REGIMENTAL DOCUMENTS

NAME ABRAMOVICH Alex REGT. NO. 3346024 UNIT C.A.D.6 H. Q. FILE NO. 581

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	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)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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
2	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)					
5	Cards.					

W. 2589
100M-11-19
1772-39-1377

DUPLICATE

#10 M. D. First Depot Battalion Manitoba Regiment

Regtl. No. 3346024

Discharge 9-7-18.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Abramovich WER
2. Christian name: Alex
3. Present address: 76 Lusted Avenue Winnipeg Manitoba Canada
4. Military Service Act letter and number: 495450 J.C.
5. Date of birth: 21st. January 1891
6. Place of birth (town, township or county and country): Winnipeg Manitoba Canada
7. Married, widower or single: Single
8. Religion: Jewish
9. Trade or calling: Accountant
10. Name of next-of-kin: Mrs. Rebbeca ~~Abramovich~~ ABRAMOVICH WER
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 76 Lusted Avenue Winnipeg Manitoba Canada
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place Winnipeg Canada (b) Date 14th. May 1918 (c) Category A2

DECLARATION OF RECRUIT

I, Alex Abramovich, do solemnly declare that the above particulars refer to me, and are true.

Alex Abramovich (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	27 yrs.	5	mths.
Height	5 ft.	5	ins.
Chest measurement — fully expanded		36	ins.
Chest measurement — range of expansion		3	ins.
Complexion		Ruddy.	
Eyes		Brown	
Hair		Dark	

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

Scar left shim.

W. W. Leard Major for

Commanding, 1st Depot Battalion Manitoba Regiment

O. C. Depot Btln.

Regt.

Place Winnipeg Canada Date 14th. May 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

MAY 14 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate 22020

This is to Certify that No. 3346024 (Rank) Pvt. A/Corporal.

Name (in full) Alex Abramovich enlisted in

the 1st Depot Battn. M.R. (Trfd to #Engineers) (Trfd to Base Units)

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man on the 14th

day of May 1918

HE served in Canada only

and is now discharged from the service by reason of On Demobilization. K.O. 1357 Para (b)

Co. 16 R 311. (1919) D.O. 32. Para 1. (1919)

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

Age 28 years

Height 5' 5"

Complexion Ruddy

Eyes Brown

Hair Dark

Marks or Scars Scar left shin

Alex Abramovich
Signature of Soldier

D. P. Stratton
Issuing Officer

Captain
Rank

O.C. Base M.D. No. 10.
Appointment

Date of Discharge 3-2-1919.

Signed at Winnipeg Man. this third day of February 1919

in Military District No. 10

File Reference No. 10MD 44-A-551

CANADIAN ARMY DENTAL CORPS
RECEIVED
MAR 6 1919
BY
ORDERLY ROOM

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

On demobilization the particulars called for on the back of this certificate will not be completed.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Abramovitch

REGIMENT Eng.

RANK Corpl

DISTRICT 10

No. 3346024

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Nov. 11th 1918.	2.3. 14.17. 19.20 21.32.									4.										10.	
Condition on first Examination																			D. Young Lieut		Cav. 5. 8.10.
Nov. 11th				1/5															" " "	10.	Formo Cresol in 5.
" 15th.				1/5.															" " "	10.	Formo Cresol in buckle canal
" 23.				1/5															C. H. McKenzie	10.	as in the lingual canal 5 of
" 28					1/5														C. H. " "	10	
Dec. 5.																			" "	10.	Prepared tooth for crown
Dec 7.				Cemented finished Crown															C. H. McKenzie		

M.F.B. 465. 150M—6-18. 772-39-950.

Original

AMENDED.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-89-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

M. D. 10
NO. 37

Regimental No....3346024.... Rank....Pte..... Name..Abramovich, A.....
(Surname first)

Unit .....Sundry Units,.....C.A.D.S.....who was* .....Discharged.....

On .....191.9...., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from....1-2.....to ..3-2.....1919.
the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			10	.00
Regimental Pay.....3.....days at $1.....c			3	.00
Field Allowance.....3.....days at $.....c.10				.30
Separation Allowance				
Clothing Allowance			35	.00
Post Discharge Pay				
*Other Credits .....Subsistence C...80..from..26-11-18..to..3-2-19.			56	.00
Advances 2004	48	30		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on ~~transfer or~~ on discharge, cheque No....2830	56	00		
Total	$104	30	$104	30

*Give particulars.

A monthly stoppage of $...$15.00.....(†) has.....(‡) been paid on account of

Assigned Pay for the month of January.....1919....
and Separation Allce. for month of..January..1919....
} (to) Assignee ..Mrs..R...Abramovich.....

(Address) .....213 Balmoral St. Wpg.....

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....4-5-18.....married or single. Single.....

(2) Separation Allowance, entitled or not.....No.....(3) Reason for discharge..Demobilization.....

