6. M. D. 1st. Depot Battalion Nova Scotia. Regiment

Regtl. No. 3181806
~~3181806~~

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname Curry.
2. Christian name Ambrose Allen
3. Present address East Bay, Cape Breton County, N.B.
4. Military Service Act letter and number 357205CR.
5. Date of birth August 29th 1895.
6. Place of birth (town, township or county and country) East Bay, Cape Breton County. C. B.
7. Married, widower or single Single.
8. Religion Roman Catholic.
9. Trade or calling Farmer & Iron Worker.
10. Name of next-of-kin Miss Gertrude Curry,
11. Relationship of next-of-kin Sister.
12. Address of next-of-kin Miss Sydney, C.B.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act:—

(a) Place Hydney. C.B. (b) Date 21/11/17. (c) Category "B-2"

## DECLARATION OF RECRUIT

I, Ambrose Allen Curry., do solemnly declare that the above particulars refer to me, and are true.

Ambrose Allan Curry (Signature of Recruit)

## DESCRIPTION ON CALLING UP

| | | | |
|---|---|---|---|
| Apparent age | 22 | yrs | 0 mths. |
| Height | 5. | ft | 10. ins. |
| Chest measurement | fully expanded | 36½. | ins. |
| | range of expansion | 2. | ins. |
| Complexion | Dark. | | |
| Eyes | Blue. | | |
| Hair | Dark. | | |

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

Nil.

Lt. Col.

O. C. 1st. Depot Btln.

Nova Scotia. Regt.

Place Halifax, N.S. Date 23/4/18.

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

Aaed 30.6.19

REGIMENTAL DOCUMENTS

NAME CURRY. Ambrose Allen Private REGT. NO. 3181806 UNIT C.A.M.C. H.Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | | | | DEATH |
| | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| 1 | TRAINING HISTORY SHEET (M.F.W. 113) | | | | 49864 | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 1 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| 1 | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | Demob. |
| 1 | MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| | TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| | PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| | DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 1 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | A.F.W. 71 | | | | | 3 |

25 = 21
8 21
5 21
3

W 2589
100M-11-18
1772-39-1377

M. F. W. 71—500M.—6-18.
1772—39—961.

NAME Curry, A.A.

REGIMENTAL NO. 3181806 RANK Pte.

ENLISTED AT Halifax N.S. PROMOTIONS, &c. AND DATE

DATE April 23, 1918

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Miss Gertrude Curry RELATIONSHIP Sister

ADDRESS OF Sydney C.B.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

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. CAMC. T.D. ~~XXXXX~~ 1-12-18. | 337/1 | 3-12-19. | |
| | 91 | 1-4-19 | On Command Camp Hill Dale |
| S.O.S.C.A.M.C.T.D.M.D. | | | |
| No.6: 10-5-19. | 130 | 10-5-19 | |
| T.O.S Moham Hosp | C.O. 418 | 9-5-19 | on 10-5-19 |
| | MH. 40 | 10-5-19 | |
| | C.O. 496 | 23-5-19 | Demobilization 26-5-19 |
| S.O.S CAMC & Moham Hosp | MH 55 | 26-5-19 | Auth GO. 59-1-15-21 |

6 CARD NO. 4

FOLL.

SURNAME. Curry

CHRISTIAN NAMES Ambrose Allan

REGL. No. 3181806 RANK Pte

UNIT N.S. Regt 1st Depot Bn

FORMER CORPS Mil.

T. O. S. Apr. 23 1918

D.O. Part II No 116

NEXT OF KIN.

NAMES IN FULL Curry, Miss Gertrude

RELATIONSHIP TO SOLDIER Sister

ADDRESS 10 Wentworth St, Sydney C.B. N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada East Bay, C.B.N.S. DATE Aug 29th 1895

PLACE OF ATTESTATION Halifax N.S. DATE April 3rd 1918

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

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

(1) 17 (2) 10643. (3) ~~8026~~ 431.

LEDGER No. SERIAL No. ~~B-14887~~ ~~B/21470~~ 24667 16

A-24003 16

REG. No. 3181806 NAME Curry. a. a.

