M F 27-6-16

4397

4397

R. O. No.

H. Q. No.

DISCHARGE DOCUMENTS

Name Balmer William Lorne

Regt. No 269668 Rank Pte

Corps 1st Depot Bn. Sask Regt.

Cat "E"

Card 1 Index Removed 11-1-18
1 Part II
1 Casualty

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 24

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

a 7 B 122 1
M 7 W 39a 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

Company 6

12 M. D. First Depot Battalion 1st Depot Battn. Sask. Regt. Regiment

Regtl. No. 269668

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class one)

1. Surname Balmer
2. Christian name William Lorne
3. Present address Scott P.O., Sask.
4. Military Service Act letter and number R.L. 243 924
5. Date of birth June 29th. 1897
6. Place of birth Gravenhurst Ontario
   (town, township or county and country)
7. Married, widower or single single
8. Religion Presbyterian
9. Trade or calling Railway Clerk
10. Name of next-of-kin John Balmer
11. Relationship of next-of-kin Father
12. Address of next-of-kin Scott P.O. Sask
13. Whether at present a member of the Active Militia no
14. Particulars of previous military or naval service, if any none
15. Medical Examination under Military Service Act:—
    (a) Place Saskatoon (b) Date Oct 31 = 1917 (c) Category A2

DECLARATION OF RECRUIT

I, William Lorne Balmer, do solemnly declare that the above particulars refer to me, and are true.

William Lorne Balmer (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs. 11 mths.

Height 5 ft. 3 1/3 ins.

Chest measurement: fully expanded 35 ins.; range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

W. J. Binnie Major

O. C. Depot Btln.

1st Depot Battn. Sask. Regt. Regt.

Place Regina Sask. Date May 30 = 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 269668 (Rank) Private

Name (in full) Balmer William Lorne enlisted in

the 1st Depot Bn. Sask. Regt.

CANADIAN EXPEDITIONARY FORCE at Regina on the 30th

day of May 1918

HE served in Canada

and is now discharged from the service by reason of Being Categorized "E"

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

Age 19 years 1 month

Height 5 feet 3½ ins.

Complexion Fair

Eyes Blue

Hair Black

Marks or Scars appendicitis scars.

William Lorne Balmer
Signature of Soldier

Ben Williams Major
Issuing Officer

Major.
Rank

Date of Discharge June 12th 1918

Comdg. 1st Depot Batt. Sask. Regt.
Appointment

Signed at Regina this 12th day of June 1918

in Military District No. 12

File Reference No.

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. 269668 (Rank) Private Name Balmer W. L.

Unit 1st Depot. Bn. Sask. Regt.

Address on Discharge Scott, Sask.

Character and Conduct

Former Occupation Railway agent

Special Qualifications of Value in Civil Life

Medals and Decorations —

Remarks

Signed at Regina Sask. this 12th day of June 1918

Ben Williams Major
Name of Officer

Major
Rank

for Lt-Col.
Appointment

Commdg. 1st Depot Batt. Sask. Regt.

note

original copy M.H.S. sent to

A.D.M.S. with Board June 6th/18

PWB

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 12
NO. 11

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

Regimental No. 269668 Rank Private. Name Balmer, T. L.

Corps 1st. Depot Bt'n. Sask. Reg't. who was* Discharged.

On 12/6/18. 191...., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/6/18. 191...., to 12/6/18. 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	2.	20
Advances by Cheques: No.			Regt'l Pay 12 days at $ 1. c.	12.	00
Advances by Cheques: No.			Field Allow. 12 days at $ .10 c.	1.	20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges L.A. without Pay.	2.	20	Other Allowances*		
Payment on transfer or discharge No.	13.	20	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	15.	40	Total	15.	40

*Give particulars.

A monthly stoppage of $ Nil. (†) has (‡) been paid on account of Assigned Pay for the month of 191.... and Sep'n Allce. for month of 191.... (to) Assignee

(Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 30/5/18.

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

(3) cause of discharge Unfit for Service. authority D.O. 163.

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 17/6/18.

Place Regina, Sask. James Mitchell Capt.
Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39 903.

M.S.A. 15.

MILITARY SERVICE ACT, 1917. 269668

MEDICAL HISTORY SHEET.

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

1. Surname Balmer Christian name William Boyne

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 243924 P.C.

