

X 2582



.....
E BY

$$\begin{array}{r} 15-4 \\ 23-6 \\ 31-6 \\ \hline 1 \end{array}$$

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.	256354
Rank	Private
Name	Ammon J. Walter
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1 st Depot. Bn. Sask. Regt.
Date of Discharge	May 7 th 1918
Place of Discharge	Regina Saskatchewan
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....24.....years.....10.....months.	Descriptive Marks Defective right Eye
Height.....5.....feet.....11.....inches.	
Complexion.....Medium	
Eyes.....Blue	
Hair.....Brown	
Trade.....Farmer	
Intended place of residence.....Winnipeg Hills Gravelburg Sask.	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Being categorized "E." auth. - a.D.M.S. 12 M.W. 28-A-180	
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 initial and make out all entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Good.
	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:
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Farmer.

M. F. B. 218.

25m.—11-15.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

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)

Regina Sack

(Date)

May 7th 1918

Commanding

St. Capt. Depot. Sack. Regt.

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)

Regina Sack

(Signature of Soldier.)

(Date)

May 7th 1918

(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)

Regina Sack

(Date)

May 7th 1918

(Signature)

St. Capt. Depot. Sack. Regt.

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.)

nil

27th 1st
Ambsen

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.

File

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins..... 1st Depot Bn. Sask. Regt......
- (2) Regimental Number..... 256354.....
- (3) Full Name of Soldier..... Arnson Thomas Walter.....
- (4) Place of Birth..... Portage La Prairie, Man......
- (5) Are you married, or not?..... No.....
- (6) If married, state,
 - (a) Full name of your wife.....
 - (b) Present Postal Address.....
- (7) Are you a widower?..... No.....
- (8) Have you any children?..... No.....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive?.....Yes.....

If so, state name and address.....Thomas Armson, Wiwa Hill, Sask......

(10) Is your Mother alive?.....No.....

If so, state name and address.....-----.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....-----.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....No.....

If so, in what Company?.....-----.....

Have you made arrangements for payment of your Insurance premium.....-----.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Edmund Williams Capt 9645
.....*For*.....
Officer Commanding.

Date.....January 3rd, 1918.....

1st Depot Battrn Sask. Regt.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 256354 (Rank) Private
Name (in full) Armson, Thomas Walter enlisted in
the 1st Depot Battalion Saskatchewan Regiment
CANADIAN EXPEDITIONARY FORCE at Regina on the 3rd
day of January 1918.
HE served in Canada
and is now discharged from the service by reason of Being categorized "E"

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

Age 24 years 10 months
Height 5 ft 11 ins
Complexion Medium
Eyes Blue
Hair Brown

Marks or Scars Defective right eye

T. W. Armson
Signature of Soldier

Le. Col.
Issuing Officer
Commdy. 1st Depot Batt. Sask. Regt.
Rank

Date of Discharge 7th May 1918

Signed at Regina this 7th day of May 1918
in Military District No. 12
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. 256354 (Rank) Private Name Armson Thomas W

Unit 1st Depot Bn Sask Regt.

Address on Discharge Wawa Hill P.O. Sask

Character and Conduct Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life Farmer.

Medals and Decorations

Remarks

Signed at Regina this 7th day of May 1918

[Signature]
Name of Officer Lt. Col.
Commdy. 1st Depot Batt. Sask. Regt.
Rank

Appointment

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D. 12
NO. 11

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. 256354 Rank Pte. Name Armson, T.W.Corps. First Depot Battalion, Sask. Reg't who was DischargedOn 7-5-18. 191... to 191...
*Insert "discharged" or "transferred."The following is a statement of the account of the above named from 1-5-18. 191...
to 7-5-18. 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		43 40
Advances } No.....			Reg't Pay..... 7 days at \$..... 1 c.....		7 -
Cheques } No.....			Field Allow. 7 days at \$..... c.....	10	70
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly)		
Other charges.....	122/	456	Other Allowances*		
Payment on transfer or discharge No.....		51 10	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....		51 10	Total.....		51 10

* Give particulars.

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

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 3-1-18.
(2) if married and if a Separation Allowance Card has been submitted No
(3) cause of discharge..... authority..... D.O. 127
(4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 31-5-18.
Regina, Sask.
Place.....James Mitchell Capt.
Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18. A
H Q. 1772-39-903.

MEDICAL CASE-HISTORY SHEET.

HOSPITAL Regina Grey Innis STATION Regina Sask.
 No. 256354 Rank Pte Name T. W. Armeson Age 24
 Unit P. S. I. B. Service 2 weeks
 Date of Admission Feb. 4/18 Date of Discharge May 7/18
 Diagnosis Granulation on right eye.
 Date of Origin before enlistment Place of Origin not known

CAUSE OF ILLNESS OR INJURY:

not known.

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

Occurred before entering service

CONDITION ON ADMISSION.

