

NAME **AL MAS FRANK JOSEPH** ^{Pt} REGT. NO. **928122** UNIT **18-3rd Bn** H. Q. FILE NO. **6855**

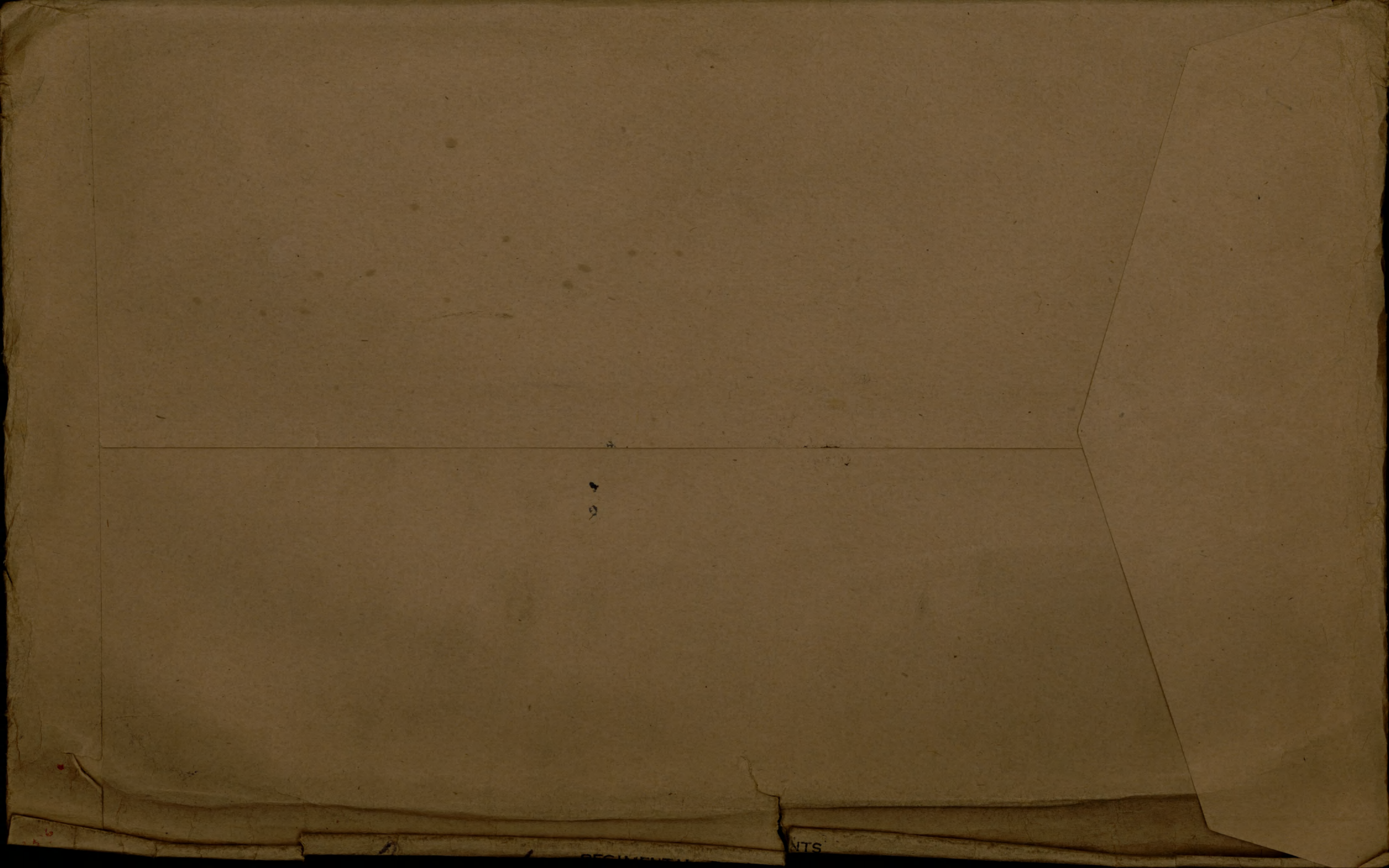
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
TESTATION PAPER (M.F.W. 23, 133, or 51) 3					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 2					Category
TRAINING HISTORY SHEET (M.F.W. 113) <i>Head Sheet</i>					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>In 712W67</i>					
<i>623</i>					
<i>Long Med Box</i>					
<i>Card</i>					
<i>Card</i>					
<i>2 AF 91237</i>					
<i>Card</i>					
<i>Pay Sheet</i>					

M

H

Deceased

2-26
17-26
26 27
2



ORIGINAL

ATTESTATION PAPER.

No. 928402

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... Almas.....
- 1a. What are your Christian names?..... Joseph Frank.....
- 1b. What is your present address?..... 453 Wilson St Hamilton, Ontario.....
2. In what Town, Township or Parish, and in what Country were you born?..... Hamilton, Ontario, Canada.....
3. What is the name of your next-of-kin?..... Wallace Wm. Almas.....
4. What is the address of your next-of-kin?..... 453 Wilson St. Hamilton, Ontario.....
- 4a. What is the relationship of your next-of-kin?..... Father.....
5. What is the date of your birth?..... June 15th 1888.....
6. What is your Trade or Calling?..... Teamster.....
7. Are you married?..... No.....
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.....
9. Do you now belong to the Active Militia?..... No.....
10. Have you ever served in any Military Force?..... No.....
If so, state particulars of former service.
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.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,..... Joseph Frank Almas....., do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date..... March 13th 1916.

Joseph Frank Almas (Signature of Recruit)
Jacob H. Roll (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,..... Joseph Frank Almas....., 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..... March 13th 1916

Joseph Frank Almas (Signature of Recruit)
Jacob H. Roll (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... Guelph, Ontario... this 13th... day of... March... 1916.

John M. M. M. M. (Signature of Justice)

Description of Joseph Frank Almas on Enlistment.

Apparent Age...27...years.....9.....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..14...ins.

