

Regtl. No. ~~4021334~~ ~~4021334~~ 3056334

1st Depot Bn., E. O. Regt., C. E. F.
PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

- 1. Surname..... Weir,
- 2. Christian name..... John Hugh
- 3. Present address..... Alexander, Ont.
- 4. Military Service Act letter and number..... P. C. 971509
- 5. Date of birth..... Nov. 15th 1895
- 6. Place of birth..... Alexandria, Ont.
(town, township or county and country)
- 7. Married, widower or single..... single
- 8. Religion..... R. C.
- 9. Trade or calling..... Mechanic.
- 10. Name of next-of-kin..... James Weir,
- 11. Relationship of next-of-kin..... father
- 12. Address of next-of-kin..... Alexandria, Ont.
- 13. Whether at present a member of the Active Militia..... nil
- 14. Particulars of previous military or naval service, if any..... Mechanical transport Inp. Army.
- 15. Medical Examination under Military Service Act:—
 (a) Place..... Ottawa, Ont. (b) Date..... Nov. 7th 17. (c) Category..... A. 2.

DECLARATION OF RECRUIT

I, John Hugh Weir,, do solemnly declare that the above particulars refer to me, and are true.

John Hugh Weir (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... <u>22</u> yrs..... <u>2</u> mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>scar both hips behind</u>
Height..... <u>5</u> ft..... <u>5</u> ins.	
Chest measurement } fully expanded..... <u>35½</u> ins.	
} range of expansion..... <u>3½</u> ins.	
Complexion..... <u>dark</u>	
Eyes..... <u>blue</u>	
Hair..... <u>black</u>	

R. W. Smart Lt. Col.
O. C. 1st Depot Bn., E. O. Regt., C. E. F.
O. C. Depot Btl.
Regt.

Place..... Kingston, Ont. Date..... Jan 23rd 1918.

Rec'd No. 1000000

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

Class

1. Name of recruit
2. Christian name
3. Present address
4. Military service No. (last and number)
5. Date of birth
6. Place of birth
7. Married, widowed or single
8. Religion
9. Trade or calling
10. Name of last or first employer
11. Relationship of next of kin
12. Address of next of kin
13. Whether at present a member of the Army
14. Particulars of previous military or naval service
15. Medical examination under Military Service Act

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true, and are true to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Physical condition, height, weight, chest, and other particulars of the recruit, and any previous disease.

Medical examination, and any previous disease.

