

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Kaas,
2. Christian name: Marius
3. Present address: Redoliff Hotel, Redoliff, Alberta
4. Military Service Act letter and number: 350221 MC
5. Date of birth: Feb 14th 1895.
6. Place of birth: Grested, Denmark.
7. Married, widower or single: Single
8. Religion: Lutheran
9. Trade or calling: Farmer
10. Name of next-of-kin: Mr Jorjan Kaas
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Grested Denmark.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—
(a) Place: Calgary Alta (b) Date: 9/5/18-3-12-17 (c) Category: A 2

DECLARATION OF RECRUIT

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

Marius Kaas (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 23 yrs. mths.
Height: 5 ft 4 ins.
Chest measurement: fully expanded 34 ins., range of expansion 2 ins.
Complexion: Fair
Eyes: Blue
Hair: Light
Distinctive marks, and marks indicating congenial peculiarities or previous disease: Nil

Commanding Lt. Depot Batt'n. Alta. Reg't
O. C. First Depot Btlh. Alberta Regt.

Place: Calgary Alta Date: 9/5/18

Regiment M. D.

Regt. No.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military Service No. letter and number

5. Date of birth

6. Place of birth

7. Married, widow or single

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether at present a member of the Active Militia

14. Particulars of previous military or naval service

15. Medical Examination under Military Service Act

(a) Place

(b) Date

(c) Category

DECLARATION OF RECRUIT

I,

do solemnly declare that the above particulars are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	...
Height	...
Weight	...
Measurements	...
Completion	...
Eyes	...
Hair	...
Distinctive marks and marks indicating congenital peculiarities or previous disease	...

Depot Bn.

Rk.

