

UNIT .....

Regimental No. *724164*

*Lieut-*

# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Porter - Albert Thompson*
2. In what Town, Township or Parish, and in what Country were you born? *Box 121, Lindsay, Ont. Tp. of Manvers Ont.*
3. What is the name of your next-of-kin? *Gertrude Porter*
4. What is the address of your next-of-kin? *Box 121, Lindsay, Ont. (Wife)*
5. What is the date of your birth? *Sept. 20<sup>th</sup> 1889*
6. What is your Trade or Calling? *Railroad Conductor*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *Yes*
10. Have you ever served in any Military Force? *3 mths Lieut 45 Regt.*  
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*

..... (Signature of Man).

..... (Signature of Witness).

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

I, *Albert T Porter*, 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.

*Sgd A T Porter* ..... (Signature of Recruit).

Date *Mar 5* 191 *6* *Sgd ? ?* ..... (Signature of Witness).

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

I, *Albert Thompson Porter*, 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.

*Sgd A. T. Porter* ..... (Signature of Recruit).

Date *Mar 5* 191 *6* *Sgd ? ?* ..... (Signature of Witness).

### CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

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

*Lindsay* this *5* day of *Mar* 191 *6*

*Sgd - ? ?* ..... (Signature of Justice).

CERTIFIED TRUE COPY.

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

*Major, Capt-*  
*For A. M. S. Cox* ..... (Approving Officer).

*Compared  
Certified Copy  
S.M.*

Description of Albert Thompson Porter on Enlistment.

Apparent Age 26 years 6 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Service.)

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. 10 ins.

Chest measurement: Girth when fully expanded 34 ins.  
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations: Church of England \_\_\_\_\_  
 Presbyterian Presby  
 Wesleyan \_\_\_\_\_  
 Baptist or Congregationalist \_\_\_\_\_  
 Other Protestants (Denomination to be stated.) \_\_\_\_\_  
 Roman Catholic \_\_\_\_\_  
 Jewish \_\_\_\_\_

*Scar on back of head left side*

**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 Mar 5 1916

Sgd. J. McCulloch-Capt  
Medical Officer  
109<sup>th</sup> Overseas Battalion CEF.

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.**

Albert Thompson Porter 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.

Sgd. ? ? 2166 (Signature of Officer).

Date Mar 5 1916

O.C. 109<sup>th</sup> Overseas Battalion CEF.

REGIMENTAL DOCUMENTS

NAME *PORTER ALBERT THOMPSON* REGT. NO. *Lt. 724164* UNIT *75<sup>th</sup> Bn* H. Q. FILE NO. *33245-68*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

1 *6* INVESTIGATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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)

4 *2* MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

7 DENTAL HISTORY SHEET (M.F.B. 465)

8 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

9 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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Doc set 10

3 miss

5 miss

miss

10 as a card

10 1119

10 1119

*Porter*  
*25-11-19*

*M*  
*Port 5.12.19*  
*Port 11.37.20*  
*3311*

DEATH

Category

*I*

*Died 3 Jun 31*

DISCHARGE

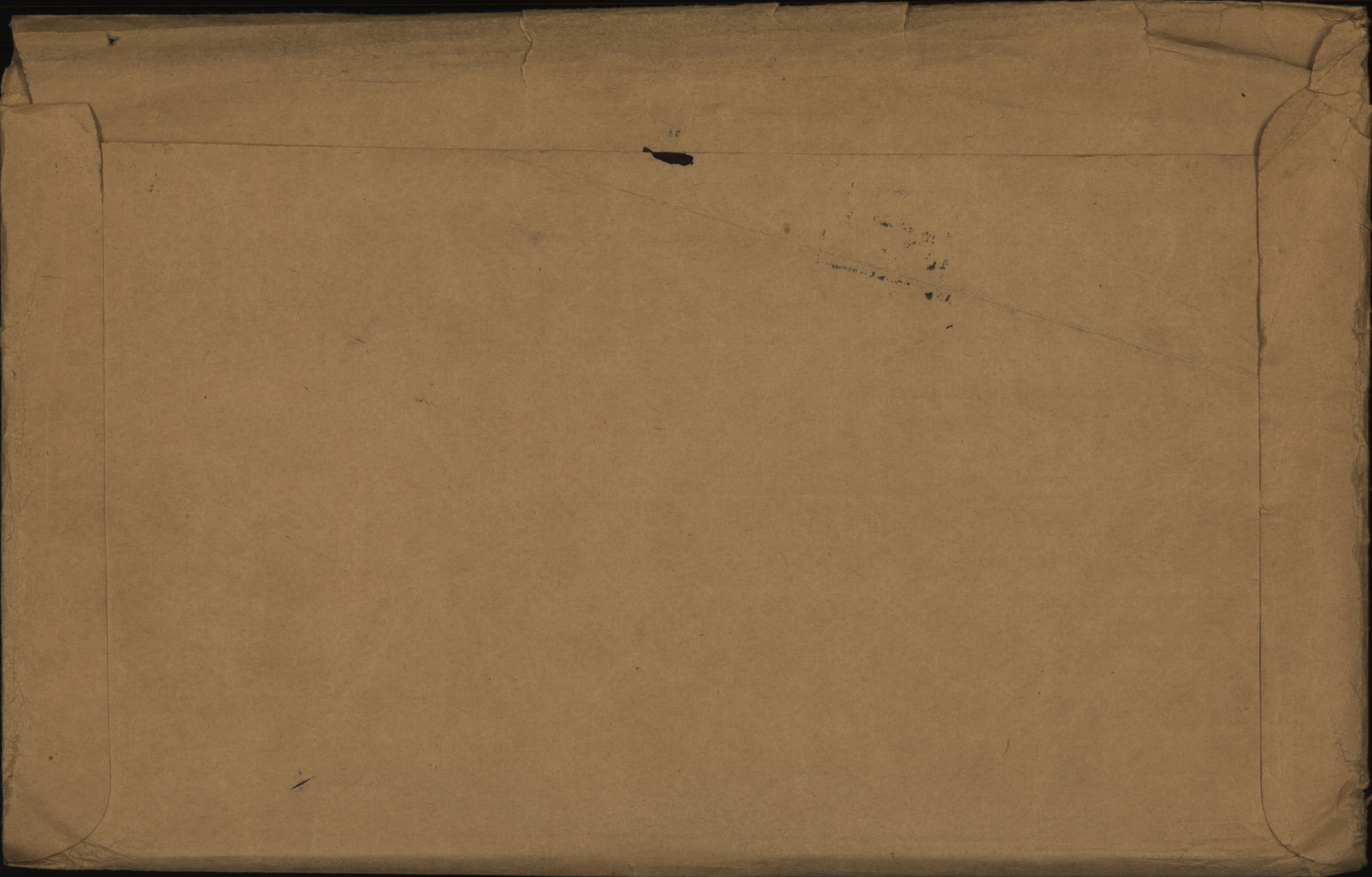
Category

*med unfit*

DESERTION

*H*

*1-5*  
*1-5*



Granville Can. Spi. Hospital,

HOSPITAL.

A. & D.  
CARD

AT

Duxton

A. &amp; D. No.

T 319

PL. OF ACTION

RANK

Lieut

REG.  
No.

UNIT

756ans

SICK OR  
WOUNDED

NAME

Poden, A.T.

AGE

28

RELIGION

Pres

PLACE IN HOSPITAL

P.D.

DIAGNOSIS

Bomb Wound Rt Foot

ADMITTED

18 SEP 1918

FROM

660th Med Hosp Beth

DISCHARGED

20 SEP 1918

TO

H.M.A.C. Newelid

TRANSFERRED

SERVICE AT HOME

34/12

IN FIELD

11/12

RESULTS

3 days

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

REMARKS.

A series of 20 horizontal dotted lines for writing remarks.

LEDGER NO. 40SERIAL NO. 21672REG. NUMBER..... NAME Porter, A.T.RANK Lieut...... CORPS 75th Bn.AGE 28..... SERVICE 6. 9/12 E. 16/12 7 11/12NAME OF HOSPITAL Kingston General..... PLACE KingstonDATE OF ADMISSION October 4th, 1918.DISEASE 199711 Amp. rt. foot.TRANSFERRED TO OTHER HOSPITALS Chausville mil Toronto15-11-18, D.O. Toronto ~~12-2-19~~ -2-19

OPERATION.....

DISCHARGED TO 4.6.19..... IN CATEGORY.....

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



REG'L. No.

NAME *Porter, Albert Thompson*

H. Q. FILE NO 649

RANK AND CORPS *Lieut.*

*75<sup>th</sup> Bn (Farm 109-1824)*

FOLLOWS  
No.  
FOLLOWS

CABLE

No.

DATE

*C.*

NATURE OF CASUALTY

*0118  
1-4*

*21-2-18*

*Reported wounded February 16<sup>th</sup> 1918*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

913 <sup>①</sup>	Rep. from G. H. Q.	16-2-18	wounded by
920 <sup>①</sup>	2 Stpt. Abbeville	24-2-18	Bomb. wd. R. Foot
940 <sup>②</sup>	Ex. H. S. to Prince of Wales Marylebone N.W.	25-3-18	Bomb. wd. R. Foot
1050 <sup>-</sup>	C. C. Off. Matlock Bath	31-7-18	Bomb. wd. R. Foot amp. Lower leg.
1091 <sup>4</sup>	Granville Can. Spec. Buxton	19-9-18	" " " "
1188 <sup>2</sup>	Dieck	20-9-18	Bomb wd R Foot amp Lower Leg

Number

Rank

Lieut

Surname

PORTER.

