

"P" Coy.

# ATTESTATION PAPER.

No. 724610

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

**ORIGINAL**

(ANSWERS).

1. What is your surname? ..... Plunkett
- 1a. What are your Christian names? ..... Ernest Leon
- 1b. What is your present address? ..... Brockville, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Brockville, Ont.
3. What is the name of your next-of-kin? ..... William John Plunkett
4. What is the address of your next-of-kin? ..... 40 Wall St. Brockville, Ont.
- 4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 11<sup>th</sup> May 1895
6. What is your Trade or Calling? ..... Clerk
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? ..... Yes
10. Have you ever served in any Military Force? ..... 4.2 Perth Regt. Can. Mil. 1 yr.  
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

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

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

..... E. L. Plunkett (Signature of Recruit)

Date.. 27<sup>th</sup> Nov. ..... 1915 ..... F. H. Gordon Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C. E. F.

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

I, Ernest Leon Plunkett, 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.

..... E. L. Plunkett (Signature of Recruit)

Date.. 27<sup>th</sup> Nov. ..... 1915 ..... F. H. Gordon Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C. E. F.

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Lindsay this 15<sup>th</sup> day of December 1915

..... [Signature] (Signature of Justice)

# Description of Ernest Cleon Plunkett on Enlistment.

Apparent Age. 20 years 6 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..... 35 ins.  
 Range of expansion..... 3 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Brown

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

None

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... Nov 24<sup>th</sup> 1915.

Place..... Hudsonay

James C. ... Capt.  
Harold ... 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.

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

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

Date... DEC. 29. 1915 1915

REGIMENTAL DOCUMENTS

Pfc NAME PLUNKETT ERNEST CLEON REGT. NO. 724610 UNIT 109th Pm H. Q. FILE NO. 10

109th Pm  
4-10  
NON-EFFECTIVE BY  
DEATH

(S)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

38

(M)

~~1132~~  
a9H

1132

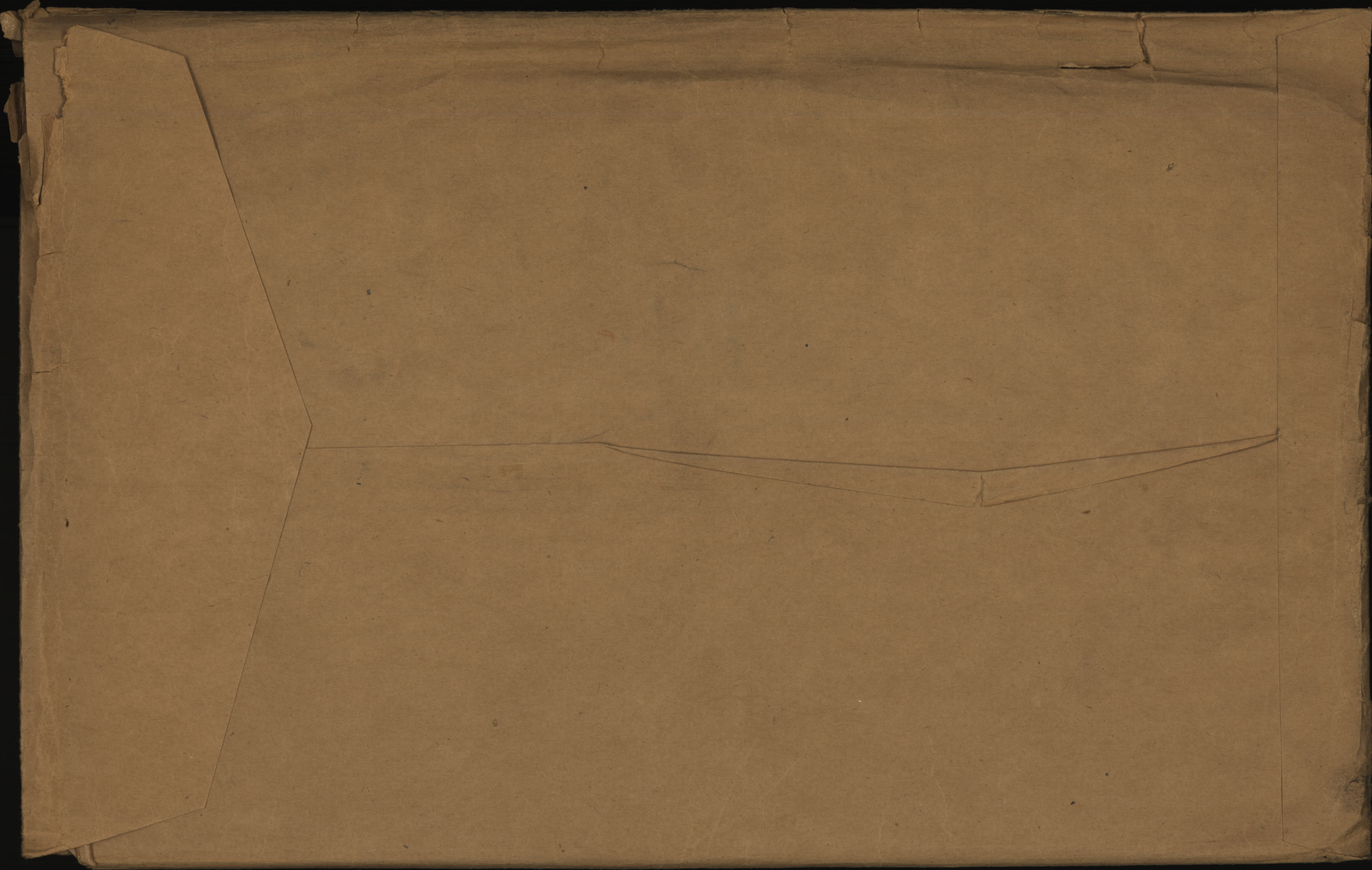
Med Discharge

(H)

4  
16-3  
16-3  
3-4

4

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 2 DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- ✓ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- DM 51370
- MFW 192
- MFW 67
- RINP
- A.S. 71237
- 11113181
- 11113177
- 1 card
- 1 card
- 1 card



M. *gib*

~~B~~

724610

Rank *A/S/Cpl*

P

Number.....

Surname, *PLUNKETT*.....

Christian Name..... *Ernest Leon*

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

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

Remarks.....

