

ATTESTATION PAPER.

No. 2606931.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... LORIMER,
- 1a. What are your Christian names?..... GEORGE EDGAR,
- 1b. What is your present address?..... 231 Mary St, Hamilton, Canada.
2. In what Town, Township or Parish, and in what Country were you born?..... Armstrong, B.C., Canada.
3. What is the name of your next-of-kin?..... Mary Elizabeth, *Lorimer* *Woodstock Ontario*
4. What is the address of your next-of-kin?..... 231 Mary St, Hamilton, Canada.
- 4a. What is the relationship of your next-of-kin?..... Mother.
5. What is the date of your birth?..... 26th May 1894.
6. What is your Trade or Calling?..... Book Keeper.
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.
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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... Yes.
16. If so, what was the reason?..... Defective Eyesight.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Edgar Lorimer, 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.

Date 6th November 1917. Geo. Edgar Lorimer (Signature of Recruit)
26th October 1917. Robert Ray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Edgar Lorimer, 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.

Date 6th November 1917. Geo. Edgar Lorimer (Signature of Recruit)
26th October 1917. Robert Ray (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 Hamilton, Ont. this 26th day of October 1917.

J.P. Wentworth (Signature of Justice)
Wentworth County.

Description of Lorimer, George Edgar, on Enlistment.

Apparent Age.....23.....years.....5.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 6 ins.

Chest measurement { Girth when fully expanded.....33 ins.
Range of expansion.....2 ins.

Complexion.....Medium.

Eyes.....Brown.

Hair.....Brown.

Teeth.....Good.

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

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).

Vaccs.... 2 left.

Vaccinated 1912;

Mole left side chest front.

Visual acuity:- R.E.D20.
L.E. Nil.

Hearing Normal.

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.....28th September 1917.....191

Place.....Hamilton, Ont. Canada.....

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:—

Fit Board :- Class B2.

Major.

President Medical Board.

HAMILTON MOBILIZATION CENTRE.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....George Edgar Lorimer,.....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.

Major A.M.C.
(Signature of Officer)

Date.....NOV 6 1917.....191

REGIMENTAL DOCUMENTS

NAME

*Lorimer**Geo. Edgar*

REGT. NO.

