

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Mahoney*
- 1a. What are your Christian names?..... *Michael*
- 1b. What is your present address?..... *Asquith, Sask.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Dublin, Ireland*
3. What is the name of your next-of-kin?..... *Geo. Mahoney*
4. What is the address of your next-of-kin?..... *Edgar Rapids Iowa*
- 4a. What is the relationship of your next-of-kin?..... *Brother*
5. What is the date of your birth?..... *29 Sept 1888*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or vaccinated and inoculated?..... *Yes*
Medically Unit Class 28-M-61
9. Do you now belong to the Active Militia?..... *No*
Auth. 12 M.D. July 21/1917
10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
Jason
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*
Officer-Commanding Special Service Co. M. D. 12.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Michael Mahoney*, 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.

Date *Aug 1st* 1916 *Michael Mahoney* (Signature of Recruit)
R. Staupler (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Michael Mahoney*, 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.

Date *Aug 1st* 1916 *Michael Mahoney* (Signature of Recruit)
R. Staupler (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 *Saskatoon* this *1st* day of *Aug* 1916.

W. Stewart (Signature of Justice)

Description of Michael Mahoney on Enlistment.

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

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).

Height.....5 ft. 7 ins.
 Chest measurement { Girth when fully expanded.....37 1/2 ins.
 Range of expansion.....2 1/2 ins.
 Complexion.....fair
 Eyes.....grey
 Hair.....Dark Brown

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

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.....Aug 4.....1916.....E. R. Chapman

Place.....Saskatoon Sask.....Lieut. A. M. S.
 Medical Officer.
D. O. Hat

*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:—

Capt. M.O. 217th Bn.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....M. Mahoney.....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.

.....[Signature].....(Signature of Officer)

Date.....Aug 12.....1916.

W. B. Wood
 Major
 2nd I/C 217th O/S Battalion.

DISCHARGE DOCUMENTS

R. O. No. #

H. Q. No. #

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2/

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 2

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. F. W. 64- 2
MSW 82 -

2 pay cards

Name *Mahoney Michael*

Regt. No. *276509* Rank *Pfc.*

Corps *S. S. Co. M. D. 12*

Form. 217th Inf. U.S. A. C. E. F.

