

"D" Coy.

ATTESTATION PAPER.

No. 726055

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Rivers*
- 1a. What are your Christian names?..... *James Peterson Corners*
- 1b. What is your present address?..... *Somerville Goph*
2. In what Town, Township or Parish, and in what Country were you born?..... *John Rivers*
3. What is the name of your next-of-kin?..... *Peterson Corners*
4. What is the address of your next-of-kin?..... *Father*
- 4a. What is the relationship of your next-of-kin?.....
5. What is the date of your birth?..... *January 19th 1893*
6. What is your Trade or Calling?..... *Labourer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

James Rivers (Signature of Recruit)

Date *Dec 24* 191*5*. *Geo Lecky Lieut* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Rivers*, 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.

James Rivers (Signature of Recruit)

Date *Dec 24* 191*5*. *Geo Lecky Lieut* (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 *Haliburton* this *5th* day of *January* 191*6*

G. W. Potts (Signature of Justice)

2 Div Sec
16/2/18
APB

Description of James River on Enlistment.

Apparent Age 18 years 7 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).

(Date of Birth given Jan 19th 1893)

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Scar on back of neck right side.

Complexion fair

Eyes blue

Hair dark Red

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

CERTIFICATE OF MEDICAL EXAMINATION.

*1715
1893 2917
1893 2917
24*

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 Jan 5th 1916

J. McCulloch
Capt.

Place Haliburton

Medical Officer.....
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature] Lt. Col. (Signature of Officer)

O. C. 109th Overseas Battalion, C. E. F.

Date JAN 15 1916 1916

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.B. 122.1
C.A.D.C. 5009-1
Route letter - 1
M.P. 1237-1

