1st. Canadian Tank Battalion, C.M.G.C. C.E.F.

M. D. ..... Depot Battalion ..... Regiment

1st TANK BATTALION C.M.G.C. C.E.F. Regtl. No. TK 5057

PARTICULARS OF RECRUIT TRIPLICATE

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class CHE)

1. Surname: Smith
2. Christian name: Adelard Leopold
3. Present address: 419 Champlain St. Montreal P.2.
4. Military Service Act letter and number: 304813 DC
5. Date of birth: 6 September 1896
6. Place of birth (town, township or county and country): Montreal P.2.
7. Married, widower or single: Single
8. Religion: Catholic
9. Trade or calling: Automobile Mecanic
10. Name of next-of-kin: Frank Smith
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: 419 Champlain St. Montreal
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—

(a) Place: Craig (b) Date: ..... (c) Category: A2

MOBILIZATION CENTRE M. D. No. 4 APR 15 1918 MONTREAL, P.Q.

SUFF. ADD.

DECLARATION OF RECRUIT

I, Adelard Leopold Smith, do solemnly declare that the above particulars refer to me, and are true.

Witness Paul E. Ostiguy Major. A. Smith (Signature of Recruit)

O. ile recruiting Laval O. O. R. C.'s Sections
Tank Battalion, Can. Machine Gun Corps

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. 7 mths.

Height: 5' ft. 9 1/2 ins.

Chest measurement: fully expanded: 37 ins.; range of expansion: 4 ins.

Complexion: Dark

Eyes: Brown

Hair: Brown

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

R. D. = 20
L. D. = 20
R. EAR
L. EAR

R. L. Denison Lt.-Col.
O. C. O. C. 1st TANK BATTN. C.M.G.C. C.E.F. Depot Btln.

..... Regt.

Place: Montreal Q. Date: 15/4/18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

31-3-19 DTM

REGIMENTAL DOCUMENTS

NAME SMITH Adelaide Leopold REGT. NO. ~~VR 5154~~ 276 5469 UNIT #264 S.C. Corps FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51) 2.					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 1.					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1.					Deceased.
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2.					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465) 1.					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 1.					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44) 1.					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1.					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			25114		
9 Form of W.A					

M.T. 3-2-21 R.R.

Date 24/2/21 S.S.

1
2-4
2-4

W. 2589
100M-11-18
17-2-39-1377

MILITARY SERVICE ACT 1917. ORIGINAL

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 Smith Christian name Adelard Leopold.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 304813 DC.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 419 Champlain St. Montreal

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 1 day of 5 1918 1917, by the undersigned medical board sitting at Montreal, P.Q.

5. Age as stated 21 Years Months. 6. Apparent age 21 Years 7 Months

7. Height 5 Feet 9½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins. } 10. Complexion dark { Eyes brown Hair brown }

11. Physical development Good { Good Fair Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm Left arm 1 } 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 A2

17. (a) Vision R. 20 L. 30

(b) Hearing. R. 9/1 L. 9/1

President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
14/5/18		M.O.	1/5/18		M.O.
		M.O.	10/5/18		M.O.
		M.O.	15/5/18		M.O.

Joined 10th day of April 1918 at Montreal P.Q.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st TANK BATTALION C.M.G.C. C.E.F.	TK5057		15 apr 1918
Transferred to	FH Calc.			11-9-1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	27 May/18		C11

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man Adelard Leopold Smith

Surname Smith Christian Name Albert Joseph

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
		6	2	19	19	2	19	Perforated Appendix with General Peritonitis and Acute Obstruction		On admission to R.V.H. patient complained of slight pain in right side. Temp. normal. Resp. 20. Pulse 80. Diagnosis-Appendicitus. Operation performed for perforated appendix with general peritonitis. Drain inserted. Condition slightly improved for five or six days. Second operation was performed for obstruction due to inflammatory condition. Enterotomy performed. Patient improved until the 19th.inst. Third operation was performed for acute obstruction following which patient obtained some relief but gradually became weaker and died at 2.40 A.M. February 19th.1919.	

Wilfred Bollman Capt.
M. O. i/c of Troops Royal Victoria Hospital.

D

SURNAME. Smith

CHRISTIAN NAMES Adelard Leopold

REGL. No. ~~Ik. 50 5 7.~~ 2765409. RANK Pte.

UNIT ~~1st Tank Bn.~~ ~~C.M.G.C.~~ No 4 Garrison Bn. Mont. Can. (auth 2-8-18-14-643).

T.O.S. April 15 1918

FORMER CORPS Mil.

D.O. Part II No ...

3. to 4. 16-5-18. Pt. 4 18 CARD No. 15-5-18. 3/ 5th M. Bn.

FOLL.

NEXT OF KIN.

NAMES IN FULL Smith, Frank.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 419 Champlain St., Montreal, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Montreal, P.Q. DATE Sept. 6th, 1896.

