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REGIMENTAL DOCUMENTS

NAME ABRAHAMSON. Clarence. Franklin REGT. NO. 1001003. UNIT 226 Batln H. Q. FILE NO. 544

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W. 2589
100M-11-19
1772-38-1377

ATTESTATION PAPER.

No. 100103

226th. OVERSEAS BATTALION C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Abrahamson
1a. What are your Christian names?	Clarence. Franklin
1b. What is your present address?	Swan River Man
2. In what Town, Township or Parish, and in what Country were you born?	Minnesota U. S. A.
3. What is the name of your next-of kin?	Miss Beulah Abrahamson
4. What is the address of your next-of-kin?	Swan River Manitoba.
4a. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	25th Sept. 1895
6. What is your Trade or Calling?	Farmer -
7. Are you married?	Single
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.	no
11. Do you understand the nature and terms of your engagement?	yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, C. F. Abrahamson, 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.

Clarence F. Abrahamson (Signature of Recruit)

Date March 15th 1916. Frank Seraey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, C. F. Abrahamson, 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.

Clarence F. Abrahamson (Signature of Recruit)

Date March 15th 1916. Frank Seraey (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 Swan River this 15th day of March - 1916 -

A. McKay (J.P.) (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of C. F. Abrahamson on Enlistment.

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

Height ..... 5 ft 10½ ins.

Chest measurement { Girth when fully expanded ..... 38 ins. / Range of expansion ..... 3½ ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date March 15 1916 Edwin Bruce James Duxbury Capt.

Place Swan River 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.

Clarence Franklin Abrahamson 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.

R. Rennie Lieut. Colonel (Signature of Officer)
Commanding 226th. Overseas Battalion C. E. F.

Date March 15th 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate 13065

2 Blue Chevrons.

This is to Certify that No. 1001003 (Rank) Pte.

Name (in full) Clarence Franklin Abrahamson enlisted in the 226th Bn. Blue.

CANADIAN EXPEDITIONARY FORCE at Swan River. Man. on the 15th day of March 1916.

HE served in France - 43rd Bn — 11 months.

and is now discharged from the service by reason of Being medically unfit for general service. Ord 273 - 4463.

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

Age 23 yrs. 2 mos.

Height 5 ft. 11 in.

Complexion Ruddy

Eyes Blue.

Hair Lt. Brown.

Marks or Scars Scar first finger left hand. G.S.W. right shoulder.

C. F. Abrahamson
Signature of Soldier

Thos Leech
Issuing Officer

Lieut.
Rank

O. C. Discharge Section
No. 10 DISTRICT DEPOT
Appointment

Date of Discharge 22-11-18.

Signed at Winnipeg this 22nd day of November 1918

in Military District No. 10.

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

DISTRICT CASUALTY OFFICE. NOV 22 1918 M. D. 10

No. 10 DISTRICT DEPOT DISCHARGE SECTION

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 100103 (Rank) Private Name Clarence T. Abrahamson

Unit 226th Battalion

Address on Discharge Swan River, Manitoba

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations One goldbar

Remarks France (11 months)

Signed at Winnipeg this 22nd day of November 1918

L. Grevett Lt. Col.
Name of Officer
Rank
Officer Commanding No. 10 District Depot
Appointment

D. McCutcheon Capt.
District Casualty Officer,
Military District No. 10

DISTRICT
DEPOT NO. 10

RECEIVED MEDICAL PROCEEDINGS FOR #. 1001003 Pte C. F. Abrahamson

FROM THE STANDING MEDICAL BOARD APPROVED.

3 Pt

44 A. H. !! . . . . . J.W.B. R.S. [illegible] .O.C.

Date. . . . . #10 D.D.

RECEIVED
DQUARTERS
5 1918

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.....

.....226th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 1001003

(3) Full Name of Soldier Clarence Franklin Abrahamson

.....

(4) Place of Birth ..... Minnesota

..... U. S. A.

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

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

.....

(b) Present Postal Address.....

.....

(7) Are you a widower ? .....

(8) Have you any children ?.....

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

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address —

(10) Is your Mother alive ? No

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not ? —

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

—

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

Beulah Abrahamson

Swan River

Mary

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

—

(15) Are you insured ? No

If so, in what Company ? —

Have you made arrangements for payment of your Insurance premium —

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

D A Sherwood

Lieut. Colonel

Commanding 226th. Overseas Battalion C.E.F.

Officer Commanding.

Date Oct 1 1916

Forms
I. 1237
12

Army Form I. 1237.

France

Div III

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	100/003	Pte.	Abrahamson	E. L.
Year	Unit.		Age.	Service.
	43rd Batt'n.		22.	

10.5.18

Station and Date.

Disease G.S.W. R Arm (flesh)

Wound over post & shoulder healed. No loss of

movement in R shoulder. L D ½

D n B 30/5/18

J O Hammond
Capt

21.5.18 D I

J O Hammond
Capt RAMC

Convalescent Hospital
Woodcote Park, Epsom

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station
and Date.

Discharged
3/6/18

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Abrahamson *Christian Name* Clarence Franklin Pte

Examined { on 15th day of Mar. 1916
at Swan River

Birthplace { City or Town Minnisota.
County U.S.A.

Apparent age 20

Trade or occupation Farmer

Height 5 Feet 10½ Inches.

Weight ..... Lbs.

Chest measurement { Minimum 34½ inches.
Maximum expansion 38 inches.

Physical development ✓

Small-Pox Marks ✓

Vaccination Marks { Arm Right. Left.
Number ✓

When Vaccinated last ✓

(*a*) Marks indicating congenital peculiarities or previous disease ✓

(*b*) Slight defects but not sufficient to cause rejection ✓

Approved by James Dunlevy Capt. Edwin Bruce

Rank Civilian M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
27.5.18	Fit	9 APR 1918 Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
June 28	1/6 Pos.	James Dunlevy. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
July. 3	1/6 ½	James Dunlevy. M.O.
" 18	1/6 Fit	James Dunlevy. M.O.
July 27/16	3	James Dunlevy M.O.