Remarks

Date of calling up

Place of calling up

Signature of Recruiting Officer

REGIMENTAL DOCUMENTS

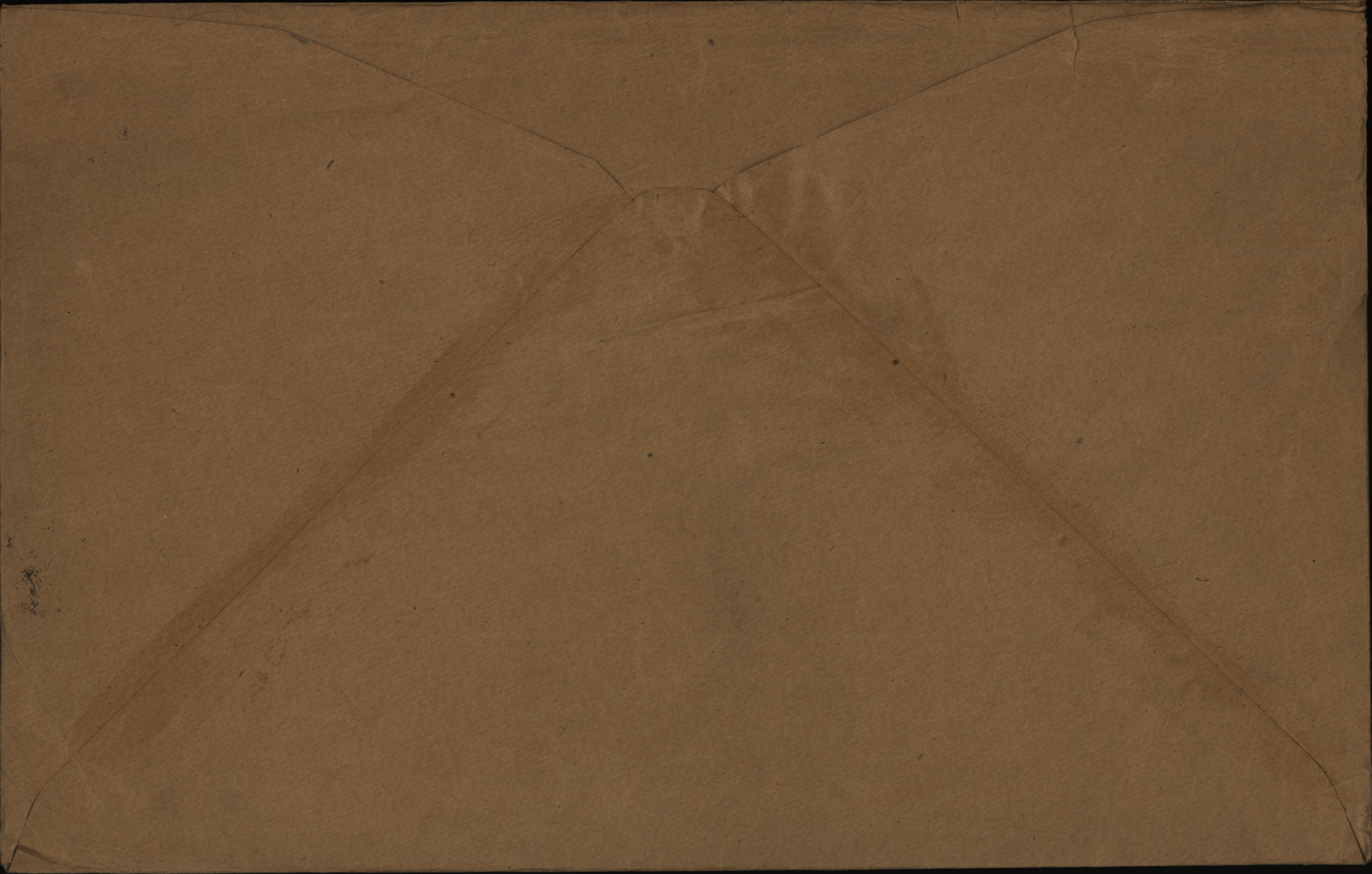
NAME WEIR JOHN HUGH

REGT. NO. 3056334

UNIT 703 Bn C.I.P. H. Q. FILE NO.

5
3-19

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH Category
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
1 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)					DISCHARGE Category <i>Demol.</i>
1 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)					DESERTION
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)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				12653	
1 <i>m7B 227</i>					



No. 305-6334 RANK

Pte

NAME

Weir. 36 J.

T. O. S.

UNIT

No 3 Special Service Coy.

M. D.

3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

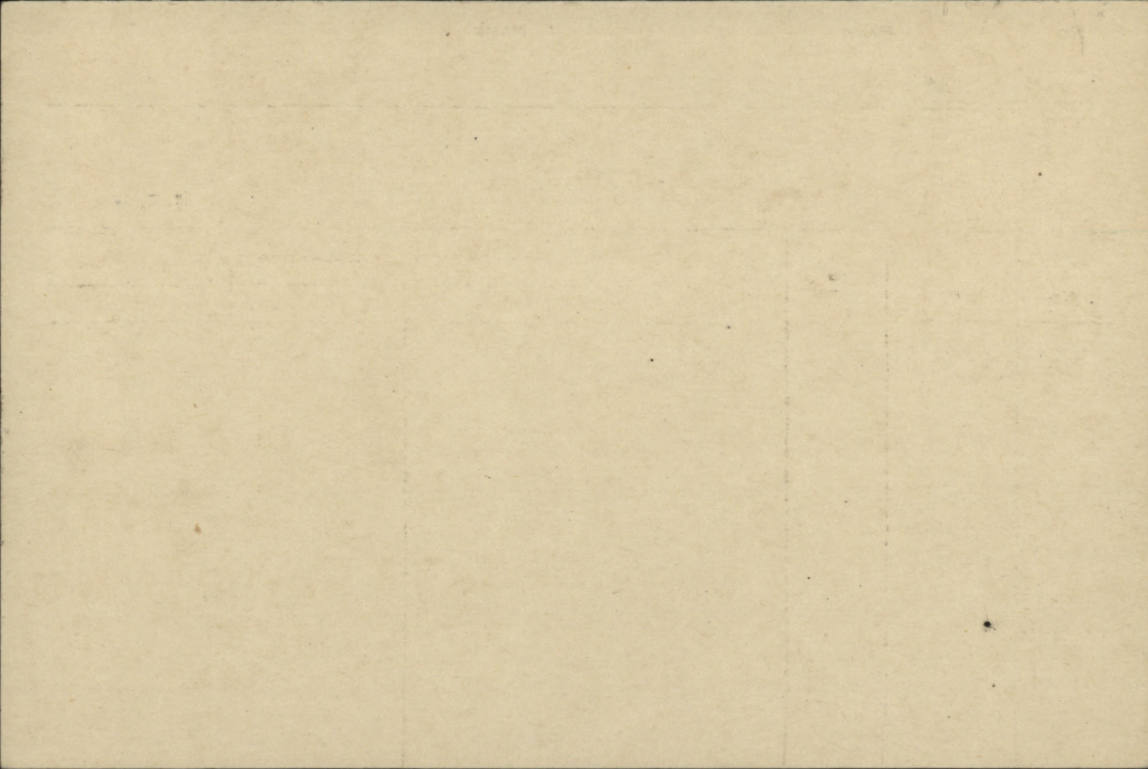
AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1918	1918	
May 1	May 31	n
June		n

