ORIGINAL

227th O.S. BATTALION C.E.F.

ATTESTATION PAPER.

No. 1003874

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Lougheed
1a. What are your Christian names?	Grenville Ellieston
1b. What is your present address?	Gore Bay. Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Gore Bay. Ontario
3. What is the name of your next-of kin?	Mrs Thomas Lougheed
4. What is the address of your next-of-kin?	Gore Bay. Ontario
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	November 4th 1898
6. What is your Trade or Calling?	student
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.	no
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, Grenville Ellieston Lougheed, 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.

Grenville E Lougheed (Signature of Recruit)

Date august 11 1916. A.D. Mastin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Grenville Ellieston Lougheed, 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.

Grenville E Lougheed (Signature of Recruit)

Date august 11 1916. A.D. Mastin (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 Gore Bay this 11 day of august 1916

F. W. Baxter (Signature of Justice)

J. P.

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

CHECKED BY
DUP'TE FORW'D H.Q'S.
Date 19-8-16

Description of Grenville Elliston Longhead on Enlistment.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 9 ins.

Chest measurement.
- Girth when fully expanded 39 ins.
- Range of expansion 2½ ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious denominations.
- Church of England ✓
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- 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 on left leg above ankle

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 August 11th 1916. Arthur Lipsett

Place Gore Bay, Ont. Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Grenville Elliston Longhead 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 of Officer)

Lt Col.

Date Aug 11th 1916. 227th (O.S) Battalion C.E.F.

MT 30-11-18

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 6

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

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

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 649-1-7302

Name LOUGHEED GRENVILLE

Regt. No. 100 3874 Rank Corpl

Corps #2 Cas Unit (227th Bn)

Phy Unfit

WILL DESPATCHED

JUN 18 1920

32118

Ret

~~Thompson 18-3-20~~

Ret 15-3-20

Deceased 19-12-52

~~Thompson 11-5-20~~

Ret 14-5-20

44 - 20
15 - 20
6 - 20
2.

REG. NO. 1003874 NAME (SURNAME FIRST) Lougheed G. E

RANK Pte CORPS 227 Batt

AGE 19 SERVICE Le 9/12

NAME OF HOSPITAL Stationary PLACE Hamilton

DATE OF ADMISSION 16-12-16

DISEASE Synovitis of Knee

DISCHARGE 20-12-16

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

SURNAME. Lougheed

CHRISTIAN NAMES Grenville Elliston

REGL. No. 1003874 RANK pte -

UNIT 227th. Bn.

FORMER CORPS Nil.

CARD NO. ✓

FOLL. 80 S. Dis. 31/1/18. 22.

NEXT OF KIN.

NAMES IN FULL Lougheed Mrs.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Gore Bay Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Gore Bay Ont. DATE Nov. 4th. 1898

PLACE OF ATTESTATION Gore Bay Ont. DATE Aug. 11th. 1916

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Student RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS 9 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 2½ INCHES

COMPLEXION Dark EYES Brown HAIR Brown.

DISTINGUISHING MARKS Scar on left leg above ankle.

MEDICAL EXAMINATION. PLACE Gore Bay Ont. DATE Aug. 17th. 1916

Present Address. Gore Bay Ont.

No. 100374. RANK Pte / Corpl. NAME Lougheed G. E. Grenville Elliston

T. O. S. 11—8—16. UNIT 227th Battalion C. E. F.
(D.O. 139 of 17—8—16.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Aug. 11.	Aug. 31.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917.	1917.			
Jan. 1.	Jan. 31.	✓	Prom. Corpl. 4—1—17.	B.O. 40 of 5—1—17.
	Feb.	✓		
	Mar.	✓		
Apr. 1.	Apr. 4.	R.	Transfd. to Casualties 4—4—17.	B.O. 85 of 8—4—17.

227th O.S. BATTALION C.E.F.

DUPLICATE

MEDICAL HISTORY SHEET

Surname Longheed Christian Name Grenville Elliston

Examined { on 11th day of August 1916 / at Gove Bay

Birthplace { City or Town Gove Bay / County Manitoulin, Ont

Apparent age 18

Trade or occupation Student

Height 5 feet 9 Inches

Weight 175 lbs.

Chest measurement { Minimum 36 1/2 inches / Maximum expansion 2 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right No Left No / Number None

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by Arthur Lipman

Rank J Rue Rae Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
14-9-16		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
24-8-16		M.O.
31-8-16		M.O.
5-9-16		M.O.

Enlisted on 11th day of August 1916 at Gove Bay, Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	227th O.S. Bn C.E.F.	1003874		Aug. 11/16.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Hamilton Christian Name Granville Wilton

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Hamilton		16	12	16	20	12	16	Synovitis of knee	5	improvement	
"		18	2	17	19	3	17	R. Lumbalgia	30	Improved.	

