

REGIMENTAL DOCUMENTS

NAME BREADON Joseph Pte. REGT. NO. 45-1976 UNIT 75th Par H. Q. FILE NO. _____

28-3-19

5

NON-EFFECTIVE BY
DEATH

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

Category

DISCHARGE

Category

Med. unfit

DESERTION

H

M

37259

2-19
21-19
33-19
1-1

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)

2. MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1. DENTAL HISTORY SHEET (M.F.B. 465)

2. 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)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1. LAST PAY CERTIFICATE (M.F.W. 44)

1. PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

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

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

1. A.F.W. 3997.

1. D.C.C. 132.

1. M. F.W. 192

1. R.F.O. 6040

1. Case 0009

2. R. 49

1. [unclear]

2. F.F. 51237

5. [unclear]

1. [unclear]

1030

ATTESTATION PAPER.

No. 451976

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 451976

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS):

- 1. What is your name?..... *Joseph Breardon*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Elderswood*
- 3. What is the name of your next-of-kin?..... *Mary Breardon (mother)*
- 4. What is the address of your next-of-kin?..... ~~.....~~
- 5. What is the date of your birth?..... *1871*
- 6. What is your Trade or Calling?..... *grocery clerk*
- 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?..... *yes*
- 10. Have you ever served in any Military Force?..... *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*

sufficient address

address of next of kin
Elderswood
Five Mile Street
Co Tyrone,
Ireland

J. Breardon (Signature of Man).
Ed Simpson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Breardon*, 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 *July 23rd* 191*5*. *J. Breardon* (Signature of Recruit).
Ed Simpson (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Breardon*, 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 *July 23rd* 191*5*. *J. Breardon* (Signature of Recruit).
Ed Simpson (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* this *23* day of *July* 191*5*.

[Signature] (Signature of Justice)

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

[Signature] (Approving Officer)

Description of Joseph Breardon on Enlistment.

Apparent Age 24 years 8 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. 11 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Sark

Eyes Brown

Hair Black

Religious denominations. { Church of England Yes
 Presbyterian
 Wesleyan
 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 20th July 1915

Place 2nd Route Coy

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature] (Signature of Officer)

Date Aug 20 1915

[Signature]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 451976 (Rank) etc.

Name (in full) BREADON, JOSEPH enlisted in
the 58th Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 23rd
day of July 19 15.

HE served in England and France
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 27 yrs. 3 mos.
Height 5' 11"
Complexion Dark
Eyes Brown
Hair Black

Marks or Scars
Vacc. marks..... L. Arm
S.W... L. Shldr & L. Leg
17-9916

J. B. Bredon
Signature of Soldier

Luca Simpson
Issuing Officer

Rank 2 District Depot

Date of Discharge Feb. 24, 19 19

Appointment

Signed at Toronto this 24th day of February 19 19

in Military District No.

2 NO. 2
FEB 24 1919

File Reference No.

DISTRICT DEPOT

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

On demobilization the particulars called for on the back of this certificate will not be completed.

400402
02744
85535
526559
523747
523723
524757
523666
20382
9836
400247
523675
438297
522887

"
"
"
"
"
"
"
"
"
"
"
"
"
"

STRAWFORD R.
Sutterby W.
Spring N.
Sutton W.
Smith G.
Stewart R.
Spence J.A.
Sanderson R.S.
Tait J.M.
Tyler G.
Teevin J.
Taggart S.
Treslove H.
Thomas G.

In quarantine - Measles - Ward 23

In Hastings Hospital 16/3/16 - Bronchitis

TOTAL NAMES:

X. Ray Department,

Moore Barracks, Canadian
Hospital, Record No. 6208.
31. 8. 1917.

M.O., Ward 1., M.B.C.H.,

451976., Pte. Breadon, J., 8th Res Bn. A/D No. 30270.

Negative to exostosis
or bone lesion.

W. Curtis Capt. C. A. M. C.,

for O. i/c X. Ray Department,
Moore Barracks, Canadian
Hospital.

138350

451976

Pte Bredon, J.

58th Battalion

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 451976

Name Joseph Bredon

Unit 58th Batta B: Coy

Military Will.

In the event of my death I give the whole of my property and effects to my Brother William John Bredon 46 Boulbee ave Toronto ont Canada.

Signature Joseph Bredon

Rank and Regt. Pte 58th Batta

Date July 18th 1917

1st C.C.D, St. Leonards-on-Sea

July 19, 1917.

1/11/17

MUSTER ROLL

"C" COMPANY 1ST C.C.D.

ST LEONARDS ON SEA

3-5-17

No of pages covering Officers	1.
No of pages covering N.C.O's and Men	9.
No of pages covering Officers- and -Men (Attached)	Nil.
No of pages covering N.C.O's and men (Attached)	Nil.

1/11/17

H. Gillith

Capt.
Officer Commanding "C" Company.
1st Canadian Command Depot.



MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

T 3891

Year

Regimental No.

45976

Rank.

Plt

Surname.

Breadon

Christian Name.

J.D.

Unit.

58th Bn

Age.

24

Service.

13/12

Station
and Date.

Disease

Gsw. Rt hand

Occupation. Clerk

Enlisted July 18/15 Toronto

Ard in England Dec/15

To France July 18/16

wounded Sept 16/16 Somme

To England Sept 25/16

Dentistry - no

Hospitals

Boulogne H 3 Gen

1 Day

Bolchester military

9 Days

Epsom Civilian

2 1/2 months

Complaint -

Absence of the 1st index finger -

History - of Injury -

Fragment of shell entered the
dorsum of the index finger on the 1st
met-phalangeal joint. The wound debrided
for 4 wks.

He now has complete limitation of
movement in the 1st met-phalangeal joint
There is some movement in the 2nd
interphalangeal joint. The index finger
takes a position of complete extension on
attempt at closing the hand.

No fair motion in proximal interphalangeal joint
index finger - (right) - will improve. Massage of hand close in P.M.

20 DEC 1916

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

Station
and Date.

27-12-16

improving

20-12-16

Urinalysis

Protein
pH 5.0
Reaction
Acid
0.25
1025

31 JAN 1917

Fingers improving. Can flex about half way.
Carry on.

12 JAN 1917

Carry on. Curved bedclothes.

17-1-17

Urinalysis Color 1/2
Reaction 5.0
1025
Carry on.

23/1/17

Improving - V.D. req - 24/1/17

24/1/17

J. Ray Report Thickening of the periosteum of the proximal phalanx dorsal aspect, joints O.K.

29 JAN 1917

To have wrist and index finger tight down except while having bedclothes.

5/2/17

Proper results is slow. Carry on.

12 FEB 1917

Stop bracelet -
Apply - moist paper + alcohol
E.C. bath & massage - (wrist & hand)
to index finger (right)

18/2/17

Thinks there has been very little
progress in past two weeks. Carry on.

26 FEB 1917

Very little improvement - in movement of
index finger in the last month. otherwise
O.K. - Recommended for "B" Report to Board.

26/2/17

~~Carry on~~
Theussent

DENTAL HISTORY SHEET

M.F.B. 465.
200M.-6-18.
1772-39-950.

