

ATTESTATION PAPER.

No. 826651

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... **FERGUSON**
- 1a. What are your Christian names?..... **DAVID KIRK**
- 1b. What is your present address?..... **Queens Hotel, Vancouver, B. C.**
2. In what Town, Township or Parish, and in what Country were you born?..... **Glasgow, Scotland**
3. What is the name of your next-of-kin?..... **Mrs Mary Kirk**
4. What is the address of your next-of-kin?..... **141 Oaklawn, Scotland**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
5. What is the date of your birth?..... **February 2nd, 1887**
6. What is your Trade or Calling?..... **Cook**
7. Are you married?..... **No**
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
9. Do you now belong to the Active Militia?..... **No**
10. Have you ever served in any Military Force?..... **No**
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... **Yes**
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **David Kirk Ferguson**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

David Kirk Ferguson (Signature of Recruit)

Date **June 28th,** 191**6.** *H. Bush* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **David Kirk Ferguson**, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

David Kirk Ferguson (Signature of Recruit)

Date **June 28th,** 191**6.** *H. Bush* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at **Vancouver, B.C.** this **twentyeighth** day of **June** 191**6.**

Geo. P. Spadden J.P. (Signature of Justice)

Description of DAVID KIRK FERGUSON on Enlistment.

Apparent Age 29 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded 36 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

He can see at the required distance with either eye ; his heart and lungs are healthy ; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date June 28th 1916

Place Vancouver BC

W. F. Mackay
Lieut.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature]
(Signature of Officer)
O. C. 143rd Battalion, C. E. F.

Date June 28th, 1916.

C.E.F.

FERGUSON DAVID KIRK

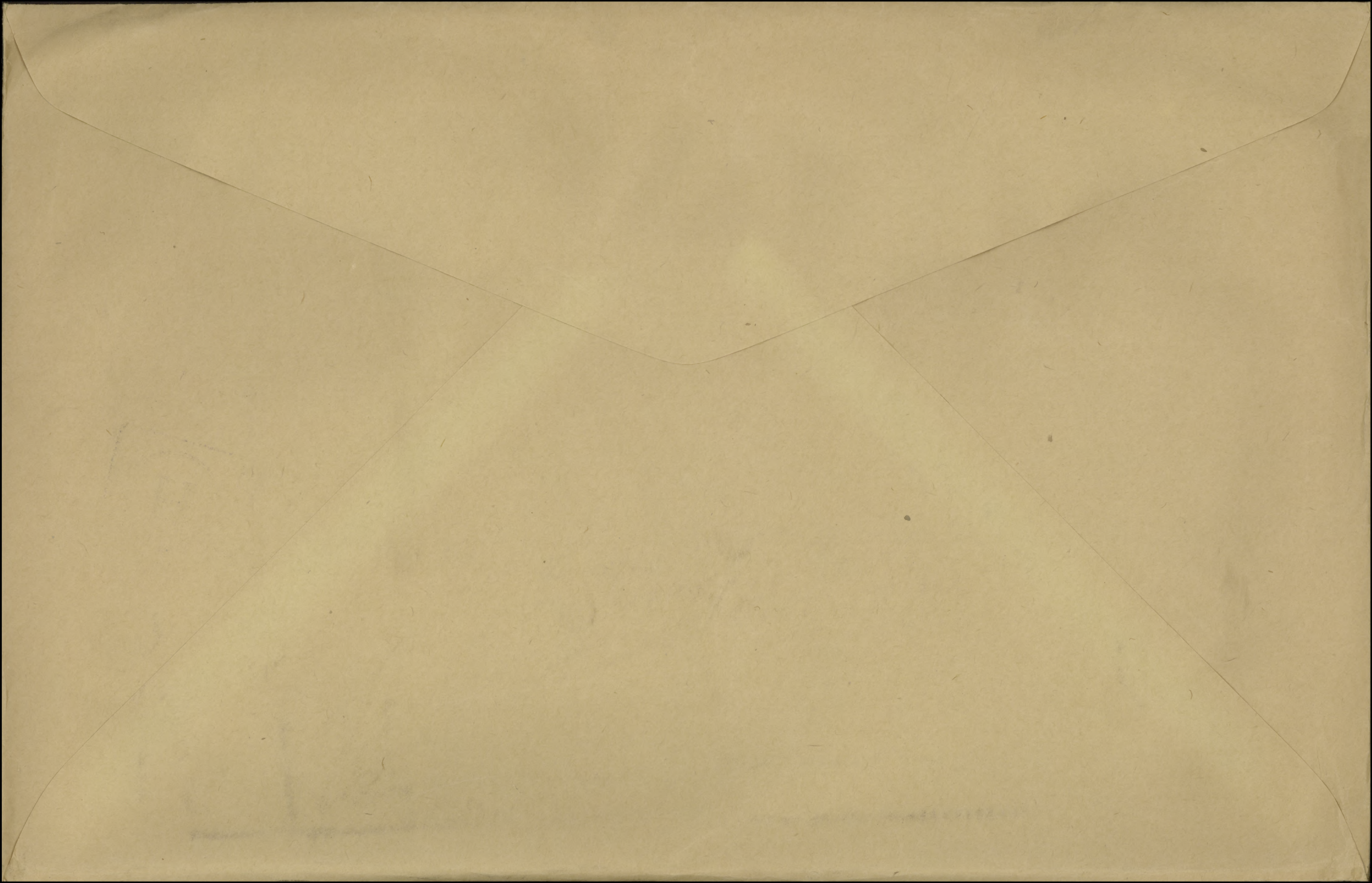
826651

27 BN

04158

DIED 19.6.50





CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 826651

(Rank) Plt

Name (in full) DAVID, KIRK, FERGUSON

enlisted in

the 143rd Cdn. Bn

CANADIAN EXPEDITIONARY FORCE at VANCOUVER

on the 28th

day of June

1916

HE served in 2nd Cdn. Bn. and 29th Cdn. Bn. in France

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age 33

Height 5' 4"

Complexion Fair

Eyes Brown

Hair Medium

D. K. Ferguson

Signature of Soldier.

