Original,

# ATTESTATION PAPER.

No. 2704204

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

| | (ANSWERS.) |
|---|---|
| 1. What is your surname? | Sobey |
| 1a. What are your Christian names? | Allan |
| 1b. What is your present address? | Maple Glen N.B. |
| 2. In what Town, Township or Parish, and in what Country were you born? | Maple Glen N.B. |
| 3. What is the name of your next-of kin? | Georgina Sobey |
| 4. What is the address of your next-of-kin? | I am above |
| 4a. What is the relationship of your next-of-kin? | Mother |
| 5. What is the date of your birth? | Dec. 6 - 1900 |
| 6. What is your Trade or Calling? | Farmer |
| 7. Are you married? | No |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes |
| 9. Do you now belong to the Active Militia? | No |
| 10. Have you ever served in any Military Force? If so, state particulars of former Service. | No |
| 11. Do you understand the nature and terms of your engagement? | Yes |
| 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? | Yes |
| 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? | Nil |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | Nil |
| 16. If so, what was the reason? | Nil |

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Allan Sobey, 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.

A Sobey (Signature of Recruit)

Date May 1st 1918. Wm R Scott (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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.

A Sobey (Signature of Recruit)

Date May 1st 1918. Wm R Scott (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 St John NB this 1st day of May 1918.

C J Morgan (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

## Description of ..... on Enlistment.

Apparent Age ..... 18 ..... years ..... — ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5' ft. 8 ins.

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

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Dark

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist ..... X
- 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).

## 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 ..... May 1st ..... 1918. ..... J Alex M Bell .....

Place ..... St John N.B. ..... Lt .....

Medical Officer.

*Insert here "fit" or "unfit."

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

.....

.....

.....

.....

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Allan Sobey .....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.

..... J Morgan (Signature of Officer)

Date ..... May 1st ..... 1918.

D. 21-10-18

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1

Medical Report for Invalids..... 3

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. F. W. # 178 — 1

M. F. W. # 82 — 1

M F B 313a - X 2

M F W 129 - 1

Misc — 1 - Retd Well

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

M X B 288 - 9

# DISCHARGE DOCUMENTS

D

R. O. No.

H. Q. No.

H

Name SOBEY ALLAN

Regt. No. 2704204 Rank Pte.

Corps 7th Bn. C.S.R.

Medically unfit

33182

H

42-1
14-1
1 1
1

S.D.S. M.A. 35/91/18 MD 7.

SOBEY, A. (Pte) #2704204. 7th C.G.R. 649-S-27397.

MEDALS & DECORATIONS. (Mother) Mrs. Georgina Sobey,
Maple Glen,
Northumberland Co.,
N.B.

PLAQUES & SCROLLS. (Mother) Mrs. Georgina Sobey,
Address as above.

S.R.

MEMORIAL CROSS. Died 25-8-21.

Canada only.

M.J.

a

58177

D. 25-8/21
(auth L. DSCR. 4 10/21)

H. Q.
M. D. No. 7.
Surname Sobey
T. O. S. 19
Christian names Allan
D. O. Pt. II of
Regtl. No. 270 4204 Rank Pte.
S. O. S. 19
Unit Can. Gar. Regt (7th Bn.)
Reason
Auth.

Next of kin Sobey, Mrs Georgiana Relationship Mother
Address Maple Glen N.B.
Also notify:

BORN—Place Canada, Maple Glen N.B. Date Dec. 6th 1900
ATTESTED—Place St. John N.B. Date May 1st 1918
O/S.
R/C.

W. 22—100M-7-18. 1772-39-839.

Reg. No. 2794204 Name Sobey R E.

Rank Pte Corps 7 C G R. Age 17 Service 1 7/12.

Ledger No. Serial No.

| HOSPITALS | DATE | DIAGNOSIS |
|---|---|---|
| N B Military Fredericton | | |
| 1 St James St John N B | 3. 9. 18 | Pul T B. |
| Dis | 4. 9. 18 | |
| A N B Military Fredericton | 1. 10. 18 | T B. |
| S S C | 1. 10. 18 | |

P. T. O

| HOSPITALS | DATE | DIAGNOSIS |
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M. F. W. 2553.
75M.—9-19.
1772-39-1332.

# CASE HISTORY SHEET.

~~St James Street Military~~ Hospital. St John N.B. Station.

No. 186 Rank Pte Name Sobey Allen E. Age 17

Unit 62nd Regt. Completed years of service (Where and how long) Can 9/12

Date of admission March 19th 1918 Date of discharge 5--6--18

Diagnosis Pneumonia Place of origin St John N.B.

