10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2129364

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

1. Surname: Sigurdson
2. Christian name: Gunnar Sigurdur
3. Present address: Beckville, P.O., Manitoba, Canada.
4. Military Service Act letter and number: 503668 JC 250
5. Date of birth: August 22nd, 1896.
6. Place of birth (town, township or county and country): Selkirk, Manitoba, Canada.
7. Married, widower or single: Single
8. Religion: Lutheran
9. Trade or calling: Fisherman
10. Name of next-of-kin: Hansina Sigurdson
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Beckville, Post Office, Manitoba, Canada.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—

(a) Place P. LaPrairie, Manitoba, Canada. (b) Date November 22nd, 1917. (c) Category A2

## DECLARATION OF RECRUIT

I, Gunnar Sigurdur Sigurdson, do solemnly declare that the above particulars refer to me, and are true.

G. S. Sigurdsson (Signature of Recruit)

## DESCRIPTION ON CALLING UP

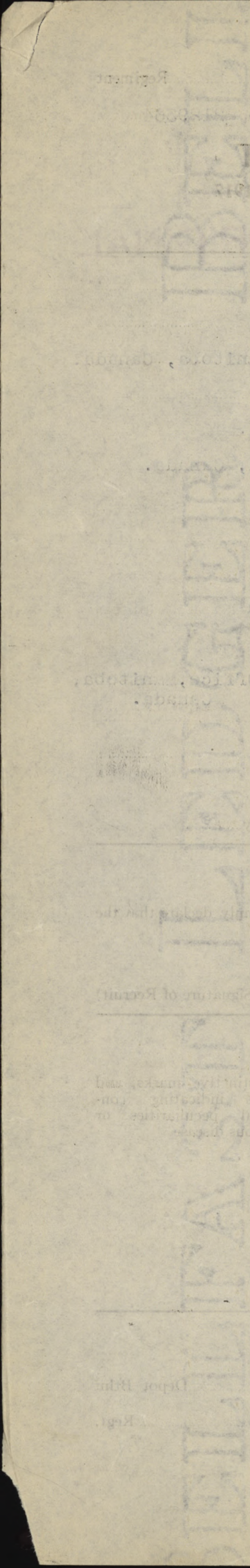
| | | |
|---|---|---|
| Apparent age | 21 yrs. 3 mths. | Distinctive marks, and marks indicating congential peculiarities or previous disease. |
| Height | 5 ft. 11 ins. | |
| Chest measurement | fully expanded 35 ins. | |
| | range of expansion 3 ins. | |
| Complexion | Medium | Nil |
| Eyes | Blue | |
| Hair | Brown | |

Edward Leibert
Major

for O. C. 1st Depot Btln.
Manitoba Regt.

Place BRANDON, MANITOBA, CANADA. Date January 12th, 1918.

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



REGIMENTAL DOCUMENTS

NAME SIGURDSON. Gunner S. REGT. NO. 2129364 UNIT 1/M.R. H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | | | | DEATH |
| | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| 1 | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| 1 | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 2 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category Demob |
| 1 | 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) | | | | | DESERTION |
| | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 1 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | 18965 | | 1 |
| 1 | CD3. | | | | | |
| 1 | MFW 67. | | | | | |
| 1 | CAAC 5009A | | | | | 41 6 |
| 1 | Casecard | | | | | 19 — 6 |
| 1 | R.T.2 | | | | | 11-6 |
| | | | | | 482619 | |

W 2589
100M-11-18
1772-39-1377

M.S.A

SURNAME. Sigurdson.

CHRISTIAN NAMES Gunnar Sigurdur

REGL. No. 212.9364 RANK Pte

UNIT Man Regt 1st Dpo Bn

FORMER CORPS Nil

CARD NO. V
M.D.10. m.10.
SOS 26-5-19 Lond
FOLL.
Do 150 of 30-5-19 LOND

NEXT OF KIN.

NAMES IN FULL Sigurdson, Mrs Hansina

RELATIONSHIP TO SOLDIER Mother

ADDRESS Beckville P.O, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Selkirk Man DATE Aug 22nd 1896.

PLACE OF ATTESTATION Brandon, Man DATE Jan 12th 1918.