Marks or Scars

Irregular Scar on back
Neck just below chin

Issuing Officer.

Lieutenant
Officer i/c Discharge Section, Dispersal Station "F"

Rank

Date of Discharge



Date May 24 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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT

Name (in full) *David Kirk Ferguson*

Rank *Private*

Service Number *25651*

Regiment *The Canadian Trenchers*

And is hereby discharged from the service of the Canadian Expeditionary Force

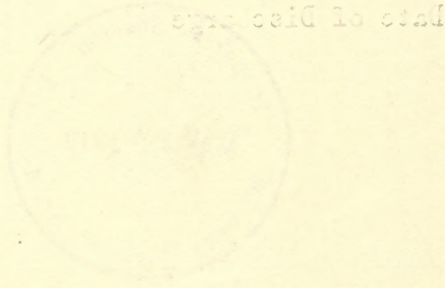
Witness my hand and seal this *23rd* day of *April* 1918 at *Edmonton*

Signature of Officer *[Signature]*

Date *23rd April 1918*

Age *33*
Height *5 ft 6 in*
Complexion *Fair*
Build *Slender*
Hair *Dark*

Signature of Soldier



(9) Is your Father alive?

No.

If so, state name and address

(10) Is your Mother alive?

Yes.

If so, state name and address

Mrs. Mary Kirk Ferguson.

119 Henderson St.

(11) If your Mother is a widow

Yes.

Kinning Park.

Are you her sole support, or not?

No.

Glasgow
Scotland

(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?

Yes.

If so, in what Company?

Prudential Ins. Co.

Have you made arrangements for payment of your Insurance premium?

Yes.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

O. C. 143rd Battalion, C. E. F.

Officer Commanding.

Date

Oct. 19/16.

W I L L E N Q U I R Y

Name FERGUSON, David Kirk Regtl.No. 826651

INFORMATION OBTAINED

Photostatic copy of a will undated removed from Docs.
and passed to ESTATES D.V.A.

REMARKS

Research by: G. CHAPUT Date 6-7-50

DUPLICATE COPY OF THIS FORM
TO BE PLACED IN DOCUMENT ENVELOPE

SECRET

1000

1000

1000

1000

1000

SECRET

1000

1000

1000

1000

SECRET

1000

1000

SECRET

SECRET

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 143rd. BN.Regimental No. 826651 Rank Pte Name FERGUSON, D. K.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
13-5-19	O-S	T.O.S. D.D.#4 Dis Sta "F"	Montreal.	14-5-19	D.O. PT. II/164
13-5-19		S.O.S. D.D.#4 Demob	Montreal.	24-5-19	D.O. PT. II-164 R.O. 1420.
<i>J. A. Stetcher</i> Lieutenant, <i>21</i> Assistant Adjutant, District Depot No. 4					

(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.

[illegible]

Fill in Only.—Unit, Number, Rank and Name

Casualty Form—Active Service.

143rd O/S BATT. C. E. I.

Unit, Regiment or Corps

Regimental No. *821151*

Rank

Name

C. E. F.

Enlisted (a) *28-6-16*

Terms of Service (a) *Duration of War*

Service reckons from (a) *28-6-16*

Date of promotion to present rank. }

Date of appointment to lance rank }

Numerical position on roll of N. C. Os. }

Extended

Re-engaged

Qualification (b) *(Cook)*

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				
<i>23.3.17</i>	<i>143rd Bn.</i>	<i>Embarked</i>	<i>Canada</i>	<i>17/2/17</i>	
		<i>Disembarked</i>	<i>England</i>	<i>27/2/17</i>	
<i>23.3.17</i>	<i>143rd Bn.</i>	<i>Transferred to 24th Res Bn.</i>	<i>Seaford</i>	<i>23/3/17</i>	<i>B.O. Part II No. 68</i>
<i>23.3.17</i>	<i>143rd Bn.</i>	<i>Taken on strength 24th Res Bn.</i>	<i>Seaford</i>	<i>23.3.17</i>	<i>D.O. Part II No. 72</i>
<i>23.5.17</i>	<i>24th Res. Bn.</i>	<i>Proceeded overseas for service with 24th Res. Bn.</i>	<i>Seaford</i>	<i>10.5.17</i>	<i>D.O. Part II No. 72</i>
<i>23.5.17</i>	<i>24th Res. Bn.</i>	<i>T.O.S. from 24th Res</i>	<i>Field</i>	<i>13.5.17</i>	<i>Pl II No. 60</i>

(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.]

