S

REGIMENTAL DOCUMENTS

NAME Abrams Oscar Leonard REGT. NO. 298012 UNIT 224th Bn H. Q. FILE NO. 602

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

274th Overseas Canadian Forestry Battalion

ORIGINAL

ATTESTATION PAPER.

No. 298077

MAR 7 Ent'd

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Abrams
1a. What are your Christian names?	Oscar
1b. What is your present address?	Sault-Ste-Marie, Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Cornwall Ontario
3. What is the name of your next-of kin?	Mrs. E. Abrams
4. What is the address of your next-of-kin?	108 Albert St. Sault-Ste-Marie, Ontario Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	28th February 1887
6. What is your Trade or Calling?	Engineer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes – 51st Regt. (14 months)
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Oscar Abrams, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Oscar Abrams (Signature of Recruit)

Date 17th March 1916. Andrew MacDuff (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Oscar Abrams, 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.

Oscar Abrams (Signature of Recruit)

Date 17th March 1916. Andrew MacDuff (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 Montreal this 17th day of March 1916.

A.W. Racey (Signature of Justice)

M. f. W. 25.
600M.—2-16.
H. Q. 1772-50-941.

Description of Oscar Abrams on Enlistment.

Apparent Age 20 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 4 ins.

Chest measurement: Girth when fully expanded ..... 35 ins.

Chest measurement: Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Fair

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

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

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

Slight Varicose Veins
Slight Hammer Toe
Scar on Wrist

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date ..... March 17 ..... 1916.

Place ..... Mont. .....

..... H. Amby ..... Major
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Oscar Abrams ..... 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.

..... Gerald C. White ..... (Signature of Officer)

Date ..... Apr. 18 ..... 1916.

LIEUT.-COL.
224th CANADIAN FORESTRY BATT'N. C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class A, No._____

THIS IS TO CERTIFY that No. 298012 (Rank) P. Te

Name (in full) Abrams Oscar enlisted in

the 224th Can. Forestry Battn.

CANADIAN EXPEDITIONARY FORCE at Montreal Que. on the 17th

day of March 1916

HE served in U.K. & 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 ft 4 in.

Complexion Fair.

Eyes Blue

Hair Fair.

Marks or Scars Wound left ankle

Signature of Soldier

Issuing Officer

Rank

Date of Discharge

Date 19

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. 39.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

Date: May 29 18

No. 298012 Rank Pte Name Abrams is recommended for

Medical Board Disability Hammer toe

The Infantry

[signature]

Capt.

M.O. Base Depot, Can.For.Corps .

WAR SERVICE BADGE
CLASS "A" No. 389838

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 298013 (Rank) Pte

Name (in full) ABRAMS Oscar enlisted in

the 51st Battn

CANADIAN EXPEDITIONARY FORCE at Montreal on the 17th

day of March 1916

HE served in France with 29th Labor Coy

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 yrs

Height 5' 4"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Scar - L ankle

Oscar Abrams
Signature of Soldier

F. W. Bowman Major
For
O.C. No. 2 District Depot.
Issuing Officer

Date of Discharge

Dispersal Station
SEP 22
Military District No. 2

Rank

Date SEP 22 1919 19

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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of 19

has served in .....

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	Marks or Scars .....
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier .....

Issuing Officer .....

Rank .....

Date of Discharge .....

Date ..... 19 .....

N.B.—In 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.

(4pp.) D.P. 3000M-12-18.
S.M. 1772-29-688

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class A, No._____

THIS IS TO CERTIFY that No. 298012 (Rank) Pte.

Name (in full) Abrams Oscar enlisted in

the 224th Can. Forestry Battn.

CANADIAN EXPEDITIONARY FORCE at Montreal Que on the 17th.

day of March 1916

HE served in 676 Frames

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 ft 4 in.

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Wounded

left ankle

.....

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date ..... 19.....

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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

29

WR

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 224th Can. Fourty Batt, C.E.F.

Regimental No. 298012 Rank Pte Name ABRAMS (three) Oscar

C. E. F.

Enlisted (a) 17/3/16 Terms of Service (a) D.W. war Service reckons from (a) 17/3/16

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

Extended Re-engaged Qualification (b) Engineer

War Service Badge Class A, No.

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				
		Enlisted	Ramsay	25/4/16	
		Transferred	England	5/5/16	
22.11.16	O.C. 224th	S.O.S.224th Bn.	London	22.11.16	Pt II D.O. No. 153
					Lt. & A/Adjt.224th C.F.Bn
22.11.16	~~D of T.O.~~ C.F.C.	T.O.S. Can. For. Corps.	London	22.11.16	Pt. II. D.O. No. 1.
					Lt. & Asst/Adjt. C.F.C.
27.4.17	~~D of T.O.~~ C.F.C.	Proceeded overseas to C.F.C. France.	London	21.4.17	Pt.11 Orders No 99 Lt & A/Adjt. C.F.C.
		Disembarked	Havre	24.4.17	L.R.8134, d/24.4.17, Pt. II. O. 1, d/22/5/17
25-10-1917	29th Coy C.F.C.	Sentenced to 7 days F.P. No.1, 18-10-1917 for conduct to the prejudice of good order and military Discipline in that he did neglect his work after being warned to complete it. 17-10-1917	Field	18-10-1917	B2069 PIC no 23 D/ 9-11-1917
29/12/17	43 C.C.S.	P.U.?	Adm.	43 C.C.S.	29/12/17 A36(C4585)
29/12/17	54 La.	do	Hospital	43 C.C.S	29/12/17 A36/4171
31/12/17	43 C.C.S.	do	do	37 A.T.	31/12/17 A36(C5715)

(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				
31/12/17	7 Can. Gnl.	P.U.O. adm.	7 Can. Gnls	31/12/17	W 3034 (C 6223)
5/1/18	A.S. Brighton	(Sick) To England.	England	5/1/18	W 3083/4671 Pt II D.O. no 2 d 12/1/18
		D.B. Johnston Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
16.1.18	B.D.C.F.C.	T.O.S. from 29 Coy C.F.C. France on admission to Hospital in England	Sunningdale	5/1/18	Pt II D.O. 14
					D. D. Laurie Lieut. for Lt. Col. i/c Records, C.E.F.
26.6.18	O.C. C.F.C.	S.O.S. on posting to Co 108. Dist 55	BASE DEPOT C.F.C. SUNNINGDALE 26.6.18 B.H. Green		PT. II. DO. NO. 152 [illegible] O.F.O.
2-7-18	O.C. Base Depot C.F.C.	T.O.S. 55. Dist C.F.C. at 108 Coy from Base Depot C.F.C.	Stirling	25-6-18	D/O Pt II #31 d/29-6-18 [illegible] Capt & Adjt.
13.5.19	O.C. 55 Dist., C.F.C.	S.O.S. 55 District., C.F. at 108 Company to ~~Base Depot, C.F.~~ ~~MDC 12 Kinmel Park~~ Base Depot	Stirling	14.5.19	Pt II D.O. No. 24 d/14-5-19 [illegible] CAPT. & ADJUTANT, FOR O.C. DISTRICT 55 C.F.C.
16/5/19	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 14/5/19 Pt. 11. D.O. 136 from 55 Dist 108 Coy.				

Army Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 224 Bn Regimental Number 298012

*Substantative Rank _____ Surname ABRAMS. Christian Names OSCAR

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
			Arr. in England S.S. Emp of Brittian		6.5.19	
Now known as			Can. Forst. Corps Auth. Pt II DO 1		22-11-16	29 Coy DO 1
27.4.17	C.F.C.		S.O.S. to Coy 29 France	London	21.4.17	DO 99 d/22.5.17
16.1.18	BD "		T.O.S on adm to Hosp in Eng from 29 Coy France	Pte S'Dale	5.1.18	SOS 29 Coy 1/4 DO 2 d 15.1/18
26.6.18	BD CFC		S.O.S to 55 Dist	" "	24.6.18	55 Dist 1/5 DO 31 29 6/18
16.5.19	" "		T.O.S. from 55 Dist	" "	14.5.19	S.O.S. 55 Dist 1/36 DO 24 d 14 5/19
23.6.19	S. Wg CCC		S.O.S. to L. Wg. C.C.C.	" Witley	23.6.19	DO 25
12.6.19	S. "		T.O.S pending R.T.C.	" "	11.6.19	" 16.

