

REGIMENTAL DOCUMENTS

NAME

ALMAS Gordon

REGT. NO.

1-757476
2-3109747

UNIT

120th Bn.
1st Lt. 2nd Lt.M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

CONTENTS

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DEATH

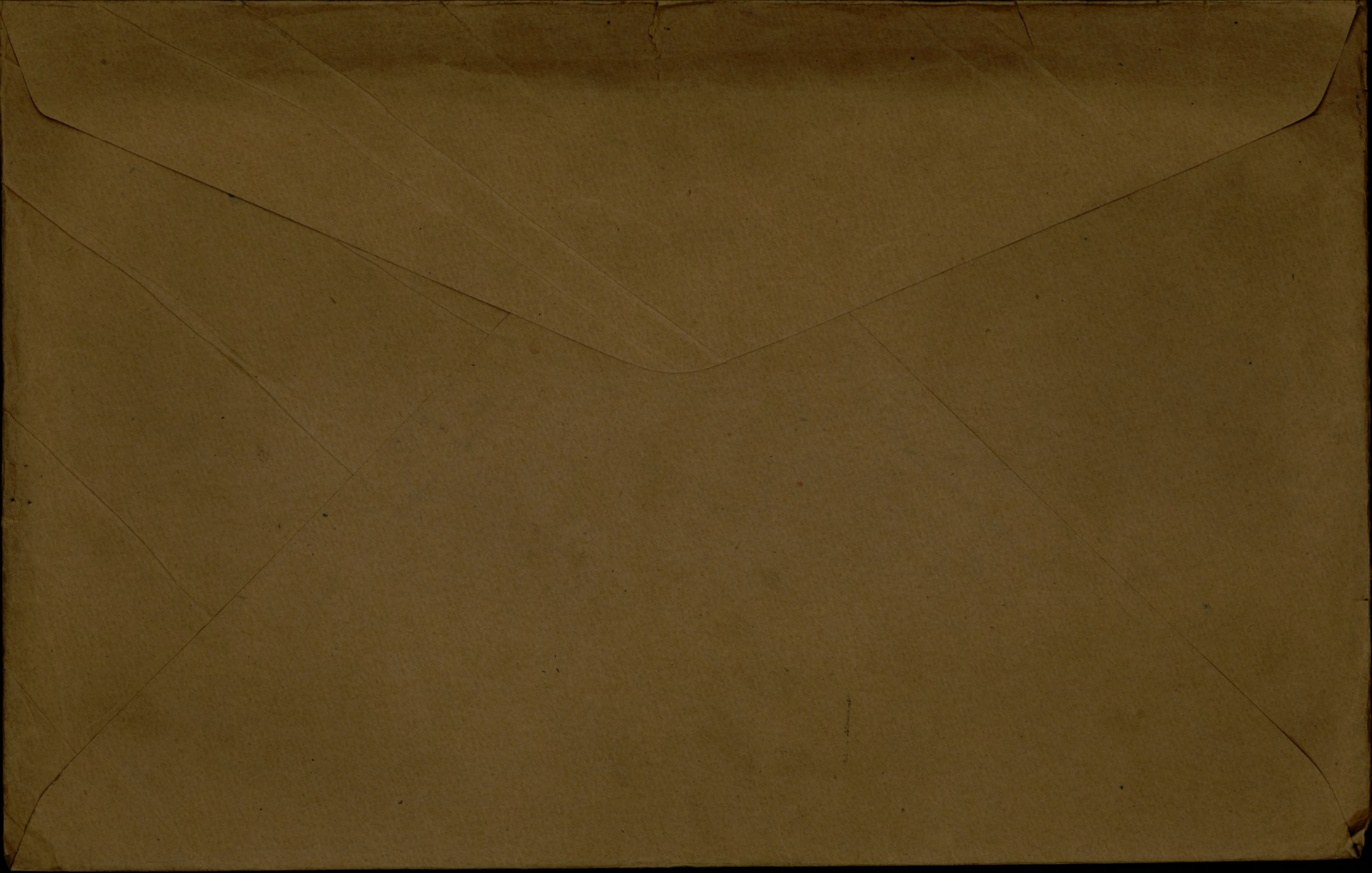
Category

DISCHARGE

Category

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ORIGINAL
ATTESTATION PAPER.
120th. CITY OF HAMILTON, Bn. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 757476

