WAR SERVICE RECORDS D.V.A.

MED. UNFIT

407898



### MARTELL, George Armstrong 167083

Pte. C.R.T.

649-M-21869

medals desp.

cross 1.widow: - Mrs Florence Martell
20 Victory Rd.,
Dorchester, Mass., U.S.A.

2.MOTHER- Mrs Ida May Martell Port Morien, N.S.

DESP. MAY 11 1933

W REGN. NO. 402

M

DESP. MAY 11 1933

REGN. NO. 403

Mis Ida Lucca 222 St Marks Road Department of Veterans Affairs Toronto 325, Ontario STATEMENT THE CANADIAN ARMED FORCES amstrong Service Rank and/or Number 167083 Name MARTELL, George Branch of Service: army - 2nd Canadian Puneer Battalin CEF Date and Place of Birth: 26 april 1847 - Port Morien, Pape Breton Date and Place of Appointment, 3 November (915 - Sydney N.S. Enlistment or Enrolment: 3 November (915 - Sydney N.S. Canada - Britain France Theatres of Service: Date and Place of Retirement 25 august 1919 - Gueber P. Q. or Discharge: Type of Retirement or Discharge: Conourable 7. Rank on Retirement or Discharge: Private British War and Victory Medals 8. Medals and Decorations: Atril Proof of date and place of buth is not 9. Remarks: on file. 3-2-71 Head, Accessions and Reference. DVA 812 Rev. (6-63)

### Ministère des Affaires des Anciens Combattants

### ETATS DE SERVICE

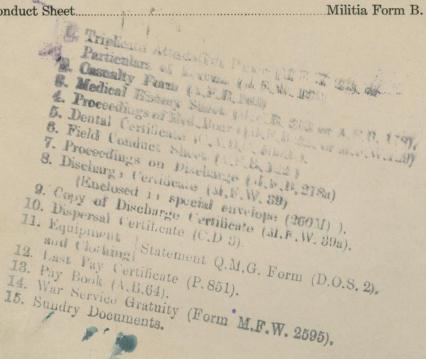
Gra	de et (ou) numéro matricule	Nom
1.	Arme où le service a été accompli:	
2.	Date et lieu de naissance:	
3.	Date et lieu de la nomination, de l'engagement ou de l'enrôlement:	
4.	Theatres de service:	
5.	Date et lieu de la retraite ou de la libération:	
6.	Genre de retraite ou de libération:	
7.	Grade à la retraite ou à la libération:	
8.	Médailles et décorations:	
9.	Remarques:	
	Mark Market Commencer	
Dat	C:	Chef, accessions et référence.
DVA	812 Fr. (Rev. 6-63)	

NO OF DEPENDENTS DEPENDENTS DESPERSAL SHORT AFORM TO AREA	8
PROCEEDINGS ON DISCHARGE.  (Demobilization.)  NEXT OF KIN CO	efe.
1. No. 167083. ON 11-6-19. Was De vice Padge 307	224
2 Rank. PC	
3. Name. MARTELL George armstrong	
4. Unit. GD. 2nd Proviews.	
5 Date of Discharge 28-8-19 Place QUEBEC	
6 Reason for Discharge Con Const melically mel	
TRAIS Carpenter OCCUPATION I GROUPE 2	
SURVICE IN FRANCE 23 monts.	
7. Authority.	
8. Proposed Residence after Discharge Port Province C-B	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certifica	ite
M. F. W.?	
San Hastitl	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place QUEBEC 3	
Date 23-8-19	
Date	
Signature (O. C. Discharging Unit Lagt O. C. Clearing Services	or LL-Col

7)

### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtenable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a



Checked by No. Date 3 3-29

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### CANADIAN EXPEDITIONARY FORCE



# DISCHARGE CERTIFICATE War Service Badge 302240

THIS IS TO CERTIFY that No. 147	1083 (Rank) At
Name (in full) Leage armst	
the 2 nd Banadian	Money Dattalian
CANADIAN EXPEDITIONARY FORCE at	Lucy mines on the 3xx
day of Movember 19/5.	
HE served in France With	god Eau. Pioneer Battalian
and is now discharged from the service by reason	Demobilization.
THE DESCRIPTION OF THIS SOLDIER on the Age	e DATE below is as follows:
Height of 10 ins	
Complexion Hair	
Eyes Blue	
Hair Right Brown	
Gallas Coldier Signature of Soldier	gueleregh. W.
Date of Discharge	Issuing Officer  O. G. Clearing Services Cor
DEGEO, DERO	Rank
MAY 25 1919	Date MAY 2 5 1919 19

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.

ATTESTATION PAPER.

DUPLICATE No. 67083

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
Market Clark Canswers
1. What is your name?
2. In what Town, Township or Parish, and in what Country were you born?
3. What is the name of your next-of kin?
4. What is the address of your next-of-kin?
5. What is the date of your birth?
6. What is your Trade or Calling?
7. Are you married?
8. Are you willing to be vaccinated or re-
vaccinated?
9. Do you now belong to the Active Militia?
10. Have you ever served in any Military Force?
11. Do you understand the nature and terms of your engagement?  Yes
12. Are you willing to be attested to serve in the
Canadian Over-Seas Expeditionary Force? \ \( \text{Massell (Signature of Man.)} \)
M. A. Living & Esguature of Witness.)
f fig for the grant of withess.)
made, and I herebyengage 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 be ween 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.  [Signature of Recruit]  OATH TO BE TAKEN BY MAN ON ATTESTATION.  [And The 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 Successors, and of all the Generals and Officers set over me. So help me God.
Date 191 . Signature of Recruit)  191 . Market Lingston (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 this day of (Signature of Justice)
E. Paterug Tles 2 (Signature of Justice)
I certify that the above is a true copy of the Attestation of the above-named Recruit.
24/2/ (Approving Officer)
M. F. W. 23. 200 M7-15. H. Q. 1772-39-84 State of Smlishment - from Smodment Jone 2nd hor. 1915
20 Min 1-10. At the 1 has! here I a have produced of our

Description of Genge A. Markie on Enlistment.

Appa	rent Age / 8 years 6 months.	Distinctive marks, and marks indicating congenital
The state of the s	determined according to the instructions given in the Regu- ions for Army Medical Services.)	peculiarities or previous disease.
	THE RESERVE OF THE PARTY OF THE	(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).
Heig	ht5ft/Oins.	
-e-	Girth when fully ex-	
Chest measure- ment.	panded	
		Le L
	plexion	
Eyes	a. L	
Hair	tt-provi	C. C
	Church of England	L. Ere ambly opine.
	Presbyterian	die and open.
us	Wesleyan	The same that we will be a second or the second of the sec
Religious iomination	Baptist or Congregationalist.	
Religious denominations.	Other Protestants(Denomination to be stated.)	
р	Roman Catholic	
	Jewish	
	CODE WILLIAM CO. N.	
	CERTIFICATE OF ME	DICAL EXAMINATION.
	There evenined the shove named Recruit	and find that he does not present any of the causes
of re	jection specified in the Regulations for Army Me	edical Services.
free	He can see at the required distance with eit use of his joints and limbs, and he declares that	ther eye; his heart and lungs are healthy; he has the
	1 1	anadian Over-Seas Expeditionary Force.
Data	hor 3 w 59	and the second support of the second support s
Date	July W	at 2 Een In anne
Plac		Medical Officer.
boon of	"Insert here "fit" or "unfit."  Nore.—Should the Medical Officer consider the Recruit unfit.	, he will fill in the foregoing Certificate only in the case of those who have
been a	ttested, and will briefly state below the cause of diffitness:—	
•••••		
	CODMINICAL ED CODIC	
	CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
	George a. Mar	All. having been finally approved and
inspe		of Attestation, and every prescribed particular having
	recorded, I certify that I am satisfied with the	
	nann	rahlon Davisignature of Officer)
		Hal
Date	4 Nec 1912.	The state of the s
	OC.	2nd CANADIAN PIONEER BATTAMON

