

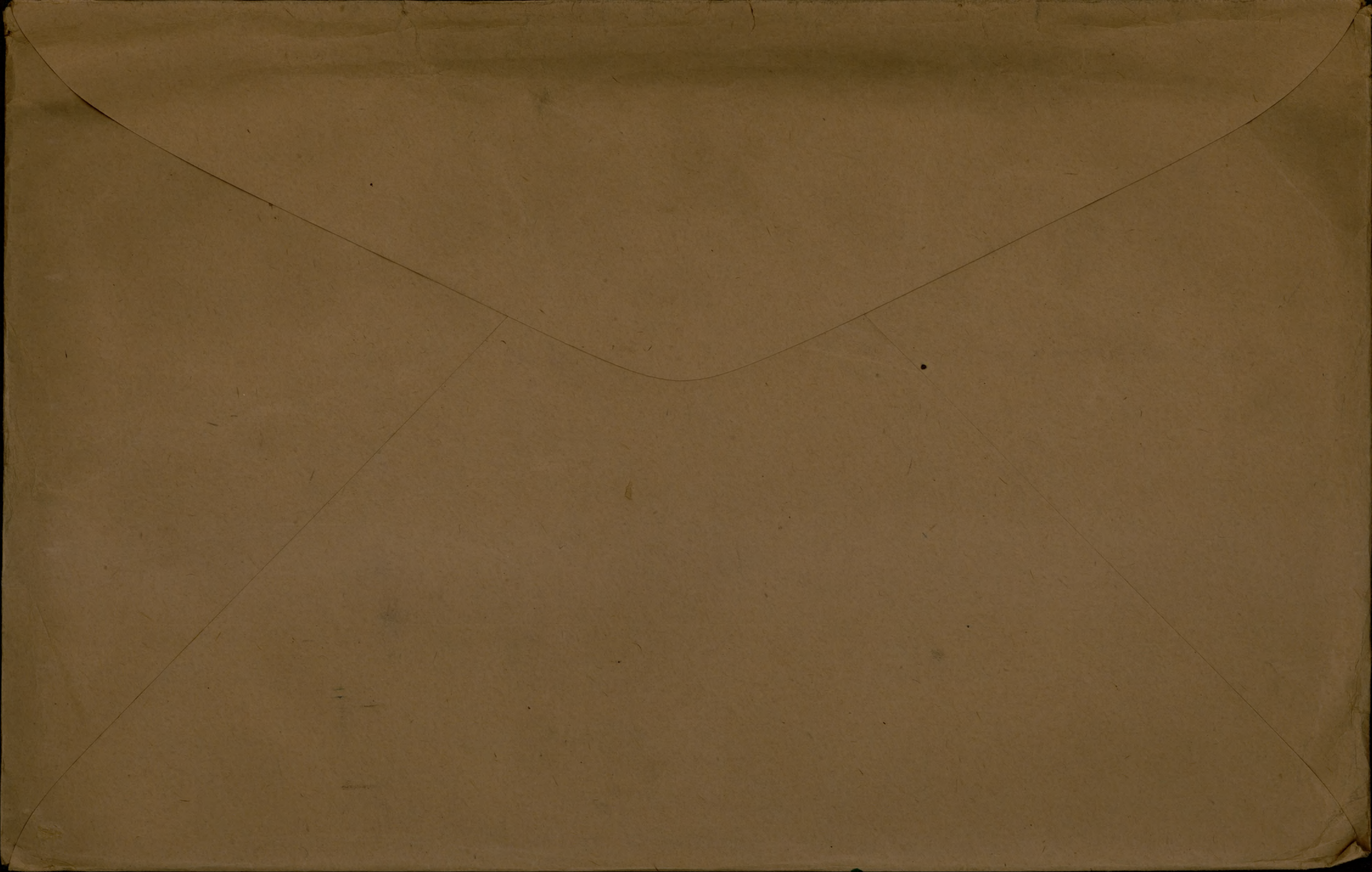
REGIMENTAL DOCUMENTS

S

NAME APPERLEY Eugene Francis REGT. No. 234552 UNIT 10th Batten H. Q. FILE No. 11267

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
5 ATTESTATION PAPER (M.F.W. 23, 133 or 51)		C			DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)		H			
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1 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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
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)				DESERTION	
2 LAST PAY CERTIFICATE (M.F.W. 44)					
2 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)					
5 CARDS					
Yes. PAY-SHEETS					



ATTESTATION PAPER.

No. 234552

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

Discharged as medically unfit
60. 30. 1916

1. What is your surname? Apperley
- 1a. What are your Christian names? Eugene Francis
- 1b. What is your present address? Mortlach, Saskatchewan
2. In what Town, Township or Parish, and in what Country were you born? Alliston, Ontario
3. What is the name of your next-of-kin? Mrs. E.F. Apperley
4. What is the address of your next-of-kin? Mortlach, Sask
- 4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? August 9th 1872
6. What is your Trade or Calling? Engineer
7. Are you married? Yes
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? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, EUGENE FRANCIS APPERLEY, 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.

Eugene F. Apperley (Signature of Recruit)

Date March 30th 1916. *Joseph P. Keegan* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, EUGENE FRANCIS APPERLEY, 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.

Eugene F. Apperley (Signature of Recruit)

Date MARCH 30th 1916. *Joseph P. Keegan* (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 Winnipeg, this 30th day of March 1916.

