

REGIMENTAL DOCUMENTS

NAME *CONSTANTINE*

Ernest

REGT. NO. *4100342*

UNIT *1st DB. A.*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH

Category

DISCHARGE

Category

D. Ambr

32591

DESERTION

26. 24
12 - 24
6 - 24

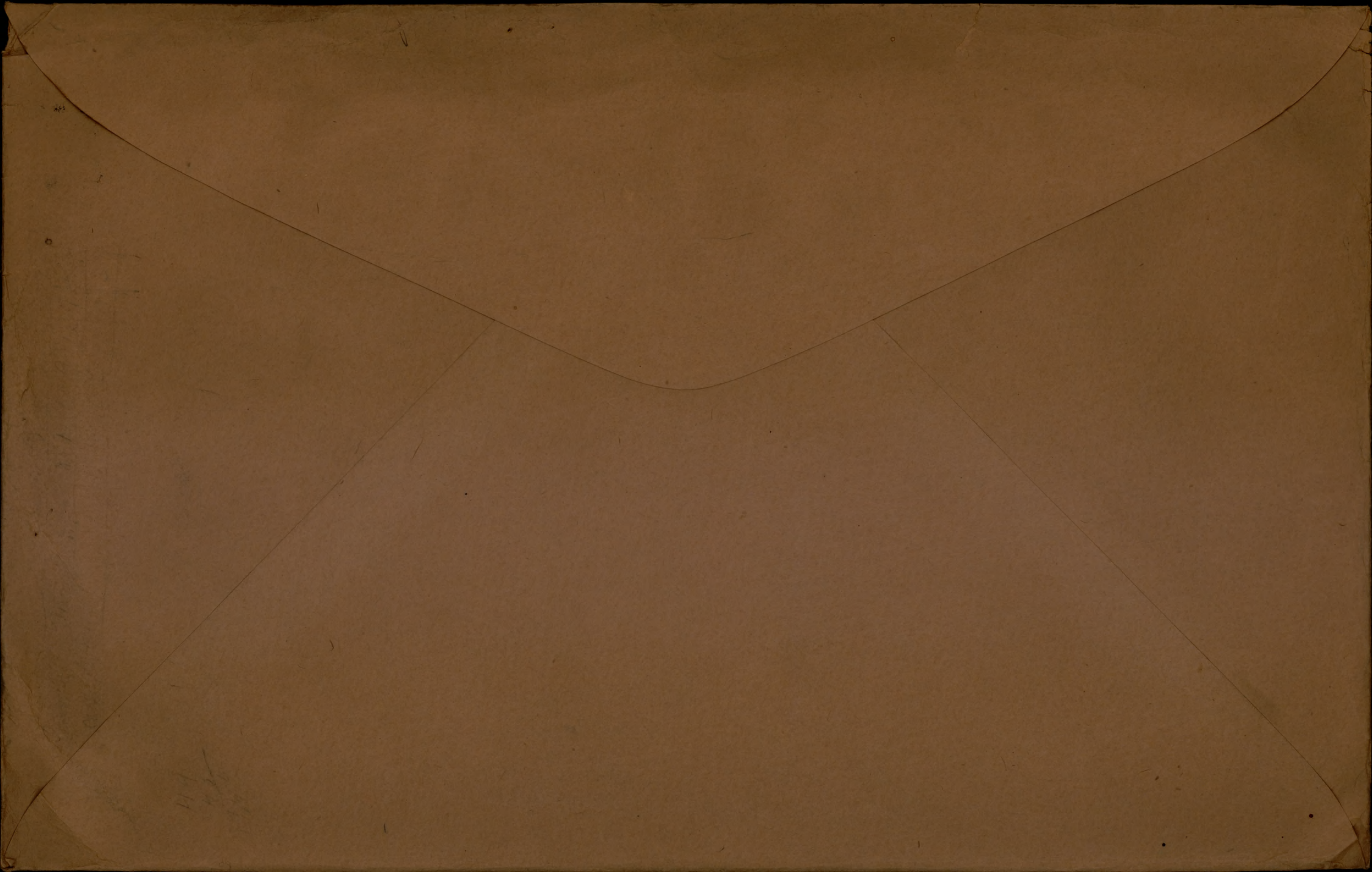
403855

H

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Dispersal Cert
M.F.W. 67

D.W.S. 1394
CAAC 5009A



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 4100342 (Rank) Pte

Name (in full) Constantine Ernest enlisted in

the 1st Depot Bde

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 11th

day of December 19 17

HE served in C.F.C. France

and is now discharged from the service by reason of
Demobilization.
Medical Unfitness.

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

Age 34 years

Height 5' 4"

Complexion Fresh

Eyes Brown

Hair Brown

Marks or Scars

Nil

Ch Constantine

Signature of Soldier

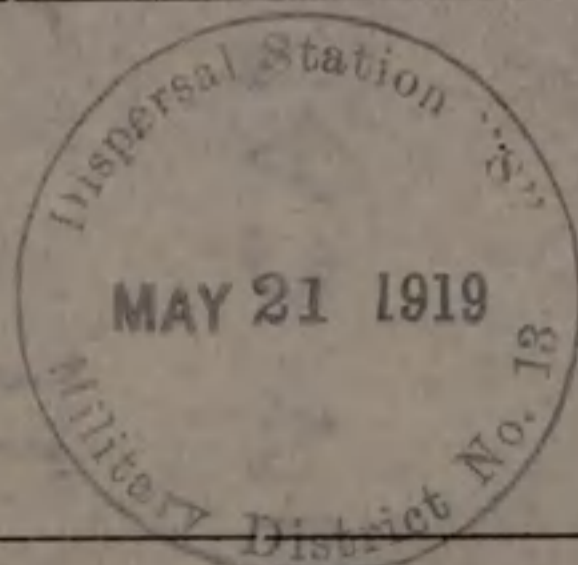
Howland

Issuing Officer Major
O. C., Dispersal Station "S"

Date of Discharge

Rank

Date MAY 21 1919 1919



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.

