

SES 5/3/19

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

Attestation Papers..... 2 3

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.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M 37 392 1

M 37 178-1

" 113 1

M 4 1313 a-2

M 4 1313 a-2

M. F. W. 62.

100m.-6-17.

H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

Name *Duraglia, Salvatore*

Regt. No. *3255464* Rank *pte*

Corps *7th C.G.R*

50471

Med unfit

R. O. No.....

H. Q. No.....



Discharged 9-12-55

26 - 10
4 - 10
6 - 10

2

REGT. NO. 3255-96
ORIGINAL UNIT
C.E.F.

REGT. NO. 3255-96
ORIGINAL UNIT
CEE

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE
DISCHARGED PLACE

BALANCE
FROM
PREVIOUS
ACCOUNT

Duplicate.

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. 32 55 964 | |
| Rank Private | |
| Surname...Buraglia..... | |
| Christian Name...Salvatore..... | |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | |
| Corps (Squadron, Battery or Company) 7th, C.G.R. | |
| Date of Discharge 27-1-19 | |
| Place of Discharge St. John, N.B. | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | |
| Age 26 years 11 months. | Descriptive Marks Displaced right Patella. |
| Height 5 ft 1 in. inches. | |
| Complexion Medium | |
| Eyes Dark Grey | |
| Hair Brown. | |
| Trade Labourer. | |
| Intended place of residence (To be given as fully as practicable.) | |
| 2. The above-named man is discharged in consequence of Being unfit Cat, E. Auth., M.D.7 . 4 -B-662 D27-12 -18 | |
| N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted. | |
| To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them. | 3. Conduct and character while in the service have been, according to the records, etc. |
| | N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the 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.) |

M. F. B. 218. MEDICAL DOCUMENTS FORWARDED TO S.C.R. on 3-2-19..

100M.—1-17.
H. Q. 1772-39-113.

(OVER)
Lieut.
Asst. D.R.O. M.D.#7.

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) St. John. N.B...... (Signature of Soldier.)

(Date) 27 -1-19...... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) St. John. N.B......

(Date) 27 -1-19......

(Signature)

[Handwritten Signature]

Reservations referred to at Para. 8.

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

I have no reservations to make.

| | |
|---|---|
| <p>Attestation Paper Military Form B. 135</p> | <p>Reg. Conduct Sheet Military Form B. 307</p> |
| <p>Proceedings on Discharge B. 217</p> | <p>Conduct Sheet B. 303a</p> |
| <p>Medical Report for Invalid* B. 237</p> | <p>Copies of Convictions, by C. F. in MS Medical Sheet Military Form B. 313</p> |
| <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate B. 877</p> | <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge</p> |

Record of Service

Canada from 24¹/₈ to 27¹/₉.

List of Discharge Documents.

| | |
|---|---|
| Reg. Conduct Sheet, Militia form B. 263. | Attestation Paper, Militia Form B. 235. |
| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Squadron Battery Company </div> <div> Conduct Sheet, " B. 263a. </div> </div> | Proceedings on Discharge " B. 218. |
| Copies of Convictions, by C. P. in MS. | |
| Med. Hist. Sheet, Militia Form B. 313 | In the case of recruits who are rejected on final approval, the discharge documents will consist of |
| Medical Report for Invalid* " B. 227. | (a) Proceedings on Discharge. |
| Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. | (b) Attestation. |
| *Only if discharged "Medically unfit." | (c) Medical History Sheet (in the event of such having been prepared.) |

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.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 3255964 Rank Pte Name Buraglia Salvatore

C. E. F.

Enlisted (a) 24/1/18 Terms of Service (a) Duration of war Service reckons from (a) 24/1/18

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) Labourer

| 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 | | | | |
| | | J.O. S. 7th Bn. C.G.R. | St. John. | 18/5/18 | Auth. D.O. 184/18/5/18 |
| | | S.O. S. " " " | W.B. | | |
| | | on discharge by | | | |
| | | reason Demobilization | St. John. | 27/1/19 | Auth. M.D. #7 4 B 662 |
| | | Med. Unfit | W.B. | | 27/12/18 |
| 31/1/19 | 7th Bn. C.G.R. | | | | Daily Order # 27d/27/19 |

J. B. Patchell Capt
O. C. 7th Bn. Canadian Garrison Reg't.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc. etc., also special qualifications in technical Corps duties.

| 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 | | | | |
| | | | | | |

1258
H

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3 255964 (Rank) Private.

