

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

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Attestation Papers..... *12*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... *1*

Compulsory Stoppages.....

Casualty Forms..... *1*

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Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

MF W 39A *1*

MF W 39A

1 Cash Card

MF W 39A - 1

MF W 39A - 2

MF W 39A

Name CABANA, PAUL

Regt. No. 1012147 Rank PTE

Corps 230th BN

MED: UNFIT

DIS: TO I.S.C

00018

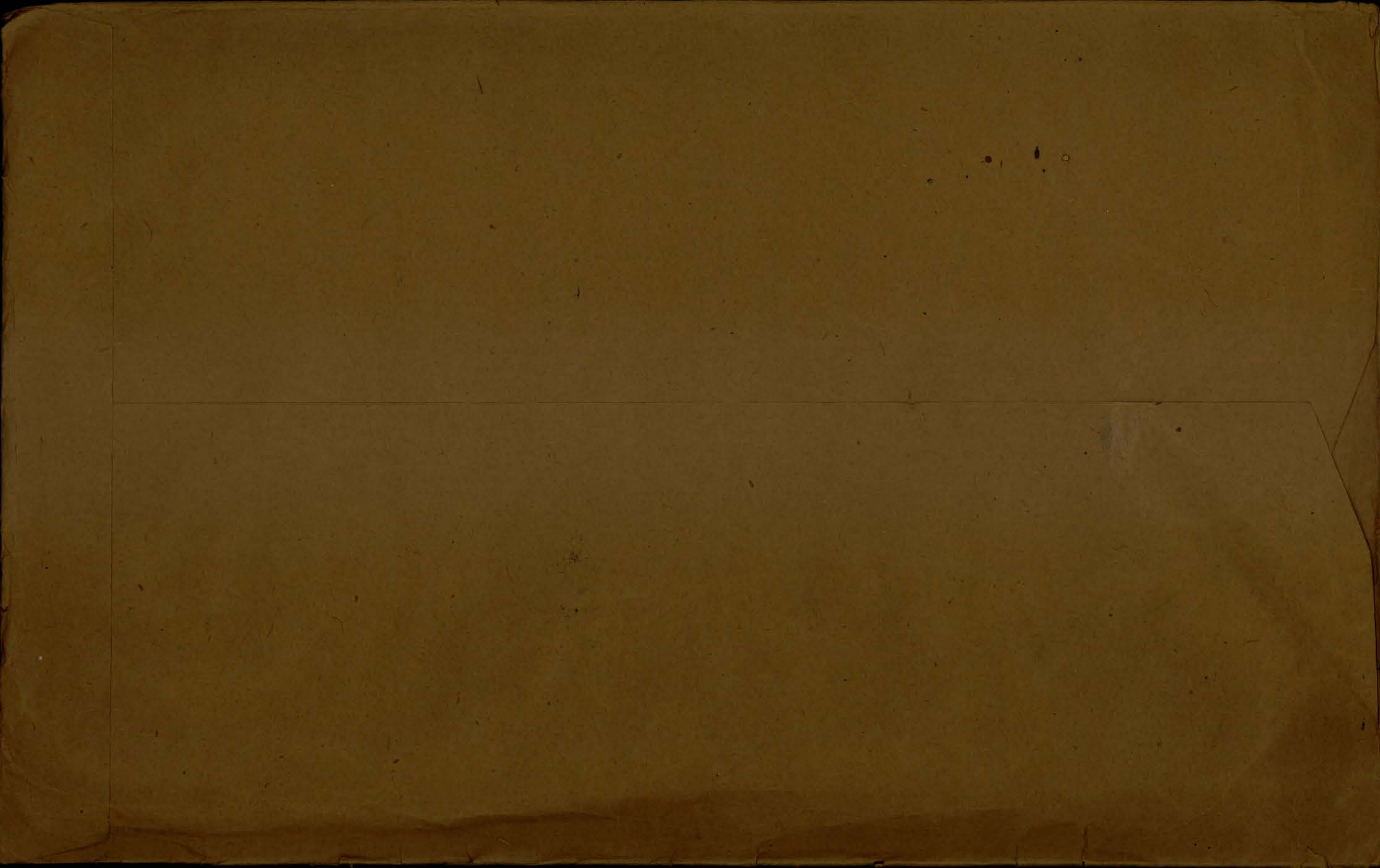


46



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18-2-21
ac.



ATTESTATION PAPER.

No. 1012147

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Sabana*
- 1a. What are your Christian names? *Paul*
- 1b. What is your present address? *Subway, Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *St. Theodesie, Que.*
- 3. What is the name of your next-of-kin? *Napoleon Sabana, 5th St.*
- 4. What is the address of your next-of-kin? *St. Hyacinthe, Que.*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *4th August, 1886*
- 6. What is your Trade or Calling? *Seaman*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes* *Plat*
- 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.

Paul Sabana 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.

Paul Sabana (Signature of Recruit)
 Date *May 13th* 191*6* *O. J. Juchacz* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Paul Sabana*, 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.

Paul Sabana (Signature of Recruit)
 Date *May 13th* 191*6* *O. J. Juchacz* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *St. Theodesie* this *14th* day of *May* 191*6*.
[Signature] (Signature of Justice)

Description of Paul Sabana on Enlistment.

Apparent Age 30 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 ✓ 6 1/2 ft. ins.

Chest measurement { Girth when fully expanded. 38 ins.
 Range of expansion. ✓ ins.

Complexion Ruddy
 Eyes Brown
 Hair Black

*one vaccination
 scar left arm*

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date May 14th 1916

*R. H. Parent
 Capt & AmM
 Medical Officer.*

Place Full. Rec

*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.

Sabana Paul 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.

