

ATTESTATION PAPER.

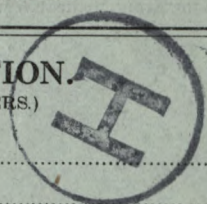
No. 865586.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)



1. What is your surname?..... Lazenby.
- 1a. What are your Christian names?..... Percy.
- 1b. What is your present address?..... Griswold, Manitoba, Canada.
2. In what Town, Township or Parish, and in what Country were you born?..... Salthurn, Yorkshire, England.
3. What is the name of your next-of-kin?..... Emmie Lazenby.
4. What is the address of your next-of-kin?..... Griswold P.O., Manitoba Canada.
- 4a. What is the relationship of your next-of-kin?..... Wife.
5. What is the date of your birth?..... October 26th., 1883.
6. What is your Trade or Calling?..... Merchant.
7. Are you married?..... Yes. Discharged as Medically unfit
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes. 29-1-14
9. Do you now belong to the Active Militia?..... No. in accordance with finding of
10. Have you ever served in any Military Force?..... No. Standing Medical Board
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes. B.O. 19 Para 162
12. Are you willing to be attested to serve in the } Yes. London, McKay, Bamack, Brandon
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Percy Lazenby, 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.

..... "Percy Lazenby." (Signature of Recruit)

Date 3rd. March 1916 "W.L. Legge." (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy Lazenby, 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.

..... "Percy Lazenby." (Signature of Recruit)

Date 3rd. May 1916 "W.L. Legge." (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 Brandon, Manitoba this 3rd. day of May 1916.

..... "E.P. Milward." (Signature of Justice)

J.P.

M. F. W. 23.
600M.-2-16.
H. Q. 1772-39-841.

CERTIFIED A TRUE COPY

N. J. Huley Capt. & Adjt.
181st Overseas Battalion C. E. F.

Description of Percy Lazenby on Enlistment.

Apparent Age 32 years 6 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 1/2 ins.

Complexion Medium.

Eyes Gray.

Hair Dark Brown.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 3rd. March 1916 "J.H. Edmison."

Place Brandon, Manitoba Lieut. A.M.C.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Percy Lazenby 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.

"H.A. Wise." Major. (Signature of Officer)

Date 15th. May 1916 A- O.C. 181st. Overseas Battalion.

C.E.F.
 CERTIFIED A TRUE COPY

[Signature] Lieut. Col.
 O.C. 181st Overseas Battalion C.E.F.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 4

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....



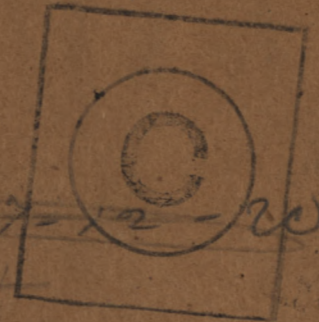
M. F. W. 67-2

DISCHARGE DOCUMENTS

Name Lazenby, Percy
Regt. No 865586 Rank Plt.
Corps 181st Bn. C.E.F.

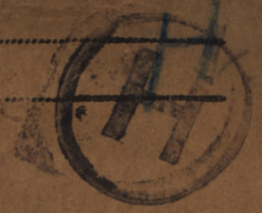
Med. Unfit.

