"B" Coy.

Card SS

# ATTESTATION PAPER.

No. 725-061

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Sullivan
1a. What are your Christian names? — John
1b. What is your present address? — The Derby Restaurant York St. Toronto.
2. In what Town, Township or Parish, and in what Country were you born? — Bristol England.
3. What is the name of your next-of kin? — Margaret Owens.
4. What is the address of your next-of-kin? — 36 Frogmore St. St Augustine Bristol Eng.
4a. What is the relationship of your next-of-kin? — Sister
5. What is the date of your birth? — 7 March 1881
6. What is your Trade or Calling? — Fireman
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? If so, state particulars of former Service. — Army Service Corps 6 mos. Summer Training
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, John Sullivan, 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.

John Sullivan (Signature of Recruit)

Date Dec. 22 1915. Wm H Campbell (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Sullivan, 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.

John Sullivan (Signature of Recruit)

Date Dec. 22 1915. Wm H Campbell (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 27th day of January 1916

Lt. Col. (Signature of Justice)

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

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

## Description of John Sullivan on Enlistment.

Apparent Age 34 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5½ ins.

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

Complexion Dark

Eyes Brown

Hair Black

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

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).

scar of hernia operation on right side of neck.

### 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 Dec. 22 1915.

Place Lindsay

J. McCullock Capt.
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.

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

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

Date JAN 24 1916 191

6-5-18

Incomplete

# DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name Sullivan, John

Regt. No. 725061 Rank Pte

Corps 124th Bn

Med. Unfit

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

Attestation Papers 1

Declaration of change of name

Authority for special enlistments

Documents of re-enlisted men

Regimental Conduct Sheet

Compulsory Stoppages

Casualty Forms 1

Proceedings on discharge 2

Corps History Sheet

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

Parchment Certificate

Medical Report for Invalids 3

Medical History Sheet 1

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power

Company Conduct Sheet

Clothing Transfer Certificate

Inventory of Kit

Last Pay Certificate 1

9.7 B.179 1

Eng MB 4

A.F. B.22 1

M.F.W. 59a 1

M.F.W. 62.
100m.—6-17.
H.Q. 1772—39—935.

M.H.C. Form 132 1

Misc. 1

M & B 465 1

S

M

48611

H

42-6
11-6
6-6
1

To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

B=

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number 7250~~61~~ 61

(3) Full Name of Soldier John Sullivan

(4) Place of Birth Bristol England

(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

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(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.....

Are you her sole support, or not ?.....

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

.....

.....

(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.

.....Mrs. Owens.....

.....36 Frogmore St.....

.....St. Augustine Bristol England.....

(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 ?.....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.

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

Date.....July.....9th.....1916.....

No. 725061. RANK Pte NAME Sullivan J.

T. O. S. 21-12-15. UNIT 109th. Battalion

D. O. 28. 22-12-15.

M. D. 3

| PAID FROM | PAID TO | SIG OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 Dec 21 | 1915 Dec 31 | ✓ | | |
| 1916. Jan. | 1916 | ✓ | | |
| Feb. | | ✓ | | |
| Mar. | | ✓ | | |
| April. | | ✓. | | |
| May. | | ✓. | | |
| June. | | ✓. | | |
| July. | | ✓. | | |

UNIT SAILED

JUL 23 1916

FORM R. 149.
7106—250m—7/2/17.

*Name* SULLIVAN. John. *Rank* Pte *Reg. No.* 725061

*Unit* 124th. PIONEERS

*Next of Kin* Margaret Owens. 36. Frogmore St St Augustines BRISTOL.

| Date 1917 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| May. 26. | The Dublin 83 Gen Hsp | Boul. | SW. Elbow. | Head & Jaw. | A. 44 | |
| | SERIOUSLY ILL (do. 28/5/17) | | 28-5-17 | | M-5472 | |
| June 6. | Struck off Seriously Ill List. | | 8-6-17 | A. 51. | M. 5546. | |
| 10. | Lad London Hsp Chelsea | | Conj. Frac. Jaw | W. & Arm | B.100 | |
| Jly 28. | Can. Con. Sta. Hsp | Ramsgate | Gsw. Arm | Amp. | B.127 | |
| Aug 22 | P P Can R X Hsp | Ramsgate | Amp L Arm | B145 | | |
| 4. 9. | Can. Conv. Hosp. | Manks Horton | do | Amp. B. 3. | 5-9-17 | |
| 23. 10. | No. 5. Can Gen. Hosp. | Liverpool | do | B47 | | 4219 |
| 15. 11. | Invalided to Canada. | | | B37 | | 1786 |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

REGT'L. No. 725-061

H. Q. FILE No. 649

NAME Sullivan John.

RANK AND CORPS Pte 124th Bn from 109th Bn

FOLLOWS No.

FOLLOWS

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| M5472 | 28-5-17 | Sev. ill at Dublin Gen Hosp Boulogne May 26th 1917 (G.S.W. head elbow jaw) ✓ |
| M5546 | 8-6-17 | Removed from seriously ill list No 83 Gen Hosp Boulogne June 6/17 Sailed from Liverpool per H.M.H.S. Glenart Castle Nov 15th 1917 Sev sick (M.D. 13) |

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

| LIST NO. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A 44 | The Dublin 83 Gen Boulogne | 26-5-17 | Ser. Ill. S.W. Elbow head & Jaw |
| A 51 | Struck off "List of Ser." "reports" | Ill. 6.6.17 | S.W. Elbow head & jaw |
| B 100 | 2nd Lon. Gen, Chelsea | 10-6-17 | Comp. fract. Jaw, S.W. L arm |
| B 127 | To Gran. Can. Spec. | 28-7-17 | G.S.W. L arm amp. |
| B 145 | To P. Pl. R + Spec. Ramsgate | 27-8-17 | Amp. L arm |
| B-3 (3) | Ex "Can. Convl." Monks Horton | Kent, 4-9-17. | " " " (1st. C. O. Reg.) |
| B-47 (2) | Ex. "No. 5 Can. Gen." Kirkdale | 23-10-17. | " " " |
| B 77 4 | Invalided to Canada | 15-11-17 | G.S.W. L. arm. amp. |
| 349 | M.A.C.C. Toronto | 13-4-17 | Rip. Calcyk |
| 349 | " " " " | 4-12-17 | Adm. To. Lorent |
| 342 | " " " " " | 4-12-17 | Out P. with Subs. To. Lorent |
| 361 | " " " " " | 23-12-17 | Out P. with subs. |

A.D.

B

Number 725061 Rank Pte

Surname SULLIVAN

Christian Name John

Units 124th Bn Can Inf Theatre of War France

Date of Service 4-5-17

Remarks 45539

Latest Address 60 Hamilton St
Toronto,
Ont.

"B" Page 1213-3.

Roll No. 4 Walker St Kingsdown Bristol England

200m.-2-21.M.

BDC

2108

REG. NO. 225061 NAME (SURNAME FIRST) Sullivan J.

RANK Pte. CORPS 124th Bn. 43

AGE 36. SERVICE 2 9/12

NAME OF HOSPITAL M.O.H. PLACE Toronto.

DATE OF ADMISSION Dec. 3. 17

DISEASE Amp. Left Arm.

DISCHARGE July 28. 18

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

FORM D.M.S. 1300.
8137—50m—28/2/17.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Sullivan | J. | 725061 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Pte | 124th Pionrs | | 1st Cor. | |

Hospital — Date of Admission

Dublin 83 Gen B'logne 26-5-17

Transferred 2nd Lon Gen Chelsea Hosp. 10. 6. 17.

Granville Lan. Spec. Ramsgate Hosp. 28. 7. 17.

P.P.C.L.I. Special Ramsgate Hosp. 22-8-17

Manks. Harter Can Conv. Hosp. 4. 9. 17.

Diagnosis S.W..Elbow Head & Jaw R. Comp. Frac. Jaw B

(1) Later Diagnosis (if changed)

(2) G.S.W. L. Arm. Amp. B

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L.29-5-17 A44

REMARKS

- 9.6.17 a/H1. struck of Sevill list. 6.6.17.

15. 6. 17 B100 invalided to Canada 15.11.17.

1. 8. 17. B127

25-8-17 B145

6. 9. 17. B8 (3)

27. 10. 17. B.47 (2)

11.5.18.14 B77-4.

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | 5 Cav. Gen. Kirkdale. | 23.10.17. |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

*Name L Sullivan J. Rank Pte. Regtl. No. 725061

Original unit ..... Present unit 124th M. or S. Age 36 Religion RC Fyle Depot ..... Ref. H.Q. .....

Port, ship, and date of arrival Halifax 26-11-17

Next of kin Sister, Mrs. F. Owens, #1 Crepwell Passate, Frogmore St. Bristol England

Address on leave .....

