

CLASS A II

ATTESTATION PAPER.

No. 2115137

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

<p>1. What is your surname?.....</p> <p>1a. What are your Christian names?.....</p> <p>1b. What is your present address?.....</p> <p>2. In what Town, Township or Parish, and in what Country were you born?.....</p> <p>3. What is the name of your next-of-kin?.....</p> <p>4. What is the address of your next-of-kin?.....</p> <p>4a. What is the relationship of your next-of-kin?.....</p> <p>5. What is the date of your birth?.....</p> <p>6. What is your Trade or Calling?.....</p> <p>7. Are you married?.....</p> <p>8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....</p> <p>9. Do you now belong to the Active Militia?.....</p> <p>10. Have you ever served in any Military Force?..... <small>If so, state particulars of former Service.</small></p> <p>11. Do you understand the nature and terms of your engagement?.....</p> <p>12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }</p>	<p>ARTHUR HEFFERN</p> <p>ARTHUR</p> <p>Wadena, Saskatchewan Canada</p> <p>SOUTH DAKOTA</p> <p>John Alexandra Heffern</p> <p>Wadena, Saskatchewan Canada</p> <p>Father</p> <p>24th December 1893</p> <p>Farmer</p> <p>No</p> <p>Yes</p> <p>No</p> <p>No</p> <p>Yes</p> <p>Yes</p>
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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**

Discharged 100
 100
 100

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ARTHUR HEFFERN, 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.

Arthur Heffern (Signature of Recruit)

Date April 5th 191 7. W. J. [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ARTHUR HEFFERN, 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.

Arthur Heffern (Signature of Recruit)

Date April 5th 191 7. W. J. [Signature] (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 Winnipeg, Man this ninth day of April 191 7.

W. Seagrave (Signature of Justice)
Capt 90



N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

Description of ARTHUR HEFFREN on Enlistment

Apparent Age.....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.....ft. 5 ins.

Chest measurement { Girth when fully expanded.....36 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....

Brown

Eyes.....

Blue

Hair.....

Brown

Religious denominations. { Church of England.....

Presbyterian.....

Methodist.....

Yes

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
 (Denomination to be stated.)

Victor R. L. 20720
Henry R. L. 1.

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.....April 9th.....1917.....

Place.....Winnipeg.....

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

MOBILIZATION MEDICAL BOARD APPROVED FIT

[Signature] PRESIDENT
[Signature] MEMBER
[Signature] MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur Heffren.....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] Lieut. (Signature of Officer)
 Adjutant No. 1 Overseas C.A.S.C., Training Depot.

Date.....APR 9 1917.....1917.....

HEFFREN ARTHUR

2115137

C.E.F. ~~RECORDS~~ DOCUMENTS
WAR SERVICE RECORDS D.V.A.
C.A.S.C.

18524

MED. UNFIT.



