ATTESTATION PAPER.

No. 291373

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

DEPT. MILITIA & DEFENCE AUG 1 1916 CANADA

1. What is your surname? — Wise
1a. What are your Christian names? — Albert
1b. What is your present address? — Shellmouth, Man.
2. In what Town, Township or Parish, and in what Country were you born? — Shellmouth, Man.
3. What is the name of your next-of kin? — George Wise
4. What is the address of your next-of-kin? — Shellmouth, Man.
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — May 13th 1896
6. What is your Trade or Calling? — Farmer
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? — no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Wise, 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.

(Sgd) Albert Wise (Signature of Recruit)

Date March 20th 1916 W D. Sherwood (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Wise, 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.

(Sgd) Albert Wise (Signature of Recruit)

Date March 20th 1916 " W.D. Sherwood (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 Winnipeg, Man. this 20th day of March 1916.

(Sgd) C M Ackland (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Certified True Copy.
F. Neves.
Lieut.
Officer i/c Records
M. D. 10.

Description of Albert Wise on Enlistment.

Apparent Age 19 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10½ ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Fair

Religious denominations.
- Church of England yes
- Presbyterian
- Methodist
- 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 serv[ed] before, he will, unless the man acknowledges to any previo[us] service, attach a slip to that effect, for the information of t[he] Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date March 20th 191 6 (Sgd) L.P. Conley

Place Winnipeg, Man 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 Wise 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.

(Sgd) J. Lightfoot (Signature of Officer)
Lt-Col

Date March 20th 191 6 222nd Overseas Battalion. C.E.F.

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 4070226

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

1. Surname: Wise
2. Christian name: Albert
3. Present address: Shellmouth, Manitoba
4. Military Service Act letter and number: Defaulter
5. Date of birth: May 13, 1894
6. Place of birth (town, township or county and country): Shellmouth, Manitoba
7. Married, widower or single: Single
8. Religion: Church of England
9. Trade or calling: Farmer
10. Name of next-of-kin: Mrs. Lucy Wise
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Shellmouth, Man. Canada
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: One year 222 nd Batln.
15. Medical Examination under Military Service Act:—

(a) Place: Winnipeg, Man. (b) Date: 23-11-17 (c) Category: A 2

DECLARATION OF RECRUIT

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

Albert Wise (Signature of Recruit)