O/S 21-2-18 1144/5

R/e. 22/5/19 330 10 Pte. 33.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

## DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

NAME Sigurdson G. S. REGT. No. 2129364

RANK AND UNIT Pte Mach. Regt. (27)

NEXT OF KIN

| CABLE | | NATURE OF CASUALTY |
|---|---|---|
| No. | DATE | |

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
| --- | --- | --- | --- |
| A4240 | 4 Can. Fld Amb | 9-1-19 | N. Y. D. |
| A4260 | "Disc." to Duty | 15-1-19 | N. Y. D. |

Form R. 149.

Gunnar Sigurdur

Name SIGURDSON Rank Pte. Reg. No. 2129364

Unit 27th.

Next of Kin Canada

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|
| 1919 | | | | | | | |
| 9-1 | 46th A. | | M.D. | A.F.J. 26 | | | 41487 |
| 15-1 | Discharged Duty | | N.A.D. | A.F.J. 26 | | | 41610 |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|
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| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| SIGURDSON | G.S. | 2129364 |

| Rank | Unit |
|---|---|
| Pte. | Man. 27 |

| Cas. List. | 12 CFAmb. 9-1-19. |
|---|---|
| 18-1-19 A424 | NYD NaD |
| 21-1-19 A426(1) | Discharged to Duty 15-1-19 |

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

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

Cas. List.

NOV 24 1917 "M" WING. D.O.C.

M.S.A. 15.

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

35

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 Sigurdson Christian name Gunner

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 5036878

3. Consecutive number on schedule of men reporting for service (if he appears on it) 250

4. Address (including street and number, if any) Beckville P.O Manitoba Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of Nov 1917, by the undersigned medical board sitting at Portage La Prairie Manitoba Canada

5. Age as stated 21 Years 3 Months. 6. Apparent age ____ Years ____ Months

7. Height 5 Feet 11 Inches. 8. Weight 150 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35 Ins. } 10. Complexion Medium { Eyes Blue / Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm — / Left arm 2 } 14. When vaccinated last Child

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A2]

Signature of Man

Jno Tyrrell Capt President.

Thos. Allen Adams Capt Member. W B Metcalfe Member.

| Date | Result | Vaccinations | | Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|---|---|---|---|
| 2-2-18 | Pro | W L Rutherford | M.O. | 1918 12-8-18 | | G.E.S. | |
| | | | M.O. | 19-1-18 | 1 | W.L.R. | M.O. |
| | | | M.O. | 26-1-18 | 2 | W.L.R. | M.O. |
| | | | M.O. | 2-2-18 | 3 | W.L.R. | M.O. |

Joined 12th day of January 1918 at Brandon, Manitoba, Canada.

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | Ist Depot Battalion Manitoba Regt. | 2129364 | | 12-1-18 |
| Transferred to 11th Res Bn | | | | |
| 27th Bn | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| Winnipeg | 17-4-19 | Under development Limbs | Discharged A.A. Hayes Capt Can. A.M.C. |

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

Surname Sigurdson Christian Name Gunnar Sigurdur

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital | | | Dates of Discharge from Hospital. | | | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |

# FORM OF WILL.

I, Gunnar Sigurur Sigurdson (Name in full)
Regimental Number 212936 serving in 11th Reserve Batt,
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

..... | Name & Address of person or persons to whom it is to go.
..... |
..... |

absolutely, and my personal estate I bequeath to my mother

Mrs Hansina Sigurdson | Name & Address of person or persons to receive personal estate* (see note).
Beckville Ont |
Man. Canada |

In Witness whereof I have hereunto set my hand
this 17th day of August A.D. 1916.
G. S. Sigurdson Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness W. A. Bruce
Address of Witness 11th Reserve Batt.
Occupation of Witness Soldier
Name of Witness A. Mair
Address of Witness 11th Res. Bn.
Occupation of Witness Soldier

P. 85. 10,000. 20-11-15.

REGISTERED.
WILLS-SECTION
24 AUG. 1918
LONDON.

C.A.D.C. 5009A

"M" WING, C.C.C.