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

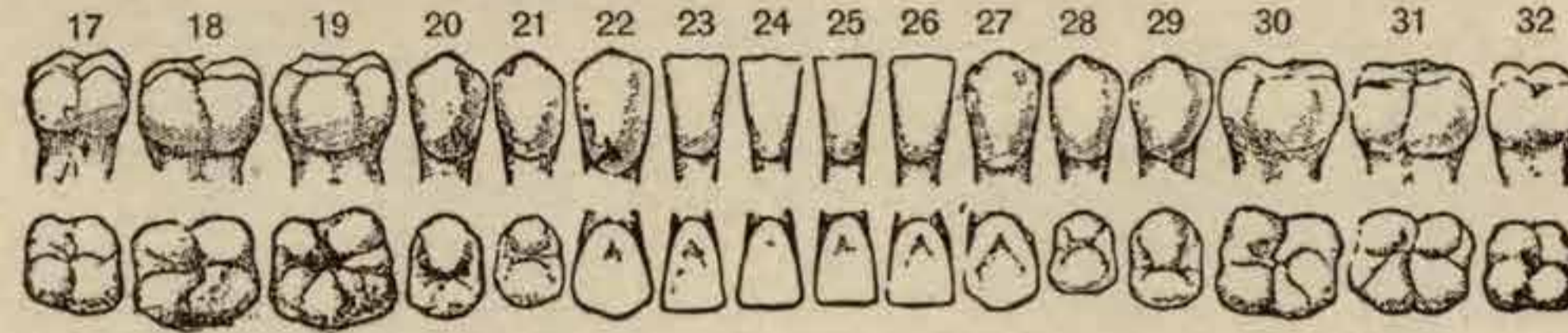
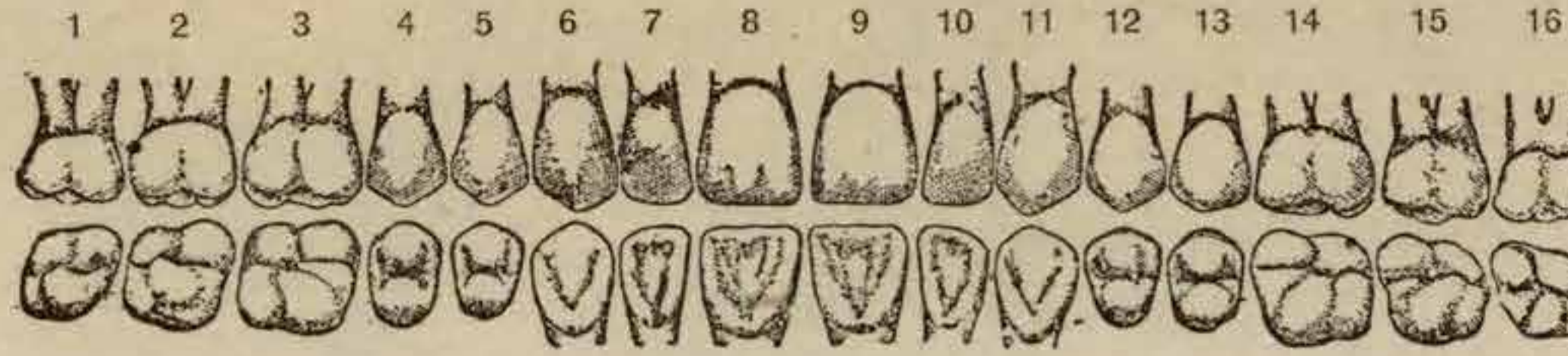
NAME OF SOLDIER

Orladow Joseph

REGIMENT

RANK

No. *25197A*



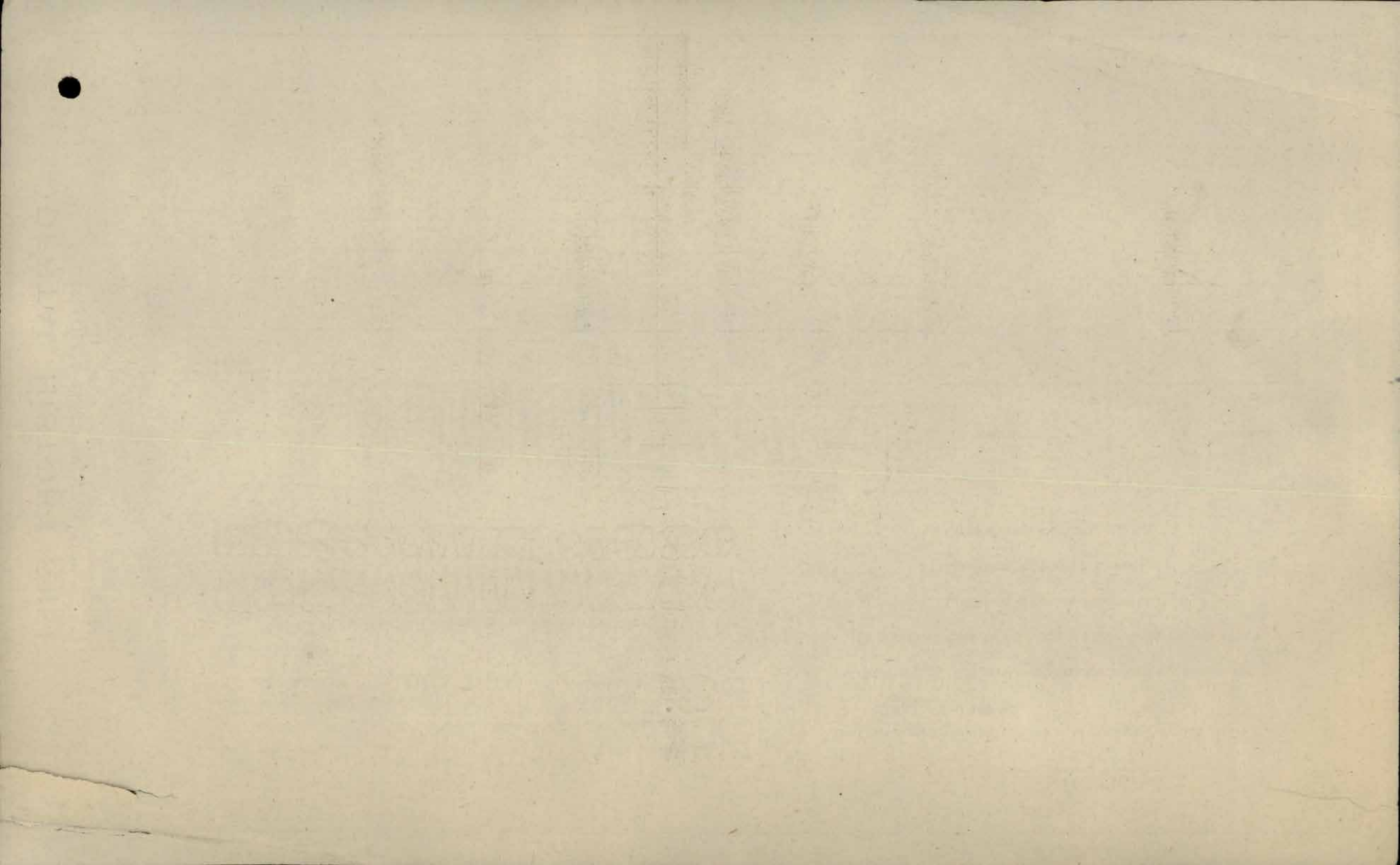
INSTRUCTIONS

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			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination																						
<i>Discharge Exam. At Exhibition Camp Date. FEB 18 1919</i>																						<p style="text-align: center;">Certificate issued for</p> <p style="font-size: 1.5em; font-family: cursive; text-align: center;"><i>Filling Extraction prosthesis work</i></p>
																						<p style="font-size: 1.5em; font-family: cursive;"><i>Halsey Major</i></p>



MEDICAL HISTORY SHEET.

Surname Breadon Christian Name Joseph

Examined on 20th day of July 1915
 at Toronto Ont
 Birthplace { City or Town Five Mile Town
 County Tyone Ireland

Approved by [Signature]
 Rank Wespy M.O.