DESCRIPTION ON CALLING UP

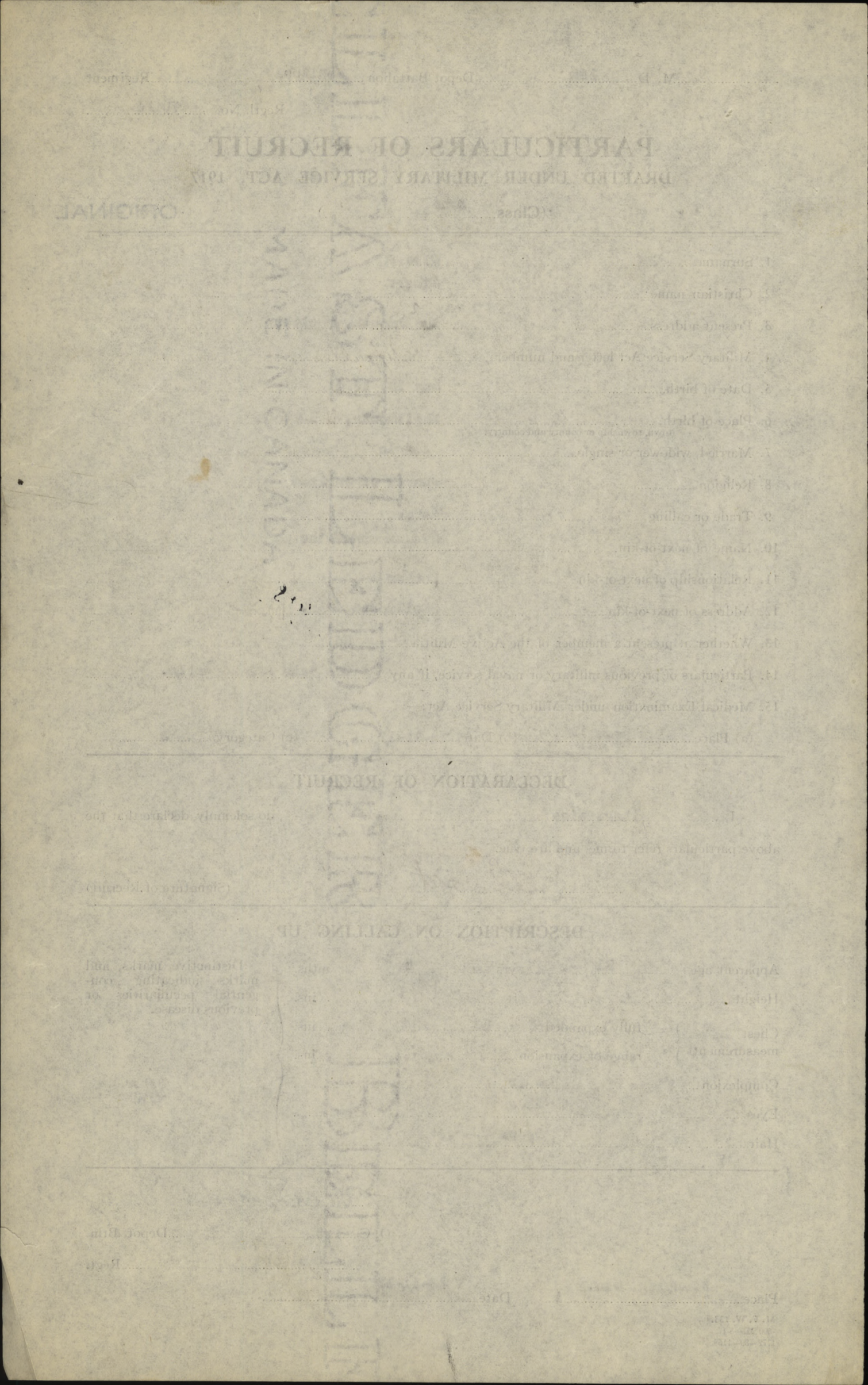
Apparent age	21	yrs	5	mths.
Height	5	ft	9	ins.
Chest measurement — fully expanded	35			ins.
Chest measurement — range of expansion	3			ins.
Complexion	Fair			
Eyes	Blue			
Hair	Brown			

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

W. B. Wood. Major
for O. C. 1st Depot Btln.
Manitoba Regt.

Place: Winnipeg, Man. Date: 23-11-17

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



REGIMENTAL DOCUMENTS

NAME Wise Albert — REGT. NO. (2) 407026 (1) 291373 UNIT 22nd Bn. H. Q. FILE NO.

CONTENTS	2nd Enl.	1st Enl.	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		2				
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		1				
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
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)		2				
DENTAL HISTORY SHEET (M.F.B. 465)		1				
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						
LAST PAY CERTIFICATE (M.F.W. 44)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						

1 Cap Card — 1-M.7.W.67, 2 Pay books, 1 M.T.W.22

30032

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

241—9 11 2

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....222nd. Battalion, C.E.F.....

(2) Regimental Number .....291373.....

(3) Full Name of Soldier.....Albert Wise.....

(4) Place of Birth.....Russell, Man.....

(5) Are you married, or not ?.....No.....

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

(b) Present Postal Address.....

(7) Are you a widower ?.....No.....

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

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

Also their names and ages.....

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address ...George Wise, Shellmouth, Man.....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Lucy Wise, Shellmouth, Man.....

.....

(11) If your Mother is a widow.....No.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?.....No.....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

J. Leightfoot
.....
Officer Commanding.

Date.....Sept. 30, 1916.....

LIEUT. COL.
222nd. OVERSEAS BATTALION, C.E.F.

Form R. 149.

Albert * 25WV4167

Name WISE Rank Pte. Reg. No. 4070226

Unit 18th.

Next of Kin Mrs. Lucy Wise, Shellmouth, Man. Can

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 27-9	Killed in Action			A245		4127
	O.H.C.O.III d/10-10-18					4396
						Can
						3
						R
						9

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

WISE, Pte. Albert, #4070226, 78th Bn. H.Q.649-W-19284.

M. & D. (Father) Geo. Wise,
Box 37, Shellmouth, Man.

P. & S. (Sr. #798309.) Ditto.

Mem. C. (~~Mother~~) ~~Mrs. Geo. Wise,~~ Nil
~~(Address as above).~~

Not elig. for 1914-15 Star
& elig. for B.W. & V.
" " B.W. only.

