

ATTESTATION PAPER.

No. 904 347

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Hurst*
- 1a. What are your Christian names? *Dwelling Herbert*
- 1b. What is your present address? *Box 16, Wabamun, Alta.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Stuckly London N.W.*
- 3. What is the name of your next-of-kin? *Louise Hurst*
- 4. What is the address of your next-of-kin? *Wabamun Alta.*
- 4a. What is the relationship of your next-of-kin? *wife*
- 5. What is the date of your birth? *14th Aug 1875*
- 6. What is your Trade or Calling? *farmer*
- 7. Are you married? *Yes*
- 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? *Queen Own Or. Hussars (4 years) Sep 4.*
If so, state particulars of former Service *(2 yrs 181 days) Comm in 19th Alta. Hussars*
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Dwelling Herbert Hurst*, 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.

Date *29th Feb* 191*6* *Dwelling H. Hurst* (Signature of Recruit)
H. K. Roney (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Dwelling Herbert Hurst*, 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.

Date *29th Feb* 191*6* *Dwelling H. Hurst* (Signature of Recruit)
H. K. Roney (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 *Edmonton* this *29th* day of *Feb* 191*6*.

H. K. Roney (Signature of Justice)

Description of Levellin Herbert Hurst on Enlistment

Apparent Age... 39 years 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 11 1/2 ins.

Chest measurement { Girth when fully expanded..... 37 ins.
Range of expansion..... 2 1/2 ins.

Complexion Medium

Eyes Hazel

Hair Dark Brown

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

Cross flap Hurst & Load on left arm Butterfly on right Cut on wrist of left arm

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..... May 10 1916

Place..... Edmonton

[Signature]
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.

L. H. Hurst 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.

Date..... July 29 1916.

[Signature]
(Signature of Officer)

Duplicate

Unit Alberta Regt Rank a/c Capt Name HURST

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? HURST
- (b) What are your Christian Names? LLEWELLYN HERBERT
2. (a) Where were you born? (State place and country) London Middlesex England
- (b) What is your present address? 1929 26th St West Calgary
3. What is the date of your birth? August 14th 1871
4. What is (a) the name of your next-of-kin? Louise Helen Hurst
- (b) the address of your next-of-kin? 1929 26th St West Calgary
- (c) the relationship of your next-of-kin? wife
5. What is your profession or occupation? Rancher
6. What is your religion? C of E
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? 19th A.D.
9. State particulars of any former Military Service. 0004. 14. S Africa Corps Des 19th A.D.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Llewellyn H Hurst Capt (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date March 10 1919

Place Calgary Alta XIII

W. H. O'Connell Major

Medical Officer.

*Insert here "fit" or "unfit."

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWER)

1. (a) What is your surname?
- (b) What are your Christian names?
2. (a) Where were you born? (State place and country)
- (b) What is your present address?
3. What is the date of your birth?
4. (a) the name of your next-of-kin
- (b) the address of your next-of-kin
- (c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Service.
10. Are you willing to serve in the

CANADIAN OVERSEAS EXPEDITIONARY FORCE

The undersigned hereby declares that the above answers made by him to the above questions are true.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Place
 Date
 Signature

NAME

Arrest Llewellyn Herbert

REGT. NO.

20227

UNIT

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

*1 a P.
1 m. 2. B. 227*

M

To B.P.C.

4/2/20

B.P.C. - Spec 1701 SR

DEATH
Category

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.B.W. 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)

10/2/20

3-10-20

41423

Category

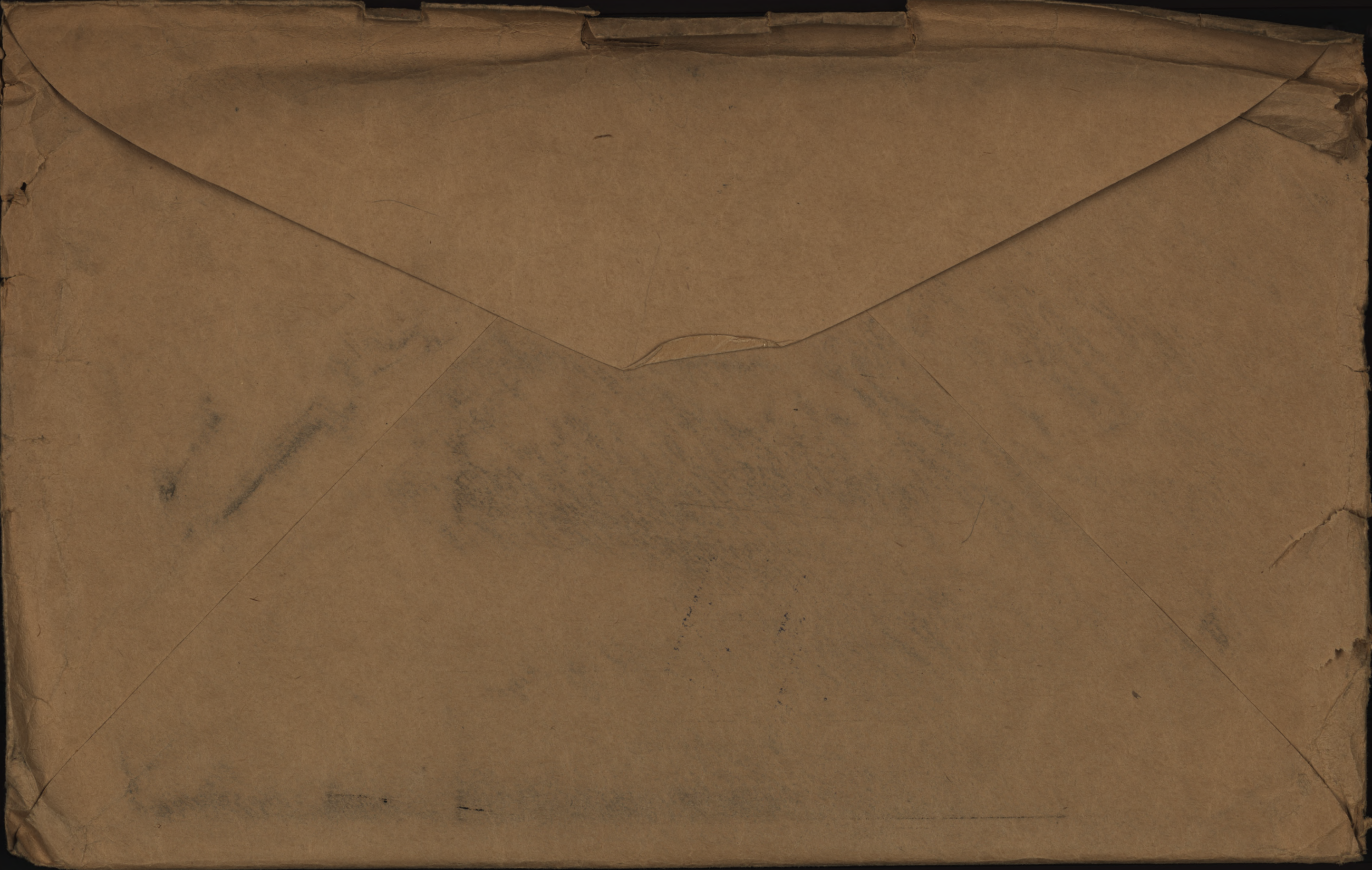
DISCHARGE

Deceased

H

DESERTION

2



Surname *Durst*
Christian names *Leivellyn Herbert*
Regtl. No. Rank *A/Bapt*
Unit

