

ATTESTATION PAPER

1914 Coy.

No. 7245-14

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS)

ORIGINAL

- 1. What is your name? Herbert Pugh
- 2. In what Town, Township, or Parish, and in what Country were you born? Coboconk Ont.
- 3. What is the name of your next-of-kin? Wife Gertrude Pugh.
- 4. What is the address of your next-of-kin? 8 St David St Lindsay Ont
- 5. What is the date of your birth? September 19th 1882
- 6. What is your trade or calling? Electrician
- 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? & inoculated No
- 10. Have you ever served in any Military Force? No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Herbert Pugh (Signature of Man.)  
C. V. Mulligan (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Nov 20th 1914 Herbert Pugh (Signature of Recruit.)  
C. V. Mulligan (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date Nov 20th 1914 Herbert Pugh (Signature of Recruit.)  
C. V. Mulligan (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 23rd day of December 1914

C. J. Foreman (Signature of Justice.)

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

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

DESCRIPTION OF

*Herbert Rugh*

ON ENLISTMENT.

Apparent Age *33* years *2* months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height *5* ft. *7 3/4* ins.

Chest measurement { Girth when fully expanded *37* ins.  
 Range of expansion *3* ins.

*None*

Complexion *Fair*

Eyes *Blue*

Hair *Auburn*

Religious Denominations { Church of England  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Other Protestants *Latter Day Saints*  
 (Denomination to be stated.)  
 Roman Catholic  
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *November 20* 191*5*.

Place *Lindsay*

*J. M. C. Mack*  
*H. Boyd* Capt. Medical Officer.

\*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:—

109th Overseas Battalion, C. E. F.

CERTIFICATE OF OFFICER COMMANDING UNIT

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

Date *DEC 29 1915* 191*5*. *[Signature]* Lt. Col. (Signature of Officer.)  
 O. C. 109th Overseas Battalion, C. E. F.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 649-P-4977

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 23

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 2

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Army Form 35 (22) 179

1 eascom

Name

Lugh Herbert

Regt. No.

724514 Rank Pte

Corps

No 3 Special Coy. C.E.F. form 109



On Compassionate Grounds



9562

Used - 1948  
649-P-4977

1-P card

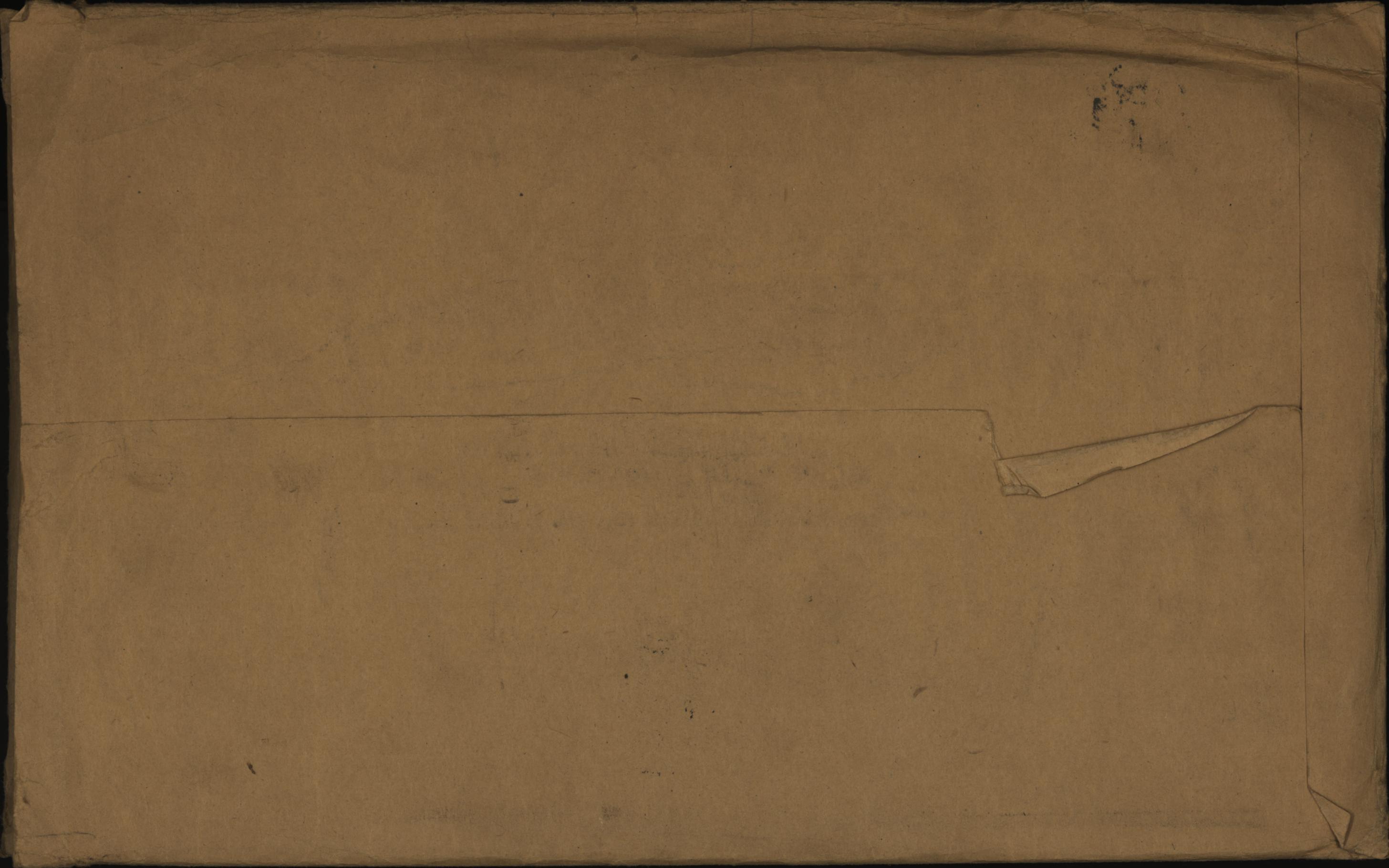


Med. Docs to BPC  
in m 8W 2505  
Ref BPC-1115a/12/8  
m. H. 19

(3) Pro's on Disc. to BPC  
in m 8W 2505  
Ref BPC spec 434  
d/2-7-19

Not Notifying

Handwritten signature



NAME Pugh Herbert

REG'TL NO 724514

RANK AND CORPS Pte C. A. S. C.