R. Assalant (Signature of Officer)
 Lt.-Colonel
 Date May 15th 1916. O.C., 230th. Voltigeurs Canadien-Francais. C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **1012147** (Rank) **Private**

Name (in full) **CABADA Paul** enlisted in
the **230th. Battalion**

CANADIAN EXPEDITIONARY FORCE at **Hull Quebec** on the **14th**
day of **March** 19 **16**

HE served in **England**

and is now discharged from the service by reason of **K.R. & O. 377 (10) C.M. 1917**
MD4 22-C-1294 Category "B" Medically Unfit P.C. #433

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

Age **32** Years

Height **5** feet **6½** inches

Complexion **Fair**

Eyes **Blue**

Hair **Brown**

Paul Cabada

Signature of Soldier

Marks or Scars

SOME

R. W. Lee

Issuing Officer **Lieutenant**

Officer i/c Discharge Section, District Depot No. 4

Rank

Date of Discharge **July 31st 1918**

Appointment

Signed at **Montreal QUEBEC** this **31st** day of **July** 19**18**

in Military District No. **4**

File Reference No. **DD. 19-C-120**

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. **1012147** (Rank) **Private** Name **CABANA Paul**

Unit **230th Battalion**

Address on Discharge **C/o Inv. Sol. Comm.**

Character and Conduct **Fair -**

Former Occupation **Steam Fitter**

Special Qualifications of Value in Civil Life **STEAM FITTER**

Medals and Decorations **NONE**

Remarks **Served in England from 6-2-17 to 13-4-18**

Signed at **Montreal QUEBEC** this **31st** day of **July** 19**18**

R. W. G. C.
Name of Officer **Lieutenant**

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

Rank

Appointment

*cpo I.S.C.
Napoleon
St Hyacinthe
Quebec*

M. 15.4

FORM OF WILL.

I, Cabana Paul (Name in full)
Regimental Number 1012147 serving in 230th Am Trench
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

✓
✓
✓

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

absolutely, and my personal estate I bequeath to

Napoleon Cabana, father
St Hyacinthe P.Q.

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

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 18th day of December A. D. 1916

Cabana Signature of Soldier.

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

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

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of First Witness G. Adion

Address of Witness 3000 Jackson Blvd Chicago Ill

Occupation of Witness Real Estate Broker

Signature of Second Witness R. Robitaille

Address of Witness 146 Spode St. Ottawa. Ont.

Occupation of Witness Stenographer

FORM OF W.I.F.

Form of W.I.F. (likely a title or header section)

Section of text, possibly containing a title or header.

Section of text, possibly containing a title or header.

Section of text, possibly containing a title or header.

Section of text, possibly containing a title or header.

Section of text, possibly containing a title or header.

Section of text, possibly containing a title or header.

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..... *230th Forestry Battalion*

(2) Regimental Number..... *1012144-*

(3) Full Name of Soldier..... *Cabana Paul.*

(4) Place of Birth..... *St Hyacinthe P.Q.*

(5) Are you married, or not?..... *no*

(6) If married, state,
 (a) Full name of your wife..... *no*

(b) Present Postal Address.....

(7) Are you a widower?..... *no*

(8) Have you any children?..... *✓*
 If so, give number of boys and girls..... *✓*
 Also their names and ages..... *✓*

(9) Is your Father alive?.....

If so, state name and address.....

Yes
Napoleon Cahana St Hyacinthe
P. R.

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

If so, state name and address.....

no
no

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

Are you her sole support, or not?.....

✓
✓

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....
.....

✓
✓

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....
.....
.....

✓
✓
✓

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

.....

no

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

✓

✓

Date.....

13/1/17

O. C. 230th. Forestry Battalion C. E. F.

P. A. ...

Lieut. Col. Officer Commanding.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 2012147 Rank Private Name William Paul

Corps 2000 1000, 1000 who was* Discharged

On 11-7-16 191..., to 1-2-17

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-7-16 191..., to 1-2-17 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	327.	33
Advances } No. <u>2027</u>	10.	00	Regt'l Pay <u>31</u> days at \$ <u>2.00</u>	62.	00
by } No.....			Field Allow. <u>31</u> days at \$ <u>20</u>	62.	00
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>31</u> days at \$ <u>2.00</u>	62.	00
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No. <u>1085</u>	85.	00	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	85.	00	Total.....	85.	00

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191... } (to) Assignee.....311
 and Sep'n Allice. for month of.....191... }
 (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.....
- (2) if married and if a Separation Allowance Card has been submitted.....311
- (3) cause of discharge..... authority 11, 10, 30, 4, 22-1-1706
- (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.....11-30-16

Place.....

