416483	ABRAN	DAVID
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

DEC'D 27-11-56

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu //

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

NAME ABRAI ... E NO. 613

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
4	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Remob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	R G 0 6045					
1	6123					
1	6AD 6 50 091					
1	LBR 137					
1	M 716 762					
1	Can Land ...					
	...					
1	RD ...					

CANADIAN FORCES
RECORD CENTRE
PEAS JACKET
ROOM

R. 144.

22nd Bn

O. Inf. 34182

UNIT 41 Bn Regimental No. 416483

CERTIFIED TRUE COPY
SUBSTITUTED FOR TRIPLICATE
K. R. & O. PARA. 1504.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS)
1. What is your name?	David Abram
2. In what Town, Township or Parish, and in what Country were you born?	Trois Rivieres P.Q. Canada
3. What is the name of your next-of-kin?	Jimmy Abram (Père)
4. What is the address of your next-of-kin?	72 Lafiolette Ave. Trois Rivieres P.Q.
5. What is the date of your birth?	17 Feb. 1887
6. What is your Trade or Calling?	Cordonnier
7. Are you married?	non
8. Are you willing to be vaccinated or re-vaccinated?	oui
9. Do you now belong to the Active Militia?	non
10. Have you ever served in any Military Force? If so, state particulars of former Service.	oui
11. Do you understand the nature and terms of your engagement?	oui
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	oui

(sig) David Abram (Signature of Man).

(sig) H. N. Godin (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David Abram, do solemnly declare that the above answers made by me to the above questions 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.

(sig) David Abram (Signature of Recruit).

Date 25 Feb 1915 (sig) H. N. Godin (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David Abram, 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.

(sig) David Abram (Signature of Recruit).

Date 25 Fevrier 1915 (sig) J. N. Pelletier (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 Three Rivers this 25 day of February 1915

(sig) A. P. Bandry C.S.C. (Signature of Justice).

167
R2A2

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(sig) J. N. Pelletier (Approving Officer).

14 OCT 1915 Certified true copy.
for Col. i/c Records, C.E.F.

V. & S., Ltd. 50M. 18-12-15. 48297.

Description of David Abram on Enlistment.

Apparent Age 28 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

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

Complexion Brune

Eyes Brune

Hair Chatain

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

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

Nil

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 25 Fev. 1915 (Sig.) M. N. Godin M.D.

Place Three Rivers P.Q. Canada

*Insert here "fit" or "unfit." *Medical Officer.*

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.

David Abram 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.

(Sig.) Edmond Bois Lt Col. (Signature of Officer.)
O.C. 41st Bn

Date Mar 2 1915

War Service Badge
Class A, No.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 416483 (Rank) P16

Name (in full) David Abram enlisted in

the 41st Can Bn

CANADIAN EXPEDITIONARY FORCE at Three Rivers P.Q. on the 25th

day of Feb. 19 15

HE served in England and France

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

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

Age 32 years

Height 5' 6"

Complexion Bland

Eyes Brown

Hair Median

D Abram

Signature of Soldier.

Marks or Scars

Issuing Officer.

Lieutenant
Officer I/c Discharge Section, Dispersal Station "F"

Rank

Date May 19 19 19

Date of Discharge

Dispersal Station "F"
MAY 19 1919
Military District No. 4

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL. OTTAWA, CANADA.

M.F.B. 39A.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Gbrant Davis Christian Name David

Examined on 25 day of February 1915
at Three Rivers P.Q.

Birthplace City or Town Three Rivers
County "

Apparent age 28 years

Trade or Occupation Shoe Maker

Height 5 Feet 6 Inches.

Weight 135 Lbs.

Chest measurement Minimum 34½ inches.
Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. X
Number 2

When Vaccinated last 1902

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Number

Approved by Norbert Gorin
Rank Capt M.O.

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

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
6/5/15	Bon	J. R. Gauthier M.O.
14/5/15	"	J. R. Gauthier M.O.
		M.O.

Enlisted on 25 day of February 1915 at Three Rivers

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	41st B Co C 23rd Bn	416483		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

B. 313.
—1-15.
72-39-439.

DUPLICATE

MEDICAL HISTORY SHEET

Surname ABRAM Christian Name David

6

Examined { on ..... day of 191
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

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

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

Rank ..... M.O.

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

Date	Result	Vaccinations	
6/5/17	Good	—	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
21/4/17	TAB 1	Sgt Legeis	M.O.
1/5/17	TAB 2		M.O.
			M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		416483		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Stockam	June 29/17	—	A iii Sgt Legeis

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J.M.C

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

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

Forms
I. 1237
10

Army Form I. 1237

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.
7424
Year
1916

Regimental No. 416483 Rank. Pte Surname. Abram Christian Name. David

Unit. 22nd Canadians Age. 29 Service. Total 20 Mths In fd: 4 Mths

Station and Date. Sept 25-16
The Lord Derby War Hospital, Warrington.

Disease ~~IV. 4.~~ Perforating G.S.W. left side of thorax Slight ~~Severe~~ ~~Dangerous~~

NEXT OF KIN. Father Wm. J. Abram 171 Laviolette St Three Rivers

INOCULATION AGAINST ENTERIC.
TV 1 TV 2 TV M.T.
Date May 1916
Cross out that which does not apply.

A. S. Wounded —
Has a through + through w. left side of thorax — axilla. (Shell w°)

PCR13 Wounds healed. (no T.B.)
for Transfer to Class II.
Pte G. Sickle Capt Rams (RAMC).

Transferred to THE MILITARY CONVALESCENT HOSPITAL, 20 OCT 1916 WOODCOTE PARK, EPSOM.

