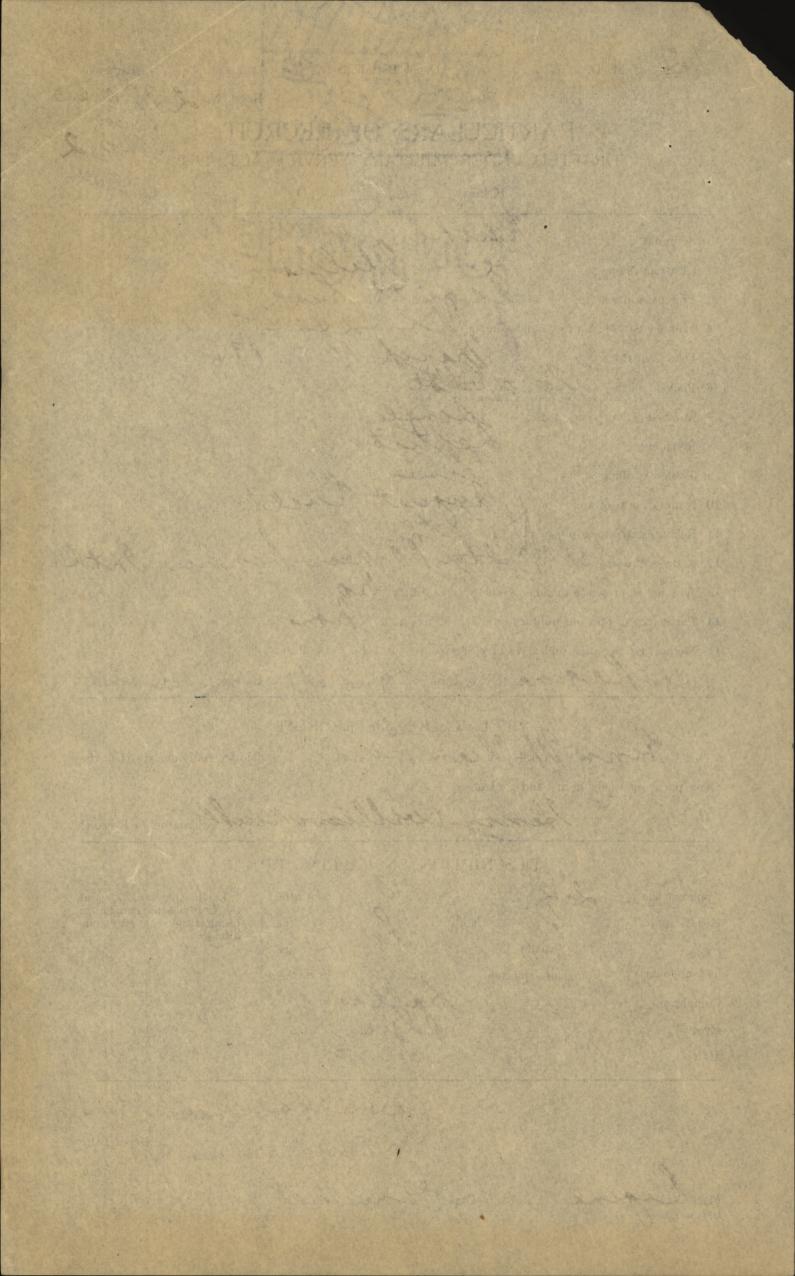
M. F. W. 133.

Regtl. No. 2 7 7 0 6 0 7

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

	(Class)	ORIGI
1. Surname	sichl .	
2. Christian Name	Jenny William	
3. Present Address.	esquith Lesk	
4. Military Service Act letter and	1 UP O 110	
5. Date of birth	march 18 /896	
6. Place of birth Alali	A last.	
7. Married, widower or single	nd country)	
8. Religion	7 10 2	
9. Trade or calling	4	
10. Name of next-of-kin		
11. Relationship of next-of-kin	Fate	
Tilalook	Store PO new Kenhen	A+1
12. Address of next-of-kin	12	
13. Whether at present a member of		
	or naval service, if any	
15. Medical Examination under Mil		2 9
(a) Place / Clarina	(b) Date // (c) Category (	
Al O. PE	ECLARATION OF RECRUIT	
1, Henry Me	Clam / Wehl , do solemnly de	eclare that the
above particulars refer to me, and ar		
Hen	my William Kuch Signate	ure of Recruit)
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Height	ft. ins. peculiarities disease.	or previous
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0	Ist Depot Battn. Sask, I	Regt.
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NAME 1 6 17 Henry. W. 194e/ REGT. NO 77060 UNIT C-A.M.C. H. Q. FILE NO. M. F. W. 2505 CONTENTS DATE RECEIVED TO WHOM FORWARDED DATE FORWARDED NON-EFFECTIVE BY REFERENCE ATTESTATION PAPER (M.F.W. 23, 133, or 51) DEATH ASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) Demobis 14483 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) 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. 3225) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) C-D. D. Disp cert.

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Surname	Christian Name or Names	Reg. No.
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Rank	Unit	2/1000
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D.M.S. 1300. 50M-	30-8-18.	T.O. LUNGS!

