Transferred to # 2 S.S. Co 26-12-17 (362)
Transferred Back 23-3-18 (84)

Triplicate

ATTESTATION PAPER.

No. 514172

No. 2 Overseas A.S.C. Training Depot, C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	MICHAELS.
1a. What are your Christian names?	Albert Alton.
1b. What is your present address?	Eagle Pass, ~~2~~ Texas, U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?	Baldwin, Mich. U.S.A.
3. What is the name of your next-of kin?	~~Eva Michaels~~, Mrs Annie Michaels Iru
4. What is the address of your next-of-kin?	~~241 East Spring St., Columbus, Ohio.~~ Forest Ont Canada Iru U.S.A
4a. What is the relationship of your next-of-kin?	~~Wife.~~ mother Iru
5. What is the date of your birth?	August 22nd 1892
6 What is your Trade or Calling?	Clerk
7 Are you married?	Yes.
8 Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	7 mos. 18th Bn. C.E.F. 3 yrs. in 3rd Cavalry Regt. Texas.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

TELEGRAPHIC ADDRESS N. of Forest Ont

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Alton Michaels, 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.

Albert A. Michaels (Signature of Recruit)

Date March 20th 1917. E. Gilbert R. Hugh (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Alton Michaels, 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.

Albert A. Michaels (Signature of Recruit)

Date March 20th, 1917. E. Gilbert R. Hugh (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 London, Ont. this 20th day of March 1917.

Canada

W. St. Chubbett (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of Albert Alton Michaels. on Enlistment.

Apparent Age 24 years 7 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6¾ ins.

Chest measurement: Girth when fully expanded. 37 ins.

Range of expansion 31½ ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

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

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).

TATTOO - L.Forearm - Hand holding playing cards - words "Eva Curry" - horseshoxe - girl's head - Mexican cap on head with word "Lily" on horseshoe and "Mae" ~~beneath~~ beneath the horseshoe - American sailor - Liberty ensign.

L.Arm- Two hearts "Lilie" and "Dan" respectively.

R. Arm- Girl's head -playing cards on bottle of wine - words "Ruin of Man" -interwoven ~~x~~ flags - word "Lillie" -

R.Forearm - Circus girl - dagger - sailing ship and anchor - cob-web - word "Violet" - clapped hands and hearts - "Hare" - lover's knot - horseshoe - sailor's head.

R.EYE D.30-20. L.EYE D.30-20.
HEARING/ NORMAL BOTH EARS.

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 March 20th, 1917 191 . H A Kingsmill

Place London, Ont. Major, C.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:—

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
W. H. Eby Lt. M.O.
PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Michaels, Albert Alton 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.

W. de Sevilson Lt (Signature of Officer)
Officer Commanding
No. 2 Overseas A.S.C. Training Depot, C.E.F.

Date MAR 24 1917 191 .

ATTESTATION PAPER.

No. 53360

Folio. 6

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Albert A Michaels
2. In what Town, Township or Parish, and in what Country were you born? — Forest Ont.
3. What is the name of your next-of-kin? — Annie Michaels
4. What is the address of your next-of-kin? — Forest Ont.
5. What is the date of your birth? — August 22-1895
6. What is your Trade or Calling? — Miner
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? — no
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

Albert A Michaels (Signature of Man).

C Strevett Sgt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert A Michaels, do solemnly declare that the above answers made by me to the above questions 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.

Albert Michaels (Signature of Recruit)

Date Nov 2 1914. C Strevett Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert A Michaels, 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.

Albert Michaels (Signature of Recruit)

Date Nov 2 1914. C Strevett Sgt (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 Wpg this 2nd day of Nov 1914.

E Wright Lt Col Robinson (Signature of Justice)
Mustaby Justice

I certify that the above is a true copy of the Attestation of the above-named Recruit.

E Wright Lt Col Robinson (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Albert A Michaels on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded 37 ins.
- Range of expansion 3 ins.

Complexion Fresh

Eyes Brown

Hair Brown

Religious denominations.
- Church of England ✓
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Tattoo on right arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date November 2 1914. H. R. Casgrain

Place Windsor Lt Col Duke 21 Regt

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.

Albert A. Michaels 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.

Edward L Robertson (Signature of Officer)

Major.

Date Nov 2 1914.

2nd Enl. 1st Enl.

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

2 Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

1 Casualty Forms..... 1

1 Proceedings on discharge..... 1

1 Dental Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

1 Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

1 Last Pay Certificate.....

2-Pay Cards
1-M.F.W.22
1-M.7.W.478
1-M.7.W.129
1-M.7.W.71
1-M.7.6.565
1-M.7.W.

M.F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. O. No.....

Name Michaels, Albert A.

(2) 514172

Regt. No. 53360 Rank Pte

Corps 18th Bn.