826651. Plc Ferguson D. K.

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				
12.5.17.	CBD	Landed in France	CBD	12.5.17.	NR Pt II 60 22/5/17
12.5.17.	"	Left for 3 Ent Bn	Fried	27.5.17.	NR
30.5.17	3 Ent Bn	Arrived 3 Ent Bn	"	30.5.17	NR
9.6.17	2. Cmb	Joined Unit	"	7.6.17	B213 Dec 378
2.7.17.	51 Gen	WDA adm	51 Gen	2.7.17.	N3034-4265
30.7.17	3 CBD	Taken on strength	3 CBD	30.7.17	NR
30.6.17.	6 CCS	WDA adm	6 CCS	30.6.17.	a36 (E4877) Dec 339
7.7.17.	do	"	do	1.7.17.	a36 (84789) Dec 340
29.7.17.	51 Gen	Do for food allowance * 504 per day from 23.7.17 to 29.7.17 (7 days)	51 Gen	29.7.17	0.1643 (4780) Pt II 86 a/10.8.17
16.8.17	CBD	Classified 'a'	CBD	16.8.17	NR - 63
29.7.17	51 Gen	WDA	CBD	29.7.17.	N.6432-1600
24.9.17	3. CBD	Left for Unit	Fried	24.9.17.	NR 580
29.9.17.	Unit	Rejoined Unit	"	27.9.17.	B213
6.10.17	"	of 8th Gen Bde. M.G. Coy	"	1.10.17.	B213
6.10.17	"	Ret'd from command	"	6.10.17.	B213
31.10.17.	11 CTA	W. Head & chm adm & to	CCS	31.10.17.	B54
5.11.17	8 Gen	Wounded. Invalided & posted to BCB. Seaford pm	do.	5.11.17	N3083/4260
			Abandonman		Pt II 124 a/13.11.17.
					Appt for Lt.-Col., A. A. G.
					Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

JM. Rank Name **FERGUSON, David Kirk.** Reg'l No. **826651**
Unit **143rd Bn.** If in perm. Corps, }
What Unit? } Married or Single **Single.**
Place and Date of Enlistment **Vancouver B.C. 28th June 1916.** Place of Birth **Glasgow, Scotland.**
Name and Address, Next-of-Kin **Mrs Mary Kirk.**
121 West Scotland St. Kinning Park, Glasgow Scotland
Garluke, Scotland. Relationship **Mother.**
Auth. by letter 15-4-17 filed in envelope

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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 per S. S. SOUTHLAND 27.2.17					
23.3.17 143rd. Bn. S. O. S. to 24th. Res. Bn: Seaford, 23.3.17					
10.5.17	24 th Res	I.C. S to 2 nd Bn R 6/Seas	Seaford	10.5.17	Pt II G. 126
13.5.17	2 nd Bn R	I.C. S from 24 th Res Bn	Field	13.5.17	Pt II G. 60.
10.7.17	Admtd	No 51 Gen Hosp	Staples	2.7.17	PL A 483
7.8.17	Admtd	Trans Base Details	Staples	29.7.17	PL A 504 S
6.11.17	B.C. Regt	Admtd No 11 Gen Field Ambulance	Pte	31.10.17	PL A 56 Ltr Head + Chin
8.11.17	" "	Trans No 8 Gen Hosp	Rouen Pte	1.11.17	PL A 59 " " "
10.11.17	" "	Trans 1 st Southern Gen Hosp	Ampull Birmingham Pte	16.11.17	PL B 60 " " "

RECEIVED
100 CHECKED
18 MAY 1917
K.A.F.B. 100 CHECKED
+2 Res Bn Pt II G. 72
Pt II DO, 64
C.W.W.

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.					
						2 nd Bn R
14-11-17	Bb RD	Invalided & I.G. from 2 nd Bn R	Seaford	Pte	6-11-17	Plt B. 239 + 124 d 13-11-17
26-11-17	Bb Regt	Trans Milbarr Hosp White Ph	Seaford	Pte	22-11-17	b2 B73 1 st Head & Chin ser
1-12-17	16 Res Bn	I.G. from Bb RD	Seaford	Pte	28-11-17	Bb RD Plt B. 326 + 255 d 3-12-17
6-12-17	Bb Regt	Discharged re Milbarr Hosp White Ph	Seaford	Pte	28-11-17	b2 B82
15-2-18	16 Res Bn	I.G. to 1 st Res Bn	Seaford	Pte	15-2-18	1 st Res Bn Plt B. 46 + 39 d 15-2-18
11-4-18	1 st " "	I.G. to 29 th Bn	" "	Pte	11-4-18	29 Bn " " 87 + 35 d 15-4-18
		29 BATT DO 20 D. 13, 4, 19				C. R. L. DO 43. D, 24, 4, 19
		SOS TO. CRL H, 4, 19				TOS, 12, 4, 19
23-4-19	2 nd Bn Pool Bb B	I.G. from 29 Bn	Witley	Pte	21-4-19	96.3 + 8 R 146 a 7-5-19
						14.5.19
14-5-19	" "	I.G. to b27 Canada	" "	" "	14-5-19	96.23

SURNAME.

Ferguson.

CHRISTIAN NAMES

David Kirk

REGL. NO.

826651.

RANK

Pte.

UNIT 143rd.

FORMER CORPS

Mil.

CARD NO.

505 24.5.19 Dend

FOLL.

D.O.B. 13.6.19

NEXT OF KIN.

NAMES IN FULL

Kirk, Mrs. Mary

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

~~Carlisle, Scot.~~121, West Scotland Street,
Kenning Park, Glasgow, Scot

COUNTRY OF BIRTH

Scotland, Glasgow,

PLACE OF ATTESTATION

Vancouver, B.C.

CHANGE OF ADDRESS

DATE

Feb 2nd 1887.

DATE

June 28th 1916

Pte. 22-5-19 33/26 Pte

From Halifax Per. S. S. Southland 17/2/17

MARRIED

SINGLE

yes,

WIDOWER

TRADE OR CALLING

Cook.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

29,

YEARS

4.

MONTHS

HEIGHT

5,

FEET

4.

INCHES

CHEST MEASUREMENT

36,

INCHES

EXPANSION 3,

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Fair.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C.

DATE

June 28th 1916

Present Address.

Queens Hotel, Vancouver, B.C.