Date

M. T. W.

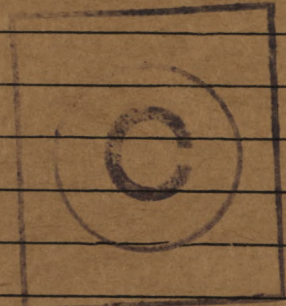
REGIMENTAL DOCUMENTS

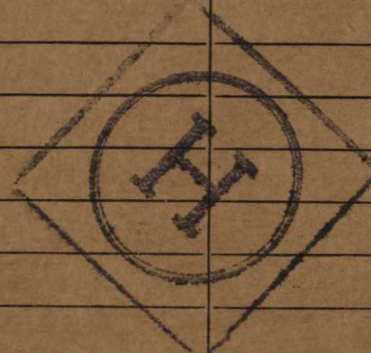
NAME **KAAS MARIUS**

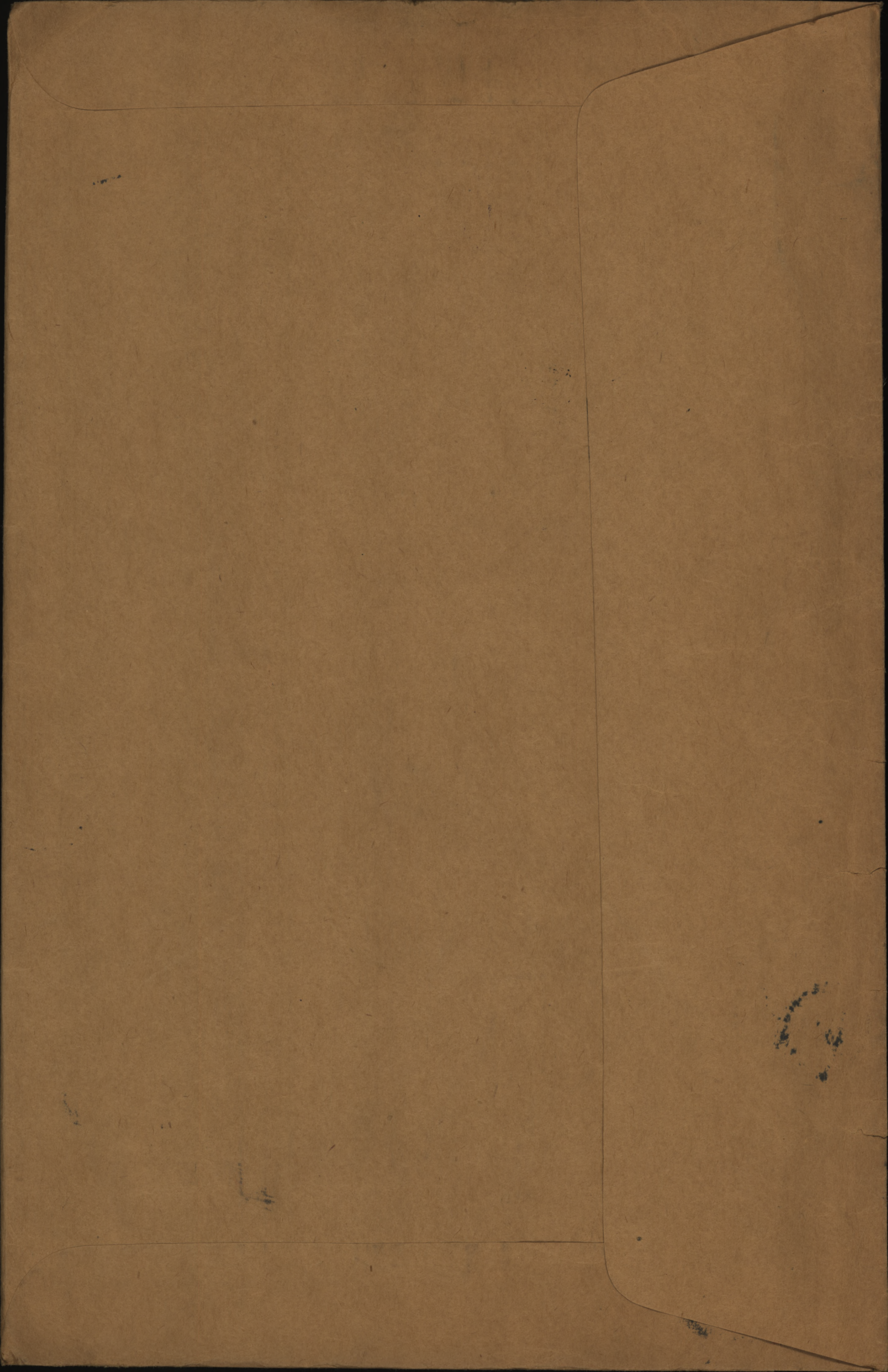
REGT. NO. **3209506** UNIT **610.M.B.** H. Q. FILE NO.



13-11-19
ms.
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)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				<i>60012</i>	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DISCHARGE
MEDICAL EXAMINATION (M.F.W. 129)					Category
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					<i>Demob.</i>
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)					DESERTION
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)					
<i>ms</i>					
					<i>14-12</i>
					<i>21-12</i>
					<i>33-12</i>
					<i>1</i>





No. 3209506 RANK Pto

NAME Kaas N

T. O. S.

UNIT

1st Depot Battalion, Alberta Regt

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 9	1918 May 31	m	Rep. fr. N Coy 9-5-18 Have 200 off of 15 days	no. 0.133 of 5-18 " 150 of " "



NAME KAAS Marius

REGIMENTAL NO. 3209506

RANK Pte.

ENLISTED AT Calgary Alta.

PROMOTIONS, &c.
AND DATE

DATE 9 5 18

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Iorjan Kaas RELATIONSHIP Father

ADDRESS OF Grested Denmark

ASSIGNMENT OF PAY \$ 15 C. 00 TO Iorjan Kaas

ADDRESS Grested Denmark

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE. PROMOTION. &C.	PART II. D. O.		REMARKS IF IN HOSPITAL. NOTE NAME, &C.
	No.	DATE	
Taken on strength	133	1st Depot	Batt'n, Alta. Regt.
Transferred to the C.A.M.C. T.D. #13	348	14 12 18	
Leave	150-244-288		
Hospital	289-313		
Duty Calgary Mil. Hoop	18	18-1-19	Command
Returned to Unit for duty 25-1-19 on completing duties at Isolation Hospital.	26	26-1-19	
Detached from 13th C.P.R. for rotations & quarters 7-3-19	67	8-3-19.	
Attached to D.D. 13 for quarters " " " " Col Belcher's rotations 12-6-19	163	13-6-19	Attachment
Detailled to med office at Soreau camp for duty 13-6-19	165	14-6-19	Command.

