cand. A.a.m. 13/5/16

109th OVERSEAS BATTALION, C. E. F.

B

No. 724268

ATTESTATION - PAPER.

Folio.

DUPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Favero
1a. What are your Christian names? ..... Ferucco
1b. What is your present address? ..... Chapleau Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Castelfranco, Veneto Italy
3. What is the name of your next-of kin? ..... Giovani Ferucco Favero
4. What is the address of your next-of-kin? ..... Castelfranco, Veneto, Italy
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... July 17th 1895
6. What is your Trade or Calling? ..... a Labourer
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? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ferucco Favero, 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.

F Favero (Signature of Recruit)

Date APR 19 1916 191 . J. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ferucco Favero, 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.

F Favero (Signature of Recruit)

Date APR 19 1916 191 . J. [illegible] (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 Lindsay this APR 19 1916 day of 191 .

J. [illegible] (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Ferruccio Favero on Enlistment.

Apparent Age 20 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 11½ ins.

Chest measurement:
- Girth when fully expanded 40 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Grey

Hair D. Brown

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

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).

Large mole on right shoulder blade

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 APR 19 1916 191 .

Place Lindsay

J. M. Carlisle Capt.
Medical Officer
109th Overseas Battalion, C. E. F.
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.

Ferruccio Favero 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.

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

Date APR 19 1916 191

TRIPLICATE

1 A-2 Italian.

ATTESTATION PAPER.

Can dian Engineers, C.E.F.

No. 724268

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Favero.
1a. What are your Christian names? ..... Feruce.
1b. What is your present address? ..... Chapleau, Ontario, Canada.
2. In what Town, Township or Parish, and in what Country were you born? ..... Venice, Italy.
3. What is the name of your next-of kin? ..... John Favero.
4. What is the address of your next-of-kin? ..... Treviso, Venice, Italy.
4a. What is the relationship of your next-of-kin? ..... Father.
5. What is the date of your birth? ..... July 17th, 1895.
6. What is your Trade or Calling? ..... Locomotive Fireman.
7. Are you married? ..... Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Naval or Military Force? ..... Yes, 109th C. S. Bn., 1 Year, 9 Months, Private.
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? ..... Yes.
14. If so, what was the nature of the disability? ..... Medically Unfit.
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, Feruce Favero, ..., 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.

..... Feruce Favero (Signature of Recruit)

Date August 9th, 1918. 191 . ..... E. Fitt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Feruce Favero, ..., 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.

..... Feruce Favero (Signature of Recruit)

Date August 9th, 1918. 191 . ..... E. Fitt (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 Toronto, Canada this 9th day of August, 1918. 191 .

..... (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Ferruce Favero, on Enlistment.

Apparent Age 23 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement.
- Girth when fully expanded 42 ins.
- Range of expansion 5 ins.

Complexion Fair

Eyes Grey

Hair D.Brown.

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

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).

Scar on Rt. Wrist.

Mole on L. Shoulder.

Both eyes D.20
Hearing, nose throat normal.

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.

RESLADED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date August 9th, 1918 191

Place Toronto, Canada.

C. H. Hair Capt. M.O.
Medical Officer.
PRESIDENT

*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.

Ferruce Favero, 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.

CAPTAIN C. E.
(Signature of Officer)
O. C. ENGINEERS' RECRUITING DEPOT

Date Aug 9th 1918.

C.E.F.

FAVERO FERUCE 724268 3 C E R B 02694

MED UNFIT

H

~~404944~~

3015

724268	FAVERO	FERUCE
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box 3015

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

ARC-1048 (r. 87/05)

This is to Certify that No. 724268 Rank Private

Name in full FAVERO, Feruces

Enlisted in C.E.F. on the 19th. day of April 19 16 with the 109th. Battalion

He served in FRANCE with the 19th. Battalion

and was discharged at Toronto, Ontario

on the 20th. day of January 19 18 by reason of PHYSICAL UNFITNESS

Conduct and character Very Good

Medals and Decorations, etc BRITISH WAR & VICTORY MEDALS

Subsequent service in England with Can. Engineers, from 9th. Aug. 1918 to 17th. May, 1919, S.O.S. "DEMOBILIZATION"

Description on discharge

Height 5' 11"

Complexion Fair

Eyes Grey

Hair Dk. Brown

H.Q. 649-F-8280.

Age 25 Years

Ea

Officer i/c Records
(W.R.L. Coleman), Major,
for Adjutant-General.

Ottawa 17th. day of April 19 40.

R—122

TLH. Rank Name FAVERO, Fernceo. Reg'l No. 724268.

Unit 109th.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Lindsay, Apr. 19th. 1916. Place of Birth Castlefranco, Veneto, Italy.

Name and Address, Next-of-Kin Giovani Fernceo Favero,

Castlefranco, Veneto, Italy. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character Excellent

N/E. R.B. No. 95855.
File R.L.
Category Can O.R.

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2810 31-7-16			
28.11.16	O.C. 109th	S.O.S. on Transfer to 20th Bn	Witley	28.11.16	Pt II D.O. 333
11.12.16	20th Bn	Taken on strength.	Lille	29.11.16	" 75
10.4.17	20th	Adm. 18 General Hospl	Barnes Barnices	29.3.17	Cas Rept A480 P.U.O.
25.4.17	do	Military Hospl	Edmonton	20.4.17	" " B326 do
26.4.17	1.CORD	T.O.S from 20th Bn	W. Sandling	20/4/17	Pt II O. 49 Pt II O. 34 dy 4.5.17. 20.
17.5.17.	20th	Can Conval Hospl	Hillingdon. Uxbridge	13.5.17	Cas Rept B342 P.U.O
2-7-17	1st C.O.R.D.	On. Com. 1st C.C.D.	W. Sandling	29-6-17	Pt II D.O. 115 (D.O. 121 d 10.7.17 1st C.C.D.)
7-7-17	20th Bn.	Disch. Can. Conva. Hosp.	Hillingdon House, Uxbridge	29-6-17	B.L. B381
20-9-17	1st CCD	Ceases to be att. on proceeding to Regtl. Depot	Pte. E. S'ling	20-9-17	Pt II D.O. 185 (D.O. 196 d 21.9.17 1st CORD.)

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
22.10.17	1st Corps	On Com. C.O.D. pending Disch. to Canada	Pte. W. Siling	22.10.17	Pt II DO. 227
21.11.17	"	Ceases on Com. C.O.D. & S.O.S. to Canada for Disposal by A.G.	"	6.11.17	— 257
	Dis Depot	Fit for Duty	MD 2 Toronto	14-11-17	N R 402. Chapleau Ont.

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

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

Casualty Form—Active Service.

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

Regimental No. 724268 Rank Private Name Tavero Fernico

Enlisted (a) 19.4.16 Terms of Service (a) D of W. Service reckons from (a) 19.4.16.