# Cas. List.

Number 277060	Rank Pte	
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Christian Name	Henry William	
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Remarks		
Latest Address P. Q.	asquith	
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REGN. No. 24803

noen 277060 KTIEHT Stian Name Henry William . A. Theatre of War England. Date of Service 15-8-18. Remarks P. H. h. & KILLALOE Latest Address Roll No 10m.-8-21.M.

DESP. AUG 8 39

REGN. NO. 167

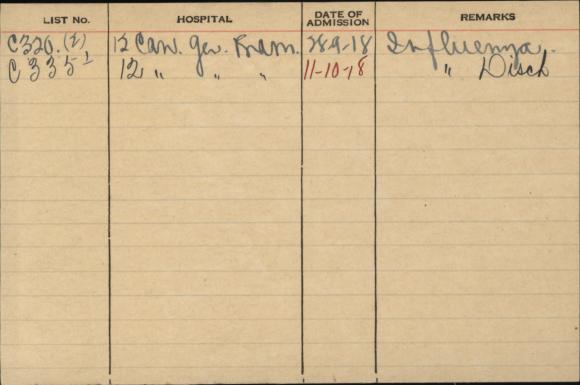
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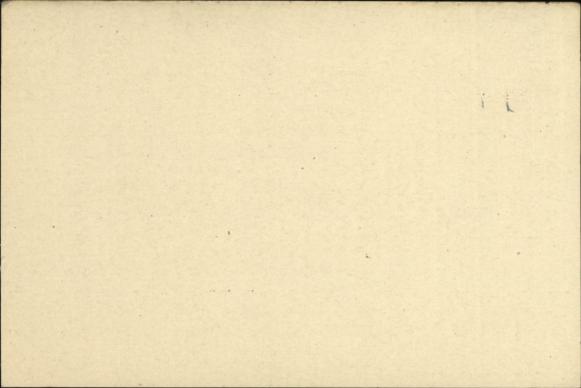
NAME KULK	l. H.	W.	REGT. No. 27	7060.
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NEXT OF KIN				r
CABLE		NATURE O	F CASUALTY	

		NATURE OF CARUALTY
No.	DATE	NATURE OF CASUALTY
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М. F. W. 42—100м.—8-18, H.Q. 1772 39-893.



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	H. Q.
-1 > 0.0	M. D. No. 12 012
Surname Kuehl	T. O. S. Jene 6 18
Christian names Menry Welleam	
Regtl. No. 27106 () Rank	S. O. S 20-9-19/9
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(83nd R)	D) Auth 20 263 - 9 20 - 9 - 19
Next of kin Puell august	Relationship Father
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Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.) 350m.—5-16 H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battn. Sask. Regt. Rank Name. Enlisted (a) / Mere 6 / Kerms of Service (a) Date of promotion to Date of appointment Numerical position on) present rank to lance rank Extended Re-engaged..... Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213. Date ported on Army Form B. 213, Army Form Place From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents authority to be quoted in each case Nonvieal 8 JUL 1918 Embarbed/ Duenburked Swerpool AUG 2 2 1918 Taken on the Strength of the 15th Can Res Batte 1 5 AUG 1918 16th RES. RM. 7 JAN STRUCK OFF STRENGTH TO ( Q. h. C.BRAMSHOTT. TH RESERVE BATTALION 10. 5 GANADIAN T.O.S. from CAMC Casualty 8-1-19 Liverpool. 7-1-19 PT. 200. No. 6. 08 11 1919. GENERAL HOSPITAL Co., Shorncliffe. S.O.S. To CAMC Cas. Co. Liverpool PT 2 DO No.167 d 9-8-19 9-8-19 9-8-19 do Witley. W. 3. Day lor Calfar REG POR S. No. S CANADIAN GENERAL HO LIVERPOOL

<sup>(</sup>a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

	Report	Record of promotions, reductions, transfers,			Remarks
Date	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents
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Rank Name KUEHWHENRY WIWHIAM Reg'l No. 277060
Unit If in perm. Corps, Married or Single Single Place and Date of Enlistment Regima June 6/18 Place of Birth Ontar Name and Address, Next-of-Kin August & wehl clalook O. New Renfreudut Relationship Father Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Character Reason Report. Record of promotions, reductions, transfers, REMARKS Place casualties, etc., during active service. Date. Taken from Official Documents From whom Date. The authority to be quoted in each case. received. Served in England 15 AUG 1918 HMT CASSANDRA 122. 8.18 15 Res I.C.S FROM Canada Bramshott 16, 8 18 It.II 0 254 7 119 15thes So Son the to bamb K812 on proc for duty at no 5 89 th pto 7 1-19 20 9 3 camed 8.1.19 5 68 th T.O.S from 6amb Re. Liverpool 8-1-19 — 6 3 camed 8.1.19 - 9-8-19 Do 167. 9-8-19. 665 Asp Sos to CAME Mills 19.8.19 CAMCCD. TOS from 5.CGH " Willey 16.8.19 DO194

103 - 0 - 107 dy 6.9.19

5. 9.19 R. Wing T. s.s. pund. R.T.C. " 18.8.19 Do 12 1 20193 aft

277060 Kuehl H.W.

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# ORIGINAL

M.S.A. 15.

