REGIMENTAL DOCUMENTS

NAME ABEL. CLAUD. JAMES. REGT. NO. 919895 UNIT 23rd Res. H. Q. FILE NO. 317

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 2					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 1					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) 1					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					Deserter.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	BCC form 871					
1	Gd 23					
1	In 71 6762					
	In 71 9762 - 1					
1	Case [illegible]					
1	Bill					
1	Pay card					

Deceased 12.3.52

H

W 2519
100M-11-18
1722-39-1377

199TH BATTALION C.E.F.
IRISH CANADIAN RANGERS
ORIGINAL

ORIGINAL

ATTESTATION - PAPER.

No. 919895

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Abel
1a. What are your Christian names?	Claude James
1b. What is your present address?	Manbourville
2. In what Town, Township or Parish, and in what Country were you born?	Manbourville Que
3. What is the name of your next-of kin?	Delina Abel
4. What is the address of your next-of-kin?	Manbourville Que
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	April 26th 1887
6. What is your Trade or Calling?	Labourer
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Canadian Militia
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, Claude J. Abel, 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.

C J Abel (Signature of Recruit)

Date Aug 21 1916 E. H. Henderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Claude J. Abel, 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.

C J Abel (Signature of Recruit)

Date Aug 21st 1916. E. H. Henderson (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 Manbourville Que this 21st day of August 1916

E. H. Henderson J.P. (Signature of Justice)

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

Description of Claude Jas. Abel on Enlistment.

Apparent Age 29 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Black

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic — 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 August 21st 1916. E. H. Henderson M.D.

Place Massonville

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.

Claude J. Abel 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.

A. Pitz Lieut (Signature of Officer)

Date Aug 21st 1916.

FORM C.D. 3.

DISPERSAL CERTIFICATE.

ORIGINAL

1. Surname: Abel. Christian Names: Edward James

Regtl. No. 919895 Rank { Temp. Pte / Acting ..... Regt. or Corps .....

Unit: 23RD RESERVE BATTN C.E.F.

2. (a) Service Group: 15

(b) Occupational Group: 1

(c) Dispersal Area: F1

3. (a) Medical Category: A B.

(b) Railway Station to which proceeding on Dispersal: Manvonville, Que.

(c) Post Office address in full: G.P.O. Manvonville Que.

(d) P.O. or Bank in which soldier desires to have his Post discharge or deferred (if any) pay deposited: Bank of Commerce Manvonville Que.

4. I certify :—

(a) that I carry no ammunition;

(b) that all the information given above is correct to the best of my ability;

(c) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

Signature of Soldier: E J Abel

Signature of O.C. [signature] LIEUT.-COL. COMDG. 23RD CDN. RES. P

Date: MAY 3 1 1919

NOTES.

1. Each alteration must be initialled by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

Previous Enlistment

919895

1928-36

ABEL Claude J.

Deceased 12-3-57

2B

Military District 12

(2468) Wt. W. 2290—PP1182 6-15 J.F.W. (E5277)

Army Form W3997.

Regtl. No. 865311 Rank PTE

Name ROBERT LAWRENCE
(Christian Names in full) (Surname)

Unit 18th Res Regt. or Corps 181st Bttn

Category A

Next of Kin mother

Intended Town of Residence Glengarry Ont.

Category

Occupation Farmer Group 1

Service in France 15/12

Reason for Return

Intended place of residence

Military District

COVER

FOR

DISCHARGE DOCUMENTS.

Campaigns, Medals and Decorations

Proceedings on discharge ✓
" " of Medical Board
Medical History Sheet ✓
Last Pay Certificate ✓
Casualty Form ✓
Attestation Paper ✓
Field Conduct Sheet ✓
Company " "
Regt'l " "
D.O.S. 2 ✓
Dental Certificate ✓

Authority :- H.Q. O.M.F.C. Tel. A.G.3a.-3302.

HMT CANADA

Embarked 15 FEB 1919

Disembarked

A. A. = F.
A. G. — 1.
Wt. A. Badge Inf.

1229

3-4-33

M.D. 4.

221

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 919895
2. Rank. Pte
3. Name. Abel Edward James.
4. Unit. 23rd Canadian Reserve Battalion. Elmira Regt
5. Date of Discharge 6-7-19 Place Montreal.
6. Reason for Discharge Demobilization

SERVICE IN FRANCE Nil.
NEXT OF KIN Wife
RELIGION R.C.
CATEGORY B3
OCCUPATION Farmer (1)

7. Authority. R.O 1420 D.D.#4 D.O 1-196
8. Proposed Residence after Discharge Masonville, Que.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. B 39

Montreal
July 6th 19
E J Abel
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal
Date July 6th 19.

26th June 1919 Embarke
S S Baltic Liverpool.

Signature
(O. C. Discharging Unit.)

Lieutenant

Disembarked
JUN 1919

M.F.B. 218a

(Reg) Wt. 5/19 25M (2) D.St.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 861).
13. Pay Book (A.B.64),
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group ..... A
Item by No. 21
..... CMS
Date 14/6/19

R. G. 1st DEPOT BN. 1st QUEBEC REG'T.

E ORIGINAL

VOLUNTEER

ATTESTATION PAPER.