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

4. Address (including street and number, if any) Scott, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 31 day of Oct. 1917, by the undersigned medical board sitting at

5. Age as stated 20 Years 4 Months. 6. Apparent age 20 Years Months

7. Height 5 Feet 3½ Inches. 8. Weight 126 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 35 Ins. } 10. Complexion Fair { Eyes Blue Hair Fair }

11. Physical development Fair { Good / Fair / Poor } 12. Smallpox marks –

13. Number of vaccination marks { Right arm 0 Left arm 0 } 14. When vaccinated last –

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

16. Slight defects but not sufficient to cause rejection Scar from Appendicitis

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

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

Signature of Man William Boyne Balmer

R. D. 10 L. D. 10
Ht. 20
Certified a True Copy.

President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 30 day of May 1918 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.B.	269668		30/5/18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina	6-6-18	Hernia Ventral	E Chester A Cy

N. B.—This sheet is 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.

#6 boy

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				

NOV 5 1917

M.S.A. 15.

269668

54

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

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

1. Surname Balmer Christian name William Lorne

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule R243924 243906

3. Consecutive number on schedule of men reporting for service (if he appears on it) 35

4. Address (including street and number, if any) Scott Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of OCT 31 1917 1917, by the undersigned medical board sitting at SASKATOON, SASK.

5. Age as stated 20 Years 4 Months. 6. Apparent age 20 Years ..... Months

7. Height 5 Feet 3½ Inches. 8. Weight 126 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 35 Ins. } 10. Complexion fair { Eyes blue / Hair fair }

11. Physical development. Fair { Good / Fair / Poor } 12. Smallpox marks None

13. Number of vaccination marks { Right arm 0 / Left arm 0 } 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease No. Scar from appendectomy

16. Slight defects but not sufficient to cause rejection No.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

#6 6a

Bath

Eyes

D 10

Bath

Cons

20 pt

Signature of Man

Hweden Lotz President.

Lm Olivier Member. V C Francis Member.

Okd. to Schedule by G. Dunn No. 6

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 30 day of May 1918 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot	269668		30/5/18
Transferred to	Bath			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina	6-6-18	Hernia Ventral	E Chastelsplegt

N. B.—This sheet is 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.

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				

File in Officers' or Other Ranks' envelope attached to Regimental Documents.

Reg. No. 269668

Rank. Pte.

Name. Balmer. W.B.

Medical Documents forwarded to B.P.C. on

M.F.W. 2505, Ref. B.P.C. 218-26-6-18

Medical History Sheet (MFW.313) or (AFB.178)

Dental " " (MFB.465)

Medical Report on Invalid (MFB.227) or (AFB.179)

Medical Board Proceeding (MFB. 380)

" " " (on discharge)(MFB.227)

Medical Examination on leaving service (MFW.129)

Examination Standing Medical Board (DMS.1323)

Miscellaneous

Clerk's Initials.

Doc. 14.
2000-6/18.
EBM.

M

H. Q. .....

M. D. No. 12

Surname Balmer

T. O. S. May 30th 1918.

Christian names William Lorne

D. O. Pt. II 149 of 29-5-18.

Regtl. No. 269668 Rank Pte

S. O. S. Dis 12/6 1918

Unit Sask Regt 1st Dpo Bn.

Reason M. U.

Auth. TOX II 1635 12/6/18

Next of kin Balmer, John

Relationship Father

Address Scott Sask.

Also notify: .....

BORN—Place Canada, Gravenhurst Ont. Date June 29th 1897

ATTESTED—Place Regina Sask. Date May 30th 1918

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839

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

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

Yes

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.

Chas E Cox Capt *President.*

PLACE Regina, Sask.

DATE 6-6-18

R. T. Grier Capt } Members.

APPROVED BY

W Arnold Capt
Assistant Director of Medical Services.

DATE JUN 8 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.

74-B-2029

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 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.

STATION Regina DATE May 31/18

1. 1 (a) Unit I.D.B.S.R. (b) Regimental No. 269668 (c) Rank Pte.

