

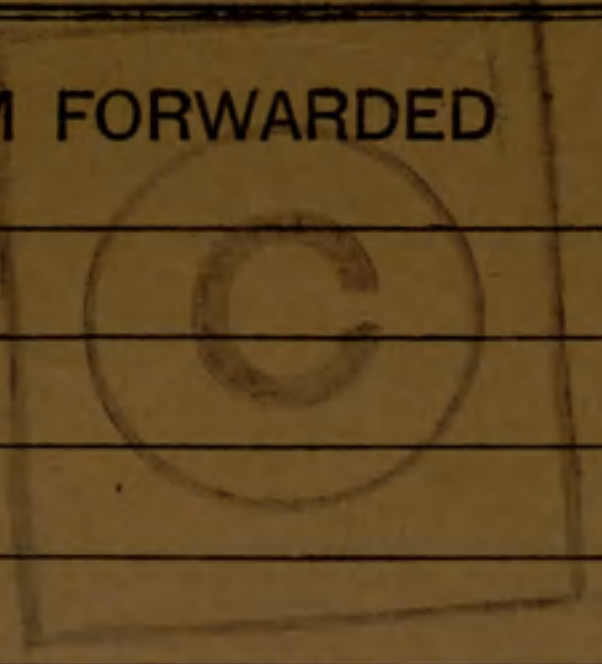
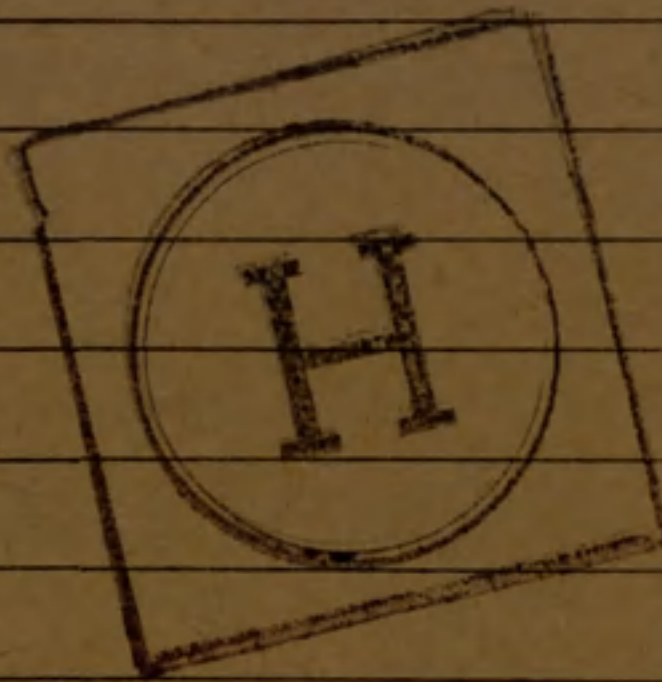
REGIMENTAL DOCUMENTS