No. 919895

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	ABEL
1a. What are your Christian names?	Claud James
1b. What is your present address?	Mansonville, Que.
2. In what Town, Township or Parish, and in what Country were you born?	M ansonville, Que.
3. What is the name of your next-of kin?	Mrs. Adlina Abel
4. What is the address of your next-of-kin?	Mansonville, Que. SUFFICIENT ADDRESS
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	April 26, 1884
6. What is your Trade or Calling?	Farmer
7. Are you married?	Married
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia? or naval	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. 199th Bn. Three months B.J.A
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	Not applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ABEL Claud James, 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.

Claud James Abel (Signature of Recruit)

Date May 14th 1918. C. G. Howard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ABEL Claud James, 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.

Claud James Abel (Signature of Recruit)

Date May 14th 1918. C. G. Howard (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 Montreal, Que this 14th day of May 1918.

R. Fraser Cuph (Signature of Justice)

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

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

Description of Claud James Abel on Enlistment.

Apparent Age 34 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 2 ins.

Complexion Medium

Eyes Gray

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic XXXXXXXXXXX
- 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).

R. D. = 30
L. D. = 30
R. EAR
L. EAR

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* ..... for the Canadian Over-Seas Expeditionary Force.

Date May 14th 1918.

Place Montreal, Que.

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M.D. No. 4

Medical Officer.

MOBILIZATION CENTRE M. D. No. 4 MAY 15 1918 MONTREAL, P.Q.

*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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

ABEL Claud James ..... 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.

Major (Signature of Officer)
for O.C. 1st Depot Bn. 1st Quebec Regiment

Date May 14th 1918.

R. G. 1st DEPOT BN. 1st QUEBEC REGT.

VOLUNTEER

TRIPLICATE

ATTESTATION PAPER.

No. 919895

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	ABEL
1a. What are your Christian names?	Claud James
1b. What is your present address?	Mansonville, Que.
2. In what Town, Township or Parish, and in what Country were you born?	Mansonville, Que.
3. What is the name of your next-of kin?	Mrs. Adline Abel
4. What is the address of your next-of-kin?	Mansonville, Que. SUFFICIENT ADDRESS
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	April 26, 1894
6. What is your Trade or Calling?	Farmer
7. Are you married?	Married
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia? or Naval	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. 199th Bn. Three months B/A
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	Not applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ABEL Claud James, 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.

Claud James Abel (Signature of Recruit)

Date May 14th 191 6 E G Howard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ABEL Claud James, 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.

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Date May 14th 191 6 E G Howard (Signature of Witness)

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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 Montreal, Que this 14th day of May 191 6

Fraser Tarpp (Signature of Justice)

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

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

Description of Claud James Abel on Enlistment.

Apparent Age 34 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5' 6 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 2 ins.

Complexion Medium

Eyes Gray

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic XXXXXXXXXX
- 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).

R. D. = 30
L. D. = 30
R. EAR 9/-
L. EAR

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* ..... for the **Canadian Over-Seas Expeditionary Force.**

Date M. B. No. 4 May 14th 191 8.

Place Montreal, Que.

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

Medical Officer.

MOBILIZATION CENTRE MAY 15 1918 MONTREAL, QUE.

*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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

ABEL Claud James 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.

Major (Signature of Officer)
for O.C. 1st Depot Bn. 1st Quebec Regiment

Date May 14th 191 8.

E

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN. 1st QUEBEC REGT.

Regimental No. 919895 Rank Private Name ABEL Claud James

C. E. F.

Enlisted (a) 14-5-18 Terms of Service (a) C.E.F. Service reckons from (a) 14-5-18

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

Extended ..... Re-engaged ..... Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Canada	26-6-18	H. M. T.
		Arrived	Liverpool	15-7-18	Oxfordshire.
25-7-18	23rd Can Res. Bn.	Taken on strength from Canada.	Bramshott	15-7-18	D.P.11 0.206
25-7-18	do	On Command Segregation Camp, Frensham Pomd.	do	15-7-18	D.P.11 0.206
4-8-18	do	On command Segregation Camp ceases.	do	13-8-18	D.P.11 0.226
				15/6/19	

23rd Can. Res. Bn. D.P.-2.O. No. 144

Struck off Strength On proceeding to Canada

W. H. Chalmers
Capt. & Adjt.
23rd Can. Res. Bn.

(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				
26th June 1919	Embarke.				
S S Baltic	Liverpool.				
15 7-19	O-S	T.O.S D.D.#4 Dis,Sta. "F"	Montreal	26-6-19	D.O Pt II-196
15-7-19		S.O.S D.D. 4 Demob.	"	6-7-19	D.O Pt II-196
					R.O 120

CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
C. E. F.

Lieutenant,
Assistant Adjutant,
District Depot No. 4.