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

Extended ..... Re-engaged ..... Qualification (b) Laborer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada.	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
28-11-16		Proceeded overseas for service with 20th. Btn.	Witley		A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
27-11-16	~~Witley~~	~~Transf'd to 20th Bn,~~	~~Overseas,~~	28-11-16;	D.O.333 ~~28-11-16.~~ A W Aselting CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
29/11/16.	CBDepot	Arrived taken on strength	20Bn	29/11/16	NR Pt.2.0.75 11/12/16
do	do	Left for Unit	Field	1/12/16	NR
8/12/16	20th Bn	Joined Unit	do	4/12/16	B213
24-3-17	6CFA	P. U. O.	6.CFA.	23-3-17.	A.36. 288d 16-4-17.
31-3-17	18CGA	— " — adm 27/3/17 Fwd	1st A.T.	28-3-17	A36 286d 19-4-17.
29-3-17.	18Gen	P. U. O.	18 Gen.	29-3-17	W.3034
31-3-17.	6CFA	— " — adm 23/3/17 Fwd	18 CGA	27-3-17	A36. (288d 27-4-17)
19-4-17.	18 Gen	Inv(Sick)& posted to 1st Regl Dep.Shorncliffe per	Centl Ont. HS STDenis	20-4-17	W3083(9203) Pt 2 34D/4-5-17.

CERTIFIED CORRECT. 14 DEC. 1916 CAN. RECORDS, LONDON.

(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				
					J W Hogan Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
26-4-17	1st C.O.R.D.	T.O.S. from 20th Bn.	W. Sandling	20-4-17	Pt II D.O. 49
W.S.					Lieut. T. G. Motum Capt. for Colonel i/c Records. Comd.
20-9-17	Discharged from 1st C.C.D.	last. Sandling	to 1st C.O.R.D.	Bn. Part II D.O. No. 135	20-9-17.
					Wm Redwood Lt. for Adjutant, 1st Canadian Command Depôt,
20.9.17	1st CORD	leave to Lt attached	W Sandling	20.9.17	Pt II D.O. 196
22-10-17	1st CORD	att to 1st C.D.D. Buxton	W Sandling	22.10.17	Pt II D.O. 227
					Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.
23 OCT 1917	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 257				
			Commanding		R. Vine H. Lieut.-Col. Canadian Discharge Depôt,
6/11/17		EMBARKED FOR CANADA FROM LIVERPOOL	Commanding		R. Vine H. Lieut.-Col. Canadian Discharge Depôt.

Certified particulars agree with documents

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Fernico 2. Surname Favero

3. Rank Pte 4. Original Unit 109 Bn 5. Reg. No. 724268

6. Address, in full, to which future payments of gratuity are to be forwarded Chapleau Ontario

7. Date of enlistment in the C.E.F. 19-4-16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

9. Relationship of such dependent

10. Present address, in full, of such dependent

not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ?

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

109 Bn. July 1916.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No

14. Were you on active service only in Canada or the United States ? If so, give particulars of units and dates of such service No

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 109 Bn. (Can Engrs. Sash Unit.) (1) 20 Bn (2)

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were y u a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. P.D. # 724268 109th Bn. from 19-4-16 to Jany 11th 1918
Re Enlisted 9-8-18 to dis May 17th 1919

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid Rec'd ~~Final~~ Payments as 8 G. MD #2 & $100.10 Post Discharge Pay on 1st Enlistment

20. Have you been issued with a War Service Badge? If so, what class? A & B.

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F. No If not, give:—(a) Date of discharge May 17th 1919 (b) Reason for discharge Demob.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit 28th Bn. France

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(b) If so, are you in receipt of full pay and allowances from that Department? No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: F. Travero

Place of Residence: Chapleau Ont.

Declared before me at: Toronto.

This 6th day of Oct. 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. C. Colquhoun J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

7-6 ORIGINAL. 36-F ORIGINAL

724268.

MEDICAL HISTORY SHEET.

Surname Favero Christian Name ~~Fernando~~ Fiuccio.

Examined { on 27 day of April 1916. at Lindsay.

Birthplace { City or Town Castilfranco / County Venito Italy.

Apparent age 20 years.

Trade or occupation Labourer.

Height 5 Feet 11½ Inches.

Weight 175 Lbs.

Chest measurement { Minimum 37 inches. / Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks { Arm Right. None Left. One / Number One

When Vaccinated last April 27th 1916

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

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

Approved by J. McCullock Capt. Medical Officer

Rank 109th Overseas Battalion, C. E. F. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		1 MAY 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
27.4.16		J. McCullock M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
2.5.16.	Good	J. McCullock. M.O.
9.5.16	Good	J. McCullock M.O.
18.5.16	"	J. McCullock M.O.

Enlisted on 27 day of April 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	724268.		27.4.16.
Transferred to	20th. Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Cast Handling	17-9-17	Flat Feet	Cat III permanently. H. A. Culham Capt. C.A.M.C.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

CANADIAN

Surname Fautero Christian Name Francesco

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
EDMONTON MILITARY HOSPITAL EASTERN COMMAND No. ..... LONDON, N.		20	4	17	11	5	17	P. U. O.	22	Rest & Medicine ~~F.U.O.~~ Transferred to Uxbridge	G Lowe
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.		11	5	17	29	6	17	20	49	To Command Depot for Physical Training	[illegible] Registrar for O.C. Canadian Conv. Hospital, Hillingdon House, Uxbridge.

B'

To be made out in duplicate.

DUPLICATE

I.Q. 51-21-20-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724268

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

(4) Place of Birth..... Castelfranco ..... Veneto

(5) Are you married, or not ? ..... No

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address

(10) Is your Mother alive? Gioranne Favero

If so, state name and address Castelfranco Veneto

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

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

Date July 10th 1916

(4)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D. 2

No. 23

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 724678 Rank Pte Name F. Favers

Corps Hr Cos Unit who was* discharged

On Jan 11 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1918 to Jan 11 1918, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 11 days at $ 1 c	11	
Advances by Cheques } No.			Field Allow. 11 days at $ c 10	1	10
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits* clothing	13	
Payment on transfer or discharge No. 14113	25	10			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	25	10	Total	25	10

*Give Particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted no

(3) cause of discharge and authority do 7

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 8/1/18

Place Toronto

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

30M.—10-17.
H. Q. 1772-39-903.

Duty C 111

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

No. 724268 Rank Pte Name and Corps of disabled Soldier:— 109 Bn. Favero. Fernwood.

Previous civilian occupation:— Foreman

Cause of Disability:— Flat feet - aggravated by service

Condition, in detail, which prevents the soldier earning a full livelihood:—

7 1/2 months in France. Returned he says with trench feet -

Pres. Cond. Gen. Condition is good. Large well developed man. Had left foot broken 4 years ago in accident.

Both feet flat - non rigid, left foot everted on ankle, says his feet have become worse. Otherwise physical condition is good. Says he can walk from 1 to 1 1/2 miles

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 15% by due to service

Probable duration of incapacity:— permanent

Does it render him permanently unfit for Military Service? no

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? no

Signature:— L C Cairns Capt. President.

Station:— Quebec

Date 28-11-17

Members

APPROVED.