H. Q. FILE NO. 649-

FOLLOWS  
No.  
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE
T314	20-2-17

Sailed for Canada from Liverpool  
per the S. S. ~~Scandinavian~~ Scandinavian  
on the 17th Feb. 1917 Myalgia.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
79	M.H.C.C. Kingston	18-3-17	J.D.S. Richardson Cond Home
80	" " " "	19-3-17	Outp. J.D.S. " "
170	M.H.C.C. Kingston	16-6-17	Str. of list of Outpatients Richardson Cond Home
184	M.H.C.C. Kingston	1-7-17	Outp. Taken on list of Richardson Cond Home
189	" " "	4-7-17	Outp. Str. of list Richardson Cond Home
191	M.H.C.C. Kingston	3-10-17	Trans. Richardson to S.S.C.
228	" " " "	15-8-17	Trans. Onwanada to Richardson
93	" " " "	2-4-17	Outp. S.O.S. Richardson Cond. Home
94	" " " "	4-4-17	Outp. J.D.S. " " "
125	" " " "	4-5-17	Outp. J.D.S. " " "
138	" " " "	18-5-17	Outp. J.D.S. " " "

Number, 7245-14 Rank, Plt D

Surname, PUGH

Christian Name, Herbert

Units, 109th Cav Inf Theatre of War, England

Date of Service, 31-7-16

Remarks

Latest address, 60 Cambridge St.  
Lindsay Ct.

Roll No. A Page 2335

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

DESP OCT 12 1922  
REGN. NO. 2862

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



649-P-4977

CARD NO.

8082110 1070-14

SURNAME.

*Pugh,*

CHRISTIAN NAMES

*Herbert-*

FOLL.

*3*

REGL. No.

*724514*

RANK

*Ote.*

UNIT

*109th.*

*Batt.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Pugh, Mrs. Gertrude*

RELATIONSHIP TO SOLDIER

*wife*

ADDRESS

*David St., Lindsay, Ont.*

COUNTRY OF BIRTH

*Canada, Gobsconk Ont.*

DATE

*Sept. 19th. 1882*

PLACE OF ATTESTATION

*Lindsay*

DATE

*Dec. 23rd. 1915.*

*Sailed from Halifax*

*per S. S. Olympic*

L. L. 90'89.-M. & D. 6312.

*23-7-16*

*488*  
*29*

M. F. W. 22. 100m.-1.16. H. Q. 1772-39-839.

Returned to Canada per S.S. Scandinavian 17/2/17.  
(Auth 3.314)

MARRIED *Yes* SINGLE *-* WIDOWER *-*  
TRADE OR CALLING *Electrician* RELIGION *Latter Day Saints*

DESCRIPTION.

APPARENT AGE *33* YEARS *2* MONTHS  
HEIGHT *5-* FEET *4 3/4* INCHES  
CHEST MEASUREMENT *37* INCHES EXPANSION *3* INCHES  
COMPLEXION *Fair* EYES *Blue* HAIR *Auburn*  
DISTINGUISHING MARKS *nil*

MEDICAL EXAMINATION. PLACE *Lindsay* DATE *Nov. 25<sup>th</sup> 1915*

No. 724514. RANK *Pvt*

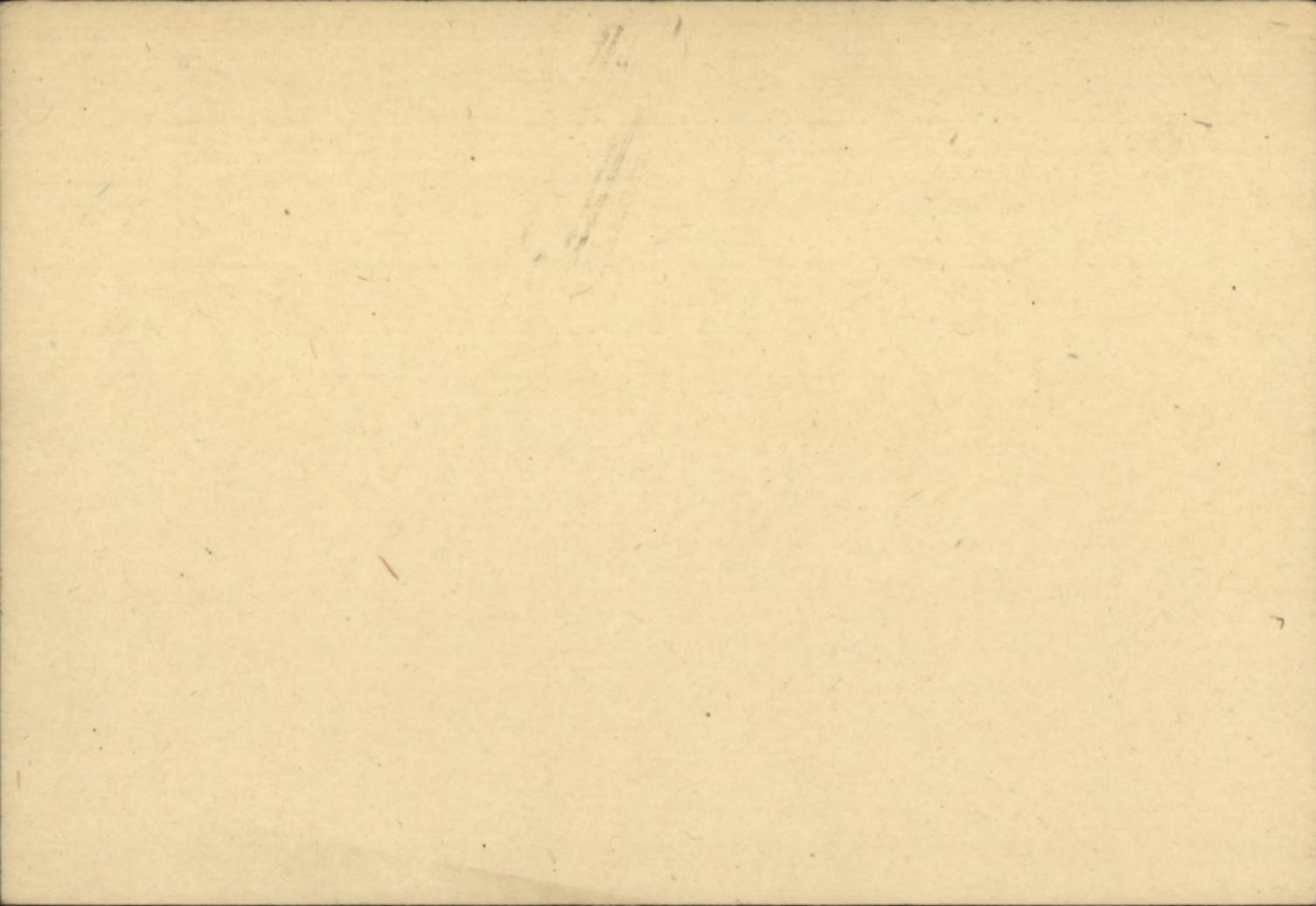
NAME *Pugh. H.*

T. O. S. 20-11-15. UNIT *109th. Battalion.*  
D. O. 2. 22-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov. 20</i>	<i>1915. Nov 20</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED  
JUL 23 1916



