

MAR 8 1916

109TH BN

ATTESTATION PAPER.

No. 724062

DUPLICATE Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Young*
- 1a. What are your Christian names?..... *Albert*
- 1b. What is your present address?..... *Haliburton*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Sweed Hastings County*
- 3. What is the name of your next-of-kin?..... *Hannah Edleu Young*
- 4. What is the address of your next-of-kin?..... *Haliburton*
- 4a. What is the relationship of your next-of-kin?..... *wife*
- 5. What is the date of your birth?..... *4th August 1873*
- 6. What is your Trade or Calling?..... *Labourer*
- 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 } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Albert Young*, 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.

No mark
Date *March 8th* 1916 *Albert Young* (Signature of Recruit)
Jas Lecky Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert Young*, 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.

No mark
Date *March 8th* 1916 *Albert Young* (Signature of Recruit)
Jas Lecky Lieut (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 *Haliburton* this *8th* day of *March* 1916.

George P. Bennett (Signature of Justice)
Justice of the Peace in and for the town of Haliburton

Description of Albert Young on Enlistment.

Apparent Age 42 years 6 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 11 ins.

Chest measurement. { Girth when fully expanded..... 37 1/2 ins.
 Range of expansion..... 1 3/4 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

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

*Scar on right wrist.
 End of right small finger missing.*

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..... MAR 8 1916 191 .

Place..... Haliburton

McCulloch Capt.
 Medical Officer.
 109th Overseas Battalion, C. E. F.

*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.

Albert Young 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.

Date..... MAR 8 1916 191 .

[Signature] Lt. Col. (Signature of Officer)
 C. O. 109th Overseas Battalion, C. E. F.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers.....
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms.....
 Proceedings on discharge.....
 Corps History Sheet.....
 Date and No. of Deposit Receipt for Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet.....
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

432 ✓
 1 ✓
 3 ✓

DISCHARGE DOCUMENTS



Name Young, Albert
 Regt. No. 724062 Rank Pte.
 Corps 1st. C.O. R.D. Form. 109 th. Bn
Physically Unfit

