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REGIMENTAL DOCUMENTS

NAME ALDRICH. Samuel. Robert REGT. NO. 669854 UNIT 166th Battn H. Q. FILE NO. 3910

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	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 11[illegible])					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
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	Pay Sheets					

C

H

Deceased 21-4-60

Original

ATTESTATION PAPER.

No. 669654

~~166th Battalion.~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Aldrich
1a. What are your Christian names?	Samuel Robert
1b. What is your present address?	162 Waverley Road, Toronto.
2. In what Town, Township or Parish, and in what Country were you born?	Hamilton, Ont., Canada.
3. What is the name of your next-of kin?	Carrie Marjorie Aldrich
4. What is the address of your next-of-kin?	162 Waverly Road, Toronto, Ont., Canada
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	December 16th, 1897.
6. What is your Trade or Calling?	Painter
7. Are you married?	Married
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	~~Ye~~ 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, Samuel Robert Aldrich, 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.

Samuel Robert Aldrich (Signature of Recruit)

Date February 25th, 191 6. W. B. Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Robert Aldrich, 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.

Samuel Robert Aldrich (Signature of Recruit)

Date February 25th, 191 6. W. B. Moore (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 Toronto, Canada this 25th day of February 191 6.

[illegible] (Signature of Justice)

M. F. W. 23.
100M.—1 -15.
H. Q. 1772-39-841.

Description of SAMUEL ROBERT ALDRICH on Enlistment.

Apparent Age 28 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement: Girth when fully expanded 35½ ins.
Range of expansion 2 4½ ins.

Complexion Dark

Eyes Brown

Hair Black

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

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

Scar 1st finger left hand.
Scar palm of right hand.
Birthmark left chest.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date February 25th, 1916.

Place Toronto, Canada.

H. E. Ferguson
Medical Officer.

*Insert here "fit" or "unfit."

TORONTO RECRUITING DEPOT.

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.

Samuel Robert Aldrich having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. L. Wasserik Lieut.-Colonel (Signature of Officer)
Commanding 166th Overseas Battalion, Q. O. R.

FEB 28 1916

Date 191 .

MEDICAL HISTORY SHEET.

Surname Aldrich *Christian Name* Samuel Robt

Examined { on 25th day of February 191 6 / at Toronto

Approved by For Board H. E. Ferguson Capt & A.M.S., M.O.

Birthplace { City or Town Hamilton Ont / County Canada

Rank Toronto Recruiting Depot

Apparent age 28 Years 2 Months

Trade or occupation Painter

Height 5 Feet 7½ Inches.

Weight 124½ Lbs.

Chest measurement { Minimum 31 inches. / Maximum expansion 35½ inches.

Physical development Fair

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left. 1 / Number 1

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease Nil

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

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

Date.	Result.	Vaccinations.
		M.O.
		M.O.
5/5/16		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
20/4/16		M.O.
29/4/16		M.O.
6/5/16		M.O.

Enlisted on 25th *day of* February *191* 6 *at* Toronto Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	166th Batt			
Transferred to		669854		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Ex. Camp		21	6	16	30	6	16	Gonorrhoea	10	Cured	Lt Phillips Capt

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 669854 Rank Private Name S.R. Aldrich

Corps 166th.(Q.O.R.)Bn. who was* Discharged

On August 15th.1916. 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

	Dr.	$	c.		Cr.	$	c.
From To	Bal. Dr. from previous month			From To	Regimental pay 15 days at $ 1 c. -	15	-
	Total payments during period from 1--15	5	-		Field allowance 15 " $ 10	1	50
	Assigned Pay				Other allowances Civ.clothes	8	00
	Other Charges (give particulars) Laundry 50 Uniform	10	00		Other Credits (give particulars) Uniform	10	--
	A.W.L.4 days D.O. 255	4	40				
	Bal. Cr. on discharge or transfer	14	60		Bal. Dr. on discharge or transfer		
	Total	34	50		Total	34	50

The amount shewn as Balance Cr. due on discharge or transfer has† been / not paid.

Monthly stoppage on account of assignment of pay is $20.00, and has been charged in Paylist for month of August

† Insert "been" or "not been," as case may be.