J. D. [Signature] (Signature of Justice)

Description of EUGENE FRANCIS APPERLEY on Enlistment.

Apparent Age.....**44** yearsmonths.
 (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. **2** ins.

Chest measurement { Girth when fully expanded.....**34** ins.
 { Range of expansion.....**2** ins.

Complexion.....**Dark**

Eyes.....**Brown**

Hair.....**Blue**

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

CERTIFICATE OF MEDICAL EXAMINATION.

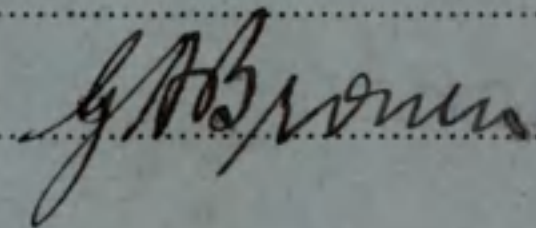
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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 30th**.....191**6**

Place.....**Winnipeg, Man. Saskatchewan**



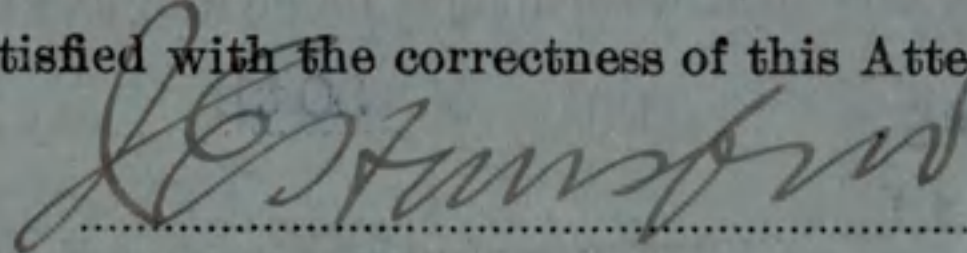
Medical Officer.

*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.

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



(Signature of Officer)

Date.....**MARCH 30th**.....191**6**

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

15215

This is to Certify that No. 234552 (Rank) Private

Name (in full) Eugene Francis Apperley enlisted in

the 203rd Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man on the thirtieth

day of March 1918

HE served in Canada

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

C.O. #207, 3-9-18 para 3678

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

Age 46 years 1 month

Height 5 feet 2 inches

Complexion Dark

Eyes Blue

Hair Brown

E F Apperley
Signature of Soldier

Marks or Scars nil

SEP 6 1918

10th. BATTALION,
C. G. F.

A. Kitson
Issuing Officer

Date of Discharge 6th September 1918

Colonel
Rank
C. G. F.
Appointment

Signed at Winnipeg Man this sixth day of September 1918

in Military District No. 10

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.

DISTRICT CASUALTY
OFFICE,
SEP 23 1918
M. D. 10

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 234552 (Rank) Private Name Eugene Francis Apperley

Unit 10th Battalion C.P.R.

Address on Discharge Waskook, Saskatchewan.

Character and Conduct Very Good

Former Occupation Engineer

Special Qualifications of Value in Civil Life Engineer

Medals and Decorations nil

Remarks nil

Signed at Winnipeg Man this sixth day of September 1918

Whitton
Name of Officer

Lieut. Colonel
Rank

OC 10th Battalion C.P.R.
Appointment

S. S. S. S. S. Capt.

District Casualty Officer,
Military District No. 10

MEDICAL HISTORY SHEET. 234552

Surname Apperley Christian Name Eugene Francis

Examined { on 3rd day of April 1916
 at Winnipeg, Man.

Approved by G. B. Brown
 Rank _____ M.O.

Birthplace { City or Town Alliston
 County Ontario

Apparent age 44

Trade or occupation Steam Engineer

Height 5 Feet 2 Inches

Weight 137 Lbs.

Chest measurement { Minimum 32 inches.
 Maximum expansion 2 inches.

Physical development Normal

Small-Pox Marks Nil

Vaccination Marks { Arm Right Left
 Number _____

When Vaccinated last 9 years ago

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Date.	Result.	VACCINATIONS.
<u>5/8/16</u>	<u>Pos</u>	<u>W B O B</u>

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/4/16</u>	<u>O.K.</u>	<u>Double strength vaccine W B O B</u>
<u>23/4/16</u>	<u>O.K.</u>	<u>W B O B</u>

Enlisted on 30th day of March 1916 at Winnipeg, Man.

CORPS.	REG'TL NUMBER.	NAME.	DATE.
<u>2nd Battalion Ouseas C.E.F.</u>	<u>234552</u>		
Joined on enlistment			
Transferred to			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

Discharged as medically unfit. 6-9-18.

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 234552 Rank Private Name Apperley, E.F.

Corps 203rd. Bn. & "G" Unit, M.H.C.C. who was* Transferred

On 10th. July 1917, to Staff

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. October 1917, to 31st. October 1917, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month			
Advances by	No.			Reg'tl Pay	<u>31</u> days at \$ <u>1</u> c <u>00</u>	<u>31</u>	<u>00</u>
Cheques	No.	<u>19</u>	<u>10</u>	Field Allow.	<u>31</u> days at \$ <u>c10</u>	<u>3</u>	<u>10</u>
Assigned Pay No.	<u>S.A.</u>	<u>35</u>	<u>00</u>	Other Allowances*	<u>S.A.</u>	<u>20</u>	<u>00</u>
Other Charges*				Other Credits*			
Payment on transfer or discharge No.				Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)							
Total		<u>54</u>	<u>10</u>	Total		<u>54</u>	<u>10</u>

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has (†) been paid on account of Assigned Pay for the month of October 1917 to (Assignee) Mrs. E.F. Apperley,
(Address) Mortlack, Sask.