Christian Name

ALBERT THOMPSON.

Units

Theatre of War

France

Date of Service

31-7-16

27-4-17

20-9-18

Remarks

1st CO. R.

79 Bond St

Latest Address

~~P.O. Box 121 Lindsay, Ont.~~

Roll No

200m. -2-21

M.

Page 7984.

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 \_\_\_\_\_

DEPT. OF THE ARMY  
REG. NO. 401574

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

336

6

Name *PORTER* Rank *LIEUT.* Reg. No.  
 Unit *A. Co. T. Thompson*  
 Next of Kin *Canada*  
~~75th Bn att 9th I.R.O.C.~~

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-2	Reported GHQ (1265)					
19-2-18	<u>WOUNDED.</u>			913	018	22/2/18
24-2-18	2 Star Hqs Abbeville (100)		Bomb Sq R Troop	920	✓	
25-3-18	Prince of Wales Hqs (100)		—	940	—	
31-7-18	Can. Cav. Off. Hqs. Watlock (10148)		Bomb Wd. R Foot, Amp Lower Leg.	1052	✓	61
19-9	Gran Barracks Hqs. Buxton 7001		—	1091		
20-9	Discharged			1196		



Surname.

Christian Name.

PORTER  
Rank.

A. T.  
Unit.

336

D

Lieut. 75th. Batt'n.

Date of admission.

No. 2 Stationary Hospital, Abbeville. 24-2-18.

Hospital Prince of Wales Hosp. London. 25-3-18.

Canadian Conval. Offs. Hosp. Matlock. 31-7-18.

transferred Granville Can. Special Hosp. Buxton 19-9-18.

..... Hosp.

..... Hosp.

..... Hosp.

Reported from G.H.Q., Wounded:-16-2-18.

Diagnosis. Bomb Wd. rt. Foot. Amput. lower Leg. *add.*

Later diagnosis. ....

.....

.....

.....

Discharged:-20-9-18.

Disposition.

Date.

21-2-18 913.

1-3-18 920.

25-3-18 940-2.

C.L. 3-8-18 1050 Remarks.

C.L. 20-9-18 1091-4.

C.L. 15-1-19 1188-2.

C.L. ....

C.L. ....

C.L. ....

C.L. ....

Surname

Christian Name

336

Reg. No.

D

PORTER

A.

T.

Rank

Unit

Lieut.

75th. Batt'n.

MEDICAL BOARD held at

Date

Serial No.

(1) Buxton Area

1-8-18.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Bomb Wd rt. Foot.

Disposition Recommended

(1) Unfit any service 6 months, returned to Hospital in Canada.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

To Canada per Sailing No. 62 V.L'pool. 20-9-18.

Remarks



A.T. Serum  
Dose and Date

1st 750

2nd

16-2-18

Wm. Walker

FIELD AMBULANCE NOTES.

Morphia  
Dose and time

} 16-2/18

Date of wound or  
onset of illness

} 16/2/18

Religion

Pres

28  
2  
Feb 16  
West

336

Army Form W. 3118.

F

FIELD MEDICAL CARD.

No.

Rank

Name

Unit

PORTER A.T.

RE HQ 9 L Ry O Coy

Battle Casualty ~~Accidentally Wounded~~ "Sick"  
(Strike out description which does not apply.)

No. of F.A.

Date of admission

F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Bamb wd Foot R

Base Hospital diagnosis (alterations or additional)

336

F

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

off 1526  
No. of C.C.S. 48

Date of entry 16/2/18

Traversing wd back of Rt Ankle  
Compound - Os Calcis.  
Complete rupture of tendo Achillis  
Wd cleaned - I.P. pack  
Back splint.

W. Blake  
Capt

Off. Loue.

No. of Hospital 2 Stationary Hospital

Date of entry 17.2.18.

tound painful + septic.  
Hot Bath (wt) Tinct. Iodine 3i to 0i  
dressed w Carbolic acid (1:20) 1 part  
Sp. Vin. Rect 1 part  
Saturated soln of  
Boussé acid 6 parts.

26.2.18. Temp 102.2. pulse 100.

Foot very swollen. Calcaneus  
astragalus joint ~~septic~~ infected

Operation - amp thro junction  
of middle lower tibia. of leg.  
Carrel's tubes.

Mar 22. 18

Bulle - Luyers

W. Blake

W. Blake  
Capt

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

CHS Rank *Act Sgt* Name *PORTER Albert Thompson*

Reg'l No. *724164*

Unit *109th. Bn.* If in perm. Corps, }  
What Unit? }

Married or Single *Married*

Place and Date of Enlistment *Lindsay Mar. 5th. 1916*

Place of Birth *Tp 1 of Manvers Ont.*

Name and Address, Next-of-Kin *Gertrude Porter*

*Box 121 Lindsay Ont.*

Relationship *Wife*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England per H. M. T. 2810</i>			
<i>5. 8. 16</i>	<i>OC. 109<sup>th</sup></i>	<i>App'd Prov. Sgt.</i>	<i>Odney</i>	<i>5-8-16</i>	<i>P. II DO, 218 + D. O. 285</i>
<i>25. 11. 16</i>	<i>"</i>	<i>To be Temporary Lieut. posted to General List &amp; attached to 109<sup>th</sup> Bn. C. S. S.</i>	<i>Witley</i>	<i>19. 9. 16</i>	<i>330 {with B. D. O. 946 24-11-16</i>



Name

*Lt. Porter L. J.*

M. F. W. 41  
100m-1-18.  
1772-39-880.

*23 Cambridge St. Lindsay, Ont.*  
Name and address of next-of-kin

*am*

Regimental No.

Unit

*75 Bn*

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

SEPARATION ALLOWANCE AND

ASSIGNED PAY OF \$ *30.00*

CHARGED TO *31.10.18*

BEING CONTINUED BY

DIRECTOR OF S.A.A.P. OTTAWA

Date and place discharged

Reason for discharge

Character on discharge

*700*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>Nov 10</i>	<i>30</i>	<i>31</i>	<i>2</i>	<i>42</i>	<i>31</i>	<i>1</i>	<i>21</i>	<i>87 10</i>		<i>11563</i>	<i>100</i>			<i>30</i>	<i>200.80 212</i>	
								<i>32 50</i>	<i>175 60</i>	<i>11653</i>	<i>45 60</i>				<i>175 60</i>	<i>Out 15.11.18 - 29.11.18</i>
															<i>20 219</i>	
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>3</i>	<i>63</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>10</i>		<i>12268</i>	<i>30</i>	<i>✓</i>		<i>25 20</i>	<i>10<sup>00</sup> of acct.</i>	
								<i>32 70</i>		<i>12960</i>	<i>60</i>			<i>30</i>	<i>Out 29.11.18 - 13.12.18</i>	
								<i>88 40</i>	<i>227 10</i>	<i>13212</i>	<i>81 60</i>				<i>227 10</i>	<i>20 234 auto for 29.11.18</i>
															<i>cred in Thr. 55.70 auto</i>	
															<i>20.10.18 - 9.11.18 per</i>	
															<i>Gen. d. P.L., Out 9.11.18</i>	
															<i>20 247. 20 2198 234</i>	
															<i>Cancelled 20 247.</i>	
															<i>overed 15 days auto</i>	
															<i>Thr.</i>	

TRANSFER









MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Gertrude Porter*  
 Address *Box 121  
 Lindsay, Ont*

*wife*  
 By Whom Assigned *Porter A. J.*  
 Regtl. No. *724164*  
 Rank *Corp Lieut*  
 Corps *109 Bn*

Rate ~~*\$20.00*~~ *30.00* *AUG 1 1916*  
*Jan 1st / 17*  
*2 Mo 29/12/16 APS 7/2/17*

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				



~~SECRET~~

SECRET

A

SECRET

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs Gertrude Porter  
Sheet No. 2.

Wife  
PAYMENTS.

Name of Soldier Porter, G. T.  
724164 Corp. Dec. 109Bn

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<u>\$20<sup>00</sup> 30 Jan 17</u> <u>AUG 1 1916</u>
April	1916			
May				
June				
July				
Aug.		<u>W 15577</u>	<u>20</u>	
Sept.		<u>X 18989</u>	<u>20</u>	
Oct.		<u>X 24088</u>	<u>20</u>	
Nov.		<u>C 27966</u>	<u>20</u>	
Dec.		<u>A 31494</u>	<u>20</u>	
Jan.	1917	<u>D 41327</u>	<u>20</u>	
Feb.		<u>D 46870</u>	<u>40</u>	<u>40<sup>00</sup> for Feb to adj</u>
March		<u>R 51089</u>	<u>30</u>	<u>30<sup>00</sup> future APS</u>
April		<u>P 4400</u>	<u>30</u>	<u>30<sup>00</sup> ch</u>
May		<u>P 10985</u>	<u>30</u>	<u>30 TP 10985. Canceled 11/8/17 J.B.</u>
June		<u>M 12962</u>	<u>30</u>	<u>e</u>
July		<u>P 18043</u>	<u>30</u>	<u>J</u>
Aug.		<u>F 24577</u>	<u>30</u>	
Sept.		<u>F 36090</u>	<u>30</u>	<u>lu</u>
Oct.		<u>J 39360</u>	<u>30</u>	
Nov.		<u>B 45667</u>	<u>30</u>	
Dec.		<u>A 52226</u>	<u>30</u>	
Jan.	1918	<u>V 58697</u>	<u>30</u>	<u>H 60.75</u>
Feb.				
March				
April				
May				
June				
July				

*Handwritten initials*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

## SEPARATION ALLOWANCE

Name Gertrude PorterName of Soldier Porter Albert J.Address Box 121  
Lindsay  
Ont.Regtl. No. 7241 64Rank ~~Sgt. Pte - 16/1/16~~ ~~Pvt - 26/1/16~~Corps 109th Batt.