		n
		n

Now 3rd Bn CEF



No.

334 RANK *Cpl.*

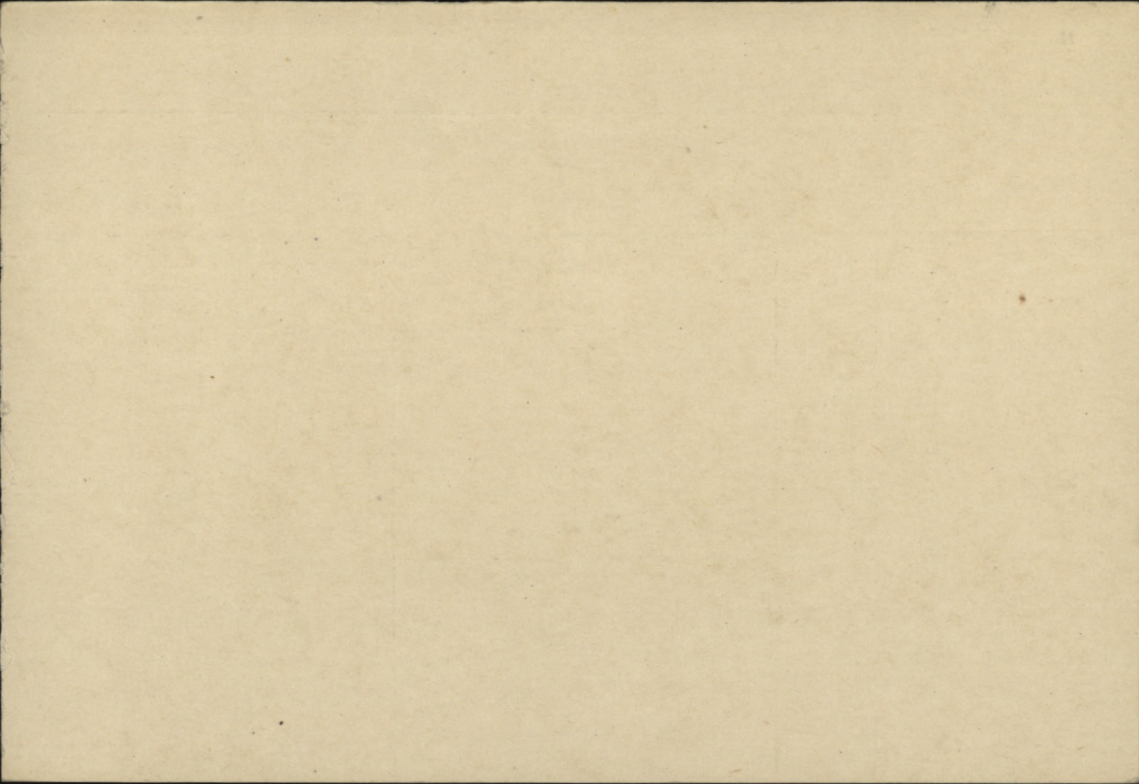
NAME

*Weir J.**36*T. O. S. *23-1-18*

UNIT

*NO. 20. 22-1-18**1st. Depot. Battalion Co. Sgt*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Jan 23</i>	<i>1918</i> <i>Jan 31</i>	<i>n-</i>		
<i>Feb.</i> <i>Mar 1</i>	<i>Mar 3</i>	<i>n-</i> <i>✓</i>	<i>Leave from 4-3-18 to 15/18</i>	<i>NO. 63. 4-3-18</i>
<i>Apr 15</i>	<i>Apr 30</i>	<i>n-</i>	<i>Transferred to No 3 Sd. Coy.</i>	<i>NO 117. Apr. payroll.</i>



M. S. A.

SURNAME.

Weir

CHRISTIAN NAMES

John Hugh

REGL. NO.

3056334

RANK

Cte.

UNIT

East. Ont. Regt. 1st. Dep. Bn.

FORMER CORPS

Mech. Transport. Imp. Army.

CARD NO.

S.O.S. 13-12-18

2 1/2 2

S.O. 2.03. of 13-11-18

#3/147

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Weir James

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Alexandria, Ont.

COUNTRY OF BIRTH

Canada Alexandria, Ont. Nov 15th 1895.

PLACE OF ATTESTATION

Kingston, Ont.

DATE

Jan 23rd 1918.

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

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.

3056334 Unit, Regiment or Corps 1st Depot Bn., E. O. Regt., C. E. F.

Regimental No. 4021334 Rank Pte Name Weir, John Hugh

Enlisted (a) June 25/18 Terms of Service (a) C. E. F. Service reckons from (a) July 23/18

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

Extended Re-engaged Qualification (b) Mechanic

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>24/4/18</u>	<u>1st Depot Bn. E.O.</u>	<u>Transferred to Sgt. S. L. Leo.</u>	<u>Kingston</u>	<u>24/4/18 D.O. # 1114</u>	<u>W. Campbell</u> Capt. & Adj. <u>1st Depot Bn., E.O. Regt., C.E.F.</u>
<u>24.4.18</u>	<u>1st Dep Bn. Bats.</u>	<u>TAKEN ON STRENGTH NO. 3 Batt. C.G.R. D.O. # 30.4.18.</u>			<u>E. M. Freeman</u> Lieut. Capt. & Adj. <u>No. 3 Bn., Canadian Garrison Regt., C. E. F.</u>
<u>18.5.18.</u>		<u>Ord. Detach. Petawawa D.O. # 26/20/5/18.</u>			
<u>25.6. 18.</u>		<u>Ceases to be On Command D.O. # 63/26/6/18.</u>			
