Duplicate

Card 96 19/7/16.

ATTESTATION PAPER.

No. 1009789

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Jasmin
1a. What are your Christian names?	Sebastian
1b. What is your present address?	Bender, Sask.
2. In what Town, Township or Parish, and in what Country were you born?	Sedan, Ardennes, France.
3. What is the name of your next-of-kin?	Francis Jasmin
4. What is the address of your next-of-kin?	Bender, Sask.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	April 14th 1889
6. What is your Trade or Calling?	Farmer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sebastian Jasmin, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Sebastian Jasmin (Signature of Recruit)

Date March 27th 1916 J H Jones (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sebastian Jasmin, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Sebastian Jasmin (Signature of Recruit)

Date March 27th 1916. J H Jones (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Bender, Sask this 27th day of March 1916.

Thomas Anton Skillston (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Trans. noted 17-4-17 [illegible]

Description of Sebastian Jasmin on Enlistment.

Apparent Age 27 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height ..... 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 35 ins.
- Range of expansion ..... 2½ ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic ..... Yes
- Jewish .....
- Other denominations .....
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date April 3rd 1916.

Place Grenfell, Sask.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Sebastian Jasmin having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

Date April 3rd 1916.

REGIMENTAL DOCUMENTS

NAME JASMIN SEBASTIAN (Pte. REGT. NO. 1009789 UNIT L.S.H. H. Q. FILE NO.

H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Retd 18-12-49			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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				03670	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					M. U.
	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)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192 Hall. Card-1					
2	F.C.D. 3					
1	M.F.W. 67					2
1	M.F.W. 129					7-22
2	Cascard					22-22
						26 22
1	Bin 1 pay card					
					1 1	

46

H

W. 2599
100M-11-18
1772-35-1377

Surname	Christian Name or Names	Reg. No.
JASMAN	S.	1009789
Rank 1. Pte.	Unit 1. C.Cav. LSH	
2.	2.	
3.	3.	
4.	4.	

3721

Cas List.	Hospital and Diagnosis	Date
4-4-19 A483	2 Stat. Abbeville	23-3-19
	Scabies R Disch	
9.4.19 A487		30.3.19

A.M.D. 2 DEPT.
Rec'd at D.G.M.S. O.M.F.O. London.

Cas. List.	Hospital and Diagnosis.	Date

Form R. 149.

Sebastian 1009789.

Name JASMIN Rank Pte. Reg. No.

Unit L.S.H

Next of Kin Canada 3721

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-3-19	No. 2 Sty. Hosp. Abbeville		"Scabies"	A483		7657-4
30-3	Disch. to Base		do	A467		7696-8

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

Number 1009789 Rank Pte.

Surname JASMIN

Christian Name Sebastian

Units 46th Bn. Can. Inf. Theatre of War France

Date of Service 28-12-18

Remarks

Latest Address Bender P.O.
Sask.

Roll No. B Page 15602

200m.-2-21.M.

DEPT. AUG 4 1922
REGN. NO. 9:30630

REG. NO. 1009789. 3721 NAME (SURNAME FIRST) Jasmin S.

RANK Pte CORPS 217 Batt.

AGE 18 SERVICE

NAME OF HOSPITAL Military Infectious PLACE Halifax N.S.

DATE OF ADMISSION 16-5-17.

DISEASE Mumps.

DISCHARGE 7-6-17

OPERATION

DISCHARGED TO DUTY yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No. 1009789 RANK Pte NAME Jasmin D

T. O. S. UNIT 229th Battalion

M. D. 12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Apr. 3	Apr. 15	~	Trans. to 217th Bn.	B.O. 94 of 20.4.16.
April 16	April 16	N.	Now shown on 217th Bn. pay list	April pay list.
April 17	May. 31	~	Leave Furlough 17-4-16 to 17-5-16	DO 51 of 21-4-16.
	June	~		
	July.	~		
	Aug.	~		
	Sept.	N.		
	Oct.	~		
	Nov.	~		
	Dec.	~		
1917	1917			
	Jan.	~		
	Feb.	~		
	Mar.	~		
	April	N.	Now shown on M.D. # 6.	
	May	N.		

