

Unit No. 2 Det. C.G.R. Rank Temp Lt-Col Name LePan, Arthur D'Orr

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

#### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? LePan  
(b) What are your Christian Names? Arthur D'Orr
2. (a) Where were you born? (State place and country) Owen Sound, Ont  
(b) What is your present address? 267 Davenport Road, Toronto
3. What is the date of your birth? August 20th. 1885
4. What is (a) the name of your next-of-kin? Dorothy L. LePan  
(b) the address of your next-of-kin? 267 Davenport Road, Toronto  
(c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Civil Engineer
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Univ. of Toronto C.O.T.C.
9. State particulars of any former Military Service. Since 1901 with the 51st Regt. & C.O.T.C. Since Nov. 15th/15 attached H.Q. M.D. #2 with School of Infantry and Polish Army
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.

A. D. LePan (Signature of Officer.)

Taken on strength (place) Toronto, Ont

(date) November 15th. 1915.

(Signature of Commanding 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 Febr. 28 1919

Place Polish Army Camp J. L. Robinson Capt  
Magara on the Lake. Medical Officer.

OFFICERS' DECLARATION PAPER

CANADIAN CUSTOMS EXAMINATION

QUESTIONS TO BE ANSWERED BY OFFICER

STATE THE FOLLOWING INFORMATION

STATEMENT OF MEDICAL EXAMINATION

STATE THE FOLLOWING INFORMATION

## REGIMENTAL DOCUMENTS

48. # 110/19

NAME

Lieut. PAN Arthur W. DRR

REGT. NO.

UNIT

H. Q. FILE NO.

## 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)

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.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)

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)