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... Almas
1a. What are your Christian names?..... Gordon.
1b. What is your present address?..... 453 Wilson St. Hamilton. Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Hamilton Ont.
3. What is the name of your next-of-kin?..... Aldey Finch Almas.
4. What is the address of your next-of-kin?..... 453 Wilson St Hamilton Ont.
4a. What is the relationship of your next-of-kin?..... Mother.
5. What is the date of your birth?..... 19th June 1897
6. What is your Trade or Calling?..... Baker.
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 } Yes.
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gordon 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.

Gordon Almas (Signature of Recruit)
Date..... 11th Jan...... 191 6 Lieut W. Ballance (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gordon 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.

Gordon Almas (Signature of Recruit)
Date..... 11th Jan...... 191 6 Lieut W. Ballance (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 Hamilton Ont this 11th day of January 191 6.

Wentworth County (Signature of Justice)

Description of Gordon Almas. on Enlistment.

Apparent Age.....18.....years.....6.....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. 3 ins.

Vaccs. 1 left

Chest measure- ment.	{	Girth when fully ex- panded.....	31.....ins.
		Range of expansion....	3.....ins.

Complexion Medium

Eyes Blue.

Hair.....Dark.....

Teeth Good.

(Church of England.....

Presbyterian.....

Methodist.....Yes.....

Baptist or Congregationalist.....

Religion..... Roman Catholic.....

den Jewish.....

Other denominations.....

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.....January 10th.....1916.

Place.....Hamilton.....Ont.....

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.

.....~~Gordon 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.

..(Signature of Officer)

Date.....JAN 26 1916.....191.....
Lieut. Col.
Com'dg 720th. City of Hamilton Battalion, C.E.F.

M.S.A.

ORIGINAL

B Co B Co

No. 2 M. D. First Depot Battalion 2nd. C. C. R. Regiment

Regtl. No. 3109747

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname Almas
2. Christian name Gordon
3. Present address 453 Wilson St., Hamilton, Ont.
4. Military Service Act letter and number 810886
5. Date of birth 19th June, 1896.
6. Place of birth Hamilton, Ontario.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist.
9. Trade or calling Baker.
10. Name of next-of-kin William Almas.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin 453 Wilson St., Hamilton, Ontario.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any 120th, Hamilton, 1 year.
15. Medical Examination under Military Service Act:—
(a) Place Hamilton, Ont. (b) Date 16th Oct./17 (c) Category A2.

DECLARATION OF RECRUIT

I, Gordon Almas, do solemnly declare that the above particulars refer to me, and are true.

Gordon Almas (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. mths.
Height 5 ft. 4 1/2 ins.
Chest } fully expanded 34 1/2 ins.
measurement } range of expansion 2 1/2 ins.
Complexion Dark
Eyes Blue
Hair D. Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease.
1 Vac. left arm.
Vac. 1917
Vision R.E.D30
L.E.D20

S. B. Begy, Major
O. C. Depot Btl.

Place Hamilton, Ont. Date 11th May 1918.

18

Camp Hospital.

Niagara on the Lake.

September 10th 1918.

Regt.No: 3109747.

Rank: Private.

Name: ALMAS Gordon.

Age: 22.

Unit: 1st/2nd C.O.R.

Occupation: Street-car Conductor.

Subjective: This man had an examination by Capt. Unsworth in Hamilton during March 1918 and was told that he had Consumption.
He has a severe cough and green and yellow sputum. He has had this for over a year and is easily tired.
He has had free haemorrhages from the lungs several times the last was July 1918.
Family History: One brother died with Tuberculosis four years ago and a married sister has tuberculosis now.