Chest measurement. { Girth when fully expanded.....35½...ins.
Range of expansion...3...ins.

Scar outer aspect of left arm

Complexion.....Fresh.....

Eyes.....Blue.....

Hair.....Brown.....

Religious denominations

Church of England.....
Presbyterian.....
Methodist.....X.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other Denominations.....
(Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him*....fit.....for the Canadian Overseas Expeditionary Force.

Date.....March.....13th.....1916.

Place.....Guelph, Ontario.....

A. J. Stoddard
Capt. A.M.C.

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.

.....Joseph Frank Almas.....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. J. Stoddard Major
for Lt. Col. (Signature of Officer)
O.C. 153rd Batt'n. C.E.F.

Date.....March.....13th.....1916.

CANADIAN EXPEDITIONARY FORCE

War Service Badge.

DISCHARGE CERTIFICATE

Class

No.

Issued.

THIS IS TO CERTIFY that No. 928702 (Rank) Pte

Name (in full) ALMAS, Joseph Frank enlisted in
the 1st Battalion

CANADIAN EXPEDITIONARY FORCE at Quebec on the 13th
day of March 1916

HE served in C. I. C. France & Belgium

and is now discharged from the service by reason of
Demobilization.
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 30 yrs.

Height 5 ft. 1 3/4 in

Complexion Fresh

Eyes Blue

Hair Brown

Marks or Scars

Scar left arm.

J. F. Almas
Signature of Soldier

James H. Simpson
Issuing Officer

Date of Discharge

No. 2 District Depot
Toronto, Ont.
MAY 31 1919

For
O.C. No. 2 District Depot.
Rank

Date MAY 31 1919 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

DEPARTMENT OF MILITIA AND DEFENCE.
WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Joseph Frank Thomas* 2. Surname *A. L. M. A. S.*
3. Rank *Private* 4. Original Unit *153 Batt* 5. Reg. No. *928703*
6. Address, in full, to which future payments of gratuity are to be forwarded
103 Wellington South
7. Date of enlistment in the C.E.F. *Guelph March 13th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mother*
9. Relationship of such dependent *Mother*
10. Present address, in full, of such dependent *103 Wellington South*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— *No*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *C.E. France, C.V.H.*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *From March 13th 1916 to May 31st 1919*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *I received first month Gratuity on May 31st 1919*
20. Have you been issued with a War Service Badge? If so, what class? *Class A.*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*
24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge *May 31st 1919*
(b) Reason for discharge *Mobilization*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. *C.E.F.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
(b) If so, are you in receipt of full pay and allowances from that Department? *No*

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This *July 5th* day of *July*

19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

[Signature]

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Certified this document
checked with P. 880.
Regimental documents.

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

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

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

1. Christian names *Joseph Frank* 2. Surname *Almas*
3. Rank *Pvt* 4. Original Unit *153rd Bn* 5. Reg. No. *928702*
6. Address, in full, to which future payments of gratuity are to be forwarded *C. P. O. Hamilton Ont.*
7. Date of enlistment in the C.E.F. *March 13th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
9. Relationship of such dependent *no*
10. Address, in full, of such dependent *no*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: *no*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service: *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *3 years } 153rd Bn
10 months } Can. Vet. Hosp*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class? *Phil.*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *no*
24. Are you now serving in the C.E.F.? *Phil.* If not, give: (a) Date of discharge
(b) Reason for discharge.
MAY 31 1919 **DEMOBILIZATION**
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *Phil.*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *Phil.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *Phil.*
- (b) If so, are you in receipt of full pay and allowances from that Department? *Phil.*

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

Signature of Applicant: *J. H. Chumas.*

Place of Residence: *474 King's College St. Hamilton Ont.*

Declared before me at: *Seaford.*

This *21* day of *April* 19*19*

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

J. H. Chumas

Prager

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

ORIGINAL

200M-11-15.
H. Q. 1772 39-439

Alinas

Christian Name.

पुनर्वि

Fig. 4 Canadian Gen. Hospital,
Basingstoke.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Year.

Station
and Date.

Disease

no murmurs. 1st sound at apex soft rather knocking in character
no murmurs in any position or after moderate exercise.
Slight variation in pulse with respiration an immediate
after changing position. Rate about 72. After bending
exercises 10 times. Increases to 90 but returns in less
than one minute. Vessel wall is thickened at radial
distal ends palpable.

Patient says mother has had two strokes at 48 years.

Past history - and other family history negative to present
condition. B.P. - 132 - 94 Duncan Graham West

22.3.19

No further attack Feels quite recovered
Duty
Lab Skeels

Station
and Date.

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.....*216th C.S. Bn. C.E.F.*

(2) Regimental Number.....*928702.*

(3) Full Name of Soldier.....*Joseph Frank Almas*

(4) Place of Birth.....*Hamilton Ont.*

(5) Are you married, or not?.....☒

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

(b) Present Postal Address.....*453 Wilson Street
Hamilton Ont.*

(7) Are you a widower?.....☒

(8) Have you any children?.....☒

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

Also their names and ages.....☒

DUPLICATE

(9) Is your Father alive?..... *yes* *Mr. W. W. Almas*

If so, state name and address

453 Wilson St.

(10) Is your Mother alive?..... *yes*

Mrs. W. W. Almas

If so, state name and address.....

453 Wilson St.

Hamilton Ont.

(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.

Mother

Mrs. W. W. Almas

453 Wilson Street

Hamilton. Ont.

(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?.....

yes

If so, in what Company?.....

London Life Insurance Co'y

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.

Date.....

12/3/17

W. W. Almas
For Officer Commanding.
216th O.S. Battalion, C.E.F.
"BANTAMS"

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

ALMAS. J F

REGIMENT

Cdn Gen Depot

RANK

Plt

No.

