

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

TRIPPLICATE
M.S.A.

1. Surname..... LUNDMARK,
2. Christian name..... ALBIN
3. Present address..... SOUTH PORCUPINE box 85
4. Military Service Act letter and number.....
5. Date of birth..... March 7th, 1891
6. Place of birth..... Sweden, Lodeo Nordmileng
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Protesant
9. Trade or calling..... Miner
10. Name of next-of-kin..... Mrs. T. Lundmark
11. Relationship of next-of-kin..... Mother
12. Address of next-of-kin..... Lodeo, Nordmileng, Sweden.
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... No
15. Medical Examination under Military Service Act:—
(a) Place..... Haileybury (b) Date..... November 5, 1918 (c) Category..... A-2

DECLARATION OF RECRUIT

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

Albin Lundmark (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 26 yrs..... 3 mths.
 Height..... 5 ft..... 11 ins.
 Chest measurement } fully expanded..... 37½ ins.
 } range of expansion..... 4 ins.
 Complexion..... Fair
 Eyes..... Blue
 Hair..... Fair

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

H. C. B... Lt.-Col.
O. C. 2nd Depot Bn., 1st C. O. R.
2nd Depot Bn.
1st C. O. R. Regt.

Place..... Toronto Date..... January 18, 1918.

1875-76
No. 1
1875

Name
Place
Country
No. of specimens
Date
No. of specimens
No. of specimens

DESCRIPTION OF SPECIES OF

From the collection of the
No. of specimens

DESCRIPTION OF SPECIES OF

1. Name of species
2. Name of author
3. Name of author
4. Name of author
5. Name of author
6. Name of author
7. Name of author
8. Name of author
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49. Name of author
50. Name of author

DEPARTMENT OF AGRICULTURE
BUREAU OF ENTOMOLOGY
WASHINGTON, D. C.

REGIMENTAL DOCUMENTS

NAME *Lundmark Albin*

REGT. NO. *3231152* UNIT *and Upo Bay* H. Q. FILE NO. *1570*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

34551

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

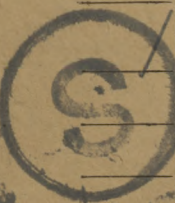
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LAST PAY CERTIFICATE (M.F.W. 44)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



M.X. 23-3781 R.P.

40-26

14-26

7-27



16
11
18

SURNAME. *Lundmark.*

CHRISTIAN NAMES *Albin*

REGL. No. *323/152.* RANK *Pte.*

UNIT *1st Can. Ont. Regt. 2nd Depo Bn.*

FORMER CORPS *Nil.*

CARD No. *V*

FOLL.

NEXT OF KIN.

NAMES IN FULL *Lundmark, Mrs. J.*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *Lodeo, Nordmileng, Sweden.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Sweden, Lodeo Nordmileng*

DATE *Mar 7th 1891*

PLACE OF ATTESTATION *Toronto, Ont.*

DATE *Jan. 18th 1918*

% 21-2-18 $\frac{1147}{3}$

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DATE

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

NEXT OF KIN

CHANGE OF ADDRESS

MEDICAL EXAMINATION.

PLACE

DATE

BANK

CARD NO

No. 1152

RANK

Pte

NAME

Lundmark A.

T. O. S. 18-1-18

UNIT

2nd. Depot Battalion 1st C. O. R

Jan. Paylist

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 18	1918 Jan 31	✓	msa.	0079. 19-1-18.
			Aw L. 18-1-18-21-1-18	0022. 22-1-18.
			Forfeit 4 days Pay	
Feb 1	Feb 14	✓	Trans. @ 1/2.	0045. 14-2-18.



649-L-17327

Supplementary Card 9/12/21

✓
LUNDMARK, Albin

✓
(Pte)

