S

REGIMENTAL DOCUMENTS

NAME ADLER. Marie. Joseph. Ulysse REGT. NO. 33313 UNIT 6 a m 6. H. Q. FILE NO. 2383

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
4	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M		
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
2	TRAINING HISTORY SHEET (M.F.W. 113)				
4	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)				
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H		
1	DENTAL HISTORY SHEET (M.F.B. 465)				
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
8	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)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
2.	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)				
	M.F.W. 125				
5	Misc Cards				
	Pay sheets				

NON-EFFECTIVE BY

DEATH H

Category

DISCHARGE

Category

Med Unfit

DESERTION

W. 2589
100M-11-19
1772-39-1377

Box 446

0.0.A 2457

2 Genl P.

ATTESTATION PAPER.

No. 33313

Folio. 152

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

For ADJUTANT GENERAL'S OFFICE, CANADIAN MILITIA. HOSPITAL ATTENDANCE PRESENTLY REQUIRED. HALIFAX.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Marie Joseph Ulysse Adler
2. In what Town, Township or Parish, and in what Country were you born? ..... Port Louis Mauritius
3. What is the name of your next-of-kin? ..... Widow Emile Adler
4. What is the address of your next-of-kin? ..... Beau-Bassin Mauritius
5. What is the date of your birth? ..... Feb 10 - 1876
6. What is your Trade or Calling? ..... Waiter
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? .. .. No
    If so, state particulars of former Service.
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

Marie J U Adler ..... (Signature of Man).

Harry P Blinco ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Marie J U Adler, do solemnly declare that the above answers made by me to the above questions 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.

Marie Jos U Adler (Signature of Recruit)

Date 26 - 9 - 1914. Harry P Blinco (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Marie J U Adler, 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.

Marie Jos U Adler (Signature of Recruit)

Date 26 - 9 - 1914. Harry P Blinco (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 Valcartier this 26th day of September 1914.

G Lockburn Capt A.P.M. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

G Lockburn Capt (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

10 SEP 1916

Woch see 26-11-17 FT

A.M.C Depot Co.

Description of Ulysses Adler on Enlistment.

Apparent Age 38 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 5½ ins.
Chest measurement. Girth when fully expanded	35 ins.
Chest measurement. Range of expansion	2½ ins.
Complexion	Fair
Eyes	Dark
Hair	Dark

Religious denominations.

- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic ✓
- Jewish

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).

2 Vacc^n left arm
Tattoo 2 girls & flag right
" 1 Girl Maple Leaf left
Moles on chest

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 he declares that he is not subject to fits of any description.

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

Date 25 9 1914. [signature]

Place ..... Capt. C.A.M.C
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.

I Marie J W Adler 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.

G. H. Cockburn Capt (Signature of Officer)
O.C. - Med Depot Co

Date 26 - 9 - 1914.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

647-R-4123

This is to Certify that No. 33313 (Rank) Private

(Name in Full) Adler, Marie Joseph Ulysse enlisted in Canadian Army Medical Corps.

Canadian Overseas Expeditionary Force, on the 25th. of September 191 4, and accompanied said unit to ——— Overseas ———

was returned to Canada, and discharged from the service at Montreal

on the 31st. of October 191 7, in consequence of being medically unfit for further service. Hq. Vd. 22-A-226 dated Oct. 10/1917

DESCRIPTION ON DISCHARGE

Age 41 years

Height 5 feet 7½ inches

Complexion Dark

Eyes Brown

Hair Black

Trade Waiter

Marks or Scars Small cyst on upper right eyelid.

Signature of Man U. Adler

G. C. Hall MAJOR,
Officer in charge Discharge Depot.

Place and Date MILITARY HOSPITALS HEADQUARTERS OCT 31 1917 "A UNIT" CANADIAN MOBILIZATION COMMAND

Military Hospitals Commission Command

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39
200m.-5-15.
H.Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 33313

Rank Private

Name Adler. M. J. H.

Unit C.A.M.C., C.E.F.

Address on Discharge

297 Wolfe St.
Montreal

His conduct and character while in the Service have been Good

Place

Date

Commanding

Campaigns European War - France

Medals and Decorations

MILITARY HOSPITALS
HEADQUARTERS
OCT 31 1917
"A UNIT"
COMMISSION COMMAND

T. C. Hall MAJOR,
O.C. "A" Unit
Military Hospitals Commission Command.

11

3

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

DEPT. MILITIA & DEFENCE
MAY -4 1917
CANADA

Number 33313 Rank Pte Name and Corps of disabled soldier. Adler Marie Joseph Ulysse 1st. Field Amb. C.A.M.C.

Previous Civilian Occupation. waiter in hotel.

Cause of disability:- Chronic Bronchitis Aggravated by Service.
TB suspect

Condition in detail which prevent the soldier earning a Full livelihood:- In France 17 months. Contracted cold at Salisbury Plain. In hospital several times with bronchitis. Lost weight, had bad cough with expectoration. Sputum examined & present has a hacking cough. Throat detailed. Chest - Very little expansion. Scattered râles over front. Says he suffers from asthmatic attacks. Respiration very short.

Opinion of the Board.

Degree of incapacity (Please state in fractions.) 75% at present reducing to 30%.

Probable duration of incapacity:- probably permanent.

Does it render him permanently unfit for "Military Service? Yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Cond. tone 3 months

Signature. C H Roberts Capt President.
K C Cairns Capt. Members.
J Dwyer Capt.

Station. Quebec

Date April 28th/17.

Approved.

Date April 28/17 W McCarrick Major
Assistant Director Medical Service.

Date _____ Director General Medical Service.

Surname Adler Christian Name M. J.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
Montreal Que,	G.N.C.H.	14	5	17	15	6	17	Chronic Bronchitis T.B.C. Suspected	33	Discharged to M.O.1/c Clearing Station for transfer to Ste. Agathe	for M/O i/c Grey Nun Convalescent Home
L-D.M.S.	St Agathe	16	6	17	11	9	17	Chronic T.B.	87	Discharge P.C. 508. requiring treatment, condition not improved.	Capt. M.O.
ROYAL EDWARD INSTITUTE		11	9	17	31	10	17	Chronic T.B.	51	Discharged D.M.S.C. Lung condition improved	Capt. M.O.

BPC 16415

UNOFFICIAL.

MEDICAL HISTORY SHEET

Surname Adler *Christian Name* M. J.

Examined { on ..... day of ..... 191 .....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches
Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

.....

(*b*) Slight defects but not sufficient to cause rejection .....

.....

.....

Approved by .....

Rank ..... M.O.

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

Date	Result	Vaccinations
		..... M.O.
		..... M.O.
		..... M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		..... M.O.
		..... M.O.
		..... M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		#33313		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
G.N.C.H.Montreal	May 31,1917.	Pulmonary TBC.	Sanatorium treatment Class "E".

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

M. F. B. 313.
500M.—3-16.
H. Q. A772-39-439.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER M. J. A. Alder

REGIMENT Ca Mec

RANK Alder, M. J. A.

DISTRICT

No. 33313

M.F.B. 465
200M-1-17
1772-39 950

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	May 22										2/17.32	1/1								Capt Brad		
Plate not fitting.	" "											1/1								" "		return May 29
	" 29											fitted to plate										O.K.

LABORATORY REPORT

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name 33313 Pte Ades W. G. W. Corps Canc

Disease Chronic Bronchitis Hospital Cliff Hastings

To Officer i/c Laboratory. Warrior Sq Ward E T.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B

Date Mar 2/17 Lieut Ward Q.M.

