

Cardma

109TH BN

"9" Coy.

# ATTESTATION PAPER.

No. 724567

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

**DUPLICATE**

1. What is your name?..... Arthur Rhodes
2. In what Town, Township or Parish, and in what Country were you born?..... Birmingham England
3. What is the name of your next-of-kin?..... Brother James Rhodes
4. What is the address of your next-of-kin?..... a Coy 59th Batt Barrnfield
5. What is the date of your birth?..... November 7th 1896
6. What is your Trade or Calling?..... Farmer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... si inoculated Yes
9. Do you now belong to the Active Militia?..... 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

Arthur Rhodes (Signature of Man.)  
R. A. Anson (Signature of Witness.)

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

I, Arthur Rhodes, 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 October 21 1915.  
Arthur Rhodes (Signature of Recruit)  
R. A. Anson (Signature of Witness)

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

I, Arthur Rhodes, 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 October 21 1915.  
Arthur Rhodes (Signature of Recruit)  
R. A. Anson (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 Sudbury this 21st day of October 1915.

[Signature] (Signature of Justice)

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

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

# Description of Arthur Rhodes on Enlistment.

Apparent Age 18 years 11 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 3/4 ins.

*None*

Chest measurement { Girth when fully expanded 34 ins.  
 Range of expansion 2 ins.

Complexion Fair  
 Eyes Hazel  
 Hair Dk Brown

Religious denominations { Church of England  
 Presbyterian  
~~Wesleyan~~ Methodist Methodist  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated)  
 Roman Catholic  
 Jewish

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date October 16<sup>th</sup> 1915

*J. McCulloch*  
 Capt  
 Medical Officer.

Place Lindsay

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur Rhodes 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.

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

Date DEC 29 1915 1915

REGIMENTAL DOCUMENTS

30-1-20

NAME

Rhodes Arthur

REGT. NO.

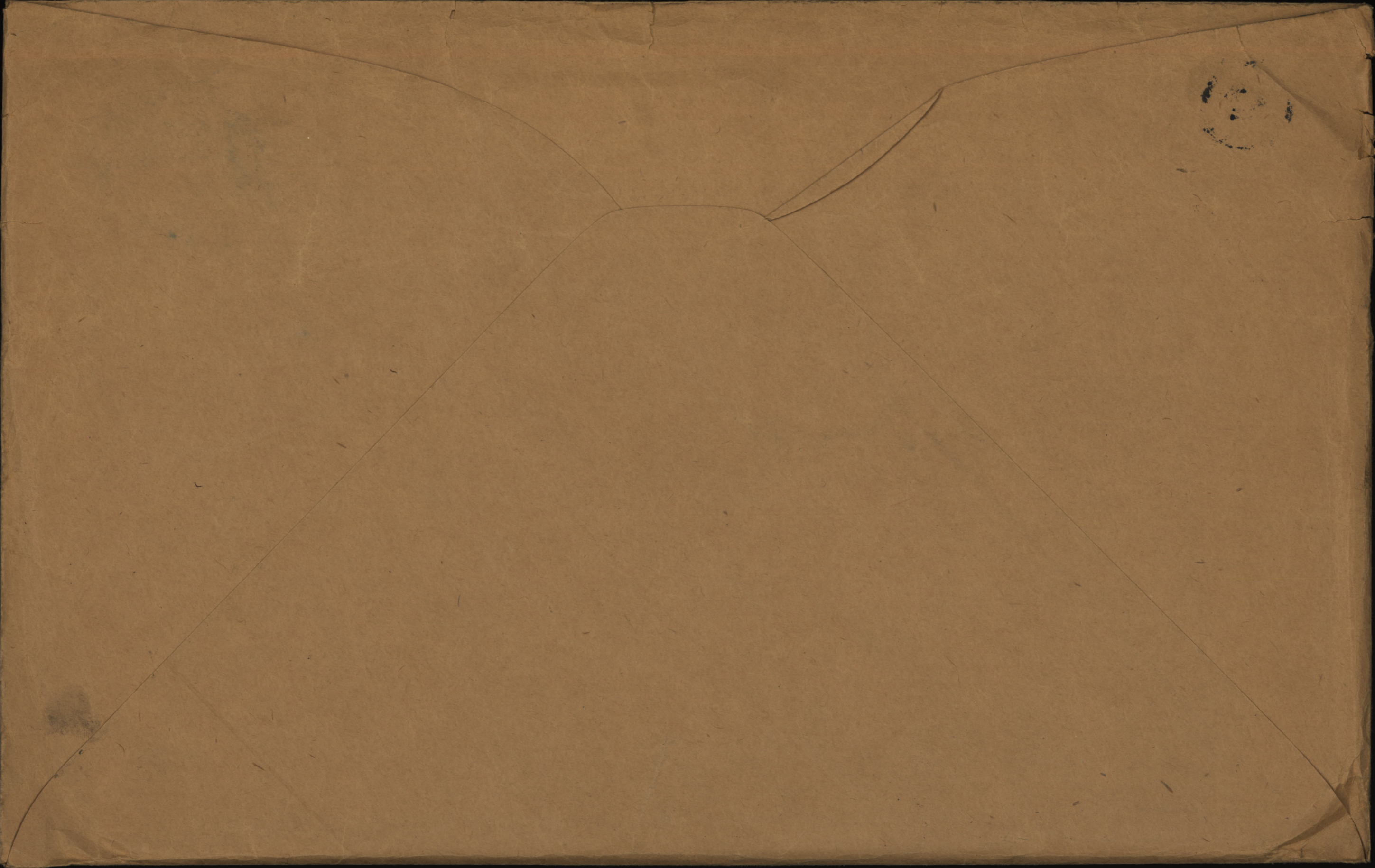
724567

UNIT

109th Bn

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2. <b>S</b> ATTESTATION PAPER (M.F.W. 23, 133, or 51)	38	<del>Sept 21 22</del>			<div style="border: 1px solid black; padding: 5px; text-align: center;">                     NON-EFFECTIVE BY  <b>DEATH</b>                      Category                 </div>	
2. CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						
1. TRAINING HISTORY SHEET (M.F.W. 113)		Feb 21/20				
1. FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<b>M</b>				
1. REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
1. COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		Feb 7/3/20				
3. MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 4em; font-weight: bold;">H</span> </div>			<b>DISCHARGE</b>	
1. DENTAL HISTORY SHEET (M.F.B. 465)					Category	
6. MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						Med. Draft
1. 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)						<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)						
1. PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
1. PARTICULARS OF CHARACTER (A.F.W. 3226)						
1. COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
1. <i>last card</i>						
2. <i>a-110</i>				09043		
1. <i>R 123</i>					2	
2. <i>pay card</i>					29 - 27	
1. <i>M 49</i>					23 - 27	
1. <i>1 card</i>					5 - 29	
					2	



a.i.2  
SMD

A  
V

Number 2245-67 Rank Pte

Surname B. H. O. D. E. S.

Christian Name Arthur

Units 38<sup>th</sup> Bn. Canadian Corps near France

Date of Service 6-12-16

Remarks 84 Peel St So.

Local Address ~~20 Melbourne St~~  
Lindsay 100 St

Roll No. B Page 10673

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 \_\_\_\_\_

*SEP 23 1922*  
*1919*

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







Arthur.

N.E.

Name

Rhodes.

Rank

Pte.

Reg. No.

724567

Unit

38 BATT.

H. J. Howard.

ONTARIO

Next of Kin

Philip R. R. Sunderland.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10	265 S. Kamiers	ESW Arm		B340		4591
16-10	Report (ESW Arm) July 1918			B353		4591
13-12	14. C. G. W. to me.			B362		3905
	Ref B399 1/12 PPT GSW R Shldr P Arm chgd to			B399		
		ESW Arm L Amp		B410		6066
7-1-19	Span. G. S. Buxton		Do	B413		6531
14-3	564 H Kirkdale		Do	B470		6605
31-3	Inval. to Canada		Do	B486		6385
	S.S. 74. Incl. 2.					

ESW R Shldr amp. Sec.



No.

RANK

*pte*

NAME

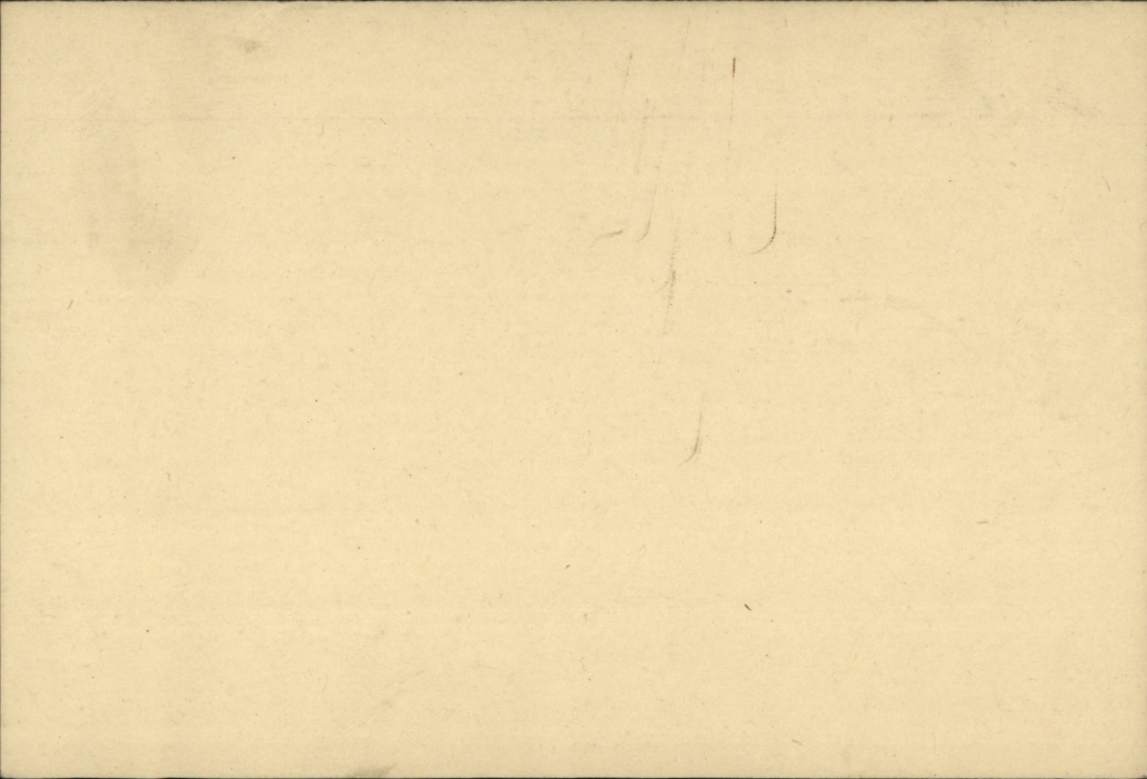
*Rhodes A.*

T. O. S. 1-11-15-

*D.O.#12-12-11-15-*UNIT *93rd Battalion C. I. F.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Nov. 1</i>	<i>1915</i> <i>Nov. 24</i>	<i>✓</i>	<i>Late 45th Regt</i>	<i>D.O.#12-12-11-15-</i>

UNIT SAILED  
JUL 15 1916



(m.m.) auth L.G.# 31227. 13-3-19. Disp Area Imd 2

CARD NO.

SURNAME.

Rhodes,

CHRISTIAN NAMES

Arthur

REGL. No. 724567

RANK Pte.

SOS 15/1/20 m. &  
D013 of 13/1/20  
200

FOLL.

UNIT 109<sup>th</sup>

Batt.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Rhodes, James

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

"A" Coy. - 5-9<sup>th</sup> Batt. Barriefield,  
Ont.

COUNTRY OF BIRTH

England, Birmingham

DATE

Nov. 7<sup>th</sup> 1896

PLACE OF ATTESTATION

Lindsay

DATE

Oct. 21<sup>st</sup> 1915.

