Louis

TRIPLICATE

ATTESTATION PAPER.

No. 234226

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ... Train
1a. What are your Christian names? ... Albert
1b. What is your present address? ... Gull Lake, Sask.
2. In what Town, Township or Parish, and in what Country were you born? ... Bolton, Vaughan Co. Ontario
3. What is the name of your next-of kin? ... John Train
4. What is the address of your next-of-kin? ... Klimburg, Ont.
4a. What is the relationship of your next-of-kin? ... Brother
5. What is the date of your birth? ... May 23rd. 1886
6. What is your Trade or Calling? ... Farm Labourer
7. Are you married? ... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ... Yes.
9. Do you now belong to the Active Militia? ... No.
10. Have you ever served in any Military Force? ... No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ... Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Train, 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.

Albert Train (Signature of Recruit)

Date March 9th. 1916. Joseph W. Thompson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Train, 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.

Albert Train (Signature of Recruit)

Date March 9th. 1916. Joseph W. Thompson (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 Moose Jaw, Sask. this Ninth day of March 1916.

W. R. Green (Signature of Justice)

L.S.

M. F. W. 23.
600M.—6-15.
H. Q. 1773-29-841.

Description of Albert Train on Enlistment.

Apparent Age 30 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement:
- Girth when fully expanded ..... 35 ins.
- Range of expansion ..... 2½ ins.

Complexion Fair

Eyes Blue

Hair Light Brown

Religious denominations:
- Church of England Yes.
- Presbyterian .....
- Methodist .....
- 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 March 9th. 1916. Robt Gibson

Place Moose Jaw, Sask. Major

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.

Albert Train 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. E. Hansford Lt. Col. (Signature of Officer)

O.C. 203rd. Overseas Batt., C.E.F.

Date March 9th. 1916.

REGIMENTAL DOCUMENTS

NAME TRAIN, ALBERT REGT. NO. 234226 UNIT 208th Bty 42nd Bde. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
	COMPANY CONDUCT SHEET (M.F.B. 263 or A.F.B. 121)				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
2	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
1	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)				
1	A.F.W. 3297				
1	#2L6D10				
1	2S6132				
1	M.F.W.192				
1	R122				

16173

NON EFFECTIVE BY DEATH

Category

DISCHARGE

Category

Med. unfit.

DESERTION

Pte. 483487

89 12

12 12

12

W. 2539
(2M-11-18)
1774-33-1572

(649-T-9576)

2 CARD NO. MW

SOS 10/2/19.

FOLL.

DO.38 of 7/2/19.

DD-2.

SURNAME. Train,

CHRISTIAN NAMES Albert.

REGL. NO. 234226 RANK Pte

UNIT 203rd

FORMER CORPS Nil

Bw.

NEXT OF KIN.

NAMES IN FULL Train, John.

RELATIONSHIP TO SOLDIER Brother

ADDRESS Kleinburg, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Bolton, Ont. DATE May. 23rd. 1886

PLACE OF ATTESTATION Moose Jaw, Sask DATE to March 9th. 1916.

Sailed from Halifax Pet. S.S. Grampian 26-10-16

L. L. 94504. M. & D. 6512. R/C 16/1/19 - 253/24. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farm Labourer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 30 YEARS — MONTHS

HEIGHT 5 FEET 8½ INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Moose Jaw, Sask. DATE March 9th. 1916

Present Address: Gull Lake, Sask.

Number 234226 Rank Pte.

Surname TRAIN

Christian Name Albert.

Units 52nd. Bn. Can. Inf. Theatre of War France.

Date of Service 6-3-17

Remarks 4/2 Clendenan ave

Latest Address Kleinburg, West Toronto Ont.

Roll No. B Page 13892

200m—2—21.M.

DESP. JUN 15 1922
REGN. NO 2141/2

NAME Train W.

RANK AND CORPS Pte 52nd Bn

REGT'L. NO. 234226

H. Q. FILE NO. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO. | DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42 - 100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a. 120 (2)	K051 Gen. Etapes	7-1-18	V. D. G.
a 136	Misch to Duty.	3-2-18	V. D. G.

Form R. 149.

Name TRAIN Rank Pte. Reg. No 234226

Unit 52nd. Albert

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
7-1.	51 G.H. Etaples.		W.D.G.	A120		18296
3-2.	Discharged			A136		19321
	SDC	16-2-18				

Date		Movement	Place	Casualty	List No.	Notified N/K	O.	W.O. List

No. 234226 RANK Pte NAME Train. Albert-

T.O.S. 9-3-16. (D.O. 21 of 17-3-16) UNIT 203rd Battalion C.E.F.