Latest Address..... *40 Wall St.*

*8/8/21* 156 Charles St  
Ottawa Ont.

Roll No.

"B" Page 8156

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued

Yes  
No

Date

Character on  
discharge

Previous occupation

Date and place of  
enlistment

Diagnosis

Date of Medical  
Boards

Date

Remarks

*Remain Pending  
Victory Medal  
11/21*

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

No 724610 RANK

NAME

Thurkell. C.

9.

Pte  
P. Carpe.

T. O. S. 27-11-15.

UNIT

109th Battalion.

D. O. 9. 30-11-15-

M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 27	1915 Nov 30	✓		
	Dec.	✓		
1916. Jan.	1916 Feb.	✓	App. S/Lt. 16-1-16.	D.O. 55. 24-1-16 -
	Mar.	✓	Returns to rank of Pte.	D.O. 109. 27-3-16.
	April.	✓		
	May.	✓	Prov. app. Corpl.	D.O. 116 of 4-4-16.
	June	✓	Returns (at own request) 12-5-16.	D.O. 149 of 12-5-16.
	July.	✓		
			UNIT SAILED	
			JUL 23 1916	





6  
SURNAME.

Plunkett

CHRISTIAN NAMES

Ernest Leon

REGL. No. 724610

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

42nd Perth Regt.

CARD No.

3

S.O.S. Disc.

Demol.

2/2/17

FOLL.

D.O. 58/27/2/17.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Plunkett, William John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

40 Wall St., Brockville, Ont.

COUNTRY OF BIRTH

Canada, Brockville, Ont.

DATE

May 11th 1895

PLACE OF ATTESTATION

Lindsay

DATE

Dec. 15th 1915

Sailed from Halifax

per S.S. Olympic  
488 Pte. 25-7-1915  
28 Pte.

23-7-16

MARRIED -

SINGLE

*Yes*

WIDOWER -

TRADE OR CALLING

*clerk*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*20*

YEARS

*6*

MONTHS

HEIGHT

*5-*

FEET

*7 1/2*

INCHES

CHEST MEASUREMENT

*35-*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*nil.*

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

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

## Princess Patricia Canadian Red Cross Hospital,

T 2611

D.M.S. 1317

Cooden Camp, Boxhill. HOSPITAL.

Rgl. ~~A & D~~ No. 724610- Ward D w 1.

Unit 38th Bn. Sick or Wounded.

Regtl. No. \_\_\_\_\_ Pl. of Act'n. Arras.

Rank Pte. Name Plunkett, E. C.

Age 23. Religion Pres.

Service Compl'd 35/12. Time with Field Force 24/12.

Diagnosis G.S.W. Forearm H.

Admitted 10-10-18. War Hosp. Reading. Discharged 17-12-18 6th Res. Bn. Witley

Transferred \_\_\_\_\_ DISCHARGED TO DUTY.

RECORD FURTHER REMARKS ON BACK.

Oat a

(Clerk)

Surname *Runkett* Christian Name or Names *E. C.* Reg. No. *724.610.*  
 Rank *Plt.* Unit *38 Batt<sup>n</sup>* Co. *Es.* Troop  Batty.   
 Hospital *39 Gen* Date of Admission *20-12-16.*  
*Gen Haver*  
 Transferred *51 Gen Etaples* Hosp. *29.5.17*  
*7 Gen Depot Boulogne* Hosp. *29.5.17*  
*10 Gen Hd Amt.* Hosp. *2.1.18*  
*51 Gen. Hosp. Etaples* Hosp. *6.1.18*

Diagnosis *2-7-17 V.D.G.*  
 (1) Later Diagnosis (if changed) *V.D.G. Orchitis*  
 (2) *V.D.G.*  
 (3)

Additional Diagnosis: if more than one state present  
*Phimosis*  
*Gen. L. f. arm*

DISPOSITION

Date

<i>30-12-16</i>	<i>agr</i>	<i>Dis 2.5.18</i>
<i>28-3-17</i>	<i>A 59</i>	<i>Dis. 21-3-17.</i>
<i>5. 6. 17</i>	<i>A 213</i>	
<i>6. 6. 17</i>	<i>A 214</i>	
<i>7. 8. 17</i>	<i>A 264</i>	<i>Dis to B. D. Etaples. 29.7.17.</i>
<i>9. 1. 18.</i>	<i>A 108</i>	<i>misc. 23. 5-18.</i>
<i>14. 1. 18</i>	<i>A 112</i>	
<i>17. 5. 18</i>	<i>A 216 - I</i>	<i>Dis and readmitted same ch.</i>
<i>30. 5. 18</i>	<i>A 227.</i>	<i>Dis 17.12.18</i>
<i>11. 9. 18</i>	<i>B 314.2.</i>	
<i>16. 10. 18</i>	<i>B 344 2</i>	
<i>24. 12. 18</i>	<i>B 403.</i>	

*22*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 51 Gen Hosp Etaples

2-5-18

Reading War

7.9.18.

2. P.P.C. Cross. Beahm

11.10.18

3.

4.

5.

6.

7.

\*Name PLUNKETT, Earnest Leon Rank Pte Regtl. No. 724610  
 Original unit 109th Present unit 6th Res M or S M Age 23 Religion Pres Fyle Depot 3-P2021  
 Port, ship, and date of arrival Halifax, Aquitania - 25-1-19-  
 Next of kin Father, Wm John Plunkett, 40 Wall St, Brockville  
 Address on leave 40 Wall St. Brockville, Ont  
 Address on discharge.....  
 Transportation issued  Yes  No Date..... Character on discharge.....  
 Previous occupation Clerk Date and place of enlistment Brockville, Ont Nov. 27/15  
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
18-1-19	I.O.S. Sub. Depot, Ottawa from overseas	S.D. 29
27-1-19	to 10-2-19 - Leave with Subs.	S.D. 29
21-2-19	S.O.S. Discharged R. O. 1343	S.D. 53

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





# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

---724610--- Private---

**This is to Certify** that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) PLUNKETT, Ernest Cleon enlisted in  
 the 109th Battalion  
 at Lindsay, Ontario on the 27th  
 day of November 1915.  
 HE served in Canada, England, France  
 and is now discharged from the service by reason of  
**BRING MEDICALLY UNFIT FOR FURTHER**  
**WAR SERVICE, M.B./D.15-2-19, R.O.1080, 3DD-3-P-2021**

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

<p>Age <u>23 yrs. 9 mths</u></p> <p>Height <u>5' 7 1/2"</u></p> <p>Complexion <u>Fair</u></p> <p>Eyes <u>Blue</u></p> <p>Hair <u>Brown</u></p>	<p>Two small scars on front of left forearm</p>
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Signature of Soldier: *E. P. Plunkett*

Issuing Officer: *P. V. Keathwell* Major.