2606931

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

ATTTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

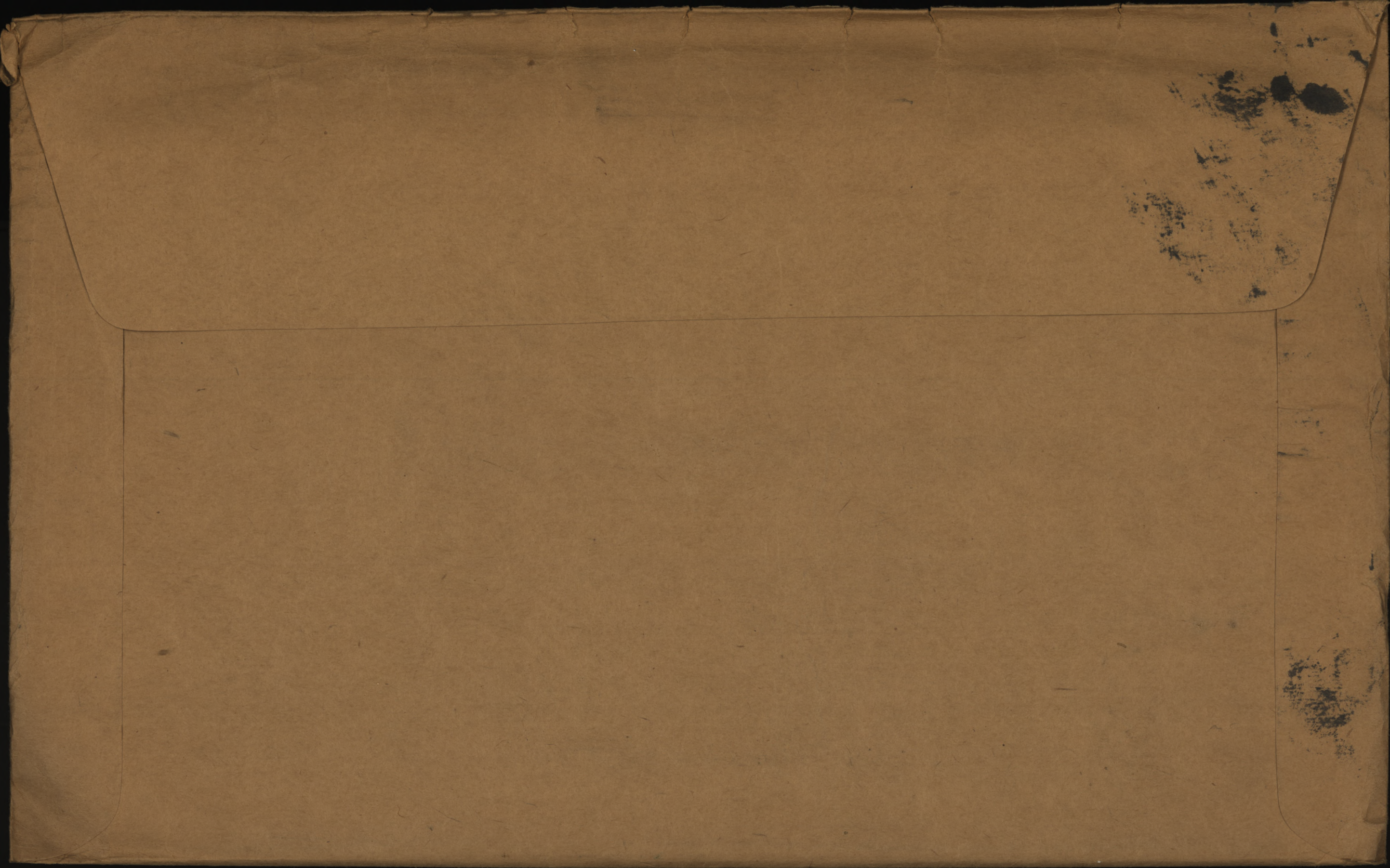
31702

DISCHARGE

Category

Med. Unit

DESERTION



I. *Name LORIMER, George Edgar. Rank S/Sgt. Regtl. No. 2606931
 Original unit _____ Present unit #2 Det. C.E.F. M.C. or S. Age 26 Religion Meth Fyle Depot _____
 Port, ship, and date of arrival _____ Ref. H.Q. _____
 Next of kin _____
 Address on leave _____
 Address on discharge 3 Palmerston Gardens, Toronto, Ont.
 Transportation issued Yes _____ No _____ Date _____ Character on discharge _____
 Previous occupation Bookkeeper Date and place of enlistment Hamilton, Ont. 6th. Nov. 1917
 Diagnosis Defective Vision Date of Medical Boards 1-11-20

Date.	Remarks.	Pt. 2 Order No.
1-7-20	T.O.S. #2 Det. General List. C.E.F. on transfer from #2 Det. C.A.P.C., C.E.F. (employed with C.A.P.C.)	Memo #1.

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

[OVER]

Date

Remarks.

Pt. 2 Order No.

1-9-20

Granted permission to draw rations in kind.

Memo #86

3-11-20

Discharged with effect 5-11-20 Demobilization (Medi-
cally Unfit for General Service)

" #126

SURNAME.

Lorimer,

CARD NO.

4

CHRISTIAN NAMES

George Edgar.

REGL. NO. *2606931.*

RANK

Cte.

UNIT

b. A. M. b. (I.D. #2.)

FORMER CORPS

nil.

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lorimer, Mrs. Mary E.

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

Woodstock, Ont.

COUNTRY OF BIRTH

Canada, Armstrong.

DATE

May 26th 1894.

PLACE OF ATTESTATION

Hamilton, Ont.

DATE

Feb. 6th, 1917.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Book Keeper

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

23..

YEARS

5.

MONTHS

HEIGHT

5.

FEET

6.