2022-03-10
10:00 AM
10:00 AM

10:00 AM

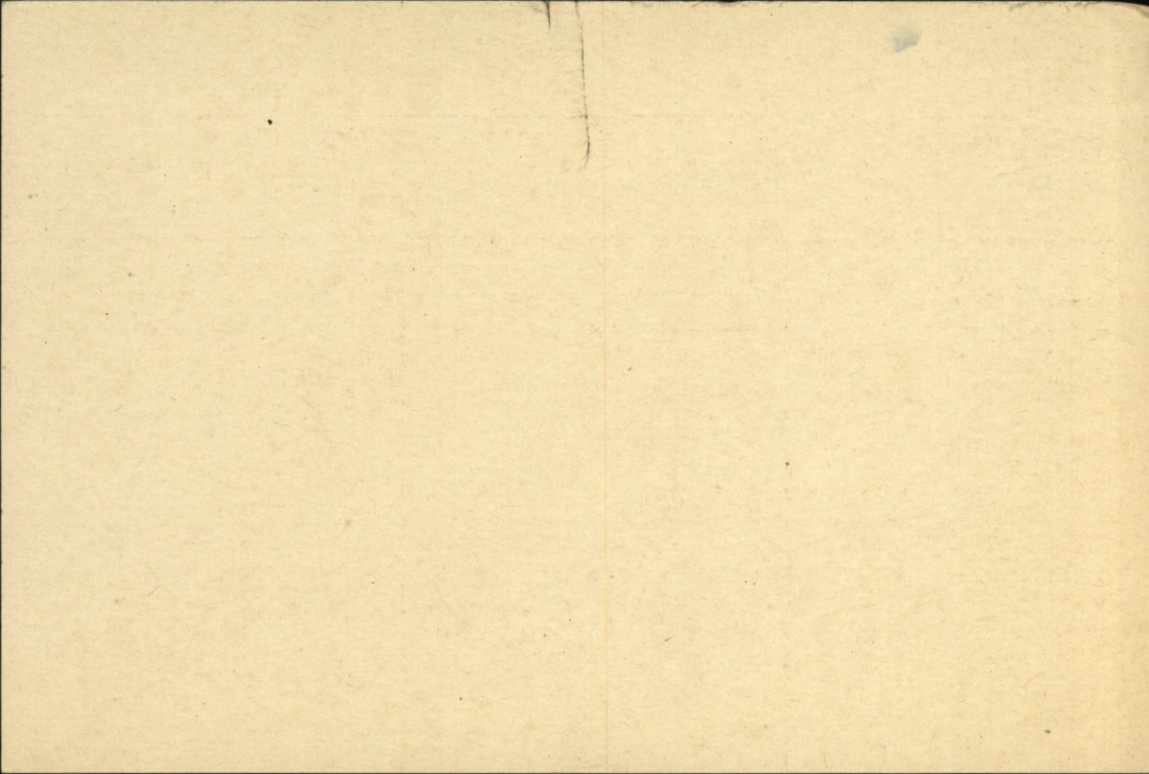
No 2115137 RANK Pte.

NAME Heffren Arthur

T. O. S. 9. 4. 17. UNIT (An. Army Service Corps. #1 Training Depot.
 (50.85 of 10. 4. 7.)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917.	1917.			
Apr. 9.	Apr. 30.	η.		
May.		η.		
June.		η.		
July.		η.		
Aug.		η.		
Sept.		η.		
Oct.		η.		
Nov.		η.		
Dec.		η.		
1918.	1918.			
Jan.		✓		
Feb.		✓		
Mar.		η.		
Apr. 1.	Apr. 11.	η.	S.O.S. on transfer to #10 Casualty Unit	50.102.
			AWD. from midnight 25. 8. 17.	50.205 of 30. 8. 17.



#

SURNAME.

Heffren

CHRISTIAN NAMES

Arthur

REGL. No.

2115-137

RANK

Cte.

UNIT

No 1. C. A. S. C. (I.D.)

FORMER CORPS

Nil.

P.O.S. No. 27-418 70

FOLL.

Pt 13 - #10 D.D.

NAMES IN FULL

Heffren, John Alexandra

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Wadena, Sask.

NEXT OF KIN.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

USA South Dakota

DATE

Dec. 24th 1895

PLACE OF ATTESTATION

Winnipeg. Man.

DATE

April 9th 1917

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Yes.
Methodist

DESCRIPTION.

APPARENT AGE

22.

YEARS

9.

MONTHS

HEIGHT

5

FEET

1.

INCHES

CHEST MEASUREMENT

36.

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Brown.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

April 9th 1917.

Present Address, Wadena, Sask.

2112

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.

No. 1 Overseas C.A.S.C. Training Depot.

Unit, Regiment or Corps.....

Regimental No. 2115137 Rank Private Name HEFFREN, Arthur
C. E. F.

Enlisted (a) Apr. 9, 1917 Terms of Service (a) C.E.F. Service reckons from (a) Apr. 9, 1917.

