C.E.F. REGIMENTAL DOCUMENTS

NAME CONDY JOHN REGT. No 340558 UNIT C. F. A. H. Q. FILE No 31207

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133 or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 120)				
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		DIED 24-7-21		
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
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	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
	CARDS				
	PAY-SHEETS				

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY M.O

DESERTION

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

ORIGINAL

1.

Irish.

ATTESTATION PAPER.

No. 340558

Depot Artillery Brigade.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	CONDY.
1a. What are your Christian names?	John. U. S. A.
1b. What is your present address?	48 East 59th St, New York City, N.Y.
2. In what Town, Township or Parish, and in what Country were you born?	Dungannon, County Tyrone, Ireland.
3. What is the name of your next-of kin?	Martha Condy.
4. What is the address of your next-of-kin?	30 Park Row, Kensington, London, England.
4a. What is the relationship of your next-of-kin?	Sister.
5. What is the date of your birth?	April 30th, 1891.
6. What is your Trade or Calling?	Valet.
7. Are you married?	Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No. Naval or.
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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

John Condy. (Signature of Recruit)

Date March 1st, 1918. 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

John Condy. (Signature of Recruit)

Date March 1st, 1918. 191 . (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 Toronto, Canada. this 1st day of March, 1918. 191 .

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Condy. on Enlistment.

Apparent Age 26 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	6 ft ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	4 ins.
Complexion	Fair.
Eyes	Blue.
Hair	Brown.
Religious denominations. Church of England	
Presbyterian	Pres.
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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

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

Nil.

Henring, O. K. V-R.20/20. L.20/20

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.

MAY 29 1918

Date March 1st. 1918. 191 .

Place New York, U. S. A.

W. H. Merrill Jams. M.O.
C. S. Bracken. M.O.
T. E. Sharp. M.O.
Medical Officer.

WITLEY. NEW YORK

*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 Condy. 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.

Major
Commanding 68 Battery, C. F. A., C. E. F. (Signature of Officer)

Date March 8. 191 8.

CANADIAN EXPEDITIONARY FORCE

TEMPORARY DISCHARGE CERTIFICATE

This is to Certify that No. 340558. Rank Gnr.

Name (in full) CONDY John.

Enlisted in C.F.C.

CANADIAN EXPEDITIONARY FORCE on the 20 th.

day of February 191 8.

HE SERVED IN ENGLAND.

and is hereby discharged from the Service by reason of

" Medically Unfit."

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age 26.

Height 6.Ft.

Complexion Fresh

Eyes Blue

Hair Dark

Marks or Scars

VACC. scars on left arm.

Former Occupation Salesman

Signature of Soldier John Condy

Issuing Officer

Date of Discharge April. 29th. 1919.

Rank C. Discharge Sections, No. 2 District Depot

Appointment

Signed at Toronto. Ont. this 29th day of April. 19

Military District No. #2.

R.L.

Reference No.

No. 2 APR 29 1919 DISTRICT DEPOT

M. F. W. 39c
100M.—2-18
1772-39-882

DUPLICATE

1.

ATTESTATION PAPER.

No. 340558

Depot Artillery Brigade.

Folio. 0

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	CONDY.
1a. What are your Christian names?	John. U. S. A.
1b. What is your present address?	48 East 59th St, New York City, N.Y.
2. In what Town, Township or Parish, and in what Country were you born?	Dungannon, County Tyrone, Ireland.
3. What is the name of your next-of kin?	Martha Condy.
4. What is the address of your next-of-kin?	30 Park Row, Kensington, London, England.
4a. What is the relationship of your next-of-kin?	Sister.
5. What is the date of your birth?	April 30th, 1891.
6. What is your Trade or Calling?	Valet.
7. Are you married?	Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? (If so, state particulars of former Service.)	Naval or. 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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

John Condon (Signature of Recruit)

Date March 1st, 1918. 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

John Condy (Signature of Recruit)

Date March 1st, 1918. 191 . (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 Toronto, Canada. this 1st day of March, 1918. 191 .

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Condy. on Enlistment.

Apparent Age 26 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	6 ft	ins.
Chest measurement — Girth when fully expanded	36	ins.
Chest measurement — Range of expansion	4.	ins.
Complexion	Fair.	
Eyes	Blue.	
Hair	Brown.	

Religious denominations.

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

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

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

Nil.

Hearing, O. K. V-R.20/20. L.20/20

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 March 1st. 1918. 191 .

Place New York, U. S. A.

W.H.McWilliams. M.O.
C. S. Bracken. M.O.
T. E.Sharp. M. O.
Medical Officer.

NEW YORK

*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 Condy. 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.

Major
Commanding 69 Battery, C. F. A., C. E. F. (Signature of Officer)

MAR 9- 1918

Date 191 .

Reference copy of original C.E.F. Discharge Certificate

issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

340858 Gunner

COUDY, John

This is to Certify that No. [illegible] C.E.A., C. (Bank) [illegible]

(Name in Full) Toronto, Ontario enlisted in 1st

March 18.

Canadian Overseas Expeditionary Force, on the [illegible] of

191____, and accompanied said unit to XXXXXXXX

was returned to Canada, and discharged from the service at

on the of 191____, in consequence of

26 Years

6 FEET

DESCRIPTION ON DISCHARGE

Vaccination scars on left arm.

PRESH

Age BLUE

Height DARK

Complexion

Eyes

Hair

Trade Toronto, Ontario. April 29th, 1919.

Marks or Scars

Captain.

for a/Director of Records.

Signature of Man

OTTAWA, July 24th, 1919.

Officer in charge Discharge Depot.

Place and Date

M. F. W. 39 a.
50m.—8-17.
H. Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No.....

Rank.....

Name .....

Unit .....

Address on Discharge.....

.....

.....

.....

.....

His conduct and character while in the Service have been :.....

.....

.....

.....

Place.....

Date..... Commanding.....

Campaigns.....

Medals and Decorations .....

.....

.....

CLINICAL CHART.

Bed 29

(To be pasted into Case Book opposite Patient's case.)

Corps 69th C.F.A. *Hospital Station* EXHIBITION CAMP HOSPITAL

No. 340558 *Rank and Name* Gnr. Condy,J. *Age* 26 *Service* 1 month.

Disease Infleunza *Date of Admission* Mar19/18. *Date of Discharge* *Result* *Case Book* *Folio*

MAR 28 1918

Dates of Observation	Mar 19	20	21	22	23	24	25	26	27
Days of Disease									
Temperature Fahrenheit — TIME a.m. p.m.									
107°									
106°									
105°									
104°									
103°									
102°									
101°	●								
100°		●	●	●					
99°					●	●			
98°							●	●	●
97°									
Pulse per Minute	78	82	78	76	86	80	80	62	76
Respirations per Minute	20	20	18	18	20	20	20	18	18
Motions									

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature J.K. Cunns Capt. *In charge of case.*

(Copy)

MEDICAL HISTORY of—

A.F. B.178

Regional No. _____ *Region* _____

Regimental No. 340558

Surname Condy *Christian Names* John

TABLE I.—General Table.

