S

REGIMENTAL DOCUMENTS

NAME ALLARD. Arthur. REGT. NO. 3173049 UNIT 2nd Depot Battn. P.Q.R. Q. FILE NO. 5149

H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		C			DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/	TRAINING HISTORY SHEET (M.F.W. 113)					
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
/	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
/	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)		H			
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/	LAST PAY CERTIFICATE (M.F.W. 44)					
/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
/	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	Pay Sheet					

W. 2589
100M-11-19
1772-39-1377

2nd DEPOT RN. 2nd OUEBEC REGT.

ORIGINAL

AL 4

PARTICULARS OF RECRUIT

3173049

Drafted under Military Service Act 1917.

Class...One... m D 3173049 X

Surname ALLARD

Christian name Arthur

Present address 126 Wi llibiwed St Verrdun St MontreallP.Q

Military Service Act letter and number 31365 DC Camada

If a man is defaulter i.e has not rggistere under Proclamation this fact shd. be stated together with date of apprehension or surender.

Date of birth 8th September 1898

Place of birth Montreal.P.Q Canada.

Married widower or single Single

Religion Roman Catholic

Trade or calling Plumber

Name of next of kin Mr Philippe ALLARD

Relationship of next of kin Father.

Address of next of kin 126 Willibiwed St Verdun Montreal.P.Q Can

Nother at present a nember of Active Militia No

Particulars of previous Military or naval Service , if any Nil.

Medical Examination Service Military Service Act :-

(a) Place Montreal.P.Q Canada (b) Date 9th September 1918 (c) Category. B2

DECLARATION OF RECRUIT

I ALLARD. Arthur. do solemnly declare that the particulars refer to me and are true.

Arthur Allard Signature of recruit.

Description on calling up

Apparent age 20 Yrs. Mths

Height 5 Ft. 3 Ins.

Chest measurement fully expanded 32 Ins.

range of expension 3 Ins.

Complexion Medium

Eyes Brwnn

Hair Brown

Commanding 2nd Depot Bn. 2nd Quebec Regt.

OC Depot Bn.

Regt.

Place Montreal.P.Q Canada Date 9th September 1918.

K.F.W 133

Demobilization R.01328

CANADIAN EXPEDITIONARY FORCE

A.B. Discharge Certificate

This is to Certify that No. D-3173049 (Rank) Private

Name (in full) ALLARD Arthur enlisted in

the 2ndxDepot Bn 2nd Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal Que. Canada on the 9th

day of September 1918

HE served in Montreal Que. Canada

and is now discharged from the service by reason of Being lower Category

Category B2 (Autho R.O 1328 Para 713.Sec C)

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

Age 19 7

Height 5 3

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars Scar burnt left fore-arm

A Allard
Signature of Soldier

H. de Rosaumont Lt-Col
Issuing Officer

Major
For-Lieut-Colonel
Rank

Date of Discharge December 5th 1918

C.O.2nd/2nd Quebec Regiment
Appointment

Signed at Montreal Que. Canada this 5th day of December 19 18

in Military District No. 4

File Reference No.

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.

M. F. W. 39e
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. D-3173049 (Rank) Private Name ALLARD Arthur

Unit 2nd Depot Bn 2nd Quebec Regiment

Address on Discharge 126 Willibrod St. Verdun. Que. Canada

Character and Conduct — Good —

Former Occupation Plumber

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks

Signed at Montreal Que. Canada this 5th day of December 19 18

H. D. Bourassa Lieut
Name of Officer Major

For-Lieut-Colonel
Rank

C.O. 2nd/2nd Quebec Regiment
Appointment

Received Form of Will and
Original Copy of Discharge Certificate
and Check Number

A Allard
Soldier

M.X. 29-7-21 R.B

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

AL
3173049 Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. D Rank Pte Name ALLARD Arthur

C. E. F.

Enlisted (*a*) 9 9-18 Terms of Service (*a*) C.E.F Service reckons from (*a*) 9-9-18

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*) Plumber

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Demobilization D.O. 138 D.O.S 40.340 Not required.	Montreal Canada.	7 Dec 18. 5/1/19	

H. L. Bowman Capt.
Adjutant 2nd Depot Bn., 2nd Quebec Regt.

(*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				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Allard A.
Surname Christian Name

Regimental Number D31/73049 Rank Pte.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)
Deceased.