Dr. Butcher
Mr. Scott
8/12/20

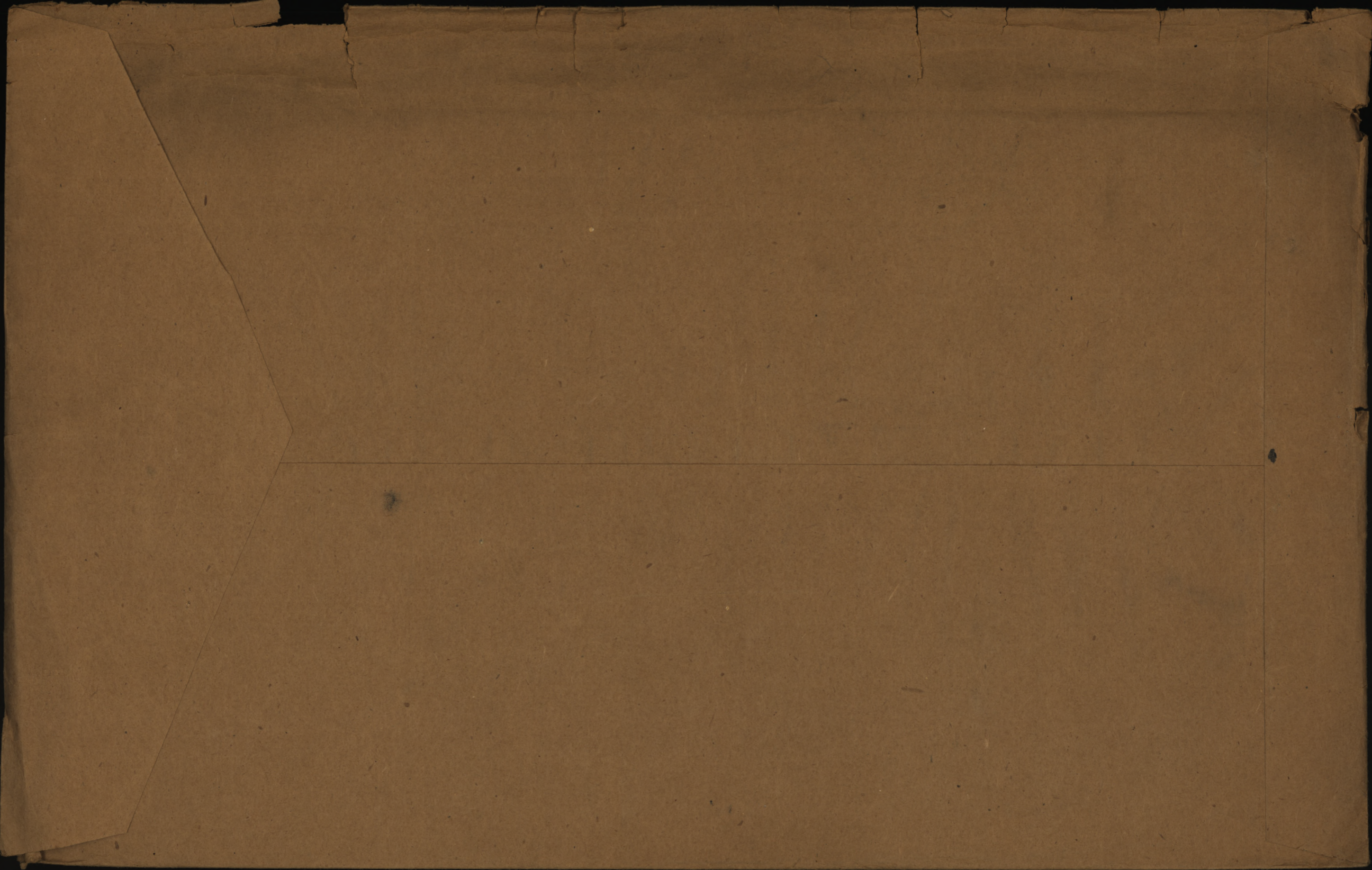


14788

R. O. No.
H. Q. No.



2
2-28
2-28
138



649-2-4659

CARD NO. X

SURNAME. *Lazenby*

CHRISTIAN NAMES *Percy*

REGL. No. *865586* RANK *pte*

UNIT *181st*

FORMER CORPS *Nil*

FOLL. *SOS. Dis. 29/1/17.* *10*
a70

Bu

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Lazenby, Mrs. Emma*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *Griswold P.O., Man.*

COUNTRY OF BIRTH *England, Salterburn, Yorkshire* DATE *Oct 26th 1883*

PLACE OF ATTESTATION *Brandon, Man* DATE *May 3rd 1916*

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Merchant.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

32 YEARS

6 MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Medium

EYES

Grey

HAIR

Dark Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Brandon. Man

DATE

Mar 3rd 1916

Present address.

Griswold. Man.

DUPLICATE

86556

SEPARATION ALLOWANCE

a

2ND CONTINGENT

Times on Strength

15/5/16 **8. 0.** *8 of*

Full Name of Soldier *Pte Percy Gile Hazenby*
(Rank in Contingent)

Corps **181st Overseas Battalion**

Full Name of Wife *Emma S. Hazenby*

or Widowed Mother _____

Children's Guardian *(1 child)*
1 year

Address *Box 252*
Gusumola

Signature of Soldier *Pte. S. G. Hazenby*

NOTE. See conditions on back.

