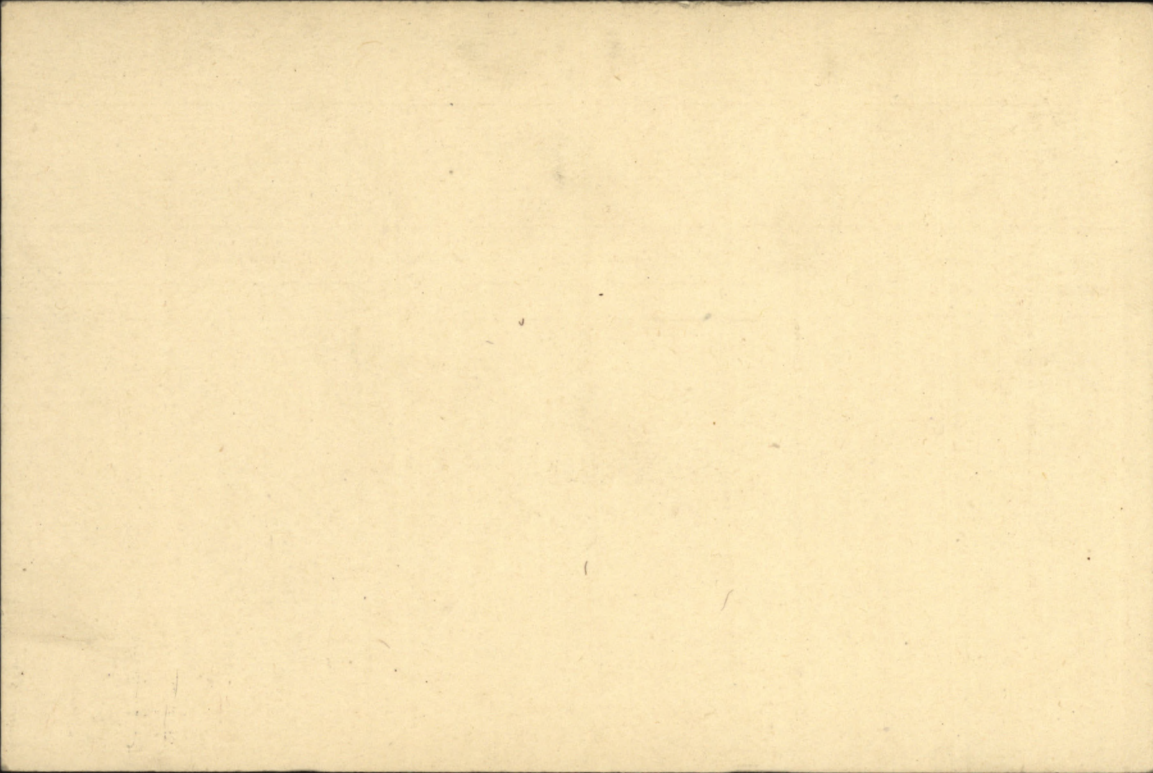
M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Dec 8	Dec. 31	✓		
1916	Jan 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916







916P  
m  
P

Number. 724713 . . . . . Rank. Pte . . . . .

Surname. LUNNEY . . . . .

Christian Name. Robert Egerton . . . . .

Units 38th Bn, Can Inf. Theatre of War. France . . . . .

Date of Service 6-12-16 . . . . .

Remarks. . . . .

Latest Address. ~~Cherley Ont 30 Sterling~~ . . . . .  
London . . . . .  
Ont . . . . .

Roll No. *B*  
*Page 5781*

B  
V



9274 8621 0013

SEP 2 1921



*S.O.S. 3-4-19 M.D. 2 Remob.*

LUNNEY, 724713, Pte. Robt. E. *Egerton*

649-I-12423 ✓  
*38th BN*

MEDALS &  
DEC. (Widow)

Mrs. R.J. Lunney,  
1273 Dundass St.,  
London, ONT.

*(Ser. # 985-407)*

P. & S. (Widow)

AS ABOVE *(died 15-2-22.  
death due to Service  
auth B.P.C.)*

MEMORIAL CROSS (Widow)  
also Mother

" "  
Mrs. Margaret Lunney,  
74 Bastedo Ave.,  
Toronto, ONT.