Date of Discharge: February 21st, 1919

Rank: O.C. Sub-Depot, #3 1st. Depot.

Signed at: Ottawa, Ontario this 21st day of February 1919.

in Military District No. 3DD-3-P-2021

File Reference No. \_\_\_\_\_

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

M. F. W. 39a.  
 250m—6-18.  
 H. Q. 1772-39-882.

WAR SERVICE BADGE CLASS.....<sup>A</sup>

NO. 81108 ISSUED.

B# C 50693 issued

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

Name of Officer .....

Rank .....

Appointment .....

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

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

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

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 424610 Rank Private Name Plunkett Ernest Leon

Enlisted (a) 24.11.15 Terms of Service (a) C. E. F. D of W. Service reckons from (a) 27.11.15

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) Clerk.

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				

	<u>Embarked Canada</u>	<u>Halifax</u>	<u>24.7.16.</u>	
	<u>Disembarked England.</u>	<u>Liverpool</u>	<u>31.7.16.</u>	
	<u>Appointed A/L. Cpl.</u>	<u>Oxney</u>	<u>5.8.16</u>	

Part II Order 216.  
*Capt.*  
 ADJUTANT  
 109th Overseas Battalion, (C. E. F.)

CERTIFIED CORRECT.  
 12 DEC 1916  
 CAN. RECORDS, LONDON

<u>3-12-16</u>	<u>O.C. 109th</u> <u>Bu</u>	Reverts to rank of Pte. to proceed overseas	<u>Witley</u>	<u>2-12-16</u>	<u>D.O.Pt.11 338</u>
<u>4-12-16</u>	<u>O.C. 109th.</u>	Proceeded overseas for service with 38th.Btn.	<u>Witley</u>	<u>4</u> <u>3-12-16</u>	<u>D.O.Pt.11 339</u>

W. H. Selby  
 CAPTAIN,  
 ADJUTANT,  
 109TH BATTALION CAN. INFANTRY

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

24610 Pro. Plunkett. E.C.

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				
<del>26.12.16.</del>	C.B.D.	TAKEN on STRENGTH 38 <sup>th</sup> Havre		<del>6.12.16</del>	<del>N.R.</del> <del>242 d 13.12.16</del>
26.3.17.	C.B.D.	Left for 4 <sup>th</sup> En. Bn. FIELD	Field	26.3.17	N.R.
29.3.17	4 <sup>th</sup> En. Bn.	Joined 4 <sup>th</sup> En. Bn. FIELD	Field	29.3.17	B. 213. DCS. NR. 45.
20.12.16	39 <sup>th</sup> Genl.	W.D.A. set. adm 39 <sup>th</sup> Genl.		20.12.16	W3034-140.
21.12.16	C.A.D.	S.O.S. "7" to.		21.12.16	NR.
22.3.17	"	S.O.S. "7" to.		22.3.17	NR.
21.3.17	39 Genl.	Forfeits Field Allowance and is placed under stoppage of pay at the rate of 50 cents per diem whilst in Hospital 21.12.16 to 21.3.17. (91 days)		21.3.17	A.F.O. 1643 Can Sec. 3132 Pt.2. Orders, 37 dated. 27.3.17.
"	"	V.D.S. Hqd to	C.B.D.	21.3.17	W3034/233.
5.4.17	4 <sup>th</sup> En. Bn.	Left for Unit	FIELD	5.4.17	N.R. 50.
10.4.17	Unit	Joined Unit	FIELD	6.4.17	B. 213 DCS. NR. 45
26.5.17	12 C.A.A.	Influenza	12 C.A.A.	26.5.17	W3034/417
29.5.17	51 Genl.	W.D.A. set.	51 Genl.	29.5.17	W3034/415-49.
-2 JUN 1917	38 th.	Evacuated Sick	Field	24.5.17	B. 213. DCS. 129
29.5.17	7 <sup>th</sup> Gen. Dep.	V.D.S. Orkites ac.	7 <sup>th</sup> Gen. Dep.	29.5.17	W3034/416-85.
30.7.17	4 C.B.D.	T.O.S. "A"	Bone	30.7.17	NR. 37.
29.7.17	51 Genl.	Forfeits Field Allowance placed under stoppage of pay at 50¢ per diem whilst in Hospital 30.5.17 to 29.7.17 (61 days).			O.F.O. 1643-4771 A.F.O. 78 d. 1 917
22 AOU 1917	C.B.D.	Left for 4 <sup>th</sup> En. Bn.	Field	22 AOU 1917	
25.8.17	4 <sup>th</sup> En. Bn.	Joined 4 <sup>th</sup> En. Bn.	Field	25.8.17	
19.10.17	36 <sup>th</sup> Bn	Joined Unit	Field	19.10.17	W3034/23805
2.11.17				2.11.17	NR 25
10.11.17				7-11-17	16213

Rank *Plunkett* Name **PLUNKETT Ernest Cleon** Reg'l No. **724610**  
 Unit **109th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Lindsay Nov. 27th 1915** Place of Birth **Brockville Ont**  
 Name and Address, Next-of-Kin **William John Plunkett**  
**40 Wall St. Brockville Ont.** Relationship **Father**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	9785
File No.	
Category	O.A. O.R.

