

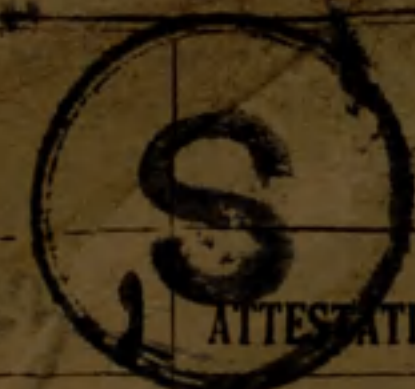
REGIMENTAL DOCUMENTS

NAME **BEATON, JOHN.**

PT. REGT. NO. **443209**

UNIT **A.C.N.R.**

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

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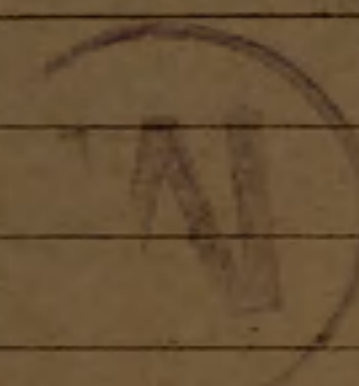
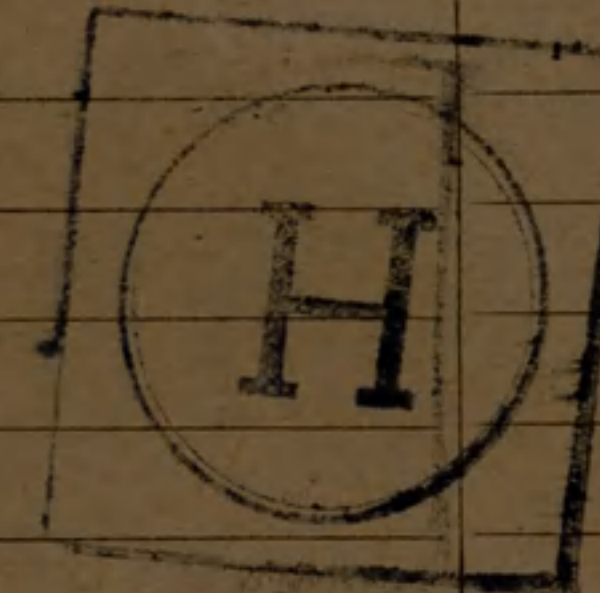
Category

DISCHARGE

Category

med. unfit

DESERTION



*11/17
24-7
34-7
2*

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *m. & w. 192*

1 *R 4 U 6045*

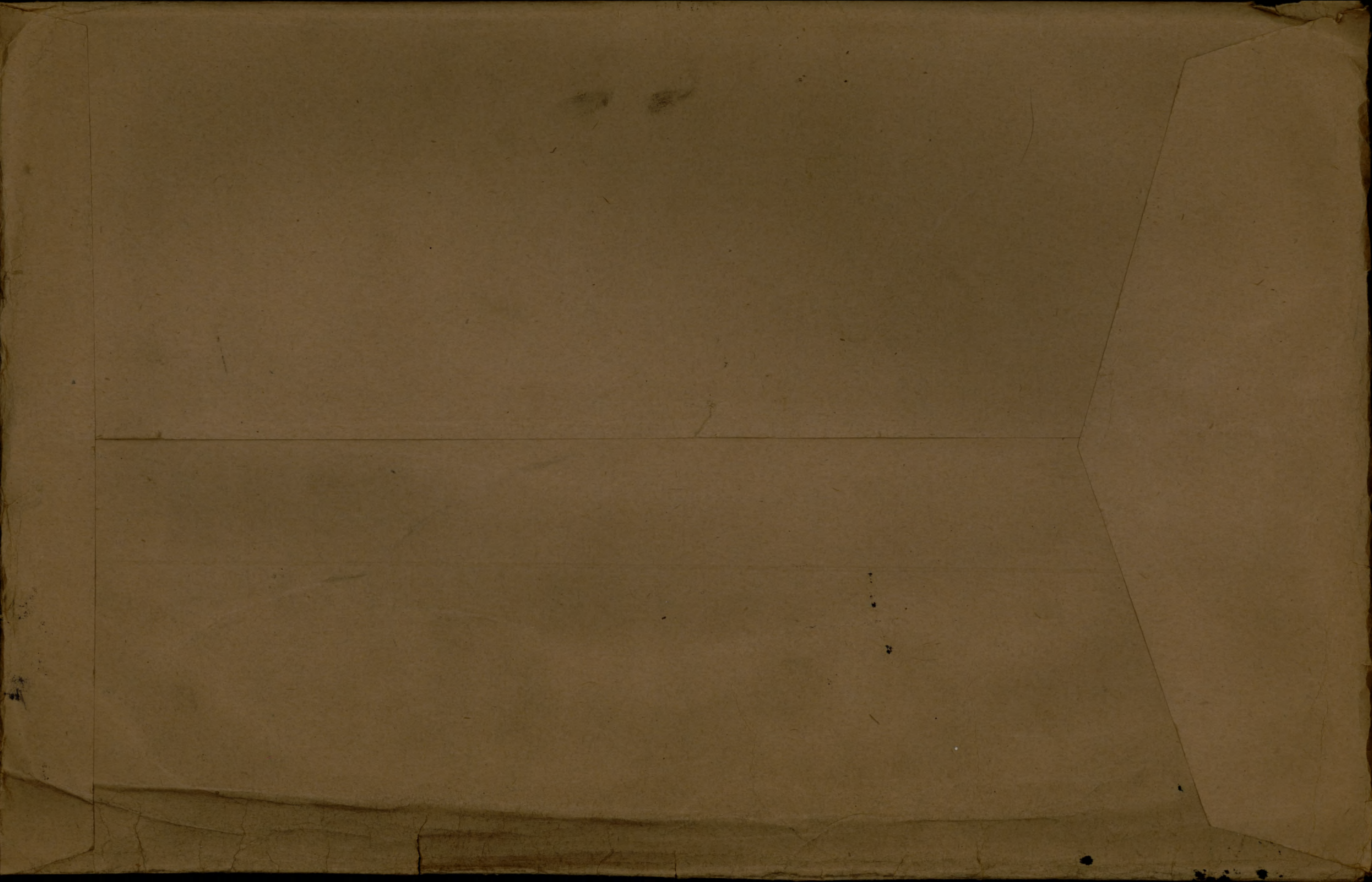
Card

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4 min med

PS

R 149



ATTESTATION PAPER

ORIGINAL

No. 443209

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? John Beaton
2. In what Town, Township, or Parish, and in what Country were you born? Antigonish, Nova Scotia
3. What is the name of your next-of-kin? Daniel Beaton
4. What is the address of your next-of-kin? Antigonish Nova Scotia
5. What is the date of your birth? 15th March 1894
6. What is your trade or calling? Bridgeman
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? 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

John Beaton (Signature of Man.)
Helene Lade (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date June 7th 1915 John Beaton (Signature of Recruit.)
Helene Lade (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date June 7th 1915 John Beaton (Signature of Recruit.)
Helene Lade (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 Vernon Camp this seventeenth day of August 1915.

W. H. Walsman (Signature of Justice.)

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

W. H. Walsman (Approving Officer.)

DESCRIPTION OF John Beaton ON ENLISTMENT.Apparent Age 21 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 ins.Chest measurement { Girth when fully expanded 36 ins.
Range of expansion 3 ins.Complexion DarkEyes HazelHair Dark BrownReligious Denominations { Church of England
Presbyterian
Methodist
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic ☒
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.Date June 22 1915Place Vernon B.C.H. H. Mackenzie Capt. C.M.C.
Alan Beech Capt. C.M.C.
Medical Officer.
J. H. Macdonald Capt. C.M.C.

*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:—

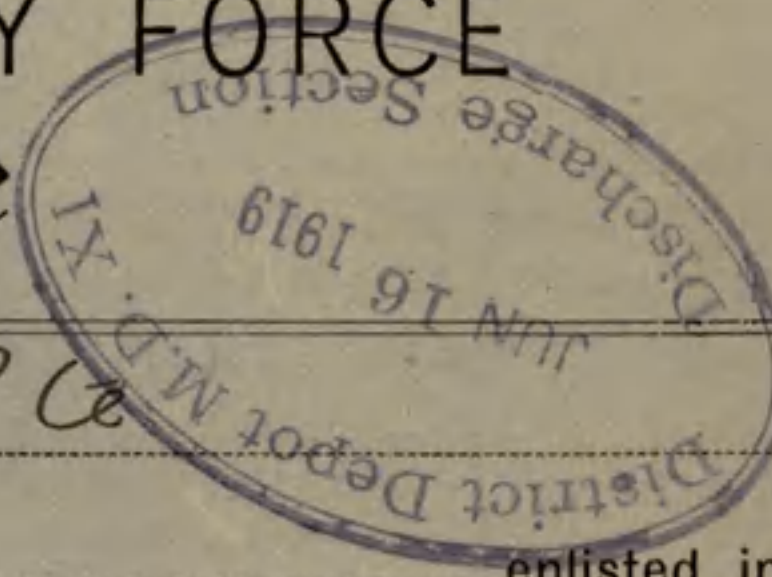
CERTIFICATE OF OFFICER COMMANDING UNIT

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

Date Aug 17 1915 A. H. S. Kimball (Signature of Officer.)LIEUT. COL.
54TH O. S. KOOTENAY BATT. C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. *HH 3209* (Rank) *Pte*

Name (in full) *John Beaton* enlisted in

the *54th Bn*

CANADIAN EXPEDITIONARY FORCE at *Vernon Bb* on the *7*

day of *June* 19 *15*

HE served in *England & France with the 7th*

and is now discharged from the service by reason of *medically unfit*

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

Age *23*

Height *5'6"*

Complexion *Dark*

Eyes *Brown*

Hair *Black*

Marks or Scars

G.S.W. Right Ankle

J Beaton
Signature of Soldier

M Andrews
Issuing Officer
Captain

Date of Discharge *18 June 1919*

Signed at *Vernon Bb* this *18* day of *June* 19 *19*

in Military District No. *11*

File Reference No. *DD 9497 B*

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

WAR SERVICE BADGE CLASS "A"

No. 307964 ISSUED

WAR SERVICE BADGE CLASS "B"

No. 666893 ISSUED

A

PROCEEDINGS OF A MEDICAL BOARD.