*not eligible for 14-15 star  
Eligible for V.M.  
" " " B.N.M.*

58783  
*man*



MAI 30 1923  
Desp. Reqn. No. 56221

Desp. Reqn. No. 49455  
MAI 30 1923



Surname

Christian Name or Names

Reg. No.

*Sunney*

*R.E.*  
Unit

*724713*

Rank

*pte*

*Co P P C L.S. 38B*

Cas. List.

*7-10-18 A 333-3*

*9.10.18 B 338*

*6.1.19 B 410-7*

*27.1.19 B 428/1*

*11.2.19 B 441*

*16 G. Let report 1-10-18-*

*Siv R foot of*

*R.S. Blam 6.10.18*

*Woodcote Cymon 31-12-18*

*16 Can Gen Orpington 23.1.19*

*Otitis Media Rt. E.*

*Dis. 4.2.19*

A.M.D. 2 Dept

Boh. of D.G.M.S. O.M.E.C. Lab. Co.



Cas. List.







(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

MAR 24 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 105  
 APR 3 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 D. S. DEPOT, PART II D. O. 106-

*W. K. K. K.*

For O. C. No. 2 District Depot.

Nothing to be written in this margin.







124/13.  
Lumney Rb.

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				
9. 9. 18	38 <sup>th</sup> Bn	One G. C. B.		8. 12. 17	Bn 30022-22. 3. 18.
29. 9. 18	22ccs		aan 22ccs.	29. 9. 18	a 55
1. 10. 18.	16 Gen.	Foot. R.	16 Gen.	1. 10. 18	W 64 88.
30. 9. 18	22ccs	do.	to 11 a T,	30. 9. 18	a 317.
4. 10. 18.	16 Gen.		to Eng.	4. 10. 18	W. 7313.
5. 10. 18.	Essequito.	Wounded - Posted. E. on. Reg. Dep. Seaford.		5. 10. 18	W-3 082-6278.
			J. Anderson		Do 110 - 31 OCT 18
					Lieut. for Lt Col. A. A. G.
					Canadian Section, G. H. Q. - 3 <sup>rd</sup> , Ech.
12. 10. 18.	E.O.R.D.	Posted from 38 <sup>th</sup> Bn. 9ccs.	Seaford.	6 10/18	Di 0 286.
					Lieut.
					for 10/10 Records. O.M. 96
7-2-19	O.C. 6 <sup>th</sup> Res.	J.O.S. on posting from E.O.R.D.	Seaford.	4-2-19	PT II B.O. 29
15-3-19	Obdt	Desert transfer to Red Mt. Camp Non Amnol Park	Seaford	14-3-19	PT II B.O. # 59
					J. Maxwell Lail
					OFFICER IN CHARGE 6th CAN. RES. BN



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.  
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P.P. 1150 1M 5/18 G.W.P. Co (34/90)

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper ) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service }	

Initials and Rank of an Officer.

(Authority)

(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate

(Signature of Posting Officer)

(22) Extended {	(23) Re-engaged {
-----------------	-------------------

(24) Miscellaneous entries:—

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoering-smith, &c.



(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C.C.C. Kimmel Park for return to Canada. Part II Orders No. \_\_\_\_\_. Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part II Order No: 74

13/3/19

Commanding 2 Wing,  
Kimmel Park Camp, 28/3/19  
*A. J. Leggett*

H.V.T.S. Canada  
L.L.S. Liverpool. 5 P.M.  
\*24-3-19\*

Nothing to be written in this margin.



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 724713 (Rank) Pte.  
Name (in full) Robert Edgerton Sumner enlisted in  
the 109<sup>th</sup> A Bty  
CANADIAN EXPEDITIONARY FORCE at Lindsay on the 8<sup>th</sup>  
day of Dec. 1915  
HE served in 38<sup>th</sup> Bty 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 <u>28</u>	Marks or Scars _____
Height <u>5-5 1/2</u>	<u>Scar over left eye.</u>
Complexion <u>Dark</u>	_____
Eyes <u>Brown</u>	_____
Hair <u>D. Brown</u>	_____

Signature of Soldier R. Sumner

Date of Discharge APR 3 - 1919

**No. 2 DISTRICT DEPOT**  
**APR 3 - 1919**  
**TORONTO**

Issuing Officer J. P. Allan  
For  
O.C. No. 2 District Depot  
Rank \_\_\_\_\_

Date APR - 3 1919 1919

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



CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_ enlisted in \_\_\_\_\_ the \_\_\_\_\_

