COPY

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

Regtl. No. 2380286

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname HODGINS
2. Christian name ADAM
3. Present address Tipperary P.O. Manitoba. Canada.
4. Military Service Act letter and number 223597 LR
5. Date of birth Aggust 2nd. 1893
6. Place of birth Ireland
   (town, township or county and country)
7. Married, widower or single Single.
8. Religion C.OF.E.
9. Trade or calling Farmer
10. Name of next-of-kin Mrs Harriett Hodgins
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Tipperary P.O. Manitoba; Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—

    (a) Place Saskatoon Sask. ~~Canada.~~ (b) Date 10/11/17 (c) Category A2

DECLARATION OF RECRUIT

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

adam Hodgins (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24	yrs.	6	mths.
Height	5	ft.	4¾	ins.
Chest measurement — fully expanded	37			ins.
Chest measurement — range of expansion	4			ins.
Complexion	Fresh			
Eyes	Blue			
Hair	Fair			

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

Nil.

Off. W. Rawlinson Major for
Commanding, 1st Depot Battalion Manitoba Regiment
O. C. First Depot Bttn.
Manitoba. Regt.

Place Winnipeg Canada. Date 30/1/18

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

79 Dm

ORIGINAL

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

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Complexion	Fresh		
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Hair	Fair		

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

Nil.

off. W. R. Wood Major for
Commanding, 1st Depot Battalion Manitoba Regiment
O. C. First Depot Btln.
Manitoba. Regt.

Place Winnipeg Canada. Date 30/1/18

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

REGIMENTAL DOCUMENTS

NAME HODGINS ADAM 1961 REGT. NO. 2380286 UNIT 2 BMR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				28254	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					DISCHARGE
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
	DENTAL HISTORY SHEET (M.F.B. 465)					Demob
1	MEDICAL REPORT (M.F.B. 227 [illegible])					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					5-27
	PARTICULARS OF CHARACTER (A.F.W. 3226)					19-29
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					32-27
1	Disp Cert					2
1	m Sw 67					
1	Cable Tool					
1	Misc.					
1	K.S.S.					
2	Casualty Form					

W. 2589
100M-11-18
4772-39-1377

38944.

REG. NO. 2380286 NAME (SURNAME FIRST) Hodgens, A. 79

RANK Pte CORPS 1st Depot Bttn

AGE 24 SERVICE 1/12 Can

NAME OF HOSPITAL General PLACE Winnipeg

DATE OF ADMISSION 8 - 3 - 18

DISEASE Bronchitis

DISCHARGE 12 - 3 - 18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

NAME Hodgins Adam.

RANK AND CORPS Pte 8th Bn Dorm Regt.

REGT'L. No. 238286

H. Q. FILE No. 649

FOLLOWS No. 1st Depot Bn

FOLLOWS

CABLE No.	18 - 6 DATE	NATURE OF CASUALTY
H372	7/10/18	C. Adm & Gen Hospt Rouen Sept 28
N.R.A 337-2	5-10-18	1918. Gsw L shldr
		next K. Mrs. Harriet Hodgins (Mother)
		Tipperary. P. O. Man. mailed to telephone Connection Canada C.P.R. tel. 9-10-18.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	79 REMARKS Man
A 339-4	2 Conv. Dep. Rouen	30 9 18	GSW L shldr.
A 349-3	Disc to Reinforce. - Etaples	12-10/18	... -- - -

Form R. 149.

Name HODGINS Adam Rank Pte 79 Reg. No. 2380286 ~~2138028~~

Unit 8TH BN

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-9	6. G H Rouen	G.S.W. Shldr L		A 337	11371	4514-3
30-9	2 C.D. Rouen	do		A 339		4547-1
12-10	Discharged to Ren Etaples			A 349		4866-15
	~~Re 15.11.18~~					

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

EM

Number 2380286 Rank Pte

Surname HODGINS

Christian Name Adam

Units 43 Bn Can Inf Theatre of War France

Date of Service 5-9-18

Remarks

Latest Address Tipperary P.O. Cricksdale Man

Roll No. B. Page 13819.

200m.-2-21.M.

DESP. JUN 24 1922
REGN. NO. 41327

C.M.S.A.

SURNAME. Hodgins

CHRISTIAN NAMES Adam

REGL. No. 2380286 RANK Pte.

UNIT Man. Regt. 1st Dpo. Bn.

