

card
R.S.
11/5/16

DUPLICATE

ATTESTATION PAPER.

No. 928816

Folio. 6

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *George*
- 1a. What are your Christian names? *Robert*
- 1b. What is your present address? *Strayton, Ont. Can.*
2. In what Town, Township or Parish, and in what Country were you born? *Hatfield, West England*
3. What is the name of your next-of-kin? *Edith May George*
4. What is the address of your next-of-kin? *Strayton, Ont. Can.*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *July 7 1892*
6. What is your Trade or Calling? *Farmer*
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? *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, *Robert George*, 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 *April 18* 191*6*. *Robert George* (Signature of Recruit)
Olinus Inglehart (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert George*, 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 *April 18* 191*6*. *Robert George* (Signature of Recruit)
Olinus Inglehart (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 *Strayton* this *18th* day of *April* 191*6*.

Alfredman P.M. J.P. (Signature of Justice)

Description of Robert George on Enlistment.

Apparent Age 32 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. 8 3/4 ins.

None

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Grey

Hair Black

Religious denominations. { Church of England
 Presbyterian Yes
 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 Apr 18th 1916

Place Wrayton Onto

E. Fair
 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.

..... Robert George 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.

J. J. Craig Lt. Col. (Signature of Officer)
 O. C. 153rd. Bn. C.E.F.

Date April 18th 1916

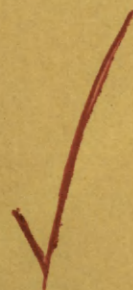
Regt. - 928816.

O. H. M. S.
S. S. M.

GEORGE, Robert.

Unit — 153rd. Cdm. Bn.

Demobilization



405407.



SURNAME.

George.

K1 CARD NO. ✓

CHRISTIAN NAMES

Robert.

S.O.S. 24-5-19
D.O. 148 FOLL. 28-5-19
demol. 7th
10x

REGL. No.

92 8816.

RANK

Pte.

UNIT

153rd.

Br.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

George, Mrs. Edith May.

RELATIONSHIP TO SOLDIER

Wife.

ADD

Rothsay, Ont.

L.S.A.A.P. 23-5-17

COUNTRY OF BIRTH

England, Hatfield, Herts.

DATE

July, 7th, 1892.

PLACE OF ATTESTATION

Drayton, Ont.

DATE

Apr. 18th, 1916.

1/5. 29-4-17. $\frac{810}{7}$.

R/E. 22-5-19 $\frac{329}{52}$ Pte.

From Halifax per SS

"Olympic" 30²⁹/4/17

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

24.

YEARS

-

MONTHS

HEIGHT

5.

FEET

8 3/4.

INCHES

CHEST MEASUREMENT

36 1/2.

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark.

EYES

Grey.

HAIR

Black.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Drayton, Ont.

DATE

Apr. 18th. 1916.

Present Address. Drayton, Ont.

No. 928816 RANK *Plt*

NAME *George Robert*

T. O. S. 18-4-16
S. O. 98922-4-16

UNIT *158th Battalion C. E. F.*

M. D. /

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Apr. 18</i>	<i>May 31</i>	<input checked="" type="checkbox"/>		
	<i>June</i>	<input checked="" type="checkbox"/>		
	<i>July</i>	<input checked="" type="checkbox"/>		
	<i>Aug.</i>	<input checked="" type="checkbox"/>		
	<i>Sept.</i>	<input checked="" type="checkbox"/>		
	<i>Oct.</i>	<input checked="" type="checkbox"/>		
	<i>Nov.</i>	<input checked="" type="checkbox"/>		
	<i>Dec.</i>	<input checked="" type="checkbox"/>		
	<i>1917</i>			
<i>Jan. 1</i>	<i>Jan. 31</i>	<input checked="" type="checkbox"/>		
	<i>Feb.</i>	<input checked="" type="checkbox"/>		
	<i>Mar.</i>	<input checked="" type="checkbox"/>		
	<i>Apr.</i>	<input checked="" type="checkbox"/>		



REG. NO.

928816

NAME

George R.

(SURNAME FIRST)

RANK

Pte.

CORPS

153 Batt.

AGE

24.

SERVICE

5/12

NAME OF HOSPITAL

Military

PLACE

London

DATE OF ADMISSION

14-9-16

22 1 17

DISEASE

Pleurisy

Rheumatism

DISCHARGE

27. 9. 16

8 2 17

OPERATION

DISCHARGED TO DUTY

Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Blank lined area for writing remarks, consisting of multiple horizontal lines.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L. No.

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

4229

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 123

58 bas. bl. Stat

22-1-18

Mental "Q"

A 123

His ch. to duty

22-1-18

" " (H. O. Reg)

a 462¹

6 Cav fld ambul.

10-3-19

Corezza

a 463¹

Ruschi

14-3-19

"

4229

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GEORGE.

R.

928816.



RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

W.O.18.

DATE OF ADMISSION

58.CCS.

22.1.18.

1. *C. F. Amb.*

HOSP. *10.3.19.*

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

Dental Q.R.

1. *Coryza. fr.*

2.

