

Original

ATTESTATION PAPER.

No. 425592

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Gilbert Earl Park*
2. In what Town, Township or Parish, and in what Country were you born?..... *Kenora Ontario Canada*
3. What is the name of your next-of-kin?..... *(Mother) Mary Park*
4. What is the address of your next-of-kin?..... *Sturgeon River Man. Canada*
5. What is the date of your birth?..... *October 16th 1894*
6. What is your Trade or Calling?..... *Laborer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated? & *innoculated*..... *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.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*



Gilbert Earl Park (Signature of Man).
Eb Nanez (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Gilbert Earl Park*, do solemnly declare that the above answers made by me to the above questions 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: *Sept. 30* 191*5*
Gilbert Earl Park (Signature of Recruit)
Eb Nanez (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Gilbert Earl Park*, 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: *Sept. 30* 191*5*
Gilbert Earl Park (Signature of Recruit)
Eb Nanez (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 *Kenora, Man. Canada* this *30* day of *Sept.* 191*5*.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

Description of Gilbert Earl Park on Enlistment.

Apparent Age 17 years 11 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 38 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Grey

Hair Fair

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

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 October 4th 1915

W. Ross Campbell

Place Sewell Camp

Capt. Amc

Medical Officer.

*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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

G. E. Park 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.

W. Ross Campbell (Signature of Officer)

Date Sept. 30th 1915

W. Ross Campbell

29-11-18
8

649-P-4956

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

S

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2 2

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

A. F. B. 122
D. M. 3. 1394-2
A. F. B. 117-2

1 card
1 ind. card
R 122-1

Name Park, Gilbert, Earl
425592
Regt. No. _____ Rank Pte.
Corps 45th Bn
med. unit

3490

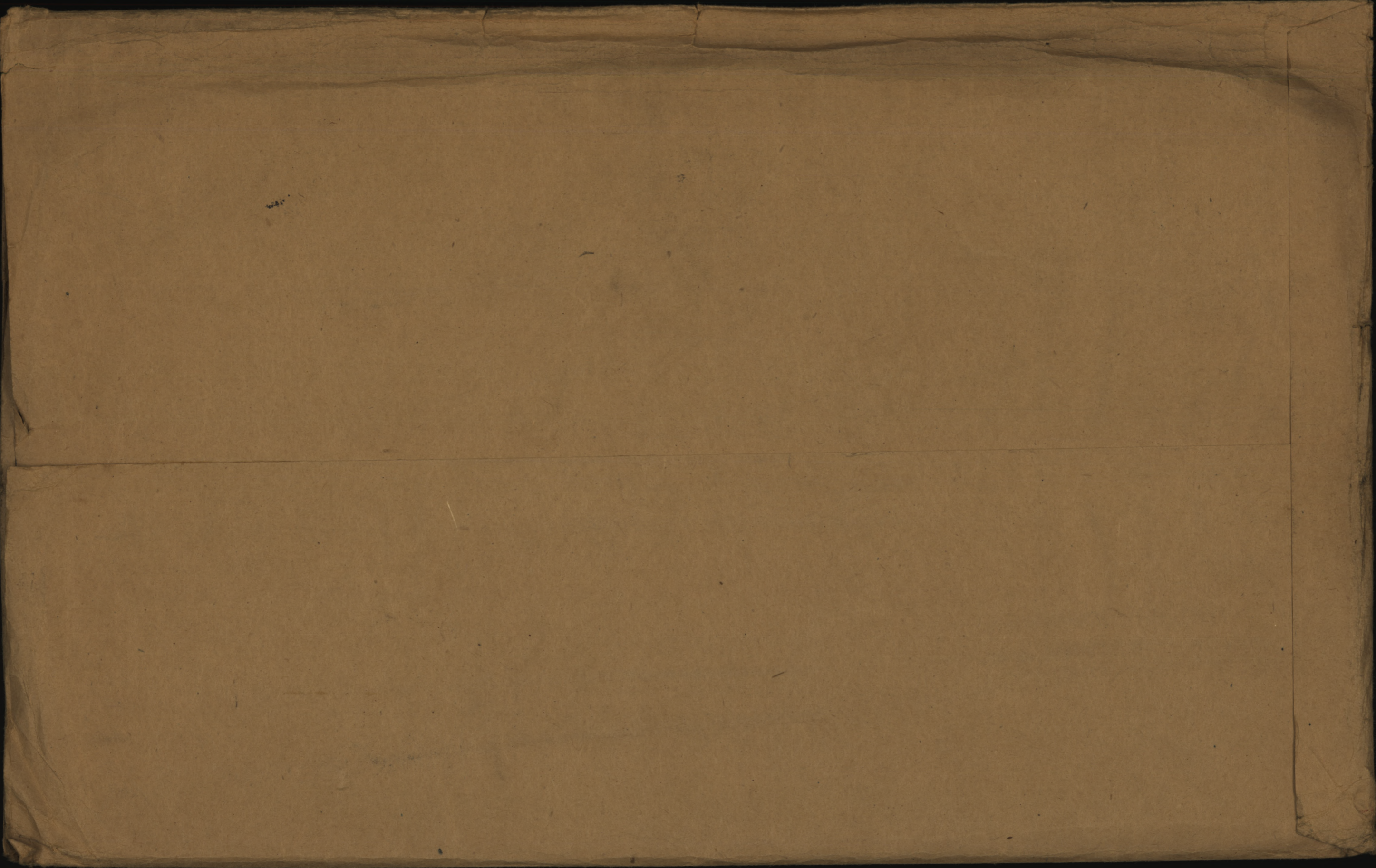
M

1 Paybook

H

21 - 12
21 - 12
6 12

3.



NAME *Park Gilbert Earl* *S.O.S. Dist 6-4-18 M.U. 108¹⁰/₁₆ ¹⁰/₁₁₀*

RANK & No. *Pte* *425592*

CORPS *45th* *Batt*

ENLISTMENT, PLACE *Camp Hughes* DATE *Sept. 30-15* *\$*

FORMER CORPS *Nil*

COUNTRY OF BIRTH *Canada Kenora, Ont.*

NEXT OF KIN *Park Mrs Mary (Mother)*

ADDRESS OF NEXT OF KIN *Swan River, Man.*

also notify, The Children's Aid Society of Winnipeg, Man.

DISCHARGE, PLACE *(Cuth. Letter 12/2/17.)* DATE *Winnipeg, Man.*

018. 1/4/16 ³⁸⁵/_{25.}

R/C. 17/3/18. ⁶/₃₆₋₁₀

REMARKS:

Name **PARK, Gilbert** Rank **PTE.** Reg. No. **425592**
 Unit **Earl.**
1st. LABOUR BATTN.
 Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.	No. 1 S.A. Gen. Hsp.	Abbeville.	Str. Muscle. L.	A65.		
Apr. 14.	Royal. Herb. Hsp.	Woolwich.	Dis. Semi. L. Knee.	B70.		
May 3.	do	do	do	do	do	
June 8.	Discharged	do	do	do	do	

Name *Park G. E.* Rank *Plt.* Reg. No. *425592*
 Unit *45 Batt*
 Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916</i> <i>15.4</i> <i>31.5.16</i>	<i>Moore Batt.</i> <i>dis.</i>	<i>G. Mesles</i> <i>27. Hvy 7/6/16.</i>	<i>G. Mesles</i> <i>20</i> <i>27.</i>			

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 425592 A. & D. No. 14377

Rank

pte

Name

Dark Gilbert

Corps

45th Res Batt B. Co.