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.					
		Arrived in England per H. M. T. 2810			31-7-16	
5. 8. 16	OC 109 <sup>th</sup>	App'd Prov. & Coy		Deney	5-8-16	Pt II SO. 218 285
3. 12. 16	"	Reverts to Rank to proceed		Witley	2.12.16	338
4. 12. 16	"	SOS on tfr. to 38 <sup>th</sup> Bn		do	4.12.16	339
13. 12. 16		38th Bn T-O-S on tfr from		109th Bnsht		Pt II D O
				Field.	6. 12. 16	242
30. 12. 16	✓	Adm No 39 General Hosp		Harre.	20.12.16	C.L.A. 92. N.Y.D.
28-3-17	✓	Dis. from do. do.		do.	21-3-17	C.L.A 159 V.D.G.
5-6-17	✓	No 51 Gen Hosp		Etaples	29-5-17	" 213 " Sgt.
6-6-17	✓	No 7 Conv. Depot		Boulogne	29-5-17	" 214 P.G. Cochitis Ac. Sgt
7-8-17	✓	Dis. li Base Details		Etaples	29-7-17	" 264 V.D.G. & Cochitis

A.F.B. 103 CHECKED  
 17 DEC. 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.					
						G.S.W.L. Arm
16-9-18	EORD.	Wounded Posted from 38 <sup>th</sup> Bn France on adm to (Wounded) War Hosp. Reading	Pvt	Field	4-9-18. 3819-19 7-9-18 233	1-9-18 38 <sup>th</sup> Bn. O.S. 90d/19-9-18
21-12-18	6 <sup>th</sup> Res	Posted from EORD.	"	Witley	17-12-18	C.O. R.D. 313. " 300 19-12-18
7-1-19	"	on Com <sup>d</sup> Rhye MD 3	"	"	6-1-19	" 5
30-1-19	"	courses on Com <sup>d</sup> Rhye MD 3 C.E.F. in Canada MD 3	"	Seaford	18-1-19	" 22

yes.

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

Surname Plunkett Christian Name Ernest Cleon

T46818R

Examined { on 30<sup>th</sup> day of November 1915  
 at Rindsay  
 Birthplace { City or Town Brockville  
 County Ontario

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

Apparent age 20 years  
 Trade or occupation Clerk  
 Height 5 Feet 7 1/2 Inches.  
 Weight 127 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 35 inches.  
 Physical development Good  
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
<u>17/12/18</u>	<u>a</u>	<u>CHS</u> M.O. 8 SEP 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One  
 Number One  
 When Vaccinated last had smallpox when 10 years old  
January 25<sup>th</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>25-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>11-10-18</u>	<u>Good</u>	<u>W.D.</u> M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 27<sup>th</sup> day of November 1915 at Rindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt</u> <u>C.E.F.</u>	<u>724610.</u>		<u>27-11-15.</u>
Transferred to.. ..	<u>38th Bn.</u>			

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

STATION.	DATE.	DISEASE.	RESULT.
<u>Grand Fork</u>	<u>8-1-19.</u>	<u>Mel A</u>	<u>H. Montgomery</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.

**CANADIAN**

Surname *Plumbe*  
 Christian Name *Ernest Cleon*  
 Princess Patricia Canadian Red Cross Hospital,

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				
Reading War		7	9	18	<del>10</del>	10	18	33	<i>bullet.</i> <i>18. w left</i> <i>swarm, fract.</i> <i>Radius</i> <i>Proctus good position, fair</i> <i>union. Co. Can. Red + Hpl, Bexhill</i> <i>A. J. L. 1500 7/9/18 500 12/9/18 500 22/9/19</i>	<i>W. F. F. Thomas</i>	
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,		10	OCT	1918	17	12	18	68	<i>To duty.</i>	<i>W. F. F. Thomas</i>	



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1188 (D.P.) 250M.-12-18.  
1772-89-908.

LAST PAY CERTIFICATE

Feb  
10110 186  
Line 17

Regimental No. # 724610 Rank Pte. Name Plunkett G. C. (Surname first)  
Unit # 3 District Depot. who was\* Discharged.  
On 21- 2- 19 1911, to 21- 2- 19  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1- 2- 19 to 21- 2- 19 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay..... days at \$.....c.		12 00
Field Allowance. 21..... days at \$1.00.c.		21 00
Separation Allowance 21..... 10		2 10
Clothing Allowance		35 00
Post Discharge Pay		70 00
*Other Credits		485 95
Advances	25 00	
Separation Allowance and Assigned Pay Cheque No. 1750	26 40	
*Other Charges 4 blankets.	571 09	
Balance on transfer or on discharge, cheque No. 209	627 05	627 05
Total		

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of Nil 1911..... } (to) Assignee and Separation Allice. for month of..... 1911..... }  
(Address) .....  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single.....  
(2) Separation Allowance, entitled or not ..... (3) Reason for discharge..... Demob.  
(4) Authority for discharge or transfer ..... No R. O. 1343.

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 February 21st 1919  
Place Ottawa Ont

*Keenan*  
MAJOR.  
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 purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.



**DUPLICATE**

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number.....

**724610.**

(3) Full Name of Soldier.....

**Ernest Cleon Plunkett.**

(4) Place of Birth.....

**Brockville. Ontario. Canada.**

(5) Are you married, or not?.....

**No.**

(6) If married, state,

(a) Full name of your wife.....

**No.**

(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? **Yes. William John Plunkett.**

If so, state name and address **Brookville. Ontario.**

(10) Is your Mother alive? **No.**

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

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

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.

**Nil.**

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

**Nil.**

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

**Nil.**

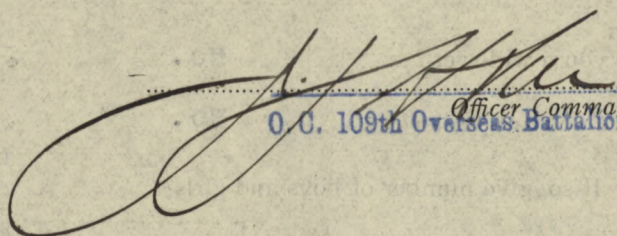
(15) Are you insured? **No.**

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

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 **June 30th. 1916.**

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BLUNKETT, E. C. M.D.3  
REGIMENT 324 Batts RANK PLC No. 724613

Date of Examination in England 8/1/19 Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1.5. 2/.
2. EXTRACTIONS 2.
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (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

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer W. J. Kennedy Lieut

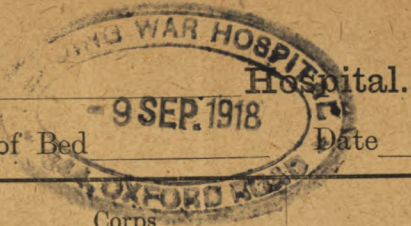
BRUNNEN  
M.D. 1880  
1/17

BRUNNEN  
M.D. 1880

BRUNNEN  
M.D. 1880

BRUNNEN  
M.D. 1880

BRUNNEN  
M.D. 1880



W.  
Ward B 6.

No. of Bed \_\_\_\_\_

Date 4. 9-18.