(d) Surname Balmer (e) Christian name William Borne

2. Age last birthday 19 Date of birth 1898

3. Enlisted at Regina on May 30

4. Personal description:—

(a) Height 5'3½" (b) Weight 126 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks appendix scar

5. Address after discharge (for the use of the Board of Pension Commissioners) Scott Sask.

6. Former trade or occupation Clerk G.T.P.

7. (a) Service — Years: 1 Days

	Periods From	Periods To
	May 30/18	May 31/18

(b) Has he been overseas? No 8. Original disease or disability Hernia

(a) Date of origin 1915 (b) Place of origin Scott, Sask.

(c) Cause* Strain by overlifting

(d) Present disease or disability Right inguinal hernia

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.]

Right Inguinal Hernia, external ring very enlarged. Impulse on coughing is wearing a truss for three years. Cannot work without truss.

MJF.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

(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

except hernia.

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

Hernia presented into right rectum last November. But is kept back now by truss. When wearing truss hernia gives no trouble.

(*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.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? No

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? Permanent

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

wearing a truss.

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? Yes
(If not, briefly state why.)

17. Recommendations

Category "B".

Denis Lemieux 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 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

William Lame Balmer
Signature of soldier examinea.

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.

Yes

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).

(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).

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

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

yes

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.

Chas E Caplan *President.*

PLACE Regina

DATE 6-6-18

R. T. Greer Capt } Members.

APPROVED BY

W Carwold Capt
Assistant Director of Medical Services.

DATE JUN 8 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.

MEDICAL HISTORY OF AN INVALID

Military District No. 19
JUN 7 1918
13-B-335

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.

STATION Regina DATE May 31/18

1. 1 (a) Unit 1. D. Bn S. R. (b) Regimental No. 269668 (c) Rank Pte

(d) Surname Balmer (e) Christian name William Lorne

2. Age last birthday 19 Date of birth 1898

3. Enlisted at Regina on May 30

4. Personal description:—

(a) Height 5' 3½ (b) Weight (stripped) 126 (c) Complexion fair

(d) Colour of hair fair (e) Colour of eyes blue (f) Identification marks appendix scar

5. Address after discharge (for the use of the Board of Pension Commissioners) Scott. Sask.

6. Former trade or occupation Clerk G. T. P.

7. (a) Service

	Years	Days
		1

	Periods	
	From	To
	May 30/18	May 31/18

(b) Has he been overseas? No 8. Original disease or disability Hernia

(a) Date of origin 1915 (b) Place of origin Scott. Sask.

(c) Cause* Strain by over lifting

(d) Present disease or disability Right inguinal hernia

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.]

Right inguinal hernia - external ring very enlarged - impulse on coughing 2 lb. wearing a truss for [redacted] years - Cannot

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

work without truss

(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

except Hernia

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

Hernia presented into right scrotum last November. But is kept back now by truss. When wearing truss hernia

(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.

gives no trouble

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? No

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? permanent

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

Wearing a truss.

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? yes
(If not, briefly state why.)

17. Recommendations

Category E

Denis Dewey
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 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

William Lorne Balmer
Signature of soldier examinea.

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.

Yes

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).

(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).

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.

Nil.

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. 269668

Rank Private

Surname Balmer

Christian Name William Jaime

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

Corps (Squadron, Battery or Company) 1st Depot. Bn. Sask. Regt.

Date of Discharge June 12th 1918

Place of Discharge Regina Saskatchewan

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 1 months.

Height 5 feet 3½ inches.

Complexion Fair

Eyes Fair

Hair Blue

Trade Railway Agent

Intended place of residence (To be given as fully as practicable.) Scott Sask.

Descriptive Marks

Appendix Scar.

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

Being categorized "E" authy. A.D.M.S. 12 M.D. 13-B-335

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 soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Railway Agent.

Commdg. 1st Depot Bn. Sask. Regt.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Nil.

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) Regina Sask. Ben Williams Major

(Date) June 12th 1918. *Commanding* for Lt-Col.

Commdg 1st Depot Batt. Sask. Regt.

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

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

(Place) Regina Sask. William Lorne Balmer (*Signature of Soldier.*)

(Date) June 12th 1918 Walter Bell (*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 June 12th 1918 (the date to which the Record of Service is completed) — years 144 days.

Total — years 144 days.

11. **Confirmation of Discharge.**

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

(Place) Regina Sask.

(Date) June 12th 1918 (*Signature*) Ben Williams Maj for Lt-Col.

Commdg 1st Depot Batt. Sask. Regt.

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.)

Nil.

William Lorne Balmer

(OVER)