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

HE served in \_\_\_\_\_ and is now discharged from the service by reason of \_\_\_\_\_ Mobilization \_\_\_\_\_ Medical Unfitness \_\_\_\_\_

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

Age _____ Height _____ Complexion _____ Eyes _____ Hair _____	_____ _____ _____ _____ _____
---	---

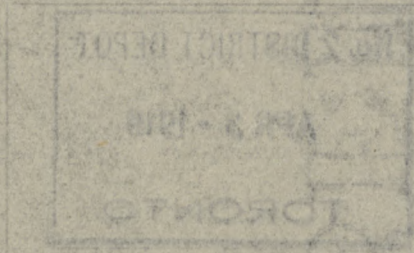
Signature of Soldier \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Rank \_\_\_\_\_

Date \_\_\_\_\_

S. O. No. 2 Discharge Depot \_\_\_\_\_  
 101  
 Leaving Office \_\_\_\_\_



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

M.E.F. 202  
 101 D.P. FORM 11  
 H.O. 107-20-282



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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) LUNNEY, R. E.  
 REGIMENT 6th RES. BATT. RANK PTF No. 724713.  
 Date of Examination in England 27-2-19. Date of Examination in France \_\_\_\_\_

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



### PRESENT DENTAL REQUIREMENTS

- |                |            |
|----------------|------------|
| 1. FILLINGS    | <u>13</u>  |
| 2. EXTRACTIONS | <u>NIL</u> |
| 3. CROWNS      | <u>NIL</u> |
| 4. DENTURES    | <u>NIL</u> |
| (a) Full Upper | <u>NIL</u> |
| (b) Part Upper | <u>NIL</u> |
| (c) Full Lower | <u>NIL</u> |
| (d) Part Lower | <u>NIL</u> |

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

- |                |            |
|----------------|------------|
| (a) In Canada  | <u>NO</u>  |
| (b) In England | <u>YES</u> |
| (c) In France  | <u>NO</u>  |

Signature of Dental Officer \_\_\_\_\_

*[Signature]*  
 \_\_\_\_\_  
 Capt.



INVESTIGATION  
F. J. ...  
...  
...

13  
MIL  
MIL  
MIL  
MIL  
MIL  
MIL  
MIL

NOT

...



**ORIGINAL ORIGINAL**  
**MEDICAL HISTORY SHEET.**

4713  
 6499/15

Surname Lumney Christian Name Robert Egerton

Examined { on 9<sup>th</sup> day of December 1915  
 at Lindsay  
 Birthplace { City or Town Even Road  
 County Ontario

Approved by J. McCulloch Capt.  
J. McCulloch Medical Officer  
 Rank 109th Overseas Battalion M. O. E. F.

Apparent age 25-years  
 Trade or occupation Carpenter  
 Height 5 Feet 5 1/2 Inches.  
 Weight 130 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 35 1/2 inches.  
 Physical development Good  
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENTRY
		<u>9 OCT. 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm. Right none Left Two  
 Number Two

Date	Result	VACCINATIONS.
<u>25.1.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 25<sup>th</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease Pterygiae

(b) Slight defects but not sufficient to cause rejection  
Left eye can read 150 R. D. 15  
flat footed

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 8<sup>th</sup> day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C.E.F.</u>	<u>724713.</u>		<u>8.12.15.</u>
Transferred to.....	<u>38th Bn</u>	<u>2/12/16</u>		

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Seaford</u>	<u>7-3-19</u>	<u>Def. Hearing</u>	<u>Bt DT Bgen</u>

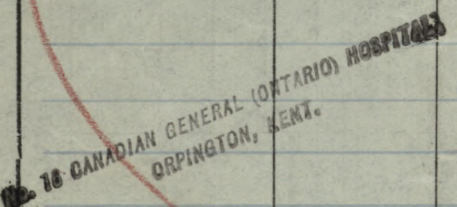
**CANADIAN**

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



Surname *Quinney* Christian Name *Robert Egerston*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		6	10	18	30	12	18	g.s.w R Foot	86	healed	<i>[Signature]</i> CAPTAIN R.A.M.C. FOR ADMINISTRATOR, SOUTHERN GENERAL HOSP.
	<i>M.C.K. Egers</i>	30	12	18	22	1	19	DO.	24	Transfer to <i>Deffington</i> for treatment Otitis Media right ear.	
		22	1	19	4	2	19	Otitis Media R.	14	Condition now healed Hearing at 5 ft H. 21 ft voice	<i>James W. Howell,</i> Capt. R.A.M.C. <i>[Signature]</i> Capt. R.A.M.C. No. 1 Division



*[Vertical handwritten scribble]*



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Geo. C. Lunnery

PAYMENTS.