Date 28/11/17 W McCarnell Major Asst. Director Medical Services.

Date Director General Medical Service.

Second Sheet

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 109th Bn

Regimental No. 224268 Rank Pte. Name Favers, Ferrucco,
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		T.O.S. #2 Casualty Unit, Toronto, Part II Order #291 1/12/17			
		Dis #2 Casualty Unit Toronto Ont Jan 11th 1918. Pt.11.7			
		J H S Beaman			
		Lieut			
		for O.C.#2 Cas Unit Toronto ONt.			

(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				

C.A.D.C.5009-10M.
3494-[illegible]-8-17.

724 268
St Favers St
Farr
1 CMR

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
2/11/17	fit.			

Forms
I. 1237
11

R/C.

Army Form I. 1237.

MEDICAL CASE SHEET.*

42

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	124268	Pte	Fauero	F.

Year	Unit.	Age.	Service.
	20th Bn att TMB	21	12/12

Station and Date.	Disease
Uxbridge 12.5.17	P.U.O. St Eloi April 1917
12-5-17	P.C. ~~Rt~~ Left foot swollen Rt foot ~~sore~~ painful when walk any distance, can't sleep wee at night. Massage —
14-5-17	" L.F.
21-5-17	" L.F.
28-5-17	" L.F.
4-6-17	" L.F.
12-6-17	" "
18-6-17	" Di
26-6-17	" Di
29-6-17	Di

C. Smith Capt

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

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	
	Fireman.

Form R 122.
2353—100M—9-12-16.

Rank — Name FAVERO Feruce Reg'l No. 724268

Unit 122 Dft Engineers If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto, Can. Aug. 9, 1918 Place of Birth Venice, Italy.

Name and Address, Next-of-Kin John Favero
Trevso, Venice, Italy. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
			Arrived in England.		16.9.18 SATURNIA
28.9.18	3.C.E.R.D	L.O.S. from Canada	Seaford	16-9-18	PIII 47
15.4.19	---	S.C.S. to M.D. 2 Cw Rhyl	---	15.4.19	DO. 89 + M.D 2 Cw 9/17 49
			50. I.	7.5.19.	
12.5.19	M.D. 2 Cw.	S.C.S. to Canada S.L. 50	Rhyl	7.5.19	DO 112.

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.				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 724268 (Rank) Sapper

Name (in full) Favero Frice enlisted in

the Can Engineers

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 9th

day of August 1918.

HE served in Can. Engineers England

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 23

Height 5 ft 11 in

Complexion Fair

Eyes Grey

Hair D. Brown

Marks or Scars Scar right wrist mole on left shoulder

F Favero
Signature of Soldier

R. W. Rayner
Issuing Officer
For
O.C. No. 2 District Depot.
Rank

Date of Discharge No. 2 DISTRICT DEPOT MAY 17 1919 TORONTO

Date MAY 17 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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the

day of _____ 19 _____

He served in _____

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 _____

Complexion _____

Eyes _____

Hair _____

Marks or Scars _____

Signature of Soldier _____

Date of Discharge _____

No. 2 DISTRICT DEPOT
MAY 17 1919
TORONTO

Issuing Officer
for
O.C. No. 2 District Depot

Rank _____

Date MAY 17 1919 19

K.B.—A number of duplicates of this Certificate will be issued, any person finding same is requested to enclose it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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 CANADIAN ENGINEERS, C.E.F.

Regimental No. 72268 Rank Sapper Name Favero Ferruccio

Enlisted (a) 9-8-18 Terms of Service (a) D of N. 6 mos after C. E. F. Service reckons from (a) 9-8-18

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) Locomotive Fireman

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				
No Entries		Transferred to E.D. Brockville, Ont. 13-8-18.			

Macleod
CAPTAIN C. E.
O. C. ENGINEERS' RECRUITING DEPOT TORONTO, ONT.

Embarked Montreal 31-8-18 H.M.S.
Arrived Liverpool 16.9.18 Saturnia

28-9-18 3rd. CERB TOS 3rd. CERB from Canada Seaford 17-9-18 Pt. II. D.O. #47.
28-9-18 3rd. CERB On Command Frenshan Seaford 17-9-18 Pt. II. D.O. #47.
Proceeded Overseas, Draft No. 122, 30-8-18, D.O. 125
13-11-18 3rd. CERB Off Command Frenshan Seaford 26-11-18 D.O. #86-91.
24/4/19 3CERB S.O.S. TO KIMMEL PARK, M.D. WING. #2. Seaford. 15/4/19 Pt. II.
Asst. Adjt. 3rd. C. E. R. B.
Attached C.C.C. Kinmel Park for return to Canada. Part 11 Order No. _____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 112 of 12.5.19
Commanding _____ Wing, Kinmel Park Camp.

Lieut. C.E.
Asst/Adjt. 3rd. C. E. R. B.

Embkd Lv'pl-Celtic May 7 19

(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				
MAY	[illegible] O. S.	T. O. S. No. 2 DISTRICT DEPOT, [illegible]		1919	[illegible]RT II D. O. 142
MAY 17 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O 142

W. C. Robertson
Lieut.
For O. C. No. 2 District Depot.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

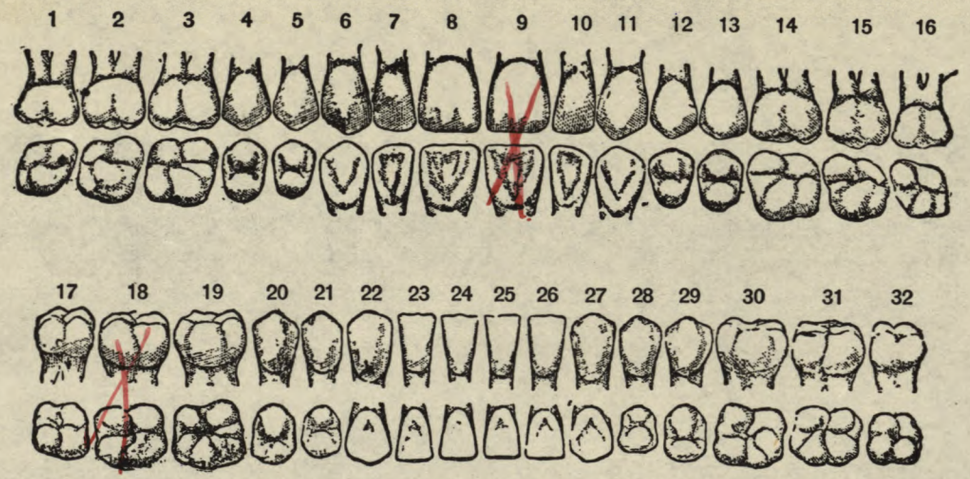
District 3

Name of Soldier Jarvis J

Rank Gnr

Regiment Lanark

No. 274268



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918																					
	aug 15										2/X									E J Olivier Capt	3	Incomplete

M.F.B. 465
2M 1-17
1772-39 950

P. 880.

Certified this document checked with Regimental documents.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names ~~Frank~~ Ferne 2. Surname ~~Fraser~~ Favero.