Drug Enlisted

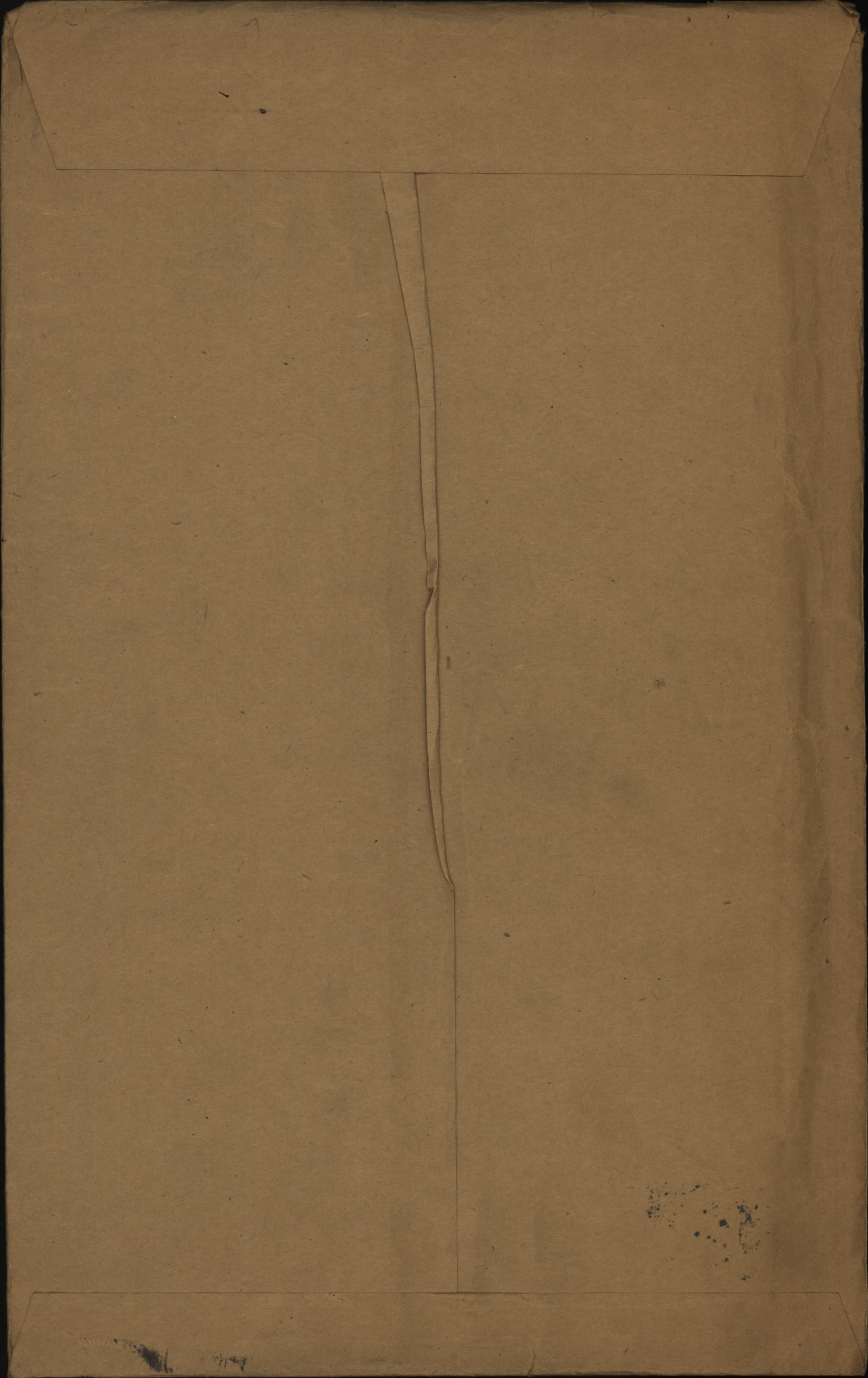
sent to B. P. Co. 8-3-18. Ret

made



01876

[Handwritten signature]