O. i/c Ward.

LABORATORY REPORT.

Mor. T. B found

2

Date of Examination _____

C. J. Garofalo, Capt for

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

Bed 24

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name 33313 Pte Adler M. H. Corps C.A.M.C.

Disease Chronic Bronchitis Hospital C M H. Hastings

To Officer i/c Laboratory. Warrin Sq. Ward E. 1.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T B.

Date Feb 20/17 W. H. Harris Capt

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

4

Date of Examination 21 FEB 17

Thos. Roberts Capt

O. i/c Laboratory.

W 12965--6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

Station and Date.	

Fo[redacted]
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
57/4358.	33313	Pte	Adler	J. [redacted]. H.
Year 1916.	Unit. C. A. M. Corps. 1st Field Amb.		Age. 40	Service. 2 yrs.

Station and Date.	Disease. Bronchitis & debility
Wharncliffe War Hospital, Sheffield.	
Aug 26th 1916	On Aug 18th he reports sick & was sent into hospital. Had not been feeling well for some weeks. No definite pain but some aching in both legs when the weather was wet.
R.C.	Heart N.A.D. Lungs. Has had two or three attacks of Bronchitis.
R. Visit.	Has lived all his life in the Mauritius until 1906 when he went to Canada. The winters were too trying to him & he felt the cold, &
	R Gordon
Sept 1	Feels better.
" 11	Much improved.
Oct 1	Still has some Cough.
Nov 5th	Improving but only fit for light duty.
" 24	Transferred to Red Cross Canad. Hospital Bushey Park. Middlesex.
	R Gordon

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	
Mar 5/17	- Sleeping better. cough not so troublesome expectorating less quantities.
" 10	- Sound abscess in right upper
" 12	Abscess discharging
" 19.	- Feeling fine. no discharge

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
711.	33313	Pte.	Adler	Joseph H
Year 1917.	Unit. C.A.M.C.		Age. 41.	Service. 30/12.

Station and Date.

Disease

C.M.H. Hastings. Feb 20/17.

Family History - Negative

Previous illness - Malaria - 1897

Never has trouble with lungs previous to enlistment except occasional attack of bronchitis.

Onset - In 1914. At times very Pleuritic - has repeated colds on chest - In Feb 1915 had another attack of bronchitis - Went to France Mar 1/15 - In April, 1915 was admitted to Hosp with bronchitis. Ill 3 weeks. - In Dec 1915 was again admitted to Hosp with Bronchitis - Ill 18 days. In July 1916 contracted another cold and returned from France Aug 24 - In Hosp 3 mos then to Bursts Park for convalescence - until Feb 12/17 - when he came to CCD. but could not carry on.

Present Condition -

Cough very severe - dry - slight expectoration of thick tenacious mucous. - Breathing very harsh throughout and rales present Left anterior Lobe

Feb 21/17 - Sleeping very little. Cough troublesome.

Feb 22/17 - Spitting up blood. bright - not for long.

Feb 24/17 - Cough still troublesome, pain in chest still present

Mar 1/17 - Feeling very miserable - Pain in Lower R Lobe - Cough troublesome - Inspirating Long examinations.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	
Dec. 4,	No complaint.
	Has not been to dentist;
	DNS
Dec 11	Awaiting dental treatment DNS
Jan. 2	OK JDA
Jan 8	OK WMS
Jan 15 1917	Not so well this week Cough a good deal - Change of weather the cause given WMS.
Jan 22 1917	Cough better to-day and otherwise feels better WMS
Jan 29. 1917	Finished with the dentist — says he is feeling a good deal better. WMS
Feb. 5	No complaint. Looks much better since having teeth treated.
	C&AC. R.T.
	JDA
	Transfered Lt. C.A.C.,
	Ft Leonardson Ga.
	12.2.17.
	N Barlow Lebeck
	Captain, U. A. M. C.

10

MEDICAL CASE SHEET.*

Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1916	3313	Pte	Adler	J.A.

Unit. 1st Fd Amb. C.A.M.C. 4014

Age. 40 Service. 9/12 18/12

Station and Date. Bushy Park Nov 24th

Disease Bronchitis & Debility—

Born at Mauritius.

~~Married or~~ Single Occupation Waiter.

Enlisted at Montreal. On 11th Aug 14

Inoc. T. 3. S.P.V. /

Next of Kin (mother) Mrs E. Adler. Bean Bassin Mauritius

19th Aug. Reported sick to M.O. St Omer.

Symptoms. Chronic Bronchitis.

19th Aug. Admitted to No 10 Sty Hosp. St. Omer.

23rd Aug. Boulogne. 13 Gen Hosp. -marked Bronchitis & Debility.

24th Aug. Eng. Wharncliff War Hosp. Sheffield. medicine.

Nov 24 Bushy Park

On admission:

Feels quite well.

Looks anaemic & badly nourished

Parade - Monday at 2 P.M.

Nov. 27 Teeth very bad. J.A.A.

Attend dentist J.A.A.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

10

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
57/4358	33313.	Pte.	Adler,	J.H.
Year 1916.	Unit. C. A. M. C.		Age. 40	Service. 2 years.

Station and Date. Wharncliffe War Hospital. Sheffield.

Disease Bronchitis & Debility.

Aug. 26th. On Aug. 18th he reported sick and was sent into hospital. Had not been feeling well for some weeks. No definite pain but some aching in both legs when the weather was wet.

P.C. Heart N.A.D.

Lungs has had two or three attackes of bronchitis.

P.H. Has lived all his life in the Mauritius until 1906 when he went to Canada. The winters were very trying to him and he felt the cold.

(SGD) R.GORDON.

Sept.1st. Feels better.

11th. Much improved.

Oct.1st. Still has some cough.

Nov.5th. Improving but only fit for light duty.

24th. Transferred to the Can. Red X Hospl., Bushey Park, Middlesex.

(sgd) R.GORDON.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5600 -2621. 2,000,000. 7/15. D & S.

P.T.O.

(8915)—Wt. W4862—540.—600.000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps No 2. Canadian General Hospital

Regimental No. 33313 Rank Pte. Name Adler. M.J.U.

Enlisted (*a*) — Terms of Service (*a*) One year Service reckons from (*a*) _____

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

Extended _____ Re-engaged _____ Qualification (*b*) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.		
Date	From whom received						
27/2/15	D.M.S.	Transferred to Depot Coy	Lavington	27/2/15			
6/4/15	O.C. Unit	Punishment:- Absent 1st parade awarded 7 days. C.B.	29-3-15	29/3/15	07810.	31/3/15	
15/4/15	do	Bronchitis Admitted to Hosp.	Le Treport	9/4/15	W 3034	Ex 2	10/4/15
25/4/15	do.	Discharged Hosp to duty	"	21/4/15	W 3034	Ex 4	21/4/15
18/5/15	do.	Proceeded to # 4 Cas. Cly. Station for duty		9/5/15	01810.	16/5/15	
11/6/15	do.	Rejoined Unit for duty	do.	30/5/15	B213	5/6/15.	
16/6/15	do	1 Being absent from fatigue duty without permission about from 9.55 to 11-15 2 Malingering	Le Treport	10/6/15	B2069	12/6/15	

Cont'd

(*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.