Sailed from Halifax Per S.S.

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

"Olympic" 23-7-16

488  
39

R/C 10/4/19 30/5/19  
M. F. W. 22. 100m. - 1-16. H. Q. 1772-39-839.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING *Farmer*

RELIGION *Methodist*

DESCRIPTION.

APPARENT AGE	<i>18</i>	YEARS	<i>11</i>	MONTHS	
HEIGHT	<i>5-</i>	FEET	<i>2 3/4</i>	INCHES	
CHEST MEASUREMENT	<i>34</i>	INCHES		EXPANSION	<i>2</i> INCHES
COMPLEXION	<i>Fair</i>	EYES	<i>Hazel</i>	HAIR	<i>dk. Brown</i>
DISTINGUISHING MARKS	<i>nil</i>				

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

*Oct. 16<sup>th</sup> 1915*

HOSPITAL

A. & D.  
CARD

AT T 4832  
 A. & D. No. T 4832 PL. OF ACTION  
 RANK He REG. NO. 724567 UNIT 38 cans SICK OR WOUNDED  
 NAME Rhodes a AGE 18 RELIGION Presb

PLACE IN HOSPITAL PDIAGNOSIS Gsev Lt arm ampADMITTED 6/1/19 FROM 14th Gen EastbourneDISCHARGED 13 MAR 1919 TOTRANSFERRED 26 5th Can Gen Spod 32SERVICE AT HOME 12 IN FIELD 12

RESULTS

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





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

**A. & D.  
CARD**

AT.....

A. & D. No. 1867 PL. OF ACTION.....

RANK Sto. REG. No. 72456 UNIT 38. Can. Bn. SICK OR WOUNDED.....

NAME Rhodes G AGE 18 RELIGION Meth.

PLACE IN HOSPITAL C2 / B2.

DIAGNOSIS G.S.W. Shldr. W. G.S.W. arm & Amp

ADMITTED 2 DEC 1918 FROM M.H. Eboume

DISCHARGED 6 JAN 1919 TO.....

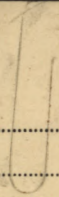
TRANSFERRED..... Pranville. Buxton

SERVICE AT HOME 36/12. IN FIELD.....

RESULTS.....

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

REMARKS.



Handwritten scribbles and marks, possibly initials or a signature, located in the middle-left section of the page.

Handwritten mark, possibly a small number or symbol, located on the right side of the page.

No. 724567 RANK

Pte

NAME Rhodes. A.

T. O. S.

UNIT

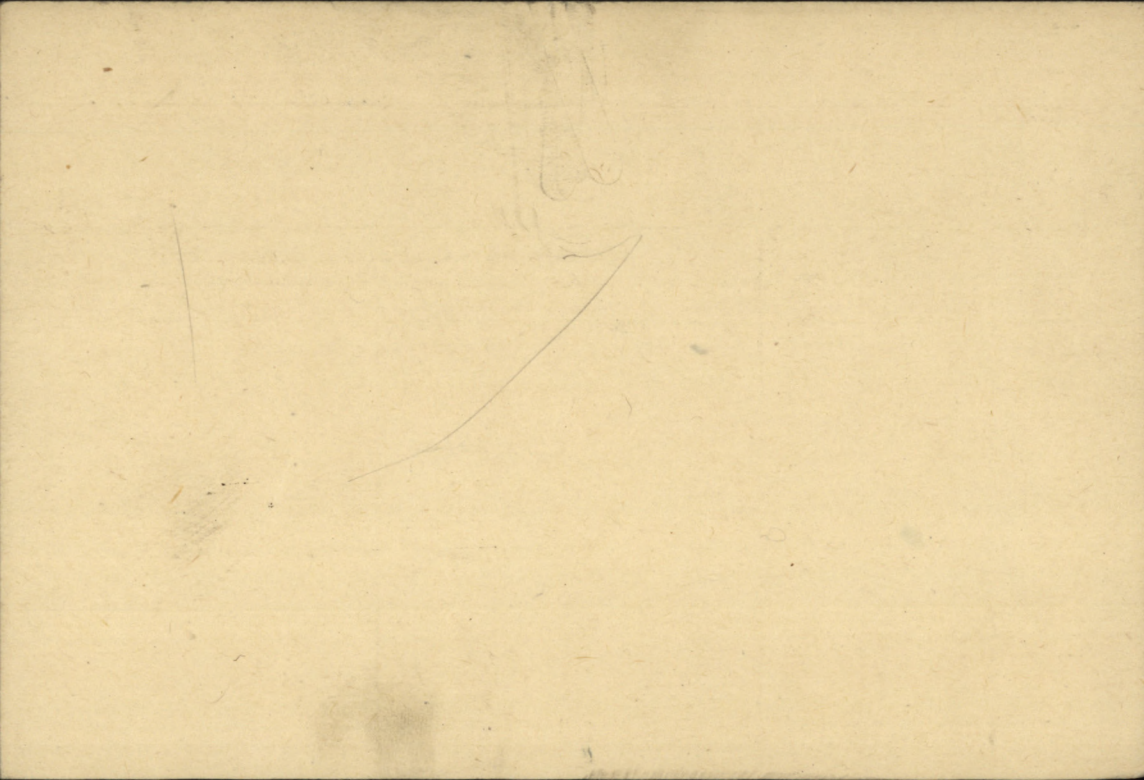
109th. Battalion

Transferred from 93rd Bn  
25-11-15. D. O. S. 25-11-15.

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov. 30	✓		
	Dec.	✓		
1916. Jan	1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916



NAME

Rhodes, Arthur.

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS  
No.

RANK AND CORPS

Pvt.

38th Bn Form. 109

38th Bn

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

D. of K.

James Rhodes (Brother)

"A" Coy. 59th Batt. Barriefield. Cont.

Q 617<sup>36-11</sup>

12-10-18

Adm. 7 Can. Stat. H. Heare.

R 2340<sup>31</sup>

9-10-18

Oct. 1. 1918. G. L. L. Shldr.

E.O.B.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A178	No 7 Convt Depot Boulogne	14-4-17	Myalgia Stt
A184	4 <sup>th</sup> Base Details Boulogne	21-4-17	"
A203	Rep. from Base	5-5-17	Myalgia Rej. Unit.
B353	Cent. Mil. Eastbourne	16-10-18	Glv L. Shldr.
B362	Ref B353 report should read		Glv R. Shldr + R arm ampt
B399	14 Cav. Gen. Eastbourne	13-12-18	" " " + " " "
B418	Ref. B399 changed to		Glv. arm. Lt. ampt
B413	Granville L.S. Buxton	7-1-19	Glv L. arm. ampt.
B470.	To 5 <sup>th</sup> Cav Gen Kirkdale	14-3-19.	" " " "
B486	Invalided to Canada	31-3-19.	" " " "
			S.L. 74. M. D. 2.

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

SERIAL No. A 2227 43REG. No. 724567NAME Rhodes, G.RANK PteCORPS 38<sup>th</sup> BnAGE 18SERVICE 6<sup>12</sup>/<sub>12</sub> 6<sup>11</sup>/<sub>12</sub> 7<sup>22</sup>/<sub>12</sub>

HOSPITALS

DATE OF ADMISSION

1

Brant. Mil.Burlington12-4-19

2

3

DIAGNOSIS

<sup>0.5</sup>Camp St Am. G.S.W. fract Humerus.

TRANSFERRED TO

Dom Ortho Hosp Toronto 11-7-19

DISPOSITION

Des to D.D #2-15-1-20

CATEGORY \_\_\_\_\_

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1382.

H.R.

P.T.O.





36

FIELD MEDICAL CARD.

A.T. Serum Dose and date } 1st 30 9-18  
 2nd 500 units 17-10-18  
 3rd 500 units 24-10-18  
 4th 500 units 31-10-18

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness } 29-9-18

Religion Meth

No. 724567 Rank PTE.  
 Name RHODES, A  
 Unit 38CDN BN 4 DIV

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

No. of F.A. C.C.S. Direct  
 Date of admission 30 9 18  
 F.A. diagnosis

S. W. Left shoulder

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

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

Disarticulation L. Shoulder

Base Hospital diagnosis (alterations or additional)

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.

No. of C.C.S. *27*  
Date of entry *30.9.18*

*Preop.*

*Opn 30.9.18. 11 am.*

*Small L. arm just below shoulder. Disarticulation at shoulder. Tripp glove drain sutures*

*Alto Symons  
Capo R M O C T.*

No. of Hospital *7 Camp St. H.*  
Date of entry *1.10.18. Wed.*  
*drummed looks well.*  
*Capo R M O C T.*

*22 general T101<sup>6</sup> 100*

*2-10-18*

*Shoulder amputation (L)  
glove drain sutured. 2  
sutures removed.*

*ERBS*

*H.S.B.*

*#S*

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.

*Rh 15*

Name L. RHODES, Arthur Rank Pte Regtl. No. 724567

Fyle Depot.....

Original unit 38th Bn Present unit EO M. or S. Age 22 Religion Meth Ref. H.Q. ....

Port, ship and date of arrival Portland, Essequibo, 10-4-19

Next of kin Brother, James Rhodes, Barriefield, Ontario

Address on leave SAME

Address on discharge 20 Melburn St., Lindsay, Ont.

Transportation issued  Yes  No Date..... Character on discharge.....

Previous occupation Farmer Date and place of enlistment Lindsay, Oct 21/15

Diagnosis G.S.W. left shoulder joint Date of Medical Boards 7-1-20

Date.	Remarks.	Pt. 2 Order No.
	(AMP/	
	T.O.S. 31-3-19 Posted to Hos. Sec. 10-4-19 (Granted leave with subsistence 12-4-19 to 28-4-19)	104
26-4-19	Clear. Depot to BMH	HS106

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

Date

Remarks

Pt. 2 Order No.

Subs. from 13-5-19 to 13-6-19 B.M.H. H.S. 136

B.M.H. AWL. From 12-01 AM. 14-6-19 H.S. 178

H.S. 172. Cancelled. (Error) B.M.H. H.S. 178

A.W.L. from 10 p.m. 7-7-19 to 12.45 a.m. 8-7-19.

Admonished. H.S. 192.

B.M.H. to D.O.H. 11-7-19. H.S. 195.

12-1-20 D.O.H. to Cas. Co. (Rem. in.) H.S. 12

15-1-20 S.O.S. ~~RM~~ "Med. Unfit" antitled (183 days W.S.G.) 13

Surname  
Rhodes

Christian Name or Names  
A

Reg. No.  
724567

Rank

Unit

Co.

Troop

Batty.

Pte

38th Batt 86.

Hospital

Date of Admission

7 Conval Depot Boulogne

14-4-17

Transferred ~~Disc Base Det Boulogne~~

7 Cas. St. Camiers

Hosp. 1.10.18

Cas. Mil. Eastbourne

Hosp. 16-10-18

14 C.G. Eastbourne

Hosp. 13-12-18

Myalgia

Diagnosis

(1) Later Diagnosis (if changed)

ESW. R. Shldr. M. & H. Arm. Ampt.  
N. ...

(2)  
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 23-4-17 A 178  
" 30-4-17 a 184

Disc. Base Det. Boulogne 21-4-17  
R.F.B. Regiment 8.5.17  
REMARKS

" 26.5.17 205  
9.10.18 340<sup>3</sup>

26-10-18 B353  
6-11-18 B362 (3) note! - Re. B353. Diag. changed.

19.12.18. 13399

6.1.19 B410-2 Ref. B399 report: E.S.W. R. Shldr  
& R Arm Ampt. is changed  
to E.S.W. Arm. N. Ampt.

17.3.19. B-470

INVALIDATED TO CANADA. 31.3.19

4-4-19. B486

A.M.D. 2 Dept.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Granville G. S. H. Buxton* 7. 1. 19

2. *S. C. G. Kirkdale* 14. 3. 19.