M. F. W. 30.
250 M.-1-18.
H. Q. 1772-39-848.

Hand signed May 26/16

MAY 26 1916

OK

TO WHOM PAYMENT OF SEPARATION
ALLOWANCE MAY BE MADE.

- 1 To all wives of soldiers serving with Overseas Contingents.
- 2 To widowed mothers whose sole support is son serving with Contingents, and then only on Certificate to that effect of Clergyman or Priest where she attends service (see below.)
- 3 To guardians of children of widowers serving with Contingent. Girls under 16, Boys under 14 years.

QUESTIONS TO BE ANSWERED BY SOLDIER.

- 1 Are you an employee of the local or Dominion Government?

Answer _____

- 2 In what capacity, and at what place?

Answer _____

- 3 Will you be in receipt of a salary as such while serving?

Answer _____

FORM OF CLERGYMAN'S OR PRIEST'S
CERTIFICATE *re* WIDOWED MOTHER.

I certify that _____

is a widow, and that her son _____

now with Canadian Overseas Contingent is her sole support.

Signature of Priest
or Clergyman _____

865686

Taken on Strength

15/5/16 A. O. 84

a

ASSIGNED PAY

To whom *Emma G. Hazenby*

Address *Box 252
Griswold, Man*

Amount per month, \$*20* - *Twenty Dollars*

By whom assigned *Ste. S. G. Hazenby*
Fill in Rank

Corps *181st Overseas Battalion*

Former Corps

M. F. W. 10

1870



1870

31ST OVERSEAS BATTALION, C. E. F.

COMPANY

RIFLE NO.

865586

Reg. No.

Pte.

Rank

Lazenby, Percy

Name

Emmie Lazenby

Name

Wife

Next of Kin

Ernstwald

Town

Manitoba

Province

Street and Number

Canada

Country

21 October 1883

Date of Birth

32

Age

Methodist

Religion

Married or Single

English

Nationality

B.O. No. 84 (Date) 15.5.16

Date Taken on Strength

5 Ft. 7 1/2 In.

Height

13 Lbs.

Weight

Chest 32 1/2 Inches

Waist Measurements

Inches Leg

Inches

Inches

Size of Hat

Size of Boots

Military Service

Qualifications

(Certificates only)

Trades

Sports

Accomplishments

Languages

Societies

Merchant

Remarks

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.....

111 181st Overseas Battalion C.E.F.

(2) Regimental Number.....

#865586

(3) Full Name of Soldier.....

Lazenby, Percy

(4) Place of Birth.....

Saltburn, Yorkshire, England

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

Married

(6) If married, state,

(a) Full name of your wife.....

Emmie Lazenby

(b) Present Postal Address.....

Griswold P.O.

Manitoba, Canada

(7) Are you a widower?

(8) Have you any children?.....

yes

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

one girl,

Also their names and ages.....

Phyllis G. Lazenby, 17 months.

(9) Is your Father alive?.....**No**.....

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

(10) Is your Mother alive?.....**Yes.**.....

If so, state name and address.....**Mrs Elizabeth Lazenby,**.....

45 Essex Gardens, Gateshead-on-Tyne, 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.

Wife......

(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.

Applied for......

(15) Are you insured?.....**Yes.**.....

If so, in what Company?.....**G.O.F.**.....

Have you made arrangements for payment of your Insurance premium.....**yes.**.....

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

D.W. Beaman.....**Lt-Colonel**
Officer Commanding.
181st Overseas Battalion C.E.F.

Date.....**19-10-1916**.....

MEDICAL HISTORY SHEET.