1st Bn. C.G.R.

(1.) Medically Unfit

(2.) Demobilization

16-10-20

19230

60 — 9

15-10

14-10

3

Name Michallo, aa Rank Pte Reg. No. 53360

Unit 18th. Battn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28.5.15	Tregue Bks. Hosp. Shorncliffe	Disch.	Varicocele	2		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. 53360 Rank Pte. (18 Bn.) Name Michaels A.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 6.

PAID FROM	PAID TO	SIG. OR REG'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. June. 1.	1915. June. 16.	✓		

NAME Michaels, Albert. A. OVER. S.O.S Dis 16-6-15 5

RANK & No. Pte. 53360.

CORPS 18th Battalion

ENLISTMENT, PLACE Windsor DATE Nov. 2. 1914. S

FORMER CORPS Nil.

COUNTRY OF BIRTH Forest, Ont. Can.

NEXT OF KIN Michaels, Annie

ADDRESS OF NEXT OF KIN Forest. Ont.

DISCHARGE, PLACE Quebec. DATE 30-9-15.

Sailed from Halifax Per. S.S. Grampian 18/4/15. 64/17

L. L. 68593—M. & D. 8666—6-10-14—50m.

REMARKS :

Declared Medically unfit by board held at Thorncliffe
May 14-1915. Cause (Varicocoele) A. F. 60-M. 408.
Disch. (med. unfit) Auth. Part II Orders Sandling Camp, Week ending 4th June, 1915
On revised roll (15 May)
Dis: Que. 30-9-15: given Trans. To. Forrest. Ont.
A. F. 16-1-29.

No. 360 / 53360 Rank Pte Name Michaels, A

T. O. S. Unit 18th Battalion.

M. D. 1

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1914	1914			
Nov 2	Nov 30	L		
	Dec	L		
1915	1915			
	Jan.	L		
	Feb	L		
	Mar	L		
	Apr.	L		

UNIT SAILED
APR 18 1915

NAME Michaels A. A.

H. Q. FILE No. 649-

REGT'L. No. 53360

RANK AND CORPS Pte. 18th Battalion

CABLE

NO.	DATE

NATURE OF CASUALTY NO. 1046

FOLL. X

L. L. Job 83225—M. & D. 5842.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
V 2	Can. Mil. Moore Barracks Shorncliffe.	28-5-15	Varicocele. Discharged

1. CARD NO. X

SOS Dis 1-2-19 I
D O 31 Foll. 31-1-19
Can Gar Reg 1-1st Bn
(Demob)

SURNAME. Michalls

CHRISTIAN NAMES Albert Alton

REGL. No. 514172 RANK Pte.

UNIT ~~C.A.S.C. (T.D. No. 2)~~ #2 S. S. Coy. Bn.

FORMER CORPS 18th Bn. (7 mos.) U.S.A. army (3 yrs.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Michalls Mrs. Eva

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~241 East Spring St.~~ Columbus. O.
97 N. 4th St., U.S.A.

Let. File S.A.A.P. 15/7/18

COUNTRY OF BIRTH U.S.A. Baldwin, Mich. DATE Aug. 22nd 1892

PLACE OF ATTESTATION London. Ont. DATE Mar. 20th 1917

Tr. fr. C.A.S.C. (T.D. no. 2) Huth Semi monthly return of trans M.D.2. N.R.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339. 31-12-17

Also notify:-

Annie Michaels
Forest, Ont.

(auth. no 2 C A S C. list 31-12-17) (nf)

WIDOWER

RELIGION Church of England

DESCRIPTION.

YEARS 7 MONTHS

HEIGHT 5 FEET 6 3/4 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Dark EYES Brown HAIR Dk. Brown

DISTINGUISHING MARKS Tattoo L. forearm. Hand, holding playing cards. Words "Eva Curry", Horse shoe. Girl's head, mexican cap on head with word "Lily" on horse shoe and "Mae" beneath the horse shoe. American Sailor. Liberty, Ensign &c &c.

MEDICAL EXAMINATION. PLACE London. Ont. DATE Mar. 20th 1917

Present Address Eagle Pass. Texas. U.S.A.

No. 514172. RANK Pte. NAME Michaels A. A.

T. O. S. Trans. fr. Casb. Fy Dep. No 2 - 406-6-5-18) UNIT 1st Depot Battalion Can Garr. Regt. (No 1. Special Service Co) M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
May 10	May 31	n.		
June.		n.		

No. 514172. RANK Sgt. NAME Michaels, A. A.

T. O. S. Trans. from #2. A. S. C. T. D. 26.12.17. (D.O. 304 of 27.12.17.) UNIT No 2. Special Service Co.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917. Dec. 27.	1917. Dec. 31	v.		
1918 Jan no a/c.		w.	Attached for fan to C. A. P. C. H. Q. 1.1.18 Trans. to #2 O/S. A. S. C. T. D. 25.2.18.	D.O. 14 of 14.1.18. From paper shown on D.O. not on pay list.