RANK Pte CORPS 6th b. S.R AGE 23 SERVICE 7/12

| | HOSPITALS | DATE OF ADMISSION |
|---|---|---|
| 1 | Cogswell St. Mil Hosp. Halifax. | 17-5-15 3-11-18. |
| 2 | | 9.12.18 |
| 3 | Camp Hill. Halifax | 18.2.19 |

DIAGNOSIS Ulcerated throat Influenza. 121 Influenza. Otitis Media

TRANSFERRED TO Commons St Convl. 13-11-18.

DISPOSITION 1.6.18 Unit 21-11-18. 21.12.18 CATEGORY ~~B~~ 12-3-19

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

P.T.O.

REMARKS:

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps C A M C. Hospital Station

No. 3181806 Rank and Name Pte Curry Age Service

Disease Date of Admission 18-2-19 Date of Discharge Result Case Book Folio

| Dates of Observation | | 18 | 19 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 1 4 p.m. | 8 " 12 | Gave 8 p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 90 | 72 | 78 | | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | 20 | 18 | 22 | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Ob. Admission

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature In charge of case.

Sec 2

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Cogswell St. Military Hospital

6th C.G.R

Corps attd C.A.M.C. Hospital Station Ward VII

No. 3181806 Rank and Name Lt H.A. Curry Age 23 Service Canada 7/12

Disease Influenza Date of Admission 5-11-18 Date of Discharge 21-11-18 Result Recovered Case Book Folio

| Dates of Observation | 5 | | | 6 | | | 7 | | | 8 | | | 9 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 1 | | | 2 | | | 3 | | | 4 | | | 5 | | 6 | 7 | 8 | 9 | | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° | 12 noon 4 PM | 8 PM 12 mn | 4 am 8 am | 12 noon 4 PM | 8 PM 12 mn | 4 am 8 am | 12 noon 4 PM | 8 PM 12 mn | 4 am 8 am | 12 noon 4 PM | 8 PM 12 mn | 4 am 8 am | 12 noon 4 PM | 8 PM 12 mn | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 118 | | 64 | 100 88 | 96 | 76 | 80 | 68 80 | 76 | 60 | 80 | 60 | 64 | 84 | 64 | 72 | 78 | 60 | | | | | | | | | | | | | |
| Respirations per Minute | 28 | | 20 | 22 20 | 30 | 20 | 20 | 18 | 20 | 20 | 20 | 20 | 20 | 18 | 18 | 18 | 20 | 18 | | | | | | | | | | | | | |
| Motions | | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | | | | | | | | | | | | | |

Transferred Convalescent

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature Bruce Lt In charge of case.

# CASE HISTORY SHEET.

Hospital. Station.

No. Rank Name Age

Unit Completed years of service Where and how long

Date of admission Date of discharge MAR 11 1919

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

"Earache" right.
Duration — 24 hrs
Pain — earache four months ago but no discharge.
Exam: Drum scarred & thickened
Dressing placed in canal
25/2/19 — slight amount of discharge
Cleansing treatment prescribed.
8/3/19 Exam dry.
10/3/19 Exam dry — recommended return to Unit —
Hearing — unimpaired

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE Returned.

(and disposal made of case.)

Date 10/3/19

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A-24003.

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps C A M C — Hospital Station Corps St —

No. 3181806 Rank and Name Pte Currie A Age 23 Service 5/12

Disease Influenza Date of Admission 9-12-18 Date of Discharge 11/12/18 Result Recovered Case Book Folio

| Dates of Observation | 9 | | 10 | | | 11 | | | 12 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit TIME a.m. p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 124 | 96 | 92 | 96 | 74 | 80 | 84 | 88 | 72 | 76 | 80 | 80 | 84 | 90 | 100 | 100 | 110 | 84 | | | | | | | | | | | | | |
| Respirations per Minute | 22 | 24 | 24 | 22 | 20 | 22 | 18 | 26 | 18 | 18 | 20 | 19 | 20 | 20 | 20 | 20 | 80 | 20 | | | | | | | | | | | | | |
| Motions | | | 1 | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature W Brandon Capt Canada In charge of case.

# CASE HISTORY SHEET.

Station Hospital,

Cogswell St Mil Hospital. HALIFAX NS Halifax Station.

No. 3188806 Rank Pte Name Lowry A Age 23

Unit C.A.M.C. Completed years of service Where and how long } 8/12

Date of admission 9/12/18 Date of discharge 21/12/18

Diagnosis Influenza Place of origin Hadleyday

CONDITION ON ADMISSION AND PROGRESS OF CASE Chest pain in head and back. Dry hoarse cough and vomiting on admission T 101.8 P 120 R 24

10/12/18 Much improved.