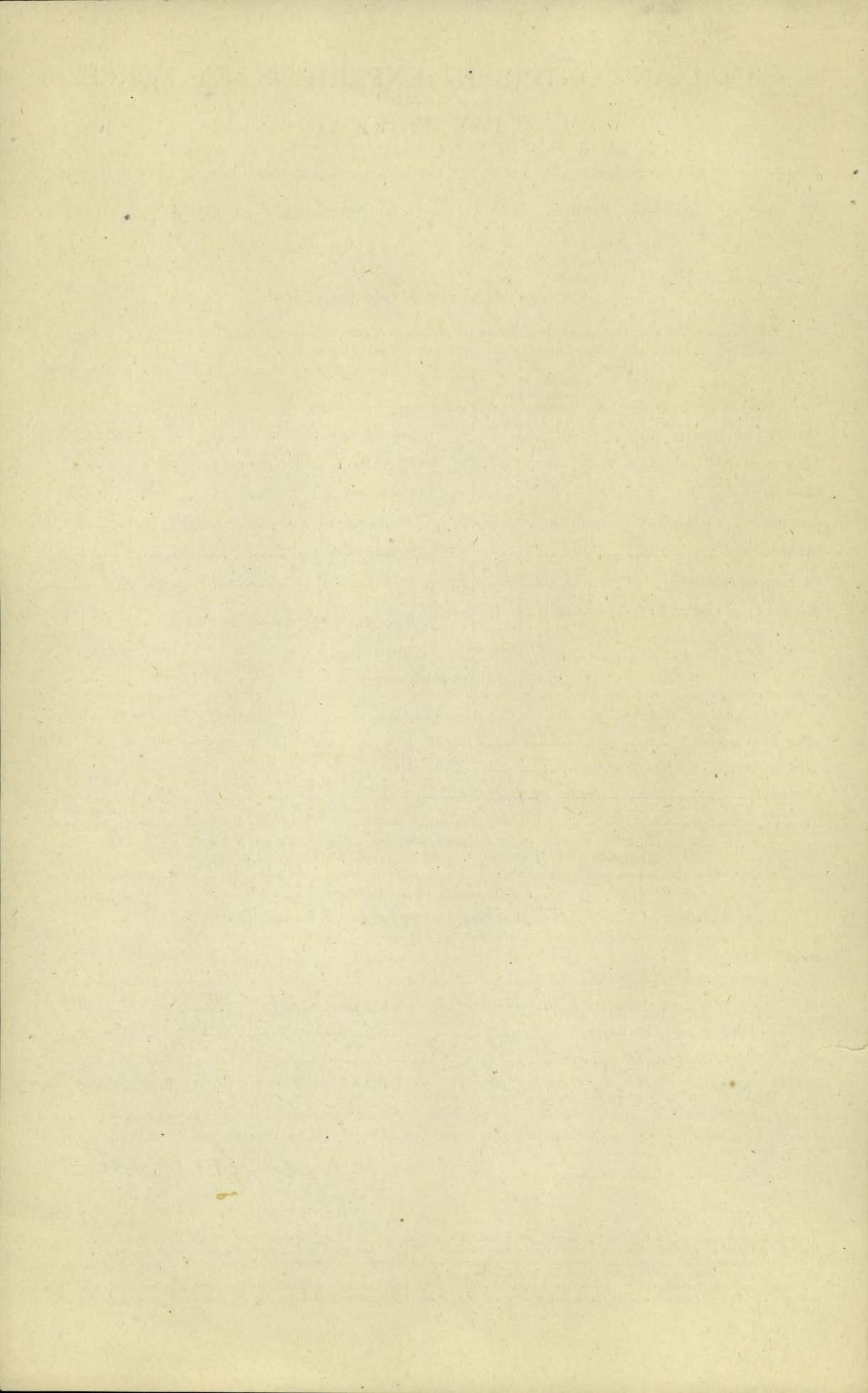
W. Paul

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.



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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *230th Forestry Batt.*

Regimental No. *1012147* Rank *Plt* Name *Cabana Paul*

Enlisted (a) *13/5/16* Terms of Service (a) *17^{or} 10* Service reckons from (a) *13/5/16*

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) *Steamfitter*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Embarked *Halifax* *24/1/17*
Disembarked *Liverpool* *6/2/17*

20-2-17 D of T.O. T.O.S. Can: For: Corps. London 20-2-17. D.O. Pt II No. 44. Lieut & Asst-Adj. C.F.C. (Draft from Canada)

7.5.17 *Dist 3. C.F.C.* *on strength. Coy. 1.* *Plt. Rowton. 1.5.17* *P. II. D. O. 6.*

8.8.17 *C.F.C. B.D.* *T.O.S. from Dist 3.* *Plt. Ldale. 1.8.17* *" " 83.*

4.8.17 *" Dist 3.* *S.O.S. to B. Depot.* *Plt. London* *" " 82.*

D. D. Currier

LIEUT.
FOR LT: COL: I/O RECORDS C.C.M.F.

APR 18 1918 **T. O. S. District Depot No. 4** **ANTHY. PT. II D. O. No. 1**

Discharged 31-7-18 Auth. KR&O 377 (10) CM 1917

MD34 22-C-1294 Category "E" Medically Unfit discharged to I.H.C. P0433

W. Badger Lieutenant
Officer i/c Discharge Section, District Depot No. 4

(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.]

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

11719

1012147 Pte Babana P.

Date of Payment.	No of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢	¢			
10.7.17.	3763		3	10	17	03	—	W. Musworth.	
13.8.17.	3109		2	—	97	¢	Base Dep. I.L.B.	R. R. Brown.	
28.8.17.	3194		1	10	7	30	✓	✓	
26.9.17.	794		1	—	4	86	Orpington	W. A. Ladwin.	
1.10.17.	797		10	—	48	67	✓	H. Taylor.	- 87.60

11/01/17 July

MEDICAL CASE SHEET.*

W 110 21

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1A 324	1012147	Pte.	Cabana	P.
Year	Unit.	Age.	Service.	
1917	Can. Inf. Corps.	32	18/12	
Station and Date.	Disease <i>T. B. Suspect.</i>			
ONTARIO MILITARY HOSPITAL, BRIDGTON, N.S.	<u>Complaint.</u> Pains in the back + chest. Severe			
Sept 5	cough + expectoration. Says he has lost a good deal of weight. At times cannot retain food.			
	<u>History of Case.</u> - Enlisted May 13 th 1916 at ^{Sudbury} Siddbury Ontario. Arrived in England Feb 7 th 1917. During the journey across to England caught a cold which was followed by a severe cough. Was placed on light duty while in camp at Virginia Water Windsor Park, during the months of July + August was from ^{struck off} all duties by the M.O. of camp. Was admitted into the Ontario Mil. Hosp. Sep 5 th 17.			
	<u>Previous Illness.</u> Before enlistment was subject to slight colds + coughs, during the winter. About seven years ago was admitted into ^{hospital} hospital at Montreal with Pneumonia + received treatment for five weeks. Afterwards was troubled with pains on the left side below heart.			
	<u>Family History.</u> Mother died of consumption. Father has always kept good health. Has one brother + a sister whom he has not seen for several years. They are in the U.S. of America. As far as he knows they are quite well.			
	<u>Physical Examination.</u> Chest long and thin. Expansion limited but seems equal. Percussion seems good. Rales general throughout both lungs.			
Sept 8.	Sputum loaded with T. B.			
Sept 11	Transferred to ward 20			A. H. Michlin
				Lieut. C.M.O.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

W

Station
and Date.

11
10
01

11-11

11-11

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps Can. Inf. Corps

Military Hospital A. M. H.

No. 1012147

Rank and Name Pte. Cabana, P.

Age 32

Service 18 1/2

Disease J. B. Suspect

Date of admission 5/9/17.

Date of discharge 17 10 17

Result Canada

Dates of Observation	Days of Disease																													
	6	7	8	9	10	11	12	13	14	15	16																			
Temperature Fahrenheit	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																														
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103°																														
102°																														
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98°																														
97°																														
Pulse per Minute	96	108	96	92	92	92	116	96	104	60	124	112	96	94	96	88	170	96	100											
Respirations per Minute	20	22	20	20	22	18	24	18	28	28	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
Motions per 24 hours																														

Signature P. Baker, M/Sr

In charge of case.

17 00 51

CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps Trans. Inf. Regt.

Military Hospital L. M. H.

No. 1012147

Rank and Name Pte. Cabana P.

Age 32

Service 18th Yr.

