

# REGIMENTAL DOCUMENTS

11.6.19.

NAME CLEMENT PETER Pt

REGT. NO. 3213986

UNIT 8<sup>th</sup> L.B. AR

H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 312 or A.F.B. 178)

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DEATH

Category

DISCHARGE

Category

DESERTION

24512

*Med Unfit*

23-16

15-16

7 16

3



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3213986 (Rank) Private

Name (in full) Peter Clement enlisted in  
the 1st Depot Battalion, Alberta Regiment

CANADIAN EXPEDITIONARY FORCE at Calgary, on the 6th  
day of July, 1918. 19

HE served in Canada only,  
and is now discharged from the service by reason of being Medically unfit,  
R. O. 1420.

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

Age 30 years, 3 months.

Height 5 feet 1 $\frac{1}{2}$  inches.

Complexion Ruddy

Eyes Grey

Hair Brown

Marks or Scars

One scar on left side.

Inane  
Signature of Soldier

Harriehal Capt. C. A. M. C.  
Issuing Officer

for Major, C. A. M. C.

Rank

Date of Discharge May

O.C. Strathcona Military Hospital.

Appointment

Signed at Edmonton this 13. day of May, 19 19.

in Military District No. 13.

File Reference No. \_\_\_\_\_

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

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



# Proceedings on Discharge.

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

No. 3213986	
Rank Private	
Surname Clement,	
Christian name Peter	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) Strathcona Military Hospital, M.D.#13.	
Date of discharge May 7th, 1919.	
Place of discharge Edmonton, Alberta.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....30.....years.....3.....months. Height.....5.....feet.....1 $\frac{3}{4}$ .....inches. Complexion Ruddy Eyes Grey Hair Brown Trade Farmer Intended place of residence Cereal, Alberta. (To be given as fully as practicable.)	Descriptive marks  One scar on left side.
2. The above-named man is discharged in consequence of being Medically Unfit.	
Authority for discharge R.O. 1420. Pt. II D.O. #127 d/7-5-19.	
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. 200M.—5-18. H. Q. 1772-39-113.	

(OVER)



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) Edmonton, Alberta.

(Date) May 7th, 1919.

*Harri Michael Capt CMG*  
*for Major CAME*  
Commanding Edmonton Mil. Hosp

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, and that I have received my permanent discharge certificate.

(Place) Edmonton, Alberta. *Insane* (Signature of Soldier.)

(Date) May 7th, 1919. *Harri Michael Capt CMG* (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) Edmonton, Alberta.

(Signature).....

(Date) May 7th, 1919.



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.)

N I L.



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }  
Battery } Conduct Sheet, " B. 263a  
Company }

or  
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or  
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*


*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.*



# Proceedings on Discharge.

9-8-37

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

No. <b>3213986</b>	
Rank <b>Private</b>	
Surname <b>Clement,</b>	
Christian name <b>Peter</b>	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) <b>Strathcona Military Hospital, M.D.#13.</b>	
Date of discharge <b>May 7th, 1919.</b>	
Place of discharge <b>Edmonton, Alberta.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <b>30</b> years <b>3</b> months.	 <p>Descriptive marks <b>One scar on left side.</b></p>
Height <b>5</b> feet <b>12</b> inches.	
Complexion <b>Ruddy</b>	
Eyes <b>Grey</b>	
Hair <b>Brown</b>	
Trade <b>Farmer</b>	
Intended place of residence (To be given as fully as practicable.)	<b>Cereal, Alberta.</b>
2. The above-named man is discharged in consequence of <b>being Medically Unfit.</b>	
Authority for discharge <b>R.O. 1420. Pt. II D.O. #127</b> <b>d/7-5-19.</b>	
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.)

*Presumed Dead  
disappeared about  
649 C-32733*

M. F. B. 218.  
200M.—5-18.  
H. Q. 1772-39-113.

MEDICAL DOCUMENTS  
FORWARDED TO  
S. C. R. OR B. C.  
S. C. R. ON—  
21-5-19

(OVER)

E.R.4



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).....Edmonton, Alberta.

(Date).....May 7th, 1919.

Commanding *Edmonton Mil Hosp*

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, and that I have received my permanent discharge certificate.

(Place).....Edmonton, Alberta.

(Signature of Soldier.)

(Date).....May 7th, 1919.

(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).....Edmonton, Alberta.

(Signature).....

(Date).....May 7th, 1919.



Reservations referred to at Para. 8.

