Proceedings of Court of Inquiry or on mer
reported Missing on Active Service
Attestation Papers 2
Declaration of change of name.
Declaration of change of name
Authority for special enlistments
Documents of re-enlisted men
Regimental Conduct Sheet
Compulsory Stoppages
Casualty Forms
Proceedings on discharge
Corps History Sheet
Date and No. of Deposit Receipt for
Purchase Money and Amount
Destinant Cartiforts
Parchment Certificate
Parchment Certificate  Medical Report for Invalids
h.
Medical Report for Invalids
Medical Report for Invalids  Medical History Sheet  Proceedings of Regt. Court Martial
Medical Report for Invalids  Medical History Sheet
Medical Report for Invalids  Medical History Sheet  Proceedings of Regt. Court Martial  Copies of Convictions by Civil Power  Company Conduct Sheet
Medical Report for Invalids  Medical History Sheet  Proceedings of Regt. Court Martial  Copies of Convictions by Civil Power  Company Conduct Sheet  Clothing Transfer Certificate
Medical Report for Invalids

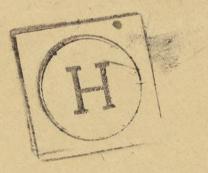
M. F. W. 62. 25m.-11-15. H. Q. 1772- 39-935. DISCHARGE DOCUMENTS

Name Bafaca medeinek

Regt. No. 426383 Rank

Corps 46th Batt le. E. D.

med. Unfit



R. O. No...

H. Q. No....

No. 426383

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PU	BEFORE ATTESTATION. (ANSWERS.)
1. What is your name?	Frederick Bokers
2. In what Town, Township or Parish, and in what Country were you born?	andtwille But
3. What is the name of your next-of kin?	Reubon Bakere (Father)
	anexpriele Q . Canola
	4 to Joby 1892
6. What is your Trade or Calling?	James
7. Are you married?	
8. Are you willing to be vaccinated or re-	
vaccinated?	Jef
9. Do you now belong to the Active Militia?	
10. Have you ever served in any Military Force?	20
If so, state particulars of former Service.  11. Do you understand the nature and terms of	
your engagement?	
2. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	J.J.
	Fred oscher (Signature of Man.)
Herbert Swell Light Col ;	(Signature of Witness.)
Enda 46 Presser Batt. PET.	(Signature of Withess.)
between Great Britain and Germany should that was the termination of that war provided His Majesty discharged.	r the term of one year, or during the war now existing war last longer than one year, and for six months after y should so long require my services, or until legally
Date / 6 9 1915- 19	10
OATH TO BE TAKEN B	Y MAN ON ATTESTATION.
bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His M Dignity, against all enemies, and will observe and and of all the Generals and Officers set over me.	the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, So help me God.  (Signature of Recruit)
Date 16 6 Jan 1913.	Wm. Que Looke (Signature of Witness)
	OF MAGISTRATE.
questions he would be liable to be punished as proven The above questions were then read to the Finance taken care that he understands each duly entered as replied to, and the said Recruit he before me, at the	me that if he made any false answer to any of the above wided in the Army Act. Recruit in my presence. question, and that his answer to each question has been has made and signed the declaration and taken the oath day of
T certify that the above is a true copy of the	e Attestation of the above-named Recruit.
the	Lieut (Approving Officer)

M. F. W. 23. 200 M.—7-15. H. Q. 1772-39-841.

CERTIFICATE OF OFFICER COMMANDING UNIT.

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.

(Signature of Officer)

		ly.—Unit, Number, Ra		Ho
	Casualty Unit. Regiment or Cor	Form Act	iye Şervic	е. 250м.—1-16. н. Q. 1772-39-920.
Regimental No. 4/2	183 Rank J	0/10/10/		
Date of promotion to present rank.		e of appointment to lance rank	Service reckons Numeri roll	cal position on of N. C. Os.
Extended	Re-engaged	Qualif	ication (b)	
Date From whom received	Record of promotions, reducasualties, etc., during active ported on Army Form B 2 A. 36, or in other official dauthority to be quoted in	e service, as re- i3, Army Form Pla ocuments. The	ce Date	Remarks taken from Army Form B. 213, Army Form A. 33, or other official documents.
15 46 Bu	So S. Medical Mufil	Early Sewick	(j. 4.9.15)	Pt_1 No # 10 1
1 30				Rutie (

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213
ate	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Army Form A. 36, or other official documents.

## MEDICAL HISTORY OF AN INVALID.

1.—Station.	Sewell.		

8.—General remarks on his:-

46th. Battalion. 2.—Regiment of Corps. "C" Company.

(a) Conduct. Good.

3.-Regimental No. and ) 71. Rank. Private.

(b) Habits. Good.

4.—Name. Baker. Fred. (c) Temperance. Good.

5.—Age last Birthday.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6.—Enlisted { on January 16th., 1915. Moose Jaw.

7.—Former Trade or ) Occupation.

Farmer.

Date

July 8th., 1915.

Years.	Days.
PERIODS.	n verbeiere grad n'h wori-nielexe
From	То
January 16th.1915.	
for METAlury Services. The	
	PERIODS.  From

10.—Disease or Disability. Flat Feet.

11.—Date of origin, cause, present condition and whether the same is the result of service or climate.

Two months ago after a Route March legs pained considerably, Arches of Both Feet broken down

Has it been aggravated by intemperance, vice or misconduct?

Service.

No.

## MEDICAL HISTORY OF AN INVALID.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

13.—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.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Aggravated by Route March.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Yes.

50%

16.—Full particulars of medical treatment of case up to date of invaliding.

Rest in Bed & Massage & Medicinal Treatment.

. Jeol July Spikisell to seesill - Il

+ + 4 1 1 1

1730 A 17 283

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

18—State if for discharge on account of unfitness for service.

Unfit for Service.

Spub M. C. OBrien Claure

Medical Officer by whom the case is brought forward.

## OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The board having examined the patient Private Baker, make a diagnoses of flat feet, also a weakening of the right ankle joint resulting from a former sprain. It is the opinion of the Board that Private Baker's condition antidated enlistment. That it is permanent. That he should be discharged as Medically Unfit for Military Service. That the Condition has not been aggravated by Military Service.

Signatures :	Endrona Copponent.
Station	Jenau Cagliane Members.
Date	Henryforden Copi Cacus
Date 2-9-15 Approved. (A Charle )	Assistant Director of Medical Services.
Date 2-9-	Director of Medical Services.  [OVER]

(At Station or Hospital where finally disposed of.) Station and Arrived ) Hospital from Date If admitted. If under treatment. -How fully Date of Disease. Discharge, &c. Index No. disposed of. From From Date Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt. Date of final Medical ) Board or decision. Administrative Medical Officer. Hospital or Station ) transferred to for final disposal. How finally disposed The original Report is invariably to discharge documents of invalids. Date of final disposal Name Station Disability Regimental No. MEDICAL HISTORY OF INVALID Militia Form B. 227. 20 m-5-15, H. G. 1772-39-117. accompany the