7/6 card CR 94 227th O.S. BATTALION C.E.F. ORIGINAL

MEDICAL HISTORY SHEET

Surname Lougheed Christian Name Grenville Elliston

Examined on 11th day of August 1916 at Gore Bay

Birthplace City or Town Gore Bay County Manitoulin, Ont

Apparent age 18

Trade or occupation Student

Height 5 feet 9 Inches

Weight 175 lbs.

Chest measurement Minimum 36½ inches Maximum expansion 2½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right No Left No Number None

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by Arthur Lipman

Rank J Remckae Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
14-9-16		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
24-8-16		M.O.
31-8-16		M.O.
5-9-16		M.O.

Enlisted on 11th day of August 1916 at Gore Bay, Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	227th O.S. Bn C E F	1003874		Aug. 11/16.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Longhead Christian Name Granville Ellerton

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Hamilton		16	12	16	20	12	16	Synovitis of Knee	5	Improvement	per Surg.
"		18	2	17	19	3	17	Rheumatism	30	Improved	D R Anderson

Original not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps 227th Bn.

Regimental No. 1003874 Rank Pte Name Longhead, Grenville Elliston
C. E. F.

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

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

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

Report		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				
		T.O.S. #2 Casualty Unit, Toronto, Part II Order # 83		5/4/17	
		Dis #2 Casualty Unit Toronto Ont 31st January 1918. Part 11...13.			
		H. L. Beemer Lieut. for O.C. #2 Casualty Unit.			

(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.

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				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Loughead Grenville G.
Surname Christian Name

Regimental Number 1003874 Rank Cpl

Unit 227th Bn

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

File No. 11324-G-13

WAR SERVICE GRATUITY.

Inv. 11-9-19.

Register No. L 1186

Reg. No. 1003874

Name Lougheed G. E.

Address Byron Sanatorium
R. R. #7
London, Ont

Pay Soldier $ 70

Clerk ~~Mett~~ B Clarke
McGilton - Arkins

Dependent

Address

Pay Dependent $

Days 31 Rate 70 Due 70

a. w. 134 15-10-19

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net 70

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 19-9-19	26824	523120	70 —		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
M. B.
Date 17.9.19

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Cpl. G. E. Lougheed,

Regimental No. 1003847, 1.003.874

Unit 227th. O.S. Bn., C.E.F.,

Date of enlistment 11/8/16.

Place of "

Married (yes or no) 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

Sub Aug 31st DO 205

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.
Apr 5	30	26	1.10	28 60	26	10	2 60	4 80	36.00	4471		15			68 21	D.O. 83.
May 1	31	31	1.10	34 10	31	10	3 10	21 80	69	5762		35				Sub May 14 to June 14 DO 114
										6841		34				
June 1	30	30	1.10	33	30	10	3	18 ✓	54	9010		54				extended to July 14th DO 137.
July 1	31	31	1.10	34 10	31	10	3 10	10 20	47 40	9270		47 40				s/o Sub July 17th Do 169.
Aug 1	31	31	1.10	34 10	31	10	3 10	✓ 60	37 80	9323		15				
										9495		2280				
Sept 1	30	30	1.10	33	30	10	3	18	54							
Oct 1	31	31	1.10	34 10	31	10	3 10	54	10980	C7					C7	
								1860								
Nov 1	30	30	1.10	33	30	10	3	10980	14580	11555		100			4580	
															C7	
Dec 1	31	31	1.10	34 10	31	10	3 10	14580	13180	12596		80			5180	
								24								
								2480								

M. F. W. 41
1 Cm — '-16
1772-39 889.

Name Cpl G. E. Loughead

Regimental No. 1003847

Unit 227

Date of enlistment 11/8/16

Place of "

Married (yes or no) no

Amount of pay assigned monthly $

To whom payable

Lpc

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Sub D0205

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					
Jan 1	31	31	1.10	34.10	31	1.0	3.10	51.80	~~138.90~~	~~14337~~		~~138.70~~				dis to 13 P.W.
								24.80	~~24.80~~	14337		141.80				15 dys Post Pay
								13	14330	14345		1.50				
								16.50								

649-L-7302

P

18-10-34

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.)

MILITIA & DEFENCE
FEB 23 1918
CANADA

No.	1003874
Rank	Corporal
Name	LOUGHEED. Grenville. Elliston.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#2 Casualty Unit (227th Bn)
Date of Discharge	31st January 1918.
Place of Discharge	Toronto. Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 2¾ months.
Height 5 feet 9 inches.
Complexion Dark
Eyes Brown
Hair Brown
Trade Student
Intended place of residence (To be given as fully as practicable.) Gore Bay Ont.

Descriptive Marks

Scar left leg

H

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.

Very Good HGB

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Deceased 19-12-52

Student

W.S.G.
8/9/19
D.B.

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113

12-3-53
AS

15

11

(OVER)

now eff. Branch
26-2-18
M. K.C.S.
7/11/19

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) 31st January 1918. *Commanding* H G Beamer Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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. Ont. G E Loughrin *(Signature of Soldier.)*

(Date) 31st January 1918. J H Craig *(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) 1 years 173 days.

