

ATTESTATION PAPER.

No.

Original
MAR 15 ENTW
919086

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Dyer.
- 1a. What are your Christian names?..... Frederick William.
- 1b. What is your present address?..... 287 Ninth Ave. Rosemount. (Montreal)
- 2. In what Town, Township or Parish, and in what Country were you born?..... Bermondsey, London, England.
- 3. What is the name of your next-of kin?..... Ida Dyer.
- 4. What is the address of your next-of-kin?..... 287 Ninth Ave. Rosemount. (Montreal)
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... 8th. April. 1871.
- 6. What is your Trade or Calling?..... Machinist.
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... Composite Regt. also Lincolnshire Regiment.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick William Dyer., 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.

F. W. Dyer (Signature of Recruit)

Date March. 15th. 191 6 [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick William Dyer., 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.

F. W. Dyer (Signature of Recruit)

Date March 15th 191 6 [Signature] (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 Montreal this fifteenth day of March 191 6.

[Signature] (Signature of Justice)

Description of Frederick William Dyer. on Enlistment.

Apparent Age 45 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 7 ins.
 Chest measurement { Girth when fully expanded 45 ins.
 Range of expansion 2 ins.
 Complexion Dark.
 Eyes Grey.
 Hair Dark.

Religious denominations { Church of England X
 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 Mar 15 1916 At Macdonald
 Place Montreal at this
 Medical Officer.

*Insert here "fit" or "unfit."
 NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

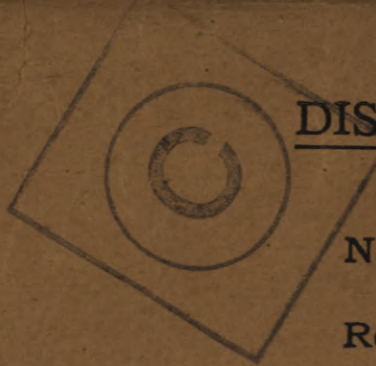
CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick William Dyer., 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 March 15th 1916 [Signature] (Signature of Officer)

30/7/19

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2



DISCHARGE DOCUMENTS

Name Dyer, Frederick William
 Regt. No. 919086 Rank Pte
 Corps 199th Bn. C.E.F. D.co. I. C. R.

R. O. No.
 H. Q. No. H

(2) M.H.S.
 (1) Dental History sheet } forwarded to M.I.4 on 17/11/19
 (2) d.P.C. } Ref. 4 — 2436/23-12/18
 2505
 137

Prog on Disc. to BPC.
 M.Y.W. 2505
 BPC Spec 475 d/14.7.19
 2.44/16
 2.87/17
 Comp. Disc. to BPC.
 M.Y.W. 2505
 BPC Spec 611
 2/17/19
 M.H.S.