(4) Authority for discharge or transfer.....D.O..32.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date ..28-2-19.....

Place .Winnipeg, Man.....

.....Captain
.....Paymaster i/c Demobilization, M.D. 10.....
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....

ORIGINAL

M.D. 10

CANADIAN CONTINGENT EXPEDITIONARY FORCE

NO. 37

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3346024 Rank Pte-Cpl. Name Abramovich R.

Corps C.A.D. E C. (Sundry Units) who was* Discharged.

On 3-2-19. 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 191...., to 3-2-19 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	.00
Advances by Cheques No.			Regt'l Pay 3 days at $ 1 c	3	.00
Advances by Cheques No.			Field Allow. 3 days at $ c 30		.30
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on ~~transfer~~ or discharge No.	48	.30	Other Credits* Clothing Allce.	35	.00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	48	.30	Total	48	.30

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned {Pay for the month of January 191 9 / and Sep'n Allce. for month of 191....} (to) Assignee Mrs. R. Abramovich.

(Address) 213 Balmoral Street, Winnipeg, Man.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 4-5-18

(2) if married and if a Separation Allowance Card has been submitted No No

(3) cause of discharge Demobilization. authority D.O. 32

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 4-2-19

Place Winnipeg.

Captain

Paymaster i/c Mobilization, M.D. 10

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—1-18.
H. Q. 1772-39-903.

Canada. Accountant Jewish Single

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Abramovitch ~~Abrams~~ ABRAMS Christian name ALEX

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 495350 J C

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

4. Address (including street and number, if any) 76 Lusted Avenue, Winnipeg Manitoba Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th. day of May 1917, by the undersigned medical board sitting at WINNIPEG, MANITOBA, CANADA.

5. Age as stated 27 Years 5 Months. 6. Apparent age 27 Years 5 Months

7. Height 5' Feet 5" Inches. 8. Weight 146 Pounds.

9. Chest measurement (Minimum 33 Ins. / Maximum 36 Ins.) 10. Complexion Ruddy (Eyes brown / Hair dark)

11. Physical development. Good. (Good / Fair / Poor) 12. Smallpox marks

13. Number of vaccination marks (Right arm Nil / Left arm 1) 14. When vaccinated last

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar L Shin,

16. Slight defects but not sufficient to cause rejection

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

(Strike out disease admitted or suspected.)

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

H C Charlesworth President.

R. L. Burns Lt. Member. J Bradshaw Capt. Member.

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

Joined 14th. day of May 1918 at WINNIPEG, MANITOBA, CANADA.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Battalion, Manitoba Regiment	3346024		14/5/18
Transferred to.....	#10 E R C R Depot			8/5/18

Transferred to C.A.P.C.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. 26-11-18

Station	Date	Disease	Result
Wpg O.C.R.	July 27/18	Tonsils	II III

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

Signature of Man Alex Abramovitch

Surname ABRAMS Christian Name ALEX

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				
ADMITTED MANITOBA MILITARY Convalescent Hospital OCT 11 1918 TUXEDO PARK		11	10	18	21	10	18	Influenza	10	Tonsils enlarged. Treatment Dovers Powder, Asperin Recovered. Returned to Unit	A R T [illegible]

CASE HISTORY SHEET.

V

I O D E Hospital. WINNIPEG Station.

No. 3346024 Rank Cpl. Name Abramovich, Alex. Age 27

Unit C E Completed years of service { Where and how long } C. 5/12

Date of admission 11-10-18 Date of discharge 21-10-18.

Diagnosis Influenza Place of origin Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE

Always subject to Tonsilitis.
Complains of slight pain across back; sore throat. Does not look very sick; throat slightly inflamed. Both tonsils enlarged and diseased. Heart and lungs, and other systems negative.
13.10.18. Temperature normal today, further recovery uneventful.

FAMILY HISTORY Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT Dover's Powder 5grs. Aspirin 5grs. every 4 hrs.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Recovered.

(and disposal made of case.) Tonsils enlarged. Other systems normal

Date 21.10.18 L. Macdonald Capt.
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A 11905

213 Balmoral Street, Winnipeg. Sh 2513.

557

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. 3346024 Rank Corporal Surname Abramovich
(Given name in full)
Alex

Unit or Corps 10 C.E. C.A.D.C. Birthplace Winnipeg Manitoba

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

1. GENERAL DESCRIPTION:

Physique Good Weight 146 lbs. Height 5 ft. 5 in. Colour of Eyes Brown

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 20-20 Left 20-20

Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Circular scar left shin, caused by fall, in childhood.
1 Vaccination mark left arm. childhood.

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 Sytem 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.

10 M. D. JAN 29 1919 HEADQUARTERS WINNIPEG

Ass't Director Medical Services No. JAN 29 1919 Mlty. Dist. No. 10, Winnipeg

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at Winnipeg Man (Canada)

Date 2-9 January 1919 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 Alex Abramovich

(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.)

