No. 2 CONSTRUCTION, B'n. C.E.F.

931677

ATTESTATION PAPER.

No.

Folio

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — YOUNG.
1a. What are your Christian names? — JOHN
1b. What is your present address? — Edmonton Alta.
2. In what Town, Township or Parish, and in what Country were you born? — Detroit, Mich. U.S.A.
3. What is the name of your next-of kin? — ~~Miss Myrtle Crosby~~ St. Windsor Ont.
4. What is the address of your next-of-kin? — ~~1208 Cumberland St Toronto~~ 345 ~~Ont.~~
4a. What is the relationship of your next-of-kin? — ~~Sister~~ Friend ~~Deceased~~
5. What is the date of your birth? — 1875 Dec 25.
6. What is your Trade or Calling? — Planter
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 6 yrs 26 Batt U.S.A.
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, John Young, 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.

John Young (Signature of Recruit)

Date Dec 18 1916. W. H. Woodside (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Young, 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.

John Young (Signature of Recruit)

Date Dec 18 1916. W. H. Woodside (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 Moose Jaw this 18th day of December 1916

H. L. Richards (Signature of Justice)

a Justice of the Peace in and for the Province of Saskatchewan

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

Description of John Young on Enlistment.

Apparent Age 41 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height ..... 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded ..... 39 ins.
- Range of expansion ..... 2½ ins.

Complexion Dark
Eyes Brown
Hair Black

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

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 December 18th 1916.

Place Moose Jaw, Sask

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:—

Robt. Gibson A.M.C. Major
A. W. Rutledge M. D.
V. W. Clark M.D

Mobilization Medical Board Moose Jaw, Sask.

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Young 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.

D. N. Sutherland LT. COL. (Signature of Officer)
O. Comd'g No. 2 Construction Battalion, C. E. F.

Date Jan 4/17 191 .

REGIMENTAL DOCUMENTS

NAME YOUNG. JOHN. REGT. NO. 31677 UNIT 2nd Coy A.S.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	24-3-19/194	[illegible]	Ret 6/12/19		DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)		B.A.C.	11/6/20	Spec-6326	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med unfit
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			01790		
1	M.F.W. 192.					
1	Med					
1	Index c.					

2/47 - 27

2 27

W. 2509
100M-11-18
1772-89-1377

fca
K Wde

B.
V

Number 931677 Rank a/2/Corpl

Surname YOUNG

Christian Name John

Unit C.R.T. Theatre of War France

Date of Service 17/5/17

Remarks

Roll No B
Page 2979

Latest Address Acme Rooming House
Edmonton Alta

Form R. 149.

Name YOUNG. John. Rank Reg. No. 931677.

Unit 2nd. Const Coy.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-2-18.	Jura Champagnole. 178/9 3/2		Asthma.	A 155		
5-3	Discharged	20/35 "		A 163		
23-3.	67 C.H. La Joux Jura 478/20.		Influenza	A 177		
26-3	Discharged	523/8 "		A 178		
9-5	C.F.C.H. La Joux		Influenza	A 217	✓	1276/7
28-5	Discharged		"	A 232		1791-15

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

SURNAME. Young.

CHRISTIAN NAMES John

REGL. No. 931677 RANK Pte.

UNIT No. 2 Construction Bn.

FORMER CORPS U.S.A. Inf. (6 years)

13 CARD NO.
SOS 24.2.19. M.U.
Doc on file.
ROLL.
80.559 24-2-19 "13 D.D.

NEXT OF KIN.

NAMES IN FULL Young, Alfred H.

RELATIONSHIP TO SOLDIER Father

ADDRESS 1208 Crockett St., Houston Texas. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Detroit Mich. DATE Dec. 25th 1875.

PLACE OF ATTESTATION Moose Jaw, Sask. DATE Dec. 18th 1916.

R/C 25/1/19. 256 T3 III.

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Halifax per S.S. "Southland" 28/3/17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Plasterer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 41 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 2½ INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Moose Jaw, Sask. DATE Dec. 18th 1916.

Present address: Edmonton, Alta.

