

Enlisted  
20/4/16.

APR 20 1916

109th OVERSEAS BATTALION, C. E. F.

6

ATTESTATION PAPER.

No. 724247

ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Forman*
- 1a. What are your Christian names?..... *Jasper*
- 1b. What is your present address?..... *P.M.O. #2 Kirkfield Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Eldon Tp. Victoria Co Ont*
- 3. What is the name of your next-of-kin?..... *Mrs Lora Isabell Forman*
- 4. What is the address of your next-of-kin?..... *P.M.O. #2 Kirkfield, Ont*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *March 9th 1888*
- 6. What is your Trade or Calling?..... *Farming*
- 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Jasper Forman*, do solemnly dec'are 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.

*Jasper Forman* (Signature of Recruit)

Date *APR 20 1916* 191 . *G. Hall* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Jasper Forman*, 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.

*Jasper Forman* (Signature of Recruit)

Date *APR 20 1916* 191 . *G. Hall* (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 *Woodville* this *20th* day of *April* 1916.

*Rubens Thomas* (Signature of Justice)



# Description of Jasper Forman on Enlistment.

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

Height..... 5 ft. 10 ins.

Chest measurement { Girth when fully expanded..... 38 1/2 ins.  
 Range of expansion..... 4 1/2 ins.

Complexion..... Dark

Eyes..... Mix Brown & Blue

Hair..... Black

Religious denominations { Church of England.....  
 Presbyterian.....  
 Methodist..... 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).

Mottled brown birth mark  
3' x 3 1/2" on center of back  
Mottled brown birth mark  
on left groin

## 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..... APR 20 1916..... 1916.

Place..... Woodville Ont.

[Signature]

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.

..... Jasper Forman..... 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.

..... Lt. Col. (Signature of Officer)  
O. C. 108th Overseas Battalion, C. E. F.

Date..... APR 20 1916..... 1916.

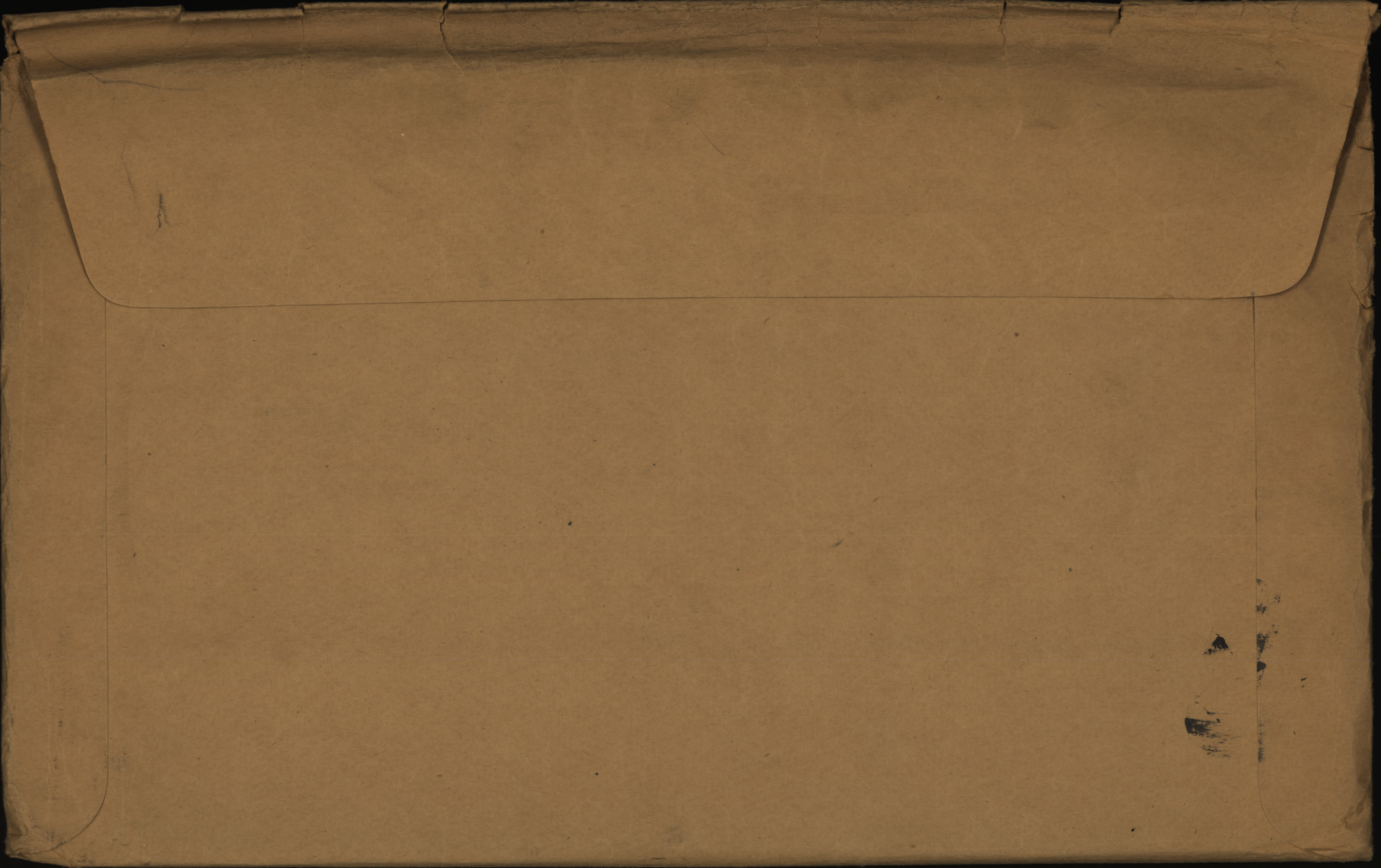


REGIMENTAL DOCUMENTS

NAME FORMAN, JASPER (D.C.M.-M.M.) (SER.) REGT. NO. 72 H247 UNIT 109<sup>th</sup> Bn. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 X ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>20970</i>	<i>[Diagonal line]</i>		<i>13404</i>	DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					
9 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		<i>M</i>			
PROCEEDINGS, 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)					DISCHARGE
LAST PAY CERTIFICATE (M.F.W. 44)					Category
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					<i>Demotion</i>
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>N.F.C. 3-3</i>					
<i>M.F.W. 67</i>					
<i>1 O.A.C. 5009A</i>					
<i>[Handwritten notes]</i>					
				<i>405131</i>	<i>1</i>
					<i>15-4</i>
					<i>15-4</i>
					<i>3-7</i>
					<i>T</i>







