

ATTESTATION PAPER.

No. 527359

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Roy
- 1a. What are your Christian names?..... George Alphonse
- 1b. What is your present address?..... 33 Marquette St. Montreal, Que.
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal, Que.
3. What is the name of your next-of-kin?..... Alexander Louis Roy
4. What is the address of your next-of-kin?..... 6 Shawmut St., Worcester, Mass., U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 9th Aug. 1887
6. What is your Trade or Calling?..... Salesman
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 ^{Naval or} Military Force?..... No *G. A. R.*
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? .. -
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?..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,..... George Alphonse Roy....., 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..... OCT 23 1917..... 191 . *George Alphonse Roy* (Signature of Recruit)
A. B. Thomas (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,..... George Alphonse Roy....., 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..... OCT 23 1917..... 191 . *George Alphonse Roy* (Signature of Recruit)
A. B. Thomas (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..... 23rd..... day of..... October..... 191 ?

Man Jureu (Signature of Justice)

Description of George Alphonse Roy on Enlistment.

Apparent Age 30 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Grey

Hair Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic X.....
 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).

Eyesight R. D. = 20
 " L. D. = 20
 Hearing R. Ear MA
 " L. " MA

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 OCT 23 1917 191

Place.....

*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:—

Declared **FIT** by **MEDICAL BOARD**
MOBILIZATION CENTRE, M. D. #4

W.C. J. Gaudy Medical Officer.
 President, S. M. B.

"C" Fit for Service in Canada only.

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Alphonse Roy 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.

W. C. J. Gaudy for Major (Signature of Officer)
 O.C. A.M.G. Training Depot No. 4.

Date OCT 26 1917 191



649-R-14779.

Roy G.A. Pte. #527359-C.E.F. *13th Fld. Amb.*

not elig. for stars
Medals

& Dec. (mother)

Mrs. G. Roy,
27 Chrome St.,
Worcester, Mass.,
U.S.A.

74

P.&.S. (father)

Alex. Roy, Esq.,
(Address as above)

(Serial no. 791447)

Mem. Cross. (mother)

See above.

MAR 15 1921

Scroll Desp.

Reqn. No. *2-28518*

JAN 28 1922

Badge Desp.

Reqn. No. *RC 5967*

A

Desp 1-11-20

28510
(m) C 28675

B

M

747

REGT'L. No. 527359

NAME

Roy George Alphonse

H. Q. FILE No. 649

RANK AND CORPS

Pte 13 Fld Amb Form

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

auth letter P/M
20 12 18W of K
20 12 18Alexander Louis Roy (father)
21 Chrymle Street
Shawmut St, Worcester, Mass
U.S.A.27-8
Q 710
undelivered7-11-18
25 11 18Dangill 22 C. C. S. Oct 31st 1918
Sh. Gas.12-4
Q 7178-11-18H. of W. 22 C. C. S. Nov. 1st 1918.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Q362' No 22 Cas. Clg. Stat 31-10-18 Lang ill w. (Gas)
Q3630 No 22 Cas. Clg. Stat 1-11-18 w. (shell gas.)
D. of wds. (Pw. Dong. ill

HEP
①

~~B~~

~~X~~

D

Number 5-2735-9 Rank Pte

Surname Roy

Christian Name George Alphonse

Units Camb Theatre of War France

Date of Service 2-4-18

Remarks

Latest Address Mrs G. Roy mother

Roll No 27 Chrome St.

Page 9552 Worcester Mass
U.S.A.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Remarks _____

Name will be given in full; surname first.

DESP NOV 30 1921
REGN. NO. 77417

(649-R-14779)

CARD NO.

4

SURNAME. *Roy*

CHRISTIAN NAMES *George Alphonse*

REG. NO. *527359*

RANK *Pte.*

UNIT *C. a. M. E. (Y. L. No. 4) (13th Regt)*

FORMER CORPS *nil.*

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Roy, Alexander Louis*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *27 Chrome St.
Worcester. Mass*

(S.O.M. 20/12/18.)

COUNTRY OF BIRTH *Canada Montreal. P. Q.*

DATE *Aug. 9th 1887*

PLACE OF ATTESTATION *Montreal. P. Q.*

DATE *Oct. 23rd 1917*

fr. Halifax per S. S. Muscardine 5/2/18.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Salesman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

30

YEARS

2

MONTHS

HEIGHT

5

FEET

5 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Black

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montréal, P. Q.

