card E.T. 9/10/16.

DUPLICATE

ATTESTATION - PAPER.

No. 506005

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Duff
1a. What are your Christian names?	Thomas McFarlane
1b. What is your present address?	P. O. Clairmont
2. In what Town, Township or Parish, and in what Country were you born?	Dreghorn, Ayrshire, Scotland.
3. What is the name of your next-of kin?	Isobella McLaughlin Duff.
4. What is the address of your next-of-kin?	P. O. Clairmont, Alta
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	28th May 1872.
6. What is your Trade or Calling?	Vetinary Surgeon
7. Are you married?	Yes
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.	14 Months Irvine Rifles
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 McFarlane Duff, 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.

Thomas McFarlane Duff (Signature of Recruit)

Date 7th Aug. 1916. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas McFarlane Duff, 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.

Thomas McFarlane Duff (Signature of Recruit)

Date 7th Aug. 1916. [illegible] (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 City Grande Prairie this 7th day of Aug. 1916.

[illegible] (Signature of Justice)

J.P. For the Province of Alberta

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of Thomas McFarlane Duff, on Enlistment.

Apparent Age 44 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement: Girth when fully expanded 44 ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue BLUE GRAD

Hair Iron Grey

Religious denominations:
- Church of England
- Presbyterian Yes
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

Fit

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 Sept Aug 7 1916

Place Grande Prairie

A Bradford
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 McFarlane Duff 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.

W Mitchell (Signature of Officer)
Lt. Colonel C. E.
O. C. Engineer Training Depot

SEP 27 1916

Date 191 .

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

Attestation Papers.....2 3.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....1.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....1.....

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.....1.....

Last Pay Certificate.....1.....

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Duff Thos. McFarlane.

Regt. No. 506065 Rank Sapper.

Corps Engineer Training Depot.

Medical Unfit.

27475

To be made out in duplicate. H.Q. 54-21-23-53

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.

Canadian Engineers,
ENGINEER TRAINING DEPOT

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 506005

(3) Full Name of Soldier Duff Thomas McFarlane

(4) Place of Birth Dreghorn Ayrshire Scotland

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Isabella McLaughlin Duff

(b) Present Postal Address P O Cairmount Alberta

(7) Are you a widower? —

(8) Have you any children? Yes

If so, give number of boys and girls 1 Girl

Also their names and ages ~~Isab~~ Lucy 14 years

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address —

(10) Is your Mother alive? no

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not? —

(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.

—

(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.

—

(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.

Yes

(15) Are you insured? no

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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 27/9/16

Original not available

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps Engineer Training Depot.

Regimental No. 506 005 Rank Spr. Name Duff Thomas McFarlane.

C. E. F.

Enlisted (a) 7-8-16 Terms of Service (a) D of war Service reckons from (a) 7-8-16.

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				
20-10-16	E.T.D.	Sos. Med. unfit.	St. Johns Que.	19-10-16	Pt. II D.O. 258
10.9.21.	do.	Pt. II D.O. 258 d./20-10-16 amended to read:- S.O.S. K.R.O. Para. 322 2-C. w/e. (Within 3 months of enlistment found Med. Unfit for further Service.)	Ottawa, Ont.	19.10.16.	A.O. 12.

O.C. Sanguinetti
for D of R.

(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				

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. 506005 Rank Sapper Name Duff, Thos. McFarlane

Corps Engineer Training Depot who was* Discharged

On October 19 th 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 1-10-16 To 19-10-16	Bal. Dr. from previous month			From 1-10-16 To 19-10-16	Regimental pay 19 days at $ 1 c 00	19	00
	Total payments during period from 1-10-16 - 19-10-16	6	00		Field allowance 19 " $ c 10	1	90
	Assigned Pay				Other allowances		
	Other Charges (give particulars)				Other Credits (give particulars) Bal. from prev. mo.	6	00
	Bal. Cr. on discharge or transfer	20	90		Bal. Dr. on discharge or transfer		
	Total	26	90		Total	26	90

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

Monthly stoppage on account of assignment of pay is $ 16.00, and has not been charged in Pay-list for month of -----

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

REMARKS:—

State (1) date of enlistment 7 - 8 - 16

(2) if married and if a Separation Allowance Card has been submitted Married Card Submitted 28-9-16

(3) cause of discharge and authority Medic. Unfit D.O. Part "2" 258

If discharged from the Contingent, state if Stop Payment advice for ~~Assigned Pay~~ Separation Allowance has been forwarded, and date 19-10-16

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

Date October 19 th, 1916

Place St. Johns, P. Que.

Capt., C.E.,
Paymaster Engineer Training Depot
Paymaster

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

SURNAME. Duff.

CARD NO. X

CHRISTIAN NAMES Thomas McFarlane

M.U
S.O.S. Dis. 19-10-16. T

REGL. NO. 506005 RANK Sapper

UNIT Engineers Training Depot.

FORMER CORPS (14 mos.) Irvine Rifles.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Duff, Mrs. Isabella McLaughlin

RELATIONSHIP TO SOLDIER Wife

ADDRESS Clairmont, P.O. Alta.