928702

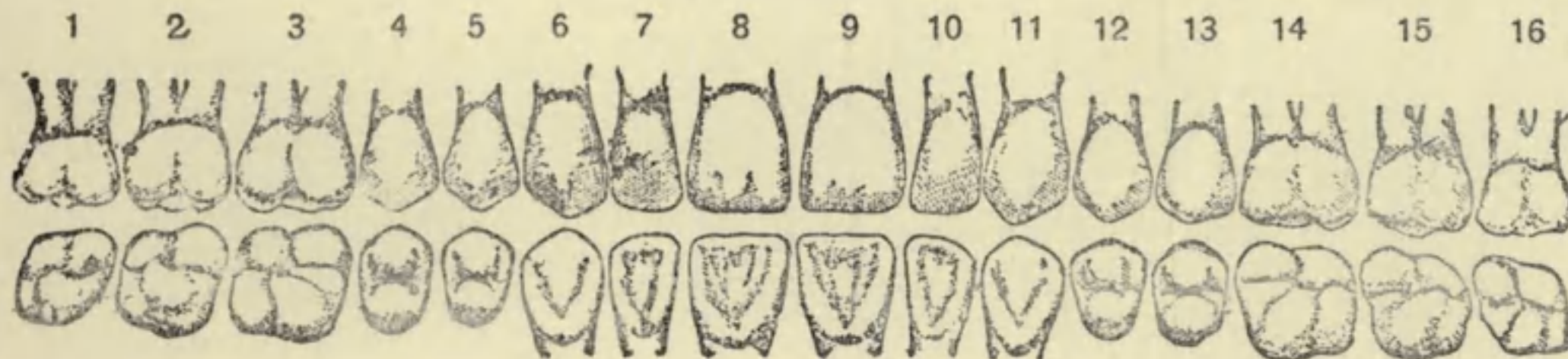
Date of Examination in England

5/4/19

Date of Examination in France

DIRECTIONS TO
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

(a) In Canada

Yes

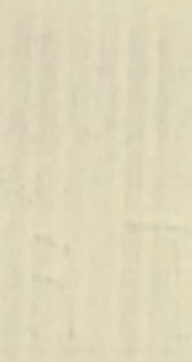
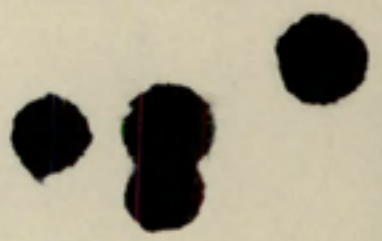
(b) In England

Yes

(c) In France

Signature of Dental Officer

E. A. Randall
Capt.



100-100000

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G.C. Rank Name ALMAS. Joseph Frank. Reg'l No. 928702.
Unit 216th. Bn. to 1st. Cent. If in perm. Corps }
Ont. Regt. What Unit? } Married or Single Single.
Place and Date of Enlistment Guelph. Ontario. 13th. March 1916 Place of Birth Hamilton.
Ont. Canada.
Name and Address, Next-of-Kin Wallace Wm. Almas.
453 Wilson. Street. Hamilton. Ont. Canada. Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. No 10216

Separation Allowance \$

Payable to

Relationship

File R.L.

Category Q.R. Case

Discharge, Date and Place

Reason

Character

H. W. V., Ltd.—9546-16.

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.				
ARRIVED IN ENGLAND 29 4 17 S.S. SCANDINAVIAN					
5.5.17	3 Res	T & S —	W Sandg	30.4.17. — 122	A.F.B. 10
28.6.17	3 Res	Sas to C.A.V.C	—	28.6.17 — 176	#2.6.17 178/28/11
17.9.17	2.C.V.H.	S.O.S. on Trans: to 1.C.V.H. from the S'cliffe	16.9.17	14-2 258.	
22-9-17	C.V.H.	T.O.S. from 2 nd C.V.H. S'cliffe for Field	17.9.17.	PT. II 113.	
7.3.19 Gen 4 Lt Basingstoke					
17-3-19.	Gen Det.	To S. from C.V.H. and annd to Hoop.	Witley Rte.	7.3-19	MD 062.
3-3-19	C.V.H.	T.O.S. Gen Dep. Quat. sick		25-3-19	0029.
14-5-19	Gen Dep.	Sos to Leg camp Rhyf.	" Seaford	13-5-19	DO 105
18-5-19	NO 2. M.D. Wing	T.O.S. from Gen Dep. put forward R.L.C.	N Rank	13-5-19	— 115.

A.F.B. 103 checked 20-9-17

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.				
21-5-19	27m. D.B.W.	S.O.S. on proceeding to Can. 15 Park Pte. 61-5-85 sailing 20-5-19		20-5-19	D.O. 120

(A) Report.		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
			Sail-61 HMT Regina Emb Liverpool 20 5 19 Disembk Halifax 28 5 19 ★★★★ MAY 20 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO S.O.S. No. 2 District Depot Part II, D.O. No. 163 <i>W.C. Robert</i> For O. C. No. 2 District Dep.			

Nothing to be written in this margin.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Can Gen Depot Regimental Number 928702

*Substantive Rank Pte. Surname Almas Christian Names J. F.

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
17.2.19	C.R.D.	DO 62	S.O.S. C.V. H.	Whitey	7.3.19	
14.5.19	do	DO. 105	S.O.S. C.C.C. Rhyl m.p. 2	Seaford	13.5.19	

Attached C.C.C. Kinmel Park for
return to Canada. Part II Orders
No. Ceases to be attached
C.C.C. Kinmel Park on embarking
for Canada. Part II Order No.
Commanding Wing
Kinmel Park Camp.

LIEUT. J. F. RECORDS

CANADIAN GENERAL DEPOT.

21/5/19

To be folded on this line.

Nothing to be written in this margin.

(B26393.) Wt. W. 9693—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

Full Only.—Unit, Number, Rank and Name.

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 153rd Battalion C. E. F.

