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1 A.0045

DEATH

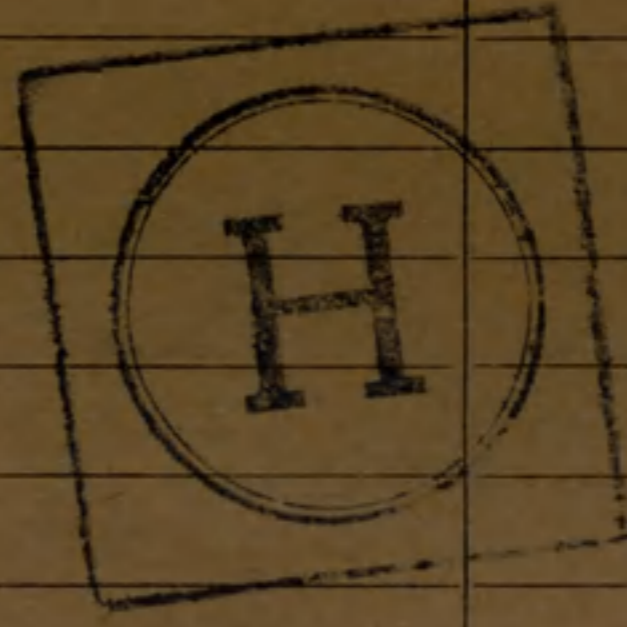
Category

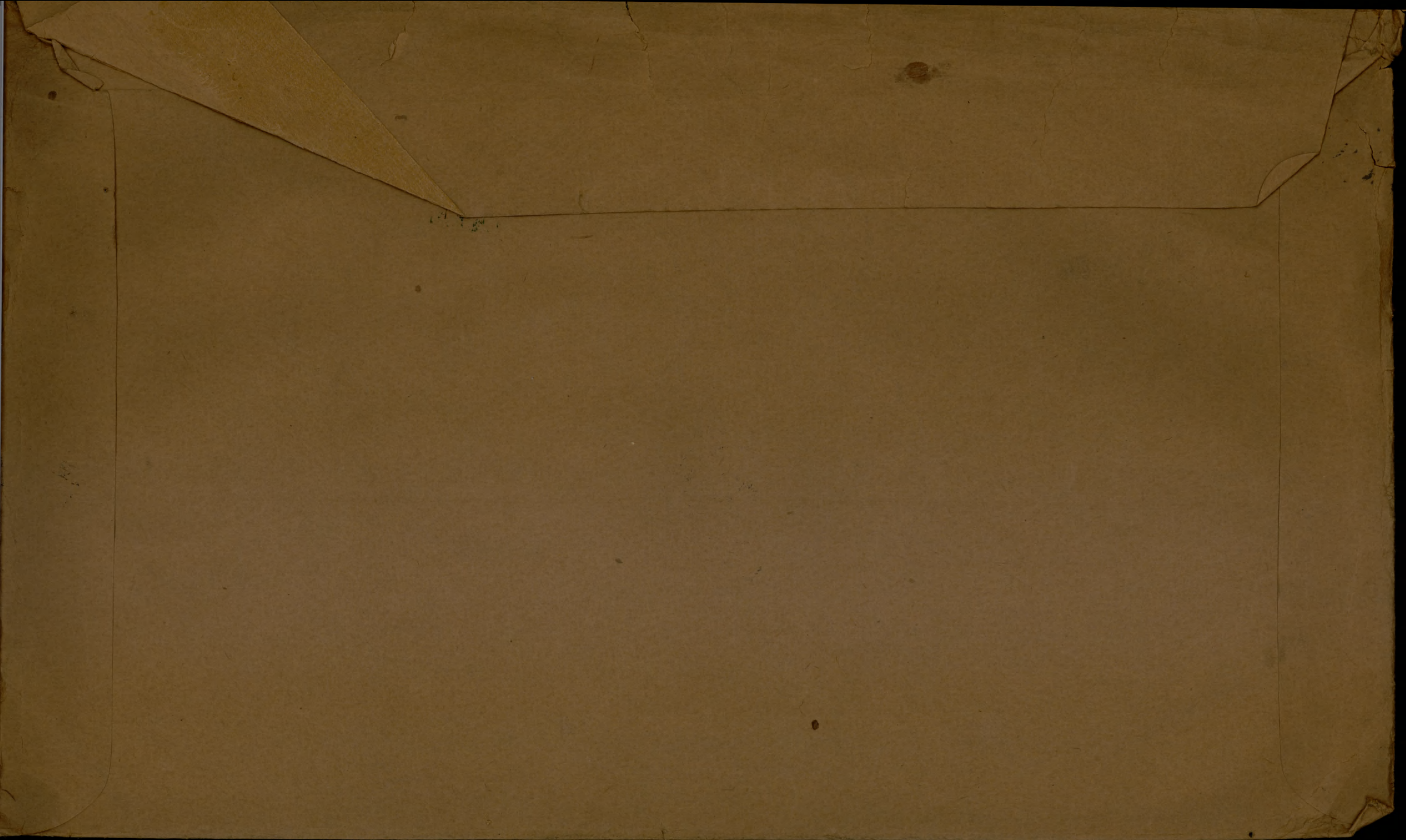
DISCHARGE

Category

DESERTION

11307





UNIT

Caum

Regimental No.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name?
2. In what Town, Township or Parish, and in what Country were you born?
3. What is the name of your next-of-kin?
4. What is the address of your next-of-kin?
5. What is the date of your birth?
6. What is your Trade or Calling?
7. Are you married?
8. Are you willing to be vaccinated or re-vaccinated?
9. Do you now belong to the Active Militia?
10. Have you ever served in any Military Force?
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?
12. Are you willing to be attested to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

(ANSWERS).

Alice F. Casgrain

Cobourg Ontario

M^{rs} H. B. Walker, Montreal Canada

27 Macgregor Street " "

1867

Wife

yes.

yes.

yes.

No.

yes.

Alice F. Casgrain (Signature of Man).

W. B. Boulter (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alice F. Casgrain*, do solemnly declare that the above answers made by me to the above questions 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.

Date *Aug. 4* 1915. *Alice F. Casgrain* (Signature of Recruit).
W. B. Boulter (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alice F. Casgrain*, 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.

Date *Aug. 4* 1915. *Alice F. Casgrain* (Signature of Recruit).
W. B. Boulter (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

London this *7* day of *August* 1915.

Dablast Major (Signature of Justice).
D. A. W. C.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

C. Bluyde H. Col. Adms. (Approving Officer)