3.

4.

5.

6.

7.

# MEDICAL HISTORY SHEET.

1. Surname THODES Christian name ARTHUR
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....
3. Consecutive number on schedule of men reporting for service (if he appears on it) .....
4. Address (including street) and number if any).....

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the ..... day of ..... 19....., by the undersigned medical board sitting at.....

5. Age as stated..... Years..... Months. 6. Apparent age..... Years..... Month
7. Height..... Feet..... Inches. 8. Weight..... Pounds.
9. Chest measurement { Minimum..... Ins. Maximum..... Ins. 10. Complexion..... { Eyes..... Hair.....
11. Physical development ..... { Good Fair Poor 12. Smallpox marks.....
13. Number of vaccination marks { Right arm..... Left arm ..... 14. When vaccinated last .....
15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....
16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision. R..... L..... (b) Hearing. R..... L.....

Signature of Man

..... President. Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined..... day of..... 19..... at .....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		724567		
Transferred to.....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

If raised in category, record category in a square. The M. O. will initial and date.

Surname Rhodes Christian Name Arthur

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				
<u>Branch Hill Hosp.</u>		<u>28</u>	<u>4</u>	<u>19</u>	<u>11</u>	<u>7</u>	<u>19</u>	<u>Comp. Left Shoulder 74</u>		<p>scar healed - Is unable to sleep on left or right side - because of twitching of muscles in neighbourhood of amputated stump scar tender and causes a twitching on pressure. Has difficulty in getting to sleep. Has not yet been fitted for artificial limb. Transferred to D.O.H. for further treatment.</p> <p>True. convalescent - one month leave fitted with arm.</p> <p>222 written Jan 7/20 <u>AR Macdonald</u> capt</p>	
<u>D.O.H.</u>		<u>11</u>	<u>7</u>	<u>19</u>							



# ORIGINAL 724567 ORIGINAL

## MEDICAL HISTORY SHEET.

Surname Rhodes Christian Name Arthur ML

Examined on 16<sup>th</sup> day of October 1915  
 at Ludsay  
 Birthplace { City or Town Birmingham  
 County England

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

Apparent age 18 years  
 Trade or occupation Farmer  
 Height 5 Feet 2 <sup>3</sup>/<sub>4</sub> Inches.  
 Weight 110 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 34 inches.  
 Physical development Good  
 Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left None  
 Number None  
 When Vaccinated last October 21<sup>st</sup> 1915  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>21-10-15</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>14-3-16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Slightly flattened  
Right varicocele

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

Enlisted on 24<sup>th</sup> day of October 1915 at Ludsay

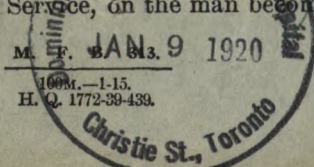
JOINED ON ENLISTMENT	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>Overseas Conty.</u>	<u>45<sup>th</sup> Mich Regt. 724567.</u>		<u>21-10-15.</u>
Transferred to..	<u>88th Bn.</u>			

CANADIAN

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott.</u>	<u>28/8/16</u>	<u>No disability</u>	<u>fit</u>
Approved Bramshott	<u>28 AUG 1916</u>		<u>J. Stewart Maj</u>
			PRESIDENT.
			MEDICAL BOARD, BRAMSHOTT.

D.A.D.M.S. for A.D.M.S.,  
 Canadian troops, Bramshott Camp.  
 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.  
 do  
 having been found medically unfit for service. W. D. D. Capt. B. A. M. B. for Pres. Med. Board.



Arthur

Christian Name

Phodes

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				
BANNOW RED CROSS HOSPITAL ST. LEONARDS-ON-SEA		15	10	18	12	12	18	lyph. right shoulder. amp. severe.	58.	amp of shoulder joint - some induration of tissue - fresh opening ... did well.	
		12	12	18	30	12	18	amp. Right shoulder. amp. Left Arm (amp)	19	Wld. Cambrai, Oct Sept. 29/18 et arm. Amputation of C.C.S. Healed. Transf. to Granville Hosp. Buxton	Jewickham Maj. O.M.E.
Granville Can Spec. Hosp Buxton Derbyshire		6	1	19	<del>13</del>	<del>3</del>	19	do	60	amp through left shoulder joint practically healed	W. Syer M.D.
					13	3	19	do	67		
										Wound healed wear tender on pressure complains of pain in scar swelling at night. Hot	
							31				



H. M. A. T. "ESSEQUIBO" MAR 31 1919

APR 11 1919

20 12

Condition unchanged Capt James  
Ralph Blp Call

College Military Hospital,  
Toronto, Nov. 21st 1919.

FROM:- Major G.F. Boyer. C.A.M.C.

TO:- O.C., College Military Hospital.

Pte. Rhodes.  
#724567

Ref. 2-5-Rh

Sir:-

Reference to the marginally named man, please forward to the O.C., D.O.H., the following report:-

This man has a myoclonus in the left shoulder girdle muscles. He has a neurosis of a fairly severe type.

I would recommend that he undertake some occupational therapy, at present, and that he also be given gradually increasing gymnasium exercises, and hydro-therapy. Further review in this case, in two or three weeks time, should be made.

*July*

*G.F. Boyer*  
Major. C.A.M.C.

Minute 2.

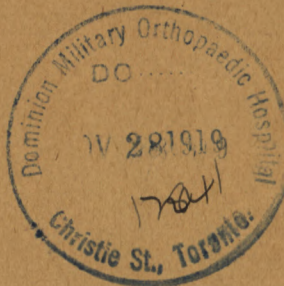
TO:- O.C., D.O.H., Christie St., Toronto.

Forwarded for your information and action, please.

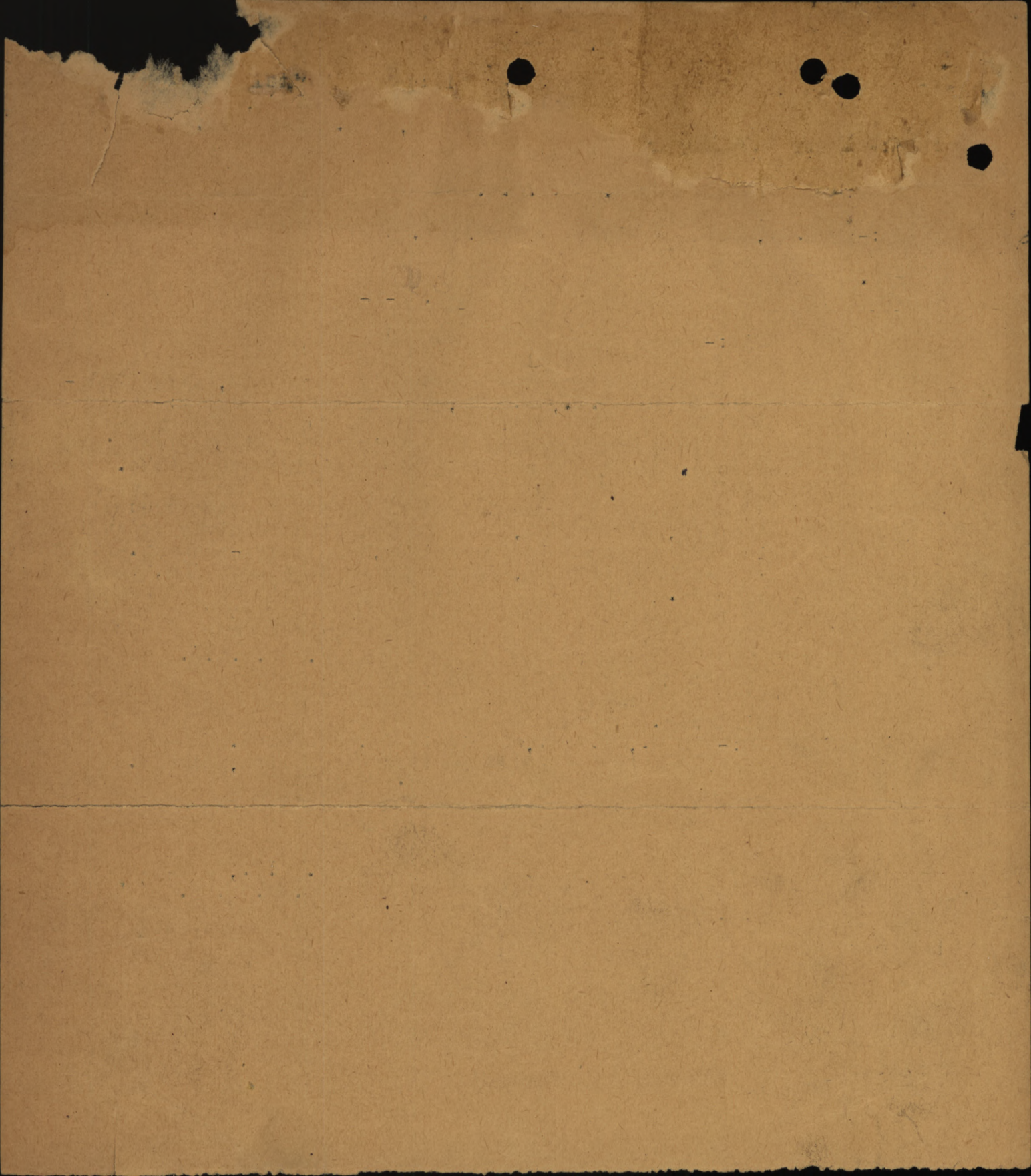
*Wm. Daulton*

Major. O.C., C.M.H.  
C. A. M. C.

G.F.B/DeB



*[Handwritten signature]*



College Military Hospital,  
Toronto, Dec. 12th 1919.

FROM: Major, C.A.M.C.

TO:- O.C., College Military Hospital.

Pte. Rhodes.  
\$124567.

Sir:-

Reference to the marginally named man, please forward to the O.C., D.O.H., Toronto, the following report:-

This man was reported upon on Nov. 21st 1919, as having a severe myoclonus of the left shoulder girdle, following an amputation of the arm at the shoulder joint. He was emotional; easily disturbed, and had a neurosis of a fairly severe type.

Now he states that the pain and tension in his fingers is there still. He states that he is sleeping well, has a good appetite, and he certainly looks a great deal better. His weight is 117½ lbs; height 5 ft. 7 ins., in his boots.

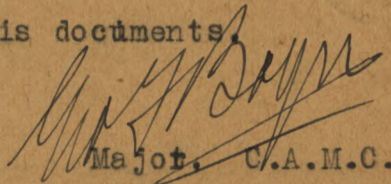
On physical examination he does not show any tenderness in the cervical nerve roots, between the scaleni muscles or to the left of the cervical spines. He shows very little dilation of the pupil on *left side* of the amputation stump, although he complains of tenderness and pain referred to the finger tips.

I do not see justification for any surgical intervention. His myoclonus has completely disappeared, and, I think, will remain permanently away, provided he will insist upon relaxation of the shoulder girdle muscles, particularly the trapezius.

He has been working at vocational training for two weeks, and is now desirous of getting out of the army, and I consider that this, with a vocational course, would effect a permanent cure in his case.

I would not recommend consideration of the Neurosis in his pension, but would recommend very generous consideration for his physical disability.

Herewith is returned his documents.

  
Major, C.A.M.C.

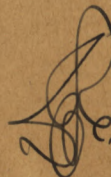
Minute 2.

TO:- O.C., D.O.H., Christie St., Toronto.

Forwarded for your information and action, please.

Major, O.C., C.M.H.  
C. A. M. C.

GFB/DeB





# EXAMINATION

BY

## STANDING MEDICAL BOARD, BRAMSHOTT.

..... 28 AUG 1916 ..... 1916.

No. <sup>5</sup> 724667 ..... Unit 109th Battalion, ..... Rank Pte. ....

