

REGIMENTAL DOCUMENTS

7208

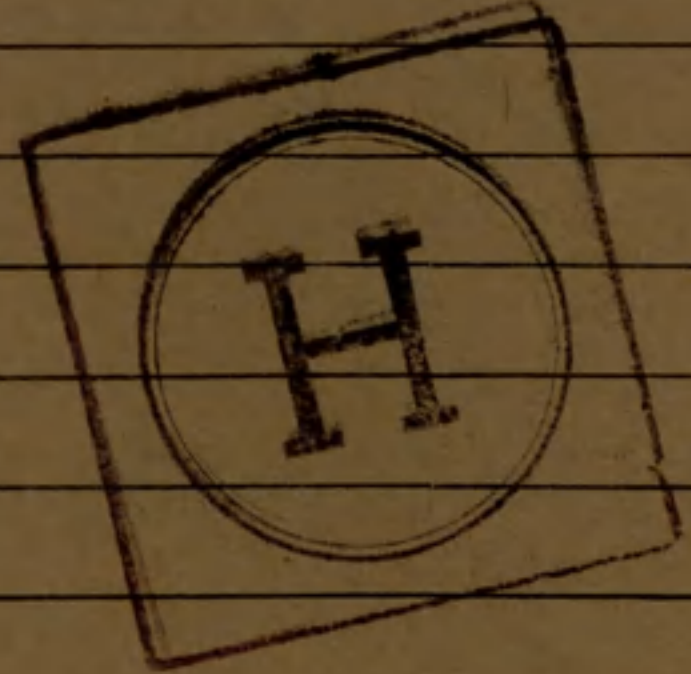
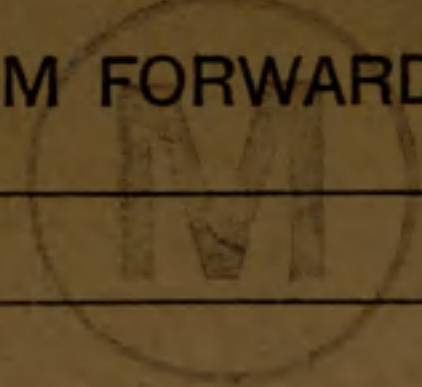
NAME *AMBROSE. John*

REGT. NO. *931688*

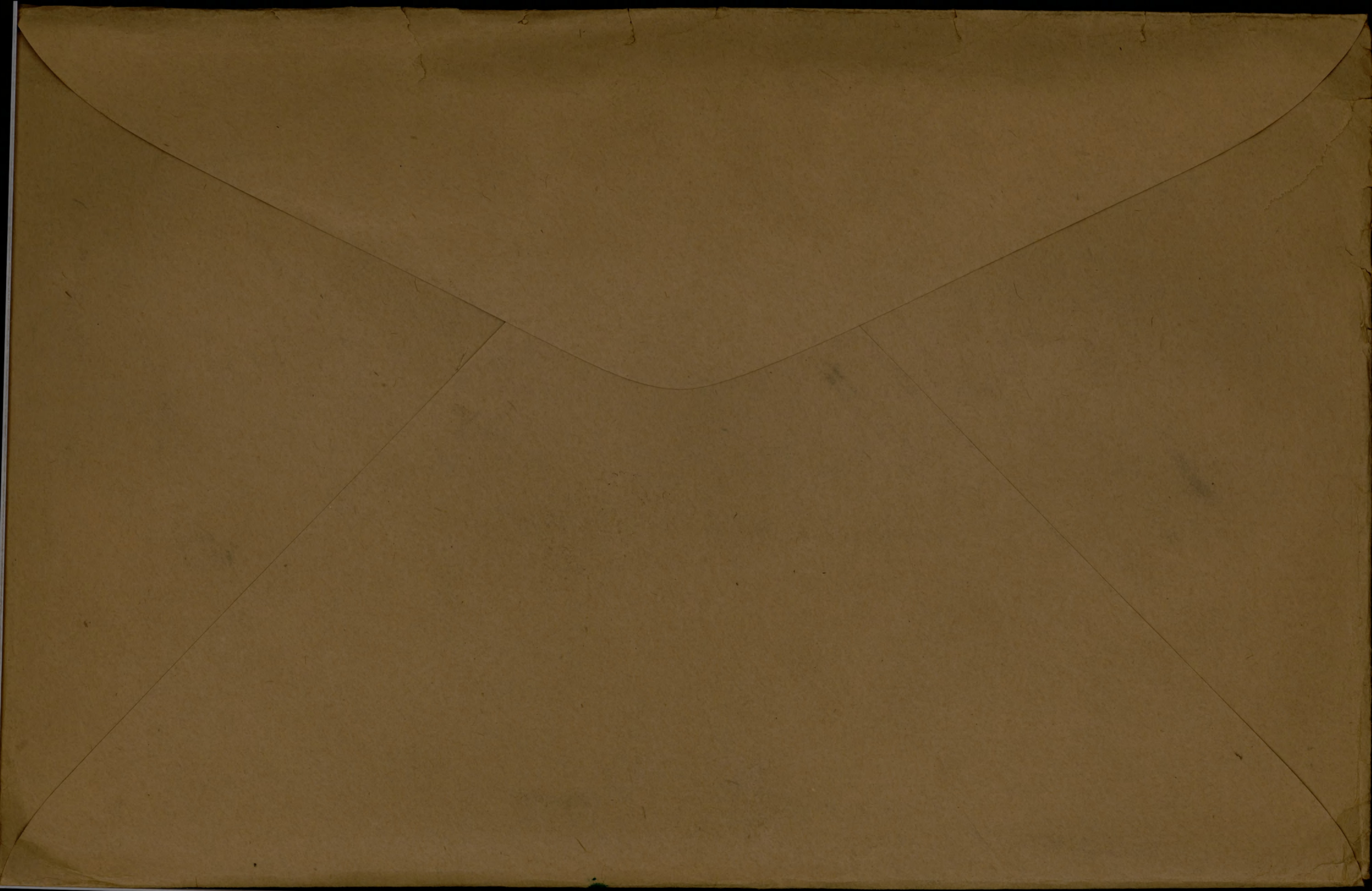
UNIT *225<sup>th</sup> Batta*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ <del>TRAINING HISTORY SHEET (M.F.W. 113)</del> <i>Record sheet</i>					
/ 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)					
<i>2</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
<i>5</i> TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>2</i> <i>Wills</i>					<i>11.26</i>
<i>3</i> <i>Misc Cards</i>					<i>24.27</i>
<i>Pay sheets</i>					<i>30.27</i>
					<i>1</i>









