

11 M. D. 1st Depot Battalion B.C. Regiment
Regtl. No. 2024625

19-8-18

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname KEAN
2. Christian name Thomas Cowan
3. Present address 1048 Marine Drive - South Vancouver B.C. Can
282479
4. Military Service Act letter and number
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth April 19th. 1886
6. Place of birth Maybole, Ayrshire, Scotland
(town, township or county and country)
7. Married, widower or single single
8. Religion Plymouth Brother
9. Trade or calling Gardener
10. Name of next-of-kin Robert Kean
11. Relationship of next-of-kin Father
12. Address of next-of-kin Sechelt P.O. B.C. Canada
No
13. Whether at present a member of the Active Militia None
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act :—
(a) Place Vancouver B.C. (b) Date Jan. 22nd. 1918 (c) Category "A"

SUFFICIENT ADDRESS
127.

DECLARATION OF RECRUIT

I, THOMAS COWAN KEAN, do solemnly declare that the
above particulars refer to me, and are true.

T. C. Kean (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 32 yrs. mths.
Height 5 ft. 5 1/2 ins.
Chest measurement } fully expanded 37 1/2 ins.
range of expansion 2 ins.
Complexion Dark
Eyes Brown
Hair Dark Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease.
scar palmar surface left hand (heel of hand)

W. L. Ford Major.
for O. C. 1st Depot Btln.
B.C. Regt.

Place Vancouver B.C. Date July 15th. 1918.

Surname Kear H. Q. ✓
 Christian names Thomas Cowan M. D. No. 11
 Regtl. No. 2024625 Rank Pte T. O. S. July 15th 1918
 Unit B. C. Regt 1st Depo Bn D. O. Pt. II 1094 of 13-7-18
 S. O. S. 22-7-19
 Reason demob
 Auth. 20204 23 7-19
11/C GP

Next of kin Kear Robert Relationship Father
 Address Sechelt B. C. Also notify:

BORN—Place Scotland Maybole Date Apr. 19th 1886
 ATTESTED—Place Vancouver B. C. Date July 15th 1918
 O/S R/C

b5013-s041-0005

LEDGER NO.

2-12

SERIAL NO.

26495

REG. NUMBER

2024625

NAME

Kean T C

RANK

Pte

CORPS

1st Depot

AGE

32

SERVICE

2/12 Can.

NAME OF HOSPITAL

Military

PLACE

Vancouver

DATE OF ADMISSION

28-8-18

DISEASE

Dermatitis Secorrhoeica (Syrocis)

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

Unit for Duty 7-10-18

IN CATEGORY

"A"

M. F. W. 2553.

50m.—6-18.

1772-39-1332.

P. T. O.

b5013-s041-0007

M. F. W. 71-500M.-5-18.
1772-39-96L.

NAME ~~2024~~ Kean Thomas Cowan

REGIMENTAL NO. 2024625

RANK Private

ENLISTED AT Vancouver B.C.

PROMOTIONS, &c.
AND DATE

DATE 15-7-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Robert Kean

RELATIONSHIP Father

ADDRESS OF Schelt P.O. B.C.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
T.O.S 11 th C.G.R 1-12-18	216	2-12-18	1 st Depot Ball ^m
S.O.S. 11 th Det. C. 9 th 22-7-19	214	23-7-19	Discharged.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2024625 (Rank) PrivateName (in full) Thomas Cowan Kean enlisted in
the 1st Depot Battalion C.E.F.CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 23rd
day of July 1918HE served in Canadaand is now discharged from the service by reason of Demobilization
under Routine order 1338 sub para 7 dated 18-11-18

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

Age 33 yearsHeight 5 feet 5 3/4"Complexion DarkEyes BrownHair Dark BrownThomas Cowan Kean

Signature of Soldier

Marks or Scars Scar palmof left hand

Issuing Officer

Lieut Colonel

Rank

11th Batt'n Canadian Garrison Regt. C.E.F.