Objective: This man has a fairly well formed chest. There is some retraction at both apices- this is more marked at the left. Expansion on both sides is equal.
There are a few moist rales at the base of the left right lung and a few fine rales at the apex anteriorly and posteriorly.
The breath sounds are lessened throughout the right lung.
Sputum: Tubercle bacilli present.

DIAGNOSIS: Active pulmonary Tuberculosis.

Would suggest immediate discharge from the service to be followed by a short term of Sanatorium treatment.

Chas B Alexander Capt. A.M.

Regt. No: 3109747.

Rank: Private.

Name: ALMAS Gordon.

Age: 22.

Unit: 1st/2nd C.O.R.

Occupation: Street-car Conductor.

Subjective: This man had an examination by Capt. Unsworth in Hamilton during March 1918 and was told that he had Consumption.
He has a severe cough and green and yellow sputum. He has had this for over a year and is easily tired.
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Family History: One brother died with Tuberculosis four years ago and a married sister has tuberculosis now.

Objective: This man has a fairly well formed chest. There is some retraction at both apices- this is more marked at the left. Expansion on both sides is equal.
There are a few moist rales at the base of the left right lung and a few fine rales at the apex anteriorly and posteriorly.
The breath sounds are lessened throughout the right lung.
Sputum: Tubercle bacilli present.

DIAGNOSIS: Active pulmonary Tuberculosis.

Would suggest immediate discharge from the service to be followed by a short term of Sanatorium treatment.

Chas B Alexander Capt. A.M.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 457476 Rank Private Name G. Almas
 Corps 120th Batt. C.E.F. who was transferred
 On July 27/16 1915, to casualties.
 * Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

DR.			CR.		
	\$	c.		\$	c.
From <u>July 1</u> To <u>July 27</u>					
Bal. Dr. from previous month.....	—		Regimental pay <u>27</u> days at \$ <u>1</u> c <u>00</u>	<u>27</u>	<u>00</u>
Total payments during period			Field allowance <u>27</u> " \$ <u>0</u> c <u>10</u>	<u>2</u>	<u>70</u>
from <u>July 1/16</u>	—		Other allowances.....		
Assigned Pay.....	<u>15</u>	<u>00</u>	Other Credits (give particulars)		
Other Charges (give particulars)	<u>38</u>	<u>00</u>	<u>P.Y.A. Carried for'd</u>	<u>33</u>	<u>90</u>
<u>July 15 Sub. 5.00</u>					
<u>Fine 33.00</u>					
Bal. Cr. on discharge or transfer.....	<u>10</u>	<u>60</u>	Bal. Dr. on discharge or transfer.....		
TOTAL.....	<u>63</u>	<u>60</u>	TOTAL.....	<u>63</u>	<u>60</u>

The amount shewn as Balance Cr. due on discharge or transfer has † not been paid.

Monthly stoppage on account of assignment of pay is 15.00 and has been charged in Pay-list for month of July.

† Insert "been" or "not been" as case may be

REMARKS:—

- State (1) date of enlistment 11/1/16
 (2) if married and if a Separation Allowance Card has been submitted single
 (3) cause of discharge and authority

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

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

Date July 27/16
 Place Niagara-on-the-lake W.B. Fortunes
 Paymaster.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Almas Christian Name Gordon

Examined { on 10th day of Jan'y 1916
at Hamilton Ont

Approved by Charles Carter

Birthplace { City or Town Hamilton
County Ont.

Rank Major M.O.

Apparent age 18 yrs 6 mos

Trade or occupation Baker

Height 5' Feet 3 1/2" Inches.

Weight 130 Lbs.

Chest measurement { Minimum 31 inches.

{ Maximum expansion 34 inches.

Physical development Fair

Small-Pox Marks nil

Vaccination Marks { Arm Right Left.

{ Number 1916

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous

disease nil

(b) Slight defects but not sufficient to cause rejection

nil

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

Date	Result	VACCINATIONS.
<u>31/3/16</u>		<u>[Signature]</u> M.O. CAPT.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/3/16</u>		<u>[Signature]</u> M.O.
<u>13/3/16</u>		<u>[Signature]</u> M.O.
<u>22/5/16</u>		<u>[Signature]</u> M.O. CAPT.