M.D. 70

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 9	Mar 31	C		
April		C	Forfeits 1 days pay.	Do 39 of 24-4-16.
May		C		
June		C		
July		C		
Aug		C		
Sept		R		
Oct.		C	Forfeits 27 days pay.	Do 238 of 22-10-16.

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SURNAME	CHRISTIAN NAME OR NAMES	FORM D.M.S 1300. REG. No.
TRAIN	A.	234226/1

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Man.52.			

HOSPITAL — DATE OF ADMISSION

51 Gen .Etaples. 7-1-18.

1. ..... HOSP.

2. ..... HOSP.

3. ..... HOSP.

4. ..... HOSP.

DIAGNOSIS

1 V.D.G. true

2.

3

DISPOSITION — DATE

dis. to duty - 3-2-18.

REMARKS

CL. 23-1-18 A120-2.

11-2-18 @136(2)

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name L TRAIN, Albert Rank Pte. Regtl. No. 254226

Original unit Present unit 203 Bn M or S. Age 32 Religion C of E. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Metagama St. John 15-1-19.

Next of kin Brother John Train Klimburg Ont.

Address on leave Same

Address on discharge Same

Transportation issued Yes ~~No~~ Date 10-2-19 Character on discharge

Previous occupation Farm Labourer. Date and place of enlistment Moose Jaw March 9/16.

Diagnosis Myalgia Date of Medical Boards 3-2-19

Date.	Remarks	Pt. 2 Order No.
T.O.S. 4-1-19	Posted to Cas Co (Ex Camp) 15-1-19	
	Leave & Subs from 17-1-19 to 31-1-19	21
10-2-19. S.O.S. DISCHARGED "MED. UNFIT" (91 days PDP. & CA		38

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

5918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 234226 (Rank) Pte.

Name (in full) TRAIN. ALBERT enlisted in the 203rd Bn.

CANADIAN EXPEDITIONARY FORCE at Moose Jaw, Sask. on the 9th day of March 19 16

HE served in England and France

and is now discharged from the service by reason of Medically Unfit

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

Age 33 Yrs.

Height 5' 8½"

Complexion Fair

Eyes Blue

Hair L. Brown

Marks or Scars Vacc. R. ..... L. Arm

A Train
Signature of Soldier

[illegible]
Issuing Officer

O.C. No. 2 District Depot.
Rank

Appointment

Date of Discharge Feb. 10th, 1919

Signed at Toronto, Ont. this 10th day of February 19 19

in Military District No. 2

File Reference No.

NO. 2
FEB 10 1919
DISTRICT DEPOT

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.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will be completed.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

2nd Lieut 5918

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Can Lab Pool Field Regimental Number 234226

*Substantative Rank Pt Surname Train Christian Names Albert

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(6)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
22-11-18	Genl Depot	DO 278	TOS from Can Lab Pool	Bulley	20.11.18	DO 278
17.12.18	Gen Depot	DO 299	Comd to Kinmel Park	Wichey	16.12.18	

Lt for Colonel i/c Records, Lieut. OmFC

A W Aselting LIEUT.
OFFICER i/c RECORDS,

Attached C.C.C.K. P. 8 JAN 1919 Part No 30.
2 Orders pending transfer to C. E. F. Canada.
Ceases to be attached on transfer No 31
to C.E.F. Canada. Part 2 Orders 8 JAN 1919

D.P.S.
E.M. Stevenson
Lieutenant for
Officer Comd'g M. D. 2. C. W.
Kinmel Park Camp, Rhyl.

Embarked "S.S. Metagama" Liverpool 4/1/19
Disembarked St. Johns. 16/1/19

S.R. Farquharson Capt & Adj
RMS Metagama

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

5918

(6)

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
JAN 4 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT. TORONTO	1919 PART II D. O. 21			

Lieut.
For O. C. No. 2 District Depot

Nothing to be written in this margin.

10-2-19 S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 38

O. C. Discharge Sections,
No. 2 District Depot

5918

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 203rd OVERSEAS BATTALION C.E.F.