CONDITION ON ADMISSION AND PROGRESS OF CASE Temp. 103 Pulse 116 Resp. 24
Complains of pain in left side duleness over left lung increased fremitus and tubulor breathing. Temp. went down by a long lepis with frequent exacerbations.

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.) Mother sister has T. B.

TREATMENT Usual for the Pneumonia followed by tonics.
(Especially any specific or special form)

CONDITION ON DISCHARGE,
(and disposal made of case.) Recovered and discharged to quarantine

Date 5--6--18

B F Johnson Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

B.38060

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd. Hospital Station St. John. N.B

No. 186 Rank and Name Pte. Sobey Allen. Age 17. Service Medical

Disease Date of Admission 19-3-1918 Date of Discharge Result Case Book Folio

| Dates of Observation | May. 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | | | | | | | | | | | | |
| Temperature Fahrenheit — TIME a.m. p.m. | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | |
| Pulse per Minute | 100 / 96 | 96 / 80 | 108 / 86 | 98 / 88 | 90 / 92 | 90 / 96 | 116 / 94 | 110 / 96 | 116 / 96 | 96 | | |
| Respirations per Minute | 18 / 22 | 20 / 20 | 20 / 20 | 18 / 20 | 20 / 20 | 24 / 22 | 22 / 20 | 20 / 20 | 22 / 22 | 20 | | |
| Motions | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |

Discontinued

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature [illegible] Johnson Capt. *In charge of case.*

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-970.

M.F. 20/1/22 M.f.

# Casualty Form—Active Service.

Unit, Regiment or Corps 7th Battalion C.G.R., C.E.F.

Regimental No. 2704204 Rank Private C. E. F. Name SOBEY, Allan

Enlisted (a) 1.5.18 Terms of Service (a) Duration of War Service reckons from (a) 1.5.18

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) Farmer

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 1.5.18 | | T.O.S. of 7th Bn. C.G.R | West St. John N.B, | 1.5.18 | Enlisted |
| 25.9.18 | O.C. 7th Bn. C.G.R. | S.O.S.as being medically unfit for further war service. | West St. John N.B. | 25.9.18 | Auth. M.D. 7. 4-S-324 of the 19.9.18 |

J. B. Patchell
Captain.
Adjutant, 7th Battalion C.G.R., C.E.F.

(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 | | | | |
| | | | | | |

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 7th C. G. R. Hospital Station St. John. N. B.

No. 2704204 Rank and Name Pte. Sobey A. E. Age 17 Service C. 1 1/2

Disease Observation for Pul. T. B. Date of Admission 3-9-18 Date of Discharge Result Case Book Folio

| Dates of Observation | typ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 90 | 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | 90 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

M. F. B. 288.

25M.—8-17.
H. Q. 1772-39-513.

Signature ..... In charge of case.

# CASE HISTORY SHEET.

No. 186 Rank Pte. Name Sobey. Allen E. Age 17

Unit 62rd. Regt. Completed years of service Where and how long Canada 9/12

Date of admission March 19th. 1918 Date of discharge

Diagnosis Pneumonia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE T 103 P 116 R 24

Complains of pain in left side dullness over left lung increased fremitus and tubular breathing. Temp. went down by a long lysis with frequent exacerbations

FAMILY HISTORY Mothers sister has T.B.

(Tuberculosis, mental or nervous diseases.)

TREATMENT usual for the Pneumonia followed by tonics.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Recovered & discharged to quarantine

(and disposal made of case.)

Date 5-6-18

B. F. Johnson Capt

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

# CLINICAL CHART.

(*To be pasted into Case Book opposite Patient's Case.*)

Corps 62nd. Hospital Station St. John. H.B

No. 186 Rank and Name Pte. Sobey Allen Age 17 Service Medical.

Disease Date of Admission 19-3-1918 Date of Discharge Result Case Book Folio

| Dates of Observation | May 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° | | * | | | * | | | | | | | |
| 106° | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | |
| 102° | | | | | | | | | | | Discontinued | |
| 101° | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | |
| Pulse per Minute | 100 96 | 96 80 | 108 86 | 98 88 | 90 92 | 90 96 | 116 94 | 110 96 | 116 96 | 96 | | |
| Respirations per Minute | 18 22 | 20 20 | 20 20 | 18 20 | 20 20 | 24 22 | 22 20 | 20 20 | 22 22 | 20 | | |

Signature B. J. Johnson In charge of case.

288.
-17.
H. Q. 1772-39-513.

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd. Hospital Station St. John, N.B.