RECOMMENDED FOR
Discharge
On
To Duty
Light Duty

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Form [illegible] O 6345
1238-13[illegible] 9/11,16.

E. 6

PROCEEDINGS OF A MEDICAL BOARD.

MEDICAL DEPARTMENT, 16 JAN 1917
Canadian Command[illegible]

Dated at ..... 1916.

No. 416483 Rank ..... Name ..... Abram

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

C.C.D. Medical Dept.
SUSSEX.

Examination held at .....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Neurasthenia

BOARD RECOMMENDS:—

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

Signatures:—

Members { Capt. Callin ..... President.
.....
.....

APPROVED

Dated at .....1916. .....

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.
(cancel the one not)

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.

.....

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names David 2. Surname Abran

3. Rank Pte 4. Original Unit 41st Bn 5. Reg. No. 416483.

6. Address, in full, to which future payments of gratuity are to be forwarded Montreal Bank. Three Rivers. P.Q.

7. Date of enlistment in the C.E.F. 25-2-15

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:—

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?

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 49 months
41st Bn Canada
23rd Res. Bn England — 22nd Bn France

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

5434. Wt. /30P. 250,000(8). 2/19. S.O., F Rd

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. No.

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? No

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

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

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

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

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

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 .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....

(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: D. Abram

Place of Residence: 272 St Paul St Three Rivers P.Q.

Declared before me at: Witley Camp. "Questions 12-13-14-20-24-25-26 and 27

This 7th day of April 19 19

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

R. de Lens Majs
3rd French Canadian Battal

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 416483 Rank Pte Surname Abram

(Give name in full)

David

Unit or Corps 22nd Batt. T. Hing Birthplace 3 Riviera

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Gd Weight 135 lbs. Height 5 ft. 6 in. Colour of Eyes Brown

Nutrition Gd

Pulse 72

Condition of arteries normal

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

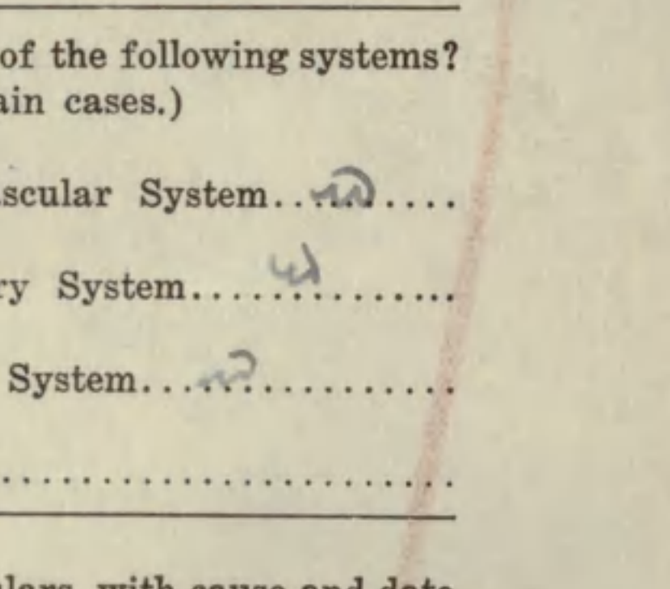
Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.



(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Wadey (Overseas)

Date 9/9/19 Signed E. Frankish M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Basil Abram

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 3193A

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

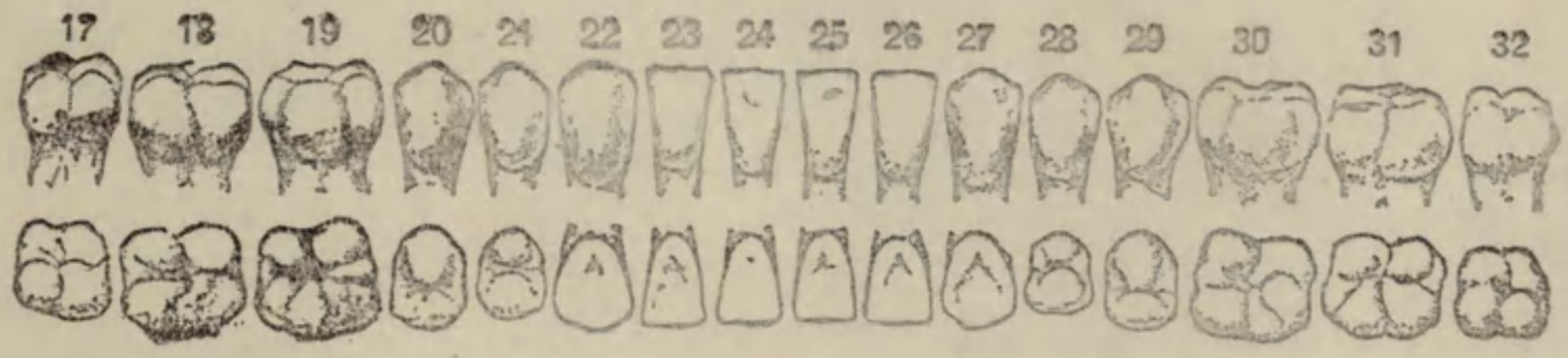
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ABRAN. D

REGIMENT 22nd Bn. J Wing RANK Pte No. 416483

Date of Examination in England 8-4-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Lieut. Col.
A. D. D. S., M. D. 4

Signature of Dental Officer E Mitchell Capt.

Army Form B. 103. Sheet 2. Regimental Number 416483

Casualty Form—Active Service.