No. 276509 RANK Pte

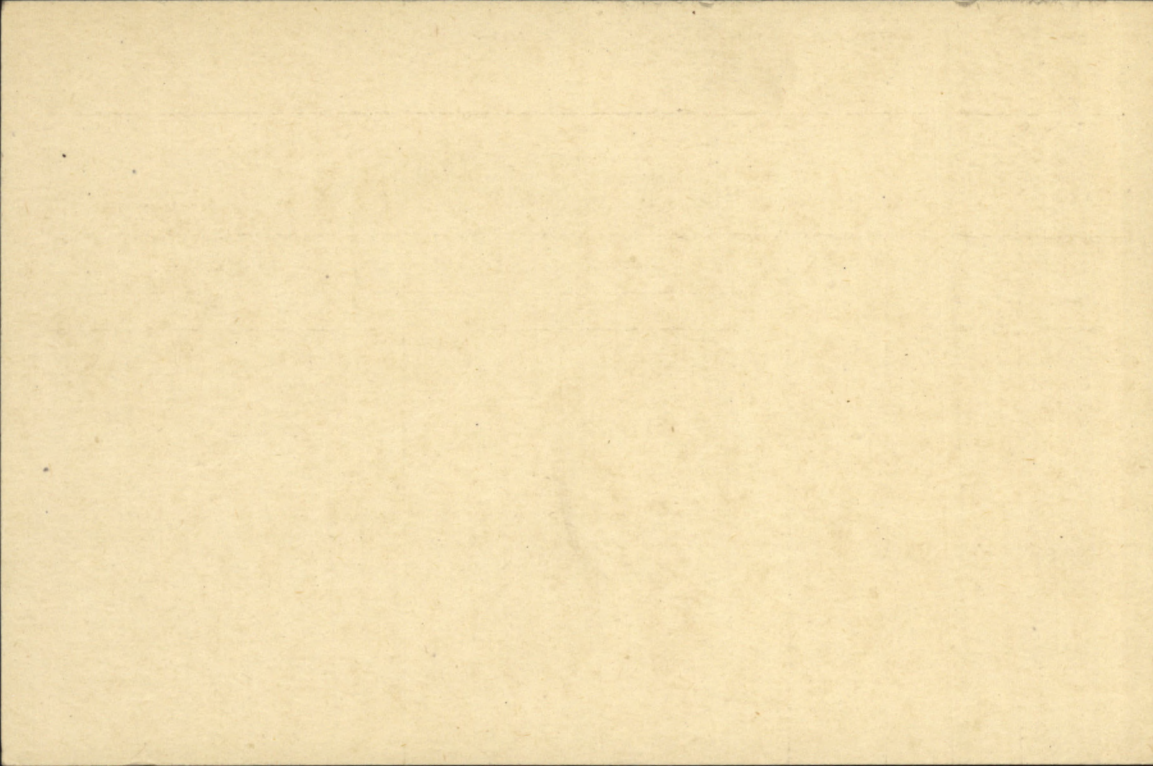
NAME Mahoney N

T.O.S. Transferred from
217th Batty 2-2-17
No. O. 24 of 11-2-17

UNIT Sask. Railway Const. Coy

M. D. 12

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Feb 2	1917 Feb 28	N		



SURNAME.

649-M-12925
Mahoney

CARD NO. ✓

CHRISTIAN NAMES

Michael.

FOLL.

Sol. Dir 24/7/17. 12

REGL. No. *276509.*

RANK *Pte.*

UNIT *217th.*

Bn

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mahoney, George.

RELATIONSHIP TO SOLDIER

Brother.

ADDRESS

Cedar Rapids Iowa U.S.A.

COUNTRY OF BIRTH

Ireland, Dublin.

DATE

Sept 29th 1888.

PLACE OF ATTESTATION

Saskatoon, Sask.

DATE

Aug 1st 1916.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Not Stated

DESCRIPTION.

APPARENT AGE

Not Stated

YEARS

MONTHS

HEIGHT

Not Stated

FEET

INCHES

CHEST MEASUREMENT

Not Stated

INCHES

EXPANSION

Not Stated

INCHES

COMPLEXION

Not Stated

EYES

Not Stated

HAIR

Not Stated

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Not Stated.

DATE

Aug 12th 1916

Present Address. Asquith Sask.

No. 276509 RANK Pte

NAME

Mahoney M.

T. O. S. 1-8-16

UNIT

217th B. attahori

(D0143 of 7-8-16)

M. D. 10-12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug. 4	1916 Aug. 31	✓	Reports 4-8-16	D0143 of 7-8-16.
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917 Jan.	1917 Oct.	✓	Trans. to Sash. Ply. Con. Coy 1-2-17	DO 24 of 29-1-16.



No Card
276509

MEDICAL HISTORY SHEET

Surname: Mahoney Christian Name: Michael

Examined { on 21 day of Feb 1917
 at Regina
 Birthplace { City or Town Dublin
 County Ireland
 Apparent age 26
 Trade or occupation fireman
 Height 5 feet 7 Inches
 Weight 150 lbs.
 Chest measurement { Minimum 35 inches
 Maximum expansion 37 1/2 inches
 Physical development good
 Small-pox Marks _____

Approved by N. R. Stewart
 Rank Capt M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>12/2/17</u>	<u>Po</u>	<u>N. R. Stewart</u> <u>No 249</u>
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/2/17</u>		<u>Inoculated</u> <u>N. R. Stewart</u> <u>No 249</u>
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left X
 Number 1
 When Vaccinated last childhood
 (a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

Enlisted on First day of Aug 1916 at Saskatoon

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>217th Batt. C.E.F.</u>	<u>276509</u>		<u>Aug 1 - 1916</u>
Transferred to	<u>Sack By Consty</u> <u>C. C. E. F.</u>			<u>Feb 10 - 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

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.....

217th Overseas Battalion.

(2) Regimental Number.....

276 509.

(3) Full Name of Soldier.....

Madoney, Michael.

(4) Place of Birth.....

