

Card 25-8-16

ATTESTATION PAPER.

No. 491454

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 491454

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? ZEVAN
1a. What are your Christian names? ABRAHAM
1b. What is your present address? 1022 Clarke Street, Montreal
2. In what Town, Township or Parish, and in what Country were you born? Dubrova, Russia
3. What is the name of your next-of-kin? HILAK ZEVAN
4. What is the address of your next-of-kin? 1022 Clarke Street, Montreal
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? April the 10th, 1898
6. What is your Trade or Calling? Painter
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
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Abraham Zevan, 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.

Abraham Zevan (Signature of Recruit)

Isidor Rudman (Signature of Witness)

Date July the 20th 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Abraham Zevan, 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.

Abraham Zevan (Signature of Recruit)

Isidor Rudman (Signature of Witness)

Date July the 20th 1916

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 Montreal, P.C. this 20th day of July 1916

Jos Miller J.P. (Signature of Justice)

XAS

Description of Abraham Zevan on Enlistment.

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

Chest measurement { Girth when fully expanded..... 35 ins.
 Range of expansion..... 3 ins.

Complexion..... Medium

Eyes..... Blue

Hair..... Dark Brown

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

Birth marks on right side near hybone

Scar left shoulder

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 the 20th 1916

Place..... Montreal, P.Q.

Shuller
Medical Officer

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.

.....Abraham Zevan.....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.

Isidor Redman (Signature of Officer)
Capt

Date..... July the 20th 1916

O.C. Infantry Reinforcement Draft Company (Jewish)

ATTESTATION PAPER.

No. 491454

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 491454

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... ZEVAN
- 1a. What are your Christian names?..... ABRAHAM
- 1b. What is your present address?..... 1022 Clarke Street, Montreal
- 2. In what Town, Township or Parish, and in what Country were you born?..... Dubrova, Russia
- 3. What is the name of your next-of-kin?..... HILAK ZEVAN
- 4. What is the address of your next-of-kin?..... 1022 Clarke Street, Montreal
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... April the 10th, 1898
- 6. What is your Trade or Calling?..... Painter
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Abraham Zevan, 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.

Abraham Zevan (Signature of Recruit)
Isidor Reisman (Signature of Witness)
Date July the 20th 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Abraham Zevan, 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.

Abraham Zevan (Signature of Recruit)
Isidor Reisman (Signature of Witness)
Date July the 20th 1916

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 Montreal, P.C. this 20th day of July 1916.

Jos Miller J.P. (Signature of Justice)

Description of Abraham Zevan on Enlistment.

Apparent Age.....years.....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. 6 ins.

Chest measurement { Girth when fully expanded.....35 ins.
 Range of expansion.....3 ins.

Complexion.....Medium

Eyes.....Blue

Hair.....Dark Brown

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

Birth marks on right side near hipbone
Scar left shinbone

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 the 20th.....1916

Place.....Montreal, P.Q.

[Signature]
 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.

.....Abraham Zevan.....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.....July the 20th.....1916

O. C. Infantry Reinforcement Draft Company (Jewish)

TRIPLICATE

Fourth M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 491454

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

COD. (Class First)

1. Surname: ZEVEN
2. Christian name: Abraham
3. Present address: 10 Pine Ave, East, Montreal, P.Q.
4. Military Service Act letter and number: Not registered.
5. Date of birth: June 1st 1897
6. Place of birth: Kiev, Russia.
7. Married, widower or single: single.
8. Religion: Jewish
9. Trade or calling: Painter.
10. Name of next-of-kin: Hilo Zeven
11. Relationship of next-of-kin: Father.
12. Address of next-of-kin: 332 Colonial Ave, Montreal, P.Q.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Yes, Inf. Reinf. Dft. Co. (Jewish) 5 Months
15. Medical Examination under Military Service Act: (a) Place: Montreal, P.Q. (b) Date: Feb 23rd, 1918 (c) Category: A

DECLARATION OF RECRUIT

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

Zeven Abraham (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 20 yrs.
Height: 5' 3 1/2 ft.
Chest measurement: fully expanded 35 ins., range of expansion 3 ins.
Complexion: Medium
Eyes: Blue
Hair: Brown

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

Table with 2 columns: Feature, Value. R.D. = 30, L.D. = 30, F. EAR, L. EAR.

M. A. Piche, Lieut. Col. Commanding 1st Depot Bn. 1st Quebec Regt. O. C. First Depot Btl. First Quebec Regt.

Place: Montreal, P.Q. Date: Nov 11th, 1917.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname
2. Christian name
3. Present address
4. Military service Act letter and number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the Indian ...
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act

(a) Place (b) Date (c) Category

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Appearance
Height
Build

Complexion

Stature
Hand

Distinctive marks and marks indicating congenital peculiarities or previous disease.

Fourth M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 491454

19-3-18

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

COD. (Class First)

1. Surname ZEVEN
2. Christian name Abraham
3. Present address 10 Pine Ave, East, Montreal, P.Q.
4. Military Service Act letter and number Not registered.
5. Date of birth Jan 1st 1897
6. Place of birth Kiev, Russia.
7. Married, widower or single Single.
8. Religion Jewish
9. Trade or calling Painter.
10. Name of next-of-kin Hilo Zeven
11. Relationship of next-of-kin Father.
12. Address of next-of-kin 332 Colonial Ave, Montreal, P.Q.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Yes, Inf. Reinf. Dft. Co. (Jewish) 5 Months
15. Medical Examination under Military Service Act: (a) Place Montreal, P.Q. (b) Date Feb 23rd, 1918 (c) Category A2



DECLARATION OF RECRUIT

ZEVEN, Abraham

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

Zeven Abraham (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs.
Height 5 1/2 ft.
Chest measurement fully expanded 35 ins. range of expansion 3 ins.
Complexion Medium
Eyes Blue
Hair Brown

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

Table with 2 columns: Feature, Value. R. D. = 20, L. D. = 30, F. EAR, L. EAR.

M. H. Piche Lieut.-Col. Commanding 1st Depot Bn. 1st Quebec Regt. O. C. First Depot Btl. First Quebec Regt.

Place Montreal, P.Q. Date Nov 11th, 1917.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Name of recruit
2. Christian name
3. Present address
4. Military Service Act number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next of kin
11. Name of ship or vessel
12. Whether or not a member of the Royal Air Force
13. Particulars of previous military or naval service
14. Medical Examination under Military Service Act
15. Particulars of previous military or naval service (if any)

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

1. Name of recruit
2. Christian name
3. Present address
4. Military Service Act number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next of kin
11. Name of ship or vessel
12. Whether or not a member of the Royal Air Force
13. Particulars of previous military or naval service
14. Medical Examination under Military Service Act
15. Particulars of previous military or naval service (if any)

Page

Printed and Published by the War Office, London

REGIMENTAL DOCUMENTS

NAME **ZEVEN ABRAHAM.**

REGT. NO. **491454**

UNIT **1st Dep Bn 1st Cav Regt** FILE NO.