3.

DISPOSITION

CL 26.1.18.A123. Dis To Duty 22.1.18.

DATE

19.3.19 a. 4621
20.3.19. A463

REMARKS
Disc. 14.3.19

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GEORGE R
 REGIMENT 18th Bn W.O.R. RANK Pte No. 928816

Date of Examination in England 7/4/19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. 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.

1737



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3
2. EXTRACTIONS 15 17 18 29
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower 17 18 19 29 30

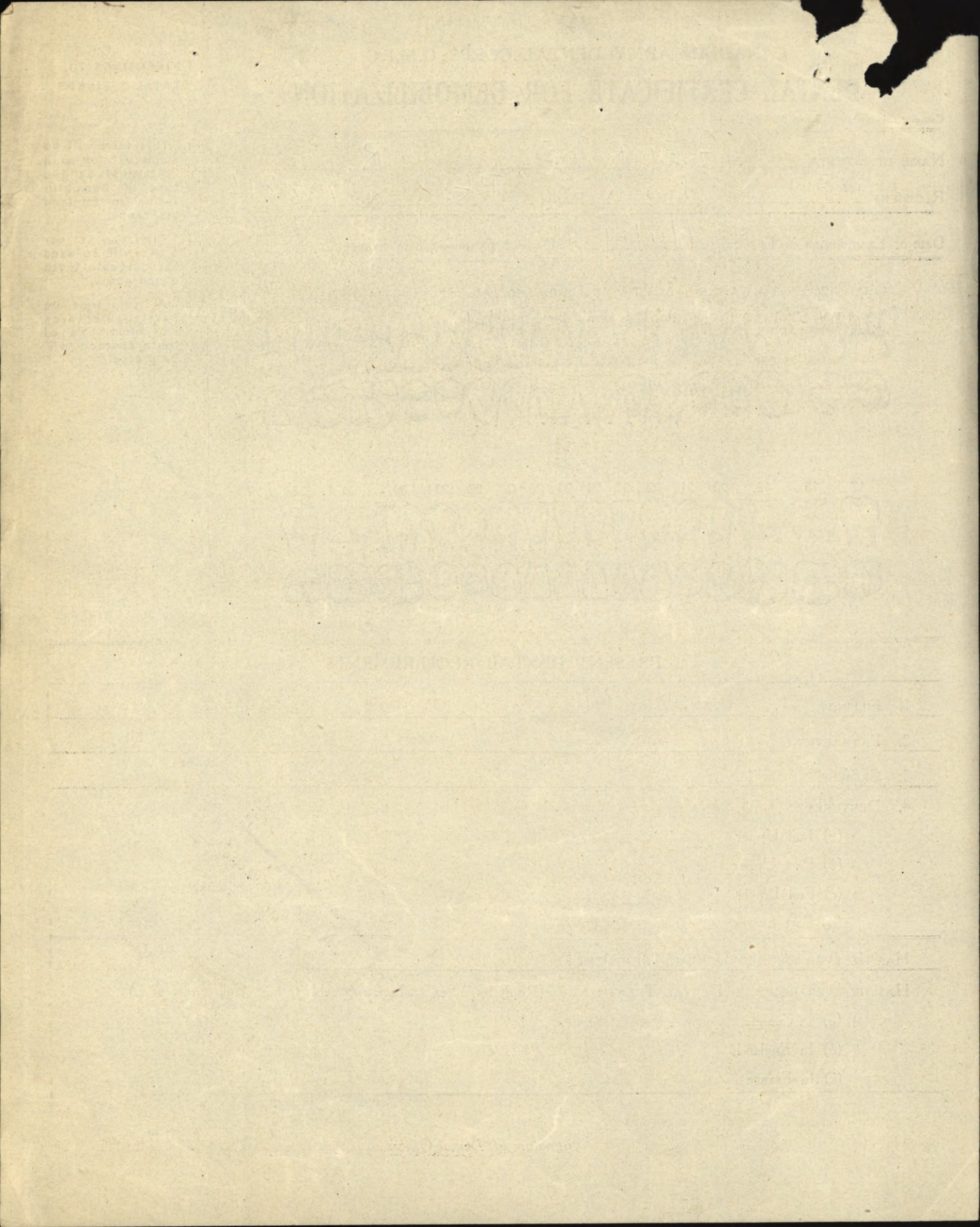
CONTENTS COPIED
 C.A.D.C., M.D. No. 1

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer AR Hynes capt



4229
CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "A" No. _____

THIS IS TO CERTIFY that No. 928816 (Rank) Pte

Name (in full) Robert George enlisted in
the 153rd Can. Bn.

CANADIAN EXPEDITIONARY FORCE at Drayton on the 18th
day of April 1916

HE served in England and France 18th Battery

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 26 years
Height 5' 8 3/4"
Complexion Dark
Eyes Grey
Hair Black

Marks or Scars
Nil

Signature of Soldier.

