

444537

ATTESTATION PAPER.

No. ~~711537~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Perley McGaghey.
2. In what Town, Township or Parish, and in what Country were you born?..... Cumberland Bay, Queens Co., N.B.
3. What is the name of your next-of-kin?..... Mrs. Isabel McGaghey, (mother)
4. What is the address of your next-of-kin?..... Rockland Road, St. John, N.B.
5. What is the date of your birth?..... 5th June 1896.
6. What is your Trade or Calling?..... Laborer.
7. Are you married?..... No. Yes
8. Are you willing to be vaccinated or re-vaccinated?..... Yes.
9. Do you now belong to the Active Militia?..... Yes.
10. Have you ever served in any Military Force?.. 62nd Regiment Fusiliers.
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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} Yes.

Perley McGaghey (Signature of Man).
Edward Weyman (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Perley McGaghey, do solemnly declare that the above answers made by me to the above questions 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.

Perley McGaghey (Signature of Recruit)
Edward Weyman (Signature of Witness)

Date..... April 16th 1915.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Perley McGaghey, 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.

Perley McGaghey (Signature of Recruit)
Edward Weyman (Signature of Witness)

Date..... April 16th 1915

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 Saint John N.B. this 16th day of April 1915.

Edward Weyman (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Edward Weyman Major (Approving Officer)
55th Batt

Description of Perley McGaghey on Enlistment.

Apparent Age 18 years 10 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. 5 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 ins.

Complexion Medium

Eyes Grey

Hair Dark Brown

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

None

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 9th 1915

Place St. John, N. B.

W. J. Audme
 Medical Officer.

55th Battalion

*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.

Perley McGaghey 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.

W. J. Audme (Signature of Officer)
 C. C. 55 Batt. C. C. F.

Date May 21 1915

James M. ... 27-2-15 P.M.

Desertion

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

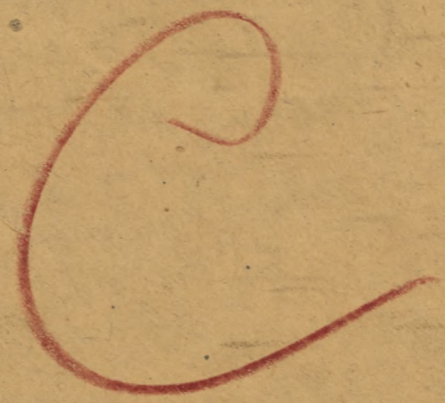


- S** Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit..... *1*
- Last Pay Certificate..... *1*

Name *Mc. Goghney, Perley*
 Regt. No. *444537* Rank *Pvt.*
 Corps *55th Battalion B. C. F.*



Deserter.



14320





CARD NO.

SURNAME.

Mc Gagey

CHRISTIAN NAMES

Perley

REGL. NO.

444537

RANK

Pte.

UNIT

55th

FORMER CORPS

62nd Regt. Fusiliers.

S.O.S. Dis. 19/3/18⁰⁷
At II 108 of 15/4/18
7.6.4.
Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mc Gagey Mrs. Isabel

RELATIONSHIP TO SOLDIER

(Mother)

ADDRESS

*Rockland Road. St. John
N.B.*

COUNTRY OF BIRTH

Canada Cumberland Bay N.B.

DATE

PLACE OF ATTESTATION

St. John N.B.

DATE

*April 16/15.**m.v.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Glo.
RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Original Not-Available.
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 55th Battalion

Regimental No. 444537 Rank Pte Name Mc Gagey, Perley.

Enlisted (a) 16-4-15 Terms of Service (a) D of War Service reckons from (a) 16-4-15

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				
25-10-15	55 th Bn.	S. O. S. Discharge by C of I held 25-10-15	Valcartier Camp.	1-10-15	D.O. #178.
14-3-18 18-2-18	No. 7. Cas. Unit.	A. W. L from 1-10-15. Rejoined from Discharge	St. John N.B.	18-2-18	D.O. #73
18-4-18	"	S. O. S. Med. Unit.	"	19-3-18	D.O. #108.

D. Ritchie
 Capt-
 for
 DGR

(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.

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 *Asc Card*
4887

MEDICAL HISTORY SHEET.

Surname McGaughey Christian Name Berley

Examined { on 21 day of April 1915
at St John NB.
Birthplace { City or Town Bambergland Bay
County Queens Co N.B.

Approved by [Signature]
Rank Lieut M.O.

Apparent age 19
Trade or occupation Laborer
Height 5 Feet 5 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 31 inches.
Maximum expansion 34 inches
Physical development Ordinary
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left.
Number 0
on front of left leg above knee
When Vaccinated last

Date	Result	VACCINATIONS.

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

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 16 day of April 1915 at St John NB

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>55th Bat Co E 4th</u>	<u>444537</u>		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

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. 444537 Rank Pte Name P. McGaghey

Corps. 55th Battalion who was* discharged

On 19/3/18 191... to discharged

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 18/2/18 191... to 19/3/18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by } No.....			Regt'l Pay <u>30</u> days at \$ <u>1</u> c.	<u>30</u>	<u>00</u>
Cheques } No.....			Field Allow. <u>30</u> days at \$..... c <u>10</u>	<u>3</u>	<u>00</u>
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly).....		
Other charges <u>Kit Deficiencies</u>	<u>39</u>	<u>29</u>	Other Allowances*.....		
Payment on transfer or discharge No.....			Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....	<u>6</u>	<u>29</u>
Total.....	<u>39</u>	<u>29</u>	Total.....	<u>39</u>	<u>29</u>

*Give particulars.

