ORIGINAL

73rd Regt.

# ATTESTATION PAPER.

No. 793975

Folio. 29

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

DEPT. MILITIA & DEFENCE OCT 15 1917 H.Q. CANADA

| | |
|---|---|
| 1. What is your surname? | Veness |
| 1a. What are your Christian names? | MeredLemuel |
| 1b. What is your present address? | Campbellton, N. B. |
| 2. In what Town, Township or Parish, and in what Country were you born? | Woodstock, Carleton Co., N. B. |
| 3. What is the name of your next-of kin? | Henry Veness |
| 4. What is the address of your next-of-kin? | #279 Brunswick St., Fredericton, N. B. |
| 4a. What is the relationship of your next-of-kin? | Father |
| 5. What is the date of your birth? | November 2nd, 1896. |
| 6. What is your Trade or Calling? | Clerk |
| 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? | Yes. |
| 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. |

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Mered Lemuel Veness, 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.

Mered L Veness (Signature of Recruit)

Date MAR 15 1916 191 . R E McMillan Lt (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Mered Lemuel Veness, 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.

Mered L Veness (Signature of Recruit)

Date MAR 15 1916 191 . R E McMillan Lt (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 Campbellton N.B. this MAR 15 1916 day of 191 .

N E McLeay (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

## Description of Mered Lemuel Veness on Enlistment.

Apparent Age 19 years ..... months.

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

Height ..... 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 37 ins.
- Range of expansion ..... 4 ins.

Complexion Light

Eyes Grayish Blue

Hair Fair

Religious denominations
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist Yes
- 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).

nil

## 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 15th March 1916 J C Park Capt. A.M.C.

Place Campbellton, N.B. M.O. 132nd Bn. C.E.F.

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.

Mered L Veness 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.

G W Mersereau Col (Signature of Officer)

Date March 15th 1916.

132nd. Bat. C.E.F.

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Veness. Mered Lennel.

Regt. No. 793975 Rank Pte.

Corps 6th Bn. S. S. Coy. (form 132 nd Bn)

Med. Unfit.

C3675

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

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1.

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.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1.

P. of Y. (2)

Particulars of His - 1.

1

20 - 25

20 - 25

3 - 25

1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—835.

Reg. No. 793975 Name Veness Ernest R

Rank Pte Corps 132nd Bn Age 19 Service C 9/12

Ledger No. Serial No.

| HOSPITALS | DATE | DIAGNOSIS |
|---|---|---|
| Military Quebec | 28-9-16 | Myalgia C |
| Dis to unit | 18-10-16 | |
| ad Immigration Quebec | 18-10-16 | Myalgia C |
| Fr Conv Hosp St John N B | 6-11-16 | Strain of Back |

P. T. O.

| HOSPITALS | DATE | DIAGNOSIS |
| --- | --- | --- |
| | | |
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| | | |

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

SURNAME. Veness (649-V-899)

CHRISTIAN NAMES Mered Lemuel

REGL. No. 793975 RANK Pte.

UNIT 132 ed.

FORMER CORPS Nil

~~SOS Dis. 6.2.17~~ 6
Cancelled.

Batt.

NEXT OF KIN.

NAMES IN FULL Veness, Henry.

RELATIONSHIP TO SOLDIER Father

ADDRESS 279 Brunswick St.
Fredericton, N. B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Woodstock Carleton, Co. N.B. DATE Nov. 2nd. 1896

PLACE OF ATTESTATION Campbellton N. B. DATE Mar 15th. 1916

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339. MK

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING clerk RELIGION Baptist & Congregationalist

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5- FEET 7 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Light- EYES Grayish Blue HAIR Fair

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Campbellton. N. B. DATE Mar. 15th. 1916

No. 793978 RANK Pte. NAME Veness W. L

T. O. S. 9-3-16 (Mar. paylist) UNIT 132nd Battalion C. E. F. (Campbellton Det.)

M. D. 6

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 Mar 9 | 1916 Mar 31 | [illegible] | | |
| Apr | | " | | |
| May | | " | | |
| June | | " | | |
| July | | " | | |
| Aug | | " | | |
| Sept | | " | | |
| Oct 1 | Oct 16 | " | Trans to Can. MDS 16-10-16 | DO 247-16-10-16. |

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 132nd. Bat. C.E.F.