21/12/18 Discharged

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Aspirin gr x

(Especially any specific or special form.) Syr Echds

CONDITION ON DISCHARGE, Recovered

(and disposal made of case.)

Date Dec 21/18 Capt Mallory

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

B12170

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER Curry, Gordon

RANK Pte

No. 318806

REGIMENT C.M.R.

M.F.B. 465
2 M 1-17
1772-39 950

## 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.

| | Date | Amalgam | Temporary Filling (a) G.P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhoea | Synthetic Porcelain | Extracting | Dentures U | Dentures L | Dentures P | Gold Clasp | Gold Filling | Crowns Gold | Crowns Porcelain | Bridge Work | OPERATOR | Military Dist. | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | 27-5-18 | | | No previous history | | | | | | | | | | | | | | | | Lieut. Wicks | 6. | Civilian # 39 |
| | 27-5-18 | | | Prophylaxis. | | | | | | | 19. | | | | | | | | | Lieut. Wicks | 6. | Completed. 27-5-18. |
| | 26-5-19. | | | | | | | | | | | | | | | | | | | E.D. Smith Capt | 6. | Completed. OK |

DENTAL SURGERY
HALIFAX
JUN 4 1918
OFFICER IN CHARGE OF

DISCLOSED - IDENTIFIED

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 318806 Rank Pte Surname Currie,
(Given name in full) Ambrose

Unit or Corps C.A.M.C. Birthplace East Bay C.B.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique good Weight 158 lbs. Height 5 ft. 10 in. Colour of Eyes blue

Nutrition good

Pulse 76

Condition of arteries good

Vision Rt. 20/30 Left 20/30

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

no.

(If space is insufficient, continue on back of form.)

[OVER]

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... .....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at Sydney N.S. (Canada)

Date 23-5-44 Signed D. J. MacKenzie Lt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Duncan Gunn

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

M.S.A. 15.

# 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 Curry Christian name Ambrose A. Allen.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 160 Pitt St Sydney C.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st day of Nov. 1917, by the undersigned medical board sitting at Sydney C.B.

5. Age as stated 22. Years Months. 6. Apparent age Years Months
7. Height 5 Feet 10. Inches. 8. Weight 155. Pounds.
9. Chest measurement { Minimum 34½ Ins. / Maximum 36½ Ins. } 10. Complexion Dark { Eyes Blue. / Hair Dark }
11. Physical development. Fair. { Good / Fair / Poor } 12. Smallpox marks None.
13. Number of vaccination marks { Right arm / Left arm } 14. When vaccinated last Never.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

Small hydrocele. left cord left side.

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 "B-2".

D. McDonald *President.*

D?R. McDonald. *Member.* W. H. Rice. M.D. *Member.*

Signature of Man Ambrose Allen Curry

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

*Joined* 23rd. *day of* April 18. Halifax, N.S.

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | 1st. Depot Bn. N.S.R. | 3181806. | | |
| Transferred to | 6th C.G.R. C.E.F. | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| Halifax N.S. | Oct 1918 | | B ii |
| Sydney | 23-5-19. | Nil | category B ii Dymock |

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

Surname Curry Christian Name Ambrose Allen.

| 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 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | |

# CASE HISTORY SHEET

Station Hospital.
HALIFAX, N. S.

Cogswell St. Mil Hospital. Halifax Station.

No. 3181806 Rank Pte. Name Surry a.a. Age 23

Unit 6 C.G.R. att Cmc. Completed years of service Where and how long } 7/12 Canada

Date of admission 5-11-'18 Date of discharge 21/11/18

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Admitted Temp 102.2° - Complains of Headache & Pain thro' Chest, Slight Cough & Sore throat & Shell - was taken off Temperature Chart Temp this am. 98.6° - Feels better. Gen. Throat slightly enlarged with white spots at opening of Follicles. Lungs found not enlarged by Consultg. Physician & Gen - Temp Septic

8/11/18 Tonsils & Throat both Temp 97° Feels better

9/11/18 Temp 97°. Feels better

10/11/18 Temp 97° Feels well

11/11/18 Temp 97° Convalescing.

Temp & Conv. Temp until 18-11-18 & Left Hospital

21/11/18 Returned Duties.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE, Good

(and disposal made of case.)