✓
No. 3231152

✓
C.E.F. 2nd C.M.R

Medals and Decorations (Friend) Olaf Johnson, Esq.,
Box 85,
South Porcupine, Ont

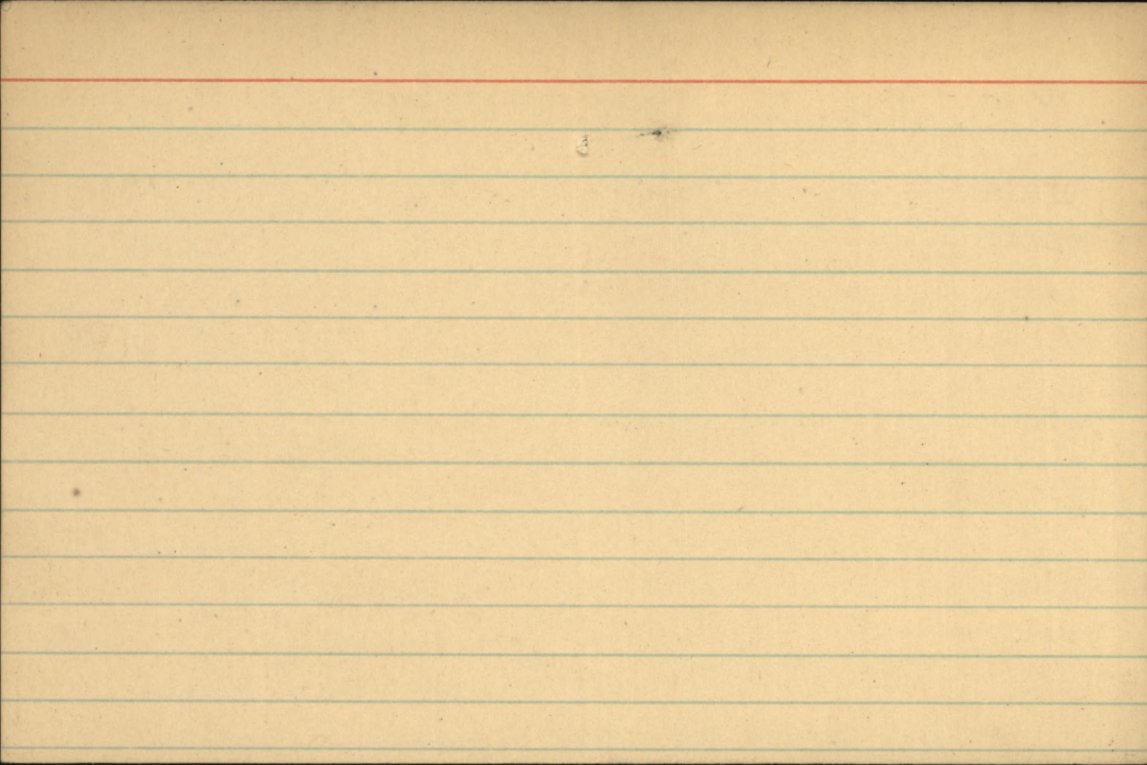
Plaques and Scroll (Father) Jonas Lundmark, Esq.,
(farmer)
Lögdes, Nordmaling,
Sweden.

Memorial Cross (Mother) Mrs. Tekla Johanna Lundmark
address as above.

*Not eligible for 14-15 Star
Eligible for V.M.
Eligible for B.W.M.*

SWEDEN

a



✓ ✓ ✓ ✓ ✓ ✓
Lundmark, A, PTE. 3231152, 2nd C.M.R. 649-L-17327

Med. & Dec. (Friend) Olaf Johnson, Esq.,
Box 85,
South Porcupine, Ont.

P. & S. (Father) Hjalmar Lundmark, Esq.,
c/o The Royal Swedish-
Consulate, -General
329 High Holborn, W.C.1,
London, England.

Mem. Cross. (Mother) Mrs. H. Lundmark,
Address as above.

not Eligible for 14-15 Star
E " " " V.M.
E " " " B.W.M.

52013

B-
R.P.

Letter despatched (re mem. x.) to Consul General. d/30-3-21. 837
- Plaque
- Schall. - - - - - d/21/10/21.
M/49018 APR - 2 1921
re

Scroll Desc. OCT 26 1921 Regn. No. 253482

Plaque Desc. OCT 21 1921 - P12871
Large Desc. Regn. No.

9
Hul

RRR
RRR

Number. 323115-2 Rank. Pte

Surname. LUNDMARK

Christian Name. Albin

Units 2 C. M. R. Theatre of War. France

Date of Service. 29-5-18

Remarks.

Latest Address. Olof Johnson Esq. Friend

569 Hamilton St
Vancouver B.C.

Box 85. South Porcupine
Ont.

63
54
22

Roll No. B. Page 5079.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

9231861 AM
B.S.M. Retd. 8/11.21

DESP. MAR 11 1922
REGN. NO. 461275

By W. Peter 4/22

DESP. APR 20 1922
REGN. NO. 6V27528

AUG 17 1921
AUG 17 1921

REGT'L. No. 3231122

NAME Sundmark Arthur H. Q. FILE NO. 649

RANK AND CORPS pte. Ind. Regt. C. In FOLLOWS NO.

