Veuillez noter:

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REGIMENTAL DOCUMENTS

NAME THOM, ALEXANDER. Pte. REGT. NO. 187720 UNIT 1st C. D. M. R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Misc.					21-28
1	R122					16-28
						3-29

07060

W. 2568

4301

19-1-31

War Service Badge
Class "A" No. 73072

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dis A. W.
Dec/Gr. 1.

1. No.	187720
2 Rank.	Pte
3. Name.	Thos Alexander
4. Unit.	1st C.M.R. Bn.
5 Date of Discharge MAR 25 1919	Place Brandon
6 Reason for Discharge	Demobilization
7. Authority.	D.O. 94
8. Proposed Residence after Discharge	Virden Man.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

Alexander Thos
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Brandon Man

Date MAR 25 1919

Signature A. White
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-89-118.

21-4-52
AS

Rec'd 21/4/52

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 unobtainable	
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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). Duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 10

R.O.

Date 11.3.19

4301 Original

ATTESTATION PAPER.

No. 187720

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Thom.
1a. What are your Christian names?	Alexander
1b. What is your present address?	Virden, Man.
2. In what Town, Township or Parish, and in what Country were you born?	Glasgow, Eng. Scotland
3. What is the name of your next-of-kin?	Lilian Thom,
4. What is the address of your next-of-kin?	Tenants Marsh, West Calder, Scotland
4a. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	Oct. 23rd, 1892
6. What is your Trade or Calling?	Farmer
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former service.	No.
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?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alexander Thom, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

A. Alex. Thom (Signature of Recruit)

Date Nov. 13th, 1915 191 . S. Henderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexander Thom, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

A. Alex. Thom (Signature of Recruit)

Date Nov. 13th, 1915 191 . S. Henderson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg, Man. this 13th day of November 1915

W. R. Moreyl (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

4301

Description of Alexander [illegible] Thom on Enlistment

Apparent Age 23 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 2 ins.

Chest measurement.
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 2 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Light Brown

Religious denominations
- Church of England .....
- Presbyterian X
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other Denominations ..... (Denomination to be stated)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Nov. 13th, 1915 191 .

Place Winnipeg, Man. J Allardice, Capt.
Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alexander [illegible] Thom 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.

W Rennie (Signature of Officer)
Lt-Colonel
90th Canadian Infantry Battalion
(Winnipeg Rifles)

Date Nov. 13th, 1915. 191 .

4301

R—122

WGB Rank Name THOM Alexander Reg'l No. 187720

Unit 90TH BN If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment 13.11.1915 Winnipeg Place of Birth Glasgow, Scotland

Name and Address, Next-of-Kin Lilian Thom

Tenanti Marsh, West Calder, Scotland Relationship Sister

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 19626
File R.I.
Categ. O.R. Can.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England	SS Olympic		
10-7-16	O/C 90th	Trans to 11th Bn	S'cliffe	8-7-16	pt II 187.
10.7.16	O/C 11th	Taken on strength.	do.	8.7.16	" - 163
28-8-16	" "	S.O.S. 1st C.M.R. O/seas	"	27.8.16	" - 209
16.9.16	1st C.M.R.	Taken on strength.	Field	28.8.16	Pt II O. H.H.
21.2.18	do	Awarded one G.C. Badge	Fr.	do	10.2.18 " 14
6.2.19.	—	Granted 14 days leave to U.K. S.O.S. & Cdn. Corps Camp	7/B	Shott.	21.1.19 2090
26.2.19	—	D.A.S. on Expiration of leave	Fr.	Field	15.2.19 " 45.
11/3/19	"	Proc. to Canada. Sail 32 Drft N			12/3/19 2021

A.F.B. 103 CHECKED 6 SEP 1916

CERTIFIED CORRECT.
7 SEP 1916
CAN. RECORDS, LONDON.

4001

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 90th. Overseas Battalion (W.R.)

Regimental No. 187720 Rank Pte. Name Thom, Alexander

Enlisted (a) 12/11/15 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) 12/11/15

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: Date	Report: From whom received	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.
		Embarked.	Halifax.	31/5/16.	
		arrived.	Liverpool	8/6/16	
10-7-16.	O.C. 11th.	Taken on strength 11th Bn. Shorn 11ffo. Pt. II. B.O. 163. 8-7-16.			
28-8-16.	O.C. 11th.	Transferred to 1st CMR's. Overseas		27-8-16.	Part II B.O. 205
	O.C. C.B.D.	Landed in France. Taken on strength ~~60th~~ Cdn. M.R. Bn.	Nom. Roll	28/8/16	
	do.	Left for	P.H.D.D.	16/9/16	
23.9.16	O.C. Bn.	Arrived Unit	18.9.16 Nom. Roll		
11.11.17	Unit	Granted 14 days Leave	Field	30.9.16	B213 DCS180 d/3.10.16
25.11.17	"	Rejoined	UK	5.11.17	" DCS 1105 d/22.11.17
10.2.18	"	Awarded 1 Good Conduct Badge	Unit.	20.11.17	"
			Unit.	10.2.18	B213 P.H.D. 14 d/21.2.18

(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.T.O.

