

14^b 54099
No. 514/B
Folio. 8

ATTESTATION PAPER
Duplicate
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? *Stanley Joseph Drapcan*
2. In what Town, Township, or Parish, and in what Country were you born? *Rimouski Quebec*
3. What is the name of your next-of-kin? *Carrie Drapcan*
4. What is the address of your next-of-kin? *169 Wellington St. Kingston, Can*
5. What is the date of your birth? *31st March 1880*
6. What is your trade or calling? *Tailor*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *Yes*
10. Have you ever served in any Military Force? *6 years R. C. N. I.*
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*

Stanley J. Drapcan (Signature of Man.)
P. G. Campbell (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Stanley J. Drapcan*, do solemnly declare that the above answers made by me to the above questions 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.

Stanley J. Drapcan (Signature of Recruit.)
Date *Mon June 20 1915* *P. G. Campbell* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Stanley J. Drapcan*, 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.

Stanley J. Drapcan (Signature of Recruit.)
Date *Mon June 20 1915* *P. G. Campbell* (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 *2:30 P.M.* this *20th* day of *June* 1915

[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer.)

Trans noted
30-9-15

DESCRIPTION OF S. J. Drapeau ON ENLISTMENT.

Apparent Age 35 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 37 ins.
 Range of expansion 3 3/4 ins.

Complexion Dark

Eyes Brown

Hair Dark

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

3 Toes Amputated on Right Foot

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 garrison for the Canadian Over-Seas Expeditionary Force.

Date June 19 1915

Place Kingston

S. J. Drapeau
Capt MC
 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:—

Fit

Endocarditis fit for garrison in home service

CERTIFICATE OF OFFICER COMMANDING UNIT

S. J. Drapeau 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.

Date JUN 29 1915 1915

S. J. Dawson (Signature of Officer.)

REGIMENTAL DOCUMENTS

NAME Drapeau Stanley Joseph REGT. NO. 45-4099 UNIT _____ H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

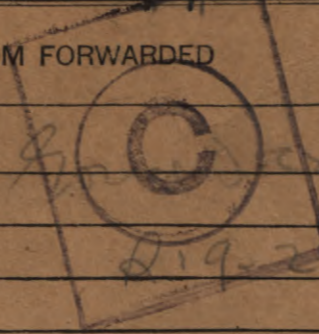
LAST PAY CERTIFICATE (M.F.W. 44)