O.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

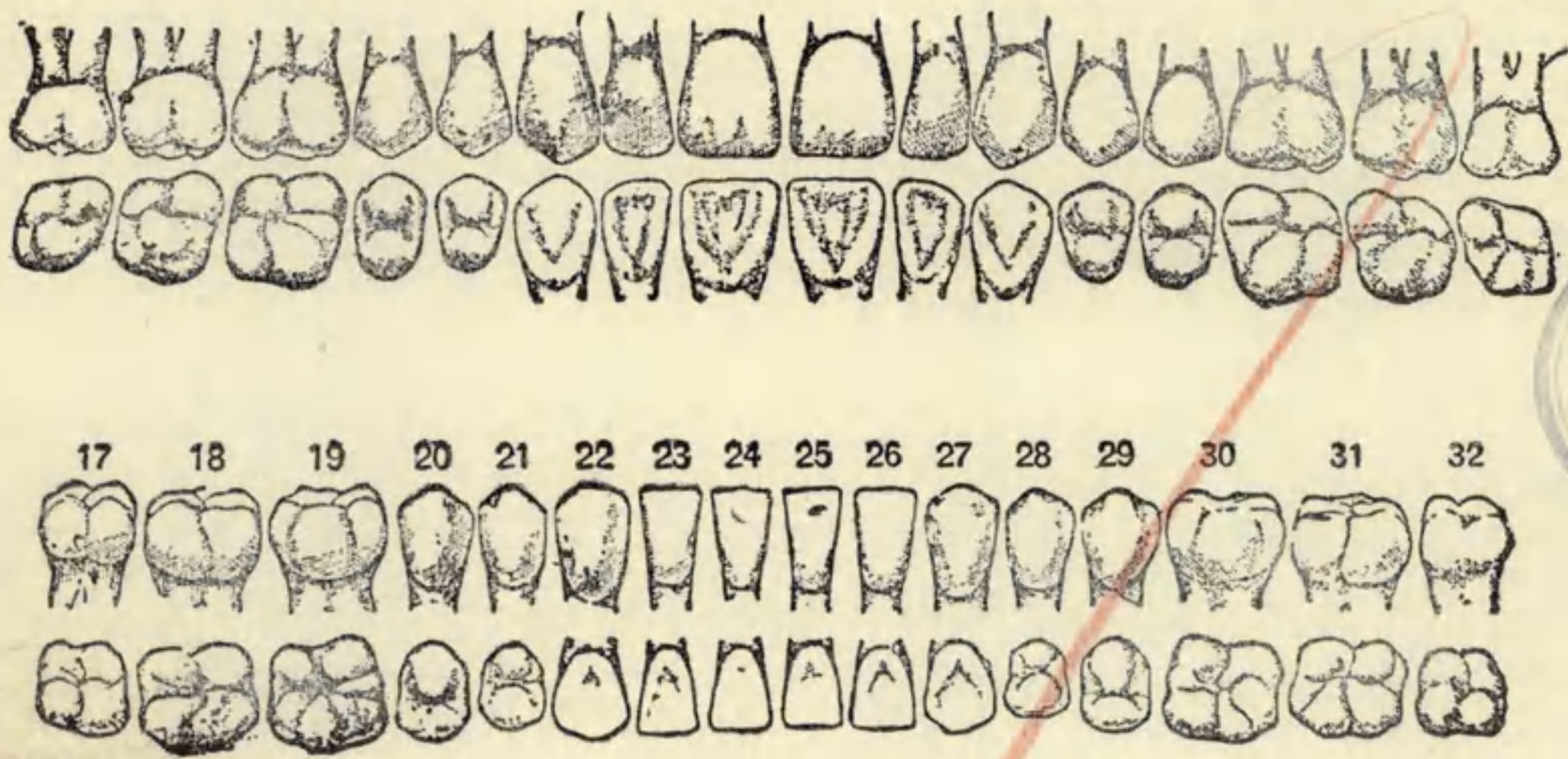
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) ABEL C. J.

REGIMENT 23rd Res Bn RANK Pte No. 919895

Date of Examination in England 29-5-19 Date of Examination in France



DENTAL BOARD RIPON

29 MAY 1919

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada —
- (b) In England yes
- (c) In France —

R Sjepsone Capt for A.D.D.S. M.D. No 4

Signature of Dental Officer C M Stoyan Capt

Form R 122.
10287—65M—28-7-17.

KR Rank Name ABEL Claud James. Reg'l No. 919895

Unit 7Sq Dft 1st Bn. 1st QUE If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Montreal 14th May 1918 Place of Birth Mansoville. Que.

Name and Address, Next-of-Kin Mrs. Adlina Abel.

Mansonville Quebec. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

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		15-7-18	S/S OXFORDSHIRE
25-7-18	13Res	T.O.S.	B'shott	15-7-18	DO 206. DO299. 1/10/218 BRD
9.12.18.	—"—	SoS to Q.R.D.	"	7.12.18	D.O. 343.
25.6.19	"	SOS to Canada SL81	Ripon	26.6.19	DO 152
		TO CANADA 26.6.19		81-F-54	
				5.s.6.7.19	

33

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

STATEMENT of articles of Equipment, etc., received with

No. 919895 Rank Pte Name Abel C. J.

Unit 23 C. Res.