Apparent age 24 years, 8 mths
 Trade or occupation _____
 Height 5 Feet 11 Inches
 Weight 160 Lbs.
 Chest measurement { Minimum 34 inches
 Maximum expansion 37 inches
 Physical development Normal
 Small-Pox Marks Nil

Date	Ft or U.Br.	EXAMINED FOR RE-ENGAGEMENT
		<u>25 SEP 1916</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right 0 Left 2
 Number 2
 When Vaccinated last Child

Date	Result	VACCINATIONS
<u>26/8/15</u>		<u>[Signature] Capt</u>
		M.O.
		<u>Capt. G. A. M. O.</u>
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Nil
 (b) Slight defects but not sufficient to cause rejection Nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/8/15</u>		<u>[Signature] M.O.</u>
<u>14/8/15</u>		<u>[Signature] M.O.</u>
<u>23/8/15</u>		<u>[Signature] M.O.</u>

Enlisted on 20th day of July 1915 at Toronto

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>9929</u>			
Transferred to..	58th Batt. C.E.F.			
		<u>451976</u>		

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Rennegate</u>	<u>20/2/17</u>	<u>Shell Shock</u>	<u>Recommended class BTT</u>
<u>St Leonard's</u>	<u>May 20th 17</u>	<u>typhoid fever</u>	<u>Discharged</u>
<u>Witley</u>	<u>18-11-18</u>	<u>2</u>	<u>Discharged</u>
<u>Sea Camp</u>	<u>18/2/19</u>	<u>Recurrent tonsillitis</u>	<u>Discharged</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.

Christian Name Joseph

Christian Name

Surname Breaden

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				
Colchester Genl Hpl		19	9	16	27	9	16	Mr. Wd R. Underhill	9	transferred to Woodcote Park Exeter	N. T. Smith M.D. 1/18/16
COT Exeter		27	9	16	18	12	16	"		transferred to Ramsgate for further treatment held P.T. while here	M. P. Dammitt
Colchester Ramsgate		18	12	16	2	3	17	- do -	75	transferred to Colchester Hastings	B. Edgar
Moore Barracks Shorncliffe	30770	25	8	17	2	10	17	Arkylozed Index finger	16	Given anes & finger band followed by electric treatment & massage. Improvement slight	Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate. E. Dickinson Capt

Capt. C.A.M.C.

Registrar, for O.C.,

Granville Can. Sp. Hosp.,
Ramsgate.

E. Dickinson
Capt

PROCEEDINGS OF A MEDICAL BOARD.

Dated at July 27 1916.

No. 451976 Rank Plt Name Breadon

Local Unit _____ Overseas Unit 58 Bn Age 34

Examination held at General Canadian's Spinal Hospital, Vancouver

DISABILITY. Overseas Local (scratch one out) Left hand (8 months in service)

PRESENT CONDITION.

Index finger Rt hand cannot be fully flexed

BOARD RECOMMENDS:—

1. Fit for Duty 13 1/2
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 { D. C. Clark President.
J. A. Whollum Capt. C. O. A. C.

APPROVED

1 MAR 1917

Dated at _____ 1916.

J. L. Walker
FOR A.D.M.S. CANADIANS, SHGE. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

No. *101* Rank *1st Lt.* Name *John A. Smith* Date of *10/15/1918*
 Local Unit *101st* Overseas Unit *101st* Age *30*
 Examination held at *101st*
 DISABILITY
 Overseas Service
 Health Record

PRESENT CONDITION.

BOARD RECOMMENDS

- 1. Fit for Duty
- 2. Fit for Duty after *10 days*
- 3. Fit for Temporary Base Duty
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

Managers

APPROVED

Date of

Forms
1. 1237
12

MEDICAL CASE SHEET.*

9/2 Di
Ch.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
30270	43-1976	Pte	Breaden	Joseph.
1917.	8 Res.			
Station and Date.	Disease <i>Wolynosis Index Finger. Rt.</i>			
29-8-17	<i>Wounded on Somme 16/10/16</i>			
	<i>Coalbrook - 3 weeks</i>			
	<i>Epsom - 2 weeks.</i>			
	<i>Ramsgate - 12 weeks</i>			
	<i>Hastings - 5 months</i>			
	<i>8th Res - 1 week</i>			
	<i>20 MBOD. 25-8-17.</i>			
	<i>At Epsom had massage & electric treatment.</i>			
	<i>At Ramsgate had massage electric stimulation & radiant heat.</i>			
Phy Exam.	<i>Has received no operative treatment. Scar over proximal interphalangeal joint. Index finger at rest inflamed. Flexion limited to 15° active passive flexion 45°. Splickinson Capt.</i>			
MBOD.	<i>Gas Anal.</i>			
5/9/17	<i>Passive movement index finger right hand, complete movement. At Epsom Capt.</i>			
12-9-17	<i>Gaining passive movements & electric stimuli. Splickinson Capt.</i>			
1-10-17	<i>to be amputated Finger not improving. Splickinson Capt.</i>			
8-10-17	<i>Discharged to Lens. Splickinson Capt.</i>			

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

Station
and Date.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Feb 27 1916.

No. 45197 Rank Plt Name Breadon J

Local Unit 1 Overseas Unit 58 Pts Age 24

Examination held at General Hospital - Base Hospital Camp

DISABILITY.
Overseas Local.
(scratch one out)

PRESENT CONDITION.

*Index finger Rt hand cannot
be fully flexed.*

BOARD RECOMMENDS:—

1. Fit for Duty 13 W
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

[Signature] President.
[Signature]

APPROVED

1 MAR 1917

Dated at _____ 1916.

[Signature]

FOR A.D.M.S. CANADIANS. FOR A.D.M.S. FORNCLIFFE

1. Name of Applicant
2. Address
3. Date of Birth
4. Date of Expiration
5. Date of Issuance
6. Date of Renewal

BOARD RECOMMENDATION:

1. Name of Applicant
2. Address
3. Date of Birth
4. Date of Expiration
5. Date of Issuance
6. Date of Renewal

EXAMINATION RESULTS

1. Name of Applicant
2. Address
3. Date of Birth
4. Date of Expiration
5. Date of Issuance
6. Date of Renewal

PROCEEDINGS OF A MEDICAL BOARD

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 451976 Rank Plt Name Bresden J
(Surname first)
Unit No. 2 District Coy who was* DISCHARGED
On FEB 24 1919 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 24 1919 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	5.05	
Regimental Pay <u>24</u> days at \$ <u>1.00</u>		24.00
Field Allowance <u>24</u> days at \$ <u>1.00</u>		24.00
Separation Allowance		35.00
Clothing Allowance		70.00
Post Discharge Pay <u>was</u>		12.00
*Other Credits <u>Subs</u>		22.21
Advances	20.00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>23592</u>	118.35	
Total		143.40

*Give particulars.

A monthly stoppage of \$ 15 (†) has..... (‡) been paid on account of
Assigned Pay for the month of Feb 191. 9 } (to) Assignee Mr W J Bresden
and Separation Allee. for month of..... 191..... }
(Address) 76 Bouchette Ave Toronto
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not no (3) Reason for discharge.....
(4) Authority for discharge or transfer 2052

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 22 1919
Place TORONTO ONT.

Paymaster CAPT.
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1918.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

418/A

Rank Pte Name BREADON, Joseph Reg'l No. 451976

Unit 58th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto, 23rd July 1915. Place of Birth Co. Tyrone, Ire.