CABLE NO. DATE NATURE OF CASUALTY

CABLE NO.	DATE	NATURE OF CASUALTY
¹⁻¹⁰ H495	22-11-15	Killed from 1st. C. P. 2nd. Div.
H4376	21-11-18	

LIST No.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



Surname
LUNDMARK

Christian Name or Names
A.

Reg. No.
3231152

Rank
Pte.

Unit
BC 2CMR

Cas. List.

21-11-18A376

RFB KILLED IN ACTION 6-11-18.

a

Cas. List.

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

Casualty Form—Active Service.

Unit, Regiment or Corps..... 2nd Batt. 1st C. O. R.

Regimental No. 3231152 Rank..... Pte. Name..... LUNDMARK Albin
C. E. F. ✓

Enlisted (a) 18-1-18 Terms of Service (a) D. of W. & 6 Months Service reckons from (a) 18-1-18

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

Extended..... Re-engaged..... Qualification (b)..... Miner.

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				

FEB 13 1918

2nd D. Bn., S.O.S. on TRANSFER to
1st C.O.R.

TORONTO, Part II D.O. # 44

FEB 14 1918

CERTIFIED CORRECT.

30 JUN 1918

CAN. RECORDS LONDON.

Embarked
Disembarked
2nd on arrival in England
2nd B.M.R. Bn

Shalfleet
Liverpool
Witley
Witley

O. I. C. Records, 2nd Depot Bn., 1st C. O. R.

19.2.18

4.3.18 ✓

4.3.18 Part II D.O. # 72

29.5.18

Pt II. Bn O. 150 2WB

E. Richardson Lt. Col.

O.C. 3rd RESERVE BN. C.E.F.

30-5-18. CIBD.

Landed in France and T.O.S. 2 CMR. 30-5-18. N.R. Pt. II. 57 d/5-6-18.
Left for and arrived at CCRC. Field. 17.6.18 N.R. B.F.B. 1666.

17.6.18

2-8-18. CCRC.

Left for Unit.

Field. 6-8-18. N.R. D/1344. K.R. 695.

17.8.18

Unit joined

10.8.18 Bn 3

(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.]

FORM OF WILL

38.2

M.S.A.

I, Albin Lundmark (Name in full)

Regimental Number 3231152 serving in 2^d Depot Bn., 1st C.O.P.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Olof Johnson
Box 85, South Porcupine, Ont

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Olof Johnson
Box 85, South Porcupine, Ont

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT
NOTE

this 6 day of February A.D. 1918

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Albin Lundmark Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness R. W. Hindle Capt

Address of Witness 23 Chesbalm Ave. Toronto

THE TWO
WITNESSES

Occupation of Witness Officer C. E. F.

MUST
SIGN HERE

Signature of Second Witness A. C. McLean Capt

Address of Witness 409 Sherbourne St Toronto

Occupation of Witness Officer C. E. F.

1st CENTRAL ONTARIO REGIMENT

G.C. Rank _____ Name **LUNDMARK.** Albin. Reg'l No. **3231152.**
 Unit **2nd Bn Ist CO R** } If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Toronto. 18th. Jan. 1918.** Place of Birth **Sweden.**
 Name and Address, Next-of-Kin **Mrs. T. Lundmark,**
Lodeo. Nordmileng. Sweden. Relationship **Mother.**
 Assigned Pay Monthly \$ _____ Payable to _____

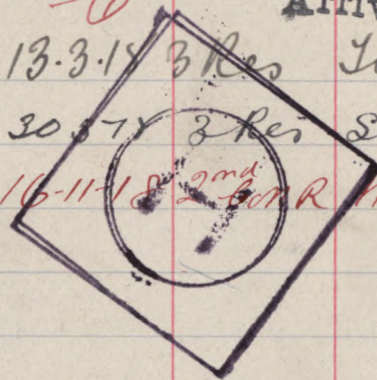
*M.X.
23-3-21
R.B.*

Separation Allowance \$ _____ Payable to _____ Relationship _____
 Discharge, Date and Place _____ Reason _____ Relationship _____ Character _____

N/E. R.B. No. **12,096**
 File R.L. **25-L-3184** 24/11/18
 Category **M.A.**

A.F.B. 103 CHECKED
 31 MAY 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.			
<i>6</i> 13-3-18	3 Res	Arrived in England LOS from Canada	24-18 S/S	MEGANTIC Ph wetly 4-3-18 P# 72
30-5-18	2 Res	LOS to 2 CMR 075	- -	29-5-18 P# 15092 CMR P# 57-56-18
16-11-18	2 nd CO R	Killed in Action	Field Pt	6-11-18 DG. 120