Scroll Desp. APR 12 1920 Regn. No. Z-34927

Scroll Desp. DEC 23 1921 Regn. No. PA 1002

(27/3)

SURNAME. Wise

CARD NO. X

CHRISTIAN NAMES Albert

FOLL.

REGL. No. 4070226 RANK Pte.

UNIT 1st Depot (Man. Regt.) Bn.

FORMER CORPS 222nd Bn. (1yr)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Wise, Mrs. Lucy

RELATIONSHIP TO SOLDIER Mother

ADDRESS Shellmouth, Man.

COUNTRY OF BIRTH Canada Shellmouth, Man. DATE May 13th 1896

PLACE OF ATTESTATION Winnipeg, Man. DATE Nov. 23rd 1917

O/S 5-2-18 $\frac{1062}{5}$

L. L. 6945. M. & D. 6994. M. & W. 22. 100M.—8.16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 21 YEARS 5 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Nov. 23rd 1917

Present Address Shellmouth, Man.

NAME Wise Albert

REGT'L. No. 4070226

H. Q. FILE No 649

RANK AND CORPS Pte 78th Bn form 1st Dpo Bn Queen Regt

FOLLOWS

No.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
Nofd		Mrs Lucy Wise (Mother) Shellmouth Man
35-12 H2a345		
H396	15-10-18	Dd on a Sept 27th 1918

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

6496596.

CARD NO. V

SURNAME. Wise

CHRISTIAN NAMES Albert

REGL. No. 291373 RANK Pte.

UNIT 222nd. Batt.

FORMER CORPS Nil.

FOLL. SOS. Ors 24-10-16 TY

NEXT OF KIN.

NAMES IN FULL Wise George

RELATIONSHIP TO SOLDIER Father

ADDRESS Shellmouth, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Shellmouth, Man. DATE May 13th 1896

PLACE OF ATTESTATION Winnipeg, Man. DATE Mar. 20th 1916.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Father RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 19 YEARS 10 MONTHS

HEIGHT 5' FEET 10½ INCHES

CHEST MEASUREMENT 35' INCHES EXPANSION 3 INCHES

COMPLEXION Ruddy EYES Blue HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Mar. 20th 1916.

No. 191373 RANK Pte NAME Wise Albert.

T.O.S. 20-3-16 UNIT 222nd Battalion, St. James.
D.O. 101 § 21-3-16

M.D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916 Mar. 20	1916 Mar. 31	✓		
Apr.		✓		
May		✓		
June.		✓	Trans. to clearing depot	D.O. 5-7-6-16.
July 9	July 31.	✓	Retained on strength 9-7-16	D.O. 12-14-7-16.
Aug.		✓		
Sept		✓		
Oct.	Oct 24.	✓	Discharged M.D. 24/10/16	D.O. 131 § 10-16.
			Released by Payment §	

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number... H.0.7.0.2.2.6..... Rank... Pte.....

Surname..... W.I.S.E.....

Christian Name..... Albert.....

Unit... 78th Bn Can Inf Theatre of War.. France..

Date of Service. 3-5-18.....

Remarks..... Father

Latest Address.. Mrs. Geo. Wise

Box 37 Shellmouth Man.

Roll No. Page 3486

MAY 9 - 192

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

GA 5406 Kemp

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

No. 2913 73 RANK Pte NAME Wise. Albert.

T. O. S. UNIT Casualty Clearing Depot.

Transfd from 22nd Bn 3-6-16
AO 79 of 27-6-16.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 1	July 8	✓	transfd to 222nd Bn 8-7-16	AO 88 of 8-7-16

No. 4070226. RANK Pte. NAME Wise A.

T. O. S. 11-11-17. UNIT 1st Depot Bn. Man. Regt.
(B.O. No 15 of 7-11-17.)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov. 11	1917 Nov. 30.	M.	Forfeits 14 days pay.	B.O. No 14 of 26-11-17.
1918	Dec. 1918	M.		
	Jan.	M		

Surname	Christian Name or Names	Reg. No.
WISE.	A.	4070226.
Rank	Unit	
Pte.	Man. 78.	

Cas. List.	
15-10-18.A345/	2 R.F.B. KILLED IN ACTION. 27-9-18.

A.M.D. 2 DEPT.
Bch. of P.O.M.S. O.M.F.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION

NAME OF SOLDIER Wilcox H. E. No. 291373

REGIMENT 222 RANK

M.D. B. 465
100m.—7.16.
1772-39-950

Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.

