

ATTESTATION PAPER.

No. 2621902

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Aber.
- 1a. What are your Christian names? Lawrence.
- 1b. What is your present address? General Delivery, Calgary.
2. In what Town, Township or Parish, and in what Country were you born? Cardiff, Wales.
3. What is the name of your next-of-kin? Mrs. Amanda Aber,
4. What is the address of your next-of-kin? Cardiff, Wales.
- 4a. What is the relationship of your next-of-kin? Mother.
5. What is the date of your birth? 2nd. June, 1887.
6. What is your Trade or Calling? Seaman.
7. Are you married? NO.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? NO.
10. Have you ever served in any Military Force? NO.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lawrence Aber, 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.

Lawrence Aber (Signature of Recruit)

Date November 6th 1917. SAKOS (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lawrence Aber, 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.

Lawrence Aber (Signature of Recruit)

Date November 6th 1917. SAKOS (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 Calgary this sixth day of November 1917.

Alison Day (Signature of Justice)

Description of Lawrence Aber on Enlistment.

Apparent Age ~~20~~ 30 years 5 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft 6 $\frac{1}{2}$ ins.

Chest measurement { Girth when fully expanded 36 $\frac{1}{2}$ ins.
 Range of expansion 3 ins.

Complexion Fair.

Eyes Brown.

Hair Light brown.

Religious denominations { Church of England yes.
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

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 November 6th 1917.

Place Calgary, Alta.

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:—

APPROVED BY REGIMENTAL SURGEON

Calgary ALTA NOV 11 1917
 A.T. mod. J. J.
 Class
 R. Roberson
 Captain C. A. M. C. President

CERTIFICATE OF OFFICER COMMANDING UNIT.

Lawrence Aber 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.

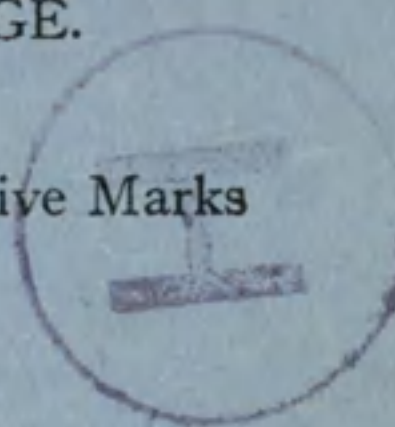
Alvin Ray (Signature of Officer)

Date November 6th 1917.

This space to be for numbers.

Proceedings on Discharge.

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

No.	2621902.	
Rank	Private.	
Name	Laurence Aber.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	1st. Depot Btn Alberta Regiment, CEF.	
Date of Discharge	December 31st. 1917.	
Place of Discharge	Calgary, Alta. Canada.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	30 years.....	6 months.
Height.....	5 feet.....	6 1/2 inches.
Complexion	Fair.	
Eyes	Brown.	
Hair	Light brown.	
Trade	Seaman.	
Intended place of residence	c/o J. J. James. 318. New House Bldgs. Salt Lake, City, Utah. USA.	
<small>(To be given as fully as practicable.)</small>		
		Descriptive Marks  <i>new address.</i> <i>Camp Mills</i> <i>Corrigidor Isld.</i> NIL. <i>new address</i> <i>Manila</i> <i>General Delivery; Philipine Isds.</i> <i>Denver, Colo. USA.</i> <i>ed. 28/4/20</i> <i>649-A-4304</i>
2. The above-named man is discharged in consequence of being		
Medically unfit for further war service. Authority HQ. 649-A. 14304. B.P.C. 20816. dated December 21st. 1917.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.	
	Good.	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Nil.		

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

E.R.J.

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

NIL.

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

6. Medals and Decorations.....

NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Calgary, Alberta, Canada.

[Signature]
Officer Commanding No. 13 Casualty Unit
Commanding

(Date) December 31st 1917.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Calgary, Alta. Canada. Lawrence, Alber. (Signature of Soldier.)

(Date) January 12, 1918 *[Signature]* (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.

Dr. Kemmer Report Bro.-law Recruiting Mission

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years 44 days.

Total..... years 44 days.

11. Confirmation of Discharge.

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

(Place) Calgary, Alta. Canada.....

[Signature]
Officer Commanding No. 13 Casualty Unit

(Date) December 31st 1917.

(Signature)

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

S.A. & A.P.

