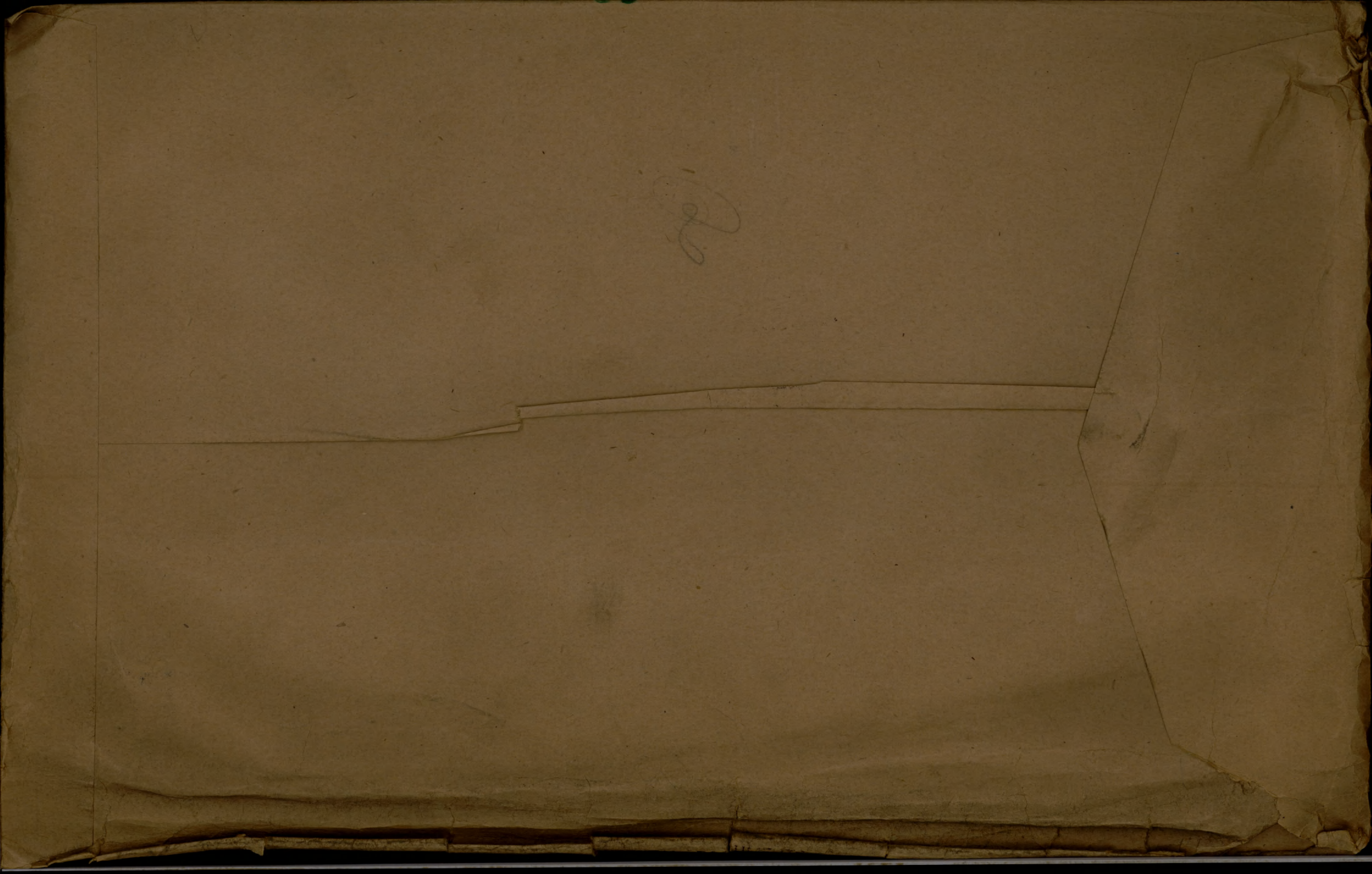


NAME **ALMAS. ROBERT JOSEPH JAMES** REGT. NO. **2147546** UNIT **51st** H. Q. FILE NO. **6836**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113) <i>Recd Sheet</i>					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Enroll</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)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>CD 3</i>					
1 <i>En 71 M 67</i>					
1 <i>E A D E 5009 A</i>					
1 <i>PC</i>					
1 <i>Pay Sheet</i>					
				<i>402008</i>	



CLASS A II ORIGINAL
ATTESTATION PAPER.