LEDGER No. 9238.

SERIAL No. _____

B. 13556

REG. No. 3209056

NAME

Kaas. Marinus

RANK

Pte

CORPS

1st Delta Depot

AGE

23

SERVICE

C. 6/12

HOSPITALS

1

Isolation Hos. Saene - Belgary.

DATE OF ADMISSION

16-10-18

2

3

DIAGNOSIS

#21 Influenza

TRANSFERRED TO _____

DISPOSITION

Discharged. 7/1/18

CATEGORY _____

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
Desires to be attached to D.O. 13 for quarters 13-6-19	167	16-6-19	Detachment
Desires to be attached to Col Butler Hoop for quarters transferred to Ogden Home, as from 1-7-19	167 185	16-6-19 4-7-19	Auth WOMS NO 182 Part 2.
S.B.S. Ogden M.B.A. 31-10-19	304	31-10-19	Auth R.O. 1420.

M. F. W. 71—500M.—6 18.
1772—39—961.

NAME

REGIMENTAL NO.

RANK

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

NAME. *Kaas, Marius.*

RANK. *Pte*

REC. FILE. *13-6*

No. *3209506.*

T. O. S. *May 9 1918.*

Alta. Regt. 1st Sps. Bn.

CORPS.

D. O. P. FILE No. *130*

ENLISTMENT, PLACE. *Calgary Alta.*

DATE. *May 9th 1918.*

BIRTH DISCHARGE, PLACE. *Denmark Grested*

DATE. *Feb 1st 1895.*
W. O. active 1895.

REASON.

auth. trans. pt 2 #135.

ADDRESS ON DISCHARGE.

13-5-18.
S. S. Demob. 31-10-19
N.O. 304 of 31-10-19
of M. N. 13.
DO 306 of 4-11-19, 13000.

DOCUMENTS.

NEXT OF KIN

Kaas, Jorjan
Grested, Denmark

ADDRESS

RELATIONSHIP

Father

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO DATE BY

RECEIVED
BY DATE

TO DATE BY

RECEIVED
BY DATE



DEC 7 1917

350221 3209506

M.S.A. 15.

MILITARY SERVICE ACT, 1917 MEDICAL HISTORY SHEET

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

MEDICAL BOARD NO. 635
SERIAL NO.
SHEET NO.
CONSEC. NO.

1. Surname Kaas Christian name M ~~artin~~ MARIUS
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 350221mc
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Redcliffe Alta % Redcliffe Alta

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the DEC 3-1917 1917, by the undersigned medical board sitting at MEDICINE HAT, ALTA.

5. Age as stated 22 Years 9 Months. 6. Apparent age 23 Years _____ Months
7. Height 5 Feet 4 Inches. 8. Weight 136 Pounds.
9. Chest measurement { Minimum 32 Ins. 10. Complexion Fair { Eyes Blue
Maximum 34 Ins. { Hair Light
11. Physical development. Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm _____
Left arm 3 14. When vaccinated last Infancy
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____
none

16. Slight defects but not sufficient to cause rejection _____
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.) A2

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A11 Hearing and Vision Normal

G. Bayfield President. CAPTAIN C. A. M. C.
W. Barrett Member. CAPTAIN C. A. M. C.
Stewart Member. CAPTAIN C. A. M. C.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
27-5-18	<u>M. Remers</u>	Captain C.A.M.C.	27-5-18	<u>M. Remers</u>	Captain C.A.M.C. M.O.
			4-6-18	<u>J. H. Egbert</u>	Captain C.A.M.C. M.O.
			6-18	<u>Scudaple</u>	Captain C.A.M.C. M.O.

Joined 9th day of May 1918 at Calgary Alta

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BATT. ALBERTA REG'T.</u>	<u>3209506</u>		<u>9-5-18</u>
			<u>17-19</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.			
STATION	DATE	DISEASE	RESULT

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.
This copy of the sheet which is delivered to the man, or on his behalf, when the Proclamation under the Military Service Act calling out Class 1, has been issued.

