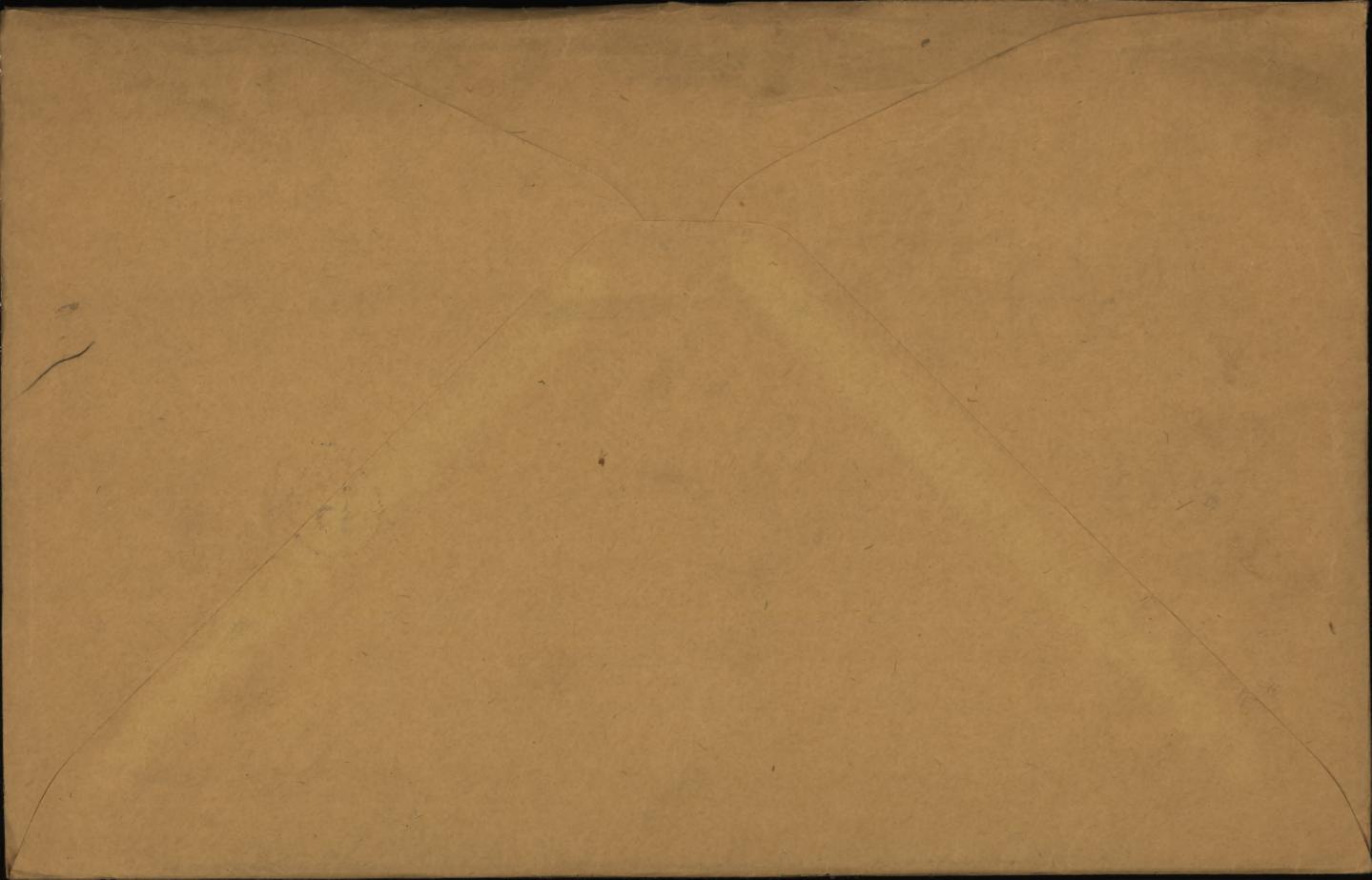
FERGUSSON ZETTA MAE

C.A.M.C. 04881

DEMOB.