MISC

Card  
Index card

DEATH

Category

DISCHARGE

Category

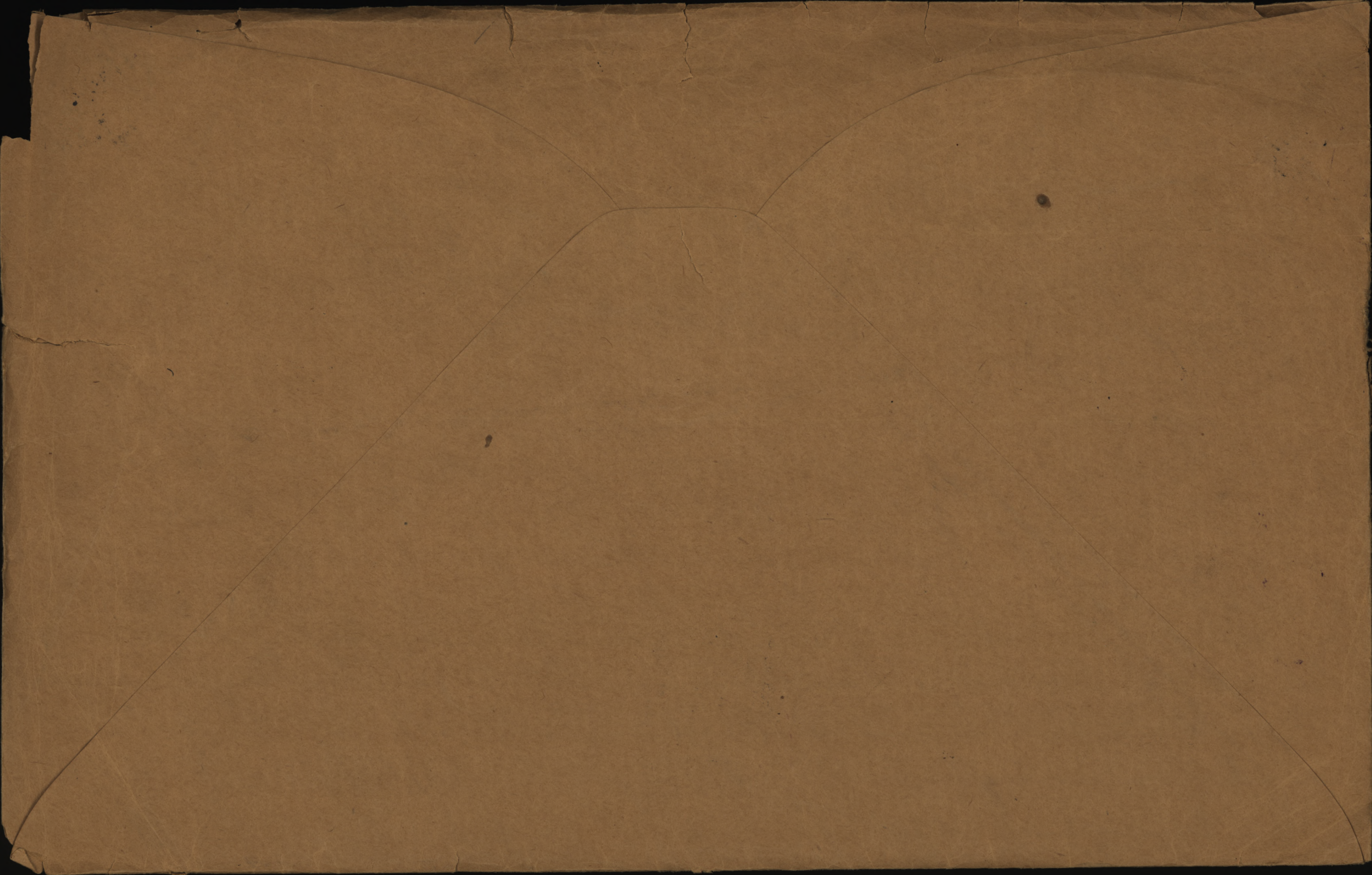
Gen Demob

2103

DESERTION

PUBLIC ARCHIVES RECORDS CENTRE  
LES ARCHIVES PUBLICQUES  
OTTAWA1  
1-3  
1-3

407506



Surname

*Le Fan*

Christian names

*Arthur D'Orr*

Regtl. No.

Rank

*lt col*

Unit

H. Q.

M. D. No.

T. O. S.

19

D. O. Pt. II

of

S. O. S.

19

Reason

Auth.

*July 29th 1919  
Demob.*

*202/30/1/8/19 #280  
202/194-27-9/19*

Next of kin

Relationship

Address

Also notify:

BORN—Place

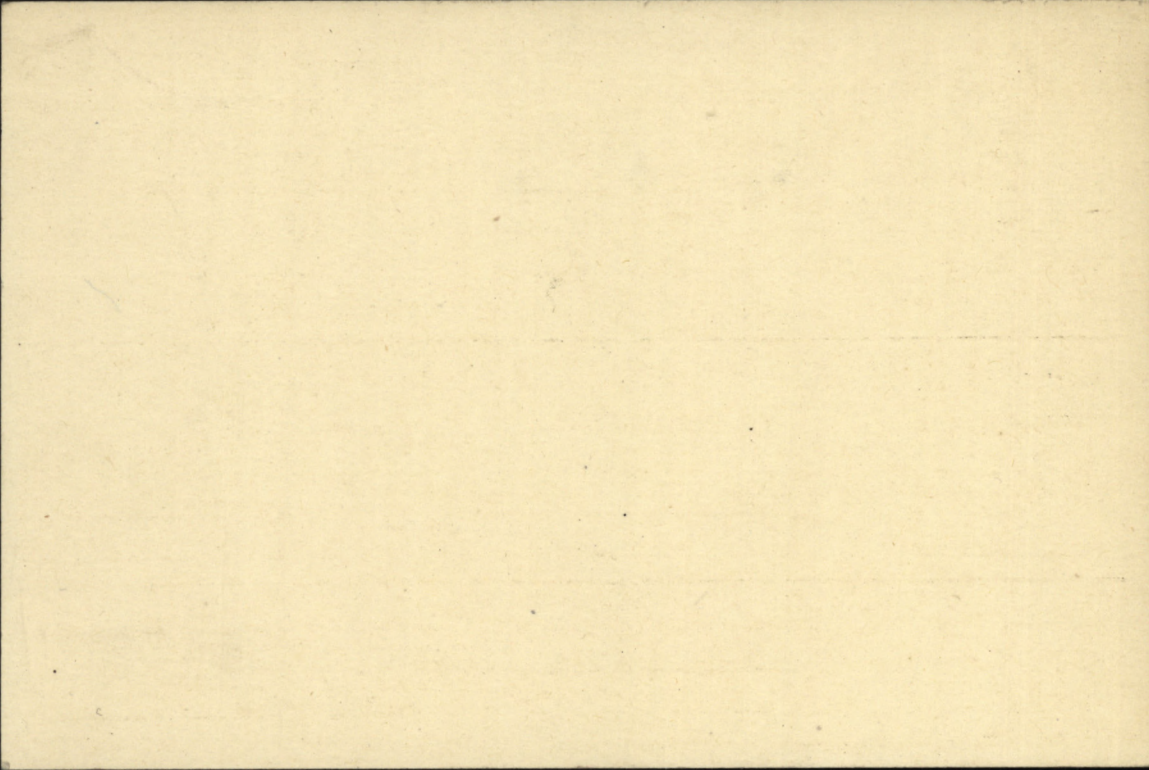
Date

ATTESTED—Place

Date

O/S

R/C



LEDGER No. 52 - 319

SERIAL No. A 5742

REG. No. \_\_\_\_\_ NAME Le Pan - A.D.

