

§

9673

.....
E BY

FROM FORWARDED

No 15



Proceedings on Discharge.

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

| | |
|--|--|
| No. <i>1039159</i> | |
| Rank <i>Private</i> | |
| Name <i>William Anderson</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | |
| Corps (Squadron, Battery or Company) <i>"C." Coy. 239th. of S. Rly. Const. Corps.</i> | |
| Date of Discharge <i>25th August 1916</i> | |
| Place of Discharge <i>Valcartier. Que.</i> | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | |
| <p>Age.....<i>53</i>.....years.....<i>3</i>.....months.</p> <p>Height.....<i>5</i>.....feet.....<i>7</i>.....inches.</p> <p>Complexion <i>Fair.</i></p> <p>Eyes <i>Blue.</i></p> <p>Hair <i>Grey</i></p> <p>Trade <i>Farmer</i></p> <p>Intended place of residence <i>Spurling</i></p> <p>(To be given as fully as practicable.) <i>Man.</i></p> | <p>Descriptive Marks</p> <p><i>none.</i></p> |
| <p>2. The above-named man is discharged in consequence of <i>being</i></p> <p style="text-align: center;"><i>Medically Unfit</i></p> <p style="text-align: center;"><i>Auth. V.C. Camp order No 785 24th August 1916</i></p> <p><small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small></p> | |
| <p>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</p> | <p>3. Conduct and character while in the service have been, according to the records, etc.</p> <p style="text-align: center;"><i>Good</i></p> <p style="text-align: center;"><i>J.M.</i></p> <p><small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small></p> |
| | <p>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)</p> |

Noted
21-1-17
M.B.

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) *Yalcartier. Que.*

(Date) *25th August. 1916.*

J. B. Macdonald Major
Commanding *239th Bn C.S. R.C.C.*

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) *Yalcartier. Que.* *W. Anderson* (Signature of Soldier.)

(Date) *25th August. 1916.* *J. B. Stewart* (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) *X* years *45* days.

Total *X* years *45* days.

11. Confirmation of Discharge.

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

(Place) *Yalcartier Que.*

(Date) *25th August 1916*

(Signature) *J. B. Macdonald Major*

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.)

No reservations

W. Anderson

List of Discharge Documents.

| | | | |
|--|---------------------------|---|----------------------|
| Reg. Conduct Sheet, | Militia form B. 263. | Attestation Paper, | Militia Form B. 235. |
| Squadron } Battery } Company } | Conduct Sheet, “ B. 263a. | 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 Cer- tificate, | “ 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.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Anderson Christian Name William

| | | |
|---|--|-------------------------------|
| Examined | { on <u>12</u> day of <u>July</u> 191 <u>6</u> | Approved by <u>M.B. Graub</u> |
| | { at <u>Winnipeg</u> | Rank <u>Leut. Camp</u> M.O. |
| Birthplace | { City or Town <u>Sumner</u> | |
| | { County <u>Ontario</u> | |
| Apparent age | <u>54 years</u> | |
| Trade or occupation | <u>Farmer</u> | |
| Height | <u>5</u> feet <u>7</u> Inches | |
| Weight | <u>155</u> lbs. | |
| Chest measurement | { Minimum <u>35 1/2</u> inches | |
| | { Maximum expansion <u>38</u> inches | |
| Physical development | <u>Good</u> | |
| Small-pox Marks | <u>None</u> | |
| Vaccination Marks | { Arm <u>Right</u> <u>Left</u> <u>1</u> | |
| | { Number <u>One</u> | |
| When Vaccinated last | <u>Childhood</u> | |
| (a) Marks indicating congenital peculiarities or previous disease | <u>None</u> | |
| (b) Slight defects but not sufficient to cause rejection | <u>Overage</u> | |
| | Date <u>3/8/16</u> Result <u>A+B</u> | |
| | <u>300 million</u> | <u>66 Park</u> M.O. |
| | <u>1 Bellin</u> | <u>66 Park</u> M.O. |
| | | M.O. |

Enlisted on 12th day of July 1916 at Winnipeg Man.

| | CORPS | REG'T L NUMBER | HABITS | DATE |
|----------------------|---|----------------|--------|------|
| Joined on enlistment | <u>239th Batts.</u> <u>O.R.C.C.</u> | <u>1039159</u> | | |
| Transferred to | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| STATION | DATE | DISEASE | RESULT |
|-------------------|----------------|-----------------|--|
| <u>Valcartier</u> | <u>22/8/16</u> | <u>Over age</u> | <u>Discharge</u> |
| | | | <u>Approved</u> <u>M. S. Valcartier Camp P.C.</u> |

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.