*Dublin,
Ireland.*

(5) Are you married, or not?.....

Not married.

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

[Redacted]

(b) Present Postal Address.....

[Redacted]

(7) Are you a widower?.....

no

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

no

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

[Redacted]

Also their names and ages.....

[Redacted]

(9) Is your Father alive? *No*

If so, state name and address *[scribble]*

(10) Is your Mother alive? *[scribble]*

If so, state name and address *[scribble]*

(11) If your Mother is a widow *[scribble]*

Are you her sole support, or not? *[scribble]*

(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.

*Brother - George Mahoney
Cedar Rapids, Iowa,
U. S. A.*

(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? *[scribble]*

Have you made arrangements for payment of your Insurance premium? *[scribble]*

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

A. B. Hill LIEUT. COLONEL
COMMANDING 217th BATTALION
Officer Commanding.

Date *Feb 5th 1917*

FORM OF WILL.

I, Michael Mahoney, (Name in full)

Regimental Number 876.509, serving in 217th Battalion

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

Best friend

I bequeath all my real estate unto

Miss Annie Mahon
Craigmont Ontario

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

absolutely, and my personal estate I bequeath to

Best friend

Miss Annie Mahon
Craigmont Ontario

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

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 5 day of Dec A. D. 1916

Michael Mahoney 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 Lieut W. J. Dakin

Address of Witness 217th Battalion Regina Sask.

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Soldier.

Signature of Second Witness Wm Bryce

Address of Witness 217th Battalion Regina Sask.

Occupation of Witness Soldier.

FORM OF WILL

I, _____ of the County of _____ Province of _____ do hereby certify that I am of legal age and sound mind and memory and I hereby declare that I am making this my last will and testament.

Name and Address of person to whom I wish to give my personal estate

Name and Address of person to whom I wish to give my real estate

Day of _____ 19____
I hereby give and bequeath unto _____

the sum of _____ Dollars

Signed and attested by the Testator and by two witnesses of his full age and legal mind, in the presence of each other and in the presence of the undersigned

Signature of Testator _____
Address of Testator _____

Signature of Witness _____
Address of Witness _____

Signature of Witness _____
Address of Witness _____

IMPORTANT
NOTE
This form is printed
and dated by
THE SOLDIER
HIMSELF

THE TWO
WITNESSES
MUST
SIGN HERE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 276509 Rank Pte Name Mahoney M

Corps Special Service Coy #122# 12 who was* Discharged

On July 21st 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st 1917, to July 21st 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Reg'tl Pay <u>21</u> days at \$ <u>1</u> c <u>00</u>	<u>21</u>	<u>00</u>
} No.			Field Allow. <u>21</u> days at \$ <u> </u> c <u>10</u>	<u> </u>	<u>10</u>
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits* <u>Clo Allow</u>	<u> </u>	<u>50</u>
Payment on transfer or discharge No. <u>543</u>	<u>31</u>	<u>60</u>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	31	60	Total	31	60

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 1917 to (Assignee)

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 8-1-16
 (2) if married and if a Separation Allowance Card has been submitted

(3) cause of discharge and authority D.O.211 Irreg Enlisted

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date July 31st 1917

Place Regina Sask

Geo. Housley - Capt
 Special Service Coy # 12 Paymaster

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

Proceedings on Discharge.

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

No. <i>276509</i>	
Rank <i>Private</i>	
Surname <i>Highoney</i>	
Christian Name <i>Michael</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>217. Special Service Co</i>	
Date of Discharge <i>July 21/1917</i>	
Place of Discharge <i>Regina Park.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>28</i> years <i>10</i> months.	Descriptive Marks
Height <i>5</i> feet <i>7</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Grey</i>	
Hair <i>Dark Brown</i>	
Trade <i>Farmer</i>	
Intended place of residence <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <i>Being irregularly enlisted Clt R & O, para 322 - Sec. 2. with 12, M.D. 28 - M - 61</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer</i>

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

*Discharge
28/7/17
B-4*

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

none

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

6. Medals and Decorations.....

none

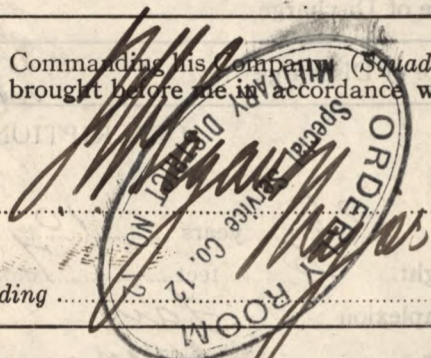
To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

(Place) *Regina Sack*

(Date) *July 21/1917*

Commanding



8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Regina Sack* (Signature of Soldier.)