A

931688 Original  
No. 931688

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Ambrose*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *Natal B.C.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Green Co Limerick Ireland*
- 3. What is the name of your next-of-kin?..... *Richard Ambrose*
- 4. What is the address of your next-of-kin?..... *Donnoughmore, Co. Cork Ireland.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *August 29<sup>th</sup> 1882*
- 6. What is your Trade or Calling?..... *Clerk*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *107 East Kent Reg*
- 10. Have you ever served in any Military Force?..... *As above*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Ambrose*, 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.

Date *July 17<sup>th</sup> 1916* *J. Ambrose* (Signature of Recruit)  
*W. D. McLean, Lieut* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Ambrose*, 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.

Date *July 17<sup>th</sup> 1916* *J. Ambrose* (Signature of Recruit)  
*W. D. McLean, Lieut* (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 *Gernie B.C.* this *17<sup>th</sup>* day of *July*, 1916  
*J. Green* (Signature of Justice)



Description of John Ambrose. on Enlistment.

Apparent Age.....34.....years .....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft..10.....ins.

Chest measurement. { Girth when fully expanded.....38½.....ins.  
 Range of expansion.....2½.....ins.

Complexion.....dark

Eyes.....Brown

Hair.....Dark brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....yes  
 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).

Pigmented mole on left shin.

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 6th.....1916

Place.....Michel B. C.

\*Insert here 'fit' or 'unfit.'

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

*R. C. Weldon*  
 Medical Officer.  
*W. M. S. [unclear]*  
*Cap. [unclear]*

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Ambrose......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.

.....*Joe Moskey*.....(Signature of Officer)  
 O. C. 25th Battalion O. I. F.

