

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname. Lougheed ✓
2. Christian name. Bert ✓
3. Present address. Bowden, Alta. ✓
4. Military Service Act letter and number. 335725 MC ✓
5. Date of birth. 1st October, 1896 ✓
6. Place of birth. Toronto Township, Ontario. All address known ✓
(town, township or county and country)
7. Married, widower or single. Single ✓
8. Religion. Presbyterian ✓
9. Trade or calling. Farmer ✓
10. Name of next-of-kin. Mr. Albert Lougheed, ✓
11. Relationship of next-of-kin. Father ✓
12. Address of next-of-kin. Bowden, Alta. ✓
13. Whether at present a member of the Active Militia. No ✓
14. Particulars of previous military or naval service, if any. No ✓
15. Medical Examination under Military Service Act:—
(a) Place. Calgary, Alta. ✓ (b) Date. 13-5-18 ✓ (c) Category. A-2 ✓

DECLARATION OF RECRUIT

I, Bert Lougheed, ✓, do solemnly declare that the above particulars refer to me, and are true.

Bert Lougheed, ✓ (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age. 21 yrs. 7 mths.
Height. 5 ft. 8 ins.
Chest measurement } fully expanded. 38 ins.
range of expansion. 42 ins.
Complexion. Med. Blue.
Eyes. Blue.
Hair. Brown.

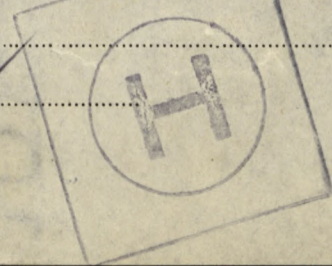
Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Tone.

Barron Lt. Col.
Comm. O. C. 1st Depot Btl'n. Alta. Reg't

Regt.

Place. Calgary, Alta. Date. 13-5-18



PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname: [illegible]
2. Christian name: [illegible]
3. Present address: [illegible]
4. Military Service Act letter and number: [illegible]
5. Date of birth: [illegible]
6. Place of birth: [illegible]
7. Married, widower or single: [illegible]
8. Religion: [illegible]
9. Trade or calling: [illegible]
10. Name of next-of-kin: [illegible]
11. Relationship of next-of-kin: [illegible]
12. Address of next-of-kin: [illegible]
13. Whether at present a member of the Active Militia: [illegible]
14. Particulars of previous military or naval service, if any: [illegible]
15. Medical Examination under Military Service Act: [illegible]
(a) Place: [illegible] (b) Date: [illegible] (c) Category: [illegible]

DECLARATION OF RECRUIT

I, [illegible], do solemnly declare that the above particulars refer to me, and are true.
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Distinctive marks and marks indicating congenital peculiarities or previous disease	Height	ft.	ins.
	Chest measurement	fully expanded	ins.
	range of expansion	ins.	ins.
	Complexion		
	Eyes		
	Hair		

REGIMENTAL DOCUMENTS

NAME *Lougheed Bert*

REGT. NO.

