DISCHARGE DOCUMENTS

R. O. No. 69414

H. Q. No.

Name Evers. Albert Henry

Regt. No. 651802 Rank Pte.

Corps No 1. Spel service Coy. 160th O/S Bn.

Med. unfit

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2
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	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	2
Last Pay Certificate	1

M.F.W. 67-2
" " " 82-1
Pe-1

7-30
4-30
12-30

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

Original 651802

MEDICAL HISTORY SHEET.

Surname: Evers *Christian Name* Albert Henry

Examined { on ... day of Feb 1916 / at Paisley, Ont.

Birthplace { City or Town Port Elgin / County Bruce, Ont.

Apparent age 20

Trade or occupation Electrician

Height 5 Feet 4 Inches.

Weight 115 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 35 inches.

Physical development fair

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number 1

When Vaccinated last at age of 6

(a) Marks indicating congenital peculiarities or previous disease

Ichthyosis

(b) Slight defects but not sufficient to cause rejection

Stooped shoulders

Approved by A H Veitch

Rank Captain 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.
June 1/16	Pos.	A H Veitch M.O.
		M.O.
		M.O.

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

Enlisted on 21st *day of* Feb 1916 *at* Paisley, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment 160th O. S. Battalion, C. E. F.		651802		
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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Surname..... Christian Name.....

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				

Original

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.....160th O.S. B'N. C.E.F.

(2) Regimental Number ...651802

(3) Full Name of Soldier.....EVERS, Albert Henry

(4) Place of Birth.....Port Elgin, Ont., Can.

(5) Are you married, or not ? .....Yes

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

(b) Present Postal Address.....Wiarton, Ont., Can.

(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.....

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Henry W. Evers, Port Elgin, Ont., Can.

(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? Yes

If so, in what Company? Merchants Casualty and London Life.

Have you made arrangements for payment of your Insurance premium Yes

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

C. Weir Lt.Col.

Officer Commanding.

Date May 25th, 1916.

160th Os. Battalion.C.E.F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 651802 Rank Private Name A.H.Evers.

Corps No.1 S.S.Co. C.E.F. who was* Discharged.

On Nov 30/16 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from November 1 1916, to Nov 30 1916, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. 15766	7.	00	Regt'l Pay 30 days at $ 1 c	30.	00
Advances by Cheques No.			Field Allow. 30 days at $ c 10	3.	00
Assigned Pay No. 90	15.	00	Other Allowances* clothing	13.	00
Other Charges* MFD 801 Paymaster observation.	.02				
Payment on transfer or discharge No. MFC 512 349	22.	93	Other Credits*		
	1	05			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	46.	00	Total	46.	00

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has Been (‡) been paid on account of Assigned Pay for the month of November 191... to (Assignee) Mrs Viola Evers Wiarton Ont.

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 21-2-1916

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

(3) cause of discharge and authority I/D-30-E-35 d 29/11/16

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Weekly returns for week ending Dec 2/16

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

Date Nov 30/16

Place London Ont.

F. Tawney Major for Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. E. W. 44.

200M.—6-16.
H. Q. 1172-89-903

651802

FORM OF WILL.

I, Albert Henry Evers (Name in full)

Regimental Number 651802 serving in 160th Bn 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

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

absolutely, and my personal estate I bequeath to

Mrs Viola Evers
Wiarton
Ontario

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

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

this 21st day of August A. D. 1916

Albert Henry Evers 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness David Gordon Hogg
Address of Witness Carlsruhe, Ont.
Occupation of Witness Farmer
Signature of Second Witness Boy Sergt Maj A Britton
Address of Witness Flesherton
Occupation of Witness Finisher

M. F. W. 82
300M-5-16.
1772-39-983.

22-5-4940 F

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. 651802

Rank Pte

Name Albert Henry Evers

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

Corps (Squadron, Battery or Company) No1. Special Service Coy

Date of Discharge 30th Nov 1916

Place of Discharge London, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years months.
Height 5 feet 4 inches.
Complexion Fair
Eyes grey
Hair Light Brown.
Trade Electrician
Intended place of residence (To be given as fully as practicable.) 278 Euclid ave Toronto Ont

Descriptive Marks

Ichthyosis

40
15
200
40

2. The above-named man is discharged in consequence of Being Medicalg unfit for further Service

auth. I.D. - 30-E-35. d/29-11-16

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.