Date.....July 24<sup>th</sup>.....1916







**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



No. 931688 RANK Pte

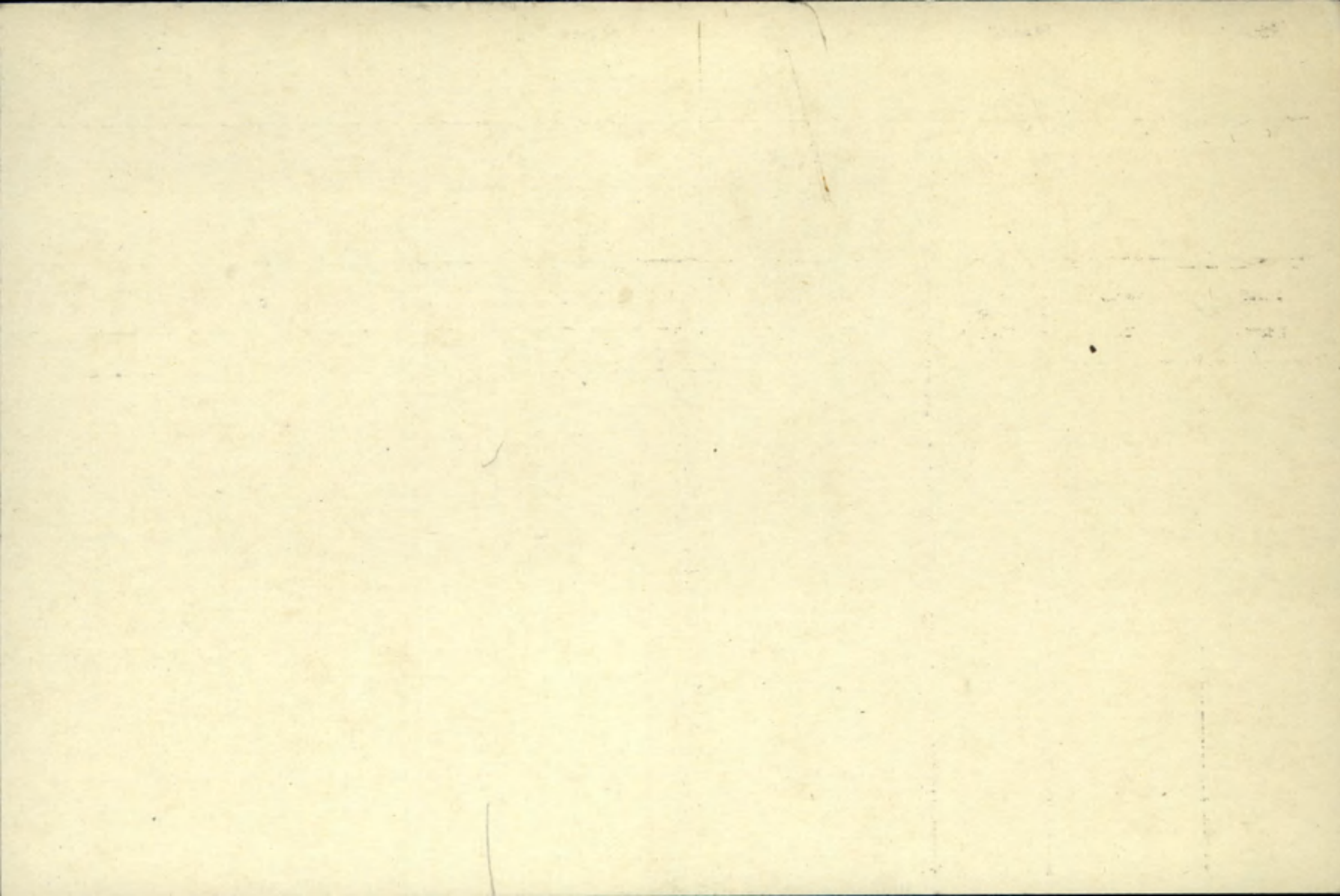
NAME Ambrose J

T. O. S. 6-7-16 UNIT 225th Battalion C. I. F.  
(No. 145 of 24-7-16)

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 6	1916 July 31	C		
	Aug	C		
	Sept	C		
	Oct	C		
	Nov	C		
	Dec	C		







865 to Canada to be inscribed on the ... 1910-17 deceased 7-2-18

649-A-7149. 931688 Pte. John Ambrose. CEF.

B. C. R. 28.

Medals & Dec.

M

(Sister) Mary Ambrose.  
15 Richmond Hill,  
Cork, Ireland.

Plaque & Scroll.

(Father) Richard Ambrose,  
Address as above

(Ser. # 806363)

Memorial Cross. -----Nil.

Handwritten signature

MAY 5 - 1921

Scroll Desp.

Reqn. No 241577

Intelig. 14/15 star  
Intelig. U. m.  
Intelig. B. W. m.

SEP 10 1921

Maple Desp.

Reqn No P6532







921688

St Ambrose

## DENTAL CERTIFICATE.

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

BCRH

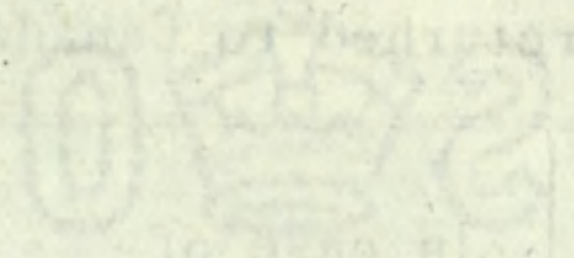
Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
5. 10. 17.	Fit			

R. Jamieson  
Capt. C. S. C.



# DENTAL CERTIFICATE

The following Certificate will  
 be attached to the Medical History Report of all  
 Other Ranks being reported to the Medical Department.



Name of Patient	Date of Examination	Present Dental Condition	Date of Examination	Remarks



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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service

