

Original *Siege - Heavy Draft 2209* Original

ATTESTATION PAPER.

No. 2353313

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Lalor*
- 1a. What are your Christian names?..... *Edward Carson*
- 1b. What is your present address?..... *164 Cameron St Ottawa*
2. In what Town, Township or Parish, and in what Country were you born?..... *Ottawa*
3. What is the name of your next-of-kin?..... *Telesphore C. Lalor*
4. What is the address of your next-of-kin?..... *164 Cameron St Ottawa ONT.*
- 4a. What is the relationship of your next-of-kin?..... *Father (by adoption)*
5. What is the date of your birth?..... *Feb. 12, 1893*
6. What is your Trade or Calling?..... *Clerk*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *43rd*
10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *No*
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch* of His Majesty's Forces and been rejected? *No*
16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edward Carson Lalor*, 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.

E. Lalor (Signature of Recruit)

Date *April 3* *March 30* 1917. *John MacCormac* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edward Carson Lalor*, 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.*

E. Lalor (Signature of Recruit)

Date *April 3* *March 30* 1917. *John MacCormac* (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 *Ottawa* this *30* day of *April* 1917.

Thackeray (Signature of Justice)

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Description of Edward Sabos on Enlistment.

Apparent Age 24 years 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. 10 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
Range of expansion 5 ins.

Complexion Fair

Eyes blue

Hair light brown

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

Scars
one on the thumb eminence
" left ring finger

Wounds:
one indistinct left

Moles:
one front right ear
behind left ear

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 March 30th 1917. Chaidlaw Capt

Place Ottawa A. Davis Capt
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edward C. Sabos 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.

John Mac Cormac (Sgt) (Signature of Officer)

Date April 3rd 1917

20
29
23
33
28
14
1
4

SURNAME.

La Rose (M.M.)

CARD-NO. *B6*
80801-5-19
FOLL *2lemos (enths)*

CHRISTIAN NAMES

Edward Lazon

REGL. NO.

2353313

RANK

~~M.~~ Bdr.

11007 26-4-19

UNIT

Siege & Heavy Art. M. D. 3 (1st. P.D.)

#622

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

La Rose, Telesphore C.

RELATIONSHIP TO SOLDIER

Father

AD

40 Edith La Rose. The Royal Bank of Canada. Ottawa Ont.

R.W.

letter 9-12-17.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Ottawa, Ont.

DATE

Feb. 12th 1893.

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

April 3rd 1917.

L. L. 10437. M. & D. 7253.

3

M. F. W. 22. 100M.-11.16. H. Q. 17-2-39-339.

R/C 23-4-19 ³¹¹/₁₀₄ Gmz

Q.S. 25-6-17 ⁸⁸⁶/₃

Sailed from Halifax per S.S. Justicia 26-6-17

MARRIED SINGLE Yes WIDOWER
TRADE OR CALLING Clerk RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 24 YEARS — MONTHS
HEIGHT 5 FEET 10 1/2 INCHES
CHEST MEASUREMENT 38 INCHES EXPANSION 5 INCHES
COMPLEXION Fair EYES Blue HAIR L. Brown

DISTINGUISHING MARKS Scars. One R. thenar, erminero, One L. ring finger. 1 indistinct, Vacc L. One mole front R ear, one behind L ear.

MEDICAL EXAMINATION. PLACE Ottawa, Ont DATE April 3rd, 1917

Present Address, 164 Cameron St., Ottawa, Ont.

EMR
R
Number. 2353313. Rank. a/cgt. X

Surname. L. A. ROSE.

Christian Name. Edward Baron.

Unit. C. G. A. Theatre of War. France

Date of Service. 12-8-17.

Remarks.

Latest Address 164 Cameron St.

. Ottawa Ont.

Roll No. B Page 4678

921 42517 22/11

AUG 9 1921

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REGT'L No. 2353313

NAME *LaRose Edward Baron*

H. Q. FILE No. 649.

RANK AND CORPS *Gnr. (Res. Bgde C.F.A.) form.*

| |
|----------------------|
| FOLLOWS |
| No. <i>1st R. Co</i> |
| FOLLOWS |

CABLE

NO.

DATE

NATURE OF CASUALTY

29-5
26439

30/11/17

gt. Siege Batty. (Art. 2nd Div.)
Reported wounded,
remaining at duty. W. 10th
1917 ✓

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LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

| | | | |
|-------------|---------------------------------------|----------|-----------|
| 491 | ban. Etchingham Lymerge | 7-7-17. | V. D. G. |
| C 4. | Discharged | 2-8-17 | " " " |
| A-104 -1 | Wounded in duty dep. from the base | 10-11-17 | |
| C 526 | 2nd. Scottish Gen. Edinburgh | 9/11/18 | Influenza |
| C 526 | Wasc. | 7/3/19 | |

No. 2353313 RANK

Gnr.

NAME

Larose E. C.