No. *724814* RANK*Pte*

NAME

*Pugh. 86*

T. O. S.

UNIT

*Discharge Dept. Leebie*

M. D.

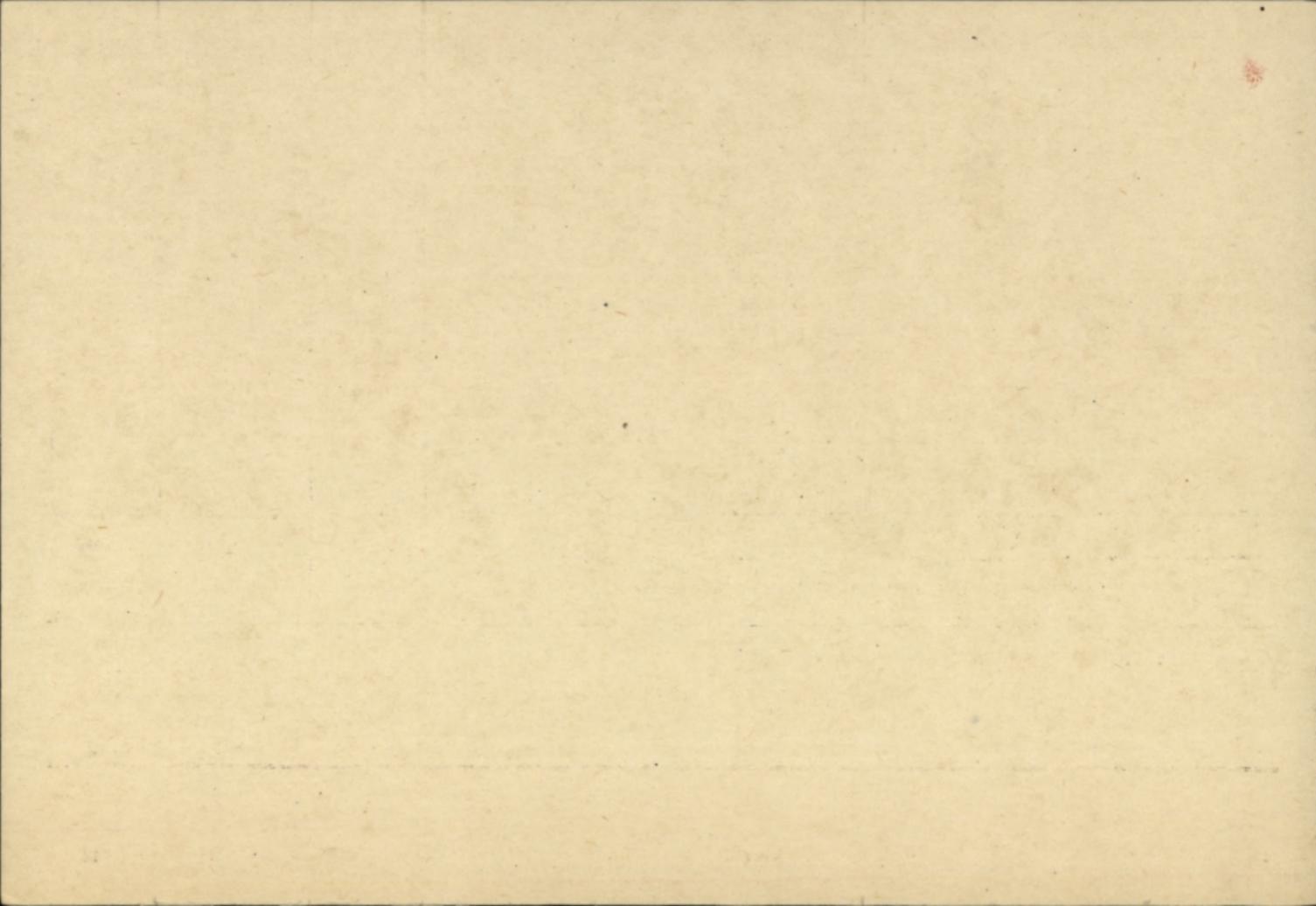
*5.*PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1917  
Mar no dates**1917.**✓**109th*



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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. 24574 Rank Private Name Fugh Herbert

Enlisted (a) 20-11-15 Terms of Service (a) C. E. F. Service reckons from (a) 20-11-15

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) Electrician

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				
			Halifax	24.7.16	
			Liverpool	31.7.16	
8/12/16	109th Bn transferred to 124th Bn.		Witley	8/12/16	<p>Capt.</p> <p>ADJUTANT</p> <p>109th Overseas Battalion, C. E. F.</p> <p>Lt Col. 2nd Lt. No. 442</p>
					<p>Capt.</p> <p>ADJUTANT</p> <p>109th Overseas Battalion, C. E. F.</p>
9-12-16	124th Bn.	Taken on strength of 124th Bn., C. E. F.	Witley Camp	8-12-16	<p>Part III</p> <p>Orders 265</p> <p>MAJOR ADJUTANT,</p> <p>124th BATTALION C.E.F.</p>

(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.

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				

C.C.A.C. SUB-OFFICE, BRAMSHOTT.

Attached 26 JAN 1917  
C.P.D.

AB Lavry  
Capt

DISCHARGED.  
under  
Para 392, Sec. 16, K. R. & O. 1912.  
Being no longer physically  
fit for war service.

*R.M. Hazelton*

Lieut.  
Officer i/o Discharges  
for. - Officer Commanding,  
Canadian Discharge Depôt.

SPECIAL

RECEIVED ON FEBRUARY 26  
1917  
C.C.A.C.



CERTIFICATE OF SERVICE

AJS

(Issued following loss of permanent Discharge Certificate M.F.W.3

THIS IS TO CERTIFY THAT No. 724514 Rank Private

(Name in full) PUGH, Herbert.

Enlisted in 109th Infantry Battalion

Canadian Expeditionary Force, on the Twentieth day

of November 1915

He served in CANADA & ENGLAND

with the 124th Infantry Battalion

and was discharged at Barrie field, Ontario.

on the Tenth day of October 1917

by reason of Compassionate Grounds

His conduct and character while in the Service were "VERY GOOD"

Medals and Decorations, etc. British War Medal

War Service Badge: Class "B" #C.31683

DESCRIPTION ON DISCHARGE

Age 35 years

Height 5' 8"

Complexion Fair

Eyes Blue

Hair Auburn

H.Q. 649 3-4977

[Signature] Major,  
Asst.