# ORIGINAL

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY

Surname Martell	Christian Name_ George as	motiong.
	ABLE I.—GENERAL TABLE.	
Birthplace Parish Ports	notein County C. B.	
(on.	3rd. day of november	1915,
Examined at_	Sydney Mines, n. 8	
	mechanical Engine	
	5 feet 10.	inches.
110.5.0	5 1000 10.	lbs.
Weight	89.	inches.
Chest Expanded —  Measurement Range of Expansion	3.	inches.
Physical Development	Right	Left
Vaccination Marks		
When Vaccinated		
When Vaccinated (R.	EV = 6 - 9	
Vision (L.)	EV= 6-9. EV= 2-60. amblyohic.	
(a) Marks indicating con- (a)	)	
genital peculiarities or previous disease	nil	
<del>-</del>		
(b) Slight defects but not sufficient to cause rejec-	1 -0,	
tion		
Approved by (Signature) —	(Sad) W & Eganstran	4
(Rank)		0
		Medical Officer.
(at	Sredney n. S.	
Enlisted	Sydney, N. S.	1915.
(01	Corps.	Regtl. No.
Joined on Enlistment	rd. Canadian Proneers. 16	7083
Transferred to		
Transferred to	CONTROL OF THE PARTY OF THE PAR	
Became non-effective by		
on	day of	191 .
(Signature)		
(Rank)	Forms	

(4887.) W. 9597/1588. 500m. 9/15. C. P., LTD.

## Table II.—Only for Admissions to Hospital or to the Sich Let in the case of Warrant Officers

				Disc	charged from			T	-	
Name of Hospital	Admitted to Hosp				Discharged from Hospital		Disease	Number of days in	use. In cases of syphilis, admissions and re-admissions to ho- subsequent progress, including particulars of treatment out of	
	Day	Month	Year	Day	Month	Year			Hospital	be given in the special syphilis case sheet.
West Cliff Canadian									***************************************	
West Cliff Canadian Eye & Ear Hospital	12+		-16	30	1	-16.	Defective Vision of Ef	beye.	19.	
							R 19 = 4/9			
							R. 19 = -6/9 L 12 = 2/60 - ruf	true	of cho	roid .
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*)	-	× 10 × 10 × 10 × 10							THE THE PERSON NAMED IN	

## issions to Hospital or to the Sich Let in the case of Warrant Officers treated in quarters.

Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Office
	Hospital	be given in the special syphilis case sheet.	
0 4 - 20 - , 024			
fective Vision of Effeye. $R. 2 = 4/9$	19.		
R. D. = -6/9.			
L 12 = 2/60 - ruptur	r of cho	void.	
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Feb 14/16	Board recommends Base Duty (Sgd) W. H. Sutton Muje
91l. March 1916	approved a. J. Shillington, St. Col. a. D. m. S. Porumshott.
Oct 5 62./16	C.a.m.C.  Bresident, Medial Board, Bramshotte  Opproved a. J. Skillington, St. Col. a. D. m. S. Bramshotte  Permanent Base Duty (Sgd) C. Hunter, Capt.  Bresident, Standing Medial Board
Der 7/1916.	Fit. vide specialist report re vision.
Water 25	Ly Vision Br. W. J. Grant Copletine
7 19	. To the state of

### Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
		***************************************			
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	***************************************				
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Army Form B. 179. Canada. appe mount Medical Report on an Station Date wneers Age last birthday 2. Regimental No. / 67083 mora Section martill George and 7. Former Trade narme Engineer 4. Name 8. Disability. Blind left eye Statement of Case. Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease. . mans statemen nov, 14, 1915. Date of origin of disability. Canada 10. Place of origin of disability. well-out 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. - olo (a) Give your opinion as to the causation of the disability. (b) If you consider it to have been caused by wounds received or illness 1. 9ho contracted (1) in the presence of the 2. In determinate enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

What is his present condition? Weight should be given in all cases of splendid thysique when it is likely to afford evidence of the progress of the disability. Medical Reply eye as per attached artificate left eye is du to ruplus improved by eglasses duties martel George annotes 14. If the disability is an injury, was it caused not applicable (a) In the presence of the enemy? (b) On active service? (c) On duty? (d) Off duty? Statement of Case 15. Was a Court of Inquiry held on the injury?

If so—(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? 19. Do you recommend (a) Fit for duty? (b) Fit for base duty? (c) Invalided to Canada? Discharge as permanently unfit? W I have satisfied myself of the general accuracy of this report, and concur therewith, except† 12. (a) Give your opinion as to the cause-tion of the disability. Station Officer in charge of Hospital. Date \* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause. + Delete this word if no exceptions are to be made.

### haldmass soro Car Opinion of the Medical Board, to GVA EN Notes—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension. (ii.) Expressions such as "may," "might," "probably," &c., should be avoided, (iii). The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations). (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life. 20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, to sometime and benefits now (2) on active service. (b) If due to one of these causes, to what specific conditions do the Board attribute it? 21. Has the disability been caused or aggrano (a) Intemperance? no (b) Misconduct? 22. Is the disability permanent? 23. If not permanent, what is its probable minimum duration? To be stated in months. 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$ , $\frac{1}{2}$ , $\frac{3}{4}$ , or total incapacity. 25. If an operation was advised and declined, was the refusal unreasonable? 26. Do the Board recommend (a) Fit for duty? (b) Fit for base duty? (c) Invalided to Canada? (d) Discharge as permanently unfit? 27. Remarks. Signatures:-Sellow Mark calle Members. Approved. Station\_ (19) Administrative Medical Officer. MAR 1916 9 Lieut-Colonel, A.D.Al.S. Camadian Troops, Bramshot Cam

vated by

Date

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of Members of Board. (a) State whether the dishbility as the Proceedings. The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked (a) III die to one of these causes, to what specific conditions do the Board (a) Interposance? Misconduct? Is the disability permanent? If not permanent, what is its probable To be stated in months. 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it of the to or total incupacity. Signed at 41, Grimston Avenue, Folkestone, this day 191 President. diministrative Niedical Officer

# ORIGINAL

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname Martell		_ Christian Name	George a	motiong.
	TABLE I	-GENERAL TA	BLE.	
Birthplace Parish Po	rtmorei	n 00	ounty C. B.	
	(on3*	d. day of	novembe	1915,
Examined	} <sub>at</sub>	2.1 m	in n	1915,
Declared Age				
Trade or Occupation				
Height		feet	10.	
Weight				lbs.
Chest Girth when fully Expanded  Measurement Range of Expansion		89		inches.
Measurement Range of Expansion		3.		inches.
Physical Development				
[Arm		Right		Left
Vaccination Marks Number				
When Vaccinated				
Vision	(R.E.—V=	= 6-9.		
V1S10II	\[\text{L.E.—V} =	= 2-60. an	nblyopie.	
(a) Marks indicating con-	((a)	-2		
genital peculiarities or previous disease	1	nil		
	(		0	
(b) Slight defects but not	((b)	-0		
sufficient to cause rejection	1	hel.		
		0 11 10 0	0 -	
Approved by (Signature)		Sqd) W J	Eganstran	y.
(Rank)				Medical Officer.
TI 1'-1 1	fat	Sydney, 7	n. S. November	
Enlisted	lon	day of	november	1915.
Lained on Polistmont		Corps.		Regtl. No.
Joined on Enlistment	2 rd. Car	nadian Pro	neero. 16	57083
Transferred to				
110000000000000000000000000000000000000	AND THE PROPERTY OF THE PROPER			
Became non-effective by				
	-			
	on	day of		191 .
(Signature)				
(Rank)				
		Forms		

(4887.) W. 9597/1588. 500m. 9/15. C. P., LTD.