(2) Regimental Number 793975

(3) Full Name of Soldier Merid Veness

(4) Place of Birth Woodstock, N. B.

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

(6) If married, state,
(a) Full name of your wife Nil.

(b) Present Postal Address Nil.

(7) Are you a widower ? No.

(8) Have you any children ? Nil.

If so, give number of boys and girls Nil.

Also their names and ages Nil.

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address Henry Veness, #279 Brunswick St., Fredericton, N.B.

(10) Is your Mother alive ? No.

If so, state name and address Nil.

(11) If your Mother is a widow Nil.

Are you her sole support, or not ? Nil.

(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.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

(15) Are you insured ? No.

If so, in what Company ? Nil.

Have you made arrangements for payment of your Insurance premium. Nil.

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

Geo. W. Museau Lt. Col.
O. C. 132nd. Overseas Batt'n. C. E. F.
*Officer Commanding.*

Date April 29th, 1916.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 793795 Rank Pte Name Venes M.L.

Corps No 6. S.S.C. who was* Discharged

On 6.2. 1917, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

| | Dr. | $ | c. | | Cr. | $ | c. |
|---|---|---|---|---|---|---|---|
| From Feb 1st To Feb 6th | Bal. Dr. from previous month | | | From Feb 1st To Feb 6th | Regimental pay 6 days at $ 1 c | 6 | |
| | Total payments during period from | 23. | 20. | | Field allowance 6 " $ c. 10 | | 60 |
| | | | | | Other allowances Subsistence | 3 | 60 |
| | Assigned Pay | | | | Other Credits (give particulars) | | |
| | Other Charges (give particulars) | | | | ~~Reasons Credit~~ Clothing Allowance | 13. | |
| | Bal. Cr. on discharge or transfer | | | | Bal. Dr. on discharge or transfer | | |
| | Total | 23. | 20. | | Total | 23. | 20. |

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is ....., and has been charged in Pay-list for month of .....

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment 9. 3. 16.

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge and authority .....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 6. 2. 17

Place Halifax

[signature] CAPTAIN
Paymaster No. 6 Special Service Coy.
Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

11

# MEDICAL HISTORY SHEET.

*Surname* Veness *Christian Name* Reed Lemuel

Examined { on 15 day of March 1916 / at Campbellton

Birthplace { City or Town Woodstock / County Carleton N.B.

Apparent age 19 yrs

Trade or occupation Store Clerk

Height 5 Feet 7 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches. / Maximum expansion 4 inches.

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 1 / Number

When Vaccinated last Childhood

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

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

Vision R.E. 20 L.E. 20

Approved by J.E. Park

Rank Captain M.O.

| Date. | Fit or Unfit. | Examined for Re-engagement. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Vaccinations. |
|---|---|---|
| 3-5-16 | Positive | J.E. Park Capt M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 16-3-16 | 1 Bullion | Capt J.E. Park M.O. |
| 26-3-16 | 1 Bullion | Capt J.E. Park M.O. |
| 8-7-16 | 1 Bullion | J.E. Park Capt M.O. |

*Enlisted on* 9th *day of* March 1916 *at* Fredericton N.B.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 132nd Battn G.F.S. | 493975 | | |
| Transferred to | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Valcartier Camp | Sept 19/16 | pain in region of right Kidney. | Recommend transfer to Quebec Auxiliary Hospital for X Ray examination. J.E. Park Lieut. Colonel A.D.M.S. Valcartier Camp, P.Q. |

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.

200M—11-15.
H. Q. 1772-39-439.