Birthplace { Parish Lougavanon / County Tyrone Ireland.

Examined { on 1st day of March 1918, / at New York U.S.A.

Declared Age 26 years 11 months days.

Trade or Occupation Valet

Height 6 feet — inches. Weight — lbs.

Colour of Hair Brown Complexion fair

" Eyes Blue

Chest Measurement { Girth when fully expanded 36 inches. / Range of expansion 4 inches.

Physical Development _____

Vaccination Marks { Arm, Right. | Left. / Number _____ | _____

When Vaccinated _____

Vision { R.E.—V= _____ / L.E.—V= _____ With Glasses { R. _____ / L. _____

Identification Marks, such as Tattoo, Moles, Scars, etc. :—

Defects or Ailments :—

Examined and found—

Fit for Grade { I. / ~~II.~~ / ~~III.~~ / ~~IV.~~

(Strike out those which do not apply.)

(Sgd) Signature W H Williams Lt. R.A.M.C.

Chairman of Medical Board.

Re-examined for posting at _____

On _____ day of _____ 191__

Enlisted { at _____, / on _____ day of _____ 191__

	Corps.	Regtl. No.
Joined on enlistment		
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by _____

on _____ day of _____ 191__

(*Signature*) _____

(*Rank*) _____

7480 2998/408 250m (4) 4/18 J.P. Gp. 156
8045 9152/646 250m (5) 6/18

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters

Name of Hospital	Admitted to Hospital.			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease 27 28

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute 86

Respirations per Minute

Motions per 24 hours

Weight

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.R.A. Military Hospital Can. Spec. Jerbois.

No. 340558 Rank and Name Gun Condy J. Age 26 Service 10/12

Disease T.B. Lung Date of admission 27-1-19 Date of discharge Result

Dates of Observation	24	25	29	30	31	Feb
Days of Disease						1
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	84	84	68	86	96	80
Respirations per Minute	22		20	22	20	18
Motions per 24 hours						

Days of Disease	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	84	78	86	96	80	96	80	78	80	76	88	88	80	90	86	88	84	88	94	96	80	78	80	82	88
Respirations per Minute		20	22	20	18	20	18	20	18	18	20	18	20	18	18	18	18	18	18	18	18	18	20	18	18
Motions per 24 hours																									

Admitted at 3.30 PM

Weight 13½ st

Weight 130 lbs

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

Miss Condy sister
4 Park Road
Knightsbridge London.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.

Station and Date.

Disease

No XII Can. Gen Hosp
22-1-19

Family History. Father killed in an accident
Mother died from ulcer of stomach at age of 42 after illness of three years
Otherwise history is negative.

Past History:
1916. Pleurisy no effusion ill in bed 12 days.
Man states he has never been ill except for mumps and measles about age of 12.

Present Illness:
Man became ill about three months ago complaining of cough "Cold in Chest"
Was treated in hospital and while on leave.
He states he has lost about 2 8 lbs and has pain in L. nipple.

Physical Examination
Man has good color appears to be slightly under weight.

Chest
There are few rales in both bases especially in L. base. There is a small area of dullness at angle of Left scapula and there are few crepts in L. apex posteriorly. At both angles of the scapula there are moist rales. In front in both apices below clavicle there are fine crepitations.

Heart
and other systems normal.

24-1-19
Sputum Positive. Transfer to Lenham
Cpl RKed Capt.

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

(6365) W2914 P.38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 4440 Bk II	340538	Gnr.	Condy	John
Year	Unit.		Age.	Service.
	C R A		26	10/12

Station and Date.

Disease Tubercle of Lung.

Complains - Cough. since July 1918.

Family H. W. D. ulcer stomach D. D. accident.

Bro. D. killed Negative

Personal H - B. Dungannon. Tyrone. Ireland.

Apr 20. 1892. Ordinary childhood. Mumps & Measles.

In USA. 1916 had pleurisy Rt side? Took 8 wks.

Bed 3 wks. Began by "cold". Dec 1918 following

Came to Eng. Apr. 1918. Had Influenza. Sorcato

19-3-18 to 28-3-18. was in 6 Fd a unit. Discharged.

Cough began in July and continued since. Lost 30 lbs.

7-5-18. R A D. Col. A. Beaumont. Went on leave.

Dec. 1918 to Ireland. Condition became worse in Ireland and was treated four wks and returned to Depot with N.D.'s Certificate. and sent to R 012 6 E H. 22-1-19 Sputum Positive Bacs. to London 27-1-19.

Pres. Cough recurrent. Sputum mucopurulent

No hemoptysis. Ht pain Rt side. No night sweats. No

headaches. Strength fair. App. good. Bowels reg.

Dig Impaired (Flatulence & Hyperacidity) D. P. K.

Fibrosis = 3

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Invalid to Canada T. B. Cav Romane Ey Capt

ORIGINAL 340558 Canadian 7.

MEDICAL HISTORY SHEET 7857.

Surname Crosby Christian Name John

Examined on 20 day of Feb 1918 at New York.

Birthplace City or Town Dungannon County Ireland

Apparent age 26

Trade or occupation Rafter.

Height 6 feet 0 Inches

Weight 132½ lbs.

Chest measurement Minimum 32 inches Maximum expansion 36 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right / ~~Left~~ Number 1

When Vaccinated last Inf.

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20-20 Hearing Normal.

Approved by [illegible] Rank Capt. Can M C A M.O.

APPROVED BY MEDICAL BOARD MAR 1 TORONTO, ONT. BRITISH RECRUITING MISSION

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

Date	Result	Vaccinations	
10-4-18		Successful	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
10-4-18		Inoculated	M.O.
15-4-18		Inoculated 2nd time	M.O.
			M.O.

Enlisted on 1st. day of March 1918 at Toronto.

	Corps	Regt'l. Number	Habits	Date
Joined on enlistment	Depot Art. Brigade.			
Transferred to	69th Battery C.F.A.	340558		March 1/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Bramshott C&H Lendemn	7/5/18 5-7-19	N. a. D. Tubercle of Lung	A Invalided Pensionable Case to Can. Ewd Terrence E Corp Canadn Depot Bt 69th Battn Hamilton Regiment Pulmonary Tuberculosis

Spadina Military Hospital Toronto APR 17 1919

MEDICAL BOARD, BRAMSHOTT

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.

300M.—1-17.
H. Q. 1772-39-439.

