

ATTESTATION - PAPER.

No. 489762

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Stewart
- 1a. What are your Christian names?..... John Alan
- 1b. What is your present address?..... 152 St. Luke Street,
2. In what Town, Township or Parish, and in what Country were you born?..... Edinburgh, Scotland
3. What is the name of your next-of-kin?..... Mrs. J. A. Stewart
4. What is the address of your next-of-kin?..... 149 Warrender Park Road, Edinburgh
- 4a. What is the relationship of your next-of-kin?..... Mother Scotland
5. What is the date of your birth?..... October 21st 1891
6. What is your Trade or Calling?..... Gentleman
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?..... Territorial Force, Scotland, 3 Years
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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Alan Stewart, 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.

Date April 4th 1916. John Alan Stewart (Signature of Recruit)
W. J. Hamilton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Alan Stewart, 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.

Date April 4th 1916. John Alan Stewart (Signature of Recruit)
W. J. Hamilton (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 Montreal, Que. this 4th day of April 1916.

W. J. Hamilton (Signature of Justice)

Description of JOHN ALAN STEWART on Enlistment.

Apparent Age ~~25~~ 24 years 5 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. 11 ins.

Chest measurement { Girth when fully expanded..... 37 1/2 ins.
Range of expansion..... 5 1/2 ins.

*B. N. R.
Buttock*

Complexion Medium

Eyes Blue

Hair Dark Brown

Religious denominations. { Church of England..... C. of E.
Presbyterian.....
Methodist.....
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..... April 4th 1916.

Place..... Montreal, Que.

E. J. Murray
Capt & M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

JOHN ALAN STEWART 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.

Chas. G. McKeown
Major (Signature of Officer)

Date..... April 4 1916.

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

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 2

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

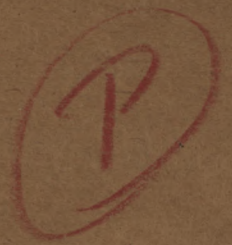
DISCHARGE DOCUMENTS

H. Q.

Name Stewart, John Alan

Regt. No. 489762 Rank Pte.

Corps P.P.C.L.I. Form 5th Univ Co.
med Unfit.



43130

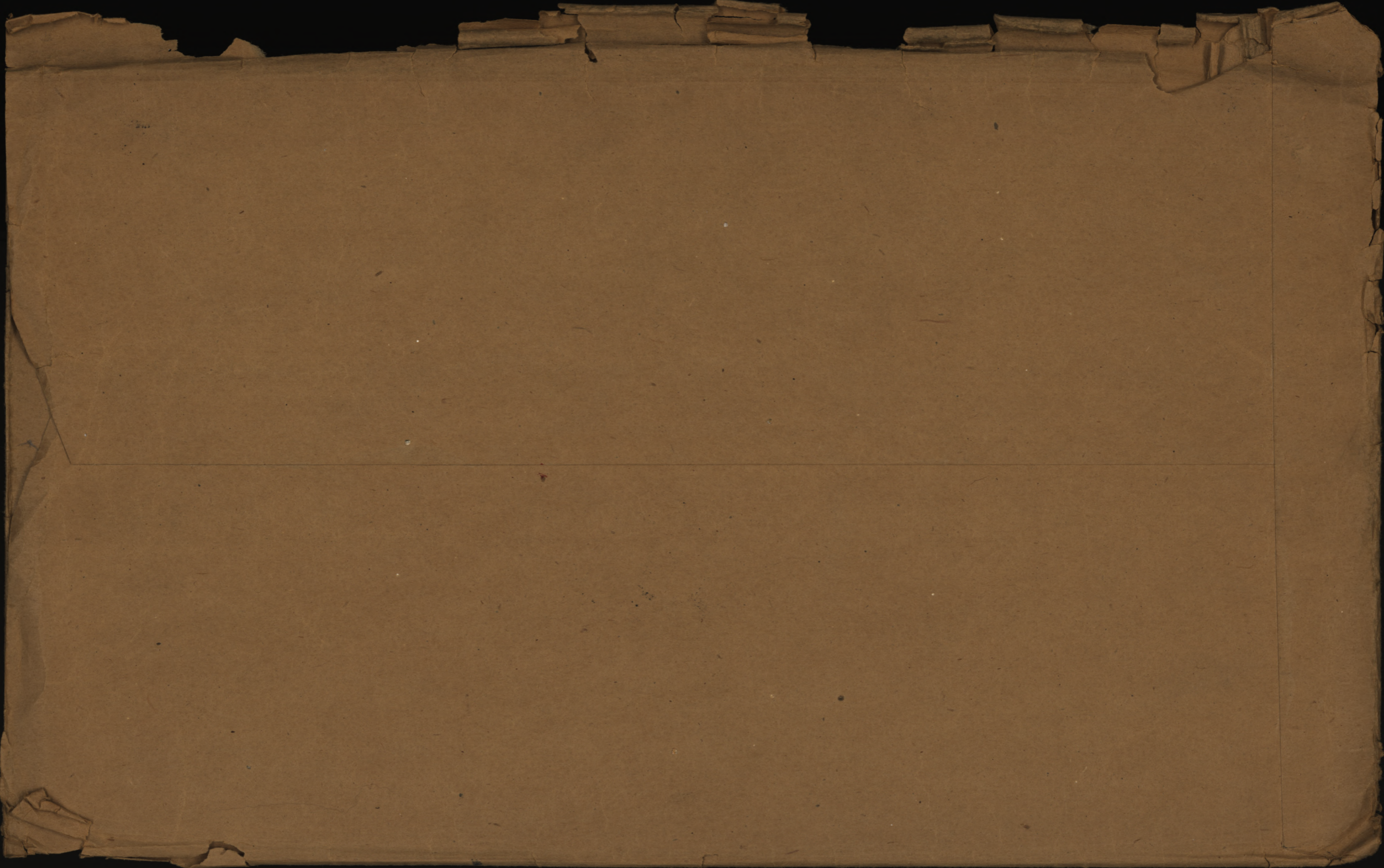


1 Cascard
1 - B122

1 R 149

483042

2 28
16 28
16
3 - 29
2



649-8-11695-

CARD NO. *L*

SURNAME. *Stewart.*

CHRISTIAN NAMES *John Alan.*

S.O.S. Dis 2/1/18. - F

REGL. NO. *489762.* RANK *Pte.*

UNIT *6th Universities Co., McGill (1st R.D.)*

FORMER CORPS *Terr. Force. Scot. (3 yrs)*

NEXT OF KIN.