Surname _____ Christian Name _____

| 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Valcartier Camp. Hospital | | SEP 7 - 1916 | | | SEP 28 1916 | | | Pain in Region of Rt. Kidney | 22 | Transferred to Military Hospital Quebec | R H B [illegible] Major. O.C. A.M.C. Training Depot No. 4. |
| Quebec | | 28 | 9 | 16 | 18 | 10 | 16 | Myalgia | 21 | Sent to Convalescent Home. Sans Bruit Q | Major Can. A.M.C. |
| Seward Park Convalescent Hospital | | 18 | 10 | 16 | 6 | 11 | 16 | Myalgia | 19 | Transferred to Convalescent Home in St John. N.B. | J H D Page Major Can. A.M.C. |

COPY

AJS

# Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

**This is to Certify** that No. 793975 (Rank) Private

(Name in full) VENESS, Mered Lemuel.

Enlisted in 132nd Infantry Battalion

Canadian Expeditionary Force, on the Ninth day

of March 1916.

He served in C A N A D A

and was discharged at Halifax, N.S. on

the Sixth day of February 1917

by reason of Medical Unfitness

His conduct and character while in the Service were "GOOD"

Description on Discharge: Age 20 Years; Height 5' 7";

Complexion Light; Eyes Grey-Blue; Hair Fair.

Address 3569 Vinewood Ave,

Detroit, Mich., U.S.A.

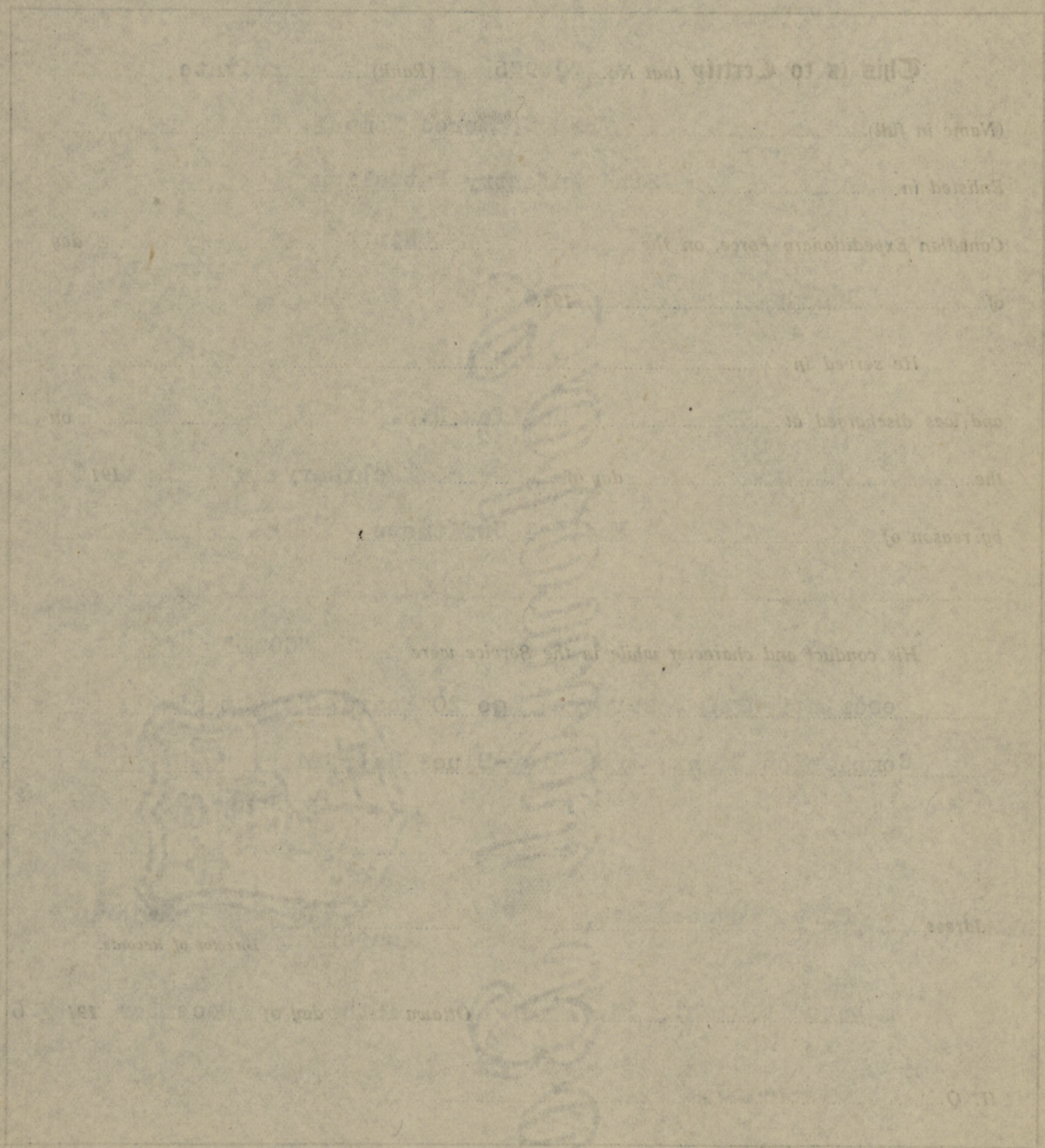
Major.

