

ATTESTATION PAPER.

No. 2100

Folio.

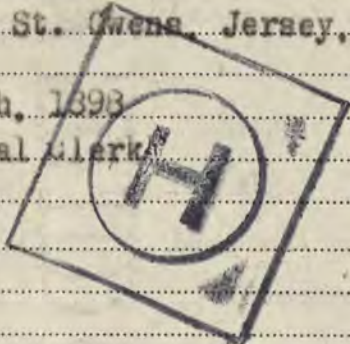
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

m.  
26/9/18.

- 1. What is your surname?..... Hamon
- 1a. What are your Christian names?..... Francis
- 1b. What is your present address?..... Jersey Channel Islands, England
- 2. In what Town, Township or Parish, and in what Country were you born?..... Jersey Channel Islands, ~~England~~
- 3. What is the name of your next-of kin?..... Lydia Ann LeFeuvre
- 4. What is the address of your next-of-kin?..... Flemont, St. Owens, Jersey, C. I. Eng.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... June 30th, 1898
- 6. What is your Trade or Calling?..... Commercial Clerk
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? .. Nil
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason?..... Nil



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Francis Hamon, 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.

Francis Hamon (Signature of Recruit)

Date August 6, 1918 . W. J. S. [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis Hamon, 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.

Francis Hamon (Signature of Recruit)

Date August 6th, 1918 . W. J. S. [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 St. John, N.B. this 6th day of August, 1918.

W. J. S. [Signature] (Signature of Justice)

M. F. W. 23.  
750 M.-1-17.  
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Francis Hamon on Enlistment.

Apparent Age.....20.....years 2.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....7.....ins.

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

Complexion.....Fair.....

Eyes.....Hazel.....

Hair.....Light.....

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

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).

Vision:- RD20 LD20

Hearing:- Normal, both ears.

Slight amount of chicken breast on right side.

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.....August 6.....1918

Place.....St. John, N.B......

*[Signature]*  
Capt  
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.

.....Francis Hamon.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*[Signature]* Major.....(Signature of Officer)

C.O. 9th o/s Siege Battery, C.E.F.

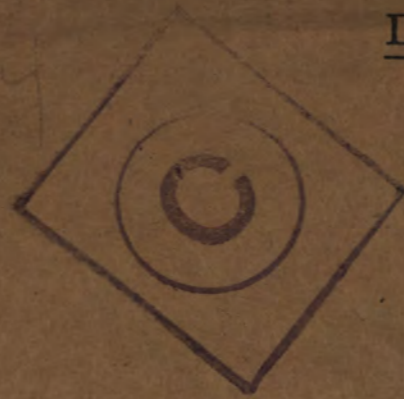
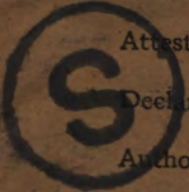
Date.....August 6th,.....1918.

BP. 13-1-19.

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



Name HAMON, FRANCIS.  
Regt. No. 2100729 Rank Gnr.  
Corps #7 Arty. Dep.  
DECEASED.



5617

9-27.  
28-27  
28-27  
1



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

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.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Rec. S. 2104  
M. 21303-1  
M. 211129-1  
M. 21202-2