APPROVED

JUN 30 1919

FOR A.D.M.S., M.D. No. 10
WINNIPEG, MAN.

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

J.P.

Rank A/Sgt Name WILSON, Charles Henry Reg'l No. 100281. R—122

Unit 66th Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Edmonton. 2nd July.1915. Place of Birth Bradford.Yorks.Eng.

Name and Address, Next-of-Kin Edith M. Wilson.

~~Vermilion. Alberta.~~ HOTEL CECIL, VICTORIA. B.C. AUTH: RL.29- d/17-6.18 Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to U/Sgt

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 13566
File R.L. OR: CAN
Category

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.		7 MAY 1916	R.O. 158. d 8.5.16
21.6.16.	O.C. 66th	2fd to 4th C.I.B. M.G. Base	Shorncliffe	17.6.16	Pt II O.140
28-6-16	" "	apt act Sgt w pay.	"	4-5-16	" 157
21-6-16	O/C 30th	T.O.S. Posted to Bgde. M.G. Base.		17-6-16	Pt II 158
23-6-16	O/C 30th	Trans to Can M.G. Depot	"	23-6-16	Pt II 160
25.6.16.	" CMGD.	T. O. S.	"	"	" 26.
6.2.17	- - -	S.O.S to 19th M.G. Co. Wetley	Crowboro	6.2.17	37
6.2.17.	19 M.G. Coy	T.O.S. from C.M.G.D.	Wetley	6.2.17.	16.
19.2.18	M.G.D.	T.O.S. from 19th M.G. Coy	Seaford	18.2.18	19th M.G. Co. Pt III. 09 50 d/18.2.18.
16.3.18	"	S.O.S. to 19th M.G. Coy.	a/Sgt.	15.3.18	19 M.G. Co. Pt. II. O.1 d/14 3/18 75
23.3.18	19 M.G. Co.	Proceeded a/seas.		23.3.18	5

A.F.B. 103 CHECKED 11 JAN 1918

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.
20.7.18	19th M G Coy	SOS to 2nd M.M.G.Bde	Fixed	A/Sgt	7.6.18	Pt II. 13 & 1. d/20.7.18 2nd M.M.G.Bde
24.8.18	2 MM G Bde	Confirmed in rank "Sergt"	"	"	24.3.18	— 4
14-3-19	2 MM G B	Proc. to Eng.	"	Sgt	7-3-19	Pto 17
Sailing 59 — U — 9.5 d/6.5.19.						
4-7-19	do	SoS to can	Ldn	Sgt	6-5-19	A.O. 7
9.8.19	"	Mentioned in despatches (auth L.G. 31448 d/17.7.19				A.O. 11

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

M. F. W. 54. (A. F. B. 1[illegible]
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 10 Engineers & Railway Cont'n R. D

Regimental No. 3346024 Rank Spte Name Abramovich Alex

C. E. F.

Enlisted (a) 14-5-18 Terms of Service (a) D. of W. Service reckons from (a) 14-5-18

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

Extended ..... Re-engaged ..... Qualification (b) Civil Accountant Military.

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				
3-2-19	A.A.G.	Discharged.	Winnipeg Man.	3-2-19.	On Demobilization R.O. 1357 Sec (b) Co. 86 P. 311 (1919)

D. P. Stratton CAPT
O. C. C. A. D. C. M. D. 10.

(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				

Draftee

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Abramovich, Alex.

REGIMENTAL NO. 3346024 RANK Sapper

ENLISTED AT 14-5-18 PROMOTIONS, &c. AND DATE Appointed a-Cpl.

DATE Winnipeg Canada

IF SERVED PREVIOUSLY. STATE UNIT. &c. Nil

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs.Rebecca Abramovich RELATIONSHIP Mother

ADDRESS OF 76 Lusted Ave.Winnipeg Manitoba Canada

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE. ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Trade Accountant

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
Discharged. from CADC. MD #10	32	1-2-1919.	Co. No. P. 311. (1919)

AP Eng

M. F. W. 71.—500M.—5-16.
1772—39—861.

NAME ABRAMOVITCH. Alex

REGIMENTAL NO. 3346025 4 RANK Pte

ENLISTED AT 1ST DEPOT BATT'N MANITOBA REG'T WINNIPEG, MAN. PROMOTIONS, &c. AND DATE

DATE 3/1/16

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE No Single (Accountant. Jewish)

NEXT OF KIN RELATIONSHIP

ADDRESS OF Harry Samuel Abramovitch Father
213 Balmoral Street
~~76 Lusted Street.~~ Winnipeg. MAN

ASSIGNMENT OF PAY $ 15.00 C. TO Rebecca Abramovitch(m)