Dated at St Leonards 9-3- 1917.

No. 443209 Rank Pt Name Beaton J.

Local Unit _____ Overseas Unit 7th Batt Age 22

Examination held at 3rd G.C.S.

DISABILITY.
Overseas—Local
(scratch one out).
G.S.W. R's Foot

PRESENT CONDITION.

①

BOARD RECOMMENDS:—

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

Signatures:—

Members { _____ President.
W. B. ...

APPROVED

Dated _____ 1917.

For A.D.M.S.

March 22/19. X-Ray Report received.

April 12/18:- "There has been a gunshot wound of the foot which has transversed the outer side of the os calcis and caused a fracture of the lower end of the fibula. There is now a fine scattering of metal over the outer and anterior aspect of the os calcis, and these particles can be traced as far as the posterior end of the astragalus where there has evidently been a fracture on its outer side which has now healed with slight excessive callous"
Dr. Whitelaw.

Mar. 24/19 Considerable improvement in adduction and abduction of foot.

Apr 9/19. Improvement satisfactory.

Apr 16/19. Same.

Apr 23/19. Pain in back less, Improvement in foot movements.
W.J.D.

April 30/19 Improvement satisfactory.

May 7/19 Same.

May 15/19 Still complaining of considerable pain and tenderness in lumbar region which becomes worse after walking any distance. Examination of spine negative except some tenderness over tip of lumbar spines. No rigidity or deformity, jarring painful, otherwise spine symptoms all subjective probably a myositis. Foot condition improving steadily.
W.H. McI. Capt.

May 21/19 Condition satisfactory.

June 4/19 Movements of foot are practically normal. No pain in foot unless he walks further than two miles. No improvement in pain in back. Still unable to bend over and touch floor but lateral movements are normal slightly painful. Recommended for Board.
A.V.W. Capt.

June 6/19 Transferred to Esquimalt Military Hospital for Board.

W. H. McI. Capt.

1-20

V.G. Military Annex Hospital. Vancouver, B. C. Station.

No. 443209 Rank Pte Name Beaton, John Age 24

Unit 11th CGR Completed years of service ^{Where and how long} } F.3/12, E.22/12, C.14/12.

Date of admission 17-10-18 Date of discharge

Diagnosis GSW Right Ankle Place of origin France

Bridge Builder

CONDITION ON ADMISSION AND PROGRESS OF CASE.

COMPLAINT: Painful Ankle

DATE OF WOUND: June 14th, 1916. **COMPLETELY HEALED:** In 5 mos. (he says)

HISTORY: Shrapnel entered at lower border of the tip of the right external malleolus. Was removed at a point just above the cuboid bone. Says it did not become infected. Fell off transport May 1916 and has complained of back at intervals ever since.
O.S. Documents: None available.

PRESENT CONDITION: **Wounds:** Two inconspicuous wounds on the outer side of right ankle, one at the tip of the external malleolus, the other 3" in front. Both completely healed, not adherent and not tender.

Joints: Movements at ankle are possible in all directions but restricted, and he says they are painful.

Bones: Apparently no injury.

Muscles: No injury.

Nerves: No injury. Reflexes normal.

This man was discharged from hospital in Feb. 1918 to the Garrison Battalion. Has complained off and on of pain in his ankle which became much worse before readmission to hospital. The foot is weak but would be improved by active and passive movements.

Oct. 30th, 1918 Massage ordered. *W.B.*

Nov. 6th. Massage ordered, progressing favorably.

Nov. 22nd: Complains of pains in lower region of lumbar spine. Had an accident May 1916. Says pain is getting worse lately. Is more particularly from the last dorsal to the 5th lumbar. There seems to be considerable immobility of the whole spinal column more particularly in the lumbar area.

FAMILY HISTORY: Lateral movement is restricted, but not to the same extent. He sleeps very well, so pain does not disturb him at night. It is worse in the morning just before rising, and sometimes during the day. Says he sleeps on his right side as he is uncomfortable when he sleeps on his back. Sacro-iliac joints are normal.

Nov. 23rd: Diathermy ordered (and continued massage). *W.B.*

TREATMENT: January 11th 1919. Seen by Major E. R. Patterson and Capt. W. B. McKechnie who concur in my opinion that there is no organic lesion of the spine. It is recommended that he be transferred to Fairmont section for treatment for functional disability.

CONDITION ON DISCHARGE.

(and disposal made of case.)

11/1/19 Recommended for discharge to Fairmont Section of the Hospital Unit

Date

Medical Officer i/c case.

Beaton

26-1-19 Campblaine & Jamieson Back to work
again. Putting on Dressage of Elements
27-1-19 Back work. 3-2-19 Back still troublesome
10-2-19 On P.T. work last week - Back rather sore
17-2-19. Slight improvement 24-2-19. Little change
Back rather troublesome this am. 3-3-19 no change
10-3-19. Feeling somewhat better
12-3-19. - Transferring to Inverness for further
convalescence. *W. H. Beaton Capt*

W. H. Beaton
12-3-19

CASE HISTORY SHEET.

Clinic Section - Esquimalt Military Hospital. M.D. No. 11. Station.
 No. 443209 Rank Pte Name Beaton John Age 25
 Unit 11th C.G.R. Completed years of service ^{Where and how long} C. 19/12 E. 22/12 F. 3/12
 Date of admission 12-3-19 Date of discharge 13.6.1919
 Diagnosis Myalgia Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints:- Pain in the back.

History of P.I.:- Fell off transport May 1916, has complained of pain in back at intervals since. States the pain has increased since arriving in Canada. G.S.W. right ankle June 14/16.

Condition on Admission:- Complains of pain in back in lumbar region, pain is increased on pressure over lumbar spine, has some soreness over spine from the seventh dorsal. States he has pain on lateral movement, is unable to touch floor on bending. Has no pain on pressure over sacrum or on pressure over the ilium. Has pain on bending back. Sudden jar gives pain in back. Has pain at intervals when sitting. States he has pain in lumbar muscles when he reaches over his head. Generally the pain in back is worse in the morning.

Right ankle:- has full extension and flexion, has slight abduction & adduction, these movements cause pain. Has no pain on walking on pavement, has some pain in ankle when walking over rough ground. Is able to walk a mile on pavement then ankle begins to pain.

Digestive System:- Appetite fair, bowels regular.

Cardiac System:- Negative.

Respiratory System:- Negative.

Urinary System:- Negative.

Special Senses:- Deviated septum due to accident in childhood.

FAMILY HISTORY.

Mother died age 55 - cause not known.

(Tuberculosis, mental or nervous diseases.) Personal History - Negative.

TREATMENT.

Radiant heat and massage.

(Especially any specific or special form.)

W.J.D.

CONDITION ON DISCHARGE.

(and disposal made of case.)

No further treatment advisable boarded for discharge

Date 13.6.1919

G A Thompson Capt.CAMC.

Medical Officer i/c case.

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PROCEEDINGS OF A MEDICAL BOARD.

Dated at HASTINGS 1917.

No. 443227 Rank PLT Name BEATON John

Local Unit..... Overseas Unit PLT Bn Age 34 yrs.

Examination held at 422 C.C.D. HASTINGS

DISABILITY.
Overseas—Local
(scratch one out).

PRESENT CONDITION.

- G S W. R. ANKLE
1. Wound healed 14.6.17
2. G. S. W. just behind left malleolus
3. Slight limitation of extension and flexion at ankle
4. Can plant & toe standing, pain free
5. Can not support body weight on it 100%
6. Can rise on toes when using both feet.
7. Walks with a slight limp
8. Sub. at ankle says he cannot work over rough ground
(He shows no improvement in 6 weeks P.T.)

BOARD RECOMMENDS:—

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

Signatures:—

Members {

.....President.

APPROVED

Dated Hastings, Sussex 1917.

8 JUN 1917

For A.D.M.S.
C.A.M.C.
for A.D.M.S., Canadians.

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____

Examination held at _____

DISABILITY
Overseas-Local
(to be filled in only)

PRESIDENT'S CONDITION

BOARD RECOMMENDATIONS:-

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

Signatures:-

President

Members

APPROVED

Secretary, Board

Dated

1917

For A.D.M.S.

8 JUN 1917

For A.D.M.S. (to be filled in only)

DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL

PATHOLOGICAL LABORATORY

Date 19/6/16 Medical Officer _____
Name Beaton Ward Q-II Bed _____

URINALYSIS

Quantity in 24 hours _____ Reaction Acid
Sp. Gr. 1020 Colour D. Amber
Consistence Slightly Turbid Sediment None

CHEMICAL

Albumin None Urea _____
Sugar None Indican _____

MICROSCOPICAL

Casts _____
Pus _____
Blood _____

Calcium oxalate crystals

Arnold Keay Capt RMC
Pathologist.

JHM

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Oct 9th 1916.

No. 1443248 Rank Pte Name Beate J.

Local Unit 6646 Overseas Unit 7th BR Age 22

Examination held at Barrow

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Recovered
In France 3 months
wd - June 1st 1916 -

1

BOARD RECOMMENDS:—

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

Signatures:—

Members

Shayfull May President.
George Burns Capt.

APPROVED

10 OCT 1916

Dated at.....1916.

D. J. McIntyre

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....1918.

No.....Rank.....Name.....

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY
Overseas—Local.
(attach one out)

PRESENT CONDITION

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

10 OCT

Dated at.....1918.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at HASTINGS. 6. 6. 1917.

No. 443029 Rank PLt Name BEATON, J.

Local Unit..... Overseas Unit 7th Bn Age 23 yrs.

Examination held at No 3 C.C.D. HASTINGS.

DISABILITY.
Overseas—Local
(scratch one out).

G. S. W. Rt. ANKLE.

PRESENT CONDITION.

1. Wounded 14. 6. 17.
2. G. S. W. just behind ext. malleolus rt.
3. Slight limitation of extension and flexion rt ankle.
4. Can stand no twisting, painful.
5. Cannot support body weight on rt. foot.
6. " rise on toes, even when using both feet.
7. Walks with marked limp.
8. Subjectively: Says he cannot walk over rough ground.
9. (Has shown no improvement in 6 weeks P.T.)