H.Q. 16-1-29. 7 Aug 10th 1915 D. 042983



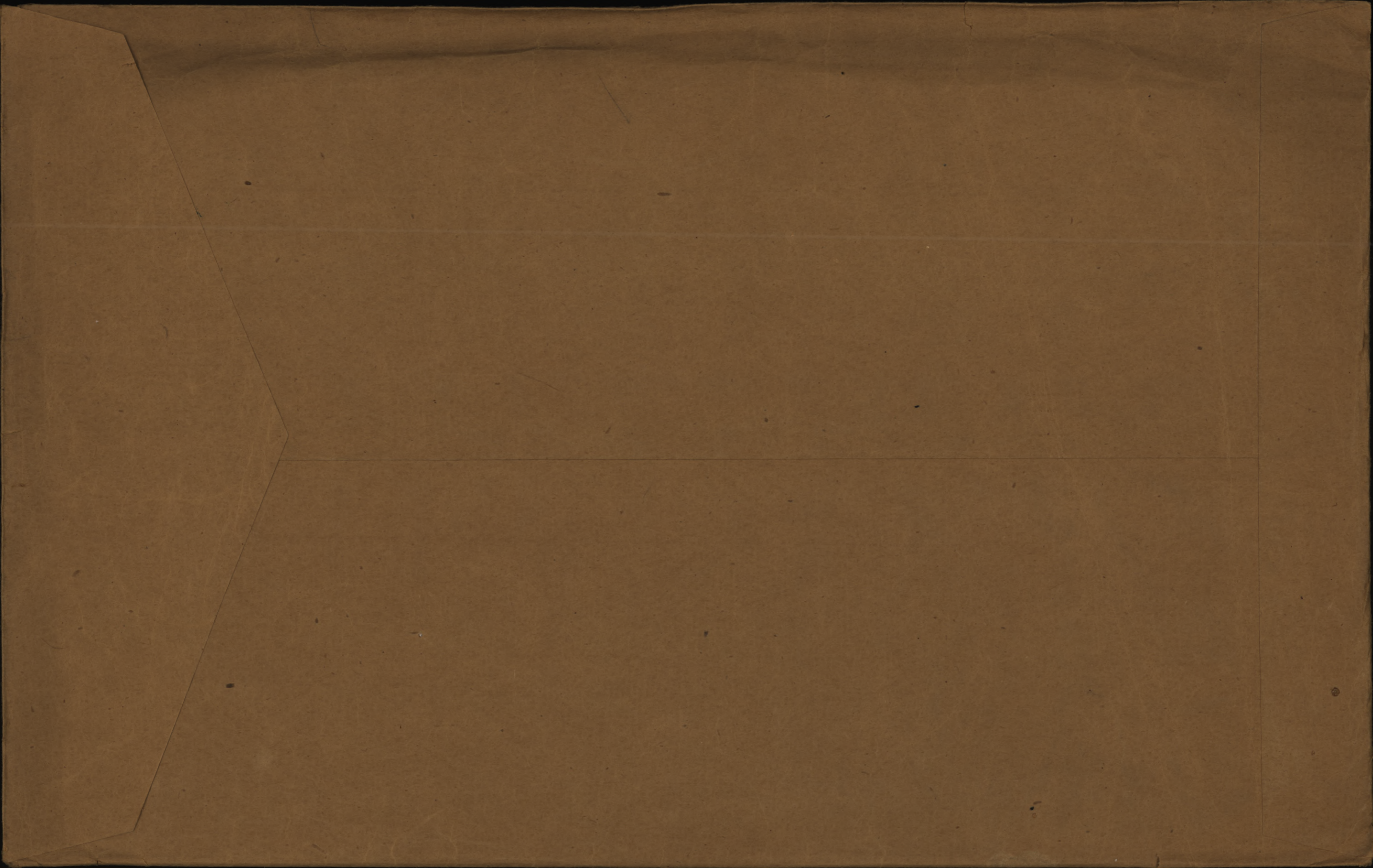
m. F. W. 67-2

1-14
 1-14

M. F. W. 62.
 50M-9-16.
 H Q. 1772-39-935.

M.X.
 10/15/21

[Handwritten signature]
 D.S.



611

611

475

This space to be for numbers.

Proceedings on Discharge.

H

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

No.	919086
Rank	Private
Name	Dyer, Frederick William
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	199 Bn. C.E.F., D.CO.I.C.R.
Date of Discharge	November 24th, 1916.
Place of Discharge	Montreal Que.

C

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....45.....years.....months.
 Height.....5.....feet.....7.....inches.
 Complexion **Dark**
 Eyes **Grey**
 Hair **Dark**
 Trade **Machinist**
 Intended place of residence }
 (To be given as fully as practicable.)

Descriptive Marks

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

H. Q. 16-1-29 of August 10th. 1915.

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.

Very good

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.)

Machinist

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

*13-12-16
D.M.*

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on 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, Que.

[Handwritten Signature]

(Date)..... November 24th, 1916.

Commanding CAPT. AND ADJT.

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, Que. *[Handwritten Signature]* (Signature of Soldier.)

(Date)..... November 24th, 1916. *[Handwritten Signature]* (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 ²/₅ days.

Total.....years ²/₅ days.

11. Confirmation of Discharge.

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

(Place)..... Montreal, Que.

(Signature) *[Handwritten Signature]*

(Date)..... November 24th, 1916.

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.

..... *F. W. Dyer*

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> <hr/> <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.

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

*mt
not stated*

Unit, Regiment or Corps 199th., C. E. F.

