ORIGINAL ~~TRIPLICATE~~

#10 M. D. First Depot Battalion Manitoba. Regiment

Regtl. No. DF.3348948

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname HNATUCK
2. Christian name PAUL
3. Present address Winnipegosis, P.O. Manitoba, Canada.
4. Military Service Act letter and number Defaulter, Apprehended 3/9/18
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth June 15th. 1893 c.c. W.P.G. June 1st. 1914
6. Place of birth Galicia, Austria, (Naturalized Canadian 1914)
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Aethiest
9. Trade or calling Farm Hand
10. Name of next-of-kin Mr Sam Hnatuck
11. Relationship of next-of-kin Brother
12. Address of next-of-kin 723 Flora Avenue, Winnipeg, Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act :—

    (a) Place Winnipeg, Canada. (b) Date September 4th.1918 (c) Category A 2

DECLARATION OF RECRUIT

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

Paul Hnatuck (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	26 yrs.	2	mths.
Height	5 ft.	6	ins.
Chest measurement	fully expanded	36	ins.
	range of expansion	3	ins.
Complexion		Sallow	
Eyes		Brown	
Hair		Dark	

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

Scar right wrist,
Scar forehead.

A. D. McLean Major for
Commanding, 1st. Depot Battalion Manitoba Regiment
O. C. Depot Btln.

Regt.

Place Winnipeg, Canada. Date November 11th. 1917

M. F. W. 133.
500M.—5-18.
1772—39—1159.

27319 EA

O. H. M. S.

REGIMENTAL DOCUMENTS

NAME HWATUCK, PAUL REGT. No. 3348945 10 Bn L&SR

~~NON-EFFECTIVE BY~~ Pte CATEGORY ~~...~~ med. unfit

27373

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RFM-1

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

(2)
1-24
25-24
27-24

2

H. Q.

M. D. No. 10

Surname Hnatuck

T. O. S. Nov. 11th 1917

Christian names Paul

D. O. Pt. II 248 of 5-9-18

Regtl. No. 3348948 Rank Pte

S. O. S. Dis. 22-2-1919

Unit Man Regt. 1st Div 12 Bde

Reason M. U. R.O. 1420.

Auth. M.O. 59 of 22-2-19. 10th Bn Bg. R

Next of kin Hnatuck Sam Relationship Brother

Address 723 Flora Ave

Winnipeg Man

Also notify:

BORN—Place Austria Galicia Date June 15th 1892

ATTESTED—Place Winnipeg Man Date Nov 11th 1917

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

B.13642 2

LEDGER No. 9292. 757. SERIAL No. D38337 D38814

REG. No. 3348948 NAME Hnatuck, Paul 21 21

RANK Pte CORPS 10. C.G.R. AGE 26 SERVICE C. 6/12

	HOSPITALS	DATE OF ADMISSION
1	D.D.E. Hospital Winnipeg	24-10-18
2	Manitoba Tuxedo Pk. "	21-11-18.
3		

DIAGNOSIS Influenza Bronchitis

TRANSFERRED TO

DISPOSITION Discharged 13-11-18 Limit 19/2-18. CATEGORY "E"

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

R2

CASUALTY BRANCH (FILES)

NAME Hratuck, Sam H. Q. [illegible]

NO. 3348948 RANK Pte M. D. 10

UNIT (~~C.E.F.~~) 10th Bn. 6 Bde R. UNIT

ADDRESS Winnipegosis, Man.

NEXT OF KIN Brother, Sam Hratuck

ADDRESS (KIN) 723 Flora Ave. Winnipeg

D of Od 4/9/18, age 26.2, Cat A2, Aust, Farmhand Aetheist.

HISTORY		DATE
Single. Age 26. U.C. Farmer. Cat A 2.		~~ND~~ 13- ~~3~~ 9-18
B.O 110, p965	Taken on strength ox. Cook House	
B.O. 147 p. 1379.	To Hospital	24-10-18
Hospital	From "	13-11-18 B.O 167 p 1464
	To "	21-11-18 B.O 175 p 1618

M. F. W. 2536
100m.-5-18. 1772-39-1311

HISTORY	DATE
Took on strength 10th C.G.R. from 1 D.K.M.R. 13-9-18 B.O. 110 para 965.	
Admitted to hospital 24-10-18 B.O. 147 para 1379	
Discharged from hospital 13/11/18 B.O. 167 para 1464	
Admitted to hospital 21/11/18 B.O. 175 para 1618	
28/2/19 Discharged under 1420/a auth Co. 48 26-2-19 Para 879	

CANADIAN EXPEDITIONARY FORCE

ORDERLY ROOM
FEB 25 1919
10th. BATTAL'N,
C.E.F.