To be used (a) for recruits enlisting frect into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 $^{\rm A}$  to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

## MEDICAL HISTORY of

Surname Fergusson Cha	ristian Name_	Jella	ma	R.
Birthplace Parish Tessuals  County Bases	for Field o engagement Issue of St	I.—Boards; n, Inoculation or Foreign Seat, or Prolo urgical Appl eatment, etc.	ns, etc.; Exervice, Execution of iances; Pa	tension, Re- of Service;
(on 8 day of Tel. 1918,	Date	Brief	details, and Sign	ature
Examined at 13 Bornes 5" W.	Jan 1917	gra	cema	luni.
Declared Age 3 vears 3 o 7 days.	11	lu	mul	leni
Trade or Occupation		CM	2 100 0	- T
Height Quice fect two inches.	**************************************	7		r. reign
Weight one funded twent- 1bs.	***************************************		**************************************	
Chest Girth when fully Land Sac inches.  Measurement				
Measurement Range of Expánsion inches.	***************************************		***************************************	
Physical Development 2000			******************************	
Vaccination Marks Arm RIGHT LEFT			***************************************	
When Vaccinated			***************************************	***
$\begin{cases} R.EV = & Z \\ L.EV = & Z \end{cases}$	***************************************			
(a) Marks indicating congenital peculiarities or previous disease—				
- non			23 (21 - 12 - 12 - <del>10 - 10 - 10 - 10 - 10 - 10 - 10 - 1</del>	99
(b) Slight defects but not sufficient to cause rejection—				71
14 / A.//				
Ran't May: C.a. m. C.  Medical Officer.				**************************************
			***************************************	
Enlisted at	TA	BLE IV.—Se		le.
(on	Station or	Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Joined on enlistment Regtl. No.	40-11-00-11-1-00-11-1-00-11-00-11-00-11		***************************************	
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(Signature)	***************************************	***************************************	*************************	***************************************
(Rank)	************************************		**********************	
(100.00)				

## TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

		Admitted to Hospital		Discharged from Hospital			Discase of day	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of		
Hospital	Day	Month	Year	Day	Month	Year			Hospital	out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer	
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Medical Examination up teaving the Service
of an Officer fit for general service or a Soldier fit for duty.
Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.
Rank Name ZETTA MAE Surname FERGUSSON Unit or Corps C. A.MC. (If a soldier) Regtl. No.  Pat Decounts Out on, date 1/4/18% Signature (for identification) 1. 14. Furthern
Unit on Course C. A.M.C., (If a soldier) Port I No
The corps (11 a soldier) Regt. No.
at on, date
Signature (for identification) 1. U. Fullion
The examination is to be made jointly by two Medical Officers.
1. PHYSIQUE—Any deformity, maining or lameness? If so, describe.
Weight
/ 20 lbs.
Height
ftin.
2. NUTRITION AND DIATHESIS?
ford
After searching inquiry and thorough examination is any oridence found of disease with the search of
After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.
3. NERVOUS SYSTEM?
harmal
4. RESPIRATORY SYSTEM ?
Vorusl
5. HEART?
J. HEART!
Abnormal Sounds?
Abnormal Size?
Pulse Rate? Intermittence or irregularity?
6. ARTERIES.—Any hardening?
Two
7. DIGESTIVE SYSTEM?
romal
8. GENITO-URINARY SYSTEM?
varual
Urinalysis-s.g.? 1030 Reaction? Geid Albumen? Sugar? 3
9. SKIN, MIDDLE EAR, EYE
or any other part?
10. Is there any evidence of
impairment of health or
physical condition not mentioned above? If
so, describe.
44 Onimian as to the health
11. Opinion as to the health and physical condition Gend Condition
and physical condition of the one examined?  Gendle Condition disconlined?
No. 18 CANADIAN GENERAL (ONTARIO) HOUSE
Examined at ORPINGTON, KENT, Signed Signed Signed
Date  Signed

Bum by W.O. aut. 392-6-95
Number Rank N/S
Surname FERGUSSON
Christian Name ZEtta. MAE
Units Theatre of War ENGLAND
Date of Service 25/2/18
Remarks his med for wastage in view of above remark
Latest Address address not available
Roll No & Page 4905
200m6-21

CHRISTIAN NAME

REG. No.