Regimental No. 234226 Rank Private Name Train, Albert

C. E. F.

Enlisted (a) 9-3-16 Terms of Service (a) ~~6mos. after end of war~~ D of W. Service reckons from (a) 9-3-16

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

Religion Ch of England Age on enlistment 29 yrs 9 mths

Extended Re-engaged Qualification (b)

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	Halifax	Oct 24/16	
		Disembarked	Liverpool	Nov 5/16	
13-1-17		203rd Tfd to 18th Reserve Batt	~~Bramshott~~ Seaford	12-1-17	Part 11 D.O. 13
13-1-17	Seaford O.C. 18th Res Bn	Taken on strength 18th Reserve Battalion	Seaford	12-1-17	Part II D.O. 13 Dated 13-1-17
	O.C. 18th Res Bn	Drafted to 52nd Bat'n	Seaford	MAR 5 1917	Part II D.O. 56 M. Wardhaugh for Major Commanding 18th Res: Bn:

CERTIFIED CORRECT. 12 MAR 1917 CAN. RECORDS LONDON. MAR 5 1917

J. J. Wilkinson CAPTAIN & ADJUTANT 203 OVERSEAS BATT.

O. C. C. B. D. Landed in France. Taken on strength 52nd Cdn. Bn. 6 3 17 Nom. Roll d/ 11-3 17 Pt II D.O. d/ 15 3 17

— do. — Left for ~~Unit~~ 3 E.B. 26/3/17 Nom. Roll d/ 26 3 17

O.C. 52nd Bn. Arrived Unit for duty 3.5.17 B. 213 d/ 5.5.17

30.3.17 3 E.B. arrived Fed 30.3.17 UR

3.5.17 " to Unit 3.5.17 "

(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.

234226 Pte (6) Train A. 5918

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				
22.12.17	O.C. 52 D.	14 days Leave	UK	22.12.17	B213 - 10/1/18
13.1.18	"	Not to Hosp. while retng. from Leave		6.1.18	"
4.2.18	36 I.B.D.	20 S. Board from 51 Div.	Etaples	4.2.18	KR
7.1.18	51 Div.	V.D.G. as	51 Div.	7.1.18	W9589.
3.2.18	"	Hfts. Gen. adm. this placed under stoppage of pay at the rate of 50 cents per diem while in Hosp. 7.1.18 to 3.2.18 (28 days)			A20. 1643 No 1020 Pte 13 9/2/18
3.2.18	"	V.D.G.	to Duty	3.2.18	D983
8.2.18	36 I.B.D.	Class 'B'	Etaples	8.2.18	W3339
9.2.18	"	Transferred to Can. Labour Pool		9.2.18	KR KR16276. Pte 157 - 16.2.18.
	A.A.G.	T.O.S. Edn. Lbr. Pool.		10/2/18	KR.16276. Pte O. 19. 12/2/18.
18/2/18	G.H.Q. 3rd Echn	To Edn Report Centre Paris		18/2/18	N/R 979.
24.2.18	Rep Centre	Attached for duty		24.2.18	B213.
23.10.18.	G.H.Q. 3rd	Arr'd from C.R.E. Paris		23.10.18.	N/R 1593
27.10.18.	Edn Report Centre	Sentenced to forfeit 7 days pay for. C.O. 19.10.18. Drunkenness.		21.10.18.	B 2084. Pte O. 177. 4/11/18.
28/10/18	A.D.M.S. Edn	Classfd B2X Myalgia		28/10/18	W3339/799
18/11/18	A.A.G.	Inf'd to England Sea Base Unfit			KR34960/4
		Apld to Sec. Dep. Wkly		8/11/18	Pte O 186 & 22/11/18

C.R. Johnston
Capt for Lt Col A.A.G.
Edn Sect - G.H.Q. 3rd Echn.

15918

R—122
8,401—50,000—21-10-16

G.B. Rank Pte Name TRAIN. Albert. - Reg'l No. 234226. -

Unit 203rd Battn If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Moose Jaw Sask March 9th.1916. Place of Birth Bolton Vaughan Co Ontario.

Name and Address, Next-of-Kin John Train, -

Klimburg Ont., - Relationship Brother. -

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 4650
File R.L.
Category OR. CANADA

