Unit 109th. O.S. Bn. Rank Captain Name George A. Weeks

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? Weeks

   (*b*) What are your Christian Names? George Ashton

2. (*a*) Where were you born? (State place and country) Woodville Ont. Canada

   (*b*) What is your present address? Lindsay Ont.

3. What is the date of your birth? August 22nd. 1894

4. What is (*a*) the name of your next-of-kin? C.E.Weeks

   (*b*) the address of your next-of-kin? Lindsay Ont.

   (*c*) the relationship of your next-of-kin? Father

5. What is your profession or occupation? Merchant

6. What is your religion? Methodist

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? 45th. Victoria Regt.

9. State particulars of any former Military Service Two summer camps 1913-14.

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

G A Weeks (*Signature of Officer.*)

24
19
43

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 15 1916

Place Lindsay

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

*Insert here "fit" or "unfit".

M. F. W. 51
40m.—12-15.
H. Q. 1772-39-917.

Weeks

George Ashton

Woodville Ont. Canada

Lindsay Ont.

August 22nd. 1894

C.E.Weeks

Lindsay Ont.

Father

Merchant

Methodist

Yes

45th. Victoria Regt.

Two summer camps 1913-14.

Yes

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

Declaration Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 2

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet..... 1

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 6

Medical History Sheet..... 4 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M.F.W. 67 – 2

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Weeks George Ashton

Regt. No. nil. Rank Capt.

Corps 109th. O. Bn. C.E.F.

Doc. Dep. to MD3 on M.F. for 2505 Ref 3 – 294 d/4/1/19 M.H.

Invalided to Canada.

Ret 9-4-19

Medical Certificate 9-8-19 for 1

Rec'd 22/8/19

Ret 21-10-19

10-10-19

12245

1-6
1-6

332-45-9

3

CARD NO. 3

SURNAME. Weeks.

CHRISTIAN NAMES George, Ashton.

REGL. No. RANK Capt.

UNIT 109th.

FORMER CORPS 2 summer Camps (1913-1914.) 45th Victoria Regt

S.S. Dis 19-2-18 3
20 II 1-3-18 Sq. 9.
SOS 26-2-19 2628
R 01723 C demob Bn.

NEXT OF KIN.

NAMES IN FULL Weeks, C. E.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Lindsay, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Woodville, Ont. DATE Aug. 22nd. 1894.

PLACE OF ATTESTATION DATE

Sailed from Halifax 23/7/16 488/1 per S.S. "Olympic"
P/C. 30/9/17 3

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Struck off Strength - 19-2-18 and returned to Active Militia Unit: Quell. M.G. 1332-45-9

MARRIED SINGLE WIDOWER

TRADE OR CALLING Merchant. RELIGION Methodist

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Apr. 15th. 1916.

Present Address: Lindsay, Ont.

Number

Rank Capt.

Surname WEEKS.

Christian Name GEORGE ASHTON.

Units

Theatre of War France

Date of Service 23-7-16. 17-5-17. 19-9-17

Remarks

W.C.O.R.

Latest Address Lindsay, Ont.

Roll No B Page 7997

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

DESP OCT. 23 1921 REGN. NO 4623/32

*—Name will be given in full; surname first.

No. Rank Captain Name Weeks. G. A.

T. O. S. Unit 109th Battalion

M. D. 3

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority
1915 Nov. 20	1915. Nov. 30	✓		
	Dec.	✓		
1916.	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916

No. Rank Lieut. Name Weeks, G. A.

T. O. S. Unit 45th Victoria Regt. (2nd Bn.)

M. D. 3.

Paid From	Paid To	Sig or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1914 Aug. 22	1914 Sep. 21	✓	Now shown on 2nd Bn. paylist	

UNIT SAILED OCT 3 1914

No. Rank Lieut Name Weeks G. A

T. O. S. Unit No 3 Special Service Co

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
April 21	April 30	"		
May		"		
June		"	Nov 3rd C.G.R.	June payslip

NAME Weeks G. A

RANK AND CORPS Lieut 124th Bn.

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
I 352	24-9-17	Sailed from Liverpool for Canada per H. S. Llandovery Castle on Sept. 19th 1917 Invalided

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 17/2-39-8/3.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
749 1	#20 Gen. Barriers	7-8-17	P.U.O. Stt.
751 3	to Royal Free, Grayson Rd.	W.B. 12-8-17	P.U.O.
806 (3)	" " Lis Largad	19-9-17	"

FORM R. 149.
7106—250m—7/2/17.

Name WEEKS George.Ashton. *Rank* Lieut. *Reg. No.*

Unit 124th.Bn.

Next of Kin Canada .

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-8-17.	20 Gen.Hosp.Camiers.		P.U.O.Slt.	749.		
12 8 17	Rtd Free Hos. Wb		—	751		
19 9 17	Discharged			806		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Surname. Christian Name.

WEEKS G. A.

Rank. Unit.

Lieut. 124th.Batt.

Date of admission.

No. ● General Hospital Camiers 7-8-17.

Hospital H.S.to Royal Free Hospital London 12-8-17.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis P.U.O.slt.

Later diagnosis. .....

.....

.....

.....

Disposition. Date. Discharged:-19-9-17.

....

11-8-17 749.
14-8-17 751-3.
C.17-10-17 806-8.

Remarks.

C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

A.M.D. 2 DEPT.