**DUPLICATE**

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....  
**100th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number.....**724247**

(3) Full Name of Soldier.....**Jasper Forman**

(4) Place of Birth.....**Kirkfield, Ontario, Canada**

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

(6) If married, state,  
(a) Full name of your wife.....**Laura Isabell Forman**

(b) Present Postal Address.....**R.R.No 2 Kirkfield, Ontario, Canada**

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

(8) Have you any children?.....**Nil**

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

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



(9) Is your Father alive?.....**Yes**.....  
If so, state name and address .....**John H. Forman, Kirkfield, Ontario, Canada**

(10) Is your Mother alive?.....**Yes**.....  
If so, state name and address.....**Adelaide Forman, Kirkfield, Ontario, Canada**

(11) If your Mother is a widow...**No**.....  
Are you her sole support, or not?..**Nil**.....

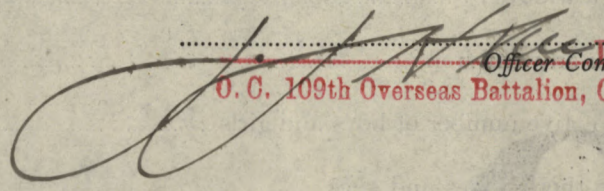
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
.....**Nil**.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.  
.....**Nil**.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  
.....**Yes**..... **Nil**.....

(15) Are you insured?.....**No**.....  
If so, in what Company?..**Nil**.....  
Have you made arrangements for payment of your Insurance premium...**Nil**.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date...**6th July 1916**.....

  
.....**Lt Col.**  
**O. C. 109th Overseas Battalion, C. E. F.**



DUPLICATE.

724247.

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Farman Christian Name Jasper

Examined { on 20 day of April 1916.  
at Woodville  
Birthplace { City or Town St. Eldon.  
County Victoria Ontario

Approved by J McCulloch  
Rank \_\_\_\_\_ M.O.

Apparent age 30 years.  
Trade or occupation Farmer.  
Height 5 Feet 10 Inches.  
Weight 142 1/2 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 38 1/2 inches.  
Physical development Good.  
Small-Pox Marks None.

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

Vaccination Marks { Arm None Right None Left One.  
Number One.

Date.	Result.	VACCINATIONS.
<u>April 20<sup>th</sup> 1916</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last April 20<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/5/16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>18/5/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>25/5/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection None.

Enlisted on 20 day of April 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Can. CE. F.</u>	<u>724247</u>		<u>20.4.16.</u>
Transferred to	<u>38 Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Branshott</u>	<u>11-5-19.</u>	<u>Bursitis L.T. Knees</u>	<u>"A"</u> <u>Co. Mills Capt</u>

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







# ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

724247

Surname Forman Christian Name Jasper

Examined { on <u>20</u> day of <u>April</u> 191 <u>6</u> . { at <u>Woodville</u>	Approved by <u>J. McCulloch</u> Capt. Rank <u>M.</u> M.O. <u>109th Overseas Battalion, C.E.F.</u>
Birthplace { City or Town <u>St. Eldon</u> . { County <u>Victoria Ontario</u>	EXAMINED FOR RE-ENGAGEMENT.
Apparent age <u>30 years</u>	M.O.
Trade or occupation <u>Farmer</u>	M.O.
Height <u>5</u> Feet <u>10</u> Inches.	M.O.
Weight <u>172 1/2</u> Lbs.	M.O.
Chest measurement { Minimum <u>34</u> inches. { Maximum expansion <u>38 1/2</u> inches.	M.O. M.O.
Physical development <u>Good</u>	M.O.
Small-Pox Marks <u>None</u>	M.O.
Vaccination Marks { Arm <u>Right None Left One</u> { Number <u>One</u>	VACCINATIONS.
When Vaccinated last <u>April 20<sup>th</sup> 1916</u>	Date <u>20-4-16</u> Result <u>Good</u> <u>J. McCulloch</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>	M.O. M.O.
(b) Slight defects but not sufficient to cause rejection <u>None</u>	ANTI-TYPHOID INOCULATIONS, ETC.
	Date <u>4/5/16</u> Result <u>Good</u> <u>J. McCulloch</u> M.O. Date <u>11-5-16</u> Result <u>"</u> <u>J. McCulloch</u> M.O. Date <u>25-5-16</u> Result <u>"</u> <u>J. McCulloch</u> M.O.

Enlisted on 20 day of April 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>724247</u>		<u>20-4-16</u>
Transferred to	<u>38th Bn</u>	<u>2/2/16</u>		

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bransholt</u>	<u>11-5-19.</u>	<u>Bursitis L T. Knee.</u>	<u>"A" Co. Mills Capt</u>

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







CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

FORMAN, J.

REGIMENT

38 BN

RANK

Supt

No.