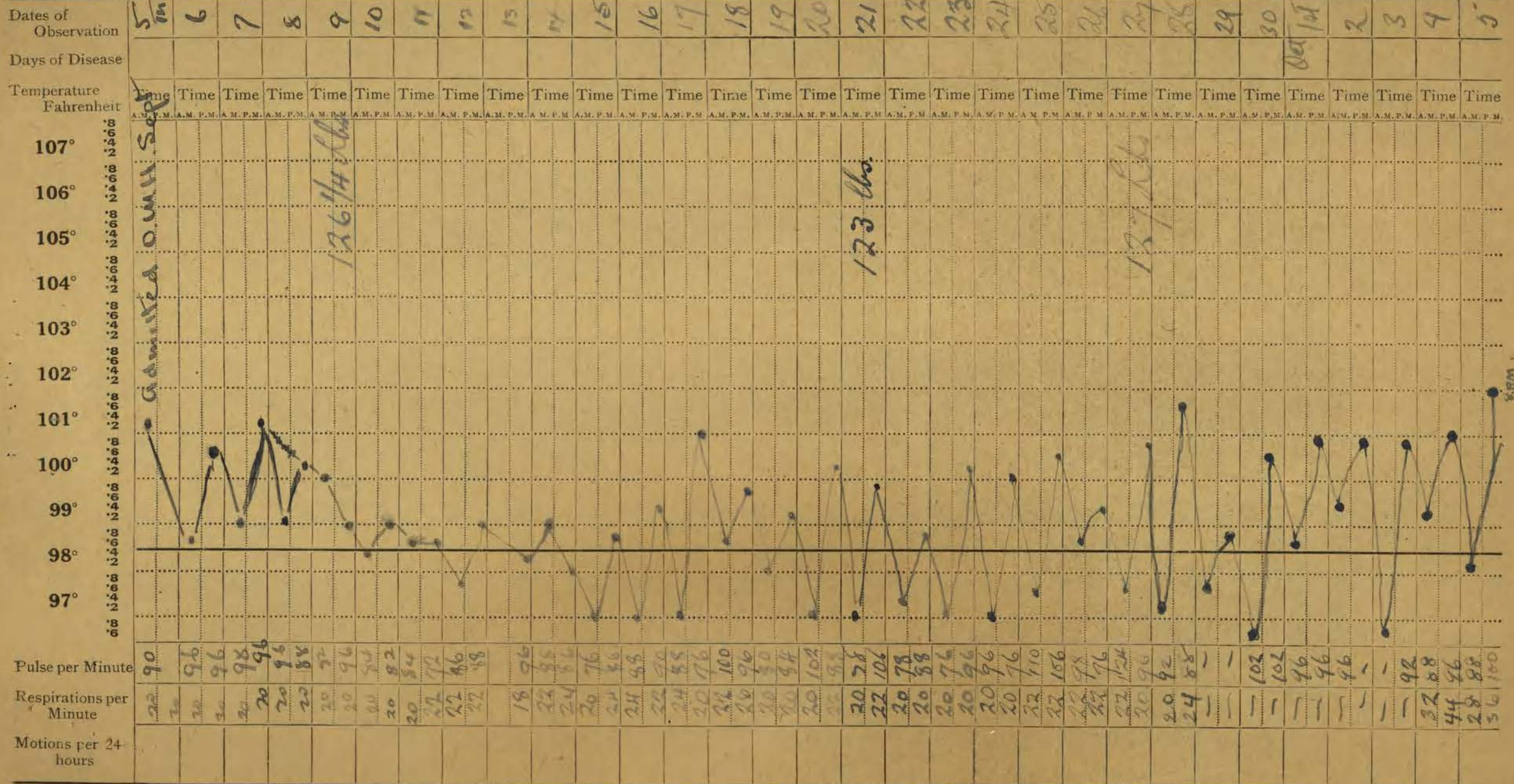
33

Disease T.B. Suspected

Date of admission 5-9-17

Date of discharge 17-10-17

Result Convalescent



CABANA 22

Admitted O.M.H. Sep 5

126 1/4 lbs.

123 lbs.

127 lbs.

K.P.M.

Signature L. Baker D/S

In charge of case.

Name... CABARA P. Rank... Pte Regt. No... 1012147 Unit... **A4** ...
 Battn... 230th Camp or O. S. File M. H. C. C. H. Q. File.....
 Next of kin... No record.....
 Discharged to Class..... D. of D. Conduct.....
 Pension awarded..... Date of first payment.....
 Address on discharge... Invalided Solders. Comm. ^Montreal.....
 Diagnosis..... Date boarded.....

DATE	CLASS	REMARKS	Part 2 Order
28-10-17	2	L.I.M.S.	#268 #257
15-12-17	2	R.E. Institute	#312
17-4-18		Trans to D.D. 4. Nos. Sec.	108. 1.
31-7-18		DISCHARGED TRANS. TO I.S.C.	106.

Surname **CABANA.** ✓
Rank
Pte.
Hospital
Christian Name or Names
Unit **P.**
Co.
Troop **1012147**
Batty.
Can Forr. depot.
Date of Admission
6-9-17.
Ont. Mil. Orpington.

Transferred
Hosp.
Hosp.
Hosp.
Hosp.

Diagnosis **Susp. T.B.Lung.** *not cert*
(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION
C.L. 27-9-17. C20 ✓

Date

29.10.17. C-47

REMARKS

*Dis. to Canada
per H.S. "Araguaya"
from Liverpool 17.10.17.*

A.M.D. 2 DEPT.

Beh of D.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME

*Cavana P.
P. H.*

REG'TL No.

1012147

H. Q. FILE NO. 649.

RANK AND CORPS

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

7356

23-10-17

*Sailed from Liverpool for Canada per
H.P. Araguay. Oct-17th/17. Tubercular*

Cavana, P.

1012147

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS



Name *CABANA* Rank *1st Lt.*
 Unit *1st For Corps.*
 Next of Kin *Paul*

1012144
 Reg. No. *13. Depot.*

Date	Movement	Place	Casualty	List No.	Notified N/K O	W.O. Li
1914	6-9. Capt. M. H. ...	Canton	Susp. Tub. Phung.	C 20	R. 275	629
17-18	Invalided to Canada	do	do	C 47		933

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C. 20. Int. Mil. Orington, Ont 6-9-17 Susp. J. B. Lucey
Co 16 Can. Gen. (Capt. Gen. Corp)

C 47-1 Invalidated to Canada 17-10-17 Susp. Sub. of Surg

268. M. A. C. C. Montreal 28-10-17, Adm., L. J. M. S.

312 " " " " 15-12-17 L. J. M. S. To R. C. Institute

NAME

4
P.
Cabana.

REGT'L No.

1012147

H. Q. FILE No. 649.

RANK AND CORPS

Pte. (Can. Inf. Co) (Depot)

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

NO.

