

## ATTESTATION PAPER.

No. 757510

120th. CITY OF HAMILTON, Bn. C.E.F.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....Cryslor
- 1a. What are your Christian names?.....Thomas Lorne
- 1b. What is your present address?.....150 John St S Hamilton, Ont
2. In what Town, Township or Parish, and in what Country were you born?.....Orange, Wentworth County, Ont.
3. What is the name of your next-of kin?.....Lucy Cryslor
4. What is the address of your next-of-kin?.....616 James St N Hamilton
- 4a. What is the relationship of your next-of-kin?.....Mother
5. What is the date of your birth?.....17th April, 1894
6. What is your Trade or Calling?.....Laborer
7. Are you married?.....No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....Yes
9. Do you now belong to the Active Militia?.....No
10. Have you ever served in any Military Force?.....No  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....Yes
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }.....Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Lorne Cryslor, 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.

Tom Cryslor (Signature of Recruit)

Date.....Jan 7th.....1916 Lieut A B Wallace (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Lorne Cryslor, 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.

Tom Cryslor (Signature of Recruit)

Date.....Jan 7th.....1916 Lieut A B Wallace (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 Hamilton, Ont this 7th day of January 1916.

Paul E. Brown (Signature of Justice)

Wentworth County



# Description of THOMAS LORNE CRYSLER on Enlistment.

Apparent Age.....21.....years .....8.....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. 6-3/4.....ins.
Chest measurement.	Girth when fully expanded.....
	34 1/2.....ins.
	Range of expansion.....
	2.....ins.
Complexion.....	Dark.....
Eyes.....	Brown.....
Hair.....	Black.....
Religious denominations.	Church of England.....
	Yes.....
	Presbyterian.....
	Methodist.....
	Baptist or Congregationalist.....
	Roman Catholic.....
	Jewish.....
	Other denominations.....
	(Denomination to be stated.)

Small dark mole 2" over centre  
of 2" from upper notch

## 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.....Jan.....5th.....191 6

Place.....Hamilton, Ont.....

*Charles F. Smith*  
*Major*  
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.

.....THOMAS LORNE CRYSLER.....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.

*A. J. Auger*  
.....(Signature of Officer)  
Major  
120th. City of Hamilton Battalion C. E. F.

Date.....JAN 20 1916.....191 .



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

## DISCHARGE DOCUMENTS

Name

Regt. No.

Rank

Corps

*Pryster, Thomas Lorne*  
*7575/10*  
*2d*  
*120<sup>th</sup> Bn. I.E.F. "P" Co.*

*Medically unfit*

R. O. No.....

H. Q. No.....

47530



404122







# 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. 757810 Rank Private Name T.L.Cryslar

Corps 120th Overseas Bn. C.E.F. who was \* Discharged

On May 22nd 1916 1915, to Medically unfit

\* 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.
Bal. Dr. from previous month.....			Regimental pay <u>22</u> days at \$ <u>1</u> ..c.....	<u>22</u>	
Total payments during period			Field allowance <u>22</u> " \$.....c.....	<u>10</u>	<u>2 20</u>
from <u>May 15th</u> .....	<u>5</u>		Other allowances.....		
Assigned Pay.....			Other Credits (give particulars).....	<u>10</u>	
<u>Lost kit</u> .....	<u>1</u>	<u>54</u>	<u>Clothing</u> .....		
Other Charges (give particulars).....	<u>1</u>	<u>10</u>	Bal. Dr. on discharge or transfer.....		
<u>Mulct</u> .....	<u>5</u>	<u>50</u>			
<u>Mulct</u> .....	<u>21</u>	<u>06</u>			
Bal. Cr. on discharge or transfer.....					
TOTAL.....	<u>34</u>	<u>20</u>	TOTAL.....	<u>34</u>	<u>20</u>

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

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of.....

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

### REMARKS:—

State (1) date of enlistment January 7th 1916.

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

(3) cause of discharge and authority Camp Order #2 May 19th 1916

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 Pay-list of the unit.