Name (in full) Buraglia. Salvatore, enlisted in
the 7 th C. G. R.

CANADIAN EXPEDITIONARY FORCE at St., John. N.B. on the 20th
day of December 18
19

HE served in Canada.

and is now discharged from the service by reason of being unf it.

Cat., "E" Authority, M.D.7 4-B-662 D2 7 -12-18.

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

Age 26 ye & rs 11 Months.

Height 5 ft. 1 in.

Complexion Medium.

Eyes Dark Grey.

Hair Brown.

Marks or Scars

Displaced right Patella.

X
Signature of Soldier

John W. Macdonald
Issuing Officer
Lieutenant Colonel.

Date of Discharge 27 -1- 19.

Rank Commanding 7th. Bn. C.G.R.. CEF

Signed at St., John. N.B. this 27 th day of Janry., 19

in Military District No. 7

File Reference No. M.D.7 4-B-662.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

1250 1st DEPOT BATTALION, N. B. REGIMENT, M. B. Depot Battalion Regiment
Regtl. No. 3255964

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original

(Class.....)

1. Surname..... Buraglia
2. Christian name..... Salvatore
3. Present address..... Bathurst, Glou. Co., N. B.
4. Military Service Act letter and number..... 653424FC..... 3255964
5. Date of birth..... Feb. 6/1892
6. Place of birth..... Italy
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... RC
9. Trade or calling..... Labourer
10. Name of next-of-kin..... Alexander Buraglia
11. Relationship of next-of-kin..... Father
12. Address of next-of-kin..... Vallecorsa Province Rome Italy
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..... Bathurst NB..... (b) Date..... 9/11/17..... (c) Category..... A2

DECLARATION OF RECRUIT

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

Salvatore Buraglia (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 25..... yrs..... 10..... mths.
Height..... 5..... ft..... 1..... ins.
Chest } fully expanded..... 37..... ins.
measurement } range of expansion..... 3..... ins.
Complexion..... Medium
Eyes..... Dark Grey
Hair..... Brown

Distinctive marks, and
marks indicating con-
genital peculiarities or
previous disease.

J. J. May
O. C. 1st Depot Battalion Depot Btn.
New Brunswick Regiment
Regt.

Place St. John, N.B. Date Jan. 24/18

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname B magna Christian name Salvatore

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 653424FC

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street
and number, if any)...

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9 day of Nov. 1917, by the undersigned medical board sitting at Bathurst N.B.

5. Age as stated 23 Years 10 Months.

6. Apparent age 25 Years 0 Months

7. Height 5 Feet 1 Inches.

8. Weight 150 Pounds.

9. Chest measurement { Minimum 34 Ins.
Maximum 37 Ins.

10. Complexion Best

Eyes Gray
Hair Brown

11. Physical development.

{ Good
 { Fair
 { Poor

12. Smallpox marks Nil.

13. Number of vaccination marks

Right arm 1
Left arm 2

14. When vaccinated last 1907

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

Displaced: *Pataca nym*

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism
Tuberculosis
Syphilis

We find no evidence of past

- { Rheumatism
- { Tuberculosis
- { Syphilis

(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

A2

V. swin - R. - D 40.

4- 0.30°
g - normal,

Signature of Man.