5th Director of Records, 30

Ottawa day of February 1930

LETTERS OF REVIEW

(Issued following loss of permanent Discharge Certificate U.S.A.)

THIS IS TO CERTIFY THAT \_\_\_\_\_

(Name in full) \_\_\_\_\_

enlisted in \_\_\_\_\_

United States Army \_\_\_\_\_

at \_\_\_\_\_

He served in \_\_\_\_\_

with \_\_\_\_\_

and was discharged \_\_\_\_\_

on the \_\_\_\_\_

by \_\_\_\_\_

His conduct and character while in the service were \_\_\_\_\_

excellent and commendable.

RECOMMENDATION

As a \_\_\_\_\_

He is \_\_\_\_\_

Completely \_\_\_\_\_

Fit \_\_\_\_\_

in \_\_\_\_\_

Health \_\_\_\_\_

\_\_\_\_\_

H.O. \_\_\_\_\_

724514

# SPECIAL ORIGINAL MEDICAL HISTORY SHEET.

11

Surname Pugh Christian Name Herbert

Examined on 20<sup>th</sup> day of November 1915  
at Lindsay

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

Birthplace { City or Town Coboconk  
County Ontario

Apparent age 33 years

Trade or occupation Electrician

Height 5 Feet 7 <sup>3</sup>/<sub>4</sub> Inches

Weight 155 Lbs.

Chest measurement { Minimum 34 inches.  
Maximum expansion 37 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Small  
Number Three

When Vaccinated last 3 years ago Feb. 7<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
2-2-16	Fit	J. McCulloch M.O.
3-3-16	Fit	J. McCulloch M.O.

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

Enlisted on 20<sup>th</sup> day of November 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C E F</u>	<u>724514</u>		<u>20-11-15</u>
Transferred to..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

	DATE.	DISEASE.	RESULT.
Bramshott Camp, Hants. 22 NOV. 1916 APPROVED.	22/11/16	Myalgia	Discharge Class. E. C. Cooper PRESIDENT, MEDICAL BOARD, BRAMSHOTT
Bramshott Camp, Hants. 21 DEC. 1916 APPROVED.	21-12-16	Neuralgia <u>Louise Miller</u> Colonel. A.D.M.S. Canadian Troops, Bramshott Camp.	Class P. B. D. in Canada C. Cooper PRESIDENT, MEDICAL BOARD, BRAMSHOTT.

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

Surname

*Pugh*

Christian Name

*Herbert*

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				
									<p>DISCHARGED. under Para 392, Sec. 16, K. R. &amp; O. 1912. Being no longer physically fit for war service.</p> <p><i>R. M. Hazelton</i></p> <p>Lieut. Officer i/c Discharges for. - Officer Commanding, Canadian Discharge Depot.</p>		

a

**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 Battalion C.E.F.

(2) Regimental Number 724514.

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

Bo.

(4) Place of Birth..... Cobococik, Ont. Canada.

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

(6) If married, state,

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

Lindsay, P.O. Ont. Can.

(b) Present Postal Address.....

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

(8) Have you any children?..... Yes.

If so, give number of boys and girls..... 1. Boy

Also their names and ages..... Gordon, Walter 4 Years.

(9) Is your Father alive?.....**No**.....  
If so, state name and address .....

(10) Is your Mother alive?.....**Yes**.....  
If so, state name and address.....**Sarah Pugh**.....  
.....**Baddow Ont Canada**.....

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
.....**N11**.....

(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.  
.....**N11**.....

(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.  
.....**Yes**.....

(15) Are you insured?.....**No**.....  
If so, in what Company?.....**N11**.....  
Have you made arrangements for payment of your Insurance premium.....**N11**.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....**JUL - 8 1916**.....

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

10/11/16.

Pte. H. Pugh 424574 is suffering from  
chronic rheumatism. He has been troubled for  
30 years and is getting crippled.

H O Boyd Capt  
Des. 09.





D/E. 1-7-17.

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-416.  
1772-39-813.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Gertrude Pugh

Wife  
PAYMENTS.

Name of Soldier

Pugh Herbert

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

Pte - 724214 - #3.8.8. Coy.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		B17998	40	
Sept.		V19303	20	
Oct.		P21636	20	
Nov.		A14791	20	
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RTTB  
 280  
 a. 14771 saw fac  
 dis 10/10/17 #38 pmx 12/10/17 mas 5/10/17

ACCOUNT CLOSED  
 DATE..... PER W

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.				

D/E. 1-7-17.

MILITIA AND DEFENCE

M. F. W. 11.  
50m.—4-16.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name Gertrude PughName of Soldier Pugh, HerbertAddress P.O. Box 734  
Lindsay, Ont.

Regtl. No. 724514

Rank Pte

Corps # 3. Special Service Coy.

Relation to Soldier

To what Corps belonging } 109 Batt.

wife, child or mother } Wife.