FORMER CORPS Nil.

m 10 CARD NO. K

S.O.S. Dis. 7-5-19. FOLL. Vernol

Pte II Do. 13 ool. 18-5-19.

#13. D.W.

NEXT OF KIN.

NAMES IN FULL Hodgins, Mrs. Harriet.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS ~~Tipperary P.O.~~, Man.

and Telegram 7-11-18. Stonewall

CHANGE OF ADDRESS

COUNTRY OF BIRTH Ireland. DATE Aug. 2nd, 1893.

PLACE OF ATTESTATION Winnipeg, Man. DATE Jan. 30th, 1918.

O/S. 17/4/18. 1173/4

P/C 4-5-19. 313/75. Pte

L. L 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Surname	Christian Name or Names	Reg. No.
Hodgins	A.	79 2380286.

Rank	Unit
Pte	Can 8.

Cas. List.	
5-10-18 A 337-2	b Gen Rouen 28-9-18.
	Evac to Shelder.
8-10-18 A 339-4	2 b. D. Rouen 30-9-18
19-10-18 A 349-3	Dis to Reinf. Etaples 12-10-18

A.M.D. 2 DEPT.
Bch. of D.C.M.S. O.M.F.C. London.

D.M.S. 1300. 50M-30-8-18.

Cas. List.

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 1st. DEPOT BATTALION, MANITOBA REGIMENT.

(2) Regimental Number 2380286

(3) Full Name of Soldier Adam Hodgins

Tipperary. P.O. Manitoba. Canada.

(4) Place of Birth Ireland

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

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

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls

Also their names and ages

25

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....MrAdam Hodgins Tipperary. Manitoba. Cana

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Mrs Harriett Hodgins.....

.....Tipperary. P.O. Manitoba. Canada.....

(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.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(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 R Wood .....Major for

Off. Commanding, 1st Depot Battalion Manitoba Regiment

.....

Officer Commanding.

Date.....30/1/18.....

79

CASE HISTORY SHEET.

Wpg Gen Hosp

No. 238028 Rank Pte Name Hodgens A Age 24

Unit 1st Depot Battn Completed years of service (Where and how long) Can 1½

Date of admission Mar 8th 1918 Date of discharge Mar 12th 1918

Diagnosis Bronchitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Cough, Headache, Chest sore
Tube transmit Rales on & pain over chest
small amount of sputum

FAMILY HISTORY Nil

(Tuberculosis, mental or nervous diseases.)

TREATMENT Cod liver oil & Salines hrs t.i. Stock expect 3iii o.h. i.v.

(Especially any specific or special form.) Aspirin grs x o.t. i.i.i. for iii doses

CONDITION ON DISCHARGE

(and disposal made of case.) ~~Improved~~ Recovered & till discharged

Date Mar 12 1918

E. H. Macdonald Lieut
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

389HH C

79

EYE, EAR, NOSE AND THROAT [illegible]
Witley Camp, Surrey.

.....

.....1919

UNIT George 2 5

Reg No. 338286 Rank [illegible] Name Hodgins A.

Diagnosis:- Defective Hearing Duet

Remarks:- Suf. Acute Otitis Media.

(9)

HEARING:-

	Rt.	Lt.
VOICE.	15'	15'
Whisper.		
Watch.		

	Rt.	Lt.
RINNE.		
WEBER.		
SCHWABACK.		
FORK 256		
FORK. 2048		
BONE COND'N		

CATEGORY RECOMMENDED:- A.

CONDITION WAS Not PRESENT BEFORE ENLISTMENT AND HAS

BEEN CAUSED BY SERVICE.

HAS BEEN AGGRAVATED BY SERVICE.

D. A. Mascall
Captain. C.A.M.C.
Ear Specialist.
Witley Camp, Surrey.

Ireland Farmer C.OF.E. Single.

M.S.A. 15.

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 HODGINS Christian name ADAM

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 223597 LR

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

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10 day of November 1917, by the undersigned medical board sitting at Saskatoon. Sask. Canada.

5. Age as stated 24 Years 3 Months. 6. Apparent age 24 Years 6 Months

7. Height 5 Feet 4¾ Inches. 8. Weight 139 Pounds.

9. Chest measurement: Minimum 33 Ins. Maximum 37 Ins. 10. Complexion Fresh Eyes Blue Hair Fair

11. Physical development. Good (Good / Fair / Poor) 12. Smallpox marks Nil.

13. Number of vaccination marks: Right arm 2 Left arm 0 14. When vaccinated last Nil.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil.