T. O. S. 3-4-17

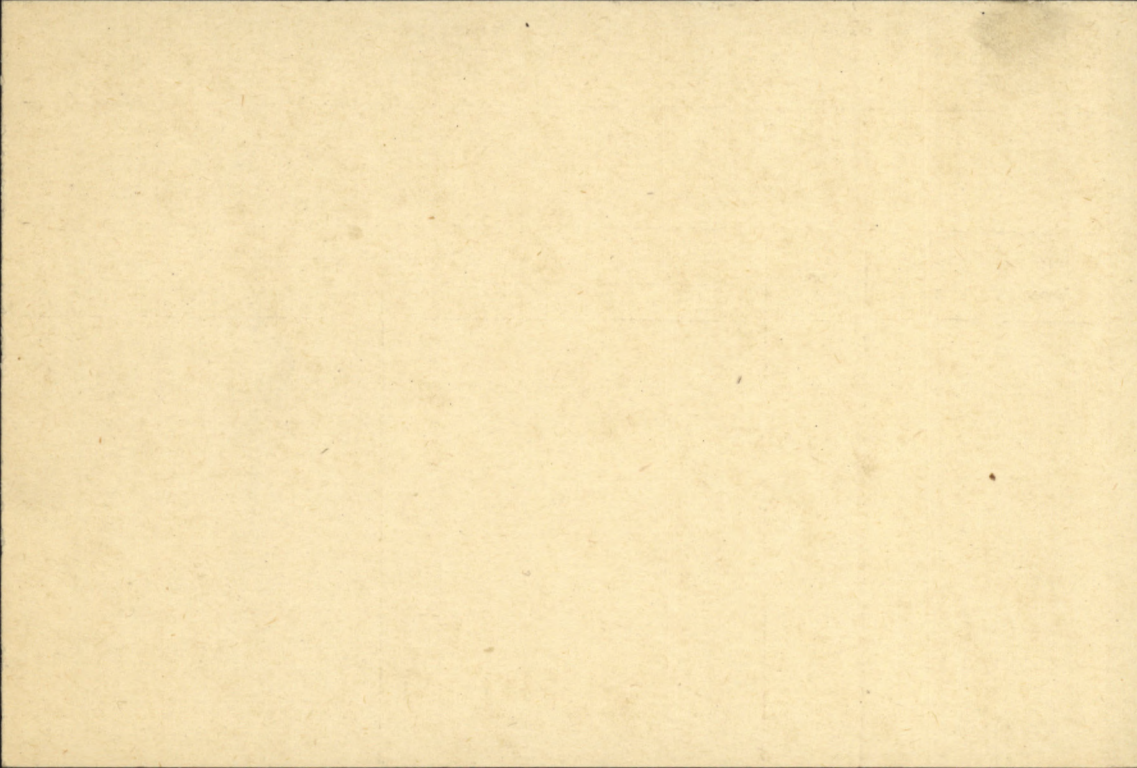
Apr. payroll

UNIT

Reinf. Draft Siege & Heavy Artillery

M. D. 3.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|--------------|------------|---------------------|---|-----------|
| | | | PARTICULARS | AUTHORITY |
| 1917 | 1917 | | | |
| April 3. | April 30. | n. | | |
| | May. | n. | | |
| | June | n. | | |



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Surname Larose Christian Name or Names E.C. Reg. No. 2353313
Rank Unit Co. Troop Batty.

Gnr Res.C.F.A. 85. Depot. Date of Admission
Hospital Etchinghill. 7-7-17

Transferred Hosp. 2nd Scottish G. Edinburgh Hosp. 9.11.18

Hosp.
Hosp.

Diagnosis VDG. *gh* Influenza *gh*
(1) Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L.26-7-17 491

Disc. 2-8-17 Date
Dis - 7-3-19.
REMARKS

6.4. 6-8-17 6.4
30-11-17 A104-1 R.F.B. wd at duty 10-11-17
15.4.19 C526
15.4.19 C526

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

War Service Badge
Class "A" No.

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. B.D. Siege & Heavy Artillery.

Regimental No. 2353313 Rank Private Name LAROSE Edward Caron

C. E. F.

Enlisted (a) Apr 3/17 Terms of Service (a) Duration of War Service reckons from (a) Apr 3/17

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

Military- 43rd. Regiment Ottawa

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

| 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 H.M.S. Justicia 25/6/17

Disembarked H.M.S. Justicia 4/7/17

| | | | | | |
|------------|---|---------------------------------|-------------|--------------------|---|
| 7 JUL 1917 | O.C.R.A. 2 nd Bde C.R.A. | LOS 2 nd Bgde C.R.A. | S'CLIFFE. | 5 JUL 13016 Pt 2 | CAPT. & ADJUTANT, 2ND BRIGADE, CANADIAN RESERVE ARTILLERY. |
| 12-8-17 | O.C. 2nd Bde C.R.A. | Drafted to 8th Siege Bty France | Shorncliffe | 12-8-17 BO Pt 2 52 | CAPT. & ADJUTANT, 2ND BRIGADE, CANADIAN RESERVE ARTILLERY. |
| 8-7-17 | 2 nd Res. Art. | Reverts to Gunner | S'cliffe | 5-7-17 Pt II - 17 | LIEUT. FOR LT. COL. I/C RECORDS. C.O.M.F. |

13/8/17 C.B.A. Landed in France at B.S. 8 Siege Field 13/8/17
 25/8/17 but. Joined unit 19/8/17
 21/8/17 B213

(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, Shoefing Smith, etc., etc., also special qualifications in technical Corps duties.

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2353313 Gnr. Larose E. C.

| 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 | | | | |
| 16/11/17 | 9 th Lt. Col. | Slightly Wounded at Duty | Field. | 10-11-17 | B213. Pt 2 of 149. |
| 21/12/17 | W.O. | Absorbed into 3 rd Bde. C.A. Field | | 24/18 | Part II O. 27 |
| 22 9/18 13 10/18 | 3 rd Bde " | 14 th de leave Paris from leave | | 18 9/18 | B213 Pt 11. 48 |
| 15/10/18 | W.O. | SOS on transfer to England for a Commission in the Royal Air Force & Posted to C.A.R.S. withy | | 6 10/18 25/10/18 | A 92148/705 (6) of 15/10/18 K.C. 25714/166 Pt II 62 of 5/11/18 |

Ed Hewett, Lieut.
for Lt. Col. A. A. G.
Canadian Section.

5-11-18 3rd Bde. C.A. S.O.S. E. Eng for Comm. R.A.F. & Posted to C.A.R.D.

Witley 25-10-18 Pt 2. 62 ju.

E. D. Larose

LIEUT.
FOR LT: COL: I/O RECORDS, C.O.M.F.

16 APR 1919

Attached C.C.C. Kinmel Park for return to Canada. Part I Orders No. 14/19 Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No. _____

for *J. A. R. [Signature]*
Commanding Wing,
Kinmel Park Camp.

Benson [Signature]
Embarked Liverpool SS. BELC

April 16th 1919

Disembarked Halifax 23/1

Capt & Adj

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

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

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *P. D. Siege & Heavy Artillery*

Regimental No. *2353313* Rank *Sgt* Name *Larose Edward Baron*
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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 | | | | | |
| <i>16-4-19</i> | <i>O.S.</i> | <i>T.O.S. 6ND Posted Disp Sta B.</i> | <i>Halifax</i> | <i>23-4-19</i> | <i>DO</i> | <i>116</i> |
| <i>1-5-19</i> | <i>O.S.</i> | <i>S.O.S. on discharge</i> | <i>-</i> | | <i>DO</i> | <i>116</i> |
| | | | | | | |
| | | | | | | |

Christ.
..... Lieut.
Officer 1/6 Records No. 6 D.D.