Discharge, Date and Place Reason Character

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.
		ARRIVED IN ENGLAND, S-S- CRAMPIAN 4.11.16,			
13-1-17	203 Bn	- S O S to 18th Can: Res. Bn.	Seaford	12.1.17	Pt.2.D.O.13
13-1-17	18th Res Bn	TOS from 203rd Bn.	Seaford	12.1.17	Pt.2.D.O.-1
9-3-17	do	S.O.S. to the 52nd Bn O.S.	Dibgate	5-3-17	- do - 56.
15-3-17	O.C. 52nd	Taken on strength.	Field.	6-3-17	" " 25.
16-2-18	-"-	Transferred to Can Lab Pool	Pte Field	9-2-18	--- 15 Pt II No. 19. 13 2/18 C Lab. Pool
22-11-18	Lab Pool	Trans. to England "S.U." & posted to Gurl. Depot, Witley	Pte Field	18-11-18	(Gen Dep Rt 4278 d/22 11 18) R I O 186.
6-1-19	Gen Dep	on com. Seg. Rhyl	Pte Witley	16-12-18	DO 4 + K Park DO 8. 10-1-19
10-1-19	K Park	Cases attached	Pte Rhyl	4-1-19	DO 8

A.P.B. 103 CHECKED 9 MAR. 1917

Labor

5918

(D)

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.
23-1-19	Gen'd ep	Ceases com Seg Camp Rhyl & S.O.S. on proceeding to Canada, no suitable employment in England	Pte Witley	4-1-19	DO 19

ORIGINAL

5918
226

MEDICAL HISTORY SHEET. 234226

B

Surname Train *Christian Name* Albert

Examined on 9th. day of March 1916. at Moose Jaw, Sask.

Birthplace City or Town Bolton County Vaughan Co. Ont.

Apparent age 30 Years

Trade or occupation Farm Labourer

Height 5 Feet 8½ Inches.

Weight 160 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 2½ inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks Arm Right. Left. 1 Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Approved by Robt. Gibson

Rank Major M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		27 NOV. 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
5/8/16	Neg.	W D B M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		Double strength Vaccine.
16/6/16	O.K.	W D B M.O.
26/6/16	O.K.	W D B M.O.
		M.O.

Enlisted on 9th. *day of* March 1916. *at* Moose Jaw, Sask.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	203rd Batt.	234226		9th March 1916
Transferred to	18th Reserve Batt 52nd Batt	do 234226	Good	JAN 13 1917 MAR 5 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	5-12-18	Myalgia & Gingivitis	Bii A B Gillespie Capt
Exhibition Camp Toronto	3/2/19	Myalgia	Bii [illegible]

CANADIAN

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Train Christian Name Albert

5918

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

C.A.D.C. 5009 A

5918

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 2

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) TRAIN. A.

REGIMENT 52 Bn RANK Pte No. 234226

Date of Examination in England 23-12-18 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7, 8, 10, 11,
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 – yes
- (b) In England
- (c) In France

Signature of Dental Officer H. C. Goodhand Capt

KINMEL PARK, NORTH WALES.

5918

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Drain, Albert

DISTRICT 2

REGIMENT

RANK Pte.

No. 234226

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

Discharge Exam.
At Exhibition Camp
Date FEB 3 1919

Certificate issued for

Fillings, Porcelain Crown & Prophylaxis

H A Semple
Major

M.F.B. 465
200M.—6-18.
1772-39-950.

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

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins ..... 203rd Overs. s Batt., C.E.F.

(2) Regimental Number 234226

(3) Full Name of Soldier ..... Albert Train.

(4) Place of Birth ..... Kimburg, Ont.

(5) Are you married, or not ? ..... No.

(6) If married, state, No.

(a) Full name of your wife .....

(b) Present Postal Address ..... No.

(7) Are you a widower ? ..... No.

(8) Have you any children ? ..... No. No.

If so, give number of boys and girls .....

Also their names and ages ..... No.

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address No

(10) Is your Mother alive? No

If so, state name and address No

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

No

(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.

John Train, Klinburg, Ont.

(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.

No

15) Are you insured? No

If so, in what Company? No

Have you made arrangements for payment of your Insurance premium No

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

J E Hansford

Officer Commanding.

Date October 18th. 1916

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file

Ottawa 4, Ont.
Date Jan 11, 1967.

Attention of

NAME TRAIN Albert

SERVICE NUMBER 234226 WW1

C.P.C. No. 115013
W.V.A. No. 11856

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. C.P.C. Toronto, Ont. Date Jan/6, 1967.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Dec/18, 1966.
Cause of Death
Place of Death York, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

for J. C. Brady
Chief, Central Registry

DVA 24

DEPARTMENT OF VETERANS AFFAIRS

To Copy for R.O. file

Ottawa 4, Ont.
Jan 11, 1967.
Date

Signature of

NAME TRAIN Albert SERVICE NUMBER 234226 W.1 C.P.O. No. 115013 NAVY
V.V.A. No. 11856 ARMY x
R.C.A.F.

