REGIMENTAL DOCUMENTS

NAME ALBERT. ELI Pte REGT. NO. 166815 UNIT 165th H. Q. FILE NO. 3520

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W 2539
(OM-11-19

165TH Overseas Battalion C.E.F.

G 66815

ATTESTATION PAPER.

No.

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Albert
1a. What are your Christian names?	Elie Joseph
1b. What is your present address?	Sheila, N.B.
2. In what Town, Township or Parish, and in what Country were you born?	Caraquet, Glou. Co. N.B.
3. What is the name of your next-of kin?	Agnus Albert
4. What is the address of your next-of-kin?	Sheila, N.B. Can
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	Dec. 8th 1878
6. What is your Trade or Calling?	Barber
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Elie Albert, 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.

Elie J. Albert (Signature of Recruit)

Date July 4th 1916. Edward Lunt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Elie J. Albert, 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.

Elie J. Albert (Signature of Recruit)

Date July 4th 1916 Edward Lunt (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 Bathurst this 4th day of July A.D. 1916

E. A. Smee (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Albert, Elie J. on Enlistment.

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

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).

Height		5 ft 7 ins.
Chest measurement.	Girth when fully expanded	40 ins.
	Range of expansion	3 ins.
Complexion		Dark
Eyes		Blue
Hair		Black
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	R. C.
	Jewish	
	Other denominations (Denomination to be stated.)	

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 July 26 191 6

Place Valcartier Camp

L. J. Thomas Capt.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert, Elie J. 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.

L. N. Lafleche
(Signature of Officer)
Lt. Col.
Commanding 165th. Batt'n, C. E. F.

Date July 26 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 666815 (Rank) Private

Name (in full) -ELIE JOSEPH ALBERT- enlisted in

the 165th Battalion

CANADIAN EXPEDITIONARY FORCE at Bathurst, N. B. on the 4th

day of July 1916

HE served in CANADA, ENGLAND AND FRANCE

and is now discharged from the service by reason of General Unfitness for General Service on Demobilization. R.O. 1894 Para. 4 R.O. 1.4.206 (1)

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

Age 41 years 5 months

Height 5 feet 7 inches

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars Scar above left eye.

Allen - E
Signature of Soldier

R. J. Thurdgett Esq
Issuing Officer

for MAJOR
Rank

Date of Discharge MAY 30th, 1919

O. C. DISTRICT DEPOT NO. 7
Appointment

Signed at ST. JOHN, N. B. this 30th day of MAY 19 19

in Military District No. 7

File Reference No. D.D.7 86-A-149

DISTRICT DEPOT No. 7
MAY 30 1919
St. John N.B.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

Class A
War Service Badge
M02662 05

48

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank PTE Name ELIE Surname ALBERT

Unit or Corps C. F. C. (If a soldier) Regtl. No. 666815

Born at CAREQUET, N.B. on, date DEC. 8, 1879

Signature (for identification) Eli Albert

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 195 lbs.
Height 5 ft. 6 ins.

None

2. **NUTRITION AND DIATHESIS?**

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

Normal

4. **RESPIRATORY SYSTEM.**

Normal

5. **HEART?**

Abnormal Sounds? None
Abnormal Size? Normal
Pulse Rate? 60 Intermittence or irregularity? None

6. **ARTERIES.**—Any hardening? None

7. **DIGESTIVE SYSTEM?**

None

8. **GENITO-URINARY SYSTEM?**

Normal

Urinalysis—S.G. ?..... Reaction ?..... Albumen ?..... Sugar ?.....

9. **SKIN, MIDDLE EAR, EYE or any other part?**

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

Fit

Examined at Summerdale Signed A. T. Gowman Capt M.O.

Date 26/2/15 Signed A. Sutherland Capt R.A.M.C. M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

165th. BATTALION C.E.F. 666815

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Albert *Christian Name* Elie

Examined { on 26 day of July, 1916
at Valcartier Camp

Birthplace { City or Town Coaticook
County Stanstead Co

Apparent age 38

Trade or occupation Horse Keeper - Baker

Height 5 Feet 7 Inches.

Weight 195 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number None

When Vaccinated last None

(*a*) Marks indicating congenital peculiarities or previous disease None

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

Approved by L. Shannon Capt

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.
		Has had smallpox M.O.
		Q/E M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1916 July 22	Good	a/Lieut Apps- M.O.
" 31	"	ok M.O.
Aug 4	"	Q/E M.O.

Enlisted on 4 *day of* July 1916 *at* Shoila N.B.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	165th Bn.	666815		
Transferred to..	Can: Forestry Corps			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Lemnydale	26/2/19	A	A/t Harman Capt
Do	8-3-19	A	T.H. Sutherland Capt

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[illegible]. 313.
[illegible]-15.
H. Q. 1772-39-439.

Surname Albert Christian Name Elis

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.
St John, N.B.		12	4	19	9	5	19	Hernia Rt	28	Very large sack wide separation of muscle operated good recovery Left had never given any trouble had only worn brace on right	Eothomas Major

CASE HISTORY SHEET.