(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.]

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LTR

Rank

Name

LaROSE, Edward Caron

Reg'l No.

2353313

Unit

Dft. Siege. Hvy, Arty, OTTAWA, to Res, Arty.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Ottawa, April 3rd, 1927.

Place of Birth

Ottawa.

Name and Address, Next-of-Kin

Telesyhoase C. LaRose.

164 Cameron St. Ottawa. Ontario.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. B. No.
File No.
Category
Handwritten initials and numbers

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

| 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 5 7 17 | S/S JUSTICIA. | | |
| 7.2.17 1-7-17 | 2ERA | T.O.S | S.cliffe | 5.7.17 | PT II 16 |
| 8.7.17 | 2 nd Res Arty | Reverts to her grade of Lt. on arrival Eng. | Sciffe | 5-7-17 | PT 10.17 |
| 26.7.17 | Reserve Corp | Adm to ban Ape Etchinghill | Try minge | 7-7-17 | " 46 C. R. 497 |
| 6-8-17 | do | Dis ban Hk. Etchinghill | do | 2-8-17 | bl by VDE |
| 12.8.17 | - | S.O.S to 8 th S.B. of sea | Sciffe | 12.8.17 | PT 10 52. # 8 th S.B. # 122 of 24-17 |
| 29 11 17 | - | Wounded at Duty | Field | 10 11 17 | CL #104 |
| 26 11 17 | 8 th SB | " " Slightly | 497 | 10 11 17 | PT II 20 149 |
| 30-4-18 | ✓ | Now known as 3 rd Bde Ega | " " | 3-4-18 | -217 + 3 rd Bde Ctd 1 |

A.F.B. 103 CHECKED

17 AUG 1917

PTO.

30-4-18

| 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. | | | | |
| 5 11 18 | 3 rd Adb C. G. R. | SOS to Eng. with a view to com. | Int Field | 25.10.18 | PT# 2062 |
| 26.11.18 | C. A. R. A. | ^{in R.A.F.} posted to C. G. R. D. J. O. S. in command C. G. A. S. R. A. F London | Borden | 25.10.18 | — 324 |
| 4.11.18 | C. A. R. A. | appt a/ sgt with P. C. M. M. | Borden | 25.10.18 | PT# 338 |
| 5.4.19 | #6 M. V. C. | Taken on strength Yo Canada | Rhyl | 3.4.19 | 195, & C. G. R. D. 105 of 15.4.19 |
| 29-4-19 | #6 M. V. C. wing | SOS to Canada | Rhyl | 16-4-19 | PT# 119 |

22099

Urinalysis Report
(For Board)

Reg. No. 2353313

Rank GNR

Name LA ROSE, E. C.

Unit CANADIAN ARTY. RESERVE DEPOT

Sp. Gravity 1.018

Reaction acid

Albumen nil

Sugar nil

Microscopic



Capt. C.A.M.C.
for Major C.A.M.C.
C.C. Can. General Laboratory

Handwritten text at the top of the page, possibly a header or title, written in a cursive script.

Main body of handwritten text, consisting of several lines of cursive script, possibly a letter or a list of items.

Handwritten text at the bottom of the page, possibly a signature or a closing remark.

Small handwritten text on the left side of the page, possibly a date or a reference number.

ORIGINAL.

MEDICAL HISTORY SHEET

2209

Surname Carver Christian Name Edward Carver

Examined on 30th day of March 1917
 at Ottawa.
 Birthplace { City or Town Ottawa,
 County Carleton.

Approved by H. Blockley
Chadlaw Cap
 Rank A. L. Davis Cap M.O.

Apparent age 24
 Trade or occupation Clerk
 Height 5 feet 10 1/2 Inches
 Weight 141 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 38 inches
 Physical development Good.
 Small-pox Marks Nil.

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT |
|------|--------------|----------------------------|
| | | 25 NOV. 1918 |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

Vaccination Marks { Arm Right Left
 Number 0 1 indistinct.

| Date | Result | VACCINATIONS |
|----------------|-----------------------|--------------|
| <u>11/6/17</u> | <u>W. Shillington</u> | M.O. |
| | | M.O. |
| | | M.O. |

When Vaccinated last Childhood.
 (a) Marks indicating congenital peculiarities or previous disease Nil.

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|-----------------------|---------------------------------|
| <u>3-6-17</u> | <u>W. Shillington</u> | M.O. |
| <u>9/6/17</u> | <u>W. Shillington</u> | M.O. |
| <u>15/6/17</u> | <u>W. Shillington</u> | M.O. |

(b) Slight defects but not sufficient to cause rejection Nil.

Enlisted on 3rd day of March ~~April~~ 1917 at Ottawa.

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|--|----------------|-------------|-------------------|
| Joined on enlistment | <u>R. D. SIEGE & HEAVY ARTILLERY</u> | <u>2353313</u> | <u>Good</u> | <u>Apr 3-1917</u> |
| Transferred to | <u>8th Siege Bty France</u> | | | <u>12/8/17</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| STATION | DATE | DISEASE | RESULT |
|-----------------------|----------------|-----------------|-----------------------------|
| <u>Walter Sweeney</u> | <u>20/3/19</u> | <u>Dehility</u> | <u>Bi H. Maudslayi Capt</u> |

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

CANADIAN
 J. M. O.

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Surname Lane Christian Name Edward

| 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 | | | | |
| CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE. | | 6 | 7 | 17 | 1 | 8 | 17 | Gonorrhoea | 27 | Discharged to unit | B. J. Staves Capt. C.A.M.C. |
| 2nd Scot Gen Bdn | | 9 | 11 | 18 | 7 | 3 | 19 | (21) Lymphangitis (32) Pneumonia (324) Phlebitis of veins | | Admitted very seriously ill, had Pneumonia (R base). Was delirious for some nights. During his convalescence he developed Phlebitis of veins of left leg. This leg was very swollen for a long time, & he was kept in bed completely at rest. Now the leg swells a little when he walks about much. The veins bear a bandage. His general condition has improved but he has a slight cough. No S.B found in sputum, he sweats a little, there is no pyrexia | W. Rankin M.B. |

Duplicate Medical History Sheet posted to here. 73

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CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

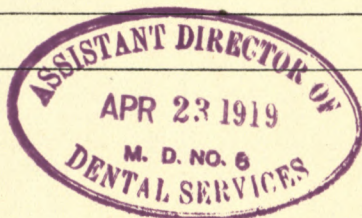
NAME OF SOLDIER (Block Letters) WAROSE E.C.
 REGIMENT CARD RANK C/MR No. 2353313
 Date of Examination in England 19/2/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer _____

Orville Coy

Handwritten text, possibly a name or address, including "GARD" and "WALTON".