3. Rank Spr. 4. Original Unit 6 E. 5. Reg. No. 724268

6. Address, in full, to which future payments of gratuity are to be forwarded Chapleau. P.O. Ont.

7. Date of enlistment in the C.E.F. 7 August 1918

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge none

9. Relationship of such dependent not applicable

10. Address, in full, of such dependent not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 5 months.
3rd 6 E R.B.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. Yes. April 12-1916 Discharged 11 January 1918. No 224268 " with Trench Feet.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid Yes. (Do not know Amount)

20. Have you been issued with a War Service Badge? If so what class? —

21. Have you, during the present war, served in the Imperial Forces? no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled no.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no.

(b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge MAY 17 1919 (b) Reason for discharge DEMOBILIZATION

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Fawcett Fence

Place of Residence: Chatsleary Ont

Declared before me at

This 6th day of April 19 19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

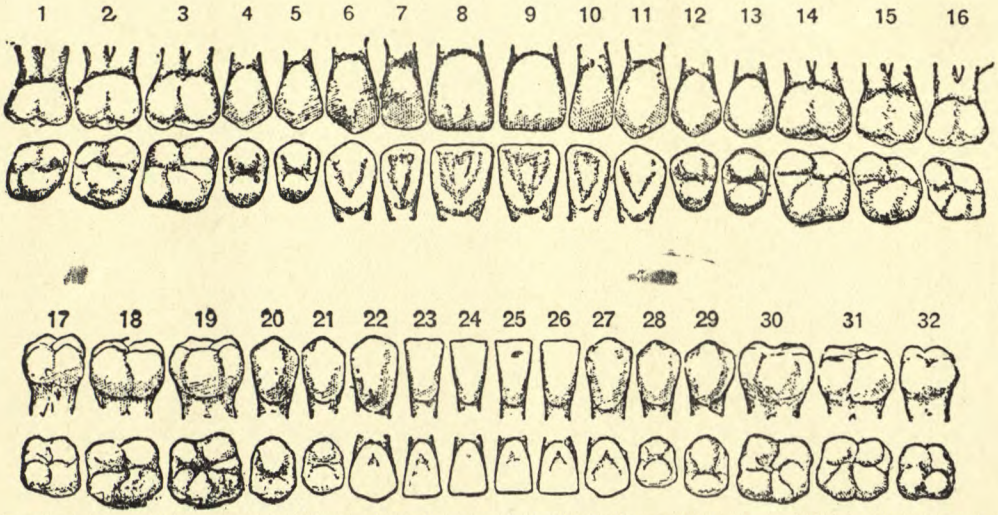
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) FAVERO, F.

REGIMENT 3rd CERB. RANK Sapper No. 724268

Date of Examination in England 14/4/19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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 Yes
- (c) In France "

Signature of Dental Officer [illegible]

M.S.A. 15.

B

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 Favero Christian name Feruce

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)

4. Address (including street and number, if any) Chapleau, Ont., Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of August, 1918. 1917, by the undersigned medical board sitting at Toronto, Canada.

5. Age as stated 23 Years 1 Months. 6. Apparent age 23 Years 1 Months

7. Height 5 Feet 11 Inches. 8. Weight 173½ Pounds.

9. Chest measurement Minimum 37 Ins. Maximum 42 Ins. 10. Complexion Fair Eyes Grey Hair D.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 1916.

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

16. Slight defects but not sufficient to cause rejection

The man denies having had Rheumatism / Tuberculosis / Syphilis (Strike out disease admitted or suspected.) We find no evidence of past Rheumatism / Tuberculosis / Syphilis

Both eyes D.20

Hearing, nose throat normal.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

C H Farr Capt President.

A Richardson Capt Member. W.C. Hutton Member.

Signature of Man Feruce Favero

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
15/8/18		A. Macdonald M.O.	12/8/18		G. Porter Capt M.O.
		M.O.	13/8/18		A. Macdonald M.O.
		M.O.	14/8/18		A. Macdonald M.O.

Joined 9th day of August, 1918 191 at Toronto, Canada.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Can. Engineers, C.E.F.	724268		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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. 72426 Rank Spr. Surname FAVERO
(Given name in full) FERUCE

Unit or Corps 3rd C. E. R. B. Birthplace Italy

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

1. GENERAL DESCRIPTION:

Physique good Weight 175 lbs. Height 5 ft. 11 in. Colour of Eyes hazel

Nutrition good

Pulse 76 regular

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Mole over Rt scapula.

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 - Trench feet

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.

Trench feet April 1917 Recovered
no disability.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....Seaford.....(Overseas)

Date ....3-4-0-19.... Signed J. D. MacDonald Capt. 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 ....C. F. Tiverd....

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

[OVER]

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

under F.

5795-H-3.

Name Favero, Hilitiu
Surname Christian Name

Regimental Number 724268 Rank Pte.

Address (in full) Chapleau, Ont.

Unit 109th Bn. #2. Casualty Unit.

Original Unit

District where paid M.D. 2.

Date of Discharge 11-1-18.

P. D. P. Filing Number 11-222-2.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	3552	10-1-18	33	00	3534	9-2-18	33	00	3454	9-3-18	34	10			100	10

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

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

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

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

Less P, D. P. Credited $ ...

$

Less further debit balance $ ...

Net due paid as below

TO SOLDIER

	Ag. No			
0				
1				
2				
3				
4				
5				

Dependent.....

Address.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

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

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

GEN'L AUDITOR
Posting checked by
.....
Date.....

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte F. Favero

Regimental No. 724268

Unit 109 Bn

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

P of P sent 10/1/18

Date and place discharged

Reason for discharge

Character on discharge

Lpc

Ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Dec 1	31	31	1	31	31	10	3 10	340 10 20	57 37	13396		57 37				D0291 Dec 1-17 D0291
Jan 1	11	11	1	11	11	10	1 10	967 ✓ 13	25 10	14113		25 10				Dis DO 7

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

E

Pte Name ~~Favers~~ Fernes. Favers'

M. F. W. 41
1 0M—7-16
1772-39 889.

L. P. C. No. 71184

Regimental No. 724268

Unit 109 Bn.

Date of enlistment 27.4.16

Place of Lindsay

Married (yes or no) No.

Amount of pay assigned monthly $15 30 11/17 = 240

To whom payable Parry Agostino Chapleau Ont.

Olympic 14 11/17

Home address ~~Name and address of next of kin~~ Chapleau Ont

M. B. 28 11/17 Duty

Date and place discharged 11-1-18 MD2

Reason for discharge

Character on discharge

Cate C 3 H.Q. 649. F-8280

Form 36b 5351—M. & D. 6890.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	24 10/17							63 70								E. L. P. C
25 10/17	30 11/17	37	1	37 00	37	10	3 70		104 40					9 73		boat
														70 00		C D Lue
													15 00		94 73	Nov 1917
												Cr Bal			967	LRC rend on
									104 40						104 40	showing c/c adj to 30/7
																ausfd to MD 2

GR 11/12/17

E.a.b. 1/8/16-31 10/17 - 225.00

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Parry Agostino

Address Chapleau
Ontario.

