

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

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1. Surname
 2. First name
 3. Present address
 4. Military service, past, present and future
 5. Date of birth
 6. Place of birth
 7. Married, widower or single
 8. Religion
 9. Trade or occupation
 10. Name of next of kin
 11. Relationship of next of kin
 12. Address of next of kin
 13. Whether at present a member of the Army Medical
 14. Particulars of previous military or naval service, if any
 15. Details of examination with Military Service Act
 16. (a) Place (b) Date (c) Grade (d) Garrison

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and the true

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height
 Weight
 Complexion
 Eyes
 Hair
 Distinguishing marks and marks indicating congenital or previous disease

Lt. Colonel G. R.
 G. O. King's Training Depot

Date
 Place
 M. S. No.
 S. No.

C.E.F.

EMMONS EDWIN ALEXANDER

2503251

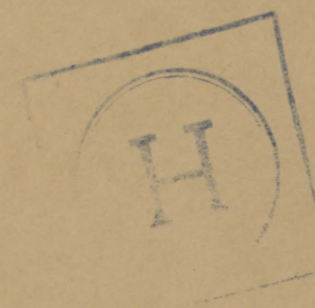
C.E.

06426

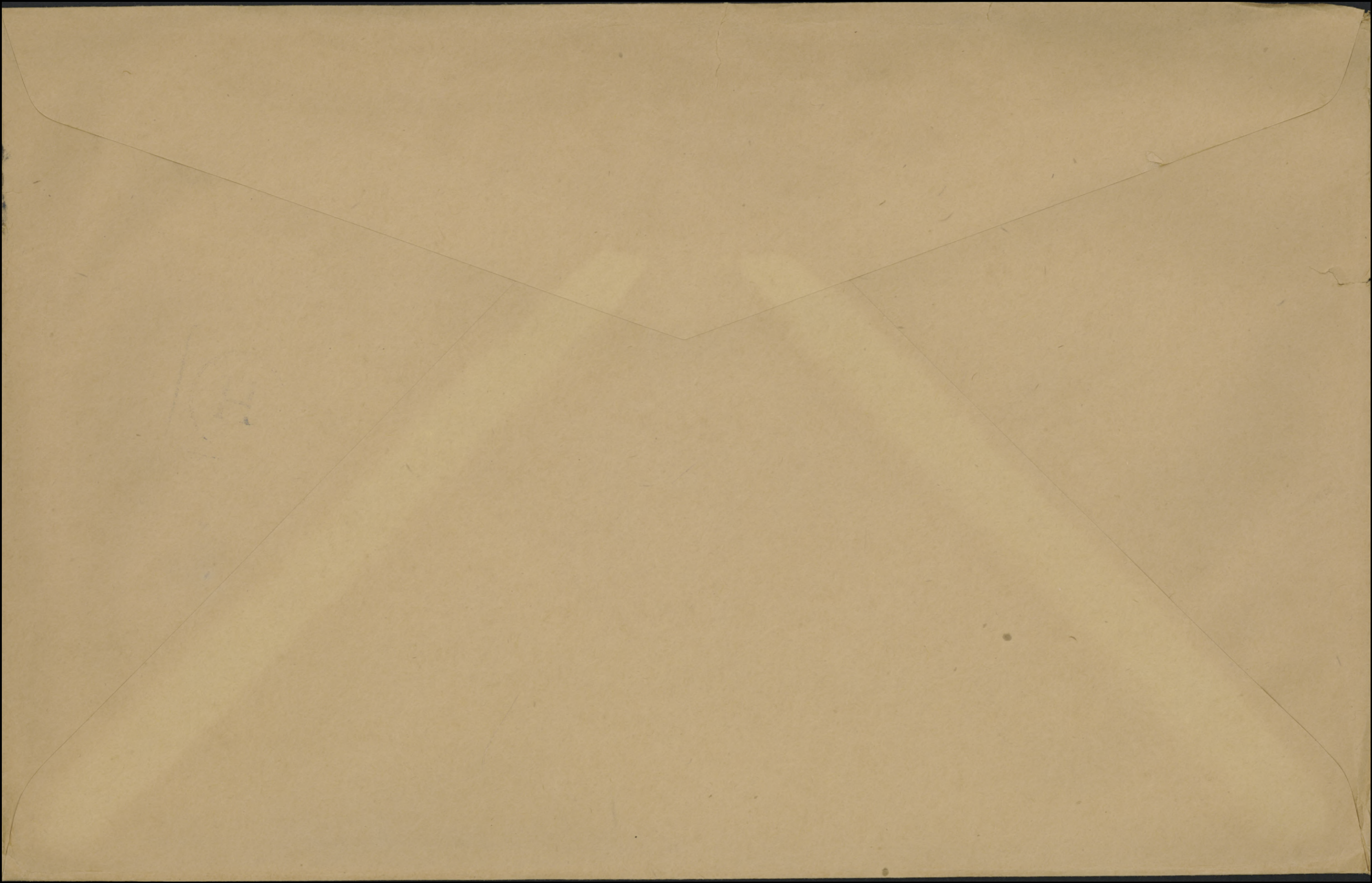
Public Archives Records Centre

NO WILL

DEMOB



H04836



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Emmons. E. A. 2503251.

RANK UNIT Co. TROOP BATTY.

HOSPITAL DATE OF ADMISSION

- 1. 14 Gen. Eastbourne HOSP. 25. 3. 18.
- 2. 17. C. E. S. HOSP. 21. 8. 18.
- 3. 51 Gen. Erables HOSP. 30. 8. 18
- 4. 20 Gen. Amiens HOSP. 9-9-18

DIAGNOSIS

- 1. mumps. R.
- 2. Orchitis. R.
- 3. n. y. w. V.D.S.C. + Scabies R. Adentis Ailla Old. Lat. Dis 8. 4. 18.