NAME Jasmin S. REGT. No. 1009789

RANK AND UNIT Pte. Can. Cav.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-393.

3721

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1473	2nd Stat, Abbeville	23-3-19	Scabies
1487	Discharged	30-3-19	"

SURNAME. Jasmin

CHRISTIAN NAMES Sebastian

REGL. No. 1009789 RANK Pte

UNIT ~~229th~~ 217th.

FORMER CORPS Nil

*0*12 CARD NO. ✓

SOS Dis 18-6-19
m u FOLL.
Auth. Do 169 18-6-19
12 DD

Bn

NEXT OF KIN.

NAMES IN FULL Jasmin, Francis

RELATIONSHIP TO SOLDIER Father

ADDRESS Bender, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH France Sedan, Ardennes DATE Apr 14th 1889

PLACE OF ATTESTATION Bender, Sask DATE Mar 27. 1916.

Trans from 229th to 217th Bn. Auth 217th Bn. N.R. 31-3-17. N/C 9-6-19. 345/63 Pte

L. L. 94504. M. & D. 6512. O/S 2-6-17.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Halifax per ss. "Olympic" 2-6-17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE	27	YEARS		MONTHS	
HEIGHT	5.	FEET	7.	INCHES	
CHEST MEASUREMENT	35.	INCHES	EXPANSION	2½.	INCHES
COMPLEXION	Dark	EYES	Brown	HAIR	Black.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Grenfell, Sask DATE Apr 3rd 1916.

Present Address. Bender, Sask.

No. 1069789 RANK Pte NAME Jasmin, S

T. O. S. UNIT Composite Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917 June 23	1917 June 30	n	217 ch Bn Att for Pay. 22-6-17 Trans to own unit 01530-6-17	DO 152 of 27-6-17 DO 150 of 23-6-17

*Name JASMIN S. Rank Pte. Regtl. No. 1009789

Fyle Depot

Original unit 229th Present unit M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
2-6-19	TOS.#12 DD.andposted to Casualty Coy. 13-6-19	168-983
18-6-19.	Posted from Casualty Coy.to Discharge Section.	169-994.
19-6-19.	Discharged from H.M.S. M.U.Sickness.	169-993.

*—Name will be given in full; surname first.

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

Form R 122.
2353—100M—9-12-16.

3721

C.R. Rank Name JASMIN. Sebastian. Reg'l No. 1009789.

Unit Composite Dft. to Nova Scotia Regt. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment 2/7th Bn. Bender. Mar. 27th, 1916. Place of Birth Sedan, Ardennes.

Name and Address, Next-of-Kin Francis Jasmin.

Bender, Sask., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 5287
File R.L.
Category CAN. OR

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.
		ARRIVED IN ENGLAND 5 7 17 S/S JUSTICIA.				
27-7-17.	19th Rs.	T.O.S. on arriving from Canada.	Pte	B'shott	5-7-17.	Pt II 208.
14.10.17	19th R Bl	S.O.S on posg to 15th R. Bln	Pte	B'shott	14.10.17	Pt II 287 A + 15th R.B. Pt II 281 d/15 10/17
1.3.18	15th Res	S.O.S to 46th ~~28th~~ Bn	Pte	B'shott	28.2.18	" 60 + 46th Bn 9 r/11 47/11.3.18
3.5.18	46th Bn	S.O.S to L.S. Horse	Pte	Field	11.4.18	" 37 L.S.H.D.O. 343 d 6 4/18
9 4 19	CRCR	T.O.S from France		Rhyl	7 4 19	Pt II O 95 + 43 d/24 4 19 6 R L
2 6 19	MD13	S.O.S to Canada SL 63		"	2 6 19	Pt II O 128

A.F.B. 103 CHECKED 5 MAR 1918

5 W 63 O 63
2-6-19

Sask

N009789 Jasmin S.

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.						

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 21st Battalion C.E.F.