Certified true copy.

[signature]
for LT COL i/c Records, C.E.F.

7/8/19 Army WD Army form 676 Witley 1/8/19 Pt II 98

To be folded on this line.

Nothing to be written in this margin.

(B26383.) Wt. W. 9893—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report. Date.	From whom received.	(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
12-8-19			TOS. 226.19 WITLEY. SOS, - OMFC. TO CEF CANADA 12.9.19			

J Brown Lieut for
OFFICER i/c RECORDS,
R. WING C.C.C.,
WITLEY.

Embarked S S Regina
L/pool Sept 12 /19
C H Westmore Major
O.C 13 P C

SEP 12 19 O. S. T. O S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 268
SE 22 19 S.O.S. (DISCHARGED FROM H. M. S.) No. 2. DIS. DEPOT, PART II D. O 268

Captain,
For O. C. No. 2 District Depot.

Nothing to be written in this margin.

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				
10.6.19					
		S.O.S. Base Depot C.F.C.		10.6.19	162
		on Transfer to S. Wing			
		CANADIAN CAMP, ~~BUYL~~	Witley		J. Moffat
		T.O.S. PART II D.O. No. 16			
12.6.19		S.O.S. EMBARKED FOR CANADA. 24 JUN 1919			
		A. J. Collison Capt.		11.6.19	
		I/c RECORDS "S" WING C.C.C. WITLEY			
6.7.19	"L" Wing	T.O.S. Per. Cadre	Witley	4.7.19	Part two DO 45.
6.7.19	"L" Wing	To be shown as on command to Y.M.C.A.	Witley	4.7.19	Part two DO. 45,
	L. Wing	S.O.S. ex R.T.C. for Demob.	Witley	7.8.19 ~~7/8/19~~	H. V. Bonner Lt.
			Ret. Cm. 22.9.19		
			SOS. 22.9.19		

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

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

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		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				
		Embarked ...			
		Disembarked ...			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 8625—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

6

C.A.D.C. 9009A

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

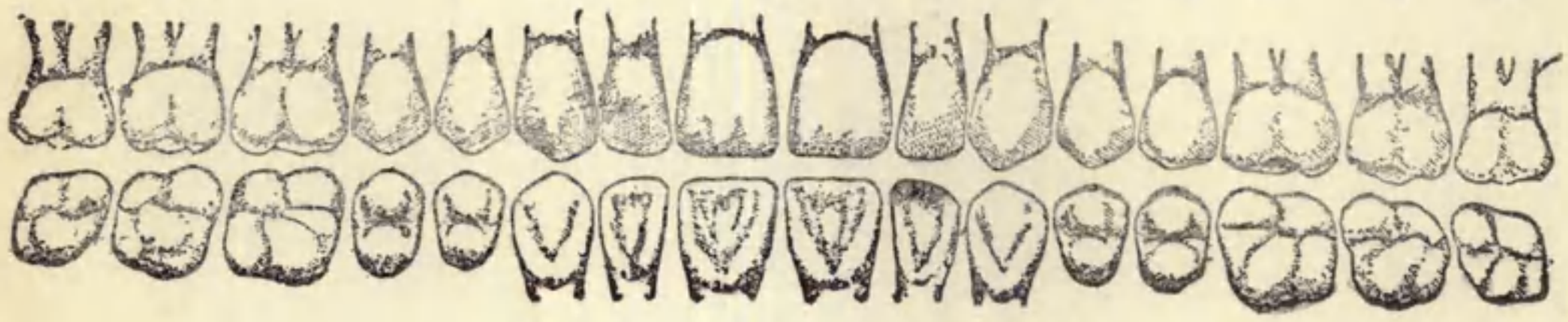
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ABRAMS. O.

REGIMENT C. F.C. RANK Pte No. 298012

Date of Examination in England 22-5-44 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 None
2. EXTRACTIONS None
3. CROWNS None
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } None

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer R Jamieson Capt

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ABRAMS, O. L.

REGIMENT C. F. C. RANK Rfn. No. 289012

Date of Examination in England 15 AUG 1919 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 4. 10. 13. 31
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France Yes

Signature of Dental Officer C. R. Graham Capt

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. 298012 Rank Private Surname ABRAMS
(Given name in full)
Oscar

Unit or Corps N. Wing C.C.C. Birthplace Cornwall England

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

1. GENERAL DESCRIPTION: Est

Physique Good Weight 140 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition Good

Pulse 76 reg

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

scar left ankle.

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 Yes Any other general condition Good

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.

Appendicitis - 1917 - recovery
Eczema - face - no disability
Slight varicose vein left leg - no disability

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 15/6/16 Signed C Alfenderson Capt 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 Oscar Abrams

(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 a Medical Board.)

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

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 Oscar Leonard 2. Surname Abrams

3. Rank Pte 4. Original Unit 51st Bn 5. Reg. No. 298012

6. Address, in full, to which future payments of gratuity are to be forwarded
General Post Office
Sault St Marie Ont

7. Date of enlistment in the C.E.F. ~~4-8-15~~ 17th March 1916

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

9. Relationship of such dependent not applicable

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

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

12. Were you ~~at any time~~ on the strength for pay and allowances ~~of a unit of~~ the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

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 4 years 11 Months
Canada 9-8-14 51st Bn to 9-10-15 Russia 17-10-15 C. E. F. to 22-2-16 France England 6-5-16 C. E. F. to 22-5-17. France to 4-1-18. England present date

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

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? N/A

5134. Wt. 30P. 250,000(8). 3/19. S.O.,F.Rd.
6624 Wt. /P56. 20,000(4). 5/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistment and under what regimental numbers and units. Not applicable

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid Not applicable

20. ~~Have you been issued with a War Service Badge? If so what class?~~

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?

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: Oscar L. Abrahamson

Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.

Place of Residence: 75 London St Street Sault Ste Marie Ont Canada

Declared before me at: Written Ont Canada

This 4th day of July 1919 Surrey Eng

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.

Douglas Scott Major
Lord's Day Act
Police Magistrate
Algoma
Ont. Written

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

Form R. & O. 6745
1238-130M 29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sunningdale Berks 7-6-18 1916.

No. 298012 Rank Pte Name Abrams O.

Local Unit CFC Overseas Unit Age 31

Examination held at Sunningdale Berks.

DISABILITY.
Overseas—Local.
(scratch one out)

Debility Following Nephritis
Hammer toe (rig t)

PRESENT CONDITION.

Contracted acute war nephritis in Nov, 1917. Urine was clear by February (~~March~~) Now complains of some weakness, dizziness and ~~shortness~~ and fatigue on much exertion. No signs or symptoms referrable to renal system remain. Is fit for manual work. Marked hammer toe on right foot.

BOARD RECOMMENDS:—

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

Signatures:—

Members { J.D.Adamson Capt CAMC ..... President.
J.E.McCorvie Capt CAMC .....
.....

APPROVED

Dated at 18 JUN 1918 1916.

.....
Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Form R. & O 6045
1238-130M 29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sunningdale, Berks., 7/6/18. 1916.

No. 298012 Rank Pte. Name Abrams, O.

Local Unit C.F.C. Overseas Unit Age 31.

Examination held at Sunningdale, Berks.

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

Debility following Hæmorrhoids. Nephritis. Toe (Right)

PRESENT CONDITION.

