REGIMENTAL DOCUMENTS

NAME AUSTIN Albert Henry Pte REGT. NO. 324739 UNIT R.M.C. F.D. No 11 H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH Category
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				O 7476	DISCHARGE Category
1	DENTAL HISTORY SHEET (M.F.B. 465)					Med. Unfit
4	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					12-17
1	MFW 125					12-17
1	MOW 71					5-27
						1

W 2539

Original

A.M.C. Training Depot No. 11, C.E.F.

ATTESTATION PAPER.

No. 524739

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	AUSTIN
1a. What are your Christian names?	Albert Henry
1b. What is your present address?	666 - 32Nd. Ave East, Vancouver, B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Birmingham, England.
3. What is the name of your next-of-kin?	Mrs. Ellen H. Austin
4. What is the address of your next-of-kin?	666 - 32nd. Ave East, Vancouver, B. C
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	29th. December 1873
6. What is your Trade or Calling?	Car Conductor
7. Are you married ?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former service.	18th. Field Ambulance, 2 weeks Kings, Royal Rifles, 1 yr. 9 mos Medical Staff Corp, 9 " 1st. Hereford Volunteers, 3 yrs
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, Albert Henry Austin, 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.

A. H. Austin (Signature of Recruit)

Date March 8th. 1916 F. L. Thompson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Henry Austin, 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.

A. H. Austin (Signature of Recruit)

Date March 8th 1916 F. L. Thompson (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 VICTORIA. B. C. this MAR 8 1916 day of .....191 .

J. H. Gillespie (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

13th FIELD AMBULANCE
C. E. F.
MAY 1 1916

Transferred to 2nd Can Gen Hosp

O. C. A. M. C. Training Depot

A. S. Begg Major
O.C. 13th O/S Field Ambulance

A.M.C. TRAINING DEPOT No. 11

Description of Albert Henry Austin on Enlistment.

Apparent Age 42 years 9 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	40 ins.
Chest measurement. Range of expansion	5½ ins.
Complexion	Dark
Eyes	Grey
Hair	Dark
Religious denominations. Church of England	
Presbyterian	
Methodist	Yes
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other Denominations (Denomination to be stated)	

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Scar from burn on left cheek.
Scar on right wrist from cut.

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 declares that he is not subject to fits of any description.

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

Date March 8th 1916. ..... A.A.G. saves

Place Esquimalt B.C. ..... Capt. C.A.M.C.
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.

Albert Henry Austin 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.

..... (Signature of Officer)
Captain
O. C. B. Section, No. 1 Field Ambulance, C.E.F.

Date MAR 13 1916 191 .

MAY 1 1916

Major
O. C. 13th D/S Field Ambulance

Shaughnessy Military Hospital
VANCOUVER, B.C.
OCT 31 1919
ORDERLY ROOM

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 524739 (Rank) Provisional Sergeant

Name (in full) Albert Henry AUSTIN enlisted in

the A.M.C. Training Depot No.11

CANADIAN EXPEDITIONARY FORCE at Victoria, B.C. on the eighth

day of March 19 16.

HE served in Canada

and is now discharged from the service by reason of Medically Unfit

C.E.F. R.O.1420. Para 1 Section A

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age	48 yrs. 10 months	Marks or Scars	Scar left cheek. Scar right wrist. Scar Herniotomy left
Height	5 feet 10 inches		
Complexion	fair		
Eyes	blue		
Hair	light brown		

A H Austin
Signature of Soldier

C. Woollard.
Issuing Officer

Lt. Col. CAMC.
Rank

A.C. Shaughnessy Mil. Hosp.
Appointment

Date of Discharge 31-10-19

Signed at Vancouver, B.C. this thirty first day of October 19 19

in Military District No. XI

File Reference No. 149

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

Shaughnessy
VANCOUVER, B.C.
OCT 31 1919
ORDERLY ROOM

ON DEMOBILIZATION THE PARTICULARS CALLED FOR ON THE BACK OF THIS CERTIFICATE WILL NOT BE COMPLETED.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte Austin, A.H.

Regimental No. 524739

Unit C.A.M.C.

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $ 15.00

To whom payable ~~Pte~~ H.H. Austin,
1603-40th Avenue E. Vancouver B.C.

Name and address of next-of-kin Though.

Y for O. 3/12/17

Date and place discharged D.O. 72 Trans 11 Bn C.G.R.

Reason for discharge 3.6.18

Character on discharge

Form 5351—M. & D. 6880.

	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Jan	3/12/17	31/1/18	60	1.00	60	60	10	6 –	48 25	114 62			114 62			114 62	
Feb	1	28	28		28	28		2 80	25	55 80			15 80	40		55 80	
Mar	1	31	31		31	31		3 10	25	59 10			19 10	40		59 10	
April	1	30	30		30	30		3	25	58			18	40		58	

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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			No.	Date					

L. L. Job 88773—M. & D. 6195.

5 – 3 – 16

MILITIA AND DEFENCE

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

2 5-8

SEPARATION ALLOWANCE

Name Mrs Ellen H. Austin

Address 666 – 32nd Ave. E.
Vancouver BC.

Relation to Soldier wife, child or mother } wife

Name of Soldier Austin, Albert Henry

Regtl. No. 524739

Rank Pte.