3209999

UNIT

1/alt. Regt.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

52105

Died

22-10-18

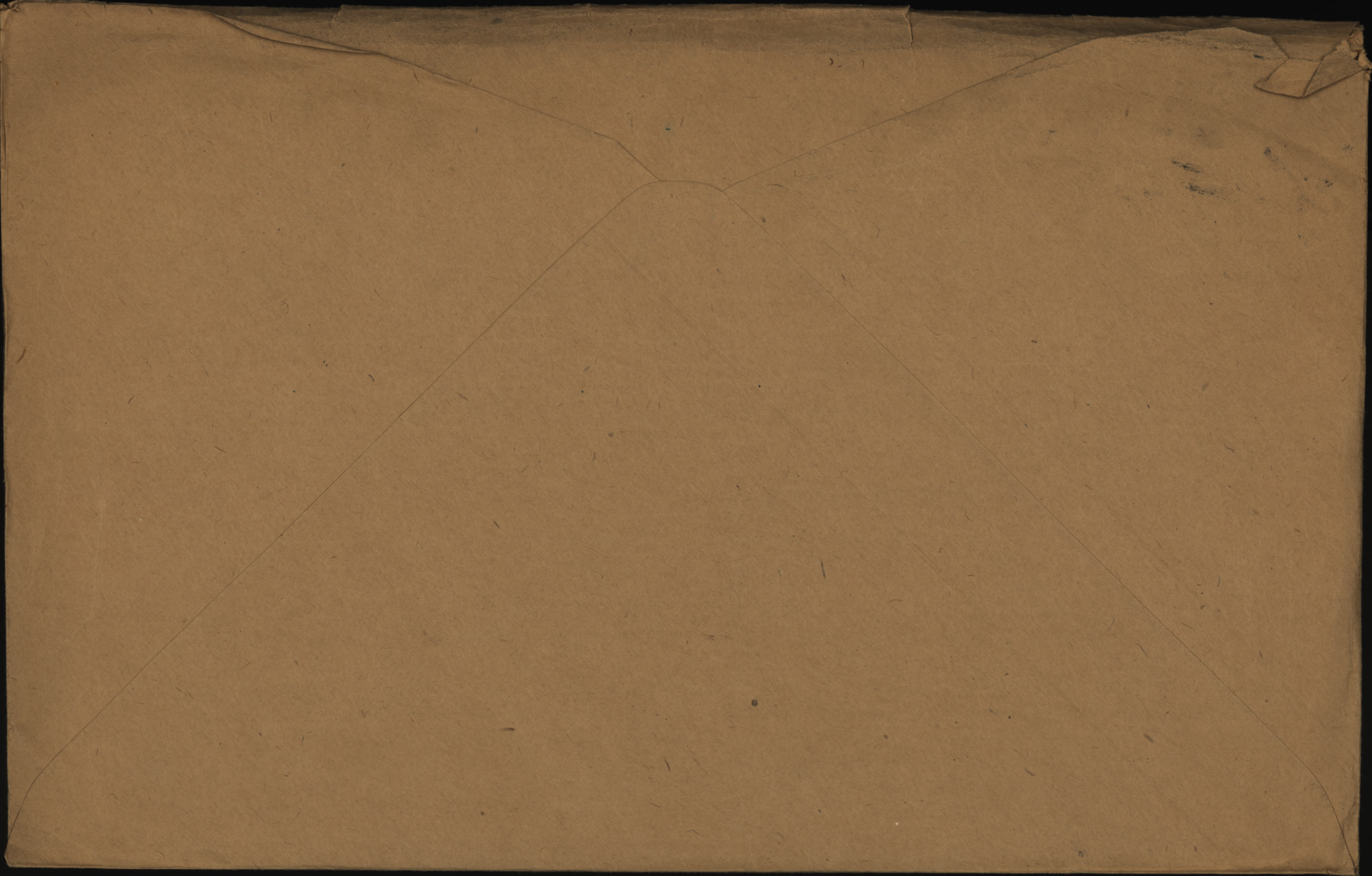
DISCHARGE

Category

DESERTION

37-20
15-20
6/20





Surname

Christian Name or Names

Reg. No.

Lougheed B.

3209999

Rank

Unit

Plt.

Alta (21P)

Cas. List.

15-10-18 6334

21-10-18 C339

23-10-18 C341

12 Bl. P. shot.

10-10-18

Influenza

Serious illness 16-10-18

(Prev. ill.)

Died 22-10-18

Cas. List.

C.

4

^{D 22}₁₀ *Loughheed*

Surname.....

Christian names *Best*

Regtl. No. *3209999*

Rank *Pte*

Unit *Alta Regt. 1st Dps Bn. R10*69*

H. Q.

M. D. No. *13*

T. O. S. *May 13* 19*18*

D. O. Pt. II *35* of *12-5-18*

S. O. S. 19....

Reason

Auth.....

