

ATTESTATION PAPER.

No. 672370

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Demers
- 1a. What are your Christian names?..... Lorenzo
- 1b. What is your present address?..... Lysha Station Co. Mevoukie.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Lysha Station Co. Mevoukie.
- 3. What is the name of your next-of-kin?..... Edmund Demers.
- 4. What is the address of your next-of-kin?..... Lysha St. Co. Mevoukie.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... April 4th 1898
- 6. What is your Trade or Calling?..... Farmer
- 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, Lorenzo Demers, 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.

Date March 20 1916
Lorenzo Demers (Signature of Recruit)
Laurent Barent (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date March 20 1916
Lorenzo Demers (Signature of Recruit)
Laurent Barent (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 this 20th day of March 1916

(Signature of Justice)

Corded.
21-2-17
miz

Description of Lorenzo Desmers on Enlistment.

Apparent Age 18 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. 3 ins.

Chest measurement. { Girth when fully expanded 31 ins.
 Range of expansion 3 ins.

Complexion Black

Eyes Brown

Hair Black

Religious denominations. { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic Yes
 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 20 March 1916

Place Quebec

Benoit Plamondon M.D.
 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.

Lorenzo Desmers 672353 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.

O. Readman LT.-COL. (Signature of Officer)
 O. C. 187ième BATAILLON CANADIEN FRANÇAIS, P. E. C.

Date 19 April 1916.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 3
- 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.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit..... 2
- Last Pay Certificate..... 2

M. F. W. 62. 2

1 pay pp

DISCHARGE DOCUMENTS

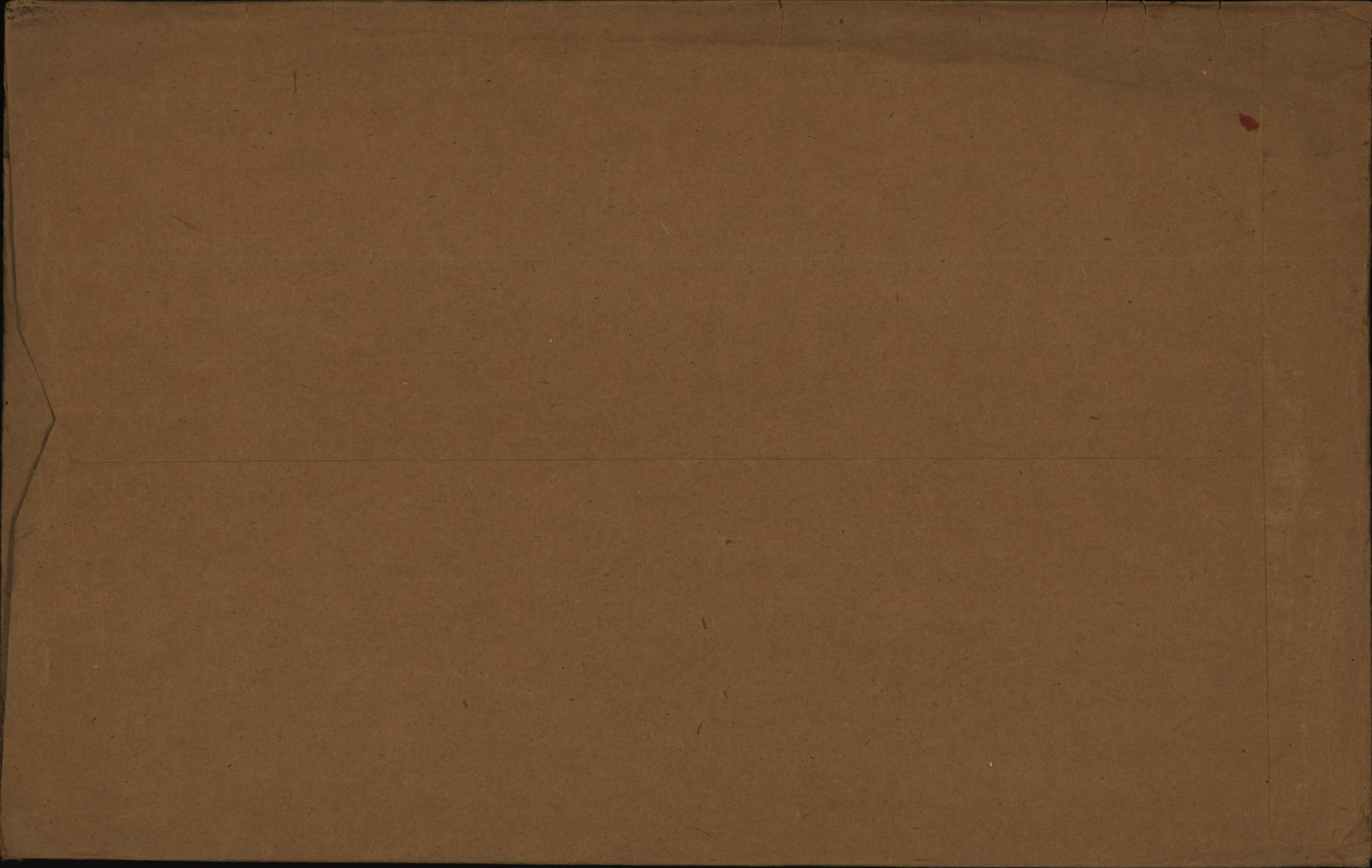
Name Demiers Lorenzo
 Regt. No. 672370 Rank Pte
 Corps 167 N Bn C E F
Med. Unit