M. W. Macgregor
Issuing Officer.

Date of Discharge

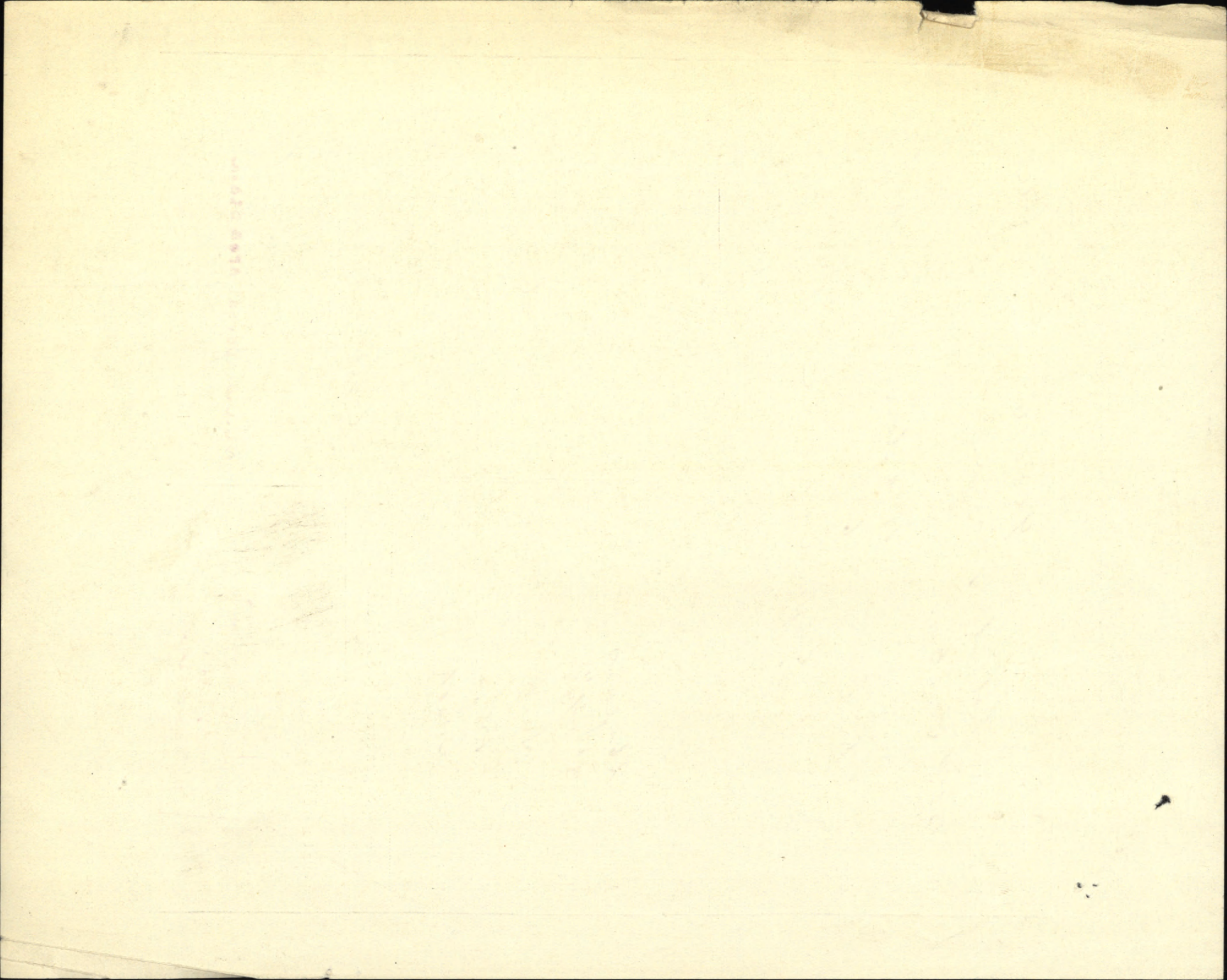
Pte

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

M.C. Dispersal Area Sta. N.
Rank

Date _____ 19____

NB.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.



4229

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 153rd Battalion C.E.F.

Regimental No. 928816 Rank Pte Name George Robert
C. E. F.

Enlisted (a) 18-4-16 Terms of Service (a) W. N. Service reckons from (a) 18-4-16

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) Fanner

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				
<p>TOS No 1 Dist. Depot Displ. Stn. K 13-5-19 SOS Dispersed 24 5. 9 D.O., No. 143 <i>W. W. Macguyr St.</i> by G.S. Dispersal Area Sta. K.</p>					

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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

4220

W.S.B. CLASS. "A"

Casualty Form—Active Service.

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

25041.—1.16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 15^{3rd} Battalion, C.E.F.