Enlisted on 15th day of Mar. 191 6 at Swan River.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	226th. OVERSEAS BATTALION C. E. F.	1001003		March 15/16.
Transferred to	14th RESERVE BATTN. C.E.F. 43rd Bn			APR 7 1917

3 Can a boy

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
3rd C.D.D Seaford	6-9-18	Wounds Gun Shot Right G.S.W Both Thighs	Hospital Discharge

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

E.

Surname Abrahamson Christian Name Clarence Franklin

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Camp Hughes	June 2nd/16										James Duxbury
No.9 C.F.A.		18	8	17	19	8	17	Myalgia Gen.		Discharged to duty	A 421-A423 KT.
No 20 G.H. Camiers		22	8	17	23	8	17	Inf. Arm Joint		Discharged to duty.	A425-A428 GC
		5	4	18	5	4	18		1	Transferred to Mil. Hosp. Gravesend	H.A. Haines Colonel Officer Ic Military Hospital, Chatham
Military Gravesend		6	4	18	7	5	18	G.S. wd bullet arm. (R)	31.	B.E.F. Skin Growing healed	[illegible] M/C.
C. C. H Epsom		9	5	18	3 - JUN 1918			Do	56	Coa Wound healed R.T. Lex Improved. Fit for D I	[illegible] Capt [illegible]

OFFICE Ic MILITARY HOSPITAL & O. COMMANDING No. 10 COY. R.A.M.C. CHATHAM 10 APR. 1918

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD SEPT. 6th 1916.

No. 10.0.1003 Rank PTE. Name ABRAHAMSON, CLARENCE FRANKLIN.

Local Unit 226 BATTN. Overseas Unit 43 BATTN. Age 19

Examination held at SEAFORD. 3rd CAV. CORPS. DEPT.

DISABILITY.
Overseas—~~Local.~~
(scratch one out)

WEAKNESS OF RIGHT ARM
G.S.W.

PRESENT CONDITION.

Complaints of weakness of Rt. arm Injured 11/12 shrapnel struck back 6/4/18
when lifting anything I am unable to fully extend Elbow Rt. arm on Elbow
Examination:— Scar slightly tender & in good condition (Extended).
unable to abduct arm above horizontal line.
unable to extend Right Elbow joint more than 120°
Some tenderness present. Grating present about Elbow
Radius accompanied by pain.
Other systems are Normal

BOARD RECOMMENDS:—

Reserved (Fracture about Rt Elbow in France August 1917.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty. B1 not likely to be raised in six months .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

MEDICAL DEPARTMENT
3rd Canadian Cavalry Depot
7 SEP 1916
SEAFORD CAMP
SUSSEX

Signatures:—

.....President.

Members { G.H. Marcelus Capt. C.A.M.C.
H.J. Porter Capt. A.M.C.

APPROVED

Dated at Seaford 7.9 1916 E.W. Connolly Capt. C.A.M.C.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....1916.

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

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

.....President.

.....
.....
.....Members.

APPROVED

Dated at.....1916.

.....
For A.D.M.S.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 Clarence Franklin 2. Surname Abrahamson

3. Rank Private 4. Original Unit 226th Battalion 5. Reg. No. 1001003

6. Address, in full, to which future payments of gratuity are to be forwarded Swan River Post Office, Manitoba

7. Date of enlistment in the C.E.F. 15th March 1916.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable

9. Relationship of such dependent Not applicable

10. Address, in full, of such dependent Not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable

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:—

Served Overseas with 43rd Battalion joined 2nd May 1917 and served 11 months

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 First with 226th Battalion from 15th March 1916 to 2nd May 1917 and with 43rd Battalion from 2nd May 1917 till 22nd Nov 1918 (date of Discharge)

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not applicable

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? Not applicable

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 applicable

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. Post Discharge Pay $109.00 Cannot through Paymaster 10th M.D. Winnipeg

20. Have you been issued with a War Service Badge? If so, what class? Have not yet received Badge.

21. Have you, during the present war, served in the Imperial Forces? Not applicable

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 ... Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Not applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable

24. Are you now serving in the C.E.F. No ... If not, give:—(a) Date of discharge Not applicable 22nd Nov 1918 (b) Reason for discharge Medically unfit.

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 ... 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 which you served at the front, and dates of such service with that unit ... Served in France with 43rd Battalion 10 May 1917 till 30th March 1918

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? Not applicable

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: C. F. Abrahamson.

Place of Residence: Swan River Manitoba

Declared before me at: the Town of Swan River in the Province of Manitoba

This Twenty day of February 1919.

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

E. Dunlop
a Notary Public in & for the Province of Manitoba

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

2nd Sheet

Army Form B. 103.

Regimental Number 1001003

Casualty Form—Active Service.

Regiment or Corps 43rd Cdn Bn

Rank Pte Surname Abrahamson Christian Name Clarence Franklin

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 15/3/16 Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) ..... or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked			
		Disembarked			
2.4.18	57 Cles.	Gsw Shldr Mt. Adm 30/3/18 to	24 AT	2.4.18	E 1582
"	7 Cdn Gen	" " Adm		2.4.18	E 2327
5.4.18	Ville de Liege	" " (Severe) to England & posted to Man Reg Dep. Shorncliffe		5.4.18	W 3083/5050 M E 35d/12.4.18
		Ed Davies	Lieut		
12.4.18	MRD.	Taken on Strength	Seaford	5-4-18	P/II 0.102 5/6/18

L Eland LIEUT:

FOR LT: COL: I/C RECORDS, C.O.M.E.