EYE, EAR, NOSE AND THROAT OFFICER

Fort St. Vrain, Camp 38,
BREMEN, YONKERS.

April 1st, 1919

Reg. No. 4100342 Rank Pte Name Constantine E.

Unit 13th Cav Res Bn

Diagnosis Chronic Catarrhal otitis media

REMARKS:-

WJ
Hearing has been poor all his life

Hearing	Rt.	Lt.	Rt.	Lt.
Voice	2/3	2/3		
Whisper				
Watch				

Name
Weber
Schwabach
Mork 256
" 300
Bone Conduc't

Category B II

CONDITION WAS not PRESENT BEFORE ENLISTMENT AND HAS
BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

R. F. Ludlow

Captain O.A.M.C.
Eye & Ear Specialist
BREMEN CAMP

M. D. 13. Ist. Alberta

Depot Battalion

FIRST DEPOT BATT'N ALBERTA REG'T

Regiment

Regtl. No. 4, 100, 342

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class ~~A. 2.~~ 1)

M.S.A.

1. Surname..... Constantine
2. Christian name..... Ernest.
3. Present address..... Rivier Qui Barre, Alta.
4. Military Service Act letter and number..... ~~A. 2.~~ Defaulter
5. Date of birth..... 24th. Feby. 1885.
6. Place of birth..... Willsborough. Ont.
(town, township or county and country)
7. Married, widower or single..... Single.
8. Religion..... R.C.
9. Trade or calling..... Farm Hand.
10. Name of next-of-kin..... Delia Constantine
11. Relationship of next-of-kin..... Mother.
12. Address of next-of-kin..... Rivier Qui Barre. Alta.
13. Whether at present a member of the Active Militia..... No.
14. Particulars of previous military or naval service, if any..... Nil.
15. Medical Examination under Military Service Act:—
(a) Place Edmonton. (b) Date 6th. Dec. 1917. (c) Category A. 2.

DECLARATION OF RECRUIT

I, Ernest Constantine, do solemnly declare that the above particulars refer to me, and are true.

Ernest Constantine (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 35 yrs..... mths.

Height..... 5 ft..... 4 ins.

Chest measurement } fully expanded..... 35½ ins.
range of expansion..... 3 ins.

Complexion..... Fresh

Eyes..... Brown

Hair..... Brown.

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

Nil.

Pamona Stock
O. C. Tempy Depot Btln.

FIRST DEPOT BATT'N ALBERTA REG'T
Alberta Regt.

Place..... Edmonton Date..... 11th. Dec. 1917.

THE UNIVERSITY OF CHICAGO
LIBRARY

NAME
RESIDENCE
CITY
STATE
COUNTRY
UNIVERSITY
DEPARTMENT
TITLE OF THESIS
DATE OF SUBMISSION
AUTHOR'S ADDRESS
CITY
STATE
COUNTRY

DESCRIPTION OF CUTTING BY

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

DESCRIPTION OF RESULTS

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)
(17)
(18)
(19)
(20)

UNIVERSITY OF CHICAGO
PUBLICATIONS OF RESULTS

.....

(9) Is your Father alive? Yes.

If so, state name and address Mr. Paul E. Constantine. Rivier Que Barre, Alberta.

(10) Is your Mother alive? Yes

If so, state name and address Delia Constantine. Rivier Que Barre, Alberta.

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

Samson Lt. Col.
Commanding 1st Depot Batt'n, Alta. Reg't
Officer Commanding.

Date 28th December 1917.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

M.S.A.

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.

FIRST DEPOT BATT'N ALBERTA REG'T

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 4100342.....

(3) Full Name of Soldier Ernest Constantine.....

(4) Place of Birth 24th February, 1885.....

(5) Are you married, or not? single.....

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? Never.....

(8) Have you any children? None.....

If so, give number of boys and girls.....

Also their names and ages.....

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

6-1104

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Ernest* 2. Surname *Constantine*
- 3. Rank *Private* 4. Original Unit *1st Depot C.M.A. Coy* 5. Reg. No. *4100342*
- 6. Address, in full, to which future payments of gratuity are to be forwarded
*Mrs Selia Constantine
Rue de Qui Parre-atto*
- 7. Date of enlistment in the C.E.F. *Reported 11.12.1918* P. E. P.
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
- 9. Relationship of such dependent *Not applicable*
- 10. Address, in full, of such dependent *Not applicable*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.

- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

21. 6-19

Beltra

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. ~~Have you been issued with a War Service Badge? If so what class?~~ *W/S*
21. ~~Have you, during the present war, served in the Imperial Forces?~~ *W/S*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge *MAY 21 1919* (b) Reason for discharge *DEMOBILIZATION* *O.S.P.*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? (b) If so, are you in receipt of full pay and allowances from that Department?

EXAMINED BY *John*
REMARKS
ADMITTED 11/12/19
DISCHARGED 20/5/19
PUT ON PAY 2/6/19
W/S

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *C. Constantine*

Place of Residence:

Declared before me at:

This.....day of.....19.....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

W. G. Shawcross
Lieut.-Colonel,
Commanding 13th Cavalry Brigade

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	<i>Nil</i>		<i>280 00</i>	

Certified Correct

E. Edwards
Magis

District Paymaster.

GENERAL AUDITOR'S DEPT.
AUDITED
JUN 18 1919
B
DISTRICT AUDITOR M. D. 13

HCB

CASE HISTORY SHEET.

Ex. Camp Hospital W.D.A. (2)

No. 4100342 Rank Private Name Constantine Ernest Age 32.
2nd Batt.

Unit 1st C.O.R. Completed years of service ^{Where and how long}

Date of admission Jan. 23rd/1918. Date of discharge FEB 11 1918

Diagnosis Influenza. Place of origin Toronto. Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaining of sore throat, cough and pains in chest.