Religion

Meth

Age *18*

M. H. Rec'd

M. H. Requested

M. H Ret'd

Disease

German Measles

Admitted

14/5/16

Discharged

MAY 31 1916

Discharged to duty

Place in Hospital

36

Transferred

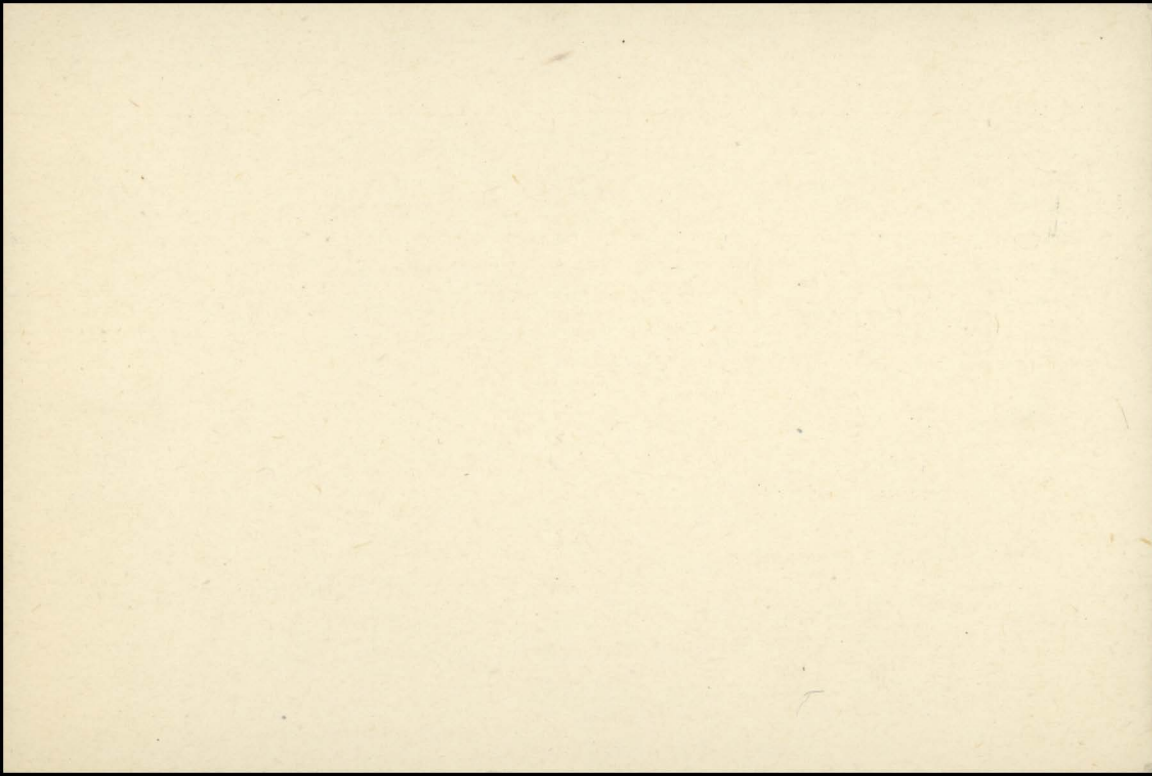
Results

2 *Swan River* *no* *no*

1280
P.T.O.

REMARKS:

MEDICAL HISTORY SHEET	Orig. recd. from	<i>45th Bn</i>	<i>16/5/1916</i>
	Dup. recd. from		/.../191
	Orig. sent to		/.../191
	Dup. sent to		/.../191
	Received from Registrar this	Orig. Dup.	<i>29</i>
		<i>H. M. Dean</i>	Ward <i>26</i>



HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

NAME

Park M. Co.

REG'TL NO

425592

H. Q. FILE NO. 649-

RANK AND CORPS

Pvt. 45th Batt. 9.

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
20	More Bk. 1. Thorne.	15-4-16	German Measles
27	" " "	31-5-16	" " Disch.
A 452	Gp. + Stationary. Argues.	27-8-16	Syn. L. Knee
A 459	no 10. Stat. St. Omer.	5-9-16	" " " (8th B shown on H.L.)
A 459	" no 4. " Argues	6-9-16	Dis. Int. Semilunar Cart. L. Leg.
B 169	East Suffolk + Ipswich	10-9-16	Dis. Cart. Knee.
B 205	to Con. Wdette Pk. Epsom.	20-10-16	" " L. "
B 229	" " " "	13-11-16.	" " " Disch.
265	#1 South African Gen., Abbeville	14-4-17	Str Muscles
B 31	Roy Herbert Woolwich	3-5-17	Dis Semi Lunar Cart & Knee
B 34	C.C. Epsom	●	Dis Semi L. Knee
B 40	C.C. Epsom 8-6-17	16-5-17	Dis. " " "

A.B.
Finner

~~10~~

Number... 425592 ... Rank... Plt-

Surname... PARK

Christian Name... Gilbert East.

Units... 8th Bn Can Div Theatre of War... France

Date of Service... 19-6-16

Remarks...

Latest Address... Swan River

Man-

Roll No. Page 8538

~~11~~

Next of kin

Address on leave

Address on discharge

Transportation issued

Previous occupation

Diagnosis

Date

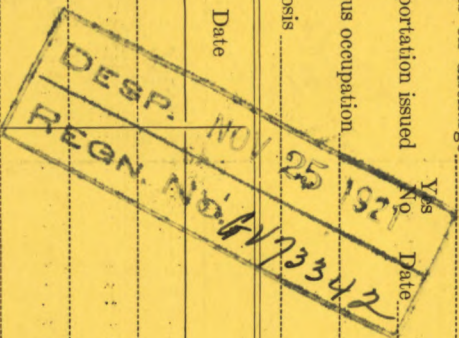
Yes
No
Date

Character on
discharge

Date and place of
enlistment

Date of Medical
Boards

Remarks



*—Name will be given in full; surname first.

Gilbert Earl

Name

PARK

Rank

Pte

Reg. No. 425592

Unit

8th Battalion

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-8-16.	No. 4. Sty. Hsp. Arques	Syn. L. Knee	A452			
5-9-16.	No. 10. Sty. Hsp. St Omer.	Do	A459			
6-9-16.	No. 4. Sty. Hsp. Arques. Dis. Int. Sem. Cart.					
10-9-16.	E. Suffolk & Ipswich Hsp	L. Leg.	A459			
	Ipsiwch. Dis. Cart. Knee	B169				
11-9-16.	Gen. Mil. Hsp. Colchester	Do	Do	B170		
20-10-16.	Con. Wdcte. Pk. Epsom	Do	B205			
13-11-16.	Do Do Do	Discharged	B229			

Surname

Christian Name or Names

Reg. No.

Park

G. E

425592.

Rank

Unit

Co.

Troop

Batty.

Ote.

45th Btn. 1 Lab. Bat.

Hospital

Date of Admission

Moore Bks. Skorncliffe

15.4.16.

Transferred

4th Stn. Argues

Hosp.

27.8.16

#10 seat. st Omer

Hosp.

5.9.16

#4 " Argues

Hosp.

6.9.16

E. Suffolk Ipswich

Hosp.

10.9.16

Diagnosis

German Measles.

(1)
Later Diagnosis (if changed)

Syn. Rh. Mu & E

(2)

dis. Cart. L. knee.

(3)

Strain Muckle.

Additional Diagnoses: If more than one state present

dis. Semi. L. knee.