<u>13/11/18.</u>		<u>Transferred to Registrar Records and struck off strength. No. 3 Bn., Can. Gar. Regt., C. E. F. Auth R.O. 977 d. 22/8/18.</u>	<u>KINGSTON, ONT.</u>	<u>D.O. 209 13/11/18.</u>	<u>E. M. Freeman</u> Capt. & Adj. <u>No. 3 Bn., Canadian Garrison Regt., C. E. F.</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.

Casualty Form - Active Service

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				

MEDICAL HISTORY SHEET.

3056334

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Weir Christian name John Hugh
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule PC-971509
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) 64 O'Connor St. Ottawa

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of Nov., 1917, by the undersigned medical board sitting at Ottawa

- 5. Age as stated 21 Years 11 Months
- 6. Apparent age _____ Years _____ Months
- 7. Height 5 Feet 5 Inches
- 8. Weight 131 Pounds
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 1/2 Ins.
- 10. Complexion Dark
- 11. Physical development Good
- 12. Smallpox marks none
- 13. Number of vaccination marks { Right arm _____ Left arm 2
- 14. When vaccinated last 1913
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scars both hips behind

16. Slight defects but not sufficient to cause rejection 3 light left varicocele
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

All

Eyesight right D/20 left D/20
Hearing normal

President.

Nelson Capt. Member.

B. T. Bowles MD Member.

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

Joined 23 day of January 1918 at Kingston

CORPS	REG'TL NUMBER	HABITS	DATE
<u>12th Q.B., E.D.R.</u>			
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Kings Co., Ont.</u>	<u>Feb 13, 1918.</u>	<u>U.D.M.</u>	<u>C. J. McLogan Capt. C.M.C. Pres. Med. Board</u>
<u>Kings Co., Kingston</u>	<u>Apr. 15/18</u>	<u>Tachycardia</u>	<u>for 6 weeks then Re-examined</u>

N.B.—This sheet is 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.