Assistant Director of Records.

Ottawa 10th day of December 1926

H. Q. 649-V-456

M. F. W. 39d.
100m.-2-18
1772-39-882



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 132nd Bat. C.E.F.

Regimental No. 793975 Rank Pte. Name Veness, Mered, Lemuel.
C. E. F.

Enlisted (a) 9-3-16 Terms of Service (a) C. E. F. 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. }

Extended Re-engaged Qualification (b) Clerk.

| 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 | | | | |
| | | | | | |

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

R. & O. 6091.

# CERTIFICATE re DISCHARGE DOCUMENTS.

Name in full Venables, Thomas Reg'tl. No. 790964

Rank Pte

Reserve Unit 1st Present Unit C.C.A.C.

Place of Residence in Canada Westminster, B.C.

Military District 11

Classification of Disability 1

(or) Reason for Discharge Permanent Base Duty

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

| Initials of Commandant C.D.D. (Originals). | List of Documents required to complete Discharge, checked and enclosed. | Initials of Commandant (Originals not available). |
|---|---|---|
| | Proceedings on Discharge. (B. 268.) (Must be Original) | |
| | Proceedings of Medical Board. (B. 179.) (Must be Original) | |
| | Medical History Sheet. (A.F.B. 178.) (Must be Original) | |
| | Last Pay Certificate. (Must be Original) | |
| | Certificate of Discharge. (A.F.B. 2079.) | |
| | Casualty Form. (A.F.B. 103.) | |
| | Attestation Paper. (M.F.W. 54.) | |
| | Field Conduct Sheet. (A.F.B. 122.) | |
| | Company Conduct Sheet. (A.F.B. 121.) | |
| | Reg'tl. Conduct Sheet. (A.F.B. 120.) | |
| | Inventory of Kit. (W. 3068.) | |
| | Declaration from Dischargee. | |

CANADIAN DISCHARGE DEPOT,

Lieut.-Col.,

Officer Commanding,

(Signature) .....

COMMANDANT.

CANADIAN DISCHARGE DEPOT.

# CERTIFICATE re DISCHARGE DOCUMENTS.

Name in full _____ Reg'tl. No. _____

Rank _____

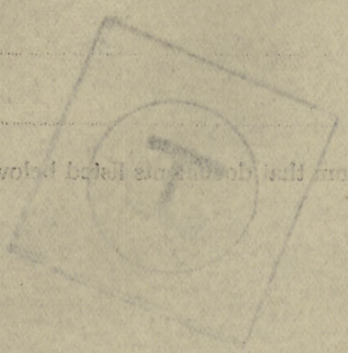
Reserve Unit _____ Present Unit _____ C.C.A.C.

