

DISCHARGE ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Medically Unfit Class.

Auth. 12 M.D.

Date

13 QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Jerryberry*
- 1a. What are your Christian names? *George*
- 1b. What is your present address? *Carduff, Sask.*
2. In what Town, Township or Parish, and in what Country were you born? *Hamilton, Ontario*
3. What is the name of your next-of-kin? *Mrs. Jessie Jerryberry*
4. What is the address of your next-of-kin? *639 St. Lawrence Ave Toronto, Ontario*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *13/3/75*
6. What is your Trade or Calling? *Baker & Cook*
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, *Geo. Jerryberry*, 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 27th 1916* *Geo. Jerryberry* (Signature of Recruit)
James B. Murdoch (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George Jerryberry*, 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 27th 1916* *Geo. Jerryberry* (Signature of Recruit)
James B. Murdoch (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 *Carduff* this *27th* day of *March* 191*6*.
Quarleshall J.P. (Signature of Justice)

Description of George Lempherry on Enlistment.

Apparent Age 40 years 0 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. 4½ ins.

Chest measurement { Girth when fully expanded 43 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations. { Church of England.....
Presbyterian.....
Methodist.....
Baptist or Congregationalist Yes
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 he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date March 27th 1916.

Place Moose Jaw Sask

C. H. Christie

Capt. Came
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.

George Lempherry 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)

Date March 27th 1916.

LL. CO.
Com d'g 229 Overseas Battn.

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

H. F. W. - 67-2,
Pay Card

DISCHARGE DOCUMENTS

Name

Regt. No.

Rank

Corps

Terryberry, George

1009848 Pte

229th O.B.W. C.E.F. Spec. Ser. Coy.

Medically Unfit

R. O. No.....

H. Q. No.....

05322

51

No. 1009848 RANK *Plt*

NAME

Lernpherry Geo

T. O. S.

UNIT

*229th Battalion.*M. D: *12*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Apr 11</i>	<i>Apr 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>	<i>C.O. L. Oct. 3-13/16.</i>	<i>B.O. 239 of Oct. Pay list.</i>
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1917</i>		<i>✓</i>		
<i>Jan.</i>		<i>✓</i>	<i>" " " Nov. 14-20/16</i>	<i>B.O. 30 of Nov. 2. 17</i>
<i>Feb.</i>		<i>✓</i>		

1009848

He

Terryberry E.

229th Battalion

12

19 17.

Mar.

Apr 1 Apr 9 m. Trans. to S. S. U. m. S. 12

B. O. 8 of Apr. Payable

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

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

Casualty Form—Active Service.

260M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 229th O.B.C.E.F.

Regimental No. 1009848 Rank Pte. Name Lempherry George

C. E. F.

Enlisted (a) 27/3/16 Terms of Service (a) L.E.F. Service reckons from (a) 27/3/16

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) Baker + Look

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents.
Date	From whom received				
DISCHARGED Medically Unfit Class. 1 Auth. 12 M.D. 13-2-37. Date 9/5/17 Officer Commanding Special Service Co. M. D. 12.					

(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				

MEDICAL HISTORY SHEET

Surname Lynch Christian Name George

Medical Unit Class 1st on 23 day of March 1916
 Examined at Moore Jaw Major
 Birthplace Hamilton
 Date 9/15/17 City or Town Hamilton
 County Ontario

Approved by C.H. Christie
 Rank Capt. Cam.C. M.O.

Apparent age 40 years
 Trade or occupation Bakery Cook
 Height 5 feet 4 1/2 inches
 Weight 150 lbs.
 Chest measurement { Minimum 40 inches
 Maximum expansion 3 inches
 Physical development Good
 Small-pox Marks None

Vaccination Marks { Arm Right Left
 Number 3
 When Vaccinated last 1902
 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
Date	Result	VACCINATIONS	
<u>July 4. 16</u>	<u>OK</u>	<u>C.H. Christie</u>	M.O.
			M.O.
			M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>July 29. 16</u>	<u>OK</u>	<u>C.H. Christie</u>	M.O.
<u>Aug 8. 16</u>	<u>OK</u>	<u>C.H. Christie</u>	M.O.
<u>18/8/16017</u>	<u>OK</u>	<u>C.H. Christie</u>	M.O.

Enlisted on 27th day of March 1916 at Asseembouria Sask.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>229th O.B.</u>	<u>1009848</u>		<u>March 27th 1916</u>
Transferred to				

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.

Josephine Christian Name George

[illegible]

DISCHARGED

Medically Unfit Class. 2

FORM OF WILL.