(†) 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 30th. March, 1916
(2) if married and if a Separation Allowance Card has been submitted Yes. S.A. Pd. to 31/10/17
(3) cause of discharge and authority D.O. #283

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 8th. November, 1917.

Place Winnipeg, Man.

J.R. Gunn CAPTAIN
PAYMASTER "G" UNIT
MILITARY HOSPITALS COMMISSION OFFICER Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—4-17.
H. Q. 1772-30-903.

MADE UP BY *MIA*
CHECKED BY *RAM*

1914

1914

For the purpose of this certificate, the following is to be understood: (1) The total amount of the account is to be ascertained from the pay-roll and the balance sheet of the company, and the amount of the account is to be ascertained from the pay-roll and the balance sheet of the company.

Date: _____

I have carefully examined the statement of account and find it to be a correct extract from the pay-roll and the balance sheet of the company.

It is certified that the following is a correct extract from the pay-roll and the balance sheet of the company:

(1) Name of the company: _____

(2) Name of the officer: _____

(3) Name of the officer: _____

(4) Name of the officer: _____

(5) Name of the officer: _____

(6) Name of the officer: _____

(7) Name of the officer: _____

(8) Name of the officer: _____

(9) Name of the officer: _____

(10) Name of the officer: _____

(11) Name of the officer: _____

(12) Name of the officer: _____

(13) Name of the officer: _____

(14) Name of the officer: _____

(15) Name of the officer: _____

LAST PAY CERTIFICATE

CANADIAN CONSOLIDATED EXPEDITIONARY FORCE

Triplicate

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 10
NO. 31

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

Regimental No. 234022 Rank Private Name Apperly E.F.

Corps 10th. Battalion, C.G.R. who was* Discharged

On 7-9-18 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 1918, to 7-9-18 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg't Pay <u>7</u> days at \$ <u>1</u> c.	<u>7</u>	<u>00</u>
by } No.			Field Allow. <u>7</u> days at \$ <u>10</u> c.		<u>70</u>
Cheques } No.			Separation Allowances* (<u>7</u> days Monthly)	<u>6</u>	<u>00</u>
Assigned Pay and Sep'n Allee. No. <u>2793</u>	<u>21</u>	<u>00</u>	Other Allowances* <u>Clothing</u>	<u>35</u>	<u>00</u>
Other charges			Post Discharge Pay <u>2</u> years		
Payment on transfer or discharge No. <u>2794</u>	<u>57</u>	<u>70</u>	Other Credits* <u>continuous service</u>	<u>30</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	78	70	Total	78	70

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of September 1918 and Sep'n Allee. for month of to 7-9-18 1918 (to) Assignee Mrs. M.E. Apperly
(Address) Wort lack,
Seak.

(†) 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 30-5-16
 (2) if married and if a Separation Allowance Card has been submitted Yes Yes
 (3) cause of discharge Medically Unfit authority C70.209 para 3701
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 10th. Sept. 1918.

Place Winnipeg, Man.

[Signature]
Paymaster, 10th Batt'n C. G. Regt. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

LAST PAY CERTIFICATE

No. _____

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 234552 Rank Private Name Apperley E.F.

Corps Camp Hughes Clearing Depot who was * transferred

On November 30th 1916 1915, to Hospital Commission.

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	DR.	\$	c.		CR.	\$	c.
To	Bal. Dr. from previous month.....			Nov 1st to 30th	Regimental pay 30 days at \$ <u>1</u> c.....		30.00
	Total payments during period				Field allowance 30 " \$.....c <u>10</u>		3.00
	from.....			To	Other allowances.....		
	Assigned Pay.....				Other Credits (give particulars).....		
	Other Charges (give particulars).....				Carried forward from Oct.		83.30
	Bal. Cr. on discharge or transfer.....	116.30			Bal. Dr. on discharge or transfer.....		
From	TOTAL.....	116.30		From	TOTAL.....		116.30

The amount shewn as Balance Cr. due on discharge or transfer has † not been paid.

Monthly stoppage on account of assignment of pay is....., and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment..... March 30th 1916.

(2) if married and if a Separation Allowance Card has been submitted.....

(3) cause of discharge and authority..... transferred

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

I have carefully examined this statement of account and find it to be a correct extraet from the Pay-list of the unit.

Date..... December 9th 1916.

Place..... Winnipeg, Man.

[Signature]
Capt. * Paymaster.

LAST PAY CERTIFICATE

This form to be used for all ranks (vide Form 11, General Instructions, E.F. 1914)

Regiment No. 23400 Rank Private Name AGOSTINI, J.

Company Name 1st Canadian Trench Company

Date November 20th 1918

Place Hospital, Belgium

The following is a statement of the amount of the above named soldier's pay and allowances...