Place of Residence in Canada _____

Military District _____

Classification of Disability _____

(or) Reason for Discharge _____



Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

| Initials of Commandant C.D.D. (Originals). | List of Documents required to complete Discharge, checked and enclosed. | Initials of Commandant (Originals not available). |
|---|---|---|
| | Proceedings on Discharge (B. 268.) (Must be Original) | |
| | Proceedings of Medical Board. (B. 179.) (Must be Original) | |
| | Medical History Sheet. (A.F.B. 178.) (Must be Original) | |
| | Last Pay Certificate. (Must be Original) | |
| | Certificate of Discharge. (A.F.B. 2079.) | |
| | Casualty Form. (A.F.B. 103.) | |
| | Attestation Paper. (M.F.W. 54.) | |
| | Field Conduct Sheet. (A.F.B. 122.) | |
| | Company Conduct Sheet. (A.F.B. 121.) | |
| | Reg'tl. Conduct Sheet. (A.F.B. 120.) | |
| | Inventory of Kit. (W. 3968.) | |
| | Declaration from Discharge. | |

(Signature)

COMMANDANT

CANADIAN DISCHARGE DEPOT

(793.975)

E
F. F.

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

DE

V-663

Name Veness, Mered L.
Surname Christian Name

Regimental Number ✓ Rank Sgt.

Unit

Original Unit 132nd Bn.

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Overpayments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
| | | | | | | | | | | | |

Remarks: No Record P. D. P. Ledg. Sht. written from Dec.

M. F. W. 127
300M-1-19
1772-39-1140

File No. 18517. M. S.

# WAR SERVICE GRATUITY.

Inv. 22 11/19. W. 93.

Register No. V-663.

Reg. No. Sgt.

Name Veness, Meredh.

Address ~~279 Brunswick St.,~~

~~Fredericton~~

306 & 308 New Telegraph Bldg

Detroit Mich U.S.A.

Pay Soldier $ 70.00

J S Retallack

T. P. Ullett

Clerk J W Beamish 9-1-20

Dependent

Address

Pay Dependent $

Days 31 Rate 70 Due 70.00

Less P.D.P. credited —

Less further Dr. Bal. or overpayment. —

Net $70.00

RW 104 16 1/20

| Date | Ck. Order | Ck. No. | Amount | Remarks. | Date | Ck. Order | Ck. No. | Amount. |
|---|---|---|---|---|---|---|---|---|
| 1 13 1/20 | 50532 | 547483 | 70 00 | | 1 | | | |
| 2 | | | | | 2 | | | |
| 3 | | | | | 3 | | | |
| 4 | | | | | 4 | | | |
| 5 | | | | | 5 | | | |
| 6 | | | | | 6 | | | |

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
DJ
Date 9/1/20

R Evans
22 11/19

M. F. W. 41
10 M.—5-16.
1772-39-889.

Name Pte Veness M. L.

Regimental No. 793975

Unit 132nd Batt.

Date of enlistment 9-3-16

Place of " Nil.

Married (yes or no) No.

Amount of pay assigned monthly $ Nil.

To whom payable Nil.

Name and address of next-of-kin Nil.

Nil.

Date and place discharged 6-11-16 Fuchs

Reason for discharge Transfered.

Character on discharge No. Huth.

44

bb 2376. M. & D. 6692.

| Date 1916 From | To | PAY No. of Days | Rate | Amount | Field Allowance No. of Days | Rate | Amount | Other Credits | Total Credits | Voucher No. | Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nov 17-10-16 | 6-11-16 | 21 | 1.00 | 21 00 | 21 | .10 | 2 10 | 12 60 | 35 70 | | 1579 | 15 70 | | 20 00 | 35 70 | $20.00 adv per month Transfered 6-11-16 to M.D. #6 |
| | | | | 21. 00 | | | 2. 10 | 12. 60 | 35. 70 → | | | 15. 70 | | 20. 00 | 35. 70 → | |

Transf (6-11-16)

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | | | | | | | | | |

This space to be left blank for the Chelsea Number.

Army Form B. 268.