Next of kin *Loughheed, Albert*
Address *Bowden Alta*

Relationship *Father*

Also notify:

BORN—Place *Canada, Toronto Ont*

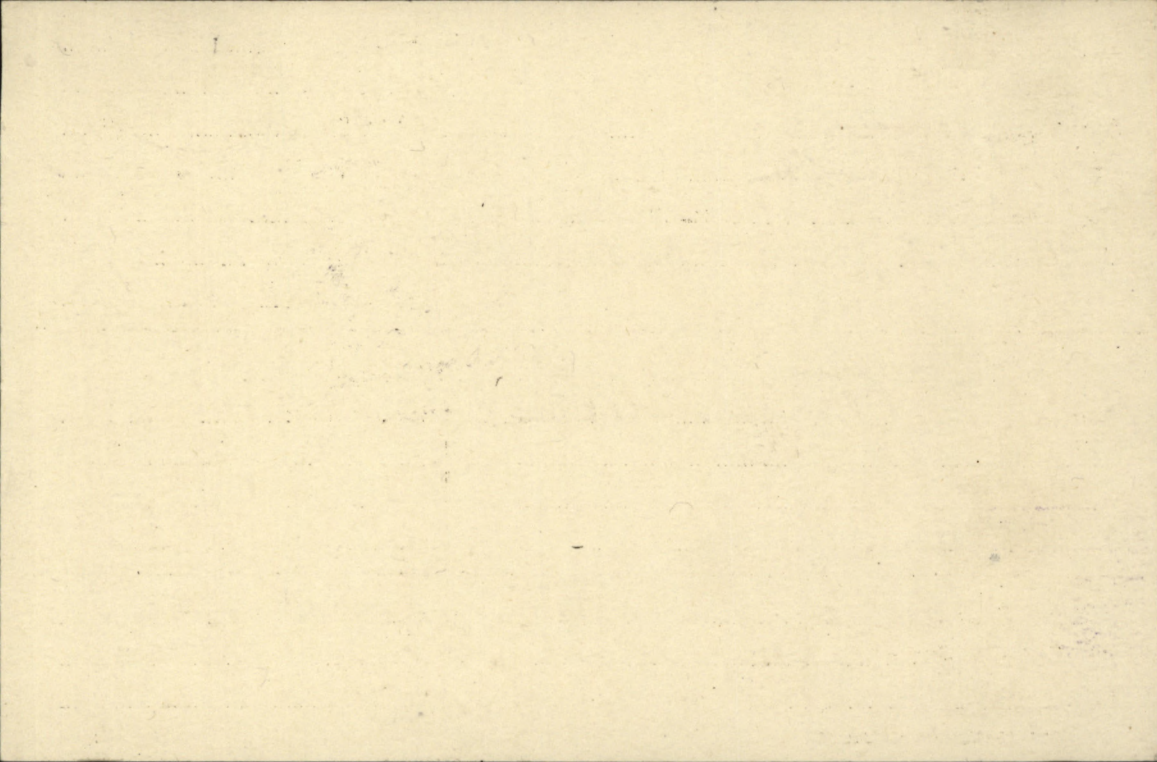
Date *Oct 1st 1894*

ATTESTED—Place *Calgary Alta*

Date *May 13th 1918*

O/S *30-7-18-1354*
8

R/C.....



REGT'L. No. 3209999

NAME *Loughrea Bert*

H. Q. FILE NO 649

RANK AND CORPS

pte. 21st Res. Bn. (from 1st Res. Bn.)

CABLE

FOLLOWS
NO.

NO.

DATE

NATURE OF CASUALTY

1st. Res. Bn. 69th Div.

3-7

Inf. K. Albert Loughrea "father"
*Bowden Platta.**Q644**18-10-18**Serv. ill Mil. H. Bramstall**18-8.**Oct-16-18. influenza**X418**24-10-18**D. at Mil. H. Bramstall**Wsm⁴⁻⁴
2109**24-11-18**Oct Oct. 22nd. 1918. influenza**Wsm. 6413**same as**Enquiries 23-10-18**Inf. K.*

LIST No. /

HOSPITAL

DATE OF
ADMISSION

REMARKS

C. 334.	12 con. Gen. Bromskott.	10-10-18	influenza
C. 339	ser. ill.	16-10-18	"
C. 341	D. (Pres. ser. ill.	22-10-18	"

Reg. No. 3209999.