M. F. W. 71—500M.—5 18.
1772.—39—961.

NAME Michaels Albert. Alton

REGIMENTAL NO. 514172 RANK Pte

ENLISTED AT T.O.S. PROMOTIONS, &c. AND DATE

DATE 29-12-18

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs Eva Michaels RELATIONSHIP Wife

ADDRESS OF 258 E. Spring St. Columbus Ohio

ASSIGNMENT OF PAY $ 15[to] c. TO M. O. R.

ADDRESS Same

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. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
D/O 10		10-1-19	T.O.S. (C.S.E.F.) Effect. 29-12-18
D/O 31		31-1-19	Dischgd R.C. 1328 effect 31-1-19 No P.D. Pay.

Number 53360 Rank Pte

Surname MICHAELS

Christian Names Albert A.

Unit 18th Bn Can Inf Theatre of War Eng

Date of Service 29-4-15

Remarks 258 East Spring St

Latest Address ~~Forest~~ Columbus

Ohio

Ontario USA

Roll No. A Page 117.

18th Bn

G. 29086 Dup

D.M.S. 1300.

Surname: Michaelo | Christian Name or Names: A. A. | Reg. No.: 53360

Rank: Pte | Unit: 18 Batt.ⁿ | Co. | Troop | Batty.

Hospital

Date of Admission

Transferred Moore Bks Shorncliffe Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis: Varicocele

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Disch.d 28.5.15 Date

E.L. 2.6.15 #2

REMARKS

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Medical Board Shorncliffe. 14-5-15

Left side Varicocele.
Discharge Canada.
App Shorncliffe28-5-15

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
187	53360	Private	Michales	Albert Alton

Year	Unit.	Age.	Service.
1915	18 Battalion	19	1/12

Station and Date.

Disease Varicocele

Can. Mil. Hosp. Shorncliffe May 12th/1915

Complaint. — unable to stand duty

Past Illness — Gonorrhea 2 yrs ago (month sick recovery complete.

~~Ward 7~~
~~Bed 21~~

Present Illness

Began 5 yrs ago following strain
Got worse, at time patient had gonorrhea and has been getting gradually worse
Patient wore suspensory apparatus for 6 months

Examination

Left sided varicocele present the dilated veins reaching below the upper pole of testicle. Testicle soft somewhat tender and larger than right ~~than right~~ one, hangs at lower level than right one.

Patient has sudamineal rest and abdomen and lower chess in front.

Treatment

~~Brought up before board May 14th/1915 as he refuses operation. Report of board discharged to Canada as unfit~~

S A Chatton
Capt. Cam

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

(1001)—Wt. W8203—1273.—800,000.—11-14.—K. & K. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 18th. Battalion, C.E.F.

Regimental No. 53360 Rank Pte. Name Michaels Albert A.

Enlisted (a) 2 Nov. 1914 Terms of Service (a) War Service reckons from (a) 2 Nov. 1914

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: Date	Report: From whom received	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.
			Opeas	18-4-15	
		Discharged, being ~~found medically unfit for further service, by Medical Board, Shorncliffe, + under instructions from~~ D.A.A.G., 2nd. Div., C.E.F.	Shorncliffe		
4-6-15	18 Bn	SoS to Canada	Shorncliffe	4-6-15	auth payshects.
	Dis Depot	SoS med Unfit	Quebec	16-6-15	

E S Higler Lt. Col.
O.C., 18th. Bn.
C.E.F.

(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, 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				

Rank | Name MICHAELS. Albert A | Reg'l No. 53360.

Unit 18th Batt. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Windsor. Ont. 2nd Nov. 1914. | Place of Birth Forest. Ont.

Name and Address, Next-of-Kin Annie Micheals. Forest. Ont.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/C P.R. No. 2
File R.L.
Category M.U. Can.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	Mu. Can. REMARKS Taken from Official Documents
17.5.15.	O.C. 18th	Admtd to Hospital	Shorncliffe	12.5.15.	Muster Roll. 14.5.15
31-5-15	W.O.	Disch from Hosp.	Shorncliffe	28.5-15	Varicocele Cas list 2.
4-6-15	Cmdt. Can: Shorncliffe	Proceeded to Canada for disch per S.S. Scandinavian. 4/6/15. struck off strength. C.C.F. 4/6/15 medically unfit.	Shorncliffe	4/6/15	Extract from Routine orders dated 4/6/15. R.O. 229 D/11-6-15

Documents to Canada Jany 10/16

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	
Date	From whom received					

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 2 Overseas A.S.C. Training Depôt, C.E.F.