UNIT RETIRED OR DISCHARGED FROM

SCHEDULE No.

DATE RECEIVED FROM OTTAWA IMPERIAL DEPOT NO. PLACE OF RETIREMENT OR DISCHARGE

DATE FORWARDED TO OTTAWA

868-D.P.-40M-1-12-19.

DATE RECEIVED FROM REG. DEPOT.

#### CANADIAN ARMY DENTAL CORPS, O.M.F.C.

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London NAME OF SOLDIER (Block Letters) Furgeson L.N. C.AM.C. N/S No. REGIMENT RANK. of Examination in England Jan. 13/19 Date of Examination in France. 10 11 12 13 22 23 24 25 26

#### DIRECTIONS TO DENTAL OFFICERS

- This form will be made out for each individual at the time of Demobilization in England or France.
- Figures as per chart will be used to designate teeth concerned.
- 3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

#### PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS No. 31
- 2. Extractions none
- 3. Crowns none
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper

none

- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

no

(b) In England

no

(c) In France

no

Signature of Dental Officer Capt

### Casualty Form—Active Service.

	Regin	nent or Corps			
Rank		FERGUSSON Ch	ristian Name2		
Religion	Shes		stment 3/2		
Enlisted (a	ı)'		Service reckons		
Date of pr	omotion to present	t rank Date of app	ointment to lance	ank	
Extended	{·······}	De angeded	Qualification (b) or Corps Trade ar	d rate	ne of marked
Occupation	i			Signa	tuge of Officer
	Report	Record of promotions, reductions, transfers, casualtie &c., during active service, as reported on Army Form B.213. Army Form A. 36, or in other official document	s. Place of Casualty	Date of Casualty	Taken Form Army Form 18213, Army Form Arm, or dir Concial
Date	From whom received	The authority to be quoted in each case.			docum ins.
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		Disembarked			101 2/12
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(4) 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

ib Signatler, Shoeing-Smith, &c.

9639 M2733 2000m 9/17 (35611 C. P. S., L. Leut. Leut.

13

	Report	Record of premotions, t ductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form A 36
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## CANADIAN EXPEDITIONARY FORCE

9.1. 2-27. 2.4.2.

# Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)
(Name in full)
Enlisted in Capalles Ame Melicel Corps
CANADIAN EXPEDITIONARY FORCE, on the
day of
in
CANADIAN EXPEDITIONARY FORCE on the day
of
He SERVED in CANADA, and Incland with the Carellen Arm Sedical Core
and was STRUCK OFF THE STRENGTH on the day
of
Dated at Ottawa, this day
of
Also served with the Q.A.I.N.S.,
ud.
Director of Personal Services.

