

26/5/16 196, T. H. BART, J. P. Clerk

ATTESTATION PAPER.

No. 910880

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Rowles
- 1a. What are your Christian names?..... Thomas
- 1b. What is your present address?..... Castle Coombe, Sask.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Grandall, Man.
- 3. What is the name of your next-of kin?..... ~~Father~~ William Rowles.
- 4. What is the address of your next-of-kin?..... Castle Coombe.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... March 19th, 1896.
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No.
- 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?..... 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Rowles, 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.

Thomas Rowles (Signature of Recruit)

Date March 9th, 1916 J. P. Oliver (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Rowles, 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.

Thomas Rowles (Signature of Recruit)

Date March 9th, 1916 J. P. Oliver (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 Saskatoon, Sask. this ninth day of March 1916.

J. O. Cunningham (Signature of Justice)

My Commission expires Dec. 31, 1916



Description of Thomas Rowles on Enlistment.

Apparent Age 19 years 11 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. 8 ins.

None

Chest measurement { Girth when fully expanded..... 36 1/2 ins.  
 Range of expansion..... 3 1/2 ins.

Complexion Ruddy

Eyes Blue

Hair Black

Religious denominations { Church of England.....  
 Presbyterian.....  
 Methodist..... Yes  
 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..... 8 March 1916

Place..... Saskatoon, Sask:

J. J. Cameron  
 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:—

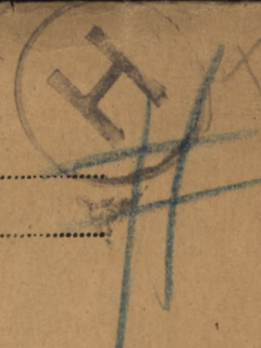
CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas Rowles.....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.

J. P. Oliver Capt. (Signature of Officer)

Date..... 5<sup>th</sup> May 1916 "B" COY. 196th OVERSEAS BATTALION C.E.F.





DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

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..... *1*

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..... *2*

*Form of bill* ..... *1*

Name *Rowles Thomas*

Regt. No. *910880* Rank *Private*

Corps *196<sup>th</sup> (W.W.) Overseas. Battalion Co. C & F*

*Being discharged as:  
"Medically unfit for further military service"*

*26086*









SURNAME.

Rowles

649-R-3508

S.O.S-18-10-16

CARD NO.

CHRISTIAN NAMES

Thomas

FOLL.

10

REGL. NO.

910 880

RANK

Pte

UNIT

196<sup>th</sup>.

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Rowles, William

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Castle Coombe, Sask.

COUNTRY OF BIRTH

Canada, Grandall, Man.

DATE

Mar 19<sup>th</sup> 1896

PLACE OF ATTESTATION

Saskatoon, Sask.

DATE

Mar. 9<sup>th</sup> 1916

RP.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19

YEARS

11

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Ruddy

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Saskatoon, Sask.

DATE

Mar. 8<sup>th</sup> 1916

Present Address, Castle Coombe, Sask.



No. 910880 RANK *Pte.*

NAME *Rowles Thos.*

T.O.S. *9-3-16* UNIT *196th Battalion*  
*D.O. 9, 9-3-16.*

M. D. *10*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 9</i>	<i>1916</i> <i>Mar. 31</i>	<input checked="" type="checkbox"/>		
<i>Apr.</i>		<input checked="" type="checkbox"/>		
<i>May</i>		<input checked="" type="checkbox"/>		
<i>June</i>		<input checked="" type="checkbox"/>		
<i>July</i>		<input checked="" type="checkbox"/>		
<i>Aug.</i>		<input checked="" type="checkbox"/>		
<i>Sep.</i>		<input checked="" type="checkbox"/>		
<i>Oct. 1</i>	<i>Oct. 18</i>	<input checked="" type="checkbox"/>	<i>Dischgd M. 2. 18-10-16</i>	<i>D.O. 132 of 19-10-16</i>
			<i>acc closed by payment 's'</i>	







# MEDICAL HISTORY SHEET.

Surname Rowles, Christian Name Thomas.

Examined { on 8th. day of March 1916  
 { at Saskatoon, Sask:

Approved by J. P. Cameron

Birthplace { City or Town Crandall.  
 { County Manitoba.

Rank af. M.O.

Apparent age 19 years, 11 months.

Trade or occupation Farmer.

Height 5 Feet 8 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.  
 { Maximum expansion 36½ inches.

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right Left  
 { Number 0 1

When Vaccinated last 7 years of age.

