H.Q. 1067

Engineers Section Base 2nd Depot.

M. D. Depot Battalion Regiment

Regtl. No. 332128

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname: Gibson
2. Christian name: Freeman
3. Present address: II84 Wellington St Ottawa Ont
4. Military Service Act letter and number: ~~RC~~ 970296
5. Date of birth: March 3dr I89I
6. Place of birth (town, township or county and country): Onswa Que
7. Married, widower or single: Single
8. Religion: Medthodist
9. Trade or calling: Loco Fireman
10. Name of next-of-kin: Mrs Ella Gibson
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 708 Gladstone Ave Ottawa
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil.
15. Medical Examination under Military Service Act: 28 May 1918
    (a) Place: Ottawa Ont (b) Date: ~~June 18th 1918~~ (c) Category: AII.

DECLARATION OF RECRUIT

I, Freeman Gibson., do solemnly declare that the above particulars refer to me, and are true.

Freeman Gibson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 27 yrs. 2. mths.

Height: 5. ft. 6. ins.

Chest measurement: fully expanded: 36 ins.; range of expansion: 4 ins.

Complexion: Medium D.K.

Eyes: Hazel.

Hair: Grey Black

Distinctive marks, and marks indicating congential peculiarities or previous disease.

W.J.

A.M. Bywater Lt. Col.

O. C. O.C. 2nd Depot Bn. E.O.R. Depot Btln.

Regt.

Place: OTTAWA Date: 12-6-18.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

DISCHARGE DOCUMENTS

R. O. No. [illegible]

H. Q. No. [illegible]

Name GIBSON FREEMAN

Regt. No. 332428 Rank Spr

Corps Eng Tr Depot

Unfit for Service

C9637

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

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages..... 1

Casualty Forms.....

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A 2B122—1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—30—935.

405430

16-11
20-12
28-13
2

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. 3324128 Rank Sapper Name Gibson, F.

Corps Canadian Engineers who was* Discharged

On Sept. 9th 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 191..., to 9-9-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	10
Advances by Cheques No. 6375 Civ Clothing	35	00	Regt'l Pay 9 days at $ 1 c.	9	00
Advances by Cheques No.			Field Allow. 9 days at $ c. 10		90
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Clothing Credit West W & T Clothing	10	00	Other Allowances* Civ. Clothing	35	00
Payment on transfer or discharge No 6377	10	00	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	55	00	Total	55	00

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

{Pay for the month of 191...
and Sep'n Allce. for month of 191...} (to) Assignee

(Address) NIL

(†) 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 12-6-18

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

(3) cause of discharge unfit authority M.D 4 22-G 2086

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date Sept. 10 1918

Place St. John's P.Q.

Assistant. Lieut

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

CLINICAL CHART.

Corps C. E. 　Hospital Station St. Johns P. Q.

No. 3324128 Rank and Name Spr. Gibson J. 　Age 27 　Service 2/12

Disease abscess of Prepuce 　Date of Admission 10-8-18 　Date of Discharge 14/8/18 　Result cured 　Serial No. A. & D. Book

Dates of Observation	Aug 10	11	12	13	14	15	16	17	18	19	20																				
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.

Pulse per Minute	84 66	58 66	60 72	68	60																										
Respirations per Minute	20 22	22 18	22 18	18	15																										
Motions		1 1	1 1	1	0																										

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature K. Grant capt 　In charge of case.

CASE HISTORY SHEET.

Barrack Hospital. Montreal. Station.

No. 3324128 Rank Spr Name Gibson F Age 27

Unit CETD Completed years of service (Where and how long) C 2/12.

Date of admission July 19/18. Date of discharge July 31/18.

Diagnosis Gonorrhoea Place of origin Ottawa

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint---Discharge from Penis.

History---States that he had connection on July 8 and discharge began on July 9. For a couple of days the discharge was scanty but thick and greenish yellow, has been running day and night since. No pain but slight burning on making water.

Present condition---Discharging freely thick yellow pus. No pain but slight burning. No swelling or scars of penis. No chordee. Testicles--right normal, left not descended. Inguinal glands on right side enlarged, not tender. Prostate apparently normal.

21/7/18. Circulatory system---Loud systolic murmur at apex transmitted to axilla. Palpitation frequent, marked dyspnoea on exertion, disordered heart action

22/7/18. Smear negative.