Date June 9th 1916

Place Niagara Camp

W. J. Zortner  
Paymaster.

M. F. W. 44.

209M—1-16.  
H. Q. 1772-39-903.

A.W.L. on day of discharge account carried forward into June and mulct forfeiture for absence.







## MEDICAL HISTORY SHEET.

Surname Crysler Christian Name Thomas Lome

Examined	on <u>5<sup>th</sup></u> day of <u>January</u> 191 <u>6</u>	Approved by <u>Charles Carter</u>	
	at <u>Hamilton</u>	Rank <u>Major</u> M.O.	
Birthplace	City or Town <u>Orange</u>	Date	Fit or Unfit
	County		
Apparent age <u>twenty one</u>			M.O.
Trade or occupation			M.O.
Height <u>five</u> Feet <u>6 3/4</u> Inches			M.O.
Weight			M.O.
Chest measurement	Minimum <u>32 1/2</u> inches		M.O.
	Maximum expansion <u>34 1/2</u> inches		M.O.
Physical development			M.O.
Small-Pox Marks			M.O.
Vaccination Marks	Arm Right Left	Date	Result
	Number	VACCINATIONS.	
When Vaccinated last		<u>31/3/16</u>	<u>CAPT.</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection		Date	Result
		ANTI-TYPHOID INOCULATIONS, ETC.	
		<u>8/3/16</u>	<u>CAPT.</u> M.O.
		<u>13/3/16</u>	<u>CAPT.</u> M.O.
		<u>22/3/16</u>	M.O.

Enlisted on 7<sup>th</sup> day of January 1916 at Hamilton Ont.

Joined on enlistment	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
	<b>HAMILTON RECRUITING DEPOT</b>	<b>757510</b>		
Transferred to.. ..				
	<b>120TH. CITY OF HAMILTON Bn. C.E.F.</b>			<b>JAN 16 1916</b>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



Christian Name.

[illegible]



No. *E 1480*  
757510

RANK *Plt.*

NAME *Cryslar, Thomas L*

T.O.S. 7-1-16  
D.O. 272-1-16

UNIT *Hamilton Recruiting Depot (91st Regt.)*

M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> Jan. 7	<i>1916</i> Jan. 16	✓	<i>Transf. to 120th Bn 15/1/16</i>	<i>D.O. 474-1-16</i>
<i>Jan. 16</i>	<i>Jan. 31</i>	✓	<i>Now shown on 120th Bn</i>	<i>Jan payroll</i>
<i>Feb.</i>		✓		
<i>Mar.</i>		✓	<i>A.R.L. Mar 7 to 8th for 2 dys pay</i>	<i>D.O. 70 of 20/3/16.</i>
<i>Apr.</i>		✓	<i>" Mar 17 to 19th 2 dys pay</i>	<i>"</i>
<i>May 1</i>	<i>May 22</i>	✓	<i>A.R.L. 3 dys pay. for</i>	<i>D.O. 80 of 4/4/16.</i>
			<i>Dischd. 22/8/16 M.M.</i>	<i>Mar payroll.</i>
			UNIT SAILED	
			AUG 14 1916	
			<i>a/c closed by payment 5.</i>	



Cannots,  
35

152  
72

41



SURNAME.

*Crysler*

CHRISTIAN NAMES

*Thomas Carne*

REGL. No. *75-75-10*

RANK *Plt.*

UNIT *120<sup>th</sup>*

FORMER CORPS

*Mail.*

CARD NO.

*S.O.S. Div. 22-5-16.*

FOLL.

*2.*

*Bu.*

NEXT OF KIN.

NAMES IN FULL

*Crysler, Mrs. Lucy.*

RELATIONSHIP TO SOLDIER

*mother*

ADDRESS

*616 James St. N. Hamilton  
Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Orange, Ont.*

DATE

*Apr. 17<sup>th</sup> 1894*

PLACE OF ATTESTATION

*Hamilton, Ont.*

DATE

*Jan. 7<sup>th</sup> 1916*



MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

21

YEARS

8 MONTHS

HEIGHT

5'

FEET

6 3/4

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Small dx. mole 2" over  
centre of 2" from upper notch.