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

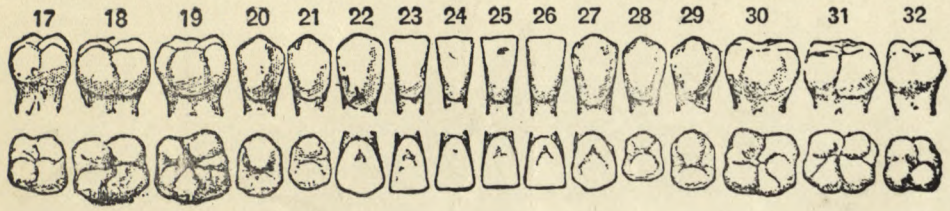
**DIRECTIONS TO DENTAL OFFICERS**

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) SIGURDSON. G. S.

REGIMENT 2/15 Bn RANK Pte. No. 2129364

Date of Examination in England 16/4/19 | Date of Examination in France




## PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

*Signature of Dental Officer* [signature] Capt.

To be made out in duplicate. H.Q. 54-21-23-53

25

# PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins. 1st Depot Battalion Manitoba Regt.

(2) Regimental Number 2129364

(3) Full Name of Soldier Gunnar Sigurdur Sigurdson

(4) Place of Birth Selkirk, Manitoba, Canada.

(5) Are you married, or not? Not

(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

M. F. W. 67.

5 M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No .....

If so, state name and address .....

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

If so, state name and address..... Hansina Sigurdson, Beckville Post Office, Manitoba, Canada.

.....

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

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

(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.

..... Has been living with mother.

.....

(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.

Charles Kelly

.....

Major *for* *Officer Commanding.*

Date..... January 12th, 1918. 1st Depot Battalion Manitoba Regt.

# CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No. 189780

THIS IS TO CERTIFY that No. 2129364 (Rank) Private
Name (in full) SIGURDSON CUNNER SIGURDUR enlisted in
the 1st Depot Battalion, Manitoba Regiment
CANADIAN EXPEDITIONARY FORCE at Brandon Man on the 12th
day of January 1918.
HE served in 27th Battalion France

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

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

Age 22 5/12 yrs.
Height 5 ft. 11 ins
Complexion Medium
Eyes Blue
Hair Brown

Marks or Scars

G S Sigurdson
Signature of Soldier.

Date of Discharge

Dispersal Station "M"
MAY 26 1919
Military District No. 10

Issuing Officer.

Capt
Rank

Date 26/5/19

NB.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

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

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

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

W.S.B. Class A

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.

No. 3 Dft.

Unit, Regiment or Corps 1st Depot Battalion Manitoba Regt.

Regimental No. 2129364 Rank PRIVATE Name Sigurdson, Gunnar Sigurdur

Enlisted (a) 12-1-18 Terms of Service (a) ~~D. of W.~~ C. E. F. ~~C E F~~ Service reckons from (a) 12-1-18

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

Extended | Re-engaged | Qualification (b) CIVIL: Fisherman MILITARY:

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| | | ~~Embarked "Missanabie"~~ | Halifax N.S. | ~~19-2-18~~ | |
| | | Disembarked. | Liverpool. | 4-3-18 | |
| | | Quebec 11th. TOS 11th C.R.Bn. on arrival in England. | Dibgate | 4-3-18 | Pt. 11 Bn. O.R. |
| | | 1-8-18 O.C. 11th SOS on proceeding O/S to 27th Batt'n. | Seaford | 21-8-18 | Pt. 11 Bn. O.R. |

CERTIFIED CORRECT. 30 AUG 1918 CANADIAN RECORDS OTTAWA

W. Kellar Lieut. & A/Adjutant, 11th Can. Res. Batt'n.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 22-8-18. | C.I.B.D. | Arr'd from Eng. & T.O.S. | 27th Bn. | 22-8-18. | P.II.O.77 d/29-8-18. |
| 22-8-18. | " | Left for C.C.R.C. | Field. | 26-8-18. | NR.1359 |
| 26-8-18. | C.C.R.C. | Arrived | " | 26-8-18. | NR.1315 |
| 11-9-18 | " | Left for Unit | " | 11-9-18 | NR. 1580 |
| 14-9-18 | 27th Bn. | Joined | " | 12-9-18. | B.213 |
| 9-1-19 | 4-6 Fa. | n.y.d.n. aam | | 9-1-19 | N.4416 |
| 11-1-19 | 27 Bn | To Fa sick | | 9-1-19 | B 213 |
| 15-1-19 | 4-6 Fa | N.Y.D | Duty | 15-1-19 | N. 4931 |
| 18-1-19 | 27 Bn | Joined from hosp | | 15.1.19 | B 213 |
| 15-3-19 | " | O/C R.T.O. ENDENNE | | 13.3.19 | " |
| 22-3-19 | " | Returned | | 18.3.19 | " |

Emb. Camp. Proceeded to England.