25-L-3080

Bowdoin, Alberta. Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
10-10	12 Cam Gen Bishop H	Influenza	6	334		28740
16-10	no	<u>Seriously ill</u>	no	334	644	3263
22/10	<u>Died</u>	Influenza	6	341		3326
Date of Birth 13 th October 1897						11418
Religion Presbyterian						22/10

[illegible]

A. & D.
CARD

No. 12 Gen General HOSPITAL.
 Bramsted. Nant.

AT 8499

A. & D. No. 8499 PL. OF ACTION

RANK $1\frac{1}{2}$ REG. No. 3209999 UNIT 21st Gen Res Bn. SICK OR WOUNDED

NAME Longhead, B. AGE 22. RELIGION Pres.

PLACE IN HOSPITAL ward C. 2.

DIAGNOSIS Influenza.

ADMITTED 9 - 10 - 18. FROM

DISCHARGED To

TRANSFERRED 22 - 10 - 18.

SERVICE AT HOME $\frac{4}{12}$ IN FIELD.

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

Reg. No. 3209999	Rank. LIE	Surname Longhead	Category.	Dentally Unfit.
Christian Names (1)		(2)	(3)	Date
Place of Enlistment: Saskatoon	Date of 3.5.18	Taken on from Canada	Religion Pres	Inoculations
Province: Alta	Age on 21 1/2	Date 16.5.18	Vaccination	Company B
On Command	Hospital 12 Balmat		Permanent Cadre	Employed as
			Date taken on	
Date Proceeding	Date Admitted 9-10-18			
Record of Overseas Service:			Profession or Trade (Civil) Farmer	
			Transferred or Posted to	
Reason for Return:			Date	
Married or Single	LEAVE.			
	No. of Pass Issued.	FROM.	To.	Free Transportation.
Address of Next of Kin Albert Longhead Bauden Alberta				
Country				

Part 2 Order Entries.

[illegible]

TRAINING.

Weeks of Training.

[illegible]

Number.

3209999

Rank

pto. B

Surname.

L. O. G. HEED

Christian Name.

Bert

Unit.

U. R.

Theatre of War

England

Date of Service.

15-8-18

Remarks.

D

Latest Address

Roll No.

A Page 803



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 Lougheed Christian name Albert
2. Number of report for service or claim for exemption 'according to Postmaster's receipt or schedule.....' 335725 me
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any)..... Bowden, Alberta.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of May 1918, by the undersigned medical board sitting at..... CALGARY

5. Age as stated 21 Years 7 Months. 6. Apparent age 22 Years - Months
7. Height 5 Feet 8 Inches. 8. Weight 135 Pounds.
9. Chest measurement { Minimum 33½ Ins. 10. Complexion Medium { Eyes Blue
Maximum 38 Ins. { Hair Brown
11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks None
13. Number of vaccination marks { Right arm X
Left arm 2 14. When vaccinated last 1911.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 A III

Vision R.D. 20
L.D. 20
RT. OK
Hearing LFT. OK
CAPTAIN C. A. M. C.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
28-5-18	<u>U Renewed</u>	<u>Captain C.A.M.C.</u>	28-5-18	<u>U Renewed</u>	<u>Captain C.A.M.C.</u>
		M.O.			M.O.
		M.O.	4-6-18	<u>Castro</u>	MAJOR C.A.M.C.
		M.O.	11-6-18	<u>Castro</u>	MAJOR C.A.M.C.