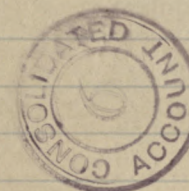
Relation to Soldier

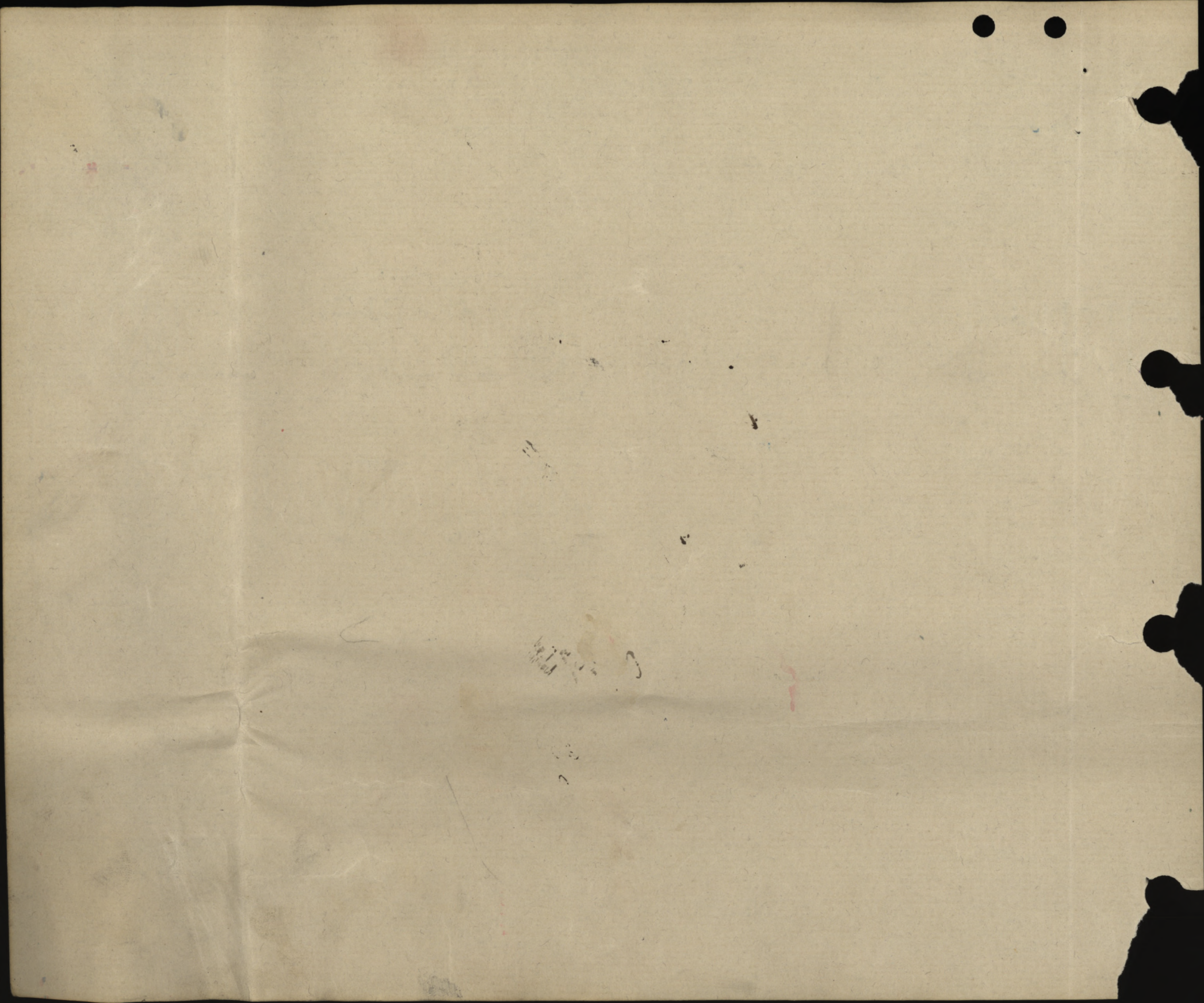
To what Corps belonging Lieut 19/9/16 Pvt 19/12/16 Jameswife, child or mother } Wife

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				





## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Gertrude Porter**Wife*  
PAYMENTS.

Name of Soldier

*Porter A. J.*

L. L. Job 310.—Req. 6574.

*724164 - 109 Batt Pte*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<del>57</del>
May		57132	57	57
June		34871	20	20
July		N 11379	20	20 - 10
Aug.		R 13429	20	20
Sept.		Q 16186	20	20
Oct.		Q 20413	20	20
Nov.	1917	<del>W 23942</del>	<del>20</del>	42 <i>Re-write ck for 42</i>
Dec.		C-28357	25	25 <i>W 23942 Cancelled</i>
Jan.	1917	O 29630	25	25
Feb.		N 33383	52	52 me
March		O 39137	30	30
April		Q 2315	30	30
May		O 3391	30	30
June		O 8567	30	30
July		O 11947	30	T
Aug.		<del>X.15254</del> <del>X.15253</del>	30	B <i>X.15253 Cancelled</i>
Sept.		I 18706	30	m
Oct.		M 21665	30	T
Nov.		W 23742	30	T
Dec.		R 25725	30	S
Jan.	1918			6014h
Feb.				
March				
April				
May				
June				
July				

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.				



A 3 M Form 19-12-16.  
For. 724164 Sgt. 109th Battn.

*Dec r Jan chgd Jan.*

Assignment as at  
1st December 1916.

Porter, Lieut. A. T.

10 9th Battalion

~~\$20.00~~

*As m.*

*Jan 17*

*30*

*Mr* Gertrude Porter,

Lindsay

Ont.

\$

30.

Payment Stopped  
A. 3 M Form

*Invalidated to Canada  
1 October 1918*

Date	From	To	No. of Days	Rate	Amount	Field Allowance	Other Credits	Total Credits	Voucher No	Date	Payments	Cash Assigned	Other Charges	Total Debits	Balance	Remarks, etc.
------	------	----	-------------	------	--------	-----------------	---------------	---------------	------------	------	----------	---------------	---------------	--------------	---------	---------------



30-P-158  
 336  
 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 75th Bn.

Regimental No. .... Rank Lieut. Name Porter, Albert Thompson  
C. E. F.

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

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

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

Report		Rec rd 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				
	#3 D.D.	T.O.S. #2 D.D. to be returned to 3 D.D. on completion of treatment.	Toronto	9-11-18	(Auth) #3 D.D. 2-P-24 or 12-11-18 Pt. 2 D.O. 212
15-6-19		S.O.S. #2 D.D. "Medically Unfit"			Auth. R.O.2040 Pt.11 D.O.177. 15.9.20.

*Gloatson*  
 Capt  
 For O. C. No. 2 District Depot

*G. M. Turner*  
 For O.C. 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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



336

P

# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

D.S. - 8-34.

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant.....

(Name in full)..... Albert Thompson Pottal.....

Enlisted in..... 100th Battalion as No 704104..... (Private)

CANADIAN EXPEDITIONARY FORCE, on the..... fifth.....

day of..... March..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 100th Battalion.....

CANADIAN EXPEDITIONARY FORCE on the..... nineteenth..... day

of..... September..... 191..... 6

He SERVED in CANADA,..... England and France with the 100th.....

Battalion., General List., 12th Rec. Battalion., 75th Battalion.,  
11th Light Railway Operating Coy., 1st Central Ontario Regt'l  
Depot., and D.L. No 2.

and was STRUCK OFF THE STRENGTH on the..... fifteenth..... day

of..... June..... 191..... by reason of..... being Medically unfit.....

Dated at Ottawa, this..... first..... day

of..... December..... 191..... 9

Sounded-16-2-18.

*Handwritten signature: J. E. ...*

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of AND WAS APPOINTED to COMMISSIONED RANK

CANADIAN EXPEDITIONARY FORCE on the

day of

HE SERVED IN CANADA

and WAS STRUCK OFF THE STRENGTH on the

day of by reason of

Dated at Ottawa this

day of

Director of Personnel Services

W. J. ...

...

D.O.H. June 4/19. Condition when finally boarded for discharge.

E

Lieut. Porter, A.T.

Wd. at Ytres 16/2/18 - traversing wd. back rt. ankle. Compound fracture os calcis, complete rupture tendo achilles. On 26/2/18 infection calcaneo astragaloid jt. Amputation thro' junction middle and lower third leg - became infected on 10/6/18. Reamputation 5" below knee. Good result. R. leg amputated 5 $\frac{3}{4}$ " below knee. Stump healed. Ant. post. scar, non-adherent - slightly sensitive to pressure - fleshy - slightly oedematous. No limitation of movement of rt. knee joint or hip. Other systems negative. Fitted with artificial limb - satisfactory.

336

*W. H. H. H. H.*  
*W. H. H. H. H.*

1871  
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1900







ASSIGNED PAY.

UNIT.

RANK.

ISS  
DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF UNIT RATE OF P. AND A.