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

List of Discharge Documents

L I N

Reg. Conduct Sheet	Million form B. 203	Attestation Paper	W. 123
Squadron		Particulars of Receipt	W. 123
Battery		Proceedings on Discharge	B. 218
Company			
Field Conduct Sheet	W. 178		
Copies of Conviction, by C. T.	In 212		
Med. Hist. Sheet	Million form B. 413		
Casualty Form	W. 24		
Medical Report for Invalid	Million form B. 177		
Dental History Sheet	B. 403		
Last Pay Certificate	W. 44		
Duplicate Discharge Certificate	W. 204		
Form of Will			
Only if discharged "Medically unfit"			
Only if man has not been overseas			

Documents not accompanying this form should be checked out to the soldier.

I hereby certify that the following documents are unobtainable:

1. Discharge Certificate

2. Discharge Certificate

3. Discharge Certificate

4. Discharge Certificate

5. Discharge Certificate

6. Discharge Certificate

7. Discharge Certificate

8. Discharge Certificate

9. Discharge Certificate

10. Discharge Certificate

11. Discharge Certificate

12. Discharge Certificate

13. Discharge Certificate

14. Discharge Certificate

15. Discharge Certificate



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }  
Battery } Conduct Sheet, " B. 263a  
Company }

or  
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or  
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*



M. OR S. *Single*  
NEXT OF KIN

### PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 3213986

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
Mr E Eysuin Clement, Tasker ADDRESS Dweed.  Ont. IS SEPARATION ALLOWANCE PAID? No! TO WHOM PAID ADDRESS					PLACE OF ATTESTATION  DATE OF ATTESTATION 6-7-18 ASSIGNED PAY \$  PAYABLE TO  ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
		Certified opening entries on this Ledger Sheet have been audited by J.W.O. Date 2-5-19			DISCHARGED Edmontson PLACE

[illegible]



### PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 3213986

RANK PTE

NAME (IN FULL)

CLEMENT, PETER

(BLOCK LETTERS SURNAME FIRST)

SHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT	IF IN P.F.	(BLOCK LETTERS SURNAME FIRST)	
				C.E.F.	WHAT UNIT?		
				PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
				ASSIGNED PAY \$	DATE EFFECTIVE		
				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
				ADDRESS			
				STOP PAYMENT FORM	EFFECTIVE		
				ASSIGNED PAY			
				RENDERED, DATE			
				DISCHARGED	PLACE	DATE	REASON
					AUTHORITY		IF ENTITLED TO
							POST DISCHARGE
							PAY

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI- MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT				
C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
																												Bt Bae 10.90. Apr P.L.
60																												D.G. 127. Disch as fr. Pay. Warrant
																												Bl Allee \$35.00
																												J.E. Corrier
																												PAYMASTER STRATHMORE MILITARY HOSPITAL M.D. 13
																												W.B. Estates Branch 8/20.
																												Bt Bae \$53.60

Transfer to Jack E.  
in J.M.P.O.  
see Edmund's letter 19/9/19.

Soldier is not entitled to  
any W.S. G. as he has  
served less than one  
year in Canada only

G.B.S.  
W.S.B.  
2-6-20



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 Edmonton South DATE 6-5-19.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 3213986 (c) Rank Private.  
(d) Surname Clement. (e) Christian name Peter  
(f) Home address Cereal, Alberta.  
(g) Next of Kin Mother, (h) Relationship  
(i) Address of Next of Kin Tweed, Ontario.

2. Age last birthday 30 Date of birth

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary, Alberta. (b) Date 8-7-18.

4. Personal description:  
(a) Height 5' 1 $\frac{3}{4}$ " (b) Weight 115 lbs. (c) Complexion Ruddy  
(d) Colour of hair Blue (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on left side of body.

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).

	PERIODS	
	Years	Days
	10 months.	
	PERIODS	
	From	To
Canada	July 8th, 1918	May 6th, 1919.
England		
France or other theatres of War		

7. Original disease, or injury Mental Derangement.

(a) Date of origin April 30th, 1919. (b) Place of origin Strathcona Military Hospital  
(c) Cause None, apparent.



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.)

Melancholia.

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.)

A well nourished individual. Does not answer questions readily. Sometimes will not answer at all, but sits and stares with a melancholic expression. Imagines all kinds of things. Stated to me in all sincerity that he was walking along Jasper Avenue and met the devil. He turned and ran up Jasper towards 101st Street and ran straight into Jesus Christ, who had just stepped off a car. He also said Jesus and the devil had had a fight and all on his (Clement's) account, and that he had 'nt the "guts" to side in with Jesus. Most of this talk while I was observing him along these lines.