Regiment or Corps 22nd Canadian Battalion

Rank Private Surname Dunn Christian Name Donald

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

Enlisted (*a*) ..... 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...			
29.12.17	22nd C. Bn	Rejoined from 182nd L Coy R.E.	Field	26.12.17	B213
8-6-18.	Do	Attd to 5th C. Inf. Bde. as Guard. Cavalry: 5th C. Inf Bde. A.Q. 29-191-D/21/18.)		1-6-18.	B213.
13.7.18.	Do	Rejoined Unit	Field	10-7-18	B213
28.8.18.	26 Genl.	Gen. Ly. L.	Adm	26 Genl	28.8.18	W. 1715.
4-9-18	26 Do	Do	Do	6 Con Dep.	4.9.18	B 5393.
15-9-18	12 Conv. Dep.	Do	Do	5 Rest Camp	15.9.18	B 436.
17.9.18.	C. I. B.D.	arrived Class "A"	C. I. B.D.	17-9-18	N.Y. 449.
25.9.18	Do	Left for CCRC	Field	25.9.18	NR
6.9.18	12 Con. Dep	Gen Ly L.	Adm	12 Con Dep	6.9.18	B 98

(*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, Skeeing-Smith, &c.

W.13863—M1477 1000m 1/17 (27612) S P & Co, Ltd. Forms B./103/4 E./354.

[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				
25.9.18	66th Bde	~~Left for~~ Arrived cell	Fld	25.9.18	NR 1508
26.9.18	Do	~~Admitted~~ Left for Unit	"	26.9.18	" 1696
4-10-18	22nd Bn	Arrived "	"	27.9.18	B213
25.10.18	Do	GRANTED 14 DAYS LEAVE	Paris	24.10.18	B213 O.R.O. 1110/1918
15.11.18	Do	Returned from leave	Field	10.11.18	B213
		Proceeded to England			
		S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada 10/5/ 1919, D.O. No. 18			
		for Officer			
5-6-19	O/S	T.O.S.D.D.#4 Disp.Stn."F"	Montreal. 10-5-19		D.O.Pt.II-156.
5-6-19		S.O.S.D.D.#4 Demob.	Montreal. 19-5-19		D.O.Pt.II-156. R.O.1420.
		Lieutenant, a/Regimental Adjutant, Military Depot No. 6.			

92431.—W. 6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

W. S. B. CLASS. A.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 23rd Battalion C.E.F.

Regimental No. 416483 Rank Private Name Abram David

Enlisted (a) 25.2.15 Terms of Service (a) Depot. Service reckons from (a) 25.2.15

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) Shoe-maker.

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.
		Drafted overseas to the 22nd Bn. eff. 6.6.16. Auth. Part II Bn O. 132	F. Can. Batt.		L. de W. Gerrard Capt. Adjutant 23rd Canadian Inf. Bn
7-6-16	C B D	Reinf. from 23rd Res. Bn		7-6-16	Nom. Roll
8-6-16	"	Taken on strength 22nd Bn.		8-6-16	" 139/22-6-16
16-6-16	O.C. Bn.	Left C B D		"	B 213 "
24/9/16	B.S. Lad	Joined Unit	Fradd	24/9/16	WSO 83/2043
	Antwerpen	Sick chest wall to England			Pt II O.46 d/7-10-16
					for Captain for Lt.Col. A.A.G.

22.10.16 Taken on strength C.C.A.C. Pt. II D.O. No. 465

7/12/16 ATTACHED 25OCT16 C.C.A.C. TO C C D PART II D.O. No. 538B.

(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				
24/1/17		Discharged from C.C.D. St Leonards to 10th Res Bn. Part II D.O. No 54			Lieut Bolte Lieut Adjt. Canadian Command Depot for O.C. Ale
24-1-17	O.C. 10th Res Bn	Taken on Strength from C.C.D.	Shoreham	24-1-17	A.F.B.213
6.9.17	O.C. 10th Res. Bn.	Transf. to 22nd. Bn. C.B.F.	Shoreham	6.9.17	D.P.H.O. 222
		J Bilanger Lieut for. Adj. 10th. Can. Res. Battn.			
	C. B. D.	ARRIVED C. B. D.	FRANCE	7/9/17	N. R. D 7/9/17
					PART II ORDERS No 103 D 25/9/17
	C. B. D.	LEFT C. B. D. FOR	CCRC	16/9/17	N. R. D 16/9/17
	O.C. BN	ARRIVED CCRC BN.	FIELD	17/9/17	B. [illegible] D 17/9/17
11-10-17	2nd Cdn. Entg.BN.	Sentenced to 14 days F.P.No.1,9-10-17, for when on active service : absent without leave from 7.00 a.m. 7-10-17 to 4.00 p.m. 8-10-17.Forfeits 2 days pay under R.W.		9-10-17.	~~AxFxWx3083~~ A.F.B.2069 Pt.II.O.117/17.
24-11-17.	CCRC.	Despatched to 22nd Bn.	Field	24-11-17	N.Roll/46
1-DEC 1917	O.C. 22nd	JOINED UNIT	Field 24 NOV 1917		B 213
8-12-17.	22nd	attached to 182nd Tunnelling Coy R.E.		1-12-17	To 213.

CERTIFIED CORRECT. 14 SEP 19[illegible] RECORDS CANADA

THE LORD DERBY WAR HOSPITAL,

WARRINGTON.

X. Ray Report Form.

Regtl.No.	Rank.	Surname.	Christn.Name.	Unit.	Age.	Ward.
416483	Pte.	Abram	D	22nd Canadians	19	14 East

No. in Admission and Discharge Book_____

Examination required: exact region to be stated.

Left (upper) chest & axilla.

Date Oct 1 Signature [illegible]

Patient to report himself at X. Ray Room. Mon. 2/10/16 12.30 pm

X. Ray Report.

No evidence of fract or bone injury in this region.

Plate

Name Abram Enl. 25-2-15.

Date of Embarkation for England Arr. 28-10-15.