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)

1st Enl
2

19-3-19. J.F.H.

Comp docs to B56

9/1/20

B.O. to Spec 1532. 9.5

DEATH

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

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)

2 sent B56. 11-3-18

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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)

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1 LAST PAY CERTIFICATE (M.F.W. 44)

4 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

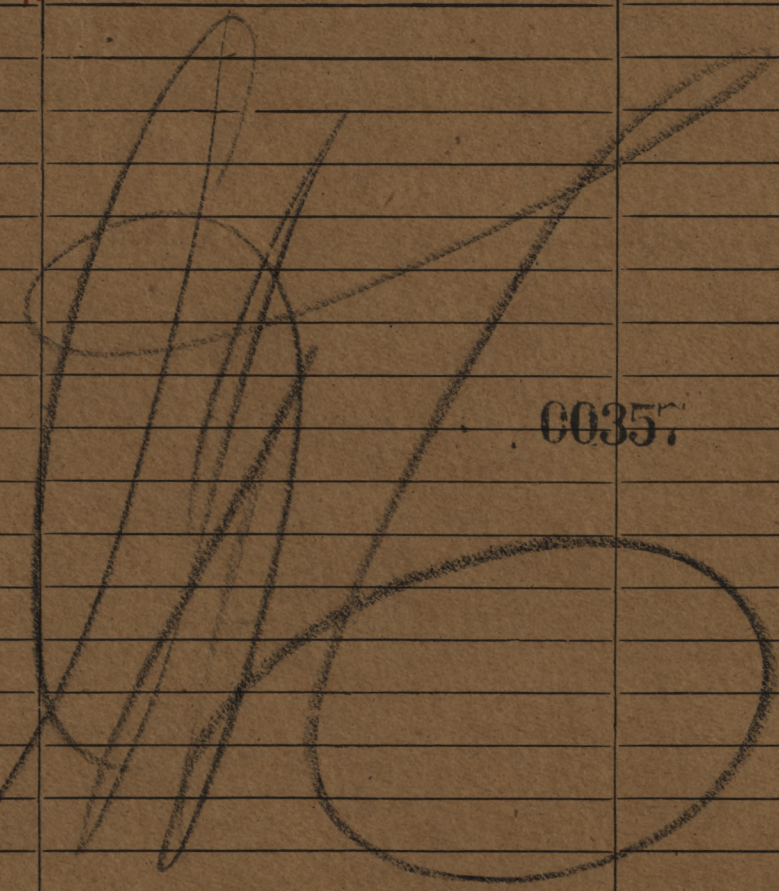
PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.S.W. 192.