No. 931677 RANK Pte NAME Young J.

T. O. S. UNIT No 2. Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1917			
Dec 18	Jan 31	✓		
	Feb.	✓		
	Mar.	✓		

YOUNG, John 931677 A/2/Cpl. CRT. 649-Y-1874

medals)
)
P & S)
)
Mem X) no known N/K

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No. 13

NUMBER 921677 RANK Pte SURNAME Young INITIALS J UNIT 2 Cond.

Full postal address Edmonton (Street) (City or Town) Alta. (Province)

Name of one person to be notified of arrival Mrs Jackson

Address Edmonton, General Delivery

Railway Station in Military District to which a furlough warrant is required

C. N. R. Railway Edmonton Alta.

If married, is your wife on board Single ...Number of children on board None

Their destination None

(Sgd.) R A Young J.

M. F. W. 2502

50 M.—4-18
1772—39—1269

Plasterer

LOCAL CARD

*Name YOUNG John. Rank Pte Regtl. No 931677

Fyle Depot I3.D. Y-23

Original unit 42nd Con Present unit 42nd on. M. or S. S Age 48 Religion Bapt. Ref. H.Q

Port, ship, and date of arrival Halifax. Empress Of Britian 2-1-19.

Next of kin Mr A Young. Father, 1208- Crockett St USter Texas.

Address on leave 555- Highmen. S t Edm.

Address on discharge Acme Rooming House I03rd St Edmonton Alta

Transportation issued Yes No Date Character on discharge

Previous occupation Plasterer. Date and place of enlistment 18-12-16 Moose Jaw.

Diagnosis Osteoma head of left Humerus Date of Medical Boards I2-2-I9

Date. T.O.S.	Remarks	Pt. 2 Order No.
14-1-19.	Posted to CAs Co Edm. 28-1-19.	29
	Granted leave with subsstence to 11-2[illegible]-19.	29
24-2-I9	Discharged from H.M. Servoce	55

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

D M S. 1300 50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
YOUNG	M. J.	931677

RANK	UNIT	CO.	TROOP	BATTY.
Pte,	NS.2CON.			

HOSPITAL — DATE OF ADMISSION

Jura Champagnole Jura 26-2-18.

Can. For. La Joux. Jura. Hosp. 23-3-18.

" " " " " 9.5.18.

2. Hosp.

3. Hosp.

4. Hosp.

DIAGNOSIS

1. Asthma. Rw.

2. Influenza Rw

3. Influenza Rw.

DISPOSITION — DATE

CL. 6-3-18. A155. Disc:- 5-3-18

15-3-18. A/163. " 26-3-18

3-4-18 @ 174 ①

4-4-18 @ 178 ②

20-5-18 @ 217.

6-6-18 @ 239

REMARKS

Dis. 28-5-18

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

931677

To be made out in duplicate.

I.Q. 5[illegible]-21-23-53

DUPLICATE

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 #2 Const. Battn. C.E.F.

(2) Regimental Number 931677

(3) Full Name of Soldier John Young

(4) Place of Birth Detroit, Michigan, U.S.A.

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

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

(b) Present Postal Address Nil.

(7) Are you a widower? Yes

(8) Have you any children? No.

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No. .....

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

(10) Is your Mother alive ?..... No. .....

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

.....

(11) If your Mother is a widow..... X .....

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.

..... X .....

.....

(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.

Friend

Miss Maime Crosby

345 McDougal St, Windsor Ont.

(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.

..... X .....

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

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

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

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

D. W. Sutherland ..... LT. Col.

Comd'g No. 2 Construction Battalion, C. E. F.

.....

Officer Commanding.

Date.. Jan. 4/1/17 .....

Allis

FORM OF WILL.

I, John Young (Name in full)

Regimental Number 931677 serving in No. 2 CONSTRUCTION, D'n. C.E.F.

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

Acme Rooming Houses
103rd Ave
Edmonton

I bequeath all my real estate unto My Friend Miss Mamie Crosby 345 McDougal St

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

absolutely, and my personal estate I bequeath to My Friend Miss Mamie Crosby

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 17th day of March A. D. 1917

his X mark John Young 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 D. Lionel Cross.