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

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

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

PE Pay Card



24798

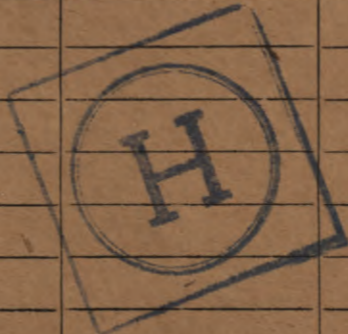
DEATH

Category

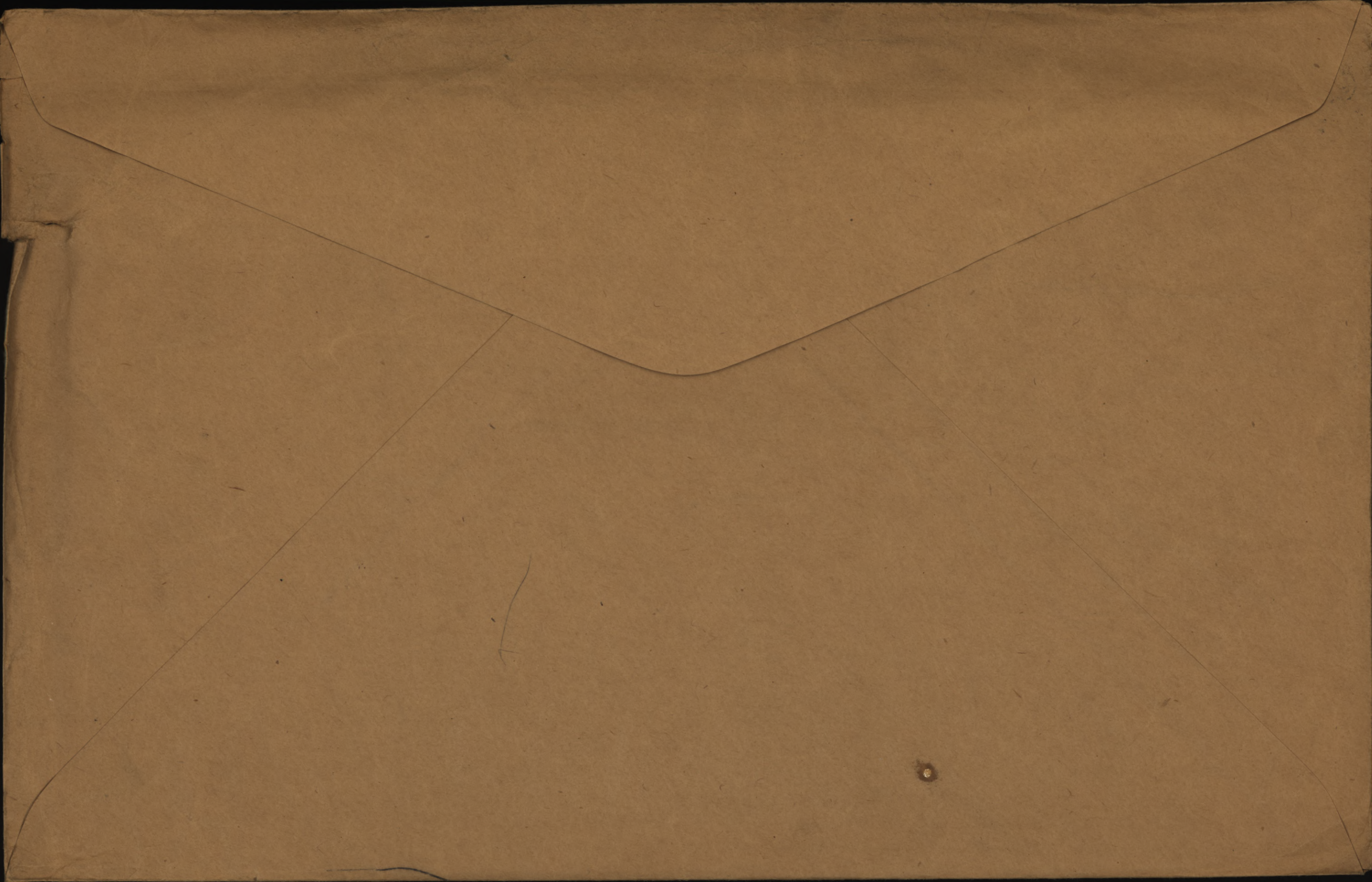
DISCHARGE

Category

DESERTION



*m. x
8.10.20*



649-D-1487

CARD No. ✓

SURNAME.

Drapeau

CHRISTIAN NAMES

Stanley Joseph.

FOLL.

REGL. No. 454099

RANK

Pte.

UNIT

~~59th~~ 80th Div. Headquarters.

Batt.

FORMER CORPS

P. C. H. M.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Drapeau Carrie

RELATIONSHIP TO SOLDIER

P. M. S.

ADDRESS

169 Wellington St.
Kingston Ont.

COUNTRY OF BIRTH

Canada. Rimouski P. Q. DATE March 31st 1880

PLACE OF ATTESTATION

N. S. DATE Jun 29th 1915

Trans. from 80th Bn. to Div. Headquarters. Auth. 80th Bn. N.R. 30-4-16.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Tailor

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

35

YEARS

3

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3 3/4

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark.

DISTINGUISHING MARKS

3 toes amputated on right foot.

MEDICAL EXAMINATION.

PLACE

Kingston Ont.

DATE

June 9th 1915

No 147 RANK Pte.

NAME Drapeau, S. J.

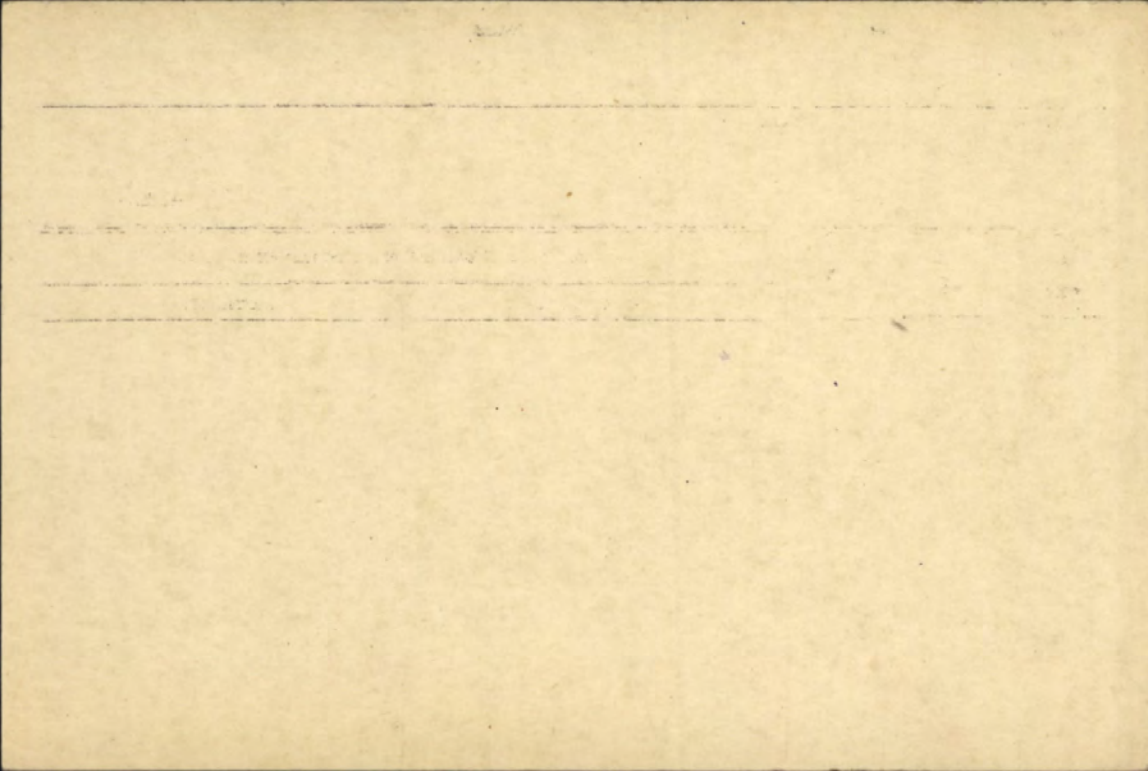
T. O. S.

UNIT C. A. S. S. Mobilization

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr. 1. May 1.	1918. Apr. 30 May 13.	✓ ✓	S.O.S. 13-5-18.	D.O. 13 3

acc closed by payment. S.