Surname [illegible] Christian Name [illegible]

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
EXHIBITION CAMP HOSPITAL		19	3	18	28	3	18	Infleunza	10	Improved; fit for light duty	Captain A.M.C.
No 2 CAN. GENERAL HOSPITAL		22	1	19	27	1	19	T. B. Lung	6.	Sputum Positive. Transferred to Lenham.	g.P.Reid Capt.
C.S.H. Lenham		27	1	19	8	3	19.	Tubercle of Lung	41	Sputum + Temp to 99.6. Condition poor. Far. adv. lesion involving all left side and upper right. Req. bed. Inv. to Canada	C.W.Orrent Capt.
"ARAGUAYA."		11	3	19	22	3	19	do		No change	
Military Hospital" Toronto		23	3	19	17	4	19	Tubercle of Lung	25	Improvement resonance most marked over left apex and to a lesser degree over entire left lung. Moist crepitation evident upon coughing on entire left lung posteriorly. Coarse rales and tubular breathing Coarse rales and tubular surface of upper lobe. Right lung cleared. Moist crepitation present on coughing. Post. under Rt Scapula Sputum Boarder for discharge to S.C.R for Sanatarium treatment	

Form B 122.
2353—100M—9-12-16.

CR. Rank Name CONDY, John. Reg'l No. 340558.

Unit 9th Dft. Toronto Arty Bde If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Toronto, Mar.1st. 1918. Place of Birth Dungannon, Ireland.

Name and Address, Next-of-Kin Martha Condy,

30 Park Row, Kensington, London, England. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. G 284
File B.L.
Category

M.X. 21-10-21 R.B

Discharge, Date and Place Reason Time Character

H. W. V., Ld.—9-16-16.

	Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	6.		Arrived in England		28-4-18 S/S SCOTIAN	
	2.5.18	Res Bde	Taken on strength Canada	Cmr	Witley	28.4.18 Ptu 122
	21-1-19	Do	absent since 0900 16/1/19	"	Borden	16-1-19 — 21
	14-3-19	C.R.O.	Invalided to Canada	"		11-3-19 C.L.B 494. M.D 2. S.L 73. C.L C501. 17 3/19
	3-3-19	Res Bde.	SBS on posting to CARD	"	Witley	20-2-19 Ptu 20 62.
	10.3.19	CARD	TOS from Res Bde	"	L	26.2.19 Ptu 69
	17-3-19	CARD	ceased to be in Hosp. having been invalided to Canada	"	Witley	11-3-19 — 76

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.					

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....69th Battery, CFA., CEF.

(2) Regimental Number ..340558

(3) Full Name of Soldier...CONDY, John

(4) Place of Birth...Dungannon, Ireland.

(5) Are you married, or not? .....Single.

(6) If married, state,
(a) Full name of your wife.....---

(b) Present Postal Address.....--

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

(8) Have you any children?.....---

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

Also their names and ages.....---

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive?.....No.....

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

(10) Is your Mother alive?.....No.....

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

.....

(11) If your Mother is a widow.....

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

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

.....-.-.....

.....

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

.....Miss Martha Condy, (Sister).....

30 Park Row

.....Dunmore, Pirtona.....

Kensington London, Engr

.....County Tyrone,.....

Ireland.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....-.-.....

(15) Are you insured?.....No.....

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

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

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

.....Major.

Officer Commanding.

Date.....March, 4, 1918.....

O.C., 69th Battery, CFA., CEF.

5-4.

Porch

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps C. T. a. Hospital Station Spadina Military

No. 340538. Rank and Name Gnr. Condy. J. Age 26. Service

Disease T. B. Date of Admission 23-3-19 Date of Discharge Result Case Book Folio

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature In charge of case.

CLINICAL CHART.

CASE HISTORY SHEET.

No. 340558 Rank Gunner Name CONDY J. Age 26

Unit 69th CFA Completed years of service Where and how long 1 mo.

Date of admission March 19-18. Date of discharge MAR 28 1918

Diagnosis Influenza. Place of origin Toronto Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: Pains in bones, headache, soreness of muscles.

Pulse resp. T. 1113 P. 74 R. 20. Throat reddened, chest and lungs normal.

(2) Throat still red T. 100.3. (22) Improved T. 100.

Allowed up 1 hour

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Benzoated Co Zi. ad 4 H

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) Returned to duty

Date Mar 28/18

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

12302
6

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

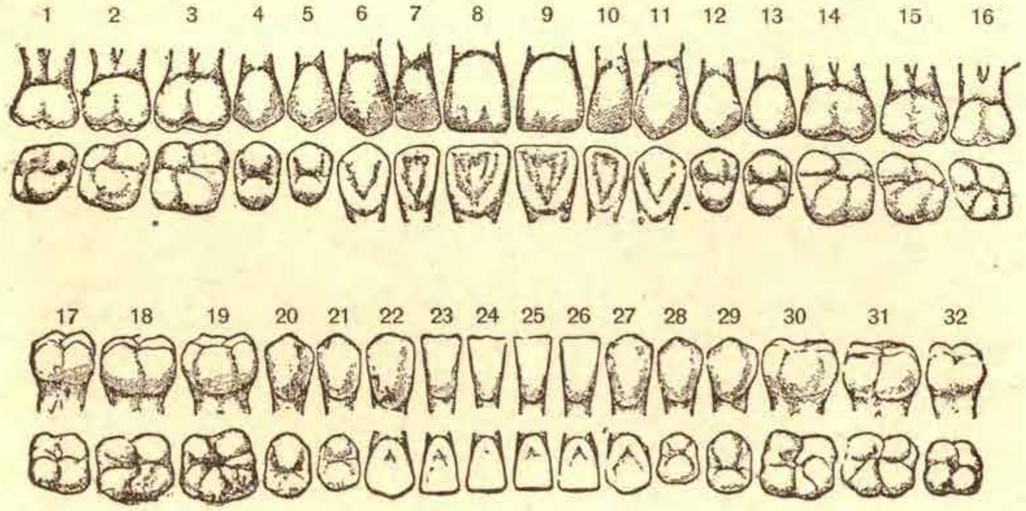
DISTRICT MD.2

NAME OF SOLDIER CONDY, Jno.

RANK Gunner

REGIMENT C. F. A.

No. 340558



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						Dental History 3-3-19. Treatment England. A.C. Dixie Captain.
	APR 17 1919																					Discharge examination at SPADINA M.H. Filling Certificate issued MAJOR J. G. ROBERTS SPADINA M.H.

M.F.B. 200M.—6-18. 72-30-950.

CASE HISTORY SHEET.

Hospital. Toronto Station.

No. 340558 Rank Gnr. Name CONDY, Jno. Age 26

Unit #2 D. D. Completed years of service (Where and how long) 6 2/12 E 1 Yr Fr

Date of admission 23-3-19 Date of discharge

Diagnosis Tubercle of lung Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Adm. from Clearing Depot

25.3.19. Granted two weeks furlough Ex H.

APR 8 - 1919

Complaint

Shortness of breath &c Has persistent cough Very little sputum no blood. No night sweats.

Duration

Since Dec 1918

First

No TBC in family history Contracted pleurisy in 1916 left side (dry). Quite well again except for frequent colds until 21.1.19 when he was sent to Lenham where sputum was positive for T.B. To see Major Thistle Thurs

10.4.19.

