REGIMENTAL DOCUMENTS

NAME AHEARN. James REGT. NO. 2503173 UNIT No. 10 Fors. & R. Con. Depot FILE NO. 2663

S H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
5	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
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	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)					
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C H

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

CLASS B....II ORIGINAL

U. S. RECRUIT

ATTESTATION PAPER.

No. 503173

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Ahearn
1a. What are your Christian names?	James
1b. What is your present address?	315 9th. Ave. Duluth Minnesota U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?	Chatham New Brunswick Canada
3. What is the name of your next-of kin?	Mrs. D. Ahearn
4. What is the address of your next-of-kin?	Pleasant St. Chatham New Brunswick Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Jan. 29th. 1880
6. What is your Trade or Calling?	Laborer
7. Are you married?	Single
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 Or Naval 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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	-
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	-

J a

Discharged 13/3/18 100109 2333 100 23

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Ahearn, 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.

James Ahearn (Signature of Recruit)

Date Dec. 21st. 1917 191 . F. Cellentwell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Ahearn, 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.

James Ahearn (Signature of Recruit)

Date Dec. 21st. 1917 191 . F. Cellentwell (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 Manitoba this 21st. day of December 191 7.

[illegible] (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of James Ahearn on Enlistment.

Apparent Age 37 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5 ins.

Chest measurement: Girth when fully expanded ..... 37 ins.
Range of expansion ..... 4 ins.

Complexion ..... Sallow

Eyes ..... Blue

Hair ..... D. Brown

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic x
- 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).

VISION R. EYE 20/20
" L. EYE 20/30
HEARING R. EAR N.
" L. EAR N.

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 Dec. 21st. 1917 191 .

Place Winnipeg Manitoba

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:—

DEC 14 1917
MOBILIZATION
MEDICAL BOARD
APPROVED FIT

W. J. Ramsay Capt. (Member)
H. Scott Capt. Member
J. W. Harper Lieut. Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Ahearn 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.

J. S. Cutler (Signature of Officer)

Date Dec. 21st. 1917 191 .

Captain
Officer Commanding No. 10 Forestry & Railway Construction Depot.

CLASS B II

744-885

MEDICAL HISTORY SHEET

Surname Ahearn Christian Name James. A

Examined on 20 day of Dec 1917 at Winnipeg

Approved by W B Grant Capt Rank Capt Can M.O.

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

Apparent age 37

Trade or occupation Laborer

Height 5 feet 4 Inches

Weight 137 lbs.

Chest measurement Minimum 33 inches Maximum expansion 4 inches

Physical development Fair

Small-pox Marks Nil

Vaccination Marks Arm Right Left Number Nil

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Varicose veins left leg

MOBILIZATION MEDICAL BOARD APPROVED FIT

Date	Fit or Unfit	Examined for Re-Engagement	
			DEC 14 1917
			M.O.
			M.O.
			M.O.
		Vision R. Eye 20/20	M.O.
		L. Eye 20/30	M.O.
		Hearing R. Ear Normal	M.O.
		L. Ear Normal	M.O.

Date	Result	Vaccinations	
22/12/17	+		M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
22/12/17	+	1	M.O.
27/12/17	+	2	M.O.
7/1/18	+	3	M.O.

Enlisted on 20 day of December 1918 at Winnipeg

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No 10 Freedom Fly Cond'r	2503173		20-12-17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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. 1772-39-439.

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

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				

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins No. 10 Forestry & Railway Construction Depot.

(2) Regimental Number 2503173

(3) Full Name of Soldier James Ahearn

(4) Place of Birth Chatham New Brunswick Canada

(5) Are you married, or not ? Single

(6) If married, state,
(a) Full name of your ~~wife~~

(b) Present Postal Address

(7) Are you a widower ? No

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....No.....

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

(10) Is your Mother alive ?.....Yes.....(Mrs. D. Ahearn).....

If so, state name and address.....Pleasant St. Chatham New Brunswick Canada.....

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

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

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

.....

.....fifty dollars per month.....

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

.....

.....

.....

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

.....Yes.....

