

3 M. D. Regt. No. 4025177

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Verch
2. Christian name Fred Edward
3. Present address Ruby P.O. Near Golden Lake Ont.
4. Military Service Act letter and number Never Registered (4461, 2185, 18)
5. Date of birth 24th May 1889
6. Place of birth (town, township or county and country) Golden Lake Ont.
7. Married, widower or single Single
8. Religion Lutheran
9. Trade or calling Farmer
10. Name of next-of-kin Mrs Olga Verch
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Ruby P.O. Ont
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
(a) Place Ottawa Ont (b) Date 11th June 18 (c) Category C111

DECLARATION OF RECRUIT

I, Edward Verch, do solemnly declare that the above particulars refer to me, and are true.

Edward Verch

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 29 yrs 1 mths.
Height 5 ft 8 ins.
Chest measurement } fully expanded 35 1/2 ins.
range of expansion 3 1/2 ins.
Complexion Dark
Eyes Blue
Hair Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Traumatic Overhill
is double pleurisy left

O.C. 2nd. DEPOT BATTALION, Depot Btln.
Eastern Ontario Regiment, Regt.

Place OTTAWA Date MAY 2 1918

Service Reckons from 11/11/17
as per Cas forms

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname
2. Christian name
3. Present address
4. Military service No. (if any)
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next of kin
11. Relationship of next of kin
12. Address of next of kin
13. Whether at present a member of the Armed Forces
14. Particulars of previous military or naval service (if any)
15. Medical Examination under Military Service Act
(a) Place
(b) Date

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and correct.

DESCRIPTION ON CALLING UP

Height
Weight
Chest
Range of expansion
Complexion
Face
Hair

Date

Place

M. S. W. 101
20-1-17

VERON Edward

4025177

Encl. D. R. E. O. P.

Q. FILE NO.

No. 4025177 RANK Pte

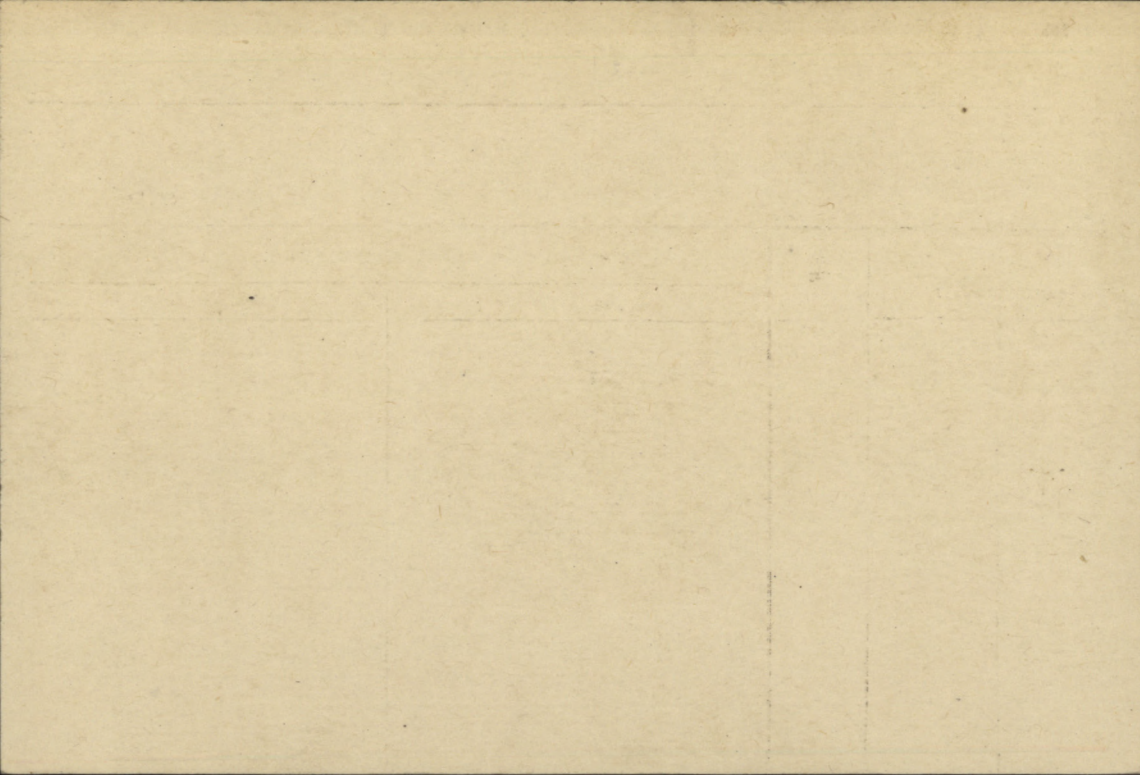
NAME Verch E

T. O. S.

UNIT 2nd Depot Battalion E. D. R.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 12	1918 May 31	✓		



(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 in the column headed "RE-ENGAGEMENT OR ENLISTMENT".

[illegible]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Nov.
F. 146
L. 10

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

Regimental No. 4025177 Rank Pte. Name Verch Edward

Corps 2nd Depot Bn. E.O.R. who was* Discharged

On 12-11-18 191 to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191 to 12-11-18 191, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	21	10
Advances by Cheques { No			Reg'tl Pay 12 days at \$ 1.00	12	00
{ No			Field Allow. 12 days at \$ 10	1	20
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No 6177	34	30	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	34	30	Total	34	30

* Give particulars.