Regimental No. 919086 Rank Private Name Dyer. Frederick William
919086 C. E. F.

Enlisted (a) 15-3-16 Terms of Service (a) 20 of W Service reckons from (a) 15-3-16

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>25. 11. 16.</i>	<i>199th Br.</i>	<i>S. O. S. "Ind unfit"</i>	<i>Imperial P. O.</i>	<i>24-11-16 10.8.13.</i>	<i>ph in adu #244.</i>
					<i>St. Paul for Dyer.</i>

(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.

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 199th. Battalion C.E.F.
 Duchess of Connaught's Own Irish Canadian Rangers.

(2) Regimental Number..... 9-9086

(3) Full Name of Soldier..... Dyer
 Frederick William

(4) Place of Birth..... London
 England

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

(6) If married, state,
 (a) Full name of your wife..... Ida Mathilda Dyer

(b) Present Postal Address..... No. 294 -- 4th. Avenue
 Rosemount P.O.

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

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

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

Also their names and ages..... Nil.

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

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

(10) Is your Mother alive?.....**No.**.....

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

(11) If your Mother is a widow.....**No.**.....

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

(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.

Nil.

(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.

NIA.

(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.

Yes **Wife**

(15) Are you insured?.....**No.**.....

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

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

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

M. J. Thompson
CAPT. & ADJT.
FOR LIEUT. COL. G. C. BETHEN, C. E. F.
Officer Commanding.

Date **November 14th. 1916**

MEDICAL HISTORY SHEET. ORIGINAL

Surname Dyer. Christian Name Frederick William.

Examined { on 15 day of March. 1916
 at Montreal, Que.

Birthplace { City or Town Bermondsey,
London, England.
 County _____

Approved by At Macdonald
 Rank St Mace M.O.

Apparent age 45

Trade or occupation Machinist.

Height 5 Feet 7 Inches. M.O.

Weight 140 Lbs. M.O.

Chest measurement { Minimum 35 inches. M.O.
 Maximum expansion 2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right ✓ Left _____
 Number Several

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

When Vaccinated last May 1915 M.O.

(a) Marks indicating congenital peculiarities or previous disease _____ M.O.

Date.	Result.	VACCINATIONS.

(b) Slight defects but not sufficient to cause rejection
Spina to Dental Corps
Small tumor on left foot

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5.7.16</u>		} J. B. ...
<u>13.7.16</u>		
<u>27.7.16</u>		

Enlisted on 15th day of March. 1916 at Montreal, Canada.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>199th Batt.</u>	<u>919086</u>		
Transferred to	<u>C. E. F.</u>	<u>919086</u>		
	<u>Irish Canadian Rangers.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Montreal</u>	<u>Oct. 25-16</u>	<u>Chronic malaria</u> <u>old age</u> <u>unfit.</u>	<u>Discharged</u> <u>unfit</u> <u>on Church's</u>

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Montreal		31	mar	16	6	apr	16	Bronchitis Empysem ^{acute} mild	6	test. Expectorants no malaria organisms found fit	Al. Lawrence

16-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mr Ida Weyer
Address ~~284th Ave~~
294th Ave.
Rosemount
Montreal Que

Name of Soldier Weyer Frederick W
Regtl. No. 919086
Rank Pt.
Corps 199 Batts
To what Corps belonging }
when called out }

Relation to Soldier }
wife, child or mother } wife

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<u>M 28747</u>	<u>10</u>	<u>10</u>

ACCOUNT CLOSED
DATE..... PER W

Weyer

Dive

mas - m.B.

385

65

10-10-1917
10-10-1917
10-10-1917

RECEIVED

10-10-1917

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

wife
PAYMENTS.