Hamilton / April 18/18 / U.D.M. (CIII)
It was a grey cap case
Edmund Capone Pres. Med. Board

Signature of Man John Hugh Weir
64 O'Connor St.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER

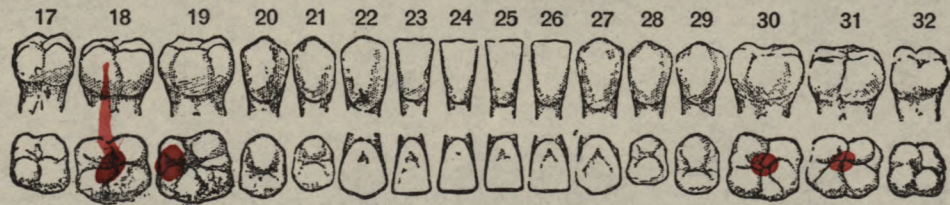
W. J. H. ...

REGIMENT

No. 3056334

RANK

Platoon Leader



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	Pyrrhoes	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
Aug 14/18														1/10								

Condition on first Examination
Aug 14/18

6
3.15.18.19.30.31

2
8.9.

1
10

N. P. Juemmer 3

Complete

INSTRUCTIONS

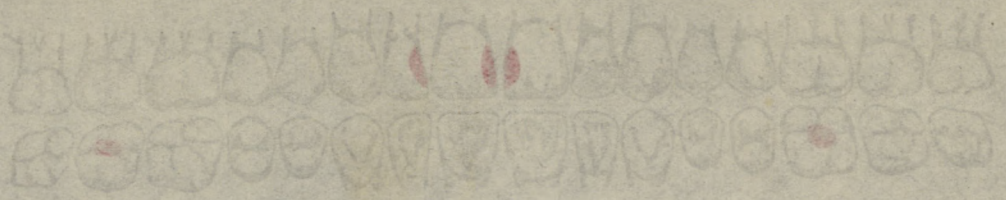
- 1. On examination the condition of patient's mouth to be marked as follows in red ink.
 - 2. On first line of report record of same to be made in red ink.
- Only such entries to be made on this sheet as will show:

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

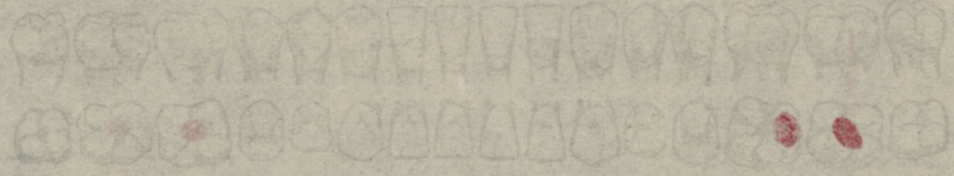
11/20/22

W. J. ...

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



CANADIAN ALPHABETIC CODES

DENTAL HISTORY SHEET

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

NOVEMBER

C-4-2

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

Regimental No. 3056334 Rank Private Name WEIR, J.H.

Corps No. 3 Battalion, C.G.R. who was* Transferred

On 13th. November 1918, to REGISTRAR'S RECORDS

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. November 1918, to 13th. November 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No.....			Reg'tl Pay..... <u>13</u> days at \$ <u>1.00</u> c.....	13	00
by } No.....			Field Allow. <u>13</u> days at \$ <u>.10</u> c.....	1	30
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances*		
Other charges <u>Q.M. Charges</u>	3	58	Other Credits*.....		
Payment on transfer or discharge No.....	20	72	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	24	30	Total.....	24	30

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191..... } (to) Assignee.....
 { and Sep'n Allice. for month of191..... }
 (Address)
N
I
L

(†) 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 23rd. January 1918.....
- (2) if married and if a Separation Allowance Card has been submitted..... Not Applicable.....
- (3) cause of discharge..... authority.....
- (4) authority for transfer R.O.977.....

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 13th. November 1918,.....