ST JOHN. MILITARY Hospital. St. John. N. B. Station.

No. 666815 Rank Pte. Name Albert. Eli. Age 41

Unit D.D.#7 Completed years of service Where and how long } C. 12/12 E. 3/12 F. 24/12.

Date of admission 12--4--19 Date of discharge 9--5-19

Diagnosis ~~Double~~ Inguinal Hernia Incomplete. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient entered Hospital complaining of an enlargement in right groin which he noticed after he had been lifting, about a year and half ago while in France. He suffered from no pain after he wore a truss. On examination:- there is a mass in both groins which becomes larger with the impulse of coughing. Right side more pronounced than the left. The mass on either side can be pushed back, and neither descend into scrotum On digital examination the mass can be palpated coming through internal ring. Patient very fleshy. Heart lungs and other systems normal.
17--4--19. Patient operated, found opening of the internal ring very much enlarged. Sac tied off, and bed for the cord strengthened.
Catheterized patient 10.p.m.
18-4-19. Catheterized patient.
21-4-19. Wound healing nicely.
27-4-19. Sutures removed, union good.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Rest. Operation.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Recommended two weeks leave.

Date 9--5--19

E. Cotham major
Medical Officer i/c case.

a 455506

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps Disp. Station "C" Hospital Station St John NB.

No. 666815 Rank and Name Pte. Albert Eli Age 41 Service C 17/12 E 3/12 E 24/12

Disease Hernia Date of Admission 12-4-19 Date of Discharge 9-5-9, Result good Case Book Folio

Dates of Observation																																
Days of Disease	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5	6	7	8	9				
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
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Pulse	68	80 84	80	68	68 54	88 92	88 98	80 68	76	80 64	80 78	82 80	76 60	82 54	72 74	74 78	74	72	72	80 76	74 74	74	76	78	72	74	80					
Respiration	20	20 20	20	20	20 20	24 24	22 20	20 20	20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20	20 20	20 20	20	20	20	20	20	20					
Motions	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1		1					1								

Operation

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature E. Thomson Major In charge of case.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 666815 Rank PTE. Surname ALBERT.
(Given name in full)
ELIE.

Unit or Corps C.F.C. Birthplace CARAGURT. GLA. CO.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique good Weight 195 lbs. Height 5 ft. 6 in. Colour of Eyes blue

Nutrition good

Pulse 60

Condition of arteries good

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

none

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

na

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Sunningdale (Overseas)

Date 8.3.19 Signed J.M. Sutherland Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Albert E

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ... Albert ... 2. Surname ... Elue ...
3. Rank ... Pte ... 4. Original Unit ... 165 Bn ... 5. Reg. No. 666815 ...
6. Address, in full, to which future payments of gratuity are to be forwarded ... Casagnet Glow Co N.B. ...
7. Date of enlistment in the C.E.F. ... July 4 1916 ...
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... Agnes Albert Elue ...
9. Relationship of such dependent ... Wife ...
10. Address, in full, of such dependent ... Casagnet N.B. ...
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... N.A. ...
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
... 165th Bn (Eng) April 5th 1917 ...
... 15 Forestry Bn (Fin) June 1917 to 24 March 1919 ...
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ... N.A. ...
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ... N.A. ...
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ... 165 Bn Eng to Forestry Bn in France until April 1st 1919 ...
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ... N.A. ...
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... N.A. ...

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... N. A.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... N. A.

20. Have you been issued with a War Service Badge? If so, what class ? ... N. A.

21. Have you, during the present war, served in the Imperial Forces ? ..... N. A.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... N. A.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... N. A.
(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... N. A.

24. Are you now serving in the C.E.F. ..... N. A. If not, give:—(a) Date of discharge ..... (b) Reason for discharge .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... M. D. # 7

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Dorsetshire Bn June 1917 ..... till June 1919 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? N.A.
(b) If so, are you in receipt of full pay and allowances from that Department? ..... N. A.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: albert Ellis

Place of Residence: Caraquet N.B.

Declared before me at: St John N B

This 29th day of May 19 19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner f. the Administration of Oaths. J. V. Kinsman Capt.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names Ely 2. Surname Albert

3. Rank Pte 4. Original Unit C.F.C. 5. Reg. No. 666815

6. Address, in full, to which future payments of gratuity are to be forwarded Caraquet, Gloucester County, N.B.

7. Date of enlistment in the C.E.F. 4-7-16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Agnes Albert

9. Relationship of such dependent Wife

10. Address, in full, of such dependent Caraquet, Gloucester County, N.B.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

5434. Wt. /30P. 150,000(8). 2/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No.

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces?

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Eli Allen

Place of Residence: in Canada

Declared before me at: Smith Lawn

This eighth day of March 19 19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Geo. B. Cooke Mgr.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Eli 2. Surname Albert
3. Rank Pte 4. Original Unit 165th Bn 5. Reg. No. 666815
6. Address, in full, to which future payments of gratuity are to be forwarded Cargnet, Glos. Co N.B. July
7. Date of enlistment in the C.E.F. 4-7-16 Can D.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs Agnes Albert
9. Relationship of such dependent Wife
10. Address, in full, of such dependent as above
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? na
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
C.D.C. 26-5-17 — 15-2-19
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? na
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service na
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 165th Bn 4-7-16 — 26-5-17. C.D.C. 26-5-17 — 30-5-19
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department na
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? na

M.F.W. 2595.
1772—-39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... na .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... na .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... na .....