Joined 13th day of May 1918 at Calgary Alta

1st CORPS ALBERTA REG'T.	REG'TL NUMBER	HABITS	DATE
	<u>3209999</u>		<u>13-5-18</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man Albert Lougheed
31 OCT 1918

CANADIAN

Surname *Loughheed* Christian Name *Bert*

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				
No 12 CAN. GENERAL HOSPITAL		9	10	18	22	10	18	Influenza & Bronchopneumonia	14	Cough, sore throat, coryza, feverish, pain in chest, anorectic two days. S.P.R. In remission 10.10.18. 87. 21. 13.10.18. In remission. 16.10.18. Some patch of anterior fatigues began from 17.10.18. Very nervous. Progress to date see 18.10.18. Delirium began of abdominal pain. Seen by Surgeon & exam. by Dr. 19.10.18. Fairly good condition. 20.10.18. About the same. 21.10.18. 4.45 am. 22.10.18	

FORM OF WILL

I, Bert Lougheed. (Name in full)

Regimental Number 3209999 serving 1st. Depot Batt. Alberta Regt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I ~~devise~~ ^{bequeath} all my real estate unto

Mr. Albert Lougheed. (Father)

Bowden,

Alta.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mr. Albert Lougheed (Father)

Bowden,

Alta.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 13 day of May A.D. 1919

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Bert Lougheed. Signature of Soldier.

*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact everything except real estate.~~

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Alfred Larrazabal, Pte.

Address of Witness Victoria Park Barracks, Calgary.

THE TWO
WITNESSES

Occupation of Witness Soldier.

MUST
SIGN HERE

Signature of Second Witness J.A. Coventry, Pte.

Address of Witness Victoria Pk. Barracks, Calgary.

Occupation of Witness Soldier.

I hereby certify that this document is a true copy of an original document now in possession of this office.

L.A. Hubbard, Capt.
Director Military Estates.

MAR 21 1919

FORM OF WILL

I, the undersigned, of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of _____ of the County of _____ State of _____ as the same appears from the records of the _____ Court of the County of _____ State of _____

Witness my hand and seal of office this _____ day of _____ A.D. 19____

Notary Public for the State of _____
My Commission Expires _____

Subscribed and sworn to before me this _____ day of _____ A.D. 19____
Notary Public for the State of _____

Attest my hand and seal of office this _____ day of _____ A.D. 19____
Notary Public for the State of _____

Subscribed and sworn to before me this _____ day of _____ A.D. 19____
Notary Public for the State of _____

Attest my hand and seal of office this _____ day of _____ A.D. 19____
Notary Public for the State of _____

Subscribed and sworn to before me this _____ day of _____ A.D. 19____
Notary Public for the State of _____

Attest my hand and seal of office this _____ day of _____ A.D. 19____
Notary Public for the State of _____

Subscribed and sworn to before me this _____ day of _____ A.D. 19____
Notary Public for the State of _____

CANADIAN ARMY DENTAL CORPS

DISTRICT.

NAME OF SOLDIER.

roughed about

REGIMENT.....

RANK.

me

No.

0209999

[illegible]

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.

TEETH X-RAY SHEET

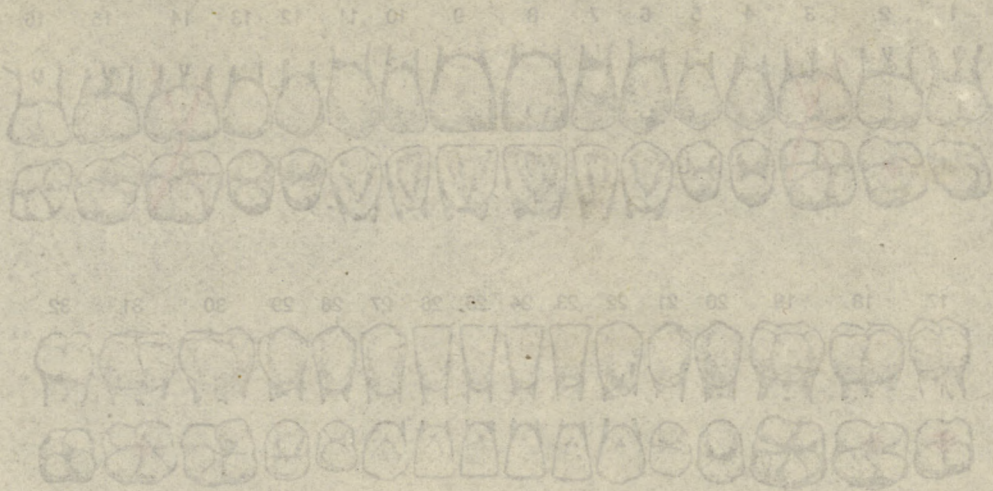
CANADIAN DENTAL CO. LTD. TORONTO, CANADA