Regimental No. 1009789 Rank Private Name Jasmin Sebastian JASMIN

Enlisted (a) 22/3/16 Terms of Service (a) DURATION OF WAR Service reckons from (a) 27-3-1916

Date of promotion to present rank. Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged W. S. B. CLASS. A Qualification (b) Farmer

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 Canada	Halifax	23/6/17	"Justicia"
		Debarked England	Liverpool	5/7/17	
27.7.17	O.C. 19th RESERVE	TAKEN ON STRENGTH FROM 21st Batt.	BRAMSHOTT	5.7.17	PART II. DAILY ORDERS No. 208
	14-10-1917 O.C. 19th Res. Bn.	Posted to the 15th Reserve Battalion, absorbing the 19th Reserve Battalion.	Bramshott	14-10-1917.	Part II D.O. 287A W.T. Martin Capt. a/Adjt 19th Can. Res. Bn.
OCT 15 1917	O.C. 15th RES. BN.	TAKEN ON STRENGTH FROM 19th Res.	BRAMSHOTT.	14.10.17	PART II. DAILY ORDERS No. 281
MAR 1 1918	O.C. 15th RESERVE	PROCEEDED OVERSEAS FOR SERVICE WITH 46th BATTALION	BRAMSHOTT	FEB 28 1918	PART II. DAILY ORDERS No. 60 E.E. Kemble a/ADJUTANT 15th RESERVE BATTALION.
1.3.18	4 C.I. Bd.	Taken on strength 46th Bn on arrival.	France	1.3.18	NR/551 Pt II O/17 d/11/3/18
3.3.18	do	To C.C.R.B.	Field	3.3.18	NR/1020.
13.3.18	66 R.L.	Joined	"	13.3.18	NR/138
11.4.18	do	To 5th Cavalry Bde	"	11.4.18	NR/D429

CERTIFIED CORRECT. 6 MAR 1918 CANADIAN RECORDS LONDON.

(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.

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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				
11·4·18	als	S.O.S 46 Bn on leave to L.S.H.(R.C.)	Field	11·4·18	WR/D429 dy 4265(O) dy 5·4·18 KR200 dy 9·4·18 P.R.II 037 dy 3·5·18
5-4-18	A.G.	T. on S. of L.S.H. on transfer from 46th Bn		12-4-18	A.G. 4265(O). P.R. II 043 d/6-5-18
20-4-18	L.S.H	Arid Unit.	Field	15-4-18	B-213.
14-7-18	"	On command to C.C.R.C, Abbeville		25-4-18	K.C. 17-1346-1.
27-7-18.	3rd Cav. Div. Details	Sentenced to 7 Days F.P.No 1, 26-7-18, for. "When on Active Service absent without leave from 5.30 a.m. 25-7-18 to 9.45 a.m. 26-7-18." Forfeits 2 Days Pay under R.R.			B2069. P.R. II 080 d. 7-8-18.
18-8-18	L.S.H.	Rejoined Unit from Hospital		16-8-18	B-213
5-10-18.	"	On command to C.C.R.C. Abbeville		30-9-18	"
12-10-18.	"	Joined Unit from C.C.R.C		7-10-18.	"
14-12-18.	"	Attd Signal Troop, Cdn Cav Bde		13-12-18	B-213
11-1-19	"	Ceases to be attd. Hqrs. C.C. Bde on being granted 14 Days Leave to Paris		10-1-19	B-213. P.R. II 65 of 1919
1-2-19	"	Attd. Sig. Troop. Cdn. Cav. Bde on rejoining from Leave.		25-1-19	B-213
		Lieut. Lewis Levy reported ex Cadre. Lieut. R.D. Kinnear Rec'd 3-2-19			T/R. C.C.C.
9-4-19	C.R.C.	T.O.S from France	K.P.C.	7-4-19	Lieut. A.A.G. Canadian Section

C.A.D.C. 5009A

3721

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 12.

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) Jasmin S.

REGIMENT L.S.H. RANK Pte. No. 1009789

Date of Examination in England 8/5/19. | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

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

E W Mountain Capt Major
A.D.D.S., C.A.D.C., M.D. 12

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer H W Reid Capt

3721

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1009789 (Rank) Private

Name (in full) Sebastien Jasmin enlisted in

the 229th Battalion

CANADIAN EXPEDITIONARY FORCE at Bender on the 27th

day of March 1916.