Impairment of resonance must marked over Left apex and to a lesser degree over entire Left lung. Must crepitation evident upon cough over entire Left lung & in with deep inspiration. Over anterior surface of upper lobe there are also coarse rales upon cough.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Right lung is resonant but particularly under right Scapula must crepitation present on cough.

Advise - Transfer to Sanatorium -

TREATMENT Dr B.G. Thistle Major

(Especially any specific or special form.) Recommended for Dreadnaught & BCR for Sanatorium Treat.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1770-39-439.

A30189

Form D.M.S. 1394
50M-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott May 7 1917.

No 3045'3'8 Rank Pte Name Candy J

Local Unit 69 Batty Overseas Unit ——— Age 26

Examination held at Bramshott.

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT). N. A. D

PRESENT CONDITION.

Man says he had his ankle injured about 6 years ago, but gives him no disability at present. Lungs & heart normal.

BOARD RECOMMENDS :- A.

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 :-

(Fred B Young Maj CAMC President.
(.....
Members (J McMechan Capt .....
(.....
(W Rae Jay Capt CAMC .....

APPROVED Bramshott.

Dated May 7th 1917. W McM Jay Capt For A.D.M.S.

C.A.D.C. 5009 A

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

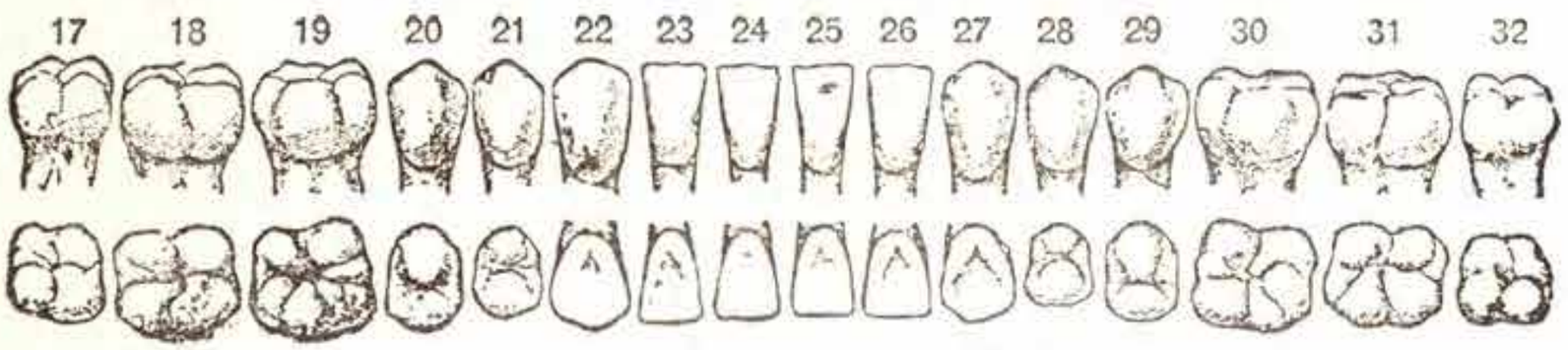
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CONDY J.

REGIMENT C.A.R.D. RANK GNR. No. 340558

Date of Examination in England 3/3/19. Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (*a*) Full Upper —
   - (*b*) Part Upper —
   - (*c*) Full Lower —
   - (*d*) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT ? No

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

- (*a*) In Canada No
- (*b*) In England Yes
- (*c*) In France No.

CANADIAN SPECIAL HOSPITAL
LEMNAM, KENT.

Signature of Dental Officer A. C. Steele Capt. CADS

Temporary

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

M. F. W. 54. (... F. B. 102.)
350m. ... 6
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 340558 Rank Gunner C. E. F. Name Condy — John —

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAR 11 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 85			
		Dis.#2. D.D April. 29th.1919. Pt.11# 116.			

Freeman
Lieut.
For O. C. No. 2 District Dep.

D Graham Robertson Lieut
O. C. Discharge Sections,
No. 2 District Depot

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

A/

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ....69th Battery, CFA., CEF.

Regimental No. 340558 Rank Private Name CONDY John
C. E. F.

Enlisted (*a*). Mar 1/18 Terms of Service (*a*) C.E.F. Service reckons from (*a*) Mar 1/18.

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

Extended ..... Re-engaged ..... Qualification (*b*) .. Valet (Civil)
Gunner (Military)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked - Canada			
		Embarked Canada date 17-4-18			
		Disembarked England date 28-4-18			
2-5-18	Res Bde CFA	T.O.S. from Canada c/o Frenchman Pond	Witley	28-4-18	B.O. Pt.11 122
30-7-18	O.C. Res Bde C.F.A.	Ceases to be Gr Com. F. Pond	WITLEY	27-7-18	B.O. Pt. 211
3-3-19.	C.R.A.	S.O.S. to C.A.R.D.	Witley.	20-2-19.	Pt. II #62.

LIEUT. & ASST. ADJUTANT.
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

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

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				

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1) *Substantive rank / *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
Gunner	9 Dft. Toronto duty. Bde.	340358

(4) Surname — Condy

(5) Christian Names — John

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)

(8) Date of birth as stated on enlistment

(9) (*a*)

(10) Enlistment (*b*) — March 1st. 1918

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single — Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin — Martha Condy · 30 Bark Row Kensington London England

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer)

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 410 of 1914). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

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

Nothing to be written in this margin.

Forms/B. 103/8
(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			Arrived in England S/S	Scotian	28-4-18	
2-5-18	Res Bde	BR II 122	Taken On Strength Canada	Inv. Witley	28-4-18	
21-1-19	Do	" 21	Absnt since 0900 16/1/19	✓ Boston	16-1-19	
14-3-19	CRD	CI B 499	Invalided to Canada	✓	11-3-19	T in D 2 SL 73. ✓ LC 501. 17/3/19.
3-3-19	Res Bde.	BR II 62	SOS on posting to CARD	✓ Witley	20-2-19	
10-3-19	CARD	" 69	TOS from Res Bde.	✓ "	26-2-19	
17-3-19	CARD	BR II 76	ceases to be in Hosp. having been invalided to Canada	✓ Witley	11-3-19	

Cer. True Copy

D Kinnell LIEUT:

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

Nothing to be written in this margin.

Regtl. No. Rank and Name 340558 Gnr. Condy. J. Corps RA

Disease Tubercule of lung. Hospital Canadian Sp. Lenham

To Officer i/c Laboratory. Ward III A

Please carry out an examination of the accompanying specimen of Urine

with special regard to Routine

Date 29/1/19 C W Orrand Cpl

O. i/c Ward.

LABORATORY REPORT.

30.1.19. Cloudy Yellow

Acid.

1020.

Albumin - negative.

Sugar - negative.

Indicum +.

Deposit - Amorphous urates.

Date of Examination

R.W.C. Cuthbertson Lieut.

for O. i/c Laboratory.

W.3212. 50M-4-4-18.

Reg. No. Rank and Name 340558. Gnr. Condy. J. Corps C.A.A.