# 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.

Deputy Reg	gistrar	H 11	cer Commanding unless			He	m mar 9	n + i Olie and	1
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12 N			Right arm					none	2
13. Numl	per of vaco	ination r	Left arm		14.	When va	accinated last	revor	Man
15. Distin	nctive mar	ks and m	arks indicating conge	nital pecul	iarities or p	revious di	isease		of A
16. Slight	defects b	ut not suf	ficient to cause rejec	tion			Di		Signature
The man	denies hav	ring had	Rheumatism Tuberculosis Syphilis	We find no	evidence o	of past {	Rheumatism Tuberculosis Syphilis		Sigi
			nitted or suspected.) ed the above na	med ma	n	7	V. A	20/40 L	20/
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DATES OF Remarks on nature of the disease; how induced; if mild or severe; if com pletely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Signature of Number of Admission into Hospital Discharge from Hospital. STATION. at the , DISEASE. days in Medical Hospital. Officer. Month Year Month Year Day Name Christian 0 Surname

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Form

1)*Substantive	rank P			(2) Regiment or Corps	(3) Regtl. No
*Acting rank	P	le .		Les and the second seco	
*(To be entered in		sate alteration.)		Laskatchervan.	4
4) Surname	KUL	-HL.		- vara archervan.	23
5) Christian Na			carn.		10
6) Army Form, Form or Rec	number of, A ord of Service	Attestation }			27306
7) Whether of I origin (vide A					
B) Date of birth	as stated o	n enlistment			
9) (a)					
10) Enlistment	(b)	0		(11) Engagement (c)	
12) Service reck	ons from (de	ite) fine 6.	1918. (13)	Special conditions (if any) of enlistment (d)	
14) Any subsequence of condition	uent variations of service	ons (if any))			Initials and Rank an Officer.
•			thority)	(date)	
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (vide Army Or	der 93 of 1917)
	Marie Control			Industrial Group No.	
	WENTER.			Trade or Calling	
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18) Demobilizer	r (f)		(Place)		Signature of Posting Office
17) Next of Ki 18) Demobilizer 19) Pivotal-man	r(f) n(f)		(Date)	Second Occupation Card despatched on (date)	Signature of Posting Office
18) Demobilizer	r(f) n(f)		(Date)		
18) Demobilizer 19) Pivotal-mar	r(f) n(f)		(Date)	Second Occupation Card despatched on (date)	

	a -alice	and source	(II dan policy is	ASIGN VILLIAM ANA	BONDER			
	Date	(A) eport From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer	
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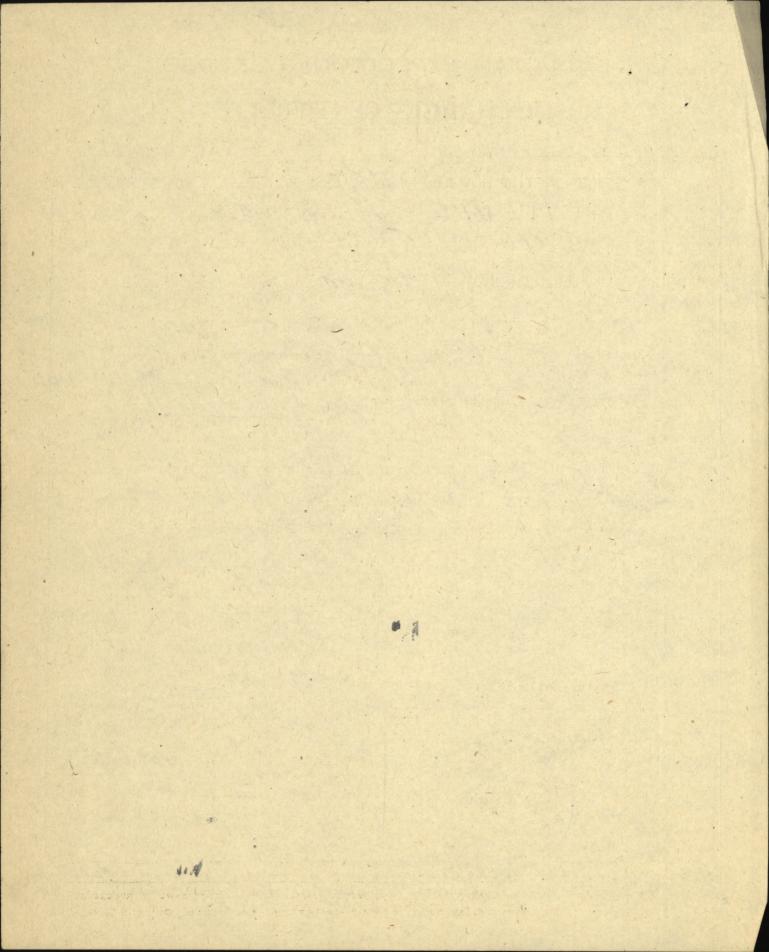
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## . CANADIAN EXPEDITIONARY FORCE

### DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2)	
Name (in full) EUHL	Henry William enlisted in
the 6. a. x. 6.	
CANADIAN EXPEDITIONARY FORCE at	Gara on the 16
day of 1918.	11 00 10
HE served in England	with the Ea hE
	Demobilization.
and is now discharged from the service h	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on t	the Date below is as follows:
Age 23 years 6 mos.	Marks or Scars
Height b feet.	1
Complexion Sallow	Hil.
Eves Blac.	
Hair L. Brown	
It so Wield	
Signature of Soldier.	Millahrorke
Data of Dischause	Issuing Officer.
Date of Discharge	Leun
AUG ON HOH	Rank
( 28 to 80, 1818.	
PW	

NB.- 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. M.F.B. 39A.



# 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.

e used, but the case will be referred to a Medical	Board for completion of M.F.B. 227.
No. 277060 Rank Pta	Surname KUEH L
	Henry Will
Unit or Corps COMMC	Birthplace Fallaloe 10
(Examination of Officer or Other Rank (	stripped) to be made by one Medical Officer.)
GENERAL DESCRIPTION: Lot	(10 to 10 ) 2
Physique Logd Weight 100 lbs.	Height. S. ft. 11. in. Colour of Eyes Blees
Nutrition Good	
Pulse 14 regular	Identification marks, scars, or deformities. (Give cause and date of origin.)
Condition of arteries	hel
Vision Rt. 6/17 + Left 6/17+	The state of the s
Hearing (conversational voice) Rt. Mft.	
Left. 9.1ft.	A TOTAL CONTROL OF A SECTION OF THE PROPERTY AND A SECTION OF THE
Opinion as to general health and physical condition	n good
Has Officer or Other Rank ever suffered from, (Answer "Yes" or "No"). (Subjective eviden	or has he now, any affection of the following systems?
	System. 70 Cardio-Vascular System. 20
	System. N.D Respiratory System. M.S
	mMDDigestive System
	ral condition. 200 40 works
Osseous and Joint System Let. Any other gener	rai condition.
. If the answer to any part of Section 2 above is of origin; and also a description of the present	s "Yes," here give full particulars, with cause and date
	^ M
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# EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—
Examined at. M. ttley(Overseas)
Date 19-5 - 19 Signed & Low Capt BAN 6 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(Canada)
Date
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 space to be used, if necessary, in connection with Section 3, overleaf, only.)
auch Dag. 14/1/48 7 13/6/19

M.F.W. 129. 1033 (D.P.) 500M-11-18. CANADIAN ARMY DENTAL CORPS, O.M.F.C.

### DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadia nting and Stationery Services, London

NAME OF SOLDIER (Block Letters) KU

KUEHL

H. W.

REGIMENT C. A. M. C. RAN

RANK PTE

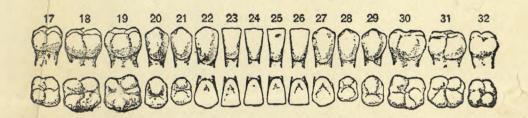
No. 277060

Date of Examination in Englard

Date of Examination in France\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16





DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

9-10-21-30-39

- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England 400
- (c) In France

Signature of Dental Officer Chalaulant

C. A. M. C 090618

P 820 12474-375M-13-2-18. ASSIGNED ENGLAND OR CANADA. ENGLAND OR SEPARATION NAME: KUEHL Henry ALLOWANCE. CANADA. EFFECTIVE EFFECTIVE DATE:-NUMBER :-DATE .-AMOUNT:- Wel PARTICULARS OF RANK O AMOUNT :-NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. DATE AUTHORITY UNIT AND TRA ORIGINAL UNIT :- 83 Draft. 12 DATE ACCOUNT FIRST OPENED: AUTHORITY DATE DATE EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK DATE OF NUMBER AMOUNT DATE OF NUMBER UNIT PAID BY UNIT PAID BY AMOUNT DAILY RATES OF PAY AUTHORITY 208 72 PARTICULARS OF RENDERING NON-EFFECTIVE: Dis: Canada 19/19 M. P. 12700 Balott 9/19 withy M.D. 12 PARTICULARS CR. 1 | CR. 2. PARTICULARS DR 2. DR. 3. DR. 33 1495. 15 Res. 29 20 194aR198031/10. 1 1903 14/11 14 a 4000 12/11. 228 alron-30/11 1 2190 1 3066 21/12 10/2 Wnar 2361- 15/1 5- 91+ 9 73 V S. 2472 29/1 V 973 13/2 V 775 27/2 730 2836 64 ape 33 May 3410 ar. 2963 26/3 COMPILED BY. CHOCKED BY Lickery 6710

