

ATTESTATION PAPER.

No. 2710658

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... PALMER.
- 1a. What are your Christian names?..... ALFRED
- 1b. What is your present address?..... ~~KNABE~~ ANAHEIM California U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Northampton England.
- 3. What is the name of your next-of kin?..... Mrs Minnie Palmer.
- 4. What is the address of your next-of-kin?..... 1012 East Centre St Anaheim California USA
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... October 31st 1882
- 6. What is your Trade or Calling?..... Mechanic
- 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?..... 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

a.p. yash
a.p. yash
a.p.
a.p.
a.p.
a.p. yash

SUFFICIENT ADDRESS Mrs

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred Palmer, 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.

Date 13th July 1918 191 . Alfred Palmer (Signature of Recruit)
B. A. Corbett (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfrde Palmer, 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.

Date 13th July 1918 191 . Alfred Palmer (Signature of Recruit)
B. A. Corbett (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 VICTORIA, B. C. this 13th day of July 1918 191 .
Attesting Officer (Signature of Justice)

Description of Alfred Palmer on Enlistment.

Apparent Age.....36.....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. 8 1/2 ins.

Chest measurement { Girth when fully expanded.....36.....ins.
 Range of expansion.....4.....ins.

Complexion.....Dark

Eyes.....Gray

Hair.....Black

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

Vision Right 20/30 Left 20/20
 Hearing Right N Left N.

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*.....A2.....for the Canadian Over-Seas Expeditionary Force.

Date.....16th July 1918.....191

Place.....VICTORIA, B. C.

Pres.....[Signature]
 Member.....[Signature]
 Member.....6967 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.

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

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

Date.....JUL 19 1918.....191

O.C. Canadian Engineers Reinforcements, C. E. F., M. D. 11

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

2 A.C. 26-11-18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No. 649-P-15175

S

Attestation Papers.....

23

Name PALMER ALFRED

Declaration of change of name.....

Regt. No. 2710658 Rank L/Cpl

Authority for special enlistments.....

Corps Can. Engineers

Documents of re-enlisted men.....

Deceased 22-10-18

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.....

AM 122

Doc. S. F. 10-1 A.C. 26-11-18

1 copy
1 file
1 red

[Large red scribble]

[Handwritten scribble]

1138

1
26 = 11
3 - 11



MX 3016/20



22
19
18

Surname *Palmer*
Christian names *Alfred*
Regtl. No. *2710658* Rank *Spr.*
Unit *Can Eng Sps*

H. Q. *649-P-15-175-*
M. D. No. *X 4*
Do. No. 2369241/1/18-Engl. Sps-
T. O. S. *July 13th 1918*
D. O. Pt. II *81 of 207-18*
S. O. S. *22-10-18 1918*
Reason *Deceased*
Auth. *D.O. 293-22-10-18 Engl. Sps*

Next of kin *Palmer Mrs Minnie* Relationship *Wife*
Address *1012 East Centre St*
Anaheim Cal, U.S.A.
Also notify:

BORN—Place *England Northampton* Date *Oct. 31st 1882*
ATTESTED—Place *Victoria B.C.* Date *July 13th 1918*
O/S..... R/C.....



Reg. No. 2710658 Name Palmer, A. D.
Rank L/Cpl. Corps E. T. D. Age 35 Service C. 4/12
Ledger No. 159,4957,405 Serial No. C. 38492 2

HOSPITALS

DATE

DIAGNOSIS

| HOSPITALS | DATE | DIAGNOSIS |
|----------------------------|----------|-----------------------|
| Mil. & Genl. St. Johns Pt. | 27-9-18 | Influenza & Pneumonia |
| Trans General Montreal | 29-9-18 | do do |
| Died | 22-10-18 | |

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Not elig. for 1914-15 star

PALMER, A. ^{*fred*} B. Spr. #2710658, Engrs. T. Depot.

Medals (Widow)
&
Dec.

Mrs. M. Palmer,
1012 E, Center St.,
Anaheim, ¹⁰⁵⁹
Orange Co., Cal.,
U.S.A.