HE served in France with L.S.H.

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

~~Medical Unfitness~~. Sickness

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

Age 30 yrs

Height 5' 7"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

S Jasmin

Signature of Soldier.

Issuing Officer.

Date of Discharge

Dispersal Station "O"
JUN 18 1919
Military District No. 2

Rank MAJOR

Date 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.

A. No. 207843

War Service Badge, Class
issued B. No.....

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.

Discharge Section

JUN 18 1919

NO. 12 DISTRICT DEPOT

3721

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 .....

Regimental No. 1009789 Rank Pte C. E. F. Name Jasmin S.

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				
	D.D.O. Part II	T.O.S. No. 12 DISTRICT DEPOT	REGINA		
17.6.19	168.983	From Clearing Depot.		2.6.19.	
				Capt. O.C. Casualty Company, No. 12 District Depot	
18.6.19	Cas Coy	Discharged M. H. Sickness	Regina	18.6.19	DDO 169-993
		Lieut. & A/Adjt. No. 12 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				

3721

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 109789 Rank Pte Surname Jasmin
(Given name in full) Sebastian

Unit or Corps M.C.R. Birthplace Bender Saskatchewan

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 152 lbs. Height 5 ft. 8 in. Colour of Eyes Brown

Nutrition Good

Pulse 76

Condition of arteries Soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
1 vaccine left arm

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Scabies France 1919. = O.K. now.

(If space is insufficient, continue on back of form.)

[OVER]

3721

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Himmel Park Camp (Overseas)

Date 9/5/19 Signed J. R. L. Eddie M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature X. S. Jasmin

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.

3721 ORIGINAL

ORIGINAL MEDICAL HISTORY SHEET.

Surname Jasmin Christian Name Sebastian

Examined on 27th day of March 1916 at Bender, Sask

Birthplace City or Town Sedan County Ardennes, France

Apparent age 27

Trade or occupation Farmer

Height 5 Feet 7 Inches.

Weight 145. Lbs.

Chest measurement Minimum 32½ inches. Maximum expansion 2½ inches.

Physical development Good.

Small-Pox Marks None.

Vaccination Marks Arm Right. Left. 1 Number

When Vaccinated last Infancy.

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection None.

Approved by [signature]

Rank D. C. Hart M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
26 6/16	—	D. C. Hart M.O.
4 7/16	—	D. C. H. M.O.
18 7/16	+	D. C. H. M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
17/6/16	+	D. C. Hart M.O.
26/6/16	+	D. C. H. M.O.
3/7/16	+	D. C. H. M.O.
7/7/17	TAB-1	J. W. W.
15/7/17	TAB-2	

Enlisted on 27th day of March 1916 at Bender, Sask.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	229 - Bn	1009789		27-3-1916
Transferred to	217 - Bn.	1009789		April 16-16.
	19th Res Bn			5-7-1917
	15th Reserve			14-10-17.
	46th Bn.			28/2/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kinmel Park Camp	9/5/19	Category A	J R L Ed & Lt Cany.
Regina, Sask	14/6/19	D. A. H	John J Whyte Capt

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Jasmin Christian Name Sebastien

3721

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.

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 ..... 229th Overseas Battalion,

(2) Regimental Number ..... 1009789.

(3) Full Name of Soldier ..... Jasmin, Sebastean.

(4) Place of Birth ..... Sedan, Ardennes France.

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

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

(b) Present Postal Address .....

(7) Are you a widower ? .....

(8) Have you any children ? .....

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

Also their names and ages .....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Francis Jasmin, Bender, Saskatchewan

(10) Is your Mother alive? Yes

If so, state name and address Amelie Jasmin
Bender Saskatchewan

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

A B Gillis LIEUT. COLONEL
COMMANDING 217th. BATTALION
Officer Commanding.

Date.....

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 28/1/75

NAME
NOM JASMIN, SEBASTIEN

Service No. W.W.1
Matricule No 1009789-Army-(C.E.F.)