Enlisted on 11th day of Jan'y 1916 at Hamilton Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>HAMILTON RECRUITING DEPOT</u>	<u>757476</u>		
Transferred to.. ..	<u>120TH. CITY OF HAMILTON Bn. C.E.F.</u>			<u>JAN 16 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Christian Name.

Christian Name.

[illegible]

Christian Name.

[illegible]

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

150M. 10-15.
H.Q. 1772-39-920.

120th. CITY OF HAMILTON, Bn. C.E.F.

757476

Private

Almas Gordon

C. E. F.

Terms of Service (a)

Service reckons from (a)

Date of appointment
to lance rank

Numerical position on
roll of N. C. Os.

Re-engaged

Qualification (b).

Report

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place

Date _____

Remarks
taken from Army Form B. 213,
Army Form A. 36, or other
official documents.

(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.]

[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				

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				

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

1st Depot Bn 2nd Co R

Regimental No.

3109947

Rank.

Pte

Name.

C. E. F.

Almas Bordon.

Enlisted (a).

11/5/18.

Terms of Service (a).

Cas on the after.

Service reckons from (a).

11/5/18.

Date of promotion to
present rank }

Date of appointment
to lance rank }

Numerical position on
roll of N. C. Os. }

Daker

Extended.

Re-engaged.

Qualification (b).

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
Transferred to Records of Registrar as from 12-10-18 ~~SEP 13 1918~~					

(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.

I.P.T.O.

No. *E. 3029*RANK *Pfc*NAME *Almas, Gordon**757476*T. O. S. *11-1-15*
D. O. *373-1-15*UNIT *Hamilton Recruiting Depot (91st Regt.)*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Jan. 11</i>	<i>Jan. 15</i>	<i>✓</i>	<i>Transf. to 120th Bn. 15/1/16</i>	<i>D.O. 474-5-15</i>
<i>Jan 16</i>	<i>Jan 31</i>	<i>✓</i>	<i>Now shown on 120th Bn.</i>	<i>Jan paylist</i>
<i>Feb</i>		<i>✓</i>	<i>a.r.l. for 2 dys pay 7 hrs del-</i>	<i>Feb "</i>
<i>Mar.</i>		<i>✓</i>	<i>a.r.l. for 2 dys pay 7 dys e.B.</i>	<i>D.O. 75 3 27/3/16.</i>
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>	<i>1 dys leave a.r.l. 1 dys pay for</i>	<i>May paylist</i>
<i>June</i>		<i>✓</i>	<i>a.r.l. 2 1 dys del- 9 dys pay for</i>	<i>July paylist</i>
<i>July 1</i>	<i>July 27</i>	<i>✓</i>	<i>Trans. to Casualties</i>	<i>July paylist</i>



Reg. No. *734466* Name *Almes. J.*
Rank *Pte.* Corps *120. C.* Age *18* Service *✓*

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Niagara Casualty Clearing
Co. Base.

27. 7. 16.

27. 7. 16

Myocarditis

6

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

236
 M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom

Address

M
Irisda Finch
45 3/4 Wilson St
Hamilton

Rate \$20⁰⁰

By Whom Assigned

Regtl. No. 757476

Rank Pte

Corps 120 Bn

Almas Gordon

"C" Co

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				

Discharged.
see T.M.L. M.D. #2
apt 5/16 5/9/16

20-1

M
Mrs. Ada Finch

Sheet No. 2.

L. L. Job-310.—Req. 6574.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

757476

Pte "C" 120 Bn

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>15051</i>	<i>20</i>	
Sept.		<i>15251</i>	<i>20</i>	
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancel
Discharged
see T.M.L. M.D. #2
Sept 5/16
5/9/16 d.M.

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.				

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

Date of final Medical Board or decision.

Administrative Medical Officer.