Name of Soldier

Lunnery P.M.C.

L. L. Job 310.—Req. 6574.

724713 - Pte. - 109/Bw.  
P15 AUG 1 1916 "A Coy"

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		P15749	15	
Sept.		F18250	15	
Oct.		F22736	15	
Nov.		D 27122	15	
Dec.		D35309	15	
Jan.	1917	H40562	15	
Feb.		H5636	15	
March		D51743	15	15 lev
April		C3061	15	15 R
May		C9291	15	
June		B17131	15	Mc
July		C22714	15	Lu
Aug.		N 30448	15	
Sept.		D37467	15	OB
Oct.		D 42834	15	
Nov.		X 48919	15	
Dec.		R 58936	15	
Jan.	1918			
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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs Geo. C. Lunney.*  
 Address *Elmwood*  
*Ont.*

By Whom Assigned *Lunney Robt. E.*  
 Regtl. No. *724713*  
 Rank *Pte.*  
 Corps *109 Bn. "A Coy"*

Rate *\$15<sup>00</sup>* **AUG 1 1916**

**PAYMENTS**

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

















724713 Re Sunny RE

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4					
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	1	2	3	4
1917			367	40								18	65	386	05	425	20-17					66	98	17	21	20	94
July	31	1/10	34	10										34	10	504	4-17					2	68				
Aug	31		34	10										34	10	425	20-17					2	67				
Sept	30		33											33		605	4-7	830	31-8			5	36	5	35		
														48	7	25		910	5-9					2	67		

MONTH PARTICULARS		CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLGE. ENG.
1917			153	39					153	39	
Oct.	31	1/10	34	10				15			
			34	10	AR. 1010	23/9/17	38 Bn.	2	68		
			33					15	169	81	
Nov.		P.P.	33					15			
					AR. 1123	3-10-17	38 Bn.	4	46		
					AR. 1255	16-10-17	38 Bn.	3	57		
					C.P. 23723	8-12-17	"	53	53		
Dec.		P.P.	34	10				15	145	35	
1918			67	10				30			
Jan.		P.P.	34	10				15			
					AR. 1889	4-12-17	"	97	33		
					AR. 1413	23/11/17	"	12	49		
					AR. 1485	5/12/17	"	5	35		
					AR. 1334	7/11/17	"	4	46		
Feb.		P.P.	34	10				15	44	82	
			30	80				15			
					AR. 1660	1/11/18	"	4	46		
					AR. 1761	26/1/18	"	3	57		
Mar.		P.P.	30	80				15	52	59	
			34	10				15			
					AR. 1846	14/2/18	"	4	46		
					AR. 1921	20/2/18	"	3	57		
					AR. 2018	2/3/18	"	4	46		
			34	10				15	59	20	
			52	59							
			86	69							
			27	49							
			59	20							



\$ 1500

SH PAYMENTS

SH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
721	2094		165		270 13	115 92				
			15 -		20 35	129 67				
		973	20		34 49	80 78				
			15		15	148 77				
535			15		28 38	153 39				
267					333 86					