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**

Holden Love *President.*

C.Oliver *Member.* V.C.Frances *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
23/1/18		M.O.	29-5-18	Jab 1	G.R.M.
		M.O.	16/7/18		M.O.
		M.O.	23/1/18		M.O.

Joined 30th *day of* January 191 8 *at* Winnipeg Canada.

	Corps	Reg'tl Number	Habits	Date
1st Depot Battn. Joined on enlistment	Man. Regt.	2380286		30/1/18
Transferred to.....	43rd Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Hilary Ccc with	4-4-1919	D.M. Subacuta	A [illegible]

N.B.—This sheet is 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.

Signature of Man

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

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.
Wpg Gen Hosp		8	3	18	12	3	18	Bronchitis	5	Recovered	F.H. Macdonell

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. 79

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) HODGINS Adam

REGIMENT 2nd Can. Inf. Bn RANK Pte No. 250286

Date of Examination in England 29/3/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

T. J. Lawson Capt.

Signature of Dental Officer H. Rutherford Capt.

79

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" NO. 147657 ISSUED

THIS IS TO CERTIFY that No. 2380286 (Rank) Private

Name (in full) Adam Hodgins enlisted in

the Depot Battalion Manitoba Regiment

CANADIAN EXPEDITIONARY FORCE at Saskatoon on the 24th.

day of January 19 18

HE served in 8th Battalion

in England and France

and is now discharged from the service by reason of ~~Medical Unfitness.~~ Demobilization. Demobilization R.O. 1420 (c)

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

Age 26

Height 5'4 3/4"

Complexion Fresh

Eyes Blue

Hair Fair

Marks or Scars

Adam Hodgins
Signature of Soldier

Wm Hanna
Issuing Officer

Date of Discharge

Dispersal Station "M" MAY 7 1919 Military District No. 10

Lieut
Rank

Date 7 5 19 19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Form R 122.
2353—100M—9-1-16

79

ET.

Rank Name HODGINS, Adam Reg'l No. 2380286

Unit 5th Dft. 1st Bn MAN If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg. January 30th. 1918. Place of Birth Ireland,

Name and Address, Next-of-Kin Mrs Harriett Hodgins,
Tipperary. P.O. Manitoba, Canada. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 21379
File R.L.
Category OR Can.

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C		Arrived in England	28-4-18 S/S MELITA		
3.5.18	11 Res	T.O.S FROM Canada 28.4.18. Ft H C			105.
5/9/18	11th Res	S/O & to 43rd Bn o/seas	1 Ford Pl	5.9.18	PTO 90 PTO 209 43rd Bn
24/9/18	8th Bn	T.O.S from 43rd Bn	Freed	11.9.18	113 43rd Bn
5-10-18	"	Wounded	"	28-9-18	Can. A. 337
28 3 19	8 BN	PROC TO ENGLAND		27 3 19	DO 30
1-4-19	H Wing CCC	TOS from 8 Bn	The Witley	28-3-19	Pte 18
29.4.19	H wing. ccc	TOS To Canada		26.4.19	D O 96

Can 26.4.19 56-17-81.

2380286 Hodgins 17

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

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

79

W. S. B. CLASS. A.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 5th Dist. 1st. DEPOT BATTALION, MANITOBA REGT.

Regimental No. 2380286 Rank PRIVATE Name Hodgins C. E. F. Adam HODGINS

Enlisted (a) 30/1/18 Terms of Service (a) C. E. F. Service reckons from (a) 30/1/18

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) CIVIL Farmer
MILITARY

Report Date	Report 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			
		EMBARKED SS "MELITA"	HALIFAX NS.	17-4-18	
		DISEMBARKED			
		DISEMBARKED	LIVERPOOL	28-4-18	
3-5-18	OC. 11th	T.O.S. 11th C.R.Bn. on arrival from Canada.	Seaford	28-4-18	Pt.11.Bn.O.105
5-9-18	O.C. 11th	503 on proceeding O/Seas to 43rd Battalion.	Seaford	5-9-18	Pt.11.Bn.O.209

CERTIFIED CORRECT. 13 SEP 1918 CAN. RECORDS, LONDON.