BOARD RECOMMENDS:—

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

Signatures:—

Members

James C. Lyche Maj. President.

W. H. Bond 2nd Lt Capt.

APPROVED

Dated Hastings, Sussex. 1917.

8 JUN 1917

A-B-330

[Signature]
For A.D.M.S.
for A.D.M.S., Canadians.

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

No. _____ Name _____ Rank _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas Local
1917

PRESENT CONDITION

BOARD RECOMMENDS:-

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

Signature

President

Members

APPROVED

Dated _____ 1917

For A.D.M.S.

8 JUN 1917

General Capt.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at La Camp, Newfoundland 1916.No. 143209 Rank Plt Name Bruton JohnLocal Unit 1st Bn Overseas Unit 54th Tpt Bn Age 23Examination held at La Camp, NewfoundlandDISABILITY.
Overseas—Local
(scratch one out)G. S. W. R. L. foot.PRESENT CONDITION.

3 mo. in France.
 June 14th 1916 wounded on
 R. foot. - completely recovered. -
 Complaints of pain in the
 back but cannot find
 signs of any organic
 trouble.
 Temp ~~to~~ DT 4 weeks P.T.

BOARD RECOMMENDS:—

A III

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

Signatures:—

Members

McCreesh Capt. President.
Howard Capt.
MacCallan Capt. C.M.C.

APPROVED

Dated at St. John's, Nfld. 1916. W. H. Harris Capt.

For A.D.M.S.

for a D.A.D.M.S. Canadians

PROCEEDINGS OF A MEDICAL BOARD

Dated at.....1916.

No.....Rank.....Name.....

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY.
Overseas—Local
(scratch one out)

PRESENT CONDITION.

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 at.....1916.

MEDICAL CASE-HISTORY SHEET.

HOSPITAL Military STATION Halifax.N.S.
 No. 443209 Rank Pte Name Beaton, J. Age 23
 Unit 7th, Batt. C.E.F. Service 2 years, 1 month
 Date of Admission 18/7/17. Date of Discharge 31/7/17.
 Diagnosis Scabies
 Date of Origin 18/7/17. Place of Origin On board ship
 CAUSE OF ILLNESS OR INJURY: Complains of itching and rash.

HISTORY OF PRESENT ILLNESS OR INJURY.

?

(Is Illness or Injury result of Service?)

CONDITION ON ADMISSION.

Rash on arms and legs, no sore throat, no headache,
 no enlargement of glands.

TREATMENT.

Antiseptic baths, Sulphur ointment,
 Syrp, Ferri Phos. 3 $\overline{\text{ii}}$ T.I.D.

CONDITION ON DISCHARGE FROM HOSPITAL.

Recovered.

Transferred to Discharge Depot. Pier # 2.

(Sgd) T.D. Dwyer. Lt. A.M.C.

Medical Officer i/c Case.

Date 31/7/17.

M. F. B. 313a.

30M-9-16.
39-139.

Certified true copy.

*A. H. Dwyer*Lt. Col.
A.M.C.

JUL 31 1917

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	443209	Pte	Beaton	J.
Year		Unit.	Age.	Service.
1916	7 th Bn. Can.		22	13 mos.
Station and Date.	Disease			
Laplow June 18/16	L. S W. rt foot. Wounded at Ypres on 14/6/16 by shrapnel. First aid dressings applied and taken to dressing station behind the lines and sent from there to Clamertinghe. Then sent to No 10 Can. Casualty Clearance Station at Poperinghe and was dressed there. Then sent to No 8 Stationary Hospital at Wimeroux and operated on and shrapnel removed. Then sent to Dpt. G. R. C. Hospital, Laplow. There is a shrapnel wound on the ^{outer} inner aspect of the rt foot it runs in ^{obliquely} diagonals and goes down to the bone. The shrapnel was removed in France and tube inserted for drainage dressed & irrigated daily J.H.M. wound healing due to walkers to come back daily for dressing J.H.M.			

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Year

Unit.

Age.

Service.

Station
and Date.

Disease



Purp. Recup. & Labor

B.C.F. March 15/1916

Wounded June 14/16

History of Injury: Sharp ball entered right foot below
lateral malleolus.

Hospital: Salford.

Bontogen

Treatment: Operation 3 days after injury for removal of f.b.

Problems. Scar of entrance wound 1" long at sole of foot.

Scar of operation 1" long 1" in front of former scar.

Movements of ankle joint good.

Some pain on heads of metatarsals.

Left H. R. on Capt. Walks with crutches ^{not} able to bear weight on foot.

8-8-16.

Foot exposed, position of plantar flexion
massage. ~~Set~~ Set Boot & Ext Iron.

10-8-16

Weight 137. Ws

14.8.16.

Wearing felt boot & outside iron. Inside flaps & inside cork heel keeping foot
inverted. Has very good movement in ankle but is still using crutches.
Told to chop crutches & use stick & to practice walking which he says still hurts
him.

Urine analysis

Color - light - amber - React - Acid Sp. G. - 1014

7/8/16

Alb - 1016. Sugar - 1014

7/8/16

Blood test: Hb positive

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

Station
and Date.

21. 8. 16.

Still using Cutches complaining that he has pain over ball of foot in walking without them. There is some inflammation about the most distal scar on outer side of foot. Seal removed & probe & it was found to be very superficial. Dry dressing. There is now no evidence of plantar flexion. Gives no history of V.D.S. & no evidence is found of any scarring. Wasserman reported positive. ABW.

25/8/16

Weight 137 lbs

29-8-16.

Put on graduated foot-exercises complains that he cannot walk to C.H. advised to do so & all.

4. 9. 16.

Walking very much better. Movements of foot full except inversion which is slightly limited. Weight 135 is walking to C. House for treatment every afternoon. ABW.

11. 9. 16.

Inversion of foot still slightly limited. walking much better. weight 135 lbs ABW. Told to keep off in for a day & report tomorrow.

18. 9. 16

Transferred to C. House ABW. Capt.

20/9/16.

Ankle sore but improving. Carry on ABW.

—

Weight ~~126~~ 9-13

2. 10. 16

Gym Report - all movements good - now complains of pain in inner side of ankle & tenderness on pressure.

6/10/16

Improving - 7/10/16 - ABW.

7/10/16

Board Monday. 'Light Duty' Wth Bege

9/10/16

Light Duty.

Granville Board,

Wth Bege

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND
EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

Loj C Hospital, at *Laplow* Period from *June 15/16* to *Aug 5/16*

Regd. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
-----------	----------------------------------	-------	--	-----	---------	---------

443209 Beaton Pte J. 7th Can. *22 Mos. G.S. Wrt Foot*

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
<i>G. 2</i>		<i>June 15/16</i>	<i>Aug 5/16</i>	<i>R.C.</i>

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)			Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus — before he signs his name or initials.
<i>29 Bed</i>	<i>June 19</i>	<i>half</i>	<i>milk</i>	<i>egg</i>	<i>fish</i>	<i>J. H. M.</i>
<i>Bed 20</i>	<i>" 20</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 21</i>	<i>" 21</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 22</i>	<i>" 22</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 23</i>	<i>" 23</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 24</i>	<i>" 24</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 25</i>	<i>" 25</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 26</i>	<i>" 26</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 27</i>	<i>" 27</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 28</i>	<i>" 28</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 29</i>	<i>" 29</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 30</i>	<i>" 30</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>July 1</i>	<i>" 1</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 2</i>	<i>" 2</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>Chair 3</i>	<i>" 3</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 4</i>	<i>" 4</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 5</i>	<i>" 5</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 6</i>	<i>" 6</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 7</i>	<i>" 7</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 8</i>	<i>" 8</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>J. H. M.</i>
<i>" 9</i>	<i>" 9</i>	<i>Ordinary</i>				
<i>" 10</i>	<i>" 10</i>					
<i>" 11</i>	<i>" 11</i>					
<i>" 12</i>	<i>" 12</i>					
<i>" 13</i>	<i>" 13</i>					
<i>" 14</i>	<i>" 14</i>					
<i>" 15</i>	<i>" 15</i>					
<i>" 16</i>	<i>" 16</i>					
<i>" 17</i>	<i>" 17</i>					
<i>" 18</i>	<i>" 18</i>					
<i>" 19</i>	<i>" 19</i>					
<i>" 20</i>	<i>" 20</i>					
<i>" 21</i>	<i>" 21</i>					
<i>" 22</i>	<i>" 22</i>					
<i>" 23</i>	<i>" 23</i>					
TOTAL IN FIGURES						

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for*
and that they were necessary.

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

*Insert here "Patient," "Dining hall," or "Kitchen."
†Delete as required to render the certificate complete.

Officer in Charge*

Rank

Name *Plé* BEATON, John.

Reg'l No. 443209.

Unit 54th to 30th Bn.If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Vernon Camp, June 7th, 1915. Place of Birth Antigonish, N.S.

Name and Address, Next-of-Kin Daniel Beaton,

Antigonish, Nova Scotia.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 4712

File R.L.

Category Can. O.R.