NAME OF PATIENT

ADDRESS

DATE

EXPOSURE TO X-RAY



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.
3. 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

MADE IN CANADA

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 1st Depot Bn. A.P.

Regimental No. 3209999 Rank private Name Lougheed, Albert.
C. E. F.

Enlisted (a) 13-5-18 Terms of Service (a) duration of war Service reckons from (a) 13-5-18

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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.	Montreal	30 JUL '18	A. M. J. Sennypson
		DISEMBARKED.	Manchester	16 Aug '18	
AUG 22 1918	RECEIVED	Taken on strength on arrival from Canada.	BRAMSHOTT.	16 Aug '18	Pt. II D.O. No. 198
23/10/18	do.	S.O.S. having died in No 12 C&A B'shott	do.	22/10/18	Pt. II DO 251 F. Stewart Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta.)
					

(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				

Rank _____ Name LOUGHEED BERT Reg'l No. 3209999
 Unit 69th Light Attn Regt If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Calgary 13/5/18 Place of Birth Toronto Ont
 Name and Address, Next-of-Kin Albert Lougheed
Bowden Attn Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	<u>7891</u>
File R.L.	<u>23-L-3080</u>
Category	<u>DOC</u>

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9346-16.

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.				
<u>C.</u>		<u>Arrived in England</u>	<u>15 AUG 1918</u>	<u>WMT</u>	<u>Bellerophon</u>
<u>22.8.18</u>	<u>*Z1 Res Bn T.O.S</u>	<u>from CANADA</u>	<u>B. Shott</u>	<u>16 AUG 18</u>	<u>DO-198</u>
<u>23-10-18</u>	<u>AR(21st Res)</u>	<u>Died No 12 Can. Gen. Hos.</u>	<u>Pt B Shott</u>	<u>22-10-18</u>	<u>C.H.C. 341</u>
<u>23-10-18</u>	<u>21st Res</u>	<u>Died No 12 Can. Gen. Hos.</u>	<u>"</u>	<u>22-10-18</u>	<u>PC II 6251</u>



[illegible]

[illegible]

Date of Enlistment 13-5-18

MILITIA AND DEFENCE

L 10685

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1st. Aug. 18.

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 3209999
Rank Pte Promoted Reverted Discharge
Soldier's Name Bert Lougheed
Battalion 1st. Depot. Battrn, Alta Reg't. 10ft. 69.
Beneficiary
Relationship
Address

PARTICULARS OF ASSIGNMENT

Name
Address
Change of Address
1 MRS. MARY LOUGHEED,
BOWDEN,
2 ALTA. 15 15.00
3 % 3209999 PTE BERT. LOUGHEED
FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1915					11321-B-4
Aug	L 2957		15	15	
Sept	M 45178		15	15	
Oct	3. 51410		15	15	
Nov			45	45	a. Pay pay L 46154 mailed 10-9-18

KILLED IN ACTION	DATE 27-10-18
DIED OF WOUNDS	DATE 31-10-18
C. L. NO. 348	DATE 4-11-18
M. R. 43497	TO DESTROY RENDERED
B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE	
J. Lawrence 4-11-18	

