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ORIGINAL

C.

ATTESTATION PAPER.

No. 830127

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Lee
- 1a. What are your Christian names?..... Ingval
- 1b. What is your present address?..... Hendrum Minnesota U. S. A.
2. In what Town, Township or Parish, and in what Country were you born?..... Hendrum Minnesota U. S. A.
3. What is the name of your next-of-kin?..... John Lee
4. What is the address of your next-of-kin?..... Box 26 Route 2 Hendrum Minn. U. S. A.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... March 19th 1895
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?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ingval Lee, 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.

Ingval Lee (Signature of Recruit)

Date December 18th 1915 . E. J. P. Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ingval Lee, 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.

Ingval Lee (Signature of Recruit)

Date December 18th 1915 . E. J. P. Anderson (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 Winnipeg Man this 18th day of December 1915.

J. E. Thompson (Signature of Justice)

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Description of Ingval Lee on Enlistment.

Apparent Age.....20.....years0.....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. 0 1/2 ins.

Chest measurement. { Girth when fully expanded.....30 ins.
Range of expansion.....3 1/2 ins.

Complexion.....Dark.....

Eyes.....Brown.....

Hair.....Black.....

Religious denominations. { Church of England.....
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other denominations.....X.....
(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.....December 18th.....1915.....

Capt *[Signature]*

Place.....Winnipeg Man.....

Capt.....
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.

Ingval Lee

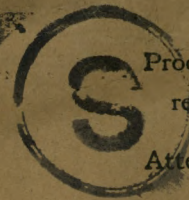
.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

December 18th

[Signature].....(Signature of Officer)

Date.....1915.....

Lt. Col
144th. OVERSEAS BATTALION C. E. F.
(90th. RIFLES)

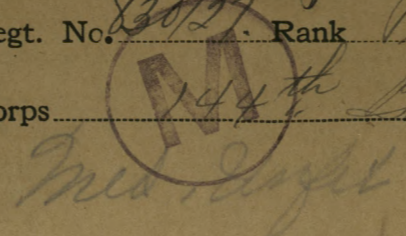


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

8

Name Lee. Ingral
 Regt. No. 830277 Rank Pte
 Corps 144th Bu



M

R. O. No.....

H. Q. No.....

Miss Baber
830277 9-10-18

Rec'd 27-1-20
Sub 7-1-20

18120



4-213122
1-200
cas cards - 2
1-213122

pcard-1



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Name **LEE, Ingval,** Rank **Pte.**

Reg. No. **830127.**

Unit **6th Battalion.**

Next of Kin **U.S.A.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
25-7.	No. 1. Cas. Clg. Station. DANGEROUSLY		WOUNDED.	A. 720.	M. 5797.	
27-7	Condition Improved gln Chest, A. 725 M					
28-8	No. 5. gln Hosp Return.				5828.	
12-8	do. Dangerously Ill do.			A. 732	M.	
23-8	do. now <u>Seriously</u> Ill do.			A. 745	5867.	
30-8	do. Removed from Ser Ill list			A. 751	5956.	
29-8	Tr. 6. Aux. Hosp Winchester			B. 2.	5993.	
21-9-17.	In G. H. Bearwood.			B. 19.		2494.
8-11-17.	Horton Co. Linn. Epson.			B. 60.		5411
	Delete entry appearing on G. L. B. 60 B. 85					

11am
Number. 830127 Rank. Pte

Surname. LEE

Christian Name. Inghal

Unit. 8th Bu. Can. Inf. Theatre of War. France

Date of Service. 21-4-17

Remarks.

Latest Address. Sexsmith Alta

Roll No. B Page 4232.

es. a 20858. Desh JUL 7 1897

NAME

Lee, Ingvall,

*S.O.S. dis.
22/3/18 7/1/13*

✓

RANK & No.

Pte.

830127

CORPS

144 ^H

Battalion

ENLISTMENT, PLACE

Winnipeg

DATE

Dec. 18th 1915

FORMER CORPS

nil.

COUNTRY OF BIRTH

U.S.A. Hendrum, Minn.

NEXT OF KIN

Lee, ~~John~~ M.O. (Father)

ADDRESS OF NEXT OF KIN

*Box 26 Route 2. Hendrum
Minn U.S.A.*

*auth for change of initials
letter 3/8/17*

DISCHARGE, PLACE

DATE

Sailed from Halifax Per.