21. Have you, during the present war, served in the Imperial Forces ? ..... na .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... na .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... na .....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... na .....

24. Are you now serving in the C.E.F. ..... M.D. #7 ..... If not, give:—(a) Date of discharge ..... 30-5-19 ..... (b) Reason for discharge ..... Med unfit. For Gen Service .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... M.D. #7 .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 6-F. Co 26-5-17 — 15-2-19 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... na .....
(b) If so, are you in receipt of full pay and allowances from that Department? ..... na .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Allen E

Place of Residence: Saragueet. N B

Declared before me at: St-John N B

This 30th day of May 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner f. the Administration of Oaths. J. V. Kennedy Capt

---

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

COPY

CASE HISTORY SHEET.

ST/JOHN. MILITARY Hospital. St. John. N. B. Station.

No. 666815 Rank Pte. Name Albert. Eli. Age 41

Unit D.D.#7 Completed years of service Where and how long } C. 12/12 E. 3/12 F. 24/12.

Date of admission 12--4--19 Date of discharge 9--5-19

Diagnosis Double Inguinal Hernia Incomplete. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient entered Hospital complaining of an enlargement in right groin which he hoticed after he had been lifting, about a year and half ago while in France. He suffered from no pain after he wore a truss. On examination:- there is a mass in both groins which becomes larger with the impulse of coughing. Right side more pronounced than the left. The mass on either side can be pushed back, and neither descend into scrotum On digital examination the mass can be palpated coming through internal ring. Patient very fleshy. Heart lungs and other systems normal.
17--4--19. Patient operated, found opening of the internal ring very much enlarged. Sac tied off, and bed for the cord strengthened.
Catheterized patient 10.p.m.
18-4-19. Catheterized patient.
21-4-19. Wound healing nicely.
27-4-19. Sutures removed, union good.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.)
Rest. Operation.

CONDITION ON DISCHARGE,

(and disposal made of case.)
Recommended two weeks leave.

Date 9--5--19

E. O. Thomas. Major.
Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1772-39-439.

CASE HISTORY SHEET.

165TH
Overseas Battalion C.E.F.
DUPLICATE

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 165 in O.S. Batt C.E.F.

(2) Regimental Number 666815

(3) Full Name of Soldier Albert Ellis

(4) Place of Birth Caraquet N.B

(5) Are you married, or not ? Yes

(6) If married, state,
(a) Full name of your wife Mrs Agnes Albert

(b) Present Postal Address Sheila N.B.

(7) Are you a widower ? No

(8) Have you any children ? Yes

If so, give number of boys and girls Real 10 yrs Albanie 9 yrs

Also their names and ages Samuel 8 yrs Gerard 7 months Emelia 6 yrs.

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? Yes Mrs Pauline Gilbert

If so, state name and address Caraquet N B

.....

(11) If your Mother is a widow Yes

Are you her sole support, or not ? No

(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.

.....

.....

(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.

Mrs Jas Gilbert

Caraquet N B

.....

(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.

No

.....

(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.

L C Daigle

.....

Officer Commanding.

L'T. Col.

Commanding 165th. Batt'n, C. E. F.

Date 18/10/16

C.A.D.C. 5009A

48

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALBERT. E

REGIMENT C.F.C. RANK PTE No. 666815

Date of Examination in England 22/2/19. | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS none
2. EXTRACTIONS "
3. CROWNS "
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

} none.

~~K. G. Williamson~~

Assistant Director of M. D. No. 7 APR 2 1919 Dental Service.

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Signature of Dental Officer J. H. Reid Capt

Date of Enlistment: July 4 - 1916

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 1054

Date of Assignment: 1 Apl 1917

RATE OF SEPARATION ALLOWANCE

20 —	~~25~~	30 1-9-18	

1-12-17 P.C. 3257 P.C. 2753 M.R.O. 26948.

ANOTHER ACCOUNT IN
..... Ledger
Special Remittance Ledger
..... Ledger
..... Ledger

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 666815

Rank ~~Pte~~ Promoted a/Sgt. 22-6-17 Reverted Discharge

Soldier's Name Elie Albert

Battalion 165th Battn.

Beneficiary Mrs Agnes Albert

Relationship Wife

Address Lebouthilier P.O. Glou Co. N.B.