DISPOSITION

DATE

Ch. 30. 3. 18 B 172
 4. 4. 18 B 175 201-2-6172
 10. 4. 18 B 180
 27. 9. 18 A 303-4
 29. 8. 18 C 305-8
 16. 9. 18 A 312-2
 19-9-18 C 313-9
 4-10-18 B 336
 24. 10. 18 B. 353?
 9. 11. 18 B 367
 28. 12. 18 C 401
 8. 1. 19 C 407
 3. 3. 19 C 455. 2

REMARKS

Diag changed to Orchitis.
 Disch. 1. 11. 18
 Dis. 25. 2. 19.

A.M.D. 2 DEPT.

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

Samson C. 401

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	<i>Bradford War</i>	<i>3-10-18</i>
	<i>Mil Couv. Epsom</i>	<i>12.10.18.</i>
2.	<i>Chingford</i>	<i>17-12-18</i>
3.		
4.		
5.		
6.		
7.		

E. m. H

Number 2503251 ✓

Rank

Spr ✓

~~P~~

Surname

EMMONS ✓

Christian Name

Edwin ✓ Alexander ✓

H

Theatre of War

France ✓

Date of Service

24/6/18 ✓

Remarks

Latest Address

187 Magnus Ave ✓

Winnipeg Man

Roll No.

200m.-2-21.M.

B. Page 15241.

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

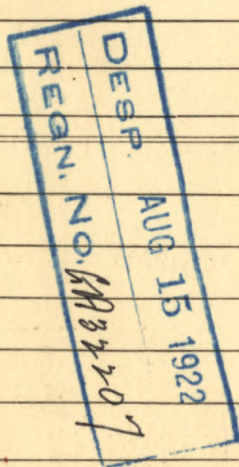
ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE





HOSPITAL.....

A. & D. CARD



AT.....

A. & D. No. 1133

PL. OF ACTION.....

RANK Spr. REG. NO. 2503 251 UNIT G. E. T. D.SICK OR
WOUNDEDNAME Emmison ^{on S.} E. C. AGE 29 RELIGION Meth.PLACE IN HOSPITAL S/HDIAGNOSIS Mumps ^{W. S.} Orchitis 29/3/18ADMITTED 24 MAR 1918 A FROMDISCHARGED 8 APR 1918 A TO G. E. T. D.

TRANSFERRED.....

SERVICE AT HOME 3/12 IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

MEDICAL HISTORY SHEET

Requested,			
From	Date		Date
1			
2			
3			
4			

Orig. Dup. Recd. From B. E. Y. D. 24 3 18 18

Orig. Dup. Sent to W. K. 8 14 1918

Recd. from Regr. this Orig. Dup. 7 7 18

Word

orig recd 24/3/18
to B. E. Y. D.

Edwin, Alexander

Name EMMONS

Rank

Spr

Reg. No

2503251

Unit

~~C. E. R. D. 5th Bn. C. E. C.~~ C. E. R. D.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
25 8	14 Bn C. E. Eastbourne		Humps	C 177		15086
	Cas diag on 29/3/18 to		do and			
			Otitis	C 177		6234
9	Discharged		do	C 180		4256
1918						
21 8	12 Bn C. E.		G. Y. D.	A 303		35364
25 8	1 St. Div. Rouen		do	A 305		3550/2
30 8	519th St. Div.		rose	A 312		3746/3
9 9	20th. H. Camiers		do	B 323		4054-10
3 10	14th. Div. Brading		do	B 336		24892
12 10	16th. Div. Woodville PR		adenitis	B 353		28958
			Ocella (old)			
	No further granted. Rpt to Reg Camp. P. 7/1					
	over					

NAME

Commons G. A.

REGT. No.

2503251

RANK AND UNIT

Pte

Can Engrs.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6401	Lambert Kinghill	17-12-18	20.
6407	" " "	" "	Adentia Maxilla
6455	Disch.	25-2-19	20. old

NAME

Commons C.P.

RANK AND CORPS

Spr. Gen Eng

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No. 2503251

H. Q. FILE No. 649

FOLLOWS

NO.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6172.	14 Gen. Easthouse	25-3-18	Orchitis as per 6175 Prost.
6180	" " " 20"	8-4-18	" " "
W303"	12 bas. G. Stat	21-8-18	N.Y.D.
W305 ³	1 Stat Rouen	25-8-18	V.D.
W312 ²	51 Gen. Etaples	30-8-18	V.D.S.
W323 ²	20 " Camiers	9-9-18	" " & Scabies
B336'	War Bradford	3-10-18	V.D.S. b. &
B353	40 Nic. low. Lepeau	12-10-18	Adenitis Apella
B367 ²	Douch	17-11-18	" " "

M.S.A.

SURNAME.

Emmons

m. 10

CARD NO.

CHRISTIAN NAMES

Edurn Alexander

REGL. No.

2503251

RANK

Pte

FOLL.

*SOS Demob 26-5-19
SO 148-28-5-19 1066*

UNIT

Reg. Com. 9 For Dep (M.D. 10)

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Emmons, Edurn John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

187 Magnus Ave., Winnipeg, Man

COUNTRY OF BIRTH

Canada, Winnipeg, Man

DATE

Sept 12th 1888

PLACE OF ATTESTATION

Winnipeg, Man

DATE

Jan 10th 1918

A/E 22-5-19 319/25 Pte m. 10

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

COGNOME OF FATHER

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

ADDRESS

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

RELATIONSHIP TO SUBJECT

COMPLEXION

EYES

HAIR

NAMES IN BIRTH

DISTINGUISHING MARKS

KEY OF RACE

REGISTRATION NUMBER

EXAMINER'S CODE

PHYSICAL

MEDICAL EXAMINATION. PLACE

DATE

REG. NO.

MARK

CHRISTIAN NAMES

NO.