R/C 13-278

SS. Olympic

M. F. W. 22. 100 m.-915.

L. L. 85779-M. & D.-6011.

18-9-16 ^{54.3}/₁₂

H. Q. 1772-39-839.

[Signature]

REMARKS:

1



Form DMS 1401
8289 100M 9/3,17.

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Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks HOSPITAL.

A. & D.
CARD

0111

AT _____

A. & D. No. 9990 PL. OF ACTION 830125

RANK Pte UNIT 8th Batt. SICK OR WOUNDED _____

NAME Lee, L. AGE 22 RELIGION P.

PLACE IN HOSPITAL but. 7

DIAGNOSIS Sharp chest. G.W. Lunge

ADMITTED 20 SEP 1917 FROM Mrs Wm Winchester

DISCHARGED 27 OCT 1917 TO Man Reg D. Sherriff

TRANSFERRED _____

SERVICE AT HOME 16/17 IN FIELD 4/17

RESULTS _____

REMARKS.

No. 830127

RANK

Pte

NAME

Lee Ingal

T. O. S. 18-12-15
Do 18/19-12-15

UNIT

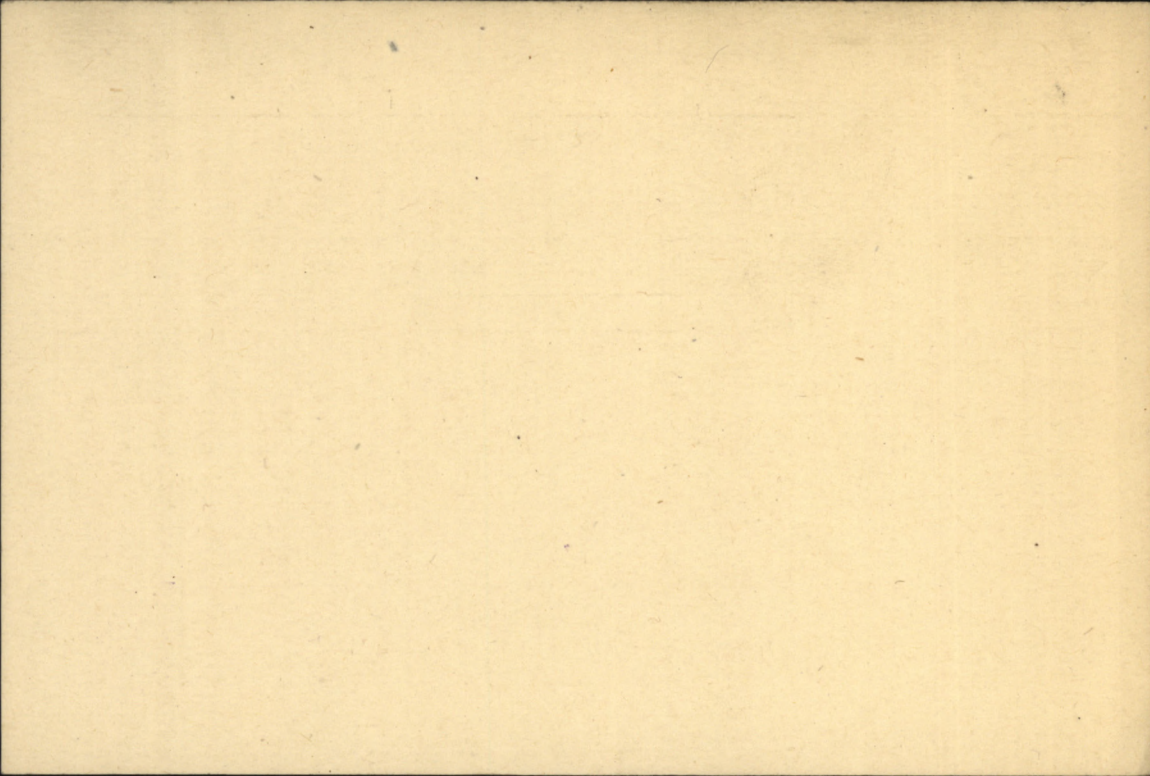
144th Battalion

M. D. / 0

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec 18	Dec 31	✓		
Jan 1	Jan 31	✓		
Feb		✓		
Mar		✓		
Apr.		✓		
May		✓		
June		✓	Forfeits 2 days pay. A.W.L.	D.O. 127.
July		✓	" 3 " " A.W.L.	D.O. 169.
Aug.		✓		
Sept.		✓		
Oct.		✓		

UNIT SAILED

SEP 18 1916



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REGT'L No. 830.127.