NAMES IN FULL *Stewart Mrs. J. A.*

Also Notify
~~CHANGE OF ADDRESS~~

RELATIONSHIP TO SOLDIER *Mother.*

*Mrs Charles Des
18 Summerhill
ave, Montreal
P.Q.*

ADDRESS *149 Warrender Park Rd.
Edinburgh,
Scot.*

Auth Eng Office 31-5-17

COUNTRY OF BIRTH *Scotland. Edinburgh.*

DATE *Oct. 21st 1891.*

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *April 4th 1916.*

o/s. 8-7-16 ⁴⁶³/₁

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Gentleman

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

24 YEARS

5'

MONTHS

HEIGHT

5. FEET

11.

INCHES

CHEST MEASUREMENT

37½ INCHES

EXPANSION

5.½ INCHES

COMPLEXION

Medium

EYES

Blue.

HAIR

Dark Brown

DISTINGUISHING MARKS

B. N. R. Buttock.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

April 4th 1916.

REG. NO. 489762 NAME Stewart John A. (SURNAME FIRST) 7063 42

RANK Pte CORPS 6th U.S. PP C.B.I.

AGE 25 SERVICE 1 7/12

NAME OF HOSPITAL Grey Pines Conv Home PLACE Montreal

DATE OF ADMISSION 3 - 12 - 17

DISEASE Pain & weakness of left leg

DISCHARGE 3 - 1 - 18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

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Name Stewart, John Alton ~~Bank~~ Private.

Reg. No. 489762.

Unit P.P.C.L.I.

Next of Kin Mrs J.A. Stewart, 149, Warrender Park Rd, Edinburgh

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916	6/12 No 3 Div: Ross Sh.		P. A. O.	A 520		
12/12	L. Regt		"	A 560		
10-4-17	No 8 Coy: Cap: ^{1st} ^{1st} ^{1st}	Dunrobin, A. Coy. Troop	L. Regt: A 602	A 208	17/4 21/24	18/4/17
18-8	w. Coy: 1st		do	B 384		
24-9-17	Discharged		do	B 22		413

a.e.B.

Number 489762. Rank Pte.

Surname STEWART.

Christian Name John Alan.

Units P.P.C.L.I. Theatre of War France

Date of Service 27-8-16.

Remarks

Latest Address 310 Chestnut St.

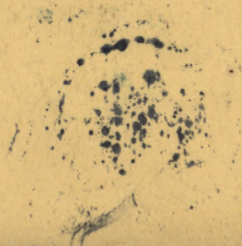
Wilmington, North Carolina, U.S.A.

Roll No. B Page 10795.

200m.-2-21.M.

DESP MAR 4 1922
REGN. NO. *73863*

UNIVERSITY OF MICHIGAN



1922

NAME Stewart, John Alan REGT'L NO 489762
 RANK AND CORPS Pvt. P.P.C.L.I. H. Q. FILE NO. 649-

FOLLOWS
 Form No. 6th Unit Co.
 Mc Gill (1st P.O.)
 FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
		S.
m2124	17-4-17	Adm. to no. 8 Stat. Hospital Wimereux April 10th, 1917. (Concussion fracture of leg)
m3634	7-5-17	Doing well (W.S.M.)
m3273	7-5-17	County of Lon. Hosp. Epsom.
95525	5-6-17	Simple fracture leg, doing well
m5534	14-6-17	Doing well
		Sailed from Liverpool for Canada per the "S. Olympic" Nov. 6th/17. Disposal of A.G. ms. 4

LIST No	HOSPITAL	DATE OF ADMISSION	No	REMARKS
9520	Divl Rest Station	6-12-16	P. U. O.	
1560	Disch.	12-12-16	" " "	
9602	8 th Stat. Wimmering	10-4-17	W. (Conc. Frac L leg. Sed.)	
B 298	Horton County of London war Epian.	13-4-17	W Conc. Frac L leg. sed.	
338	Spic. Frisco OK Epian	18-8-17	LSW L. Leg Fract	(22.9.17)
B 22	Disch	24-9-17	" " "	20-10-17
288	M. H. C. C. Montreal	21-11-17	Posted Outp. to S. Y. C. H. by Disch. Dept. Halifax	
4	" " " " "	3-1-18	N. C. H. to N. S. & Unit.	
304 ⁽²⁾	" " " " "	11-12-17	Trans. S. Y. C. H. to D. C. H.	
302	M. H. C. C. Montreal	3-12-17	" To Intp. S. M. C. H.	

Surname Stewart Christian Name or Names J. Reg. No. 489762

Rank Pvt Unit (A.P.C.L.I.) Co. b.O. Troop Batty

Hospital Div Reet. Stat Date of Admission 6.12.16

Transferred No. 8. Sta. Hosp. Wimereux. Hosp. 10.4.17

Horton, Co. of London, Epsom Hosp. 13.4.17

Can. Casual Hosp " Hosp. 18.8.17

Hosp.