Corps "B" ~~Rech. H. T. A.D.~~ A.M.C.T.D. 31/5/16 Pmt. 5/6/16

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		N 28811	15 –	

ACCOUNT CLOSED
DATE ..... PER ..... W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs. Ellen A. Austin wife PAYMENTS. Pte. Name of Soldier Austin, Albert Henry

L. L. Job 83002.—Req. 6213.

524739

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	J 18773	20	— 20	
May		K 4798	20	20	Overpaid 20.00 owing to Sus
June			X	X	pay
July		B 9848	20	20	
Aug.		B 10871	20	20	
Sept.		H 14978	20	20	
Oct.		H 18274	20	20	
Nov.		H 20979	20	20	
Dec.		H 24332	20	20	
Jan.	1917	H 27704	20	20	
Feb.		H 30852	20	20	H 33990 Can. Fas.
March		~~H 33990~~	~~20~~	20	Drs. 28/2/17 Dpm 28/2/17 LTB
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

1 - 5 - 16

L. L. Job 310 & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Ellen H Austin

Address 666 - 32 ave East
Vancouver
B. C.

Relation to Soldier wife
wife, child or mother

Name of Soldier Austin A. H.

Regtl. No. 524739

Rank Pte - 13 F Ambulance

Corps 13 - F Ambulance

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Victory Jan 4/c

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mrs Ellen H. Austin Wife Name of Soldier Austin A. H. P.B—

L. L. Job 310.—Req. 6674

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		97393	20 - 20	
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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. 524739.

Rank Provisional Sergeant.

H

Surname Austin

Christian name Albert Henry

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

Corps (Squadron, Battery or Company) C. A. M. C. Shaughnessy Mil. Hos.

Date of discharge October 31st 1919.

Place of discharge Vancouver B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 48 years 10 months.

Height 5 feet 10 inches.

Complexion Fair.

Eyes Blue.

Hair Light Brown.

Trade Conductor.

Intended place of residence (To be given as fully as practicable.) 1603 40th Avenue E. Vancouver B.C.

Descriptive marks

Scar left cheek.
Scar right wrist.
Scar Thermiotomy left.

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

Medically Unfit.

Authority for discharge C.R.O. 1420 Para 1. Sec (A)

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.

Dec'd 23-5-35
Auth 649-A-3569

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.

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.

200M.—5-18.
H. Q. 1772-39-113.

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ OR B. P. C. ON 6/11/19

(OVER)

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..... Nil

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) Vancouver BC — C. Woollard Lt. Col;

(Date) October 31st 1919. — *Commanding* Shaughnessy Mil: Hosp.

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, and that I have received my permanent discharge certificate.

(Place) Vancouver BC — A. H. Carstan *(Signature of Soldier.)*

(Date) October 31st 1919 — J. H. Birkenhead *(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) 3 years 237 days.

Total 3 years 237 days.

11. Confirmation of Discharge.

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

(Place) Vancouver BC

(Date) October 31st 1919

(Signature) C. Woollard Lt. Col: Can. M. C.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT XI

NAME OF SOLDIER Austin, Albert No. 524759

REGIMENT 11th Batt'n Canadian Garrison Reg't C.E.F. RANK Private

Left Plate

Right Plate

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	June 14 1919.										24 1 to 32 28 to 32	1		1						Lieut Fergie	11	No Work Required.

M.F.B. 465
2/0M-1-17
177-20 98

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

18TH F.A. ORDERLY ROOM AMBULANCE

Original Jab

MEDICAL HISTORY SHEET.

Surname Austin Christian Name Albert Henry

Examined on 18th day of Jany 1916 at Vancouver B C

Approved by J. W. Woodley

Rank Lt-Colonel M.O.

Birthplace City or Town Birmingham Warwickshire County England

Apparent age 43 1/12

Trade or occupation Car Conductor

Height 5 Feet 7 1/2 Inches.

Weight 180 Lbs.

Chest measurement Minimum 37 1/2 inches. Maximum expansion 41 1/2 inches.

Physical development Good.

Small-Pox Marks —

Vaccination Marks Arm Right. — Left. Number — 6

When Vaccinated last 7 years ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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.
Feb 24/16	Negative	J. Buller M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
May 9/15		W. Lewalsh Capt M.O.
30/5/16		W. Lewalsh Capt M.O.
14/10/16		A. E. Thompson M.O.

Enlisted on 22nd day of February 1916 at Vancouver BC

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	XVIII F. A. UNIT	35'38		FEB 22 1916
Transferred to..	B. SECTION No. 1 Field Ambulance Depot C. A. M. C. C.E.F. 13th FIELD AMBULANCE March 8 1916	524739		MAY 1 1916

A. M. C. 11th Batt'n Canadian Garrison Reg't C.E.F. 11th Batt'n Canadian Garrison Regt. C.E.F.

June 1916 1-7-18

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname Austin Christian Name Albert Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Vancouver BC	1916 22 Febry							NIL			
Victoria BC	1 May										

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 524739 Rank Private Name Austin, Albert Henry

Corps A.M.C. T.D. No.11 who was * Discharged

On February 28th 1917, to

* Insert "discharged" or "transferred."

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

Dr.	$	c.		Cr.	$	c.
From Feby. 1st To Feby. 28th			From Feb. 1st To Feby. 28th			
Bal. Dr. from previous month				Regimental pay 28 days at $ 1 c 00	28	00
Total payments during period from				Field allowance 28 " $ 0 c 10	2	80
				Other allowances		
Assigned Pay	15	00		Other Credits (give particulars) Credit from Jan. Pay List	19	10
Other Charges (give particulars) Forfeiture of Pay D/O Part Two No 49	28	20				
Bal. Cr. on discharge or transfer	6	70		Bal. Dr. on discharge or transfer		
Total	49	90		Total	49	90

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

Monthly stoppage on account of assignment of pay is..$15.00.., and has been charged in Pay-list for month of..February..

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

REMARKS:—

State (1) date of enlistment..March 8th 1916..

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

(3) cause of discharge and authority ..Medically unfit..A.A.G. 11 M.D. 34-A-59..

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 February 28th 1917

Place Victoria B.C.

