

ATTESTATION PAPER.

Canadian Engineers,

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 2009180

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? **F R I E S.**
- 1a. What are your Christian names? **Albert Peter**
- 1b. What is your present address? **Barrow Bay, Ontario, Canada**
2. In what Town, Township or Parish, and in what Country were you born? **Barrow Bay, Ontario, Canada**
3. What is the name of your next-of-kin? **Mrs. Bella Fries**
4. What is the address of your next-of-kin? **Barrow Bay, Ontario**
- 4a. What is the relationship of your next-of-kin? **Mother**
5. What is the date of your birth? **November 14, 1897**
6. What is your Trade or Calling? **Farmer**
7. Are you married? **Single**
8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes**
9. Do you now belong to the Active Militia? **No**
10. Have you ever served in any Military Force? **No**
If so, state particulars of former Service. **Naval or**
11. Do you understand the nature and terms of your engagement? **Yes**
12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? **No**
14. If so, what was the nature of the disability? **No**
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? **No**
16. If so, what was the reason? **No**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Albert Peter Barrow**, 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 **May 28th** 191 **8***Albert Peter Barrow* (Signature of Recruit)*W. Evans* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Albert Peter Barrow**, 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 **May 28th** 191 **8***Albert Peter Barrow* (Signature of Recruit)*W. Evans* (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 **Toronto, Ontario** this **28th** day of **May** 191 **8**.

W. Evans (Signature of Justice)

Description of ALBERT PETER FRIES, on Enlistment.

Apparent Age 20 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5 1/2 ins.

Chest measurement. { Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Ruddy

Eyes Brown

Hair Brown

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

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

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

Scar inside right knee.

Birthmark front of left thigh.

Eyesight-R.D.60, L.D.60
Hearing-R.Normal, L.Normal
Nose-Rhynitis-Throat-Normal

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 May 28th 1918

Place Toronto, Canada

*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:—

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

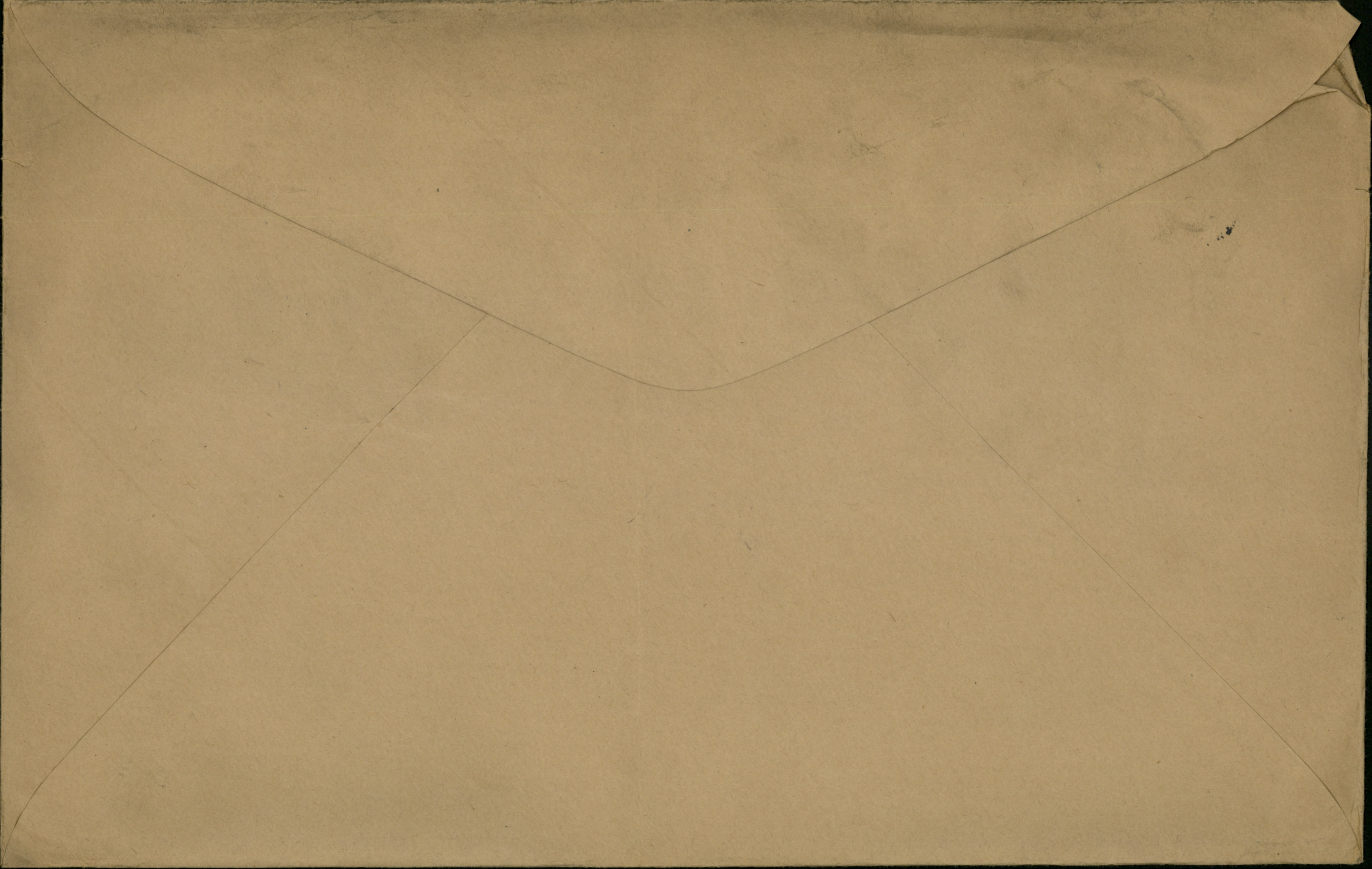
W. H. Shaw M. O.
Medical Officer PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Peter Fries 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.