DISPOSITION

Date

Ch. 18/5/16 #20

Dis 31-5-16

5-6-16 27
5-9-16 452.

Dis 13-11-16

REMARKS

8. 6.17

Ch. 14.9.16 #459 & B169

26.10.16. B205.

- 24-11-16 B229

23. 4.17 A65

22. 5.17. B324.

14. 6.17. B46

A.M.D. 2 DEPT.

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

RW
21

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	<i>Epsom Cow</i>	<i>20.10.46</i>
2.	<i>S. African Gen. Alhevill</i>	<i>14.4.17</i>
3.	<i>Royal Herbert. Woolwich</i> <i>Epsom Cow.</i>	<i>16.5.17.</i>
4.		
5.		
6.		
7.		

Fill in by—Unit, Number, Rank and Name

Casualty Form—Active Service.

Unit, Regiment or Corps

45TH. BATTN. C.E.F.

CERTIFIED CORRECT
 Canadian Record Office,
 M. F. W., 54,
 150 Mt. 10 St.,
 H.Q. 1773-39-2300,
 Westminster House,
 7, Millbank, S.W.

Regimental No. 425592 Rank Pte Name Carl Gilbert Carl

Enlisted (a) 30/9/15 Terms of Service (a) N. D. W. Service reckons from (a) 30/9/15

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) Carl's Leborer

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
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		<i>Embarked Canada 12/2/16 Disembarked England 25/3/16</i>		<i>E. B. Daniehl Adjutant 45th Battalion, S. S. Lapland E. B. Daniehl Adjutant 45th Battalion, C.I.</i>
<i>19/6/16</i>	<i>Bn. C. 43</i>	<i>Transfd. to 8th Batta</i>	<i>France 18/6/16</i>	
<i>20-6-16.</i>	<i>C.B.D.</i>	<i>Arrived in France.</i>	<i>C.B.D.</i>	<i>19-6-16. Pt. II. Ord. 26, d/30-6-16.</i>
<i>24-6-16.</i>	<i>8th Bn.</i>	<i>Joined Unit.</i>	<i>Field.</i>	<i>21-6-16. B213, DCS. 331.</i>
<i>27-8-16</i>	<i>H.S.H.</i>	<i>Synovitis L. knee - Adm.</i>	<i>H.S.H.</i>	<i>27-8-16 W 3034/529</i>
<i>6-9-16.</i>	<i>H.S.H.</i>	<i>Disloc. Internal Semi-lunar Cartilage of Leg. L.</i>	<i>10.S.H.</i>	<i>6-9-16. W 3034</i>
<i>6-9-16.</i>	<i>10.S.H.</i>	<i>N/D.</i>	<i>10.S.H.</i>	<i>6-9-16. W 3084/4 A.T.D. 117 for 3 to Canadian records File 120/409. Ad. File. 11/9/16</i>
<i>10-9-16.</i>	<i>oc. 4. S. H. had Autoverpen</i>	<i>Derangement of knee joint: Adm.</i>	<i>to England Jobase. per.</i>	<i>10-9-16. W 3083. Part. 1107. 13/9/16.</i>
<i>7-9-16.</i>	<i>oc. 10.S.H.</i>	<i>Synovitis ft-knee.</i>	<i>Adm. B. 10 7.</i>	<i>7/9/16. W 3034/5.</i>

(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.]

over

16. 25592. Plt Park G.E.

Date	Report From whom received	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.
					Prohogan Capt. for Lieut. Col. A.A.G. Canadian Section.
15/2/17	6446	Transferred to 1st Labor Battalion		15/2/17	McDowar
					W.A. Lynelson Lt. Col. Commandg. Canadian Garrison Duty Depot.
16²/₁₇	C.B.D.				
16 ² / ₁₇	C.B.D.	Arrived in France	Haver	16 ² / ₁₇	K.R. C.B.D. of 16 ² / ₁₇ R. II 9/12/17
	"	Left for Unit	"	17 ² / ₁₇	do. att. 189/197. att. Cn Sect
17 ² / ₁₇	"	Retaken on Strength	"	17 ² / ₁₇	Lt. C.B.D. 81/CEF/5.5.19. att. 49.
21 ² / ₁₇	1st C.L.B.	T.O.S. 1st Gen. Lab. Bn		21 ² / ₁₇	R. II of 12/21/17
18 ² / ₁₇	C.B.D.	"T.O.S."	C.B.D.	18 ² / ₁₇	K.R. att. Can. Sect 4 3rd Feb 20/193
2-3-17	"	Left for Unit	"	3 ² / ₁₇	K.R. (att. 202) 5th Feb 9/17/17
23 ² / ₁₇	"	Classified 'A'	"	23 ² / ₁₇	K.R. (16)
24 ² / ₁₇	1st Lt. Bn	Rejoined Unit	Filleul	24 ² / ₁₇	B. 213, D. B. S. No. 15. d/3 ² / ₁₇
14 ² / ₁₇	1st Lt. Gen.	Str. Muscle L. Adm.	1st Lt. Gen.	14 ² / ₁₇	W. 3034 (att. 25 ² / ₁₇)
21 ² / ₁₇	1st Lt. Bn	Traumatic Knee, Adm. Hosp.	Filleul	21 ² / ₁₇	B. 213, D. B. S. 22. d/3 ² / ₁₇
30 ² / ₁₇	1st Lt. Gen.	Dis. similar burst To England.	1st Lt. Gen.	30 ² / ₁₇	W. 3034 (att. 21 ² / ₁₇)
3-5-17	1st Lt. Gen.	Displaced semilunar To England and posted to 1st. Gen. Bn. Regt. Depot - Aboukhiffa	"H/S St Demis."	3/5/17.	W. 3083/2 1455. P.L. II Ord No. 43 d/21 ² / ₁₇

Chas D Maxwell

Lieut. for
Major atty.

2nd SHEET OF RECORDS

Rank Name *PARK, GILBERT EARL*
 Unit *45TH BATTN* If in perm. Corps }
 What Unit? }

Reg'l No. *425592*

Married or Single *SINGLE*

Place and Date of Enlistment *CAMP HUGHES 30TH SEPT. 1915*

Place of Birth *KENORA, ONT, CAN*

Name and Address, Next-of-Kin *MARY PARK*

SWAN RIVER, MANITOBA CANADA

Relationship *MOTHER*

N/E. F.B. No. *2415*
 File R.L. _____
 Category *OK Can*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

9/5 6

Relationship

1st SHEET FILED IN ENVELOPE

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>PERMANENT GRADE, PTE.</i>			
		<i>O/S CANAD. ON COM' 1st LEAD. Pending discharge</i>		<i>31. 12. 17</i>	
<i>8. 3. 18</i>	<i>Canada</i>	<i>SOS to Canada for disposal by ASR</i>	<i>Sclippo</i>	<i>23. 2. 18</i>	<i>H/6 67</i>

IR. Rank Name **PARK, Gilbert Earl** Reg'l No. **425592**
 Unit **45th Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Camp Hughes, 30th Sept, 1915.** Place of Birth **Kenora, Ont, Can.**
 Name and Address, Next-of-Kin **Mary Park,**

Swan River, Manitoba, Canada. Relationship **Mother**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship **OC**
R133 B443