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) Farmer

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				
<u>C.O. 85, Cpl. 11/18 para. 2010.</u>		<u>Transferred to No. 10 Casualty Unit</u>	<u>Winnipeg</u>	<u>Cpl. 11/18</u>	<u>C.O. 85, Cpl. 11/18, para. 2010.</u>
<u>T.O.S. 11-4-18. G.O. 85-2010</u>					
<u>18-4-18</u>	<u>D.O. 14</u>	<u>T.O.S. District Depot #</u>	<u>10. Wpg.</u>		
<u>27-4-18</u>	<u>D.O. 13</u>	<u>Dis. G.O. 105. 2218</u>			

Thomas G. Cook
O. C. Discharge Section
No. 10 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. [P.T.O.]

CLASS A II

MEDICAL HISTORY SHEET

2112

Surname Heffren Christian Name Arthur

Examined { on 9th day of April 1917
 at Wilmington, N.C.
 Birthplace { City or Town York
 County South Dakota

Approved by [Signature]
 Rank Lieut. Col. M.O.

Apparent age 27
 Trade or occupation Seaman
 Height 5 feet 2 Inches
 Weight 140 lbs.
 Chest measurement { Minimum 31 1/2 inches
 Maximum expansion 36 inches
 Physical development Good
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

MOBILIZATION MEDICAL BOARD APPROVED FIT

[Signature] PRESIDENT
[Signature] MEMBER
[Signature] MEMBER

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last Childhood
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<u>14/4/17</u>	<u>+</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
 Right R. Eye 20750
 " L. Eye 20750
 Hearing R. Ear 27
 " L. Ear 27

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14/4/17</u>	<u>+</u>	<u>[Signature]</u> M.O.
<u>APR 21 1917</u>	<u>+</u>	<u>[Signature]</u> M.O.
<u>APR 28 1917</u>	<u>+</u>	<u>[Signature]</u> M.O.

Enlisted on 9th day of April 1917 at Wilmington, N.C.

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2115137</u>		<u>APR 9 1917</u>
<u>No. 1 Overseas C.A.S.C. Training Depot.</u>			
<u>Co. 10 Casualty Det.</u>			<u>April 11/18</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.

2112

Surname *Stephan*, Christian Name *Arthur*

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				
<i>St. Bruna</i>		<i>16</i>	<i>10</i>	<i>17</i>	<i>6</i>	<i>11</i>	<i>17</i>	<i>Jaundice</i>	<i>22</i>	<i>complete recovery</i>	<i>S. B. Adams</i>
<i>St. Boniface Hosp.</i>		<i>1</i>	<i>12</i>	<i>17</i>	<i>11</i>	<i>2</i>	<i>18</i>	<i>Plumy with effusion</i>	<i>72</i>	<i>Improved</i>	<i>(sgd) V. W. French</i>
<i>105 E. Con Home.</i>		<i>11</i>	<i>2</i>	<i>18</i>	<i>30</i>	<i>3</i>	<i>18</i>	<i>Convalescence</i>	<i>48</i>		<i>(sgd) D. A. ...</i>

- 585 2112 (20)

OPINION OF THE MEDICAL BOARD
MEDICAL HISTORY OF AN INVALID.

Wadena Sask.

B.P.C. ORIGINAL

1. Station. **Winnipeg, Man.** 8. General remarks on his:—
2. Regiment or Corps. **C.A.S.C. M.H.CC** (a) Conduct. **Good**
3. Regimental No. and Rank. **2115137 Pte.** (b) Habits. **Good**
4. Name. **Arthur HEFFERN** (c) Temperance. **Temperate**
5. Age last Birthday. **23** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **9th April 1917** (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?
- at **Winnipeg, Man.**
7. Former Trade or Occupation. **Farmer** Date. **Est April 1918**

9. Service. **Never Been Overseas** Years. Days.

C.E.F.