Address of Witness 16 Prince Albert St. S.A. do Trinidad B.W.I.

Occupation of Witness Journalist

Signature of Second Witness J. Young

Address of Witness 148 Brighton St. Hfx N.S.

Occupation of Witness Soldier.

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

DEMOBILIZATION
PAY DIVISION, M. D. No. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 931677 Rank Pte. Name Young, J.
(Surname first)

Unit 2nd Con. Corps. who was* discharged

On 24-2- 191 9, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 24-2 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month. XXXX L.P.C.		299 52
Regimental Pay 55 days at $1.00 c.		55 00
Field Allowance 55 days at $ .10 c.		5 50
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits Subs. D.O. 29, 15 days 28-1-19 to 11-2-19		12 00
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. G.190	407 02	
Total	407 02	407 02

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of

Assigned Pay for the month of 191
and Separation 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 married or single Single

(2) Separation Allowance, entitled or not no (3) Reason for discharge

(4) Authority for discharge or transfer D.D. 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 21-2-19

Place Calgary.

H. G. Leddall LIEUT.
PAYMASTER— DEMOBILIZATION PAY DIVISION M. D. 13
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

MS.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931677 (Rank) Private.

Name (in full) John YOUNG enlisted in

the Second Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Moose Jaw, Sask. on the Eighteenth

day of December 19 16.

HE served in FRANCE.

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

R.O. #1420, 12-12-18.

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

Age 43 Years, 2 Months.

Height 5 Feet, 8 Inches.

Complexion Dark.

Eyes Brown.

Hair Black.

Marks or Scars

Soldiers Mark X

Signature of Soldier

A. MacLeod Lt

Issuing Officer

Rank

Officer i/c Discharge Section District Depot M. D. 13

Appointment

Date of Discharge February 24, 1919.

Signed at Calgary, Alberta, this Twenty-fourth day of February 19 19.

in Military District No. 13.

File Reference No. 13 D-Y.23.

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

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

ORIGINAL 93 1677

MEDICAL HISTORY SHEET

Surname Young Christian Name John

Examined { on 18th. day of December 191 6 / at Moose Jaw, Sask.

Birthplace { City or Town Detroit, Mich. / County Wayne Co. U.S.A.

Apparent age 41

Trade or occupation Plasterer

Height 5 feet 6 Inches

Weight lbs.

Chest measurement { Minimum 32 36 1/2 inches / Maximum expansion 39 inches

Physical development 1 5 5

Small-pox Marks

Vaccination Marks { Arm Right Left 2 / Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
R.E. 20/20 L.E. 20/20
Left Ear slightly deaf.

Approved by Dan Murray
Rank Capt A.D.M.S. 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	
24/2/17	Lt. G.R.	E E Shepley	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
24/2/17	Lt. G.R.	E E Shepley	M.O.
3/4/17	Lt. G.R.	Dan Murray	M.O.
2/5/17	Lt. G.R.	Dan Murray	M.O.

Enlisted on 18th. day of December 1916 at Moose Jaw, Sask.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2 Construction Battalion C.E.F.	931677		18/12/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont. E. A. Burstall Major, C. A. M. E.	FEB 22 1917	on enlistment Shepley Major, C. A. M. E.	Fit W. J. Brasley Lieut. A.M.S.
Edmonton. Alta	12/2/19.	Osteoma Head of L. Humerus	C. Gaggie MAJOR C. A. M. S.

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

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

Surname Young Christian Name James

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				

C.A. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) [redacted] Young. J.E. M.D.13.