Auth. 12 M.D. 13. 7-87

Date 9/5/17 I, George J. Terryberry (Name in full)

Regimental Number 1009848 serving in 229th Batt

Officer Commanding of the Canadian Expeditionary Force, Major hereby revoke all former Wills by me
Special Service Co. M. D. 12 made and declare this to be my last Will.

I bequeath ~~all~~ my real estate ~~unto~~ as follows

S. 6. 4 Sec 15. T. 7. Rge 7 West of 3rd m.

to my brother Jacob Terryberry

876 Dundas St

London Ont.

S. 14. 4 Sec. 15 T. 7 Rge 7 West of 3rd m.

to my mother Jessie Terryberry

439 St. Clarens Ave.

Toronto Ont. absolutely, and my personal estate I bequeath to

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

my mother

Jessie Terryberry

439 St. Clarens St.

Toronto Ont.

Name and Address
of person or
persons to receive
personal estate*
(See note).

IMPORTANT NOTE

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 20th day of October A. D. 191 7

Geo. Terryberry

Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness W. R. R. Jones

Address of Witness 1225 Redwood Ave

Occupation of Witness Accountant

Signature of Second Witness W. H. Jay

Address of Witness Hawarden, Sask.

Occupation of Witness Agent

THE TWO
WITNESSES
MUST
SIGN HERE

NAME OF SOLDIER. *Henry Harris*.....

REGIMENT..

RANK.

3

No. 1009848

DATE _____

No.

FILLINGS

Amal.

Phosp.

G. Per.

Cement:

Extracted

Anesthetic

Treated

CROWNS

Cleansed

Ag 2° 3

Pulp
Removed

Put Pulp

Artificial Teeth

OPERATOR

Officer Commanding

Special Service Co. H. D. 12,

Major,

REMARKS

Auth. 12 M.D

Medically Unfit Class

DISCHARGE

- Red — Condition of mouth
at presentation.
Blue — Operations performed
by C. A. D. C.
R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abscess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

RECEIVED
DATE
11/11/11

DISCHARGED

To be made out in duplicate.

H.Q. 54-21-23-53

Medically Unfit Class. 1

Auth: 12 M.D. PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

Date 9/15/17

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.

Officer Commanding (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 229th O.B.B. Co.

(2) Regimental Number 1009848

(3) Full Name of Soldier George Jemyberry

(4) Place of Birth Barbours 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? ✓

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

Also their names and ages.....

(9) Is your Father alive?.....No.

If so, state name and address.....✓

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

If so, state name and address.....Jessie Vermylen, 239 St. Lawrence
ave
Jessie.

(11) If your Mother is a widow.....Yes

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.

Date.....20 Oct 1916.

H. J. Smith Lt. Col.
Com'd'g 229 Overseas Bn.
Officer Commanding.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1009848 Rank Pte Name Terryberry G.

Corps S.S. Coy #12. who was* Discharged

On May 9th 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1917, to May 9th 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	36	40
Advances } No.			Reg'tl Pay <u>9</u> days at \$ <u>1c 00</u>	9	00
by } No.			Field Allow. <u>9</u> days at \$ <u>c 10</u>		90
Cheques } No.			Other Allowances* <u>Subs</u>	5	40
Assigned Pay No.			Other Credits* <u>Clo Allowance</u>	8	50
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No.	60	20			
Balance Cr. (to be paid by the new unit)					
Total	60	20	Total	60	20

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (†) been paid on account of Assigned

Pay for the month of 191 to (Assignee)

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(†) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 27-3-16

(2) if married and if a Separation Allowance Card has been submitted

(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 May 31st 1917

Place Regina Sask.

Geo. Housley
Capt.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

LAST PAY CERTIFICATE

This is to certify that the following named person has been paid the sum of

£ 100 00

for the sum of

£ 100 00

for the sum of

£ 100 00

for the sum of

£ 100 00

for the sum of

£ 100 00

for the sum of

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for the sum of

£ 100 00

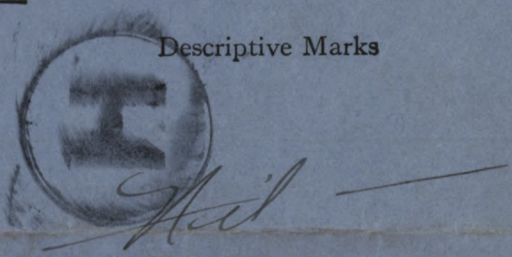
for the sum of

£ 100 00

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.	1009848
Rank	Private
Name	George Berry
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	229 th S.S.C.
Date of Discharge	MAY 9 - 1917
Place of Discharge	REGINA, SASK.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....41.....years.....1.....months.	 Descriptive Marks
Height.....5.....feet.....4 1/2.....inches.	
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Baker & Cook	
Intended place of residence	Meynonne, Sask.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Being medically unfit Class T Auth 12 M.D. 13-2-37	
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.
	Hail
	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.)	Cook

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113.