MFW 2554 30/9/18

PARTICULARS OF ASSIGNMENT Wife

Name Mrs. Agnes Albert

Address Lebouthilier P.O. Glou. Co. N.B.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Sept		298	120	$418.00	
Oct	C 50447	20 —	20 —	40 —	
Nov	C 52255	20	20	40	T
Dec	C 59975	20	20	40	C
Jan	F 61222	30	20	50	S.
Feb.	B 91002	25	20	45	
Mar	G 98227	25	20	45	
Mar	G 842	27		27	
April	8001	25	20	45	R
May	A 10937	25	20	45	C
June	B 13852	25	20	45	C
July	Y 26815	25	20	45	D.
Aug	A 29295	25	20	45	C
Sept	A 35922	25	20	45	D.
OCT	A 42563	25	20	45	C
NOV	A 50661	25	20	45	C
DEC	A 62039	45	20	65	C
JAN	B 70068	30	20	50	C
FEB	A 77176	30	20	50	C
MAR	D 82940	30	20	50	C
APR	C 670	30	20	50	C
		$30	500		

REMARKS File 163-E.1.

L.a. 1089 Rend for $27 to adj. S.A. Prom to Sgt from 22/6/17 to 30/11/17. J.F.C. 1/4/18. auth McN. Ruling MFW 2554 OK. [illegible] 12/12/18

to adj. Prom. 10891 March G. 842 Mailed 2/4/18 [illegible]

A/c Closed 30/4/19

Ret'd per Canada

Date 1/4/19 M.F.W. 1878 8/4/19

Clerk MD 7 J Ballein MR 088363

AUDITED

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7668.

Form R 122
2353—100M—9-12-16.

E.T. Rank Name ALBERT, Elie Joseph. Reg'l No. 666815

Unit 165th Battn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Bathurst, July 4th. 1916. Place of Birth Caraquet. N.B.

Name and Address, Next-of-Kin Agnes Albert.

Sheila. New Brunswick. Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 9190
File R.L.
Category O.R. Gan

Discharge, Date and Place Reason Character D

H. W. V., Ld.—9546-16.

P/A Date

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 7 4 17 S.S. METAGAMA.			A.F.B. 109 checked July 10/17 JB
12. 4. 17	13th Res	Taken on Strength Shoreham		7.4.17	P+II O. 70 B.D. C.F.C. P+II O
26. 5. 17	"	S.O.S. to C.F.C.	"	9.5.17	— 100 12 a/ 12-5-17
25-6-17	B. Dep. C.F.C.	S.O.S. to 48 Coy. France	S'dale	22.6.17	— 50 48th Coy C.F.C. P+II O a/ 28.7.17
22. 8. 17	48 Co. C.F.C.	Appointed a/sgt with pay	Field	22.6.17	— 4.
12. 9. 18	—"—	Reverts to Perm Grade (Pte)	a/sgt.	"	28/8/18 — 44
		SOS to BDCFC, 15 3.19 48 Coy DO. 5 .27 2 19 & TOS BDCFC S'dale DO 52 d 2. 2			
12-3-19.	BDCFC	S.O.S. to CCC Dist 7. Rhyl	✓	S'dale	13-3-19 — 71 ~~J.P.H.~~

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.
4-3-19.	7 M.D.C.W. per 4 CFC.	T.O.S from. B.D.C.F.C.	Pte.	Rhyl	12-3-19	P.R.O. 73.
				31 D.	24 3 19	
20-3-19	"	S.O.S. to C.E.F. Can -	"	Rhyl	24-3-19	— 83

L. 340

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs. E. J. Albert.

Address Caraquet. N.B.

SPECIAL REMITTANCE

Rate $ 50.00

By Whom Assigned Albert. E. J.

Regtl. No. 666815

Rank a/Sgt.

Corps C.F.C. France.

Sched# 477 20-12-17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	49492	50 -	Mailed - 22-1-18
Feb.				
March				

1918

L-L. Job 5470—M. & D. 6888

R.M.S.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

Lebouthelier office. Caraquet N.B.

Wife

To Whom Mrs Agnus Albert

Address ~~Sheila~~ ~~Gloucester Co N.B.~~

By Whom Assigned Albert Elie

Regtl. No. 666815

Rank Pte

Corps 165 Bn.

Rate 20 00

APR 1- 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Consolidated Account.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mrs Agnes Albert Wife

Name of Soldier Albert Elie

Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		Z 13985	38		38
Sept.		B 14631	20		20
Oct.		B 18046	20		20
Nov.		B 21296	20		20
Dec.		B 24883	20		20
Jan.	1917	B 28423	20		20
Feb.		B 31229	20		20
March		B 34316	20		20
April		C 228	20	218	20
May		C 3810	20		20
June		D 7560	20		20 Lebouthillier's P.O. N.B.
July		C 10625	20		20
Aug.		C 13893	20		B
Sept.		D 18344	20		#298 OV WDP ✓
Oct.			20		Bo
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

4

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

4/7/16

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Agnes Albert

Address ~~Sheila~~
Lebouthillier P.O Glou Co
NB

Relation to Soldier
wife, child or mother } wife

Name of Soldier Albert Elie

Regtl. No. 666815

Rank Pte

Corps 165th Bn

To what Corps belonging
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 1

260
38
298
120
418

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs Agnus Albert Wife (Assignee)

PAYMENTS.