Temp. 99°F. rose to 101°F.

Increase cough, fairly loose. large amounts heard over bronchial distribution. Throat reddened, no mucous patches.

Jan. 25/18. Temp. normal, throat better, cough lessened and expectorating freely. Still some pains in chest but no clinical signs.

Jan. 27/18. Much improved. allows up to-day. Only slight cough.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

F. none M. none
B. 4. none
S. 2. none

No history of tuberculosis or nervous diseases.

TREATMENT

(Especially any specific or special form.)

Bed. Rest. liquid diet.

Aspirin
Tinct. expect.

CONDITION ON DISCHARGE

(and disposal made of case.)

In good condition

Date Feb 11th 1918

Geo. D. McLaughlin
Medical Officer i/c case. Capt.

To AA M&A

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley Aug 20th 1918.

No. 4100342 Rank PTE Name CONSTANTINE ERNEST

Local Unit 12th Res. BN Overseas Unit _____ Age 34

Examination held at Witley

DISABILITY. DEFECTIVE HEARING.
Overseas-Local
(SCRATCH ONE OUT.)

Enlisted 8-12-17 (M.H.S.) PRESENT CONDITION. Arrived England 10-4-18.
M.H.S. = Nil. Previous Board proceedings = Nil.
July Symp: - Complaint of deafness.
Aug Symp: - G.M.C.C. both ears.
Hearing. Rt - 8 feet. Left - 10 feet.
Many years standing. Both drums retracted & opaque.
Eyes good. Heart & Lungs normal.

BOARD RECOMMENDS:-

- 1. Fit for Duty BT
- 2. Fit for duty after _____ weeks' physical training.
- 3. Fit for Temporary Base Duty _____ weeks.
- 4. Fit for Permanent Base Duty _____
- 5. Discharge _____

Signatures:-

Members (Robert A. Noel President.

(W. J. Carter Capt

(_____

(_____

APPROVED

Dated 21/8/18 1918. Ad Campbell For A.D.M.S.
Capt Curran

To AA 1122

MEDICAL HISTORY SHEET

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 Constantine Christian name Ernest.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25 day of December 1917, by the undersigned medical board sitting at.....

- 5. Age as stated 23 Years 10 Months. 6. Apparent age 25 Years 0 Months
- 7. Height 5 Feet 4 Inches. 8. Weight 140 Pounds.
- 9. Chest measurement { Minimum 35 Ins. Maximum 37 Ins. 10. Complexion Light { Eyes Blue Hair Brown
- 11. Physical development Good 12. Smallpox marks None
- 13. Number of vaccination marks { Right arm 2 Left arm 2 14. When vaccinated last 20/10/17
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
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 A

Hearing
R. Ear.....
L. Ear.....
Eyesight
R. Eye.....
L. Eye.....

Signature of Man

Ernest Constantine Major C.A.M.C. President.
Wallace Capt. C.A.M.C. Member. Remer Capt. C.A.M.C. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14/5/18</u>		<u>W. Wallace</u> M.O.	<u>27/12/17</u>		<u>Remer</u> M.O.
		M.O.	<u>2</u> <u>27/4/18</u>		<u>1st Rubd</u> M.O.
		M.O.	<u>1</u> <u>4/5/18</u>		<u>RWD</u> M.O.

Joined 25 day of December 1917 at Edmonton, Alberta

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C F C O/S</u>	<u>4190342</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Wetley</u>	<u>20-8-18</u>	<u>Defective Hearing</u>	<u>Bi-lateral</u> <u>Major</u> <u>Constantine</u>
<u>Ripon</u>	<u>3-4-19</u>	<u>Defective Hearing</u>	<u>Bi-lateral</u> <u>Major</u> <u>Constantine</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.

C. F. C.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

CONSTANTINE E.F.

REGIMENT

C.F.C.

RANK

PTE

No.