13/4/19. N.R.

Pt.2 O.No. d/.....

C. Mc Pherson LIEUT. FOR LT COL. A.A.G.

13-5-19. S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA.

Do Pt II No 33 d/ 13-5-19 19

H. M. T. OTHELLO

EMB. LIVERPOOL 13 5 19

DISEMB. HALIFAX 23 5 19

FOR OFFICER COMMANDING "M" WING C.C.C.

13.5.19 T.O.S. Dispersal Station 80 150 Pa 2

" and Dispersed 26-5-19 do 3

Lieut.

for O. C. 10 District Depot.

Form R 122.
10287—65M—28-7-17.

G.C.

Rank — Name SIGURDSON. Gunnar Sigurdur. Reg'l No. 2129364.

Unit No 3 Dft 1st. Dpt Bn Brandon — If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Brandon. 12th. Jan. 1918. Place of Birth Selkirk. Man.

Name and Address, Next-of-Kin Hansina Sigurdson,

Beckville. P.O., Man. Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. 25770
File R.L.
Category O.R. Can

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS Taken from Official Documents. |
|---|---|---|---|---|---|
| 6 | | Arrived in England | | 4-3-18 | S/S MEGANTIC |
| 6.3.18. | II. Res Bn. | T.O.S FROM Canada | | 4.3.18 | P 11 O 55 |
| 21.8.18 | —"— | S.O.S from 7 Sea to 27th Bn | Pte | Seaford 21.8.18 | —"— 196. |
| 14-4-19 | 27BN | PROC TO ENGLAND | | 12 4 19 | D0 26 |
| 15 4 19 | M W CCC | TOS FROM 27th | | WitleY 13 4 19 | D0 6 |
| 13 5 19 | M wing | S O S to Canada | | Wit D 13 5 19 | D 33 |

29 AUG 1918

27 Bn d/ 29-8-18

To Can 13.5.19 62M26

| 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. | | | | |
| | | | | | |

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY | * ~~ENGLAND or~~ CANADA. | SEPARATION ALLOWANCE. | * ENGLA CANAD |
|---|---|---|---|
| EFFECTIVE DATE:- | 1.2.18 | EFFECTIVE DATE:- | |
| AMOUNT:- | $15.00 | AMOUNT:- | |

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

Hansina Sigurdson mother
Bickville Man

Stopped Effective
30/4/19

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

| DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY |
|---|---|---|---|---|---|---|
| 4.4.19 | 231 | Field 20 Pcs | ~~365~~ | | | |
| 17.4.19 | 512 | M. Wing £15-00 | ~~73~~ | | | |
| | | | 76 65 | | | |
| L P & Rend. 22/4/19 | | | | Dis to Canada 30/4/19 N. M.D.10 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:-

| MONTH 1918 | PARTICULARS | Cr 1 | Cr 2. | PARTICU |
|---|---|---|---|---|
| March | Bal Forward. | | | |
| Apr. | P.P. | 33. | | A.P. |
| | | | | AR 154 13 4 |
| | | | | " 60 29 4 |
| | | 33 | | |
| May | P. Pay | 34 10 | | 6 C A S |
| | | | | AR 218 11/5/1 |
| | | | | " 428 20/5/ |
| | | | | " 592 30/5/1 |
| | | 34 10 | | |
| June | P Pay | 33. | | AR 777 14/6/ |
| | | | | 6 C A S. |
| | | | | AR 1023 28/6/ |
| | | 33 | | |
| July | P Pay | 34 10 | | 6 C A S |
| | | | | AR 1156. 12/ |
| | | | | " 1401 26/ |
| | | 34 10 | | |
| Augt | PP | 34 10 | | 6 C A S |
| | | | | AR 1456. 6/8 |
| | | | | " 1682 20/8/ |
| | | 34 10 | | |

CERTIFIED THAT I has been duly ver... relative ledger ac... uncharged items p... ...ted to For...