Name of Soldier Albert Elie No 666815 Pte 165 Bn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 00 APR 1- 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		R.5655	20	
May		M.9133.	20	20 Nr.
June		B17792	20	20 ~~F11964~~
July		F19644	20	Ch Leboulhelier office Caraquet - N.B 28/6/17
Aug.		H 26687	20	Ch $ 120 00 W.D.C. Rets.
MC Sept.		G 33348	20	03
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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165TH Overseas Battalion C.E.F.

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 165 O. S. Battn. C. E. F.

Regimental No. 666815 Rank Pte. Name Albert Elie Joseph

Enlisted (a) 4-7-16 Terms of Service (a) C. E. F. Service reckons from (a) 4-7-16

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) Hotel Keeper

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Disembarked	Halifax Liverpool	25-3-17 7-4-17	

M. S. B. CLASS A. No.

M. Hames for
CAPT. & ADJT.
165th. Battalion, C. E. F.

26 9-5-17 O.C. ~~165th~~ 13th Res. Bn. S.O.S. ~~165th~~ 13th Res. Bn. Sunningdale on transfer to C.F.C. 9-5-17 Pt. II. 100.

M. Hames for
Capt&Adj.
165th Bn.C.E.F.

CERTIFIED CORRECT. 18 JUL 1917 CAN. RECORDS, LONDON.

12-5-17. ~~D. of T.O.~~ C.F.C. T.O.S.Base Depot, C.F.C.Sunningdale. on transfer from ~~165th~~ 13th Res. Battn. 9-5-17. Pt.11.Orders No.12.

[signature]

Lt &A/Adj. C.F.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) 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				
25-6-17	C.F.C.	S.O.S. Base Depot, C.F.C. Sunningdale on posting to No. 48 Company, France.		22-6-17	Pt.11. D.O.No.50 R.H. Elliott Lt. & A/Adj.C.F.C.
		LANDED IN FRANC. 23-6-17 L R 8503			
4.8.17	48th Coy	Appointed a/sgt with pay	Field	22.6.17	B213 Pt 2. O. No. 6 df
31.8.18	do	Reverts to Permanent Grade	Private	28.8.18	B213 P/et et
7.9.18	do	Granted 14 days L.o.A.	France	1.9.18	B213 P/46
14.9.18	do	Rejoined	Hd	9.9.18	B213
15/2/19	AAG	S.O.S. for demobilisation to C.F.C. Depot	Sunningdale	15/2/19	N/R. Ka 37612 Pt.2 O/S. 5 19.9
21-2-19		O.C. C.F.C. T.O.S. Base Depot. C.F.C. Sunningdale from 48 Coy. France.	18.2.19	52	A.S. Brander Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q.
12-3-19	D.O.C.F.C.	S.O.S. BASE DEPOT C.F.C. on ~~posting~~ tion to MD 7 Can. Camp. R hyl	SUNNINGDALE	12-3-19	W.L.L. Stewart Lt. for O.C. B.D.C.F.C.

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
13/3/19	676.		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 73. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada. Part II Order No: 83 [signature] For O/ Commanding MDZ Wing, Kinmel Park Camp.	Lieut.		
			H.M.T.S. Canada Ell. [illegible] pool. 5PM 24-3-19			
24-3-19	Eng.		TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 105 ST. JOHN, N.B.		15/4/19 [signature] Lieut. & Asst. Adjt. For O. C. District Depot No. 7	
30-5-19	Dis. A.M.S.		STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 150		30/5/19	

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—1.
Part I.

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin
(18) Demobilizer (*f*)
(19) Pivotal-man (*f*)
(20) Qualifications (*g*)

(Place)
(Date)

(Signature of Posting Officer

or (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

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

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P71150 1M 5/18 G.W.P.Co (3490)

Reg. No. 666815 Name Albert. Eli.

Rank Pte Corps Dis. Station Age 41 Service C12/12. E3/12 F24/12

Ledger No. 531. Serial No. A.45506

HOSPITALS	DATE	DIAGNOSIS
St John Mil Hospl St John N.B.	12.4.19	Hernia (Incomplete) OS
Dis to D.C.	9.5.19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

LIST NO. | HOSPITAL | DATE OF ADMISSION | REMARKS

Number 666815

Surname ALBERT Rank a/Sgt

Christian Names Elie Joseph

Unit C.F.C. Theatre of War France

Date of Service 22/6/17

Remarks

Latest Address Caraquet, N.B.

Roll No. B Page 3269

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

No. 666815 Rank Pte Name Albert Elie

T. O. S. 4-7-16 Unit 165th Battalion

D.O. 147 of 26-7-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 4	July 31	✓		
Aug		✓		
Sept-		✓		
Oct-		✓		
Nov.		✓		
Dec		✓		
1917	1917			
Jan. 1	Jan. 31	✓		
Feb.		✓		
March		✓		

St. J. M. H.

Caraquet. Glou. Co. N.B.