Surname Lazenby, Christian Name Percy,

Examined { on <u>3rd</u> day of <u>March</u> 191 <u>6</u> { at <u>Brandon, Man.</u>	Approved by <i>J. H. Edmondson</i> Rank <u>Lieut: A.M.C. M.O.</u>																														
Birthplace { City or Town <u>Saltburn.</u> { County <u>Yorkshire, England.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date.</th> <th style="width: 15%;">Fit or Unfit.</th> <th style="width: 70%;">EXAMINED FOR RE-ENGAGEMENT.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.																											
Date.		Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.																												
Apparent age <u>32 years 6 months</u>																															
Trade or occupation <u>Merchant.</u>																															
Height <u>5</u> Feet <u>7½</u> Inches.																															
Weight <u>130</u> Lbs.																															
Chest measurement { Minimum <u>32</u> inches. { Maximum expansion <u>3</u> inches.																															
Physical development <u>Good</u>																															
Small-Pox Marks <u>None</u>																															
Vaccination Marks { Arm Right <u>XXX</u> Left <u>XX</u> { Number <u>3</u> <u>2</u>																															
When Vaccinated last <u>Boyhood.</u>																															
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>																															
(b) Slight defects but not sufficient to cause rejection <u>None</u>																															
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<u>2/4/16</u>	<u>a</u>	<u>Swallow</u>																													

Enlisted on 15th day of May 1916 at Brandon, Man.

CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment <u>181st Overseas Battalion CEF.</u>	<u>865586</u>		
Transferred to			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Gordon, McKay Barrack</u>	<u>29-1-17</u>	<u>Medically Unfit</u>	<u>finding of a Standing Medical Board</u>
<u>Brandon</u>	<u>B.O. 19</u>		
	<u>Para 162.</u>		

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

Surname Lazenby, Christian Name Percy.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Brandon	23-10-16	10	11	16	17	11	16	8	Treated in Winnipeg General Hospital	S Wallace	
Brandon	23-10-16	2	12	16	5	12	16	4			

Wen. Gen. M.D.

S Wallace
S Wallace

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

C. Coy.

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 865586 Rank Corporal Name Lazenby, Percy.

Corps 181st Overseas Battalion who was * struck off the strength

On 29/1/17 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	DR.	\$	c.		CR.	\$	c.
From 1/1/17 To 29/1/17	Bal. Dr. from previous month.....			From 1/1/17 To 29/1/17	Regimental pay 29 days at \$ 1 10	31	90
	Total payments during period				Field allowance 29 " \$ 10	2	90
	from <u>Cheque 687/1241</u>	5	00		Other allowances <u>Clothing</u>	13	00
	Assigned Pay <u>775/678</u>	20	00		Other Credits (give particulars).....		
	<u>Canteen</u>	5	00		Bal. Dr. on discharge or transfer		
	Other Charges (give particulars).....						
	Bal. Cr. on discharge or transfer.....	17	80				
	TOTAL	47	80		TOTAL	47	80

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is \$20.00¢, and has been charged in Pay-list for month of January.

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment 15/5/16 Married

(2) if married and if a Separation Allowance Card has been submitted yes

(3) cause of discharge and authority B.O.#19

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Weekly Returns 27/1/17, also by wire.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 29/1/17

Place Brandon, Manitoba.

[Signature]
Captain & Paymaster.

LAST PAY CERTIFICATE

The form to be used for all ranks (Vine Article 27, Financial Instructions (F.I. 1914))

Regiment No. 1st Battalion, 24th Infantry, 11th Division, 1st Army, Siam

Name of Soldier: [Name], who was [Rank] on the [Date]

Amount "unassigned" or "unsettled":

The following is a statement of the account in the retirement in date of transfer to discharge:

Particulars	Debit	Credit
Pay from previous month		10 00
Leave allowance		3 50
Gratuity allowance		15 00
Other credits (see Part B)		50 00
Total Credits		78 50
Pay (see Part B) or transfer	78 50	
TOTAL	78 50	78 50

The amount shown as "unassigned" or "unsettled" on this certificate has

been assigned on account of assignment of pay to [Name] and has been entered in Part B of

Form No. 1, 1st Army, Siam

This form is to be filled in by the soldier, as one may be

REMARKS:

Date of retirement: [Date]

This certificate and supporting documents have been submitted

to the [Authority] for their consideration and approval.

If the soldier has been discharged, he should present this certificate to the [Authority] for his own retention and

keep it safe. If the soldier is still in the service, he should present it to the [Authority] for their retention.

This certificate is valid only if it is accompanied by the supporting documents from the [Authority]

of the [Authority]

Signed

Date

Signature of Soldier

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 181st Overseas Battalion C.E.F.