R. O. No. _____
 H. Q. No. _____



Released - 5-11-46
649-1-920

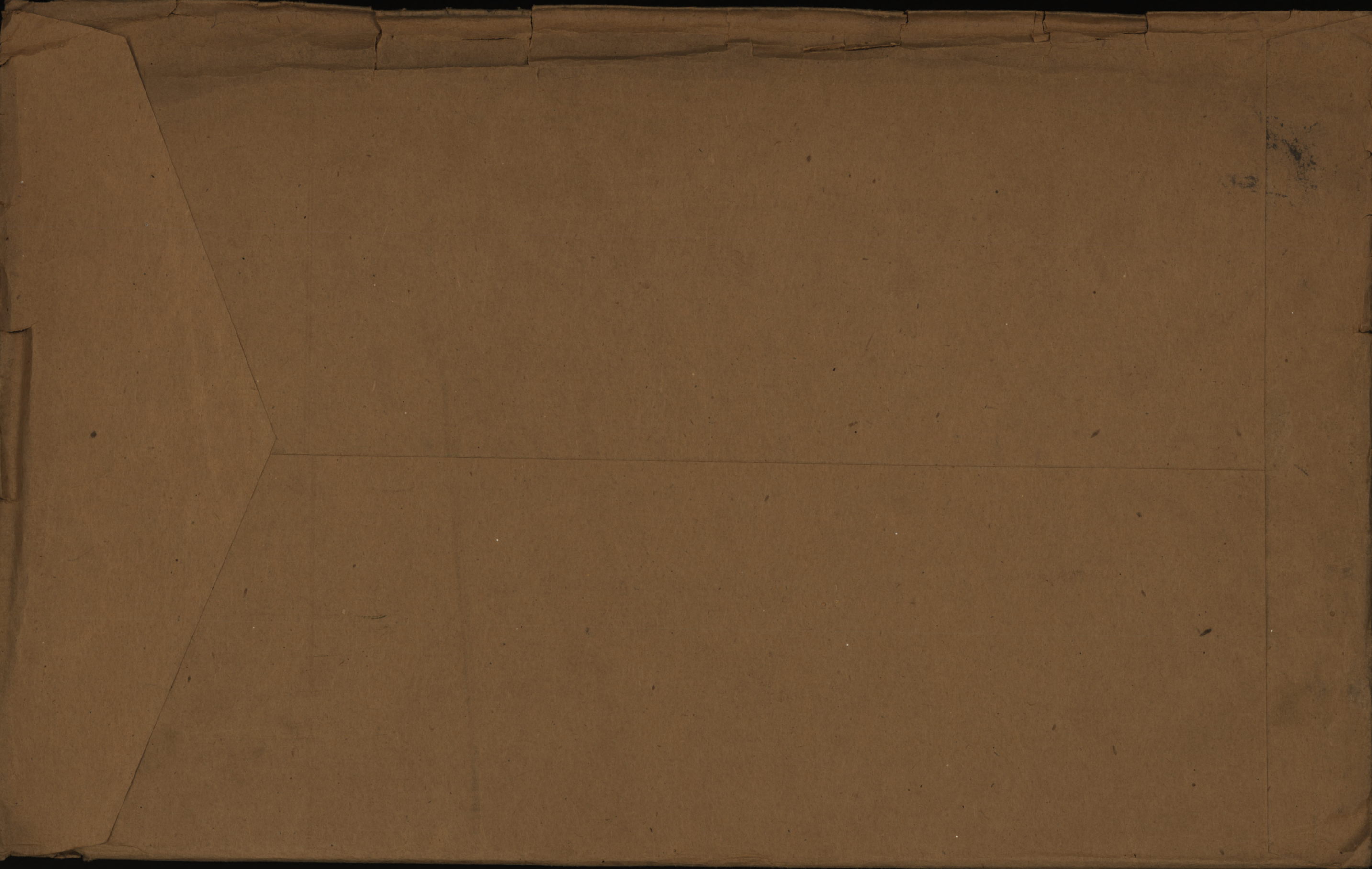
C1042



A. F. B. 122 - 1 *msu*
 Eng. M. B. 5-12-16
 C. R. 6-2-18

1
 1-9
 1-9

RB



Number 724062 Rank Private A

Surname YOUNG

Christian Name Albert

Unit 109th Bn Can Inf Theatre of War England

Date of Service 31-7-16

Remarks

Latest Address Sweed Ont

Roll No. A

Page 174



REG. NO. 729062 NAME Young Albert 4505
(SURNAME FIRST)

RANK Plt CORPS S.S.C.

AGE 30.50 SERVICE 6/6/12: 6/6/16/12

NAME OF HOSPITAL Ongwanada PLACE Kingston

DATE OF ADMISSION 2-1-18

DISEASE Gastritis

DISCHARGE 7-1-18

OPERATION

DISCHARGED TO DUTY eyes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

[The following section contains 13 horizontal dashed lines for writing.]

No. 724062 RANK *Pte*NAME *Young. A.*

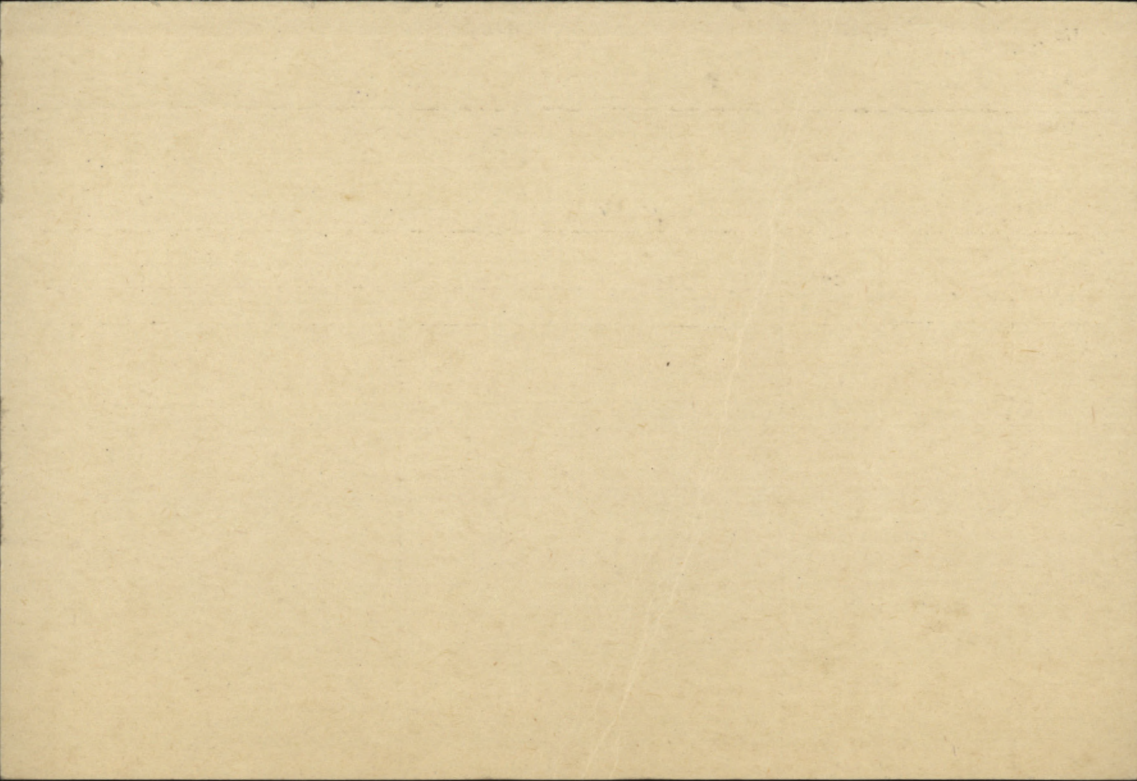
T. O. S.

UNIT

*Special Service Battalion
555 Coy*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Nov-1</i>	<i>Nov-30</i>	<i>a</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1918</i>	<i>1918</i>			
	<i>Jan.</i>	<i>✓</i>		
<i>Feb-1</i>	<i>Feb 8</i>	<i>✓</i>	<i>Sol. 8-2-18. Rul.</i>	<i>204099-2-18</i>

closed by payment 8.



EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

HEAVY DRAFT HORSES

Date of Payment.	No of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
16/5/17	346	1	-	4	86	Otherpool	W. W. Wainman		
11/6/17	469	2	-	9	74	do	R. W. Wainman		
15/6/17	589	1	10	7	30	do	W. W. Wainman		
29/6/17	66	2	-	9	73	do	R. W. Alexander		
14/7/17	76	1	-	4	87	do	do.		
28/2/17	929	2	-	9	73	do	W. W. Wainman		
1/8/17	1000	2	-	9	74	do	do		

5997 ✓

CERTIFIED CORRECT

APPROVED

PLEASE DELIVER THE ABOVE PAY-BOOK TO THE CLERK

DO NOT WRITE IN THESE SPACES

NUMBER OF PAGES

REMARKS

NAME OF PAYMASTER

PLACE OF PAYMENT

AMOUNT

NO. OF ACQ. ROLL

DATE OF PAYMENT

HEAVY DRAFT HORSES

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

P. 697.

DEDUCT:—NUMBER OF RATIONS ON HAND ...

NUMBER OF RATIONS REQUIRED ...

9.007

EXTRACTS FROM ACTIVE SERVICE PAY-BUCKETS

HEAVY DRAFT HORSES.

Remarks.	Name of Paymaster	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* R
TOTAL RATIONS AUTHORIZED AS ABOVE ...									
DEDUCT:—NUMBER OF <u>RATIONS</u> ON HAND ...									
NUMBER OF <u>RATIONS</u> REQUIRED ...									

LIGHT DRAFT, RIDING HORSES AND MULES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* R
TOTAL RATIONS AUTHORIZED AS ABOVE ...							
DEDUCT:—NUMBER OF RATIONS ON HAND ...							
NUMBER OF <u>RATIONS</u> REQUIRED ...							

* These issues are only Equivalents in lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M DAILY FOR DELIVERIES

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..... *109th Bn 68th*

(2) Regimental Number..... *724062*

(3) Full Name of Soldier..... *Albert Young*

(4) Place of Birth..... *Tweed ont Canada*

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

(6) If married, state,
 (a) Full name of your wife..... *Hannah Ellen Young*

(b) Present Postal Address..... *Tweed ont Canada*

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

(8) Have you any children?..... *Yes*
 If so, give number of boys and girls..... *one Girl*
 Also their names and ages..... *Lucie Young 9 Years*

(9) Is your Father alive?..... No

If so, state name and address

(10) Is your Mother alive?..... No

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

(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.

(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.

Separation applied for

15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... **JUL 11 1916**

[Signature] **Lt. Col.**
Officer Commanding
O. C. 109th Overseas Battalion, C. E. E.

CASE HISTORY SHEET.

No. 729062 Rank Private Name Albert Young Age 30

Unit Special Service Completed years of service Where and how long } mainly 16 mos in C.F.

Date of admission 2-1-18 Date of discharge January 7th 1918

Diagnosis Gastritis Place of origin Kingston.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient complained of constant belching of gas, sense of weight and discomfort and constant vomiting immediately after meals, also slight pain in region of stomach. Whilst in hospital patient was never noticed vomiting - appetite good.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) not applicable.

TREATMENT.

(Especially any specific or special form.) Calomel and Saline - Bismuth Subbutoxide and Soda Bicarbonate

CONDITION ON DISCHARGE.

(and disposal made of case.) - Good - returned to unit.

Date January 7th 1918

D.K. Muddell Major Medical Officer i/c case.

CASE HISTORY SHEET

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

11

MEDICAL HISTORY SHEET.

Surname Young Christian Name Albert 649-y.920

Examined { on day of 191
 at

Birthplace { City or Town
 County

Approved by

Rank H.C. M.O.

DEPT. MILITIA & DEFENCE
 FEB 10 1918
 H.C.

Apparent age

Trade or occupation

Height Feet Inches

Weight Lbs.

Chest measurement { Minimum inches

Maximum expansion inches

Physical development

Small-Pox Marks

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

Vaccination Marks { A r m Right. Left.
 Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	VACCINATIONS.
.....	M.O.
.....	M.O.
.....	M.O.

(b) Slight defects but not sufficient to cause rejection

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

Enlisted on day of 191 at

	CORPS.	REG'T L. NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kenslow</u>	<u>22/1/18</u>	<u>Myalgia + overage</u>	<u>E. M. Graham Esq</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.

B. P. C. FOLIO
 FALSE DOCKET

Supplemental Medical History Sheet (Original not available)

Surname *Young* Christian Name *Albert*

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				

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

72 4062 Pte Young Albert 109th Batta C.E.F.

Previous civilian occupation:- Farmer

Is he able to resume previous civilian occupation:- Yes

Cause of disability:- Myalgia

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

This man is 49 years old. He complains of severe myalgia in back and limbs. While in England he only did light base duty. Myalgia dates back before enlistment, but has been aggravated by services.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 20%

Disability due to Service:- 10%

Probable duration of incapacity:- Indefinite

Does it render him permanently unfit for Military Service:- No

Would operation, special treatment or the use of appliances etc., lessen incapacity:- No

Recommendation of Medical Board:- Category C III

Station:- Halifax, N.S.

Class:- # C III

Date 28-9-17

O. Macdonald President
G. Wood Member
A. W. Gray Member

Date 28-9-1917

APPROVED

R. Corbett Major

Asst. Director Medical Services.

Date 26-11-17

A. C. Scott Captain

Director General Medical Services.

EXHIBIT FOLIO
FALSE DOCKET
3

Dr. Lee
28-11-17

STATE OF TEXAS, COUNTY OF ...

Know all men by these presents that ...

Witness my hand and seal of office ...

OPINION OF THE BOARD

After a careful review of the ...

Respectfully submitted, ...

