Scotch. TRIPLICATE
No. 8141.

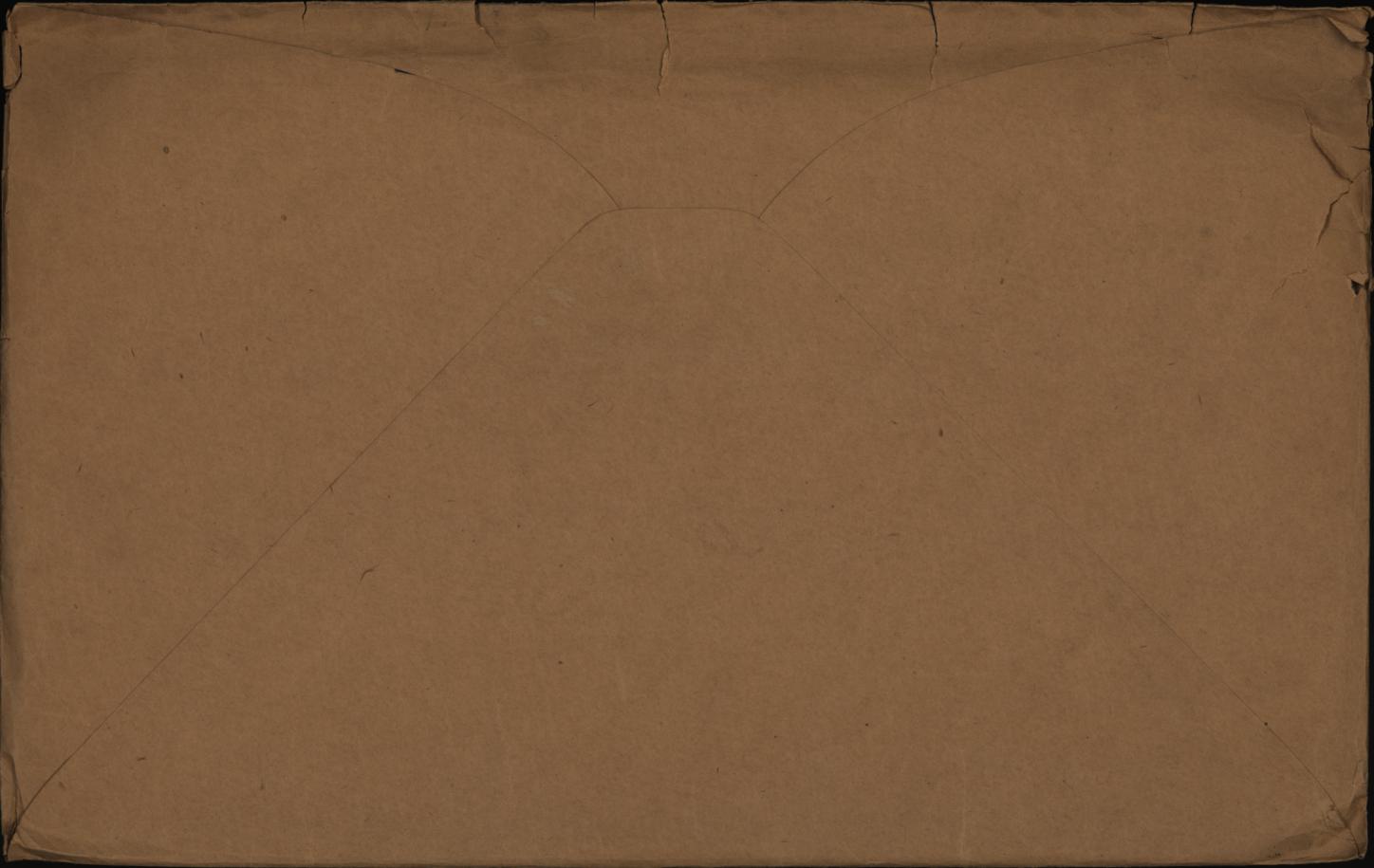
ATTESTATION PAPER.

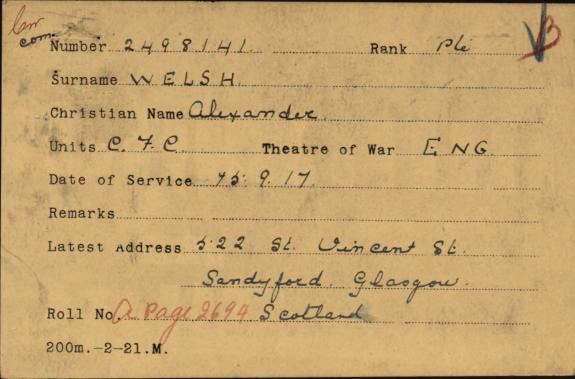
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	WELSH
1a. What are your Christian names?	Alexander
1b. What is your present address?	333 Church St., Toronto, Canada
2. In what Town, Township or Parish, and in	Glasgow, Scotland
what Country were you born?	Martha Welsh
4. What is the address of your next-of-kin?	% McMenus, 522 ST., Vincent St.
	Wife Glasgow, Scotlan
5. What is the date of your birth?	March 17th, 1889
	Teamster
7. Are you married?	Married 2010 18
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated?	Yee
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch	
of His Majesty's Forces as medically unfit?	No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	
existing between Great Britain and Germany should after the termination of that war provided His Maje	therein, for the term of one year, or during the war now that war last longer than one year, and for six months sty should so long require my services, or until legally
Anguet 14th 1917	(Signature of Recruit)
Date August, 14th, 191791 .	Les & Idaal (Signature of Witness)
OATH TO BE TAKEN BY	MAN ON ATTESTATION.
Alaman dan Walah	
bear true Allegiance to His Majesty King George thin duty bound honestly and faithfully defend His Ma	me Fifth, His Heirs and Successors, and that I will as jesty, His Heirs and Successors, in Person, Crown and ey all orders of His Majesty, His Heirs and Successors, help me God.
)))	Lesc Wellen (Signature of Recruit)
Date August, 14th, 19167	(Signature of Witness)
CERTIFICATE O	F MAGISTRATE.
The Recruit above-named was cautioned by moquestions he would be liable to be punished as provided The above questions were then read to the Record I have taken care that he understands each questions.	e that if he made any false answer to any of the above
duly entered as replied to, and the said recture has	
before me, at Toronto, Canada this	eruit in my presence. destion, and that his answer to each question has been a made and signed the declaration and taken the oath
	eruit in my presence. destion, and that his answer to each question has been a made and signed the declaration and taken the oath