SEP 24 1924

BRANCH

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Lawrence* 2. Surname *Aber*
3. Rank *priv* 4. Original Unit *18th Battn* 5. Reg. No. *2621902*
6. Address, in full, to which future payments of gratuity are to be forwarded
- *501 - Columbia Bldg*
- *Portland Oregon*
7. Date of enlistment in the C.E.F. *Aug 1914*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
-
9. Relationship of such dependent
-
10. Address, in full, of such dependent
-
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
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:—
-
-
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? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
-
-
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 *Aug 1914 - to Jan 1915*
- C.E.F. Trans - to Royal Naval Aux - about*
- July 1917 - Trans to Hospital Ship - St Marys - Casual*
- ill Discharge Dec 1917 -*
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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *not in Canadian*
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? *Notified that Class A - would be sent me but never used same -*
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?
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *Dec 31-1917*
 (b) Reason for discharge *not fit for further service - B.P.C. 20886*
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 *no*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. *yes - Land Transport - Muvachaple - Jan 1915 to Apr 1915*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*
 (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: *Lawrence Aber*

Place of Residence: *Portland Oregon*

Declared before me at: *Portland Oregon*

This *19th* day of *Sept* - 19*24*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Myra R. Baldwin
 Notary Public for Oregon.
 My commission expires September 14, 1925

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

Certified Correct.
 District Paymaster.

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. FIRST DEPOT BATT'N ALBERTA REG'T

Regimental No. 2621902 Rank Pte Name Aber; Lawrence.
C. E. F.

Enlisted (a) 6/11/17 Terms of Service (a) Duration of War Service reckons from (a) 6/11/17.

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) Seaman.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		<p><i>Transferred to No. 13 Casualty Unit</i> <u>23-11-17</u></p> <p><i>Auth. District Order No.</i> <u>271 Para 1750</u></p>			<p><i>[Signature]</i> Officer Commanding No. 13 Casualty Unit</p>
		<p><i>Discharged from the Service by No. 13</i></p> <p><i>Casualty Unit</i> <u>31/12/17</u> <i>Auth.</i> <u>NO 649 A 4304</u></p> <p><u>B.P. 620816 21/12/17</u></p>			<p><i>"Med. Unfit"</i></p> <p><i>[Signature]</i> Officer Commanding No. 13 Casualty Unit</p>

(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.]

Casualty Report - Active Service

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				



Original not available
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.
 500M.—9-16
 H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *18th Bⁿ.*

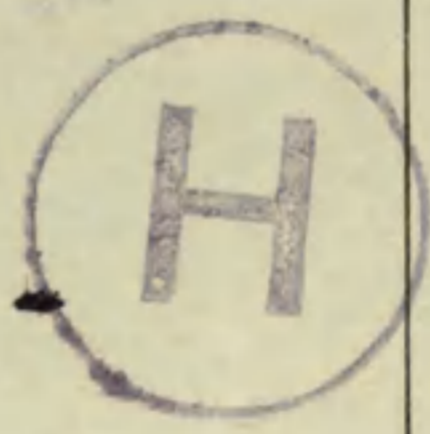
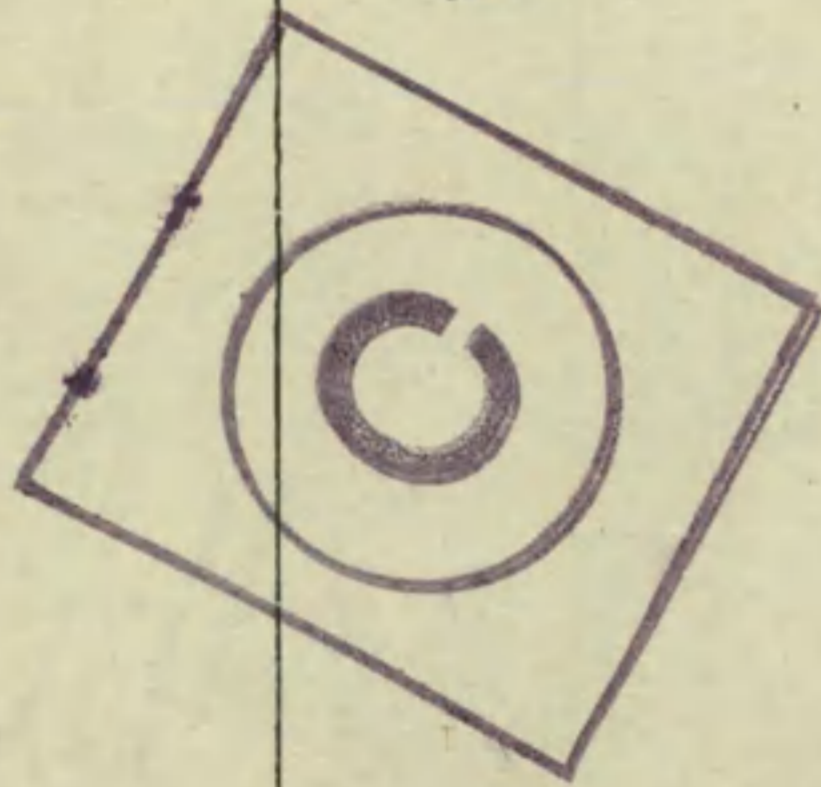
Regimental No. *19* Rank *P^{ce}* Name *Aber Lawrence*