Proceeded to France. 6-6-16, 6-9-17.

Returned to England. 24-9-16 wd. 6-4-19

Date returned to Canada. 10-9-19. Demob

P.R.2855.

(over)

checked 13-9-27

Cas. sheet.

24-9-16. S. W. chest Lo Leg. 24-9-16.

28-8-18. G. S. W. Leg. L. Lo duty 17 9/18.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

L. L. Job 89002.—Req. 6213.

Sheet No. 2. James Abran

Name of Soldier Abran David
410483 - 41st Batt "C" Co.

$10.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	[illegible] 37	10 —	
May		R 3238	10	
June		L 6469	10	
July		a 7026	10	
Aug.		a 10802	10	
Sept.		A 15351	10	
Oct.		A 19762	10	
Nov.		A 24542	10	
Dec.		A 34549	10	
Jan.	1917	a 38402	10	
Feb.		a 43377	10	10 R
March		A 44299	10	10-L-
April		B 145	10	10 E.
May		B 6119	10	
June		B 11046	10	10.
July		B 21194	10	
Aug.		C 26154	10	Lu
Sept.		C 33426	10	Lu 230 V
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 85095—M. & D. 5953.

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

17 4 / 17

P.

To Whom Jas. Abram.

Address 271 Laviolette St.
Three Rivers,
Que.

Rate $1.10 per

By Whom Assigned Abram, David.

Regtl. No. 416483

Rank Pte.

Corps 41st Bn. C. Co

NOV 1 - 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Consolidated account
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		~~Z 1911~~	~~20~~ 10 ✓	(Cancelled)
Jan.	1916	W9727	10	
Feb.		K14293	10	—
March		016439	10	

D.M.

Rank Pte. Name ABRAN, David. Reg'l. No. 416483.

Unit 41st Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Thr ee Rivers.25th Feb.1915. Place of Birth Three Rivers P.Q Canada,

Name and Address, Next-of-Kin Mr Jimmy Abran.

72 Laviolette Ave, Three Rivers P.Q Canada. Relationship Fatherl

Assigned Pay Monthly $10.00 Payable to Jos. Abran 271 Laviolette Trois Rivieres, Que.

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915.																	(Bady. Mays.)
Nov. 1	30	29	1.00	30	30	10	3 -		33	25 54	30 Nov 15	4 87 9 73	10	30 4 10	29 39 -	4 -	3 days P.P. 1 ch. pay 0.225
Dec. 1	31	31	1.00	31 -	31	10	310		34 10	116 169 216		N 87 21 90 7 30	10 .		36 77	1 33	0.018=93 Fine
Jan.	31	31	1.00	31	31	10	310		34 10	280		7 30	10	2	26 60	8 83	
Feb. 1	28	28	1.00	29	29	10	290		31 90	374 419		14 60 4 87	10		24 60	16 13	
March 1	31	31	1.00	31	31	10	310		34 10	452		9 73	10	4 80	29 40	20 83	4.89 8 days U.D.S.
				152			1520		16720			85 17 50		11 20	146 37		

Checked.....

BALANCE TRANSFERRED TO NEW LEDGER

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

R—122

D.M. Rank Pte. Name ABRAN, David. Reg'l No. 416483.

Unit 41st Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Thr ee Rivers.25th Feb.1915. Place of Birth Three Rivers P.Q. Canada,

Name and Address, Next-of-Kin Mr Jimmy Abran.

72 Laviolette Ave, Three Rivers P.Q. Canada. Relationship Fatherl

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N. 25314
Files
O.R. CANADA
Category

13.10.16

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.
6		Arrived in England	per S.S. Saxonia	Embk. 18/10/15 28 OCT 1915	
16.11.15	O/C 41st	3 dys. F.P. No II AWL. forfeit 1 d/s pay (drunk) from Parade.	Bramshott.	13-11-15	Pte D.O. 215.
21.1.16	"	14 dys. C.B. & Fined $2.00 Drunkenness	Bordon.	20.1.16	" " 18.
23.2.16	"	Adm to Hp.	Aldershot	14.2.16	" " 46
26.4.16	O.C. 23	Taken on strength	Wandling	20.4.16	" 96.
28.4.16	"	$5 fine, 14 days #2 FP with forf. of pay. Drunk when warned for duty	"	28.4.16	" 98
5.5.16	"	A.W.L. Pay deferred by D.O. dated 20.1.16		5.5.16	" 105
6.6.16	"	Trans. to 22nd Bn	O'seas	6.6.16	" 132
14.6.16	22nd Bn.	Taken on Strength from 23rd Bn	"	7.6.16	" 24

68

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.
3.10.16	22nd Bn.	Adm 22. Gen. Hosp. Dannes Camiers.	Field	21.9.16	GSW chest LN
7.10.16	" "	Wounded trfd to CCAC Folkestone.	"	24.9.16	RTD 46 W
24.10.16	C.C.A.C.	Taken on strength.	Shoreham	25.9.16.	Pt II O 465 - A X
19.10.16	22nd Bn.	Adm. to Lord Derby War Hos.	Warrington	25.9.16	C.L. B 189 (G.S.W. chest &c)
16.12.16	"	Trfd to CCH Woodcote Park	Epsom	20.10.16	" 235 do.
29.3.17	"	Disch from C.C.H Woodcote Pk	Epsom	4.12.16	C.L. B 314 (G.S.W. Chest)
6.12.16	C.C.A.C.	REPORTED TO C.C.A.C. from Epsom	Hastings	4.12.16	Pt II O 536 B
7.12.16	C.C.A.C.	On Command to Comm. Depot	—"—	5.12.16	" 538 B PT
1.2.17	"	ceases to be att CCD and is S.O.S. on dft to 10th Res Bn	—"—	24.1.17	" 54 (B)
25.1.17	10th Res Bn.	Taken on strength	Shoreham	24.1.17	" 17.
6.9.17	---	S.O.S. on Trans to 22nd Bn	Ptc Field	6.9.17	Pt II Do 222. 22 Bn Pt II Do 103 a/25.9.17
		M.M. L.G. 1142 24.1.18			
3.9.18	O.R.	Wounded		28.8.18	C.L. #209
10.4.19	A/Wing C.C.C.	S.O.S. fm 22nd Bn pending Return to Can	Dartley	8.4.19	Do 3
		Proc. To Eng 6.4.19 Bn. DO 22 9.5.19			
10-5-19	A/Wing C.C.C.	Proc to Canada 10/5/19. S.O.S. to Canada	64-6-80 Witley	10-5-19	Do 18 Dft. 205 C. S.S. 19.5.19