SURNAME

ON CARD

No. 2503257 RANK *Spr.*

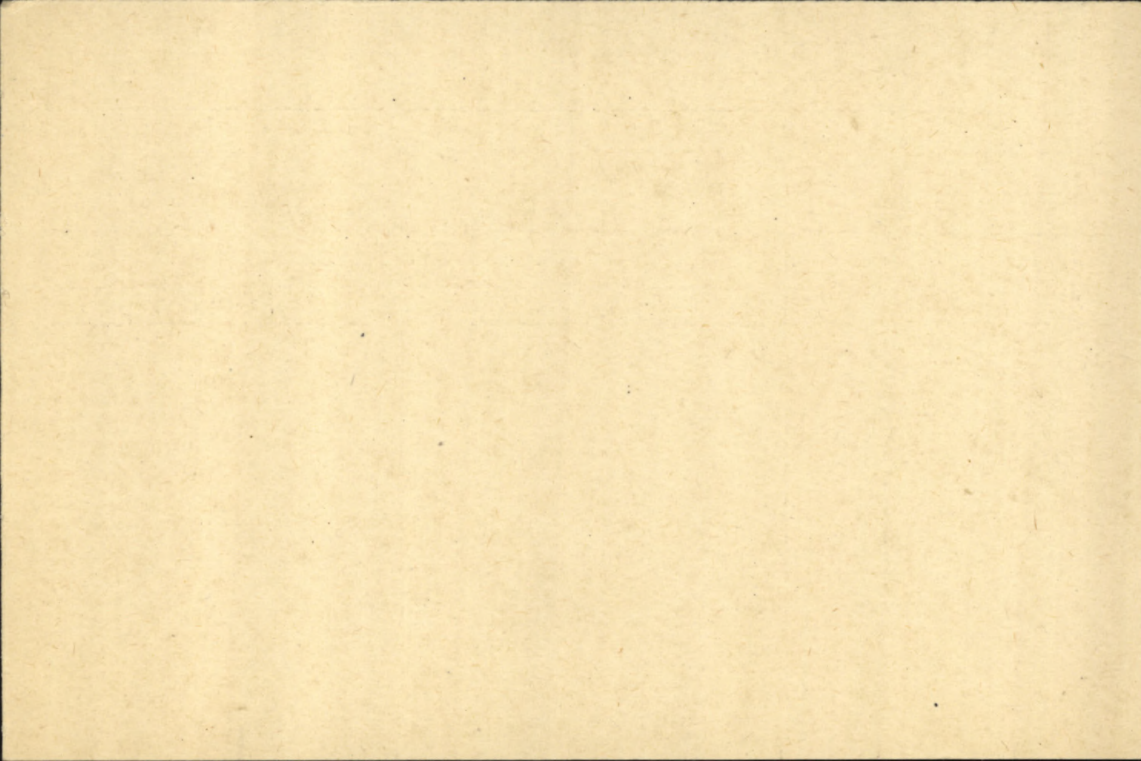
NAME *Emmons E. A*

T. O. S.

UNIT *District Paymaster (28th Draft)
Can. Engrs. Trn. Depot.*

M. D. *6-*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 Feb 11</i>	<i>1918 Feb 28</i>	<i>n.</i>	<i>app R/Cpl. 1 Proceeded Os. 28-2-18</i>	<i>2016. 5019.</i>



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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... **2503251**

(3) Full Name of Soldier..... **Edwin Alexander Emons**

(4) Place of Birth..... **Canada**

(5) Are you married, or not?..... **No**

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

(b) Present Postal Address.....

(7) Are you a widower?..... **No**

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

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

Also their names and ages.....

(9) Is your Father alive?.....

Yes

If so, state name and address.....

187

E.J. Emons Magnus Ave. Winnipeg Man. Canada

(10) Is your Mother alive?.....

Yes

If so, state name and address.....

Janora C. Emons

187 Magnus Ave, Winnipeg Manitoba Canada

(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.

J. P. Patton Captain
Officer Commanding No. 10 Western Railway
Construction Depot.

Date.....

January 10th, 1918

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 IM 5/18 G.W.P.Co (3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank

*Acting rank

[To be entered in pencil to facilitate alteration.]

(4) Surname

(5) Christian Names

(6) Army Form, number of, Attestation }
Form or Record of Service paper }

(7) Whether of British or of Alien
origin [vide A.C.I. 578 of 1918]

(8) Date of birth as stated on enlistment

(9) (a)

(2) Regiment or Corps

(3) Regtl. No.

(10) Enlistment (b)

(11) Engagement (c)

(12) Service reckons from (date)

(13) Special conditions (if any) of enlistment (d)

(14) Any subsequent variations (if any) }
of conditions of service }

(Authority)

(date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin

(18) Demobilizer (f)

(Place)

(19) Pivotal-man (f)

(Date)

(20) Qualifications (g)

or (21) Corps trade and rate

(Signature of
{ Posting Officer.

(22) Extended }

(23) Re-engaged }

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoicing-smith, &c.

Sheet II.

(A) Report		(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
Date.	From whom received					
17.2.19.	3rd C.C.D.	Hoop.	21 days to C.E.R. & Seafood	Seafood	7.1.19.	D.O. 43-17.2.19. <i>[Signature]</i> for C.C. 3rd CANADIAN COMMAND DEPT
2 1/2/19.	C.E.R.D.		Orders to be shown on command 3rd C.C.D. & will be shown in Hoop.	Seafood.	7/1/19.	Pt II D.O. 52.
5/3/19.	C.E.R.D.		Orders to be shown in Hoop. and is S.S.S. to 3rd C.E.R.D.	Seafood	25/2/19	Pt II D.O. 64 <i>[Signature]</i> Lieut of C.C. C.E.R.D.

Nothing to be written in this margin.

Report.		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.
Date.	From whom received.				
26.2.19.	S. G. B. F. B.	S. G. S. from C. E. F. D.	Seaford.	25.2.19.	D048 HOD 64/519
23.4.19.	---	S. G. S. to M. D. 10 C. W. Phyl	---	23.4.19.	D094 HOD 10 C. W. 110/2579.
15-5-			60 M.	15-5-19.	
15-5-19	M. D. 10 C. W.	S. G. S. on transfer to C. G. Y. Canada	Phyl	13-5-19	D. O. 128.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE DISCHARGE CERTIFICATE

CLASS "A" NO. 186421 ISSUED

THIS IS TO CERTIFY that No. 2503251 (Rank) Pte.

