

*Jan 28 1916*  
*M. J. Gamm*  
*W. J. Gamm*

*Staff P*

# ATTESTATION PAPER.

No. 725195.

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... *Mr. Gamm*
- 1a. What are your Christian names? ..... *Michael James*
- 1b. What is your present address? ..... *218 Morley Ave. Toronto*
2. In what Town, Township or Parish, and in what Country were you born? ..... *Dover, Kent, Eng.*
3. What is the name of your next-of-kin? ..... *Mr Percy Regg*
4. What is the address of your next-of-kin? ..... *200 Ashdale Ave. Toronto*
- 4a. What is the relationship of your next-of-kin? ..... *Sister*
5. What is the date of your birth? ..... *Sept 27<sup>th</sup> 1873*
6. What is your Trade or Calling? ..... *Musician*
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? ..... *East Surrey 12 years*  
If so, state particulars of former service. *Brit South African Police 2 years*
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, *Michael James Mr. Gamm*, 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 existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Jan 28<sup>th</sup> 1916* ..... *M. J. Gamm* (Signature of Recruit)  
..... *W. J. Gamm* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Jan 28<sup>th</sup> 1916* ..... *M. J. Gamm* (Signature of Recruit)  
..... *W. J. Gamm* (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 *Rindsey* ..... this *28<sup>th</sup>* ..... day of *January* ..... 191*6*  
..... *W. J. Gamm* (Signature of Justice)

*6*  
*W. J. Gamm*

# Description of Michael James McNamee on Enlistment.

Apparent Age... 42... years... 4... months.  
To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 7 1/2 ins.  
 Chest measurement { Girth when fully expanded..... 36 ins.  
                                   Range of expansion..... 3 ins.  
 Complexion..... Fair  
 Eyes..... Brown  
 Hair..... Dark Brown

*Ship*  
*Tattooed on chest.*  
*Scar on abdomen.*

Religious denominations { Church of England.....  
                                   Presbyterian.....  
                                   Methodist.....  
                                   Baptist or Congregationalist.....  
                                   Roman Catholic..... R.C.  
                                   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 Overseas Expeditionary Force.

Date..... January 28<sup>th</sup> 1916.

Place..... Sindray

*J. McCulloch*  
 Capt.  
*H. Boyd*  
 Medical Officer  
 109th Overseas Battalion

\* 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.

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

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

Date..... JAN 28 1916..... 1916

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*A. F. B. 122-1*  
*ATI 1237-2*  
*Card - 1*