Regimental No. 928702 Rank Pte. Name (J. F.) Almas Joseph Frank

Enlisted (a) 13-3-16 Terms of Service (a) C.E.F. Service reckons from (a) 13-3-16

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) Teamster

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				
		Embarked	Halifax	18-4-17	
		Disembarked	Liverpool	29-4-17	
30-4-17	O.C. 3 rd . ^{216th Bn.}	Transferred to 3 rd Can. West Res. Bn.	Sandling	30-4-17	Part 11 B. O. 90 Adjutant for Lieut. Colonel O. C. 216th Can. Bn.
5-5-17	O.C. 3 rd .	Taken on strength of 3 rd Can. Res. Bn.	West Sandling	30-4-17	Part 11 B. O. 122
28/6/17	O.C. 3 rd Res. Bn.	Transferred to C.A.V.C.	W. Heddlesey	28/6/17	Part 2 Bn O. 176
28-6-17	O.C. No. 2 C.A.V.C.	Taken on strength C.A.V.C.	Chorley	28-6-17	O.C. No. 2 C.A.V.C. order 178.
17-9-	O.C. No. 2 C.A.V.C.	C.O.S. B. No. 1. C.A.V.C.	Chorley	17-9-17	O.C. No. 2 C.A.V.C. order 258

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B: 213, Army Form A. 36, or other official documents.
Date	From whom received				
17-9-17	C.B.D.	Arrived in France T.O.S. Can. V.S. Hosp.	Haive	17-9-17	P/113 9/-22-9-17
18/10/17	do.	7 days CB. 16/10/17 for making a false statement to an MCO.	Haive	16/10/17	B 2069
28.9.18	CVH	Leave for 26.9.18 to 10.10.18	B213	B 98	26.9.18
19.10.18	"	Ryd. from leave field	12/10/18	B213	
2/11/18	"	To 6 Detn.	Haive.	1/11/18	B213
9.11.18	"	Ryd. Unit.	"	4/11/18	B213
21/12/18	CVH.	To hump. to 6 Det.	20/12/18	B213	
28/12/18	do.	Ryd. from do.	23.12.18	B213	
~~14/2/19~~	~~C.B.D.~~	~~Proceeded to England~~		~~18/2/19~~	~~WRE 15~~
12.2.19.	O. & R. AT. O.C. GRANTILLY C.L.E.	Invalided sick and posted to Can Genl Dep. Witley		3.3.19.	L.KX18/22304. W.13083 6848 Pt 40. 29 d/26/3/19 capt for bleas

Lieut.
Lt. Col. AAG.
Canadian Section

Surname

Christian Name or Names

Reg. No.

ALMAS.
Rank
Tpr.

J.F.
Unit
Misc.CVH.

928702.

Cas. List.

52. Staty. Havre.

18-2-19.

24-2-19.A449.

Influ'za.

14.3.19.B265

H.C. G. Basingstoke

7.3.19.

8.4.19 B286

Discharged

3.4.19

A.M.D. 2 Dept
Bolt.D.G.M.S.O.M.F.C. London

Cas. List.

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some minor discoloration and faint smudges, characteristic of old paper. The left edge of the page shows the binding of the book, with visible stitching and the adjacent page. The overall tone is warm and slightly yellowed, suggesting the age of the document.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mr Adla Almas

(Assignee)

PAYMENTS.

Name of Soldier

Almas J. F.

L. L. Job 5470—Req. 6888.

Pl. 928702. 216. Btw.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>H. 12447</i>	<i>30 30</i>	<i>30.00 12445 cane</i>
June		<i>B 12913</i>	<i>15</i>	<i>15.00</i>
July		<i>J 19548</i>	<i>15</i>	<i>15.00</i>
Aug.		<i>K 26695</i>	<i>15</i>	<i>15.00</i>
Sept.		<i>J 34069</i>	<i>15</i>	<i>15.00</i>
Oct.				<i>90</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Am't.	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.				

ASSIGNED PAY. MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-813.

SEPARATION ALLOWANCE

Name *Mrs Adla Almas*
Address *453 Wilson St.
Hamilton.
Ont.*

Name of Soldier *Almas J. F.*
Regtl. No. *928702.*
Rank *Pte.*
Corps *216. Btu*

Relation to Soldier
wife, child or mother

15.00 APR 1917

To what Corps belonging
when called out

PAYMENTS

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

Consolidated Accl.

742

17

1911

六



No. 928702 RANK Pte.