No. 45 099. RANK *Pt*NAME *Drapeau, S.*T. O. S. *Trans from 59th Bn.* UNIT*1-4-16 (D.O. 85 April 1916). 80th Battalion. C. E. S.*M. D. *S.*

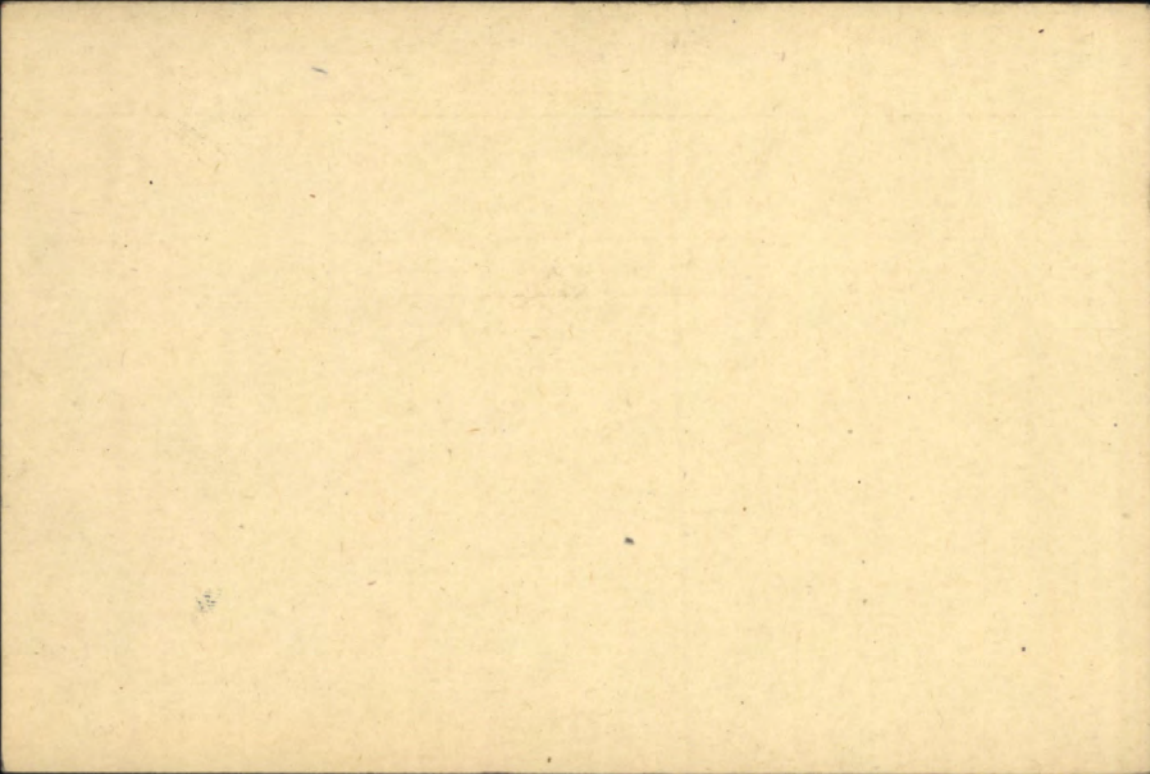
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T*1916**1916.**April 1.**April 30.**S.S. Trans. to H. Q. Kingston. 30.4.16 D.O. 103 - April 1916.*





S.O.S. 13.5:18. M.D.3. Reason not stated.

T

H.Q.649-D-1487

Tanley Joseph 454099 ✓

DRAPEAU, S.J. No.54099

Case 6

M & D.

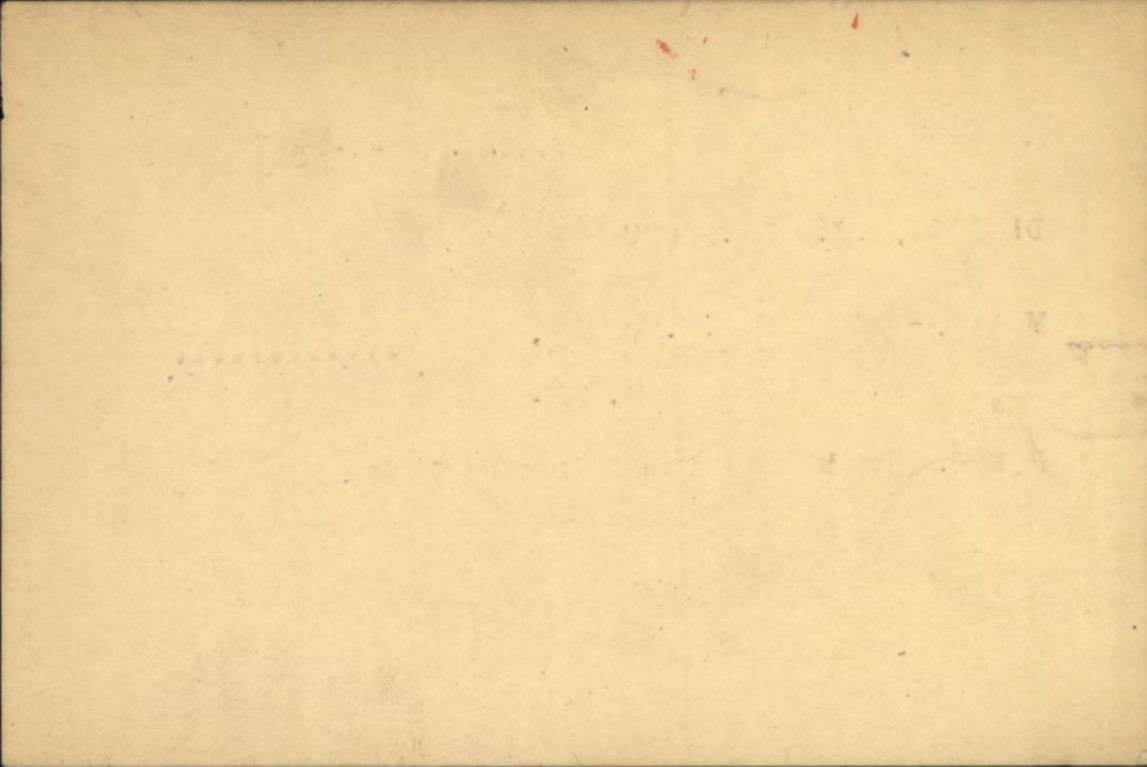
Mrs. J. McCall,
7 Victoria Terrace, Montreal St.,
Kingston, Ont.