M. X  
H  
1-2-27

1500

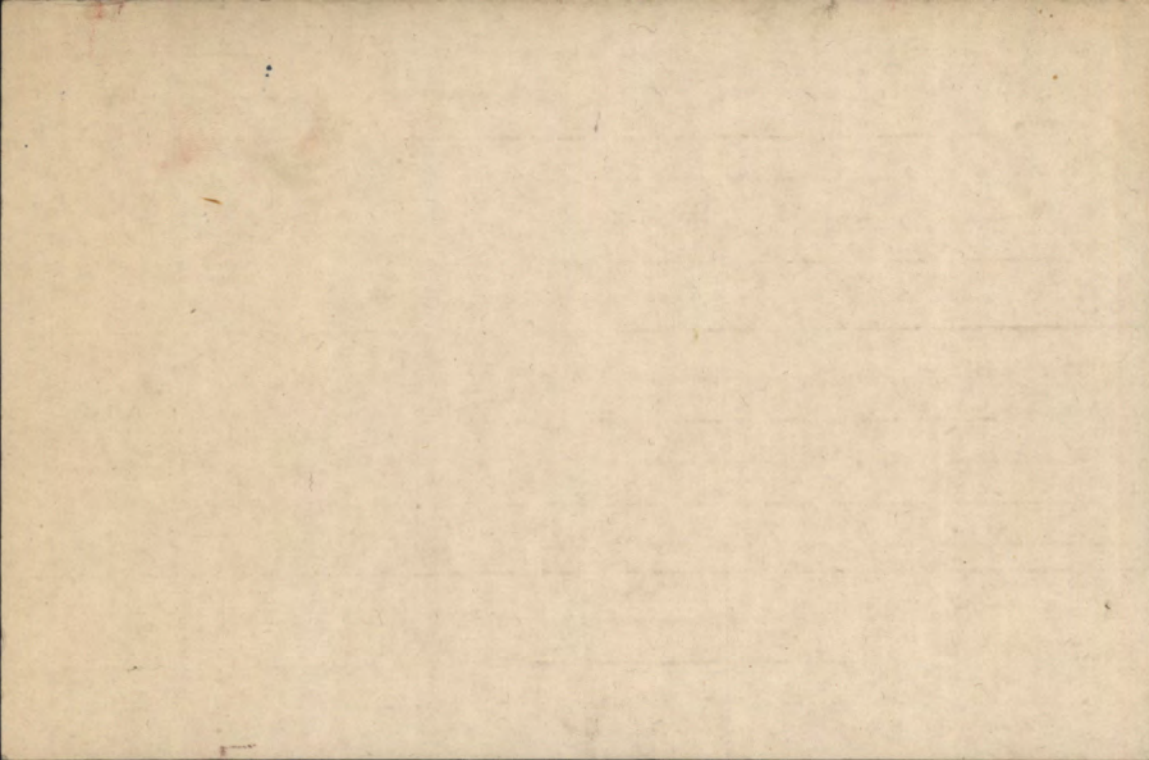
Surname *Hamon*  
Christian names *Francis*  
Regtl. No. *2100729* Rank *Gnr.*  
Unit *9th Siege Bty.*

H. Q. ....  
M. D. No. *7*  
T. O. S. *Aug. 6th* 19 *18*  
D. O. Pt. II *219* of *7-8-18.*  
S. O. S. *20-12* 19 *18*  
Reason *Dec.*  
Auth. *100 27923-12-18 #701-*  
*Alps HC 4A*

Next of kin *Letessier, Mrs. Lydia A.* Relationship *Mother.*  
Address *Pleasant St, Newark,*  
*Jersey, C. D.*

Also notify:

BORN—Place *Channel Islands, Jersey* Date *June, 30th. 1898.*  
ATTESTED—Place *St. John, N. B.* Date *Aug. 6th. 1918.*  
O/S.....  
R/C.....



LEDGER No. 7032

SERIAL No. 214776

REG. NUMBER 2100729 NAME Harmon J

RANK Cms CORPS 7 art Dep

AGE 20 SERVICE 6 8/12

NAME OF HOSPITAL Military PLACE St John N.B.

DATE OF ADMISSION 16/12/18

DISEASE Influenza + Lobar pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unit 207/18 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



✓ ✓ ✓ ✓ ✓ ✓  
Hamon, F., Gnr. 2100729 7th Art. Dpt. 649-H-25682

Med. & Dec. ( Mother ) Mrs. Lydie A. LeFleuvre,  
Plemont, St. Owens,  
Jersey Channel Is., Eng.

P. & S. ( Father ) Francis Hamon, Esq.,  
Address as above.

Mem. Cross. ( Mother ) " 47150"

*Canada Only*

*-B-*  
*R.R.*

*M*

45-052

FEB 12 1971

749

MILITARY SERVICE ACT, 1917.  
**MEDICAL HISTORY SHEET.**

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

1. Surname Hamon Christian name Francis  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule \_\_\_\_\_  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
 4. Address (including street and number, if any) Jersey Channel Islands England

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6 day of August 1918 by the undersigned medical board sitting at Battery Point Camp St John's B.