when called out }

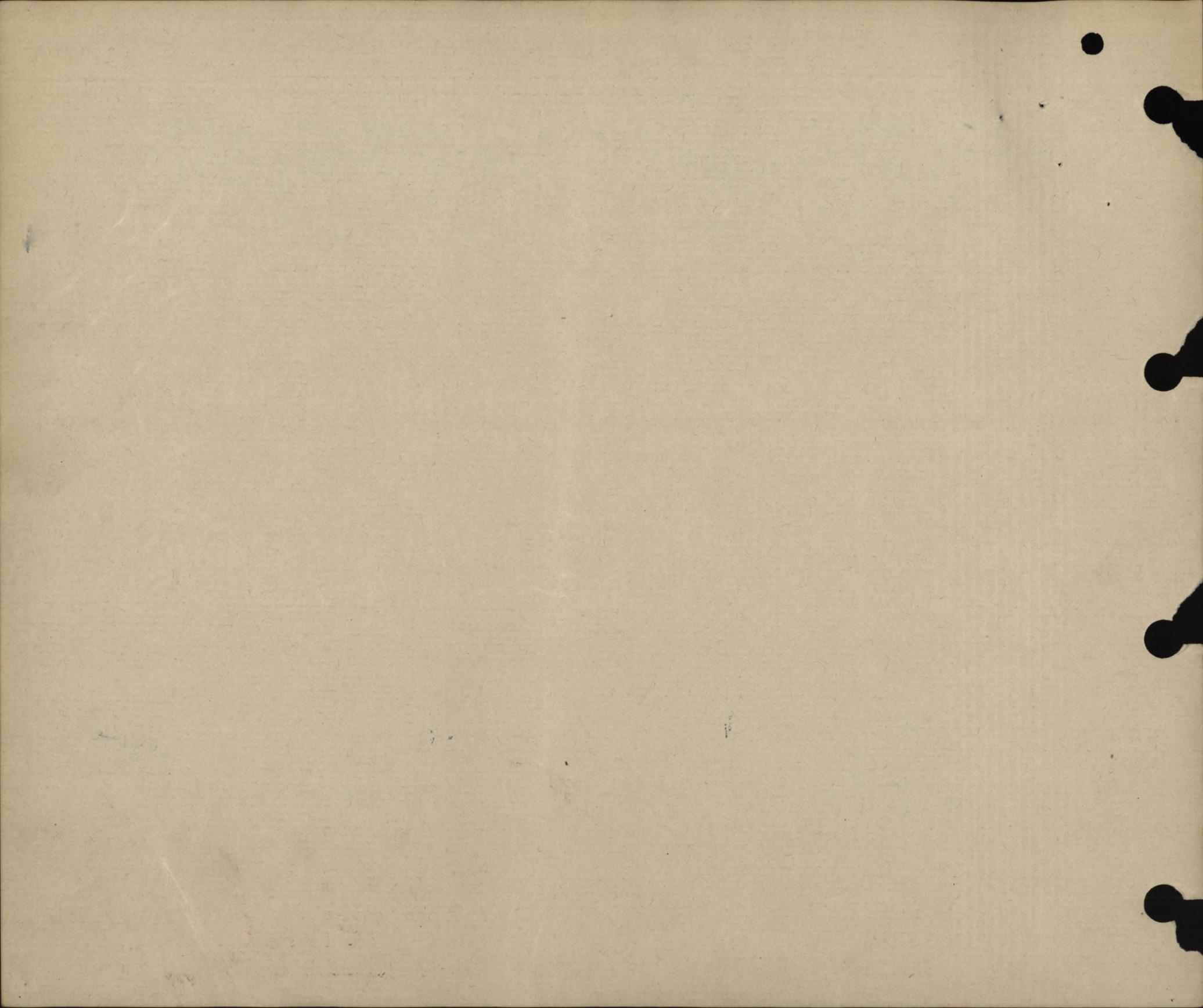
## PAYMENTS

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				



ACCOUNT CLOSED  
DATE..... PER..... W -

276 considered



1-3-16

MILITIA AND DEFENCE

M. F. W. 11a.  
60m.-12-15.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Pugh Gertrude

Wife  
PAYMENTS.

Name of Soldier

Pugh Herbert

L. L. Job 89002.-Req. 6213.

Pte. 724544.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	H 4060	20	20
May		H 7537	20	20
June		W 5270	20	20
July		K 12882	20	20
Aug.		B 14243	20	20
Sept.		B 16226	20	20
Oct.		Q 19874	20	20
Nov.		U 23518	20	20
Dec.		of 27187	20	20
Jan.	1917	S 30106	20	20
Feb.		5 32365	20	20
March			<u>\$240</u>	20
April				<p>Acct. closed, paid: on S. Scandinavian 17/2/17            Dec 28/1/17</p> <p>240</p>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED  
DATE.....PER W

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.				

MILITIA AND DEFENCE

M. F. W. 11.  
20m.—11-15.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Pugh Gertrude*  
Address *8 St-David St  
Lindsay  
Ont-*

Name of Soldier *Pugh Herbert*Regtl. No. *724514*Rank *Pt*Corps *109th O.S. Batt*

Relation to Soldier

wife, child or mother

} *wife*

To what Corps belonging

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>L 28691</i>	<i>20</i>	



ACCOUNT CLOSED  
DATE.....PER.....  
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MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. Mrs. Gertrude Pugh

OVERSEAS CONTINGENTS  
*Wife*  
 PAYMENTS.

Name of Soldier Pugh H  
754514 Pte 109 Bn

L. L. Job 310.-Req. 6574

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.		<i>W 15623</i>	<i>15</i>	
Sept.		<i>B 18139</i>	<i>15</i>	
Oct.		<i>B 22695</i>	<i>15</i>	
Nov.		<i>C 28153</i>	<i>15</i>	
Dec.		<i>J 31544</i>	<i>15</i>	
Jan.	1917	<i>H 40014</i>	<i>15</i>	
Feb.		<i>H 46500</i>	<i>15</i>	
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Hand*

*mcc*

*\$105<sup>00</sup> Accd Closed  
 Ret. Scandinavia 17/2/17  
 BX Mfg. 23/2/17*

*H.W*

**AUG 1 1916**

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom

Address

*Wife*  
 Mrs Gertrude Pugh  
 Lindsay  
 Ont.

By Whom Assigned

Regtl. No.

