

REGIMENTAL DOCUMENTS

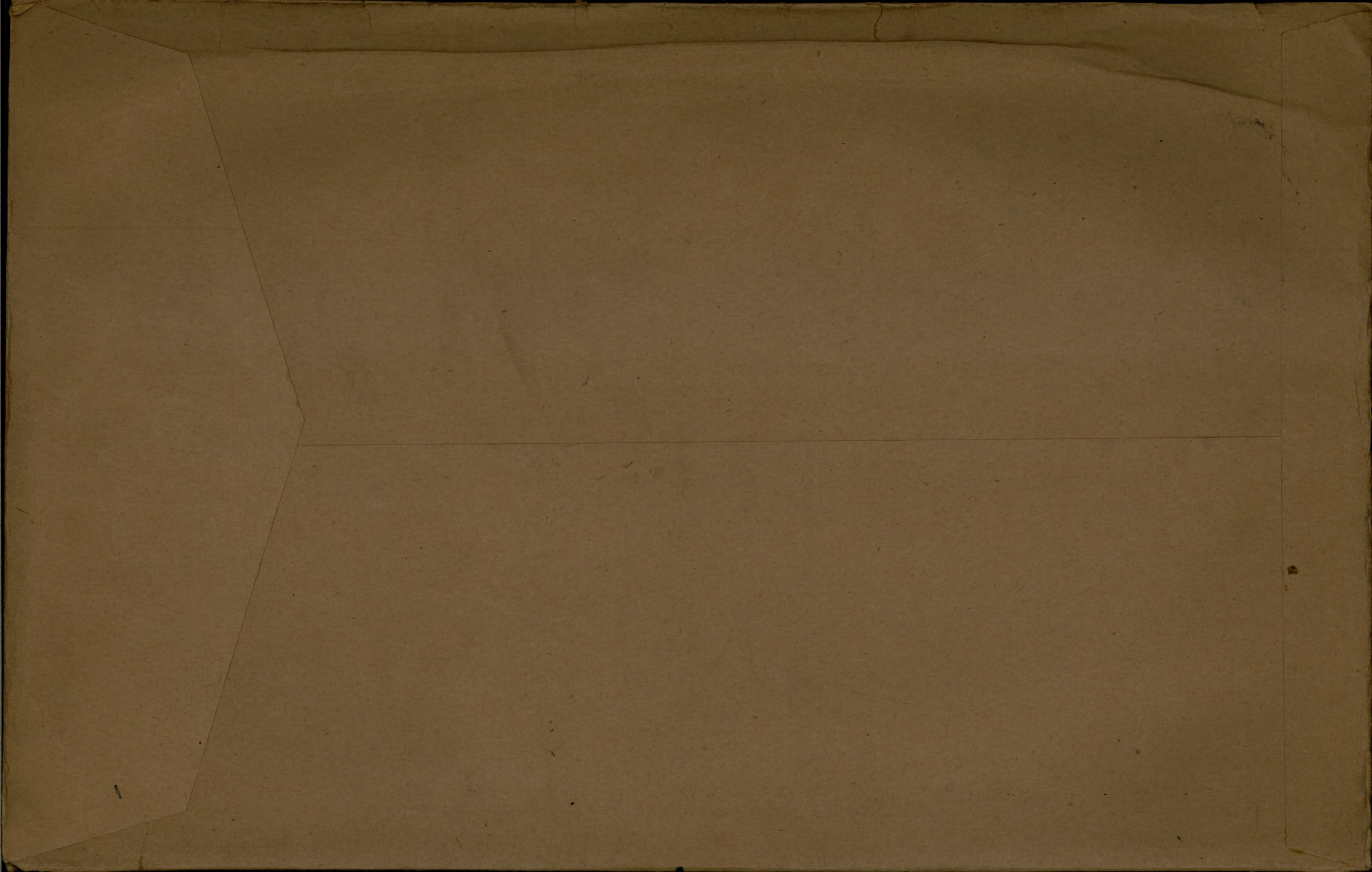
He NAME **AIRTH** *Wm B.*

REGT. NO. *2663603* UNIT *1st Spool R* H. Q. FILE NO. *3048* **H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>32</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>M 10/4</i>	H			DEATH
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)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>3</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H			DISCHARGE
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465)					Category
<i>32</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					<i>Handwritten</i>
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
<i>1</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