REMARKS:—

State (1) date of enlistment Feb. 25th.1916.

(2) if married and if a Separation Allowance Card has been submitted Yes Yes

(3) cause of discharge and authority Medically unfit D.O. 270

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of the unit.

Date August 15th.1916.

Place Camp Borden, Ont.

HON. CAPT

Paymaster

M. F. W. 44

100 M.—11-15
H. Q. 1772-39-903

L. L. Job 83773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

317

SEPARATION ALLOWANCE

Name Marjorie Aldrich

Address 162 Waverley Rd
Toronto
Ontario

Relation to Soldier wife, child or mother } Wife

Name of Soldier Aldrich Samuel K.

Regtl. No. 669854

Rank Pte

Corps 166 Batt

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		C 34128	20 -	20

ACCOUNT CLOSED
DATE PER

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Marjorie Aldrich Wife

Name of Soldier Aldrich Samuel R. Pte

PAYMENTS.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	F 302	20 —	20
May		G. 4729	20	20
June		B 1724	20	20
July		J 9849	20	20
Aug.		A 11261	20	20
Sept.		~~B 14688~~	~~20~~	20
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

B. 14688. Cancelled
Dis 10/8/16 649-A-1600

Return of $10 overpaid requested 31/8/16

ACCOUNT CLOSED
DATE..... PER W

Classified 10/11/20
Tw C. Sus.

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.				

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps Q. O. R., 166th O/S Batt., C. E. F.

Regimental No. 669854 Rank ..... Name Aldrich Samuel Robert
C. E. F.

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

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Discharged Medically Unfit			Aug. 15th 16

(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				

Report of Examination and Attestation

By the Toronto Recruiting Depot

TO THE RECRUITING OFFICER OF THE MILITIA UNIT BELOW NAMED

1. Surname: Aldrich.
   Christian Names: Samuel Robt.
   Present Address: Hardware St Toronto
2. Town, Township or Parish and Country of Birth: Hamilton Ont.
3. Name in full, next of Kin: Laura Virginia Aldrich
   Relationship: Wife
4. Address of next of Kin: 1 Ha Hardwright
   Toronto Ont.
5. Date of Birth: Dec 11/1894 Age 28 Yrs. 2 Mos.
6. Trade or Calling: Hunter
7. Married, Single: Married
8. Are you willing to be vaccinated or re-vaccinated or inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the Canadian Overseas Expeditionary Force? Yes

Complexion: Dark
Eyes: Brown
Hair: Black
Religion and Sect: Pres

MARKS OF IDENTIFICATION: Scar 1st finger L hand
Scar Palm of R hand
Birthmark L chest

Date of Examination: Feb 25 1916
Apparent Age: 28 Years 2 Months
Height: 5 Feet 7½ Inches
Weight: 124½ Pounds
Chest Measure — Maximum when Expanded: 35½ in.
Minimum when Deflated: 31 in.
Range of Expansion: 4½ in.
Physical Development: Fair
Smallpox Marks: —
Vaccination Marks — Arm Right: — Left: 1
Number: 1
When Vaccinated Last: Childhood
Marks indicating congenital peculiarities or previous disease:
Slight defects but not sufficient to cause rejection:
For: 166th Bn.
MILITIA UNIT

Examined by: Capt Ferguson M.O.
(a) who considers him fit for Overseas Service C.E.F.
or
(b) who refers him to Medical Board for decision.

MEDICAL BOARD
Capt Hyland M.O.
" Howard M.O.
" Ferguson M.O.

Examined this Volunteer: Feb 25th 1916
and report him: fit

REG. NO. 669854 NAME (SURNAME FIRST) Aldrich S.R.