APPROVED

Date: _____

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 124062 Rank Private Name Young, Albert

Enlisted (a) 8.3.16 Terms of Service (a) D of W. Service reckons from (a) 8.3.16

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) Laborer

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				

Embarked Canada Halifax 24.7.16.
Disembarked England Liverpool 31.7.16.

8-12-16 O.C. 109th Bn. Transferred to 124th Bn. Whitley 8-12-16 D.O. Pt. II # ³43.

W. B. Selinger
CAPTAIN,
ADJUTANT,
109th BATTALION CAN. INF.

19.12.16 124th Bn. Transferred to C.C.A.C. Witley 5.12.16

Part II Orders 276
W. B. Selinger
MAJOR ADJUTANT,
124th BATTALION C.E.F.

9.1.17 O.C. 124th Bn. Attached from 124th Bn to No 3 Depot C.A.S.C. Witley 8.1.17

Part II O No 9
W. B. Selinger
CAPT. & ADJ.,
NO 3 DEPOT, C.A.S.C., WITLEY,

1-2-17 O.C. 6a Whitley. Transferred to 6a C.A.C. Hastings 1-2-17

W. B. Selinger
CAPT. & ADJ.,
NO 3 DEPOT, C.A.S.C., WITLEY,

(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 shall be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
15/2/17	bcbk	Surplus Exp Rep	Salisbury	15/2/17	Pl 11 80 42 10/2/17 W. B. Lynskey Lt. Col., Commandg. Canadian Garrison Duty Depot.
26.3.17	126000	Taken on strength	W. Sandling	20-3-17	Pl 11 80 17
18.8.17	126000	Att to 126000	W. Sandling	18.8.17	Pl 11 80 162 H. Watton Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.
20 AUG 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11		ORDER No. 196.	Westburn Capt for Lt. Col. Commanding Canadian Discharge Depot.
13 SEP 1917		EMBARKED FOR CANADA FROM LIVERPOOL			Westburn Capt for Lt. Col. Commanding Canadian Discharge Depot.
1/12/17		TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.	Kingston	1/12/17	Various orders Cancelled J.O.S. 1-12-17 D.C. 309
8/2/18	#3 S.S.C.	DISCHARGED & STRUCK OFF STRENGTH	Kingston	8/2/18	Auth 3 M.D. 88-7-23/ 2/2/18 Lieut. & Adjutant No. 3 Special Service Company, C.E.F.

J.M. Rank Name YOUNG, Albert. ✓ Reg'l No. 724062 ✓
 Unit 109th Bn. If in perm. Corps, } Married or Single Married. ✓
 What Unit? }
 Place and Date of Enlistment Haliburton, 8th March 1916. ✓ Place of Birth Tweed, Hastings County ✓
 Name and Address, Next-of-Kin Hannah Ellen Young. ✓
 P.O., Haliburton, Ontario, Canada. ✓ Relationship Wife. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

26352

NIE. R.B. No 84450
 File R.L.
 Category Honor

H. W. & V., Ld.—7165-16.

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 per H. M. T. 2810 31-7-16					
27-1-17	109 Bn	S.O.S. to C.C.C. attach 109 Bn	Whitley	5-12-16	P.I.D. 5.
8-12-16	06109 Bn	S.O.S. on tape to 124 Bn	Whitley	8-12-16	P.I.D. 343
9-12-16	06124 "	att. P.I.D. 5080	"	"	" 265
19-12-16	,	S.O.S. to C.C.C. attach to 124 Bn	,	5-12-16	291 - P.I.D. 80
9-1-17	,	leave to be att'd to 124 Bn	,	8-1-17	9
		attach to *3 Depot. C.A.S.C.			
9-1-17	C.A.S.C. #3.	Att. for C. Dis. Q. R. & pay	"	8-1-17	" 9.
1-2-17	"	leave to be attached on			
		trans. to C.C.C.	"	1-2-17	" 32.
24-2-17	C.C.C.	leave att. C.A.S.C. + on Com. Div. Supplies Hastings	Hastings	15-2-17	94
		Baggage Stores			

cancel
 P.I.D. 80

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.				
16/2/17	1st Dep. Dep. Dep.	Att. for Duty Do. 343 48-12-16 amended to	Salisbury	15/2/17	PTD L.O. 1
27-1-17	109 Bm	re: ceases to be attch to 109 Bm + attch to 124 Bm. & Co. Secy.	Witley	8-12-16	PTD O. 5.
17.2.17	C.E.A.C	Ceases attch to 109 Bm Com. to	Hastings	8.1.17	PTD L.O. #82(17)
26-3-17	160RD	J.O.S. on receipt from Sup. Bagnall's	Wandj	24-3-17	PTD O 17
18-8-17	"	On Com. C.D.N. Bm. Pt.	"	18-8-17	— 162.
19-9-17	"	ceases on Com. C.D.N. & J.O.S. to Canada. Para. 392-25 K.R. & O.	"	13-9-17	— 194
	Dis Dep.	For duty to A.A.S.	MD 3 Kingston	25.9.17	NR 350

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

22812/455

B.M. 2

19891-A-7.

Name Young, Albert

Surname

Christian Name

Regimental Number 724062

Rank Pte.

Address (in full) Tweed, Ont.

Unit NO. 3. Special Service CO.

Original Unit

District where paid M.D. 3.

Date of Discharge 8-2-18.