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

File No. 221-A-40. N.a a.D

WAR SERVICE GRATUITY.

Register No. Spec. Reg. 62/1855

Reg. No. D3/730479.

Name Allard. A.

Address Deceased.

Dependent Nil

Address

Pay Soldier $

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Clerk

R 1113 141-1020

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2				Not eligible under P.C. 3165	2			
3			824/19		3			
4					4	A.M.O. Lite		
5					5	11.10.20		
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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.)

RESERVATIONS, NIL.

Arthur Allard

MILITARY SERVICE ACT, 1917. ORIGINAL

MEDICAL HISTORY SHEET.

AL

1. Surname ALLARD Christian name Arthur 3173049

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 31365 DC

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number if any) 126 Willibiyer St Verdun Montreal.P.Q Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of Spt. 1918 19..., by the undersigned medical board sitting at Peel St Bks Montreal.P.Q Canada

5. Age as stated 20 Years ... Months. 6. Apparent age ... Years ... Month

7. Height 5 Feet 3 Inches. 8. Weight 106 Pounds.

9. Chest measurement { Minimum 29 Ins. / Maximum 32 Ins. } 10. Complexion Medium { Eyes Brown / Hair Brown }

11. Physical development Good 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm } 14. When vaccinated last

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma } We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma }

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B2

17. Physique
(a) Vision. R. 30 L. 30
(b) Hearing. R. ... L. ...

Signature of Man Arthur Allard

... President.

... Member. ... Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 9th *day of* Sept . 19181 *19* *at* Montreal.P.Q Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		D		9-9-18
Transferred to...	2nd DEPOT BN. 2nd QUEBEC REGT.			

3173049

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	5-12-18	Weight	B2 W Kemp Maj.

N.B.—This sheet is 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.

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname ALLARD Christian Name Arthur

STATION.	Date of Arrival at the Station.	Dates of — Admission into Hospital			Dates of — Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

2nd DEPOT BN, 2nd QUEBEC REGT

DENTAL HISTORY SHEET

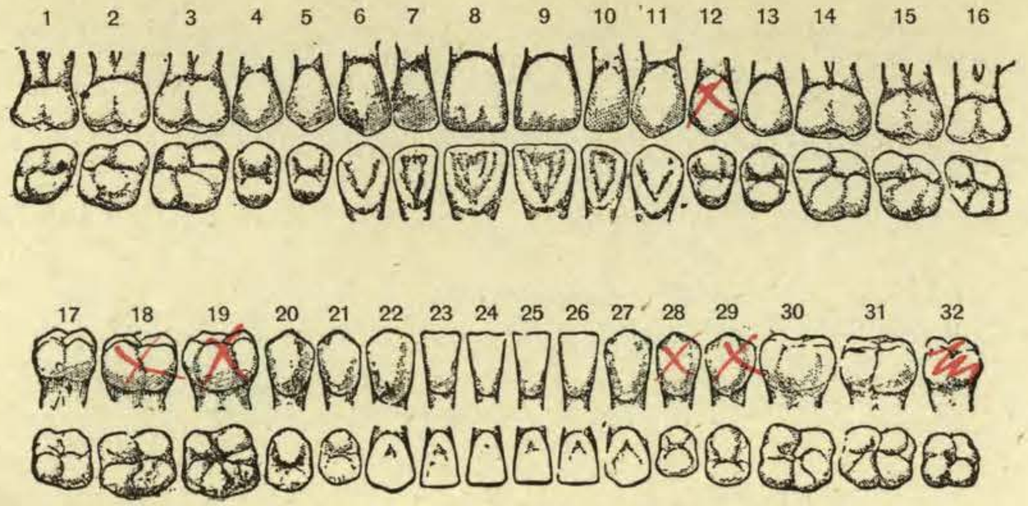
CANADIAN ARMY DENTAL CORPS DISTRICT 4

Pte No. D 3173049

NAME OF SOLDIER **ALLARD arthur**

RANK

REGIMENT **AL**



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918																					Can no 27, 11
Poor Dec 3																				J C Edmond Capt	4	Ext. 12, 18, 19, 28, 29
					Year discharge																	
	●●																					

M.F.B. 465.
200m.—6-18.
1772-39-950.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3173049 Rank Pte Surname Allard Given name in full: Arthur

Unit or Corps 2nd Quebec Birthplace Montreal

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Fair Weight 103 lbs. Height 5 ft. 3 in. Colour of Eyes brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. O.K. ft.