Henry W. Brown Lt.-Col., C. E. (Signature of Officer)
O. C., Engineer Depot

Date 28-5-18 1918



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

REGT. No. 2009180

RANK Spr.

NAME (IN FULL)

F R I E S

A. P.

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	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

[illegible]

Date of Enlistment *not given*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch *F. 7019*

1st Oct. 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.00</i>			
--------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.
Rank Promoted Reverted Discharge
Soldier's Name
Battalion *Can. Eng. Lft. 15.*
Beneficiary
Relationship
Address

PARTICULARS OF ASSIGNMENT

Name
Address
Change of Address
1 *MRS. BELLA FRIES,*
BARROW BAY,
2 *ONT.* 15 15.00
3 *% 2009180 SPR A.P. FRIES*
FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Oct</i>	<i>x 57771</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>N 58408</i>		<i>15</i>	<i>15</i>
<i>Dec.</i>	<i>V 67742</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>T 69588</i>		<i>15</i>	<i>15</i>
<i>Feb.</i>	<i>U 73760</i>		<i>15</i>	<i>15</i>
<i>Mar.</i>	<i>S 86358</i>		<i>15</i>	<i>15</i>
<i>Apr.</i>	<i>2 843</i>		<i>15</i>	<i>15</i>
			<i>105</i>	<i>105</i>

F. 6461-Q-8 REMARKS *M. R. 375*

A/c Closed *30-4-19*
Rec'd per *Olympic*
Date *21/4/19*
Closed *29/4/19*

(M R 9751)

M. F. W. 128
4046, 6, 7, 11, 12, 13, 14, 15
L. L. 22320-M. & D. 1931

AUDITED

AUTHORITY FOR NEW ACCT. *2 M. 14 Aug. 18*
Shatts
15.10.18.

War Service Badge

Class "A" No.

286124

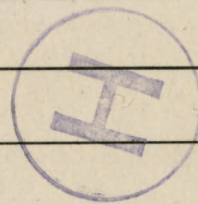
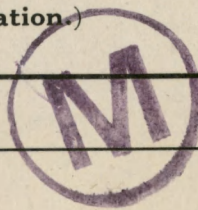
D.A. I

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

Occupational Group No. 1

(Demobilization)



1. No. 200 9180

2. Rank. Sapper

3. Name. Fries Albert

4. Unit. 3rd Battalion

5. Date of Discharge APR 23 1919

Place Toronto E.