33313 Pte Adler. M. J. U.

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.
		III Using, without permission Nursing Sisters Latrine 10 days Field Pan No 2			
9/7/15	O.C. Unit	Absent from duty without leave from 2 P.M. to 3.45 P.M. 7 days stoppage of pay	Le Tréport	29/6/15	B 2069 4/7/15
31.10.15	Do	(i) Absent at Tattoo & Roll Call and not returning to 9.45 pm. (ii) Neglect of duty. 14 days CB & deprived of 2 days pay by RW	Do	31.10.15	B 2069
1.12.15	Do	Absent without leave from 9 to 12.15 pm 30/11/15. 14 days CB and forfeits 3 days pay by RW.	Do	28 11/15	B2069 Pt II, orders No 37 d/11 12/15
5 12.15	Do	Absent from duty without leave from 2 to 4.20 pm. Deprived of 2 days pay 5 12/15	Do	4 12/15	B2069 Pt II orders No 38 d/18 12/15
11.12.15	do	Reposted to 1 Can Fld Amb Auth D.G.M.S. 2405/6 d/2 12/15	do	4.12.15	B213 Pt II Ords No 4 d/4 2/16 DAAG. File - 192/CAMC/G/1 16/1/16
12-12-15	OC Fld Amb.	Reported to hot Can Fld Amb	Field	8-12-15	B213. Pt II Ord. No 7. 7/2/16
13.2.16	Do	Proceeded on 8 days leave of absence	Do	7.2.16	B213. Pt II Ord No 9. d/21 2/16
20.2.16	do	Rejoined from leave	do	15.2.16	B213 DCS No 217 d/25 2/16
1/6/16	AAG Canted.	Correct:- Adler. M. J. U.			151/CAMC/G/7
27/8/16	1 CF Amb	Evacuated Sick to 10 Staty Hosp		20/8/16	B213. DCS. 251. 2/9/16
20/8/16	10 Staty	N.Y.D. Admitted	10 Staty Hosp.	20/8/16	W 3034

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE, CANADIANS, FOR ADJUTANT GENERAL CANADIAN MILITARY HOSPITAL, CANADIAN MILITARY HOSPITAL, WASTINGS

16.7a

2nd Sheet.

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 33313

Regiment or Corps

OOA 2457

Rank Pte Surname Adler Christian Name M. J. U.

Religion Age on Enlistment years months.

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Signature of Officer i/c Records.

Report: Date	Report: From whom received	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. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked ...			
22/8/16	10 Stary Hosp	Debility. Transfd to base per	14 A.T	22/8/16	W3034
22/8/16	13 Genl Hosp	Debility. Admitted	13 Genl Hosp	22/8/16	W3034
24/8/16	do	do To England per H.S. St Denis		24/8/16	W3034
24/8/16	H.S. St Denis	do Admitted	do	24/8/16	W3083.
		Sick. Transferred to CCAC	Folkstone	25/8/16	Pt II Ord 35. 2/9/16

R. H. Smith
Capt. CAMC
for Lt. Col. A.A.G.

Hastings 31/8/16 Taken on strength C.C.A.C. Pt. II D.O. No. 368

13/2/17 ATTACHED ~~TRANSFERRED~~ FROM C.C.A.C. TO C.C.D. PART II D.O. No. [illegible] Lt. for O.C. C.C.A.C.

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P.P.Ltd. Forms/B.103/3.

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. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8/5/17	Discharged from 3rd C.C.D.	[illegible]	Bn. Part II	9/5/17	69

[illegible] Lieut.
for Adjutant
for O.C. 3rd CANADIAN COMMAND DEPOT

INVALIDED TO CANADA
FURTHER MEDICAL TREATMENT

N. S. [illegible]
Capt

HOSPITAL REPRESENTATIVE,
DEPT. ADJUTANT GENERAL CANADIANS,
CANADIAN MILITARY HOSPITAL,
HASTINGS

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

117-M-1

Name Adler, M.J.A.
Surname Christian Name

Regimental Number 33313 Rank Pte.

Unit C. A. M. C.

Original Unit

District where paid M.D.4.

Date of Discharge 31-10-17.

P. D. P. Filing Number 6-44-4.

Address (in full) 297 Wolfe St.,
Montreal, Que.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8069.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
	100 10	868	26-11-17	33 00	856	13-12-17	33 00	864	21-1-18	34 10		100 10

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

$

$.....

$

$.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Dec'n No..... W.S.G. File No .....
Award..... days at $..... per day $.....
S. A.....months at $ .... per mo. $ ....
Less P. D. P. Credited
Less further debit balance
Net due paid as below
TO SOLDIER TO DEPENDENT

	Ag. No.	Ch No	Amount	Ag. No.	Ch No	Amount
1						
2						
3						
4						
5						
			Total			

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

NAME ADLER, Marie Joseph U.

Regimental No. 33313.

Unit Depot Co., A.M.C.

Date of enlistment Sept. 26th, 1914.

Place of birth Port Louis, Mauritius.

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin

Mrs. Emile Adler,

Beau-Basin, Mauritius.

Date and place discharged

Reason for discharge

Character on discharge

Entered on N.P. Card Index

Checked by

Discharged

AUG 16 1917

Date 1914 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 26	Oct 31	36	1	36	36	10	3 60		39 60			20			20	
Nov 1	Nov 30	30	1	30	30	10	3	19 60	52 60			52 60			52 60	
Dec 1	— 31	31	1	31	31	10	3 10		34 10			34 10			34 10	
Jan 1	— 31	31		31	31		3 10		34 10			34 10			34 10	Tran 2 Gen H. 1/3/10
Feb 1	— 28	28		28	28		2 80		30 80			30 80			30 80	
Mar 1	31	31		31			3 10		34 10			9		4 40	13 40	Forfeits 4 days Pay
Apl 1	30	30		30			3 00	20 70	53 70			6		20 90	26 90	5 days pay forfeit 14 " 2P No 2
May 1	31	31		31			3 10	26 80	60 90			3			3	
June 1	30	30		30			3	57 90	90 90			8		7 70 11	26 70	7 days pay 10 " 2P No 2
July 1	31	31		31			3 10	64 20	98 30			5 203 60			5	
								93 30								
				adjust of Exch				541								
Aug 1	31	31		31			3 10	98 71	132 81			4 87			4 87	
Sept 1	30	30		30			3	127 94	160 94			20 72			20 72	
Oct 1	31	31	1	31	31	10	3 10	140 22	174 32			14 82			14 82	
Nov 1	30	30	1	30	30	10	3	159 50	192 50			82 98		2 20	85 18	Forfeits 2 days Pay DO 32
Dec 1	31	31	1	31	31	10	3 10	107 32	141 42			13 18		2 20 3 30	18 68	2 days Pay DO 38 18-12-15 3 " " DO 37 11-12-15
1916 Jan 1	31	31	1	31	31	10	3 10	122 74	156 84			2 62	155		2 62	Trans to 1 CF Amb. CO. 12-2-1916
1/2	29/2	29	1	29	29	10	2 90	154 22	186 12			9 60	30		9 60	
		522		493			49 30	541				341 79		51 70		
				522			52 20	541				351 39		51 70		

Carried forward to Large Ledger sheet

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From 1916	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1/3	31/3	31	1	31	31	10	3.10	5.41	34.41			99.96	45.50	51.70	99.96	
												40.66				
		53		53			55.30	5.41				45.135		51.70		Bal - 110.66
													91			Checked Gww.

BALANCE TRANSFERRED TO NEW LEDGER.

M. F. W. 41
1 0M—7-16
1772-39 889.

481

Name ~~Alder~~ Rte. M. J.A. Adler

Regimental No. 33313

Unit Depot C.A. M.C.

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $ no

To whom payable

Name and address of next-of-kin
156 Amherst St. Montreal Que.

