



B. C. Co.

196 O/S Battn. Western Universities
ATTESTATION PAPER.

Original
No. 911831

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- Discarded 1916*
- Medical Officer*
- EDWARDS.**
- Ernest**
- 952 Hornby Street, Vancouver B.C. Can.**
- Gloucester, Gloucester County, England.**
- James Edwards**
- 90 Combined Oil Co, Phelan Bldg, San Francisco, Cal. U.S.A.**
- Father**
- 25th February, 1880.**
- clerk**
- No.**
- Yes.**
- No.**
- Yes - 6 months Rifle Brigade - Gosport, England - 1902**
- 2 1/2 years - Army Service Corps - Aldershot and Chatham - Eng - 1903-4-5**
- yes.**
- yes.**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ernest Edwards, 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.

Ernest Edwards (Signature of Recruit)
Date April 26 1916 R. G. Barker (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest Edwards, 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.

Ernest Edwards (Signature of Recruit)
Date April 26 1916 R. G. Barker (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 Vancouver this Twenty Sixth day of April 1916
R. G. Barker (Signature of Justice)

noted 2-11-16

Description of Edwards, Ernest on Enlistment.

Apparent Age 36 years 2 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.

1 Mac R.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 2 1/2 ins.

Complexion fair dark

Eyes brown

Hair d. brown

Bruce

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date April 26 1916

Place Vancouver

J. Woodley Capt.
 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.

Ernest Edwards 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.

R. W. Brock (Signature of Officer)

Date APR 26 1916 1916

Major O. C. B. C. Company,
 196th O. S. Batt., C.E.F.
 Western Universities

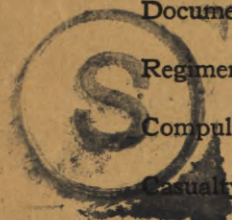


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 4
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages..... 1
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- 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.....
- Last Pay Certificate..... 2

DISCHARGE DOCUMENTS

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

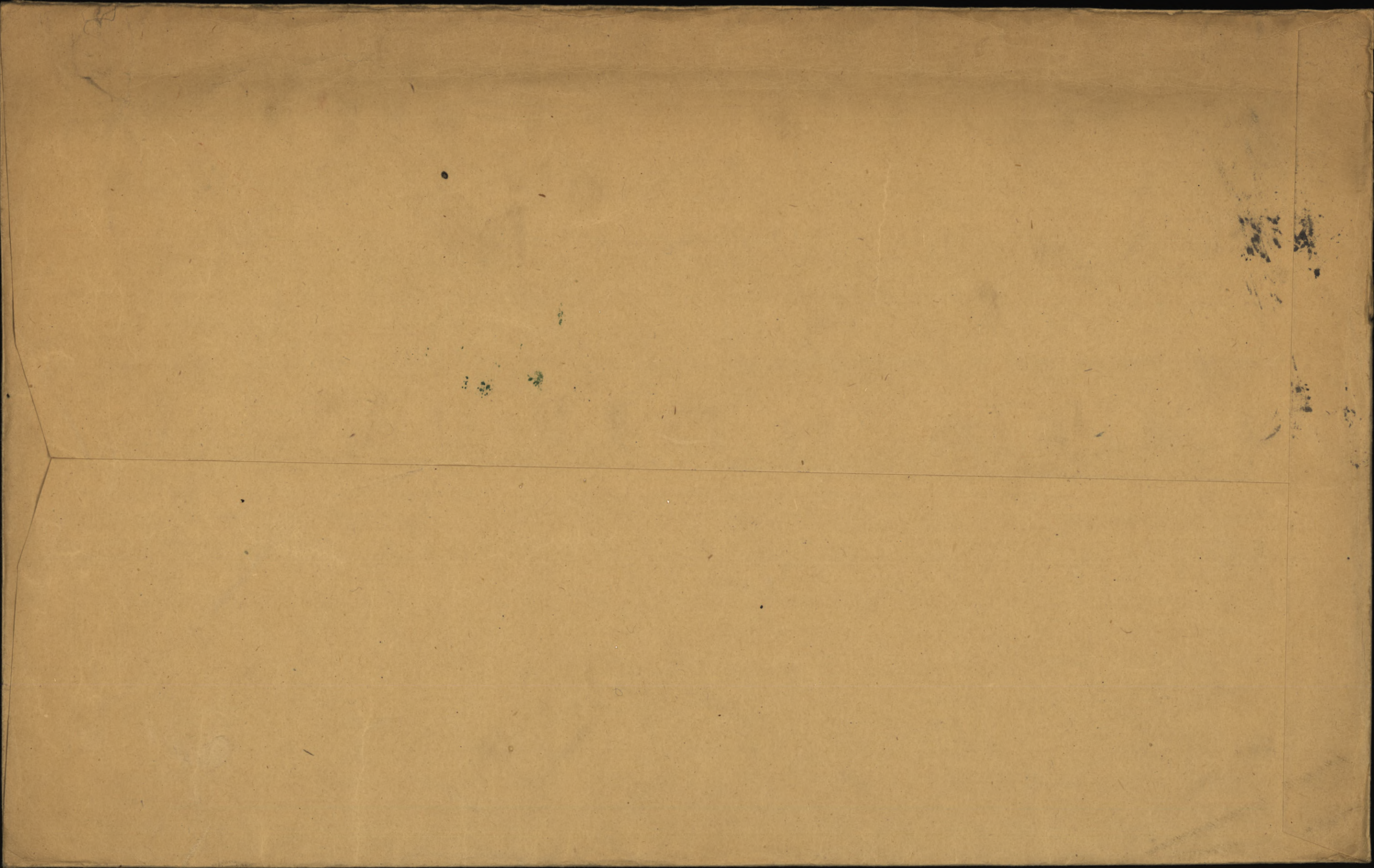
Name *Edwards Ernest*
 Regt. No. *911831* Rank *Private*
 Corps *196th (W.U.) O/S. Bn. C.E. 7.*
Medically unfit.