David R Kirk

Name

FERGUSON

Rank Pte ✓

Reg. No. 826651

Unit

2nd C. M. R. ✓

Next of Kin

Mrs Mary Kirk
121 W. Scotland St. Henning St Glasgow
Scot.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
31-10	11th Lean. Fld. Amb.	St. Head & Chip	A 54 m	6313	6893	✓
1-11	8 Gen. H. Brown	do	sw	A 54	225	15-907
Nov. 6.	1st S.G.H. Marshall	B'ham	do	B 39	220	15350
22-11	M. C. H. Eason	do	do	B 77		6701
28-11	Discharged	do	do	B 82		1771

[illegible]

Name _____

Rank

Reg. No. 826651

Unit

Next of Kin

David Kent
Rank

Rank
bar. Mtd. Rifle

Bar. Mtd. Rifle
Mrs Mary Kirk 121 W. Scotland St
Kinning Park Glasgow. Scotland

[illegible]

[illegible]

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L NO.

H. Q. FILE NO. 649.

FOLLOWS
No.

FOLLOWS

M. 6312
104-3

9-11-17

"S."

Adm. 11th. Hld. Amb. Oct. 31st. 1917
G. S. W. chin. Head. ✓

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 483	No 51 Gen. E. L. L. L. L.	2-7-17	V. W. S. slt.
A 514	Base Det. "	29-7-17	" (B. C. B. B.)
A 56-4	11 Can. H. L. L. L.	31-10-17	Slw Head & Chin
B 60-1	1st So. Gen. M. L. L. L.	6-11-17	" " & " Sw.
A 59 ⁽³⁾	No 8 Gen. L. L. L. Ex 1st So. Gen. B. L. L.	1-11-17	" " " " (B. C.)
B 73-2	Mil. Conv. W. L. L. L.	22-11-17	" " " " " "
B 80 3	" " " " " "	28-11-17	" " " " " "

No. 826651 RANK Pte

NAME Ferguson, D. R

T.O.S. 28-6-16

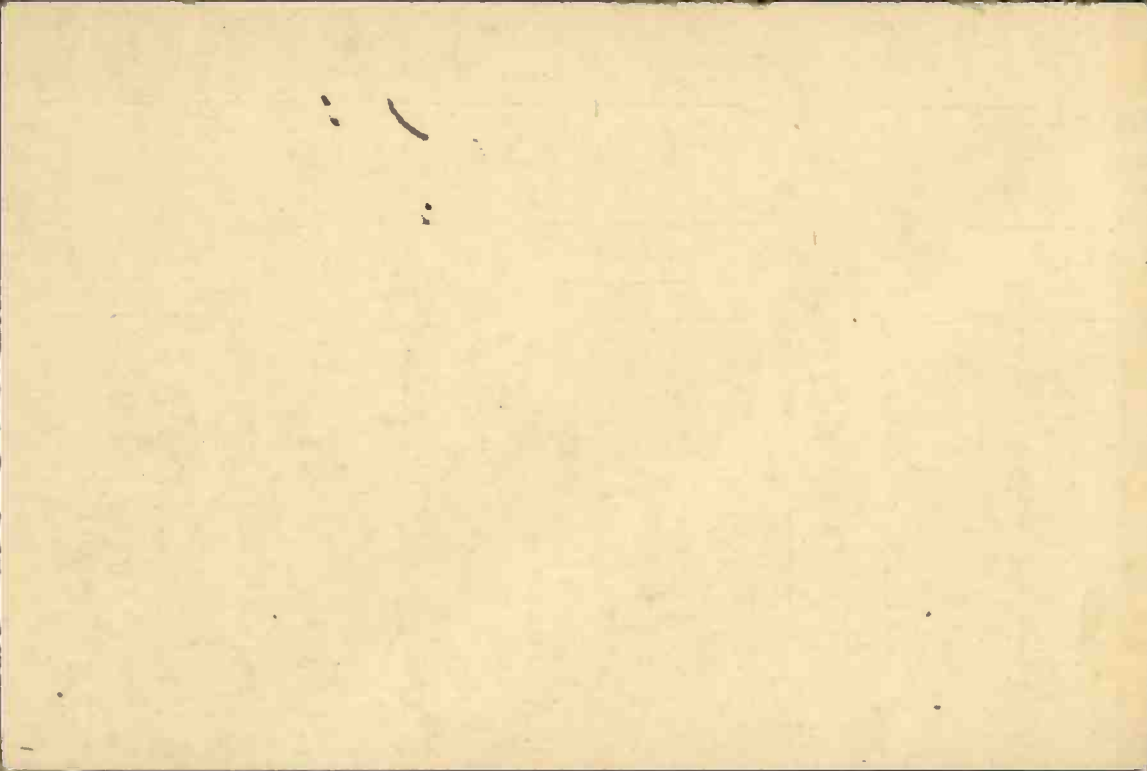
UNIT 143rd. Battalion (663)

DD 115 of 29-6-16.

Railway Construction Battalion.

M.D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			UNIT SAILED
June 28	June 30.	✓		FEB 17 1917
July		✓	28 dys. Detention	Bo. 157 of 18-8-16.
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓	aws forfeits 2 dys. Pay 2 dys 6 B	Bo. 222 + 223
Dec.		✓	14 dys. Detention	UNIT
1917	1917.			FEB 17 1917
Jan. 1.	Jan. 31.	✓		
Feb.		✓	14 dys. Detention, 2 dys Pay aws	Bo. 29.
		✓	Remission of 7 dys.	Bo 34.



Number

826651

Rank

POB

Surname

FERGUSON

Christian Name

Davia Kirk

Units

2nd CMB Theatre of War France

Date of Service

10-0-14

Remarks

175 Logan Ave.

Latest Address

~~200m~~ Winnipeg, Man.

Roll No.