H. Q.
M. D. No. *13*

T. O. S. 19

D. O. Pt. II. of

S. O. S. *15-11-19* 19

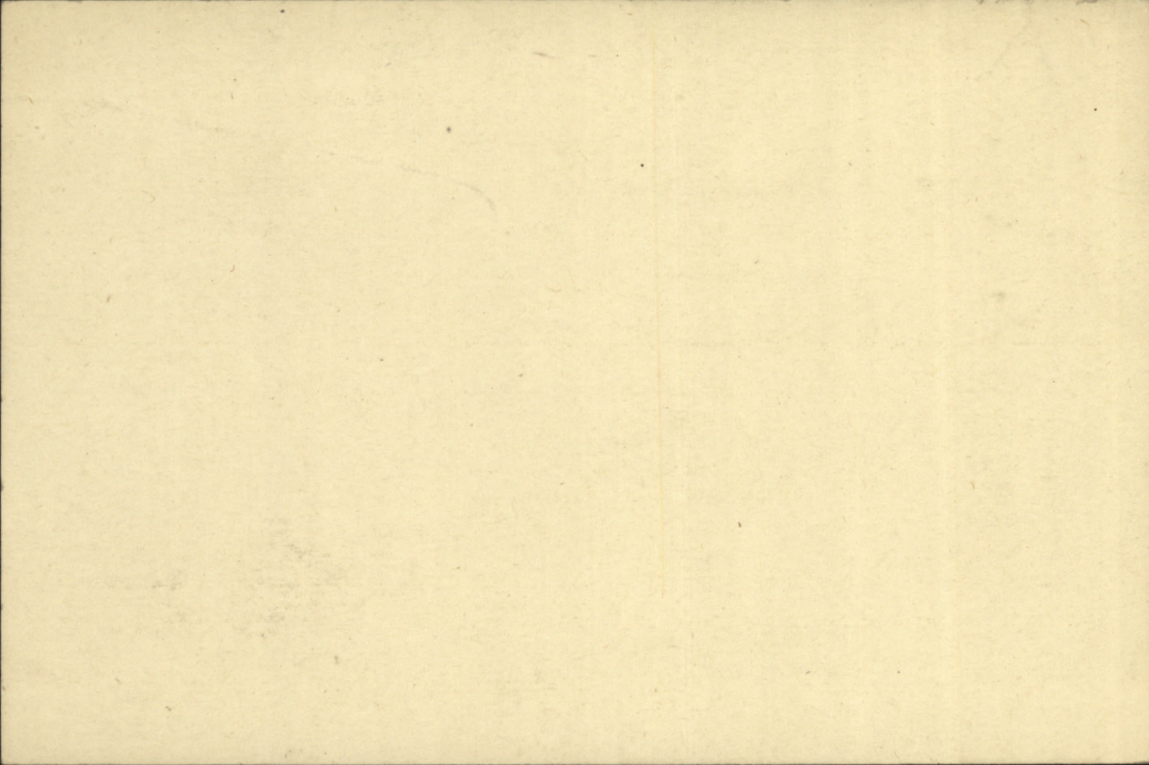
Reason *Demob.*

Auth. *TPO 2274 of 17-11-19*

Next of kin *Durst, Mrs Louise H.* Relationship *wife*
Address *1929-26th St. W.*
Calgary, Alta.
Also notify:

BORN—Place *England, Fenchly* Date *Aug 14th 1871*
med. Ex.
ATTESTED—Place *Calgary, Alta.* Date *Mar. 10th 1919*
O/S

R/C



SURNAME. *Hurst*

CARD NO.

CHRISTIAN NAMES *Llewellyn Herbert*

*S.O.S. Comm. 28-6-17.
16-25-3 FOLL 8/6/18. E.V.
48.*

REGL. NO. *904347*

RANK ~~*Pte*~~ *C.O.M.S.*

Lieut.

UNIT *194th*

Bm

FORMER CORPS *G.O. Hussars (4 yrs.) 57th Imp. Yeo.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Hurst, Mrs. Louise*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *1930-28th St; Glengarry,
Calgary, Alta.*

I.S.A.A.P. 19-5-17.

COUNTRY OF BIRTH *England, Pinchly, London, N.W.*

DATE *Aug. 14th 1875*

PLACE OF ATTESTATION *Edmonton, Alta*

DATE *Feb 29th 1916*

O/S. 14-11-16.

From Halifax per S. S. "Olympic" 14/11/16

MARRIED SINGLE WIDOWER
TRADE OR CALLING *Farmer* RELIGION *Church of England*

DESCRIPTION.

APPARENT AGE *39* YEARS MONTHS
HEIGHT *5* FEET *11 1/2* INCHES
CHEST MEASUREMENT *37* INCHES EXPANSION *2 1/2* INCHES

COMPLEXION *Medium* EYES *Hazel* HAIR *Lk. Brown*

DISTINGUISHING MARKS *Cross flags. Heron + Load on left arm. Butterfly. M. + Cr. tattoo on right. Cut on wrist on left arm.*

MEDICAL EXAMINATION. PLACE *Edmonton, Alta* DATE *May 10th 1916*

Present Address, Box 16, Wabamun, Alta

Box have been issued by AGIO
auth 9934-1

Number 904347 Rank A/c/o.m.s.

Surname HURST.

Christian Name Llewellyn Herbert.

Units 194th Bn: Can: Inf. Theatre of War England.
S.O.S. appointed Comm: Imp: Army. 28.6.17.