CPC No.
CCP No 150168

WVA No.
AAC No 27872

Information Received from:
Information reçue de: Telex from D.S.S.-EDO--Edmonton, Alta.

Date of Death
Date du Décès 14/1/75

Place
Endroit N/K

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

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

DVA 24 (Rev. 2-70) BIL.

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Sedan Ardennes France

NAME AND ADDRESS OF NEXT OF KIN: Mrs F Jasmin Bender Sask.

RELATIONSHIP OF NEXT OF KIN: mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $: EFFECTIVE (DATE):

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 1009789 RANK Private NAME Jasmin Sebastian

IF IN PERMT. CORPS WHAT UNIT } UNIT 217th Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Bender Sask.

DATE OF ATTESTATION March 27/16

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/4/18

PAYABLE TO Mrs F. Jasmin. Bender. Sask. Canada RELATIONSHIP Father.

ASSIGNED PAY MONTHLY $: DATE EFFECTIVE:

PAYABLE TO: RELATIONSHIP:

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE): EFFECTIVE: REASON:

DISCHARGE DATE AND PLACE: REASON AND AUTHORITY:

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE):

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE):

DATE 1917	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
July 1														30 25	30 25																30 25				Bal. for Canada.
" 1/31	31	1/10	34	10											34 10															64 35		15	49 35	
Aug	31		34	10											34 10															98 45		30	68 45	
Sept.	30		33	101/20										30 25	33 131/45	677	30/7	528 729	30/8 15/8.	187	9-7-17	217 Bn.	973	1460 3407	487		416	6743	6402		45			9 - 3371 - 8-5-17.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct	Bal fwd.	~~6402~~							6402 45		
	Pte Pay	34 10		AR. 1011 - 19th Res. 29-9-17	4 30				90 82		
		34 10		a.R 13/10 19 Res. Bn.	7 30						
Nov.	"	33		1092 a.R 31/10 19 Res. Bn.	973						
Dec	"	34 1/50		1026 15 Res Bn.	973						
				aR 926 15/9. 19 Res.	973						
				A.Q 4005/3857. 30/8	18						
				a/R 1197 15/11 15th Res	973				8 8 11 ~~88~~		
		67 1/50			39 10						

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Jan	P.P.	34 10		a/c					118 82		
				aR 1324 30/11 15 Res	973						
				aR 1390 14/12 "	1947				123 72	105.	
		34 10			29 20						
Feb.	P.P.+A.	30 80		aR 1537 15/1 15 Res.	730						
				" 1670 31/1 "	973				137 49	120	
		30 80			17 03						
Mar	P be pay	34 10		aR 1837 15/2 "	730						
				aR 1989 28/2 "	973						
				aR 1364 H.Q. Staff & R.C. 13/3/18	357						
				aR 1453. 46th Bn. 7/3/18.	446				146 53	135	
		34 10			2506						

61

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT		
MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																								

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–	1st April 1918.	EFFECTIVE DATE:–	
AMOUNT:–	15 00	AMOUNT:–	

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.

Mr F. Jasmin. (Father) A2M.
Binder. Sask
Stopped Eff 1.6.19

ASPS. adv. 10/2/20
Sent 7 days FP #2. 4/9
" DO 55 12/9 Rec List

NAME:– JASMIN. Sebastian. KC
NUMBER:– 1009489

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 214th Bn.
DATE ACCOUNT FIRST OPENED:– 1st July 1914

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			S.R.D.
D.R.	1/4/18.	25/4/18.	46th Bn.
43 5/4/18	1/6/18	19/6/18	L. S. H

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
12/5	593	CR CR	~~4 60~~				
						Ledger Bal. Cr.	147 82
						LPC Bal. Cr.	133 22

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
✓	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Joined Canada Eff 1.6.19 Def'k 9088 Rhyl 16.5.19 Rhyl Feb 12

