	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE E
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEAN
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
4	TRAINING HISTORY SHEET (M.F.W. 113)		The second second second	(0)	00297	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					1 /
	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					1
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)		10/			Deserter
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
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REGIMENTAL DOCUMENTO

## M.S.A.

## Casualty Form—Active Service.

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8	Fulisted	(a) 17/5/	Terms of Service (a)	Ser	vice reckon	s from (a) 17/5/18
1	Date of pres	promotion to sent rank	Date of appointme to lance rank ,	nt}	Numer	ical position on of N. C. Os.
	Extende	d	Re-engaged.	Qualification (b)	921	VVIVUZVV
		Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
	Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
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1	12		For. A.A.	Lt-Colon c Q.M.G. M.D Sick List		our.

		Report	Record of promotions, reductions, transfers,			Remarks
	Date	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents
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ATTESTED Place Joseph Dat	
O/S	R/C
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## PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

	(Class)	
1. Surname	CADARETTE	
2. Christian name	Rodel ph	
	176 Third Ave. Quebec Cit	
	number. #232205 E.C.	
	Dec. 15th, 1898	
6. Place of birth	Quebec P. OL.	
	Single	
	R.C.	
9. Trade or calling	Firmen	
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	of the Active Militia	
14. Particulars of previous military	or naval service, if any	
15. Medical Examination under M	ilitary Service Act:—	
(a) Place Toronto Ont	(b) Date	Category
	cclaration of Recruit cloth Catarette  are true.  cloffle Cadara	do solemnly declare that the (Signature of Recruit)
DES	CRIPTION ON CALLING UP	
Height	Gray	Distinctive marks, and marks indicating congential peculiarities or previous disease.
	lu	Major Major
	o cfor O. Fire	Depot Bn., 1st C.O.R., Depot Btln.
	First Cen	tral Ont. Regt.

Place Toronto, Ont. Date May 17th, 1918.

M. F. W. 133. 500 M.—8-17. 1772—39—1158.

M. F. B. 465 200m. 1-17 1772-39 950		AL HISTO ANADIAN ARMY DEN		DISTRICT
NAME OF SO		adoietto &	€.	2-2-6-0
		Amalgam  Temporary Filling (a) G.P. (b) Cement  Cement  Treatment Putrescent Pulp  Root Filling  Pulp Cap  Devitalization  Pyrrhcea  Synthetic Porcelain  Extracting  Gold Clasp  Gold Clasp  Gold Filling	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
	JAN W	Gold Porcelain  Bridge Work  Military Dist.	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.	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.

## MALITARY SERVICE ACT, 917.

1ST. DEPOT BN. 2ND. QUEBEC RESERVENTAL 30 37 896

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. Surna		for	ciaim for exer	mption ac	ccording to	Postmas			
rece	eipt or sched	ule					}	MAR 3	0,1919
3. Conse	ecutive numb	er on schedule	of men rep	orting for	r service (i	f he app	ears	/2 Q. A-	6-420
4. Addre	ess (including l number, if a	street \ any) \[ \]	176	Thir	d Ave	. Que	ebec Ci	ty.	*
		accurate par							
me	edical exam	ination on th	e 18	th da	y of	May		194	7, by the
un	dersigned r	nedical board	sitting at		Toron	to, (	nt.		
5. Age a	s stated	Years_	6 Mon	nths.	6. Appar	ent age	20	ears 6	Months
7. Heigh	, 5	Feet4½	Inche	s.	8. Weigh	130	D <del>i</del> P	ounds.	
9. Chest	measuremen	nt { Minimum	36	s. 10. C	omplexion_		Dark	Eyes O	rown
		( Maximum_	In	S.	( Good			(Hair	T - 7
1. Physic	cal developm	ent.	oud.		{ Fair Poor	12. Sma	llpox marks		MIT.
3. Numl	her of wassing	ent. $G$	ight armN	11	-	71		Never	
		(L	sit ai iii		-				
5. Distin	active marks	and marks indica	ating congenit	al peculia	rities or prev	vious dise	ase	Nil	
The man	denies having rike out disea	not sufficient to had { Rheuma Tubercu Syphilis se admitted or s	cause rejection tism llosis We uspected.)	ne find no e	evidence of p	past { Ri Tu Sy Ey	eumatism berculosis philis esight	nil.	d.20
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Date  Joined	denies having rike out disea We have extra dance with examination Result	h day of	Apri	e find no e ed man ons for ategory  mber.  M.O.  M.O.	Date R	Past { River Sy Eye Heat No. The Result   Second Se	deumatism berculosis philis esight aring R see Phyn coat no resident.  Anti-Typho	nil.  Rd.20.L  normal  itis  rmal  on Inoculate  o, Ont.	Member.  M.O.  M.O.
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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.

DATES OF Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In veneral cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Number of Signature of Date of Arrival Admission into Hospital Discharge from Hospital. STATION. at the DISEASE. days in Medical Hospital. Officer. Station. Day Month Year Day Month Year ame Christian adarette Surname