No. 8

Signature of Man Marius Kaas

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				

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 *Pvt* Name *Marius* Surname *Kaas*
Unit of Corps *1st Depot Bn. A.R.* (If a soldier) Regt. No. *3209506*
Born at *Denmark* on, (date) *14 Feb. 1895*
Signature (for identification) *M. Kaas*

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *130* lbs. Colour of eyes *Blue*
Height *5* ft. *4* in. Identification Marks *none*

2. NUTRITION AND DIATHESIS?

good

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

no

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

no

5. HEART?

Abnormal Sounds? *none*
Abnormal Size? *no*
Pulse Rate? *78* Intermittence or Irregularity? *no* Muscular Tone? *good*

6. ARTERIES.—(a) Any hardening or nodulation? *no*

(b) Blood Pressure. *120*

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1.020* Reaction? *acid* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

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?

First class

Examined at *Calgary alt* Signed *A. S. Shore Capt. C.M.C.*
Date *27-11-18* Signed *S. Astrol Capt. B.A.M.C.*
M. Kaas Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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 for a regular service or a Soldier for duty

This report is to be filled out by the examining officer upon leaving the service, and should be reported on this form to the Medical Board, and should be reported on this form to the Medical Board, and should be reported on this form to the Medical Board.

Signature of Examining Officer: [Signature]
Date: [Date]



1. PHYSICIAN - Any abnormality, marking or blemish - If so describe

Weight: [] lbs
Height: [] in
Color of eyes: []
Identification Marks: []

2. NUTRITION AND DENTISTRY

Are searching glands and thorough examination of any other glands of disease or impairment of the parts indicated below? If so describe

3. BLOOD SYSTEM - Is there a history of previous disability? []

4. RESPIRATORY SYSTEM - Is there a history of lung trouble? []

5. HEART

Pulse Rate: []
Aortic Area: []
Aortic Joints: []
Interruption or irregularity: []

6. VEINS - (a) Any hardening or nodulation? []
(b) Blood Pressure: []

7. DIGESTIVE SYSTEM - Condition of teeth and tonsils to be included

8. GENITO-URINARY SYSTEM

Examination of []

9. EARS, NOSE AND THROAT

Examination of []

10. SKIN

11. VISION

12. HEARING

13. VOICE

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3209506 Rank Private Surname Haas
 (Given name in full) Marius
 Unit or Corps C.A.M.C. Birthplace Grosted Denmark

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 5 in. Colour of Eyes Blue
 Nutrition Good
 Pulse Normal
 Condition of arteries Normal
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 18 ft.
 Left 8 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Nil.

Opinion as to general health and physical condition... Fit

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

In Hosp. evoked Influenza. good recovery.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Calgary* (Canada)

Date *21/1/47* Signed *[Signature]* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *[Signature]*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3209506 (Rank) Private

Name (in full) KAAS, Murius. enlisted in
the 1st Depot Battrn Alberta

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta., on the 9th
day of May. 19 18

HE served in Canada.

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

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

Age 23 years

Height 5' 4"

Complexion Fair

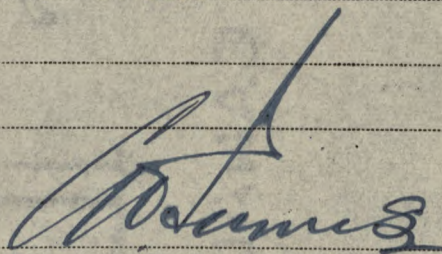
Eyes Blue

Hair Light

Marks or Scars

Nil

M Kaas.
Signature of Soldier


Issuing Officer

Date of Discharge

31-10-19

Rank

Major.

Rank

Date October 31st 19 19

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.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____

Name (in full) _____

enlisted in _____

the _____

of _____

of _____

He served in _____

and is now discharged from the service by reason of _____

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

Age _____ Height _____ Complexion _____ Eyes _____ Hair _____	_____ _____ _____ _____ _____
---	---

Signature of Soldier _____

Date of Discharge _____

Issuing Officer _____

Bank _____

Date _____

N.B. — As no duplicate of this Certificate will be issued any person who claims to be entitled to it should be referred to the Secretary, Military Control, Ottawa, Canada.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	3209506
Rank	Private
Surname	KAAS.
Christian name	Marius.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.M.C. M.D. No. 13.
Date of discharge	31-10-19
Place of discharge	M.D.#13. Calgary, Alta.,