P. D. P. Filing Number 8-78-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	1541	8-3-18	33 00	1511	8-4-18	34 10	1492	9-5-18	75 00	33 00	142 10

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks: Separation Allowance adjusted on Third Payment. Auth. from Paymaster 3rd Bn. G.G.R
Advance on Account Post Discharge Pay.

724062 Ple Young, Albert
Tweed, Ont

29th Campbellford

22812-46'5"
file 019891-a-34
Mrs Albert Young (wife) 1
Same address

Dec'n No. 22812/455 W.S.G. File No. 19891-a-34

Award 122 days at \$ 1.00 per day \$ 400.00

S. A. months at \$ per mo. \$ \$ 175.10

Less P. D. P. Credited \$ 224.90

Less further debit balance \$

Net due paid as below \$ 224.90

TO SOLDIER TO DEPENDENT

	No.	Ch No.	Amount	No.	Ch No.	Amount
	44673	542614	104 90	44674	542615	120 00
Total				Total		

29th/19

29th/19

Reg
will
3-12-19

Not Eligible

GEN'L AUDITOR
Posting checked by
M. J.
Date 25-11-19

Always
12th/19

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Name of Soldier Young Albert
724,062

Sheet No. 2

L. L. Job 310.-Reg. 567

Wife
PAYMENTS.
Mrs. Norma Young

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		D3889	55	<i>Reopen Acct.</i>
June		U 7584	20	
July		89949	20	
Aug.		W 14594	20	
Sept.		H 17809	20	
Oct.		M 21680	20	
Nov.		E 24380	20	
Dec.		S 27867	20	
Jan.	1917	M 29923	20	
Feb.		T 33945	20	
March		U 36536	20	
April		W 3202	20	
May		T 6616	20	
June		T 9876	20	
July		T 13136	20	
Aug.		H 16366	20	
Sept.		L 9731	20	
Oct.		S 22229	20	
Nov.		H 26058	20	<i>M H 26058 Cancelled</i>
Dec.				<i>A/c Closed 31-10-17</i>
Jan.	1918		395 ⁵⁰ / _{xx}	<i>Ret'd per 1/1/8261</i>
Feb.				<i>Date 13-9-17 F. X. 30-10-17</i>
March				<i>Clerk [Signature]</i>
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER W

Wife

Young

209

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

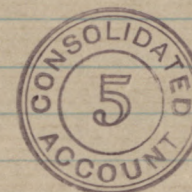
M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

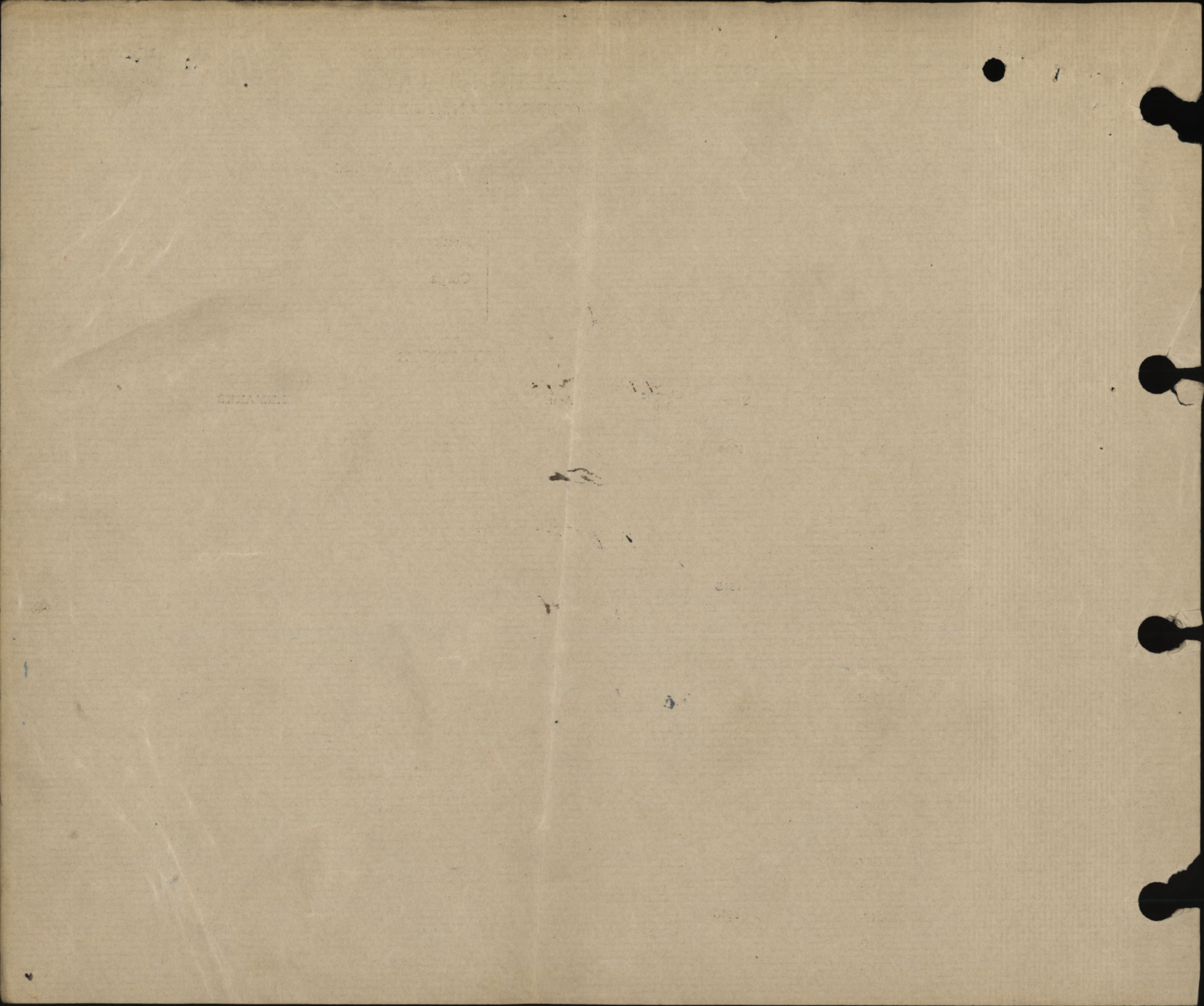
To Whom *Mrs Albert Young* By Whom Assigned *Young Albert*
 Address *Tweed Oct.* Regtl. No. *724062*
 Rank *Pte.*
 Corps *109th Bu*