Misc
1912

M
5.2.23



0035

DISCHARGE

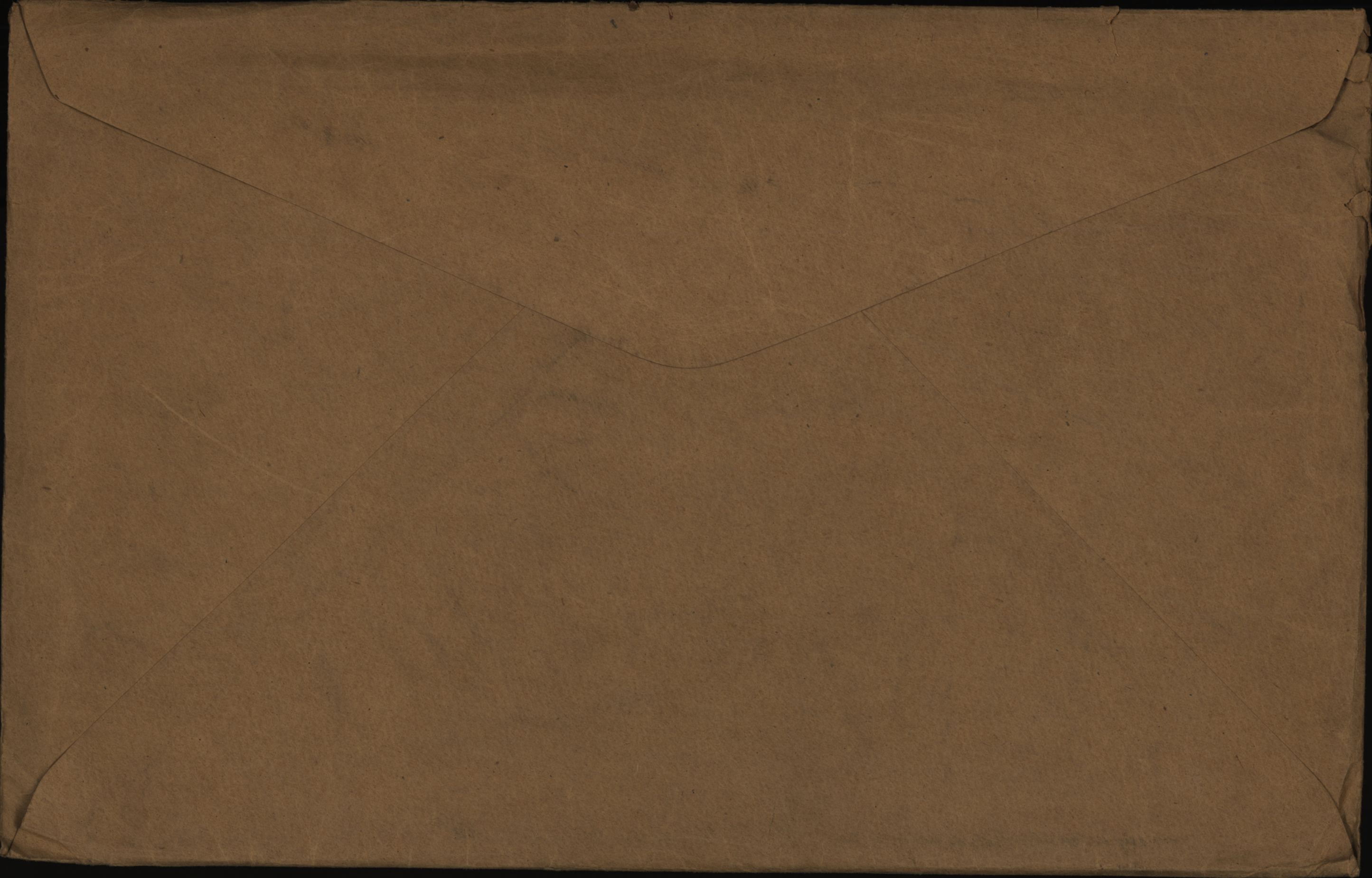
Category

2 Med unprof

1 Provisional 76-Q 16-1-29
Reled Aug 10th 1915

DESERTION

24-28
14 28
1 2 28



No. 491454 RANK *Pte*NAME *Zevan, Abraham*T. O. S. *20-7-16*UNIT *Infantry Reinforcement Co (Jewish)**Do 14/1-8-16*M. D. *H*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>July 20</i>	<i>1916</i> <i>July 26</i>	<i>L</i>		
<i>" 27</i>	<i>" 31</i>	<i>L</i>		
<i>Aug.</i>		<i>L</i>		
<i>Sept.</i>		<i>L</i>		
<i>Oct.</i>		<i>L</i>	<i>5-dup Det.</i>	<i>Do 64 of 16-10-16</i>
<i>Nov.</i>		<i>L</i>		
<i>Dec 1</i>	<i>Dec 15</i>	<i>L</i>	<i>Disch'd 15-12-16.</i>	<i>Do 115 of 15-12-16</i>
<i>are closed by payment 5</i>				



491454

Jevan Abraham

Inf Regt Coy (Jewish)
M.O.F.

Strength

00115 15¹²/₁₆

491454 ple A ^{mentioned} Jevan
The many named men having been
this day Dis^d, under the prov.
of Hq 16-1-29 Aug 10 1915 are
S.O.S. accordingly

Dis^d: 15-12-16 00115 15¹²/₁₆

3,73380 Plé Daze Joseph Romeo MDX
2nd Depo. Bw. 2nd. Que Regt.

Montreal 9-10-18 DO 281

Strength Decrease

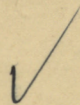
5-250 05.50 01.00 01.00 3000 380 Plé Daze Romeo
8-10-18 Decreased Epidemic

Rob
Gump
parks
pages
Mc

DO. 281

DO. S. 8-10-18 Decreased.

705.23-9.18



SURNAME.

Zevan.

I. 23.12.19.

CHRISTIAN NAMES

Abraham Auth I & CP letter
d/19.12.22

REGL. NO.

491454

RANK

Pte.

UNIT

Inf. Rein, W Draft Co. (Jewish)

FORMER CORPS

Nil.

4.
S.O.S. Dis. 15/12/16

NEXT OF KIN.

NAMES IN FULL

Zevan, Hilak

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

1022 Clark St, Montreal. P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Russia, Dubrova.

DATE

April 10th/1898

PLACE OF ATTESTATION

Montreal. P.Q.

DATE

July 20th/1916.

MARRIED

SINGLE

ya.

WIDOWER

TRADE OR CALLING

Painter.

RELIGION

Jewish.

DESCRIPTION.

APPARENT AGE

18,

YEARS

3.

MONTHS

HEIGHT

5.

FEET

6.

INCHES

CHEST MEASUREMENT

35,

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Medium.

EYES

Blue.

HAIR

Dark Brown

DISTINGUISHING MARKS

Birthmark on right side near hip bone. Scar left shin bone.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

July 20th, 1916.

Present Address. 1022 Clarke St. Montreal, P.Q.

REG. NO. NAME *Sevan Abraham*
(SURNAME FIRST)

RANK *Pte* CORPS *Jewish Resi Co*

AGE *18* SERVICE

NAME OF HOSPITAL *General Hospital* PLACE *Montreal*

DATE OF ADMISSION *18-8-16* *22-9-16*

DISEASE *Gonorrhoeal Urethritis Gon Ureth*

DISCHARGE *16-9-16* *12-10-16*

OPERATION

DISCHARGED TO DUTY *Yes Yes*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Blank lined area for writing remarks, consisting of multiple horizontal lines.

491454

Tract Hms.

491454.

Plz. Zeeven. Abraham. 1/19 B
14-2-19. 329. Colonies Ave.
Montreal. unperf Cat & Ro
1420

Zeeven. Abraham.
#4 D.D.

DD. 49. 18²/19.

Montreal.

S.O.S. Sur 14²/19 Do 49. 18²/19

721456 Day. J. H.

Selkirk Man

108th Bn. 2023 a/27-1-16

808th ~~Regt~~ Deceased.

721456 Pro/Regt Day J. H. 27-1-16

~~Handwritten scribbles and crossed-out text, including "Deceased" and "Regt".~~

~~Handwritten scribbles and crossed-out text, including "Regt" and "Deceased".~~

(No/Dead) 27-1-16 2023

Abraham

Name **ZEVEN** Rank **Spr.** Reg. No. **491454**Unit **13 B.R.T.**
~~Can. Ry. Troops Depot~~Next of Kin **Canada**
Hilo Zeven, 332 Colonial Ave.
Montreal P.Q.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
11-5	Mil. Hosp. Project	Hemorrhage		2203		
29-5	Discharged			2218		17913 5336
26-9	3 Cont. g. Hosp.	Abbeville		2341		✓ 4668-9
19-10	Gen. In. Hosp. 32	Pitt Colatham		2357		
		Bronchitis		2362		29583
31-10	Gen. sp. Hosp	Senham	T.B. Pulm			116
29-12	<u>Involuted to Canada</u>			2413		6116

S.O.S. Med. cert 14.2.19. M4

649-Z-65

ZEVEN, 491454, PTE.A.

Braham
13th C.R.T. form 1st Lt. R. 1st Regt. Regt.

M. & D. (Father)

M

Mr. H. Zeven, Esq.,
1127 Cadieux St.,
Montreal, P.Q.

P. & S. (Father)

AS ABOVE

Ser. # 987837

MEM. X. (Mother)

Mrs. Peshe R. Zeven,
% Mr. H. Zeven,
1127 Cadieux St.,
Montreal, P.Q.

S. R.
Death due to Service
Auth B.P.C. 29/12/27

70520

*Not eligible for 14-15 Star
Eligible for V.M.
" " B.W.M.*

Scroll Desp. 20/5/24 Reqn. No. 57677

SEP 12 1924

Plaque Desp. ----- Reqn. No. 1155

53579 FEB 16 1923

649-7-65

B
V

mt
100

Number..... 491454 Rank..... *Spr*

Surname..... Z E V E N

Christian Name..... *Abraham*

Unit..... *13th Can. Pk. Coy. Theatre of War.* *France*

Date of Service..... *9-7-18*

Remarks..... *Died 23/12/19. Aut. 649-7-65*

(Father) *Mr. H. Zeven*

Latest Address..... *127 Cadieux St*

Montreal

~~*329 Colonial Ave*~~

Montreal

Roll No. *B Page 2796* *Die*

DESP. FEB. 9 1923
REGN. *35588*

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ZEVEN

A.