Regimental No. 928816 Rank Pte Name Robert George

Enlisted (a) 18-4-16 Terms of Service (a) Duration of War Service reckons from (a) 18-4-16

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) Barmer

Report Date	From whom received	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.
		Embarked—Canada	Halifax	28.4.17	H. M. L. Olympic
		Disembarked—England	Hiverpool	7.5.17	
		Entered segregation camp	Bramshott	7.5.17	
6-6-17	25th. Res.	Taken on strength	Bramshott	7-6-17	Pro R Collins Capt. & Camp Adj't. Segregation Camp, Bramshott Part 11 D.O. 15-17
14-12-17	25th Res.	Struck off strength to 15th Bn	Bramshott	14-12-17	Part 11 D.O. 15-17
15-12-17	2 Can I.B. Dep.	Arr from 25 Can Res Bn. Eng. & T.O.S 18 Can Bn.	2 Can I.B.D. ETAPLES	15.12.17	Nom Roll Pt II Ord 93 d-19.12.17 (also No. 2, of 14.5.18)

CERTIFIED CORRECT. 20 DEC 1917

OVER

(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.

4229

928816

Pte.

GEORGE

R.



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				
18-12-17	C.G.R.C.	Arr at Can Corps Reinf Camp		18.12.17	Nom Roll
22-1-18	58 C.C.S.	Dental. Adm. 58 C.C.S.		22-1-18	A. 36. (Bat. C. 9681)
do	do	do Dischgd. to duty, C.C.R. Camp.		22-1-18	do do
2-2-18	C.C.R.C.	On roll of Can Corps Reinf Camp		2.2.18	Nom Roll
22-3-18	do	Despatched to 18th Can. Bn.		22-3-18	do
30-3-18	18 Bn.	Joined 18th Can. Bn. In the Fld.		22-3-18	B. 213.
1-2-19	18 Bn.	Granted 14 days Leave to U.K.		28-1-19	B. 213 Part II 16/1919.
22/2/19	do.	Rejoined from leave		15/2/19	B. 213.
10/3/19	6 to 7. A. Longza?	Adm. 6 to 7. A.		10/3/19	N. 9886
14/3/19	do	do to duty.		14/3/19	P. 398.
- 4 AVR 1919	Cdn. Embkn. Camp	Proceeded To England		- 4 AVR 1919	

PW in a

Proceeded To England
~~28~~
~~10~~ 13
 45.19
 WITNES

S.S. CARONIA
 Sailed L'pool 14-5-19
 110.

H. Barodius
 in

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Edith George

Wife.
PAYMENTS.

Name of Soldier

George Robert

Pls.

928816

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		W 1702	20	28
June		J 350	20	20
July		J 1053	20	W
Aug.		T 12548	20	20
Sept.		W 15791	20	20
Oct.		R 19352	20	20
Nov.		V 22618	20	20
Dec.		V 25390	20	20
Jan.	1917	X 28532	20	20
Feb.		* 31535	20	20
March		X 34838	20	20
April		X 916	20	20
May		X 4292	20	20
June		D 5538	20	20
July		G 11576	20	20
Aug.		J 13789	20	R
Sept.		H 17585	20	B
Oct.		M 20352	20	4A
Nov.		Q 13968	20	B
Dec.		E 27449	20	K
Jan.	1918		408	
Feb.				
March				
April				
May				
June				
July				

↑ 266

10 B.

Rothsray out

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.				

Exp. Rolt H. George
105th
105th Coy
Sherto sent to Eng
8.9.16 Gibson

SEPARATION ALLOWANCE

Name Edith George. Name of Soldier George Robert.
 Address ~~Drayton.~~ Regtl. No. 928816.
Rothsay Ont. Rank Pte.
 Relation to Soldier } Wife. Corps 153rd Btu
 wife, child or mother } 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				



Handwritten notes in the center of the page, including a circled 'a' and a star symbol.

Handwritten notes in the lower center of the page, including a vertical line and a small red mark.

Handwritten notes at the bottom center of the page.



SEPARATION ALLOWANCE

Name

E. M. George

Name of Soldier

George R.

Address

~~*Drayton*~~
Rothsay out

Regtl. No.

9288160

Rank

Pte

Corps

153 Batta

Relation to Soldier

wife, child or mother

Rate 1500

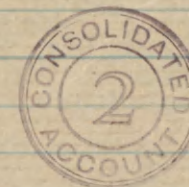
To what Corps belonging

when called out

MAY 1- 1917

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				



1 - 23

1 - 23
1 - 23
1 - 23
1 - 23

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *E. M. George*
(Assignee)

Name of Soldier *George R.*

PAYMENTS. *(wife)*

Pte 928816

153/Bath

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Am ^t .	Remarks.
				<i>1500</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>Z 13708</i>	<i>15</i>	
June		<i>W 19272</i>	<i>15</i>	<i>Rothsay ent. 6-6-17 J.S.L.</i>
July		<i>N 22074</i>	<i>15</i>	<i>B.</i>
Aug.		<i>N 29359</i>	<i>15</i>	<i>Lu</i>
Sept.		<i>T 36129</i>	<i>15</i>	<i>5</i>
Oct.		<i>Y 41838</i>	<i>15</i>	<i>5</i>
Nov.		<i>Z 47943</i>	<i>15</i>	
Dec.		<i>A 47593</i>	<i>15</i>	
Jan.	1918			<i>120</i>
Feb.				
March				
April				
May				
June				
July				

MAY 1- 1917

NAL

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

23

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..... 153rd. Battalion C.E.F.