S	determined according to the instructions given in the Reguions 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
		(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).
Heig	ht 5 ft 73 ins.	Tattoo it. arm, crossed flags. Tattoo lt. arm, heart,
	(Girth when fully ex-	Scar left buttock.
Chest neasure- ment.	Girth when fully expanded	Stalk telephone they be able to the could be
n n n	Range of expansion	The supplemental and the second of the secon
Com	plexion Medium	Control of the second control of the control
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	T. Brown	The state of the s
Hair	20012	en en lastiment of strong the same and
	Church of England	Statuton the Secretary
	Presbyterian Pres.	A LES OF THE PROPERTY OF THE P
ns.	Methodist	
ous	Baptist or Congregationalist	A CONTRACT OF THE CONTRACT OF
eligile		the first our groundy assender perthasing or the
Religious denominations.	Roman Catholic	Hearing O.K. R.D. 30 L.D. 60
	Other denominations(Denomination to be stated.)	Nose and throat O.k. Varicocele.
free Date	I consider him* for the Ca August, 18th, 1917 Towarte Canada	anadian Over-Seas Expeditionary Force BOARD TORONTO MOBILIZATION CENTRE
	*Insert here "fit" or "unfit."	Medical Officer O.
been a	Note.—Should the Medical Officer consider the Recruit unfit, ttested, and will briefly state below the cause of unfitness:—	he will fill in the foregoing Certificate only in the case of those who have
	CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
	Alexander Welsh	having been finally approved and
		of Attestation, and every prescribed particular having
Date	13 August 1917.	Constant (Signature of Officer)
	1	

				REGIMENTAL POCUMENTS			
	1	NAME Welsh al	yander	REGT. NO. 498/4/U	JNIT	H. Q. FILE NO.	
		CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
10	X	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
000		TRAINING HISTORY SHEET (M.F.W. 113)					
1	11	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			1		
100 -		REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	0		Towns		26 32 28 28 28 28 28 28
	1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				THE RESERVE	
	3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				A 1 1 1 2 3 1 2 1 7	DISCHARGE
	1	DENTAL HISTORY SHEET (M.F.B. 465)		*			Category
		MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		THE RESERVE AND A SERVE			
		MEDICAL EXAMINATION (M.F.W. 129)			.1		The American American
		TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)			14		
	-	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		A.	110		
		DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			41		DESERTION
		LAST PAY CERTIFICATE (M.F.W. 44)		10,1	43762		
		PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		ango	10.92		
		PARTICULARS OF CHARACTER (A.F.W. 3226)		3 7			
		COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		011			
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SURNAME. Welsh
CHRISTIAN NAMES alexander 508 11/9/19.
REGL. NO. 2498141 RANK Pte, 1980/33/19/19/19/19
UNIT Rly, boust. + Foresty boy, (m. D. 2.)
FORMER CORPS Nil.
NEXT OF KIN. CHANGE OF ADDRESS
NAMES IN FULL Welsh, Mrs. martha
RELATIONSHIP TO SOLDIER Wife
ADDRESS & The manus, 5 22 St. Vincent St.
ADDRESS To The manus, 5 22 St. Vincent St. Slasgow, Scot,
COUNTRY OF BIRTH Scotland, Glasgow DATE Mar. 17th. 1889
PLACE OF ATTESTATION Toronto Out, DATE aug. 14th. 1914
L. L. 10437. M. & D. 7253. M. F. W. 22. 100m.—11-16. H. Q. 1772-39-333.

MARRIED SINGLE TRADE OR CALLING Jeanster RELIGION Preshyterian APPARENT AGE 28 YEARS 5 MONTHS HEIGHT 5 FEET 73/4 INCHES CHEST MEASUREMENT 36 INCHES EXPANSION 4 INCHES

COMPLEXION Medium EYES Stey HAIR St. Brown

DISTINGUISHING MARKS Jattoo L. arm, crossed flags

tattoo L. arm heart, scar L. buttock. MEDICAL EXAMINATION. PLACE Josonto Out, DATE aug, 13th, 14,7 Present address, 333 bhurch St, Isronto at.

FORM R. 149 Next of Kin Martha Mª Manus 522 St. Vincen Movement Place

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	3.1				
L. L. 26438.	M. & D. 8207.				M. F. W. 42-50M8-17.

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DATE OF LIST No. HOSPITAL ADMISSION REMARKS C62-1 Can Exchinghill Lymned 1 Wound Scalp. 6306-2. mil. Conv. W cole 31-8-18 C 354 & Dese. 13-10-18

CHRISTIAN NAME OR NAMES

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2498141

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2. Woodeste Ph. Epson HOSP 31-8-18

lan. Elchinghie.