Discharge, Date and Place

Reason

Character

	Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
	Date	From whom received				
			Arrived in England.		2 NOV 1915	
1.11.15	7c 30	Taken on strength	Shorncliffe	31.10.15	Pt II 248	
15.3.16	7c 30 th	Transfd to 7 th Bn	Overseas	15.3.16	Pt II 69	
31.3.16	O.C. 7 th Bn	Taken on strength.	Field.	9.3.16	Part II O. 14	
22.6.16	7 th Bn.	Duch. of Cornwall's Red X 1 st Bn.	Taplow.	19.6.16	C.X. 1393. G.W. R. Foot. on	
30-6-16	7 th Bn	Trans to C & A C.	Folkestone	17-6-16	Pt II O. 26.	
10 8 16	" "	Lfd. to Granban Spec Hoop	Ramsgate	6 8 16	b.R.B. 135 P.S.W. R. Foot.	
29.6.16	66ab	Taken on strength.	Folkestone	19616	Pt II 245-A	
13-10-16	7 th Bn	Dischg'd Granban Spec Hoop	Ramsgate	121016	b.R.B. 189	Do
13-10-16	66ab	from Ramsgate	Folkestone	12-10-16	Pt II 450-B	

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
18-10-16	b b ab	on board to 2nd b b d, 4 weeks P I Etc	2elkestone	15-10-16	Pt II D.O. 6.
11-3-17	C.C.A.C.	S.O.S. on transfer to B.C. Regiment	Hastings	10-3-17	Pt. II D.O. 117 B.C. Pt II D.O. 7.
15-3-17	1st Res B	Lo S from 3rd b b d leave a 3 leave to be shown on command a 3 b b d.	Seaford	15-3-17	Pt II D.O. 71
17-3-17	B.C. Regt.	+ Lo S to res. unit (1st Res Bn)	✓	15-3-17	8 1st Res Bn Pt II D.O. 110 d 23-4-17
23-4-17	✓	Lo S from 1 Res Bn on com to 3rd b b d.	Seaford	21-4-17	Pt II D.O. 45.
24-4-17	3rd b b d.	attached for Pay etc.	✓	23-4-17	- - 55
28-6-17	B.C.R.D.	on board C.D.D. Buxton pending disc	✓	26-6-17	- - 111.
26.6.17	3rd C.C.D	leave to be att'd pending discharge to Canada	St. Leonards	25.6.17	- - 108.
16-7-17	B.C.R.D.	leave on board C.D.D. + Lo S to Canada for disc	Seaford	10-7-17	Pt II D.O. 129

Home
Name and address of next-of-kin *Revelsroke, B.C.*

Med Bd 1.8.17 rec Conv Home.

Date and place discharged

Reason for discharge

Character on discharge

Cat D3. H. J.

Olympic 27⁷/17

Cat D3. H. J.

[illegible]

MILITIA & DEFENCE OTTAWA
CASUALTIES, C.E.F.
SEP 1 1917
Pay & Accounts Branch, Militia Dept.

Eng A Pchyd fr

M. F. W. 41
1 0M—-16
1772-39 889.

Name and address of next-of-kin

Date of enlistment

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

Name *Pte Pearson, John*

Regimental No. *443209*

Name and address of next-of-kin

Unit *54 Bn*

Date of enlistment

Place of " "

Married (yes or no) *no*

Date and place discharged

Amount of pay assigned monthly \$ *✓*

Reason for discharge *NO #39 trans. to Forestry Dept Vane 8²/₁₈*

To whom payable *✓*

Character on discharge

L. 50b 5351-M. & D. 6890.

	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					
<i>Spt</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>10⁰⁰</i>	<i>3</i>	<i>26703</i>	<i>30003</i>			<i>33</i> <i>26703</i>			<i>30003</i>	
<i>Oct</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									
<i>Nov</i>	<i>1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>		<i>33</i>			<i>33</i>			<i>33</i>	
<i>Dec</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>		<i>3410</i>			<i>34 10</i>			<i>3410</i>	
<i>Jan</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>	<i>25</i>	<i>3435</i>			<i>34 35</i>			<i>3435</i>	
<i>Feb</i>	<i>1</i>	<i>8</i>	<i>8</i>		<i>8</i>	<i>8</i>		<i>80</i>		<i>8 80</i>			<i>8 80</i>			<i>8 80</i>	

M. F. W 41
1 0M—7.16
1772.39 889.

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

Rank

Pt

Name

BEATON, John.

Reg'l No. 443209.

P-56

Unit

54th to 30th Bn.

If in perm. Corps,

What Unit?

Married or Single Single.

Place and Date of Enlistment Vernon Camp, June 7th, 1915.

Place of Birth Antigouish, N.S.

Name and Address, Next-of-Kin Daniel Beaton,

Antigouish, Nova Scotia.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

NOV 26 1918

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
1.11.15	30.11.15	30	1	30	30	10	3	10	43			14 60	✓	1 40	16 00	27 00	1000 Cto Credit
Dec 6	31	31	1	31	31	10	3	10	34	10		14 05			14 03	44 04	Deficiency in Ret.
Jan 1	31	31	1	31	31	10	3	10	34	10		46 23	✓		46 23	31 94	17.8. Cap. 1 st
Febr 1	29	29	1	29	29	10	2	90	31	90	1094	7 30	-		7 30	56 54	2.11.15
1.3.16	31.3.16	31	1	31	31	10	3	10	34	10	1173	14 60		11	14 71	75 93	issue, no Ref. payment
				154					1540	10	17740	9976		1 51	10447	75 93	2062.7/3/16
2074 Bn #31/3/16																	
2069.15/3/16.																	
JG																	

BALANCE TRANSFERRED TO NEW LEDGER.

6/12/17

[illegible]

(To be attached to Case Sheet.)

7th Cause

No. 443209

Rank and Name *Pte J Beaton*

Age 22

Military Hospital Tapsan

Service 13 mths

Disease G. S. W. A. Foot

Date of admission 18 Oct - 6 - 16.

Date of discharge Aug 5^d / 16

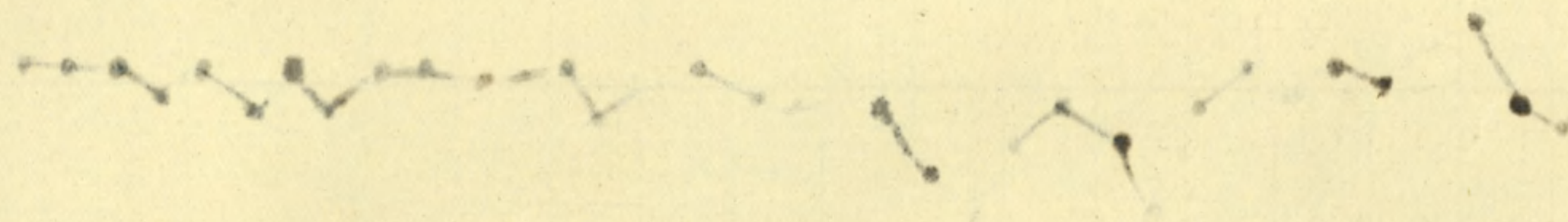
Result

[illegible]

Signature

9 H Moore

In charge of case.



John
Christian Name
Beaton
Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
DUCHESS OF CONNAUGHT, CANADIAN RED-CROSS HOSPITAL, Taplow, Bucks.		18	6	16	5	8	16	Shrapnel wound, at foot.	49	wound on outer aspect of dorsum of at foot -	J. H. Moore Capt.
		5	8	16	12	10	16	W. R. Foot	69	Transferred to C.C.A.C. Folkestone.	J. D. E. P. M. C. Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate.
Shaughnessy. Military Hospital		6	2	19	12	3	19	Neurasthenia	145	37	
Charnock Section		17	10	18	12	3	19	Myalgia	147		
		14	1	19	12	3	19	Myalgia.		Still persistent pains in back although there has been some improvement here. Transferred to Qualicum & continue treatment	J. D. E. P. M. C.
Esquimaux M.D. Hospital.		12	3	19	13	6	19	Myalgia.	91	No further treatment advisable boarded for discharge.	J. D. E. P. M. C. Maj. H. H. H.



ORIGINAL

443209

MEDICAL HISTORY SHEET.

Surname Beaton Christian Name JohnExamined { on 22 day of June 1915
at Vernon B.C.Birthplace { City or Town Antigonish
County Nova ScotiaApparent age 21 1/2Trade or occupation BridgemanHeight 5 Feet 6 Inches.Weight 140 Lbs.Chest measurement { Minimum 33 inches.
Maximum expansion 3 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right — Left —
Number —

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank Apstamb M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>JUN 26 1916</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>7/7/15</u>	<u>Pos</u>	<u>AKH</u> M.O.
<u>16/3/17</u>	<u>Asymmetrical</u>	M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/7/15</u>	<u>Pos</u>	<u>AKH</u> M.O.
<u>17/7/15</u>	<u>Pos</u>	<u>AKH</u> M.O.
<u>26/8/15</u>	<u>Co</u>	<u>AKH</u> M.O.

Enlisted on 7 day of June1915 at Vernon B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>54 Batt C.E.F.</u>	<u>* 443209</u>		<u>7/6/15</u>
Transferred to..	<u>6. Coy</u> <u>Railway Construction</u> <u>Reinforcements</u> <u>C.E.F.</u>			<u>9/2/15</u> <u>16-5-18</u>

11th Batt'n Canadian Garrison Reg't C. E. F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ramsgate</u>	<u>9-10-16</u>	<u>G.S.W. R</u> <u>Foot</u>	<u>P. Trauma</u>
<u>Seaford</u>	<u>5/4/17</u>	<u>G.S.W. R. A. foot</u> <u>healed.</u>	<u>Stamphill</u>
<u>3rd B.C.S.W.</u>	<u>6-6-17</u>	<u>G.S.W. H. Ankle</u>	<u>Temp #11</u> <u>DT then A III</u> <u>On 1st Regt</u> <u>1st Bn</u>

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

100M.—1-15.