Address on discharge 36 Woodworth St. Toronto

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

Previous occupation Telephone Date and place of enlistment 21 Jan. 1916 Lindsay

Diagnosis Amp. L. Arm Frac. Lower Jaw Date of Medical Boards 28-11-17 "D"

| Date. | Remarks. | Pt. 2 Order No. |
|---|---|---|
| | O.P. Military Orthopaedic Hospital. with subs from 28-2-18 | |
| | on. Q. 26 | |
| 15-7-18 | Posted to Cas. | 122 |
| 27-8-18 | SOS. DISCHGD. "PHYS. UNFIT"; 3 mos. PDP & cl. allce. | 128 |

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

(over)

| Date. | Remarks. | Pt. 2 Order No. |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

Forms
I. 1237
12

(Copy)

Army Form I. 1237.

# MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| | 425061 | Pte | Sullivan | John |

| Year | Unit. | Age. | Service. |
|---|---|---|---|
| 1917 | 124th Batt. | 36 | 18/12 3/12 |

Station and Date: Gran Can Spec. Hospital. Ramsgate 27 July 1917

Disease: G.S.W. jaw & Left arm (amputated)

Occupation: fireman

Enlisted Lindsay Ontario 21/12/15
Arrived in England August 1/16
Arrived in France March 1917
Wounded Lens Junction May 20/17
Hospitals. No 13 C.C.S. 1 day
Hospital in Boulogne 16 days
2nd Lond Gen. London Chelsea 6 weeks
G.C.S.H. Ramsgate 27/7/17

Complaints (1) Amputation through lower third left arm. (2) Loss of many teeth and inability to proper open mouth

History & Present Condition

At Lens Junction May 20/17 was wounded by shrapnel just below left elbow. Was also wounded right lower jaw which was fractured. Some of his teeth were knocked out and others had to be pulled out. On the same night amputation was done at No 13 C.C.S. through lower 1/3 left arm. Jaw kept in splint 6 weeks.

Stump healed. Shoulder free. Has lost some teeth from upper & lower jaw. Patient cannot open mouth very widely.

Treatment X ray right lower jaw.

2/8/17 Urinalysis. Amber, acid, 1010, albumen 0, sugar 0.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O

| Station and Date. | |
|---|---|
| | X ray report. "Fracture through middle of mandible Incomplete union". |
| Aug 18/17 | A F.B. 179. Transferred to Fauvrelle before sheet was returned from Board |
| Princess Patricia Can. Res. Cross. Spec Hosp - Ramsgate 21/8/17 | |
| 3/9/17 | Transferred Monks Horton Teeth extracted. Soft diet.. Signed M.D. McEwen Capt |
| Can Mil Hosp Liverpool 24/10/17 | Left arm amputated below middle. Good stump. Scar at end. Well healed. Has good movements about shoulder except slight limitation of abduction. Compound fracture of jaw. This at times discharges into mouth. Almost firm union of jaw. All lower teeth gone except two molars in left jaw. Wears plate above A S Burns Capt |
| 14/11/17 | No change A S Burns Capt |

725-061

J.3

No trace 256

ORIGINAL

# MEDICAL HISTORY SHEET.

ORIGINAL

W12

Surname Sullivan Christian Name John

Examined on 22nd day of December 1915 at Lindsay

Birthplace City or Town Bristol County England

Apparent age 34 years

Trade or occupation Fireman

Height 5 Feet 5½ Inches

Weight 129 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right None Left Five Number Five

When Vaccinated last Feb. 2nd 1916.

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by J. McCullock Capt. Medical Officer

Rank 109th Overseas Battalion C. E. F.

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | 14 JUN 1917 M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 2.2.16 | Good | J. McCullock M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 18/4/16 | Good | J. McCullock M.O. |
| 25/4/16 | Good | J. McCullock M.O. |
| 2/5/16 | Good | J. McCullock M.O. |
| 22/4/16 | | H. Floyd. |

Enlisted on 22nd day of December 1915 at Lindsay

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 109th Batt C.E.F. | 725-061 | | 22.12.15 |
| Transferred to | 124th OVERSEAS BATTALION C.E.F. P O-S | 3 27 32 9-5-17 | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Colley. Granville Can. Spl. Hospital, Ramsgate. | 6. 3. 17. 14 AUG 1917 18 AUG 1917 | Post operative hernia Amput: Arm Left approved S L Walker FOR A.D.M.S. CANADIANS, SHORNCLIFFE. | Bn J. H. Cock Capt. Invalided to Canada C. A. Nelson Major Can. PRESIDENT STANDING MEDICAL BOARD. CANADIAN |

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.

M. F. B. 313.

150M.—8-15.

H. Q. 1772-39-439.

(1) loss of L arm Disch Cat E

(2) loss of lower teeth — J. Hughes Capt for Pres. S.M.B.

8

Military Orthopedic Hospital AUG 14 1918

Surname Sullivan Christian Name John

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| London General Hospital, St. Mark's College, King's Road, CHELSEA, S.W. | | 9 | 6 | 17 | 27 | 7 | 17 | G.S.W. Jaw + L arm Amputation | 48 | Jaw splinted good union. Clean amputation stump | A B Sanders |
| Gras Cas Spec Hosp Ramsgate | | 24. | 7. | 17 | 14 | 8. | 17. | G.S.W. Jaw (L Arm Amp) | 19. | Amputation of left arm about middle, wound healed nicely and movement of shoulder free & normal. Fracture of right lower jaw about middle incomplete union, inability to open mouth fully. Loss of teeth from upper & lower jaw of both sides. General condition of patient good. Transferred to Monks Horton | A Grace Capt |
| PRINCESS PATRICIA CANADIAN RED CROSS SPECIAL HOSPITAL, RAMSGATE, KENT. | | 21-8-17 | | | 4-9-17 | | | — | | | REGISTRAR. PRINCESS PATRICIA CANADIAN RED CROSS SPECIAL HOSPITAL, RAMSGATE |
| Canadian Convalescent Hospital, Monks Horton, Kent. | | 3 | 9 | 17 | 22 | 10 | 17 | — " — | 49 | Leave to Can Int Hosp Kirkdale Liverpool ~~through Hosp. Lep.~~ | Norman Carter Registrar, Capt. C.A.M.C. |
| No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL | | 22 | 10 | 17 | | | | G.S.W. Jaw R Arm amputated | | Invalided to Canada. Condition as above described. | A S Burns Capt |

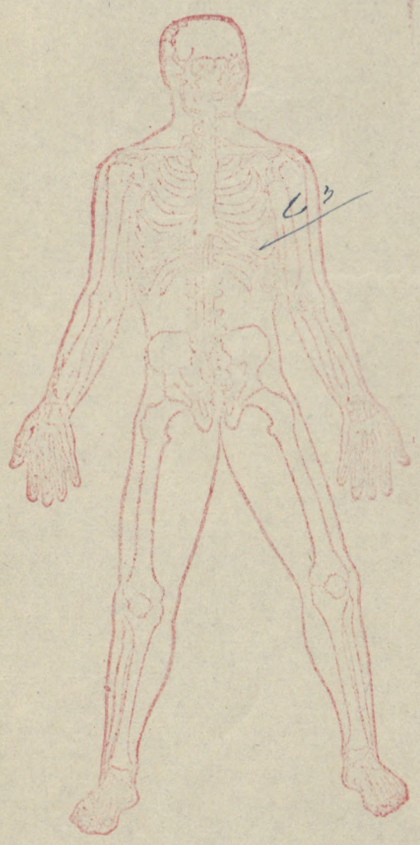
MILITARY HOSPITALS COMMISSION.

TORONTO 10/8/18

I J. Sullivan formerly a Pte in the 124th Battalion bearing the Regimental Number 25061 hereby certify that I have received from the Military Hospitals Commission, an artificial Arm of the Government pattern which is satisfactory to me in every respect.

WITNESS K. M. Keyes

(Signature) J. Sullivan
60 Hamilton St Toronto



The limb is according to specifications and a satfactory fit.

L. S. Pulsan (Physician)

AMPUTATION AS MARKED.

3

These to be signed in duplicate and returned to Sec., #1 Queen's Park.

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-
725061 Pte Sullivan J. 124 Can Bn.

Previous civilian occupation:- Marine Fireman

Is he able to resume previous civilian occupation:- No

Cause of disability:- Amputation left arm above elbow. Fracture lower jaw. (G.S.W.)

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

This man was wounded in left arm which was amputated above the elbow. His lower jaw was also fractured at the same time. The jaw shows a good result but there appears a piece of dead bone present. It is loose and will likely work out soon.
He can only masticate soft food as his teeth were nearly all extracted at the time of setting his jaw. Later a denture may be indicated.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 50%

Disability due to Service:- All due to Service

Probable duration of incapacity:- Permanent with slight improvement in jaw condition

Does it render him permanently unfit for Military Service:- yes

Would operation, special treatment or the use of appliances etc., lessen incapacity:- No

Recommendation of Medical Board:- Convalescent Home

Station:- Halifax, N. S.