DATE

Oct. 23rd 1917

Present Address

33 Marguerite St, Montréal, P. Q.

No. 527359 RANK *Pte.*

NAME *Loy, G. A.*

T. O. S. I. *23-10-17* UNIT *A. M. C. Training Depot No. 4.*
(O.O. 296 of 23-10-17)

M. D. *4.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i> <i>Oct. 23</i>	<i>1917</i> <i>Oct. 31</i> <i>has</i>	<i>r.</i> <i>v.</i>	<i>Proceeded a/s. 24-11-17</i>	<i>O.O. 338 of 24-11-17</i>



Surname

Christian Name or Names

Reg. No.

ROY.
Rank

G.A. Unit

527359.

Pte.

C.A.M.C. 13FA.

Cas. List.

22. C.C.S. "Dang. Ill" 31-10-18.

6-11-18.A362.

W. (Gas)

7-11-18.A363.

DIED OF WOUNDS. 1-11-18.

W. Gas. Shl. a⁺

A.M.D. 2 DEPT.
Bch. of D.G.M.S. C.A.M.C. London.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. C.A.M.C. London.

FORM OF WILL

28.13

I, George Alphonse Roy (Name in full)
Regimental Number 127359 serving in S.C.A.M. 6.

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

H.

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

absolutely, and my personal estate I bequeath to .

Georgiana Roy, mother
6. Shawmut St.
Norchester Mass
USA

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 23 day of November A.D. 191

This must be signed and Dated by THE SOLDIER HIMSELF.

George Alphonse Roy 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 Tohu k Ruse Capt Ame

Address of Witness 660 Sherbrooke St West Montreal

THE TWO WITNESSES

Occupation of Witness Physician

MUST SIGN HERE

Signature of Second Witness W. J. Blegg Supt Ame.

Address of Witness Okalla Ave

Occupation of Witness widow Dresser

Dft. NO 4 C A M C. To C A M C T D

LTR Rank *Pte.* Name ROY, George Alphonse *13. 7 Amb.* Reg'l No. 527359
 Unit If in perm. Corps, }
 What Unit? } Married or Single *Single.*
 Place and Date of Enlistment Montreal. Oct. 23rd, 1917 Place of Birth Montreal. Quebec.
 Name and Address, Next-of-Kin Alexander Louis Roy.
~~27 STROME ST.~~
 6 Shawmut St. Worcester Mass. USA. Relationship *Father.*
AUTH. R.L. 29-R.
42-10-18.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason *PTE.* Character
 H. W. & V., Ld.,-9546-16.

N/E. R.B. No 4252
 File R.L. 25-R-3208
 Category *D.M.*

m + 26/10/22

M/E

Admiral

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		18	S/S MISSANABIE
21. 2. 18	bambd	Taken on strength	Co Sciff	3 2 18	Pte 52
3 4 18	"	SOS proc O'seas	"	2. 4. 18	" 93
11 4 18	bamb Gen	TOS on arrival in France	Co Field	3 4 18	22
14 8 18	13 7ld Amb.	TOS from bamb Gen	"	23. 4. 18	" 21 bamb Gen Pte 30 of 15. 5. 18
6- 11-18.	bamb.	adm no 22668 (Dangerously ill)	Pte Field.	31-10-18.	Gr. A 362. W (Gas).
7-11-18.	bamb.	Died of Wounds no 22668. (Spec: dangerously ill)	Pte Field.	1-11-18.	Gr. A 363. (-"-)
7. 11. 18	13. 7ld Amb	Died of Wounds	Co Field	1-11-18	Pte 59

A.F.B. 103 CHECKED
APR 1918

Casualty Form—Active Service.

527359 ✓

Regiment or Corps A.M.C. T.D. No. 4.

Rank Pte. ✓ Surname ROY ✓ Christian Name George Alphonse

Religion..... Age on Enlistment..... years..... months.

Enlisted (a) 23-10-17 ✓ Terms of Service (a) D. of War. Service reckons from (a) 23-10-17

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b) Salesman.
or Corps Trade and Rate.....

Signature of Officer.....

CERTIFIED CORRECT
 12 APR 1918
 THE GENERAL POST OFFICE, LONDON.

