REGIMENTAL DOCUMENTS

NAME Anderson Victor REGT. NO. 684756 UNIT H. Q. FILE NO. 9548

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H

I

W 2589
100M-11-18
1772-32-1377

ATTESTATION PAPER.

ORIGINAL

No. 684756

171st. O/S BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Anderson
1a. What are your Christian names? Victor Anderson
1b. What is your present address? Beauvamin River
2. In what Town, Township or Parish, and in what Country were you born? Helsingfors ~~Finland~~
3. What is the name of your next-of kin? William ~~Poole~~ Ax
4. What is the address of your next-of-kin? Bordy. Finland
4a. What is the relationship of your next-of-kin? Friend
5. What is the date of your birth? 38. August 9-83 1881
6. What is your Trade or Calling? Laber
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? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Victor 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.

Victor Anderson (Signature of Recruit)

Date Aug 28th 191 . J Gallant Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Victor 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.

Victor Anderson (Signature of Recruit)

Date Aug 28th 191 . J Gallant Capt (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 Campbellton this Twenty Eighth day of Aug 191 6.

Robert Guy (Signature of Justice)

J Lieut.

M F. W. 23
750M—3-16
H. Q. 1772-39-341

ORDERLY ROOM 171st O/S BATTALION, C. E. F. OCT 19 1916 PAID

Description of Victor Andersen on Enlistment.

Apparent Age 33 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 4 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

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

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).

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 Aug. 28 1916.

Place Camp Hilton, Q. B.

D. Murray, M.D.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Victor Andersen 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.

HEADQUARTERS 171st O/S BATTALION, C.E.F.

Jm Snee (Signature of Officer)
Lt. Col.
O.C., 171st Overseas Battn. C.E.F.

Date 1 1916 191

ANS'D

Card ye 9/9/16.

171, ST. BATT.

DUPLICATE

ATTESTATION PAPER.

No. 684756

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Anderson
1a. What are your Christian names?	Victor
1b. What is your present address?	Benjamin Bucks NB
2. In what Town, Township or Parish, and in what Country were you born?	Helsingfors Finland
3. What is the name of your next-of kin?	William Ak
4. What is the address of your next-of-kin?	Borga Finland
4a. What is the relationship of your next-of-kin?	Friend
5. What is the date of your birth?	Aug 4th 1881
6. What is your Trade or Calling?	Labourer
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?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Victor 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.

Victor Anderson (Signature of Recruit)

Date Aug 28th 1916 [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Victor 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.

Victor Anderson (Signature of Recruit)

Date Aug 28th 1916. [illegible] (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 Chatham this Twenty Eighth day of Aug 1916.

Robert Greig (Signature of Justice)

Lieut

M F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of Victor Anderson on Enlistment.

Apparent Age 33 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4½ ins.

Chest measurement: Girth when fully expanded 36 ins.; Range of expansion 4 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

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).

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 Aug 28 1916

Place Campbellton N. B.

D. Murray, M. D.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Victor 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.

HEADQUARTERS 171st O/S BATTALION, C.E.F. SEP 1 1916 ANS'D

J. McGree (Signature of Officer)
Lt. Col.,
O. C., 171st Overseas Battn. C. E. F.

Date 191 .

CANADIAN CONTINGENT EXPEDITIONARY FORCE

ORDERLY ROOM 171st O/S BATTALION, C.E.F. OCT 22 1916 ANS'D

LAST PAY CERTIFICATE

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

Regimental No. 684756 Rank Pte. Name Anderson V.

Corps 171st O/S Battalion C.E.F. who was * Discharged Med Unfit

On 21-10-16 1915, to ----

* Insert "discharged" or "transferred."

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

From 1-10-16 To 21-10-16

Dr.	$	c.
Bal. Dr. from previous month		
Total payments during period from		
Assigned Pay		
Other Charges (give particulars)		
Bal. Cr. on discharge or transfer	33.	10
Total	33.	10

From 1-10-16 To 21-10-16

Cr.	$	c.
Regimental pay 21 days at $ 1. c	21.	
Field allowance 21 " $ c. 10	2.	10
Other allowances		
Other Credits (give particulars)	10.	
Clothing		
Bal. Dr. on discharge or transfer		
Total	33.	10

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is ----, and has been charged in Pay-list for month of ----

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

REMARKS:—

State (1) date of enlistment 28-8-16

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

(3) cause of discharge and authority M.D.5 17-13-6

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 21-10-16

Place Quebec

N. Woodcock CAPT.
PAYMASTER 171st O/S BATT., C. E. F.
Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

Military District No. 5
Quebec, Que.
OCT 17 1916
M. D. No. 5

MILITARY HOSPITAL, 17-136

Quebec, Q.,
(Station).

October 14th., 1916
(Date)

I, No. 684756, Pte. Victor Anderson, 171st. Battn. C.E.F.
(Number, rank, name and corps)

certify that I refuse operative treatment for the disability from which I now suffer, and desire to be ~~xxxxxxxxxx~~ ~~xxxxxxxxxxx~~ discharged from this hospital, do hereby acknowledge that such discharge is at my own special request, and is not due to the voluntary action of the Military Medical Authorities, for they are of the opinion that my removal from the hospital is premature, and that the granting of my request is not in the public interests. Further, in consideration of my request being thus granted, I undertake that my removal from this hospital is to be at my own risk, and that for any injury or delay in recovery resulting from such removal I am not to have any claim on the public, and that neither the public nor the Militia Authorities are to be held responsible for my future treatment or care in respect to the ~~xxxxx~~ injury, disease ~~xxxxxxxxx~~ or illness for which I have been treated in the hospital. This undertaking, however, is not intended to be a release of the public or the Militia Authorities from their duty, if such there is, to award me compensation to which under the regulations I may be entitled on account of any permanent disability which prior to such removal has resulted or accrued from such ~~injury,~~ disease ~~or illness~~.