REGIMENT 2 Construction [redacted] RANK Pte. S. No. 931677

Date of Examination in England 25-12-15 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2.
2. EXTRACTIONS 5. 12. 15.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

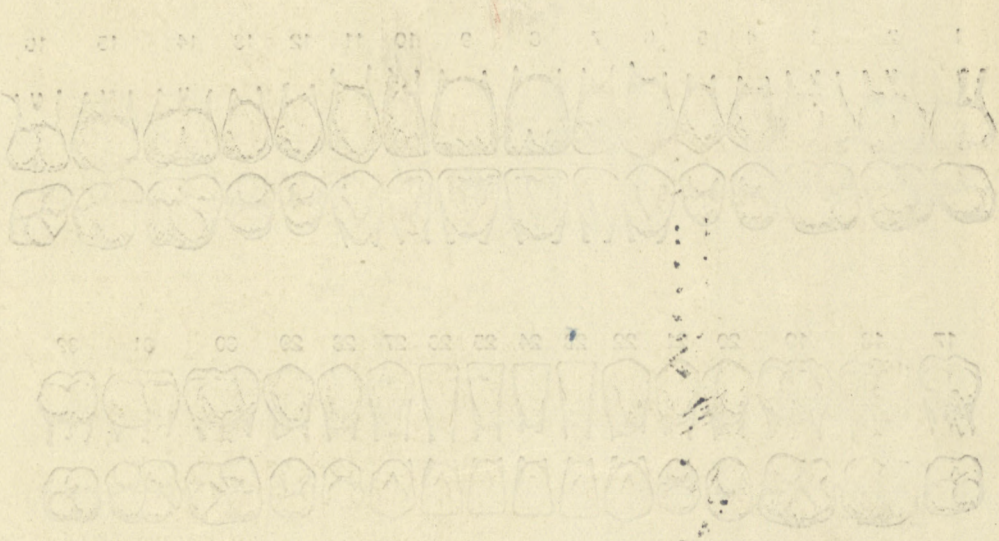
HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) ~~In Canada~~
- (b) ~~In England~~ No.
- (c) ~~In France~~

KINMEL PARK, NORTH WALES.

Signature of Dental Officer W. Kennedy Capt



Name Young Enl. 18-12-16

Date of Embarkation for England 25-3-17.

Proceeded to France. arr. 17-8-17 Returned to England. 14-12-18

demob.

Date returned to Canada. 12-1-19.

P.R. 2855.

Ehfd 19-11-35

(over)

Cas. Chen.

26-2-18 — Asthma — To duty 5-3-18

23-3-18 — Influenza — To duty 26-3-18

9-5-18 — Influenza — To duty 28-5-18

Army Form B. 103.

Regimental Number 931677

Casualty Form—Active Service.

Regiment or Corps No 2 Can. Cons. Coy

Rank Pte. Surname Young Christian Name John

Religion ..... Age on Elistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
11/12/14	AAG	Trans to England & posted to N.S. Reg. Depot. Bramshott		14/12/18	K.R. 3404
		C.A. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
17.12.18.	N.S.R.D.	T.O.S and attd 2nd C.C.D. for Quarters & Rations	Bshott	14.12.18	D.O. 305
	N.S.R.D.	ON COMMAND TO C.D.D. Kinmel Pk RHYL BRAMSHOTT			PART II D.O. 305 5/3 27/12/18 C.A. Knight LIEUT, OFFICER I/c RECORDS, NOVA SCOTIA REGTL DEPOT.

(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) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
2/12/18	OCDO.	DoS from 22 Res.	KPC	2/12/18	Pte Do 21.
12-1-19	" "	Ypte C E F Canada	"	12/12	" 11 " 10
12-1-19.		Embarked for Canada			
		Basil. H. Saunders Lt. for OCDO			

TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 79

14-1-19 W. Saunders Lieut. Col.
Officer Commanding District Depot No, 13

24-2-19 DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. DO 55

AUTHORITY RO 1420

W. Saunders
Officer Commanding District Depot No.

Dated Ottawa 12-12-18

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.

Unit, Regiment or Corps #2 Construction Battalion, C E F

Regimental No 931677 Rank Private Name John Young C. E. F.