Descripost his

HOSP

7. D. 9. NO Wd Scalpo.

DISPOSITION

Ch. 15.11.14 662. 7-8-18-0282

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

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Date 10-9 1919. Number 2498.141. Rank
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Canadian Division, Convalescent Hospital, Woodcote Park, Epsom, Surrey.

19.0.

CASES FOR EXAMINATION AND RUPORT BY:-

OPPHALMIC SURGEON.

(AURAL SURGEON.

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, LIPSOM.

Reg. No 24 9814 ... Rank and Name

Complains of

...Captain.

QUESTIONS.

(1) Does he need Hospital treatment?

- (2) Will he be fit for Overseas?
 - (a) With glasses.
 - (b) With treatment.
 - (c) Is any prescription given for glasses?

ANSWERS BY (OPTHALMES SURGEON.

- (1) no
- (2) no

(a)

old otenfor before

RUMARKS

Signature of M.O. examining case

· Mucaso

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

47	
(1)	Name of Overseas Unit which Soldier joins
(2)	Regimental Number
(3)	Full Name of Soldier
(4)	Place of Birth Glasgow, Scotland.
(5)	Are you married, or not? Yes
(6)	If married, state, (a) Full name of your wife
1	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages

M. F. W. 67.

500м.—9-16. 1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes Mary Hill	
If so, state name and address John Welsh . No 1 Fingal St Glasgow.	Scotland
(10) Is your Mother alive? No	
If so, state name and address.	
(11) If your Mother is a widow	
Are you her sole support, or not?	
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.	
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.	
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.	
(15) Are you insured? No	
If so, in what Company?	
Have you made arrangements for payment of your Insurance premium	
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.	
The same are the standard of the same and th	
Mer High?	-
Officer Commanding. Date	

M. F. W. 54. (A. F. D. 10s. 500м.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. YORK & SIMCOE FORESTERS C. E. F.

		(a) 14th A		on of war and		onths thereafter. s from (a) 14th August 17.
	pres	promotion to sent rank	to lance rank		rol	rical position on of of N. C. Os.
	Date	From whom received	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
7-9-	170.0	. C F.C. T.O.S	Base Depot, C.F.C. Sunningdale 15	15.9-1/	22	
7.3	-18	b. k.26		C, SUNNINGDAL	MALL	PT, II. DO. NO 57.
15-	3-186	0	J.O.B. Dist 54 at Co 134 posting from Ban Depot	Louthampt	8-3-18	All Dono11 Dist 54
\$ - 2	2-18	00	Placed on Restricted hay - Three months.	۵۰	5-8-18	P= I Do. 36 mil- 54.

¹⁾ 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.y. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps dutie.

			Correct Colors	-	
Date	Report From whom received	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
22-8-18	or. mil-54	803. Mit 54 Coy 184 Importing sorace Depor	Southampta	16-8-18	NUM by WINGT.
24.8.18	1 to	O.C. C. F.C. T.O.S. Base Depot, C. from 54 bist, 1340	1	6.8.18	.11.D.O.202
भगीजी व	Ce	Attached C.D.D. Buxton for ases to be attached C.D.D. Bux			
	A.P.M.	T.O.S Corps of CMA.	London.	27-6-19	For OFFICER COMMANDING. CANADIAN DISCHARGE DEPOT. D.O. 90. 9-7-19
25-7-19	DISCHAR K. B.	GED IN ENGLAND, & O. PAR. 392, SEC. XXV. Gaptain Officer Commanding, No. 2 Canadian Discharge Depot.		25-7-19	FOR LIEUT. COL. ST. PROVOST MARSHAL, CANADIANS, LONDON.

The second second Remore Buds and Name

Casualty Form-Active Service.

Rank

WELSH, Alexander Name

Reg'l No.

Married. Married or Single

If in perm. Corps, \\
What Unit?\\
TO Base Depot\\
Toronto. August 14th, 1917. Unit Camp Borden, For. Df Place and Date of Enlistment

Place of Birth Glasgow. Scotland.

Name and Address, Next-of-Kin Martha Welsh.

C/o Mrs McManus 522 St Vincent St, Sandford Glasgow, Scotland.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to Payable to

Relationship

Separation Allowance\$

Relationship

Discharge, Date and Place Reason

Character

H. W. V., Ld.—9546-16.

Repor	rt.	Record of promotions, reductions, transfers,	Disco	Data	REMARKS Taken from Official Documents.	
Date.	From whom received.	casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.		
b	GFC	Arrived in England	1	5-9-17	S/S Megantic	
17.9.17	C.F.C.B.D.	T.O.S. from Canada	11-		OV#122	
	THE STATE OF THE S	Adm Can H. Etchinghill	" Kent		C2, C62 VD9	
18-12-17	CL. C7C	Sis from " "	" "			
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			Pte. Seaford			
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			to Idale			

2498141

WELSH ALEXANDER

	1	NELSH.	HLEXAN	IDER		MINIMAN C.
Repo	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
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9.7.19	cha	T.OS. from CDD "	4	27619	-90	
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A SERVICE OF THE PARTY OF THE P			A PARK IT			