H. Q. 197239-439.

FEB 21 1918

VANCOUVER APR 19 1918

(CIII)

J. Macdonald
Th. Watson C.M.E. J. Macdonald
J. Macdonald

Mr 3209 Mr Beaton J.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

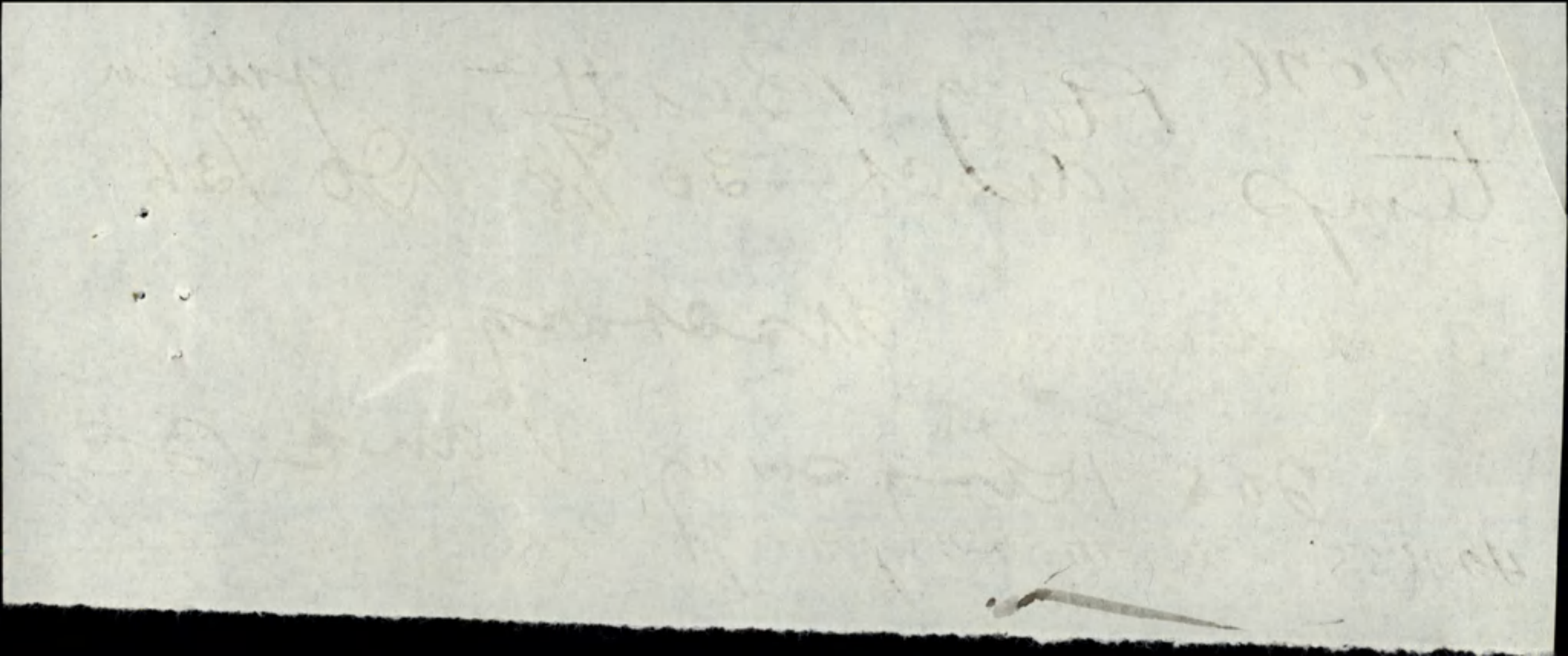
Date of Payment.	No. of Acq. Roll.	A M O U N T					Place of Payment	Name of Paymaster	Remarks
		Francs	£	s	\$	¢			
12 4/17	25	2	-	9	73		London	H. Burlingame	✓
26 4/17	181	1	-	4	89		✓	St. Francis	✓
1 5/17	322	2	8	6	9	85	✓	✓	✓
5 5/17	438	1	-	4	89		✓	✓	✓
6 5/17	573	2	8	6	9	85	✓	✓	✓
					39	17			
1.18	61	3			14	60			
					53	77			

29076 Re. J. Beattie, given
temp. disch. 30 ⁸/₁₈ Do #136.

avg. awaiting return of L.A.G.
address on discharge

205 Kingway, Vancouver B.C.

429655 Beattie R. Pd. 27th Bah. Cl. allie
avg. Par. Lib.



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				
29/6/16 13/10/16		Taken on strength C.C.A.C. Pt. II D.O. No. 245 TRANSFERRED FROM C.C.A.C. TO Montreal <i>Shoreham</i> PART II D.O. No. <i>245</i>			
15-3-17	Discharged from 3 rd	C.C.D. St. Leonard to <i>1st RES BN.</i>			<i>Edridge</i> <i>Drum</i> <i>25</i> <i>14-3-17</i> <i>3rd Canadian Command Depot,</i>
15-3-17	OC 1 st Res	Taken on strength	Seaford	15-3-17	Pt. II 71
20/4/17	OC 1 st Res	Transf. to B.C. Regt Depot	"	20/4/17	Pt. II 10 <i>Drum</i> <i>Captain</i>
16-3-17	OC 1 st Res	TO B.C. R Depot	Seaford		<i>Adjutant, 1st Canadian Reserve Battalion.</i>
23 4 17	B.C.R.D.	on command to <i>CHC</i>	<i>Hastings</i>	13/4/17	Pt 2 D.O 45 <i>Drum</i> <i>Lieut</i> <i>West Bay B.C. Regt Depot</i>
25/1/17	Discharged from 3 rd	C.C.D. St. Leonard to <i>B.C.A.</i>			<i>Bn. Part II D.O. No. 107</i> <i>36/6/17</i> <i>For O.C.</i> <i>3rd Canadian Command Depot.</i>

Casualty Form—Active Service.

Army Form B. 103.

Regiment or Corps

*54th Bn. Buffs*Regimental No. *443209*

Rank

Ste.

Name

*Beaton, John*Enlisted (a) *7.6.15*Terms of Service (a) *Duration of War*Service reckons from (a) *7.6.15*Date of promotion
to present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

*Artillery Civil
Brydman*

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'FD TO 30TH BN	<i>S'cliffe</i>	<i>31.10.15</i>	<i>Hanway</i> Capt. & Adjutant. 50th Reserve Battalion C.E.F.
		T'FD TO 7TH BN	<i>Overseas.</i>	<i>15/3/16</i>	<i>Hanway</i> Capt. & Adjutant. 80th Reserve Battalion C.E.F.
		ARRIVED IN FRANCE	HAVRE	16-3-16	<i>C.P.R. of Ct. folio 736.</i>
<i>20/3/16.</i>	<i>C. B. D.</i>	<i>Proceeding to unit</i>	<i>Field</i>	<i>18/3/16.</i>	<i>101/B.D/3/254. WCS 275</i>
<i>25/3/16</i>	<i>O.C. 7th Bn</i>	<i>joined unit.</i>	<i>"</i>	<i>20/3/16.</i>	<i>B.213. WCS 282</i>
<i>17-6-16.</i>	<i>HS "St Patrick"</i>	<i>A.S.W. R. pool.</i>	<i>ad HS "St Patrick"</i>	<i>17-6-16</i>	<i>a36 Part II orders no 26</i>
<i>16-6-16.</i>	<i>8 Staly</i>	<i>"</i>	<i>ad 8 Staly.</i>	<i>16-6-16</i>	<i>W3034 21-30-6-16</i>
<i>17-6-16.</i>	<i>8 Staly.</i>	<i>"</i>	<i>20 Gmeland</i>	<i>17-6-16</i>	<i>"</i>

LIEUT.
FOR LT COL.
A.A.G.

...Signature of Officer.

[P.T.O.]

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				
16-3-18		T.O.S. 11th B'n C.G.R. C.E.F.	VANCOUVER, B.C.	16-3-18	PART II ORDER NO 17 17-3-18
4-3-19	11 th Det C.G.R.	S.O.S. 11th Batt'n C.G.R. C.E.F. on transfer to No 11 District Depot Auth B.O. 1702-1/22-2-19	VANCOUVER, B.C.	4-3-19	PART II ORDER NO 63-4-3-19 W. Baker Lieut.
10-3-19	11 th Det C.G.R.	T.O.S. DISTRICT DEPOT XI	HASTINGS PARK VANCOUVER, B.C.	5-3-19	D.O. Pr. II 69/1919
	CHARGED	MEDICAL UNFITNESS	VANCOUVER, B.C.	18-6-19	D.O. 172-3-19 M. Anderson Capt. No. 2. C. District Depot, XI

Surname

Christian Name or Names

Reg. No.

BEATON

J.

443209

Rank

Unit

Co.

Troop

Batty.

Pte.

7th. Battalion.

Hospital

Date of Admission

Duch. Conn. Hosp. Taplow.

~~No date~~ 19.6.16

Transferred Granville Spec. R'gte. Hosp. 6-8-16.

Hosp.

Hosp.

Hosp.

Diagnosis

G.S.W. R. foot.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

76.6.16 B93.

dis. 12.10.16

Date

C.L. 10-8-16. B.135.

REMARKS

13.10.16 B189.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name *Beatrice John* Rank *Plt* Regtl. No. *443209*
 Original unit *35th Regt* Present unit *13 B* Age *23* Religion *RC* Fyle Depot *9491*
 Port, ship, and date of arrival.....
 Next of kin *"Jack" Men. B. Beaton Antigoni N.S.*
 Address on leave.....
 Address on discharge *1308 Howe Street Vancouver BC.*
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation *Brigman* Date and place of enlistment *7-6-16. Vernon BC.*
 Diagnosis *G.P.W. Ankle. R.* Date of Medical Boards *11-6-19*

Date.	Remarks	Pt. 2 Order No.
<i>10-3-19</i>	<i>T.O.S. from G/sons 5/3/19 Posted to Hosp. Sect. 5/3/19 Leave</i>	<i>691</i>
<i>8-3-19</i>	<i>PPA</i>	<i>ASD 57/391</i>
<i>5-3-19</i>	<i>Posted to "Fairmont"</i>	<i>ASD 58/401</i>
<i>13-6-19</i>	<i>To Sub Depot.</i>	<i>" 135-947</i>

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

(over)

Date.

Remarks.

Pt. 2 Order No.

WAR SERVICE BADGE CLASS "A"
No. 307 964 ISSUED

WAR SERVICE BADGE CLASS "B"
No. 668 93 ISSUED

FILE No.

VOL.

SUBJECT

[illegible]

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5-30M-2-34 (7000)
H.Q. 1772-45-8

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Bridgeman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

21

YEARS

3

MONTHS

HEIGHT

5'

FEET

6

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Hazel.

HAIR

dk Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Vernon, B.C.

DATE

June 22nd 1915

SURNAME. *Beatow*

CHRISTIAN NAMES

John

REGL. No. *443209*

RANK *Pte.*

UNIT *54th (2nd R.D.)*

FORMER CORPS

Nil.

CARD No. *4044*

Sold Dis 18-6-19
Enl. 172 of 21-8-19

1120
Batt.

NEXT OF KIN.