DATE

mb 4-20

No. 1012147 RANK

Pte

NAME

Cabana P

T. O. S. 13-5-16

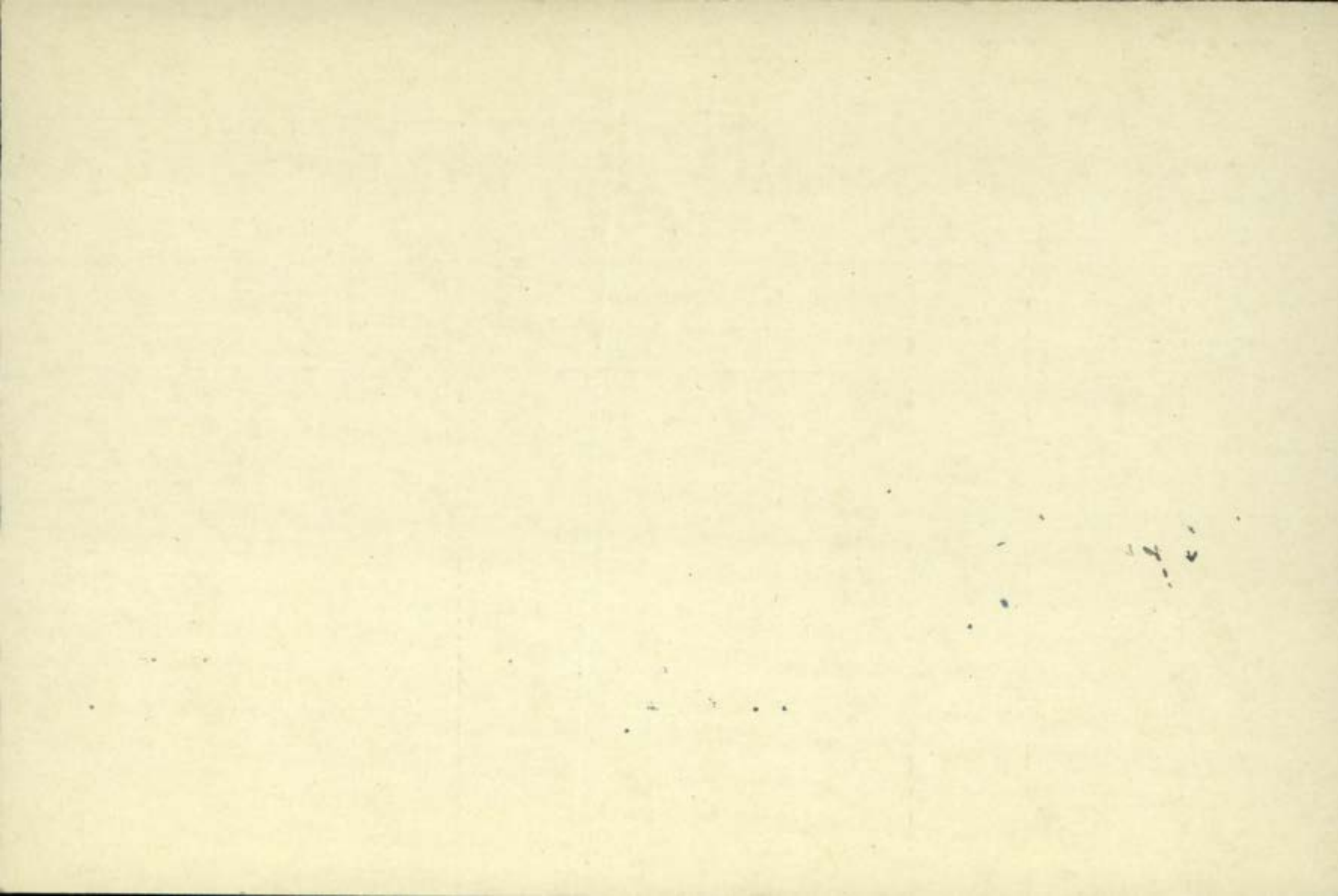
UNIT

230th Battalion

0036 15-5-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 13	1916 May 31	✓		
June		✓		
July		✓		
Aug		✓	Gas Fined 2-8-16.	Aug payroll
Sept		n	21 days pay forfeited	" " "
Oct		n	3 days pay forfeited	Oct payroll.
Nov		✓		
Dec		✓		
Jan 1917		✓	Also Draft	00142 21-1-17



No. 1012147 RANK

Pte.

NAME

Labana, P.

T. O. S.

UNIT

4th District Depot.