A monthly stoppage of \$ NIL (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee..... }
 and Sep'n Allee. for month of..... 191... }
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment Rejoined from desertion 18/2/18
 (2) if married and if a Separation Allowance Card has been submitted..... No
 (3) cause of discharge Medically unfit authority 7D. 4-9993
 (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 23/4/18

Place St. John, N. B.

C. J. [Signature]

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.

CANADIAN CONTINENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

THIS CERTIFICATE IS ISSUED TO THE FOLLOWING MEMBER OF THE CANADIAN CONTINENT EXPEDITIONARY FORCE IN FULL PAYMENT OF HIS LAST PAY AND ALLOWANCES...

Table with columns for Name, Rank, and Service Number. The text is mirrored and difficult to read.

On the date of discharge, the member was entitled to the following allowances...

The total amount payable to the member is \$... This amount is payable in full...

Signature of the Officer in Charge, Canadian Expeditionary Force. Date: ...

16-4-15

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MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Eliza McGaghey

Name of Soldier McGaghey Percy

Address ~~164 Rockland Rd.~~

Regtl. No.

74 Moore St. St John

Rank Pte.

N.B.

Corps 55th Batta

Relation to Soldier

To what Corps belonging

wife, child or mother

wife

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Return 2000 overpaid requested
Sept.				
Oct.				15/1/11
Nov.				2/1/11
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		5125	50 - 50	
July		2070	20 - 20	
Aug.		M 3542	20 - 20	
Sept.		3192	20 - 20	
Oct.		20956	20 - 20	Deserter 1/10/15 (pm 27/12/15)
Nov.				
Dec.				Classified 12-1-21. A.H.N. 12308 A 8
Jan.	1916			
Feb.				
March				

REPRODUCTION OF ORIGINAL

This space to be for numbers.

Proceedings on Discharge.



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

No.	444537
Rank	Private
Name	Perley McGaghey
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	55th Battalion, CEF
Date of Discharge	March 19th, 1918
Place of Discharge	St. John, N.B.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....21.....years.....10.....months.	Descriptive Marks
Height.....5.....feet.....5.....inches.	
Complexion Medium	
Eyes Gray	
Hair Dark Brown	
Trade Laborer	
Intended place of residence } (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of being medically unfit for further war service. Disability not due to service.	
<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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.
	<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.)	

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

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

6. Medals and Decorations.....

Nil - no medals

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)..... St. John, N.B.

W. J. Bennett
Commanding *Sec. 7*

(Date)..... March 19th, 1918

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) *St. John N.B.* *P. Mcgaghey* (Signature of Soldier.)

(Date) *29th April* *J. J. Dempster* (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.

X (Signature of Soldier.)

10. Statement of Service.

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

Total ¹⁶⁷.....years.....days.

11. Confirmation of Discharge.

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

(Place)..... St. John, N.B.

(Signature) *W. J. Bennett*
Sec. 7

(Date)..... March 19th, 1918

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.)

X P McGaghey

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

(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 St. John. N.B. DATE Mar. 20th 1918.

Deserter.

1. (a) Unit 55th Batt (b) Regimental No. ? (c) Rank pte

(d) Surname McGaghey (e) Christian name Pearley

2. Age last birthday 22 Date of birth Jane

3. Enlisted at St. John. N.B. on April. 16th 1915.

4. Personal description:—

(a) Height 5 ft 4 1/2 (b) Weight 120 (c) Complexion Dark.

(d) Colour of hair Dark (e) Colour of eyes Gray (f) Identification marks

Vaccination above left knee.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

84 Winter, St. St. John. N.B.

6. Former trade or occupation Laborer.

7. (a) Service

Years Days

PERIODS

From

To

55th Bn

Apr. 16. 1915

Oct. 1915.
Deserted.

(b) Has he been Overseas? No.

8. Present disease or disability (use authorized nomenclature if possible). Under size. D.A.H.

(a) Date of origin No documents available. (b) Place of origin Canada.

(c) Cause* Unknown. *(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

That man makes no complaint but examination shows heart enlarged to nipple line. Action rapid 90 increased to 120 on remaining 85 Yards. Slight systolic at apex. Can expand to 32 only.

[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.]

(a) Yes.

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

None.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

As before enlistment.

12. Did the disability arise on or off duty? Before enlistment.

13. Was a Court of Inquiry held? No record available.

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

Yes..... No.....

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

(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? Permanent for (2)

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

No record available.

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.

20. Recommendations That Deserter Pte Pearley McGaghey 55th Inf be placed in Category B.

[Signature]
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, Pearley McGaghey, 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

Pearley McGaghey
Signature of soldier examined.

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). *no*
- (b) Service abroad, not general service, (" B) (Yes or No). *no*
- (c) Home service, (Canada only), (" C) (Yes or No). *no*
- (d) Temporarily unfit, (" D) (Yes or No). *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.~~
- (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).

Deserter Pte Perley McGaghey 55th Bn be placed in Cat.E.

No Disability due to service.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

Alma Carley Capt President.

F. McLeod Capt

L. M. Cunningham Members.

STATION: **St. John. N.B.**

DATE: **20/3/18**

APPROVED BY

MAR 22 1918

DATE: *AC/208* Assistant Director of Medical Services.

A. D. M. S. M. D. NO. 7

APPROVED BY

DATE: Director-General of Medical Services.

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.

22. Is the soldier fit for (a) General service (b) Service abroad, not general service (c) Home service (Canada only) (d) Territorial service (e) Unit for service in Categories A, B and C, (E) (Yes or No).

23. It is recommended that the soldier (a) Does not require treatment (b) Should pass under his own control (c) 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 and special recommendation).

25. What is the probable duration in months in hospital, convalescence, or further treatment? (Strike out condition not applicable).

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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
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. Harris and Sons.