Rate *15⁰⁰ Oct 4/16 P.C. 148-26⁹/₁₆ @ S.R.*
Aug 16 2m. 18⁹/₁₆ @ S.R. 24/10/16.

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				





MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs Albert Young

OVERSEAS CONTINGENTS
 PAYMENTS.

#Name of Soldier *Young Albert*
724062 Pte 109th Bn

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰ Oct 1/16</i>
April	1916			<i>Aug 16 2m 18 9/16.</i>
May				<i>\$30⁰⁰ Compayment for Sept-Oct-19-17 received by C.P. Bulth 182.649-4920 on file 0019891-a-347 11-12-17.</i>
June				
July				
Aug.				
Sept.				
Oct.		<i>Q 24097</i>	<i>15</i>	<i>Oct. Pp → Sp Reg 10-11-16. Aug Sept & Nov, 17.</i>
Nov.		<i>X 27272</i>	<i>45</i>	<i>45⁰⁰ Box Cheque to day.</i>
Dec.		<i>Q 35030</i>	<i>15</i>	<i>15⁰⁰ Future</i>
Jan.	1917	<i>N 43015</i>	<i>15</i>	
Feb.		<i>Y 48161</i>	<i>15</i>	
March		<i>B 54548</i>	<i>15</i>	
April		<i>B 6135</i>	<i>15</i>	<i>15</i>
May		<i>D 12517</i>	<i>15</i>	<i>lu</i>
June		<i>R 19516</i>	<i>15</i>	
July		<i>L 26535</i>	<i>15</i>	
Aug.		<i>T 33880</i>	<i>15</i>	
Sept.		<i>B 40837</i>	<i>15</i>	
Oct.		<i>X 46217</i>	<i>15</i>	
Nov.				<i>..... A/c Closed</i>
Dec.				<i>Ret'd per <i>4. 3/10/17</i> <i>Marship 8261</i></i>
Jan.	1918			<i>Date <i>13/9/17</i> <i>F. X 30/10/17</i></i>
Feb.				<i>..... Clerk <i>Grumold</i></i>
March				
April				
May				
June				
July				

\$ 225⁰⁰

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 *Mrs Hannah G Young*Name of Soldier *Young Albert*Address *General Delivery
Hatchburton*Regtl. No. *724062*Rank *Pte*Corps *109 of Pte*Relation to Soldier } *wife*

To what Corps belonging }

wife, child or mother }

when called out } *✓ ✓*

PAYMENTS

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



ACCOUNT CLOSED
DATE..... PER.....

11
11
11
11

11

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503.-Req. 6332.

Mrs. *Hannah G. Young*

PAYMENTS.

8-3-16

Name of Soldier

Young Albert

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916			<i>Reopen acct. without loss of time and continue payments until further advised. Retd. for duty per P.M.L. 8-12-17. H.Q. 649-4-920 File # 019891-2-34. 17X. B.P. 12-12-17.</i>	
May		<i>S. 3889</i>	<i>55-</i>		
June		<i>W 5584</i>	<i>20</i>		
July		<i>B 9949</i>	<i>20</i>		
Aug.		<i>W14594</i>	<i>20</i>		
Sept.		<i>H17809</i>	<i>20</i>		
Oct.		<i>M21680</i>	<i>20</i>		
Nov.		<i>S. 24380</i>	<i>20</i>		
Dec.		<i>S 27867</i>	<i>20</i>		
Jan.	1917	<i>M 29923</i>	<i>20</i>		<i>Retd. per J.P. 82.61. 13-9-17 7X 30-11-17. H.Q.</i>
Feb.		<i>T 33945</i>	<i>20</i>		
March		<i>K 36536</i>	<i>20</i>		
April		<i>W 3202</i>	<i>20</i>		
May		<i>T 6616</i>	<i>20</i>		
June		<i>T 9876</i>	<i>20</i>		
July		<i>T 13136</i>	<i>20</i>		
Aug.		<i>H 16366</i>	<i>20</i>		
Sept		<i>L 9731</i>	<i>20</i>		
Oct.		<i>S 22229</i>	<i>20</i>		
Nov.		<i>H 26058</i>	<i>20</i>		
Dec. ¹⁵		<i>U 23194</i>	<i>45</i>	<i>H 26058 Cancelled 45 (J) - mailed 19¹²/₁₇</i>	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

*440**Ac stopped 31-1-18. Soldier being paid from 1-2-18 by M.D. H.Q. 30-1-18*

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.				