No. 186 Rank and Name Pte. Sobey, Allen Age 17 Service

Disease Date of Admission 19-3-1916 Date of Discharge Result Case Book Folio

| Dates of Observation | April 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | May 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit TIME a.m. p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | * | | | * | | | | * | | | | | | * | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 108 100 | 96 100 | 84 90 | 92 96 | 100 96 | 92 96 | 96 96 | 104 84 | 96 104 | 88 92 | 100 100 | 94 80 | 100 96 | 104 88 | 104 88 | 104 100 | 104 100 | 104 84 | 104 108 | 104 120 | 100 122 | 120 120 | 104 100 | 108 128 | 108 110 | 124 120 | 124 120 | 116 108 | ~~100~~ 112 | 112 100 | 106 102 |
| Respirations per Minute | 20 22 | 20 22 | 20 20 | 20 20 | 22 20 | 20 20 | 20 20 | 20 20 | 20 20 | 20 20 | 20 20 | 22 22 | 22 20 | 24 20 | 24 24 | 24 22 | 24 20 | 22 20 | 20 20 | 20 22 | 20 20 | 20 20 | 20 26 | 20 22 | 20 20 | 20 20 | 22 22 | 20 18 | 22 24 | 20 20 | 20 22 |
| Motions | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | / | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513

Signature [illegible] Johnson Capt. In charge of case.

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd. Hospital Station St. John, N.B.

No. 186 Rank and Name Pte. Sobey, Allen Age 17 Service

Disease Date of Admission 19-3-1918 Date of Discharge Result Case Book Folio

| Dates of Observation | April 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | May 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | TIME a.m. p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | 8 6 4 2 | | | | | | | | | | | * | | | * | | | | * | | | | | | * | | | | | | |
| 106° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 108 100 | 96 100 | 84 90 | 92 96 | 100 96 | 92 98 | 96 96 | 104 84 | 96 104 | 88 92 | 100 100 | 94 80 | 100 96 | 104 88 | 104 88 | 104 100 | 104 100 | 104 84 | 104 108 | 104 120 | 100 122 | 120 120 | 104 100 | 108 128 | 108 110 | 124 120 | 124 120 | 116 108 | 120 112 | 112 100 | 106 102 |
| Respirations per Minute | 20 22 | 20 22 | 20 20 | 20 20 | 22 20 | 20 20 | 20 20 | 20 20 | 20 20 | 20 20 | 20 20 | 22 22 | 22 20 | 24 20 | 24 24 | 24 22 | 24 22 | 22 20 | 20 20 | 20 22 | 20 20 | 20 20 | 20 26 | 20 22 | 20 20 | 20 20 | 22 22 | 20 18 | 22 24 | 20 20 | 20 22 |
| Motions | 0 | T | T | T | 0 | T | 0 | T | T | T | T | T | 0 | T | T | T | T | T | 0 | T | T | T | / | T | T | T | T | T | T | T | 1 |

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature A. J. C. Johnson Capt. In charge of case.