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
724 610	Plumbutt.	28 Canadian	left forearm.

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

To determine position of fracture.

10 SEP 1918

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 4386

True Radius 2" above wrist.  
Pos. fair. Only one view possible owing to metal splint

Signature of M.O. J. J. Thomson

Signature of Radiographer W. M. [unclear]

Date 7-9-18.

Date \_\_\_\_\_

11 SEP 1918





### Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pvt* Name *Plunkett* Surname *E.C.*  
Unit or Corps *38<sup>th</sup> Bn. C.A.S.* (If a soldier) Regtl. No. *724610.*  
Born at *Brockville Ont* on date *11<sup>th</sup> May 1895.*  
Signature (for identification) *Ernest Elton Plunkett*

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight *160* lbs.  
Height *5* ft. *10* ins.

**2. NUTRITION AND DIATHESIS?** *good fine*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM?** *No*

**4. RESPIRATORY SYSTEM.** *No*

**5. HEART?**  
Abnormal Sounds? *No*  
Abnormal Size? *No*  
Pulse Rate? *71.* Intermittence or irregularity? *No No*

**6. ARTERIES.**—Any hardening? *No.*

**7. DIGESTIVE SYSTEM?** *No*

**8. GENITO-URINARY SYSTEM?**  
Urinalysis—s.g.? *1020* Reaction? *acid* Albumen? *none* Sugar? *none*

**9. SKIN, MIDDLE EAR, EYE**  
or any other part? *No No No*

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. *none*

**11.** Opinion as to the health and physical condition of the one examined? *Good*

Examined at *Kinnel Park* Signed *J.H. Montgomery Capt M.O.*  
Date *8-1-19* Signed *D.D. Jawsed Sr M.O.*

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

**Medical Examination upon leaving the Service**

**of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Name Surname

Unit or Corps (If a soldier) Regt. No.

Born at on date

Signature (for identification)

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight

Ibs.

Height

Inches

2. NUTRITION AND DISEASES?

After careful inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so describe

3. NERVOUS SYSTEM?

4. RESPIRATORY SYSTEM?

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate?

Intermittence or irregularity?

6. ARTERIES—Any hardening?

7. DIGESTIVE SYSTEM?

8. GENITO-URINARY SYSTEM?

Urinalysis—acids? Reaction? Albumen? Sugar?

9. SKIN, MIDDLE EAR, EYE

or any other part?

10. Is there any evidence of impairment of health or physical condition not recorded above? If so, describe

11. Opinion as to the health and physical condition of the one examined?

Examined at Signed

Date Signed

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned or the Officer or Soldier to be sent before a Medical Board for regular boarding.





ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>PLUNKETT Ernest Leon</b>						
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: - <b>724610</b>						
AMOUNT: -		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT						
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>RANK OR APPOINTMENT</th> </tr> <tr> <td></td> <td></td> <td><i>Private</i></td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			<i>Private</i>
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT								
		<i>Private</i>								

UNIT AND TRANSFERS			
ORIGINAL UNIT: - <b>109 Bn.</b>			
DATE ACCOUNT FIRST OPENED: - <b>1-8-16</b>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			<b>38 Bn.</b>
			<b>11/4/19 Can Sec.</b>

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
17/12/18	1115	Cooden	3/3/19 4867				
4/1/19	7385	Witley	8/2 973				

PARTICULARS OF RENDERING NON-EFFECTIVE: **Trans to Can 1-2-19. NR K12 4/1/19 M.D.3 I.P.C. 52682**

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Fwd								353 30	303	
Apr	PP	33							386 30	318	
May	P.A.	34 10		Perfets 117 days <sup>at 60¢</sup> whilst in Hospital (V.O.) 6/1/18 - 2/5/18 - 20.43 - 8/5/18							
				A.A. 617 25/5, C.J.P.A.	446				345 74	333	
June	P.A.	33		" 826, 15/6/18, 38 Bn	714				371 00	338	
July	P.A.	34 10		" 921, 1/7/18, "	446					348	
				Long lower. 167	29						
Aug	P.A.	34 10		A.A. 999, 15/7/18, "	446				396 49	313	
				" 1080, 38 Bn, 1/8/18	357				423 45	378	
Sept		33		" 1168, " 19/8/18	357						
				" 6162 16.9.18 Beau Wood P.	243						
				" 6804 26.9.18 " " "	243				451 59	393	
Oct		33			486						
				✓ 8227 14/10 P.P.C.R. + Hosp.	973				475 96	393	
Nov		34 10		arr. 11572 11/1/18	973						
	Nov + Dec		67 10	✓ 248 11/2/18 pay bill	973						
Jan	31.		34 10								
	Int on Def Pay 31-1-19.		27 52						585 22	435	
			128 72						592 32		
									58 40		
									534 12		
	SF 10 days 17/12/18 - 27/12/18		7 30	7385 4/1/19 bet Re	973						
	120 300 21/12/18 6 Pm 7. Sec. advised			1115 17/12/18 P. Sec	4867				534 12	435	
			7 30		58 40						

H-26-5 (Jan)  
H-28-5 (July)  
H-31-5  
H-30-5  
H-2-5

arr. 11572  
7.1.19.

So. Canada 18-1-19 Lt 76 bet Re



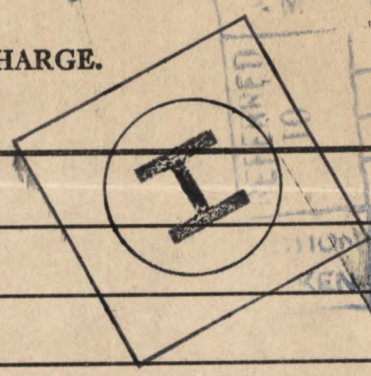
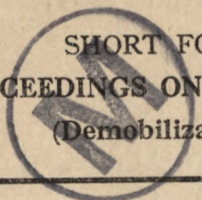
29-12-34  
14/3/35

WAR SERVICE BADGE CLASS....  
NO. 2760 P... ISSUED.