M. D.

4.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

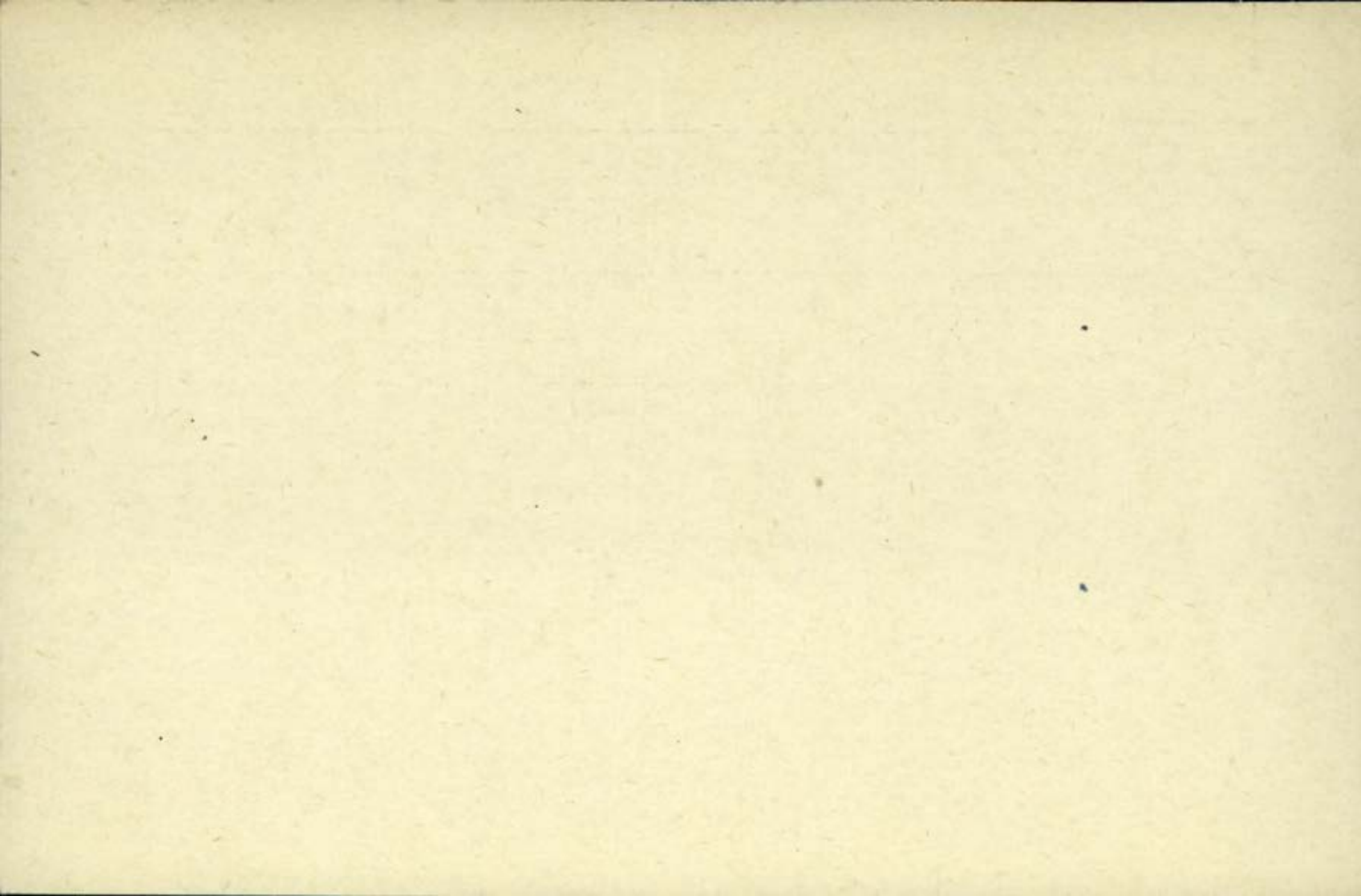
AUTHORITY

*1918
apr. 18*

*1918
apr. 30*

M.

230th Bn.



649 - C - 23577

CARD NO.

SURNAME.

Cabana

CHRISTIAN NAMES

Paul.

*S.O.S. lio 21. 21-7-18.
do. 1067 2-8-18.*

REGL. No. *1012147.*

RANK *Ote.*

UNIT *230th.*

~~*(2nd R. B.)*~~ *#4. D. D.*

Div.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cabana, Napoleon.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

St. Hyacinthe, P. Q.

COUNTRY OF BIRTH

Canada, St. Theodose, P. Q.

DATE

Aug. 4th. 1886

PLACE OF ATTESTATION

Hull, P. Q.

DATE

May. 14th. 1916.

O/S. 23-1-17.

R/C. 25-10-17.

From Halifax P. S. S. Scandinavian 23-1-17

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Steam fitter.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

30 YEARS

MONTHS

HEIGHT

5 FEET

6 1/2.

INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

5.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

One Vacc. scar left arm,

MEDICAL EXAMINATION.

PLACE

Hull, P. Q.

DATE

May. 14th. 1916.

Present address: Sudbury, Ont

S.O.S. m.u. 31-7-18 m 104.

649-C-23577

Cabana P. Pte., #101~~2~~147 C.E.F. e. f. e. B.D.

Meds. & Decs. Friend Mr. R. Cote,
173 St. Catherine
Viauville, Montreal,
Que.,

P. & S.
(Ser. # 985-115)

(Unable to locate relatives)

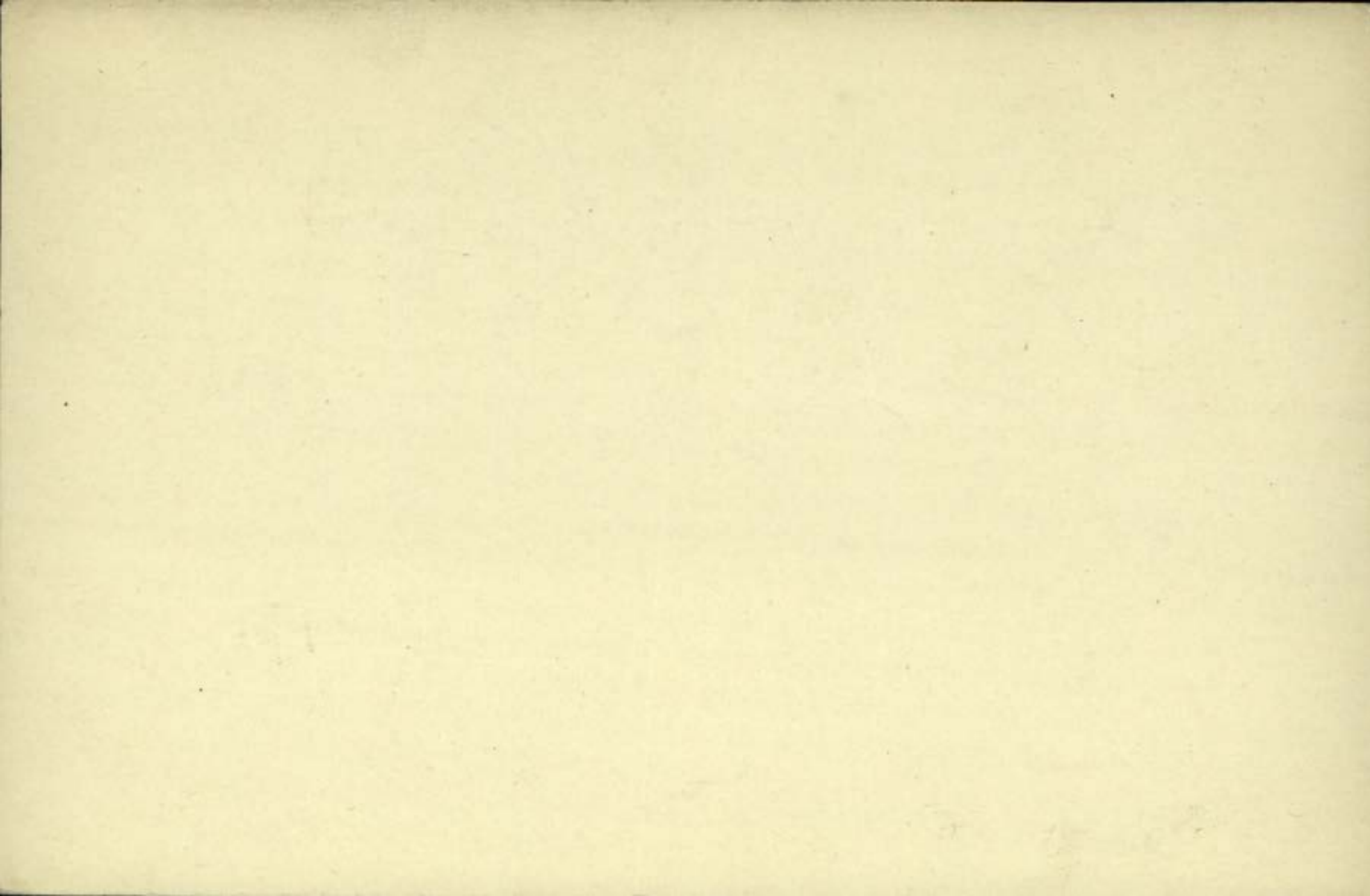
Mem. Cross

Nil.