M. F. W. 62.  
50M.-9-16.  
H. Q. 1772-39-935.

# DISCHARGE DOCUMENTS

R. O. No. ....  
H. Q. No. ....

Name *McGann, Michael James*

Regt. No. *425/95* Rank *Private*

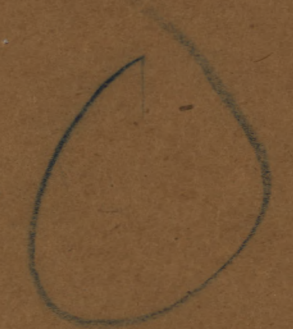
Corps *119th Overseas Battalion C.E.F.*

*Invalided to Canada by authority of Medical Board*

*Med. unfit*



14352



*1 card*

*S/O*  
*2-18*  
*2-18*  
*H.C.*

Does sent Mr. Thompson  
to complete Medal Card

No. 725195 RANK *Ole*

NAME *Mc Gann M. J.*

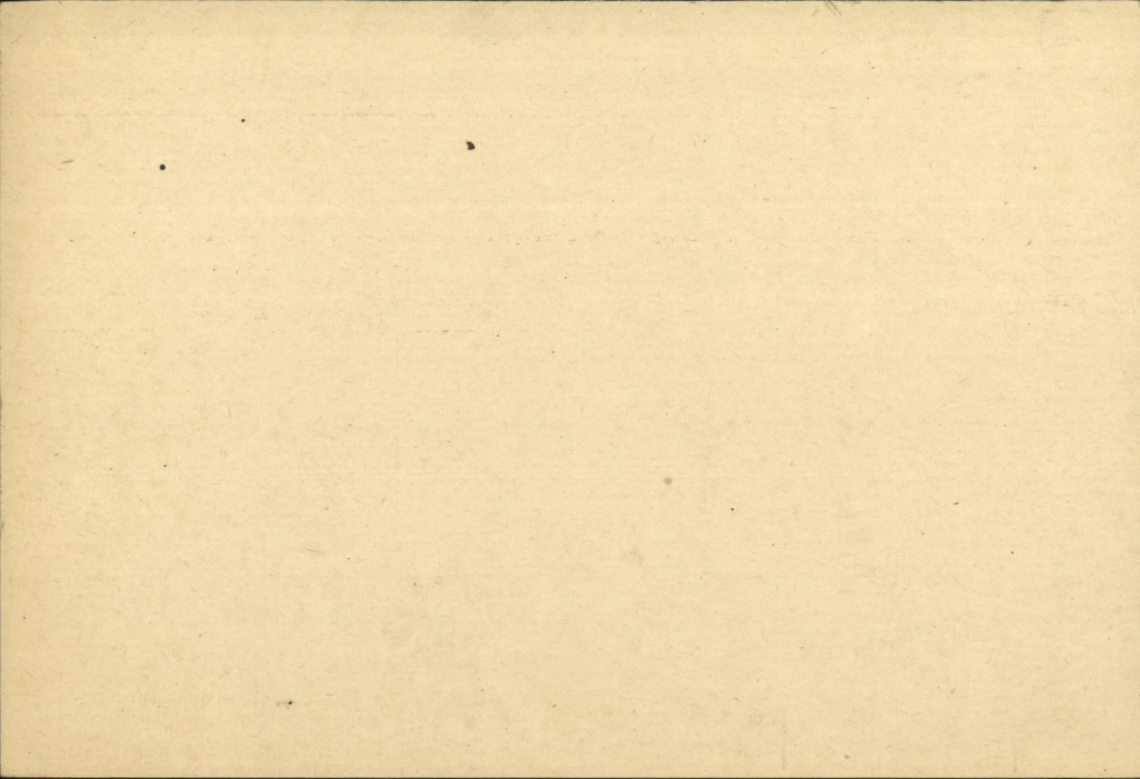
T. O. S.

UNIT

*109<sup>th</sup> Battalion*

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			<i>see Mc Gann M. J.</i>	



No. 725195 RANK Pte

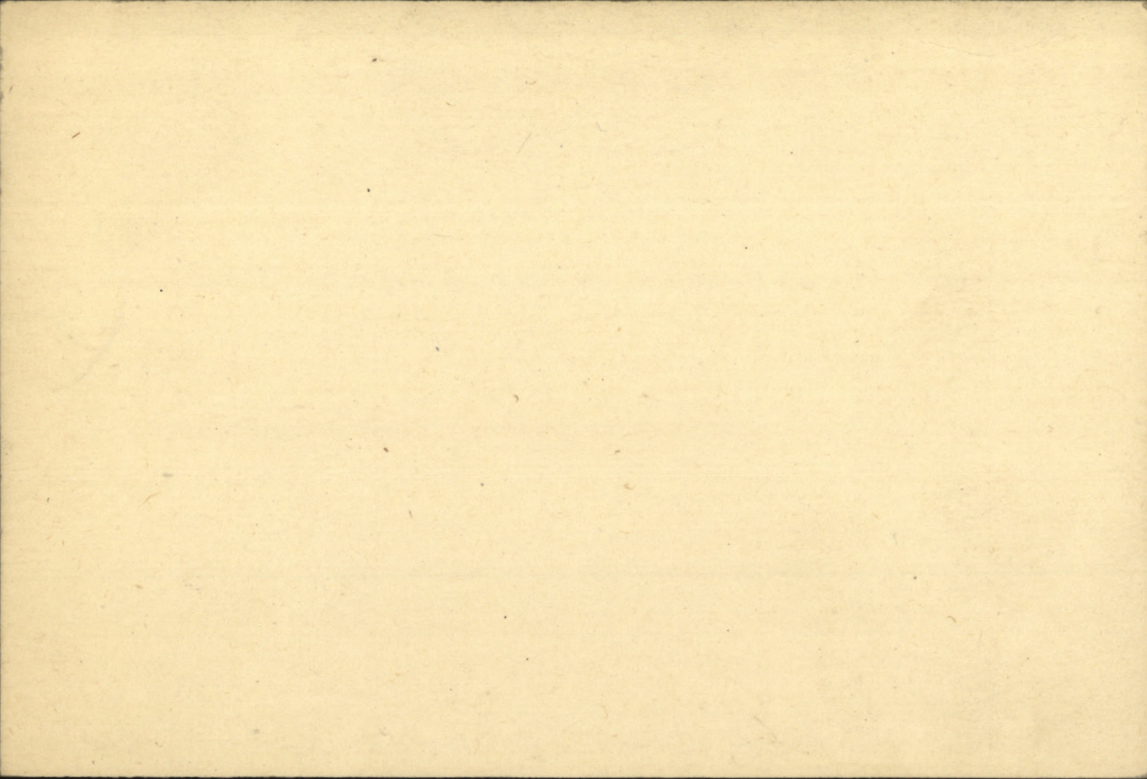
NAME Mc Gann, M. J.  
Mc Gann.