Name (in full) Emmons, Edwin Alexander enlisted in
the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 10th
day of January 1918

HE served in France, 5th Bn C.E.S.

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420
Medical Unfitness.

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

Age 30 yrs.

Height 5' 10"

Complexion Fair

Eyes Brown

Hair Brown

Edw. Emmons
Signature of Soldier

Marks or Scars

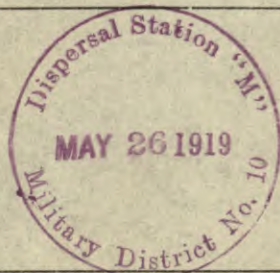
Nil.

G.S. Clarkson

Issuing Officer

Lieut.
Rank

Date of Discharge



Date May 26 1919

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.

CANADIAN EXPEDITIONARY FORCE
WAR SERVICE BADGE
DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Issuing Officer

5.419

CARONIA

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

REGT. No. 2503251

RANK

Spr NAME (IN FULL)

Emmons & A

26

PAYMASTER

43

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

ADDRESS

PLACE OF ATTESTATION

TRANSFERRED TO
Dis Str M

DATE

MAY 14 1919

AUTHORITY

D, O, 148

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID?

No

DATE EFFECTIVE

ASSIGNED PAY \$

15.00

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

ADDRESS

*Mr & Mrs Emmons Mother
187 Magnus Ave
WPA*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE
M. D. 10

DATE

MAY 26 1919

REASON

D

AUTHORITY

D, O, 148

IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	DEBIT	CREDIT				
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.										\$		C.	\$
																							<i>BAL. ENG. I. P. O.</i>		
<i>15-30/9</i>	<i>34</i>	<i>10</i>	<i>37</i>	<i>40</i>	<i>35</i>	<i>-</i>	<i>27</i>	<i>07</i>				<i>973</i>	<i>487</i>	<i>300</i>	<i>134</i>	<i>87</i>	<i>15</i>	<i>-</i>			<i>169</i>	<i>47</i>	<i>27</i>	<i>07</i>	<i>Clothing Alice. 1st payment W.S.G.</i>
					<i>NS9</i>	<i>SA</i>							<i>NS9</i>										<i>Advances - Boat - Train</i>		
	<i>122</i>	<i>days @ min</i>			<i>280</i>	<i>-</i>							<i>70</i>	<i>-</i>				<i>880</i>	<i>-</i>					<i>A. P. chgd. on Eng. I. P. O. to May</i>	
<i>July 15</i>												<i>790</i>	<i>468</i>	<i>70</i>	<i>-</i>									<i>Soldier depend</i>	
												<i>791</i>	<i>880</i>	<i>70</i>	<i>-</i>									<i>1st Payment W. S. G. as above</i>	
												<i>122</i>	<i>445</i>	<i>61</i>	<i>20</i>									<i>8000 P. 40 of P.</i>	
																								<i>70 2nd Payment with</i>	
																								<i>70 3rd</i>	
																								<i>6.22 4th</i>	
							<i>280</i>	<i>-</i>																<i>6.22 4th</i>	
																								<i>He closed 26/8/19</i>	

AUDITED
AUG 24 1919
Audit Clerk
M.D. 10

1901 2 7 YAM

1901 0 8 YAM

1901 1 10 YAM

* Strike out which ever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-2-18		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

NAME:- *EMMONS Edwin Alexander*
NUMBER:- *2503251*

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. Nora Emonns (mother) 187 Magana Ave Winnipeg Man

Stopped Eff. 1st 19-

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Lt. from Can</i>		<i>Lt. Spv</i>

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P D	UNIT TRANSFERRED TO
			<i>665 D.</i>

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
<i>1st 19</i>	<i>135</i>	<i>Personal Exp.</i>	<i>11</i>				
<i>21st 19</i>	<i>334</i>	<i>3 CER B.</i>	<i>11.67</i>				
<i>21st 19</i>		<i>Hosp. Exp.</i>	<i>10</i>				
<i>11th 19</i>	<i>297</i>	<i>3 CER B.</i>	<i>19.47</i>				
			<i>24.61</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
<i>Lt. from Can</i>	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Trans. to Canada Eff. 1st 19. Ref. N.R. N. 6799 10th 19 3 CER B Seafors N.D. 10. S.I.C. Cer. Bal. 27th 19. Compiled by W.L. Mitchell 15th 19.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Bal Forward</i>								<i>39.90</i>		
<i>April</i>	<i>Spv Pay</i>	<i>33</i>		<i>AR 332 CETD 14/4/18</i>	<i>38.93</i>			<i>15</i>			
<i>May</i>	<i>Spv P</i>	<i>34</i>	<i>10</i>	<i>Cap</i>	<i>38.93</i>			<i>15</i>	<i>18.97</i>		
<i>June</i>	<i>P Pay</i>	<i>34</i>	<i>10</i>	<i>AR 940 CPSS 14/5/18</i>	<i>9.73</i>						
		<i>33</i>		<i>AR 134 2 CER B. 5/5/18</i>	<i>9.73</i>				<i>18.61</i>		
		<i>33</i>		<i>Cap</i>	<i>19.46</i>			<i>15</i>			
				<i>27 5 2 CER B 14/6</i>	<i>9.73</i>						
				<i>425 22/6</i>	<i>2.43</i>						
				<i>with mon. 2/2/18 to 7.15 am 2/10/18</i>							
				<i>Future 1 days pay Res. 5/14 4/6/18</i>							
<i>July</i>	<i>P Pay</i>	<i>33</i>	<i>10</i>	<i>Cap</i>	<i>12.16</i>	<i>1.10</i>		<i>15</i>	<i>23.35</i>		
		<i>34</i>	<i>10</i>	<i>Reg No 60/41743 Bus/Seafors 22/7/18</i>	<i>1.19</i>						
				<i>on 5-6 22/7 65 71</i>	<i>4.46</i>						
				<i>12-5 11/7 5-65</i>	<i>4.46</i>				<i>52.34</i>		
		<i>24</i>	<i>10</i>		<i>10.11</i>			<i>15</i>	<i>34</i>		
<i>Aug</i>	<i>P. P.</i>	<i>34</i>	<i>10</i>	<i>Cap</i>				<i>15</i>	<i>51.44</i>		
		<i>31</i>	<i>10</i>					<i>15</i>			
<i>Sept</i>		<i>33</i>		<i>Can</i>				<i>15</i>	<i>69.44</i>		
		<i>33</i>						<i>15</i>			
<i>Oct</i>		<i>34</i>	<i>10</i>	<i>Can</i>				<i>15</i>	<i>88.54</i>		
				<i>3583 Epsom 14th 18</i>	<i>9.73</i>				<i>78.81</i>		
		<i>34</i>	<i>10</i>		<i>9.73</i>			<i>15</i>			
<i>Nov</i>	<i>P. P.</i>	<i>33</i>		<i>AR 1670 5th 18</i>	<i>11.87</i>						
				<i>" 5497 20th 18</i>	<i>11.60</i>						
				<i>" 7228 27th 18</i>	<i>11.85</i>						
		<i>33</i>			<i>68.32</i>			<i>15</i>			