Small handwritten mark or initials.



Handwritten numbers "0 1 18".

Handwritten signature or name at the bottom left corner.

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.....

Draft Depot Heavy Artillery

(2) Regimental Number.....

2358813

(3) Full Name of Soldier.....

Edward Carson Ludlow

(4) Place of Birth.....

Ottawa; Ontario, Canada

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

no

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

*164 Cameron St.
Ottawa*

(7) Are you a widower?.....

no

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

no

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

Also their names and ages.....

(9) Is your Father alive? *Yes (by adoption)*
If so, state name and address *164 Cameron St. Ottawa, Ont.*

(10) Is your Mother alive? *Yes (by adoption)*
If so, state name and address *164 Cameron St. Ottawa, Ont.*

(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.
*Any Communications to be sent to
Miss Edith Rapose c/o Royal Bank Ottawa
Ottawa
Canada*

(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? *no*
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium..... *no*

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

Date *May 10th 1917*

John Mac Cormac (Jt)
Officer Commanding.

2209
CANADIAN EXPEDITIONARY FORCE

War Service Badge Issued

Class. **A** No. 309276

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2353313 (Rank) *Private*

Name (in full) *Larsen, Edward Coron* enlisted in

the *Civil Service Serge Draft*

CANADIAN EXPEDITIONARY FORCE at *Ottawa* on the *4th*

day of *April* 19*17*

HE served in *8th P.A.B. France and Belgium*

and is now discharged from the service by reason of Demobilization.

Medical Unfitness.

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

Age

Height *5' - 10 1/2"*

Complexion *Fair*

Eyes *Blue*

Hair *Light Brown*

Marks or Scars

one Rh. thumb terminal

one L. ring finger

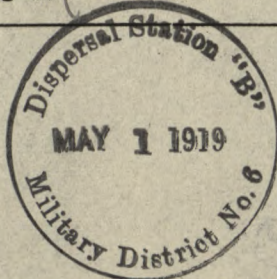
one R. one inguinal scars

mole. one front R ear

behind L ear

E. Larsen
Signature of Soldier

Date of Discharge



[Signature]
Issuing Officer
O. C. Dispersal Station "B" Major
Rank

Date *APR 28 1919* 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a

enlisted in

Name (in full)

on the

CANADIAN EXPEDITIONARY FORCE at

19

day of

HE served in

Demobilization

Medical Unit

and is now discharged from the service by reason of

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

Age

Height

Complexion

Eyes

Hair

Marks or Scars

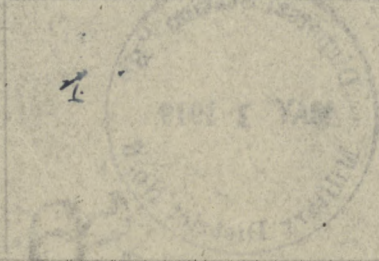
Signature of Soldier

Issuing Officer

Date of Discharge

Rank

Date



N.B.—As no duplicate of this Certificate will be issued, any person having same is requested to forward it in an unstamped envelope to the Secretary, Military Council, Ottawa, Canada.

M. C. 1919
1919-1920
M. C. 1917-1918

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
25m-4-17.
H. Q. 1772-39-819.

Emt

To Whom *Miss. Edith. LaRose* By Whom Assigned *LaRose Edward. Baron*
 Address *Royal. Bank. Head Office* Regtl. No. *23533/3*
Ottawa Rank *Bdr.*
Out Corps *R. D. Siege & Heavy Artillery*
 Rate *15⁰⁰/_{XX}* JUL 1 1917

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 | | | | |



12

1001

1



ASSIGNED PAY

Sheet No. 2

Miss Edith LaRose
(Assignee)

OVERSEAS CONTINGENTS

Name of Soldier

LaRose, Edward. Baron
2353313. Bdr. R. D. Siege & Heavy Artillery

PAYMENTS

L. L. Job 19227—M. & D. 7814.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|----------------|--|-------------------|
| | | | <i>15.⁰⁰/₁₀₀</i> | <i>JUL 1 1917</i> |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | <i>F 28777</i> | <i>15</i> | |
| Aug. | | <i>V 29404</i> | <i>15</i> | <i>R.</i> |
| Sept. | | <i>O 37525</i> | <i>15</i> | <i>J</i> |
| Oct. | | <i>Y 42848</i> | <i>15</i> | |
| Nov. | | <i>Z 48519</i> | <i>15</i> | |
| Dec. | | <i>T 59671</i> | <i>15</i> | |
| Jan. | 1918 | | | |
| Feb. | | | <i>90</i> | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

* Strike out whichever inapplicable

| | | | |
|------------------|--------------------|-----------------------|--------------------|
| ASSIGNED PAY | ENGLAND or CANADA. | SEPARATION ALLOWANCE. | ENGLAND or CANADA. |
| EFFECTIVE DATE:- | 1.7.17 | EFFECTIVE DATE:- | |
| AMOUNT:- | 15. | AMOUNT:- | |

NAME: *LAROSE Edward Caron*
 NUMBER: *2952313*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Miss Edith Larose
 Royal Bank
 Ottawa.
 Stopped off 11/4/19*

*Course 25¹⁰/18
 CARD. D.O. 374. 20¹¹/18
 RTU. 9³/19
 CARD. D.O. 69. 10³/19*

| PARTICULARS OF RANK OR APPOINTMENT | | |
|--|---------------------------|------------------------|
| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
| <i>150338 d/4¹⁷/18 CARB</i> | <i>25¹⁰/18</i> | <i>pl Sgt with pay</i> |

UNIT AND TRANSFERS

ORIGINAL UNIT: *Off. Ottawa S.A.*

DATE ACCOUNT FIRST OPENED: *1.7.17*

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'S P O | UNIT TRANSFERRED TO |
|---------------|-------------------------|---------------------------|---------------------------------|
| <i>150338</i> | <i>1⁷/19</i> | <i>25¹¹/19</i> | <i>8 C223 RA F. Cadet H</i> |