Name and Address, Next-of-Kin Mary BREADON,
Elderwood, Five Mile Town, Tyrone, Ireland, Relationship Mother

MX
2/1/21 MF

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. U.S. NS 6154
File R.L.
Category 100A

Discharge, Date and Place Reason Character

R133 B534
Pte. o/c

3-10-16

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Arrived in England		2 DEC 1915	
17-2-16	of 58 Batts	Trans B. Coy to Base Embarked for France.	Bramshott	1-2-16	Pt II No 48
				20.2.16	W.R.
23.9.16	58 B.	adm: Gen. mil hoop.	Colchester	14.9.16	C. L. B 121's W.L. shldr alt
29.9.16	oe "	Wd. Transferred to C.G.A.C.	Folkestone.	19.9.16	Pt II No 49 W.
26.9.16	66ab	Taken on strength.		19.9.16	418/A
9-10-16	58th Bn	Ltd to 66th W. Woodstock Park	Epsom	28.9.16	66 B. 133 E.S.W. R. hand.
26.12.16	"	" " Gran. can. Spec Hoop.	Hamogate	19.12.16	" 184 "
7.2.17	"	Misc Gran can Spec Hoop		2.3.17	66 B. 232 G.W.L. shoulder alt
4.3.17	66ac	REPORTED TO C.G.A.C.	Hastings	2.3.17	Pt II 0107

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				
6.3.17	C.C.A.C.	On Command to Garr. Duty Depot	Hastings	5.3.17	PAE.O. 111.
12.3.17	C.C.A.C.	S.O.S on transfer to 2 nd Gen Ont Regiment	Hastings	10.3.17	PL II D.O 118 (2nd Col R.A. 5)
17.4.17	1 st C.C.D.	Attached from C.G.D.D.	St Leonard	16.4.17	DD 47
15.8.17	do	leaves to be attd	do	14.8.17	DD 152
14.8.17	8 th Reg	J.D. Strength	Shorncliffe Pt	14.8.17	DD 224 (2d Col R.A. 160-16217)
30.8.17	"	Adm ^d Moore 12 th Hosp	"	26.8.17	C.L. 115 Ankylosis finger
12.10.17	2 nd C.O.R.	Disch ^d " " "	"	10.10.17	C.L. C34. " "
6-4-18	RECORD	u.O.S. from 8 th Reg Bn	"	6-2-4-18	DD 82 } (plus Bn DD 1004) 10-4-18
6-4-18	RECORD	Attk to 8 th Reg Bn	"	2-4-18	DD 82
26.11.18	do	On comm to C.C.R. Peniston	Willey	23.11.18	DD 279
3-2-19	do.	leaves on Com ^d S.O.S to C.C.R. Canada	Willey	24-1-19	PAE.O. 28

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *W. J. Breadon,*
Address *76 Boulton Ave,
Toronto, Ont.*

By Whom Assigned *Breadon, J.*
Regtl. No. *451976*
Rank *Pte.*
Corps *"B" Coy, 58th Battn.*

Rate *\$15.00*

NOV 1-1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>R5424</i>	<i>30</i>	
Jan.	1916	<i>M12564</i>	<i>15</i>	
Feb.		<i>N15543</i>	<i>15</i>	
March		<i>B16430</i>	<i>15</i>	



N 15544 follows 15545

3, 10/11

10/11

10/11

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.—12-15.
 1772—39—819.

OVERSEAS CONTINGENTS

Sheet No. 2. W. J. Breadon

Name of Soldier Breadon, J.

L. L. Job 8902L—Req. 0212

PAYMENTS.

45,976.
 15.⁰⁰

18⁰⁰ - 0258

Month.	Year.	Cheque No.	Amnt.	Remarks.
April	1916	L1086	15-	
May		M4126	15	
June		N 2755	15	
July		C 7166	15	
Aug.		✓ 810861	15	
Sept.		F15360	15	
Oct.		I19813	15	
Nov.		A25134	15	
Dec.		C 34296	15	
Jan.	1917	D37672	15	
Feb.		D45166	15	15 (J)
March		E 49797	15	15-B
April		L 2213	15	15-B
May		6,6625	15	
June		J. 13718	15	15 Cu
July		E20689	15	15
Aug.		I 27231	15	15
Sept.		H 34305	15	15
Oct.		E 47525	15	\$ 360. e B.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Rank *Pte* Name *BREADON, Joseph* Reg'l No. *451976* P-56

Unit *58th Bn.* If in perm. Corps, }
 What Unit? } Married or Single *Single*

Place and Date of Enlistment *Toronto, 23rd July 1915.* Place of Birth *Co. Tyrone, Ire.*

Name and Address, Next-of-Kin *Mary Bredon,*
Elderwood, Five Mile Town, Tyrone, Ireland, Relationship *Mother*

Assigned Pay Monthly \$ *15* Payable to *W. J. Bredon*
76 Boulton Ave Toronto Canada Relationship

Separation Allowance Payable to
 Relationship

Discharge, Date and Place Reason Character

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amo	Rate	Amount			No.	Date						
<i>1915</i>																
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>100</i> <i>31.00</i>	<i>31</i>	<i>10</i> <i>310</i>	<i>10.00</i>	<i>44.10</i>	<i>18</i>	<i>64</i>	<i>9.73</i>	<i>7.30</i>	<i>15.00</i>		<i>32.03</i>	<i>12.07</i>	<i>Clothing</i>
<i>1916</i>																
<i>Jan 1</i>	<i>31</i>	<i>31</i>	<i>31.00</i>	<i>31</i>	<i>310</i>		<i>34.10</i>	<i>99</i>	<i>144</i>	<i>9.73</i>	<i>14.27</i>	<i>15.00</i>		<i>39.33</i>	<i>6.84</i>	
<i>Feb 1</i>	<i>29</i>	<i>29</i>	<i>29.00</i>	<i>29</i>	<i>290</i>		<i>31.90</i>	<i>203</i>	<i>12</i>	<i>4.87</i>	<i>2.62</i>	<i>15.00</i>		<i>22.49</i>	<i>16.25</i>	
<i>Mar 1</i>	<i>31</i>	<i>31</i>	<i>31.00</i>	<i>31</i>	<i>310</i>		<i>34.10</i>	<i>58</i>	<i>99</i>	<i>2.61</i>	<i>2.61</i>	<i>15.00</i>		<i>20.22</i>	<i>30.13</i>	
BALANCE TRANSFERRED TO NEW LEDGER																
			<i>122</i>			<i>1220.10</i>	<i>144.20</i>			<i>94.07</i>			<i>114.07</i>			

phb

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

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

500M.—9-16
H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *1st B. O. R. T.*

Regimental No. *451946* - Rank *Pte* Name *Breadon Joseph*
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>11-9-19</i>	<i>ICARD.</i>	<i>S.O.S. on transfer to 1st B. O. R. T. Buxton Remaining att^d to 8th Res. (B 74-6-4-18.)</i>	<i>Witley</i>	<i>11-9-19</i>	<i>Pte. II 50.176</i> <i>W. P. ...</i> <i>For S of R.</i>

(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, Shoing 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				
22-3-14	Attached from 4th to 4th Coy		Hastings	3/17	Pl II 8074 O. I/c Records & Dispatch, For Lt. Col. Commanding, Canadian Garrison Duty Depot.
10-5-17	Despatched to 1 st C.C.D.		St Leonards	10-5-17	Auth. Let. O.C. Tps. Hast. Re. 22-20 L. E. Landy Lt & Adjutant CG. Coy Hastings
14/8/17	Discharged from 1 st C.C.D.		St Leonards		Bn. Part II D.O. No. 153 15/8/17 Adjutant, Canadian Command Depot,
14-8-17	8th R. Bn. T.O.S. from 2nd C.O.R.D.		Shorncliffe	14-8-17	D.O. # 226 Canadian Command Depot,
10-11-18	8th R. Bn	LOS joining from 2 nd C.O.R.D.	Witley	2-4-18	W.D. # 100
"	"	attached from	"	"	100
6-4-18	2 nd C.O.R.D.	LOS joining from 8th R. Bn	Shorn	"	82
"	"	attached to	"	"	82
18-11-18	8th R. Bn	Classes to be attached from 2 nd C.O.R.D.	Witley	18-11-18	# 322 P. Hanley Lieut.

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

58th BATTALION

Casualty Form—Active Service.

M. F. W. 54.
13/11/10-15.
H.Q. 1772-30-920.

Canadian Board of Officers
Westminster House
7, Millbank, S.W.

Unit, Regiment or Corps _____

Regimental No. 451976 Rank Pte Name Joseph Breadon
C. E. F.