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

D. M. S. 1347.

Surname	Christain Name	Reg. No.
WEEKS	G. A.	

Rank	Unit
Lieut.	124th. Pnrs. Batt.

MEDICAL BOARD held at	Date	Serial No.
(1) London Area	14-9-17.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Appendicitis & Asthma.

Disposition Recommended

(1) Unfit any service 2 months.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date .....

Disposition

To Canada per H.S."Llandovery Castle" V.L'pool.
19-9-17.

Remarks

Indicate by a P.T.O. if continued on other side.

Original

MEDICAL HISTORY SHEET

ORIGINAL

Surname: Weeks Christian Name: George Ashton

Examined: on 15 day of April 1916 at Lindsay

Birthplace: City or Town: Woodville; County: Ontario

Apparent age: 21 years.

Trade or occupation: Merchant.

Height: 5 Feet 10 Inches.

Weight: 153 Lbs.

Chest measurement: Minimum 33 inches. Maximum expansion 37½ inches.

Physical development: Good

Small-Pox Marks: None.

Vaccination Marks: Arm Right. None Left. One; Number

When Vaccinated last: February 17th 1916

(a) Marks indicating congenital peculiarities or previous disease: None

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

Approved by J McCulloch Capt. Medical Officer

Rank ~~109th Overseas battalion~~, C. E. F.

Date	Fit or Unfit	Examined for Re-engagement,
		15 AUG 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17.2.16	Good	J McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
26.4.16	Good	J McCulloch M.O.
3.5.16	"	J McCulloch M.O.
9.5.16	"	~~J McCulloch~~ N. Boyd M.O.
10.11.16	"	

Enlisted on 15 day of Apl. 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	~~Captain~~		15.4.16.
Transferred to	12th Res. Btn	Lieut		28-2-17.
	124th Bn	15/5/17		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
13 Barnes St	14-9-17	Appendicitis operated & asthma	Invalided to Canada Joseph Allen Capt

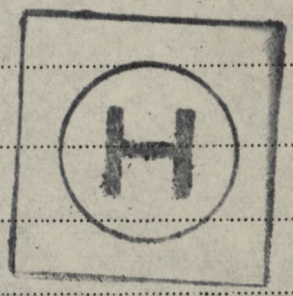
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Weeks Christian Name George Arthur

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Royal Free Hospital WC. 1.		12	8	17	14	9	17	Appendicitis.	33	Attack on July 20. Appendicectomy 20/8/17. Very anæmic & debilitated on admission & attack of asthma. Signs left side chest & hist. of attacks of asthma as a child. Scar of oper. sound. & chest signs mostly cleared up	Ethurley Jones.



CANADIAN EXPEDITIONARY FORCE

J.C.T.-3-8
F.H.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

H

This is to Certify that (Rank) Captain

(Name in full) George Ashton WEEKS

Enlisted in the 109th. Battalion,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in the 109th. Battalion,

CANADIAN EXPEDITIONARY FORCE on the Fifteenth day

of May 1916.

He SERVED in CANADA, ENGLAND, and FRANCE, with the 109th. Battalion, the 134th. Battalion, and the 12th. Reserve Battalion,

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of February 1918 by reason of being Medically Unfit.

Dated at Ottawa, this Twenty-first day

of August 1919.

Re-Appointed -10-4-18 3rd. Battalion, C.G.R.
Struck off strength -26-2-19- Demobilized.

Capt.
for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

Supplementary

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 .....

Regimental No. ..... Rank Lieut C. E. F. Name Week G. A.

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				
10-4-18	Lab 109 & 124 Bn	T.O. & Adj 103 Bn C.E.F.	Kingston	22/4/18	D.O. #12 G. M. Lemma Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
20-4-18	Adj 103 Bn C.E.F.	transferred to T.O. & Adj 103 Bn C.E.F.	Kingston	25-4-18	D.O.
30-4-18		To be Captain (Provisional)		20-5-18	D.O. #26
Kingston		26/2/19 Struck off strength C.E.F. in Canada. R.O. 1723-26/2/1919.	D.O. 59 dated 28/2/1919		B. Lemm Capt. & Adjt. No. 3 Dy. Canadian Garrison Regt., C.E.F.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on MAR 22 1919 Date .....

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

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 OVERSEAS BN., C.E.F.

(2) Regimental Number Capt.

(3) Full Name of Soldier George Ashton Weeks

(4) Place of Birth Woodville, Ontario, Canada.

(5) Are you married, or not? Not married.

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Charles Edgar Weeks, Lindsay, Ontario, Canada.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs. Clara Weeks,

Lindsay, Ontario, Canada.

(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.

.....

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

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

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

February
AF 1/1.

Regimental No..... Rank... Captain. Name.. Weeks, George Ashton.
(Surname first)

Unit ..... #3 Battalion, C. G. R. ....who was* ..... Discharged

On ..... 26/2/19. .....191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... 1/2/ .....to .. 26/2/19. .....191...
the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay ..... 26 .....days at $... 3 c			78	
Field Allowance ..... 26 .....days at $... 1 c			26	
Separation Allowance			35	
Clothing Allowance				
Post Discharge Pay				
*Other Credits ..... Subsistence			44	20
Advances	65			
Separation Allowance and Assigned Pay Cheque No.. 9443	65			
*Other Charges ..... Victory Bond	10			
Balance ~~on transfer or~~ on discharge, cheque No.. 9728	~~43~~	~~20~~		
Total	~~183~~	~~20~~	~~183~~	~~20~~

*Give particulars.