12 Res  
75 Bn

Pay 2<sup>00</sup>

F.A. 60

Messing 1<sup>00</sup>

\$360

Lieut

25<sup>11</sup>

R6946-6TD  
Bran 24-11-16

Name

Initials

Bank

Porter

AT

of  
Montreal

S.O.S. 20<sup>9</sup>/<sub>18</sub> Invalided H.A.R.O. 4753 045<sup>0</sup>/<sub>18</sub>

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<b>1918-19</b>								
Apr 12	AP Canada					30		
18	Pay R		108					
25	Bank	1174		78				
May 9	AP Canada					30		
15	Pay R		111 60					
23	Bank	2623		81 60				
Jun 12	AP Canada					30		
18	Pay R		108					
25	Bank	4144		78				
July 16	A.P. Can.					30		
17	Pay R		111 60					
26	Bank	5007		81 60				
Aug 7	Ord Issue on Rpt List Aug £630.23 <sup>18</sup> ✓	297		29 93				
7	" " " " List £350.24 <sup>18</sup> ✓	304		15 82				
12	A.P. Can.					30		
16	Pay R		111 60					
24	Bank	7161		35 85				
Sept 11	Adv Sept P.A. £5							
17	A.P. Canada					30		
17	Pay R		108					
17	Adv. Bal. Sept. P. & A.							
	Bank	8475		53 67				
3/1/19	Add Outfit Alia Credit \$100 <sup>00</sup> forwarded Ottawa P.L. 76-28							

Adv to Can  
P.A. to 30<sup>9</sup>/<sub>18</sub>  
Tip to W.C. Ledger  
Transfr L22 to L21<sup>10</sup>/<sub>18</sub>

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Mess  
DATE AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

109  
12 Res.

Canada

\$ 30<sup>00</sup> 1.1.17

Pay 2<sup>00</sup>  
Pa 60  
Mess 1<sup>00</sup>  
\$3-60

Lieut

25.11.16 R.O. 946 C.T.D.  
(Bram) 24.11.16

Name

Initials

Bank

Porter  
A.J.

Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
Apr. 17	A.P. Can				30			
24	Pay R.		108					
26	Bank	3010		78				
May 18	A.P. Can				30			
23	Pay R.		111 60					
24	Bank	6049		81 60				
June 16	A.P. Can				30			
19	Pay R.		108					
22	Bank	9012		78				
July 18	A.P. Can				30			
19	Pay R.		111 60					
27	Bank	13082		81 60				
Aug 16	A.P. Can				30			
21	Pay R.		111 60					
	Bank	17394		81 60				
Sept 14	A.P. Canada				30			
18	Pay R.		108 -					
22	Bank	21921		78 -				
Oct 13	A.P. Canada				30 -			
15	Pay R.		111 60					
20	Bank	26282		81 60				
Nov 6	To cover off unpaid chq of 3592 £4.11.3. 125 frs.	27008		22 20		22 20		
15	A.P. Canada				30 -			
16	Pay R.		108 -					
22	Bank	30733		55 80				

1917-18

lwd Fwd

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary Address Amount, \$ <u>Canada</u> <u>3000</u> Separation Allowance issued. Yes or No.....	<u>12 Res Bn.</u>			<u>Lieut</u>			Name <u>Porter</u> Initials <u>aj</u> Bank <u>of Montreal</u>

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED. PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec 10	AP Canada				30.			
12	Pay R.		111 60					
14	"	Bank 35096		81 60				
Jan 10	AP Canada				30			
16	Pay R.		111 60					
21	"	Bank 39441		81 60				
Feb 11	AP Canada				30			
14	Pay R.		100 80					
21	"	Bank 40995		70 80				
Mar 12	AP Canada				30			
18	Pay R.		111 60					
25	"	Bank 42637		81 60				

ASSIGNED PAY.

UNIT.

5

RANK.

NAME.

NAME OF DATE AUTHORITY

*mess.*  
DATE AUTHORITY

Beneficiary

709<sup>th</sup> Batt

Lieut

25-11-16 R.O. "946 C.Y.D.

Name

Porter

Address

30<sup>00</sup> 1<sup>17</sup> Canada

(Bram) of 24-11-16

Initials

A. J.

Amount.

\$ 70<sup>00</sup> 1<sup>17</sup> 16

Bank

of Montreal

Separation Allowance issued. Yes or No.

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
Dec. 7	P. & A. 1916 - 30 <sup>th</sup> - Messing. 25 <sup>th</sup> - 30 <sup>th</sup> Bank			195 80				
12	Pay Dec. A		111 60					
	adjust as above		198 80					
15	Bank			111 60				
1917 Jan 16	A.P. Can - 2 months				50			
" 18	Deb. Bal. on Trans. 19 <sup>th</sup> 16. Auth. Jr. Cert. & Pay II 16.723			78 08			To be deducted as follows:- #30 <sup>00</sup> Jan 1917 36 <sup>00</sup> Feb. 1917 18 <sup>00</sup> Mar. 1917	
23	Pay Jan R		111 60					
26	Bank	19284		31 60		48 08		
Feb 19	Pay R.		100 80					
	A.P. Can				30			
23	Bank	21932		40 80		18 08		
Mar 8	Adv. P. & A.	Bank. 22108		48 67				
13	A.P. Can				30			
20	Pay R.		111 60					
26	Bank	24838		14 85				

1916-17

X





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

M. OR S. \_\_\_\_\_ REGT. NO. \_\_\_\_\_ RANK *Lt.* NAME (IN FULL) *Porter A.T.*

NEXT OF KIN \_\_\_\_\_ IF IN P.F. WHAT UNIT *304 Harbor St. Wash*

ADDRESS \_\_\_\_\_ PARTICULARS *sub* EFFECTIVE DATE *1.1.19* AUTHORITY *Ole P.L.*

IS SEPARATION ALLOWANCE PAID? *yes by Ottawa* DATE EFFECTIVE *1.1.19*

TO WHOM PAID *Mrs. G. Porter* RELATIONSHIP \_\_\_\_\_

ADDRESS *37 Sussex St Lindsay, Ont.*

ORIGINAL UNIT C.E.F. *B-12* PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE OF ATTESTATION *5/3/19* TRANSFERRED TO \_\_\_\_\_ ASSIGNED PAY, \$ *30.00* DATE EFFECTIVE *1.1.19* ANY CHANGE IN ASSIGNEE OR ADDRESS *Paid by Ottawa*

PAYABLE TO *Mrs. G.* ADDRESS *Box 121, Lindsay, Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_ PLACE \_\_\_\_\_ DATE *15-6-19.* REASON *M.U.* AUTHORITY *DO. 177.* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

MONTH	PAY AND F. A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				\$	C.	\$	C.		\$	C.	\$	C.
Jan 1	31	3	93	22.70	145.70	6758	19395	50	65.70			30		145.70									
Feb 1	28	3	84	30	226.09	24531	22805	20	51.60					24.60					Pay P.L. & C.P. from 1.1.19 to 28 Jan. 20.00 foreldg. 6.70 1/2 Jan.				
				80																			
				47.60	341.60																		
Mar 1	31	3	93	40	5103232	5108125	502384	40	175.70			70		185.70									
				52.70	185.70																		
Apr 1	30	3	90	40	5111238	5110239	111					70		181									
				21	181																		
May 1	31	3	93	52.70	185.70	5116375	5114242	115.90				70		185.70					Sub 14-5 - 1-6-19. no 137				
June 1	15	3	45.00	20	65.00		73.24	619				70		70									
183 days	3			W.S.G. 549	S.A. 240	1789						W.S.G. 5.00	S.A. 5	544	240								
							56	July 3	750192	750201		183	40	268	361	160							
							88	Aug 4	753033	753034		93	40	401	268	170							
							103	Aug 29	1046354	1046355		90	40	531	278	50							
							125	Sept 25	1049066	1049067		88	40	659	290	40							
							158	Nov 4	1464018	1464019		90	40	789	closed								
												549	240	789	1044								

AMOUNT DUE SOLDIER DEPENDENT

FOR PAYMASTER WARRIOR SERVICE GUARANTY



Surname PORTER,

Christian Names Albert Thompson,

Rank 724164 Sgt.

Name and Address of Next-of-Kin

Promotion Temp. Lieut.

Gertrude Porter, (Wife)

Box 121, Lindsay,

Ont.,

Unit 109th Battn.,

Place of birth Manvers, Ont.

Married (Yes or No) Yes.

Appointments

PMD.