Diagnosis

P. H. U

(1) Later Diagnosis (if changed)

W. Conc. Frac. L. Leg. sev.

fb

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disch 12-12-16 Date
" 24.9.17

REMARKS

CL 30.12.16. Q520
- 24-2-17 @ 5.60
- 18.4.17 Q602.
- 27.4.17 B298.
- 23.8.17 B384.
28.9.17 B22(2)

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

Rw.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

13 SEP 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 5th OVERSEAS UNIVERSITIES CO., C.E.F.

Regimental No. 489762 Rank Private Name John Alan Stewart

Enlisted (a) 4.4.16 Terms of Service (a) Duration of War Service reckons from (a) 4.4.16

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

Extended _____ Re-engaged _____ Qualification (b) Clerk

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				

Embarked in Canada 7-7-16 per SS.Lapland

Arrived South Caesars Camp 25-7-16 $\frac{3}{4}$

W. Scott
Lieut.

Proceeded Overseas 27-8-16
P.P.C.L.I.

28-8-16. C.B.D. Arrived in France and taken on the strength of P.P.C.L.I. Can B. Depot. 28-8-16. *dated 2-9-1916.*

[Signature]
LIEUT. & ADJT.
R.C.R. & P.P.C.L.I. DEPOT.

18-9-16. C.B.D. Left for Unit in the field 18-9-16 *N.R. Des*

30-9-16 *CC Batt* joined unit *Field* 30-9-16 *B213*

10-12-16 *Adm. & Trans. 10th C.F.A. P.U.O. Admitted 3rd. 10th C.F.A.* 6-12-16 *R36 Des. 447 d/26-12-16.*

11 *9630. P.U.O. Adm. & Trans. N.R.S.* 6-12-16 *R36 Des. 450 d.*

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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,				
5-2-17	10. C. F. Amb.	Discharged to Duty from Convalescent Camp in Field.	Field	12-12-16	Ref File K.I. 115-1569, ⁴ / ₄ B 213. D. C. S. <u>480</u> dated <u>24-17</u> .
APR 14 1917	OC Bn	WOUNDED IN ACTION	Field	9-10-4-17	
12-4-17.	¹ / ₂ St Denis	Fract of L. Leg. Invalided Wounded and posted to Eastern Ontario Regimental Depot, Seaford Per. ¹ / ₂ St Denis.	Seaford	12-4-17	W3083-3015. Part II Order 34 d/-22-4-17.
					<i>Major D</i> Lieut. for Lt. Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
27.4.17	P.P. Lt.	Adm. Gordon Coffin War Hosp.	Epsom	13.4.17	of B. 298. Fract. L. Leg.
1.5.17	EOR D	L.O.S. Suppl. Wounded	Seaford	13.4.17	pt II D 50
	EJ				<i>W. M. Myers</i> LIEUT FOR LT: COL: I/C RECORDS, C.O.M.F.
29.9.17	cc, E.O.R.D.	Furlough 10 days.	Seaford	24.9.17	Pt. II D. 201.
30.10.17	cc, E.O.R.D.	"On Command" from E.O.R.D. to Can. Disch. Depot, Burton.	Seaford	30.10.17	Pt. II D. 233 Lt Chamberlain Asst. Adjt. for cc, E.O.R.D. <i>W. M. Myers</i>
1 NOV 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER		No. 259.	Lieut.-Col. Canadian Discharge Depôt. Lieut.-Col. Canadian Discharge Depôt.
6 NOV 1917		EMBARKED FOR CANADA FROM LIVERPOOL			Commanding Commanding

ET. Rank Name STEWART, John Alan Reg'l No. 489762
 Unit 6th University Co., If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Montreal. April 4th 1916. Place of Birth Edinburgh.
 Name and Address, Next-of-Kin Mrs J.A. Stewart. Scotland.
 149, Warrender Park Road, Edinburgh. Scotland. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 575
 File R.L.
 Category Can. OR.

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.-7165-16.

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.				
		<i>Arrived in England.</i>	SS Lofland	25-7-16	
26-7-16	<i>1/2 RC OR PPCLJ Depot</i>	<i>Taken on strength.</i>	S, cliff	25-7-16	PII 76
28-8-16	do.	<i>Struck off to PPCLJ.</i>	Overseas	27-8-16	PII DO. 104
2-9-16	PPCLJ	<i>Taken on strength.</i>	Field	28-8-16	PII 036
30-12-16	-	Adm Divisional Rest Station	-	6-12-16	CR. A 520 87 PUO
24-2-17	-	Discha - - -	-	12-12-16	CR. A 560
13-4-17	"	N ^o 8 Stat. Hqs.	Womereaux	10-4-17	CL. A 602 W. Conc. Trac L. Leg Ser
27-4-17	"	Horton C. of London New Hqs.	Epson	13-4-17	CL B 298 do.
22-4-17	"	5056 C.O.R. Depot (W)	Field	12-4-17	PII DO 34
1-5-17	COR Dep	T.O.S.	Leipord	13-4-17	50

A.F.B. 103 CHECKED
 8 SEP 1916

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.				
23-8-14	PPCH9.	Trans. C.C. Keap. Woodcot's Plk.	Efrom.	18-8-14	C.L.B. 384 L. Log. 7 vac. G.S.W
27-9-17	EOR	Dischgd " "	"	24-9-17	Pl. 13-22. W. Concussion Fanc. R. Ref.
31-10-17.	EOR-D.	Onform. to. G.F.S. Buxton pending Dischd to Canada	Seaford	31-10-17	Pl. II 233.
20-11-17.	EOR-D	Ceases on board to G.F.S. A.D.S. on proceeding to Canada for disposal by Adj. Genl. Ottawa	"	6-11-17	Pl. II 253 Authy: - R.L. 23-6. Vol. 10. / A. 2. 18/17
	Halifax	Convalescent.	M.D.4. Montreal.	14-11-17	Nom. Roll. 398.

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records

APR - 5 1962

Referred to _____

Charged to _____

Ottawa Ont

Date April 4/62

To ● Copy for H.O. FILE

Attention of

NAME STEWART, John Alan.