No. 2147546

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Almas.
1a. What are your Christian names? Robert Joseph James.
1b. What is your present address? 211 Ruby St., Winnipeg, Manitoba Canada.
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? Arthur Almas.
4. What is the address of your next-of-kin? 129 Catherine St., South, Hamilton, Ontario.
4a. What is the relationship of your next-of-kin? Father. Canada.
5. What is the date of your birth? November 25th, 1896.
6. What is your Trade or Calling? Farmer.
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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
14. If so, what was the nature of the disability? -----
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No.
16. If so, what was the reason? -----

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Joseph James 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.

Robt Almas (Signature of Recruit)

Date July 12th 1917. C. J. Almas (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Joseph James 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.

Robt Almas (Signature of Recruit)

Date July 12th 1917. C. J. Almas (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 Camp St. Charles this 12th day of July 1917.

W. J. Ambrose (Signature of Justice)

Description of Robert Joseph James Almas on Enlistment.

Apparent Age.....20.....years.....7½.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 6½ ins.

Chest measurement { Girth when fully expanded.....36½ ins.
Range of expansion.....2 ins.

Complexion.....Fair.....

Eyes.....Grey.....

Hair.....Fair.....

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

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

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

Vision R. Eye.....20/20.....
" L. Eye.....20/20.....
Hearing R. Ear.....N.....
" L. Ear.....N.....

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.....July 12th.....191 7.....

Place.....Winnipeg, Man......

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:—

MOBILIZATION
MEDICAL BOARD
APPROVED FIT

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Joseph James 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] (Signature of Officer)

MAJOR

Date.....July 12th.....191 7.....

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. 199388

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.

2147546

(Rank)

Pte.

Name (in full)

Almas

Robert Joseph James

enlisted in

the

F. G. A.

CANADIAN EXPEDITIONARY FORCE at

Camp St. Charles

on the

12th

day of

July

1917.

HE served in

F. G. A.

England

+ France

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

22

Height

5' 6 1/2"

Complexion

Fair

Eyes

Grey

Hair

Fair

Marks or Scars

Scar inner side of left eyebrow
and another above -

Robt Almas

Signature of Soldier

R. J. James

Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT

MAY 31 1919

TORONTO

For
O.C. No. 2 District Depot.

Rank

Date MAY 31 1919

19

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.

P. 880
Certified this document
checked with
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 ROBERT JOSEPH JAMES 2. Surname ALMAS
3. Rank Pte 4. Original Unit F.G.H. 5. Reg. No. 2147546
6. Address, in full, to which future payments of gratuity are to be forwarded Buch River, Manitoba.
7. Date of enlistment in the C.E.F. July 12th 1917
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable
9. Relationship of such dependent Not applicable
10. Address, in full, of such dependent Not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Not applicable
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? Not applicable
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. Not applicable
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. F.G.H. from July 12th 1917 to present date.
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.

Not applicable

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?

W.F.F.

21. Have you, during the present war, served in the Imperial Forces?

No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

No.

(b) If so, was such reversion in consequence of misconduct or inefficiency?

Not applicable

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

MAY 31 1919

(b) Reason for discharge.

DEMOBILIZATION

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

W.F.F.

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.

W.F.F.

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

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

W.F.F.

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:

Robert Almas

Place of Residence:

Buck River Man:

Declared before me at:

Braunshott

This *5th* day of *May* 19*19*

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

R. M. Mingham

Question 12, 13, 14, 20, 24, 25, 26, 27 are unanswered.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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 Service Squadron
3rd For Army Horse
- (2) Regimental Number 2147546
- (3) Full Name of Soldier Robert Joseph James Almas
- (4) Place of Birth Hamilton, Ont.
- (5) Are you married, or not? No
- (6) If married, state,
(a) Full name of your wife —
(b) Present Postal Address —
- (7) Are you a widower? No
- (8) Have you any children? No

If so, give number of boys and girls —

Also their names and ages —

(9) Is your Father alive? Yes - Arthur Almas

If so, state name and address 199 Catherine St. South - Hamilton
Ont.

(10) Is your Mother alive? Yes

If so, state name and address Josephine Almas

199 Catherine St. South - 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.

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

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

O. C. Service Squadron, 24th Fort Garry Horse.

H. W. Stenham
MAJOR

Officer Commanding.