Appointment

Date of Discharge 22nd July 1919Signed at VANCOUVER, B.C. this 22nd day of July 1919

in Military District No. _____

File Reference No. _____

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 _____

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

b5013-s041-0011 CASE HISTORY SHEET.

V.G.M. Annex. Hospital. Vancouver. Station.
No. 2024625 Rank Pte. Name Kean, Thomas C. Age 32
Unit 1 Depot. Completed years of service 2/12 Canada. ^{Where and how long}
Date of admission 27-8-18 Date of discharge 5-10-18
Diagnosis Sycoosis. (no rom-number) Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

COMPLAINT: Eruption on the face. Duration two weeks.
ON ADMISSION: There are circumscribed pustular patched over the chin and cheeks - hairs loose and infected. No other abnormality except slight non-foeted atrophic rhinitis.
Sept. 15th There has been a slight spread of the infection, but is now controlled.
Sept. 25th. No further extension. Many of the spots healed - one or two still pustular.
Oct. 1st: Face almost healed, no pus.
Oct. 4th Complete recovery.

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Epilation, antiseptic ointment and isolation.
(Especially any specific or special form.)

CONDITION ON DISCHARGE.
(and disposal made of case.) Complete recovery - System normal
Returned to unit.

Date 8-10-18
F. Broder - Cpt.
Medical Officer i/c case.

Temporary
Original not
Available

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Kean, Christian name Thomas Cowan
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it) 282479
4. Address (including street and number if any)..... 1048 Marine Drive, South Vancouver BC

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of January 1918, by the undersigned medical board sitting at Vancouver B.C.

5. Age as stated 32 Years..... Months.....
6. Apparent age 32 Years..... Month.....
7. Height 5 Feet 5 3/4 Inches.....
8. Weight 145 Pounds.....
9. Chest measurement { Minimum 35 1/2 Ins. Maximum 37 1/2 Ins. }
10. Complexion Dark { Eyes Brown Hair Dark Brown }

11. Physical development { Good Fair Poor }
12. Smallpox marks
13. Number of vaccination marks { Right arm..... Left arm..... }
14. When vaccinated last

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar palmar surface left hand (heel of hand)

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. }
We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma }

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A
17. (a) Vision. R..... L.....
(b) Hearing. R..... L.....

..... President.
..... Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 15th day of July 1918 at Vancouver B.C.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn. BC Regt.</u>	<u>2024625</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

If raised in category, record category in a square. The M. O. will initial and date.

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.

1st Depot Battalion, B. C. Regt. C.E.F.

VANCOUVER, B. C.

Unit, Regiment or Corps

Regimental No. 2024625 Rank Pte Name Kean, Thomas Cowan

C. E. F.

Enlisted (a) 15-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 23-7-18Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } GardnerExtended Re-engaged Qualification (b) Civil

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				
<u>1/12/18</u>	<u>1st Depot Battalion</u>	<u>T.O.S. 11th B'n C.G.R. C.E.F.</u>	<u>VANCOUVER, B.C.</u>	<u>1/12/18</u>	<u>PART II. ORDER NO. 2/6 2/12/18</u>
<u>22-7-19</u>		<u>S.O.S. 11th Batt'n C.G.R. C.E.F.</u>	<u>VANCOUVER, B.C.</u>	<u>22-7-19</u>	<u>PART II. ORDER NO. 2024-23-7-19</u>
		<u>Discharged demobilization under R. 1.1528 dated 18.11.18.</u>			
		<u>Certified correct in so far as it concerns the</u>			
		<u>11th Batt'n Canadian Garrison Regt. C.E.F.</u>			
		<u>V.E. Bennett</u>			

(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.]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2024625 Rank...Pte.... Name .KEAN, Thomas Cowan.....
(Name in full in block letters.)
Age32..... Address after discharge .Secheft P.O., B.C.....
Unit or Corps11th C.G.R..... BirthplaceAyrshire, Scotland.....