5. Age as stated 20 Years 2 Months. 6. Apparent age 20 Years \_\_\_\_\_ Months  
 7. Height 5 Feet 7 Inches. 8. Weight 145 Pounds.  
 9. Chest measurement { Minimum \_\_\_\_\_ Ins. 10. Complexion Fair { Eyes Hazel  
 { Maximum \_\_\_\_\_ Ins. { Hair Light  
 11. Physical development \_\_\_\_\_ { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm ✓  
 { Left arm 4 14. When vaccinated last 1914

15. Distinctive marks and marks indicating congenital peculiarities or previous disease  
slight amt of scar on breast on right side

16. Slight defects but not sufficient to cause rejection  
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
 { Tuberculosis { Tuberculosis  
 { Syphilis { Syphilis  
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2  
 17. (a) Vision R. 20 I. 20  
 (b) Hearing, R. normal L. normal

\_\_\_\_\_  
 President.  
 \_\_\_\_\_  
 Member. \_\_\_\_\_  
 Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/8/18</u>		<u>B J Dash Capt. M.O.</u>	<u>6/8/18</u>		<u>B J Dash Capt. M.O.</u>
		<u>M.O.</u>	<u>27.8.18</u>		<u>B J Dash Capt. M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 6 day of August 1918 at St John's B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>79 OVERSEAS SIEGE BATTERY, C. E. F.</u>	<u>2100 728</u>		<u>6-8-18</u>
Transferred to.....				

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION	DATE	DISEASE	RESULT

Signature of Man



Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... Gunner ..... Name..... Francis ..... Surname..... Hamon .....  
 Unit of Corps..... #7 Artillery Depot O.S. ..... (If a soldier) Regtl. No. 2100729 .....  
 Born at..... England ..... on, (date)..... June 30th, 1898 .....  
 Signature (for identification)..... Francis Hamon .....

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
<u>145</u> lbs.	<u>Hazel</u>
Height	Identification Marks, Scars, etc.
<u>5</u> ft. <u>7</u> in.	<u>Chicken Breast (slight)</u>

2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No

## 5. HEART?

Abnormal Sounds? None

Abnormal Size? Normal

Pulse Rate? 82

Intermittence or Irregularity? No

Muscular Tone? Good

## 6. ARTERIES.—(a) Any hardening or nodulation? No

(b) Blood Pressure.

S 130 D 90

## 7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Good

## 8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1018 Reaction? Acid Albumen? Neg Sugar? Neg

## 9. SKIN, MIDDLE EAR, EYE or any other part? Normal

Vision:

Rt. Eye 20

L. Eye 20

Hearing:

Rt. Ear N

L. Ear N

## 10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

## 11. Opinion as to the health and physical condition of the one examined?

Good

Examined at St. John, N. B.

Signed *J. W. Stevens* M. O.

Date November 22nd, 1918.

*J. Francis Dawson*  
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

#9 OVERSEAS SIEGE BATTERY, C. E. F.  
FORM OF WILL

I, Francis Hamon (Name in full)  
Regimental Number 2100729 serving in 9th o/s Siege Battery, C.E.F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and  
declare this to be my last Will.

I devise all my real estate unto

My Mother, Mrs. Lydia Ann LeFevre  
Plemont, St. Owens, Jersey  
Channel Islands, England

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

absolutely, and my personal estate I bequeath to

the aforesaid

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

NOTE

This space for the  
appointment of  
Executor if  
necessary.

IMPORTANT  
NOTE

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 6<sup>th</sup> day of August A.D. 1918

Francis Hamon Signature of Soldier.

\*N.B. Personal estate includes ~~real~~ 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.

Signature of First Witness A. Demant

Address of Witness #9 OVERSEAS SIEGE BATTERY, C. E. F.

THE TWO  
WITNESSES

Occupation of Witness Bombardier

MUST  
SIGN HERE

Signature of Second Witness Geaulbonles

Address of Witness #9 OVERSEAS SIEGE BATTERY, C. E. F.