SERVICE D-111572 ACT C.P.C. No. 26009
NUMBER 489762 WW1 W.V.A. No. 806822

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO, Montreal, P.Q., April 3/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 3/62
Cause of Death _____
Place of Death Queen Mary Veterans Hospital.

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~PAY~~
~~DO~~
H.O.

} Destroy form if advice of death already received.

for *m j w y e l l*
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

Copy for R.O. 1112

Private 1st

Date April 1962

RATHE, Robert, John Alvin

Service Number: 11-11112
Branch: 11112
Component: 11112

The Department has received information from

U.S. Army, Fort Monmouth, New Jersey, April 1962

regarding the death of the above named veteran

Information is as follows:

Date of Death: April 1962

Place of Death: Green Army Helicopters Hospital

Place of Birth: Green Army Helicopters Hospital

Name and Address of next of kin (if known)

W.S.A.

11112
11112
R.O.

It is advised that death records received

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. 489762 Rank Pte Name Stewart JA

Corps P.P.C.I.I. who was* Discharged

On Jan 21 1918, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1918, to Jan 21 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	27	34
Advances by Cheques { No. <u>14724 8</u>	25	00	Reg'tl Pay..... <u>21</u> days at \$..... <u>1.00</u>	21	00
{ No. <u>14729</u>	25	00	Field Allow. <u>21</u> days at \$..... <u>c.10</u>	2	10
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly)		
Other charges <u>Cin. Clothes # 14776</u>	13	00	Other Allowances* <u>Cin. Clothes</u>	13	00
Payment on transfer or discharge No. <u>14775</u>	15	64	Other Credits* <u>19 days Subs @ 80^{cs}</u>	15	20
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	78	64	Total.....	78	64

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191..... } (to) Assignee..... }
 and Sep'n Allice. for month of191..... }
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

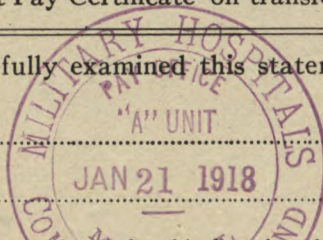
- State (1) date of enlistment 4-4-1916
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge..... authority MD 4 22-5-1123
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date.....
 Place.....

[Signature] CAPTAIN
 PAYMASTER "A" UNIT
 MILITARY HOSPITALS, COMMISSION, COMMAND
 Paymaster.



N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

EAST ASIA CONTINGENT



[The body of the document contains several paragraphs of text, which are extremely faint and illegible due to the age and quality of the scan. The text appears to be organized into sections, possibly including a list of names or a detailed report.]

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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.....

6th OVERSEAS UNIVERSITIES CO., C.E.F.

(2) Regimental Number 489762

(3) Full Name of Soldier..... John Alan Stewart

(4) Place of Birth..... Edinburgh, Scotland

(5) Are you married, or not? No

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

(b) Present Postal Address..... Nil

(7) Are you a widower? No

(8) Have you any children? Nil

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

Also their names and ages..... Nil

(9) Is your Father alive?..... Yes
If so, state name and address..... John A. Stewart, 149 Warrender Park Road,
Edinburgh, Scotland.

(10) Is your Mother alive?..... Yes
If so, state name and address..... Mrs. I. S. Stewart
149 Warrender Park Road,
Edinburgh, Scotland.

(11) If your Mother is a widow.....
Are you her sole support, or not?..... Nil

(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.

..... Nil
.....
.....

(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.

..... Nil
.....
.....

(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.

..... Nil
.....

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

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

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

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

Date..... JUN 23 1916

Chas. M. McQuinn
Major Officer Commanding.

DENTAL CERTIFICATE.

489762
F. Stewart, J.A.

The following Certificates will

be attached to the Medical History Sheets of all

EORW

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
4 11. 17	Requires filling	no	no	To be done Public Exp G. W. Cross Capt. C. C. C.

DENTAL CERTIFICATE

The following certificate will be returned to the medical headquarters of all Other Ranks being returned to Canada for disposal

Name	Grade	Service No.	Present Dental Condition	Remarks

MEDICAL HISTORY SHEET.

Surname STEWART

Christian Name John Alan

No Card
CP 28

17 APR 1917

Examined { on 4th day of April 1916
at Montreal, Que.

Approved by [Signature]
Rank Capt - a. u. e. M.O.

Birthplace { City or Town Edinburgh
County Scotland

Apparent age 24 Yrs. 5 Mos.

Trade or occupation Gretleman

Height 5 Feet 11 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 32 inches.

Maximum expansion 37 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left
Number 2

When Vaccinated last 12 Yrs. Old.

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Varicocoele (left)

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.
<u>9/6/16</u>	<u>-</u>	<u>[Signature]</u>
		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/24/16</u>		<u>J. A. Fairie</u>
<u>14 4/16</u>		<u>J. A. Fairie</u>
<u>20/4/16</u>		<u>J. A. Fairie</u>
<u>9/10/17</u>	<u>L.A.P.</u>	<u>[Signature]</u>

Enlisted on 4th day of April 1916 at Montreal, Que.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th O/S Univ. Co. C.E.F.</u>	<u>489762</u>		
Transferred to	<u>P.P.C.L.I.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Essex</u>	<u>14/2/17</u>	<u>fracture left tibia</u>	<u>[Signature]</u>

CANADIAN

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.