(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) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
14-9-18	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
			From Ammona Capt		
6.6.18	M.R.D.	A Con 3rd C.C.D.	Seaford	3.6.18	A.F. B. No. 157
16.9.18	-	Cases above shown as Con C.D.D. Buxton	Seaford	14.9.18	- 259
			W. Walker		Lieut.
					Manitoba Regimental Depot.

Commanding Canadian Discharge Depot.
Lt. for Lt. Col.

Cases to be attached C.D.D. Buxton on embarking for Canada.

16 SEP 1918 Attached C.D.D. Buxton for return to Canada, Part II Order No. 219

Winnipeg, Man.
22.11.18 C.O. 273 Para 4463 D.O. 247

E B Pitblado Lt.

Lt. Col.
Officer Commanding No. 10 District Depot

22 SEP 1918

Fill in only.—U[illegible], 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 226th. OVERSEAS BATTALION C. E. F.

Regimental No. 1001003 Rank Private Name Clarence Franklin Abrahamson

C. E. F.

Enlisted (*a*) Mch 15/16 Terms of Service (*a*) War + 6 mos. after Service reckons from (*a*) Mch 15/16

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*) Fusiliers

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Disembarked	Halifax N.S. Liverpool	15/9/16 29/9/16	A. M. F. 2810
7/4/17	O.C.226th S.O.S. on transfer to Battalion 14th Reserve Battalion.		Dibgate Bramshott.	26/3/17	Pt.2 O.84.5 .....Capt.Adjt., for O.C., 226th Battalion.
9/4/17	O.C.14th T.O.S. on transfer from Res.Batt. 226th Battalion.		Dibgate	7/4/17	Pt.2 O.95.1 .....Capt.Adjt., 14 th Reserve Battalion
3/5/17	O.C.14th S.O.S. on proceeding Res.Batt.Overseas to 43rd Battn.		Dibgate	3/5/17	Pt.2 O.11912a .....Capt.Adjt., 14th Reserve Battalion.
O. C. C. B. D.	Landed in France.	Taken on strength 43rd Cdn. Bn.		4.5.17	Nom. Roll d/ 4.5.17
— do. —	Left for " "	"		8.5.17	Pt II D.O. 47 d/ 8.5.17
O. C. Bn.	Arrived				Nom. Roll d/ 8.5.17

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

1001003 Abrahamson G. F.

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				
27.5.17	43 Bn	JOINED UNIT		21.5.17	B 213. D.C.S 237 dated 5/6/17
19.8.17		Rick to	Hosp	18.8.17	" C.S. 261
24.8.17	3 Bn Dep.	Dos. Class Board	Etaples	24.8.17	W.R.
26.8.17	43 Bn	reported	unit	19.8.17	B 213 } C.S. 262 31.8.17
"	"	Sick	Hosp 19.8.17	20.8.17	" }
28.8.17	3 Bn Dep.	Med Boarded (Def below Rt. arm Spun + broken arm) Classed PB	Etaples	28.8.17	W3339 R&R 99 H.V. 71 of 1.9.17.
18.8.17	9 C.G. Amb.	Myalgia Adm	9 C.G.	18.8.17	6739/A 6445. R&R 99 of 30.8.17
20.8.17	10 C.G.A.	Caption joint Rt. Arm (old fract)	Adm 10 C.G.A.	20.8.17	7409/A 6446.
23.8.17.	~~3 Bn~~ 20 Genl.	Deformity, elbow R.	Base details	23.8.17.	W.3034/W.8269.
19.8.17	9 C.G.A.	Myalgia	to unit	19.8.17.	A 36/6606
13.9.17	Med Board	~~Sick~~ Classified "P.B."	3 & 1 B.D.	13.9.17	W3339 R.R 116 d/15.9.17
21.8.17	20 Genl.	Inft. Arm joint R. elbow old fract	Adm 20 Gen.	21.8.17	~~W.~~ 3034 (W 8194)
	~~13.9.17~~	22 Cells. Inft. Rt. elbow old fract	Adm ~~23 Cells~~	21.8.17	A 36/A 6498.
11.10.17	Med Board	reclassified "PB"	Etaples	11.10.17	W 3339 R.R 168 of 15/10/17.
7.11.17	" "	to "A"	"	7.11.17	" R&R 220 H/9.11.17
12.11.17	36 Bn D	Kept for	Sick	13.11.17	R.R 166 of 15/11/17.
25.11.17	43 Bn	joined	Unit	22.11.17	B 213.
9.12.17	"	Leave of Absence to	UK 8.12.17 to	22.12.17	" H.V. 118 of 18/12/17
30.12.17		reported	unit	24.12.17	
31.3.18	8 Bn Dep.	Gsw Shldr Rt. Adm 9 to	5 Sick (29)	30.3.18	R 168.
30.3.18	54 Cells	" " "	Adm "	"	Remaining R 1330

10

C.A.D.C. [illegible]09.
2[illegible]-19-2-18.

100100 3.
Pte. Abrahams. C-7.
M. R. D.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
16-9-18	7 ct.	—	—	—

[illegible]
Capt. C.A.D.C.

R—122
8,401—50,000—21-10-16

LTR

Rank

Name ABRAHAMSON, Clarence Franklin

Reg'l No. 1001003

Unit 226th, Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Swan River, March 15th, 1916

Place of Birth Minisota, U.S.A.

Name and Address, Next-of-Kin Miss Beulah Abrahamson.

Swan River, Manitoba.

Relationship Sister..