MEDICAL EXAMINATION.

PLACE

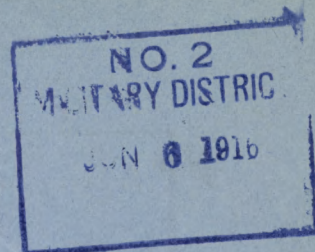
Hamilton, Ont.

DATE

Jan. 5<sup>th</sup> 1916

Present address, 150 John St. S.  
Hamilton, Ont.





# Proceedings on Discharge.

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

No. <i>757510</i>	
Rank <i>Pvt</i>	
Name <i>Crysler, Thomas Lorne</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>120th Bn. C.E.F. 5th Co</i>	
Date of Discharge <i>22nd May 1916</i>	
Place of Discharge <i>Hamilton</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>22</i> .....years..... <i>6 1/4</i> .....months.	Descriptive Marks
Height..... <i>5</i> .....feet..... <i>6 1/4</i> .....inches.	
Complexion <i>dark</i>	
Eyes <i>Brown</i>	
Hair <i>Black</i>	
Trade <i>Laborer</i>	
Intended place of residence } <i>Hamilton</i> (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>med. unfit.</i> <i>Camp order No 2 of May 19</i>	
<small>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.</small>	
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. <i>Not very good</i>
	<i>Geo Stearns</i> <small>.....Lieut. Col. .....Commanding Officer, 120th Bn. C.E.F.</small>
	<small>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:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

*Cancelled  
22-9-16  
H.S.*



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) Hamilton

(Date) 29/16/15

Commanding Lt Col 120th Bn

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) Hamilton J. L. Bussler (Signature of Soldier.)

(Date) 29/16/15 Ann Morgan (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) 4 yrs 15 years..... days.

Total 4 yrs 15 years..... days.

11. Confirmation of Discharge.

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

(Place) Hamilton

(Date) 29/16/15

(Signature) W. H. Seaman Lieut. Col.



**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.)

*J. L. Beyler*



R. 9 23-9-16

List of Discharge Documents.

✓ Reg. Conduct Sheet, Militia form B. 263.	✓ Attestation Paper, Militia Form B. 235.
Squadron } ✓ Battery } Conduct Sheet, " B. 263a. Company }	✓ Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
✓ 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."	

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.



## War Veterans Allowance District Authority

Address

Hamilton

Mark your reply:

For attention of:

Head,  
Reference Section,  
Public Archives Records Centre,  
Ottawa 3, Ontario.

Re: CRYSLER Thomas Lorne Service No. 75-7510  
(Surname) (Christian Names)

Veteran is stated to have served during WWI  
(State War or Wars)

in the following Units 120th Bn

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

## 1. THEATRES OF SERVICE

NOTE Surname CRYSLER as per CEF documents

## (1) South African War

Date and port of embarkation for S.A. \_\_\_\_\_

Date and port of disembarkation in S.A. \_\_\_\_\_

## (2) World War I -- (If Canada only, state if with territorial limitations).

Canada Only

Date(s) embarked for U.K. \_\_\_\_\_

If Canada

Date(s) disembarked in Canada \_\_\_\_\_

and  
U.K. Only

Period(s) of desertion in U.K. \_\_\_\_\_

## (3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation \_\_\_\_\_

## 2. Date and place of all enlistments.

7 Jan. 1916 - Hamilton, Ont

## 3. Date of all discharges and reason.

22 May 1916 - Med Enfit

## 4. Date and place of birth as per attestation paper.

17 Apr. 1894 - Orange, Ont

## 5. Marital status; if married, name in full of wife.

Single

## 6. Any other military service.

Nil

## 7. Decorations, if any.

Nil



Address

Mark your reply:

For attention of:

Head,  
Reference Section,  
Public Archives Records Centre,  
Ottawa, Ontario.

Service No.