Left O.K. ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Burn left forearm

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

M D B 313 Sept 9 - 1918 states 106 lbs
Chest 29 - 32 now at 103 lbs
Chest 29½ - 33
B 2 weight

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date Dec 5 - 1918 Signed W D Lay Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Allard Arthur

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

S.O.S. 5-12-19. Demob.
M.D#4.

649-A-9890.

No.3173049, Pte. Arthur Allard, 2nd Que. Regt. 2nd Depot Bn.

M. & D., Nil.

P. &S., Nil.

M.C., Nil.

Canada

Canada Only

55463

R.R

457 500

This space to be for numbers.

JMB

Proceedings on Discharge.

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

No. D.3173049.

Rank Private.

Surname AJLARD.

Christian name Arthur.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Depot Bn, 2nd Quebec Regt.

Date of discharge December 5th, 1918, D.O. 2/2nd Q.R..

Place of discharge Montreal, P.Q., Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 7 months.

Height 5 feet 3 inches.

Complexion Medium.

Eyes Brown.

Hair Brown.

Trade Plumber.

Intended place of residence (To be given as fully as practicable.) 126 Willebrod Street, Verdun, P.Q., Canada.

Descriptive marks

Scar, burnt left fore-arm.

2. The above-named man is discharged in consequence of being in lower category.

DEMOBILIZATION, Dec. 1, 1918.

Cat.B2. Authority for discharge R.O. 1328, Para. 7, Sec. D C.

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.

— Good —

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Plumber.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

3500
500
500

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.

(Place) Montreal, P.Q., Canada.

(Date) December 5th, 1918.

M Hamilton Capt.
Officer Commanding,
2/2nd Quebec Regt,
Commanding HQ Coy.

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, and that I have received my permanent discharge certificate.

(Place) Montreal, P.Q., Canada. R Allard *(Signature of Soldier.)*

December 5th, 1918.

(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.

R Allard *(Signature of Soldier.)*

10. Statement of Service.

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

87 Days.

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

11. Confirmation of Discharge.

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

(Place) Montreal, P.Q., Canada.

(Date) December 5th, 1918.

(Signature) H H Bronsdon Lieut.
Lieut.-Colonel,
O.C. 2nd Depot Bn, 2nd Que. Regt.

December Pay/ List 2/29

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. 3173049 Rank Pte Name Allard Arthur

Corps 2/2 Quebec Reg. who was* S.O.S. Discharge

On December 5 191 8, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from [redacted] 1-12-18 191....

to 5-12-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	00
Advances by Cheques No.			Regt'l. Pay 5 days at $ 1.00 c.	5	00
Advances by Cheques No.			Field Allow. 5 days at $ c. 10		50
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges 2270 XXX	50	50	Other Allowances*		
Payment on transfer or discharge No.			Other Credits* Clothing	35	00
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
	50	50	Total	50	50
Total					

*Give particulars.

A monthly stoppage of $ $15 00 (†) has Not. (‡) been paid paid on account of Assigned

Pay for the month of December 191 8.
and Sep'n Allce. for month of 191...

(to) Assignee MR. P. Allard

(Address) 126 Willibrods. St.
Montreal P. Q.

(†) 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.

Out Allowance of $ XXX has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 9/9/18

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

(3) cause of discharge being in lower categorie authority R.O. 1328 Para 7 sec"C"

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date December 7 1918

Place montreal P. Q.

J. A. Audet Capt.
Paymaster.

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

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

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3173049 Rank Pte Surname Allard Arthur
(Given name in full)

Unit or Corps 2nd Quebec Birthplace Montreal

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Fair Weight 103 lbs. Height 5 ft. 3 in. Colour of Eyes Brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. O.K. ft.

Left O.K. ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Burn left forearm

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

In D B 313 Sept 9 - 1918 states 106 lbs
Chest 29 - 32 now at 103 lbs
Chest 29½ - 33
B 2 weight

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date Dec 5 - 1918 Signed W Bruce Hy Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Allard Arthur

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.