491454.

RANK

UNIT

Co.

TROOP

BATTY.

Ser. HOSPITAL

CFT. Depot . 13

DATE OF ADMISSION

Purfleet Mil.

HOSP. 11-5-18.

1.

3 Aust. Gen Abberville

26.9.18

2.

Fort Pitt. Chatham

HOSP. 19.10.18

3.

Can Spe Kenham

31.10.18

HOSP.

4.

HOSP.

Haemorrhage Lung. at.

DIAGNOSIS

1.

T.B. Pulm. at.

2.

Bronchitis. h

3.

DISPOSITION

CL. 14-5-18. C203.

Dec. 29. 5:18 DATE

31.5.18 6218.

REMARKS

10.10.18 2341.

22.10.18 3351.

4.11.18 1262

6-1-19 2413 (2)

Inv. to Canada 29.12.18

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

22

Name.....ZEVEN Abraham..... Rank..... Pfc..... Sgtl. No. 491454.....

Fyle Depot..... 19-Z15.....

Original unit..... 1st QR..... Present unit..... DD#4..... M or S..... Age 21..... Religion..... Jewish.....

Port, ship and date of arrival..... Halifax Araguaya 10-1-19.....

Next of kin..... Hilo Zeven (F) 332 Colonial Ave, Montreal.....

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Painter..... Date and place of enlistment..... 23-2-18 Montreal.....

Diagnosis..... Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
15-1-19.	TOS.DD#4 OS. 2012-18. Posted to Hosp. Sec 13-1-19. Leave W/Sub till 27-1-19.	15-p-1.

*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2 Order No.

18-2-19 SOS. dis. 1420. Para. A. Cat. "E". effect 14-2-19

49

10-2-19. SOS Hoap. Sec on Trans tom Cas Co'y 10-2-19.

41-p-5

CASE HISTORY SHEET.

COPY.

Ste Anne Hospital. St Anne de Belleuve Station.

No. 491454 Rank. Sapper Name. Zeven, A. Age. 21.

Unit. D.D. #4. Completed years of service C. 3/12- E. 1 yr. 3/12- F. 6/12.

Date of admission. 12.1.19- 29.1.19. Date of discharge. FEB 10 1919

Diagnosis. T.B.C. Lung. Place of origin. England.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Enlisted Nov. 1917. On May 6, 1918, "had hemorrhage from lung" (3 water glasses full). Since then coughing and slight expectoration. Had frequent night sweats; appetite only fair. Has gained a little weight since in hospital.

(Major Browne) Thorax is of normal proportions, there is well marked fullness on the left side for one hand breath above costal margin. The left supra and infraclavicular fossae more marked than the right. Expansion is limited but equal. Note slightly pitched in right axilla, but lower dullness changes with deep breathing. Breath sounds harsh over both apices. In the axilla breath sounds vesicular in type. V.F. & V.R. + at right apex, unchanged in axilla. Posteriorly: There is well marked impaired resonance from angle of scapula to base of right side. B.S. are well heard in the upper part of chest over the dull area. There are numerous sharp fine crackles audible with little or no change in V.F. or V.R. over this area.

T.B.C. was present in sputum Oct. 28th 1918 at Fort Pitt Hospital Chatham. None since.

X-Ray. Pulmonary Tuberculosis of Right side and left upper lobe.

Recommend Discharge to I.S.C.

J.M.Rabinovitch. Capt.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

1918

St. James Hospital
C. J. ...
1918

... on May 1, 1918, ...
... (3) water ... since then ...
... and slight ...
... (Water ...)
... There is ...
... marked ...
... The left ...
... Expansion ...
... in right ...
... Great ...
... in type ...
... There is ...
... are well ...
... There are ...
... T. B. ...
... None ...
... Right ...
... Recurrent ...

St. James Hospital, Ga.

St. James Hospital

St. James Hospital

St. James Hospital

Classified A.B. May proceed overseas with country corps why Ag. 3.2.10-29.

ET.

Rank **6th Dft 1st Bn QUE** Name **ZEVEN, Abraham** Reg'l No. **491454**
 Unit **QUE** If in perm. Corps, }
 What Unit? }

Married or Single **Single.**

Place and Date of Enlistment **Montreal. November 11th, 1917.** Place of Birth **Kiev, Russia.**

Name and Address, Next-of-Kin **Hilo Zeven,**
332, Colonial Ave, Montreal. Quebec, Canada. Relationship **Father**

Assigned Pay Monthly \$ Payable to

Relationship

N/E. R.B. No. **5387**
 File R.L.
 Category **CANADIAN**

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.-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	8-4-18	S/S SCANDINAVIAN
17-4-18	23 Rec	T.O.S.	Wexford	4-4-18	Do 107
30-4-18	"	S.O.S. to Can. Corps	"	30-4-18	Do 120. (R. 104 d/1-5-18) (BDCAC. T.O.S.)
To be transferred to CRT (auth AG 3rd d/30-4-18)					
10-5-18	BDCAC	S.O.S. to CRT D	St. Gall	10-5-18	R. 112
10-7-18	Dep BRT	Sp. P. 1st	Sp. P. 1st	9-7-18	St. 117
25-10-18	26	T.O.S. posting from 13-BRT	"	19-10-18	St. 296
6-1-19	6 R. 2	Invalided to Canada ex Spr. b. S. A. Lenham	"	29-12-18	b. L. B. 413 T. B. Pulm.
And CRJA. R. 11 DO 84-9-1-19.					

ply

C7C

Orig not available
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16
H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *Inf. Reinf. Coy (Jericho) M.D.4*

Regimental No. *491454*

Rank. *pxe*

Name. *Zevan Kabisham*

Enlisted (a) *20/7/16*

Terms of Service (a) *As per*

Service reckons from (a) *20/7/16*

Date of promotion to present rank

Date of appointment to lance rank

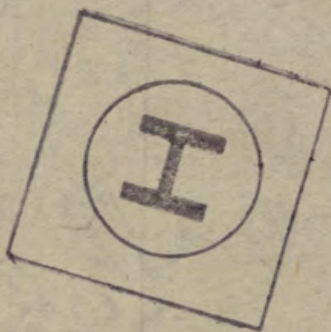
Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

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				
<i>15¹² 16</i>	<i>Inf Reinf Coy Jericho M.D.4</i>	<i>A.O.B. Dis^c under Prov. of Hq. 16-1-29 Med unfit</i>	<i>Montreal</i>	<i>15¹² 16</i>	<i>Gr^a Do 115</i>



*W. Walker
 For A.O.B.*

(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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 491454 (Rank) Private

Name (in full) ZEVEN, Abraham enlisted in
the 1st Depot Battalion, 1st Quebec Regiment
CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC on the 11th
day of November 1917.

