

45<sup>th</sup> Regt.

# ATTESTATION PAPER.

No. 1289238

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Maxwell Patch
  2. In what Town, Township or Parish, and in what Country were you born?..... Fort William Ont.
  3. What is the name of your next-of-kin?..... Sister May Patch
  4. What is the address of your next-of-kin?..... Winnipeg Man. Can.
  5. What is the date of your birth?..... 27<sup>th</sup> Jan'y 1891
  6. What is your Trade or Calling?..... Steamfitter
  7. Are you married?..... No.
  8. Are you willing to be vaccinated or re-vaccinated?..... Yes
  9. Do you now belong to the Active Militia?..... No
  10. Have you ever served in any Military Force?..... R C Regt 3 yrs.  
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
- Maxwell Patch (Signature of Man).  
H B MacConnell (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Maxwell Patch, do solemnly declare that the above answers made by me to the above questions 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.

Maxwell Patch (Signature of Recruit)  
Date..... FEB. 24 1915 ..... 1915 H B MacConnell (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Maxwell Patch, 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.

Maxwell Patch (Signature of Recruit)  
Date..... FEB 24 1915 ..... 1915 H B MacConnell (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 Hursay, this 24 day of FEB 1915 1915.

H B MacConnell (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)



# Description of *Maxwell Tatch* on Enlistment.

Apparent Age 28 years 2 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 38 ins.  
 Range of expansion 4 ins.

Complexion Fair

Eyes Grey

Hair Brown

Religious denominations. { Church of England C of E  
 Presbyterian -  
 Wesleyan -  
 Baptist or Congregationalist -  
 Other Protestants (Denomination to be stated.) -  
 Roman Catholic -  
 Jewish -

*Scar, right Elbow*

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 13<sup>th</sup> March 1915

*McCulloch*  
 Lt  
 Medical Officer.

Place Lindsay

\*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.

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

.....(Signature of Officer)

Date.....191 .



ATTESTATION PAPER

No. 724509

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUADRUPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? Maxwell Patch
2. In what Town, Township, or Parish, and in what Country were you born? Fort William Ontario
3. What is the name of your next-of-kin? Sister Mrs May Horton
4. What is the address of your next-of-kin? 222 High St Fort William Ont
5. What is the date of your birth? 26<sup>th</sup> January 1889
6. What is your trade or calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Inoculated Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? R.C.R. Halifax 3 years.  
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

Maxwell Patch (Signature of Man.)  
H. F. Bissonnette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Maxwell Patch, do solemnly declare that the above answers made by me to the above questions 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 November 25 1915 Maxwell Patch (Signature of Recruit.)  
H. F. Bissonnette (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Maxwell Patch, 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 November 25 1915 Maxwell Patch (Signature of Recruit.)  
H. F. Bissonnette (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 Sudsay this 23<sup>rd</sup> day of December 1915

[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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



DESCRIPTION OF Maxwell Patch ON ENLISTMENT.

Apparent Age 26 years 10 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.

Scar on inside left arm

Chest measurement { Girth when fully expanded 37 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

Religious Denominations { Church of England C of E  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Other Protestants  
 (Denomination to be stated.)  
 Roman Catholic  
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 24 November 1915

Place Ludsey

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

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT

Maxwell Patch 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.

Date DEC 29 1915 191 [Signature] Lt. Col. (Signature of Officer.)  
 O. C. 109th Overseas Battalion, C. E. F.



PATCH MAXWELL

724509

109 BN

6111

MED UNFIT

ML

*Received 21-12-57*

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.









# REMEDIAL TREATMENT GYMNASIUM,

Leave this  
Blank.

✓ 125 Military Convalescent Hospital, Epsom.

Regt. No. 121509 Rank pt. Name Patch W  
Unit 250 F.C. Age 28 Adm. 5.6.18  
Division A Hut 6 Date of Disch. 17.6.18

## DISABILITY.

Date.

10 May  
1918

Influenza

CLASS. Gen ✓

Hours of  
Attendance,  
a.m. 10<sup>00</sup>  
p.m.

MACHINES.

REMARKS. no disability



Leave this  
Blank.

PROGRESS, Notes.

10/6/18 - C.O.  
17/6/18 7th P.T. 2

DISPOSITION.

P.T. 2

*Harry J. Goff*

Capt.

Officer i/c Gymnasium.



No. 724.009. RANK

NAME

P. J. Carpl.  
P. Carpl.  
Parsch. M.

T. O. S. 24-11-15.

UNIT

109th. Battalion.

D. O. 4. 24-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 24	1915. Nov. 30	✓	From Sgt. 24-11-15-	D. O. 26. 20-12-15-
1916 Dec.	1916 Jan.	✓		
	1916 Feb.	✓	Reverts to rank of Pte (on request)	D. O. 109. 27-3-16.
	1916 Mar.	✓	Reduced to Corp.	D. O. 109.
	1916 April.	✓	Reduced to Pte	D. O. 119 of 7-4-16.
	1916 May	✓	Prov. app. Corp.	D. O. 116 of 4-4-16.
	1916 June.	✓		
	1916 July.	✓		

UNIT SAILED

JUL 23 1916







Name *PATCH*Rank *Pte*Reg. No. *724509*Unit *CFC. 25 Coy (B.D.)*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<sup>1918</sup> 14-5-18	4 Can En. <i>Barrington</i>	<i>Barrington</i>	<i>P.U.O</i>	<i>B. 206</i>		<i>18004</i>
24-5	<i>7th Can Coy Epsom</i>		<i>- do -</i>	<i>B. 218</i>		<i>18769</i>
5-7	<i>Discharged</i>		<i>- do -</i>	<i>B. 252</i>		<i>6435</i>
30 9	<i>14 Can Gen Hq Eastbourne</i>	<i>Scarier</i>		<i>B. 337</i>		<i>37878</i>
17 11	<i>13. Can. Gen Hq Hastings</i>	<i>Immatitis</i>		<i>C. 378</i>		<i>9289</i>
25 11	<i>Discharged</i>		<i>do</i>	<i>C. 378</i>		<i>9742</i>















Name Patch Maxwell  
Rank

Reg. No. 72 45 09.

Unit 109 Bn.

Pte

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-10-16	Mil Bramshott	N Y 10		20		
24-10-16	I/O	I.O. Pt. Knee		24		







<b>A. &amp; D. CARD</b>
-----------------------------

No. 13 CANADIAN GENERAL HOSPITAL HOSPITAL.

AT HASTINGS, SUSSEX.

A. & D. No. T 423 PL. OF ACTION U.K.RANK Pk. REG. No. 424509 UNIT B. F. Co. att. 3rd C.C.D. SICK OR WOUNDEDNAME PATCH. M. AGE 28. RELIGION C of EPLACE IN HOSPITAL C1DIAGNOSIS DermatitisADMITTED 16-11-18. FROM No 14 Can Genl Hpl EastbourneDISCHARGED 25-11-18 To Duty.TRANSFERRED 25-11-18 P.P. Co. P.X. H. Co. D.SERVICE AT HOME 19/12 IN FIELD 16/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)







No. 4 Canadian Gen. Hospital, HOSPITAL.

A. & D.  
CARD

AT

Wasingstoke.

A. & D. No. M 2 J 30 66 PL. OF ACTION France

RANK Pte. 724589 UNIT Can. Inf. Bps. 25. SICK OR WOUNDED

NAME Patch. M. AGE 28. RELIGION C of E.

PLACE IN HOSPITAL Gu

DIAGNOSIS P U D. Influenza.

ADMITTED 13 - 5 - 18 FROM Grantully Castle

DISCHARGED \_\_\_\_\_ TO \_\_\_\_\_

TRANSFERRED 27. 5. 18. M.C.P. Epsom.

SERVICE AT HOME 12/12 IN FIELD 12/12

RESULTS \_\_\_\_\_



REMARKS.



No. 14 CANADIAN GENERAL HOSPITAL, HOSPITAL.  
 EASTBOURNE, SUSSEX.

A. & D.  
 CARD

AT

A. & D. No. 4736 PL. OF ACTIONRANK Pte REG. No. 724059 UNIT C. F. Coy SICK OR WOUNDEDNAME Patch M. J. AGE 28 RELIGION bofePLACE IN HOSPITAL F1/C1/Y/A1DIAGNOSIS ScabiesADMITTED 29 SEP 1918 FROM D.I. 3 C.C.O.

DISCHARGED

TRANSFERRED 16 NOV 1918 TO 1364 W. HastingsSERVICE AT HOME 23/12 IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)







SURNAME.

*Patch*

CHRISTIAN NAMES

*Maxwell*

REGL. No.

*724509*

RANK

*Pte.*

UNIT

*109d.*

*Batt.*

FORMER CORPS

*R.C.R. Halifax*

NEXT OF KIN.

NAMES IN FULL

*Horton, Mrs. May*

RELATIONSHIP TO SOLDIER

*sister*

ADDRESS

*222 High St., Fort-William, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Fort-William, Ont.*

DATE

*Jan. 26<sup>th</sup> 1889*

PLACE OF ATTESTATION

*Lindsay*

DATE

*Dec. 23<sup>rd</sup> 1910.*

*Sailed from Halifax*

*per S.S. Olympic*

*2*  
S.O.S. Dis. Mtl. 10-2-192  
FOLL.  
D.O. 388 7-2-19-20N



MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*26*

YEARS

*10*

MONTHS

HEIGHT

*5-*

FEET

*7 1/2*

INCHES

CHEST MEASUREMENT

*37 1/2*

INCHES

EXPANSION

*2 1/2*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*light brown*

DISTINGUISHING MARKS

*Scar on inside left arm.*

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

*Nov. 24<sup>th</sup> 1915,*



NAME

Patch M.  
Pte.

RANK AND CORPS

109th Batt'n

REG'TL NO

724509

H. Q. FILE NO. 649-

FOLLOWS

No.

25th Bn

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

20	Mil. Bramshott.	8-10-16	N. Y. D.
24	" "	24-10-16	J. D. rt. knee. Disch.
a 54	no 6 Stat Yvent.	19-4-17	Hæmatemosis Mild
a 59	#18 Gen. Camiers	21-4-17	Debility etc
u 63	reisch to Base Details	29-4-17	" "
B206#	4 Can. Gen. Casings	14-5-18	P. U. D.
B218	Mil. Com. Wdet 1st Epsom	28-5-18	" " "
B25-2.	Disc	5-7-18	P. U. D.
C372-1	Ex. #14. Can. Gen. Colborne		
	#13. Can. Gen. Noetnig	17-11-18	Dermatitis
6378 <sup>L</sup>	Disch	25-11-18	Dermatitis



\*Name L. PATCH. Maxwell Rank Pte. Regtl. No. 724509

Original unit C.F.C. Present unit C.F.C. M. or S. M. Age 29 Religion C.E. Fyle Depot  Ref. H.Q.