(Date) *July 21/1917* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days. *3 55*
Total.....years.....days. *3 55*

11. Confirmation of Discharge.

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

(Place) *Regina Sack*

(Date) *July 21/1917*

(Signature)



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

<p>Military Form B 232 Attestation Paper</p>	<p>Military Form B 263 Reg. Conduct Sheet</p>
<p>Military Form B 218 Proceedings on Discharge</p>	<p>Military Form B 263 Conduct Sheet Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of: (a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Copies of Convictions, by C.P. in MS. Medical Report for Invalid Statement of Man's Account on Transfer and Last Pay Certificate "Only if discharged "Medically unfit"</p>

None

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

Mr Mahoney

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

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

(Signature of Soldier)

10. Statement of Service.

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

11. Confirmation of Discharge.

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

(Signature)

MEDICAL HISTORY OF AN INVALID.

Military District No. 2
JAN 24 1917
28-7-61

1. Station. Regina - Sask. General remarks on his :-
 2. Regiment or Corps. 217th Bn. Battn. C.E.F. (a) Conduct. Good
 3. Regimental No. and Rank. 276509 8th Lt. (b) Habits. Good
 4. Name. Mahony - Michael. (c) Temperance. Good
 5. Age last Birthday. 27 Years. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on 14th Aug. 1916.
 at Saskatoon - Sask.
 7. Former Trade or Occupation. Labourer. Date. 8th January 1917.

DEPT. MILITIA & DEFENCE
FEB - 8 1917
H.Q. CANADA
MILITIA & DEFENCE
H.Q. CANADA

9. Service.	Years. Days.	
	PERIODS.	
	FROM.	TO.
	<u>14th Aug. 1916</u>	<u>8th January 1917.</u>

10. (a) Disease or disability. Defective Vision ... Flat Feet.
 (b) Date of origin. 1910 Defective Vision ... " " Since Childhood.
 (c) Place of origin. Defective Vision - Ontario " " Dublin - Ireland.
 (d) Cause. Reflection of Sun Rays on Water. Flat Feet Congenital.

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
Defective Vision
R. V. II - 90.
L. V. II - 100.
Flat Feet.

arms

12. (a) Is the disability the result of service or climate? No
 (b) Has it been aggravated by intemperance, vice or misconduct? No

3
noted
9/4/17
189

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

None.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not due to Exposure on duty.

14. Treatment

None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*Before Enlistment.
Not Aggravated by Service.*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Throughout Life.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

0/100.

18. State if for discharge on account of unfitness for Service.

Unfit for Active Service.

[Signature]

M. O. 217. C/S. Battalion. C.E.F.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

The Board concurs

10. *Defective Vision*

11. *Small multiple Sebecomae on each eye cornea, remains of Uterine Keratitis. Vision below regulations.*

12. *No. No.*

15. *No.*

16. *Permanent*

17. *Nil*

18. Is he unfit for Military Service. ~~Yes~~ *No.*

Recommendations: *The Board recommends that he be transferred to, either Royal Canadian Engineers or Bomber Battalions*

Signatures:—

E. Baeposh
Capt President.

Denis Bannery S.F. 2.c.

Station. *Regina*
Date. *Jan 22/17*

Members.

Date. *24/1/17* *W. G. Farrell Major*
Assr. Director of Medical Services.

Approved.

Date. _____
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

R. C. APR 3 1917

Q 253-3 (1/17)

41-4-8-101

Does the Board concur with the preceding report? If not give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Recommendations:

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-6-16.
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.