M. F. W. 62.
50M. - 9-16.
H. Q. 1772-39-935.

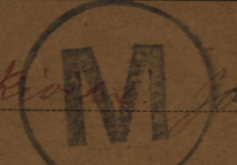
DISCHARGE DOCUMENTS

20
Rivels

Name *James*

Regt. No. *2605* Rank *Pte.*

Corps *#3 Spec. Serv. Co. 109th
Med. Unit.*



R. O. No.....

H. Q. No.....

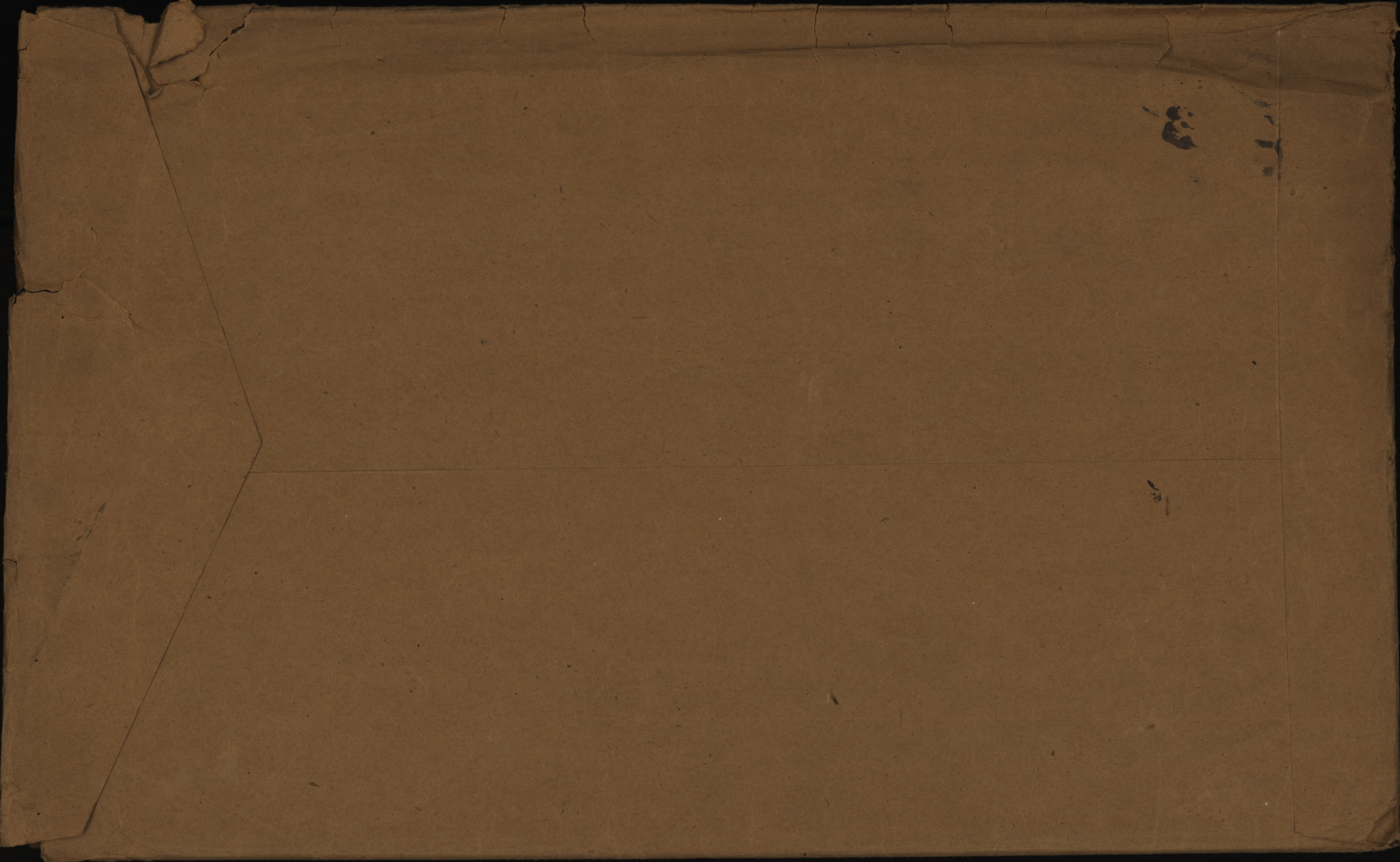


13934



30 - 31
17 - 31
9 - 21

Rivels *Eng. Cos. Co.*



*JCS
Crown*

Number

426055

Rank

Plt

B

Surname

RIVERS

Christian Name

James

Units

50th BN Can Inf

Theatre of War

France *V*

Date of Service

6/10/16

Remarks

Peterson's Corners

Latest Address

*Peterson's Corners
Cdn.*

Roll No

B. Page 10569

200m. - 2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued _____

Yes
No

Date

Previous occupation _____

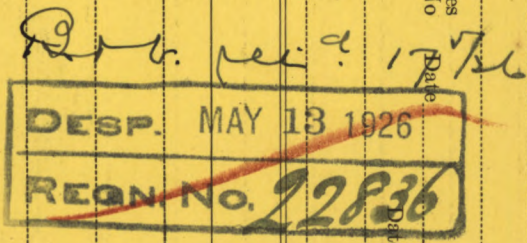
Character on discharge _____
Date and place of enlistment _____

Diagnosis _____

Date of Medical Boards _____

Date

Remarks



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

No. 726055 RANK *Plt*

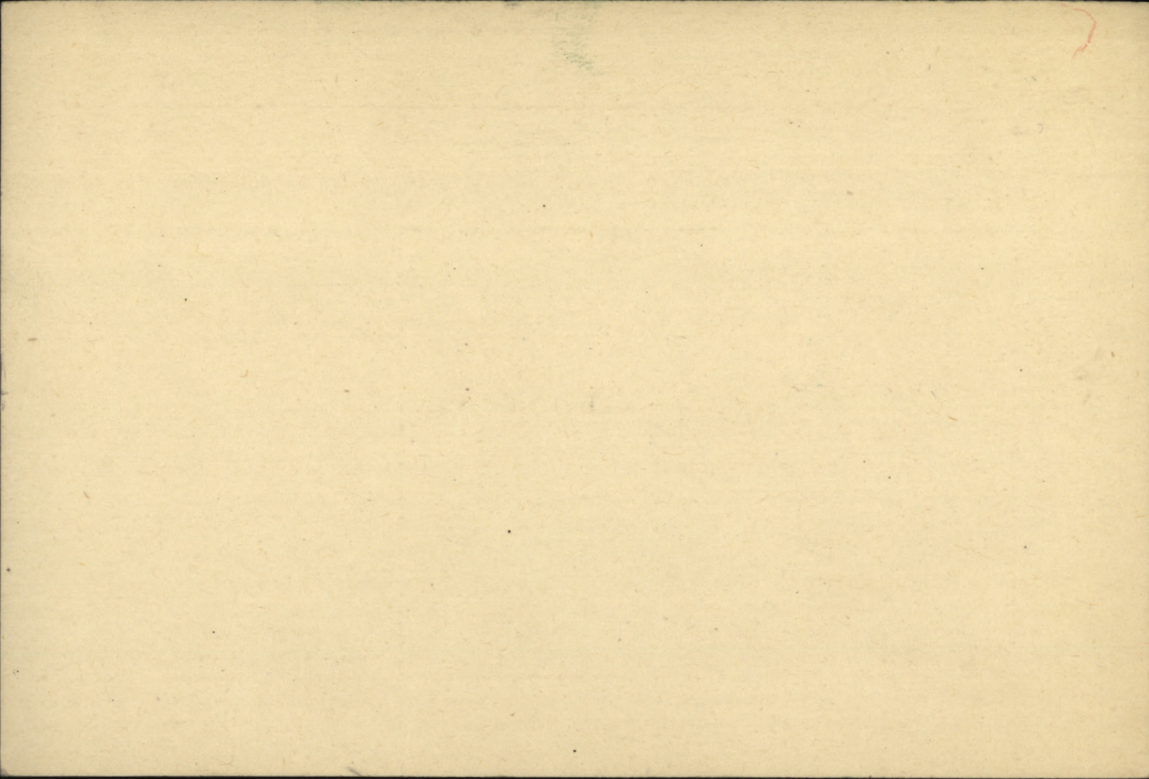
NAME *Spivess James.*

T. O. S. 24-12-15. UNIT *109th. Battalion.*
A. O. 43. 10-1-16.

M. D. *3*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Dec 24</i>	<i>1916</i> <i>Jan. 31</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. 726055 RANK Pte