PLACE OF ATTESTATION Montreal, P.Q. DATE Apr. 15th, 1918.

L. L. 25989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Index OK

681-19-222

SMITH, Adelard, Pte. 5057. 1st. Tank Bn. C.M.G.C. form #4 R.C.A.S.C. Service Co. M.D.#4.

Medals & Dec. (Mother) Mrs. M.L. Smith,
419 Champlain St.,
Montreal, P.Q.

#4

P & S. (Father) Mr. Frank Smith,
Address as above.

Ser# 808530

Memorial Cross (Mother) Mrs. M.L. Smith,
Address as above.

Scroll Desp. 23/8/21 Reqn. No. 251919

Canada Only

FEB 9 1922

Plague Desp. Reqn. No. P 29006

FORM OF WILL

I, Adelard Smith (Name in full)

Regimental Number 5057 T.K serving in 1st TANK BATTALION C.M.R.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

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

absolutely, and my personal estate I bequeath to

Noel Smith (my mother) 419 Champlain St Montreal my overland car and to Mary Rose Smith all my money and soldiers pay and other allowances - my mother's address is 419 Champlain St Montreal P.Q.	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 11 day of May A.D. 1918

A Smith 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A E Lawson

Address of Witness 103 C.P.R. Bldg Edmonton alta

Occupation of Witness Barrister

Signature of Second Witness Andre La Ferriere

Address of Witness Murray Bay Que

Occupation of Witness Student

M. F. W. 82.
300M.-12-16.
1772-39-983.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 5057 Rank Pte Name Smith. A. (Surname first)

Unit No.4. C.A.S.C. Service Co'y. who was* Struck off strength

On February 19th/1919 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 19-2-19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 19 days at $ 1 c. 00			19	00
Field Allowance 19 days at $ c. 10			1	90
Separation Allowance				
Clothing Allowance				
Post Discharge Pay				
*Other Credits 5 days Subs.			4	00
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on ~~transfer or on~~ discharge, ~~cheque No.~~ to be paid by New Unit	24	90		
Total	24	90	24	90

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of

Assigned Pay for the month of Nil 191.....
and Separation Allce. for month of Nil 191..... } (to) Assignee Nil

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 15-4-18 married or single Single

(2) Separation Allowance, entitled or not .....(3) Reason for discharge.....

(4) Authority for discharge or ~~transfer~~ Deceased d/19-2-19 R.O.50

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 21st/February/1919.

Place Montreal, Que.

Capt. Paymaster.

Miscellaneous Units M.D. No. 4

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

M.X 3-2-21 R.R.

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. 1st TANK BATTALION C.M.G.C. C.E.F.

Regimental No. Tk 5057 Rank Private Name SMITH, Adelard Leopold

Enlisted (a) April 15, 1918 Terms of Service (a) ~~Duration of War~~ C.E.F. Service reckons from (a) 15-4-18.

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) Automobile Mechanic

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				
		Transferred to No.4 Garrison Bn. Montreal	OTTAWA	May 16 1918	Authority HQ 681-19-222.
22.5.18	1 Tk. Bn.	TAKEN ON STRENGTH 4TH BN. C. G. R. C. E. F. AUTH. PT. II D. O. 22.		26.5.18	E. Melville Lieut, Adjutant, 4th Bn, Canadian Garrison Regiment C.E.F.
4-10-18		STRUCK OFF STRENGTH 4TH BN. C. G. R. C. E. F. AUTH. PT. II D. O. 158		5/10-18	E. Melville Lieut, Adjutant, 4th Bn, Canadian Garrison Regiment C.E.F.
		Honorable S. C.			
11.9.18	4 Regt.	D.O.S. 4th Cash. Sev. Co.	Pt II DO. 82.	20.8.18	A. D. Dods Capt. & Adjt. No. 4, C. A. S. C., Service Company
19-2-19	O.C. M.M.H	S.O.S. (Deceased)	Pt-II DO. 50	19-2-19	A. D. Dods Capt. & Adjt. No. 4, C. A. S. C., Service Company

(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.

[P.T.O.

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				

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.	TK-5057.
Rank	Private.
Surname	Smith,
Christian Name	Adelard Leopold.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#4 C.A.S.C.Service Company. M.D.4.
Date of ~~Discharge~~ Death.	19th February, 1919.
Place of Discharge	Montreal, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	22 years 5 months.	
Height	5 feet 9½ inches.	
Complexion	~~Fair.~~ Dark.	
Eyes	Brown.	
Hair	Dark.	N--I--1.
Trade	Auto Mechanic	
Intended place of residence (To be given as fully as practicable.)	419 Champlain St. Montreal, P.Q.	

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

Deceased 19th February, 1919.

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.

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

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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.)

---------- ---------- N--I--L ----------

(OVER)

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

N—i—l.

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

6. Medals and Decorations..... N—N—l.

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)...Montreal, P.Q..... Colonel.