DICAL HISTORY Christian Name Approved BISLARED FIT BY MEDICAL BOARD on 13th day of Aug. 191 7 MOBILIZATION CENTRE TORONTO Examined Toronto City or Town Glasgow Birthplace Scotland County Fit or Unfit Date Apparent age 28 yrs 5 mos Teamster Trade or occupation M.O. Height feet Inches 136% lbs. Weight (Minimum____ 32 inches Chest measurement Maximum expansion 36 inches M.O. Physical development Good M.O. Small-pox Marks... M.O. Vaccination Marks Result Date VACCINATIONS 1907 When Vaccinated last (a) Marks indicating congential peculiarities or M.O. nil previous disease..... M.O. (b) Slight defects but not sufficient to cause rejection M.O. Hearing O.K. R.D. 30 L.D. 60 Nose and throat O.K. Varicocele. Enlisted on 14th day of August, 1917 191 at oronto, Canada CORPS REGT'L NUMBER HABITS Joined on enlistment Y & S Foresters Const 00 Transferred to. K EXAMINED OR DISCHARGED BY A MEDICAL BOARD in the Regularity Service, on the man becoming non-effective; the date and cause being stated on next page. M. F. B. 313.

300m.—1-17. H. Q. 1772-39-439.

a.

Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. DATES OF Number of Date of Arrival Signature of Discharge from Hospital Admission into Hospital DISEASE days in STATION at the Medical Officer Hospital Station Day Month Year Day Month Year ADIAN HOSPITAL admitted 10/11/17 Ordinary. 11 12 17 Tonow hoea ETCHINGHILL, LYMINGE. case of V.D. E. Hada Wasserman Post on 26.11-17 - a second Wasserman key. on 5 Name Christian Devoport melitary 30 8 18 Would of seaso Transformed to Canadian Conval A 978 Sperific Safe Devoupor. Vanding elled Board Bu-ULP 8 Elsan 230CT 30 Surname

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WAR SERVICE GRATUITY and SEPARATION ALLOWANCE
2498141. Wife
Dependent WW W. Welsh. Payable to WELSH Alexander Dependent WP U Address To Wellamus 522 H Vincent H Address Glargow Go Robertson Hargow Go Robertson Well St. Renfrew.

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				14.17	1	1	-			200	-	

DE. 14. 8. 17. MILITIA AND DEFENCE

M. F. W. 11. 25m.—10-17. H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Martha Welsh Name of Soldier Welsh alex 5-22 St. Vincent St. Regtl. No. 2498141 % Mc Manus, I lasgon Rank pte. Scotland Corps Frestry v Ply. Const. Unito.

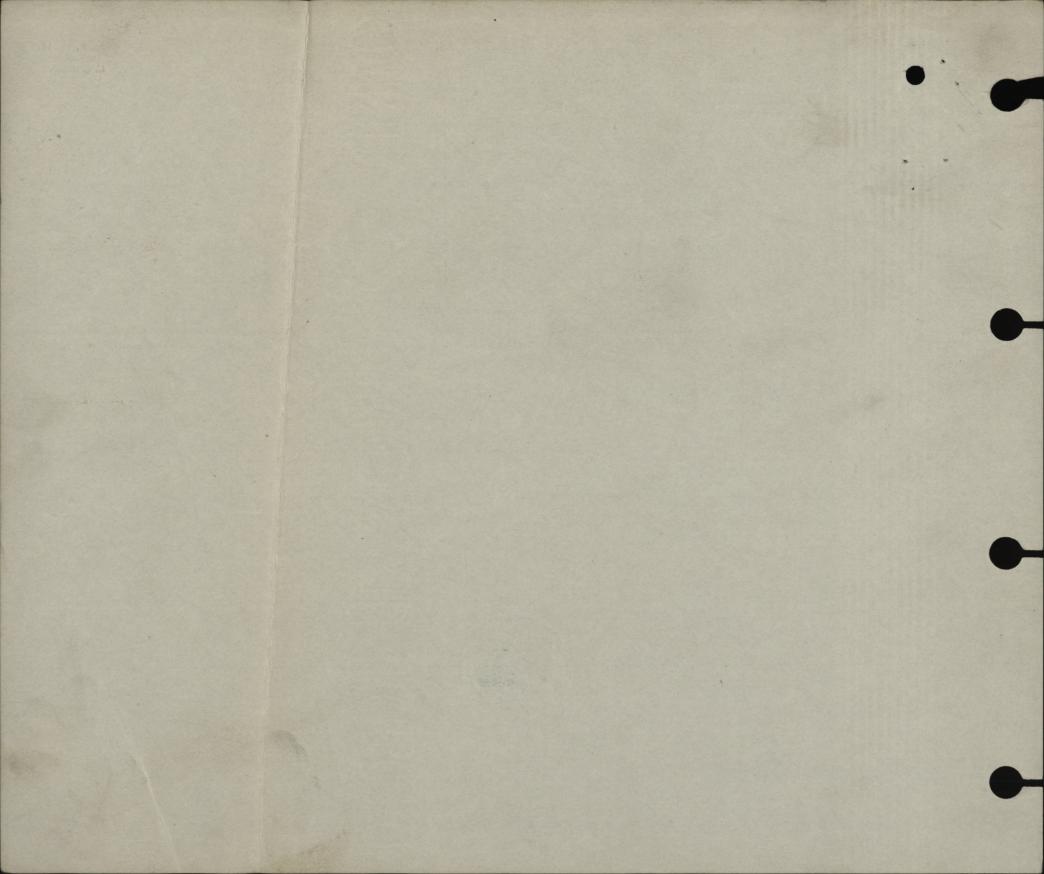
Relation to Soldier

wife, child or mother

To what Corps belonging

when called out

			1			
					PA	YMENTS
	Month	Year	Cheque No.	Amt.	1	REMARKS
	Aug.	1914				Duplicate sent to England for payment. NOV 13 1917
	Sept.					for payment
	Oct.					NOV 13 1917
	Nov.					
	Dec.					
	Jan.	1915				
	Feb.					
	March					
	April					
	May					
	June					
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1916				
The second secon	Feb.					
	March					
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M. F. W. 11a. 50m.-6-16. 1772-39-818.