P. 559.
MARRIED OR SINGLE

married

PLACE OF BIRTH

Tweed Ont

NAME AND ADDRESS OF NEXT OF KIN

*Hanna Ellen Young
Haliburton Ont*

RELATIONSHIP OF NEXT OF KIN

Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Discharge Canada</i>	<i>22/8/17</i>	<i>A 71-14-10/18</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *724062* RANK *Plt* NAME *Young Albert*

IF IN PERM. CORPS
WHAT UNIT

UNIT *109th Bn* TRANSFERRED TO *124th* DATE *21-1-17* AUTHORITY *D03443*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *C.C.A.C* DATE *1-2-17* AUTHORITY *8-12-16*

PLACE OF ATTESTATION

Haliburton Ont TRANSFERRED TO *1st Sup Bag Dep* DATE *21-4-17* AUTHORITY *Debit Note*

DATE OF ATTESTATION

March 8 - 1916 TRANSFERRED TO *Pay. II L.* DATE *22/8/17* AUTHORITY *A 71-14-10/18*

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug-1st 1916*

PAYABLE TO *Mrs. Ellen Young* RELATIONSHIP *Wife*

18 SEP 1918

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stoppia* EFFECTIVE *1-9-17* REASON *Discharge*

DISCHARGE DATE AND PLACE *Canada 21-8-17* REASON AND AUTHORITY *FC a-71-14-10/17*

For disposal C.I.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

23

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1 2 3 4				1 2 3 4							CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE									No.	DATE	No.	DATE	
1916																																				
July																																				
Aug 31	31	1.00	31.00		31	1.10	34.10								34	10	339.816																			
Sep 30	30	1.00	30.00		30	1.00	30.00								33	00	64 3/4	169515/9/16																		
Oct 31	31		31.00				31.00								34	10	134113/9/16	616512/9/16																		
Nov 30	30		30.00				30.00								33	00	1933/10/16																			
Dec 31	31		31.00				31.00								34	10	288300/11/16	34301/11/16																		
1917			15.30																																	
Jan 20	20	1.00	22.00																																	
21-31	11		12.10																																	
Feb 1-28			30.80																																	
Mar 1-31			34.10																																	
April 1-20			22																																	
20-30	10		11																																	
May 31	31	1.00	34.10																																	
			334.40												13	70	348.10																			

Sailing hist 45 13/9/17 to Gal 16²⁰

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. <i>724062</i>	
Rank <i>Private</i>	
Surname <i>Young</i>	
Christian Name <i>Albert</i> <small>NOTE—The name must agree strictly with that of enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No 3 Spec. Serv. Co.</i>	
Date of Discharge <i>February 8th., 1918.</i>	
Place of Discharge <i>Fort Henry.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>51</i> years..... months. Height..... <i>5</i> feet..... <i>7</i> inches. Complexion <i>medium</i> Eyes <i>Blue</i> Hair <i>Brown</i> Trade <i>Labourer</i> Intended place of residence <i>Sweed, Ont</i> <small>(To be given as fully as practicable.)</small>	Descriptive Marks <i>Nil</i>
2. The above-named man is discharged in consequence of <i>physical</i> <i>unfitness for further</i> <i>service. Order Bmd 88-4-</i> <i>23 dated 2-2-18</i>	
<small>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.</small>	
To be in the hand writing 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. <i>1</i> <div style="text-align: center; font-size: 2em;">+ Good +</div>
	<small>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.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center; font-size: 1.5em;">Labourer</div>

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

nil

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

6. Medals and Decorations.....

nil

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

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

(Place) *Farr Henry*

Al Bynwal MAJOR

(Date) *8-2-18*

O. G. No. 3 Special Service, C. E. F.
Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Farr Henry A Young* his (Signature of Soldier.)

(Date) *8-2-18* *J. D. Wilson* (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.

A. Young his (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) *Farr Henry*

(Signature) *Al Bynwal*

(Date) *8-2-18*

MAJOR

O. G. No. 3 Special Service, C. E. F.

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.)

his
James
J. D. W. Hill

<p>Militia Form B. 238 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia form B. 203</p>
<p>B. 218 Proceedings on Discharge</p>	<p>Squadron Battery Company Conduct Sheet B. 203a</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions by C.P. in MS.</p>
<p>(a) Proceedings on Discharge</p>	<p>Med. Hist. Sheet Militia Form B. 313</p>
<p>(b) Attestation</p>	<p>Medical Report for Invalid* B. 237</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>

*Only if discharged "Medically unfit"

V. 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.

Reservations referred to at Part 8. (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

88-94-23

B.P.C. ORIGINAL

FMV.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Fort Henry, Ont. DATE Jan. 26th. 1918.

1. (a) Unit No. 3 Special Service Co. (b) Regimental No. 724062. (c) Rank Pte.

(d) Surname Young. (e) Christian name Albert.

2. Age last birthday 50 Date of birth August 9th. 1868.

3. Enlisted at Haliburton, Ont. on March 4th., 1916.

4. Personal description:—

(a) Height 5' 11". (b) Weight 165. (c) Complexion Dark.

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

Scar on chin.

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

Tweed, Ontario.