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

N/E. R.B. No 12937.
File R.L.
Category ORC

Discharge, Date and Place

Reason

Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived In England S,S, Olympic 26-Dec-16			
7.4.17.	226th B.	S.O.S to 14th Res B.	B/Stott	26.3.17	P II O 84. (14th Res: 95 d/9.4.17)
3.5.17.	14th Res B.	Prod Opeas to 43rd B.	Sheliffe	3.5.17	" 119. (43rd B. 42 d/8.5.17)
24.8.17.	43rd B.	No 9 Can: Field Amb:	FIELD.	18.8.17	C.L. A421. Myalgia Arms
28.8.17.	"	Discd to Duty.		19.8.17	" A423.
30.8.17	"	No 20 Genl Stop:	Carriers	22.8.17	" A425. Infl. Arm. Joint.
2.9.17	"	Discd to Duty.		23.8.17	" A428. Deformity R. Elbow.
5-4-18	—"—	Wounded.	Pte Field	30.3-18	C.L.A. 180.
12-4-18	—"—	Inv "W" & posted to M.R.D.	Pte —"—	O.C. 5-4-18	M.R.D. P II O. 35. P II O. 102 d/12-4-18
6-6-18	M.R.D.	On Com to 3rd C.C.D.	Pte Seaford	3-6-18	3rd C.C.D. P II O. 157. P II O. 132 d/7-6/18

1001003 Abrahamsom. C F.

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.
					3rd CCD Pte O. 218 d/16-9-18
16-9-18	MRD.	Ceases on Com 3rd CCD	Pte Seaford	14-9-18	Pte O. 259
16-9-18	—"—	On Com 1st CMD, Buxton	Pte —"—	14-9-18	Pte O. 259.
8-10-18	—"—	Ceases on Com 1st CMD.			
		SOS to C.E.F. Canada	Pte Seaford	22-9-18	Pte O. 281

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name ABRAHAMSON (Surname) CLARENCE FRANKLIN (Christian Name)

Regimental Number 1001003 Rank Pte. Address (in full) Swan River. Manitoba

Unit 226th Bn.

Original Unit

District where paid M. D. 10.

Date of Discharge

P. D. P. Filing Number 16-347-10

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100.10		22-11-18		5501	22-12-18	33. 00				18.00	

M. F. W. 127.
25M.—8-18.
1772-30-1140.

Remarks: Advance equivalent to first payment issued by Unit on discharge.

$15.00 A. P. paid to Beneficiary

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No..... W. S. G. File No.....
Award.....days at $..... per day $
S. A.....months at $ .....per mo. $.....
Less P, D. P. Credited

Less further debit balance
Net due paid as below

TO SOLDIER				TO DEPENDENT		
	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						
	Total			Total		

Dependent.....

Address.....

$.....

$.....

$.....

$.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

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

GEN'L AUDITOR
Posting checked by
.....
Date.....

Date of Enlistment 15.3-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A.5789

Date of Assignment 1st Oct-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 226th Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MISS BEULAH ABRAHAMSON,
SWAN RIVER,
2 MAN. 15 15.00
A-C 1001003 PTE C.F.ABRAHAMSON
3 FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1918 Oct.	A41630		15	15	C.
NOV	A49734		15	15	C.
DEC			30	30	C.

Fyle 52. C. 35.

REMARKS N.R. 226.

A/c Closed open

Ret'd per Cardiganshire

Date 9/10/18 F.X. 11/10/18 to MD #10.

Clerk J Collins

Discharged 22/11/18 MD.10 Tel. 22 11/18.
AP. Closed 30/11/18. JH 25/11/18.
MRO 21798.

CANADIAN
ASSIGNED PAY AUDITED
AK J B Macoche
AUDIT CLERK
DATE 19-5-19.

AUTHORITY FOR NEW ACC'T. A.2. M. 28.8.-18. T. Short 8.10.-18

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

CANCELLED

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.—7-17—1772 39-1141
L. L. 22330—M. & D. 7993.

AUTHORITY FOR NEW ACC

FORM D M S 1300

SURNAME | CHRISTIAN NAME OR NAMES | REG. No.

Abrahamson C. F. | 1001003

RANK: Pte. | UNIT: 43rd. Bn. | CO.: Man. | TROOP | BATTY.

HOSPITAL | DATE OF ADMISSION

No 9 Can. F. Amb. — 18-8-17

20 Gen Camiers 22-8-17

1. 57 Cas Clg Station HOSP. 30.3.18

2. Mil H Fort Pitt Chatham HOSP. 5-4-18

Woodcote Pk Epsom. 10.5.18

3. HOSP.

4. HOSP.

DIAGNOSIS

1. Myalgia Arm. St. Jt

Deformity R. Elbow Jt add

2. G. Sw Rt Shldr Rn

3.

DISPOSITION | DATE

C.S. 24-8-17 a 421

- 28.8.17 a 423.

30-8-17 a 425

3.9.17 a 428.

5-4-18 a 186.3

9-4.18 B 183.

13.5.18 B 212 (3)

8.6.18 B. 235 (2)

REMARKS

Dis to Duty 19.8.17.

Dis to duty 23-8-17

Dis. 3.6-18.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

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

NAME Abrahamson Clarence Franklin

REGT'L. NO. 1001003

RANK AND CORPS Pte. (43rd. Bn) Forwd. 226th Bn

HOSPITAL NO. 649.

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	"C" NATURE OF CASUALTY
A.98 (30-3)	6-4-18	Adm. 57. Cas. Clg. Stat. Mar 30th 1918. Gsw rt. Shld

L. L. 20197—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A421.	No. 9 C. F. A.	18-8-17	Myalgia Arm Lt
A423	Dis. to Duty	19-8-17	" " Lt. "
A425	#20 Gen - Camiers	22-8-17	Infl arm joint
A428	Misch to duty	23-8-17	Deformity R elbow.
A180.	57 Cas. Cl. Stabn.	30-3-18.	Gsw Rt. Shedr
B183.	Mil: Ft Pitt Chatham	5-4-18.	" " " " "
B212.	Mil. Com: Epsom.	10-5-18.	" " " " "
B235.	Disc	3-6-18	" " " " " Flest

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 20 YEARS 5' MONTHS

HEIGHT 5' FEET 10½ INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3½ INCHES

COMPLEXION Fair EYES Blue HAIR Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Swan River, Man. DATE Mar. 15th 1916

Present Add. Swan River Man.