SEPARATION ALLOWANCE

martha Welsh Wife PAYMENTS.

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

Name of Soldier Welsh alex Pt. 2498141. For P. C. Unito

Non	Month.	Year.	Cheque No.	Amt.			arks.	
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	May				190	Rally	cut.	
	June				Y		NOV 13 1917	
	July							
	Aug.							
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	Jan.	1917						
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	Sept							
	Oct.							
	Nov.							
	Dec.							
	Jan.	1918						
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	March							4790
	April							
	May							
	June							
	July							

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

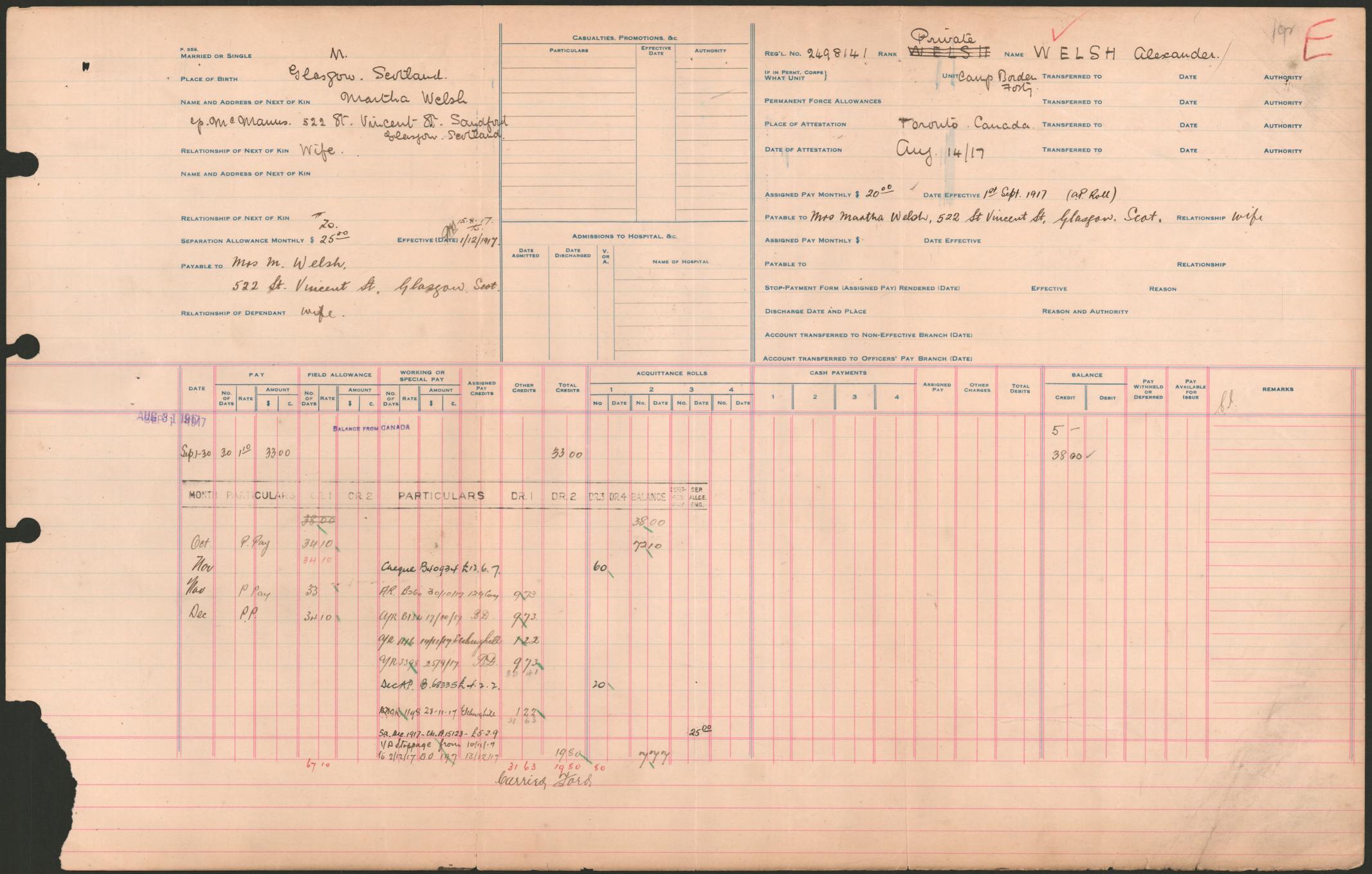
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_____

PAYMENTS.											
Month.	Year. Cheque No. Amt.			Remarks.							
Aug.	1918										
Sept.											
Oct.											
Nov.											
Dec.											
Jan.	1919										
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DATE NO. OF DAYS RATE C. DAYS RATE NO. DATE NO. DAT CASH PAYMENTS REMARKS MONTH PARTICULARS CR. I CR. 2 PARTICULARS DR. I DR. 2 DR. 3 DR. 4 BALANCE RED. ALLGE. PAY ENG. Ford 3410 Jan. Sa. B.67977 £9.4.11

ZO. 21.87, 26

AP4SA. Feb. C84955 £9-4-11.