Rate $15 per AUG 1 1916

By Whom Assigned Favero, F.

Regtl. No. 724268 — 724068

Rank Pte.

Corps 109th Batt'n.

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				

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Parry Agosti[redacted]AYMENTS.

L. L. Job 310.—Req. 6574.

Name of Soldier Favero, F.

724268 Pte. 109th Batt'n

$15.00

AUG 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				$15.00 Overpayment for Nov 1917 has been recovered by canal auth HQL Dec 17-1917 on file 5794-F-2 J M 20-12-17
May					
June					
July					
Aug.		?V 3 15552	15		
Sept.		X17180	15		
Oct.		X22193	15		
Nov.		R26903	15		
Dec.		G 31996	15		
Jan.	1917	36517	15		
Feb.		Q 42861	15		
March		S 50417	15	225	15 H
April		U 1545	15		15 E.
May		M 2484	15		
June	[redacted]	14555	15		15 T.
July		S 21725	15		
Aug.		Y 28201	15		
Sept.		Y 34981	15		
Oct.		N 41276	15		
Nov.		X 46816	15		
Dec.		~~O 56439~~	~~15~~		O 56439 Cancelled
Jan.	1918				
Feb.			240		
March					
April					
May					
June					
July					

A/c Closed 30-11-17

240.00 Ret'd per S.S. Olympic

Date 6/11/16 F. X. 23/11/17

Clerk R. C. A. P.

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.						

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Favero	F.	724268

Rank	Unit	Co.	Troop	Batty.
Pte.	20th. Bn.			

Hospital: No 18 G. H. Dannes Camiers — Date of Admission: 29-3-17

Transferred: Mil Hosp Edmonton H — Hosp. 20. 4. 17.

Uxbridge Conval — Hosp. 13. 5. 17

Hosp.

Hosp.

Diagnosis: P.V.O. slt. Rw.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION: Disc. 29-6-17 — Date

C.L. 10-4-17 A 480

25. 4. 17. B. 326

17. 5. 17 B 342

" 7-7-17 B381

REMARKS

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

SURNAME. Favero.

CHRISTIAN NAMES Feruccio.

REGL. NO. 724268. RANK Pte.

UNIT 104th. Can. Engrs. (122nd R.D) 2 D.D.

FORMER CORPS Nil

CARD NO. 4

3 1-2

Sos demob 14-5-19

FOLL.

DO 142 22-5-19

JOS 14-8-18

DO 110 of 14-8-18

Bn.

NEXT OF KIN.

NAMES IN FULL Favero, Giovani, Feruccio.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Castelfranco, Veneto, Italy.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Italy Castelfranco. DATE July 17th. 1895

PLACE OF ATTESTATION Lindsay, Ont. DATE Apr. 19th. 1916

O/S. 30-8-18. 1410/3 R/C 15-5-19 323/43, Sm.

L. L. 94504. M. & D. 6512. O/S 23-7-16 4 88/13

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 20 YEARS 9 MONTHS

HEIGHT 5 FEET 11½ INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Grey HAIR Dk. Brown

DISTINGUISHING MARKS Large mole on right shoulder blade.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Apr. 19th. 1916.

Present Address: Chapleau, Ont.

No. 724268. RANK Pte. NAME Favero, F.

T. O. S. 27-4-16. (D.O. 136 of 27-4-16). UNIT 109th Battalion

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. april 19.	1916. april 26.			May paylist.
april 27.	april 30.			
	May			
	June.			
	July.			

UNIT SAILED
JUL 23 1916

FORM R. 149.
7106—250m—7/2/17.

Fernceo

Name Favero, *Rank* Pte. *Reg. No.* 724268

Unit 20th. BATTALION.

Next of Kin Giovani Fernceo. Castlefranco Veneto. ITALY.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. Lis
29-3-17.	No.18.G.H. Camiers		P.U.O.Slt.	A480		
20-4	M.H. Edmonton, N.		do.	B326		
13-5	CCH. Hill.House.	Uxbridge.	do.	B342		
29-6	Discharged.		do	B381		

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

NAME Favero F

REGT'L NO 724268

H. Q. FILE NO. 649-

RANK AND CORPS Pte 20th Bn

FOLLOWS

NO.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 480	No. 18 Gen Dannes Camiers	29-3-17	P. U. O slt
B. 326	Mil. Edmonton N.	20-4-17	P. U. O.
B 342	Can Conv. Hillingdon Uxbridge	13-5-17	"
B 381	" " " "	29-6-17	" Disch.

Roll replaced on payroll

Number 124268. Rank Pte.

Surname FAVERO

Christian Name Fernando.

Units 20th Bn Can Inf Theatre of War France

Date of Service 29-11-16.

Remarks

Latest Address P.O. Chapleau, Ont.
152 Howard St
Buffalo N.Y.
U.S.A.

Roll No. Page 15050

200m.-2-21.M.

DATE HISTORY

(FILES)

CASUALTY BRANCH

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY	DATE

DESP. JAN 23 1942
REGN No. 4 5 8

DE
JUL 20 192
REGN. No. 9/16547

M. F. W. 2536
100m.-5-18. 1772-39-1311

Married or Single: Single

Place of Birth: Castlefranco Veneto Italy

Name and Address of Next of Kin: Giovani Ferneco Favero, Castlefranco Veneto. Italy

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

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 724068 Rank: Pte. Name: Favero Ferneco 188 O

If in Permt. Corps What Unit: Unit: 109th Bn

Transferred to 20th Bn Date 1-1-17 Authority D0333 28-11-16

Permanent Force Allowances

Transferred to 1st C.O.R.D. Date 21/6/17 Authority Can. L.B. 326 25/4/17

Place of Attestation: Lindsay Ont

Transferred to Uxbridge Date 11-8-17 Authority ARO

Date of Attestation: April 9th 1916

Transferred to N.E. Branch Date / Authority

PAYMASTER N.E. BRANCH FEB 26 1919 CANADIAN CONTINGENT

Assigned Pay Monthly $ 15.00 Date Effective: Aug 1st 1916

Payable to: Percy Agostina Relationship: Friend

Assigned Pay Monthly $ Date Effective: Chapleau Ont

Payable to: Relationship:

Stop-Payment Form (Assigned Pay) Rendered (Date): Stopped Effective: 1.11.17 Reason: Discharged

Discharge Date and Place: 24.10.17 Canada Reason and Authority: Disposal B.C.O.