Discharge Certificate 15872

This is to Certify that No. 3348948 (Rank) Private

Name (in full) Paul Kwatuck enlisted in

the First Depot Battalion Manitoba Regt.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 4th

day of September 19 18

HE served in Canada

and is now discharged from the service by reason of being medically unfit

under AO 1420/a CO. 48 26-2-19 Para 5/9

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

Age 26 yrs 8 months

Height 5 feet 6 inches

Complexion Sallow

Eyes Brown

Hair Dark

Marks or Scars

Scar right wrist

Scar forehead

Paul Kwatuck P.
Signature of Soldier

Issuing Officer

Lieut Colonel
Rank

10th Batt C.E.F.
Appointment

Date of Discharge 28th Feby 1919

Signed at Winnipeg this twenty eighth day of February 19 19

in Military District No. 10

File Reference No. 44-H-1115

N.B.—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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

COPY

CASE HISTORY SHEET.

Manitoba Military Hospital. Tuxedo Park, Winnipeg. Station.

No. 3348948 Rank Pte Name Hnatuck, Paul Age 26

Unit 10th.CGR. Completed years of service (Where and how long) C.12/12

Date of admission 21-11-18 Date of discharge 19-12-19

Diagnosis Bronchitis Place of origin Winnipeg Man.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints:- Pains in chest front and back, cuoghing expectoration especially at night.

Taken ill with influenza 24-10-18 sent to I.O.D.E. discharged on 13th no cough or chest trouble previously.

Exam:- Pale looking man. Only fairly nourished.
Chest:- Coarse rales heard over both bases and lower auxillae.
No dulness. Other systems normal.

21-11-18 Sputum Exam. Negative for T.B.

6-12-18 Blood Count:- Red cells 5,500,000. White cells 7000
Haemoglobin 90% differential count normal.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Ordinary diet. To be supplied with sputum cup and gauze
(Especially any specific or special form.) Sputum to be sent for exam. for T.B.
Ward chart. Stock Expect 1/3 VI 2/3 + 9 18.

CONDITION ON DISCHARGE, He still has few coarse rales at the base of both lungs posteriorally. Cough and slight expectoration.
(and disposal made of case.) Other systems normal.

Date 19-12-19 Signed. W.G. Campbell.
Medical Officer i/c case.

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

D38814

DEC 19 1918

CASE HISTORY SHEET.

MAN. MIL. HOS. TUXEDO, PARK.

Hospital. Winnipeg. Station.

No. 3348948 Rank Pte Name Hnatuck Paul Age 26

Unit 10 B G R Completed years of service (Where and how long) 6 12/12

Date of admission 21.11.18 Date of discharge DEC 19 1918

Diagnosis Bronchitis Place of origin Oct 23/18 Winnipeg.

CONDITION ON ADMISSION AND PROGRESS OF CASE

21/11/18. admitted to ward 7

Complains. Pains in chest front & back. Coughing expectoration especially at night.

History. was taken ill with Influenza Oct. 04. 1918. Sent to I.D.E was discharged on 13th No history of cough or chest trouble previously.

Exam. - Pale looking man. only fairly nourished. Mouth & Throat Normal.

Chest. Coarse rales heard over both bases and in lower axillae. No dulness.

Heart Normal.

Other systems Normal.

21/11/18 - Sputum Exam - Negative for T.B.

6/12/18 Blood count: Red Cells. 5,500,000

white cells 7000

Haemoglobin 90%

Differential count - Normal

FAMILY HISTORY Nil.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Ordinary diet. To be supplied with Sputum cup and gauze.

(Especially any specific or special form.) Sputum to be sent for exam for T.B.

Ward chart. Stock Expect. #1 ℥ VI ♎ ℥ i 9ii S.

CONDITION ON DISCHARGE He still has few coarse rales at the base of both lungs posteriorally. Cough and slight expectoration.