Disease Tuberculosis of Lung. Hospital Canadian Op. Cenham

To Officer i/c Laboratory. Ward II A

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date 29/1/19. E W Orrone Eq
O. i/c Ward.

30

LABORATORY REPORT.

29. 1. 19. Specimen Mucus-Pus. T.B. found, stud, charcoal & iodine - good III

Date of Examination

R.A.M.C. Canada. U.S.
O. i/c Laboratory.

W.3212. 50M-4-4-18.

Regtl. No. Rank and Name 340558 Gnr - Condy, J. Corps 6.9 Batt

Disease T.B. Lung Hospital 1 Kearsley

To Officer i/c Laboratory. Ward Chest Annex "A"

Please carry out an examination of the accompanying specimen of Sputum

with special regard to

Date 24/1/19 G.R. Reid Capt

O. i/c per Hubb Ward.

LABORATORY REPORT.

J. B. Positive

Date of Examination 24/1/19

4

A. Montgomery Capt

O. i/c Laboratory.

W. 3212. 50M-4-4-18.

Poly

S L

S L

Lous

Eos

7 6

2

3

1

Regtl. No. Rank and Name Pte Condy Corps

Disease Hospital 1st Can Gen

To Officer i/c Laboratory. Ward Chest Annex "A"

Please carry out an examination of the accompanying specimen of Sputum

with special regard to

Date 23/1/19 R.G. Reid Capt

O. i/c (Hons) Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 23-1-19 15

O. i/c Laboratory.

W.3212. 50M-4-4-18.

Brookwood
Fintona
Co. Tyrone

H. S.
17-1-1919

Gunner Condy has been under my care while in Ireland and I find him suffering from Tuberculosis of the Left Lung, and I venture to say this man is very unfit for any active duty, and in my opinion should have immediate treatment, This man is still unfit for travelling but he wishes to join his unit,

James Chambers
R.A.M.C. & M.S.S.F.

P.S. I sent this man to see a Lieut. Col. of the R.A.M.C. who is on leave here and has written to camp about this man.

Date of Enlistment 1.3.18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 8474

Date of Assignment April 1st 1918.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15 00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 340558

Rank Gnr. Promoted Reverted Discharge

Soldier's Name John Condy

Battalion Cart Bde Draft

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MISS I.LARKIN
118 EAST 56TH ST.

2 NEW YORK CITY N.Y.U.S.A.15 15.00
% 340558 GNR JOHN CONDY

3 FIFTEEN DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	
June	Z 17924		45	45	L.
July	Z 19860		15	15	L.
Aug	Z 31947		15	15	L.
Sept	Z 45187		15	15	L.
Oct.	Z 59735		15	15	
Nov	Z 74255		15	15	
Dec	Z 94472		15	15	
JAN	Z 105043		15	15	
Feb	Z 118839		15	15	
Mar	Z 131268		15	15	
			180	180	

Feyld 3526. J.M.M.R. 2.B.2.

ACO 9955 mailed 6-7-18

31/3/19 A/c Closed

Ret'd per 28/3/19

Date 25/4/19

Clerk

AUDITED

Nov

8105 28/3/19

AUTHORITY FOR NEW ACC'T. 2.M. 20/5/18

W.K. Thorne 2.4/18.

M. F. W. 128
400M.—6-17—177-39-141
L. L. 22320—M. & D. 1483.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1774-39-1141
L. L. 22820—M. & D. 7668.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.R.A. Military Hospital No XII Com. Gen

No. 340558 Rank and Name Gnr J. Age 26 Service 12/12

Disease Date of admission 22.1.19 Date of discharge Result

Dates of Observation	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8
Days of Disease																		
Temperature Fahrenheit	Time A.M. P.M.																	

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute: 98 112 72 84 90 72 80

Respirations per Minute: 22 22 20 20 20 22 20

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature Forbes Capt In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION ..... DATE APR 16 1919

1. 1 (a) Unit #2 D D (b) Regimental No. 3405578 (c) Rank Gnr

(d) Surname CONDY (e) Christian name John

(f) Home address Drummond Co. Tyrone Ireland

(g) Next of Kin Martha Candy (h) Relationship Sister

(i) Address of Next of Kin Same

2. Age last birthday 26. Date of birth Apr. 30. 1892

3. Enlistment, or Appointment (if an Officer) (a) Place New York (b) Date Feb 1 1918

4. Personal description:

(a) Height 6' (b) Weight 142 (stripped) (c) Complexion Fresh

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on left side of neck

5. Former trade or occupation Salesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
Patients Statement	1	60

	Periods	
	From	To
Canada	Feb 1 1918.	Apr. 1918
England	Apr. 1918.	Feb. 1919.
Eng & Canada France or other theatres of War	Feb. 1919	to-date

7. Original disease, or injury TUBERCLE OF LUNG

(a) Date of origin 1916 (b) Place of origin Bermuda

(c) Cause Infection contact Expectoration

M. F. B. 227.

300M.—8-18.
1773-39-117.

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.)

(TUBERCLE OF LUNG) Pertinent loss function with necessity for rest of the body

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.)

Objective - Tuberculosis Right Apex 10/6/19 - Impairment of resonance most marked over left apex and to a less degree over entire left lung. Moist crepitations evident upon coughing or with deep respiration. Dull tubular breathing over upper lobe there are also coarse rales after coughing

Right lung is resonant but positively under right scapula moist crepitations present on coughing. Adventitious Sounds

Temperature Respirations

Pulse

Retracting sleep for 1½ 2 hours -

Subjective - Cough worse at night. Expectoration ½ cupful a day Hectic flushes upon slight exertion. Hemoptysis. Short of breath upon walking quickly

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

Stated he was well at time of enlistment. In August 1918. while in England he got a cold. Has been coughing ever since. Was admitted to Brandhott Hosp in January 1919 Apparently was positive for TB. was sent to Lenham from where he was invalided to Canada in March 1919

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

We recommend his discharge as medically unfit for service; for further treatment with S. C. Ranee "In Patient"

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.

President.

PLACE "Spadina Military Hospital" Toronto

DATE APR 17 1919

Members

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.....

DATE.....

Members

APPROVED BY

APPROVED
Assistant Director of Medical Services.
APR 22 1919
CAPT.
FOR A. D. M. S. M. D. 2

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

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*).)

Pleurisy, without Effusion in 1916.

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

Nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*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.)

Yes - Condition guiescent at time of Enlistment

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

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

England - 2 months.

Canada - 1 month.

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)

Yes. Sanatorium treatment, six months Daysm.

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

(If not, briefly state why)

17. Recommendations Discharge to C.A.R. for Sanatorium treatment.

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.....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.....

John Gordon Rank.

Signature of invalid examined.

Just

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION ..... DATE APR 16 1919

1. 1 (a) Unit #2 D D (b) Regimental No. 340558 (c) Rank Gnr.