AUDITOR	PAYMASTER
[illegible initials]	[illegible initials]

M.D. No. 7

M. & R S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 666815 RANK Pte. NAME (IN FULL) ALBERT. ELY. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.F.C. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 4-7-16 — TRANSFERRED TO — DATE — AUTHORITY 2595

ASSIGNED PAY $ 20.00 xx — DATE EFFECTIVE

PAYABLE TO Mrs Agnes. Albert — RELATIONSHIP Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Caraquet. Glou. Co. N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE St. John N.B. — DATE 30-5-19 — REASON Med. Unfit — AUTHORITY D.O. 150 — IF ENTITLED TO POST DISCHARGE PAY

T.O.S. D.O. 105

DISTRICT DEPOT No. 7

MONTH	PAY AND F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.	$ c.	Total Credits $ c.	Acquittance Rolls Col. No. 1 (No. / Date)	Col. No. 2 (No. / Date)	Col. No. 3 (No. / Date)	Cash Payments Col. No. 1 $ c.	Col. No. 2 $ c.	Col. No. 3 $ c.	Assigned Pay $ c.	Regimental Charges $ c.	Other Charges $ c.	$ c.	Total Debits $ c.	Balance Debit $ c.	Balance Credit $ c.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT																				Canada
Mar.					21 37	21 37														+ Cas. Val. Eng. R.P.C. 31-3-19.
April	1-4-19 1-8-19 8	1.10	8 80	35 00 70 00		113 80	[illegible]	[illegible]	Ck. 38 207	4 87	5 00	105 30			20 00		135 17			- clothing All. 1st PWSG. on disc. + C/P paid by Ottawa. ck redeposited
	22	1.10	24 20	105 30		129 50									105 00		105 00		24 50	+ clothing All. 1st PWSG. on disc.
May	30	1.10	33 00	35 00 30 00	12 80	110 80	39/1 9/5/19		57/3 30/5/19	20 00		135 30	50 00		30 00		235 30	100 00		o Sub. Sick Leave 24/5/19 D.O. 130. x S.A. A.P. Ck. 10955 A.R. 48 19/5/19. ⊗ 1st P.W.S.G. Ck. 5[illegible]50 A.R. 573 30/5/19.
				W.S.G.	S.A.								W.S.G.	S.A.				Soldier	Depend.	
153 days w min				350 00	150 00	500 00							70 00	30 00			100 00	280 00	120 00	1st Pay W.S.G. as above.
													70 -	30 -			100 -	210 -	90 -	Ck. 1052514-15 A.R. 83 2/7/19
													70	30			100	140 -	60 -	Ck. 1252260-61 A.R. 105 30/7/19
													70	30			100	70 -	30 -	Ck. 1262276-77 A.R. 131 30/8/19
													70	30			100			Ck. 1549166-67 A.R. 158 - 3.9.19
				350 00	150 00	500 00							350 00	150 00			500 00	0	0	

NON-EFFECTIVE

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P 820
12474—375m—13-28.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR ~~CANADA~~.
EFFECTIVE DATE:– 1-4-17	EFFECTIVE DATE:– 1/4/17
AMOUNT:– 20.00	AMOUNT:– 20

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Elie Albert (Wife)	Same
Sheila Glow Co. N.B.	
Stopped 1-4-19	

NAME:– ALBERT Elie.

NUMBER:– 666815

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO 4 3818/17	23/1/17	a/Sgt.
DO 4430 2/12/9/18 48 Co	28-8-18	Reverts to Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 165 Bn.

DATE ACCOUNT FIRST OPENED – 1-4-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
~~DO 4 28/8/17~~	23/1		6 I/C France.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
28/2/19	5973	Base CFC	24 33				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSICE ALLICE
DO 4 28/8/17	~~1.35~~ 1.00	~~.15~~ .10		

a/c Rgrtd 30/9/18

PARTICULARS OF RENDERING NON-EFFECTIVE:– 31/3/19 Draws Canada NR 3977 S'dale 3/3/19 S'dale do HB y.

Ledger Bal. Cr. 55 43

L.P.C. Bal. Cr. 31 10

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal Ford.										
April	S.P.	45		Can A.F.				20	100 50	2 75	
				AR 76 12 Dist 13-4-18	10 71						
May	✓	45 46 50		AP	10 71			20 20	114 79	2 75	
				AR 314 12 Dist 3.5.18.	10 71						
June	✓	46 50		AP	10 71			20 20	130 58	2 75	
		45		AR 654 ✓ 4.6.18.	10 71				144 87		
July	✓	45 46 50		AP	10 71			20 20		2 75	
				✓ 937 ✓ 1.7.18.	10 71						
				R279 ✓ ✓	50 60 71			20	110 66	2 75	
Aug	✓	46 50 46 50		AP				20			
				QR 1345 ✓ 3.8.18.	10 71				126 45		
		46 50			10 71			20			
Sept	–	33		Cap.				20			
				AR 6200 48 Co 1/9/18	26 77						
				AR 6751 do CFC 8/9/18	17 84						
				AR 6419 do 4/9/18	26 77						
				AR 6613 do 6/9/18	26 75						
				Overcrinaug. 28-8-18 to 31-8-18 4 days 40¢ see above		160					
		33		AR 1705 1/4 Wrs CFC. 7/9/18	17 84				218 6		
					115 99	160		20			
Oct	✓	34 10		Cap				20			
		71 10		AR 2037 12 Dis. 2.10.18.	7 46				285 0		
					7 46			20			
Nov	–			Cap				20			
Dec	✓	67 10		~~AR 4129 27 Co~~ 7.11.18	7 46						
				Cap				20			
Jan	–	34 10		AR 2698 ✓ 4/12/18	16 99				154 5		
		101 20		Cap				20			
					24 25			60			