B. 178

P.T.O.

Entries in red, copied from attestation Paper

# Table II.—Only for Admissions to Hospital or to the Sich Let in the case of Warrant Officers

	Sign Let in the case of warrant Officers												
Name of Hospital	Admit	ted to H	to Hospital Discharged from Hospital			from	Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely use. In cases of syphilis, admissions and re-admissions to he subsequent progress, including particulars of treatment out of be given in the special syphilis case sheet.				
Titale of Tropping	Day	Month	Year	Day	Month	Year		Hospital	be given in the special syphilis case sheet.				
West Cliff Canadian													
West Cliff Canadian Eye & Ear Hospital	12+		-16	30	_1	-16.	Defective Vision of Efterp. $R 19 = -6/9$ $L 19 = 2/60 - traftense.$	19.					
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# ssions to Hospital or to the Sich Let in the case of Warrant Officers treated in quarters.

ssions to mospital or	ES ENC	O. O. B. B. C.	1
Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Defective Vision of Ofbeye.	19.		· · · · · · · · · · · · · · · · · · ·
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& 12 = 2/60 - refter	of che	roid.	
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Feb 14/16	Board recommends Base Duty (Sgd) W. H. Sutton M. C.a. m.
gil March 1916.	President, Medial Roard, Branshot Chproved a. f. Skillington, St. Col. a. D. M. S. Branshot Permanent Base Duty (Sgd) C. Hunter, Capt.  President, Standing Medial Booa
Oct. 5 tl./16	President, Standing Medial Book
Dec7/1916.	Fit. vide specialist report re vision.
water 25	By Vision Br. W. J. Grant Copletine
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### Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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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" bued 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.

<i></i>	DATE	
1. 1 (a) Unit (1411- DEDI) (b) Regimental No	/67083 (c) Ra	ink / t
(d) Surname 777 2 + + (e) C	hristian name 7401	-9e. FT
(f) Home address Patt. Matie-	M. Capla Bi	ofton My 5
(g) Next of Kin Mrs. F. 7773.	th) Relation	onship MILE
(i) Address of Next of Kin 532	1 P. a.	
2. Agé last birthday	Date of birth 26-	4-1897
3. Enlistment, or Appointment (if an Officer) (a) Place	aney - Mines (b) D	ate. $3 - 1/- /5$
4. Personal description:		n.
(a) Height (b) Weight (strip		
(d) Colour of hair Latt (e) Colour of eyes blu		cars, etc
· Mil		
5. Former trade or occupation	nter.	
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's	Years	Days
statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or	3	42005
elsewhere should be noted).		
	Periods	
	From	To
Canada		7-/2-/5
Canada		
England.	3-11-15	7-12-15
	3-11-15	
England.	3-11-15	7-12-15
France or other theatres of War.	3-11-15	7-12-15
France or other theatres of War.  7. Original disease, or injury Aparafic as a factor of the second	3-11-15 2-12-15 17-3-17 matrix RI. Du	7-12-15
France or other theatres of War.  7. Original disease, or injury Aparafic as a factor of the second	3-11-15	7-12-15
France or other theatres of War.  7. Original disease, or injury A paraflic as a factor of the season of the seaso	3-11-15 2-12-15 17-3-17 matrix RI. Du	7-12-15

M. F. B. 227. 400m.—11-18. 1779-30-117.

D.	2		
Present disability— (Here state the exact n	ature of the disability resulti	ng from the disabling condition	ons: e.g. (a) Weakness-slight, moderate.
marked, etc; (b) Loss, complete or partial, of the repeutic peasons; (d) Any other restricts	fan organ or member, or of it one in choice of occupation.)	sfunctions; (c) Necessity for i	rest of the body, or of some of its parts, for
Mefecuse Ca	xcou X	of Y	
		/	
9. Present condition—(a) (Before completing ant, to be a full describe all abnormalities, anatomical a	this section the invalid should cription of the present disable	l be stripped, and subjected to a	a thorough physical examination. Import-
10. Describe all abnormalities, anatomical a findings.)	and functional, contributing to	present disability; objective	findings to be stated first, then subjective
Accialians	All=PI	11-3-	7.
(6) /12,0			) ·
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syperapae a	Mayange	ique u	AT
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the not suu	aye rava	ad mula	madren 1 1 holy
Calles line Los	1 1 2 4	la list	My and and
Englewy The	y of agi	VI JUJE	Afrika,
(b) Has the invalid now any affection (Answer Yes or Noif the answer to any pa	on of the following sys	stems, not described in tion of the present condition.)	Section 9 (a) above?
Nervous System	ardio-Vascular System	Genito-	Urinary System 1 Laced
m		21	I no rece
Special Senses Re	espiratory System	Integume	entary System
Disturbances of Mentality/	Digestive Sy	ystem 100 M	uscular System
Osseous and Joint Systems	Any othe	er general condition	200.
Essa Aroman	100 (200)	The state of the s	t included with the following and the control of th
10. (a) History of the condition referred to in Sec	in Thui	0, 227	mes. will
- ILA P V	es The War L	12m_ (	d a. t
fractioner !	7 = nor		assed any.
19/17 - so cla	Dleo (22	ny que Adag	Jaak
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Soanded Share	. A Con	prel 6/16	PB Eye.
Boarded shown	eliffe Ja	cely 5/16	pols Eyes
C. C.	0	er. 5/16.	PB. Eyes

10.—(b) Alere 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, sears and deformities,
al.
11.—(a) Did the disabling condition have its origin before enlistment?
(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?
(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 oceach of the disabling conditions, if there is more
than one?
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
7, (
15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
16. Can the former trade or occupation be resumed?
(If not, briefly state why)
17. Recommendations.
The contract of the states and Constitution
Medical Officer by whom the case is brought forward.
STAPEMENT 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 of 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
G A Martel ME Rank.
Signature of invalid examined.