RANK Pte CORPS 166 Batt

AGE 28. SERVICE

NAME OF HOSPITAL Stationary Ex Camp PLACE Toronto

DATE OF ADMISSION 21-6-16

DISEASE Gonorrhoea

DISCHARGE 30-6-16

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No 669854 RANK Pte NAME Aldrich Samuel R

T. O. S. 25-2-16 UNIT 166th Battalion
(Bo # 69-26-2-16)

M. D. 2

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Feb 25	Feb 29	✓		
Mar		✓		
April		✓		
May		✓		
June		✓		
		✓		
Aug. 1	Aug. 15.	✓	a.w.l. 31-7-16 to 3-8-16 Forfeits 4 days pay.	D.O. 255 of 4-8-16.
			D.O. 15-8-16. m. n.	D.O. 270 of 14-8-16.

UNIT SAILED
OCT 12 1916

a/c closed by payments.

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

18

C

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. 669854

Rank Private

Name Samuel Robt. Aldrich

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

Corps (Squadron, Battery or Company) 166th 2 O.R. Overseas Bn.

Date of Discharge 15th August 1916

Place of Discharge Camp Borden, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years 2 months.
Height 5 feet 7½ inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Painter
Intended place of residence (To be given as fully as practicable.) 162 Waverly Rd Toronto

Descriptive Marks
Scar 1st finger L Hand
" palm of R Hand
Birthmark L. chest

2. The above-named man is discharged in consequence of being "Medically unfit".

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

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

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

Good

Deceased 21-4-60

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

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

Painter

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

G.D. 15.6.60

Carded 17-10-16 MB

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) Camp Borden

(Date) August 15/16

Lieut. Colonel
Commanding 166th Overseas Battalion, C. O. R.

Commanding .....

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

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

(Place) Camp Borden J. R. Aldrich (*Signature of Soldier.*)

(Date) August 15/16 [illegible] (*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) Camp Borden

(Date) August 15/16

(*Signature*) Lieut. Colonel
Commanding 166th Overseas Battalion, C. O. R.

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.)

(OVER)

Dec 4

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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

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

Administrative Medical Officer.

Militia Form B. 227.
20m.—10-15.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

Next of Kin Mrs. Carrie [illegible]
Wife

Address of Invalid - Same -

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE
AUG 29 1916
H.Q. CANADA
649 A-1600

1.—Station. Camp Borden.

2.—Regiment of Corps. 166th Q.O.R., Os. Bn. C.E.F.

3.—Regimental No. and Rank. } 669854

4.—Name. Aldrich. Samuel Robert.

5.—Age last Birthday. 28 years.

6.—Enlisted { on February 26-1916 / at Armouries, Toronto

7.—Former Trade or Occupation. } Decorator

8.—General remarks on his :—

(a) Conduct. Good

(b) Habits. Has been in Hospital with Venereal trouble G.C.

(c) Temperance. Good.

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

Date July 20 1916

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
166th Q.O.R., Os. Bn. C.E.F.	February 26-1916	July 20-1916

10.—Disease or Disability. Varicocele

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. Date not known - He had it when he enlisted - He states that he was then told he had this condition though it does not appear upon his Med. Hist Sheet. Cause unknown - He alleges that it becomes painful when marching causing him to fall out. Appearance does not warrant this.

Has it been aggravated by intemperance, vice or misconduct? Not aggravated by these to our knowlege.

M. F. B. 227.
20m.—10-15.
H. Q. 1772-39-117.

[OVER]

Carded 23-8-16 M.B.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held? ✓

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

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

He alleges that it has become worse during service. In absence of note of the matter on Med. Hist. Sheets I cannot deny this. It would probably have become worse in any case of heavy labor.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Yes. except to operation which he definitely refuses. He should suffer no inconvenience from it in his trade employment.

16.—Full particulars of medical treatment of case up to date of invaliding.

Suspensory Bdg

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps. ✓

18—State if for discharge on account of unfitness for service.

Yes.

H. L. Reagin Capt Ame
M.O. 166th Bn C.E.F.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The Board having met and examined this man find him medically unfit and recommend his discharge

Signatures :— H. R. Rolene Capt President.

Station CAMP BORDEN

W. McWilliams Capt.

Members.

Date JUL 21 1916

W. M. Robb Cap.

Date 12-8.16

G. B. Fonseca Capt
Assistant Director of Medical Services.

Approved.

Date 25/8/16

O. Scott Cannon Capt
Director of Medical Services.

[OVER]