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection None.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Jan 22</u>	<u>Good</u>	<u>Walker</u> M.O.
<u>" 30</u>	<u>-</u>	<u>Walker</u> M.O.
<u>July 8</u>	<u>None</u>	<u>Walker</u> M.O.

Enlisted on 9th. day of March 1916. at Saskatoon, Sask:

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>196<sup>th</sup> Bn. C.E.F.</u>	<u>910880</u>		
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.







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. 910880 Rank Private Name Pte. Thos. Rowles  
 Corps. 196th Overseas Bn. C.E.F. who was\* discharged  
 On Oct. 18th 1916 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 <u>1-10-16</u> To <u>18-10-16</u>				From <u>1-10-16</u> To <u>18-10-16</u>			
Bal. Dr. from previous month.....				Regimental pay <sup>18</sup> days at \$ <u>1</u> c.....			<u>18</u>
Total payments during period				Field allowance <sup>18</sup> " \$.....		<u>10</u>	<u>1 80</u>
from .....				Other allowances.....			
Assigned Pay.....				Other Credits (give particulars)			<u>13</u>
Other Charges (give particulars).....				<u>Allw. in lieu clothing</u>			
Bal. Cr. on discharge or transfer.....		<u>32</u>	<u>80</u>	Bal. Dr. on discharge or transfer.....			
TOTAL.....		<u>32</u>	<u>80</u>	TOTAL.....		<u>32</u>	<u>80</u>

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

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of.....

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

REMARKS:—

- State (1) date of enlistment..... March 9th 1916  
 (2) if married and if a Separation Allowance Card has been submitted..... No.  
 (3) cause of discharge and authority..... medically unfit, A.D.M.S. 275-196

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date..... OCT 19 1916

Place..... CAMP HUGHES, MAN.

*John Rowles*  
 Paymaster.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The sum to be paid for all ranks...  
Regiment No. 1000 O. Rank - Private  
Company 12th Overseas Bn. ...  
On 1st Oct. 1918

The following is a summary of the amount of the above-mentioned pay...  
Total pay...  
Total...  
Total...

18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10
18	10	10	10	10	10	10	10	10	10

The amount shown as balance...  
The amount shown as balance...  
The amount shown as balance...

REMARKS...  
State of health...  
State of health...

I have carefully examined this statement of account and find it to be correct...  
I have carefully examined this statement of account and find it to be correct...

At the date of this certificate...  
At the date of this certificate...  
At the date of this certificate...



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..... 196th WESTERN UNIVERSITIES  
OVERSEAS BATTALION, C.E.F.

(2) Regimental Number..... 910880

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

(4) Place of Birth..... Crandall, Manitoba

(5) Are you married, or not?..... No

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?..... No

(8) Have you any children?..... No

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

Also their names and ages.....



(9) Is your Father alive?.....Yes.....

If so, state name and address.....William Rowles, Castle Coombe, Sask......

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

If so, state name and address.....Blanche Eva Rowles,.....

Castle Coombes, Sask......

(11) If your Mother is a widow.....No.....

Are you her sole support, or not?.....No.....

(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.

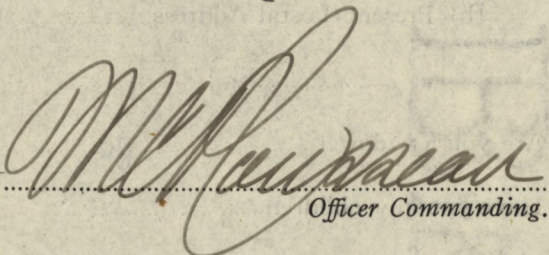
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....No.....

If so, in what Company?.....

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

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

  
.....  
Officer Commanding.

Date.....September 25th, 1916.....

MAJOR & ADJUTANT  
196 O/S BATTALION C E F



# FORM OF WILL.

I, Thomas Rowles (Name in full)  
Regimental Number 910880 serving in 196 (W.U.) Battalion  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

William Rowles  
Castle Coombe  
Saskatchewan } Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

William Rowles  
Castle Coombe  
Saskatchewan } Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this seventh day of October A. D. 191

Thomas Rowles Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything  
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness [Signature] # 910862

Address of Witness 196<sup>th</sup> W.U. Overseas Battalion

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Occupation of Witness Soldier

Signature of Second Witness JR Hearst # 910883

Address of Witness 196<sup>th</sup> W.U. Battalion

Occupation of Witness Soldier



FORM OF WILL

3. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original of the above and that the same is in my possession and control.

I have signed all the foregoing and

TRIBUNE BOND

to be paid to the order of the



of the order of the

IMPORTANT NOTICE: This bond is not valid unless it is countersigned by the Secretary of the State of New York.

Witness my hand and seal this 1st day of January, 1900.