724347

Date of Examination in England

8/5/19

Date of Examination in France

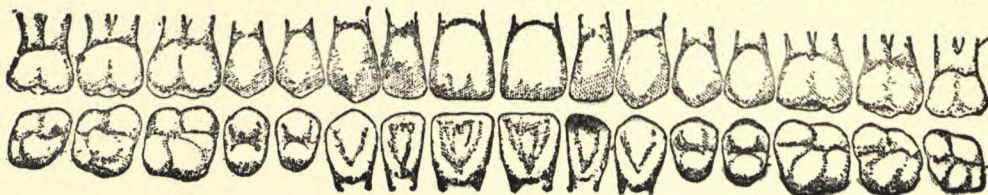
1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

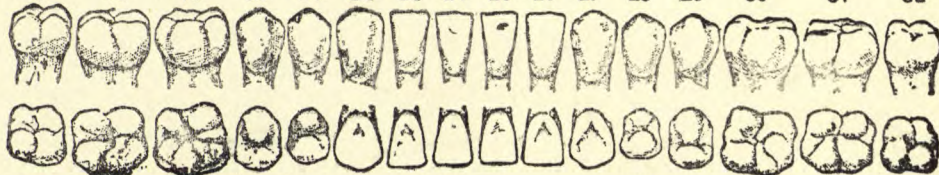
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

JB

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

20

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

A.D.A. #3

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Yes

Signature of Dental Officer

E. J. Berry, Capt.



Handwritten text, possibly a signature or name, written in a cursive style. The text is difficult to decipher but appears to include the words "FRANK" and "MAY".

Handwritten initials or a small mark, possibly "A".

Handwritten text, possibly a date or a short phrase, written in a cursive style.

Handwritten text, possibly a date or a short phrase, written in a cursive style.

Handwritten text, possibly a date or a short phrase, written in a cursive style.

Handwritten text, possibly a date or a short phrase, written in a cursive style.

Handwritten text, possibly a date or a short phrase, written in a cursive style.

Handwritten text, possibly a date or a short phrase, written in a cursive style.



724247 Pte. Forman Jasper  
109<sup>th</sup> Bn. C.E.F.

Will removed by Regt. Paymaster

*J. Williams* CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

75524

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724247

Name Jasper Forman

Unit C Co. 109 Bn Canadian Inf

Military Will.

I hereby give and bequeath  
all my personal effects  
and belongings to my wife  
Mrs Lora Isabel Forman  
RR #2 Kirkfield Ontario  
Canada

*Lora Isabel Forman*  
Witness

Signature Jasper Forman

Rank and Regt. Pvt. 109 Bn C.F.

Date October 10<sup>th</sup> 1916



MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19



CANADIAN EXPEDITIONARY FORCE

192716

DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No.

THIS IS TO CERTIFY that No. 724 247 (Rank) Sergt.

Name (in full) FORMAN Jasper enlisted in  
the 109th Bn

CANADIAN EXPEDITIONARY FORCE at Woodville on the 20th  
day of April 1916

HE served in 38th Bn in France

Demobilization.

and is now discharged from the service by reason of ~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

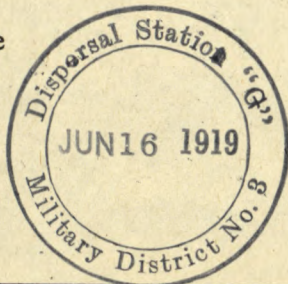
Age 30  
Height 5' 10"  
Complexion Dark  
Eyes Misc Brown + Blue  
Hair Black

Marks or Scars Burnt mark left groin

Jasper Forman  
Signature of Soldier.