RANK Col. CORPS DD 2 AGE 34 SERVICE 6 46/12

HOSPITALS

DATE OF ADMISSION

1 Gen Toronto

30-5-19

2

3

DIAGNOSIS Varicocele + Haemorrhoids.

TRANSFERRED TO St Andrews Med Toronto 12-7-19

DISPOSITION Unit 30-7-19

CATEGORY \_\_\_\_\_

M.F.W. 2553.

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

1772-39-1332.

P.T.O.

REMARKS:

This image shows a single sheet of off-white or cream-colored paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or foxing, particularly towards the edges. The lighting is even, and there are no markings, text, or drawings on the paper.

No.

RANK

Major

NAME

L. Pan A. 20.

T. O. S.

UNIT

Can. Officers Training Corps University of Toronto.

M. D. 2.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1917.  
Mar. no a/c.

1917.

n.

Instructional Staff M. D. 2.

Mar. Paylist



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

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

350M.—5-16  
H. Q. 1772-39-900

# Casualty Form—Active Service.

Unit, Regiment or Corps. ....2nd Detachment Canadian Garrison Regiment

Regimental No. .... Rank Lt-Col. .... Name Arthur D'Orr LePan  
C. E. F.

Enlisted (a) Nov 15/15 Terms of Service (a) .... Service reckons from (a) Nov. 15th. 1915

Date of promotion to } Sept 23/16 Date of appointment }  
present rank } 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 |                                                                                                                                                                                                                 |         |         |                                                                                   |
|        | 1st COR.           | T.O.S. 2 D.D.                                                                                                                                                                                                   | Toronto | 1-7-19  | Auth.R.O. 2073<br>Pt. 2 D.O. 197                                                  |
|        |                    | S.O.S. on Gen. Demob.                                                                                                                                                                                           | Toronto | 29-7-19 | Auth. 2MD-4-36-L-1<br>Pt. 2 D.O. 213                                              |

*W. C. Kohut* Lieut.  
For O.C. No. 2 District Depot

*W. C. Kohut* Lieut.  
For O.C. No. 2 District Depot



# CANADIAN EXPEDITIONARY FORCE

D.F. 2-40.

R.A.P.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full).....Arthur D'Arcy MacKay.....

Enlisted in.....Headquarters Staff, Military District No. 2,.....

CANADIAN EXPEDITIONARY FORCE, on the.....fourteenth.....

day of.....September.....191.....AND WAS APPOINTED to COMMISSIONED RANK

in.....Headquarters Staff, Military District No. 2,.....

CANADIAN EXPEDITIONARY FORCE on the.....fifteenth.....day

of.....November.....191.....

He SERVED in CANADA,.....with the Headquarters Staff, Military District.....

No. 2, & Polish Army Camp, Niagara,.....

and was STRUCK OFF THE STRENGTH on the.....twenty fifth.....day

of.....July.....191.....by reason of.....General Discharge.....

Dated at Ottawa, this.....twenty first.....day

of.....May.....191.....1920.

*W.D.*  
.....  
for Director of Personal Services.

*Sum.*

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NON-COMMISSIONED RANKS

Form for recording service details, including name, rank, and dates of service.

|                                |  |
|--------------------------------|--|
| NAME                           |  |
| RANK                           |  |
| DATE OF ENTRY INTO SERVICE     |  |
| DATE OF DEPARTURE FROM SERVICE |  |
| PLACE OF SERVICE               |  |
| REMARKS                        |  |

# CASE HISTORY SHEET.

Military Ward. 7. 6. 4 Hospital. Narcute Station.  
 No.        Rank Lt. Col. Name Le Par, Arthur S. Age 34  
 Unit DD 2 Completed years of service C 3 1/2 <sup>Where and how long</sup>  
 Date of admission 30/5/19. Date of discharge July 30/19  
 Diagnosis Haemorrhoids + Varicose Place of origin C. 1918.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

There are three skin tags around the anus which are uncomfortable. The left testicle hangs about an inch lower than the right and there is a mass in left side of scrotum with an impulse on coughing and has the feeling of a bag of worms.

