REGIMENTAL DOCUMENTS

NAME ANDERSON. Axel. REGT. NO. 1069514 UNIT 2049th S.S. Coy H. Q. FILE NO.

	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. 113)					
	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
/	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
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	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
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2	Cards					

W. 2589
100M-11-19
1772-39-1377

ORIGINAL

29th OVERSEAS BATTALION C.E.F.

ATTESTATION PAPER.

No. 1069514

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Andurson
1a. What are your Christian names? ..... Axel.
1b. What is your present address? ..... Estevan Sask.
2. In what Town, Township or Parish, and in what Country were you born? ..... Sweden Obversumo Brak
3. What is the name of your next-of kin? ..... Anna Anderson
4. What is the address of your next-of-kin? ..... Sweden Obversumo Brak.
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... March 17 1885
6. What is your Trade or Calling? ..... Laborer.
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? ..... not
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

DISCHARGED
Medically Unfit. Class 28 a-87
Auth. 12 M.B. June 15/19
Date
Office Commanding Special Service Co. M. D. 12
B. H. Hall Major

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Axel Anderson, 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 March 3rd 1917 — Axel Anderson (Signature of Recruit)
Geo S Mitchell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Axel Anderson, 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 March 3rd 1917 — Axel Anderson (Signature of Recruit)
Geo S Mitchell (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 Estevan this third day of March 1917

Anthony C. Fraser J.P. (Signature of Justice)

M. F. W. 28
750M—8-16
E. O. 1772-39-841

Description of Axel Anderson on Enlistment.

Apparent Age 32 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6¼ ins.

Chest measurement:
- Girth when fully expanded 35½ ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations Lutheran
  (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).

None

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 Mar 3 1917.

Place Esterhazy Sask

M C Roberts
— Medical Officer.

*Insert here "fit" or "unfit."

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

Antiseptic
E W French
Med. Mob. Board

CERTIFICATE OF OFFICER COMMANDING UNIT.

Axel Anderson 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.

C B Kennedy Lieutenant Colonel
(Signature of Officer)
O.C. 249th O.S. BATTALION C.E.F.

Date Mar 7th 1917.

249th OVERSEAS BATTALION C. E. F. (6R478) No card

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Axel

Examined on 3rd day of March 1917 at Estevan Sask

Approved by A B Baines

Rank Capt M.O.

Birthplace City or Town Oberroom Bruk County Sweden

Apparent age 32

Trade or occupation Labourer

Height 5 feet 6¼ Inches

Weight 148 lbs.

Chest measurement Minimum 33 inches Maximum expansion 35½ inches

Physical development Good

Small-pox Marks none

Vaccination Marks Arm Right yes Left 0 Number two

When Vaccinated last when a child

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection slight varicose veins on right thigh

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	
22/4/17		[illegible]	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
9517		[illegible]	M.O.
			M.O.
			M.O.

Enlisted on 3rd day of March 1917 at Estevan Sask

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	249th OS B'n	1069514		Mar 3rd 17
Transferred to				

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Anderson Christian Name Axel

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 169514 Rank Pte Name Anderson A.

Corps S. S. Coy #12. who was* Discharged

On June 15th 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Junre 1st 1917, to June 15th 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques } No. Cash	15	00	Regt'l Pay 15 days at $ 1 c 00	15	00
Advances by Cheques } No.			Field Allow. 15 days at $ c 10	1	50
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits* Class 1 Subs	9	00
Payment on transfer or discharge No.	25	50			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	35	50	Total	35	50

*Give Particulars.

A monthly stoppage of $ NIL (†) has (‡) been paid on account of Assigned Pay for the month of 191 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 3.3.17

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

(3) cause of discharge and authority Med unfit Authy A.D.M.S. 12.

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 June 15th 1917

Place Regina Sask.

Geo. Hornsby
Capt.
Paymaster
S. S. Coy #12.

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.

M. F. W. 44.

100M.—4-17.
E. Q. 1772-39-993.

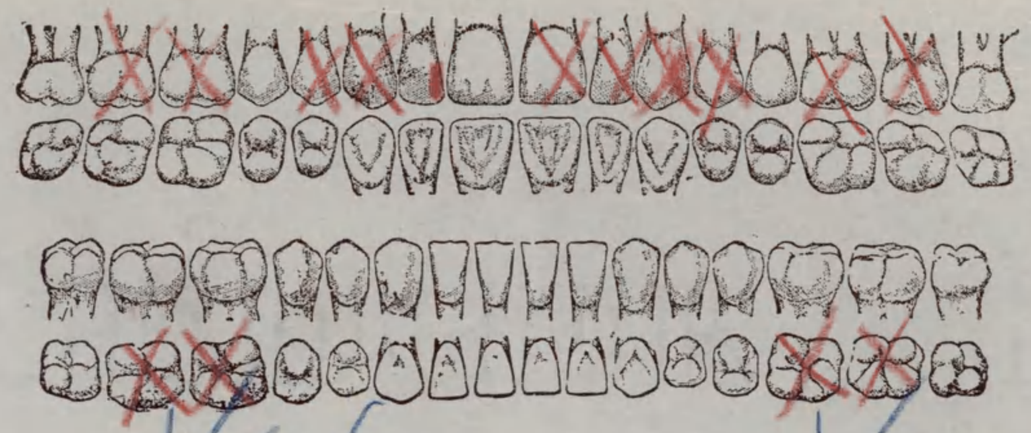
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division

Name of Soldier Anderson, A.