The DEPARTMENT has received information from

P.M.L. C.P.O. Toronto, Ont. Date Jan/6, 1967.
(State authority and source of information of death)

regarding the death of the above mentioned veteran

Particulars are as follows:

Date of Death Dec/18, 1966.
Cause of Death
Place of Death York, Ont.

Name and Address of Wife (if known)

Copies to: [illegible]

xxxx
xxxxx
R.C.

P. 550.

MARRIED OR SINGLE Single

PLACE OF BIRTH Bolton, Ont.

NAME AND ADDRESS OF NEXT OF KIN Mr. John Train
Klinburg, Ont.

RELATIONSHIP OF NEXT OF KIN Brother

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

REG'L. No. 234226 RANK Private NAME Train, Albert

IF IN PERMT. CORPS WHAT UNIT UNIT 203rd O.B. TRANSFERRED TO 8th Reserve DATE 1-2-17 AUTHORITY R 22-1-17 = 71

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 52nd Bats DATE 21. 4. 17 AUTHORITY B.O. 56-9/3

PLACE OF ATTESTATION Moose Jaw, Sask TRANSFERRED TO Can. Labour Pool DATE 1/3/18. AUTHORITY 19.

DATE OF ATTESTATION March 9th 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 DATE	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
Oct. 31.														59 50.	59 50																59 50				Balance from Canada.
Nov 1-30	30	1.00	30	00	30	10	3	00							33. 00.	40	16/11/16	81	29/11/16.					58 40.	4 86					63 26	29 24		15 00	14 24	
Dec 1-31	31	1.00	31	00	31	10	3	10							34 10	92	8/12/16	140	21/12/16					17 03	12 17					29 20	34 14		30 00	4 14	
1917 Jan 1-15	15	1.00 :10	16	50											16 50																50 64				
" 16-31	16	1.00 :10	19	60											19 60																68 24		45	23 24	Trans 11th R 1-2-17 = R 22-1-17 = 71
Feb 1-28	28	/10	30	80											30 80	11	7/1							7 30						21 90	77 14				
Mar 1-31	31	/10	34	10											34 10	230 327	14/3 25/3							7 30 7 54		4 36 4 36				23 56	87 68		75	12 68	Trans P/S 52nd Bat. B.O. 56-9/3/17
Apl 1/20	20	1.00/10	22	00											22 00																109 68				
			188	10										50 50	24 7 60									112 17	17 83	8 70				15 70 22					
" 21/30	10	1.00/10	11	00											11 00															- -	120 68				
1/31 May	31		34	10											34 10			159	7/5						2 68					2 68	152 10				
June	30		33												33	284	4/5							2 68		2 61 2 61				7 90	174 20		120	57 20	
July	31		34	10											34 10																211 30				
Aug.	31		34	10											34 10	366 320 422	22/6 11/8 4/7							8 68 3 56 2 68						8 92	236 48		150 00	86 48	

CANADIAN
ASSIGNED PAY AUDITED
[signature]
AUDIT CLERK
DATE 13/6/19

234226 Pte Train A. A.P. Hil

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Sept	30	1.10	33	-											33 -	509	28/7	619 642	10/8 18/8					2 68	5 36 5 35					13 39	256 09		1 65	256 09	

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.	Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Oct.	Bal. b/down	~~256 09~~							256 09			1918 Mch	Bal Ford	34 10			22 30				267 34	255
"	P Pay	34 10 34 10		52 Bn 717 9/9/17	2 68 2 68				287 51							AR 21943 Paris 9/3/18	17 84				249 50	
"		33 --		" "												✓ 25384 " 20/3/18	13 38 53 52				236 12	
Nov				aR 808 " "	4/10/17	3 57								34 10			53 52					
"				" 879 " "	18-10-17	4 46																
"				" 1544 3rd C D Sig Co	19-9-17	2 67																
				" 902 52 Bn	5-11-17	3 57																
Dec		34 10 67 10		954 " "	20/11	8 92 23 19			331 42													
1918						23 19																
Jan	✓	34 10		C.P. 60597	4/1/18	2 43																
				-"- 58678	2/1/18	2 43																
				-"- 46672	29/12/17	4 87																
				-"- 59547	3/1/18d	2 43																
				-"- 47523	31/12/17d	2 43																
				-"- 58161	1/1/18d	2 43																
				-"- 47143	30/12/17d	2 43																
				C.P. 45550	28/12-e	9 73																
				aR 3896 4th Div. Sig Co.	2/12/ f.	3 57																
				AR 1956 27/12/17	52nd Bn. f.	97 33																
				" 1031 52nd Bn.	22/12/17 m.	5 35																
				985 ✓	3/12 0	5 35 140 78			224 74	225												
		34 10																				
Feb.	P.P.	30 80 30 80							255 54	240												
March	P Pay	34 10							289 64	255.00												
				Dn 1034 C.G.B.D	15/2/18	4 46			285 18													
				aR 18329 Paris	26/2/18	13 38			271 80													
				Dn 8077 C.G.B.D	24/2/18	4 46 22 30			267 34													