Date of Service Auth: A.R.D. P.C.II. D.O. No 237. d/. 1-11-17

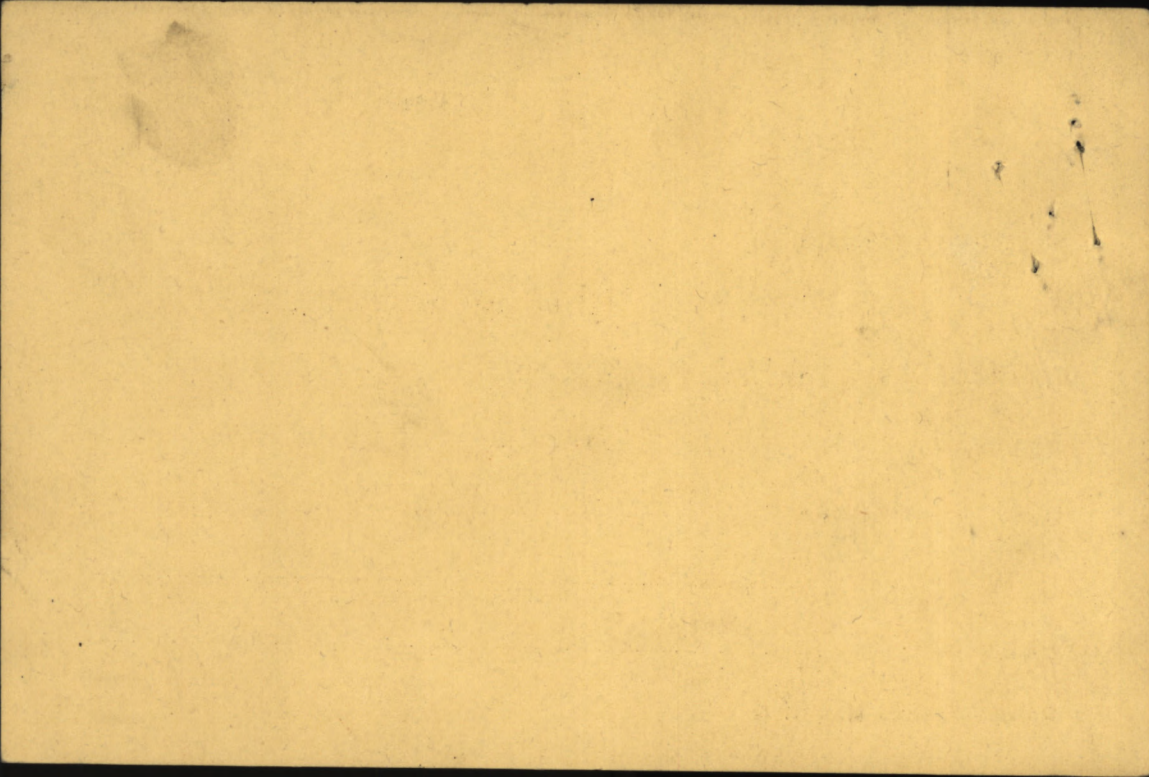
Remarks War Office Roll #2 Page 138

Latest Address W.O. N/W/9/1783 of 5/5/20.

1759 College Lane

Roll No. A. Page 5060. Calgary.

200m-2-21.M.



No. 904347 RANK *Pte*

NAME *Hurst Cleveland H.*

T. O. S. 29-2-16
(W. O. 21 of 1-3-16)

UNIT *194th Battalion*

M. D. *13*

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> Feb. 29	<i>1916</i> Mar 31	<i>✓</i>		
<i>Apr.</i>		<i>L</i>		
<i>May</i>		<i>L</i>		
<i>June</i>		<i>L</i>		
<i>July</i>		<i>L</i>		
<i>Aug.</i>		<i>L</i>		
<i>Sept.</i>		<i>L</i>		
<i>Nov</i>		<i>L</i>		
			<i>Rank repl. conf'd ^{from} 10-3-16</i>	<i>D 85-15-5-16</i>
			<i>app. Co. Q. M. 528-7-16</i>	<i>D 149-29-7-16.</i>



904347 Hurst, L. H.

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.				
7.7.17	Alto. R.O.	<p>ceases of C. to A.S.C. Cadet School <small>discharged to parent</small> 1508. Having been Discharged MS. in Eng. under K.R.O.P. 392.525</p>		28.6.17	<p>Non Roll. 91. 8.8 91 150.237/1655 B.</p>
		Sus. to comm. in M.S.C.		27.6.17	
		Send Fort Italy		28.6.17-17.6.18	
				Sus. 15.11.19	

Casualty Form—Active Service.

Regiment or Corps 194th O Bn C.E.F. Regimental Number 96
 Rank Pte. Surname Hurst Christian Name Llewelyn Hurst
 Religion C. of Eng. Age on Enlistment 40 years 6 months.
 Enlisted (a) 29/2/16 Terms of Service (a) C.E.F. Service reckons from (a) 29/2/16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Farmer
 or Corps Trade and Rate _____
 Signature of Officer i/c Records. [Signature]

Date	Report From whom received	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
		Embarked ...	<u>Canada</u>	<u>14/4/16</u>	
		Disembarked...	<u>England</u>	<u>25/4/16</u>	
<u>30.4.16</u>	<u>194th</u>	<u>appntd. 2/6/16 as Serjt.</u>	<u>Shorham</u>	<u>30/4/16</u>	<u>Pt II D.O. 254</u>
<u>25.1.17</u>	<u>194th</u>	<u>Trans to 9th Resv. Bn Alberta</u>	<u>Bramshott</u>	<u>25.1.17</u>	<u>Pt II D.O. 23</u> <u>H.A. Millett</u> <u>Capt-Adjt</u> <u>194 Bn</u>
<u>26.1.17</u>	<u>O.C. 9th Resv. Bn</u>	<u>Detention Strong 9th Resv Bn Alberta</u>	<u>Bramshott</u>	<u>25.1.17</u>	<u>Pt II 1</u>
<u>30.4.17</u>	<u>O.C. 9th Resv Bn</u>	<u>Posted to Alta. Reg Depot on proceeding to A.S.C. Cadet School</u>	<u>Bramshott</u>	<u>30.4.17</u>	<u>Pt II 95</u> <u>LIEUT.-ADJUTANT.</u> <u>9th RESERVE BATTN., ALBERTA.</u>
<u>30.4.17</u>	<u>Alberta- Rgt. Depot</u>	<u>On Command To Army Service Corps Cadet School Aldershatt</u>	<u>Bramshott</u>	<u>30.4.17</u>	<u>Pt II D.O. No 53</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-smith, &c.

CANADIAN EXPEDITIONARY FORCE

P.S. 13-41.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant.....

(Name in full)..... Llewellyn Herbert HURST,.....

Enlisted in..... 194th Battalion, as No. 904347 (C.Q.M.S.).....

CANADIAN EXPEDITIONARY FORCE, on the..... Twenty Ninth.....

day of..... February..... 1916..... AND WAS APPOINTED to COMMISSIONED RANK

in..... Camp Staff, Sarcee Camp, Alberta.,.....

CANADIAN EXPEDITIONARY FORCE on the..... Eighteenth..... day

of..... June..... 1918.....