14-20
21-20
33-20

2



13 M. D. **First** Depot Battalion **Alberta** Regiment

Regtl. No. ~~5207500~~
2663603

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... Airth
2. Christian name..... William Blair
3. Present address..... Suite 4 Hecla Block, Edmonton, Alta.
4. Military Service Act letter and number..... 201163 M.R.
5. Date of birth..... October 31, 1888.
6. Place of birth..... Renfrew, Ontario.
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Presbyterian
9. Trade or calling..... Chauffeur
10. Name of next-of-kin..... Mrs Rebecca Blair Airth,
11. Relationship of next-of-kin..... mother
12. Address of next-of-kin..... Viking, Alta.
13. Whether at present a member of the Active Militia..... no
14. Particulars of previous military or naval service, if any..... no
15. Medical Examination under Military Service Act:—
 (a) Place..... Edmonton Alta (b) Date..... 18-3-18 (c) Category..... 12 E

DECLARATION OF RECRUIT

I, Airth, William Blair., do solemnly declare that the above particulars refer to me, and are true.

W. B. Airth (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<u>29</u>	yrs.....	<u>5</u>	mths.....	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....		ft.....	<u>9½</u>	ins.....	
Chest measurement } }	fully expanded.....	<u>34</u>	ins.....	}	
	range of expansion.....	<u>37</u>	ins.....		
Complexion.....	<u>Dark</u>				
Eyes.....	<u>Blue</u>			} none	
	<u>Black</u>				
Hair.....					

RECORDED
BK. 8 P. 5
Date 11-4-18
WAT

Sergeant St.
78TH DEPOT BATTERY, C.E.F.
O. C. First Depot Btln.
Alta Regt.

Place Calgary Alta Date 11-4-18.

ent.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 2563605 (Rank) Private

Name (in full) AIRTH, William Blair. enlisted in

the 78th Depot Battery, C.F.A. (Trans to 1st Dep. Bn. A.R.

CANADIAN EXPEDITIONARY FORCE at Edmonton, Alberta, the 11th

day of April 19 19

HE served in CANADA

and is now discharged from the service by reason of Demobilization

~~XXXXXXXXXXXX~~

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

Age 30 Years

Marks or Scars

Height 5' 9 1/2"

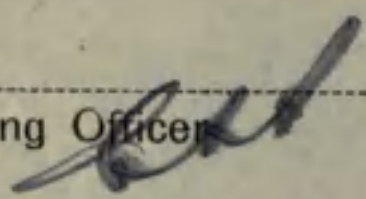
Complexion Dark

Nil

Eyes Blue

Hair Black

Signature of Soldier

Issuing Officer 

Rank

Date of Discharge November 16th, 1918.

Appointment

Major,

Signed at Calgary, Alberta, this

Last day of Director of Records,

in Military District No. _____

Ottawa, Dec. 14th 28

File Reference No. _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

**MEDICAL BOARD OF REVIEW
MILITARY SERVICE ACT, 1917.**

ORIGINAL

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Airth Christian name William Blair
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 201163. M.R.
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 4-18.
 4. Address (including street and number, if any) 1014-95th. Street Edmonton Alberta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th. day of March. 1918. 1917, by the Edmonton Alberta. undersigned medical board sitting at _____

5. Age as stated 29. Years 4. Months. 6. Apparent age 29. Years 4. Months

7. Height 5 Feet 9 1/2 Inches. 8. Weight 161 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins. 10. Complexion Dark. { Eyes Blue. Hair Black.

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm One. Left arm Nil. 14. When vaccinated last 1907.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

16. Slight defects but not sufficient to cause rejection Nil

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.
 17. (a) Vision R. W. 30 L. W. 30
 (b) Hearing R. W. L. W.

Wm. C. ... President.
W. Merritt Sims Member.
Blacked minor Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
APR 13 1918	<u>W. C. Remess</u>	<u>Captain C.A.M.O.</u>	APR 13 1918	<u>W. C. Remess</u>	<u>Captain C.A.M.O.</u>
		M.O.	20/4/18	<u>W. C. Remess</u>	<u>Captain C.A.M.O.</u>
		M.O.	27/4/18	<u>W. C. Remess</u>	<u>Captain C.A.M.O.</u>

Joined 11th day of April 1918 at Calgary.

COE'S	REG'TL NUMBER	HABITS	DATE
<u>266-3603</u>	<u>266-3603</u>		<u>11-4-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

RECORDED
BK. P.
Date

N. B.—This sheet is 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.

Check to Schedule by W.C. Remess

Signature of Man William Blair Airth

MEDICAL BOARD OF REVIEW

2663603

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Airth Christian name Wm Blair
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 201163 M R
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) Suite 4 Holca Block Edmonton, Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18 day of March 1918 1917, by the undersigned medical board sitting at Edmonton, Alta.