(d) Surname Condy (e) Christian name John

(f) Home address Drummond Co. Tyrone Ireland

(g) Next of Kin Martha Condy (h) Relationship Sister

(i) Address of Next of Kin Same

2. Age last birthday 26. Date of birth Apr. 30. 1892

3. Enlistment, or Appointment (if an Officer) (a) Place New York (b) Date Feb 7 1918

4. Personal description:

(a) Height 6' (b) Weight 142 (stripped) (c) Complexion Freak

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on left side of nec

5. Former trade or occupation Salesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	60

Patients Statement

	Periods	
	From	To
Canada	Feb 7 1918.	Apr. 1918
England	Apr. 1918.	Feb. 1919
France or other theatres of War Eng & Canada	Feb. 1919	2-dal

7. Original disease, or injury TUBERCLE OF LUNG

(a) Date of origin 1916 (b) Place of origin Bermuda

(c) Cause Infection and Exposure

M. F. B. 227.

300M.—8-18.
1772-89-117.

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.)

(TUBERCLE OF LUNG) Pantient has function both lungs
necessity for rest of the body

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.)

Objective - Vague Rhonchi Rales 10/4/19 - Impairment of
resonance most marked over left apex and to a trace degree
over entire left lung: Moist crepitations evident upon coughing
or with deep respiration. Dull tubular surface of upper lobe
there are also coarse rales after coughing
Right lung is resonant but posteriorly under right scapula
moist crepitations present on coughing. Adventitious
Respiration
Temperature Apetite Regular.
preventing sleep for 1½ to 2 hours -
Subjective - Cough worse at night. Expectoration ½ cupful a day
Chest tightness. Shortness. Dyspnoea. Haemoptysis.
Short of breath upon walking quickly

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

States he was well at time of enlistment. In August 1918. while in England he got a cold. Has been coughing ever since. Was admitted to Brandshott Hosp. in January 1919. Sputum was positive for T.B. Was sent to Lenham from where he was invalided to Canada in March 1919

Date.	Remarks.	Pt. 2 Order No.
18-4-19	S.O.S. HOSPITAL SECTION TO CASUALTY SQY. PARK SCHOOL Rep-ni Smth	111
29-4-19	S.O.S. D.S. HAVING BEEN FOUND MED.UNFIT(TO TAKE	
	FURTHER IN PATIEN TREATMENT WITH THE DEPT. OF S.C.R	
	(IS NOT ENTITLED TO W.S.G. OR CLO' ALLICE FROM THIS UNIT)116	
	D.O. 116 Amended to read Temporary.	120

M.F.W. 192
150M—6-18.
1772-39-1243.

*Name L/E, Condy, John Rank Snr. Regtl. No. 340558

Original unit ..... Present unit C.E.A. M. or S. Age Religion Ref. H.Q. Fyle Depot 24 Co. 786

Port, ship, and date of arrival Portland Me Arraguaya 22-3-19

Next of kin (Sister) Martha Condy Drummond Co. Tyrome Ireland

Address on leave Same

Address on discharge 118 East 56th St., New York City, N.Y. U.S.A

Transportation issued Yes / No Date 29-4-19 New York Character on discharge

Previous occupation Salesman Date and place of enlistment New York 7-2-18

Diagnosis T.B. Lung Date of Medical Boards 16-4-19

Date.	Remarks	Pt. 2 Order No.
T.O.S. 11-3-19	Posted to Hos. Sec. 22-3-19	85.
	Clear.D. to S.M.H. 23-3-19 H.S. 87	
	AWL noon 7-4-19 (S.M.H.) H.S. 99	
	AWL from noon 7-4-18 till 12.15 p.m. 8-4-19 Forfeits	
	1 days P&A by 46-3-d forfeits 2 days P&A by R.W. Total forfeiture 3 days P&A (S.M.H.) H.S. 102	

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

(over)

CONDY. J. Gnr. 340558. D. D. 2.

Add. on Dis: 118 E. 56th St. Ny. NY.

T. O. S.

11-3-19. Posted to Hosp. Sect. 22-3-19. 85a.

7-4-19

8-4-19 A.W.L. Ffts. 2 days' pay. 104a

19-4-19 Cas.Co. 111a

29-4-19 DISCHARGED. MU. to take treatment with SCR. 116a.

Surname	Christian Name or Names	Reg. No.
CONDY	J.	340558
Rank	Unit	
Gnr.	CARB.	

Cas. List.

28-1-19 C460

30.1.19. Coll62

14-3-19. C499.

17.3.19. 6501.

12 CCH Bramshott 23-1-19.

Bronchitis. a/

Can. Appr Lenham 28.1.19

D.B. Pulm. a/

Invalided to Canada 11.3.19.

Same as C499.

Cas. List.

Number 340 5-5-8 Rank Gnr

Surname CONDY

Christian Name John

Units C.F.A. Theatre of War England

Date of Service 28-4-16

Remarks

Latest Address 118 East 56th St
New York. N.Y. USA

Roll No. A Page H377

200m.-6-21.d.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.

SCHEDULE NO.	LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

S.O.S 29-4-19. M.d

649-C-30301.

M.D# 2.

CONDY, John #340558 Gnr. Res Bde. C.F.A

Medals & Dec.	Sister	Miss Martha Condy, Sullom End, Garstang, Lancs., England.
P. & S.	Brother.	Alexander Condy, 94 Fitzgerald Rd., Liverpool, England.

(Ser. # 985174)

Mem. Cross. Nil.

A.R.

57403

England Only
Eligible for B.W.M.
S.E.K. Card."

R.B.

Scroll Dwsp. 23 5/23 Reqn. No 56629

Plague Dwsp. 23 5/23 Reqn. No 49286

D 24/7 Pulmonary Tuberculosis

SURNAME Condy, 21

CHRISTIAN NAMES John

REGL. No. 348558 RANK Gnr.

UNIT 69th Dpo Coy

FORMER CORPS Mil

CARD NO. 2

SOS. Dis 29-4-19
Do 116 Pd 26-4-19
M. 22. 2.00

J.O.S. 14-3-18
Do Pt II 73.

NEXT OF KIN.

NAMES IN FULL Condy, Martha

RELATIONSHIP TO SOLDIER Sister

ADDRESS 30 Park Row, Kensington, London, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Ireland, Dungannon Co. Tyrone DATE Apr. 30th 1891

PLACE OF ATTESTATION Toronto, Ont DATE Mar 1st 1918

O/S. 17/4/18. 1163/4

R/C 22-3-19 285/C Gnr

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-30-339

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No 340558. RANK Pte NAME Condy. J.

T. O. S. UNIT 69th Depot Battery, C.F.A.

Trnsfd. from T.M. 6, 4-3-18
D.B. 173 of 14-3-18.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Mar 5	1918 Mar. 31	C		

Form R. 149.

Name CONDY John Rank Lnr. Reg. No. 340558

Unit Res. Bde. C.F.A.

Next of Kin Martha Condy (Sister) 30 Park Row Kensington, London Eng.