P
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.
recovered from the braining
ble one sed from the fore week
The form of the comment
19. Is the invalid fit for
(Cotogory A) (See or No)
(a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit.  (c) General service, (c) Wes or No.) (d) Temporarily unfit.  (c) Category A) (d) Yes or No.)
(d) Temporarily unfit.  (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.)
Boarded for return to Canada.
antonty Lelegram 9.9.1/9083,11-1215
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 it
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.
1 L. G. G. a h Cook Cours
Hith Pab. Since
PLACE VICEY 6 days. Stories
25-3-19 6 MM 2 Shot laft Members
DATE ( )
TO BE COMPLETED WHEN TREATMENT IS REFUSED
I, the undersignedunderstand the nature of the treatment which
it is recommended that I should undergo and refuse to accept it.
Witness
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should be decline to sign this statement the Board of medical officers should so state.
13-5-19 0 Re Dun Cape Cam
President.
PLACE
Members 1
APPROVED BY
APPROVED BY
Assistant Director of Medical Services.  Director-General of Medical Services.
DATE DATE DATE DATE OF THE PARTY OF THE PART
AN MAD TOND * 1
THE LOWS, CALLOTTE THE PROPERTY OF A SHAR1819

#### DEPARTMENT OF MILITIA AND DEFENCE.

### WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1.	Christian names Torge Comstang Surname // Carelle
8.	Rank 12 6 4. Original Unit 2 20 19 13 5. Reg. No. 16 40 83
6.	Address, in full, to which future payments of gratuity are to be forwarded
	Fire Warien 90 P
	100 Moreon. 11-5.
7.	Date of enlistment in the C.E.F. 3-11-15 Comada
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9.	Relationship of such dependent.
10.	Address, in full, of such dependent & Hardres Tel.
11.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
	of another soldier?
All	Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
U	
0.	
///s.	Were you on the strength for pay and allowances of the Clearing Services Command, having been at any
4. /	time on duty outside of Canada or the United States?
MA	Were you on active service only in Canada or the United States? If so, give particulars of unit and
100	dates of such service
16.	Give total length of time which you served on active service, whether in Canada or Overseas, setting out
10.	particulars of units on whose strength you served 3-11-15-11-124-9-17
	with 2 ed Prones By 2 4-8-17 hill 5-1-19
	With 4 th graf Works Busin
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department.
	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
543	34. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd

18.	Have you had more than one enlistment? If s	o, give particulars of discharges and re-enlistments.
	and under what regimental numbers and units.	10
19,	Have you already received any payment of Po-	st Discharge Pay or War Service Gratuity? If so,
	state amount you and your dependents have alre	ady received and by whom paid Mo
DU 20.	Have you been issued with a War Service Badge?	If so what class?
M 21.	Have you, during the present war, served in the Imp	perial Forces?
22.	Are you entitled to receive, or have you received	any gratuity in the nature of Post Discharge Pay
	from the Imperial Forces? If so, state amount recei	ved, or to which you are entitled
23.	(a) Did you revert Overseas to a rank lower tha	an the substantive rank held by you on your arrival
	in England?	
	(b) If so, was such reversion in consequence of mis	conduct or inefficiency?
Q 34.	Are you now serving in the C.E.F.?	
Mu	(b)	Reason for discharge
UK -		
0		
\$1625.	Are you at present a member of and in receipt o	f pay and allowances from any Canadian naval or land
2		
1/1/26.		actual theatre of war? If so, give particulars of one
a'l	unit in which you served at the front, and dates of	f such service with that unit
Ma	(a) Are you receiving treatment from the Departs	ment of Soldiers' Civil Re-establishment?
1000		vances from that Department?
		believing it to be true, and knowing that it is of the
sai	ne force and effect as if made under oath and in virtue	of the Canadian Evidence Act.
Sig	gnature of Applicant: Set Market	is Cale Butonts
	0-1-1	n 6 aps writings
	clared before me at:	10/9
Th	Signature of Barrister of the	Park Marce
	Supreme Court Stipendiary Magistrate, Notary Public, Justice of the	Dlen May Co
-	Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.	Mean
-		
	POST DISCHARGE PAY.	War Service Net amount
Da	te paid. Paid Paid Soldier Dependent	Gratuity due
	Contified Correct	
	Certified Correct	District Paymaster.

Rank

Pte

Name

MORTELL. George A. If in perm. Corps, What Unit?

Reg'l No. 167083

Married or Single Single

Unit 2nd Pioneer Bn .

Place and Date of Enlistment

Sydney, Nov 3rd 1915

Place of Birth Port MorienAC.B.CAN

Name and Address, Next-of-Kin

John Mørtell,

Port Morien, C.B. Canada.

Assigned Pay Monthly \$153

Relationship

Payable to Muy

Mary Martell Black Brook 6. B. Go: M.S.

Separation Allowance \$

Payable to

Relationship

		Disch	arge,	Date	and l	Plac	e							F	Reas	son					Cl	nara	cter										
	Date			Date		Date		Date			PAY			Fie	eld Allo	wance		Oth	er	Total		Vonch	ier	Cash		ssigued	Othe		Total			Remarks,	
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Date PAY Field Allowance Vescher Other Total Cash Assigne
No. Date Payments pay Cash Assigned Other No. ef Days Total Remarks, Amount Credits Credits Balance From To Rate Amount Rate Charges Debits Casualties, etc.

ASSIGNED ENGLAND OR SEPARATION NAME: MARTE LIL. Seonge a CANADA. ALLOWANCE. EFFECTIVE EFFECTIVE NUMBER:- 1670 83. DATE :-AMOUNT:- 4500 / 2000 10 \$3000 PARTICULARS OF RANK OR APPOINTMENT AMOUNT :-NAME. ADDRESS. RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. RANK OR APPOINTMENT AUTHORITY THIS Mary Martell Black Brook Private UNIT AND TRANSFERS ORIGINAL UNIT: - 2nd Rion " Mr. DATE ACCOUNT FIRST OPENED :-DATE DATE LEGGER SHEET T'SF'D UNIT TRANSFERRED TO AUTHORITY 4th al Ma EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK AMOUNT DATE OF NUMBER OF A.R UNIT PAID BY UNIT PAID BY DAILY RATES OF PAY AND ALLOWANCES 779 4355 121Ces. P.F.A. SUBSICE AUTHORITY F.A. P.868 esseng 1/4/9 201, 4 40 PARTICULARS OF RENDERING NON-EFFECTIVE. 1. 4. 19 Dosch Com togg. 4 19 lowley 10 Men 1000 BALANCE DEFERRED DR. 4. DR. 1 DR 2. DR. 3. PARTICULARS CR. 1 | CR. 2. PARTICULARS 5991 ban a/P. 2 & IN GR 32 15/4 15 446 ban app 88 78 do 2 CLM al. 146 15/5 Can a/P 33 26211 al 264 1/L 9518 446 ban 0/1 109 82 2 CIN , 354 18/7 106 25 405 31/7 446 120 89 AUG 3410 2 6111 " 432 15/8 117 32 1 481 2/18 112 86 446 8 03 15 ban alp 130 86 SER 22

Mrs. G. a. martell "wife.

8 Standiss Rd Ramagate, Eng.

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### MILITIA AND DEFENCE

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPARA'	TION	ALLOW.	ANCE	

RATE OF A	SSIGNMENT	

#### PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.		Name			
Rank Promoted	Reverted	Discharge	Address		
Soldier's Name			Change of	Address	
Battalion			1		
Beneficiary			2		
Relationship			3		
Address			4		

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
S. 1.84 D. 7.893.	Date	Cheque No.	Amount S/A	Amount A/P	· Total	
M. F. W. 128. 4'OM. 6.72-38-144 L. L. 22320-M. & D. 1993.						