(2) Regimental Number 942.316

(3) Full Name of Soldier..... Robert George

(4) Place of Birth..... Hatfield Herts
 England

(5) Are you married, or not? yes

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

(b) Present Postal Address..... Drayton Ont.

(7) Are you a widower? no

(8) Have you any children? yes

If so, give number of boys and girls..... one Girl

Also their names and ages..... Gladis Viola George 1 yr.

(9) Is your Father alive?..... **no**

If so, state name and address

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

If so, state name and address... **Mrs. Harry Oakes**

..... **Drayton Ont.**

(11) If your Mother is a widow..... **no**

Are you her sole support, or not?..... **no**

(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.

..... **X**

(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.

..... **X**

(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.

W. J. ...
..... **Major**

O. C. 153rd Battalion, C. E. F.

Date **May 20th. /16**

H.22.9

EYE, EAR, NOSE AND THROAT CLINIC

Witley Camp, Surrey.
Date 19-11 1919.

Reg No. 925816 Rank Pvt Name George
Unit 18th Pw

WITHOUT GLASSES.

WITH GLASSES.
(As per prescription below)

Visual acuity Rt. 6/6 with
Visual acuity Lt. 4/6 with

SPH. CYL. AXIS.

Category recommended is.

Glasses not ordered.

Original disease or injury Nil abnormal

Date of origin.

Place of origin.

Cause.

Present disability.

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS.....
BEEN CAUSED BY SERVICE HAS..... BEEN AGGRAVATED BY SERVICE.

J. Macmillan
Captain, J.A.M.C.
Eye and Ear Specialist.
Witley Camp Surrey.



Faint, illegible text at the top of the page, possibly a header or title.

Faint, illegible text in the upper left quadrant.

Faint, illegible text in the middle left quadrant.

Faint, illegible text in the middle right quadrant.

Faint, illegible text in the lower middle right quadrant.

Faint, illegible text in the lower left quadrant.

Faint, illegible text in the bottom left quadrant.

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NUMBER 928816

RANK A/E

NAME GEORGE

Robert

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919		67 10			16 79			30	122 71		
Jan	P. P	34 10		G. A. P				15	162 12		
		101 20			16 79			45			
Feb	✓	30 80		AR 1642 16/12/18 18Bw	16 49						
				✓ 1712 24/12 ✓	17 30						
				✓ 2523 12-1-19 ✓	3 377						
				✓ 26935 27-1-19 461B	5 9733						
				✓ 3224 27-1-19 ✓	7 373						
				✓ 5188 26-1-19 18Bw	7 373						
				G. A. P				15			
				AR 4132 24-2-19 ✓	19 373						
Mar	✓	34 10		G. A. P				15			
				✓ 5257 14-3-19	20 365						
				✓ 5485 19-3-19	27 365				69 64		
		64 90			127 38			30			
Apr		33		OS				15	87 64		
				RA. 217 10-4-19. Plving 1.	7 300				14 48		
				✓ 1548 38-4-19 (End) ✓ 6	973						
				✓ 2703 9-5-19 (End) ✓ 8	973				482		
		33			9246			15			
June				24005 JOR. 10-1-19	16				498		

505 to ban 15/5/19 sh 60 00 R

69 64
 33
 102 64
 97 15
 102 16
 88 16
 1448

DEPARTMENT OF VÉTÉRANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE Jan 20, 1978

NAME George R
NOM

Service No. 928 816
Matricule N°

CPC No. 1343623
CCP N°

WVA No.
AAC N°

Information Received from:
Information reçue de:

W. Mac Gillivray Pratt Barrister & Solicitor

Date of Death 30-11-77
Date du Décès

Place n/s
Endroit

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
L. Laverge
for Chief, Central Registry Division.
Dépôt central des dossiers.

1860

1861

1862

1863

1864

1865

1866

1867

1868

1869

Group 23

D.A. *11*
U.G. *1*
M

WAR SERVICE BADGE.

SHORT FORM.

CLASS "A" No. 261556

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	928816	
2. Rank.	Pte	
3. Name.	GEORGE Robert.	
4. Unit.	18th Battalion Canadians.	
5. Date of Discharge	MAY 24 1919	Place LONDON, ONT London Ont
6. Reason for Discharge	DEMORILIZATION Demobilization	
7. Authority.	RO 1894	
8. Proposed Residence after Discharge	S.P.O. Rothsay Ontario	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?</p> <p style="text-align: right;"><i>R George</i> Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place LONDON, ONT.</p> <p>Date MAY 24 1919</p> <p>Signature <i>W. W. Mahon</i> (O. C. Discharging Unit.)</p>	

H

30-1-53
AS

1. ...
2. ...
3. ...
4. ...
5. ...
6. ...
7. ...
8. ...
9. ...
10. ...