B Page 16577

16 1/20

200m.-2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued ☐ Yes ☐ No Date _____

Character on
discharge _____

Previous occupation _____

Date and place of
enlistment _____

Diagnosis _____

Date of Medical
Boards _____

Date

Remarks

JAN 17 1930

REG. NO. 45-242

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

USUK

Surname **Ferguson** Christian Name or Names **D.K.** Reg. No. **826651**
Rank **Pte** Unit **2nd.C.M.R. B.C** Co. **51 Gen Etap les 2-7-17** Troop **11 Can. Fld. Amb.** Batty.

Hospital **51 Gen Etap les 2-7-17** Date of Admission **31-10-17**

Transferred **11 Can. Fld. Amb.** Hosp. **31-10-17**

8 Gen. Troop Hosp. **1-11-17**

1st Lt. H. Marshall Birmingham Hosp. **6-11-17**

M. C. W. Bk. Exson Hosp. **22-11-17**

Hosp.

Diagnosis **VDS. 4th**

(1) Later Diagnosis (if changed)

S. W. Head & Chin H Sw.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 10-7-17 A483

7. 8. 17 A 504

7-11-17 A 56(4)

18-11-17 A 59-3

" 10-11-17 B 600

" 27-11-17 B 730

7-12-17 B 82-3

Base Details Etaples 29.7.17.

REMARKS His 28-11-17

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

DAVID KIRK FERGUSON

REGIMENT

27th Bn.

RANK

Pte

No.

826651

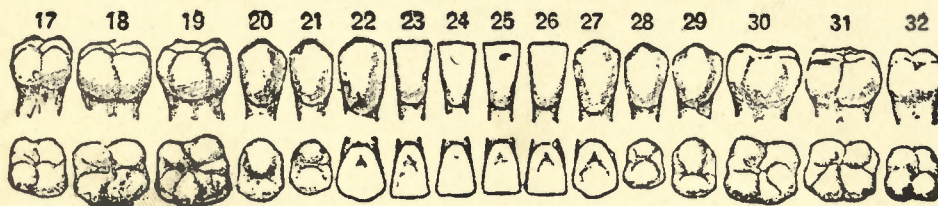
Date of Examination in England

Date of Examination in France

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

7

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

Refuses

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

A. D. D. S. M. D. No. 4

Signature of Dental Officer

[Signature]

PAID KING FERGUSON

1844

15

1844

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

PAID KING FERGUSON

143rd C/S BATT. C. E. F. **ORIGINAL**
MEDICAL HISTORY SHEET. 826651

Surname **FERGUSON** Christian Name **DAVID KIRK**

Examined { on **28** day of **Jan** 191**6**
at **Braman Bc**

Approved by **W. F. Mackay**

Birthplace { City or Town **XXXXXXXXX Glasgow**
County **Scotland**

Rank _____ M.O.

Apparent age **29 year**

Trade or occupation **Cook**

Height **5** Feet **4** Inches.

Weight **140** Lbs.

Chest measurement { Minimum **33** inches.

Maximum expansion **36** inches.

Physical development **Good**

Small-Pox Marks **none**

Vaccination Marks { Arm Right Left
Number **1**

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease **Numberous moles on body**

(b) Slight defects but not sufficient to cause rejection

AUG 1 - 1916

AUG 8 - 1916

AUG 15 1916

5-5-18

Enlisted on **28th** day of **June** 191**6** at **Vancouver. B. C.**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	143rd Batt.			
	C.E.F.	826651		28-6-16
Transferred to.....	24th Res Bn			28-3-17
	4th Bn			10-5-17
16th. Canadian Reserve Battalion.	29th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Seaford	17-1-16	Pains in left leg	not likely to be raised to more
Whitley	May 9/17	1st. of V.D.S.	President, Medical Board

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname

Christian Name

David Kirk.

STATION	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
M. H. Evans		6	11	17				G.S.W. face		Healing transferred	J. J. Evans to Raine CAPTAIN, R.A.M.C. FOR 101ST CASUALTY GENERAL HOSPITAL
	21	11	17	28	NOV	1917	-do-	8	21-11-17 Wound healed: no disability. Fit for A.I.I.		

CANADIAN GENERAL LABORATORY



PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference.

Unless these are furnished the test will not be carried out.

Name.... FERGUSON, D.K..... Regt. No 826661..... Rank private

Unit... 29th. Battalion..... Date of first sore.....

If T Pallidum found..... Secondaries if any..... Other symptoms.....

Treatment if any..... Arsenical..... Mercury.....

Previous Wasserman, date..... Result.....

Station and Date.....

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM.

Date..... Serial No..... Result.....

WASSERMAN
NEGATIVE

Wasserman
60/10

Major.

Officer Commanding
Canadian General
Laboratory.



Witley, Surrey.

.....1919.

10-20-1917

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,

J. H. [Signature]

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution of the [Organization].

I am, Sir, very respectfully,
Yours truly,

J. H. [Signature]

Very truly yours,
J. H. [Signature]

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution of the [Organization].

I am, Sir, very respectfully,
Yours truly,

J. H. [Signature]

Very truly yours,
J. H. [Signature]

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution of the [Organization].