6. Reason for Discharge Demobilization

7. Authority. No. 2 District Depot, Part II, D.O. No. 118

8. Proposed Residence after Discharge Barrow Bay Ontario.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

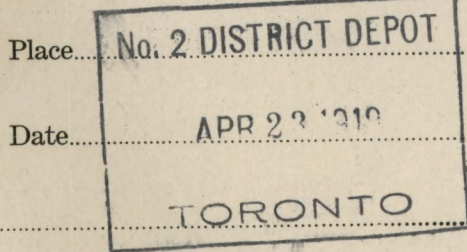
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

A. P. Fries

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.



Signature R. W. Raymond

(O. C. Discharging Unit.)

O.C. No. 2 District Depot

ok

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Proforma	MINNA Form W. 23
or Particulars of Receipt	MINNA Form W. 133
Field Conduct Sheet	MINNA Form W. 173 or A.F.B. 173
Camp Life Form	MINNA Form W. 54 or A.F.B. 164
Last Pay Certificate	MINNA Form W. 44
Certificate that missing documents are nonobtainable	
Medical History Sheet	MINNA Form B. 513 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 327, A.F.B. 170 or A.F.A. 43
Dental History Sheet	MINNA Form B. 455
Medical Report	M.F.B. 327, A.F.B. 170 or A.F.A. 43
Residential Conduct Sheet	MINNA Form B. 267
Company Conduct Sheet	MINNA Form B. 265

MINNA Form W. 237, or

MINNA Form W. 133

MINNA Form W. 173

MINNA Form W. 54 or A.F.B. 164

MINNA Form W. 44

MINNA Form B. 513 or A.F.B. 178

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 455

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 267

MINNA Form B. 265

MINNA Form W. 237, or

MINNA Form W. 133

MINNA Form W. 173

MINNA Form W. 54 or A.F.B. 164

MINNA Form W. 44

MINNA Form B. 513 or A.F.B. 178

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 455

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 267

MINNA Form B. 265

MINNA Form W. 237, or

MINNA Form W. 133

MINNA Form W. 173

MINNA Form W. 54 or A.F.B. 164

MINNA Form W. 44

MINNA Form B. 513 or A.F.B. 178

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 455

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 267

MINNA Form B. 265

MINNA Form W. 237, or

MINNA Form W. 133

MINNA Form W. 173

MINNA Form W. 54 or A.F.B. 164

MINNA Form W. 44

MINNA Form B. 513 or A.F.B. 178

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 455

M.F.B. 327, A.F.B. 170 or A.F.A. 43

MINNA Form B. 267

MINNA Form B. 265

MINNA Form W. 237, or

MINNA Form W. 133

MINNA Form W. 173

MINNA Form W. 54 or A.F.B. 164

MINNA Form W. 44

MINNA Form B. 513 or A.F.B. 178

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in a special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
and Clothing
12. Last Pay Certificate (P. 851). *Duplicate*
13. Pay Book (A.B.64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No. *11*

..... *70m*

Date..... *7 APR 1919*

U.S.B. Class A

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.

ENGINEERS DETPT
BROCKVILLE, ONT.

Regimental No. 1009180 Rank spr Name Fries, Albert Peter

C. E. F.

Enlisted (a) 28-5-18 Terms of Service (a) 669 SOS of W. Service reckons from (a) 28-5-18

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

Extended Re-engaged Qualification (b) military civil

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 Overseas 27-6-18, D.O. 62
					Captain & Adjutant
					27-6-18 EMBARKED MONTREAL
					Adjutant H. M. T. VALAGIA.
					Lieut.
					Disembarked England 15/7/18
					17/7/18 2 CERB. SOS of 2 CERB. from Canada
					13.9.18 2 CERB. SOS of 2 CERB. to France
					15/7/18 Part 11 Order 48
					13.9.18 Part 11 Order 98
					Chom
					Lieut. C.E.
					for Lieut. Colonel, C.E.
					Commanding 2nd Canadian Engineers Reserve Bn.
					(P.T.O.)