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

| DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT |
|--------------------|----------------|----------------|------------------|-----------------|----------------|--------------|--------|
| 17-3-19 | 1 | GRA | 19 41 | | | | |
| 28-2-19 | 2 | GRA | 4 87 | | | | |
| 19-2-19 | 1 | GRA | 4 87 | | | | |
| 16-1-19 | 1 | GRA | 4 87 | | | | |
| | | | <i>34 08</i> | | | | |

Course
RAF 9118
D.O. 62
3

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS CE ALL CE |
|-----------|-------------|-----------|--------|----------------|
| | <i>1</i> | <i>10</i> | | |
| | <i>1 35</i> | <i>15</i> | | |

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada 31-5-19 City 4884 21/3/14. m.d. 3*

| MONTH | PARTICULARS | CR 1 | CR 2 | PARTICULARS | DR 1 | DR 2 | DR 3 | DR 4 | BALANCE | DEFERRED | SEPARATION |
|--------------|-----------------|--------------|------|--------------------------|---------------|------|------|-----------|---------------|----------|------------|
| <i>1918</i> | | | | | | | | | | | |
| <i>March</i> | <i>Bal Ford</i> | | | | | | | | <i>103 72</i> | | |
| <i>Apr</i> | <i>Gp</i> | <i>33</i> | | <i>Op</i> | | | | <i>15</i> | | | |
| | | | | <i>AR 94. 1 CGA 5/4</i> | <i>4 46</i> | | | | | | |
| | | | | <i>379 18/4</i> | <i>3 57</i> | | | | <i>113 69</i> | | |
| | | <i>33</i> | | | <i>8 03</i> | | | <i>15</i> | | | |
| <i>May</i> | <i>Gp</i> | <i>34/10</i> | | <i>Op</i> | | | | <i>15</i> | | | |
| | | | | <i>AR 11. 3 CGA 7/5</i> | <i>4 46</i> | | | | | | |
| | | | | <i>48 " 17/5</i> | <i>3 57</i> | | | | <i>124 76</i> | | |
| | | <i>34/10</i> | | | <i>8 03</i> | | | <i>15</i> | | | |
| <i>June</i> | <i>Gp.</i> | <i>33</i> | | <i>Op</i> | | | | <i>15</i> | <i>142 76</i> | | |
| | | | | <i>AR 308 " 20/6</i> | <i>7 14</i> | | | | <i>135 62</i> | | |
| | | <i>33</i> | | | <i>7 14</i> | | | <i>15</i> | | | |
| <i>July</i> | <i>Gp</i> | <i>34/10</i> | | <i>Op</i> | | | | <i>15</i> | <i>154 72</i> | | |
| | | | | <i>AR 379 " 3/7</i> | <i>4 46</i> | | | | | | |
| | | | | <i>465 " 13/7</i> | <i>8 92</i> | | | | <i>141 34</i> | | |
| | | <i>34/10</i> | | | <i>13 38</i> | | | <i>15</i> | | | |
| <i>Aug</i> | <i>Gp</i> | <i>34/10</i> | | <i>Op</i> | | | | <i>15</i> | | | |
| | | | | <i>AR 516 " 1/8</i> | <i>3 57</i> | | | | | | |
| | | | | <i>606 " 18/8</i> | <i>3 57</i> | | | | <i>153 30</i> | | |
| | | <i>34/10</i> | | | <i>7 14</i> | | | <i>15</i> | | | |
| <i>Sep</i> | <i>Gp.</i> | <i>33</i> | | <i>Op</i> | | | | <i>15</i> | | | |
| | | | | <i>AR 673 " 15/9</i> | <i>3 57</i> | | | | | | |
| | | | | <i>" 8073 Paris 20/9</i> | <i>44 61</i> | | | | | | |
| | | | | <i>" 8524 " 23/9</i> | <i>44 61</i> | | | | | | |
| | | | | <i>" 678 3 CGA 21/9</i> | <i>8 92</i> | | | | | | |
| | | | | <i>" 9093 Paris 28/9</i> | <i>44 61</i> | | | | <i>24 98</i> | | |
| | | <i>33</i> | | | <i>146 32</i> | | | <i>15</i> | | | |

NUMBER 2353313

RANK

NAME LAROSE

E.C.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|--|---|--------|--------|--------------------------------------|-------|-------|--------|--------|---------|----------|------------|
| 1918 | | | | | | | | | 2498 | | |
| Dec | Sp | 3410 | | ap. | | | | 15 | 4408 | | |
| | | | | 9759. 3/10 | 1866 | | | | | | |
| | | | | 784 8/10 30sa | 373 | | | | | | |
| | | | | 1191. 24/10 " | 560 | | | | | | |
| | | | | CP. 55483. 29/10 | 1460 | | | | 149 | | |
| | | 3410 | | | 4759 | | | 15 | | | |
| Nov | | 33 | | | | | | 15 | | | |
| Dec | | 3410 | | | | | | 15 | 3859 | | |
| 1919 | Unit 25 ¹⁸ to 31 ¹⁸ 68 days @ 40¢ | 2720 | | | | | | | | | |
| Jan | | 4650 | | | | | | | | | |
| | | 14080 | | | | | | 15 | 9729 | | |
| | | | | | | | | 45 | | | |
| Feb | Sgts Pay | 42 | | CAP. | | | | 15 | | | |
| | | | | CP. 45919 London 8.3.19 | 1460 | | | | | | |
| | | | | AR. 01823a S.G.H. 16.1.19 | 487 | | | | | | |
| March | | 4650 | | CAP. | | | | 15 | | | |
| | | | | | | | | | 13632 | | |
| | | 8850 | | | 1947 | | | 30 | | | |
| April | | | | AR 6005 CRA. 20.3.19 | 1947 | | | | | | |
| | | | | 01823a 2SG.H. 19.2.19 | 487 | | | | | | |
| | | | | 01823a " 28.2.19 | 487 | | | | | | |
| | | | | AR 56 Ref 7.4.19 | 973 | | | | 9738 | | |
| | | | | endorsed | 3894 | | | | | | |
| <p>1/4/19 Canada 21/3/19 22-3-19 Credit 107.11 22/3/19 W 4884. 21/3/19 Willey</p> <p>COMPILED BY <i>H. W. Williams</i> CHECKED BY <i>[Signature]</i></p> | | | | | | | | | | | |
| | | | | S.O.S. to Canada 16 ¹⁸ 19 | | | | | | | |
| | | | | MD. & 3 | | | | | | | |
| | Pay 15.2.19 to 29.4.19 @ 10/6 | 18907 | | % Pay 15.2.19 to 29.4.19 @ 1.50 | 111 - | | | | | | |
| | Gratuit Allow £50 | 20333 | | Civil Clothing Allow | 35 - | | | | | | |
| | Civil Clothing Allow £2.12.6 | 1278 | | Cheque forwarded | 29918 | | | | | | |
| | | 44518 | | | 44518 | | | | | | |