20

to schedule by *L. F. G.*

of the

J. M. Richard Member. *R. J. Smith* President.

Member

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|--------|--------------------|---------|--------|---------------------------------|
| 24/1/18 | | F. Smith Capt M.O. | 24/1/18 | 1 | F. Smith Capt M.O. |
| | | M.O. | 4/2/18 | 2 | F. S. M.O. |
| | | M.O. | 11/2/18 | 3 | F. Smith Capt. M.O. |
| | | | 21/2/18 | | |

Joined 24th, day of January 1918 at St. John, N.B.

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|----------------|---------------|--------|---------|
| Joined on enlistment | 1st. Depot Bn. | 3255964 | | 24/1/18 |
| Transferred to..... | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--|
| | | | <p><i>Ciii</i></p> <p><i>Cl. 7. 18. S.M. D</i></p> |

Ciii
 C1, 7, 18. S.M. B

N.B.—This sheet is 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.

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

St John's 21/12/18 Injured Soldier E. Mental Asylum. All loose papers and By Order Capt Cam

12570 uraglia

Do not write on envelope but on this sticker only.
Do not gum flap as this envelope may be used several
times with stickers similar to this one.

GUM BACK BELOW THIS LINE.

Р

DEPT
MILITARY DEFENCE
JUL 15 1918
H.Q.
CANADA

FOR ALL RANKS.
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form)

Place St. John, N. B. Date July 10th, 1918.
Number 3255964 Rank Pte. Name BURAGLIA, Salvatore
Corps 7th C. G. R. Age 26 Religion R. C.
(1) Disability Displaced patella right.

2) Incurred - Date 1900
(~~Overseas~~)
(Cancel (one) (Canada.

(3) Category 01

(4) Recommendations - If extension of leave is recommended, reasons should be given, based on present physical condition.

(a) Treatment (specify nature of)

(b) Return to duty yes

(a) General no.

(b) Special (specify nature of)

(c) Special

A. E. Love Capt President.
Thomas Members.

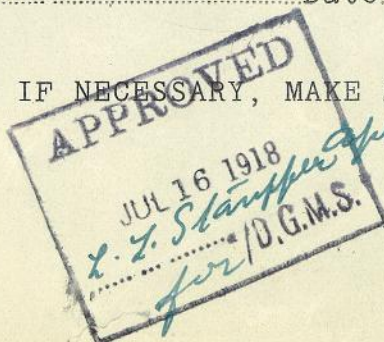
Place St. John, N. B. Date July 10th, 1918.

Approved *L. B. Harris* Lt-Col. for A.D.M.S. M.D. 7
or Camp

Place St. John, N. B. Date 11. 7. 18

- CANCEL WHERE NOT APPLICABLE. IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).

M.F.W.180.
20m.-5-18.-M-.
H.Q.1772-39-1213.



2662-157/18.

575

HC

JUL 15 1977

APPROVED
JUL 15 1977

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

MEDICAL HISTORY OF AN INVALID

STATION

DATE

1. (a) Unit 1st Depot Bn (b) Regimental No. 3255-964 (c) Rank Plt

(d) Surname Buraghia (e) Christian name Salvatore

2. Age last birthday 26 Date of birth Feb 6th 1892

3. Enlisted at St John NB on January 23rd 1918

4. Personal description :—

(a) Height 5' 1" (b) Weight 160 (c) Complexion Med

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks staphy

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

6. Former trade or occupation Lobster

7. (a) Service

Years

Days

PERIODS

From

To

1st Depot Bn NB Regt

Jan 23 / 18

Present

(b) Has he been Overseas? no

8. Present disease or disability (use authorized nomenclature if possible). Dislocated Patella

(a) Date of origin Cherbourg (b) Place of origin San a na

(c) Cause* Accident

*(Here include original disease or injury)

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

Right Patella is dislocated with marked
atrophy of Thigh Muscles Walk with a
slight limp

[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.]

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

none

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.

as before enlistment

12. Did the disability arise on or off duty? *Before enlistment*

13. Was a Court of Inquiry held? *na*

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

Yes..... No.....
(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? *na*

(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? *Permanent*

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

none

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*

19. Can the former trade or occupation be resumed? *yes*

20. Recommendations *That 3255964 Sgt Salvatore Buragha 1st Depot Bn be placed in Category 2*

CE Louis Lopez

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..... 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

Salvatore Buragha

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.