NAME

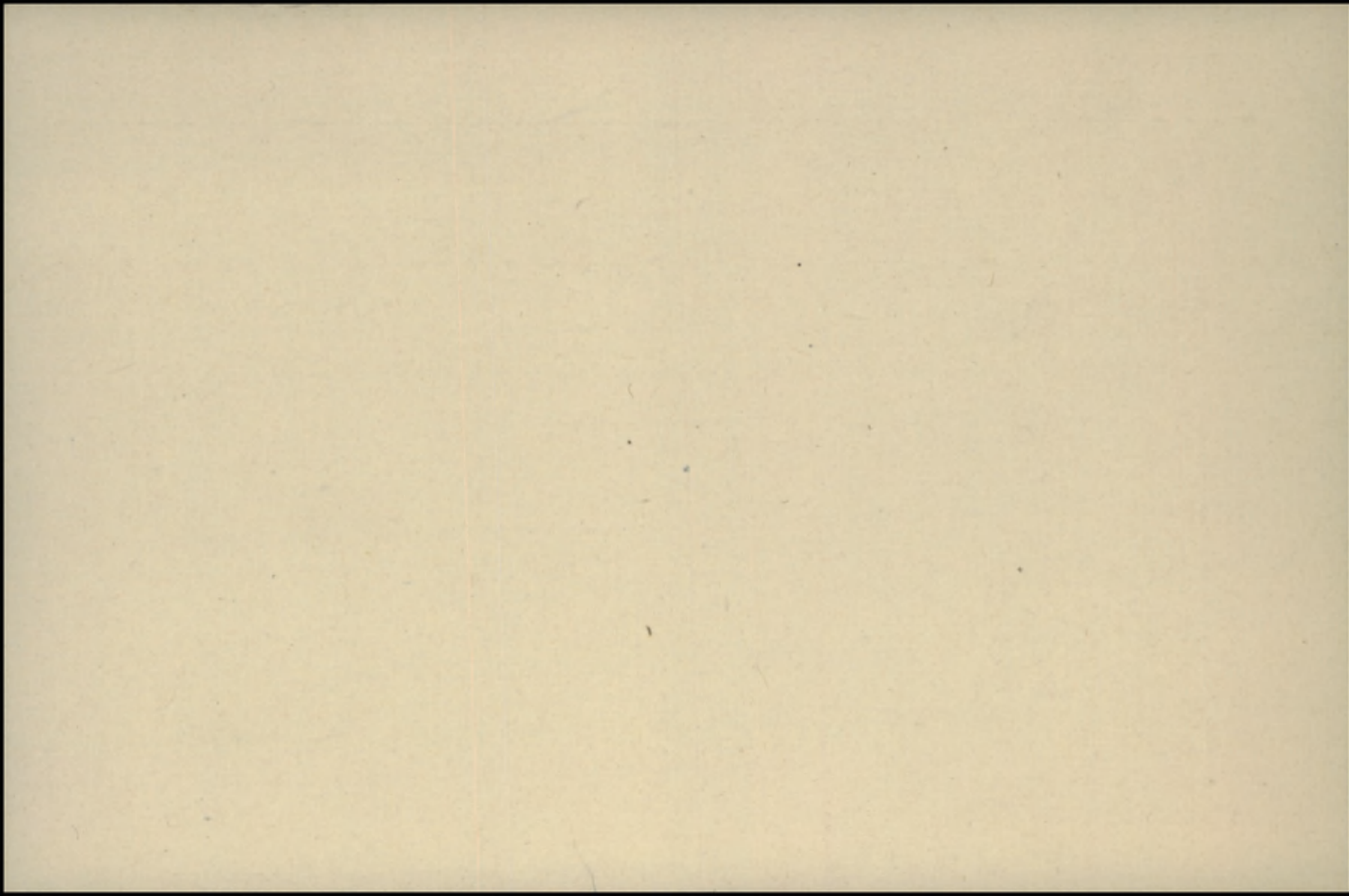
Almas J. T.

T.O.S. 13/3/16
(D.O. 67)

UNIT 153rd Battalion R. E. F.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 13	Mar. 31	n.		
Apr.		n.		
May		✓		
June		n.		
July		✓		
Aug.		✓	Forfeits 7 days pay.	Aug. pay list
Sept.		✓		
Oct.		✓	Forfeits 3 days pay.	Oct. "
Nov.		✓		
Dec		✓		
Jan 1 1917	Jan 22	✓	Transf to 216 Bn. 22-1-17	D.O. 21 of 24-1-17



No. 928702 RANK Pte.

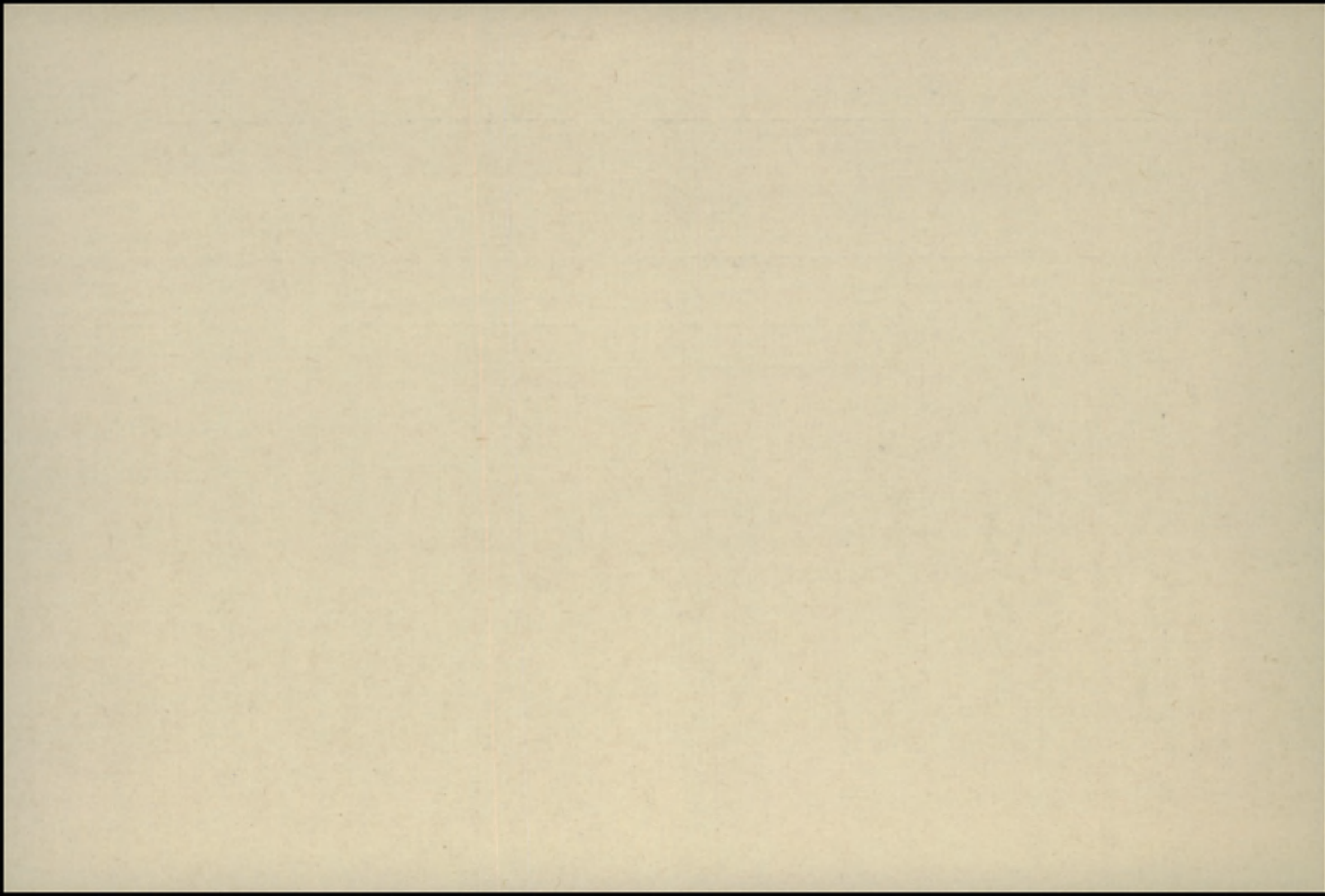
NAME Almas J. L.