R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold Bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE	No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2nd 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Oct 24															Myles	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

222nd OVERSEAS BATTALION C. E. F.

MEDICAL HISTORY SHEET.

ORIGINAL

291373

Surname Wise Christian Name Albert.

Examined { on 20th day of March 1916 / at Winnipeg

Birthplace { City or Town Shelmouth / County Manitoba. Can.

Apparent age 20 yrs. 10 months.

Trade or occupation Farmer.

Height 5 Feet 10 1/4 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 35. inches.

Physical development Good.

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number none

When Vaccinated last never.

(a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection none

Approved by L. T. Ansley Capt. A.M.C. M.O.

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.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
26/4/16	OK	L. T. Ansley M.O.
		M.O.
		M.O.

Enlisted on 20th day of March 1916 at Winnipeg Man

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	222nd Batt	291373		March 20th 1916
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Wise Christian Name Albert

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.
Winnipeg		1	6	16				Appendicitis L.H.			

M.S.A. 15.

DUPLICATE

Defaulter

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Wise Christian name Albert

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

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

4. Address (including street and number, if any) Shellmouth Manitoba

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of November 1917, by the undersigned medical board sitting at Minto St Winnipeg

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

7. Height 5 Feet 9 Inches. 8. Weight 144 Pounds.

9. Chest measurement (Minimum 32 Ins. / Maximum 35 Ins.) 10. Complexion Fair (Eyes Blue / Hair Brown)

11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks Nil

13. Number of vaccination marks (Right arm — / Left arm —) 14. When vaccinated last

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Artificial right scar; mole on right side of back

16. Slight defects but not sufficient to cause rejection

The man denies having had (Rheumatism / Tuberculosis / Syphilis) We find no evidence of past (Rheumatism / Tuberculosis / Syphilis)

(Strike out disease admitted or suspected.)

Vision R. Eye 20/20

" L. Eye 20/20

Hearing R. Ear N

" L. Ear N

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

Harry Watson President.

J Gemmell Member. W Thegg Member.

Signature of Man Albert Wise

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
15-12-17		mcB	M.O.	1-12-17		mcBurke	M.O.
			M.O.	8-12-17		mcB	M.O.
			M.O.	15-12-17		mcB	M.O.

Joined 11th day of November 1917 at Winnipeg Man.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Battalion, Manitoba Regiment			
Transferred to	18th Res: Bn	4070226		11/11/17

FEB 17 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Demobilized Discharged from the 223rd Battalion Dec 24th 1919

Farm Hand Canada

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				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Dpt 1st. DEPOT BATTALION, MANITOBA REGT.

Regimental No. 407022 Rank Private Name ~~Wise~~ ~~Wise~~ Albert WISE

Reported Enlisted (a) 23/4/17 Terms of Service (a) C.E.F. Ord. Dgs. Service reckons from (a) 11/4/17

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

Extended Re-engaged Qualification (b) crack 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.
			Halifax Canada	5/2/18	
		EMBARKED			
				FEB 16 1918	
		DISEMBARKED			
22/2/18	a/c 16th Reg Bn	Taken on strength on arrival from CANADA.	Dibgate	17/2/18	Part 2. D.053.
5 MAY 1918	G.B. 18 C.R.D.	Draftid to 44th Batt.	Seaford.	3 MAY 1918	Part II D.O. 120 Capt. 1sst. Adjutant, 18th Res. Bn.
					D.O. No. 45 dd 8-5-18
4-5-18	C. I. B. D.	T. O. S. ~~87~~ 44 TH BN ON ARRIVAL	FRANCE	4-5-18	N. R. 663
23.5.18	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	23.5.18	N. R. 1233.
	C. C. R. C.	T. O. S.	"		N. R. 731
5.6.18	C. C. R. C.	S. O. S. TO ~~UNIT~~ 78 th Bn	"	5.6.18	N. R. 940.
	UNIT	JOINED UNIT	"		B. 213

CERTIFIED CORRECT. 13 MAY 1918 CAN. RECORDS LONDON.