(OVER)

Disc. Cert.
26-7-17
J.M.B.

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

Nil

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

6. Medals and Decorations.....

Nil

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

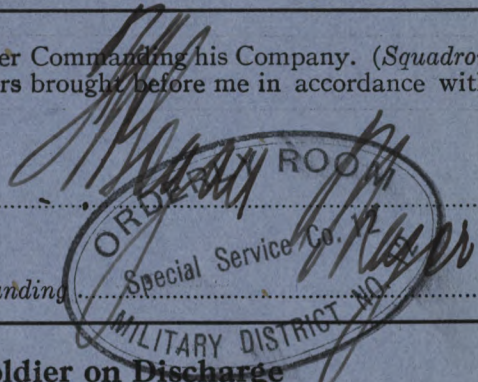
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

REGINA, SASK.

(Place).....

(Date) **MAY 9 - 1917**.....

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.

REGINA, SASK.

(Place) *Mayenne Sask.* *Geo. Taraburg* (Signature of Soldier.)

(Date) **MAY 9 - 1917** *S. J. Remue* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 years 43 days.

Total 1 years 43 days.

11. **Confirmation of Discharge.**

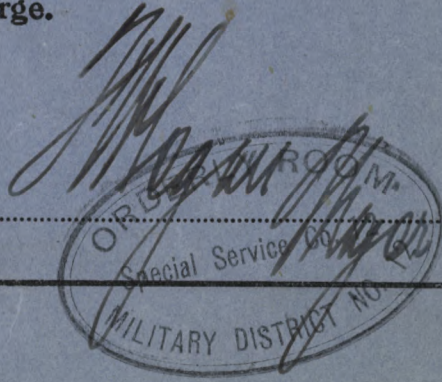
The discharge of the above-named man is hereby confirmed.

REGINA, SASK.

(Place).....

(Date) **MAY 9 - 1917**.....

(Signature).....



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none

Geo. Terryberry

sign

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.	
Med. Hist. Sheet, *	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID.



1. Station. *Moose Jaw Sask* 8. General remarks on his :—
2. Regiment or Corps. *22nd Batt.* (a) Conduct. *Good*
3. Regimental No. and Rank. *1009848* (b) Habits. *Good*
- Private*
4. Name. *Terryberry Les.* (c) Temperance. *Good*
5. Age last Birthday. *42* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *2nd March 1916*
- at *Meyronne Sask*
7. Former Trade or Occupation. *Farmer* Date. *2nd April 1917*

9. Service.	Years.		Days.	
	PERIODS.			
	FROM.		TO.	
	2 nd March 1916		2 nd April 1917	

10. (a) Disease or disability. *Varicose Veins & Flat Feet*
- (b) Date of origin. *About 3 years ago*
- (c) Place of origin. *Toronto Ont.*
- (d) Cause. *Runaway Accident*

11. Present Condition. (Most Important)

(To include full description of present disabling condition or conditions.)

Varicose Veins & Flat Feet
Unable to March or Drill

12. (a) Is the disability the result of service or climate?

No

- (b) Has it been aggravated by intemperance, vice or misconduct?

No

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

Scar about 1 1/2" long on each shin

- (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?

Not applicable

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

do.

14. Treatment

None

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

no

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

Probably Permanent

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

100/100

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

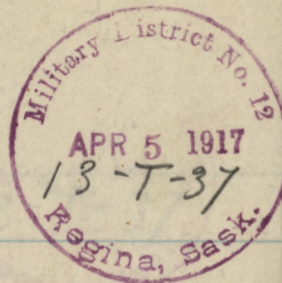
Yes, Varicose Veins & Flat Feet

R. B. Burnwell

act/mo. 229/100

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.



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

10. Yes.

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes - Has a farm

18. Is he unfit for Military Service. Yes

Recommendations :

That he be discharged as medically unfit.

Signatures :—

S. B. Radcliffe M.D. President.

Station. Moose Jaw, Sask. J. W. Cullough M.D. Members.
Date. April 2nd 1917 C. D. Freeman M.D.

Date. 4/4/17 H. G. M. Ass. Director of Medical Services.

Approved.

Date. 19/4/17 J. B. H. Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

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

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

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

Recommendations:

Signatures:

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16.

H. Q. 1772-39-117.

Station
Corps
Regimental No.
Rank
Name
Disability
Date
Hospital or Station transferred to for final disposal.
Date of final disposal
How finally disposed of
The original Report is invariably to accompany the discharge documents of invalids.