Regimental No. 51472 Rank Pte Name Michaels, Albert Alton

Enlisted (a) Mar 20-17 Terms of Service (a) C. E. F. DURATION OF WAR AND 6 MONTHS. Service reckons from (a) Mar 20-17

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) Clerk

Report: Date	Report: From whom received	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
		Transferred to #2 S. S. Co. 26/12/17			
26/12/17	—	Promoted to Sergt.	Toronto, Ont.	26/12/17	Part 2 Orders #305.
25/2/18	—	S.O.S. on transfer to #20 S. A.S.C. T.D.	Toronto, Ont.	23/3/18	Part 2 Orders #82.
		1st B'n Can Garrison Regiment, London, Ont. 9-5-18			
		J. H. Johnson Lieut. Adjutant No. 2, Special Service Co., C.E.F.			
9-5-18	T.O.S.	1st Battn C.G.R.	London		W. H. Lewis Capt. & Adjt.
1st Depot	Bn W.O.R.	D.O. #6 Para (E)	Effect.	9-5-18	For O. C. 1st Bn. Can. Gar. Regt.
		Transferred to C.S.E.F. London Ont. Attached to W.O.R. for pay, rations, clothing etc. DO #150 para B part II Effect. 27-9-18			W. H. Lewis Capt. & Adjt. For O. C. 1st Bn. Can. Gar. Regt.

(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, 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				
	1-2-19.	Discharged in consequence of " On Demobilization", in accordance with R.O. Nos.1328 and 1420. 1.D.30-M-1009, d/28-1-19. D.O. No.			

Thomas Dodd
Lieut.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 514172 (Rank) Private.

Name (in full) MICHAELS, Albert Alton. enlisted in

the No.2 Overseas A.S.C. Training Depot.

CANADIAN EXPEDITIONARY FORCE at London, Ontario on the 20th.

day of March 1917.

HE served in Canada.

and is now discharged from the service by reason of " On Demobilization", in

accordance with K.O. Nos.1328 and 1420.

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

Age	23 Yrs. 5 Mos.	Marks or Scars	Various tattoos on both arms.
Height	5 Feet 6½ Inches.		
Complexion	Dark		
Eyes	Brown		
Hair	Dark Brown		

A A Michaels
Signature of Soldier

Thomas Todd. Lieut.
Issuing Officer

In S.C.
Rank

Date of Discharge 1st. Feb. 1919.

1st Bn. Cdn. Garr. Regt.
Appointment

Signed at London, Ontario this 1st. day of February 1919.

in Military District No. 1.

File Reference No. 1.D.30-M-1009, d/28-1-19.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this Certificate will not be completed.

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

1st. Battalion.

1-2-19.

Canadian Garrison Regt.

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. 514172 Rank Pte Surname MICHAELS
(Given name in full) Albert Alton
Unit or Corps C.G.R. Birthplace Baldwin Michigan

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

1. GENERAL DESCRIPTION:

Physique good Weight 144 lbs. Height 5 ft. 6½ in. Colour of Eyes Brown

Nutrition good

Pulse 74

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 2/ ft.

Left 2/ ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Various tattoos on both arms

Opinion as to general health and physical condition A II

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 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.

Slight left varicocle pre existed to enlistment not aggravated by service.
On Apr. 11/18 was placed in Cat C+ for a mitral systolic murmur. No evidence of this at present
Was raised to Cat A II 21/9/18

No Disability

(If space is insufficient, continue on back of form.)

[OVER]

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. London .....(Canada)

Date ..... 29/1/19 ..... Signed ..... J. J. Hall Capt. .....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 ..... A. A. Marshall

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Forms I. 1237 10

344998

Army Form I. 1237.

21

(21)

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
187	53360	Private	Michaels	Albert Alton

Michaels

Year	Unit.	Age.	Service.
1915	18th Battalion	19	7/12

Station and Date.

Can. Mil. Hospital Shorncliffe May 12 - 1915 Ward 7 Bed 20

Disease Varicocele

Complaint :- Unable to stand duty

Past Illnesses :- Gonorrhoea 2 yrs ago (month sick recovery complete)

Present Illness:

Began 5 yrs ago following 'strain'

Got worse at time patient had Gonorrhoea & has been getting gradually worse

Patient wore suspensory apparatus for 6 mos

~~Treatment~~ Examination

left sided varicocele present the dilated veins reacting below the upper pole of testicle. testicle soft somewhat tender and larger than right one. lungs at lower level than right one.

Pt has sudamina rash over abdomen and lower chest in front

J. H. Robertson Capt CAMC

Treatment

brought up before board May 14 1915 as to refusing operation.

Report of board - advised discharge to Canada as unfit.

May 21st 1915. awaiting decision of Med Board. J. H. Robertson Capt CAMC

May 27 1915 to be discharged from Hosp tomorrow.