Christian Name *John Abrie*

Surname *Stewart*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In general 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 inoculation.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Houlton (C. of X.)</i>		<i>13</i>	<i>4</i>	<i>14</i>	<i>21</i>	<i>Aug</i>	<i>1911</i>	<i>Simple Frac: Lt Leg.</i>		<i>X-Ray The bone was in fair position</i>	<i>J. W. Carter</i>
<i>Wash D.C. Ep. Sem. Montpelier</i>		<i>17</i>	<i>8</i>	<i>17</i>	<i>24</i>	<i>SEP</i>	<i>17</i>	<i>..</i>	<i>39</i>	<i>Union of the foot by thick mass of fluid after walking for long distances. It has been in the air. Bearded - cat - bill</i>	<i>W. J. ...</i>
<i>G. N. C. H.</i>		<i>3</i>	<i>12</i>	<i>17</i>				<i>- do -</i>		<i>No further treatment required 227 made at Clar. E</i>	<i>W. J. ...</i>
<i>G. N. C. H. Montreal Que.</i>		<i>3</i>	<i>12</i>	<i>17</i>	<i>31</i>	<i>12</i>	<i>18</i>	<i>Pain & weakness left leg.</i>	<i>31</i>	<i>Discharged to O.C. "A" Unit through the C.A.&D.O. Class "E". H.Q. 16-1-25 of 5-12-17.</i>	<i>Chabot Captain</i>

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

489462 Pte. Stewart J.A. 6th O/S University Co.

Previous civilian occupation:- Surveyor

Is he able to resume previous civilian occupation:- Will be after

Cause of disability:- Result of fracture of tibia & fibula ^{5th 2 mos} probably.

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

Sustained a simple fracture of tibia & fibula lower third left leg April 9, 1917 at Vimy Ridge. Union is firm but there is some deformity. There is slight bowing of leg with convexity anterior. There is apparently slight shortening. If walking on a level surface he does not have any abnormal sensations but when walking in the dark or over uneven ground he has considerable discomfort. He uses a cane and walks with a slight limp.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 15%

Disability due to Service:- 10%

Probable duration of incapacity:- about 2 mos.

Does it render him permanently unfit for Military Service:- No

Would operation, special treatment or the use of appliances etc., lessen incapacity:- No

Recommendation of Medical Board:- course of treatment

Station:- Halifax, N. S.

Category:- Dis

Date Nov. 16. 17.

W. Marney President
J. Churchill Member

APPROVED

Date 16-11-17

Asst. Director Medical Services.

Date

Director General Medical Services.

FALSE DOCKET
4

FORM TO BE USED INSTEAD OF BLANK PAGE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

Previous civilian occupation:-

Is he able to resume previous civilian occupation:-

Cause of disability:-

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions)

Disability due to service:-

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service:-

Would operation, special treatment or the use of appliances etc., lessen incapacity:-

Recommendation of Medical Board:-

Station:- Halifax, N. S. _____ resident

Category:- _____ Member

Date _____ Member

APPROVED

Asst. Director Medical Services. Date _____

Director General Medical Services. Date _____

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom. Surrey Sept. 11th 1917 1917.

No. 489762 Rank Pte. Name Stewart J. A.

Local Unit..... Overseas Unit P.P.C.L.I. Age 25

Examination held at Epsom. Surrey.

DISABILITY
Overseas—Local ~~XXXX~~
(scratch one out).

WEAKNESS OF LEFT LEG.

PRESENT CONDITION.

Considerable callus.
Walks with a slight limp.
Pain at site of fracture if he trips.
Unable to march at present.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty C 111. Likely to be raised in category.....weeks.
within six months,
4. Fit for Permanent Base Duty.....
Surveyor.
5. Discharge

Signatures:—

Members	}	<u>H. L. Pavey</u> <u>Maj.</u> <u>President.</u>
		<u>S. R. D. Hewitt</u> <u>Capt.</u>

APPROVED

Dated Sept. 14th 1917. 1917.

H. L. Pavey Maj.
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Form 100-100
Rev. 1-1-1917

Dated at _____ 1917

No. _____
Rank _____
Name _____
Local Unit _____
Overseas Unit _____
Age _____

Examination held at _____

DISABILITY
Overseas—local

PRESIDENT'S CONDITION

BOARD RECOMMENDATIONS

- 1. Fit for Duty _____
- 2. Not fit for duty after _____ weeks' physical training
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty _____
- 5. Discharge _____

Signature _____

President _____

Members _____

APPROVED

1917
For A.D.M.S.

MEDICAL CASE-HISTORY SHEET

HOSPITAL Grey Nuns Convalescent Home. STATION Montreal Que.
 No. 489762 Rank Pte. Name (Given) John Alan (Surname) STEWART Age 25
 Unit 6th University, P.P.C.I.I. Service 19 months.
 Date of Admission December 3rd 1917. Date of Discharge January 3rd 1918.
 Diagnosis Pain and weakness left leg. *Surg Lower*
 Date of Origin April 9/17 Place of Origin Vimy Ridge.

CAUSE OF ILLNESS OR INJURY:

Shell concussion fracturing tibia and fibula, left.

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

Fracture of tibia and fibula at the middle and lower thirds, not compound, caused by concussion. The leg was in a splint for 7 weeks, during which time he had massage and for three months after the fragments healed.

Patient cannot place confidence in his left leg when walking on a rough surface. He occasionally has pain at the site of fracture.

CONDITION ON ADMISSION.

General condition:- Heart lungs and kidneys normal.

On examination there is marked bony deformity of the lower third of leg, left. Slight bowing of the tibia forward. Union is good, but there is excessive callus formation. The left leg is slightly shorter than the right, $\frac{1}{4}$ ". Measurements:- U = $40\frac{1}{4}$ - A. = 38. left.

U = $40\frac{1}{4}$ - A. = $38\frac{1}{4}$ right.

Movement of the ankle and knee joint normal. Patient states that he is unable to walk more than 1 mile without having to take a rest on account of pain, which is slight, mostly on account of weakness in leg. Feels as if the leg were going to give way under him. He has to walk with a cane.

Treatment:- Splint for seven weeks. Massage for five months. At present no further treatment required.

CONDITION ON DISCHARGE FROM HOSPITAL.

As above.

CLASS "E".

Dr. Templeman M.D.
 Medical Officer i/c Case.