ADDRESS as above

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER Nof

IN WHOSE FAVOUR B0135

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O. No.	PART II, D. O. Date	REMARKS IF IN HOSPITAL, NOTE NAME &c.
Trans to No.10 Eng. & Rlwy Const	163	12/6/18	eff 11/6/18
Admit/ Hosp.	10	12-10-18	from 11-10-18
Disch/ Hosp	22	22-10-18	from 21-10-18
Inf t C.a.d.c.	58	26.11.18	" 26.11.18
Discharged.	26	26-1-19.	Eff. 3rd-2-1919

H. Q. .....

M. D. No. 10

Surname Abramovich

T. O. S. May 14th 1918

Christian names Alexander

D. O. Pt. II 135 of 15/5/18

Regtl. No. 3346024 Rank Pte

S. O. S. 3-2-1919

Unit Man Regt 1st Dpo Bn

Reason Demob

Cun. Eng. Dpo. Oct 1st 18 D.O. I of 1-10-18

Auth. D.O. 327 1-2-19 #10 CADC

Next of kin Abramovich Mrs Rebecca

Relationship Mother

Address 76 Lusted Ave Winnipeg Man.

Also notify: .....

BORN—Place Canada Winnipeg Man. Date Jan 21st 1891

ATTESTED—Place Winnipeg Man Date May 14th 1918

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839

LEDGER NO. 3376 SERIAL NO. A 11905

REG. NUMBER 3346024 NAME Abramovitch Alex

RANK Pte CORPS C. E

AGE 27 SERVICE 6 5/12

NAME OF HOSPITAL Tuxedo Park Hsd PLACE Winnipeg

DATE OF ADMISSION 11-10-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Convl 21-10-18 IN CATEGORY A 2

M. F. W. 2553.
50m.—6-18.
1772-39-1334.

P. T. O.

REMARKS:

No. 3346024 Name Abramovitch, Alex Sqn., Batty., or Company

1st D.B.M.R. Corps

Date of enlistment May 14/18 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No. One. Signature O.C. Company, etc. [signature] Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Certified no entries	J.W. Rutan	Capt.	O.C.	N. Cap.	JUN 2 1918
				CERTIFIED CORRECT E. Burnett Capt O.C. No. 10 Engineers Depot					
				Certified No Entries					
				D. P. Stratton CAPT O.C. C.A.D.C. M.D. 10.					

A 2 Av.

Inspt.

M.F.W. 178 (A.F.B. 122)
150M—1-18—1772-30-1211

(P.T.O.

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

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

C

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DEPT. MILITIA & DEFENCE FEB 23 1919 H.Q. CANADA

1. No. 3346 024
2. Rank. Acting Corporal
3. Name. Alex Abramovich
4. Unit. Canadian Army Dental Corps MD#10
5. Date of Discharge 3-2-1919. Place Winnipeg Man
6. Reason for Discharge On Demobilization (Ro 1357 Pr (b))
7. Authority. 10 Ore D Hrt-a-551. CO 26 P. 311. (1919)
8. Proposed Residence after Discharge 76 Lusted Ave Winnipeg Manitoba Canada

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.?

Alex Abramovich
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Winnipeg Man

Date 3-2-1919

Signature D. P. Stratton Captain (O. C. Discharging Unit.)
OC CADC MD#10

M.F.B. 218a—300M.-11-18—1772-39-113.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263		
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a	
or			
Field Conduct Sheet	"	W. 178	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	"	W. 54	
Medical Report for Invalid§	"	B. 227	
Dental History Sheet	"	B. 465	
Last Pay Certificate	"	W. 44	
Duplicate Discharge Certificate	"	W. 39A	
‡Form of Will	"	W. 82	

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form W. 23 "	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

M

War Service Badge, Class issued

A. No. 240345

B. No. 59565

15-A-144

Proceedings on Discharge.

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

C. R. MAY 9 1919 Mil. Dist. No. 12

No. 907901

Rank Private

Surname Abramoff

Christian name Prokofi

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 195th Bn.

Date of discharge 7-5-19

Place of discharge Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 38 years — months.

Height 5 feet 9 inches.

Complexion Fair

Eyes Grey

Hair Fair

Trade Farm hand

Intended place of residence (To be given as fully as practicable.) Regina

Descriptive marks

Good

r shoulder & face

2. The above-named man is discharged in consequence of Med. unfit Wounds.

Authority for discharge K.O. 1422 (126-767)

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.

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.)

Medical Documents forwarded to ~~S.C.R.~~ or B.P.C. on 14/5/19

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

K.C. 13.2.20. com.

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Regina P. Abramoff. *(Signature of Soldier.)*

(Date) 7-5-19 P. W. Bannister *(Signature of Witness.)*

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

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

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Regina

(Date) 7-5-19

G. H. Bradhurst Major

(Signature) ..... Lt. Col.