Name RHODES, Arthur. .... Age 19 .....

Examination held at Bramshott, Hants.

**DISABILITY.** No disability.

~~Overseas~~ Local.  
(scratch one out)

Present Condition :

Board recommends :

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

Signatures:

Members { *A. Stewart Maj.* Pres.  
*M. ... Maj.*  
*W. ... Capt.*

Approved.

Bramshott 28 AUG 1916 ..... 1916.

*W. ...* Major.  
 D.A.D.M.S. for A.D.M.S. & G.O.C.  
 Canadian Troops, Bramshott.

EXAMINATION

BOARD OF MEDICAL EXAMINERS

STATE OF NEW YORK

IN SENATE

JANUARY 18, 1890

REPORT

OF THE

COMMISSIONERS

OF THE

DEPARTMENT

OF HEALTH

AND

WELFARE

OF THE STATE

FOR THE YEAR

ENDING

DECEMBER

THIRTY-ONE

ONE THOUSAND

EIGHT HUNDRED

NINETY

AND

SIXTY

SIX

BY

JOHN

W. BROWN

SECRETARY

OF THE

DEPARTMENT

OF HEALTH



CASE HISTORY SHEET.

BRANT MILITARY HOSPITAL

Burlington

No. 724567 Rank Pte Name Rhodes Arthur Age 18

Unit 2 D.D. Completed years of service 0 7/12 C 1 yr 7 10/12

Date of admission APR 28 1919 Date of discharge 11-7-19

Diagnosis GSW of Humerus, amp left Place of origin Cambrai 29-9-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains less of left arm at shoulder joint. Inflammation at night. due to inability to sleep on left side and cannot sleep on back & when sleeps on right side it draws on the left shoulder producing pain.

Find. - Left arm amputated at shoulder joint. Acromion process of both clavicle & scapula intact. Scar N shaped adherent tender. Movements of shoulder normal. Amputation only 2 months old.

May 12 - Achey pains in joints & muscles of legs & back. Headache chills etc. T-100.6 P 96. Throat clear. Given Quinine & Dover's 74hr. bed liquid diet

May 13/19 Improving temp normal

May 14/19 Improving temp normal.

May 15/19 allowed up. fully recovered

May 17/19 Given 1 month furlough to allow scar to harden for artificial limb.

June 24/19 Released from month's leave today.

June 30/19 Condition unchanged. Complains of urethra of shoulder muscle on lying down at night - Has difficulty in getting to sleep.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative

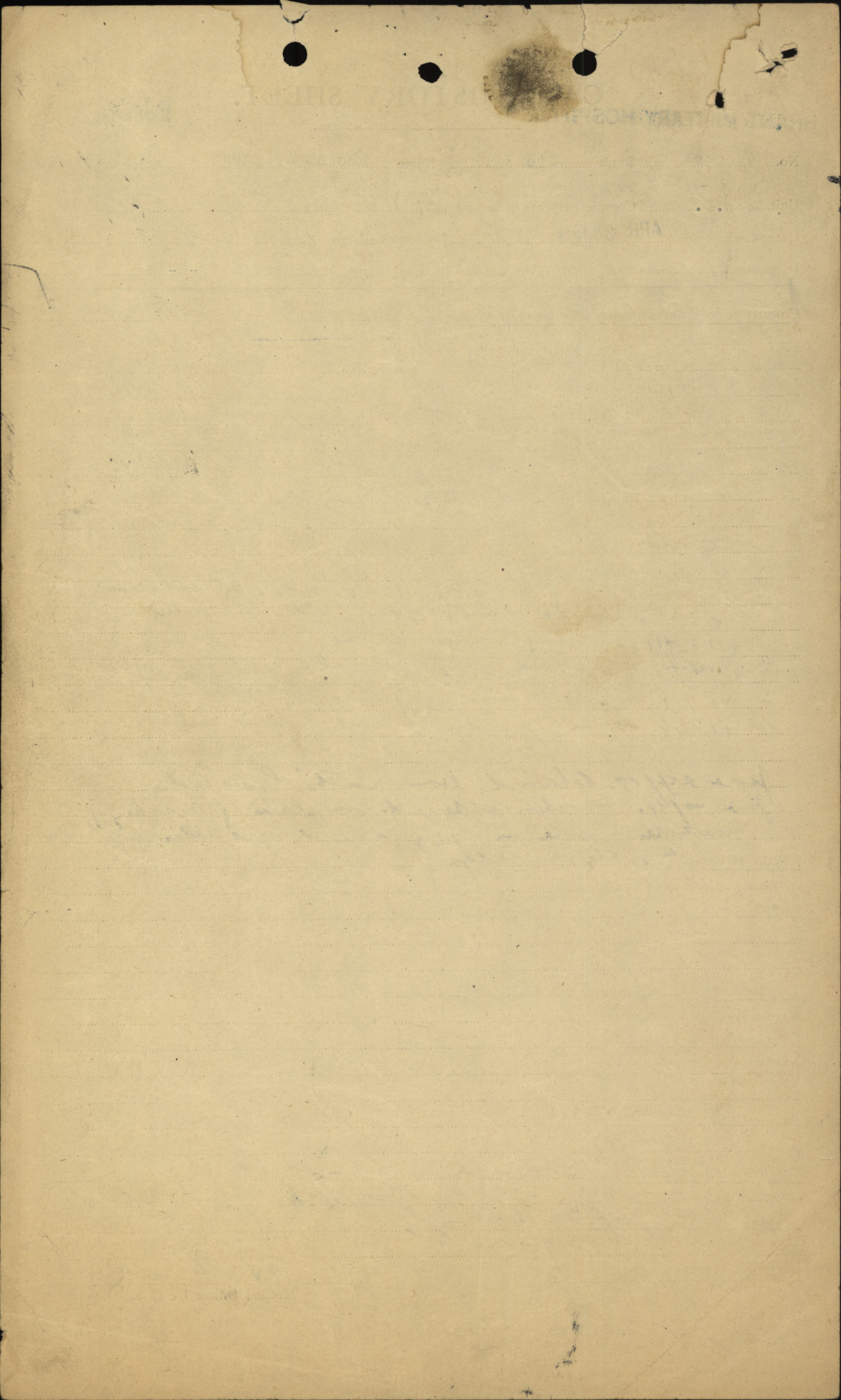
TREATMENT

(Especially any specific or special form.) Amputation

CONDITION ON DISCHARGE

(and disposal made of case.) Jaw - Inflammation - slight Transferred to D.O.H. for further treatment

Date Medical Officer i/c case.

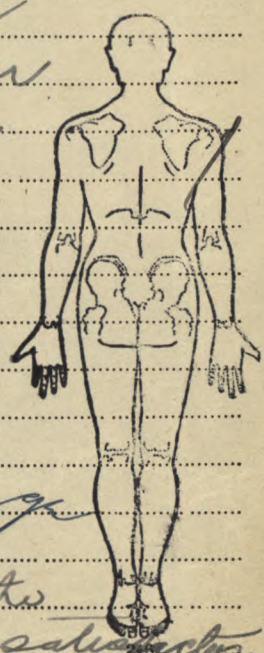


# CASE REPORT SHEET.

No. D.O.H 724567 Rank Plt Name Rhodes, A Age 18  
 Hospital Lorouets Station  
 Unit DD#2 Completed years of service 2 Where and how long } F 2 1/2 E 1 1/2 C 1 1/2  
 Date of admission 11-7-19 Date of discharge \_\_\_\_\_  
 Diagnosis G.S.M. Amp. L.A.E. Place of origin Bambrai 29-9-18

**CONDITION ON ADMISSION AND PROGRESS OF CASE.**

30-9-18. Disarticulation at shoulder joint. Has been healed since middle of Feb. 1919. Scar vertical, well healed, adherent and quite tender.



To be fitted with dress arm and shield.  
JUL 18 1919. Amputating arm and shield.  
JUL 26 1919. Amputating arm.  
Aug 9. Amputating arm. To have massage for shoulder.  
Aug 23. Had x-ray to discover if possible the cause of pain in region of scar. Not satisfactory. Returning for another x-ray.  
Aug 26. X-ray neg. Done by Col. Menzies. To try out ionization for 3 wks. in attempt to loosen scar.  
Sept. 2. Has had 3 treatments. To carry on.  
Sept. 9. Has had 10 treatments. Improved.

**FAMILY HISTORY**

(Tuberculosis, mental or nervous diseases.) Sept. 29. To see Maj. Robertson. Seen by Maj. Robertson and excision of scar and exploration of brachial plexus considered. To carry on for another week and then have operation.

**TREATMENT**

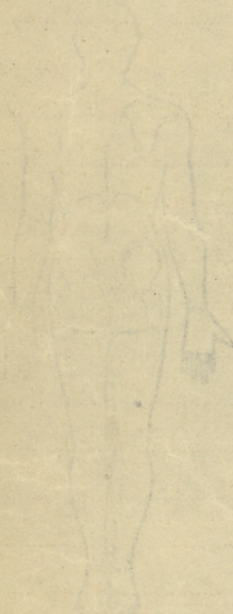
(Especially any specific or special form.) Oct 6. To see Col. Menzies this pm. Open advised  
Oct 16. Scar excised. Large neurobud removed from beneath scar. S.W.G. sutures.  
Oct 24. Has been suffering a great deal of pain ever since operation. Wound clean.  
Oct 31. Still having a great deal of pain and twitching in region of scar. More amputations referred to hand.

**CONDITION ON DISCHARGE**

(and disposal made of case.) twitching in region of scar. More amputations referred to hand.

Date \_\_\_\_\_ Medical Officer i/c case.

CONFIDENTIAL



JUL 26 1919

SEP 2 1919

TRAINING

DEPARTMENT OF DEFENSE

Michael Omer, 1000

NO. 1000

# CASE HISTORY SHEET.

**Dominion Orthopaedic Hospital**

Christie Street Station.

No. 724567 Rank Pte Name Rhodes A Age 18

Unit DD 2 Completed years of service 7 23/12 8 11/12 6 12/12 Where and how long

Date of admission 11-7-19 Date of discharge

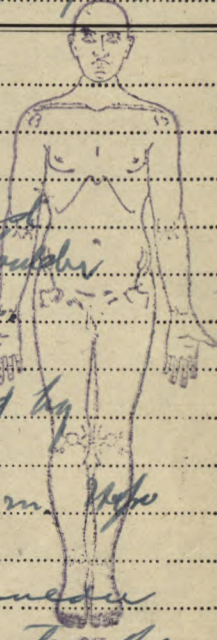
Diagnosis G.S.W. Amp L.A.E. Place of origin Cambrai 29-9-18

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Nov. 4. Nervous tenderness and pain  
becoming worse. Appetite has  
been very poor for a few days and  
he has had considerable sleep. Shoulder  
is constantly twitching. Seen by Col.  
Menzies who recommends complete  
discharge of pleura. To be examined by  
Col. McVicar.

Nov. 5. Suffering more than usual this a.m. Morphine gr 1/4 ordered.

Nov 5. On entering ward it was noted that the left shoulder  
was quite stiff. On commencing to give his history the  
left shoulder stump began rhythmic twitching or tremors.  
Age 19 - Father, mother dead - does not know the cause  
a twin brought to Canada from Birmingham by older  
quint who married in Canada - and died when patient  
was 12 years old - went to school till 10 - reached  
3rd reader - Says that after his sister's death his  
brother in law used thin wire dog - and his tooth  
and he went to work - He has not heard from his  
brother for 3 months - and does not know where he is.



FAMILY HISTORY.

(Tuberculosis, mental or nervous disease.)