Date Jan 3/18.

MEDICAL CASE-HISTORY SHEET

History of Present Illness: ...
Past History: ...
Family History: ...

Physical Examination: ...
Vital Signs: ...
Laboratory Studies: ...

Diagnosis: ...
Differential Diagnosis: ...
Prognosis: ...

Treatment: ...
Follow-up: ...

WESTFASTER



As above

Medical Officer (Dr. Case)

Date: ...

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

017416-J-28

G
J

Name Stewart, J.A.
Surname

Christian Name

Regimental Number 489762

Rank Pte.

Address (in full) 18 Summerhill Ave.,

Unit P. P. C. L. I.

Montreal, Que.

Original Unit

District where paid M.D.4.

Date of Discharge 21-1-18.

P. D. P. Filing Number 15-89-4.

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	1777	30-1-18	33 00	1749	21-2-18	33 00	1734	21-3-18	34 10		100 10

Remarks:

M. F. W. 127.
50M-6 17.
1772 39-1140.

File No. 017416 / 357

WAR SERVICE GRATUITY.

Register No. 81547

Passed to me 7/19/19 W41

me

Reg. No. 419762 *W.S.G. File No.* 16 Dependent _____

Name Stewart Jno A Address _____

Address P.O. Box 76 _____

Wilmington N.C. _____

Less further debit balance _____

Net due paid by _____

TO SOLDIER TO DEPENDENT

Ag. No.	Ch. No.	Amount	Ch. No.	Amount
1		179.90		
2				
3				
4				
5				
6				
Total		179.90		

Pay Soldier \$ 179.90 Pay Dependent \$ _____

Days 122 Rate 70.00 Due 280.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment. _____

Net 179.90

W102 7/11/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
122/9/19	25487	324306	179.90					
2								
3								
4								
5								
6								

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

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 18.9.19

Name Stewart John Alan
 Home G.P.O.

M. F. W. 41
 1 0M-7-16
 1772-39 889
 P. C. No.
 52879

Regimental No. 489762
 Unit P.P.C. L.I.
 Date of enlistment April 1916
 Place of " Montreal
 Married (yes or no) No

Name and address of next-of-kin G.P.O. Montreal
(MB 17-11-17 Cow House)

Amount of pay assigned monthly \$ 15.00 1-7-16 to 31/11 ¹⁰/₁₁ 240.00
 Reason for discharge

To whom payable Mrs J. A. Stewart Character on discharge
Olympic 14-11-17 149 Waverley Park Rd. Edinburgh Scotland W III H. J.

649-5-11695

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					
							452							
31/10	30/11	31	100	3.00	31	10	3.10					973		ER.P.C. Boat
							3862					20.00		CD Halifax
												2973		L.P.C. paid out 11/17
														show % adv to 30/11
														fld to a unit
							3862							Dr Balance 889
														AR 1587 Eperm 25/6/17
														" 2286 " 26/7/17
														Sup L.P.C. a unit 14/8/18
														Wrote C.P.M. re
														A.P. July 1916

ER
 10-12-17

ER Paid 1-8-16 to Dec 15-1917 = \$ 225.00

34348

AP
Ref. No. N.R.

MILITIA AND DEFENCE ASSIGNED PAY.

To whom Stewart, Mrs J.A.

By whom assigned Stewart, John Allan,

Address I49 Warrender Park Road,
Edinburgh. Scotland.

Regtl. No. 489762

Rank Pte.

Corps, &c. 6th Univ.Co. Rein.P.P.C.L.I.

Rate 15.00

D to Commence

*July 1st/16.***PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.		150797	30	X	
Sept.		182928	15	X	
Oct.		216562	15	X	
Nov.	75	252237	15	X	
Dec.		292699	15	X	
Jan.	1917	338511	15	X	
Feb.		377084	15	X	
March		426479	15	X	
April			13		
May			105		
June			240		
July					
Aug.					

a.P. checked & found correct

ASSIGNED PAY.

By whom assigned

Stewart J. A.

Regtl. No. *489762*

PTC

6th Unit Co.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Edinburgh Scotland*

NAME AND ADDRESS OF NEXT OF KIN *Engl. A. Stewart*
149 Waverider Park Rd. Edinburgh
Scot.

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT *a.P. checked & found correct*

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>In Hospital</i>	<i>13/4/16</i>	<i>6273.208 27/4/16</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *489762* RANK *Pte.* NAME *Stewart John Alan*

IF IN PERM. CORPS | WHAT UNIT UNIT *P.O. B.S.I. (Regent)* TRANSFERRED TO *PPOLD* DATE *1/9/16* AUTHORITY *6273.208 28/8/16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *b.c.o.c.* DATE *29-4-17* AUTHORITY *6273.208 27/4/17*

PLACE OF ATTESTATION *Montreal* TRANSFERRED TO *Montreal* DATE *31/5/17* AUTHORITY

DATE OF ATTESTATION *April 5th 1916.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1st July 1916*

PAYABLE TO *M^{rs} J.A. Stewart, 149 Waverider Park Rd, Edinburgh, Scot.* RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

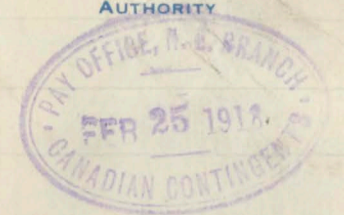
PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *30/10/17.* EFFECTIVE *1/11/17.* REASON *Dis*