P. 559
 MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Ottawa*
 NAME AND ADDRESS OF NEXT OF KIN *Telephonose C. La Rose*
164 Cameron St Ottawa
 RELATIONSHIP OF NEXT OF KIN *Father*
 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 |
|-------------|----------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

REG'L No. *23533/3* RANK *Capt* NAME *La Rose, Edward Carou*
 IF IN PERM. CORPS *Draft Ottawa* UNIT *Siege Bty* TRANSFERRED TO *Canterbury* DATE *5/7/17* AUTHORITY
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *8 CIB* DATE AUTHORITY
 PLACE OF ATTESTATION *Ottawa* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *3/4/17* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1-4-17*
 PAYABLE TO *Miss Edith Larose, Royal Bank, Ottawa.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

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

| 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 | | | | | | | | | | | | | | | | | | | | | |
| <i>1917</i> | <i>July 1st Balance from Canada</i> | | | | | | | | | | | | | | | | | | | | <i>28 90</i> | <i>28 90</i> | | | | | | | | | | | | | | | | | | | | | <i>28 90</i> | | | | | | | | | | | | | | | | | |
| <i>1-31</i> | <i>31</i> | <i>1st</i> | <i>34 10</i> | | | | | | | | | | | | | | | | | | | | | <i>34 10</i> | | | | | | | | | | | | | | | | | | | | | <i>15</i> | <i>15</i> | <i>48</i> | | | | | | | | | | | | | |
| <i>Aug 31</i> | <i>31</i> | <i>3rd</i> | <i>10</i> | | | | | | | | | | | | | | | | | | | | | <i>34 10</i> | | | | | | | | | | | | | | | | | | | | | <i>15</i> | <i>15</i> | <i>67 10</i> | | | | | | | | | | | | | |
| <i>Sept 30</i> | <i>30</i> | <i>3rd</i> | <i>33</i> | | | | | | | | | | | | | | | | | | | | | <i>33</i> | <i>2017 3/8</i> | | | | | | | | | | | | | | | | | | | | | <i>15</i> | <i>16 20</i> | <i>36 07</i> | <i>64 03</i> | | | | | <i>27 Day Acc Stop 6/1/17 - 7/1/17</i> | <i>50.63 22/17</i> | | | | | |
| | | | <i>101 20</i> | | | | | | | | | | | | | | | | | | | | | <i>28 90</i> | <i>130 10</i> | | | | | | | | | | | | | | | | | | | | | <i>4 87</i> | | | | | <i>45</i> | <i>16 20</i> | <i>66 07</i> | | | | | | | |
| MONTH PARTICULARS | | | | | | | | | | | | | | CR.1 | CR.2 | PARTICULARS | | | | DR.1 | DR.2 | DR.3 | DR.4 | BALANCE | MONTH PARTICULARS | | | | CR.1 | CR.2 | PARTICULARS | | | | DR.1 | DR.2 | DR.3 | DR.4 | BALANCE | DEFER. RED. PAY | | SEP. ALLE. ENG. | | REMARKS | | | | | | | | | | | | | | | | |
| <i>Oct B. Inv</i> | | | | | | | | | | | | | | <i>64 03</i> | <i>A.P.</i> | | | | <i>Nov B. Inv</i> | | | | | | | | | | | | | | <i>67 10</i> | | | | | | | | | <i>11 92</i> | | | | | | | | | | | | | | | | | | |
| <i>Sp.</i> | | | | | | | | | | | | | | <i>34 10</i> | | | | | <i>Dec</i> | | | | | | | | | | | | | | <i>15</i> | | | | | <i>What 13129/17 ships</i> | | | | <i>2 68</i> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | <i>34 10</i> | | | | | <i>A.P. food</i> | | | | | | | | | | | | | | <i>15</i> | | | | | | | | | <i>15</i> | | | | | | | | | | | | | | | | | | |
| <i>Nov G.P.</i> | | | | | | | | | | | | | | <i>33</i> | <i>at 657 1/1/17 E.P. 121</i> | | | | <i>Dec</i> | | | | | | | | | | | | | | <i>15</i> | | | | | <i>at 657 1/1/17 2 Bu C.R.</i> | | | | <i>4 3</i> | | | | | | | | | | | | | | | | | | |
| <i>Dec</i> | | | | | | | | | | | | | | <i>34 10</i> | <i>at 657 2/1/17 8 Bty 2 68</i> | | | | <i>117 1/1/17 12/17 2 68</i> | | | | | | | | | | | | | | <i>2 68</i> | | | | | <i>at 657 1/1/17 117 2 68</i> | | | | <i>2 68</i> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | <i>34 10</i> | <i>at 657 1/1/17 3 35</i> | | | | <i>148 1/1/17</i> | | | | | | | | | | | | | | <i>3 35</i> | | | | | <i>at 657 1/1/17 176 5 35</i> | | | | <i>5 35</i> | | | | | <i>92 66</i> | | | | | | | | | | | | | |
| <i>C.P. Inv</i> | | | | | | | | | | | | | | <i>67 10</i> | | | | | | | | | | | | | | | | | | | <i>11 92</i> | | | | | | | | | <i>67 10</i> | | | | | <i>23 11</i> | | | <i>30</i> | | | | | | | | | | |