Officer Commanding

No. 12 District Depot

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.)

I hereby certify that there are no reservations.

P. Abramoff

OPINION OF THE MEDICAL BOARD

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

Concurs

19. Is the invalid 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 invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Duty Category B 2.

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

B E Langlois Capt President.

PLACE New Westminster, B. C. A T Fuller Capt } Members

DATE January 15th, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE ..... } Members

DATE .....

APPROVED BY A. Urquhart A.M.C. M.D. 11 For Assistant Director of Medical Services. JAN 17 1919

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

34-A-474

THIS FORM WILL BE USED FOR ALL RANKS

CCNOXI.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION New Westminster, B. C. DATE January 15th, 1919

1. 1 (a) Unit 195 Bn. (b) Regimental No. 907901 (c) Rank Pte.

(d) Surname Abramoff (e) Christian name Prakofi

(f) Home address Regina

(g) Next of Kin Mrs F. Abramoff (h) Relationship Wife

(i) Address of Next of Kin Kolosovka P.O. Berezovka.

2. Age last birthday 39 Date of birth July 7th 1879.

3. Enlistment, or Appointment (if an Officer) (a) Place Regina (b) Date April 22 19 16

4. Personal description:

(a) Height 5' 9" (b) Weight 162 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

5. Former trade or occupation Farm Laborer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years	Days
2 8/12	5

A.D.M.S. MILITARY DISTRICT No. 11 JAN 16 1919 VICTORIA, B. C.

		Periods From	Periods To
Canada	Canada	Apl 22 1916	Nov. 1916
	England	Nov 1916	Nov 1916
England	France	Nov 1916	Sept 1918
	England	Sept 1918	Sept 1918
France or other theatres of War	Canada	Sept 1918	Present.

7. Original disease, or injury 1 G S W right shoulder.
2 Myalgia.

(a) Date of origin 1 April 9 1917 2 1904 (b) Place of origin 1 France 2 Russo-Jap war

(c) Cause 1 G S W 2 Exposure.

M. F. B. 227.
300M.—8-18.
1772-39-117.

No O.S.B's of 167 Available "A T Fuller, Capt."

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

1. Weakness right shoulder.
2. Myalgia.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

G.S.W. right shoulder, Scar posteriorly 4" in length well healed, not adherent, scar not painful. He states that he has myalgic pains in shoulder in wet weather and that he cannot carry anything heavy (e.g. bucket of water) All movements are unlimited and free and there is no muscular atrophy discernable. Hand grip not appreciably reduced in power. Disability due to wound is slight. States he has had rheumatism off and on since time of Russo-Japanese war 1904-5 this is not constantly present and is worse in wet weather. Present mostly in legs from hip joint to ankles. He states it is severe enough at times to confine him to bed.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System as stated

Osseous and Joint Systems as stated Any other general condition no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

G.S.W. on active service.
Myalgia of 14 years duration not present continually.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

(*c*) (Here give a description of wounds, scars and deformities. Scar 4" in length vertical on posterior aspect right shoulder.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 No 2 Yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. No. 2 Yes Myalgia appears to have been present recurrently for many years before enlistment and has been aggravated slightly on service

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 12 months 2 Susceptibility, permanent.

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

1 Hospital France.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

Duty, Category B 2.

A. T. Fuller, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned P. Abramoff 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 R.H.D.

Abramoff P. Rank.
Signature of invalid examined.
a.s.

OPINION OF THE MEDICAL BOARD

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

Concurs

19. Is the invalid 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 invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

Cat B2

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

B E Lang Capt President.

PLACE New Westminster — A J Fuller Capt. } Members

DATE Jan 14th 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE ..... } Members

DATE .....

APPROVED BY — APPROVED BY

J A Urquhart A.M.C. M.D. 11

For Assistant Director of Medical Services. — Director-General of Medical Services.

DATE JAN 17 1919 — DATE .....

Sherman

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

A 474

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION ..... DATE DEC 27 1918

1. 1 (a) Unit 195 Bn (b) Regimental No. 907901 (c) Rank Pte
(d) Surname Abramoff (e) Christian name Prakofi
(f) Home address Regina
(g) Next of Kin Mrs F. Abramoff (h) Relationship Wife
(i) Address of Next of Kin Kolosovka P.O. Berezovka
2. Age last birthday 39 Date of birth July 7th 1879
3. Enlistment, or Appointment (if an Officer) (a) Place Regina (b) Date April 22 1916
4. Personal description:
(a) Height 5.9 in (b) Weight 162 (stripped) (c) Complexion Fair
(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

MILITARY DISTRICT No. 11 JAN 16 1919 VICTORIA, B. C.

