

ATTESTATION PAPER.

ORIGINAL
No. 476603

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... *Fernald* (*Fernald*)
- 1a. What are your Christian names?..... *Lee Wingate*
- 1b. What is your present address?..... *Victoria B.C.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Three Rivers P. 2.*
3. What is the name of your next-of-kin?..... *Mrs. M. E. Murphy*
4. What is the address of your next-of-kin?..... *2616 H. St. Bakersfield Calif.* *1659*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *Jan. 21st 1889*
6. What is your Trade or Calling?..... *Painter*
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?..... *Yes*
10. Have you ever served in any Military Force?..... *1st Calif. Cavalry 28th Co. 3 yrs.*
If so, state particulars of former service. *B.C. H. 1 week*
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, *Lee Wingate Fernald*, 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.

Lee Wingate Fernald (Signature of Recruit)

Date..... *NOV 11 1915* 191 .

G. J. Carr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Lee Wingate Fernald*, 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.

Lee Wingate Fernald (Signature of Recruit)

Date..... *NOV 11 1915* 191 .

G. J. Carr (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... *ESQUIMALT B.C.* this *ELEVENTH* day of... *NOVEMBER* 191*5*.

Leonard Dail (Signature of Justice)

476603

ORIGINAL

Description of Fernald L. W. on Enlistment.

Apparent Age... 26 years... 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height... 5 ft. 9 1/2 ins.

Chest measurement. { Girth when fully expanded... 36 1/2 ins.
Range of expansion... 4 ins.

Complexion... Fresh

Eyes... Hazel

Hair... Brown

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

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.)

Scar left elbow

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 declares that he is not subject to fits of any description.

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

Date... NOV 10 1915 191

Place... ESQUIMALT, B. C.

[Signature]
LIEUT. C. A. M. C.
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.

Lieut. Fernald... 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] LT. COL. (Signature of Officer)

Date... DEC 4 - 1915 191

REGIMENTAL DOCUMENTS

NAME _____

Fernald Lee Wingate -

REGT. NO.