I am, Sir, very respectfully,
Yours truly,

J. H. [Signature]

Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA
EFFECTIVE DATE:-	1/5/17	EFFECTIVE DATE:-	
AMOUNT:-	£ 15 stopped off 1.6.19	AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mrs Mary Kirk Mother 121 West Scotland St Kinning Park, Glasgow Scot	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
		ad May	15			L.R. B. Bal.	Dr. 2501
4th 19 289			415 1/2				
16th 19 273			456 1/4				
23rd 19 55th		K. wing	73 00 1/2				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transf. to Canada 30.11.19/Brans*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS
31 Mch				Balance Forward
April P. Pay		33		227234 £3-1-8
				2/118 17/20 1/4
				239. C.C. 24/4
May P. Pay		34 10		269484 £3-1-8
				4R 341 15/5/18 b.b.t.
				4R 456 2/5/18 "
June P.P		33		4R 39480 £3-1/4
				4R 663 17/6/18 b.b.
				" 876 20/6/18
July P.P		34 10		4R 878083 £3-1-8
				4R 1133 - b.b.t. 5/7/18
				4R 1345 - 18/7/18
Aug P.P		34 10		6R 626481 £3-1-
				4R 1527 - C.C. R.L. 3/8/18
Sep P.P		34 10		6R 681675 £3-1-8
				4R 487 - 29/8/18 31/8/18
				4R 926 - 15/9/18 - 6/10/18
				4R 1154 - 26/9/18 - 29/10/18
Oct	✓	34 10		4R 4648 £3-1-8
				4R 1621 17/10/18 29/10/18
				2341 29/10/18

Restricted Pay 2 months 26/3/18 B.O. 73 27/3/18 B.O.

Note

[illegible]

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	D
			Nov	P.P.	33		LD 86046 £ 3-1-8			15	
			Dec	✓	3410		AR. 2762 29/11/18	373	✓		
			Jan	✓	3410		E 85046 £ 3-1-8			15	
							AR 3367 29/11/18	1306	✓		
							✓ 3879 ✓ 18/11/18	649			
					6990		E 89041 £ 3-1-8			30	
					10120			2328		45	
			Feb	"	3080		AR. 4216 ✓ 14/1/19 (65)	503			
							Feb 7.15040 £ 3-1-8			15	
							AR. 5062 ✓ 17/1/19 (58)	373			
							AR 30008 10/1/19 (57)	2920			
							AR 5039 ✓ 28/1/19 (67)	373			
							Q 4005 ✓ 10/1/19 (64)	32			
							✓ 947 ✓ 28/1/19 (68)	9733			
			Mar	"	3410		AR. 5949 ✓ 5.2.19 (157)	13931		15	
							✓ 6864 ✓ 21.2.19 (159)	365			
					6490			15029		30	
			Apr.	Pay	33		APRIL 1919 £ 3-1-8			15	
				Int. on Defd. pay to 10.2.19	282						
							AR 259. ✓ 3/4 (2)	365			
							✓ 1912 ✓ 16/4 (30)	456			
							✓ 554 ✓ 22/4 (40)	73	✓		
							May 1919 £ 3-1-8			15	
							AR 1355 B.R. Bond 7/5 (64)	487			
								8608			
					3592			8608		30	

Lost Canada 14/5/19
L. 5526R

NAME

CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
						13285		
	LD 86046 £ 3-1-8			15-				
	AR. 2762 29th 14/11/18	373	✓					
	LD 85046 £ 3-1-8			15-		18905		
	AR 3367 29th 26.11.18	1306	✓					
	✓ 3879 ✓ 18/11/18	649						
	LD 89041 £ 3-1-8	2328		30 15 45		16577		End of Pay. 30.10.19
	AR. 4216 ✓ 14/1/19	503						
	LD 7.15040 £ 3-1-8			15-				
	AR. 5062 ✓ 17/1/19	373						
	LD 30008 10/1/19	2920						
	AR 5039 ✓ 28/1/19	373						
	LD 4005 ✓ 10/1/19	32						
	✓ 947 ✓ 28/1/19	9733						
	LD 98039 £ 3-1-8	15924		15-				
	AR. 5949 ✓ 5.2.19	730						
	✓ 6864 ✓ 21.2.19	365				5038		
		15029		30				
	LD 11014 £ 3-1-8			15-				
						7120		
	AR. 559 ✓ 3/4	365						
	✓ 1912 ✓ 16/4	456						
	✓ 554 ✓ 23/4	73	✓					
	LD 11014 £ 3-1-8			15-				
	AR. 555 Bld. Bond 7/5/19	487						
		9608						
		9608		30		2988		

Losleanda 14/5/19

L. 55 Bld

P. 559
MARRIED OR SINGLE

MARRIED OR SINGLE

Single.

PLACE OF BIRTH

Glasgow Scot.

NAME AND ADDRESS OF NEXT OF KIN

Mary Kirk

Carlisle, Scotland

RELATIONSHIP OF NEXT OF KIN

Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS		EFFECTIVE DATE	AUTHORITY
Restricted Day 1 Mo		26/3/18	D.O. 11/18
Restricted Day 2 Mo		2/1/18	D.O. 3/1/18

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
3/1/17	29/1/17		Ward No. 1086 10/18

[illegible]

EFFECTIVE DATE	AUTHORITY
26/3/18	D.O. 11/6/18
2/1/18	D.O. 3/1/18

O HOSPITAL, &c.

NAME OF HOSPITAL

ad. M. R. 10. 10/18

REG'L NO. <i>826651</i>	RANK <i>Pte</i>	NAME <i>FERGUSON, David K.</i>
IF IN PERMT. CORPS } WHAT UNIT	UNIT <i>143rd</i>	LEPOT-C R T- <i>MAR 1 17</i>
PERMANENT FORCE ALLOWANCES		TRANSFERRED TO <i>24 Res Ir</i> DATE <i>3 17</i>
PLACE OF ATTESTATION <i>Vancouver B.C.</i>		TRANSFERRED TO <i>gnd Bn R</i> DATE <i>24/9</i>
DATE OF ATTESTATION <i>28/6/16</i>		TRANSFERRED TO <i>B.C.R.</i> DATE <i>1/1/18</i>

[illegible]

[illegible]