Entered on N.E. Card Index

Account Transferred to Non-Effective Branch (Date):

Checked by H. Gillotson

Account Transferred to Officers' Pay Branch (Date):

CI

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														18 10	18 10									Bal. from Canada							18 10				
Aug 31	31	1.00	31		31	10	3 10								34 10	15	9.8.16							.974.				15		24 74	27 46				
Sept. 30			30				3								33	47	31/8/16	79	15/9/16					.730.	.730.			15	.330.	32 90	27 56				D0274-3 day FR.2. 3.30
															34 10	118	30/9/16	158	15/10/16					.973.	.730.			15		32 03	29 63				
															33	186	30/10/16							973.				15	.32.	25 55	37 57				2H005-2H8. 11/11/16
																								.244.					.25.						Q4005-3H8. 27-11-16
															34 10	228	28/11/16							.730.				15	.76.	25 75	45 93				Q4005-328. 28-11-16
																																			D0 333. 28-11-16
																1494	16/12/16																		2Pd 2020* Brigff 1-1-17
															34 10	1562	16/12/16							.174.											
																								.523.				15		21 97	58 06				
															30 80	1633	24/1	1700	7/2					.523.	.261.			15		22 84	66 02				
															34 10			1888	30/3						.785.			15		22 85	77 27				
															33													15		15	95 27				
															34 10													15		15	114 37				
															22													15		15	121 37				Trans to 1st C.O.R.D. effd 21.6.17
															388 74	50								58 44	25 06			165	463	253 13	121 37				

SL No 49 6-11-17 Cr Bal 63.70

P. 697.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	Amount Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
18.7.17	862		7		9	73			
30.7	991		7		9	73			
14.8	1088		7		9	73			
28.8	1200		7		9	73			
12.9	1321		7		9	73			
24.9	1461		1	10	9	30			
11.10	2024		1		9	73			
21.10	338		1		9	07			
					63	70			

Married or Single: Single

Place of Birth: Castlefranco Veneto Italy

Name and Address of Next of Kin: Giovani Fernceo Favero Castlefranco Veneto Italy

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

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 724068 Rank: Pte Name: Favero Fernceo 1 B O

If in Permt. Corps What Unit: Unit 109th Bn — Transferred to 20th Bn Date 1-1-17 Authority D0333 28-11-16

Permanent Force Allowances — Transferred to 1st C.O.R.D. Date 21/6/17 Authority Can Gaz 326 25/4/17

Place of Attestation: Lindsay Ont — Transferred to Uxbridge Date 11-8-17 Authority Ahq

Date of Attestation: April 9th 1916 — Transferred to W.E. Brand Date / Authority

Assigned Pay Monthly $ 15.00 Date Effective: Aug 1st 1916

Payable to: Percy Agostina Relationship: Friend

Assigned Pay Monthly $ Date Effective: Chapleau Ont

Payable to: Relationship:

Stop-Payment Form (Assigned Pay) Rendered (Date): Stopped Effective: 1.11.17 Reason: Discharged

Discharge Date and Place: 24.10.17 Canada Reason and Authority: Disposal B.C.O.

Account Transferred to Non-Effective Branch (Date):

Account Transferred to Officers' Pay Branch (Date):

Entered on N.E. Card Index JSS

Checked by H. Gillotson

C I

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														18 10	18 10									Bal. from Canada							18 10				
Aug 31	31	1.00	31		31	10	3 10								34 10	154	8-16							.974				15		24 74	27 46				
Sept. 30			30				3								33	47	31/8/16	79	15/9/16					.730	.730			15	.330	32 90	27 56				D0274-3 day 7B2 3.30
Oct 31			31				3 10								34 10	48	30/9/16	158	15/10/16					.973	.730			15		32 03	29 63				
Nov. 30			30				3								33	186	30/11/16							973				15	.32	25 15	37 57				2H005-244. 11/11/16
																								.244					.25						Q H005-348. 27-11-16
Dec 31			31				3 10								34 10	238	28/12/16							.730				15	.76	25 75	45 93				Q H005-328. 26-11-16
																																			DO 333. 28/11/16
1917			15 30				15 30									1449	16/1/17							.174											Jfd 1020* Bn 1-1-17
Jan 31	31	1.10	34 10												34 10	1577	16/2/17							.523				15		21 97	58 06				
Feb 28	28	1.10	30 80												30 80	1723	28/3/17	1700	7/4					.523	.261			15		22 84	66 02				
Mch 31			34 10												34 10			1888	30/8						.785			15		22 85	77 27				
Apl 30		1.10	33												33													15		15	95 27				
May 31			34 10												34 10													15		15	114 37				
June 20	20		22												22													16		16	121 37				From 6th 1st C.O.R.D. Jfd 21.6.17
			356 40											18 10	388 50									58 44	25 06			165	4 63	253 13	121 37				

SL No 49 6.11.17 Cr Bal 63.70

HEAVY DRAFT HORSES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROCK SALT

LIGHT DRAFT, RIDING HORSES AND MULES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROCK SALT

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

THE ABOVE RATIONS ON ..... DAY, THE ..... DAY OF 191

APPROVED

QUARTER MASTER.

TO THE O.C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES TO BE MADE ON THE FOLLOWING DAY

OFFICER COMMANDING

724068 Pte Favero J.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
June,			356	40										18	10	374	50								58	44	25	06								
21-30	10	1.10	11													11															132	37			
July	31		34	10												34	10											15		15	151	47			
Aug	10		11													11												15		15	147	47			Emma Mabridge Cobb Effd
			41	50												43	60	1481	1/6						12	17		165		83	13				
Aug 1/21	21		23	10												23	10	1115	15/5						2	43				14	60	155	97		
																		1859	15/6						2	48					97			
																		1757	12/6						4	80								
Sep	30		33													33		2189	29/6						48	67		15		70	79	118			
			468	60										18	10	486	70								129	01	25	06	210	463	368	70				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct		118 –							118		
Oct 1/24	P. P.	26 40		A.P.			15		129 40		
		26 40					15.		63 70		
									63 70		
Rod.				Mark. 991 1st C.C.D. 30/9/17	9.73						
				" 261 1st C.C.D. 30/9/17	7.30						
				" 302/3 " 15/10/17	4.84						
				" 1088 1st C.C.D. 9/9/17	9.74						
				" 862 19/9/17 1st C.C.D.	9.73						
				" 1200 24/10/17 "	9.74				78.29		
					51 11						
Rod.				Mark 1321 13/9/17 1st C.C.D.	9.73						
				" 338 22/10/17 1st C.C.D.	4.84				63.69		
					14 60						
									Nil		

Balance transferred to N. E. Branch.

Pay Book Stopped
EFFED 1.11.17
DISCHARGED TO Can DATE 24.10
PAYBOOK VERIFIED 27.10.17
CR BAL 63.70 L.P.C. REMD 27.10
AUTHY. B.6.

Disposal

Checked H.W. Williams
L.P.C.

P.820
12474—375M—15-2-18.

AUTHORITY
A.P. NOM. ROLL

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND~~ or * CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:-	1.9.18	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

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.