APPOINTMENTS.
PROMOTIONS AND REVERSIONS

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Lodec Nordmileng Sweden.*
 NAME OF NEXT OF KIN *Mrs J. Lundmark* RELATIONSHIP *Mother*
 ADDRESS *Lodec Nordmileng. Sweden*

PARTICULARS	EFFECTIVE DATE	AUTHORITY	DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c.	
						NAME OF HOSPITAL	

NAME OF NEXT OF KIN _____ RELATIONSHIP _____
 ADDRESS _____

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY \$ _____ EFFECTIVE (DATE) _____ STOPPED EFFECTIVE (DATE) _____
 PAYABLE TO _____ REASON _____
 RELATIONSHIP _____ AUTHORITY _____
 AUTHORITY FOR ISSUE _____ REMARKS _____
 SEPARATION ALLOWANCE MONTHLY \$ _____ EFFECTIVE (DATE) _____ STOPPED EFFECTIVE (DATE) _____
 PAYABLE TO _____ REASON _____
 RELATIONSHIP _____ AUTHORITY _____
 AUTHORITY FOR ISSUE _____ REMARKS _____
 NEW PAYBOOK ISSUED _____ NEW PAYBOOK ISSUED _____

PERIOD	PAY AND FIELD ALLOWANCE				WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH		
	FROM	TO	No. OF DAYS	RATE \$ C.	No. OF DAYS	RATE \$ C.	\$ C.						\$ C.	\$ C.	1 \$ C.
MONTH	PARTICULARS		CR.	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER- RED. ALLCE. PAY ENG.			
FEB 1 st	1918		✓	Balance Credit from Canada							18.55	Canada			
Feb.	Pay		15.40	30.90	18/3/18 3rd Res		1.43								
March	" "		34.10								65.62	22 ⁰⁰			
			49.50				2.43								

MENTS.
REVERSIONS

EFFECTIVE DATE	AUTHORITY

REG'L No. 3231152. RANK Pte. NAME Lundmark Albin
 PLACE OF ATTESTATION Toronto. DATE OF ATTESTATION 18-1-18. ORIGINAL UNIT 2nd Dep. Bn. 1st. C.O.R.
1st. Draft

ASSIGNED PAY

PRESENT UNIT.....

(1)			(1)			PARTICULARS OF TRANSFERS		
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE	TO UNIT	EFFECTIVE DATE	AUTHORITY		
PAYABLE TO	RELATIONSHIP	CAUSE	DATE A3M FORMS REND.					
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE					
PAYABLE TO	RELATIONSHIP	CAUSE	DATE A3M FORMS REND.					
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE					
PAYABLE TO	RELATIONSHIP	CAUSE	DATE A3M FORMS REND.					
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE					
PAYABLE TO	RELATIONSHIP	CAUSE	DATE A3M FORMS REND.					
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE					
PAYABLE TO	RELATIONSHIP	CAUSE	DATE A3M FORMS REND.					
DISCHARGE DATE AND PLACE	ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)							
REASON AND AUTHORITY	ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)							

3rd Con. Bn 4-3-18 D.O. 72

0

44

CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS.
1	2	3	4	\$	\$	\$	CREDIT	DEBIT	1	2	ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
c.	\$	c.	\$	c.	\$	c.	\$	c.			
BALANCE											
<i>18.55 Canada</i>											
<i>6562.22⁰⁰</i>											

DEFER. SER.
-RED. ALLCE.
PAY ENG.

ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: LUNDMARK <i>Albin</i>
	EFFECTIVE DATE: -		NUMBER: 3231152
AMOUNT: -			PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				<i>Pte</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT: 10ft 160R			
DATE ACCOUNT FIRST OPENED: 15. 2. 18			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>57</i>	<i>1/7/18</i>		<i>3 Res 13n</i> <i>26mR 7</i>

ACTIVE SERVICE PAY-BOOKS						UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK								
UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DAILY RATES OF PAY AND ALLOWANCES								
<i>Temporary of 90 standard 25-3-19</i>				<i>Leifur O. Bal.</i>	<i>221 31</i>	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE				
<i>P.C. O. Bal</i>	<i>221 31</i>			<i>Leifur O. Bal.</i>	<i>221 31</i>		<i>1 00</i>	<i>10</i>						