BNC 50693

P

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



SB

1. No. **724610**

2. Rank **Private**

3. Name **PLUNKETT, Ernest Cleon**

4. Unit **109th Battalion**

5. Date of Discharge **February 21/19** Place **Ottawa, Ontario.**

6. Reason for Discharge **BEING MEDICALLY UNFIT FOR FURTHER WAR SERVICE.**

.....

.....

7. Authority **M.B./D/15-2-19, R.O.1080, 3DD-3-P-2021.**

8. Proposed Residence after Discharge **40 Well St., Brockville, Ontario.**

.....

.....

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ? **39.**

.....

*Y. P. Plunkett*  
Signature of Soldier.

10. CONFIRMATION.

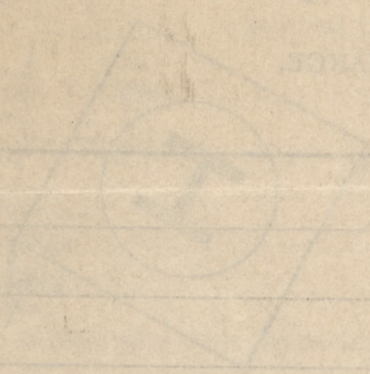
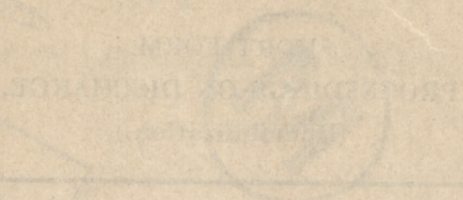
The discharge of the above named man is hereby confirmed.

Place **Ottawa, Ontario.**

Date **February 21st, 1919**

.....

*R. D. Heathcote Capt*  
Signature.....  
for O. C. District Depot No. 3 (O. C. Discharging Unit.)



<p style="text-align: center;">OFFICE OF THE INSPECTOR GENERAL DEPARTMENT OF DEFENSE</p>	
<p style="text-align: center;">REPORT OF INVESTIGATION</p>	
<p style="text-align: center;">TITLE: <i>[Faint Title]</i></p>	
<p style="text-align: center;">SUBJECT: <i>[Faint Subject]</i></p>	
<p style="text-align: center;">DATE: <i>[Faint Date]</i></p>	
<p style="text-align: center;">BY: <i>[Faint Name]</i></p>	
<p style="text-align: center;">FOR: <i>[Faint Recipient]</i></p>	
<p style="text-align: center;">SUMMARY: <i>[Faint Summary]</i></p>	
<p style="text-align: center;">CONCLUSIONS: <i>[Faint Conclusions]</i></p>	
<p style="text-align: center;">RECOMMENDATIONS: <i>[Faint Recommendations]</i></p>	
<p style="text-align: center;">SIGNATURE: <i>[Faint Signature]</i></p>	
<p style="text-align: center;">TITLE: <i>[Faint Title]</i></p>	
<p style="text-align: center;">DATE: <i>[Faint Date]</i></p>	

CONFIRMATION

The contents of the above report have been confirmed.

10

Date: *[Faint Date]*  
By: *[Faint Signature]*

Signature: *[Faint Signature]*  
Title: *[Faint Title]*





LIST OF MEMBERS

Faint, illegible text, likely a list of names and titles, possibly including a title like 'MEMBER OF THE BOARD'.

Extremely faint and illegible text, possibly a list of names and addresses, occupying the majority of the page.

**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet .....	Militia Form B. 263a

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... Ottawa, Ont...... DATE..... Feb. 15th, 1919.

1. 1 (a) Unit..... 38th Batt...... (b) Regimental No..... 734610..... (c) Rank..... pte......  
 (d) Surname..... Plunkett..... (e) Christian name..... Ernest Cleon  
 (f) Home address..... 40 Wall St., Brockville, Ont.,  
 (g) Next of Kin..... W.J. Plunkett..... (h) Relationship..... father  
 (i) Address of Next of Kin..... 40 Wall St., Brockville, Ont.
2. Age last birthday..... 23..... Date of birth..... May 11th, 1895
3. Enlistment, or Appointment (if an Officer) (a) Place..... Lindsay, Ont...... (b) Date..... Nov. 27th, /15
4. Personal description:  
 (a) Height..... 5 ft. 10 in...... (b) Weight..... 160 lbs...... (c) Complexion..... medium  
 (d) Colour of hair..... brown..... (e) Colour of eyes..... blue..... (f) Identification marks, Scars, etc. ....  
Two small scars on front of lt. forearm.
5. Former trade or occupation..... Stenographer.

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  <u>3 yrs.</u>	Days  <u>80 dys.</u>
---	----------------------------	----------------------------

	PERIODS	
	From	To
Canada..... <u>109th Batt.</u>	<u>Nov. 27th/15.</u>	<u>July 15th/16</u>
..... <u>No. 3 Dist. Vet. Depot</u>	<u>Jan. 25th/19.</u>	<u>date.</u>
England..... <u>109th Batt.</u>	<u>July, 1916</u>	<u>Dec. 1916</u>
..... <u>Hospitals</u>	<u>Sept. 1918</u>	<u>Dec. 17th./18</u>
France or other theatres of War..... <u>6th Reg. Batt.</u>	<u>Dec. 1918</u>	<u>Jan. 1919.</u>
..... <u>38th Batt.</u>	<u>Dec. 1916</u>	<u>Sept. 2nd/18.</u>

7. Original disease, or injury..... GSW left forearm.

- ..... 5 .....
- (a) Date of origin..... Sept. 2nd, 1918...... (b) Place of origin..... Arras, France.
- (c) Cause..... GSW on active service.

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

kness of left hand, and difficulty in grasping objects with lt. hand.

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.)

Obj. Small, well-healed scar on front of lt. forearm

about 3 in. above ant. fold of wrist; small scar 2 ins.

about wrist joint on back of lt. forearm. Tactile sensa-

tion and sensation of pain impaired; is impaired on palmar surface of thumb, index and middle finger of lt. hand.

Voluntary adduction of thumb into palm is about 50 per cent of normal. Grip of left hand is about 3/4 that of right; skin of left hand is dark and moist; circulation being somewhat impaired. Hand feels cold and clammy to the touch.