T. O. S. 26-1-16. UNIT 109th. Battalion.  
D. O. S. 28-1-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 26	1916. Jan 31	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916





Name *Mr Gann. Michael James.*  
 Rank *Pte.*

Reg. No. *725195*

Unit *109<sup>th</sup> Battrn.*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17. 9. 16.	<i>Mil Braunschott</i>	<i>N. Y. D.</i>		14.		
23. 9. 16.	<i>Co. Longmarch Aldershot</i>			16.		
20. 10. 16.	<i>Mil. Braunschott</i>		<i>N. Y. D.</i>	26.		
19. 1. 17.	<i>Dis.</i>	<i>Gastrie Ulcer</i>		55.		



R. & O. 6034.

REGTL. NO.

425795

RANK

Pte

NAME

McGann Michael James

COY.

"A"

FOLIO

TAKEN ON FROM

Lindsay Cnt

DATE

26. 1-16.

PARTICULARS

Single.

PROMOTIONS OR APPOINTMENTS

AUTHORITY

DATE

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

QUALIFICATIONS

VACCINATION

DRAFTED TO

REMARKS

STRUCK OFF

LEAVE

FROM

TO

NEXT OF KIN

Sister) M<sup>rs</sup> Percy. Legg.

260 Adelaide Avenue. Toronto. Ont.

REMARKS

SURNAME.

*Mc Yann,*

*649-M-12366*

CARD NO.

CHRISTIAN NAMES

*Michael James*

*S.O.S. Disch. 23/4/17 = 2*

REGL. No.

*725195*

RANK

*Pte.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

*East Surreys (Eng.) South African Police.*

NAMES IN FULL

*Leggo, Mrs. Percy*

NEXT OF KIN.

RELATIONSHIP TO SOLDIER

*Sister*

CHANGE OF ADDRESS

ADDRESS

*260 Ashdale Ave.,  
Toronto, Ont.*

COUNTRY OF BIRTH

*England, Dover, Kent.*

DATE

*Sept. 27<sup>th</sup>, 1873.*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Jan. 28<sup>th</sup>, 1916*

*Sailed from Halifax Per S.S.*

*"Olympic," 23-7-16 <sup>488</sup>/<sub>23</sub>*

MARRIED

SINGLE

Eyes.

WIDOWER

TRADE OR CALLING

Musician.

RELIGION

R. C.

DESCRIPTION.

APPARENT AGE

42

YEARS

4

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown.

HAIR

D. Brown

DISTINGUISHING MARKS

Ship tattooed on chest. Scar on abdomen.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 28<sup>th</sup>, 1916.

REGT'L No 725-195-

H. Q. FILE No. 649-

NAME *Mc Gann M. J.*  
RANK AND CORPS *Pvt 109<sup>th</sup> Bn.*

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
14	Mil. Bramshott	17-9-16	N G D O
16	St. Connaught. Aldershot	1-23-9-16	N G D O
26	Mil. Bramshott	20-10-16	N G D O.
35	Disch.	19-1-17	Gastric Ulcer
40 (1)	M. H. C. C. Toronto.	9-2-17.	Adm. Spadina M.H. C.C.
51 (2)	" " " " "	1-2-17.	" D.L.C.
117	M. H. C. C. Toronto	27-4-17	Disch. Spadina



HSP  
*[Signature]*

Number *725-195* Rank *Plt*

Surname *M<sup>c</sup>GANN*

Christian Name *Michael James*

Units *109th Cav. Inf.* Theatre of War *England*

Date of Service *31-7-16*

Remarks

Latest Address *[Signature]*

*473 Water St.*

Roll No. *a Page 1131*

*Peterboro  
Ont.*

DESP MAR 14 1922  
REGN. NO. 19247

*Original not available*  
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-9-20.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *109th Battalion C.E.F.*

Regimental No. *725195* Rank *Pte* Name *Mc Gann Michael*

Enlisted (a) *28-7-16* Terms of Service (a) *2 years* Service reckons from (a) *28-7-16*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b).

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				
		<i>S. O. S. "Ined. unfit"</i>	<i>Toronto</i>	<i>23 <sup>4</sup>/<sub>17</sub></i>	<i>Auth. 649- In-12566.</i>
					<i>J. C. [Signature]</i> <i>Capt for D/R.</i>

*(for Record of Service see Record Sheet.)*

(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.

THIS FORM IS USED FOR RECORDING 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.

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				

725195.

DUPLICATE.

MEDICAL HISTORY SHEET.