4100842

Date of Examination in England

4-419

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

3. 18

2. EXTRACTIONS

—

3. CROWNS

—

4. DENTURES

(a) Full Upper

—

(b) Part Upper

—

(c) Full Lower

—

(d) Part Lower

—

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

—

(b) In England

—

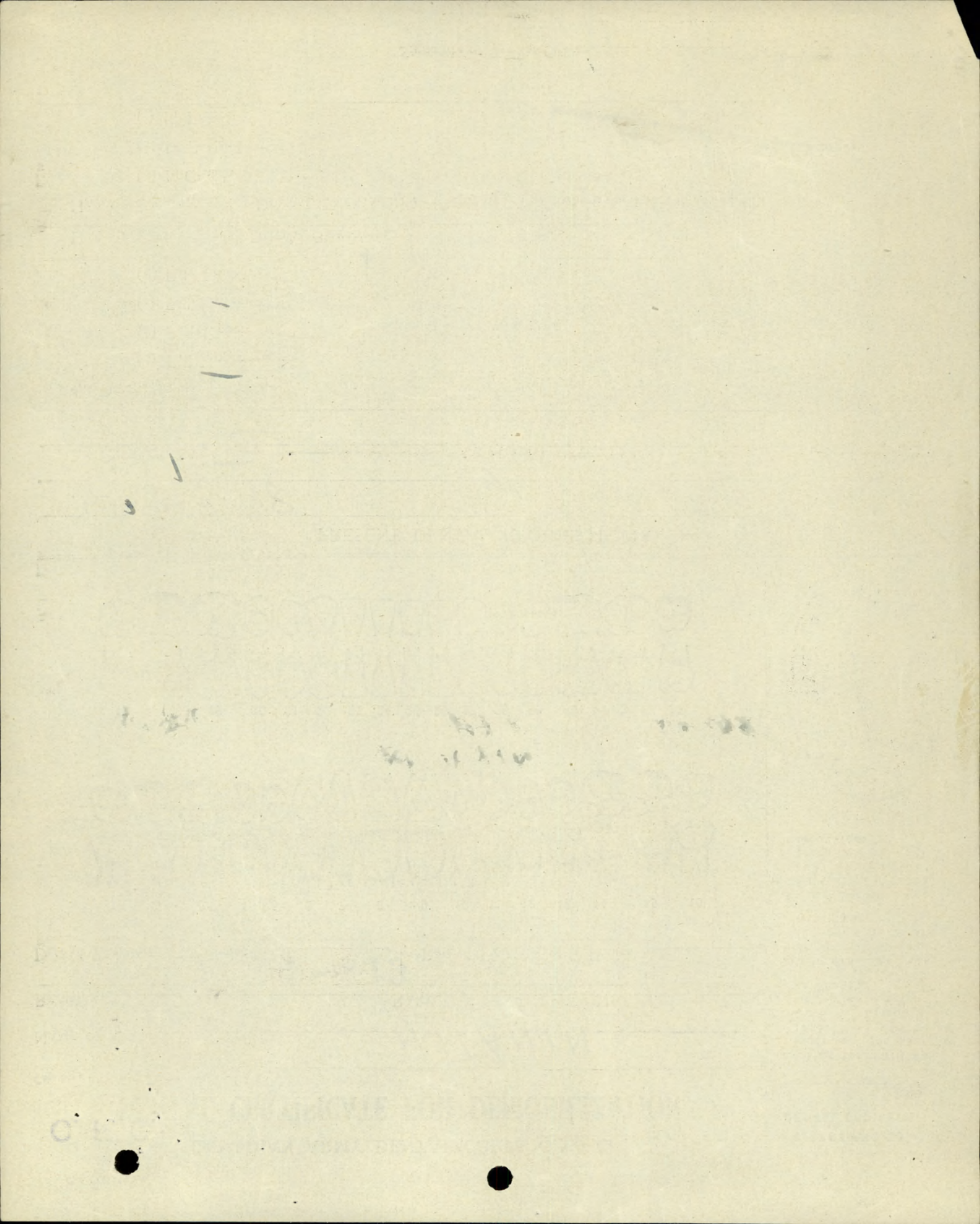
(c) In France

—

H.B. Wood
 A. D. D. S. M. D. 19

Signature of Dental Officer

J.E. Thompson, Capt.



CR. Rank **3rd Dft, 2nd Bn. 1st C. O. R** Name **CONSTANTINE, Ernest.** Reg'l No. **4100342.**
 Unit **3rd Dft, 2nd Bn. 1st C. O. R** If in perm. Corps }
 What Unit? } **Married or Single Single.**
 Place and Date of Enlistment **Edmonton, Dec. 11th. 1917.** Place of Birth **Wilsborough, Ont.**
 Name and Address, Next-of-Kin **Delia Constantine,**
Rivier Qui Barre, Alta., Canada. Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **13354**
 File R.L. _____
 Category **O R G**

*b4b
a3*

Discharge, Date and Place
 H. W. V., Ld.—9546-16.

Reason Character

Report.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.			
	Arrived in England		19-4-18	S/S TUNISIAN
22-4-18	12 Res T.O.S. from Canada	Pt. Betty	21-4-18	Pt 96
24-8-18	" S.O.S. to Wt. C. O. R.	"	26-8-18	Pt 201 (CORO Pt 238/258/18)
5-9-18	16 Res Wt. to C. J. C.	"	5-9-18	Pt 246 (Tos. BDCFC. pte p D O 214. 7.9.18)
10 10 18	BDCFC SOS to Kintome Co. France	Jdan	10 10 18	2-4-2 (Tos. 7 Coy CFC pte p D O. 1. 4/11/18)
	SOS to BDCFC, 4 3. 19			
	7 Coy D 8 1. 10 3 19 &			
	TOS BDCFC Ripon			
	DO 54 d 7.8.19 1st Res			
7-3-19	13 Res Bn CFC. Par. TOS. from ere. France	Ripon	5-3-19	84
12-4-19	13 Res Bn CFC Par. SOS to CCC Ryl Dix 13	✓ Ripon	12-4-19	85
14-4-19	13 m/cen SOS from 13 Res	✓ Ryl	12-4-19	88

A.F.B. 103 CHECKED
 17 OCT. 1918

war

DEPARTMENT OF MILITIA AND DEFENCE.

Headquarters' File Reference.....

Regimental Number 4100342

Rank *Lieut.*

Name *Constantine, Ernest.*

Original Unit *1st. Depot Bn., Alta. Regt.*

Units in which served *2nd D. Bn., 1st. C.O.R., 12th. Res. Bn., 1st. C.O.R.,*

Date of Enlistment *Dec. 11th. 1917.*

C.C.C., # 1388.

Date S.O.S.

May 21st. 1919.

Service,

Canada, England, France, (or other theatre of war).

in months

4 8 5.

Reason S.O.S.

Demobilization

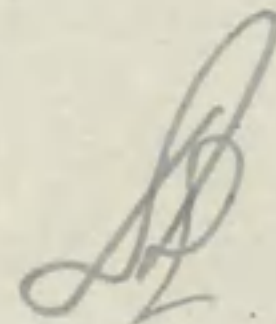
Assessment of Character —

Date *29-1-20*

G.L.

Doc. 17

200-12-19.



Lieut.,
for Director of Records,
for Adjutant-General.

DEPARTMENT OF AGRICULTURE AND DOMAINS

Headquarters, 2116 ...

Incidental number

Name

Original date

Date to which referred

Date of withdrawal

Page 300

Office

In number

Section 200

Reference to character

Date

500-11-10

17, 1900

FOR THE RECORD OF THE DEPARTMENT OF AGRICULTURE AND DOMAINS

WORK SHEET. DVA. 1002

1. Surname CONSTANTINE

2. Christian Names Ernest

3. Date of Birth February 24, 1885

4. Military Honours

5. <u>Units</u> (including that on discharge)	<u>Highest rank in Unit</u>
(a) <u>1st Depot Bn. 11th Regt</u>	<u>Pfc</u>
(b) <u>C.F.C.</u>	<u>Pfc</u>
(c)
(d)
(e)
(f)

Date: 13-6-24

Clerk's Initials: RY

Vonc Bl.