Port, ship, and date of arrival Haifax Olympic 17-1-19

Next of kin Sister Mrs. May Horton 222 High St. Fort William Ont.

Address on leave Same

Address on discharge 33 Lindsay St., North Lindsay, Ont.

Transportation issued Yes Date 10-2-19 Character on discharge Lindsay

Previous occupation Labourer. Date and place of enlistment Lindsay Dec. 23-15

Diagnosis Internal dislocation fight knee Date of Medical Boards 5-2-19

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>11-1-19</u>	<u>Posted to Cas Co (Ex. Camp) 17-1-19</u> <u>Leave &amp; Subs from 22-1-19 to 6-2-19</u>	<u>24</u>
<u>10-2-19</u>	<u>S.O.S. DISCHARGED "MED.UNFIT" (91 days PDP. &amp; clo' all')</u>	<u>38</u>

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

Date.

Remarks.

Pt. 2  er No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.



Surname	Christian Name or Names	Reg. No.
Patch.	M.	724509.
Rank	Unit	Co. Troop Batty
Pfc.	109 Bath. (Can. Forestry Corp.)	Dep't.
Hospital	Bramshott M. I.	Date of Admission
	6 Stat. Front.	8.10.16
Transferred	18 Gen. Lamas	Hosp. 19.4.17
	4 C.C. Basingstoke	Hosp. 21.4.17
	Woodcote Pk. Epsom	Hosp. 14.5.18
		Hosp. 28-5-18

Diagnosis I. O. Right knee

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Haematemesis mild  
aw

Additional Diagnosis: if more than one state present

Debility

PUO at  
Scabies at  
Dermatitis at

DISPOSITION

Date Dis. 24.10.16

6L 17.10.16 #20  
26.10.16 #24  
27.4.17 #57.  
3.5.17 #57  
11.5.17 #63.  
16.5.18 B206-T  
30-5-18 B218  
10-7-18 B252.  
4.10.18 C332.  
20-11-18 B/372-1.  
27.11.18 C 378

REMARKS  
Dis 5.7.18  
4 25.11.18

A.M.D. 2 DEPT.

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

aw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1. 14. C. G. Eastbourne.

30. 9. 18.

13 C. G. Hastings

17-11-18.

2.

3.

4.

5.

6.

7.



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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.


Unit, Regiment or Corps *U. S. Artillery Regt. 3rd of Cont.*

Regimental No. *1289258* Rank *Pvt* Name *Patch Maxwell*  
C. E. F.

Enlisted (a) *24-2-15* Terms of Service (a) *Do for* Service reckons from (a) *24-2-15*

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

Extended ..... Re-engaged ..... Qualification (b) .....

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>9-6-15</i>	<i>With Regt.</i>	<i>Learns to Base Co.</i>	<i>Bainfield</i>	<i>9-6-15</i>	<i>DCO. 311</i>
<i>20-7-15</i> <i>Sept 4</i>	<i>59 Rm</i>	<i>Discharged</i> <i>"Medically unfit"</i>		<i>20-7-15</i>	<i>Pl 2 D.O. # 46</i>
					<i>ably de...!</i>

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

I.P.T.O.







# CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps S. C. H. Co.

Military Hospital \_\_\_\_\_

No. 724509

Rank and Name Pte Patch M.

Age 28

Service 37/12

Disease Dermatitis

Date of admission 16/11/18

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation																													
	Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M. A.M. P.M.																												
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature A. E. Hales, Capt.

In charge of case.







V.D.S. Clinic.  
SEAFORD.

..27 Sept.....1918

To:- Medical Officer.

3 ccw.....

Blood taken from the following man has been examined and  
found to be.....*negative*.....  
.....*724509*.....*Pte Patch*.....

Remarks:

*Walter Francis*  
Officer i/c V.D.S. Clinic.      Capt. C.A.M.C.  
Seafood...

*G.*



Faint, illegible text at the top of the page, possibly a header or address, with some scattered ink spots.

Main body of faint, illegible text, appearing to be a letter or document, with a small red mark near the bottom right corner.



724509.  
Pete Patch  
3rd CCD

Reference my/ta man - I consider  
that the original scabies infection is cured,  
but there is a pronounced dermatitis - which  
may be a dry exanthematous condition, possibly  
gutta, or specific rash. He gives history of  
chancu on penis 4 years ago.

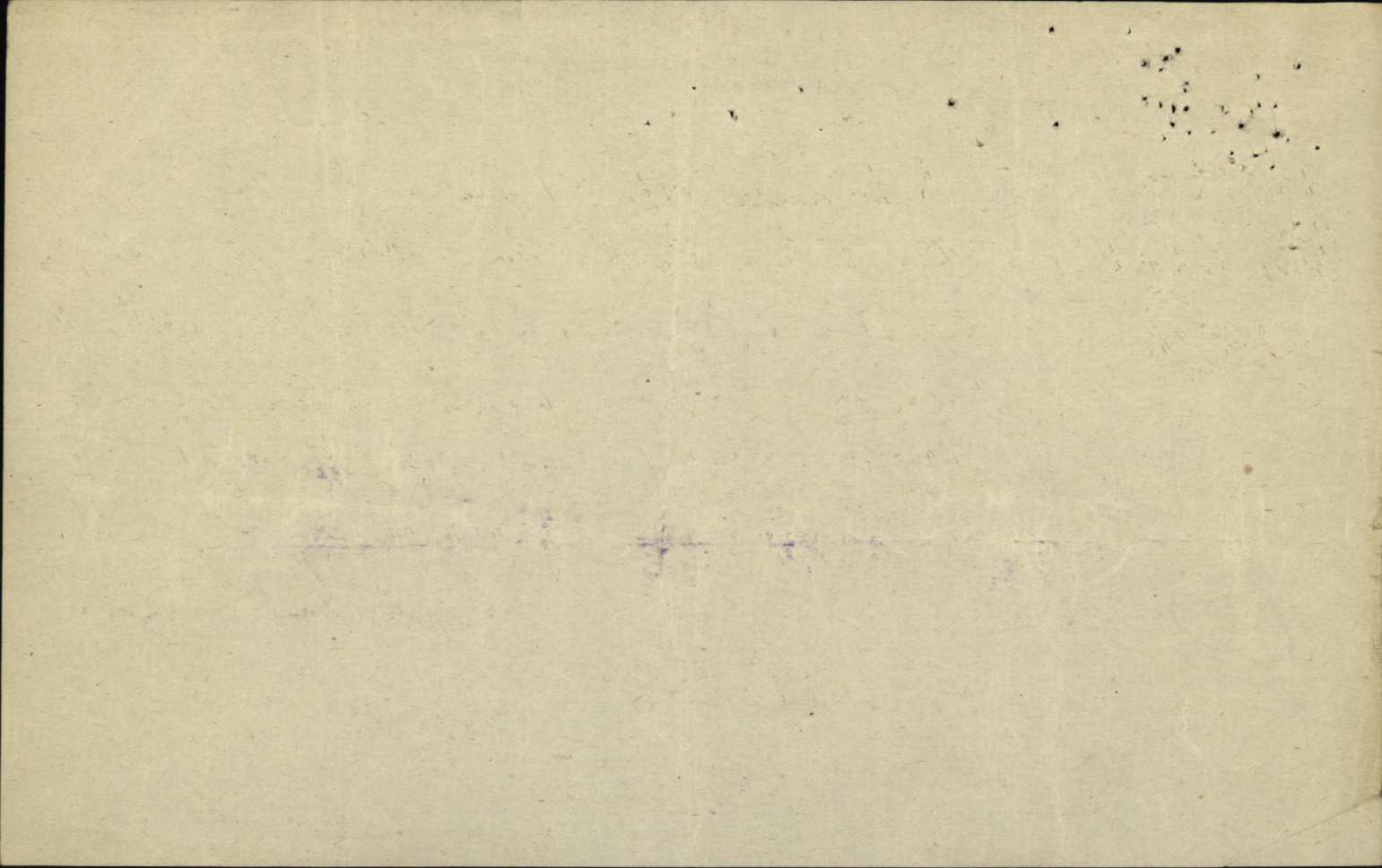
(a)

C. O. Sherrin Taylor

Brigade Hoop. 24/9/18

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Regl. No. Rank & Name..... 7245-09 Pte. Patch. M.  
Diagnosis..... V.D.S. ? ..... 14th Canadian Gen Hospital Eastbourne  
To Officer i/c Laboratory ..... Ward..... FI-(70)

Please carry out an examination of the accompanying  
specimen of Blood with special regard to Wasserman Reaction.

Date.. 8-10-18 .....

*A. W. Jeffrey, Capt.*  
.....  
Officer i/c Ward.

LABORATORY REPORT

History of Infection.

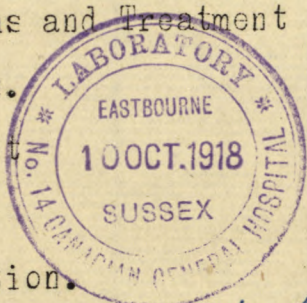
Previous Symptoms and Treatment

Present Symptoms.

Present Treatment

Result of Test.

Date of Examination.



*Negative*

*W. H. H. Livingston*

Capt C.A.M.C.

Officer i/c Laboratory.

27

9/10/18



AA

11-23-11

(X)

103

1

3.

Alfred E. ...

ALBANY

57



Regl No Rank & Name *7245-09 Pte. Patch M. C.F.C.*

Diagnosis *Syphilis?* 14th Canadian Gen Hospital Eastbourne

To Officer i/c Laboratory Ward *F. I. (70)*

Please carry out an examination of the accompanying specimen of Blood with special regard to Wasserman Reaction.

Date *14-10-18*

*A.W. Jeffrey Capt.*  
Officer i/c Ward.

LABORATORY REPORT

History of Infection.

Previous Symptoms and Treatment

Present Symptoms.

Present Treatment

Result of Test. *negative*

Date of Examination. *16/10/18*

*Transferred to Surgical*

*24*



*A.B. H. [Signature]*  
Capt. C.A.M.C.

Officer i/c Laboratory.



1870  
No. 10

1870  
No. 10

1870  
No. 10

1870  
No. 10

1870  
No. 10



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724509	Pte	Patch	M.
Year 1918	Unit.		Age.	Service.
	bxl. att. 3rd C.C.D.		78	35/12
Station and Date.	Disease <u>Dermatitis</u>			
16-11-18.	<p>Patient says he does not feel very well, not a very good appetite, and says he does not sleep well, says he has lost flesh. complains of head-aches. Tongue coated a little. At present there is a slight scaly rash at elbows and outer surfaces of fore-arms and on shins, which is somewhat itchy and burns when water is put on it.</p> <p style="text-align: right;">A.E. Fraleigh Capt.</p>			
22-11-18	To be discharged A.E. Fraleigh Capt.			
	25/11/18. Dis to Duty			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(23205) Wt. W 4234-M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11. 33 P.T.O.