Total 1 years 173 days.

11. **Confirmation of Discharge.**

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

Toronto. Ont.

31st January 1918

(Signature) H G Beamer Lieut.
For O. C. [illegible]

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.)

(OVER)

Q 111 L
25/2/18
14337
14345
8141.80
1-50

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
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."

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.

Next of Kin:- Mrs. T. R. Lougheed. Gore Bay. Ont.
Patients address:- Same.

MEDICAL HISTORY OF AN INVALID.

Med. Exam. Capt. A. Lipman C.A. M.C.

1. Station. Base Hospital
2. Regiment or Corps. 227th
3. Regimental No. and Rank. 1003874. Corporal.
4. Name. LOUGHEED. G.E.
5. Age last Birthday. 19.
6. Enlisted on August 11/16. at Gore. Bay
7. Former Trade or Occupation. Student

8. General remarks on his :—
(a) Conduct. No.
(b) Habits. Entrus
(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE
DEC -8 1917
H.Q.
CANADA

Date. April 25/17.

9. Service. Years. 257 Days.

	PERIODS. From.	To.
227th	Aug. 11/16.	April 4/17.
Cas. M.D. #2.	April 4/17	Present

10. (a) Disease or disability. (1) Rheumatism (2) Valvular disease of heart
(b) Date of origin. 1/2 { In October of 1915
(c) Place of origin. Gore Bay
(d) Cause. (1) Not known (2) Rheumatism

11. Present Condition. (Most Important) (To include full description of present disabling condition or conditions.) (1) Since joining army patient has been in hospital three months & at home two months with pains & swelling in all joints except hip. At present the right wrist is slightly inflamed & swollen also has pain on movement of shoulder joints & right knee.
(2) Apex beat in 5th space just below nipple, impulse is rather diffuse & slightly heaving; left border of praecordial dullness is slightly enlarged to left. Mitral systolic murmur transmitted towards axilla. Aortic systolic transmitted up into neck.

12. (a) Is the disability the result of service or climate? No.
(b) Has it been aggravated by intemperance, vice or misconduct? No.

D

M. F. B. 227.
150 M—5-16.
1772-39-117.

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

1. One small scar on right side of upper lip in nasal grove
2. One small long scar 1" long on left shin about centre.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? No wounds or other injuries

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. No undue exposure.

14. Treatment Hospital Treatment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? (1) ~~Aggravated~~ 4/5 1/5
(2) aggravated by. 1/5

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? (1) Depends on individual care and treatment.
(2) Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. 2/5 for three months from 1/42

18. State if for discharge on account of unfitness for Service. Unfit for service in C.E.F.

D J Davis 1st Lieut

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes, 2/5 for three months.

18. Is he unfit for Military Service. Yes.

Recommendations: For discharge medically unfit and pension.

~~xxxxxxxxxxxx~~ ~~xx2/5xxxxxxxxxxxxxxxxxxxx~~

Further treatment will not improve condition, advisable that he pass under his own control.

Signatures :—

L. R. Volume President.

Capt.

G. Carleton Capt.

Members.

O. W. Colbeck Capt.

Station. Base Hospital, Toronto.

Date. April 26th, 1917,

Date. 17.5/17

Approved.

Date.

G. Jones Capt

Asst. Director of Medical Services.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

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

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

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

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

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

(3)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. B. 2

No. 23

LAST PAY CERTIFICATE

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

Regimental No. 1003847 Rank Cpl Name G. E. Lougheed

Corps #2 Cas Unit who was* Discharged

On Jan 31 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1918, to Jan 31 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	51	80
Advances by Cheques No.			Regt'l Pay 31 days at $ 1 c. 10	34	10
No. 14345	1	50	Field Allow. 31 days at $ c. 10	3	10
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* subsce	24	80
Payment on transfer or discharge No. 14337	141	80	Other Credits* clothing	13	
Balance Cr. (to be paid by the new unit)			15 dys Post Pay	16	50
			Bal. Dr. (to be deducted by new unit)		
Total	~~141~~ 143	~~80~~ 30	Total	~~141~~ 143	~~80~~ 30

Lm

*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 11/8/16

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

(3) cause of discharge 2013 authority.....

(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 14/1/18

Place Toronto [signature]

Paymaster.

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.

109M.—12-17.
H. Q. 1772-39-903.

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins 227th O S Bn.

(2) Regimental Number 1003874

(3) Full Name of Soldier Corpl. Grenville Elliston Longhead

Gore Bay Ont. Can

(4) Place of Birth

(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 ? No

If so, give number of boys and girls —

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes.

If so, state name and address Thomas Longhead Gore Bay Ontario

(10) Is your Mother alive? yes

If so, state name and address Sarah Longhead
Gore Bay Ontario Can

(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? 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.

Thomas

Officer Commanding.

Date MAR 17 1917

227th O.S. BATTALION C.E.F.