RECEIVED
 PERIODS.
 FROM. **APR 1 1918** To.
A.D.M.S.M.D.
9th April 1917 - 1st April 1918

10. (a) Disease or disability. **1. Impaired function of chest. 2. Impaired function of right shoulder**
- (b) Date of origin. **1. Dec. 9th 1913 2. January 1918**
- (c) Place of origin. **1. Dauphin 2. Winnipeg, Man.**
- (d) Cause. **1. Adverse weather conditions. 2. Unknown.**

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)

1. He has had three attacks of pleurisy in last 5 years, last attack December 1917. He has cough, moderate debility. Dyspnoea on moderate exertion, such as walking one block fast. He has pain in right side of chest on exertion. Chest expansion 1 inch. Dulness on percussion, increased vocal fremitus, diminished breath sounds over right side of chest, a few scattered rales. Weight 127. No night sweats.

2. Can abduct right arm to 135° Flexion to 90° No pain on movement Tenderness over deltoid bursa.

12. (a) Is the disability the result of service or climate? **1. No No 2. Yes No**
- (b) Has it been aggravated by intemperance, vice or misconduct? **1. 2. No, No, No, No.**

2112

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

Scar over right abdomen from appendectomy

(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?

1. Not applicable.

2. Not applicable.

(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.

1. Not applicable.

2. Service conditions not exceptional.

14. Treatment Hospital 2 1/2 months. Winnipeg General Hospital.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? 1. Pre-existed enlistment aggravated

75% by service. 2. Originated on service.

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

1. Permanent

2. Six months.

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

1. ///

2. 1/2

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

G. Mansour
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.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service? Yes

20. Recommendations : That he be discharged from the service as medically unfit. His condition of chest pre-existed enlistment, and was aggravated by service. His condition of 2nd originated on service. No further treatment is required. He should pass under his own control.

Signatures :—

G. W. Sanderson President.

E. H. Woodhead Capt Members.

Station. Winnipeg, Man.
Date. April 1st 1918

G. J. Philp Capt

Date.

P. S. Fortin
APPROVED
APR 2 1918
Asst. Director of Medical Services.

Approved.

Date.

X
Major, A.M.C.
D.M.S., M.D. No. 19
Director-General of Medical Services.
WINNIPEG, MANITOBA

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
 Date

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

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

20. Recommendations: That he be discharged from the service as medically unfit. His condition of chest pre-existed enlistment, and was aggravated by service. His condition of 2nd originated on service. No further treatment is required. He should pass under his own control.

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 100 m-2-16.
 H. G. 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.

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.....

NO 1 OVERSEAS C.A.S.C. TRAINING DEPOT.

(2) Regimental Number.....2115137

(3) Full Name of Soldier.....HEFFREN, ARTHUR

(4) Place of Birth.....Dakota, U.S.A.

(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?.....

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

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

Also their names and ages.....

(9) Is your Father alive? Yes. John Alexander Heffren.

If so, state name and address Wadena, Sask.

(10) Is your Mother alive? Yes. Margaret Heffren.

If so, state name and address Wadena, Sask.

(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.

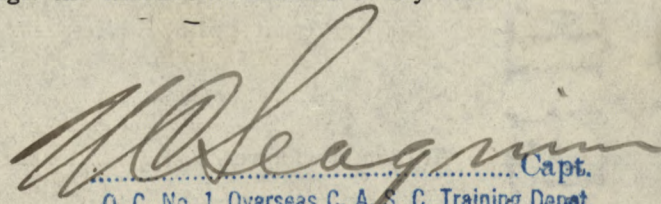
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(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.


.....
Q. C. No. 1 Overseas C. A. S. G. Training Depot.
Officer Commanding.

Date.....

2032

2032

BRL 30623 2112

21-3-32

This space to be for numbers.

Proceedings on Discharge.

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

DEPT. MILITARY DEFENCE
MAY 10 1918

H.C. CANADA

No.	2115137
Rank	Private
Name	Heffren Arthur
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	C. A. S, C,
Date of Discharge	April 27th.1918
Place of Discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 22 years..... 9 months.	Descriptive Marks NIL
Height..... 5 feet..... 2 inches.	
Complexion Brown	
Eyes Blue	
Hair Brown	
Trade Farmer	
Intended place of residence } Wadena Sask (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of Being Medically Unfit For War Service.

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.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer *[Signature]*

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

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

6. Medals and Decorations.....

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) Winnipeg.....