A monthly stoppage of $. 25.00 .....(†) has.....(‡) been paid on account of

Assigned Pay for the month of.. February ....191.9...
and Separation Allce. for month of..... " .....191.9...

(to) Assignee .. Mrs Edith Weeks,

(Address) ..... Lindsay, Ontario.

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

$61.16 still due on Victory Bond.

ON TRANSFER BY AN OFFICER.

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

REMARKS:—

State (1) date of enlistment.....married or single. Marrie

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

(4) Authority for discharge or transfer..... HQ 332-45-9.

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

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

Date ..... 27/2/19.

Place ..... Kingston, Ont.

D. F. Bissonnette
Paymaster.

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

CREDITS, ADVANCES, Etc.

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

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

Capt.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

18964-G-1.

Name Weeks, George A.
Surname Christian Name

Regimental Number

Rank Lieut.

Address (in full) Lindsay, Ont.

Unit 45th Regt.

Original Unit

District where paid M.D.3.

Date of Discharge 19-2-18.

P. D. P. Filing Number 9-99-3.

Rates:—Regimental pay $ 2.00 per diem: Field Allowance $.60 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					
236	60	1949	8-4-18	78	00	1904	6-5-18	78	00	1752	5-6-18	80	60			236	60

Remarks:

M. F. W. 127.
60M—6 17.
1772-39-1140.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No.

Name

Address

Pay Soldier $

Clerk

Dependent

Address

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Dec'n No W. S. G. File No

Award .... days at $ .... per day $

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

Less P, D. P. Credited $

$

Less further debit balance $

Net due paid as below

TO SOLDIER			TO DEPENDENT		
[illegible]	[illegible]	Amount	Ac No	Ch No	Amount
			Total		

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR

Posting checked by

....

Date.............

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Weeks, George Ashton, Lt.

Regimental No. 332-45-9

Name and address of next-of-kin Lindsay Ont.

Unit 124 B. (45th Regt.)

Date of enlistment A.P. #20 closed 30-9-17 } #19 closed 30-9-17. Can.

Place of " St. Mie

Married (yes or no)

Date and place discharged Invalided

Amount of pay assigned monthly $10 closed 30/9/17 Eng.

Reason for discharge 5/0 19/2/18 R of O - 20/2/18

To whom payable Llan. 6. 19/9/17 = 30/9/17 P.E.

Character on discharge 1 L.P.C. fr. C.P. 30-9-17. clear for offices

D. [illegible] 6b 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1.10.17	31/10/17	31	2.00	62 00	31	.60	18 60	46 50	127 10			~~[illegible]~~		12 00*		*Moved on Roll. 19/6 30-9-17 = 12 days @ 41. Adv. N. 2.
										3519	13/11/17	100 00 ✓		1		
										3528	15/11/17	15 10 ✓			127 10	

Transferred to Ind No 3 = 31.10.17 L.P.C. 13.11.17.

174

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

A-2-M 7 - 11 - 16.

Assignment as at
November 1, 1916.

Weeks, Capt. George A. 109 Bn. $10

$ 10 Payment Stopped
A. 3 M Form

Invalided to Can: 1 Oct: 1917

Miss Amy Weeks,
Lindsay,
Ontario,

Date		PAY			Field Allowance				Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount				No	Date						

Rank Name Reg'l No.

Unit If in perm. Corps, What Unit? Married or Single

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Miss Amy Weeks (Sister)

Address Lindsay Ont.

By Whom Assigned Weeks. Geo. A.

Regtl. No.

Rank Capt.

Corps 109th. Battn.

Rate $10.00 From Nov. 1/16

2 M. Nov. 4/16 - Jx. 20 12/16

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				

s/o b 1st Oct. 19.7
3 Dr 15/10/17 E.H.B 16/8/17
Invalided to Canada

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Miss Amy Weeks (Sister) Name of Soldier Weeks, Geo. A. Capt.

PAYMENTS.

L. L. Job 4503.—Req. 6832.

$10.00 From Nov. 1/16 109th. Battn.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		G 35578	20	
Jan.	1917	N 37914	20	
Feb.		F 47525	20	
March		~~N 54062~~	~~20~~	N 54062 Can HS
April		×	×	No ch. this month overpaid
May				10
June		H 19723	20	To adjust May.
July		Z 28341	10	10 July future B.
Aug.		P 33145	10	
Sept.		E 40287 ~~E 40426~~	~~10~~ 10	E 40426 Can. 12/9/17 W. ~~94~~
Oct.		T 47079	10	T 47079 cancelled a/c closed 1st Oct. 1917
Nov.				F.X. 7/11/17 A.
Dec.				F.X. B. 13/11/17
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

110

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.					

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	109 Bn.			~~Capt~~	31.7.16	Mess From Canada	Name Weeks
Address	12 Res. Bn.					DRO 1773 C.A.D.	Initials G. A.
						7.8.16	Bank of Montreal
Amount, $10.00 Canada				Lieut	15/5/17	L.G. 5623 d/4/6/17	
Separation Allowance issued. Yes or No.....							