P & S. Unable to locate next of kin.

*Not Eligible for 14.15 Star Canada
" " " U.M } only.
" " " B.U.M*

71486

*Search done to date
with 5/1/20
MS.*



April 2nd 1918

From: Lt. Col. J. C. Connell
Kingston Ont.

Pte. S. Drapeau

A. S. Co.

Complains of weakness - left eye.
Small patch of old choroiditis, left fundus,
temporal side of disc. Does not affect vision
which is 20 and J. I. in each eye. No treatment
indicated 20

Ears - slight O. M. C. C. - both ears
Complains of trinitis in right
Hearing approximately normal.
Voice - 12 feet

No treatment indicated.

Sgd. J. C. Connell
Lt. Col. A. M. C.

100 - 11 200

100 - 11 200

100 - 11 200

100 - 11 200

100 - 11 200

100 - 11 200

Kingston, Ont., April 2/1918.

TO : O.C.
Queen's Military Hospital,
Kingston, Ontario.

REPORT.

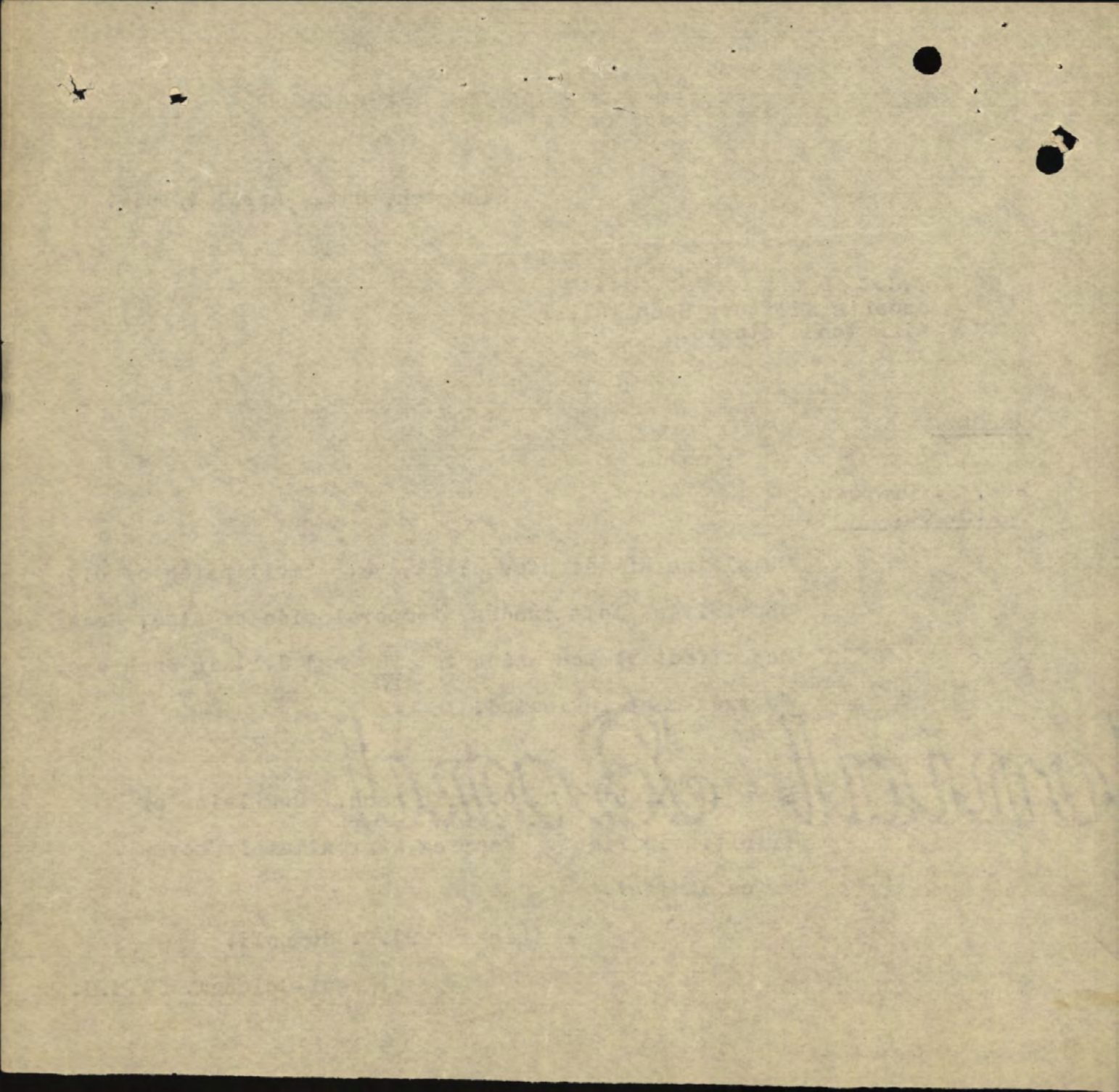
Pte. S. Drapeau,
A.S. Co.

Complains of weakness, left eye. Small patch of old choroiditis, left fundus, temporal side of disc, does not affect vision which is $\frac{20}{20}$ and J.I. in each eye. No treatment indicated.

Ears - Slight O.M. CC with ears. Complains of trinitis in right. Hearing approximately normal. Voice 12 feet.