H. Q. FILE No. 649.

NAME Lee, Ingvall

RANK AND CORPS Pte. (81st Bn) form 144th FOLLOWS
No.
FOLLOWS

CABLE

NO.

DATE

W.S.A

NATURE OF CASUALTY 8th Bn.

M. 5797
13-6

28-7-17

Dang. wounded #1 Cas. Clear, Stat July 25th 1917 G.S.W. rt Leg, Chest ✓

M. 5828.
15-4

5-8-17

Condition improved No 1 Cas. Cl. Stat. July 27th 1917 ✓

M. 5867
38-1

13-8-17

Dang. Ill. No. 5 Gen. Hosp. Rouen Aug. 8th 1917. G.S.W chest ✓

M. 5954
98-3

27-8-17

Previously reported dangerously ill now seriously ill No 5 Gen Hosp Rouen Aug 23rd 1917

M. 5954
98-3

27-8-17

Pres. Rept. Dang. Ill. Now. Ser. Ill #5 Gen. Hosp. Rouen. Aug 23rd 1917 ✓

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LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 720.	No. 1 Gas. Cl. Station	25-7-17	G.S.W. Chest + R Leg. Dang wounded
B 60	Can. Con # Bearwood	8-11-17	as per H.L. B. 65-3
	workingham	8-11-17	G.S. Chest + Rt Leg.
	Can. Con. Bearwood	27/10/17	G.S.W. Chest + R. Leg.
B 59	Workingham Lisibung	27/10/17	

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REGT'L No. 830127

NAME

Lee Inghal

H. Q. FILE NO. 649.

RANK AND CORPS

Pte 8th (81st Bn) form 144th P.M.

FOLLOWS

No.

CABLE

NO.

DATE

N. S. A.

NATURE OF CASUALTY

FOLLOWS

M 5970

1-9-17.

G.S.W. chest. G.S.W. right leg. progressing favourably.

W.S.M.

18-1

~~***~~

2-9-17.

Rem. from seriously ill list no 5 Gen. Hosp. Rouen Aug. 30th, 1917 ✓

M 5993

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DATE OF
ADMISSION

LIST No.

HOSPITAL

REMARKS

A725	No 1 Leas Clay St (Condition Impaired)	27-7-17	G.S.W. Chest R Leg
A732	No 5 Gen Rouen	8-8-17	(lang 2ll) G.S.W. Chest
A.745	Prev. rep. being ill	23-8-17	g.s.w. Chest & R. Leg
	now sev ill		
A.751	5 Gen Rouen		
	Removed from serv list	30-8-17	y. gsw. " " "
B 2 1/2 (3)	Red + Aux Winchester	29-8-17	g.s.w. " " (Man Reg)
B.19.	S.O.C. Bearwood Wok.	21-9-17	g.s.w. Chest R. Leg " " 20-10-17

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Surname **Lee** Christian Name or Names **I.** Reg. No. **830127**
 Rank **pte** Unit **8th B_n man.** Co. Troop **830127** Batty.

Hospital **1.C.C. stat.** Date of Admission **25-7-17**

Transferred **#5 Gen Hosp. Raven** Hosp. **8-8-17**
Red + Aus Winchester Hosp. **29 8. 17**
Can Casual Bearwood Worthington Hosp. **21.9.17**
~~**Horton C. of L. Epsom** Hosp. **8-11-17**~~

Diagnosis **GSW Chest & Rt Leg**

- (1) Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CL.28-7-17 A720 Dang Wd.

REMARKS.

CL. 3.8.17 A425 Dang Wd. Condition improved
11.8.17 A.732 Dang. Ill 8-8-17. 24-4-17
24.8.17 A745- now ser. ill. 23-8-17
31.9.17 A751 Removed from ser ill list
5.9.17 B2. 30-8-17
25.9.17 B19. A.M.D. 2 DEPT.
12.11.17 B60(3) cancelled
11.12.17 B85(3) note
15.12.17 B89(2) Please cancel entry on 62 B60
 His. 27.10.17.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 830127 Rank Pte. Name Les, I.

Corps 144th Batin. who was* Discharged.