Enlisted (a) 18/12/16 Terms of Service (a) Duration of War ~~and Six mths after~~ 46 Months Service reckons from (a) 18/12/16

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

Extended ..... Re-engaged ..... Qualification (b) Plasterer

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
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford		Pt 2 D.O. #
					H. B. Macgeagh Captain. Adjutant, No. 2 Construction Batt'n, C.E.F.
		Landed fn France 17-5-17 N.R.			
31.5.17.	OC.	Forfeits 5 days pay for Making avv. y with Iron Rations	Fld.	31.5.17	13/1069. Pt 2. 119. 25/7/17
17.5.17	OC	appt^d a/L/cpl Without pay		16/5/17.	P27s 135 20/10/17. NR KG 16/25295
24-11-17	OC	Reduced to rank of Private.		12-6-17	B213 P27s 144 d/8-12-17 KG 16/27310

CERTIFIED CORRECT. 6 JUN 1917 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				
11/6/17	OC	Serv. Rep for Abs from 10 Jun 15 to 30 Jun 15/6/17 (30 mins)	Jhn	11/6/17	Bm 6. P/-135 20/10/17
26/3/18.	OC Jura Hosp	Asthma adm.		26/3/18	W 5034/D5683
2/3/18	Unit	To Jura Hosp		26/2/18	B 213
5/3/18.	Jura Hosp.	Asthma disgd.		5/3/18.	W 4231.
9/3/18	Unit	Rejoined from Hosp	—	5/3/18	B213
23.3.18	Jura Hosp.	Influenza. adm.		23.3.18	D/9629.
23.3.18	OC.	adm. to 2 Cons. Co. Hosp.	Hd.	23.3.18	B. 213.
26.3.18	Jura Hos.	Influenza. Discharged.		26.3.18	C. 358. W. 6108.
30.3.18	OC.	Disc. from Hospl.	Hd.	26.3.18	B 213.
9.5.18	Jura Hos.	Influenza. adm.		9.5.18	F.1021. W. 831.
11.5.18	OC unit	To Hospl.		9.5.18	B 213.
28.5.18	Jura Hos.	Influenza. Disch.		28.5.18	F4755. W 2845.
1-6-1918	OC Unit	Rejoined unit	Field	28-5-18	B 213.
31.8.18	Do.	Granted 10 days leave	ch.	29.8.18	B 213 p 1751 of Sept 1918
21.9.18	do	Rejoined from leave	Field	15-9-18	B 213
17.10.18	OC Unit	10 days F.P. No 2 11-10-18 for neglecting to obey an order			B 2164 W 5858 of Oct 1918

Form R 122.
2353—100M—9-15-16

JM Rank Name YOUNG, John. - Reg'l No. 931677 -

Unit No.2.Const.Bn. If in perm. Corps, What Unit? Married or Single Single. -

Place and Date of Enlistment Moose Jaw. 18th Dec 1916. - Place of Birth Detroit, Mich, USA.,

Name and Address, Next-of-Kin Miss Maimie ~~Crossby~~ CROSBY.

345 McDougal St., Windsor, Ont. Relationship Friend.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No 6448
File R.L.
Category ORI CAN

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.	REMARKS Taken from Official Documents.
C		Arrived in England per S.S. Southland		7.4.17.	A.F.B. 103 CHECKED 31 MAY 1917 Awrs
14.6.17	2nd Can Con	Arrived in France	Field	17.5.17	P 1100 115
20.10.17	"	appd A/L/cpl without Pay	T.E. Tournura	16.5.17	P 10. 135
9.12.17	"	Reverts to perm grade	" "	12.6.17	P 10. 144
16.12.18	NSRD.	TOS from 2nd CCC	" Bisbett	14.12.18	A0305 & 71 A 19.12.18 2nd CCC.
27.12.18	NSRD	O/C to C.D.D Rhyl	" "	27.12.18	" 313
25.1.19	NSRD	ceased o/c Rhyl - Ripon & SOS to C.E.F. Canada		12.1.19	" 18.

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.					

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Detroit Mich. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Miss Marmil Crossley,
345 McDougal St. Windsor Ont.