INCHES

CHEST MEASUREMENT

33.

INCHES

EXPANSION

2

INCHES

COMPLEXION

Medium.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Two vacc. left. Mole left side of chest.

MEDICAL EXAMINATION.

PLACE

Hamilton, Ont.

DATE

Sept. 28th 1917.

Present Address.

231 Mary St. Hamilton, Ont.

No. 2606931 RANK PTE

NAME

Lorimer. G. E.

T. O. S. 6-11-17

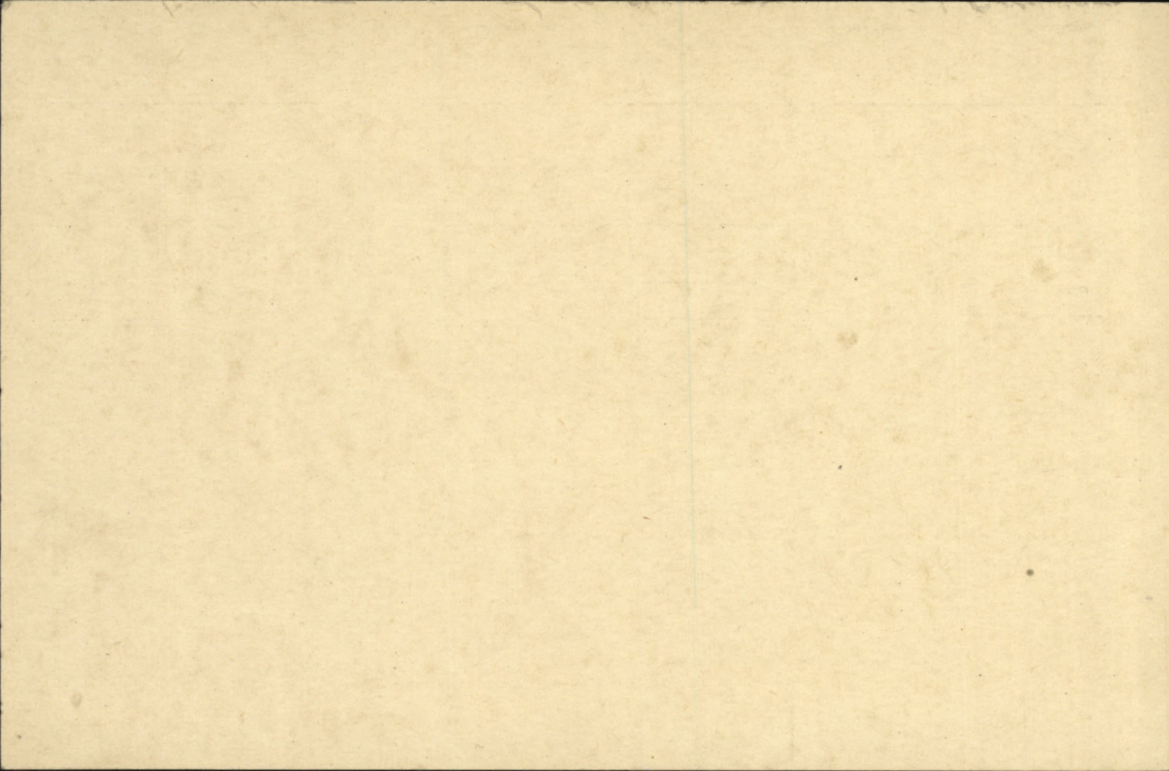
UNIT

A.M.C. Training Depot no 2.

DDHOO of 7-11-17.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
Nov 7	Nov 30	✓		
Dec		✓		
1918				
Jan		✓		
Feb		✓		
Mar		✓		
Apr		✓		
May		✓		
June		✓		



MILITARY SERVICE ACT, 1917.

Original B2

MEDICAL HISTORY SHEET.

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

1. Surname Lorimer, Christian name George Edgar.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any).... 231 Mary St, Hamilton, Ont. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 28th day of October 1917, by the undersigned medical board sitting at Hamilton, Ont.