NAME Rivers, James

T. O. S.

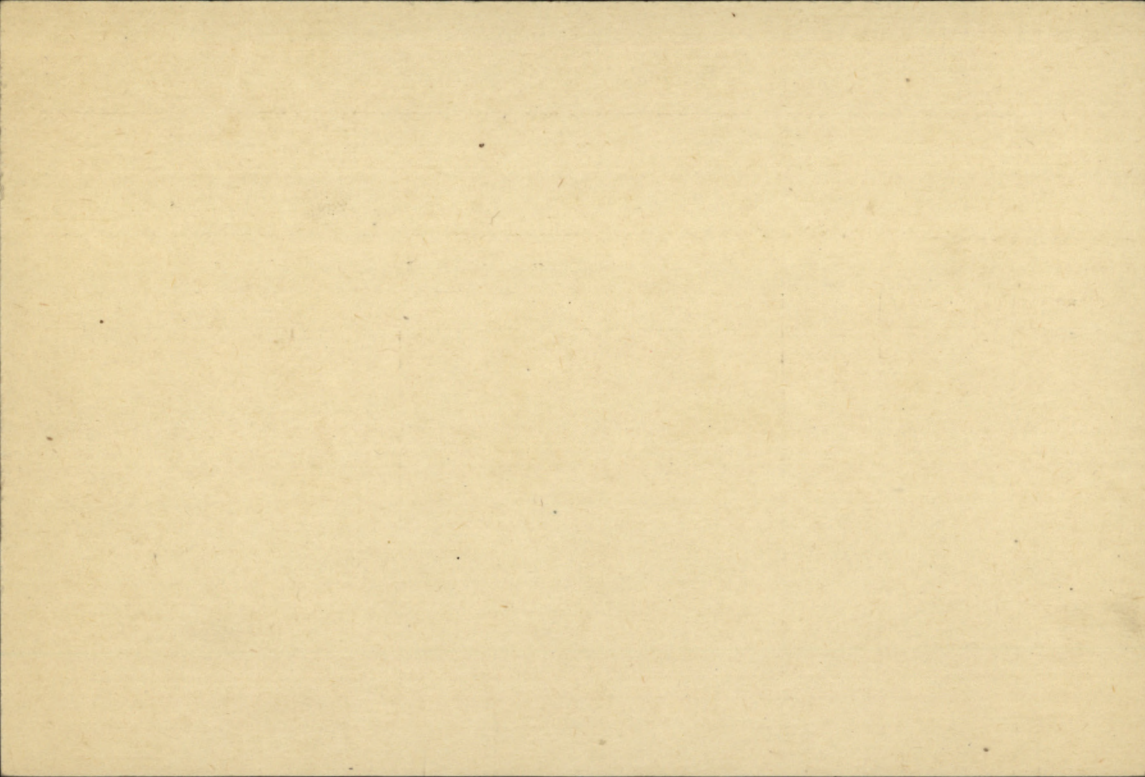
UNIT

Special Service Battalion
#3864

transf'd from Caruatto 10-1-18
Do 12 of 12-1-18

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Dec 13	1918 Jan 31	c	1st Discharge 31-1-18 2072	Do 31 of 31-1-18
of close d by payment S.				



SURNAME.

Rivers,

CHRISTIAN NAMES

James

REGL. No. 726055

RANK Pte.

UNIT 109th

Batt.

FORMER CORPS

nil

NEXT OF KIN.

NAMES IN FULL

Rivers, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Peter's Corner, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Bonerville Sp. Ont. DATE Jan. 19th 1893

PLACE OF ATTESTATION

Haliburton DATE Jan. 5th 1916

Sailed from Halifax per S.S. Olympic 2 3/7/16. 488 29 H. N.

016. 5/1/18

CARD NO. 1
J. S. Disc
31/1/18 FOLL. 3

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18

YEARS

—

MONTHS

HEIGHT

5-

FEET

4

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark red

DISTINGUISHING MARKS

Scar on back of neck, right side.

MEDICAL EXAMINATION.

PLACE

Haliburton

DATE

Jan. 5th 1916

NAME

Rivers, James

REGT'L NO

726055

RANK AND CORPS

Pte. 20th Bn. (Form 109th Bn)

H. Q. FILE NO. 649-

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

M2704

23-4-17

Admitted to 2 Australian
General Hospital, Timereus
April 12th. 1917 (G.S. Th. ankle)
Sailed from Liverpool for Canada, per S.S.
"Metagama", 23-12-17. (Dis. f.a. 4) M.D. # 2.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 492	No. 2 Aust. Gen. Hospital	12-4-17	G. S. H. R. Ankle, Fract.
B 329	2nd Western Gen Manchester	16-4-17	Tibia G. S. H. Ankle. Frac. Tibia
A 396	Gen. Convt. Woodcote	24-7-17	G. S. H. R. Leg.
B 421	Discharged	R. E. person 22-8-17	G. S. H. R. Ankle

Surname **Rivers** Christian Name or Names _____ Reg. No. **726055**
Rank _____ Unit **20th Batt. J.** Co. _____ Troop _____ Batty. _____
Hospital _____ Date of Admission _____

Transferred **2 Aust. Gen. Wimeroux** Hosp. **12-4-17**
2nd W. Gen Manchester Hosp. **16-4-17**
Epsom Couv. Hosp. **24.7.17**
Hosp. _____

Diagnosis **g. s. w. R. Ankle & sac. Lig**
(1) _____
Later Diagnosis (if changed) _____
(2) _____
(3) _____

Additional Diagnosis: if more than one state present

DISPOSITION _____ Date _____

A492
C.L. 24-4-17
30-4-17 B329
27.7.17 B396.
29.9.17 B.421

Dis. 22-8-17.

REMARKS

A.M.D. 2 Dept.
Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....*109th OVERSEAS BN., C.E.F.*.....

.....

(2) Regimental Number.....*226055*.....

(3) Full Name of Soldier.....*James Rivers*.....

.....

(4) Place of Birth.....*Stammond ont Canada*.....

.....

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

(6) If married, state,

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

.....

(b) Present Postal Address.....*_____*.....