- (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.....No..... Integumentary System.....No

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

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

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

Up to April 30th was perfectly rational and carried on with his work as an orderly in Strathcona Military Hospital, quite satisfactorily. On the above date he developed symptoms of religious insanity as above described.



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.)

Nil.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(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.)

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?

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

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? Not at present.  
(If not, briefly state why)

17. Recommendations. For discharge to Unit.  
Recommend further treatment from S.C.R.

*J. Adamson Esq.*

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.....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.....

*Insan*

Rank.

Signature of invalid examined.



4

**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.

CONCUR

19. Is the invalid fit for

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

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.)

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

*Edmonton, Alta.*

DATE

*MAY 6 1919*

*Evans* *President.*  
*Refused* *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.

PLACE

DATE

APPROVED BY

*J. Keenan*  
 Captain C. A. M. C.  
 Supervisor of Medical Board  
 Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

For

DATE

*MAY 6 1919*

DATE



## 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 Clement Christian name Peter
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 179923 M.R.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Cereal, Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of July, 1918, by the undersigned medical board sitting at CALGARY, Alta.

5. Age as stated 29 Years 6 Months. 6. Apparent age 29 Years 6
7. Height 5 Feet 13 1/4 Inches. 8. Weight 115 Pounds.
9. Chest measurement { Minimum 29 1/2 Ins. 10. Complexion Ruddy { Eyes Greyish  
Maximum 35 Ins. Hair Brown
11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil
13. Number of vaccination marks { Right arm X 14. When vaccinated last Never  
Left arm X
15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

16. Slight defects but not sufficient to cause rejection old empyema wound of chest

The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
Tuberculosis Syphilis 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 A-

Vision R. D. normal  
L. D. normal  
Hearing RT. normal  
LFT. normal

Signature of Man. Peter Clement

<u>P. A. Roberson</u> CAPTAIN M. C. President.			
<u>W. H. Collett</u> CAPTAIN M. C. Member.			
Date	Result	Anti-Typhoid Inoculations, Etc.	Vaccinations
10/7/18	<u>Renewed</u>	<u>Captain C.A.M.C.</u> M.O.	10/7/18 <u>Renewed</u> <u>Captain C.A.M.C.</u> M.O.
		M.O.	22/7/18 <u>Hyblett</u> M.O.
		M.O.	7/8/18 <u>Hyblett</u> M.O.

Joined 6 day of July 1918 at CALGARY, ALTA.

Corps	Reg't'l Number	Habits	Date
<u>1st DEPOT BATT. ALBERTA REG'T.</u>	<u>3213986</u>		<u>6-7-18</u>
Joined on enlistment			
Transferred to	<u>Transf to Strathcona Mil Hosp with DO 361 P 2164</u>		<u>1-1-19</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.



Christian Name

De la

[illegible]



*Temp Sheet*

MEDICAL HISTORY SHEET.

Surname

*Clement*

Christian Name

*Peter*

Examined { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
at \_\_\_\_\_

Approved by \_\_\_\_\_

Birthplace { City or Town \_\_\_\_\_  
County \_\_\_\_\_

Rank \_\_\_\_\_ M.O.

Apparent age \_\_\_\_\_

Trade or occupation \_\_\_\_\_

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches \_\_\_\_\_

Weight \_\_\_\_\_ Lbs. \_\_\_\_\_

Chest measurement { Minimum \_\_\_\_\_ inches \_\_\_\_\_  
Maximum expansion \_\_\_\_\_ inches \_\_\_\_\_

Physical development \_\_\_\_\_

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
Number \_\_\_\_\_

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or  
previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 191 at \_\_\_\_\_

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>1st Depo</i>	<i>3213986</i>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



Temp Sheet

Felix

Christian Name

Clements

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal 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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Military Hosp - Calgary		11	7	18	13	7	18	Tr. off. Acute	3	apparently well	<div>Officer i/c Military Hospital, M. D.</div> <div><i>[Signature]</i></div>
		2	5	19	6	6	19	Religious insanity		On Apr 30 <sup>th</sup> . showed signs of mental derangement. Condition has become worse. Written up on 227. For discharge. Recommended for further treatment by S.C.P.	<div><i>[Signature]</i></div>

*[Signature]* Capt



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

Hospital Station Calgary Alta.