Fair.

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.)

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

noted 11.12.16

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... Nil

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) London Ont. F. Tanton, Major.

(Date) 30-11-16 *Commanding* M.I. Sp. Service Co.

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) London Ont. A. H. Evers ..... (*Signature of Soldier.*)

(Date) 30-11-16 John C. Steen ..... (*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 274 days.

Total....years 274 days.

11. **Confirmation of Discharge.**

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

(Place) London Ont.

(Date) 30-11-16

(*Signature*) F. Tanton, Major.

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.)

I have received all just Demands

A M Evans

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
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."

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.

4940

6

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 651802 Rank Pte. Name Evers, Albert Henry

Enlisted (a) 21-2-16 Terms of Service (a) 6 C. E. F. Service reckons from (a) 21-2-16

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) — (Electrician

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				

19/4/16

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

3 S 7

SEPARATION ALLOWANCE

make Comm. B.L.

Name Viola Evers

Address Wiarton Ont.

Relation to Soldier wife, child or mother } wife

Name of Soldier Evers - Albert Henry

Regtl. No. 651802

Rank Pte

#1 S S Co 8/9/16 pmh 9/11/16 WB

Corps ~~160~~th Batt'n

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.

19/4/16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
5m. 6-16.
1772—39—818.

Sheet No. 2.

L. L. Job 4503. Req. 6832.

V. Evers Wife

Name of Soldier Evers A. H.

Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April 8	1916			
May				
June				
July				
Aug.				
Sept.		31 15617	108	108
Oct.		E 18847	20	20
Nov.		H 21675	20	20
Dec.		H 25009	20	20 Dis 30/11/16 pmk 5/12/16 WD
Jan.	1917			
Feb.				
March				Return 20.00 overpaid August
April				
May				9/12/16 Janney.
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				ACCOUNT CLOSED
Jan.	1918			DATE..... PER W
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.					

649-E-106

CARD NO. ✓

SURNAME. Evers

CHRISTIAN NAMES Albert Henry

FOLL. S.O.S. Dis. 30-11-16. I X

REGL. No. 651802 RANK Pte.

UNIT ~~160th~~ Special Service Co. with 160th Batt.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL ~~Evers, H.W.~~ Evers, Mrs Viola

RELATIONSHIP TO SOLDIER ~~Father~~ Wife

ADDRESS ~~Port Elgin, Ont.~~ Wiarton, Ont.

Auth-H.Q 87-33-5 / 20-6-16.

COUNTRY OF BIRTH Canada, Port Elgin, Ont. DATE Apr. 16th 1896.

PLACE OF ATTESTATION Paisley DATE Feb. 22nd 1916.

Trans from 160th Bn. to Special Service Co. 160th Bn. Auth: M.D. No. 1, N.R. 9/9/16.

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Electrician RELIGION Methodist

DESCRIPTION.

APPARENT AGE 20 YEARS ——— MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Grey HAIR Lt. Brown

DISTINGUISHING MARKS Ichthyosics.

MEDICAL EXAMINATION. PLACE Paisley DATE Feb. 21st. 1916.

Present address:- Paisley, Ont.

REG. NO. 651802 NAME (SURNAME FIRST) Evers A. H.

RANK Pte. CORPS S.S. Co.

AGE 20 SERVICE 7/12

NAME OF HOSPITAL Military PLACE London.

DATE OF ADMISSION 21-9-16

DISEASE Rheumatism

DISCHARGE 3. 10-16

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

No. 651802. RANK Pte. NAME Evers. A. H.

T. O. S. 21-2-16. (DO 48-25-2-16) UNIT 160th Battalion.

M. D. /

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
Feb. 21.	Mar 31.	✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓	A.W.L. 5/7/16 to 17/7/16 Forfeits 3 days' pay	(D.O. 179)
Sept. 1	Sept. 7	M.	Transf to Special Service 7/9/16	(DO 217) of 11/9/16
Sept 8	Sept. 30	✓		
Oct:		✓	Now shown on No. 1 S.S. Co.	Oct. Paylist.
Nov:		✓	5 days C.B.	D.O. 12 of 24-10-16.
			Discharged. M.U. 30-11-16.	D.O. 28 of 30-11-16
			a/c closed by payments	

4940 D

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

Military District No. 1
SEP 7 1916
30. E. 35
I. M. D.