March P. 3080

OR. 450. D54566 £9.4.11

20. 21.87, 25.

25.

March P. 3080

OR. 450. D54566 £9.4.11

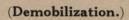
20. 21.87, 25.

25. arbox 13/8 68 49.4.11 973. ARB 1520 6.3.18 B. B. C. F. C: 487 al \$847 19.3.18 134 Cap 1217 ANAR B 534. 18.12.17 h. 8.1.7. 4.87

NAME Welsh, alexander NUMBER 2498/4/ DR. 1 DR. 2 DR. 3. DR. 4. BALANCE DEFERRED PARTICULARS PARTICULARS CR. 1. CR. 2. MONTH clov: , 31. Ford 486 33 40 E82683. 82956 20 30 135322. 19.12.18. £10-56 20 30 aR B6678 22-1-19 £10.5.6. J. 85473. 20 aRB8128. 13.2.19. 43D. Mar £10.5.6 G. 24662. an 139829. 13.3.19 BD. 33 af Sahap A 17659 £10.5.6 ak. 13213. 3.4.19. BD626 20 aprila. may A72741. 20.56
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aprila 3.1775 26.4.19 3 33 9335 Buston 30.5 V B. 126111 July \$ 18.5.6 30 ak 2342 (17.619. Buston 28 53 Drak 76894 862 2930 ang V ar 1103 11 Class 12.7 3 V 3285 Dimit 14.8 5 14 60 B140029 ang £10 5.6 30 25.7 1 corc 81302. 11 1947 JaR 13172 RCCC 26.8. SuperAller 27/6 to 12/7 mic = 16 days 24 24/7 . 25/7 " = 2 " Cmp 1/8/19 ang Pra. 30 1 to 11 Kine Sept. Supp SA 19 to 1/9 nie B146250 £2.5.3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.





1. No. 24981.H/
2 Rank. Ale
3. Name. Welgha aller andle
4. Unit. 6. 7. 6.
5 Date of Discharge 11/9/19 Place 2. While Lindles
6 Reason for Discharge
K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5222)
7. Authority. 28 . 8 - 19
8. Proposed Residence after Discharge
339. 21 Ulm Cent- 21.
Dandy losd Glasan
July July July July July July July July
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.? U. 7. D. 2079.
/ /
RC y Welse
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Diago CARADIAN DISCHARGE
Place 11 gr/10
Date
W 11A
Signature V II // WWW Could
(O. C. Discharging Unit.)

A PROPERTY OF THE PROPERTY OF

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
Treatest Tristory Sieco.	Willia Form D. 515 of A.F.D. 116
Proceedings of Medical Board	
	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45Militia Form B. 465
Proceedings of Medical Board Dental History Sheet	M.F.B. 227, A.F.B. 179 or A.F.A. 45 Militia Form B. 465 M. F. W. 129 or D. M. S. 1375

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS	X (Strike out whichever mapplicable.)
XHave been stopped. Effective	and will only be re-opened on
receipt of instructions from P.M.G., Ottawa	or Military District Paymaster, Canada.
or	
XBein Canadian payment cancellation or oth	verwise of future payments will be dealt with by Ottawa.
MPHED BY D. Lambert	

CHECKED BY....

CERTIFIED CORRECT......

FOR BRIGADIER GENERAL PAYMASTER GENERAL, O.M.F.C.

MANAGE - 110 ×10 12 - 11 Step 3 6 Lines Lines Maria Marcoll 15-11:311-001 沙州 Tind many P PIN

LAB. NO. 2725Q

Granville Canadian Special Hospital

PATHOLOGICAL LABORATORY

Date June	26-1919	Ward Ch	Bed
Name wilch	a. kt	Regtl. No. 2498 144	Unit
Report of an Examina		M culture	
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	4 0		4 美美
		6 S Busille	det
Form 15 3000 - 1-11-18 -		Januaras	Pathologist

EMOR	ANDUM.
	From
	То
	ANSWER.
	100

MIL CNV HI

Army Form I, 1237.

Förms 1. 1237 12

MEDICAL CASE SHEET.*

Regimental No. Rank. Surname. Christian Name. No. in Admission Webl. RHO a Discharge Book. Unit. Service. Age. 29 Station Disease Warend on Roalf. acc. and Date. Light Dulis Medical

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

(6365) W2944/Pi38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (£ 2349)

[P.T.O.

Station and Date.

Name Welsh	Eule 14 -8-17.
Date of Embarkation for England	69-17.
Proceeded to France. No.	Returned to England.
Date waturned to develo	

P.R.2855.

Rebuind to England

THIS FORM WILL BE USED FOR ALL RANKS EDICAL HISTORY OF AN STRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Board issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed. 2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "opinion of the Medical Board." 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise. 4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered. 5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board. 6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board." 7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the 8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons. STATION SUNNING BALE DATE 29- 4-19. F C (b) Regimental No. 2498141 (c) Rank P75 (d) Surname WELSH (e) Christian name ALEXANDER. (f) Home address TORONTO GEN DEL (h) Relationship MARTHA WELSH (g) Next of Kin (i) Address of Next of Kin Date of birth MAR 97 1888 2. Age last birthday..... 3. Enlistment, or Appointment (if an Officer) (a) Place. TORONTO (b) Date 40213 4. Personal description: (a) Height SFT (b) Weight Stripped) (c) Complexion FAIR (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. CAR ON FOREHEAD TATTOOS RT & L. HOS. 5. Former trade or occupation... Years Days 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). Canada England. France or other theatres of War.... 7. Original disease, or injury Otitis Media -DLacevation - Frontal Aponeurosis - right scalb (b) Place of origin Canada (a) Date of origin. 1.0 M. F. B. 227. REPLIED TO 300м.—8-18. 1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabiling conditions: e.g. (marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the therapeutic reasons; (d) Any other restrictions in choice of occupation.) Heaving same. pricialists Report 2048 - upper 6 - 2048 omec-aiguris - om how rupp & fol tupping rear - not askerent to shell but probably a to superorbilet news. (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?