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (M.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44)
(enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *plus*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *12*

Date..... *6-5-19*

Group 23

Original
THIS FORM WILL BE USED FOR ALL RANKS

4229

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 21 9-4-19

1. 1 (a) Unit. 18th Can Bn WOP (b) Regimental No. 928816 (c) Rank Pte

(d) Surname GEORGE (e) Christian name Robert

(f) Home address Rothway Drayton Ontario

(g) Next of Kin Mrs E M George (h) Relationship Wife

(i) Address of Next of Kin Drayton Ontario

2. Age last birthday 26 years Date of birth 7-7-1892

3. Enlistment, or Appointment (if an Officer) (a) Place Drayton Ont (b) Date 18-4-16

4. Personal description:

(a) Height 5' 8 3/4" (b) Weight 148 wt (stripped) (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	355

	PERIODS	
	From	To
Canada	18-4-16	28-4-17
England	7-5-17	15-12-17
France or other theatres of War	15-12-17	4-4-19

7. Original disease, or injury VARICOCELE - LEFT

(a) Date of origin Unknown to patient (b) Place of origin Canada

(c) Cause Unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Varicella Left

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Examination - Large mass of veins left side of scrotum. Large esp. ring.

Saphenous - Pains left side of scrotum only when jumping or strenuous exercise.

Rt. eye 16 1/2 Ear normal

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System No Cardio-Vascular System No Genito-Urinary System No
- Special Senses No Respiratory System No Integumentary System No
- Disturbances of Mentality No Digestive System No Muscular System No
- Osseous and Joint Systems No Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Has been to France 2 1/2 years with 18th B^{de}. Not wounded or gassed.

States - he had slight varicella when he enlisted but it is much worse now. Noting on M.H.S. Boarded 11.5.17 from left varicella An

29

4229

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Influenza - 1919 France
Bunions - 14.9.17 London Cont.
Arteriosclerosis 22.1.17 - "

(c) (Here give a description of wounds, scars and deformities.)

11.—(a) Did the disabling condition have its origin before enlistment? *Yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes - States had slight bunions left of enlistment (Nothing on M.H.S.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) *No* (b) *No*

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Permanent (unless operated)*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *Yes*
(If the answer is "yes" state nature of treatment required and probable duration)

Operation would likely be of material benefit.

16. Can the former trade or occupation be resumed? *Yes*
(If not, briefly state why)

17. Recommendations

[Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

928816 R. George
I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

[Blank lines for additional complaints]

[Signature] Rank. *R. George*
Signature of invalid examined.

4229

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

yes a

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Marked Paricerech Surgical Three wks duration

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

R.V.C. Auth A.G. Feb 9083 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

Witley

Wm Ecclestone President
H.H. Mackenzie

DATE

21/4/19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned Robert George understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness

H.H. Mackenzie

Signed

R. George Pte

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

Witley

Wm Ecclestone President
H.H. Mackenzie

DATE

21/4/19

Members

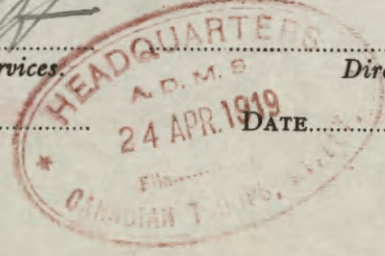
APPROVED BY

[Signature] Assistant Director of Medical Services

APPROVED BY

Director-General of Medical Services

DATE



1 PM 10-Ge-45 ✓
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

202

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *M.*

REGT. NO. *928816* RANK *Pvt* NAME (IN FULL) *GEORGE Robert.* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *153 Bn* IF IN P.F. WHAT UNIT? *P.O. Rottisay Ont.*