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

Hospital or Station transferred to for final disposal.
Date of final disposal
How finally disposed of }

Disability.

Name

Regimental No.

Rank

Corps

Station

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
150 m-5-16.
H. Q. 1772-39-117.

Sister - Mrs. James.
28 Holton Ave.

MEDICAL HISTORY OF AN INVALID. Hamilton

- Station. Base Hosp. Toronto
- Regiment or Corps. 120th Batt
- Regimental No. and Rank. 75-7476 Pte.
- Name. Gordon Almas
- Age last Birthday. 19
- Enlisted on Jan. 1916 at Hamilton
- Former Trade or Occupation. Baker
- General remarks on his :-
(a) Conduct. Good
(b) Habits. Good
(c) Temperance. Good

(For this purpose the Company defaulters sheets will be obtained from the man's Commanding Officer.)

AUG 9 1916

35-Al-16

Aug. 4, 1916

SEP 1 1916

649 A-1694

- Service. Years. Days.

PERIODS

FROM.

TO.

- (a) Disease or disability. Defective eyesight, myocarditis?
(b) Date of origin. Several years ago
(c) Place of origin. Hamilton
(d) Cause. Had rheumatism once but has severe attacks of tonsillitis periodically.
- Present Condition. (Most Important). Has only drilled 4 days since enlisting on account of shortness of breath and tachycardia but has no discoverable lesions though heart is enlarged. also has a periodic pain in right side but no apparent cause now. Eyesight very poor, cannot read print without his glasses. Will never become an efficient soldier.
- (a) Is the disability the result of service or climate? No
(b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.

150 m-5-16.
1772-39-117.

Carded
9-1-16
284

OPINION OF THE MEDICAL BOARD.

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

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

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

14. Treatment *In Hospital 7 weeks with no apparent improvement. Has had several attacks of dyspnoea since entering.*

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

No ag gravation

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

Permanent

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

No more than before enlistment

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

yes

R.B. McKenzie Capt. Amc.

Medical Officer by whom the case is brought forward.

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

10. *Yes*

11. *Yes*

12. *Yes*

15. *Yes*

16. *Yes*

17. *Yes*

18. Is he unfit for Military Service.

Yes

Recommendations: *For discharge as medically unfit should never have been enlisted. Further treatment not recommended.*

Signatures:—

T.B. Richardson Lt Col. Presid.

Station *Barrs Hospital, Toronto.*

Date *7/8/16*

Date *2/9/16*

Approved.

Date *8.9.16*

J.W. Livingston Capt. Amc.
R.F. Slater, Capt. A.M.C.

Tr.J. Munn, M.D.
Asst. Director of Medical Services
Dean A. Cannon Capt
Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)	
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.

This space to be for numbers.

Proceedings on Discharge.

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

No. 757476	
Rank Private	
Name Gordon Almas NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 120th. Battalion, C.B.F.	
Date of Discharge Sept. 3rd. 1916.	
Place of Discharge Toronto, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 19 years 2 months. Height 5 feet 5 1/2 inches. Complexion Medium Eyes Blue Hair Dark Trade Baker Intended place of residence } (To be given as fully as practicable.)	Descriptive Marks 1 Vacc. left arm.
2. The above-named man is discharged in consequence of Medically Unfit.	
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.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	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.)	

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date)..... Commanding

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place)..... (Signature of Soldier.)

(Date)..... (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. 3/9/16.

(Place).....

(Date).....

(Signature).....

O. i/c ADMINISTRATION

CASUALTIES C. E. F. M. D. 2.

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.)

(OVER)

OPINION OF THE MEDICAL BOARD—(Continued).

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

That he be placed in category "B" and be discharged
because of a disability pre-existing enlistment and
no due to nor aggravated by service,
K.R. & O. Can. Para. 322 Sect. 9.

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

PLACE Niagara Camp Ont.

DATE September 14th 1918.

APPROVED BY

APPROVED BY

DATE 20-9-18

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

PLACE

DATE

Next of Kin (Mother) Mrs. Alda Almas. 103 Wellington St. Hamilton Ont.