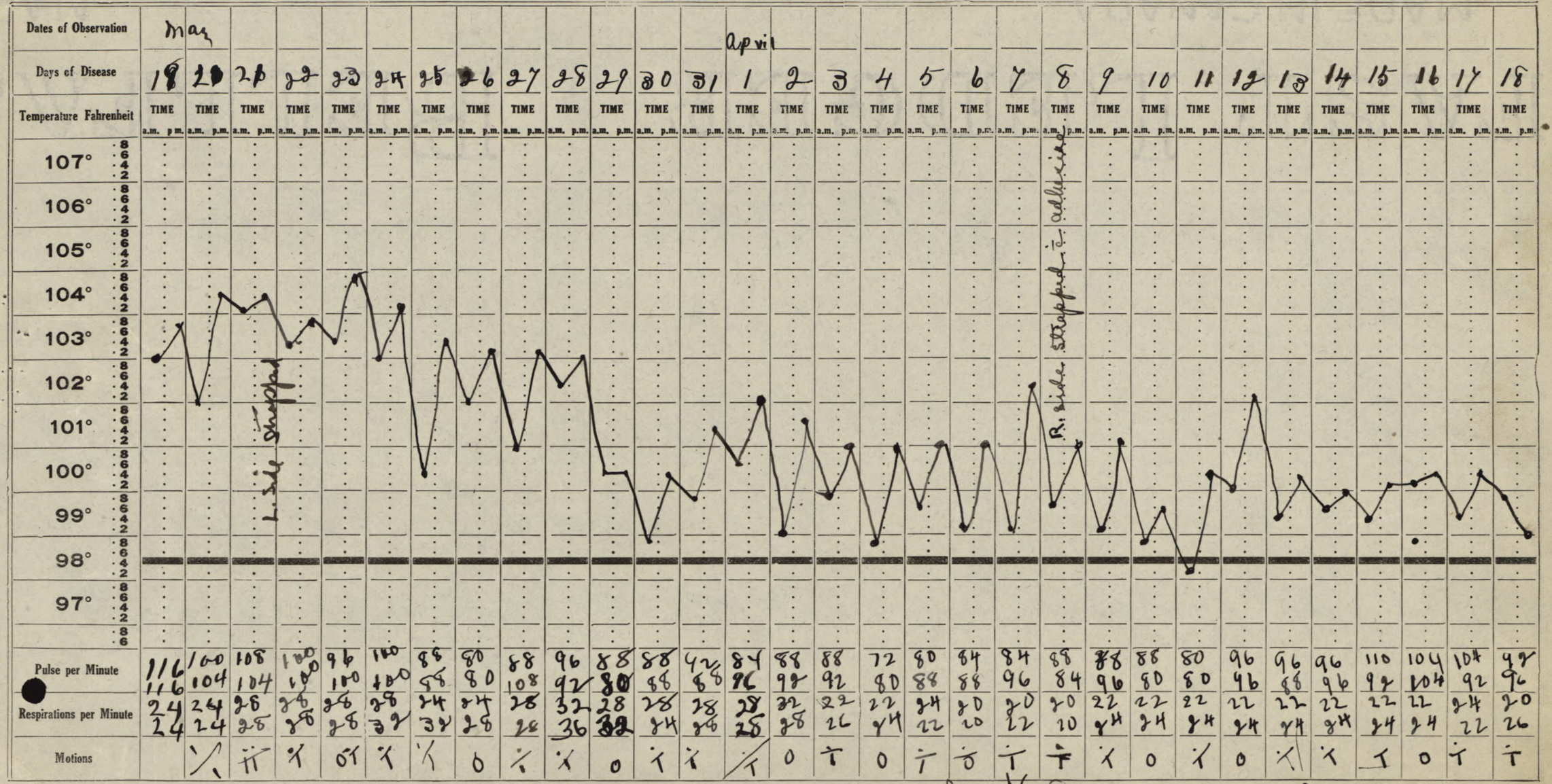
# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd — Hospital Station St John N.B

No. 186 — Rank and Name Pte Sobey A. — Age 17 — Service V/F

Disease — Date of Admission 19-3-18 — Date of Discharge — Result — Case Book — Folio




M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature [illegible] In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Hospital Station

Rank and Name

Age

Service

Date of Admission

Date of Discharge

Result

Case Book

Folio

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 62nd  Hospital Station St John N.B

No. 186  Rank and Name Pte Sobey, A.  Age 17  Service 9/17

Disease  Date of Admission 19-3-17  Date of Discharge  Result  Case Book  Folio

| Dates of Observation | Mar | | | | | | | | | | | | | Apr | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Temperature Fahrenheit | TIME a.m. p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 116 116 | 100 104 | 108 104 | 108 100 | 96 100 | 100 100 | 88 88 | 88 80 | 88 108 | 96 92 | 88 80 | 88 88 | 92 88 | 84 96 | 88 92 | 88 92 | 72 80 | 80 88 | 84 88 | 84 96 | 88 84 | 88 96 | 88 80 | 80 80 | 96 96 | 96 88 | 96 96 | 110 92 | 104 104 | 104 92 | 92 96 |
| Respirations per Minute | 24 24 | 24 24 | 28 28 | 28 28 | 28 28 | 28 32 | 24 32 | 24 28 | 28 28 | 32 36 | 28 32 | 28 24 | 28 28 | 28 28 | 28 30 | 22 26 | 22 24 | 24 22 | 20 20 | 20 22 | 20 20 | 22 24 | 20 20 | 20 24 | 22 24 | 22 24 | 22 24 | 22 24 | 22 24 | 24 22 | 20 22 |
| Motions | | 1/1 | XX | X | OX | X | X | 0 | X | X | 0 | X | X | X | 0 | X | 0 | X | 0 | X | X | X | X | X | 0 | X | 0 | X | 0 | X | X |

Rose & disc. stopped & adhesive.

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature N D X Johnson Capt in charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd Bxx. Hospital Station St. John, N.B.