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

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
9-18	C.B.R.F.	Join on arrival in	France	14-9-18	R.R. 758 P.D.O. No. 99
9-18	CCRC	Joined from Base	C.B.R. Pool	17-9-18	R.R. 1463
9-18	CERC	S.O.S. 1/3rd Bn C.B.		28-9-18	R.R. 1430 P/105
10/18	3rd Bn C.B.	T O S 3-EN O E JOINED DO		29/9/18	B 213. P.D.O. No. 40
13/19	Cambrai camp.	PROCEEDED TO ENCL ND		18/3/19	NR
19/19	Wing	S.O.S. OF O.M.E.C. ON PROCEEDING TO CANADA.	Bramshott	13/4/19	Pt. 2. A No. 14
	L.P.C.				
		OLYMPIA SOUTHAMPTON 15.4.19			

BT.

Rank Name **FRIES Albert Peter.**
Unit **75th Dft Engineers** If in perm. Corps, }
What Unit? }

Reg'l No. **2009180**

Married or Single **Single**

Place and Date of Enlistment **Toronto May 28th 1918**

Place of Birth **Barrow Bay, Ont**

Name and Address, Next-of-Kin **Mrs. Bella Fries.**
Barrow Bay, Ont. Can.

Relationship **Mother,**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

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.			
		Arrived in England	15-7-18	S/S. VALACIA
17-7-18	2nd, CERB	T.O.S. on Arrival from Canada	Seaford	15,7 18 DC-48 CERP DO. 99 d*28/9_18
13-9-18	" "	SOS to C.E. Pool	Seaford	13-9-18 DO 98
17-10-18	3rd Bn C.E.	T.O.S. from C.E.P.	Seaford	29-9-18 pt 4 DO 407 CERP DO 105-15-10-18
17-4-19	F. Wing C.E.C.	S.O.S. to Canada.	Bushett	14-4-19 DO. 15.
31-3-19	" "	S.O.S. pending R.T.C.	" "	19-3-19 DO. 9.

[illegible]

6461-9-8

Certified this document
checked with
Regimental documents.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Yvclan

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Albert Peter* 2. Surname *Fries FRIES*
3. Rank *Sapper* 4. Original Unit *Engineers* 5. Reg. No. *2009180*
6. Address, in full, to which future payments of gratuity are to be forwarded
Barron Bay Post Office, Ontario.
7. Date of enlistment in the C.E.F. *28th May 1918.*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*
9. Relationship of such dependent. *Not applicable*
10. Address, in full, of such dependent. *Not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?—
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *9 months Canadian Engineers*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *No*

20. Have you been issued with a War Service Badge? If so what class? *No*

21. Have you, during the present war, served in the Imperial Forces? *No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F.? *APR 23 1919* If not, give: (a) Date of discharge

(b) Reason for discharge *DEMOBILIZATION*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Sgt. A. P. Price*

Place of Residence: *Bayview Bay Ontario*

Declared before me at: *Brantford Ont.*

This *25* day of *March* 19*19*

Signature of Barrister of the
Supreme Court Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner for the
Administration of Oaths under
P.C. 2767, dated 11th Nov., 1918.

Chapman J. C. L.
(Witness David Justus)

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 2009180 Rank Spr Name Fries. A. P.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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)..

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				
APR 15 1919 O. S.		T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. 0.118
APR 23 1919 S. O. S.		(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. 0.113
<i>W. Roberts</i> Lieut. For O. C. No. 2 District Depot.					

(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.

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				

18 SEP 1950
M

MILITARY SERVICE
ORIGINAL
HISTORY

Medical Service, on the man becoming

Signature of Man *Alfred Peter Davis*

Christian Name *Albert Peter*

[illegible]

17. *Chrysomelidae*

RANK.

2020

No...