25/7/18. Smaer Negative, a few leucocytes.

29/7/18. Gonorrhoea cleared up.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Neg.

TREATMENT

(Especially any specific or special form.)

Inj. Protargol 1% t-i-d-
Irrig. Pot. Permang. 1--6000 t-i-d-
Salol Tab. t-i-d-

CONDITION ON DISCHARGE,

(and disposal made of case.)

To Unit, Gonorrhoea cleared up.
Cardiac disease present, recommend further observation for Cardiac Disease. and discharge

Date July 31/18.

Medical Officer i/c case. Capt. A.M.C.
No. Barrack Hospital, QUY ST.

35605

M. F. B. 313a.
200M.-5-18.
1772-39-439.

Actioned 12/15/61

9-5-61

Department of Veterans Affairs

STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES

Not Valid Without the Imprint of The Official Stamp of the Department

Service Rank and/or Number 3324128 Name GIBSON, Freeman

1. Branch of Service: army R.Can. Eng - CEF
2. Date and Place of Birth: 3 Mar - 1891 Onswa, ~~Que~~ P.Q.
3. Date and Place of Appointment, Enlistment or Enrolment: 28 May - 1918 Ottawa, Ont.
4. Theatres of Service: CANADA ~~only~~.
5. Date and Place of Retirement or Discharge: 9 Sept. - 1918 St. Johns, ~~Que~~ P.Q.
6. Type of Retirement or Discharge: Honourable
7. Reason for Retirement or Discharge: Medically unfit
8. Rank on Retirement or Discharge: Spr.
9. Medals and Decorations: Nil.
10. Remarks: Nil →

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male. Height: 5 Feet 6 Inches.

Eyes: Hazel Hair: Grey Black Complexion: Med. Dark

Marks or Scars: Nil.

Ottawa, Canada.

19

Head, Reference Section

DVA 812 REV.(10-60)

REG. NO. 332428 NAME (SURNAME FIRST) Gibson J. 35605 B 39665

RANK Spr CORPS L. C. T. D.

AGE 24 SERVICE 2/12 Lev

NAME OF HOSPITAL Guy St Barracks PLACE Montreal

DATE OF ADMISSION 19 - 4 - 18

DISEASE Gonorrhoea

DISCHARGE 31 - 4 - 18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS Isolation St Johns Q. 10/8/18 abuse of privilege

Dis 14/8/18

H. Q. .....

M. D. No. 3 17.6.18. 4 16.6.18

Surname Gibson

Christian names Freeman

Regtl. No. 2324128 Rank Pte

Unit East Ont Regt 2nd Dpo Bn.

T. O. S. June 12th 1918

D. O. Pt. II 164 of 13/6/18

S. O. S. 9-9- 1918

Reason U.T.S.

Auth. Do 253 10/9/18 2 A.D.

Next of kin Gibson, Mrs Ella Relationship Mother

Address 70 A Gladstone Ave. Also notify:

Ottawa, Ont.

BORN—Place Canada. Ormsby P.Q. Date Mar. 3rd 1891

ATTESTED—Place Ottawa. Ont. Date June 15th 1918

O/S ..... R/C .....

W. 22—75M-5-18. 1772-39 839

X Original BPC

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 St. Johns, P.Q. DATE Aug. 21st. 1918

1. 1 (a) Unit Can. Eng. (b) Regimental No. 3324128 (c) Rank Spr.

(d) Surname Gibson, (e) Christian name Freeman,

2. Age last birthday 27 years. Date of birth Mar. 3rd. 1891

3. Enlisted at Ottawa, Ont. on May 28th. 1918

4. Personal description:—

(a) Height 5ft. 6in. (b) Weight 131 (stripped) (c) Complexion Dark.

(d) Colour of hair grey-black (e) Colour of eyes Hazel (f) Identification marks nil

5. Address after discharge (for the use of the Board of Pension Commissioners)

708 Gladstone Ave. Ottawa, Ont.

6. Former trade or occupation Grocery-merchant.

7. (a) Service	Years	Days
		85

	Periods	
	From	To
Canadian Engineers	May 28th. 1918	Aug. 21st. 1918

(b) Has he been overseas ? no 8. Original disease or disability. Rheumatic fever.