(and disposal made of case.) Other Systems Normal

Date 17/12/18. W. J. Campbell

Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

16 38337

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps _____ Hospital Station _____

No. _____ Rank and Name Pte Knatuck. Age _____ Service _____

Disease _____ Date of Admission 21.11.18 Date of Discharge _____ Result _____ Case Book _____ Folio _____

Dates of Observation	Nov:																															
Days of Disease	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8														
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.
107°	8 6 4 2																															
106°	8 6 4 2																															
105°	8 6 4 2																															
104°	8 6 4 2																															
103°	8 6 4 2																															
102°	8 6 4 2																															
101°	8 6 4 2																															
100°	8 6 4 2																															
99°	8 6 4 2																															
98°	8 6 4 2																															
97°	8 6 4 2																															
	8 6																															
Pulse per Minute	92 72	78	76 72	72	72	68 72	68	72 68	72 84	84 80	80	70 72	70																			
Respirations per Minute	20	20 18	18 20	18	20	18 18	20	18 18	18 20	18 20	20	18 18	20																			
Motions																																

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature _____ In charge of case.

CASE HISTORY SHEET.

I O D E Hospital. WINNIPEG Station.

No. 3348948 Rank Pte Name Hnatuck, Paul, Age 26

Unit 10 CGR Completed years of service (Where and how long) C. 6/12

Date of admission 24-10-18 Date of discharge 13-11-18

Diagnosis Influenza Place of origin Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE No previous illness.

Took ill night of 23rd, complaining of headache; pain all over, back bothered him particularly.

Face flushed; eyes feverish looking, tongue slightly coated and flabby; throat slightly inflamed; heart and lungs negative; other systems normal.

Temperature 102.4, pulse 120, respirations 28.

27th. Temperature down to normal. Feels quite well.

Further convalescence uneventful.

Nov. 4th. Should have gone out today, but not feeling very fit.

" 13th. Bronchial rales present over the larger bronchi; heart normal; gastro-intestinal and special normal. An abnormally long uvula, may be cause of his cough which is of an irritative nature.

FAMILY HISTORY Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT Dover's Powder 5grs. Aspirin 5grs. every 4 hrs.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, (and disposal made of case.) All systems negative, except as per examination of Nov. 13th. Recovered from Influenza. To return to unit.

Date 13-11-18

D. Macdonald Capt
Medical Officer i/c case.

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

B.13643

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 10 CGR. Hospital Station I O D E

No. 3348948 Rank and Name Pte. Hnatuck, Paul Age 26 Service C. 6/12

Disease INFLUENZA Date of Admission 24-10-18 Date of Discharge Result Case Book Folio

Dates of Observation	OCTOBER 24	25	26	27	28	29	30	31	NOVEMBER 1	2
Days of Disease	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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.
107°	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12	4·8 12·4 8·12
106°										
105°										
104°										
103°										
102°										
101°										
100°										
99°										
98°										
97°										
Pulse per Minute	88/120	88 96 108 116 108	96 96 92 92 88	86 72 80 80	80					
Respirations per Minute	28	24 22 24 26 24	24 24 24 24 24	20 18	24					
Motions										

M. F. B. 288.

25M—2-18.

H. Q. 1772-39-513.

Signature ..... In charge of case.

Course

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District No. 10

Name of Soldier Xxxxx Hnatuck, Paul

Regiment 1st Depot Battalion Manitoba Regiment Rank PRIVATE

No. 334894

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	Nov 13/18	2 19 15													2 7 8		5 1 23 16 31			S-K Bray Cap. J. Gilchrist		Incomplete. 8th Co. 3 Reg. Cav. 32 ext.

M.F.B. 465
200m-1-19
1772-3

1-H-256 Austria, Aethist, Farm Hand, Single

M.S. [redacted]

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Hnatuck Christian name Paul

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule Defaulter

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Winnipegosis, Manitoba, Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4th day of September 1918 1917, by the undersigned medical board sitting at WINNIPEG, MANITOBA, CANADA.