PLATTING & MORTG.

PLATTING & MORTG.

PLATTING & MORTG.

PLATTING & MORTG.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 147 DATED 7-5-19 AND
 DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 147 DATED 21-5-19
 AUTH. RO. 1420

fu
F. C. Baker Lieut. Col.
 Officer Commanding No. 13 District Depot

CANADIAN FORESTRY CORPS PERSONNEL.

12-4-19 00.13th Res. Bn. BO. 11. S.O.S. on posting to M.D. 6. Wing No. 13 on proceeding to Kinmel Park Con. Camp. RHYL. for return to Canada on the cessation of hostilities
 Ripon. 1204-19
forestry
 Adjutant, 13th Canadian Reserve Battalion. Lieutenant.

TOS C.C.C. Kinmel Park for
 Canada. Part II Orders
 No. 85 S O S
 C.C.C. Kinmel Park on embark-
 ing for Canada, Part 11 Order
 No: 104 107

Commanding 13 Wing,
 Kinmel Park Camp.

A. C. McKenna Lieut.
 DISPATCH OFFICER M. D. 13.

Embkd Lt Col Celtic May 7 19

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation) Form or Record of Service paper) (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917))
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoering-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-P.P. 1150 1M 5/18 G.W.P.Co (3490)

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.

3rd Dep Bn 1st C.O.R.
FIRST DEPOT BATT'N ALBERTA REG'T

M.S.A.

Regimental No. 4100342 Rank Private Name Constantine, Ernest
C. E. F.

Enlisted (a) 11/12/17 Terms of Service (a) Duration of war Service reckons from (a) 16/12/17

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) Farme Hand.

Report 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
	Transferred From:-	To Machine Gun Corps C.E.F. M.D. No. 2 <i>1st Report Bn Alberta Regt.</i>	Toronto, Ont.	6-1-18	Machine Gun Corps D.O. Part II No. 16
	Transferred From:-	To Machine Gun Corps C.E.F. M.D. No. 2 <i>2nd Dep Bn 1st C.O.R.</i>	Toronto, Ont.	22-1-18	Machine Gun Corp. 22
JAN 23 1918	2nd D. Bn. 1st C.O.R.	TAKEN ON STRENGTH, TORONTO,		JAN 22 1918	23
APR - 5 1918	2nd D. Bn., 1st C.O.R.	S.O.S. on TRANSFER to <i>Overseas</i>	TORONTO,	Part II D.O. # 95	APR - 5 1918
28-4-18 1-5-18	12th. Bn.	T.O.S. 12th. Res. Bn.	Witley.	22-4-18	Part II 104.96
24-8-18	"	S.O.S. to 1st C.O.R.	"	26-8-18	Part II. 201.

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

[P.T.O.]

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				
28-8-18	1st C.O.F.D. T.O.S. 1st C.O.R.D.		Witley	26-8-18	Pt II D.O. No 238
5-9-18	- -	S.O.S. on transfer to Can. Forestry Corps	- - -	5-9-18	Pt II D.O. 246 B. Jackson
9-9-18	B. B. C.	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		9-9-18	Pt. 11 D.O. 214 OFFICER i/o RECORDS
10-10-18	Ob. C. B. S. O. S.	from 1st Corp. On transfer to 7th Co B. S. B. France		10-10-18	Pt. II. D.O. NO. 244 C. J. Wacey C.F.C.
30-11-18	7 Coy C.F.C. 12 Stat Hosp.	Disembarked Influenza	France Adm	11-10-18	Do 1 of 4-11-18 30-11-18 3887/M 9240
4-12-18	12 Staty A	Discharged to Duty		4-12-18	W 3291/M 9729 NR. K4-1 Pt. 2. O/S. 8. 1919
		O.C. Cdn. S.O.S. for demobilisation to C.F.C. Depot Le Havre	S'dale		

CERTIFIED CORRECT
 9 OCT 1918
 CAN. RECORDS, DIVISION

Lieut. for Lt.
 Cdn. Sect. G.H.

Surname

Christian Name or Names

Reg. No.

CONSTANTINE

E.

4100342

Rank

Unit

rte.

CFC 7

Cas. List.

12 staty. strol 30-11-18.

influenza. R

Dis. to duty.

4-12-18.

6-12-18A383-2

11-12-18. A387(2)

A.M.D. 2 Dept.

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

D.M.S. 1300. 50M-30-8-18.

NAME

Constantine Ernest

REGT. NO.

1008767

RANK AND UNIT

Pte

Can Serv Corps

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1383 (2)
1387 (2)

12 Stat. H. Pol.
Liver to duty

30-11-18

4-12-18.

Influenza
Influenza

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farm Hand

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

35

YEARS

—

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fresh

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Edmonton, Alta.

DATE

Dec 6th 1917

Present Address, Riviere Qui Parle, Alta.

SURNAME

Constantine

155th CARD NO. *4*
15821-5-19

CHRISTIAN NAMES

Ernest

401471/27-57
FOLL. *101127*

REGL. NO.

4100342

RANK

Pte

UNIT

Atta. Regt. 1st Div. Mach. Gun, Co.

10.8.11-12-17
10.11.12 72 819.12
11

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Constantine Mrs. Delia

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Riviere Que Bass, Atta.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Willsboro Ont.

DATE

Feb. 24th 1885

PLACE OF ATTESTATION

Edmonton Atta.