Unit, Regiment or Corps *225th Overseas Dist. C.A.S.*

Regimental No. *931688*

Rank *Private*

Name *John Ambrose*

Enlisted (a) *July 17/16*

Terms of Service (a) *C. E. F.*

*C. E. F.*

Service reckons from (a) *17/1/16*

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) *clerk*

*Private*

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.
	<i>Embarked Canada</i>	<i>Hampden</i>	<i>23-1-17</i>	
	<i>Arrived England</i>	<i>Liverpool</i>	<i>6-2-17</i>	
<i>9-2-17</i>	<i>O.C. 16th. Taken on strength 16th. Res. B. Res. B.</i>	<i>Seaford</i>	<i>7-2-17</i>	<i>Pt2. D.O 31. 9-2-17</i>
<i>1/3/17</i>	<i>16th Res Bn S.O.S. on transfer to 60th Bn + attached to 16th Res Bn</i>	<i>Seaford</i>	<i>10/1/17</i>	<i>M 2 D.O. 51.</i>
<i>26-3-17</i>	<i>905. BCR Depot</i>	<i>Seaford</i>	<i>26/3/17</i>	<i>Pt 2 D.O 17</i>
<i>13-2-17</i>	<i>On Command to C.O.D. Bn</i>	<i>Seaford</i>	<i>13/2/17</i>	<i>Pt 2 D.O 129</i>
<i>25/5/17</i>	<i>O.T. B Seaford returned to C.O.D.</i>	<i>Seaford</i>	<i>25/5/17</i>	<i>Pt 2 D.O 78</i>
				<i>1st Lt Edmunds Capt Adj</i>

(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				

27, 17 BCRD on Command of CDD Buxton 27.9.17 Ft 200 197  
 1-2 DOT MUMMER Lt Col asst Adjt BCR Depot

28 SEP 1917 TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 230

*B. Vine*  
 Commanding Lt. Col  
 Canadian Discharge Depot.

18 OCT 1917

EMBARKED FOR CANADA FROM LIVERPOOL

*B. Vine*  
 Commanding Lt. Col  
 Canadian Discharge Depot.







ad  
11/4 7/8/17

TEMPORARY RECORD SHEET

B.C.R.D.

931688 Pte. Ambrose. J

11.7.17	O.S.B.	att for D & D	Pte	Seaford	11.7.17	PF 4	3
25/9/17	O.S.B.	Ceases to be att'd. Returns to B.C.R.D.	"	"	25/9/17	PF 4	48.

Noted PF 3  
9.10.17 wt  
File in Envelope



G.C. Rank \_\_\_\_\_ Name **AMBROSE. John.** Reg'l No. **931688.**  
 Unit **Dft. 225th. Bn. to 16th. Res. Bn.** If in perm. Corps, What Unit? Married or Single **Single.**  
 Place and Date of Enlistment **Fernie. 17th. July 1916.** Place of Birth **Croom Co. Limerick Ireland.**  
 Name and Address, Next-of-Kin **Richard Ambrose,**

**Donnughmore Co. Cork. Ireland.** Relationship **Father.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

N/E. R.B. No. **6771**  
 File R.L. \_\_\_\_\_  
 Category **Can. O.R.**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England	St Grampian	6-2-17.	
9-2-17	16th Res Bn.	T.O.S.	Seaford	7-2-17	Pt II D.O. 31.
1-3-17	do.	SOS to 66A Co & att to 16th Res Bn. <small>for all purposes.</small>	do.	10-2-17	" " " 51. <small>Att Pt II D.O. 17.</small>
26-3-17	BERD	T.O.S. from 16 Res Bn & remain on Com @ 16 Res.		10-3-17	- - 7
27-5-17	16 Res	ceases to be attached from BERD		25-5-17	- - 138.
16-7-17	BERD.	on bond O.T. Bn Seaford		13-7-17	- - 129.
27-9-17		On bond 66A Co. Buxton		27-9-17	- - 197
11-7-17	O.T. Bn	Attach for D.O.		11-7-17	" " 3
25-9-17		ceases att on return to 130. P.D. Ceases to be on bond 66A Co. Buxton		25-9-17	" " 78
23-10-17.	BERD.	x SOS on Embk to Com for Dis <del>mission</del> , Dis of a. 9. Ottawa		18-10-17	O.T. 220



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
	Dr's Dept.	To Convalescent Home	M.D. # 11 Victoria	28/10/17	W.R. 394.



Name Plt Ambrose John

M. F. W. 41  
1 OM-7-16  
1772-39 889.

Regimental No. 931688

Name and address of next-of-kin

Unit 225 Bn.

Date of enlistment

Place of " "

J. M. R. 1/12/17

Married (yes or no) No

Date and place discharged

WK

Amount of pay assigned monthly \$

Reason for discharge D.O. #39. Died 7-2-18

To whom payable

Character on discharge

Form 5351-M. & D. 6880.

	Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<u>Jan</u>	<u>12/17</u>	<u>31</u>	<u>62</u>	<u>100</u>	<u>62</u>	<u>10</u>	<u>620</u>	<u>81 63</u>	<u>81 63</u>		<u>73 73</u>		<u>50</u>	<u>158 08</u>	
<u>Feb</u>	<u>1</u>	<u>28</u>	<u>28</u>	<u>28</u>	<u>28</u>		<u>280</u>	<u>30 80</u>	<u>30 80</u>		<u>34 35</u>				<u>30<sup>80</sup> Cr. Bal.</u>















FORM OF WILL.