5. Age as stated 26 Years 2 Months. 6. Apparent age 26 Years 2 Months

7. Height 5. Feet 6 Inches. 8. Weight 137 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Sallow { Eyes Brown / Hair Dark }

11. Physical development Fair { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm 2 / Left arm } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar. R. wrist., Scar forehead

16. Slight defects but not sufficient to cause rejection Nil.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2.

J. Bruce Chisholm President.

W. W. Smith Capt. Member. Member.

Vision R. Eye 20/20

" L. Eye 20/20

Hearing R. Ear N

" L. Ear N

Signature of Man P. Hnatuck

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

Joined 11th day of November 1917 191 at WINNIPEG, MANITOBA, CANADA.

	Corps	Reg'tl Number	Habits	Date
1st Depot Battalion, Joined on enlistment	Manitoba Regiment	DF3348948		11.11.17
Transferred to 10th Bn 6415				13.9.18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
M. M. D.	13-12-18	Slight debility.	For discharge.
Imperial Winnipeg	20/2/19	on past history	[illegible]

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, and the man, if [illegible] non-effective; the date and cause being stated on next page.

Surname Manatuck Christian Name Paul

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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.
ADMITTED MANITOBA MILITARY ~~Convalescent~~ Hospital OCT 24 1918 ADMITTED MANITOBA MILITARY ~~Convalescent~~ Hospital NOV 21 1918 TUXEDO PARK		24	10	18	13	11	18	Influenza	20	Temp. 102. headache, pains all over. Treatment Rest in bed. diet. 2 doses powder, aspirin Received Returned to unit	A Taylor Lieut Can.
TUXEDO PARK		21	11	18	13	12	18	Bronchitis	22	Slight debility & medical Board	A Taylor Lieut Can.

Registrar
for O. C. Manitoba Military Hospital

February.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 3348948 Rank Pte. Name Hnatuk, P.
(Surname first)

Unit 10th Battalion, C.G.R. who was* Discharged.

On 28-2-19. 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 28-2-19. 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month Jan.		10.
Regimental Pay 28 days at $ 1 c		28.
Field Allowance 28 days at $ 10 c		2.80
Separation Allowance		
Clothing Allowance		35.
Post Discharge Pay		
*Other Credits		
A/R.	10.	
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges Canteen	2.	
6798	63.80	
Balance on ~~transfer~~ or on discharge, cheque No.		
Total	75.80	75.80

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of
Assigned Pay for the month of nil. 191.....
and Separation Allce. for month of.....191.....
(to) Assignee .....

(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 3-9-18 married or single S.
(2) Separation Allowance, entitled or not not (3) Reason for discharge.....
(4) Authority for discharge or transfer C.O.48 B.O.59.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 28-2-19.
Place Winnipeg Man.

Captain.
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, Manitoba Regiment

Regimental No. DF.3348948 Rank PRIVATE C. E. F. Name Hnatuck Paul.

Enlisted (a) 11/11/17 Terms of Service (a) C.E.F. Service reckons from (a) 11/11/17

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) Farm Hand. CIVIL MILITARY

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				
13-9-18	A.A.G	TRANS 10th Bn C.G.R/	WINNIPEG	13-9-18	
28/2/19		Discharged under R.O. 1420/a amt Co. 48 26-2-19 Para 579			
		C. R. Ramsay Lieut			
		Qr. 10th Batt G.G.R.			

(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				

This space to be for numbers.

18872

29/7/39

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

MEDICAL DOCUMENTS FORWARDED TO S.C. R. of P. B. C. on MAR 11 19[illegible]

No.	3348948
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Shatuck Paul
Corps (Squadron, Battery or Company)	10th Batt C.F.A.
Date of Discharge	28th Feby 1919
Place of Discharge	Winnipeg. man

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	26 years 8 months.
Height	5 feet 6 inches.
Complexion	Sallow
Eyes	Brown
Hair	Dark
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	723 Flora Ave. City.

Descriptive Marks

Scar right wrist
Scar forehead

2. The above-named man is discharged in consequence of being medically unfit under K.R. 1420/a Co. 18th 26-2-19 Para 579

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.

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.)**

NCD
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M. F. B. 218.

10m.—6-16.
H. Q. 1772-39-113

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

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) Winnipeg Man Flvatuck R. C. (*Signature of Soldier.*)

(Date) 28th Feby 1919 H. Gammon (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(*Signature of Soldier.*)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Winnipeg Man

(Date) 28th Feby 1919

(*Signature*) [illegible] Lieut

10th Bat C.M.R.