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

Date of Assignment 17.0 Nov. 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 416483

Rank Pte. Promoted Reverted Discharge

Soldier's Name David Abrap

Battalion 41st Battn, C. Co.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Jas. Abrap

Address 201 Laviolette St. Three Rivers Que.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept 30 - 17.			230	230		53-D-3
Oct	B 50173		10	10		
Nov.	B 51875 57476		10	10	K	
Dec	B ~~57475~~		10	10	S	B 57475 Lane
Jan 18	B 63921		10	10	C S	
Feb ✓	B 90156		10	10		
mar	G 97326		10	10	✓	
apr	G 7159		10	10	S	
May	A 10080		10	10	b	
June	B 13038		10	10	b	
July	Y 25979		10	10	✓ b	
AUG	A 28437		10	10	b	
SEP	A 35025		10	10	b	
OCT	A 41651		10	10	b	
NOV	A 49764		10	10	b	
DEC	B 62247		10	10	b	
JAN	B 69244		10	10	b	
FEB	A 76428		10	10	b	
MAR	D 82232		10	10	b	
APR	b 712		10	10	b	
MAY	a 5320		10	10	b	
			430	430		

AUDITED.

A/c Closed 31-5-19

Ret'd per Olympia

Date 16.3.19 22-5-19

Clerk Asken W.D.S

Amo. 108338

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-89-1141
L. L. 22320—M. & D. 7683.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 1933.

D.M.S. 1300.

Surname: Abram | Christian Name or Names: D. | Reg. No. 416483

Rank: Pte. | Unit: 22nd. Bn. Que. | Co. | Troop | Batty

Hospital | Date of Admission

No 22 G.H. Dannes Camiers 21-9-16

Transferred Ld Derby Hos Harrington Hosp. 25--9-16

Can. Conv. Epsom, Hosp. 20-10-16

26 G.H. Etaples, 28-8-18

6 C.D., Hosp. 4-9-18

12 Convl. Dep Aubengue Hosp. 6-9-18

Diagnosis G.S.W. Chest.

G.S.W. Lt. Leg

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION | Date | REMARKS

C.L. 3-10-16 a 338

18-10-16 B189

" 16-12-16 B235

" 29. 3. 17. B314

" 3-9-18 a 309 (6)

10-9-18 a/315-6.

14. 9. 18. a. 319. (3)

20. 9. 18 a 324-4.

Dis to Rest Camp. 15. 9. 18

Dis 4. 12. 16.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. 16483 Rank Pte Name Abram D.

T.O.S. 25-2-15 Unit 41st Bn. (Three Rivers Det)

Feb. Paylist

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Feb. 25	Feb. 28	✓		
	Mar.	✓		
	April	✓	Forfeits 9 days pay 8-4-15	D.O. 37 of 23-4-15
	May	✓		
	June	✓		
	July	✓	5 Days Pay. 7-7-15.	July Paylist
	Aug.	✓	4 " " & 4 Days Detn. 9/8/15.	DO 130 of 10-8-15.

UNIT SAILED

OCT 18 1915

Form R. 149.

Name ABRAN David Rank Pte Reg. No. 416483

Unit 2 Bn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-8-18	26 G.H. Etaples	Gsw	Leg L.	A 309	H.M.	3265/1
4-9.	6. b.D. Etaples	do.	A	315.		9849-1.
6-9.	12 b.D. Aubengue	do.	A	319		4009-4
15-9	Discharged 5 R.C. St Martins	do.	A	324		4172-17.

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

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A338	#22 Gen. Dannes Camiers	21-9-16	G.S.W. chest.
B189	The Lord Derby War, Warrington	25-9-16	G.S.W. Chest. Abt.
B235	Can. Convt.- Woodcote Pk. Epsom	20-10-16	G.S.W. Chest - Slt.
3314.	Discharged	4-12-16	" " " "
A309.	26 Gen: Staples	28-8-18	G.S.W. L Leg
A315.	6 Com. Dep "	4-9-18	" " " " "
A319.	12 " " Auberque	6-9-18.	" " " " "
A324	Disc to Rest. Camp	13-9-18	" " " " "

REGT'L No 416483

NAME Abram Hdavid

H. Q. FILE No. 649-

RANK AND CORPS Pte. 2 2nd Bn. (Form. 41 1st Bn)

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
Q.2010	3-10-16	C. Adm. to No. 20 Gen. Hosp. Camiers Sept. 21st 1916 GSW. Chest.
N.K. Jimmy 69-5		P.O.
Dt 241.	5-4-18	Abram (father) 72 Ave Laviolette, Three Rivers Adm. 26 Gen. Dt. Etaples Aug 28th/18. GSW Lt Leg.