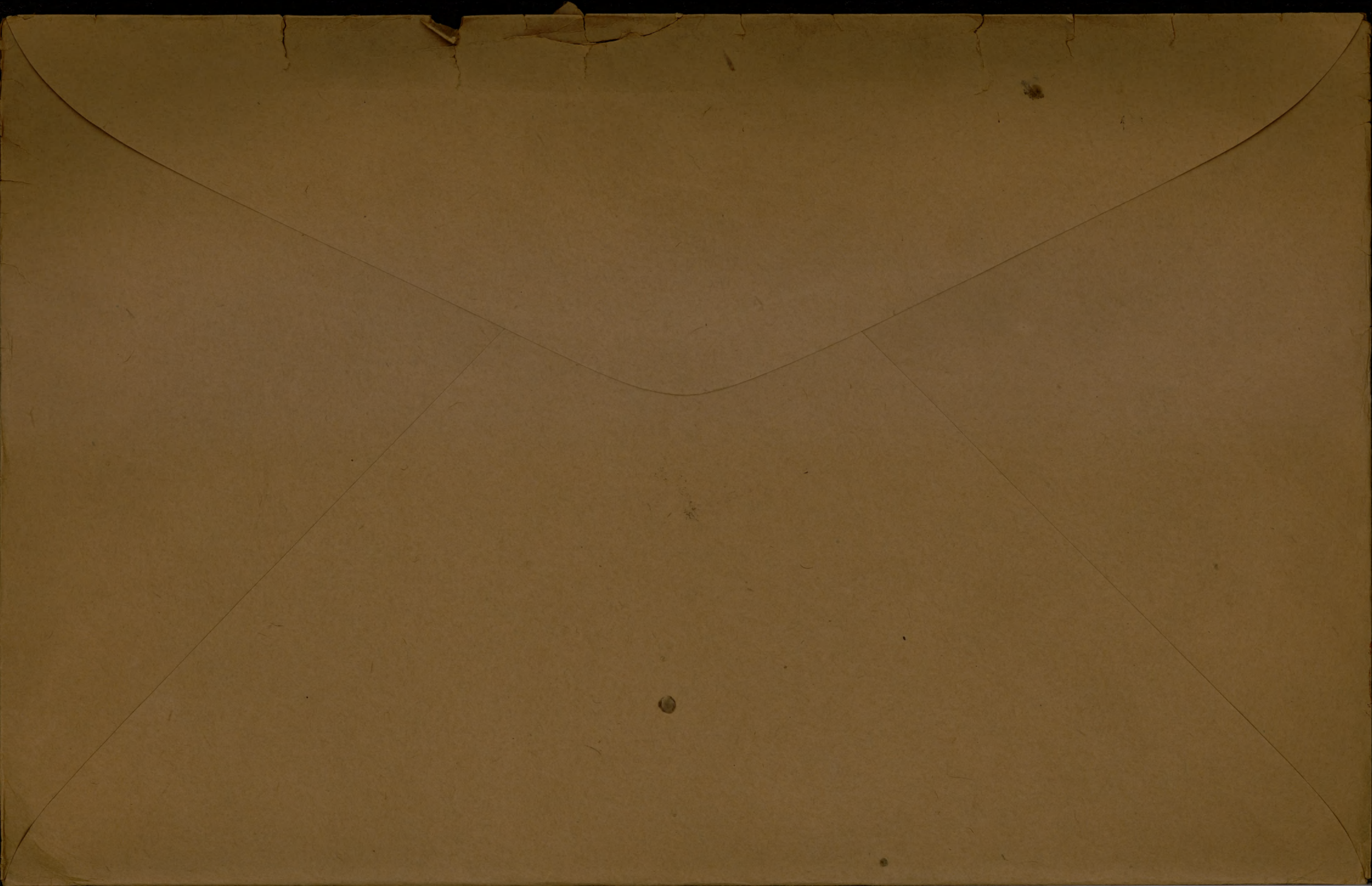
NAME **ANDERSON.** *Alexander*

REGT. NO. *335235*

UNIT *6th. Baltn*

H. Q. FILE NO. *774*

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
<i>/</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>/</i> REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
<i>/</i> 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
<i>2</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
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)					
<i>/</i> LAST PAY CERTIFICATE (M.F.W. 44)					
<i>/</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>2 MFW. 67.</i>					
<i>2 misc cards</i>					



1st M. D. 64th Depot Battalion Batt. 7 Regiment
Regtl. No. 335235

Original

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class A.)

1. Surname ANDERSON
2. Christian name Alexander
3. Present address R.R. NO. 4., Stratford, Ont.
4. Military Service Act letter and number 745756 A.C.
5. Date of birth November 8th., 1895
6. Place of birth R.R. Hope, Ont.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin Kate Anderson
11. Relationship of next-of-kin mother
12. Address of next-of-kin R.R. NO. 4., Stratford, Ont.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—
(a) Place Stratford, Ont. (b) Date October 11th. (c) Category A.

DECLARATION OF RECRUIT

I, Alexander Anderson, do solemnly declare that the above particulars refer to me, and are true.

Alexander Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>22</u>	yrs.		mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>3" scar right abdomen.</u>
Height	<u>5</u>	ft.	<u>10½</u>	ins.	
Chest measurement	fully expanded		<u>38½</u>	ins.	
	range of expansion		<u>31</u>	ins.	
Complexion	<u>Medium</u>				
Eyes	<u>Brown</u>				
Hair	<u>Brown</u>				

George Drew
O.C. 64th Depot Battery C.F.A.
O. C. Depot Btl. Regt.