Enlisted (a) *26/10/14* Terms of Service (a) *DofW* Service reckons from (a)

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				
<i>Feb. 1915</i>	<i>18th Bn.</i>	<i>S.O.S. Discharged as Deserter.</i>	<i>London Ont</i>	<i>31.1.15</i>	<i>Auth Feb. Paylist No # 102 d/13-2-15 Job m.d. on HQ 649-A-H304</i>



Pruthie

Capt for DofW

(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				

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Seaman.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

30

YEARS

5

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

St. Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Calgary, Alta

DATE

Nov. 6th 1917

Present Address.

Gen. Del. Calgary, Alta

SURNAME.

Aber

CHRISTIAN NAMES

Lawrence

REGL. NO.

19

RANK

Pte.

UNIT

18th

FORMER CORPS

W. Army

CARD NO.

106

FOLL.

S.O.S

e.B.A
Came back with
unit 4/13/18
with 1/11/18
att.

NEXT OF KIN.

NAMES IN FULL

Aber, Mauda
mother

RELATIONSHIP TO SOLDIER

ADDRESS

17 High St.
Gravesend, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England Gravesend

DATE

June 2, 1886

PLACE OF ATTESTATION

London

DATE

Oct. 26/17

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Salesman *Yls.*

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

28 YEARS

MONTHS

HEIGHT

5 FEET

6 1/2 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Light brown

HAIR

Fair

DISTINGUISHING MARKS

Tattoo marks on left shin

MEDICAL EXAMINATION.

PLACE

St. Thomas, Ont.

DATE

Oct 26, 1914.

Aber 649-A-4304

CARD NO.

CHRISTIAN NAMES

Laurence

REGL. No.

2621902

RANK

Pte.

UNIT

1st. Depot. (Alta Regt.)

Bn.

FORMER CORPS

mil

NEXT OF KIN.

NAMES IN FULL

Aber, Mrs Amanda

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Cardiff, Wales.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Wales. Cardiff,

DATE

June 2nd, 1887

PLACE OF ATTESTATION

Calgary, Alta.

DATE

Nov. 6th, 1917.