HE SERVED in CANADA, ~~and England with the 194th Battalion., 9th Reserve Battalion., Alberta Regimental Depot., Camp Staff, Sarcee Camp, Alta., 1st Depot Battalion, Alberta Regiment., and Attached to Canadian Ordnance Corps., Military District No. 13.,~~

and was STRUCK OFF THE STRENGTH on the..... Fifteenth..... day

of..... November..... 1919..... by reason of..... General Demobilization.....

Dated at Ottawa, this..... First..... day

of..... September..... 1920

~~Struck off Strength 27-6-17 on appointment to Commission in the Royal Army Service Corps, and served in France and Italy, from 28-6-17 to 17-6-18.~~

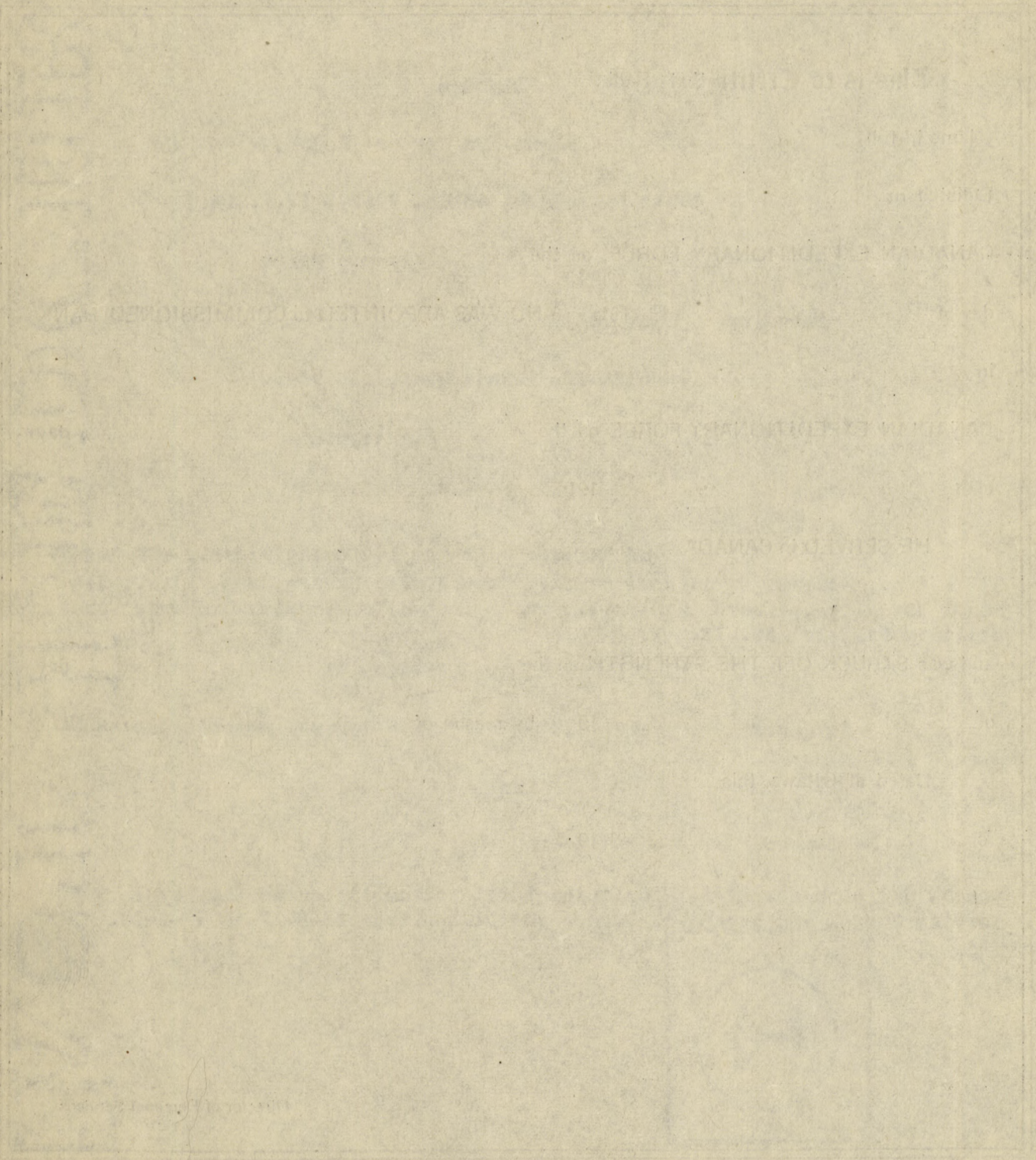


W. J. Coleman
..... Major
for Director of Personal Services.

CANADIAN EXPERIMENTAL FORCE

Centre of Science

Centre of Science and Industry



[Handwritten mark]

Col Belcher Mil

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date 15 - 11 - 19

Reg'tal No.

Rank

Capt

Name

Hurst L H

Unit

C.P.O. Co.

Bed

Ward

Injury or disease

Part affected

Treatment or Exam

X-Ray from Hip to
Knee left.