NUMBER 2503 251

RANK

Spr.

NAME

EMMONS. EA.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33		Brot forward	68 32			15	78 81		
	Sub. Allee 23 ¹² / ₁₈ to 10 ¹² / ₁₈ 3 bled DO. 28 ¹² / ₁₈ 2 ¹² / ₁₈	8 76		AR. 8609 13 ¹² / ₁₈ 3 bled	19 47						
Dec	P. & A.	34 10		a.p.				15			
Jan.	Red.	34 10		a.p.				15	55 98		
		109 90			57 79			45			
				AR. 3414 8 11 ¹² / ₁₉ Etchinghill	2 43				53 55		
				" 579 2 ¹² / ₁₈ S. b. Dublin	4 87				48 68		
Feb.	P. & A.	30 80		a.p.				15	64 18		
				AR. 3997 12 ¹² / ₁₉ Etchinghill	2 43						
Mar.	P. + A.	34 10		a.p.				15	83 58		
				Warp. Stop. 16 ¹² / ₁₈ to 24 ¹² / ₁₉ 71 days 60d							
				DO. 54 8 ¹² / ₁₉ 3 bled B.		42 60			40 98		
				AR. 3023 15 ¹² / ₁₉ 3 CERB.	4 87				33 68		
		64 90			14 68	42 60		30			
Apr.	P. + A.	33		a.p.				15	51 68		
				AR. 3314 23 ¹² / ₁₉ 3 CERB.	4 87						
				" 297 11 ¹² / ₁₉	19 47						
				" 3364 9 ¹² / ₁₉ K.P.	9 73	End.			17 61		
		33 00			34 07			15			

51-68
24 61

27 07

P.O. to Canada 13. 5. 19.
Sailing diet 60 CE.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1880—PP 1150 1M 5/18 G.W.P. Co (34/90)

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)
--	---

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended }		(23) Re-engaged }
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoicing-smith, &c.

Spw Emmons, E.A. #

(A) Report		(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
Date.	From whom received					
<i>16/1/19</i>	<i>3rd CERB</i>	<i>T.O.S. from CERB</i>		<i>Seaford</i>	<i>25/1/19</i>	<i>Pt-11 DC. 48</i>
<i>21/4/19</i>	<i>3rd CERB</i>	<i>S.O.S. TO KIMMEL PARK, M.D. WING. #10</i>		<i>Seaford</i>	<i>23/4/19</i>	<i>Pt-11 DC 94</i>

W. H. H. H.
Lieut. Col.
Adj. 3rd CERB

24.4.19 TO **C.C.C. Kimmel Park for**
return to Canada. Part II Orders
No. 110. T.O.S.
C.C.C. Kimmel Park on embark-
ing for Canada, Part II Order
No. 120.
15/5/19
W.D. Bonfield Lieut.
Commanding 10 Wing,
Kimmel Park Camp.

14.5.19 **T.O.S. Dispersal Station** *50* *Pa*
148 *2*

*** Sailing * 60** *do* *3*
S.S. CARONIA *Wm Stacey* **Lieut.**
Sailed L'pool 14-5-19 **for O. C. 10 District Depot.**

Nothing to be written in this margin.

A

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Seaford DATE 8-4-19

1. 1 (a) Unit 3rd C E R B (b) Regimental No. 2503251 (c) Rank Sp4

(d) Surname EMMONS (e) Christian name Edwin A.

(f) Home address 187 Magnus, Winnipeg Manitoba

(g) Next of Kin Mrs. EMMONS (h) Relationship Mother

(i) Address of Next of Kin (Same as above)

2. Age last birthday 30 Date of birth Sept 15th 18-88

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 10-1-18

4. Personal description:

(a) Height 5 ft 11 ins (b) Weight 160 lbs (c) Complexion Dark
(stripped) 2nd

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc.

Small, yellowish birthmarks on right side of neck.

5. Former trade or occupation Clerk (Book-keeper)

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

PERIODS

From

To

Canada 10-1-18 1-3-18

England 1-3-18 23-6-18
2-10-18 Present

France or other theatres of War 23-6-18 2-10-18

7. Original disease, or injury V.D.S.

(a) Date of origin 21-8-18 (b) Place of origin France

(c) Cause Infection

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.)

no disability Wassermann negative

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.)

Specialist Report 4-4-19

"no evidence U.D.G.

1-4-19 Wassermann negative"

D. F. Eastman Capt & Co. Inc.

no other symptoms of U.D. at present.

(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* Genito-Urinary System..... *No*
(If pulse rate is abnormal, B. P. will be taken.) (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..... *No* Any other general condition..... *No*

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

According to Casualty form, this man suffered from U.D.S. from 21-8-18 to 30-8-18. in 51 Gen & Hosp. Then in 20 Gen & Hosp. 9-9-18 to 2-10-18 with Scabies. Invalided to England and was there in hospital until 1 Nov 18, for Adenitis, left axilla.