Enlisted (a) July 20/15 Terms of Service (a) Duration of war Service reckons from (a) July 20th 1915

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } 627

Extended _____ Re-engaged _____ Qualification (b) _____ 2794

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 for Overseas Service with 58th Battalion, C.E.F.,

FEB 20 1916

J. J. McKeand Adjnt.
for O.C. 58th Battalion, C.E.F.

EMBARKED FOR FRANCE, 20 2 16

13144.C.F. 1844. 9 M 5 2

17.9.16. No 3. C. Gen S. W. Lt. Shldr. Lt. Leg. att. 3. C. Gen Gen.
19. do do Transf. to England.
do do Wounded - Trans. to Eng. per St. David

21/22/16.
17.9.16.
19
do
W. 3034. No 18.
(Authy.: O.C. H.S. St. David. H. 3083.
Part. 2. No 49. d. 29.9.16.)

Hastings. 26-9-16
4/3/17
ATTACHED
TRANSFERRED FROM C.C.A.C. TO

Taken on strength C.C.A.C. Pt. II D.O. No. 418
PART II D.O. No. _____

J. J. McKeand Lieut.
for Lt. Col. AAG
L. J. Hamman
Lt. for O.C. C.C.A.C.

18007.1129

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

Casualty Form—Active Service.

Regiment or Corps 58th Div
 Rank Plt Surname BREADON Christian Name JOSEPH
 Religion _____ Age on Enlistment _____ years _____ months.
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer: _____

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				
			Embarked ...		
			Disembarked ...		
<u>26.11.18</u>	<u>1st Lt</u>	<u>"ON COMMAND" 1st C.O. 10.</u>	<u>Witley</u>	<u>25.11.18</u>	<u>Do 279</u>
			<u>J. Jackson</u> LIEUT. OFFICER I/O RECORDS		

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

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 451976 * NAME BREEDON-J RANK Phn UNIT Gen Dept

Date of Examination

19-11-18

Present Dental Condition

Unfit

In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?

Yes

Has he ever declined Dental Treatment?

No

Recommendation

2 lower ext.
1 upper "
Part, lower plate

Date.....

Station.....

Signature of Examining Officer

H R Conway

Capt.
C.A.D.C.



* Name should be entered in block letters.

Moore Barracks Canadian Hospital

Shorncliffe... 27 Aug... 1917

This is to certify that I have examined:-

No. 45976 Rank P/Lt ... Name ... Buadon ... Unit ... 8 Res.

and find that he is & entirely fit

Blackett

CAPTAIN. C.A.D.C.

[Handwritten signature]

Moore Barracks Canadian Hospital,
Shorncliffe



1917

The undermentioned patient is this day transferred
from Ward 31 to Ward

No.	Rank.	Name.	Unit.	Disease.
451976	pte	Breadin.	8 Res.	Ankylosis <i>[handwritten]</i>
		<i>[Handwritten signature]</i>	Captain, C.A.M.C. M.O. i/o Ward.	<i>[Handwritten signature]</i>

1890
The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting.

.....
.....
.....

.....

.....
.....
.....

16

REQUISITION

Urinalysis

DATE

26/8/17

REQ. NO.

H 351 976

NAME.

Buador Pte J.

UNIT.

8 Res

WARD.

1

DIAGNOSIS.

Ankylosis Index Finger

NAME REQUIRED.

St. Duane

Capt. C.A.M. J.

Officer i/o Ward.

REPORT.

COLOUR.

Amber

S.G.

1020

REACTION.

acid

SUGAR.

0

ALBUMEN.

0

MICROSCOPIC.

AUG. 26 1917

H.S. Cornell

Lieut. C.A.M.C.

Officer i/o Laboratory.

Hospital & Company Orders

14th April 1917

Page -2-

EMPLOYMENT OF
CIVILIAN MEDICAL
PRACTITIONERS.

2.- In cases where the above instructions have not been complied with, claims for the employment of a civilian medical practitioner will not be accepted as a charge against the public.

Contd:-

380.

(HQ/RO. 1123. 11-4-17.)

Wm. D. A. [unclear]

*[unclear]
C. L. [unclear]*

1. Subjective- he cannot carry heavy objects as a suit case or Valise without making the finger ache. In shaving or brushing his hair he holds the razor or brush in the other 3 fingers and thumb. The index finger is in the way when he closes his hand as it remains almost fully extended. The finger gets cold easily and aches. Opening and closing his hand often leads to a dull ache in this finger.

2. Objective- An active bluish red Haemorrhoidsx in the lower right side of anal orifice externally.

2. Subjective- He feels no discomfort from the pressure of the Haemorrhoid.

L.

*Name..... **BREADON, Joseph,** Rank..... **Pte.** Regtl. No. **451976**
 Original unit..... Present unit **58th. Bn.** M. or S. Age **27** Religion **C. of E.** Fyle Depot **24-Regt. 493**
 Ref. H.Q.

Port, ship, and date of arrival..... **St. John Grampian 2-2-19**

Next of kin..... **Mother Mrs. Mary Breadon, Alterwood Five Mile Town Co. Tyrone, Ireland.**

Address on leave..... **same**

Address on discharge..... **76 Boulton Ave. Toronto.**

Transportation issued Yes No Date..... Character on discharge..... **20th;**

Previous occupation..... **Grocery Clerk** Date and place of enlistment..... **Toronto, July 1915.**

Diagnosis..... **G.S.W. Hemorrhoids,** Date of Medical Boards..... **18-2-19**

Date.	Remarks	Pt. 2 Order No.
TOS 24-1-19	Posted to CasCo Ex Csmp 2-2-19	
	leave with subs from 4-2-19 to 18-2-19	36
24-2-19	SOS DISCHARGED "IND. UNIT" entitled to 180 days WSG	52

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

Surname *Breadon* Christian Name or Names *J.* Reg. No. *451976*
Rank *Pte* Unit *58 Batt* Co. *8th Reg Batt* Troop Batty.

Hospital *Gen. Mil. Hosp. Colchester* Date of Admission *19.9.16*

Transferred *Epsom Convalescent* Hosp. *28.9.16*

Grenville Spec. Hosp. *19-12-16*

Moore. Bks. Can. Hosp. *26.8.17*

Hosp.

Diagnosis *20 Lt Shldr. slt.*
(1) *(Rt. Hand.)*
Later Diagnosis (if changed) *Ankylosis Finger*
(2) *Rx.*
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis 2.3.17

REMARKS

Dis 10.10.17

23.9.16 B121

62.9.10.16 B133.

C.L. 26-12-16 B184.

7.3.17 B232

C.L. 30.5.17 #115

13.10.17.634

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No. 451976

RANK

Pte.