COMPILED BY WR Avis

CHECKED BY Alf Hogg

NUMBER 666815 RANK NAME ALBERT.E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/1/19	Fowd								45 45		
Feb	AP	30 80		aR 3066 27 Co 5/1/19	7 46						
				aR 3391 12 Dis 4/2/19.	7 46						
				Cap	4 92			20	41 33		
				aR 8973 BD 28/4/19	24 33						
Mar.	P.P.	34 10		CAP				20	55 43		
				aR 3555 Rhye 17/3/19 2 PC Ends	9 73				21 37		
		64 90			48 98			40			

45 45
30 80
---
16 25
34 92
---
41 33
14 10
---
55 43
24 33
---
31 10

P. 559

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Sheila, N.B.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Elie Albert, Sheila, Glouc. Co. N.B.

RELATIONSHIP OF NEXT OF KIN: Wife

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE) 4-7-16

PAYABLE TO: Mrs. Elie Albert, Sheila, Glouc. Co. N.B.

RELATIONSHIP OF DEPENDANT: Wife

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Apr. A/Sgt. with pay.	22/6/17.	DRO. 4 22/8/17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 666815 RANK ~~Pte~~ Sgt. NAME Albert Elie

IF IN PERMT. CORPS WHAT UNIT: UNIT 165th Bn. TRANSFERRED TO 13th Res. Bn. DATE 7-4-17 AUTHORITY Shoreham DRO. 1609

PERMANENT FORCE ALLOWANCES: TRANSFERRED TO Can. For. Corps DATE 2/6/17. AUTHORITY DO. 100 16/5

PLACE OF ATTESTATION: Sheila, N.B. TRANSFERRED TO C.F.C. France DATE 21/7/17 AUTHORITY Pt II Orders

DATE OF ATTESTATION: 4-7-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE ~~4-7-16~~ 1/4/17

PAYABLE TO: Mrs. Elie Albert Sheila, Glou. Co. N.B. RELATIONSHIP: Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
														1 75	1 75																1 75				Bal. from Canada
April	30	.10 1.00													33													20		20	14 75				
May	31		34	10											34 10	201	1/5							4 86				20		24 86	23 99				
June	1		1	10											1 10													20		20	5 09				Trans To C.F.C. 2/6/17.
2-20	29		31	90											31 90																36 99				Apr. C.F.C. France 21/7/17 auth Pt II Orders
July 1-20	20		22												22													20		20	38 99				
21-31	11		12	10											12 10														26	26	50 83				Q 4005 1290 282-9 15/5/17
Aug.	31	1 35/15	46	50										16 40	62 90			31	6.7						2 68			20		22 68	91 05				apt. A/Sgt. 22/6/17 paid as pte 22/6/17 – 31/7/17 indsdt. $16.40
Sept.	30		45	-											45 -													20		20 -	116 05				
			225	70										18 15	243 85									4 86	2 68			120	26	127 80					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.

a/c Overleaf

666815 Sgt. ALBERT. E. Assgd. pay $20.00 (Canada.)

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.														
1917 Sept.																		116 05																	
Oct.	~~Pal. brought down~~				~~116 05~~				A.R. 2415 30/5 C.F.C. London					9 73			20																		
	Sg Pay				46 50				A.R. 186 22.8.17 48th Coy C.F.C. Free.					5 35																					
									AR 270 12 Dist 48th Coy CFC 12.9.17					5 35																					
									D.N. A.R. 2258 CFC Eng. 17.5.17					9 74																					
									AR 81 48th Co CFCF. 21.7.17					2 68																					
									" 111 " " " 7.8.17					5 35				104 35																	
					46 50									38 20			20																		
Nov	S Pay				45 00				Can A Pay								20																		
									AR 354 48 Co CFCF. 27.9.17					7 14																					
									DN AR 2625 BDCFC Eng 21.6.17					9 74																					
Dec.	S Pay				46 50				Can A Pay								20	138 97																	
1918 Jan					91 50				Can A Pay					16 88			40																		
																	20																		
	S Pay				46 50				AR 617 48 Co CFCF 16-11-17					19 63																					
									R 13163 " 20-12-17					50 "																					
									" 793 " " 11-12-17					10 71				85 13																	
					46 50									80 34			20																		
Feby	S Pay				42 00				Can A Pay								20																		
									AR 955 48 Co CFCF 11-1-18					10 71																					
									Halifax Fund. 11-1-18					1 00				95 42																	
					42 00									11 71			20																		
Mch	S Pay				46 50				Can A P								20																		
									AR 1272 48 Co, 9.2.18					10 71																					
									" 1613 " " 5.3.18					10 71				100 50																	
					46 50									21 42			20																		

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Unfit for G.S. on demobilization.