J. L. Williams  
Issuing Officer.  
Lt.  
Rank

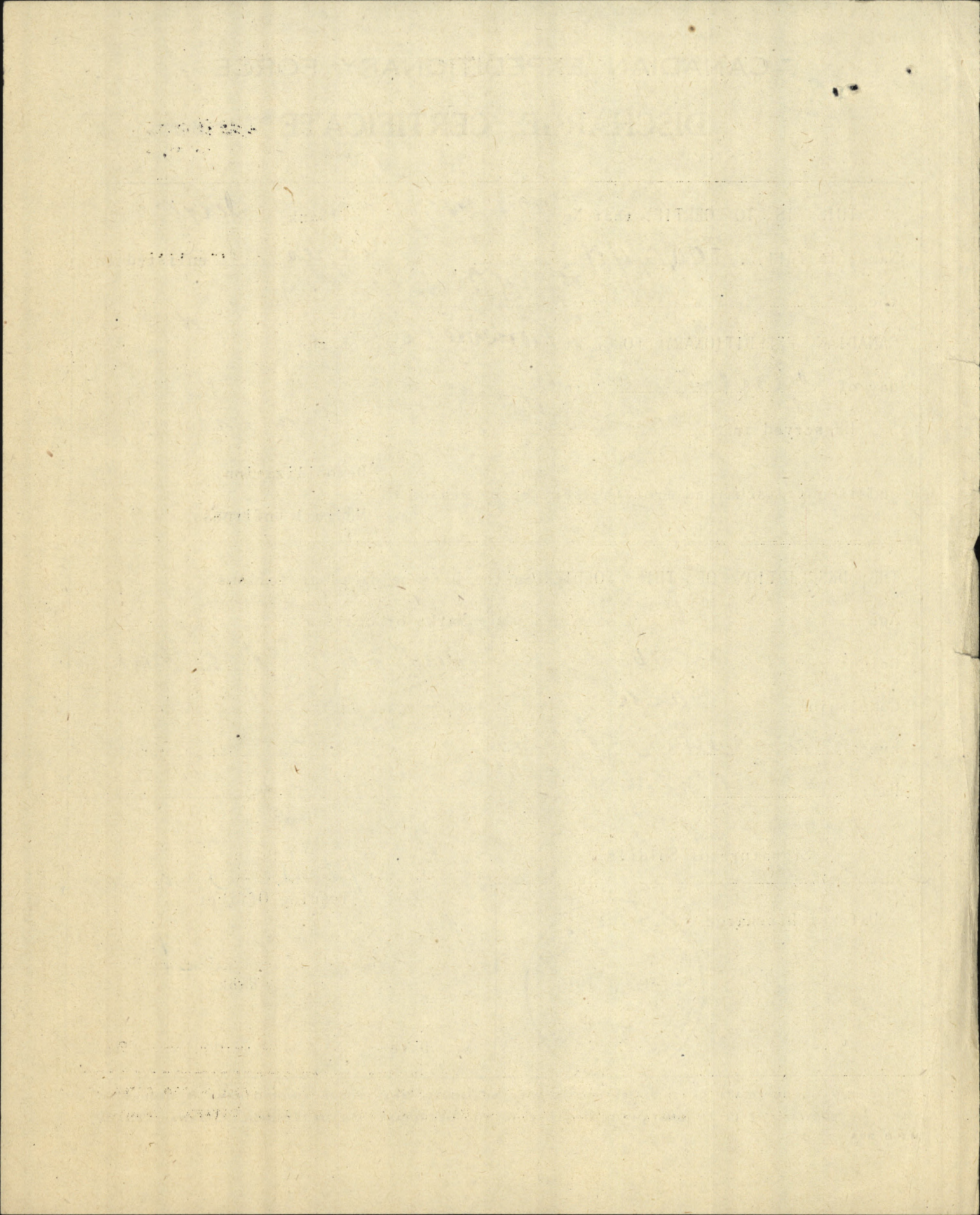
Date of Discharge



Date ..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA







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. 109<sup>th</sup> Battalion Canadian Infantry.

Regimental No. 724247 Rank Private Name Forman Jasper  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-6-19.	T.O.S.	# 3DD subject	Ottawa		HA 177.
16-6-19.	S.O.S.	# 3DD Disch	RD1420 Ottawa.		HA 177.

*[Signature]*  
 Lieutenant  
 For O. C. No. 3 District Depot.

(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.







*Album*

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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 109th BATTALION CANADIAN INFANTRY.

Regimental No. 42424 Rank Private Name Forinan Jasper

C. E. F.

Enlisted (a) 20.4.16 Terms of Service (a) 10 Yrs Service reckons from (a) 20.4.16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Farmer

Date	Report From whom received	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.
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**W. S. B. GASS. A.**

Embarked Canada Halifax 24.7.16

Disembarked England Liverpool 31.7.16

Proceeded overseas for service with 38th Bn Witley 4.12.16

Do. P + II in 338, 339.

*W. S. B. Gass*  
Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

C.B.D. TAKEN on STRENGTH 38th Havre

6.12.16 N. R. P.I.O. 242-13.12.16

Left for Unit FIELD

7.12.16 N. R.

Unit Joined Unit FIELD

9.12.16 B. 213. DCS. 69-31.12.16

38th VIS. SIGNALLING COURSE HOUDAIN

26.2.17 B213, DCS 97

Unit Joined Unit FIELD

1.4.17 B. 213. DCS. 110.

(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.]

CERTIFIED CORRECT  
12 DEC. 1916  
AFRO HALIFAX  
HM-T OLYMPIC  
HM-TON  
JAN 12 1917

6.12.16  
7.12.16  
16.12.16  
3.3.17  
-7 APR 1917



724247  
Farman  
J.

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				
14. 4. 17	38th	with ideas observed.		1.4.17	B213 Dec 0114
17. 9. 17	Gazette	Awarded the <u>M.M.</u> for bravery in the field.		30.287 Pro. 96d	17 OCT 17
20. 10. 17	Unit	Rejoined Unit from India		1.10.17	B213
24-11-17	OC Unit	Granted 14 days leave		12-11-17	B213 Pt II O No 1124/4 1/2
-8 DEC 17	Unit	Joined Unit	FIELD	-7 DEC 17	B. 213.
13. 7. 18	"	One. G. C.B.		20.4.18	" D.O. 64
14. 9. 18	"	In the Lee Corporal comp Lab		8.8.18	" D.O. 92-25-9.18
9.11.18.	38th Bn.	<u>TO BE SERGEANT</u> to complete estab.		27.10.18.	B213, D.O.120-d- 22 NOV 18
16 NOV 18	"	Escort duty to Paris.		12.11.18	" 4 Dec R.O. 438.
30. 11. 18	"	Rejoined Unit.		19. 11. 18	"
30.11.18.	do	14 days leave to U.K.		25.11.18.	B213, D.O.126-a- 14 DEC 18
14. 12. 18	"	Rejoined		12.12.18	"
16. 1. 19.	L. G.	<u>"D. C. M."</u> for gallantry and distinguished service in the field.		no. 31128.	D.O. 10/19
18. 2. 19.	L. G.	<u>BAR- to D. C. M.</u>		no. 31186	D.O. 16/19
1- MA 19		Proceeded to England.		1- MA 19	
6/6/19	Bramsh	S.O.S on Proceeding to Canada		Part II notes No 74	Now William capt in adj. 38th Bn

G. J. Skelton  
LIEUT.  
FOR LT COL.  
IAAG.



**TLH.** Rank \_\_\_\_\_ Name **FORMAN, Jasper.** *M.M.D. G.M.* Reg'l No. **724247.**   
 Unit **109th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married.**   
 Place and Date of Enlistment **Woodville, Apr. 20th. 1916.**  Place of Birth **Eldon Tp.**   
**Victoria Co. Ont.**   
 Name and Address, Next-of-Kin **Mrs. Lora Isabell Forman,**   
**R.M.D. 2, Kirkfield, Ont.** Relationship **Wife.**   
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_  
H. W. & V., Ltd.—7165-16.