Occupation of Witness Sergeant

# FORM OF WILL

I,        do hereby certify that the within and foregoing instrument is my last will and testament, and I give and bequeath unto       

In presence of       

Signed, sealed, and delivered in presence of the within and foregoing witnesses, and in presence of the undersigned, who are duly qualified witnesses, on this        day of        19      .



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. 9th o/s Siege Battery, C.E.F.

Regimental No. 2100729 Rank Gunner Name Francis Hamon  
C. E. F.

Enlisted (a) 6-3-18 Terms of Service (a) C.E.F. Service reckons from (a) 6-3-18

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

Extended ..... Re-engaged ..... Qualification (b) Commercial Clerk

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				
<u>20 <sup>12</sup>/<sub>18</sub></u>	<u>St James St Mr Hoop</u>	<u>Died of Pneumonia</u>	<u>St John NB</u>	<u>20 <sup>12</sup>/<sub>18</sub></u>	<u>Major C. R. C. A. No. 7 Artillery Depot</u>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form Active Service

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				

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 7th Art. Depot

Hospital Station St. John NB

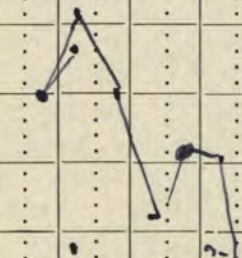
No. 2100729 Rank and Name Gov. Hamon Frank

Age 20 Service 8/2

Disease \_\_\_\_\_ Date of Admission 16/12/18 Date of Discharge 20/1/19 Result Death Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation	Dec																																																			
Days of Disease	16		17		18		19		20		21		22		23																																					
Temperature Fahrenheit	TIME		TIME		TIME		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.	a.m.	p.m.	a.m.	p.m.																		
107°	.....																																																			
106°	.....																																																			
105°	.....																																																			
104°	.....																																																			
103°	.....																																																			
102°	.....																																																			
101°	.....																																																			
100°	.....																																																			
99°	.....																																																			
98°	.....																																																			
97°	.....																																																			
Pulse per Minute	160	110	108	104	116	116	114	.....																																												
Respirations per Minute	29	26	28	32	28	32	44	.....																																												
Motions	I	III	0	.....																																																

Died at 7:10 a.m. 20-1-19



Signature J. Hallock ap... In charge of case.

CLINICAL CHART

For use with Case Book or Group Report Case

Resident Name

Date of Admission

Date of Discharge

Physician

Case No.

Room No.

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

RECEIVED BY THE PHYSICIAN

MADE IN CANADA

# CASE HISTORY SHEET.

ST. JOHN. MILITARY Hospital. ST. JOHN. N. B. Station  
No. 2100729 Rank Gnr Name Hamon Frank. Age 20  
Unit 7th art. Dep. Completed years of service } Where and how long } C. 8/12  
Date of admission 16--12--18 Date of discharge 20--12--18  
Diagnosis Influenza & Lobar Pneumonia Place of origin St. John. N. B.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

16-12-18. Gives history of being sick for about five days.  
Complaining of headache, Backache, Cough, Fever, and malaise  
Exam. Very high Temp. 104. Lungs/- Harsh breathing throughout right lung, quiet breathing in left lung, with small area of dulness at base  
17--12--18. Condition unchanged  
18--12--18. Had severe attack of epistaxis during night. Complaining of pain in left side. Friction rub region of left nipple. Face somewhat cyanosed. Temp. High. Pulse rather weak.  
19--12--18. Condition markedly worse. Respirations rapid and shallow. Pulse very weak and rapid. Stimulants pushed  
19-12-18. p.m. Condition worse. Patient in a dying condition.  
20-12-18. 7.10.a.m. Died

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

Antipyretics. Expectorants. Mustard poultices to chest. Camphor in oil  
Hyperdermically.

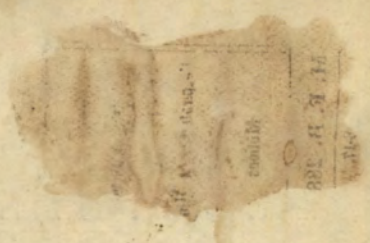
## CONDITION ON DISCHARGE

(and disposal made of case.)