6. Former trade or occupation

7. (a) Service

	PERIODS	
	From	To
<u>109th. Battn.</u>	<u>March 1916.</u>	<u>Sept. 1916.</u>
<u>44th. Battn.</u>	<u>Sept. 1916.</u>	<u>Sept. 1917.</u>
<u>No. 3 Special Service Co.</u>	<u>Sept. 1917.</u>	<u>To date.</u>

(b) Has he been overseas? England.

8. Present disease or disability (use authorized nomenclature if possible)

1. Overage. 2. Myalgia.

(a) Date of origin 1. Not applicable. 2. Sept. 1916. (b) Place of origin 1. Not applicable. 2. England.

(c) Cause* 1. Not applicable. 2. Exposure to wet and cold.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions)

Subjective:— 1. None. 2. Complains of pains in muscles of thighs, also in chest muscles and between shoulder-blades.

Objective:— 1. Man says he is 50 years of age and appears to be of age stated. Fairly well nourished.

2. No objective signs of any disease. Heart and lungs

normal.

STATEMENT OF THE SOLDIER

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, a Medical Officer, have read the description of my disability and the medical statement should follow. I complain in

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

B. P. C. FOLIO
FALSE DOCKET
6

10. History :

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.

Scar in middle line, from lip to tip of chin.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

1. Not applicable.
2. 5 percent.

12. Did the disability arise on or off duty? 1. Not applicable. 2. Duty, man says.

13. Was a Court of Inquiry held? 1 & 2. Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

1. Not applicable. 2. No apparent disability.

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

2. Hospital treatment in England.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations. On account of over-age, Discharge.

W. J. [Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

Young A. [Signature]
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

644-y-920

22. 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). **No.**
- (d) Temporarily unfit, (" D) (Yes or No). **No.**
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No). **Yes.**

23. 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).

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

Category "E".

W. W. Jones Capt. AMC. President
 W. J. ... Capt. AMC. } Members.
 A. Macdonald. Capt. AMC. }

STATION Fort Henry, Ont.

DATE Jan. 26th., 1918.

APPROVED BY

DATE JAN. 30. 1918.

APPROVED BY

DATE

[Signature]
D/ A. D. M. S. Mil. District No. 5

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

B. P. C. FOLIO
 FALSE DOCKET
 Director-General of Medical Services.
 3

OPINION OF THE MEDICAL BOARD

1. Give the nature of the condition and of the treatment recommended and the probable duration.

(a) General service (b) Home service (Canada only) (c) Home service (Canada only) (d) Temporary (e) Limit for service in Categories A, B and C (Yes or No) (Yes or No) (Yes or No) (Yes or No) (Yes or No)

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

3. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

4. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

5. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

8-3-16

Separation and Assigned Pay Branch

Aug 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20.	\$ 25.00		
	1-12-17		
	P.O. 3257		

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724062
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Albert Youngs. or Young.*
 Battalion *109th Bn. Transferred to S.S.#3 Co.*
 Beneficiary *Hannah E. Young.*
 Relationship *Wife.*
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Albert Young (wife)*
 Address *Jweed, Plent*
 Gen *QTY* Change of Address
 1
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>	<i>—</i>	<i>440.⁰⁰</i>	<i>225.⁰⁰</i>	<i>665.⁰⁰</i>
<i>Jan 1918</i>	<i>M 73207</i>	<i>25</i>		<i>25</i>
<i>Feb</i>	<i>N 73210</i>	<i>25</i>		<i>25</i>

198916-55. REMARKS

Pa appears to be paid 5⁰⁰ on Dec/17 S/A for Jan 1918 = 25⁰⁰ to adj. 5⁰⁰ paid 1/6/18
A.P. ac closed. last check. Oct 31/17
Reta Troopsup 8261
Date 12/9/17. FX 31/10/17
Clerk G. Reynolds
N 73210 Jan 500
S.A. ac stopped 31-1-18. Paid from 1-2-18 by
M.D.3. LP67-30-1-18.

*421223
 Jun*

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
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M. F. W. 128
 40096-6-17-1772-39-1141
 L. L. 22320-M. & D. 1993.

129724, 43 C.

PROCEEDINGS OF A MEDICAL BOARD.

DEPT. MILITIA & DEFENCE

FEB - 8 1918

Dated at Bramshott. 07 120649-7-920 1916

No. 72462 Rank Pte Name Young Albert

Local Unit 109th Overseas Unit _____ Age 44 ¹/₂

Examination held at Whiteley Witley

DISABILITY:
Overseas—Local.
(scratch one out)

Myalgia.

SECTION
"D"

PRESENT CONDITION.

Has had muscular pains since arrival in this country since coming to England. Complains of frequent micturition.

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty CIT.....
- 5. Discharge.....

Signatures:—

Members

C. S. Cooper Col. Inf. Comd. President.

H. ...

B. P. C. FOLIO
FALSE DOCKET
2

APPROVED

Dated at Bramshott 07/07 1916

Lorubrum

For A.D.M.S.

x 10508

38992-18
325 8-2-18

PROCEEDINGS OF A MEDICAL BOARD.

Dated at _____ 1918

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

SECTION
"D"

DISABILITY.
Overseas—Local.
(attach one out)

PRESENT CONDITION.

BOARD RECOMMENDS—

1. Fit for Duty.....
2. Fit for duty after.....weeks, physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures—

.....President.

Members

.....
.....
.....

APPROVED

Dated at _____ 1918

For A.D.M.S.