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 23 years..... months.	
Height..... 5' feet..... 4" inches.	
Complexion Fair	
Eyes Blue	
Hair Light	Nil.
Trade Farmer	
Intended place of residence	Burgville, Alta.,
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of **Demobilization.**
S.G.S Ogden M.C.H. D.O. Part "2" No, 304, d/31-10-19

Authority for discharge **R.O. #1420.**

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Gow

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) M.D. #13, Calgary, Alta.,

C. Williams Major & Adjt.

(Date) 31-10-19

For Commanding Ogden M.C.H. M.D.#13.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) M.D. #13, Calgary, Alta.,

M. Kaas (Signature of Soldier.)

(Date) 31-10-19

S/Sgt Boulton J. A. (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 on his own request.

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

M. Kaas (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed) 1 years..... 154 days.
Total..... 1 years..... 154 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) M.D. #13 Calgary, Alta

C. Williams (Signature)

(Date) 31-10-19.

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.)

List of Discharge Documents

M. Haas

Attestation Paper	Attestation Form H 302	Key Contact Sheet
Particulars of Record	H 303a	Squadron Battery Company
Proceedings on Discharge	W 178	Field Contact Sheet
	In MS	Copies of Certificates by C. P.
	Attestation Form H 313	Med Hist Sheet
	W 34	Analysis Form
	H 317	Medical Report for Injuries
	H 405	Dental History Sheet
	W 44	Last Pay Certificate
	W 40	Duplicate Discharge Certificate
	H 33	Form of Will
		Only if discharged "Medical" only
		Only if man has not been overseas

I hereby certify that the following documents are unobtainable.

Officer Commanding

NOTE - In the case of a man discharged by purchase the date and number of deposit Receipt with amount of same is to be noted below.

Reservations referred to at Part 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

AUDITOR *H. Mag* PAYMASTER *W. D. 184*

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

REGT. NO. 3209506 RANK Pte NAME (IN FULL) KAAS, M

M. OR S.

NEXT OF KIN <i>Mr J Kaas</i>	RELATIONSHIP <i>Father</i>	PARTICULARS <i>Table A plus 50</i>	EFFECTIVE DATE <i>1-9-19</i>	AUTHORITY <i>D-0795</i>	ORIGINAL UNIT <i>1st Depot Bn</i>	IF IN P.F. WHAT UNIT?	TRANSFERRED TO <i>AME 1013</i>	DATE <i>12-18</i>	AUTHORITY	
ADDRESS <i>Credsted Denmark</i>					PLACE OF ATTESTATION <i>Belgum</i>		TRANSFERRED TO <i>Cyden</i>	DATE <i>1-7-19</i>	AUTHORITY <i>D0185-</i>	
IS SEPARATION ALLOWANCE PAID? <i>S.</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>9-5-18</i>		DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP				PAYABLE TO		RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
ADDRESS					ADDRESS					
Certified opening entries on this Ledger Sheet have been audited by <i>W.D.</i> Date <i>OCT 20 1919</i>					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE		EFFECTIVE			
					DISCHARGED	PLACE <i>Belgum</i>	DATE <i>31-10-19</i>	REASON <i>Demob</i>	AUTHORITY <i>D0304</i>	IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
1-10-19		<i>150</i>																
<i>OCT 31</i>			<i>216 50</i>	<i>12 00</i>	<i>58 50</i>		<i>18 30</i>	<i>30 00</i>	<i>28 50</i>				<i>58 50</i>					<i>Cofds Table A 5-2 1-9-19 30-9-19</i>
			<i>35 00</i>		<i>35 00</i>		<i>19 17/100</i>		<i>30 76</i>		<i>4 22</i>		<i>35 00</i>					<i>Cofcha M.F. 6.512</i>
			<i>46 50</i>	<i>47 00</i>	<i>93 50</i>		<i>30 00</i>		<i>59 78</i>		<i>4 22</i>		<i>93 50</i>					<i>Certified that all payments of P+A have been completed</i>