P. & S. "

" "

(Ser. # 808222)

Scroll Desq. MAY 7 - 192 Reqn. No. 2 41869

Memorial "

" "

Cross (Also mother)

Plaque Desq. Mrs. A. Palmer, P. 42576
430 S. Center, Orange.
Orange Co., Cal.,
U.S.A.

Sep. JUL 9 1920 (m.) C. 14681.

Sep. JUL 9 1920 (pk.) C. 14668.

mfr Canada Only

M
W.

467

(Unofficial)

MEDICAL HISTORY SHEET

Surname Palmer Christian Name A. D.

| | | | |
|--|-------------------|--------------|---------------------------------|
| Examined { on _____ day of _____ 191____ at _____ | Approved by _____ | | |
| Birthplace { City or Town _____ County _____ | Rank _____ M.O. | | |
| Apparent age <u>36</u> | Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT |
| Trade or occupation _____ | | | M.O. |
| Height _____ feet _____ Inches | | | M.O. |
| Weight _____ lbs. | | | M.O. |
| Chest measurement { Minimum _____ inches Maximum expansion _____ inches | | | M.O. |
| Physical development _____ | | | M.O. |
| Small-pox Marks _____ | | | M.O. |
| Vaccination Marks { Arm ^{Right} _____ Left _____ Number _____ | Date | Result | VACCINATIONS |
| When Vaccinated last _____ | | | M.O. |
| (a) Marks indicating congenital peculiarities or previous disease _____ | | | M.O. |
| | | | M.O. |
| (b) Slight defects but not sufficient to cause rejection _____ | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |

Enlisted on _____ day of _____ 191____ at _____

| | CORPS | REG'L NUMBER | HABITS | DATE |
|----------------------|--------------------|----------------|--------|------|
| Joined on enlistment | <u>C. E. J. D.</u> | <u>2910658</u> | | |
| Transferred to | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| STATION | DATE | DISEASE | RESULT |
|---------------------|------------|---------------------------------|---|
| MONTREAL GEN. HOSP. | Oct. 22/18 | Pneumonia (following Influenza) | On M. F. B. 303 reporting death. Died at 2.15 a.m. Oct. 22nd 1918. <i>M. Bigney</i> Capt. A. M. C. M. C. i/c Troops, M. G. H. |

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.

MONTREAL GENERAL HOSPITAL

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 | | | | |
| | | 28 | 9 | 18 | OCT | 22 | 1918 | Pneumonia (following Influenza) | 24 | Died at 2.15 a.m. October 22nd 1918. | <i>A. M. O.</i> M. O. i/c Troops, M. G. H. |

A. M. O.
M. O. i/c Troops, M. G. H.

DISCHARGED BY A MEDICAL BOARD
Influenza
Pneumonia (following
O.C. 5504 1918.
Died at 2.15 a.m.
October 22nd 1918.

MEDICAL HISTORY SHEET

Engineers Reinf. C.E.F.
FORM OF WILL

I, Alfred Palmer (Name in full)
Regimental Number 2710658, serving in Engineers Reinf. 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

Nil

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

absolutely, and my personal estate I bequeath to

Mrs Dinnie Palmer, Wife
1012 East Centre St, Anaheim,
California, U.S.A.

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 6th day of Aug: A.D. 1918

Alfred Palmer Signature of Soldier.

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

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

Signature of First Witness John C Miles

Address of Witness 2764 Powell St, Vancouver B.C.