DUPLICATE

Surname McGann Christian Name Michell James

Examined	on <u>28<sup>th</sup></u> day of <u>January</u> 191 <u>6</u> .	Approved by <u>J. McCulloch</u> Capt. Medical Officer Rank <u>109th Overseas Battalion, M.O. E. F.</u>
	at <u>Lindsay</u>	
Birthplace	City or Town <u>Dover, Kent</u>	EXAMINED FOR RE-ENGAGEMENT,
	County <u>England</u>	
Apparent age	<u>42 years</u>	
Trade or occupation	<u>Musician</u>	M.O.
Height	<u>5</u> Feet <u>7 1/2</u> Inches.	M.O.
Weight	<u>132</u> Lbs.	M.O.
Chest measurement	Minimum <u>33</u> inches.	M.O.
	Maximum expansion <u>36</u> inches.	M.O.
Physical development	<u>good</u>	M.O.
Small-Pox Marks	<u>none</u>	M.O.
Vaccination Marks	Arm Right <u>none</u> Left <u>one</u>	VACCINATIONS.
	Number <u>one</u>	
When Vaccinated last	<u>January 28<sup>th</sup> 1916</u>	<u>28.1.16</u> <u>Nil</u> <u>J. McCulloch</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease	<u>none</u>	<u>14.3.16</u> <u>Nil</u> <u>J. McCulloch</u> M.O.
(b) Slight defects but not sufficient to cause rejection	<u>none</u>	<u>10.5.16</u> <u>..</u> <u>J. McCulloch</u> M.O.

Enlisted on 28<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>725195.</u>		<u>28.1.16.</u>
Transferred to.. ..	<u>C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725195	Plt.	P. Gann	Michael
Year	Unit.		Age.	Service.
1916	109 C.F.F.		43	8/12
Station and Date.	Disease Duodenal Ulcer			
Alderbury Sept-22 <sup>nd</sup>	Stomach trouble for 5-6 years.			
	Operation 2 years ago at Toronto - <del>? gastro-ectomy</del> ? gastro-entrostomy.			
	No better after operation. Herken quite well on ordinary diet for 7 months. Dis attack started 3 weeks ago			
	New complaints of			
	Pain referred to mid epigastrium, not only after more or less continuous: temporarily relieved by food, but much increased after an hour or so: kind of food does not make much difference.			
	Relieved by vomiting.			
	Sometimes has pain which wakes him up in the middle of the night: any time.			
	Vomiting: occasional: always at height of pain, which it relieves: green in colour.			
	Sometimes also in early morning before breakfast.			
	History of haematemesis before operation - 2 years ago: none since, no history of melana.			
	Admits to heavy drinking life till a year 3 years ago.			
	C.O.R. Foul tongue: some pyorrhoea.			
	Abdomen. Tenderness pretty well localized to mid epigastrium. Liver dulness much diminished.			
	Heart 1st sound soft: nil else in chest.			
	C.N.S. Pupils react. Abd. R's present. K.T's ++.			
	Ankle T's normal. P.R. flexo.			

Spillik's  
Aug 22.  
Treated.

C. P. Gann  
M. P. Gann

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

Station  
and Date.

24.9. Complains of pain in lower abdomen only.

25.9. Free from pain to-day.

Barometer meal.

Gastro jejunum, <sup>working</sup> ~~function~~ well.  
Food passes thro' rather too rapidly if  
anything: ~~so~~ a very small quantity  
taking the duodenal route.

There is no stagnation after Bar. in  
the vertical position.

27.9. Malaria.  
Occult blood reaction in stools intensely positive

7 Diastolic treatment for ulcer commenced.  
Nil by mouth - salivary.

28.9. 4oz feed of milk & water.

30.9. 5oz "

3.X.16 Occult blood ~~negative~~.

4.X.16 Taking meat juice one 4oz feed without discomfort.

9.X.16. Mixed chicken without discomfort.

No obvious malaria.

17.X. Transferred to Bramshott.

at abraham's Tylapton

A.F.D. 179.



725195

# MEDICAL HISTORY SHEET ORIGINAL

Surname McGann Christian Name Michael James

Examined { on 28<sup>th</sup> day of January 1916.  
 at Lindsay  
 Birthplace { City or Town Dover, Kent  
 County England

Approved by J. McCulloch  
J. McCulloch Capt.  
 Medical Officer  
 Rank 109th Overseas Battalion, C. E. F.

Apparent age 42 years  
 Trade or occupation Musician  
 Height 5 Feet 7 1/2 Inches.  
 Weight 132 Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 36 inches.  
 Physical development good  
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left one  
 Number One

Date	Result	VACCINATIONS.
<u>28.1.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>14.3.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last January 28<sup>th</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>10.7.16</u>	<u>..</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 28<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>725195</u>		<u>28.1.16</u>
Transferred to.. ..	<u>C. E. F.</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Bramshott Camp, Hants.	DATE.	DISEASE.	RESULT.
<b>APPROVED.</b>	<u>17-11-16</u>	<u>Gastric Ulcer</u>	<u>Included in Discharge in England</u>
	<u>W. Murray</u>	<u>Major,</u>	<u>C. E. Campbell</u>
	<u>D. A. D. M. S. for A. D. M. S.,</u>	<u>Canadian Troops, Bramshott Camp</u>	<u>PRESIDENT,</u>
			<b>MEDICAL BOARD, BRAMSHOTT.</b>

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 ..... *McGann* ..... Christian Name ..... *Michael James* .....