02333

Paycard

Row



911831

Edwards

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.

(1) Name of Overseas Unit which Soldier joins..... *196th (Western Universities) Battalion*

(2) Regimental Number..... *911831*

(3) Full Name of Soldier..... *Edwards, Ernest*

(4) Place of Birth..... *Gloucester, England*

(5) Are you married, or not? ... *No*

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

(b) Present Postal Address.....

(7) Are you a widower? ... *No*

(8) Have you any children? ... *No*
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? *Yes. James Edwards*

If so, state name and address *Concluded Oil Co, Phelan Bldg,
San Francisco, U.S.A.*

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

If so, state name and address *Fanni K.B. Edwards*

3d Market Road, Forest Hill, London, England

(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.

(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.

Date..... **OCT 11 1916**

M. J. C. & A.
Officer Commanding.

MAJOR & ADJUTANT
136 O/S BATTALION C E F

911831

Edwards.

To be made out in duplicate.

H.Q. 54-21-23-53

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(1) Name of Overseas Unit which Soldier joins... *196th (Western Universities) Battalion*

(2) Regimental Number... *911831*

(3) Full Name of Soldier... *Edwards, Ernest*

(4) Place of Birth... *Gloucester, England*

(5) Are you married, or not? *No.*

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

 (b) Present Postal Address.....

(7) Are you a widower? *No*

(8) Have you any children? *No*
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? *Yes James Edwards*
If so, state name and address *Combined Oil Co., Shelton Bldg.,
San Francisco, U.S.A.*

(10) Is your Mother alive? *Yes*
If so, state name and address *Fannie K. B. Edwards,
34 Marler Road, Forest Hill, London, England*

(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.
.....
.....
.....

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.....

(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.

Date..... **OCT 11 1916**.....

M. P. Russell
.....
Officer Commanding.
MAJOR & ADJUTANT
196 O/S BATTALION C E F

MEDICAL HISTORY SHEET.

Surname Edwards Christian Name Ernest

Examined { on <u>26th</u> day of <u>April</u> 191 <u>6</u> at <u>Vancouver</u>	Approved by <u>J. W. M. M. M.</u>	
Birthplace { City or Town <u>Gloucester</u> County <u>Gloucestershire Eng.</u>	Rank <u>Capt.</u>	M.O.
Apparent age <u>36</u>	Date.	Fit or Unfit.
Trade or occupation <u>clerk</u>	EXAMINED FOR RE-ENGAGEMENT.	
Height <u>5</u> Feet <u>6 3/4</u> Inches.		M.O.
Weight <u>160</u> Lbs.		M.O.
Chest measurement { Minimum <u>36 1/2</u> inches.		M.O.
{ Maximum expansion <u>2 1/2</u> inches.		M.O.
Physical development <u>good</u>		M.O.
Small-Pox Marks <u>none</u>		M.O.
Vaccination Marks { Arm <u>Right</u> <input checked="" type="checkbox"/> <u>Left</u> Number <u>1</u>	Date.	Result.
When Vaccinated last <u>1905</u>	VACCINATIONS.	
(a) Marks indicating congenital peculiarities or previous disease		M.O.
(b) Slight defects but not sufficient to cause rejection		M.O.
<u>Bunion R. foot</u>	<u>July 2</u>	<u>Good</u> <u>Three walks</u>
	<u>.. 9</u>	<u>"</u> <u>Three walks</u>
	<u>.. 16</u>	<u>"</u> <u>Three walks</u>

Enlisted on 26th day of April 1916 at Vancouver B.C.