224.74
30.80
255.54

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:-	AMOUNT:-
NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	

NAME:- TRAIN, Albert

NUMBER:- 234226 -

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 203rd Bn

DATE ACCOUNT FIRST OPENED:- 1/10/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Labor Pool

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS \| UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED 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	AMOUNT
1 7/18		Lau 10/-	2 43	24 10/18		Paris Fds 7 days @ 10	7 70
21 11/18	10333	Willey £5	24 33	3 2/18		Hop: Stop: 2 days at 60	16 20
1 12/18	11127	Do £5	24 33				23.90
			51 09				
9/12/18	L.P.C.D 319 75		31 12/18.				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 1/1/19 Ref R.R. 31. Willey 3/12/18 Disposal

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd -								26 7 24	255	
Apl	Do	33 -							236 12 11	270	
				AR 203 CO Paris 20.4.18	13 38				269 17		
				" 59 " " 10.4.18	17 84				255 74		
		33			31 22				237 90		
May	Do	34 10							271 00		
				AR 348 CO Paris 20.5.18	8 92				263 08		
				" 296 " " 10.5.18	17 84				245 24	285	
		34 10			26 76						
JUN 1918	Pd	33							278 24	300	
				AR 457 CO Paris 10.6.18	10 71				267 53		
				" 525 " " 20.6.18	8 92				258 61		
		33			19 63						
July	Pd	34 10							292 71		
				AR 595 CO Paris 10.7.18	10 71				282 -		
				" 701 " " 20.7.18	8 92				273 08	315	
		34 10			19 63						
AUG	Pd	34 10							307 18		
				AR 4276 CO Paris 10.8.18	10 71				296 47		
				" 5099 " 20.8.18	8 92				287 55	330	
		34 10			19 63						
SEP	Pd	33							330 55		
				AR 7037 CO Paris 10.9.18	8 92				321 63		
				" 8237 " 20.9.18	8 92				312 71	345	
		33			17 84						
Oct	Pd	34 10		AR 10909 Dft Paris 10.10.18	9 33				293 38		
				" 12731 " " 10.10.18	9 33				318 15		
				" 19941 GJ 138 27.10.18	4 66				313 49	360	
		34 10			23 32						

NUMBER 3444 RANK Pte NAME Drain Albert

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.10.18	Bal/Fwd								313 49	360	
Nov	Pp	33							3 41 83		
				9 AR 3957 6 GD 10/11/18	466						
				9 - 10 Days 6 GD 21.11.18.	21 21						
				9403 Sgt Hodgson Pay 21.9.18 to 179/18		770					
				18 AR 11447 6 GO 1.12.18	21				285 47		
Dec	PP.	3410									
	Interest on Def Pay 30.11.18	1881							3 3 9 2 390 -		
		8591			533	770			51 09		
Feb				AR 1698 3/12/18 Kennel PK Endorsed	973				328 65		
		- -			973				2390		
									31975		
Mar 19				Dest Staff 27 days 3/4/18		1620					
				London 1/11/18.	243						
					243	1620			310 02		

SOS 4.1.19 to Canada
DO 19. 23.1.19 Gen Dep

L.P.O

CANADIAN
ASSIGNED PAY AUDITED
Dal
AUDIT CLERK
DATE 13/6/19

5918

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 Exhibition Camp, Toronto DATE Feb. 3, 1919.

1. (a) Unit 2nd. D.D. (b) Regimental No. 234226 (c) Rank Pte.

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

(f) Home address Klimburg, Ont.

(g) Next of Kin John Train (h) Relationship Brother

(i) Address of Next of Kin Klimburg, Ont.

2. Age last birthday 47 Date of birth March 27, 1871

3. Enlistment, or Appointment (if an Officer) (a) Place Moose Jaw, Sask. (b) Date 9-3-16

4. Personal description:

(a) Height 5' 8" (b) Weight 146 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Vaccination mark left arm.