ARTICLES	Ch'd	Rec'd	Def't	Value of def. Articles	REMARKS
Section No. 1					
Bandoliers, .303 amm. with pockets					
Belts, waist (not Web)					
Bottles, water enamelled					
Carriers, water bottle with S. S.					
Covers, mess tins, Mk. II					
Haversacks, web drab with S. S.					
Ration bag					
Mess tins, D. S.					
" " M. S.					
Slings, rifle brown					
Spurs, jack complete, prs					
Straps, mess tins, M. S.					
Straps, water bottle					
Web equipment—					
Belts, waists					
Braces with buckle, each					
Carriers, cart					
" intrenching					
" head					
" helves					
Carriers, water bottle					
" frogs					
Haversacks					
Packs					
" straps supporting, each					
Section No. 2					
Implements, intrenching, heads					
helves					
Sheets, ground					
Section No. 6					
Blankets, G. S., Bk					
Section S.A.					
Rifles					
Bayonets					
Scabbards					
Swords, cavalry					
Scabbards "					
Bottles, oil					
Pullthroughs					

Total value of deficiencies $

Signature of soldier

" Ord. representative

M. F. C. 762.

1,500 pads of 100.—1-19.
(772—39—1398.

STATEMENT of articles of Equipment, etc., received with

No. ..... Rank ..... Name .....

Unit .....

ARTICLES	Ob'd	Rec'd	Def't	Value of def. Articles	REMARKS
Section No. 1					
Bandoliers, .303 amm. with pockets					
Belts, waist (not Web)					
Bottles, water enamelled					
Carriers, water bottle with S. S.					
Covers, mess tins, Mk. II					
Haversacks, web drab with S. S.					
Ration bag					
Mess tins, D. S.					
" " M. S.					
Slings, rifle brown					
Spurs, jack complete, pr.					
Straps, mess tins, M. S.					
Straps, water bottle					
Web equipment—					
Belts, waists					
Braces with buckle, each					
Carriers, cart					
" intrenching					
" head					
" helves					
Carriers, water bottle					
" frogs					
Haversacks					
Packs					
" straps supporting, each					
Section No. 2					
Implements, intrenching, heads					
helves					
Sheets, ground					
Section No. 6					
Blankets, G. S., Bk					
Section S.A.					
Rifles					
Bayonets					
Scabbards					
Swords, cavalry					
Scabbards "					
Bottles, oil					
Pullthroughs					

Total value of deficiencies $

Signature of soldier .....

" Ord. representative .....

M. F. C. 762.

1,500 pads of 100.—1-13.
(775—30—1126)

Aug. 6th. 1919.

Rank Private. Date of att. May14th. 1919.

Regimental Number 919895. Date of Discharge July 6th. 1919.

Unit 23rd. Can. Res. Bn.

Name ABEL Claud James.

Address Masonville Ont.

B.P.C. District Office Montreal, D.D. No. 4.

Attestation Form:-

Height on enlistment: 180 pounds

Marks of Identification: None.

Rank at attestation: Private.

Casualty Form:-

Disability: Disordered Action of Heart Active Service Conditions.

Rank when disability was incurred: Private.

Miscl.: Nil

Conduct:-

Venereal disease: Nil

Conduct: Good

Self inflicted wound: Nil

B.P.C. Form 871. Mult.
40M-5-19.

REGIMENTAL CONDUCT-SHEET.

Number of sheets (in words) } One

Signature of C. O. or Adjutant } H. Gibbs Lt Col

199TH BATTALION C.E.F.
IRISH CANADIAN RANGERS
Regiment of

199TH BATTALION C.E.F.
IRISH CANADIAN RANGERS
Regiment.

Regimental Number and Name } 919895, Abel, Claude, James. Attested August 21st. 16 191 . Joined August 21st. 1916. 191 .

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM	Date of Commencement	Date of Expiration	REMARKS

To be carried over.

M. F. B. 263.

300 M.— 2-16.
H. Q. 64—69-1.
L. L. Job. 88c84 Req. 6263.

PLACE	Date of Offence	RANK	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of Award, or of order dispensing with trial	BY WHOM	Date of Commencement	Date of Expiration	REMARKS

(9) Is your Father alive? Yes

If so, state name and address David Abel, Mansonville, P.Q

(10) Is your Mother alive? Yes

If so, state name and address Mary Abel, Mansonville, P.Q

(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.

Nil

(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.

~~XXXXXXXXXXXXXXXX~~ Wife

(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.

Yes, Separation Allowance arrangd for

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.

W. Thundhurst CAPT. & ADJT.
FOR LIEUT. COL. O. C. 199TH BN. C. E. F.
Officer Commanding.

Date November 16th, 1916.

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 199th Bn. Duchess of Connaught's Own Irish Canadian Rangers

(2) Regimental Number 919895

(3) Full Name of Soldier Abel Claude James

(4) Place of Birth Mansonville, P.Q.,

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Adeline Abel

(b) Present Postal Address Mansonville, P.Q.,

(7) Are you a widower? No

(8) Have you any children? One

If so, give number of boys and girls Girl

Also their names and ages Mary Julia Abel, 27 months

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

Squadron, Battery and Company Conduct Sheet.