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Mch 31	Balance Forward					—		
Apr. 19	A.P. Can. Apr.				10			
23	Pay R. Apr.		142 50			Cr. 132 50		
27	Bank	3017		132 50		—		
May 8	Adv. Pt A May	4015		38 93				
14	A.P. Can. May				10			
23	Pay R. May		147 25			Cr 98 32		
25	Bank	6049		98 32		—		
June 18	A.P. Can June				10			
	o/pd. diff bet. Capt + Lieut rates 15/5/17 – 31/5/17 Reverts							
19	to rank of Lieut on proceeding o/seas			19 55			Dr Vo. 1637	
20	Pay R. June		108					
22	Bank	9004		78 45		—		
July 17	A.P. Can. July				10			
24	Pay R. July		111 60					
27	Bank	13082		101 60		—		
Aug 14	A.P. Can. Aug.				10			
20	Pay R. Aug.		111 60					
23	Bank	17394		101 60		—		
Sept 11	Adv. Pt A. Bank.	19639.		48 67				
" 12.	A.P. Canada —				10			
" 14	Pay R Sept.		108					
18	Bal. Sept. Pt A. Cash.	21317.		49 33.		—		
" 21								

Rets to Can. L.P. to 30/9/17
Pfr. to N.C. Ledger.
Trans fr Ledd: 25 to Ledd: 12 Oct/17.

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary							Name
Address							Initials
							Bank
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	~~DATE~~	AUTHORITY	NAME.
Beneficiary	109th Bn.			Capt.	31-7-16	From Canada.	Name Weeks, G.A.
Address						D.R.O. #1225 C.I.D.	Initials
Canada						d/7-8-16.	Bank of Montreal.
Amount. $1.00 1.11/16							
Separation Allowance issued. Yes or No.....							

1916 17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Aug 16	Bank. Credit balance forward 31/7/16			53 95				
21	A. bal for. per Canada		53 95					
21	August pay & Allowance 31/7/16		148 25					
	Bank.	7408		148 25		—		
Sep 27	Sep. Pay R		142 50					
	~~Earnings to end period 184.25 shown below 181.75 Bank~~		~~142 50~~					
27	Bank			142 50		—		
Oct 18	Oct Pay		147 25					
26	Bank.			147 25		—		
Nov 17	Nov Pay.		142 50					
22	A.P. Can.				10			
27	Bank			132 50		—		
Dec	Dec Pay		147 25					
	A P Can				10			
18	Bank			137 25		—		
1917 Jany 16	A.P. Can.				10			
20	Pay Jany R		147 25					
23	Bank	19283		137 25		—		
Feby 15	Pay Feby R		133					
16	Res. pay Can.				10			
21	Bank	21903		123		—		
March 12	March Pay R		147 25					
14	AP Can				10	Dr. 137 25		
27	Bank	24837		137 25		—		

CERTIFIED CORRECT
31 MAY 1917
CANADIAN RECORD OFFICE

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

M-0-77

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

DEPT. OF MILITIA & DEFENCE
NOV 14 1917
CANADA

Casualty Form—Active Service.

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

Regimental No. ——— Rank ~~Lieut.~~ Capt. Name Weeks George Ashton

Enlisted (a) ~~15-5-16~~ Terms of Service (a) C.E.F. Lgns Service reckons from (a) ~~15-5-16~~ 23/7/16

Date of ~~promotion~~ Reversion to present rank of Lieut 15-5-17 (L.G. 30118) Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) Civil Merchant

332-45-9

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	23.7.16.	
		Disembarked England.	Liverpool	31.7.16.	
28-2-17	O.C. 109th.	Transferred to 12th. Reserve Battalion.	Witley	28-2-17	Routine Order # 851 A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
23-17	12th	T.O.S. 12th Res Bn	E Sandling	28.2.17	Pt II 55
15-5-17.	O.C. 12th Res. Bn C.E.F.	Transferred to 124th Bn. France Battn	EAST SANDLING	15.5.17.	Part II 124. J H Jennings Lieut i/c Records 12th Res. Bn. C.E.F.
21.5.17.	OC 124 Bn.	T.O.S. 124 Bn. as Lieut.	Field	17.5.17	D.O.Pt.11 #99 d/21.5.17 W.O.letter 121/drafts/ 6139 (A.G.4.a.) d/7.5.17 AAG Can. Sec. K.B.11953

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report: 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.
18.5.17.	C.B.D.	Left for Unit	Field	18.5.17	N.R./142
27.5.17.	O.C. 124 Bn.	Joined Unit	do.	21.5.17	B.213 DCS 5.6.17 #20
7-6-17	W.O.	Reverts to Temp. Lieut. on prov. of Fees		15-5-17	L.G. 30110
					MAJOR, FOR O. i/c RECORDS, C.E.F.
28.7.17	O.C. 124 Bn.	Sick to	No. 5 C.F.A.	25.7.17	B.213 DCS 33 d. 7.8.17
28.7.17	5 C.F.A.	P.U.O. adm. To.	5 C.F.A. / 4 C.F.A.	25.7.17 / 25.7.17	A.36/302 D.C.S. 33 d. 7.8.17
28.7.17	4 C.F.A.	P.U.O. adm. To	4 C.F.A. / 1 C.F.A.	25.7.17 / 25.7.17	A.36/280 DCS. 33 d. 7.8.17
29.7.17	10 C.F.A.	P.U.O. adm.	10 C.F.A.	25.7.17	A.36/1354 DCS. 35 d. 17.8.17
11.8.17	O.C. A.T. "Ville-de-Liege"	P.U.O. To Detached to 1st. Can. Inf. Regt. Depot, Shorncliffe	England	11.8.17	W.3083/3687 D.O. Pt. II No. 124 d. 21.8.17. Chas. B. Maxwell Lieut. for Lt-Col. A.A.G., Can. Sec. G.H.Q. 3rd. Echn.
17.8.17	1st C.O.R.D.	T.O.S. 1st C.O.R.D.	West Sandling	12.8.17	Pt. II D.O. No. 161.
5.10.17	1st C.O.R.D.	S.O.S. on proceeding to Canada	West Sandling	19.9.17	Pt. II D.O. No. 210
					Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Peterborough, Ont.