On 22-3-18 191 ~~191~~

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 15-1-18 191, to 22-3-18 191, the inclusive date of ~~transfer~~ discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>L.P.C.</u>	29.52		Bal. Cr. from prev. month		
Advances by Cheques } No.			Reg't Pay <u>67</u> days at \$ <u>1.60</u>	67.00	
Assigned Pay <u>for Feb. pd by Ottawa</u> <u>15.00</u>	15.00		Field Allow. <u>67</u> days at \$ <u>.10</u>	6.70	
Furlough 21-2-18 to 4-3-18			Separation Allowances* (Monthly)		
Other charges <u>5 days @ 10¢</u>	.50		Other Allowances* <u>Clothing</u>	13.00	
Payment on transfer discharge No. <u>4273</u>	41.68		Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	86.70		Total	86.70	

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Feb. 1918 } (to) Assignee C/O Ingval Lee,
 { and Sep'n Allice. for month of 191. } Molsons Bank,
 (Address) Portage Ave. Branch,
 Winnipeg, Man.

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:— A.P. closed 28-2-18.

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted Single
- (3) cause of discharge authority D.O. #77
- (4) authority for transfer

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

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

Date March 19th, 1918.

Place Calgary, Alberta.

C. J. Garrett
 Capt.
 Paymaster No. 13 Casualty Unit, C. E. F.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

FORCE

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BPC.30972

ORIGINAL

MEDICAL HISTORY SHEET.

8 SEP 1917

Surname Lee. Christian Name Ingval.

Examined { on 18th day of December, 1915.
at Winnipeg, Man.

Approved by W. M. Murphy

Birthplace { City or Town Hendrum, Minn.
County U.S.A.

Rank Capt M.O.

Apparent age 20 Years 9 Months.

Trade or occupation Farmer.

Height 5 Feet 9 1/2 Inches.

Weight 165 with clothes on. Lbs.

Chest measurement { Minimum 35 1/2 inches.
Maximum expansion 3 1/2 inches.

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right - Left 2
Number Infancy Two.

When Vaccinated last Infancy.

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

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

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.
<u>14/9/16</u>		<u>H. Watson</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/5/16</u>	<u>Good</u>	<u>H. Watson</u>
<u>20/6/16</u>	<u>Good</u>	<u>H. Watson</u>
<u>29/7/16</u>	<u>+</u>	<u>H. Watson</u>
<u>19/8/16</u>	<u>+</u>	<u>H. Watson</u>
<u>26/8/16</u>	<u>+</u>	<u>H. Watson</u>
<u>2/9/16</u>		
		M.O.
		M.O.
		M.O.

Enlisted on 18th day of December, 1915 at Winnipeg, Man.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>14th Batt.</u>	<u>830127</u>		<u>18.12.15</u>
Transferred to	<u>4th Batt.</u>	<u>830124</u>		<u>APR 20 1917</u>
	<u>8th Batt.</u>	<u>830127</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bear Wood</u>	<u>Oct 24th 17</u>	<u>g. sw Spt heat.</u>	<u>Biii</u>
<u>L.R.O.# 2799</u>	<u>of 2.11.17</u>	<u>---</u>	<u>Biii</u>
<u>Edmonton</u>	<u>11-3-19.</u>	<u>Septicemia</u>	<u>Biii</u>

be raised in b. e v milt cause no. J. J. ...

CANADIAN

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.

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Surname

Lee

Christian Name

Ingral

STATION.	Date of Arrival at the Station.	DATES OF						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.		
		Admission into Hospital.			Discharge from Hospital.								
		Day	Month	Year	Day	Month	Year						
Winnipeg Camp Hughes	18 Dec/15	26	Mch	16	—		Left Eye Epi-scleritis	7		H. Watron			
Central Military Hospital, Winchester		29	8	17	20	9	17	1255 S.W. chest flwd	23.	20 ^T . 9. 17. to Bearwood Pk. Wokingham	J. Roberts		
Bearwood		20	9	17							Shrap chest I. W. sinus	9. 6. Very fair. Pulse rapid 98. Dyspnoea on exertion. Slight dry cough. Some degree of anaemia. Evenly fatigued. Early C. III	C. Sherrin Capt

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.

144th Overseas Battalion. C. E. F.

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number **8302127**
- (3) Full Name of Soldier..... **Lee,**
- Ingval**
- (4) Place of Birth..... **Hendrum, Minn.**
- U. S. A.**
- (5) Are you married, or not? **No.**
- (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?.....
- If so, give number of boys and girls.....
- Also their names and ages.....