R. O. No.....
 H. Q. No.....

10541

M & S



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. 672370 Rank Pte Name Loeuz Demers
 Corps 167th Batt C.E.F. who was Discharged Medically Unfit
 On June 13th 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.
Bal. Dr. from previous month.....				Regimental pay/3 days at \$ <u>1⁰⁰</u>	<u>13</u>	<u>00</u>
Total payments during period				Field allowance <u>13</u> " \$.....c. <u>10⁰⁰</u>	<u>130</u>	
from.....				Other allowances (<u>Uniforms</u>)	<u>10</u>	<u>00</u>
Assigned Pay				Other Credits (give particulars).....		
<u>Q. M. Supplies</u> <u>1342</u>				Bal. Dr. on discharge or transfer.....	<u>24</u>	<u>30</u>
Other Charges (give particulars)						
<u>Regtl Contingent</u> <u>500</u>						
<u># 1257</u> <u>588</u>						
Bal. Cr. on discharge or transfer.....						
TOTAL.....				TOTAL.....	<u>24</u>	<u>30</u>

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

Monthly stoppage on account of assignment of pay is _____, 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..... 20-3-16

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

(3) cause of discharge and authority..... Medically Unfit Sub. M.O. #5-77-126

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 13th 16

Place..... Levis Arsenal

[Signature]
 Capt. Paymaster.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The undersigned hereby certifies that the following is a true and correct statement of the last pay and allowances due to the following named soldier of the Canadian Expeditionary Force:

NAME: *John A. Macdonald*
REGIMENT: *1st Battalion, Canadian Infantry*
SERIAL NUMBER: *1000*
GRADE: *Private*
DATE: *1st Dec 1914*

REGIMENTAL ACCOUNTANT: *[Signature]*
DATE: *1st Dec 1914*

Particulars	Amount	Balance
Pay for 1st Dec 1914	10.00	10.00
Allowance for quarters	1.00	11.00
Allowance for clothing	1.00	12.00
Allowance for laundry	1.00	13.00
Allowance for tobacco	1.00	14.00
Allowance for recreation	1.00	15.00
Allowance for medical	1.00	16.00
Allowance for transport	1.00	17.00
Allowance for other	1.00	18.00
Total	18.00	18.00

REGIMENTAL COMMANDER: *[Signature]*
DATE: *1st Dec 1914*

REGIMENTAL ACCOUNTANT: *[Signature]*
DATE: *1st Dec 1914*

REGIMENTAL COMMANDER: *[Signature]*
DATE: *1st Dec 1914*

REGIMENTAL ACCOUNTANT: *[Signature]*
DATE: *1st Dec 1914*

167ieme BATAILLON, F. E. C.

MEDICAL HISTORY SHEET.

672370

Surname Dumers Christian Name Joseph

Examined { on 20 day of March 1916
 at Quebec

Approved by Benoit Raymond M.D.

Birthplace { City or Town Lyster Rank _____ M.O.
 County Co. Megantic

Apparent age 18

Trade or occupation Laborer M.O.

Height 5 Feet 3 Inches M.O.

Weight 115 Lbs. M.O.

Chest measurement { Minimum 31 inches M.O.
 Maximum expansion 3 inches M.O.