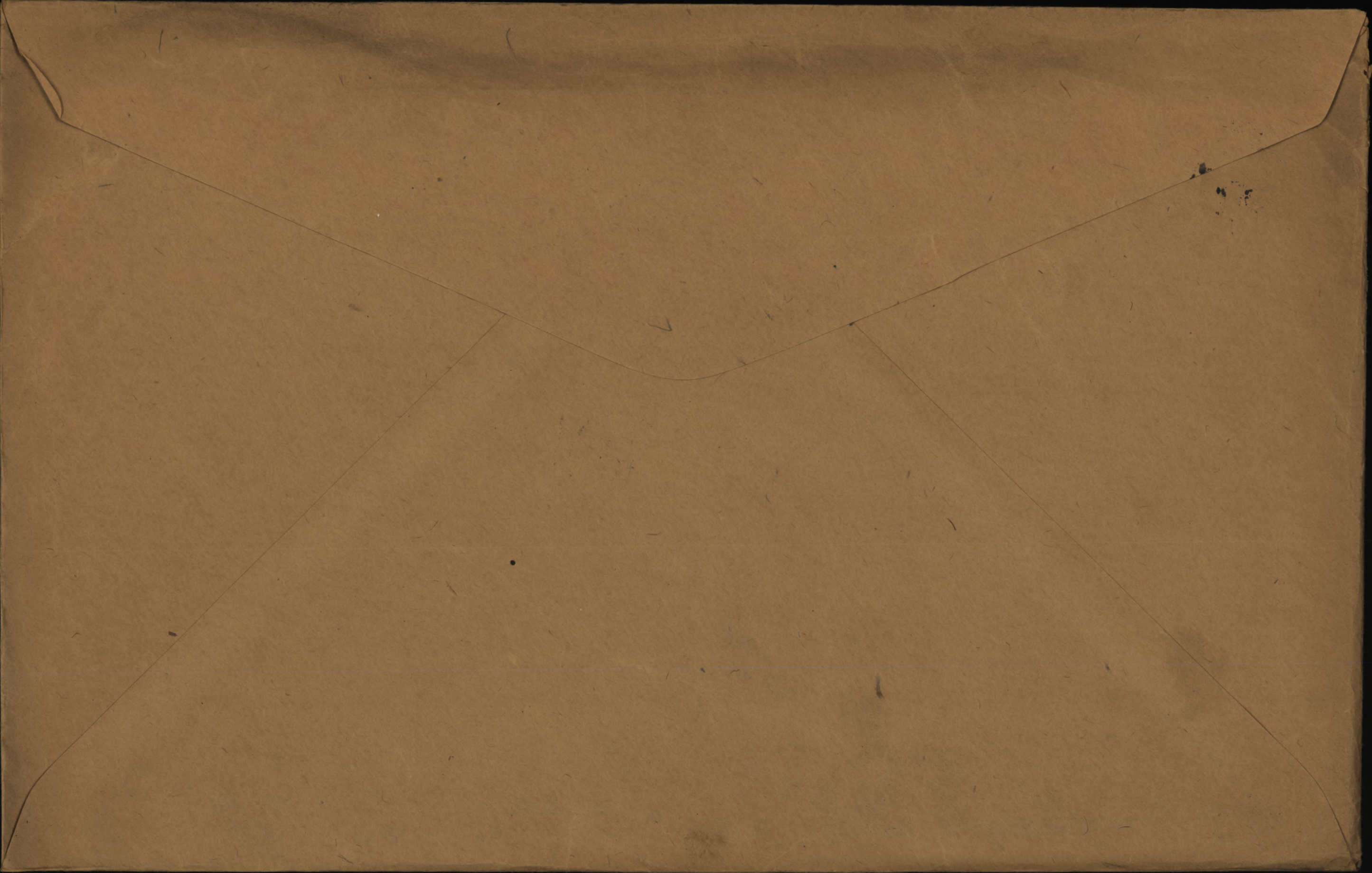
476683

UNIT.

H. Q. FILE NO.

04653

[illegible]



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

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Draftb Arty. Reinforc. from 5th Regt. C.G.A.

Regimental No. 476603 Rank Driver Name Fernald, Lee Wingate

Enlisted (a) 11/15 Terms of Service (a) 10 yrs Service reckons from (a) 11/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Drafted to 2nd D.A.C. Havre March 1916</i>			
		ARRIVED IN FRANCE	<i>Havre.</i>	<i>16.3.16</i>	<i>η. R. of A. 414.</i>
		<i>Taken on strength of 2nd D.A.C.</i>	<i>Field</i>	<i>16.3.16</i>	<i>P.O. d/31. 3. 16</i>
<i>8-4-16</i>	<i>4th Unit.</i>	<i>Struck off strength of 2nd D.A.C. upon being posted to 5th Bgde C.F.A.</i>	<i>Field</i>	<i>2.4.16</i>	<i>P.O. d/21.4.16.</i>
<i>8-4-16</i>	<i>Unit</i>	<i>Taken on strength of 5th Brigade C.F.A.</i>	<i>Field</i>	<i>3-4-16</i>	<i>B213. P.O. 1633 d/21-4-16</i>
<i>8-4-16</i>	<i>Unit</i>	<i>Attached to Trench Mortar Group.</i>	<i>Field</i>	<i>7-4-16</i>	<i>B213. Auth 2nd C. D.A.</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.

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				
8/5/16	10 bbs.	Died from Shrapnel Wound Head.	10 C.C.S.	8/5/16	Part II No 37 dt 21-5-16. Ref 187/arc/8/10.
6/5/16	10 bbs.	Admitted c/p & middle finger parietal shell & laceration	10 C.C.S.	5/5/16	A 36.
6/5/16	6 bbs. 10 bbs.	Admitted ^{strong} GSW Shell. L. Parietal Region Comp Fract. Brain Hernia, L middle finger lacerated.	bbs.	5/5/16	A 36.

J. B. H.
 LIEUT.
 OFFICER in RECORDS
 CANADIAN SECTION C.H.Q.
 3RD BATTALION

Rank *Pte.* Name **FERNALD, Lee Wingate.**Reg'l No. **476603**

R-122.

Unit **Dft 5th C.G.A. to Res. Bde** <sup>If in perm. Corps, }
what Unit?</sup>Married or Single **Single**Place and Date of Enlistment **Esquimalt, Nov. 11th 1915.**Place of Birth **Three Rivers, P.Q.**Name and Address, Next-of-Kin **Mrs M.E. Murphy, 2616 H. St.,****Bakerfield, Calif. U.S.A.**Relationship **Sister**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