Discharge, Date and Place Reason Character

289

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>			
15-6-16	OC 45	<i>Good Moore Bkr Corp</i>	<i>Shorncliffe</i>	<i>25-3-16</i>	<i>Inj'n foam A. 55 wastes</i>
5-6-16	CL 45	<i>Discharged</i>	"	<i>31-5-16</i>	<i>CL 27 P.I. O. 59</i>
19-6-16	OC 45	<i>Embarked for France.</i>	"	<i>18-6-16</i>	<i>P.I. O. 43</i>
30-6-16	OC 8	<i>Taken on strength</i>	<i>Leeds</i>	<i>19-6-16</i>	<i>P.I. O. #26</i>
5-9-16	-	<i>Adm. N^o 4. Staly Hoeph.</i>	<i>Argues.</i>	<i>27-8-16</i>	<i>b/d. A. 152. Syn L. Knee.</i>
14-9-16	-	<i>Trans to N^o 10. Staly Hoeph.</i>	<i>St. Omer.</i>	<i>5-9-16</i>	<i>b/d. A. 159. do -</i>
-do-	-	<i>Trans to N^o 4. Staly Hoeph.</i>	<i>Argues.</i>	<i>6-9-16</i>	<i>-do- Dis Int. Semilunar last. L. Leg.</i>
-do-	-	<i>Adm. East Suffolk & Ipswich Hoeph.</i>	<i>Ipswich</i>	<i>10-9-16</i>	<i>b/d. B169. Dis last Knee.</i>
13-9-16	-	<i>Injured</i>	<i>Folkestone,</i>	<i>10-9-16</i>	<i>P.I. O. 40.</i>
16-9-16	660-C	<i>Taken on strength.</i>	<i>Folkestone</i>	<i>10-9-16</i>	<i>P.I. O. 400</i>

X/C

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
26-10-16	8th Bn.	Ad to bow Hosp.	Epsom.	20-10-16	b.L. 205. Disch. & Free
14-11-16	b.b. a.b.	Reported from Epsom	Sham	13-11-16	PT II 501.
20-11-16	do	Posted to G.D.D. P.B.D.	do.	18-11-16	PT II 511.
24-11-16	8th Bn.	Disch. from bow Hosp.	Epsom	13-11-16	b.L. 0229.
24. 2. 17.	b.b. a.b.	Transferred to G.D.D. P.B.D. 1st. Can. Labor Bn.	Hastings	15. 2. 17.	R. II 094.
21- 2 -17	1st C.L. Bn.	T.O.S. from CGAD Depot as reinf. unit.	In the Field	16-2-17	PT. II D.O. 12
23. 4. 17	"	Adm. #1 South African Genlhp	Abberville	14. 4. 17	CL A 65 Str. Muscle
8. 5. 17	"	To Royal Herbert Hosp	WOOLWICH	3. 5. 17	C.L. B. 31 Dis. Semi. Lunar Cent. L. Knee
10. 5. 14	1st BORD	T.O.S. from 1st Lab Bn	W. Sandling	3. 5. 14	PT II 80 62. 1st C.L. Bn. Pt. II 43
22 5 14	1st B.L. Bn	Transf to bow bow Hosp	Epsom	16-5-14	b.L. B 34
14. 6. 17	"	Disch. " " "	"	8. 6. 17	— 40 Dis. Semi. L. Knee 1st CORD 6 7/7
4. 7. 17	12th Res.	T.O.S. from 1st CORD A/s.	W. Sandling	30. 6. 17	PT II 0 165 PT II 0. 119 7/7
8. 9. 17	"	S.O.S. to 18th Res Bn	Pte "	6. 9. 17	— 222
10. 9. 17	B. Keeler	T.O.S. from 12 Res Bn	Pte. Ditzgale	9. 9. 17	" 238
16. 11. 17	"	S.O.S. to Manly Bn	" "	16. 11. 17	" 305 ^{MD} 253 of 17/11/17
29. 11. 17	MD	S.O.S. to Camd Dept	" "	22. 11. 17	" 259 4. 6. amb. & Pte. PT II 80 327 d/ 23-1-17 (T.O.S.)
31 12 17	Camd Bn	On loan to 1st BORD pending discharge.	Re Schiff	31. 12. 17	" 365

14377.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 14377 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	425592	Pte	Paule	Elbert E
	Unit.	Age.	Service.	
	45 Res Batt	18	7/12	

Station and Date.
M. B. C. H.
15-5-16

Disease German Measles

Complaint: Pain in the back - cough and slight headache.

Sensation . 1 day.

Pres. hist - Neg.

Hist. of illness 13-5-16. Weakness and headache -

14-5-16 - Cough, pain in the back and rash.

Ex -

Eyes: V. slight injection of conjunctivae.

Nose: Generally inflamed - No membrane - No Koplik's.

Glands: Cervical, sub-maxillary slightly enlarged.

No tenderness

Rash: Well red macular spots on forehead.

Punctate on body and limbs.

Muc: Coughs. Dry cough - and pain in the back.

Discharged from hospital well recovered.

J. W. Sadouens, capt.

DISCHARGED

31 MAY 1916

31/5/16

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S.

Station
and Date.

MEDICAL CASE SHEET

ORIGINAL

CLINICAL CHART.

Army Form B 181.

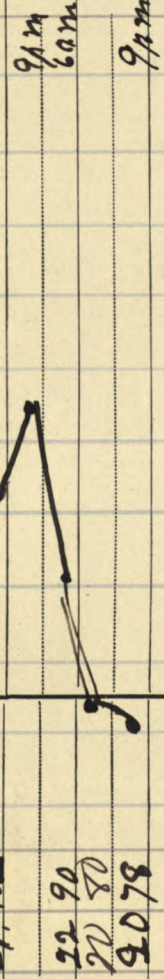
Corps 45 Res. Bn
 No. 425592
 Disease German measles

(To be attached to Case Sheet).

Rank and Name Pvt Park Gilbert

Military Hospital M. T. D.
 Age 18 Service 11/12
 Date of admission 14/5/16 Date of discharge 31/5/16 Result Full recovery

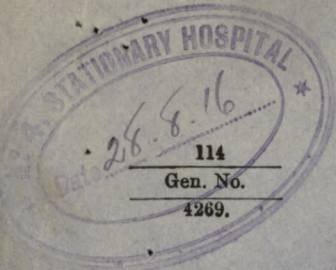
Dates of Observation	Days of Disease																													
	15																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														



Signature J. L. Labouesse capt. In Charge of Case.

Called out in
state of admission

PROE
PROE
PROE



Report on Wounds or other Injuries, received otherwise than in Action.

Certificate of Medical Officer.

No. 125592. Ste Park LCo 8th Canadian

was admitted to hospital on the 27. 8. 16 suffering from Synovitis Knee L

The disability is of a serious nature, and in all probability

† will interfere with his future efficiency as a soldier.

*He claims that he was in the performance of military duty at the time of the accident.

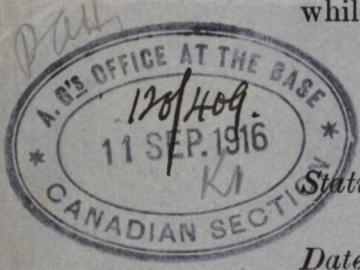
(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station Arques
Date 28. 8. 16

G. W. Kirkwood
Medical Officer in Charge.

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.



Station _____
Date _____

{ Soldier's
Signature.

{ Signature
of Medical
Officer.