Physical development good M.O.

Small-Pox Marks none M.O.

Vaccination Marks { Arm Right Left 38
 Number two

When Vaccinated last 2 years ago M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>31/3/16</u>	<u>S. Ray</u>	M.O.
		M.O.
		M.O.

Enlisted on 20 day of March 1916 at Quebec

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

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.

Pl Lorenzo Demers, of the
167^d is suffering from a purulent
discharge from both ears of many
years standing, the discharge stops
occasionally, but sets up again
on the occurrence of a cold in the
head or a sore throat.

V. Coote

18 May/16

Pt. Lewis, December 18th
 The weather is very fine & pleasant
 and the wind is from the west
 with a light breeze. The water
 is very calm and the ice is
 very thin. The land is very
 low and the mountains are
 very low. The hills are very
 low and the mountains are very
 low. The hills are very low
 and the mountains are very low.

18th Dec 18

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps

117th Batt. C. E. F.

Regimental No.

672370

Rank

Pte

Name

Alimus Loung

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, Shoeling 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				

649-D-1833

CARD NO.

✓

SURNAME. *Demers.*

CHRISTIAN NAMES *Lorenzo*

REGL. NO. *672370* RANK *Pte*

UNIT *167th.*

Batt.

FORMER CORPS *nil.*

S.O.S. Dis. 13-6-16 FOLL. *5 D.F.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Demers, Edmond*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Lyster Station, Co., Megantic, P. Q.*

COUNTRY OF BIRTH *Canada, Lyster Stat. Co. Megantic* ^{P. Q.} DATE

Apl. 4th 1898

PLACE OF ATTESTATION *Quebec, P. Q.* DATE

Mar. 20th 1916

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

31 INCHES

EXPANSION

3 INCHES

COMPLEXION

Black

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Quebec, P. Q.

DATE

Mar. 20th 1916

No. 672370 RANK *Plt*NAME *Demers Lorenzo*T. O. S. *20-3-16*
70.0.74 of 20-3-16 UNIT *167th Battalion C. I. F.*M. D. *5*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM
PAID TO
SIG. OR REC'T*1916*
1916

<i>Mar 20</i>	<i>Mar 31</i>	<i>✓</i>
<i>Apr</i>		<i>✓</i>
<i>May</i>		<i>✓</i>
<i>June 1</i>	<i>June 13</i>	<i>✓</i>

*Dischgd 13-6-16**70.0.144 of 13-6-16**acc closed by payment S.*



No 672310

RANK

Ptl.

NAME

Demers, Lorenzo

T. O. S.

UNIT

Recruiting Staff (167th Bn. 6-6-71)

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 20	1916 Mar. 31	N.	Proceeding for 167th Bn.	



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins **167ieme BATAILLON, F. E. C.**

(2) Regimental Number **672370.**

(3) Full Name of Soldier **Demers Lorenzo,**
Lyster, Co Mégantic, P.Q.

(4) Place of Birth **Lyster,**
Co Mégantic, P.Q.

(5) Are you married, or not? **Non.**

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

(b) Present Postal Address **Nil.**

(7) Are you a widower? **Non.**

(8) Have you any children? **Non.**
If so, give number of boys and girls **Nil.**
Also their names and ages **Nil.**

(9) Is your Father alive? **Oui.**

If so, state name and address **Demers Edmond, Lyster, Co Mégantic, P.Q.**

(10) Is your Mother alive? **Oui.**

If so, state name and address **Marie-Anne Mathueux**

Lyster, Co Mégantic, P.Q.

(11) If your Mother is a widow **Non.**

Are you her sole support, or not? **Non.**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Nil.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Nil.

(15) Are you insured? **Non.**

If so, in what Company? **Nil.**

Have you made arrangements for payment of your Insurance premium? **Nil.**

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

.....
Officer Commanding.

Date.....

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

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- (c) All questions, etc., must be answered.
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(1) Name of Overseas Unit which Soldier joins **167ieme BATAILLON, F. E. C.**

(2) Regimental Number **672370.**

(3) Full Name of Soldier **Demers Lorenzo,**
Lyster, Co Mégantic, P.Q.

(4) Place of Birth **Lyster,**
Co Mégantic, P.Q.