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>196th Bn CEF.</u>	<u>911831</u>		
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.

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 196th OVERSEAS BATTALION, C.E.F.

Rank Private

Regimental No. 911831 Name Edwards, Ernest

Enlisted (a) Apr 26/16 Terms of Service (a) 6 mths from war Service reckons from (a) Apr, 26/16

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) Clerk

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, Shoering 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				

Handwritten Cyrillic text, possibly a list or index, consisting of several lines of characters. The text is faint and appears to be a list of items or names.

27

СВЯТЫЙ ПИЛОТЪ СМЕРТЪ
СВЯТЫЙ ПИЛОТЪ СМЕРТЪ



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. 911831 Rank Private Name E. Edwards
 Corps 196th Overseas Bn. C.E.F. who was * Discharged
 On Oct. 18th 1916 1915, 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.			CR.		
	\$	c.		\$	c.
Bal. Dr. from previous month.....			Regimental pay 18 days at \$..... c.	18	
Total payments during period			Field allowance 18 " \$..... c.	1	80
from.....			Other allowances.....		
Assigned Pay			Other Credits (give particulars) clothing	10	
Other Charges (give particulars).....			Bal. Dr. on discharge or transfer		
Bal. Cr. on discharge or transfer.....	29	80			
TOTAL.....	29	80	TOTAL.....	29	80

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..... April 26th 1916
 (2) if married and if a Separation Allowance Card has been submitted..... No.
 (3) cause of discharge and authority..... medically unfit. A.D.M.S 275-196

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..... OCT 19 1916

Place..... CAMP HUGHES, MAN.

[Signature]
Paymaster.

LAST PAY CERTIFICATE

This is to certify that the sum of ...

... of the ...

... of the ...

... of the ...

... of the ...

The above is a true and correct statement of the ...

... of the ...

... of the ...

... of the ...

... of the ...

... of the ...

... of the ...

... of the ...

The above is a true and correct statement of the ...

... of the ...

REMARKS

... of the ...

... of the ...

... of the ...

It is discharged from the ...

... of the ...

... of the ...

of the ...

... of the ...

... of the ...

... of the ...

... of the ...

... of the ...

Design

FORM OF WILL.

I, Ernest Edwards (Name in full)

Regimental Number 911831 serving in 196th Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

nil.
my will is null

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

.....
.....

Name and Address of person or persons to receive personal estate* (See note).

Am arranging will thro' my lawyer.
this day of A. D. 191

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

[Handwritten Signature]

Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness

Address of Witness

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

649-8-1022.

CARD NO.

SURNAME.

Edwards

CHRISTIAN NAMES

Ernest

REGL. NO.

911831

RANK

Pte

UNIT

196th

Bun

FORMER CORPS

6 Mtn Rifle Brigade Coy post-Eng 2 1/2 yrs A.S.C Aldershot Eng

S.O.S ^{FOUL} ~~his~~ 18-10-16 TO

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Edwards James

RELATIONSHIP TO SOLDIER

Father

ADDRESS

To Combined Oil Co, Phelan Bldg,
San Francisco Cal, U. S. A.

COUNTRY OF BIRTH

England Gloucester co

DATE

Feb 25th 1880

PLACE OF ATTESTATION

Vancouver B. C.

DATE

April 27th 1916

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

36

YEARS

—

MONTHS

—

HEIGHT

5

FEET

6 $\frac{3}{4}$

INCHES

CHEST MEASUREMENT

39

INCHES

—

EXPANSION

2 $\frac{1}{2}$

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brn Brown

DISTINGUISHING MARKS

1 tattoo R

MEDICAL EXAMINATION.

PLACE

Vancouver B.C.

DATE

April 26th 1916

Present address, 952, Hornby St., Vancouver B.C.

No. 911831 RANK

File
of Sgt.

NAME

Edwards Ernest.

T. O. S. 26-4-16

UNIT 196th Battalion

D.O. 31 of 26-4-16

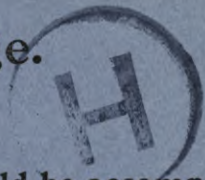
M. D. 11

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Apr. 26	Apr. 30	✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct 1	Oct. 18	✓	apt. of Sgt. 26-8-16	D.O. 82 of 26-8-16.
			Dischgd M.G. 18-10-16	D.O. 132 of 19-10-16
			apc closed by payment '51	



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.	911831
Rank	Private
Name	Ernest Edwards
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	196th., (W.U.) Overseas Battalion, C.E.F.
Date of Discharge	October 18 th 1916
Place of Discharge	Camp Hughes, Manitoba, Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....36.....years.....8.....months.