Report	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received			
		Embarked ...	<u>Canada</u>	<u>3-2-18</u>
		Disembarked...	<u>England</u>	<u>16-2-18</u> ✓
<u>1-2-18</u>	<u>CAMC Depot.</u>	<u>T.O.S. from Canada.</u>	<u>Shorncliffe</u>	<u>3-2-18</u> <u>Pt. 2.52</u>
<u>3-4-18</u>		<u>805 to Officers</u>		<u>23-9-18</u>
		<u>DISEMBARCKED</u>	<u>HAVRE</u>	<u>23-9-18</u>
		<u>Having arrived</u>		<u>23-9-18</u>
<u>3-4-18</u>	<u>6-6-R-B</u>	<u>as Reinforcement is taken</u>	<u>Field</u>	<u>2-4-18</u> <u>WR Pt 22 of 11/18</u>
		<u>on the strength of 6-6-R-B</u>		
<u>4-4-18</u>		<u>Left Base for 6-6-R-B</u>		<u>4-4-18</u> <u>WR</u>
<u>4-4-18</u>	<u>6-6-R-B</u>	<u>Arrived at 6-6-R-B</u>		<u>4-4-18</u> <u>WR</u>
<u>27-4-18</u>	<u>13CF Amb</u>	<u>Posted to 13CF Amb.</u>		<u>22-4-18</u> <u>B213 Pt 30</u>
		<u>ADMS 176/1994 of 23/18</u>		<u>of 14/18</u>
		<u>T.O.S. of 13-Edn Field Amb</u>		<u>23-4-18</u> <u>B213 Pt 21 of 14/18</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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
20-7-18	5766 Strs	Tempy att'd for duty with 5766 Strs		18-7-18	M.R. 6211 of 28-7-18.
30-8-18	136 S. Ambr.	Returned from Tempy duty		2-8-18	file Km. 17-2033-1
1-11-18	2266 S.	Shelt. Gas Died 1-11-18.	Adm.	29-10-18	G. 36-1667. M. 2767
1-11-18	2266 S. Death Report	Died of Wounds		1-11-18	M. R. 100 P. 59 of 1-11-18 of 6-11-18.
<p><i>A. H. Christie</i></p> <p>Capt. for Lt. Col. A. A. G. Canadian Section, B. E. F. Gen. Johnston, B. E. F.</p>					
<p><i>11/11/18</i></p>					

CR

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	ENGLAND OR CANADA.	NAME: <i>ROY, George Alphonse</i>
EFFECTIVE DATE: -			NUMBER: <i>527-359.</i>
AMOUNT: -	AMOUNT: -	PARTICULARS OF RANK OR APPOINTMENT	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
			<i>Private</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT: - <i>b. amb. 10 No 4.</i>			
DATE ACCOUNT FIRST OPENED - <i>1 Feb 1918</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>b. amb. D</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS						UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DAILY RATES OF PAY AND ALLOWANCES						
								AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE		
						<i>YES. Rendered 12-3-19</i>								
						<i>YES. Statement Bal</i>	<i>356.73</i>							
						<i>Ledger Balance</i>	<i>256.73</i>							
									<i>1.00</i>	<i>10</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE:-													
MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION		
<i>31 Mch</i>	<i>Bal. fwd</i>								<i>33 12 30</i>				
<i>Apr</i>	<i>P.P.</i>	<i>33-</i>							<i>66 12.</i>				
				<i>@ 4005-693. Canico 1/3. (8).</i>	<i>168</i>				<i>64 44</i>				
				<i>AR 153. C.E.B. Dep. 7/4. 4.</i>	<i>4 46</i>				<i>59 98</i>				
				<i>✓ 305 H.D. Fam. 13/4. 6.</i>	<i>4 46</i>				<i>55 52 45</i>				
<i>May</i>	<i>✓</i>	<i>33.</i>			<i>10 60</i>				<i>89 62.</i>				
		<i>34 10</i>		<i>AR 384. ✓ 1/5. 1.</i>	<i>3 57</i>				<i>86 05</i>				
				<i>✓ 586. ✓ 15/5. 6.</i>	<i>4 46</i>				<i>81 59.60</i>				
<i>Jun</i>	<i>---</i>	<i>33-</i>			<i>8 03</i>				<i>114 59</i>				
				<i>AR 768 H.D. Fam. 26/18 (2)</i>	<i>3 57</i>				<i>111 82</i>				
				<i>AR 909 " " 14/18 (2)</i>	<i>3 57</i>				<i>107 85</i>				
<i>July</i>	<i>---</i>	<i>33-</i>			<i>7 14</i>				<i>141 55</i>				
		<i>34 10</i>		<i>AR 1057. H.D. Fam. 7/18 (1)</i>	<i>3 57</i>				<i>137 98</i>				
				<i>" 1199 " " 13/7/18 S8</i>	<i>4 46</i>				<i>133 52 90-</i>				
<i>Aug</i>	<i>---</i>	<i>34 10</i>			<i>8 03</i>				<i>167 62</i>				
				<i>AR 1501 " " 14/18 (1)</i>	<i>3 57</i>				<i>141 19 2105-</i>				
<i>Sept</i>	<i>---</i>	<i>34 10</i>			<i>3 57</i>				<i>164 05</i>				
		<i>33-</i>		<i>AR 1748. H.D. Fam. 7/9 (3)</i>	<i>3 57</i>				<i>197 05</i>				
				<i>AR 1886 " " 10/9 (7)</i>	<i>3 57</i>				<i>193 48</i>				
<i>Oct</i>	<i>---</i>	<i>33-</i>			<i>7 14</i>				<i>189 9 170</i>				
		<i>34 10</i>		<i>AR 2315 " " 17/10 (24)</i>	<i>3 73</i>				<i>224 01</i>				
					<i>3 73</i>				<i>220 28</i>				