Report

Hip joint shows evidence of
an osteo-arthritis

Belcher

Radiographer

M. F. W. 2509.

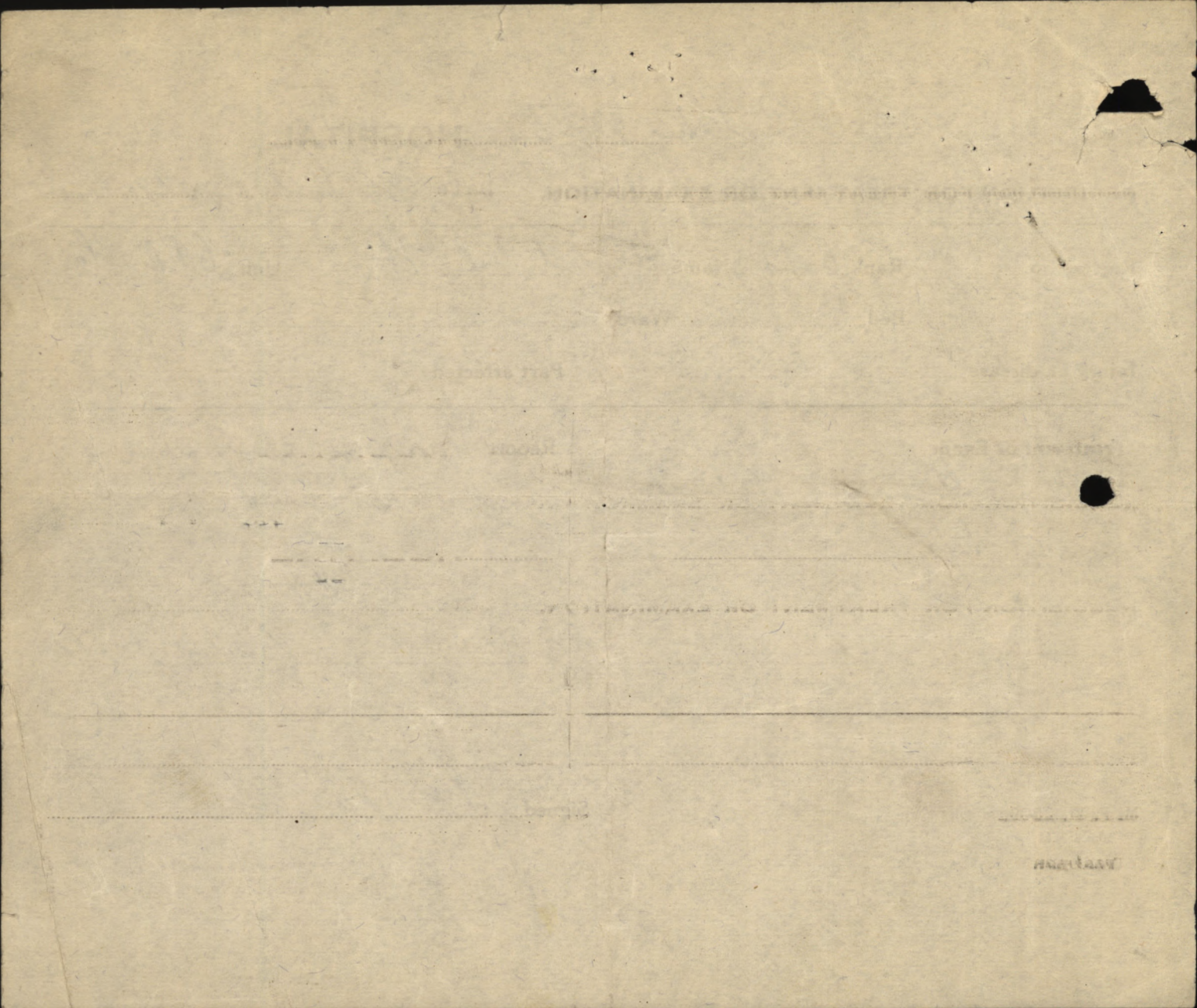
50m.4.19.M.

1772-39,1276.

Signed

A. S. Donaldson





MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom *Mrs S Hurst*

By Whom Assigned *Hurst S.*

Address *225 28th St*

Regtl. No. *904 347.*


Rank *C.O. g.m. S.*

Corps *D Coy 194 Btm.*

Rate *25.*

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payments Oct 1st/17 Comm. Imp's Army 3 M 4/10/17. Add 4/10/17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

110

110

110

110

Wife
ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs S Hurst

Name of Soldier

Hurst S.

PAYMENTS.

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

C.O. 99ms. 904347 D Coy 194 Jattn

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>25 00</i>	<i>NOV 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>909976</i>	<i>25.</i>	<i>11-12-16 14m</i>
Dec.		<i>C37932</i>	<i>25</i>	<i>1930-26th St Glasgow. Calgany alba</i>
Jan.	1917	<i>N39484</i>	<i>25</i>	
Feb.		<i>N45727</i>	<i>25</i>	
March		<i>K51229</i>	<i>25</i>	<i>25</i>
April		<i>a32084</i> <i>Y2651</i>	<i>25</i>	<i>25</i> <i>by 2651 can 14/2</i>
May		<i>Y9165</i>	<i>25</i>	
June		<i>B15649</i>	<i>25</i>	<i>25. B</i>
July		<i>G22368</i>	<i>25</i>	<i>W.</i>
Aug.		<i>P29027</i>	<i>25</i>	
Sept.		<i>D37142</i>	<i>25</i>	<i>OB</i>
Oct.		<i>O42822</i>	<i>25</i>	<i>O42822 Canceled</i>
Nov.				
Dec.			<i>27.5</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

OK

BSB

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

al.B.G.M.S.

97412

9 1/2 Res.

FORM OF WILL.

I, *Shnelly Herbert Hurst* (Name in full)

Regimental Number *904347* serving in *194th OS Bn CEF.*

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto *my wife*

Louise Hurst

Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to *my wife.*

Louise Hurst

Name & Address of person or persons to receive personal estate* (see note).

of Bayfield Station Alberta

now residing 1930 28th Street West Calgary Canada

In Witness whereof I have hereunto set my hand

this *seventh* day of *February* A.D. 1917,

Shnelly H Hurst

Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness *Alfred Edmonds*

Address of Witness *High Vale, Alta*

Occupation of Witness *Farmer*

Name of Witness *Thos. Boyd Connell*

Address of Witness *Hillcrest, Barrhill Rd, Mel Gurnock,*

Scotland.

Occupation of Witness *Painter*

Note

My wife is in possession of my last will & testament duly drafted by me Solicitors and witness by duly appointed witnesses. which she does not supersede

Shnelly H Hurst

29-2-16

SEPARATION ALLOWANCE

Name *Louise Hurst*

Name of Soldier *Hurst Llewellyn J.C.*

Address ~~*King Edward Hotel*~~

Regtl. No. *904347*

~~*530 1/2 St., Edmonton Alta*~~
146 Bellamy St.

Rank *Corpl* ~~*28/7/16*~~ *pmk 31/7/16*

Corps *194th Batta*

Relation to Soldier

To what Corps belonging

wife, child or mother

wife

when called out

1930 - 28th Street, Calgary

PAYMENTS

Month	Year	Cheque No.	REMARKS
		<i>Calgary, Alta</i>	
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
Apl.			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1916		
Feb.			
March			

13



ACCOUNT CLOSED
DATE.....PER.....
W

W

10 10 10 10

10 10 10 10

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... *194th Bn. P.S.C.E.F.*
..... *Edmonton Highlanders*

(2) Regimental Number..... *904 347*

(3) Full Name of Soldier..... *Llewellyn Hester Huron*

(4) Place of Birth..... *Finchley Middlesex England*

(5) Are you married, or not?..... *yes*

(6) If married, state,
(a) Full name of your wife..... *Louise Helen Huron*

(b) Present Postal Address..... *1246 Bellamy Street*
..... *Edmonton Alta Canada*

(7) Are you a widower?..... *no*

(8) Have you any children?..... *—*

If so, give number of boys and girls..... *2 boys*

Also their names and ages..... *Herbert Llewellyn Huron 9 years*
..... *John Llewellyn Huron 4 years*

ORIGINAL

(9) Is your Father alive?

If so, state name and address

(10) Is your Mother alive?

If so, state name and address.....

*Elizabeth Ann Hastings Huron
100 Woodstock Road Oxford England*

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?

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.

Date *May 15th 1916*

W. B. Beach
Officer Commanding.

MEDICAL HISTORY SHEET.