RELATIONSHIP OF NEXT OF KIN Friend

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
Appt'd as C/Sgt.	16-5-17	
a/l without Pay	16-5-17	
promoted to Pte Grade.	12-6-17	

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 931677 RANK ~~C/Sgt~~ Pte NAME Young John. E

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Con. Bn. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Moose Jaw. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Dec 28th/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 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)

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sep	Bal	~~195 64~~									
Oct	P.P.	34 10		overpaid 138 days @ 05. as C/Sgt - 20.135.20/17		6 90			195 64		
				A.R. 594, 27/7 2 Bounties Att'd 47c			3 57				
				" 633 11/7 " " " "			3 57				
				" 473 13/7 " " " "			3 57				
		34 10			30 25	6 90	10 71		212 13		

DATE	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
							Separn.							30 25	30 25															30 25				Bal from Canada
Oct/20	30	1.10	33	00											33 00															63 25		15 - 48 25	
MAY 1.31	31	1.10	34	10											34 10	50 1/5		23 19/4					9 73											
June 1.30	30	1.15	34	50										80	35 30	78 14/15							4 86					5 50	20 09	77 26		30 - 47 76	5 to Pay $10 to C.B. Inspection Co. Do. 111. 10.5.17
July 1.31	31	1.15	35	65											35 65								4 87						4 87	107 69		45 - 62 69	Order 1/10/17 - 165 Do. 2 : 22. 5/17 Less credits 80: 10 do. 15 may
Aug. "	"	"	35	65											35 65															143 34		60 - 83 34	
Sep 1.30	30	-	34	50											34 50															178 99		75 - 103 99	
			207	40										31 05	238 45								1946					5 50	42 81	195 64		90 - 104 64	

DEFERRED PAY: 7th 30/- | 138 days @ 05. 17 16 | 207 " 28 57 | 287 " 11 77 | 304 " 26 77

SER. ALLCE. ENG.: 28 57 | 28 57 | 28 57 | 28 57 | 28 57 | 17 85

CANADIAN
ASSIGNED PAY AUDITED
Neil Moore
AUDIT CLERK
DATE 23/5/19

Pte 931677. Young John

DATE	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	DEFD. PED. PAY	SER. ALLCE ENG.															
	Old Bal																	212 13																
Nov	P.P.				33 -		AR834. 28 9/17. C.F.C							3 57		-	-																		
							-857. 12 10/17	-						3 57																				
							-979. 25 10/17	-						3 57																				
DEC	- -				34 10		-1097. 10 11/17	-						3 57		-	-	264 93																
					67 10									14 28																				
JAN	1918 PR				34 10		-1266.23 11/17. 2 Bonus Pa							12 49		-	-																		
							-1440. 21 12/17	-	-					7 14				279 42	150															
					34 10	-	-							19 63.	-	-	-	-																
FEB	-				20 80		-1858. 24 1/18	C.F.C						3 57		-	-																		
							-1600. 4 1/18 Java	-						3 57				303 08																
					30 80									7 14																				
MAR	1918 "				34 10		AR2017 14 2/18. "	"						7 14																		180 -		
							-3325. 18 3/18 "	-						7 14				327 90																
					34 10									14 28																				

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.

A.56

7R 16/ 17/1/19
2 6.6.60

NAME:– Young John E.

NUMBER:– 931677

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
26/8/18	2501	6 F 6.	2 73				
9/12/18	6638	✓	4 66				
3576	18/12/18	B R D G	9 73				
			18 12				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 /	10		