DISCHARGE DATE AND PLACE *to Canada 30/10/17.* REASON AND AUTHORITY *DM.S. 1375-23- 19.10.17.*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE	No.
<i>1916</i>																																				<i>Canada</i>
<i>Aug 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>179 38/11</i>	<i>3270</i>	<i>3270</i>									<i>730</i>						<i>15</i>		<i>4178</i>	<i>2502</i>	<i>Dromo PPOLD 200102</i>	
<i>Sept 30</i>	<i>30</i>	<i>30</i>		<i>30</i>		<i>3</i>								<i>279 25/11</i>	<i>33</i>													<i>15</i>		<i>1743</i>	<i>4059</i>					
<i>Oct 31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>271 27/10 2762 12/10 6056 6/9 6553 17/9 680</i>	<i>34 10</i>										<i>174 523 436</i>		<i>15</i>		<i>3068</i>	<i>4401</i>						
<i>Nov 30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>								<i>2922 2/11 2858 24/10 2990 26/11 3054 22/11</i>	<i>33</i>										<i>175 174 349 872</i>		<i>15</i>		<i>1849</i>	<i>5852</i>						
<i>Dec 31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>								<i>34 10</i>										<i>872</i>		<i>15</i>		<i>2721</i>	<i>6541</i>			<i>Nil</i>			
<i>1917</i>			<i>15</i>	<i>20</i>			<i>15</i>	<i>20</i>																												
<i>Jan 31</i>	<i>31</i>	<i>10</i>	<i>34</i>	<i>10</i>										<i>3218 31-12 3255 21-12</i>	<i>34 10</i>										<i>524 174</i>		<i>15</i>		<i>2198</i>	<i>7753</i>						
<i>Feb 28</i>	<i>28</i>	<i>10</i>	<i>30</i>	<i>80</i>										<i>3490 20/1 3643 7/2/17 3525 9/2/17 3621 16/2 18/3</i>	<i>30 80</i>										<i>349 349 349 174</i>		<i>15</i>		<i>1849</i>	<i>8954</i>					<i>July 1916 a.P. pd. by a.P.br. red. on July 1910 pay adjustment</i>	
<i>Mar 31</i>	<i>31</i>	<i>10</i>	<i>34</i>	<i>10</i>											<i>34 10</i>										<i>349 174</i>		<i>15</i>		<i>3244</i>	<i>9150</i>					<i>In Hospital 14/11/16 6273.208 27/4/17 John to b.c.o.c. 27/4/17</i>	
<i>Apr 1-28</i>	<i>28</i>	<i>10</i>	<i>30</i>	<i>80</i>										<i>18 3/4/17</i>	<i>30 80</i>										<i>348 270</i>		<i>15</i>		<i>1848</i>	<i>10382</i>						
<i>Apr 29-30</i>	<i>2</i>		<i>220</i>												<i>220</i>										<i>45</i>		<i>15</i>		<i>10602</i>			<i>87753</i>				
<i>May 30</i>	<i>30</i>		<i>33</i>											<i>33</i>											<i>15</i>		<i>15</i>	<i>10402</i>								
			<i>333</i>	<i>30</i>										<i>3270</i>	<i>366</i>										<i>6413</i>	<i>1671</i>	<i>1114</i>	<i>150</i>	<i>24198</i>	<i>12402</i>						

SL No 49. 6.11.17 6th Bal 452

Stewart J.A.

Date of Payment.	No. of Acq. Roll.	A M O U N T				Place of Payment.	Name of Paymaster.	Remarks.
		Fra	£	s	\$			
14 8 17	—	2	9	72	Epworth	Pharis		
18 9 17	3179	1	4	87	"	"		
24 9 17	3170	10	48	88	"	"		
15 10 17	227	1	4	86	Epworth	Edmann		
26 10 17	224	1	4	87	"	"		
		1	10	7				
				75				
				42				

TABLE NO. 1. LIST OF THE SPECIES OF THE GENUS *Urosalpinx* IN THE STATE OF TEXAS.
No. of Specimens. Locality. Date of Collection. Name of Collector.

1888

REPRODUCED FROM THE REPORT OF THE U.S. GEOLOGICAL SURVEY

489762 The Stewart John Alan

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
			33330						3270 366					6413	1671	1114	150			241 98	124 02				
May 1			10						1 10																
June 30			33						33																664809
July 31			34 10						34 10																2119974
Aug 31			34 10						34 10																2170350
Sept 30			33						33																2215584
			16800						3270 50130					6413	1671	1114	150			241 98	124 02				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALICE PAY
Oct 1-30	33			6304					6304		
	33			81					81		
	33			110					110		
				110					110		
				486					486		
				487					487		
				730					730		
				486					486		
				973					973		
				487					487		
				4867					4867		
				7643					7643		
				522					522		

Balance transferred to N. E. Branch

ASB. FORM RENEW 30/10/17
 DISCHARGED TO Jan DATE 30/10/17
 PAYBOOK VERIFIED 30/10/17
 Cr. BAL 11.52 L.P.C. RENEW 30/10/17
 AUTHORITY RNS 1375-23 - 19/1/17

Checked
 Kidd L.L.C.

Supp R.P.C. 13/12/17 R.S. 34 cents
 " " 17/10/17 R.S. 5.23

This space to be for numbers



W. B. 13

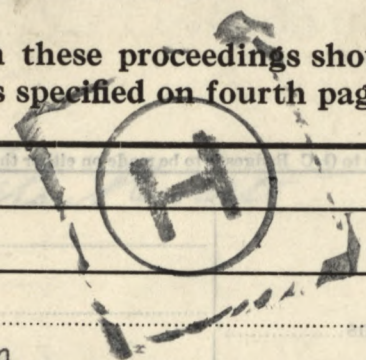
MILITARY DISTRICT No. 4
FEB 2 1918

Proceedings on Discharge.

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

No.	489762
Rank	Private
Surname	Stewart
Christian Name	John Alan
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	5th Univ. Co.
Date of Discharge	21/1/18.
Place of Discharge	Montreal.

MILITARY DISTRICT No. 4
FEB 23 1918
H.Q.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Age	years	months	Descriptive Marks
Age	26		3	
Height	5	feet	11	inches
Complexion	Fair			Scar over right eye.
Eyes	Blue			
Hair	Dark			
Trade	Surveyor.			
Intended place of residence	18 Summerhill Ave. Montreal West. P.Q.			