DATE

Dec. 11th 1917

L. L. 6945. M. & D. 6994.

1st Div. Regt. 1st Div. Regt. 6/18. Auth. by G. B. K. 23/11/18.
0/5-9-4-18-1146
3

R/C 15-5-19 323/96 Pte

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

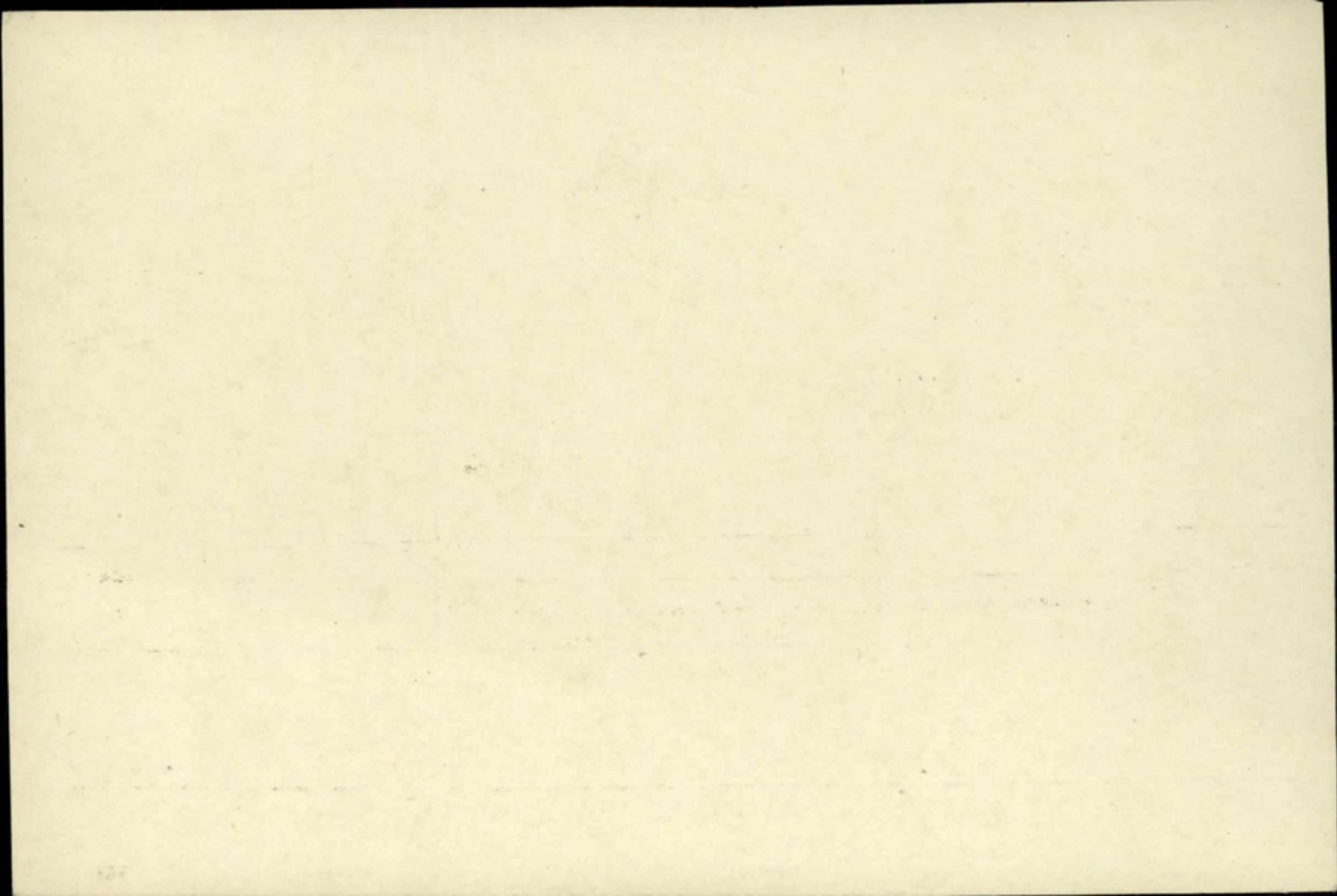
No. 41100342 RANK Pte

NAME Constantine C

T. O. S. 10-11-17
no. O. 72 of 11/12/17 UNIT 1st Depot Battalion, Alberta Regt

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 10	1917 Dec 31	w	Rep. for duty 11/12/17 Total 41 days' pay	no. O. 72 of 19-12-17
1918 Jan 1	1918 Jan 5	w	Transfer to M. R. C. Toronto 5-1-18	no. O. 9 of 9-1-18