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

Rank

Name MICHAELS. Albert A.

Reg'l No. 53360.

If in perm. Corps, What Unit?

Unit 18th Batt.

Married or Single Single.

Place and Date of Enlistment Windsor. Ont. 2nd Nov. 1914.

Place of Birth Forest. Ont.

Name and Address, Next-of-Kin Annie Micheals. Forest. Ont.

Relationship

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place Canada Medically unfit Reason X Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	$31	$31	10	$310		$410			$350			$350	160	
1/9	~~30~~ 4/6	4		4	4		40		440							6	Discharged 4/6 Routine orders Comm. Canadian T.R.O. # 251
Sept 1916									6 00					6 00	6 00		Transd to "Canada Disc'ge a/c"

PAY OFFICE, N. E. BRANCH
BY
SEP 29 19
CANADIAN CONTINGENTS

CHECK

DATE

R

101

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

12781-A-3

Name Michaels, Albert A.
Surname Christian Name

Regimental Number 53360 Rank Pte.

Unit 18th Bn.

Original Unit

District where paid Ottawa

Date of Discharge 16-6-15

P. D. P. Filing Number 15M14

Address (in full) General Delivery,
Forest, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	4042	10/9/17	33 00	3943	12/10/17	33 00	3887	12/11/17	34 10		100 10

Remarks:

M. F. W. 127.
60M—6 17.
1772-39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Dec'n No..... W. S. G. File No.....
Award.....days at $..... per day $.....
S. A.....months at $..... per mo. $.....
Less P, D. P. Credited
Less further debit balance
Net due paid as below

TO SOLDIER TO DEPENDENT

O	Ag. No	Ch. No	Amount	Ag No	Ch No	Amount
1						
2						
3						
4						
5						
6						
	To					

Clerk .....

Dependent.....

Address.....

.....

.....

$.....
$.....
$.....

$.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.....
or overpayment.

Net.....

	Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1									
2									
3									
4									
5									
6									

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

Env. [illegible]

Name Micheals Pte a a
Michaels

M. F. W. 41. 10m.—4-16. 1772-39-889. 21

L. P. C. No. M21

Regimental No. 53360

Unit 18th Bn

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $ nil

To whom payable SA Nil

Scandinavian

Name and address of next-of-kin
Forest Cnt

Date and place discharged D. D. Due 16-6-15

Reason for discharge

Character on discharge

66-M-408

L. L. Job 502 M. & D. 6578.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	31/5/15							2 44								L.P.C.
1/6/15	16/6/15	16	100	16	16	10	1 60	Subs 2	22 04					19 64		Due D.D.P.d
														2 40	22 04	adv on ship

E. G. P. Nil

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

This space to be for numbers.

Military District No. 1
FEB 11 1919
3011-1009
M. D.....

Proceedings on Discharge.

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

No. 51,472

Rank Private

Name Michael Albert Alton

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Bn. Cdn. Garr. Regt.

Date of Discharge 1 - 2 - 19.

Place of Discharge London, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 5 months.
Height 5' feet 6 3/4 inches.
Complexion Dark
Eyes Brown
Hair Lt. Brown
Trade Clerk
Intended place of residence (To be given as fully as practicable.) 258 East Spring St Columbus, Ohio

Descriptive Marks
Various tattoos on both arms.

2. The above-named man is discharged in consequence of "On Demobilization" in accordance with P.O. Nos. 1328 & 1420 I.D. 30-M-1009-d. 28-1-19. D.O. No. 31, Parts (1) Part II. d. 31-1-19.

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.

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

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

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

29-2-19

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).....

(Date).....

.....

Commanding .....

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.

(Place) London, Ont A. A. Michaels *(Signature of Soldier.)*

(Date) 1-2-19 R. H. Elliott *(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.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) London, Ont

(Date) 1-2-19

(*Signature*) Thomas Lord Lieut.

for O.C. 1st Bn. Cdn. Garr. Regt.

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.)

I have received all your demands due me.

A A Michaels

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

M. D. 1
No. 26

TRIPLICATE

Canadian Contingent Expeditionary Force.

LAST PAY CERTIFICATE.

This form to be used for all ranks (Vide Articles 122, 130, and 141, Financial Instructions 25715c, C.E.F. 1916.)

Regimental No. 514172 Rank Private Name MICHAELS. A.A.

Corps:- 1st. Battalion, C.G.R., C.E.F., who was discharged

On 1-2-19 191.... to .....

Insert "Discharged" of "Transferred".