(Signed) J.C. Connell.

Lieut-Colonel. A.M.C.



MEDICAL HISTORY SHEET. *Duplicate*

Surname *Mr Pearson* Christian Name *Stanley Joseph*

Examined { on *19* day of *June* 191*5*
 at *Kingston*
 Birthplace { City or Town *Romanski*
 County *Dur*

Approved by *S J Keys*
 Rank *Capt.* M.O.

Apparent age *35-3*
 Trade or occupation *Tailor*
 Height *5* Feet *6* Inches.
 Weight *145* Lbs.
 Chest measurement { Minimum *34 1/2* inches.
 Maximum expansion *34* inches.

Date.	Fit or Unft.	EXAMINED FOR RE-ENGAGEMENT.
<i>4/29/15</i>	<i>fit</i>	<i>for some service</i> M.O.
		<i>W.C. Hollis</i> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development *good*
 Small-Pox Marks *none*

Vaccination Marks { A r m Right Left.
 Number *2*

Date.	Result.	VACCINATIONS.
<i>9/4/15</i>	<i>good</i>	<i>J Redburn</i> M.O.
		M.O.
		M.O.

When Vaccinated last *3 yrs ago*
 (a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>9/6/15</i>	<i>good</i>	<i>J Redburn</i> M.O.
<i>9/6/15</i>	<i>good</i>	<i>J Redburn</i> M.O.
		M.O.

3 toes amputated on right foot

Enlisted on *19* day of *June* 191*5* at *Kingston*

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>62nd Div</i>	<i>454099</i>		<i>19/6/15</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Kingston Cont</i>	<i>2/27/18</i>	<i>V.D.H. w/with impaired action Three toes of right foot.</i>	<i>E M. Glyn Apt came Pres Med Board</i>
<i>Kingston Cont</i>	<i>Mar 15/18</i>	<i>Bradycardia 134 beats per min after exertion V.D.H. 152 233 3 at toes off.</i>	<i>'D' <i>Edmund Caplane</i> Pres. M.B.</i>

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.

5

1. 147 (1)
2. Private (2)
3. Drapeau (3)
4. Stanley Joseph (4)
5. C.A.S.C. (5)
6. 649-7-1487
7. 3 M.D. ~~26-3-42~~ 44-7-304.
8. 16-7-18. (6) (8) R.C.
9. Queen's Military Hospital, Kingston, Ont.
10. (9) Admitted to Hospital 11-7-18. Heart trouble.
Death very sudden.
11. (10) Mrs. M. Drapeau, (Wife)
37 Euclid Ave., Toronto, Ont.
12. By telegram from M.D., Queen's Military Hospital.
13. Telegram from M.D., Queen's Military Hospital.
14. 16-7-18
15. Telegram from M.D., Queen's Military Hospital.
16. 16-7-18.
17. (2) St. Mary's Cemetery.
18. (13) Kingston, Ont.
19. (14) Public. (Roman Catholic) Military Plot.
20. Grave # 6 Range 1. (14)
21. 63056 (15)
22. Wooden Cross. see particulars inscribed thereon.
23. M. & D.

1

44-D-304

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.	147
Rank	Private
Name	Drapeau Stanley Joseph
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Base Services
Date of Discharge	12/5/18
Place of Discharge	Kingswin

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....38.....years.....6.....months.
 Height.....5.....feet.....6.....inches.
 Complexion *dark*
 Eyes *brown*
 Hair *black*
 Trade *Labourer*
 Intended place of residence *Green St. Kingswin*
(To be given as fully as practicable.)

Descriptive Marks

Tattoo

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

*medically unfit
category E*

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.

good.

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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.)

Horseman

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 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) Kingston.....

Charles Ostwith.....

Lieut.....

O. C., O. A. S. C. Services, M. D. 3

(Date) May 16 1918.....

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) Kingston.....

S. J. Drapeau.....

(Signature of Soldier.)

(Date) May 16 1918.....

R. L. Bayler.....

(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.

S. J. Drapeau.....

(Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 3...years 150 days.

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

11. **Confirmation of Discharge.**

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

(Place) Kingston.....

Charles Ostwith.....

(Signature).....

Lieut.....

O. C., O. A. S. C. Services, M. D. 3

(Date) May 16 1918.....

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

S. J. Drapeau

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections I to IV of this Form and will obtain the signature of the soldier 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 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. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Q.M.H. Kingston DATE June 20/18

1. 1 (a) Unit A.S.C. No. 3 (b) Regimental No. 3 (c) Rank Pte.
 (d) Surname Drapeau (e) Christian name Stanley Joseph

2. Age last birthday 38 Date of birth Mar. 31/1880

3. Enlisted at Kingston on Aug. 1914

4. Personal description:—

(a) Height 5'6" (b) Weight 130 (c) Complexion dark
 (d) Colour of hair black (e) Colour of eyes brown (f) Identification marks tattoo rt. forearm - 2 flags, crown & gun R.C.A. Loss 1, 2, & 3. toes rt. foot

5. Address after discharge (for the use of the Board of Pension Commissioners)

159. Queen St. Kingston Ont.

6. Former trade or occupation Laborer

7. (a) Service 3 Years 10 mos. Days

	PERIODS	
	From	To
<u>5th Fld. Batty. to 14th H.G. to 59th Bn. to C.A.S.C.</u>	<u>Aug. 1914</u>	<u>Date</u>

(b) Has he been overseas? No 8. Original disease or disability Valvular Disease of heart 2) Def. vision 3) Def. hearing

(a) Date of origin 1) Sep. 1914 2) 1910 3) Jan. 1917 (b) Place of origin 1. 2. 3. Canada