No. 4100342 RANK *Pte*

NAME *Constantine, S*

T. O. S.

UNIT *205th Battalion C. & G.
Machine Gun Depot Hamilton*

*Trans from Alta
Regt Ops Belgar/DS. 16*

M. D. *2*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

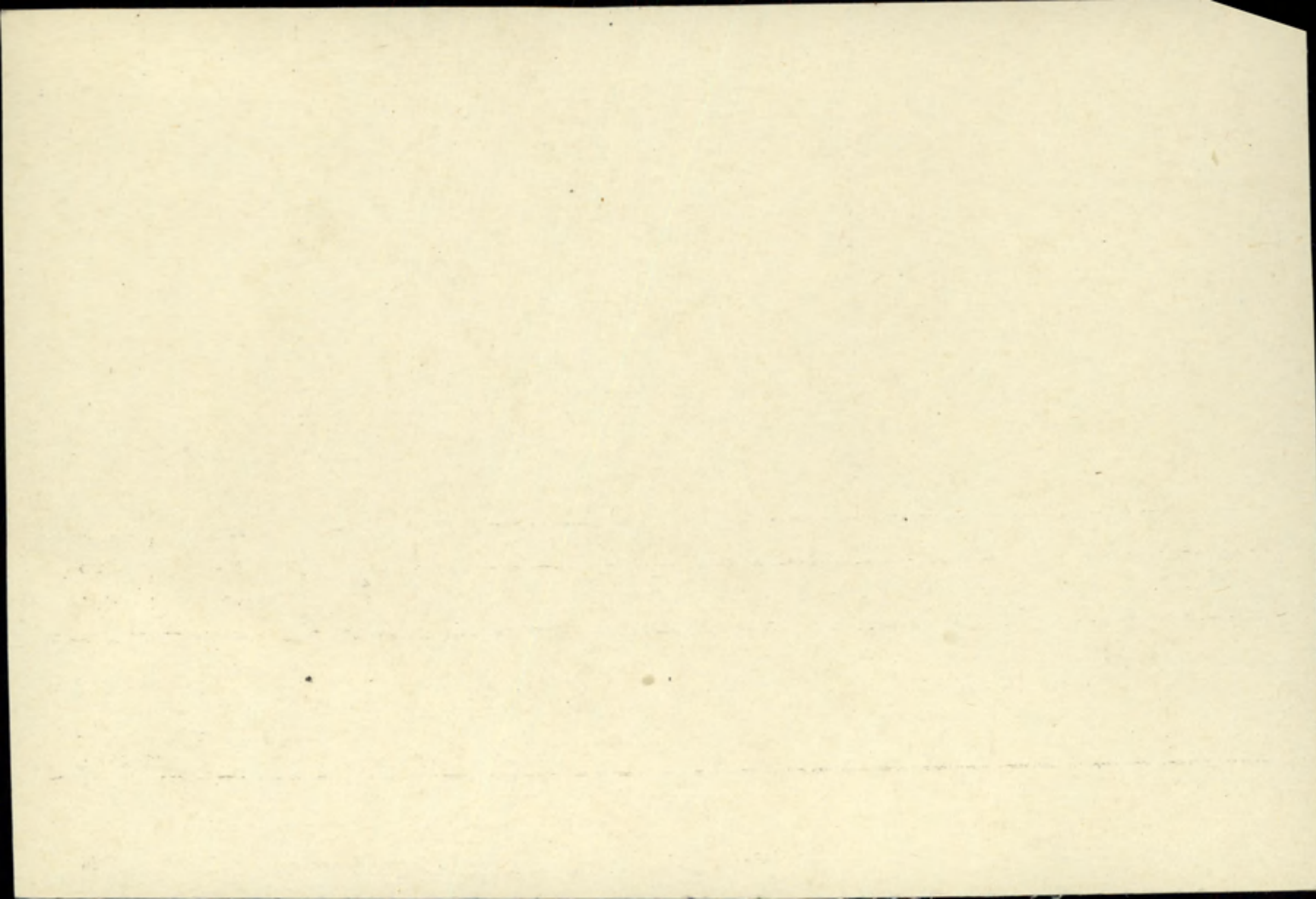
SIG.
OR
REC'T

*1918
Jan 6*

*1918
Jan 22*

*- Trans to 2nd Ops Bn
1st Co. R*

DS. 22 of 22-1-18



No. 4100342 RANK

Pte

NAME

Constantine E.

T. O. S. Trans. from UNIT 2nd. Depot Battalion 1st. C. O. R.
 m. Y. D. 002B. 231-18

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan. 22	1918 Jan. 31	n.		
	Feb.	✓		
	Mar	✓		
Apr 1	Apr 5'	n.	Trans p/d	0095. 5-4-18

1
Mrs.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44) (Enclosed in special envelope (263a)).
9. Copy of Discharge Certificate (M.F.W. 55a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 551).
13. Pay Book (B.C.4).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents

Group..... *a*
 Checked by No..... *28*
 Date..... *23/4/19*



War Service Class

SHORT FORM.

PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

26-7-24 *S*

253302

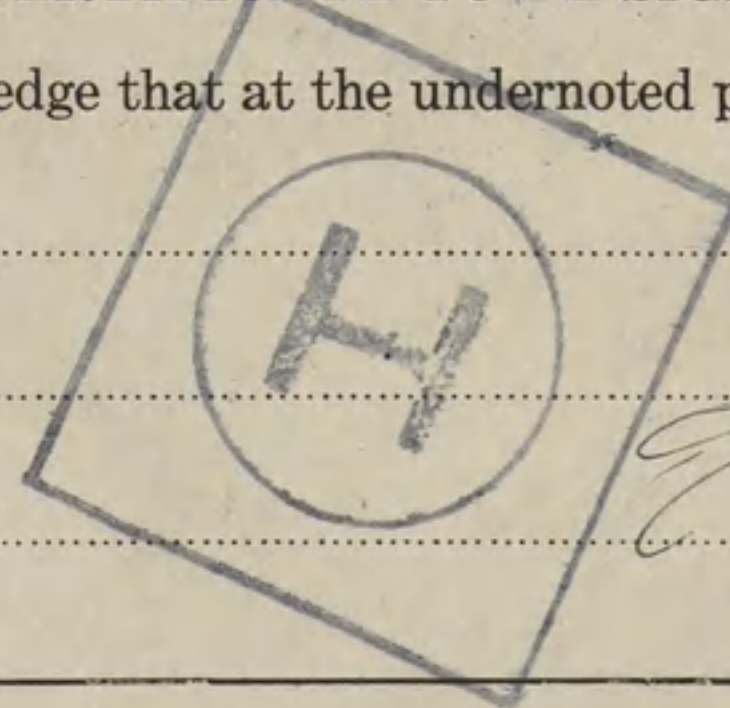
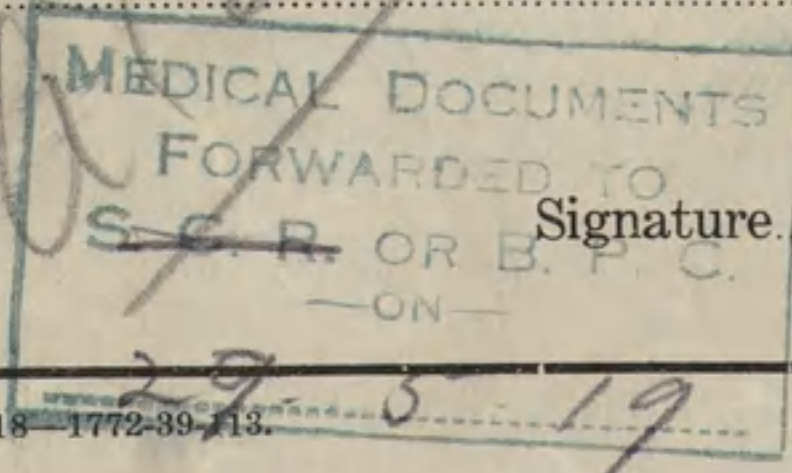
1. No.	<i>4120342</i>	
2. Rank.	<i>Pte.</i>	
3. Name.	<i>CONSTANTINE Ernest</i>	
4. Unit.	<i>13 Res.</i>	<i>C.F.C. 1000</i>
5. Date of Discharge	<i>MAY 21 1919</i>	Place <i>EDMONTON, ALTA.</i>
6. Reason for Discharge	<i>Demol.</i>	
7. Authority.	<i>D.D. Order #147 d/27.5.19</i>	
8. Proposed Residence after Discharge	<i>Wether River On Barre R.C. Alta</i>	
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. ? <i>39.</i>  <i>E Constantine</i> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <i>EDMONTON, ALTA.</i> Date <i>MAY 21 1919</i>  <i>Howland</i> Major O. C., Dispersal Station "S" (O. C. Discharging Unit.)	