2353313 Gr Lakost Edward Carow A.P. #15

| 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 | No. OF DAYS | RATE | No. OF DAYS | RATE | | | | 1 | | 2 | | 3 | | 4 | | | | | CREDIT | DEBIT | | | |
| | | | | | | | | | | AMOUNT \$ | C. | AMOUNT \$ | C. | NO. | DATE | NO. | DATE | | | | | | | | |
| 1918 | PARTICULARS | | CR.1 | CR. | | | | DR.1 | DR.2 | DR.3 | DR.4 | BALANCE | | | | | | | | | | | | | |
| July | 30 | 10 | | | | | | | | | | 9266 | | | | | | | | | | | | | |
| | 15 | | | | | | | | | | | 15 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 9648 | | | | | | | | | | | | |
| | 30 | 10 | | | | | | | | | | 15 | | | | | | | | | | | | | |
| July | 30 | 80 | | | | | | | | | | 15 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 96 | | | | | | | | | | | | |
| | | | | | | | | | | | | | 15 | | | | | | | | | | | | |
| | | | | | | | | | | | | | 15 | | | | | | | | | | | | |
| | | | | | | | | | | | | | 15 | | | | | | | | | | | | |
| Nov. | 30 | 80 | | | | | | | | | | 15 | | | | | | | | | | | | | |
| | 30 | 10 | | | | | | | | | | 15 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 10372 | | | | | | | | | | | | |
| | | | | | | | | | | | | | 15 | | | | | | | | | | | | |
| | | | | | | | | | | | | | 1160 | | | | | | | | | | | | |

4 APR 1919

APR 1919

2289

M. D.
6.

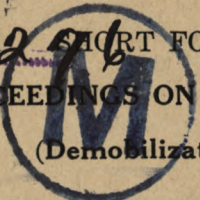
War Service Badge

Class "A" No. 3092

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 2333313

2 Rank. *Cap.*

3. Name. *La Rose Edward Caron*

4. Unit. *Leads F. S.B.*

5 Date of Discharge *1/5/19* Place *Halifax*

6 Reason for Discharge *Demobilisation.*
Next of Kin *Father.*
Occupation *3.* Group *3.*
Service in France *14* Group
Category. *B.*

7. Authority. *R. O. 1420*

8. Proposed Residence after Discharge *Ottawa Ont*
164 Cameron St
Dispensal Station B

Embarked Liverpool SS BELGIC
April 16th 1918
Disembarked Halifax Apr 23/19
Capt & Adj.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

Edward Caron
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. APR 23 1919

Place.....

Date.....

[Signature] Major
Signature..... O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

27. M
299-19
H.

PROCEEDINGS ON DISCHARGE
(Continuation)

[Lined area for recording proceedings on discharge]

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby certify that the above is a true and correct copy of the discharge certificate as it appears in the original file and date I received my discharge certificate

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Date

Signature of [Name] (O. C. Discharging Unit)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23)
2. Particulars of Recruit (M.F.W. 133)
3. Casualty Form (A.F.B. 103)
4. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
5. Proceedings of Med. Board (M.F.B. 227 or A.F.A. 45)
6. Dental Certificate (M.F.B. 465)
7. Field Conduct Sheet (M.F.W. 178)
8. Proceedings on Discharge (M.F.W. 129)
9. Discharge Certificate (M.F.W. 44)
10. Certificate of Special Service (M.F.W. 129)
11. Copy of Discharge Certificate (M.F.W. 44)
12. Discharge Certificate (M.F.W. 44)
13. Equipment and Clothing Statement (M.F.W. 263)
14. Last Pay Certificate (M.F.W. 44)
15. Pay Book (M.F.W. 44)
16. War Service Certificate (M.F.W. 44)
17. Service Record

Group..... A

Checked by No. 24

RAM

Date..... 10/4/19

Belgie 23-4-19.

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

REGT. No. 2353313 RANK *W/ Sgt* NAME (IN FULL) *La Rose, E. B.*

M. OR S.

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION

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 RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

16-4-19

No. 116

l. 4. b.

15.00

1-6-19

Miss Edith La Rose,

Royal Bank, Ottawa, Can. Same address

Head Office

Halifax, N.S.

MAY 1 1919.

Levior.

No. 116

| MONTH | PAY AND F.A. | | | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | CASH PAYMENTS | | | ASSIGNED PAY | REGIMENTAL CHARGES | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PARTICULARS OR REMARKS |
|--------|--------------|-----------------|--------|--------------------|---------------|-------------------|------------|------------|---------------|------------|------------|---|--------------------|---------------|--------------|---------|--------|---|
| | NO. OF DAYS | RATE | AMOUNT | | | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | | | | | DEBIT | CREDIT | |
| | | | | | | | | | | | | | | | | | | |
| 1-4-19 | 31 | 1 ⁵⁰ | 46 50 | | 107 11 | | | | 4 87 | 5 00 | 9 09 | 15 00 | | 9 73 | | | | <i>Doc. # 409</i> |
| 1-5-19 | | | | 35 00 70 00 | | | | | | | | 15 00 | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | <i>W.S.G. S.A.</i> | | | | | | | | | | | | | | <i>WAR SERVICE GRATUITY W.S.G. S.A.</i> |
| | 152 | | | 350 00 15 00 | | | | | | | | 70 00 85 00 70 00 70 00 70 00 | | | | | | <i>1st payment W.S.G. Col. 192. June 2/1919. Reported at May.</i> |
| | | | | | | | | | | | | | | | | | | <i>July 2/14 Col # 879/04. 1/8/14 Col # 893/56.</i> |
| | | | | | | | | | | | | | | | | | | <i>3/9/19 1135077</i> |
| | | | | 365 - | | | | | | | | | | | | | | |
| | | | | | 365 - | | | | | | | | | | | | | |

La Rose

BALANCE FROM PREVIOUS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

2256

Jul. 1/1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
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| | | | |
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RATE OF ASSIGNMENT

| | | | |
|------------|--|--|--|
| <i>15.</i> | | | |
|------------|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. *2353313*
 Rank *Bdr.* Promoted Reverted Discharge
 Soldier's Name *Edward Caron La Rose*
 Battalion *R. D. Siego & Heavy Art.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss Edith La Rose*
 Address *Royal Bk. Hd. Office*
 Change of Address *Ottawa Ont.*
 1
 2
 3
 4