COUNTRY OF BIRTH Scotland Dreghorn Ayr. DATE May. 28th 1872

PLACE OF ATTESTATION Grande Prairie, Alta. DATE Aug. 7th. 1916

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED Yes, SINGLE WIDOWER

TRADE OR CALLING Veterinary Surgeon RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 44 YEARS 4 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 41 INCHES EXPANSION 4 INCHES

COMPLEXION Fair, EYES Blue, HAIR Iron Grey.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Grande Prairie, Alta. DATE Aug. 7th 1916.

Present Address, Clairmont, P.O. Alta.

506005

MEDICAL HISTORY SHEET.

Surname Duff *Christian Name* Thomas McFarlane

Examined { on 7th day of Aug. 1916 at Grande Prairie, Alta

Birthplace { City or Town Ayrshire, County Scotland,

Apparent age 44 Years 4 Months

Trade or occupation Vetinary Surgeon

Height 5 Feet 7 Inches.

Weight 175 Lbs.

Chest measurement { Minimum 41 inches. Maximum expansion 4 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Number

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by A Bradford Practitioner at Grande Prairie

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

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

Enlisted on 7th *day of* Aug. 1916 *at* Grande Prairie City

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Canadian Engineers.	506005		7-8-16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Valcartier.	Oct 2/16	Overage.	Discharged [signature] Lieut. Colonel, A.D.M.S. Valcartier Camp, P.Q.

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Duff Christian Name Thomas McFarlane

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				

L. L. Job 4503.—M. & D. 6832.

7/8/16

MILITIA AND DEFENCE

M. F. W. 11. 20
50m.—6-16.
H. Q. 1772-39-813.

SEPARATION ALLOWANCE

n/a
MR.

Name Isabella. McL. Duff

Address Clairmont PO
Alberta

Relation to Soldier wife, child or mother } Wife

Name of Soldier Duff. Thos. McF.

Regtl. No. 506005

Rank Spr

Corps C. E.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE ..... PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. I. McL. Duff Wife

Name of Soldier Duff. I. McL

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		I 20214	56	56 Dis 19/10/16 pmt 19/10/16
Nov.				20
Dec.				Return of 7 overpaid requested 25/10/16
Jan.	1917			
Feb.				
March				Refunded 7.00 14-11-16 C/S # 653
April				
May				
June				ACCOUNT CLOSED
July				DATE..... PER W.
Aug.				
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

3/8/39

MILITARY DISTRICT No. 4
OCT 25 1916
M.D.4

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. 506005

Rank Sapper

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

Corps (Squadron, Battery or Company) ENGINEER TRAINING DEPOT

Date of Discharge Oct. 19th 1916.

Place of Discharge St Johns P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 44 years 5 months.
Height 5 feet 7 inches.
Complexion Fair
Eyes Blue
Hair Iron Grey
Trade Veterinary Surgeon.
Intended place of residence
(To be given as fully as practicable.)

Descriptive Marks

Nil

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

Medically Unfit

Para 322. 2. C. K R & O. "Para. 1202" V. Corders

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.

Very Good

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.)

Veterinary Surgeon

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

carded
8-11-16

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) St. Johns P.Q.

(Date) Oct 19th 1916

Lt. Colonel C. E.
O. C. Engineer Training Depot.
Commanding .....

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) St. Johns P.Q. J. McDuff ..... (*Signature of Soldier.*)

(Date) Oct 19th 1916 E. Woolley ..... (*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) St. Johns P.Q.

(Date) Oct 19th 1916

(*Signature*) .....

Lt. Colonel C. E.
O. C. Engineer Training Depot.

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.)

Neil F. McDuffie

(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.

MEDICAL HISTORY OF AN INVALID.

MILITARY DISTRICT No. 4
OCT 14 1916
M.D. 4 nD-257

1. Station. Valcartier
2. Regiment or Corps. Can Engineers
3. Regimental No. and Rank. 506005 Pte
4. Name. Thos McF. Duff
5. Age last Birthday. "52"
6. Enlisted on Grand Prairie Alberta
   at Aug 7/16
7. Former Trade or Occupation. Veterinary Surgeon

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good.
   (c) Temperance. Temp.

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

Date. Oct 7/16.

9. Service. Years. 57 Days.

	PERIODS.	
	FROM.	TO.
Can Engineers	Aug 7/16	Oct 7/16

10. (a) Disease or disability. Overage
    (b) Date of origin. –
    (c) Place of origin. –
    (d) Cause. –

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

General condition fair
Man admits being 52 year old & looks
all of that, arteries somewhat hard

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

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) None

(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? Not appl

(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. Not appl

14. Treatment None

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

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. Nil

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

Alexander Capt AMC

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

18 Is he unfit for Military Service. Yes

Recommendations: That he be discharged

Signatures :—

A H MacCordick Capt AMC President.

D. R. Wark. capt amc

A C Reid Capt AMC Members.

Station. Valcartier

Date. Oct 2/16

Date.

Approved.

Date.

ASSISTANT DIRECTOR MEDICAL SERVICES
OCT 2 1916
VALCARTIER CAMP, P.Q.

[signature]
~~Asst.~~ Director of Medical Services.

Director-General of Medical Services.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

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.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

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

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

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Date of final Medical Board or decision. .....

Administrative Medical Officer.