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				
		<i>Arrived in England. per S.S. Missanabie</i>		<i>27-12-15</i>	
<i>30-12-15</i>	<i>O.C. Res. Bde</i>	<i>Taken on Strength</i>	<i>Shorncliffe</i>	<i>29-12-15</i>	<i>Pt. II - O. 242.</i>
<i>15-3-16</i>	<i>—</i>	<i>Embarked for France. to 2nd DaC</i>	<i>"</i>	<i>15-3-16</i>	<i>64</i>
<i>31-3-16</i>	<i>2nd D.A.C.</i>	<i>Arrived from England T.O.S.</i>	<i>In The field</i>	<i>16-3-16</i>	<i>Part II. O 14</i>
<i>21-4-16</i>	<i>—</i>	<i>S.O.S. posted to 5th Bde C.F.A.</i>	<i>"</i>	<i>2-4-16</i>	<i>17</i>
<i>"</i>	<i>5th B.F.A.</i>	<i>Taken on Str. from 2nd D.A.C.</i>	<i>"</i>	<i>3-4-16</i>	<i>" " 33</i>
<i>21-4-16</i>	<i>"</i>	<i>Attached to French Mortar Group</i>	<i>"</i>	<i>7-4-16</i>	<i>33</i>
<i>14/5/16</i>	<i>"</i>	<i>Died of Wounds (S.W. HEAD)</i>	<i>"</i>	<i>8/5/16</i>	<i>Gas List A 12/</i>
<i>21-5-16</i>	<i>"</i>	<i>Died of Wounds recd in Action</i>	<i>"</i>	<i>8/5/16</i>	<i>Par 50 NO 37 C.C.S. 8/5/16</i>

[illegible]

FERNALD

H. Q. FILE No. 649-

NAME

Remond Lee Wingate

REGT'L. No. 476603

RANK AND CORPS

Dr.

5th Artillery Brigade

CABLE

NO.

DATE

NATURE OF CASUALTY

M6606

16-5-16

Died of wounds at No. 10, Cas. Ctg. Station
May 8th 1916 - BSW, Head

IND 5th Regt

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS



NAME **Fernald Lee Wingate**RANK AND CORPS **10 yr. 5th. Artillery Bde.**

CABLE

NATURE OF CASUALTY

NO.

DATE

N. 1587.	18-5-16	with reference to your telegram May 18th. Died of wounds at 20.10 Casualty Clearing Station May 8th. (GSW head) ✓
A 7A 2090.	A. 21-5-16 Rouen	Died of wounds received in action 8-5-16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A121.

10 Cas. Cl. Stat.

8-5-16

died of Mds. S. W. Head

MP
Number

476603

Rank

En. B

W Surname

FERNALD X

Christian Name

Lee Wingate

Units

6 Fa

Theatre of War

France

Date of Service

16-3-16

D

Remarks

Latest Address

(Y) Frank F. Fernald,
11 Nelson St.,

Roll No.

B. Page 15266 Dover, N.H.
USA.

200m.-2-21.M.

DESP AUG 20 1922

REGN. NO. GV1780

Not elig. for 1914-15 star

649-F-1193

✓ Fernald. L. W. *Sevigate* ✓ 476603 Dvr. ✓

M
5th C.A. *Bde.*

Medals & Decorations. (Father)

Scroll Desp. *FEB 1 2 1924* Regn No. *2-19121* Frank F. Fernald,
11 Nelson St.,
Dover N. H., *U.S.A.*

JAN 19 1922
Plaque Desp. *1922*

Placque & Scroll.

(Father)

Frank F. Fernald.

same address.

Serial No. 779974

Memorial Cross.

(Mother) Mrs. E. J. Fernald,
same address.

Desp. JUL 6 1920 (m.) C. 14274.

imp

III.

459

No. 476603 RANK 2nd.

NAME

Sernald L. W.