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.

L. Doucet Capt. *President.*

H. Secord Lieut. C.A.M.C. } Members.

PLACE St. John, N. B.

DATE 29th May, 1919.

APPROVED BY

H. H. Smith Capt., C.A.M.C.
for *Assistant Director of Medical Services.*

DATE 29-5-19.

APPROVED BY

Director-General of Medical Services.

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.

President.

PLACE ..... } Members.

DATE .....

ORIGINAL-B. P. C. ORIGINAL-B. P. C.

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. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the 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 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 St.John,N.B.M.D.7 DATE 29-5-19.

1. 1 (a) Unit D.D.#7 (b) Regimental No. 666815 (c) Rank Pte.

(d) Surname ALBERT (e) Christian name Elie

2. Age last birthday 41 Date of birth 8-12-77

3. Enlisted at Sheila, N. B. on 4-7-16

4. Personal description:—

(a) Height 5' 7" (b) Weight 176 (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes blue (f) Identification marks scar above left eye.

5. Address after discharge (for the use of the Board of Pension Commissioners) Caraquet, N. B.

6. Former trade or occupation Hotel Keeper.

7. (a) Service

		Years	Days	Periods From	Periods To
165th	Can. Eng.	3	318	4-7-16	13-5-17
C.F.C.	France			13-5-17	24-3-19
D.D.#7	Can.			24-3-19	date.

(b) Has he been overseas? yes 8. Original disease or disability Double Inguinal Hernia.

(a) Date of origin Dec. 1918 (b) Place of origin France

(c) Cause* man's statement Heavy lifting he states.

(d) Present disease or disability Slight Left Inguinal Hernia.

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.]

Obj:- Visible swelling in left groin which on coughing half fills the canal.

Subj:- None.

Disability:- Slight restriction in occupation from left inguinal hernia.

C.O.A.S., France.

M. F. B. 227.
200M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

(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

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

Says while taking bath felt lump on right groin. Thought it must have been caused by heavy lifting. Says was advised operation, but as he was short-handed in kitchen decided to wear a truss temporarily.

(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.

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

N. A.

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, operation not indicated.

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

Has been operated on for Rt. Hernia; in M.H., St.John, N.B. 12-4-19 to 19-5-19.

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? Yes.
(If not, briefly state why.)

17. Recommendations Unfit for G.S. on demobilization.

A. E. Logan Capt. C.M.O.

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 Elie Albert 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

A. E. Albert E.

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. 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).

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).

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

CLASS
WAR SERVICE BADGE
NO.....Issued

This space to be for numbers.

Proceedings on Discharge.

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

No. 666815

Rank Private

Surname ALBERT

Christian name ELIE JOSEPH

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

Corps (Squadron, Battery or Company) DISTRICT DEPOT NO. 7

Date of discharge MAY 30th, 1919

Place of discharge ST. JOHN, N. B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 41 years 5 months.
Height 5 feet 7 inches.
Complexion Dark
Eyes Blue
Hair Black
Trade Hotel Keeper
Intended place of residence (To be given as fully as practicable.) Caraquet, N.B.

Descriptive marks
Scar above left eye.

2. The above-named man is discharged in consequence of General Unfitness for General Service on Demobilization

Authority for discharge R.O. 1894. Para. 4 R.O. 1420(c)

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.

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

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

M. F. B. 218.
200M.—5-18.
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, and that I have received my permanent discharge certificate.

(Place) St. John, N. B. Albert Elie *(Signature of Soldier.)*

(Date) May 30, 1919 Sgt. S. M. Olive *(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.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) St. John, N. B.

(Date) May 30, 1919

(Signature) R. L. Murdoch for Capt. Adj.

MAJOR

O. C. DISTRICT DEPOT NO. 7

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

Albert Elie

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5069a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M).).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).

Group A

Checked by No. 928

Date 23/5/19

W. S. B. CLASS A. No. P 15-685

M

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

2-4-19 to 10-4-19

1. No.	666815	Category	B2
2 Rank.	Rte		
3. Name.	ALBERT		Eli
4. Unit.	75th Bn		67 Fd.
5 Date of Discharge		Place	

6 Reason for Discharge ..... Service in France

Next of Kin ..... Wife

7. Authority.

8. Proposed Residence after Discharge ..... Chicoutimi, Que.

Occupation ..... Hotel keeper

D.O.S. 14-10-19

per ss "Metagama" T.M.T.S. Canada Liverpool 21-3-19

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.? .....

Dispersal Station "C" APR 2 1919 Military District No. 7

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Dispersal Station "C" APR 2 1919 Military District No. 7

Date .....

Medical Documents Forwarded to ~~S. C. R.~~ or B. P. C. ON 9-6-19

Signature ..... O. C.

DISPERSAL STATION, ST. JOHN, N.B. FOR O. C. DISTRICT DEPOT #7

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Lieut.

A/D.F. O. M.D. No. 7