Station  
and Date.



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

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

# Casualty Form—Active Service.

Unit, Regiment or Corps.....  
 Regimental No. 724589 Rank PLC Name Patch, Maxwell  
 C. E. F. ....  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } 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				
JAN 11 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 24
					<i>for 219</i>
					<i>W. T. Roberts</i> Lieut. For O. C. No. 2 District Dep.
10-2-19		S.O.S. (Discharged) No. 2 District Depot		10-2-19	
		"Medically unfit"			Part II, D.O. No. 38 <i>H. Sergeant Capt</i>
					O. C. Discharge Sections, No. 2 District Depot.

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



ARMY FORM B. 213 (REV. 1-1-41)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 724509 Rank Pte Name Park G  
(Surname first)  
Unit No. 2 District Depot who was\* **DISCHARGED**  
On Feb 10 1919, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 to Feb 10 1919.  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		10 97
Regimental Pay..... <u>41</u> days at \$..... <u>1</u> c. <u>10</u>		45 10
Field Allowance..... days at \$..... c.....		10 -
Separation Allowance.....		35 -
Clothing Allowance.....		100 -
Post Discharge Pay.....		12 80
*Other Credits.....		
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No.....		
Total.....	123 87	213 87

\*Give particulars.

A monthly stoppage of \$..... 1500 (†) has..... (‡) been paid on account of  
Assigned Pay for the month of Jan 1919 }  
and Separation Allee. for month of Feb 1919 } (to) Assignee M<sup>rs</sup> Ethel Park  
(Address) 33 Lindsay St Lindsay Ont  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment..... married or single.....  
(2) Separation Allowance, entitled or not..... yes (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... 0038

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

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

Date 8/2/19  
Place TORONTO

[Signature] CAPT.  
PAYMASTER, No. Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.







# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

## DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) PATCH, M. M D 2

REGIMENT 25<sup>th</sup> C.F.C. RANK Plt No. 724509

Date of Examination in England 2/1/1919. 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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper 2 - 3 - 14 - 15

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France Yes

Signature of Dental Officer

Robert Capt

KINMEL PARK,  
NORTH WALES.



PATCHMAN  
M. D. M.  
per

220000

2/1/1919

21-11-0

220000  
220000  
220000

220000  
220000  
220000



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

*Salch, Myrswell*

REGIMENT

RANK

*Pls*

No.

*724509*



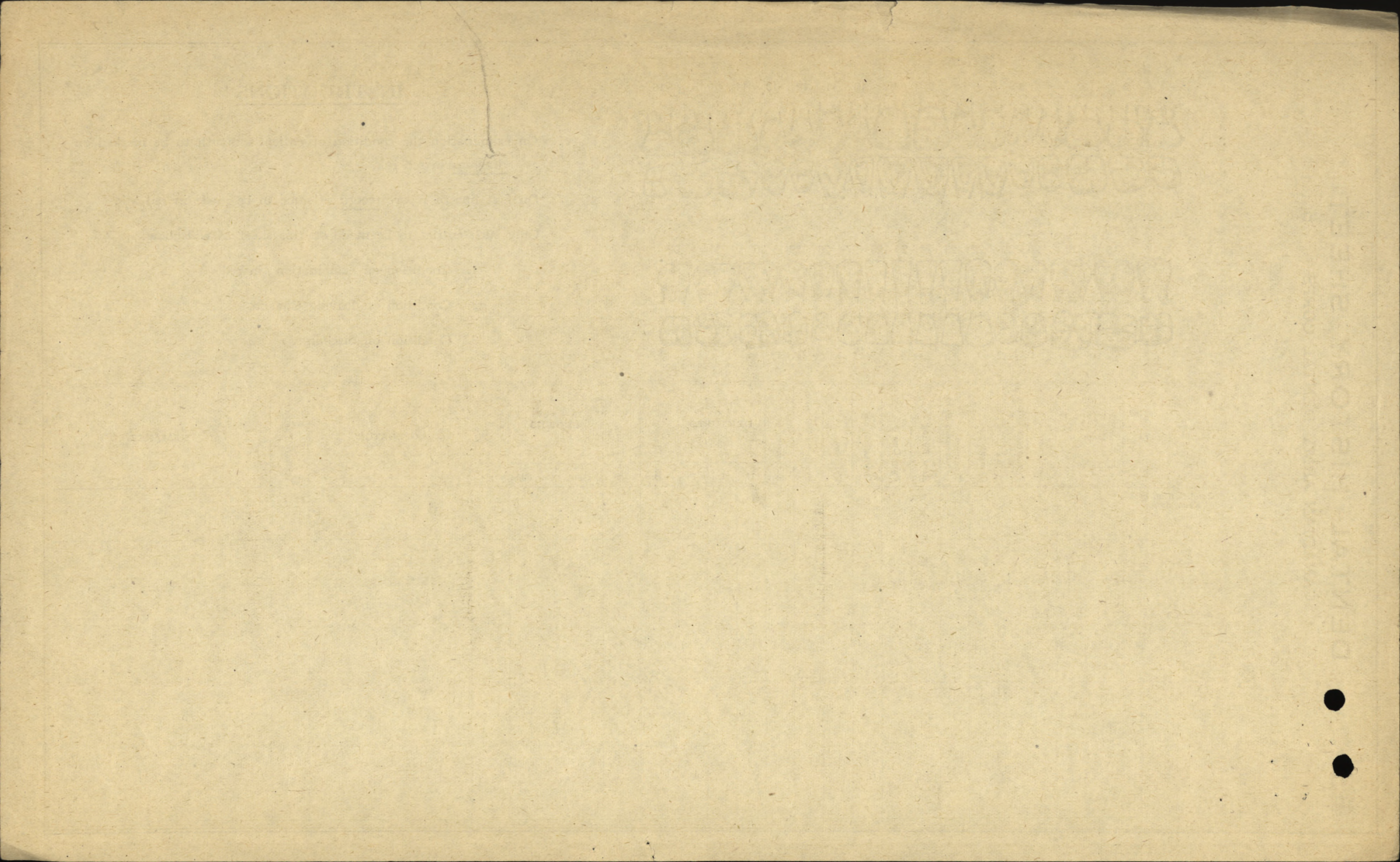
## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
  2. On first line of report record of same to be made in red ink.
- Only such entries to be made on this sheet as will show:
1. Condition on examination (in red).
  2. Condition on leaving Canada.
  3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge Exam. At Exhibition Camp</i>																					
<i>Date. FEB 5 1919</i>																					
																					<i>Certificate issued for</i>
																					<i>Prophylaxis (History of French mouth)</i>
																					<i>H. A. Sample Major</i>

*Had*







Casualty Form - Active Service.

25. Coy. Directorate of Forestry (Canadian Branch)

Rank Private Surname Patch Christian Name M.

Religion ... Age on Enlistment ... years ... months

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

Date of promotion to present rank ... Date of appointment to lance rank ...

Extended { } Re-engaged { } Qualification (b) ... or Corps Trade and Rate ...

Occupation ... Signature of Officer.

Table with 5 columns: Date, Report (From whom received), Record of promotions, reductions, transfers, casualties, Place of Casualty, Date of Casualty, Remarks. Contains handwritten entries for dates from 12-5-1917 to 12/5/18.

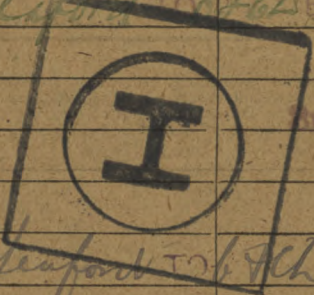
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) Signaller, Shoeing-Smith, &c.

Lieut. for Lt.-Col., A. A. G.

Canadian Section, G. H. O. 3rd Echelon B E C



Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
	21.518 CFC. 18D,	T.O.P. on Adm <sup>n</sup> -to Hosp. in Conf.		14.5.18 S.O. 121	
					Lieut. for LT. Col. I/o Records, C.E.F.
20-9-18		<del>DISCHARGED FROM 3<sup>RD</sup> C.C.D. Seaforth TO 464 BN. PART II D.O. NO 233</del>			<del>20-9-18</del>
					For O.C. 3rd Canadian Command Depot
22-10-18		<del>DISCHARGED FROM 3<sup>RD</sup> C.C.D. Seaforth TO 464 BN. PART II D.O. NO 249</del>			<del>22-10-18</del>
					For O.C. 3rd Canadian Command Depot
30-10-18	BD C2C	ceases to be shown in Command on admission to Hospital.		30-9-18	W.D. 259.
					Lt. & A/Adjt. 3. Base Depot, Canadian Forestry Corps
		Attached C.C.C.: K. P. 34			
		2 Orders pending transfer to C. E. F. Canada.			
		35 Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders			
		12/11/18			
		J. J. J. J. J.			
		Lieutenant for Officer Comd'g M. D. 2. C. W. Kinmel Park Camp, Rhyl.			





25

ADD

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

M. F. W. 54. (A. F. B. 193.)

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 124509 Rank Private Name Patch Maxwell

C. E. F.

Enlisted (a) 24-11-15 Terms of Service (a) D of W Service reckons from (a) 24-11-15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Laborer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
8/12/16	Embarked Canada Disembarked England O.C. 109 Bn.	transferred to 124th Bn.	Halifax Liverpool Witley	24-7-16 31-7-16 8/12/16	✓ D.O. Pt II, # <sup>3</sup> 43 ✓ Capt. ADJUTANT 109th Overseas Battalion, C. E. F. <u>P. W. Bell</u> Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
19-12-16	124 Bn.	Transferred to C.C.A.C. attd to 124th	Witley	6-12-16	Part II Orders 176 <u>W. J. Jones</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
20-1-17	124th Bn.	<del>Attached to Garrison Duty Battalion</del>	Witley Camp	20-1-17	Part II Orders No. 20 <u>W. J. Jones</u> Lieut., Asst. Adjt., 124th Bn. C. E. F.