Yes

22. Is the soldier fit for

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

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.

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).

3255964 Pte Salvatore Buraglia be placed in Category C2

STATION *St John NB*

DATE *Feb. 2/18*

APPROVED BY

DATE *FEB 11 1918*

APPROVED BY

DATE



ACford
 Assistant Director of Medical Services.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give dissenting opinions with reasons.

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.

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9

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 St. John, N.B. DATE Dec. 20, 1918.

1. 1 (a) Unit 7th C.G.R. (b) Regimental No. 3255964 (c) Rank Pte.
 (d) Surname Burgalia (e) Christian name Salvatore
 (f) Home address Bathurst, N.B.
 (g) Next of Kin -Father--- (h) Relationship -----
 (i) Address of Next of Kin -----

2. Age last birthday 26 Date of birth Feb. 6, 1892

3. Enlistment, or Appointment (if an Officer) (a) Place St. John, N.B. (b) Date Jan. 24/18

4. Personal description:

(a) Height 5' 1" (b) Weight 150 (c) Complexion Medium
 (d) Colour of hair Brown (e) Colour of eyes dk. grey (f) Identification marks, Scars, etc. Displaced right patella.

5. Former trade or occupation Laborer

| | | |
|--|-------|------|
| 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 |
| | 330 | |

| | PERIODS | |
|--|----------|----------|
| | From | To |
| 1st Depot Bn. | 24-1-18 | May 1918 |
| Canada <u>7th Can. Garrison Regt.</u> | May 1918 | Present |
| England <u>-----</u> | | |
| France or other theatres of War <u>-----</u> | | |

7. Original disease, or injury Displaced right patella

(a) Date of origin Childhood (b) Place of origin Unknown
 (c) Cause Unknown

3. 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.)

1. Displaced right patella 2. mental derangement.

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.)

2. Obj:- Slow cerebration, very morose and will fix his eyes on an object and gaze steadily on it for long time. On being asked a question with a self evident answer he will state I don't know.

Subj:- NEGATIVE.

1. Obj:- Right patella displaced below external condyle joint movements not restricted.

SubJ:- Pain in knee joint if he walks too fast.

(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.....yes.....Genito-Urinary System.....yes.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....yes.....Respiratory System.....yes.....Integumentary System.....
Disturbances of Mentality.....Digestive System.....Muscular System.....
Osseous and Joint Systems.....Any other general condition.....

Disability (1) Difficulty in walking due to displaced patella pre-enlistment not A.O.A.S.

Disability (2) Restriction in occupation due to mental derangement
C.O.A.S. Canada

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

Up to about a month ago was one of the best men in regiment habits and deportment being especially good, since that time he has developed a morose nature will fix his eye on an object for a long time will answer some questions correctly but in a number of cases where the answer is self evident will answer I don't know. During last few days has refused duty several times and on being asked why replies- I don't know. Has on one occasion, threatened to cut his throat or ask some one to do it for him.

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, scar, and deformities.

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

(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 enactment.)

1. No 2. Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1. No. 2. 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? 1. Indefinite 2. Permanent

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

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes (Observation at Neurological centre)

Can the former trade or occupation be resumed? No. (due to mental condition) (If not, briefly state why)

17. Recommendations. That # 3255964, Pte. Salvatore Burgalia be placed in Category "E" discharged to I.S.C. for treatment at Institution for Insane.

(Sgd) F. W. Stevenson Lt.-~~Col~~. C.A.M.C.

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. Salvatore Burgalia 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 Init. A.E.L.

F.W.S.

(Sgd) Salvatore Burgalia Rank.
Signature of invalid examined.

1250
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.) | no |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) | no |
| (c) Home service (Canada only), | (" C) | (Yes or No.) | no |
| (d) Temporarily unfit. | (" D) | (Yes or No.) | no |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | yes |

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.)