No. 186 Rank and Name Pte. Sobey, Allen E. Age 17 Service

Disease Date of Admission 19-3-1918 Date of Discharge Result Case Book Folio

| Dates of Observation | March 26 p.m. | | | a.m. 27 | | | P.m. | | | a.m. 28 | | | P.m. | | | a.m. 29 | | | P.m. | | | a.m. 30 | | | P.m. | | | a.m. April 31 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | ✓ | 5 | 9 | 1 | 5 | 9 | 1 |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 88 | 80 | 100 | 100 | 100 | 88 | 98 | 108 | 100 | 96 | 88 | 96 | 88 | 92 | 88 | 96 | 80 | 88 | 98 | 80 | 92 | | 88 | 88 | | | | | | |
| Respirations per Minute | 36 | 26 | 26 | 26 | 26 | 28 | 32 | 28 | 28 | 36 | 20 | 32 | 36 | 36 | 24 | 24 | 22 | 28 | 28 | 32 | 26 | | 20 | 28 | | | | | | |
| Motions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Sleeping

Discontinue q.4.h chart

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature B.A.C. Hanson Capt. In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Cases.)

Hospital Station

Case No.

Rank and Name

Age

Service

Disease

Date of Admission

Date of Discharge

Result

Case Book

Folio

Temperature Diagram

107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd. Bakk. Hospital Station St. John, N.B.

No. 186 Rank and Name Pte. Sobey, Allen E. Age 17 Service

Disease Date of Admission 19-3-1916 Date of Discharge Result Case Book Folio

| Dates of Observation | March a.m. 21 | P.m. | a.m. 22 | P.m. | a.m. 23 | P.m. | a.m. 24 | P.m. | a.m. 25 | P.m. | a.m. 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 9 1 5 | 9 | 1 5 | 9 | 1 5 | 9 | 1 5 | 9 | 1 5 | 9 | 1 5 9 |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° 8 6 4 2 | | | | | | | | | | | |
| 106° 8 6 4 2 | | | | | | | | | | | |
| 105° 8 6 4 2 | | | | | | | | | | | |
| 104° 8 6 4 2 | | | | | | | | | | | |
| 103° 8 6 4 2 | | | | | | | | | | | |
| 102° 8 6 4 2 | | | | | | | | | | | |
| 101° 8 6 4 2 | | | | | | | | | | | |
| 100° 8 6 4 2 | | | | | | | | | | | |
| 99° 8 6 4 2 | | | | | | | | | | | |
| 98° 8 6 4 2 | | | | | | | | | | | |
| 97° 8 6 4 2 | | | | | | | | | | | |
| 8 6 | | | | | | | | | | | |
| Pulse per Minute | 108 108 104 | 118 | 118 100 | 100 | 100 96 | 100 | 100 96 | 96 | 100 100 | 100 | 100 92 100 | 100 | 100 96 | | 88 88 | 96 | 88 108 | 92 76 80 |
| Respirations per Minute | 28 28 28 | 28 | 26 26 | 28 | 28 32 | 28 | 36 28 26 | 28 | 28 28 | 36 | 36 24 28 | 32 | 32 28 | | 22 24 | 36 | 32 32 | 28 22 24 |
| Motions | | | | | | | | | | | |

Sleeping

M. F. B. 288.
25M.—8-17.
H. Q. 1772-39-513.

Signature [illegible] In charge of case.

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62 nd. Batt. Hospital Station St. John. N.B.

No. 186 Rank and Name Pte. Sobey, Allen. E Age 17 Service

Disease Date of Admission 19-3-1918 Date of Discharge Result Case Book Folio

| Dates of Observation | March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a.m. | | 21 | | p.m. | | a.m. | | 22 | | p.m. | | a.m. | | 23 | | p.m. | | a.m. | | 24 | | p.m. | | a.m. | | 25 | | p.m. | | a.m. | | 26 | | |
| Days of Disease | 9 | | 1 | | 5 | | 9 | | 1 | | 5 | | 9 | | 1 | | 5 | | 9 | | 1 | | 5 | | 9 | | 1 | | 5 | | 9 | | 1 | | 5 | |
| Temperature Fahrenheit | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | | TIME | |
| | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. |
| 107° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° 8 6 4 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 108 | | 108 | | 104 | | 118 | | 118 | | 100 | | 100 | | 100 | | 96 | | 100 | | 100 | | 96 | | 100 | | 92 | | 100 | | 100 | | 96 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | 28 | | 28 | | 28 | | 28 | | 28 | | 26 | | 28 | | 32 | | 28 | | 36 | | 28 | | 24 | | | | 22 | | 24 | | 36 | | 32 | | 28 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

sleeping

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature Capt. Johnson In charge of case.