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31st	Bal forwd.								146 53	135	
Apr.	P P to	33		a.p.				15			
				a/c 5 4/4/18 ~~Hdqrs~~ H.Dw.Wmp	4 46						
				✓ 121 16/4/18 ✓ 803	3 57				156 50	135	
		33			8 03			15			
May	✓	34 10		a.p.				15			
				D/W. 56. 22/4/18. L. S. H. 3.57	3 57				172 03	135	
		34 10			3 57			15 15			
June	✓	33		a.p.				15			
				306 15/5. ccdp ✓	3 57						
				212 30/4 " ✓	3 57						
				~~444~~ 28/5 " ✓	3 57				179 32		
		33			10 71			15	179 32		
July	" "	34 10		b.a.p.				15			
				762 26/6 "	3 57						
				570 11/6 "	3 57				191 28		
		34 10			7 14			15			
Aug	" "	34 10		7 days FP #1 26/7/18. & 1 day RW. A.W.L. 5.30 A.M 21/7/18 to 9.45. 26/7/18. D.O. 80. 7/8/18		8 80					
				c.a.p.				15			
				463 26/8 LSH.	3 57						
				~~998~~ 4/8 ccdp	3 57						
				884 23/7. "	7 14				187 30	135	
		34 10			14 ~~28~~ 36	8 80		15			
Sept	" "	33 -		c.a.p.				15			
				534 10/9. LSH	3 57						
				573 25/9 "	3 57				198 16		
		33			7 14			15			

COMPARED BY W.R.A.
CHECKED BY Morgan

NUMBER 1009789 RANK Ste NAME Jasmin S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									198 16	135 -	
OCT 1918	P P	34 10		C A P				15	Apc agreed		
				622 L S H 16/10/18	3 73						
				760 " 30/10/18	3 73				209 80		
		34 10			7 46			15			
Nov	"	33		C A P				30			
Decr	"	34 10		1013 " 27/11/18	7 46						
1919				895 " 15/11/18	9 33						
Jan	"	34 10		C A P				15		135	
				1098 " 12/12/18	3 73				245 48		
		101 20			20 52			45			
Feby	"	30 80		1200 " 26/12/18	3 73						
Mar	"	34 10		C A P				15			
				1324 " 12/1/19	9 33						
				1794 Depôt Paris 15/1/19	27 99						
				1359 " 10/1/19	27 99						
				1051 " 19/1/19	23 32						
				2108 " 15/1/19	22 39						
				1016 " 17/1/19	23 32						
				1352 R C D 14/2/19	3 73						
				C A P				15			
				1878 L S H 23/3/19	3 73						
				1757 " 16/3/19	3 73				134 12		
		64 90			149 26			30			
Apl	"	33		C A P				15			
May		34 10		C A P				15			
				C B 70 1.4.19 Colchester	4 56 ✓						
				C P # 59327 6.4.19 London	2 43 ✓						
				C B 714 8.4.19 Kinmel Pk	9 73 ✓						
				Forfeits 3 days pay 15.4.19 A.O. 111 25.4.19 C.R.-L.R.		330 ✓					
				C B 159 24.4.19 Kinmel Pk	9 73 ✓						
	Ent. Def Pay 9 33			" 593 12.5.19 "	14 60				133 22	90	
	76 45				41 05	330		30			
				4281 R.P. Embarkation 26/5/19	9 73				123 49		
					9 73						
				(Leaving Unit 6/3 L.S.H. mtd 12 202 Sqn Canada 26/6/19							

14-J-126

M 3721

War Service Badge
Class "A" No. 207843

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

7-7-31

A C. R. JUN 21 1919 Mil. Dist. No. 12

1. No.	~~551040.~~ 1009789.
2. Rank	Pte.
3. Name	JASMIN. — Sebastion
4. Unit	~~CRCR — LSH —~~ LSH. 229 Bn.
5. Date of Discharge	18. 6. 19 Place Regina
6. Reason for Discharge	~~Demobilization.~~ Med. Unfit Sickness
	Father. R.C.
7. Authority	R.O 1420 & DDO 169-993
8. Proposed Residence after Discharge	Bender — Sask.

28 1 A

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. ?

S Jasmin
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents forwarded to S. C. R. or B. P. C. on 26-6-19

Place

Date

Dispersal Station "O" JUN 18 1919 Military District No. 12

Embarked Liverpool 2 June 1919 Halifax 9 June 1919

Signature
(O. C. Discharging Unit.)