W. Gordon Cameron Major
O. C. A. M. C. Training Depot No. 11, C.E.F.
Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Sheet No 1

Temporary Original not available

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Military Hospitals Commission
COMMAND
APR 15 1918
ADJUTANT
VANCOUVER

Unit, Regiment or Corps C.A.M.C.

Regimental No. 524739 Rank Pte Name Austin Albert Henry

Re-attested (a) 3.12.17 Terms of Service (a) C.E.F. Service reckons from (a) 3-12-17

1916

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) Civil—Car Conductor Military—

Report: Date	Report: From whom received	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
3.12.17	Re-attest	T. O. S. "J" Unit	Victoria BC	16.1.18	P.A. II Orders 16/160
18.4.18	J. Unit M.H.C.C.	T. O. S. District Depot XI.	Victoria, B. C.	18/4/18	P.A. II Orders 19 18
30-6-18		S. O. S. 11 D.O.	Victoria BC	30-6-18	D.O. No. 94 30/6/18
1.7.18	XI D.O.	T.O.S. 11th B'n C.G.R. C.E.F.	VANCOUVER B.C.	1.7.18	PART II. ORDER NO. 63. 2.7.18
16 Nov 1918	11 C G R.	T.O.S. Vancouver Mil Hosp	Vancouver BC.	5-11-18	P.C.2 DO 176 - Para 452
21 Nov 1918	Van Mil Hosp	To be acting Corporal with pay & allowances effective 1st Oct 1918	"	1-10-18	P.C.2 DO 180 Para 470 Wallace MAJOR A/D.M.S. & REGISTRAR VANCOUVER MILITARY HOSPITAL
DO. 296 M.D. XI	6-3-19	For the word "Acting" referred to in P.C.2 DO 180 d/21-11-18 read "Provisional"	Vancouver B.C.	6-3-19	P.C.2 DO 65 d/6-3-19
	26-4-19	Appointed Provisional Sergeant effective 1-4-19	Vancouver BC	26-4-19	P.C.2 DO 116 d/26-4-19 Wallace Major

(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				
31-10-19	Arncord H15	Struck off the strength Medically Unfit with effect 31-10-19	Vancouver BC	31-10-19	P. 2. D.O 304 d/31-10-19

W.H.K. Anderson LIEUT.-COL
REGISTRAR AND ADJUTANT
SHAUGHNESSY MILITARY HOSPITAL

Reg. No. 524739 Name Austin A A

Rank Pte Corps C M P Age 46 Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
General Vancouver	3 12 17	- Not Given. N.Y.D.
Do	?	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Car Conductor RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 42 YEARS 9 MONTHS

HEIGHT 5- FEET 10 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 5 1/2. INCHES

COMPLEXION Dark EYES Grey HAIR Dark.

DISTINGUISHING MARKS Scar from burn on left cheek. Scar on right wrist from cut.

MEDICAL EXAMINATION. PLACE Esquimalt DATE Mar. 8th. 1916.

(649, A. 35-69)

SURNAME. Austin

CHRISTIAN NAMES Albert Henry.

REGL. No. 524739 RANK Pte.

UNIT ~~"B" Sect. No 1 Fld. Amb.~~ A.M.C. Train. Depot. No. 11, ~~M.M.C.~~ M.D.2

FORMER CORPS 18th. Fld. Amb. (2 wks) Kings Royal Rifles

CARD NO. X

11

FOLL.

S.O.S. Dis. 98-2-17

S.O.S. Dis. 30-6-18. 2

M.D.2 Re-T.O.S. 3-12-17

NEXT OF KIN.

NAMES IN FULL Austin, Mrs. Ellen H.

RELATIONSHIP TO SOLDIER Wife

ADDRESS 666 – 32nd. Ave. E., Vancouver, B.C.

CHANGE OF ADDRESS

Sol Dis M.U. 31-10-19

AO 3040 31-10-19

Sharpe. Mil. Hosp. 11

COUNTRY OF BIRTH England, Birmingham DATE Dec. 29th, 1873.

PLACE OF ATTESTATION Victoria, B.C. DATE Mar. 8th. 1916.

Trans. from No 1. Fld. Amb. Depot to A.M.C. Training Depot No 11. Auth

A.M.C. Training Depot N.R. 3/6/16

1–1, 91504. M. & D. 0512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

M. F. W. 71—500M.—5 18.
1172—39—9[illegible]

CAMC Shaughnessy Military Hospital CEF Can C III

NAME Austin. Albert Henry

REGIMENTAL NO. 524739

RANK ~~A/Cpl~~ (Provisional Cpl)

ENLISTED AT Vancover

PROMOTIONS, &c. AND DATE ~~P/Cpl~~ 1-4-19 P/ Sgt

DATE 3-12-17

IF SERVED PREVIOUSLY, STATE UNIT, &c. 18th Y.A. 2 wks Kings Royal Rifles 1 yr 9 mons Med Staff Corps 9 month 1st Hereford Volunteers 3 yrs

MARRIED, WIDOWER, OR SINGLE M.

NEXT OF KIN Ellen H. Austin RELATIONSHIP Wife

ADDRESS OF 666. 32 ave. East Vancover (change address) 1603. 40th ave West

ASSIGNMENT OF PAY $ 15 c. TO Wife

ADDRESS same as above

SEPARATION ALLOWANCE, ENTITLED OR NOT Entitled

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR Wife

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION. &c.	PART II. D. O. NO.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c
T.O.S 5.11-18	146	15th Nov 1918	
appt/ Acting Corporal			
with pay & allows/ effective 1-10-18	180	21-11-18	
~~amended~~ E/ Provs/ Corporal	65	6-3-19	
appt. P/Sgt 1-4-19	116	26-4-19	
Increased Pay	175	24-6-19	AMC ord 660
Granted Sub Allow/from 1-8-19	258	15-9-19	" " 964
S.O.S. Medically unfit. with effect 31-10-19.	304	31-10-19	" " 1115

No. 524739. RANK Pte. NAME Austin, Albert Henry.