74719 New Book issued 1/N 6

Disb Canada 1-1-19. 7R 6/61. 2665 8/7/19. Ledger 36724 LPB 349-12

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Forwd								322 90	180 –	
Apl	P. Pay	33 –		AR 10 8/4 C 7C Jura	357						
				AR 2744 27/4 – " –	357				348 76	195	
		33.			714						
May	P. Pay	34 10		AR 415 9/5 C 7C Jura	357						
				AR 429 23/5 – " –	357				375 72	210	
		34 10			714						
June	P. Pay	33 –		AR 716 7/6 CFC 5	357					195	
				" 879 27/6 ✓ Jura	357				401 58		
		33.			714						
July	P Pay	34 10		AR 956 10/7 CFC 5 ✓	357						
				✓ 1100 25/7 ✓	357				428 54	240	
		34 10			714						
Aug	P P	34 10		AR 1263 10/8 CFC 5	357						
				AR 1478 25/8 ✓	357						
				CF 24528 31/8 L.N.	9733						
				AR 1634 28/8 CFC 5	714				351 03	255	
		34 10			11 61						
Sep	P P	33		AR 3534 28/8 CFC 5	9733						
				AR 1883 24/9 ✓	357				283 13	270	
		33			1009 0						
Oct	P P	34 10		2366 12.10 ✓	373						
				2 Const. Bn D.O. 58. 24.10.18. Sentenced 10 days. F.P.2. 11.10.18.		11 00			302 50.		
		34 10			378	11 –					

COMPILED BY E. Wilson

CHECKED BY

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS			DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
											30250		
Nov	PP.	33		>702	11.11	CRCS.	3 73						
				>921	26.11	✓	13 06						
				3596	18.12	✓	9 72						
Dec	1st Pay	34 10		6638.	10.12	✓	4 66				35285		
	2nd on D Pay	14 43									~~34721~~ 305-		
		8 153					31 18						
				K58>.	10.1	✓	9 72				34312		
		-	-				9 72	-	-	-			
Mch/19				AK2101	26/12/18		3 43				33929		
				D.O.S. to Law. 12.1.19									
				D.O. 18. 25.1.19. NHO.									

CANADIAN
ASSIGNED PAY ~~AUDITED~~
Hil O'Rourke
AUDIT CLERK
DATE 23/6/19

38403
16 39
367.24
18 12
349 12

3.7.3
16 39
18 12
38 64

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name John E. Surname Young

Unit or Corps 2 Can Bn. (If a soldier) Regtl. No. 931673

Born at Detroit Mich. on, date Dec 25. 1870

Signature (for identification) J E Young his x mark

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 150 lbs.

Height 5 ft. 3 ins.

2. **NUTRITION AND DIATHESIS?** normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** normal

4. **RESPIRATORY SYSTEM.** normal

5. **HEART?** normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 70 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** normal

8. **GENITO-URINARY SYSTEM?** normal

Urinalysis—s.g.? 1015 Reaction? Ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE or any other part?** normal Right ear hearing very poor. no discharge

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Kinmel Park. Signed [illegible] Capt. T. M.O.

Date 10.1.19. Signed M.O

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

THIS FORM WILL BE USED FOR ALL RANKS

B.P.C.

MEDICAL HISTORY OF AN INVALID

ORIGINAL

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 Edmonton. DATE 12-2-19.

1. 1 (a) Unit No. 2nd. Con. Bn. (b) Regimental No. 931677 (c) Rank Pte.

(d) Surname YOUNG (e) Christian name John.

(f) Home address Acme Rooming House 103rd. Ave., Edmonton.

(g) Next of Kin Mr. A. Young. (h) Relationship Father.

(i) Address of Next of Kin Bauston, Texas, U.S.A.

2. Age last birthday 48 Date of birth 25-12-72

3. Enlistment, or Appointment (if an Officer) (a) Place Moose Jaw, Sask. (b) Date 18-12-16

4. Personal description:

(a) Height 5' 8" (b) Weight 154 (stripped) (c) Complexion Dark.

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc.

5. Former trade or occupation Plasterer.

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).	Years	Days

No.2 Cons. Bn.	Periods	
	From	To
Canada	18-12-16	28-4-17
England	28-4-17	17-5-17
France or other theatres of War 19 mths.	17-5-17	22-1-19

7. Original disease, or injury Osteoma head of left humerus.

(a) Date of origin 1888 (b) Place of origin Texasm U1S.A.

(c) Cause Unknown.

M. F. B. 227.

300M.—8-18.
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.)

No disability.

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.)

Healthy well conditioned colored man. Well preserved for 48 years of age. There is a large osteoma of the upper end of the left humerus resembling ¾ of a globe in shape wit the greatest convexity upwards. Circumference of tumor 19¾" Circum. right arm at same place is 15". Circum at middle of left humerus 12½" and middle of right humerus 12". It is hard as bone, and without pain or tenderness. There is no affection of the nerves of the left arm. Work does not affect him. All movements of the shoulder joint are normal the tumor is quite apparent through winter clothing.