5. Age as stated 23 Years 6 Months. 6. Apparent age..... Years..... Months
7. Height 5 Feet 6 Inches. 8. Weight 130 Pounds.
9. Chest measurement { Minimum 31 Ins. 10. Complexion Medium. { Eyes Brown.
Maximum 2 Ins. { Hair Brown.
11. Physical development. Fair. { Good Fair Poor 12. Smallpox marks Nil.
13. Number of vaccination marks { Right arm..... 14. When vaccinated last 1905.
Left arm Two.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Mole front left chest.

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B2 Visual acuity:- R.E.D20.
Left eye
Hearing Normal. Nil.

James R. O'Leary President.
James R. O'Leary Member. W. G. Martin Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23-11-17</u>		<u>M.O.</u>	<u>23-11-17</u>		<u>M.O.</u>
<u>9-2-18</u>		<u>M.O.</u>	<u>1-12-17</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>10-12-17</u>		<u>M.O.</u>

Joined 10th day of November 1917 at Hamilton, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C. I.D. 2.</u>	<u>2606931</u>		<u>6-11-1914</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Christian Nat

Surname.

STATION.

Date of Arrival
at the
Station.

DATES OF					
Admission into Hospital			Discharge from Hospital.		
Day	Month	Year	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.

DUPLICATE

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT..M.D.2.

NAME OF SOLDIER.

Lorimer, G. E.

Aug. 18/19.

REGIMENT.....C.A.P.C.

RANK

Sept. 2.

No. 2606931.

[illegible]

INSTRUCTIONS

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

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

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

THE [illegible]

RECEIVED [illegible]
[illegible]

[illegible]
[illegible]

RECEIVED [illegible]
[illegible]

~~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. 2606931 Rank Name George Edgar Lormer
C. E. F. C. E. F.

Enlisted (a) 6-11-14 Terms of Service (a) C. E. F. Service reckons from (a) 6-11-14

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

Extended Re-engaged Qualification (b) Bookkeeper

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				

6.7.20	No.2.Det. C.A.P.C. C.E.F.	S.O.S.#2.Det.C.A.P.C. C.E.F.on transfer to No.2.Det.C.E.F.30.5.20 Daily Order,Pt.2.#182.	Toronto,Ont.	30.5.20.	Authy-H.Q.868-1-18. dated 19.6.20.
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-----Major,
For A.D.P.S. M.D.2.

7-7-20	No 2 Det. C.E.F.	J.O. I #2 Det. General last. C.E.F. on transfer from #2 Det. C.A.P.C. C.E.F.	Toronto.	1-7-20	#2 Det. C.E.F. Memo - 1.
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3-11-20	Toronto	S.O.S.#2 Det.Gen.List CEF. "Discharged".	"	5-11-20	#2 Det.C.E.F.Memo #126
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(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.]

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

[illegible]

MEDICAL CASE SHEET (OPHTHALMOLOGY)

680

MILITARY HOSPITAL

DATE

S. J. Andrews

Jan 21 - 1920

NAME

Scrimmer, J. E.

RANK

S/Sgt.

NUMBER

2606931

UNIT

C. A. P. E.

AGE

25

HISTORY

SYMPTOMS

flame do not suit.

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE



O.D.

slightly irregular cornea



O.S.

irregular cornea

RETINOSCOPY AND OPHTHALMOMETER

O.D.

++

O.S.

+ -

OPHTHALMOMOSCOPE

FUNDUS

normal

LENS

CORNEA

FIELDS

DIAGNOSIS. *@ mixed astigmatism*
DURATION. *@ life @ some years*
DISABILITY. *10%*
DUE TO SERVICE *apparently by service*

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

O.D.

BEFORE

6/19 partly
1/60

SPH.

+50

CYL.

-1.50

AX.

15°

V

AFTER

6/9

O.S.

6/24

-0.25

120

V

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

O.D.

O.S.