R. N. MacCulay (Witness) A.M.D.8 — Victor Anderson (Signature)

Medical Certificate.

Piles
(Nature of disability)

Major A.M.C.
(M.O. in charge).

NOTE: Strike out in "Injury, disease or illness" the words not applicable.

(M. F. B. 451. (M). 12m. 1-15. H.Q. 1772-39-851.)

No Card

754756

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Victor

Examined { on 6th day of Sept. 1916 / at Valcartier Camp

Approved by Arthur Lipman

Birthplace { City or Town Hillsingfors / County Windland

Rank Capt A.M.C. M.O.

Apparent age 33 yr.

Trade or occupation Labourer

Height 5 Feet 7½ Inches.

Weight 145 Lbs.

Chest measurement { Minimum 33 inches. / Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

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

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease Scar on right shin bone

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

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

Date.	Result.	Vaccinations.
6/9/16		L. D. Gaultier M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
6/9/16	Dr. K.	Arthur Lipman Capt A.M.C.
15/9/16		L. D. Gaultier M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		684756		
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 Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

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

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

Original Not Available.

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.

Unit, Regiment or Corps 171 st. Bn.

Regimental No. 684756 Rank Pte. Name Anderson Victor
C. E. F.

Enlisted (a) 28-8-16 Terms of Service (a) D. of W. Service reckons from (a) 28-8-16.

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) .....

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				
24-10-16	171 st. Bn.	S.O.S. "Med. Unfit"	Quebec	21-10-16	Pt. II Order #199
23-8-21	" "	Pt. II O.# 199d/24-10-16 amended to read:- S.O.S. under K. R. & O. Para 322-2-C. (Within 3 mths. of enlistment found Med. Unfit for Service.) w/E.	Issued at Ottawa	21-10-16	after Order # 8

H

O. C. Sangmann
For. D. of R.

(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. 684756 RANK Pte NAME Anderson. V.

T. O. S. 28-8-16. UNIT 171st Battation

DO 154 of 1-9-16

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916.			
Aug 28	Sept 30	"		
Oct 1	Oct 21	"	Discharged. Med unfit 21-10-16	DO 199 of 24-10-16

UNIT SAILED

NOV 23 1916

a/c closed by Payment "

REG. NO. 684756 NAME Anderson, Victor
(SURNAME FIRST)

RANK Pte CORPS ~~8th Reg.~~

AGE 34. SERVICE 10/12.

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 9. 10. 16.

DISEASE Piles.

DISCHARGE 16. 10. 16.

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO M. U.

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

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.

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

No. 684756

Rank Private

Name Victor Anderson

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

Corps (Squadron, Battery or Company) 171st Battalion C E F

Date of Discharge October 21st 1916

Place of Discharge Quebec.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 33 years ..... months.
Height 5 feet 4 inches.
Complexion Ruddy
Eyes Blue
Hair Brown
Trade Labourer
Intended place of residence (To be given as fully as practicable.) Benjamin River P.Q.

Descriptive Marks

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

Being Medically Unfit
Authy MDS 17-13-6
Oct 17th 1916

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.)

M. F. B. 218.
15m.—10-15.
H. Q. 1772-39-113.

(OVER)

Noted 30-1-17 M.B

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding* .....

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

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

(Place) Quebec. Victor Andersen (*Signature of Soldier.*)

(Date) Oct. 21st 1916 A. C. Crawford (*Signature of Witness.*)

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

..... (*Signature of Soldier.*)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....

(*Signature*) .....

(Date) .....

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.

Victor Andersen

(OVER)

I
242
31-10-16

(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.
100 m-2-16.
H. G. 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. 5
Quebec, Que.
OCT 17 1916
17-136
M. D. No. 5
DEPT. OF MILITIA & DEFENCE
OCT 25 1916
649-a-2328
CANADA

1. Station. Quebec, Q.,
2. Regiment or Corps. 171st. Battn. C.E.F.
3. Regimental No. and Rank.
   No. 684756 Pte.
4. Name. Victor Anderson
5. Age last Birthday. 33
6. Enlisted on 28-8-16
   at Campbellton, N. B.
7. Former Trade or Occupation.
   Srevedore

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

Date. 14.10.16

9. Service. Years. 48 Days.

	PERIODS.	
	From.	To.
Canada		
171st. Battn. C. E. F.	28-8-16	14.10.16.

10. (a) Disease or disability. Piles
    (b) Date of origin. Ten years ago (1916)
    (c) Place of origin. Marapedia - Quebec
    (d) Cause. Exposure to variable temperature while unking hard

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)
    Has three large internal piles that protude when patient strains while at stool

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

M. F. B. 227.
100 M—2-16.
1772-39-117.

Carded 3-1-16 MB

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

Four small cicatricial scars on Right leg, one at knee, two on shin and fourth just proximal to internal malleolus

(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 applicable

(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.

Not applicable

14. Treatment

Refuses operative treatment

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

Not aggravated by service

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

Permanent, unless treated successfully by surgical methods.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Nil

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

For discharge as unfit for service on Overseas forces.

J. A. Key

Capt A.M.C.

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.

11.

12.

15.

16.

Yes

17.

19. Is he unfit for Military Service. Yes

20. Recommendations: To be discharged as medically unfit

Signatures :—

J. Snender Major A.M.C. President.

[illegible] Capt A.M.C. Members.

Station. Quebec, Q.,

Date. October 14th., 1916.

W. Lacroix Capt A.M.C.

Date. OCT 16 1916

G. Winters Lt Col

Asst. Director of Medical Services.

Approved.

Date. 1/11/16

B. Cox & Cannon Capt for

Director-General of Medical Services.