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23.1.	17 b/g Base Hot		Bronchitis	6462		5609
28.1.19	Leave Spec Reserve		TB Pulm	6462		5910
11.3	Invalided to UK		do	6479		4996
	Sailing List 93 A.O. 8			6501		

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

No. | Rank Pte. | Name Sandy. J.

T. O. S. 1/2/18 (Do 63-4-3-18) | Unit Scouts Mobilization Centre

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1/1/18	1/3/18.		Trans'd D.A.B. 4/3/18	Do 63. 4. 3/18.
2/3/18.	31/3/18.	M.		

NAME Condy Thos J 2 REGT. No. 340558

RANK AND UNIT Pte Can artillery

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100 M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.4460	12 Can Gen Hospital	23-1-19	Bronchitis
C.4662	Can Gen Hospital	23-1-19	Bronchitis
C.4662	Can Gen Hospital	28-1-19	V. B. Pulm
6499	Invalided Aus	11-3-19	" " " "
		M	D. 2
			24

Form DMS 1401.

CANADIAN SPECIAL HOSPITAL,
LONDON, ONT.

.....HOSPITAL.

A. & D. CARD

AT.....

A. & D. No. T H HQ 1Bde II PL. OF ACTION.....

RANK Gnr REG. No. 340558 UNIT C.R.A. SICK OR WOUNDED

NAME Londy J. AGE 26 RELIGION C of E

PLACE IN HOSPITAL Section II

DIAGNOSIS Tubercle of Lung

ADMITTED 24.1.19 FROM No. 12 C.G.H. Brandhott

DISCHARGED 11-3-19 TO H.S. Argyll

TRANSFERRED .....

SERVICE AT HOME 10/12 IN FIELD —

RESULTS .....

.....

.....

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

P.T.O.

REMARKS.

C.A.1 J. 32

C.D.2 J. 3

Form DMS 1401.

No. 12 CAN GENERAL HOSPITAL HOSPITAL.

A. & D. CARD

AT .....

A. & D. No. 457 PL. OF ACTION .....

RANK Gnr REG. No. 340578 UNIT 6 R A 69th Batty SICK OR WOUNDED

NAME Condy J. AGE 26 RELIGION C of E

PLACE IN HOSPITAL Chest Annex

DIAGNOSIS Bronchitis

ADMITTED 22-1-19 FROM

DISCHARGED ..... TO

TRANSFERRED 27-1-19 Kuntara

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

RESULTS .....

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

P.T.O.

REMARKS.

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
340558		Christian Names (1) John (2) (3)	Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Toronto	1.3.18	Can	Pres.		A
Province: Ontario	Age on 20.4.91	Date 7.8.18		Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
S.O.S. to b.o.R.	D.B.O. 62-3-3-19	Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:

Reason for Return:

Profession or Trade (Civil) Valet

Transferred or Posted to

Date

Married or Single S

Address of Next of Kin Sister

Martha Condy

30 Park Row Kensington

Country London Ontario

LEAVE.

No. of Pass Issued	From	To	Free Transportation

A.G. 10435.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
122	2.5.18	A.L.			
203	22.7.18	P6			
211	10.7.18	C.D.			
31	31.1.19	H.A.			
38	7.2.19	H.A.			

LIST OF DISCHARGE DOCUMENTS.

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

Demob. Disc.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

B.L.

1. No. 340558.
2. Rank Gnr.
3. Name CONDY. John.
4. Unit C.F.A. (#2.D.D.)
5. Date of Discharge APR 29 1919 | Place TORONTO, ONT.
6. Reason for Discharge

" Medically Unfit."

7. Authority #2.D.D. April. 29th.1919. Pt.11# 116.
8. Proposed Residence after Discharge

118 East 56th. St. New York City, N.Y. U.S.A.

H

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

John Condy Gnr, 340558.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date APR 29 1919

Signature D. Graham Roberts Lt.

O. C. Discharge Sections, No. 2 District Depot

(O. C. Discharging Unit.)

M.F.B. 218a—50M -2-19 —1772-39-113.

PART III.

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

President.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12485. 50M. 18-2-18.

SPADINA DIRECT

Reserved for M.H.C.

Regt. No. 340558 Rank Gnr Surname Condy. Christian Name John

Unit or Corps—(*a*) Overseas from United Kingdom N.A. (*b*) In United Kingdom C.F.A.

Born at—Town Dungannon County or Province Tyrone Country Ireland

Date of Birth—Day 30 Month April Year 1892 Age 26 yrs. 9 months.

Joined at Toronto. Ont Date March 1. 1918.

Former Trade or Occupation Valet

Permanent marks or peculiarities that will serve for future identification

N.L.

Height—feet 6 inches 0 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) John Condy

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Tubercle of Lung

Disabilities Group (*b*)

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Infection Tubercle Bacillus	U.S.A.	1916
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? YES If yes, has Active Service aggravated it ? YES

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. *(continued).*

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

(i.) While on duty? — (ii.) While off duty? —

(iii.) Was a Court of Inquiry held — (iv.) Where? — (v.) When? —

(vi.) Opinion of the Court? —

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).* Family H. negative No known contact. Had measles and mumps in childhood. No other illness till he contracted Pleurisy (Side?) in 1916. He had 3 wks. in hospital & 8 weeks convalescent. Says he has been well ever since. No operation apparently. Says he has seen well ever since. App. Recovery. To Exhibition Camp. Hosp. Toronto 19-3-18 to 28-3-18 Influenza. To Eng. apr 1918 in July. Posted R.A.S.C. Cat A." on map at Bramshott. Developed cold and persistent cough followed Xmas Dec 1918. condition became worse and remained in bed at Res Camp for nearly a month. Returned to Depot with M.S. certificate describing condition and adm. to No. xx C.G.H. Sputum positive. Trans. to Lenham 27-1-19.

Wt. on enlist 132½ Now 131. Sputum Pos. Report attd. General appearance

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)* poor. Markedly debilitated with anaemia & Lung flush. Mod. cough & Muco pur. expec No hemoptysis. Dyspnoea present. L.C. para Rt Side. No rec. rales No. right cervix app. good. Bend resp. hyperk. unpaired (Sibilance and hyperacidity) S.V. 10-96 P.78-90 R-N. Chest. Emaciated, Clavicles prominent. Dim. movement R Side Right. Res. dim from apex to nipple in front & apex to 6 o.s. post. B.S. harsh and bron. 2nd C.S. to 5th C.S. post. en cough. - axillary prolonged. Few fine crep from clavicle to 4 interc. space. Left - Almost flat on percussion at apex and dull throughout. B.S. almost bronchial over upper part on deep breathing but inaudible on light. Many crep. heard throughout on light & deep resp. coarse crepts and "bubbly" on cough - poor. A fair. adv. active case with dissemination, prognosis. No evidence of any localized abdominal condition; the digestive disturbance is most probably toxic. Other systems appar. normal.

8. OPERATION. (i.) Was one performed? N.A.

(ii.) If so, state what.

(iii.) Was one advised and declined?