Surname *Kunst* Christian Name *Levellin Herbert*

Examined { on *29* day of *May* 191*6* at *Edmonton* Approved by *W B Bousca*
Birthplace { City or Town *Finchley* Rank *Capt* M.O.
County *London, England*

Apparent age *41*
Trade or occupation *Farmer* M.O.
Height *5* Feet *11 3/4* Inches. M.O.
Weight *167* Lbs. M.O.
Chest measurement { Minimum *40* inches. M.O.
Maximum expansion *4 1/2* inches. M.O.
Physical development *Good* M.O.
Small-Pox Marks M.O.

Vaccination Marks { Arm *Right* *4* Left. M.O.
Number *Four* M.O.
When Vaccinated last *1890* *Aug 3-16* *W B Bousca* M.O.
(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection
Slight varicose veins *Apr 14/16* *Reaction* *W B Bousca* M.O. *7.10.16*
on right leg below knee *Apr 24/16* *Reaction* *W B Bousca* M.O. *16.10.16*
May 5/16 *Reaction* *W B Bousca* M.O.

Enlisted on *29* day of *February* 191*6* at *Edmonton*

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>194 O. Batt</i>	<i>904347</i>		<i>February 29-1916</i>
Transferred to	<i>C. S. S.</i>			
	<i>9th Res. Bn.</i>	<i>904347</i>		<i>25-1-17</i>
	<i>Reg Dep Alta</i>			<i>30-4-17</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>London</i>	<i>23.10.17</i>	<i>Transferred W.A.S.C.</i>	<i>Fil- G. H. Williams M.D. C.M.C.</i>

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.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 95618-M. & D. 655.

Louise Hurst

wife
PAYMENTS.

Name of Soldier

Corpl Hurst Lewellyn
904347 Sgt

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916	94	40 -	40	<i>acc to be closed from 1-10-17 taken Comm in Imp Army act O/B 14th file # 9227-L-1 to refund from 1-10-17 amt pd \$500.00 due 450.00 Balance pd \$ 50.00 Refund req 16-11-17 \$16/11/17</i>
May		<i>5978</i>	20	20	
June		7355	20 -	20	
July		<i>588764</i>	20	20.	
Aug.		<i>12914</i>	20	20	
Sept.		<i>16481</i>	30	30	
Oct.		<i>19908</i>	25	25	
Nov.		<i>22695</i>	25	25	
Dec.		<i>26335</i>	25	25	
Jan.	1917	<i>29462</i>	25	25	
Feb.		<i>32266</i>	25	25	
March		<i>D. 35358</i>	25	25	
April		<i>F 1789</i>	25	25	
May		<i>G 4909</i>	25	25	
June		<i>H 7838</i>	25	25	
July		<i>E 11725</i>	25	25	
Aug.		<i>Q 15099</i>	25	R	
Sept.		<i>P 17792</i>	25	B	
Oct.		<i>W 20022</i>	25	B	
Nov.		<i>C 23997</i>	25	B	
Dec.		<i>M 26784</i>	25	500	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED
DATE..... PER..... *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 904347 Army Rank A.M.S.

Name Murst. Lewelgn. Herbert.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 194 Bn 9 Res Bn.

Battalion, Battery, Company, Depot, &c. Alta R. D.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge June 28th 1917.

Place of discharge No. 2. C. D. D. London.

1. Description at the time of discharge.

Age <u>46</u> years <u>5</u> months	Descriptive marks. <u>Cut. R. hand. wrist.</u>
Height <u>5</u> feet <u>11 1/2</u> inches	
Chest measurement { girth when fully expanded <u>37</u> ins. range of expansion <u>3</u> ins.	
Complexion <u>Medium</u>	
Eyes <u>Hazel.</u>	
Hair <u>Brown</u>	
Trade <u>Framer.</u>	
Intended place of residence (To be given as fully as practicable) { <u>100 Woodstock Rd</u> <u>Oxford</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being appointed to
Commission in the Imperial Army. 2/16/17. Auth.
Army list 1655. B.
K. R. & D. 392. XX N.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— **VERY GOOD**

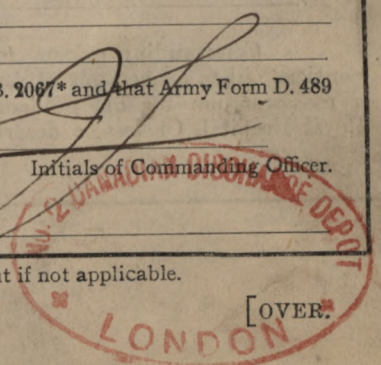
4. Character awarded in accordance with King's Regulations:—
MILITARY CHARACTER. VERY GOOD

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Not applicable

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

*France
South Africa Kings & Queens
(6 Bars)*

Certificate of education *Not available*

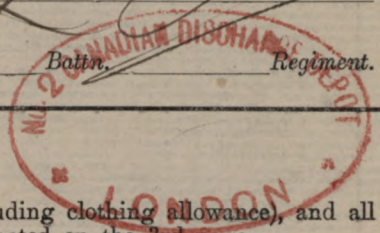
7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____



George H. ...
Commanding _____ Battalion _____ Regiment.

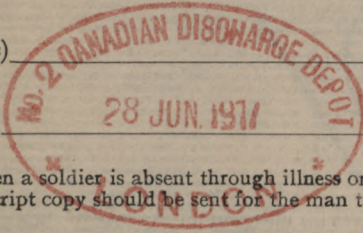


8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____

(Date) _____



Edward ... (Signature of Soldier.)
Richard ... (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " *28/6/17* (the date of confirmation of discharge) *1* " *120* "

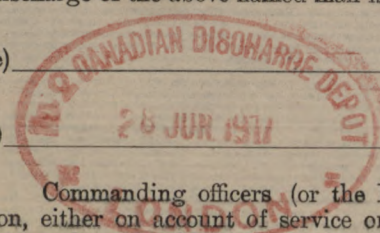
Total *1* " *120* "

11. Confirmation of discharge.

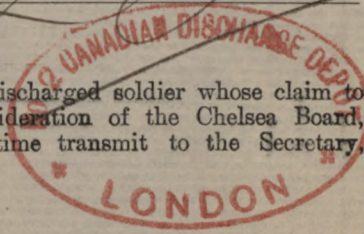
The discharge of the above-named man is hereby confirmed for *28/6/17* (date)

(Place) _____

(Date) _____



George H. ...
Signature _____



Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Levell, J. H. Hurst

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge
(Army Form B. 268)
2. Proceedings on transfer to re-
serve (if any)
(Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name
(if any)
6. Re-engagement paper (if any)
(Army Form B. 136)
7. Authority for continuance, or
extension, of service (if any)
(Army Form B. 221)
8. Court of Inquiry on an injury
(if any)
(Army Form A. 2)
9. Regimental conduct sheet
(Army Form B. 120)
10. Company conduct sheet
(Army Form B. 121)
11. Copies of convictions by Civil
Power (if any)
12. Medical history sheet
(Army Form B. 178)
13. Medical report on invalid (if
any)
(Army Form B. 179)
14. Copy of receipt for purchase
money (if any)
15. Attestation of fraudulently en-
listed man for corps in which he
has not been held to serve (if
any)
16. Detailed statement of former
service allowed to reckon to-
wards pension (if any)
17. Copy of 3rd page attestation (in
the case of men from abroad
entitled to deferred pay who go
to Netley or the discharge depôt
for discharge)
18. Descriptive return (Army Form
D. 400), where required
See section 11 on second page
19. Active service casualty form
(Army Form B. 103)
20. Employment sheet
(Army Form B. 2066)