On exam. he commences to rock his legs and  
head in an agitated manner - Breathing becomes  
loud - and rapid and tears appear - He complains  
of pain on pressure over clavicle or pituitary gland -

TREATMENT

(Especially any specific or special form)

quite as much as on pressure over the stump  
He lately been very irritable. Shouting outcries  
when he upbraided the nurses for failing to give him  
relief.  
Impression. Hysteria? - or a functional pass on an  
organic basis. Recurrence again by night  
to on the 10th of Nov.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date

*A. R. Macdonald*  
 Medical Officer i/c case. *Capl*

COPY SHEET

Laing Orthopedic Hospital

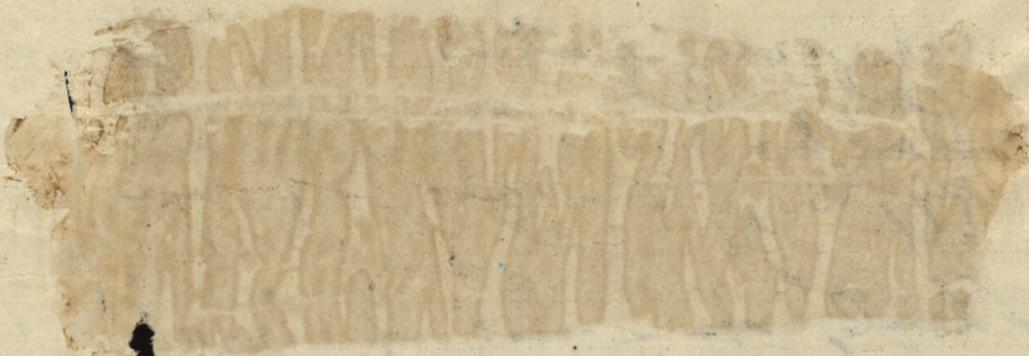
1945

Medical Department  
 Department of Orthopedics  
 Laing Orthopedic Hospital  
 1000 North 10th Street  
 Seattle, Washington

Blank lined area for notes or reports.

10 SHEET

Hospital



Medical Office

CASE HISTORY SHEET.

Dominion Orthopaedic Hospital

Hospital.

Christie Street

Station.

No. 724567 Rank. Pte Name. Rhodes, A Age. 18

Unit. 2 Completed years of service Where and how long } 7 2/12, 8 11/12, 6 12/12

Date of admission. Date of discharge. 15.1.20

Diagnosis. I.S.W. amp L.A.E. Place of origin. Cambrai 29-9-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wound. I. Iru by Maj. Boyer.



To get out of bed.

Nov 7. Was up yesterday afternoon and claim he did not sleep at all last night.

Became very much wrought up. Biting the sheets etc. Ordered out of bed this a.m. and refused.

Nov 17/19 - complains of being generally puffy, can't eat shell. dreams. (bulk) of

Nov 19/19 - on eating any food feels like a lump in stomach. more irritable.

jumping to noises etc. unexpected. Hard to get to sleep. Dreams France at times. at times wakes suddenly does not know what he says dreaming of tumbling in shoulder follows pain in shoulder & gripping of thumb & mind fuzzy. AR and additional

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Nov 29/19 still sleeping poorly. not eating well. Rame

TREATMENT

(Especially any specific or special form.)

Dec 4/19. Has to arrange treatment and course. AR used

Dec 17/19 20 getting by hydrotherapy. Rame

CONDITION ON DISCHARGE

(and disposal made of case.)

Jan 7/20. To have amp padded to take pressure off head of scionom. Rame.

Date

AR Macdonald

Medical Officer i/c case.



27

Forms 1237 12

97 402 H



Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.

Regimental No. Rank. Surname. Christian Name.  
724567 Pte Rhodes Arthur

Year 1918

Unit. Age. Service.  
38th Batta 18 39/12

Station and Date.

Disease S.W. Left Arm. Amputation at shoulder  
Admitted from Bannet Hospital.  
Enlisted Lindsay Oct 1915.  
England. June 1916. Pres. Lee. Garmet.  
France. 18 Oct 1916. wd. 29 Sept 1918  
Invalided from France. Oct 1918  
Operation at No 7 L.L.S.  
Wounded Cambrai Sept 29/18  
P.H. Pneumonia at 14 yrs

Exam. Lt arm amputated at shldr joint wd. healed except at sculis where small discharging sinus remains

Heart & Lungs, neg. Urine, neg.  
24.12.18 Sinus healed

26.12.18 Fit now for transfer to Buxton.

Jewickham. Neg.

BRANT MILITARY HOSPITAL

29/12/18

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]

Station  
and Date.

**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..... 724567.

(3) Full Name of Soldier..... Arthur Rhodes.  
..... Pte.

(4) Place of Birth..... Birmingham England.

(5) Are you married, or not? ... No.

(6) If married, state,  
(a) Full name of your wife..... No.

(b) Present Postal Address..... Nil.

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

(8) Have you any children? ..... No.

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

Also their names and ages.....

(9) Is your Father alive? No.

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

(10) Is your Mother alive? No.

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

(11) If your Mother is a widow No.

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.

Nil.

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

James Rhodes Brother

"A" Company 59th Battn. C.E.F.

(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.

No.

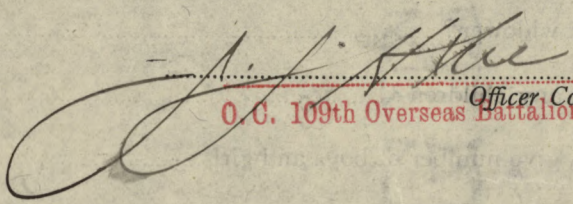
(15) Are you insured? No.

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

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

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

Date JUL - 8 1916

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



1870

1871

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

RHODES, A.

REGIMENT

38th Bn

RANK

Plt

No.

724567

Date of Examination in England

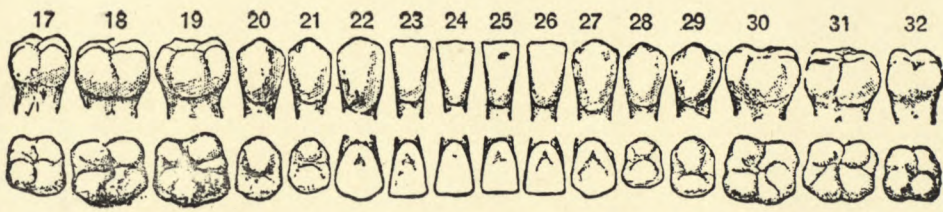
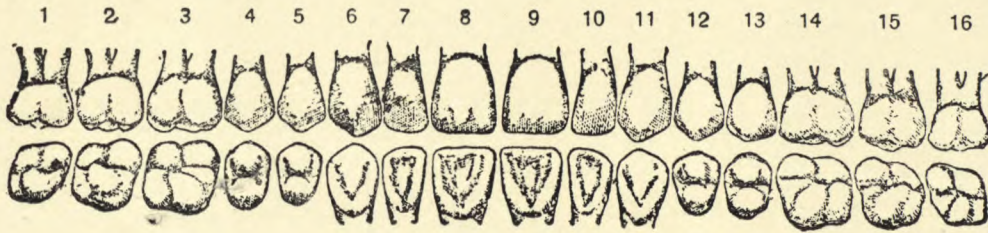
Mar 18 19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

6

2. EXTRACTIONS

5

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

- (a) In Canada
- (b) In England
- (c) In France

Yes

Signature of Dental Officer

L. D. Sheele

Capt 38th Bn

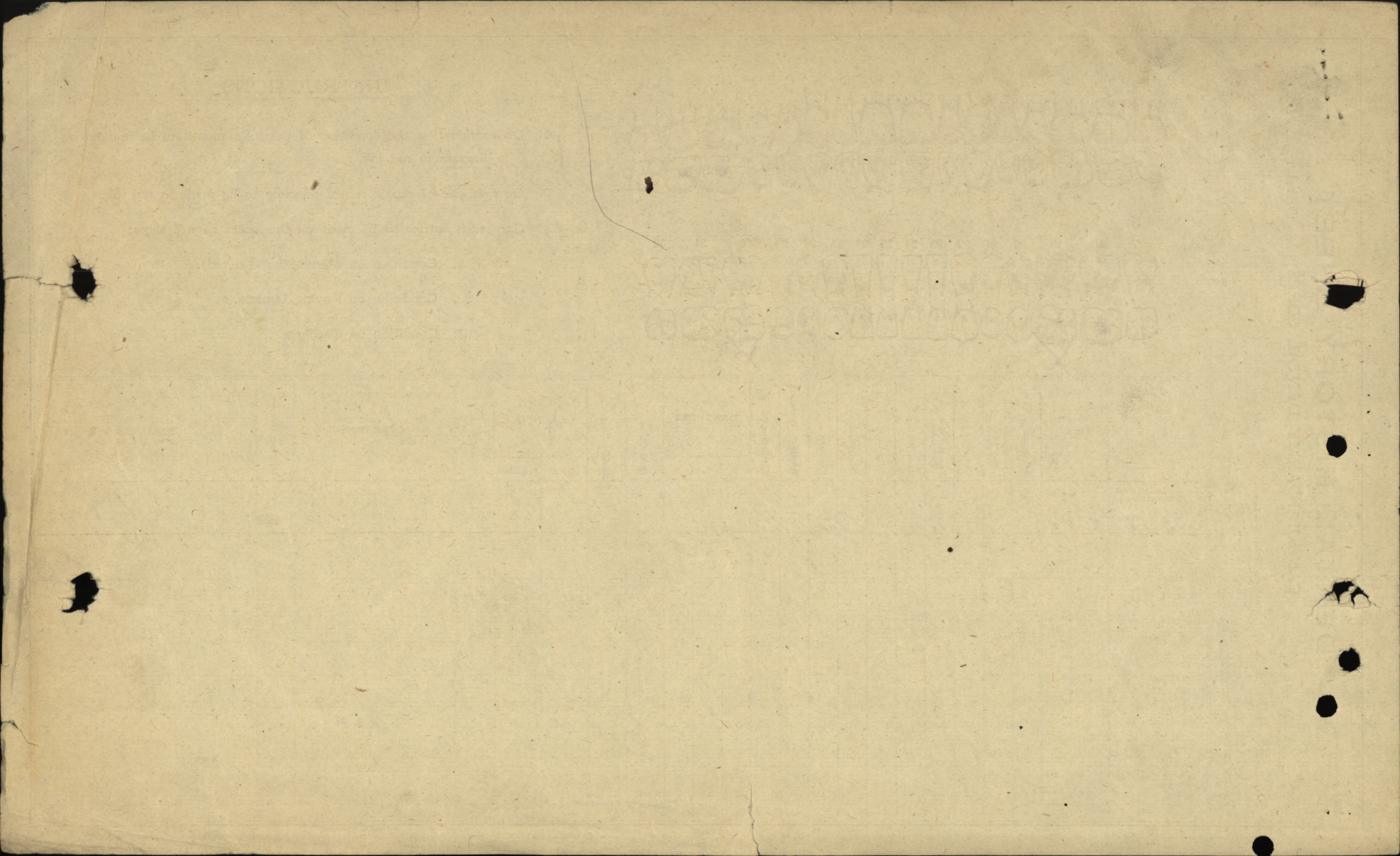
12

RHODES

1. Dewey  
 2. ...  
 3. ...  
 4. ...  
 5. ...  
 6. ...  
 7. ...  
 8. ...  
 9. ...  
 10. ...







CANADIAN EXPEDITIONARY FORCE

Service Badge

DISCHARGE CERTIFICATE

Class *A*

No. *287559*

EG

THIS IS TO CERTIFY that No. *#724567* (Rank) *PRIVATE*

Name (in full) *RHODES, Arthur* enlisted in

the *109th Overseas Battalion C.E.F.*

CANADIAN EXPEDITIONARY FORCE at *Lindsay, Ont.* on the *21st*

day of *October* 19*15*

HE served in *ENGLAND & FRANCE*

and is now discharged from the service by reason of Demobilization  
Medical Unfitness.