Date July 12, 1917

ORIGINAL CLASS ORIGINAL MEDICAL HISTORY SHEET

Surname Almas Christian Name Robert, Joseph, James

Examined { on <u>12th</u> day of <u>July</u> 191 <u>7</u> at <u>Winnipeg</u>	Approved by _____		
Birthplace { City or Town <u>Hamilton</u> County <u>Ontario</u>	Rank _____ M.O. _____		
Apparent age <u>20 yrs. 7 1/2 mos.</u>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Trade or occupation <u>Farmer</u>			<u>JUL 12 1917</u> <u>MOBILIZATION</u> <u>MEDICAL BOARD</u> <u>APPROVED FIT</u> M.O. _____
Height <u>5</u> feet <u>6 1/2</u> Inches			M.O. _____
Weight <u>146</u> lbs.			M.O. _____
Chest measurement { Minimum <u>34</u> inches Maximum expansion <u>36 1/2</u> inches			M.O. _____
Physical development <u>Normal</u>			M.O. _____
Small-pox Marks <u>None</u>			M.O. _____
Vaccination Marks { Arm Right Left Number <u>None</u>	Date	Result	VACCINATIONS
When Vaccinated last <u>Never</u>	<u>15.8.17</u>	<u>Pos</u>	<u>John J. Campbell</u> M.O. _____
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>			M.O. _____
(b) Slight defects but not sufficient to cause rejection	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
Vision R. Eye <u>20/20</u>	<u>21.7.17</u>	<u>Sn</u>	<u>John J. Campbell</u> M.O. _____
" L. Eye <u>20/20</u>	<u>4.8.17</u>	<u>"</u>	<u>John J. Campbell</u> M.O. _____
Hearing R. Ear <u>N</u>	<u>11.8.17</u>	<u>"</u>	<u>John J. Campbell</u> M.O. _____
" L. Ear <u>N</u>	<u>4.8.17</u>	<u>"</u>	<u>John J. Campbell</u> M.O. _____
Enlisted on <u>12th</u> day of <u>July</u> 191 <u>7</u> at <u>Winnipeg Man</u>			
Joined on enlistment	CORPS	REG'TL NUMBER	HABITS
Transferred to	<u>34th Fort Garry Horse</u> <u>Service Squadron</u> <u>74th</u>	<u>2147546</u>	<u>12.7.17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Somerset Barracks</u> <u>Bramshott</u>	<u>20.3.18</u> <u>8/5/19</u>	<u>Cat. 'A'</u> <u>Chronic Ulcers</u> <u>Rheumatism</u>	<u>Wm. Macdonald</u> <u>Cat. 'a'</u> <u>20 & James</u> <u>Capt Come</u>

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.

Almas

Christian Name

Robert Joseph James

[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

No.

Date of Examination in England

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?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

RAMSHOTT CAMP
HANTS.

Handwritten text, possibly a date or signature, including "1/2/12" and "A. J. M. & Co."

Handwritten text, possibly a date or signature, including "1/2/12"

Handwritten text at the bottom of the page, possibly a signature or date.

TLH

Rank

Name

ALMAS, Robert Joseph James

2147546
Reg'l No.

Unit 34th Fort Garry Horse

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Camp St. Charles, July 12th. 1917

Place of Birth Hamilton, Ont.
Canada

Name and Address, Next-of-Kin Arthur Almas,

199 Catherine St. South, Hamilton, Ont. Canada

Relationship

Father

Assigned Pay Monthly \$

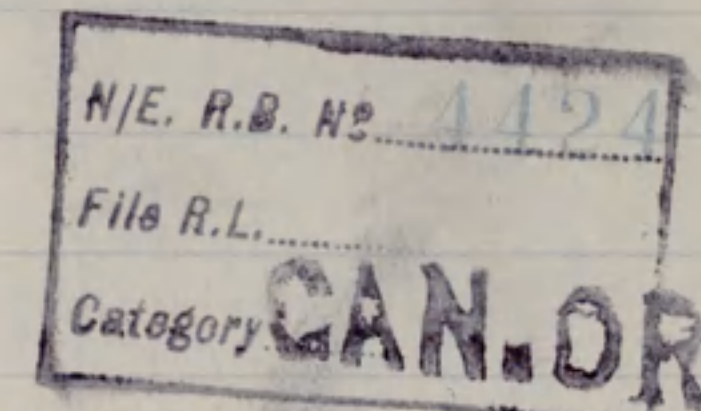
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