(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				
1-6-18	A.A.G.	S.O.S.44th.Bn. on transfer to 78th. Battn.	Fld.	5-6-18	K.R. 949 Pt.II.Ord.59/12-6-18.
12.6.18	do.	T.O.S. 78th Bn on transfer from 1st Bn		6.6.18	K.R 949 D.O. 52 d/12.6.18
3.6.18	C.C.R.C.	Places under stoppages to make good the cost of lost property part of his equipment lost by neglect, viz: 1 cap comforter 1/2½d		25.5.18	B.2069 D.O. 53 d/15.6.18
8.6.18	78 Bn	Joined Unit.	Fld.	6.6.18	B 213
5.10.18	"	Killed in Action		27.9.18	Letter K.1.17.1268 D.O. 111/18

J Anderson
Lieut. for Lt Col. A. A. G.
Canadian Section, G. H. Q. - 3rd Ech.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 222nd Overseas Battalion

Regimental No. 291373 Rank Pte. Name Wise Albert.

Enlisted (a) March 20 1916. Terms of Service (a) C.E.F. Service reckons from (a) March 20. 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) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
Oct. 1916.	222nd	S.O.S Med. Unfit	Wareham.	24.10.16	Pte Les. 131 Can't pay list
		Will not proceed O/S. with this unit,			

(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				

M.S.A. 15.

ORIGINAL ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Wise Christian name Alberty

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

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

4. Address (including street and number, if any) Shellmouth, Manitoba

farmer

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of November 1917, by the undersigned medical board sitting at Minto St. Barracks

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

7. Height 5 Feet 9 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35 Ins. } 10. Complexion fair { Eyes blue / Hair brown }

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

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

appendix scar, mole on right side of back

16. Slight defects but not sufficient to cause rejection

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

(Strike out disease admitted or suspected.)

V.R. 20-20
V.L. 20-20
hearing R & L Normal

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

farmer canada

Harry J Watson *President.*

J. Gemmell *Member.* W G. Leggett *Member.*

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
12-12-17		MCB M.O.	1-12-17		MCB M.O.
		M.O.	8-12-17		MCB M.O.
		M.O.	15-12-17		MCB M.O.

Joined 11th *day of* November 191 7 *at* Winnipeg, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st depot battalion	4070226		11-11-17.
Transferred to.....	M.R. 44th Batt			3 MAY 1918

NORTH-C.A.N. RES BN

FEB 17 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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				

134.K

FORM OF WILL.

I, Albert Wise (Name in full)

Regimental Number 407026 serving in 1st Depot Bn Manitoba Regt

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

I bequeath all my real estate unto

Mr George Wise
Shellmouth
Manitoba Canada

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

absolutely, and my personal estate I bequeath to

as above.

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

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 26th day of January A. D. 1918

Albert Wise Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness C R Ryan.

Address of Witness Minto St Bks Winnipeg Man Canada

Occupation of Witness Soldier

Signature of Second Witness [illegible]

Address of Witness Minto St Bks Winnipeg Man Canada

Occupation of Witness Soldier

F. W. 82
00M-5-16.
1772-39-983.

Form R 122.
2353—100M—9-12-16.

MANITOBA REGT.

LTR

Rank Pte. Name WISE, Albert Reg'l No. 4070226

Unit 2 Dft. 1st Batt Man Reg. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, 23rd Nov, 1917. Place of Birth Shellmouth Manitoba

Name and Address, Next-of-Kin Mrs Lucy Wise.

Shellmouth Manitoba Canada Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 13302
File R.L. 25W 4167
Category KA.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Part II order No.	REMARKS Taken from Official Documents.
		Arrived in England		16-2-18		S/S GRAMPIAN
22.2.18.	18 Res Bn,	T.O.S. FROM Canada		17.2.18.	Pt. II	D.O 53
5.5.18	—	S.O.S. for Overseas to 44th Bn.	Etc:	Seaford 3.5.18		125
8.5.18	44th Bn	S.O.S. on S. aspect from 18th Res Bn.		Field 4.5.18		45.
12.6.18	—	S.O.S. on Ftr: to 78th Bn		5.6.18		59. & Pt II No: 52 dd. 12/6/18 78th Bn.
10 10 18	78th Bn	Killed in Action	Fr.	Field. 24 9 18	Pt II	111

F.B. 103 CHECKED 11 MAY 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				

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MARRIED OR SINGLE: Single

PLACE OF BIRTH: Canada

NAME AND ADDRESS OF NEXT OF KIN: Mrs Lucy Wise
Shellmouth, Man. Can

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 4070226 RANK Pte. NAME WISE Albert