(c) Cause* 1. 2. 3. Not known

(d) Present disease or disability 1. V.D.H. (Heart Block) 2) Def. vision 3) Def. Hearing

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Man says that he felt all right at time of enlistment but after inoculation his feet & abdomen began to swell & he became very short of breath on exertion & was sent to hospital. In 3 weeks he returned to duty. Since that time he has been doing duty (light) until March 1/18. He was then

sent to hospital. Man now complains of dizziness, weakness & shortness of breath on exertion, also a smothering sensation

9. Present condition.—(Continued.)

when lying down or stooping over. Man can walk half a mile but is completely played out when he goes that far. Says if he stoops over he gets dizzy & can hardly get up again. Says at times hands & feet get cold & numb. Man well nourished. Heart apex in the 6th interspace/ mammary line. There is a systolic murmur heard best at the apex, only slightly transmitted. Apex beat 32 per minute. Pulse rate 32 per minute. Arteries show fairly marked sclerosis. Digestive system normal except that man has to be careful of his diet. Lungs normal. B.P.systolic 133 Diastolic 88 Wasserman negative

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous..... Digestive..... Respiratory..... Cardiac.....
Genito-Urinary..... Skin, Middle Ear, Eye or any other part.....

Urinalysis 1020, acid, trace of alb. No sugar - few pus cells. This is probably a case of complete heart block.

2) Man complains of his eyes when he does not use glasses. Left pupil larger than right. Specialist's report as follows: dated Apr.2/18

"Complains of weakness left eye. Small patch of old choroiditis, left fundus, temporal side of disc. Does not affect vision which is 20/20

3) Complains of ringing in ears - See above Report

10. History: (a) of Condition referred to in "a" section 9.
& J.1 in each eye. No treatment indicated. Ears Slight O.M.C.C. both ears. Complains of trinitis in right. Hearing approximately normal voice 12 feet. No treatment indicated."

(b) 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.

10. History: Man says he was all right at time of enlistment but following inoculation feet began to swell & he was very short of breath. Returned to light duty 5th Field Battery, then transferred to Home Guard. Signed up in 59th Bn. but turned down because of heart. Then transferred to C.A.S.C.. Man went to Ongwanada Hospital March 1/18. Transferred to Queen's Military Hospital March 22/18 - Discharged from hospital May 13/18. Returned to hospital June 13/18

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

1. N.A. man says. 2. Before enlisted - no aggravation
3. N.A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. 2. 3. No

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 2. 3. Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).
Ongwanada Mil. Hospital
C.M.H. from March 22/18 to May 13/18 - Re-admitted June 13/18

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

Yes

16. Can the former trade or occupation be resumed? No
(If not, briefly state why.)

17. Recommendations That this man be admitted to hospital as a patient of Invalid Soldiers Commission & transferred to a home for incurables.

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 and either "satisfied" or "not satisfied" struck out.)

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

S. J. Drapman Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

YES

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

20. It is certified that the soldier (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control. (Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

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

admitted to hospital under care of Invalid

Soldiers Commission & transferred to Home for Incurables

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

Wm Gibson Captain President.
E. C. Macballeh Captain Members.

PLACE Kingston

DATE June 20/18

APPROVED BY

APPROVED BY

Captain A. M. C. Assistant Director of Medical Services. For A. D. M. S. Mil. District No. 3.

Director-General of Medical Services.

DATE JUN 25 1918

DATE

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.

PLACE DATE President. Members.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Queen's Military Hospital, Kingston

on the 24th day of July 1918

by order of A.D.M.S. M.D.No.3

for the purpose of inquiring into circumstances

preceding the death of Ex-Pte. S. J. Drapeau

No. 147

PRESIDENT.

Capt. Wm. Gibson A.M.C.

MEMBERS.

Capt. F. X. O'Connor A.M.C.

Capt. S. M. Asselstine A.M.C.

The Board having assembled pursuant to order, proceed to inquire into circumstances preceding death of said Ex-Pte. Drapeau & find that:

1) Said man was admitted to Queen's Military Hospital on June 11/18 as a patient under the care of the Invalid Soldiers Commission. A Medical Board (M.F.B. 227) was held on June 20/18 which described his disability as Valvular Disease of the Heart, with Heart Block, together with certain defects in sight & hearing. This Board recommended that he be transferred to a Home for Incurables owing to the nature of his Cardiac disability.

2) On evening of July 14/18 at 9.30 p.m. said man was found to be absent from the Hospital without leave and was so returned in Hospital Report of July 15/18. On July 15/18 the Hospital authorities were notified by telephone that he was under detention of Civil authorities, for an alleged offence. The following morning, July 16/18, he was found dead in his cell at the City Jail, as per press report same day. The circumstances of his death were inquired into by a City Coroner who held an Inquest on his remains.

3) The findings of Coroner's Inquest are on file with the District Attorney and are not accessible to the Board.

Wm Gibson Caprawe President

F. X. O'Connor Caprawe Member

S. M. Asselstine Caprawe Member

The minutes of each
Office concerning the Board
No. should be attached to the
end of the proceedings

PROCEEDINGS of the

assembled at _____

on the _____

by order of _____

for the purpose of _____

No. 147

PRESIDENT

MEMBERS

The _____

M. F. B. 301
1904-1905
H. O. 177-3-12

General Board

General Board of the American Legion, Singapore

July 1948

A. S. S. S.

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PRESIDENT.

... ..

MEMBERS.