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique ..Sturdy.... Weight 145 lbs. Height ..5...ft..6...in. Colour of Eyes..Hazel.
NutritionGood.....
PulseNormal.....
Condition of arteriesNormal.....
Vision Rt. .20/30...Left 20/40....
Hearing (conversational voice) Rt.20..ft.
Left .20..ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Scar palm L.hand.

Opinion as to genereal health and physical conditionGOOD.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System ...-..... Genito Urinary System-.... Cardio-Vascular System ..-.....
Special Senses-..... Integumentary System-.... Respiratory System-.....
Disturbance of mentality -... Muscular System-..... Digestive System-.....
Osseous and Joint System - Any other general conditionNIL.....

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

No disability due to
service. CAT. A 2.

EXAMINATIONS.**4. THIS SECTION FOR USE OVERSEAS—**

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

5. THIS SECTION FOR USE IN CANADA—Examined at **VANCOUVER** (Canada)Date **APR 10 1918** Signed *Ed Whitthorn Capt* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *Thomas Bowen Keane*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

*Permanent Med Board**Vancouver*

*Certified that the condition of this 22.7.19
man has not changed since the
date of last board*

Ed Whitthorn Capt

b5013-s041-0021

REGIMENTAL DOCUMENTS

NAME

K F A N T h o s . C o w a n

REGT. NO.

2024625

UNIT

1/B.C. Regt.

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

ATTTESTATION 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. 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)

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

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)

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)

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

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

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

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

Mis.

B.P.C. 167

M.S.W. 71

DEATH

Category

DISCHARGE

Category

DESERTION

9-1-13
20-13
28-13
/

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. *2024625*2. Rank. *Private*3. Name. *Kean Thomas Cowan*4. Unit. *11th Batt'n Canadian Garrison Regt. C.E.F.*

5. Date of Discharge

22-7-19

Place

VANCOUVER, B.C.

6. Reason for Discharge

DEMobilIZATION

Route order 1338 Subscribed 7 dated 18-11-18

7. Authority.

D.O. No. 204 dated 23.7.19

8. Proposed Residence after Discharge

*General Deleroy**Vancouver B.C.*

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.?

*39**Thomas Cowan, Kean*

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

VANCOUVER, B.C.

Date

22nd July 1919

Signature

[Signature]
11th Batt'n Canadian Garrison Regt. C.E.F.

(O. C. Discharging Unit.)

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

M. OR S. *Single*PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCESREGT. No. *2024675* RANK *Pte*NAME (IN FULL) *Kear Thomas*

NEXT OF KIN <i>Robert Kear</i>	RELATIONSHIP <i>Father</i>	PARTICULARS <i>\$110</i>	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY
ADDRESS <i>Sechelt- B.C.</i>					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>Yes</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>23.7.18</i>	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE		
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED <i>VANCOUVER, B. C.</i>	PLACE <i>22-7-19</i>	DATE <i>Demobilization</i>	REASON <i>S.O. 204</i>
								AUTHORITY <i>S.O. 204</i>
								IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

BALANCE FROM PREVIOUS ACCOUNT

1919 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		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.		
			NO.	DATE					NO.	DATE	NO.	DATE	NO.	DATE												NO.	DATE
February	10																										
128	28		30	80			30	80	12	15.9		25	10		20	80				30	80			D.O. 64 Awarded 120 hrs detention			
March	31		34	10			34	10				66	31		28	60		5	50	34	10						
April	30		33	-			33	-	12	14	23	30		10	-	23	-			33	-						
May	31		34	10			34	10	36	14	233	085		10	-	24	10			34	10						
June	30		33	-			33	-	222	727	234	415		10	-	23	-			33	-						
July	22		24	20	35	-	59	20	259	088	289	124		10	-	119	20			129	20	70	-	64	D.O. 204 Discharge 22-7-19 Clothing allowance W.S.G. 3.1. discharge 1 Year Service Canada		
3 days			70				70										70			70							
							70													70							
I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2095 received.																											
Officer in Charge War Service Gratuity M.D. No. 11																											

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2095 received.

Thomas
Officer in Charge War Service Gratuity
M.D. No. 11