(5) Are you married, or not? **Non.**

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

(b) Present Postal Address **Nil.**

(7) Are you a widower? **Non.**

(8) Have you any children? **Non.**
If so, give number of boys and girls **Nil.**
Also their names and ages **Nil.**

(9) Is your Father alive? **Oui.**

If so, state name and address **Demers Edmond, Lyster, Co Mégantic, P.Q.**

(10) Is your Mother alive? **Oui.**

If so, state name and address **Marie-Anne Mathueux**

Lyster, Co Mégantic, P.Q.

(11) If your Mother is a widow **Non.**

Are you her sole support, or not? **Non.**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Nil.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Nil.

(15) Are you insured? **Non.**

If so, in what Company? **Nil.**

Have you made arrangements for payment of your Insurance premium? **Nil.**

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

.....
Officer Commanding.

Date.....



1371st BATAILLON C.F., F.E.C.

NO. 672375

Libéri

144-7

Sgt

Demers Lorenzo

Medicall unit

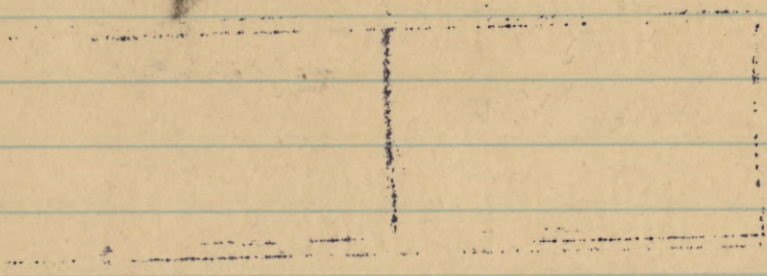
13-6-16

2	Copies Attestation Papers.	✓
2	" Medical History Sheet.	✓
1	" Regt Conduct Sheet.	✓
1	" Coy Conduct Sheet.	✓
1	" Casualty Form.	✓
1	" Last Pay Certificate.	✓
1	" Inventory of Clothing.	✓
1	" Declaration Form.	
2	" Proceeding (Court of Inquiry)	
1	" Particular of family	✓