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

R/

M.M
29.31142

SURNAME. Abran

CHRISTIAN NAMES David

REGL. No. 416483 RANK pte. Div Sig. 5/61.9 4

UNIT 41st Battn.

FORMER CORPS nil.

CARD No. 166.

Sos. 19-5-19. Detroit

FOLL.

NEXT OF KIN.

NAMES IN FULL Abran, Jimmy

RELATIONSHIP TO SOLDIER (father)

ADDRESS 12 Ave. Laviolette, Three Rivers, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Three Rivers DATE Feb. 7-1887.

PLACE OF ATTESTATION Three Rivers, DATE Feb 25/1915.

Sailed SS. Saxony 16/10/15 239/1

R/e. 16-5-19 324/77 Pte.

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Shoe-maker, RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 28 YEARS — MONTHS

HEIGHT 5 FEET 6, INCHES

CHEST MEASUREMENT 34 1/2 INCHES EXPANSION 3 1/2, INCHES

COMPLEXION Brown, EYES Brown, HAIR Fair,

DISTINGUISHING MARKS None,

MEDICAL EXAMINATION. PLACE Three-Rivers, DATE Feb. 25/1916.

Name:- Abran, D.

416483. Pte.

Unit:- 22nd. Bn. C.R.

Awarded:- M.M.

Auth:- L.G. # 31142. 24-1-19

Visited MW

NAME

G. O.

Page

Rank

Corps

Refers to

L. L. 90588—M. & D. 6312-25m.-6-1-16.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
6/5/15 14/5/15	Inoculations. Result. Good. J.R.Gauthier. " " " "
29.11.16.	P.T. W.J.McLean.Capt.
1.5.17. TAB/2.	L.J.A.LEGRIS,
21.4.17. TAVE.1.	do
June 20th.1917. Shoreham A.iii.	do

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

DM

DUPLICATE.

4 1 6 4 8 3

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

6

Surname A B R A M *Christian Name* David.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Three Rivers County

Examined ... on 25th day of Feb. 191 5
at Three Rivers P.Q.

Declared Age ... 28 years days.

Trade or occupation ... Shoe Maker.

Height ... 5 feet 6 inches.

Weight ... 135 lbs.

Chest Measurement — Girth when fully Expanded 38 inches.
Range of Expansion 3½ inches.

Physical Development ... Good.

Vaccination Marks — Arm ... Right Left
Number ... 2

When Vaccinated ... 1902.

Vision ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) Norbert Morin.
(*Rank*) Capt
Medical Officer.

Enlisted ... at Three Rivers.
on 25th day of February. 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	41st Bn Co.C.	4 1 6 4 8 3
Transferred to ...	23rd Bn	
	22nd Bn	

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*)
(*Rank*) Lieut.-Col.

(5506.) W. 14971/M. 89. 750m. 1/18. Chas. P., Ltd. Records, Canadian Contingent.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
The Lord Derby War Hospital. Wandsworth	25	9	16	20	10	16	G.S.W. of Left side of thorax & Axilla	26	This wound perforated the flesh only and was healed soundly by 13 weeks.	C.M. Smith. Capt. CAMC. ET
C.C.H. Epsom.	20	10	16	4	12	16	G.S.W. Left Shoulder		Received massage and swedish drill for two weeks, Little disability P.I. at Shoreham.	W.J. McLean. Capt. ET.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.	NAME:- ABRAW
EFFECTIVE DATE:- 1.11.15	EFFECTIVE DATE:-	NUMBER:- 416483
AMOUNT:- 10⁰⁰	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

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.

Jos Abran
271 Laviolette
Trois Rivieres Que
Father
Stopped 1-5-19 LPC.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			22nd Bn

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
10/4/19	~~414~~	~~J Wing 1/15~~	~~43~~ -				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

L P C C Bal. #176 16/100 30/4/19

PARTICULARS OF RENDERING NON-EFFECTIVE Leave to Canada 1/5/19 DMD 67/14 10/4/19 B'Khall to B'Khall. MD 4. Compiled 12/4/19
Pay restricted to 20c per diem BO 102 5-8-16.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal For.								235 01	ff 276 00 / 135	
April				ap ban				10 -	225 01		
				AR 9. 22 Bn 5/4/18	1 78				223 23		
				" 47 " 15/4	4 46				218 77		
				" 89 " 26/4	3 57				215 20		
	P.P.	33							248 20	288 00 / 140	
		33		ap ban	9 81			10 / 10	238 20		
				AR 179 " 12/5.	4 46				233 74		
	P.P.	34 10							267 84	301 10 / 145	
				" 241 " 29.5.	3 57				264 27		
		34 10			8 03			10		150	
June				can d.				10 -	254 27	313 10	
	P.P.	33 00							287 27		
				AR 472 25 Bn C.C.	3 57				283 70		
		33			3 57			10			
JUL	do	34 10		ap ban				10 -	307 80		
				AR 420 22 Bn 15/7/18	3 57				304 23	325 10	
				" 549 25 Bn 3/7/18	4 46				299 77	155	
				" 536 22 Bn 22/7/18	4 46				295 31		
		34 10			12 49			10			
AUG	do	34 10		ap ban				10 -	319 41		
				AR 193 5 6 I B 22/8	3 57				315 84	337 10 / 160	
		34 10			3 57			10			
SEP	do	33		6 a p.				10 -	338 84		
				AR 8636 6 D R B 15/9	4 46				334 38		
				" 1923 6 I R D 18/9	7 14				327 24	342 10 / 165 -	a/c cred 19/2/19
		33			11 60			10			
		201 30			49 64			60			