Date and place discharged

Reason for discharge Class 2

Character on discharge H2.649. a 4123

Letitia 21-4-17

ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	29 3/17							308 70								
30 3/17	31 5/17	63	1.00	63 00	63	10	630	69 30						100 00		D.D. Que.
									378 00	Balance Cr.				+278 00	378 00	To A Unit 1-6-17
		Bal Cr. Bt Fwd						278 00								
Ag 22/17		Sup L.P.C. Int on Def Pay						6 65	284 65	Cr Bal				284 65	284 65	Amt L.P.C. 20 9/17

Pensioned.
Nov. 1. 17

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

W. 16575/M. 237. 2,000M. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

No. 33313 Name Adler. M. J. Sqn., Batty., or Company } Corps 1st Field Amb Date of enlistment } G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. Signature O.C. Company, etc. } Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT					
				W. J. Mann Capt					
				HOSPITAL REPRESENTATIVE, For ADJUTANT GENERAL CANADIANS, CANADIAN MILITARY HOSPITAL, HASTINGS					

Army Form B. 122

[P.T.O.

9949 C

Rank and Name ADLER, Marie Joseph U_2

Regimental No. 33313

Unit Depot Co. A.M.C.

Date of enlistment 26 Sept.1914.

Place of birth Mauritius

Married (Yes or No) No.

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin.
Mrs Emily Adler
Beau-Basin, Mauritius

Date and place of discharge

Reason for discharge

Character on discharge

MX
18/11/21 MJ.

B32

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
28/2/15	adj no 2 Gen H.	Trans to no 2 Gen H.	Lavington Mn.	27/2/15	A.F. 01810. Part II Orders.
19-4-15.	O.C 2. Gen H.	Adm no 2. Gen H. (Bronchitis).	France.	9-4-15.	Casualty List 34.
28-4-15	do.	Discharged to duty.	do	20-4-15	do, 42.
16.5.15	do	Proceeded to No 4 Cas Cl. Sta	Le Treport	10.5.15	P II O.
7.3.15	do	Abs, Tatt Rfc. 7 dys CB, Stop 4 dys pay	Lavington		P.II.O. 7.3.15
7.3.15	do	Drunkenness - Admonished	"		P.II.O. 7.3.15
14.3.15	do	Abs. w.l. - 5 dys pay (R.W) 14 dys F.P. No 2. with forfeiture of pay.	"	10.3.15	P II O Le Treport.
31.3.15	do	Abs. off parade - 7 dys CB	Le Treport	29.3.15	P.II O. "
6.6.15	do	Taken on Stgth. from duty No 4 C.Cl. St.	" "		P II O.
13.6.15	do	Abs. fm fatigue duty without leave 9/6/15 Malingering. Using N. Sisters Latrine 10 dys F.P. No 2.	"	10.6.15	P.II O. also P.II. O.12 (19/6/15)
4.7.15	do	Abs. from duty without leave from 2 P.M. to 3.45 P.M. 29.6.15 7 dys stoppage pay	"	29.6.15	P II O. 4.7.15 & P II O 15

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
31.7.15.		On nom Roll 2 Can Gen H.			
6-11-15.	2. Can Gen.	absent at Tattoo & Roll Call 9 a.m. & not returning till 9.45 a.m. 14 days C.B. & 2 days pay R.W.	Le Treport	25-10-15	P.II.O. 32.
11.12.15	"	awl 9 pm 28/11/15 to 12.15 30/11/15. 14 days C.B.	"	1.12.15	" " 37
18.12.15		AWL - 2 days pay.	"	5.12.15	" " 38
2.7.16	O/C 2 Can Gen	Reposted to No 1 Can Field Amb.	" "	7.12.15	Pt II 7
7.2.16	O/C 1 F. Am	Taken on Stgth. No 1 F. Amb.	France	8.12.15	P.II O. 4
21.2.16	—"—	Granted 8 days leave from		7.2.16	P II O. 9.
20.2.16	—"—	Rejoined from leave	—"—	15.2.16	B213
		On Strength No 1 F. Am	—"—	1.3.16	Nom: Roll.
29.8.16	C.A.M.C.	Adm: No 10 Sta Hosp	St. Omer	20.8.16	C.L.A. 222. N.Y.D.
—"—	—"—	" Wharncliffe War Hosp, Middlewood Road Sheffield.		24.8.16	Ch. B 86 "Debility"
31.8.16	CCAC	Taken on Strength	Fistone	24.8.16	Pt II O 368.
2.9.16	1st Fd. Amb.	Tfd. to C.C.A.C. Sick	Field	25.8.16	Pt. II O 35
1.12.16.	1st C.A.M.C.	Tfd. Kings Can Red & Hosp	Bushey Park.	25.11.16	C.L. B132 Bronchitis
19.2.17	1st C.A.M.C.	Dir from Kings Can Red & Hosp	" "	12.2.17	C.L. B168 Bronchitis chronic
14.2.17	C.C.A.C.	Reptd ex " " " " Bushy Park	Hastings	12.2.17	Pt II O 76 C.L. B168 D 19.2.17
15.2.17	C.C.A.C.	on com to C.C.D. for D 1	Hastings	13.2.17	Pt II O 78
26.2.17	1st C.A.M.C.	Adm Can. Military Hosp	"	21.2.17	C.L. B172 Bronchitis Chr.
27.4.17	CCAC	SOS to CAMC Regt Depot	"	10.3.17	Pt II O 164 & Pt II O 123 d/3.5.17 CAMC Depot
1.5.17	CAMC 1st Fd	Disch Can Mil Hsp	"		200
11.5.17	3. CCD	ceases to be att: on trans to 1 CCD	"		Pt II O 135 d/15.5.17 CAMC Depot

Form R 122.
2353—100M—9-12-16.

2nd SHEET OF RECORD.

Rank Name ADLER, Marie Joseph U. Reg'l No. 33313

Unit Depot Co.A.M.C. If in perm. Corps What Unit? Married or Single Single

Place and Date of Enlistment 26th Sept. 1914 Place of Birth Mauritius.

Name and Address, Next-of-Kin Mrs. Emily Adler, Beau-Basin, Mauritius.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 1242
File R.L.
Category Mulcar

Discharge, Date and Place Reason Character

OVCAS.

H. W. V., Ld.—9546-16. 1st Sheet of Record filed in envelope

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.
	Permanent Grade Pte		Acting Rank. N.I.		
3.5.17	CAMC Dep	T.O.S. from CCAC	W'hanger	10.3.17	Pte. Pt II O-123
"	"	Ceases to be Shown on Cam'l bbd.	"	11-6-17	— 174
24-6-17	Cam bd.	S.O.S. to CMH. Hastings for invaliding to Canada	W'hanger	11-6-17	— 175.
25-6-17	do	Pt I DO 175 of 24/6/17 cancelled.			— 176.
25-6-17	do	Proc to CMH. Hastings for invaliding to Canada.	W'hanger.	11-6-17	Pt II 176
6-10-17.	Do.	S.O.S. on being Invalided to Canada as no longer physically fit for War Service, para 392. See 16. K.R.&O. 1912 (11-4-17) H.P. 64-36-A.	W'hanger.		Pt II O. 279.
	Dis. Depot	To Conv. Home	M.D. No 4 Montreal		N.R. 253

See File 6-12-28. O/C Trustees letter H.P. 64-36-A 11/4-10-17
says invalided to Canada 11-4-17.

Report.		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.	
Date.	From whom received.					

FILE No. 1617 VOL.