TREATMENT:

Try sclerotic ring
Jan 24/20 Dehaasade flame

W. H. Conway M. Col

888

MILITARY SERVICE RECORD

1000

DIAGNOSIS
DURATION
DISABILITY
DUE TO SERVICE



MEDICAL CASE SHEET (OPHTHALMOLOGY)

Wards
MILITARY HOSPITAL *Ward 10* *Genl Hosp.*

DATE *May 9/1918.*

NAME *Lorimer, G. E.* RANK *Pte.* NUMBER *2606931* UNIT *C. A. M. C.* AGE *23*

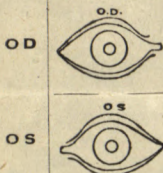
HISTORY *L.V. Defective since ? - No pain - Has blow on L. Brow 7 yrs. ago*

SYMPTOMS

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

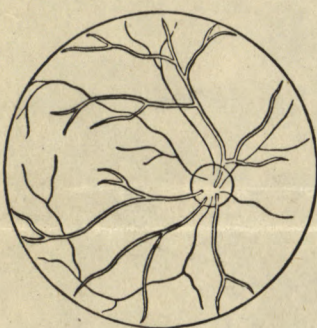


RETINOSCOPY AND OPHTHALMOMETER

OD *+5.0 D*
+1.50 D
OS *-7 - 6.50*

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
<i>C</i>	<i>C</i>	<i>C</i>



FIELDS

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

OD	BEFORE	SPH.	CYL.	AX.	V	AFTER
<i>6/6</i>		<i>-6 D.</i>	<i>+5.0 D.</i>	<i>vertical</i>	<i>6/6</i>	
<i>6/8</i>					<i>6/8</i>	

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD *add above glasses - constant*
OS *L. M. Maclean*

TREATMENT:—

MILITARY HOSPITAL

DATE

AGE

UNIT

NUMBER

RANK

NAME

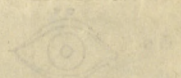
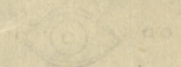
HISTORY

SYMPTOMS

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE



RETINOSCOPY AND OPTIC ALTIMETER

+2.00
+1.00

OPHTHALMOSCOPIC

CORNEA

LENS

GLAUCOMA

FIELD

MUCOUS MEMBRANE



SUBJECTIVE EXAMINATION

TRIAL CASE

BEFORE

RIGHT

LEFT

OD

OS

GLASSES PRESCRIBED

TREATMENT

M. J. W. 14

100-315

100-315

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2606931 (Rank) S/Sergeant

Name (in full) LORIMER, George Edgar enlisted in
the A.M.C., T.D.No.2.

CANADIAN EXPEDITIONARY FORCE at Hamilton, Ont. on the 6th.
day of November 19 17

HE served in _____

and is now discharged from the service by reason of ~~Demobilization~~ Demobilization
~~Medical Unfitness~~ (Medically Unfit for
General Service)

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

Age 26 years 5 months

Height 5' 6"

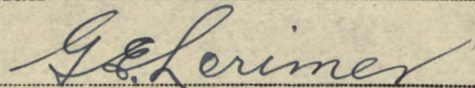
Complexion Medium

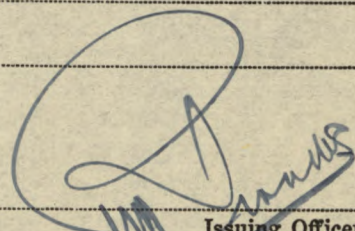
Eyes Brown

Hair Fair

Marks or Scars Vacc scars left arm

SCARS:- Mole front of left chest


Signature of Soldier


Issuing Officer

Lt. Colonel

Date of Discharge

GENERAL LIST C.E.F.

NOVEMBER 5th. 1920

TORONTO, ONTARIO

Officer Administering #2 Det.C.E.F.
Rank

Date 5th. November 19 20

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO

REMARKS

REMARKS

THIS IS TO CERTIFY THAT NO

REMARKS

REMARKS

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REMARKS

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 2606931

2. Rank Staff Sergeant

3. Name LORIMER, George Edgar

4. Unit A.M.C. T.D.#2. (#2 Det. Gen. List C.E.F.)

5. Date of Discharge 5-11-20 Place Toronto, Ont.

6. Reason for Discharge Demobilization (Medically Unfit for General Service)

7. Authority #2 Det. Gen. List C.E.F. Memo #126 dated 3-11-20

8. Proposed Residence after Discharge 3 Palmerston Gardens, Toronto, Ont.

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. ?