P 820 1-375<sub>M</sub>-13-2-18. ASSIGNED ENGLAND OR SEPARATION ENGLAND OR CANADA. NAME: KUEHL Henry William ALLOWANCE. EFFECTIVE DATE:-EFFECTIVE NUMBER: 277060 DATE .-AMOUNT:- Wel PARTICULARS OF RANK OR APPOINTMENT NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE RANK OR APPOINTMENT 100 UNIT AND TRANSFERS ORIGINAL UNIT: - 83 Draft. 1st Sask. Reg. Dry DATE ACCOUNT FIRST OPENED:- 16-4-18 DATE DATE LEDGER SHEET T'SF'O AUTHORITY EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK DATE OF NUMBER AMOUNT DATE OF NUMBER UNIT PAID BY UNIT PAID BY DAILY RATES OF PAY AND ALLOWANCES Ledge Bal. 208 72 P.F.A. SUBSICE AUTHORITY PAY PARTICULARS OF RENDERING NON-EFFECTIVE: Dis: Canada 19/19 7. P. 12700 Bolott 9/9 with M.D. 12 CR. 1 | CR. 2. PARTICULARS DR 2. DR. 3. DR. 4. BALANCE DEFERRED SEPARATIO PARTICULARS 12 58 83 23 15 Res. akig8031/10. 1 1903 14/11 1460 (400s 12/11. alros - 30/11 1 3066 21/12 83 68 Quar 2361- 15/1 5- 91+ 9 73 18268 V S.2472 973 V ms 16946 33 20356 ar. 2963 26/3 19383

UMBER 277060 RANK PARTICULARS	33 - S	Find.	DR. 1 DR. 2 DR. 3 DR. 4.	BALANCE DEFERRED SEPARATION 22683	
Int or Day Pay	67 10	D.NAR.102 1/4 15 Per 1946 1946 1946 1946 1946 1946 1946 1946	973 730 1460 730 973 5839 1460 973 973	20x 54- 20x 54- 20x 54- 208 92-	
		Jun 103. 79/			

Pt. NAME KUEHL H.W. RANK 060 Furd. DR. 1 DR. 2 DR. 3. DR. 4. BALANCE DEFERRED SEPARATIO ULARS 1/4 15Pe 22/5 0 193 3/4 1946 2 534 29/5 0 14 0 827 19/6 0 0 919 26/6 0 241 4 202 54 2/11/21 30/7. 59 H -9 73 9 73 208 92 5 1547 9/8 " 5 4867 12527 19/8 Wary 973 150 32

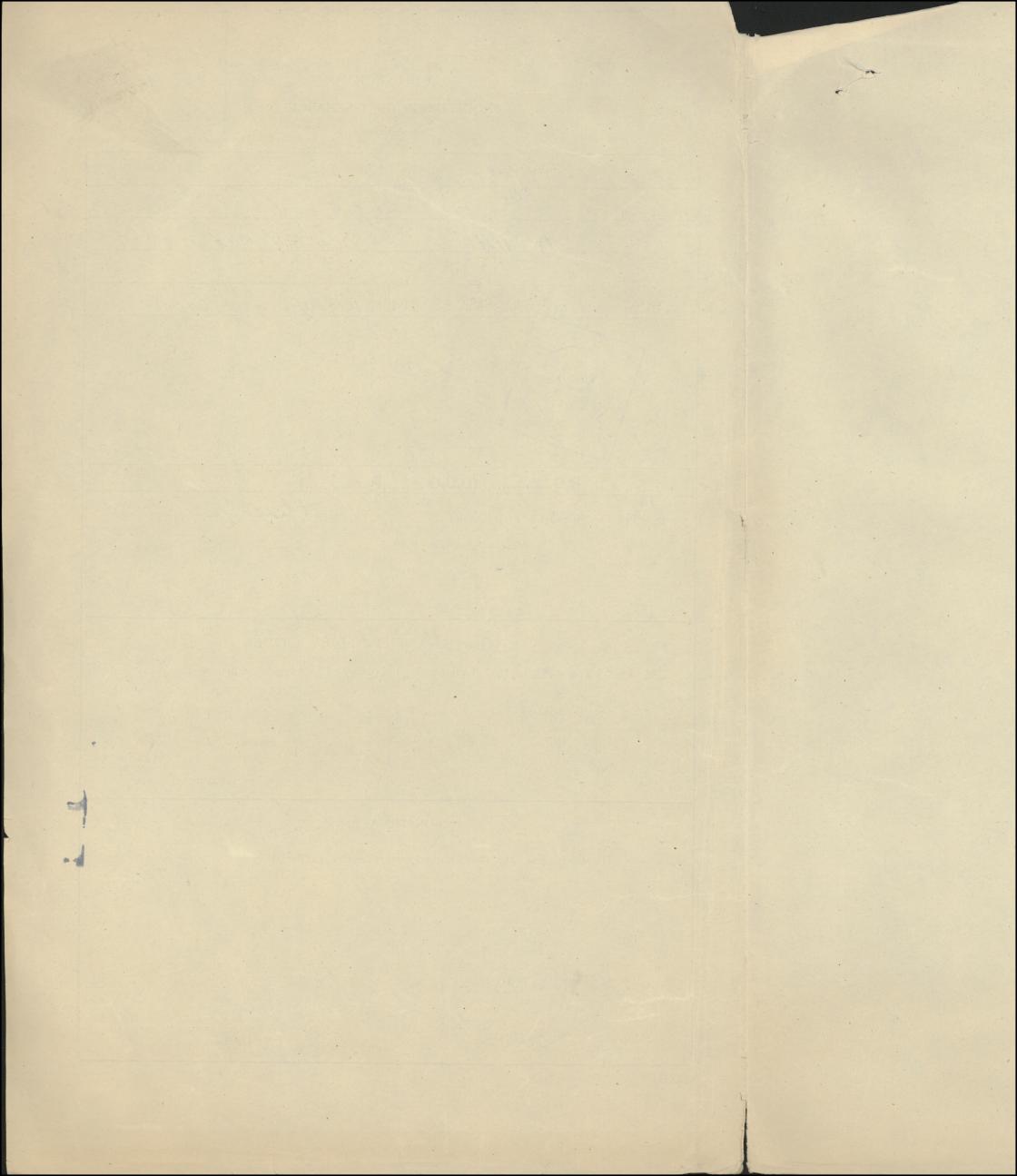
### SHORT FORM.