NAMES IN FULL *Beatow, Daniel*

RELATIONSHIP TO SOLDIER

ADDRESS *Antigonish, N.S.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Antigonish, N.S.*

DATE *Mar 15th 1894*

PLACE OF ATTESTATION *Vernon Camp.*

DATE *17/8/15*

Sailed 23/10/15 S.S. Corsican
247
Quebec.

R.C. 21-7-17 (C.B.)

LEDGER No.

¹
²
³
1927-12119-1084

SERIAL No. 18618.

27

REG. No.

443 209.

NAME

Beaton J

RANK

Plt

CORPS

y Batt.

AGE

25

SERVICE

C 19 12 E 22 7 3 12

HOSPITALS

DATE OF ADMISSION

1

G.S. Vancouver Military

11.8.17.

2

3

DIAGNOSIS

G.A.W. foot

TRANSFERRED TO

DISPOSITION

1.9.17 Duty.

CATEGORY

M.F.W. 2553.

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

1772-39-1332.

over

P.T.O.

400
REMARKS: *Phil Vancouver*

17 10 18 *Influenza*

Mrs Esquimaux

12 3 19 *Myalgia*

Discharge

13-6-19 *Duty*

Name	Rank	Pte.
Beaton John		

Reg. No. 443209

Unit 7th. Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-6-16	D.C.C.R.C.H.Taplow	GSW	.Rt.Foot	B 93	^M 8567	
6-8-	Granville C.Spec.H.Ramsgate	do	do	B135		
12-10-16	do	Discharged		B189		

[illegible]

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B93	D.C. + Taplow	19-6-16	G.S.W.P. Foot
B135	Garrill & Co. Special, Ramsgate.	6-8-16	" " " "
B189	Discharged	12-10-16	" " " "
187	M.H.C.C. Esquimalt	11-8-17	I.O.S. V.G. Mil. Hosp.
206	" " " "	1-9-17	Vanc. Gen. Mil. Annex to Fairmont
255	M.H.C.C. Esquimalt.	1-11-17	Esquimalt to Resthaven
254	M.H.C.C. Esquimalt,	31-10-17	Fairmont to Esquimalt

REGT'L No 443209 ✓

H. Q. FILE No. 649-

NAME

Beaton, John

RANK AND CORPS

Pte. 7th Bn. (Form 54th P.R.D.)

FOLLOWS

No.

CABLE

No.

DATE

C.

NATURE OF CASUALTY

FOLLOWS

M.8567 21-6-16

Adm. to Bargoov Hoosp. Taplow June
19th (wounded right foot.) 1916 ✓

all.

MA

P

B

Number 443209

Rank Plt.

Surname BEATON

Christian Name John

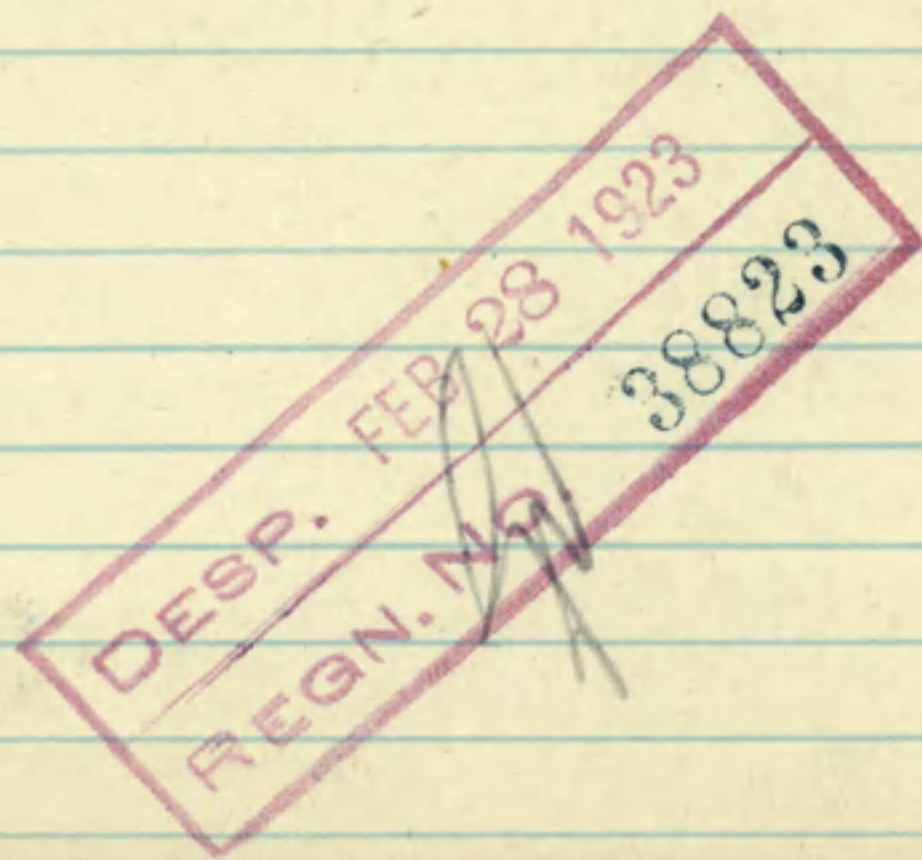
Units 7th Pan Can Div Theatre of War France

Date of Service 15-3-16

Remarks 357 KINGSWAY ST.

Latest Address ~~1308 Howe St~~
Vancouver B.C.

Roll No.
200m.-6-21.
B Page 19396



LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>443209</u>	Army Rank <u>Private</u>
Name <u>Beaton John</u>	(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
Corps <u>93. B. R. D. F.</u>	
Battalion, Battery, Company, Depot, &c. <u>54th Batten</u>	(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)
Date of discharge <u>18-6-19</u>	
Place of discharge <u>Warrington</u>	
1. Description at the time of discharge.	
Age <u>23</u> years <u>7</u> months	Descriptive marks. <u>G. I. W. P. Ankles</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded <u> </u> ins. range of expansion <u> </u> ins.	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Bridgeman</u>	<u>G. M. J. Beaton</u>
Intended place of residence <u>1308, Howe Street</u>	
(To be given as fully as practicable) <u>Warrington</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>being unfit</u>	
<u>under Rules 20-21 12/18</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
WAR SERVICE BADGE CLASS "A" No. <u>307964</u> ISSUED	
WAR SERVICE BADGE CLASS "B" No. <u>666893</u> ISSUED	
Army Form B. 2088 has been issued to*	
Initials of Commanding Officer.	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

France 3 Months

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date) Commanding Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) (Signature of Soldier.)

(Date) (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 at 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 towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) ... " " "

Total ... " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date)

(Place)

(Date)

Signature Capt.

District Depot, XI

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None

J. Beaton

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 443209 RANK Plc NAME (IN FULL) Beaton, J. (BLOCK LETTERS SURNAME FIRST)

IF IN P.F. WHAT UNIT? No. 11 Dist. Depot

DATE 4-3-19

DATE EFFECTIVE 17-8-15

ASSIGNED PAY \$

DATE EFFECTIVE

PAYABLE TO

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

TO WHOM PAID

RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

308 - Howe St. Vancouver B.C.

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
Feb 1	28	110	30.80		30.80			20		30.80								
Mar 4	4		4.40		4.40													D.O. 63 Trans 4-3-19 to #11 D.D.
Apr 27	30	110	33.00		33.00													
May 31	31		34.10		34.10													
June 18	18		19.80		19.80													
July 18	18		114.58		114.58													
Aug 18	18		115.91		115.91													
Sep 18	18		117.76		117.76													
Oct 18	18		118.69		118.69													
Nov 18	18		119.62		119.62													
Dec 18	18		120.55		120.55													
Jan 18	18		121.48		121.48													
Feb 18	18		122.41		122.41													
Mar 18	18		123.34		123.34													
Apr 18	18		124.27		124.27													
May 18	18		125.20		125.20													
June 18	18		126.13		126.13													
July 18	18		127.06		127.06													
Aug 18	18		127.99		127.99													
Sep 18	18		128.92		128.92													
Oct 18	18		129.85		129.85													
Nov 18	18		130.78		130.78													
Dec 18	18		131.71		131.71													
Jan 18	18		132.64		132.64													
Feb 18	18		133.57		133.57													
Mar 18	18		134.50		134.50													
Apr 18	18		135.43		135.43													
May 18	18		136.36		136.36													
June 18	18		137.29		137.29													
July 18	18		138.22		138.22													
Aug 18	18		139.15		139.15													
Sep 18	18		140.08		140.08													
Oct 18	18		141.01		141.01													
Nov 18	18		141.94		141.94													
Dec 18	18		142.87		142.87													
Jan 18	18		143.80		143.80													
Feb 18	18		144.73		144.73													
Mar 18	18		145.66		145.66													
Apr 18	18		146.59		146.59													
May 18	18		147.52		147.52													
June 18	18		148.45		148.45													
July 18	18		149.38		149.38													
Aug 18	18		150.31		150.31													
Sep 18	18		151.24		151.24													
Oct 18	18		152.17		152.17													
Nov 18	18		153.10		153.10													
Dec 18	18		154.03		154.03													
Jan 18	18		154.96		154.96													
Feb 18	18		155.89		155.89													
Mar 18	18		156.82		156.82													
Apr 18	18		157.75		157.75													
May 18	18		158.68		158.68													
June 18	18		159.61		159.61													
July 18	18		160.54		160.54													
Aug 18	18		161.47		161.47													
Sep 18	18		162.40		162.40													
Oct 18	18		163.33		163.33													
Nov 18	18		164.26		164.26													
Dec 18	18		165.19		165.19													
Jan 18	18		166.12		166.12													
Feb 18	18		167.05		167.05													
Mar 18	18		167.98		167.98													
Apr 18	18		168.91		168.91													
May 18	18		169.84		169.84													
June 18	18		170.77		170.77													
July 18	18		171.70		171.70													
Aug 18	18		172.63		172.63													
Sep 18	18		173.56		173.56													
Oct 18	18		174.49		174.49													
Nov 18	18		175.42		175.42													
Dec 18	18		176.35		176.35													
Jan 18	18		177.28		177.28													
Feb 18	18		178.21		178.21													
Mar 18	18		179.14		179.14													
Apr 18	18		180.07		180.07													
May 18	18		181.00		181.00													
June 18	18		181.93		181.93													
July 18	18		182.86		182.86													
Aug 18	18		183.79		183.79													
Sep 18	18		184.72		184.72													
Oct 18	18		185.65		185.65													
Nov 18	18		186.58		186.58													
Dec 18	18		187.51		187.51													
Jan 18	18		188.44		188.44													
Feb 18	18		189.37		189.37													
Mar 18	18		190.30		190.30													
Apr 18	18		191.23		191.23													
May 18	18		192.16		192.16													
June 18	18		193.09		193.09													
July 18	18		194.02		194.02													
Aug 18	18		194.95		194.95													
Sep 18	18		195.88		195.88													
Oct 18	18		196.81		196.81													
Nov 18	18		197.74		197.74													
Dec 18	18		198.67		198.67													
Jan 18	18		199.60		199.60													
Feb 18	18		200.53		200.53													
Mar 18	18		201.46		201.46													
Apr 18	18		202.39		202.39													
May 18	18		203.32		203.32													
June 18	18		204.25		204.25													
July 18	18		205.18		205.18													
Aug 18	18		206.11		206.11													
Sep 18	18		207.04		207.04													
Oct 18	18		207.97		207.97													
Nov 18	18		208.90		208.90													
Dec 18	18		209.83		209.83													
Jan 18	18		210.76		210.76													
Feb 18	18		211.69		211.69													
Mar 18	18		212.62		212.62													
Apr 18	18		213.55		213.55													
May 18	18		214.48		214.48													
June 18	18		215.41		215.41													
July 18	18		216.34		216.34													
Aug 18	18		217.27		217.27													
Sep 18	18		218.20		218.20													