No.	Description	Amount	Total
1	Pay for 30 days	30.00	
2	Field allowance	2.00	
3	Other allowances		
4	Other Credits (give particulars)		
5	Carried forward from Form 10	11.50	
6	Balance on discharge or transfer	11.50	
	Total		111.00

The amount shown as balance on discharge or transfer has not been paid...

Monthly savings on account of assignment of pay has been credited in Form 10...

Amount of pay and allowances for the month of November 1918...

March 20th 1919

(If a transfer and a separation allowance card has been submitted)

Place of discharge and authority transferred

If discharged from the contingent (vide Form 11) pay has been forwarded...

Date December 20th 1918

Place Winnipeg, Man.

Capt. J. J. [Name]

W. F. V. [Name]

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. 203rd. Overseas Battalion C.E.F.

Regimental No. 234552 Rank Private Name Apperley, Eugene Francis
C. E. F. or war

Enlisted (a) 30-3-16 Terms of Service (a) 6 mos. after end Service reckons from (a) 30-3-16

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				
1-12-16.	T.O.S.	"G" Unit, M.H.C.C. from C.D. D.O. Local 12,			Para. 234.
1-6-18.	S.O.S.	#10 District Depot, D.O.	63, Para.	434.	
					Lieut. for Officer Commanding, #10 District Depot.
		Discharged as medically unfit.	Winnipeg.	6-9-18.	
					Lieut: & Adjt: 10th. Battalion, C.G.R.

(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.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier _____

L. L. Job 4503.-Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.		1917			
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

30-3-16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-318.

SEPARATION ALLOWANCE

Name *Mary Ellen Apperley*
Address *Mortlach*
Sask

Name of Soldier *Apperley Eugene F*
Regtl. No. *234552*
Rank *Pte.*
Corps *203 Batt.*

Relation to Soldier }
wife, child or mother } *Wife*

To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Discontinued

100
100
100
100

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

M. E. Apperley

Wife
PAYMENTS.

Name of Soldier

Apperley E. F.
pte

L. L. Job 810.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>X 2584</i>	<i>40</i>	<i>40</i>
June		<i>E 3625</i>	<i>20</i>	<i>20</i>
July		<i>M 10143</i>	<i>20</i>	<i>20</i>
Aug.		<i>A 12165</i>	<i>20</i>	<i>20</i>
Sept.		<i>E 14981</i>	<i>20</i>	<i>20</i>
Oct.		<i>2 18125</i>	<i>20</i>	<i>20</i>
Nov.		<i>F 21128</i>	<i>20</i>	<i>20</i>
Dec.		<i>7 24602</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>H 17993</i>	<i>20</i>	<i>20</i>
Feb.		<i>F 30912</i>	<i>20</i>	<i>20</i>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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.				