4301

187720 Pte Thom A

Report Date	Report From whom received	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.
10.2.18	OC 1 CMGC	On Command - 1st Army Signal School		9.2.18	B213
24.3.18	" "	Rejoined	Unit	17.3.18	"
10-11-18	Unit	Course. 1st Army Inf School (Bateman)		7-11-18	"
5.1.19.	"	Rejoined		24.12.18	"
12.1.19.	"	14 days leave	U.K.	7.1.19	" DO 9/9
24 1 19	Cdn Records	S.O.S. on Expiration of leave to Cdn Corps Camp	Bramshott	21.1.19	NR d/24/1/19 Cdn Sec KA 30677/1. Pt II 10/19.

L E Hardy
FOR LT.-COL. I/C RECORDS C.O.M.F.

8/3/19 SOS on TC to CEF — Pt II Ords No 21 D 11.3.19

Embarked. RMS BALTIC
Liverpool 12 March 1919

[signature]
CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
C. E. F.

H Aquin[?] Lieut

War Service Badge
Class "A" No. 72072

MAR 25 1919

Discharged on Demobilization

12-3-19 T.O.S. Dispersal Station DO92-9

[signature] Major.
O. C. Dispersal Station "R"
Brandon, Man.

and Dispersed 25-3-19 DO92-9

[signature] Lieut.
for O. C. 10 District Depot.

ORIGINAL 4301

MEDICAL HISTORY SHEET

Surname Thone Christian Name Alexander

Examined on 13 day of Nov 1915 at Winnipeg

Approved by [illegible] Rank Capt M.O.

Birthplace City or Town Glasgow County Scotland

Apparent age 23

Trade or occupation Farmer

Height 5 Feet 2 Inches

Weight 135 Lbs.

Chest measurement Minimum 34 Inches; Maximum expansion 36 Inches

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right ✓ Left; Number

When Vaccinated last 10 years ago

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Teeth need attention

Date	Fit or Unfit	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1915 Dec 20	Pos	JPR M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, etc.
Nov 26/15	[illegible]	[illegible] M.O.
Dec 3/15	[illegible]	[illegible] M.O.
Dec 10/15	Pos	[illegible] M.O.
JUN 10 1916		[illegible]

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	90th OVERSEAS BATTALION	187720		
Transferred to	11TH BATTALION (CANADIANS) 1st CMR	?		27/8/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	4-3-19	Defective Hearing	B ii [illegible]

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
2M.—12-15.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

4301

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Had Broadway Drill		3	1	1916	11	1	1916	Influenza	9		J H K

4301

M.D. 13C CANADIAN CORPS CAMP, BRAMSHOTT.
DATE 8-3-19.

To:-
Officer Commanding, 1st C.M.R.

The following is a special EAR report on the undermentioned of your Unit. Your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to the LONG Board as there IS a disability of the EAR.

Walter Graham Capt
Major CAMC.
Officer i/c Eye & Ear Dept.,
Medical Boards, C.C.C., Brumshott.

Name THOMAS Number 187720 Rank Pte Date 3-3-19.
Unit 1st C.M.R. Former Occupation Farmer
Original Disease or Injury Chronic Otitis Media (Suppurative)
Date of origin 18 years ago Place of Origin Edenburgh
Cause Infectious disease (Measles & Scarlet) & Nasal Obstruction
Present disability Deafness & discharge both Ears
Present Condition:-
Vision R.- Hearing R.- 12 inches
L.- L.- 12 inches
Category recommended B1
History of present condition Measles & Scarlet at age 8 discharge followed both Ears. Continuous ever increasing deafness
Did the disabling condition have origin before Enlistment? Yes
If so, has it been aggravated by Service? Yes
Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment?
No
What is the probable duration (in months) of the disability?
Can the former trade or occupation be resumed? Yes

Chronic Otitis Media (Suppurative)

R 12" Voice 4" Watch X Weber Rinne — Schwabach 25" 15" Acumen pus Lake perforation
L 12" Voice 1" Watch — Rinne — Schwabach 20" 15" Acumen pus Drum destroyed perforation extends

Nose Lateral deflection to right — no air way Walter Graham Capt
Olfactory fissures obstructed

4301

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 4/3/16

1. 1 (a) Unit 1st C.M.R. (b) Regimental No. 197720 (c) Rank Pte

(d) Surname Thom (e) Christian name Alexander

(f) Home address Virden, Man

(g) Next of Kin Lilian Thom (h) Relationship Sister

(i) Address of Next of Kin Tenants Marsh, West Calder, Scot

2. Age last birthday 26 Date of birth 23rd Oct 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 13/11/15

4. Personal description:

(a) Height 5 f. 2" (b) Weight 137 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair light (e) Colour of eyes blue (f) Identification marks, Scars, etc. Oper. scar R. side neck.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	40

	Periods	
	From	To
Canada	13/11/15	31/5/16
England	31/5/16	24/8/16
France or other theatres of War	24/8/16	21/1/19

7. Original disease, or injury Chronic otitis media (suppurative).

(a) Date of origin 18 years ago (b) Place of origin Edinburgh.