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				
<i>Bramshott MH</i>	<i>MH</i>	<i>16</i>	<i>9</i>	<i>16</i>	<i>22</i>	<i>9</i>	<i>16</i>	<i>Gastric Ulcer</i>	<i>7</i>	<i>Transverse &amp; terminal on examination of stomach</i>	<i>W. Blamie W. Blamie</i>
<i>Cornault Aldershot.</i>		<i>22</i>	<i>9</i>	<i>16</i>	<i>17</i>	<i>+</i>	<i>16</i>	<i>Duodenal ulcer.</i>	<i>25</i>	<i>Evidence of duodenal ulcer - medical treatment gave relief and at time of transfer was eating minced chicken without cause of signs</i>	<i>aahuhans Ty Capt N MCO</i>
<i>Bramshott MH</i>		<i>19</i>	<i>10</i>	<i>16</i>				<i>Colitis ulcer.</i>		<i>Improved. AFB 179 for Discharge to Land.</i>	<i>W. Blamie</i>

To be made out in duplicate.

H.Q. 54-21-23-53

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 109<sup>th</sup> Bn. C. E. F.

(2) Regimental Number 725792

(3) Full Name of Soldier Michael James W. Gann

(4) Place of Birth Dover Kent Eng.

(5) Are you married, or not? No

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

(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children? No

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

Also their names and ages.....

(9) Is your Father alive? *No*

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

(10) Is your Mother alive? *No*

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

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

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

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

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

*Mrs. Margaret Hart sister*  
*42 Franklin Rd. Gillingham Kent*  
*Eng.*

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

(15) Are you insured? *No*

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

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

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

Date *JUN - 6 1916*

*[Signature]* Lt. Col.  
O.C. 100th Overseas Battalion, C. E. F.

Name *Ole McGinn M.J.*

*MC125*  
Regimental No. *725195*

*Lindsay*  
Name and address of next-of-kin

Unit *109 Bn*

Date of enlistment

*cloth clear*

Place of " "

*E  
P.F.*

Married (yes or no) *No*

Date and place discharged

*April 23/17*

Amount of pay assigned monthly \$

Reason for discharge

*OC apl 23/17 20117*

To whom payable

Character on discharge

*class*

Form 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>Feb 1</i>	<i>28</i>	<i>28</i>	<i>1</i>	<i>28</i>	<i>28</i>	<i>10</i>	<i>280</i>	<i>28 18*</i>								<i>out 7.28</i>
								<i>13 20</i>	<i>72 18</i>	<i>12274</i>		<i>72 18</i>			<i>72 18</i>	<i>JPL</i>
<i>Mch 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>3</i>	<i>37 10</i>	<i>13361</i>		<i>5</i>				<i>out mch 1.5 #066</i>
										<i>14461</i>		<i>32 10</i>			<i>37 10</i>	<i>MPL</i>
<i>Apr 1</i>	<i>23</i>	<i>23</i>	<i>1</i>	<i>23</i>	<i>23</i>	<i>10</i>	<i>230</i>	<i>11 40</i>								<i>1943</i>
								<i>8</i>	<i>44 70</i>	<i>17232</i>		<i>44 70</i>			<i>44 70</i>	<i>out from apl 5 P.A. #097</i> <i>apl</i>



File No. 12337-m-14

**WAR SERVICE GRATUITY.**

Register No. Mc 1177

Ltw. W 51. 29/9/19

Reg. No. 725195 Pte.

Dependent \_\_\_\_\_

Name McGarrn M J

Address \_\_\_\_\_

Address R.R. #4

W.S.G. File No. \_\_\_\_\_  
 Dec'n No. ....  
 Award ..... days at \$ ..... per day \$ .....  
 months at \$ ..... per mo. \$ .....  
 Less P. D. P. Credited \$ .....  
 Less further debit balance \$ .....  
 Net due paid as below

No	Ch No	Amount
1		
2		
3		
4		
5		
6		

TO: Caplain  
W 51  
29/10/19  
122  
Rate 70  
Due 280.00  
Less P.D.P. credited 100.10  
Net 179.90

Address Colborne

Address Ont

Pay Soldier \$ 179.90

Pay Dependent \$ \_\_\_\_\_

Pay 9m

ckd

Clerk RH 8/10/19

Clerk \_\_\_\_\_

Clerk \_\_\_\_\_

R  
W 131  
23/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>9/10/19</u>	<u>35510</u>	<u>530677</u>	<u>179 90</u>					
2								
3								
4								
5								
6								

GEN'L AUDITOR  
 Posting checked by  
 \_\_\_\_\_  
 Date 9/10/19

# POST DISCHARGE PAY OFFICE

*Inc 1177*

Three months pay and allowances after discharge.