49281

England only

B ac



A. M. M.

Number ^{M. C.} 1012147 Rank Pt.

Surname CABANA

Christian Name Paul

Units C. F. C. Theatre of War England

Date of Service 6-2-17

Remarks

Latest Address h. a. 7-7-21

Roll No. A Page 4649

200m.-6-21...

v
:

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

J.P. Rank

Name CABANA, Paul.

Reg'l No. 1012147..

Unit No. 2 Dft 230th.
Forestry Bn.

If in perm. Corps,
What Unit? }

Married or Single Single.

Place and Date of Enlistment Hull Que. 13th May. 1916..

Place of Birth St. Theodesie. Que..

Name and Address, Next-of-Kin Napoleon. Cabana..

#3, Cloise St.,

St. Hyacinthe Que. -

Relationship Father

Assigned Pay Monthly \$

Payable to



Relationship

Separation Allowance \$

Payable to

Relationship PH

N/E. R. B. No. 1010
File R.L.
Category Mulan

m + 18-2-21

Discharge, Date and Place

Reason

Character

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.				
T.O.S. CFC On		Arrival In Eng. S S Scandinaviens		2-17	PT 11 D.O. 44
7 5 17	Dist. 3 CFC	On Strength	* / Coy* London	15 IV	Pt 2 6
2.8.17	C.F.C. B.D.	T.O.S. from Dist. 3.	S. date.	1.8.17	Pt. II. 83. Dist 3. Pt. 22. 2/11/17
26.9.17	"	Christ. Adm. Out. Mil. H.P.	Arpington	6.9.17	Christ. C. 20. Susp. 7.8.17
27.10.17	"	Invalided to Canada	"	"	"
		Ex 1st 6. C. Gen. Hosp.	"	17.10.17	Christ. C. 47. " " 4 C.F.C. B.D. Pt 2 D.O. 195 2/11. 12.17

C. 2500

Paul
Name *Cabana Paul*

Regimental No. *101 2147*

Home
Name and address of next-of-kin

Unit *230 Bn. Em.*

No M.B report

Date of enlistment ✓

M.B. ✓

Place of " ✓

Married (yes or no) ✓

Date and place discharged

Amount of pay assigned monthly \$ *nil.*

Reason for discharge

To whom payable ✓

Character on discharge

Guayaquil 25-10-17

Cate - Hg.

Job 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>29 9/17</i>													
<i>30 9/17</i>	<i>30 11/17</i>	<i>62</i>	<i>100</i>	<i>62 00</i>	<i>62</i>	<i>.10</i>	<i>6 20</i>							<i>Ch. P.C. Ch. Half</i>
								<i>100 96</i>						<i>100 00</i>
								<i>169 16</i>					<i>100 00</i>	<i>L.P.C. reason 28 10/17</i>
								<i>169 16</i>					<i>69 10</i>	<i>show as adjts 30 11/17</i>
													<i>169 16</i>	<i>Yds to 'A' Unit</i>

CR
22-11-11

NOV 27 1917

Ch. P. Chgs Nil.

SUPPLEMENTARY BOARD. July 17th 1918.

This man is in bed at present, no improvement whatever, running high temperature, and Sanatorium treatment is recommended.

A. Chabot Captain
E. E. Goddard Lieutenant



TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

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

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.



(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Montreal DATE April 13/18

- 1. (a) Unit 230th Bn C.E.F. (b) Regimental No. 1072147 (c) Rank Pte
(d) Surname Cabana (e) Christian name Paul
2. Age last birthday Date of birth
3. Enlisted at Sudbury Ont on May 13th 1916
4. Personal description: (a) Height 5'6 1/2" (b) Weight 120# (c) Complexion Fair
(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks
There are none.



5. Address after discharge (for the use of the Board of Pension Commissioners.)
To Invalids Soldiers' Commission

6. Former trade or occupation Steam fitter

Table with 2 columns: From, To. Row 1: 230th Bn C.E.F., May 13th 1916. Row 2: M.F.C.C. Unit 'a', Oct 28th 1917. Row 3: To, Dec 28th 1917. Row 4: To, April 13th 1918.

- (b) Has he been Overseas? Yes - England only
8. Present disease or disability (use authorized nomenclature if possible) Pulmonary tuberculosis 4/19
(a) Date of origin - Summer of 1917 (b) Place of origin France
(c) Cause* - Tuberculum specific

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)
Acute pulmonary tuberculosis resolving
with cough - Other systems negative

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

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Became ill in England - actually became ill on voyage over with "Emphelia" - but carried on light duty until Aug or Sept 1917 - Returned to Canada - Oct 1917

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

100%

12. Did the disability arise on or off duty?

On duty

13. Was a Court of Inquiry held?

No

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

Yes No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Permanent

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

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes

19. Can the former trade or occupation be resumed?

No

20. Recommendations

Category E

Incurable tuberculosis

E. Manning
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

P. Labarra

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Concur

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

23. It is certified that the soldier

- (a) Does require treatment.
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.

(Strike out condition not applicable).

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

Category "E" Discharge as incurable to Invalid Soldiers Commission

Juchabok Captain President.
cc. Bro. Long Capt. Com. Members.
E. C. Johnson Lieut. Com.

STATION Montreal
DATE Apr 11 1918

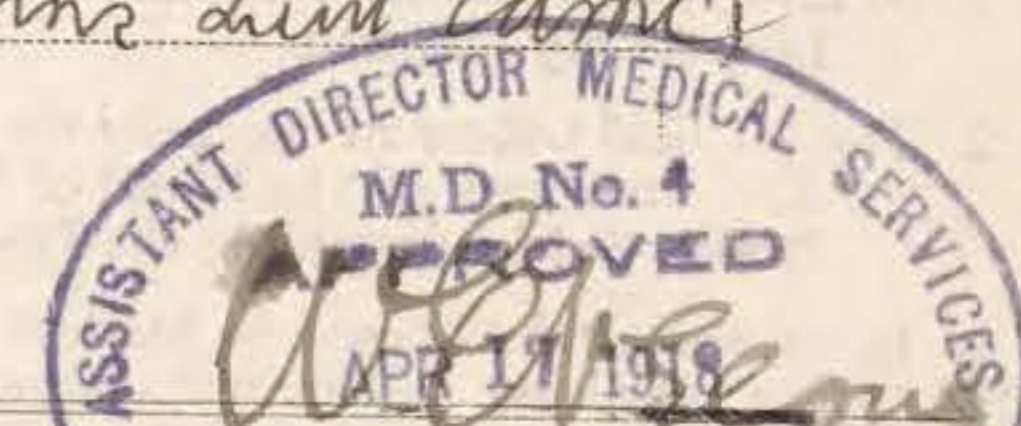
APPROVED BY

Discharge Under P-6433

DATE

APPROVED BY

DATE



MAJOR For A.D.M.S. Assistant Director of Medical Services.