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

If so, state name and address **Lee, John Box 26 Rte. 2 Hendrum, Minn**

U. S. A.

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

If so, state name and address **Lee, Clara Box 26, Rte. 2. Hendrum, Minn**

U. S. A.

(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. J. Johnson
Lieut. Colonel
Commanding 144th Overseas Batt. C. I. F.
Officer Commanding.

Date **JUN - 7 1916**

ORIGINAL *No 2*
Casualty Form - Active Service.

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 Regiment or Corps 144th (8th Div)
 Rank Private Surname Lee Christian Name Ingrall
 Religion ? Age on Enlistment 20 years 9 months.
 Enlisted (a) 18-12-15 Terms of Service (a) 2 Yr Service reckons from (a) 18-12-15
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Farmer
 or Corps Trade and Rate _____

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>30-10-17</u>	<u>Man R. Depot.</u>	<u>Com 2 CRA for police duty at MRS for PQR etc</u>	<u>Sclaffe.</u>	<u>29-10-17</u>	<u>PT 11 DO 235</u>
		<u>PT 11 DO 235 - Cancelled</u>	<u>-</u>	<u>30-10-17</u>	<u>- 236</u>
<u>14-12-17</u>	<u>"</u>	<u>Com 11 Gen Hosp.</u>	<u>-</u>	<u>8-12-17</u>	<u>- 280</u>
<u>23-12-17</u>	<u>-</u>	<u>Dis Depot by</u>	<u>-</u>	<u>22-12-17</u>	<u>- 289</u>
<u>15-1-18</u>	<u>"</u>	<u>Command 10 1 Co 5 Bncler</u>	<u>"</u>	<u>14-1-18</u>	<u>- 15</u>
					<u>Lieut. & Adjutant,</u> <u>Manitoba Regimental Depot.</u>

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

830127 Lee I. 144

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 15 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11		ORDER No. 12 Commanding		Lieut.-Col. Canadian Discharge Depôt.
31 JAN 1918	EMBARKED FOR CANADA FROM LIVERPOOL		Commanding		Lieut.-Col. Canadian Discharge Depôt.
		Transferred to No. 13 Casualty Unit 20/2/18			
		Auth. District Order No. 54			Officer Commanding No. 13 Casualty Unit
		Discharged from the Service by No. 13			
		Casualty Unit 223.18 Auth. KR.0392			Officer Commanding No. 13 Casualty Unit
		See 16			

144
 Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.
 150M. -10-15.
 H.Q. 1772-33-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 144th Overseas Battalion, C.E.F. Winnipeg.

Regimental No. 830127 Rank Pte Name Ingval Lee.

Enlisted (a) 8/12/15 Terms of Service (a) 1 yr. War, 6 mths after Service reckons from (a) 18 Dec 1915

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) Farmer

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				
		<u>Embarked Canada Halifax</u>		<u>18/9/16</u>	
		<u>Disembarked England Liverpool</u>		<u>25/9/16</u>	
<u>1917</u>	<u>14th Bn. Brighton</u>	<u>Transferred to 18th Reserve Battalion</u>	<u>Seaford</u>	<u>12/1/14</u>	<u>Part II D.O. 13 dated 12/1/14</u>
<u>12th Do</u>	<u>Seaford</u>	<u>Taken on strength 18th Reserve Battalion</u>	<u>Seaford</u>	<u>12/1/14</u>	<u>Part II D.O. 13 dated 12/1/14</u> <u>#1</u> <u>A. R. Mosley</u> Lt. Col. 144th Battalion (Winnipeg Rifles) C.E.F.
	<u>Se</u>	<u>Drafted to 44th Bn.</u>	<u>Seaford</u>		<u>Commanding 18th Res. Bn.</u>
	<u>Se</u>	<u>Drafted to 8th Bn.</u>	<u>Seaford</u>	<u>APR 20 1917</u>	<u>Part II D.O. 99</u> <u>Asst. Adjutant, 18th Res. Bn.</u>

CERTIFIED CORRECT
 24 MAY 1917
 CAN. 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