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 790964 Army Rank Private

Name Vennables. Thomas.

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.C.A.C.

Battalion, Battery, Company, Depôt, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

DISCHARGE DEPOT APR 1 1917 QUEBEC

1. *Description at the time of discharge.*

Age 51 years 11 months

Height 5 feet 10 inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion Dark

Eyes Brown

Hair D. Brown

Trade Rancher

Intended place of residence (To be given as fully as practicable)

Descriptive marks.

3 Vc. mks. lt. arm

End of finger off lt. hand

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

Para. 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good see A F B 122

4. Character awarded in accordance with King's Regulations :—

CANADIAN DISCHARGE DEPÔT,

Lieut.-Col.,

Officer Commanding,

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

W.E.G. Compt 13/2/19 A.R.D.

* Strike out if not applicable.

D. D. & L., London, E.C.

A4508 Wt. W17176/M291 500,000 2/16 Sch. 39

Forms B. 268 / 40

[OVER.

noted 26.3.17 R.S.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... ... ... ... Class _____

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

CANADIAN DISCHARGE DEPOT

(Place) Buxton FEB 9 1917

(Date) FILE

CANADIAN DISCHARGE DEPOT

Lieut.-Col.

Commanding MAN. Battn. Officer Commanding, Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

DISCHARGE DEPOT MAR 17 1917 QUEBEC

(Place) _____ _____ (Signature of Soldier.)

(Date) _____ _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for APR 1 - 1917 (date)

DISCHARGE DEPOT MAR 17 1917

(Place) _____

(Date) _____

Signature L.H. Grover, Capt. for CAPT. & ADJT. for O. C. Discharge Depot Quebec.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

~~None~~

The Versailles

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

# Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

# MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE
OCT -5 1917
H.Q.
CANADA

1. Station. Nova Scotia Sanatorium, Kentville, N. S.

2. Regiment or Corps. 132 nd. O/S Bn. C.E.F.

3. Regimental No. and Rank. 793975 Act. Sgt.

4. Name. Veness, M. L.

5. Age last Birthday. 20

6. Enlisted on 4/1/16

at Fredericton, N. B.

7. Former trade or occupation. Clerk

8. General remarks on his:—

(a) Conduct. Conduct sheets not available

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE
NOV 23 1917
H.Q.
CANADA

Date. Sept. 14, 1917.

MILITARY DISTRICT No. 6
HALIFAX, N. S.
OCT 1 1917
M. D. No. 6

| 9. Service. | Years. | Days. |
|---|---|---|
| | | PERIODS 43-V-23 |
| | FROM | TO |
| 132 nd. O/S Bn. C.E.F. | 4/1/16 | |

10. (a) Disease or disability. Pulmonary tuberculosis ? (Doubtful)

(b) Date of origin. November 1915

(c) Place of origin. Fredericton, N. B.