T. O. S. Trans. from UNIT 216 Hk. Battalion
 153rd Bu. 22-1-17
 Do. 36 - 12-2-17

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan. 23	1917 Feb. 28	✓	(Detention 168 Hk.)	Do. 36 of 12-2-17
Mar.		✓		
Apr.		✓		

UNIT SAILED
 APR 18 1917



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6449
2265
328852 Stab Haver
Haver
Dorch18.2.19
7.3.19
3.4.19

L. Phuezz

NAME

Almas

REGT. No.

928 702

RANK AND UNIT

Missouri

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

REG. NO. *928702* NAME *Almas Joseph*
(SURNAME FIRST)

RANK *Pte* CORPS *153 Batt*

AGE *23* SERVICE

NAME OF HOSPITAL *Stationary* PLACE *Hamilton*

DATE OF ADMISSION *27-12-16*

DISEASE *Rheumatism*

DISCHARGE *2-1-17*

OPERATION

DISCHARGED TO DUTY *Yes.*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

[illegible]

No. 4 Canadian General Hospital.

A. & D.
CARD

AT.....

A. & D. No. *M 5-1 8135* PL. OF ACTION *France*RANK *1st Lt.* REG. No. *928702* UNIT *C.A.V.C. 1st Base Depot.* SICK OR WOUNDEDNAME *Almas, J.F.* AGE *26.* RELIGION *Meth.*PLACE IN HOSPITAL *Gu*DIAGNOSIS *Influenza*ADMITTED *6-3-19* FROM *1st Base Depot, St. Lazare*DISCHARGED *3-APR-1917* TO *St. Lazare*

TRANSFERRED

SERVICE AT HOME *a* *12 months* IN FIELD *24 months*

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

9 m. H.
Number

928702

Rank Ple

Surname ALMAS

Christian Name Joseph Frank

Units C. a. V. C. Theatre of War France

Date of Service 17/9/17

Remarks

Latest Address 103 Wellington St.

Hampton

Roll No. B. Page 20592

Out

DESF NOV 8 1922

REGN. No. GP379

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

2003

Apr. 1917.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	26	1/14/17	30	1-4-18
----	----	---------	----	--------

PC 2753
46644 MO

RATE OF ASSIGNMENT

15	15	15
----	----	----

PARTICULARS OF SEPARATION ALLOWANCE

No. 928702.
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name J. F. Almas
 Battalion 211. Btn.
 Beneficiary
 Relationship MFW 2554 29/18
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Adla Almas,
 Address 453 Wilson St. Hamilton
 Change of Address Ant.
 1 103 Wellington St. South Hamilton
 2
 3
 4

2554 18-11-18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30, 17			90	90	
Oct	C 50810		15	15	
Nov	D 51967		15	15	
Dec	C 60324		15	15	
Jan 18	C 65361		15	15	
Feb	U 73420	135	135	135	mailed 13-2-18
Feb.	B 91905	✓	15	15	MRO 18
March	G 99129		15	15	
March	U 80472	25		25	MRO 18 noted
April	G 8895	25	15	40	
May	A 11855	25	15	40	
June	B 14731	25	15	40	
July	Y 27704	25	15	40	
Aug	A 30217	25	15	40	
Sept	A 36880	25	15	40	
Oct	A 43518	25	15	40	
NOV	A 51613	25	15	40	
Dec	A 62854	45	15	60	
JAN 1918	B 70956	30	15	45	
FEB	G 77993	80	15	45	
March	A 83702	30	15	45	
APR	G 1291	30	15	45	
MAY	A 6288	30	15	45	

276-4

MRO 292-27-8/18

A/c Closed

Ret'd per

Date

Clerk

Regina

M.F.W. 187 5-6-19

F. J. Ambrose mtd. 2.

AUDITED.

SA 555 + A.P. 390 =



M. F. W. 128
 400M-617-1772-33-111
 L. L. 2220-M. & D. 7993

G. Up

3 - APR 1919

A

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission Charge Book. Year.	Regimental No.	Rank.	Surname.	Christian Name.
	928702	Spr.	Almas	J. F.
	Unit.		Age.	Service.
	C.A.V.C. / Can B. Depot		26	36 mos
Station and Date.	Disease	Occupation		
6-3-19	Influenza	Seamster		
	Enlisted	March 13/16	Guelph (Can)	
	England	October /16		
	France	April Sept 26/16		
	Wounds or illness during service, weak heart			
	Date Onset	February 17/19		
	Hospitals	No 52 Stationary Hosp.	France.	
	4th Can. Gen. Hosp.	Basingstoke	6/3/19	
	Time	4.3.19	Debility after Influenza & dry pleurisy	
	Post Illness	Says he has had heart trouble for years, the symptoms being pain in heart region occasionally very acute. (also weakness in left side for which he wears adhesive plaster all the time. This has occurred during the last year or two)		
	Fam. Hist.	Neg		
	Present Illness	In bed 11 days. Up 27.2.19		
	Onset	Sudden symptoms pain in back headache ocular pain cough.		
7.3.19	Present Condition.	No complaints Feels quite fit.		
		D.T.O.		

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

7. 3. 19

Exam. - General appearance - Face
flushed including ears & neck
Heart - rapid, quickly quieting
down on rest. The sounds are quick
and sudden & fairly forcible. There
are no adventitious sounds
Chest neg.