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

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

This space to be for numbers

Proceedings on Discharge.



DCO



0/1

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

No.	1012147	
Rank	Private	
Surname	GABANA	
Christian Name	Paul	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	230th Battalion	
Date of Discharge	July 31st 1918	
Place of Discharge	Montreal QUEBEC	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age..... 32..... years..... —..... months.	<p>Descriptive Marks NONE</p>	
Height..... 5..... feet..... 6 1/2..... inches.		
Complexion		Fair
Eyes		Blue
Hair		Brown
Trade		Steam Fitter
Intended place of residence	C/O I.S.C.	
(To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of K.R. & O. 377 (10) C.M. 1917 MD4. 22-C-1294 Category "E" Medically Unfit P.C.#433 Discharged to I.S.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.		
3. Conduct and character while in the service have been, according to the records, etc.		
<i>Fair</i>		
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.)		
STEAM FITTER		

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations
Served in England
From 6-2-17 to 18-4-18

NONE

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 QUEBEC

(Date) July 30th. 1918

R. W. G. Lee
Commanding Lieutenant,
Officer in Charge Discharge Section, District Depot No. 4.

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 QUEBEC *P. Labana* (Signature of Soldier.)

(Date) July 31st. 1918 *S. de Trois Heures* (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.

(Place) Montreal QUEBEC

(Date) July 31st. 1918

R. W. G. Lee
(Signature) Lieutenant,
Officer in Charge 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.)

NO RESERVATIONS

P. Labana

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

Is the cause of the disability fully indicated in Part I (2)?

The Board having considered the evidence of the soldier marginally named, together with the documents submitted,

recommend:—

THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for unskilled labor?

THE PENSIONABLE DISABILITY.—What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?

Permanency of the Pensionable Disability.—Is it permanent?

If not permanent, what is its probable minimum duration (in months)?

If an objection was raised and decided, do you consider the refusal to have been unreasonable?

Remarks.

Recommendation:—(a) Fit for duty? (b) Fit for base duty? (c) Ineligible to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 191

Signatures of the Board: W.H. Merritt Major CAMC, James W. Ross Capt CAMC, Adam E. Miller Capt CAMC. Station: A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Reserved for M.H.C.

Christian Name: Paul Cabana. Regt. No: 1012147 Rank: Pte. Surname: Cabana. Unit or Corps: (a) Overseas from United Kingdom, (b) In United Kingdom: 230th. Can. Ter.

Born at: Montreal, Quebec, Canada. County or Province: Quebec. Country: Canada.

Date of Birth: Day 4, Month August, Year 1885. Age: 32 yrs, 1 months.

Joined at: Sudbury, Ontario. Former Trade or Occupation: Letter Carrier.

Permanent marks or peculiarities that will serve for future identification: None. Permanent marks or peculiarities that will serve for future identification: None.

Height—feet: 5 inches: 6. Colour of eyes: Brown.

Signature of Soldier: Paul Cabana.

Medical Report: The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the nature or any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 2 columns: Disabilities Group (a), Disabilities Group (b), Disabilities Group (c). Row 1: SEVERE COUGH AND EXPECTORATION, SHORTNESS OF BREATH, WEAKNESS AND LOSS IN WEIGHT, GASTRIC DISTRESS.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: 419 PHTHISIS (PULMONARY TUBERCULOSIS), Canada, Unknown.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? Yes. (ii) As to Group (b) above? No. (iii) As to Group (c) above? No.

4. Is the disability due to disease contracted or injuries received while on Active Service? (i) As to Group (a) above? No. (ii) As to Group (b) above? No. (iii) As to Group (c) above? No.

5. If a cause of disability was an injury received on Active Service, was it received... **Not app.**

Was a Court of Inquiry held... (i) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, making the entries made on the Medical History Sheet and other records.) Patient states that his mother died of consumption, that he has always been subject to severe colds and coughs during winters. About seven years ago was laid up for five weeks in hospital with pneumonia and was troubled with pains in left chest ever since. Says he always had some cough since he had pneumonia. Enlisted May 13/1916. Came to England Feb. 7. 1917. On the journey over he contracted a severe cold which has never left him. Has not been on full duty since. Since July has not been able to do anything. Admitted to Ontario Military Hosp. Sept 5. 1917.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.) General condition - Nutrition fair. Some flush to face. Normal wt. 160. present wt. 130 pounds. Nervous and circulatory also G.U. systems normal. Digestive system - Vomits frequently after eating. Sometimes slight pains in epigastrium. Sometimes he vomits after coughing. Respiratory system - Cough very severe and much expectoration. No pain in chest. Percussion note good. Expansion limited. Hollows above and below both clavicles. V.F. plus. Breath sounds distant over both lungs. Fine crepitations heard in both apices and bases. Breath sounds rough in apices. SPUTUM loaded with Tubercle Bacilli.

8. OPERATION. (i) Was one performed? **No.** (ii) If so, state what. **No.** (iii) Was one advised and declined? **No.**

NOTE. - Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary. (i) Is there loss or decay of teeth attributable to Active Service? **No.**

Table with 2 columns: Disease or injury to which the disability is due, and Cause of Disability. Includes questions 10(a-d) regarding recommendations for duty, base duty, invalidity to Canada, and discharge.

Date of Report: **Sept 9 1917** Signed: **H.R. Nicklin, DEPUTY CAMC.** Station: **ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.** Approved: **D.W. McPherson, Col. CAMC.** Dated at: **ORPINGTON, KENT.** Station, on: **20 SEP 1917**

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes** If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes** If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) **Not app.**

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4, or all.) **Not app.**

16. Permanency of the Pensionable Disability estimated next above in (15). **Not app.** (i) Is it permanent? (ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not app.**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No** (b) Fit for base duty? **No** (c) Invalid to Canada? **Yes** (d) Discharge from service as permanently unfit? **No**

Date of Board: **20 SEP 1917** Station: **ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.** Approved: **Captain C.A.M.C.** Dated at: **London Area.** Station: **24 SEP 1917**