He denies most emphatically having had Syphilis. Said he never had positive blood-test nor any syphilitic treatment; but that scabies eruption on Penis was confused with Syphilitic sore.

No documentary evidence of any positive Wassermann, D.G. examination nor course of treatment.

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).)

M. Etchingham 16-12-18 to 24-2-19. M.H.S. notes "S.M.P.D. on admission. Swear Plus ++. Prostat In: - Ing. P. mas." Sgd. J. F. Rocheleau Specialist Report 4-4-19 "No Evidence U.D.G." - Sgd. O. F. Eastman Capt. Cairne.

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

Small scar in left axilla, where abscess was opened

11.—(a) Did the disabling condition have its origin before enlistment? *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.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) yes (?) (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? *nil*

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

No details available. He says he had no Syphilitic treatment as he never had Syphilis.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

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

17. Recommendations

H. A. Drubolun Capt. R.A.M.C.
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, *Sgt. E. A. Emmons* 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 *nil*

Sgt. Emmons E.A. 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.

Yes

19. Is the invalid fit for

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

yes A

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. G. G. B. 5288 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.

PLACE *Seaford* *G. G. B.* President.

DATE *8-4-17* *J. M. Donald St* } 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.

PLACE.....President

DATE..... } Members

APPROVED BY *W. V. ...* APPROVED BY
In Assistant Director of Medical Services. Director-General of Medical Services.

DATE..... DATE.....



Admitted 24-3-18

RAVENSCHROFT MILITARY HOSPITAL, SEAFORD
MEDICAL CASE SHEET.*

PA CAN HP.
EASTBOURNE

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2503251	Pte.	EMMONS EMMONS	E.C.
Year	Unit.	Age.	Service.	
24-3-18	C 870.	29	3/12	
Station and Date	Disease	1133		
24-3-18	Hump.			
Complaint - Pain & swelling Rt. Testicle.				
Duration - 3 days.				
History - About 18-3-18 had slight swelling & pain both sides of face. Didnt report this & carried on all week. About 21-3-18 noticed Rt. testicle became painful & next day began to swell. Reported sick & was sent to Hosp.				
Exam. Rt. Testicle swollen, hard & very tender.				
Ord. To bea. Penothin slugged up. Lead & opium tinct. to testicle. May. Sulph. Boraxptol. J.P. Hawley				
27-3-18.	Swelling nearly all gone - J.P.A.			
29-3-18	Swelling gone.			
8/4/18	Discharged to duty cat a. S.P. J.P. Capt Lanc.			
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">DISCHARGED</p> <p style="margin: 0;">To 8 APR. 1918</p> <p style="margin: 0;">Category A</p> </div>				

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

Station
and Date.

CLINICAL CHART.
(To be attached to Case Sheet.)

Corps CE 50. *Sp. Envious E.C.*
 No. 2503251 Rank and Name Sp. Envious E.C. Age 29 Military Hospital _____
 Disease Mumps. Date of admission 24-3-18 Date of discharge _____ Service 3/12 Result _____

Dates of Observation	24					25					26					27					28									
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Days of Disease	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Temperature, Fahrenheit	98.8	98.6	98.4	98.2	98.0	98.8	98.6	98.4	98.2	98.0	98.8	98.6	98.4	98.2	98.0	98.8	98.6	98.4	98.2	98.0	98.8	98.6	98.4	98.2	98.0	98.8	98.6	98.4	98.2	98.0
Pulse per Minute	78	76	76	80	70	78	76	76	80	70	78	76	76	80	70	78	76	76	80	70	78	76	76	80	70	78	76	76	80	70
Respirations per Minute	19	18	19	18	17	19	18	19	18	17	19	18	19	18	17	19	18	19	18	17	19	18	19	18	17	19	18	19	18	17
Motions per 24 Hours	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1

Temperature discontinued

11/23

DISCHARGED
 6 APR 1918
 To

Signature J. D. M. [Signature] In charge of case.

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

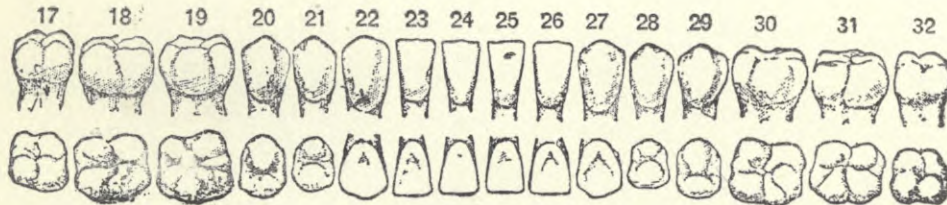
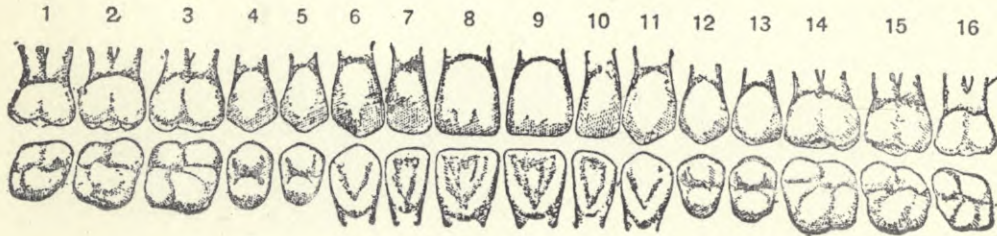
NAME OF SOLDIER (Block Letters) **EMMONS, E.**
REGIMENT **3rd CERB.** RANK **Sapper** No. **2503251**

Date of Examination in England **11/3/19.** Date of Examination in France

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 **NIL**
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 **NIL**
- (b) In England
- (c) In France

Signature of Dental Officer

Charles H. ...
Capt

2503221

R. H. M. O. N. S. E.
Garner

3-1 GRBB.

11/3/38.