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

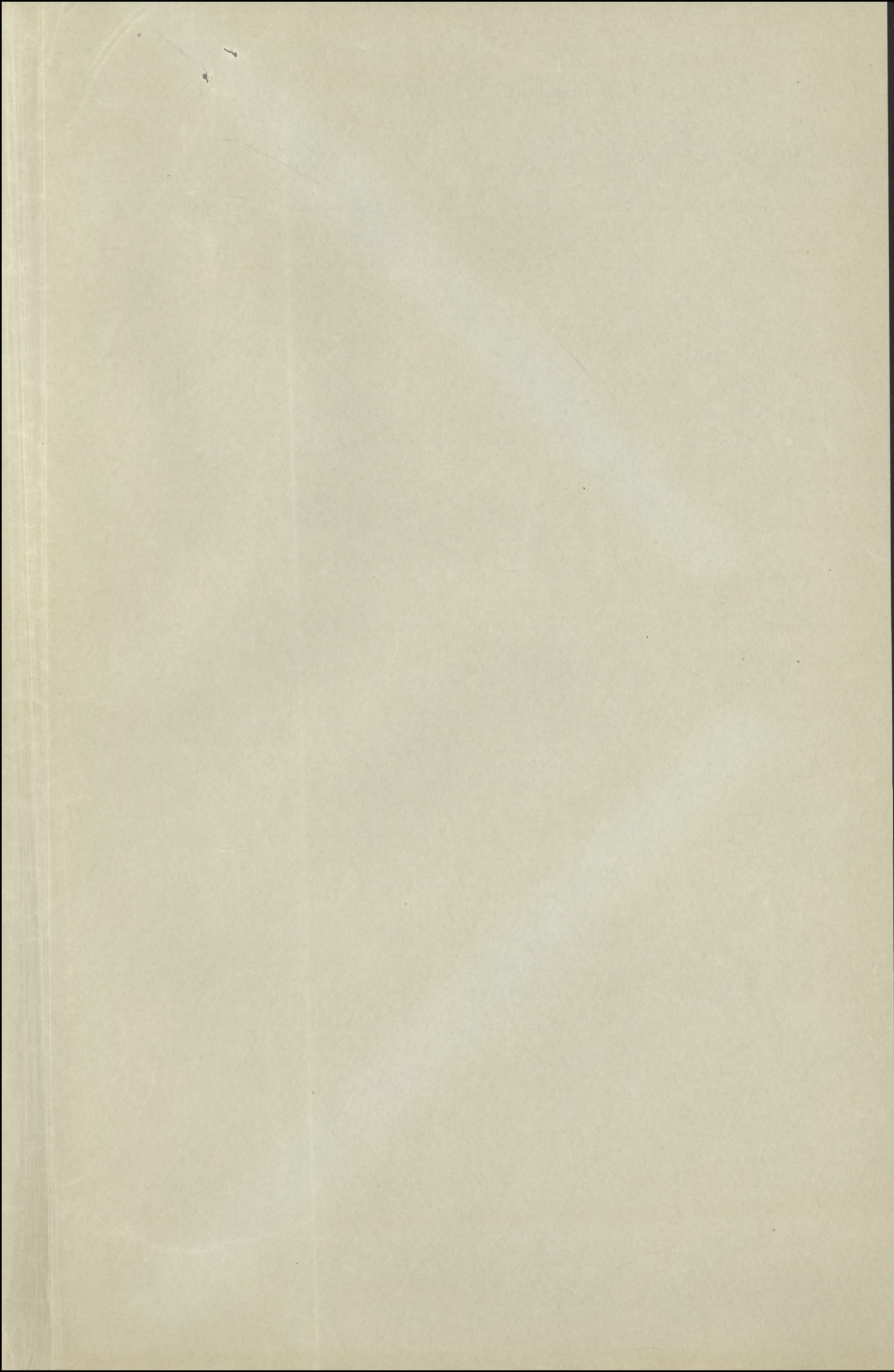
(Demobilization.)

WAR SERVICE BADGE.

CLASS No. A

299570

1. No.	826651	
2. Rank.	Pfc	
3. Name.	Ferguson, David Kirk	
4. Unit.	27th Can Bn.	
5. Date of Discharge	24-5-19	Place <u>Montreal</u>
6. Reason for Discharge	Demobilization	
7. Authority.	DD#4.R.O.1420.D.O.PT.II#164	
8. Proposed Residence after Discharge	G.P.O. Winnipeg Man	
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>B. 39.</u> <u>Montreal</u> <u>MAY 24 1919</u> <u>D. K. Ferguson</u> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>Montreal</u> Date <u>MAY 24 1919</u> Signature <u>[Signature]</u> (O. C. Discharging Unit.)	



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

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. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2),
and Clothing
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B.G.D.)
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

Date.....

Report	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
From whom received				
10/27/18 1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	Drp'd Pt 200.39	
11-4-18 1st Res Bn	PROCEEDED ON DRAFT TO... ^{29th} BATT	Ldurreham	11-4-18 Plt II 84.	Captain,
		Adjutant, 1st Canadian Reserve Battalion		
11-4-18 2 C.B.D.	An. Reinf + Ld 29th Bn	France	12-4-18	S.D. 35 d. 15-4-18
14-4-18 "	Left for C.C.R.C. 2	F.L.S.	14-4-18	G.I.R.
16-4-18 C.C.R.C.	An.	"	16-4-18	-
18-8-18 "	Left for 29th Bn	"	14-8-18	-
7-8-18 O.C. 29	An.	"	5-8-18	B.S.B.
1-2-19 "	Granted leave to L.H.	30-1-19 to	13-2-19	- S.D. 44-11-2-19
22-2-19 "	Returned from leave	F.L.S.	18-2-19	-
	Transferred to Gen Record List.	APR 11 1919	Pl. 20. No. 20/1919	M.K. D.
	Ent Camp Proceeded to England			Inverness Captain Lt Col O.A.G.
O.C. 2nd Div. Pool	S.D. B. ON PROCEEDING TO CANADA			
		Lieut		