Height.....5.....feet.....6³/₄.....inches.

Complexion Dark

Eyes Brown

Hair Dark Brown

Trade Clerk

Intended place of residence } 952, Harnby Street

(To be given as fully as practicable.) } Vancouver, B. C.,

Descriptive Marks

1 Vac. R.

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

Being Medically Unfit

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

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

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

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

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

*noted g.l.b.
2-1-16*

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).....Camp Hughes, Manitoba

.....
.....

(Date).....October 18th 1916

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).....Camp Hughes, Manitoba

.....
.....

(Signature of Soldier.)

(Date).....October 18th 1916

.....
.....

(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).....Camp Hughes, Manitoba

(Signature)

(Date).....October 18th 1916

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.)

Ernest Edwards

No Reservations

List of Discharge Documents.

<p>✓ Reg. Conduct Sheet, Militia form B. 263.</p> <p>✓ Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>✓ Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>✓ Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">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>
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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.

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

1. Station. *Camp Hughes, Man.* 8. General remarks on his: —
2. Regiment or Corps. *196th Bn., C. E. F.* (a) Conduct. *Good*
3. Regimental No. and Rank. *911831 Sgt.* (b) Habits. *Good* DEPT. OF MILITIA & DEFENCE
 NOV - 5 1916
6798-1145
4. Name. *Edwards, Ernest.* (c) Temperance. *Two years ago a heavy drinker of Absinthe*
5. Age last Birthday. *36* (For this purpose the Company defaulters sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *26th April, 1916*
 at *Vancouver, B. C.*
7. Former Trade or Occupation. *Clerk.* Date. *Sept 12/16*

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.
<i>196th Bn. C. E. F.</i>	<i>26th April. 1916</i>	<i>21st Sept. 1916</i>

10. (a) Disease or disability. *mental delusions & hallucinations*
- (b) Date of origin. *Two years ago*
- (c) Place of origin. *San Francisco*
- (d) Cause. *Drink*

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

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

2
noted G.L.B. 5-11-16.

MEDICAL HISTORY OF AN INVALID

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

No

(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 applicable

(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 applicable

14. Treatment

None

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

No

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

Two years

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

1/2

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

Yes

H. Walker, Capt.
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 but not applicable from a military point

0%

19. Is he unfit for Military Service. Yes

20. Recommendations :

Discharge from service as medically unfit

Signatures :—

J. M. Manton President.
Capt

Station. *Camp Hughes* *H. L. Hoppinger* Members.
Date. *17. Oct. 1916* *Sept Edinger*

D. L. Lichtenhead
Capt A. M. C.

Date. *Wm. Simpson* Assc. Director of Medical Services. Colonel
Approved. *A. D. M. S. Camp Hughes.*

Date. *?* Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD
MEDICAL HISTORY OF AN INVALID.

1. Station. *Camp Hughes.*
2. Regiment or Corps. *196th Btn C.E.F.* (a) Conduct. *good*
3. Regimental No. and Rank. *911831 Sgt.* (b) Habits. *good*
4. Name. *Edwards Ernest.* (c) Temperance. *Two years ago a heavy drinker of alcohol*
5. Age last Birthday. *36* (For this purpose the Company/defaulters sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *26th day April 1916*
- at *Vancouver B.C.*
7. Former Trade or Occupation. *Clerk.* Date. *Sept 22/16*

DEPT. MILITIA & DEFENCE
 OCT 25 1916
 649-E-1143
 CANADA

9. Service.	Years.	Days.	PERIODS.	
			FROM.	TO.
			<i>196th Btn C.E.F.</i>	<i>26th Apr 1916</i>

10. (a) Disease or disability. *Mental delusions & Hallucination*
- (b) Date of origin. *Two years ago*
- (c) Place of origin. *San Francisco*
- (d) Cause. *Drink*

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

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

*noted by 6/6
 3-11-16*

1937

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

No.

~~Answer to right~~

(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 applicable

(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 applicable

14. Treatment

None

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

No

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

Two years

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

1/2

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

yes

Archie Ross Capt
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 but not applicable from a military point 0%

19. Is he unfit for Military Service. Yes

20. Recommendations :

Discharge from service as medically unfit

Signatures :—

John Portlow
Capt President.

Station. *Camp Hughes*
Date. *17. Oct. 1916*

W. H. ...
Capt. Members.
D. B. Aikenhead
Capt. A.M.S.

Date. *W. H. Simpson*
Assc. Director of Medical Services.

Approved. *28th / 16*
Date. *Dean of Cannon*
Director-General of Medical Services.

h

M

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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.

Militta Form B: 227.
 100 m-2-16.
 H. G. 1772-89-117.

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.