I, **John Ambrose** (Name in full)

Regimental Number **931688** serving in **225th O/S Batt C.E.F of the**  
the Overseas Military Forces of Canada, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

**Miss M. Ambrose**

)  
) Name and Address  
) of person or  
) persons to whom  
) it is to go.  
)

**Donoughmore Co.ck,**  
**Ireland**

RECORDS REGISTRY O.M.F. OF C.	
GREEN ARBOUR HOUSE,	
OLD RAILEY LONDON, E.C. 4.	
R.L.	
REF TO	A-2-A3
	1 - AUG 1918
FILE CHARGED TO	SINCE
ACTED ON	

absolutely, and my personal estate I bequeath to  
**Miss M Ambrose**

**Donoughmore, Cork**  
**Ireland**

)  
) Name and Address  
) of person or  
) persons to receive  
) personal estate.  
) (See note).  
)

IMPORTANT NOTE

This must be signed  
and dated by the  
Soldier Himself.

this **9** day of **July** A.D. 19**18**

**Pte. J. Ambrose**

Signature of Soldier.

N.B Personal estate includes pay, effects, money in bank, insurance  
policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in  
the presence of us both present at the same time, who in his presence at  
his request and in the presence of each other have hereunto subscribed our  
names as Witnesses.

**Pte. John Little**  
Signature of First Witness  
**225th Battalion.**

The Two  
Witnesses  
Must Sign  
Here.

**Soldier**

Address of Witness

Occupation of Witness

**William Arthur Luff Sgt**

Signature of Second Witness

**225th Batt. C.E.F.**

Address of Witness

**Soldier**

Occupation of Witness.

I hereby certify the above to be a true copy of the original Will now on  
file in Estates Branch, O.M.F.C.

Date **31<sup>st</sup> July 1918.**

*[Signature]*  
Lieut.  
for OFFICER I/C ESTATES, O.M.F.C.

NOTE Died

**31-7-18.**  
Transferred **931688. Pte. Ambrose. J. 225th. Bn.**  
**(BAC.) 26910.**

*[Handwritten mark]*







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..... *225<sup>th</sup> o/s Battalion, C.E.F.*

(2) Regimental Number..... *931688.*

(3) Full Name of Soldier..... *John Ambrose.*

(4) Place of Birth..... *Broom County of Limerick  
Ireland.*

(5) Are you married, or not?..... *No.*

(6) If married, state,  
 (a) Full name of your wife.....  
 (b) Present Postal Address.....

(7) Are you a widower?..... *No.*

(8) Have you any children?.....  
 If so, give number of boys and girls.....  
 Also their names and ages.....



(9) Is your Father alive?..... *Yes.*

If so, state name and address..... *Richard Ambrose Donoughmore*

(10) Is your Mother alive?..... *No.*

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

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

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

(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.

*Mr. Richard Ambrose, (Father)*  
*Donoughmore County Cork,*  
*New Delivery Ireland.*

(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.

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

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

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

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

*J. M. M. M.* Lt. Col.  
Commanding  
The 225th Kootenay Battalion, C. E. F.  
Officer Commanding.

Date..... *Jan 9 1917*



26910

~~100731~~

FORM OF WILL.

I, John Ambrose (Name in full)  
Regimental Number 931688 serving in 2212 of B.M.C.F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. M. Ambrose  
Loughmore, Cork,  
Ireland } Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. M. Ambrose  
Loughmore - Cork  
Ireland } Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 9 day of January A. D. 1919  
Pte. J. Ambrose Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything  
except real estate.

ESTATES BRANCH

JUN 9 1919

MILITIA DEPT.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of First Witness Pte. John Little  
Address of Witness 225th Battalion,  
Occupation of Witness Soldier  
Signature of Second Witness William Arthur Luff Sgt.  
Address of Witness 225th Batt. C.E.F.  
Occupation of Witness Soldier.



FORM OF WILL

26 p 10

*John M. ...*  
I, the undersigned, being of sound mind and memory, do hereby declare that this is my last will and testament, and I give, devise and bequeath all that I own to the following persons, to wit:

Name and Address of Person to whom bequeathed

*John M. ...*  
*...*

Name and Address of Person to whom bequeathed

*John M. ...*  
*...*

IMPORTANT NOTE  
This will is not valid unless it is signed by the testator in the presence of two or more witnesses, and is subscribed by the testator and the witnesses in the presence of each other.