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		18-3-18	S/S T F I E A
20.3.18	B R C R	SOS from Canada		19.3.18	Pt 2099
9.8.18	"	SOS to F. G. H.	"	8.8.18.	Pt 0221.4644/14.8.18. F. G. H.
21.4.19	78A	Proc to England	Ho	18.4.19	so 26.4.19/30.4.19. 666
26.5.19	C. Wins	SOS TO CAN	B-ST	21.5.19	Pt 20

46-1-26
21/5/19

[illegible]

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

34th FORT GARRY HORSE

Regimental No. 2147546

Rank Trooper

Name

Robert Joseph James Almas

Enlisted (a) 12.7.17

Terms of Service (a) Def. War

Service reckons from (a) 12.7.17

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

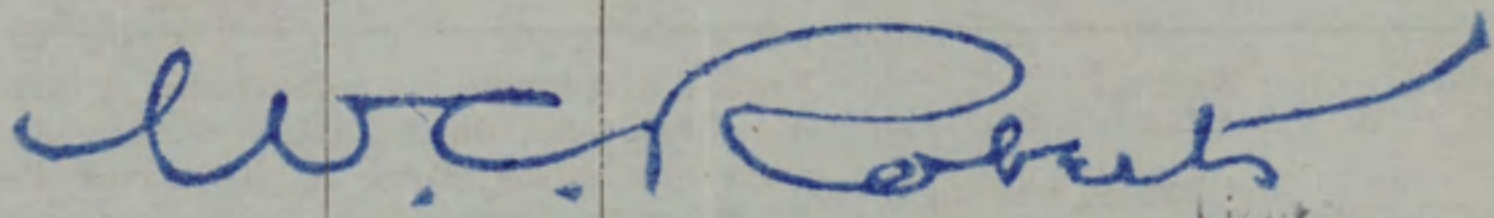
Qualification (b)

Fanner

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	7-3-18.	
		Arrived	Liverpool	18-3-18.	H.M.T. Tolosa.
10-3-18	R.C.R.	T.O.S., C.R.C.R. from Can.	Shorncliffe.	19-3-18	D.O. Pt. II. No. 79
9-8-18	CRCR	Proceeded overseas to FGH	S,cliffe	8-8-18	Part 11 Order No 221
9.8.18	CRCR	Arrived France & 205	Pl. H	9.8.18	Pl. H 21 Bo 64 of 14.8.18
13.8.18	do	Left for unit	Field	13.8.18	57344
24.8.18	Pl. H	Joined unit & received	do	18.8.18	B213
30.11.18	do	Att. M. V. S.	do.	30.11.18	B213, C.C.B. A. & 912 4/29-11-18
22.3.19	do	Rejoined unit	Essexton	16.3.19	B213
17.5.19		Proceeded to England			
		proceeding Canada			
		Pl. H Order # 20-20/5/19			
		P. L. Griffin Lt. for			

(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				
MAY 21 1919 O. S.	T. O. S. No. 2 DISTRICT DEPOT,	TORONTO	1919	PART II D. C.	163
MAY 31 1919 S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II D. C.	163
 Lieut. For O. C. No. 2 District Depot.					

(R. J. J.)
1917 -
VICTORY LOAN.

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom *The Paymaster General*
Address *Militia and Defence*
Ottawa,

By Whom Assigned *Almas, Robt J.*
Regtl. No. *2147546.*
Rank *Spr.*
Corps *Fort Garry Horse, 8th Draft*

Rate *\$5⁰⁰ Monthly, (\$50 Bond)*
beginning with 5th payment on Bond
due 1/4/18. Final payment \$4⁰⁰ (Aug A.P.)
due 2/9/18. Authy. Col Congers Memo 18/6/18.

PAYMENTS

VICTORY LOAN.-1917

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>List Cq</i>	<i>15 -</i>	<i>June cq J1668. List 19. 25/6/18</i>
July		<i>"</i>	<i>5 -</i>	<i>June cq J3083 List 20. 28/6/18</i>
Aug.		<i>"</i>	<i>5</i>	<i>July cq K2220. List 22. 30/7/18</i>
Sept.		<i>"</i>	<i>4</i>	<i>Aug cq L1014. List 24. 29/8/18</i>
Oct.			<i>29</i>	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

No. 2147546 RANK Pte.