Category:- D III

Date 28/11/17

J. Hankine Capt CAMC President

W. F. Lommon Capt. Member

Member

APPROVED

Date 28-11-17

R. Costin Major
p Asst. Director Medical Services.

Date

Director General Medical Services.

4

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

Previous civilian occupation:-

Is he able to resume previous civilian occupation:-

Cause of disability:-

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions)

Disability due to Service:-

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service:-

Would operation, special treatment or the use of appliances etc., lessen incapacity:-

Recommendation of Medical Board:-

Station:- Halifax, N. S. _____ President

Category:-

_____ Member

Date _____ _____ Member

APPROVED

Date _____

_____ Asst. Director Medical Services.

Date _____

_____ Director General Medical Services.

J. Sullivan 725061

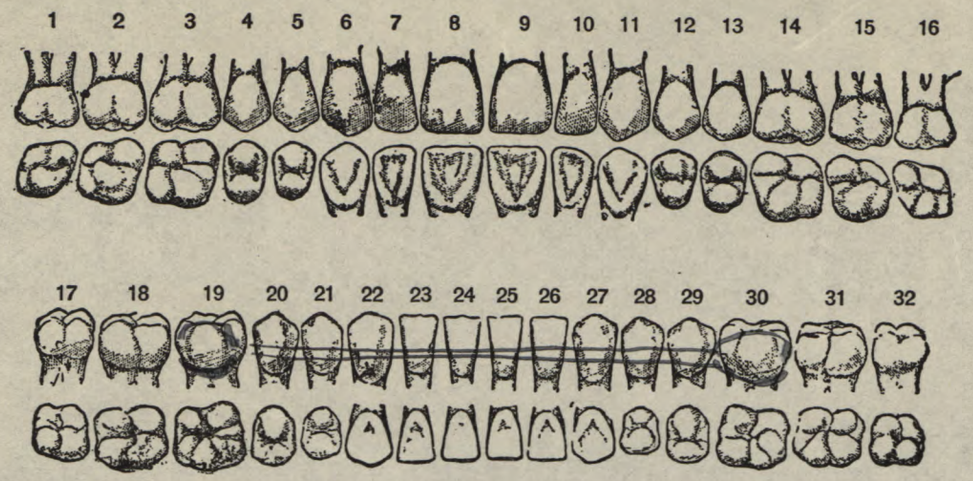
# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER J. Sullivan

REGIMENT 124 Bde. RANK Pte. No. 725061




## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

| | Date | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | Dentures U | Dentures L | Dentures P | Gold Clasp | Gold Filling | Crowns Gold | Crowns Porcelain | Bridge Work | OPERATOR | Military Dist. | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | | | | | | | | | | | | | | | | | | | | | | |

Dec 14/17 Exam. rec'd
" Treat. fractured jaw. X-Ray
Jan 9/18 Impression part. upper & part lower
" 22 Inserted partial upper (2 clasp)
" 28 Treating fractured jaw
Mar 26/18 Impression part lower. April 1/18 Bite
Apr 16/18 Inserted full lower (double clasps) Done in new impression
May: June 25/18 Bite. July 13. Try in new bite
July 31. Inserted partial lower (2 clasps)
all Dental Work Completed
Given certificate H. J. Thomson. Capt.

M.F.P. 2/10M-1 1772-39

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

W.M.W.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 725061 Rank Pte. Name Sullivan, J.

Corps No. 2 District Depot who was* Discharged

On August 27, 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1, 1918, to August 27, 1918, the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | | 90 |
| Advances by Cheques: No. 76452 | 35 | 00 | Regt'l Pay 27 days at $ 1 00 | 27 | 00 |
| Advances by Cheques: No. | | | Field Allow. 27 days at $ 10 | 2 | 70 |
| Assigned Pay and Sep'n Allce. No. | | | Separation Allowances* (Monthly) | | |
| Other charges | | | Other Allowances* | | |
| Payment on transfer or discharge No. 76453 | 30 | 60 | Other Credits* Clothing | 35 | 00 |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 65 | 60 | Total | 65 | 60 |

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Sep'n Allce. for month of 191 (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

**On Transfer of an Officer**

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge authority D.O. 128

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date August 24-18

Place TORONTO

Malcolm J. Cochrane Captain,
for Paymaster, No. 2 District Depot.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

Army Form B. 103. Regimental Number 735061

DUPLICATE, ORIGINAL NOT AVAILABLE.

## Casualty Form—Active Service.

Regiment or Corps 12th Reserve Battalion.

Rank Pte Surname Sullivan Christian Name John

Religion R. C. Age on Enlistment 34 years 9 months.

Enlisted (a) 22/12/15 Terms of Service (a) D.W.J.W Service reckons from (a) 22/12/15

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) Civil Fireman or Corps Trade and Rate

Signature of Officer.

| Report: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| | | Embarked ... | | | |
| | | Disembarked... | England | 31.7.16 | |
| 29.3.17 | 12th | Attached to 12th Bn | Ewd | 29.3.17 | Part II 81 |
| | | From 124th Bn | Sandling | | |
| 3.5.17 | O.C. 12th Res. Bn. C.E.F. | Transferred to 12th Battn France | EAST SANDLING | 3.5.17 | Part II 812 J. Quinnip Lieut i/c Records 12th Res. Bn. C.E.F. |
| 8.12.16 | OC 109th Bn | S.O.S to 124th Bn | Witley | 8.12.16 | Pt II O.343 |
| 9.12.16 | " 124th Bn | T.O.S | do | do | " " " 765 |
| 29.3.17 | " do | S.O.S to 12th Res Bn | do | 29.3.17 | " " " 83 |
| ~~8.5.~~ | | | | | |

J. C. Pratten Capt. ~~Lieut.~~

FOR LT. COL. I/C RECORDS, C.O.M.F.

CERTIFIED CORRECT. 20 JUN 1917

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 8.5.17 | C.B.D. | T.O.S. 124th. Bn. | Field | 4.5.17 | DO Pt.11, ~~102~~ 95, 8.5.17 |
| ~~8.5.17~~ | ~~do.~~ | ~~Left for Unit~~ | ~~do.~~ | ~~8.5.17~~ | ~~N.R. 251~~ |
| 12.5.17 | O.C. 124 Bn. | Joined Unit | do. | 11.5.17 | B213 DCS 16, 21.5.17 |
| 22.5.17 | 13 Sta.Hp. | Sh.Wd. L. Elbow, Jaw, Hand, Sev. | 13 Sta. | 22.5.17 | W.3034/W.890 |
| ~~27.5.17~~ | ~~O.C. 124 Bn.~~ | ~~Wounded, Evac.~~ | ~~Field~~ | ~~20.5.17~~ | ~~B.213 DCS 20~~ 5.6.17 |
| 22.5.17 | 13 Gen.Hp. | GSW Elbow L.Jaw R.Hand R. to | 13 Sta.Hp. | 22.5.17 | W.3034/W.504 |
| 21.5.17 | do. | do. do. Adm. | 13 Gen.Hp. | 21.5.17 | W.3034/W.505 |
| 26.5.17 | 12 C.F.A. | do. do. Adm. | 12 C.F.A. | 21.5.17 | A.36 DCS 23 15.6.17. |
| 9.6.17 | O.C. H.S. | G.S.W. Face, frac Jaw To | C.C.S. | 21.5.17 | do. E.4277 |
| | "Jan Breydel | L. Arm Amputated To | England | 9.6.17 | W.3083/A.7516 D.O. Pt.11 No.108, dated 22.6.17. |
| | | Posted to 1st. Ont. Regt. Depot, Shorncliffe. | | | |
| | | J M Anderson Lieut. for Lt-Col. A.A.G., Can. Sec. G.H.Q. 3rd. Ech. | | | Y |
| 18.6.17 | 1st Ont Depot | T.O.S. | W Sandling | 10.6.17 | Pt 20 101 |
| | | | | | I C Smatum Lieut for Colonel i/c Records. |
| 8-12-17 | D. Unit | T.O.S. | Toronto | 3-12-17 | Pt 4 O. No. 342 |
| 18.4.19 | Dunt | D.O.O. #2 Dist Depot | Toronto | 18.4.19 | Pt. 20. No. 1. |
| | Dis. #2 D.D. | Aug. 27, 1918 | Pt. II, 128 | | |
| | | | H S Beer Captain, For Lieut.-Colonel, O.C. No. 2 District Depot. | | |

R—122

LTR

Rank | Name SULLIVAN, John | Reg'l No. 725061

Unit 109th, Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Lindsay, 22nd, December, 1915. | Place of Birth Bristol, England.

Name and Address, Next-of-Kin Margaret Owens.