*John M. ...*  
*...*

*John M. ...*  
*...*  
*...*  
*...*





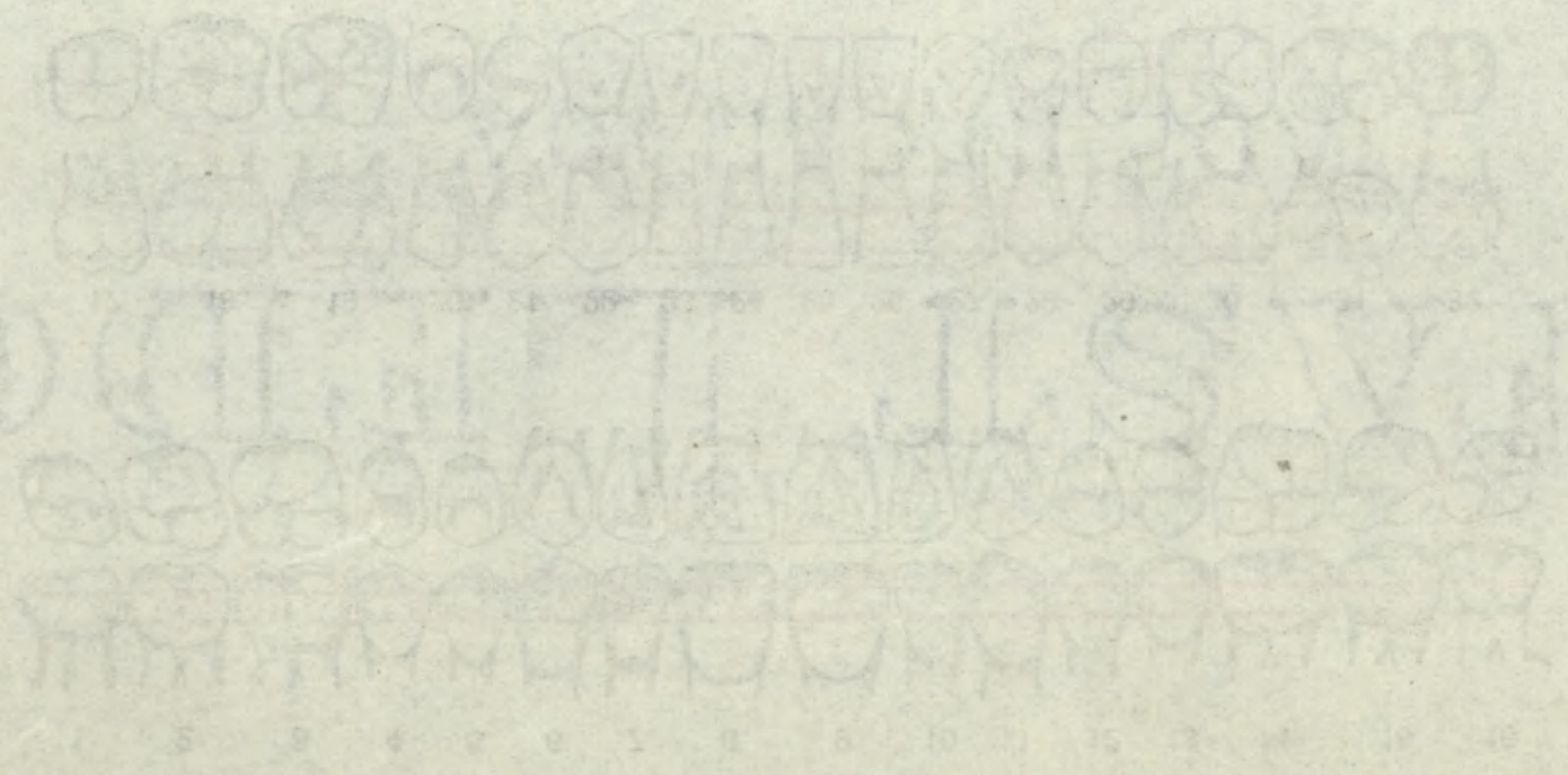


1940  
DENTAL HISTORY SHEET

ACADIA, MAINE DENTAL COLLEGE

NAME OF STUDENT  
DATE

TOOTH	PERIODONTAL	PERIAPICAL	ROOT	CROWN	RESTORATION	EXTRAORAL	OTHER	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								



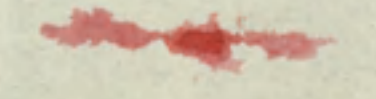
1. Condition of gingivae
2. Condition of interdental spaces
3. Condition on comparison of teeth

DATE

BY

REMARKS

INSTRUCTIONS





931688 Original (R 478) M.C. Card

# MEDICAL HISTORY SHEET.

Surname Ambrose Christian Name John

Examined { on 6<sup>th</sup> day of July, 1916  
 at Michell, B.C.  
 Birthplace { City or Town Broom  
 County Simonsick, Ire.

Approved by R. C. Cullen  
 Rank Capt Am C. M.O.

Apparent age 34  
 Trade or occupation clerk  
 Height 5 Feet 10 Inches  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 35 1/2 inches  
 Maximum expansion 3 3/4 inches  
 Physical development Good  
 Small-Pox Marks \_\_\_\_\_

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>2/1/13</u> M.O.
		<u>20/3/17</u> M.O.
		<u>TOS 17</u> M.O.
		<u>Def Co 78 20/5/17</u> M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

Date.	Result.	VACCINATIONS.
<u>7/9/16</u>		<u>R. C. Cullen</u> M.O.
<u>12/1/17</u>		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease Pigmented mole on left shin

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>TAB</u>		
<u>1/8/16</u>	<u>OK</u>	<u>R. C. Cullen</u> M.O.
<u>11/8/16</u>	<u>OK</u>	M.O.
<u>21/8/16</u>	<u>OK</u>	M.O.