5. Former trade or occupation Farm Laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 8/12	5

		Periods From	Periods To
Canada	Canada	apl 22. 1916	nov. 1916
	England	nov. 1916	nov. 1916
England	France	nov 1916	sept 1918
	England	sept 1918	sept 1918
France or other theatres of War	Canada	sept 1918	Present

7. Original disease, or injury 1. GSW. right shoulder
2. Myalgia

(a) Date of origin 1. April 9th 1917. 2. 1904. (b) Place of origin 1. France 2. Russo-Jap war.
(c) Cause 1. GSW (2) Exposure

M. F. B. 227.
300M.—8-18.
1772-39-117.

No OSBs or 167. available
A J Fuller Capt

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

1. Weakness rt. shoulder.

2. Myalgia.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

G.S.W. right shoulder. Scar posteriorly 4" in length well healed + not adherent - scar not painful. He states that he has myalgic pains in shoulder in wet weather - and that he cannot carry anything heavy (Eg. bucket of water). All movements are unlimited + free - there is no muscular atrophy discernable. Hand grip not appreciably reduced in power. Disability due to wound is slight. States he has had rheumatism off and on since time of Russo-Japanese war - 1904-05. This is not constantly present + is worse in wet weather. Present malady is legs from hip joint to ankle. He states it is severe enough at times to compel him to bed.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System as stated

Osseous and Joint Systems as stated Any other general condition no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

G.S.W. on active service

Myalgia of 14 years duration - not present continually.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

(*c*) (Here give a description of wounds, scars, and deformities.) Scar 4" in length - vertical - on posterior aspect right shoulder.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1. no. 2 yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. n.a. 2 yes. - Myalgia appears to have been present recurrently for many years before enlistment + has been aggravated slightly on service.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 12 months. 2 Susceptibility permanent.

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

1. Hospital - France

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 - but not fully
(If not, briefly state why)

17. Recommendations

Cat. B2

By the medical Board
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, 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

Abramoff P. Rank.
Signature of invalid examined.

A.S.C.

OPINION OF THE MEDICAL BOARD

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

Concurs

19. Is the invalid 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 invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Duty Category B 2.

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

President.

PLACE New Westminster, B. C. W T Fuller Capt

DATE January 15th, 1919. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE.....

DATE..... } Members

APPROVED BY

Assistant Director of Medical Services.

For

DATE JAN 17 1919

APPROVED BY

A. M. C.
M. D. 11

Director-General of Medical Services.

DATE.....

Ref 121-A-1252 6247

Regina Sask 12

CNOXI.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION New Westminster, B. C. DATE January 15th, 1919

1. 1 (*a*) Unit 195 Bn. (*b*) Regimental No. 907901 (*c*) Rank Pte.

(*d*) Surname Abramoff (*e*) Christian name Prakofi

(*f*) Home address Regina

(*g*) Next of Kin Mrs F. Abramoff (*h*) Relationship Wife

(*i*) Address of Next of Kin Kolosovka P.O. Berezovka

2. Age last birthday 39 Date of birth July 7th 1879.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Regina (*b*) Date April 22 19 16

4. Personal description:

(*a*) Height 5' 9" (*b*) Weight 162 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Fair (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc.

5. Former trade or occupation Farm Laborer.

A. D. M. S. MILITARY DISTRICT No. 11

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years 2 8/12 JAN 16 1919 VICTORIA, B. C. Days 5

		Periods From	Periods To
Canada	Canada	Apl 22 1916	Nov. 1916
England	England	Nov 1916	Nov 1916
	France	Nov 1916	Sept 1918
France or other theatres of War	England	Sept 1918	Sept 1918
	Canada	Sept 1918	Present.

7. Original disease, or injury I G S W right shoulder.
2 Myalgia.

(*a*) Date of origin 1 April 9 1917 (*b*) Place of origin 1 France

(*c*) Cause 2 1904 2 Russo-Jap war

I. G. S. W. 2 Exposure.

M. F. B. 227.
300M.—8-18.
1772-39-117.

No O.S.B's of 167 Available "A T Fuller, Capt."

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

1. Weakness right shoulder.
2. Myalgia.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

G.S.W. right shoulder, Scar posteriorly 4" in length well healed, not adherent, scar not painful. He states that he has myalgia pains in shoulder in wet weather and that he cannot carry anything heavy (e.g. bucket of water) All movements are unlimited and free and there is no muscular atrophy discernable. Hand grip not appreciably reduced in power. Disability due to wound is slight. States he has had rheumatisim off and on since time of Russo-Japanese war 1904-5 this is not constantly present and is worse in wet weather. Present mostly in legs from hip joint to ankles. He states it is severe enough at times to confine him to bed.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System as stated

Osseous and Joint Systems as stated Any other general condition no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

G.S.W. on active service.

Myalgia of 14 years duration not present continually.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

(*c*) (Here give a description of wounds, scars and deformities.) Scar 4" in length vertical on posterior aspect right shoulder.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 No 2 Yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. N.app. 2 Yes Myalgia appears to have been present recurrently for many years before enlistment and has been aggravated slightly on service

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 12 months 2 Susceptibility, permament.