Rank

Corps

Pugh Ho

724514

Pte

109 Bn

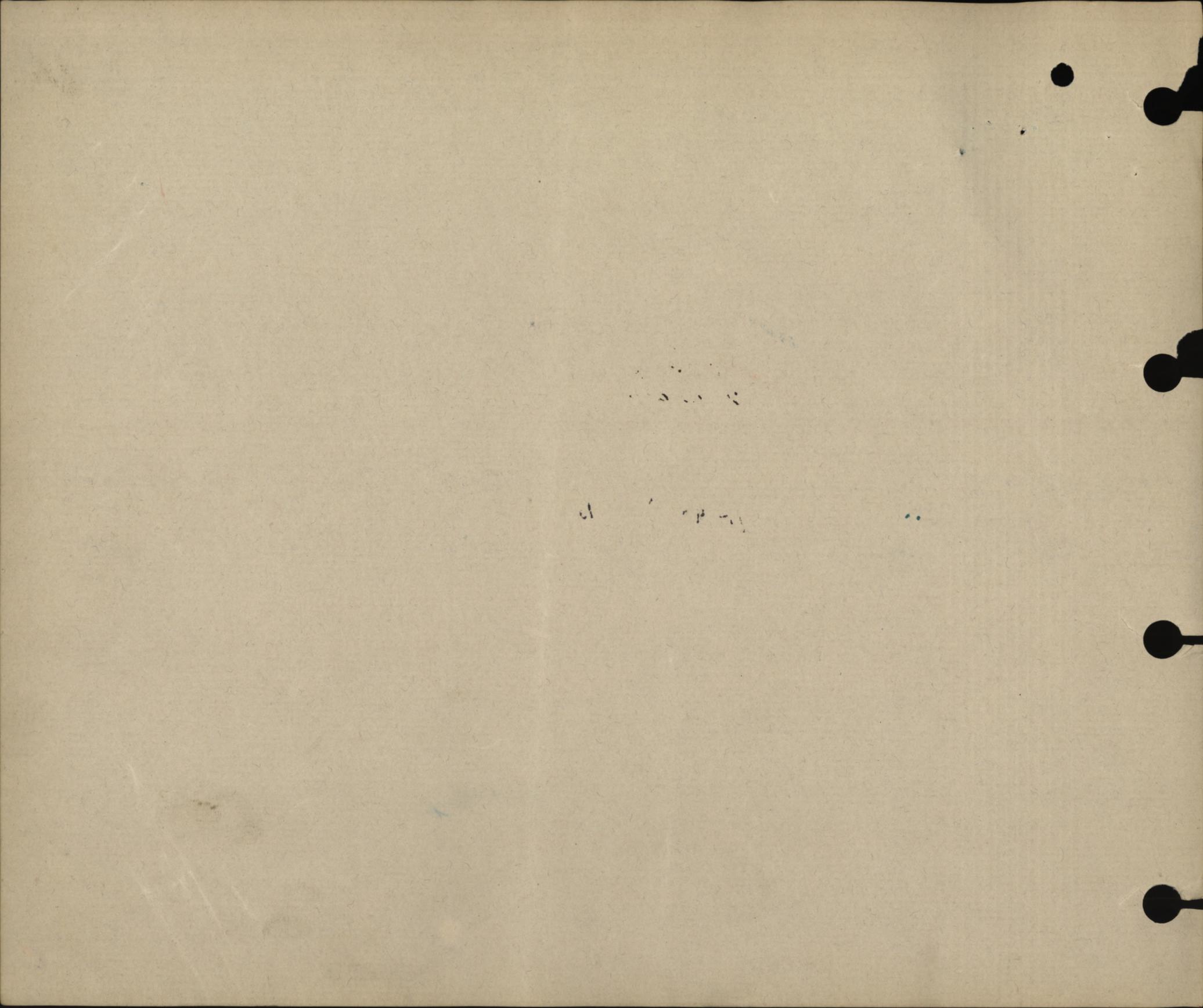
Rate \$ 15<sup>00</sup>

AUG 1 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop payment 1<sup>3</sup>/<sub>17</sub></i>  <i>Discharged to Canada</i>  <i>3 M 8<sup>2</sup>/<sub>17</sub> I. N. 3<sup>4</sup>/<sub>17</sub></i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*Clad*







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

14845-H-1.

Name **Pugh, Herbert**  
Surname

Christian Name

Regimental Number **724514**

Rank **Pte.**

Address (in full) **60 Cambridge St.,**

Unit **109th Bn.**

**Lindsay, Ont.**

Original Unit

District where paid **M.D.3.**

Date of Discharge **10-10-17.**

P. D. P. Filing Number **18-35-3. 14-99-3.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	708	19-12-17	58 00	692	18-1-18	58 00	694	28-2-18	24 10	20 00	140 10
20 00	1954	8-4-18	6 35							13 65	6 35

M. F. W. 127.  
50M -6 17.  
1172 88-1140.

Remarks: Discharged Oct. 10, 1917. \$25.00 S.A. paid first and second payment. S.A. adjusted see Folio 99 A.P. 14845-H-8 date April 6, 1918.

S.A. overpaid, from October 10th to 31st, 1917. Adjustment in S.A.









This space to be for numbers

434

11/3/32  
BPL 106670



# Proceedings on Discharge.

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

No. <i>724514</i>	
Rank <i>Private</i>	
Surname <i>Pugh</i>	
Christian Name <i>Herbert</i>	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) <i>No 3 Spec. Serv. Coy</i>	
Date of Discharge <i>October 9th, 1917</i>	
Place of Discharge <i>Barriefield</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>35</i> years <i>1</i> months.	<div style="text-align: center;">Descriptive Marks</div> <i>Scar on middle finger of left hand.</i>
Height <i>5</i> feet <i>8</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Auburn</i>	
Trade <i>Electrician</i>	
Intended place of residence <i>60 Cambridge St. Lindsay Ont.</i>	
2. The above-named man is discharged in consequence of <i>Compassion</i> <i>ake grounds under Auth</i> <i>3md 88-P.O. dated 20/9/17</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	<i>Very Good</i>
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<i>L. Carrigan</i>	

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

*Miss-Section*  
*23-10-17*  
*AMB*

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

*Nil*

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

6. Medals and Decorations.....

*Nil*

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

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

(Place) *Barriefield*

*A.S. Durrant* Major

(Date) *9/10/17*

Commanding *No 3 Spec. Serv Co*

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Barriefield* *Herbert Pugh* (Signature of Soldier.)

(Date) *9/10/17* *Sgt M. M. M. M. M.* (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

*Herbert Pugh* (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. Confirmation of Discharge.

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

(Place).....

(Signature) *A.S. Durrant* Major  
*No 3 Spec. Serv Co*

(Date).....

**Reservations referred to at Para. 8.**

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

**List of Discharge Documents.**

<p>Attestation Paper, Military Form B. 235.</p> <p>Proceedings on Discharge, B. 218.</p>	<p>Reg. Conduct Sheet, Military Form B. 263.</p> <p>Conduct Sheet, B. 263. (Squadron, Battery, Company)</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet, Military Form B. 313.</p> <p>Medical Report for Invalids, B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 271.</p> <p>"Only if discharged 'Medically unfit'."</p>

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

Reservations referred to at Para. 2.

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

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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

CHS Rank

*Pfc*

Name

PUGH Herbert

Reg'l No. 724514

Unit

109th. Bn.

If in perm. Corps,  
What Unit?

Married or Single

Married

Place and Date of Enlistment

*d* Linsay Nov. 20th. 1915

Place of Birth Coboconk Ont.

Name and Address, Next-of-Kin Gertrude Pugh

8 St. David St. Linsay Ont.

Relationship

Wife

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	5554
File R.L.	
Category	Can MM

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.				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	109 Bn	S.O.S. to 124th Bn	Witley	8-12-16	Post Do. 343
9-12-16	06124 <sup>th</sup>	S.O. Souther for 109 <sup>th</sup> Bn	Witley	8-12-16	Post Do. 265
<del>19-1-17</del>	<del>"</del>	<del>S.O.S. to S. P. Bn</del>	<del>"</del>	<del>18-1-17</del>	<del>" 19. Post D.O. 19</del>
26-1-17	124th Bn	S.O.S. of 124th Bn on trans to C. A. C. on pvt to G. D. B. Shutt for disc	"	25-1-17	" 26
20-3-17	124th Bn	above entry amended to read: cases to be alt'd to 124th Bn on proceeding to G. D. Dept	Witley	25-1-17	" 77
16-1-17	ccac	J. O. Ston com. to 124th Bn	Hastings	21-12-16	Post Do. 26. B.
20-3-17	124th Bn	S.O.S. to ccac alt'd to 124th Bn	Witley	21-12-16	" 26. + 77
26-2-17	ccac.	Having proc. to Canada for Disch. cases to be alt'd to 124th Bn r is S. O. S.	Hastings	17-2-17	Post Do. 97 (8)
	Dis Sep.	To Lon Home	M.D. # 2 Toronto	7-2-17	MR 221