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

Age *19 Yrs*

Marks or Scars *Vacc. scars left A.m.*

Height *5' 8"*

*Amputation left Arm at shoulder*

Complexion *Medium*

*G.S.W. LEFT SHOULDER 1-10-18 (AMP)*

Eyes *Grey*

*GOLD STRIPE ONE.....1*

Hair *Dark Brown*

*A Rhodes*

Signature of Soldier

*H. Deyreant Capt*

Issuing Officer

*O.C. No. 2 District Depot.*

Rank

Date of Discharge

NO. 2  
JAN 15 1920  
DISTRICT DEPOT.

Date *15th January* 19 *20*

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

DISCHARGE CERTIFICATE

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

DLBm

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. 424567 Rank Private Name Rhodes Arthur

Enlisted (a) 25-10-15 Terms of Service (a) D of W. Service reckons from (a) 25-10-15

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) Farmer

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				

		Embarked Canada	Halifax	24.7.16.	
		Disembarked England.	Liverpool	31.7.16.	

CERTIFIED CORRECT.  
12 DEC. 1916.  
CAN. RECORDS, LONDON.

		Proceeded overseas for service with 38 Bn.	Witley	4 3-12-16	
--	--	--	--------	-----------	--

Arthur setting Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.  
D. O. Part. 2-339  
Arthur setting  
CAPTAIN,  
ADJUTANT,  
109th BATTALION CAN. INFAN. BRY.

6.12.16	C.B.D.	TAKEN on STRENGTH 38th	Havre	6 Dec 12/16	N. R.
7.1.17.	»	Left for Unit	FIELD	7.1.17.	N. R.
14.1.	Unit	Joined 4th Co	FIELD	9.1.17.	B. 213. DCS.

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

724567  
Rhodes  
A.

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents.
Date	From whom received				
1 6 MAR 1917	<i>W. C. B.</i>	Left for Unit	FIELD	1 6 MAR 1917	N. R. 35
1 7 MAR 1917	Unit	Joined Unit	FIELD	1 6 MAR 1917	B. 213. DCS. 103
14. 4. 17.	12 C.F.A.	<i>Myalgia</i>	<i>adm</i>	12 C.F.A.	13. 4. 17. <i>20/26/8 9473</i>
"	7 Condep.	"	<i>aan</i>	7 Condep.	14. 4. 17. <i>W 3034-288.</i>
21. 4. 17	"	"	<i>to</i>	3 Reg. Rest Cp	21. 4. 17. <i>" 300.</i>
28. 4. 17	C.B.D.	T.O.S. A.		Thaure	28. 4. 17. <i>NR</i>
4 MAI 1917	"	Left for Unit	FIELD	4 MAI 1917	N. R.
1 2 MAI 1917	Unit	Joined Unit	FIELD	8 MAI 1917	B. 213. DCS. 122
16-11-17.	"	<i>14 days leave</i>	FIELD	13-11-17.	B213 Pt II 0107 <i>df</i>
1 DEC 17	Unit	Joined Unit	FIELD	30. 11. 17.	"
6 12. 17.	"	<i>21 days P.P. not for absent. from 6. 30. am. 24. 11. 17. until apprehended by MP in London at 12 noon 26. 11. 17. Defacto 3 days pay by R.W.</i>		1. 12. 17.	<i>B 2069 Phil. 119/19. 12. 17.</i>
1. 10. 18	7 C. Stat.	<i>Sub shd.</i>		7 Constaty	1. 10. 18 <i>W 6661.</i>
2 10 18	7 C. Stat.	<i>20 shd. L.</i>		to 20 Jan.	2 10 18 <i>W. 6669.</i>
"	22 Gen.	<i>do.</i>		"	" <i>W. 6870.</i>
30 9, 18	22 Gen.	<i>do.</i>	<i>aan</i>	30-9-18	<i>a 321.</i>
14. 10. 18.	22 Gen.	<i>do.</i>	<i>to Eng.</i>	4. 10. 18	<i>W. 8492.</i>
15. 10. 18.	Brighton	<i>Wounded-Posted E. Out. Reg. Dep. Seaford.</i>		15. 10. 18	<i>W 3083-6254.</i>
		<i>Imrdenn</i>			<i>D.O. 108 a-22. 10. 18.</i>
					<i>Lieut. for Lt Col. A. A. G.</i>
					<i>Canadian Section, G. H. Q. - 3rd, Ech.</i>

# SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.  
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P.P.1150 1M 5/18 G.W.P. Co (3490)

<p>(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]</p> <p>(4) Surname <i>Rhodes</i></p> <p>(5) Christain Names <i>Arthur</i></p> <p>(6) Army Form, number of, Attestation } Form or Record of Service paper }</p> <p>(7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918]</p> <p>(8) Date of birth as stated on enlistment</p> <p>(9) (a)</p>	<p>(2) Regiment or Corps</p>	<p>(3) Regtl. No.  <i>724567</i></p>																									
<p>(10) Enlistment (b)</p> <p>(11) Engagement (c)</p> <p>(12) Service reckons from (date)</p> <p>(13) Special conditions (if any) of enlistment (d)</p> <p>(14) Any subsequent variations (if any) } of conditions of service }</p>		<p>Initials and Rank of an Officer.</p>																									
<p>(Authority) _____ (date) _____</p>																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(15) Category</th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Medical Authority</th> <th style="width: 15%;">Initials and Rank of an Officer</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	(15) Category	Date	Medical Authority	Initials and Rank of an Officer																					<p>(16) (Record of Occupation in Civil life [<i>vide</i> Army Order 93 of 1917])</p> <p>Industrial Group No.</p> <p>Trade or Calling</p> <p>Married or Single</p> <p>Particulars of Trade Test</p> <p>Occupation Cards despatched on (date)</p> <p>Second Occupation Card despatched on (date)</p>		
(15) Category	Date	Medical Authority	Initials and Rank of an Officer																								
<p>(17) Next of Kin</p> <p>(18) Demobilizer (f) _____ (Place)</p> <p>(19) Pivotal-man (f) _____ (Date)</p> <p>(20) Qualifications (g) _____ or (21) Corps trade and rate</p>		<p>(Signature of Posting Officer)</p>																									
<p>(22) Extended {</p>		<p>(23) Re-engaged {</p>																									
<p>(24) Miscellaneous entries:—</p>																											

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

30<sup>10</sup>/<sub>18</sub> E.O.R.D.

*Posted from  
38<sup>th</sup> Bu. of Seas Seaford. 15<sup>10</sup>/<sub>18</sub> Pt 0271*

*D. S. Turner*  
Lieut.  
for ~~10~~ 10 Records, 0 m 76  
104

31-3-19

T.O.S. No. 2 District Depot, Part II, D.O. No. ....

*Wharfedale*  
Captain & Adjutant,  
No. 2 District Depot.

S.O.S. DIS.#2 D.D. 15th Jan. 1920 Pt 11 D.O.#13

*Wharfedale*  
Capt.  
for O. G. No. 2 D. D.

Nothing to be written in this margin.



DEPARTMENT OF VETERANS AFFAIRS

To **Copy for H.O. file.**

P.A.

OTTAWA 4, ONTARIO.  
Date ~~OCTOBER 19,~~ 1965.

Attention of

NAME RHODES Arthur.

SERVICE NUMBER 724567  
109TH BN.  
(CEF.)

C.P.C. No. 195868  
W.V.A. No.

NAVY  
ARMY   
R.C.A.F.

The DEPARTMENT has received information from

~~P.M.E. G.P.C. TORONTO 12, ONTARIO, OCTOBER 18, 1965.~~

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death.....OCTOBER 8, 1965.....  
Cause of Death.....  
Place of Death.....NOT STATED.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.  
V. I.  
~~PERK~~  
~~DICK~~  
H.O.

} Destroy form if advice of death already received.

*E.C. Richards*  
for  
Chief, Central Registry

Copy for H.O. file.

OTTAWA, ONTARIO  
OCTOBER 19, 1965

NAME: RHODES, Arthur.

SERVICE NUMBER: 109TH BN. (CPL.)

CP# no. 195868

ARMY X

The Department has received information from

P.M.E. C.F.C. TORONTO IS, ONTARIO, OCTOBER 13, 1965.

Regarding the death of the above mentioned veteran

Particulars are as follows:

Date of Death: OCTOBER 8, 1965  
Cause of Death: \_\_\_\_\_  
Place of Death: NOT STATED.

Name and Address of next of kin (if known): \_\_\_\_\_

Order to: W.S.R.  
V.I.  
XXX  
XXX  
H.C.

Destroy form if advice of death already received

CHS Rank                      Name RHODES Arthur *MM* Reg'l No. 724567  
 Unit 109th. Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single  
 Place and Date of Enlistment Lindsay Oct. 21st. 1915 Place of Birth Birmingham England  
 Name and Address, Next-of-Kin James Rhodes *William John Howard*  
Philp R.R.#3, Sunderland, Ont., Canada  
A. Coy. 59th. Battn. Barriefield. Relationship Brother *Friend*  
 Assigned Pay Monthly \$                      Payable to                       
 Relationship                     

Separation Allowance \$ *MM* Payable to                       
 Relationship                     

Discharge, Date and Place                      Reason                      Character                     

H. W. & V., Ltd.—7165-16.

N/E. R.B. No 11279  
 File No. Can MU  
 Category                     

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.					
<i>C</i>		Arrived in England per H. M. T. 2810			31-7-16	
4-12-16	06109th	SOS on tfr. to 38th Bn.		Whitley	4-12-16	Pt II DO 339
13-12-16	38th Bn	T-O-S on tfr from 109th		Enstht field	6-12-16	Pt II DO 242.
23-4-17	"	Nº 7 Conv. Depot		Boulogne	14-4-17	CL. A178 Inyalpin Set
30-4-17	"	Ex du. dis'd to Base Details		do.	21-4-17	CL. A184 do.
26-5-17	"	Rejoined Unit		In the field	8-5-17	" 203 do — ✓
9-10-18	FOR	Wounded		"	1-10-18	" 340. GSW L. Shldr. 7 FOR. PTH 271
22-10-18	38th Bn.	Ino 1 W-d posted to FOR		"	15-10-18	PTH 108. d/30-10-18 eff. 16-10-18
		<i>MM</i>				
3-4-19	FOR	Invalided to Canada ex Nº 5 CGH.		Kirkdale	31-3-19	CLB 486 GSW. L. arm ampt

A.F.B. 103 CHECKED 11 DEC 1918

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.				
11-4-19	38 <sup>th</sup> Bn	Awarded M.M. for bravery and devotion to duty in the Field Artillery Lond.	Bowen	11-4-19	DC 21
8-4-19	Col. D	Gazette 31227 - 13-3-19 Sot Invalided L. Can	Pi Seaford	31-3-19	1 of 82





\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

*Awarded Military Medal 20.2.19 11.4.19 38 B.*

NAME:- **RHODES Arthur**

NUMBER:- **724567**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- **109 Bn**

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

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S&D	UNIT TRANSFERRED TO
			38 Bn Can Section