Contracted acute nephritis in Nov-1917. Urine was clear by February (2nd Att.) Now complains of some weakness dizziness and fatigue on much exertion.
No signs of symptoms referable to Renal Syst. seen remain.
Fit but for minimal work.
Marked hammer toe on Rt. foot.

BOARD RECOMMENDS:—

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

Signatures:—

Members { ..... President.
..... Capt R.A.M.C.
.....

APPROVED

13 JUN 1918

Dated at ..... 1916. ..... Major, D.A.M.S.
for A.D.M.S. Canadians, London Area.
For A.D.M.S.

Certified this document checked with Regimental documents.

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 Oscar Leonard 2. Surname Abrams

3. Rank Pte 4. Original Unit 51st Batt 5. Reg. No. 298012

6. Address, in full, to which future payments of gratuity are to be forwarded

P.O. Sault St Marie Ont.

7. Date of enlistment in the C.E.F. ~~Aug 9th~~ 17 March 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

9. Relationship of such dependent Not Applicable

10. Address, in full, of such dependent

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

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 4 months 51st Batt in Canada 1 4 months in Russia, 10½ mths in France 29th Labour Coy Balance to date C.F.C. in England

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

5134. Wt. /30P. 250,000(8). 3/19. S.O.,F.Rd.
6111. Wt. /P47. 25,000. 4/19. 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?

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

SEP 22 1919 DEMOBILIZATION

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?

Questions 12-13-14-20-24-25-26-27 Deleted W.G.

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: Oscar J Abrams

Place of Residence: Sault St Marie Ont

Declared before me at: Welfare Camp

This 16th day of August 1919

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.

W. Anderson LT. COL.
COMDG. "N" WING C.C.C.

Questions 12, 13, 14, 20, 24, 25, 26 & 27, are unanswered.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

ORIGINAL

To be made out in duplicate. HQ. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C. E. F. London, immediately after arrival in England.

BATT'N. ORDERLY ROOM
APR 18 1916
224TH. OVERSEAS
Canadian Forestry Batt'n.

(1) Name of Overseas Unit which Soldier joins

(2) Regimental Number 298012

(3) Full Name of Soldier Oscar Donald Abrams

(4) Place of birth Cornwall Ont

(5) Are you married, or not? No

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

(b) Present Postal Address 108 Albert St. Sault St Marie Ont.

(7) Are you a widower? No

(8) Have you any children? /

If so, give number of boys and girls

Also their names and ages

M. F W. 67
200M.2-16
1772-39-954

(SEE OTHER SIDE)

(9) Is your Father alive ? Yes

If so, state name and address Edson Abrams Sault St Marie Ont

(10) Is your mother alive ? Yes

If so, state name and address Agnes Abrams
108 Albert St Sault St Marie Ont

(11) If your mother is a widow /

Are you her sole support or not ? /

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

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

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

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium ? /

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

G E Ewing Major
Officer Commanding.
for 22nd Batt C E F

Date 18/4/16

Forms
I. 1237
12 ..

Army Form I. 1237.

MEDICAL CASE SHEET.*

1.CC

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1918.	298017.	Pte.	Abrams	O.
	Unit.		Age.	Service.
	Can. F. C.		abt 8 ab	8/7/17

Station and Date

Disease Nephritis.

Canadian Hospital, Woodcote Park, Epsom.

21 FEB 1918 Complains of Nervousness at Times, Has swelling of feet & legs. Occasional pains in both hips. D ± 2

26 FEB 1918 H.S. Co.

4 MAR 1918 N.S. Inf. Co. Eye Spec. please

11 MAR 1918 N.S. Fairly Sat.

18 MAR 1918 N.S. Inf. R.T. D 5

25 MAR 1918 N.S. Fairly Improved. D 9 Pte

2 APR 1918 N.S. Improving. Should be fit in one or two more weeks. Urine analysis. Co.

11 APR 1918 H.S. Urine Report: alb. + sligh. Pus Cells + (4/4/18) hd.

16 APR 1918 H.S. Urine Report. Alb - 12/4/18. hd.

~~Healing Bullet.~~

v.v. 18 Improving Co with off P.T. & C.D.

v.g. 18 Convalescing HR

6.5. 18 Recovered. No complaints. Gen and Good. Examination heart and lungs negative. Dft for Cat A.

Bloxham Capt.

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

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

P.T.O.

Station
and Date.

24

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	298012	Pte	Abrams	Dear.

Year	Unit.	Age.	Service.
1918	24 Canadians 6 Fourteen Corps	30	3 5/12

Station and Date.	Disease Trench Nephritis
Feb. 19.	Pte was taken ill Dec 24 in France with swelling of face dark scanty urine. headache vomiting. Came to Clandeboye Feb 5th
	Transferred to Feb. 18.
	P. I. hill.
	P.C. Face clean. Tache good. Throat normal.
	Heart } Lungs } nil abnormal detected
	Abdomen Slight tenderness in pressure hypochondriac region
	Extremities nil abnormal Urine Albumen 1/8 Granular casts
	urine. Loss of Cal-
Feb 20.	Transferred to Canadian Depot
	M.C. Toronto
	Capt RAMC

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

ORIGINAL

224th Overseas Canadian Forestry Battalion

MEDICAL HISTORY SHEET.

298072

Surname Abrams Christian Name Oscar

Examined on 17th day of March 1916 at Montreal, P.Q.

Approved by H. Amby

Birthplace City or Town Cornwall, County Ontario

Rank Major M.O.

Apparent age 29 years

Trade or occupation Engineer

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		11 JAN 1918 M.O.
		M.O.
6.5.18	A	Bloubaum M.O.
29/5/18	A	J M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 Feet 4 Inches.

Weight 134 Lbs.

Chest measurement { Minimum 32 inches. Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. Number 2

When Vaccinated last Two years ago

Date.	Result.	VACCINATIONS.
17/6/16	O/K	R.R. Barker Capt M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
4/4/16	OK	Rpt Illegible M.O.
18/4/16	ok	Rpt Illegible M.O.
TAB 8.7.17		AB 64
		TAB 3.5.18 M.O.

(b) Slight defects but not sufficient to cause rejection

Slight Varicose Veins

Slight Hammer Toe.

Enlisted on 17th day of March 1916 at Montreal, P.Q.

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	224th O/Seas Can. Forestry Bn	298072		
Transferred to	CANADIAN FORESTRY CORPS.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Swansdale	10/6/18	Debility following Nephritis	Bd Hosp Dublin Capt RAMC
Matheson	20/8/18	Debility & A.H.	Bd Hosp Cobalt Surgeon Capt RAMC
Swansdale Ont	May 25/19.	Neurasthenia + Debility	Bd Hosp Cobalt Surgeon Capt RAMC

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-139.

Surname Abramson Christian Name Oscar

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Claudon Park Hosp Guildford.		5	1	18	21	1	18	Nephritis		29.12.17. 2 weeks pains & cramps. weakness. Urine 31.12.17. Acid 1025, albumin +, hyaline & granular casts. 15.1.18. Ht. heats food but irregularly intermittent. No symptoms. 18.1.18. Urine clear.	T. Tengely M.D.B.S.
Broom House W. Horsley		21	1	18	18	2	18	Nephritis	28	14.2.18 Convalescent Urine No alb. 18.2.18. Transf. to Woolwich.	T. Tengely
		18	2	18	20	2	18	Nephritis Severe	3	Transferred to Woodcote Pk. Epsom	N. T. Smith Major R.A.M.C.
M.C.H. Epsom		20	2	18	17 MAY 1918			Nephritis	87	On Admission:— Complains of nervousness at times. Has no swelling of feet or legs. Occasional pains in both hips. Is now fully recovered and fit for Cat. "A"	Beaharne Capt.

ROYAL HERBERT HOSPITAL WOOLWICH
20 FEB 1917
MEDICAL DIVISION

R—122

W.B. Rank Name ABRAMS, Oscar Reg'l No. 298012

Unit 224th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, 17th March 1916. Place of Birth Cornwall, Ont.