MAJOR

M.F.B. 218a—50M.-12-18—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. 89)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 89a).
10. Dispersal Certificate (C.D 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

1

Group 2

Checked by No. 28

[illegible]

Date 25/5/19

3721

MEDICAL HISTORY OF AN INVALID.

HEADQUARTERS OFFICE
NEW BRUNSWICK TROOPS
ST. JOHN, N. B.
JUN. 6 1917
No. N.B. 4-7-1334

1. Station. Pitt St. Hospital
2. Regiment or Corps. 214 Batt.
3. Regimental No. and Rank. 1009489. Pte.
4. Name. Sebastian Jasmin
5. Age last Birthday. 28
6. Enlisted on March 27. 1916.
   at Grenfell. Sask.
7. Former trade or occupation. Farmer.

8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date.

9. Service. 214 Batt. 1 Years. 2 mths Days. 4

	PERIODS	
	FROM	TO

MILITARY DISTRICT No. 6
HALIFAX, N. S.
JUN 9 1917
59-J-15
M. D. No. 6

10. (a) Disease or disability. Mumps
    (b) Date of origin. May 16th 1916
    (c) Place of origin. St John N.B
    (d) Cause. Contact with others

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Completely recovered

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.
200M. 8-16.
1772-39-117.

3721

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment.

Pitoli Hospital

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Recovered

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Not any

18. State if for discharge on account of unfitness for Service.

No

Medical Officer by whom the case is brought forward.

3721

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. yes

11. yes

12. yes

15. yes

16. yes

17. yes

18. Is he unfit for Military Service. no

Recommendations: The Board recommends that #1009789 Pte Sebastian Jasmin is medically fit for over seas service, Category "A"

Signatures :—

E O Thomas Capt President.

W B Wolcy Capt

Members.

Station. Pitt St Hospital St John N B

Date. June 6th 1917

Date.

Approved.

Date.

APPROVED 6-6-17 A C Wilson Capt S.M.O. FOR A.D.M.S.M.D. No. 6 and G.O.C.M.D. No. 6

Asst. Director of Medical Services.

Director-General of Medical Services.

3721

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m.-8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

General Medical Board
REGINA, SASK.

3724.

A. D. M. S.
JUN 17 1919
M. D. 12.

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.

STATION Regina Sask. DATE June 14th 1919

1. 1 (a) Unit 12 D.D. Lake 217 Butt (b) Regimental No. 1009489 (c) Rank Pte.

(d) Surname JASMIN. (e) Christian name Sabastian.

(f) Home address Bender. Sask.

(g) Next of Kin Mr F. Jasmin (h) Relationship Father

(i) Address of Next of Kin Bender. Sask.

2. Age last birthday 30 Years. Date of birth April 14th 1889.

3. Enlistment, or Appointment (if an Officer) (a) Place Grenfell. Sask (b) Date 27th March 1916

4. Personal description:

(a) Height 5 ft 8 inches (b) Weight 142. lbs (stripped) (c) Complexion Medium.

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

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3.	79.

	Periods	
	From	To
Canada	9. 6. 19 24. 3. 16	to date 23. 6. 17
England	4. 4. 17.	2. 6. 19 28. 2. 18
France or other theatres of War	1. 3. 18.	7. 4. 19.

7. Original disease, or injury D.A.H.

(a) Date of origin April 1919 (b) Place of origin France

(c) Cause General Service Conditions

M. F. B. 227.
400M.—11-18.
1773-89-117.

 3721

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.)

D.A.H.

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.)

Objective: General physical condition good. Nutrition, strength & weight normal. Lungs clear, other systems normal except underneath.
Cardio-Vascular System: Rate of pulse at rest 100 with intermittency, after 20 body swings, 120, effort syndrome normal, pulse returns to 98 in one one half minutes, no appreciable dyspnoea. Left border of heart within mid-~~sternal~~ clavicular line, apex impulse in 5th left interspace 3/4" inside nipple line. No murmurs or other adventitious sounds to be made out. There is a slight fullness over thyroid which suggests commencing Goitre. B.P. Systolic 150. D 95. pp. 55. Subjective: Complains of a sense of fullness in neck. Also of pain over sternum, exaggerated on actively using arms or in deep breathing. Says he gets out of breath on exertion, but can get about as ordinarily

(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).)