Regimental No. 865586 Rank Private Name Lazenby, Percy
C. E. F.

Enlisted (a) 3-3-16. Terms of Service (a) War & 6mos. after. Service reckons from (a) 3-3-16.

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				
23.1.14	181 st <u>Det</u> <u>F.O.F.</u>	<u>Medically Unfit.</u>	<u>Gordon McKay</u> <u>B. Ins</u> <u>Brandon</u> <u>man.</u>	<u>29.1.14</u>	<u>Pt 11 D. O 19 of 24.1.14</u>

Signature
Lieut

for Dry

(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.

SEPARATION ALLOWANCE

Name *Emma G. Lazenby*

Name of Soldier *Lazenby Percy Gill*

Address *Box 252
Griswold
Main*

Regtl. No. *865586*
Rank *Pte*
Corps *181 Batt.*

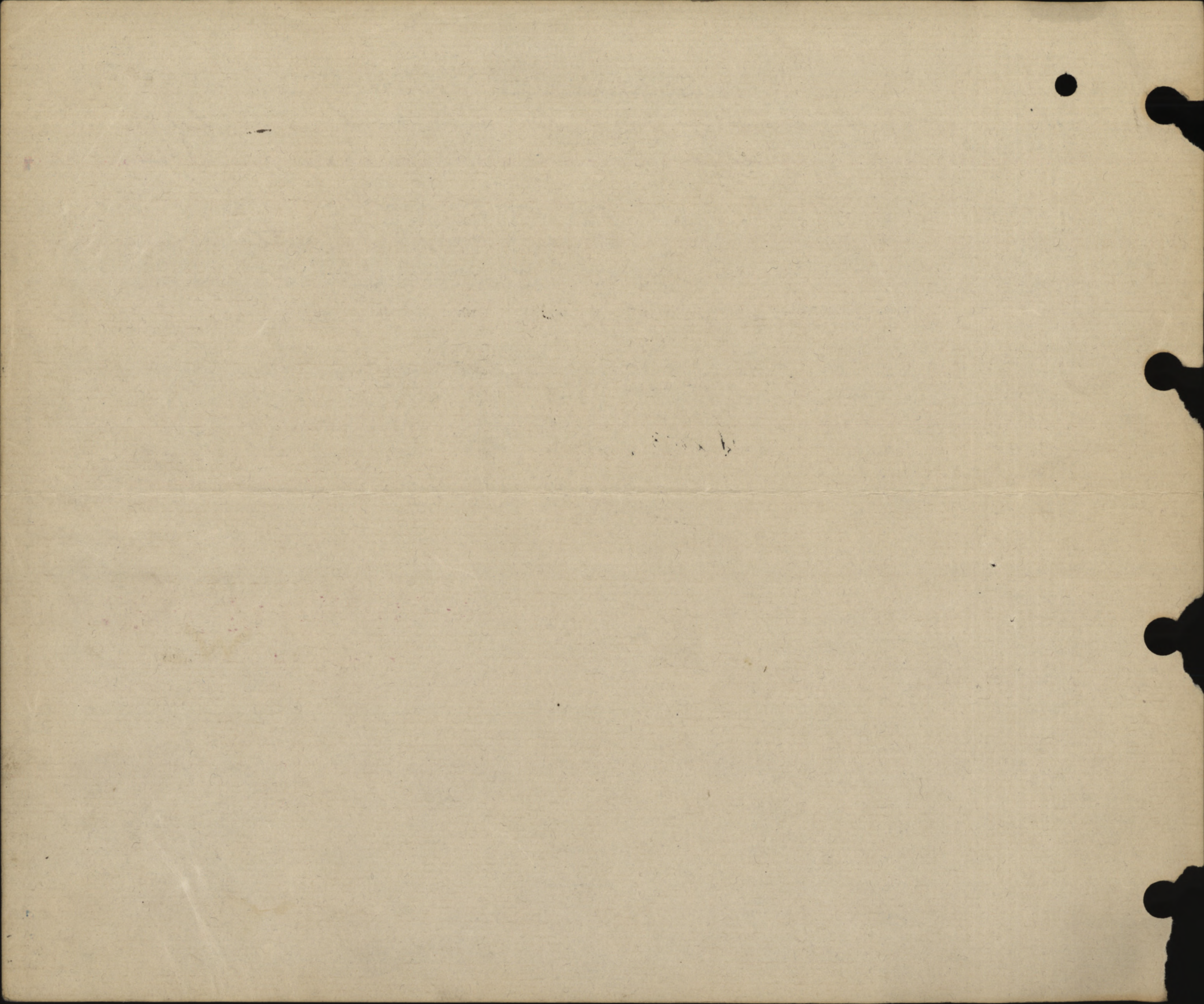
Relation to Soldier }
wife, child or mother } *Wife*