Table with 10 columns and 10 rows. The columns are labeled: No., Date, Description, Amount, Balance, and five blank columns. The rows contain faint, illegible text.

No.	Date	Description	Amount	Balance					

1-1

Faint, illegible text on the right page, possibly bleed-through from the reverse side.

NUMBER 4100342

RANK

Pte

NAME

Constantine Ernest

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb	PP	3080		Bal 7d					193 41	147 50	
				56 760 4 1/4	3 73						
				87 " 21 1/4	3 73						
				20R 103 7 1/4	2 32						
				112 4 1/4 7 Coy	3 73						
				139 15 1/4	3 73						
Mar	PP	3410		4261 13 1/4 Emb Cp.	7 46						
	Interest on Def Pay to 31 3/4	4 75		3731 17 1/4 13 Re	4 86						
				3761 " "	12						
		69 65				70 49			189 57		

192.41
 69.65
 263.10 6
 24.70
 238.13 6
 48.79
 189.57

A 3 M. FORM REN'D. EFFEC.
 DISCHARGED TO Canada DATE 31 19
 PAY BOOK VERIFIED 29-3-19
 BAL. 189.57 L.P.G. REN'D. 29 3/4
 AUTHY. NR 5456 27 3/4 Liban

M.D. 13.
 J. Bairdley
 COLLECTED BY
 WORKED BY

673. Endored 9.73
 Balcl 179.84
 1523 Ended 9.73
 144 Balcl 170.11

S. o. S. to Canada 47 50 7-5-19 J. 273.

11 11 11 11 11 11

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Defective Hearing) Partial loss of hearing both ears

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialists Report: -
"Chronic Catarrhal Otitis Media Both Ears
Membrani Tympani contracted
Hearing Voice Right 3 feet
Left 2 feet"
1/2/19 Repair Camp R.R. Nicholls Capt. Aust
Both ears deaf, no discharge but
ring or buzz at times

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

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

Specialist says Condition present before enlistment
has not been caused by service but has been
aggravated by service
Patient says his hearing has been defective from childhood
has been getting worse since joining army
no acute attacks in army

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

nil

(c) (Here give a description of wounds, scars and deformities.)

nil

11.—(a) Did the disabling condition have its origin before enlistment? yes

(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 enlistment.)

yes NWS has no entry regarding condition but see Specialist's report in 10(a)
exposure to abnormal conditions of army life

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? no (art 6 M)

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.) nil

no NWS entry

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(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 B.I.

[Signature]
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 *E. Constantine* 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 nil

E. Constantine Pte. Rank.
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.

Yes

19. Is the invalid 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.)

B77

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

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

Boarded for return to Canada

Authority A.G. Telegram 9083 dated 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Ripon H. J. [Signature] President.
H. J. [Signature] Members
 DATE 3-4-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE _____ President
 _____ Members
 DATE _____

APPROVED BY E. Shoultice APPROVED BY _____
 Assistant Director of Medical Services. Director-General of Medical Services.

DATE CAPTAIN, C.A.M.C.,
 For A.D.M.S., CANADIAN TROOPS,
 RIPON CAMP, YORKS.
 3 - APR 1919

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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 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 invalid, 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.

STATION Ripon Yorks. DATE April 1919

1. 1 (a) Unit 676 (b) Regimental No. 4120342 (c) Rank Pt
 (d) Surname CONSTANTINE (e) Christian name ERNEST
 (f) Home address River View Home, Alta.
 (g) Next of Kin Mrs. V. Constantine (h) Relationship Mother
 (i) Address of Next of Kin River View Home, Alta.
 2. Age last birthday Thirty four Date of birth 1885
 3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton, Alta. (b) Date Nov 11 1917
 4. Personal description:
 (a) Height 5'4" (b) Weight 140 lbs (c) Complexion Dark
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Farm Labourer

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).	Years	Days
	<u>One</u>	<u>112</u>

	PERIODS	
	From	To
Canada	<u>Dec 11th 1917</u>	<u>April 9th 1919</u>
England	<u>April 29th</u>	<u>Oct 11th 1917</u>
France or other theatres of War	<u>Oct 11th 1917</u>	<u>March 4th 1919</u>

7. Original disease, or injury Acute Catarrhal Otitis Media with Ears
 (a) Date of origin Childhood (b) Place of origin Canada
 (c) Cause Exposure & Infection