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



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
11-2-17	124th. Bn.	Transferred to Canadian Forestry Corps.	Witley Camp.	9-2-17	Part. 11. Orders No. 32. 42 <i>H. S. King</i> Capt Adjt. 124th. Can. Par. Bn.
19-2-17	<i>A. J. O.</i> C.F.C.	T.O.S. Can. Forestry Corps	London	9-2-17	Part 11 orders no 43 Lt. + adjt. adj. C. F. C. <i>W. J. Wilson</i>
13.3.17	<del>D of T. O.</del> C.F.C.	Proceeded overseas to C.F.C. France	London	3.3.17	D.O. Pt. II No. 62 Lt. & Asst/Adj. C.F.C. <i>W. J. Wilson</i>
9/12/16	<i>OC 124</i>	T.O.S. on f/o. from 109th	Witley	8/12/16	Part II D.O. 265
5/3/17	<i>CCAC.</i>	Orders to be att'd to 124th Bn SOS to C.F.C.	Hastings	3/1/17	" " 108 <i>C. J. Vain</i> FOR LT-COL 1/2 RECORDS CONT.
3-4-1917	<i>Can. Sec.</i>	Taken on strength 25th Coy C.F.C. on arrival France		4-3-1917	Part 2 Order no. 9 d-20-4-1917
31-3-1917	25 Coy C.F.C.	Sick	Hospital	26-3-1917	B 213
7-4-1917	25 Coy C.F.C.	Rejoined from hospital	Field	17-4-1917	B 213
14-4-1917.	26.25 Coy C.F.C.	Sentenced to 14 days F.P. no 2, 8-4-1917 for neglect of duty in that he was setting a fire during working hours 8-4-1917	Field	8-4-1917	B 2069 P.H.O. 12 d/4-5-1917.
2/5/17	C.B.D.	From Staples "A"	Can base depot	2/5/17	N.R.
20-4-17	6 Stab Coy	Haematemesis m.	To 30 A.T.	20-4-17	W 3034 (299)
21-4-17	18 Gun Hosp	Debility	adm 18 Gun Hosp	21-4-1917	W 3036 (487)
7-5-1917	C.B.D.	Proceeded to Rejoin Unit	Unit	7-5-1917	M.R. 252 d/9-5-1917

CERTIFIED CORRECT.  
 28 MAR 1917  
 CAN. RECORDS, LONDON.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 724509 (Rank) Pte.

Name (in full) PATCH Maxwell enlisted in  
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 25th.  
day of November 1915

HE served in England and France

and is now discharged from the service by reason of medically unfit

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

Age 29

Height 5'7 1/2"

Complexion Fair

Eyes Blue

Hair L. Brown

Marks or Scars

acc. scars on left arm.

*Maxwell Patch*

Signature of Soldier

*W. J. [Signature]*

Issuing Officer

For

O.C. No. 2 Dist Rank Depot

Date of Discharge Feb. 10th. 1919

Appointment

Signed at Toronto, Ont. this 10th. day of February 1919

in Military District No. 2. No. 2

File Reference No. FEB 10 1919  
DISTRICT DEPOT

JB.

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

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

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment







# 724509 PATCH MAXWELL

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.				
13.3.17	C.F.B.	S.O.S. to C.F.B. <sup>125<sup>th</sup> Co.</sup> Franco	London	3.3.17	P.T. D. ( ) 62 425 <sup>th</sup> Co. Pt. 9 d/20/4/17
27.4.17	C. & Louis	Ad. No. 6 Stat. Hosp.	Grevent	19.4.17	C.L. A57 Neamatemosis S.V.
3.5.17	"	Do No. 18 Gen. Hosp.	Camiers	21.4.17	" A59 debility S.V.
11.5.17	"	Disch. to Base details	Field	29.4.17	" A63 "
21-5-18	25 Coy C.F.C.	Adm. to BDCFC (Sick)	He	12-5-18	--- 23.
21-5-18	BDCFC	TO Adm. to Hosp in Eng	Spale	14-5-18	--- 121.
11.7.18	3 CCD	Adm. for P.T. & Etc	Seaford	17.7.18	--- 161
20.9.18	"	Cases to be att'd	"	19.9.18	Cancelled see P. 229 of 2-9-18 see Depot
20.10.18	"	Cases to be att'd on being in Hosp in Eng	"	20.10.18	P. 249.
30.10.18	BDCFC	Cases to be on form to 3 CC Depot	S'dale	30.9.18	" 259
31.12.18	"	On Comd to Rhye	"	30.12.18	- 310
20.1.19	"	S.O.S. to C.E.F. Can	"	9.1.19	- 20



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS


M. F. W. 12  
50m.--7-16  
H. Q. 1772-39-819

To Whom *Mrs Ethel Patch* By Whom Assigned *M. Patch*  
Address *Lindsay* Regtl. No. *724509.*  
*Ont.* Rank *Pte.*  
Corps *109th Batta.*

Rate *\$ 15<sup>00</sup> Aug. 1. 1916,*

*2 m 18<sup>8</sup>/<sub>16</sub> to 28<sup>10</sup>/<sub>16</sub>.*

## 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				



75  
18  
20-5

4 20 11

2 20 11

20 11 11



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

*M. E. Patch.*

L. L. Job 4503. - Req. 6832.

PAYMENTS. #

Name of Soldier

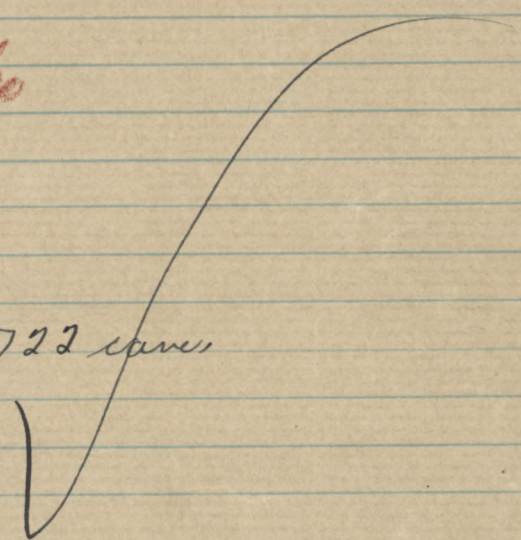
*M. Patch.*

*# 724509.*

*Det. 109th Ball Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15<sup>00</sup>/<sub>xx</sub> Aug. 1. 1916.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>024205</i>	<i>45</i>	<i>to adj</i>
Nov.		<i>B29968</i>	<i>15</i>	
Dec.		<i>D 34647</i>	<i>15</i>	
Jan.	1917	<i>Q39074</i>	<i>15</i>	
Feb.		<i>Q45709</i>	<i>15</i>	
March		<i>G52398</i>	<i>15</i>	<i>15.60</i>
April		<i>E4129</i>	<i>15</i>	<i>15.2</i>
May		<i>E1041</i>	<i>15</i>	<i>15.2</i>
June		<i>D 16850</i>	<i>15</i>	<i>B.</i>
July		<i>E 24586</i>	<i>15</i>	<i>b</i>
Aug.	<i>531723</i>	<i>531722</i>	<i>15</i>	<i>531722 same</i>
Sept.		<i>U32492</i>	<i>15</i>	<i>in</i>
Oct.		<i>P44194</i>	<i>15</i>	
Nov.		<i>R51172</i>	<i>15</i>	
Dec.		<i>S 61276</i>	<i>15</i>	
Jan.	1918		<i>255</i>	
Feb.				
March				
April				
May				
June				
July				

*MB*





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

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.				



1-3-16.

## MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-518.

## SEPARATION ALLOWANCE

Name *Ethel Patch* Name of Soldier *Patch Maxwell*  
 Address *33 Lindsay St. A.* Regtl. No. *724509*  
*Lindsay.* Rank *Private*  
*Ont.* Corps *109th Battn. C. C. F.*  
 Relation to Soldier }  
 wife, child or mother } *wife*  
 To what Corps belonging }  
 when called out } *✓ ✓*

## PAYMENTS

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





WILDIN 2

10/10/10

10/10/10

10/10/10

10/10/10

~~10~~  
24  
36

24



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

*wife-*  
PAYMENTS.

Name of Soldier

*Patch Maxwell*  
*Vte.**Ethel Patch*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>M11816</i>	<i>120</i>	<i>120.</i>
Sept.		<i>M17219</i>	<i>20</i>	<i>20. Marriage Certificate Produced</i>
Oct.				<i>up to be witnessed authority</i>
Nov.				<i>St Gordon 20 1/2.</i>
Dec.		<i>M.26016</i>	<i>60</i>	<i>mailed 21-12-16</i>
Jan.	1917	<i>B30416</i>	<i>20</i>	<i>20</i>
Feb.		<i>A33225</i>	<i>20</i>	<i>20</i>
March		<i>C36806</i>	<i>20</i>	<i>20</i>
April		<i>E 2236</i>	<i>20</i>	<i>20</i>
May		<i>b 5821</i>	<i>20</i>	<i>20</i>
June		<i>C 9532</i>	<i>20</i>	<i>20</i>
July		<i>C 12611</i>	<i>20</i>	<i>T</i>
Aug.		<i>L15525</i>	<i>20</i>	<i>M</i>
Sept.		<i>T18515</i>	<i>20</i>	<i>T</i>
Oct.		<i>V 21241</i>	<i>20</i>	<i>B</i>
Nov.		<i>V 34311</i>	<i>20</i>	<i>M</i>
Dec.		<i>C 27816</i>	<i>20</i>	<i>S</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*440*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-8-16		EFFECTIVE DATE:-	
AMOUNT:- 15 <sup>00</sup>		AMOUNT:-	

NAME: **PATCH** Maxwell

NUMBER: 424509

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 Ethel Patch* *Wife*

*Lindsay Ont.*

*2 b. compiled*

*AP stopped eff 1-1-19.*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109<sup>th</sup> Bn*

DATE ACCOUNT FIRST OPENED:- *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T.S.F.D	UNIT TRANSFERRED TO
<i>DD121</i>	<i>14/4/18</i>	<i>1/6/18</i>	<i>17/4/18</i>
			<i>to F.L. France</i>
			<i>" " " Long.</i>