No. of Sheet One

D 6

Regiment of 199th Bn. D.O.S.R. Signature of O. C. {Squadron / Battery / Company} E. T. Reynolds Major

Regimental Number and Name		Enlistment		Trade	Former Service	Good Conduct Badges
No. 919895	Name Abel Claude James	Age on	years 38 months 4	Farmer	None	
Joined,	Date Aug 21/1915					
Re-engaged,	Date			Religion		
Re-engaged,	Date					
Re-engaged,	Date	Period of	War	R.C.		
Re-engaged,	Date					
Left.	Date					

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				To be carried over					

M. F. B. 263a.
100m.—7-15.
H. Q. 74 53-1.

Brought forward

MILITARY SERVICE ACT, 1917. ORIGINAL

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname ABEL Christian name Claud James

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

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

4. Address (including street and number, if any) Mansonville, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of May 1918 1917, by the undersigned medical board sitting at M. D. No. Montreal, Que.

MOBILIZATION CENTRE MAY 15 1918 MONTREAL, P.Q.

5. Age as stated 34 Years 1 Months. 6. Apparent age 34 Years 1 Months

7. Height 5' Feet 6 Inches. 8. Weight 130 Pounds.

9. Chest measurement Minimum 34 Ins. Maximum 36 Ins. 10. Complexion Medium Eyes Gray Hair Dark Brown

11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks None

13. Number of vaccination marks Right arm Left arm 1 14. When vaccinated last Child

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

16. Slight defects but not sufficient to cause rejection

The man denies having had Rheumatism / Tuberculosis / Syphilis (Strike out disease admitted or suspected.) We find no evidence of past Rheumatism / Tuberculosis / Syphilis

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

17. (a) Vision R. 30 L. 30 (b) Hearing R. 9 L. 9

[signature] President.

[signature] Member. [signature] Member.

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
MAY 30 1918		J. A. Fannie Capt M.O.	MAY 16 1919		J. A. Fannie Capt M.O.
		M.O.	MAY 20 1918		J. A. Fannie Capt M.O.
		M.O.	MAY 27 1918		[signature] Capt M.O.

Joined 14th day of May 191 8 at Montreal, Que.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BN. 1st QUEBEC REGT.	919895		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Valcartier	JUN 24 1918	A2	[signature]
Repm	26-5-19	D.A.H. Bi 6 months	A H Wolcan Capt

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

M. F. B. 313.
300M.—10-17.
1772-39-430.

Surname ABEL Christian Name Claud James

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

117TH EASTERN TOWNSHIPS,
O/S BATTALION C. E. F.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Abel *Christian Name* Claude J.

Examined { on 21 day of Aug 1916
at Massawippi

Approved by E. H. Henderson
Rank M.D. M.O.

Birthplace { City or Town Massawippi
County Brome Co

Apparent age 29 yrs

Trade or occupation Labourer

Height 5' Feet 6 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number None

When Vaccinated last

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

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

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

Date.	Result.	Vaccinations.
		Lt Goodchild Captain C
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
11-11-16	Good	J. F. Brown Capt. A.M.C. M.O.
		M.O.
		M.O.

Enlisted on 21st *day of* August 1916 *at* Massawippi Que.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	199TH BATTALION C.E.F. IRISH CANADIAN RANGERS	919895		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4°9.

Surname Abel Christian Name Olive

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

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Gland James* 2. Surname *Abel*

3. Rank *Pte* 4. Original Unit *1st Res. Reg* 5. Reg. No. *919895*

6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Commerce, St. P. Massonville, Que.

7. Date of enlistment in the C.E.F. *14/5/18*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Adelina Abel.*

9. Relationship of such dependent *wife*

10. Address, in full, of such dependent *Massonville Que.*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

NOT APPLICABLE

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? NOT APPLICABLE

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

NOT APPLICABLE

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *6 weeks 1st Que Regt in Canada 11 mos 23rd Res Bn in England*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No.*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.*

5431. Wt. 130P. 150,000(8). 2.19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. 1916. 3 mos. Irish Rangers. Same regimental No. Temporarily discharged.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No.

20. Have you been issued with a War Service Badge? If so what class? NOT APPLICABLE

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No.

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge NOT APPLICABLE

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit NOT APPLICABLE

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit NOT APPLICABLE

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? NOT APPLICABLE

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: E. J. Abell

Place of Residence: Maisonville Que.

Declared before me at: RIPON. MAY 31 1919

This ..... day of ..... 19.....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12, 13, 14, 20, 24, 25, 26, 27 UNANSWERED

LIEUT.-COL. COMDG. 122ND. REG. BN.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

21-8-15

L. L. Job 316—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Delina Abel

Address Mansonville Que.

Relation to Soldier wife, child or mother } wife

Name of Soldier Abel Claude J.

Regtl. No. 919895

Rank Pte.

Corps 199th Bath.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			See Recurrent Stop
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 1

Date of Enlistment

Aug 21. 1915

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

~~20~~	25. 1-12-17 P.C. 3257.		

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 919895

Rank Pte Promoted Reverted Discharge

Soldier's Name Claude J. Abel.

Battalion 199th Battn.

Beneficiary Mrs. Belina Abel.

Relationship Wife.

Address Mansonville Quebec.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sep 30	17	66				Soldier not overseas.
	+	+	+	+		S. A. Last payment Nov 1916. Absent without leave
				+		
				+		
				+		
				++	S	

See Overleaf

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment 14-5-18

~~17/18~~ 14/5/18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

5481

Date of Assignment 1 July 1918.