5. Age as stated 29 Years _____ Months _____ 6. Apparent age _____ Years _____ Months _____

7. Height 5 Feet 9½ Inches _____ 8. Weight _____ Pounds _____

9. Chest measurement { Minimum _____ Ins. Maximum 37 Ins. 10. Complexion Dark { Eyes Blue Hair Black

11. Physical development { Good Fair Poor 12. Smallpox marks _____

13. Number of vaccination marks { Right arm _____ Left arm _____ 14. When vaccinated last _____

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

NIL

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category E

17. (a) Vision R. _____ L. _____ (b) Hearing, R. _____ L. _____

President.

Member.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Certified a true and correct copy according to records _____ M.O.
 _____ M.O. *Capt. [Signature]* M.O.
Officer in Charge Records 1st Depot Bn, Alberta Regt. M.O.

Joined 11th day of April 1918 at Calgary, Alta.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st D.B.A.R.</u>	<u>2663603</u>		<u>11 4 18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man Signed Wm. Blair Airth

44-a-227

Ottawa, Ont. Oct. 17th 1918.

The A.D.M.S., M.D., No. 3.
Kingston, Ont.



Medical Report.

#2662603 Gnr. Wm. B. Airth,
78th Battery C.F.A.

Attached herewith are proceedings of medical board held in the case of the marginally noted man on M.F.B.-227, in quintuple, with the following information,-

- 1. Present unit..... 78th Battery C.F.A.
- 2. Is this man attached from another District..... No.
- 3. Has this man seen overseas service during his present enlistment?..... No.
- It is to be remembered that he may have re-enlisted.....
- 4. Is he a voluntary enlistment..... No.
- 5. Is he a draftee..... Yes.
- 6. Does he come under class I of the Military Service Act?..... Yes.
- 7. If so is he a bonafide farmer, farm labourer, butter maker, or cheesemaker..... No.
- 8. Is he a re-attestation case..... No.
- 9. If overage or a miner, did he make a mis-statement on attestation..... No.

[Signature]
Lt-Col R.M.S.
President Standing Medical Board.

[Faint, illegible handwriting]

CASE HISTORY SHEET.

Camp Petauwawa Hospital. Petauwawa Station
 No. 2663603 Rank Gunner Name Airth W.B. Age 29
 Unit 7th Batty Completed years of service Canada - 3 mos Where and how long
 Date of admission 5/4/18 Date of discharge Transfer July 23/18
 Diagnosis Myalgia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient says at first the pain was located in the region of the shoulder blades across the back and right down to his feet on both sides. Later it (pain) descended and settled from his kidneys down to his feet. Now the pain affects patient mostly in his hips, legs, and feet. In 1914 patient was troubled with the same pains and was on crutches for four months (also had a broken leg left) with it. Also for the past few years the pain has been with him. Patient has had no fevers or chills. Appetite is not very good. Bowels more or less regular. Severe headaches occasionally and with vomiting when severe.

July 26/18. Admitted to St. Luke's July 24/18. ankles & knees sore & painful with crutches. exam - no swelling, no limitation of movement. No erythema. Tenderness present.

History of leucemia infection several years ago.
 Patient's mother has been crippled with rheumatism for the past twelve years.

Rest in Bed.
 TREATMENT: Massage Oil of Wintergreen q. 4. h. (Three times per day)
 (Especially any specific or special form.) Sodii Salicylas grs x q. 4. h.
 July 26/18 - Pd. Pulley W. I. q. 4. h.
 Aug 9 - Gonococci Combined Vaccine m. ii
 Aug 11 - " " " " m. iv
 Aug 29 - " " " " m. viii
 Sept 7 - " " " " m. xvi

CONDITION ON DISCHARGE: Very slight improvement in his general condition. Both tonsils enlarged & chronically inflamed. pus in the crypts - would suggest tonsillectomy strongly.

Date 22-7-18 P. H. Desnoes Medical Officer i/c case. Capt

Next of Kin, Mother
 Mrs R. Airth Vekring Alta 18098 P.T.O.

Aug. 13/18 - Thirillchury & Aduectory
by Capt the Queen - for recovery.

Sept. 28/18 - Transferred to Fleming Home for
electricity & massage of feet.

He has been greatly benefited by vaccine treatment
still has pain in inner side of tarsi, can walk
fairly well.

A. Hume-Jordan R.C.M.

Sept 28/18 admitted Queen Home -

condition as noted. Lam at foot; ankle stiff. no

circulation as ankle - knee flexion limited to
20° pass at angle.