(d) Cause. Unknown

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Cough - 0

Exp. - 0

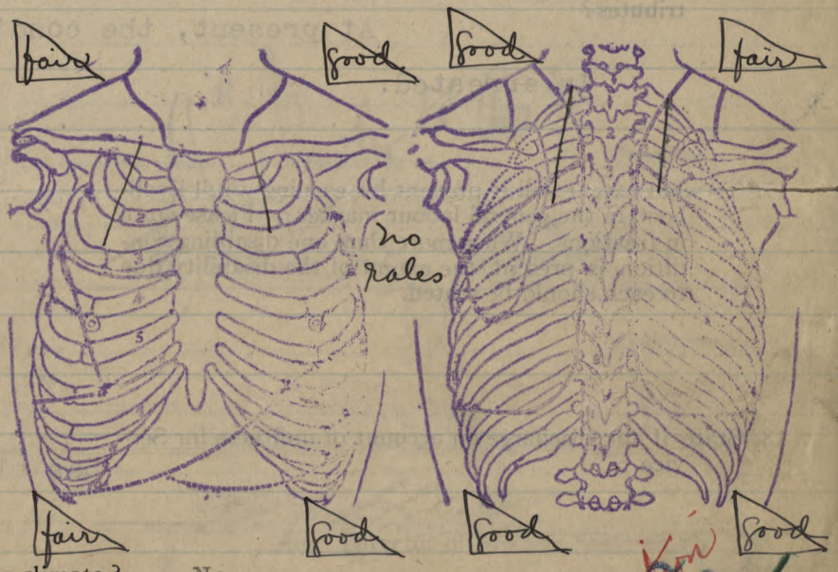
Night sweats - 0

Fever - 0

Baccili not found in sputum

Weight-ten lbs. under standard

Shows slight gastritis and general weakness.




12. (a) Is the disability the result of service or climate? No

(b) Has it been aggravated by intemperance, vice or misconduct? No

dis. section 8.12.17 R.S.

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not exceptional

14. Treatment.

Hospital

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

At present, the condition, if ever present, is arrested.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/8

18. State if for discharge on account of unfitness for Service.

Has already been discharged.

K. J. Collis

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service.

Has already been discharged.

Recommendations:

The Board recommends that #793975, Pte. M. L. Veness, be not reattested for Sanatorium treatment. Pulmonary symptoms are obscure, and weakness that he complains of cannot be attributed to active tuberculosis. Category "E".

Permanent address: Fredericton, N. B.

Signatures:—

[signature] President.

[signature] Lt Am C

Members.

Station. Nova Scotia Sanatorium, Kentville, N. S.

Date. Sept. 14, 1917.

APPROVED

Date. 29/9/17

[signature]
Asst. Director of Medical Services.

21

Approved.

Date.

Director-General of Medical Services.

350-23-11-17

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-11.

## DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. .....

Date of final disposal .....

How finally disposed of .....

The original Report is invariably to accompany the discharge documents of invalids.

# MEDICAL HISTORY OF AN INVALID.

1. Station. Hfx.NS

2. Regiment or Corps. 132nd (O) Batt.CEF

3. Regimental No. and Rank. A/Sgt

4. Name. Veness M.L.

5. Age last Birthday. 30

6. Enlisted on 4-1-16

at Fredericton N B

7. Former Trade or Occupation. Clerk

Date. 13.1.17

8. General remarks on his :—

(a) Conduct. Conduct Sheets Not Available

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

MILITARY DISTRICT No. 6 HALIFAX, N.S. FEB 2 1917

MILITIA DEFENCE APR 24 1917 H.Q. 649-V-899 CANADA

9. Service.

| | Years. | Days. | PERIODS. From. | To. |
|---|---|---|---|---|
| 132nd (O) Batt C E F | | | 4-1-16 | |

10. (a) Disease or disability. Incipient pulmonary Tuberculosis

(b) Date of origin. Nov.1915

(c) Place of origin. Fredericton N B

(d) Cause. unknown

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)

Pale,thin,ill-nourished.Has suffered with cough & expectoration overa yr.Examination shows poorly developed chest,rather flat,breathing is generally weak thruout;pulmonary resonance, slightly impaired at apices & nowhere good. Slight bronchial reathing at left apex & rt.base anteriorly;no rales or change in fremitis.

12. (a) Is the disability the result of service or climate? No

(b) Has it been aggravated by intemperance, vice or misconduct? No

noted 12-7-17

M. F. B. 227,

100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. Not applicable

14. Treatment Hospital

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Permanent without sanatarium treatment and fair propects of improvement with sanatarium treatment.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Totally at present

18. State if for discharge on account of unfitness for Service. Yes, But this is a suitable case for Sanatarium treatment

Arthur Lipman

Capt. A.M.C.

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service. Yes

20. Recommendations : That the above mentioned man be discharged the service, as medically unfit for all branches of the service, under class "ONE"

The Board is of the opinion that this man would be benefitted by Sanatarium treatment

Signatures :—

[signature] President.

[signature] Members.

Station: Military Hosp. Saipan

Date: Jan 13 / 17

Date. 20-4-17.