W.D.
Paymaster, Military Hospitals Staff, M.D. 13

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

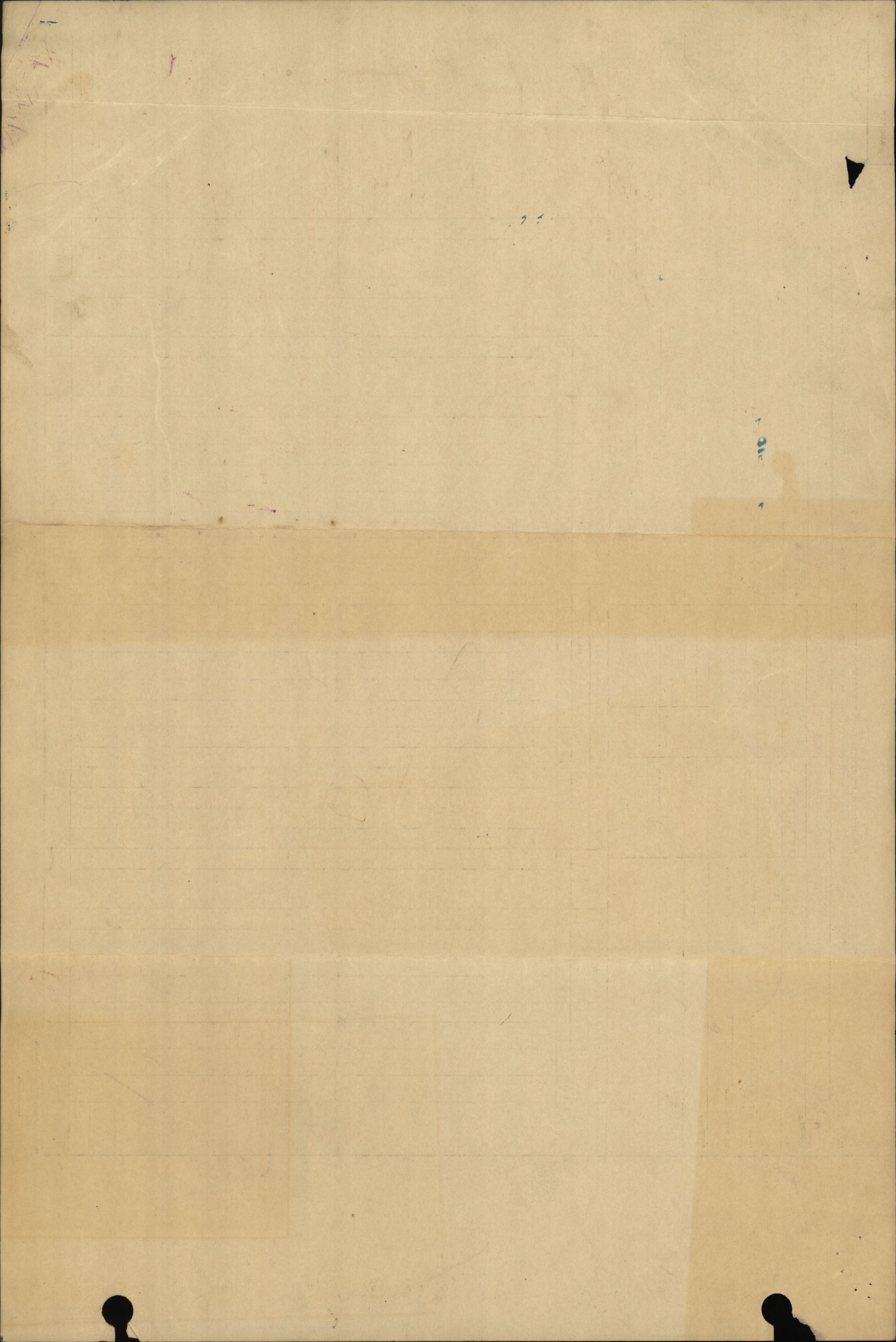
M. OR S. *Sing* REGT. NO. *3209506* RANK *PTE* NAME (IN FULL) *KARS, M.*
 NEXT OF KIN *Mr. Loren Kars* RELATIONSHIP *Father* ORIGINAL UNIT *1st Det Bn 1st B* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
 ADDRESS *Glendale Denmark* PLACE OF ATTESTATION *Balgary* TRANSFERRED TO *Orden Military Convalescent Hospital* DATE *JUL 1 1919* AUTHORITY *80185*
 IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____
 TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS _____ ADDRESS _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED *Balgary* PLACE *31-10-19* DATE *Demot* REASON *DD 304* AUTHORITY *DD 304* IF ENTITLED TO POST DISCHARGE PAY