Date of leaving Canada

Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	★ 1ST, C, O. R. REMARKS Taken from Official Documents
Date	From whom received				
24.11.16.	Bram.	Temp. Lieut. posted to General List and attached 109th Battn.,		19.9.16.	R.O. 946.
29 <sup>17</sup> / <sub>16</sub>	125 Bn	Attached to 125 Bn for duty & discipline		20.12.16	Pty 313 Pte ord 348. 109th Bn
1-3-17	do	Caused to be att. to 125th on transfer to 12th Bn		19-2-17	Pte 0.60 D.O. 851 (62)
4.3.17	12 Res Bn	T.O.S. 12 Res		3-3-17	Pte 0.57
13.3.17	H.Q. C.E.F.	Granted Cert at 24 <sup>th</sup> Course C.M.S.		3.3.17	R0791
8.5.17	45 Bn	Having arrived from England T.O.S.		27.04.17	Pte ord 70
21.2.18	am.S.	Reported from G.H.Q. <b>Wounded</b>		16.2.18	P/ord 913
1.3.18	am.S.	Adm 2 Stationary Hospital Abbeville		24.2.18	P/ord 920 Bomb ord R. 700
29.3.18	100 Bn	T.O.S. evacuations from France		25.3.18	P/ord 86
11.4.18	45 Bn	Invalided and detached (COR'D)		24.3.18	" 26
25.3.18	am.S.	Adm Prince of Wales Hospital Marylebone		25.3.18	P/ord 940.
15.7.18	45 Bn	S.O.S. and Establishment		16.6.18	P/ord 62

A.F.B. 108.  
30 APR. 1917A.F.B. 108.  
17 APR 1918

25 April A.F.B. 158  
 12 Res. 313.17  
 45 Bn 1-6  
 1.10.17

M

H

Report  
 Date From whom received  
 Name and Address of Next of Kin  
 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

3.8.18 B.A.M.S. Adm. ban. cov: officers No. 1 Matlock Bath 31.7.18. CL. 1050. Bomb Wd. R. FOOT. Amp. Lower Leg.  
 20.9.18 " Adm. Grawville ban. spec. No. 1. Buxton 19.9.18. CL. 1188 Discharged.  
 5.10.18. H.Q. O.M.F.C. SOS on trns to C. C. F. in Canada 20.9.18 CL. 1094

20.9.18 RO. 4953  
 29 OCT. 1918  
 A.F.S. 1918

8997

Date of Enlistment

5-3-16

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

Jan. 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30	40		
----	----	--	--

1-9-18  
P62753  
MO 226/6

M F W. 2554 Issued 6251  
JUL 23 1916

P

RATE OF ASSIGNMENT

30			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 724164  
 Rank Lieut. Promoted Reverted Discharge  
 Soldier's Name A. J. Porter  
 Battalion 109 Battrn.  
 Beneficiary Gertrude Porter  
 Relationship wife  
 Address

PARTICULARS OF ASSIGNMENT

Name Gertrude Porter (wife)  
 Address Box 121 Lindsay Ont.  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		601	460	1061
Jan 18	66498Z	30	30	60
Feb.	66660A	30	30	60
Mar.	92998 Q	30	30	60
April	9707 Q	30	30	60
May	17676 U	30	30	60
June	22797 G	30	30	60
July	32591 U	30	30	60
Aug	39503 G	30	30	60
Sept	41070 G	30	30	60
Oct	47841 G	30	30	60
Nov	57598 G	30	30	60
Dec	64191 G	70	30	100
		\$1001	820	1821

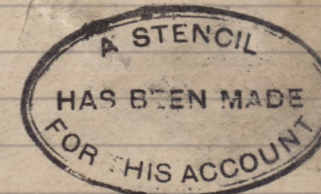
REMARKS

014701-a-9

Prom. Lieut 1919/16 P.M.L 1912/16  
 Prom Sgt. 16/7/16 P.M.L. 26/11/16  
 AP opened Aug 1/16 at the rate of 20<sup>00</sup>  
 .. increase to 30<sup>00</sup> for Jan 1/17 per 22/2/16

MP Ret'd per. Neuralgia  
 #3 Date 4-10-18 7-10-18  
 Clerk B. Stoesbury

S.A. & A.P. closed & transd to M.D.#3  
 authy 24-2593-1-82, 23-11-18.  
 MO# 46725 Destroy. 8-20-12-18



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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

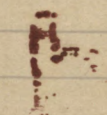
Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 400M. -6-17-1772-89-1141  
 L. L. 22320 -M. & D. 1983.



**Casualty Form—Active Service.**

Regiment or Corps..... *12<sup>th</sup> Res Bn*

Rank *Lieut* Surname *Porter* Christian Name *Adelbert Thompson*

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

Enlisted (a) *5/3/16* Terms of Service (a)..... Service reckons from (a) *5/3/16*

Date of promotion to present rank *19-9-16* Date of appointment to lance rank.....

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

Signature of Officer.....

*Temporary*  
CERTIFIED CORRECT  
30 APR 1971  
CANADIAN RECORD SERVICE

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				
<i>24.11.16</i>	<i>Bnam</i>	<i>Temp Lieut posted to &amp; att 109 Bn</i>	<i>San Leit</i>	<i>19.9.16</i>	<i>110 7/12/16 R0946</i>
<i>4.3.17</i>	<i>O.C. 12th Res. Bn. C.E.F.</i>	<i>Transferred to 12<sup>th</sup> from 109<sup>th</sup> Bn</i>	<i>EAST SANDLING</i>	<i>2-8-17</i>	<i>Part II 57</i>
<i>25.4.17</i>	<i>O.C. 12th Res. Bn. C.E.F.</i>	<i>Transferred to 73<sup>rd</sup> Battn</i>	<i>EAST SANDLING</i>	<i>25.4.17</i>	<i>Part II 103</i>
<i>8/5/17</i>	<i>adg</i>	<i>T.O.S. 75<sup>th</sup></i>	<i>Field</i>	<i>27/4/17</i>	<i>Lieut. i/o Records 12th Res. Bn. C.E.F. D.O. 70</i>
<i>28/4/17</i>	<i>CRSD</i>	<i>Left for Unit</i>	<i>do</i>	<i>28/4/17</i>	<i>N. Roll</i>
<i>5/5/17</i>	<i>Unit</i>	<i>Joined Unit</i>	<i>do</i>	<i>29/4/17</i>	<i>B. 213; SCS. 148</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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

10

Lieut Porter, A. J.

336

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
20/10/17	Unit	Att. (Temp) to Corps Light Bn Troops	Field	11/10/17	B. 213, Letter of Comm. at 10/10/17.
8-2-18	Ag. GHQ.	Posted to 11th Light Bwy. Operating Coy. for duty	do.		AG/55/1058/(10); K.D. 24335.
23/2/18	do.	Wounded - (Shrapnel)	do camp	16/2/18	Cas Rec 1265 KD. 18/5065
1/3/18	9th Arty Bn Co.	Wounded	To HQ. C.O.	do	RE 3/1919, CP 419.
17-2-18	2 Stat.	Bomb. Md Foot R	2 Stat.	17/2/18	M 3034 X 1935
24/3/18	2 Stat.	Amputated leg. W. Jaw Bruised Posted to First Cent Ent Reg Dep	Schliffe	24/3/18	W. 3083/4951 DO. 26 dt 11/4/18 Jm. J. J. J.
					Lieutenant, for Lt. Col. att. S. Det. Rec 3rd Bde E. D.
29-3-18	1st Co. R. D.	S.O.S. on communication	Witby	25-3-18	At no 56
9-10-18.	do	S.O.S. Landing Comd to Gen	do	21/10/18	At no 280
					Lieut OFFICER IN CHARGE RECORDS.



ORIGINAL (Original not available)

MEDICAL HISTORY SHEET

336

NEURALGIA

Lieut

Surname Porter

Christian Name

Sailed Sept. 20th

Examined on 5th day of March 1916 at Lindsay

Approved by Capt H. O. Boyd

Birthplace City or Town Lindsay County Durham Ont

Rank Capt M.O.

Apparent age 27

Trade or occupation Railway Conductor

Height 5 feet 10 Inches

Weight 165 lbs.

Chest measurement Minimum 38 inches Maximum expansion 3 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left Arm Number 2

When Vaccinated last Mar 15/16

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

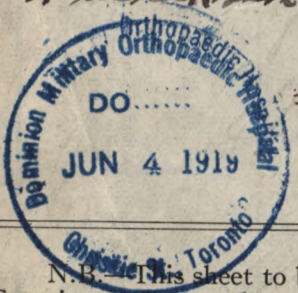
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
5/3/16		Capt H. O. Boyd M.O.
15/10/16	3AB 10.C.E.	Alward Small (Officer Declared) M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
1/4/16		M.O.
8/4/16		Capt H. O. Boyd M.O.
15/4/16		M.O.

Enlisted on 5th day of March 1916 at Lindsay Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	45th Bn	Lieut		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
C. C. O. H. ...	1-8-'18	W. Foot R. Amp leg R.	For discharge St. A. W. Brown Capt J. W. P. ...



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.

77

336

Christian Name

Surname

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				
THE PRINCE OF WALES' HOSPITAL FOR OFFICERS, MARYLEBONE, N.W. 1		24	3	18	30	7	18	Bomb. wd. right foot.		wounded near Ypres Feb. 16. 18. Amputation through the junction of mid. & lower thirds of leg. Feb. 26 <sup>th</sup> 18. Re-amputation June 10 <sup>th</sup> 18. 23.7.18. The stump is now well healed, but it will be some time before any artificial limb can be worn.	H. P. Moxon Capt. R. M. M. F.
Capt Maltoun Bath		30	7	18	18	9	18	- do -	50	Injured wounds. Stump healed. Amputation maj. Transferred to 46th St. Buxton	J. Alexander Capt. R. M. F.
Rema's, Hendie's		20	9	18	1	10	18	do	10	Condel. Saw a admission	J. Alexander Capt. R. M. F.
Kingston Queen's Unit Mil Hosp.		4	10	18	9	11	18	- do -	36	Transferred to Davisville Orthopaedic Hosp. Toronto.	
D. O. H	Lorouls	12	2	19							

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Co. H. Mallock Bath Derhys.

Date 1-8-18.

- 1. Rank and Name LIEUT. PORTER, A.T.
- 2. Unit. 75 Cans. 1st COR D. Witley.
- 3. Age 28. 4. Total Service 31 War Service { (a) at home 7  
(b) abroad France "
- 5. Address C. C. O. H. Mallock Bath -

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

- 6. Disability Bomb wounds - R. foot.
- 7. Date of origin of disability 16-2-18.
- 8. Place of origin of disability France :
- 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Travelling wound. back of R. ankle. Comp. fracture os calcis. Complete rupture tendo Achilles On 26.2.18 the calcaneus astragaloid joint became infected. Amputation through junction of middle and lower third of leg. Evac. to France g.wales TP 24.3.18. Stump mildly septic. Flaps had been left open Extension on flaps. 1.5.18 - Bones still protruding. Stump clean. On 10.6.18 re-amputation 5" below knee. Flaps left open till 17.6.18 and then sutured. Stump healed nicely. To Co. H. 30.7.18. General Condition good. Knee a little stiff.