History of pain in leg & the ulceration
laid up since for 3 mths -

Oct 12/18 Boarded - Catgry E -

no service disabled -

sent to hospital for 14 days -

J. Hume-Jordan

HRC

20 321 16-11-18

CANADIAN EXPEDITIONARY FORCE

CERTIFICATE OF LEAVE OF ABSENCE WITHOUT PAY.

(In duplicate)

THIS is to certify that No. 2662603 Rank Pte

Name in full Airth, William Blair

having been drafted under the Military Service Act, 1917, and taken on the strength of the 1st Depot Battn. Alta. Regt.

has, subject to the conditions undernoted, been granted conditional leave of absence without pay.*

The address to which any notice requiring me to perform any military duty may be sent is and I understand that I am to report to the Officer Commanding Military

District 13 at Calgary, Alta. on the first day of January, April, July and October in each year, my occupation and address and whether the conditions of my leave are still in force, and that I am also to notify such officer of any change of address in the interval between the dates mentioned. I understand clearly that if I fail in giving notice, I shall be liable as an absentee without leave.

(Signature of man)

"This Certificate was granted at Calgary, Alta. this 16th day of November 1918 on the following grounds* Returned to records of Registrar
Cat. E.

W. B. Kapoullis
Lt. Col.
Commanding Officer Commanding.

* Statement for grounds for Grant of Leave to correspond with statement in Proceedings on Grant of Leave of Absence without pay (M.S.A. 62), unless Leave is granted on Medical grounds, in which case the following will be inserted:
"Until men in Category "C", "D", or "E", (as the case may be) are ordered to report for duty, or re-examination."

DESCRIPTION ON GRANT OF LEAVE

(To identify the holder of this certificate)

Age..... **30** yrs..... **1** months at date of grant of leave

Height..... **5** ft..... **10½** inches

Complexion..... **Dark**

Eyes..... **Blue**

Hair and how brushed..... **Black**

Moustache, colour and description.....

General appearance

Distinguishing marks such as moles, tattoo marks, etc.....

Character while in the service.....

Certified to be correct description.

R. B. Hatoullay

O.C. **1st Depot Battn.** Lt. Col.
Commanding 1st Depot Battn., Alta. Regt.

To be signed by the soldier.

I hereby acknowledge that I have received all the pay, allowances and clothing to which I have become entitled up to the present date.

Dated..... **Nov. 16th, 1918** 191

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.

~~78TH DEPOT BATTERY, C.I.F.~~

2663603

Unit, Regiment or Corps ~~FIRST DEPOT BATTALION, ALBERTA REG'T~~

Regimental No. ~~3207789~~ Rank ~~Private~~ Name Smith, William Blais

Enlisted (a) 11-4-18 Terms of Service (a) 1st Depot Batt'n Service reckons from (a) 11-4-18

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) Chauffeur

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				
14-11-18		Transfer to 1st Depot Batt from		14-11-18	
16-12-18		with M.7.A.403 Struck off strength on return to Registrars records.	Calgary	16-11-18	Part 2 D.O.321.

W. B. Smith

Lieut. & Adjt.

1st Depot Batt'n. Alta. Reg.

(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.

FILE No.

2663603

VOL.

SUBJECT

Smith, WB

CHARGED TO

PER

DATE

CHARGED TO

PER

DATE

Arrest

14-12-25

MS

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

No. 100 577

RANK *Pte.*NAME *Airth, W**B.*T. O. S. *7-7-15*UNIT *66th Battalion,**(D.O.S. of 7-7-15)*M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 July 7 Aug. 1</i>	<i>1915 July 31 Aug. 4</i>	<i>L L</i>	<i>Attestation cancelled 4-8-15 D.O.# 47.</i>	<i>Aug Paylist</i>
				<p>UNIT SAILED</p> <p>APR 28 1916</p> <p><i>acc closed by payment of</i></p>



No.

603 RANK

Gunner.

NAME

Airth W. B.

T. O. S.

11/4/18

UNIT

78th Depot Battery C. S. A.

DU 102 of 12/4/18

M. D.

13

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID

PAID

SIG.

OR

REC'T

FROM

TO

PARTICULARS

AUTHORITY

1918

1918

Apr 11

Apr 30

n

May

n

June

✓



LEDGER NO. ¹⁶⁹

SERIAL NO. ²⁷ 18098

REG. NUMBER 2663603 NAME Airth W. B.

RANK Smr CORPS 78th Bty

AGE 29 SERVICE C 3/12

NAME OF HOSPITAL Camp PLACE Petawawa

DATE OF ADMISSION 5.7.18.