For mental derangement

(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.)

That #3255964, Pte. A. Burgalia 7th Bn. C.G.R. be placed in Cat. E and discharged to I.S.C. for treatment at Institution for Insane.

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.

A. E. Logie, Capt. C.A.M.C. President.

B.J. Dash, Capt. C.A.M.C.

PLACE St. John, N.B.

DATE 21-2-18

Member

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.....

Members

DATE.....

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

CASE HISTORY SHEET.

1250

D

No. 32515-964 Rank ph Name Buraglia Salvatore Aged 6 yrs
 Unit 1st. Dism. Completed years of service Can 1/2 Where and how long }
 Date of admission February 11/18 Date of discharge
 Diagnosis Tonsillitis Place of origin St John N.B.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Came in with throat cough pain in
back headache

Exam

Tonsils inflamed and dirty
hinge abs. Neck neg

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

neg

TREATMENT

(Especially any specific or special form.)

Local

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 24/2/18

Thomas Cant
Medical Officer i/c case.

CASE HISTORY SHEET.

1250

E

ST. JAMES STREET Hospital. ST. JOHN. N. B. Station.
 No. 3255964 Rank Pte. Name Buraglia Salvatore Age 26
 Unit 1st D.Bn N.B. Completed years of service Where and how long Canada 3/12
 Date of admission 11-4-18 Date of discharge 20-4-18
 Diagnosis ARTHRITIS, DISLOCATION OF PATELLA Place of origin ST. JOHN. N.B.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Has has pain in right knee for past week, unabke to straighten it.
 Old dislocation of patella Redness Swelling heat and pain.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form)

Rest in bed

CONDITION ON DISCHARGE.

(and disposal made of case.)

1.Arthritis right knee joint
 11. Old dislocation right patella Recommend that he be boarded and placed in
 Category II for discharge

Date 20-4-18

W. W. O'Leary, M.D.
 Medical Officer i/c case.

604²

CASE HISTORY SHEET.

No. 3255964 Rank Pte. Name Buraghia Salvator Age 26

Unit 1st Depot. Bn Completed years of service 1 ^{Where and how long} Canada 1/12

Date of admission 11-2-18 Date of discharge 24-2-18

Diagnosis Tonsillitis Place of origin St. John. N. B.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Came in with sore throat, cough, pain in back, headache.

Examination:-

Tonsils inflamed and dirty.

Lungs clear, Heart negative.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative.

TREATMENT

(Especially any specific or special form.)

Usual.

CONDITION ON DISCHARGE

(and disposal made of case.)

Good.

Discharged to 1st Depot. Battalion.

Date 24-2-18

E. J. J. J.
Medical Officer i/c case.

MEDICAL CASE-HISTORY SHEET.

HOSPITAL Military STATION St. John N.B.
 No. 3255964 Rank Pte. Name Buradine Age 26
 Unit 1st Depot Battr Service Can 3/2
 Date of Admission 11-4-18 Date of Discharge 20-4-18
 Diagnosis Arthritis, Dislocation Rt Patella
 Date of Origin Apr 1/18 Place of Origin
 CAUSE OF ILLNESS OR INJURY: Traumatism

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

Pain in rt knee for past week, unable to straighten it.

CONDITION ON ADMISSION.

Rt Knee - old dislocation of patella - Resonant, swelling, heat & pain

TREATMENT.

Rest in bed -

CONDITION ON DISCHARGE FROM HOSPITAL.

1 Arthritis Rt Knee joint
2 Old Dislocation Rt Patella
Boarded

Recommend that he be placed in Category 8 for discharge

Date Apr 20/18

William C. Taylor

Medical Officer i/c Case.

NAME **Buraglia, Salvator**REGIMENTAL NO. **3255964**RANK **Pte.**ENLISTED AT **St. John N.B.**PROMOTIONS, &c.
AND DATEDATE **24th January 1918**

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*1st D.Bu (A.O. 18)**Single**Alex Buraglia*

RELATIONSHIP

*Father**Vallacorsa Prov. Ronco Italy*

CASUALTIES, &C.