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Sda. Meyer

Name of Soldier

Meyer Frederick M.
919286

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>01742</i>	<i>20 -</i>	<i>20</i>
May		<i>45980</i>	<i>20</i>	<i>20</i>
June		<i>79025</i>	<i>20</i>	<i>20</i>
July		<i>711137</i>	<i>20</i>	<i>Re-write cheque</i> <i>20</i> <i>11137 Cancelled</i>
Aug.		<i>P 13610</i>	<i>20</i>	<i>20.</i>
Sept.		<i>Q 13924</i>	<i>20</i>	<i>20</i>
Oct.		<i>Z 18600</i>	<i>20</i>	<i>20</i>
Nov.		<i>622440</i>	<i>20 -</i>	<i>Dis. again amended to 11/11/16 - bug D. 1076</i> <i>20</i> <i>622440 cancelled WTD</i>
Dec.		<i>625981</i>	<i>20</i>	<i>Dis 24/11/16 pml 28/11/16 WTD</i> <i>20</i>
Jan.	1917	<i>M 25631</i>	<i>2 -</i>	<i>Corr. Dis. 4/12/16 pml 5/12/16 WTD</i> <i>→ abailed 12/12/16.</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

(2)

ACCOUNT CLOSED

DATE..... PER *W*.....

~~*240 done to close*~~

Lt. H. P. Jones #1
and C. P. 25/8/19

65

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Dyer*
Surname

F. W.
Christian Name

Regimental Number *919086*

Rank *Spr.*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 58961—M. & D. 9721

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

M. F. W. 127
300M-1-19
1772-38-1140

Remarks:

File No. 5194-7-23

WAR SERVICE GRATUITY.

Register No. Lpic Reg.

68/2029

Reg. No. 919086 *SP*

Name Dyer *F. W.*

Address Deceased
23.6.19

Dependent _____

Address _____

Pay Soldier \$ _____

Pay Dependent \$ _____

Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Less further Dr. Bal. or overpayment. _____

Net _____

*R. W. 113
21-10-20*

Clerk _____

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1				<i>Not Eligible under ^{P.L.} 3165 less than one year in Cam only</i>				
2								
3								
4								
5								
6								

O. Casauer

16.10.20

GEN'L AUDITOR
 Posting checked by

 Date.....

*R. W. 113
14/10/20*

649-D-4776

CARD NO.

SURNAME.

Myer

CHRISTIAN NAMES

Frederick William.

REGL. NO.

919086

RANK

Pte.

UNIT

199th.

FORMER CORPS

Composite Regt. + Lincolnshire Regt. Batt.

SOS - Des

FOLL

24-11-16 - 4

NEXT OF KIN.

NAMES IN FULL

Myer, Mrs. Ida.

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

~~257, 9th. Ave. Rosemount~~
294-4th., Ave., Montreal P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Bermondsey London

DATE

Apr. 8th, 1871.

PLACE OF ATTESTATION

Montreal P. Q.

DATE

Mar. 15th, 1916.

MARRIED *yes* SINGLE WIDOWER
TRADE OR CALLING *Machinist* RELIGION *Church of England.*

DESCRIPTION.
APPARENT AGE *45* YEARS MONTHS
HEIGHT *5* FEET *7* INCHES
CHEST MEASUREMENT *35* INCHES EXPANSION *2* INCHES
COMPLEXION *Dark* EYES *Grey* HAIR *Dark.*
DISTINGUISHING MARKS *Nil.*