*R6139*  
**N.I.E. N.B. No. 12611**  
 File R.L. \_\_\_\_\_  
 Category **OR OR**

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.				
<i>Arrived in England per H. M. T. 2810 31-7-16</i>					
20-9-16	109 <sup>th</sup> Bn	Admlt to B. Isolation Hut	Bramsall	20-9-16	Pt II D.O. 264.
8-10-16	do	Discharged from Hospital	do	7-10-16	Pt II D.O. 264.
4-12-16	do	Sp Son tfr. to 38 <sup>th</sup> Bn.	Whitley Field	4-12-16	Pt II D.O. 339.
✓ 13-12-16	<b>38th Bn</b>	<b>T-O-S on tfr from 109th</b>	<b>Emsht</b>	6-12-16	<b>Pt II D O 242.</b>
17 <sup>10</sup> 17	"	Awarded Mil. Medal for Bravery in the Field.	Pte	"	96.
22-4-18	"	Granted 1 B.C. Badge	Pte Field	20-4-18	" 64
25-9-18	✓	Appth Lance Cpl. to Comp. Lt. Pte <i>D. G. M.</i>	"	8-8-18	Pt II 92.
22-11-18	✓	promoted Serjt. to Lt. Pte	"	24 <sup>10</sup> 18	90120

**AF.B. 103 CHECKED**  
**C. T. 9 DEC 1916**



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.				
21-2-19	38 <sup>th</sup> Bm.	Awarded the DCM	L/C now Sgt. Field	—	Suppl <sup>d</sup> to Lon. Gaz. N <sup>o</sup> 31128 2/16-1-19
14.3.19	✓	Awarded a bar to D.C.M. Sgt.	"	"	Sp 16
4-5-19	.	Proceeded to England	"	Alverstoke 1-5-19	~ 27
20.5.19	F Wing C.C.	F.O.S. pending R.T.C.	"	Bramshott 5.5.19	- 21
14-6-19		83-23-43		6-6-19.	
14-6-19	F Wing C.C.	to the Canada		6.6.19.	- 24.
					DCM & M.M



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Wife*  
*Mrs. Lora I. Forman*

By Whom Assigned *Forman, Jasper*

Address *R. M. S. # 2*  
*Kirkfield, Ont.*

Regtl. No. *724247*

Rank *Pte.*

Corps *109<sup>th</sup> Batt'n. "6 Coy"*

Rate *\$ 20.<sup>00</sup>*

**AUG 1 1916**

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





100

100

100

100







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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



## SEPARATION ALLOWANCE

Name *Lora J. Forman* Name of Soldier *Forman. Jasper*  
 Address *R.M.D #2.* Regtl. No.  
*Kirkfield* Rank *Pte*  
*Ont* Corps *109<sup>th</sup> Bn*  
 Relation to Soldier }  
 wife, child or mother } *Wife*  
 To what Corps belonging }  
 when called out } *✓ ✓*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Lora J. Forman <sup>Wife</sup>  
PAYMENTS.

Name of Soldier

Forman Jasper  
Phe

L. E. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		U3267	27	24
June		09679	20	10
July		S11234	20	20
Aug.		S12127	20	20
Sept.		M16026	20	20
Oct.		LH 19465	20	20
Nov.		P22285	20	20
Dec.		P25712	20	20
Jan.	1917	Q28578	20	20
Feb.		Q31867	20	20
March		Q35168	20	20
April		Q1018	20	20
May		Q4339	20	20
June		U 7246	20	20
July		T10904	20	20
Aug.		R 14007	20	20
Sept.		y 17744	20	20
Oct.		E20859	20	20
Nov.		Z 22474	20	20
Dec.		F 27605	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

692  
26  
R  
H. E. A.  
B  
B



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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



NAME *Lozman, J.*

REG'T L NO *724247*  
H. Q. FILE NO. 649-

RANK AND CORPS *Pvt. 1109th Bu.*

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

16

Mil. Inst. Aldershot

21-9-16

Parotiditis.

19

" " "

7-10-16

"

Disc



SURNAME.

Forman

"M.M." <sup>Bar 1. D.C.M.</sup>  
<sup>18.3.18 18.2-19</sup>  
D.C.M.  
(L.C. # 30287) 29.3.128.

CARD NO. ✓

G.3

505 16.6.19 Dond

FOLL.

20179-24.6.19  
528

CHRISTIAN NAMES

Jasper.

REGL. No.

724247

RANK

Pte.

UNIT

109th.

Am.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Forman, Mrs Lora Isabell.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

R. M. D No 2 Kirkfield, Ont.

COUNTRY OF BIRTH

Canada Eldon Sp. Victoria C. Ont.

DATE

March 9<sup>th</sup> 1888

PLACE OF ATTESTATION

Woodville, Ont

DATE

April 20<sup>th</sup> 1916

o/s. 23. 7. 16. <sup>488</sup>  
13.

PI/c 13-6-19 <sup>347</sup>  
44 Sgt.



Sailed From Halifax Rev S.S. Olympic 23/7/16

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Farming

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

38 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

dark

EYES

mix brown + blue

HAIR

black.

DISTINGUISHING MARKS

mottled Brown birth mark

3" x 3 1/2" on centre of back. mottled Brown birth mark on left groin.

MEDICAL EXAMINATION.

PLACE

Woodville, Ont.

DATE

April 20, 1916.

present address. R.M.O #2 Kirkfield, Ont.



Name *Forman Jasper* Rank *Pvt.*Reg. No. *724247*Unit *109<sup>th</sup> Bn.*Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<u>1916</u>						
21. 9. 7-10-16	Mie Isol. Host	Aldershot 19 is	Parotiditis "	16. 19		







A.D.  
R

Number 724247 Rank Sgt

Surname FORMAN

Christian Name Jasper

Units 38<sup>th</sup> Can Cav Inf Theatre of War France

Date of Service 6-12-16

Remarks

Latest Address R.R. #2 Kirkfield  
Ont-

Roll No. B Page 16950

200m. 2-21.M.