HE served in FRANCE
and is now discharged from the service by reason of Medically Unfit.

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

Age 21 years

Height 5 feet 5 1/4 inches

Complexion Dark

Eyes Grey

Hair Dark Brown

a Zeben

Signature of Soldier

Marks or Scars

Scars on palmar side
of left index finger.

R. W. Lee
Issuing Officer

Lieutenant,
Officer in Charge Discharge Section, District Depot No. 4,
Rank

Date of Discharge February 14th, 1919.

Appointment

Signed at Montreal, QUEBEC this 14th day of February 1919
in Military District No. 4

File Reference No. DD# 19-2-15

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

Register No. 037

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 19951-a-2

Regt'l No. 491454 Name Abraham Jensen
(Christian Name) (Surname)
Unit 23 Rec Bn Rank Pte Date of enlistment 10-11-17
Date of casualty 2-12-19 B.P.C. File No. 192009
Was service performed overseas? yes

DEPENDENT

Name Mr Hillel Jensen Relationship Father
Address 166 Pine Ave E.
Montreal

Amount of Special Pension Bonus \$ Nil Abstracted by W. Parlow

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid \$
Less Debit Balance of S. A. or A.P. \$
Total deductions \$
Balance due \$

Cheque No. Date issued

Clerk H. North

REMARKS Discharged Feb 14 1919
Not eligible, no SA
or PA

Audited by
Date

M.F.W. 2652
25M-6-30.
H.Q. 1773-30-M73

"Noted" 11/8/20
Dg 17

Handwritten scribble

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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		

Remarks:

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

(YU)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1133 (D.P. 250M-12-18. 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 491454 Rank Pte Name ZEVEN Abraham (Surname first)
Unit 1st B.R. who was* Discharged
On 14-2-19 191, to L.S.C.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 14-2--19 191... the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. containing financial entries: Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No., *Other Charges, Balance on transfer or on discharge, cheque No., Total.

*Give particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Separation Allee. for 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 11-1-17 married or single
(2) Separation Allowance, entitled or not Nil (3) Reason for discharge
(4) Authority for discharge or transfer D.D. 4 19-3-15

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date

Place

CAPTAIN PAYMASTER
6-10-Demobilization Pay Division-Military Dist. 4
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

No. 491454

700000
C294

ORIGINAL

MEDICAL HISTORY SHEET

INFANTRY REINFORCEMENT CO (Jewish)

Surname **ZEVAN** Christian Name **ABRAHAM**

Examined { on **20** day of **July** 1916
at **Montreal P.Q.**

Approved by *[Signature]*
Rank *[Signature]* M.O.

Birthplace { City or Town **Dubrovna**
County **Roussia**

Apparent age **19 years**

Trade or occupation **Painter**

Height **5** feet **6** Inches

Weight **125** lbs.

Chest measurement { Minimum **32** inches
Maximum expansion **35** inches

Physical development **Good**

Small-pox Marks **none**

Vaccination Marks { Arm Right Left
Number **1** **1**

When Vaccinated last **as a child**

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Refer to Dental Corps

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

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
4/11/16	Good	Refer to Dental Corps
12/11/16		Sh
25/1/16		Y.M. mention cap. corp.

Enlisted on **20** day of **July** 191**6** at **Montreal P.Q.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to		491454		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Montreal	Dec 8, 1916	Flat feet; probably tubercular. Unfit.	Discharge as unfit for service Ct. Church Capt. Q.E. Farley Capt. Inc.



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.

Surname

ZEVAN

Christian Name

ABRAHAM

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Montreal P.2	M.G. H.	18	8	16	14	9	16	Gonorrhoea	no discharge. Urine clear prostate not involved sit	Abraham	
Montreal	M.G. H.	22	9	16	12	10	16	Gonorrhoea infection urethra	20 Urine clear no discharge light duty sit	Abraham	

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

M. F. W. 54. (A. F. B. 19s.)

500M.—9-16

H. Q. 1772-39-9-20

Casualty Form—Active Service

Unit, Regiment or Corps

1st DEPOT BN. 1st QUEBEC REG'T.

Regimental No. 491454 Rank Pte Name Zeven, Abraham

Enlisted (a) 11-11-17 Terms of Service (a) C.F.C. Service reckons from (a) 11-11-17

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) Painter

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				

		Embarked Grived	Canada England	24-3-18 3-4-18	AMUS-Scandinavian
17-4-18	33rd Res B.	Taken on Strength	Transhett.	4-4-18	Pt II Co 107
30-4-18	do	transferred to Forestry Corp.	Transhett	30-4-18	Pt II Co 125
1-5-18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		30/4/18	Pt II DO 104
10-5-18	BA	m transfer to CRTD	BASE DEPOT C.F.C. SUNNINGDALE	10-5-18	PT. II. DO. NO. 112
10/5/18	CRTD Depot	Taken on Strength	Purfleet	10/5/18	Pt II DO. 130

(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.]

491454 Spr. ZEVEN. A.

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				
10/7/18	C.P.T. Dobson	S.O.S. on proceeding O/S. to 13 th Bn. CRT.	Purfleet.	9/7/18	Part 11 D.O. 189. Lieut for Adjt. Canadian Railway Troops Depot.
10-7-18	C.G.B.D.	Arrived in France and Taken on Strength. 13th Bn. C.P.T.	Field	10-7-18	NR 703 Pt. II D.O. 57, d/22-7-18
12-7-18	do	To Unit	do	12-7-18	NR 1305
14-7-18	OC. 13th CRT	Joins Unit.	do	13-7-18	B 213.
25-7-18	do	Sentenced to 5 days C.B. and to forfeit 5 days pay, 22-7-18, for "W.O.A.S. Absent without leave from Tattoo (8.45 p.m.) until 9.45 p.m. 21-7-18 (1 hour)."	do	21-7-18	B 2069 Pt. II, D.O. 61, d/1-8-18.
8-8-18	49 C.C.S.	Debility	Adm 49 C.C.S. To Lucknow C.C.S.	8-8-18	AFA 36, A6851 do
10-8-18	Lucknow C.C.S.	do	Adm do	do	X3103
11-8-18	49 C.C.S.	Evacuated Sick	To 49 C.C.S.	do	B 213
26-8-18	Lucknow C.C.S.	Debility	Remains in Lucknow C.C.S.	26-8-18	KH 17-1728
11-9-18	do	do	do	11-9-18	do
26-9-18	do	do	do	26-9-18	do
do	do	T.B. Lung	To 3 Aust. Gen. Hosp	do	A 9826
7-10-18	C.G.B.D.	Taken on Strength	T.B. C.G.B.D.	6-10-18	NR 1511
26-9-18	3 Aust. Gen. Hosp.	T.B. Lung.	Adm To 3 Aust. Gen. Hosp.	26-9-18	W 7170
12-10-18	C.G.B.D.	Struck off strength	To 7 C.G. Hosp.	12-10-18	NR 479
6-10-18	3 Aust. Gen. Hosp.	To Base for Med. Board (Bronchitis)		6-10-18	W 7440
10-10-18	C.G.B.D.	T.B. Suspect — To Hsp. F. & S. Rep.	C.G.B.D.	10-10-18	W 3339/4/766
12-10-18	7 Can. Gen. Hosp.	do	Adm 7 Can. Gen. Hosp.	12-10-18	W 8114.
19-10-18	do	Invalidated Sick per A.T. "VILLE DE LEIGE" and posted to CRT. Depot, Purfleet. 19-10-18		19-10-18	W 5083/6287 W 90 d. 28 1/2