M. F. W. 128.
4004. 6-17-1772-33-1141
L. L. 22820-M. & D. 1903.

AUTHORITY FOR NEW ACC'T. Na 844 Folio 16-69
W. Raymond 6-9-18

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

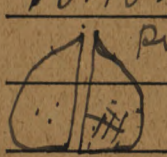
Amount
A/P

Total

REMARKS

M. F. W. 128.
4000 6 7 17238-1141
L. L. 22320-M. & D. 1992

MEDICAL SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8499	3209999	Pte	Loughed	B
Year 1918	Unit. 21st Res		Age. 22	Service. 4/12
Station and Date.	Disease <i>Influenza + Bronchitis Pneumonia</i> <i>Temp 13 days in hospital</i> <i>W.B.C. 8200 8480 8480</i>			
Bohott	Arrival in Eng 16.8.18.			
9-10-18	Camp Bramley camp 16.8.18.-1/10/18			
	Bramshott - 1/10/18-7.10.18.			
	Reported sick 9/10/18.			
	Complaints. - sore throat; cough.			
	headache. - pains in chest.			
	past history. negative.			
	present condition			
	slight headache; cough.			
	Exam.			
	Eyes fine, no redness at posterior bases.			
	no dullness.			
	Heart - apex beat - 4th space - 1" inside nipple.			
13/10/18	no dullness at bases.			
	Throat inflamed, tonsils enlarged			
	no membrane			
16.10.18	pt is weak, severe cough, vomiting			
	a small patch of dullness (not absolute)			
	Pr. posterior base			
	caudal thorax			
17/10/18	T.P.R. 103.4/108/34			
	no sign of pneumonia. Breath sounds			
	harsh. few crep. sounds low lungs			
18/10/18	T.P.R. 102.4/108/32 appear & are very			
	nervous. color good. very little respiratory			
	improvement. Some improvement in heart base			

* The first and last entries will be signed and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

19.10.18

Condition not very good.
LPR. 112. 130. 38.

Flow, some sputum

20.10.18

Flow: Very delirious during the
night. Colours, not too right.
Only red. Respiration labored
and rapid. 100. 120. 38.
Vomits frequently, vom watery.

20.10.18

Condition worse. Very delirious, but not
of such in active type as yesterday.
Colours - reddish blue. Ears red
fingers cyanosed. LPR. 101. 100. 38.
Respiration rapid but not very
labored. Delirium all over left side
firstarily. Breach sounds very
weak over this area. Vowel resonance
not increased over this ~~part~~ area.
Breach sounds only heard on
right chest.

21.10.18

Delirious, not of the violent type.
Explains of fair is right side of abdomen
Examined by Surgeon ship; not
much swollen. G. C. fair
State of fair good.
LPR. 102. 140. 54. Colours - reddish
blue. Ears cyanosed.
Swelling of the stop. gives ~~symptoms~~

Regtl. No. Rank and Name 3209999 Pte Longwood Corps 21st Res
Disease Influenza Hospital 225th
To Officer i/c Laboratory. Ward Hut 31 annex

Please carry out an examination of the accompanying specimen of
with special regard to white blood count & differential
Date 17/10/18 Dr. Eustace Cope
O. i/c Ward.

LABORATORY REPORT.

White Blood Count 8200.

Polymorphs. 84%

Small Lymphocytes 14%

Large Lymphocytes 2%

Date of Examination 17/10/18
W.3212. 50M-4-4-18.

A. Montgomery Cope
O. i/c Laboratory.

Poly. ~~XXXX~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~

84%

S. 1. ~~III~~

14%

L. L. 1

2%

Joan.

LABORATORY REPORT

Hospital

Gold

Hard

(To be attached to Case Sheet.)

Corps 21st. U.S.

No. 3209999

Rank and Name

(To be attached to Case Sheet)

The Foughued B

Age 22

Military Hospital

12C Army Form B. 181.

Service.

7/12

Disease

Influenza

Date of admission

9 = 10 - 18

Date of discharge

22.10.18

Result

Dead

[illegible]

(To be attached to Case Sheet.)

Corps_____

Military Hospital_____

No. _____

Rank and Name _____

Age _____ Service _____

Disease_____

Date of admission _____ Date of discharge _____

Date of discharge_____ Result_____

Result_____

[illegible]