Enlisted Nov. 27th 1916. In France 14 months. No hospitalization in France or England. Except two weeks in No 2 Gen. Abbeville 16/8/18. Colds & Scabies. Began to notice some slight trouble with throat & neck after return to England in April 1918. with pain over left chest.

1372 3

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*).)

Nil

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

Not applicable

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.)

Not applicable

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? Indefinite

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

None

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.

John J. Whyte, Capt.
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 Sabastian Jasmin 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 Nil

Sebastian Jasmin Pte Rank.
Signature of invalid examined.

 3721

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.

Board Concurs

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.)

n.a.

20. It is certified that the invalid

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

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

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

n.a

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.

[signature] Capt. President.

PLACE Regina, Sask. John J White, Capt. } Members

DATE 14/6/19.

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 [signature] for Assistant Director of Medical Services.

DATE June 16/19

APPROVED BY

Director-General of Medical Services.

DATE.....

Date of Enlistment: ~~Not Stated~~

MILITIA AND DEFENCE

Separation and Assigned Pay Branch J

OVERSEAS CONTINGENTS

Date of Assignment: 1117 April 1-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 217" Bn.

Beneficiary

Relationship

Address

9L10 J4 EA

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 F.JASMIN,
2 BENDER,
SASK. 15 15.00
3 % 1009789 PTE S.JASMIN
FIFTEEN DOLLARS
4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	
1918	April	Y 9817		15	15	✓
	May	F 8890		15	15	✓
	June	C 18940		15	15	✓
	July	R 28639		15	15	✓
	Aug	F 34317		15	15	✓
JB	Sept	J 42937		15	15	✓
	Oct	J 55289		15	15	
	Nov	E 51837		15	15	
	Dec	U 65089		15	15	—
1919	Jan.	F 75387		15	15	—
	Feb.	G 77142		15	15	—
	Mar.	G 83738		15	15	—
	April	F 4173		15	15	—
	May	U 7462		15	15	J
	June	R 9652		15	15	J
				225	225	

Fyle 9478-S-2 REMARKS N.R. 217

AUTHORITY FOR NEW ACC'T.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

30-6-19 A/c Closed
Ret'd per Lapland
Date 9-6-19 E.X. 17-6-19
MAH 12 Clerk E. A. Johnson MR 0126030

AUTHORITY FOR NEW ACC'T. 2 M. 28 2/18 G. Girling 24 4/18

AUDITED Aug 4 19

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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.
400m.—6-17—1772 39-1141.
L. L. 22820)—M. & D. 7993.

File. J. 365.

Lapland 9/6/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 1009789 | RANK Pte | NAME (IN FULL) JASMIN S.

NEXT OF KIN | RELATIONSHIP

ADDRESS Bank of Toronto, Kennedy, Sask.

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 229th Batt. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 27/3/16 | TRANSFERRED TO No. 12 DISTRICT DEPOT | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1/4/19

PAYABLE TO S. Jasmin | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bender. Sask

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Regina Sask | DATE 18/6/19 | REASON Demob. | AUTHORITY DO-69 | ENTITLED TO POST DISCHARGE PAY Yes

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 $	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																																						
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												Boat						4	87																			
												Train						5	00																			
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																		WAR SERVICE GRATUITY M.D. 12																				Lt Col
																																						CAPTAIN.
																																						For ASST. DIRECTOR OF PAY SERVICES MILITARY DISTRICT No. 12
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																												70				212	20	207	80			635951 AUG 18 1919
																												70				282	20	137	80			645440 SEPT 18 1919
																												70				352	20	67	80			653510 OCT 18 1919
																												67	80			420						657056 NOV 18 1919
			420	=			420	=																				420				420						

I certify that all payments due on this account have been completed.

Paymaster
Paymaster War Service Gratuities
Military District No. 12.

GENERAL AUDITOR'S DEPT. OTTAWA DEC 10 1919 DISTRICT

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.