OPINION OF THE MEDICAL BOARD.

- NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
- (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
- (iv.) When there is more than one disability the replies will distinguish between them.

- 10. Was the disability contracted (a) before entering the service? no  
(b) in the service? yes
- 11. Was it attributable to military service? yes.  
If so, to what specific military conditions is it attributed? Bomb

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

- 12. If not attributable to, was it aggravated by military service? n.a.  
If so, by what specific military conditions? n.a.

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no.

14. What is the officer's present condition? General condition good.  
Appetite good he is sleeping fairly well. The heart & lungs are sound. Exam. of stump of L. R. - Amputation through upper 3rd. Good flaps nicely healed. Some stiffness to knee movement still. Preparation for and fitting of artificial limb will take a long time & the board recommends insuring to Canada. He cannot travel by transport.

15. To what degree is the officer disabled at the present time? ✓  
 (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent? Yes

17. If not permanent, how soon is re-examination recommended? \_\_\_\_\_ months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? Massage  
Physio. C. C. O. H. Medical Book

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? Yes  
Fitting of artificial limb.

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service No six months.
- B.—Fit for service in a garrison or labour unit abroad No six months.
- C.—Fit for home service :—
  - (i) Active duty with troops No six months.
  - (ii) Sedentary employment only No six months.
- D.—For admission to a command depot No six months.
- E.—Requiring indoor hospital treatment :—
  - (i) In an officers' military or auxiliary convalescent hospital Yes invalided to Canada.
  - (ii) In an officers' hospital N.A.
- F.—Permanently unfit for any further military service N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 807 of 1918 been complied with? N.A.

A. Chawson Lt. Col. Surge. President.  
W. Mitchell Maj.  
H. Mitchell Capt. Members.

336 h

# CASE HISTORY SHEET.

Davisville Military Hospital. N. Toronto Station.  
 No. Rank Lieut. Name Porter, Albert Thomas Age 29  
 Unit 75th Completed years of service 34 }  
 Date of admission 15-11-18 Date of discharge 12  
 Diagnosis Amp. R. Leg Place of origin Ytres - Feb 16-1917

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Wounds  
 amp R leg 5 3/4" Blk. Scar hairs gone.  
 non adherent. Painless. Has been  
 wearing a leather peg since Sept with  
 sheepskin socks  
 Ordered new bucket for peg and  
 artificial leg

Dec 16  
 Wearing new leg. Has been supplied  
 with sheep socket. wears three sheep socks.  
 Socket rather large. To wear it for  
 another week and then report.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal of case)

Date NOV 15 1918

**CAPT. HARRIS**  
Medical Officer i/c case.



CARD HISTORY SHEET

1

2

3

4

5

6

7

8

9

10

CLINICAL CHART.

(To be attached to Case Sheet.)

336

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name

Lt Porter

Age \_\_\_\_\_

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

Service \_\_\_\_\_

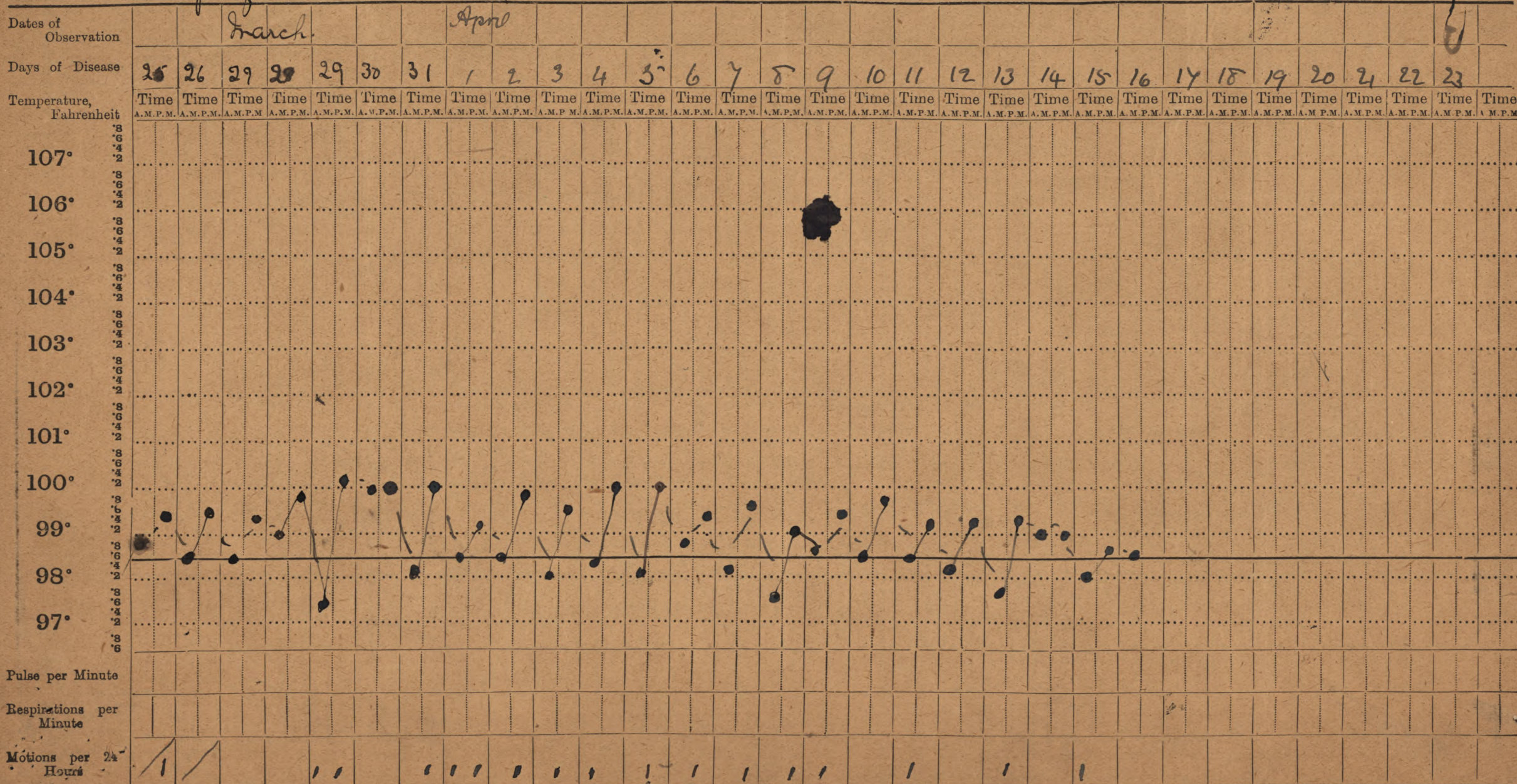
Disease Ampt of Foot.

Date of admission

20. 3. 18.

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

Result \_\_\_\_\_



Signature \_\_\_\_\_

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





# CLINICAL CHART.

(To be attached to Case Sheet.)

336

Army Form B. 181.

Corps Canadians

Military Hospital P. Q. Wales Langhorne

No. \_\_\_\_\_ Rank and Name Lt Porter

Age 28 Service 3 years

Disease amputation R. Foot Date of admission 24. 3. 18 Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