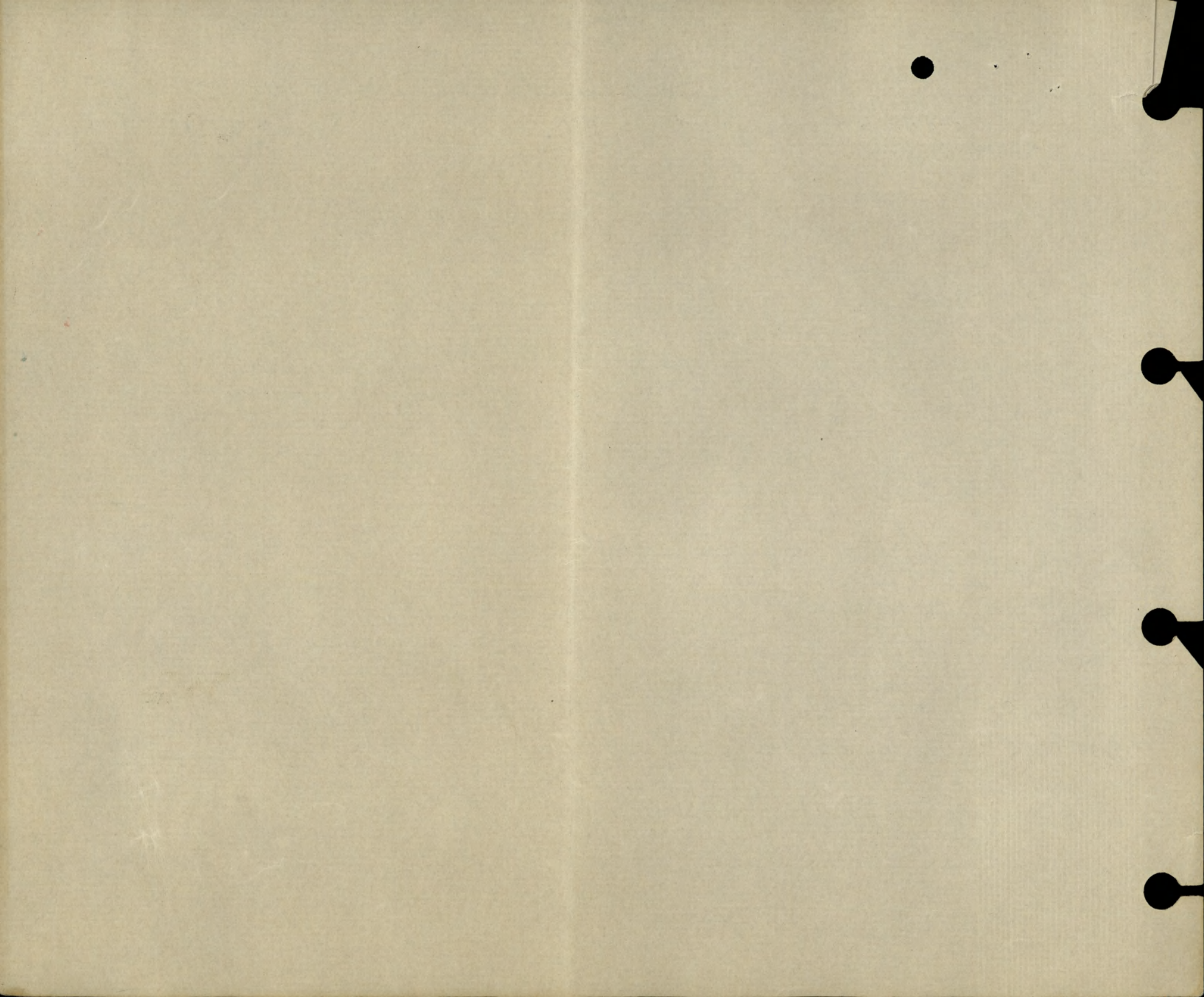
SEPARATION ALLOWANCE

Name *Mary Ellen Apperley* Name of Soldier *Apperley Eugene*
 Address *Mortlach Sack.* Regtl. No.
 Rank *RF*
 Corps *~~203 Bn~~ M H. C. C. "C" Unit*
 Relation to Soldier }
 wife, child or mother } *wife*
 To what Corps belonging } *Per pm l. 8/1/17.*
 when called out } *27X 27 1/2*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
 DATE.....PER.....
W



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

M. E. Apperley

Wife
PAYMENTS.

Name of Soldier *Apperley E. F.*
PT

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		X 2584	40	
June		E 3625	20	
July		M 10143	20	
Aug.		A 12165	20	
Sept.		E 14881	20	
Oct.		F 18125	20	
Nov.		F 21128	20	
Dec.		F 24602	20	
Jan.	1917	F 27993	20	
Feb.		F 30912	20	<i>F 30912 Cancelled.</i>
March				<i>Close acct. (O'Brien 27/17).</i>
April				<i>Trans to. MHC. per PM 28/1/17</i>
May				<i>JAK 27/1/17</i>
June				
July				
Aug.				
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE.....PER.....*W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

*Name *Apperley, E. L.* ✓ Rank *Pte.* Regtl. No. *234552*
 Original unit *20th* Present unit *Staff* M. or S. Age Religion Ref. H.Q. Fyle Depot

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
<i>20-6-18</i>	<i>Trans. to 10th Batt. S. Afr.</i>	<i>63-434</i>

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

Date.

Remarks.

Pt. 2 Order No.

Name Appery E. F. Rank Pte. Regt. No. 234552 Unit.....
 Battn. 203 rd. Camp or O.S. Camp. File M.H.C.C. H.Q. File.....
 Pension awarded..... Date of first payment.....
 Discharged to Class..... Conduct on discharge.....
 Next of kin Mrs. E. F. Appery, Mortlach, Sask.
 Address on discharge.....

DATE	CLASS	REMARKS	PART 2 ORDER
		<i>I.O.S. Receiving Depot.</i>	
		<i>Absentee.</i>	
APR 19 1917		RECEIVING DEPOT. D. O. <i>109</i> PARA <i>871</i>	
JUL 3 1917		TRANSFERRED TO RECEIVING DEPOT. D. O. <i>178</i> PARA <i>1281</i> OUTPATIENT	
JUL 19 1917		TRANSFERRED TO RECEIVING DEPOT. D. O. <i>192</i> PARA <i>1379</i>	
<i>1-12-16 to</i> <i>18-4-17.</i>		<i>Entitled to Subsistence Do. 207 Pa 1493</i>	
<i>29.8.17.</i>		TRANSFERRED TO RECEIVING DEPOT. D. O. <i>242</i> PARA <i>1765</i> OUTPATIENT	
<i>1-11-17.</i>		" " RECEIVING DEPOT. D. O. <i>282</i> PARA <i>2075</i>	

Cancelled Do 283 Pa 2038

OUTPATIENT

649-a-3088.

CARD NO.

SURNAME.

Apperley

CHRISTIAN NAMES

Eugene Francis

Sgt. Dis. 7-9-18-10

M. U. FOLL. D.O. 99-7-9-18

REGL. NO.

234552

RANK

Pte

UNIT

203rd Unit "S" M. H. C. 10/C. G. R.

Bn

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Apperley Mrs. E. J.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Mortlach, Sask.

COUNTRY OF BIRTH

Canada, Alliston Ont.

DATE

Aug. 9th 1872

PLACE OF ATTESTATION

Skinnipeg Man.

DATE

Mar. 30th 1916

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Engineer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

44.

YEARS

0.

MONTHS

HEIGHT

5.

FEET

2.

INCHES

CHEST MEASUREMENT

34.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Blue.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Stinnipeg Man.

DATE

Mar. 30th 1916

Present Address

Mortlach Sask.