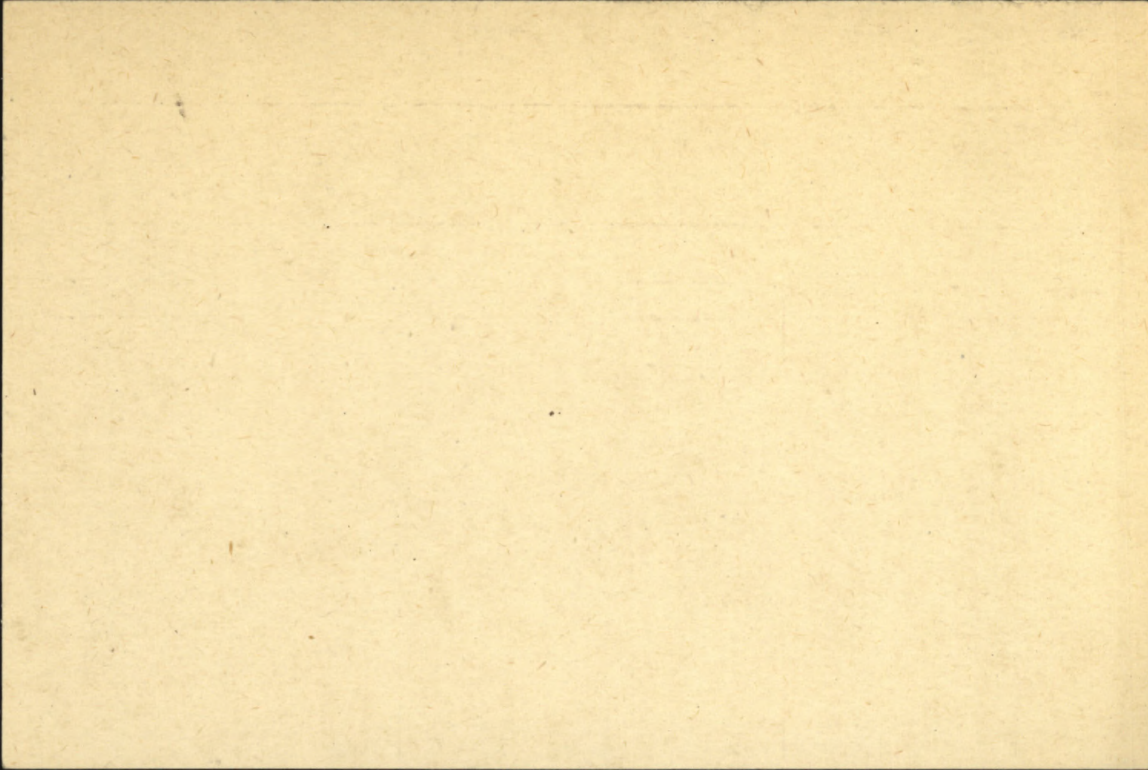
T. O. S.

UNIT

5th (B.C.) Regt Canadian Garrison Artillery.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Nov. 11.	1915. Nov. 30. Dec.	✓ ✓		



649 F 119 3-

SURNAME.

Fennald.

D

CARD NO.

CHRISTIAN NAMES

Lee, Wingate

REGL. No. 476603.

RANK

Ltn.

UNIT 5 th. Arty. Bde.

FORMER CORPS 1st. Cal. Cav. U.S.A. (3 yrs) B.C.H. (1 yr) +

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Murphy, Mrs. N.E.

RELATIONSHIP TO SOLDIER

Sister.

ADD

1802 Bush St, Santa Ana,

Cal. U.S.A. filed 28/6/18

(82)

COUNTRY OF BIRTH

Canada, Three Rivers. P.Q.

PLACE OF ATTESTATION

Esquimalt, B.C.

DATE

Jan. 21st. 1889

DATE

Nov. 11th. 1915

0/8 18/12/15 - $\frac{263}{2}$

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

26 YEARS

10 MONTHS

HEIGHT

5 FEET

9½ INCHES

CHEST MEASUREMENT

36½ INCHES

EXPANSION

4 INCHES

COMPLEXION

Fresh

EYES

Hazel

HAIR

Brown.

DISTINGUISHING MARKS

Scar left elbow.

MEDICAL EXAMINATION.

PLACE

Esquimalt, B.C.

DATE

Nov. 10th. 1915

Present address: Victoria, B.C.

Name Fernald. Lee. Wingate. Dvr.

Reg. No. 476603.

Unit 5th. Bde. C.E.A.

Next of Kin U.S.A.

Ind file 25. F. 390

Date	Movement	Place	Casualty	List No.	Notified N/K.O.	W.O. List
1916.						
8-5.	No. 10. Cas. Clg. Station.		S.W. Head.	A121.	M. 6606.	
	DIED OF WOUNDS.					
	Ottawa cabled 16/5/16					
	Graves ¹ / ₂ Reg. Com. No. 18523. Ref. Map. Sheet 27. Sg. L. 22. D.					
	6.3. Soldiers Cem. Lissenhock 13/4. S.W. Of Poperinghe.					
	BCR. 41. 25-5-16.					
8-5-	P.M. Northcote Chaplain 10. Cas. C. St. W3314 Buried at					
	Soldiers Cem. Lissenhock 1 ³ / ₄ . Mile S.W. of Poperinghe Ref					
	to Map 40000 sheet No. 27 Sq. L22. d. 6.3. BCR. No. 46. 14-6-16					

[illegible]

Surname **FERNALD.** Christian Name or Names **L. W.** Reg. No. **476603.**
 Rank **Dvr.** Unit **C.F.A. 5th Bdg.** Co. **10 Cas Cl. Stat.** Troop **8-5-16.** Batty
 Hospital **10 Cas Cl. Stat.** Date of Admission **8-5-16.**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

S.W. Head.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DIED OF WOUNDS. 8-5-16.