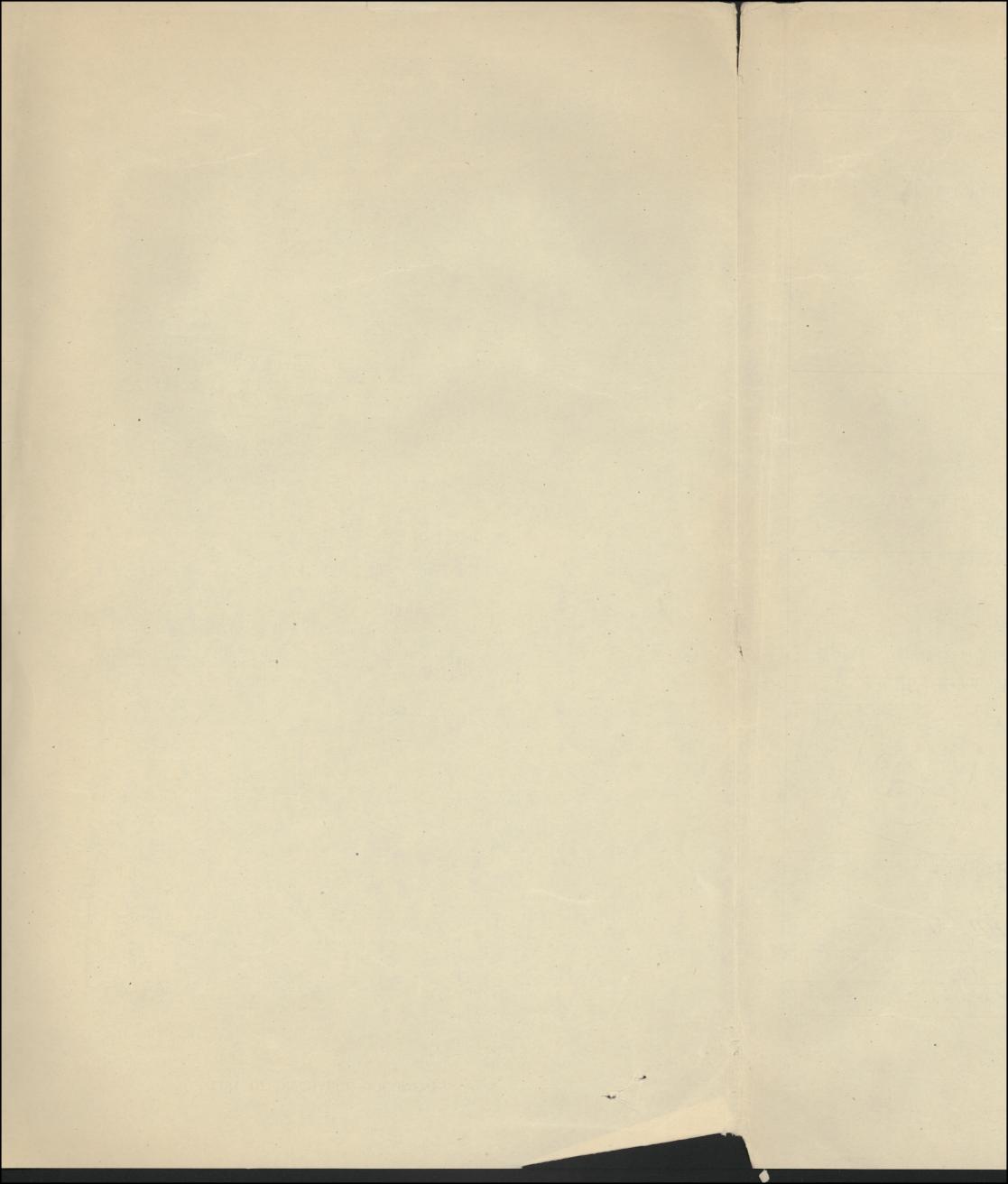
### PROCEEDINGS ON DISCHARGE.

(Demobilization.)

O.G	1
S.G	33.
D.A	0.