.....

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

(8) Have you any children?.....*_____*.....

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

Also their names and ages.....*_____*.....

.....

.....

.....

.....

(9) Is your Father alive?..... *Yes*
If so, state name and address..... *John Rivers*

(10) Is your Mother alive?..... *Yes*
If so, state name and address..... *Louisa Rivers*

(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.
.....
.....

(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.
.....
.....

(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.
.....

(15) Are you insured?.....
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 11 1916**

[Signature]
.....
Officer Commanding
O. C. 109th Overseas Battalion, C. E. F.

19 JUN 1917

No. 15052

Manchester Royal Eye Hospital,
Oxford Road, Corner of Nelson Street.

OPEN FOR THE RECEPTION OF PATIENTS EVERY MORNING, EXCEPT SUNDAY;
BETWEEN NINE AND HALF-PAST TEN O'CLOCK.

Under the care of

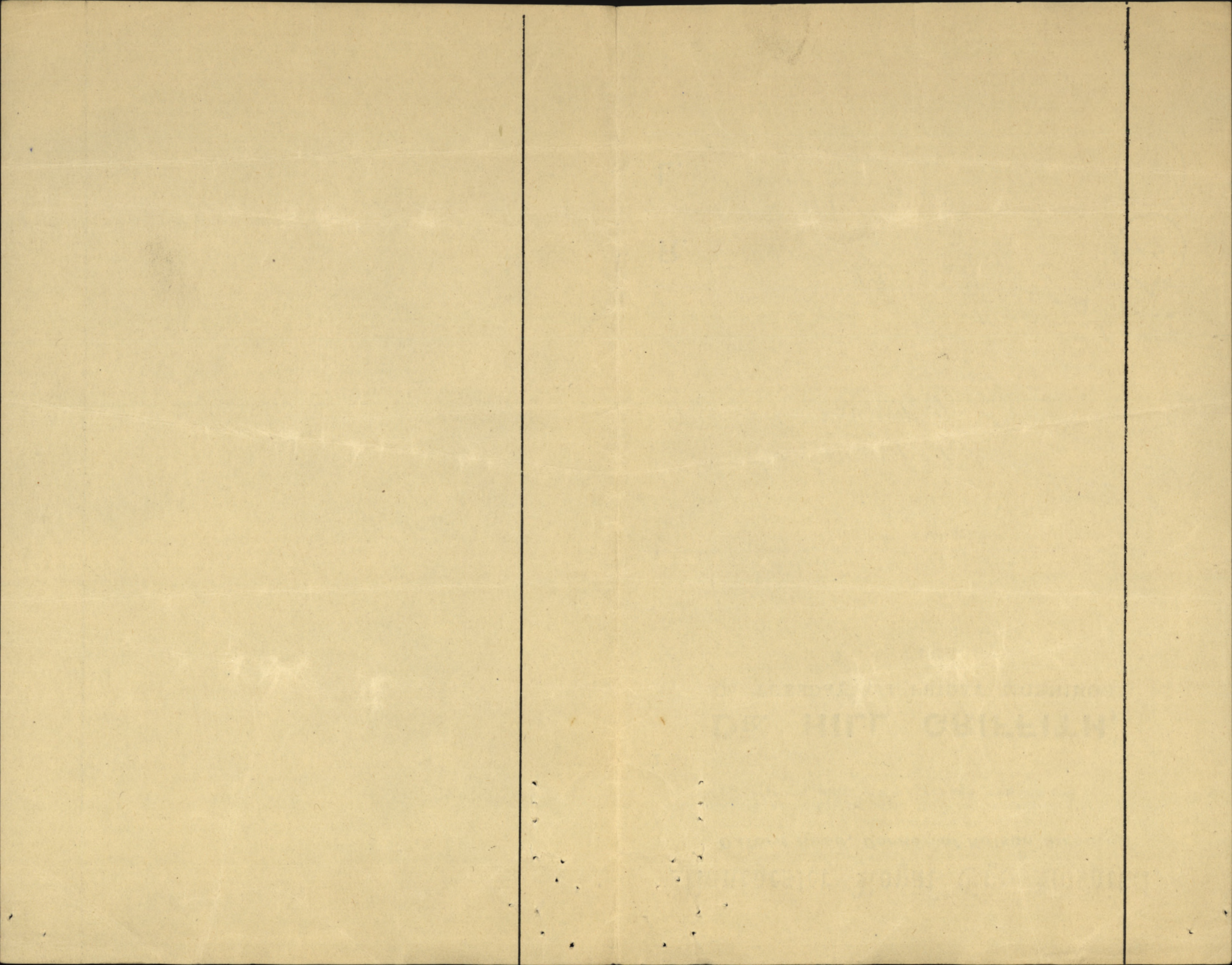
DR. HILL GRIFFITH,

On TUESDAY and FRIDAY MORNINGS.

DATE 1917 June 19	NAME Pte. J. Lewis	AGE 23
ADDRESS Pimlico		OCCUPATION
DISEASE normal		
<p>R. $W.K. + 1.5 \text{ dsp} = \frac{6}{16}$ normal</p> <p>L. $W.K. + 1.5 \text{ dsp} = \frac{6}{16}$ normal</p> <p>or hysterical amblyopia</p> <p>No disease of eyes</p> <p>Get him to work</p>		
R. Shadows, $\bar{c} + 1.5 \text{ dsp} = \frac{6}{16}$	27.16	to work
L. $\frac{6}{60}$ 220 $\bar{c} + 1.5 \text{ dsp} = \frac{6}{16}$	18.14	

TAKE CARE OF THIS PAPER. Bring it with you if you need
to come again AT ANY FUTURE TIME.