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
<i>2/29</i>	<i>500</i>	<i>Canada Corp</i>	<i>9.73</i>				
			<i>9.73</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *31<sup>st</sup> Dis Canada for disposal. Auth. 676 Non Eff 20<sup>th</sup> 18.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mich 31</i>	<i>Brought Forward</i>								<i>21.94</i>		
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>to A.P.</i>				<i>15</i>			
				<i>OR 17 2/4/18 25<sup>th</sup> pay</i>	<i>3.54</i>				<i>32.80</i>		
				<i>" 70 15 " " "</i>	<i>3.57</i>			<i>15</i>			
<i>May</i>	<i>" "</i>	<i>33</i>		<i>" 114 4 5 " " "</i>	<i>7.14</i>						
		<i>34 10</i>		<i>" 114 4 5 " " "</i>	<i>3.57</i>						
				<i>to A.P.</i>				<i>15</i>			
				<i>OR 1573 15<sup>th</sup> pay Gen. Postage</i>	<i>4.87</i>						
				<i>" 2475 25<sup>th</sup> pay Gen. Postage</i>	<i>9.73</i>				<i>33.73</i>		
		<i>34 10</i>			<i>18.17</i>			<i>15</i>			
<i>June</i>	<i>" "</i>	<i>33</i>		<i>Law Day</i>				<i>15</i>			
				<i>No 5595 28. 6. 18 Opson</i>	<i>4.87</i>				<i>46.86</i>		
		<i>33</i>			<i>4.87</i>			<i>15</i>			
<i>July</i>	<i>SF 57 18 6 17 18 20 163 137 10 18</i>	<i>896</i>		<i>O. Day</i>				<i>15</i>			
	<i>P. Pay</i>	<i>32 10</i>		<i>No 449 5. 7. 18 Opson</i>	<i>4.86</i>						
				<i>" 3608 18. 7. 18 366D</i>	<i>2.43</i>				<i>23.62</i>		
		<i>42.86</i>			<i>51.10</i>			<i>15</i>			
<i>Aug</i>	<i>" "</i>	<i>32 10</i>		<i>Law Day</i>				<i>15</i>			
				<i>No 489 16 8. 18 366D</i>	<i>2.43</i>						
				<i>" 5031 19. 8. 18</i>	<i>2.43</i>				<i>32.86</i>		
		<i>34 10</i>			<i>4.86</i>			<i>15</i>			
<i>Sept</i>		<i>33 00</i>		<i>to A.P.</i>				<i>15</i>			
				<i>OR 5623 13<sup>th</sup> 3<sup>rd</sup> Dec.</i>	<i>9.73</i>						
				<i>" 5958 23<sup>rd</sup> 18</i>	<i>4.87</i>				<i>41.76</i>		
		<i>33</i>			<i>14.60</i>			<i>15</i>			
<i>Oct</i>		<i>34 10</i>		<i>to A.P.</i>				<i>15</i>			
				<i>OR 2675 - 11<sup>th</sup> Gen. Postage - 15/10/18</i>	<i>2.43</i>						
				<i>OR 2871 - 29/10/18</i>	<i>2.43</i>				<i>55.50</i>		
		<i>34 10</i>			<i>4.86</i>			<i>15</i>			



NUMBER

424509

RANK

*Plt*

NAME

*Fatch M.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Oct</i>	<i>Balance fwd</i>								<i>5550</i>		
<i>Nov</i>	<i>9 Pay.</i>	<i>35</i>		<i>Can A.P.</i>				<i>15</i>			
<i>Dec</i>	<i>1</i>	<i>34</i>	<i>10</i>	<i>AR 3053 - 7014 Can Can Hop 24/11/18 243</i>							
				<i>AR 1006 7013 do Hastings 22/11/18 484</i>							
				<i>AR 11015 - ✓ 25/11/18 943</i>							
				<i>raw A.P.</i>				<i>15</i>	<i>755</i>		
		<i>27</i>	<i>10</i>	<i>AR 5654 - BDE 76 - 24/12/18 973</i>				<i>30</i>	<i>6584</i>		
					<i>2676</i>						

A & M. FORM REN'S STOPPED 1/19.  
 DISCHARGED TO *Canada* DATE *31/12/18*  
 PAY BOOK VERIFIED *by disposal 27/11/18*  
 AUTH. *6584* P.O. REN'S *27-12-18*  
*676 Nov Ret 604. 24/12/18*

*J. R. Brindley*

CHECKED BY  
 COMPLETED BY











P. 878.

Extract from Sailing List No. ....

Unit:-

*C. F. C.*

Reg. No.

Rank

Name

*Can. Serv*

Sailed for Canada,

Military District No. .... *2*

*724509*

*Acte*

*PATCH*

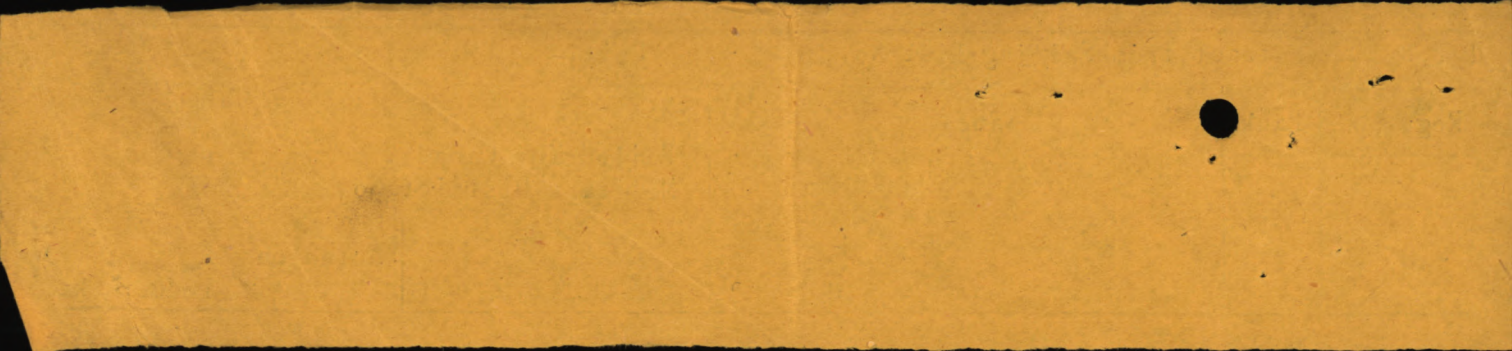
*M.*

*9/1/19*

Acted on

Ledger Ck.







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

REGT. No. 724509 RANK Pte. NAME (IN FULL) PATCH, M.

Form with fields: M. OR S., NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY, PAYABLE TO, ADDRESS, IS SEPARATION ALLOWANCE PAID, DATE EFFECTIVE, TO WHOM PAID, ADDRESS, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS.







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30/1/18
	1 12 17	

P.C.3257

PC 2453

M R O 21611 recd 20/11/18

# P

001600

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **724509**  
 Rank **Olt** Promoted Reverted Discharge  
 Soldier's Name **M. Patch**  
 Battalion **109 Bu**  
 Beneficiary **Mrs. Ethel Patch**  
 Relationship **Wife**  
 Address **33 Lindsay St. Lindsay Ont.**

PARTICULARS OF ASSIGNMENT

Name **Mrs. Ethel Patch**  
 Address **33 Lindsay St. Ont.**  
 Change of Address **Lindsay Ont.**

AUG 1 1918

M F W. 2554 Issued Ret'd 22/11/18 O.K.L.C.

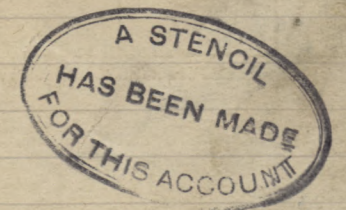
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31 1917		440.	255	695	
Jan 18	864286 I	30 -	15 -	45 -	
Feb 15	73591 J	25	15	40	
Mar	94823 P	25	15	40	
Apr	10464 P	25	15	40	
May	713275 W	25	15	40	
June	26208 O	25	15	40	
July	28226 J	25	15	40	
Aug	35018 Q	25	15	40	
Sept	36321 E	25	15	40	
Oct	43077 C	25	15	40	
Nov	58210 G	25	15	40	
Dec	62686 H	45	15	60	
Jan	70660 A	30	15	45	
		<b>795</b>	<b>450</b>	<b>1245</b>	

SA marriage cert produced, to be reopened, Auth Lt Gordon. 20/16

M J # 2

M. F. W. 128  
400mc-6-17-1772-38-1141  
L. L. 22320-M. & D. 7583.

..... A/c Closed 31-1-19  
 Ret'd per Olympic  
 Date 17-1-19  
 Clerk L Charbonneau 22/1/19  
 M F W 187 Recd  
 M R O 52224





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date

Cheque  
No.

Amount  
S/A

Amount  
A/P

Total

REMARKS

M. F. W. 128  
400M-6-17-1772-39-1141  
L. L. 22320-M. & D. 7893.



B.5.

P.A.R.

Reserved for M.H.C.

Regt. No. **724509** Rank **PTE.** Surname **PATCH** Christian Name **MAXWELL**  
 Unit or Corps—(a) Overseas from United Kingdom **C.F.C.** (b) in United Kingdom **C.F.C.**  
 Born at—Town **FT. WILLIAM** County or Province **ONT.** Country **CANADA**  
 Date of Birth—Day **28** Month **JAN.** Year **1890** Age **28** yrs. **10** months.  
 Joined at **LINDSEY, ONT.** Date **NOV. 29, 1915**  
 Former trade or occupation **TEAMSTER**

Permanent Marks or any peculiarity that will serve for future identification:—

**SCAR ABOVE ELBOW L. ARM**  
**VACC. MARK — 1 L. ARM**

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

Signature of Soldier (for identification purposes) *P. Patch*

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) **INTERNAL DISC RIGHT KNEE INJURED**
- Disabilities Group (b)
- Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<b>ACCIDENTAL INJURY. (PLAYING HOCKEY)</b>	<b>LINDSAY</b>	<b>17.3.16.</b>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

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

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

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



5. MEDICAL HISTORY. Man states that he enlisted on 24.12.15 & while playing Hockey at Lindsay 17.3.16. he injured his knee. Served 14 months in France 2.3.17. to 1.5.18. while on duty at Sunningdale Camp he injured his knee again on 6.12.18. Knee always gives trouble - pain. swells. if he walks five miles.

Documentary Evidence confirms above

6. PRESENT CONDITION.

Knee appears normal Nothing to be seen at present

Other systems normal

7. OPERATION. (i) Was one performed? *No* (ii) If so, state what.  
(iii) Was one advised and declined? *No*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? *Yes*  
(ii) If so, describe. *four. Decayed.*

9. DO YOU RECOMMEND:—  
(a) Fit for duty? *Category B*  
(state category)  
(b) Invalid to Canada?  
(c) Discharge from the Service }  
as permanently unfit?

Date of Report *Dec 11* 191*8*  
Station *Sunningdale*

Signature *Alfred James*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except *not in hospital* {Officer i/c Hospital } Strike out one  
S.M.O. Brigade of these

Dated at ..... Station, on ..... 191.....  
\*Delete if inapplicable.



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

10. Is the disability fully described in Part I. (1)?  
If not, describe it.

yes

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? Aggravated? }

NO

(b) Misconduct of the Soldier { Caused? Aggravated? }

no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

Ten per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

all

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

no

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

Six months

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

n-a.

17. Can the former trade or occupation be resumed?

yes

18. REMARKS:—

Knee - Rt knee 1 cm. greater in circumference than left; some thickening of patellar bursa. Movements good.  
Heart - some tachycardia; no evidence of V.D.H.  
Lungs - nothing abnormal found  
Feet - slightly flat, but do not trouble him.  
Urea analysis negative  
Authority - a.g. 9053 - 11/11/18

19. RECOMMENDATION:—

(a) Fit for duty?  
(state category)

Below

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board

Dec 11 1918

Station

Stanningdale

Signatures of the Board

*[Handwritten signatures]*  
President.