(Date)...19th February, 1919. *Commanding* #4 C.A.S.C Ser.Co.MD 4.

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).....*(Signature of Soldier.)*

(Date)..... *(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) X..years...311..days.

Total.....years.....311 days.

11. **Confirmation of Discharge.**

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

(Place)..MONTREAL.....

(Date).....

(Signature)

MONTREAL.
#4. C. A. S. C.
Service Company
FEB 19 1919
Mil. Dist. No. 4

List of Discharge Documents.

Report of Death, MFW. 2570

~~Reg. Conduct Sheet,~~ ~~Militia form B. 263.~~

Form of Will, W. 82.

~~Squadron~~ ~~Battery~~ ~~Company~~ Conduct Sheet, " ~~B. 263a.~~

Field Cond. Sheet, W.178.

~~Copies of Convictions, by C. P.~~ ~~in MS.~~

Casualty Form, W.54

Med. Hist. Sheet, Militia Form B. 313

Dental History Sheet, B.465

Medical Report for Invalid* " B. 227.

Particulars of Recruit W.133

Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

*Only if discharged "Medically unfit."

~~Attestation Paper,~~ ~~Militia Form B. 235.~~

Proceedings on Discharge " B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

COPY FOR D.G.M.S.

DH 4-S-179.
DH 10-12-69.
4D 9-2-115.
Med 7-1-400.

CASE HISTORY SHEET.

Royal Victoria Hosp. Hospital. Montreal, P.Q. Station

No. T.K. 5057 Rank Pte. Name Smith A.L. Age 22

Unit 4. C.G.R. Completed years of service (Where and how long) C. - 10/12.

Date of admission 6th Feb. 1919 Date of discharge Died 2.40 am 19-2-19.

Diagnosis Perforated appendix Place of origin

~~General peritonitis. Acute obstruction.~~

CONDITION ON ADMISSION AND PROGRESS OF CASE On admission to R.V.H. patient complained of slight pain in right side. Temp normal. Pulse 80. resp.20. Diagnosis Appendicitis. Operation performed for perforated appendix with general peritonitis. Drain inserted. Condition slightly improved for five or six days. Second operation was performed for obstruction due to inflammatory condition. Entrotomy performed. Patient improved until the 19th instant. Third operation was performed for acute obstruction following which patient obtained some relief but gradually became weaker and died at 2.40. 1919.

On admission all other systems were normal.

(sgd). Duncan MacCallum.
Capt.
M.O. i/c Troops, Royal Victoria Hospital.

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.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

1038

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

TRANSCRIPT

STATION Ottawa, Ont. DATE Apr. 30th 1918.

1. 1 (a) Unit 1st Tank B'n. (b) Regimental No. T.K. 5057 (c) Rank Private

(d) Surname Smith. (e) Christian name Adelard.

2. Age last birthday 21 Date of birth Sept. 6th 1896.

3. Enlisted at Montreal, Que. on April 15th 1918.

4. Personal description:—

(a) Height 5' 9½" (b) Weight 140 (stripped) (c) Complexion Dark.

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

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

419 Champlain Street, Montreal, Que.

6. Former trade or occupation Automobile mechanic.

7. (a) Service

	Years	Days

	Periods	
	From	To
1st Tank B'n.	Apr. 15th 1918.	Date.

(b) Has he been overseas? No. 8. Original disease or disability Inguinal, hernia.

(a) Date of origin Before enlistment. (b) Place of origin Not known.

(c) Cause* Unknown.

(d) Present disease or disability Inguinal hernial left side.

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

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

There is a hernia size hens egg-protruding into left inguinal canal-lower end of sack reaching to upper part of scrotum.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

.....

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

Nervous.....Normal. Digestive.....Normal. Respiratory.....Normal. Cardiac.....Normal.

Genito-Urinary.....Normal. Skin, Middle Ear, Eye or any other part.....Normal.

10. History: (*a*) of Condition referred to in "a" section 9.

He states that he received an injury while playing hockey in Feb. 1918, and thinks the hernia must have been caused by injury.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service ?.....No.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ?.....Permanent till operated on.

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

Nil.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

*****

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? No.
(If the answer is "yes" state nature of treatment required and probable duration.)

16. Can the former trade or occupation be resumed ? Yes.
(If not, briefly state why.)

17. Recommendations Transfer to A.C., Category unit, which means that this man be transferred to a unit which takes "C" men.

[illegible]
Medical Officer by whom the case is brought forward.
[illegible]

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

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

[illegible] Smith
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the soldier fit for

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

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

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

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Placed in class "C", Has no disability due to service.

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

President.

Lt-Col R.M.S.

Capt. A.M.C.

Capt. A.M.C.

Members.

PLACE Ottawa, Ont.

DATE May 2nd 1918.

APPROVED BY

Captain A. M. C.

For A. D. M. S. M. District No. 3.

Assist. Director of Medical Services.

DATE MAY 7 - 1918

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

Members.

PLACE

DATE