REGIMENTAL DOCUMENTS

Rte NAME ABELLE LAZZARO REGT. NO. ~~853795~~ 3230160 UNIT 1 Alpha Inf Co H. Q. FILE NO. 374 H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
S ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M 30 4/19				DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		H			Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					Deserter
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

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

DECLARATION

Of Court of Inquiry, held under Section 72, Army Act, for the purpose of determining the illegal absence and deficiencies of kit (if any) of

No. Serial # 853775 Reg # 3230160 Pte Abello, Lazzaro

of 1st Depot Battalion 2nd C. O. R.

Declaration.

The Court having heard the evidence declare that No. Serial #853775 Reg # 3230160 Pte. Abello, Lazzaro of 1st Depot Battalion 2nd C. O. R. is illegally absent since the 4th, day of January 1918 and may therefore be proceeded against as a deserter; and that he is also deficient of the following articles of the arms, ammunition, equipments, instruments, regimental necessaries and clothing, which it was his duty to have, viz. :—

ARTICLES.	VALUE.	ARTICLES.	VALUE.
NIL		NIL	

Signed at East End Barracks, Hamilton Ontario.

this 20 th. day of December 19 18

J T Dempster
Capt
President.

J Marshall
Captain

J G Hutch
Lieutenant
Members.

Approved
Lt. Colonel
O. C.

M. F. B. 259.
100m.—9-16.
H. Q. 1772-39-504.

Surname ..... Christian Name .....

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				

M.S.A. 15. 7

MILITARY SERVICE ACT, 1917.

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 Abelo Christian name Lazzaro

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 853 775

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

4. Address (including street and number, if any) 132½ Adelaide St., W., Toronto, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10 day of Nov. 1917, by the undersigned medical board sitting at Toronto, Ont.

5. Age as stated 22 Years Months. 6. Apparent age 22 Years Months

7. Height 5 Feet 5¼ Inches. 8. Weight 137½ Pounds.

9. Chest measurement { Minimum 32 Ins / Maximum 35½ Ins. 10. Complexion Dark { Eyes Brown / Hair Black

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

13. Number of vaccination marks { Right arm nil / Left arm two 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection nil

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

(Strike out disease admitted or suspected.)

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

Eyesight RD30 LD30
Hearing R normal L normal
Nose normal thro t normal

Earl Hardy Capt President.

J J Gen Lt Member. A McLeggan Lt Member.

Signature of Man Lazzaro Abelo

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3230160		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

H. Q. .....

M. D. No. 2

Surname A Wells

T. O. S. ..... 19 .....

Christian names Lizzie

D. O. Pt. II ..... of .....

Regtl. No. 322016 Rank Pte

S. O. S. Jan 1st 1918

Unit 2nd Can. Ont. Regt. 1st Dpo. Bn

Reason D. A.

Auth. D.O. 16 of 16-1-19

Next of kin ..... Relationship .....

Address ..... | Also notify: .....

BORN—Place ..... Date .....

ATTESTED—Place ..... Date .....

O/S ..... R/C .....

W. 22—50M.-3-19. 1772-39-839