2nd. Contingent

MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. May Martell, By Whom Assigned Martell, S. a.

Black Brook, Regtl. No. 167083
Port Morien Rank Pte
CPG. Corps 2 nd Can, honees Pon

DEC 1 1915

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
MIN	Aug.	1914			
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	Oct.				GOLIDA:
	Nov.				1860
	Dec.				(0(2))
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	Feb.				
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	April				
	May				
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	Dec.				
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	Feb.	a	13850	30	- make ster. Cy & 30 to adj. MM.
	March	1	X14111	15	

MILITIA AND DEFENCE

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

HAND THE REAL PROPERTY.	1			TATMENTO:	
Month.	Year.	Cheque No.	Amt.	Remarks.	
Aug.	1918				
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Oct.					
Nov.					
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Nov.					
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#### MILITIA AND DEFENCE

#### Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPARA	TION	ALLOW	ANCE	

RATE OF AS	SSIGNMENT	
		THE REAL PROPERTY.

#### PARTICULARS OF SEPARATION ALLOWANCE

#### PARTICULARS OF ASSIGNMENT

No.				Name			
Rank	Promoted	Reverted	Discharge	Address			
Soldier's Name					Change of A	ddress	
Battalion				1		44.	
Beneficiary,				2	4		
Relationship				3			
Address				4			

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
	1						
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F. F. 6-17-							
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NAME Martell George.a. EFFECTIVE DATE REG'L No. 16 7083. RANK Pte. AUTHORITY UNIT 2 mp Conier Ball TRANSFERRED TO C. P. J. D DATE april 18/16 AUTHORITY Nom: Roll TRANSFERRED TO 6.6. a. 6. DATE 18: 5:16 AUTHORITY B. 0. 68 PERMANENT FORCE ALLOWANCES TRANSFERRED TO 25 M/S Ru DATE 21. H. 17 AUTHORITA PURPLE PLACE OF ATTESTATION Sydney TRANSFERRED TO 2 nd Plonicus DATE 21/4/17. DATE OF ATTESTATION NOV: 3 No 1915 4th Lab-Bn. 15/12/17 107. 101.2/17. ASSIGNED PAY MONTHLY \$ 1500 DATE EFFECTIVE Dec: 12/915 PAYABLE TO Me Mary Martell Black Brook. C.B. Co: N.S. Canada. NS TO HOSPITAL. &c. ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE NAME OF HOSPITAL PAYABLE TO RELATIONSHIP STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) DISCHARGE DATE AND PLACE REASON AND AUTHORITY ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) C.1. ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) BALANCE CASH PAYMENTS ACQUITTANCE ROLLS OR DEFERRED CREDIT No. DATE 4867 A5 93 67 23 26 1 Towel & 1 beaut Knife 638 87 14/4/16 73 71 3305 730 15 00 3675 1500 6ATA 29 1 9731 1946 3269 7500 9731 237 730 2467 4102 \$ 2 Secon Rept 6/1864 M600 60 12 15 7922 15 Gran. 1858.1×8.16 -1187.13.6.16. 73 41 3881 1934.27.6.16. Grav 2323 2473 4818 26.9.16 973 CPTP 4/11 32 03 49 15 15 - 832 15/11 SR#40 21 4/2 2262 6063 856-CP7030-15 .32 CPTO 387 18/12 63 66 31 07 v 919 2/12 38 93 7 30 167 89 48 67 195 360 422 46

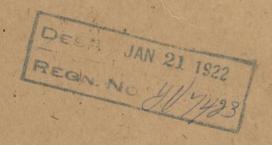
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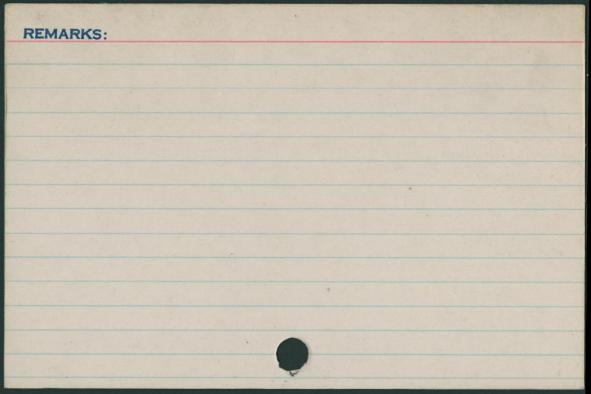
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	1000 1000
NAME Martell, George a.	1049-M-21868
RANK & No. Ote.	167083
corps 2 nd. Pioneer	Batt.
ENLISTMENT, PLACE Sydney, C. B.	DATE 200. 3, 1915 \
FORMER CORPS 97 il	
COUNTRY OF BIRTH Canada, Port 9	norien, C.B., n.S.
NEXT OF KIN Martell, John 7.	no may (R.71.8)
NEXT OF KIN Martell, John 7, ADDRESS OF NEXT OF KIN Port Mories	n, C. D., n.S.
	5-4-21-38-1-5/11/18
DISCHARGE, PLACE	DATE

RC 23/5/19 339 Pte M. F. W. 22. 100 m.—9-15.

H Q. 1772-39 839.



	No. /67	59 083 Lee	1 1	Ate NAME	Martell. I a Battelion
	PAID	PAID	SIG.	PROMOTIONS, TRANSFE	ERS, DISCHARGES, ETC.
	FROM	то	REC'T	PARTICULARS	AUTHORITY
1	1915 Voda- \$3	191) Nov 30	N		
					UNIT SAILED DEC 6 1915

#### MARTELL, George Armstrong 167083

Pte. C.R.T.

649-M-21869

medals desp.

cross 1.widow: - Mrs Florence Martell
20 Victory Rd.,
Dorchester, Mass., U.S.A.

2.MOTHER- Mrs Ida May Martell Port Morien, N.S.

DESP. MAY 11 1933

W REGN. NO. 402

M

DESP. MAY 11 1933

REGN. NO. 403

AUTHORITY ASSIGNED PAY \$

20 40

PAYABLE TO STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED Walifut CASH PAYMENTS REGI-ASSIGNED OTHER MENTAL CHARGES PAY CHARGES 489 500, 7000 70 00 響 4058817500 1912

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00%-3-19.—L. ... 58786-1.1, & D. 9985. M. F. W. 2596. 1772-39-1390.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

DAILY RATE OF PAY AND ALLOWARD REGT. NO/6708-3 RANK Att. NAME (IN FULL) Martell G.A.

ORIGINAL UNIT Lat. Pool.

PLACE OF ATTESTATION

ORIGINAL UNIT?

WHAT UNIT?

DATE

AUTHORITISTS

ORIGINAL UNIT

ORIGI TIONSHIP PARTICULARS AUTHORITY AUTHORITY DATE AUTHORITY RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED 25-5-19 Wallful 1110 CASH PAYMENTS ACQUITTANCE ROLLS ASSIGNED TOTAL MENTAL CREDITS PAY CHARGES DEBITS PARTICULARS OR REMARKS COL. NO. 1 COL. NO. 2 COL. NG. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 DEBIT CREDIT 487 500 70 00 2021 63 58 5500 5 00 M 30 H 7 140-60 16/9/19 # 1495 3361 17/10/19# 1510 2/6/-600 00 4058817500 1912 600 00 600 00 all payments made d that all payments due us acct have been paid 1919 or Senior Officer Pay Services, M. D. 6

Nothing to be written in this margin.