5. Former trade or occupation Farmer.

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
	2	325

203rd. Battalion.	Periods From	Periods To
Canada	9-3-1916	5-10-16
England	5-10-16	18-11-18
France or other theatres of War	18-11-18	16-1-19
England & Canada.	16-1-19	25-1-19

7. Original disease, or injury Myalgia

(a) Date of origin Nov., 1917 (b) Place of origin France

(c) Cause Exposure to wet and cold.

M. F. B. 227.

300M.—8-18.
1772-39-117.

5918 .2

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.)

Partial loss of function of the muscles of the legs and back.

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: No signs of myalgia at present, his back is freely moveable, and all motions in his leg normal. No heart murmurs.

Subjective: Complains of recurring pains in the calves of the leg, and in the lumbar muscles. Claims it is much worse during the wet and cold weather, and that he had not had much trouble in Canada with this myalgia. The man states he has had no myalgia since his return to Canada. His attacks are not severe enough to interfere with his ordinary work. He could walk 5 or 6 miles at his own leisure.

(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 No

No piles, hernia, varicose veins, or varicocele, or goitre.
No sugar or albumen in urine.

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

He first noticed this attack which he called rheumatism in his legs and back in the fall of 1917, during the wet and cold weather in France. Was off duty for a time but says he never was in a hospital with this myalgia. He claims the condition is much improved in Canada. He claims before his return to Canada he had recurring myalgia the attack lasting two or three days and returning every ten days.

5918 3.

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*).)

Never had any illness before or since service except myalgia.

(*c*) (Here give a description of wounds, scars and deformities.) Vaccination marks left arm.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

Not applicable.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Indefinite as it may clear up entirely in 3 months or less.

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

Received some local treatment from time to time.

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 B-2

R A Dallone Capt

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 A. Train. 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 J W R

A Train Rank.

Signature of invalid examined.

5918

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.

We Concur, except
13 should be 3 months.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) B Yes
(*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.)

That he be placed in Category B-2.

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.

President.

PLACE Exhibition Camp, Toronto.

DATE Feb. 3, 1919.

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

Assistant Director of Medical Services.

DATE 6-2-19

APPROVED BY

Director-General of Medical Services.

DATE.....

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 56

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

Regimental No. 234226 Rank Pte. Name Train A.

Corps #2 D.D. who was* Discharged

On Feb. 10 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1 1919,

to Feb. 10 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l. Pay 10 days at $ 1 c. 10	11	—
Advances by Cheques No.			Field Allow. days at $ c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clo.	35	—
Payment on transfer or discharge No. 90316	116	—	Other Credits* W.S.S.	70	—
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	116	—	Total	116	—

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned

Pay for the month of Nil 191

and Sep'n Allce. for month of 191 (to) Assignee

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge authority D.O. 38.

(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 8/2/19

Place Toronto. Paymaster. CAPT.

PAYMASTER, No. 2 DISTRICT DEPOT

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This space to be for numbers.

M

Proceedings on Discharge.

2-9-37
11-4

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

No.	234226
Rank	Pte.
Surname	TRAIN. ALBERT
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	208rd Bn. (#2 D.D.)
Date of discharge	Feb. 10th, 1919
Place of discharge	TORONTO, O.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	33 years ..... months.
Height	5 feet 8½ inches.
Complexion	Fair
Eyes	Blue
Hair	L. Brown
Trade	Farm Labourer
Intended place of residence (To be given as fully as practicable.)	Klimburg, Ont.

Descriptive marks

Vacc.M..... ...L.Arm

2. The above-named man is discharged in consequence of

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE

Authority for discharge D.D.#2 Pt,11 #38

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.

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

LS.

LD
17.8.62

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

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

6. Medals and Decorations.....

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).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Toronto, Ont. Albert Train *(Signature of Soldier.)*

(Date) Feb. 10th, 1919 [illegible] *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Toronto, Ont.

(Signature) A. E. Harvey Lt

(Date) Feb, 10th, 1919

For

O.C. No. 2 [illegible]

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.)

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.

"METAGAMA" 16.1.19 EXHIBITION T590. AUDITOR | PAYMASTER

10

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

M. OR S. REGT. No. 234226 RANK Pte. NAME (IN FULL) TRAIN, A.

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Complete		

ORIGINAL UNIT C.E.F. Lab. Pool. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 9-3-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS Klimburg Ont.