1. No. 277060.
2. Rank. Pre
3. Name. KEUHL Henry William
4. Unit. 6. a h. 6.
5. Date of Discharge CINA, SASK. SEP 2019 Place Tugura Sask.
6. Reason for Discharge
DEMOBILIZATION
7. Authority R.O. 1420 (D.D.O. 763 Para 3236)
State in Sax
8. Proposed Residence after Discharge
9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?
Het Herbe
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place
Date
ASER 30 1019
Signature Undurante A
(O. C. Discharging Unit.)





### LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 28), 02

Particulars of Recruit (M.F.W. 133).

2. Casualty Form (A.F.B. 103).

3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).

4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).

5. Dental Certificate (C.A.D.C. 5009a).

6. Field Conduct Sheet (A.F.B. 122).

7. Proceedings on Discharge (M.F.W. 39).

8. Discharge Certificate (M.F.W. 39).

9. Copy of Discharge Certificate (M.F.W. 39a).

10. Dispersal Certificate (C.D. 3).

11. Equipment Statement Q.M.G. Form (D.O.S. 2).

12. Last Pay Certificate (P. 251).

13. Pay Book (A.B. 64).

14. War Service Grazity (Form M.F.W. 2595).

15. Sandry Documents.

Date.....

Checked by No....//.