MEDICAL EXAMINATION. PLACE *Montreal P.Q.* DATE *Mar. 15th, 1916*

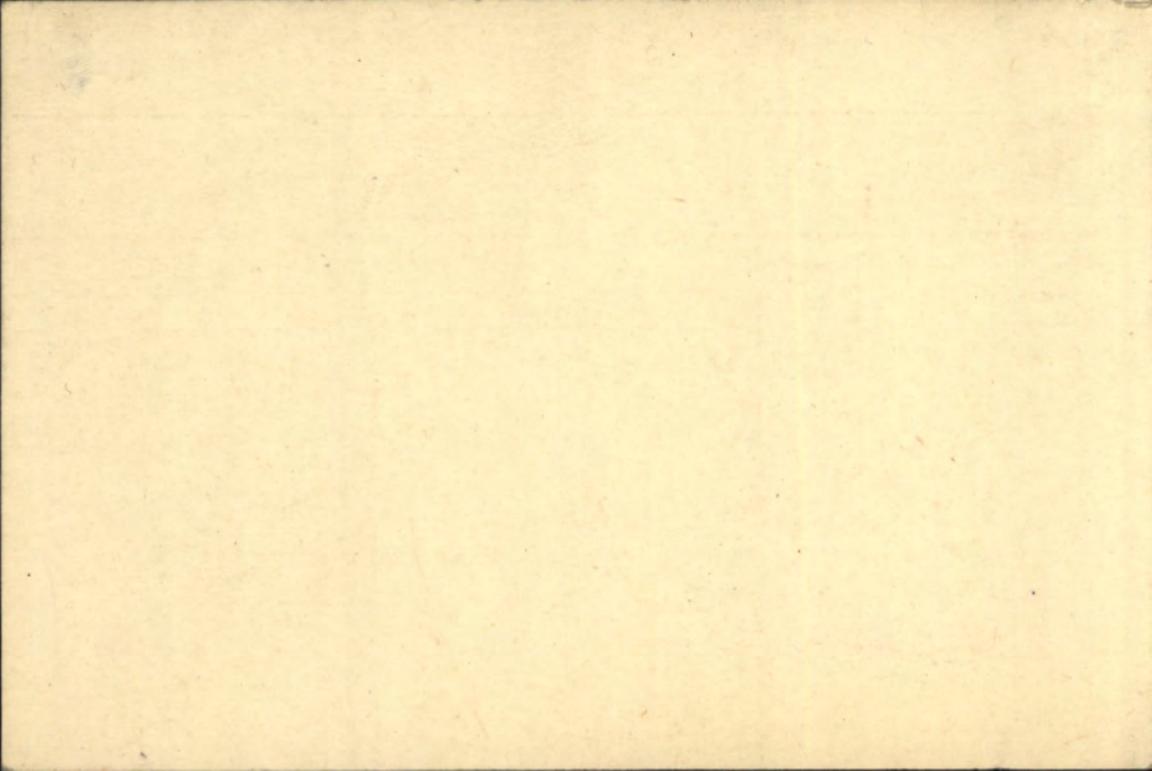
No. 919086 RANK Pte

NAME Syer Fred Wm

T.O.S. 16-3-16 UNIT 199th Battalion
 (Do# 27-16-3-16)

M. D. 14

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM 1916	TO 1916		PARTICULARS	AUTHORITY
Mar 16	Mar 31	✓		<p>UNIT SAILED DEC 15 1916</p> <p>Do 244 of 25-11-16</p>
April		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov. 1	Nov. 24	✓	S.O.S. 24-11-16	
			a/c closed by payment (2)	



649-D-4776.919086 Pte.F.W.Dyer.CEF., *199 Bn. #4*

Note. Unable to locate next of kin.

53450

a

*Canada only.
m.f.*

MEDICAL HISTORY OF AN INVALID.

1. Station Montreal
 2. Regiment or Corps. 199th O/s Bn.
 3. Regimental No. and Rank.

8. General remarks on his:—

919086

4. Name. Dyer, F.W. ✓

(a) Conduct.
 (b) Habits.

5. Age last Birthday. 46

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on March 15, 1916
 at Montreal

7. Former trade or occupation.
Coachman

Date. 25-10-16

9. Service.

Years. 236 Days.

PERIODS

	PERIODS	
	FROM	TO
<u>199th O/s Bn.</u>	<u>15-3-16</u>	<u>25-10-16</u>

10. (a) Disease or disability. Arterio-Sclerosis, Malafia fever

(b) Date of origin. -

(c) Place of origin. -

(d) Cause. -

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Arteries are hard and he is

constantly under treatment for chills & fever

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

no

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

no



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

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Not applicable

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

Not applicable

14. Treatment.

Nil

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

No

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

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Nil

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

Unfit for service

(sgd) J.P. Brannan, Capt. A.M.C.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

11.

Yes

12.

15.

16.

17.

18. Is he unfit for Military Service. Yes

Recommendations :

That he be discharged

Signatures :—

(sgd) E.J.O'Connor, Capt. President.

(sgd) This.A.Goodchild, Capt. AMC.

Station. 25-10-16

(sgd) J.Leavett, Capt. AMC. Members.

Date. Montreal.

Date. 27-10-16

(sgd) H.S.Muckleston, Major
for Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
 Date

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

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

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Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 300m. 8-16
 H. Q. 1772-28-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }
 Date of final disposal }
 How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.