C.

SURNAME. Abrahamson,

CHRISTIAN NAMES Clarence Franklin

REGL. No. 1001003 RANK Pte.

UNIT ~~226~~ th. 10 D.D Batt.

FORMER CORPS Nil.

CARD NO. U.R. X

~~S.O.S. Dis 22-11-18~~

M.U. FOLL.

DO 217 of 20-11-18

NEXT OF KIN.

NAMES IN FULL Abrahamson, Miss Beulah

RELATIONSHIP TO SOLDIER Sister

ADDRESS Swan River, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A., Minnesota DATE Sept. 25th 1895

PLACE OF ATTESTATION Swan River, Man. DATE Mar. 15th 1916

Sailed from Halifax per S.S. Olympic 13-12-16.

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

R.C. 7-10-18 2 10 30

Form R. 149.
7106—250m—7/2/17.

Clarence Franklin

Name Abrahamson, Rank Pte. Reg. No. 100100 3.

Unit 43rd Bn

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1917								
18-8		No. 9 C. F. A.		Myalgia Gen	A 4 21			
19-8		Dis. to Duty		do	A 4 2 3		B II 13-9-17	
							C 17-9-17	

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

Form R. 149.
7106—250m—7/2/17.

Clarence Franklyn.

Name Abrahamson Rank Pte. Reg. No. 1001003.

Unit 43rd Bn.

Next of Kin Canada

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-8	No. 20 G. H. Camiers		Inf Arm Joint	A425		
23-8	Div to Dentry		do	A428	R III 12/12/17	
				C 16	12	17

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

Form R. & O. 6037

NAME.	RANK.	NUMBER.	Taken on from SERIAL NO.
Abrahamson Clarence. Franklin	Pte	1001003	E/form
	Religion	Category	Date
	Meth.	DF	[illegible]

OVERSEAS CASUALTY SERVICE UNIT 43rd Reason for return	Record of Overseas Service 4/5/17 — 6/4/18
LOCAL CASUALTY RESERVE UNIT	G S W. Rt. Shoulder.
TAKEN ON AUTHORITY Profession Civil	Farmer 15/3/16. 20

POSTED, ETC.	AUTHORITY.	DATE.	POSTED, ETC.	AUTHORITY.	DATE.
Class V 28/6/18	14/6/18	E	Swan River man		
	Innoculation		Married or Single		Single
	Reandinavia		Add next of kin		Sister
			Miss Beulah. Abrahamson Swan River man.		
No of Pass issued	From	To			
S/F	3rd	15/6/18			

DATE.	PART II. D. O. NO.	RECORD OF PROMOTIONS, REDUCTIONS, FURLOUGH, &c.	CATEGORY.	DATE.
4/6/18	132 Ay			
18-6-18.	141 X			
24-6-18	146 X			
2.7.18	153 Aa			
10.7.18.	160 Aa			

No. 1001003 RANK Pte. NAME Abrahamson Clarence Franklin

T.O.S. 15-3-16. (D.O.67 of 20-3-16.) UNIT 22[6]th. Battalion A.I.F. Swan River Detachment. M.D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916.	1916.			
Mar. 15.	Mar. 31.	✓	4 forfeits 2 days field allowance.	D.O. 73. Mar. Paylist.
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept		✓	forfeits 12 days pay	Sept paylist.
Oct		✓		
Nov.		✓		
Dec.		✓	o/s paylists only	Dec. paylist.

UNIT SAILED
DEC 15 1916

Form R. 149.

Clarence Franklin

Name ABRAHAMSON. Rank Pte. Reg. No 1001003

Unit 43rd Batt.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
30-3.	No 57. C.C. Stn. G.S.W. Rt Shldr			A180	H98	16123
5-4	Fort Pitt Mil. Hsp Chatham do			B183		15826
10-5.	Mil. C.H. Epsom.		do Flash	B212		17821.
3-6.	Dis.		(do)	B235		5568.
				WR	10-6-18.	

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

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

SEPARATION ALLOWANCE * ENGLAND OR CANADA.

EFFECTIVE DATE:- 1/10/18

AMOUNT:- 15 00

EFFECTIVE DATE:-

AMOUNT:-

NAME:- ABRAHAMSON. Clarence Franklin

NUMBER:- 100103

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.

Miss Beulah Abrahamson
Sister Swan River P.O. Man.
a/Pay stopped Eff 1-10-18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 226th Bn

DATE ACCOUNT FIRST OPENED:- 1-1-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			43rd Bn
102.	1.4.18.	25/4	M.R.D. "E"
L.P.C.	.	22/10/18	N.E.E.
			Canada Lea

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~1/11/17~~	~~447~~	~~43rd Bn~~	~~7 14~~				
~~13/9/18~~	~~349~~	~~Seaford £2 0 0~~	~~9 73~~				
			16 87				
				Forfeited	17/9/18		

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Adm. to Can 30/9/18 M.R.A-NR25-12/9/18 Lunacy Bal $348.58 Frf Bal $331.71