R.M.T.S. EMPRESS OF [illegible] EMBARKED 26-4-18

Lieut. & /Adjutant,
For Officer Commanding
O. D. 1st. D. Bn.

(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				
		O. C. C. B. D. Landed in France. Taken strength 43rd Cdn. Bn.		on Nom. Roll d/	6.9.18
		— do.		5.9.18 Pt II D.O. 90 d/	21.9.18.
		O.C. Left for Bn. Arrived		9.9.18 Nom. Roll d/	9.9.18.
10.9.18	A/Sgt. Adm.	Sec 3 Ech	10th 18TH CANADIAN INF. BATTALION	10.9.18 K.R. d/ 402	11 91/18.
10-9-18.	do.	T.O.S. of 8th Cdn. Inf. Bn.	11-9-18.	Pt. 2. Ord. 113 d/-24-9-18.	
14 SEP 1918	8 Bn	JOINED UNIT	11	SEP 1918	B213
28.9.18	18 Gen	Gstr. to Shlr.	adm 18 Gen	28.9.18	K 4254
30.9.18	26 C.D.	— " —	Adm	30.9.18	K 4842.
24.9.18	16 Cl	— " —	Adm A.T. 148	24.9.18	K 6490.
30.9.18	4 Gen.	— " —	2 N.Z. C.K.	30.9.18	K 8044.
15.10.18	C.D.H.Q.	T. C. S.	Field	15.10.18	NR 4476.
12.10.18	26 K.R.	N. S.	46 Base		L 2193.
22.10.18	16 K.R.	Left for Adm		23.10.18	N.R. D. 1435.
NOV 2 1918	8th	JOINED UNIT	Field	OCT 28 1918	B213
27 MAR 1919	Emb. Camp.	Proceeded to England.		27 MAR 1919	N.R. Pt. 2 O.No. d/.....
28.3.19.	Unit.	T.O.S. to Wor'g	Witley		LIEUT. FOR LT-COL. A. A. G.
26.4.19	S.O.S.	Proceeded to Canada Part II Orders No.		26.4.19	C Regt Lt.

Fill in only.—Unit, Number, Rank and Name. 79

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

Casualty Form—Active Service.

Unit, Regiment or Corps 5th Aft 1st Depot Batt Man Reg

Regimental No. 2380286 Rank Pte Name Hodgins Adam
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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)..

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				
		26.4.19 T.O.S. Dispersal Station M	Do 130	Part 2	
		and Dispersed 7-5-19	do	3	
		[illegible] Lieut. for O. C. 10 District Depot.			

(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				

P 820
12474—375M—13-2-18.

* Strike out whichever is inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/4/18	EFFECTIVE DATE:-
AMOUNT:- 15-00.	AMOUNT:-

NAME:- HODGINS Adair 630
NUMBER:- 2380386. 398 E

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs H. Hodgins
Tipperary Manitoba
Mother Stoppage 1-5-19

6103
Pabott
MD10

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 5th 11th RESERVE BATTALION Draft
DATE ACCOUNT FIRST OPENED:- 1/4/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/4/19	12	£15.1.-	73-				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSISTENCE ALLOWANCE
	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- 30/4/19 Desb Canada 6103 P.Abbott 4/4/19 D.Abbott 9MD10 Ledbal 83 24 2 86 6 70 24

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1/4/18	Balance from Canada	~~14 30~~							14 30		
11.4.18 to 31.5.18	Pte P.	56 10		Apl + May 6 a P				30			
				AR 242 10/5/18 11 Res	1H 84						
				✓ 5H8 29/5/18 ✓	9 73				25 80		
		56 10			1H 60			30	58 80 39 45		
JUN	P. P.	33		6. A. P.				15			
~~July~~	P.P			AR. 89 19/6/18 11 Res	12				19 25		
				✓ 825 1H 6/18 ✓	2H 33				19 35		
		33			32 45			15			
July	P.P	34 10		C. A. P				15			
				AR 1228 12/7/18 11 Res	973						
				✓ 1361 25/7/18 ✓	973				1899		
		34 10			1946			15			
AUG	P.P	34 10		C. A. P.				15			
				AR. 1565 13.8.18 11 Res	973						
				" 1623 20.8.18 "	12 17 -						
				" 1758 28.8.18 "	2 43				13 76		
		34 10			2a 33			15			
Sept	✓	33		Cap				15			
				AR 1846 4/9. "	487						
				DN 430 15/9. 8Bn	357				23 32		
		33			844			15			
Oct	✓	34 10		C. A. G.				15			
				AR 44Q4 3rd Echn. Dct 3.10.18	373						
				✓ 3054 C.F.B.D. 15.10.18	466						
				DN. AR. 3264 C.C.H.Q. 31.10.18	373				30 30		Agreed
		34 10			12 12			15			