(b) Slight defects but not sufficient to cause rejection  
none  
20/20 both eyes

Enlisted on 6<sup>th</sup> day of July, 1916 at Michell B.C.

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>225<sup>th</sup> OS Batt C.E.F.</u>	<u>931688</u>		
Transferred to	<u>16th. C.R. Bat.</u>			<u>1</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>New Westminster B.C</u>	<u>Jan 10/17</u>	<u>16th. C.R. Bat.</u>	<u>Dr. Macdenn</u> Capt
<u>Seaford</u>	<u>Feb 10/17</u>	<u>Goutre</u>	<u>Dr. R. Cullen</u> Capt
	<u>Sept. 13/17</u>		<u>C. W. H. Hare</u> Capt
			<u>not likely to be found in barracks</u>

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.







P. 559  
MARRIED  SINGLE

Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

M<sup>r</sup>. R. Ambrose

Donoughmore, County Cork Ireland

RELATIONSHIP OF NEXT OF KIN

Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. **931688** RANK **Pte.** NAME **Ambrose - John**

IF IN PERM. CORPS | UNIT **R25<sup>th</sup> Batt** TRANSFERRED TO **16<sup>th</sup> Cav Regt** DATE **Feb** AUTHORITY **507 60**

PERMANENT FORCE ALLOWANCES TRANSFERRED TO **S.P.C.** DATE **13.6.17** AUTHORITY **12.5.17**

PLACE OF ATTESTATION **Fernie B.C.** TRANSFERRED TO **K. Dis.** DATE **13.6.17** AUTHORITY **1-6.17**

DATE OF ATTESTATION **July 17<sup>th</sup> 1916** TRANSFERRED TO **BC & Depot** DATE **13.6.17** AUTHORITY **Discharge notes**

ASSIGNED PAY MONTHLY \$ **nil** DATE EFFECTIVE **30-9-17**

PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ASSIGNED PAY MONTHLY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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

DISCHARGE DATE AND PLACE **Canada 12.6.17** REASON AND AUTHORITY **Discharged**

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) **Canada 29.9.17** REASON AND AUTHORITY **Discharged**

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) \_\_\_\_\_ REASON AND AUTHORITY \_\_\_\_\_

MAR 9 1918

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK

931688 Pte. Ambrose J.

Date of Payment	No. of Acq. Roll.	AMOUNT					Place of Payment	Name of Paymaster.	Remarks
		Francs	£	s	¢	¢			
<del>20.4.17</del>	<del>208</del>	<del>210</del>	<del>10</del>	<del>43</del>	<del> </del>	<del>do</del>	<del>H Roberts</del>	<del> </del>	
<del>30.5.17</del>	<del>210</del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>do</del>	<del>do</del>	<del> </del>	
<del>1.6.17</del>	<del>211</del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>do</del>	<del>do</del>	<del> </del>	
6.8.17	736	10	43			do	H Roberts		
<del>30.8.17</del>	<del>860</del>	<del>5</del>	<del>33</del>	<del> </del>	<del> </del>	<del>do</del>	<del>do</del>	<del> </del>	
11.9.17	910	1	10			do	do		
<del>26.9.17</del>	<del>226</del>	<del>2</del>	<del>9</del>	<del>33</del>	<del> </del>	<del>do</del>	<del>do</del>	<del> </del>	
						68.12			

ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	1	2	3	4				CREDIT	DEBIT			
										14 40					Balance from Canada
115 12.7.17				19 46				51.09	31 51		80				
170 16.7.17	352078	17		18 16	19 47				64 51		45				
									98 61		60				
									111 81		75				
									1217	1217	99 64				
									4 87	182 77					
										214 67					
										68 13	215 61	68 12			

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE DEBIT SEP. RED. ALLGE. PAY ENG.

Sailing List # 48 d. 18.10.17 C<sup>o</sup> Blee # 123.16

FORM 1000  
 DISCHARGE TO  
 PAYBOOK  
 CHECKED  
 1917  
 1918  
 1919  
 1920  
 1921  
 1922  
 1923  
 1924  
 1925  
 1926  
 1927  
 1928  
 1929  
 1930







931688 - Private, Ambrose, Jac.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEPR. PAY	SEP. ALLCE. ENG.																
Out	Bal for		210 61						210 61																		
Nil				10.10.17 Dr 12563 - Costance	24 33																						
				Dr 12 BERS. 15.6.17	26 77																						
				" 260 1 P. 13 31.5.17	24 33																						
				" 736 Det Seaford 15.8.17	2 42																						
				" 910 " 12.9.17	7 30																						
1				" 226 Bld 26.9.17	9 73				120 72																		
1918	Jan			Dr 260 Det Seaford 30.9.17	24 33				96 39																		
				Balance transferred to M. E. Branch					Nil																		

L.P.C. Sup found  
14.12.17. including  
endorsement on  
original L.P.C.  
C. Bal 843. 96 39



LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 2084).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.