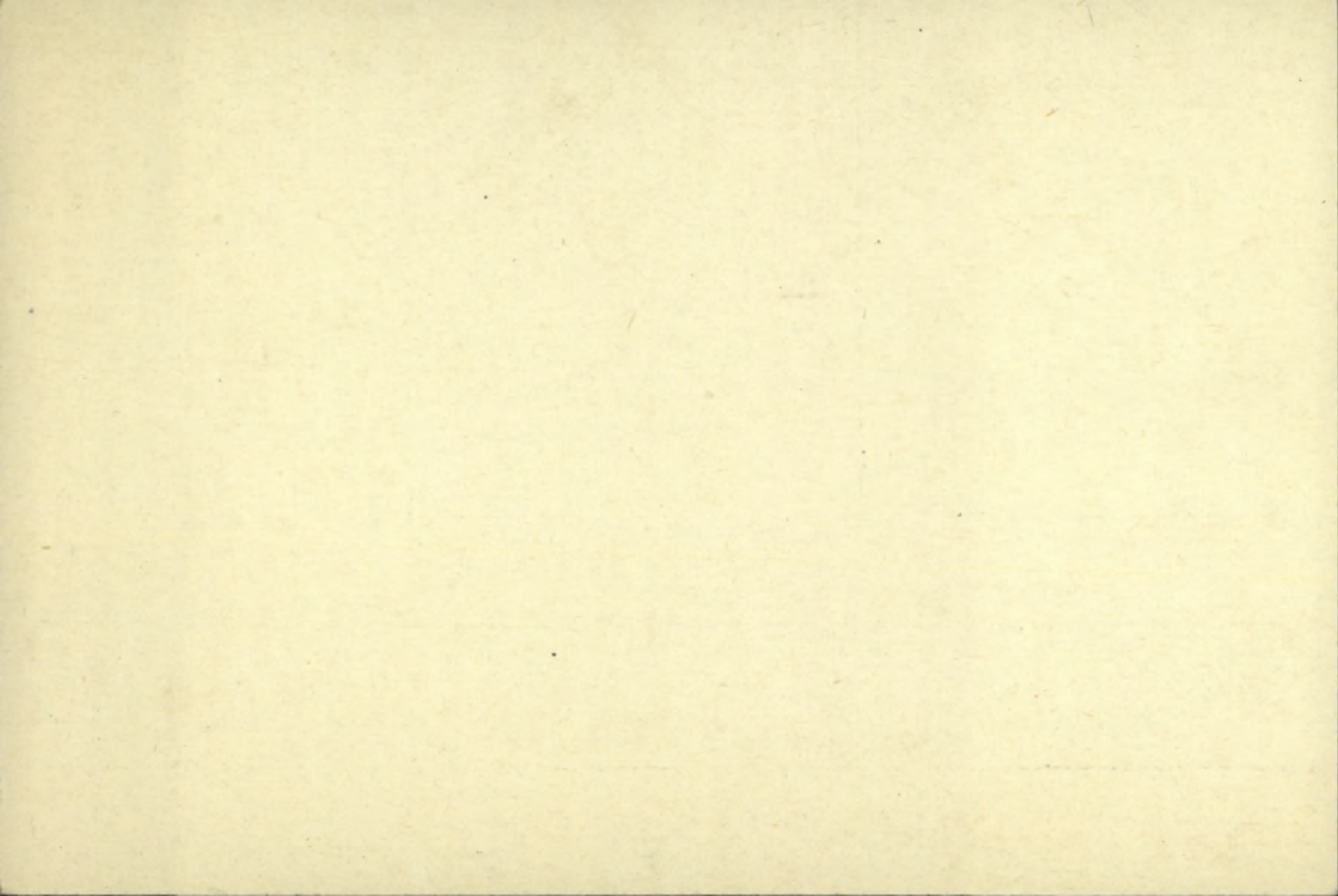
No. 234552 RANK Pte.

NAME Apperly Eugene F

T. O. S. 30-3-16 UNIT 203rd Battalion C. C. F.
 (Do 40 of S-4-16)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 30	1916 April 30	✓		
	May	✓		
	June	✓		
	July	n.		
	Aug.	n.		
	Sept.	n.		
Oct. 1	Oct. 18	n.	Trans. to Clearing Depot. 18-10-16	Do 235 of 19-10-16.



No. 234552 RANK Pte.

NAME Apperley, E. J.