MIL CNV HP
WOODCOCK PK
PERSON
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
8185	822651	Pte.	Ferguson	D.H.
Year	Unit.	Age.	Service.	
1917	2 nd C.B.R. 3 rd Div. Canadians	30	18 months	
Station and Date.	Disease			
Merryhill	G.S.W (shell) face & chin simple flesh wounds			
6-11-17	Wounded by a shell on Oct 30 1917. Was treated at the Canadian F.A. No 11.			
	Oct. 30 1917. He was admitted to No 2. Canadian C.C.S. on Oct 31 1917. He was found to have multiple wounds on face & chin. Hot esol. dressings applied.			
	Was admitted to No 8. General Hosp. Nov 1 1917. Condition good.			
30-10-17	A.T.S. 500 units.			
6-11-17	Admitted to Merryhill. General condition good.			
7-11-17	A.T.S. 500 units.			
9-11-17	He in good condition			
10-11-17	Recommended for Canadian Hosp.			
	Lt H.L. Dwyer M.D.R.R.			

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

Station
and Date.

CREDIT ADVICE NOTE, WAR SERVICE

To: PAYMASTER GENERAL,

O. M. F. C.

No. 3233228 Rank Pvt

Name GALBRAITH M.

Discharged 24/6/19

This will be authority to pay to:—

Name above man

Address 73 Grovan R. Glas

Relationship

On account of above mentioned soldier

A War Service Gratuity as follows:

Payment \$ 6⁰⁰/_{xx} Pd by MD4 Due 24/6/19

\$ 30⁰⁰/_{xx} Due 24/7/19

\$ 22⁰⁰/_{xx} Due 24/8/19

under authority of P. C. 3

ent is made by you, please

Allowance has been

W. S. S for ~~Sept~~ July.
Go Manitoba Patriotic Fund.

Industrial Bureau Bldg.
Winnipeg
3-7-19 Man

H. H. H. 5/5/19.

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 Haley DATE 3 5 19

1. 1 (a) Unit 2nd Div Foot (b) Regimental No. 826657 (c) Rank Private

(d) Surname HERGELSON (e) Christian name David Kirk

(f) Home address G. P. O. Winnipeg Man.

(g) Next of Kin Mrs Mary Kirk (h) Relationship Sister

(i) Address of Next of Kin 121 West Scotland St. Kinning Park Glasgow.

2. Age last birthday 33 Date of birth Feb. 2nd 1886.

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver B.C. (b) Date 28.6.16.

4. Personal description: Estimated

(a) Height 5' 4" (b) Weight 140 (c) Complexion Fair

(d) Colour of hair Medium (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Small irregular scar, left side neck, just below chin.

5. Former trade or occupation Cook.

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	
	From	To	From	To
Canada	28. 6. 16	17. 2. 17		
England	27. 2. 17	10. 5. 17		
France or other theatres of War	10. 5. 17	11. 4. 19		

7. Original disease, or injury V.D.S.

(a) Date of origin 2. 7. 17. (b) Place of origin France

(c) Cause Infection.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, 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.)

V.D.S. - no present disability

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.)

Objective Findings - nil.

Subjective - nil.

Wassermann Negative
 ac. m. w. d. l. e. a. n. s.
 Cap. W. d. l. e. a. n. s.
 Gen. Sec. Lab.
 W. d. l. e. a. n. s.
 3. 5. 19.

(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
 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
 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).)

Contracted in France. Was admitted to St. General, 2. 7. 17. Remained 27 days. (29. 7. 19) Received course of 606 & Hg. & discharged to duty.

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).)

Prior - Nil.
Since - nil.

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

G. S. W. Face 6.11.17. Very slight. small scar 1" long on chin just below angle of mouth, left side.

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

no

(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.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (A) yes. (B) 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? six months.

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

- see p. 10 a 100

Suggested that he be dealt with in accordance with instructions as contained in P.C. 47 dated 20.1.19.

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
See quest 14
100

16. Can the former trade or occupation be resumed?

(If not, briefly state why)

yes.

17. Recommendations.

J. R. Bonfield Captain
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 D. R. Ferguson 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

D. R. Ferguson Rank.
Signature of invalid examined.

100

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.

Concurs

19. Is the invalid fit for

- | | | |
|--|---------------------------|---------------|
| (a) General service, | (Category A) (Yes or No.) | <i>Yes A.</i> |
| (b) Service abroad, not general service, | (" B) (Yes or No.) | |
| (c) Home service (Canada only), | (" C) (Yes or No.) | |
| (d) Temporarily unfit. | (" D) (Yes or No.) | |
| (e) Unfit for service in Categories A, B and C | (" E) (Yes or No.) | |

20. It is certified that the invalid

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

Invalid to be dealt with in accordance with P.C.O. 87 dated 20-1-29

- (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.)

R.T.C. Auth. A.G. Dec 90837 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

Witley

DATE

May 9/19

W. J. Brain Cpt. RMC President.

Members

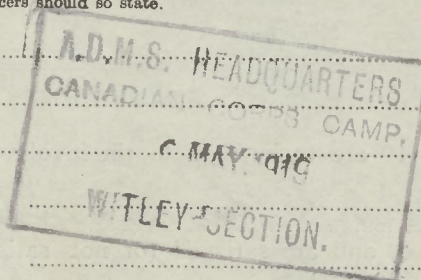
TO BE COMPLETED WHEN TREATMENT IS REFUSED

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.



President

PLACE

DATE

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