T. O. S. Trans. from A.M.C. (1-5-16 / D.O. 20 of 1-5-16.) UNIT 13th Field Ambulance. C.E.F.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916			
May. 1.	May. 31	J.		
June (no acct)		"	On D.O. List not on Paylist. Trans-to A.M.C. Log Depot No 11 31-5-16	D.O. 49 of 3-6-16

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid 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.)

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

no

(*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.)

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

yes

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

H.W.K. Gardiner Lt-Col. ..... *President.*

PLACE Vancouver B.C.

DATE Oct. 28th. 1919. ..... } Members

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President*

PLACE..... } Members

DATE.....

APPROVED BY R. R. Miller Major. For *Assistant Director of Medical Services* M. D. 11

DATE OCT 28 1919

APPROVED BY A. M. C. *Director-General of Medical Services.*

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

F.C. 3

16

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Vancouver, B.C. DATE 25.10.19

1. 1 (*a*) Unit CAMC. (*b*) Regimental No. 524739 (*c*) Rank SGT
   (*d*) Surname AUSTIN (*e*) Christian name Albert Henry
   (*f*) Home address 1693 40th Ave East, Vancouver.
   (*g*) Next of Kin Mrs H.H.Austin, (*h*) Relationship wife.
   (*i*) Address of Next of Kin as in 1 f.
2. Age last birthday 48 Date of birth Dec. 30. 1869
3. Enlistment, or Appointment (if an Officer) (*a*) Place Vancouver B.C. (*b*) Date 22.2.16
4. Personal description:
   (*a*) Height 5'10" (turning grey) (*b*) Weight 175 (stripped) (*c*) Complexion fair
   (*d*) Colour of hair lt. brown (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. scar left cheek, right wrist, scar herniotomy left.
5. Former trade or occupation Conductor B.C.E.Ry.
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

A.D.M.S., M.D. XI. VICTORIA, B.C. OCT 28 1919

	Years	Days	Periods From	Periods To
Canada	3	240	Feb. 22nd. 1916	present.
England			interrupted service.	
France or other theatres of War				

7. Original disease, or injury strain of right leg and left knee due to fall.
   (*a*) Date of origin Aug. 1916. (*b*) Place of origin Esquimalt H.Hospital
   (*c*) Cause Fell on duty

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Impaired function right leg and left knee. 2. flat foot right.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Patient is a well nourished man of about 48. He eats and sleeps well. P.R. 65 at rest,100 after exercise. Returns to 65 in two minutes. Abdominal scar is well healed,no disability. Right leg shows slight swelling below knee, it is brawny and discoloured especially in lower half. All movements of knee present and normal. Left knee nothing objective save crepitations on passive flexion. Movements present and normal. Power ofboth knees slightly lessened. 2. marked flat foot right,painful on manipulation. He states standing or walking for any length of time causes marked pain and some swelling in foot. Could do work not involving much standing or walking.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System -- Cardio-Vascular System -- (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System -- (Albumen and Sugar will be excluded.)

Special Senses wears glasses Respiratory System -- Integumentary System as noted

Disturbances of Mentality -- Digestive System -- Muscular System as noted

Osseous and Joint Systems as noted Any other general condition left inguinal herula 1916

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

1 and 2 . while on duty Esquimalt Military Hospitalfell on frozen plank leading from cliff. Fell and rolled about 30 feet. In hospital ten weeks.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Left inguinal hernia Dec.1916. Radical cure. no disability.

(*c*) (Here give a description of wounds, scars and deformities.

scar left cheek dating from childhood,scar herniotomy left

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 and 2.no.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 and 2. n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1 and 2. no.

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1.doubtful possibly 12 months.
2.Permanent.

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

1.starch bandage, one month;massage, and electricity ten months.
2.surgical boot.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? (If not, briefly state why) no as standing causes swelling and pain in right leg and foot and l. knee.

17. Recommendations.

discharge

Medical Board.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

W.H.K.A.

Sgt A H Austin Rank.
Signature of invalid examined.

21/1/18
545

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.

34-A.59

J.A. 1916

(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

DEPT. MILITIA & DEFENCE
JAN 24 1918
CANADA

MEDICAL HISTORY OF AN INVALID

669-HQ-3569

STATION Vancouver, B.C. DATE Jan.2nd 1918

1. (a) Unit 11 C.A.M.C. (b) Regimental No. 524739 (c) Rank Pte.
   (d) Surname AUSTIN (e) Christian name Albert Henry
2. Age last birthday 47 Date of birth Dec. 30th 1869
3. Enlisted at Vancouver, B.C. on Feb. 8th 1916
4. Personal description :—
   (a) Height 5'10" (b) Weight 165 (stripped) (c) Complexion Fair
   (d) Colour of hair Turning Grey (e) Colour of eyes Blue (f) Identification marks Scar left cheek
5. Address after discharge (for the use of the Board of Pension Commissioners.) 1603-40th Ave.E. Vancouver, B.C.
6. Former trade or occupation Conductor B.C.E.Ry. Co.

7. (a) Service	Years	Days	Periods From	Periods To
Training in Canada 13 months			Feb. 8th 1916	Feb.28th 1917 discharged

(b) Has he been Overseas? No

8. Present disease or disability (use authorized nomenclature if possible). Left Inguinal Hernia
   (a) Date of origin December 1916 (b) Place of origin Victoria
   (c) Cause* Said to have resulted from a strain incident to a fall.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Patient was admitted to W.G.H.M.A. with a left inguinal Hernia descending just into the scrotum. He has had a radical cure, healing by 1st intention and is now well.

[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.
15-1M.-6-17.
1772-39-117.