THIS A.S.P.B. ...ified with the ...count and all ...orerly extra-

~~ENGLAND~~ CANADA.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

18

EFFECTIVE DATE:-

AMOUNT:-

ONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

urdson mother

Man

ffective

E SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

| PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A R | UNIT PAID BY | AMOUNT |
|---|---|---|---|---|---|
| Yes | ~~3 66~~ | | | | |
| £15-0-0 | ~~73~~ | | | | |
| | 76 65 | | | | |

22/4/19

ERING NON-EFFECTIVE:-

Dis to Canada 30/4/19 NK 84269 Bramshott to Bramshott M.D.10

NAME:- SIGURDSON Gunner Sigurdur

236

NUMBER:- 2129364

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Private |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bn 1st Reserve Regt.

DATE ACCOUNT FIRST OPENED:- 13.2.18.

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | 11th Reserve |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 . . | 10 . . | . . | . . |

Ledger Bal Cr 103 52

L & C Bal Cr 26 87

| PARTICULARS | CR 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|
| d. | | | | | | | . | 30 03 | — | |
| | 33. | | A.P. | | | | 15. | | | |
| | | | AR 164 13/4/18 11 Res. | 9 7 3 | | | | | | |
| | | | " 60 29/4/18 " | 9 7 3 | | | | | 28 57 | |
| | 33 | | | 19 4 6 | | | 15 | | | |
| | 3 H 10 | | 6 C & S | | | | 15. | | | |
| | | | AR 218 11/5/18 11 Res | 9 7 3 | | | | | | |
| | | | " 428 20/5/18 " | 19 4 7 | | | | | | |
| | | | " 592 30/5/18 " " | 2 4 3 | | | | | 16 04 | |
| | 3 H 10 | | | 31 63 | | | 15 | | | |
| | 33. | | AR 777 14/6/18 11 Res | 9 7 3 | | | | | | |
| | | | 6 C & S | | | | 15 | | | |
| | | | AR 1023 28/6/18 11 Res | 7 3 0 | | | | | 17 01 | |
| | 33 | | | 17 03 | | | 15 | | | |
| ay | 3 H 10 | | 6 C & S | | | | 15 | | | |
| | | | AR 1186 12/7/18 11 Res | 9 7 3 | | | | | | |
| | | | " 1401 26/7/18 " " | 9 7 3 | | | | | 16 65 | |
| | 3 H 10 | | | 19 46 | | | 15 | | | |
| P | 3 H 10 | | 6 C & S | | | | 15 | | | |
| | | | AR 1456 6/8/18 11 Res | 14 60 | | | | | | |
| | | | " 1652 20/8/18 " " | 2 4 3 | | | | | 18 72 | |
| | 3 H 10 | | | 17 03 | | | 15 | | | |
| | | | | | | | | Balance Forward | | |

THIS A.S.P.B. ified with the count and all properly extra-

NUMBER 2129364. RANK Pte NAME SIGURDSON. S

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1. | DR. 2 | DR. 3. | DR. |
|---|---|---|---|---|---|---|---|---|
| 1918 | | | | | | | | |
| Sept | Balce Fwd | | | | | | | |
| | RP | 33 | | C & D | | | | 15 |
| | | | | DMR 1536 7/9/18 Wkg Dch | 3 5 | | | |
| | | | | " " 1099 19/9/18 6 Brg | 3 5 | | | |
| | | 33 | | | 7 14 | | | 15 |
| OCT. | " | 34 10 | | L A P | | | | 15 |
| | | | | AR 1850 17/10/18 " | 3 73 | | | |
| | | | | " 2468 29/10/18 " | 3 73 | | | |
| | | 34 10 | | | 7 46 | | | 15 |
| NOV | " Nov Dec & Jan | 101 20 | | L A P Nov & Dec | | | | 30 |
| | | | | " 2727 13/11/18 " | 3 73 | | | |
| | | | | " 3505 28/11/18 27 Bn | 13 06 | | | |
| | | | | " 3853 16/12/18 " | 6 49 | | | |
| | | | | L A P Jan | | | | 15 |
| | | 101 20 | | | 23 28 | | | 45 |
| FEB | | | | " 4915 21/1/19 " | 3 73 | | | |
| | Feb & Mar P to Pay | 64 90 | | " 4397 14/1/19 " | 5 03 | | | |
| | | | | " 5221 9/2/19 " | 3 73 | | | |
| | | | | " 5693 25/2/19 " | 3 73 | | | |
| | | 64 90 | | 6415 11-3-19 " | 3 65 | | | |
| | | | | C A P. Feb | | | | 15 |
| | | | | " mch | | | | 15 |
| | | | | 7032 21-3-19 " | 3 65 | | | |
| Apl | Pte Pay | 33 | | | 23 52 | | | 30 |
| | | | | C A P april | | | | 15 |
| | | | | 231. 3.4.19 27 Bn | 3 65 | | | |
| | | | | 512. 16.4.19 " " | 73 - | | | |
| | | 33 | | 2272. 9.5.19 Bnd on L.P.C. | 9 73 | | | |
| | | | | | 86 38 | | | 15 |
| | | | | SOS 13.5.19. S/L. 62 MRP | | | | |