Approved

*[Handwritten signature]*  
Capt C.A.M.C.

A.D.M.S.

Dated at

..... Captain, C.A.M.C.  
Station  
for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF  
MEDICAL SERVICES,  
CANADIANS, LONDON AREA.  
DEC 17 1918  
13, BERNERS ST. LONDON, W.1







U. 54-4-1

C.M.H. 52

14th Canadian General Hospital, Eastbourne.

724059 Pt Patch M  
CF 6

This certifies that the marginal y named  
who is being discharged from this Hospital

1 NOV 1918

..... Category ..... is free

from Infectious Disease, Transmissible Skin

Disease, Venereal Disease and Vermin.

*Geo. F. X. Emery*

Capt. C.M.H.C.

Officer i/c Case.



24	Milk d.	cham	low	thru	me														267
25	Milk d.	cham	low	thru	me														267
26	Milk d.	cham	low	thru	me														267
27	Milk d.	cham	low	thru	me														267
28	Milk d.	cham	low	thru	me														267
29	Milk d.	cham	low	thru	me														267
30	Milk d.	cham	low	thru	me														267
	30 M.	90	60	90	30														

TOTAL IN FIGURES

*M.M.*

I certify that the above Diets, † Drinks, † Extras, † and Sundries † were ordered by me for patient and that they were necessary.

A. E. Zabel, Capt. Officer in Charge \* 14

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

† Delete as required to render the certificate complete.

\* Insert here "Patient," "Dining Hall," or "Kitchen."



DAILY BRIGADE DETENTION HUT DISPOSAL RETURN

Submitted Noon Daily

Unit

3rd Ab Co A

Susford & Up

1917



Number

Rank

Name

Unit

Category

724509.

1st Lt

Patch m

CPC

D1

*[Handwritten signature]*

29-9-15



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.  4735 Year 29-9-18	Regimental No.	Rank.	Surname.	Christian Name.
	724509	Pte	PATCH	M
Station and Date.	Disease	Unit.	Age.	Service.
	Scabies Dermatitis	6. F. Co (3 <sup>rd</sup> C.C.D)	28	33/12
<p>REPORTED SICK <u>One month ago</u>. TOOK SICK 3 days previous</p> <p>ENLISTED 23-11-15 PREVIOUS OCC. Labourer.</p> <p>TO ENGLAND July 31, 1916</p> <p>TO FRANCE Aug. 1917 FAMILY HISTORY Neg.</p> <p>INVALIDED FROM FRANCE <del>WOUNDED</del> SICK</p>				
<p>COMPLAINT ONSET DURATION</p> <p>Gradual 1 month.</p> <p>Skin all over body has been very itchy, but now feels rather sore than itchy.</p> <p>Says he has lost weight, and is run down. Appetite poor.</p>				
<p>PREVIOUS ILLNESS Measles 1900.</p> <p>Pneumonia 1904 and 1906. Bronchitis 1911</p> <p>Sore on penis in 1913. Treated with red wash and some sort of small white tablets. No blood treatment.</p>				
<p>PRESENT ILLNESS</p> <p>About a month ago was feeling very poorly generally and had a red rash on arms and trunk. (Says rash was rather blotchy. Doctors considered it of syphilitic origin, but Wassermann was negative.) After rash disappeared (about 2 days) small pustules came on legs and fine scaly eruption between fingers and on arms. This remains till now.</p>				
<p>PHYSICAL EXAMINATION: EYES Says Eye short sighted. EARS</p> <p>TONSILS TEETH</p>				
<p>UPPER EXTREMITY Eczematous scales on hands, <sup>between fingers</sup> and arms.</p> <p>LOWER EXTREMITY Small pimples (pustules) scattered over legs. Blotches from scratching</p> <p>SKIN skin of trunk nearly normal.</p>				
<p>30/9/18 URINALYSIS Straws (clear) acid SG 1004 neg.</p>				

\* 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.

Heart lungs + Abd. :- Negative.

Lymphatics } <sup>groin</sup> axilla } all enlarged.  
                  { neck  
                  { Epitrochlear

Mucous membrane :- Patches on gums  
and suspicious appearance on hard palate.

Treatment :- Isolation with marked  
dishes till result of another Wassermann  
is obtained.

Air, Grefy, Capt,  
C. Amers

Oct 2nd/18

These marks began began to have to have nodules on skin of  
outer side of thighs & legs - nodules small at first get larger - skin  
over them reddish at first then later becomes bluish - nodules are  
sore at first - they last about 10-2 days but the tending & color  
still remain - now has these nodules of varying size  $\frac{1}{4}$ " to 1" in diameter  
at bright red to others faded out & remaining with little thickening  
& bluish tinge to skin.

Confined to buttocks lower extremities (none over skin bone  
over muscles).

\* Slightly exoculor red on upper forearm & forearm.

\* Scales that each gets dark at night.

\* Brownish patches (small) over back of head & lower region.

\* Glands - some enlargement those of left axilla & groin.

Heart - Lungs & abdomen - normal.

Peris - scarphouse on glass -

Conclusion: To have Wassermann

Mouth - Soft palate very red  
& hard palate pale

Winn Neg.

Scar at the corner of  
mouth  
from the skin.

11-10-18 Wassermann negative.

To have Wassermann repeated next  
week.

Air, Grefy, Capt, Cam

21-10-18 Pil. Blaud Iron + Iod.

3-11-18 Improved.

16/11/18. 15 cases to 12 Can. Genl. Hospital, Hastwgs.  
Has symptoms of anemia and legs.

Winn Neg. Capt



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

Toronto  
STATION Exhibition Camp DATE Feb. 5th, 1919

1. 1 (a) Unit 2 Dist. Depot (b) Regimental No. 724509 (c) Rank Pte.  
 (d) Surname PATCH (e) Christian name Maxwell  
 (f) Home address 33 Lindsay St. N. Lindsay, Ont.  
 (g) Next of Kin Mrs. Ethel Maxwell Maxwell (h) Relationship Wife.  
 (i) Address of Next of Kin 33 Lindsay St. N. Lindsay, Ont.

2. Age last birthday 29 Date of birth 26 Jan - 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 23-11-15

4. Personal description:

(a) Height 5' 7 1/2" (b) Weight 125 lbs (c) Complexion Fair  
(stripped)  
 (d) Colour of hair L. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on inside left arm

5. Former trade or occupation Laborer

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  3	Days  75
---	----------------	----------------

	PERIODS	
	From	To
109th Batt. C.E.F.		
Canada	23-11-15	24 - 17-16
England	24-17-16	3-4-17
France or other theatres of War	3 - 4 - 17	12-5-18
Eng. & Canada.	12 - 5 - 18	28-1-19

7. Original disease, or injury Internal dislocation right knee.

(a) Date of origin 6 - 12 - 16 (b) Place of origin Lindsay, Ont.  
 (c) Cause Accidental fall (playing hockey)



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

Partial loss of function right knee.

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: Right knee  $\frac{1}{2}$ " larger in circumference than left - slight thickening pre-patellar bursa - no tenderness on pressure, movements free and no restriction, nothing to be seen at present.

SUBJECTIVE: Knee will have a dull ache after walking two miles or more and if on feet for any hours. Makes him feel weak and no ambition to do any heavy work - due to fact, knee joint is easily wrenched and frequently swells under any extra strain - causes him to limp at times if twisted.

- (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..... No..... Respiratory System..... No..... Integumentary System..... No

Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No

Osseous and Joint Systems..... No..... Any other general condition..... No

No Hernia, Hoemorrhoids, Varicose Veins or varicocele,

No scitire, No albumen or sugar in urine.

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

Playing hockey in Lindsay 17-3-16 he injured right knee - since when he had had frequent attacks of pain, when turns or wrenches knee suddenly. Tripped Jan. 1918 while in France and pain was more frequent ever since, and knee always gives trouble now.



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).)

*(Pneumonia in childhood.)*

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

*2" scar accidental left arm - over triceps muscle.*

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 (a) and (b)*

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

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

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

*Hospital 3 mos.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*

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

16. Can the former trade or occupation be resumed? *Yes*

(If not, briefly state why)

17. Recommendations.....

*Category "B 2."*

*W. M. Martin*  
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.....*Maxwell Patch*.....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.....

*M. Patch* Rank.  
Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

We concur, except Sec. 17, fit for category "C#5."

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Returned to duty cat. "C#5."

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 Exhibition Camp, Toronto .  
 DATE 5-2-19 .  
 [Signature] President.  
 [Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY [Signature] Assistant Director of Medical Services. DATE 6-2-19  
 APPROVED BY [Signature] Director-General of Medical Services. DATE.....



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>1505</u> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<u>424509</u>	<u>Pte</u>	<u>Patch</u>	<u>Marshall</u>
	Unit.	Age.	Service.	
	<u>109<sup>th</sup> Canadians</u>	<u>27</u>	<u>10</u> <u>12</u>	

Station and Date. <u>Bramshott Military Hospital</u>	Disease <u>Derangement of Right Knee</u>
	<u>Admitted giving history of slight swelling on inner side of knee when on long route marches. No evidence can be found at present of any trouble in knee - no swelling or soreness present - movements excellent.</u>
	<u>Re return to lines.</u>
	<u>C. S. Gilman Lt - Col</u>



Station  
and Date.



724509

# ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Patch Christian Name Maxwell

Examined { on 24<sup>th</sup> day of November 1915  
 at Lindsay  
 Birthplace { City or Town Foot William  
 County Ontario  
 Apparent age 26 years  
 Trade or occupation Laborer  
 Height 5 Feet 7 1/2 Inches  
 Weight (136) Lbs.  
 Chest measurement { Minimum 35 inches  
 Maximum expansion 37 1/2 inches  
 Physical development Good  
 Small-Pox Marks None  
 Vaccination Marks { Arm Right None Left Two  
 Number Two  
 When Vaccinated last March 4<sup>th</sup> 1915  
 (a) Marks indicating congenital peculiarities or previous disease None  
 (b) Slight defects but not sufficient to cause rejection None

Approved by J. M. Culloch Capt  
 Medical Officer  
 Rank 109th Overseas Battalion C.E.F.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	
<u>27/6/18</u>	<u>DT</u>	<u>1584</u>	<u>16 MAY 1918</u> M.O.
<u>22-11-18</u>	<u>A.</u>	<u>A. A. E. Raleigh</u>	<u>Capt.</u> M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	VACCINATIONS	
<u>4.3.15</u>	<u>Good</u>	<u>J. M. Culloch</u>	<u>M.O.</u>
			M.O.
			M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>21.4.16</u>	<u>Good</u>	<u>J. M. Culloch</u>	<u>M.O.</u>
<u>25.4.16</u>	<u>Good</u>	<u>J. M. Culloch</u>	<u>M.O.</u>
<u>2.5.16</u>	<u>Good</u>	<u>J. M. Culloch</u>	<u>M.O.</u>

Enlisted on 24<sup>th</sup> day of November 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C.E.F.</u>	<u>724509.</u>		<u>24.11.15.</u>
Transferred to.. ..	<u>124 Bn., C.E.F.</u> <u>CCAC - 19.12.16</u> <u>GDB - 20.1.17</u> <u>Canadian Trenchy Bn</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshot Camp, Hants.</u>	<u>6/12/16</u>	<u>Int sup. Rt knee joint.</u>	<u>Class C 4</u> <u>Al Cooper</u>
<u>Summingdale</u>	<u>Dec 4, 1918</u>	<u>As</u>	<u>Medical Board Bramshot</u>
<u>Ex Camp Toronto</u>	<u>5/21/19</u>	<u>Int sup Rt knee</u>	<u>Briffman</u>

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.

a.