DESP. SEP 25 1922  
REGN: 79

*Handwritten signature*



No. 724247. RANK *Plt.*

NAME *Forman, J.*

T. O. S. *20-4-16.* UNIT *109<sup>th</sup>* *Battalion.*  
*(S.O. 134 of 25-4-16)*

M. D. *3.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916.</i> <i>April 20.</i>	<i>1916.</i> <i>April 30</i>	<i>✓</i>		
<i>May.</i>		<i>✓.</i>		
<i>June.</i>		<i>✓.</i>		
<i>July.</i>		<i>✓.</i>		

UNIT SAILED

JUL 23 1916







Surname

Christian Name or Names

Reg. No.

Forman

J.

724247

Rank

Unit

Co.

Troop

Batty.

Pte.

109th.

Battn.

Hospital

Date of Admission

Mil. Isolation H. Aldershot.

21. 9. 16.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Parotiditis

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 30. 9. 16 # 16.

Dis 10. 16  
REMARKS

Ch. 17. 10. 16 # 10

A.M.D. 2 Dept.

Ch. of D.G.M.S. O.M.F.C. London



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.











\* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: 1/8/16		EFFECTIVE DATE: -	
AMOUNT: \$20 <sup>00</sup>		AMOUNT: -	

NAME: **FORMAN** Jasper  
 NUMBER: **724247** B

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Lora J. Forman  
 RR No 2, Kirkfield Ont  
 Wife

When payee of A.P. is the same as payee of S.A. the word "SAME" only to be written in this space.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
Do. 92, 25/9/14	8/8/18	Pte	
Do. 120 22/11/18-38 <sup>th</sup>	27/10/18	Sgt	
Awarded Decm. 14/1/19 2010 2 38 <sup>th</sup> Bn			
Awarded Bar to Decm. 15/1/19 38 <sup>th</sup> Bn			
UNIT AND TRANSFERS			
ORIGINAL UNIT: 109 <sup>th</sup> Bn			
DATE ACCOUNT FIRST OPENED: 1/8/16			
AUTHORITY	DATE EFFECTIVE	DATE LEADER SHEET T'S'D	UNIT TRANSFERRED TO
			38 <sup>th</sup> Bn

Stopped 11/6/19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
26.4	432		5.25			Red Bal	92.65
2.5	2316	F Wing	4.87			W.P. Bal Op	33.48
7.5	2511	F. U.C.	48.57				
			58.77				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
Do. 92 25/9/18	1.00	10		
Do. 120 22/11/18 38 <sup>th</sup> Bn	1.35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis. Bands 11/6/19 N.R.B 856; M.D. 3. Beamshtk 9/5/19 Beamshtk h.P. 6

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									31.79		
31 March	Bal fwd										
Apr.	P.P.	33		AR 169. 24/18 38 <sup>th</sup>	8.03			20			
		33		" 190 18/4 "	3.57			20	33.19		
					11.60			20			
May	P.P.	3410		AR 319. 4/5 "	4.46						
		3410		" 556. 18/5 "	3.57			20	39.26		
					8.03			20			
June	P.P.	33		AR 411. 1/6 "	3.57						
		33		" 776 15/6 "	3.57			20	45.12		
					7.14			20			
July	P.P.	3410		AR 884. 1/2 "	4.46						
		3410		" 963 15/2 "	4.46			20	50.30		
					8.92			20			
Aug	P.P.	3410		A.P.							
		3410		AR 1020. 1/8 "	3.57						
		3410		" 1130 19/8 "	3.57			20	57.26		
					7.14			20			
Sept.	app. cpl. 8/8/18. 24 <sup>th</sup> Bn	120		AR 1231. 9/9 "	3.57						
	1 <sup>st</sup> cpl. pay	3450		" 1316 16/9 "	3.57			20	65.82		Real record 11/11/18
		3570			7.14			20			
		3565									
Oct				AR 1413 6/10/18 12 6 <sup>th</sup> Bn	3.73						
				DR AR 1711 15/10/18	3.73			20	74.01		
				AR 2436 13/11/18 12 6 <sup>th</sup> Bn	7.46						
					23.32			20			
				AR 2310. 9/11/18	5.60						
				AR 2586. 27/11/18	5.60						
				AR. 2611 25/11/18	7.3-						
								20			
					84.20			40			
					107.52						

COMPILED BY: [Signature]  
 CHECKED BY: [Signature]



NUMBER 724247

RANK SGT.

NAME FORMAN, JASPER.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919.											
Jan.	ford.	93.25		Brought forward.	<del>40</del>			40	74.01		
Jan.	StoP	46.50		cap	107.52			20	46.24		
		139.75						60			
Feb.	St Pay	42.-		cap	<del>107.52</del>			20			
Feb.		46.50		CR 225 1/19 12 CIP	5.60						
				cap				20			
				384 1/15 mem	5.48						
				351 1/3/19	11.00						
		88.50			5.28				78.19		
Apr	Sq Pay	45.-		v 3897 2/3/19	16.56			40			
Apr	May	46.50		" 11 3/4/19	18.25						
				v 107. 15/4/19.	5.23						
				v 185. 15/4/19.	8.97						
				cap	5.23						
				AR 432 2/2/19				40			
				v 12316 7/1/19	5.73						
		91.50			4.87				87.15		
June				AR 4644. 2/5/19. bbb (End)	47.53			40			
				" 25" 8/5/19 B'shott	24.33						
					48.67				9.15		
					73.00						

S.O.S. to Canada 6/6/19

S.L. 83. 38th Pm



War Service Badge

Class "A" No. ....

SHORT FORM.