Secretary of the State of New York

Address of Witness

Occupation of Witness



This space to be for numbers.

# Proceedings on Discharge.



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

No. 910880	
Rank Private	
Name Thomas Rowles <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 196th., (W.U.) Overseas Battalion, C.E.F.	
Date of Discharge October 18 <sup>th</sup> 1916	
Place of Discharge Camp Hughes, Manitoba, Canada	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....20.....years.....7.....months.	Descriptive Marks
Height.....5.....feet.....8.....inches.	
Complexion Ruddy	
Eyes Blue	
Hair Black	
Trade Farmer	
Intended place of residence } Castle Coombe, (To be given as fully as practicable.) } Saskatchewan.	
2. The above-named man is discharged in consequence of  Being Medically Unfit	
<small>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.</small>	
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.  <i>Exemplary</i>
	<small>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:</small>
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)



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.....

Three horizontal dashed lines for listing 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) Camp Hughes, Manitoba,

*A. J. Bateman Major.*

(Date) October 18<sup>th</sup> 1916

Commanding *B. Co. 19<sup>th</sup> Bn.*

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) Camp Hughes, Manitoba *I. H. Rowles* (Signature of Soldier.)

(Date) October 18<sup>th</sup> 1916 *J. A. Sinclair* (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) 224 years.....days.  
Total.....224 years.....days.

11. Confirmation of Discharge.

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

(Place) Camp Hughes, Manitoba

*L. Madgoff*  
(Signature) *Madgoff*

(Date) October 18<sup>th</sup> 1916



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.)

*Jhos, Rowles*

*No reservations*



## List of Discharge Documents.

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



OPINION OF THE MEDICAL BOARD  
**MEDICAL HISTORY OF AN INVALID.**

1. Station. *Camp Hughes, Man.* General remarks on his :-  
 2. Regiment or Corps. *196<sup>th</sup> C. E. F. Bn* (a) Conduct. *good*  
 3. Regimental No. and Rank. *#910880 Plt* (b) Habits. *good*  
 4. Name. *Rowles, Thos.* (c) Temperance. *good*  
 5. Age last Birthday. *30.* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)  
 6. Enlisted on *8<sup>th</sup> Mch 1916*  
 at *Saskatoon*  
 7. Former Trade or Occupation. *Farmer* Date. *Oct-10<sup>th</sup> 1916.*

DEPT. MILITIA & DEFENCE  
 OCT 25 1916  
 649-R-3509  
 CANADA

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.
<i>196<sup>th</sup> C. E. F. Bn</i>	<i>8<sup>th</sup> Mch 1916</i>	<i>10<sup>th</sup> Oct 1916.</i>

10. (a) Disease or disability. *Val. leak.*  
 (b) Date of origin. *Unknown*  
 (c) Place of origin. *Unknown*  
 (d) Cause. *Unknown*

11. Present Condition. (Most Important)  
 (To include full description of present disabling condition or conditions.)

*Mitral Incompetence*

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

*no card*  
*Se. 2/11/16*  
 M. F. B. 227,  
 100 M-2-16.  
 1772-39-117.

*No sheet app*  
*3 1/16 L.*

*1*  
*corrected*  
*31-10-16*  
*E.D.*



R 188

MEDICAL HISTORY OF AN INVALID

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

Large mole above right knee joint.

(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?

permanent

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

No percentage.

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

Suggest discharge.

*W. C. Call*  
Medical Officer by whom the case is brought forward.



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. Yes

16. Yes

17. ~~Yes~~ No percentage. This condition occurred before entering the service.

19. Is he unfit for Military Service. Yes

20. Recommendations :

Suggest discharge from the service on account of mitral incompetence

Signatures :—

*J. M. Boulton* President.  
Capt

*W. P. ...* Members.  
Capt A. C. ...

Station. Camp Hughes, Man..

Date. Oct. 13th. 1916..

*D. T. Aikenhead*  
Capt A.M.B.

Date.

*R. W. Simpson*  
Ass. Director of Medical Services.

Approved.

Date.

*30/16*

*J. H. ...*  
Director-General of Medical Services.

Colonel  
A. D. M. S. Camp Hughes



OPINION OF THE MEDICAL BOARD.

RECEIVED  
 10/10/17  
 10/10/17

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

10. Yes  
 11. Yes

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

20. Recommendations:  
 15. If the disabling condition had its origin before enlistment:  
 16. What is the probable duration of the disability or of the incapacity?  
 17. Signatures:

Date of final Medical Board or decision. }

Administrative Medical Officer.

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
 100 In-2-16  
 H. G. 1772-80-117.

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