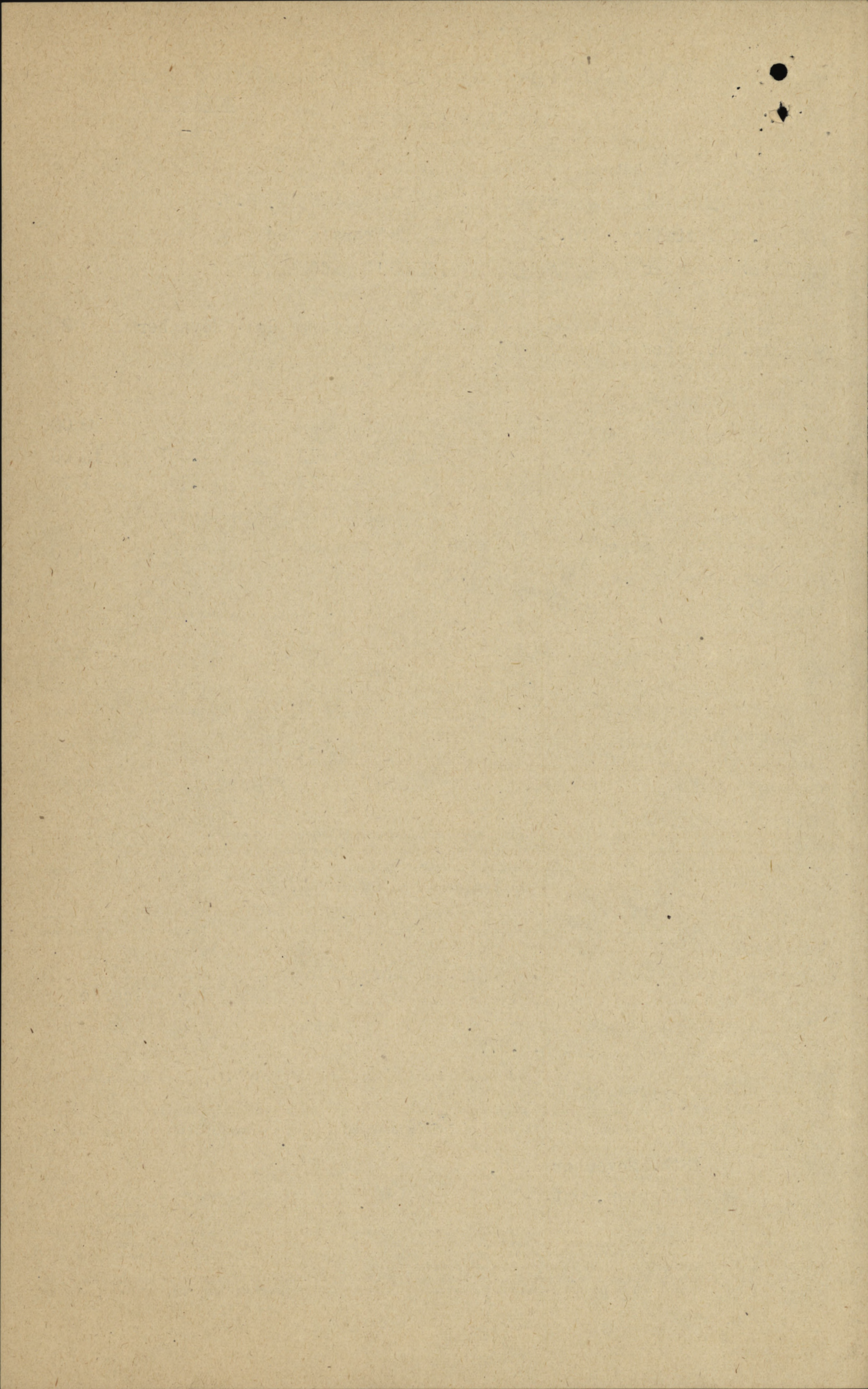
Place Kingston, Ont......