AUG 30



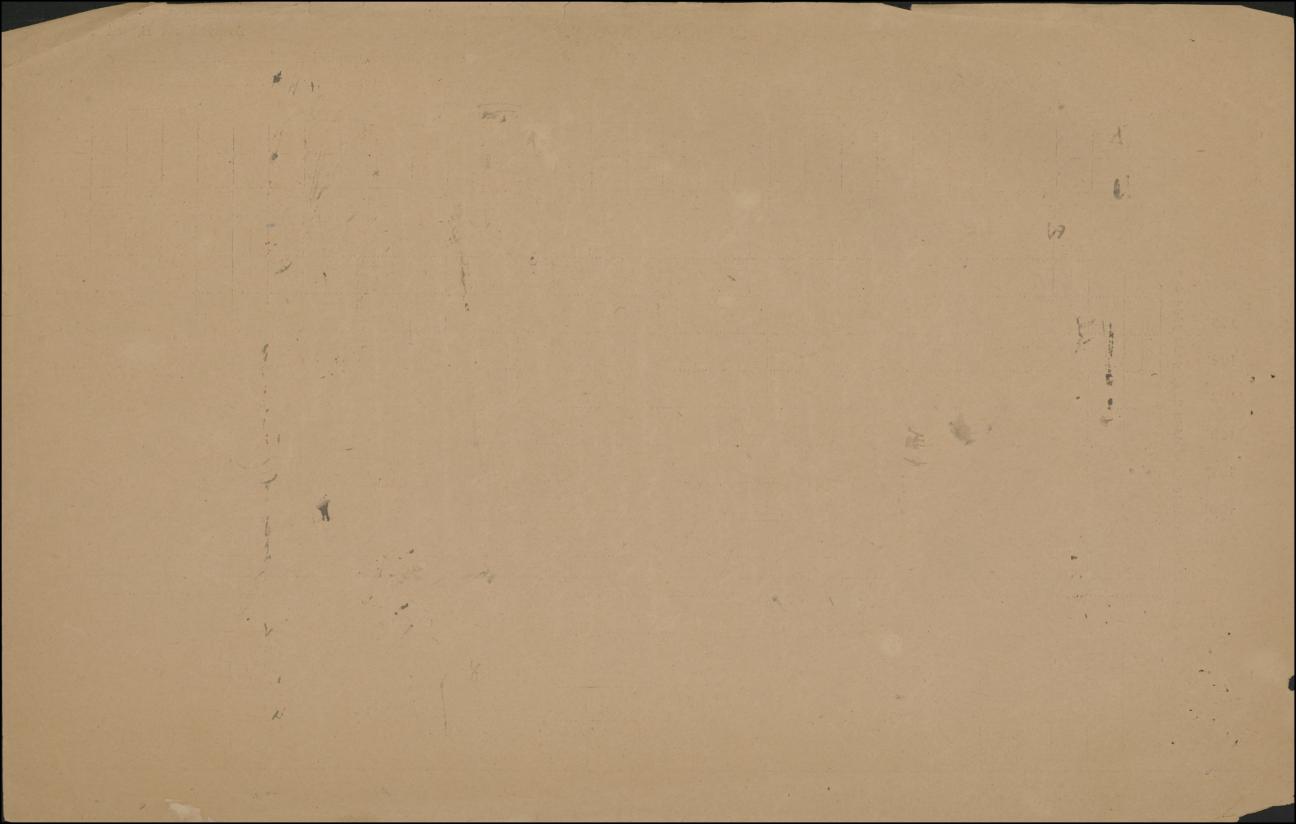
### MEDICAL CASE SHEET.\*

	Regimental No. Rank. Surname. Christian Name.
No. in	Tooghinonous Ito.
Admission	27707+ The Allen #7
Discharge	
M Book/ Q	277060 Unit. Kuehl Age. Service.
7 64 9	
Year	15 Kes 22 1/12
1918	13 1005
1/10	
	Disease Influenza Ten 6 days
Station	( 1 Steep 20 6 104
and Date.	Disease
7 1.4	
ramphon	Complaint of pour all we borky, head-
04016	
27.9118	ache, so see throat, cough, pan en
	coughing Chills a d fever
	D 1 - 1 - 10 - 10
	Patient was always well until he
	came to England. Never ill in veil
7	before some coming to tryle of.
	Pater't family - no lung houble
	1 110
	Exam: Well developed, well must white
	mole of 21 yrs. Seens fairly ill has
	on edifficilty beattery, terque
	coated throat red, no spots
100 - 100 -	Chert, well formed, expansion not
	1 ale a · · · · · · · · · · · · · · · · · ·
	/ very good, but equal purcussion wite
10,000	not good esquilly also love lobes behind
	se dulhers, heather sonds hand
	and zum fra rales.
	tent! a parently wo
	no rock . other system I
1 1 10	
0-10-18	improved. No dullness.
1-10-10	much improved Tromal, Descharge

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

Station	
Station and Date.	
-	

Army Form B. 181 CLINICAL CHART. Military Hospital (To be attached to Case Sheet.) Service\_ Rank and Name. Date of discharge. Date of admission. Disease-Dates of 00 Observation Days of Disease Temperature Fahrenheit 8642 Dan 107° 106° 105 104° 103 102 101° 100° 99° 980 97° Pulse per Minute Respirations per Minute Motions per 24 hours Signature The Mayne Charge of case.



2 0	rgher			
Regional NoMEDICA	LUHISTO	RY OF	— A	.F. B.178
Regimental No. 277060			Region	
Surname Kuehl	Christian Na	mes Kn	ry Wu	llan
TABLE I.—General Table.	TABLE III		Courts of	Enquiry
Birthplace { Parish Kelaloo . County Ontario	for Field o engagemen Issue or S	r Foreign S at, or Prol urgical App atment, etc.	ervice; Extended on configuration of the configurat	ension, Re
Examined on 6 day of June 198 ,	Date.	Brief	details and Signa	iture.
Examined at Regina				
Declared Age. 22 years 3days.				
Trade or Occupation Farmer				
Height 12 feet 3 inches Weight bs.				
Colour of Hair. L Brow Complexion Sallow				
,, Eyes Blue				
Chest Girth when fully 3 8 inches.  Measurement Range of expansion inches.				
Physical development				
(Arm, Right.   Left.				4
Vaccination Marks Number				
When Vaccinated				
Vicion   R.E.—V = With   R			,	
Vision {L.E.—V=Glasses {L				
Identification Marks, such as Tattoo, Moles, Scars, etc.:-				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Defects or Ailments :				
Second of Amments ,				
Examined and found—				
I.	Generalis and programme and the control of the cont			
Fit for Grade	Special Remark	s: state if a di	scharged Sold	er
III.				
(Strike out those which do not apply.)	<b></b>			
Thatere Wallace Chila Capt.	F37 A			
Chairman of Medical Board.		BLE IV.—8	Date of arrival	Date of Departu
Re-examined for posting at	Station or '	Troopsinp.	or embarkation.	or disembarkation
Onday of				
Enlisted {at				
Snday of19	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Joined on Corps. Regtl. No.				
enlistment	Became non-effe	ctive by		
Transferred		day of		
to		é)		
	(Ran)	k)	*****************	

### TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of	Admitted to Hospital.		to .	Discharged from Hospital.			Number Disease. of days in	Remarks 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	Signature of	
Hospital.	Day	Month	Month Year		Month	Year	Discussi	Hospital.	particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer.
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-000 000 000 001 001 001										
-000 000 000 000 000 000 000 000 000 00										
- 000 000 000 000 000										
Manager approvement (Special section)		•••••								•••••••••••
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M0000000000000000000000000000000000000										************************
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							***************************************			
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		1						I		

File. K. 438. S.S. minnekahda - 14-No. 12 DISTRICT DE PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. NO. 977068 RANK AMAME (IN FULL) KUE H
ORIGINAL UNIT?

ORIGINAL UNIT? M. OR S. DAILY RATE OF PAY AND ALLOWANCES NEXT OF KIN RELATIONSHIP EFFECTIVE DATE PARTICULARS AUTHORITY TRANSFERRED TO DATE AUTHORITY DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY IS SEPARATION ALLOWANCE PAID? 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 IF ENTITLED TO POST DISCHARGE PAY DISCHARGED PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-BALANCE TOTAL OTHER TOTAL MENTAL CREDITS CREDITS PAY CHARGES MONTH DEBITS NO. OF DAYS OL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 AMOUNT CHARGES PARTICULARS OR REMARKS CREDIT BALANCE FROM PREVIOUS ACCOUNT 31-8-19, 156 32 1 156 32 150 H 87 4 1-9-25/19 25 116 27 50 35 00 288 272 95 5 50 POT MELITARY DISTRICT NO HELL 280 I certify this account have been 64 50 140 154026/ ndell Paymaster War Service Granity 70 210 district No. 12 1661570 2800 280 V 2800