RATE OF SEPARATION ALLOWANCE

~~25~~	30 1-9-18		

PB 2753
MO 26841

RATE OF ASSIGNMENT

20 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Bn. 1st. Quebec Regt - Dft 71

Beneficiary Mrs. Adlina Abel

Relationship (Wife)

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.ADLINA ABEL, A5481
2 ~~MASONVILLE~~, Mansonville QUE. 20 20.00
3 % 919895 PTE CLAUD JAMES ABEL TWENTY DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1918 July	A 24192		20	20	6
AUG	A 28357 M 60	75	20	75	6
SEP	A 34938		20	20	6
OCT	A 41561	25	20	45	6
Oct.	M 2022	40		40	6
NOV	A 49669	25	20	45	6
DEC	A 62198	45	20	65	6
JAN	B 69163	30	20	50	6
FEB	A 76356	30	20	50	6
MAR	D 82158	30	20	50	6
APR	C 47	30	20	50	6
MAY	A 5267	30	20	50	6
JUN	A 8857	30	20	50	6
JUL	A 11222	30	20	50	6
		420	260		

REMARKS 32-6-5 32-6-3 Duplicate

No S.a. Paid by MD 4 See acct in old ledger.

To adj. July + aug sa. M60 marked 3/10/18. MR 12079

To adj. S. a. from 14/5/18 to 30/6/18. M2022 M. 22 10/18

See Stop

A/c Closed 31/7/19.

Ret'd per Baltic

Date 4/7/19 M.F.W. 187 14/7/19

Clerk MD 4 Gladlin MO 98862

ENTERED IN AUDIT LEDGER JUL 16 1918 BY Mcl. VOUCHER SECTION

AUDITED.

AUTHORITY FOR SERVICE MD 4 B.6. A. Garry 17-4-18

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 1693.

No. 919895 Rank Pte Name Abel C J

T. O. S. 14-5-18 Unit 1st Depot Bn 1st Inf Regt.
(D.O. 140 of 20-5-18)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 14	1918 May 31	"		

H. Q. .....

M. D. No. 4

Surname Abel,

T. O. S. 14-5-1918

Christian names Claud James

D. O. Pt. II 140 of 20.5.18.

Regtl. No. 919895 Rank Pte.

S. O. S. Dis 6-9-1918

Unit 1st Depot Battn, 1st Que Regt.

Reason Demob

Auth DO 196 dis 7-9 425

Next of kin Mrs. Adlina Abel Relationship Wife

Address Manseonville, Que.

Also notify: .....

BORN—Place Canada, Manseonville, Que Date Apl. 26. 1884

ATTESTED—Place Montreal, P.Q. Date May 14. 1918

O/S 26.6.18 1298

R/C .....

W. 22—100M-7-18. 1772-39-839 2

714 CARD NO.

FOLL.

SURNAME. Abel.

CHRISTIAN NAMES Claude, James.

REGL. No. 919895. RANK Pte.

UNIT ~~199th~~. 1st Que Regt 1st Depo Bn. ~~Bn~~

FORMER CORPS Can. Mil.

NEXT OF KIN.

NAMES IN FULL Abel, Mrs Delina.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Mansonville. P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Mansonville. P.Q. DATE April 26th 1887.

PLACE OF ATTESTATION Mansonville, P.Q. DATE Aug 21st 1916.

~~S/C 26-6-18 129P 2~~

M-6 4.7.19 361/43 Pte

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 29 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 INCHES

COMPLEXION Fair. EYES Blue. HAIR Black.

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Mansonville, P.Q. DATE Aug 21st 1916.

Present Address Mansonville P.Q.

No. 919895 Rank Pte. Name Abel C. J.

T. O. S. 21-8-16 Unit 199th. Battalion
(Do 170 of 2-9-16) (Irish Canadian Rangers) M. D.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority
1916 Aug. 21	1916. Sept. 31	✓		
Oct.		✓		
Nov.		✓		
Dec. 1	Dec. 13	n.	Trans. to #1 Train Co. D of C Can. I.C.R.	Dec. paylist.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 919895 (Rank) Pte

Name (in full) ABEL Leland James enlisted in

the 1st Depot Bn. 1st Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 14th

day of May 1918

HE served in Quebec Regiment in England

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age 35 yrs 1 month

Height 5 ft 6 ins

Complexion Medium

Eyes Grey

Hair Dk. Brown

Marks or Scars Nil

L J Abel

Signature of Soldier.

Date of Discharge

Dispersal Station "F" JUL 6 1919 Military District No. 4

Issuing Officer.

Lieutenant

Officer i/c Discharge Section, Dispersal Station "F"

Rank

Date July 6th 1919

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.B. 39A.

FORM C.D. 3.

DISPERSAL CERTIFICATE.

TRIPLICATE

1. Surname: Abel — Christian Names: Claud James

Regtl. No. 91989 5 — Rank: Temp. Pte. / Acting

Regt. or Corps: 23RD RESERVE BATTN C.E.F.

Unit:

2. (a) Service Group: 15

(b) Occupational Group: 1

(c) Dispersal Area:

3. (a) Medical Category: A B.

(b) Railway Station to which proceeding on Dispersal: Mansonville Que.

(c) Post Office address in full: G.P.O. Mansonville Que.

(d) P.O. or Bank in which soldier desires to have his Post discharge or deferred (if any) pay deposited: Bank of Commerce Mansonville Que.