Died.

Date 20--12--18

*W. H. C. Capt.*  
Medical Officer i/c case.



CASE HISTORY SHEET

DATE: 10-1-18  
PATIENT: [illegible]  
AGE: 50  
SEX: M

10-1-18. Patient admitted to hospital with acute onset of symptoms. History of [illegible] for several years. Physical examination reveals [illegible]. Laboratory studies show [illegible].

10-1-18. Patient discharged on [illegible] medication. Follow-up [illegible].

\* 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 \* Board of Medical Officers

assembled at St. John. N.B. Military Hospital.

on the 19th December 1918

by order of A. D. M. S. M. D. No. 7

for the purpose of inquiring into the physical condition  
of No. 2100729 Gunner Hamon. Frank. -- 7th Art. Dep.

PRESIDENT.

Major. E. O. Thomas. A. M. C.

MEMBERS.

Capt. S. H. Calnek. A. M. C.

Capt. A. T. Leatherbarrow. A.M.C

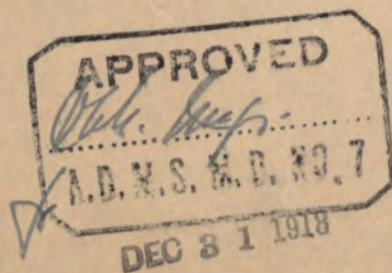
The Board having assembled pursuant to order, proceed to examine the above named man and find him to be suffering from Lobar Pneumonia, and that he is dangerously ill. Pulse weak and rapid. Respirations fast and labored. General condition very poor. Patient markedly cyanosed. The board is of the opinion that the disease will prove fatal.

Signed at the St. John.  
Military Hospital.  
St. John., N. B  
Dec. 19-18

M. F. B. 303.

150M.—1-17.

H. Q. 1772—39—133.



*E. O. Thomas Major*  
*S. H. Calnek Capt*  
*A. T. Leatherbarrow Capt*

PROCEEDINGS of a Board of Medical Officers

established at St. John's Military Hospital

on the 13th December 1918

by order of A. D. M. S. M. D. No. 7

for the purpose of inquiring into the physical condition

of No. 210073 Gunner James Frank -- 7th Div. Regt.

The signature of each member of the Board should be attached to the end of the proceedings.

PRESIDENT

Major E. G. Thomas, A. M. C.

MEMBERS

Capt. S. E. Cairns, A. M. C.

Capt. A. T. Kesteven, A. M. C.

The Board having assembled pursuant to order proceed to examine the above named man and find him to be suffering from lobar pneumonia, and that he is dangerously ill. Pulse weak and rapid. Respiration fast and labored. General condition very poor. Patient markedly cyanosed. The board is of the opinion that the disease will prove fatal.

Signed at the St. John's Military Hospital.  
St. John's, B. D.  
Dec. 19-18

APPROVED  
1918

M. R. H. 202  
100M-217  
B. C. 117-2-12



The Secretary of the Board  
has the honor to acknowledge the receipt  
of the report of the Board  
of Health, dated 19th Dec 1913

PROCEEDINGS of the Board of Health, 1913

assembled at St. John, S.A. Military Hospital,

on the 19th December 1913

by order of G. O. C. S. A. No. 7

for the purpose of inquiring into the physical condition  
of No. 2160729 Gunner Hanson, Frank, R.A.M.C.

PRESIDENT

Major, R. G. Thomas, A.M.C.