Pay Sgt. Unit

...Red Item ... to Form P. 697.

NAME SIGURDSON. G. S

| PARTICULARS | | | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 18 72 | | |
| b c f D | | | | | | 15 | | | |
| Mr AR 1536 | 4/9/18 | W/Q Det | 3 57 | | | | | | |
| " " 1099 | 19/9/18 | 6 Brig | 3 57 | | | | 29 58 | | |
| | | | 7 14 | | | 15 | | | |
| b A P | | | | | | 15 | | | |
| AR 1850 | 17/10/18 | " | 3 73 | | | | | | |
| " 2468 | 29/10/18 | " | 3 73 | | | | 41 22 | | |
| | | | 7 46 | | | 15 | | | |
| b A P Nov + Dec | | | | | | 30 | | | |
| " 2727 | 13/11/18 | " | 3 73 | | | | | | |
| " 3505 | 28/11/18 | 27 Bn | 13 06 | | | | | | |
| " 3853 | 16/12/18 | " | 6 49 | | | | | | |
| b A P Jan | | | | | | 15 | 74 14 | | |
| | | | 23 28 | | | 45 | | | |
| " 4915 | 21/1/19 | " | 3 73 | | | | | | |
| " 4397 | 14/1/19 | " | 5 03 | | | | | | |
| " 5221 | 9/2/19 | " | 3 73 | | | | | | |
| " 5693 | 25/2/19 | " | 3 73 | | | | | | |
| 6415 | 11-3-19 | " | 3 65 | | | | | | |
| C A P. Feb | | | | | | 15 | | | |
| " mch. | | | | | | 15 | | | |
| 7032 | 21-3-19 | " | 3 65 | | | | 85 52 | | |
| | | | 23 52 | | | 30 | | | |
| C A P April | | | | | | 15 | 103 52 | | |
| 231. 3.4.19 | | 27 Bn | 3 65 | | | | | | |
| 512. 16.4.19 | | " " | 73 - | | | | | | |
| 2272. 9.5.19 | | Bond on L.P.C. | 9 73 | | | | 17 14 - 19 14 - | | |
| | | | 86 38 | | | 15 | | | |

S.O.S 13.5.19. S/L. 62 MKP

IS A.S.P.B.
ied with the
ount and all
perly extra-

uncla. See Item ... ed to Form P. 697.
Pay Sgt. Unit

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Selkirk Manitoba.

NAME AND ADDRESS OF NEXT OF KIN: Hansina Sigurdson
Beckville, Manitoba.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

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

| DATE | PAY | | | | FIELD ALLOWANCE | | | | WORKING OR SPECIAL PAY | | | | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | | | | 1 NO. | 1 DATE | 2 NO. | 2 DATE | 3 NO. | 3 DATE | NO. |
| MONTH PARTICULARS | CR. 1 | | | | CR. 2 | | | | PARTICULARS | | | | | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED PAY | SEP. ALLCE. ENG. | | | | |
| 1918 Feb 13 Balance from Canada. | | | | | | | | | | | | | | | | | | 13 20 | | ✓ | | | | |
| 13.2.18 / 31.3.18 Pte Pay. | | | 51 | 70 | | | | | | | | | | | | | | 30 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 300 3 | ✓ | | | |
| | | | | | | | | | | | | | A.R. 2520. 11 Rs. 25.3.18 | | | | | 4 87 | ✓ | | | | | |
| | | | 51 | 70 | | | | | | | | | | | | | | 30 | | | | | | |
| | | | | | | | | | | | | | | | | | | 4 87 | | | | | | |

MOTIONS. &c.

| EFFECTIVE DATE | AUTHORITY |
|---|---|
| | |

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 2129364. RANK Private NAME SIGURDSON. Gunner Sigurdson.