Subj. Complains of weakness in lt. hand when trying to lift anything, and of difficulty in grasping objects with lt. hand. Says he occasionally feels pain over outer side of lower third of left forearm.

(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.		

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

Received GSW of lt. forearm on Sept. 2nd, /18  
at Arras, France, resulting in fracture of radius.  
Was treated in hospital for this until Dec. 17th, /18.

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).)

None

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

Scars left forearm as described Sec 9a

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

(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?

The regimental documents will be referred to. No  
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

6 mos probable

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

Hospital England

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

No

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

Not at present. Is a stone and  
vortile sensation being impaired  
interferes with striking keys.

17. Recommendations

Cat. B.11. Service

W.D. Carlson  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

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

I complain in addition of.....

E. Plunkitt.....Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

C.111. Due to service.

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..... Ottawa ..... A.W. Johnson, Capt. ..... President.  
 DATE..... 15-2-19 ..... W.W. Saulterm Capt. ..... Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY ..... APPROVED BY .....  
 R.M. Cairns Capt. ..... Assistant Director of Medical Services. ..... Director-General of Medical Services.  
 DATE..... Feb. 18th 1919. .... DATE.....



INSTRUCTIONS

1. The first step in the process of...  
2. The second step is to...  
3. The third step is to...  
4. The fourth step is to...  
5. The fifth step is to...

REPRODUCTION OF THE ORIGINAL DOCUMENT



Army Form B. 103.

Sheet II.

Regimental Number. 724610.

Active Service.

38th Bn.

Regiment or Corps

Rank Pte Surname Chen Kett Christian Name B. B.

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

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 86, 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				
		Embarked ...			
		Disembarked ...			
<u>22 DEC 17</u>	<u>38A</u>	<u>14 Days leave</u>	<u>Paris</u>	<u>16 DEC 17</u>	<u>Bn 3rd. 1.</u>
<u>5. 1. 18</u>	"	<u>Rejoined</u>	<u>Unit</u>	<u>1.1.18</u>	"
<u>3 1. 18</u>	<u>13 CFA</u>	<u>V.D. 9 adm rto</u>	<u>10 CFA</u>	<u>2. 1. 18</u>	<u>A-5615</u>
<u>2. 1. 18</u>	<u>10</u>	"	<u>10 " "</u>	"	<u>" 5600</u>
<u>3. 1. 18</u>	<u>18 C.F.S.</u>	"	<u>adm to 18 C.F.S.</u>	<u>3. 1. 18</u>	"
			<u>36 A.T.</u>	<u>4. 1. 18</u>	<u>" 5634.</u>
<u>6. 1. 18</u>	<u>51 Genl.</u>	"	<u>51 Genl.</u>	<u>6. 1. 18</u>	<u>W. 9492</u>
<u>14. 3. 18</u>	"	<u>Remaining</u>	"	<u>14 3. 18</u>	<u>K/17-232</u>
<u>2 5 18</u>	"	<u>Coop. Stoppages 6.1.18 to 2.5.18 (117 Days)</u>		<u>2. 5. 18</u>	<u>AF 01643/3870</u>
"	"	<u>V.D. 9.</u>	<u>to Duty</u>	<u>2. 5. 18</u>	<u>2043d. 8 518</u>
"	"	<u>Phymosis</u>	<u>adm to 51 Genl.</u>	<u>2. 5. 18</u>	<u>W. 9856.</u>
<u>23. 5. 18</u>	"	<u>W.V.</u>	<u>to Duty</u>	<u>23. 5. 18</u>	<u>W-1952.</u>
<u>24. 5. 18</u>	<u>E. I. B. D.</u>	<u>T.O.S. "A"</u>	<u>Base</u>	<u>24. 5. 18</u>	<u>W/R 335.</u>

5 JAN 18

6 JUN 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, Shoehing-Smith, &c.

W. 7695-M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B.103 E/1807.

P.T.O.

Joined

Field

1260  
a 833

7246  
Plunk  
E

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				
18 JUN 18	"	Left for Unit	FIELD	18 JUN 18	NA
15 JUN 18	Unit	Joined Unit	FIELD	14.6.18	B213
10.6.18	66 Re.	Stopp-pay 1/2 <sup>1</sup> / <sub>2</sub> losing value 1/2 <sup>1</sup> / <sub>2</sub> by neglect.		7.6.18	Boobg. do 56-1918.
6.9.18	27 Gen.	Spw. h. arm.	to Eng.	6.9.18	W3276
8.9.18	2766	do.	admtg to 20 A.T.	8.9.18	A9143
4.9.18	27 Gen	do.	27 Gen	4.9.18	W2838
6.9.18.	do Pr'n. Elizabeth	WOUNDED-posted E. Ont. Reg. Dep. Seaford,		6.9.18.	W3083/5939. DO-90-19 SEP 18
					Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3 <sup>rd</sup> , Ech.
16-9-18	E.O.R.D	posted from 38 <sup>th</sup> Bn.	Seaford	4-9-18	Do 233
					for i/c Records
21/12/18	Ob. 6th Res.	2.D.S. on posting from 60th D.	Witley	17/12/18	Do 300
7.1.19.	Ob. 6th Res.	on command. Dummel Park.	Witley	6/1/19.	Do 20.6.
					Officer i/c Records, 6th Can. Res. Battalion.
2/12/19	S.O.S.	Discharged	Ottawa	2/12/19	Do 22-2-19 R.O.P. 22-2-19 R.O. Keaton

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T. 68/8/E Year 1918.	7224610	Pte	Plunkett	E
	Unit.	38 <sup>th</sup> Canadians	Age.	Service.
			23.	3 yrs
Station and Date.	Disease M. S. W. left forearm fractured Radius. wounded Armas -			
2-9-18	A.T.S. 1500 units 1 <sup>st</sup> 2-9-18 500 " 2 <sup>nd</sup> 13-9-18 (D1106) 500 " 3 <sup>rd</sup> 4 <sup>th</sup> 23-9-18 (D1106)			
	No 12 F.A. wound dressed dry. No 23 C.E.S. Rt. angle split & wound dressed No 22. Y. H. wound dressed.			
7-9-18	Admitted to Reading War Hosp. Present Cond. 7.5% bullet wound middle of left forearm, arm at angle split full penetration wound clean. Radius fractured. X Ray to be taken, arm to be put up in full up. No evidence of any nerve injury.			
13-9-18	Arm put up in Plaster of Paris in full supination Loss of sensation over distribution of median nerve. To be sent C.A.H. and returned to B. at end of one month. St. J. F. Thomson m.p.c.			
25-9-18	Arm still in Plaster Paris.			
Oct. 3-18	Plaster Paris removed fair union of site of fracture Canad. M.C.H. St. J. F. Thomson			
10-10-18	To Can. Red + Hpl, Bessell M.A.C.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]

Station  
and Date.