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR 3.	DR 4.	BALANCE CARRIED	SEPARATION
Mch 31	Bal Fwd.								246 16	210
Apr.	P.P.	33 -		A.R. 1281. Cl. 370 9/7/18. Lond.	9 73				269 43	
		33 -			9 73					235
May				" 6186-5734 7/5/18 Gravesend	9 73					
	P Pay	34 10		A.R 4732 13/5/18 B.B.H Epsom	9 73					
				A.F.O. 1823 20/4/18 Gravesend	85					
				" " 13/4/18 "	85					
				" " 27/4/18 "	85				281 52	240
		34 10			22 01					
JUN	"	33		A.R 32 3/6/18 B.B.H Epsom	24 33	✓				
	S.F. 3/6/18 to 15/6/18-12 days R.E Eps-2 (D.D. 132-3 B.B.D 7/6/18)	8 7 6		L.P. 8808 " London	24 33	✓				
				A.R 2609 28/6/18 3 B.B.D	4 87	✓				
				A.F.O. 1823 & 5810-4/5/18 Gravesend Jul	85				26890	255
		41 16			54 38					
JUL	P Pay	34 10		A.R 3049 16/7/18 3 B.B.D	14 60	✓				
				" 3486 28/7/18 "	4 87	✓			28353	270
		34 10			19 47					
Aug.	"	34 10		L 4005-1029 24/7/18 "	3 70	✓				
				A.R 4326 16/8/18 "	9 73	✓				
				" 5074 29/8/18 "	4 87	✓			29933	
		34 10			18 30					
Sept	"	33 -		" 5497 13/9/18 "	9 73					
	Inst on Def Pay to 31/8/18	16 25							33885	
		49 25			9 73					
Frf'd				A.R 447. 1/11/17 43 Batt	7 14				33171	

Checked

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

A.180

P.L. 247

AUDITOR	PAYMASTER
[illegible]	8

M. OR S.

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

REGT. No. 1001003 RANK Pte NAME (IN FULL) Abrahamson Clarence Franklin

NEXT OF KI RELATIONSHIP

ADDRESS

IS SEPARATON ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM AID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 226th Bn. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Swan River Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE 22/18 REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

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.	Previously Paid $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	19																																				
Mar 17	153								350	—					123	476	70	—											100	10	170	10			179	90	100/10 1st 2nd 3rd P.ments P.D.P. 70 — 4th P.ment W.S.G.
Apl 17															551	379	70	—													70				109	90	70 — 5th " " "
May 17															569	088	70	"													70				39	90	70 " 6th " "
June 17															766	309	39	90													39	90			=	=	final " "
									350								249	90											100	10	350	=					

Ale Closed

AUDITED JUN 17 1919 Audit Clerk M.D. 10

100M-1-.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Minnesota, U.S.A.

NAME AND ADDRESS OF NEXT OF KIN: Miss B. Abrahamson, Swan River, Man. Sister

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 1001003 RANK Private NAME Abrahamson, Clarence Franklin

IF IN PERMT. CORPS WHAT UNIT — UNIT 226th

PERMANENT FORCE ALLOWANCES —

PLACE OF ATTESTATION Swan River, Man.

DATE OF ATTESTATION 15/3/16.

TRANSFERRED TO 14th Res Bn DATE 30/5/17 AUTHORITY [illegible]

TRANSFERRED TO 43rd Bn DATE 31.7.17 AUTHORITY [illegible] 8/8/17

TRANSFERRED TO — DATE — AUTHORITY —

TRANSFERRED TO — DATE — AUTHORITY —

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) — 6.d.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917		$				d								24 10	24 10															24 10			24 10	Balance from Canada
															34 10															58 20		15 -		
Jany.	1-31	31	1	31	00	31	10	3 10							30 80	3	10/1/17							9 73 -						9 73	79 27		30 -		
	F.A.Bd.	Fwd.			3 10											139	30/1/17							14 60										
Feby.	1-28	28	1[1o]	30	80										34 10	32	2/2/17							43 80 -	9 73 -					68 13	45 24		45 -		
Mar.	1-31	31	1[1o]	34	10										33 00															78 24		60 -		Transferred to 14th. Res. Bn 1308 dated 4/9/17.
Apl.	1-30	30	1[1o]	33	00										33 00															111 24		90 -		
May.	1-30	30	1[1o]	33	00										1 10	199	28/5/17							9 73 -						17 03	95 31		75 -		
	31.	1	1[1o]	1	10											4	12/6/17							7 30 -							128 31		90. -		Trans to 43rd Bn BO 46 8/8/17
June	1-30	30	1[1o]	33											33															150 31		105 -		
July	1-20	20	1[1o]	22.											22.															162 41		120 -		
	21-31	11		12	10										12 10																			
~~Aug~~	~~1 to 31~~	~~31~~		~~34~~	~~10~~										~~34 10~~	~~202~~	~~8/7/17~~							~~5 35~~						~~5 35~~	~~191 15~~	~~8/1~~			
Aug	1 to 31	31		34	10										34 10	202	8/7/17							5 35						15 17	181 34		135 -		
	Sept.	30		33											33	283	28/7/17							2 68						8 03	206 31		150 -		
				300	30									24 10	324 40									87 84	25 79	4 46				118 09					

CANADIAN
ASSIGNED PAY ~~AUDITED~~
Ledger Sheet Shown no assignment
AUDIT CLERK
DATE 15-5-17

1001003. Pte. Abrahamson C.F.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917			300	30										24	10	324	40								87 84	25 79	4 46				118 09	206 31		150 00		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Balance	Ser. Allce. Eng.
Bal Sub.		~~206 31~~ ~~150~~ 00					206 31 ~~150~~ 150	
Oct.	P. Pay.	34 10		aR 349 31/8/17 3 C.F.B.D.	4 46			
				aR 336 25/9/17 do	4 46		231 49	
		34 10			8 92			
Nov.	P Pay.	33		aR 395 13/10 3 C.F.B.D.	4 46			
Dec	P. "	34 10		" 412 21/10 do	4 46			
				" 393 6/9 1 C.F.B.D.	4 46			
				CPM 10/12 24248	24 33			
				aR 703 15/11 1 C.F.B.D.	4 46			
				" 690 6/10 1 C.F.B.D.	7 14		249 28	180
		67 10			49 31			
1918								
Jan.	Pts Pay	34 10		CPM 28885 18/12	9 73			
				aR 791 26/11 43 Bw	14 28			
				1668 7/12 "	48 67			
				898 29/12 "	7 14			
				853 6/12 "	4 46			
					~~84 28~~			
		34 10			84 28		199 10	
Feb	P Pay	30 80		AR 1014 43 B 27-1-18	5 35		224 55	195
		30 80			5 35			
Mch	P Pay	34 10		AR 1083 43 B 13-2-18	4 46			
				AR 1129 " 26-2-18	3 57			
				AR 1195 " 12-3-18	4 46		246 16	210
		34 10			12 49			

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CANADIAN DISCHARGE DEPOT SEP 14 1918

This space to be left blank for the Chelsea Number

☆ Cardinshire SS 23 9 18 Ar 7-10 13

CANADIAN DISCHARGE DEPOT 85

Army Form B. 268.