Place GUELPH, ONT. Date NOV 22 1917

745736

260 Stratford

REGISTRATION # 335235

69

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname ANDERSON. Christian name Alexander

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 745756 AC

3. Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) R.R., #4. Stratford. Ontario.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of October 1917, by the undersigned medical board sitting at Stratford. Ontario.,

5. Age as stated 21 Years 11 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 9 Inches. 8. Weight 139 Pounds.

9. Chest measurement { Minimum 34 Ins. 10. Complexion Fair { Eyes Brown
Maximum 37 Ins. { Hair DK. Brown

11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm -
Left arm 1 14. When vaccinated last 1903

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Appendectomy scar.

16. Slight defects but not sufficient to cause rejection Slight left varicocele.

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

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

A.

V.R.E. 20/20
V.L.E. 20/20
H.R.E. Normal
H.L.E. Normal

J. J. McFally Capt. C.M.C. President.
J. H. Sutherland Capt. C.M.C. Member. D. C. Forlane M.D. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
12/2/18	Poor	as Whitman M.O.	5/1/18		J. H. Sutherland M.O.
		M.O.	12/1/18		as Whitman M.O.
		M.O.	19/1/18		as Whitman M.O.

Joined _____ day of _____ 1917 at Guelph, Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
64th Depot Battery, CFA; CEF			
Transferred to..... { Discharged as Medically Unfit. Not due to Service Effective March 13th/18. Auth. H. Q. Letter 1 D			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD 30-A-205, dated 3-3-18)

STATION	DATE	DISEASE	RESULT
Guelph, Ont.	Jan. 23rd/18	Category "C" E. M. L. C. Forlane Pres	
Guelph, Ont.	15-2-18	Category	Discharge

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

Signature of Man Alexander Anderson

Copy of this document which is delivered to the man examining will be attached by him to the report for service or claim for exemption made by him or on his behalf after the publication under the Military Service Act calling out class 1 has been issued.

CANADIAN OVERSEAS EXPEDITIONARY FORCES.
Discharge Certificate.

No. 335235

Rank Gunner

Name Alexander Anderson

Unit 64th Depot Battery, CFA; CEF.

Address on Discharge

R. R. No. 4

Stratford, Ontario.

His conduct and character while in the service have been

Good

Place Guelph, Ontario.

Date March 13th, 1918.

Campaigns Nil

Medals and Decorations Nil

L. J. Clark Lieut
Comd'g 64th Depot Battery, CFA.

N. B. To be forwarded in Duplicate to District Headquarters with
all Proceedings on Discharge. (M.F.B., 218)

(Facsimile of Discharge Certificate)
CANADIAN OVERSEAS EXPEDITIONARY FORCES.
DISCHARGE CERTIFICATE.

This is to certify that No. **335235**.....(Rank) **Gunner**.....
(Name in Full) **Alexander Anderson**.....enlisted in
64th Depot Battery, CFA; CEF......
Canadian Overseas Expeditionary Forces, on the **22nd**.....of **Nov.**
19**17** and accompanied said Unit to **Guelph, Ontario**.....
was returned to Canada, and discharged from the Service at **Guelph**.....
on the **13th**.....of **March**.....19**18**, in consequence of **be**
being **Medically Unfit. Not due to Service. Effective March 13th, 1918.**
*** Auth. H.Q. Letter 1 D 30-A-205, dated March 8th, 1918)

DESCRIPTION ON DISCHARGE.

Age.....	22 Years 4 months	Marks or scars.....	.....
Height.....	5 Ft. 10$\frac{1}{2}$ Inches	3 inch scar right abdomen.....	.....
Complexion.....	Medium.....	.....	.....
Eyes.....	Brown.....	.....	.....
Hair.....	Brown.....	.....	.....
Trade.....	Farmer.....	.....	.....
Signature of man.....	<i>Alex Anderson</i>		

L. J. Clarke..... **Lieut.**.....
Officer in charge Discharge Depot

Place and date **Guelph, Ont. March 13th, 1918.**.....

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE
OBTAINED.

N.B. Any person finding this Certificate is requested to forward it
in an unstamped Envelope to the Secretary, Militia Council, Ottawa, n

I hereby certify that this is a true Copy of the Discharge Cert-
ificate issued to the soldier concerned.

L. J. Clarke Lieut.
O. C. 64th Depot Battery, CFA; CEF.

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..... 64th Depot Battery, CFA: CEF.,

(2) Regimental Number 335 235.

(3) Full Name of Soldier..... Alexander ANDERSON,

(4) Place of Birth..... Stratford, Ontario.

(5) Are you married, or not? Single.

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

(b) Present Postal Address.....

(7) Are you a widower?

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

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

Also their names and ages.....