The following is a statement of the account of the above named man 1-2-19 to 1-2-19 the inclusive date of transfer of discharge;

DR.		CR.	
Bal.dr. from prev.mo.....		Bal.Cr.from prev.mo.....	10.90
Advances by Cheques No.....		Regt.Pay 1 dys.@$ 1.10 ¢....	1.10
No.....		Fld.Allow...dys.@$....¢....	
S/A Feb.Ck.#S6004	1.00	S.A.x(Monthly) Feb	30.00
A.P. and S.A.No.....			
S/A Chgd from 2-2-19 to 28-2-19	29.00	Other allows.x Clothing	35.00
Other charges.....			
Pym't. on ~~trans.or~~ disc.No. S6003	47.00	Other Credits x.....	
Bal.Cr.(to be paid by New.Unit		Bal.Dr.(to be deducted by New Unit.).....	
Total.....	77.00	Total.....	77.00

Kit Clear. x Give particulars. rate $15.00 31.days Pay & All.

A monthly stoppage of $..... has been ..... paid on acct. of A.P. Jan.1919 for month of and S.A. paid to 1-2-19 address) (to) Assignee Mrs Eva Michaels. 241. East Spring St Columbus Ohio.U.S.A.

(#) Insert amount to be assigned whether it has been paid or not.
(##) Insert "Not" if amt.has not been paid for period of account.

On transfer of an Officer.

Outfit allce. of $.....has been paid by Paymaster, Military Dis.No.....

REMARKS:

20-3-17

State (1) date of enlistment.
(2) if married and if S.A.Card has been submitted. No No
(3) cause of discharge and authority.
(4) authority for transfer. 1st Bn.C.G.R.D/O No.31 d/31-1-19.

NOTE:
S.A. and A.P. Card and Index Card (M.F.W.71) are to accompany the original Last Pay Certificate.

Date..... Feb.1.1919.

Place :- London, Ontario.

[signature] .....Captain.
Paymaster, 1st. Battalion, Can. Garr.Regt., C.E.F.

Canadian Contingent Expeditionary Force.

LAST PAY CERTIFICATE.

This form to be used for all ranks (Vide Articles 122, 130, and 141, Financial Instructions 25715c, C.E.F. 1916.)

Regimental No.....Rank.....Name.....

Corps:- 1st. Battalion, C.O.R., C.E.F., who was.....

On .....191.... to .....

Insert "Discharged" or "Transferred".

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

DR.	CR.
Bal.dr. from prev.mo.....	Bal.Cr.from prev.mo.....
Advances by Cheques No.....	Regt.Pay....dys.@.....¢....
No.....	Fld.Allow...dys.@.....¢....
A.P. and S.A.No.....	S.A.x(Lenthly).....
Other charges.....	Other allows.x.....
Pym't. on trans.or disc.No....	Other Credits x.....
Bal.Cr.(to be paid by New.Unit	Bal.Dr.(to be deducted by New Unit.).....
Total.....	Total.....

x Give particulars.

A monthly stoppage of $..... has been ..... paid on acct. of A.P. (for month of and S.A. paid to 1-2-19 address) (to) assignee

(*) Insert amount to be assigned whether it has been paid or not.
(**) Insert "Not" if amt.has not been paid for period of account.

On transfer of an Officer.

Outfit allce. of $.....has been paid by Paymaster,Military Dis.No.....

REMARKS:

State (1) date of enlistment.
(2) if married and if S.A.Card has been submitted.
(3) cause of discharge and authority.
(4) authority for transfer.

NOTE:
S.A. and A.P. Card and Index Card (L.F.W.71) are to accompany the original Last Pay Certificate.

Date.....

Place :- London, Ontario.

.....Captain.

Paymaster, 1st. Battalion, Can.Garr.Regt.,C.E.F.

Army Form B. 179.

Medical Report on an Invalid.

Station Canadian Military Hospital Shorncliffe

Date May 14th 1915.

DEPT MILITIA & DEFENCE
JUN 14 1915
H.Q.
CANADA

1. Unit 18th Battalion.
2. Regimental No. 53360.
3. Rank Private
4. Name Michaels, Albert Alton.
5. Age last birthday 19 yrs.
6. Enlisted { on Nov. 2nd 1914 / at Windsor, Ont. Canada
7. Former Trade or Occupation { Printer.

8. Disability.

Left sided Varicocoele.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. noticed about 1910.

10. Place of origin of disability. —

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Up till one year ago patient had not complained of any discomfort caused by the varicocoele. Since that time he has complained of local pain after taking much exercise a becoming overtested. Since enlisting he has complained of more frequent discomfort and has never been able to complete any long marches without suffering from considerable pain and discomfort in region of left testicle and a general feeling of fatigue. On April 20th 1915. patient contracted mumps, the parotid swelling subsided about April 27th and on May 5th patient noticed some swelling in left testicle persisting for two days. Following this the dragging pain in left testicle was worse and has only commenced to subside in the last four days when patient has been resting.