Christian Name Maxwell

Surname Patch

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				
Braunschott	In H	7	10	16	24	10	16	Int. Det. Rt Knee	15	Rash - local applications - Improved.	W. G. Gilmore Lt - Col
No. 4 Canadian Gen. Hospital, Basingstoke.		13	5	18	MAY 27		1918	Influenza	13	Temp 100° on admission catarrh upper respiratory tract, some cough & expect. sputum neg T. B. lungs & heart neg. 22/5/18. Pt now much better, no temp. does not complain of knee	Duplicate Medical History Sheet posted to Ser. 27
In C. H. Epsom		27	5	18	5	JUL	1918	D	40	Has had a course of P.T.H. while here is now fit for DT	Wallace Iron Capt. Cameron 3/6/18
		29	9	18	16	11	18	Scabies	49	Rash about arms & legs, worse at night. Transferred to R. 12, C. G. H. Hasting	W. G. Gilmore Capt. C.A.M.C. No. 1 Division
No. 13 C. G. H.		16	11	18	25	11	18	dermatitis	10	a slight rash on chin & forehead	W. G. Gilmore a. G. Probert Capt.





724509 Pte Patch M. 109th Bn. C.E.F

Will removed by Regt. Paymaster

*J. J. Williamson* CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

33 Lindsay St N.  
Lindsay Ont  
78096

Perforated sheet for Will from Pay Book of Reg.

No. 724509  
Name Pte. M. Patch  
Unit 109 Batt.

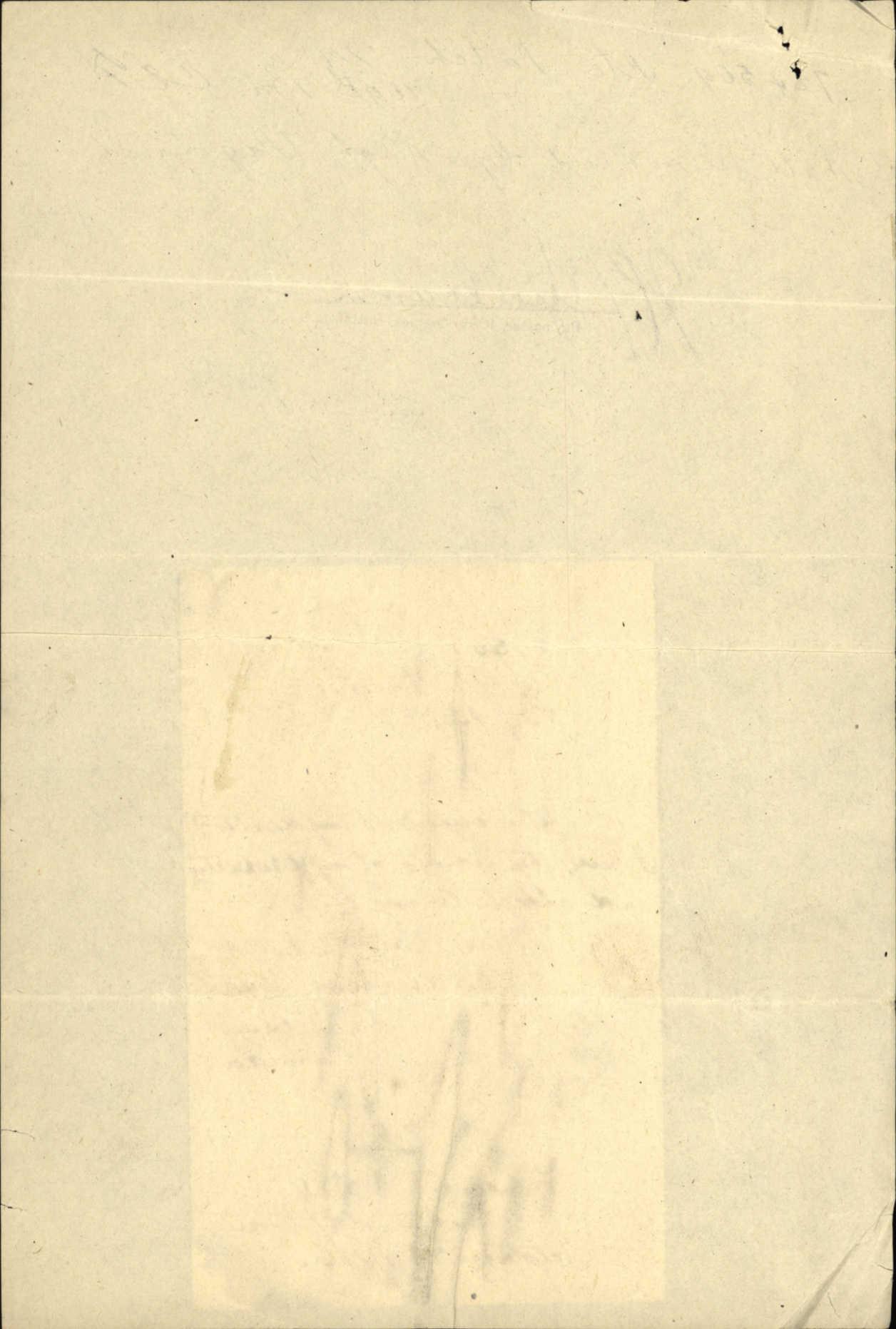
Military Will.

In the event of my death  
I give the whole of my property  
and effects to my Wife —  
Mrs. Maxwell Patch,  
33 Lindsay Street,  
Lindsay,  
Canada.

*J. J. Williamson (cont)*  
witness

Signature Maxwell Patch  
Rank and Regt. Private 109 Batt.  
Date October 27<sup>th</sup> 1916.







MEDICAL CASE SHEET.\*

1-A

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	714 509	pti	Patch	M
Year	Unit.		Age.	Service.
28 MAY 1918	Can For Corps		28	2 <sup>6</sup> / <sub>12</sub>
Station and Date.	Disease			
	Influenza			
	Heart and Lungs negative looks debilitated for observation 3			
	3-6-18 R.G. # 3 no tremors			
	10-6-18 C.O. R.G. # 3			
	17-6-18, P.T. 2			
27 JUN 1918	Has had a course of R.G. and P.T. 2			
	Fit for D.T.			

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



Station  
and Date.



9/14  
MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M2 73066	724509	Pte.	Patch	M. J. C.
Year	Unit.		Age.	Service.
1918	b. Y. b.		28	$\frac{20}{12}$ $\frac{12}{12}$
Station and Date.	Disease			
May 13 <sup>th</sup>	P. U. O. Influenza <sup>mm</sup>			
No. 4 Canadian Gen. Hospital Basingstoke	Occupation - teamster			
	Entered - 23/11/15 @ Ludray ent England - July 1916.			
	France - March 1917 → Eng 13/5/18 "P. U. O"			
	Wounded - No. went sick 10/5/18			
	Hospitals ① 6 <sup>th</sup> Gen Rouen. 11/5/18. ② Basingstoke 13/5/18.			
went sick complaining of:				
pain in eyes, head, back & legs;				
loss of appetite				
Duration - Two weeks.				
Onset - gradual. says he had a cold at the time of onset with cough & expectoration & "head stuffed up"				
F. M. C 6 <sup>th</sup> Gen - pains all over - worse in legs. Says he was lost wt in last 6 months. Cough worse at night				
P. H. ① Pneumonia - childhood				
② Bronchitis (1 attack) & measles.				
S. H. - negative.				
P. C				
complains of headache, pains in eyes & legs & back; cough & expectoration.				

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



Station  
and Date.

RT was definite calculus of upper  
air passages.  
Voice husky.  
Lungs clear  
Heart - neg.  
Tenderness complained of in groin  
lumbar muscles  
no tenderness ~~to~~ elicited in legs.  
"shins" not tender  
Spleen & Liver - not palpable  
Tongue - coated  
Bowels - constipated  
Temp 100°.

Treat calculus <sup>iii</sup> & saline;  
antiseptics Ter. Orangein & Menthol  
bid.  
wallowallion  
Cft. i

22/5/18

Sputum neg for T. B. mm

wt an enlistment 136 lbs.

wt 21/5/18 — 139  $\frac{3}{4}$  lbs. mm

Lungs quite clear.

Cough improved, pt feels a bit weak.

→ Ready for Comal. Hosp mm



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott 6-12 1916.

No. 724509 Rank PLC Name Patch Maxwell

Local Unit 109 Bn Overseas Unit \_\_\_\_\_ Age 27

Examination held at Witley

DISABILITY. Int. Service - Knee - Right -  
Overseas—Local.  
(scratch one out)

### PRESENT CONDITION.

State that knee locks if he turns sharply - Injured knee two years ago - skating.

93

### BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty Class C 1/4.....
5. Discharge.....

### Signatures:—

Members { C. E. Cooper Col. <sup>Major</sup> Club.....President.  
J. A. Dickson Major.....  
W. H. Mansfield Cap.....