Regiment 249 Rank Pte. No. 1069374



Red — Condition of mouth at presentation.
Blue — Operations performed by C.A.D.C.
R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE		No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Apr	11						4									Smith	Ex 18, 19, 30, 31
																	I don't want my teeth attended to by the army Dental Corps.
																	Axel Anderson

B. 465
Form 1—7-16.
1772-39-950

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.

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(1) Name of Overseas Unit which Soldier joins 249th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 1069524

(3) Full Name of Soldier Axel Anderson.

(4) Place of Birth Sweden.

(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? No

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

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

(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.

.....

.....

.....

(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.

C B Kennedy
Lieutenant Colonel
O.C. 249th O.S. BATTALION C.E.F.
Officer Commanding.

Date April 19th, 17

FORM OF WILL

I, Axel Anderson (Name in full)

Regimental Number 1069514 serving in 249th OVERSEAS BATTALION C. E. F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

none.

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

absolutely, and my personal estate I bequeath to

my. Cousin Oscar Smedberg
Obverons Bruk
Sweden

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 19th day of April A.D. 1917

Axel Anderson 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness C D Lloyd

Address of Witness 249th OS B'n

Occupation of Witness Soldier

Signature of Second Witness A Saundoun 1069248.

Address of Witness 249th OVERSEAS BATTALION C. E. F.

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

249th OVERSEAS BATTALION C. E. F.

Unit, Regiment or Corps .....

Regimental No. 1069514 Rank Private C. E. F. Name Axel Anderson

Enlisted (a) 3.3.17 Terms of Service (a) C.E.F. Service reckons from (a) 3.3.17

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) Laborer.

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				

(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				

No. 1069514. RANK Pte. NAME Anderson, A.

T. O. S. 3. 3. 17. (Dro. 561 of 7. 3. 17.) UNIT 249th Battalion.

M. D. 12.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Mar. 3.	1917. Mar. 31	✓		
Apr.		✓		
May		✓		

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.

This space to be for numbers.

Proceedings on Discharge.

C

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

H

No. 1069514

Rank Private

Name Axel Anderson

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

Corps (Squadron, Battery or Company) 249 - Special Service Coy

Date of Discharge June 15th 1917

Place of Discharge Regina Sask.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years 3 months.
Height 5 feet 6 1/4 inches.
Complexion Fair
Eyes Blue
Hair Light
Trade Laborer
Intended place of residence (To be given as fully as practicable.) Estevan

Descriptive Marks

None

2. The above-named man is discharged in consequence of

Being medically unfit. Class I.
Auth 12 M.D. 28-A-87.

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

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.)

Nil

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

Yes Sg
Disc. Sect.
16-8-17.

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

none

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

6. Medals and Decorations ..... none

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) Regina Sask. ..... W. Hogan Major

(Date) June 15/1917 ..... *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) Regina Sask Axel Anderson ..... (*Signature of Soldier.*)

(Date) June 15/1917. Jas E Swallow Sgt ..... (*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. 105

Total.....years.....days. 105

11. **Confirmation of Discharge.**

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

(Place) Regina Sask

(Date) June 15/1917 (*Signature*) ..... W. Hogan Major

Reservations referred to at Para. 8.

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

None

axel anderson

axel anderson

(OVER)

(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.
200m. 8-16.
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.

MEDICAL HISTORY OF AN INVALID.

Military District No. 12
MAY 7 1917
Regina, Sask.
DEPT. MILITIA & DEFENCE
MAY 31 1917
CANADA

1. Station. Regina.
2. Regiment or Corps. 249th Batt'n.
3. Regimental No. and Rank. Private 1069514
4. Name. Axel Anderson
5. Age last Birthday. 32
6. Enlisted on March 3rd 1916. at Estevan
7. Former trade or occupation. Laborer

8. General remarks on his :—
(a) Conduct.
(b) Habits.
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 2/5/17.

9. Service. Years. Days.

	PERIODS	
	From	To

10. (a) Disease or disability. Ventral Hernia, Varicocele
(b) Date of origin. Unknown before enlistment
(c) Place of origin. unknown
(d) Cause. Congential.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Ventral hernia 2 inches above umbilicus size of chestnut.
Varicocele of average size.

12. (a) Is the disability the result of service or climate? no
(b) Has it been aggravated by intemperance, vice or misconduct? no

M. F. B. 227.
200m. 8-16.
1772-39-117.

carolled 15-6-17 L.W.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

nil

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

not app.

(c) 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.

nottapp.

14. Treatment.

nil

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

no

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

not at all

18. State if for discharge on account of unfitness for Service.

yes

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. yes

11. yes

12. yes

15. yes

16. yes

17. yes

18. Is he unfit for Military Service. yes

Recommendations:

Discharge Classl.

Signatures:—

President.

Members.

Station. Regina

Date. 2/5/17.

Date. 23-5-17

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.