31/5/19.

Incision made over the left spermatic cord and cord lifted up. Large amount of the plexus of veins resected and the ends of the ligaments tied together. Subcutaneous tissues sutured with cat gut. Silk used for the skin.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

The skin tags were cut at the base and clamped along with the internal haemorrhoid. External part cut away and the rest sutured.

## TREATMENT

(Especially any specific or special form.)

Three pills were done in this manner. Suppositories inserted; no tube.

Unable to void for four days.

## CONDITION ON DISCHARGE

(and disposal made of case.)

28. VI. 19. One month's furlough recommended by Col. Primrose. W. J. Scott (Lt.)  
W. J. Scott (Lt.)  
W. J. Scott (Lt.)

Date 31/5/19

Medical Officer i/c case.



# CASE HISTORY SHEET.

St. Andrew's Military Hospital. Toronto, Ont. Station  
No. Nil. Rank Lt.Col. Name Le Pan, Arthur. Age 34  
Unit #2 D.D. Completed years of service C. 46/12 <sup>Where and how long</sup>  
Date of admission 12-7-19. Date of discharge 30-7-19.  
Diagnosis P.O. Haemorrhoids & Varicocoele. Place of origin Canada.

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Transferred from Toronto General Hospital while on leave R.O. 1542. On expiration of leave reported to this hospital and boarded M.F.W. 129 and discharged to his unit for disposition.

This Officer was operated on at T.G.H. for Haemorrhoids and Varicocoele and was granted <sup>leave</sup> as stated above for convalescence.

## FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

## TREATMENT.

(Especially any specific or special form.)

## CONDITION ON DISCHARGE.

(and disposal made of case.) Other systems normal.

Date.

*W. M. Campbell*  
Medical Officer i/c case.