IF IN PERMT. CORPS } WHAT UNIT } UNIT 12th D.B. TRANSFERRED TO 18th Res: Bn DATE 17/7/18 AUTHORITY 60 S3

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Winnipeg, Man, Canada — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 23/11/17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 1.0. DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1918	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR. 4	BALANCE	DEFER. PRO. PAY	SEE ALLCE ENR.
Jan 31	Bal from Canada								1000		
Feb/mar	PP. 59 Days. 64 90										
				1734. 28/2 18 Rs	24 33						
				DA. 1848 1/3 "	9 73						
				" 1765 28/3	9 73				31 11 30		
		64 90			43 79						

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT			

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:-	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
1918		Lost Ltr.	30				
		A.S.P.C received 11.2.19					

NAME:- WISE Albert

NUMBER:- 4070226.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can LRC		Pte
Kin A.	27.9.18	A/Sgt. 15/10/18

UNIT AND TRANSFERS

ORIGINAL UNIT:- #2 Dft 1st MD Bn

DATE ACCOUNT FIRST OPENED:- 1.2.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Can LRC	1.2.18		18th Res Bn
	1-6-18		44 Bn
52	1.7.18	23.7.18	78th Bn &
	1.10.18	22/10/18	N.E.E.
			Canada

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can LRC	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.1.18	Bal c/f from Can.								~~10 00~~		
31.3.18	Bal b/f'wd								31 11	30	
April	P Pay.	33		A.R 65. 18 Res. 12.4.18	9 73						
				" 171 " 29.4.18.	9 73				44 65	~~45~~ 30	
		33			19 46						
May	P Pay	34 10		DN-AR C.S.B.D. 11.5.18	4 46				74 29	60	
June	P Pay	34 10			4 46						
		33		AR 493 — 44th Bde RE — 4/6/18.	3 57						
				on AR 350 — 78th — 15/6/18.	3 57				100 15	75	
July	P Pay	33			7 14						
		34 10		AR 415. " 1.7.18	4 46						
				" 484 " 15.7.18	4 46				175 33	90	
		34 10			8 92						
Aug	P Pay	34 10		AR. 540. " 1.8.18	3 57						
				" 596 " 17-8-18	3 57				152 39	105	
		34 10			7 14						
Sep.	P.P.	33		AR 693. 12 C.S.B. 7/9	3 57						
				" 745 " 15/9	3 57				178 15	120	
		33			7 14				425		
1919											
Feb.	Sat on def. pay.	4 25		Dn 60/168-B 391-26.3.19					182 40		
		4 25		To Canada	182 40						
					182 40						
Apl 19				I.D.R. 28/5/19.		30			182 10		

Statement rend. 27.1.19
Cr Bal $182.40

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

MEDICAL HISTORY OF AN INVALID.

MILITIA & DEFENCE CANADA. NOV 29 1916. 649-W.-5596

1. Station. Camp Hughes, Man.
2. Regiment or Corps. 32nd. O.s Battalion,
3. Regimental No. and Rank. 291373, Private.
4. Name. Wise, Albert.
5. Age last Birthday. 21.
6. Enlisted on March 5th. 1916. at Winnipeg, Man.
7. Former Trade or Occupation. Farmer.

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

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

Date. October 11th. 1916.

9. Service.	Years.	Days.	PERIODS. From.	PERIODS. To.

10. (a) Disease or disability. "Mitral."
    (b) Date of origin. 1913.
    (c) Place of origin. Shellmouth, Man.
    (d) Cause. "Lifting."

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)
Heart murmur is present. Complains of shortness of breath on exertion.

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

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) — Brown elevated mole, size of 5¢ piece, between the shoulders.

(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 — Nil.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? — No.

16. What is the probable durati n 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. — Dissbility. nma

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

L. T. Ainley Capt.

222nd. Overseas Battalion, C.E.F.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service. Yes.

Recommendations: That he be discharged from the Service as physically unfit on account of heart lesion.

Signatures:—

J M Morrison Capt President.

H Hoppmann Capt

Members.

D. C. Ackenhead Capt A.M.S.

Station. Camp Hughes, Man.,

Date. October 17th. 1916.

Date.

Rem Simpson Colonel

Asst. Director of Medical Services.

Approved.

Date. 7/12/16

D J McKay Capt for al

Director-General of Medical Services.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

(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.