J. F. Bissonnette
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.

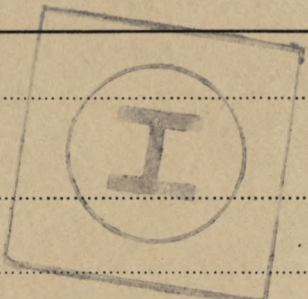
If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

17-3 1907A

1. No.	Regtl.No. 3056334	Serial No. PC-971509
2. Rank.	Pte.	
3. Name.	WEIR, John Hugh	
4. Unit.	No.3 Btn., Canadian Garrison Regt.	
5. Date of Discharge	Dec.13-1918	Place Fort Henry, Kingston, Ontario
6. Reason for Discharge.....	DEMOBILIZATION Struck off Strength on return to Registrar's records Nov.13-1918 Daily Order No. 203 of Nov.13-1918 Discharged under authority P C-3051 of 11-12-18	
7. Authority.		
8. Proposed Residence after Discharge.....		
	Alexandria, Ontario	
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.?..... <div style="text-align: right;">Signature of Soldier.</div>	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... <div style="text-align: right;">Signature..... (O. C. Discharging Unit.)</div>	

Pre noted
6x



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

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 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Ft. Henry DATE 2-11-18

1. 1 (a) Unit #3 C.G.R. (b) Regimental No. 3056334 (c) Rank Pte.
(d) Surname Weir (e) Christian name John E.

2. Age last birthday 21 years. Date of birth Nov. 15, 1897

3. Enlisted at Kingston, Ont. on Jan. 23, 1918

4. Personal description:—

(a) Height 5' 8" (b) Weight 145 (c) Complexion Fair
(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks

Vaccination mark left arm.

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

Alexandria, Ont.

6. Former trade or occupation Auto Mechanic.

7. (a) Service

	PERIODS	
	From	To
<u>1st Depot Bn. E.O.R.</u>	<u>Jan. 23, 1918</u>	<u>Apr. 20/18</u>
<u>#3 Bn. C.G.R.</u>	<u>Apr. 20/18</u>	<u>to date.</u>

(b) Has he been overseas? NO 8. Original disease or disability V.D.H.

(a) Date of origin before enlistment (b) Place of origin Canada.

(c) Cause* Probably a sequela of Typhoid F. in 1908

(d) Present disease or disability V.D.H.

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.

[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.]

SUBJECTIVE SYMPTOMS: Man says he gets shortness of breath on slightest exertion also gets very severe attacks of palpitation. He always has to be careful of excitement and at times there is a dull pain over the cardiac region.

OBJECTIVE SYMPTOMS. Pulse at rest 122. Double mark time 148 returning in 1 min. to 122. There is a systolic murmur at apex transmitted towards axilla. A systolic murmur in 3rd and 4th interspace 1" to left side of M. F. B. 227. Praecordial area of dullness increased to 1" to left of nipple line.

9. Present condition.—(Continued.)

issued by the H.P.C. and instructions issued by Medical H.Q., Ottawa, will be carefully followed. The President of the Board of Medical Officers will carefully read and check the condition. They will distinguish observations made by themselves from hearsay. They will distinguish such statements as obtained from the soldier concerned, from witnesses, or from documents.

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

Nervous... YES Digestive... YES Respiratory... YES Cardiac... as above
Genito-Urinary... YES Skin, Middle Ear, Eye or any other part... YES

John H. Veit
Nov. 15, 1897
Jan. 23, 1918
Kingston, Ont.

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

Man says he tried to enlist in Montreal in Dec. 1915 and was rejected as 'Medically Unfit' on act of heart disease on Jan. 3rd, 1916. Was called up under M.S.A. and taken on strength at Jan. 23rd, 1918

(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.

Feb. 13th, 1918 was boarded--Cat. C 1. V.D.H.
Mch. 27th, 1918 boarded--Cat. D for 6 weeks.
Apr. 18th, 1918 boarded--C 3 V.D.H.
Sept. 27th, 1918 boarded "E" Tachycardia 180. V.D.H. marked. Man says he has had heart trouble ever since an attack of Typhoid Fever in 1908

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

NO

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

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.

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

"D" 6 weeks--home for rest.

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.)

NO

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

17. Recommendations Cat. "E" No disability due to service

[Handwritten Signature]
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, 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

[Handwritten Signature]
Signature of soldier examined.

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). **E**

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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category "E" No disability due to service.

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... Fort Henry, Ont.

DATE... 23-11-18

A Stewart Capt Comd President.
Dunlop Lt Col Members.

APPROVED BY

D. H. Muirhead M. A. M. C.

For A. D. M. Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE... NOV 5 - 1918

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

PLACE.....

DATE.....

President.

Members.