IF IN PERMT. CORPS / WHAT UNIT 1st Depot Bn Man Regt (Brandon Detachment) UNIT

11TH RESERVE BATTALION

TRANSFERRED TO DATE 6/3/18 AUTHORITY BO. 55-

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Brandon, Man:-

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 12/1/18.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Febry: 1st 1918.

PAYABLE TO Hansina Sigurdson. Beckville, Man: RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| ACQUITTANCE ROLLS 2 NO. | 2 DATE | 3 NO. | 3 DATE | 4 NO. | 4 DATE | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE | | DEFER-RED. PAY | SEP. ALLCE. ENG. | | | | | | | | | | | | | | |
| 13 20 | | ✓ | | | | | | | | | | | | | | | |
| 3003 | | ✓ | | | | | | | | | | | | | | | |

| DATE | PAY | | | | FIELD ALLOWANCE | | | | WORKING OR SPECIAL PAY | | | | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | | | | | | CASH PAYMENTS | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. of Days | Rate | Amount $ | Amount c. | No. of Days | Rate | Amount $ | Amount c. | No. of Days | Rate | Amount $ | Amount c. | | | | 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | 1 | 2 | 3 | 4 |

| CASH PAYMENTS | | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 3 | 4 | | | | CREDIT | DEBIT | | | |

19-4-39

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

WAR SERVICE
CLASS "A" No. 189789

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2179364.

2 Rank. Private

3. Name. SIGURDSON CUMNER S.

4. Unit. 27th Battalion

5 Date of Discharge 26/5/19 Place Brookville, Manitoba

6 Reason for Discharge Demobilization

MEDICAL DOCUMENTS FORWARDED TO [redacted] or P. B. C. on JUN 11 1919

7. Authority. DO 150

8. Proposed Residence after Discharge Brookville, Manitoba

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

S. Sigurdson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station No. 2 Military District No. MAY 28 1919

Place H.M.T. NORTHLAND

Date EMB. LIVERPOOL 13-5-19

DISEMB. HALIFAX 23 5 19

Signature [illegible]
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilisation.)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge. Date

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermentioned place and date I received my discharge Certificate

M.P. W.I.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature

(O. C. Discharging Units.)

## LIST OF DISCHARGE DOCUMENTS.

| | |
|---|---|
| Attestation Paper, Triplicate | Militia Form W. 23 |
| or Particulars of Recruit | Militia Form W. 133 |
| Field Conduct Sheet | Militia Form W. 178 or A.F.B. 122 |
| Casualty Form | Militia Form W. 54 or A.F.B. 103 |
| Last Pay Certificate | Militia Form W. 44 |
| Certificate that missing documents are unobtainable | |
| Medical History Sheet | Militia Form B. 313 or A.F.B. 178 |
| Proceedings of Medical Board | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet | Militia Form B. 465 |
| Medical Report | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet | Militia Form B. 263 |
| Company Conduct Sheet | Militia Form B. 263a |

1. Triplicate Attestation Paper (M.F.W. 23). or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

.....

Date 10 MAY 1919

Date of Enlistment 12-1-18

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

S 16025

Date of Assignment 1st Feby/18

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 15-00 | | | |

8413514 B1

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depl Bn Man Regt.