Act. at 4/12

f

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STATE OF TEXAS

1897

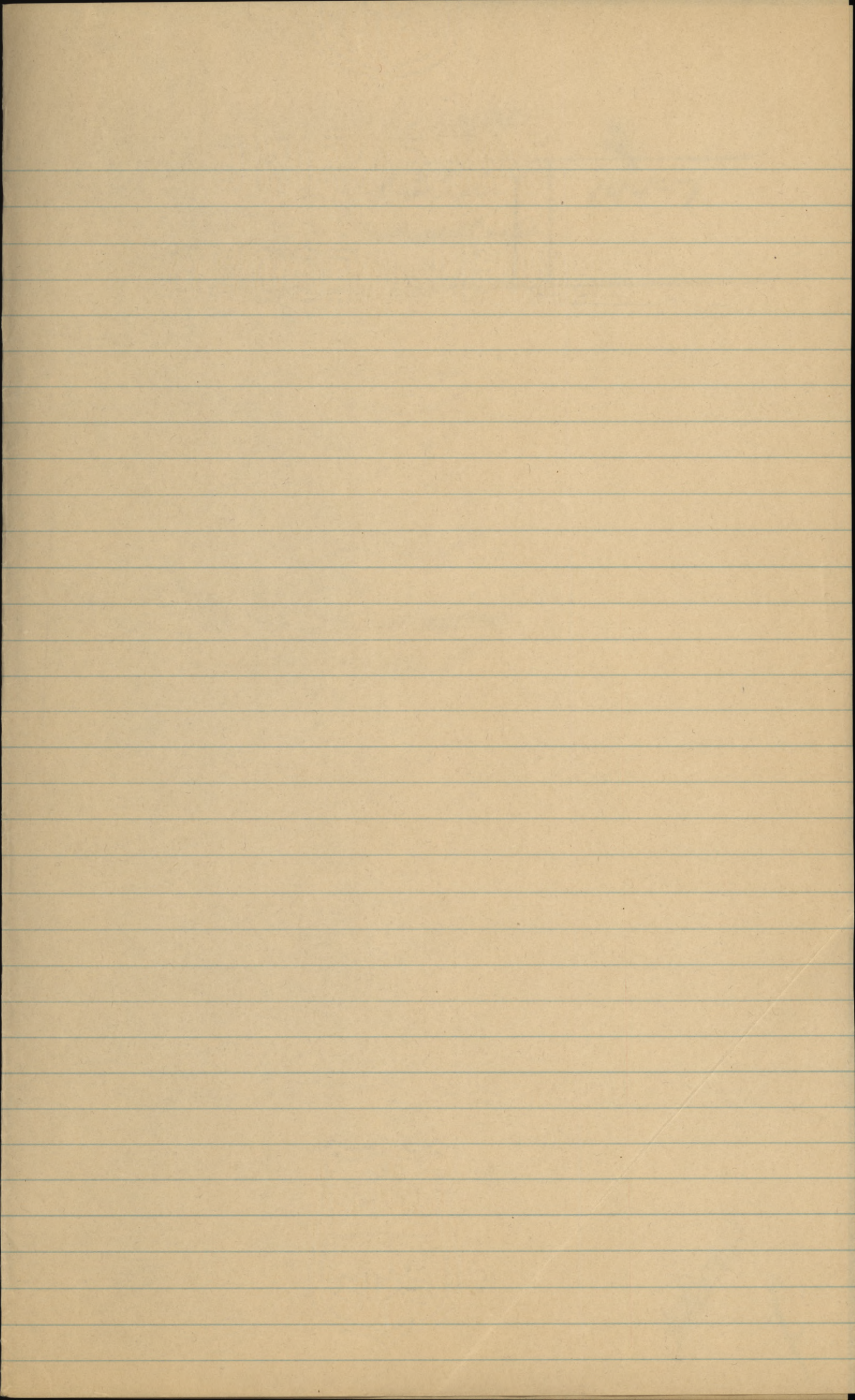
County of *[illegible]*

[illegible]

[illegible]

[illegible]

STATE OF TEXAS



OPINION OF THE MEDICAL BOARD.
MEDICAL HISTORY OF AN INVALID.

Military District No. 5
 Quebec, Que.
 JUN 10 1918
 M. D. No. 5

1. Station. *Quebec*
 2. Regiment or Corps. *164th Batt*
 3. Regimental No. and Rank. *672370 Private*
 4. Name. *Corey Demers*
 5. Age last Birthday. *19 years*
 6. Enlisted on *March 1916*
 at *Quebec*
 7. Former Trade or Occupation. *Laborer*
 Date. *20-3-16*

8. General remarks on his :—
 (a) Conduct. *Good 17-12-6*
 (b) Habits. *Good*
 (c) Temperance. *Temperate.*

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE
 JUN 17 1916
 H.Q. CANADA

9. Service. Years. *80* Days.

	PERIODS.	
	FROM.	TO.
<i>Canada</i>		
<i>164th Batt.</i>	<i>20-3-16</i>	<i>8-6-16</i>
<i>C. C. F.</i>		

10. (a) Disease or disability. *Purulent Otitis Media. Both ears*
 (b) Date of origin. *In childhood.*
 (c) Place of origin. *Montreal.*
 (d) Cause. *unknown*

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
The invalid is suffering from a purulent discharge of both ears previous to enlistment.

12. (a) Is the disability the result of service or climate? *no*
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*

Boarded 22-6-16

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

(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?

(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.

14. Treatment

See specialist certificate attached.

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

not aggravated by service.

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

Permanent.

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

will to no extent prevent his earning a full livelihood in labour market

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

Yes.

Geo. M. M. M.

A. A. M. C.

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.

11.

Yes

12.

15.

16.

17.

19. Is he unfit for Military Service. **Yes**

20. Recommendations : The Board having assembled proceed to examine No. 672370 Pte. Lorenzo Demers, and find him suffering from purulent Otitis media of both ears. The Board fully concur with the M.O. bringing forward the case, and recommend that he be discharged as medically unfit.

Signatures :—

[Signature]
President.

[Signature]

Members.

Station.

Quebec

Date.

8-6-16

J A Key Capt AM.

Date.

JUN 9 1916

[Signature]
Assc. Director of Medical Services.

Approved.

W 6/16

[Signature]
Director-General of Medical Services.

Date.

[Signature]

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____

Arrived from } _____

Date _____

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

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.

DETAILED MEDICAL HISTORY OF INVALID.

100 m-2-16.
H. G. 1772-89-117.

Militia Form B. 227.

Station	Regimental No.	Rank
Corps	Name	
Disability	Date	
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.