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

1 Hospital France.

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 but not fully.
(If not, briefly state why)

17. Recommendations.

Duty, Category B 2.

A. T. Fuller, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned P. Abramoff 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 B.E.I.

Rank.
Signature of invalid examined.

Demobilization Pay M.D. No. 11 — Siberian

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

REGT. No. 907901 RANK PTE NAME (IN FULL) ABRAMOFF PROKOFI (BLOCK LETTERS SURNAME FIRST)

M. OR S. M.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1-1-19

TO WHOM PAID Same as AP — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Siberian L.C. adj to 23/12/18		

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO M.D. 259 — DATE 13-2-19 — AUTHORITY D044

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE Payable in Eng Charge from 1-1-19

PAYABLE TO Mrs Elfrosina Abramoff — RELATIONSHIP Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Kolosovska, Russia

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — 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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 23/12/18		1.10					15	62	15	62																									15	62	
Dec 24	52		57	20	60	-			132	82	No 1						10	-																			$90.00 S.A. & A.P. Jan & Feb 1919
					13	-					No 8						10	-									90	-			110	-			22	82	

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut.
Paymaster, Demobilization Pay
M.D. No. 11

Credit S.A. and W.S.G.
TRANSFERRED TO SUSPENSE LDGR.
Folio
Credit Bal S.A. and Dep W.S.G.
TRANSFERRED TO CDT. SUSP LDGR. Folio 985
12/4/23

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 589.
MARRIED OR SINGLE: Married

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN: Efrasina Abramoff
Kolosavka, Ananieve, Berezurka, Russia.

RELATIONSHIP OF NEXT OF KIN: Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN: Wife

SEPARATION ALLOWANCE MONTHLY $ ~~20.00~~ $25 EFFECTIVE (DATE) 1/12/17 22/4/16

PAYABLE TO: Efrasina Abramoff

RELATIONSHIP OF DEPENDANT: Wife

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 907901 RANK Private NAME Abramoff, Prabofi

IF IN PERMT. CORPS } WHAT UNIT } UNIT 195th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Regina

DATE OF ATTESTATION 22/4/16

907901. Pte. Abr
4th. Lab. Bn.

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-11-16
"D"

PAYABLE TO Efrasina Abramoff, Kolosavka, Ananieve Berezurka Russia RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON 4

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO 32nd Batt DATE 1/11/16 AUTHORITY B.O. 31
TRANSFERRED TO 5th Batt DATE 16/12/16 AUTHORITY A.R. 5th Bn
TRANSFERRED TO 4th Labor Bn DATE 1/1/18 AUTHORITY
TRANSFERRED TO DATE AUTHORITY

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 c1
Nov.	30	1.00	30	00	30	10	3	00						19 10	13 33 10			1891	15/11					Balance from Canada							19 10				
~~Dec/15~~	~~15~~	~~1.00~~	~~15~~	~~00~~	~~15~~	~~10~~	~~1~~	~~50~~							16										26	76										
Checked J.G. Hutchings Dec/15	15	1.00	15	00	15	10	1	50							16 50			1943	7/11								487		15		41	76	10	34		
16/3	16		16		16		1	60							17 60													15		19	87	6	97		Trans. to 5th Batt. 24/7/18 Pte 80
			6	10			6	10							12 20																	24	54		
1/31 Jan	31	1.00	34	10											34 10	1851	14/12								8	42										
1/28 Feb	28		30	80											30 80	1883	22/12								2	61										
																2094	2/2								2	62										
																2024	26/1								2	61										
																1963	13/1								3	49										
1/31 Mar	31		34	10			226	00							226 34 10			2370	19/3						2	62	2	62	15	226	22	85	50	57		Q400 5 #80 25/11
April	30		33				20	00							53			2267	6/3						2	61	2	61								
May	31		34	10			20	00							54 10			6	4/4					Lloyd	5	23			15	20	40	23	63	36		
June	30		33				20								53									Lloyd					15	20	35		82	46		
July	31		34	10			20								54 10									Lloyd					15	20	35		100	46		
Aug	31		34	10			20								54 10									Lloyd					15	20	38		119	56		
			334	40			338	20						19 10	691 70										32	77	31	99	15 ~~26~~ ~~77~~	00	35	00	138	66		
																														08	279	84	69	67		