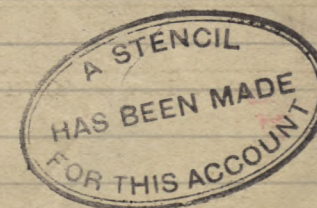
| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|----------------|----------------|------------|-------------|-------------|-------------------------------------|
| <i>1917</i> | | | | | <i>10673-E-2</i> |
| <i>Dec. 31</i> | | | <i>90 -</i> | <i>90 -</i> | |
| <i>Jan</i> | <i>M 70831</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Feb</i> | <i>P 75411</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Mar</i> | <i>J 90628</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Apr</i> | <i>K 14150</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>May</i> | <i>L 14356</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>June</i> | <i>F 20047</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>July</i> | <i>P 31277</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Aug</i> | <i>J 35879</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Sept</i> | <i>K 46211</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Oct</i> | <i>P 50990</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Nov</i> | <i>E 61888</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Dec</i> | <i>O 65236</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Jan</i> | <i>P 69976</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Feb</i> | <i>K 79769</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Mar</i> | <i>B 91589</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>Apr</i> | <i>J 500</i> | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| <i>May</i> | | | <i>15</i> | <i>15</i> | <input checked="" type="checkbox"/> |
| | | | | <i>330</i> | |

M. F. W. 128
4000-16-17-1772-39-141
L. L. 22820-M. & D. 1938.

A/c Closed *30-4-19*
 Ret'd per *Belgie*
 Date *23/4/19* F.X. *1-5-19*
 Clerk *N. Davidson*
m. D. #6

Destroy M.R.O. 94394 Sent 1/8

AUDITED *2/19*



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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

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

2209

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.....Witley..... DATE..... March 19th., 1919.

1. 1 (a) Unit..... C.A.R.D. (b) Regimental No..... 2353313 (c) Rank..... Gnr.
 (d) Surname..... Larose (e) Christian name..... Edward Caron
 (f) Home address..... Ottawa.
 (g) Next of Kin..... T.C.Larose (h) Relationship..... father
 (i) Address of Next of Kin..... Ottawa., 164 Cameron St.

2. Age last birthday..... 23 Date of birth..... 12 February, 1896.

3. Enlistment, or Appointment (if an Officer) (a) Place..... Ottawa (b) Date..... April 3/17.

4. Personal description:

(a) Height..... 5'10 1/2" (b) Weight..... 141 (c) Complexion.....
 (stripped)
 (d) Colour of hair..... Fair (e) Colour of eyes..... blue (f) Identification marks, Scars, etc.

5. Former trade or occupation..... Clerk.

| | | |
|---|-------|---------|
| 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 |
| | 1 | 11 mos. |

| | PERIODS | |
|--------------------------------------|-------------|-------------|
| | From | To |
| Canada | April 3/17. | June 25/17. |
| England..... | July 4/17. | Aug. 12/17. |
| France or other theatres of War..... | Aug. 13/17 | Nov. 6/18. |

7. Original disease, or injury..... Pneumonia.

(a) Date of origin..... 9-11-18. (b) Place of origin..... Scotland.
 (c) Cause..... Exposure.

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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.)

(Debility) Moderate weakness.

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.)

Objective: Gen'l. condition fair. Slightly anaemic and has lost fifteen pounds in weight. Examination negative.

Subjective: General weakness, thinks he could walk three miles at own pace. Left leg tires easily and after exertion there is some swelling at night in this leg.

R.E. 6/8. L.E. 6/8. Ears 21-21.

(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.....Yes..... Genito-Urinary System.....No.....
Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No.....
Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No.....
Osseous and Joint Systems.....No..... Any other general condition.....No.....

1018
Acid
Nil
Nil

Pneumonia was complicated with phlebitis left leg. Examination at present negative though he says it swells after exertion at night and tires easily.

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

In France 14 months. While on leave in Scotland contracted influenza which developed into pneumonia. This during convalescence was complicated by phlebitis left leg. It was very swollen and painful. It is now normal in appearance. He was admitted to 2nd. Scot. Gen. Edin. 9.11.18 and discharged 9.3.19.

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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).)

Nil

Gonorrhoea 6-7-17 - 1-8-17.

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

No

11.—(a) Did the disabling condition have its origin before enlistment? No

(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.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) Yes V.D.G. (b) No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 months.

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

Nil

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

No

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

17. Recommendations.

S. J. Staples, Capt., CAMC.
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, E. C. Larose, 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.

Ed. C. Larose, Gnr. Rank.
Signature of invalid examined.

2209

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.) Yes. B.1.
- (c) Home service (Canada only), (" C) (Yes or No.)
- (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.)

Boarded for return to Canada, Auth: Telegram A.G. 1/9083.11.11.18.

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

N.H.Naylor, Capt., CAMC. for President.

PLACE. Witley, Surrey.

Horace MacIntyre, Capt.

Members

DATE. 19/3/19.

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.....

Members

DATE.....

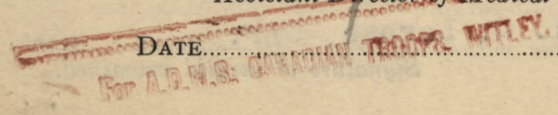
APPROVED BY *W.H. Hurry*

APPROVED BY Director-General of Medical Services.

Assistant Director of Medical Services.

DATE..... For A.D.M.S. CANADIAN TROOPS, WITLEY.

DATE 27 MAR 1919



MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|--|-------|----------|-----------------|
| 45 | R.A.I. | Cadet | La. Rose | Edw. C |
| Year | | Unit. | Age. | Service. |
| 1918 | | | 23 | 19 1/2 |
| Station and Date. | Disease | | | |
| 2 nd Scottish General Hq. | (21) Influenza (22) Pneumonia (616) Inflammation of Lymphatic vessels (324) Phlebitis of veins | | | |
| | admitted on 9. 11. 18 with Influenza, Pneumonia (Right base) & he was very seriously ill for a considerable time, & for several nights he was delirious. | | | |
| | He made a satisfactory recovery, but during his convalescence he developed Phlebitis in the veins of the left leg, & for weeks there was marked swelling of the leg, about & below the knee. He was kept in bed, completely at rest & Icthyol & glycerine soaks were applied to the leg. | | | |
| | 5. 3. 19. He has improved considerably, but even now his left leg swells if he walks much, & there is tenderness along the line of the vein, & he requires always to wear a bandage when he is up. | | | |
| | His general health has improved, he has a slight cough however, his sputum has been examined repeatedly for Tubercle Bacilli but none have been found. there is no pyrexia, but he sweats a little. | | | |
| | M. D. Kautzner. M.B. D.P.H. | | | |

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