*96*

Name **McGann, Michael James**  
Surname Christian Name

*12337-M-1*

Regimental Number **725195** Rank **Pte.**

Address (in full) **Box 1038,  
Lindsay, Ont.**

Unit **109th Bn.**

Original Unit

District where paid **M.D.2.**

Date of Discharge **23-4-17.**

P. D. P. Filing Number **1-17-2.**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	294	7-8-17	33 00	292	7-9-17	33 00	293	7-10-17	34 10		100 10

M. F. W. 127.  
60M-617.  
1172 39-1140.

Remarks:



Name

Mc Yann Pte M J

M. F. W. 41  
1 0m-7-16  
1772-39 889.

513

Regimental No. 725195

Name and address of next-of-kin

Unit: 109th Bn

Lindsay Ont

Date of enlistment 26-1-16

Place of " Toronto

Married (yes or no) no

Date and place discharged MID 23-4-17

Amount of pay assigned monthly \$ 15<sup>3</sup>/<sub>12</sub>/<sub>16</sub>

Reason for discharge

To whom payable SA nil

Character on discharge

Metayama

29-1-17

II

649-M-12566

Job 5351-M. &amp; D. 6880.

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					
								9381								LPT
1/1/17	31/1/17	31	100	31 -	31	10	310		12791							Due to 10 rd
																add on ship
																from 1/2/17 "D" <sup>MID</sup> / <sub>2</sub>
								2818								next on 10 rd pay last 9.
								X 43	2861							Supp 4 to 27-1-19
1/4/17	23/4/17	23		23 -	23		230	Subs 11 40								
								8 -	4470							LOZ from "U" Unit.
								X 43								next on 4 P. so last COM 9



36659

Ref. No. 28097

# MILITIA AND DEFENCE ASSIGNED PAY.

To whom Mrs. Percy Hart,  
Address 42, Franklin Road,  
Gillingham, Kent.

By whom assigned McGann, M.J.

Regtl. No. 725195


Rank Pte.

Corps, &c. 109th Battn. *no 1-1-17 Dis*

Rate \$ 15.00

Date to Commence 1st Oct. 1916

## PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.	421	221823	15	X	
Nov.	30.00	239690	15	X	
Dec.		289035	15	-	
Jan.	1917		HS		Stopped
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

21/1/17 *[Signature]*

# ASSIGNED PAY.

By whom assigned *Mc Gann. M. J.*  
 Regtl. No. *726196.*

*109<sup>th</sup> Batta*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					





This space to be left blank for the Chelsea Number.

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 725195 Army Rank Private

Name McGann Michael J.

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

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

Battalion, Battery, Company, Depot, &c. C.C.A.C.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge April 23<sup>rd</sup> 1917

Place of discharge Invalided to Canada by authority of Medical Board.

M. H. C. C.  
"D" UNIT  
TORONTO, ONT.  
APR 12 1917  
MC-125

### 1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.
Age	_____ years _____ months	
Height	_____ feet _____ inches	
Chest measurement	{ girth when fully expanded _____ ins.	
	{ range of expansion _____ ins.	
Complexion	_____	
Eyes	_____	
Hair	_____	
Trade	_____	
Intended place of residence	{ _____	
(To be given as fully as practicable)	{ _____	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

### 2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

### 3. Military character :—

### 4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

Carried 48.  
11/5/17

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class

6. Campaigns, Medals and Decorations

Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) .....

(Date) ..... Commanding ..... Battn. .... Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) ..... (Signature of Soldier.)

(Date) ..... (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of service.

Service towards engagement to ..... (the date to which the record of service is completed) ..... years ..... days.

Further service " " (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date)

(Place) Toronto

Signature R. S. Wilson

(Date) April 23<sup>rd</sup> / 17

O. C. "D" Unit M. H. C. Command

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

---

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

1060R  
NGS

N.E.  
157.C.O.R. 11

126985-

D.M.S. 1312.  
Army Form B. 179.  
Canada.

Medical Report on an Invalid.

Station Bramshatt

Date Oct. 25<sup>th</sup> 1916

1. Unit. 109<sup>th</sup> Bn C.E.F. 5. Age last birthday

2. Regimental No. 725195 6. Enlisted  on  at

3. Rank Pte MCGANN.

4. Name ~~McGann~~ M 7. Former Trade  or Occupation

8. Disability.

Gastric Ulcer

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 1909

10. Place of origin of disability. U.S.A.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. States that he suffered first from a gastric ulcer 7 years ago. anab has had recurrent attacks at intervals ever since. Two years ago had a gastro-enterostomy done. This relieved the symptoms for a time and he felt well. when he joined the service. Two months ago he had an acute attack with vomiting and melæna. Improved slowly under treatment.