2. The above-named man is discharged in consequence of
Medical Unfitness due to Pain and weakness left leg.
 Authority H.Q.4D.22-S-1123 Dated Dec. 22nd 1917 and in accordance with instructions in Circular Letter No.285 H.Q. 16-1-25 December 14/17.

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.

3. Conduct and character while in the service have been, according to the records, etc. 1

[Handwritten signature]

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

[Handwritten signature]

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

M. F. B. 218.
100M.-1-17.
H. Q. 1772-39-113.

*R.G.
103-47-9345*

(OVER)
*16-2-18
M.S.*

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) Montreal.

John Stewart (Signature of Soldier.)

(Date) 21/1/18.

R. Huxton (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...1 years...287 days.

11. Confirmation of Discharge.

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

(Place) Montreal.

(Signature).....

MAJOR

(Date) JAN 31 1918



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.)

List of Discharge Documents.

None.

J. Stewart

<p>Attestation Paper, Militia Form B. 235</p> <p>Proceedings on Discharge " B. 218</p>	<p>Reg. Conduct Sheet Militia Form B. 263</p> <p>Conduct Sheet " B. 203a</p> <p>Squadron Battery Company</p>
<p>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>	<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. 237</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate " D. 877</p> <p>*Only if discharged "Medically unfit"</p>

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.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>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>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*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.

November 14th

Army Form B. 268.

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

1917
Proceedings on Discharge.

D³/_Q

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 489762 Army Rank Pte.

Name Stewart, J. A.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps E. O. P. S.

Battalion, Battery, Company, Depôt, &c. 6th of 5th Div. Co.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.
Age <u>25</u> years _____ months		
Height <u>5</u> feet <u>11</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion _____		
Eyes _____		
Hair _____		
Trade _____		
Intended place of residence (To be given as fully as practicable) { <u>4</u> <u>Montreal</u>		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Handwritten notes: 16-2-18, mgg, 16-2-18, mgg, 16-2-18, mgg

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Francis S. Mowthorpe

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battrn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

B.P.C.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION M.D.#4. Montreal. DATE Dec. 5. 1917.

1. (a) Unit P.P.C.L.I. (b) Regimental No. 489762 (c) Rank Private
(d) Surname Stewart (e) Christian name J. A.

2. Age last birthday 26 Date of birth Oct. 21, 1891.

3. Enlisted at Montreal. on April 4th, 1916.

4. Personal description:—

(a) Height 5'11" (b) Weight 160 lbs. (c) Complexion fair.

(d) Colour of hair Dark (e) Colour of eyes blue (f) Identification marks

Scar over the right eye.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

18 Summerhill Ave., Montreal West.

6. Former trade or occupation. Surveyor.

7. (a) Service

Years	Days
<u>1</u>	<u>245</u>

	PERIODS	
	From	To
<u>P.P.C.L.I.</u>	<u>April 4, 1916.</u>	<u>Dec. 5, 1917.</u>

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Pain and weakness left leg.

(a) Date of origin April 9th, 1917. (b) Place of origin Vimy Ridge.

(c) Cause* Shell concussion fracturing tibia and fibula, left.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

General condition. Heart, lungs and kidneys normal. On examination there is marked bony deformity of the lower third of leg, left.

Slight bowing of the tibia forward. Union is good, but there is excessive callus formation. The left leg is slightly shorter than the right, 1/4".

Measurements U = 40 1/2" - A.S. = 38, left.

U = 40 1/2" - A. = 38, right.

Movement of the ankle and knee joint normal. Patient states that he is unable to walk more than 1 mile without having to take a rest on account of pain, which is slight - mostly on account of weakness in leg. Feels as if the leg were going to give way under him. He has to walk with a cane.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M-6-17.
1772-39-117.

B. P. C. FOLIO
FALSE DOCKET
5.

10. History;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Fracture of the tibia and fibula at the middle and lower thirds, not compound, caused by concussion. The leg was in a splint for 7 weeks, during which time he had massage and for three months after the fragments healed. Patient cannot place confidence in his left leg when walking on a rough surface. He occasionally has pain at the site of fracture.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

25%

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? For six months, then to return for readjustment.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

Splint for seven weeks. Massage for five months. At present no further treatment required.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. That he pass under his own control.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations Unfit for service - Class "E".

MI

W. J. Penfelter MD

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned J. A. Stewart have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J. A. Stewart

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concur.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged., (When not for discharge add special recommendation).

Category E.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

[Handwritten Signature]

Lt. Col. President.

[Handwritten Signature]

Members.

STATION Montreal, Que.

DATE Dec. 12th, 1917.

APPROVED BY

ASSISTANT DIRECTOR MEDICAL SERVICES
 M.D. No. 4
 APPROVED
 W. Wilson
 MAJOR For A.D.M.S.
 Assistant Director of Medical Services.

DATE

APPROVED BY

DATE

B. P. C. FOLIO
 FALSE DOCKET

Director-General of Medical Services.

2009
3/1/00
b.b
2

OPINION OF THE MEDICAL BOARD

CONCERN

his left leg when walking on a rough surface. He occasionally has pain at the site of fracture.

If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

25%

12. Did the disability arise on active duty?

13. Was a Court of Inquiry held?

14. If the disabling condition is (a) General service (b) Home service (c) Home service (d) Temporary duty (e) Unit for service in Categories A, B and C.

15. Was the disability caused or aggravated by application of force by the enemy?

16. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

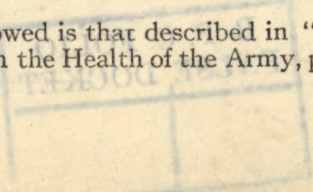
TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness: Signed: Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.



DATE