Shaw

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

* Strike out whichever inapplicable

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME: ZEVEN Abraham

NUMBER: 491454

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
LPC		P6

UNIT AND TRANSFERS

ORIGINAL UNIT - 6th Bn 1st QRD

DATE ACCOUNT FIRST OPENED: 1/4/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P D	UNIT TRANSFERRED TO
			23 rd Res
104 1/5/18	1/5/18	21/5/18	C.F.C. Eng
20.130.	10.5.18	1.6.18	19.6.18 C.R.T.D

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
7/10/18	852	Fild	746				
13/11/18	994	Lenham	489				
28/11/18	1032	"	1460	Ledger Bal.			21634
				L.P.C.			18941

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis. to Can. 30/11/18 Auth. 23rd Res. 27/11/18.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/3/18	Balance from Canada								3070		
Apr	P.P.	33		AR. 239 23 Res 30/11/18	487				58		
					973				14910	15	
		33			1460						
May	P.P.	3410		AR. 328. 9-5-18 Base pay	487						
				AR. 328. 29-5-18. C.R.T.	973						
		3410			1460				6860	30	
June	do.	33		A.P. 9134. 19/6/18. (2) C.R.T.	973						
				30476 7 days pay. 24-6-18. Do		770					
				520. 28/6. (10). C.R.T.D.	1947				7350		
		33			2040	770					
July	do	3410		6193 - 14/7/18. (2) C.R.T.D	446				10314	60 ⁰⁰	
					446						
Aug	do	3410		30476 5 days pay. 22.7.18. Do		550					
				793. 6/8. (2) 13 R.T.	178						
				24000. 1/8/18 (11) C.R.T.D.	574				12422	75 ⁰⁰	
		3410			752	550					
Sept	do	33							15722	90 ⁻	
		33									
Oct	do	3410		47800 Oct. (32) Do	973				18159		
					973						
		3410									
Nov	do	33							21459		
	Int. on def. Pay.	175							21634		
				994 13/11 (8) "	487						
				854. 18/10 (28) C.R.T.	746						
				1032 28/11 (29) Do	1460				18941		
					2693						

CANADIAN
 ASSIGNED PAY AUDIT
 DATE 29/11/19
 AUDIT CLERK

29/11/19
 Sent to Canada D.O.S 21/11/19.

12/2

THIS FORM WILL BE USED FOR ALL RANKS

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. 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 St. Ann's Depot DATE FEB 4 1919

1. 1 (a) Unit Det # 4 (b) Regimental No. 491 454 (c) Rank Sapper
 (d) Surname Zewen (e) Christian name Abraham
 (f) Home address 309 Calmeac Av Montreal
 (g) Next of Kin Mr. Hille Zewen (h) Relationship Father
 (i) Address of Next of Kin 309 Calmeac Av Montreal

2. Age last birthday 21 years Date of birth Apr 10th 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Nov 10th 1917

4. Personal description:
 (a) Height 5ft 5 1/2 in (b) Weight 144 lb (c) Complexion dark
(stripped)
 (d) Colour of hair dark brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. scars on ~~the~~ palmar side of left index finger.

5. Former trade or occupation Painter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	120

	PERIODS	
	From	To
Canada	Nov 10 th 1917	Apr 1918
England	Apr 1918	May 1918
France or other theatres of War	May 1918	Oct 1918
<u>England</u>	Oct 1918	Jan 1919
<u>Canada</u>	Jan 1919	<u>& date</u>

7. Original disease, or injury Tubercle of Lung # 44

(a) Date of origin May 1918 (b) Place of origin England
 (c) Cause Tubercle Bacillus

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

#44 Chronic Ulcerative Pulmonary Tuberculosis

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.)

Thorax of normal proportions. There is well marked fullness on the left side for one H.B. above costal margin. Expansion is limited but equal. Note higher pitched in right axilla, but lower dullness changes with respirations. P.B. harsh over both apices. In Right Axilla P.B. is vesicular & V.R. +. Posteriorly there is well marked unpaired resonance from angle of scapula to base on right side. P.B. are well heard in the upper chest but over the dull area many moist rales are heard & V.F. are V.R. +.

X-ray: Pulmonary Tuberculosis, Right side & Right Upper Lobe.
Sputum: Positive for T.P.S. in Oct, 1918, but negative since.

(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.....yes see below..... Any other general condition.....

Joint system: Permineral interphalangeal joints of ring fingers of right & left hand are partially in flexed position due to old wounds in that region. No bony lesion. Since childhood but due to disease.

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

Entered Nov 1917. In May 1918 had haemoptoe from lungs. Since then has had cough & expectoration & frequent night sweats. In Int. Dist. Hospital P.B.C. was found in sputum.

P. 18
13-3-19

Z-4

1532 a

This space to be for numbers.

Proceedings on Discharge.

M RECORDS

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

No.	491454
Rank	Pte
Surname	ZEVEN
Christian name	Abraham
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1/1 QR
Date of discharge	Feb. 14th/19
Place of discharge	Montreal, QUE

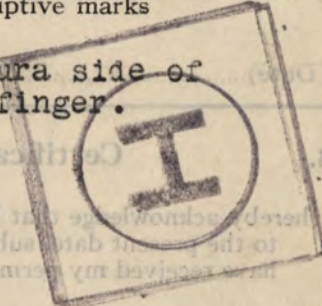
MILITARY DISTRICT NO. 4
FEB 20 1919
M. D. 4

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21	years	months
Height	5	feet	5 1/2	inches
Complexion	Dark			
Eyes	Grey			
Hair	Dark Brown			
Trade	Painter			
Intended place of residence	329 Colonial Ave			
(To be given as fully as practicable.)	Montreal, QUE			

Descriptive marks

Scars on palura side of left index finger.