MEMBERS

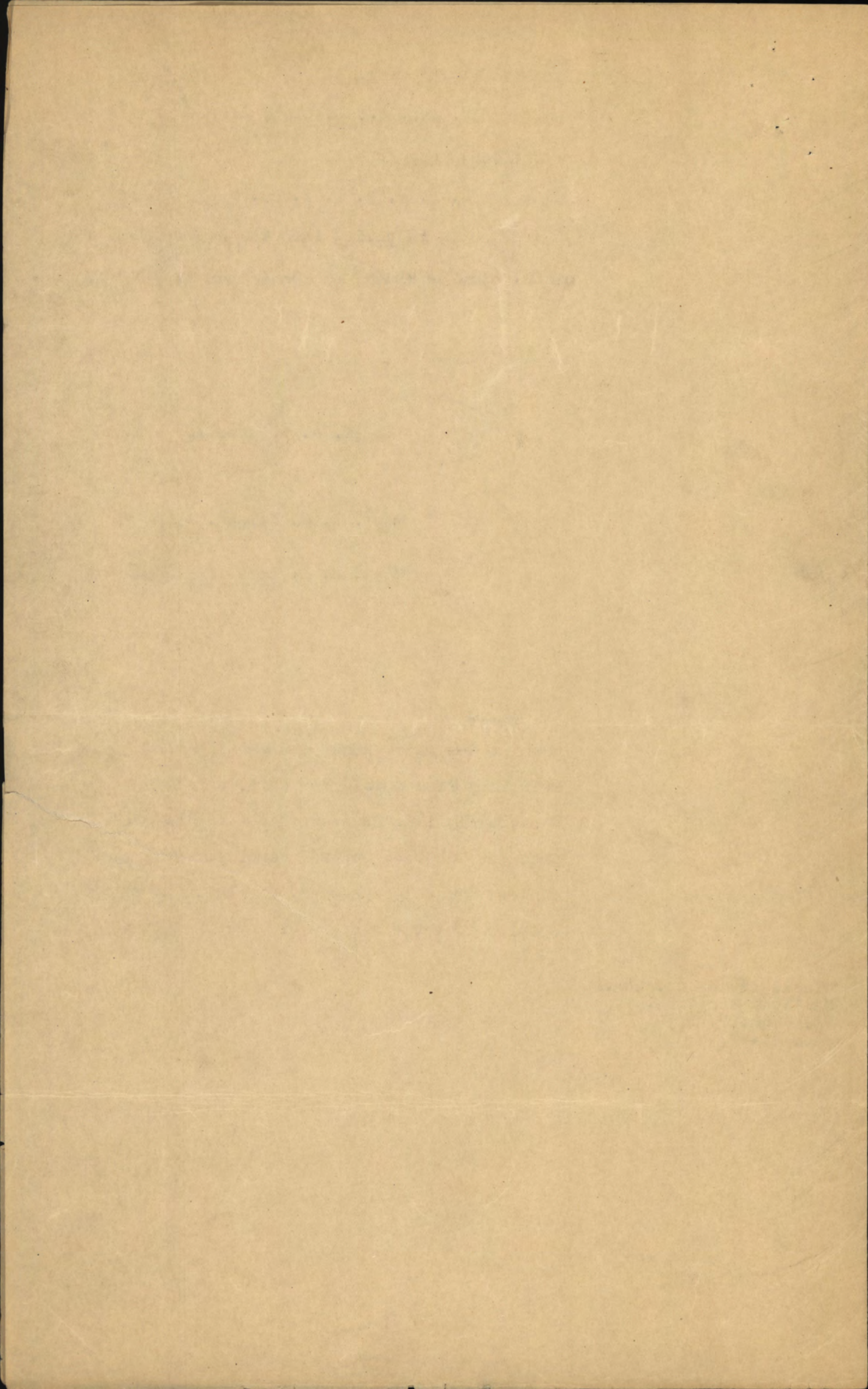
Capt. D. H. Calnek, A.M.C.

Capt. A. P. Leatherbarrow, A.M.C.

The patient was presented to the Board  
and the following report was read and found to be  
suffering from Lobar Pneumonia, and that he is  
dangerously ill. Pulse weak and rapid. Respiration  
fast and labored. General condition very poor.  
Patient markedly emaciated. The board is of the  
opinion that the disease will prove fatal.

Done at the St. John  
Military Hospital,  
19th Dec 1913

APPROVED  
[Signature]



m F B 303.121

m F N 2570.

---

passed to Est

10-1-19

Col.,  
Records,  
General.

Temporary  
Headquarters