No. 2009188

[illegible]

tion of patient's mouth to be
d of same to be made in red ink.
de on this sheet as will show :

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

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

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

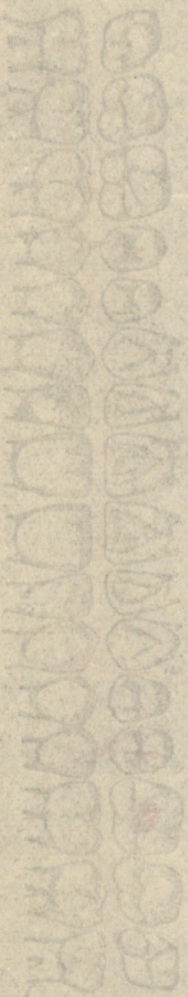
NAME OF PATIENT

REGIMENT

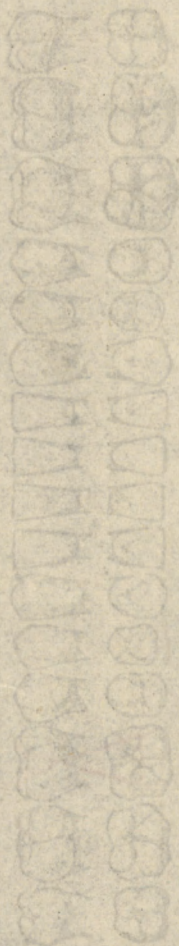
DATE

NO.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18



19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36



Examination of mouth and throat

Examination of teeth

Examination of gums

Examination of tongue

Examination of throat

Examination of palate

Examination of uvula

Examination of tonsils

Examination of adenoids

Examination of larynx

Examination of trachea

Examination of bronchi

Examination of lungs

Examination of heart

Examination of aorta

Examination of pulmonary artery

Examination of pulmonary veins

Examination of coronary arteries

Examination of coronary veins

Examination of pericardium

Examination of pleura

Examination of diaphragm

Examination of stomach

Examination of liver

Examination of gall bladder

Examination of pancreas

Examination of spleen

Examination of kidneys

Examination of ureters

Examination of bladder

Examination of rectum

Examination of sigmoid colon

Examination of appendix

Examination of uterus

Examination of ovaries

Examination of vagina

Examination of vulva

Condition on discharge

Condition on leaving Canada

Condition on examination in 1917

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

On first line of above record of entry to be made in red ink

On examination the condition of patient's mouth to be marked on

On examination the condition of patient's mouth to be marked on

INSTRUCTIONS

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)

FRIES. A.P.

REGIMENT

3rd Bn C.E.

RANK

Sgt

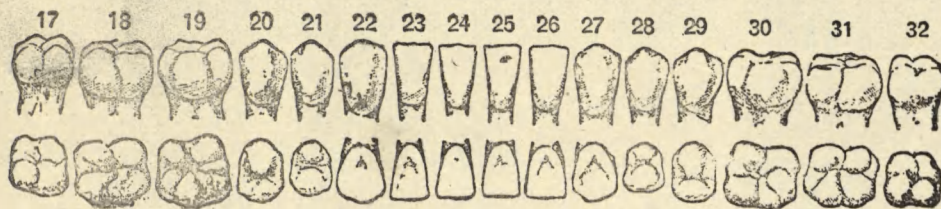
No.

2004180

Date of Examination in England

20/3/19

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

139.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

J. G. Harewood Capt.

BLANKET LICENSE

1898

TO ALL WHOM THESE PRESENTS SHALL COME, I, the President of the United States, do hereby give notice that the following named persons, to-wit:

JOHN W. BROWN, JR.

JOHN W. BROWN, JR.

JOHN W. BROWN, JR.

JOHN W. BROWN, JR.

JOHN W. BROWN, JR.

JOHN W. BROWN, JR.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2009180 Rank Saps Surname Fries
(Given name in full)

Unit or Corps 3rd Batt. Ct. Birthplace Barrow Bay

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 5 1/2 ft. Colour of Eyes Hazel
Nutrition good
Pulse 74 regular
Condition of arteries soft
Vision Rt. 6+ Left 6+
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

scar 1/4" long over 1st joint of left thumb due to cut before enlisting
One vaccination scar left arm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System yes
Disturbance of mentality no Muscular System no Digestive System yes
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Says he had appendicitis 1917 but had no operation
Blennorrhoea 1915
Now no disability
Physicis in trouble at the present time.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshot (Overseas)

Date 21/3/19

Signed W. Storey Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Dr. A. P. Jones

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

[Handwritten signature]

[OVER]

H. Q.
M. D. No. 3. 42
Surname Trues T. O. S. 19..
Christian names Albert Peter D. O. Pt. II of
Regtl. No. 2009180 Rank Spl S. O. S. 23-4-1919
Unit Can Eng Tr Dps M D 3 (75 R.O.) Reason demob
Auth. D.O. 1189 28-4-19
280