SUBJECT Connelly Jos

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Clerk		19-1-23			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

M. & D. FORM O.S.S.S.
12265—50M—11-22.

FILE No. 33313 VOL. 10

SUBJECT

Adler Praire

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Dr.	B	31-23			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

No. 33313 RANK Bugler NAME Adler A

T. O. S. UNIT #2 General Hospital, CAMC
O'Seas paylist

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr 1	1918 Apr 30	in	AWL 5 days pay forfeited	Apr paylist.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List

Name ADLER M. M.J.U. *Rank* Pte. *Reg. No.* 33313
(Marie Joseph U.)
Unit C.A.M.C. ~~No.2 Can.Gen.Hospital.~~ No.1 Can.Fld.Amb.

Next of Kin MAURITIUS.

Date 1915	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
April 9.	No.2 Can.Gen.Hosp.	Le Treport.	Bronchitis.		34	
April 20	Dis.to Duty.		do		42	
Aug.20	No.10 Stat.Hosp.	St.Omer.	N.Y.D.	Q.	A222.	
" 24	Wharm.War Hosp.	Midd.Rd.Sheff.	Debility.		B86.	
Nov.25	King's Can.R.C.C.Hosp.	Bushy Pk.	Bronchitis.	Q.	B132.	
1917.	Cas.on List No.B168		Bronchitis Chr.		B172.	
Feb.12.	Discharged:-		do.	Q.	B168.	
Feb.21.	Can.Mil.Hosp.	Hastings.	Bronchitis Chr.		B172.	
11-4.	Discharged	do.	do.	B200		

MEDICAL HISTORY SHEET.

Orig. recd. from CCD 20 FEB 1917 / /191

Dup. recd. from / /191

Orig. sent to Dr. Canada 11/4/1917

Dup. sent to / /191

Received from Registrar this Orig. Dup. / /191

Ward OCWS board

Form D.M.S. 1317.
1859—30m—27/11/16.

Can. Mil. HOSPITAL. OVERSEAS.

A. & D. No. 711 Ward ~~E.1.~~ Herm 24 MAR 1917

Unit C.A.M.C ATTD CCD Sick or Wounded.

Regtl. No. 33313 Pl. of Act'n

Rank Pte. Name ALDER, Marie, J.N.

Age 41 Religion RC

Service Compl'd 30 mo. Time with Field Force 17 mo.

Diagnosis Chronic Bronchitis. In Canada

Admitted 20.2.17. Discharged 11 APR 1917

Transferred Boarded ~~23-~~ 10-3-17 I. to C.

RECORD FURTHER REMARKS ON BACK.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
34.	O.C. 2. Can. Gen.	9-4-15.	Bronchitis.
42.	Disc. to duty	20-4-15.	
A.222.	No 10 Stat. St. Amer.	20-8-16	N.Y.D.
B86.	Wharncliffe War, Middlewood Road Sheffield	24-8-16	Debility
B132 ~~A.222~~	King's Can. Red Cross. Bushey Pk	25-11-16	Bronchitis (C.A.M.C. 1st Div)
B168.	Discharged	12-2-17	" Chr. ~~[illegible]~~ as per H.L. B172
B172.	Can. Mil. Hastings	21-2-17.	" Chr
B200.	Disch.	11-4-17	" "
120-3	M.H.C.C. Montreal	2-5-17.	adm. G.N.C.H. Cl 2
157-2	" " " " "	16-6-17	Trans. to L.I.M.S. Cl 2
271-2	" " " " "	31-10-17	Trans L.I.M.S. to H.Q.A. Unit
271-3.	" " " " "	[illegible] 31-10-17.	Disc from H.M.S. (H.Q.E.U.) Class III

H. Q. FILE No. 649-

NAME Adler Marie Joseph Ulysse REGT'L. No. 33313.

RANK AND CORPS Pte C. A. M. C.

NO. 149

X FOLL. Xx

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
2330	15-4-17.	Sailed for Canada from Liverpool per the Hosp Ship Letitia on April 11th /17 Bronchitis

L. L. Job 83225—M. & D. 5842.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

FEB 3 - 1923

Scroll Desp. ..... Regn. No 255489

FEB 5 - 1923

Plague Desp. ..... Regn. No 148627

12-21-1 52461 g

S.O.S. M.U. 31/10/17 MDH.

Star desp'd by O.C. M.D. # 2
17-2-20

649-A-4123

2nd. Gen. Hosp. C.A.M.C.

ADLER, Maire J.U. (Pte) No. 33313 C.E.F.

Marie

Medals and Decorarions (Mother) Mrs. Wm. Emile Adler
Beau Bassin,
Mauritius Island
(Indian Ocean)

Plaques and Scroll (mother) same as above. Died 1-8-18.
Ser # 845482.
Death due to Service with B.P.C.

Memorial Cross (Mother) same as above. A

Canada

Eligible for star Pte. 2nd. Gen. Hosp. C.A.M.C.
Elig. " V.M.
Elig. " B.W.M.
M.J.

57645

MARRIED SINGLE Yes. WIDOWER ~~Yes~~.

TRADE OR CALLING Waiter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 38 YEARS 7 MONTHS

HEIGHT 6- FEET 5-1/2 INCHES

CHEST MEASUREMENT 32 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Fair EYES Dark HAIR Dark.

DISTINGUISHING MARKS ~~Two~~ Vacc. left arm. Tattoo 2 girls & flag Tattoo 1 Girl, Maple Leaf. Inoleson Chest

MEDICAL EXAMINATION. PLACE Valcartier DATE 9/25/14

B (649-a-4123)

SURNAME. Adler

S.O.S. Dis. 31/10/17 #4

CHRISTIAN NAMES Marie. Joseph. Ulysse

REGL. No. 33313 RANK Pte

UNIT No 2 Gen. Hosp. ~~A. M.C. Depot. 15 Batt.~~

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Adler, Emile (widow)

RELATIONSHIP TO SOLDIER

ADDRESS Beaulassin, Mauritius

COUNTRY OF BIRTH Mauritius Port Louis DATE Feb. 10th 1876

PLACE OF ATTESTATION Valcartier. Que DATE Sept 26. 1914

Returned to Canada per S.S. Letitia 11-4-17 (J 320)

From Quebec per SS. Franconia 4/10/14

L. L. 97/89.—M. & D. 6312. M. B. W. 24. 100m.—1-16. H. Q. 1772-39-839.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

MILITARY DISTRICT No. 4
NOV 15 1917
M.L.4

M

Class 3 C.S.M.

Proceedings on Discharge.

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

No. 33313

Rank Private

Name Adler M.J.A.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) C.A.M.D.

Date of Discharge 31/10/17.

Place of Discharge Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 41 years months.
Height 5 feet 7½ inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Waiter
Intended place of residence (To be given as fully as practicable.) 297, Wolfe St., Montreal.

Descriptive Marks

Small cyst of the upper right eye lid.

1-3-18
Deceased ~~7-12-17~~
649-A-4123

2. The above-named man is discharged in consequence of

Medical Unfitness due to Pulmonary Tuberculosis.

Authority H.Q.4D.22- A-226 Dated Oct. 10th 1917.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Fair.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Unable to work

Star 21-11-19
Lo

G. B.

Disch Sec 26-11-17
JT

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal. U. Adler (*Signature of Soldier.*)

(Date) 31/10/17. S.L. Wieding (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total 3 years 80 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Montreal.

(Date) .....

MILITARY HOSPITALS HEADQUARTERS NOV 1 1917 "A UNIT" COMMISSION COMMAND

(*Signature*) G. E. Hall

MAJOR

O. C. "A" Unit

Military Hospitals Commissions Command.