Specialists Report:- Hearing-25 ft. each ear. Hears much better than he cares to make out. No disability as result of service. Sgd. W.H. Brown. Capt. CAMC.

(*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..No.. Cardio-Vascular System..No.. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..No.. (Albumen and Sugar will be excluded.)

Special Senses..No.. Respiratory System..No.. Integumentary System..No..

Disturbances of Mentality..No.. Digestive System..No.. Muscular System..No..

Osseous and Joint Systems..No.. Any other general condition..No..

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

Wehn 20 years of age the head of humerus first showed enlargement. It gradually increased for a long time, then apparently ceased to grow. For the last two years he states the tumor has increased in size the increase of late being mainly on the lower side.

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*).)

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

Deformity of shoulder as above.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*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.)

Yes

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) 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.)

None.

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 "E"

A. McClenaghan Capt. CAMC.
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 .....

John Young Hitchcock

Witness F H Price Rank.

Signature of invalid 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 criticised.

Concur.

Encls:- A.F.B. 103.
M.F.B. 313.
Dental Certificate.

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.~~) Yes

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.)

(*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.)

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.

E. L. Gregg Major CAMC. *President.*

PLACE Edmonton. T. L. Rowland Capt. CAMC. } Members

DATE Feb. 12-19.

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 Captain C. A. M. C. Supervisor of Medical Board *Assistant Director of Medical Services.*

DATE FEB 14 1919

APPROVED BY *Director-General of Medical Services.*

DATE.....

Edmonton, Alta.,
Feb. 10th, 1919.

Re-Pte. J. E. T. Young. #931677.

Hearing - 25 ft. each ear.
Hears much better than he cares to make out. No disability as result of service.

FEB 15 1919
MAJOR C.A.M.C.
DIST 6 1 833

W. H. Brown
Capt. C.A.M.C.

Address.....on.....

.....

Enlisted at.....on.....

Country of Nativity.....Religious Denomination.....

Trade or Calling.....

Age.....years.....months. Married or Single.....

Height.....feet.....inches. Complexion.....Hair.....Eyes.....

Distinctive Marks.....

AUDITOR | PAYMASTER

M. OR S. Single

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

REGT. No. 931677 RANK Gte NAME (IN FULL) YOUNG J.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
96 14 Bellamy St Edmonton		

ORIGINAL UNIT C.E.F. 2nd Con — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ / . — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS 9614 Bellamy St Edmonton

ANY CHANGE IN ASSIGNEE OR ADDRESS: ~~G.W.V.M.~~ Edmonton

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Calgary, Alta. — DATE FEB 24 1919 — REASON — AUTHORITY DD #73 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	CASH PAYMENTS COL. NO. 2 $	C.	CASH PAYMENTS COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
31.12.18							349	12																													Bf 349 12 England Dr
											R1582	10/19	Boat		Cheque		9	73	4	84	30	00														
									349	12	Train						5	00													49	60		299	52		
1.1.19					12	00	299	52	107	50																											
24.2.19	55	1/10	60	50	35	00			40	02					376	20/24					40	02							40	02						20.19 Tube change 12 days 28/1/19 - 11/2/19
			60	50	47	00	349	12	456	62							14	73	4	87	43	02							456	62						61 35 00 Cloth Allow
																																					DISCHARGED 24.2.19
																																					61 Total Credit

Certified opening entries on this Ledger Sheet have been audited by [illegible]

Date 4/6/19

WAR SERVICE GRATUITY

	W.S.G.	S.A. CHARGES	SOLDIER	DEPENDENT	
	350 00	350 00	210 00	140 00	G 870786 7.6.19
			70 00	70 00	855728 27.6.19
			70 00	xx xx	9700951 28.7.19
	350 —	350 —	350 00		All Payments Due on This Account have been completed. C. Ledlie Lt

62

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.	