216483 RANK pte. NAME ABRAHAM David

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd								324 24	165 -	
OCT	BP	34 10		ap				10	351 34		
				2/11 ar 808 5 CMR. 15-10-18	3 73				347 61	170	
				3/11 " 1745. Can Dep Paris 24-10-18	46 64				300 97		
				3/11 " 1196 5 CMR. 22-10-18	9 33				291 64		
				3/11 " 1042 Can Dep Paris 26-10-18	46 64				245 00		
				4/11 " 1313 " 28-10-18	27 99				217 01		
				5/11 " 2246 " 3-11-18	18 66				198 35		
				5/11 " 1929 " 1-11-18	18 66				179 69		
				5/11 " 1679 " 30-10-18	27 99				151 70		
		34 10			199 64			10	23		
Nov	PP	33		ap				10	174 40		
				19/11 AR 2102 5 CMR. 22 Bn 16-11-18.	3 73				170 67	175	
				3/12 " 2608 " " 3-12-18	13 06				154 91		
Dec	PP	34 10		ap				10	25 10 182 01		
Jan	PP	34 10		ap	5			10	24 206 11	185 -	
		101 20			16 49			30	20		
Feb	PP	30 80		ap				10	226 91	190	
				1/3 AR 3001 " " 24-12-18	7 79				219 12		
				3/3 " 4261 " " 9-1-19	3 77				215 35		
				3/3 " 4598 " " 26-1-19	3 73				211 62		
Mch	PP	34 10		ap				10	235 72		
				6/3 AR 5365 " " 14-2-19	3 73				231 99		
				6/3 " 5868 " " 25-2-19	3 73				228 26		
				27/3 " 6023 " " 1-3-19	4 56				223 70		
				1/4 " 6496 " " 10-3-19	3 65				220 05		
		~~67 90~~			~~30 76~~			~~20~~			
				15/6 " 7210 " " 21-3-19	3 65				216 40		
		64 90			34 61			20	~~239 40~~		
Apl	PP	33		ap				10	234 40		
	Int on Dft Pay to 30-4-19	9 76		AR 414 J Wing 10/4	73				176 16		
				1380 " 21/4 Cond Soc	9 73				166 43		
		42 76			~~82~~ 73			10			

249.16
73.00
176.16

I. Dft Canada 10/5/19 AL 64

L P C.

#16483 Pte Abram David

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			503	80										30	504 10																				
Feby	28	1 10	30	80											30 80					10 Res Bn.					4 87										
Mch 1-31	31	1 10	34	10											34 10					261 24/2 / 39 3/1 / 219 8/2 / 366 16/3					4 87 / 4 87 / 4 87										
Apr 1-20	20	1 10	22												22																				
21-30	10	"	11												511 00	93	15/4/17																		
May 1-31	31	"	34	10											34 10	116	30/4/17							7 30 / 7 30					61	25 21	136 20					Depr. 67a. 5/5/17
June	30	"	33												33	190	15/5/17			434				9 73		4 87			1320	37 80	131 40		98 00			102 yrs 5 Fp. + 22 yrs pay Do 152 37/17
July	31	"	34	10											34 10														10	155 50					
Aug	31	1 10	34	10											34 10														10	179 60					
Sep	30	1 10	33	00										436	39 00	525	15-8-17							2 43 / 1 60 / 2 43	2 43				31 89	185 04					Obsn 19 22 Bn Sept 1916 Admn 28 12/16 Shell wound
			770	00										466	770 66									85 52	58 40	133 96		230	81 71	589 59	185 07				

MONTH PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917											
October			~~185 07~~					185 07		110 00	
" 31	31	1 10	Pay	34 10				10			
			+ 2 Sep pay 22-10-17				~~906~~				
			1 Wdy 2 Pte 9-10-17 to 117 22 Bn				17 60	17 60			
		34 10						10 191 57		115 00	
Nov	Pay	33 00									
Dec		34 10						10		120 00	
			AR 111 2 Div Rest Camp fo 5/10/17				4 46				
			Dft 2 C 1 BO AR 571 14/9				4 46				
			~~8 92~~								
			Def				4 92	10 229 78			
								20			
Jan 31	Pte Pay	34 10	A/R					10			
			AR 11 2 Div R. Camp 22/9/17				2 68				
			AR 304 do 22/10/17				3 57				
			AR 767 22 Bn 27/12/17				8 03	239 57		125 00	
		34 10					14 28	10			
Feb	10	30 80	Can A/P					10			
			AR 812 NZ Bn 6/1/18				3 57				
			AR 850 do 26/1/18				4 46				
			4803 C.M.S. 14-11-17				13 38				
			AR 450 2 Div Wy 23/11/17				3 57				
			AR 715 22 Bn 6/12/17				8 03				
		30 80					33 01	10 227 36			

MONTH PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			Bal B/F								
MAR 1918			~~Can A/P~~								
			Can A/P					10 217 36			
			AR 905 22 Bn 11.2.18				4 46	212 90			
			A 571 So R 4.12.17				40	212 50			
			P.P.	34 10			4 86	246 60			
			AR 948 22 Bn 7.3.18				3 57	243 03			
			" 980 " 12.3.18				4 46	238 57			
			" 1188 " 26.3.18				1 78	236 79			
			" 1181 " "	34 10			16 45	10 235 01		276 00 / 85 00	

MARRIED OR SINGLE S

PLACE OF BIRTH Three Rivers. Que.