COMPILED BY Cap Kay
CHECKED BY

OVER

NUMBER 2380286 RANK NAME HODGINS A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Ford								30 30	—	
Nov.	T. Tay	33		C.A.C.				15			
				AR805 & Bar 1.11.18	3 73						
Dec	✓	34 10		✓ 1010 ✓ 16.11.18.	13 06			15			
Jan	✓	34 10						15	69 71		
		101 20			16 79			45			
Feb	✓	30 80		✓ 1302 ✓ 21.12.18	3 89			15			
Mch	✓	34 10		✓ 1457 ✓ 3.1.19	3 77			15	13461		
				✓ 1589 ✓ 17.1.19	3 73				6937		
				✓ 1846 ✓ 4.2.19	9 33						
				✓ 1774 ✓ 2.2.19	3 73				6524		
				✓ 1979 ✓ 15.2.19	3 73						
				✓ 2223 ✓ 1.3.19	3 73						
				✓ 2460 ✓ 14.3.19	3 73						
				✓ 2557 ✓ 20.3.19	3 73				6524		
		64 90			39 37			30			
				✓ 12r 2/4 Awing	9 73						
				✓ 792 20/4 " LR End	9 43						
Apl	✓	33		Cal.	82 73			15	8324		
		33			82 73			15	51		
				10 S Bar 26/4 SL56 in Rw							

6941 ✓
6934 ✓
34
6490 ✓
6524

Date of Enlistment 30—1—18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H 7633

OVERSEAS CONTINGENTS

Date of Assignment Apr. 1st 1918.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15. 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1 St Depot Bn. Man. Reg. 5th Draft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. HARRIET HODGINS,
TIPPERARY,
MAN.

2 15 15.00
% 2380286 PTE ADAM HODGINS
FIFTEEN DOLLARS

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
April	H 2755		15	15
May	D 10508		15	15
June	G 12990		15	15
July	U 29167		15	15
Aug	F 28147		15	15
Sept	Q 43342		15	15
Oct	J 48889		15	15
Nov	L 58077		15	15
Dec	E 67842		15	15
Jan	Y 70451		15	15
Feb.	E 77664		15	15
Mar	E 88701		15	15
apr	Z 313		15	15
May	R 8292		15	15
				210

F731-A-66

H 2755 Mailed 3-5-18

REMARKS

M.D. # 10

M.R.O. 99454

5—5—19

A/c Closed 31-5-19

Ret'd per Empr. Q. Bal

Date 4-5-19 M.F.W. 167 5-5-19

Closed E. Rlad.

AUDITED 9/5/19

AUTHORITY FOR NEW ACC'T. M.R. M.D. 10 B.1. M. Holleland. 1—5—18.

M. F. W. 128.
4'OM. 6-7—1-72-39-1141
L. L. 22240—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
Om. 6-17—1772-39-1141
L. L. 22320—M. & D. 7933.

AUDITOR | PAYMASTER 26

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 338286 RANK Pte NAME (IN FULL) Hodgins A

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1		

ORIGINAL UNIT C.E.F. 1 CMR — IF IN P.F. WHAT UNIT? — BLOCK LETTERS SURNAME FIRST

PLACE OF ATTESTATION — TRANSFERRED TO His Sh M — DATE APR 26 1919 — AUTHORITY 20130

DATE OF ATTESTATION Jan 24/18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE

PAYABLE TO ~~Mrs A Hodgins~~ — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Tipperary PO Man — EFFECTIVE