(22) Extended }

(24) Miscellaneous entries:-

		SERVICE	AND CA	SUALTY FORM (Part I).	Army Form B, 103—I Part I.
(1)*Substantativ	e rank	Pelo		. (2) Regiment or Corps	(3) Regtl. No
*Acting rank	7-71-75	us alternation )		. 0	
*[To be entered in (4) Surname	pencil to facilità	ite afteration.		gw / funion	11.7083
(5) Christian Na	ames	norteel		a 1 wills	10/000
(6) Army Form, Form or Rec	number of,	Attestation }	a.		
(7) Whether of 1	British or of	Alien			
origin [vide ]					
(e) Date of Birth	n as stated (				
CD (U)				1 10/51	
(10) Enlistment	(6) /8	00 3 a 1	915	(11) Engagement (c) OVI W	
(12) Service recl	kons from (a	late)	(13	) Special conditions (if any) of enlistment (d)	
(14) Any subsequence of condition	uent variat	ions (if any)?			Initials and Rank of an Officer.
of condition	ns of service		havitai	(date)	
			hority)	(16) (Record of Occupation in Civil life (vide Army	Order 93 of 1017)
(15) Category	Date	Medical Authority	of an Officer	(16) (Record of Occupation in Civil the (viae Army	Order to or 19.77
				Industrial Group No.	
				Trade or Calling	
				Married or Single	
				Particulars of Trade Test	
				Occupation Cards despatched on (date)	
				Second Occupation Card despatched on (date)	
(17) Next of Kir			(Place)		(Signature of
(18) Demobilize			(Date)		(Posting Officer
(19) Pivotal-ma (20) Qualification				ps trade and rate	
(20) Quanneatie	JH2 (8)				
(				De waynered	

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A,C.1, 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent. &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

				101	1 (IE)	(P)		
R	(A) ·	(B)	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well	(D)	Date of promotion,	(F) Remarks, and		
Date.	From whom received	Authority of Part II. of Orders	as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit	Place of casualty	reduction, reversion,	initials and rank of an officer		
			to which transferred and posted to be invariably named.		casualty, &c.	Skellsas burns Lecon		
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27-1077	do	NO 5	u d	Cayley	17-1077	- 48.		
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Nothing to be written in this margin.

		SERVICE	AND CAS	SUALTY FORM (Part I).	Army Form B, 103—1. Part I.
(1)*Substantative	e rank	19-6		(2) Regiment or Corps	, (3) Regtl. No.
*Acting rank *[To be entered in p	encil to facility	te alteration.]	leoge a.	2 nd Propier Bu	167083
(5) Christian Nat (6) Army Form,		Attestation)			
Form or Rece	ord of Servi	ce paper			
(7) Whether of B origin [vide A (8) Date of birth	.C.I. 578 of	1918			× ×
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(10) Enlistment (	(b) NO	ov. 3ª 19	15.	(11) Engagement (c) boll.W-	
(12) Service reck			(13)	Special conditions (if any) of enlistment (d)	
(14) Any subseque of condition	ient variati	ions (if any)			Initials and Rank of an Officer.
		Medical Authority	thority) ->	(date) (16) (Record of Occupation in Civil life (vide Arm	ov Order 93 of 1917)
(15) Category	Date		of an Officer	Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test	
				Occupation Cards despatched on (date) Second Occupation Card despatched on (date)	
(17) Next of Kin (18) Demobilizer (19) Pivotal-mar	(f)		(Place)	(1)	(Signature of Posting Officer
(20) Qualificatio	ns (g)		or (21) Corp	s trade and rate	
(22) Extended {			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(23) Re-engaged {	
(24) Miscellaneou	us entries:-				

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A,C.1, 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [c] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

R	(A) © Report	(B)	Record of promotions, appointments, reductions,	(D)	(E) Date of	(F)
Date. *	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of eptry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
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Regional No. MEDICAL	HISTORY	of—	A.F	'. B.178
Regimental No. 1670 fo		I	Region	
	Christian Names	Geve	se a	
TABLE I.—General Table.	TABLE III	Boards, Coulations, etc.;		
Parish North- Invien	or Foreign or Prolong	Service; Ext ation of Ser	ension, Re-	engagement, of Surgical
County Parke Brelow	The state of the s	Particulars of	AND PRINCIPLE	
Examined on day of 191 %	Date	Brief	details and Sign	ature
at Lydney CB.				
Declared Age / f z years days.				
Trade or Occupation much Engli				
Height of feet of inches. Weight lbs.	Party Lower and	THE REAL PROPERTY.		A CONTRACT
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Eyes Stee				
Chest Girth when fully inches.  Measurement Range of expansion inches.				
Physical Development				
Vasination Wash (Arm, Right.   Left.				
Vaccination Marks Number	TARREST STATE			
When Vaccinated				
(L.E.—V=Glasses (L				
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Defects or Ailments:—			- 6	
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(Strike out those which do not apply.)				
Bignature S. J. E. Jan Sh- aug	TA	ABLE IV.—S	ervice Table	
Chairman of Medical Board.	Station or	Troopship	Date of arrival or embarkation	Date of departure
Re-examined for posting at			or emparkation	or disembarkatio
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		N TOTAL		
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Corps. Regtl. No.				
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	Became non-eff			
Fransferred	On			191
to {		e)		
	(Louin		ALCOHOLD THE REAL PROPERTY.	

## TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters

Name of	Admitted Hospital	Admitted to Hospital.		Admitted to Hospital.		Dis	charged i	from	Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to bospital will be shown. The subsequent progress, including particulars of treatment out of hespital, transfers, &c., will be given in the special syphilis case sheet.  Signature of Medical Office
Hospital	Day	Month	Year	Day	Month	Year		of days in Hospital	will be shown. The subsequent progress, including particulars of treatment out of hespital, transfers, &c., will be given in the special syphilis case sheet.		
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		NAME OF THE PERSON NAME OF THE P	986								
						1024					



WEST CLIFF CANADIAN EVE AND EAR → OCT 4 1916

HOSPITAL, FOLKESTONE, KEN

O.C. West Cliff Canadian Eye & Ear Hos tal.

O.C. C.O.A.C.

Right vision = 6/9.

Left vision = 2/60.

Rupture of choroid in left eye.

He is fit for overseas service. Glasses have not been ordered. Condition was present previous to enlistment and is not caused by service. Recommend patient for full duty.

Martell.G. 7083.

H/V.

for . . West Cliff Canadian Eye & Ear Hospital.

NAME Martell H. Q. FILE No. 649. RANK AND CORPS NATURE OF CASUALTY NO. FOLLOWS m. to no 23 Cas. M. F. W. 42-50M.-5-17. L. L. 20497-M. & D. 7908 H. Q. 1772-39-893.

LIST NO. & 403 m. 93 cas. cl. Station 22-8-17 "W" Las shell a406 to no 32. Sen. Q-2-1 no 46 State Ctaples 25-8-17 Oles, Diphthoriale Onthe a 3 9. no 22. Gen, Camiers. 10-1017 Shell sas. Burnslew 

HYR. BAR. NOSE, AND THPOAT CLINIC

	Date
Rog. No. 167083 Renk Pu Nem	martiel 4 A
WITHOUT GLASSES.	Wine Chicans. (as par prescription below)
	SPH. OYL. AXIS

Visual acuity. Rt. With
Visual acuity. Lt. P. L. with
Oategory recommended is:)

Glasses not ordered.