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

(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 11-11-17
(2) if married and if a Separation Allowance Card has been submitted No No
(3) cause of discharge Cat. C11 authority R.O. 977 D.O. 317
(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 Nov. 14th, 1918

Place Ottawa, Ont.

Longley A. Stewart Capt.
Paymaster, 2nd Depot Bn. E.O.R.

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.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

MEDICAL HISTORY SHEET.

1. Surname Versch Christian name Edward
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any) Ruby Ave

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the med day of Nov 1918, by the undersigned medical board sitting at Ottawa Ont

5. Age as stated 29 Years 6 Months. 6. Apparent age 29 Years Month
7. Height 5 Feet 7 Inches. 8. Weight 137½ Pounds.
9. Chest measurement (Minimum 37½ Ins. Maximum 35 Ins.) 10. Complexion Bruised (Eyes Blue Hair Brown)
11. Physical development good (Good Fair Poor) 12. Smallpox marks none
13. Number of vaccination marks (Right arm 0 Left arm 0) 14. When vaccinated last never
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Pulmonary Tuberculosis

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. E. (a) Vision. R. 6/9 L. 6/6
(b) Hearing. R. 2 L. 2
Lordawon Capt. President.
Wersanetu Cpl Member.

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

Joined 27th day of April 1918 at Ottawa

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>med Depot Bn EON</u>	<u>4025777</u>		<u>27-4-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man Versch Edward

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

Surname.....

[illegible]

CANADIAN ARMY DENTAL CORPS

DISTRICT...#3

NAME OF SOLDIER.

NAME OF SOLDIER... *Wach, E*
REGIMENT... *2nd Signal Batt Co B* RANK... *Plt*

REGIMENT..... 2nd Stryker Batt 50 RANK..... Pl

No. 21023777



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

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

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

[illegible]

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



17-3-19 200

1. No.	Regtl.No. 4025177	Serial No.
2. Rank.	Pte.	
3. Name.	VERCH, Edward	
4. Unit.	2nd Depot Btn., E.O.R.	
5. Date of Discharge	~~Dec.~~ ^{Nov.} 12-1918	Place ~~Place~~ Ottawa, Ontario
6. Reason for Discharge	~~DEMobilization~~ Struck off Strength on return to Registrar's records Nov.12-1918 Daily Order No. 317 of Nov.13-1918 Discharged under authority P C-8051 of 11-12-18	
7. Authority.		
8. Proposed Residence after Discharge	Golden Lake, Ontario	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date Signature (O. C. Discharging Unit.)	

Under Notar

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Ottawa, Ont. DATE Nov. 4th, 1918.

1. 1 (a) Unit 2nd Depot Bn. E.O.R. Regimental No. 4025177 (c) Rank Pte
(d) Surname Versch (e) Christian name Edward
(f) Home address Ruby, Ont.
(g) Next of Kin August Versch (h) Relationship Father
(i) Address of Next of Kin Ruby, Ont.

2. Age last birthday 29 Date of birth 2 May 4th 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date Apr. 27/18

4. Personal description:
(a) Height 5' 7" (b) Weight 147½ (c) Complexion Med.
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
Canada <u>2nd Depot Bn. E.O.R.</u>	PERIODS	
	From	To
England <u>10 r</u>	<u>Apr. 27/18</u>	<u>Date</u>
France or other theatres of War		

7. Original disease, or injury Pulmonary Tuberculosis

(a) Date of origin 1914 (b) Place of origin Ruby, Ont.
(c) Cause Followed attack of Pleurisy in 1914.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Pulmonary Tuberculosis

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: Breath sounds are faint and distant over whole area if egest except over right apex where expiration is prolonged and there are moist crepitations. Man appears fairly well nourished.

Subjective: Man complains of constant shortness of breath. States that he has had a cough ever since he had an attack of pleurisy with effusion in 1914 and has lost in weight, former weight being 155. He says that he coughs mostly in mornings and expectorates thick sputum. Also states that he perspires at night and feels weak all the time.

- (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No..... Cardio-Vascular System.....No..... Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No..... Respiratory System.....As Above..... Integumentary System.....No.....

Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No.....

Osseous and Joint Systems.....No..... Any other general condition.....As above.....

10. (a) History (of the condition referred to in Section 9 (a).)

States that he has had a cough ever since attack of Pleurisy with effusion in 1914

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to, or since enlistment, and not included in Section 10 (a).)

(c) (Here give a description of wounds, scars and deformities.

11.—(a) Did the disabling condition have its origin before enlistment? **Yes**

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not aggravated by Service

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? **No**

The regimental documents will be referred to.

(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **Permanent**

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

Treatment by Civilian Doctors

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **No**
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? **Yes**
(If not, briefly state why)

17. Recommendations.

Fit for Category E. No disability due to Service

W.D. Trohen Capt Amc
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned **Pte E. Versch** have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pte E.

W.D. Trohen

Edwards

Edwards

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
- (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.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Category "E", No disability due to Service

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Ottawa, Ont.

DATE Nov. 4th 1918

R. D. Dawson Capt.
W. S. Smith Capt.

President.

Members

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members

APPROVED BY

APPROVED BY

W. S. Smith for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE NOV 5 1918

1918

DATE