NATURE

E.G. ABSENCE, PROMOTION, &C.

PART II, D. O.

No

DATE

REMARKS

IF IN HOSPITAL, NOTE NAME &C.

14 Du B 42
 I.O.S. 18-5-18
 I.O.S. 7th Du B 42
 on discharge

18

18-5-18

I.O.S. 18

27

27-1-19.

3255964

CANADA.

M S A. 28.

MILITARY SERVICE ACT, 1917.

964

ORDER TO REPORT FOR DUTY.

Serial number.

653424 FC

To... Salvatore Buraglia,.....

Street and Number... Bathurst,.....

City or Town... Gloucester Co., N. B.

YOU ARE ORDERED to report for duty at the Headquarters of the Depot
Agricultural Hall, Exhibition Grounds, St. John, N. B.
Battalion at..... St., at.....

Failure to obey this order will render you liable to punishment by the Civil Courts, as well as making you subject to be taken into custody at any time as a military offender.

You will retain this portion of this order and will present it upon your reporting at the Headquarters of the Depot Battalion. Keep it carefully as it is your means of identification.

YOU ARE TO REPORT JAN 23 1918 BEFORE NOON

2.9.48.5.

CANADIAN EXPEDITIONARY FORCE.
A M E N D E D
LAST PAY CERTIFICATE

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-89-903.

Regimental No. 3255964 Rank Pte Name Buraglia, S.
(Surname first)
Unit 7th. Bn. Can. Gar. Regt. who was* Discharged
On 27-1-19 191... to I. S. C.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 27-1-19 191...
the inclusive date of transfer or discharge.

| | Dr. | Cr. |
|--|--------|--------|
| Bal. Dr. or Cr. from prev. month | | 33.80 |
| Regimental Pay <u>22</u> days at \$. <u>1</u> c. | | 27.00 |
| Field Allowance <u>27</u> days at \$. <u>10</u> c. | | 2.70 |
| Separation Allowance | | |
| Clothing Allowance | | 35.00 |
| Post Discharge Pay | | |
| *Other Credits <u>Ck. # 5794 re-deposited</u> | | 63.40 |
| Advances <u>Clo. Allowance Paid to I. S. C. Ck. # 5788</u> | 35.00 | |
| Separation Allowance and Assigned Pay Cheque No. | | |
| *Other Charges <u>C. D. V.</u> | | 10 |
| <u>Ck. # 5794</u> | 63.40 | |
| Balance on transfer or on discharge cheque No. Cr. Bal | 63.40 | |
| Total | 161.90 | 161.90 |

*Give particulars.

A monthly stoppage of \$. N11 (†) has... (‡) been paid on account of
Assigned Pay for the month of... 191... }
and Separation Allowance 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: Amended to show refund of \$ 64.30 to credit of A/C
State (1) date of enlistment 24-1-18 married or single S
(2) Separation Allowance, entitled or not Not (3) Reason for discharge Med. Unfit
(4) Authority for discharge or transfer

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 6-3-19

Place St. John, N.B.

7th. Bn. C. G. R.

Lieut.
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

[illegible]

Surname *Buraglia*
Christian names *Salvatore*
Regtl. No. *3255-964* Rank *Pte*
Unit *N. B. Regt 1st Dps Bn.*

H. Q.
M. D. No. *7*
T. O. S. *Jan 23rd 1918*
D. O. Pt. II *22* of *22/1/18*
S. O. S. *Dis 27-1 1919*
Reason *M. U.*
Auth. *DO 27 of 27-1-19*
4369.R

Next of kin *Buraglia Alexander* Relationship *Father*
Address *Rome, Viale Corsica, Prati* Also notify:
Italy

BORN—Place *Italy* Date *Feb 6th 1892*
ATTESTED—Place *St John, N. B.* Date *Jan 24th 1918*
O/S R/C

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps C. Company

No. 32081264

Rank and Name Pte Salvador Buralgia

Age 26

Service

Hospital Station St. John N.B.