THE TWO
WITNESSES

Occupation of Witness Soldier

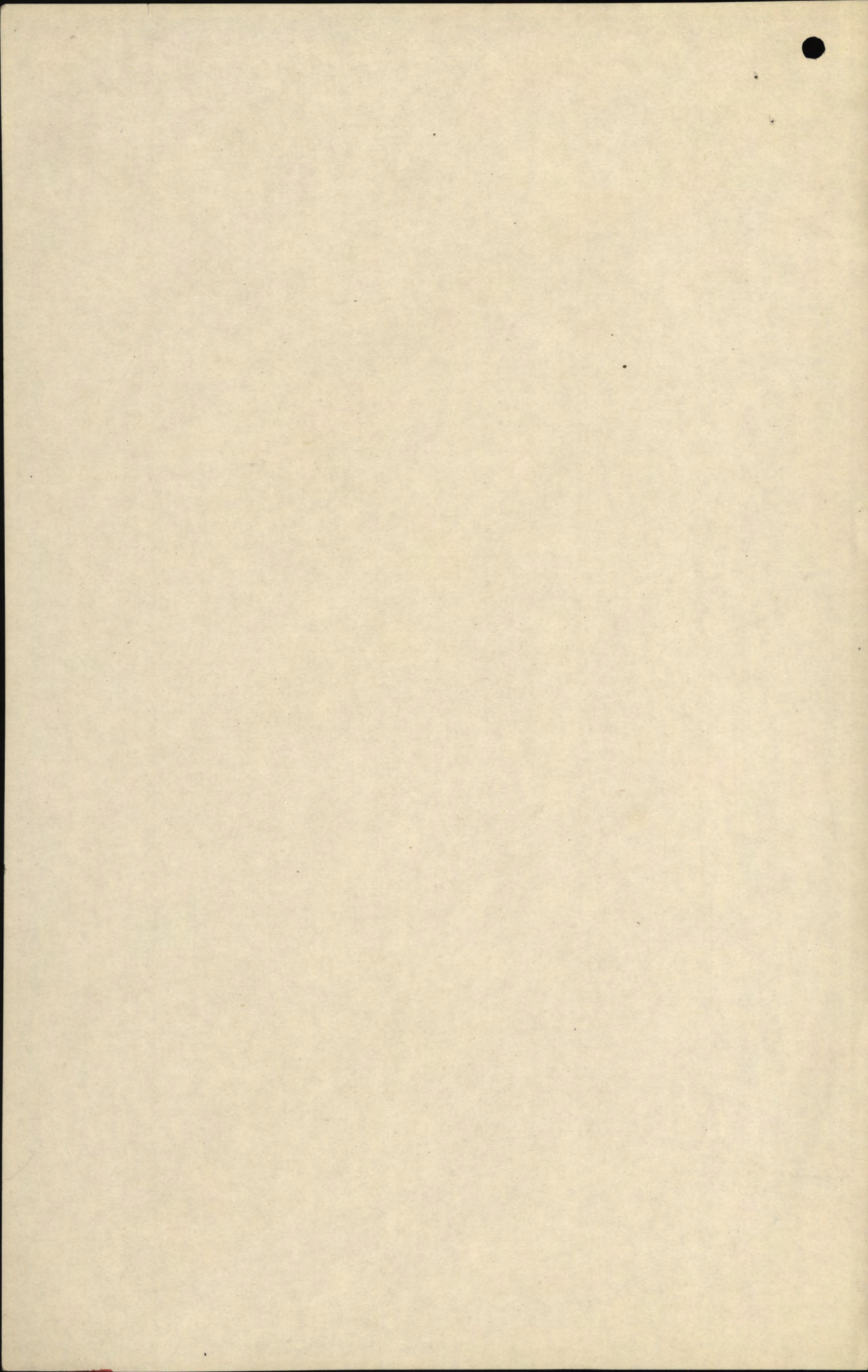
MUST

Signature of Second Witness J. E. Twelb

SIGN HERE

Address of Witness 1640 Alberni St. Vancouver B.C.

Occupation of Witness Soldier



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.

Engineers Reinf. C.E.F.

Regimental No. *2710658* Rank *Sapper* Name *Palmer, Alfred*

C. E. F.

Enlisted (a) *13-7-18* Terms of Service (a) *6 E. J.* Service reckons from (a) *13-7-18*

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

Military - Civil - Mechanic.

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>8-8-18</i> | <i>OC Can Engineers Reinf. C.E.F.</i> | <i>Appointed to rank of Acting Sargeant.</i> | <i>North Vancouver</i> | <i>6-8-18</i> | <i>No Pz-2 C/O 99 D/7-8-18</i> |
|---------------|---------------------------------------|--|------------------------|---------------|--------------------------------|

Transferred to Can Engineers Training Depot St Johns Quebec 16-8-18

(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.