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

On the outer side of lower right leg there is considerable thickening of the skin and pigmentation, due to impeded circulation

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.

100%

12. Did the disability arise on or off duty ? On duty

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 not app. No not app.

(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 ? 2 months from day of admission

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

Operation Massage & High Frequency to leg

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

Yes

19. Can the former trade or occupation be resumed ? Not at present

20. Recommendations Further treatment.

Frederic Brodie Capt.

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 A.H.Austin 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

A H Austin

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.

8. (1) General debility (2) Impaired function R. Leg.
Cause of (1) following operation for R. ing. hernia
of (2) following fall in Victoria Aug. 1916.

9. (1) Operation for hernia successful apparently, he needs a couple of weeks convalescent.
(2) Rt. leg shews swelling of leg below knee. It is brawny, discoloured, especially in lower half; swells and aches on walking and needs treatment. There is no limitation of any motion. Is improving under massage and electrical treatment.

10. Operation for hernia Dec.3 or 4. Fall in Victoria Aug. 1916, injury left knee and right leg. Left knee now O.K. but right leg as described. Moderate grade of general debility.

11. 100% for both conditions (need of treatment.)

12. On duty for both conditions.

14. N.A. for both conditions.

16. Yes, as regards hernia. 2 months for leg.

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.
(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).

No (1) further treatment, Class D.3.

(2) that he be re-attested for pay and allowances, for this treatment (operation etc.) from date of admission to V.G.H.M.A.

R. B. Robertson Capt. *President.*

J. W. MacDermot Capt. } *Members.*

W. L. Farrell Capt.

STATION Vancouver, B.C.

DATE Jan.3rd 1918

APPROVED BY

DATE JAN 11 1918

R. L. Wallace Capt. A.M.C.
for *Assistant Director of Medical Services.* D.M.S.

APPROVED BY

DATE

Director-General of Medical Services.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Scar on left Cheek
Scar on right wrist.

(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 None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? not applicable

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. not applicable

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

John D. Russell
Capt. C. 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. Concurs.

11. Concurs.

12. Concurs

15. Concurs

16. Concurs

17. Concurs.

19. Is he unfit for Military Service.
Yes.

20. Recommendations:
The Board recommends his discharge. He will not be left for other units on account of an old injury to his left Knee.

Signatures:— W S Baird Major CAMC President.
B Murphy Capt CAMC
R Anthes Capt CAMC Members.

Station. Vancouver B.C.
Date. Feb 15th 1917

APPROVED.
Major. A.M.C.
Asst. Director of Medical Services.
M.D.No.XI.

Date. February 19th, 1917.

Approved.
Date. 29/3/17

W. B. Neely Col
Director-General of Medical Services.

~~1603 40th Ave E.~~ South Vancouver
Wife. Eden Henrietta Austin - same address

MEDICAL HISTORY OF AN INVALID.

1. Station. The Willows Victoria B.C
2. Regiment or Corps. A.M.C: T .D No 11
3. Regimental No. and Rank. 524739 Pte
4. Name. Austin, Albert Henry
5. Age last Birthday. 29th Dec 1869 (47 years)
6. Enlisted on 8th.March.1916 at Victoria B.C
7. Former Trade or Occupation. Car Conductor Date. Feby 10th 1917

8. General remarks on his :—
   (a) Conduct. Fair
   (b) Habits. Fair
   (c) Temperance. Good

DEPT MILITIA & DEFENCE MAR 24 1917 CANADA

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

9. Service. Years. Days. 340

	PERIODS.	
	FROM	TO
B.Section No.I F.Amb A.M.C.T.D.No.II	March 8th 1916	Apl 30th 1916 54 days
	May 1st 1916	Feb 10th 1917 286 days
Previous Service :—		
18th Field Ambulance 2 weeks		
Kings Royal Rifles 1yr 9 mths		
Med Staff Corps 9 months		
1st Hereford Volunteers 3 years		

10. (a) Disease or disability. Overage
    (b) Date of origin.
    (c) Place of origin.
    (d) Cause.

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)
    Is evidently over the age limit allowed for overseas service in this Unit, Admits date of birth as above No.5

12. (a) Is the disability the result of service or climate ? not applicable
    (b) Has it been aggravated by intemperance, vice or misconduct ? not applicable

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

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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.

Militia Form B. 227.
100 m-2-16.
H. G. 1772—39—117.

Mailed 15-3-17. PMB.

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

1. No.

2. Category "C-2"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

A. J. Thompson ..... *President.*

PLACE Vancouver, B.C. A. Allingham Capt. }
Members.

DATE June 14th 1918. }

APPROVED BY

J. Allingham Capt. A.M.C.
For *Assistant Director of Medical Services.* M.D. 11

DATE JUN 20 1918

APPROVED BY

..... *Director-General of Medical Services.*

DATE .....

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.

President.

PLACE .....

DATE ..... } Members.

A-59

MEDICAL HISTORY OF AN INVALID

N/- (Wife) Ellen H. Austin 1603 - 40th Ave E. South Vancouver B.C.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
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. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

JUN 19 Rec'd

"Shaughnessy"

JUN 19 Rec'd

13th F.A. 11th F.A.

STATION Vancouver, B.C. DATE June 10th 1918.

1 (a) Unit 1st F.A. (b) Regimental No. 524739 (c) Rank Pte

(d) Surname AUSTIN (e) Christian name ALBERT HENRY

2. Age last birthday 48 Date of birth Dec. 30th 1869.

3. Enlisted at Vancouver, on Feb. 8th 1916.

4. Personal description:—

(a) Height 5ft 10" (b) Weight 177 (stripped) (c) Complexion Ruddy

(d) Colour of hair Grey (e) Colour of eyes Blue (f) Identification marks Four

Vac marks left arm. Scar left face.