Disease

Date of Admission Feb. 19/18 Date of Discharge

Result

Case Book

Folio

| Dates of Observation | Feb. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Days of Disease | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME |
| | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. |
| 107° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 106° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 105° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 104° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 103° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 102° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 101° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 100° | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 99° | .8 .6 .4 .2 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 98° | .8 .6 .4 .2 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 97° | .8 .6 .4 .2 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | .8 .6 .4 .2 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| Pulse per Minute | 200 80 | 68 32 | 64 60 | 70 20 | 78 80 | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | 24 20 | 20 20 | 16 20 | 20 20 | 20 20 | | | | | | | | | | | | | | | | | | | | | | | |
| Motions | + | + | 0 | + | + | | | | | | | | | | | | | | | | | | | | | | | |

M. F. B. 288.

50M-11-16.
H. Q. 1772-39-513.

Signature

Erasmus Cart

In charge of case.

(To be pasted into Case Book opposite Patient's Case.)

No. 328-5964

Rank and Name.

Pte. Salvatore Buraqlia

Age 26 y 28

Service.

Hospital Station St. John U. B.

Disease.

Date of Admission 11-4-18 Date of Discharge 1

Result

Case Book.

Folio.

[illegible]

M. F. B. 288.

25M.-8-17.

H. Q. 1772-39-513.

Signature _____

William Coughlin

In charge of case.

(To be pasted into Case Book opposite Patient's Case.)

No. 8258964

Rank and Name. Pte. Salvatore Bmalgia

Age 26

Service.

Hospital Station St. John. N.B.
 Service _____

Disease

Date of Admission Feb 19/68 Date of Discharge

Result

Case Book

Folio

M. F. B. 288.

Signature

Guthrie Capt

In charge of case.

Dental Examination on Discharge

File No.....

Rank **Pte.** Name **Buraglia S.** Regt. No. **3255964**

Date of enlistment..... Service, where **Canada**

If any dental treatment in army, where..... **Nil.**

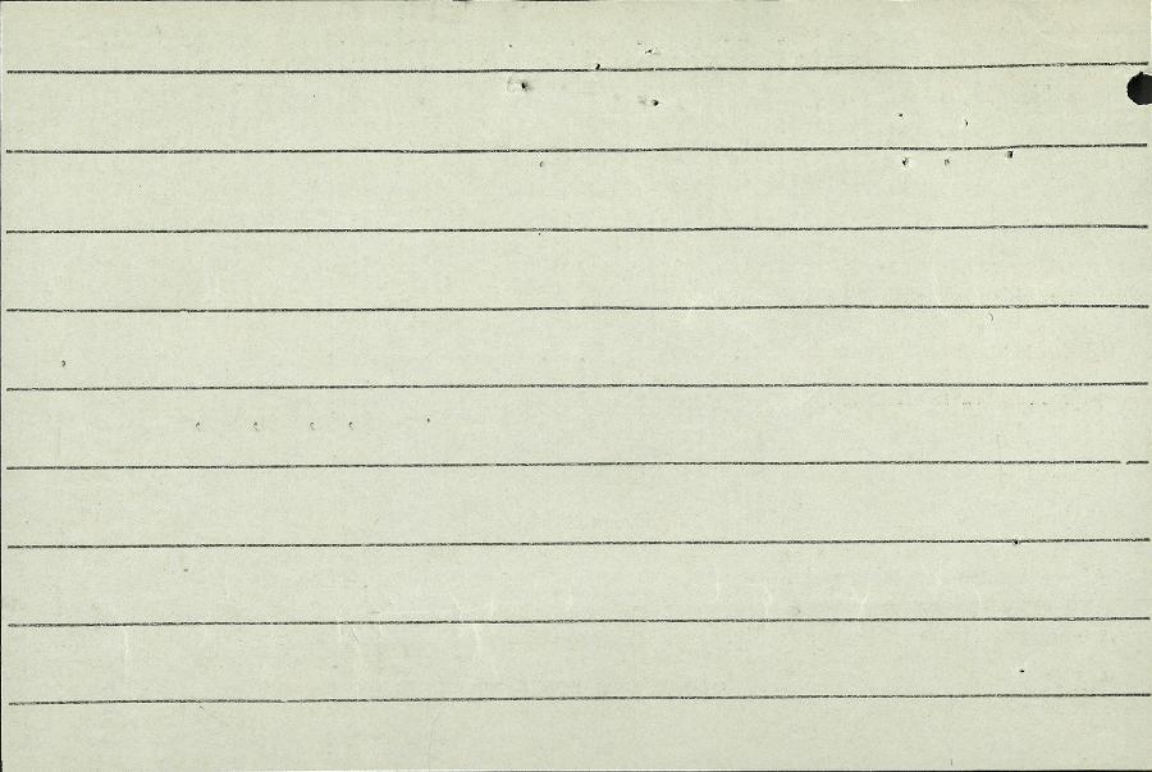
Discharge examination at **St. John N.B.** Date **27-1-19.**