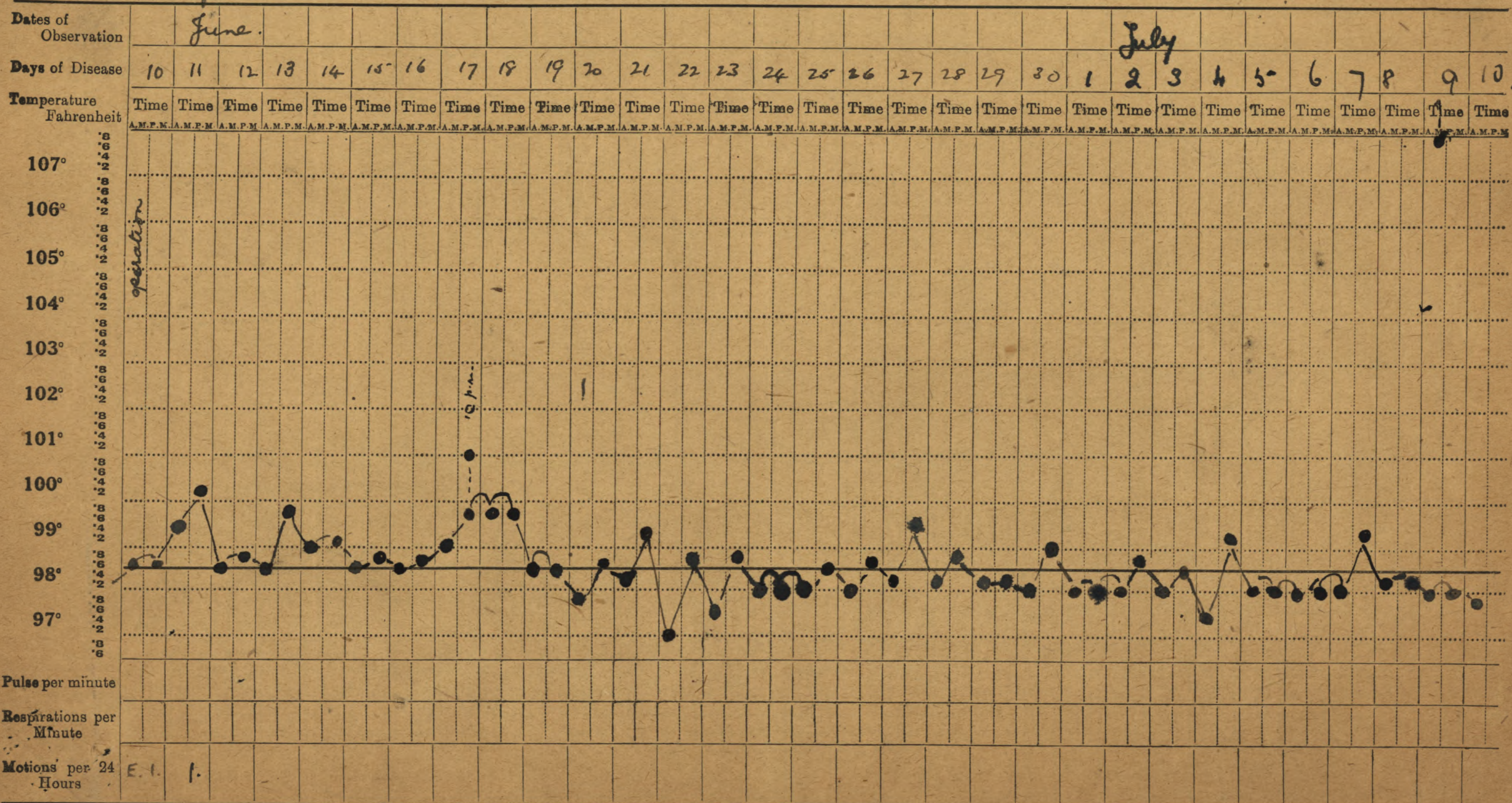
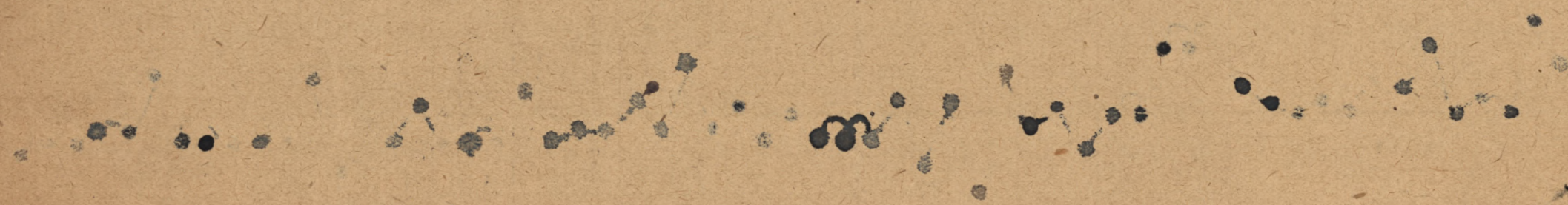


PLATE  
24081



## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Lieut. Porter.

A. T.

Year

1918.

Unit.

75<sup>th</sup> Cdw. Bn.

Age.

28.

Service.

2 Years.

Station  
and Date.

Disease

Bomb wd. right foot. (severe).

London.

24. 3. 18.

History:—

Wounded near Ypres Feb. 16<sup>th</sup> 1918.

Through &amp; through wound back of right ankle with complete division of tendo Achillis &amp; compound fracture of the os calcis.

Within 48 hours the wound had become very painful &amp; septic with elevation of temperature.

In spite of treatment the condition became progressively worse & necessitated amputation on Feb. 26<sup>th</sup> through the junction of the middle & lower thirds of the leg.

Condition on admission, S. of W. Hosp:—

Stump only mildly septic.

The flaps had been left open.

There is now considerable retraction.

Weight-extension applied to leg to pull flaps down.

1. 5. 18.

Extension on the flaps is having a good effect. They have gradually come down, but the bones are protruding a good deal yet. The stump is now quite clean.

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

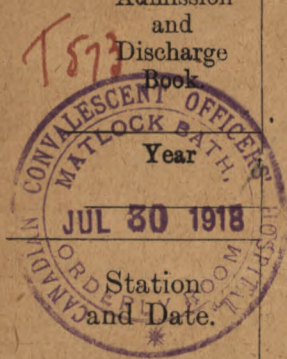
Station and Date.

- 5. 6. 18. Extension removed.  
The flaps have come down very well, but not sufficiently so to admit Suture. Bones still protrude considerably. Re-amputation will be necessary.
- 10. 6. 18. Re-amputation performed by W. Lett. Flaps left open. The tissues had a decidedly unhealthy appearance.
- 17. 6. 18. Secondary suture by Capt. Moxon. Large rubber-drain left in.
- 19. 6. 18. Considerable amount of discharge. But temp. is normal.
- 8. 7. 18. All discharge now ceased. Rubber drain, which had been twice reduced in size, removed altogether.
- 18. 7. 18. The stump has now quite healed.
- 23. 7. 18. Patient is up & about on crutches & is now fit for transfer to Mallock Bath.



A. R. Moxon  
Capt. R.A.M.C.F.

admitted to await transport  
W. H. Alford  
Capt. C.A.M.C.



No. in Admission and Discharge Book: 757  
 Regimental No. \_\_\_\_\_ Rank. Lieut. Surname. Porter Christian Name. A.T.  
 Unit. 75 Cans. Age. 28. Service. CANADA 7  
FRANCE 11  
TOTAL 18 ~~28~~ 31.

Disease Bomb wound - R. foot.  
 ONSET 16-2-18. WHERE France:

HISTORY OF DISABILITY

Traversing wound back of R. ankle. Comp. fracture of calcis  
 Complete rupture tendo Achilles + 26.2.18. Calcaneo-  
 astragaloid joint infected. Operation - amputation through  
 junction of middle and lower third of leg. Evacuated to  
 Prince of Wales R 24.3.18. Stump mildly septic - flaps had been  
 left open: Extension of flaps. 1-5-18 Bones still protruding. Stump

PERSONAL AND FAMILY HISTORY Clean: 10-6-18 Re-amputation  
 Flaps left open till 17.6.18. Sutured. Stump healed  
 nicely: To CCOH. 30.7.18.

PRESENT CONDITION good  
DIGESTIVE SYSTEM appetite good: bowels regular:  
CIRCULATORY SYSTEM ok.  
RESPIRATORY SYSTEM ok.  
NERVOUS SYSTEM sleeps fairly well.  
G. U. SYSTEM - ok.

LOCAL CONDITION  
 Stump healed: knee a little stiff:  
 Treatment: m.B. massage for knee.  
 Slight dermatitis between thighs:  
 To apply lotio calaminiae. Alternated  
 with bismuth formic iodide:  
 Boarded etc.  
 W. J. M. Hamickel Capt.  
Hamickel Capt.  
W. J. M. Maj.

1-8-18

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

Station  
and Date.

CASE HISTORY SHEET.

336 K

Dominion Orthopa. Hospital Christie Street Station.  
No. Rank Lieut. Name Porter, W. Thomas Age 28  
Unit 75<sup>th</sup> Bata Completed years of service 7 1/2 6 1/2 6 1/2 Where and how long }  
Date of admission Feb. 4-1919 Date of discharge June 4/19  
Diagnosis Amput. Right Leg Place of origin Ypres

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Feb. 4. Granted furlough  
wounded. Feb 10/18.  
Amputated Feb 26/18.

Supplied with slip soles by  
Dec 18/18.

Supplied with wooden bucket  
Feb 10/18.  
March 17/19

Scars not adhe  
full movement.



FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

Leg is 1/2" short.  
Bucket fits well.

109 M. Kenzie  
Capt. M. Kenzie

TREATMENT.

(Especially any specific or special form.)

Try out for a week. . 109 M. Kenzie

June 2 1919. Notice some of edema and stiffness after wearing leg. Stamp faded.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date

CAPT. MCKENZIE

Medical Officer i/c case.

D.O.H. June 4/19. Condition when finally boarded for discharge.

Lieut. Porter, A.T.

MILITARY AND DEFENSE

Wd. at Ytres 16/2/18 - traversing wd. back rt. ankle. Compound fracture  
os calcis, complete rupture tendo achilles. On 26/2/18 infection cal-  
caneo astragaloid jt. Amputation thro' junction middle and lower 1/3  
leg - became infected on 10/6/18. Reamputation 5" below knee. Good result.  
R. leg amputated 5 1/2" below knee. Stump healed. Ant. post. scar, non-  
adherent - slightly sensitive to pressure - fleshy - slightly oedematous.  
No limitation of movement of rt. knee joint or hip.  
Other systems negative.  
Fitted with artificial limb - satisfactory.

336

*Arthur  
Porter*



336

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

M.F.B. 465.  
200M-6-18.  
1772-39-950.

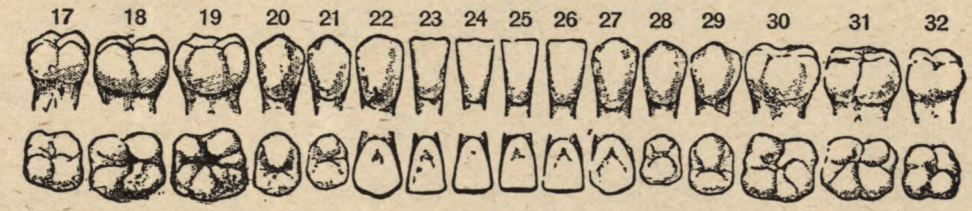
NAME OF SOLDIER

*Pater, A. J.*

REGIMENT

RANK *Serjeant*

No.