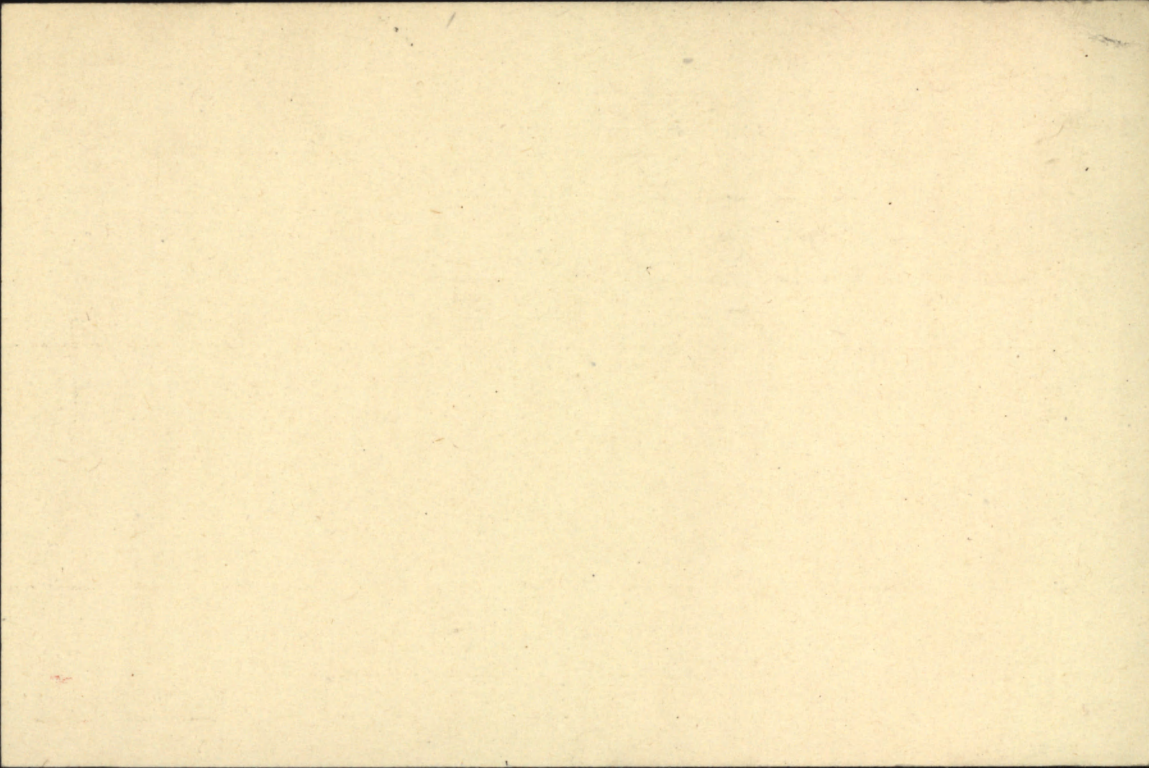
Next of kin Relationship
Address Also notify:
.....
.....
.....

BORN—Place Date

ATTESTED—Place Date

O/S 27.6.18 1300
7

R/C 21-4-19 309
182 Spl.



es
res

Number 200 9180 Rank apr ~~B~~
Surname FRIES
Christian Name Albert Peter
Units C. E. Theatre of War France
Date of Service 14-9-18

Remarks.....

Latest Address Barrow Bay
Cut

Roll No.

B. Page 16318.

200m.-2-21.M.