DISPOSITION

Date

REMARKS

CL. 17-5-16.**A121.**

A.M.D. 2 Dept

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

ORIGINAL MEDICAL HISTORY SHEET.

Surname ~~Fernald~~ **FERNALD** Christian Name *Lee Winget*

Examined { on <i>10th</i> day of <i>Nov.</i> 1915 at ESQUIMALT, B. C. Birthplace { City or Town <i>Three Rivers</i> County <i>P. Q.</i> Apparent age <i>26 yrs 10 mos</i> Trade or occupation <i>Painter</i> Height <i>5</i> Feet <i>9 1/2</i> Inches. Weight <i>145</i> Lbs. Chest measurement { Minimum <i>32 1/2</i> inches. Maximum expansion <i>36 1/2</i> inches. Physical development <i>Good</i> Small-Pox Marks <i>Nil</i> Vaccination Marks { Arm Right Left Number <i>1</i> When Vaccinated last <i>Childhood</i> <i>14.11.15</i> <i>HL</i> (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection	Approved by <i>J. J. E...</i> Rank LIEUT. C. A. M. C. M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date	Result	VACCINATIONS.																			Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.																		
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																																																														
		M.O.																																																														
		M.O.																																																														
		M.O.																																																														
		M.O.																																																														
		M.O.																																																														
		M.O.																																																														
Date	Result	VACCINATIONS.																																																														
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.																																																														

Enlisted on *11TH* day of **NOVEMBER** 191 *5* at **ESQUIMALT, B. C.**

JOINED ON ENLISTMENT	CORPS.	REG'T L. NUMBER.	HABITS.	DATE.
NO. 2 DPT. ATY. REINE, PRCM 5TH RGT. C. G. A.		476603		NOV 11 1915
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

476603 Christian Name *Lee Wingate*

Surname *Fernald*

[illegible]

Rank

Pte. Name

FERNALD, Lee Wingate.

Reg'l No. 476603

P-56

Unit

5 Bde. 6 F.A.
Dft 5th C.C.A. 6 Res. Bde.If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Esquimalt, Nov. 11th 1915.

Place of Birth

Three Rivers, P.Q.

Name and Address, Next-of-Kin

Mrs M.E. Murphy. 2616 H.St.,

Bakerfield, Calif. U.S.A.

Relationship

Sister

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Died of Wounds 8/5/1916.
Casualty List. A. 121. Dated
May 17/1916. To N.E. Branch.

Reason

Character



Date		38		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount				No.	Date						
1916																		
1 Jan. 31		31	1	31	31	10	3 10	10		44 10			12 16			12 16	31 94	Clothing Allow.
1 Feb. 29		29		29	29		2 90			31 90			21 96			21 96	41 94	
1 Mar 31		31		31	31		3 10			34 10							76 04	For 2nd DA. 831 76.
Mar				91			9 10	10					35 23			5 23	70 81	For 2nd DA. 2/4/16
				91			9 10	10					39 29					
				91			9 10	10		110 10			39 29			39 29	70 81	Died of Wounds

Dated May 17/1916
To N.E. Branch
To Ottawa for
Statement. See large
sheet.

Checked

Statement of
Aug 31 1916
Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.

Beh #286
Cash found in
effects \$ 8.90

[illegible]

[illegible]

DUPLICATE.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname FERNALD Christian Name Lee Wingate

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Three Rivers County P.Q.

Examined... { on 10th day of Nov. 1915.
 at Esquimalt B.C.

Declared Age ... 26 years 10 mths days.

Trade or occupation ... Painter

Height ... 5 feet 9½ inches.

Weight ... 145 lbs.

Chest { Girth when fully Expanded 36½ inches.
 Measurement { Range of Expansion 4 inches.

Physical Development ... Good

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

When Vaccinated ... Childhood

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

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

Approved by (Signature) J.T.Grant,
 (Rank) Lieut.C.A.M.C. Medical Officer.

Enlisted ... { at Esquimalt B.C.
 on 11th day of Nov. 1915.

Corps.	Regtl. No.
<u>No2 Dft.Aty.Reinf.from.</u>	<u>4 7 6 6 0 3</u>
<u>5th Rgt.C.G.A.</u>	

Transferred to ... {

Became non-effective by _____
 on _____ day of _____ 191 .

(Signature) _____
 (Rank) _____

W. H. B. B. B.

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
27.11.15	Vaccinations. O.K. J.F.G.
11.11.15	Anti-typhoid Inoculations do
27.11.15	do do do
7.12.15	do do do

Table IV.—Service Table.

[illegible]