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

† 27 August 1916.
Houille.
while preparing to move off for entrainment

No

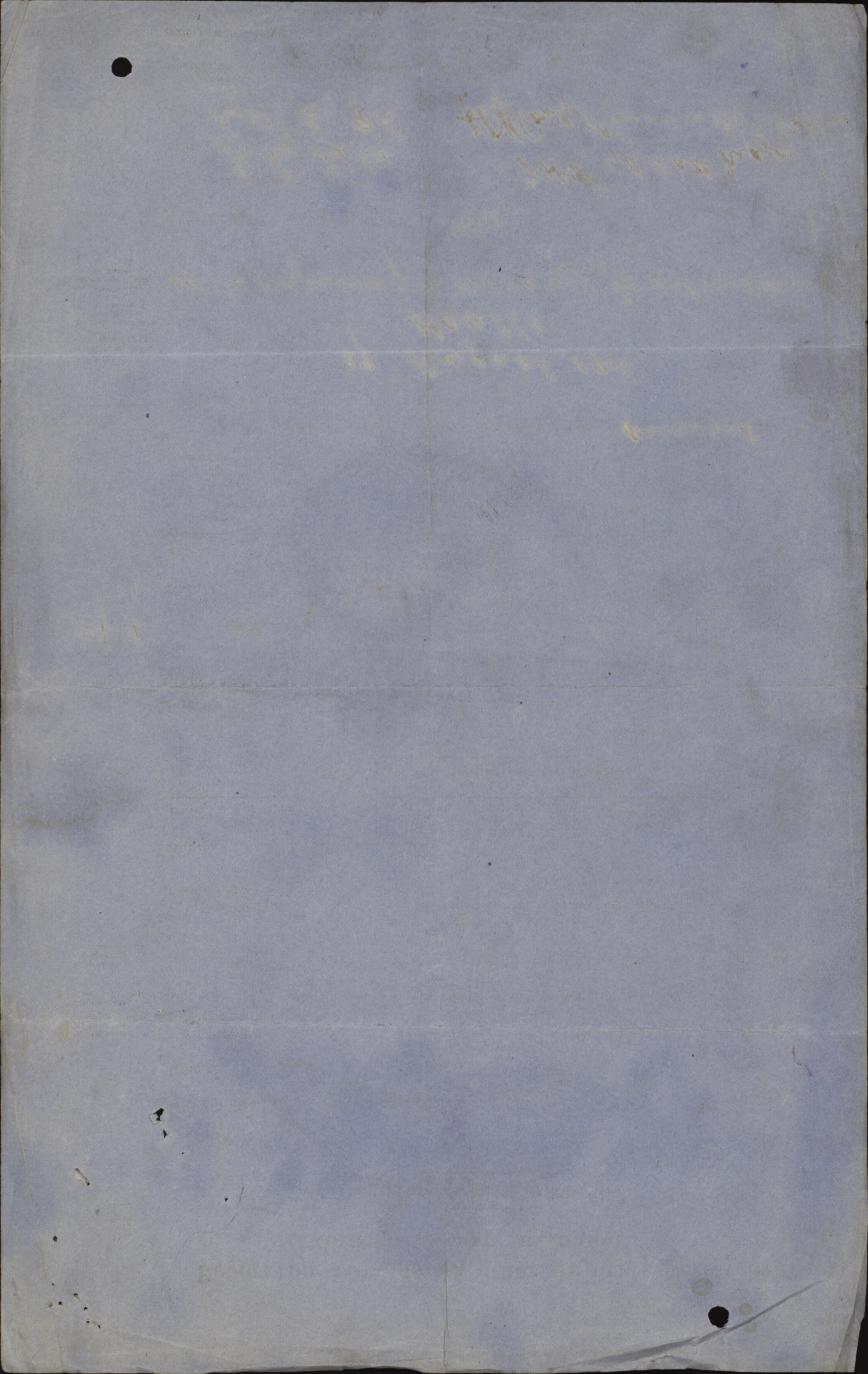
The soldier has been so informed.

Station In the Field
Date Sept 6. 1916

W.R. Adair Major
1st Lt 8th Canadian Coy: Batten

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

to when completed to be returned to C/o Canadian Hospital Records Base



DENTAL CERTIFICATE.

The following certificate will be attached to the Medical History Sheets of all other ranks being returned to Canada for disposal.

425592 Park £2

Date of Examination.	Present Dental condition.	In case of loss or decay of teeth, is the loss due to wounds or Injury or disease directly attributed to active service.	Has he ever declined Dental Treatment.	Recommendation.
<i>Dec 20 17.</i>	<i>Good</i>	<i>—</i>	<i>no</i>	<i>OK</i>

(Reference; A.G. Canadians 3-1-22)

R. L. Park Captain,
C.A.D.C.
Dental Officer C.A.M.C. Depot.

H 50-215-10-11-5

<p>100</p>	<p>100</p>	<p>100</p>	<p>100</p>	<p>100</p>
<p>100</p>	<p>100</p>	<p>100</p>	<p>100</p>	<p>100</p>

Handwritten signature or initials

Handwritten text at the bottom of the page

DENTAL CERTIFICATE.

425592
PL Parke G.S.

The following Certificates will

be attached to the Medical History Sheets of all

C.A.M.C.

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
8-1-18	Fit Requires Dentures	—	—	at Public expense J. J. Quinn Capt. C. D. D.

DENTAL CERTIFICATE

The following certificate will be attached to the Dental History Sheet of all Other Ranks being returned to Canada for disposal.

42252
95 Park
C.A.M.C.

Reason- Station	Has he ever received dental treatment	In case of loss of decay or teeth, is the loss due to wounds, injury or disease directly attributed to Active Services	Present Dental Condition	Date of Examination
<i>10000000</i>	<i>1</i>	<i>1</i>	<i>10000000</i>	<i>10000000</i>

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

13628/271

14184-G-1

Name **Park, Gilbert Earl**
Surname Christian Name

Regimental Number **425592** Rank **Pte.**

Address (in full) **Swan River, Man.**

Unit **45th Bn.**

Original Unit

District where paid **M.D.10**

Date of Discharge **6-4-18**

P. D. P. Filing Number **3-194-10**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22373—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10				2962	6-5-18	33 00	2941	6-6-18	34 10	33 00	67 10
	<i>1ed</i>	<i>912051</i>	<i>25th/19</i>	<i>70 00</i>							
	<i>6052nd</i>	<i>926720</i>	<i>5-3-19</i>	<i>70 00</i>							

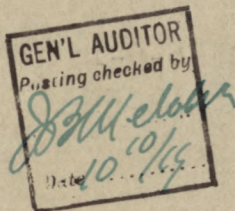
Remarks:

M. F. W. 127.
 50M-6 17.
 1772 89-1140.

Soldier's address

*Box # 22 Swale River
Man.*

Dec'n No	13628/271	S. G.	File No	14184-9-12			
Award	153 days	at \$70.00 per day		350.00			
S. A. months	at \$..... per mo.		\$100.10			
Less P. D. P. Credited				\$			
Less further debit balance				\$			
Net due paid as below				249.90			
TO SOLDIER TO DEPENDANT							
	Ag. No	Ch No	A	ou t	No	Ch No	Amount
25-2-19	1	12051	7000				
5-3-19	2	6050	26720	7000			
10-4-19	3	98213	42484	27000			
12-5-19	4	913	6458845	3990			
	5						
	6						
Total							



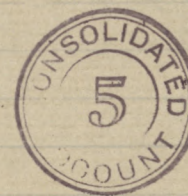
2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSTo Whom *M^{rs} Mary Park*
Address *Swan River*
*Man.*By Whom Assigned *Park, G.E.*
Regtl. No. *425592*
Rank *Pte.*
Corps *45th Batta.*Rate *\$15⁰⁰..*

MAR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Handwritten text in red ink at the top right corner.