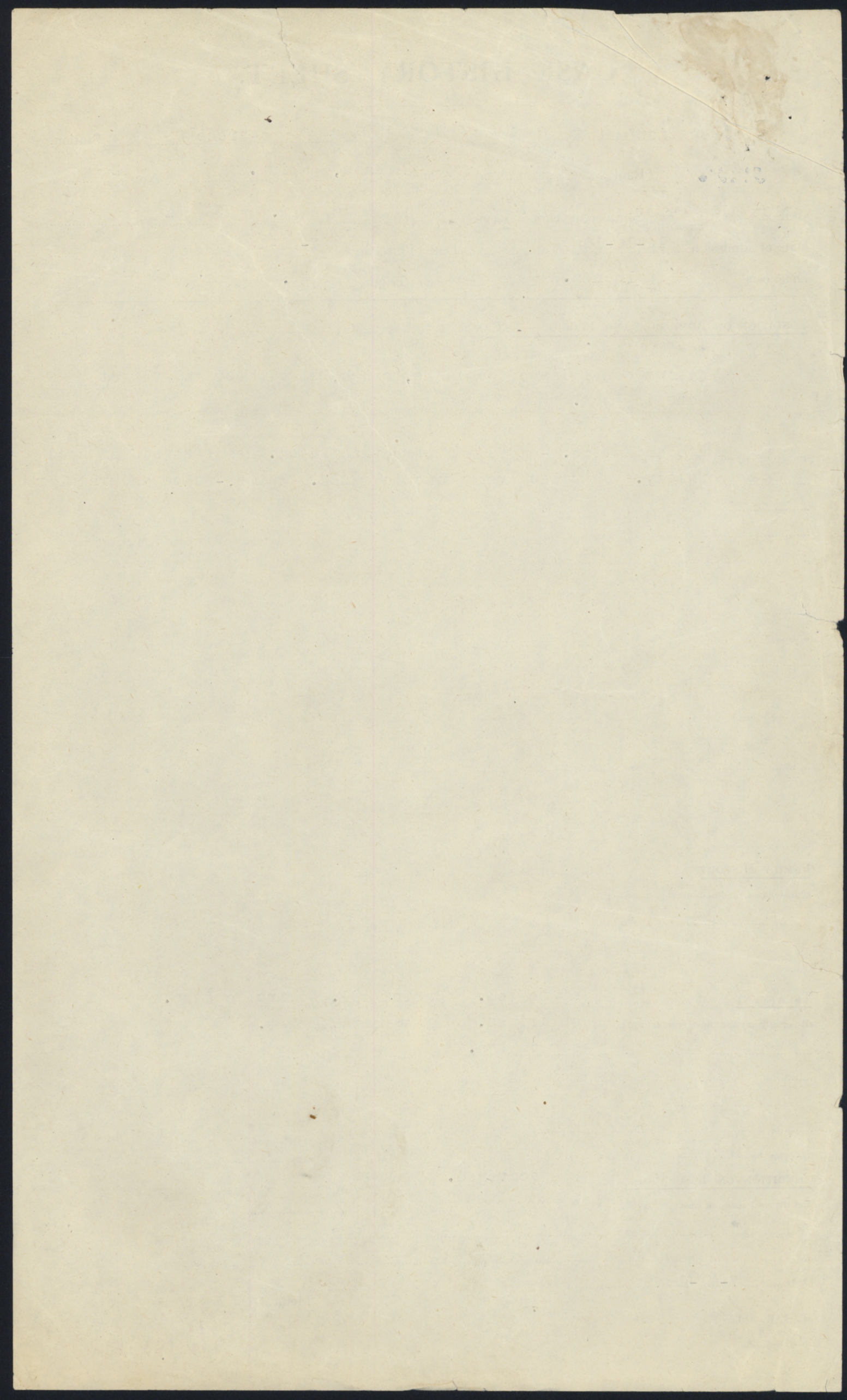
Certified opening entries on this Ledger Sheet have been audited by [Signature] Date 20/11/19