Granulation creeping from inner canthus of right eye up onto the cornea. Speculum wound from it during night and morning movement of eye wound not it. leaving it inflamed.

TREATMENT.

For supph. gr. iii to 3.ii & atropine supph. gr. ii to 3.ii drops bax twice daily. Shield. Ey was scraped once by specialist

CONDITION ON DISCHARGE FROM HOSPITAL.

Discharged to barracks with no improvement

Date May 7/18

H. W. Muecke

Medical Officer i/c Case.

C
40203

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

OPHTHALMOLOGY.

Name Armstrong F W No. 256354 Date Feb 4/18 Unit 1st Div 2R
Former occupation _____ Enlisted 2 weeks Age 24
In ~~Out~~ Patient for Infected Eye
History :

	Right	Left
Ext. pts. and T.	<u>OK</u>	
Mvts.	<u>OK</u>	
Cornea	<u>Opacified on inner margin</u>	
Ant. Chamber	<u>OK</u>	
Pupils	<u>dilated</u>	
Vision	<u>20/100.</u>	<u>OK</u>
Mydriatic		
Lens	<u>OK</u>	
Vitreous	<u>OK</u>	
Fundus	<u>OK</u>	
Fields	<u>OK</u>	
Diagnosis	<u>Ulceration of Cornea.</u>	
Recommend		
Treatment	<u>Atropine Sol. + Zinc Euphr. Sol.</u> <u>6 eye time daily.</u>	

M. F. W. 144.

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

No. 256 254

Rank and Name. *Pte J. W. Armeson.*

Age 24

Service 2 weeks

Hospital Station. *Regina Grey Muns.*

Disease

Date of Admission *Feb 4/18.*

Date of Discharge Jan 1900

7/18 Results improved

Case Book

Folio.

Clinical chart document

M. F. B. - 288.

50m.—7-16.

H. Q. 1772-39-513.

Signature _____

W. Mitchell of

In charge of case.

CLINICAL CHART.

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

Corps F. S. 20 B.

Hospital Station Regina Grey

No. 256354 Rank and Name Pte T W. Armonson Age 24 Service 2 weeks

Disease _____ Date of Admission Feb. 4/18 Date of Discharge May 1/18 Result Unimproved Case Book _____ Folio _____

Dates of Observation	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	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.
107°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
106°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
105°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
104°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
103°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
102°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
101°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
100°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
99°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
98°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
97°	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulse per Minute	90	50	60	76	60	50	60	62	60	60	66	68	70	68	68	66	60	80	80	72	60	74	60	72	60	72	80	74	80	76	80	
Respirations per Minute	22	18	18	18	18	18	18	18	18	20	20	18	20	18	20	20	20	20	18	20	20	20	18	20	18	20	20	18	20	20	20	
Motions	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

M. F. B. 288.

25m.—3-16.
H. Q. 1772-39-513.

Signature W. Mitchell

In charge of case.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

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

MEDICAL HISTORY OF AN INVALID

STATION Regina, Sask. DATE March 25th, 1918.

1. (a) Unit 1st Sask. Depot Bn Co. 3 (b) Regimental No. 956354 (c) Rank Pte.
(d) Surname Armson. (e) Christian name T.W.

2. Age last birthday 24 Date of birth

3. Enlisted at Regina, Sask. on Jan. 15th, 1918.

4. Personal description :—

(a) Height 5' 11½" (b) Weight 165 (c) Complexion Fair
(d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks none.

5. Address after discharge (for the use of the Board of Pension Commissioners)
Wiwa Hill, Sask.

6. Former trade or occupation Farmer.

7. (a) Service

Years Days

PERIODS

From

To

(b) Has he been overseas No

8. Present disease or disability (use authorized nomenclature if possible) Granular growth
on right eye, extending onto cornea.

(a) Date of origin Pre-existed enlistment (b) Place of origin Not known.

(c) Cause* Not known.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

Has a granular growth extending from conjunc-tion on inner side of
eye on to the cornea. Each time the eye lid moves over the granular
area, it irritates and causes same to become inflamed. During the
night time a small amount of epithelium attempts to cover granulation,
and movement of eyelid during day rubs it off, there-by keeping eye
in continual state of inflammation. Heart and Lungs O.K. No other
organs affected.

[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.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? Pre-existed enlistment.

13. Was a Court of Inquiry held? No

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

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

No aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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? At least 6 months.

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

Scraping and cauterizing area.

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 he be discharged as unfit for service.

J. H. Mulholland

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 J. W. Armon 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

J. W. Armon

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.
No English Medical Board Available

22. Is the soldier 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). Yes. |

23. It is certified that the soldier

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

Occasional Cantherization of granular area.

- (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).

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

That he be placed in Category E. for discharge.

George H. Cap

President

W. H. Mulheer

Members.