12. (a) Give your opinion as to the causation of the disability. congenital

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). ———

3

Noted 27-4-17 B.G.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General condition good. patient has a subcarinal rash over abdomen and lower chest in front. He claims to be in a rather nervous condition.

local exam. left sided varicocele present extending below the upper pole of testicle – veins are somewhat distended as well as dilated. Testicle soft somewhat tender and slightly larger than the right one. It hangs at a lower level than the right.

14. If the disability is an injury, was it caused ~~not~~ applicable

(*a*) In action? ~~not~~ applicable

(*b*) On field service? ~~not~~ applicable

(*c*) On duty? ~~not~~ applicable

(*d*) Off duty? ~~not~~ applicable

15. Was a Court of Inquiry held on the injury? no.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? no

17. If not, was an operation advised and declined? yes

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? ~~not~~ applicable

19. Do you recommend

(*a*) Discharged as permanently unfit, or

(*b*) Change to England? yes

L. Bruce Robertson

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station CANADIAN MILITARY HOSPITAL, SHORNCLIFFE.

Date May 17th, 1915

Wallace A. Scott

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service. — I No II No III No

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — Not applicable

21. Has the disability been aggravated by

(*a*) Intemperance? — No

(*b*) Misconduct? — No

22. Is the disability permanent? — Yes - until operation

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — less than 1/8

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would *obviously*, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act? — No

25. If an operation was advised and declined, was the refusal unreasonable? — Yes

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — Yes in Canada

(*b*) Change to England?

Signatures:—

Candin Mil Hosp

Station Shorncliffe

Date May 14. 15

F. G. Ernest Wilson Major Camc — President.

E. G. Davis Maj Camc

Hewey L Jackes — Members.

Approved.

Station Shorncliffe

Date May 28/15

Capt Camc.

Jas. S. Runnie

Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station

Corps

Regimental No.

Rank

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.

(8) (8834) Wt. 10047/1884 2,0,000 1-15 W B & L.

Forms B. 179 35.

MEDICAL HISTORY OF AN INVALID.

1.—Station. Quebec

2.—Regiment of Corps. 18th Battalion C.E.F.

3. Regimental No. and Rank. 53360 Private

4.—Name. Albert Alton Michaels

5.—Age last Birthday. 19 years

6.—Enlisted on November 2nd 1914 at Windsor Ontario.

7.—Former Trade or Occupation. Printer.

8.—General remarks on his :—

(a) Conduct. indiferent

(b) Habits. indiferent

(c) Temperance. temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date June 14th 1915.

9.—Service.	Years. 224	Days.
Canada & England.	PERIODS. From	To
18th Battalion E.E.F.	November 2nd 1914	June 14th 1915.

10.—Disease or Disability. Varicocele (752)

11.—Date of origin, cause, present condition, and whether the same is the result of service or climate. origin long duration. cause unknown present condition. Dilated veins in left side of scrotum not the result of service or climate.

Has it been aggravated by intemperance, vice or misconduct?

No.

6

M. F. B. 227.
5m.—3-15.
H. Q. 1772 39 -117.

[OVER]

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

not applicable

13.—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.—If aggravateed, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

not applicable

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

yes. unless operated upon will to no extent prevent his earning a full livelihood.

16.—Full particulars of medical treatment of case up to date of invaliding.

no treatment.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Medical Board held at Shorncliffe England and discharged as medically unfit. on account of left Varicocele

18.—State if for discharge on account of unfitness for service.

For discharge on account of unfitness for service.

W J Ernstes
Lieut AMC
Medical Officer by whom the case is brought forward

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in above Report.)

The Board having assembled pursuant to order proceed to examine 53360 Pte Michaels A. A. and find him suffering from Varicocele The Board fully concurs in the opinion of the Medical Officer bringing forward the case and recommend that he be discharged immediately as medically unfit

Signatures :— A H Hubbard Lieut AMC President.

Station Quebec J Petrie Capt AMC Members.

Date June 14th 1915

Date JUN 17 1915 W K Delaney Lt-Colonel, A. M. C. A. D. M. S., 5th Division.
Assistant Director of Medical Services.

Approved.

Date Mar 7-15 J H Hoy Major
Director of Medical Services.

[OVER]

(At Station or Hospital where finally disposed of)

Station and Hospital ..... Arrived from .....

Date .....

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

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

Date of final Medical Board or decision.

.....
Administrative Medical Officer.

Militia Form B. 227.

5m.—3-15.
(H. Q.—1772-39-117.)

DETAILED MEDICAL HISTORY OF INVALID

Station

Corps

Regimental No. Rank

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.

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Original

MEDICAL HISTORY SHEET

Surname MICHAELS Christian Name albert alton

Examined on 20 day of March 1917 at London, Ont

Birthplace City or Town Baldwin County Michigan state

Apparent age 24/7

Trade or occupation clerk

Height 5 feet 6 3/4 Inches

Weight 146 lbs.