Reservations referred to at Para. 8.

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

None.

U. Adler

(OVER)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

LETITIA
APR 1917
LETITIA
April 21 1917

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 33313 Army Rank Private

Name Adler, Marcie Joseph Ulysse
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canadian Army Medical

Battalion, Battery, Company, Depôt, &c. 1st Field Ambulance CAMC
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge Canada

1. *Description at the time of discharge.*

Age 41 years months
Height 5' feet 7 1/2 inches
Chest measurement { girth when fully expanded 37 ins. / range of expansion 3 1/2 ins.
Complexion Dark.
Eyes Brown.
Hair Black.
Trade Waiter
Intended place of residence (To be given as fully as practicable) { 156 Amherst St. / Montreal / Quebec.

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Being no longer physically fit for war service
Para 392. Sec 16. K R+O. 1912.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Indifferent

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. A4502 Wt. W17178/M291 500,000 6/16 Sch. 30 Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Hastings

(Date) 8th April 1917

H. S. Mann Capt.

HOSPITAL REPRESENTATIVE.

Commanding Battn. Regiment.

CANADIAN MILITARY HOSPITAL, HASTINGS.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Mauritius

NAME AND ADDRESS OF NEXT OF KIN: Mr Emile Adler. Beau Bassin Mauritius

RELATIONSHIP OF NEXT OF KIN: ?

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE):

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
OK			

REG'L NO. 23313 RANK Pte. NAME Adler, Marie Joseph M.

IF IN PERMT. CORPS WHAT UNIT — UNIT 1st Holland. TRANSFERRED TO 16th C. DATE Sept 1/16 AUTHORITY Casp 1866 30.8.16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO L. P. C. DATE 28/3/17 AUTHORITY 8a/4 Hast 2213

PLACE OF ATTESTATION — TRANSFERRED TO K. DATE 30/3/17 AUTHORITY ✓

DATE OF ATTESTATION Sept 26th 1914. TRANSFERRED TO Non Eff DATE 30/3/17 AUTHORITY ✓

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE — RELATIONSHIP

PAYABLE TO

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE — RELATIONSHIP

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE Canada — REASON AND AUTHORITY 8 2/4 Hastgo 27/3/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 29/3/17 Canada.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Invalided ✓ 6.3

Entered on Nominal Roll and Index ✓ Checked by ✓ Macdonald

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mch	53		553	00			55	30						541	613 71											451	35	51 70	503 05	110	66 91	91		Wpress Imps Restriction 31/1/18
Apl	30	1	30		30	10	3								33	557/184	590	344						12 61	1 348		13 12			11 83	13 83	106	60 50		
May	31	1.	31		31	10	3	10.							34 10		626	37						262	✓ 755					510	1608	3	46		
June	30	1	30		30	10	3								33		607	15/5							✓ 755						1938	136 50	91		
July	31	1.	31		31	10	3	10							34 10	657	30/6	744	38/7						✓ 436					1126	2167	152	106 50		
Aug	31	1-	31	-	31	10	3	10							34 10			697	31/8/7					✓ 3 41	✓ 3 49					262	2481	5	46 50	22	
Sept																		708	15/8						✓ 262									
1-30 Oct	30	1.	30	05	30	10	3	00							33 —							Aam 14/9				✓ 14 60				1460	366 55	82	50 34		
1-31 Nov.	31	1	31		31	10	3	10							34 10							Pam 12/10				✓ 19 47				1947	386 02		15 250		
1-30 Dec	30		30		30		3	—							33 —																			16 50		
1-31	31		31	—	31		3	10																		✓ 14 87						18		
																										✓ 2 48								
																										✓ 2 Hst	✓ 24 33							
	—	—	Fa.	82	80	—	—	—	—						34 10														34 07	314 21		198 50		
1917 Jany	31		34	10											34 10	9 Bk Hsp 12	327	136	Bk Hsp					✓ 14 87	✓ 2 43 ✓ 12 17					19 47	328 84		195	133	84
Feby	28	1	30	80											30 80	Hosp Bk 28/1	317	28/1						✓ 17 46 ✓ 2 43						21 89	337 75		222 50		
Barford	197		975	70										541	981 11									35 40	33 65	9 74	512 87		51 70	643 36	337 75				

Checked Gwilliam

S/L to Canad. Training Depot Shorncliffe. Ref. A.G. &c

Sailing per Hospital Ship "Letitia" 11-4-17

Roger Shaw

No. 33313. Pte. Adler, M. J. H. Det. No. Canada

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Bfwd	88		975	70										5 41	981	11								35 40	33 65	9 74	512 87		51 70	643 36	337 75				
1-27																																		
March	27	10/100	29	70											29 70																367 45		223 50	143 95	Trans. L.P.C. Bch. 28/3/17 Auth. 8a/14 Hqrs. 22/3/17
															1010 91					55 27 15/-						986			643 36				
28/3/17	2	100/10	2	70											2 70					90 11/3						243			6095	308 70			
	916														1013 01					93 7/8						487			7081				
May																										69								
June														6 65	6 65															315 35				
July																														315 35		Trans[d] to "Canada Disc'ge a/c"		
Aug	1917.																												316 35	315 35	Nil.			

A.F.M. FORM REN'D ..... EFFEC.....
DISCHARGED TO Canada DATE 29/3/17
PAYBOOK VERIFIED 27/3/17 Y. Ex Fra 5
Cr. B.A.C. 308 70 L.P.C. REN'D 29/3/17
AUTH. Fac/23 8a/14 27/3/17

Invalided

Checked J. Mgeneish
L.P.C.

Pr hon-eff 14/1/17 eff 30/3/17

PAY OFFICE,

Memorandum for ESTATES H. Q.

Mrs. F. Adler,

Beau Bassin,

Mauritius Island.

DEPT. MILITIA & DEFENCE
NOV 11 1921
H.Q. CANADA

649-A-4123.

MILITARY ESTATES DIRECTORATE,

DEPARTMENT OF MILITIA AND DEFENCE,

OTTAWA, ONTARIO.

July 14th, 1921. 191

With reference to the estate of the late Pte. Maire J. U. Adler,

No. 33313 Battalion c.e.f.

will you be good enough to furnish on the inside of this form the requisite information regarding the relatives of the late Soldier.

The particulars required are to be carefully filled in and the declaration should then be signed **in the presence of a Clergyman, Magistrate or Commissioner for Oaths,** who should be asked to complete and sign the Certificate.

This information is needed for the purpose of record.

After Completion this form should be returned to the above address.

Director of Military Estates.

M.F.W. 2620.
436-D.P.-20M-5-19.
1772-89-1430.

STATEMENT OF THE NAMES, AGES AND ADDRESSES, OR DATES OF DEATH, OF ALL THE RELATIVES THAT THE SOLDIER EVER HAD IN EACH OF THE DEGREES SPECIFIED BELOW:—

RELATIONSHIP. DEGREE OF	RELATIVES REQUIRED TO BE ACCOUNTED FOR	APPLICANT'S STATEMENT. NAME IN FULL OF ANY RELATIVE (IF ANY) IN EACH DEGREE INQUIRED FOR.	AGE	ADDRESS IN FULL OF EACH SURVIVING RELATIVE OPPOSITE HIS OR HER NAME, AND DATE OF DEATH OF EACH DECEASED RELATIVE.
	WIDOW OF THE SOLDIER.	Bachelor		
1	CHILDREN OF THE SOLDIER AND DATES OF THEIR BIRTHS	None		

NOTE.—If the late Soldier left surviving him: 1, a widow; 2, a widow, child, or children; 3, children only, this form need not be completed any further, other than the signature and necessary declaration.