[illegible][illegible]

Sailing List #41-10/7/17, G Bal 317⁴⁶

Small
Ledger Sheet

Assigned Miss

ARM. FORM REND. - EFFECT
DISCHARGED TO *Carroll* DATE *29 6 17*
PAYBOOK VERIFIED *29 6 17*
6 BAL. *132232* L.P. REND. *29 6 17*
AUTHY *Boyle* *4457* *6-17*

OPINION OF THE MEDICAL BOARD

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

11 a. 1 & 2. No. 11 b. 1. 2. N.A. 12. 1. 2. (a & b) No

9. a. Can do a day's light work which does not entail bending

of back

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

YES.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE. Esquimalt Sec. E.M.H.

DATE. May 10th 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President

PLACE. Members

DATE. Members

APPROVED BY

MAJOR C. A. M. C.

For A. D. M. S., M. D. No. 11

DATE. 11/6/19

Director-General of Medical Services.

DATE.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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.

Esq. Sec. DATE. 10.6.19

1. 1 (a) Unit. 11th CGR. (b) Regimental No. 443209 (c) Rank. Pte.

(d) Surname. BEATON. (e) Christian name. JOHN

(f) Home address. Antigonish, Nova Scotia.

(g) Next of Kin. Dan. B. Beaton (h) Relationship. Father

(i) Address of Next of Kin. same address.

2. Age last birthday. 5'6 1/2" Date of birth. Mar. 15 1894

3. Enlistment, or Appointment (if an Officer) (a) Place. Revelstoke (b) Date. June 7/15

4. Personal description:

(a) Height. 5'6 1/2" (b) Weight. 120 lbs (c) Complexion. dark.

(d) Colour of hair. black (e) Colour of eyes. brown (f) Identification marks, Scars, etc.

Two wounds on outer side lt ankle, one at tip of ext. malleolus, other 2" in front.

5. Former trade or occupation. Bridgebuilder.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Canada June 7th 1915 - Oct. 1915

England Nov. 1915 - Mar. 1916

France or other theatres of War Mar. 1916 - June 1916

7. Original disease, or injury. (1) GSW ankle - Rt. (2) Myalgia.

(a) Date of origin. (1) June 14/16 (b) Place of origin. France.

(c) Cause. (1) Shrapnel. (2) Accident (fell off transport)

M. F. B. 227.

400M.-11-12.
1773-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Impaired function of right foot.

(2) " " " " " "

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10.) Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.

A healthy, well nourished man of about stated age, sleeps fairly well, appetite good. There are two wounds on outer side of rt ankle, one just behind ext. malleolus, the other 2" in front. Sores healed, not tender. Movements: Flexion and extension of ankle normal, inversion practically nil, eversion normal. Able to walk two miles on any tr road without any trouble, but on rough road, very hard to walk far, due to pain in outer side of ankle.

X Ray Report 12.4.18. Vanc. Gen. Hosp. There has been GSW of the foot which has transversed the outer side of the os calcis and caused a fracture of the lower end of the fibula. There is now a fine scattering of metal over the outer and anterior aspect of the os calcis and these particles can be traced as far as the posterior end of the astragalus where there has evidently been a fracture on its outer side which has now healed with slight excessive callous.

Dr. Wilshaw.

SPINE X Ray Report 7.1.19. Negative findings

Dr. Whitlaw.
in Section 9 (a) above?

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No,—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....NO...... Cardio-Vascular System.....NO...... Genito-Urinary System.....NO......
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....Respiratory System.....Integumentary System.....

Disturbances of Mentality.....No.....Digestive System.....No.....Muscular System.....No.....

Osseous and Joint Systems.....No. Any other general condition.....No.

Tenderness over erector spinal muscles on back side. Bending over restricted, can do 120 deg, unable to bend back at all. adduction and abduction about 100. Patient states he is unable to do more owing to pain. (see above Report)

10. (a) History (of the condition referred to in Section 9 (a).)

Fell off transport May 1916, complained of pain in back at intervals since. States the pain has increased since arriving in Canada. Was not admitted to Hosp. GEN. rt. ankle June 14/16 at Ypres. In Hosp. in France 4 days. To Taplow Hospital for 3 months. All healed in Nov. 1916.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

XVI

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

11.—(a) Did the disabling condition have its origin before enlistment? NO.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

H. A.

12. Was the disability caused, or aggravated ; (a) by intemperance, or improper conduct ; or (b) 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? (1) permanent, (2) six months

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

(1) operation, message and electricity

(2) Massage and electricity.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?.....
(If the answer is "yes" state nature of treatment required and probable duration)

NO

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

17. Recommendations.....

For discharge.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....J. Beaton.....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. Boston Rank
Signature of invalid examined.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Sidney B.C. DATE Dec. 9th/17.1. (a) Unit 7th Batt'n (b) Regimental No. 443209 (c) Rank Pte.(d) Surname BEATON (e) Christian name John.2. Age last birthday 23 yrs Date of birth Mar. 15th 18943. Enlisted at Ravelstoke on June 7th 1915.

4. Personal description :—

(a) Height 5 ft 6 in (b) Weight 135 lbs. (c) Complexion Florid.(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marksscars from wound, See Sec. 10.

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

Antigonish, N.S. H/K (Father) D. Beaton, same address6. Former trade or occupation Bridgeman C.P.R.

7. (a) Service

	PERIODS	
	From	To
Canada	June 7th 1915	Oct. 1915
England	Oct. 1915	Mar. 1915
France	Mar. 1916	June 1916
England and Canada	June 1916	Present.

(b) Has he been Overseas? Yes at the Front.8. Present disease or disability (use authorized nomenclature if possible). 1. Lumbago.
1. May 30./16 2. June 16/16 2. Limitation of movement of
foot.(a) Date of origin 1. Fall of motor lorry. (b) Place of origin 1. & 2. Ypres.(c) Cause* 2. G.B.M. (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

A healthy looking man. Heart, lungs, abdomen, nervous and urinary systems normal. He complains of pain in the lower dorsal and lumbar region of the spine, which is constant, patient can bend over, but lifting anything aggravates the pain. There is no external evidence of bone mischief and the pain seems referred more to the erector muscles. The right foot is the seat of a shrapnel wound. Flexion and extension are normal but there is no voluntary lateral movement, attempt at inversion or eversion causes pain through the ankle joint in the region of the malleoli. Extreme dorsiflexion of the foot causes pain through the ankle joint and near the tendo-achilles. Movements of the toes normal. Patient can walk 2 or 3 miles if he takes his own time and the ground is smooth, but after walking the foot swells up and pains. (according to patient's statement) .

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

M. F. B. 227.

15 M-6-17.
1772-39-117.

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.

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- 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.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

10. History ;

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

There are two well healed scars, one immediately posterior to the rt. ext. malleolus, the other $1\frac{1}{2}$ " in front of the malleolus.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1. 10% 2. 5% - Total: 15%

12. Did the disability arise on or off duty? **Yes.**13. Was a Court of Inquiry held? **No.**14. If the disabling condition had its origin before enlistment, has it been aggravated on service? **N.A.**

Yes..... No.....
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No.**

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **1. Indefinite. 2. 6 months.**

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

England and Canada - 7 mos. Massage and electricity.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes. if X Ray shows any need for special treatment for the spine.

19. Can the former trade or occupation be resumed? **No.**

20. Recommendations

X. Ray Exam of the spine to see if there is any evidence to support the patient's complaint.

E.M. Pearce, M.O. Resthaven.

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.)

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

P. Beaton
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Concurs.

22. Is the soldier fit for

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

Yes.

23. It is certified that the soldier

- (a) Does require treatment. **Yes.**
(b) ~~Does not require treatment.~~
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control. **Yes.**
(Strike out condition not applicable).

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

D. 5. for X Ray, Spine.

R.H. Miller, Capt. and President.
J.M. Jones } Members.
A.L. Finson

STATION **Esquimalt B.C.**

DATE **Dec. 12th 1917.**

APPROVED BY

DATE **DEC 19 1917**

APPROVED BY

DATE

Ken Gordon **Lieut. Colonel**
Assistant Director of Medical Services. **M.D. 11**

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

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

11. a. 1 & 2. No. 11 B. 1.2. N.A. 12. 1.2. (A & B) No. 9.a. Can do a day's light work which does not entail bending of back.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

Yes.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

L.T. Houghton, Capt. President.

PLACE Esquimalt, M.C.H.

B. Robertson, Major.

Members

DATE May 10th 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

RECEIVED

JUL 4 1919

ANSWERED President

PLACE

DATE

APPROVED BY

APPROVED BY

R.L. Miller, Major, C.A.M.C.
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 11-6-19.