HEMARKS.

Premis in charais in chipmens in find - up

CONDITION WAS...... PRESENT PREVIOUS TO ENLISTMENT AND HAS.......

HAS..... BEEN AGGRAVATHD BY SERVICE.

Wm' Amardonald

Captain O.A.M.C. Eye and Dar Specialist.Witley Camp Surrey

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13

## UNIMALYSIS REPORT.

N

6 16	7083	Rank	
Reg. No	elt: G	Wit. 12 M. Reserve	
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· jacoscopic			
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\* WITLE

Captain, C.1.1.C. for Hajor, C. 11.C. O.C., Can.Gen.Laboratory CA.D.C. 5009A

#### CANADIAN ARMY DENTAL CORPS, O.M.F.C.

#### CERTIFICATE FOR DEMO

Canadian Printing and Stationery Services, London OF SOLDIER (Black Letters) REGIMENT 1 or France. Date of Examination in England Date of Examination in France concerned. 10 12 13 15 16 be stated 17 18 19 21 22 23 24 25 26 27 28 29 30 31 32

DIRECTIONS DENTAL OFFICERS

- 1. This form will be made out for each individual at the time of Demobilization in England
- 2. Figures as per chart will be used to designate teeth
- 3. In reference to Partial Dentures the numbers of teeth thereon will

#### PRESENT DENTAL REQUIREMENTS

- 8.9.16:31 FILLINGS
- EXTRACTIONS 7.
- CROWNS
- DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Comicke Cops

## PROCEEDINGS OF A MEDICAL BOARD.

<u> </u>			>h L
Dated at	October 51	th.	1916.
No. 167083 Rank Pte.	NameMar	tell, G.	<b>Y</b>
Local Unit. C.P.T.D.			Age. 19
	FFE- Gardens, Follostons,)		
DISABILITY.  Overseas—Local.  (scratch one out)  Defective v	rision -	2/60 L. Vision	n
PRE	ESENT CONDITIO	N.	
R.V 6/9 L.V 2/60	No history o came on sinc fit.	f any injury. e enlistment.	Says it Otherwise

#### BOARD RECOMMENDS:-

1. Fit for Duty	
2. Fit for duty after	weeks' physical training.
3. Fit for Temporary Base Duty	weeks.
	Voc _
4. Fit for Permanent Base Duty	100
	INPPROVED "
5. Discharge	
Signatures:—  Members	CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADLER GENERAL COMMANDIAN CANADIAN TRAINING DIVISION.  President.  A Capt
APPROVED  6 OCT 1916  Dated at	1916. D.J. Milityre caft

906

#### **EXAMINATION**

N

BY

#### STANDING MEDICAL BOARD, SHORNCLIFFE.

		July 14	rbh19	916
No	Unit	C. (2nd Pieneer	RankPte.	
NameMartell	. G.A.		Age19.	
Examination held at.	Ramsgate			
DISABILITY. Overseas—Local. (scratch:one_out)	Defective visi	on.		
Present Condition				

Specialists report attached.

Board recommends:-

- 1. Fit for Duty.
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for light duty.....weeks.
- 4. Fit for permanent base duty. Yes.
- 5. Discharge.

Josephures President Copper President Copper President Copper President Pres

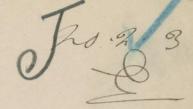
OR D. OF R & O. FOR

APPROVED SEAL

Shannoliffo 16 1111 1916 101

FOR A.B.M.S. CANADIANS, SHORNOUL Captain

A/D. A.D.M.S., Canadian Training Division. A. a O. 6045



## EXAMINATION

BY

### STANDING MEDICAL BOARD, SHORNCLIFFE.

6 th april 1916
1916
No. 167983 Unit Person Rank Pt
Name Maite 9 a. Age 20
Examination held at St. no aitems Places
DISABILITY.  Overseas Local. (scratch one out)
Present Condition
no viscon in left zye
Right Eye normal.
Board recommends:—  APPROVED  APPROVED  AMAGE: GENERAL  C.J.M. AND ING  C.J. M. AND  C.J. M. A
1. Fit for Duty.
2. Fit for duty afterweeks physical training.
3. Fit for light dutyweeks.
4. Fit for permanent base duty.
5. Discharge.
Signatures: 7
M. Julium Copr. President.
Members
1 A Delayer Caft.
APPROVED TO AVENUE.
Shorncliffe 1916 1916. Shorncliffe Captain.
A.D.M.S., Canadian Training Division.

# Application for Discharge of a Recruit as not likely to become an Efficient Soldier.

- 1.. If passed by an examining medical officer, but rejected by an approving officer.
- 2. If considered unfit for service within three months of enlistment.
- 3. If a non-European soldier of troops in the Colonies is considered unlikely to become an efficient soldier.

This form will be accompanied by the Recruit's Attestation.

Regiment 2 nd Pronele 18n
No. 167083 Name Martell Go.
1. 27 1216
Age (8 years, days.
Age (8 years, days.  Height 5 feet, (0 = inches.
Weight 165 lbs.
Chest Measurement Range of expansion  Weight (65 lbs.  Chest Measurement Range of expansion  Carualian Training Pictors  Carualian Training Pi
Passed at Hy Mey Mines Recruiting Area or Station.
Passed at Hydrey hines Recruiting Area or Station.  Medically examined by D. Egon.
Approved by
Cause of objection to be fully stated here  Cause of objection glowing. Should fllow refut to be fully stated here  Should fully stated be fully to be fully stated here. Signature of Medical Officer.
Remarks by Officer transmitting the Return.

A Committee of the Comm

Station

Date

Signature of Commanding Officer.

#### MEDICAL CASE SHEET.\*

100	I				11
No. in Admission	Regimental No.	Rank.	Surname.	Christian Name.	9
and Discharge	167083.	Ple	Martell.	George.	
251.				A	
Year	ansp			Age. Se	
1916.	2 ns Pron	ues.		18 3/	/2
Station	T 0	. 0 01			
and Date.	Diseased, Ruft	ure if o	95.2.		
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	J. Rugh	ine Jake	noid — te		
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29			18	Marie	.1-
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- To gow 24 12				\$100 m	
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The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(Se. No.) 103 1916. M (1/15. 16 &V.

P.OO.

Station and Date.

No. 16,7083 Pte. Mortell, G 2. Figneer Ban · Blancoma Des enged Jan 29. January 12

J:26 12 416 G 167083 Pli martill 9. R.U. 9/9 J.U. 2/60 Defedire vision of left eye is due la infline of choroid. Is not improved by glasses and condition old standing. Right eye mormal Is for base dulies. WEST CLIFF CANADIAN EYE AND J.P. Harrison Cafi EAR HOSPITAL, FOLKE TONE.

FORM R. 14 7106—250m—7/  Nam  Unit  Next	e MARTELL	Ran.	Pte	1	Reg. 1	Vo. 1670	83
Date 191	.7 Movement	C	Place	Casualty	List No.	Notified N/K O.	W.O. List
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17-10	Dia 1/2 Base	De la	6 1- 11	d-	116		16-580/2
9.7.	V-99 MA (SOU	and grant.	- BAlle Glida		2.9691		./
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Date 680 Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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		arrand <sup>2</sup>			
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	104				

REG. NO.