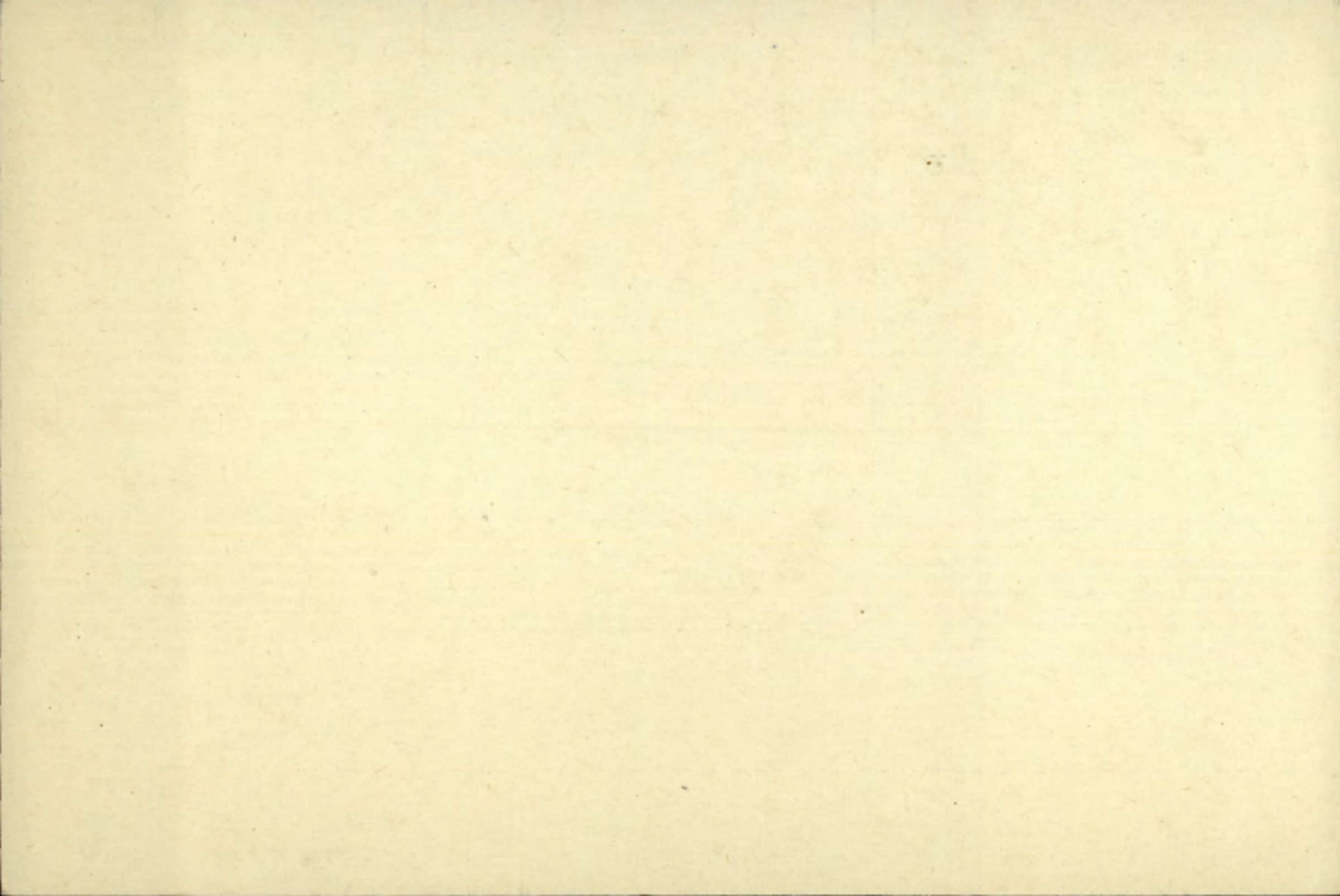
~~T.O.S.~~

UNIT M. N. C. C. "G" Unit.

Transfr. C.D., M.D. 10, 1-12-16
(D.O. 12 of 14. 12-16)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec. 1	1916 Dec. 31	✓	203rd Bn.	Dec. payroll



List of Discharge Documents.

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

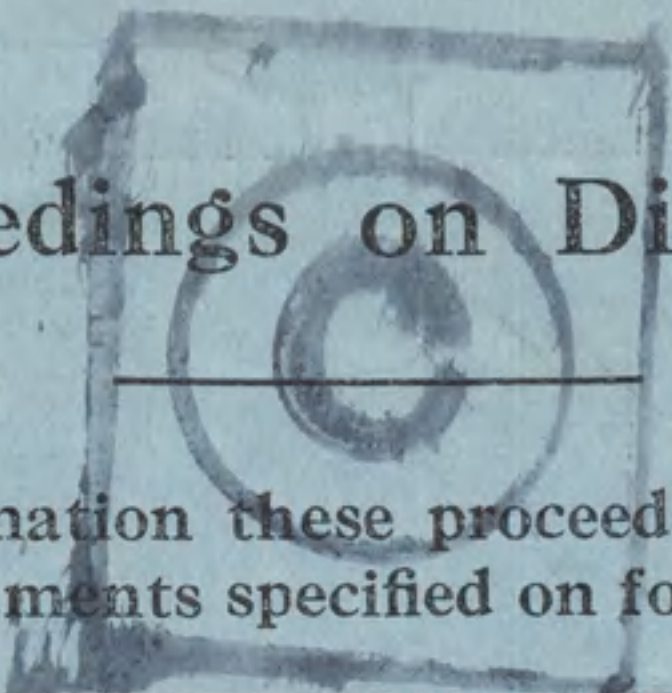
*Only if discharged "Medically unfit."

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.

15215

Proceedings on Discharge.



P
26/12/35

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

OCT 10 1918
CANADA

No.	234552.
Rank	Private.
Name	Apperley, Eugene Francis. <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company)	10th. Battalion. C.C.R.
Date of Discharge	6-9-18.
Place of Discharge	Winnipeg, Manitoba.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 46.....years.....1.....months.	Descriptive Marks <i>nil.</i>
Height.....5.....feet.....2.....inches.	
Complexion Dark.	
Eyes Blue	
Hair Brown.	
Trade Engineer,	
Intended place of residence } Mortlach, Sask.	
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of being medically unfit (L) under R.O.#237 of 22-2-18. Contingent Order C.O.#207, 3-9-18 para:3678.	
<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.	
<i>Very Good</i>	
<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.)	
Engineer.	