III

II

III

CLASS A

Duplicate

2503251

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

MEDICAL HISTORY of

Surname Emmrus Christian Name Edwin, Alexander

TABLE I.—GENERAL TABLE.

Birthplace Parish Winnipeg County Manitoba

Examined on 24th day of October 1917
at WINNIPEG

Declared Age 29 years 1 months.

Trade or occupation Book keeper

Height 5 feet 10 inches.

Weight 154 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 3 inches.

Physical Development

Vaccination Marks { Arm
Number
MOBILIZATION MEDICAL BOARD APPROVED FIT
W. J. Marshall MEMBER
J. Marshall MEMBER
W. J. Marshall MEMBER

When Vaccinated

Vision { R.E.—V— 20/20
L.E.—V— 20/20

(a) Marks indicating congenital peculiarities or previous disease { ST. JOHNS, P.Q. FEB 6 1918

(b) Slight defects but not sufficient to cause rejection {

Approved by (Signature) *W. J. Marshall*
(Rank) *Cap. Marshall* Medical Officer.

Enlisted at WINNIPEG on _____ day of _____ 1917

Corps	Regtl. No.
<u>ROYAL FLYING CORPS</u>	<u>2503251</u>

Transferred to _____
Become non-effective by _____
on _____
(Signature) _____
(Rank) _____

ORIGINAL MEDICAL HISTORY SHEET

256 251

Surname Emmons Christian Name Colwin Alex.

Examined on 24 day of October 1917
at Winnipeg

Approved by Sgt. P.B. Grant
Rank Capt Comm.

Birthplace { City or Town _____
County _____

Apparent age 29 yrs. 1 mo.

Trade or occupation Bookkeeper

Height 5 feet 10 Inches

Weight 154 lbs.

Chest measurement { Minimum 36 inches

{ Maximum expansion 3 inches

Physical development _____

Small-pox Marks _____

Vaccination Marks { Arm Right Left
Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>10/18</u>	<u>OT</u>	<u>Sgt. P.B. Grant</u> <u>4-OCT-1918</u>
		<u>M.O.</u>
		<u>Mob. Board approved fit</u>
		<u>M.O.</u>
		<u>Sgt. W.A. Murray Capt</u>
		<u>M.O.</u>
		<u>Sgt. J. Wingo</u>
		<u>M.O.</u>
		<u>Sgt. W.J. Grant Lieut</u>
		<u>M.O.</u>
		<u>M.O.</u>

Date	Result	VACCINATIONS
<u>19.1.18</u>	<u>+</u>	<u>Sgt. P.B. Grant. Capt.</u>
		<u>M.O.</u>
<u>20.3.18</u>	<u>+</u>	<u>AB64</u>
		<u>M.O.</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19.1.18</u>	<u>+</u>	<u>Sgt. P.B. G.</u>
		<u>M.O.</u>
<u>26.1.18</u>	<u>+</u>	<u>Sgt. P.B. G.</u>
		<u>M.O.</u>
<u>5/2/18</u>	<u>+</u>	<u>Sgt. J.P.C.</u>
		<u>M.O.</u>

Enlisted on 24 day of October 1917 at Winnipeg

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>25</u> <u>Can Eg.</u>	<u>2563251</u>		<u>24/10/17</u>
Transferred to	<u>ENGINEERS POOL</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>3rd Bdd. Scapd.</u>	<u>12-12-18</u>	<u>Fit for duty</u>	<u>A. H. Watson Capt</u>
<u>St. John's P.Q.</u>	<u>7 Feb. 6 1918</u>	<u>Fit a 2</u>	<u>in hand</u> <u>came</u>

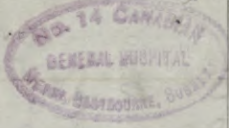
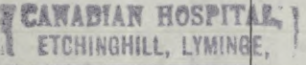
N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective the date and cause being stated on next page.

Seaford 8-4-18 V.D.S. catg A General Capt.

CANADIAN

Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		24	3	18	8	4	18	Mumps <i>complication by</i> <i>Orchitis</i>	16	Good Recovery. Discharged to Duty. Category "A" <i>James H. ...</i>	<i>MAJOR, R.A.M.C., REGISTRAR.</i>
War Hospital, Bradford.		3	10	18	11	10	18	Adenite Rt. Axilla	9	Incised + drained	674 <i>W. ...</i> <i>MAJOR, R.A.M.C.</i> BRADFORD WAR HOSPITAL
<i>M. J. Epsom</i>		17	10	18	7	NOV	1918	Adenite (Cox)	21	On admission - Op. for adenite Sept 1918 all well open. successful 10.19. after gradual decrease fit D.I.	<i>A. ...</i> <i>MAJ. ...</i> "H" DIVISION.
		16	10	18	24	2	19		71	<i>S. M. P. D. on admis. Sues: Puss xx; Prostat. Tr: ...</i> <i>Drig. P. Mas. Inst. Disc. and ...</i>	<i>St. ...</i> <i>St. ...</i>



37-5-94

SHORT FORM.

WAR SERVICE PROCEEDINGS ON DISCHARGE.

CLASS "A" NO. 186421 (Demobilization.) ISSUED

Group 3

1. No. 2503251	
2. Rank. Pte. Spr	
3. Name. Ermons, E.A.	
4. Unit. CERB CE	
5. Date of Discharge	26/5/19. Place Winnipeg.
6. Reason for Discharge..... Demob.....	
Mother.....	
War Service Badge Class "A" No.	
7. Authority. 20148	
8. Proposed Residence after Discharge..... Winnipeg.	
<div data-bbox="947 1059 1393 1333" data-label="Text"> <p>MEDICAL DOCUMENTS FORWARDED TO S. O. R. or P. B. C. on JUN 5 1919</p> </div>	
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.?.....	
<div data-bbox="739 1619 1378 1731" data-label="Text"> <p><i>E. A. Ermons</i> Signature of Soldier.</p> </div>	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place
Date
<div data-bbox="269 1856 546 2130" data-label="Text"> <p>Dispensing Station MAY 26 1919 Military District No. 10</p> </div>	
<div data-bbox="531 2168 1378 2305" data-label="Text"> <p>Signature..... <i>G. C. Clarker, Lt.</i> (O. C. Discharging Unit.)</p> </div>	

W

84

1875
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1900

1. The first part of the report deals with the general situation of the country and the progress of the various branches of industry and commerce. It also mentions the state of the public debt and the measures taken to reduce it.