## 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.

Condition on first Examination	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					
	<i>June 4/19</i>																					<i>no previous history</i>	
	<i>Final Board Exam.</i>																			<i>A. S. Thomson</i>			<i>Requires { Dentally fit</i>
																							<i>Major</i>

N

INSTRUCTIONS

RECEIVED  
GENERAL INVESTIGATIVE DIVISION

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION

RECEIVED  
GENERAL INVESTIGATIVE DIVISION



MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

SECTION

Station

C.C.O.H. Matlock Bath, Derbys.

Date

1-8-18.

OCT -5 1918

H.Q. CANADA

- 1. Rank and Name LIEUT. PORTER, A.T.
- 2. Unit 75th Cans. 1st C.O.R.D. Witley. Surrey.
- 3. Age 28 4. Total Service 31 Mos. War Service { (a) at home 7 Mos.  
(b) abroad France 11 Mos.
- 5. Address Canadian Convalescent Officers' Hospital, Matlock Bath, Derbyshire.

STATEMENT OF CASE,

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

- 6. Disability BOMB WOUND. R. FOOT.
- 7. Date of origin of disability 16-2-18.
- 8. Place of origin of disability FRANCE. 332-45-68
- 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Traversing wound - back of R. ankle. Comp. fracture os calcis.

Complete rupture tendo Achilles on 26-2-18 the calcaneo

astragaloid joint became infected. Amputation through function of middle and lower third of leg. Evacuated to Prince of Wales,

Hospital 24-3-18. Stump mildly septic. Flaps had been left open.

Extension on flaps. 1-5-18 - Bones still protruding. Stump clean.

On 10-6-18 re - amputation 5" below knee. Flaps left open till

17-6-18 and then sutured. Stump healed nicely. To C.C.O.H. 30-7-18.

General condition good. Knee a little stiff.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
- (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
- (iv.) When there is more than one disability the replies will distinguish between them.

- 10. Was the disability contracted (a) before entering the service? No  
(b) in the service? Yes.
- 11. Was it attributable to military service? Yes.  
If so, to what specific military conditions is it attributed? Bomb.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

- 12. If not attributable to, was it aggravated by military service? N.A.  
If so, by what specific military conditions? N.A.

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

*of the Board in the findings of the Board of Medical Officers here recorded. Major, D.A.D.M.S. For D.M.S. Canadian Contingents.*

R.P.C. FOLIO  
FALSE DOCKET

14. What is the officer's present condition? General condition good. Appetite good.

He is sleeping fairly well. His heart and lungs are sound. Exam.  
of stump of L. R. - Amputation through upper 3rd. Good flaps  
nicely healed. Some stiffness to knee movement still.

Preparation for and fitting of artificial limb will take a long  
time and the board recommends invaliding to Canada. He cannot  
travel by transport.

15. To what degree is the officer disabled at the present time? -----  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

Yes.

16. Is the disability permanent? -----

17. If not permanent, how soon is re-examination recommended? ----- months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? Massage, Baths at  
Canadian Convalescent Officers' Hospital,  
Matlock Bath, Derbys.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service No. Sixx Mons.
- B.—Fit for service in a garrison or labour unit abroad No. Six Mons.
- C.—Fit for home service :—
  - (i) Active duty with troops No. Six Mons.
  - (ii) Sedentary employment only No. Six Mons.
- D.—For admission to a command depot No. Six Mons.
- E.—Requiring indoor hospital treatment :—
  - (i) In an officers' military or auxiliary convalescent hospital Yes, invalided to Canada.
  - (ii) In an officers' hospital N.A.
- F.—Permanently unfit for any further military service N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? N.A.

A.C. Rankin, Lt. Col. C.A.M.C. President.

W.J. McAlister, Major. C.A.M.C.

H.A. Mitchell, Capt. C.A.M.C. Members.

"C".

Lorrain Porter HOSPITAL

TORONTO Christie St.

I, Lieut. Porter A.T. formerly  
a Officer in the 75<sup>th</sup> Batts Battalion  
bearing the Regimental Number ----- hereby  
certify that I have received from the "Invalided  
Soldiers' Commission" an artificial Leg of the  
Government pattern which is satisfactory to me in  
every respect.

WITNESS

(Signature) A.T. Porter Lt

Home address Box 121  
Lindsay, Ont



AMPUTATION AS MARKED.

The limb is according to  
specifications and a satisfactory  
fit.

M. W. [Signature]  
Physician

Two copies to be executed and  
returned to "Secretary, I.S.C., Toronto Branch"

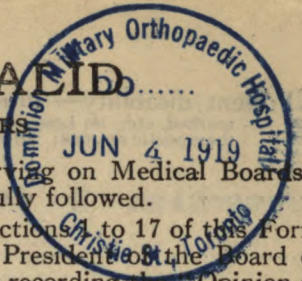
Form 149 I.S.C., Toronto

Attest  
1871  
J. J. [unclear]



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



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

STATION... Dom. Orth. Hosp...... DATE... 4-6-19.....

1. 1 (a) Unit D.D.#2..... (b) Regimental No..... (c) Rank Lieut......  
 (d) Surname P. O. R. T. E. R...... (e) Christian name A. L. B. E. R. T., T. H. O. M. P. S. O. N  
 (f) Home address P.O. Box 121, Lindsay, Ontario  
 (g) Next of Kin Mrs. Gertrude Porter..... (h) Relationship wife  
 (i) Address of Next of Kin P.O. Box 121, Lindsay, Ontario

2. Age last birthday 28..... Date of birth Sept. 20/1889

3. Enlistment, or Appointment (if an Officer) (a) Place Witley, Camp, England..... (b) Date 19/9/16

4. Personal description:  
 (a) Height 5' 10"..... (b) Weight 165 lbs...... (c) Complexion dark  
 (d) Colour of hair black..... (e) Colour of eyes brown..... (f) Identification marks, Scars, etc. ....

Transverse linear scar L occipital region

5. Former trade or occupation Railway conductor (G.T.R.)

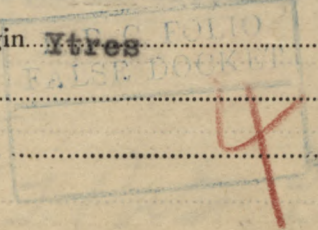
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	<u>3 yrs.</u>	<u>3 mos.</u>

	PERIODS	
	From	To
Canada	<u>5/3/16</u>	<u>20/7/16</u>
England	<u>20/7/16</u>	<u>26/4/17</u>
France or other theatres of War	<u>26/4/17</u>	<u>23/3/18</u>

7. Original disease, or injury Bomb wd. R. foot - (with comp'd fracture os calcis ruptured tendo achilles - infected calcaneo astragaloid joint)

(a) Date of origin 16/2/18..... (b) Place of origin Ytres  
 (c) Cause Bomb wd.



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.)

Amputation R leg 5 1/2" below R 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.)

R. leg amputated 5 1/2" below knee. Stump healed. Ant. post. scar - non-adherent - slightly sensitive to pressure - fleshy - slightly oedematous

No limitation of movement of R. knee joint or hip.

Other systems negative

Fitted with artificial limb - satisfactory

(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).)

Wd. at Ytres 16/2/18 - traversing wd. back R. ankle. Compound fracture os calcis, complete rupture tendo achilles. On 26/2/18 infection calcaneo astragaloid jt. Amputation thro' junction middle and lower third leg - became infected on 10/6/18. Re-amputation 5" below knee Good result.



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).)

Not applicable

(c) (Here give a description of wounds, scars and deformities. See 9 (a) - otherwise not applicable

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.)

Not applicable

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

The regimental documents will be referred to.

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

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

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

in hospital England 6 mos.

Canada 8 mos.

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) No

17. Recommendations discharge

W. C. Chapman Capt. Surgeon  
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 officer 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

FALSE DOCUMENT  
3 21

A. J. Porter Lt. Rank.  
Signature of invalid examined.

Handwritten signature

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

(Strike out condition not applicable.)

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

We recommend that he be discharged "Having been found medically unfit for 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.

*[Signature]* President.

*[Signature]*  
*[Signature]* Members

PLACE Dominion Ortho. Hospital

DATE June 4th, 1919

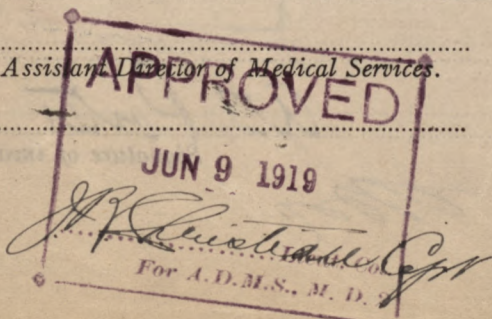
TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President  
PLACE  
DATE  
Members

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services.



*[Signature]* Director-General of Medical Services. DATE 17/6/19

(MW)

Regtl. No. *775137* Rank *4 Lt*

Name *Mc Grogan John*  
(Christian Names in full) (Surname)

Unit *126th* Regt. *6th* or *R* Corps  
*4.3.* *Wife*

*Toronto*

**COVER**

**FOR**

**DISCHARGE DOCUMENTS.**

*Chiffour.*

27-12

Lt. Porter, Albert Thompson  
10 9th Bu

Dead  
3-6-31  
3 6 31  
332-45-68



27-12

Lt. Porter, Albert Thompson  
10 9th Bu

Dead  
3-6-18  
3-6-18  
232-45-68