36 Frogmore St, St Augustines, Bristol, England. | Relationship Sister.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 10 118
File R.L.
Category Can Mil

Diseases Ears

H. W. & V., Ld.—7165-16.

| Report. Date. | Report. From whom received | 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. |
|---|---|---|---|---|---|
| | | Arrived in England per H.M.T. 2810 31-7-16 | | | |
| 8.12.16 | O.C. 109th Bn | S.O.S. to 124th Bn | Witley | 8.12.16 | P II D.O. 3 [illegible] |
| 9.12.16 | O.C. 124th | T.O.S. fr 109th | " | " | " 265 |
| 29.3.17 | O.C. 12th Res | Attached from 124th Bn. | E. Sandling | 29.3.17 | — 81 |
| 29.3.17 | O.C. 124th | S.O.S. to 12th Res. Bath | Witley. | 29.3.17 | — 83 |
| 8.5.17 | 124 Bn O/S. | T.O.S. from 12 Res Bn | Field | 4.5.17 | " 95 (A 112 12 Res) |
| 29.5.17 | " | Adm. The Dublin Gen Hos Seriously ill | Boulogne | 26.5.17 | C.E. A 44 S. Malbow head fjaw |
| 9.6.17 | " | Struck off Ser. ill list | " | 6.6.17 | " A 57 ( " ) |
| 15.6.17 | " | To 2nd Gen Hosp. | Chelsea | 10.6.17 | " B 100 (Comp. Fracture jaw B.H. Cam) |
| 22.6.17 | " | Adm. [illegible] Hospital 1 COND. | Epsom | 9.6.17 | Pt 20. 105 |
| 18.6.17 | 1 COND. | T.O.S. | W. Sandling | 10.6.17 | Pt 20. 101. |

6

| Report. Date. | Report. From whom received. | 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. |
|---|---|---|---|---|---|
| 1-8-17 | 124 Bn | To Franc. Can Spec Hos. | Ramsgate | 28-7-17 | CL B127. S.S.W. Lam amp. |
| 25-8-17 | " | " P. Pal. Can Rd x Spec Hos. | " | 22-8-17 | " B145. " |
| 5-9-17 | " | " C. Conv. Hosp. Manks Northumberland | | 4-9-17 | " B3(3) Amp. Lam |
| 26-10-17 | — | 5 Can Gen Hospt | Kirkdale | 23-10-17 | Ch B 47(2) |
| 30-11-17 | — | Invalided Ex 5 Can Gen Hospt | " | 15-11-17 | B77 |
| 4-12-17 | 1 CORD | Sos to Canada | The Wards | 15-11-17 | 270 Par 392 Sec 16 K R O |
| | Div Depot | To Convalescent Home | Myd 2 Trento | 26/11/17 | N. R 412. |

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. Sullivan John

Regimental No. 725061

Unit 109th Bn.

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ 15.00 Pd. for June

To whom payable Margaret Owens.

36 Shognore St. St. Augustine Bristol Eng.

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

D. L. Job 5351—M. & D. 6880.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ~~Dec~~ Oct. | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | 435 | 23 | 15 | | | | |
| Dec 1 | 31 | 31 | 1 | 31 | 31 | 10 | 3 10 | 212 97 | | 440 | 55 | 15 | | 15 | | Out Dec 3/342 |
| | | | | | | | | 8 | | 484 | 68 | 15 | | | | In Dec 13/349 |
| | | | | | | | | 7 20 | 26 27 | | | | ~~90~~ | | | SA. |
| Jan 1 | 31 | 31 | 1 | 31 | 31 | 10 | 3 10 | 8 80 | | 503 | 40 | 12 27 | | | 26 27 | Out Dec 23/361 |
| | | | | | | | | | ~~97~~ | 50 | 07 | 13 90 | Salem | | | |
| | | | | | | | | | | | | | | | | In Jan 3/7. |
| | | | | | | | | | 42 90 | 550 | 47 | 42 90 | Salem | | 42 90 | |
| | | | | | | | | | | | | | | | | Out Jan 25 DO 28 |
| Feb 1 | 28 | 28 | 1 | 28 | 28 | 10 | 2 80 | 28 | | | | | | | | |
| | | | | | | | | | 58 80 | 60 | 70 | 58 80 | b/F. | | 58 80 | |
| | | | | | | | | | | | | | | | | In Feb 19 DO 54 |
| Mar 1 | 31 | 31 | 1 | 31 | 31 | 10 | 3 10 | 24 80 | | | | | | 77 87 | | Out ~~Feb~~ 28 DO 63 |
| | | | | | | | | | 58 90 | | | | | 8 80 | 86 67 | Hq. 649-S-21794 |
| | | | | | | | | Bal | 27 77 | | | | | | | Mar 15/18. 58 adj. |

M. F. W 41
1 0M—7·16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
100M-1-18.
1772-39-380.

N.J.

Name Pte Jno. Sullivan
Hold cheque.

Regimental No. 721061

Unit 109th Bn.

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ Cancelled.

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

(2)

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| April | 30 | 30 | 1 | 30 | 30 | 10 | 3 00 | 24 | ~~57~~ 00 | | | | | 2777 | | Dr. Prev. month |
| | | | | | | | | | | 71098 | | 29.23 | | | 57 00 | out |
| May | 31 | 31 | 1 | 31 | 31 | 10 | 310 | .80 | | | | | | | | |
| | | | | | | | | 24.80 | 59.70 | 78101 | | 59.70 | | | 59.70 | |
| June | 30 | 30 | 1 | 30 | 30 | 10 | 300 | 24 00 | | | | | | | | |
| | | | | | | | | | 57 00 | 83442 | | 57 00 | Taken | | 57 00 | |
| July | 31 | 31 | 1 | 31 | 31 | 10 | 310 | 2480 | 5890 | 88774 | | 58 00 | | | 58 00 | |
| | | | | | | | | -90 | | | | | | | | |
| Aug | 27 | 27 | 1 | 27 00 | 27 | 10 | 270 | 35 00 | ~~65 60~~ | 76452 | | 35 00 | | | | Sub. Cancl 15/8/18 DO 121 |
| | | | | | | | | 12 00 | | 76453 | | 30 60 | | | ~~65 60~~ | Dt. Allow. Sec. 15/8/18 DO 124 |
| | | | | | | | | | 77 60 | 74198 | | 12 00 | | | 77 60 | Ho. Sec. Allow 15/8/18. DO 122. |
| | | | | | | | | | | | | | | | | Do DO 128/27/8/18 |

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

3502/71 hc

J-13

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Sullivan, J.
Surname Christian Name

Regimental Number 725061 Rank Pte

Unit 2. D.D.

Original Unit

District where paid M.D. 2

Date of Discharge

P. D. P. Filing Number 3- 665-2

Address (in full) 60 Hamilton St
Toronto Ont.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

| Total Credits 91 days | FIRST PAYMENT Cheque No. A | Date | Amount 30 days | SECOND PAYMENT Cheque No. B | Date | Amount 30 days | FINAL PAYMENT Cheque No. C | Date | Amount 31 days | Balance Over-payments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 100 10 | 10888 | 27-8-18 | 33 00 | 10299 | 27-9-18 | 33 00 | 7599 | 27-10-18 | 34 10 | | 100 10 |
| 1st G. | ~~4163~~ | ~~13-2-19~~ | ~~70 00~~ | | | | | | | | |
| 254A 2nd | ~~G22384~~ | ~~27/2/19~~ | ~~70 00~~ | | | | | | | | |

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

60. Hamilton St.
Toronto

Dec'n No 3502/71. W. S. G. File No 017636-J-102.

Award ..... days at $ 70.00 per day $ 350.00 Mon.

S. A. ..... months at $ .... per mo. $ ..... $

Less P, D. P. Credited $ 100.10

$

Less further debit balance $.....

Net due paid as below 249.90

TO SOLDIER TO DEPENDENT

| | O/g R | Ch N | out | | Vo | Ch No | Amount | |
|---|---|---|---|---|---|---|---|---|
| 13/2/19 1 | 353. | 4163 | 70 | 00 | | | | |
| 27/2/19 2 | 254A | 22384 | 70 | 00 | | | | |
| 10/5/19 3 | 1038 | 414615 | 70 | 00 | | | | |
| 25/5/19 4 | 2730. | 147743 | 39 | 90. | | | | |

GEN'L AUDITOR
Posting checked by Wekel
Date 15:10:19

M. F. W. 41
1 0M—7-16
1772-39 889.

P. C. No. 528.95

Re Name Sullivan John

Regimental No. 725061

Unit 109 Bn.

Date of enlistment Dec 22-15

Place of " Lindsay

Married (yes or no) No

Amount of pay assigned monthly $ 15.00 30-6-17 = $ 165.00

To whom payable Margaret Owens
Glenart Castle 26 St Augustine 36 Frogmore St Bristol Eng

Name and address ~~of next-of-kin~~ Home
36 Woodworth Av
Toronto Ont

MB Nov 28-17 Convl Home

Reason for discharge

Character on discharge Cert D H.G.