5. Address after discharge (for the use of the Board of Pension Commissioners) 1603 - 40th Ave. E. Vancouver, B.C.

6. Former trade or occupation Car Conducter (B.C.E.)

7. (a) Service	Years	Days
Canada Feb. 8, 1916 to Date.	2	A.D.M.S. 122

MILITARY DISTRICT No. 11

Periods — From JUN 19 1918 — VICTORIA, B. C.

(b) Has he been overseas? No. 8. Original disease or disability 1. Left Inguinal Hernia. 2. Overage.

(a) Date of origin Aug. 1, 1916. 2. N.A. (b) Place of origin 1. Victoria. 2. N.A.

(c) Cause* 1. Strain from a fall. 2. N.A.

(d) Present disease or disability 1. Contusion right leg. 2. Overage.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Well nourished man. Looks his age - 48. Penduleous belly. Heart and lungs normal. Pulse 96 full - compressible. Has a scar over the left inguinal canal following operation for hernia. Perfectly healed. Operation successful. Over the middle third of right leg on the inner aspect he has a soft circumscribed swelling covering the whole of the middle third. This swelling ~~px~~ pitsmon pressure, but

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

disappears by morning after a night's rest.. Has arthritis of left knee joint and both shoulders. Able to do light duty. Was lately seeding on his farm.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous. Yes Digestive. Yes Respiratory. Yes Cardiac. Yes

Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part. Yes

10. History: (*a*) of Condition referred to in "a" section 9.

Was discharged Feb. 28, 1917. Then re-attested Dec.3,1917. Operation for hernia V.G.H.Mil.Annex Dec.6th, 1917. Remained at Annex until Apr.13,1918. At Shaughnessy Mil.Hospital since then.

(*b*) 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.

Scar over left inguinal region.

Scar left cheek.

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

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

The regimental documents will be referred to.

(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Hernia radically cured.

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

Operation Vancouver Military Annex.

Rest and massage at Shaughnessy Mil. Hospital.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? Can do farming
(If not, briefly state why.)

17. Recommendations

That he be returned to his Unit for light duty.

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 and either "satisfied" or "not satisfied" struck out.)

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

A.R.T.

A H Anstiss
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Concurs.

He expresses a wish to continue military service. Brawny swelling inside of right leg commencing at line of boot top and extending up 5 inches.

WORK: Walks 5 miles in his own time. Some pain at night after much walking. Can run. Can squat. Right leg appears to be normal in strength.

19. 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).

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

No.

(b) Does not require treatment.
(c) ~~Should not undergo any treatment~~
(d) Should not pass under his own control.
(Strike out condition not applicable).

24-10-17

340-24-0-17

(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.

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.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

MEDICAL HISTORY OF AN INVALID.

Address 1603 40 th Ave E Vancouver.B.C. (Wife Ellen Henrietta Austin Same address.

1. Station. Vancouver B.C.
2. Regiment or Corps. C .A.M.C.
3. Regimental No. and Rank. 524739 Pte.
4. Name. Austin. Albert Henry.
5. Age last Birthday. 46.
6. Enlisted on Feb 1915.
   at Vancouver.B.C.
7. Former trade or occupation. Car conductor.

8. General remarks on his:
   (a) Conduct. Papers not available.
   (b) Habits.
   (c) Temperance.
   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

649-A-3569

DEPT. MILITIA & DEFENCE OCT 24 1917

Date. Oct 12 th 1917.

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
C.A.M.C.			Feb 1915.	Feb 23th 1917.

10. (a) Disease or disability. (1) Inguinal hernia.(left) (2) Upper teeth missing.
    (b) Date of origin. Propably Aug 1916. November 1916.
    (c) Place of origin. Victoria. Victoria.
    (d) Cause. Fall. Extracted on advice of C.A.D.

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.)

Claims that he first noticed a swelling in his groin in the first week in Feb 1917, Had an accident in Aug 1916 (fell and hurt his knee) no pain in groin at this time or subsequently. Did not notice any swellin in the groin at this time either, Did not mention the swelling at any time to the M.O. Was discharged Feb 28th 1917, Started work March 1st 1917 noticed the rupture (it emerged at this date) on March 2nd 1917.Was on rear of car at time. Has been car conductor for 8 years Was not doing any hard work either in the army or on the cars The only history of accident or strain is in August 1916. Examination shows a definite hernia down to scrotum (possibly direct) not held in place by the badly fitting truss he has. Will accept operation, 2 Teeth- were extracted on advice of C.A.D.C. in Nov 1916. and has had no plate since.

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

Discharge 15-11-17 FT

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

(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 ?

On duty in the opinion of the Board, Teeth 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.

14. Treatment.

None.

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

(1) Not applicable.

(2) Not applicable.

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

(1) Permanent till operated upon.

(2) Permanent until plate is given.

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.

(1) 1/5.

(2) 1/4 due to interference with mastication.

All due to service.

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

Not applicable

BY the Medical Board.

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. At present Yes.

Recommendations :

The Board (1) considers that the mans history, frankly given, shews that the hernia was caused by the fall while in service. (2) That the necessity for dental treatment is due to service. (3) recommends that he be given operation for the hernia (he is willing) and a dental plate. (4) that he be reinstated for pay and allowances. He should classify for A. after treatment.

Signatures :—

J. T. MacDermot Capt. President.

Members.

Station. VANCOUVER

Date. OCT 12 1917

Date. OCT 15 1917

G. C. Drew Major, A. M. C.

For Asst. Director of Medical Services. M. D. 11

Approved.

Date. Oct 20th, 1917

Harry S. Watson Capt.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

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

YES.

19. Is the invalid 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.)

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

no

(*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.)

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

yes

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Wish Canadian Soldiers Aid Co

President.

PLACE Vancouver B.C.

DATE Oct. 25th. 1919.