Engineers Reinf. C.E.F. FORM OF WILL

I, Alfred Palmer, (Name in full)

Regimental Number 2710658, serving in Engineers Reinf. 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

Nil

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

absolutely, and my personal estate I bequeath to

Mrs Minnie Palmer, Wife
1012 East Centre St, Anaheim,
California, U.S.A.

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 6th day of Aug. A.D. 1918

Alfred Palmer Signature of Soldier.

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

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

Signature of First Witness John C Miles

Address of Witness 276 1/2 Powell St. Vancouver B.C.

THE TWO
WITNESSES

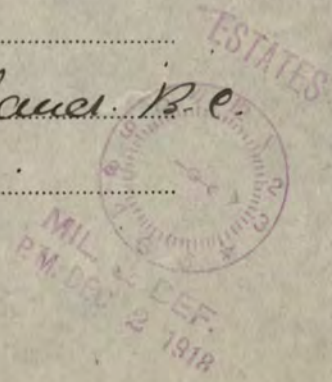
Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness J. E. Twells

Address of Witness 1640 Alberni St. Vancouver B.C.

Occupation of Witness Soldier



5107

ENGINEERS' FORM OF WILL

Know all men by these presents that I, *John A. Smith*, of the County of *Franklin*, State of *Ohio*, do hereby certify that the foregoing is a true and correct copy of the last will and testament of *John A. Smith*, deceased, as the same appears from the records of the probate court of the County of *Franklin*, State of *Ohio*, in and to which said will and testament I am a party.

Witness my hand and seal of office this *10th* day of *April*, 19*05*.

Notary Public for Ohio in and for the County of *Franklin*.

Subscribed and sworn to before me this *10th* day of *April*, 19*05*.

Notary Public for Ohio in and for the County of *Franklin*.

Subscribed and sworn to before me this *10th* day of *April*, 19*05*.

Notary Public for Ohio in and for the County of *Franklin*.

Subscribed and sworn to before me this *10th* day of *April*, 19*05*.

Notary Public for Ohio in and for the County of *Franklin*.

Subscribed and sworn to before me this *10th* day of *April*, 19*05*.

Notary Public for Ohio in and for the County of *Franklin*.

Register No. DP607

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 014141-a-46

na/mc

Regt'l No. 2710658 Name Alfred D. Palmer
(Christian Name) (Surname)
Unit Can. Engrs. Rank Spr. Date of enlistment.....
Date of casualty 22-10-15 B.P.C. File No. 5-7161
Was service performed overseas? Yes No

DEPENDENT

Name Mrs. Minnie Palmer Relationship Widow
Address 1012 Centre St.
Anaheim, Cal.
U.S.A.

Amount of Special Pension Bonus \$ 80.00 Abstracted by J. Pratt

Eligible for Gratuity \$ 90.00
Less amount of Special Pension Bonus paid..... \$ 80.00
Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ 80.00
Balance due \$ 10.00 *DL18*

Cheque No. 91900101 Date issued 12-8-20

Clerk J. North

REMARKS :

Audited by Kent 1000
Date 12/8/20

M.F.W. 2652
25M-6-30.
H.Q. 1772-89-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Overpayments to be Recovered | Total Amount Paid |
|--------------------------|-----------------|------|-------------------|-----------------|------|-------------------|-----------------|------|-------------------|--|-------------------------|
| | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
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M. F. W. 127
300GM-1-19
1772-30-1140

Remarks:

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.)

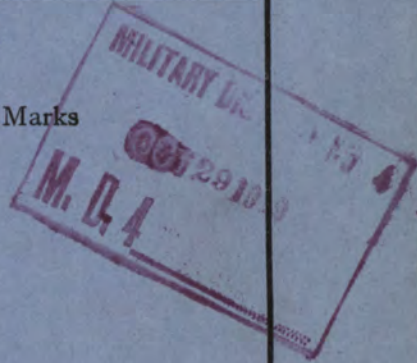
| | |
|--|--------------------------------|
| No. | 2710658 |
| Rank | Lance-Corporal |
| Name | PALMER, Alfred. |
| <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | |
| Corps (Squadron, Battery or Company) | Canadian Engineers |
| Date of Discharge | October, 22 nd 1918 |
| Place of Discharge | ST. JOHNS, P. Q. |

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....36.....years.....7.....months.
 Height.....5.....feet.....8 1/4.....inches.
 Complexion *Dark*
 Eyes *Grey*
 Hair *Black*
 Trade *Mechanic*
 Intended place of residence }
 (To be given as fully as practicable.)