2	FATHER OF THE SOLDIER.	Father died on the 3rd of December 1885 Jean Baptiste Emile Adler — aged 42 years.	AGE.	
3	MOTHER OF THE SOLDIER.	Mrs Wm Emile Adler born Eugénie de Chaumont	65	Beau Bassin Mauritius
4	BROTHERS. (Full blood.)	Joseph France Adler	40	Beau Bassin Mauritius
5	BROTHERS. (Half blood.)	—		—
6	SISTERS. (Full blood.)	Marie Joséphine Aimée Adler. married to R. Prévost de Langristin	38	Beau Bassin Mauritius
7	SISTERS. (Half blood.)	—		—
8	NAMES of brothers or sisters (whether of the full or the half-blood), of the soldier who are dead, and the date of death of each.	NAMES AND AGES OF THEIR CHILDREN (IF ANY)	AGE.	ADDRESS OF THEIR CHILDREN.
	Marie Joseph Maurice Adler	died on the 2nd of January 1904 -	25	

NOTE.—If there is not sufficient room to fully complete this form, continue on the last page.

IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN:—

		NAMES OF THOSE LIVING.	AGE.	ADDRESS IN FULL.
9	GRAND-PARENTS OF THE SOLDIER.			
10	UNCLES AND AUNTS BY BLOOD OF THE SOLDIER (NOT UNCLES AND AUNTS BY MARRIAGE)		AGE.	

*Insert degree of relationship, for example:— "Widow." "Father." "Brother."

DECLARATION.

I hereby declare that the above particulars are correct, that the particulars given in this statement are a true and complete statement of all the relatives that the late Soldier ever had in the degrees inquired for, and that I am the * mother of the deceased.

N.B.—To be signed in full in the presence of a Minister, Magistrate or Commissioner for Oaths.

Wm E. Adler — Signature of Applicant

*See above.

CERTIFICATE.

I hereby certify that, to the best of my knowledge and belief Widow E. Adler (Name of Applicant) is the * Mother of the Soldier above described, and I believe the above Declaration and the Statement of Relatives opposite made by the Applicant and **signed in my presence** to be complete and correct.

Dated at Port Louis this 28th of Sept 1921

Signature of Minister, Magistrate or Commissioner for Oaths. Alepos Qualification District Mag.

Address

NOTE.—Before granting the above Certificate, care should be taken to see that the Applicant gives particulars concerning the death of any relative stated by him or her to have died, and that the full name and address of each surviving relative enquired after is stated in its proper place in the statement opposite.

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
Hastings 10-3-17	Chronic Bronchitis. Invalide to Canada. W. Cordwell Major
Hastings, Sussex. 17 MAR 1917	[signature] APPROVED. Captain, C.A.M.C. for A.D.M.S., Canadians. Hastings, Sussex

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

D.T.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

ORIGINAL.

33313

OVA 2457
368 31-8-16

H. S. Mann capt.
HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, HASTINGS.

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

CPL 16415 CR 486

Surname ADLER *Christian Name* Maurice Joseph Ulipse

27.11.16.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Port Louis County Mauritins

Examined ... ... on 25th day of September 1914, at Valcartier

Declared Age ... ... 38 years 7 mos days.

Trade or Occupation ... Waiter

Height ... ... 5 feet 5½ inches.

Weight ... ... lbs.

Chest Measurement: Girth when fully Expanded 35 inches. Range of Expansion 2½ inches.

Physical Development ...

Vaccination Marks: Arm ... Right Left; Number 2

When Vaccinated ...

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) Tattoo - 2 girls & flag right arm. " 1 giel & leaf left arm. Moles on chest.

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) (Sgd.) W. Bethume
(*Rank*) Capt. A.M.C.
Medical Officer.

Enlisted ... ... at Valcartier on 26th day of September 1914

	Corps.	Regtl. No.
Joined on Enlistment ...	No. 1 Fld.Amb.	33313.
Transferred to		

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*)
(*Rank*) H. Kenneth Betty

Lieut.-Col.
In Charge of Medical Examiner, Canadian Mil. Hospital

(B 99129.) W. 15297/M127. 500M. 1/16, J. P. & Co., LTD. Forms B. 178 39 P.T.O.

Dwch see 25-11-17 JT

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			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
	Day	Month	Year	Day	Month	Year				
	24	8	'16	24	11	'16	Bronchitis. Pyorrhoea Alveolaris.	93.	On Admission — Feels quite well. Looks anaemic & badly nourished. Teeth are very bad. Has pyorrhoea	D Gillespie Major, R.A.M.C., Registrar
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL	24	11	16	12	2	17		80	No signs in chest. Dis. to C.C.A.C. for P. hys. training	J D Haanson Capt C.A.M.C.
CANADIAN MILITARY HOSPITAL, HASTINGS, SUSSEX.	30	2	17				Chr Bronchitis		Boarded 10/3/17. I to C awaiting sailing	M W Lutherland CAPT. C.A.M.C. REGISTRAR FOR O.C. CAN. MIL. HOSP., HASTINGS.
G.N.C.H. Montreal Que.	14	5	17	15	6	17	Chronic Bronchitis T.B.C. Suspected	33	Discharged to M.O. i/c Clearing Station for transfer to Ste. Agathe	[illegible] Major, A.M.C.
L.M.S. Stalgate	16	6	17.	11	9	17.	do. T.B.C.	87.	Disch'g P.C. 508. refusing further treatment condition not improved.	M/O i/c Grey Nun Convalescent Home [illegible] Capt & Mtr

L.9-DC
3rd
Alc2 30 6/17

293-30-6-17

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

4 D 22 - A - 226

MEDICAL HISTORY OF AN INVALID.

MILT. DEPT. OF DEFENCE
JUN 30 1917
H.Q. CANADA

MILITARY DISTRICT No. 4
JUN 12 1917
M.D. 4

1. Station. **Montreal.**
2. Regiment or Corps. **C. A. M. C.**
3. Regimental No. and Rank. **#33313 Private**
4. Name. **Marie Joseph Adler**
5. Age last Birthday. **41**
6. Enlisted on **August 11th, 1914.**
   at **Montreal.**
7. Former trade or occupation. **Waiter, also accountant.**

8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

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

Date. **May 29th, 1917.**

9. Service. Years. **2** Days. **291**

	PERIODS	
	From	To
C. A. M. C.	**Aug.11,1914.**	**May 29,1917.**

10. (a) Disease or disability. **Pulmonary tuberculosis.**
    (b) Date of origin. **In 1907-1908 with repeated bronchitis.**
    (c) Place of origin. **Montreal, Canada.**
    (d) Cause. **Infection by Koch Bacilli.**

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

General condition fair. Complains of cough, expectoration, loss of weight and attack of asthma. Appetite and digestion good. Chest has poor expansion. Right apex: large ronchi, sibilant rales, broncho-beating and crepitations. Left apex: broncho breathing only. Heart is negative. History of repeated attacks of bronchitis prior to enlistment which would have kept him in bed for a day or two every time. Sputum analysis negative for tuberculosis (May 19th, 1917). X-Ray report of May 22nd,1917, is as follows:- "Tuberculosis of the left apex and of the whole upper lobe of right lung. The heart is, apparently, misplaced to the right by adhesions."