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address M.R.O. L.P. 2159, 1/8/18

1 HANSINA SIGURDSON, S16025

2 BECKVILLE P.O., MAN. 15 15.00

3 % 2129364 PTE. G.S.SIGURDSON FIFTEEN DOLLARS

4

16774-G-6

| Date 1918 | Cheque No. | Amount S/A | Amount A/P | Total | | REMARKS |
|---|---|---|---|---|---|---|
| July | K 2174 | | 90 | 90 | ✓ | mailed 30/7/18. a.c.o. L.P. 1136-90. Feb. Mch. Apl. May, June, July. 29-7-18 G. |
| Aug | U 40274 | | 15 | 15 | | |
| Sept | W 46411 | | 15 | 15 | | |
| Oct | L 54798 | | 15 | 15 | ✓ | |
| nov | Y 53808 | | 15 | 15 | ✓ | |
| Dec | Q 63684 | | 15 | 15 | ✓ | MD no 10 |
| Jan | G 75394 | | 15 | 15 | ✓ | A/c Closed 31-5-19 |
| Feb | L 78132 | | 15 | 15 | ✓ | Ret'd per Northland |
| Mar | C 90738 | | 15 | 15 | ✓ | Date 23/5/19 M.F.W.187 29/5/19 |
| apr | A 1993 | | 15 | 15 | | Clerk LBS |
| May | O 7725 | | 15 240 | 15 | ✓ | MROLP 92788 Destroy 29/5/19 |

ENTERED IN AUDIT LEDGER JUL 26 1918 VOUCHER SECTION

M. F. W. 128.
4'0M.—6-17—177480-1141
L. L. 92320—M. & D. 1931.

AUTHORITY FOR NEW ACC'T. R 702a File 16774-G. 6 W.M. Dickson 26/7/18

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank ... Promoted ... Reverted ... Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 126.
400m.—'-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Original ORIGINAL. Group 25

"M" WING, C.C.C.

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Wattay DATE 17-4-19

1. 1 (a) Unit 27th Bn (b) Regimental No. 2129364 (c) Rank Pte

(d) Surname SIGURDSON (e) Christian name GUNNER S.

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

(g) Next of Kin Mrs. H. Sigurdson (h) Relationship Mother

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

2. Age last birthday 22 yrs Date of birth Aug. 22 1896.

3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Brandon Man. (b) Date Jan. 12th 1918

4. Personal description:

(a) Height 5' 11" (b) Weight 150 lbs. (stripped) (c) Complexion medium

(d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc. Mole pig. below flexor surface L. arm. Scar below biceps muscles L. arm.

X 5. Former trade or occupation Fisherman

| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years | ~~Days~~ |
|---|---|---|
| | 1 | 3 months |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | Jan. 12th 1918 | Feb. 12th 1918. |
| England | March 4th 1918 | Aug. 21st 1918. |
| France or other theatres of War | Aug. 22nd 1918 | April 12-1919. |

7. Original disease, or injury ~~Undeveloped Tonsils~~ Sciatica

(a) Date of origin 1908 (b) Place of origin Canada

(c) Cause Injury

M. F. B. 227.

400M.—11-18.
1772-30-117.

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

(Undeveloped Testicles) Partial loss function both testicles.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective — Both testicles smaller than they should be. no tenderness. sensation both testicles.

Subjective — states that testicles do not trouble him at all.

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

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition yes.

complains of chilliness every morning from time he wakens until he gets back in hot where it is warm.

urine - normal

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

Eight years ago fell from trae and landed astride a fence on testicles. From that time ceased to develope.

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*).)

Pneumonia 3 times when child
Scarlet fever & measles " "
Injury to testicles 1908
N. Y. D. Jan. 1919.

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

scar index finger R. hand.

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.)

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

RBK enned Lieut Cmdr.
*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 Sigurdson G. S. 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~~

G S Sigurdson Pte 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.

YES

19. Is the invalid fit for

| | | |
|---|---|---|
| (*a*) General service, | (Category A) | (Yes ~~or No.~~) A yes |
| (*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.)

Boarded for RTC Auth AG Zd 90853 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

C W Coutts Capt AMC
*President.*

PLACE Witley
DATE 17-4-19

W T Naylor Capt AMC
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.

*President*

PLACE.....
DATE.....
Members

APPROVED BY
For *Assistant Director of Medical Services.*
14th April 17th 1919.
DATE.....
(AES).

APPROVED BY
Capt C.A.M.C.
*Director-General of Medical Services.*
DATE.....

HEADQUARTERS A.D.M.S. 19 APR 1919 File..... CANADIAN TROOPS, WITLEY.