(a) Date of origin Mar. 1916. (b) Place of origin Ottawa, Ont.

(c) Cause* Undue exposure.

(d) Present disease or disability Valvular disease of heart.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Physical examination show s a fairly well derveloped but poorly nourished man. Appears in no distress but says he often finds it hard to breath when sitting still or lying down. On any exertion he has great difficulty in getting his breath. Pulse 90-96 standing still & 120 per minute after very little exertion. Pulse regular, small volume heart. Inspection .

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

chest poorly developed with marked transverse grooves in lower part 7th. & 8th. ~~xxxx~~ ribs. Apex beat 5th. space diffuse, just inside nipple line. Percussion iii space. Auscultation-At apex systolic murmur transmitted to (2 L 1 10cms.) base. At base, systolic murmur over both 2nd. costal cartileges, systolic in time due to valvular disease of aortic valve.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous yes Digestive yes Respiratory yes Cardiac ~~xxx~~ No.

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes

Valvular disease of heart.

10. History: (*a*) of Condition referred to in "a" section 9.

Rheumatic fever in March 1916. In bed 6 weeks, then in chair and walking a little for 7 months. Since then owns a grocery store & has been troubled with great shortness of breath ever since.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

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.

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

St.Johns 16.7.18 to 19.7.18 Gonorrhoea.

Barracks Hosp.Mtl. 19.7.18 to 31.7.18 Gonnorhoea.

St.Johns,Que. 10.8.18 to 14.8.18 Abscess of prepuce.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No.

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

17. Recommendations Unfit for service.

B. L. Musick Lieut
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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 nothing

Truman Gibson
Signature of soldier examinea.

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 criticized.

Concurs.

19. Is the soldier 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~~).

20. It is certified that the soldier
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable 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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

FOR DISCHARGE.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

PLACE... St. Johns, P.Q.

DATE... Aug. 21 1918

} Members.

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 APPROVED MAJOR For A.D.M.S. MONTREAL

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE.....

DATE.....

} Members.

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. 3324128

Rank SAPPER

Surname Gibson,

Christian Name Freeman

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

Corps (Squadron, Battery or Company) ENGINEER TRAINING DEPOT

Date of Discharge SEP 9 1918

Place of Discharge ST. JOHNS, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 4 months.

Height 5 feet 6 inches.

Complexion Medium Dark

Eyes Hazel

Hair Grey Black

Trade Loco. Fireman

Intended place of residence (To be given as fully as practicable.) 1184 Wellington St. Ottawa, Ont.

Descriptive Marks

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

MD4 22-G-2086.

Routine Order, 749.

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.

Good

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

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

Loco. Fireman

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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) ST. JOHNS, P. Q.

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

(Date) SEP 9 1918

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) ST. JOHNS, P. Q. Sapper Lt Loy *(Signature of Soldier.)*

(Date) SEP 9 1918 *(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.

Not Applicable *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) ST. JOHNS, P. Q.

(Signature) Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) SEP 9 1918

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.)

Nil.

Herman Gibson

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

NOT APPLICABLE

CASE HISTORY SHEET.

Stobl No1 Hospital. St. Johns P.2 Station.

No. 3324128 Rank Spr E Name Gilson Age 27

Unit RE Completed years of service (Where and how long) 2/12

Date of admission 10-8-18 Date of discharge 14/8/18

Diagnosis abscess of Prepuce. non Gonorrhoea. Place of origin St. Johns P.2

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient has swelling of prepuce near frenum swelling is red and tender, has been there 2 days.

12/8/18 abscess broke. discharge shows no gonococci

FAMILY HISTORY neg

(Tuberculosis, mental or nervous diseases.)

TREATMENT H.O fomentations P.R.N.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, cured

(and disposal made of case.)

Date 14/8-18. K. Grant-capt

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

B39665

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2 Depot Bn. E.O.R.

Regimental No. 332428 Rank Cpl C. E. F. Name Gibson Freeman

Enlisted (a) 28-5-18 Terms of Service (a) ..... Service reckons from (a) 28-5-18

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) Loco Fireman

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				
		Transferred to E.T.D.			
		Struck off Strength 14-6-18 B.O. 163	Woodcombe Capt Adjt. 2nd. Depot Batts, E. O. R.		
		Leave Can Exp.	St John	14/6/18 — D.O. 179	

(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				