WSS to be checked & found correct 31/3/19 WM Roffey

Canadian Assignment Pay
Mil WA Edwards
dpa
25/4/19

907901. pte. Abramoff. Grabofi at 15.00

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance (Dep.): 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.	Date	2: No.	Date	3: No.	Date	4: No.	Date	Cash Payments 1	2	3	4	Assigned Pay (Sp.)	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Fwd 1917			334	40			338	20						19 10	691 70									32 77	31 99			150 326	08	279 84	138 66				
Sept.	30	1 10	33	.			20	..							53 .					313 229	EBD SBD	28/7 7/7				4 46 4 46	Lloyds	15 00 20 00		43 92	147 74				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Oct	Bal bt Down	~~147 74~~							147 74		
"	Pte Pay	34 10			Lloyd		15				20
"				A.R. 375. 1 C.I.B.D.	31/8/17.	4 46					
"				A.R. 246. 3 I.B.D.	11/8/17.	4 46					
"				A.R. 331. 1 I.B.D.	24/8/17.	4 46					
"				C.P. 2410.	26/10/17.	97 33			56 13		
Nov.	Pte Pay	34 10 / 33		£7-3-10.	Lloyd	110 71	15 / 15				20 / 20
Nov.	" Dec	34 10		£8-4-5.	Lloyd (Dec)		15				25
"				Dr. A.R. 550 4 Lab B	9/10/17	5 35					
"				Dr. A.R. 526 "	2/11/17	3 57					
"				Dr. A.R. 460 "	15/9/17	2 68					
"				C.P. 5572. —	4/11/17.	9 73					
"				D.N. A.R. 1937. 4 Labor Br.	31/10/17	9 73					
"				D.N. A.R. 497. 4 Lab Br.	30/9/17	2 68					
"				Dr. A.R. 595 "	25/10/17	7 14			52 35		
		67 10		£8.4.5.	Lloyds.	40 88	30 / 15				45 / 25
Jan	Pte P	34 10		A.R. 704 4 Labor	15.12.17	3 57					
				" 679 " "	30-11-17	10 71					
				" 640 " "	15-11-17	3 57					
				" 731 " "	31-12-17	4 46					
						22 31					
		34 10					15		49 14		25
Feby		30 80		£8.4.5. Lloyds.			15				25
				A.R. 767 4 Labor	20/1/18	3 57					
				" 785 "	31-1-18	4 46			56 91		
		30 80				8 03	15				35

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
	Btfd										
March	PP		34 10	Lloyds £8-4-5			15				25
				A.R. 834 4 Lab 15.2.18	3 57						
				" 861 " 28.2.18	4 46						
				" 927 " 15/3/18	3 57				64 41		
					11 60						
			34 10		11 60		15				25

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE. * ENGLAND OR ~~CANADA~~.
EFFECTIVE DATE:- 1-11-16	EFFECTIVE DATE:- 1-12-17
AMOUNT:- 15 0	AMOUNT:- 25 0

NAME:- ABRAMOFF, Prabofi F

NUMBER:- 907901

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.

Efrosinia Sergeevna Abramova
Khersonskaia Gubernia
Ananievskiy Uezyd, Pochta
Berezovka, Derevnia Kolosovka
Russia (Wife)

Same

Pay as per SA for Sep

Stopped eff 1-10-18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 195th Bde

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4th Labor Bn
	1-6-18	19-6-18	4th C&E France
	7/10/18		WEH

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
10/9/18	2235	Paid	7 14				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 30/9/18 ARO N.R. 159 7/9/18

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1st March	Balance Bt fd.								6th 6th	nil	
April	SP	33		+S/a a/p Lloyds £5-4-5.			15		82 11		25
		33					15				25
May	SP	34 10		Lloyds £8-11-5			15		101 51		25
				DN AR 286 C 159 30-11-18	8 92				92 59		
		34 10		" " 523 12 C7C France 11-5-18	2 68		15		89 91		25
					11 60						
June	SP	33		Lloyds £8-4-5.			15				25
				AR 813 1 dist 7.6.18.	3 57						
				DN v 583 v 22.5.18.	4 46					✓	
				AR 959 v 22 6 18	3 57				96 31		
July	v	33 34 10		Lloyd £3-1-5 5-2-9	11 60		15 15				25 25
				AR 1155 v 6.7.18.	3 57						
				v 1380 v 22.7.18.	3 57				108 27	✓	
Aug	v	34 10 34 10		Lloyds £8-4-5	7 14		15 15				25 25
				v 1765 v 14.8.18	7 14				120 23		
		34 10			7 14		15				25
Sep		33		Lloyds £8-4-5			15		138 23		25
				AR 2235 No 10 dis C7C 10/9/18	7 14				131 09	DNP	
		33			7 14		15				25
				D.N. 2008. L.P.C. Bal to Canada	131 09						
					131 09						

A.3 M. FORM Stopped E'TER 1/10/18
M'CHARGED TO Canada DATE 30/9/18
PAY-BOOK VERIFIED 22-9-18
Credit CAN 131 09 L.P.C. REN'D 24/9/18
AUTH'Y ARO. N.R. 160. 20/9/18

Checked [illegible]

Canadian Casualty
Mil Hospitals
Aldershot
28/1/19