Thomas Good Lieut

(Date) April 27th. 1918.....

Commanding Dis. Sec. District Depot M. D. 10

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) Winnipeg.....

A. Steffen (Signature of Soldier.)

(Date) April 27th. 1918.....

S. Steed (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) 1 years 19 days.

27/4/18 Total 1 years 19 days.

11. Confirmation of Discharge.

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

(Place) Winnipeg.....

A. Gillespie
(Signature) Lt. Col.
O/C District Depot M. D. 10

(Date) April 27th. 1918.....

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.)

None

L. Steffen

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Attestation Paper, Militia Form B. 235.

Squadron }
Battery } Conduct Sheet, " B. 263a.
Company }

Proceedings on Discharge " B. 218.

Copies of Convictions, by C. P. in MS.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

Med. Hist. Sheet, Militia Form B. 313

Medical Report for Invalid* " B. 227.

(a) Proceedings on Discharge.

Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

(b) Attestation.

*Only if discharged "Medically unfit."

(c) Medical History Sheet (in the event of such having been prepared.)

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.

2112
At present I.O.D., Home address- Wadena, Sask.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Winnipeg, Man.

on the 15th February, 1918.

by order of A.D.M.S., M.D. 10 - 24-H-585

for the purpose of Examining into and reporting on the

case of No. 2115137, Pte Arthur Heffern, C. A. S. C.

649-H-16096
RECEIVED
MAR 2 1918

PRESIDENT.

Capt. Gilbert H. Lansdown. C. A. M. C.

MEMBERS.

Capt. E. S. Moorhead. C. A. M. C.

Lieut. McAdamson.

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FEB 18 1918
A. D. M. S. M. 10

The Board, having assembled pursuant to order, proceed to

Examine the said No. 2115137, Pte. Arthur Heffern, and find:-

That he is convalescing from pleuro-pneumonia - discharged from the hospital Feb. 11th/1918.

He has dyspnoea on walking two blocks, or on climbing a short flight of stairs. Respiration on resting rates 28 per minute.

Dulness comparative throughout the right lung and at base of left lung posteriorly. Dulness marked - right lung posteriorly below 4th dorsal vertebra. Breath sounds come through in this last mentioned dull area with occasional rales. Vocal fremitus and Resonance are increased in this area.

Expansion 36" to 32"

Radial pulse rate 112 - after exertion 112 but faint.

This is the third attack of pleurisy this man has had in five years. His weight is 127½ lbs compared with normal 140. He has a constant, slight cough, with little expectoration

For one month he has had disability of the right shoulder. Flexion limited to 90° only, Abduction to 90° only. There is no pain on movement, There is tenderness over the deltoid bursa.

M. F. B. 303.

150M.-7-16.
H. Q. 1772-39-133.

MD.

MD.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

REPORT OF THE COMMITTEE ON THE PROGRESS OF THE DEPARTMENT

FOR THE YEAR 1910-1911

CHICAGO, ILL., 1911

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2112

His disability is 100% for minimum period of 2 months.

We recommend he be given further convalescence and suitable treatment for the shoulder condition.

Robert W. Laudon
Capt
Essex Regiment
McAdams Lt

APPROVED
C. V. Antie
FEB 23 1948
Major, A.M.C.
A.D.M.S., M.D.No. 4
WINNEBAGO, MAN.

D288
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ell/elt
7/17/20

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NO 010 9 1988

Department of Justice
Federal Bureau of Investigation

FORM OF WILL.

I, ARTHUR HEFFREN (Name in full)

Regimental Number 2118137 serving in No. 1 Overseas C.A.S.C. Training Depot,

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

I bequeath all my real estate unto

John Axelandra Heffren of Wadena Sask.,

my father

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

absolutely, and my personal estate I bequeath to

the said John Alexandra Heffren

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 8 day of April A. D. 1917

Arthur Heffren 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 [Signature]

Address of Witness No. 1 Overseas C.A.S.C. Training Depot. WINNIPEG, MAN.