PROCEEDINGS of a * Medical Board.

assembled at London, Ont.

on the 29/8/16

by order of O.A., M.D. No. 1.

for the purpose of examining and reporting on the present condition of No. 657802 Albert Henry Evans, pte. 160

DEPT MILITIA & DEFENCE
NOV -1 1916
649-E-1067
CANADA

PRESIDENT.

Major. D. Smith A.M.C.

MEMBERS.

Capt. T.J. McNally

Capt. W.C. Pratt A.M.C.

The Board having assembled pursuant to order, proceed to examine No. 657802 pte Albert Henry Evans and find him suffering from slight occasional attacks of rheumatism. The Board recommends him fit for service in the Special Service Unit Class "D."

London, Ont.
29/8/16

D. Smith

T.J. McNally

W.C. Pratt

4

M. F. B. 303.
100m.—4-16.
H. Q. 1772—39—133.

Noted 4-11-16

Efficient Service

APPROVED
AUG 30 1916
A.D.M.S. M.D. No. 1.

C.C. Bell. Major

APPROVED

MAY 2 1918

Bcgr H Cannon Capt
for D.G.M.S.

8.97

R. C. NOV 1 1916

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

Military District No. 1
SEP 1 1916
I.M.D. 3 6 35

PROCEEDINGS of a * Medical Board.

assembled at London, Ont.

on the 29/8/16.

by order of O.A., M.D. No. 1.

for the purpose of examining and reporting on the present condition of No. 651802 Pte. Albert Henry Evens

PRESIDENT.

Major. D. Smith A.M.C.

MEMBERS.

Capt. T.J.McNally

Capt. W.C.Pratt A.M.C.

The Board having assembled pursuant to order, proceed to examine No. 651802 Pte. Albert Henry Evens and find him suffering from slight accasional attacks of rheumatism. The Board recommend him fit for service in Special Service Unit Class "D"

London, Ont.
Aug. 29th. 1916.

D. Smith

T.J. McNally
W.C. Pratt

M. F. B. 303.
100m.—4-16.
H. Q. 1772—39—133.

APPROVED
AUG 30 1916
A.D.M.S.M.D.No.1.

Special Service

C.O. Bell. Major

APPROVED

NOV 2 1918

[illegible] Commandant

for

T. J. McNally

4940

E

MEDICAL HISTORY OF AN INVALID.

1. Station. London, Ont.
2. Regiment or Corps. 160th. B'n. S.S.U.
3. Regimental No. and Rank. 651802 Pte.
4. Name. A.H.Evers.
5. Age last Birthday. 20
6. Enlisted on Feb. 21st.1916.
   at Paisley, Ont.
7. Former Trade or Occupation. Electrician. Date. Nov. 23rd.1916.

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

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

MILITIA & DEFENCE
REGISTRY
DEC 16 1916
649-E-1067

9. Service. Years. Days.

	PERIODS. From.	To.
160th. Os. B'n. and S.S.U.	Feb. 21st.1916.	Nov. 23rd.1916.

10. (a) Disease or disability. Rheumatism.
    (b) Date of origin. 15 Years ago.
    (c) Place of origin. Port Elgin, Ont.
    (d) Cause. Unknown.

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

No swelling in any of the joints at the present time but complains that the joints swell and are painful at times. Has some cough at times. Chest measurement. 31-32½" Marked kyphosis Cough at present time is a recent cold.

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.

10

noted GC 11.12.16

E 4940

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

(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 Hospital.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? None.

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. Not more than at time of enlistment.

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

L. Gilbert Capstaff

Medical Officer by whom the case is brought forward.

4940

E

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. Yes.

Recommendations: Discharge on account of frequent attacks, undeveloped chest, and lack of general ability to carry on.

Signatures :—

T. J. McNally Capt. A.M.C. President.

W. C. Pratt Capt. A.M.C.

Members.

L. J. Sebert Capt. A.M.C.

Station. London, Ont.

Date. Nov. 23rd 1916.

Date. 23-11-16

C. C. Ball Major

Asst. Director of Medical Services.

Approved.

Date. 23/12/16

Oscar O. Cameron Capt.

Director-General of Medical Services.

4940

DEC 20 1916

(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.

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Administrative Medical Officer.

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.