649-S-21794

Form Job 5351—M. & D. 6880.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 28/9/17 | | | | | | | 153 67 | | | | | | | | ERPC |
| 29/9/17 | 30/9/17 | 63 | 1.00 | 63 00 | 63 | 10 | 6 30 | | | | | | | 10 00 | | CD Halfp |
| | | | | | | | | | 222 97 | | | | | | 10 00 | RPC Send on 18/12/17 |
| | | | | | | | | | | | | Cr Balance | | | 212 97 | show Credit to 30/11/17 |
| | | | | | | | | | 222 97 | | | | | | 222 97 | Fwd to W Unit |
| | | | | Cr Bal | | | | 212 97 | | Eng Sup L.P. | | 6 20 | 10/17 | 24 34 | | London Remit: #3316 20/10/17 8 |
| | | | | | | | | | | " " | | 1 10 | 12/17 | 4 87 | | aK. 1008 G.G.S. Hosp. 17/12/17 |
| | | | | | | | | | | " " | | 1 10 | 12/17 | 4 87 | | " 921 " " " 28/11/17 |
| | | | | | | | | | | " " | | 1 10 | 12/17 | 4 87 | | " 761 Monks Hooton 10/10/17 |
| | | | | | | | | | | " " | | 1 18 | 12/17 | 4 86 | | " 774 " " 15/10/17 |
| | | | | | | | | 212 97 | | " " | | 1 3 | 1/18 | 38 93 | 212 97 | Sup L.P.C. D. Unit 8-3-18 |
| | | | | | | | | | | | | | | | | aK. 1037 18/8/17 Ramsgate |
| | | | | | | | | | 212 97 | Cr Balance | | | | 135 10 | 212 97 | |

ER
15-12-17

ERPC Chgd. 1-8-16 to 30-6-17 = $ 165.00

M. F. W 41
1 0M—7-16
1772-39 889

Name

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

A-305

Ref. No. NR
J.J.

33885

# MILITIA AND DEFENCE
# ASSIGNED PAY.

**To whom** Mrs. Margaret Owens

**Address** 36 Frogmore St.,
St. Augustine, Bristol.

**Rate** $15.00

**Date to Commence** August 1st., 1916.

**By whom assigned** Sullivan, J.

**Regtl. No.** 725061

**Rank** Pte.

**Corps, &c.** 109th. Battalion

F. M. Moyne C.P.S.

## PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Pay Sheet Deduction. | REMARKS. |
|---|---|---|---|---|---|
| Jan. | 1916 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | 150260 | 15 | | |
| Sept. | | 182685 | 15 | | |
| Oct. | | 216893 | 15 | | |
| Nov. | 60 | 256083 | 15 | | |
| Dec. | | 298571 | 15 | | |
| Jan. | 1917 | 338914 | 15 | | |
| Feb. | | 377491 | 15 | | |
| March | | 427946 | 15 | | A.P. checked & found Correct 27.3.17 |
| April | | | 45 | | |
| May | | | 15 | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |

# ASSIGNED PAY.

By whom assigned Sullivan J. Pte 109th Bn

Regtl. No. 725061

| Month. | Year. | Cheque No. | Amount. | | Pay Sheet. | | REMARKS. |
|---|---|---|---|---|---|---|---|
| Sept. | 1917 | | | | | | |
| Oct. | | | | | | | |
| Nov. | | | | | | | |
| Dec. | | | | | | | |
| Jan. | 1918 | | | | | | |
| Feb. | | | | | | | |
| March | | | | | | | |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| July | | | | | | | |
| Aug. | | | | | | | |
| Sept. | | | | | | | |
| Oct. | | | | | | | |
| Nov. | | | | | | | |
| Dec. | | | | | | | |
| Jan. | 1919 | | | | | | |
| Feb. | | | | | | | |
| March | | | | | | | |

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Bristol Eng.

NAME AND ADDRESS OF NEXT OF KIN: Margaret Owens
36 Frogmore St. St Augustines
Bristol Eng.

RELATIONSHIP OF NEXT OF KIN: Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

A.P. checked & found Correct 27. 3. 17 [illegible]

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
|---|---|---|---|
| | | | |

REG'L. No. 725061 RANK Pte NAME Sullivan John

IF IN PERMT. CORPS WHAT UNIT | UNIT 109th Bn TRANSFERRED TO 124 Bn. DATE 21.1.17 AUTHORITY [illegible]

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 12 Rem Bn DATE 21/4/17 AUTHORITY [illegible] 2.083.29/3

PLACE OF ATTESTATION Lindsay Ont. TRANSFERRED TO 12th Battn DATE 21-7-17 AUTHORITY B0112 3/5/17

DATE OF ATTESTATION Dec. 22nd 1915 TRANSFERRED TO Dept "L" discharge DATE 29-9-17 AUTHORITY Buxton 20 W.B.

FEB 25 1918 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ ~~15 00~~ DATE EFFECTIVE ~~Aug 1st 1916~~

PAYABLE TO ~~Margaret Owens 36 Frogmore St St Augustines Bristol Eng~~ RELATIONSHIP ~~Sister~~

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 22/6/17. EFFECTIVE July. 1st/16 REASON Personal Reasons. (my letter att. cached. 1.3.m.-3.m.)

DISCHARGE DATE AND PLACE Canada 28. 9. 17 REASON AND AUTHORITY Buxton 20 W/B 15.9.17 G.S.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Invalided.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index [illegible] Checked by [illegible]

| DATE 1916 | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| July 31 | | | | | | | | | | | | | Balance from Canada | | | | | | | | | | | | | | | | | | 1910 | | | | |
| Aug. 31 | 31 | 1.00 | 31 | | 31 | 10 | 3 | 10 | | | | | | 19 10 | 34 10 | 18 | 9/8/16 | | | | | | | 9 73 | | | | 15 | | 24 73 | 28 47 | | | | |
| Sept | 30 | | 30 | | | | 3 | | | | | | | | 33 | 50 | 31/8/16 | 82 | 15/9/16 | | | | | 7 30 | 7 30 | | | 15 | 3 30 | 32 90 | 28 57 | | | | 20248302-3days 3.30 |
| Oct | 31 | | 31 | | 31 | | 3 | 10 | | | | | | | 34 10 | 121 | 30/9/16 | 161 | 15/10/16 | | | | | 7 30 | 7 30 | | | 15 | | 29 60 | 33 07 | | | | |
| | | | | | | | | | | | | | | | 120 30 | | | | | | | | | 24 33 | 14 60 | | | 15 | | 87 23 | | | | | |
| Nov | 30 | | 30 | | | | 3 | | | | | | | | 33 | 188 | 31/10/16 | | | | | | | 9 74 | | | | 15 | 32 | 25 06 | 41 01 | | | | 2.4005.222. 3-11-16 |
| | | | | | | | | | | | | | | | | 270 | 30.11.16 | | | | | | | 2 43 | | | | | | | | | | | |
| Dec | 31 | | 31 | | | | 3 | 10 | | | | | | | 34 10 | 241 | 14.11.16 | | | | | | | 7 30 | | | | 15 | | 29 60 | 45 51 | | | | |
| | | | | | | | | | | | | | | | | 279 | 30.11.16 | | | | | | | 4 87 | | | | | | | | | | | A0343-8.12.16 [illegible] 21.1.18 |
| 1917 Jan | 20 | 1.10 | 15 30 | | | | | | | | | | | | 22 | | | | | | | | | | | | | 15 | | 15 | 52 51 | | | | |
| | | | 22 | | | | | | | | | | | | 20 40 | | | | | | | | | | | | | | | | | | | | |
| | | | 190 30 | | | | | | | | | | | | | | | | | | | | | 48 67 | | | | 90 | 362 | 136 89 | | | | | |
| 21.31 | 11 | 1.10 | 12 | 10 | | | | | | | | | | | 12 10 | 426 | 15/1 | 465 | 29/1 | | | | | 4 86 | 19 47 | | | | | 24 33 | 40 28 | | | | |
| Feb | 28 | 1.00 -.10 | 30 | 80 | | | | | | | | | | | 30 80 | 589 | 15/2 | 580 | 26/2 | | | | | 4 86 | 9 73 | | | 15 | | 29 59 | 41 49 | | | | |
| Mch | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | | | | | 299 7/2 124 | | | | | | 24 34 | | 15 | | 51 50 | 24 09 | | | | |
| | | | | | | | | | | | | | | | | | | | | 818 13/3 | 12 16 | | | | | 12 16 | | | | | | | | | |
| Apl. | 20 | | 22 | | | | | | | | | | | | 22 30 40 | | | | | | | 45148 | | | | | | 15 | | 15 277 31 | 31 09 | ✓ | | ✓ | |
| Apl 21/30 | 10 | | 11 | | | | | | | | | | | | 11 | | | | | | | ~~A5960~~ | | | | | | ~~15~~ | | — | 42 09 | | | | Trans 12 Reserve 21/4/17 |
| May | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 119 | 30/4 | | | | | A5960 | 17 03 | | | | | 15 | | 32 03 | 44 16 | | | | |
| | 304 | | 334 40 | | | | | | | | | | | 19 10 | 353 50 | | | | | | | | | 75 42 | 43 80 | 36 50 | | 150 | 362 | 309 34 | | | | | |