830127

Lee J

144

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				
	C. B. D.	ARRIVED C. B. D.	FRANCE	21/4/17.	N. R. D. <u>21/4/17.</u> PART II ORDERS No. <u>57.</u> D. <u>57/17.</u>
	C. B. D.	LEFT C. B. D. FOR	Wint	7/5/17.	N. R. D. <u>7/5/17.</u>
	O. C.....BN	ARRIVED <u>8th</u> BN.	FIELD	8/5/17.	B. 213 D. <u>12/5/17.</u>
28-7-17	8 PM	Missing believed killed	Field	24-7-17	B 213 D.O. 462
28-7-17	4 C.S.A	8th Reg R - L Chest paper	4 C.S.A	28-7-17	} a copy 288465 } a copy 55183
	10 C.S.	do	1 C.C.S.	"	
1-8-17	10 C.S.	8th Reg R Reg at	1 C.S.	28-7-17	} a copy 288466
27-8-17	5 Genl.	S. H. Chest. Invalids	Barge	28-7-17	
		Wounded reported to transit Reg. depot Thorncliffe	Western Australia	27-8-17	W 3083. para 0 no 120 of 3.9.17.
7.9.17	Mandep	Taken On Strength	Dibgate	29.8.17	P II 182 LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F 8.11.17
12.10.17	mks	Det Depot Coy	Reciffe	28.10.17	P T II 20 234

Chas B Maxwell Lieutenant
for peni Col. 189.

LTR

Rank

Pvt

Name

LEE, Ingval

144

Reg'l No.

830127

R-122

Unit

144th, Bn.

If in perm. Corps, }
What Unit? }

Married or Single

Single

Place and Date of Enlistment

Winnipeg, Man. December, 18th, 1915

Place of Birth

Hendrum, Minnesota,
U.S.A.

Name and Address, Next-of-Kin

John Lee.

Box 26 Route 2 Hendrum, Minn, U.S.A.

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

N/E. R.B. No. 10024
File R.L.
Category ORC

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.				
	"C"	ARRIVED IN ENGLAND S, S, OLYMPIC		25 9 16	
13-1-17	I44thBn.	S. C. S T- 18th Res.. Bn.	Seaford	2-1-17	Pt, 2, D. O. 13
13-1-17	18ResBn	T.O.S FROM I44thBn	Seaford	12-1-17	Pt 2-D O 13
5-5-17	8 Batt	SGS. Posted to 8th Bn 18 Res. Proceeded O/S	Field	21-4-17	" 57 18 Res Bn P II Oq d 20/4/17
28-7-17	"	Dangerously Wounded. #1 Casualty Cbg Station	"	25-7-17	CL A 720. GSW Chest & Rt Leg.
3-8-17	"	Dangerously Wounded Condition Improved. #1 Casualty Cbg Station	"	27-7-17	" 725. " " "
11-8-17	"	Dangerously Ill #5 General Hosp.	Rouen.	8-8-17	" 732. " " "
27-8-17	"	Prev reported Dangerously Ill now Seriously Ill. #5 General Hosp.	"	23-8-17	" 745. " " "
2-9-17	"	Removed from Seriously Ill. List. #5 " " "	Rouen.	30-8-17	" 751. " " "
3-9-17	"	Invalidated Wounded. Posted to Mandep. Pte Shorncliffe		27-8-17	P II 120. MRD PI 182 4/7.7.17

103 CHECKED
17 MAY 1917

830127

Lee J.

144

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.				
4.9.17	8 B ⁿ MR.	Red X Auxilliary Hosp.	Winchester	29.8.17	CLB 2 ¹ GSW Chest.
24.9.17	Man Rgt 8.	Can Conv Hosp. Bearwood	Bearwood	1.9.17	" 19 ³
14.12.17	"	Discharged.	Wokingham	27.10.17	Req 28.10.17 RT Leg. P II 234
30.10.17	Man Dep.	On Com 2 nd C.R.B. for Police Duty to M.R. Depot C ^o for P.Q.R.C. re Horton	Portsmouth	29.10.17	Cancelled P II 235. 31/10/17.
10.11.17	Man Rgt 8	Country of London War Hosp.	Epsom	8.11.17	CLB 60 ³ GSW Chest RT Leg
14.12.17	Man Rgt 8	On Com to #11 Can General Hosp	Pte Shorncliffe	8.12.17	Cancelled by Pro. 17/7.18 P II 280. 27.8.18
15.1.18	MRD	On Comd to 1 st CDD Access on Comd to 1 st CDD	DSat	14.1.18	P II 15
10.2.18	MRD	S.O.S to Canada	Pte DSat	31.1.18	Pro 41 Dis AS
	Dis Depot	For Duty	MRD 13 Calgary	9/2/18	MR 442.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

10835-S-1.