In the case of recruits who are
rejected before, or on, final approval,
the discharge documents will consist
of—

1. Duplicate attestation.
(On third page the date
and cause of discharge
will be entered and signed
by the competent military
authority)
2. Medical history sheet (if
any)
(Army Form B. 178)

Instructions as to the preparation, despatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

B. P. C.
DEPT
MILITIA & DEFENCE
NO ORIGINAL
H.Q. CANADA

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 Calgary, Alta. DATE Nov. 15th 1919.

1. 1 (a) Unit 194th Battal'n. (b) Regimental No. ----- (c) Rank Captain
 (d) Surname HURST, (e) Christian name Llewellyn Herbert.
 (f) Home address 1636 - 12th Avenue West., Calgary.
 (g) Next of Kin Louise Hurst (h) Relationship Wife
 (i) Address of Next of Kin 1636 12th Avenue West., Calgary.
2. Age last birthday 48 years Date of birth August 14th 1871
3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton (b) Date 29th Feb. 1916.
4. Personal description:
 (a) Height 6 feet (b) Weight 198 lbs. (c) Complexion Fair.
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Scar left wrist. Scar frontal bone. Tatoo left forearm "Frog". Tatoo Right arm "Butterfly". Rt. arm & Crest.
5. Former trade or occupation Rancher.

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

Officer's statement.	PERIODS	
	From	To
Canada	March 1918 Feb. 29th/16	Date. Oct. 30th 1916.
England.....	Nov. 10th/16	June 29th 1917.
France or other theatres of War.....	June 29th/17	March 1918.

7. Original disease, or injury Osteo - Arthritis

- (a) Date of origin Nov. 5th 1917 (b) Place of origin West Ouvre - Belgium.
 (c) Cause Accidental on Active Service.

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.)

(a) None.

(b) Numbness in left thigh. (c) After half mile walk left hip and thigh become tired, requires to rest. (d) None.

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.)

Healthy, well developed man of age stated. Eats well. Sleeps well. Bowels regular. Heart and lungs normal.

For a year complains of difficulty in passing water. In 1894 had Gonorrhoea - Complete recovery - Strain small and long time required to empty bladder, but no complete stricture.

Has continued numbness and tingling in left leg extending from hip to knee - No actual pain. States hip joint feels as though "it required lubrication". Change of weather increases discomfort, no symptoms present at rest. Can only walk one mile at own gait and then is tired. Does not use a cane but has slight limp at times particularly if on feet for any length of time. X-Ray report attached.

(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... None..... Genito-Urinary System... as above.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses... No..... Respiratory System... None..... Integumentary System... No.....

Disturbances of Mentality... No..... Digestive System... No..... Muscular System... No.....

Osseous and Joint Systems... as above..... Any other general condition... as above.....

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

Statement.

Nov. 1917 Old Colter fracture left arm and fracture of ulna (Olecranon) fair result. Movements good. Not in Hospital

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).)

Enteric - South Africa 1901. Compound fracture right leg 1904. Fracture lower jaw 1884. Measles as child. Influenza 1918. - Good recovery.

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

As in 4 (f)

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) No (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? Probably permanent.

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

None.

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

Discharge on demobilization.

E. J. Mearns Major 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, Lowell H. Hurst 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

B. P. C. FIELD FALSE DOCUMENTS

Lowell H. Hurst 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.)

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.)

Discharged on Demobilization, Category B.

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

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

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

PLACE Colonel Belcher Hospital, Calgary,

Amos Shullington Major President.
Capt. [Signature]

DATE 17-11-19.

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.....

Members

DATE.....