(Christian Name)

(Surname)

Veteran is stated to have served during the War of 1812.

in the following Unit: To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War

Date and place of embarkation for S.A.

Date and place of disembarkation in S.A.

(2) World War I -- (If Canada only, state it with territorial limitations).

Date(s) of embarkation for U.K.

If Canada

Date(s) of disembarkation in Canada

and U.K. only

Period(s) of desertion in U.K.

(3) World War II -- (If Canada only, state it with territorial limitations).

Date of embarkation

2. Date and place of all enlistments.

3. Date of all discharges and reasons.

4. Date and place of birth as per attestation paper.

5. Marital status, if married, name in full of wife.

6. Any other military service.

7. Decorations, if any.

Head, Reference Section.

ARO-92 (WVA-18)



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

## Unit, Regiment or Corps.

120th. CITY OF HAMILTON, Bn. C.E.F.

Regimental No. 757510 Rank Private Name Cryslar, Thomas Lorne  
C. E. F.

Enlisted (a)\_\_\_\_\_ Terms of Service (a)\_\_\_\_\_ 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				

(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				



Next of kin - Alice Cryslor  
- mother

MEDICAL HISTORY OF AN INVALID

- Rogersville, N.  
- 19th Bay N.

1. Station Hamilton 8. General remarks on his :-

2. Regiment 120th. CITY OF HAMILTON, Bn. C.E.F. (a) Conduct. Good

3. Regimental No. and Rank. 757510 Pte (b) Habits. Good

4. Name Cryslor, Thos. (c) Temperance. Temperate

5. Age last Birthday. 22 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on Jan 7-1916  
at Hamilton

7. Former Trade or Occupation. Laborer

Date. May 5 1916

MILITIA & DEFENCE

MAY 23 1916

H.Q. CANADA

9. Service.

Years.

Days.

PERIODS.

FROM.

TO.

120th. CITY OF HAMILTON, Bn. C.E.F.

Jan 7-16 Date

10. (a) Disease or disability. Varicose

(b) Date of origin. About April 1915

(c) Place of origin. Hamilton

(d) Cause. Unknown

11. Present Condition. (Most Important).

(To include full description of present disabling condition or conditions.)

Continuous pain getting more severe  
- Varicose condition marked  
- Cannot complete a



13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*ml*

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

*ml*

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*ml*

14. Treatment

*Dispensary  
refuses surgical  
treatment*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*was aggravated  
by service*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*permanent as regards  
service*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

*As condition existed  
before enlistment, he is as  
able now to earn a full  
livelihood as before*

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

*yes*

*J. J. Green Capt*

120th. CITY OF HAMILTON, Bn. C.E.F.

Medical Officer by whom the case is brought forward.



# OPINION OF THE MEDICAL BOARD.

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

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service.

Yes

20. Recommendations :

As operation is refused (waivers attached) that he be given his discharge without compensation.

Signatures :—

*Charles Carter Ziehl* President.

*D. M. Thwaites* Capt

Members.

*J. R. Bayne*

Station. Hamilton.

Date. 8th May 1916.

Date. 18.5.16

Approved.

Date. 28<sup>th</sup>/6

*G. S. Jones* Capt  
Ass. Director of Medical Services.

*Dean A. Cannon* Capt  
Director-General of Medical Services.



(At Station or Hospital where finally disposed of.)

Station and  
Hospital }

Arrived  
from }

Date

If admitted.

If under treatment.

Index No.

From

From

Date

Disease.

How fully  
disposed of.

Date of  
Discharge, &c.

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical  
Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.

100 m-2-16.  
H. G. 1772-39-117.

## DETAILED MEDICAL HISTORY OF INVALID.

Station *Hamilton*

Corps *120th. CITY OF HAMILTON, Bn. C.E.F.*

Regimental No. *75710* Rank *Pt*

Name *Cryslar Shoo*

Disability *Varicocoele*

Date *May 5/16*

Hospital or Station  
transferred to for  
final disposal. }

Date of final  
disposal }

How finally  
disposed of }

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