2. The second part of the report deals with the state of the public debt and the measures taken to reduce it. It also mentions the state of the public debt and the measures taken to reduce it.

3. The third part of the report deals with the state of the public debt and the measures taken to reduce it. It also mentions the state of the public debt and the measures taken to reduce it.

4. The fourth part of the report deals with the state of the public debt and the measures taken to reduce it. It also mentions the state of the public debt and the measures taken to reduce it.

5. The fifth part of the report deals with the state of the public debt and the measures taken to reduce it. It also mentions the state of the public debt and the measures taken to reduce it.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 28 Dft Co R D

Regimental No. 2503251 Rank Private Name Emmons Edwin Alexander
C. E. F.

Enlisted (a) 10-1-18 Terms of Service (a) D. of War Service reckons from (a) 10-1-18

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

Extended Re-engaged Qualification (b) Tunneler

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				

~~Transferred to E.T.D. from Winnipeg 29/1/18~~

Embarked Canada..... 1-MAR 1918

Disembarked England..... 11 MAR 1918

13 MAR 1918

C.E.T.D.

TAKEN ON STRENGTH C.E.T.D. Canada

Part II Order No. 11

16
 May 21/18
 May 21/18
 June 13/18
 8 - JUL 1918
 June 24/18

C.E.T.D.
 2 C.E.R.B.
 26 E.R.B.

Posted to 2 C.E.R.B. from C.E.T.D.
 10 S. of 2 C.E.R.B. from C.E.T.D.
 Pay restricted for 2 months
 EMBARKED

Seaford
 Seaford
 Seaford
 Seaford

12 MAR 1918
 21/5/18
 21/5/18
 11/6/18

Part II Order No. 11
 Part II Order No. 11
 Part II Order No. 20

26 E.R.B.

10 S. of 26 E.R.B.
 to C.E. Pool France.

Seaford

23/6/18

Part II Order No. 29

Lieut. C.E. Durr
 Adjutant. 26 E.R.B.

(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.

3217198 3217198 3217198

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24.6.18	CCBD	Arrived in France & TOS CER Poolles Reinforcement		24.6.18	NR696 P.74
2, JUL 1918	CCBD	SOS to 5th BATTN C E		2 JUL 1918	P/75
18 ⁷ /18	2nd Lt. T.S.S.	do	2nd Lt.	3-7-18	P/4
6 ⁷ /18	1st Lt. Janvier	do	do	4-7-18	B213
24.8.18	1266.S.	V.D.S.	adm 1266.S.	21.8.18	H.7622
25.8.18	1 Stat.	Veneral	adm 1 Stat.	25.8.18	H.2523
30.8.18	5 Bn BE	To hospital sick	7ills	19.8.18	B213
24.8.18	4866.S.	N.Y.D. V. sore	adm 4866.S.	18.8.18	H.3362
			To 1266.S.	21.8.18	"
30.8.18	51 Genl.	V.D.S. c. M.	adm 51 Genl.	30.8.18	H.4919
25.8.18	1266.S.	Diagnosed V.D.S.	1266.S.	21.8.18	H.7262
9.9.18	20 Genl.	Scabies	adm 20 Genl.	9.9.18	H.4717 Ep. K. 854
9.9.18	51 Genl.	Scabies	To England	9.9.18	H.48 H.3713
2.10.18	20 Genl.	Invalided (sick) 2.10.18 per A.C. "sampled" and posted to 66. T. D. Seaford			H.3083/6157 P/71-25/14.10.18
					Cattwell
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
9-10-18	CCBD	T.O.S. from 5th Bn C.E.	Seaford	3-10-18	PT40 P.267 Sturidy

Date of Enlistment

MILITIA AND DEFENCE

Enlisted 10-1-18

Date of Assignment

Separation and Assigned Pay Branch

E

1981

Feb 1-1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

AUTHORITY FOR NEW ACC'T.

N. B.

RATE OF ASSIGNMENT

15⁰⁰/₁₀₀

PARTICULARS OF SEPARATION ALLOWANCE

No. 2503251
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Emmors Edwin Alexander*
 Battalion *Can Engineers*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Nora Emmors*
 Address *187 Magnus Ave Winnipeg, Man*
 Change of Address
 1
 2
 3
 4

*29-6-6
goff*

Date	Cheque No.	Amount S/A	Amount A/P	Total	✓
<i>Mar 1918</i>	<i>M 77405</i>		<i>30</i>	<i>30</i>	<i>R</i>
<i>Apr</i>	<i>A 9793</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>May 2</i>	<i>14575</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>June</i>	<i>K 25401</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>July</i>	<i>O 31363</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Aug</i>	<i>K 40121</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Spt</i>	<i>R 44074</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Oct 2</i>	<i>54337</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Nov</i>	<i>T 56946</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Dec</i>	<i>V 62906</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Jan</i>	<i>Q 70449</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Feb</i>	<i>U 77961</i>		<i>15</i>	<i>15</i>	<i>O</i>
<i>Mar</i>	<i>J 90998</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Apr</i>	<i>O 1560</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>MAY</i>	<i>27068</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>JUN</i>			<i>240</i>		

5491 a. 30

REMARKS

Febry A.P. recovered by P.M. m.d.#6 I.A.R.-2. S.B.E. 12/3/18
#30 posted only 15 mailed though for Apr. #30 posted in error Mar 26
A/c Closed 31-5-19
Ret'd per. Caronia
Date 22-5-19 M.F.W. 187 M.D. 10
Clerk... M.F.W. 29-5-19
Debitory 11283 ~ Rem 29-5-19

AUDITED.

Edwin
5-13-18
 M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22220-M. & D. 7593.

M.A.D. 12