} Members

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

} Members

APPROVED BY R.L. Mills Major,
Assistant Director of Medical Services.
DATE OCT 28 1919

APPROVED BY
Director-General of Medical Services.
DATE.....

34-A-59

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

S.M.H.

STATION Vancouver, B.C. DATE 25.10.19

1. 1 (*a*) Unit CAMC. (*b*) Regimental No. 524739 (*c*) Rank SGT

(*d*) Surname AUSTIN (*e*) Christian name Albert Henry

(*f*) Home address 1603 40th Ave East, Vancouver.

(*g*) Next of Kin Mrs H.H.Austin, (*h*) Relationship wife.

(*i*) Address of Next of Kin as in 1 f.

2. Age last birthday 48 Date of birth Dec. 30. 1869

3. Enlistment, or Appointment (if an Officer) (*a*) Place VancouverB.C. (*b*) Date 22.2.16

4. Personal description:

(*a*) Height 5'10" (*b*) Weight 175 (stripped) (*c*) Complexion fair

(*d*) Colour of hair lt. brown (turning grey) (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. scar left cheek, right wrist, scar herniotomy left.

5. Former trade or occupation Conductor B.C.E.Ry.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

C.A.M.C., M.D. XI. 3 OCT 28 1919

	Years	Days
	3	240

	Periods	
	From	To
Canada	Feb. 22nd. 1916	present.
England	interrupted	service.
France or other theatres of War		

7. Original disease, or injury strain of right leg and left knee due to fall.

19

(*a*) Date of origin Aug. 1916. (*b*) Place of origin Esquimalt M.Hospital

(*c*) Cause Fall on duty

M. F. B. 227.
400M.—11-18.
1778-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Impaired function right leg andleft knee. 2. flat foot right.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Patient is a well nourished man of about 48. He eats and sleeps well. P.R. 65 at rest,100 after exercise. Returns to 65 in two minutes. Abdominal scar is well healed,no disability. Right leg shows slight swelling below knee, it is brawny and discoloured especially in lower half. All movements of knee present and normal. Left knee nothing objective save crepitations on passive flexion. Movements present and normal. Power ofboth knees slightly lessened. 2. marked flat foot right,painful on manipulation. He states standing or walking for any length of the causes marked pain and some swelling in foot. Could do work not involving much standing or walking.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....-- Cardio-Vascular System.....-- (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System.....-- (Albumen and Sugar will be excluded.)

Special Senses..wears glasses Respiratory System.....-- Integumentary System.....as noted

Disturbances of Mentality.....-- Digestive System.....-- Muscular System.....as noted

Osseous and Joint Systems.....as noted Any other general condition.....left inguinal hernia 1916

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

1 and 2 . while on duty Esquimalt Military Hospitalfell on frozen plank leading from cliff. Fell and rolled about 2o feet. In hospital ten weeks.

10 —(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Left inguinal hernia Dec.1916. Radical cure, no disability.

(*c*) (Here give a description of wounds, scars and deformities.

scar left cheek dating from childhood,scar herniotomy left

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 and 2.no.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 and 2. n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment?.....1 and 2. no.

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?.....1.doubtful possibly 12 months.
2.Permanent.

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

1.starch bandage, one month;massage, and electricity ten months.
2.surgical boot.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?.....
(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? .....no as standing causes swelling and pain in right leg and foot and l. knee.
(If not, briefly state why)

17. Recommendations.....

discharge

Medical Board.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

W.H.K.A.

Sgt. A.H. Austin.....Rank.
Signature of invalid examined.

PROGRESS NOTES

SECTION F

All Progress Notes must be signed and dated

Date	
Dec.6.	Radical cure of hernia. Bassini's operation.
" 14	Stitches removed. Healing by first intention.

Transfered to Shaughnessy mbt

DEC 13 1918 MILITARY WING VANCOUVER GENERAL HOSPITAL

2 2 17

J UNIT MILITARY HOSPITALS COMMISSION COMMAND

MEDICAL HISTORY SHEET

SECTION A

Date 8.12.17 J-A-1916

Name AUSTIN, Albert Henry Age 46 Married or Single Married

Home Address 1603 - 40th Ave. E. Enlisted on 8.3.16

Town or City Vancouver Province B.C. at Victoria

Unit C.A.M.C. Rank and No. 524739, Pte. Previous Conduct

Date Diagnosis and Recommendations of last Board. Vancouver Board 12.10.17 DIAGNOSIS:- (1) Inguenal hernia,(left) (2) Upper teeth missing.

CONDITION:- Claims that he first noticed a swelling in his groin in the first week in Feb.1917. Had an accident in Aug.1916 (fell and hurt his knee)no pain in groin at this time or subsequently. Did not notice any swelling in the groin at this time either. Did not mention the swelling to any one. Did not report to the M.O. Was discharged Feb.28th 1917. Started work March 1st 1917 noticed the rupture (it emerged at this date) on March 2nd 1917. Was on rear of car at time. Has been car conductor for 8 years. Was not doing any hard work either in the army or on the cars. The only history of accident or strain is in August 1916 Examination shows ~~rupture~~ hernia down to scrotum (possibly direct) not held in place by the badly fitting truss he has. Will accept operation. 2. Teeth were extracted on advice of C.A.D.S. in Nov. 1916 and has had no plate since.