No. 19

RANK Signaller

NAME Aber, L

T. O. S.

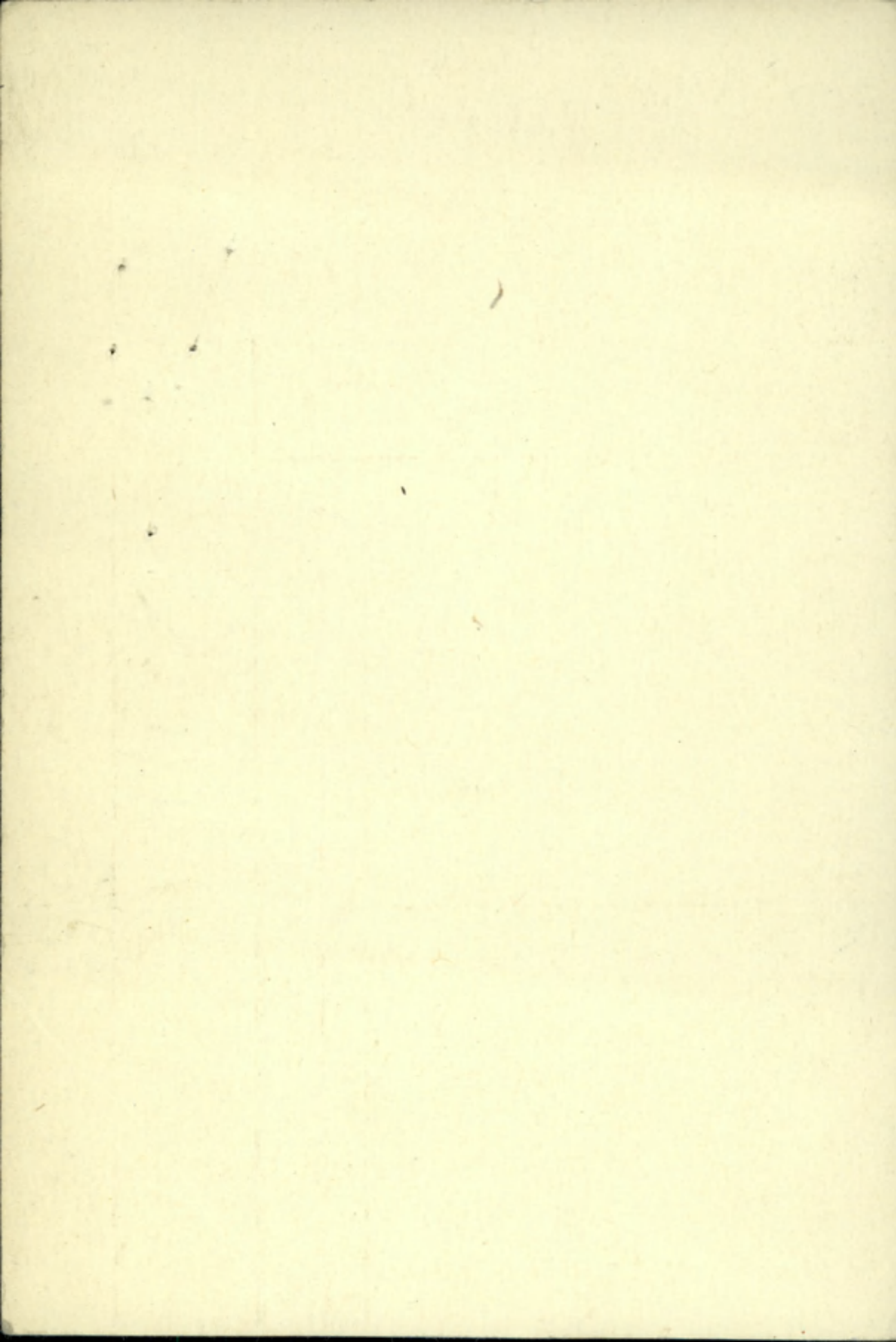
UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Oct 26	1914 Nov 4	✓		
Nov 5	Nov 30	✓		
1915-	Dec	✓		
	1915-	✓		
	Jan	✓	Dischgd - 31-1-15-	D. O 111 - Not available Feb payroll - 1915.

UNIT SAILED
APR 18 1915

a/c closed by payment 8.