[signature] LIEUT COL.
Asst. Director of Medical Services.

APPROVED
G.O.C.M.D.

Approved.

Date.

Director-General of Medical Services.

S-506-26-4-17

S-506-24-4-17

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

# MEDICAL HISTORY OF AN INVALID.

1. Station. Valcartier Camp Hospital
2. Regiment or Corps. 132nd Battn.C.E.F.
3. Regimental No. and Rank. 793975 Pte.
4. Name. Veness, M.L.
5. Age last Birthday. 19
6. Enlisted on March 15-1916 at Campbellton, N.B.
7. Former Trade or Occupation. Clerk Date. Sept. 19-1916

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Good
   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. OF MILITIA & DEFENCE
OCT -6 1916
H.Q. CANADA
649-0-456

9. Service.

| | Years. 195 Days. PERIODS. From. | To. |
|---|---|---|
| 132nd O.S.Battn. C.E.F. | March 9-1916 | Sept. 19-1916 |

10. (a) Disease or disability. Pain in region of right kidney
    (b) Date of origin. November, 1915.
    (c) Place of origin. Fredericton, N.B.
    (d) Cause. noticed after a heavy lift.

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)

Complains of pain when walking or stooping. Very tired after walking. Marked tenderness in region of Right Kidney on palpation.

Heart and lungs normal. The patient has lost fifteen pounds during the last six weeks.

Urine :- no albumen, no sugar. no pus cells. a few leucocytes & epithelial cells.

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.
150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

Camp Hospital, Valcartier, Sept. 7-1916 to date

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

No

16. What is the probable durati n of the disability or of each disabling condition, if more than one contributes ?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions.

Nil

18. State if for discharge on account of unfitness for Service.

Unfit for service

J. Campbell Capt

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18 Is he unfit for Military Service. Yes

Recommendations: That he be sent to Military Hospital at Quebec for X-Ray examination of Right Kidney.

Signatures :—

E H Marcellus Capt AMC President.

Geo. F. L. Fuller Capt AMC

M R Alock, Capt AMC

Members.

Station. Valcartier Camp

Date. Sept. 19-1916

ASSISTANT DIRECTOR MEDICAL SERVICES
SEP 28 1916
VALCARTIER CAMP, P.Q.

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

H 67
19-10-16

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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.....

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.....

.....

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—89—117.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

Name Venes Enl. March. 15/16.

Date of Embarkation for England

Proceeded to France. Returned to England.

Date returned to Canada. Served Canada only

P.R.2855.

checked 30-5-13

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Board of Medical Officers

assembled at the Military Hospital, Quebec, Q.,

on the 17th. day of October, 1916.

by order of the A. A. D. M. S. No. 5.

for the purpose of examining and reporting upon the physical condition of No. 793975, Pte. Mured Semuel Veness, 132nd. Battn. C.E.F.

Military District No. 5
Quebec, Que.
OCT 24 1916
17-8-12-1
M. D. No. 5

DEPT.
MILITIA & DEFENCE
OCT 26 1916
H.Q.
CANADA

PRESIDENT.

Major J. Stevenson, A. M. C.

MEMBERS.

Capt. C. A. Delage, A. M. C.

Capt. W. Lacroix, A. M. C.

The Board having assembled pursuant to order, proceed to examine Pte. Mured Semuel Veness, 132nd. Battn. C.E.F. and find him convalesing from Myalgia. Malgia.

The Board recommend that this man be sent to t the Convalescent Home, Sans Bruit, for one week.

J Stevenson Major, A. M. C.
President.

C A Delage Capt. A. M. C.
Member.

W Lacroix Capt. A.M.C.
Member.

30/10/16 APPROVED.
Director General Medical Service.

M. F. B. 303.
150M.—7-16.
H. Q. 1772—39—133.

Approved
Lt. Colonel, A. M. C.
A. D. M. S., M. D. No. 5

I. 253.
26/10/16.
S 736
27/10/16
R.C. 118
27/10/16