AD 1035

[illegible]

*Signature.*

540 P. 1/2 Captain C.A.M.C.  
Officer I/c Military Hospital, M. B. No. 13, Calgary

*In charge of case.*



Surname *Clement,*

Christian names *Peter*

Regtl. No. *3213986* Rank *Pte*

Unit *Alta. Regt. 1st. Dep. Bn.*

H. Q. ....

M. D. No. *13,*

T. O. S. *July 6<sup>th</sup> 1918*

D. O. Pt. II *225* of *13-8-18*

S. O. S. *No 7519* 19

Reason *Med. Unfit.*

Auth. *NO 127 of 7-5-19 - Stat. Com. m. d. Hosp*

Next of kin *Clement, Eleyssim*

Address *Incead Ont.*

Relationship *Father*

Also notify: .....

BORN—Place *Canada, Incead Ont.* Date *Jan. 17<sup>th</sup> 1889*

ATTESTED—Place *Calgary Alta.* Date *July 6<sup>th</sup> 1918*

O/S .....

R/C .....



# CASE HISTORY SHEET.

Military Hospital. Levi's Station.  
 No. 321398 Rank Pvt. Name Element P. Age 35  
 Unit 129th Completed years of service 2 1/2 Where and how long M.  
 Date of admission 9/10/18 Date of discharge 19/10/18  
 Diagnosis Influenza Place of origin Levi's

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Convalescent from influenza.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Neg.

## TREATMENT

(Especially any specific or special form.)

Routine

## CONDITION ON DISCHARGE

(and disposal made of case.)

Cured.

Date 18/10/18

L. Lavade Pl.  
Medical Officer i/c case.



# CASE HISTORY SHEET.

Military

Hospital.

Calgary, Alta.

Station.

No. 3213986. Rank Private. Name Clement, Peter. Age 29

Unit 1st. Alta. Depot Bn. Completed years of service } Where and how long } 5/635. year.

Date of admission 11-7-18. & AD# 1035 Date of discharge 13-7-18.

Diagnosis No Appreciable Disease. Place of origin U.A.

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient is a well nourished and well developed man. Eats well and sleeps well. Heart and lungs normal. Urine Negative. This man was sent to the Hospital. Complains he feels sick. Has no temperature and pulse is normal. and has no appreciable disease. Admitted to the Hospital on the 11-7-18. and discharged on the 13-7-18. as he was apparently well.

## FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

## TREATMENT.

Rest in bed Observation.

(Especially any specific or special form.)

## CONDITION ON DISCHARGE.

(and disposal made of case.) Has no appreciable disease. Heart, lungs and all other systems normal. Discharged to his Unit today

Date July 13th. 1918.

*M. F. B.*  
Captain C. A. M. G.  
Officer i/c Medical Officer i/c case  
1st. Alta. Depot Bn. Calgary



Name

Clement

Enl.

6-7-18

Date of Embarkation for England

Proceeded to France.

Returned to England.

Date returned to Canada.

served Canada only

P.R.2855.

*Excluded  
21-5-24*



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

350BY.-5-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Denot Batta A.R.


Regimental No. 3213986 Rank. Private Name. Clement Peter.

C. E. F.

Enlisted (a) 11-11-17 Terms of Service (a) Duration of War Service reckons from (a) 11-11-17

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

Extended..... Re-engaged..... Qualification (b)..... farmer.

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				
1-19	S.O.S.	Strathcona mil. Hosp.	1-1-19.	Part II Orders N° 2 of 2-1-19.	
7-19	S.O.S.	Strathcona mil. Hosp. ( <del>Demobilization</del> ) Medically Unfit		Part II orders N° 127-7-5-19. Ethiopia	
					 Capt. & Adjt. W.O. C. Edmonton Mil. Hospitals

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties. [P.]

[P.T.O.]



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				



CANADIAN ARMY DENTAL CORPS

DISTRICT.