No. 2621902 RANK Pte

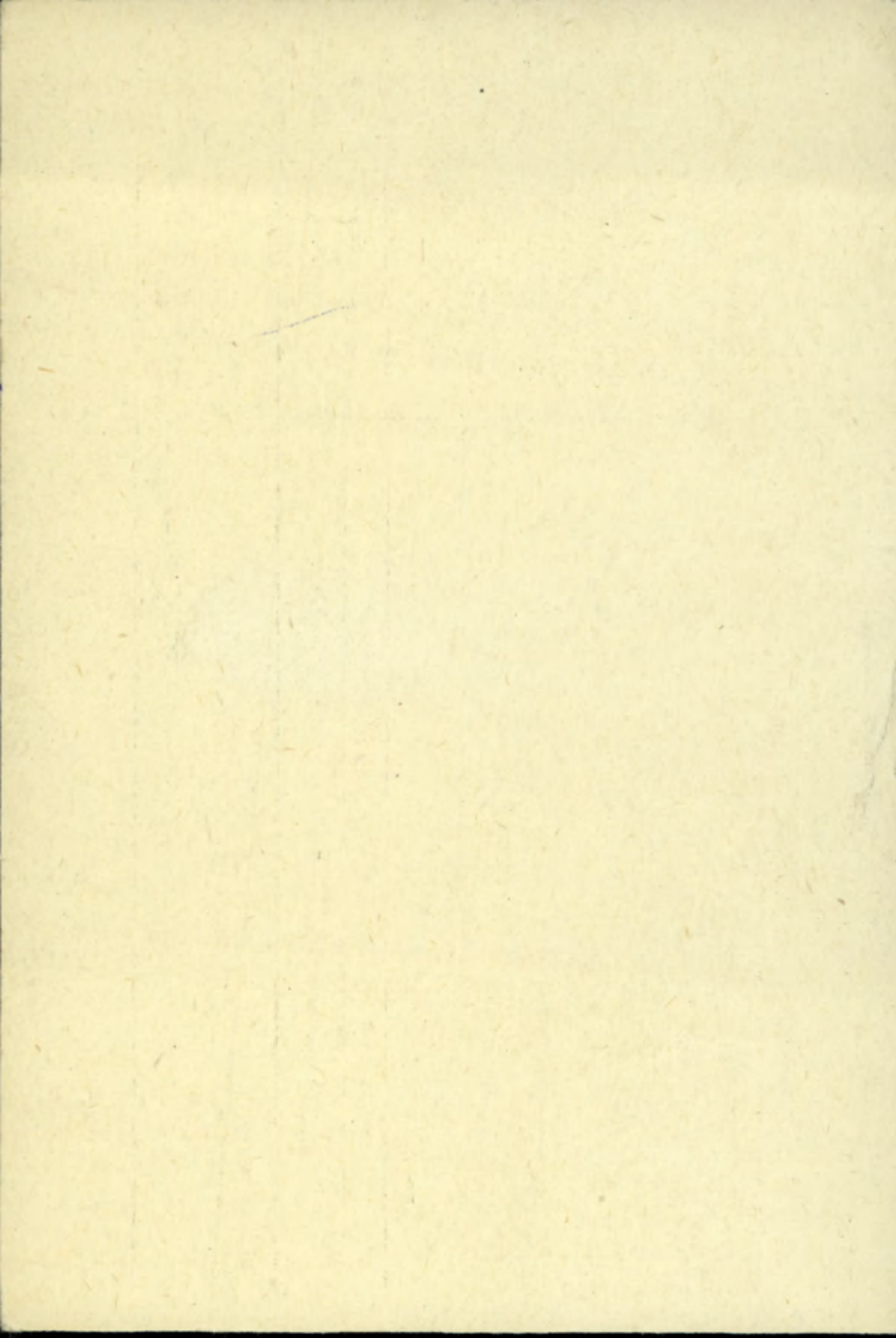
NAME Aber L

T. O. S. 1-11-17
no. O. 33 of 7-11-17

UNIT 1st Depot Battalion, Alberta Regt

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 1	1917 Nov 22	n	Transfd to #13 Casualty Unit 22-11-17	no. O. 47 of 20-11-17



FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Calgary, Alta. DATE Nov. 24th 1917.1. (a) Unit 13th Special S. (b) Regimental No. 2621902 (c) Rank Pte.(d) Surname Aber (e) Christian name Laurence2. Age last birthday 30 Date of birth June 2nd 1887.3. Enlisted at Salt Lake City on Nov. 1st 1917.

4. Personal description:—

(a) Height 5' 6½" (b) Weight 135 lbs (c) Complexion Fair.(d) Colour of hair 1 Brown (e) Colour of eyes Brown (f) Identification marksTattoo Left forearm. Sailor's Head & "BREST".

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

98 Lewis Street, Phillipsburg, N.J.6. Former trade or occupation Boatsman

7. (a) Service

	PERIODS	
	Years	Days
	From	To
<u>Royal Naval Auxilliary Service.</u>	<u>Aug. 16th 1914.</u>	<u>July 21st 1917.</u>
<u>1st Depot Battalion.</u>	<u>Nov. 1st 1917.</u>	<u>Nov. 22nd 1917.</u>
<u>13th Special Service Coy.</u>	<u>Nov. 22nd 1917.</u>	<u>DATE.</u>

(b) Has he been Overseas? Yes.8. Present disease or disability (use authorized nomenclature if possible). Debility(a) Date of origin April 1915. (b) Place of origin Dardanelles.(c) Cause* Torpedoed & Sunk.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Fairly well nourished. Appetite variable. Insomnia due to mental worry.Lassitude and inability to concentrate. Very nervous & easily excitable.Precordial pain with exertion accompanied by dyspnoea. Heart secondsound accentuated. LUNGS. Bronchial breathing below both clavicles.All other systems normal.

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

M. F. B. 227.

15 1/2 - 6-17.
1772-39-117.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Nerves shattered April 1915, when his ship was torpedoed. Recovered and again July 21st 1917 when again torpedoed. Scar 1/2" long on forehead (bullet wound)

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

40%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? N.A.

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

Yes N.A. No N.A. (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Indefinite

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

Roosevelt Hospital. N.Y. City.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations

Classification.