(9) Is your Father alive? Yes. Mr. Donald Anderson

If so, state name and address R. R. No. 4., Stratford, Ontario.

(10) Is your Mother alive? Yes. Mrs. Kate Anderson,

If so, state name and address R. R. # 4., Stratford, Ontario.

(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.

(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.

Geo Dewitt
Officer Commanding.
O.C. 64th Depot Battery C.F.A.

Date January 12th, 1918.

Original

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

L.I.D. 1
No. 8

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 335235 Rank Gunner Name ANDERSON, Alexander

Corps 64th Depot Battery, CFA, CEF who was* DISCHARGED

On MARCH 13TH 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from MARCH 1ST, 1918,
to MARCH 13TH, 1918, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c		\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	32	20
Advances } No.....			Reg't Pay <u>13</u> days at \$ <u>1.00</u>	13	00
by } No.....			Field Allow. <u>13</u> days at \$ <u>.10</u>	1	30
Cheques } No.....			Other Allowances* <u>Subsistence All'ce</u>	10	40
Assigned Pay No.....			Feb. 1st to 13th incl. <u>.80¢ per</u>		
Other Charges* <u>Kit Shortage</u>	5	65	diem.		
Payment on transfer or discharge No. <u>4398</u>	51	25	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	56	90	Total.....	56	90

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of..... 1918 to (Assignee).....

(Address).....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... 22-11-17

(2) if married and if a Separation Allowance Card has been submitted..... No.

(3) cause of discharge and authority Medically Unfit, Not Due to Service, Auth. H.Q.

Letter I.D. 30-A-205, d/8-3-18.

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 Pay-list of the unit.

Date MARCH 13TH, 1918.

Place GUELPH, ONTARIO.

L. J. Burke Lieut.,
A/Paymaster 64th Depot Battery, CFA, CEF.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

335235

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.Unit, Regiment or Corps 64th Depot Battery, C.F.A., C.E.F.Regimental No. 335235 Rank Gunner Name Anderson, Alexander
C. E. F.Enlisted (a) 22/11/17 Terms of Service (a) C.E.F. Service reckons from (a) 22/11/17

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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				
March 13/18		Discharged as Medically Unfit. Not due to Service. Effective March 13/18 H.Q. Letter 1 D 30-A-205, dated March 8th, 1918.	Guelph. Ont.		
		Embarked (Canada) Disembarked (England) Embarked Overseas (France)			

(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.]