APPROVED BY

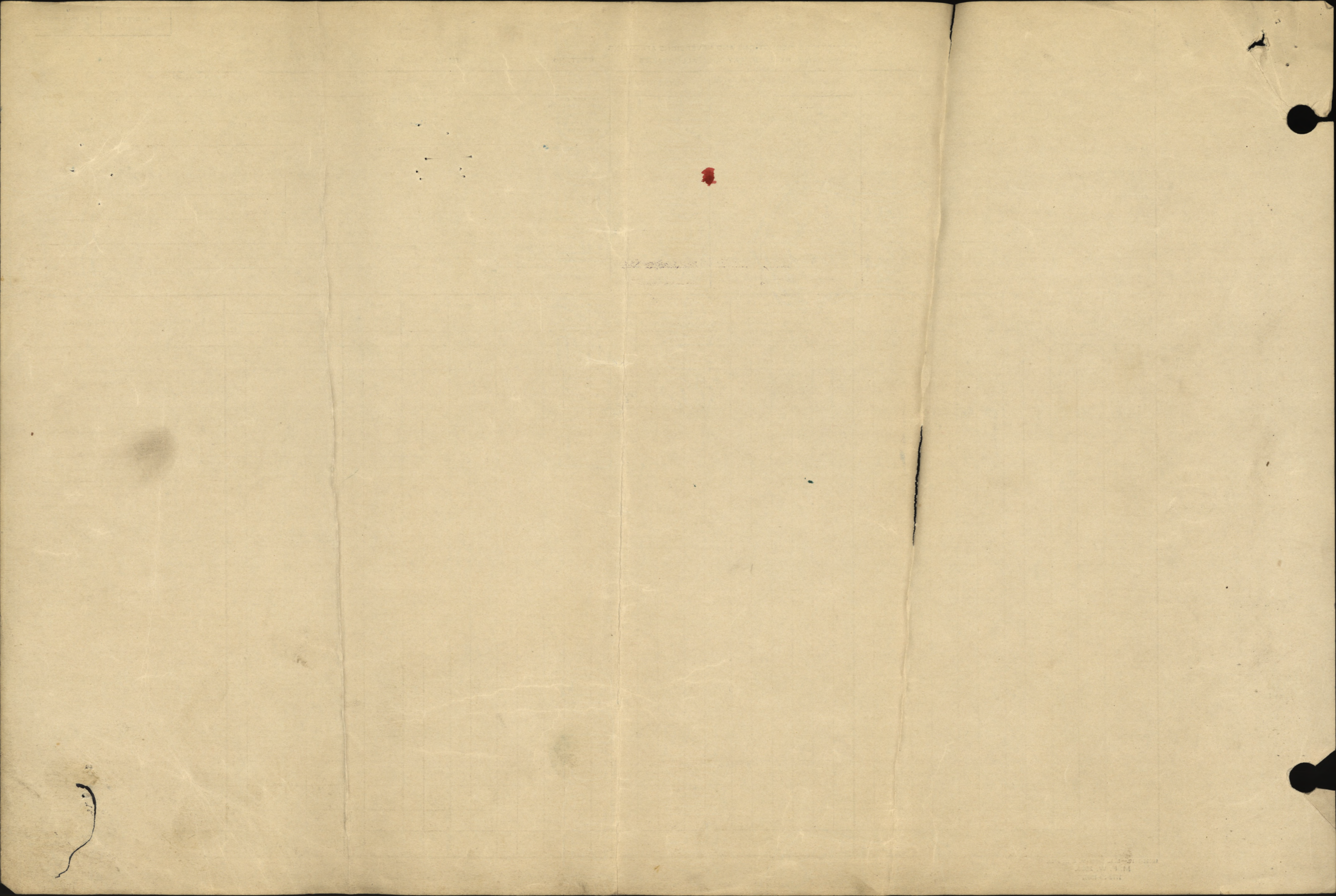
APPROVED BY

[Signature] Colonel.
Assistant Director of Medical Services. M.D.#13.

[Signature] Director-General of Medical Services.

DATE November 18th 1919.

DATE 5/12/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

29-2-16

Separation and Assigned Pay Branch

Nov 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25			
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RATE OF ASSIGNMENT

25			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 904347
 Rank *CO Q.M.S.* Promoted Reverted Discharge
 Soldier's Name *L. Hurst*
 Battalion *194th Batts*
 Beneficiary *Mrs Louise Hurst*
 Relationship *Wife*
 Address *1930-28 d St. Glengarry
Calgary Alta*

Name *Mrs. Louise Hurst*
 Address *1930-28th St. Glengarry
Calgary Alta*
 Change of Address
 1
 2
 3
 4

wife

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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1917 Dec 31	—	500	275	775	
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a.p. stop paymt Oct 1/17 Com. Imp Army 37M4-10-17
 S.A. act closed 1-10-17. overpaid 50 = refund requested
 16-10-17. bank ch issued Nov 17. Bkkt. 14-12-17. Aubay
 O/B 14-11-17 File 9227-L-1 to refund from 1-10-17

Total amt of overpayt. recovered by P.M. M.D. #13.
 See file 9227-L-1. Credit slip issued 12-12-18

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank G.M.S. Name H.H. Surname HURST
Unit or Corps 194th B.N. (If a soldier) Regt. No. 904347
Born at Finchley, Middlesex, Eng. on date 14th Aug. 1871
Signature (for identification) [Signature]

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 180 lbs.
Height 6 ft. in.

2. NUTRITION AND DIATHESIS? Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? no

4. RESPIRATORY SYSTEM? no

5. HEART?

Abnormal Sounds? no
Abnormal Size? no
Pulse Rate? 80 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no

Urinalysis—s.g.? 1020 Reaction? acid Albumen? none Sugar? none

9. SKIN, MIDDLE EAR, EYE or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe. no

11. Opinion as to the health and physical condition of the one examined? Fit

Examined at London } Signed [Signature] M.O.
Date 23.10.14 } Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

The officer leaving the service upon being found unfit for general service by a Medical Board and Soldiers leaving the service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Name: _____
Rank or Grade: _____
Regt. No. (if a Soldier): _____
Date of Examination: _____

Place of Examination: _____

1. PHYSIQUE - not showing evidence of weakness, ill health, or disease.
Height: _____
Weight: _____
Pulse: _____
Temperature: _____

2. NUTRITION AND EXERCISE: _____

3. NERVOUS SYSTEM: _____

4. RESPIRATORY SYSTEM: _____

5. HEART: _____
Tympanic sound: _____
Aortic valve: _____
Mitral valve: _____
Tricuspid valve: _____
Pulmonary valve: _____

6. GASTRO-INTESTINAL SYSTEM: _____

7. GENITO-URINARY SYSTEM: _____

8. SKIN, MIDDLE EAR, EYE: _____

9. THROAT AND NOSE: _____

10. TOOTH AND JAW: _____

11. OPHTHALMOSCOPE: _____

12. VISION: _____

Signature: _____
Date: _____

If any disease or condition of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular reporting.

M. OR S. *Married*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. RANK *LIEUT.* NAME (IN FULL) *HURST, L. H.*

NEXT OF KIN <i>Mr Louise Hurst</i> ADDRESS <i>1930 28th Street Calgary</i> <i>1636-17th Avenue West Calgary</i> IS SEPARATION ALLOWANCE PAID? <i>Yes</i> TO WHOM PAID ADDRESS <i>As Above</i>	RELATIONSHIP <i>Wife</i> DATE EFFECTIVE RELATIONSHIP	PARTICULARS <i>Petty 2</i> <i>Sub</i>	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. PLACE OF ATTESTATION DATE OF ATTESTATION ASSIGNED PAY \$ <i>NIL</i> PAYABLE TO ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PLACE <i>Calgary</i> DATE <i>15/11/19</i> REASON <i>Demit.</i> AUTHORITY <i>2076</i> IF ENTITLED TO POST DISCHARGE PAY
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Certified opening entries on this Ledger Sheet have been audited by *[Signature]* Date *31-10-19*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		S.A.		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY S.A.	REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
		AMOUNT	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3		\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
		\$	C.	\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE		\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
<i>1919</i>																											
<i>October</i>	<i>31</i>	<i>3⁰⁰</i>	<i>93</i>	<i>52</i>	<i>70</i>	<i>40</i>	<i>185</i>	<i>70</i>	<i>26</i>			<i>27</i>	<i>30</i>	<i>75</i>	<i>70</i>	<i>70</i>	<i>40</i>					<i>185</i>	<i>70</i>			<i>S.A. AR-29¹⁹¹⁹</i>	
<i>Nov.</i>	<i>15</i>	<i>3⁰⁰</i>	<i>45</i>	<i>25</i>	<i>50</i>	<i>20</i>	<i>90</i>	<i>50</i>	<i>28</i>			<i>13</i>	<i>11</i>	<i>75</i>			<i>15</i>	<i>50</i>				<i>90</i>	<i>50</i>			<i>S.A. AR-29¹⁹¹⁹</i>	
			<i>138</i>	<i>78</i>	<i>20</i>	<i>60</i>	<i>276</i>	<i>20</i>						<i>150</i>	<i>70</i>	<i>70</i>	<i>55</i>	<i>50</i>				<i>276</i>	<i>20</i>			<i>Reversions</i> <i>Certified that all payments due on 4/5 PRA have been completed</i> <i>[Signature]</i> <i>Cap't</i>	