Surname..

[illegible]

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. 1039/59 Rank PT Name Wm Anderson

Corps 239th Bn. C.E.F. who was* discharged

On AUG 25 1916 191 , to

*Insert "discharged" or "transferred."

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

| Dr. | \$ | c | Cr. | \$ | c |
|---|-----------|-----------|--|-----------|-----------|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | | |
| Advances } No. <u>754</u> | <u>10</u> | <u>00</u> | Regt'l Pay <u>45</u> days at \$ <u>1.00</u> c. <u> </u> | <u>45</u> | <u>00</u> |
| by } No. <u>316</u> | <u>5</u> | <u>00</u> | Field Allow. <u>45</u> days at \$ <u> </u> c. <u>10</u> | <u>4</u> | <u>50</u> |
| Cheques } No. <u>562</u> | <u>15</u> | <u>00</u> | Other Allowances* | | |
| Assigned Pay No. <u>562</u> | | | Other Credits* | | |
| Other Charges* | | | Bal. Dr. (to be deducted by new unit) | | |
| Payment on transfer or discharge No. <u>770</u> | <u>19</u> | <u>50</u> | | | |
| Balance Cr. (to be paid by the new unit) | | | | | |
| Total | <u>49</u> | <u>50</u> | Total | <u>49</u> | <u>50</u> |

*Give Particulars.

A monthly stoppage of \$ 15⁰⁰ (†) has (†) been paid on account of Assigned Pay for the month of Augt 1916 to (Assignee) W. Anderson
(Address) Spelling Man.

(†) 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 12th July 1916

(2) if married and if a Separation Allowance Card has been submitted Yes on 5/3/16

(3) cause of discharge and authority medically unfit U.C, Camp Order 785 23/8/16

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

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

Date AUG 25 1916

Place VALCARTIER, P. Q.

Wm. L. Campbell CAPT.
Paymaster 239th Batt. C. E. F.

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

ATTESTATION PAPER.

No. 1039159

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Anderson.....
1a. What are your Christian names?..... William.....
1b. What is your present address?..... 242 Young St Winnipeg.....
2. In what Town, Township or Parish, and in what Country were you born?..... Simcoe County Ont.....
3. What is the name of your next-of kin?..... Margaret Anderson.....
4. What is the address of your next-of-kin?..... Spirling Man.....
4a. What is the relationship of your next-of-kin?..... Wife.....
5. What is the date of your birth?..... May 15 1863.....
6. What is your Trade or Calling?..... Farmer.....
7. Are you married?..... Yes.....
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.....
9. Do you now belong to the Active Militia?..... No.....
10. Have you ever served in any Military Force?..... No.....
If so, state particulars of former Service.....
11. Do you understand the nature and terms of your engagement?..... Yes.....
12. Are you willing to be attested to serve in the } Yes.....
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Anderson, 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.

W Anderson (Signature of Recruit)
Date 12th July 1916. H R Gout (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Anderson, 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.

W Anderson (Signature of Recruit)
Date 12th July 1916. H R Gout (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 Winnipeg this 12th day of July 1916.
D B Stthwell (Signature of Justice)

Description of William Anderson on Enlistment.

Apparent Age 34 years 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. 7 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Blue

Hair Gray

Religious denominations { Church of England
 Presbyterian Yes
 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 12th July 191 6.

Place Winnipeg

P. B. Grant
Lieut. Col.
 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.

William Anderson 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.

P. B. Macdonald Major (Signature of Officer)

Date 31st July 191 6

No. 1039159 RANK *Pte.*NAME *Anderson W.*T. O. S. *12-7-16* UNIT *239th Battalion (Railway Const Corps)*
*D. O. 38 of 29-7-16*M. D. *Val.*

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|-------------------------|------------------------|---------------------|--|---------------------------|
| | | | PARTICULARS | AUTHORITY |
| <i>1916 July 12</i> | <i>1916 Aug 25</i> | <i>N</i> | <i>Dischgd 26-8-16</i> <i>acc closed by payment N</i> | <i>D. O 66 of 26-8-16</i> |

UNIT SAILED

DEC 15 1916

12/7/15

MILITIA AND DEFENCE

M. F. W. 11.

50m.-4-16.