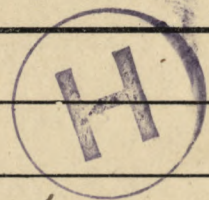
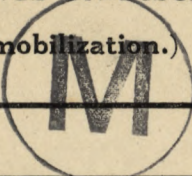
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DA 9

192776 29-12-45

Occupational Group No. 1



1. No. 724247

2. Rank. Sgt.

3. Name. FORMAN - D.C.M. M.M. Jasper.

4. Unit. 38<sup>th</sup> B<sup>n</sup> Inf.

5. Date of Discharge JUN 16 1919 Place Ottawa G.

6. Reason for Discharge. Demobilization

H-M-T Olympic  
SAILED S'HM'TON 6/6-19  
ARR'D HALIF'X June 12 1919

7. Authority. R 0.1420

8. Proposed Residence after Discharge. RR No 2. Kirkfield  
Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

Jasper Forman  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents  
Forwarded to  
~~S. C. R.~~ or B. P. C.  
on  
Date JUL 11 1919

Place.....  
Date..... JUN 16 1919  
Dispersal Station "G"  
Military District No. 8

Signature..... Captain  
for O. C. Dispersal Area Station G.  
(O. C. Discharging Unit.)

OK.







LIST OF DISCHARGE DOCUMENTS

Investigation Report, Discharge	Medical Form W. 158
Partnership of Records	Medical Form W. 158
Final Discharge Sheet	Medical Form W. 158 or A.P.R. 158
Casualty Form	Medical Form W. 158 or A.P.R. 158
Final Pay Certificate	Medical Form W. 44
Certificates that missing documents are made up	
Medical History Sheet	Medical Form B. 218 or A.P.R. 218
Proceedings of Medical Board	M.P.B. 218 or A.P.R. 218 or A.P.R. 218
Medical History Sheet	Medical Form B. 482
Medical Report	M.P.B. 218 or A.P.R. 218
Retention of Discharge Sheet	Medical Form B. 218
Company Discharge Sheet	Medical Form B. 218

Date: \_\_\_\_\_  
 Discharge Date: \_\_\_\_\_  
 Discharge Location: \_\_\_\_\_



**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23). or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **B**

Checked by No. **16**

Date **3 JUN 1919**



THIS FORM WILL BE USED FOR ALL RANKS  
**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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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.

9.

STATION Brampton DATE May 18 - 1919

1. 1 (a) Unit 38th (b) Regimental No. 724247 (c) Rank Sgt.  
 (d) Surname Foreman (e) Christian name Jasper  
 (f) Home address Ludsoy Ont.  
 (g) Next of Kin Mrs. Cora Foreman (h) Relationship wife  
 (i) Address of Next of Kin R.R. # 2 Kirkfield Ont.

2. Age last birthday 31 Date of birth Mar 9/88

3. Enlistment, or Appointment (if an Officer) (a) Place Woodville (b) Date 20-4-1916

4. Personal description:  
 (a) Height 5' 10" (b) Weight 150 (c) Complexion Dark  
(stripped)  
 (d) Colour of hair DN (e) Colour of eyes grey (f) Identification marks, Scars, etc. Birth marks l. from

5. Former trade or occupation farmer

o. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	19

	PERIODS	
	From	To
Canada	20-4-1916	24-7-16
England	31-7-16	4-12-16
France or other theatres of War	6-12-16	1-5-19

7. Original disease, or injury Bursitis knee l.

(a) Date of origin Mar 1/16 (b) Place of origin Canada  
 (c) Cause Accidental



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Pain st. (Bursitis to knee)  
LT KNEE

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Swelling over the patella, measuring 1/4" more than left, no limitation of movement, there is crackling about the patella on walking & this can be felt with the hand. There is no pain in knee when walking or in extension, but if he flexes it while sitting on a chair, he has shortly to get it into the extended position.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System...  Cardio-Vascular System...  Genito-Urinary System...   
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses...  Respiratory System...  Integumentary System...   
Disturbances of Mentality...  Digestive System...  Muscular System...   
Osseous and Joint Systems...  Any other general condition...

10. (a) History (of the condition referred to in Section 9 (a).)

He fell on L. knee on a hard floor in Mar/16. Knee was swollen & tender, gradually came back to normal in a mths time. In Feb/19 while riding a bicycle hit the knee again against an iron foot. Swelling was harder to remove this time.



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

20.9.16 Mumps rec'd.

(c) (Here give a description of wounds, scars and deformities.)

none

11.—(a) Did the disabling condition have its origin before enlistment? yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

yes.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) 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? 6 mths

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

radium fawling op.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no.

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

17. Recommendations. nil.

J. H. H. H. Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, Jasper Forman, 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. com.

Jasper Forman Supt Rank. Signature of invalid examined.



4  
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 criticised.

*Salutary - 10.11.19  
S. Committee*

*Yes*

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- ( " B) (Yes or No.)
- ( " C) (Yes or No.)
- ( " D) (Yes or No.)
- ( " E) (Yes or No.)

*Yes  
Cat. 'A'*

20. It is certified that the invalid

(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.)

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

*R.T.C. Authority a. y. 9083 of 11-11-18.*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Bramhall*

*L.A. Richmond Mayo* President.

DATE *11-5-19*

*W. Malls Cant* } Members

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

PLACE.....

..... President

DATE.....

..... } Members

APPROVED BY *J. E. G. Sheehan*  
Assistant Director of Medical Services.

APPROVED BY  
Director-General of Medical Services.