9. 3. 19

Complained of pain in heart region ^{last night}. Pulse
of good quality, color flushed. Heart shows
no marked abnormality. To remain in Bed

11. 3. 19

Wp.

16. 3. 19.

Sudden attacks of pain over precordium. no fainting attacks
1st attack - Oct. 17. at Pöschendorf. - 3 months at Eloffes
2nd attack May 18 at Lehnau. Work 5-6 days.
3rd attack Feb 19 at 52 Gm Hth. after flu attack
4th attack Mar 19. at # 4 Cam Gm Hth.

Patient has sudden pain over precordium off and on
to nipple last 15 to 20 minutes. no fainting attacks and
headache ^{has} or vomiting. During attacks at Pöschendorf
was on horse back had sudden pain fell off horse took
unconscious

Patient gives a history of having injured left side tolerably
4 yrs ago. Sometimes has attacks of pain in this
side after exercise. no relationship to above attacks.

Pressure over 7th or 8th ribs produces pain at line
of precordium. Reaction to cotton wool and hair brush
suggest hyperaesthesia but patient's reaction is not constant.
Chest - no dullness. Expansion good. no adventitious
sounds in lung.

Heart - Infundibular murmur rather diffuse 5th intercostal space under
nipple. Left border. in nipple line left auricular dullness
often slightly increased. Right border. just to right of sternum.

LIST OF DISCHARGE DOCUMENTS.

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

Group 20
 Checked by No. 11
 Date 19 MAY 1919

SERVICE GROUP 6
 OCCUPATIONAL GROUP 7

M.D.2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.) ILL.

Hamilton
 Wife
 Teamster

1. No.	<u>928702</u>		
2. Rank.	<u>Private</u>		
3. Name.	<u>Almas. Frank. Joseph</u>		
4. Unit.	<u>C.V.N.</u>		
5. Date of Discharge	<u>MAY 31 1919</u>	Place	<u>TORONTO, ONT.</u>
6. Reason for Discharge	<u>DEMOBILIZATION</u>		
7. Authority.	<u>No. 2, D.D. Depot, D.O. No. 162</u>		
8. Proposed Residence after Discharge	<u>103 Wellington St</u> <u>Hamilton</u> <u>Ontario</u> <u>20 5 19</u> <u>28 5 19</u> <u>Stars</u>		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? <u>Joseph. Frank. Almas.</u> Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>No. 2 District Depot</u> <u>Toronto, Ont.</u> Date <u>MAY 31 1919</u> <u>For</u> <u>O.C. No. 2 District Depot.</u> Signature <u>For</u> (O. C. Discharging Unit.)		

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 criticised.

Yes.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
(" B) (Yes or No.)
(" C) (Yes or No.)
(" D) (Yes or No.)
(" E) (Yes or No.)

YES - B & C

20. It is certified that the invalid

(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.)

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

*Boarded for return to Canada
Auth. P. G. Tel. 9083 - 11-11-18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

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 Signed
Should the refusal of the invalid 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

APPROVED BY

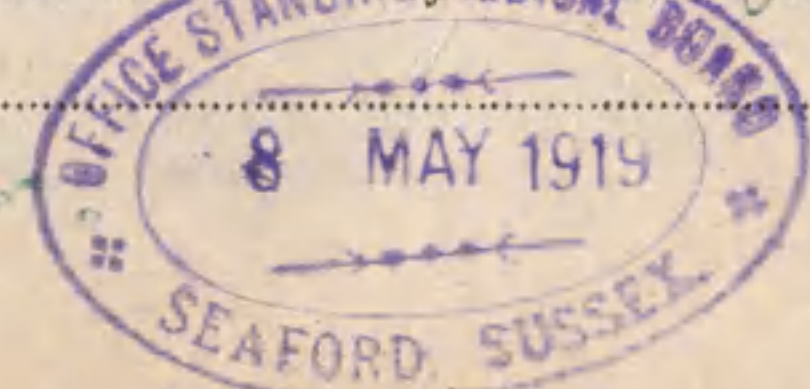
APPROVED BY

or Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE



THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 invalid 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."
- In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 *Seaford* DATE *17.4.19.*

1. 1 (a) Unit *G. D.* (b) Regimental No. *928702* (c) Rank *TROOPER*

(d) Surname *ALMAS* (e) Christian name *JOSEPH FRANK*

(f) Home address *113 WELLINGTON ST. HAMILTON, ONT.*

(g) Next of Kin *MRS. A. ALMAS* (h) Relationship *WIFE*

(i) Address of Next of Kin *AS ABOVE*

2. Age last birthday *26* Date of birth *15/6/1892*

3. Enlistment, or Appointment (if an Officer) (a) Place *GUELPH* (b) Date *13/3/1916*

4. Personal description:

(a) Height *5 ft 1 in* (b) Weight *132 lbs* (c) Complexion *Fair*

(d) Colour of hair *Black* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc.

Scars on outer side left elbow, & back of left forearm.

5. Former trade or occupation *Teamster*

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years	Days
3	34

PERIODS

From	To
13-3-16	18-4-17
18-4-17	17-9-17
13-3-19	Present
17-9-17	3-3-19

Canada

England

France or other theatres of War

7. Original disease, or injury *D.A.H.*

(a) Date of origin *June 1916*

(b) Place of origin *England*

(c) Cause *Active Service Conditions*

M. F. B. 227.

400M.-11-18.
1773-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Irregular Rhythm Heart

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Heart beat rapid and irregular. Average = 90 per min at rest. Rises to 110 upon exertion. Returns normal in 3-4 minutes. Apex in normal position. No murmur. Fairly marked irregularity. Blood pressure 82 to 136. He complains of shortness of breath upon exertion and inability to do severe exercise because of weakness. Also complains of cough, but no definite lesion of lungs discovered.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... *NO* Cardio-Vascular System..... *NO* Genito-Urinary System..... *NO*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... *YES* Respiratory System..... *NO* Integumentary System..... *NO*
Disturbances of Mentality..... *NO* Digestive System..... *NO* Muscular System..... *NO*
Osseous and Joint Systems..... *NO* Any other general condition..... *NO*

Specialist Report 6-5-19 "R. Eye 1/24 to 1/9; L. Eye 1/36 to 1/18 Category for eyes A. Myopia not due to Service. Present previous to enlistment." Sgt. R. A. Hughes Capt. C. A. M. C.