\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

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

AMOUNT:- 15.00 AMOUNT:-

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

*Mrs. Geo. C. Lunnery*  
*Elmwood Ont.*  
*Mother*  
*Stopped Eff. 1/3/19*

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>16/1/18</del>	<del>590</del>	<del>So. Fed.</del>	<del>17.05</del>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Can 28/2/19 AR 3810 leaf*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS
Mar 31	Bal. Adv.			
Apr	P.A.	33		cap.
May	P.A.	34 10		AR. 82 5/4/18 3813
June	P.A.	34 10		" 203 16.4.18 "
July	P.A.	33		C.A.
Aug.		34 10		" 316, 4/5/18, 38 B.m.
Sept		33		" 134, 12/5, 22 San Sec
Oct		34 10		C.A.
Nov.		33		" 642, 1/6, 38 B.m.
Dec 1918		34 10		" 777, 15/6, "
Jan. 1919		34 10		" 885, 1/7/18, "
		34 10		" 964, 15/7/18, "
		33		" 1044, 1/8/18, "
		34 10		" 1132, 38 B.m., 19/8/18
		33		C.A.
		34 10		AR. 1232. 9.9.18. 38th. Atr.
		33		" 1317 16.9.18 " "
		34 10		C.A.P.
		34 10		
		33		
		34 10		Hosp R. 51972. 11/1/18
		34 10		✓ 58480. 5/12/18
		34 10		
		101 20		

COMPILED BY *awBall*  
CHECKED BY *Wmcan*

31

over







NUMBER 724713 RANK Pte NAME Lunney R. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE
1919	<i>Food</i>								
Feb	20-29-19/19 6 Res. 12 damps S.F. 4-16/19 P.P.	876		AK 8771 21/18 Epsom.	973				175
		30 80		11836 29/1/19 Arp.	4 87				
		39 56		12247 4/1/19 ✓	48 67				
				<i>Car</i>					15 136
				8970 26/1/19 6 Res	17 03				
				8257 18-3-19 Kinnel Px <sup>Eng</sup> on L.P.C.	4 87				
		39 56		⊗	85 17			15	114
April				9750 21-3-19 Kinnel Px <sup>Eng</sup> L.P.C.	4 87				110
					4 87				

*A.O.S. Loan. 24-3-19. Ab. 31. 6 Res.*



Pte

NAME Lunney

R. E.

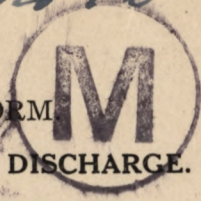
CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							175 48		
876		AR 8771 2/2/18 Epsom.	973						
30 80		11836 29/1/19 Asp.	4 87						
39 56		12247 4/2/19 ✓	48 67						
		Cap				15	136 97		
		8970 26/2/19 6 Res	17 03						
		8257 18-3-19 Kinmel Pk Eng on LFC	4 87						
39 56		8	85 17			15	114 87		
		9750 21-3-19 Kin Pk Eng LFC	4 87				110 00		
			4 87						

J.P.S. Loan. 24-3-19. Ah. 31. 6 Res.



20 - S. P. 35  
A 157470  
SERVICE GROUP

SHORT FORM



M.D.2  
Joseph  
Mother  
Carpenter B.

OCCUPATIONAL GROUP

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 724713	
2. Rank. Pte	
3. Name. LUNNEY Robert Egerton	
4. Unit. 6th Res. 38 Can Inf.	
5. Date of Discharge	APR - 3 1919
Place	TORONTO, ONT.
6. Reason for Discharge	
<p style="text-align: center;"><b>DEMobilIZATION</b></p> <p style="text-align: center;"><i>Read 15-2-22 account to service A.S.P. m-d 27-3-22</i></p>	
7. Authority.	No. 2, D.D., Part II, D.O. No. 105
8. Proposed Residence after Discharge	
<p style="text-align: center;"><b>Chealey, M.T.S. Canada Ont. Liverpool. 5 PM 21-3-19</b></p>	
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.?	
<p><i>x Robert Egerton Lunney</i></p> <p style="text-align: right;">Signature of Soldier.</p>	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	TORONTO, ONT.
Date	APR 3 - 1919
<p style="text-align: right;">Signature <i>Joe P. ...</i> (Off. of Discharging Unit.) O.C. No. 2 District Depot</p>	

*M.C.W.  
23/2/1919*

C



M.D.S.

PROCEEDINGS ON DISCHARGE

DISCHARGE

1. Name	
2. Rank	
3. Branch	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Remarks	
8. Proposed Discharge Status	
<p>CRITERIA TO BE MET BY DISCHARGE</p> <p>I hereby acknowledge that at the indicated place and date I received my discharge Certificate</p>	
<p>Signature of Soldier</p>	
<p>CONTINUATION</p> <p>The discharge of the above named soldier is hereby continued.</p>	
Place	
Date	
<p>Signature</p> <p>(Of the Discharging Officer)</p>	



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate .....	1
or Particulars of Injuries .....	2
Final Conduct Sheet .....	3
Casualty Form .....	4
Last Pay Certificate .....	5
Certificates that missing documents are unobtainable .....	6
Medical History Sheet .....	7
Proceedings of Medical Board .....	8
Dental History Sheet .....	9
Medical Report .....	10
Regimental Conduct Sheet .....	11
Company Conduct Sheet .....	12



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

Group ..... A .....  
Checked by No. ..... 20 .....  
Date ..... 22 MAR 1919 .....



# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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.

1. 1 (a) Unit 6th Res. (b) Regimental No. 724713 (c) Rank PTE  
 (d) Surname LUNNEY (e) Christian name ROBERT  
 (f) Home address Chesley ont  
 (g) Next of Kin Mrs. B. C. Lunney (h) Relationship Mother  
 (i) Address of Next of Kin Chesley ont

2. Age last birthday 25 Date of birth 17 Nov. 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 8 Dec 1915

4. Personal description:  
 (a) Height 5' - 5 1/2" (b) Weight 130 est (c) Complexion medium  
(stripped)  
 (d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. Old scar curved 3" long, skull depressed over left eye.

5. Former trade or occupation Carpenter

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
	<u>3 years and 89 days</u>	

	PERIODS	
	From	To
Canada	<u>8-12-15</u>	<u>24-7-16</u>
England	<u>31-7-16</u>	<u>4-12-16</u>
	<u>6-10-18</u>	<u>7-3-19</u>
France or other theatres of War	<u>4-12-16</u>	<u>6-10-18</u>

7. Original disease, or injury Chronic suppurative Otitis Media Rt. Ear.  
nonic or

(a) Date of origin Sept 1918 (b) Place of origin France  
 (c) Cause S. S. Cavitation



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

Slight defective hearing right ear.  
Some discharge from right ear occasionally.

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

Objective - 1. General condition good.

2. Specialist Report 4-3-19.

Hearing: Voice R. 15' L. 21'

U. E. 2048 2048

L. E. 64 64.

C. S. O. M. Rt Ear due to service

Fit for Category B: so far as ears concerned  
signed R. A. Hughes for Regt. Capt. C. A. C.

Subjective:

Slight defective hearing right ear, Occasional slight discharge from rt. ear.

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

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

Special Senses..... yes 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

left eye defective vision states same now as when noticed due to old injury.

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

First noticed discharge, pain and defective hearing  
Rt. Ear Sept 1915. Transferred to Annapolis Hosp.  
from Epaine hosp. 22-1-19. Otis media Rt. Discharged  
4-2-19. Condition healed. Hearing <sup>voice</sup> Rt 5 ft. left 21 ft.



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).)

Horse kick above left eye 1907. Left eye affected same now as when enlisted. Wounded Rt foot Bullet wound 29-9-18. Invalidated to Eng 6-10-18. 7 SW Rt foot. discharged from France 22-1-19. States Bullet still in foot. no disability

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

Wounded between 4-d. small bullet wd. over ball right great toe. ~~no disability~~

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

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

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? no

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

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

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

was treated. usual methods.

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

no

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

17. Recommendations. N.A.

J. M. ... 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 Robert Lumney 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

R. B. Lumney Plt. Rank. Signature of invalid examined.



4  
OPINION OF THE MEDICAL BOARD

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

*yes*

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

*Boarded for return to Canada.  
 Auth. O. G. Tel. 9083 - 11/11/18*

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

PLACE *Seaford* *D. P. Byers Capt. President.*  
*G. Maclellan Capt.*  
 DATE *7-3-1919.* } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... } President  
} Members  
 DATE.....

APPROVED BY *W. W. ... Capt.* APPROVED BY  
 Assistant Director of Medical Services. Director-General of Medical Services.

DATE..... DATE.....













MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724713	Pte	Lunnery	R. E.
Year	Unit.	Age.	Service.	
	38th Can Bde	28	3 Years	
Station and Date.	Disease			
31 DEC 1918	cf & av. Right Foot cf & av. Rt foot of flesh wound on Sole of foot at Base of middle toe no disability R.G.L. 205			
13/1/19	Diso. R.G.			
14/1/19	Transfer to Osington for treatment of otitis media of ear.			
		James H. Howell, Capt. C.A.T.C.		

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]



Station  
and Date.