NAME AND ADDRESS OF NEXT OF KIN Jimmy Abran
72 Lavolette Avenue. Three Rivers. P.Q.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPEIDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

Pay Deducted to 20th Dec 1916 [illegible]

REG'L. No. 141683 RANK Pte. NAME Abran David. (Res Pay)

IF IN PERMT. CORPS WHAT UNIT UNIT 41st Batta. TRANSFERRED TO 23rd Batta. DATE 20/4/16 AUTHORITY [illegible]

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 22 Bn DATE 1-8-16 AUTHORITY [illegible] C.R.B-189

PLACE OF ATTESTATION Three Rivers Que TRANSFERRED TO C.C.A.C. DATE 11.10.16 AUTHORITY 11.10.16

DATE OF ATTESTATION 25th Feb. 1915 TRANSFERRED TO 10 Res Bn DATE 21/4/17 AUTHORITY [illegible]

22nd Bn 1/3/18 Aholla

ASSIGNED PAY MONTHLY $ 10.00 DATE EFFECTIVE 1-11-15.

PAYABLE TO Jos. Abran. 271 Laviolette. Trois Rivieres Que. RELATIONSHIP Father

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)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	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 c	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mch 31. Balance.															167 20										85 17		50 -	11 20	146 37	20 87					
Checked [illegible] April	30	1.00	30		30	10	3								33	485	4/4/16							9 74				10		19 74	34 09				Payment Rec'd to 20th per deem 4/10/16 JH
May	31	1.00	31		31	10	3	10						30	34 40	2241	28/5/16	2069	28/4/16					7 30	4 87			10	5. 15 40	42 57	25 92				per DR in 70 in her 30 co
June	1.30	30	"	30		30	10	3							33													10		10	48 92				June 30th Ady 1/12 [illegible] 28/4/16
July	1.31	31	-	31		31	10	3	10						34 10													10		10	73 02				
	1-31 8	31	/	31		31	"	3	10						34 10													10		10	97 12				
	1-31 9	20	/	20		20	"	2							22	1301	3/8			H/Hs CRB 13/4 1103 22nd 3/8					5 73	[illegible] 36	4 36 5 34			10		39 94	100 18				
																				1041 23 1 4/4							5 11								
W Thompson	1-10/10	10	/	10		10	"	1							11													10		10	101 18				Pkd to C.C.A.C. 11.10.16 C.R.B-189 19.10.16
	Oct 11 31	21	"	21		21	"	2	10						23 10													-			124.28				
	Nov. 1-30	30		30		30		3	-						33 -					Ep 30/7/624/10 - 3229. 8/11							4 86 2 44		10		17 30	139 98		55 84 98		
	Dec 1-31	31		31		31		3	10						34 10					3rd Cap. 8th 1586, H, 6th 245 Ep 27/1						4 86 3 43	2 43		10 -		62 53	110 55				
	1-31/17	31	1.10	34 10											34 10					M106 Coy 20/12					19 46				10		29 46	115 19		65 - 50 19		
				503 80										30	504 10									41 73	55 97	109 61		150	31 66	388 91					

A483 Jph.

LITARY DIST. No. 4 JUN 17 1919 D. MOBILIZATION

AUDITOR | PAYMASTER

Davis.

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

M. OR S. | REGT. No. 416483 | RANK Pte | NAME (IN FULL) ABRAN (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	10-5-19	DO 156 P.B. AR 53 Supp 2

ORIGINAL UNIT C.E.F. C.R.D. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 25-2-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 10 00 | DATE EFFECTIVE 1/6/19

PAYABLE TO Mr Jas Abran | RELATIONSHIP N.S. | ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. Montreal Bank. Three Rivers Que.

ADDRESS 27 Lavallette St Three Rivers Que.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal | DATE 19-5-19 | REASON Demob. | AUTHORITY DO 156 P.B. AR 53 Supp 2 | 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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account							166	43	166	43																									166	43	Olympic, Bal C. E.L.P.C. Nov. Dec 35 00 W.S.S. 70 00 Ap for May 10 00 Pd a/c 6th 20/5/19 to 25/5/19
1/5/19 to 25/5/19	25	1 10	27	50	70	00			132	50	Boat Train						487	50	279	06	10	00					660				305	53	660				T.B.R.
									298	93																										

Other Credits W. S. C. S. A. Total: 420 — 420

War Service Gratuity

Other Charges W. S. G. S. A. Total: 70 — 660 — 70 — 70 — 70 — 6340 — 70 — Total 660

Balance Soldier Dependant: 35 — 343 40 — 273 40 — 203 40 — 133 40 — 7000

3145737 — 3
1069240 — 4
1280253 — 5
1333162
1641708

a2w en

Finish

19.6.19
19/7/19
19/8/19
19/9/19
19.10.19

60m.-11-18 L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (A.D.[illegible] 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 23)
   (Enclosed in special envelope (2004)).
9. Copy of Discharge Certificate (A.F.W. 50a).
10. Dispersal Certificate (A.F.B. 6).
11. Equipment Statement (Q.M.G. Form (D.O.S. 2).
    and (Clothing) Statement
12. Last Pay Certificate (P.851).
13. Pay Book (A.H.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Papers.

and Duplicate

Group B II
Checked by No. 11
Date 5 MAY 1919

War Service Badge
Class A, No. 29717

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupation Group 4
Dispersal Area E

29-10-32

1. No. H16H83
2. Rank. Pte
3. Name. David Abram
4. Unit. 22nd F.C. Bn
5. Date of Discharge 19-5-19 Place ~~Xxxxxxxxx~~ MONTREAL.
6. Reason for Discharge DEMOBILISATION.
7. Authority. R.O.1420. D.D.#4 D.O.Pt.II-156.
8. Proposed Residence after Discharge Three Rivers P.Q.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge ~~that~~ at the undernoted place and date I received my discharge Certificate M. F. W.? B 39 Montreal

MAY 19 1919

D Abram

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date MAY 19 1919

Signature [signature] (O. C. Discharging Unit.)

Lieutenant
Officer i/c Discharge Section, Dispersal Station

M.F.B. 218a—300M.-11-18—1772-39-113.