Handwritten marks consisting of a vertical line, a horizontal line, and a series of four slanted lines below.

Handwritten scribbles and faint markings in the center of the page.

Handwritten scribbles and faint markings in the lower center of the page.

Handwritten scribbles and faint markings in the lower right quadrant of the page.



2nd Contingent

MILITIA AND DEFENCE

M. F. W. 12a.
60m.-12-15.
1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Pte. *425592*
PARR, G. E.

Sheet No. 2.

M¹¹⁰⁹ Mary Parr

PAYMENTS.

Name of Soldier

45th Batta

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Am't.	Remarks.
				<i>\$15⁰⁰</i>
April	1916	<i>W 3870</i>	<i>30</i>	<i>To include Mar. pay 30⁰⁰</i>
May		<i>Y 6184</i>	<i>15-</i>	
June		<i>C 4121</i>	<i>15</i>	
July		<i>P 11957</i>	<i>15</i>	
Aug.		<i>Y 12653</i>	<i>15</i>	
Sept.		<i>L 18044</i>	<i>15</i>	
Oct.		<i>L 22900</i>	<i>15</i>	
Nov.		<i>J 27728</i>	<i>15</i>	
Dec.		<i>G 35007</i>	<i>15-</i>	
Jan.	1917	<i>G 40412</i>	<i>15</i>	
Feb.		<i>O 46429</i>	<i>15</i>	
March		<i>G 52036</i>	<i>15 -</i>	<i>15⁰⁰</i>
April		<i>C 3906</i>	<i>15</i>	<i>15⁰⁰ Ch</i>
May		<i>G 10150</i>	<i>15</i>	<i>15⁰⁰ X</i>
June		<i>B 18856</i>	<i>15</i>	<i>15⁰⁰</i>
July		<i>C 23682</i>	<i>15</i>	<i>15⁰⁰</i>
Aug.		<i>Q 31129</i>	<i>15</i>	
Sept.		<i>S 38822</i>	<i>15</i>	<i>15⁰⁰ S 38822 Remailed 25-9-17 6/8</i>
Oct.		<i>C 45198</i>	<i>15</i>	
Nov.		<i>O 52271</i>	<i>15-</i>	
Dec.		<i>P 59744</i>	<i>15</i>	
Jan.	1918			
Feb.				<i>330</i>
March				
April				
May				
June				
July				

HHS

DK

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



4534
5.7.18.

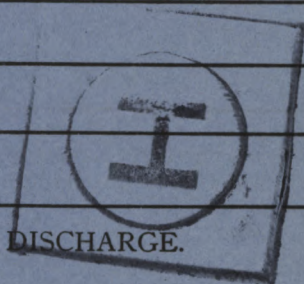
This space to be for numbers.

Proceedings on Discharge.

DEPT. MILITIA DEFENCE
APR 26 1918
H.Q. 644-P-496
CANADA

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

No.	425592
Rank	Private
Name	Mark Gilbert Earl
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	45th Battalion
Date of Discharge	April 6th. 1918.
Place of Discharge	Winnipeg, Man.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 19 years..... months.
 Height..... 5 feet..... 7 inches.
 Complexion Fair
 Eyes Grey
 Hair Fair
 Trade Farmer
 Intended place of residence } Swan River
 (To be given as fully as practicable.) } Manitoba.

Descriptive Marks

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

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

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

Wdg
8/2/19
Compst
arso

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.....

Nil

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

M. Goldstone Capt.

(Date) April 6th. 1918.

Commanding No. 10 Casualty Unit

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

G. E. Park (Signature of Soldier.)

(Date) April 6th. 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).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Winnipeg

(Signature) M. Goldstone Capt.

(Date) April 6th. 1918.

O.C. No. 10, Casualty Unit MD 10

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.)

G. E. Park.

109

81-4-92
Log I

4-92
(43)

46126-4-1-8

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.	<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>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *25592*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *G. E. Park*
 Battalion *45 Bu.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

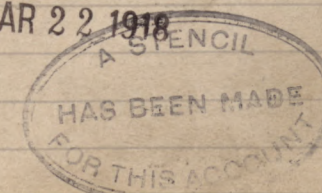
Name *Mrs. Mary Park*
 Address *Swan River, Man.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>	<i>—</i>	<i>—</i>	<i>330</i>	<i>330</i>	
<i>Jan 18</i>	<i>Z 66211</i>		<i>15</i>	<i>15</i>	
<i>Feb 18</i>	<i>D 71986</i>		<i>15</i>	<i>15</i>	
<i>March</i>	<i>P 94045</i>		<i>15</i>	<i>15</i>	

AP\$ 375 A/c Closed *31-3-18*
 Ret'd per *SS Munroe*
 Date *20/3/18* F. X. *22/3/18*
 Clerk *L. Charbonneau*

M.R.O.2 b. Rendered

MAR 22 1918



3
2400
Wing

Casualty Form—Active Service.

Regiment or Corps *45th Bn*
 Rank *Pte* Surname *Park* Christian Name *Gilbert Cooke*
 Religion *30-9-15* Age on Enlistment years months
 Enlisted (a) *30-9-15* Terms of Service (a) *DoA* Service reckons from (a) *30-9-15*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) *Labourer*
 or Corps Trade and Rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>10-5-17</i>	<i>12th C.O.R.D.</i>	<i>T.O.S. from 1st Lab. Bn</i>	<i>W. Sandling</i>	<i>3-5-17</i>	<i>Pt. II O.D. 62</i>
<i>n.s.</i>					
<i>o.b.</i>	<i>o.b.</i>				
<i>30-6-17</i>	<i>160 RD</i>	<i>B. O.S. to 12th Res Bn</i>	<i>West Sandling</i>	<i>4-7-17</i>	<i>Pt. II O.D. 118</i>
					<i>H. Beverley</i>
<i>4-7-17</i>	<i>O.C. 12th Bn</i>	<i>T.O.S. 12th Res Battn.</i>	<i>East Sdlg.</i>	<i>30-6-17</i>	<i>Part 11/165</i>

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
8-9-17	12 th Bn	S.O.S. 18 th Res. Bn	East		
		Dibgate	Sandlg	6-9-17	Pt II 272
					Lieut i/c Records 12th Res. Bn. C.E.F.
10/9/17	18th Res. Bn	TAKEN ON STRENGTH.	DIBGATE	9/9/17	Part II D.O. 238
10-11-17	18th Res. Bn.	Posted to M.R.D.	Dibgate	10-11-17	Pt II D.O. 305
					Asst. Adjutant, 18th Res. Bn.
18-11-17	Ink	T.O.S. 18th Res. Bn	Lafayette	16-11-17	Pt II D.O. 253
22-11-17	Asst. Adjutant	S.O.S. on leave to M.R.D.		22-11-17	Pt II D.O. 259
			Jas Henderson		Lieut. Adjutant, Manitoba Regimental Depot.
23-11-17	C.A.M.C. Depot	On Command to 1st C.D.D.	Shorncliffe	22-11-17	Pt 2, D.O. 327
31-12-17		Buxton pending return to Canada	Shorncliffe	31-12-17	Part 2, D.O. 305
JAN 1 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No.			
			Commanding		Lieut.-Col. Canadian Discharge Depôt.
23 FEB 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
		T.O.S. 20-3-18. C.O. 68-981. D.O. 80			
		Dis. 6-4-18. C.O. 98-1012. D.O. 93	Commanding		Lieut.-Col. Canadian Discharge Depôt.