Princess Patricia Canadian Red Cross Hospital,  
Canadian Camp, Bexhill,

10 OCT 1918

17/12/18

To duty a

C. B. E. A. W.

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

M. OR S. \_\_\_\_\_ REGT. No. 724610 RANK Plt. NAME (IN FULL) Glunkett E. C. (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. \_\_\_\_\_ IF IN P.F. WHAT UNIT? \_\_\_\_\_

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED Ottawa PLACE 2/2/19 DATE Demob. REASON P.O. 1343 AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

P-425

157

BALANCE FROM PREVIOUS ACCOUNT

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		
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE		NO.	DATE
			\$	C.																					

War Service Gratuities

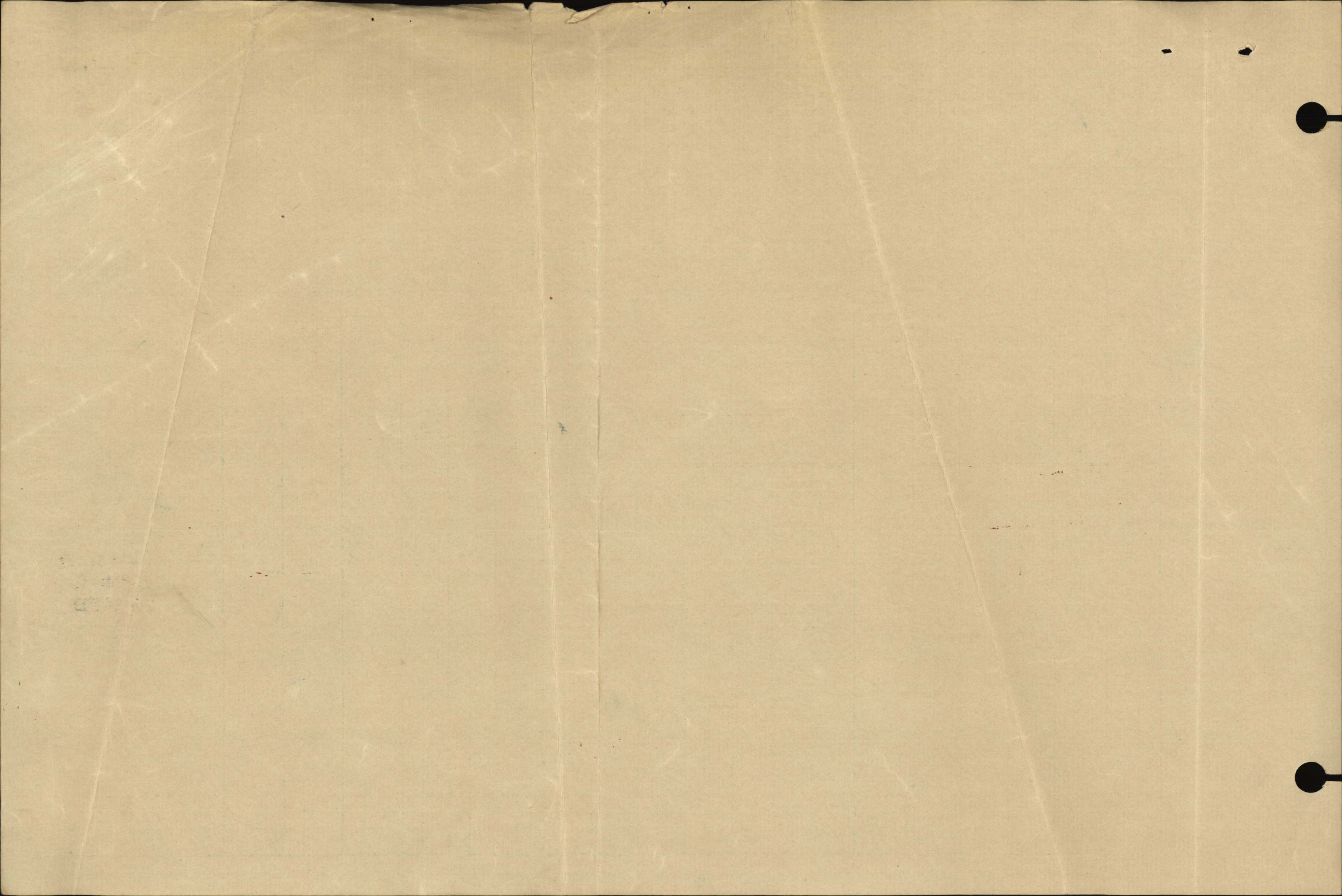
182 days  
420 00  
7 30

Total  
420 00  
427 30

To  
70  
70  
70  
70  
-  
77 30  
70

70 00  
140  
210  
280  
280  
357 30  
427 30

War. 2595 received  
paid by P.S.O.  
S. Fula. Act. sup Admin. credits  
6238297  
\$ 319.575 APR 22 1919  
\$ 3314.75 MAY 21 1919  
\$ 929.218 JUN 16 1919  
\$ 947.257 JUL 18 1919



### CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 38<sup>th</sup> Canadians

No. 424610 Rank and Name Pte Plunkett. L.C.

No 1 Military Hospital Reading

Age 23 Service 3 yrs

Disease G.S.W. L Arm. Date of admission 4.9.1918. 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.	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	88	90	88																										
Respirations per Minute																													
Motions per 24 Hours																													

Signature

In charge of case

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

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

No. \_\_\_\_\_ Rank and Name \_\_\_\_\_

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation	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.
Days of Disease																												
Temperature, Fahrenheit																												
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per Minute																												
Respirations per Minute																												
Motions per 24 Hours																												

Signature \_\_\_\_\_ In charge of case.