DATE

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Esq. Sec. DATE 10-6-19.

1. 1 (a) Unit 11th CGR (b) Regimental No. 43209 (c) Rank pte.

(d) Surname Beaton (e) Christian name John.

(f) Home address Antigonish, Nova Scotia.

(g) Next of Kin Dan. B. Beaton (h) Relationship Father

(i) Address of Next of Kin Same Add.

2. Age last birthday 5' 6 1/2" Date of birth Mar. 15th 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Revelstoke (b) Date June 7, 1915.

4. Personal description:

(a) Height 5' 6 1/2" (b) Weight 120 lbs. (c) Complexion Dark.

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc.

Two wounds on outer side lt. ankle, one at tip of ext. malleolus, other 2" in front.

5. Former trade or occupation Bridgebuilder.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	PERIODS	
	From	To
Canada	June 7th 1915 Oct. 1915	July 1917 Present.
England	Nov. 1915 - Mar. 1916	June 1916 June 1917.
France or other theatres of War	Mar. 1916 June 1916.	

7. Original disease, or injury (1) GSW ankle - Rt. (2) Myalgia.

(a) Date of origin (1) June 14-16. (b) Place of origin France.

(c) Cause (1) Shrapnel. (2) Accident (fell off transport)

M. F. B. 227.

400m-11-18.
1172-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Impaired function of right foot.

(2) " " " " back.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

A healthy, well nourished man of about stated age, sleeps fairly well, appetite good. There are two wounds on outer side of rt. ankle, one just behind ext. malleolus, the other 2" in front. Scars healed, not tender. Movements:— Flexion and extension of ankle normal. Inversion practically nil, eversion normal, able to walk two miles on the road without any trouble, but on rough road, very hard to walk far. due to pain in outer side of ankle. X Ray Report 13-4-18. Van. Gen. Hosp. There has been GSW of the foot which has transversed the outer side of the os calcis and caused a fracture of the lower end of the fibula. There is now a fine scattering of metal over the outer and anterior aspect of the os calcis and these particles can be traced as far as the posterior end of the astragalus where there has evidently been a fracture on its outer side which has now healed with slight excessive callous.

Dr. Whitelaw.

Spine X Ray Report 7-1-19. Negative finding.

Dr. Wittlaw.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No..... Cardio-Vascular System.....No..... Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No.....

Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No.....

Osseous and Joint Systems.....No..... Any other general condition.....No.....

Tenderness over erector spinal muscles on back side. Bending over restricted, can do 120 deg. unable to bend back at all. Adduction and abduction about 100. Patient states he is unable to do more owing to pain. (See above report).

10. (a) History (of the condition referred to in Section 9 (a).)

Fell off transport May 1916, complained of pain in back at intervals since. States the pain has increased since arriving in Canada. Was not admitted to Hosp. GSW rt. ankle June 14/16 at Ypres. In Hosp. in France 4 days. to Taplow Hosp. for 3 months. All healed in Nov. 1916.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Nil.

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

11.—(a) Did the disabling condition have its origin before enlistment? No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a.b. No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) permanent. (2) six months.

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

(1) operation, massage and electricity.

(2) Massage and electricity.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? No.
(If not, briefly state why)

17. Recommendations

For discharge.

R. Robertson, Major.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, J. Beaton, 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

Sgd. J. Beaton.

Rank.
Signature of invalid examined.

X-ray report by Dr. Stanier, Victoria, Dec. 15th, 1917.

"The vertebrae from the 4th Dorsal to the Sacrum appear to be regular with no evidence of disease or displacement from an antero-posterior view."

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.

INSTRUCTIONS

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- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

- STATION Sidney, B.C. DATE Jan. 2, 1918.
1. (a) Unit 7th Batt. (b) Regimental No. 443209 (c) Rank Pte.
- (d) Surname Beaton (e) Christian name John
2. Age last birthday 23 years Date of birth March 15th, 1894
3. Enlisted at Revelstoke on June 7th, 1915.
4. Personal description:—
- (a) Height 5 ft. 6 in. (b) Weight 135 lbs. (c) Complexion Florid
- (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks
5. Address after discharge 3 cars from wound, see Sect. 10.

6. Former trade or occupation Antigonish, N.S. N/K (Father) D. Beaton, Same address.

7. (a) Service	PERIODS	
	From	To
Canada	June 7th, 1915	Oct. 1915
England	Oct. 1915	Mar. 1915
France	Mar. 1916	June 1916
England & Canada	June, 1916	Present.

- (b) Has he been Overseas? Yes, at the Front.
8. Present disease or disability (use authorized nomenclature if possible). (1) Lumbago, (2) Limitation of movement of Rt. foot.
- (a) Date of origin (1) May 30, 1916. (2) June 16, 1916 (b) Place of origin (1) & (2) Ypres.
- (c) Cause* (1) Fall of motor lorry. (2) G.S.W.
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

A healthy looking man. Heart, lungs, abdomen, nervous and urinary systems normal. He complains of pain in the lower dorsal and lumbar region of the spine which is constant. Patient can bend over, but lifting anything aggravates the pain. There is no external evidence of bone mischief and the pain seems referred more to the Erector muscles. For X-ray report on spine see Page 4. The Rt. foot is the seat of a shrapnel wound. Flexion and Extension are normal, but there is no voluntary lateral movement, attempt at inversion or eversion causes pain in the region of the Malleoli. Extreme dorsiflexion of the foot causes pain through the ankle joint and near the Tendo-Achillis. Movements of the toes are normal. Patient can walk 2 or 3 miles if he takes his own time and the ground is smooth, but (according to patient's statement) after walking the foot swells up and pains him.

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

M. F. B. 227.

159M-6-17.
1772-39-15.

10. History ;

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

There are two well healed scars on the Rt. ankle, one immediately posterior to the Extern. Malleolus, the other $1\frac{1}{2}$ in. in front of the Malleolus.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) 10%. (2) 5%. Total 15%.

12. Did the disability arise on or off duty? Yes, on duty.

13. Was a Court of Inquiry held? No.

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

Yes..... No.....
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Indefinite. (2) 6 months.

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

England and Canada, 7 months. Massage & electricity.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations

Discharge.

Emilease Mo Resthaven
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.)

I, the undersigned, **J. Beaton.** have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow) ~~XXXXXX~~
~~XXXXXX~~

(Sgd) J. Beaton.

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Sec(11) 1. Nothing. 2. Nothing.

Sec. 19. - Yes.

Sec. 20. - Return to B. 2.

Otherwise concurs.

22. Is the soldier fit for

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

Yes. B. 2.

23. It is certified that the soldier

- (a) Does require treatment.
(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).

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

That he be classed in B. 2. and returned to duty.

M. Bryan President.
Dr. Jones
R. H. Jones Members.

STATION **Esquimalt B.C.**

DATE **Jan 9th 1918.**

APPROVED BY

DATE **JAN 17 1918**

APPROVED BY

DATE

Aug 1918 Lieut. Colonel
M. D. 11
Assistant Director of Medical Services.

Director-General of Medical Services.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION North Vancouver DATE February 26, 1918.1. (a) Unit Forestry Reinforcements (b) Regimental No. 443209 (c) Rank Private(d) Surname Beaton (e) Christian name John.2. Age last birthday 23 Date of birth March 15th 1894.3. Enlisted at Revelstoke on June 7th 1915.

4. Personal description:—

(a) Height 5' 6" (b) Weight 135 lbs. (c) Complexion Flaird(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks2 Scars on Right ankle.5. Address after discharge (for the use of the Board of Pension Commissioners.) c/o R. L. McDonald.Revelstoke, British Columbia, Canada,6. Former trade or occupation Bridgeman C. P. R.7. (a) Service Years 2 Days 264

	PERIODS	
	From	To
Canada June 7, 1915 to Oct 1915.		
England Oct. 1915 - March 1916.		
France March 1916 - June 1916.		
England & Canada June 1916 - Present.	June 7, 1915	Present.

(b) Has he been Overseas? Yes8. Present disease or disability (use authorized nomenclature if possible). 86 A 936(a) Date of origin June 14 - 1916 (b) Place of origin Foot and Back.(c) Cause* Shrapnel wound in right ankle - Gas caused injury to back
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Swollen and Painful area on left side spinal column when applicant is placed in a semi flexed (bent over) position. This area does not show when in an erect or completely flexed position. Scar under external malleolus right foot. In this area patient complains of rather severe pain when marching or prolonged standing. Eversion of foot gives pain in ankle joint internally. No evidence of inflammation or atrophy.

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

M. F. B. 227.

159M-6-17.
1774-39-117.

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.

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- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

John Beaton

10. History ;

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.

Scar under malarolus right foot

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

30 %

12. Did the disability arise on or off duty?

on duty

13. Was a Court of Inquiry held?

no

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

Yes

No

after enlistment

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

no

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Indefinite

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

Prolonged rest with counter irritation

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

no

19. Can the former trade or occupation be resumed?

no

20. Recommendations

Discharged as Physician unfit

W. Edwards Newcombe

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.)

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

J. Beaton

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

8. Pain in back, limited function R. ankle.

9. Back-there is a lateral scoliosis of lower six dorsal vertebrae. Appears to be due to bad standing and round-shouldered habit.

Complains of pain on left side of lumbar vertebrae. No objective signs- can move and bend freely in all directions-There appears to be a good deal more emphasis laid on this than condition warrants. X-Ray taken at Esquimalt showed spine normal. (Dec. 15, 1917)

Ankle -X-Ray report attached.

He complains of pain on inversion or eversion; but these are free in range. Flexion and extension are normal. Not fit for drilling or marching; should be in C3.

22. 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). Yes. |
| (d) Temporarily unfit, | (" D) (Yes or No). No. |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No). No. |

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
(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).

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

No. Class C3.

J. Macdonald President.
D. E. Dwyer Capt
A. J. Fisher Capt

Members.

STATION

DATE

APPROVED BY

DATE **APR 23 1918**

APPROVED BY

DATE

J. A. M. C.
For Assistant Director of Medical Services.

Director-General of Medical Services.