☆H.M.T.S☆ CAPDIGANSHIRE, Embarked, 23/9/-18

10

Proceedings on Discharge.

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

No. 1001003 Army Rank Pte

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

Corps M. R. D.

Battalion, Battery, Company, Depôt, &c. 226th Bn.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 22 years — months
Height 5 feet 10½ inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Farmer
Intended place of residence (To be given as fully as practicable) Swan River Man.

Descriptive marks.
G.S.W. Rt. shoulder

10

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

Returned to Canada in accordance with instructions under Paras 7 & 19 of A.C. 5-1-22, of April 1918.

Category B. 2.

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

To be filled in on the soldier quitting the Colours.

3. Military character :—

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

D. D. & L., London, E.C. (A8689) Wt. W7717/M2626 500,000 9/17 Sch. 30 Forms B. 268 4¹

* Strike out if not applicable.

[OVER.

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

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

Classification for service, or proficiency pay... ... ... Class_____

6. **Campaigns, Medals and Decorations** — 1½ mo. in France

Certificate of education ....._____

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

(Place)_____ _____

(Date)_____ *Commanding*_____ *Battn.*_____ *Regiment.*

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

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

*(Place)*_____ _____ *(Signature of Soldier.)*

*(Date)*_____ _____ *(Signature of Witness.)*

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

_____ *(Signature of Soldier.)*

10. *Statement of service.*

Service towards engagement to_____(the date to which the record of service is completed)_____years_____days.

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

Total ..._____ " _____ "

11. *Confirmation of discharge.*

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

(Place)_____

Signature_____

(Date)_____

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

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 1001003 2. Rank Private 3. Original C.E.F. Unit 226th Bn

4. Christian Names Clarence Franklin 5. Surname ~~Franklin~~ Abrahamson

6. Address, in full, to which future payments of gratuity are to be forwarded
Swan River P.O. Manitoba

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	1001003	Private	226th Bn C.E.F.
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

DISTRICT PAYMASTER
M.D. No. 10

SEP 19 A.M. 1919

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.						
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? Not applicable (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not applicable

9. 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: Yes. With 43rd Battalion C.E.F. 1st May 1917 to 15th April 1918. With 226th Battalion from 26th December 1916 to 1st May 1917.

10. 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

11. Have you been issued with a War Service Badge? If so, give number and class Yes. Class A & B. No. 57014 & No. C 41215

12. 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

13. 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, from where paid, and on what dates Yes. $370.00 or about that sum. Assistant Director of Pay Service No 10 M.D. Winnipeg

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled Not applicable

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service Not applicable

16. (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? Not applicable

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable

18. Relationship of such dependent Not applicable

19. Present address, in full, of such dependent Not applicable

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name Not applicable

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: C. F. Abrahamson

Place of Residence: Swan River Manitoba

in Manitoba Declared before me at: the Town of Swan River

This Seventeenth day of September 1919

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

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS

Certified correct.

Assistant Director Pay Services, Mil. Dist. No.

Date

Advise him not entitled to any more. This W58 has been paid in full by M D 10

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

That he be placed in Category C. 3.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

J B McGuire Capt ..... *President.*

PLACE Winnipeg, Manitoba.

F Carlton Capt [illegible] } Members.

DATE November 2nd, 1918.

APPROVED BY

E S Moorhead Capt A M C

for *Assistant Director of Medical Services.*

DATE NOV 8 1918

APPROVED BY

Director-General of Medical Services.

DATE

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.

..... *President.*

PLACE ..... } Members.

DATE .....

S.S. CARDINGANSHIRE. B.P.M.C. ORIGINAL

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 soldier 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 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Winnipeg, Man. DATE November 2nd, 1918.

1. 1 (a) Unit 226th & 43rd Batt. #10 D.D. (b) Regimental No. 1001003 (c) Rank Private.

(d) Surname Abrahamson (e) Christian name Clarence Frank.

2. Age last birthday 23 Date of birth September 25th, 1895

3. Enlisted at Swan River, Man. on March 15th, 1916.

4. Personal description:—

(a) Height 5 x 11 (b) Weight 143 (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown. (e) Colour of eyes L. Blue. (f) Identification marks Vacc. Nil.

G.S.W. right shoulder. Scar 1st finger left hand.

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

Swan River, Man.

6. Former trade or occupation Farmer.

7. (a) Service

	Years	Days
C. E. F.		

	Periods From	Periods To
C. E. F.	March 15, 1916	November 2, 1918.

(b) Has he been overseas? Yes, France 11 months.

8. Original disease or disability 1. G.S.W. right shoulder. 2. Sprain of right elbow.

(a) Date of origin 1. 29th March, 1918. 2. 18th August, 1917. (b) Place of origin 1. France. 2. France.

(c) Cause* 1. G.S.W. 2. Fall in a trench.

(d) Present disease or disability 1. Impaired function of right arm.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

A well nourished well developed man. Strength of whole of right arm reduced by one quarter. Strength of hand grip reduced by one quarter. Has pain in shoulder and elbow in damp weather, and pain in elbow on

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

forcible extension. All movements of shoulder normal, except abduction which is to 100 degree without moving scapula. all movements at elbow normal except extension which is to 135 degrees. Left forearm ½ inch larger than right, this and weakness is partially due to lack of use. (A) there is weakness of right arm. (B) There is partial loss of function of right arm. (C) No need for rest.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Yes. Digestive Yes. Respiratory Yes. Cardiac Yes.

Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part. Yes, except as above stated.

10. History: (a) of Condition referred to in "a" section 9.

Went to France May 1917. Sprained right elbow August 1917 --off duty 5 weeks. Wounded in action in right shoulder March 1918.

(b) 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.

Large scar 4½ inches long back of right shoulder. Deformity of right elbow --- described above.

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

Originated on service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No. No. No. 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? Permanent but will improve 6 months.

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

Hospital -- France for 5 ~~xxxxx~~ weeks August and September 1917.

Hospital - England and France 11 weeks -- 1918.

OPINION OF THE MEDICAL BOARD.

14. (*Continued*).

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

That he be placed in Category C 3.

J. Walton Capt [illegible]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

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

J. Bundy. E. F. Abrahamson
Signature of soldier examined.

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 criticized.

YES.

19. Is the soldier fit for

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

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

President.

Signatures of the Board

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12485. 50M. 18-2-18.

Reserved for M.H.C.

Regt. No. 100103 Rank PTE Surname ABRAHAMSON Christian Name CLARENCE F.

Unit or Corps—(a) Overseas from United Kingdom 43RD BATT (b) In United Kingdom 226 BATT

Born at—Town CANBY County or Province YELLOW MEDICINE Country U.S.A.

Date of Birth—Day 25 Month SEPT Year 1895 Age 22 yrs 11 months.

Joined at SWAN RIVER MAN. Date MAR 15/16.

Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification

LARGE SCAR BACK OF RIGHT SHOULDER JOINT.

Height—feet 5 inches 10½ Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) Clarence F. Abrahamson

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*) IMPAIRED FUNCTION RIGHT ARM

Disabilities Group (*b*)

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. RIGHT SHOULDER	FRANCE	MAR 28/17
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

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

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

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

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

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

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

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

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? YES. (*ii.*) While off duty?

(*iii.*) Was a Court of Inquiry held no. (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).

Went to France May 1917. M.H.S. entry #9 C.F.A. Aug 18-19, 1917 myalgia also #20 G.H. Camiers Aug 22-23, 1917 Inf. arm joint. Says R. elbow was sprained and always weak since. Invalided to ~~Ex~~ Gravesend M.H. England Ap. 6/18 with G.S.W. right shoulder. Transferred to Epsom May 9/18. M.H.S. note of same date "wound healed"

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Complains of weakness of arm and pain at shoulder and elbow on ~~attempting~~ using the arm.

Movement at shoulder about normal except for difficulty in raising arm above head. There is partial ankylosis at elbow - cannot be straightened beyond angle of 135° Says it was this way ever since spraining elbow. Other movements normal. movements weak. Circumference R. arm 10" Left 10½"

8. OPERATION. (*i.*) Was one performed? no.

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined?

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

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

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? B II not likely to be raised within 6 mos.

(*c*) Invalid to Canada? no

(*d*) Discharge from the Service as permanently unfit? no.

Date of Report Sept 12 1918 Signed D. Smallman Officer in medical charge of case. Capt.

Station III C.C.D. Seaford

I have satisfied myself of the general accuracy of the above Report, and concur therein *~~except~~

G.D. Gilvie Dowsley Maj. C.A.M.C. { ~~Officer i/c Hospital~~ S.M.O. ~~Brigade~~ } Strike out one of these.

Dated at 3 C.C.D. Seaford Station, on 13.9 1918

* Delete if inapplicable.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? Yes.
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No / Aggravated? No } (*b*) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) Not applicable

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*) Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? Not applicable
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Not applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

18. Remarks.

MEDICAL DEPARTMENT. 3rd Canadian Command Depot, 12 SEP. 1918 SEAFORD CAMP. SUSSEX.

19. Recommendation:—(*a*) Fit for duty? No.
(*b*) Fit for base duty? B II not likely to be raised within 6 months
(*c*) Invalid to Canada? —
(*d*) Discharge from service as permanently unfit? —

Classification for the Military Hospitals Commission.

Date of Board 12.9.18

Signatures of the Board. { G.G. Malcolm Capt. C.A.M.C. President. / G.G. Ross Capt. C.A.M.C. }

Station 3 C.C.D. Seaford

Approved G.D. Gilvie Dowsley Maj. C.A.M.C. for A.D.M.S.

Dated at 3 C.C.D. Seaford Station 13.9 1918

NOV 28 1918

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

Eq. Card Des. 2-12-18
A.K.

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).

MILITARY REFERENCE
NOV 28 1918
CANADA

No.	1001003
Rank	Private.
Surname	Abrahamson.
Christian Name	Clarence Franklin.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	226th Battalion.
Date of Discharge	November 22nd, 1918.
Place of Discharge	Winnipeg.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	23 years 2 months.
Height	5 feet 11 inches.
Complexion	Ruddy.
Eyes	Blue.
Hair	Light brown.
Trade	Farmer.
Intended place of residence (To be given as fully as practicable.)	Swan River, Man.

Descriptive Marks

Scar first finger left hand.
G.S.W. right shoulder.

2. The above-named man is discharged in consequence of Being medically unfit for general service.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

very good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

K.C. 28.1.20. com.

E R 4

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

Nee

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

6. Medals and Decorations ..... One gold bar

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) Winnipeg. ..... Thomas Cook Lieut.

(Date) 22-11-18. ..... *Commanding* Dis. Sec. District Depot M.D. 10.

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) Winnipeg. E. F. Abrahamson ..... (*Signature of Soldier.*)

(Date) 22-11-18. Thomas Cook Lt. ..... (*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.

22-11-18. Total 2 years 247 days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg.

(Date) 22-11-18. ..... (*Signature*) [signature] Lt-Col.

O.C. No. 10 District Depot M.D. 10.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none.

E. F. Abrahamson

(OVER)