No. 335235 RANK Pte

NAME Anderson, Alexander

T. O. S. 22-11-17

UNIT

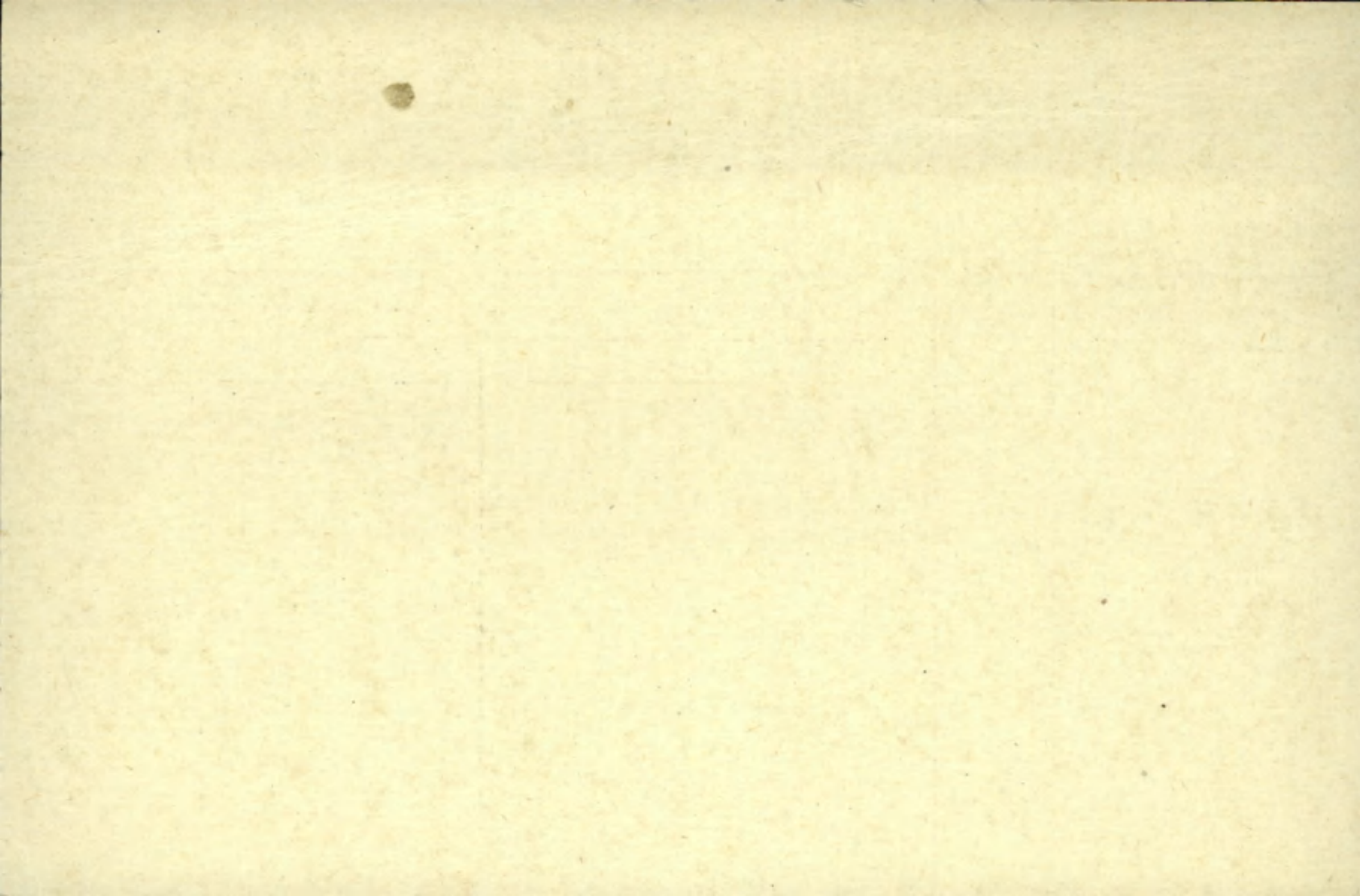
64th Depot Battery, C.F.A., C.E.F.

(D0326922-11-17)

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 22	1917 Nov 30	n.		
	Dec	n.		
1918 Jan.	1918	n.		
	Feb	n.		
Mar 1	Mar 13	n.	Disch'd med. unfit - 13-3-18	# D-0.729 13-3-18

1/2 closed by payment of



List of Discharge Documents.

Reg. Conduct Sheet, One Militia form B. 263. Squadron } Battery } Conduct Sheet, One B. 263a. Company } Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Two Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, One D. 877. *Only if discharged "Medically unfit."	Attestation Paper, Two Militia Form B. 235. Proceedings on Discharge One 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 (in the event of such having been prepared.)
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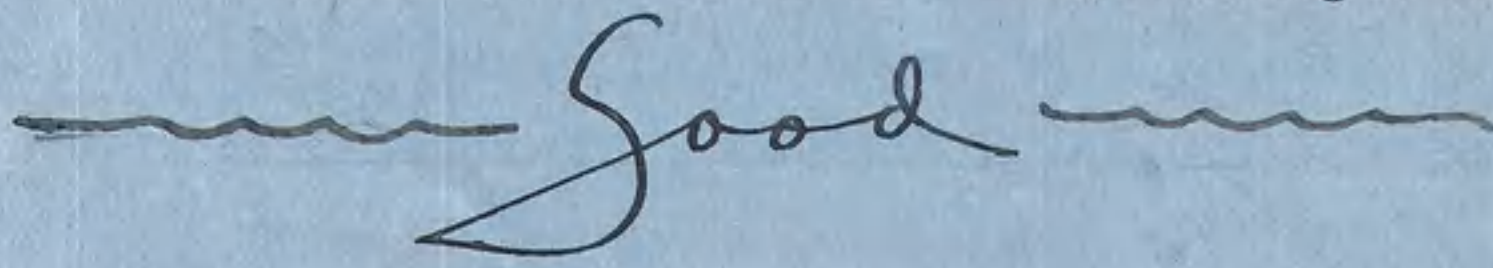
N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