Mr Steve Farefetto
Chapleau, Ont

NAME:- FAVERO, FARUCE

NUMBER:- 724268

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1.9.18	Spr

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 122 Can Engr's

DATE ACCOUNT FIRST OPENED:- 1.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.E.T.C

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
24/3/19	3316	C.E.R.B.	~~14.60~~				
8/4/19	191	"	~~19.47~~				
			24.07				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: 1/5/19 trans to Canada Ref K.65-75 7/4/19 to Seaford M.D.2 L.P.C. Bal C/F 12.50

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.8.18	Bal. from Canada								22 05		
Sep	Spro Pay	33		C.A.P.				15			
				iR. 6450 Frenoham 20.9.18	4 87				35 18		
		33			4 87			15			
Oct	"	34 10		CAP.				15	54 28		
				7339 " 4/7/18	4 87				49 41		
				7645 " 14/7/18	29 20				20 21		
		34 10			34 07			15			
Nov	"	33		CAP				15	38 21		
				9005 C.E. 8/11/18	4 87				33 34		
				1188 3 do 23/11/18	9 73				23 61		
Dec	"	34 10		CAP				15	42 71		
Jan	"	34 10		do.				15	61 81		
		101 30			14 60			45			
				1746 - 17-12-18 3CERB	19 47				42 34		
				1963 - 15-1-19 ✓	24 33				18 01		
				2168 - 27-1-19 ✓	4 87				13 14		
				2361 - 10/2/19 ✓	4 87				8 27		
Feb		30 90		CAP				15			
Mch		34 10		CAP.				15	43.17		
				2722 - 26/2/19 - 3CERB.	9 73				33 44		
				3025 - 15/3/19 ✓	4 87				28 57		
		64 90			64 14			30			
April Pay		33 00		CAP				15	46 57		
				3316 24/3/19 ✓	14 60						
				191. 8/4/19. ✓	19 47						
				4420. 21/4/19. K.P.	9 73 Encl				2 77		
		33			43 80			15			

W.P.

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
				S.O.S. to Canada. 7/5/19.							
				5/5.50. SCE/C.B.W.D.							

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 724268 2. Rank Private 3. Original C.E.F. Unit 109th Batt

4. Christian Names Favero 5. Surname Feruce Filiche

6. Address, in full, to which future payments of gratuity are to be forwarded

Chapleau

Ont

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	724268	Private	109th Batt. C.E.F
2nd Enl.	724268	Sap	3/C.E.R.B
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	1916 April 19th	1918 Jan 11th	Private	20th Batt	Toronto	French Fever
2nd Enl.	1918 Aug 9th	1919 May 17th	Sap	Draft	Toronto	Demobilization
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency No

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: Yes
From ~~Aug 9th~~ April 19th 1916 to Jan 11th 1918 with the 109th & 20th Batts, on the second enlistment with the 3/C. E.R.B From Aug 9th 1918 until May 17th 1919

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No

11. Have you been issued with a War Service Badge? If so, give number and class No 28786 A
No C. 9004. B

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates Yes. Three Months Post-Discharge pay. $99.00
From M.D. No 2. Jan 11th Feb & Mar. 1918

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled No

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department? No

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge S. Perfetto

18. Relationship of such dependent No

19. Present address, in full, of such dependent Chapleau Ont.

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: F Fuvero

Place of Residence: Chapleau Ont

Declared before me at: Chapleau Ont

This 20th day of Sept 19 19

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. S Slaughter Town Clerk

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS

Certified correct.

Assistant Director Pay Services, Mil. Dist. No.

Date

your service in England? [illegible] (b) If [illegible]

separation was in consequence of misconduct or inefficiency [illegible]

9. Have you at any time been on the strength for pay and allowances of a unit of the C.E.F. which [illegible] were ineligible? If so give particulars of the such unit and dates of service overseas with such unit [illegible]

10. Were you on the strength for pay and allowances of [illegible] Services Command, having been [illegible]

[illegible] been issued with a War Service [illegible]

12. Are you at present a member of and in receipt of pay and allowances from the Canadian Naval or Land Forces? If so, give unit

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so state amounts paid and [illegible] from where paid, and on what date 1st Two Months Post Discharge Pay $[illegible] from M. D. No 2 Jan 1st to [illegible] 1918

14. Have you applied to receive, or have you received any payment [illegible] of Post Discharge Gratuity from [illegible] to which you are entitled No

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so state which Government, what Department and whether your pay was received on your account while you were on active service No

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No

(b) [illegible] in receipt of pay and allowances from that Department? No

17. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge No

18. Relationship of such dependent No

19. Present address, in full, of such dependent

20. [illegible] Separation Allowance [illegible] account of another soldier? [illegible] No

REMARKS

Form D.M.S. 1394
50M-11478-17-4-17.

24313

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 17-9-17. 1917.

No. 724258 Rank Pte Name Favero. F.

Local Unit 1st. C.C.D. Overseas Unit 20th.Bn Age 21

Examination held at East Sandling.

DISABILITY.
Overseas-~~Local~~ FLAT FEET.
(SCRATCH ONE OUT).

PRESENT CONDITION.

Arch of left foot broken down. Feet fleshy & reddish. Cannot stand on toes Complains of not being able to walk. In Camp 6 mos & never out of it. Weig 175 lbs. In France 7 mos. Do not think he could carry on.
General condition good.

BOARD RECOMMENDS:- C 111 permanently.

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

Signatures:-

(H.A.Culham. Capt. President.
(
(
Members (H.A.Mitchell. Lt.
(
B. (
(

APPROVED

Dated 18 SEP 1917 1917.

GAFT
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.
For A.D.M.S.

Form D.M.S. 1304
Sec-1147 8-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas-Local
(separate one out)

PRESENT CONDITION

BOARD RECOMMENDS:-

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

Signatures:-

..... President.

Members .....

.....

APPROVED

FOR A.D.M.S. CANADIAN EXPEDITIONARY FORCE

Dated ..... 1917. ..... For A.D.M.S.

"CELTIC" 15.5.19 1837 DISPERSAL "I"

AUDITOR | PAYMASTER

17

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

M. OR S. | REGT. No. 724286 | RANK Spr | NAME (IN FULL) FAVERO, F. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 3rd C.M.R. | IF IN P.F. WHAT UNIT? R.D. Chapleau, Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 2nd 9/8/18 | TRANSFERRED TO 1st Enlistment 19-4-16 | DATE Disch 11-1/18 | AUTHORITY

ASSIGNED PAY $15.00 | DATE EFFECTIVE Closed by Ottawa 31-5-19

PAYABLE TO Elvr. Parzetto | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS 213 Jarvis St Toronto 31/10/19

ADDRESS Chapleau Ont. | P.O. Chapleau Ont 7-10-19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 17.5.19 | REASON Demob. | AUTHORITY D.O.142 | IF ENTITLED TO POST DISCHARGE PAY yes

T.O.S. 7/5/19 D.O. 142

SUBS. ..... D.O. .....