P.T.O

NUMBER 527359 RANK

NAME Roy George Oelphouse

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd.								220 28		
Feb 1919.											
	Platts Nov 1918.	33							253 28		
	Int on Def Pay to 30/11/18	3 45							256 73		
May		36 45									
				Int AR R271 24/11/19 Bal to tan	256 73						
					256 73						

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 Roy Christian name George Alphonse
 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) 33 Marquette St. Montreal

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18 day of Oct. 1917, by the undersigned medical board sitting at Drill Hall Craig St.

5. Age as stated 30 Years 2 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 8 Inches. 8. Weight 127 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 33 1/2 Ins. 10. Complexion Med. { Eyes Grey Hair Black

11. Physical development Good { Good Fair Poor 12. Smallpox marks No

13. Number of vaccination marks { Right arm _____ Left arm _____ 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis 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 0

Undescended Testicles

William Mapin President.
W. A. Harwell Mapin Member.
M. J. G. L. G. L. G. L. Member.



Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined _____ day of _____ 191 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. No. A

STATION	DATE	DISEASE	RESULT
			Eyes R: <u>30</u> L: <u>20</u> Ears R: <u>OK</u>

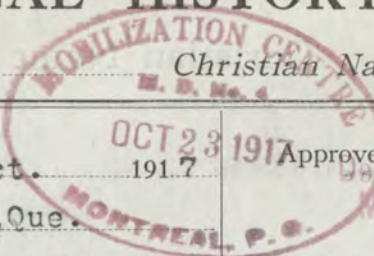
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man George Alphonse Roy

Physical: Slight

MEDICAL HISTORY SHEET

Surname Roy Christian Name George Alphonse



Examined { on 23rd day of Oct. 1917
at Montreal, Que.
Birthplace { City or Town Montreal
County Que.

Approved by *[Signature]* **Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4**
Rank *[Signature]* M.O.

Apparent age 30 yrs. 2 months
Trade or occupation Salesman
Height 5 feet 5 1/2 Inches
Weight 127 lbs.
Chest measurement { Minimum 31 inches
Maximum expansion 34 1/2 inches
Physical development good

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	
26/10/17	C III	W. H. H. Capt. Pres Med Board	M.O.
	"C"	Fit for Service in Canada only	M.O.
		INSPECTION BY MEDICAL BOARD M. D. #4 FIT NOV 23 1917 MONTREAL, P. Q.	M.O.
		<i>[Signature]</i>	M.O.
			M.O.
			M.O.

Small-pox Marks none
Vaccination Marks { Arm Right Left
Number 1

Date	Result	VACCINATIONS	
NOV - 9 1917		W.A.H.	M.O.
			M.O.
			M.O.

When Vaccinated last
(a) Marks indicating congenital peculiarities or previous disease
(b) Slight defects but not sufficient to cause rejection
Undescended testicle
C

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
OCT 26 1917		W.A.H. Hunter Lieut. A.M.C.	M.O.
NOV - 2 1917		W.A.H. Hunter Lieut. A.M.C.	M.O.
NOV - 9 1917		W.A.H.	M.O.

Eyesight R.D. = 20/20
L.D. = 20/20
Hearing R. Ear 10"
L. Ear 10"

Enlisted on 23rd day of October 1917 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	A.M.C.T.D. #4	5 27 359		23 Oct. 1917
Transferred to	<i>[Signature]</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

Surname Roy Christian Name George Alphonse

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											