Date 21/11/18

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

B-14887

Urine Analysis

Sp. Gr. 1035

Reaction - acid

Albumin - nil

Blood - nil.

Glucose - nil.

Bile - nil.

Deposit - Amorphous Urates +

# CASE HISTORY SHEET.

Category B II

No. 318806 Rank Pte. Name Cassy, A. Age 23

Unit 6th C. G. R. Completed years of service Where and how long } C 1/12

Date of admission 27.5.18 Date of discharge ~~5.4.18~~ 1.6.18

Diagnosis Ulcerated tooth Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Ulcerated tooth lower right Mandibular

CAMP HILL MILITARY HOSPITAL
JUN 30 1918
HALIFAX, N.S.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Dental

CONDITION ON DISCHARGE,

(and disposal made of case.)

Cured

Date 1/6/18

24617

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 3181886. (Rank) Pte

Name (in full) Percy Ambrose Allen enlisted in

the 1st Depot Bn. N.S.R.

CANADIAN EXPEDITIONARY FORCE at Halifax. N.S. on the 23.

day of April 19 18

HE served in Canada

and is now discharged from the service by reason of Demobilization.

P.O. 1420. C.6 N. July 5-1-15-21

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

Age 23 yrs.

Height 5-ft. 10 ins.

Complexion Dark.

Eyes Blue.

Hair Dark.

Marks or Scars Nil.

P. A. Allen
Signature of Soldier

H. W. Lent
Issuing Officer

Capt
Rank

Appointment

Date of Discharge 26-5-19.

Signed at Sydney N.S. this 26 day of May 1919

in Military District No. 6.

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
Soldier is called for on
the books of this cer-
tificate will not be com-
pleted.

44

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps ....1st. Depot Bn. Nova Scotia Regiment.

Regimental No. 3181806. Rank Pte. Name CURRY Ambrose Allen
C. E. F.

Enlisted (a) 23/4/18. Terms of Service (a) War & 6 Months. Service reckons from (a) 23/4/18.

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) Farmer & Iron Worker.

| 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 | | | | |
| | | Taken on strength 6th. Batt. C.G.R. C.E.F. | HALIFAX, N. S. | 23-4-18 | Officer i/c Records 6th Batt. C.G.R. C.E.F Lieut |
| D.F.C 1462 | | Struck off strength 6th. Batt. C.G.R. C.E.F. on hand M.C. I.D. M.D.6 | HALIFAX, N. S. | 1-12-18 | Officer i/c Records 6th Batt. C.G.R. C.E.F Lieut |
| 1-12-18 | | T.C.S., C.A.M.C., T.D., M.D.6 Hfx., N.S. onttransfer from 6th.C.G.R. C.O.1189, d/2-12-19). | | 1-12-18 | D.O.Pt.II, 337, d/2-12-18. F Soddard Lieutenant, R.C.R. A/Adjutant, C.A.M.C.Training Depot, M.D. No. 6. |

(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 | | | | |
| 10-5-19 | | S.O.S.C.A.M.C.T.D.M.D.6.<br>Part 11 D.O.No.130, d/10-5-19.<br>Lt.Col.,P.A.M.C.,<br>O.C., C.A.M.C.Training Depot,M.D.No.6. | | | |
| 9-5-19 | ADM S | T.O.S.MOXHAM HOSPITAL<br>C/A.M.C.C.O.418 D/9-5-19 | SYDNEY | 10-5-19 | Moxham D.O.P2#40 d/10-5-19 |
| 26.5-19 | D/adms. | D. & S. Moxham Hospital and CAMC CRF. on Demobilization<br>R.O. 1420 C.<br>Reynolds Lieut. & adjt<br>Moxham M.C.H. | Sydney CB | 26-5-19 | CAMC.C.O.496 d/23-5-19<br>Moxham D.O.P. 55 d/26-5-19 |

AUDITOR | PAYMASTER

M. OR S. Single

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

REGT. No. 3181806 RANK Pte NAME (IN FULL) Currie Allen Ambrose (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| 1.00 Reg Pay | | |
| .10 Fl. Duty | | |

ORIGINAL UNIT C. E. F. 1st Pioneer Battn. N.S.R. — IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE 11/09 — AUTHORITY

DATE OF ATTESTATION 23/4/18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ Nil — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS East Bay C. Breton