# CLINICAL CHART.

*(To be pasted into Case Book opposite Patient's Case.)*

Corps 62nd Batt. Hospital Station St. John. N.B

No. 186 Rank and Name Pte. Sobey, Allen E. Age 17 Service

Disease Date of Admission 19-3-1918 Date of Discharge Result Case Book Folio

| Dates of Observation | March 26 | | | 27 | | | 28 | | | 29 | | | 30 | | | 31 | | | April 1 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 | 5 | 9 | 1 |
| Temperature Fahrenheit | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. | TIME a.m. p.m. |
| 107° | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 86 | 80 | 100 | 100 | 100 | 88 | 92 | 108 | 104 | 96 | 88 | 96 | 88 | 92 | 88 | 96 | 80 | 88 | 92 | 80 | 92 | |
| Respirations per Minute | 36 | 80 | 26 | 26 | 26 | 28 | 32 | 28 | 28 | 36 | 20 | 32 | 86 | 36 | 24 | 28 | 22 | 28 | 28 | 32 | 26 | |
| Motions | | | | | | | | | | | | | | | | | | | | | | |

Sleeping

Discontinue T.P.R. chart

M. F. B. 288.

25M.—8-17.

H. Q. 1772-39-513.

Signature [illegible], Pte. In charge of case.

# MEDICAL HISTORY SHEET

Surname Sobey Christian Name Allan Ephraim

Examined on 18th day of June 1917
at Newcastle N.B

Birthplace City or Town Maple Glen
County Northumberland

Apparent age 18

Trade or occupation Farmer

Height 5 feet 6 3/4 Inches

Weight 148 lbs.

Chest measurement Minimum 32 inches
Maximum expansion 35 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks

| | Right | Left |
|---|---|---|
| Arm | | |
| Number | 0 | 0 |

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease

Nil

(b) Slight defects but not sufficient to cause rejection

Cx

V-Ou = 20/20 Hearing normal
1 Inch Scar just inside sole ball right foot
1 Inch Scar outer side upper 1/3 left leg.

Approved by
R Nicholson
Rank Y/C Sports Newcastle M.O.

| Date | Fit or Unfit | Examined for Re-Engagement | |
|---|---|---|---|
| | | Eyes R 20/30 L 20/30 | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |

| Date | Result | Vaccinations | |
|---|---|---|---|
| 10/11/17 | | R Nicholson | M.O. |
| 7/1/18 | | B.F. Johnson Capt Med. | M.O. |
| | | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|
| 14.6.18 | | J R Dobson | M.O. |
| 2.7.18 | | J R Dobson | M.O. |
| | | | M.O. |

Enlisted on 18 day of June 1917 at Newcastle N.B

| | Corps | Regt'l Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | 73rd | | | |
| Transferred to | 62nd Regt. 1st Depot R. | 186 704204 | good | 1-12-17. 1/5/18 |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| Station | Date | Disease | Result |
|---|---|---|---|
| St John N.B. | Feb 7/18 | A2 | Lon Comm'y H & L Service St Dunlop Capt |

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Sobey Christian Name Allan Ephraim

| 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 | | | | |
| St John N.B. | — | 3 | 9 | 18 | 4 | 9 | 18 | Observation for Pul. Tuberculosis. | 2 | Not treated. | A.T. Leatherbarrow Capt |

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 2704204 (Rank) Private

Name (in full) Allan Sobey enlisted in

the 7th. Battalion. Canadian Garrison Regiment.

CANADIAN EXPEDITIONARY FORCE at West. St. John. N.B? on the 1st

day of May 19 18.

HE served in Canada.

and is now discharged from the service by reason of being medically unfit for further war service. Auth. M.D.7. 4--S--324 of the 19-9-18.

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

Age 16 Years & 9 Months.

Height 5 Feet & 8 Inches.

Complexion Dark.

Eyes Blue.

Hair Dark.

Marks or Scars

NIL.

A Sobey
Signature of Soldier

C J Morgan
Issuing Officer.
Major.
Rank

Date of Discharge September. 25th. 1918.

O. C. 7th. Battalion. C.G.R.,C.E.F.
Appointment

Signed at West. St. John. N.B. this day of September. 19 18.

in Military District No. 7

File Reference No. 7 C.G.R. 5-- -8--35.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. 2704204 (Rank) Private Name Sobey. A.

Unit 7th. Battalion. C. G. R., C. E. F.

Address on Discharge Maple Glen. N.B.

Character and Conduct Good

Former Occupation Farmer.

Special Qualifications of Value in Civil Life nil.

Medals and Decorations nil.

Remarks n i l.

Signed at West. St. John. N.B. this day of September. 19 18.