Date February 1st. 1918.

1. (*a*) Unit 124th. Pioneer Bn.
   (*b*) Rank Lieut.
   (*c*) Surname Weeks (*d*) Christian name George Ashton
2. Age last birthday 23 Date of birth Augustb 22nd. 1895.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Oct. 28th. 1915.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Oct. 28th. 1915.
4. Personal description:
   (*a*) Height 5ft. 11 in. (*b*) Weight 170 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Brown
   (*e*) Colour of eyes Brown (*f*) Scars or tattoo marks Tattoo Japanese Lady left arm. Appendectomy scar
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) — —
   (*b*) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent — — Lindsay, Ont.
6. Former trade or occupation Merchant
7. Service

	Years	Days
	Two	

	Periods	
	From	To
124th. Pioneer Bn.	Oct. 28th. 1915.	To Present.

8. Disease or disability (use authorized nomenclature) Asthma * Appendectomy and Asthma.
   (*a*) Date of origin July 20th. 1917 (*b*) Place of origin France
   (*c*) Cause Service conditions
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Complains of pains in chest and cough in the mornings.
Has pain at times in region of appendectomy scar. Complains of weakness and shortness of breath on exertion.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 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.]

Nil.

M. F. B.380.

50M.—6 17.
1772—30—274.

62

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Good appendectomy scar. No evidence of Asthma or Bronchial trouble present.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

None.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

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

Yes did not exist before enlistment. ~~No~~
(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

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? No disability.

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

No records available.

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. That this officer be dischargeld., if findings of previous Board shows him to have suffered with Asthma, otherwise he be returned to General Service.

E. Newark Cameron
Medical Officer by whom the case is brought forward.

Major.

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

I, the undersigned George Ashton Weeks 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

G A Weeks
Signature of Officer 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

22. Is the Officer fit for (*a*) General service Yes (Category A.) (Yes or No.)

(*b*) ~~Service abroad (not general service)~~ ~~Yes~~ (" B.) No (Yes or No.)

(*c*) ~~Home service (Canada only)~~ ~~Yes~~ (" C.) No (Yes or No.)

(*d*) ~~Temporarily unfit~~ No (" D.) (Yes or No.)

(*e*) ~~Unfit for service in Categories~~ A, B and C. No " E.) (Yes or No.)

23. It is certified that the Officer

(*a*) ~~Does require treatment.~~

(*b*) Does not require treatment.

(*c*) ~~Should pass under his own control.~~

(*d*) ~~Should not pass under his own control~~ E. 1. C.

(Strike out condition not applicable.)

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

That this Officer be discharged if his former boards show that he has suffered with asthma, otherwise he return to General Service.

E. Stewart Cameron Major. President.

J. H. Cockwood Major

T. Reid Lord Grant Capt. Members.

Station Peterboro,

Date Feb. 1st, 1918.

APPROVED BY

Date FEB 13 1918

J. P. Craig Captain A. M. C.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 3.

APPROVED BY

Date

H. P. C. FOLIO
Director General of Medical Services.

59.

THESE DOCUMENTS

5

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 officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

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 & Sons.

R 150

ET.

Rank and Name WEEKS, George Ashton Captain. Lieut.

Regimental No.

Unit 109th Battn

Date of enlistment

Place of birth Woodville. Ontario. Canada.

Married (Yes or No) No.

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-Kin Father. G.E. Weeks. Lindsay, Ontario. Canada

Date and place of discharge

Reason for discharge

Character on discharge

LEFT CANADA 23-7-16

25-8-16 124 Bn 1-7-17

12 Res Bn 15 Bn 124

M

☆ 1ST, C, O.R.

Reports Date	Reports From whom received	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
14-1-17	O.C. Brans.	Ceases to be attd to Div Musketry Staff		13-1-17.	R.O. 106.
16-1-17.	O.C. Wilty.	Ceases to be employed under the D.A.A. Musketry Officer & is attd to 124 Bn		13-1-17.	R.O. 190.
19-1-17	124th Bn	Transferred to 124th Bn		13-1-17	P.R.O. 19
28-2-17	do	Ceases to be att. to 124th Bn and is att 12th Res Bn		28-2-17	12 Res Bn Pt ii O. 55 Pt ii O. 59 D.O. 851 (S.Div) D.O. 1099 (Slow)
3-4-17	H.Q. C.C.F.	Qualified as 1st Class Can French Warfare School Crowborough 24-3-17		24-3-17	R.O. 1053
21-5-17	12th Bn.	Having arrived from England is T.O.S.		17-5-17	G.H.Q. 99
7.6.17	W.O.	Reverts to Temp Rank of Lieut on proceeding to France		15.5.17	London Gazette 30118
11.8.17	C.R.O.	Adm 20 General Hospital	Camiers	7.8.17	C.F. 149 P.M.O.
17.8.17.	1 Cod D.	To S. on evacuation from	France	12.8.17.	G.H.Q. 161
21.8.17	124 Bn	Invalided Sick & detached 1 Cod D		11.8.17	G.H.Q. 124
14.8.17.	C.R.D.	Adm. Royal Free Hospt. Grays Inn Road		12.8.17	C.S. 751 P.M.O.
		Discharged		19.9.17	C.R. 306 do
2.10.17	H.Qrs C.C.F.	S.O.S. Invalided to Canada		19.9.17	R.O. 2586