12. (a) Is the disability the result of service or climate? **No, but aggravated by.**
    (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

5

M. F. B. 227.
200m. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Small cyst of the upper right lid.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No exceptional exposure.

14. Treatment.

In Bulford Manor, England.

In Netheravon, England.

Sheffield, England.

Hastings, Bushey Park Conv. Homes.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

1. Yes.
2. Yes.
3. 75%.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Two years.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

100%.

18. State if for discharge on account of unfitness for Service.

No. Recommend Sanatorium treatment which is accepted but invalid would prefer to return to Mauritius, Africa where he was born, and states this climate will certainly be the very best for him.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion

10. **Yes.**

11. **Yes. In addition heart dulness to right of sternum and marked epigastric pulsation.**

12. **Yes.**

15. **1. Yes. 2. Yes. 3. Yes.**

16. **Yes, without treatment.**

17. **Yes.**

18. Is he unfit for Military Service. **Yes.**

Recommendations : **The Board having met and examined Private M. J. Adler, #33313, C. A. M. C., C. E. F., recommends that he be given Sanatorium treatment for six months.**

The Board is agreeable to his return to Mauritius.

Disability 100% for six months. Class "E".

Signatures :—

President.

Members.

Station. **Montreal, Que.**

Date. **May 31, 1917.**

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 JUN 2 1917 MONTREAL, P. Q.

Date.

Approved.

Asst. Director of Medical Services.

Date.

Director-General of Medical Services.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the day of 191

Members of Board.

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

Signed at Prior Park, Bath, this *day*

of , 191 .

President.

VALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE.
CANADIAN MILITARY HOSPITAL, HASTINGS.

Army Form B. 179
Canada. 79.

Medical Report on an Invalid.

Station C. M. H. Hastings

Date Feb 26/17

1. Unit. 1st Fld. Amb. C.A.M.C.
2. Regimental No. 33313
3. Rank Pte.
4. Name Adler M. J. U.
5. Age last birthday 41
6. Enlisted { on Aug. 11/14. at Montreal.
7. Former Trade or Occupation { Waiter

8. Disability.

Chronic Bronchitis.

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.

9. Date of origin of disability. Nov. 1914

10. Place of origin of disability. Salisbury Plains.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

In Nov. 1914. he contracted a severe cold affecting the lungs. - Was in Salford Manor Hosp. one month. - went back to duty for one week and was ill another week. - In Feb. 1915. was ill in Netherhall Hosp. Three weeks with bronchitis. Went to France Mar 13/15. - became ill April 1915. in Hosp. 1 month No 2 General with similar complaint. - Dec. 1915 was ill 18 days. - July 1916 ill about one month, returned to England Aug 24/16. - Was 3 mos. in Sheffield Hosp. Bush Park - from Nov 24/16 until Feb 12/17 when he reported to C.C.a.c. + entered this hospital once week later.

Before enlistment had good health except occasional colds.

Family history - negative.

12. (*a*) Give your opinion as to the causation of the disability. Exposure

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*). 1915. - aggravated by exposure 1916. - exposure.

Rather emaciated looking man.
He says he has lost weight.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Cough very bad. considerable expectoration, since coming to this hospital was blood stained. Rales over R. apex at the back and also R. base. These have been constant since entering hospital and are quite suspicious of T.B although a sputum analysis is negative.
Temperature about 100° each afternoon. normal in the morning
Circulatory system — nothing abnormal.
Genito Urinary. nothing abnormal.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy? — not applicable

(*b*) On active service? — not applicable

(*c*) On duty? — not applicable

(*d*) Off duty? — not applicable

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When? not applicable

(*b*) Where? not applicable

(*c*) Opinion? not applicable

16. Was an operation performed? If so, what? not applicable

17. If not, was an operation advised and declined? not applicable

18. *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? no.

19. Do you recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit? no

W A Harris Capt CAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Hastings

Date 26-2-17

R D Stewart Maj
Officer in charge of Hospital.

* 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.

Opinion of the Medical Board.

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, (2) on active service. 1: yes 2: yes

(*b*) If due to one of these causes, to what specific condition do the Board attribute it? Tuberculosis of lungs

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

(*c*) Neglect? no

22. Is the disability permanent? not applicable

23. If not permanent, what is its probable minimum duration? not applicable

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? not applicable

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? not applicable

26. Do the Board recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit no

27. Remarks.

Signatures:—

R Wardwell Lieut.-Col. CAMC President.

W A Harris Capt CAMC
R D Stewart Maj CAMC
Members.

Station Hastings

Date 10-3-17

Approved.

Station

Date

Hastings, Sussex 17 MAR 1917

Administrative Medical Officer.
Captain, C.A.M.C.
for A.D.M.S., Canadians.
Hastings, Sussex

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

MEDICAL HISTORY OF AN INVALID.

1. Station. Ste. Agathe des Monts C.A.M.C.
2. Regiment or Corps. 1st. Field Amb.
3. Regimental No. and Rank. 33313 Pte.

Permanent Address :- Room 20 La Presse Building, c/o Great War Veterans Association, Mont.

4. Name. Adler M.J.V. maire
5. Age last Birthday. 39 Yrs.
6. Enlisted on Sept. 25th. 1914 at Valcartier
7. Former Trade or Occupation. Waiter

8. General remarks on his :— B.P.C. 4D.22-A-226
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Yes

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

6(1) 9-A-4123.

Date. Sept. 10th. 1917.

9. Service. Years. Days.

	PERIODS.	
	From.	To.
Canada	25/9/14	30/9/14
England	17/10/14	13/3/15
France	14/3/15	20/8/16
Casualties Unit. "A" Unit. M.H.C.C.	20/9/16	11/9/17

10. (a) Disease or disability. Pulmonary Tuberculosis Myocarditis
    (b) Date of origin. Unknown
    (c) Place of origin. Unknown
    (d) Cause. Bacillus Tuberculosis

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)
    Right Lung:- Heavy infiltarta ove entire upper lobe with acavity about the size of a walnut. Middle lobe shows an active infiltrate with medieum moist rales.

    Left Lung:- Active infiltrate over upper lobe with small cavity at apex. Medium moisture to the hilus.

    Heart :- Sounds ,distant and myffled with general evidence of myocarditis. Pulse weak rapid, irregular in rate and rhythem.

12. (a) Is the disability the result of service or climate ? Service
    (b) Has it been aggravated by intemperance, vice or misconduct ? No.

M. F. B. 227,

100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Tatoo Two girls and flag on right arm.
Tatoo One girl and leaf on left Arm; Moles on chest.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not. applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and wheth r it was exceptional or otherwise.

Not; applicable

14. Treatment Bushy Park Convalescent Hone 24/8/16 to 24/11/16
K.C.R.C.C.H. 24/11/16 to 12/2/17. Hastings 20/2/17 to 17/3/17
G.N.C.H. 14/5/17 to 15/6/17 L.I.M.S. 16/6/17 to 11/9/179

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Yes 100%

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

indefinite

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

100%

18. State if for discharge on account of unfitness for Service.

Yes

T.C.Wolff Lieut. C.A.M.C.

T.C.Wolff Lieut A.M.C

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service. Yes

20. Recommendations: That as# 33313 pte. M.T.V.Adler refuses treatment in a sanatorium: as his disease is chronic advanced, as he takes this discharge against medical advice. and as enforced treatment will not enhance the prognosis, he be allowed to pass under his own control and that his disability be fixed at 100% for six months.

Signatures :—

[signature] President.

T.C.Wolff Lieut A.M.C

Station. Members.

Date.

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED MONTREAL, Q.

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.