DELTA 10

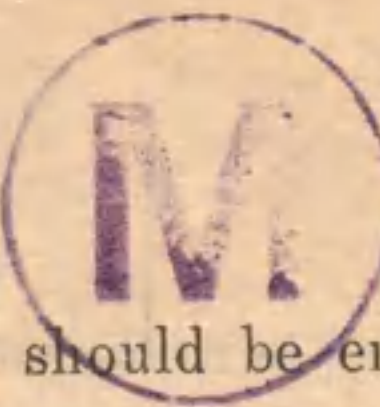
OCT 28 1917

Army Form B. 268.

2039

90

Proceedings on Discharge.



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

No. <u>931688</u>	Army Rank <u>Pte.</u>
Name <u>Ambrose J</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>B6 R S</u>	
Battalion, Battery, Company, Depot, &c. <u>225th Bn</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge <u>17 Feb 1918</u>	
Place of discharge <u>Desmond Victoria BC</u>	
1. Description at the time of discharge.	
Age <u>35</u> years _____ months	Descriptive marks. <u>Scar &amp; ecz.</u>
Height <u>5</u> feet <u>10 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Brooklyn BK</u>	
Intended place of residence (To be given as fully as practicable) <u>Natal B6</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	

Returned to Canada. Authority G.111

Adjutant General's letter D.O.4. A.G.2-1-29. of 19-6-17.

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

3. Military character:—

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

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

N.E. Brown  
23-2-18  
D.O.



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

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

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

Local

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

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

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

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of service.

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

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. Confirmation of discharge.

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

(Place) \_\_\_\_\_ Signature \_\_\_\_\_

(Date) \_\_\_\_\_

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

\_\_\_\_\_



Is slightly deaf in right ear, a disability of 5 years duration.

Gets attacks of dizziness when he stoops.

General health very good.

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

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

## MEDICAL HISTORY OF AN INVALID

STATION..... **Esquimalt, B.C.** DATE..... **January 23rd 1918.**

1. (a) Unit **225th Battalion** (b) Regimental No. **931688** (c) Rank **Private**  
 (d) Surname **Ambrose** (e) Christian name **John**  
 2. Age last birthday **35** Date of birth **August 8th 1882**  
 3. Enlisted at **Fernie, B.C.** on **July 17th 1916.**

4. Personal description :—

- (a) Height **5 Ft. 10 $\frac{1}{2}$**  (b) Weight **143** (stripped) (c) Complexion **Fair**  
 (d) Colour of hair **Brown** (e) Colour of eyes **Brown** (f) Identification marks

**Mole in part of left leg.**

5. Address after discharge (for the use of the Board of Pension Commissioners.)  
**c/o 1114 Georgia Street - Vancouver, B.C.**  
 6. Former trade or occupation **Grocery Clerk.**

7. (a) Service	Years	PERIODS	
		From	To
<b>225th Battalion</b>	<b>1</b>	<b>July 1916</b>	<b>January 1917</b>
<b>Canada</b>			
<b>England</b>		<b>January 1917</b>	<b>October 1917</b>
<b>In Hospitals since.</b>			

- (b) Has he been Overseas? **Yes.**  
 8. Present disease or disability (use authorized nomenclature if possible). **(1) Simple Goitre**  
**(2) Varicocoele**  
 (a) Date of origin **(1) 1912 (2) 1910** (b) Place of origin **(1) Fernie (2) Fernie B.C.**  
 (c) Cause **(1) Unknown (2) Unknown** (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).  
**A healthy looking man. Has an enlarged throat almost as large as a cricket ball, the right lobe being enlarged. There is no exophthalmia. Does'nt suffer from nervousness; has no tremor of hands. Pulse rate at rest 76 per min. after walking going quickly 200 yards 120 per min. Gets breathless and has attacks of palpitation if he walks quickly or attempts to go upstairs quickly. Heart and lungs normal. Has a well marked left sided varicocoele which he states never gives him any trouble.**

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

M. F. B. 227.

15-M-6-17.  
1772-39-117.

### TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

### INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- 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.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.



10. History ;

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

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) Total until after operation

(2) Nil

12. Did the disability arise on or off duty? (1) and (2) N.A.

13. Was a Court of Inquiry held? No

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

Yes (1) 50% No

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

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

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Permanent until operation is performed (2) Permanent until operation is performed

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

Has had Ungt Iodi and X Ray for Thyroid Gland.

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

(1) and (2) - Yes

19. Can the former trade or occupation be resumed? No

20. Recommendations

That he be classified.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

J. Ambrose Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Concurs.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment. Yes.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control. Yes.

(Strike out condition not applicable).

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

That he be placed in D. 3. for operation for goitre

M. J. ... President.

Members.

STATION Esquimalt B.C.

DATE Jan 23rd 1918.

APPROVED BY

DATE JAN 29 1918

APPROVED BY

DATE

G. C. ... Assistant Director of Medical Services.

Director-General of Medical Services.