4. I certify:—

(a) that I carry no ammunition;

(b) that all the information given above is correct to the best of my ability;

(c) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

Signature of Soldier: C J Abel

Signature of O.C.: [illegible] LIEUT.-COL. COMDG. 23RD ODN. RES. BN.

Date: MAY 3 1 1919

NOTES.

1. Each alteration must be initialled by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

original not available

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 199th Battn

Regimental No. 919895 Rank Pte Name Abel, Claude James

Enlisted (a) 21-8-16 Terms of Service (a) C. E. F. d of war Service reckons from (a) 21-8-16.

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) .....

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				
	199th Bn	Struck Deserter	Montreal	15.11.16	Auth. Gob m04 HQ 649-A-7633 folio 8 [illegible] Lieut for D of R

gys.

(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				

No. 919895 Name Abel C J | Sqn., Batty., or Company "D" | Corps 2nd Res Battn | Date of enlistment | G.C. Badges | Service or Proficiency Pay

Date of last entry in Company Conduct Sheet | No. and date of last drunk | Period not reckoning towards freedom from extra fine | Sheet No. | Signature O.C. Company, etc. | Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form B. 122

[P.T.O.

Wt. W.1685/M.1749. 1,500,000. 5/17. W. & Co., Ltd. (E 804). Forms B/122/5.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Delina Abel wife

Name of Soldier Abel Claude J. Pte.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.		N 17819	26	26	
Oct.		A 18264	20	20	66.00 ✓
Nov.		A 21525	20	20	
Dec.		~~A 24914~~	~~20~~	20	A 24914 Cancelled
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.7.18.		EFFECTIVE DATE:-	
AMOUNT:- 20.00		AMOUNT:-	

NAME: ABEL Claud - James

NUMBER:- 919895

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.

Nil

Mrs Adelina Abel (Wife)
Mansonville Que

Stopt 1-7-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. Canada	1/7/18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 71st Bn 1st D.Bn 1st Que Regt

DATE ACCOUNT FIRST OPENED:- 1/7/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			23rd Res
206 2/8	1.9.18		casc "9"

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
9/5	~~474~~		~~7 30~~			Led	39 82
	~~474~~		~~49~~			Sq	12 66
22/5	~~629~~		~~4 87~~			LC	26 66
			17 66				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: 30 6/9 MDG 10011 Ripon 6 4/9 Ripon · m D 24

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30/6	Bal from Canada								8 80		
July	P.P.	34 10		ap				20			
				AR 1435 Frensham 22/7	487				18 03		
		34 10			487			20			
Aug	P.P.	34 10		ap.				20			
				~~Q4005~~/24 23 Res. 30/7	36				31 77		
				AR 999 20 Res 24/8	487				26 90		
				" 1275 23 " 30/8	243				24 47		
Sep.	P.P.	34 10			766			20			
		33		ap.				20	37 47		
				DN 1365. 14/9/18 23 Res 17	17 03				20 44		
				DN 1503. 30/9/18 / 20	243				18 01		
		33			1946			20			
Oct	P.P.	34 10		bap				20	32 11		
				DN 1632. 12/10/18 23 Res 50	487				27 24		
				DN 1797. 31/10/18 ✓ 61	487				22 37		
		34 10			974			20			
Nov	P.P.	33 -		bap				20	35 37		
Dec	P.P.	34 10		b.a.p.				20	49 49		
				AR. DN. 1918 — 23 Res. 60	730				42 19		
				AR. DN. 2098 30/11/18 ✓ 75	487				37 32		
Jan	P.P.	34 10		bap.				20	51 42		
				DN 2298 20/12/18 23 Res 90	17 03				34 39		
		101 30			29 20			60 -	34 37		
Feb	P.P.	30 80		b.a.p.				20	45 17		
				Q4005 #5 2-1-19 42	1 64				43 53		
				2500 15/1 23 Res. 67	487				38 66		
		30 80			651			20	38 66		

agree 29.4

1 00/10

NUMBER 919895 RANK Gto NAME ABEL. C.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		30 80			6 51			20	38 66	nil	
Mar	O.P.	34 10		L.A.P.				20	52 76		
				3535 31/1 23 Res. 108	4 87				47 89		
				2811 14/2 ✓ 127	7 30				40 59		
				2955 27/2 ✓ 134	7 30				33 29		
				3119 14/3 ✓ 170	25 98 / 14 60				18 69		
		64 90			40 58			40			
Apr	O.P.	33		L.A.P.				20	31 69		
				52 10/4 23 Res. 54	7 30				24 39		
May	O.P.	34 10		L.A.P.				20	38 49		
				196 16/4 ✓ 60	12 17				26 32		
		67 10			19 47 / 19 47			40			
June		33						20	39 32		
				424 12/5/19. 23 Res. 44	7 79				31 53		
				629 27/5/19 " 44	4 87				26 66		
				802 12/6/19 " 49	19 47 F				7 19		
		33			32 13			20			

A.O.A to Canada Rest. 81. 26/6/19

A765

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 919895 RANK Pte NAME (IN FULL) ABEL, Claude James (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes. DATE EFFECTIVE 1-8-19

TO WHOM PAID — RELATIONSHIP Wife.