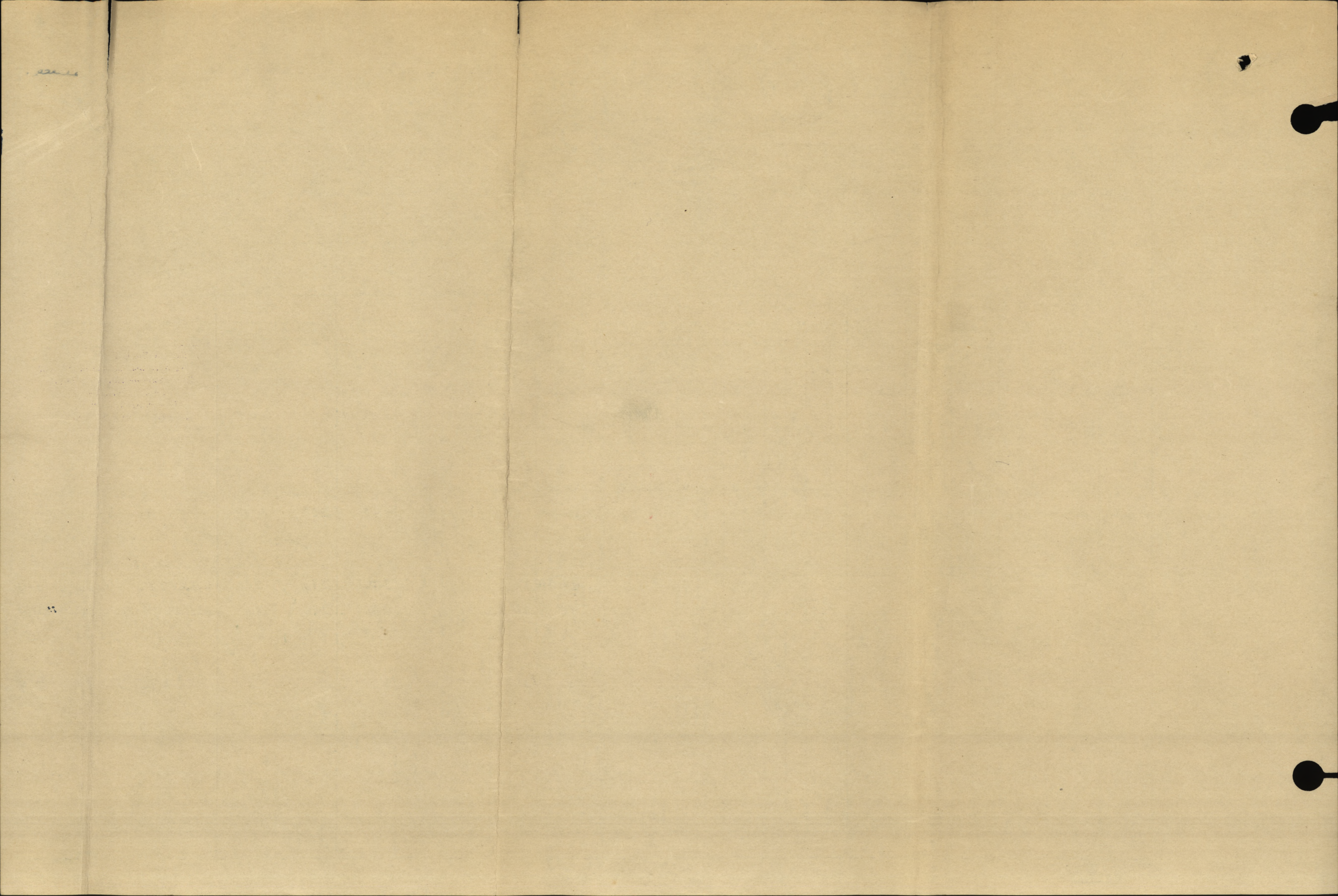
DATE *11.5.19*

DATE.....











Date of Enlistment

20/4/16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

F 4024 3914 Aug 1916

RATE OF SEPARATION ALLOWANCE

20.	25. 11217	30. 918
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pc 3257 pc 2154 mRO 3914

RATE OF ASSIGNMENT

20			
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929715 S.K.

PARTICULARS OF SEPARATION ALLOWANCE

No. 724247

Rank Pt Promoted Reverted Discharge

Soldier's Name Jasper Lorman

Battalion 109th Batten Co Co

Beneficiary Lora Lorman

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Lora S. Lorman (wife)  
Address R.M. 19 No-2 Kirkfield Cont

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31 1918		407	340	747
Jan	67335	30	20	50 S
Feb	95491	25	20	45
Mar	135333	25	20	45
Apr	12609	25	20	45 O
May	14334	25	20	45 O
June	22037	25	20	45 O
July	29398	25	20	45 O
Aug	37404	25	20	45 O
Sept	49041	25	20	45 O
Oct	53581	25	20	45 M
Nov	61920	25	20	45 M
Dec	65345	45	20	65 M
Jan	74954	30	20	50 M
Feb	81906	30	20	50 M
Mar	84755	30	20	50 M
Apr	4620	30	20	50 M
May	5874	30	20	50 S
June	9750	30	20	50 S
		912	700	

REMARKS 6216-2-90 m<sup>2</sup> W

M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 2320-M. & D. 1193.

Ac Closed 30-6-19  
Ret'd per Olympic  
Date 12-6-19 M.T. 20-6-19  
Clerk M. Cadnerow  
MNO. 128228



AUDITED



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 40004-6-17-1772-39-1141  
 L. L. 22220-M. & D. 7493.



Name: Gorman, J.

D.C.M., M.M.

# 724247 L. 1 cpl.

Unit: 38th. Bu.

Awarded: Bar to D.C.M.

Auth: L.S. # 31186.

18-2-19

noted  
m.s.



Surname

Reg. No.

Rank

Other Names

UNIT

DATE

K.I.A.

D.O.W.

D.O.S.

A. D.

W.

M.

P.O.W.

Other  
Cas.

In  
Hospital

Discharged  
from C.E.F.



Name: Norman, J.

M.M.

R.G. 30287. 17-9-17.

Rank: L/cpl. 724247.

Unit: 38th Bu.

Bar to D.C.M.

R.G. 31186. 18-2-19.

Award: D.C.M.

Action for Bar to D.C.M.

R.G. 31726. 10-1-20.

Auth: - R.G. # 31128.

16-1-19.







(D.C. 3000)  
Name:- Forman, Military Medal.  
J.  
D.C.M. auth. R.G. 31128-  
16-1-19.  
Bar to D.C.M. auth. R.G. 31186  
18-2-19.

Date:- 17-9-17.

Rank:- Pte. 724247.  
R.1 cpl.

38th. Bn.

Unit:- Can. Infy. Auth:- R.G. # 30287.  
S.S.