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

--RO-1420-Para-
RO 693 Cat.E. Med.Unfit.

Authority for discharge..... to I.S.C.

N.E.—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.

3. Conduct and character while in the service have been, according to the records, etc.

N.E.—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.)

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Pres notes end.
18-3-19
071

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, and that I have received my permanent discharge certificate.

(Place) Montreal, QUE *a Bonera* (Signature of Soldier.)

(Date) Feb. 14th/19 *J. Leuter* (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.

Montreal, QUE
(Place).....

(Date) Feb. 14th/19 (Signature) *R. W. G.* Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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.)

List of Discharge Documents

Reg. Conduct Sheet	Minutes form B. 205	Attestation Paper	Minutes Form W. 32
Squadron Battery Company	Conduct Sheet	Particulars of Record	W. 133
			H. 218
Field Conduct Sheet	W. 138	Proceedings on Discharge	H. 218
Copies of Convictions by C. T.	In MS.		
Med. Hist. Sheet	Minutes form B. 313		
Casualty Form	W. 34		
Medical Report for Invalidity	W. 33		
Dental History Sheet	B. 402		
Last Pay Certificate	W. 44		
Duplicate Discharge Certificate	W. 301		
Form of WBI	W. 82		

NO RESERVATIONS

General

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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
Battery } Conduct Sheet, " B. 263a
Company }

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 Militia Form W. 23

or
Particulars of Recruit " 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.

To be made out in duplicate.

H.Q. 54-21-23-53

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... 1st DEPOT BN. 1st QUEBEC REG'T.

(2) Regimental Number... 491454

(3) Full Name of Soldier... ZEVEN, Abraham

(4) Place of Birth... Kiev, Russia

(5) Are you married, or not? ... Single.

(6) If married, state, (a) Full name of your wife... Not applicable

(b) Present Postal Address... Not applicable

(7) Are you a widower? ... No.

(8) Have you any children? ... No.

If so, give number of boys and girls... Not applicable

Also their names and ages... Not applicable

(9) Is your Father alive?..... **Yes.**
If so, state name and address **Hilo Zeven, 332 Colonial Ave, Montreal, P.Q.**

(10) Is your Mother alive?..... **Yes.**
If so, state name and address **Mrs. Rachael Zeven, Kiev, Russia.**

(11) If your Mother is a widow..... **No.**
Are you her sole support, or not?..... **Not applicable**

(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.
..... **Not applicable**

(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.
..... **Not applicable**

(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.
..... **Not applicable**

(15) Are you insured?..... **No.**
If so, in what Company?..... **Not applicable**
Have you made arrangements for payment of your Insurance premium..... **Not applicable**

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

M. A. Piche **Lieut.-Col.**
Commanding 1st Depot Bn. 1st Quebec Regt.
Officer Commanding.

Date..... **Feb 23rd, 1918.**

15322a

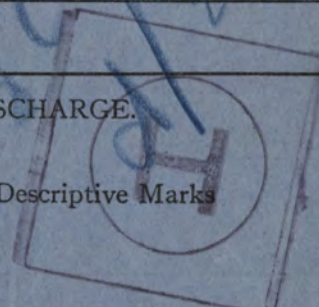
15322a

MILITARY DISTRICT No. 4
DEC 18 1916
H.A. 3-4

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.	491454
Rank	Private
Name	Abraham Zevan
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	INFANTRY REINFORCEMENT DRAFT CO. (JEWISH)
Date of Discharge	December 15th.1916
Place of Discharge	Montreal P.Q.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....18.....years.....8.....months.	 <p>Descriptive Marks</p> <p>Birth mark on right side near hipbone</p> <p>.....</p> <p>Scar left shinbone</p>
Height.....5.....feet.....6.....inches.	
Complexion Medium	
Eyes Blue	
Hair Dk. Brown	
Trade Painter	
Intended place of residence } (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
<p><i>Med unfit</i></p> <p>Provisions HQ 16-1-29 Dated August 10th.1915</p>	
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.
	<p><i>Very fair</i></p>
	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.)	
	<p><i>Painter</i></p>

M. F. B. 218.

50m.—3-16.
H. Q. 1772-89-113.

(OVER)

Noted
24-12-16
ell

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.....

Three horizontal dashed lines for listing 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) Montreal.....

Isidore Freedman Capt

(Date) December 15th. 1916.....

INFANTRY REINFORCEMENT DRAFT CO. (JEWISH)
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) Montreal *Belburo* (In Russian)..... (Signature of Soldier.)

(Date) December 15th. 1916..... (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.

(In Russian) *Belburo*..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years 1 years 149 days.

Total..... years 1 years 149 days.

11. Confirmation of Discharge.

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

(Place) Montreal.....

Isidore Freedman Capt

(Date) December 15th. 1916.....

(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.)

Nil

A 30000 (in Russian)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	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.)

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.

CHANGE OF ADDRESS.