YOU ARE REQUESTED TO CONTRIBUTE EACH VISIT.



126055
Ruin. J.T.

DENTAL CERTIFICATE.

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

H.C. 21

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
19. 12. 17	Y.A.			<p><i>W. Quinn</i> Capt. R.C. 16</p>

DENTAL CERTIFICATE

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

Handwritten notes:
110-8-17
110-8-17

Present Dental Condition	In case of loss of teeth, is the loss due to wounds, injury or disease directly attributed to Active Services?	Has he ever declined Dental Treatment?	Date of Examination

CHS Rank _____ Name **RIVERS James** ✓ Reg'l No. **726055** ✓
 Unit **109th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single** ✓
 Place and Date of Enlistment **Haliburton Dec. 24th.1915** Place of Birth **Somerville Tps.** ✓
 Name and Address, Next-of-Kin **John Rivers** ✓
Peterson Corners Haliburton Ont. Canada ✓ Relationship **Father** ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **10485**
 File R.L. _____
 Category **Can mu**

Discharge, Date and Place _____ Reason _____ Character **6'sers has**

H. W. & V., Ltd.,—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					
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramhall	5-10-16	P-II. 5-2-279 1106.
11-10-16	20 th "	T.O.S. from 109 th "	Field	6-10-16	" II 55.
24.9.17	"	Adm. #2 Australian Gen. Hosp	WIMEREUX	12.4.17	C.L. A. 492 GSW.R. Ankle. Frac. 11610
30.4.17	"	To 2 nd Western Gen. Hosp	MANCHESTER	16.4.17	- B. 329 ✓
27.4.17	"	Wounded: Inv. & posted 1 st CORD.	FIELD	15.4.17	P-II 0.32 P-II 0. 54 1st CORD
27.7.17	"	To CCH. Woodcote Park	E.PSOM	24.7.17	C.L.B. 396 GSW.R. Leg
²⁵ 25.8.17	1 st CORD	On Com. 1 st C.C.D.	Pls W. Sddng	22.8.17	P-II 0 169 1st CCD P-II 0 169 4/9/17
29.8.17	20 th Bn	Dischgd. Mil. Conv. Hosp.	"	22.8.17	C.L.B. 421 GSW.R. Leg.
21.11.17	WCCD	Recom. to be off on part to 1 st CORD. P. E.	"	21.11.17	P-II 0 247. & 258 d/22/17 1st CORD

A.F.B. 193 CHECKED
16 OCT 1916

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.				
10.12.17	ICORD	On board CDD	^{Ward} Buffon	10.12.17	27
31.12.17	ICORD	Leave on com CDD SOS to Canada	Plr Esand	23.12.17	296/Pa392 Sec16 KRO
	Dis Defat	For class Duty	M.D. 3 Kungshoi	57.1.18	nl417

P.697-25M.
3989-31-19-17.

726055 Pte. Rivers J.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
24/7/17	9156	✓	5	0	9	73	Epsom		487
17/8/17	738	✓	1	0	4	87	"	Chgd Feb/18	973
12/9/17	1327	✓	5	0	9	73	E Sandling	W & D's	3894
26/9/17	1400	✓	5	0	9	74	"	W & D's	486
16/10/17	1553	✓	4	0	9	73	"	Chgd Feb/18	486
24/10/17	1570	✓	8	0	38	94	"	W & D's	6326
14/11/17	1672	✓	1	0	4	86	"	Chgd Feb/18	
28/11/17	1672	✓	1	0	19	47	"	W & D's	
9/1/18	475	✓	1	0	4	86	"	Chgd Feb/18	
					111	93	✓		

111.93
48.07
63.26

426
 31
 30
 12

 499

1/8/16 - 12/12/17

395.79
 33.20
 13.20
 6.56

 448.55
 111.93

 336.62

44.07
 17.78
 14.09
 48.67
 111.93

 236.54

336.62
 335.80

 82
 81

 69
 3-4

1575.00
 1440

 1350
 1200

 1500
 1071

 429
 429

15
 30
 45
 60
 75
 90
 105
 120
 135
 150
 165
 180
 195
 210

335.80
 82

 336.62

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Emb

15436-J-3

Name Rivers, James *J.*
Surname Christian Name

Regimental Number 726055

Rank Pte.

Address (in full) Petersons Corners,

Unit # 3 S.S.Co.

Ont.

Original Unit

District where paid M.D.3.

Date of Discharge 31-1-18.

P. D. P. Filing Number 18-58-3.

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

L. L. 22573—M. & D. 800P.

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		
100 10	1169	31-1-18	33 00	1148	28-2-18	33 00	1145	30-3-18	34 10		100 10
							<i>Less Ous. a/c</i>			<i>49 55</i>	

M. F. W. 127.
50M-617.
1772 39-1140.

Remarks:

File No. 154367-13.

WAR SERVICE GRATUITY.

Register No. P1855

Dec. 28. 6. 20

90

Reg. No. 726055 MT Dependent _____

Name Rivers James J. Address _____

Address Peterston Corners, _____

Co Haliburton, Ont. _____

Less further debit balance \$ _____
Net due paid as below \$ _____

Pay Soldier \$ 200.35 DEPT Pay Dependent \$ _____

Ag. No. _____ Amount _____

Days 153 Rate 70 Due 350.00

Less P.D.P. credited 100.10

Less further Dr. Bal. 49.55

or overpayment. Net 200.35

Clerk RM 3/7/20.