UNIT, Winnipeg
O.G. 2100, 916 ASASALAST UNIT, Winnipeg.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at St. Martins Plains Oct. 19th 1917.

No. 425592 Rank Pte Name Park, Gilbert Earl

Local Unit 18th Res. Overseas Unit 1st Labn Bn Age 19

Examination held at St. Martins Plains

DISABILITY.
Overseas ~~Local~~
(scratch one out).

Displaced Cartilage L. Knee

PRESENT CONDITION.

Man went to France June 1916. Returned in Sept. 1916 on account of dislocation of cartilage of left knee. Went to France Jan 31st 1917 and returned May 3rd 1917 on account of dislocation of left knee. E. Suffolk Hoapt. Ipswich shows displaced cartilage but no operation. Man claims he was operated on there. Royal Herbert Hospital Woolwich entry shows Dislocated Cart. L. Knee. There is considerable lateral movement in knee joint which is slightly more swollen than right and there is also considerable angle (inward bending) of left knee. 9

BOARD RECOMMENDS:-

- 1. Fit for Duty..... C. III Permanent
- 2. Fit for duty after..... BTH " in accordance with L.O.R.
2799 of 2-11-17 weeks' physical training.
- 3. Fit for Temporary Base Duty weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge

Signatures:-

Members { 7 Bishop Capt. President.
G.R. Reid Capt.

APPROVED .

21 OCT 1917

Dated..... 1917.

[Signature] CAPT.
FOR A.D.M.S. CANADIANS. MORNOULIFFE

For A.D.M.S.

P-1-7p DIV 25491
HOO 169-16 N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epoom Nov 6th 1916.

No. 425592 Rank Pte Name Lt. J. B. Park.

Local Unit..... Overseas Unit 8th Bn. Age 18.

Examination held at.....

DISABILITY.
Overseas—Local.
(scratch one out)

Dislocated interal semilunar cartilage - Sewell camp Oct 1915.
ops - Sep 24/16.
PRESENT CONDITION.

Was in France 4 mos.
Good progress since ops.
Slight limp.
Student.

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty Yes - (see)
- 5. Discharge.....

Signatures:—

Members { W. Bapty Major.President.
A. K. Farrell Capt
.....

APPROVED

Dated at Shouhan 13 NOV 1916 1916. 10.7.16

PROCEEDINGS OF A MEDICAL BOARD

No. *42592* Rank *Pfc* Name *W. H. Baker* Dated at *Spokane* *Nov 24* 1918
Local Unit *18* Overseas Unit *18* Age *18*

Examination held at

PRESENT CONDITION
Sept 24/18
Controlled - General Camp Oct 1918
Labored with influenza

DISABILITY
Overseas *1/10*
(rotation one out)

Strenuous
Heightening
Heart program over
1000 hours of work

BOARD RECOMMENDS—

1. Fit for Duty
2. Fit for duty after weeks' physical training
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty *1/10 - (over)*
5. Discharge

Signatures—

President *W. H. Baker*
W. H. Baker

Members

APPROVED

Dated at *Spokane* *Nov 24* 1918

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Park Christian Name Gilbert Earl

Examined { on 4 day of October 1915
at Sewell Camp from barracks

Birthplace { City or Town Kenora
County Ontario Canada

Approved by [Signature]
Rank Capt. Amc. M.O.

Apparent age 17 years 11 months

Trade or occupation Labourer

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 2 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		18 SEP 1916 M.O.
		9 MAY 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development _____ M.O.

Small-Pox Marks _____ M.O.

Vaccination Marks { Arm Right Left yes
Number 2

Date	Result	VACCINATIONS
<u>28/10/15</u>	<u>Good</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1906

(a) Marks indicating congenital peculiarities or previous disease _____ M.O.

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

_____ M.O.

_____ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10 10 15</u>	<u>Good</u>	<u>[Signature]</u> M.O.
<u>17-11-17</u>	<u>[Signature]</u>	<u>[Signature]</u> M.O.
<u>27/11/15</u>		M.O.

Enlisted on 30th day of September 1915 at Camp Hughes

	CORPS	REG'T. NUMBER	MARKS	DATE
Joined on enlistment	<u>45th Batt. C.E.F.</u>	<u>425592</u>		<u>30/9/15</u>
Transferred to.....	<u>8th Battn</u> <u>1st Lab. Co</u> <u>M.R.D. F.S.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>Nov 6/16</u>	<u>Cartilage knee of P. B</u>	<u>[Signature]</u>
<u>Hastings</u>	<u>3/2/17</u>	<u>"</u>	<u>class BII</u>
<u>St. Martin Plains</u>	<u>19-10-17</u>	<u>Displaced Cartilage</u> <u>of knee</u>	<u>C. III</u> <u>[Signature]</u> <u>[Signature]</u> <u>L.O.R. 2799 of 211-1</u>

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

CANADIAN

Surname: Park
 Christian Name: Gilbert
 Gilbert Park

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				
M. B. C. H.	14/5/16	14	May	16	31	May	1916	German measles	18 17	Full recovery	J. W. Ladouens, Capt.
E. Suffolk Hosp, Ipswich		10	9	16	19	10	16	Displaced Cartilage, Knee.	39	Displaced Cartilage left Knee, which is kipped between certain movements of the knee joint. Has been on L.D. To C.C.S.C. for Feb.	Melville Clarke
C. C. N. Epsom.		19	10	16	15	11	16	Cartilage Knee			W. P. Brown Capt.
Roy. Herbert Hospital, Woolwich.		3	5	17	15	5	17.	Dis: cart: h. knee	13.	No symptoms since admission	duty W. M. P. M.
M. C. H. Epsom		15	5	17				do		Recovered after	R. Brodie Anderson Capt. Comd.

Report on Wounds or other Injuries, otherwise than in Action.



114 Gen. No. 4269.

Certificate of Medical Officer.

No. 425592 Pt Park G. 2 of Canadians. was admitted to hospital on the 5. 9. 16. suffering from Synovitis of left knee

†Here insert "trivial" or "serious."

The disability is of a † serious nature, and in all probability

†Here insert "will" or "will not."

† will not interfere with his future efficiency as a soldier.

*Here insert "claims" or "does not claim."

*He claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station 10 Stationary Hospital

W. Morgan Capt RMC. Medical Officer in Charge.

Date 5/9/16

Certificate to be signed by soldier.

I, hereby declare that the injury sustained by me on the did not occur while I was in the performance of military duty.

{ Soldier's Signature.

{ Signature of Medical Officer.

Station

Date

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

†Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

†If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

† 27 August 1916.

Arques

Entertaining

No



The soldier has been so informed.