NAME

Breedon Joseph
Breadon

T. O. S. 1-8-15

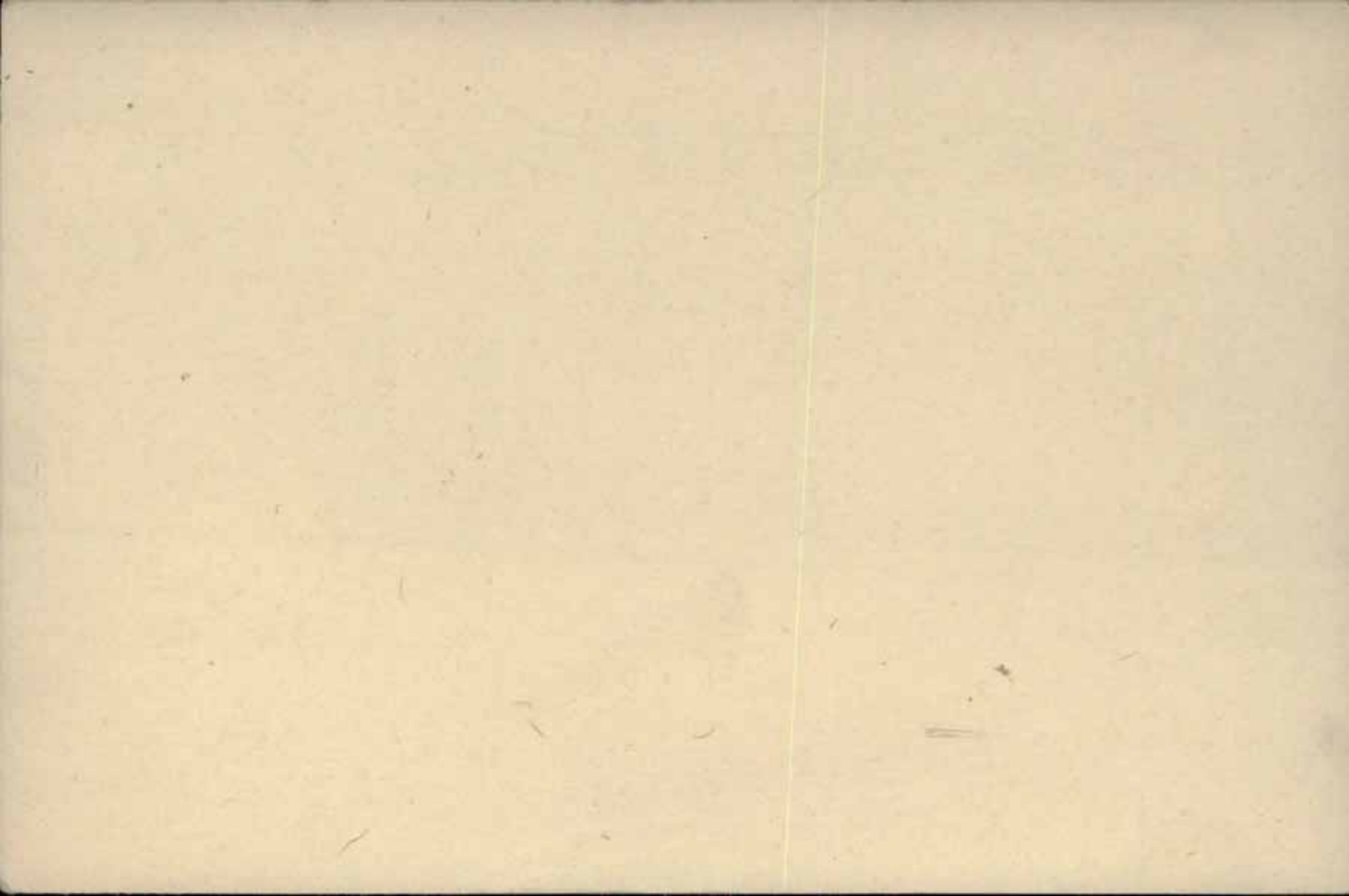
5041-60-8-16

UNIT 58th. Battalion

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 20	1915 July 31	L.		
	Aug.	L.		
	Sept.	L.		
	Oct.	-		
	Nov.	L.		
	Dec.	L.		

UNIT SAILED
~~OCT~~ ^{NOV.} 22 1915



46
Mrs

Number 451 976 Rank Pte

Surname BREADON

Christian Name Joseph

Units 58 Bn Cavalry Theatre of War France

Date of Service 20 - 2 - 16

Remarks Mrs. Sarah. Breadon (Widow)

Latest Address 1155. King. St. West
Toronto. Ont.

Roll No. B. Page 205 21
200m.-6-21.M.

Handwritten blue scribbles and a red box on the right side of the page.

7

Drop NOV 9 1922
RECN: NO. 6419726

S.O.S. M. U. 24/2/19
M.D.2.

H.O. 649-B-6274.

Breadon, Ex-Pte. Jos., #451976. 58th. Bn. 2nd. CO. R.D.

M. & D. (Widow) Mrs. Sarah Breadon,
27/3/22 115 S King St - West ~~76 Balthese Ave.,~~
Toronto, Ont.

M

Mem & S: " Ditto.

Mem. C. " Ditto.

" " (Mother) Mrs. Thos. Breadon,
Alderwood, Five-mile-town,
Co. Tyrone, Ireland.

Not elig. for star.
" " V.M.
" " B.W.M.
M.D.

a
49898

M 47306 MAR 5 1921

W 47088 MAR 4 1921

795

CARD NO.

SURNAME.

Breadon

CHRISTIAN NAMES

Joseph.

REGL. NO.

45,1976.

RANK

Pte.

UNIT

*58th**Batt*

FORMER CORPS

F.G.B.G.

NEXT OF KIN.

NAMES IN FULL

Breadon, Mrs. Mary

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Allenwood, Five Mile town, Co Tyrone,
Ireland*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Ireland, Five Mile town,

DATE

PLACE OF ATTESTATION

Fronts, Ont

DATE

23/7/15.

L. L. 90.80.—M. & D. 6312

*Saponia, 22-11-15.**572
7.**R/C 2-2-1926 etc
7m02*
M. F. W. 21. 100m.—116. H. Q. 1772-39-839.*Box No. 2 N-2-7m11
200427 FOLL. 1-2-19
2.0.0**Sealed, from Halifax Per. S. S.*

15432 !

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

113

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B121	Gen. Mil. Colchester	19-9-16	S.W. L. shoulder sct.
B123	Franklin Court, Woodcote Park Epsom	28-9-16	Growth hand
B194	Key. Can Com: Epsom Grans. Can Spec Ramagete	19-12-16	" " " " "
B232	"Discharged"	2-3-17	" " " " " Lshldr sct
115	Moore Bar. Can. Siliffe	26-8-17	Ankylosis Finger
B34	at "Discharged"	10-10-17.	" " " " 2nd Central

REGT'L NO 451976

H. Q. FILE No. 649-

NAME Breadon Joseph,
RANK AND CORPS Pte. 58th Battn,

FOLLOWS
No.
FOLLOWS

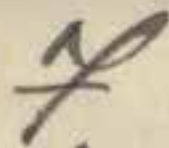
CABLE		NATURE OF CASUALTY
No.	DATE	
<u>Q1268</u>	<u>22-9-16</u>	<u>Adm. to Mil. Hosp. Colchester Sept, 19th 1916. wounded slightly shld.</u>

REMARKS: 279-11 G.W. - it hard still.
discharging in discharges. L.D.
210-16 still discharging.

10-10-26 | Pt 2 weeks,
Risingate

Ch. Downer Capt

CANADIAN CONVALESCENT HOSPITAL,
AT



A. & D.
GARD.

Regt. No. 45.1946. A. & D. No.
 Rank *Plt.* Corps 58
 Name *Breador J* Age 24 Religion *C*
 Service at Home *19/12*
 „ „ Front *7/12*
 Diagnosis *Gas & riband*
 Admitted 27 SEP 1916 *cy to Colechester*
 Discharged *Ramsgate 15-12-16*
 Place in Hospital
 M. H. Rec'd (See Document card)
 Transferred
 Results

Name **BREADON, Joseph.** Rank **Private** Reg. No. **451976.**

Unit **58th., Battalion.** Mrs. Mary Breadon,
Elderwood, Five Mile Town,
Next of Kin Tyrone, Ireland.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-9-16.	Gen. Mil. Hosp.	Colchester.	SW.L.Shldr	B12	^{22/9/16} 1268 ⁰	
28-9-16	Can. Div. Com.	H. Woodcote Park.	~ -	Slt.	13133	25/9/16.
19-12-16	Gran. Can Spec.	H. Ramsgate	~ -		13184	
2-3-17	Discharged		do		3232	6/3

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B 11407

Nov 1-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15-</i>			
------------	--	--	--