725061 Pte Sullivan John

| Date | Pay No. of Days | Pay Rate | Pay Amount $ | Pay Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1917 | 30 | | 33 | 40 | | | | | | | | | | 19 10 | 35 3 50 | | | | | | | | | 75 42 | 43 80 | 36 50 | | 150 | 36 2 | 309 34 | 44 16 | | | | |
| June 1-30 | 30 | 1 00/70 | 33 | | | | | | | | | | | | 33 | | | | | | | | | | | | | 15 — | | 15 | 62 16 | | | | |
| July 1-20 | 20 | 1 00/70 | 22 | | | | | | | | | | | | 22 | | | | | | | | | | | | | | | | 84 16 | | | | To 14th Battn 21/7/17 |
| | | | | | | | | | | | | | | | 40 8 50 | | | | | | | | | | | | | | | 3 4 34 | | | | B.O. 112 3/5/17 |
| | 11 | | 12 | 10 | | | | | | | | | | | 12 10 | | | | | | | | | | | 4 87 | | | | 4 87 | 91 39 | | 15 | | |
| Aug | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 124 | 18/5 | | | | | | | 2 68 | | | | | | 2 68 | 122 81 | | 30 | 92 81 | |
| Sept | 25 | | 30 | 80 | | | | | | | | | | | 30 80 | | | | | | | | | | | | | | | | 153 61 | | | | Trans to Pay II "L" Discharges 29/9 |
| | 194 | | 466 | 40 | | | | | | | | | | 19 19 / 06 | 485 50 / 06 | | | | | | | | | 78 10 | 43 80 | 36 50 | 4 87 | 165 | 36 2 | 331 89 | 153 69 | | | | with Buxton 20 W.B. |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ob. cut on def. Pay 31.7.19 |

| Month | Particulars | Cr. 1 | Cr. 2 | Particulars | Dr. 1 | Dr. 2 | Dr. 3 | Dr. 4 | Balance | Deferred Pay | Ser. Allce. Eng. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Oct 1 | Bal | ~~153 69~~ | | | | | | | 153 67 | | |
| | | | | R. 3376 2/4/17 | 24 33 / 24 33 | | | | 129 34 | | |
| Nov | | | | D.A.R. 1008 G.S. Hosp. 17.8.17 | 4 87 | | | | | | |
| | | | | " 921 " 2.8.17 | 4 87 | | | | | | |
| | | | | " 761 M. Hylton 10.10.17 | 2 43 | | | | | | |
| | | | | " 774 " 15.10.17 | 2 43 | | | | | | |
| | | | | " 1037 Ramsgate 18.8.17 | 38 93 / 53 53 | | | | 75 81 | | |

Balance transferred to N. E. Branch. Nil.

A3M. FORM REND 22.6.17 EFFEC 1.7.17
DISCHARGED TO Canada DATE 28.9.19
PAYS BOOK VERIFIED ~~Yes~~ unavailable
Cr. BAL 153.69 I.P.C. REND 29.9.19
AUTHY. Buxton 20 W/13 15.9.19
Invalided.

Checked Graham L/Pd.

Sup. L.P.E. 20/10/19 Cr. 129 33
" " 13/12/17 Cr. 124 46
" " 13/12/17 Cr. 119 53
" " 13/12/17 Cr. 114 73
" " 3/1/18 Cr. 75 80

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. 725061

Rank Private

Surname SULLIVAN

Christian Name JOHN

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 D.D. 109th Battalion

Date of Discharge Aug. 27th 1918

Place of Discharge Toronto Ontario

**1.** DESCRIPTION AT THE TIME OF DISCHARGE.

| | | Descriptive Marks |
|---|---|---|
| Age | 36 years | Vacc. scars left arm. |
| Height | 5 feet 7 inches | G.S.W. Left arm } May 23, 1917 |
| Complexion | Dark | G.S.W. OF jaw } |
| Eyes | Brown | |
| Hair | Black | |
| Trade | Fireman | |
| Intended place of residence (To be given as fully as practicable.) | 60 Hamilton St., Toronto, Ontario | |

**2.** The above-named man is discharged in consequence of

Physical Unfitness

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

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.)

Fireman

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

W.S.G. Comp.
29-1-19
G.

(OVER)

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) Toronto Ont.

(Date) Aug. 27, 1918

H S Beaven Captain,
*Commanding* For Lieut.-Colonel,
O.C. No. 2 District Depot.

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) Toronto Ontario J. Sullivan (*Signature of Soldier.*)

(Date) Aug. 27, 1918 H S Beaven (*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.

(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 143 days.

Total 2 years 143 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto Ont.

(Date) Aug. 27, 1918

H S Beaven Captain,
(*Signature*) For Lieut.-Colonel,
O.C. No. 2 District Depot.

## 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.)

14 Days Subsistence

J. Sullivan

(OVER)

# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form | B. 263. |
| Squadron / Battery / Company Conduct Sheet, | " | B. 263a. |
| Copies of Convictions, by C. P. | | in MS. |
| Med. Hist. Sheet, | Militia Form | B. 313 |
| Medical Report for Invalid* | " | B. 227. |
| Statement of Man's Account on Transfer and Last Pay Certificate, | " | D. 877. |

*Only if discharged "Medically unfit."

| | | |
|---|---|---|
| Attestation Paper, | Militia Form | B. 235. |
| Proceedings on Discharge | " | B. 218. |

In the case of recruits who are rejected on final approval, the discharge documents will consist of

*(a)* Proceedings on Discharge.

*(b)* Attestation.

*(c)* Medical History Sheet (in the event of such having been prepared.)

*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.*

Forms I. 1237 / 10

3 J3 88393

Army Form I. 1237.

# MEDICAL CASE SHEET.*

R.C.10



| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| T7217 | 725061 | Pte | Sullivan | John |
| Year | Unit. | | Age. | Service. |
| | 124th Bn | | 36 | 15/12 3/12 |

Fireman.

Station and Date.

Disease G.S.W. Jaw & L. Arm (ampt.)

Occupation – Fireman

Enlisted – Lindsay Ont. 21/12/15.

Arrived in England – Aug 1. 1916.

Arrived in France – March 1917.

Wounded – Lens Junction May 20. 1917.

Hospitals – No. 13 C.C.S. – 1 dys

– Hospl in Boloy. – 16 dys.

– 2nd London Gen. Lond – Chelsea. 6 wks.

– GCSH – Ramsgate 27/7/17.



Complaints – Amputation through lower 1/3 left arm. (2) Loss of many teeth and inability to properly open his mouth.

History and present condition –

At Lens Junction May 20 1917. Was wounded by shrapnel. Just below left elbow. Was also wound right lower jaw which was fractured. Some of his teeth were knocked out and others had to be pulled out. On the same night, amputation was done at No 13 C.C.S. Amp^n through lower 1/3 left ~~for~~ arm. Jaw kept in splint 6 wks.

At present Amputation through lower 1/3 left arm. Stump healed, shoulder free.

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

| Station and Date. | |
|---|---|
| | Has lost some of teeth from upper lower right jaw and upper & lower left jaw. Patient cannot open mouth very widely. |
| Treatment – | XRay of right lower jaw. S J Preston |
| 2-8-17 | Urinalysis Report: Colour L.A. / React. Acid / Sp. Gr. 1010 / Alb. 1 / Sug. 1 / Urea 1 / signed – R. E. Coleman Capt. C.A.M.C. |
| 2-8-17 | X-Ray Report: Fract. through middle of Mandible, Incomplete union. |
| 7 AUG 1917 Aug 8/17 | A.F.B. 179. 2 to C. C.L.S. |
| | Transferred to Granville before sheet was returned from Board – S J Preston |
| D 15 le. | EXAM. MED. BOARD 14 AUG 1917 G. C. S. H. RAMSGATE. |
| PRINCESS PATRICIA CANADIAN RED CROSS SPECIAL HOSPITAL, RAMSGATE, KENT. 21 AUG 1917 | |
| 3/9/17 Morris Horton | Trans – Morris Horton J M Langston Capt |
| 3/9/17 | Teeth defective to have soft diet – A D McEwen Capt – |
| Ala Mil Hosp Liverpool 24/10/17 | Left arm amputated below middle, good stump. Scars healed. Well healed. Has good movements about shoulder. Compound fracture jaw healed some deformity of bone at mouth. Union fair form. Cannot bite firmly. A S Burns Capt |
| 15/11/17 | Invalided to Canada A S Burns Capt |

**CHARGE.**

Army Form B. 252.
(See King's Regulations.)