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
14-1-19	13566	L.I.	<del>4.87</del>			<del>10 days leave</del>	<del>7.30</del>
27-1-19	14103	10.	<del>4.87</del>				
26-10-18	9636	Hospital	85				
19-12-18			<del>4.87</del>				
			5354				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *trans to Canada 20.2.19 11.4.19 38 B. 7-2-19 Buxton to Buxton 20.2.19*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. fwd								325 09	288	
Apr	P.O.	33									
				A.R. 95-5/4/18	38 Bn.	8 92					
May	P.O.A.	34 10		" 215-18.4.18	"	3 57			325 60	303	
				" 360-4/5/18	"	4 46					
June		30 10		" 546-18/5	"	3 57			351 67	318	
				" 728-1/6/18	"	3 57					
July		33		" 827-15/6/18	"	7 14			373 96	333	
				" 921-1/7/18	"	4 46					
Aug.		34 10		" 999-15/7/18	"	4 46			399 14	348	
				" 1080-28 Bn 1/8/18	"	3 57					
Sept.	P.O.A.	34 10		" 1168- "	19/8/18	3 57			426 10	363	
				" 1271- "	9/9/18	3 57					
Oct		33		" 1349- "	16/9/18	3 57			457 96	378	
				A.R. 51444-26/11		24 33			461 93	393	
Nov.		33 10		Stop A.R. 9636-26/10/18	Eastbourne M.C. Hosp.	24 33				408	
Dec.		34 10		A.R. 3525-19/11	in C.G.H.	4 87				423	
Jan		34 10							557 21	438	
Feb		10 20		Stop A.R. 11712-14/12	Eastbourne	5 72					
		30 80		" 11220-28/11	"	4 26					
	Int on def pay	29 10		A.R. 13566-14/1	Buxton	4 87					
	Said Buro. 28.1.19 7.2.19	7 30		" 11103-27/1		4 87			564 91		
	10 days (D.O. 31.6.19 19.8.19)			" 15162-11/2	(LPC END)	4 87			560 04		
				" 15686-5/5	(LPC END)	24 33			535 71		
				" 15989-12/3	(LPC END)	4 87			530 84		
						93 57					
				1349-21.3.19	Reidale LPC END	4 87					
						4 87			525 97		

*S.O.S. see over*

FILED BY *[Signature]*  
CHECKED BY *[Signature]*





P# 1691  
24-100



# CASUALTIES

War Service Badge  
Class A  
No. 287559

## SHORT FORM PROCEEDINGS ON DISCHARGE. (Demobilization.) EG

1. No. #724567

2. Rank PRIVATE.

3. Name RHODES, Arthur.

4. Unit 109th Overseas Battalion, C.E.F. (#2 D.D.)

5. Date of Discharge JAN 15 1920 Place TORONTO, ONT.

6. Reason for Discharge "MEDICALLY UNFIT"

7. Authority (#2 D.D. Part 11 Daily Order #13)

8. Proposed Residence after Discharge 20 Melburn St., Lindsay, Ontario.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.  
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

*Arthur Rhodes*  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.  
Date JAN 15 1920

Medical Documents forwarded to ~~S. C. F.~~ or B. P. C. on 27 1920

NO 2  
JAN 15 1920  
DISTRICT DEPOT  
Signature *A. J. Argent-Cyfr*  
For (O.C. Discharging Unit.)  
O.C. No. 2 District Depot



SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	Place
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the undernoted place and date I received my discharge for	
Signature M. F. W.	
Signature of Soldier	
CONTINUATION	
The discharge of the above named man is hereby continued	
Date	Place
Signature	
(O.C. Discharging Unit)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triangles	Medical Form W. 23
or Particulars of Record	Medical Form W. 133
Field Conduct Sheet	Medical Form W. 173 or A.F.R. 122
Casualty Form	Medical Form W. 94 or A.F.B. 103
Last Pay Certificate	Medical Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Medical Form B. 318 or A.F.B. 175
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Medical Form B. 465
Medical Report	M.F.W. 120 or D.M.S. 1275
Regimental Conduct Sheet	Medical Form B. 282
Company Conduct Sheet	Medical Form B. 282a

**LIST OF DISCHARGE DOCUMENTS.**

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

9784567, Pte. Rhodes, A.

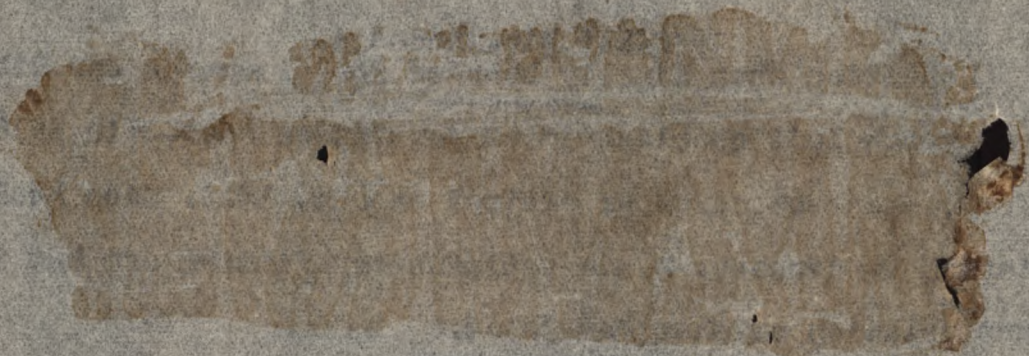
D.O.B. Condition when finally boarded for discharge Jan. 9th, 1920.

Wounded through left shoulder joint Amputation Sept. 24th, 1918. Healed & broke down, then healed. Scar excised in Oct. 1919. Soon healed & still complains of tenderness. Has a satisfactory fitting arm but is no use; as disarticulation at shoulder joint.

OBJECTIVE:- Left arm amputated through shoulder joint disarticulation. Has arm which is satisfactory fit. Has pain as if burning in fingers more so at night - wearing arm aggravates this. Arm is a satisfactory fit but quite useless other than to fall sleeve.

Myalgia, 11th April 1917 - June 1917 in back in France.

*R. P. H. [Signature]*



Bed 36

# CLINICAL CHART.

Army Form B. 181

Corps \_\_\_\_\_

(To be attached to Case Sheet.)

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

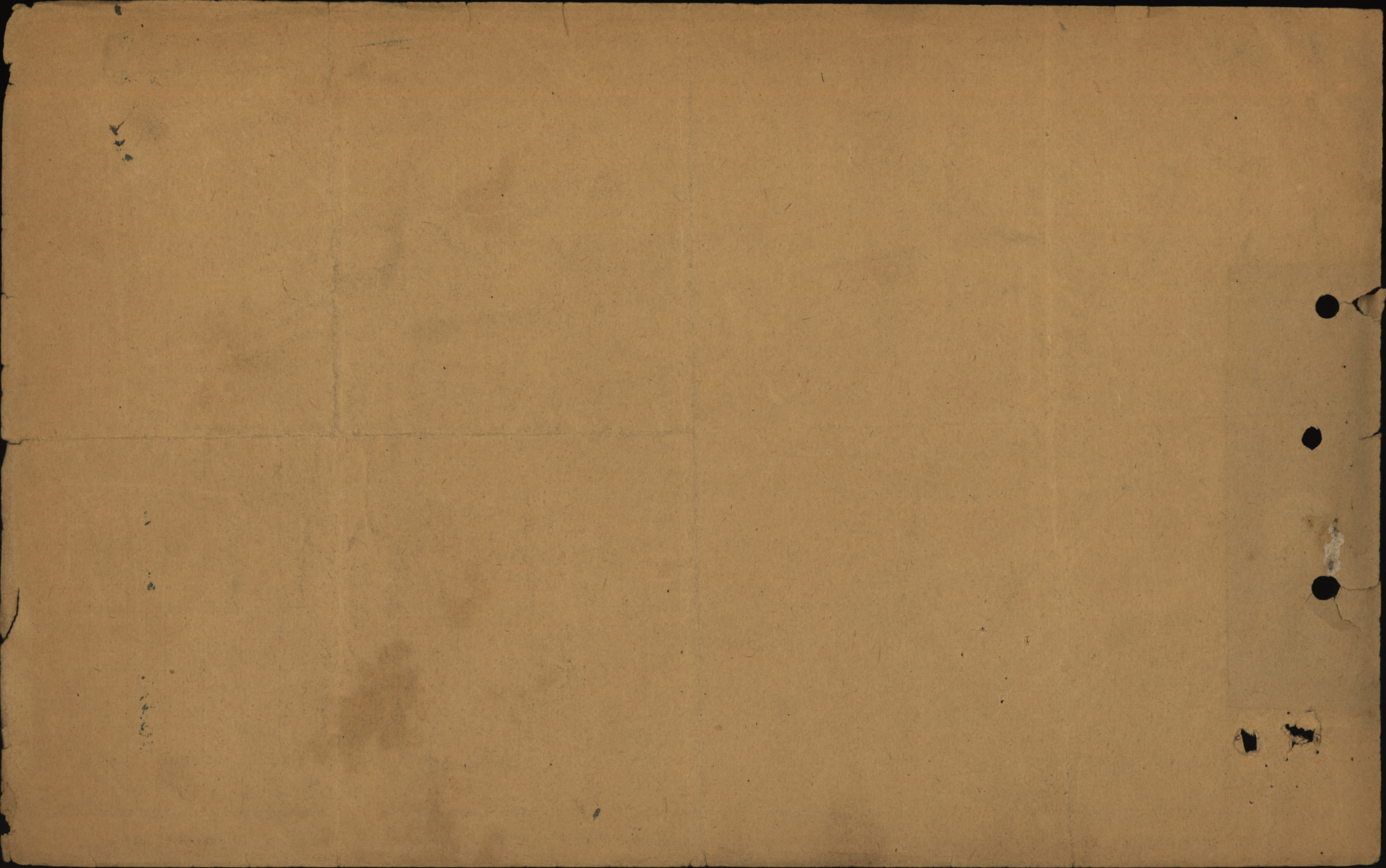
No. \_\_\_\_\_ Rank and Name Pt Rhodes

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

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

Dates of Observation	2 3 4 5 6 7 8 9 10 11 12																												
	Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute		100	108	100	96	104	107	100	100	90	76	88	94	86	94	92													
Respirations per minute																													
Motions per 24 hours																													

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





MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
14832 Year	724567	Pvt	Rhodes	G
	38	Unit.	The Buffs	Age.
				Service.
Station and Date.	Disease <i>Gravel arm and</i>			
July 9-15	Occupation <i>Former</i>			
	Requested <i>England</i>			
	To <i>France</i>			
	Wounded <i>Caen</i> in left arm <i>Sept. 24-15</i>			
Hospitals.	#22 CCS. where disarticulation at left shoulder			
	was performed. To 7 Can <i>Sept 1-10-15</i> . To #22 Gen			
	Hosp where wound was dressed and sutured - To			
	Barnon R.C.H. St Leonards. on sea <i>15-10-15</i>			
Pres Entd-	#14 Can Hosp <i>12-12-15</i> . To grammar <i>Dec Hosp 6-1-15</i>			
	Left arm amputated at shoulder joint - small			
	unhealed area in wound. To have daily dressings			
	and to art + craft. <i>Unsuccessful.</i>			
14 JAN. 1919	Disarticulation of shoulder joint left			
	A 13 of 9 Invalid to Canada <i>6th Dec 1919</i>			
21-1-19	A 13 of 9 Invalid to Canada <i>6th Dec 1919</i>			
EXAM. MED. OFFICER				
24 JAN. 1919	<i>Jo</i>			
G. C. S. H.				
19.3.19	No 5 Bar pier Hosp Liverpool			
	Wound healed scar tender on pressure			
	complains of pain in scar			
	swelling at night <i>Stob</i>			
	<i>Stob</i> <i>Left arm</i>			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2849) [P.T.O.]

Station  
and Date.

Reserved for M.H.C.