CR

Description of *Mrs. Alice Fraser Casgrain* on Enlistment.

Apparent Age *45* 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 *5.8. 5. ft. 8* ins.

Chest measurement { Girth when fully expanded..... ins.
 Range of expansion..... ins.

Complexion *Brunette*

Eyes *blue*

Hair *dark brown*

Religious denominations. { Church of England.....
 Presbyterian *✓*.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic.....
 Jewish.....

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 ^{her} ~~him~~ *fit* for the Canadian Over-Seas Expeditionary Force.

Date *4th Aug.* 1915

Place *London*

N. H. Fort
Capt. Caswell
 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.

Alice Fraser Casgrain, 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.

M. Macdonald
M. Chief (Signature of Officer).

Date *Aug 4* 1915.

for OWS
Can. Contingent

Casualty Form—Active Service.

Regiment or Corps C.A.M.C

Regimental No. _____ Rank Nursing Sister Name Casgrain Alma Frances

Enlisted (a) _____ Terms of Service (a) War/war Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
3.10.15	ofc. no i steady Hoopl	attached to no 1 Canadian Stationary Hoopl. & Invalids to Base.	West of England	31.9.15	A.F. B 213 no 55 15/10/15 loaded 3.10.15

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Army Form B. 213

Standard Form 100-10-1000-1000-1000-1000

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				

Approved and prescribed by the War Department, Department of the Army, Washington, D.C., June 10, 1940.

JAN 11 1916

Rank and Name Casgrain Alice F.

Nursing Sister

Regimental No.

Name and Address of Next-of-kin

Unit C.A.M.C.

Mrs H.B. Walker

Date of enlistment 4TH August 1915

27 MacGregor Street

Montreal, Canada

Place of birth Coburg, Ont.

Married (Yes or No) Yes

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments Sub. Com 3 Aug 15



AUG 9 1916
SEP 6 1916
OCT 5 1916
NOV 10 1916

Bushy Park

Report

Date	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
24-8-15	<i>Dis</i>	Posted to D. of Con. H. Taplow as Dietitian	C. E. 7	23-8-15	CO. 430 C.O. 258 - 4-8-15
4-8-15	D. M. S.	Appt to C. A. M. C. & Taken on Strength	Taplow	3-8-15	D. M. S. 10-6-188 dated 4-8-15
26-8-15	D. of C. H. P.	Taken on Strength	Taplow	23-8-15	Part II orders 90
10/9/15	D. of C. H. P.	Proceeded to Matron in Chief	"	10/9/15	Part orders no 98.
30/11/15	M. E. F. C. A. M. C.	To No 1 Can Stat Hosp. attached & invalided to Base.	Meduldrum	13/9/15	D. M. S. 10-6-188. -52-2.
10/2/16	D. M. S.	trans to King's Can Hosp	Bushy Park	10/2/16	Part II Ord. 9. Part II Ord R.L. 522. NR. NR
12-2-16	King's Can Hosp	Taken on Strength	Bushy Park	10-2-16	C.O. 243 Part II Ord. 43.
15-12-16	King's Can Hosp	Struck off strength Bushy Park, on resigning her commission in the C. E. 7.	Bushy Park	1-11-16	Part II Ord. 351 <i>Cancelled by Part II Ord. 28 KCRX Hosp.</i>
25-1-17	<i>Dis</i>	S. O. S. on resigning her commission in the C. E. 7. came		1-11-16	CO. 133 Part II Ord. 28 KCRX Hosp.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 86, Strand. London. on 9-II-16

by order of D.D.M.S. Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N/S Alice F. Casgrain (Corps) C.A.M.C.

Age 49 Service 15-12 Disability Cramp in fingers of rt. hand

Date of commencement of leave granted for present disability None granted

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that this Sister has permission to resign her appointment. She gives to the Board a complaint of disability as above. There is no abnormality of fingers apparent. She states that otherwise her health is quite good.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes
- b. If not so fit, how long is he likely to be unfit? -
- (2.) a. If unfit for General Service, is he fit for service at home? -
- b. If not so fit, how long is he likely to be unfit for service at home? -
- c. If unfit for General Service at home, is he fit for light duty at home? -
- d. If not so fit, how long is he likely to be unfit for light duty at home? -
- (3.) Was the disability contracted in the service? -
- (4.) Was it contracted under circumstances over which he had no control? -
- (5.) Was it caused by military service? -
- (6.) If caused by military service, to what specific conditions is it attributed? It is impossible to believe that the finger condition can be due to any Military cause.
- (7.) If the disability was not caused by military service, was it aggravated by it? No.

(Sgd)

Signatures

David Donald, Maj, C.A.M.C.

M. Brown, Maj, C.A.M.C.

G. M. Davis, Capt, C.A.M.C.

I concur in the findings of the Board of Medical Officers here recorded. *W. Macdonald*

President.

Members.

10 NOV 1916 Captain, C.A.M.C.

For D.M.S.

Canadian Contingents.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Name A. Sister A. F. Casgrain

M. F. W. 41.
10m.-4-16.
1772-39-889. ✓

392 - 3 - 113

Regimental No.

Name and address of next-of-kin

Unit Came

Date of enlistment

Col. Casgrain 978-1

Place of " "

Married (yes or no) ✓

Date and place discharged

Amount of pay assigned monthly \$ nil.

Reason for discharge Resigned.

To whom payable

Character on discharge

L. L. Job 502 M. & D. 6378.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
/																

Gen. L. P. C. 21/1

ff 11/2

Surname

Christian Name

Reg. No.

CASGRAIN

A.F.

IO-C-188

Rank

Unit

N/S

9-II-16

MEDICAL BOARD held at

Date

Serial No.

(1) D.D.M.S. Office

9-II-16

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Cramp in fingers of rt. hand.

Disposition Recommended

(1)

Fit for service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

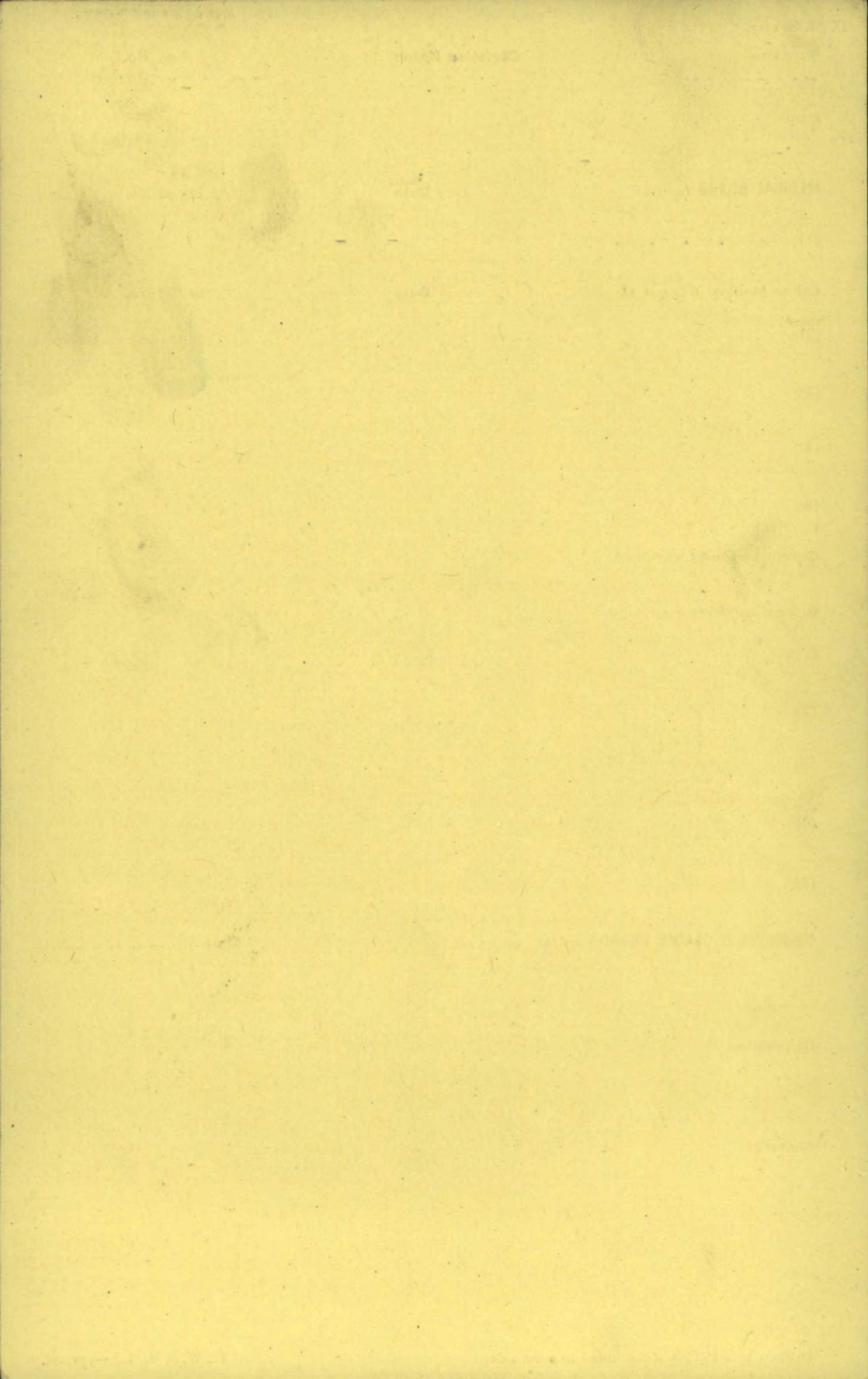
Date.....

Disposition

Remarks

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.



Number

Rank

NIS

Surname

CASGRAIN

Christian Name

ALICE Fraser

Units

Theatre of War

FRANCE

Date of Service

13/9/15

Remarks

Latest Address

~~*Address not available*~~

141 Pitt St W.

Roll No.

*B. Page 22269 Windsor
Ont.*

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Date of sailing 3-8-15. Auth. D. G. H. 1915 =

*Accorded permission to resign Com. in U.S. I.
Ill Health. (auth 392-5-113)*

(392-3-113)

CARD No.

SURNAME. *Casgrain*

CHRISTIAN NAMES *Alice F*

FOLL.

REGL. No.

RANK

UNIT *C. A. M. C. (Nursing Sister) No 1 Stat, Hosp*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Walker, Mrs. H. B.*

RELATIONSHIP TO SOLDIER *Sister*

ADDRESS *27 Mac Gregor St. Montreal
P.Q.*

COUNTRY OF BIRTH *Canada.*

DATE

PLACE OF ATTESTATION

DATE

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Moore Barracks St.

Nursing Sister

Name *basgrain*

Address

Initials *Alice J.*

Bank *Bank of Montreal*

Amount. \$

Separation Allowance issued. Yes or No.

Resigned 31/16 & No 60 25/17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1916								
<i>Apr 16</i>	<i>Pay apr (R)</i>		<i>108</i>			<i>108</i>		
	<i>Bank</i>			<i>108</i>		<i>108</i>		
<i>May 27</i>	<i>Pay may</i>		<i>111 60</i>			<i>111 60</i>		
	<i>Bank</i>			<i>111 60</i>		<i>111 60</i>		
<i>June 17</i>	<i>Pay June (R)</i>		<i>108</i>					
	<i>Bank 3874</i>			<i>108</i>		<i>108</i>		
<i>July 20</i>	<i>Pay July (R)</i>		<i>111 60</i>					
<i>25</i>	<i>Bank 4997</i>			<i>111 60</i>		<i>111 60</i>		
<i>Aug 17</i>	<i>Pay Aug. (R)</i>		<i>111 60</i>					
<i>23</i>	<i>Bank 7299</i>			<i>111 60</i>		<i>111 60</i>		
<i>Sep 20</i>	<i>Pay Sep. (R)</i>		<i>108</i>					
<i>28</i>	<i>Bank 9510</i>			<i>108</i>		<i>108</i>		
<i>Oct 23</i>	<i>Pay Oct (R)</i>		<i>111 60</i>					
<i>27</i>	<i>Bank 11000</i>			<i>111 60</i>		<i>111 60</i>		<i>Tfr to N.B. Ledger</i>

From 10 to 13

NAME

BANK

UNIT

ASSIGNED PAY

DATE AUTHORITY

DATE AUTHORITY NAME OF

Name

Beneficiary

Initials

Address

Bank

Amount

Separation Allowance Issued Yes or No

INITIALS

SPECIAL AUTHORITIES
To be initialed by R.M. in every case

ASSIGNED
PAY PAID IN BALANCE
CANADA

DR.

CR.

GL. NO.

PARTICULARS

DATE

UNIT *Nursing Sisters No. 1. 6. S.A. Madras Moore Barracks Hospital*

NAME *Casgrain Alice J.*
 DATE OF APPOINTMENT *Aug. 3rd 1915.*
 MARRIED (YES OR NO)
 NEXT OF KIN: NAME *Mrs A.B. Walker*
 ADDRESS *27 McEugene St. Montreal*
 DATE NON-EFFECTIVE }
 AND CAUSE }

1915-16

ASSIGNED PAY:-
 MONTHLY AMOUNT
 TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED *Bank of Montreal. 9 Waterloo Place.*

G. B. & S.

PERIOD FROM 1915 To	NO. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDRY DEDUCTIONS	NET P. A. TOTAL DR	PAID IN CASH Balance	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING								
<i>Aug 3</i>	<i>Sept. 30</i>	<i>59</i>	<i>2</i>	<i>118</i>			<i>60</i>	<i>35 40</i>		<i>59</i>		<i>94 40</i>	<i>312 40</i>				<i>212 40</i>	<i>11-12-11</i>	
<i>1/10</i>	<i>31/10</i>	<i>31</i>		<i>62</i>				<i>18 60</i>		<i>31</i>		<i>49 60</i>	<i>111 60</i>				<i>111 60</i>		
<i>1/11</i>	<i>30/11</i>	<i>30</i>		<i>60</i>				<i>18</i>		<i>30</i>		<i>48</i>	<i>108</i>				<i>108</i>		
<i>1/12</i>	<i>31/12</i>	<i>31</i>		<i>62</i>				<i>18 60</i>		<i>31</i>		<i>49 60</i>	<i>111 60</i>				<i>111 60</i>		
<i>1/1</i>	<i>31/1</i>	<i>31</i>		<i>62</i>				<i>18 60</i>		<i>31</i>		<i>49 60</i>	<i>111 60</i>				<i>111 60</i>		
<i>1/2</i>	<i>29/2</i>	<i>29</i>		<i>58</i>				<i>17 40</i>		<i>29</i>		<i>46 40</i>	<i>104 40</i>				<i>104 40</i>		
<i>1/3</i>	<i>31/3</i>	<i>31</i>		<i>62</i>				<i>18 60</i>		<i>31</i>		<i>49 60</i>	<i>111 60</i>				<i>111 60</i>		
		<i>247</i>															<i>871 20</i>		
				<i>207 days @ 3 60</i>													<i>871 20</i>		
				<i>Deposits</i>															

SUNDRY PAYMENTS

DATE 1915	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS
			\$	c.	£	s.	d.	
<i>Aug 10</i>	<i>21</i>	<i>Outfit allowance.</i>	<i>150</i>		<i>30</i>	<i>16</i>	<i>5</i>	
	<i>23</i>	<i>Hotel exces. Kingley Hotel, London 3-9/15.</i>			<i>2</i>	<i>2</i>	<i>0</i>	
<i>Sep 2</i>	<i>533</i>	<i>" " " " " 10-16/15</i>			<i>2</i>	<i>2</i>	<i>0</i>	
	<i>535</i>	<i>" " " " " 14-22/15</i>			<i>1</i>	<i>16</i>	<i>0</i>	
	<i>899</i>	<i>" " " " " 8-12/15</i>			<i>1</i>	<i>10</i>	<i>0</i>	

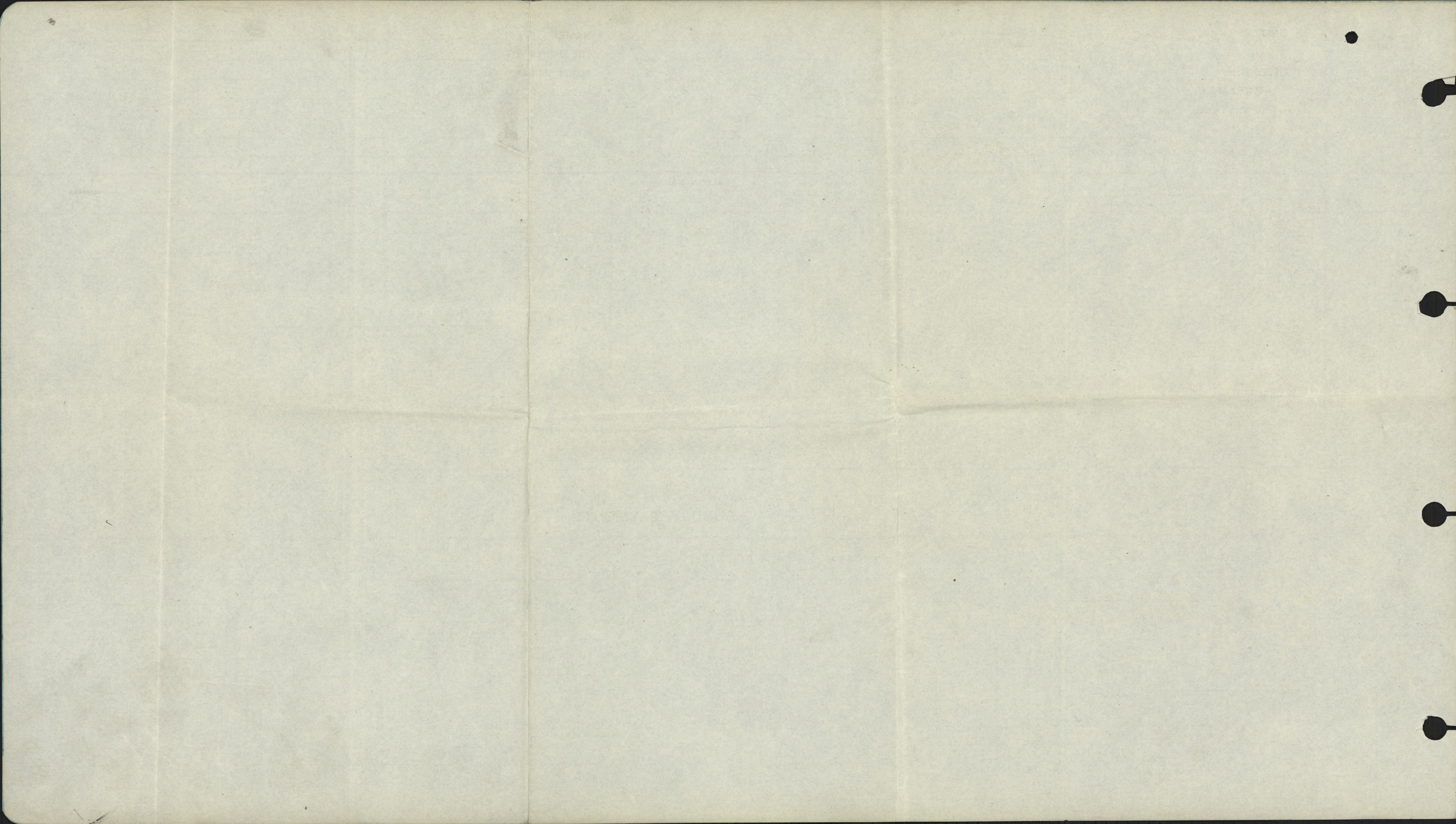


Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature				
4. 8. 15.	500 millions killed typhoid bacilli				Wm. M. H.
13. 8. 15.	1000	"	"	"	Wm. M. H.
19. 8. 15.	1000	"	"	"	Wm. M. H.
23. 8. 15.	Vaccination against variola				Wm. M. H.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

EW

DUPLICATE.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CASGRAIN Christian Name ALICE FRASER (Mrs.)

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Cobourg, Ontario County Canada

Examined { on 4th day of August 1915.
at London

Declared Age 48 years days.

Trade or Occupation .. Housewife

Height 5 feet 8 inches.

Weight 150 lbs.

Chest { Girth when fully Expanded 38 inches.
Measurement { Range of Expansion 3 1/4 inches.

Physical Development .. Very good

Vaccination Marks { Arm .. Right Left
Number 4

When Vaccinated 1910

Vision { R.E.—V = 15/20
L.E.—V = 15/20

(a) Marks indicating congenital peculiarities or previous disease (a) None

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

Approved by .. (Signature) Wm. M. Hart (pro)
(Rank) Capt. C.A.M.C. Medical Officer.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man. C.A.M.C. for the Officer in Charge of Records Canadian Contingents.

Enlisted { at
on .. day of .. 191

Joined on Enlistment ..	Corps.	Regtl. No.
Transferred to		

Became non-effective by on .. day of .. 191

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R. [Signature]
Colonel in Charge of Records,
Canadian Cont (Rank) ts.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
4 8/15	500 million Killed typhoid bacilli. <i>M. N. A.</i>
13 8/15	1000 " " " " <i>M. N. A.</i>
19 8/15	1000 " " " " <i>M. N. A.</i>
23 8/15	Vaccination against Variola <i>M. N. A.</i>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Casgrain Christian Name (Mrs.) Alice Fraser

TABLE I.—GENERAL TABLE.

18 SEP 1916

Birthplace ... Parish Cobourg, Ont. County Canada

Examined ... { on 4th day of August 1915
 at London,

Declared Age ... 48 years ... days.

Trade or Occupation ... Housewife

Height ... 5 feet, 8 inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded. 38 inches.
 Range of Expansion 3 1/4 inches.

Physical Development ... very good

Vaccination Marks { Arm ... Right Left
 Number 4

When Vaccinated ... 1910.

Vision ... { R.E.—V= 15/20
 L.E.—V= 15/20

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

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

Approved by (Signature) M. N. Hart (Rank) Capt. Cadet Medical Officer.

Enlisted ... { at ...
 on ... day of ... 191 ...

Joined on Enlistment ... { Corps. ... Regtl. No. ...

Transferred to ... {

Became non-effective by ...
 on ... day of ... 191 ...
 (Signature) ...
 (Rank) ...

CANADIAN