RENDERING NON-EFFECTIVE: **Kim A Gullis Auth C.A. 376 24/1/18**

PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Hold.</i>								<i>65 62</i>	<i>22 -</i>	
<i>Pay</i>	<i>33</i>		<i>AR 58. 4/4/18. 3 Res.</i>	<i>4 87</i>						
			<i>" 285 24/4/18 "</i>	<i>4 87</i>				<i>88 89</i>	<i>37</i>	
	<i>33</i>			<i>9 74</i>						
<i>Pay</i>	<i>34 10</i>		<i>N.D. 131. 11.5.18 3 Res 5 days 10 4 2</i>			<i>4 70</i>				
			<i>2 days Pay with Rev. 9/5 to 8.22am. 10/3</i>							
			<i>AR 453. 6/5/18. 3 Res</i>	<i>48 67</i>						
			<i>" 685. 23/5/18 "</i>	<i>4 87</i>						
			<i>" 118. 9/5/18 Address C.C. Club Dublin</i>	<i>4 87</i>						
			<i>" 738 31/5/18 3 Res</i>	<i>2 43</i>				<i>54 44</i>	<i>52</i>	
	<i>34 10</i>			<i>60 84</i>	<i>7 70</i>					
<i>Pay</i>	<i>33</i>		<i>AR 862. 12/6/18. 6 SR, dn.</i>	<i>4 46</i>						
			<i>" 820 26/6/18 Address C.C.R.C.</i>	<i>3 57</i>				<i>79 41</i>	<i>67</i>	
	<i>33</i>			<i>8 03</i>						
<i>Pay</i>	<i>34 10</i>		<i>AR 929 30/6/18 6 SR</i>	<i>3 67</i>						
			<i>" 1267 "</i>	<i>4 46</i>				<i>105 48</i>	<i>87</i>	
	<i>34 10</i>		<i>AR 609 15/8/18 8 SR</i>	<i>4 46</i>				<i>135 17</i>	<i>97</i>	
	<i>33</i>		<i>✓ 936 1/9/18 ✓</i>	<i>3 57</i>						
			<i>✓ 1242 21/9/18 ✓</i>	<i>4 46</i>				<i>160 09</i>	<i>112</i>	
	<i>33</i>			<i>8 03</i>						
	<i>34 10</i>		<i>DNAR 1953 12/10/18 2 SR</i>	<i>3 73</i>						
			<i>" 2076 19/10/18 "</i>	<i>3 73</i>				<i>186 73</i>		
	<i>34 10</i>			<i>7 46</i>						
<i>Pay</i>	<i>33</i>		<i>MR 2637 4/11/18 "</i>	<i>3 73</i>				<i>216 00</i>		
	<i>33</i>			<i>3 73</i>						

with Pay. to 31-3-19 *531*
531

NON EFFECTIVE ACT.

Use 91106846 Bal of acct Swedish consul 221 31

NON EFFECTIVE ACT.

MEDICAL HISTORY SHEET.

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

1. Surname LUNDMARK Christian name ALBIN

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

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

4. Address (including street and number, if any)..... Haileybury, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the fifth day of November 1917, by the undersigned medical board sitting at Haileybury #18

5. Age as stated 26 Years 3 Months. 6. Apparent age 26 Years..... Months

7. Height 5 Feet 11 Inches. 8. Weight 176 Pounds.

9. Chest measurement { Minimum 37½ Ins. 10. Complexion Fair- { Eyes Blue
Maximum 41½ Ins. { Hair Fair

11. Physical development. Fair { Good
Fair
Poor 12. Smallpox marks. 0

13. Number of vaccination marks { Right arm..... 14. When vaccinated last Childhood
Left arm.....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease 1½ inch scar over left thenar eminence.

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category a-2

17. (a) Vision R. D-30 L. D-30
(b) Hearing, R. Normal

W. M. Martyn Capt...... President.

Wh. F. Staeg..... Member. W. C. Arnold..... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/1/18</u>	<u>✓</u>	<u>Latex V</u>	<u>18-1-18</u>	<u>✓</u>	<u>M.O.</u>
			<u>26-1-18</u>	<u>✓</u>	<u>M.O.</u>
			<u>2-2-18</u>	<u>✓</u>	<u>M.O.</u>

Joined 18 day of January 1918 at Toronto, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Dep Batten</u>	<u>3231152</u>		<u>4-3-18</u>
Transferred to.....	<u>3rd Res Bn</u> <u>2nd C.M.R.</u>			<u>29-5-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

M.S.A.
ORIGINAL

Signature of Man Albin Lundmark