Regt. No. 724567 Rank PTE Surname RHODES Christian Name ARTHUR  
 Unit or Corps—(a) Overseas from United Kingdom 38 CAN (b) In United Kingdom PRES.  
 Born at—Town BIRMINGHAM County or Province \_\_\_\_\_ Country ENGLAND  
 Date of Birth—Day 7 Month NOV Year 1900 Age 18 yrs 3 months.  
 Joined at LINDSAY Date OCT 16 1915  
 Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification

1- AMPUTATION LEFT ARM

Height—feet 5 inches 6 Colour of eyes GREY

Signature of Soldier (for identification purposes) A Rhodes

**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) AMPUTATION AT LEFT SHOULDER JOINT.  
 Disabilities Group (b) NA  
 Disabilities Group (c) NA

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>GAW LEFT ARM.</u>	<u>PAMBRAI</u>	<u>29-9-15</u>
(ii.) As to Group (b) above.	<u>NA</u>	<u>NA</u>	
(iii.) As to Group (c) above.	<u>NA</u>	<u>NA</u>	

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

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

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

(i.) As to Group (a) above? yes  
 (ii.) As to Group (b) above? nt  
 (iii.) As to Group (c) above? nt

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **YES**

(ii.) While off duty? **No**

(iii.) Was a Court of Inquiry held? **No**

(iv.) Where? **Ut**

(v.) When? **Ut**

(vi.) Opinion of the Court? **Ut**

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

FMC. no 22 CES. **Smash of left arm below shoulder - Resartulation of shoulder**  
B.P.P. & glom drain - **subord**  
no 7 Can Stat **Druid** looks and 1-10-17.  
no 22 gen. 2-10-17 **shoulder amputation left sutures removed.**  
**operation at Bannow Red Cross Hosp. Hastings 31st Oct - removal dead**  
**bone.**  
**no operation since**  
Hosp: 1- no 22 CES. 30-9-17. 2- no 7 Can Stat 1-10-17. 3- no 22 gen. 2-10-17.  
4- Bannow R. & Hosp. 15-10-17. 5- W14 gen. Eastbourne. 12-12-17. 6- G.P.S.H. Buxton 6-1-19

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

**Left arm amputated at shoulder joint. Practically healed.**

**Heart and Lungs neg. other systems neg.**

8. OPERATION. (i.) Was one performed? **YES**

(ii.) If so, state what. **1- CES - amputation**  
**2- Bannow Red X. removal sequestra**

(iii.) Was one advised and declined? **no**

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

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

(ii.) If so, describe. **Swag of one tooth.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **no**

(b) Fit for base duty? **no**

(c) Invalid to Canada? **YES**

(d) Discharge from the Service as permanently unfit? **no**

Date of Report **Jan 21st** 1919

Signed **W J Lyons East of MC**  
Officer in medical charge of case.

Station **G.P.S.H. Buxton**

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

Dated at **Buxton** Registrar, for O.C., Station, on **Jan 21st** 1919  
\* Delete if inapplicable.



{ Officer i/c Hospital } Strike out one  
{ S.M.O. Brigade } of these.

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.

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

12. 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? No  
Aggravated? No  
(b) Misconduct of the Soldier { Caused? No  
Aggravated? No

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

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining 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?  
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)  
n.a.

16. Permanency of the Pensionable Disability estimated next above in (15). n.a.  
(i.) Is it permanent?  
(ii.) If not permanent, what is its probable minimum duration (in months)?

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

18. Remarks. ~

Walking case

19. Recommendation :—(a) Fit for duty? No  
(b) Fit for base duty? No  
(c) Invalid to Canada? Yes  
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

A,

Date of Board

EXAM. MED. BOARD

24 JAN 1919

Station

G. C. S. H.

Signatures of the Board.

W. H. Johnson Major Carr President.

J. J. Major Carr

Approved

Walter Ross  
MAJOR, D.A.D.M.S.  
FOR A.D.M.S. CANADIANS

A.D.M.S.

Dated at

BUXTON AREA.

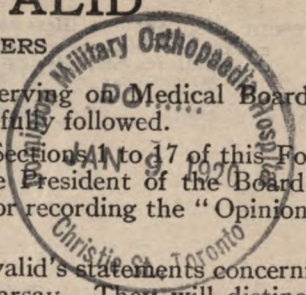
Station

ASSISTANT DIRECTOR  
OF  
MEDICAL SERVICE  
30 JAN 1919  
CANADIANS  
BUXTON AREA.



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 11 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Dominion Orthopaedic Hospital

STATION..... DATE Jan 7 - 1920

1. 1 (a) Unit DD # 2 (b) Regimental No. 72456 (c) Rank PTE  
 (d) Surname RHODES (e) Christian name ARTHUR  
 (f) Home address 20 MELBURN ST. LINDSAY  
 (g) Next of Kin MRS A.E. HANCOCK (h) Relationship NONE  
 (i) Address of Next of Kin Same as above
2. Age last birthday 19 Date of birth Nov 7 - 1900
3. Enlistment, or Appointment (if an Officer) (a) Place LINDSAY (b) Date Oct 21 - 1915
4. Personal description:  
 (a) Height 5' 8" (b) Weight 120 (c) Complexion MEDIUM  
(stripped)  
 (d) Colour of hair D. BROWN (e) Colour of eyes GREY (f) Identification marks, Scars, etc. amputation left arm at shoulder
5. Former trade or occupation FARMER

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>4</u>	<u>99</u>

*Patient Statement*

	PERIODS	
	From	To
Canada .....	<u>Oct 21 - 1915</u>	<u>July - 1916</u>
England.....	<u>July - 1916</u>	<u>Dec - 1916</u>
France or other theatres of War.....	<u>Dec - 1916</u>	<u>Oct 15 - 1918</u>
<u>England + Canada</u>	<u>Oct 15 - 1918</u>	<u>To Date</u>

7. Original disease, or injury: G. S. W. Left shoulder joint

- (a) Date of origin Sept 29/18. (b) Place of origin Cambrai  
 (c) Cause H. E.

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.)

disarticulation left shoulder joint

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.)



report. left shoulder arm amputated through shoulder joint disarticulation. Has arm which is satisfactory fit. Subjective loss of left arm through shoulder joint. Has pain as if being in fingers more so at night when wearing arm aggravates this. arm is a satisfactory fit but quite useless other than to fill sleeve.

(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 *see report attached* 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).)

wounded through left shoulder joint amputation Sept 29/18. Healed and broke down then healed. Scar excised in Oct 1919. soon healed and still complains of tenderness. Has a ~~fit~~ satisfactory fitting arm but is no use; as disarticulation at shoulder joint.



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).)

myalgia, April 1917 - June 1917. in  
back in France.

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

none.

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.)

amputation through left shoulder  
joint France.  
dressed England. fitted with arm Canada

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? *no due to disability*  
(If not, briefly state why)

17. Recommendations

medically unfit for  
service.

*DR Macdonald Capt*  
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, *soldier* 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

*at Rhodes* Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*We concur.*

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.) |

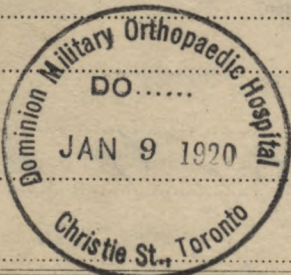
20. It is certified that the invalid

- (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]* Members  
*[Signature]* Members

PLACE.....

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

*[Signature]*  
Assistant Director of Medical Services.

President.  
Members  
Members  
Director-General of Medical Services.

DATE *12-1-20*.....

DATE.....

724567, Pte. Rhodes, A.

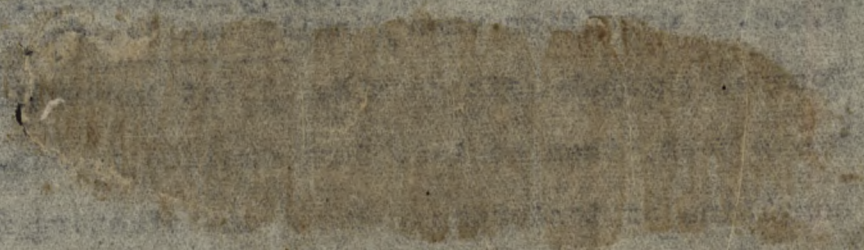
D.O.H. Condition when finally boarded for discharge Jan. 9th, 1920.

Wounded through left shoulder joint Amputation Sept. 29th, 1918. Healed & broke down, then healed. Scar excised in Oct. 1919. Soon healed & still complains of tenderness. Has a satisfactory fitting arm but is no use; as disarticulation at shoulder joint.

OBJECTIVE:- Left arm amputated through shoulder joint disarticulation. Has arm which is satisfactory fit. Has pain as if burning in fingers more so at night - wearing arm aggravates this. Arm is ~~satisfactory~~ fit but quite useless other than to fill sleeve.

Myalgia, 11th April 1917 - June 1917 in back in France.

*[Signature]*  
Major & Registrar  
For C. G. Dendler



*Handwritten signature or initials in blue ink, possibly reading "C. H. H."*

R1779

No. 2 DISTRICT DEPOT

AUDITOR *Bank* PAYMASTER *MM*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES (1)

M. OR S.

REGT. No. 724567

RANK

Pte. NAME (IN FULL)

R H O D E S

A.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>38 BW</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	<i>nil</i>	DATE EFFECTIVE			ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Toronto</i>	<i>15/1/20</i>	<i>M U 0.0.13/104 183</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		T.O.S. D.O. SUBS. 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	DEBIT	
<i>28.2.19</i>	<i>110</i>			<i>564.91</i>													
				<i>564.91</i>													
								<i>15.162</i>		<i>487</i>							
								<i>15.6.86</i>		<i>24.33</i>							
								<i>15.9.89</i>		<i>487</i>							
								<i>13.4.9</i>		<i>487</i>							
								<i>Boat.</i>		<i>5.00</i>							
										<i>5.00</i>				<i>93.94</i>		<i>470.97</i>	<i>78</i>
<i>1/3/19</i>	<i>31</i>	<i>110</i>	<i>34-10-12</i>	<i>470.97</i>													<i>78</i>
<i>Apr.</i>	<i>30</i>	<i>110</i>	<i>33 -</i>	<i>550.07</i>												<i>550.07</i>	<i>78</i>
<i>May</i>	<i>31</i>	<i>110</i>	<i>34-10-16</i>	<i>550.07</i>	<i>139.75</i>		<i>1400.39</i>	<i>550.07</i>	<i>15.7</i>								<i>subs. 26/1 - 28/4 100/122</i>
			<i>25.60</i>	<i>611.37</i>			<i>141.831</i>		<i>46.30</i>					<i>611.37</i>			<i>subs 13/5 - 13/6 - 20/136</i>
<i>June</i>	<i>30</i>	<i>110</i>	<i>33 -</i>	<i>33</i>	<i>142.46</i>		<i>73.26/0</i>	<i>444.582</i>	<i>15</i>					<i>33 -</i>			
<i>July</i>	<i>31</i>	<i>110</i>	<i>34-10</i>		<i>14.107</i>		<i>98.237</i>	<i>470.75</i>	<i>15.7</i>					<i>34-10</i>			
<i>Aug</i>	<i>31</i>	<i>110</i>	<i>34-10</i>				<i>22.26/8</i>	<i>149.677</i>						<i>34-10</i>			
<i>Sept.</i>	<i>30</i>	<i>110</i>	<i>33 -</i>	<i>33</i>			<i>119.27</i>	<i>152.382</i>						<i>33 -</i>			<i>Bank</i>
<i>Oct.</i>	<i>31</i>	<i>110</i>	<i>34 10</i>				<i>177.870</i>	<i>154.352</i>						<i>34 10</i>			<i>Bank</i>
<i>Nov</i>	<i>30</i>	<i>110</i>	<i>33 .</i>	<i>33</i>			<i>257.11.198</i>	<i>172.782</i>						<i>33 -</i>			<i>Bank</i>
<i>Decr.</i>	<i>31</i>	<i>110</i>	<i>34 10</i>				<i>19/12-219</i>	<i>178.0.14</i>	<i>15 -</i>					<i>34 10</i>			<i>Bank</i>
<i>1.1.20</i>	<i>15</i>	<i>110</i>	<i>16-50 35 -</i>	<i>51.50</i>	<i>172.219</i>		<i>178.0.14</i>	<i>480</i>						<i>51-50</i>			<i>Bank</i>
			<i>117-70 35 -</i>	<i>152.70</i>										<i>152.70</i>			<i>Bank</i>

*J. Muttler* CAPT. PAYMASTER, No. 2 DISTRICT DEPOT

1945

1945

1945

1945

1945

1945

1945

1945

1945