Chest measurement Minimum 31 1/2 inches Maximum expansion 37 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left 1 Number 1

When Vaccinated last 1915

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

RIGHT EYE D 30/20 LEFT EYE D 30/20

HEARING R Normal L Normal

Approved by H A Kingsmill

Rank Major, C.A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE M.O.
		M.O.
		W. H. Eby Lieut M.O. PRESIDENT
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
23/4/17		A R Shannon Lieut M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/4/17		M.O.
17/4/17		A R Shannon Lieut M.O.
23/4/17		M.O.

Enlisted on 20th day of March 1917 at London Ont Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2 C A S C	514172		20/3/17
Transferred to	#2 S.S.C.			26/12/17
	#2 Case Ld			23/3/18
	1st B'n Can Garrison Regiment, London Ont.			9-5-18
	1 C.A.E.G. md #1 514172			27-9-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

London, Ont. Nov. 13, 1918. Nil Cat. A 2 H Swisman Capt. Pres. S. M. B.

Station	Date	Disease	Result
London, Ont. MAR 20 1917	191	On Attestation	considered fit
H A Kingsmill Maj. A. M. C. Pres.	L H Douglass	Capt. A. M. C. W. R. Trant	Capt. A.M.C.
Ex Camp	ap. 11/18.	Mitral Systolic Murmur	C 1 R R Capt. Pres. S.M.B.
London, Ont.	21-9-1918	nil A-2	H Swisman Capt.
London Ont.	29/1/19	Nil. Cat. AII	W H McFarlane Pres. S.M.B.

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.

M. F. B. 313.

300M.—1-17.

H. Q. 1772-39-439.

Surname Muckala Christian Name Albert Alex

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Base Hosp Toronto		17	5	17	18	8	1917	G. C.	94		Sgd J. H. Mead
" " "		9	10	17	16	10	17	abscess on eyelid	7		Sgd W. K. Butt Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Michaels. Albert.

REGIMENT C.S.E.F. RANK Pte. No. 514172.

DISTRICT 1.

M.F.B. 465.
150M.—6-18.
1772-39-950.

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.

	Date Nov 13th	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918.										14 19									F M Deans Lieut	1	Complete
	31/1/19.																			G. S. Atkinson Capt	I	Complete on Discharge.

THIS SHEET IS PHOTOGRAPHED

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AUDITOR	PAYMASTER

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

M. ~~OR S.~~

REGT. NO. 514172 RANK Pte NAME (IN FULL) MICHAELS ALBERT A
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Mrs. Eva Michaels
RELATIONSHIP
ADDRESS 258 East Spring St
Columbus O
IS SEPARATION ALLOWANCE PAID? yes
DATE EFFECTIVE

TO WHOM PAID Mrs Eva Michaels
RELATIONSHIP wife
ADDRESS 258 East Spring St
Columbus O.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.
IF IN P. F. WHAT UNIT?
PLACE OF ATTESTATION
TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION 20-3-17
TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY. $ 15.00
DATE EFFECTIVE

PAYABLE TO
RELATIONSHIP wife
ADDRESS Mrs Eva Michaels
241 ~~258~~ East Spring St.
Columbus O.
ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
EFFECTIVE

	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
DISCHARGED	London	1-2-19	BO 1328	BO 31	31 days

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ S/A	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account 1919					10 90																		~~DO 31 Dischgd 1-2-19~~ (31 days P.D.P.) Clothing $35.00
Feb	1	1 10	1 10	35 -							1	2			47 -								
" S/A					30 -	77 -					2	2			4 -	a/c 2 1		29 -		77 =			
																							M R Mortimore
																							100.10 Prev. Paid P.D.P. on 1st. Discharge by Ottawa
																							W. S. G.
13/2/19			70 -	30		100	3409	13/2/19					70		3410	30 -			100 10	200 10	100 10		2 years $350 ~~3 yrs.~~ ~~250~~ ~~420~~ 59 $150 ~~+ S/A 150~~ ~~180~~
			KSY	La									KSY	La					(100 10)		Blu.		
13/3/19			179 90	120		299 90							44 90	30						79 90	135	90	5284-85
13/4/19			135	90		225							45	30						75	90	60	69468-9
13/5/19			90	60		150							45	30						45	45	30	79917-8
13/6/19			45	30		& 75 ~~45~~							45	30						& 75 ~~45~~	0	0	12-6-19 G90750-1
																				500			
						500 -							249 90	120 -		30 -			100 10	500 -	R. [illegible] Capt.		

WAR SERVICE GRATUITY

M. D. McTaggart Capt.

MONTH	PAY AND F. A.			OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						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		
			$ C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	