# MEDICAL HISTORY OF AN INVALID.

DEPT.  
MILITIA & DEFENCE  
OCT 20 1917  
H.Q. CANADA

1. Station. **Kingston, Ontario.** 8. General remarks on his:—

2. Regiment or Corps. **109th. Battalion, CEF.** (a) Conduct.

3. Regimental No. and Rank. **724514.** (b) Habits.  
**Private**

4. Name. **Herbert Pugh** (c) Temperance.

5. Age last Birthday. **34** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **November 20th. 1915.**  
at **Lindsay, Ontario.**

7. Former trade or occupation. **Electrician.** Date. **August 21st. 1917.**

9. Service.	Years.	Days.
PERIODS		
	FROM	To
109th. Battalion, C.E.F.	Nov. 28-15	date.

10. (a) Disease or disability. **Myalgia.**

(b) Date of origin. **Unknown, before enlistment.**

(c) Place of origin. **Lindsay, Ontario.**

(d) Cause. **Unknown.**

11. Present condition. (Most Important.) **Subjective symptoms:**  
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)  
**Man says he is in pain nearly all the time. Joints of limbs and arms sore.**  
**Muscles of legs back and neck also sore.**  
**Objective symptoms:**  
**He is a well developed man. There is slight creaking in joints of right limb and left ankle. No swelling of joints. Tongue slightly coated. Temperature normal. Pulse 90 B.P.M. Other than this, there is no objective evidence of disease. RS**

12. (a) Is the disability the result of service or climate? **no**

(b) Has it been aggravated by intemperance, vice or misconduct? **no**

B. F. O'FOLIO  
FALSE DOCKET  
22  
disc. 22  
99  
14  
OMB

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on back of left middle finger.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

At Elmhurst Conv. Home from 18th. March 1917 to date.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/20 extent.

18. State if for discharge on account of unfitness for Service.

No.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations :

Find this man fit for Category "C" I. No treatment indicated.

Signatures :—

*W. A. Jones* Capt. AMC. President.

*W. R. Taylor* Capt. AMC.

*J. B. ...* Capt. AMC.

Station. Barriefield Camp.

Date. August 23rd. 1917.

Members.

Date.

Approved.

Date.

*Oct 24. 1917*

B. Captain, A.M.C.  
By A.D.M.S. Asst. Director of Medical Services.  
For A.D.M.S. Mil. District No. 3

*Harry ...*  
Director-General of Medical Services

1145

102

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

200m. 8. 6. H. Q. 1772-98-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.

# MEDICAL HISTORY OF AN INVALID.

1. Station. **Kingston, Ontario.** 8. General remarks on his:—

2. Regiment or Corps. **109th. Battalion, C.E.F.** (a) Conduct.

3. Regimental No. and Rank. **724514.** (b) Habits.  
**Private**

4. Name. **Herbert Pugh** (c) Temperance.

5. Age last Birthday. **34** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **November 20th. 1915.**  
at **Lindsay, Ontario.**

7. Former trade or occupation. **Electrician.** Date. **August 21st. 1917.**

9. Service. Years. Days.

PERIODS

	FROM	TO
109th. Battalion, C.E.F.	Nov. 28-15	date.

10. (a) Disease or disability. **Myalgia.**

(b) Date of origin. **Unknown, before enlistment.**

(c) Place of origin. **Lindsay, Ontario.**

(d) Cause. **Unknown.**

11. Present condition. (Most Important.) **Subjective symptoms:**

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

**Man says he is in pain nearly all the time. Joints of limbs and arms sore.**

**Muscles of legs back and neck also sore.**

**Objective symptoms:**

**He is a well developed man. There is slight creaking in joints of right limb and left ankle. No swelling of joints. Tongue slightly coated. Temperature normal. Pulse 90 B.P.M.**

*other than this, there is no objective evidence of disease. etc.*

12. (a) Is the disability the result of service or climate? *no.*

(b) Has it been aggravated by intemperance, vice or misconduct? *no.*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on back of left middle finger.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

At Elmhurst Conv. Home from 18th. March 1917 to date.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/20 extent.

18. State if for discharge on account of unfitness for Service.

No.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations :

Find this man fit for Category "C"1. No treatment indicated.

Signatures :—

*W. Jones*  
Capt. A.M.C. President.

*M. Ogden*  
Capt. A.M.C. Members.

*R. Stevens*  
Capt. A.M.C.

*Compton*

Station. Barrie Field Camp.

Date. August 23rd. 1917.

Date. *Aug 23 1917*  
Approved. *W. Jones* Captain, A.M.C.  
D/ A.D.M.S Asst. Director of Medical Services.  
For A.D.M.S. Mil. District No. 3

Date. \_\_\_\_\_  
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
 200th S. I. B.  
 H. Q. 1772-89-111.

Station }  
 Corps }  
 Regimental No. } Rank }  
 Name }  
 Disability }  
 Date }  
 Hospital or Station }  
 transferred to for }  
 final disposal. }  
 Date of final }  
 disposal }  
 How finally }  
 disposed of }

The original Report is invariably to accompany the discharge documents of invalids.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-7-17

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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*325 P47  
M.R.*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *724514*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *Herbert Pugh*  
 Battalion *# 3 Special Service Co (from 109<sup>th</sup>)*  
 Beneficiary *Gertrude Pugh*  
 Relationship *Wife*  
 Address *PO Box 734 Lindsay Ont*

Name  
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Date	Cheque No.	Amount S/A	Amount A/P	Total
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<i>1917</i>	<i>00131</i>	<i>320 -</i>		<i>320 -</i>
		<i>+</i>		
		<i>+</i>		

REMARKS

*This soldier orig enlisted 109<sup>th</sup> Bn + SA Paid from 1-3-16 to July 28/16 and aft closed Rel<sup>d</sup> on I S Scandinavian 17/2/17. He re enlisted 1-7-17 in #3 SSCo. and SA paid July to Oct 1917 Inclusive. Discharged 10/10/17 #3 DPMB. 12/10/17.*



Reserved for M.H.C.

Regt. No. 724514 Rank Pte Surname Pugh Christian Name Herbert  
 Unit or Corps—(a) Overseas from United Kingdom 109th C. Co. F. (b) In United Kingdom  
 Born at—Town Colobocmk. County or Province Victoria Country Ontario Canada  
 Date of Birth—Day 19 Month Sept. Year 1881 Age 35 yrs 3 months.  
 Joined at Lindsay Date Nov 20th  
 Former Trade or Occupation Electrician  
 Permanent marks or peculiarities that will serve for future identification: None



Height—feet 5 inches 7 3/4 Colour of eyes Blue Grey  
 Signature of Soldier (for identification purposes) H. Pugh

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).  
 (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a).