To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

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



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

*E. G. Lazenby**Wife*
PAYMENTS.

Name of Soldier

Lazenby P. G.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		<i>6-4059</i>	<i>30</i>	<i>30</i>
July		<i>E 10946</i>	<i>20</i>	<i>20</i>
Aug.		<i>614084</i>	<i>20</i>	<i>- 20</i>
Sept.		<i>V 16489</i>	<i>20</i>	<i>- 20</i>
Oct.		<i>M 20200</i>	<i>20</i>	<i>20</i>
Nov.		<i>S 23413</i>	<i>20</i>	<i>20</i>
Dec.		<i>S 26393</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>M 653</i>	<i>20</i>	<i>20</i>
Feb.				<i>20</i>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....PER.....
*W**20 paid 29/1/17 (small telegram 24/1/17)*
27/1/17 Lorne

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.				

MEDICAL HISTORY OF AN INVALID.

RECEIVED.
 JAN 17 1917
 A. D. M. S. M. D. - 10

1. Station. **Brandon** 8. General remarks on his :—
 2. Regiment or Corps. **181st Batt C.E.F. No 121 V** (a) Conduct. **Good**
 3. Regimental No. and Rank. **865586** (b) Habits. **Good**

4. Name. **Corporal Lazenby Percy, Gill.** (c) Temperance. **Abstainer**
 5. Age last Birthday. **33** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **May 15th 1916**

at **Brandon**

7. Former Trade or Occupation. **manager** Date. **Jan 6th 1917**

DEPT
 MILITIA & DEFENCE
 MAR 12 1917
 H.Q. 4659
 CANADA

9. Service.	Years.	Days.				
<div style="text-align: center; border-bottom: 1px solid black;">PERIODS.</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FROM.</th> <th style="width: 50%;">TO.</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;">None</td> <td></td> </tr> </tbody> </table>	FROM.	TO.	None			
FROM.	TO.					
None						

10. (a) Disease or disability. **Loose cartilage (left knee)**
 (b) Date of origin. **Seven years ago**
 (c) Place of origin. **Griswold, Man.**
 (d) Cause. **Playing football**

11. Present Condition. (Most Important). **He is periodically troubled with the cartilage slipping. Went to Wpg with the view of having it operated upon, but the authorities there deemed it ##### wiser not to and sent him back to to his Battalion.**

12. (a) Is the disability the result of service or climate? **No**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No**

7
 cancelled
 20-3-17
 S. W.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Good V Left arm U.S. Army
Good

Brandon

Corporal

Jessie Perry, 0111.

33

May 15th 1918

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Life-time

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

None

18. State if for discharge on account of unfitness for Service.

Yes

D. Wallace Capt
M. O. 18120/Batt

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15.

16. Yes

17. Yes

18 Is he unfit for Military Service. Yes

Recommendations : Discharge without compensation, as condition persisted enlistment.

Signatures :—

Jermiah S. Clark President.

Wallace Capt

Station. Brandon
Date. 17th January 17

J. Hedman Lt

Members.

Date.

Asst. Director of Medical Services.

Approved.

Date.

W. Keel Capt 19/3/17

W. Arnold Capt
Director-General of Medical Services.

905-148-17

3270 121917

I-16
12.877

a162-12 3/17

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
150 m-5-16.
H. Q. 1772-39-117.

Station	Regimental No.	Rank
Corps		
Name		
Disability		
Date		
Hospital or Station transferred to for final disposal.		
Date of final disposal		
How finally disposed of		

The original Report is invariably to accompany the discharge documents of invalids.