(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.) Integumentary System..... Disturbances of Mentality W Digestive System..... Any other general condition...... States that with law commenced discha years before entis trent Aplaning was bad an entistment discharged slightly after entistment of thinks that onice to hear hearing has become defectore slight have defective Dopided Epoum 1hosp with Tourted head I months. how is padeath infraring. or evidence he following toples eleveriport 21-8-18 to 30-8-18- liging tookelps afferencesis.

Croson 30-8-16 T. 23-8-18-

10.—1) (I ere give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).) Since Sulcit - hetching Hill 18-11-176 11-12-17 - Jonouboea.
(c) (Here give a description of wounds, scar. and deformities. 3" wh we left temporal rise - right frehead
11.—(a) Did the disabling condition have its origin before enlistment?
(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enactment.)
O no
12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable
refusal to accept treatment?
13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Derman and. 2 bhouths
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
D'Ampitalzalin as described
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?
17. Recommendations. 17. Recommendations. 17. Recommendations. 18. An Canada with PC.7 47 g the 21-1-19. 18. A. WAOWAWDattin Capp. Medical Officer by whom the case is brought forward.
STATEMENT OF THE INVALID
(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out). I, the undersigned. A Webh 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
Signature of invalid 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 criticised. 19. Is the invalid fit for (a) General service,(b) Service abroad, not general service, (Yes or No.) Yes or No. (c) Home service (Canada only), Yes or No. (d) Temporarily unfit.(e) Unfit for service in Categories A, B and C Yes or No.) (Yes or No.) 20. It is certified that the invalid (a) Does require treatment. (Give the nature of the (b) Does not require treatment.(c) Should pass under his own control. (d) Should not pass under his own control. (Strike out condition not applicable.) 21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.) Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here. President. PLACE. Members DATE TO BE COMPLETED WHEN TREATMENT IS REFUSED I, the undersignedunderstand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. Should the refusal of the invalid to accept treatment appear to be un the Board of medical officers PLACE ... Members DATE ... APPROVED BY APPROVED BY wan ASSISTANT DIRECTOR OF MEDICAL SERVICES, Assistant Director of Medical Services CA Whitector General of Medical Services. DATE MAY 7 1919 DATE Major, O.A.M. O. fer A.D.M.S., Canadians, London Area. 13 BERNERS ST. 191'BON, W.

810

Reserved for M.H.C.

2	UNSULL - Rec MERCH Christian
Kegt. Non!	498141 Rank Pte. Surname WELSH. Christian ALEXANDER
Unit or Cor	ps—(a) Overseas from United Kingdom
Born at—T	own 91AS 50W County or THTHY Country SCOTLAND
Date of Birt	th—Day 19 Month March Year 1889 Age 29 yrs 8 months.
Joined at	1000nto Date 4/12/19
Former trad	Toronto Date 4/12/17 Teamster
	Marks or any peculiarity that will serve for future identification:
	Vace Marks Right Arm
	Tatoo " " 4 4 4 6 st
	Vacc. Marks Right Arm Tatoo " " & Hest Scar on forohead
	5 . 73/4 Brown
Height—fee	et 5 inches 73/4 Colour of eyes 13 rown
Signature of	Soldier (for identification purposes). A. Wichol
	Medical Report
Read co	arefully the instructions on last page of this form.
1. DISAE	BILITY.
lacing parate 1ps.	Group (a) ADHESIONS.
n sel	Scalp & Kin & new.
disabilities, placing ng from separate separate groups.	Disabilities Group (b) DEFECTIVE MEARING
oding in sep	
roup the	Disabilities Group (c)
Group	1/8
2. CAUSI	E OF DISABILITY
	Place of origin. Date of origin.
(i.) As to Group (a)	9:
above.	Injury - England. 21-8-18
(ii.) As to	Scottand
Group (b) above.	Infection # # SA childhood
(iii.) As to	- 7125
Group (c)	NB NA NA
above.	
3. Is the di	isability due to disease contracted or injuries received prior to Active Service?
(i.)	As to Group (a) above? Mo If yes, has Active Service aggravated it?
(ii.)) As to Group (b) above? Hes If yes, has Active Service aggravated it?
(iii.) As to Group (c) above? MR If yes, has Active Service aggravated it?
	isability due to disease contracted or injuries received while on Active Service?
	As to Group (a) above? Mes
	As to Group (b) above? No
(iù.) As to Group (c) above? //