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. N.A.

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? No

Date of Report Feb. 6 1919. Signed Cir. Torrance Capt. Camb
Officer in medical charge of case.

Station Can. Spec. Hosp. Lenham.

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

Wm M Hart
Lt. Colonel, C.A.M.C.
O.C. Canadian Special Hospital
LENHAM, KENT.

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

Dated at ..... Station, on 10 FEB 1919 191

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

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

12. Is the cause of the disability fully indicated in Part I. (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

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

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, ⅛, ¼, ⅜, ½, or all.) N.A.

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

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

18. Remarks.
Nil

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

Classification for the Military Hospitals Commission. F

Date of Board Feb 15/1919

Signatures of the Board. Cir Torrance Capt. Camb President.
A Burton Wilks Capt. Camb.

Station Can. Spec. Hosp. Lenham

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. FEB 18 1919 13, BERNERS ST, LONDON, W.1

Approved A Cassius A.D.M.S.
Major, C.A.M.C.
Dated at ..... Station
for A.D.M.S., Canadians, London Area.

191

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA. | SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:- 1-4-18 | EFFECTIVE DATE:-

AMOUNT:- ~~$~~ 20 00 15 00 | AMOUNT:-

NAME:- CONDY John

NUMBER:- 3405 5/8

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

~~Miss Mable Condy, Sister~~
~~30 Park Row~~
~~Kensington~~
~~London Eng~~

Miss Irene Larkin (cousin)
118 East 56th Street
New York City.
Stopped Eff. 1-3-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. Jamaica	—	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Tor Art Bde.

DATE ACCOUNT FIRST OPENED:- 1-5-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
RB Pt II #122 d. 2/5/18.	28/4/18		C.R.A.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~7/5/19~~	~~1329~~	~~Tenham Fd~~	~~4 87~~				
~~24/5/19~~	~~1350~~	~~" "~~	~~£3 4 6 00~~ 19 47				

Cld 19 to Tenham Tenham cld 6d.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. Jamaica	1 00	1 10	to	

PARTICULARS OF RENDERING NON-EFFECTIVE ~~Dec to Can. 28/5/19. Pte. 3830, Bdsm. 27/5/19 Bdsm.~~ M.O. 3 Ledg - 45. 63 C.R.C. - 26. 16

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
28/4/18	Bge from Canada								12 50		
May	Gen Pay	34 10		AR 1126 CRA 16/5/18	2 43						
				AR 1204 " 22/5/18	4 87						
				A/C Capt May				30 -	39 30		
		34 10			7 30			30 -			
June	Gen's pay	33 00		Asst pay Can				15			
				AR. 1985. 18.6.18. CRA.	4 87				57 43		Incl agreed
		33 00			4 87			15			13-9-18
July	Gen's pay	34 10		AR 2414 4-7-18 CRA	38 93						
				B 4003 # 4296 4-7-18 Tenham	1 32						
				Asst pay Can				15			
				Awarded 6 days F.P. No 2 + Forfeit 2 days pay R.W. 15.7.18. for A.W.L from Res 11.7.18 to 48 HR 13.7.18 DO 203. 22.7.18		8 80			77 48		
		34 10			40 25	8 80		15			
Aug	Gen's pay	34 10		Asst pay Can				15			
				AR. 3352. 13.8.18. CRA	4 87						
				AR. 3768. 26.8.18. "	9 73				76 98		
		34 10			14 60			15			
Sept.	Gen's pay	33 -		Asst pay Can				15			
				AR. 4517. 13.9.18. CRA.	4 87						
				AR. 4681. 24.9.18. CRA.	9 73				30 38		a/c agreed
		33 -			14 60			15			
Oct.	Gen's pay	34 10		Asst pay Can							
				AR. 5338. 9.10.18. CRA.	4 99						
				AR. 6064. 24.10.18. "	9 73						
		34 10			14 72						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									34 7/6		
Nov	GP	33 -		AC				15			
				AR83. CRA 3.11.18	4 8½						
				1054 " 26.11.18	9 4½						
Dec	GP	34 10		AC				15			
				1814 " 19.12.18.	38 9 3						
Jan	GP	34 10		AC	53 53			15	34 43		
		61 20			53 53			45	30 80		
Feb	GP	30 80		AC 1981, CSoft. 8.12.18	30				68 23		
				" 0005, 6530 19/12/18	7 30				44 50		
				CAP					73 13		
				AC 1329 Lenham CSN. 17/2	4 8 7			15	45 63		
				✓ 1350 ✓ 24/2	14 60						
				✓ P1404 ✓ Enfield on LRC 5/3	2 4 3				23 73		
		30 80			29 50			15			
		30 80			29 50			15			

S.O.S. to Canada. 11/3/19 SL. 73 ARD

"ARAGUAYA" 22:3:19

No. 2 DISTRICT DEPOT

C 2253.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 340558 | RANK Gnr | NAME (IN FULL) C'ONDY . J,

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No ✓ | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.R.A. | IF IN P.F. WHAT UNIT? ~~18 Can. Inf. Bde.~~ ~~5th Bn.~~ ~~Lt.~~

PLACE OF ATTESTATION ✓ | TRANSFERRED TO | DATE | AUTHORITY

~~New York City N.Y., U.S.A.~~

DATE OF ATTESTATION 20/2/18 ✓ | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 ✓ | DATE EFFECTIVE 14.19. ✓

PAYABLE TO Miss I. Larkin (cousin) ✓ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS Byron Sanatorium London, Ont

ADDRESS 116 - East 56th St., New York City ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Inpatient TCR ✓ | PLACE Toronto | DATE 29/4/19 ✓ | REASON M.U. | AUTHORITY Do. 116 ✓ | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					T.O.S. 11/3 D.083
28.2.19 ✓		$1.10 ✓							26 16 ✓																												SUBS. TO D.O.
									26 16 ✓	May 15th 19							2 43 ✓																				
										Cash							5 00 ✓																				
										Cheque							50 00 ✓																				
																							15 00 ✓														O.P. March 1919 ✓
																															72 43 ✓	46 27 ✓				
1.3.19 ~~4~~		1.10	~~67~~	10	~~12~~	00			~~79~~	10	110980				$110375		13 73 ✓						15 00	~~4~~ 3	10	~~2~~ 2	38	46	27 ✓		~~79~~ 10						July 24-3-19 - 7-4-19 20 00 100
~~30.4.19~~ 29.4.19 ✓	60 ✓	1.10 ✓	66 ✓		13 12 ✓	73 ✓	35 ✓		126	73	$111178	$111179.					12 63 ✓	25 ✓													12 63	73 ✓					Sept 3 Lewis Bros 50 00 100
																																				#110980 Deposited
122 days			280 - ✓						280 - ✓																								280 - ✓				~~Extension 1-10-19~~ C.O. 984
																	Mch 11														380 - ✓		380 - ✓	0 ✓			Ck Cobalt Ottawa
			280 ✓						280 ✓																						380 - ✓						

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.