Canadian Conv Hospital

124th Battn { BATTERY / SQUADRON / TROOP or / COMPANY

CHARGE against No. 725061 Pte Sullivan J.

| Place | Date of Offence | Offence | Names of Witnesses | Punishment awarded | By whom awarded |
|---|---|---|---|---|---|
| Monks Horton | | Overstaying Pass ~~absent without leave~~ From Retreat 6 P.M. 18/9/17 To 1 A.M. 20/9/17 (3 Days absent) | Sgt. Miller V.G. | Absent without leave from 6 P.M. 18/9/17 till 1 AM. 20/9/17. Forfeits three days pay under R.A. Sentenced to forfeit two days pay - ~~3~~ 2 to forfeiture two days pay | Patrick |

Geo Allan
Lieut.-Colonel, C.A.M.C.
O. C. Canadian Conv. Hospital.
Monks Horton, Kent.

*Commanding Battery, Squadron, Troop or Company.*

RECORDS BRANCH, R.T.O. M.F. OF C. 4 COURT HOUSE, OLD BAILEY, LONDON, E.C. 4.
27
R.T.
8 OCT. 1917
4/892
CHARGED SINCE

CANADIAN CONVALESCENT HOSPITAL
20 SEP. 1917
MONKS HORTON

D. D. & L., London, E.C.
(P7803) Wt. W16888/M1891 2,000,000 4/17 W14 Forms/B252/33

725061 Pte Sullivan J.

109th Bn. C.E.F.

Will removed by Regt. Paymaster

79042

J J Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 725061

Name J Sullivan

Unit 109th Batt CEF

**Military Will.**

I pte. J Sullivan leaves all I possess to my Sister Mrs M. Owens No 1 Grahwell passage Frogmore St St-Augustines Bristol England

J J Williamson (Capt) witness

Signature J. Sullivan

Rank and Regt. pte 109th Batt

Date 11/10/16

# MEMORANDUM

From

To

.....19

From

To

ANSWER

.....19

M. F. B. 207.
500 M—12-15
H. Q. 1772-39-282

The disposition of this man not known

Date 4-5-18

Clerk S.B.

D.M.S.1394.

PROCEEDINGS OF A MEDICAL BOARD

Dated at 6.3.17. 1917.

No. 75061. RANK Pte NAME Sullivan J.

LOCAL UNIT 124. OVERSEAS UNIT AGE 37.

Examination held at Witley

DISABILITY.
Overseas - Local.
(~~strike~~ out one) Post operative hernia

PRESENT CONDITION.

Was operated on 12 mos ago - Echum.
Should wear truss!

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:-

President.

Members.

APPROVED

Dated March 6th 1917.

for A.D.M.S.,

2

Shrapnel
Fract Comp
Severe
upper Extrem
fracture

---

Comp L. B. E

---

Shrapnel
C. Fract-
Severe
& face
lower Jaw

---

Extraction teeth

---

Form 1. 5M-3-17-S.P.

# MILITARY CONVALESCENT HOSPITAL
## TORONTO

SECTION A.

Date Dec 3/17

Name Sullivan J. Age 36 ~~Married or~~ Single

Home Address 36 Woodworth ~~Ave~~ St.

Enlisted on Dec 22/15 at Lindsay

Town or City Toronto Province Ont

Unit 124 th Rank and No Gle 725061 Previous Conduct

Diagnosis and Recommendations of previous Boards.

Amp R. Arm, Frac. Lower Jaw

Complaint if any, regarding pay.

Complaint reported to .....

By .....

The above to be filled in by office when patient is admitted to hospital

Date .....

## REPORT OF ADMITTING OFFICER

SECTION B.

DATE DEC 13 1917

WEIGHT { Present / Best

HEIGHT

CLASSIFICATION OF CASE

Indicate primary class by XX
secondary by X

1. MEDICAL
   a. Cardiac
   b. Pulmonary
   c. Gas
   d. Nervous
   e. Gastro Intestinal
   f. Rheumatic
   g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   a. Wasserman
   b. Blood
   c. Urine
   d. Sputum
7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Wass. taken at D.M.H. Dec/17

Military Orthopedic Hospital

Signature of Admitting Officer

## REPORT OF MEDICAL OFFICER

SECTION C.

CAPT. McKENZIE

Date

2108

Special questions for Soldiers' Aid Commission

1. Diagnosis

2. Degree of Disability (expressed by fraction)
   Permanent or otherwise

3. Can former occupation be resumed?
   If not, what class of work could be undertaken?

4. What military duty could he perform?

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge

## REPORT OF MEDICAL OFFICE

SECTION D.

Date Dec 13/17

1. COMPLAINT 1. Amp R left arm
2/ Fractured jaw

DATE OF ORIGIN & CAUSE OF DISABILITY May 23rd/17

2. PREVIOUS HISTORY

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts.

Venereal Infection No

Did patient reach England or France or remain in Canada? France

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects?

If wounds or injury how caused? GSW

Is condition due to service or climate? If not, was it aggravated by them? How? Service

On or off duty? on duty

In action or in field service? In action

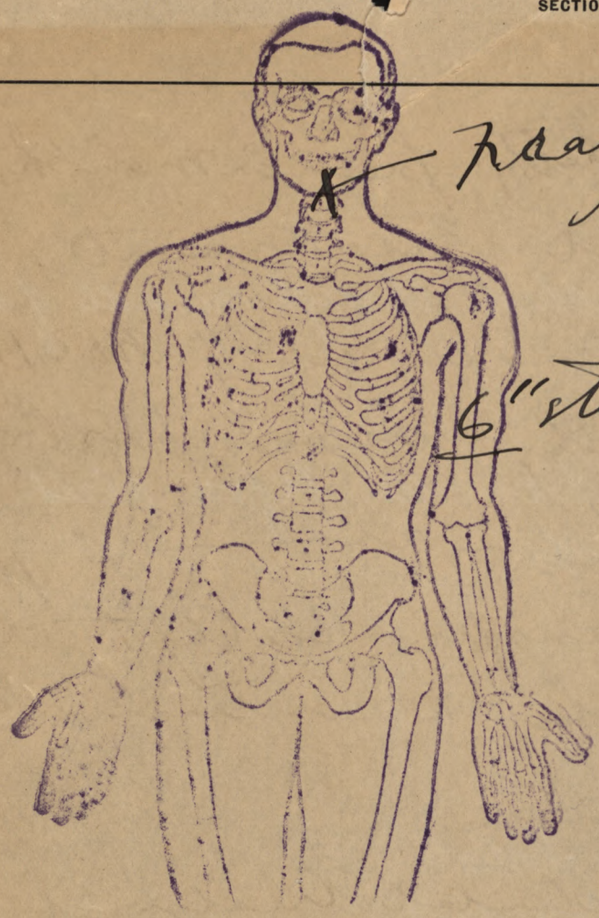
If due to exposure on duty, what was nature?

Previous treatment and results. Where treated?

## PHYSICAL EXAMINATION

SECTION E.

Date



Fractured jaw solidly united, loss of front teeth (lower)

6" stump. soft & flabby

Treatment recommended

1/ measure for arm
Send to Hart House for repair

2/ Dentist

Probable minimum duration of treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer

**PROGRESS NOTES**

**SECTION F.**

All Progress Notes must be signed and dated

| Date | |
|---|---|
| Jan 4th/18. | Transfer to Whitby for 2 months to get Dental treatment. Will not be required at M.O.H. for 2 months, as he has been measured for an arm. Will not transfer as Capt Thompson wishes to continue with Dental treatment. H.G.M.K. |
| Jan 8/18 | Having special dental treatment K.G.K. |
| 17/18. | Carrying on dental treatment. K.G.K. |
| Jan /18 | Will give 10 days leave & repeated until finished with dentist K.G.K. |
| Feb 25/18 | Still having Dental treatment K.G.K. |
| March 26th. | Having special Dental treatment out patient K.G.K. |
| May 10th | Granted 10 days Pass |
| June 14/18. | Still having Dental treatment K.G.K. |
| July 28/18. | " " but has received arm K.G.K. |

NEXT OF KIN Mrs Margaret Owens (Sister)

ADDRESS No 1 Crabwell Passage Fromme St Bristol Eng

HOME ADDRESS Same

MEDICAL OFFICER

# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION D M H Toronto DATE 12/8/18

1. 1 (a) Unit DD #2 (b) Regimental No. 725061 (c) Rank Pte

(d) Surname SULLIVAN (e) Christian name John

2. Age last birthday 36 Date of birth March 7 1881

3. Enlisted at Lindsay Ont on Dec 22nd 1915

4. Personal description:—

(a) Height 5' 7" (b) Weight 140 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)

60 Hamilton St Toronto

6. Former trade or occupation Foreman

7. (a) Service — Years: 3 years 8 mths — Days:

| | Periods From | Periods To |
|---|---|---|
| 10 G H Bn 124 " M.H.C. DD #2 | March 7th 1916 | Dec 18th 1916 |
| | Dec 15th 1916 | May 23rd 1917 |
| | May 23rd 1917 | March 17th 1918 |
| | March 17th 1918 | To Date |

(b) Has he been overseas? yes 8. Original disease or disability 1) G.S.W. left arm 2) G.S.W. of jaw

(a) Date of origin May 23 1917 (b) Place of origin Lens

(c) Cause* Shrapnel

(d) Present disease or disability 1) Loss of left arm 2) Loss of lower teeth

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

1) Subjective — none

Objective — an amputation of left arm 6" below the shoulder, ant. post

M. F. B. 227.

300M.—2-18.
1772—39—117.