Name and Address, Next-of-Kin Mrs E. Abrams,

108 Albert St, Sault-Ste-Marie, Ont. Canada Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character X 101

N/E. R.B. No 22785 File R.L. Can OR

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.
CFC	C.	Arrived in England S.S. Emp. of Brit 6 MAY 1916			
Now known as Can. Forestry Corps Auth, Pt. II DO. I, 22, 11, 16					WSR
27-4-17	CFC	S.O.S. to Coy. 29 France	London	21-4-17	Pt II 99 29 Coy Pt II O 1 d/22-5-17
16.1.18	B.D.C.F.C.	T.O.S. on adm to Hosp in Pte England from 29 Co. France	" S'dale	5/1/18	" 14 O/C. (S.O.S-29 Co. C.F.C. Pt II 2 d 15-1-18.
26 6/18	"	S.O.S. to 55 Dist.	" "	24 6/18	" 152 (55 Dist. C.F.C. Pt II 31 d 29 6/18.
16.5.19	"	T.O.S from do	" "	14.5.19	" 136/S.O.S 55 Dis Pt II-O 24 14/5/19
23.6.19	S'Wing CCC	S.O.S. to L.Wing CCC	✓ Witley	23.6.19	✓ 25
12.6.19	S " "	T.O.S per R.T.C	✓ ✓	11-6-19	-16
7.8.19	M Wing	T.O.S from C.F.C	"	1-8-19	" 98

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.
13.8.19	L. Wing	SOS of the Perm Cadre of this Unit on transfer to C.O.R.D. ecc on Comm to Y.M.C.A.	Willesy	13.8.19	AO 84
20.8.19	H Wing.	Awarded 14 days F.P.2. and forfeits 8 days pay. by O.C. Regt. for A.W.L. from 23.59 hrs. 5.8.19 to 10.00 hrs. 13.8.19. (7 days 10 hrs)	Witley	14.8.19	DO 109.
23.8.19	H. Wing	SOS to R. Wing	Witley	22.8.19	DO 112
17.4.19	R Wing	SOS. to Canada	Witley	12.9.19	DO 137.
		105 - J - 26		12.9.19	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2.

L. L. Job 95618—M. & D. 6555.

Name of Soldier. Abrams Oscar.

Pte 298012. 224th B. C. F. Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		92966	20	
June		94926	20	
July		97962	20	
Aug.		a10800	20	
Sept.		A15349	20	
Oct.		A19760	20	
Nov.		A24541	20	Re-opened from 1-6-17 B.F.R.
Dec.		a34548	20	File 58-2-1 A&R 18-7-17
Jan.	1917	a38399	20	
Feb.		a43376	20	
March		a49298	20	
April		B144	20	
May		B6118	20	
June		~~B14045~~	~~20~~	20. B 14045 loans J.A.L.
July		A15480	40	Mailed 20/7/17
Aug.		B28211	20	
Sept.		C33424	20	Re 33424 Remailed 26/7/17 G.R.
Oct.				1032 Birmingham Ala. USA - 17-9-17
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.				

1.

L. L. J. 810—M. & D. 6574.

1032 Crescent ave. Birmingham ala USA

Mrs.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

17 4/7

P. to Sw

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom H. J. Henderson

Address ~~826 Dorchester St W.~~

~~Chambly Canton~~ ~~Montreal~~

~~Que.~~ Que

Rate 20.00

~~APR 1 1916~~

By Whom Assigned Abrams Oscar

Regtl. No. 298012

Rank Pte

Corps 224th C. F. Bn

MAY 1 1916

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.				
Jan.	1916			
Feb.				
March				

O.K. per B of R. 1. 5. ~~17~~ 16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.- 6-16.
1772—39—818.

Sheet No. 2 Mary Ethel Abrams Wife

PAYMENTS.

Name of Soldier Abrams, Oscar

Pte. 298 012 - 224th Bn

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		A 6272	20	20 [illegible] mailed 6/7/17 Pay from 1-7-17. Pat Soc written
Aug.		B 16242	20	M to re arrears from 1-5-16 - ~~wf~~
Sept.		N 79230 10600	280 — 20	280 R mailed 20/9/17
Oct.		check written gp.	20	$340.00 Adjust arrears to wife from
Nov.				date of enlistment to 1/9/17
Dec.				Pay arrears in full
Jan.	1918			auth B of R. 18/9/17 T Clark 20/9/17.
Feb.				Pay Spa at the rate of $15. per
March				month from 1/9/17. See File 58-0-1
April				auth B of R 18/9/17.
May				
June				
July				

CONSOLIDATED ENG. ACCOUNTS

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

O.K. per. B of R.

1-5-~~17~~16

L. L. 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

1

Name Mary Ethel Abrams

Address 125 Gladstone Ave
Sault Ste Marie
Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Abrams Oscar

Regtl. No. 298012

Rank Pte.

Corps 224th Bn

To what Corps belonging when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 2

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

165

Date of Assignment May 1st. 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 298012

Rank Pte Promoted Reverted Discharge

Soldier's Name Oscar Abrams

Battalion 224th Bri

Beneficiary

Relationship

Address 2 yrs

PARTICULARS OF ASSIGNMENT

Name ~~Mrs~~ Mrs W J Henderson ~~Esq~~

Address

Change of Address

1 ~~1032 Crescent Ave Birmingham Ala. U.S.A.~~

2 ~~125 Gladstone Ave, Sault Ste Marie, Ont~~

3 ~~1032 Crescent Ave~~, Birmingham

4 ~~37 Rhodes Circle~~ Ala - U.S.A.

c/o Alabama Power Co. 17/4/16 15/4/19

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept 30-17			340	340		(90123)
Oct	B 50169		20	20		a/p paid to above auth B of R.
Nov.	B 51872		20	20	N	
Dec.	B 57472		20	20	S	
Jan/18	B 63918		20	20	C S	
Feb	~~B 90153~~		~~20~~	~~20~~		B 90153 Retd & Canc. 14/3/18 GLP
~~Mar~~	~~G 97373~~		~~20~~	~~20~~		G. 97373 Canc.
Mar.	U 80534		40	40		Feb & Mar. Mailed 15/3/18
Apr	G 7155		20	20	C	M.R.O. 1B. rendered 18/3/18. JJC
May	A 10075		20	20	C	MRO 1B.
June	Z 7011		20	20	C	
July	Z 17997		20	20	C	
AUG	Z 29956		20	20	C	
SEP	Z 43015		20	20	C	
OCT	Z 57464		20	20	C	
NOV	Z 71981		20	20	C	
DEC	Z 93064		20	20	C	
JAN	Z 102883		20	20	C	
FEB	Z 116810		20	20	C	
MAR	Z 129393		20	20	C	
APR	Z 133		20	20	C	
MAY	Z 9200		20	20	C	
JUN	Z 16452		20	20	C	

160

M. F. W. 128.
4 0M. 6-7—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A165

OVERSEAS CONTINGENTS

Date of Assignment 1/5/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 298012

Rank Pte Promoted Reverted Discharge

Soldier's Name Oscar Abrams.

Battalion 224 Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name ~~20~~ Mrs. W. J. Henderson

Address c/o Alabama Power Co.

Change of Address Birmingham Ala. USA

1

2

3

4

See other side REMARKS 58-0-1

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1919 June			760	760	6
July	Z 21163	~~20~~	20	20	6
Aug	Z 24222		20	20	6
Sept	Z 25430		20	20	✓
~~Oct~~			~~20~~	~~20~~	
			$ 820	820	

MD #2

A/c Closed 30 9-19

Ret'd per Regina

Date 20-9-19 M.F.W. 187 4-10-19

Clerk B Stotesbury

MRoh P# 1228/3 Destroy

M. F. W. 128.
400M. 6-7—1-72-39-1141
L. L. 22320—M. & D. 7993.

AUDITED.