### APPROVED

Dated at Bramshott 6/12 1916. Pt Stewart Maj



PROCEEDINGS OF A MEDICAL BOARD

U.S. GOVERNMENT PRINTING OFFICE

Dated at *San Francisco* *1916*

No. *100* Name *John J. ...* Rank *...*

Local Unit *...* Overseas Unit *...* Age *...*

Examination held at *...*

DISABILITY  
Overseas—Local  
(insert one out)

PRESENT CONDITION

*...*  
*...*  
*...*

BOARD RECOMMENDS —

- 1. Fit for Duty
- 2. Fit for duty after *...* weeks physical training
- 3. Fit for Temporary Base Duty *...* Weeks
- 4. Fit for Permanent Base Duty *...*
- 5. Discharge

Signature —

*...* President

Members

APPROVED

Dated at *San Francisco* *1916*  
For A.D.M.S. *...*



Regtl. No. 724509 Rank Otlc

Name Maxwell  
(Christian Names in full)

Unit C. 76 Regt. Sumnerdale  
or  
Corps

*Patch*  
~~XXXXXXXXXX~~  
*Sunday*  
*Wife*  
*Leicester*

SS Olympic.  
ba 11119 Ar 17 1 19

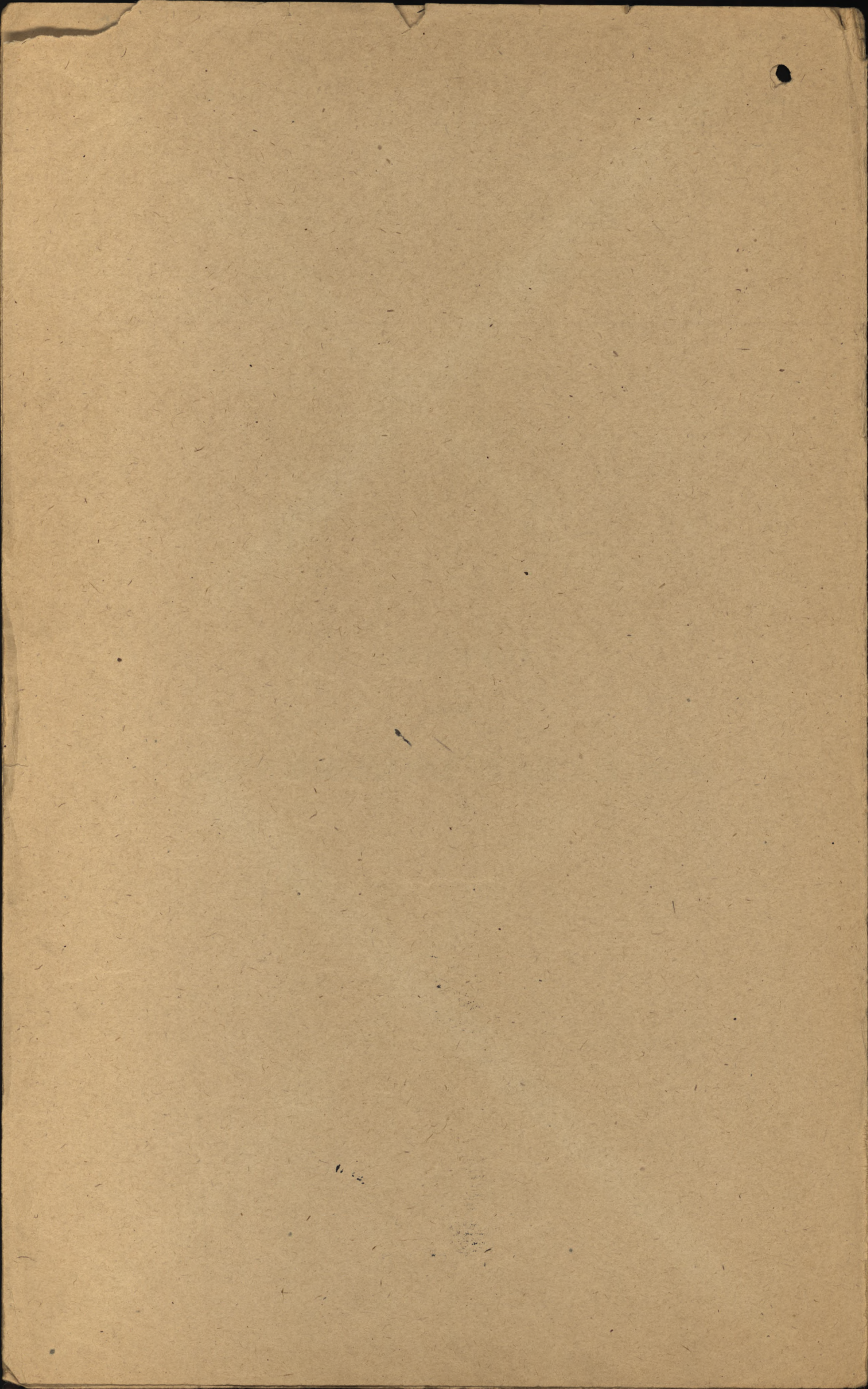
**COVER**

**FOR**

**DISCHARGE DOCUMENTS.**

*Handwritten red scribbles and lines at the bottom of the page.*

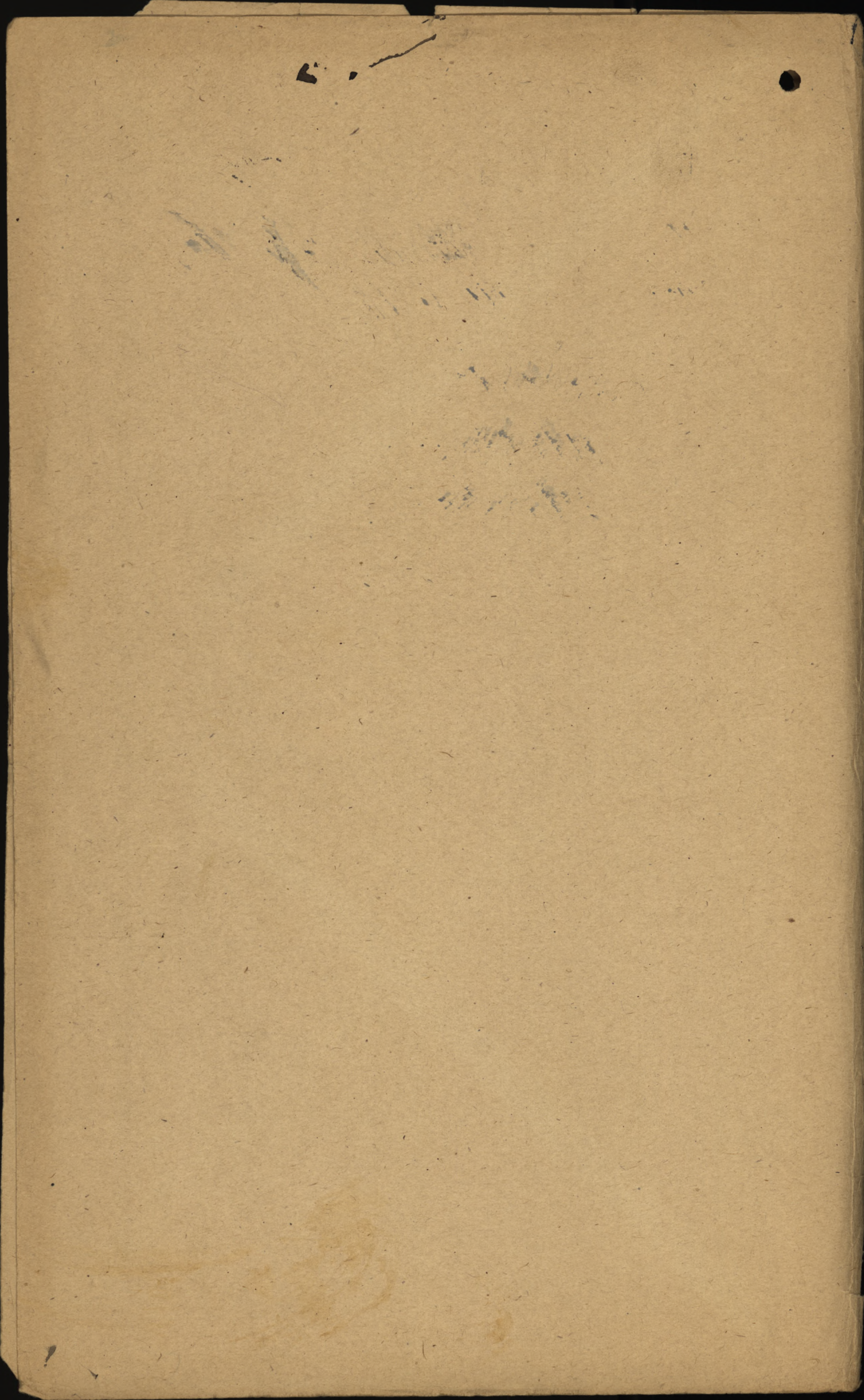














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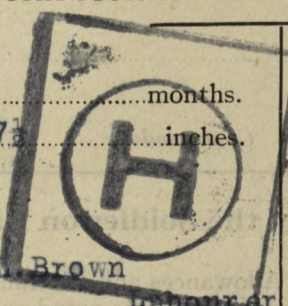
10-4-31

24-2-1928

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

JB.

No. 724509	
Rank Pte.	
Surname PATCH Maxwell	
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 109th Bn 1219	
Date of discharge 10th Feb: 1919	
Place of discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 29 years..... months.	Descriptive marks Vacc. scars on left arm.
Height 5 feet 7 inches.	
Complexion fair	
Eyes Blue	
Hair Brown	
Trade Labourer	
Intended place of residence	
(To be given as fully as practicable.)	222 High St. Fort William Ont. 57 33 Lindsay St. North Lindsay Ont.
2. The above-named man is discharged in consequence of H A V I N G   B E E N   F O U N D   M E D I C A L L Y   U N F I T   F O R   S E R V I C E	
Authority for discharge D.O. D.D. 2. Pt. 11 #38	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

19

Handwritten notes and signatures in the bottom right corner, including "E.R." and "25/2/20".



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

**8. Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Toronto. Ont. ✓ Maxwell Patch (Signature of Soldier.)

(Date) Feb. 10th. 1919 H. J. [unclear] (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 on 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 toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

**11. Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Toronto Ont.

(Date) Feb. 10th. 1919

(Signature) [Signature]



**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**

No.	Description of Document	Remarks
1	Statement of Service	
2	Statement of Rank	
3	Statement of Pay	
4	Statement of Credits	
5	Statement of Debts	
6	Statement of Property	
7	Statement of Family	
8	Statement of Next of Kin	
9	Statement of Religious Beliefs	
10	Statement of Political Beliefs	
11	Statement of Moral Character	
12	Statement of Physical Condition	
13	Statement of Mental Condition	
14	Statement of Habits	
15	Statement of Temperance	
16	Statement of Will	
17	Statement of Religious Observance	
18	Statement of Moral Character	
19	Statement of Physical Condition	
20	Statement of Mental Condition	
21	Statement of Habits	
22	Statement of Temperance	
23	Statement of Will	
24	Statement of Religious Observance	
25	Statement of Moral Character	
26	Statement of Physical Condition	
27	Statement of Mental Condition	
28	Statement of Habits	
29	Statement of Temperance	
30	Statement of Will	

Documents not accompanying this form should be stated in the following manner:

I hereby certify that the following documents are unobtainable:

Number of Documents

23. In the case of a man discharged in disgrace, his date and number of deposit receipts and amount of same is to be noted hereon.



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.

---

Reg. Conduct Sheet, Militia form B. 263

Squadron }  
Battery } Conduct Sheet, " B. 263a  
Company }

or

Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or  
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*