1. Name of the project: \_\_\_\_\_

2. Date of revision: \_\_\_\_\_

3. Name of the revisor: \_\_\_\_\_

4. Name of the reviewer: \_\_\_\_\_

5. Name of the author: \_\_\_\_\_

6. Name of the editor: \_\_\_\_\_

7. Name of the publisher: \_\_\_\_\_

8. Name of the distributor: \_\_\_\_\_

9. Name of the printer: \_\_\_\_\_

10. Name of the binder: \_\_\_\_\_

11. Name of the cover: \_\_\_\_\_

12. Name of the spine: \_\_\_\_\_

13. Name of the title page: \_\_\_\_\_

14. Name of the table of contents: \_\_\_\_\_

15. Name of the introduction: \_\_\_\_\_

16. Name of the first chapter: \_\_\_\_\_

17. Name of the second chapter: \_\_\_\_\_

18. Name of the third chapter: \_\_\_\_\_

19. Name of the fourth chapter: \_\_\_\_\_

20. Name of the fifth chapter: \_\_\_\_\_

21. Name of the sixth chapter: \_\_\_\_\_

22. Name of the seventh chapter: \_\_\_\_\_

23. Name of the eighth chapter: \_\_\_\_\_

24. Name of the ninth chapter: \_\_\_\_\_

25. Name of the tenth chapter: \_\_\_\_\_

26. Name of the eleventh chapter: \_\_\_\_\_

27. Name of the twelfth chapter: \_\_\_\_\_

28. Name of the thirteenth chapter: \_\_\_\_\_

29. Name of the fourteenth chapter: \_\_\_\_\_

30. Name of the fifteenth chapter: \_\_\_\_\_

MEDICAL HISTORY SHEET

Surname LePan Christian Name Arthur D'Or

|                                                                   |                                                |                                      |      |
|-------------------------------------------------------------------|------------------------------------------------|--------------------------------------|------|
| Examined                                                          | on 24th day of February 1919                   | Approved by                          |      |
|                                                                   | at Polish Camp. Niagara/Lake Owen Sound        |                                      |      |
| Birthplace                                                        | City or Town Grey                              | Rank                                 | M.O. |
|                                                                   | County                                         |                                      |      |
| Apparent age                                                      | Thirty-three years                             |                                      |      |
| Trade or occupation                                               | Civil Engineer                                 | Feb 24/19. Fit J. L. Robinson, Capt. | M.O. |
| Height                                                            | 5 feet 11 1/2                                  |                                      | M.O. |
| Weight                                                            | 170 lbs.                                       |                                      | M.O. |
| Chest measurement                                                 | Minimum 34 inches                              |                                      | M.O. |
|                                                                   | Maximum expansion 38 1/2 inches                |                                      | M.O. |
| Physical development                                              | Excellent. athletic                            |                                      | M.O. |
| Small-pox Marks                                                   | None                                           |                                      | M.O. |
| Vaccination Marks                                                 | Arm Right Left                                 |                                      |      |
|                                                                   | Number One None                                |                                      |      |
| When Vaccinated last                                              | at 15 years of age                             |                                      | M.O. |
| (a) Marks indicating congenital peculiarities or previous disease | None                                           |                                      | M.O. |
|                                                                   |                                                |                                      | M.O. |
| (b) Slight defects but not sufficient to cause rejection          | Left varicocele                                |                                      | M.O. |
|                                                                   | Slight External Haemorrhoids. Ears normal.     |                                      | M.O. |
|                                                                   | Vision R. eye 20/20                            |                                      | M.O. |
|                                                                   | L. eye 18/20                                   |                                      | M.O. |
|                                                                   | Urine. S.G. 1.021. Acid. No albumen. No sugar. |                                      |      |

Enlisted on 15th day of November 1915 at Toronto.

|                      |                      |               |        |               |
|----------------------|----------------------|---------------|--------|---------------|
|                      | CORPS                | REG'TL NUMBER | HABITS | DATE          |
| Joined on enlistment | Headquarters, M.D. 2 |               | Good   | 15-11-15 CRY. |
|                      | (School & Ref. 5)    |               |        |               |
| Transferred to       |                      |               |        |               |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
|         |      |         |        |
|         |      |         |        |
|         |      |         |        |
|         |      |         |        |

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

Surname.

[illegible]

# 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. 112 Rank Lt Col Surname LE PAN  
(Given name in full)

Unit or Corps 200 Birthplace Arden Sound, Ont.

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

## 1. GENERAL DESCRIPTION:

Physique good Weight 175 lbs. Height 6 ft. 0 in. Colour of Eyes brown  
Nutrition good  
Pulse 76 regular  
Condition of arteries soft  
Vision Rt. 20 Left 18  
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

1. Scar left thumb  
2. Vaccination upper L. arm  
3. Scar L. groin  
4.

Opinion as to general health and physical condition good

## 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 yes Cardio-Vascular System no  
Special Senses no Integumentary System no Respiratory System no  
Disturbance of mentality no Muscular System no Digestive System yes  
Osseous and Joint System no Any other general condition no

## 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.

1. Varicocele, operation May 1919. Good Recovery  
no disability
2. Haemorrhoids, operation May 1919.  
Good recovery. No disability

# 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 *St Andrews Hosp* (Canada)

Date *July 29-19* .....

Signed *AM Ritchie* ..... 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 *W. L. Parnell* .....

(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.)

Temporary 7. G. 11  
MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Lt Col Le Pan Christian name Arthur D.  
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....  
3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
4. Address (including street) and number if any) .....

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the ..... day of ..... 19....., by the undersigned medical board sitting at .....

5. Age as stated 34 Years..... Months..... 6. Apparent age..... Years..... Month.....  
7. Height..... Feet..... Inches..... 8. Weight..... Pounds.....  
9. Chest measurement { Minimum..... Ins. Maximum..... Ins. 10. Complexion..... { Eyes..... Hair.....  
11. Physical development ..... { Good Fair Poor 12. Smallpox marks .....  
13. Number of vaccination marks { Right arm..... Left arm ..... 14. When vaccinated last .....  
15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category ☐ 17. (a) Vision. R..... L..... (b) Hearing. R..... L.....  
.....President.  
.....Member. ....Member.

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|------|--------|--------------|------|--------|---------------------------------|
|      |        | M. O.        |      |        | M. O.                           |
|      |        | M. O.        |      |        | M. O.                           |
|      |        | M. O.        |      |        | M. O.                           |

Joined..... day of ..... 19..... at .....

|                      | CORPS      | REG'TL NUMBER | HABITS | DATE |
|----------------------|------------|---------------|--------|------|
| Joined on enlistment |            |               |        |      |
| Transferred to.....  | <u>252</u> | <u>Lt Col</u> |        |      |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
|         |      |         |        |
|         |      |         |        |
|         |      |         |        |

Signature of Man

If raised in category, record category in a square. The M. O. will initial and date.

Surname Ed. Pollock Christian Name Arthur D.

W. Edwards  
Lund  
Alexander  
Meyer

Arthur D'Or

SOLDIER.....  
No 2 Detach't C. G. R.

Lieut-Col.



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]





175

~~14~~  
12  

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8