M. F. W. 2618a

30m.-4-19. 1772-39-1428. Sin

# CANADIAN EXPEDITIONARY FORCE Certificate of Service

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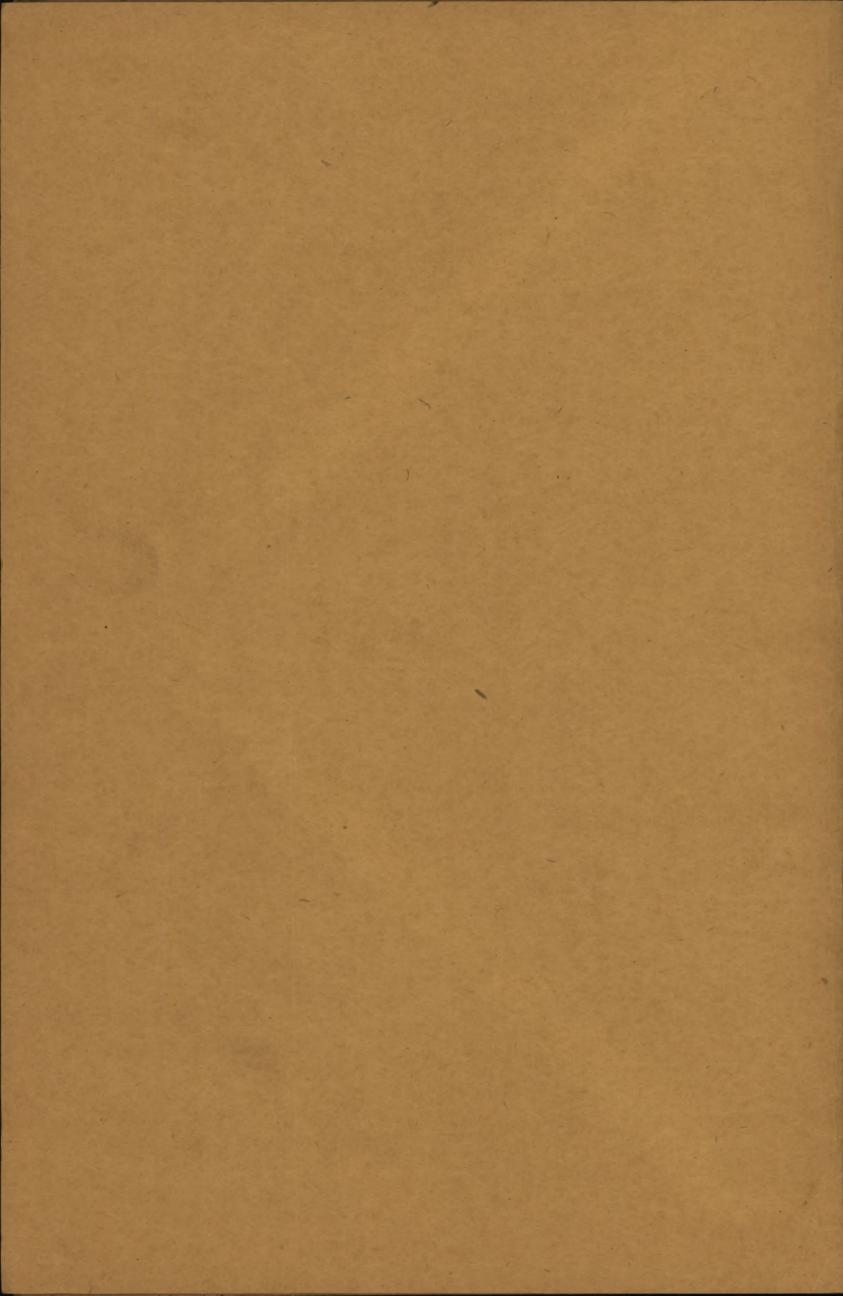
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Fill in only.—Unit, Number, Rank and Name.

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

500м.—9-16 **Н.** Q. 1772-39-920.

#### Temporary.

# Casualty Form—Active Service.

		Unit, Regiment or Corps	C.A.M.C.	•••••	
Regime	ntal No	Rank N/S/ Nan	ne FERGUSON.	Zetta M	ac.
		Terms of Service (a)	- 4		
Date of pre	promotion to sent rank	Date of appointment to lance cank	ent	rical position on lof N. C. Os.	
Extende	ed	Re-engaged.	Qualification (l	o)	
	Report	Rec rd of proportions, reductions, transfers, casualties, etc., during active service,	2		Remarks
Date	From whom received	A. 36, or in other official documes authority to be quoted in each ase	Phace	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
	O.M.F.C.	T.O.S.#2 D.D.	Toronto	20-2-19	Auth.R.0.1766 Pt. 270.0.70
				Q-Y	For LieutColonel, 0.C. No. 2 District Depot.
		S.O.S. on Gen. Demob.	Toronto	17-3-19	Auth.2MD 15-5-F-21 dated 20-3-19 Pt.2 D.0.81
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1,1					O.C. No. 2 District Depo

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,						
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