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
			10.00															
April	30	1.10	33.00	43.00	1-4	15/4/19	3-4	29/4/19	1.5	00	18.00		33.00		10.00			
May	31		34.10	34.10	1-6	15/5/19	6-6	15/5/19	1.5	00	19.10		34.10		10.00			
June	30		33.00	33.00	7-9	30/6/19	11-6	15/6/19	1.5	00	18.00		33.00		10.00			
July	31		34.10	34.10	11-6	15/7/19	13-6	15/7/19	1.5	00	19.10		34.10		10.00			
Aug	31		34.10	34.10	12-15	15/8/19	13-31	15/8/19	1.5	00	19.10		34.10		10.00			
Sept	30		33.00	33.00	14-15	15/9/19	15-30	15/9/19	1.5	00	28.00		33.00		10.00			
			201.30	211.30					90.00		121.30		211.30					
			70.00	70.00							70.00		70.00				Net Payment W.S.S. 6-10-19	

Certified that all payments of W.S.S. have been completed

[Signature]
 Paymaster, Military Hospitals Staffs, M. D. 13





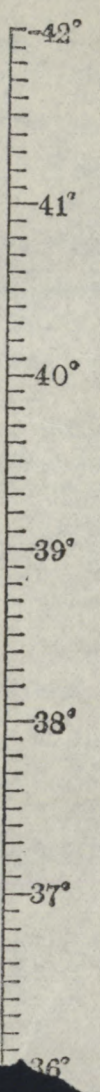
Source: *Proletaria*
CALGARY GENERAL HOSPITAL

NAME AND AGE: *W. K. Kees* *Winnipeg 263209056. Age 33 S 5/2.*
 ADMITTED: *6.10.18* *Dis 7-11-18* *WARD 6* *and 63*

October 1918.

Nov. 1918.

Date	<i>Oct. 29</i>					<i>30</i>					<i>31</i>					<i>Nov. 1</i>																							
Day of Dis.																																							
Hour	A. M.					P. M.					A. M.					P. M.					A. M.					P. M.													
	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10			
Temperature																																							
Pulse	60						90						64						68						56														
Resp.	20						20						20						20						18														
Stool	0						1						1						1						1														
Urine																																							



Winnipeg 263209056

Winnipeg 263209056

602

62

CLINICAL CHART Ward "F" - No 9

Hospital-Camp Military, Sarcee.

Corps-

No. 3209506

Rank/Snare Kaso, Marius, Pte

Age 23

Service 2 1/2

Disease-Influenza 21; Admitted 16-10-18

Discharged 7-11-18

M.Sbk/590

Date	Days of Disease	Time	Temp.	Pulse	Resp.	Stools	Urins	Remarks
Oct. 16	1	8 a.m.	104 ^{1/2}	96	20			"Influenza" Treatment. Gargle K.I.D.
		4 p.m.	103 ⁶	96	24	1		
" 17		8 a.m.	102 ²	96	18			
" 21		8 a.m.	100.	70.	20.			
" 21		8 p.m.	99.8	72.	20.			
- 22		8 a.m.	99.	72	20.			
- 22		8 p.m.	101	72	20.			
- 23		8 a.m.	96	60	20			
- 23		4 p.m.	98.	68	20.			
- 24		8 p.m.	98.4.	64	20.			
- 24		4 p.m.	99.	58.	20.	1.		
25		8 a.m.	98 ²	84	20	0		
25		4 p.m.	98	80	20	0		
26		8 a.m.	97	80	20	0		
26		4 p.m.	100	58	20	2		
27.		8 a.m.	98 ³	60	20	0.		
27		4 p.m.	98	84	20	1		
28.		8 a.m.	98.	56.	20	0.		
29		4 p.m.	97	96	20	1		

M. Shuphy Capt. C. D. M. S.

Capt. C. D. M. S.

CLINICAL CHART

Corps-

Hospital-Camp Military, Saecce.

No. Name&rank Age Service

Date Days of Time Temp. Pulse Resp. Stools Urine Remarks
Disease