No. 491454 Rank _____ Surname Jevon Christian Names Abraham

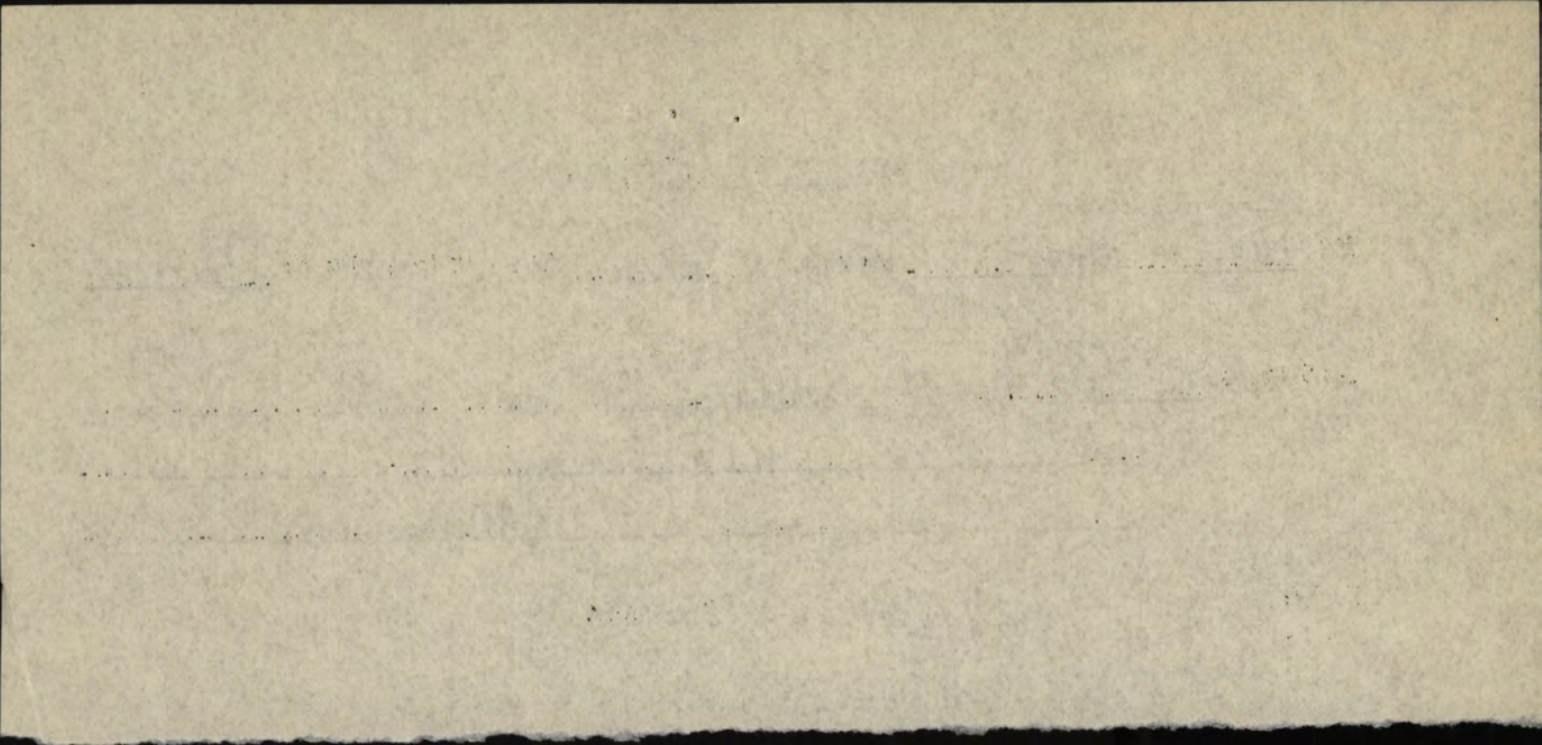
Address n/k. Mr. H. Jevon
1127 Cadieux St
Montreal

D. 19
ESM.

Auth D.S.C.P letter
d/ 29.12.22

Section

Doc's Id/ 5-1-23
BD



649-Z-65.

4

CARD NO.

SURNAME

Zeven,

CHRISTIAN NAMES

Abraham.

REGL. No.

491454.

RANK

P^{te}

UNIT

1st Que. Regt. 1st Spo. Bn.

FORMER CORPS

Jewish Inf. (5 mov)

S.O.S. Dis. 14-2-194
FOLL. Demand
D.O. P.C. 49 of 18-2-19 884

T. O. S. Feb. 27. 1918.

D.O. Part II No 585

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Zeven, Hilo.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

166 Pine Ave, East.
332 Colonial Ave, Montreal, P. Q.
(with P. 20 12 19 250) auth. Kicker. 14-1-20.

COUNTRY OF BIRTH

Russia, Kiev,

DATE

June 1st 1897.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Nov. 11th 1917.

9/525-318 1140/10

R. / C. 10/1/19. 250/18. 4

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Name *Zeren Pte*

Regimental No. *491454*

Unit *WD 4*

Bgde. or Div.

Nationality

Injury *J. B. c. Lung*

~~Received at~~ *Ward D4*

~~Referred from~~ *Capt Rabinovitch*

Name

Zeren Pte

CHEST

RADIOGRAPHS { Scratch out parts not needed } (~~Plates~~) (~~Brom Paper~~)
 (Stereo) (~~Localization~~)
 (Screened only)

SIZE	DATE	REMARKS
<i>14 x 17</i>	<i>3/2/19</i>	<i>1 plate</i>
X		
X		
X		
X		
X		
X		
X		
X		
X		

Plate 229

No. *491454*

Diagnosis and Localization

~~Real~~ Pulmonary tuberculosis
rt. side and left upper lobe

Radiographs by

Sgt Capron

Report by

J Morgan

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname ZEVEN Christian name Abraham
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. Not registered
3. Consecutive number on schedule of men reporting for service (if he appears on it) 25 OCT 1918
4. Address (including street and number, if any) 10 Pine Ave, East, Montreal, P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of February, 1918 1917, by the undersigned medical board sitting at Montreal.

5. Age as stated 20 Years 2 1/2 Months. 6. Apparent age 18 1/2 Years 3 1/2 Months
7. Height 5 7 Feet 3 1/2 Inches. 8. Weight 131 Pounds.
9. Chest measurement { Minimum 34 Ins. Maximum 35 Ins. 10. Complexion Medium { Eyes Blue Hair Brown
11. Physical development. Good { Good Fair Poor 12. Smallpox marks. Nil
13. Number of vaccination marks { Right arm 1 Left arm 1 14. When vaccinated last Child

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 Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(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

A2

Stamp: FEB 23 1918, MONTREAL, P.Q.

W. A. ... President.
... Member. ... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/3/18</u>		<u>J. A. Gairne Capt M.O.</u>	<u>FEB 26 1918</u>		<u>J. A. Gairne Capt M.O.</u>
		<u>M.O.</u>	<u>4/3/18</u>		<u>J. A. Gairne Capt M.O.</u>
		<u>M.O.</u>	<u>11/3/18</u>		<u>J. A. Gairne Capt M.O.</u>

Joined 11th day of November, 1917 at Montreal.

Corps	Reg't Number	Habits	Date
<u>1st DEPOT-BN. 1st QUEBEC REG'T.</u>	<u>13 CRJ 491454</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
<u>Montreal</u>	<u>MAR 19 1918</u>	<u>Nil</u>	<u>A2</u>
<u>Summingdale 1/5/18.</u>			
<u>Burfield Barr 25/6/18.</u>			

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.
P. S. H. Lenham 25/11/18 Tubercle of Lung. Permitted to Canada

Signature of Man

CANADIAN

Abraham

Christian Name

EVEN

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL PURFLEET		11	5	18	29	5	18	Pyorrhea Alveoli (452)	19	Has been spitting blood, sputum tested no tubercle found, recommended for dental treatment discharged fit for duty	
A. S. H Lyncham		30	11	18				Inward of lung		Sputum analysis T. B. pos. at Fort Pitt Chambers. neg. here. T. B. lesion above on less than front right chest. Board orders prepared & I to C. recommended 2 + 11/18	W. S. G.
"ARAGUAYA."		29	12	18	10	1	19	do		no change.	W. S. G. H. W. G.