*R. 11/4/20
5/20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>18/7/20</u>	<u>58243</u>	<u>1819514</u>	<u>200.35</u>					
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by
5/7/20
 Date 3/7/20

*R. Rivers
28 6/20*

Name

Rivers

Enl. 24-12-15

Date of Embarkation for England

24-7-16

Proceeded to France.

5-10-16

Returned to England.

15-4-17 wd

Date returned to Canada.

23-12-17

P.R. 2855.

"Child"
17-4-28 (over)

Gas. Shies

9-4-17 - J. S. W. R. Ankle -

fractibus

— To Eng. 15-4-17

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....Epsom, Surrey August 14th.....1917.

No. 726055 Rank Pte Name Rivers, J.

Local Unit.....Overseas Unit.....20th Batt. Age 23

Examination held at Epsom, Surrey.

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

WEAKNESS + PAIN IN RT.
LEG.

PRESENT CONDITION.

DT
8636

BOARD RECOMMENDS:—

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

Signatures:—

Members {President.

APPROVED

Dated.....1917.

U. 1110
 FALSE DOCKET
 3

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

No. 75002 Rank 1st Lt Name WALTER S. ...
Local Unit ... Overseas Unit ...
Examination held at ...

WALTER S. - PARK ...

DISABILITY
Overseas-Local
(circle one only)

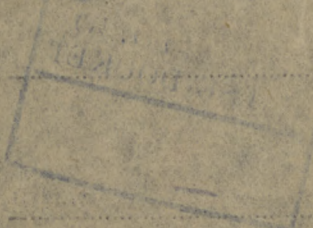
PRESENT CONDITION

BOARD RECOMMENDATIONS:

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

Signatures:

President
Members



APPROVED

For A.D.M.S. 1917 Dated

Whether U.K. or Expeditionary Force:
(If latter, state which).

France

MEDICAL CASE SHEET.*

Ward: *B6 S*

No. in admission and Discharge Book. *42511*
Year *1919*
Regimental No. *726055* Rank *Pte* Surname *Rivers* Christian Name *James J.*
Unit *20 Canadian 2 Div. C.* Age *23* Service *2 yr 9/12*

Station and Date. Disease *Ru 96 a rly*
Date of Onset *9th 7/17* *Comp. fract tibia*
was cleaning

Transfer Class.
3

35⁴/₁₇
at RR

ALFRED ST. HARBORNEY HOSPITAL
16.4.19

1.5.19 *Kilrie* *Laurebury Knutsford G. Surridge*
Kilrie
Knutsford Would the ophthalmic surgeon
18.6.17 kindly examine? *Essexbridge*

May 10th Abscess opened + counter opening made
in front of tibia.
July 16th Wounds now all healed up + able
to walk about
July 16th To be discharged

23.7.19 Transfd. to band. bone. Woodcote Park. Epsom.
E. W. Surridge

Next of kin: *Mr John Rivers*
Peterson Corner.
Ontario
Canada

Antitetanus Inoc ⁿ .	
Units.	Date.
<i>500</i>	<i>17-40</i>

Station
and Date.

CLINICAL CHART.

Army Form B. 181.

Corps _____

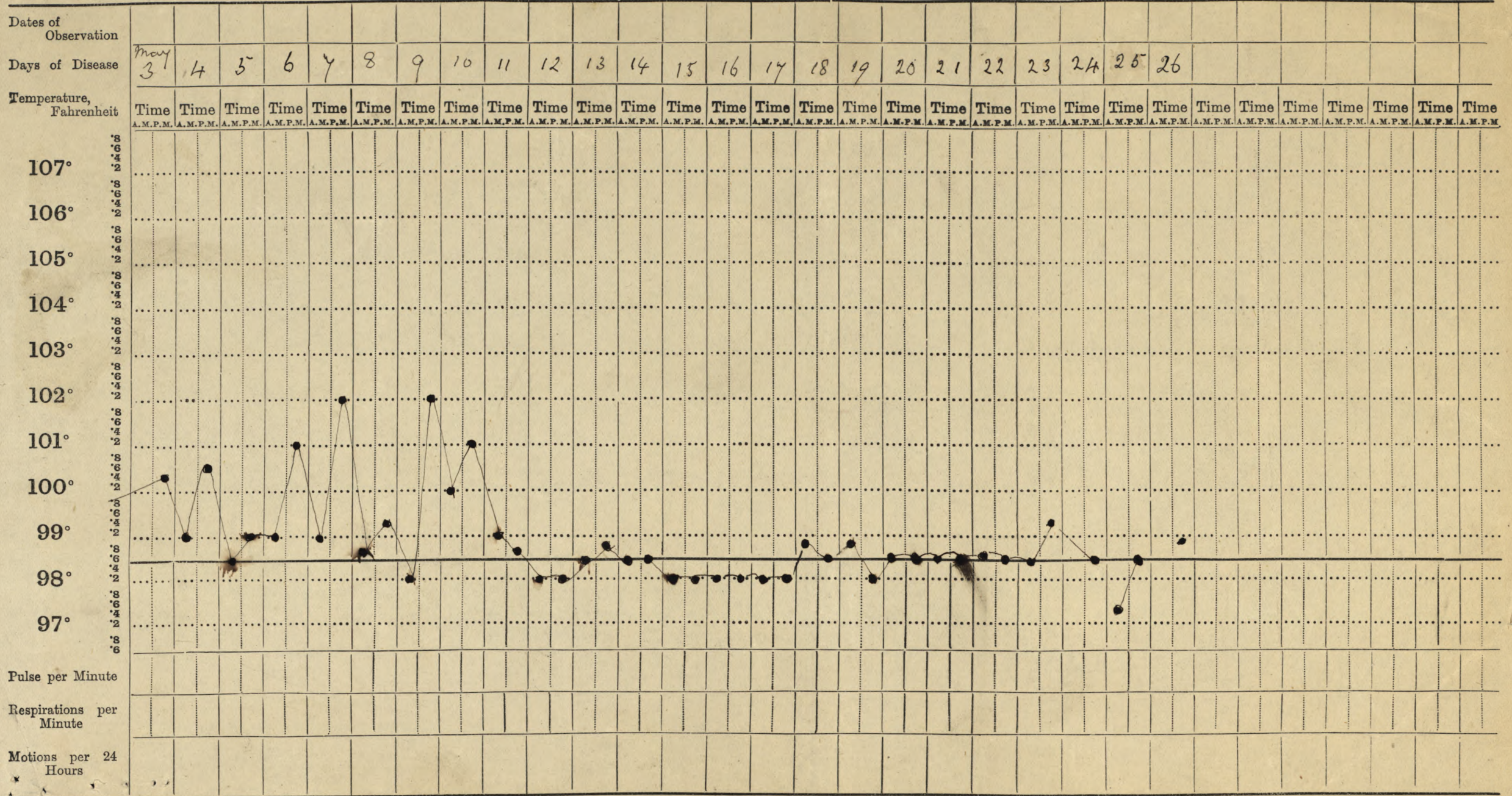
(To be attached to Case Sheet.)