*5 26 1830
M.R.*

PARTICULARS OF SEPARATION ALLOWANCE

No. *45-1976*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *J. Bresdon*
 Battalion *58 Bnd B Coy*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mr W. J. Bresdon*
 Address *76 Paulthorpe Ave Toronto, Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Oct-31</i>			<i>360 -</i>	<i>360 -</i>	
<i>Nov</i>	<i>C 58180</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>B 61904</i>		<i>15</i>	<i>15</i>	<i>M</i>
<i>1918</i>					
<i>Jan</i>	<i>A 58620</i>		<i>15</i>	<i>15</i>	<i>D</i>
<i>Feb</i>	<i>B 94743</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>d 102034</i>		<i>15</i>	<i>15</i>	<i>V</i>
<i>Apr</i>	<i>6 5955</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>E 12801</i>		<i>15</i>	<i>15</i>	<i>H</i>
<i>June</i>	<i>E 13008</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>V 28550</i>		<i>15</i>	<i>15</i>	
<i>AUG</i>	<i>C 32690</i>		<i>15</i>	<i>15</i>	
<i>SEP</i>	<i>D 38998</i>		<i>15</i>	<i>15</i>	
<i>OCT</i>	<i>F 42813</i>		<i>15</i>	<i>15</i>	
<i>NOV</i>	<i>B 57396</i>		<i>15</i>	<i>15</i>	
<i>DEC</i>	<i>E 67250</i>		<i>15</i>	<i>15</i>	
<i>JAN</i>	<i>H 70352</i>		<i>15</i>	<i>15</i>	
<i>FEB</i>	<i>J 79262</i>		<i>15</i>	<i>15</i>	
			<i>600</i>		

2076/-23

no Destroy 67259

M. F. W. 128
4100-6-17-1772-881111
L. L. 22520-M. & D. 7888.

... A/c Closed *28-2-18*
 Rev'd per *Grampian*
 Date *1-2-19* X *5-2-19*
 ... Clerk *M.D. 2*



ASSIGNED PAY	ENGLAND CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME:- <i>BREADON Joseph</i>				
EFFECTIVE DATE:- <i>1/12/15</i>		EFFECTIVE DATE:-		NUMBER:- <i>451976</i>				
AMOUNT:- <i>15⁰⁰</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
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.		AUTHORITY				
<i>W. J. Breadon NR 76 Baulthay Ave. Toronto Can</i>		<i>S.O.S.</i>		DATE EFFECTIVE				
				RANK OR APPOINTMENT				
				<i>Private</i>				
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- <i>58th Bn</i>				
				DATE ACCOUNT FIRST OPENED:- <i>1-12-15</i>				
				AUTHORITY				
				DATE EFFECTIVE				
				DATE LEDGER SHEET T'S P O				
				UNIT TRANSFERRED TO				
				<i>26 ORD</i>				
				<i>1419 15-4-19 Canada</i>				
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	
								DAILY RATES OF PAY AND ALLOWANCES
								AUTHORITY
								PAY
								F.A.
								P.F.A.
								SUBS'CE ALL'CE
								<i>1 00</i>
								<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transferred to Canada 1/4/19 Separated
Authy W/P B 1905 Willey 29/1/18 - Walter Buxton MD2 17/1/19 L.P.C Bal 84 45*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Balance forward								31 64		
April	Ptes Pay	33 00		AP				15			
				AR 321 15/4/18 8 Res	7 30						
				AR 621 27/4/18 ✓	9 73						
		33 00			17 03			15	32 61		
May	Ptes Pay	34 10		AP				15			
				AR 1268 13.5.18 8 Res	7 30						
				✓ 1594- 23/5-	7 30						
		34 10			14 60			15	37 11		
June	Ptes Pay	33 00		AP				15			
				AR 2034 7/6/18 ✓	19 47						
		33 00			19 47			15	35 64		
July	Ptes Pay	34 10		AP				15			
				AR 3074 11/7/18 ✓	9 73						
		34 10			9 73			15	45 01		
Aug	Ptes Pay	34 10		AP				15			
				AR 3766 12/8/18 ✓	14 60						
				✓ 4294 29/5/18 ✓	14 60				34 91		
		34 10			29 20			15			
Sept	--	33 00		AP				15			
				AR 4970 26.9.18 ✓	17 03						
		33 00			17 03			15	35 88		ok agreed 14.11.18
Oct	Ptes Pay	34 10		AP				15			
				AR 5440 10/10/18 8 Res	9 73						
				✓ 5998 29/10/18 ✓	9 73				35 52		
		34 10			19 46			15			
				<i>Carried forward</i>							

NUMBER 451976 RANK

Pte

NAME BREADON J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.	Brought forward.								3552		
	Pte Pay.	33-		at				15			
				A.R. 6345. 12/11/18. 8 th Res.	430						
Dec.	- -	34	10	A.P.				15-	6532		
1919.											
Jan.	- -	34	10	A.P.				15-	8442		
		101	20		730			45-			
Feb.				A.R. 3857 27/1/19 B.D.R. Buxton.	973				4469		
				" 8427 7/1/19. Endorsed.	487				6982 ✓		
					1460						
				S.O.S. 24/1/19 Canada. S.L.G. M.D. 2.							

Checked *[Signature]* 1/7/19

"GRANTIAN" 2-2-19

No. 2 DISTRICT DEPOT

B1843.

AUDITOR PAYMASTER

M. OR S.

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

REGT. No. 451976

RANK

Plc. NAME (IN FULL) BREADON, J.

NEXT OF KIN
ADDRESS
IS SEPARATION ALLOWANCE PAID?
TO WHOM PAID
ADDRESS

RELATIONSHIP
PARTICULARS
EFFECTIVE DATE
AUTHORITY
DATE EFFECTIVE
RELATIONSHIP

ORIGINAL UNIT C.E.F. 58 Bn. 2. C. D. A. D.
IF IN P.F. WHAT UNIT? Same
PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION 20-7-15 TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY, \$ 15.00 DATE EFFECTIVE 1-3-19
PAYABLE TO Mr. W. J. Breadon. RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS 76 Boulthbeeque. Toronto. Ont.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
Toronto 24/2/19 M.V. Do-52 183

MONTH	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
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY					DEBIT	CREDIT	DEBIT	CREDIT		
Balance from previous account																							
31-1-19	4	1.10				84 42																	
						84 42	24 7 1/2			4 87													
							385 21 7/8			9 78													
							6 27 7/8			4 87													
							31 7/8			5 00													
							65 1 7/8			50 00			15 00										
1-2-19	24	1 10	26 40		30	70	143 40	2222123592		20	118 35						5 05			89 47	5 05		February 1919. O.P. T.O.S. 4/7 18 1/2 26 7/8 SUBS. 4/7 18 1/2 26 7/8
183 days		W.S.G. 420				420				Feb 24 70										70			1st W. S. G. Paid by #2 D. D. Ch. No. 22-3-19
										March 21 240 266 7/8										140			
										April 24 242 263 67 7/8										210			
										May 19 245 265 103 7/8										280			W.S.G. PAID IN FULL A.P. 68
										20/6/19 663 589 70										350	70		
										a.R. 90 July 17 977 734 70										420			
						420																	

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, except #17 should read "Category CIII."

19. Is the invalid fit for

- | | |
|--|---|
| (a) General service, | (Category A) (Yes or No.) |
| (b) Service abroad, not general service, | (" B) <input checked="" type="checkbox"/> (Yes or No.) |
| (c) Home service (Canada only), | (" C) (Yes or No.) |
| (d) Temporarily unfit. | (" D) <input checked="" type="checkbox"/> (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.)

Placed in Category CIII.

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 *Exhibition Camp, Toronto*

DATE *18/2/19.*

Jas. A. Bartley President.
E. Smith Capt. 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.

PLACE _____

DATE _____

APPROVED BY _____

APPROVED
 Assistant Director of Medical Services.
 DATE **FEB 20 1919**
R. Richardson CAPT.
 FOR A. D. M. S. M. D. 2

APPROVED BY _____

DATE _____

Director-General of Medical Services.