DISEASE myalgia (Rheumatism), Rheumatism

TRANSFERRED TO OTHER HOSPITALS St Lukes Ottawa 23.7.18.

OPERATION

DISCHARGED TO Unit 25.10.18. IN CATEGORY

REMARKS:.....

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LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 28
 or Particulars of Recruit ²✓..... Militia Form W. 133
 Field Conduct Sheet ¹✓..... Militia Form W. 178 or A.F.B. 122
 Casualty Form ¹✓..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet ³✓..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board ²✓..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet ¹✓..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet ¹✓..... Militia Form B. 263a
 C.L.A. Certificate. ¹✓..... M.F.W. 160
 Training History Sheet. ¹✓..... M.F.W. 113
 Form of Will. ✕

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No. 2663603	
2. Rank. Private.	
3. Name. Airth, Wm. B.	
4. Unit. 1st Depot Battn. Alta. Regt.	
5. Date of Discharge	Place Calgary, Alta.
6. Reason for Discharge..... Demobilization, Struck off strength on return to Registrars records. 16-12-18. Daily Order 321 of 16-11-18.	
7. Authority. P.C. 3051 of 11-12-18.	
8. Proposed Residence after Discharge.....	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?..... Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Calgary, Alta. Date February 21, 1919. Signature..... Captl. M.S.A. D.C. (O. C. Discharging Unit.)	

OPINION OF THE MEDICAL BOARD—(Continued).

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

In Category "E"-no disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Ottawa, Ont.

DATE Oct. 17th 1918.

President: Lt-Col R.M.S. Members: Capt. A.M.C.

APPROVED BY

A. Stewart, Captain A. M. C., Assistant Director of Medical Services, District No. 3.

APPROVED BY

Director-General of Medical Services.

DATE OCT 21 1918

DATE

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.

PLACE

DATE

President. Members.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Ottawa, Ont. DATE Oct. 12th 1918.

- 1. 1 (a) Unit 78th Battery C.F.A. (b) Regimental No. 2662603. (c) Rank Gnr. (d) Surname Airth. (e) Christian name Wm. Blair.
2. Age last birthday 29 Date of birth 1888 Oct. 31st.
3. Enlisted at Calgary on April 11th 1918.

4. Personal description:—

- (a) Height 5' 10" (b) Weight 170 lbs. (c) Complexion Dark. (d) Colour of hair Black. (e) Colour of eyes Grey. (f) Identification marks.

5. Address after discharge (for the use of the Board of Pension Commissioners)

10228 95th St. Edmonton Alta.

6. Former trade or occupation City fireman chauffeur.

7. (a) Service

Canada. C.F.A.

Table with columns: PERIODS, From, To. Row: Apr. 11/18. Date.

(b) Has he been overseas? No. 8. Original disease or disability Myalgia.

- (a) Date of origin 1914. (b) Place of origin Canada. (c) Cause* Unknown. (d) Present disease or disability Myalgia.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Subjective symptoms- Pain both legs from hips to ankles extending into soles of feet-worse in damp weather, he is lame and has to walk slowly.

9. Present condition.—(Continued.)

findings - General condition is good-no enlargement of lymphatic glands - no limitation of movement in any joints but ankle movements are stiffly done and there is tenderness inner border of both feet on pressure - oral hygiene is good - throat is healthy - he walks now with a limp.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous. Yes. Digestive. Yes. Respiratory. Yes. Cardiac. Yes. Genito-Urinary. Yes. Skin, Middle Ear, Eye or any other part. Yes.

He states that he has several times been so bad with his feet as he is now previous to service in the army.

10. History: (a) of Condition referred to in "a" section 9.

Admitted to Hospital Petawawa July 5th 1918 and transferred to St. Luke's Hospital, Ottawa July 23rd 1918 - he was very lame and pain was complained of in various parts of body - he walked only

(b) 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.

by aid of crutches - he improved under treatment by gonococcus vaccine - admitted to Fleming Home Sept. 28th 1918 - there is a history of Neisser infection six years ago - no evidence now of any focal infection.

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

Aggravation due to service has passed away.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No. The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

Permanent - likely re attacks.

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

Hospitals in Ottawa,

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration.) No.

16. Can the former trade or occupation be resumed? (If not, briefly state why.) Yes.

17. Recommendations Discharge in Category "1".

[Signature] 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 and either "satisfied" or "not satisfied" struck out.)

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

[Signature] Signature of soldier examined.

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

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

20. 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).