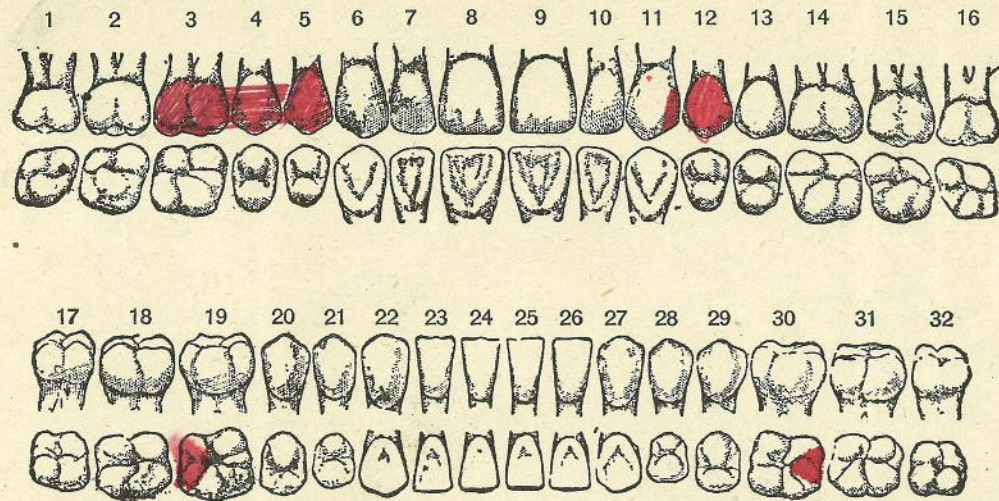
NAME OF SOLDIER.

REGIMENT.

RANK.



No. 3213986



## 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]



ORIGINAL

13 M. D. First

Depot Battalion Alberta.

Regiment

Regtl. No. 3218986

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Clement.
2. Christian name Peter
3. Present address Cereal Alta.
4. Military Service Act letter and number Defaulter. 179923. MR  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth Jan 17th, 1889.
6. Place of birth Tweed Ont.  
(town, township or county and country)
7. Married, widower or single Single.
8. Religion Roman Catholic.
9. Trade or calling Farmer.
10. Name of next-of-kin Mr. Eleysuim Clement.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Tweed Ont.  
No.
13. Whether at present a member of the Active Militia
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act :—  
(a) Place Calgary Alta (b) Date 8-7-18 (c) Category A2

DECLARATION OF RECRUIT

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

Peter Clement (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 29 yrs. 6 mths.

Height 5 ft. 1 1/2 ins.

Chest measurement } fully expanded 33 ins.  
range of expansion 3 1/2 ins.

Complexion Ruddy

Eyes Grey

Hair Brown.

Distinctive marks, and marks indicating congenital peculiarities or previous disease. One scar on left side.

Commanding 1st Depot Btl'n, Alta Reg't  
O. C. First Depot Btl'n. Alberta. Regt.

Place Calgary Alta Date 11-11-17 6-7-18



# CASE HISTORY SHEET.

Strathcona Military Hospital. Edmonton South, Alta. Station.  
 No. 3213980 Rank Pte. Name Clement, Peter Age 30  
 Unit S.M.H. Completed years of service } Where and how long } C. 10/12.  
 Date of admission 2-5-19 Date of discharge 6-5-19  
 Diagnosis Melancholia (Mental) Place of origin Edmonton.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

A well nourished individual. Does not answer questions readily. Sometimes will not answer at all but sits and stares with a melancholic expression. Imagines all kinds of things. Stated to me in all sincerity that he was walking along Jasper Avenue and met the devil. He turned and ran up Jasper towards 101st St. and ran straight into Jesus Christ who had just stepped off a car. He also said Jesus and the devil had had a fight and all on his (Clement's) account, and that he had'nt the "guts" to side in with Jesus. Most of his talk while I was observing him was along these lines.

History - Up to April 30th was perfectly natural, and carried on with his work as an orderly in Strathcona Military Hospital quite satisfactorily. On the above date he developed symptoms of religious insanity as above described.

## FAMILY HISTORY

N.R.

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

Nil

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

Dis. to Unit. To be turned over to S.C.R. for mental treatment.

Date 6-5-19

*Harwich*  
 Medical Officer Case.

M. F. B. 313a.

100M.-6 18.  
 1772-39-439.

CAPT. C.M.C.  
 EDMONTON M. D. B.  
 AND REGISTRAR FOR C.C. HOSPITAL  
 219128



## CLINICAL CHART.

Corps S. M. H.

Strathcona Military Hospital  
Hospital Station Edmonton South.

No. 3213980 Rank and Name Pte. Clement, Peter

Age <sup>30</sup> Service C. 10/12.

Disease Melancholia (Mental) Date of Admission 2-5-19 Date of Discharge 6-5-19 Result Dis. to Unit Serial No. A. & D. Book

[illegible]

M. r. B. 288.

50M.—10-18.

H. Q. 1772-39-513.

*Signature*

CAPT. C.A.M.C.

*In charge of case.*

Larmichael CAPT. C.A.M.C.  
MED REGISTRAR FOR O.C. HOSPITALS EDMONTON M.D. 19