STATION *Regina, Sask.*

DATE *March 25th, 1918.*

APPROVED BY

DATE *17-4-18*

APPROVED BY

DATE

Charles H. Cap

Assistant Director of Medical Services.

Director-General of Medical Services.

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. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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.

NOV 1 1917

Card 256354

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 Armson Christian name Thomas Walter
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 268095 L.R
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Wainua Hill P.O. Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of Nov. 1917, by the undersigned medical board sitting at Moose Jaw.

5. Age as stated 24 Years 0 Months. 6. Apparent age 24 Years 0 Months
7. Height 5 Feet 11 Inches. 8. Weight 165 Pounds.
9. Chest measurement { Minimum 34 Ins. 10. Complexion Med. { Eyes Blue
Maximum 38 Ins. { Hair Brown
11. Physical development Good { Good
Fair
Poor 12. Smallpox marks _____
13. Number of vaccination marks { Right arm _____
Left arm None 14. When vaccinated last Never
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____
16. Slight defects but not sufficient to cause rejection _____
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis
Syphilis { 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

AU

R.V. 20/20
L.V. 20/20

Hearing R. Nor.
L. Nor.

W. H. H. H. H. H. President.

W. H. H. H. H. Member.

W. H. H. H. H. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		<u>Denin/Seaway</u> M.O.			<u>Denin/Seaway</u> M.O.
		M.O.			M.O.

Joined 3rd day of Jan 1918 at Regina.

Corps	REG'TL NUMBER	HABITS	DATE
Joined on enlistment <u>Infantry</u>	<u>256354</u>		<u>3/1/18</u>
Transferred to <u>Br. S. A. B.</u>			
<u>Regt.</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.

No. 6

Ckd. to Schedule by

Signature of Man

Surname *Amson* Christian Name *Thomas Walter*

[illegible]

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

330M-5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No.

Rank

Name _____

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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)

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				

(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. [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				

12

M. D.

Depot Battalion

Regiment

Regtl. No.

256354

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class *One*)

1. Surname *Armsen*
2. Christian name *Thomas Walter*
3. Present address *Wiwa Hill, Sask*
4. Military Service Act letter and number *LP 268095*
5. Date of birth *May 1st 1893*
6. Place of birth *Postage La Prairie, Man*
(town, township or county and country)
7. Married, widower or single *Single*
8. Religion *Methodist*
9. Trade or calling *Farmer*
10. Name of next-of-kin *Thomas Armeson*
11. Relationship of next-of-kin *Father*
12. Address of next-of-kin *Wiwa Hill, Sask*
13. Whether at present a member of the Active Militia *No*
14. Particulars of previous military or naval service, if any *No*
15. Medical Examination under Military Service Act:—
(a) Place *Moore Law Sask* (b) Date *Nov. 3th 1917* (c) Category *A2*

DECLARATION OF RECRUIT

I, *Thomas Walter Armeson*, do solemnly declare that the above particulars refer to me, and are true.

Thomas Walter Armeson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<i>24</i>	yrs.	<i>0</i>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	<i>5</i>	ft.	<i>11</i>	ins.	
Chest measurement	fully expanded		<i>38</i>	ins.	
		range of expansion	<i>4</i>	ins.	
Complexion	<i>Med.</i>				
Eyes	<i>Blue</i>				
Hair	<i>Brown</i>				

E. M. Williams Capt. Insp. Col
For O. C. *First* Depot Btl. *Sask* Regt.

Place *Regina Sask* Date *3/1/18*

REG. NO. 256354 NAME Armson J. W.
(SURNAME FIRST)
RANK Plt CORPS T. S. W. B.
AGE 24 SERVICE 2 weeks
NAME OF HOSPITAL Regina Guy Huns PLACE Regina Sask
DATE OF ADMISSION 4-2-18
DISEASE Granulation on Rt Eye
DISCHARGE 7-5-18
OPERATION
DISCHARGED TO DUTY Yes
TRANSFERRED TO
DISCHARGED BY MEDICAL BOARD

REMARKS _____

[illegible]

.....

[illegible][illegible]

[illegible]

© 2016 Pearson Education, Inc. or its affiliate(s). All rights reserved.

Downloaded from <http://ajph.org/> on November 10, 2015

.....

© 2016 Pearson Education, Inc. or its affiliate(s). All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

SURNAME.

Armson

12. CARD NO.

CHRISTIAN NAMES

Thomas Walter

REGL. NO.

256354.

RANK

Ct.

UNIT

Sask. Rept. 1st Dep. Bn.

FORMER CORPS

Nil.

O.S.S. Div. FOLL.

7-5-18. 122.

Pt. II 127. 7/2/18. 1st Dep. Bn.
Sask. Reg.

NEXT OF KIN.

NAMES IN FULL

Armson Thomas

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Wiwva Hill. Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada

PLACE OF ATTESTATION

Portage La Prairie Man.

DATE

May 1st 1893.

DATE

Jan. 3rd 1918.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE