4776

C.A.M.C. Shaughnessy Military Hospital, C.E.F.

Original.

RE-ATTESTATION PAPER.

No. 687596
Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

D

1. What is your surname ? ..... Crierie
2. What are your Christian names ? ..... Athole Frazer
3. What is your present address ? ..... 538-Georgia St. W., Vancouver
4. In what Town, Township or Parish, and in what Country were you born ? ..... Kenora, Ontario.
5. What is the name of your next-of-kin ? ..... E.F. Crierie
6. What is the address of your next-of-kin ? ..... Golden, B.C. Sufficent Address
7. What is the relationship of your next-of-kin ? ..... Mother.
8. What is the date of your birth ? ..... Sept. 27, 1897.
9. What is your trade or calling ? ..... Book-keeper.
10. Are you married ? ..... Single.
11. Are you willing to be vaccinated or re-vaccinated and inoculated ? ..... Yes.
12. Do you now belong to the Active Militia ? ..... No.
13. Have you ever served in any Military or Naval Force ? (If so, state particulars of former service.) ..... 172nd.Bn. & R.S.C. Coy. (A.F.L.C. 19-10-16 / 22-3-17 / Chevrons.)
14. Do you understand the nature and terms of your engagement ? ..... Yes.
15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? ..... Yes.
16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ? ..... Yes.
17. If so, what was the nature of the disability ? ..... V.D. Heart.
18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ? ..... No.
19. If so, what was the reason ? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

A. F. Crierie .....(Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Athole F. Crierie .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

A. F. Crierie .....(Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Vancouver, B.C. this 20th. day of January 1919.

C. Woollard Major. } Signature of Magistrate, Justice or Attesting Officer.

C.C. Shaughnessy Mil. Hosp. } Office or Rank and Unit or appointment.

M. F. W. 23.
50 M.—5-18.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

T.O.S. Pt. 2 D.O. No. 22 .....Para.

4776

D

Description of Athole Frazer Crierie. on Enlistment.

AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of January 1919, by the undersigned medical board sitting at Vancouver B.C.

1. Age as stated 21 Years 3 Months. 2. Apparent age 21 Years ..... Months

3. Height 5 Feet 8½ Inches. 4. Weight 126 Pounds.

5. Chest measurement { Minimum 30½ Ins. / Maximum 33 Ins. } 6. Complexion Pale { Eyes Grey / Hair D. Brown

7. Physical development ..... { ~~Good~~ ~~Fair~~ Poor } 8. Smallpox marks Nil

9. Number of vaccination marks { Right arm — / Left arm One } 10. When vaccinated last April 1917

11. Distinctive marks and marks indicating congenital peculiarities or previous disease.....
(Should the Medical Officers 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).

V.D.A. incurred whilst in 172nd Bn. during training

12. Slight defects but not sufficient to cause rejection

13. The man denies having had { ~~Rheumatism,~~ Tuberculosis, Nervous or Mental disorder. } Epilepsy, Syphilis, Asthma. 14. We find no evidence of past { ~~Rheumatism,~~ Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

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

15.
(a) Vision. R. Nor L. Nor
(b) Hearing R. Nor L. Nor

R. Thomson Capt. President.

..... Member. J. Wm. A. Dennis Capt. Member.

(Any special remarks of Medical Officers may be added below.)

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

Church of England Yes. Methodist ..... Jewish .....

Roman Catholic ..... Baptist or Congregationalist ..... Other denominations .....

Presbyterian .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Athole Frazer Crierie 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.

C. Woollar Jr. Major Comdg. (Signature of Officer)

Date 20th January 1919.

4776

ORIGINAL

ATTESTATION PAPER.

No. 687596

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

A

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Crieve.
1a. What are your Christian names? Athole Fraser.
1b. What is your present address? Athlemere (B.C.)
2. In what Town, Township or Parish, and in what Country were you born? ~~Co~~ Kenora (~~Sask.~~ Ont.) Can.)
3. What is the name of your next-of kin? Fraser Crieve.
4. What is the address of your next-of-kin? Athlemere (B.C.)
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? Sept. - 27th. 1898.
6. What is your Trade or Calling? Clerk.
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. Home Guard
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, Fraser Crieve, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

A. F. Crierie (Signature of Recruit)

Date Feb. - 5th. 1916 J. H. Griff (Signature of Witness)

Lieut. - S. M. B.C.B.C.E.F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fraser Crieve, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

A. Fraser Crierie (Signature of Recruit)

Date Feb. - 5th. 1916 J. H. Griff (Signature of Witness)

Lieut. S. M. B.C.H.C.E.F.

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 Athalmere B.C. this 5th day of Feby 1916

John Bulman (Signature of Justice)

Registrar Supreme Court & Acting S.M.

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

4776

A

Description of Fraser Cruise on Enlistment.

Apparent Age ..... 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. 7 ins.	
Chest measurement. Girth when fully expanded	33½ ins.	
Chest measurement. Range of expansion	3½ ins.	
Complexion	Dark	
Eyes	Grey	
Hair	Dark	
Religious denominations. Church of England	Yes	
Presbyterian		
Methodist		
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 7 Feb 4th 1916.

Place Inverness P.Q.

J. Stirling Jr. M.R.C.S. Eng
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.

Athole Fraser Cruise 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.

J. P. Béard Lt-Col (Signature of Officer)

O.C. 172 C.E.F.

Date FEB 9 - 1916 191 .

1st Enl. 2nd Enl.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

44680

Name Crierie Athole Fraser,

Regt. No. 687596 Rank Pte.

Corps 172nd. Bn. C.E.F.

Med. unfit.

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	3
Medical History Sheet	1
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1

M. F. Pa. 4651

Payleard

A. F. B. 122 - 1
M. F. W. 71 - 1

2140

H

1
2-24
1-24

M. F. W. 62.
25m.—11-15.
H. Q. 1772—39—935.

44680

687596	CRIERIE	Athole FRASER
SIN/NAS	Surname/Nom	Given names/Prénoms

Deceased 24/12/74

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL" Box 2140
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT CEF

SURNAME. Crierie

CHRISTIAN NAMES Atholl Fraser

REGL. No. 687596 RANK Pte.

UNIT 172nd Batt.

FORMER CORPS Home Guards.

CARD NO.

S.S.S. Dis. 15/3/16 15

NEXT OF KIN.

NAMES IN FULL Crierie, Fraser

RELATIONSHIP TO SOLDIER Father

ADDRESS Athalmer, B. C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kenora Sask. DATE Sept. 27, 1898

PLACE OF ATTESTATION Athalmer B. C. DATE Feb. 5, 1916

L. L. 9053a.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-83.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING clerk. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS —— MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 33 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Dark EYES Grey HAIR Dark.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Invermere B. C. DATE Feb. 4, 1916

H. Q.

M. D. No. 11

Surname Crierie

T. O. S. 20-1- 1919

Christian names Athol Frazer

D. O. Pt. II 22 of 22-1-19

Regtl. No. 687596 Rank Pte.

S. O. S. Dis 24-2-19

Unit C. A. M. C.

Reason Med. Unfit

Auth. D.O. 55: 24-2-19 11 M.D

Next of kin Crierie, Mrs. E. F.

Relationship Mother

Address Golden B. C.

Also notify:

BORN—Place Canada, Kenora, Ont. Date Sept. 27th 1897

ATTESTED—Place Vancouver B. C. Date Jan. 20th 1919

O/S

R/C

W. 22—100M-7-18. 1772-39-839

4776

LEDGER No. 302 SERIAL No. A41162

REG. No. 687596 NAME Spicer Archie Frazer.

RANK Pte CORPS C M R. AGE 21 SERVICE 6 1/2.

	HOSPITALS	DATE OF ADMISSION
1	Shaughnessy Military Vancouver.	13-2-19.
2		
3		

DIAGNOSIS V D 19.293.

TRANSFERRED TO

DISPOSITION 19-2-19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

H. Q.

M. D. No. 11

Surname Crierie

Christian names Athole Fraser

Regtl. No. 68755 Rank Pte.

Unit Shaughnessy Mil Hosp

T. O. S. Jan 25th 19 19

D. O. Pt. II 22 of 22-1-19

S. O. S. 19

Reason

Auth.

Next of kin

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

Date

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

Duplicate Attestation paper to M. H. R. with Nominal Roll #5. d/23-1-19.

No G.A.P.

No. 6875-96 RANK Pte. NAME Grieve, A.

T. O. S. 5-2-16 D.O. 4/ UNIT 17 2nd Battalion, C. E. F.
24-2-16.

M. D. 11.

PAID FROM	PAID TO'	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb. 5-	Feb. 29	✓		
Mar. 1	Mar. 15	✓	Disclgd. 15-3-16. (Reason not stated)	D. O. 38 of 31-3-16.

UNIT SAILED
OCT 25 1916

a/c. closed by payment 1.

No 45 RANK Pte NAME Crierie Arthur Fraser

T. O. S. 28-3-17 UNIT Railway Service Guard
DO 1 1-4-17

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917	1917			
Mar 28	Apr 30	✓		
May		✓		
June 1	June 25	✓	Dischgd 25-6-17 M.U	June paylist
			a/c closed by payment (c)	

C.A.M.C. Shaughnessy. Military Hosp. C.E.F.

M. F. W. 1—500M.—5 15

NAME Crierie Athole Frazer. Cat. C3

REGIMENTAL NO. 687596 RANK Pte

Re. ENLISTED AT Vancouver. B.C. PROMOTIONS, &c. AND DATE

DATE 20th January. 1919

IF SERVED PREVIOUSLY, STATE UNIT, &c. 172 Bn. C.E.F.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Estelle Frazer. Crierie RELATIONSHIP Mother.

ADDRESS OF P.O. Golden B.C.

ASSIGNMENT OF PAY $ C. TO none.

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT noh.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION. &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
T.O.S. 20-1-19	22	22-1-19	
Admt/ Hosp. 13-2-19	45	14-2-19	V.D.H
Dis. Hosp. 22-2-19	55	24-2-19	
S.O.S 24-2-19 (Medically unfit)	55	24-2-19	
E.E.F. Rd. 1420 P/S(a)			

4776

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

F

M. F. W. 54. (A. F. B. 105)
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. CAMC Shaughnessy Mil Hospital C.E.F.

Regimental No. 687596 Rank Pte Name Crierie Athole Frazer

C. E. F.

Re-Enlisted (a) 20-1-19 Terms of Service (a) Duration of war & demobdg Service reckons from (a) 20-1-19

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

(Civil) Bookkeeper.

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				
		S.O.S. Shaughnessy Mil Hospital C.E.F. on being medically unfit 24-2-19. C.E.F. R.O. 1420 Para 1 Sec (a)	Vancouver B.C.	24-2-19	Pt 2 D.O. to 55 d/24-2-19.

Wabeale

MAJOR
REGISTRAR AND ADJUTANT
SHAUGHNESSY MILITARY HOSPITAL

(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				

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CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

K

This is to Certify that No. 687596 (Rank) Pte

Name (in full) Achole Frazer. Crierie enlisted in

the C. A. M. C. Shaughnessy Military Hospital

CANADIAN EXPEDITIONARY FORCE at Vancouver. B.C. on the Twentieth

day of January. 1919

HE served in Canada.

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

for. Service Auth C. E. F. R.O. 1426 Para 1 S. (a)

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

Age 21 years 5/12

Height 5 Ft. 8 1/2 in

Complexion Pale.

Eyes Grey.

Hair Dark. Brown.

Marks or Scars One. vaccination mark. Left. arm

A F Crierie
Signature of Soldier

Issuing Officer

MAJOR
REGISTRAR AND ADJUTANT
SHAUGHNESSY MILITARY HOSPITAL
Rank

Appointment

Date of Discharge 24th February 1919

Signed at Vancouver. B.C this Twenty Fourth day of February 1919

in Military District No. XI

File Reference No. 12

SHAUGHNESSY MILITARY HOSPITAL FEB 24 ORDERLY

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.
250m —6-18.
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 .....

.....

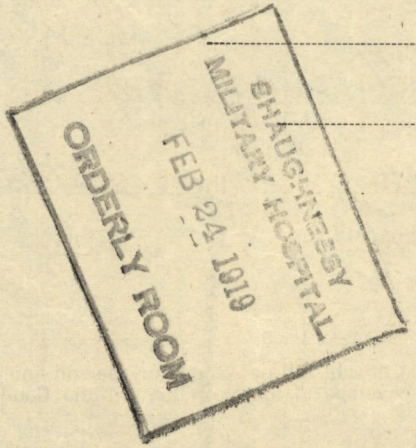
Signed at ..... this ..... day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment



DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE .....21/1/77.....

NAME
NOM ..... CRIERIE, ATHOL FRAZER .....

A.K.A.; CRIERIE, FRAZER

Service No.
Matricule N° 687596-Army-W.W.2..

CPC No.
CCP N° .....110825.....

WVA No.
AAC N° .....

Information Received from:
Information reçue de: .....Letter from Wife-Penticton, B. C.-5/1/77.....

Date of Death
Date du Décès 24/12/76

Place
Endroit .....Penticton Regional Hosp., Penticton, B. C.

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

4176

CASE HISTORY SHEET.

9

Shaughnessy Milty Hospital. Vancouver. B.C. Station.

No. 687596 Rank Pte Name Crierie Athole Frazer Age 21 C.f.E.S.

Unit S.M.H. Completed years of service Where and how long } C 1/12 Re Enlisted

Date of admission 13-2-19 S.M.H. Staff Date of discharge 19.2.19.

Diagnosis V.D.H. 293. Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE Complaints - Distress of breathing on Exertion.

History. Had Rh Fever Sept. 1916 7 mths after Enlistment at Athelmere Bed 2 mths. Has not been overseas.

COA. Sligh + man. Anaemic. G.C. good feels well but distressed on exertion or hurrying.

Heart. C.D. not increased. B.P. 100/75. Apical Systolic murmur. Transmitted to left.

Pulse Elastic 76 — 82 after Exercise Compensation appears adequate. No dizziness. Acne of skin back + face. To be boarded.

19.2.19. Boarded + discharged Cat. E

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Nil

TREATMENT

(Especially any specific or special

Rest.

CONDITION ON DISCHARGE, Excepting heart condition all systems Normal.

(and disposal made of case.)

Date 19.2.19

J. Ellis Griffith Capt.

Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1770-39-439.

A 41162

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 687596 Rank Pte Name Athole Fraser Crierie

Corps 172ND BATTALION C.E.F. who was* Discharged

On 15th March 1916 to —

* Insert "discharged" or "transferred."

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

	Dr.	$	c.		Cr.	$	c.
From 1st Mar. To 15th Mar.	Bal. Dr. from previous month			From 1st Mar. To 15th Mar.	Regimental pay 15 days at $ 1 c. —	15	
	Total payments during period from 1st to 15th March	25	50		Field allowance 15 " $ — c. 10	1	50
	Assigned Pay				Other allowances		
	Other Charges (give particulars)	1			Other Credits (give particulars) Uniform Refund	10	
	Bal. Cr. on discharge or transfer				Bal. Dr. on discharge or transfer		
	Total	26	50		Total	26	50

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

Monthly stoppage on account of assignment of pay is — and has been charged in Paylist for month of —

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

REMARKS:—

State (1) date of enlistment 5th February 1916

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

(3) cause of discharge and authority —

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date 15th May 1916

Place Kamloops

E. Lacey Capt. Paymaster

M. F. W. 44
100 M.—11-15
H. Q. 1772-39-903

Crierie, athole Fraser
17

12th Feby. 1916
Kenora, Ont

18.
Clerk
5. 7
30. 3½
130.
fair.
none
never

3 chicken pock marks
forehead

J S Burris.
Prov Lieut.

Unfit on account of heart
& chest measurement.

Fit for house guard

W G Archibald

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DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Crieri. athol. DISTRICT 11

REGIMENT Staff. RANK Pte. No. 687596

M.F.B. 465. 200M—6-18. 1772-2

INSTRUCTIONS

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

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

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

Condition on first Examination	Date 1919.	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Feb	4	2/4 13.		1/2							1/1						1/15.	1/4		Examined by Lieut Fergie	11	2 Cavities 28:30
Feb	7.	2/28 30																		Lieut Fergie	11	Completed

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 687596 Rank Private Name CRIERIE, Athole Frazier.

Corps Shaughnessy Military Hospital who was* discharged

On 24th Febry 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st 1919, to February 24th 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. a	10		Regt'l Pay 24 days at $ 1 c.	24	
Cheques No.	5		Field Allow. 24 days at $ c. 10	2	40
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Cloth. Allce.	35	
Payment on transfer or discharge No. 677 679	40	40	Other Credits*		
Balance Cr. (to be paid by the new unit)	6		Bal. Dr. (to be deducted by new unit)		
Total	61	40	Total	61	40

*Give particulars.

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

Pay for the month of NIL 191 and Sep'n Allce. for month of 191 (to) Assignee

(Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 20-1-19

(2) if married and if a Separation Allowance Card has been submitted no-no

(3) cause of discharge Medically Unfit authority R.O.1420 P. 8 (A) 1918

(4) authority for transfer

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

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

Date February 24th 1919

Place Vancouver, B.C.

Lieut., C. E.,
Miscellaneous Units
Paymaster.

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

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

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

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

4776

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 Crierie Christian name Athole Frazer

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

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

4. Address (including street and number, if any) Golden B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of ~~December~~ January 1919 a.r.t. by the undersigned medical board sitting at Vancouver B.C.

5. Age as stated 21 Years 3 Months. 6. Apparent age 21 Years Months

7. Height 5 Feet 8 1/2 Inches. 8. Weight 126 Pounds.

9. Chest measurement { Minimum 30 1/2 Ins. Maximum 33 Ins. 10. Complexion Pale { Eyes Grey Blue Hair D Brown

11. Physical development { ~~Good~~ ~~Fair~~ Poor 12. Smallpox marks nil.

13. Number of vaccination marks { Right arm ✓ Left arm One 14. When vaccinated last Apr. 1917

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

V.D.H. - Compensation good - Acne -

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.)

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

17. (a) Vision R. nor L. nor (b) Hearing. R. nor L. nor.

A. R. Thomson Capt. President.

Member. J H MacDermot Capt Member.

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

Joined Vancouver B.C. ~~day of~~ 20th day of Jany 1919 at —

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	CAMC Shaughnessy Mil Hosp. CEF	687596		20-1-19
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Vancouver	Feb 17 1919	V. D. H.	E J H MacDermot Capt.

Signature of Man A. F. Crierie

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.

M. F. B. 313.

300M.—10-17.

1772-39-439

Surname Crierie Christian Name Ahole Fraser

4716

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				

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 687596

Rank Private

Surname Crierie

Christian name Archie Frazer.

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

Corps (Squadron, Battery or Company) C.A.M.C. Shaughnessy Military Hosp. C.E.F.

Date of discharge 24th February. 1919

Place of discharge Vancouver. B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21 years 5 months.
Height	5 feet 8½ inches.
Complexion	Pale
Eyes	Grey
Hair	Dark. Brown.
Trade	Book-keeper.
Intended place of residence (To be given as fully as practicable.)	Golden P.O. B.C. Canada.

Descriptive marks

One. Vaccination Mark. Left. Arm.

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

Medically unfit

Authority for discharge C.E.F. R.O. 1420 Para 1 S. (a)

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

✓

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

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

✓

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R. OR~~ B. P. C. ON 5/3/19

(OVER)

21-3-19

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

None.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... None.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Vancouver. B. C

(Date) 24th Feb. 1919

Commanding

MAJOR
REGISTRAR AND ADJUTANT
SHAUGHNESSY MILITARY HOSPITAL

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

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

(Place) Vancouver. B. C. A. F. Crierie *(Signature of Soldier.)*

(Date) 24th Feb. 1919 John L. Vicary *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

✓ *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years 35 days.

Total.....years 35 days.

11. **Confirmation of Discharge.**

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

(Place) Vancouver B. C

(Date) 24th Feb. 1919

(Signature)

MAJOR
REGISTRAR AND ADJUTANT
SHAUGHNESSY MILITARY HOSPITAL

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations.

A. F. Brierie

List of Discharge Documents.

~~Reg. Conduct Sheet,~~	~~Militia form~~	~~B. 263~~
Squadron / ~~Battery~~ / Company } ~~Conduct Sheet,~~	"	~~B. 263a~~
or		
Field Conduct Sheet	"	W. 178
~~Copies of Convictions, by C. P.~~		~~in MS.~~
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡~~Form of Will~~	"	~~W. 82~~

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
~~Particulars of Recruit~~	"	~~W. 133~~
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

4776

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	687596.
Rank	Private.
Name (Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.)	Cribil, Athole. Fraser.
Corps (Squadron, Battery or Company)	"A" 172nd Battn, C. E. F.
Date of Discharge	15th March 1916.
Place of Discharge	Kamloops. B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	18 years ..... months.	
Height	5 feet 7 inches.	
Complexion	Dark.	
Eyes	Grey.	
Hair	Dark.	Nil.
Trade	Clerk	
Intended place of residence (To be given as fully as practicable.)	Kamloops. B.C.	

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

Medically Unfit.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

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

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

K.E. 23.2.20. Com.

Boarded 18-1-16.

4776 C

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) KAMLOOPS .....

(Date) MAR 15 1916 *Commanding* 172ND BATT. C.E.F.

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

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

(Place) KAMLOOPS A. F. Bruce .....*(Signature of Soldier.)*

(Date) MAR 15 1916 A. MacPherson a/Sgt *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) KAMLOOPS

(Date) MAR 15 1916 *(Signature)* .....

C 4776

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations
A. F. Cuerie
Witness A R Macpherson a/Sgt

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	"	B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.	

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

No doubt
on A 2 file.

16-5-38

46150	20090	28.00
46151	1	25.00
46153	2	60.75
46156	3	75.00
46160	4	23.00
46166	5	15.00
46167	6	147.00
46168	7	15.00
46169	8	15.00
46173	9	60.00
		£195.00 *

Page Total.....

Sub total brought forward.....

4776

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Station Shaughnessy Vancouver. B. C. Date 17.2.19.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 687596 (c) Rank pte

(d) Surname Crierie (e) Christian name Athol Frazer

(f) Home address Golden B.C.

(g) Next of Kin Mrs E. Crierie (h) Relationship mother

(i) Address of Next of Kin Golden B.C.

2. Age last birthday 21 Date of birth 27.9.1897

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver B.C. (b) Date 20.1.19

4. Personal description:

(a) Height 5'8" (b) Weight 130 (stripped) (c) Complexion medium

(d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. one vacc. mark left arm.

5. Former trade or occupation automobile mechanic.

A.D.M.S., M.D. XI.
FEB 18 1919
VICTORIA, B. C.

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	Periods From	Periods To
Canada	172nd Bn. Aug. 4. 1916-Sep. 22. 1916 and	Jan. 20. 1919		Feb. 15. 19
England				
France or other theatres of War				

7. Original disease, or injury Valvular disease of the heart

(a) Date of origin Sep. 1916 (b) Place of origin Canada

(c) Cause rheumatic fever

M. F. B. 227.

300M.—8-18.
1772-39-117.

J 4776

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.)

Valvular disease of the heart

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.)

Slightly built young man of anaemic appearance. States that he feels quite well but that running or any excitement causes him to become very short of breath. Never has weak or dizzy spells. Heart-area of cardiac dulness not increased. Pulse rate in repose 76, after bending 10 times 82. B.P. 75/110. Epigastric pulsation present. There is a distinct apical systolic murmur, transmitted somewhat to the left. Compensation good. Skin-marked acne condition present on face and front and back of chest

(*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 as stated (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 as stated Integumentary System as stated

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Could walk for 2 hours at his own rate. Could do work as a book keeper. When he is stronger can resume work as an auto mechanic.

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

Patient states that he enlisted for Overseas Service at Athalmer on Feb. 4th 1916 and in Septemberof the same year had rheumatic fever. Wasin bed 2 months. Heart became affected at that time.

4776 J

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*).)

none

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

none

11.—(*a*) Did the disabling condition have its origin before enlistment? No

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

b. n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a. No. b. 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 in some degree. Will improve.

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

rest. Medicine.

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

(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? no, not at present. States that he is nervous when driving cars.

(If not, briefly state why)

17. Recommendations

discharge category E

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

A.R.T.

Pte A. F. Crerie Rank.

Signature of invalid examined.

4 4776 J.

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.

9.a. no evidences of failure of compensation. Anaemia is quite marked. The valvular lesion is mitral regurgitation, 2nd pulm. plus.
10.a. Was discharged on account of heart lesion developing.
11.a. No, for this enlistment, but developed in service in previous enlistment
16. His original occupation would not be advisable in any case, should avoid heavy strains and exposure to bad weather.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	no
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	no
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	no
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	no
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	Yes. E

20. It is certified that the invalid

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

No

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

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

Yes, category E for discharge

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.

President.

PLACE Vancouver B.C.

DATE Feb.17.19.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

President.

PLACE.....

DATE.....

} Members

APPROVED BY

For *Assistant Director of Medical Services.*

DATE FEB 18 1919

APPROVED BY

A.M.C. M. D. 11

Director-General of Medical Services.

DATE.....

AUDITOR | PAYMASTER

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

M. OR S. Single. REGT. No. 687596 RANK Pte. NAME (IN FULL) CRIERIE, Athole Frazer.

NEXT OF KIN: Mrs. E.F. Crierie. RELATIONSHIP: mother
ADDRESS: Golden, B.C.
IS SEPARATION ALLOWANCE PAID? none DATE EFFECTIVE
TO WHOM PAID RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
S.O.S.	24/2/19	DO 55

ORIGINAL UNIT C.E.F.: 172nd Batn. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION: Vancouver TRANSFERRED TO: Shaughnessy Military Hospt. DATE: 20/1/19 AUTHORITY: CEF RO 13/60
DATE OF ATTESTATION: Re Attested 20/1/19 TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY $: none DATE EFFECTIVE
PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE: Vancouver DATE: 24/2/19 REASON: Medically Unfit AUTHORITY: DO 55 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1919 February																																					
	24	1.10	26	40	35				61	40	538 583 674	7/2 1/2 2/2	677				10 5 6		40	40											61	40	76				Clothing 35.00 DO 55
March																																					

Certified that all payments have been made on this account for which covering authority has been received to date.
[signature]
Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.