5. MEDICAL HISTORY. Game from Canada Sept. 1917. Has not been to France Med Boards: - Sunningdale Jun 28/18 Vancoccle Bir Epsom. 7/10/18 Defective Hearing. Bir.
Jun Doords: - Sunningdall Jun 28/18 Vancoccle Br
Oraland 7/10/18 Magleline Hearing. 15 in.
Etchinghill 10-11-17 & 11-12-18 Gonomboen. Poo. Wass. Neg
11-12-18 gonomboen. Por. Wass.
Devonport. 26-7-18
Devonport - 21-8-18 t 30-8-18. would of scalp.
Epson - 30-8-11 & 23-0d. 18. "
mais statements: - Since accident 21-2-18 to to drago wind
man's statements: - Since accident 21-8-18 has had occasional points radiating from point of injury down into right eye. Condition unchanged. Hearing always dulled - worse since accident.
unchanged. Hearing always dulled - worse since accident.
6. PRESENT CONDITION.
Subjective: - Occasional pain in seas on right forehead radiating down with corner of right eye. Hard I Hearing
Objective: - 2'2" scar on right forchead - unattalchet, not
tender. Specialists report: - 13-12-18.
R1. 164. 211 14 14
RI. 16 H. C.U. St. 12 H. 12 H. 18 H. acamder. 14 ft.
2048 Upper. L. 2048
64 hower L. 128
+ Riemi & -
Retracted drumo. sets retracted operforated.
our plear.
Cond. & givil life. motaggewoled by service. Withums Co
7. OPERATION. (i.) Was one performed? He (ii.) If so, state what. To relean up wound
(iii.) Was one advised and declined? N2
NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.
8. (i.) Is there loss or decay of teeth attributable to Active Service? Mo
(ii.) If so, describe. VB
9. DO YOU RECOMMEND:— (b) Invalid to Canada? NA
(a) Fit for duty? Geo B; (c) Discharge from the Service as permanently unfit?
(state category) Br as permanently unfit?
Date of Report 13-12 1918 Signed Frenk PSmith Confin
Officer in medical charge of case .
StationSumming dale
I have satisfied myself of the general accuracy of the above Report,
and concur therein "except hot in hosts: (Officer i/c Hospital) Strike out one S.M.O. Brigade) of these
(S.IVI.O. Dilgade) of these
Dated at
Delete il inapplicable,

RT II	
	Proceedings of a Medical Board on the Soldier mentioned in Part I.
10.	Is the disability fully described in Part I. (1)? If not, describe it. Yes
	Is the cause of the disability fully described in Part I. (2)? If not, describe it.
12.	From the medical information now adduced, was the disability caused or aggravated (a) Negligence of the Soldier Aggravated? Wo (b) Misconduct of Caused? he Soldier Aggravated? Wo
13.	THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) **Twee her cent
14.	THE DISABILITY DUE TO SERVICE.—(See Part 1. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.)
15.	Permanency of the Disability due to Service estimated next above in (14). (i.) Is it permanent?
16.	(ii.) If not permanent, what is its probable minimum duration (in months)? If an operation was advised and declined, do you consider the refusal to have been unreasonable?
17.	Can the former trade or occupation be resumed?
18.	REMARKS:— Wound on forchead is practically no desables of was the result of a fall. the forchead shekey the Ground - no union enaunces. It carry is defuline but hos not been approvally y served
	anhalited d'3 n miles.
19.	RECOMMENDATION:— (a) Fit for duty? (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?
Date	Signatures Lacewall Represident the Board Revolution of the Board Revolutions

Approved Dated at

Station

for A.D.M.S., Canadians, London S. Canadians, C. Ca

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.

DEC 17 1918

13. BERNERS ST. LONDON, W.1

191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 2498141 Pte. Welsky. O. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:

9. Welsh.
Signature of Soldier examined.

Instructions to Medical Officers

- Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)
- Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.
- Questions
 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)
- Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

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

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

Specialists' reports bearing on the PRESENT CONDITION should be attached.

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

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the hand-writing of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

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

I have satisfied myself of the general accuracy of this report and concur therewith, except......

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

	n Categor	Signature of M. O.
 *** ***********************************		
		7
		- 7

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom. Avov. Oct-1st 1918
No.2498141 Rank PTE Name WALSH A.
Local Unit. C.F.C. RES Overseas Unit. Age 29
Examination held at MC N. EPSOM SURREY
DISABILITY. DEFECTIVE DIEARING. Overseas—Local. (scratch one out)
PRESENT CONDITION.
States Discharge from one ear in cheshood has had some discharge from the lar sence
hild hood. Has very bette trouble before
Thamme to ho discharge. Slight dis
large in morning 3 weaks ago RX gar was
All hood work and stage stages de afraces single de afraces d
voice quite well et 12 beet
Specialists report 26/9/18 "606 Horrison Cotton Corner.
the clean vancacela.
BOARD RECOMMENDS:
1. Fit for Duty
2. Fit for duty afterweeks' physical training.
3. Fit for Temporary Base Duty Biors - Temporary Base Duty Biors - Temporary Weeks.
4. Fit for Permanent Base Duty
5. Discharge
Signatures:—
Ossaan -
President.
Members / Mu Eaff Calle
APPROVED
APPROVED
Dated at 18/16/18 1916. Alar Epter
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at

Name Paraum

Hank

Overseas Unit

Local Dont

to been notation at

Sousty.

PRESENT CONDITION

BOARD RECOMMENDS

Fit for Duty."

Fit for duty after

3 FR for Temporary Base Duty

FIL for Permanent Base Duty

Discharge a parental of

Signatures

Members

APPROVED

is betell

For A.D.M.S.

Form. D. M.S. 1394

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Part 1916.
No 2498 14 Rank Pro Name Welsh Alexander
Local Unit Overseas Unit Age Age
Examination held at Park Annual Company
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BOARD RECOMMENDS:-
1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge
Signatures:-
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PROCEEDINGS OF A MEDICAL BOARD.

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For A.D.W.S.	100	6.180