Date of Enlistment 4-5-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 166

Date of Assignment

12 Ca1 B.

RATE OF SEPARATION ALLOWANCE

~~20~~	15		

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 298012

Rank Pte Promoted Reverted Discharge

Soldier's Name Oscar Abrams

Battalion 224th Bn. 2 a/cs

Beneficiary Mary Ethel Abrams.

Relationship Wife MFW 2554 27/7/18

Address 125 Gladstone Ave. Sault Ste Marie Ont.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept 30	50078	340		340		B 50170. cancelled mailed 26/10/17
Oct	~~B 50170~~	~~20~~ 10		~~20~~ 10		10 (?) S. A. Paid to above Auth By R
Nov	B 51871	15		15		adjust A/c of S/a. at the rate of $15. per month from 1/9/17. wife advised
Dec	B 57471	15		15	S	that under P.C. ~~2375~~ 3254 she is only entitled to that amount set out in
1918 Jan	B 70485	15		15	BB	seperation agreement. which is $15.00 per month see File 58-0-1-
Feb		~~15~~		~~15~~		auth B of R. Folio 35. T final 19/10/17
Mar	U 80535	30		30		Feb & Mar. Mailed 15/3/18.
apr	G 7154	15		15	S	M. R. O. 1 C. rendered 18/3/18. JHC.
may	A 10076	15		15	C	MFW 2554 Rec'd ok JHC 18/11/18
June	B 13032	15		15	C	
July	Y 25975	15		15	C	
AUG	A 28432	15		15	C	
SEP	A 35020	15		15	C	
OCT	A 41646	15		15	C.	
NOV	A 49749	15		15	C.	
DEC	B 62242	15		15	C	
JAN	B 69239	15		15	C	
FEB	A 76422	15		15	C	
MAR	D 82226	15		15	C	
APR	C 106	15		15	C	
MAY	a 5315	15		15	C	
JUN	a 8891	15		15	C	
JUL	a 11239	15		15	C	Over.

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A166.

RATE OF SEPARATION ALLOWANCE

15			

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 298012

Rank Pte Promoted Reverted Discharge

Soldier's Name Oscar Abrams

Battalion

Beneficiary Mary Ethel Abrams

Relationship Wife

Address 125 Gladstone Ave. Sault Ste Marie Ont

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1919 July		665		665
Aug A	13112	15		15
Sept A	13742	15		15
~~Oct~~		~~15~~		~~15~~
		$695		695

REMARKS 58-0-1

MD #2

A/c Closed 30.9.19

Ret'd per Regina

Date 20.9.19 M.F.W.187 4-10-19

Clerk B Brotesburg

MRoLPt 1228 J4 Dest

AUDITED.

M. F. W. 128.
400M.—7-17—1772 39-1141
L. L. 22320—M. & D. 7993.

FORM D M S 1300

SURNAME Abrams. CHRISTIAN NAME OR NAMES O. REG. NO. 298012.

RANK Pte UNIT Torr. 29. CO. TROOP BATTY.

HOSPITAL 43 bbS. DATE OF ADMISSION 29.12.17.

1. 7 Can. G. H. Etaples. — 1-1-18
1st. Line M. H. Clandon Pk. HOSP. 7-1-18

2. Mil. Con. Epsom HOSP. 21-2-18

3. HOSP.

4. HOSP.

DIAGNOSIS P.U.O. at.

1.

2.

3.

DISPOSITION

bd 4.1.18 A100.
" 10-1-18 A105 (1)
" 11-1-18 B101 (1)
23-2-18 B138
24-5-18 B213

Dis. 17.5.18 DATE

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 100 (1)	#43 Cas. Clear Stat	29-12-17	P.U.O. (Can For. Corps)
A 105	#1 Can Gen. Etaples	1-1-18.	P.U.O.
B 101	1st Line Mil Blandon Pk.	5-1-18.	P.U.O.
B 138-1	Fld Conv. Woodcote Pk. Epsom	21-2-18	" " "
B 213.	Disc	17-5-18	" " "

REGT'L. No. 298012

NAME Abrams O

H. Q. FILE No. 649

RANK AND CORPS Pte 29th Bn

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42 – 100M.—28-11-17.
H. Q. 1772-39-893.

FORM R. 149.
7106—250m—7/2/17.

Name ABRAMS OSCAR. Rank P/E. Reg. No. 298012. N.C.

Unit C.F.C. (29 Coy)

Next of Kin CANADA.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-12	43 G. C. S.		P.H.O	A	100	10976
1-1-18	7 Can Gen Hsp Etaples		do	A	100	18096/5
5-1	1st Line M H. Claudon PK.		-do-	B	101	10096.
21-2.	Mil Con Hsp Epsom		-do-	B.	128	12981
17-5.	Discharged		-do-	B.	128	5221

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

No. 298012 RANK Pte NAME Abrams Oscar

T. O. S. 17-3-16
A.D.Q. 12 of 5-4-16

UNIT 224th Can. Forestry Battalion C. E. F.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 16	apr 30	✓	proceeded O/S 21-4-16	A.D.Q. 29 of 22-4-16
	May	✓		

SURNAME. Abrams

CHRISTIAN NAMES Oscar

REGL. No. 298012 RANK Pte.

UNIT 224th

FORMER CORPS 51st Regt 14 mos.

CARD NO. 2

Soldier Dismob

FOLL 22.9-19

ASH. Da 268 of 25-9-19

of 200

Bn.

NEXT OF KIN.

NAMES IN FULL Abrams Mrs. E.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 108 ~~Albert St~~ Sault Ste -

125 Gladstone Ave Marlo, Ont.

CHANGE OF ADDRESS

also notify.

Mrs. H. J. Henderson

~~1032 Crescent Ave~~

~~Birmingham~~

~~[illegible]~~

Alabama power Co.

Birmingham Ala

SGAP 1-5-19 U.S.A.

COUNTRY OF BIRTH Canada Cornwall Ont DATE Feb 28th, 1887

PLACE OF ATTESTATION Montreal, P.Q DATE March 17th, 1916

Sailed SS. Missanabie 13/4/16 R/C 70-9-19 415/30 Pte

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Engineer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 29 YEARS 1 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS Scar on wrist. slight varicose vein slight Lameness

MEDICAL EXAMINATION. PLACE Montreal. Que. DATE March 14th, 1916

Present address Sault Ste. Marie, Ont

REGINA 20-9-19

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

DISPERSAL [stamp] | AUDITOR | PAYMASTER

REGT. No. 298012 RANK Pte. NAME (IN FULL) ABRAMS. O.L (BLOCK LETTERS SURNAME FIRST) A2569.

M. OR S.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. Closed by Ottawa DATE EFFECTIVE 30/9/19

TO WHOM PAID Mary Ethel Abrams RELATIONSHIP Wife

ADDRESS 125 Gladstone Ave Sault Ste Marie Ont. "

(SA $15.00 only per P.A.B ruling.)

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sa Adjment		

ORIGINAL UNIT C.E.F. C.F.C.

IF IN P.F. WHAT UNIT? G.P.O. Sault St Marie. Ont.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 17-3-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 30-9-19 Closed by Ottawa

PAYABLE TO Mrs. H. J. Henderson. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS c/o Alabama Power Co. Birmingham Ala. U.S.A. — 125 Gladstone Ave Sault St. Marie Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Toronto DATE 22-9-19 REASON Demob. AUTHORITY D.O.#268 IF ENTITLED TO POST DISCHARGE PAY Yes.