Descriptive Marks

None.



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

Death.

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

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.)

Mechanic.

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

WMS

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

nil.

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

6. Medals and Decorations.....

nil.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... ST. JOHNS, P. Q......

Wm. J. Kelly Lt. Colonel C. F.
O. C. Engineer Training Depot

(Date)..... 22/10/18......

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)..... ST. JOHNS, P. Q...... (Signature of Soldier.)

(Date)..... 22/10/18...... (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.

not applicable..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place)..... ST. JOHNS, P. Q......

(Signature) *Wm. J. Kelly* Lt. Colonel C. F.

(Date)..... 22/10/18......

O. C. Engineer Training Depot

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.

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 Certificate, " 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 style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p> |
|--|---|

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.

NOT APPLICABLE

CASE HISTORY SHEET.

MONTREAL GENERAL Hospital. M. D.#4 Station.
No. 2710658 Rank L/C Name Palmer, A. D. Age 36
Unit C. E. T. D. Completed years of service --- Where and how long
Date of admission Sept. 28th 1918. Date of discharge Oct. 22nd 1918 Died 2.15 a. m.
Diagnosis Pneumonia (following Influepza) Place of origin St. Johns, P. Q.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints:- Pain in chest cough.
Patient was well up to Sept. 22nd when he developed Influenza.
He was admitted to this Hospital on Sept 28th with signs of developing Pneumonia at the right base. Patient appears ill, cough is troublesome, Dullness and blowing breathing at right base. Temp. 105.
On Oct. 2nd patient was delirious. Temp. dropped to 100. Pulse 144.
He improved somewhat till Oct. 17th when he complained of pain in upper right chest. Temp. 106. Pulse 140. Swelling around supra clavicular region right side.
Oct. 18 swelling around neck disappeared but swelling of right knee and over knuckles. Dulness over right chest extending.
He continues to be irrational and condition about the same till he died Oct. 22nd at 2.15 a.m.
Treatment=Usual nursing care. Cough, sedatives and stimulants.

On Autopsy

(a) An Anatomical Findings: Broncho Pneumonia, Septic Abscesses left knee and left wrist, Acute Nephritis, Septic Spleen.
(b) BACTERIOLOGICAL: Streptococcus, Spleen Streptococcus, Bronchus Staph. Aurerus & Streptococcus.

A. M. G.
for Capt. A. M. G.
M. O. i/c Troops, M. G. H.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

CASE HISTORY SHEET

MONTREAL GENERAL

M. D. 44

271088

L/C

Palmer, A. D.

35

O. R. T. D.

8491. 2888 1918. Oct. 22nd 1918 Died 2.15 a.m. St. Johns, P.Q. (Following Influenza)

General: Pain in chest cough. Patient was well up to Sept. 22nd when he developed influenza. He was admitted to this hospital on Sept. 23rd with signs of developing pneumonia at the right base. Patient appears ill, cough is troublesome, and blowing breathing at right base. Temp. 103. Oct. 2nd patient was delirious. Temp. dropped to 100. Pain in chest improved somewhat till O. T. 17th when he complained of pain in left right chest. Temp. 108. Swelling around supra-epiglottic region right side. Oct. 18 swelling around neck disappeared but swelling of right knee and over muscles. Improved over right chest extending. He continues to be irritable and complains about the same till he died Oct. 22nd at 2.15 a.m. Treatment: During case. Cough sedatives and stimulants.

On Autopsy: An Anterior Epidemic Pneumonia, Septic Abscesses left knee and left wrist, Acute Nephritis, Septic Splenitis. BACTERIOLOGICAL: Streptococcus, Spleen Streptococcus, Bronchus - Strep. Antrax & Streptococcus.

Case No. 271088
M. D. 44