(c) Cause Infectious disease (measles and scarlet) and nasal obstruction

M. F. B. 227.

60M.—11-18.
1778-30-117.

4301

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions—e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Defective hearing) Deafness and discharge both Ears.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Hearing: R. 12 inches
L. 12 inches.

	Voice	Watch	Weber	Rinne	Schwabach	Meatus	Drum head
R.	12"	4"	X	—	25/15"	Cerumen pus	Large perforation
L.	12"	1"		—	20/15"	pus	Perforation healed.

Nose - Lateral deflection to R. - no air ~~an~~ way ~~of~~ of olfaction fissures obstructed.

Sig. W. Graham Capt.
C.C.C. 3/3/19
Bramshott.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—If the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

Measles and Scarlet at age 8
Discharge followed both Ears, Continuous ever since increasing deafness

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles and Scarlet at Expanded
Influenza 3/4/16 –

(*c*) (Here give a description of wounds, scars and deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*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.)

~~No~~ Yes

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Preparation – Five months

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

R. Magrath Maj

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Alexander Thom have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Deaf

A. Thom. Rank. Pte

Signature of invalid examined.

4301

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.

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. ~~It is recommended that the invalid be discharged~~. (When not for discharge add special recommendation.)

Cath A-9-tel 9083 / 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Chas. P. Findlay *President.*

PLACE Bramshott

DATE 4-3-19

D. J. A. Home Lt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

} Members

APPROVED BY

for *Assistant Director of Medical Services.*

DATE 4-3-19

APPROVED BY

Director-General of Medical Services.

DATE.....

NAME Thom. Alexander. D

RANK & No. Pte. 187720

CORPS 90th. Batt.

ENLISTMENT, PLACE Winnipeg. DATE Nov. 13. 1915. S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Scotland. Glasgow.

NEXT OF KIN Thom, Miss. Lilian. (Sister.)

ADDRESS OF NEXT OF KIN Tenants Marsh, West Calder, Scotland.

DISCHARGE, PLACE DATE

R/C. 20/3/19. 286/87. Disp A. H.

Sailed from Halifax per S.S. Olympic

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011 31-5-16 442/20.

H. Q. 1772 39 839.

No. 187720 RANK Pte NAME Thom Alex

T. O. S. 13-11-15 UNIT 90th Battalion

D. O. # 7 - 23-11-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 13	Nov. 30	✓		
	Dec.	✓		
1916	1916			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓	C.C. credit retd. 30.S. 13-11-15	May Paylist.
	June			

UNIT SAILED
MAY 31 1916

C.A.D.C. 5009A

4301

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

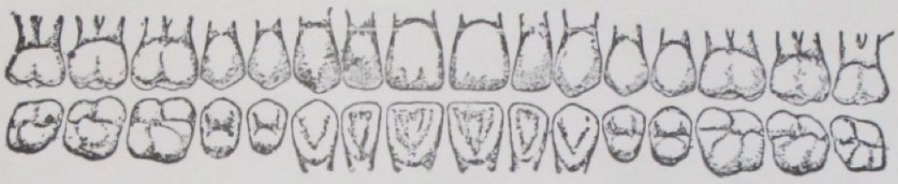
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) THOM. A.

REGIMENT 1ST CMR. RANK PTE. No. 87720

Date of Examination in England 4-3-19 | Date of Examination in France

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 32

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS - 14 -
2. EXTRACTIONS - 15 - 30 -
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower ✓ 18.19.20.21.28.29.30

HAS HE EVER REFUSED DENTAL TREATMENT? NO.

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 N/D.
- (c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer M.A. McKeracher Capt

4301

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class "A" No. 73072

THIS IS TO CERTIFY that No. 187720 (Rank) Pte

Name (in full) Thom Alexander enlisted in the 90th Bn

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 13th day of November 1915

HE served in 1st C.M.R. Bn.

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~

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

Age 27

Height 5' 2"

Complexion Fair

Eyes Blue

Hair L. Brown

Marks or Scars Nil

Alexander Thom.
Signature of Soldier

Date of Discharge

Dispersal Station Military District No. 10
MAR 25 1919

A. Wheeler
Issuing Officer

O. C. Dispersal Station
Rank Brandon, Man.

Date 25 March 1919

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.

M.F.B. 39A.
1049-D.P.-360M-11-18.
H.Q. 1772-39-882.

26

GMO

Number 187720 Rank Pte

Surname THOM

Christian Name Alexander

Units 1st C.M.R. Theatre of War France

Date of Service 27/8/16

Remarks

Latest Address Virden Man.

Roll No. B

Cage 0279

200m.-2-21.M.