Military Hospital _____

No. _____ Rank and Name Pl. Miller

Age 23 Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____



Signature _____ In charge of case.

CLINICAL CHART

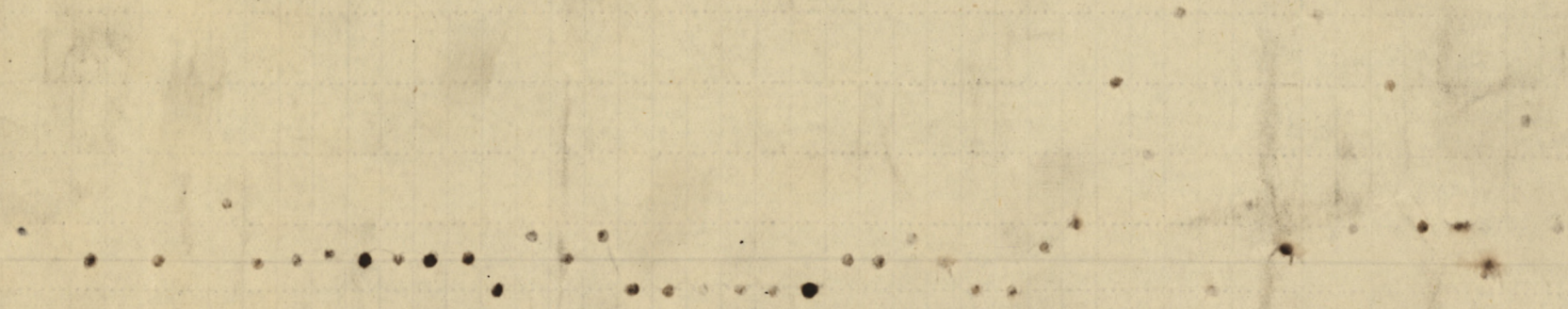
Name attached to Case No.

Rank and Grade

Date of Admission

Date of Discharge

100
90
80
70
60
50
40
30
20
10
0



1
5

6055
23/1/17

ORIGINAL R-120

MEDICAL HISTORY SHEET ORIGINAL

Surname Rivers Christian Name James

Examined { on 5 day of January 1916
at Walsburton
Birthplace { City or Town Somerville Township
County Victoria

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

Apparent age 18
Trade or occupation Labourer
Height 5 Feet 4 Inches.
Weight 122 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 inches.
Physical development good
Small-Pox Marks none

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

28 APR 1917

Vaccination Marks { Arm Right none Left two
Number two
When Vaccinated last Sp. February 10th 1916
(a) Marks indicating congenital peculiarities or previous disease none.

Date	Result	VACCINATIONS
10.2.16.	Nil	<u>J. McCulloch</u> M.O.
7.4.16.	Good	<u>J. McCulloch</u> M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
26/4/16	Good	<u>J. McCulloch</u> M.O.
3/5/16	"	<u>J. McCulloch</u> M.O.
14/5/16	"	<u>J. McCulloch</u> M.O.
2.10.16	"	<u>St. Bay &</u> <u>no</u>

Enlisted on 5 day of January 1916 at Walsburton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C.E.F.</u>	<u>726055.</u>		<u>24-12-15</u> <u>5.1.15</u>
Transferred to.....	<u>20th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>E. Sandling</u>	<u>8-10-17</u>	<u>Serv. leg.</u>	<u>Discharge permanent fit.</u>
	<u>10 OCT 1917</u>	<u>approved</u>	<u>Hygiene and Contr. Pres. M.B.</u>
<u>Kingston</u>	<u>24/1/18</u>	<u>G.S.W. used leg.</u>	<u>E. H. S. Graham</u> Capt.

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.

P. C. FORM
FALSE DOCKET
2

CANADIAN

2nd WESTERN GENERAL HOSPITAL, MANCHESTER.