MONTH	No. of Days	Rate	Pay and F.A. Amount	Other Credits		Total Credits	Acquittance Rolls	Cash Payments Col. No. 1	Cash Payments Col. No. 2	Cash Payments Col. No. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT 31/5/19					22 58	22 58											22 58	Cr. C.P.C.
27/9/19	119	1.10	130 90	35 00 / 70 00		235 90		9 73 / 4 87	28 93 / 5 00	119 45	30 00				257 98			Allce 1st W.S.G. [illegible] Boat & Lr Boat [illegible] June July Aug Sept [illegible]
						258 79									257 98			
													70 00 / 5 50	4 00				W.E.G. as above / P&A over Cr 5 days. / SA over Cr 8 days.
183 days			420 -	90 00		510 00									79 50	344 50	86 00	1st W. S. G. Paid by [illegible] D.O.
							A.R 182 Nov 6			1364925		1364926	64 50	26 -	170 -	280	60	WRF
							A.R 189 Nov 14			1366599		1366600	70 -	30 -	270	210	30	WRF
							A.R 221 Dec 22			1710709		1710710	70 -	15 -	355 -	140 -	15 -	WRF
							A.R 314 Jan 30			1730181 / 1725[illegible]9		1730763	70	15	440	70	—	
							A.R 364 Feb 18						70		510	—	—	
			420	90		510							420	90	510			

(Sa $15.00 per month only)

AMOUNT DUE SOLDIER DEPENDENT

T.O.S. 12-9-19 D.O. 268

SUBS.......TO.......D.O.......

(Hold "S.A." for completion M.F.W. 3595) Lang 3/1/15

W54 form mailed Toronto 29/10/19

200M-3-19.—L. L. 58789-... & D. 9985.
M. F. W. 2:96.
1772-39-1390.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Cornwall, Ont

NAME AND ADDRESS OF NEXT OF KIN: Mrs E Abrams.
108. Albert St. Ste Ste Marie. Ont.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $20. EFFECTIVE (DATE)

PAYABLE TO: Mrs B. J. Henderson
826. Dorchester St. W. Montreal.

RELATIONSHIP OF DEPENDANT:

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 298017 RANK Pte. NAME Oscar Abrams.

IF IN PERMT. CORPS WHAT UNIT: UNIT 224 Forestry Bat^n TRANSFERRED TO C.F.C. France DATE 21/6/17 AUTHORITY

PERMANENT FORCE ALLOWANCES: TRANSFERRED TO BD. C.F.C. DATE 1-2-18 AUTHORITY

PLACE OF ATTESTATION Montreal: TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14-3-16: TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20 DATE EFFECTIVE May 1916

PAYABLE TO Mrs B. J. Henderson: Chambly Canton P.Q. (C.A. 39 (3") 17) ~~826 Dorchester St W. Montreal~~ RELATIONSHIP

ASSIGNED PAY-MONTHLY $ DATE EFFECTIVE

PAYABLE TO: RELATIONSHIP

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

DISCHARGE DATE AND PLACE: REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

P.D.

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	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														10	1000													C.			10 00				C. As at 15-4-16.
April 16-30	15	1.00	15	00	15	10	1	50							16 50																26 50				
May	31	1.00	31	00	31	10	3	10							34 10													2000		22 43	38 17				
June	30	1.00	30	00	30	10	3	00							33 00													20 00		31 44	39 73				
July	31	1.00	31	00	31	10	3	10							34 10													2000		41 89	39 21				
Aug.	31	1.00	31	00	31	10	3	10							34 10													20 00		27 30	38 74				
Sept	30		30		30		3								33													20		32 14	39 54				
Oct	31		31		31		3	10							34 10													20		32 17	41 50				
Nov.	30		30		30		3								33													20		32 17	42 33		20		
Dec 1917	31		31		31		3	10							34 10													00		32 17	44 26				
Jan	31	1.00	34	10											34 10													20		32 17	46 19				
Feb.	28	1.00	28	80											30 80													20		32 17	44 82				
Mch	31		34	10											34 10													20		44 34	34 58				
			385	00										10 00	395 00													220 00		360 42					

ACQUITTANCE ROLLS:
- 1: 38 23/1/16; 78 24/6/16; 136 14/8/16; 75 6/11/16; 94 22/11/16; 193 29/12/16; 152 30/5/16; 279 17/7/16; 433; 521 31/12/16; 590 2/11; 673 27/12; 754 26/1; 839 21/2/17; 980 2/4/17; 1078 24/2; 1130 27/3
- 2: 2 43; 1 23; 7 30; 3/4 49; 2 43; 1460; 730
- 3: 12 14; 12 14; 12 17; 12 17; 12 17; 12 17; 12 17
- 4: 12 17

CASH PAYMENTS: 2 43; 456; 12 14; 12 14; 12 17; 12 17; 12 17; 12 17; 12 17; 12 17; 92 48; 47 94

7 298012. Pte Abrams Oscar. $ 20.00 A.P.

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
1917			385	00										10 -	395 00
Apl.	30	1.10	33												33
May	31	"	34	10											34 10
June 1-20	20	-	22	-											22 -
21-30	10		11	-											11 -
July	31		34	10											34 10
Aug.	31		34	10											34 10
Sept.	30		33	-											33 -
			586	30										10 -	596 30

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		2021	13/4				
18	14.6						
1	16.6						
-9	22.5						
-27	28.6						

CASH PAYMENTS 1	2	3	4
92 48	47 94		
4 74 -			
7 7 68 =			
7 7 67 =			
7 7 67 =			

ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
220 00		360 42	34 ~~360~~	58 ~~42~~			
20		20	47	58			
20	45 - 51 -	31 23	50	45			711 78.18. 6/4/17 511 76.18 7/9/17 Transfd. to B.F.B. France 21/6/17
20		20 -	52	45			
			63	45			
20		20 -	44	55			
		30 69					
20		30 70	80	95			
20		20 -	93	95			
340	1 49	502 35					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFD. REQ. PAY	DEP. ACCE. REQ.
Sept.									$93 95		
Oct.	~~Bal brought down~~								~~93 95~~		
	P Pay								34 10		
				Canadian A. Pay							
				A/R 36. 29th Coy CFC 16-7-17					2 67		
				" 75 " " " 15-9-17					2 68		
				" 45 " " Fr 30-7-17					2 68		
				" 65 " " " 30-8-17					2 68		
				" 54 " " " 15-8-17					2 67		
									13 38		
									34 10		
Nov.	P Pay								38 00		
				Loan a/Pay							
				A/R 109 29 Co " " 15-10-17					1 78		
				" 87 " " " 28-9-17					2 68		
				7 days F&H refusing to work 18-10-17 - B.O. 23-9-11-17.					~~7 7~~		
				A/R 143 29 Co CFCA 31-10-17					6 25		
									23 20		
									67 10		
Dec.	P Pay								34 10		
				Loan a/Pay							
				A/R 154 29 Co " " 14-11-17					12 49		
									90 87		
1918 Jan.	P Pay								34 10		
				Loan a/Pay							
				A/R 189 29 Co 30-11-17					2 68		
				" 237 " " 26-12-17					3 57		
				" 207 " " 15-12-17					4 46		
									94 26		
									34 10		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFD. REQ. PAY	DEP. ACCE. REQ.
									94 26		
Feb.	P.P.	3080	C.A.P.						20 10506		
		30 80							20		
Mch	P.P.	3410	C.A.P.						20		
				A/R 8927, ECH Epsom	21/2/18	973					
				A/R 17832 do	27/3/18	487					
						1460			20 104 56		
		3410				1460			20		

Jul

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ~~ENGLAND~~ OR CANADA.
EFFECTIVE DATE:- 1/5/16.	EFFECTIVE DATE:- Same
AMOUNT:- 20^00	AMOUNT:- 8a

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.

Mrs W J Henderson
Chambly
Canton
P.Q.
Can.

Same

Stopped Eff 1-6-19.
W.