10. (a) History (of the condition referred to in Section 9 (a).)

In 21-6-17, just a short time after coming England he was categorized B II at W. Sandling because of myalgia. Has remained in same category ever since. Suffered from influenza 12-2-19 to 3-4-19. Possibly this has aggravated heart condition.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

In Detention Hospital for few days for "Indigestion", December 1918

(c) (Here give a description of wounds, scars and deformities.)

Scars 1" down outer surface left elbow & back left arm. No disability from Service

11.—(a) Did the disabling condition have its origin before enlistment? *NO*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) *NO*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) no (b) 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? *Six months.*

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

No details available

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)

no

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

no

17. Recommendations.

E. A. Deuchow Capt. C. A. M. C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, *Pte. J. F. Adams* 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 *N.I.C.*

Pte. J. F. Adams Rank.
Signature of invalid examined.

No. 928702.

Me. Almas. Joseph. Frank.

assgd Pay^r \$15.00 1/5/17.

ASSIGNED PAY.		ENGLAND or CANADA.	SEPARATION ALLOWANCE.		ENGLAND or CANADA.	NAME:- ALMAS Joseph 2					
EFFECTIVE DATE:- 1/5/17.			EFFECTIVE DATE:-			NUMBER:- 928702					
AMOUNT:- 15			AMOUNT:-			PARTICULARS OF RANK OR APPOINTMENT					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY			WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.			AUTHORITY					
Mr A Almas 452 Wilson Street Hamilton Ont. (Mother) Stopped 1-5-19						DATE EFFECTIVE RANK OR APPOINTMENT Private					
						UNIT AND TRANSFERS					
						ORIGINAL UNIT:- 216 Bn					
						DATE ACCOUNT FIRST OPENED:- 1/5/17					
						AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO Cave					
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS											
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK											
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT				
1.4.19	142	- £1	4 57								
2.4.19	640	- £10	48 67								
17.4.19	2092	Gen Depot £3	14 60								
		April A. Pay	15 00								
PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans. to Can. 30.4.19 N.R. 7800 Seaford 29 Seaford M.D. 2											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
March	16 th Balance forward								62 01		
April	P. Pay	33		b a p				15	47 01		
				AR6 b Y H 15/4/18 (9)	4 46				80 01		
				" 124 " 30/4 (48)	4 46				75 55		
		33			8 92		15		41 09		
May	P. Pay	34 10		b a p					105 19		
				AR240 b Y H 15/5 (7)	4 46			15	90 19		
				" 407 " 31/5 57	4 46				85 73		
		34 10			8 92		15		81 27		
June	P. Pay	33		b a p					114 27		
				AR589 b Y H 15/6 (19)	4 46			15	99 27		
				" 761 " 30/6 (50)	4 46				94 81		
		33			8 92		15		90 35		
July	P. Pay	34 10		b a p					124 45		
				AR908 b Y H 16/7 (23)	4 46			15	109 45		
				" 1094 " 31/7 (65)	4 46				104 99		
		34 10			8 92		15		100 53		
		34 10		b a p					134 63		
				AR1258 b Y H 15/8 (32)	4 46			15	119 63		
				" 1388 " 31/8 (69)	4 46				115 17		
		34 10			8 92		15		110 71		
				b. Bal. forward							

A. N. Shingleton

COMPILED BY

REVIEWED BY

41 NUMBER 928402. RANK Pte. NAME ALMAS Joseph J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Balance forward	33							110 71		
				C a P					143 71		
				AR 1512 6 72 15/9 32 4 46				15	128 71		
				✓ 1657 ✓ 24/9 48 4 46					124 25		
				✓ 4931 ✓ 24/9 58 97 33					119 79		
									22 46	agreed	286 1/4 1/8
		33			106 25						
Oct		34 10		C a P				15	41 56		
				CP 1105 London 2/10 22 4 89					36 69		
				AR 1846 26 72 13/10 22 4 66					32 03		
				W 2669 Lark 20/9 43 73					31 36		
				AR 2179 26 72 31/10 50 4 66					26 64		
		34 10			149 2			15			
Nov		33		C a P				15	44 64		
				AR 2220 ✓ 18/11 13 4 66					39 98		
				✓ 2376 ✓ 30/11 40 13 99					25 99		
Dec		34 10		C a P				15	45 09		
				AR 2603 ✓ 16/12 72 4 66					40 33		
Jan		34 10		C a P				15	59 43		
		101 26			23 31			45	59 53		
Feb		30 80		C a P				15	75 33		
				AR 2655 ✓ 21/12 10 4 66					70 67		
				✓ 2798 ✓ 15/1 26 4 66					66 01		
				✓ 2895 ✓ 31/1 60 4 66					61 35		
				✓ 6402 250 16/2 77 4 66					56 69		
March		34 10		C a P				15	75 79		
				AR 16357 4 66 11/3 137 4 89					70 92		
				✓ 16369 ✓ 17/3 149 4 89					66 05		
		64 90			28 38			30			
Apr		33							99 05		
	SE 3/4 13/4 18 Days Do. 77 7/4/19	7 30							106 35		
				✓ 443 ✓ 11/4 6 4 89					101 48		
				✓ 640 ✓ 24 10 48 67					52 81		
				✓ 16739 and Rhyl. 16/5 11 97 3					43 08		
				✓ 2296 40 17/4 20 14 60					28 41		
		40 30			77 87						

Left Jan 28 5 16 1

J.F.

(BLOCK LETTERS SURNAME FIRST)

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

IF ENTITLED TO
POST
DISCHARGE **yes**
PAY

D.O. 162

[illegible]