9

9. Present condition.—(*Continued.*)

Flat. scar not adherent or tender. Movement at shoulder only about ½ normal. Thus with impair to normal of patient's use his arm.

Subjective — at night, sometimes awakened by tang in throat, back in throat.

Objective — fair fairly united in good position, all lower teeth gone but

(b) Are the following systems normal? If not, briefly state abnormality

Nervous normal Digestive normal Respiratory normal Cardiac normal

Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal

Wassermann Neg

Urine Neg

10. History: (*a*) of Condition referred to in "a" section 9.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scars, fingers due to wounds G.H.C. epithelial lacerations.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

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?

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

Canada 9 mth England 4½ mth France 1 mth

## OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

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

17. Recommendations

*Medical Officer by whom the case is brought forward.*

## STATEMENT OF THE SOLDIER.

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

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

J. Sullivan
T.J.C.
*Signature of soldier examinea.*

## 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 criticized.

we concur

19. Is the soldier fit for

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

20. It is certified that the soldier
(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).

## OPINION OF THE MEDICAL BOARD—(*Continued*).

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

We recommend That he be discharged as physically unfit

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

Military Orthopedic Hospital

PLACE.....

DATE AUG 14 1918

T. J. Curri Lt Col *President.*

F. W. Hughes Capt } Members.

APPROVED BY

*Assistant Director of Medical Services.*

DATE.....

APPROVED BY

*Director-General of Medical Services.*

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

*President.*

PLACE.....

DATE.....

} Members.

four molars, two on either side, the base of the tongue has been injured slightly & the resultant scar contraction causing some slight limitation of movement & loss of control sufficient to interfere with speech & eating. There is a good deal of scaring of neck which looks bad & interferes with shaving. All other systems apparently normal.

Incapacity due to loss of left arm & partial loss of function of tongue & lower jaw & deformity of features from scaring. T.J.C.

P. 697. 725061. Pte J. Sullivan

# EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

| Date of Payment. | No of Acq. Roll | AMOUNT Francs | £ | S. | $ | ¢ | Place of Payment. | Name of Paymaster. | Remarks. |
|---|---|---|---|---|---|---|---|---|---|
| 20/10/17 | Rem: 3316 | | 5 | | 24 | 34 | London | | L.P.C. issued |

FORM S & T 3 HEADQUARTERS, D. OF S. & T., OVERSEAS CANADIANS.
3664—2M. PADS. 19/12/16

# SUPPLIES.
# INDENT FOR RATIONS.

UNIT..... STATION..... DATE

## OFFICERS AND MEN.

TOTAL STRENGTH .....

ATTACHED FOR RATIONS.....

* TOTAL

LESS ON COMMAND.....

" IN HOSPITAL.....

" ON LEAVE.....

" ABSENT WITHOUT LEAVE.....

" OFFICERS NOT DRAWING RATIONS.....

" O.R. NOT DRAWING RATIONS.....

* TOTAL NOT DRAWING RATIONS .....

* TOTAL RATIONS AUTHORISED .....

## HEAVY DRAFT HORSES.

* TOTAL STRENGTH.....

LESS ON COMMAND.....

" IN HOSPITAL.....

TOTAL NOT DRAWING RATIONS .....

* TOTAL DRAWING RATIONS .....

## LIGHT D

LESS ON COMMAND-

" IN HOSPITAL-

TOTAL NOT DRAWIN

* TOTAL DRAWIN

* These totals must agree with the Daily Parade State accompanying this Indent.

NUMBER OF DAYS RATIONS INDENTED FOR { MEN..... HORSES.....

## OFFICERS AND MEN.

| | BREAD | MEAT | BACON | SUGAR | TEA | SALT | | | FOR BRE | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | FLOUR | YEAST |
| TOTAL RATIONS AUTHORISED AS ABOVE ... | | | | | | | | | | |

Reserved for M.H.C.

Regt. No. 725061 Rank Pte Surname SULLIVAN Christian Name J

Unit or Corps—(a) Overseas from United Kingdom 124th Batt (b) In United Kingdom 124th Batt

Born at—Town Bristol County or Province Gloucestershire Country England

Date of Birth—Day 24 Month March Year 1881 Age 36 yrs. 6 months.

Joined at Lindsay Ont Date Dec 21st 1915

Former Trade or Occupation Miners Fire-man

Permanent marks or peculiarities that will serve for future identification:— Extensive scars (burn) on both sides of neck under the lower jaw. Shrapnel wound scar under chin, slightly to the left.

Height—feet 5 inches 7 Colour of eyes Dark-Brown.

Signature of Soldier (*for identification purposes*) Sullivan J

## 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 of LEFT ARM<br>FRACTURE RIGHT LOWER JAW<br>LOSS of TEETH upper & lower jaw right & left |
| Disabilities Group (*b*). | not applicable |
| Disabilities Group (*c*). | not applicable |

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. | Shrapnel wound | Lens junction | 20-5-17 |
| (*ii.*) As to Group (*b*) above. | not applicable | | |
| (*iii.*) As to Group (*c*) above. | not applicable | | |

*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? no

(*i.*) As to Group (*a*) above? no If yes, has Active Service aggravated it? not applicable

(*ii.*) As to Group (*b*) above? no If yes, has Active Service aggravated it? not applicable

(*iii.*) As to Group (*c*) above? no If yes, has Active Service aggravated it? not applicable

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

(*i.*) As to Group (*a*) above? yes

(*ii.*) As to Group (*b*) above? not applicable

(*iii.*) As to Group (*c*) above? not applicable

4

PART I. (*continued*).

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

(*i.*) While on duty? yes (*ii.*) While off duty? no

(*iii.*) Was a Court of Inquiry held? no (*iv.*) Where? — (*v.*) When? —

(*vi.*) Opinion of the Court? —

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

Enlisted on Dec 21st 1915, went to France in March 1917 Wounded - Shrapnel - at Lens Junction May 20 - 1917, fragment struck him below left elbow, shattering same, amputated about middle of lower third of left arm at no 13 C.C.S. on May 21st 1917, another fragment struck him on lower right jaw, fracturing same about middle. On same day was extensively burnt by liquid fire on both sides of neck just below jaw.

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

Patient fairly well nourished, Wt 135, Normal 150. Heart and lungs normal, amputation of left arm about middle, wound healed nicely normal movement of shoulder joint; fracture of right lower jaw about middle. X Ray report shows incomplete union, unable to open mouth fully and to masticate solid food. Loss of teeth in lower jaw of both sides all but last two molars on both sides, the same in upper jaw except two incisors, Has extensive (burn) scars on both sides of neck just below jaw.

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

(*ii.*) If so, state what. yes. See Item 6

(*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 9.5 M

(*ii.*) If so, describe. ~~not applicable~~ 9.6 M

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 Aug 13th 1917 Signed [illegible] capt

Officer in medical charge of case.

Station Ramsgate

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

[illegible] Capt. C.A.M.C. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Registrar, for O.C.,

Dated at Granville Can. Sp. Station, on 191

Ramsgate.

* Delete if inapplicable.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE 13 AUG 1917 RAMSGATE

## 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%.)
One Hundred percent (100%) will reduce to seventy five percent 75% in four months

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*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
all

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

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

18. Remarks.
Union of face not complete, slight discharge into mouth.
Has not been fitted with dentures.

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.
C 1 a

Date of Board

Station

EXAM. MED. BOARD
14 AUG 1917
S.H.
RAMSGATE

Signatures of the Board { E H Cobon Major Chairman *President.*
A B Gayler Capt Camel.

Approved S L Walker CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Dated at SHORNCLIFFE—
(19, Westbourne Gardens, Folkestone.)

A.D.M.S.

Station 18 AUG 1917

6

## Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

*Signatures of the Board*

.....
*President.*

.....

.....

.....