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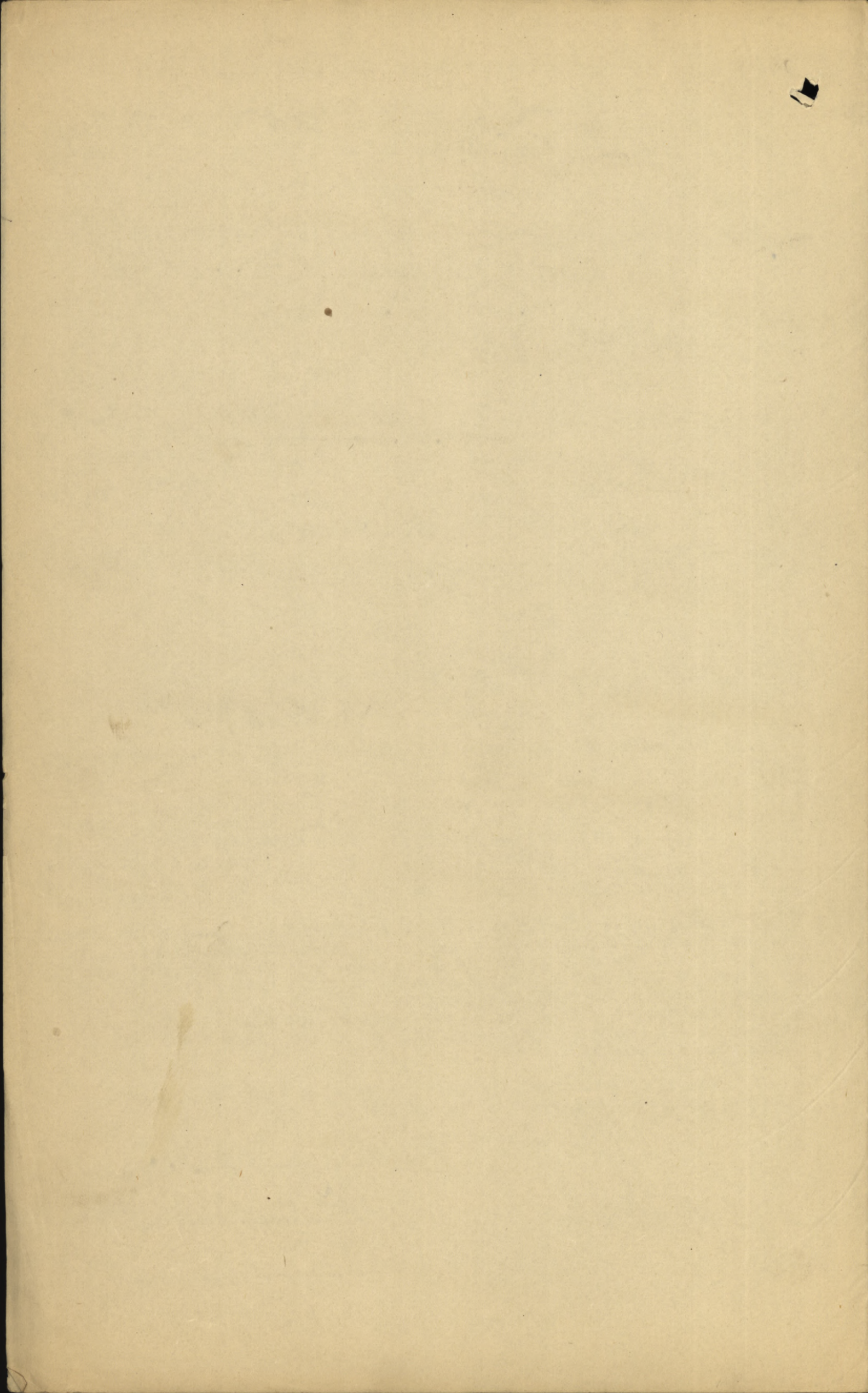
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(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

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

MEDICAL HISTORY OF AN INVALID

ORIGINAL

3/6
3/6

STATION Kingston, Ont. DATE Mar. 15/18.

1. (a) Unit A.S.C. # 3 (b) Regimental No. 454099 (c) Rank Pte.

(d) Surname Drapeau. (e) Christian name Stanley Joseph.

2. Age last birthday 37. 37. Date of birth Mar. 31/80.

3. Enlisted at Kingston, Ont. on Aug. 1914.

4. Personal description —

(a) Height 5' 6". (b) Weight 114. (c) Complexion Dark.
(stripped)

(d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks

Tatoo marks on right forearm 2 flags and a crown.

5. Address after discharge (for the use of the Board of Pension Commissioners)

159 Queen St.

6. Former trade or occupation Laborer.

7. (a) Service

	PERIODS	
	From	To
<u>5th Field Battery.</u>	<u>Aug. 1914.</u>	<u>Sept. 1914.</u>
<u>Home Guard.</u>	<u>Sept. 1914.</u>	<u>June 1915.</u>
<u>59th Battery.</u>	<u>June 1915.</u>	<u>Mar. 1916.</u>
<u>A.S.C. NO. 3.</u>	<u>Mar. 1916.</u>	<u>Date.</u>

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible) 1. V.D.H.

2. Loss of 1st, 2nd & 3rd right toes.

(a) Date of origin 1. Sept. 1914. 2 Before enlistment. (b) Place of origin 1 & 2 Canada.

(c) Cause* 1. Unknown. 2 Amputated after being frozen.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

SUBJECTIVE - Man feels weak. Becomes very tired after walking
1/2 mile. Gets outbreath on going up stairs. Sometimes when
lying down he has a smothering sensation. Has poor appetite.
Says he has failed about 30 lbs since enlistment in fall of
1914.

OBJECTIVE - Man appears emeciated and generally below par. 1 Well
marked systolic blow at apex. Pulse rate 34 per. min. when
sitting and 30 per min standing.
2. Amputation of 1st, 2nd, & 3rd right toes at metatarso
phalangeal joints.

STATEMENT OF THE SOLDIER

[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.