MARTELL	UNIT	G.A.	Со	167 08 TROOP	
Pte.	W-0	2nd Pnr	.Bn.	DATE OF	ADMISSION
23 C.C.	S.	22-8-17	7.		
1.22	Gen	Came	en	Hosp. 2	3-8-17
2. 46	Gen	Camil	ples	Hosp.	25.8.19
3. No.	6. Com	· Alekot.	Elap	les Hosp./	5-10-17
		1	/	MUCHOSP /	1.10.17.
DIAGNOSIS	Wd. Ga	as Shell	• RN.		
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3.					

DISPOSITION	40.0	CATE
CL.3 0-8-17 A403.	Dis	5-11-14
3-9-17 8406	REMARKS	
5.19.17 72.		
18-10-14 239		
29-10-17 @ 4761		
: 29.10:17 0 48.		
117-11-17 066-3,	*	
	AMD O Doort	

Beh. of D. G.M.S. O.M.F.C. Longies

## EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
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2.		
3.		
4.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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6,		r.
7.		

(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, Remarks casualties, etc., during active service, as taken from Army Form B. 213, Army Form A. 36, or other, Date Place reported on Army Form B. 213, Army Form From whom Date A. 36, or in other offi ial documents. The official documents. received authority to be quoted in each case. Taken on strength C, C. A. C. Pt. II D.O. No. 165 LEV TRANSFERRED FROM C.C.A.C. TO P V Hacked C.P.T.D. Faken on Shongth BRID Shancliffe 125-157. 25 25 l. Res. Vattached from C. C.a. C. Branshott 24-2-17 25th Res. Faken on Strength from CCall Bramshott. 24-2-17. Bramshott . 27-5-17 25th.Res. Proceeded ofs for Lieutenant: Service with 2nd . Pioneer under Last. Adjt. Battalion. 25th.Reserve Battalion. of 650 Lauded as Kentreemens Left for anis B213-01.163 n. Sless Gen obs depatheren There Geas Burn 3 Blow of A Gass Shell W mans 5 low all b

Army For	rm B. 103.	Casualty Form—Active	Service.	ental Nu	mber
/		giment or Corps. 2. Careales			0
Rank	Surname	Martell Chr	istian Name	E	
Religion			stment	.years	months
Enlisted (	a)	Terms of Service (a)	Service reckons	s from (a)	
Date of pr	romotion to preser	nt rank Date of ap	pointment to lan	ce rank	
Extended	{}	Re-engaged ( or	ualification (b) Corps Trade an	nd rate	
Occupatio	n	······································		Sign	ature of Officer.
	Report	Record of promotions, reductions, transfers, casualties,		Date of	Remarks Taken from Army Form
Date	From whom received	&c., 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 of Casualty	Casualty	B. 213, Army Form A. 36, or other official documents.
		Embarked			
		Disembarked .			
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6/17	36.13.8	Taken an shough T.B	seecs!	6 /2	bR .
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13 1/17	76.186	Classifies, T. B.	Seecs!	13 1/2	1 3339
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la	4	nyus to aw Later Park	de	218/19	S.R.
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20.11.17	do	lolarius "BI"		20.11.17	W3339 (243)
1		0.0/10/0/		111	110 2001

<sup>(</sup>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.

<sup>(</sup>b) Signaller, Shoeing-Smith, &c.

0	Report	Record of promotions, reductions, transfers, casualties.  &c., during active service, as reported on Army Form  B.213, Army Form A. 36, or in other official documents.  Place of Casualty  Date of  Casualty  Casualty  Or other official
Date	From whom received	The authority to be quoted in each case.
6,12,17	69138	Left for Unit, Field 8,12,17. NR.798.
16.12.17	4th/absu	arrived Wint " 9,12.17. 13 2/3.
10.2:18	80	Granted 14 days leave 6.2.18 B213. 1611. No 12 4/18/18
24.2.18	80	Rett from believe Field 22.2.18 13213.
		Designation changed to 2 Can Inf Works Ba - It 11, No 24 d/31.3.16.
***************************************		(Anth: War Office letter 121/Overseas/4840) (A.G.12) d/11-3-18.
28.4.18	00.26 2 W Du	Greated bermission to marry \$213 tell DO. 1636
22.6.18	a 25	60 an 131 -200 22.6 18 W33339/57876.3.
	cdus	20.65 df3.7:18.
		S.O.S. of 2 Cdn. Inf. Wks. Bo on 13-9-18 D.O. 99 4/7
		Transfer to 4 Cdn Inf. Works Clay
		T.O.S. of (Cdn. Inf. Works Doy. 14-9-18 D.O. d)
		(Authy. War Office 121/O'seas/5940. (S.D. 2) d/27-8-18.
		& O.B./1139/5 d/5-9-18. Ref. Cdn. Sec., K. R. 29998.)
28,12.18	4.6 \$ W to	14 days leave to tek 27.12 18 13213. 80,4/19.
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1-7-10	COBA	Trans & Eng. for
17	1-10-10	Memol and Robated to
		(9) Wetter 2-2-19, M.N. 812
		It Ad abell.
		Lieut for LtCol., A.A. G.
-		Canadian Section, G. H. O. 3rd Echelon, B. E. F.
	-, Clip	Graneforth to willy 53.19 Pt 11 54  182-COR D WW Samebay Will Res. B. G. B. C. B.
5.3.19	12 14	that James 12th Bes. In All The

## Casualty Form-Active Service.

Date of pres	promotion to sent rank	Terms of Service (a)	t}	Numeric roll o	cal position on of N. C. Os.
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 21
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
-19		T. O. S. Quebec Depot Clearing Services Part 11. Order No	's Command	Soffice Clearing	No Records Services Command

40-11-04	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
	Trade, and the second		The state of the s		
			A Main Control		

	RG	Rank Unit Place		Name oneer Bn Enlistment	MORTELL. Geo If in perm. Cor What Unit? Sydney, Nov 3	ps, }		Reg'l No. 1670 arried or Single Si f Birth Port Mori	ngle /0/
			-	ss, Next-of-Kir			lationship		
			gned Pay Mo		Payab				
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						Re	elationship		
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					NAME AND ADDRESS OF THE PARTY O	
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3.10.16	-u- W	epla to CCAC recess to attack	red - 4 -	3.10.16	10 279 ccacon 201	
	00 01	1 DODA 1. (APP) of	Adbartosa	7.11.11	(H. II HHV.	
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	OF LL Dan	COTO now known a	s 25th ResB	n B'shot	t 29.12, 10 D. O, 22	
22,1,17	zotnnes	Bu or ib now	0 11.11		B/ 5/ 5-5	
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"	1000	attached 25 the Res Bir. ceases to be attached C. PT.D.	13 · W	"	" " " " " The ED :	
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Repor	t.	Record of promotions, reductions, transfers,	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.	casualties, etc., during active service.  The authority to be quoted in each case.	1 10001		Taken from Omessi 2	1111
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Report.		Record of promotions, reductions, transfers, casualties, etc., during active service.	Place.	Date.	REMARKS Taken from Official Documents.	
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	9	SSS & CEF m Canada	WA-B			
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