4748

A.F.B. 102 31 MAY 1917

A.F.B. 103 4 SEP. 1917

A.F.B. 103 1 OCT. 1917

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					

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Peterboro

Date Oct. 24/17.

1. (*a*) Unit 124th Batn. C. E. F.
   (*b*) Rank Lt.
   (*c*) Surname Weeks (*d*) Christian name George Ashton
2. Age last birthday 23 Date of birth Aug. 22. 1894.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 28th Nov. 1915.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) 28th Nov. 1915.
4. Personal description:
   (*a*) Height 5 - 10 (*b*) Weight 164
   (*c*) Complexion Fair (*d*) Colour of hair Light brown
   (*e*) Colour of eyes Brown (*f*) Scars or tattoo marks Jap. Lade Lt. forearm.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners)
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation Student
7. Service

	Years	Days

	Periods	
	From	To
124th Bn. C. E. F.	28th. Nov. 1915.	To present.

8. Disease or disability (use authorized nomenclature) Asthma Appendectomy.
   (*a*) Date of origin 20th Aug. 1917. (*b*) Place of origin France
   (*c*) Cause Service.
9. Present condition. (Important, to be a full description of the present condition or conditions.)
   Wt 20 pounds Light
   Temp. pulse and Resp, normal , All systems appear normal ~~accepting Resp.~~ Ex.C.
   Physical examination of chest reveals nothing ~~at~~ normal. Complains of weakness.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 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.]

Incapacity is due to weakness.

58

M. F. B.380.
50M.—6 17.
1772—3)—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

00 % in Canada.

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? No

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

Yes 0% ~~No~~

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

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? Fit for duty in Canada

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

In Hospital 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.

Fit for duty in Canada.

F. Stewart Cameron
Medical Officer by whom the case is brought forward.
Major

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

I, the undersigned.....G. A. Weeks.....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

G A Weeks Lt
Signature of Officer examined.
Lt.

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

22. Is the Officer fit for (*a*) General service (Category A.) No (Yes or No.)
(*b*) Service abroad (not general service) (" B.) No (Yes or No.)
(*c*) Home service (Canada only) (" C.) Yes (Yes or No.)
(*d*) Temporarily unfit (" D.) No ~~Yes~~ (Yes or No.) 9.5.6
(*e*) Unfit for service in Categories A, B and C. (" E.) (~~Yes~~ or No.)

23. It is certified that the Officer

(*a*) ~~Does require treatment~~.
(*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 Officer be ~~discharged~~. (When not for discharge add special recommendation.)

For duty in Canada.

E. Stewart Cameron Major *President.*
J. H. Eastwood Major
T. Hudson Jones Capt. } *Members.*

Station Peterboro

Date Oct. 24/17.

APPROVED BY

Date NOV 6 - 1917

E. E. Gatta Capt. A.M.C.
Assistant Director of Medical Services.
D/ A.D.M.S. Mil. District No.3
For A.D.M.S. Mil. District No.3

APPROVED BY

Date 19.2.18

Director General of Medical Services.

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 officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

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 & Sons.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

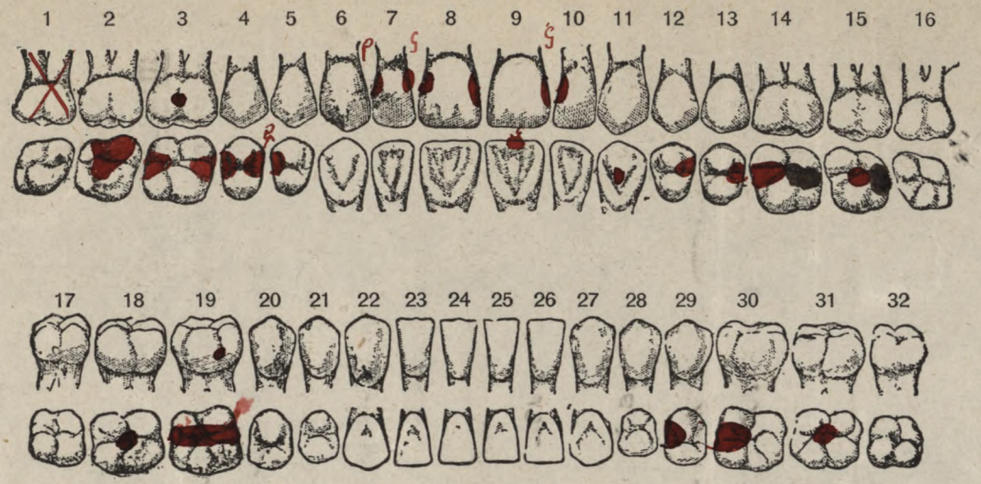
DISTRICT 3

No.

NAME OF SOLDIER Weekes G.

RANK Capt.

REGIMENT



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918	16	2.3.4.5.11.12.13.14.15 18.19.29.30.31.							1/7	1/1					4/789						
Oct. 7th																				S H Saunders	3	Incomplete.
" 22				1/14		1/14														" " "	3	H Complete.
Feb 13		2/15.14.						On discharge.												E J Olive Capt	3	Complete

M.F.B. 465.
150M.—4-18.
1772-39-950.

Hist.:

Bronchial
Asthma prior to
enlistment agg.
O.W.S.

Rem B

ank.....

DESTRUCTION.

SUBJECT	Date of Book	Remarks or Disposal

egulations, Art. 1844, that, the number and title of the that given in the order for destroying it and in the

of documents or books supplied which is given in the

of documents and books destroyed which is given in mber of the copy.

Signature.....

Rank.....

JM

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.

STATION Kingston, Ont. DATE Feb. 14th, 1919.

1. 1 (a) Unit No. 3 Bn. C.C.R. (b) Regimental No. ..... (c) Rank Capt.

(d) Surname WEEKS (e) Christian name GEO. ASHTON

(f) Home address Lindsay, Ont.

(g) Next of Kin C.E. Weeks (h) Relationship father.

(i) Address of Next of Kin Lindsay, Ont.

2. Age last birthday 24 Date of birth Aug. 22nd, 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Nov. 18, 1915

4. Personal description:

(a) Height 5'10" (b) Weight 164 (stripped) (c) Complexion fair

(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. tattoo Japanese lady left arm. Appendectomy scar.

5. Former trade or occupation merchant.

6. 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

	Periods	
	From	To
Canada	Nov. 18, 1915 Sept. 30. 1917	July 20, 1916 date.
England	July 1916 Aug. 1917	May 1917 Sept. 20, 1917
France or other theatres of War	May 1917	Aug. 1917.

7. Original disease, or injury Bronchial ASthma.

(a) Date of origin July 20, 1917 (b) Place of origin France.

(c) Cause Conditions of living during wet weather.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

BRONCHIAL ASTHMA SLIGHT.

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.)

SUBJECTIVE SYMPTOMS Officer states that he is subject to hay fever gets smothered up easily worse during damp weather. He takes cold easily has frequent spells of sneezing when he wakes up in the morning. Says he has frequent attacks of Bronchitis. He had a very bad attack of asthma in Sept. 1918 and had to sit up for about 5 days and nights, was sick about ten days. There is now no trouble from previous attack of appendicitis. He states that he had attacks of bronchial asthma when about ten years old, those attacks continued for about 3 years.

OBJECTIVE There is Broncho-vesicular breathing, delayed respirations and symptoms of bronchial asthma. Officer is robust and up of good physical developement, heart normal.

(*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 NO Cardio-Vascular System NO (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System NO (Albumen and Sugar will be excluded.)

Special Senses NO Respiratory System as stated Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

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

Officer states that he has attacks of asthma for about one month in France and was invalided to England July 1917.

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*).)

described in Section 9 (a).

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

described in Section 9 (a)

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? NO

The regimental documents will be referred to.

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

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

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

No. 6 Field Ambulance, France 3 weeks. Royal Free Hospital, Eng. 5 weeks. Invalided to Canada., Sept. 1917.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? YES

(If not, briefly state why)

17. Recommendations

That he be placed in Category C 3 Disability arose previous to enlistment but was aggravated by service.

W A Coon 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.....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.....

G A Weeks Capt Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

(*a*) General service,	(Category A)	~~(Yes~~ or No.)
(*b*) Service abroad, not general service,	(" B)	~~(Yes~~ or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or ~~No.)~~ C 3.
(*d*) Temporarily unfit.	(" D)	(~~Yes~~ or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes~~ or No.)

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.)

placed in Category C 3. Disability arose previous to enlistment and aggravated by Service.

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.

J. Kidd Capt. *President.*

A. Coon Capt.

PLACE Kingston, Ont.

DATE Feb. 14th, 1919.

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.

President.

PLACE

DATE

Members

APPROVED BY E. Lillaughby Capt. A.M.C.
For D/ A.D.M.S. Mil. District No.3
Assistant Director of Medical Services.
For A.D.M.S. Mil. District No.3

DATE FEB 15 1919

APPROVED BY

Director-General of Medical Services.

DATE

M.D. 3

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled,

MILITIA & DEFENCE
OCT 10 1917

at Halifax

on the 30th Sept. 1917 by order of

A.D.M.S. M.D. 6 for the purpose of

Examining Lieut. G.A. Weeks 124th Batty C.E.F.

President F.H. Anderson C.S.

Members A.A. McGregor
G.G.A. MacKenzie

The Board having assembled pursuant to order, proceed to examine the above-mentioned officer and find that This Officer has suffered from Asthmatic attacks since a child

Examination:- Breathing purile a few coarse rales heard throughout Chest
Appendix scar is healthy and causing no disability
It is certified that this Officer requires no further treatment
P.O. Address while in Canada Lindsay Ont.