NO. 1000



Canadian Division,  
Convalescent Hospital,  
Woodcote Park, Epsom, Surrey.

Division... Hut. *a/1*...

*8-1*

1918.

CASES FOR EXAMINATION AND REPORT BY:-

{ OPHTHALMIC SURGEON.

{ AURAL SURGEON.

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. *724713* Rank and Name *Pte Lemsey R.E.*

Complains of *Discharging Ear.*  
*James H. Howel Capt.*

QUESTIONS.

ANSWERS BY { OPHTHALMIC SURGEON.  
{ AURAL SURGEON.

- (1) Does he need Hospital treatment?
- (2) Will he be fit for Overseas?
  - (a) With glasses.
  - (b) With treatment.
  - (c) Is any prescription given for glasses?

- (1) *yes*
- (2) *no*
  - (a)

*3 Discharge }  
4 If Due to action  
Scurvy?*

*Otitis media Alca  
Ref of drum*

*(10)*

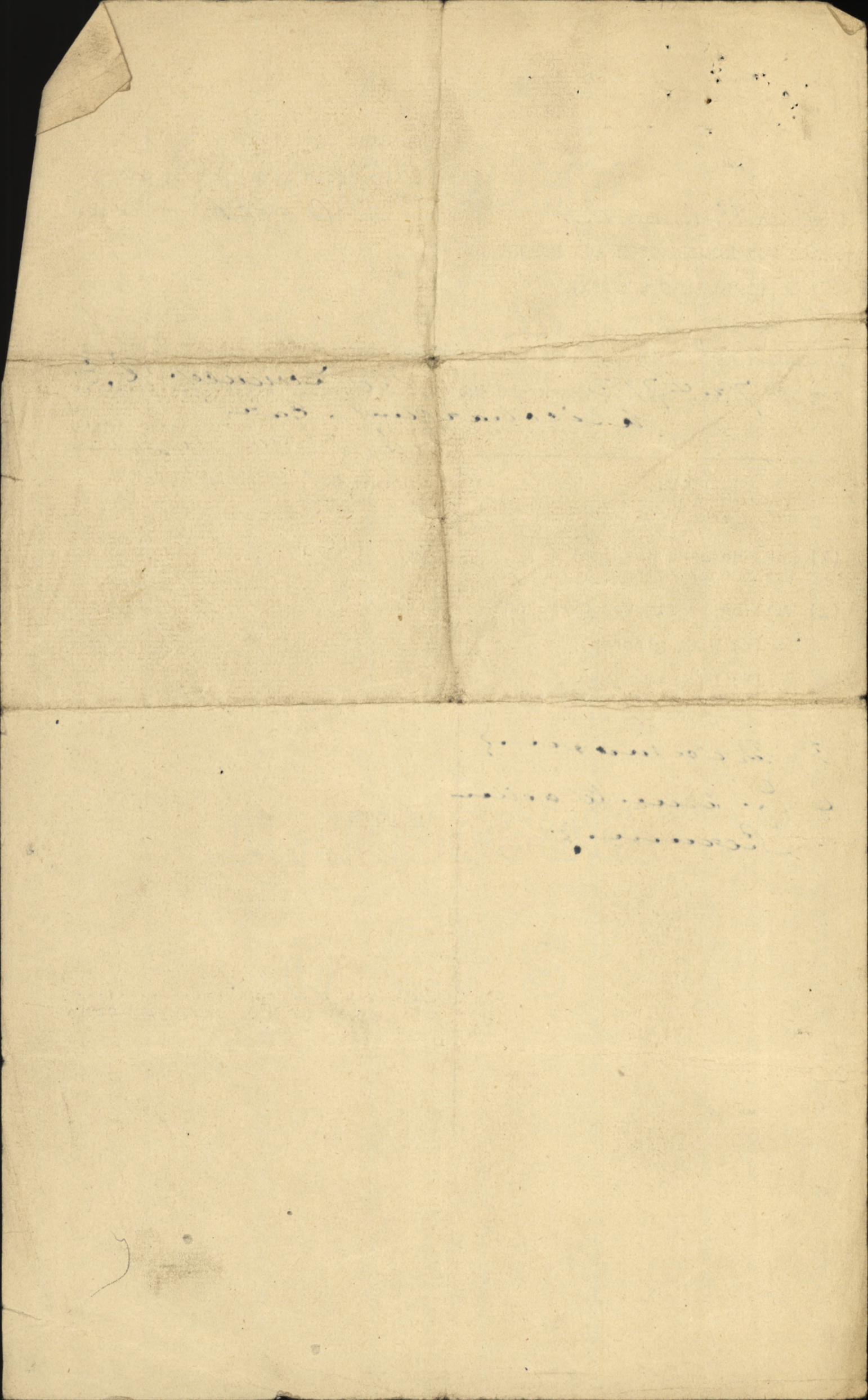
REMARKS

*Exam 1-3  
H<sub>2</sub>O 1-60  
Dry  
Spent 10h*

Signature of M.O. examining case.

*James H. Howel*







MEDICAL CASE SHEET.\*

No. in Admision and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724713.	PC	Lummy	R. E
Year	Unit.	Age.	Service.	
1918.	38/ Canadian.	28.	3 years.	
Station and Date.	Disease			
	In. P. Boneh in R. Foot.			
	= deaf in right ear for 3-4 months.			
	Dec 20. an attack of Otitis media in Sept. with discharge from ear, & pain over mastoid & down neck. Perforation of right drum with thickening of the membrane.			
	= like synechid gully with Boneh lotia & than previous disps.			
	Dec 29. To see Capt. Seymour Jones at Dudley Road. W 7th			

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(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]







MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724713	Pte	Tommy	A E
Year	Unit.	Age.	Service.	
	38 Lancashire	47	2 1/2	
Station and Date.	Disease			
	by S.W. R. foot. 29/9/18.			
	Bullet removed same day A.T.S 1500			
	Wound anterior of sole			
	Condition. Healthy			
9/10/18	Rec <sup>d</sup> for transfer to Amc. - stretcher case			