NAME Almas, R. J. J.

T. O. S. 12-7-17. UNIT 34th Fort Garry Horse.
(D.O.# 165 of 13-7-17)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
July 12	July 31	✓		
Aug		✓		
Sept		n		
Oct		n		
Nov		✓		
Dec		n		
1918	1918			
Jan		n		
Feb		n		
Mar 1	Mar 15	n		
			Proceeded Overseas with 8th. O/S Draft. 2-3-18.	D.O.# 62 of 3-3-18.



LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D. 54630).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (or special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (C.D. 8).
11. Statement Q.M.G. Form (D.O.S. 2), and Discharge.
12. Last Pay Certificate (P. 851).
13. Pay Book (P.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No. *9*

Date..... *14-5-19*

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

War Service Badge
 Class "A" No.

199388

1. No.	<i>2147546</i>	
2. Rank.	<i>Pte.</i>	
3. Name.	<i>Almas.</i>	<i>Robert Joseph James</i>
4. Unit.	<i>F. G. H.</i>	
5. Date of Discharge	<i>MAY 31 1919</i>	Place <i>Toronto.</i>
6. Reason for Discharge	<i>demobilization</i>	
7. Authority.	<i>No. 2, D.D., Part II, B.A. 24; 163.</i>	
8. Proposed Residence after Discharge	<i>Birch River, Idaho</i>	
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. ?..... <i>Robt Almas</i> Signature of Soldier.	
10.	No. 2 DISTRICT DEPOT CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... <i>R. R. R. R. R.</i> Signature (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) Yes A.
(" B) ~~Yes or No~~
(" C) ~~Yes or No~~
(" D) ~~Yes or No~~
(" E) ~~Yes or No~~

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.)

Authority A.G. 9083 of 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 Bramshott. L.A. Richmond Major. President.
DATE 8-5-19 W.G. Jamieson, Capt. Members

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 Bramshott. L.A. Richmond Major. President.
DATE 8-5-19 W.G. Jamieson, Capt. Members
APPROVED BY James C. Eyshe, Major. APPROVED BY W.G. Jamieson, Capt.

DATE 8-5-19

CERTIFIED A TRUE COPY

V.D. Davidson
CAPT CAMC

THIS FORM WILL BE USED FOR ALL RANKS

WGB.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 Bramshott. DATE 7-5-19

1. (a) Unit F.G.H. (b) Regimental No. 2147546 (c) Rank Pte.
(d) Surname ALMAS (e) Christian name ROBERT J. JAMES.
(f) Home address Birch River, Man.
(g) Next of Kin Arthur Almas. (h) Relationship Father.
(i) Address of Next of Kin 199 Catherine St., South, Hamilton.
2. Age last birthday 22 Date of birth Nov. 25-1896.
3. Enlistment, or Appointment (if an Officer) (a) Place Camp St. Charles. (b) Date 12-7-17.
4. Personal description:
(a) Height 5Ft. 6 1/4 In. Est. (b) Weight 146 (c) Complexion Fair.
(d) Colour of hair Fair. (e) Colour of eyes Grey (f) Identification marks, Scars, etc.
Scar inner side of left eyebrow and another above.

5. Former trade or occupation Farmer.

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).

		PERIODS	
		From	To
Canada	8mths.	12-7-17	7-3-18
England	5 "	7-3-18	9-8-18
France or other theatres of War	8 "	9-8-18	18-4-19.

7. Original disease, or injury Chronic Turgescient Rhinitis.

(a) Date of origin 1913. (b) Place of origin Canada.
(c) Cause Unknown

M. F. B. 227.

400M.-11-18.
1772-30-117.

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.)

^{ter}
Alternating stenosis of nose.

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.)

Special report 7-5-19.

Nose:- Spur at antero superior aspect of septum to right with mucous membrane below swollen and turgescient in contact with septum. Left side inferior turbinate turgescient and in contact with septum. Swelling goes down under cocaine.
Chronic Turgescient Rhinitis.

Sgd. Walter Graham, Capt.

(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.....No..... 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

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

Dates from 1913. Operation in nose 1914 & 15, is still symptoms present.

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).)

Diphtheria and Rheumatism 1907 Good recovery.

Operation in nose 1914 & 15.

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

See 4f.

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

(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.)

Yes nose was not so much plugged before he came over here.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A&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? Progressive.