DESP. SEP 1 1922

REGN. NO. GA35132

ASSIGNED PAY. <i>711</i>	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.					
EFFECTIVE DATE: <i>1/10/18.</i>	EFFECTIVE DATE: -						
AMOUNT: <i>15 00</i>	AMOUNT: -						
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		NAME: <i>FRIES Albert Peter</i>					
<i>Mrs. Bella Fries</i> <i>Barren Bay</i> <i>Ont. Canada (methd)</i>		NUMBER: <i>2009180</i>					
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY: <i>2 CERB Pt 11 48</i> DATE EFFECTIVE: <i>JUL 15 '18</i> RANK OR APPOINTMENT: <i>Sapper</i>							
UNIT AND TRANSFERS							
ORIGINAL UNIT: <i>2 CERB</i>		<i>CETC</i>					
DATE ACCOUNT FIRST OPENED: <i>JUL 1 '18</i>							
AUTHORITY: <i>75d/CE</i> DATE EFFECTIVE: <i>JUL 1 '18</i> DATE LEDGER SHEET T'S'D: <i>6. CERD</i> UNIT TRANSFERRED TO:							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13/19</i>	<i>1420</i>	<i>366</i>	<i>3 73</i>				
<i>13/19</i>	<i>6978</i>	<i>Hawes</i>	<i>4 66</i>				
<i>20/19</i>	<i>2301</i>	<i>Bishst.</i>	<i>73</i>				
			<i>81 39</i>				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS:CE	ALL:CE	
		<i>1 00</i>	<i>10</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *37 1/2 Pts Canada K 5111 MR 700 666 Bishst Ind 2, LPCR Bal 49.99 Day 4.57*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>JUN 30 '18</i>	<i>Balance from Canada</i>								<i>28 35</i>		
<i>Aug</i>	<i>P. a July Aug</i>	<i>68 20</i>		<i>ad 1123 - 2 CERB 3/8/18</i>	<i>14 60</i>						
				<i>A 8 Valacia 4/6</i>	<i>5 -</i>				<i>76 95</i>		
				<i>ad 1588 - 2 CERB 26/8</i>	<i>48 7</i>						
				<i>1670 - 20/8</i>	<i>43 80</i>				<i>28 28</i>	<i>20</i>	
<i>Sept</i>		<i>68 20</i>			<i>68 27</i>						
		<i>33 -</i>		<i>1829 - 12/9</i>	<i>2 43</i>				<i>58 85</i>	<i>45</i>	<i>Sapper</i>
		<i>33</i>			<i>2 43</i>						
<i>Oct</i>		<i>34 10</i>		<i>cap.</i>				<i>15</i>			
				<i>689 3CE 2/9/18</i>	<i>3 73</i>				<i>74 22</i>		
				<i>578 23/9/18</i>	<i>3 73</i>				<i>70 49</i>		
		<i>34 10</i>			<i>7 46</i>			<i>15</i>			
<i>Nov</i>		<i>33</i>		<i>cap</i>				<i>15</i>	<i>88 49</i>		
				<i>666 4/1/18</i>	<i>3 73</i>				<i>84 76</i>		
				<i>787 16/1/18</i>	<i>13 06</i>				<i>71 70</i>		
<i>Dec</i>		<i>34 10</i>		<i>cap</i>				<i>15</i>	<i>90 80</i>		
<i>Jan</i>		<i>34 10</i>		<i>cap.</i>				<i>15</i>	<i>109 90</i>		
		<i>101 20</i>			<i>16 79</i>			<i>45</i>			
				<i>1060 3CE 15/1/19</i>	<i>3 73</i>				<i>106 17</i>		
				<i>1249 3/2/19</i>	<i>3 73</i>				<i>102 44</i>		
				<i>1132 2-1-19</i>	<i>3 73</i>				<i>98 71</i>		
				<i>1325 12-2-19</i>	<i>3 73</i>				<i>94 98</i>		
<i>Feb</i>		<i>64 00</i>		<i>cap.</i>				<i>30</i>	<i>120 28</i>		
	<i>Int on Sep pay</i>	<i>1 50</i>		<i>1420 1-3/9</i>	<i>3 73</i>				<i>131 38</i>		
				<i>6978 13/3/19</i>	<i>4 66</i>				<i>127 65</i>		
		<i>66 40</i>		<i>131 38</i>	<i>23 31</i>			<i>30</i>	<i>122 99</i>		
				<i>81 39</i>							
				<i>49.99</i>							

NUMBER		RANK		NAME							
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				✓ 7201. 26/3/19.. CCC. 73-					122 99		
				✓ 412. 7-4-19. -					40 26		
					973						
					82 73						
				S.S. to Canada 14/4/19-97/5/-							
				S/S +9- O.E.							