The opinion of the Board upon the questions herein is as follows:-

(1) Is the officer fit for service? Fit for service in Canada

(2) If not so fit, how long is the disability likely to continue?
It is recommended that this Officer be given duty in Canada

(3) To what extent does it prevent his earning a livelihood? 10%

F.H. Anderson C.S. President
A.A. McGregor Capt. } Members
G.G.A. MacKenzie Lt. A.M.C.

Signature.

APPROVED
5/10/17
A.D.M.S.
D.G.O.C.M.D. No.

B.P.C. FOLIO
FILE DOCKET
2

discharge
1.11.17
RR

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Nov-1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10			

(Sister)

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Capt Promoted Reverted Discharge

Soldier's Name Geo A. Weeks

Battalion 109th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Amy Weeks

Address Lindsay / Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P ✓	Total ✓		REMARKS 2M Nov 4/16.
Sept 30	—	—	110	110		A.P. a/c closed Oct 1/17.
			x x			3M 10/10/17.
						Invalided to Canada.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7593.

C

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7493.

Capt. Weeks. Geo. Ashton.

20-7-89

War Service Badge
Class "A" No. .....

I.D. S 13

Regt. No. ..... Rank LIEUT

Name ~~HARVEY~~ JOHNSON ~~JOHNSON~~ WYMAN HARVEY
(Surname) (Christian names in full)

Regt or Corps ~~ALTA REGT~~

Unit ~~49TH BN~~

Original Unit ~~66TH BN~~

Category .....

Occupational Group 23

Rank of Min WIFE

Religion PRES

Place of Residence EDMONTON

Documents	Date.
Trip. Attestation Paper	✓
Casualty Form (A.F.B.103)	✓
Med. History Sheet	✓
Proceedings of Medical Board	✓
Dental Certificate (C.A.D.C. 5009)	✓
Field Conduct Sheet (A.F.B.122)	✓
Proceedings on Discharge (M.F.B.218)	✓
Discharge Certificate (M.F. [illegible])	
Special Envelope (M.260)	
Copy of Discharge Certificate (M.F. [illegible]39)	
G.H. Form D.O.S. 2	✓
Duplicate Last Pay Certificate (P 651)	✓
Pay Book (A.B.64)	✓
Form P 880	✓
C.A. 3	✓

Lieut JOHNSON Wyman H QR

17 SEP 1917

A.E.F.

HMT CARMANIA
EMBARKED

DIRECTOR of PERSONAL SERVICES
RECEIVED
MAR 24 1919

Wanto 129.

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. | RANK: Capt | NAME (IN FULL): Weeks Gld (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs Edith Weeks | RELATIONSHIP
ADDRESS: Lindsay Ont
IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE
TO WHOM PAID | RELATIONSHIP
ADDRESS: as above

2-W-1

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Capt Ga Weeks	Lindsay	Ont

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: Nw 18/ | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $ | DATE EFFECTIVE
PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE
DISCHARGED | PLACE: 26-2-19 | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

239

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					Sol	C.	Dep	C.																											M7W 2595 Rec
																																			Wm Service Gratuity
183 days @ 40c					732		240																236	60					2976		495	40	240		Bal a/c P.W.P.
																													2976						Victory Bond
																													2736		434	24	240		Cek #234975 Mch 17/19
																					61	16							3776		434	24	160		#234976 Mch 17/19
																							80		80										
																					310	24							6880		124	60	160		#234977 Mch 17/19
																							124		160				972		0		0		G323121 G323122 APR 26 1919

OK

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.

CONFIDENTIAL. Army Form A. 45.

8W 425 / 625

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St on 14-9-17

by order of Avenues London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt. G. A. Weeks (Corps) 124th Bn Can Pro

Age 23 Service 2 2/12 Disability Appendicitis (Operated) Chronic

Date of commencement of leave granted for present disability 14-9-17

Date on which placed on half-pay for present disability

332-45-9

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

Went sick July 20.17 with fever and cough and pain over appendix. Hospitals - 12 F.A. at Francecourt July 25 - to 23 CCS Bmay. Aug 6 to 20. 24 Cannars Aug 7, Royal Free Aug-12. Symptoms at Royal Free - pains in chest - wheezing - asthmatic rales throughout chest. Appendix removed 20-8-17 No complications.

Reason by Board - This Officer is an old asthmatic and cannot stand this climate. He has lost 25 lbs, is anaemic and is unfitted for military duty in England & France. The Board recommends his return to Canada.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

This officer might travel other than by hospital ship

1. Fit for General Service	no	2 months
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category*		
3. Fit for Home Service	no	2 months
4. Fit for Light Duty at Home	no	2 months
5. Requiring indoor hospital treatment—		
(a.) In an Officers' Hospital		
(b.) In an Officers' Convalescent Hospital		
6. (a.) Fit for light duty at a Command Depôt		
(b.) Fit for treatment only at a Command Depôt		
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation		
8. Was the disability contracted in the service?	yes no	2 no
9. Was it contracted under circumstances over which he had no control?	yes	yes
10. Was it caused by military service?	no	no
11. If caused by military service, to what specific military conditions is it attributed?	—	—
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?	yes	yes

I concur in the findings of the Board of Medical Officers here recorded.

Lt. Col. A.D.M.S. Invaliding for D.M.S. Canadian Contingents

B.P.C.F. FALSE DOCKET

Signatures: President, Members.

Officer's Address: Overseas Club General Buty London Sundays Ont Can.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17 P.P. Ltd. Est. No. 1069.