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

Nil in army.

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? Yes.
(If not, briefly state why)

17. Recommendations.

No.

V.H. Storey, Capt.
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, R. J. J. 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 Nil

W.G.J.

Robert Almas, Rank.
Signature of invalid examined.

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

NAME: **ALMAS**

Robert Joseph James

EFFECTIVE
DATE:-

EFFECTIVE
DATE:-

NUMBER:- **2147546**

AMOUNT:-

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

DATE
EFFECTIVE

RANK OR APPOINTMENT

Bank of Montreal 7/18

Winnipeg

*50⁰⁰ Victory War Loan payable 5⁰⁰
for month Dec 17 to Sept 18.*

(Note for 46 March charged)

*5⁰⁰ per month Nov. 17 to July 31/18
4⁰⁰ for August 1918*

UNIT AND TRANSFERS

ORIGINAL UNIT:- *8th Draft F. B. H.*

DATE ACCOUNT FIRST OPENED:- *16-3-18*

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T.S.F.D.

UNIT TRANSFERRED TO

CRCR

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

9.4.19 40 Field 20 for 393

20.4.19 532 C. Wing £15.0.0 73

S.F. 3/4/19 to 13/4/19 10 days 730

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBSCE
ALLICE

1

10

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1/5/19. Trans. to Canada. Ref. M.R. 7429 21/4/19. L. Shott. M.D. 2. CR Bal. 197²¹ 24/4/19

MONTH
1918

PARTICULARS

CR. 1

CR. 2

PARTICULARS

DR. 1

DR. 2

DR. 3

DR. 4

BALANCE

DEFERRED

SEPARATION

Mar 31 Balance Forward

April P.P.

33 00

A 847 CR 3-4-18 36

AR 2090 CR 27-3-18 4 87

" 53 " 12 48 12 17

" 152 " 26 48 14 60

War Loan April

33 00

War Loan May

AR 285 CR 13.5.18 973

" 429 " 29.5.18 973

War Loan June

AR 748 CR 27.6.18 730

" 590 " 12.6.18 2920

33 -

War Loan July

AR 996 CR 11.7.18 730

" 1301 " 30.7.18 973

34 10

AR 1607 CR 7.8.18 487

War Loan August

AR 201 F.B.H. 18.8.18 357

" 218 " 31.8.18 357

34 10

War Loan September

AR 261 F.B.H. 14.9.18 357

" 287 " 25.9.18 357

33 -

CR. 1

CR. 2

CR. 3

CR. 4

CR. 5

CR. 6

CR. 7

CR. 8

CR. 9

CR. 10

CR. 11

CR. 12

Sept. P.P.

Can. Victory War Loan chgd 50⁰⁰ 21/4/19

33 -

AR 261 F.B.H. 14.9.18 357

" 287 " 25.9.18 357

33 -

CR. 1

CR. 2

CR. 3

CR. 4

CR. 5

CR. 6

CR. 7

CR. 8

CR. 9

CR. 10

CR. 11

CR. 12

9536 80

9536 80

9536 80

9536 80

NUMBER 2147546

RANK

Pte.

NAME

ALMAS

Robert Joseph James

Month	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Sept.				Brt. Ind.					9536	75	
Oct.	B.O.	3410		Al. 299 F.G.H. 9.10.18	373					80	
				" 347 " 28.10.18	373				122	90	
		3410			746						
Nov.	" Nov + Dec	6710		" 423 " 28.11.18	746						
Jan.	"	3410							2,1574	135	
		10120			746						
Feb.	"	3080		" 526 " 24.12.18	373						
				" 482 " 13.12.18	1306						
				" 1099 Rcd 13.1.19	373						
				" 1195 " 26.1.19	373						
				" 1344 " 14.2.19	373						
March	"	3410		" 1515 " 26.2.19	746						
				" 1748 " 16.3.19	373						
				" 846 F.G.H. 22.3.19	560				23587	175	
		6490			4477						
April		33		" 522 Bshott 20.4.19	73						
	Int. on def. Pay	507		" 40 F.G.H. 9.4.19	365						
	7/2. 3/4/19 to 14/4/19 10 days	730		3868 readied							
				" 1238 Bshott 7.5.19	993				19486		
		4537			8638						
				2960 15.5.19 bld	2433				17053		
					2433						

Sailing List 66 66 B. m. 3
80 81 to Canada 21.5.19