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

Hnatuck P.

(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.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

B.P.C. ORIGINAL

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 M.M.H. Tuxedo Park. DATE Dec. 13th, 1918.

1. 1 (a) Unit #10 C.G.R. (b) Regimental No. 3348948 (c) Rank Pte.

(d) Surname Huatuck (e) Christian name Paul

(f) Home address 723 Flora Ave., Winnipeg, Man.

(g) Next of Kin Sam Huatuck (h) Relationship Brother.

(i) Address of Next of Kin 723 Flora Ave., Winnipeg, Man.

2. Age last birthday 26 Date of birth June 15th, 1892.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man. (b) Date Aug. 30th. 1918.

4. Personal description:

(a) Height 5' 5" (b) Weight 143 (stripped) (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Dark (f) Identification marks, Scars, etc. Vacc. mark on right arm.

5. Former trade or occupation Machinist.

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
		105

	Periods	
	From	To
Canada	Aug. 30th, 1918.	Dec. 13th, 1918.
England		
France or other theatres of War		

7. Original disease, or injury Influenza.

(a) Date of origin Oct. 24th, 1918. (b) Place of origin Winnipeg, Man.

(c) Cause Epidemic infection.

M. F. B. 227.

300M.—8-18.
1772-39-117.

SM

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.)

Slight debility.

(a) There is general weakness, slight/(b) Partial Imp. func. of body.
(c) Need for rest. (d) No.

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.)

There are a few coarse rales in the bases of both lungs posteriorly, accompainied by expectoration. Ward chart shows normal temperature, pulse and respiration. Sputum negative for T.B. / Specialist's report at No night sweats. Blood count normal. Specialist's Report attached. No other evidence of tuberculosis. Pulse at rest 72 - after bending over and touching toes rapidly increases to 90. He has slight dyspnoea after performing the above mentioned exercises. He can walk 3 miles without tiring but has a moderate degree of general weakness.

(*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 (If pulse rate is abnormal, B. P. will be taken.) No. Genito-Urinary System (Albumen and Sugar will be excluded.) 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*).)

He was in good health until attacked by influenza, which has left him with a cough which has become of a chronic type, coughing mostly at night. This cough is rapidly improving but still persists. His treatment has been rest in bed accompanied with stimulating expectorants.

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*).)

No.

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

No other scars or deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

tached. (*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.)

Not applicable.

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

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

M.D. #10 2 months. (Hospital).

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

Discharge as medically unfit.

W. J. Campbell Capt A.M.C.

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).

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

Nil.

I complain in addition of

Pte. Paul Huatuck Rank.

Signature of invalid examined.

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.

Feb 20th 1919
The board on this date finds this mans condition much improved from what it was Dec 13th 1918 when the board papers were made out. Consequently we place him in Category C II Duty in Canada. He has no pensionable disability
Mheech Lt President
Chas Burns Lt

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~~.)

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.)

(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.)

Discharge as medically unfit.

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.

W. B. Jakeman Capt A.M.C. President.

PLACE M.M.H. Tuxedo Park, Winnipeg, Man. J Stevenson Capt. Members

DATE Dec. 13th, 1918.

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 invalid 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..... Members

DATE.....

APPROVED BY
E Cuppage Lieut Col A M C
for Assistant Director of Medical Services.
DATE DEC 16 1918

APPROVED BY
Director-General of Medical Services.
DATE.....

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 3348948 RANK PTE NAME (IN FULL) HNATUCK. P

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 3-9-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Winnipeg — DATE 28/2/19 — REASON — AUTHORITY 2059 — IF ENTITLED TO POST DISCHARGE PAY

C048.

MONTH 1918	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							10	-	10	-																										10	-	
Dec																																						
Jan	31	1.10	34	10		25	10	-	44	35							15	-			19	35									34	35			10	-	
Feb.	28	1.10	30	80			35 10	-	75 80				6798				10	-	63	80					1 1						75	80					Balance 1.10 to 31.2 = 44.35
			64	90		25	65		130	15							25		63	80	19	35			2						110	15			20		Balance 1.10 to 28.2 = 20.-

Certified Account Completed to date of discharge

Capt.

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 1		COL. No. 2		COL. No. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	