MAN'S ADDRESS

SAME

MEDICAL HISTORY OF AN INVALID

MEDICAL EXAMINERS - HAMILTON MOB. CENTRE.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Niagara Camp DATE Sept. 1918.

1. 1 (a) Unit 1st. D.Bn. 2nd. C.O.R. (b) Regimental No. 810886 (c) Rank Private

(d) Surname ALMAS (e) Christian name GORDON

2. Age last birthday 22 Date of birth June 19 - 1896.

3. Enlisted at HAMILTON? ONT. on March 13rd. 1918.

Ordered to Report.

4. Personal description:—

(a) Height 5' 4 1/2" (b) Weight 127 (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks

Tattoo of left fore-arm.

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

Gordon Almas. 103 Wellington St. Hamilton, Ont.

6. Former trade or occupation Street-Car Conductor.

7. (a) Service

Years Days

203

PERIODS

From

To

1st. D.Bn. 2nd. C.O.R.

Mar. 3rd. - 1918

Date.

(b) Has he been overseas? NO. 8. Original disease or disability Tuberculosis of Lung.

(a) Date of origin pre-existed enlistment (b) Place of origin HAMILTON. ONT.

(c) Cause* UNKNOWN

(d) Present disease or disability Tuberculosis of Lung.

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

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

SUBJECTIVE: Has had a severe cough with green and yellow sputum.
He is easily tired. He has free haemorrhages from the
lungs several times.

9. Present condition.—(Continued.)

OBJECTIVE: There is some retraction of both apices, more marked at the left. Expansion both sides is equal. There are a few moist rales at the base of the right lung and a few fine rales at the apex anteriorly and posteriorly. The breath sounds are lessened throughout the right lung.

Sputum - Tubercle Bacilli present.

See specialist report.

Classification - Active.

Incapacity due to partial loss of function of lung.

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

Nervous.....**NORMAL** Digestive.....**NORMAL** Respiratory.....**AS ABOVE** Cardiac.....**NORMAL**

Genito-Urinary.....**NORMAL** Skin, Middle Ear, Eye or any other part.....**NORMAL**

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

One brother died of tuberculosis and a married sister has tuberculosis now. Cough commenced four years ago. First hemorrhage two months ago.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 2. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

NONE

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

NO

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

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?

ONE YEAR.

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

NONE

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

NO.

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

YES.

17. Recommendations

That he be discharged as physically unfit.

H. M. Kelly, Lieut.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, **Gordon Almas.** 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.....

G. K.

Gordon Almas.
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

WE CONCUR

19. Is the soldier 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) **NO**
(" B) (Yes or No) **NO**
(" C) (Yes or No) **NO**
(" D) (Yes or No) **NO**
(" E) (Yes or No) **YES**

20. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does ~~not~~ require treatment.
(c) Should pass under his own control.
(d) Should ~~not~~ pass under his own control.
(Strike out condition not applicable).

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....Militia Form W. 23
 or Particulars of Recruit.....2.....Militia Form W. 133
 Field Conduct Sheet.....Militia Form W. 178 or A.F.B. 122
 Casualty Form.....1.....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.....2.....Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board.....3.....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

SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.)

1. No.	#3109747		
2. Rank.	Private		
3. Name.	AIMAS, Gordon.		
4. Unit.	1st Depot Bn. 2nd C.O.R.		
5. Date of Discharge	12-10-18.	Place	TORONTO.
6. Reason for Discharge	" DEMOBILIZATION "		
	Struck off the Strength on Return to the Registrar		
	Date 12-10-18.	Pt. II Orders	256-12-9-18.
		R.O.	977
7. Authority.	P.C.	3051	of 11-12-18.
8. Proposed Residence after Discharge	Deceased - 19-12-56		
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. ? Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place.....TORONTO. Date.....18-12-18 D. B. Davis LIEUT FOR MAJOR-MSA-DO (O. C. Discharging Unit.) Signature.....		