H. Q. 1772-59-818.

SEPARATION ALLOWANCE

Name Margaret AndersonName of Soldier Anderson William

Address

Stirling PO
ManRegtl. No. 1039159Rank PltCorps 239 11 Bn

Relation to Soldier

wife, child or mother

} wife

To what Corps belonging

when called out

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---------|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

SEPARATION ALLOWANCE

50m.-4-18.
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

Margaret Anderson wife

Name of Soldier

Anderson William
He

L. L. Job 310.—Req. 6574.

PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|--------------------|---------------|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | X 13580 | 32 | 32 X. 13580 (cancelled per add. 26-2-16) |
| Sept. | | | | x x x no checks per add. 26-2-16 |
| Oct. | | | | Dis (date asked) pmk 26/8/16 |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|----------|
| Aug. | 1918 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1919 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

MEDICAL HISTORY OF AN INVALID.

1. Station. *Valcartier Camp:* 8. General remarks on his:—
 2. Regiment or Corps. *239th: O.R.C.C.* (a) Conduct. *Good.*
 3. Regimental No. and Rank. *1039159. Pte* (b) Habits. *DEPT MILITIA & DEFENCE SEP 14 1916 H.Q. 646-A-1783 CANADA*
 4. Name. *Anderson, William* (c) Temperance.
 5. Age last Birthday. *54* (For this purpose the Company defaulters sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *56 yrs: July 12th 1916.*
 at *Winnipeg, Man.*
 7. Former Trade or Occupation. *Farmer:* Date. *Aug 22nd 1916.*

9. Service. *0* Years. *41* Days.

| | PERIODS. | |
|----------------------------------|----------------------------------|---------------------------------|
| | FROM. | TO. |
| <i>239th O.R.C.C.</i> | <i>12th July 1916</i> | <i>22nd Aug 1916</i> |

10. (a) Disease or disability. *Overage*
 (b) Date of origin. *-*
 (c) Place of origin. *-*
 (d) Cause. *-*

11. Present Condition. (Most Important). *Age 54. appearance of being over 60. Physical appearance would indicate that he is too old to carry on.*
 (To include full description of present disabling condition or conditions.)

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

Entered 7/10/16 AMB

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

none

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

not applicable

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable

14. Treatment

nil

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

not aggravated

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

permanent

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

nil

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

unfit for service

M. C. Abell. Capt Amc.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12.

15.

16.

17.

Yes

18 Is he unfit for Military Service.

Yes

Recommendations :

Discharge

Signatures :—

R. J. Ruckelshaus Capt. a.m.c.
President.

M. R. Black Capt. a.m.c.

Station.

Valcartier Camp

Date.

Aug 22-16

J. D. Stewart Capt. a.m.c.
Members.

Date.

22/9/16

R. J. Ruckelshaus

Asst. Director of Medical Services.

Approved.

Date.

22.9.16

R. C. R. Cameron Capt.

Director-General of Medical Services.

L

(At Station or Hospital where finally disposed of.)

Station and
Hospital

Arrived }
from }

Date.

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

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.

150 m-5-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

| Regimental No. | Rank |
|----------------|---------|
| 1 | Private |
| 2 | Private |
| 3 | Private |
| 4 | Private |
| 5 | Private |
| 6 | Private |
| 7 | Private |
| 8 | Private |
| 9 | Private |
| 10 | Private |
| 11 | Private |
| 12 | Private |
| 13 | Private |
| 14 | Private |
| 15 | Private |
| 16 | Private |
| 17 | Private |
| 18 | Private |
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| 20 | Private |
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| 83 | Private |
| 84 | Private |
| 85 | Private |
| 86 | Private |
| 87 | Private |
| 88 | Private |
| 89 | Private |
| 90 | Private |
| 91 | Private |
| 92 | Private |
| 93 | Private |
| 94 | Private |
| 95 | Private |
| 96 | Private |
| 97 | Private |
| 98 | Private |
| 99 | Private |
| 100 | Private |

Name _____

Disability

Date _____

Hospital or Station }
transferred to for
final disposal.

Date of final disposal }

How finally
disposed of }

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