12. (a) Give your opinion as to the causation of the disability.

Not known

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

(1) No

(2) Not caused but aggravated by serious conditions during service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Scar of operation 4" long on right side of mid-line.

Lungs well nourished and developed. Has a tendency to constipation, but does not complain of gastric symptoms under treatment and carefully regulated diet.

Heart normal  
Lungs normal  
Does exercise and army diet causes a recurrence of gastric symptoms

14. If the disability is an injury, was caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

} Not applicable

15. Was a Court of Inquiry held on the injury ?

- If so—(a) When ?
- (b) Where ?
- (c) Opinion ?

} Not applicable

16. Was an operation performed? If so, what ?

no

17. If not, was an operation advised and declined ?

no

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

Not applicable

19. Do you recommend

- (a) Fit for duty ?
- (b) Fit for light duty ?
- (c) Invalided to Canada ?
- (d) Discharge as permanently unfit ?

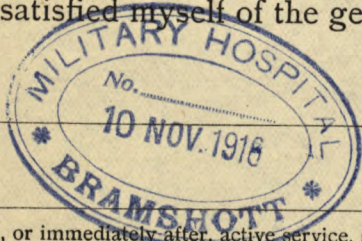
no  
no  
ye  
no

Asst Surgeon Capt  
Officer in medical charge of case. Cause

I have satisfied myself of the general accuracy of this report, and concur therewith,

~~except~~

Station \_\_\_\_\_



H. G. Kendall Major  
for Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. **1 No. 2. No, but**

(b) If due to one of these causes, to what specific condition do the Board attribute it? **aggravation of underlying disability.**

21. Has the disability been aggravated by  
 (a) Intemperance? **No**  
 (b) Misconduct? **No**

22. Is the disability permanent? **Yes, unless operated**

23. If not permanent, what is its probable minimum duration? **not applicable**

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? **less than  $\frac{1}{4}$**

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity. **4**

25. If an operation was advised and declined, was the refusal unreasonable? **Not applicable. An operation would not make him a first line man within reasonable time but would remove his disability. His age is against general service.**

26. Do the Board recommend  
 (a) ~~Fit for duty?~~  
 (b) ~~Fit for light duty?~~  
 (c) ~~Invalided to Canada?~~ **yes. c.s.c.**  
 (d) Discharge as permanently unfit? **Yes, in England. Not classified. c.s.c.**

Signatures :—

C. Cooper Cole <sup>Major</sup> ~~Comd~~ President.

Station Bramshott.

2. A. D. ...  
M. ... } Members.

Date 17 NOV 1916

Approved.

Station Bramshott.

C. ... Major,  
 For G.O.C. Administrative Medical Officer.  
 Canadian Troops, Bramshott Camp

Date 17 NOV 1916

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

*The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked*

\_\_\_\_\_  
Lt.-Col. *President.* \_\_\_\_\_ Major.  
\_\_\_\_\_  
Lt.-Col. \_\_\_\_\_ Major.

# Medical Report on an Invalid.

Station Bramshatt

Date Oct 25 1916

- 1. Unit. 109 Battalion C.B.F.
- 2. Regimental No. 725195
- 3. Rank Pte.
- 4. Name MacGamm W.  
Mc Gamm M.J.
- 5. Age last birthday 43
- 6. Enlisted { on 26-1-16  
at Toronto
- 7. Former Trade { Laborer  
or Occupation

8. Disability.

Gastric Ulcer.

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. 1909
- 10. Place of origin of disability. U.S.A

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

States that he suffered first from Gastric Ulcer 7 years ago and has had recurrent attacks at intervals ever since. Two years ago had a gastro-enterostomy done. This relieved the symptoms for a time and he felt well when he joined the Service. Two months ago he had an acute attack with Vomiting and Melæna. Improved slowly under treatment.

- 12. (a) Give your opinion as to the causation of the disability. Not Known
  - (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).
- (1) No.  
(2) Not Caused but aggravated by serious conditions.

13  
Circled 48.  
11/5/17

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Scar of operation 4" long on right side of mid-line. Face well nourished and developed. Has a tendency to constipation but does not complain of gastric symptoms under treatment and carefully regulated diet. Heart normal. Lungs normal. Severe exercise, and army diet causes recurrence of gastric symptoms.

14. If the disability is an injury, was caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Not applicable

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

Not applicable

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

Not applicable

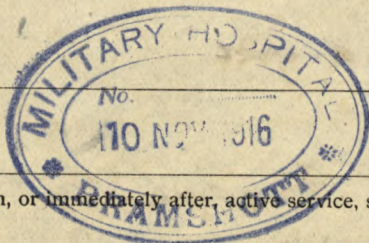
19. Do you recommend

- (a) Fit for duty? No.
- (b) Fit for light duty? No.
- (c) Invalided to Canada? Yes.
- (d) Discharge as permanently unfit? No.