PLACE OF ATTESTATION *FOSS #1* TRANSFERRED TO *FOSS #1* DATE *13-5-19* AUTHORITY *200148*

DATE OF ATTESTATION *18-4-16* TRANSFERRED TO *FOSS #1* DATE *13-5-19* AUTHORITY *200148*

ASSIGNED PAY \$ *15-XX* DATE EFFECTIVE *Paid and Closed by Ottawa 31 5/79*

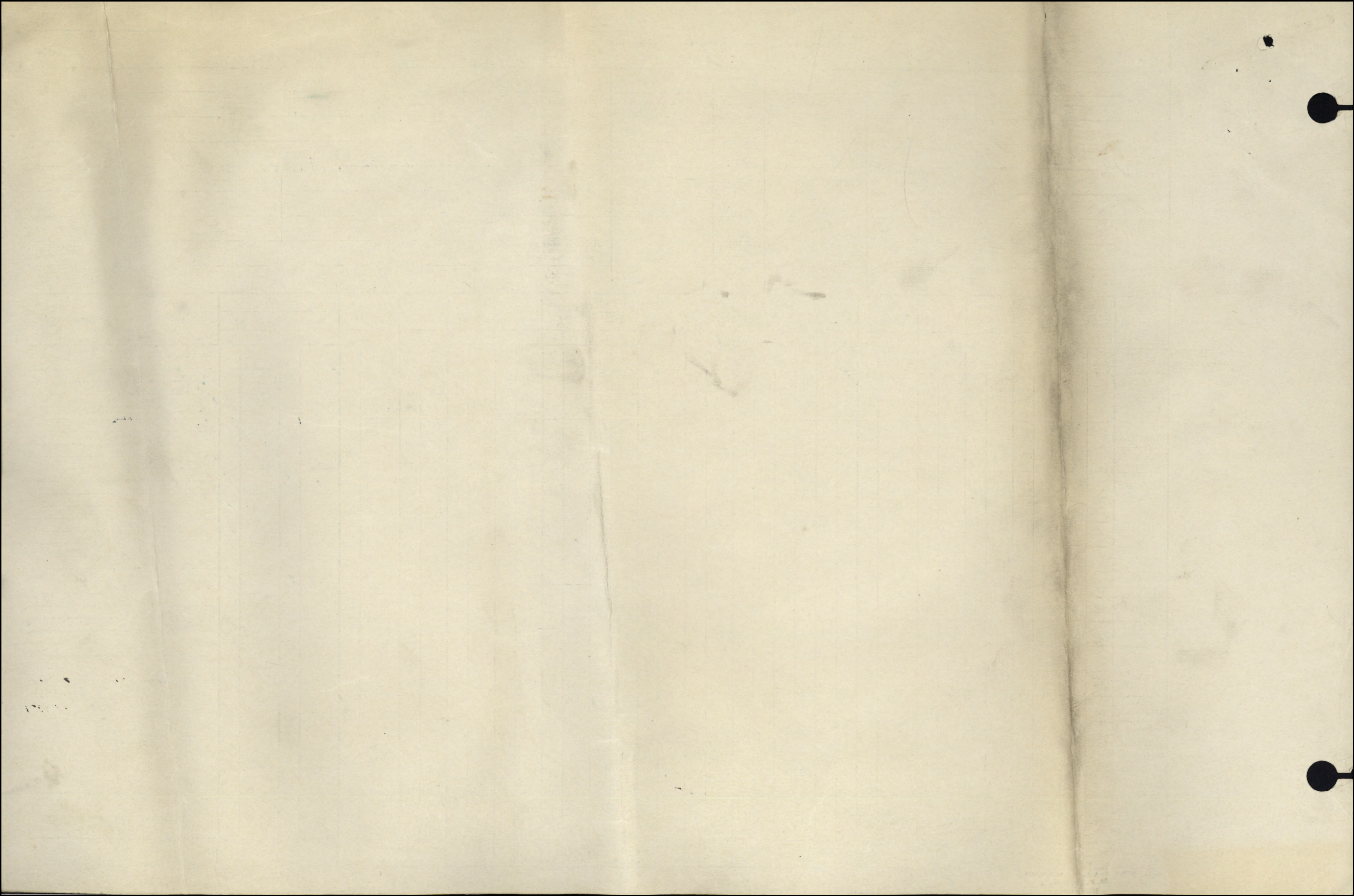
RAYABLE TO *Mrs E.M. George* RELATIONSHIP *W.* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Pathway Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Loudon* PLACE *Loudon* DATE *24-5-19* REASON *Dem* AUTHORITY *200148* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT		CREDIT
																								<i>Per Lt Saronia 21 5/79</i>
<i>30-4-19</i>						<i>14 48</i>																		<i>BAL. ENG L.P.C. 30-4-19</i>
<i>19-29-19</i>	<i>29</i>	<i>1 10</i>	<i>31 90</i>	<i>35</i>	<i>70</i>	<i>136 90</i>				<i>329 71</i>	<i>4 87</i>	<i>5</i>	<i>107 04</i>	<i>15</i>			<i>19 47</i>			<i>15 38</i>				<i>PAY TO EXPIRED DATE OF DISCHARGE</i>
																								<i>29 5/79</i>
																								<i>29 5/79</i>
																								<i>BOAT MONEY, TRAIN MONEY</i>
																								<i>923 adu P.C.C. 28-4-19</i>
																								<i>924 adu 9-5-19</i>
																								<i>WAR SERVICE GRATUITY</i>
																								<i>WRMottinot Man</i>
																								<i>Soldier Dependent 1st Payment 418 5 as above</i>
																								<i>1st Payment 418 5 as above</i>
																								<i>La</i>
																								<i>Overpaid in May</i>
																								<i>25/6/19 246 46 1/2</i>
																								<i>Chg to adjust to date of discharge 5 days @ 1 10</i>
																								<i>25/6/19 246 46 2-3</i>
																								<i>18/7/19 0 9685-6</i>
																								<i>27/8/19 12736-7</i>
																								<i>SEP 20 1919 1169917-8</i>
																								<i>DCT 20 1919 1179035-6</i>
																								<i>1150 ✓ 600 ✓</i>



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

G

2097

May 1/917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<i>20</i>	<i>25⁰⁰ 1/12/17</i>	<i>30⁰⁰ 1-9-18</i>
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P.L. 325 PC2753 MD 57635

RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *928816*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *# P. George*
 Battalion *153 Batta*
 Beneficiary *Edith George*
 Relationship *wife*
 Address *Man 217-18*