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED PLACE MAY 7 1919 REASON AUTHORITY 20130 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							10	24	10	24																								10	24	Cr BAL. ENG. L. P. C. 10 24/25
30-4-19																																				Pte to 16-5-19
1/5 to 16/5	16	1.-	17	60	35	00	10	24									9	73									15	00			13	28	4			Clothing Allce. 1st payment W.S.G.
					70	00			132	84							4	87																		Advances - Boat - Train
																	5	00																		A.P. chgd. on Eng. L. P. C. to
																	98	24																		
		A.S.C.															War Service Gratuity.						A.S.C.													Soldier 1st Payment W.S.G. as above
122 Days			280	00			280	00															70	00									210	00		
																											9	90					200	10		2nd 9.90 Pte Pd
4/6																	75349						70	-	1								130	10		70 - 2nd Pay W.S.G.
47																	78/3781						70		1								60	10		70 - 3rd
																	120M502						60	10	1											Hdk Final
							280	-	1	7/8/19.													270	10	1		9	90	1		280	-	1			

AUDITED AUG 1919 Audit Clerk M.D. 10

200M-3-19.—L. L. 38788-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of enlistment on A.F.B 390.
does not correspond with A.P.

79

D.A.M.
O.G. 1.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge
Class "A" No. 167657

MEDICAL DOCUMENTS FORWARDED TO S.G.S. or P.B.C. on MAY 26 1919

1. No. 2380286.
2. Rank. Pte.
3. Name. Hodgins. Adam.
4. Unit. 8th CDN. BATTALION (90th RIFLES).
5. Date of Discharge 4. 5 19 Place Winnipeg Man
6. Reason for Discharge Demobilization
7. Authority. DO 130
8. Proposed Residence after Discharge Tipperary Man

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

Adam Hodgins
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "M" MAY 7 1919 Military District No. 10

Place

Date

Signature W M Stanley Lt
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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 (A.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. 39)
   (Enclosed in special envelope (C.O.M.)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.S51). a Duf
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 9

Date 24.4.19

Original 79

25
1
C

THIS FORM WILL BE USED FOR ALL RANKS

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.

4th Wing C.C.C. STATION Witley DATE 4/4/19

1. 1 (a) Unit 1st CanBn (b) Regimental No. 2380286 (c) Rank Pte

(d) Surname Hodgins (e) Christian name Adam

(f) Home address Tipperary P.O. Man.

(g) Next of Kin Adam Hodgins Sr. (h) Relationship Father

(i) Address of Next of Kin Tipperary P.O. Man.

2. Age last birthday 25 years Date of birth 2.8.1893

3. Enlistment, or Appointment (if an Officer) (a) Place Tipperary, Man. (b) Date 30.1.18

4. Personal description: Estimated

(a) Height 5'-7" (b) Weight 168 lbs. (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Three vaccination scars Apm, Rt. One vaccination scar Arm Lt, Scar over Scapula, Lt.

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
	1	63

	Periods	
	From	To
Canada	30.1.18	17.4.18
England	17.4.18	5.9.18
France or other theatres of War	5.9.18	27.3.19

7. Original disease, or injury OTITIS MEDIA SUB-ACUTA

(a) Date of origin February 1919 (b) Place of origin Belgium

(c) Cause Active Service Conditions & ~~Contracted~~ Influenza

M. F. B. 227.

400M.—11-18.
1772-39-117.

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.)

Defective Hearing Both Ears

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.)

Ear- Specialist Report dated 31.3.19:-

Suddenly Otitis Media

Hearing	Rt.	Lt.
Voice	15-1	15-1

Condition was not present before enlistment and has been caused by Service.

Lgd: F. A. Macneil, Capt. C. A. M. C.

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

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).)

Documentary Evidence:- Nil

Soldier's Statement:- Defective Hearing Both Ears since attack of Influenza 5 weeks ago. Ears never troubled. Negative history prior to enlistment.

79

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).)

Chilblained - Hands. Recovered
28.9.18 D.S.V. Shrapnel Lt. Recovered. No disability.
8.3.18 Bronchitis. Recovered.

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

Scar 3" long over scapula, Lt. (D.S.V. 1918)

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

(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.)

N.A.

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? Six months

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? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations N.A.

H. V. Swanwick Capt. C.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 2380286 Pte Hodgins A. 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

Adam Hodgins Pte Rank.
Signature of invalid examined.

79

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~~.)	Yes A.
(*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.)

R.T.C. Auth. Ag. Tic. 9083 g 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.

H B Woolsey Capt. *President.*

PLACE "A" Comp. C.C.C. Witley — J H [illegible] Capt. } Members

DATE 4/4/19

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

for W W Stovell Capt., C.A.M.C.
Assistant Director of Medical Services.

DATE April 4th. 1919.

APPROVED BY

.....
Director-General of Medical Services.

DATE.....