Name **Lee, Ingval** Christian Name
Surname
 Regimental Number **830127** Rank **Pte.** Address (in full) **Sexsmith P.O.**
 Unit **144th Bn.** **Alta.**
 Original Unit
 District where paid **M.D.13**
 Date of Discharge **22-3-18**
 P. D. P. Filing Number **5-116-13**

Copy

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1922	23-3-18	33 00	1910	23-4-18	33 00	1906	23-5-18	34 10		100 10

M. F. W. 127.
 50M-6 17.
 1172 39-1140.

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS
PAYMENTS.

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2

Nelson's Bank

Credit of

Name of Soldier

Lee. J.
Ste. C. Co. 144 Bn

L. L. Job 4503. -Req. 6832.

830/27

\$15.00

Remarks. **SEP 1-1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>K 19835</i>	<i>15</i>	
Oct.		<i>W. 23264</i>	<i>15</i>	
Nov.		<i>Z 26920</i>	<i>15</i>	
Dec.		<i>J. 29834</i>	<i>15</i>	
Jan.	1917	<i>241372</i>	<i>15</i>	
Feb.		<i>A 46361</i>	<i>15</i>	
March		<i>V 46826</i>	<i>15</i>	<i>15-R.</i>
April		<i>Q 2968</i>	<i>15</i>	<i>15-B.</i>
May		<i>Q 9073</i>	<i>15</i>	
June		<i>P 75615</i>	<i>15</i>	<i>Mc</i>
July		<i>Q 22977</i>	<i>15</i>	<i>B.</i>
Aug.		<i>C 24041</i>	<i>15</i>	
Sept.		<i>T 37432</i>	<i>15</i>	<i>6</i>
Oct.		<i>D 44036</i>	<i>15</i>	
Nov.		<i>A 30338</i>	<i>15</i>	
Dec.		<i>M 60385</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

240

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

ASSIGNED PAY

Bank Account

OVERSEAS CONTINGENTS

1

To Whom *The Nelsons Bank* By Whom Assigned *Lee. S.*

Address *Portage Ave* Regtl. No. *830127*
Winnipeg, Man. Rank *Plt.*

Rate *\$15.00* Corps *6.60 144th Bn*

SEP 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1918 - 1919

16
15
14
13

144

This space to be for numbers.

Proceedings on Discharge.

M
B-2

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

No.	830127	
Rank	Private Lee Ingval	
Name	Lee (Ingval)	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	144th. Battalion C. E. F.	
Date of Discharge	March 22nd. 1918.	
Place of Discharge	Edmonton, Calgary, Alta. Canada.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	23 years	Descriptive Marks
Height	5 feet 10 inches	Two scars left leg
Complexion	Clear	
Eyes	Brown	
Hair	Black	
Trade	Farmer	
Intended place of residence	Sexsmith P.O. Alberta.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of being Medically unfit for further war service. Autn. K.R. & O. para. 392. Sec. XVI. Category E xxxxx Boarded at Edmonton March 11th 1918.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	Very Good.	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Nil.		

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Keep
27/1/20
ML

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

Nil:

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

6. Medals and Decorations.....

Nil.

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

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

(Place) Calgary, Alta. Canada

District Casualty Officer, M. D. No. 13

(Date) March 22nd. 1918.

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Edmonton

(Signature of Soldier.)

March 12th. 1918.

(Date).....

(Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 66 days.

Total 2 years 66 days.

11. Confirmation of Discharge.

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

(Place) Calgary, Alta. Canada.

District Casualty Officer, M. D. No. 13

(Date) March 22nd. 1918.

(Signature)

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

~~Balance of my pay as per my pay book.~~

cheque for \$41.68 J Lee
mailed march 27th 1918
m Parkyn

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>

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

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certifi

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character

M. F

50

H. Q.

144

B.P.C.

ORIGINAL

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Edmonton, Alta. DATE 8-3-18.

1. (a) Unit 144th Batt. C.E.F. (b) Regimental No. 830127 (c) Rank Pte. 1st
(d) Surname Lee (e) Christian name Ingval.

MINISTER OF DEFENCE
MAR 31 1918
CANADA

2. Age last birthday 22 Date of birth 19th March 1895.

3. Enlisted at Winnipeg on 18th December 1915.

4. Personal description :-

(a) Height 5' 10" (b) Weight 155 lbs (c) Complexion Medium
(d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners)
Sexsmith P.O. Alberta.

6. Former trade or occupation Farmer.

	PERIODS	
	From	To
144th Battalion C.E.F.	18-12-15	May 1917.
8th Battalion C.E.F.	May 1917	date.