J.D. Stewart Medical Officer by whom the case is brought forward. Capt. C.A.M.C.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

Laurence Aber Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment
(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).

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

Class "B"

Board recommends above classification. No further treatment indicated.

J.D. Stewart President. Capt. C.A.M.C.
H.G. G... Capt. C.A.M.C.
W. Danks Lt. C.A.M.C.

STATION Calgary, Alberta.

DATE November, 24th 1917.

APPROVED BY [Signature]

DATE 27-11-17

APPROVED BY [Signature]

DATE

J.P. Birch Capt Assistant Director of Medical Services.

Director-General of Medical Services.

483 6-12-17
L. 111 SD
2/10/17

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

B. P. C.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN
MEDICAL HISTORY OF AN INVALID

NOT CHARGED DEC 6 1917

STATION Calgary, Alta. DATE Nov. 24th 1917.

1. (a) Unit 13th Special S. (b) Regimental No. 2621902 (c) Rank Pte.
(d) Surname Aber (e) Christian name Laurence

2. Age last birthday 30 Date of birth June 2nd 1887.

3. Enlisted at Salt Lake City on Nov. 1st 1917.

DEPT. MILITIA & DEFENCE
DEC - 3 1917
HQ CANADA

4. Personal description:—
(a) Height 5' 6 1/2" (b) Weight 135 lbs (c) Complexion Fair
(d) Colour of hair L. Brown (e) Colour of eyes Brown (f) Identification marks

Tattoo left forearm. Sailor's Head & "BREST".

5. Address after discharge (for the use of the Board of Pension Commissioners.)
98 Lewis Street, Phillipsburg, N.J.

6. Former trade or occupation Boatsman

7. (a) Service	PERIODS	
	From	To
Royal Naval Auxilliary Service. 1st Depot Battalion. 13th Special Service Coy.	Aug. 16th 1914. Nov. 1st 1917. Nov. 22nd 1917.	July 21st 1917. Nov. 22nd 1917. DATE.

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Debility

(a) Date of origin April 1915. (b) Place of origin Dardanelles.

(c) Cause* Torpedoed & Sunk.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Fairly well nourished. Appetite variable. Insomnia due to mental worry.
Lassitude and inability to concentrate. Very nervous & easily excitable.
Precordial pain with exertion accompanied by dyspnoea. Heart second
sound accentuated. LUNGS. Bronchial breathing below both clavicles.
All other systems normal.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness _____ Signed _____
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

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

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Nerves shattered April 1915, When his ship was torpedoed. Recovered and again July 21st 1917 when again torpedoed. Scar 1/2" long on forehead (bullet wound)

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

40%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? N.A.

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

Yes N.A. No N.A. (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Indefinite

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

Roosevelt Hospital. N.Y. City.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations Classification.

Medical Officer by whom the case is brought forward. Capt. C.A.M.C.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

Signature of soldier examined. Laurence Aber

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment
(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).

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

Class "E"

Board recommends above classification. No further treatment indicated.

Signatures of Capt. C.A.M.D. (President), Capt. C.A.M.C. (Members), and Lt. C.A.M.C.

STATION Calgary, Alberta.

DATE November, 24th 1917.

APPROVED BY [Signature]

DATE 27-11-17

APPROVED BY

DATE

Signature of Assistant Director of Medical Services.

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet, " B. 263a	or	Particulars of Recruit " W. 133
or Field Conduct Sheet		" W. 178	
Copies of Convictions, by C. P.		In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313	(a) Proceedings on Discharge (b) Attestation. (c) Medical History Sheet.	
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

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

No.	2621902		
Rank	Private		
Surname.....	ABER-LAURINCE.		
Christian name			
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	1st. Depot Battalion, Alberta Reg. Depot		
Date of discharge	December 31st. 1917		
Place of discharge	Calgary, Alberta.		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
		Descriptive marks	
Age.....	30	years.....	6
	5		6 1/2
Height.....		feet.....	
Complexion	Fair		
Eyes	Brown		
Hair	Light Brown		
Trade	Seaman		
Intended place of residence			
<small>(To be given as fully as practicable.)</small>			
2. The above-named man is discharged in consequence of			
"Being Medically unfit for further war Service.			
Authority for discharge...HQ...649-A-4305...B.P.C..20816.dated, 21-12-17			
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>			
3. Conduct and character while in the service have been, according to the records, etc.			
GOOD			
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>			
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)			
NIL			

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... (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 on his own request.

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place).....

(Signature).....

(Date).....

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.)