Treatment to be received **Requises extractions:- 2,3,14,18,**

At..... Examined by **A. H. Stone** Lieut.

Above treatment completed by..... Date.....

Completed History Sheet File No.....



CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1st Depot Ball

Hospital Station St. John U. B.

No. 3252964 Rank and Name Pte. Salvatore Bualgia Age 26 yrs Service

Disease Date of Admission 11-4-18 Date of Discharge Result Case Book Folio

| Dates of Observation | April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Days of Disease | 11 12 13 14 15 16 17 18 19 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | |
| | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. |
| 107° | 8 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 80 | 64 | 70 | 76 | 72 | 68 | 66 | 60 | 64 | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | | | | | | | | | | | | | | | | | | | | | |
| Motions | / | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature

W. H. Smith, Esq.

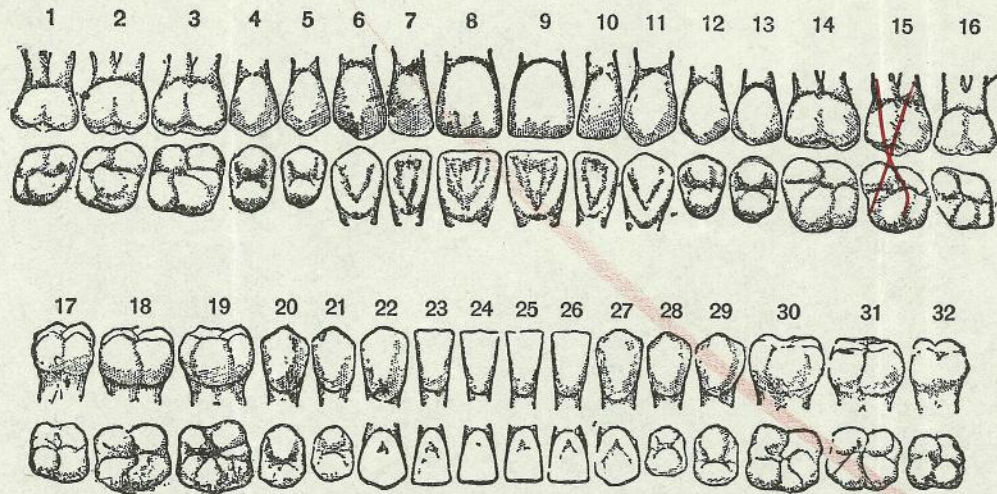
In charge of case.

DISTRICT.....7.

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER.....Buraglia, S.

REGIMENT..... 7th..... m..... CGR..... CEF..... RANK..... Private..... No. 3255964



INSTRUCTIONS

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

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

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

[illegible]