NAME:- ABRAMS Oscar
NUMBER:- 298012.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 224th Forestry Bn.
DATE ACCOUNT FIRST OPENED:- 16/4/16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C FC Eng

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
15/5/19	97	Quoos 1/4.	~~37~~				
~~20/5/19~~	~~37 52~~	~~C.F.C.B.D.~~	~~14 60~~				
			14. 98				

a/c agreed 30/9/18 Pg 50

DAILY RATES OF PAY AND ALLOWANCES

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

31/5/19. Discharged Canada. MR 9895- 28/5/19 Sidcup mtl 2

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Balce Fowd								10 14 56	nil	
apr	PP	33		cap				20			
		33		aR 1820. CCH Epsom 22/4/18	487 / 487			20	11269		
May	PP	34 10		cap				20			
-	S.F. 17/5/18 to 7/5/18 10 days 73s 00 122. 27/5/18 BD	7 30		aR 145 CCH Epsom 2/5/18	1460						
				aR 1667 do 17/5/18	1867						
				aR B901 BD 29/5/18	487				6595		
		41 40			6814			20			
June	PP	33		cap				20			
				aR B1170 BD 13/6/18	973						
				aR B1317 do 24/6/18	487				6435		
		33			1460			20			
July	PP	34 10		cap				20			
				Q4005 no D183 104 Co 1/1/17 to 31/3/17	414						
				aR 838 108 Co 23/7/18	1217				6214		
		34 10			1631			20			
Aug	"	34 10		cap				20			
				aR 1050 108 Co 26/8/18	3163				4461		
		34 10			2163			20			
Sept		33		cap				20			
				Q4005 no 300 C FC 21/6/18	316						
				aR 1700 108 Co 23-9-18	1217				4228		
		33			1533			20			
Oct	"	34 10		cap				20			
				aR 1485 108 Co 25/10/18	1217				4421		
		34 10			1217			20			
				Forward							

NUMBER 298012 RANK NAME ABRAMS O.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1/10	Bal. Fwd								44 21		
Nov				Cap				20			
Dec	PP	67 10		6-11-18 HWC from 06.00 4/11/18 to 12.00 11/11/18 3 days 5 days pay 30 54 3/11/18 55 days Ex. 3 2 68		550					
Jan	-	34 10		aR 1698 108 Co 22/11/18	12 17						
				Cap				20			
				aR 1760 ✓ 9/12/18	29 20						
				Cap				20	38 54		
		101 20			41 37	550		60			
Feb	PP	30 80		aR 1966 108 Co 14/1/19	12 17						
Mar	-	34 10		Cap				20			
				aR 2303 ✓ 21/2/19	12 14 60						
				Cap				20			
				aR 2510 ✓ 18/3/19	12 17				24 50		
		64 90			38 94			40			
Apl.	PP	33		aR 152. 108 4 Co. 23/4/19	14 60						
May	✓	34 10		6 A Pay apl & may.				40	33 7 -		
		67 10			14 60			40			
				aR. B 3752 26.5.19 B.D.	14 60 -				23 40		
					14 60						
Aug.		- -		aR. 2096 7/7. End Wilkey C. & C.	9 43						
				Q 4005 16/5.	. 32				12 35		
		- -			10 05						
				2969 28.7.19 6.BB. Wilkey	38 93						
				DO 109 N. Wmg. 6 B 6. 10/8/19							
				Awd 14 days F.P. No 2							
				14.8.19 A.W.L. from 23.59							
				5.8.19 to 10.00 13.8.19							
				22 days pay							
						24 20			50 78		
					38 93	24 20					

£65 17/9/19 £105

24.50
67.10
91.60
54.60
37.00
14.92
27.08

A.F.W.3. FORM REN'D Stopped LEFT C. 16/19.
bemeda 31/5/19
29/5/19
29/5/19
Ur- BAL. 22.8
AUTHY. WR 4895 28/8/19 S'Dak HD 2

W Brimtler
Lieutenant

A.F.W.3. FORM REN'D ... EFFEC.
DISCHARGED TO ... DATE
PAY BOOK RETURNED

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 (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (250M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2505).
15. Sundry Documents.
16. Sundry Documents.

Group B
Checked by No. 1
Date SEP 11 1919

D.C. 2.F.
C.J. 13
S.J. 22

379

War Badge A

21/9/39

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge
Class A
No. 389835

1. No. 298012
2. Rank. Private
3. Name. Abrams Oscar Leonard
4. Unit. N Wing C.C.C.
5. Date of Discharge SEP 22 1919 Place TORONTO, ONT.
6. Reason for Discharge Demobilization

EMBARKED POOL
DEMOBILIZATION

7. Authority. No. 2, D.D., Part II, D.O. No. 268
8. Proposed Residence after Discharge Sault St. Marie Ont.

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.?

Oscar L. Abrams
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "I" SEP 22 1919 Military District No. 2

Signature J. R. McTowan Major
(O. C. Discharging Unit.)
For O.C. No. 2 District Depot.

M.F.B. 218a—300M.-11-18—1772-39-18

E. R. J.

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.

Board concurs

19. Is the invalid fit for

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

Boarded for return to Canada Auth AG Tel 4083 11-11-18

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.

J. G. Monroe Capt. President.

PLACE Sunningdale Bk. F. H. Sutherland Capt. } Members

DATE May 21/19

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 F. H. Sutherland
Assistant Director of Medical Services.

DATE Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY
Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN DIVISION
MAY 22 1919
13, BERNERS ST, LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

6

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 Sunningdale DATE 21-5-19

1. 1 (a) Unit C.F.C. (b) Regimental No. 298012 (c) Rank Pte
(d) Surname Abrams (e) Christian name Oscar
(f) Home address 75 London St Sault Ste Marie Ont
(g) Next of Kin Mrs Agnes Abrams (h) Relationship Mother
(i) Address of Next of Kin Same as (f)
2. Age last birthday 32 Yrs Date of birth Feb 28 1887
3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Mar 17 1916
4. Personal description:
(a) Height 5' 3" (b) Weight 132 (stripped) (c) Complexion Fair
(d) Colour of hair L Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Wound L Ankle
5. Former trade or occupation Lineman

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
	3	65

	Periods From	Periods To
Canada	17-3-16	25-4-16
England	25-4-16	27-4-17
France or other theatres of War	5-1-18	5-1-18
	27-4-17	

7. Original disease, or injury (1) Shell concussion (11) Nephritis.

(a) Date of origin (1) Aug 1917 (b) Place of origin (1) Arras
(c) Cause (1) Conditions of service (11) Nov 1917 (11) Cambrai
(11) Infection

M. F. B. 227.
400M.—11-18.
1772-39-117.

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.)

(a) NEURASTHENIA. Partial loss of sensation
& nervous system
(b) DEBILITY. General weakness. Unable to
lead manual labor or stand exposure

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.)

(a) OBJECTIVE
Youngman well developed man of good
muscular power. Tremor of fingers & tongue
Reflexes marked. No other abnormal findings
Heart: regular
(134) Lungs: negative
OBJECTIVE Same symptoms
as at last examination
(a) SUBJECTIVE
Nervousness
Man states that he is easily excited
does not sleep very well and starts
at slight sounds
(a) SUBJECTIVE. Headaches & pain in eyes

(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. yes. (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. no.

Osseous and Joint Systems. yes. Any other general condition. no.

(a) Slight ossicus bone both legs. Pain to exhaustion
& durability
(b) Shell wound left ankle. Remains. yes. no durability

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

(a) Man states:
He was gassed & slightly wounded Aug 1917
when he was blown up by a shell at Ypres
He was deaf for some time following
and very nervous. He was not in hospital
Documentary: Guilford: 6-1-18 to 21-1-18 nephritis
Broom Moore. 21-1-18 to 18-2-18 nephritis
Woolwich: 18-2-18 to 20-2-18 nephritis
M C H Epsom 20-2-18 to 17-5-18 nephritis

(a) Man states: He felt generally weak on rising
and lost weight which he believes due to
wet cold & exposure. He reported sick but was

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).)

