ORIGINAL

6 M. D. A Co 1st Depot Battalion 2nd Regiment

Regtl. No. 206411

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class One)

1. Surname Yoston
2. Christian name Arthur
3. Present address Portage Lawn P.E.I.
4. Military Service Act letter and number 337306
5. Date of birth July 12 1898
6. Place of birth (town, township or county and country) Portage Lawn P.E.I.
7. Married, widower or single Single
8. Religion C of E
9. Trade or calling Artist
10. Name of next-of-kin A. W. Yoston
11. Relationship of next-of-kin Father
12. Address of next-of-kin Portage Lawn P.E.I.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:
    (a) Place Ch Town P.E.I. (b) Date 10-12-17 (c) Category E

DECLARATION OF RECRUIT

I, Arthur Yoston, do solemnly declare that the above particulars refer to me, and are true

Arthur Yoston (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	26 yrs	5 mths.	
Height	5 ft	5 1/2 ins.	
Chest measurement	fully expanded	35 ins.	
	range of expansion	3½ ins.	
Complexion	Dark.		
Eyes	Blue.		
Hair	Brown.		

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

J. A. Stanley Maj
O. C. H Co 1st Depot Btln.
NS Regt.

Place Ch Town P.E.I. Date 10-12-17

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

M.S.A. 15.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Gastone Christian name Arthur

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

3. Consecutive number on schedule of men reporting for service (if he appears on it) 337805

4. Address (including street and number, if any) Georgetown P.E.I

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of December 1917, by the undersigned medical board sitting at Charlottetown P.E.I

5. Age as stated 26 Years 0 Months. 6. Apparent age 26 Years Months

7. Height 5 Feet 5½ Inches. 8. Weight 150 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 37 Ins. } 10. Complexion Dark { Eyes Blue / Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm / Left arm 1 } 14. When vaccinated last 7 years

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category E

Eyesight R. 20 L. 30

Hearing. Normal

A. MacPhee Col. President.

R. J. Keen Capt. Member. Wm. McLaren Lieut. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
7/3/18	Taken	M.O.	22/12/17	Good	M.O.
		M.O.	4/1/18	do	M.O.
		M.O.	24/1/18	do	M.O.

Joined 10th day of November 191 7 at Charlottetown

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.B.	2060411		P.E.I.
Transferred to	N.S.R.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Cl Town P.E.I	10-12-17	Loss of right foot	Category E

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

Otherwise physically fit

Signature of Man

Surname Gaston **Christian Name** Arthur

STATION.	Date of Arrival at the Station.	DATES OF: Admission into Hospital — Day	Month	Year	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.

M.S.A.

SURNAME. Yoston

CHRISTIAN NAMES Arthur

REGL. No. 2060411 RANK Pte.

UNIT N.S. Regt., 1st Dpo Bn.

FORMER CORPS Nil.

CARD No. 4

So. S. D. 15-7-19

FOLL.

D.O. 2030 22-7-19

Demob # 16 D.S.

NEXT OF KIN.

NAMES IN FULL Yoston, M. A.

RELATIONSHIP TO SOLDIER Father

ADDRESS Georgetown, P.E.I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Georgetown, P.E.I. DATE July 12th 1890

PLACE OF ATTESTATION Charlottetown, P.E.I. DATE Dec. 10th 1917

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

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

M. F. W. 54. (A. F. B. 103.)
338m.—5-16
H. Q. 1772-39-900.

Casualty Form—Active Service.

Unit, Regiment or Corps "H"Coy 1st D.B.N.S.REG'T

Regimental No. 2060411 Rank Private C. E. F. Name Yoston, Arthur

Enlisted (a) 10-12-17 Terms of Service (a) War & 6 Months Service reckons from (a) 10-12-17

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) Artist

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
11-2-19	H Coy 1st D.B.N.S.R.	T. O. S. DISPERSAL STA. "A" CH'TOWN. #60000		Do 42 49	Lieut. For O. C. Dispersal Station "A"
15-7-19		S. O. S. DISPERSAL STA. "A" CH'TOWN. DEMOBILIZATION #60000		Do. 198 203	Lieut. For O. C. Dispersal Station "A"

(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.

Reference copy of original C.E.F. Discharge Certificate issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. 2060411 (Rank) Corp

(Name in Full) Gosston Arthur enlisted in

1st Depot Bn NSR

Canadian Overseas Expeditionary Force, on the 10 of December

1917, and accompanied said unit to Served in 1st Depot Bn Canada

was returned to Canada, and discharged from the service at Disp Sta "a" Cobourg

on the 15th of July 1919, in consequence of Demob.

DESCRIPTION ON DISCHARGE

Age 28 Yrs

Height 5 ft 6 in

Complexion Dark

Eyes Blue

Hair Brown

Trade Student

Marks or Scars Loss of L. fore finger

Signature of Man Arthur Gosston

for Officer in charge Discharge Depot.

Place and Date Cobourg 15-7-19

M. F. W. 39 a.
50m.—5-17.
H. Q. 1774-30-582.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 20604 Rank Capl. Surname YORSTON (Given name in full) Arthur

Unit or Corps 1st Depot Bn. Birthplace Georgetown P.E.I.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. **GENERAL DESCRIPTION:**

Physique good Weight 130 lbs. Height 5 ft. 5½ in. Colour of Eyes blue

Nutrition Good

Pulse normal

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Loss of right foot.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Lost his foot 7 years ago – result of infection from scratch ~~xxx~~ slight bruise. Foot was amputated 18 months after injury

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Ch'town .....(Canada)

Date July 15th 1919 Signed J. E. Houston .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Arthur Houston

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2060411

2 Rank. Corp

3. Name. Yorston Arthur

4. Unit. orig 1st Depot Bn 7 S.R. Disp Sta "A"

5 Date of Discharge 15-7-19 Place Ch'Town

6 Reason for Discharge Demob.

7. Authority. P.C. 1420

8. Proposed Residence after Discharge Georgetown P.E.I.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 29

Arthur Yorston

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Ch'town P.E.I.

Date 15-7-19

Signature [illegible] (O. C. Discharging Unit.)

AS 19-7-19

M.F.B. 218a—300M.-11-18—1772-39-113.

T.E.L

96 15-2-55