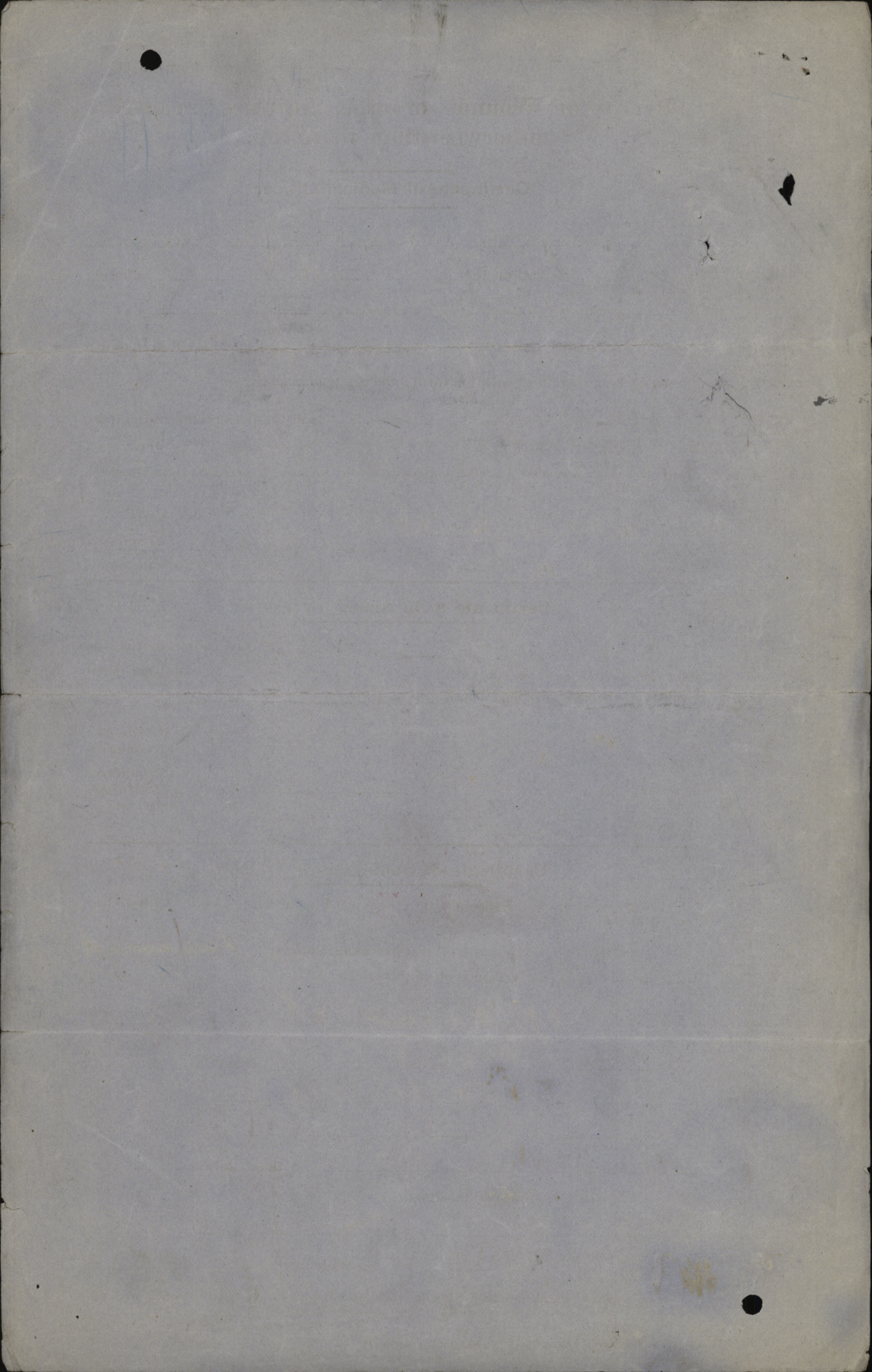
Station In the Field

Commanding Lt Col

Date Sept. 19. 1916.

Commanding 8th Can: Inf: Pom

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.



116912

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Nov. 6th 1916.

No. 425592 Rank. Pte Name. G.F. Park

Local Unit. Overseas Unit. 8th Btn Age. 18

Examination held at.

DISABILITY. Dislocated internal semiluna cartilage. Sewell camp
Overseas Local. Oct 1915. Opn. Sep 24/16.
(scratch one out)

PRESENT CONDITION.

Was in France 4 mts.
Good progress since opn.
Slight limp.
Student.

BOARD RECOMMENDS:—

- 1. Fit for Duty
2. Fit for duty after... weeks' physical training.
3. Fit for Temporary Base Duty... weeks.
4. Fit for Permanent Base Duty Yes (age)
5. Discharge

Signatures:—

Members { W. Bapty Major President.
A.K. Farrell Capt.

APPROVED
CAPTAIN C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
DEPARTMENT OF
CANADIAN TRAINING DIVISION.

APPROVED

Dated 14 NOV 1916 1916.

Capt For A.D.M.S.
for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD

No. 12345678
 Rank: Lt. Col.
 Name: J. H. BARKER
 Dated at: London
 1918
 Local Unit: Overseas Unit
 Age: 38

Examination held at:
 Disability:
 Overseas—weeks (attach one out)
 Oct 1918. Opn. exp. 24.10.
 Dislocated internal semilunar cartilage. Sewall camp.

PRESENT CONDITION.

Good progress since opn.
 Slight limp.
 Student.

BOARD RECOMMENDS:—

- 1. Fit for Duty
- 2. Fit for duty after weeks' physical training
- 3. Fit for Temporary Base Duty Weeks
- 4. Fit for Permanent Base Duty You (age)
- 5. Discharge

Signatures:—

J. H. Barker Major
 President
 Members

APPROVED

Dated: 1918
 For A.D.M.S.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Winnipeg, Man DATE March 21st 1918

1. (a) Unit 45th 8th (10 C.U.) (b) Regimental No. 425592 (c) Rank Private

(d) Surname Park (e) Christian name Gilbert Earle

2. Age last birthday 19 years Date of birth October 16th 1898

3. Enlisted at Camp Hughes on 30th September 1915

4. Personal description:—

(a) Height 5ft. 5 inches (b) Weight 152 lbs. (c) Complexion Fair
(stripped)

(d) Colour of hair lt. Brown (e) Colour of eyes Blue (f) Identification marks Vide Nold

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

Swan River, Man.

6. Former trade or occupation Farmer

7. (a) Service

Years Two Months 176

PERIODS MAR 28 1918

From To

A. D. M. S. M. D. -10

C.E.F. 30th Sept. 1915 March 21st 1918

(b) Has he been overseas? Yes 2 years France 9 months.

8. Present disease or disability (use authorized nomenclature if possible) Impaired function of left knee.

(a) Date of origin August 28th 1918 (b) Place of origin St. Omen France

(c) Cause* Fell while carrying box.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

There is a loose piece of semi lunar cartilage which can be felt on inner side of knee also patella of left knee. Knee locks at times. Knee become painful on standing.

There is semi lunar scar on inner surface of left knee due to an attempt of removal of cartilage. Can walk two miles slowly. Other systems normal. Lateral movements of left knee increased.

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

10. History :

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.

MEDICAL HISTORY OF AN INVALID

Was in Hospital in England about six weeks. Had operation on knee at that time, but cartilage was not removed.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable. If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

Originated on service.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No, No, No, No. (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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Ipswich M.C. Suffolk Hospital 8 weeks for dislocated cartilage. Epsom 2 months.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations Discharge.

Cd Moore, Lt Col 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.)

I, the undersigned G.E. Park have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

G. E. Park Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

22. 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).

23. 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).

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

~~As medically unfit we recommend that he be given a support for his~~
left knee.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

G. H. Handdown Captain President
G. White Capt } Members.
E. Shworhead Capt }

STATION Winnipeg, Man.

DATE March 21st 1918

APPROVED BY _____

DATE _____

APPROVED BY _____

DATE _____

APPROVED
MAR 25 1918
H. P. Fortin
 Assistant Director of Medical Services.
 WINNIPEG, MAN.
 Director-General of Medical Services.

29

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