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)
11. 31-1-35

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place).....Winnipeg, Manitoba.....

Whitcomb
Lt. Col.

(Date).....6th September 1918.....

Commanding 10th Battalion, C.G.R.

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).....Winnipeg, Man.....

E. F. Apperley

(Signature of Soldier.)

(Date).....6th September 1918.....

B. Bonigan

(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 2 years 160 days.

11. Confirmation of Discharge.

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

(Place).....Winnipeg, Man:.....

Whitcomb
(Signature).....
O.C. 10th Battalion, C.G.R.

(Date).....6th September 1918.....

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.)

Nil

E. F. Apperley

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation.)
Discharge as medically unfit, and receive dental attention.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE: Winnipeg, Man.
DATE: Sept. 3/1918.
APPROVED BY: *W. Cameron Esq. President*
APPROVED BY: *W. Cameron Esq. President*
Director-General of Medical Services
Assistant Director of Medical Services
A. G. M. C.
SEP 4-1918

DATE: SEP 4-1918
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

PLACE: _____
DATE: _____
Members: _____
President: _____

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.

4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.

5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed 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 8, 9 and 10 be communicated to the soldier, 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.

9. 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.

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12. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.

13. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.

14. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."

15. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.

16. 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.

17. 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.

1. (a) Unit: 203rd Batt., C.G.R. (b) Regimental No.: 234552 (c) Rank: Pte. (d) Surname: APPRELY (e) Christian name: Eugene Francis
2. Age last birthday: 48 Date of birth: Aug. 9th. 1871
3. Enlisted at: Moose Jaw, Sask. on: March 27/1916.
4. Personal description: (a) Height: 5ft. 11in. (b) Weight: 122 (c) Complexion: Medium (d) Colour of hair: Brown (e) Colour of eyes: Blue (f) Identification marks: None
5. Address after discharge (for the use of the Board of Pension Commissioners): Northcote, Sask.
6. Former trade or occupation: Engineer
7. (a) Service: C.G.R. From: March 27/16. To: Sept 3/1918. (b) Has he been overseas? No. (c) Original disease or disability: Varicose Veins
8. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10. (b) Present disease or disability: Impaired function of legs.
10. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
11. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
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16. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
17. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
18. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
19. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
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49. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
50. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
51. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
52. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
53. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
54. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
55. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
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61. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
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63. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.
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100. (a) Date of origin: Unknown-pre-existed (b) Place of origin: Manitoba (c) Cause: Strain - long standing. (d) Present disease or disability: Impaired function of legs.

There are marked varicose veins of both legs. The left calf muscles go in a cramp on any exertion like going upstairs. After one of these cramps his leg is so sore he cannot stand the trousers to touch it.

M. F. B. 227. 3001-2-18 1772-39-117. MD.

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

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10. (b) Present disease or disability: Impaired function of legs.

(c) Cause: Strain - long standing. (d) Date of origin: Unknown-pre-existed (e) Place of origin: Manitoba

8. (a) Has he been overseas? No. (b) Original disease or disability: Varicose Veins

7. (a) Service: C.G.R. From: March 27/16. To: Sept 3/1918. (b) Has he been overseas? No. (c) Original disease or disability: Varicose Veins

6. Former trade or occupation: Engineer
5. Address after discharge (for the use of the Board of Pension Commissioners): Northcote, Sask.

4. Personal description: (a) Height: 5ft. 11in. (b) Weight: 122 (c) Complexion: Medium (d) Colour of hair: Brown (e) Colour of eyes: Blue (f) Identification marks: None

3. Enlisted at: Moose Jaw, Sask. on: March 27/1916.
2. Age last birthday: 48 Date of birth: Aug. 9th. 1871

1. (a) Unit: 203rd Batt., C.G.R. (b) Regimental No.: 234552 (c) Rank: Pte. (d) Surname: APPRELY (e) Christian name: Eugene Francis

RECORDED. SEP 3 1918. K. S. M. B. N. O. 10. DAYS

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9. Present condition.—(Continued.)

Both legs ache on walking any distance. Has been unable to do any marching since the trouble began. Legs swell on walking.

- (a) Moderate weakness.
- (b) Partial loss of function of both legs.
- (c) Necessity of rest.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous.....**Yes.**..... Digestive.....**Yes.**..... Respiratory.....**Yes.**..... Cardiac.....**Yes.**
 Genito-Urinary.....**Yes.**..... Skin, Middle Ear, Eye or any other part.....**except as above stated.**

10. History: (a) of Condition referred to in "a" section 9.

While out marching at Camp Hughes June 29/16 he took a cramp in his left calf muscles and had to be carried in. Has been unable to march since.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

His teeth are in bad shape. Pyorrhosa to marked degree.

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

Pre-existed enlistment, aggravated on service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No. No. No. 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? **Permanent - aggravation due to service will cease in minimum period of six months.**

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

Treated by Regimental M.O.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

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

17. Recommendations **Discharge as medically unfit, and receive dental attention**

W. Cameron Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned **Eugene Francis APPERTY** 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.....

E. F. Apperty
Signature of soldier examinee.

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 criticized.

Yes.

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

20. It is certified that the soldier
 (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).