Complaint, if any, regarding pay. Complaint reported to

By

The above to be filled in by office when patient is admitted to hospital. Date

REPORT OF ADMITTING OFFICER

SECTION B

MILITARY HOSPITALS COMMISSION COMMAND DEC 3 1917 MILITARY WING VANCOUVER GENERAL HOSPITAL

Date

WEIGHT Present 179 Best 186

HEIGHT 5 10

CLASSIFICATION OF CASE

Indicate primary class by XX secondary by X

1. MEDICAL
   a. Cardiac
   b. Pulmonary
   c. Gas
   d. Nervous
   e. Gastro Intestinal
   f. Rheumatic
   g. Miscellaneous
XX 2. SURGICAL
3. ORTHOPEDIC
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   a. Wasserman
   b. Blood
   c. Urine
   d. Sputum
7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Signature of Admitting Officer

REPORT OF MEDICAL OFFICER*

SECTION C

Date

Special questions for Soldiers' Aid Commission

1. Diagnosis

2. Degree of Disability (expressed by fraction)
   Permanent or otherwise

3. Can former occupation be resumed?
   If not, what class of work could be undertaken?

4. What military duty could he perform?

* The above questions, Section C, are to be filled in by Officer in charge of case, but not until case is ready for discharge

REPORT OF MEDICAL OFFICER
SECTION D

Date

1. COMPLAINT Swelling in left groin.

DATE OF ORIGIN & CAUSE OF DISABILITY Sept. 1916. Esquimalt. Caused by fall into a ditch at Esquimalt when he injured his knee.

2. PREVIOUS HISTORY Nil.

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts. Teetotal. Does not smoke. Tea with meals. Nil.

Venereal Infection

Did patient reach England or France or remain in Canada? Canada.

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects? N.A.

If wounds or injury how caused? Injured by falling into a ditch when returning to Hospital

Is condition due to service or climate? If not, was it aggravated by them? How? Service.

On or off duty? On duty.

In action or in field service? Field service.

If due to exposure on duty, what was nature? N.A.

Previous treatment and results. Where treated? Hospital at Esquimalt - 1 month.
Discharged Feb. 28th, 1917.
Re-attested Dec. 3rd, 1917/
Entered V G H M A Dec. 3rd, 1917.

PHYSICAL EXAMINATION
SECTION E

Date

The patient is a healthy appearing, well nourished man, and with the exception of a number of missing teeth there is no abnormality except in the left groin where he has a left oblique inguinal hernia extending into the scrotum.

Treatment recommended Operation.

Probable minimum duration of treatment? One month.

Where may treatment be most satisfactorily carried out? V.G.H.M.A.

In your opinion is this man sufficiently recovered to return to the colors at an early date? No.

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely? No.

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions? Yes.

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Prov/Sgt

M. OR S. Married. REGT. No. 534879 RANK ✓ NAME (IN FULL) ✓

NEXT OF KIN — RELATIONSHIP
Mrs. E.H. Austin. Wife.

ADDRESS
1603-10th Ave. E. Vancouver.

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
Yes. 1/7/18.

TO WHOM PAID — RELATIONSHIP
Mrs. E.H. Austin ✓ Wife.

ADDRESS
1603-10th Ave.E., Vancouver.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
~~La Lay~~ Cpl		DO 65 d/ 4/3/19
Lce Prov. Sgt	1. 4.19	D/O 116
Pay Table a.		
Clan 4t	1.4.19	D/O 175
S.O.S.	31.10.19	D/O 304

ORIGINAL UNIT C.E.F. A.M.C. 12th C.C.B. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST) AUSTIN, ALBERT HENRY

PLACE OF ATTESTATION Winnipeg — TRANSFERRED TO Discharge Depot Military District No. 11 — DATE 16/11/18. — AUTHORITY

DATE OF ATTESTATION 9/5/18. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 29.00 — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP
Mrs. E.H. Austin Wife.

ADDRESS
1603-10th Ave. E. Vancouver.

ANY CHANGE IN ASSIGNEE OR ADDRESS
1603-10th Ave. E. Vancouver B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Victoria — DATE 31.10.19 — REASON Medically unfit — AUTHORITY D/O 304 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
Feb 1919																																				
	28	1.20	33	60			30	✓	63	60	363	15/3/19			735	28/3/19	10				760		46								63	60			60		Bank 7832 ✓
March																																				
	31	1.20	37	20			30		67	20	707	14/3			3764	28/3	10				11 20		46								67	20			N		5234617
Apl	30	1.50	45	—	30				75	—	2384	4/4	6042		5672		10				19 —		46								75	—	60				Sgt Prov Sgt D/O 116
May	31	-	46	50	30				76	50	6547		5282	63	5278	65	15				11 50		50								76	50	Bank				
June	30	1.85	55	50	30	—			106	85	9334	6/6	5287	620	5284	791	15				41 85		50								106	85	7				a/c for 6 days @ 35c ✓
July	31		57	35	30				87	35	5289	9/7	5294	855	5294	198	15				22 35		50								87	35	7				
Aug	31		57	35	30	10	00		87	45	5571	263	5571	688	5571	482	15				22 45		50								87	45	Bank				Cr 10c & Cancelled P.C. X 226 ✓
Sep	30		55	50	30				134	30	5576	057	5576	470	5576	241	15				69 30		50								134	30	7				Subscription Hillcrest Jan 1. 8.19 @ 25¢ ✓ 238 ✓
Oct	31		57	35	27				147	15	5579	426	5580	414	5580	557	15				150 35		50				1	80			247	15	100	—			Meals D/Pr Sgt 15 ✓ 35¢ ✓ Clothing allce 1st Rpt W.S. Gratuity ✓
			445	35	340	05	60		845	40							120	—			353 60		468 —				1	80			945	40	100	—	60		

War Service Gratuity
3 Canada
Service ... years ... months

92 days

I certify that all payments of War Service Gratuity have been made according to the Regulations governing the same, and that the Officer's War Service Gratuity Card, W.S. No. 11 has been produced.

200 90 300

Nov 29 1594 65-6 70 - 30 - ✓
Dec 31 1604 65-8 70 . 30 . ✓

300

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut. Paymaster, Demobilization Pay M.D. No. 11

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	