Wm. MacIntyre Capt  
Officer in medical charge of case. Cause

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station \_\_\_\_\_



W. E. Kendall Major  
for Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) no. (2) no.

*but aggravation underlying disability*

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

*no*

(b) Misconduct?

*no.*

22. Is the disability permanent?

*Yes. unless operated.*

23. If not permanent, what is its probable minimum duration?

*not applicable.*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Less than 1/4*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

*not applicable. an operation would not make him a first line man within a reasonable time but would remove his disability. No use in general service.*

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for light duty?

(c) Invalidated to Canada?

*yes C.C.C.*

(d) Discharge as permanently unfit?

*yes in Canada ~~unfit~~ not classified C.C.C.*

Signatures:—

*C.E. Cooper Cole* President.

Station Bramshott.

*E.A. Dutton Major*  
*N. J. Jackson Capt* Members.

Date 17 NOV 1916

Approved.

Station Bramshott.

*[Signature]*  
For G.O.C. & Administrative Medical Officer.  
Canadian Troops, Bramshott Camp

Date 17 NOV 1916

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

*The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked*

\_\_\_\_\_  
*President.*

\_\_\_\_\_  
Lt.-Col.

\_\_\_\_\_  
Major.

\_\_\_\_\_  
Lt.-Col.

\_\_\_\_\_  
Major.

J.M.

Rank

*Plk*

Name **McGANN, Michael James.**

Reg'l No. **725195.**

Unit **109th Bn.**

If in perm. Corps, }  
What Unit? }

Married or Single **Single.**

Place and Date of Enlistment **Lindsay, 28th Jan 1916.**

Place of Birth **Dover, Kent, Eng.**

Name and Address, Next-of-Kin **Mrs Percy Legg.**

**260 Ashdale Ave, Toronto, Ont, Canada.**

Relationship **Sister.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

*ccac*  
N/E R.B. No. *6955*  
File R.L.  
Category *Can MV*

Discharge, Date and Place

Reason

Character *H365*

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>Arrived in England per H. M. T. 2810 31-7-16</i>					
17-9-16	109 <sup>th</sup> Bn	Admitted to B. Mil. Hospital	Bramshott	16-9-16	PT II D.O. 261. C.L. 144
23-9-16	do	Trans to Comm. Hospital	Bramshott Aldershot	22-9-16	PT II D.O. 267. C.L. 16
31-10-16	do	Trans to Military Hospital	Bramshott	20-10-16	C.L. 26
8-12-16	do	S.O.S. to 124 <sup>th</sup> Bn	Whitley	8-12-16	PT II D.O. 343
11-12-16	do	S.O.S. to 109 <sup>th</sup> Bn			267.
20-1-17	do	S.O.S. to 109 <sup>th</sup> Bn		20-1-17	20. <i>PT D.O. 26.</i>
24-1-17	109 <sup>th</sup>	Dischg? <i>Plk.</i>	Bramshott	19-1-17	bk 55.
16-1-17	ccac	203 as local car and on	Hastings	11-12-16	PT D.O. 26.
8-3-17	9/124	Com to 9 <sup>th</sup> C.S.H. (Pending Dis) S.O.S. to ccac.	Whitley	8-3-17	'67

*m.v.c*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
20-2-17	C.C.A.C. Discharge Dept	Proc. to Can for discharge, Ceases Att. to G.C.S.Hp. & S.O.S. to Convalescent Home	Hastings A.D. No. 2 Toronto.	19-1-17 29-1-17	Pr. II 86(I) 184

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725/195	M1	McGann	M.
Year	Unit.	Age.	Service.	
	109 <sup>th</sup> Bn Coy.	43.	8 1/2.	
Station and Date.	Disease Gastric Ulcer.			
<p>Complaint: Pain in stomach.          History: Stomach trouble began seven years in U.S.A. and was treated there. Got better and recovered two years. Recovered again and recovered until he was operated upon in Toronto two years ago and a gastro-entrostomy done. Left this patient felt fine and carried on with his work, which was fairly heavy labor. Got fit when he joined the service, but did not report sick for six months. Two months ago began to be troubled with epigastric pains and vomiting. Days he passed melancholy. Was sent to Connaught Hospital and remained there four weeks, and improved greatly. Outside of stomach trouble patient has had no serious sickness. No U.D.</p>				
<p>On admission does not complain of pain or distress, with carefully regulated diet. He has a tendency to constipation. Physically well nourished and well developed.</p>				

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

Station  
and Date.

Came over as a landsman, and  
claims that the food always disturbed  
him, before he developed any acute  
symptoms.

Wm. MacKinnon.  
Capt