G. E. Lorimer

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date 5th. Nov. 1920

Signature

Lt. Colonel

(O. C. Discharging Unit.)

Officer Administering #2 Det. Gen. List C.E.F.

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION
WASHINGTON, D. C.

REPORT OF SPECIAL AGENT IN CHARGE
OF THE FIELD OFFICE

TO THE DIRECTOR, BUREAU OF INVESTIGATION
FROM THE SPECIAL AGENT IN CHARGE, [Name]

RE: [Name]

Reference is made to your letter of [Date] and to the report of [Name] dated [Date].

It is noted that [Name] was born [Date] at [Place], [State].

REFERENCE TO BE MADE BY FIELDER

I hereby certify that the foregoing is a true and correct copy of the original report of [Name] dated [Date].

CONFIRMATION

The foregoing is a true and correct copy of the original report of [Name] dated [Date].

Very truly yours,
[Signature]

Special Agent in Charge, [Name]

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

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.....

DATE.....

1. 1 (a) Unit..... (b) Regimental No..... (c) Rank.....

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

(f) Home address.....

(g) Next of Kin..... (h) Relationship.....

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

2. Age last birthday..... Date of birth.....

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

4. Personal description:

(a) Height..... (b) Weight..... (c) Complexion.....

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

5. Former trade or occupation.....

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

PERIODS

From

To

Canada.....

England.....

France or other theatres of War.....

7. Original disease, or injury.....

(a) Date of origin..... (b) Place of origin.....

(c) Cause.....

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Vision

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.)

see lat. X-ray report.

- (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

10. (a) History (of the condition referred to in Section 9 (a).)

W.H.S. states vision R. D 20. L. nil. ^{But lat. X-ray} has been on duty as clerk ever since enlistment. Continual strain of eyes and indoor occupation has aggravated disability.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

no illness.

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

see sect 4 f.

11.—(a) Did the disabling condition have its origin before enlistment? *yes.*

(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.)

yes. see Col. Louny's report.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) & (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? *permanent*

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

yes.

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 *Discharge from army as fit for home service*

Matthew H. Hays

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, 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

no

G. E. Lorimer

Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

The Board concurs

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

As fit for Home service Canada only

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.

PLACE

Port. Toronto

DATE

Nov 1. 1920

J. H. [Signature] President.

J. B. [Signature] Members

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.

APPROVED

NOV 2 1920

J. B. [Signature]

Lieut. Col.

For A.D.M.S., M.D. 2

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

[illegible]

N/A
get

(3)

AUDITOR
PAYMASTER

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

REGT. No. 2606931 RANK S/Lt NAME (IN FULL) LORIMER, G.E.

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

No. 2 DETACHMENT, C.E.F.
56

M^{rs} M^{rs} Lorimer mother
3 Palmerston Gardens
Toronto ont

Toronto 5-11-20 Demob (manually disp) 12th

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		SEPT'N ALLCE.	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	DEBIT	CREDIT								
			\$	C.	\$		C.	\$	C.	\$	C.	\$							C.	\$		C.
1920																						
Oct	31	2 ⁷⁵	85	20	30	140	00				95	210		55		15	50	70	50	69	55	Various Per 31st
Nov	5	2 ⁷⁵	13	75	35	5	57				105	411		5			12	75				Sub 5 Days 4 ⁰⁰ Capt 35 ⁰⁰
			49	00	63	80	35	199	80			152	30	60		15	50	197	80			Minimum AYMSTER, No 2 DETACHMENT, CEF.

Rations per 31 days
Sub 5 days 4⁰⁰
CASH
M^{rs} Lorimer
PAYMASTER, No. 2 DETACHMENT, C.E.F.