13-3-18
 16-2-18
 7-3-18
Person refused

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

No.	335235	
Rank	Gunner	
Name	Alexander Anderson	
	<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	64th Depot Battery, CFA; CEF.	
Date of Discharge	March 13th, 1918.	DISTRICT NO. 1
Place of Discharge	Guelph, Ontario.	MAR 19 1918
1.	DESCRIPTION AT THE TIME OF DISCHARGE. 30-A-205	
Age.....	22.....years.....	4.....months.
Height.....	5.....feet.....	10½.....inches.
Complexion	Medium	
Eyes	Brown	
Hair	Brown	
Trade	Farmer	
Intended place of residence	R.R.No. 4., Stratford, Ont	
	<small>(To be given as fully as practicable.)</small>	
2.	The above-named man is discharged in consequence of being Medically Unfit. Not Due to Service. Effective March 13th, 1918. Auth. H. Q. Letter 1 D 30-A 205, dated March 8th, 1918.	
	<small>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.</small>	
3.	Conduct and character while in the service have been, according to the records, etc.	
		
	<small>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:</small>	
4.	Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
	F A R M E R.	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

N I L.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

N I L

N I L

N I L

N I L

To be copied by the Commanding Officer on 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) Guelph, Ontario.

L. J. Clarke (Signature of Officer)

(Date) March 13th, 1918.

Commanding 64th Depot Bty. CFA; CEF.

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) Guelph, Ontario.

Alex Anderson (Signature of Soldier.)

(Date) March 13th, 1918.

B. J. Finley (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.

Alex Anderson (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days. 118

Total.....years.....days. 118

11. Confirmation of Discharge.

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

(Place) Guelph, Ont.

(Signature) L. J. Clarke Lieut.

(Date) March 13th, 1918.

O.C. 64th Depot Battery, CFA; CEF.

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.)

Alex Anderson

Handwritten scribbles and initials in the top left corner.

Handwritten date: 1/2/18

(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

Handwritten initials: D.P.C.

FEB 28 1918

STATION Guelph, Ont. DATE Feb. 15, 1918.

1. (a) Unit F Unit M.H.C.C. (b) Regimental No. 335235, (c) Rank Gnr. 1st Co. 1
 (d) Surname ANDERSON. (e) Christian name Alexander.

2. Age last birthday 22 Yrs. Date of birth Nov. 8, 1895.

3. Enlisted at Guelph, Ont. on Nov. 19, 1917.

WAR OFFICE DISTRICT NO. 1
 FEB 20 1918
 I. D. 30-9-205

4. Personal description:—
 (a) Height 5' 10" (b) Weight 147 Lbs. (c) Complexion Fair.
 (d) Colour of hair D. Brown. (e) Colour of eyes Brown. (f) Identification marks Appen-
dectomy scar. Mole left side forehead.

5. Address after discharge (for the use of the Board of Pension Commissioners.)
R.R. # 4 Stratford, Ont. Canada.

6. Former trade or occupation Farmer.

7. (a) Service

	PERIODS	
	From	To
<u>64th. Battery C.F.A.C.E.F.</u>	<u>19, 11, 17.</u>	<u>Date.</u>

(b) Has he been Overseas? NO.

8. Present disease or disability (use authorized nomenclature if possible). Debility.
 (a) Date of origin Before enlistment. (b) Place of origin Canada.
 (c) Cause* Goitre.

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
Moderate enlargement of the ^{thyroid} ~~neck~~ ^{gland}. Von Graefes sign ever very slightly present. Pulse at rest, 110 per minute, during exam. 120 per min. After touching toes ten times 132 per minute. Returns to normal in two minutes. Marked fine tremor in the tips of the fingers. Heart not enlarged nor no murmurs. Other organs apparently normal.

[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.]

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

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

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

None.

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.

10% (Ten per cent.)

12. Did the disability arise on or off duty?

Not applicable.

13. Was a Court of Inquiry held?

Not applicable.

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

Yes. No. NO. D.D.S. N11. (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?

Indefinite.

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

None.

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

NO.

19. Can the former trade or occupation be resumed?

Yes.

20. Recommendations

That he be discharged.

Signature of 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, 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

Alexander, Anderson. 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.

Agree.

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

- 23. It is certified that the soldier (a) Does require treatment. (b) Does not require treatment. (c) Should pass under his own control. (d) Should not pass under his own control. (Strike out condition not applicable).

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

Discharge as his condition is likely to be aggravated by service.

Signatures of Board Members: President, Members.

STATION: Guelph, Ont.

DATE: Feb. 15, 1918.

APPROVED BY: W. J. G. G. Capt. Assistant Director of Medical Services.

APPROVED BY: Director-General of Medical Services.