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto DATE 10/2/19 REASON M.U. AUTHORITY DO 38 IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT Soldier	CREDIT Dep't	PARTICULARS OR REMARKS
Balance from previous account 31.12.18		$1.10			319 75															
						319 75	K698; 24/12/18			9 73										
							6/1/19			4 87										
							13/1/19			5 00										
							13/1/19			50 00										
																	69 60		250 15	
1.1.19	31	1.10	34 10	12	250 15	296 75	88059	88196		100	196 75						296 75			
Feby.	10	1.10	11 00	35	70	116	90396			116 00							116 00			
2 years						350				Mar 8. 271966			70 00				70 00	280		
										Apl 8 281221			70				140	210		
										May 7 286860			70				210	140		
										Feby 10			70				280	70		
										June 4 378939			70				350			
										" 27					73			Dr balance 73		

obs pc. OP

O.S. 4/1 D.O. 21

SUBS. 17 TO 31 D.O. 21

1st payment W.S.G. by #2 D.O.

Warrant #60,985 28/11/18

Waterloo Milford 29/6/19

73 Dr Bal

Aug.

Refund Requested 19.6.20

S A & Ap File 18171. A. 19

A.W.

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

5918

PART

A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.

Reserved for M.H.C.

Regt. No. 23422 Rank PTE. Surname TRAIN Christian Name ALBERT

Unit or Corps—(a) Overseas from United Kingdom 52nd BN. (b) in United Kingdom GEN. DEP.

Born at—Town BOLTON County or Province ONT. Country CAN.

Date of Birth—Day 27 Month MCH Year 1871 Age 47 yrs. 9 months.

Joined at MOOSE JAW Date 9-3-1916

Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification :—

Vaccination marks left arm

Height—feet 5 inches 5 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) A Train

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) MYALGIA

Disabilities Group (*b*) na

Disabilities Group (*c*) na

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Exposure & Wet & Cold	France	1917 1918
(*ii.*) As to Group (*b*) above.	na	na	na
(*iii.*) As to Group (*c*) above.	na	na	na

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? no If yes, has Active Service aggravated it ? na

(*ii.*) As to Group (*b*) above ? na If yes, has Active Service aggravated it ? na

(*iii.*) As to Group (*c*) above ? na If yes, has Active Service aggravated it ? na

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ? na

(*iii.*) As to Group (*c*) above ? na

PART I. (continued). 5918

5. MEDICAL HISTORY. Previous Illness — None — Enlisted March 1916; Arrived Eng. Dec 1916; To France Mch. 1917 & was there 20 mos; Was never wounded or gassed. Evacuated June 1918 for Myalgia & was working in Pay office in Paris. Came back to Eng in Nov 1918.

(F)

6. PRESENT CONDITION. Complains of: dull rheumatic pains in the calves of both legs — worse in wet weather & after marching. Otherwise feels very well.

Exam: — Does not reveal any definite focus of disease. There is slight tenderness over calf muscles on deep pressure. Arteries slightly sclerotic. Heart normal. All other systems normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. na

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. na

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B ii

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report Dec 5 1918

Station Witley

Signed E. Wershof Lt. A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except NOT IN HOSP. {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

10. Is the ... If no ...

11. Is the ... If no ...

12. From ... no ... ab ... by ...

13. THE ... pr ... (E ...

14. THE ... pr ... W ... (I ...

15. Perm ... (i. ... (ii. ...

16. If an ... co ...

17. Can ...

18. RE ...

Par ...
Par ...

19. RE ... (a ...

Date of B ...

Station ...

Approved ...

Dated at ...

PART II. 5918

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.

No

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier { Caused? No / Aggravated? No

(b) Misconduct of the Soldier { Caused? No / Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*)

Five per cent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*)

all

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? No
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS :—

Auth: AG 4083 11-11-18

Para (1) Marked inflammation of the gums.
Para (b) Teeth in poor condition. Sordes & Gingivitis which is partly responsible for the Rheumatic pains described.

19. RECOMMENDATION :—

(a) Fit for duty? (*state category*) B II

(b) Invalid to Canada? —

(c) Discharge from Service as permanently unfit? —

Date of Board 5-12-18

Signatures of the Board { [signature] President. / [signature] Capt Camp

Station Witley

Approved [signature] A.D.M.S.

Dated at ..... MAJOR, Station

D.A.D.M.S. CANADIAN TROOPS, WITLEY.

A.D.M.S.-HEADQUARTERS CANADIAN TROOPS, 5 - DEC. 1918 WITLEY

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PART III. 5918

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.