PARTICULARS OF ASSIGNMENT

Name *E. M. George (Wife)*
 Address *Rothsall Cent*
 Change of Address

- 1
- 2
- 3
- 4

MAN 2554 ket'd OK. 23-11-18: P. Mch

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31 1918</i>		<i>408</i>	<i>120</i>	<i>528</i>	
<i>Jan.</i>	<i>A 59622</i>	<i>30</i>	<i>15</i>	<i>45</i>	<i>9</i>
<i>Feb.</i>	<i>399758</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Mar</i>	<i>H 199522</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Apr.</i>	<i>4 16691</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>May.</i>	<i>S 15953</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>✓</i>
<i>June</i>	<i>M 26295</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>July</i>	<i>M 33704</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Aug</i>	<i>O 34478</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Sept</i>	<i>D 44716</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Oct.</i>	<i>U 52708</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Nov</i>	<i>N 61486</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Dec 1918</i>	<i>N 66810</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Jan 1919</i>	<i>T 72138</i>	<i>30</i>	<i>15</i>	<i>45</i>	<i>6</i>
<i>FEB</i>	<i>Y 76099</i>	<i>30</i>	<i>15</i>	<i>45</i>	<i>L</i>
<i>MAR</i>	<i>h 88531</i>	<i>30</i>	<i>15</i>	<i>45</i>	
<i>Apr</i>	<i>Q 2610</i>	<i>30</i>	<i>15</i>	<i>45</i>	<i>L</i>
<i>May</i>	<i>N 8433</i>	<i>30</i>	<i>15</i>	<i>45</i>	
		<i>383</i>	<i>375</i>		

06818 R. 17

Mr. 113709 send. 25/19

M. F. W. 128
4004-637-1772-33-1141
L. L. 2320-M. & D. 7398.

A/c Closed 31. 5. 19
Ret'd per [Signature]
 Date *25/19*
 Clerk *[Signature]*
 Clerk *[Signature]*

AUDITED.



EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 928816 Rank PLC Name George, Robt. 11-5-1917
 Local Unit 153 Bn Overseas Unit _____ Age 27

Examination held in Bramshott area.

DISABILITY. Variocell

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

*A slight condition left side, of no account and
 giving no trouble. A slight varicose vein P. Leg.
 There is a slight enlargement of the heart, excellent
 condition of muscle and otherwise normal.*

Board recommends: A II

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Members { C. Cooper Cole Pres.
W. H. Jackson Capt.

Approved.

Bramshott 11-5- 191 7 Goodman Capt. C.M.C.,
 for A.D.M.S. and G.O.C.,
 Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT

191

No. _____ Rank _____
Local Unit _____ Overseas Unit _____
Age _____

Examination held in Bramshott area.

DISABILITY

Overseas—Local
Discharge one out

PRESENT CONDITION

- 1. Fit for duty
- 2. Fit for duty and weeks physical training
- 3. Fit for Base duty weeks
- 4. Fit for Permanent Base Duty

2. Discharge

Signature

Pres

Members

Approved

Bramshott

for A.D.M.S. and G.O.C.
General in Charge, Bramshott

4229

ORIGINAL

928816.

MEDICAL HISTORY SHEET. ORIGINAL

Surname George Christian Name Robert

Examined { on 18th day of April 1916
at Drayton Oak

Approved by M. Maxwell
Rank Capt Amb. M.O.

Birthplace { City or Town Harfield Herts
County Hertfordshire Eng

Apparent age 24
Trade or occupation Farmer
Height 5 Feet 8 3/4 Inches.
Weight 148 Lbs.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Chest measurement { Minimum 33 inches.
Maximum expansion 3 1/2 inches.

Physical development Good
Small-Pox Marks none

Vaccination Marks { Arm Right - Left Geo
Number 3

Date	Result	VACCINATIONS,
<u>9/1/17</u>	<u>See AR Perry Capt</u>	M.O.
		M.O.
<u>13.8.17</u>	<u>W.A.O.</u>	M.O.

When Vaccinated last when an infant
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>30/1/16</u>	<u>AR Perry Capt</u>	M.O.
<u>9/11/16</u>	<u>AR Perry Capt</u>	M.O.
<u>7/12/16</u>	<u>AR Perry Capt</u>	M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 18th day of April 1916 at Drayton Oak

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>153rd. Bn.</u>	<u>928816</u>		<u>18/4/16</u>
Transferred to.....	<u>C.E.F.</u>			<u>- 7 MAY 1917</u>
	<u>25th RESERVE BATTALION C.E.F.</u>			
	<u>184th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>St Thomas ant.</u>	<u>7/2/17</u>	<u>Med Board. fit.</u>	<u>D. Allison Capt. Pres. and Board</u>
<u>Bramshott Camp, Hants.</u>	<u>11-7-17</u>	<u>5-17 Varicella</u>	<u>Ar. C. Hoop Cole. PRESIDENT.</u>
<u>11 MAY 1917</u>		<u>for Colonel, A.D.M.S.</u>	<u>MEDICAL BOARD, BRAMSHOTT.</u>
<u>APPROVED.</u>		<u>for Colonel, A.D.M.S.</u>	
<u>with Camp</u>	<u>9-4-19</u>	<u>fits</u>	<u>Ar. C. Hoop Cole</u>

RFU 20
LEU 20

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.

P.M.O. 17