11.10.18	Admitted Lichfield Rd Exeter.			
15.10.18	A.T.S 500 units. (2 <sup>nd</sup> ) 900			
26.10.18	A.T.S. 500 units (3 <sup>rd</sup> ) 900			
22.11.18	Impaired hearing. <del>EMG</del>			
16.12.18	Wound healed good movement walks well - EMG			

off

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(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]











ST

San

1867



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch **L**

8042

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 724713  
 Rank pte Promoted Reverted Discharge  
 Soldier's Name Robert C. Lunnery  
 Battalion 109 Battrn "A" Coy  
 Beneficiary  
 Relationship  
 Address

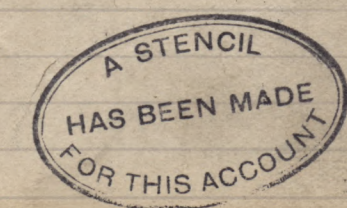
### PARTICULARS OF ASSIGNMENT

Name Mrs Geo. C. Lunnery  
 Address Edmwood  
 Change of Address Chesley Out. 3-1-18  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918 Dec 31			255	255	
1918 Jan	D 68550		15	15	
Feb	K 73803		15	15	
Mar	L 90408		15	15	✓
April	D 3088		15	15	✓
May	N 12709		15	15	✓
June	A 25179		15	15	✓
July	N 30630		15	15	✓
Aug	L 34640		15	15	✓
Sept	M 45951		15	15	
Oct	S 52185		15	15	
Nov	M 57538		15	15	
Dec	A 63110		15	15	✓
Jan	P 76141		15	15	
Feb	N 79781		15	15	✓
Mar	J 86941		15	15	✓
Apr	J 4759		15	15	✓
					11448 R. 11

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 22220-M. & D. 1188.

105  
 ..... A/c Closed 30 4/19  
 m.d. Ret'd per... Canada  
 Date 14/19 P.X. 8/19  
 Clerk... Carver  
 mko 92582 dest. 8/19

















SPECIAL EAR NOSE AND THROAT REPORT.

Seaford.....

4/3/19

Number. 424713

Rank. plt

Name. Sunney

Unit. 6 R. Bu

R.

15'

2048

64

Hearing.

L.

Voice.

21'

Upper Limit.

2048

Lower Limit.

64

As far as Ears, Nose & Throat are concerned, fit for Category:-

BT

Membrane Tympani,

Nose,

Pharynx,

Remarks.

E. S. O. M. it bar  
(Due to service).

R. A. Hughes

Capt. CAME

Pr B.Y.



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