Christian Name James

Surname Rivers

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				
		16	4	17	23	7	17	M. G. wd. Rt. leg. 99 Comp. frac. tibia.	wd. 9-4-17. 10-5-17 Abscess opened & counter opening made in front of tibia. 19-6-17 Eyes exam. R. no Hm. + 1-5- $\frac{6}{9}$ L. no Hm + 1-5- $\frac{6}{9}$	Mr. Hoolton Capt. R.A.M.O., T.F.S. Secretary and Registrar, 2nd WESTERN GENERAL HOSPITAL	
	M. G. Hepburn	23	7	17	22	AUG	1917	do	31 wound healed. but deep- contracted scar (3" above Lt. malleolus Rt) PAIN and weakness in leg - given massage & no duty - much improvement. D1	DeWaller Capt. Lane	

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

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

Casualty Form—Active Service.

250M.—1-16

H. Q. 1772-39-920.

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

Regimental No. 426055 Rank Private Name Rivers James

Enlisted (a) 24.12.15 Terms of Service (a) 1 of 10 Service reckons from (a) 24.12.15

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

Extended _____ Re-engaged _____ Qualification (b) Laborer

Report		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				

CERTIFIED CORRECT.
 18 OCT. 1916
 CAN. RECORDS. LONDON

	<u>Embarked Canada</u>	<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England</u>	<u>Liverpool</u>	<u>31.7.16</u>	

Transferred for the Overseas Service with 20th DE OCT 5 1916 Bn. D.O. Pt. 11. No. 279

_____ Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.
 D.O. Pt. 11. No. 279

Autsetting CAPTAIN,

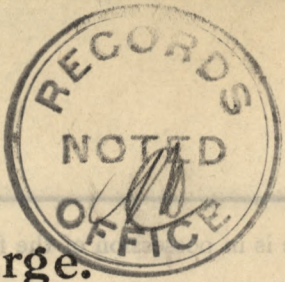
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 G/ra 55d/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	B215
14-4-17	do	Wounded	Fld	9-4-17	B213 (288D/27-4-17)
14-4-17		GSW Rt ankle Fract Tibia	Centl Ont.	15-4-17	W3083(4961)
		Inv. (Wdd) & posted to 1st	HS St Andrew		Pt 2 32D/27-4-17
		Regl Dep. Shorncliffe per			

Whogau Capt. for Lt-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

Casualty Form—Active Service

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				
2.5.17	1 st CORD	TOS. posted from 20 th Bn	W. Sdling	15.4.17	Pt II D O 54 Lt Col Prater Capt for Colonel i/c Records Comd.
21/11/17	1 st CORD	Leases to be attached on proceeding			Bn. Part II D.O. No. 247 21/11/17 Adjutant, Canadian Command Depôt,
22.11.17	1 st CORD	Leases to be att W Sandling to 1 st CORD		22.11.17	Pt II D O 258
10/12.17	1 st CORD	att to 1 st CORD Buxton		10/12.17	Pt II D O 276 Lieut. & Assist. Adj. for O. C. 1st C. O. R. D.
11 DEC 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 293			B. Vane Commanding Lieut.-Col. Canadian Discharge Depôt.
28 DEC 1917		EMBARKED FOR CANADA FROM LIVERPOOL			B. Vane Commanding Lieut.-Col. Canadian Discharge Depôt.

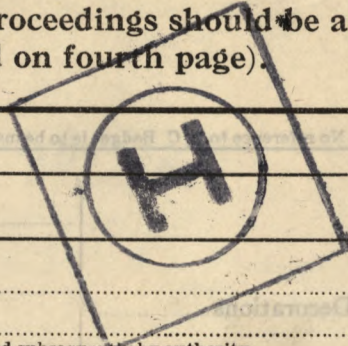


This space to be for numbers

Proceedings on Discharge.

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

No.	726055
Rank	Private
Surname	Rivers
Christian Name	James
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	No 3 Spec. Serv. Co
Date of Discharge	Jan. 31st, 1918.
Place of Discharge	Fort Henry.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age..... 24 years..... months.	
Height..... 5 feet..... 3 1/2 inches.	
Complexion..... Fair	G.S.W. in leg
Eyes..... Blue	Two scars one
Hair..... 2/ Brown	on knee one above
Trade..... Farmer	on knee. Right leg
Intended place of residence..... Peterson Corners	
(To be given as fully as practicable.)..... Ontario.	

2. The above-named man is discharged in consequence of *Medical unfitness for further service*
3md 88-R-147 dated 26-1-18.

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.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good.

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.)

Labourer

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

(OVER)
Dis Sec. 1/18
16/2/18
[Signature]

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) *Fort Henry*

A. B. Bernalis
MAJOR
C. C. No. 3 Special Service, C. E. F.
Commanding

(Date) *31/1/18*

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) *Fort Henry* *James J. Rivera* (Signature of Soldier.)

(Date) *31/1/18* (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.

James J. Rivera (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) *Fort Henry*

(Signature) *A. B. Bernalis*
MAJOR
C. C. No. 3 Special Service, C. E. F.

(Date) *31/1/18*

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

James J. Rivers

<p>Attestation Paper, Militia Form B. 203</p> <p>Proceedings on Discharge B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 203</p> <p>Company, Battery, Squadron Conduct Sheet B. 203</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>Medical History Sheet, Militia Form B. 218</p> <p>Medical Report for Invalids B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate B. 277</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 herein.

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>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">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>
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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.