Myalgia

Disabilities Group (b).

Disabilities Group (c).

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>Rheumatism</u>	<u>Victoria Co Ont</u>	<u>20 years ago</u>
(ii) As to Group (b) above.			
(iii) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service? yes  
 (i) As to Group (a) above? yes If yes, has Active Service aggravated it? yes  
 (ii) As to Group (b) above? If yes, has Active Service aggravated it?  
 (iii) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—  
 (i) As to Group (a) above? no  
 (ii) As to Group (b) above?  
 (iii) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received— *not applicable*

(i) While on duty?

(ii) While off duty?

(iii) Was a Court of Inquiry held?

(iv) Where?

(v) When?

(vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History & other records.)

*Has had rheumatism for the last twenty years and has become worse since coming to England, Still has pains in his joints.*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*Normal for this man.  
All systems working normally  
Feels well when free from pain.*

8. OPERATION. (i) Was one performed?

*not applicable*

(ii) If so, state what.

(iii) Was one advised and declined?

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

9. (i) Is there loss or decay of teeth attributable to Active Service?

*not applicable*

(ii) If so, describe.

10. DO YOU RECOMMEND:—

(a) ~~Fit for duty?~~

(b) ~~Fit for base duty?~~

(c) ~~Invalid to Canada?~~

(d) ~~Discharge from the Service as permanently unfit?~~ *yes*

Date of Report *Dec 5<sup>th</sup>* 1916

Signed *H. O. Boyd Cople*

Officer in medical charge of case.

Station *Ditely Camp*

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

Dated at *Bramshott*

Station, on *18-12-1916*

\* Delete if inapplicable.

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724514  
13. Wa  
14. TH  
15. TH  
16. Per  
17. If a  
18. Rem  
19. Reco  
Date of B  
Station  
Approved  
Dated at

There is no Permanent Base Duty at which I can profitably employ this Man.

724514 Pugh. H

*Rhadshuk left.*  
Officer Commanding.

Unit.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? *Y m* Aggravated? *Y m* (b) Misconduct of the Soldier

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity to earn a full livelihood in the general market for untrained labour? *20%*  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previously is to be included in the estimate).  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *less than 1/2 of above*  
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or 5/5.)

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent? *No.*

(ii) If not permanent, what is its probable minimum duration (in months): *Variab within months in England*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *Not applicable.*

18. Remarks. *Second finger of left hand shows long scar of own previous phalanx result of injury 15 (fifteen) years ago. Says he has had two (2) home-operations of the thumb many years ago.*

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty? *Unfit permanently in Canada*

(c) Invalid to Canada?

(d) Discharge from Service as permanently unfit?

Classification for the Military Hospitals Commission.

*Not applicable*

Date of Board *Dec* 21 ~~NOV~~ 1916

Station Bramshott.

Approved *Dec* 21 ~~NOV~~ 1916

Dated at Bramshott.

Signatures of the Board

*C. Cooper* *President.*  
*H. Briacham Capt*  
*H. Tra Jackson*

For G.O.C. & A.D.M.S.

Station Bramshott.

*Dec* 21 ~~NOV~~ 1916

Discharged Owing to having been dec by Medical Board as fit for permanent duty only and no suitable employment such duty available, although fit for emment in civil life. *Blushuk left* for Col Director of Recruiting and Organization

- 5. If a cause of disability:
  - (i) While on duty
  - (ii) Was a Court
  - (iii) Opinion of the

6. HISTORY OF THE (other records.)

*[Redacted area with faint handwriting: "I can probably employ this man..."]*

*[Redacted area with faint handwriting: "Unit..."]*

*still has pains in his joints.*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*Normal for this man.*  
*All systems working normally*  
*Falls well when free from pain.*

8. OPERATION. (i) Was one performed?

*not applicable*

(ii) If so, state what.

(iii) Was one advised and declined?

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

9. (i) Is there loss or decay of teeth attributable to Active Service?

*not applicable*

(ii) If so, describe.

10. DO YOU RECOMMEND:—

(a) ~~Fit for duty?~~

(b) ~~Fit for base duty?~~

(c) ~~Invalid to Canada?~~

(d) ~~Discharge from the Service as permanently unfit?~~ *yes*

Date of Report *Dec 5<sup>th</sup>* 191*6*

Signed *H. O. Boyd Capt.*  
Officer in medical charge of case.

Station *Ditely Camp*

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

Dated at *Bramshott* Station, on *18-12-1916*

*A. Stewart Maj* {Officer i/c Hospital } Strike out one  
*Stuart* {S.M.O. Brigade } of these.

\* Delete if inapplicable.

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- 14. THE EN full li (Estima
- 15. THE PE in the What
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- 18. Remarks *mult hono*
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- Date of Board
- Station Bra
- Approved 2
- Dated at Bra

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

Is the disability fully indicated in Part I (1)? *Yes*  
If not, indicate it.

Is the cause of the disability fully indicated in Part I (2)? *Yes*  
If not, indicate it.

13. Was the disability caused or aggravated by—  
(a) Negligence of the Soldier { Caused? *Yes*  
Aggravated? *Yes*  
(b) Misconduct of the Soldier

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened present in earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

*20%*

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing in the estimate).  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, or 4/5).

*Less than 1/2 of above*

16. Permanency of the Pensionable Disability estimated next above in (15).  
(i) Is it permanent? *No*

(ii) If not permanent, what is its probable minimum duration (in months)? *Variable within months in England*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *Not applicable.*

18. Remarks. *Second finger of left hand shows long scar of own previous phalange result of injury 15 (fifteen) years ago. Says he has had two (2) honours of the legs many years ago.*

19. Recommendation:—(a) Fit for duty?  
(b) Fit for base duty? *Ind Permanently in Canada*  
(c) Invalid to Canada?  
(d) Discharge from Service as permanently unfit?

Classification for the Military Hospitals Commission.  
*Not applicable*

Date of Board *Dec* 21 ~~NOV~~ 1916

Station Bramshott.

Approved *Dec* 21 ~~NOV~~ 1916

Dated at Bramshott.

Signatures of the Board  
*C. Cooper* *President.*  
*H. Archam* *Capt*  
*H. Ingham* *Capt*  
*For G.O.C. & A.D.M.S.*  
Station Bramshott.  
*Dec* 21 ~~NOV~~ 1916

Discharged. Owing to having been declared by Medical Board as fit for permanent base duty only and no suitable employment on such duty available, although fit for employment in civil life.  
*Blakeney* *for Col., C.E.F.*  
*Director of Recruiting and Organization, C.E.F.*