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

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

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

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

J. D. Cuttan

.....*Officer Commanding.*

Officer Commanding ... Railway & Railway Construction Depot

Date.....Dec. 21st. 1917.....

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins No. 10 Forestry & Railway Construction Depot.

(2) Regimental Number 2503173

(3) Full Name of Soldier James Ahearn

(4) Place of Birth Chatham New Brunswick Canada

(5) Are you married, or not Single

(6) If married, state,
(a) Full name of your wife ------

(b) Present Postal Address ------

(7) Are you a widower ? No

(8) Have you any children ? -----

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

Also their names and ages -- -------

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

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

(10) Is your Mother alive? Yes (Mrs. D. Ahearn)

If so, state name and address Pleasant St. Chatham New Brunswick Canada

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

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

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

fifty dollars per month

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

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

Yes

(15) Are you insured? No

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

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

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

J. S. Cuttan

Officer Commanding.

Officer Commanding No. 10 Forestry & Railway Construction Depot.

Date Dec. 21st. 1917

CLASS B

MEDICAL HISTORY SHEET.

Ahearn

Surname A Hearn Christian Name James

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

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

Apparent age .....

Trade or occupation .....

Height 5 Feet 5 Inches.

Weight 137 Lbs.

Chest measurement { Minimum 33 inches. / Maximum expansion 4 inches.

Physical development .....

Small-Pox Marks .....

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

When Vaccinated last .....

(a) Marks indicating congenital peculiarities or previous disease .....

(b) Slight defects but not sufficient to cause rejection

Varicose Veins Left Leg

Approved by P B Grant

Rank Capt Rame M.O.

MOBILIZATION MEDICAL BOARD APPROVED DEC 14 1918

Date	Fit or Unfit	Examined for Re-engagement.	
		W Ferguson Capt	
		H S H Capt	M.O.
		J. W. Harper Lieut	M.O.
			M.O.
	Vision	R. Eye 20/20	M.O.
	"	L. Eye 20/30	M.O.
	Hearing	R. Ear normal	M.O.
	"	L. Ear normal	M.O.

Date	Result	Vaccinations.	
22-12-17	+	P B Grant Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
22-12-17	+	1ab/1 P B Grant Capt	M.O.
27-12-17	+	1ab/2 [illegible]	M.O.
7-1-18	+	1ab/3 [illegible]	M.O.

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

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

150M.—8-15.
H. Q. 1772-39-439.

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

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				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 10 Forestry & Railway Construction Depot.

Regimental No. 2503173 Rank Private C. E. F. Name Ahearn, James

Enlisted (a) 12-12-17 Terms of Service (a) W. of W. Service reckons from (a) 12-12-17

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) Labourer

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				
		EMBARKED.			
		DISEMBARKED.			
5-4-18.	O.C	Transferred to No.10. C.C.D. C.O. 77 para.1000	Winnipeg.	5-4-18.	D.O.Part. 2. 5-4-18.

18-4-18 D.O.1-4 T.O.S. District Depot #10. Wpg.

13-5-18 Discharged C.O. 109-2333 DO 23

Thomas Cook Lt for Lt. Col.
Officer Commanding No. 10 District Depot

(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.

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				

SURNAME. Ahearn,

CHRISTIAN NAMES James

REGL. No. 250 3173 RANK Pte.

UNIT Rly. Con. & For. Dpo. (M. D. 10)

FORMER CORPS Nil.

10 CARD NO. ✓

Part II - 23 of 10-5-18
S.O.S. Dis. 13-5-18

NEXT OF KIN.

NAMES IN FULL Ahearn, Mrs. D.

RELATIONSHIP TO SOLDIER mother

ADDRESS Pleasant St., Chatham, Northumberland Co. N. B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Chatham N. B. DATE Jan. 29th. 1880

PLACE OF ATTESTATION Winnipeg Man. DATE Dec. 21st, 1917

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

6434
9-5-18

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.

C

Proceedings on Discharge.