Amputation of 1st, 2nd, & 3rd right toes at Metatarso phalangeal joints.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

1. 50%. 2 10% same as at enlistment.

12. Did the disability arise on or off duty? 1. On duty. (man states) 2 Before enlistment.

13. Was a Court of Inquiry held? No.

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

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

1. Not applicable.. 2 No.

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? 1. Two months. 2 Permanent.

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

1. Ongwanada Hospital.

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? Not at present.

20. Recommendations.

Placed in Category "D" for 2 months and sent to a conv. home.

[Signature] Capt. AMC.
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

Stanley J. Drapaceau
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.

Yes.

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. (Give the nature of the condition and of the treatment required and its probable duration).

- ~~(b) Does not require treatment.~~
 - ~~(c) Should pass under his own control.~~
 - (d) Should not pass under his own control.
- (Strike out condition not applicable).

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

Placed in Category "D" for 2 months and sent to a conv. home.

Capt. AMC. President

A. Macdonald Capt. AMC. }
 G. G. Wheeler Capt. AMC. } Members.

STATION Kingston, Ont.

DATE Mar. 15/18.

APPROVED BY

DATE MAR 18 1918

W. Craig Captain A. M. C.
 For A. S. M. Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give different opinion with reasons stating the number of the answer checked.

[Dotted lines for handwritten input]

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

22. It is certified that the soldier (a) Does require treatment. Give the nature of the condition and of the treatment required and its probable duration.

[Dotted lines for handwritten input]

23. Is it recommended that the soldier be discharged? (When not for discharge, not special recommendation.)

[Dotted lines for handwritten input]

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. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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

TRIPPLICATE

STATION.....Kingston..... DATE April 23/1918

1. (a) Unit.....A.S.C. 73..... (b) Regimental No.....454099..... (c) Rank.....Pte.

(d) Surname.....Drapeau..... (e) Christian name.....Stanley Joseph.

2. Age last birthday.....38..... Date of birth.....March 31/1880

3. Enlisted at.....Kingston..... on.....August 1914.....

4. Personal description :-

(a) Height.....5' 6"..... (b) Weight.....150..... (c) Complexion.....dark.....
(stripped)

(d) Colour of hair.....black..... (e) Colour of eyes.....brown..... (f) Identification marks.....Tattoo

.....right forearm - 2 flags, crown & gun..... R.C.A. Loss of 1, 2, & 3, toes.....
right foot.

5. Address after discharge (for the use of the Board of Pension Commissioners).....

.....159 Queen St., Kingston, Ont.

6. Former trade or occupation.....Labourer.

7. (a) Service

Years.....5..... Days.....8 months.

PERIODS

From

To

5th Field Battery to 14th H.G.
to 59th Battalion
to C.A.S.C.

August 1914.

Date.

(b) Has he been overseas?.....No.....

8. Present disease or disability (use authorized nomenclature if possible).....Valvular disease of the
heart. 2. Defective vision. 3. Defective hearing.

(a) Date of origin.....1. Sept. 1914. 2. 1910..... (b) Place of origin.....Kingston. 2 & 3.

3 Jan. 1917. (c) Cause.....1, 2, & 3, Not known. (Canada)

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Man says he felt alright at time of enlistment, but after inoculation his
feet and abdomen began to swell, and he became very short of breath on exer-
tion, and was in Hospital. In three weeks he returned to duty. Since that
he has been doing light duty up until March 1/19. He was then sent to
hospital. Man now complains of dizziness, weakness and shortness of breath
on exertion. Man says he can walk 2 miles without discomfort if he takes
his time. Says he has dizzy spells 3 or 4 times a day. Says if he stoops
over, he gets dizzy and can hardly get up again. Man well nourished. Heart
apex in 6th interspace, mammary line. There is a systolic murmur heard best

[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.]

at apex, only slightly transmitted, apex beat 30 per minute. (P.T.C)

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.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? **1. Man says on duty. 2. Before enlistment. 3. on duty.**

13. Was a Court of Inquiry held? **1, 2, & 3, Not applicable.**

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

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

1, 2, & 3, Not applicable.

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

(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? **1. Permanent. 2. Permanent. 3. Permanent.**

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

Ongwaneds Military Hospital, Kingston.

Queen's Military Hospital, since March 22/18.

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

19. Can the former trade or occupation be resumed? **With limitations (marked)**

20. Recommendations **That this man be discharged.**

M. Asselstine Capt C.M.P.
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 **S. J. Drapeau** 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

S. J. Drapeau
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.

Yes.

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). **Yes.**

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable).

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

Wm Gibson Caprauc President
E. P. Macballeu Members.

STATION Kingston.

DATE April 25/18.

APPROVED BY

DATE APR. 30. 1918.

W. Craig Captain A. M. C.
 For A. D. M. S. M. District No. 13 Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

Pulse rate 50 per minute, radials slightly sclerosed. Wasserman negative, Digestive system normal, except that man says he has to be careful of his diet. Says Lungs - normal. B.P. Systolic - 135. Diastolic 88. Urinalysis - 1020, trace of alb. few pus cells. No sugar. This is probably a case of complete heart block. (2) Man complains of his eyes, when he does not use glasses. Left pupil larger than right. Lt-Col. J.C. Connell's report on eyes, as follows:- Complains of weakness left eye. Small patch of old choroiditis, left fundus, temporal side of disc, does not affect vision which is $\frac{20}{20}$ and J.I. in each eye. No treatment indicated. (3) Man complains of ringing in ears. (Report on ears) Ears - slightly O.M. CC, with ears, Complains of trinitis in right. Hearing approximately normal. Voice 12 feet. No treatment indicated.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....Stanley J. Drapeau.....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.
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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. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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.