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Sydney, N.S. — DATE 26/5/19 — REASON Demob. — AUTHORITY 6059-173-2 — IF ENTITLED TO POST DISCHARGE PAY Yes.

| 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 | | | | | | | 28 27 | | 28 27 | | | | | | | | | | | | | | | | | | | | | | | | | 28 27 | | |
| March | 31 | 1 10 | 34 | 10 | | | | | 62 37 | | | | | | | | | | 25 00 | 25 00 | | | | | 10 | 1 51 | | | | 51 61 | | | 10 76 | | |
| April | | | | | | | 10 76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 30 | 1 10 | 33 | 00 | | | | | 43 76 | | | 15 | 15 | 27 | | | | | 15 00 | 18 00 | | | | | | | | | | 33 | 00 | | 10 76 | | |
| | | | | | | | 10 76 | | | | | | | 46 | | | | | | 70 00 | | | | | | | | | | | | | | |
| May | 26 | 1 10 | 28 | 60 | 7 | 00 | | | 144 | 36 | | 37 | | 46 | | | | | 15 00 | 59 | 36 | | | | | | | | | 144 | 36 | | | | |
| | | | War Service Gratuity | | | | | | | | | | | | | | | | | W.S.G. | | | | | | | | | | | | | | | |
| 31 day | | | 70 | 00 | | | | | 70 | 00 | | | | | | | | | | 70 | 00 | | | | | | | | | 70 | 00 | | Nil | | |
| | | | 70 | 00 | | | | | 70 | 00 | | | | | | | | | | 70 | 00 | | | | | | | | | 70 | 00 | | | | |

S.O.S. 26/5/19 1st pay + W.S.G.

Certified that all payments due on this account have been paid.

H. A. Allison

For Senior Officer Pay Services, M. D. 6

60m.-11-18 L. L. 51777. M. & D. 9585.

| MONTH | PAY AND F. A. | | | | OTHER CREDITS | | | | TOTAL CREDITS | | ACQUITTANCE ROLLS | | | | | | CASH PAYMENTS | | | | | | ASSIGNED PAY | | REGIMENTAL CHARGES | | OTHER CHARGES | | | | TOTAL DEBITS | | BALANCE | | | | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NO. OF DAYS | RATE | AMOUNT | | | | | | | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | | | | | | | | | DEBIT | | CREDIT | | |
| | | | $ | C. | $ | C. | $ | C. | $ | C. | NO. | DATE | NO. | DATE | NO. | DATE | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | |

DIVISIONAL LABORATORY

REPORT

C.A.M.C. 318806
Pte A.H. Curry
Ward 7 5-11-18

No..... Corps.....

Date 6/11/18

Volume .....

Sp. Gr. 1035

Reaction acid.

Albumin Nil.

Blood Nil.

Glucose Nil.

Bile Nil.

Deposit Amorphous Urates. +

.....

Examined by A Redmond
for Capt. i/c Lab

M. F. W. 2537
15m.—5-18
1772-39-1314

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

**(Demobilization.)**

1. No. 918806.

2 Rank. Private

3. Name. Lewis Ambrose, Allen.

4. Unit. C. A. M. C.

5 Date of Discharge | 26-5-19. | Place Sydney. N.S.

6 Reason for Discharge Demobilization O.R.O.

1420 C. 6 D file 59-1-15-21

7. Authority. C. 6 D file. 59-1-15-21.

8. Proposed Residence after Discharge East Bay.

Cape Breton Co. N.S.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39.

A. A. Allen

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Moyhan. M.C.H. Sydney. N.S.

Date May 26th 1919.

Signature H. W. Lind Capt

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

## LIST OF DISCHARGE DOCUMENTS.

| | |
|---|---|
| Attestation Paper, Triplicate | Militia Form W. 23 |
| or Particulars of Recruit | Militia Form W. 133 |
| Field Conduct Sheet | Militia Form W. 178 or A.F.B. 122 |
| Casualty Form | Militia Form W. 54 or A.F.B. 103 |
| Last Pay Certificate | Militia Form W. 44 |
| Certificate that missing documents are unobtainable | |
| Medical History Sheet | Militia Form B. 313 or A.F.B. 178 |
| Proceedings of Medical Board | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet | Militia Form B. 465 |
| Medical Report | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet | Militia Form B. 263 |
| Company Conduct Sheet | Militia Form B. 263a |