THIS FORM WILL BE USED FOR ALL RANKS
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 *Exhibition Camp* DATE *Feb 18th 1919*

1. 1 (a) Unit *2nd D.D.* (b) Regimental No. *251975* (c) Rank *Pte.*

(d) Surname *BREADON* (e) Christian name *Joseph*

(f) Home address *76 Boulthée Ave., Toronto.*

(g) Next of Kin *Mrs Mary Breadon* (h) Relationship *mother*

(i) Address of Next of Kin *5 Mile town Ireland.*

2. Age last birthday *27* Date of birth *Nov 8th 1891*

3. Enlistment, or Appointment (if an Officer) (a) Place *Warrington Ont.* (b) Date *20-7-1915*

4. Personal description:

(a) Height *5' 11"* (b) Weight *153* (c) Complexion *Dark*
(stripped)

(d) Colour of hair *Black* (e) Colour of eyes *Brown* (f) Identification marks, Scars, etc. *2. Vase marks left arm.*

5. Former trade or occupation *Clerk*

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	
	Years	Days
	<i>3</i>	<i>209</i>

58 Battalion	PERIODS	
	From	To
	<i>July 20th 1915</i>	<i>Dec 1st 1915</i>
	<i>Dec 1st 1915</i>	<i>Feb 22nd 1916</i>
Canada	<i>Feb 22nd 1916</i>	<i>Sept 16th 1916</i>
England	<i>Sept 16th 1916</i>	<i>To-date.</i>
France or other theatres of War		
<i>England & Canada.</i>		

7. Original disease, or injury (1) *G.S. Wound R index finger - shrapnel.*
 (2) *Haemorrhoids.*

(a) Date of origin (1) *Sept 1916* (2) *March 1916* (b) Place of origin (1 & 2) *France.*

(c) Cause (1) *Active Service conditions - Shrapnel*
 (2) *Active " " - Sitting on cold wet ground.*

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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) Partial loss of function right hand.

(2) " " " " Gastro-intestinal system.

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.)

(1) OBJECTIVE-- The Right Index Finger.

Movements-- Extension normal

Joint-- Metacarpophalangeal Flexion Active about 75degrees passive with pain 90degrees, Normal 90degrees.

" 1st Phalangeal " Active about 30 degrees Passive with pain 45degrees, normal 90 degrees.

" End " " Active about 10degrees Passive with 25degrees, normal 90degrees

Other movements normal.

Muscular Power Right Index Fingers.

Flexion about 60 % of normal. Extension about 40 degrees % of normal

Abduction about 75% of normal. Adduction about 80% of normal. Scar-- The scar on dorsal surface of 1st phalanx is adherent, not tender & is painful when he attempts to flex the index finger.

(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

No Hernia, No Varicocele, No Varicose Veins, No Goitre.

Urine -- No albumen-- No Sugar.

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

Wounded in the 1st right index finger Sept 1916 was taken to hospital & wound healed.

He does not know definitely when the haemorrhoid appeared but it was probal during the winter or spring of 1916 when he was in the wet trenches in France.

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.)

Nil.

11.—(a) Did the disabling condition have its origin before enlistment? (1 & 2) 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 enactment.)

(1 & 2) Not Applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1 & 2) 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) 6 months.

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

(1) Hospital treatment for his finger- healing with middle limited movement of joint.

(2) No Hospital treatment.

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)

(1) No (2) No.

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

17. Recommendations. Discharged M.

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, Joseph BREADON 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.....

Joseph Breadon Rank. Signature of invalid examined.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.


This space to be for numbers.

Proceedings on Discharge.

War Service Badge
Class U
No. 8780 issued

War Service Badge
Class B
No. 54197 issued

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

No. 451976	
Rank Pte.	
Name BREADON, JOSEPH <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 75th Bn (#2 D.D.)	
Date of Discharge FEB 24 1918	
Place of Discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 27years..... 3months.	 <p>Descriptive Marks Vacc. marks..... L. Arm S.W....L. SH ldr & L. Leg 17-9-16</p>
Height..... 5feet..... 11inches.	
Complexion Dark	
Eyes Brown	
Hair Black	
Trade Clerk	
Intended place of residence } 76 Boulton Ave. (To be given as fully as practicable.) } Toronto	
2. The above-named man is discharged in consequence of HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE. Authority:- #2 D.D. Pt. 11 #52	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

G.R.

(OVER)

Mc
15225
C677

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) **TORONTO, ONT.** *Joseph Breardon* (Signature of Soldier.)

(Date) **FEB 24 1919** *[Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) **TORONTO, ONT.**

(Date) **FEB 24 1919** *[Signature]* (Signature).....

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.)

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

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:—

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....." This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 401976 Rank /m Surname BREADON Christian Name JOSEPH J. CORN
Unit or Corps—(a) Overseas from United Kingdom... (b) in United Kingdom...
Born at—Town FIVE MILE TOWN County or Province TYRONE Country IRELAND
Date of Birth—Day 8 Month Nov Year 1891 Age 27 yrs months
Joined at TORONTO ONT CANADA Date 20-7-1915
Former trade or occupation CLERK
Permanent Marks or any peculiarity that will serve for future identification:—

2 Vaccination marks left arm

Height—feet 5 inches 10 Colour of eyes Brown
Signature of Soldier (for identification purposes) Joseph Breadon

Medical Report

1. DISABILITY
Disabilities Group (a) Arthritis middle phalangeal joint rt. index finger Traumatic
Disabilities Group (b) N.A.
Disabilities Group (c) N.A.

Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above, Place of origin, Date of origin.

3. Is the disability due to disease contracted or injuries received prior to Active Service?
(i) As to Group (a) above? no If yes, has Active Service aggravated it?
(ii) As to Group (b) above? N.A. If yes, has Active Service aggravated it?
(iii) As to Group (c) above? N.A. 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? ye
(ii) As to Group (b) above? N.A.
(iii) As to Group (c) above? N.A.

5. MEDICAL HISTORY

Enlisted July 20/15 in France 9 mos.
Wounded Sept 18/16 at index finger sent
to No 3 Gen Hosp then to Rousselle - boarded at
Shorncliffe Bn

6. PRESENT CONDITION

Complaints: Poor circulation of hand. Inability
to move the rt. index finger.
Examination: General condition good. Heart
& lungs negative. Scar on the rt. index finger over
post. aspect of proximal phalangeal joint and proximal
phalanx. Flexion (active) of rt. index finger
diminished 80% Passive movement diminished 20%.
Finger much colder than the rest and circulation somewhat
poor. Other systems negative.

A.N
A.N

7. OPERATION

(i) Was one performed? No (ii) If so, state what. N.A.
(iii) Was one advised and declined? No to W.O.

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

8. (i) Is there loss or decay of teeth attributable to Active Service? No
(ii) If so, describe. N.A.

9. DO YOU RECOMMEND: (b) Invalid to Canada? N.A.

(a) Fit for duty? (state category) B1 (c) Discharge from the Service as permanently unfit? N.A.

Date of Report Nov. 18 1918 Station Witley

I have satisfied myself of the general accuracy of the above Report, and concur therein except
Dated at Station on 1918

Statement of the Soldier

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

10. Is the disability fully described in Part I. (1)?
If not, describe it. Under finger joint in right hand.

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it. Yes.

12. From the medical information now added, was the disability caused or aggravated by:
(a) Negligence of the Soldier (Caused? Aggravated?) No
(b) Misconduct of the Soldier (Caused? Aggravated?) No

13. 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, 5%, 10%, 15%, 20%, etc.) 100% per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) All

15. Permanency of the Disability due to Service estimated next above in (14):
(i) Is it permanent? Yes.
(ii) If not permanent, what is its probable minimum duration (in months)? 12

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:
Death of 1/10/18
W.O.
Under finger joint in account of W.O.
ment to return to W.O.

19. RECOMMENDATION:
(a) Fit for duty? (state category) B1 (b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

ENTRIES OF RECOMMENDATION
Date of Board 18-11-18
Station Witley
Approved [Signature]
Station A.D.M.S.
Dated at [Signature] Station