C. W. Morgan
Name of Officer

Major.
Rank

O.C. 7th. Battalion. C.G.R., C.E.F.
Appointment

# 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. 2204204 Rank Private Name Sobey, Allan

Corps 7th Bn C.E.F. who was* T Discharged

On Sept 25th 191 8, to T.S.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 191...,
to 25-9-18 191...., the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month S.A. | 1 | 00 | Bal. Cr. from prev. month | 6 | 49 |
| Advances by Cheques No. 3753 | 35 | 00 | Regt'l Pay 25 days at $ 1 00 | 25 | 00 |
| No. | | | Field Allow. 25 days at $ 10 c | 2 | 50 |
| Assigned Pay and Sep'n Allce. No. 3432 | 37 | 00 | Separation Allowances* (Monthly) 25 Days | 21 | 00 |
| Other charges Fare Furlough V.P. | 2 | 20 | Other Allowances* | | |
| [illegible] | 1 | 50 | | | |
| Payment on transfer or discharge No. P.A. 3772 | 2 | 00 | Other Credits* Clothing | 35 | 00 |
| Balance Cr. (to be paid by the new unit) | 8 | 39 | Bal. Dr. (to be deducted by new unit) | | |
| Total | 89 | 99 | Total | 89 | 99 |

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Sept 1918 191.... and Sep'n Allce. for month of do 191.... (to) Assignee Mrs L. Sobey

(Address) Maple Glen N.B.

(†) 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:— Post Discharge Pay has not been paid

State (1) date of enlistment 23-6-17

(2) if married and if a Separation Allowance Card has been submitted Paid to Mother

(3) cause of discharge Medically Unfit authority M.D.7 4-8-324 d/19-9-18

(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 October 11th 1919

Place West St "ohn N.B. J. Simms Lieut.

*Paymaster.*

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

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

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

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

Dead

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. 2704204

Rank Private

Surname Sobey.

Christian name Allen.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) "A"XCoy. 7th. Bn. C.G.R. ,C.E.F.

Date of discharge September. 25th. 1918.

Place of discharge West; St,John. N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 16 years 9 months.

Height 5 feet 8 inches.

Complexion Dark.

Eyes Blue.

Hair Dark.

Trade Farmer.

Intended place of residence (To be given as fully as practicable.) Maple Glen. N.B.

Descriptive marks

N I L.

2. The above-named man is discharged in consequence of being medically unfit for further war service.

Authority for discharge M.D.7. 4--S--324 of the 19-9-18.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

N I L.

H.C.D.
24-1-20

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

N I L.

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

6. Medals and Decorations ..... N I L. / N I L. / N I L. / N I L.

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) West. St. John. N.B.

(Date) September. 25th. 1918.

C J Morgan Major

*Commanding* 7th Bn. Canadian Garrison Regt

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, and that I have received my permanent discharge certificate.

(Place) West. St. John. N?B. A Sobey *(Signature of Soldier.)*

(Date) September. 25th. 1918. Wm R Scott *(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.

A Sobey *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed) 0 years 148 days.

Total 0 years 148 days.

11. **Confirmation of Discharge.**

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

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

(Signature) C J Morgan Major

(Date) September. 1918.

O. C. 7th Bn. Canadian Garrison Reg't.

**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.)

I HAVE NO RESERVATIONS TO MAKE.

A Sobey

Record of Services.

Canada from 1/5/18 to 25-9-18.

# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form | B. 263 |
| Squadron / Battery / Company Conduct Sheet, | " | B. 263a |
| or | | |
| Field Conduct Sheet | " | W. 178 |
| Copies of Convictions, by C. P. | | in MS. |
| Med. Hist. Sheet, | Militia form | B. 313 |
| Casualty Form | " | W. 54 |
| Medical Report for Invalid§ | " | B. 227 |
| Dental History Sheet | " | B. 465 |
| Last Pay Certificate | " | W. 44 |
| Duplicate Discharge Certificate | " | W. 39A |
| ‡Form of Will | " | W. 82 |

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

| | | |
|---|---|---|
| Attestation Paper | Militia Form | W. 23 |
| or | | |
| Particulars of Recruit | " | W. 133 |
| Proceedings on Discharge | " | B. 218 |

In the case of recruits who are rejected on final approval, the discharge documents will consist of

*(a)* Proceedings on Discharge.

*(b)* Attestation.

*(c)* Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*

M. F. W. 129.
50m —10-17.
1772—39—1142.

# Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Sobey Surname Allen E.

Unit of Corps 7th C.G.R. Bn. (If a soldier) Regtl. No.

Born at Maple Glen Nlbd. Co. N.B. on, (date)

Signature (for identification)

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight ..... lbs. Colour of eyes .....