(b) Has he been overseas? France 4 months.

8. Present disease or disability (use authorized nomenclature if possible) Debility slight.

(a) Date of origin July 1917 (b) Place of origin France.

(c) Cause* Following H.E.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).
General condition good. Well nourished. Weight 155 lbs stripped being

10 lbs under weight on enlistment. Has slight shortness of breath on

moderate exertion, owing to lack of exercise. Has loss of sensation

outer side right leg over distribution of external saphenous nerve.
Heart and other viscera normal.

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

B. P. C. FOLIO
FALSE DOCKET
5

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10. History :

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

Was wounded July 1917 at Lens and suffered concussion. Slight flesh wound left axilla and multiple wounds right leg. Wounds well healed. no disability. Some loss of sensation over outer side of right leg.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

20% for 6 months.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

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

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? One year.

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

Winchester Red Cross 25-7-17 to 29-8-17 C.C.H. Bearwood 29-8-17 to 20-9-17

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes in part.

20. Recommendations. Class "E"

Major C.A.M.C. Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J Lee Signature of soldier examined.

21. Does nu

22. Is the

23. It is (a) I

(b) I (c) S (d) S

24. It is

STATION

DATE

APP

DATE

APP

DATE

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable).

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

J. H. Burch President
 Major C.A.M.C.
W. A. Scoullon Members.
 Capt. C.A.M.C.
Pherson
 Capt. C.A.M.C.

STATION Edmonton, Alberta.

DATE 11-3-18.

APPROVED BY *J. H. Burch*

DATE 11-3-18

APPROVED BY

DATE

J. H. Burch Capt.
 Assistant Director of Medical Services.

B. P. C. FOLIO
 FALSE DOCKET
 Director-General of Medical Services.

3-7-11
144

144

180-1 420

Lined area for text entry, consisting of multiple horizontal dotted lines.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

1. (a)
(d)
2. Age
3. Enl
4. Per
(a)
(d)
5. Ado
6. For
7. (a)
(b)
8. Pres
(a)
(c)
9. Pres
Gen
10
100
out
Hea
[Aft
M. F. I
75M.-1
1772-3

MEDICAL CASE SHEET.*

9

No. in Admission and Discharge Book. Year	Regimental No.	Rank.	Surname.	Christian Name.
Station and Date.	Disease			
O.S. 99870	830127	Pte	Lee	J
Year	Unit. 8th	Age. 22	Service. 20/12	
Sept 7	Shrapnel chest. Grv. severe.			
	Looe		July 25 th 1917	
	Winchester Red Cross		Aug 29 th 1917	
	Bear Wood		Sept 20 th 1917	
20/9/17.	Some pain in left chest. wound was in nature of a severe contusion of chest wall, with haemoptysis & dyspnoea etc. Shrapnel wound of right leg healed - some stiffness at knee. Col.			
22/9/17.	Wound of left chest was a nature of a severe contusion with very slight abrasion. According to statement of patient there was no penetration of chest wall. Some pain on deep inspiration. Pulse rapid, about 110. No cough, looks poorly. Tonic.			
24/9/17.	To see Col. Rudolf.			
4/10/17	No signs of pleura or lung having been hurt.			
	See in #		R.D. Rudolf	
9/10/17.	Cont. treatment.			
15/10/17.	Continued treatment.			
22/10/17	Shock Board.			

B. P. C. FOLIO
FALSE DOCKET
3

Station
and Date.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Sept 1/46

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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Bank Account.

RATE OF ASSIGNMENT

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

No. *830127*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *J. Lee*
 Battalion *144th Bn. (C. Co)*
 Beneficiary
 Relationship
 Address

to credit.

PARTICULARS OF ASSIGNMENT

Name *The molsons Bank*
 Address *Portage Ave. Winnipeg Man.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1916</i>					
<i>Dec. 31</i>			<i>240</i>	<i>240</i>	
<i>Jan</i>	<i>T 69074</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>F 71509</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>J 92394</i>		<i>15</i>	<i>15</i>	
					<i>28-2-18</i> <i>A/c Closed</i> <i>Ret'd per. "Olympic"</i> <i>Date 14-2-18 F.X. 22-2-18</i> <i>H. Hayes Clerk 22-2-18</i> <i>March ck ord card 14/3/18</i> <i>MR062692 D.S. 24-2-19H</i>

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22320-M. & D. 1986.