ADDRESS Mrs Adina Abel Mansonville. Que.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	26/6/19	DO 196 P 18
		N/R 89

ORIGINAL UNIT C.E.F. 1st Q.R. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 14-5-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE wife.

PAYABLE TO Mrs A. Abel Wife. — RELATIONSHIP 1-8-19 — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G.

ADDRESS Manonville. P.Q. Canada — Can Bk of Commerce Manonville P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Mt Real. — DATE 6-7-19 — REASON Demob. — AUTHORITY DO 196 P 18 — IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. No. 1 AUG 4 1919 D. SUPPLIES & TRANSPORT

BALANCE FROM PREVIOUS ACCOUNT

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 $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
							7	19	7	19																									7	19	Balance Eng L. P.C. 7 19
1-11-7-19	11	1.10	12	10	70	00			117	10	Boat Kan				CK 105891		4	87	5	00	114	42					5	50			129	79	5	50			ZRR	C.C.A. 35.00 W.S.G. 70.00 5.50 Pyd and 7-11-7-19 24.00 SA 7-31-7-19
					SA		6	00	6	00																	30	00			30	00	24	00			"	
									130	29																	20	00			20	00	20	00			"	20.00 A Pdy. l.d. by Mawa unchanged on Eng. L. P.C.
																															179	79						

Other Credits	W. S. G.	S. A.	Total
	280	120	400

War Service Gratuity

Other Charges	W. S. G.	S. A.	Total	Soldier	Balance Dependant
	70		70	210	120
25.50			25.50		
24.00			24.00	184.50	96
	70	60	130	114.50	36
	70	30	100	44.50	6
	44.50	6.00	50.50		
			400.00		

9/8/19 — 1277916 — 1277916

6/9/19 — 1623480 — 1623480

6/10/19 — 1633686 — 1633686

ZRW Cont.

200M-3-19.—L. L. 58788-L. & D. 9985.
M. F. W. 2.96.
1772-39-1390.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

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

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

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

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

Boarded for return to Canada
"Authority A.G. Telegram 9083 dated 11-11-18."

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

W.H. Wallace Capt. President.
W.J. Post Capt Cama } Members

PLACE Ripon
DATE 26-5-19

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..... } Members
DATE.....

APPROVED BY
Stuart Ellis
Assistant Director of Medical Services.
DATE 26 MAY 1919

APPROVED BY
Director-General of Medical Services.
DATE.....

MAJOR, C.A.M.C.
D.A.D.M.S., CANADIAN TROOPS,
RIPON CAMP, YORKS.

(25) 3871-135 Aug 8/19

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 RIPON, YORKS. DATE MAY 26-1919

1. 1 (a) Unit 23d RES (b) Regimental No. 919895 (c) Rank PTE
(d) Surname ABEL (e) Christian name CLAUDE JAMES
(f) Home address MANSONVILLE QUE.
(g) Next of Kin MRS. ADLINA ABEL (h) Relationship WIFE
(i) Address of Next of Kin MANSONVILLE, QUE.
2. Age last birthday THIRTY-FIVE Date of birth APR 26-1884
3. Enlistment, or Appointment (if an Officer) (a) Place MONTREAL QUE (b) Date MAY 14-1918
4. Personal description:
(a) Height 5 FEET 6 INS (b) Weight EST. 145 (stripped) (c) Complexion RUDDY
(d) Colour of hair DARK BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. ON ENLISTMENT NONE
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
	ONE	13

	Periods From	Periods To
Canada	May 14-1918	June 26-1918
England	July 5-1918	to date
France or other theatres of War		

7. Original disease, or injury DISORDERED ACTION OF THE HEART
(a) Date of origin DECEMBER-1916 (b) Place of origin ENGLAND
(c) Cause CONDITIONS OF ACTIVE SERVICE

M. F. B. 227.
400M.—11-18.
1772-30-117.

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

(DISORDERED ACTION OF THE HEART)
PARTIAL LOSS OF FUNCTION
OF THE HEART.

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 CARDIAC ENLARGEMENT - NO MURMURS PRESENT - PULSE 102 - AFTER EXERCISE - 120 - RETURNS TO FORMER RATE IN TWO MINUTES - BLOOD PRESSURE NORMAL -
LUNGS NEGATIVE.

SUBJECTIVE: COMPLAINS OF SHORTNESS OF BREATH - PAIN OVER CARDIAC REGION AND R. SIDE OF CHEST - COUGH PRESENT - UNABLE TO MARCH MORE THAN TWO MILES.

(*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 (If pulse rate is abnormal, B.P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

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:

10. (*a*) History (of the condition referred to in Section 9 (*a*).) FIRST NOTICED DYSPNOEA ABOUT SIX MONTHS AGO. AND PALPITATION - OCCASIONAL PAIN IN CHEST HAS HAD SEVERAL COLDS SINCE ARRIVING IN ENGLAND JULY 1918.
TREATED LOCALLY.

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*).)

CIVIL - NIL
MILITARY - NIL

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

NONE

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? 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? SIX MONTHS

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

NONE

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

NO

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

17. Recommendations

B1

Capt. R.A.M.C.

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 Claude Jas Abel 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

Pte C J Abel Rank.
Signature of invalid examined.