148 Height ..... ft. ..... in. Identification Marks .....

5 6 3/4 Scar on left leg

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? Good

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? Normal

5. HEART?

Abnormal Sounds? Nil

Abnormal Size? Nil

Pulse Rate? 78 Intermittence or Irregularity? Nil Muscular Tone? Normal

6. ARTERIES.—(a) Any hardening or nodulation? nil

(b) Blood Pressure. 125-80

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? Acid Albumen? Nil Sugar? Nil

9. SKIN, MIDDLE EAR, EYE or any other part? Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

8

11. Opinion as to the health and physical condition of the one examined? Good

Examined at St. John N.B. Signed O Conneau Capt M. O.

Date July-12th 1918 Signed F T Woolop Capt M. O

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Approved..... L C Harris
July-16/7/18

Lieut-Colonel,
for A.D M.S. M.D.No.#7

# CASE HISTORY SHEET.

Park Barracks Hospital. Fredericton Station.

No. 2704204 Rank Pte Name SOBIE. A. Age 17

Unit. [redacted] Completed years of service Where and how long

Date of admission Sept 4-18 Date of discharge

Diagnosis. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE.

C- Cough for 2 mos or so. Lost 20 lbs during last year weakness.

Was in Hosp in Mar w Pneumonia and since that illness has had a cough w much yellowish Sputum brot up mostly in morning.

-Examin.- No obvious difference in Expansion the respiratory excursion is adequate. On palpation tactile fremitus is increased on R side. Percussion reveals dullness in R base and hyperresonance in R lung elsewhere in front. Moist rales are heard over whole pulmonary area and BS are harsh. Cogwheel breathing is heard also over whole chest.

[redacted] in Sputum Sept 7-

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Neg.

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date Sept 5-18

Harry McGregor Lt.
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

# 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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Fredericton, N. B. DATE Sept. 13/18.

1. 1 (a) Unit 7 C.G.R. (b) Regimental No. 2704204 (c) Rank Pte.

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

2. Age last birthday 17 Date of birth Dec. 6/1901

3. Enlisted at Newcastle, N. B. on June 23/1917

7 C.G.R.

4. Personal description:—

(a) Height 5'-8" (b) Weight 130 (stripped) (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks No.

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

Maple Glen, N. B.

6. Former trade or occupation Farmer.

7. (a) Service

| | Years | Days | Periods From | Periods To |
|---|---|---|---|---|
| 7 C.G.R. in Canada. | | | June 23/1917 | Present. |

(b) Has he been overseas? No. 8. Original disease or disability Pneumonia.

(a) Date of origin March 1918 (b) Place of origin Canada.

(c) Cause* Exposure.

(d) Present disease or disability Pulmonary Tuberculosis.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Objective:- No obvious difference in expansion. Tactile fremitus increases on right side. Percussion reveals dullness in left base and hyperresonance over right side elsewhere. Moist rales are heard over whole

M. F. B. 227.

300M.—2-18.
1772—39—117.

## OPINION OF THE MEDICAL BOARD—(*Continued*).

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

That #2704204 Pte. Sobey Allen be placed in Category "E", and referred to the I. S. C. for Sanatorium treatment.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

H. B. Lawson Capt *President.*

PLACE Fredericton, N. B.,

H P O'Neill Capt } Members.

DATE 13/9/18.

APPROVED BY

R M Luton Major

for *Assistant Director of Medical Services.* MD 7

DATE 16 - 9 - 18

APPROVED BY

*Director-General of Medical Services.*

DATE

## 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.

..... *President.*

PLACE .....

DATE .....

} Members.

9. Present condition.—(*Continued.*)

pulmonary area B. S. are harsh. Cogwheel breathing heard over whole chest.
Subjective:- Cough for 3 months or so. Lost 20 lbs during last year.
Weakness.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Yes. Digestive Yes. Respiratory As above. Cardiac Yes.
Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part Yes.
Examination of sputum on Sept. 7 showed 2 Bac. present.
No history sheets available.

10. History: (*a*) of Condition referred to in "a" section 9.

Was in Hospital in March 1918 & Pneumonia and since that illness has had cough & much yellowish sputum.

(*b*) 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.

Nil.

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

N. A.

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

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

Park Barracks, Fredericton.

## OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

Yes.

16. Can the former trade or occupation be resumed ? No.
(If not, briefly state why.)

17. Recommendations That #2704204 Sobey Pte. Allan be placed in Category "E", and referred to I. S. C. for Sanatarium treatment.

H Harcus McGregor Lt
*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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Allan Sobey 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

Allan Ephraim Sobey
*Signature of soldier 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 criticized.

Yes.

2

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

20. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

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