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

DEPT. NAT. DEFENCE
MAY 21 1918
H.Q. CANADA

No.	2503173
Rank	Private
Name	Ahearn, James
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No.10 Forestry & Railway Const Depot.
Date of Discharge	May 13th.1918
Place of Discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 38 years 3 months.
Height 5 feet 5 inches.
Complexion Sallow
Eyes Blue
Hair Dark Brown
Trade Labourer
Intended place of residence (To be given as fully as practicable.) General Delivery Superior Wis. U.S.A.

Descriptive Marks

NIL

2. The above-named man is discharged in consequence of Being Medically Unfit For Further War Service.

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.

Good R & G

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.)

Labourer R & G

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 ..... NIL

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

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

(Place) Winnipeg ..... Thom S Cook Lieut.

(Date) May 13th.1918 ..... *Commanding* Dis.Sec.District Depot. M.D.10

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) Winnipeg ..... James Ahearn ..... *(Signature of Soldier.)*

(Date) May 13th.1918 ..... S Steed ..... *(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 145 days.

13-5-18 Total — years 145 days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg ..... R S Greenspan

(Date) May 13th.1918 ..... *(Signature)* Lt-Col O.C, District Depot M.D.10.

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 James Ahearn

(OVER)

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

B. P. C. ORIGINAL

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

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

LOCAL

MEDICAL HISTORY OF AN INVALID

(10 C.U.) STATION Winnipeg, Man. DATE April 12th 1918

1. (a) Unit #10 For & Hly Cont (b) Regimental No. 2503173 (c) Rank Pte.

(d) Surname Ahearn (e) Christian name James

2. Age last birthday 38 years Date of birth January 29th 1880

3. Enlisted at Winnipeg, Man. on December 21st 1917

4. Personal description :—

(a) Height 5ft 5 inches (b) Weight 128 (stripped) (c) Complexion Sallow

(d) Colour of hair Dk. Brown (e) Colour of eyes Blue (f) Identification marks Nil

5. Address after discharge (for the use of the Board of Pension Commissioners) Chatham New Brunswick Canada

6. Former trade or occupation Labourer

7. (a) Service

	Years	Days
	Periods	
	From	To
C.E.F.	December 21st 1917	April 12th 1918

(b) Has he been overseas ? No

8. Present disease or disability (use authorized nomenclature if possible) 1. Gastritis 2. Syphilis 3. Varicose veins

(a) Date of origin 1. 1898 2. Jan 1918 3. 1916 (b) Place of origin 1. 2. 3. Manitoba

(c) Cause* 1. Unknown 2. Veneral infection 3. Unknown

*(Here include original disease or injury)

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

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

1. Has pain and distress after each meal aggravated by exercise and heavy diet. Cannot digest meats with comfort, and has to diet carefully. Indiscretion of diet cause Nausea and vomiting. Symptoms indicate Hypo-acidity with associated gastritis.

2. Developed Primary Syphilis just after enlistment, primary chancre being diagnosed, microscopically or specific. No active signs of secondary Syphilis at present. 3 Wasserman tests were taken and all were negative.

3. Moderate sized varicose veins left leg between ankle and knee becoming aggravated by heavy work and training; has pain and swelling in them at time

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

ES Other systems normal

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil.

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

12. Did the disability arise on or off duty ? 1. 3. Prior to enlistment 2. Originated off duty while on service

13. Was a Court of Inquiry held ? 1. 2. 3 No

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

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

1. 3. Pre-existed enlistment not aggravated by service. 2. Originated off duty during service.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 1. 3. No, No, No, No. 3. No, Yes No, No.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1. 2 Minimum period of six months 3. Permanent

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

5 weeks in Veneral Section St. Roche Hospital

Hexxxxx had six injections of Dareeval and mercury injection.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

No

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

20. Recommendations Discharge

P B Grant Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned James Ahearn have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of

James A Hearn

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

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

(b) Does not require treatment.

(c) Should pass under his own control.

~~(d) Should not pass under his own control.~~

(Strike out condition not applicable).

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

As medically unfit.

G W Saunders Capt *President*

B J Sulstrberg

P B Grant Capt } Members.

STATION Winnipeg, Man.

DATE April 12th 1918

APPROVED

APR 15 1918

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.