Occupation of Witness Soldier

Signature of Second Witness [Signature]

Address of Witness No. 1 Overseas C.A.S.C. Training Depot. WINNIPEG, MAN.

Occupation of Witness Soldier

**THE TWO
WITNESSES
MUST
SIGN HERE**

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and I am not under any legal disability and I am not married and I have no legal heirs and I do hereby declare this to be my last will and testament.

I hereby give, devise and bequeath all and singular the goods and chattels, lands and tenements, and every part thereof unto _____ of the County of _____ State of _____ who I name as my sole executor and I do hereby give unto _____ of the County of _____ State of _____ the full power and authority that I have as aforesaid to execute the same in and to the full extent of my power and authority.

IMPORTANT NOTE
This must be signed and dated by THE SOLDIER HIMSELF.

Witness my hand and seal this _____ day of _____ 19____.

Signature of Testator

Occupation of Testator

Name of Witness

Occupation of Witness

Name of Witness

Occupation of Witness

B.P.C. 30623 LOCAL ADM. #44 P.C. ORIGINAL 2112

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Winnipeg, Man. DATE April 17th, 1918.

1. 1 (a) Unit C.A.S.C. 10 C.U. (b) Regimental No. 2115137 (c) Rank Pte.
 (d) Surname HEFFREN (e) Christian name Arthur
 2. Age last birthday 23 Date of birth Dec. 24th, 1896
 3. Enlisted at Winnipeg, Man. on April 9th, 1917.

4. Personal description:—

(a) Height 5ft. 2in. (b) Weight 130 lbs (c) Complexion Medium
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks
Appendix scar. On vaccination mark left arm.

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5. Address after discharge (for the use of the Board of Pension Commissioners)

Wadena, Sask.

6. Former trade or occupation

Farmer

7. (a) Service

	PERIODS	
	From	To
<u>C. E. F.</u>	<u>April 9th, 1917.</u>	<u>April 17th, 1918</u>

(b) Has he been overseas? No. 8. Original disease or disability Pleurisy and Pneumonia

(a) Date of origin December 1912. (b) Place of origin Wadena, Sask.

(c) Cause* Exposure to weather

(d) Present disease or disability Impaired function right lung.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Marked dyspnoea on exertion. Respirations frequent and shallow
36 per minute. Respiratory sounds-resonance and fremitus absent
in lower part of right lung. Fine crepitations and respiratory
weak

9. Present condition.—(Continued.)

sounds in upper half. Respiratory sounds of left chest are intensified. Has some coughs at night with green expectoration. Sleeps fairly. Appetite good. Has to rest after meals otherwise there is much cough and vomiting of the food. Heart beats are lacking in tone. Pulse sitting is 84 soft.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous..... Digestive..... Respiratory..... Cardiac.....
Genito-Urinary..... Skin, Middle Ear, Eye or any other part.....

Except as above stated.

10. History: (a) of Condition referred to in "a" section 9.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Was tapped five times for pleurisy of the right chest last December and January and 368 oz. of fluid were drawn off according to his statement. Had jaundice for one month in October 1917.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Pre-existed enlistment, aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO. NO. NO. 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? Permanent, aggravation will last for a minimum period of six mos.

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

St. Boniface Hospital 3 1/2 mos in all.

2112

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

Yes.

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

No.

17. Recommendations **Discharge as medically unfit.**

John W. P. Bond Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned..... 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.....

Arthur Peppers
Signature of soldier 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 criticized.

Yes.

19. Is the soldier 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)~~.

20. It is certified that the soldier
(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).

2112

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

This man requires treatment. He refuses. His refusal is reasonable.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Winnipeg, Man.

DATE April 17th, 1918.

G. W. Mansour President.
John H. R. Bond Capt.
G. Philbrick Members.

APPROVED BY

APPROVED
APR 27 1918
P. E. Martin
Assistant Director of Medical Services.
Major, A.M.C.
A.D.M.S., M.D. No. 10

APPROVED BY

Director-General of Medical Services.

DATE

DATE

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 John H. R. Bond Capt.

Signed Arthur Steffen

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

President.

Members.