(a) Remarks: Back Strap: 5-1-18 to 21-1-18 nephritis
(a) Broom Moore 21-1-18. 18-2-18 nephritis Eye
(a) R. H-H Woolwich 18-2-18 to 20-2-18 nephritis
(a) M-C-H Epsom 20-2-18 to 17-6-18 nephritis

(c) (Here give a description of wounds, scars and deformities.)

(c) G.S.W wound left ankle. 1915. Remains

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

(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.)

(a) no

(a) no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (a) no (b) 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? (a) 6 months

(a) 6 months

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

(a) Massage

(a) Hospital 5 months

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)

(a) yes

(a) no

16. Can the former trade or occupation be resumed? (a) yes
(If not, briefly state why)

(a) yes

17. Recommendations

(a) N a

(a) N a

Lt Col
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 Oscar Lawrence Sharman 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

Oscar L Sharman Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Board concurs.

19. Is the invalid fit for

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

Boarded for return to Cnada Auth. A.G.TEL 9083 - 11.11.18.

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 Sunningdale, Berks.

DATE May 21st. 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

CERTIFIED TRUE COPY

APPROVED BY

Assistant Director of Medical Services.

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

ASSISTANT DIRECTOR MEDICAL SERVICES CANADIANS, LONDON AREA MAY 22 1919 13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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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 SUNNINGDALE DATE 21-5-1919.

1. 1 (*a*) Unit C.F.C. (*b*) Regimental No. 298012 (*c*) Rank PTE.

(*d*) Surname ABRAMS (*e*) Christian name OSCAR.

(*f*) Home address 75 LONDON ST. SAULT STE? MARIE ONT.

(*g*) Next of Kin MRS. AGNES ABRAMS (*h*) Relationship MOTHER

(*i*) Address of Next of Kin SAME AS IN (*f*)

2. Age last birthday 32 Date of birth FEB. 28th. 1887.

3. Enlistment, or Appointment (if an Officer) (*a*) Place MONTREAL (*b*) Date MAR. 17/1916.

4. Personal description:

(*a*) Height 5' 3" (*b*) Weight 132 (stripped) (*c*) Complexion FAIR

(*d*) Colour of hair L. BROWN (*e*) Colour of eyes BLUE (*f*) Identification marks, Scars, etc. WOUND L. ANKLE

5. Former trade or occupation LINEMAN.

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
	3	65

	Periods	
	From	To
Canada	17-3-16	25-4-16
	25-4-16	27-4-17
England	5-1-18	
France or other theatres of War	27-4-17	5-1-18

7. Original disease, or injury 1. SHELL CONCUSSION
2. NEPHRITIS.

(*a*) Date of origin 1. AUG. 1917. 2. NOV. 1917. (*b*) Place of origin 1. ARRAS 2. CAMBRAI

(*c*) Cause (1) CONDITIONS OF SERVICE 2. INFECTION.

M. F. B. 227.
400M.—11-18.
1772-39-117.

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) NEURASTHENIA. Partial loss of function of nervous system.

(2) DEBILITY. General Weakness. Inability to do hard manual labour o
or stand exposure.

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.)

(1) OBJECTIVE Fairly well developed man of good muscular power. Tremor of fingers. Tendon reflexes marked. No other clinical findings. Heart negative.

(2) OBJECTIVE Loss of muscular ~~power~~ tone and powers, fairly well nourished & Muscular quality of heart ~~only~~ fair recovers well. Urinalysis negative.

(1) SUBJECTIVE Nervousness. Man states that he is easily excited. Does not sleep very well and starts at slight sounds.

2. SUBJECTIVE shortness of breath on exertion.

(*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 NO

Osseous and Joint Systems YES Any other general condition NO

(1) Slight varicose veins both legs, prior to enlistment. No disability.

(2) Shell wound left ankle in Russia 1915. No disability.

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

(1) Man states. He was quite alright until Aug. 1917 when he was blown up by a shell at Arras. He was deaf for some time following and very nervous He was not in Hospital. Documentary - Nil. Man states disability due to service. (2) Man states. He felt generally weak in Nov. 1917 and lost weight which he believes due to wet cold & exposure. He reported sick but was told to carry on. Documentary Guildford 5-1-18 - 22-1-18 Nephritis.
Broom House 21-1-18 - 18-2-18 Nephritis.
Woolwich 18-2-18 - 20-2-18 Nephritis.
M.C.H. Epsom 20-2-18 - 17-5-18 Nephritis.

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.

(1) G.S.W. wound left ankle 1915 Russia.

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

(*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) N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No. (b) No. (a) No. (b) 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) 6 months. (2) 5months.

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

(1) None

(2) Hospital 5 months.

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)

(1) No. (2) No.

16. Can the former trade or occupation be resumed? (1) Yes. (2) Yes.
(If not, briefly state why)

17. Recommendations (1) N.A. (2) N.A.

E.G. Davidson Capt. RAMC
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 Oscar Abrams 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

Oscar L. Abrams Rank.
Signature of invalid examined.

D8m

PART III.

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

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

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

President.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

ABRAMS

Regt. No. 298012 Rank Pte. Surname ABRAMS Christian Name OSCAR

Unit or Corps—(a) Overseas from United Kingdom C.F.C. (b) In United Kingdom C.F.C.

Born at—Town Cornwall County or Province Ont. Country Canada

Date of Birth—Day 22 Month February Year 1887 Age 31 yrs. months.

Joined at London Ont. Date March 17 1916

Former Trade or Occupation

Permanent marks or peculiarities that will serve for future identification:

Height—feet 5 inches 4 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Oscar Abrams

Medical Report.

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

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

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

Disabilities Group (*a*) DEBILITY

Disabilities Group (*b*) D. A. H.

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	NEPHRITIS	FRANCE	NOV. 1917
(*ii.*) As to Group (*b*) above.	NEPHRITIS	FRANCE	NOV. 1917
(*iii.*) As to Group (*c*) above.			

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

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

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

(*ii.*) As to Group (*b*) above? no If yes, has Active Service aggravated it? —

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

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

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

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

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

PART I. *(continued).*

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

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

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

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

Wounded in France May 1917. contracted rheumatism sent to No. 7 Can. Gen. then to Hamden Park Hosp Surrey. then Epsom. Disch. A to C. F.C. May 17th 1918. Since then has been troubled with frequency at night four or five times. also troubled with dyspnoea, dizziness.

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

G. C. good. no defect in eyes, nor unusually Chest. Urinalysis - Sp. Gr. 1015 albumen Neg. Sugar Neg. Heart sounds indistinct. Enlargement to just within mitre line in 6th interspace. No murmurs. Pulse 120 - Regular. Irregular. Other systems normal except for hoarseness due at present

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

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

(*iii.*) Was one advised and declined? no

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

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

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty?

(*b*) Fit for base duty? Pte not likely to be raised in category within six months

(*c*) Invalid to Canada?

(*d*) Discharge from the Service as permanently unfit?

Date of Report 20/8/1918 Signed R. A. MacDonald Major A.M.S.
Officer in medical charge of case.

Station Methuen

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

W Barker Major Cane
Officer i/c ~~Hospital~~ S.M.O. ~~Brigade~~ } Strike out one of these.

Dated at London Station, on Sept 7 20 AUG 1918

* Delete if inapplicable.

PART II.

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

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

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

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%*)

15. THE PENSIONABLE DISABILITY.—*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none, $\frac{1}{8}$, $\frac{2}{8}$, $\frac{3}{8}$, $\frac{4}{8}$, or all.*)

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation:—(*a*) Fit for duty?
(*b*) Fit for base duty? Pte not likely to be raised in category within six months
(*c*) Invalid to Canada?
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission

Date of Board 20/8/18 Signatures of the Board. R. A. MacDonald Major A.M.S. President.
Harold Buck Major CAMC

Station Methuen

Approved R. A. MacDonald Major, D.A.M.S. Station

Dated at London Ont. 19 SEP 1918 191

for A.D.M.S., Canadians, London Area.

A.D.M.S. CANADIANS
LONDON AREA
LONDON