MONTH	NO. OF DAYS	RATE	PAY AND F.A. AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30-4-19							12	50	12	50																									12	50	Bal by hote
22-5-1922	1	10	24	20																	19	46															1-5-19 22-5-19 152
					25	00																															clothing
					70	00																															15-5-19
																	4	87	5	00																	Boots Stn.
																							15	00													a/c ma
									129	20							97	37													141	70					cheque
																							W.S.G														
																											70	00									15-5-19 as above
			W.S.G.																								5	50									5 days Tra overs
92 days			210	00					210	00							May 17														75	50	134	50			
					140		350										June 10 680692						64	50							140		70				
																	AR85 July 5 990318						70								210		140				
																											100	10			310	10	39	90			
																	" 157 6-17 1322925						39	90							350						
			210		140		350																174	40			175	60			350						

R.D. Parzetto 1st Enlistment recruited by Mean

Mean called for ck 7-10-19

W.S.G. PAID IN FULL

A. Meers CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

AMOUNT DUE SOLDIER DEPENDANT

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

Date of Enlistment 19.4.16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 9612

Date of Assignment 1st. Sept/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 109 Btn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 STEVE PAREFETTO,
2 CHAPLEAU, ONT. 15 15.00
3 % 724268 SPR F.FAVERO
FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total		
1918 Sep to Nov.	M 5847		45	45	B/ 11113	
Nov	Y ~~5785~~		~~15~~	~~15~~	Canc.	
Dec	V 64158		15	15	B/	
Jan	Q 70070		15	15	B/	
Feb	U 79259		15	15	B/	
Mar	L 82283		15	15	B/	
Apr	O 2678		15	15	B/	
May	L 7994		15	15		
			135	135		

F 5994. F.9. REMARKS N.K. 109

mailed 19—11—18

26—11—18 canc.

A/c Closed 31/5/19

Rct'd per Celtic

Date 17/5/19 M.F.W 187 22/5/19

Clerk S.S. Boyd

AUDITED

Mtd # 2 Mtd 107039

AUTHORITY FOR NEW ACC'T. S.M. 25. 9. 18 Stubbs. 15.11.18.

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—6-17—4779:39-1141
L. L. 22320—M. & D. 7983.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Aug 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724268 - (724068)

Rank Pte. Promoted Reverted Discharge

Soldier's Name A. Fraers.

Battalion 109th Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Parry Agostino

Address Chapleau Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31/17			240	240	Account closed. 30-11-17. reld per Olympic 6-11-17 7x. 23-11-17.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22320—M. & D. 7993.

N. O. K. Friend Mr. Parry. Examined by J. McCulloch. M.O.

Chapleau. Ont. Lindsey May 1st. 1917

B.P.C.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

DIRECTOR MILITIA & DEFENCE JAN 26 1918 H.Q. CANADA

STATION Exhibition Camp. Toronto DATE Decr. 20th. 1917

1. (a) Unit #2. Casualty. (b) Regimental No. 724268 (c) Rank Private.

(d) Surname Favero. (e) Christian name Hilitiu.

2. Age last birthday 22. Date of birth 17th. July 1895

3. Enlisted at Lindsey. on May 1st 1916.

NO. 2 MILITARY DISTRICT DEC 28 1917 34 Fa-89

4. Personal description :—

(a) Height 5ft. 8in. (b) Weight 178 lbs. (stripped) (c) Complexion Dark.

(d) Colour of hair Black. (e) Colour of eyes Grey. (f) Identification marks One vaccination left.

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

Chapleau. Ont.

6. Former trade or occupation Labourer.

7. (a) Service Years 1 Days 235

	Periods From	Periods To
109th. Battn.	May 1st. 1916	Decr. 3rd. 1917
#2. Casualty	Decr. 3rd. 1917	To Date.

(b) Has he been Overseas? Yes. France

8. Present disease or disability (use authorized nomenclature if possible). (1) Chronic arthritis; left foot following trench feet.

(a) Date of origin (1) Feb. 1917 (b) Place of origin (1) France.

(c) Cause* Active service conditions. (Here include original disease or injury)

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

(1) Subjective, Pain in left foot mild, does not run up leg, when patient gets up in morning foot pains when he walks, after he has gone 200 yds pains lessens very considerably, but reappears after walking 2 miles.

(1) Objective, Some stiffness in left ~~ankle~~, ankle joint and in the tarso-metatarsal points also metatarsal-phalangeal points (active) passive, these joints are not limited in motion. Left foot is slightly larger than the right.

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

M. F. B. 227.

150M-6-17. 1772-39-117.

B. P. C. FOLIO FALSE DOCKET

10. History ;
Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

One vaccination mark left arm. Large well developed man, says he is perfectly healthy in every way except for left foot as described, and looks it.

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

20%

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

13. Was a Court of Inquiry held? Not applicable.

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

Yes Not applicable
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

10 weeks

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

No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations That he be placed in Category C III

C. O. Miller Lieut
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

L. Favero
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

It is recommended that he be placed in E and be discharged as Physically unfit.

W. J. McLean Major, President.
W. G. Blair Capt. } Members.
E. H. Robinson Capt. }

STATION Ex. Camp, Toronto.

DATE Dec. 26, 1917.

APPROVED BY

DATE 29/12/17

J. J. Bruce Capt.
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

being ½ inch more over metatarsal phalangeal points no pain in muscles of calf or leg, arches, transverse and longitudinalof both feet normal, I am unalbe to find evidence of flat feet as stated by Quebec Board, Patient walks with left foot everted wheh in bare feet, but very little difference when boots are on.

Patient can walk two miles without much difficulty, then he has to sit down on account of pain in left foot in about 15 minutes can resume walk.

All other systems normal. Incapacity due to partial loss of function of left foot.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

25

FILE No. 7949
RECEIVED
SEP 24 1919
MILITARY DISTRICT No. 2

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1/c Records

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Fernie 2. Surname Favero
3. Rank Sap 4. Original Unit 3/C E.R.B. 5. Reg. No. 724268.
6. Address, in full, to which future payments of gratuity are to be forwarded Post Office Chapleau Ont.
7. Date of enlistment in the C.E.F. Aug 9th 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge S. Perfetto
9. Relationship of such dependent No Relation
10. Present address, in full, of such dependent Chapleau Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
From Aug 9th 1918 until Aug 29th 1918 with the 3/C.E.R.B in Canada with the same unit in England from Sept 19th 1918 to May 7th 1919.
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service Yes. From Aug 9th 1918 to Aug 29th 1918 with the 3/C E.R.B
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served with the 3/C.E.R.B Aug the 9th 1918 to May 17th 1919 This being the second enlistment.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units Yes. The first being 109th Batt Regt No 724268. B. Coy. on arriving in England was transferred to the 20th Batt. A. Coy. Discharged Jan 11th 1918 - For trench feet

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid Yes Three Months Pay $99.00 M.D. No 2

20. Have you been issued with a War Service Badge If so, what class? Yes A. & B.

21. Have you, during the present war, served in the Imperial Forces?

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F. No If not, give:—(a) Date of discharge May 17th 1919 (b) Reason for discharge Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit Yes. with the 20th Batt From Nov 1916 until April 1917 Returned to England with Trench Feet. Left for Canada Nov 1917. Discharged Jan 11th 1918

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No.

(b) If so, are you in receipt of full pay and allowances from that Department? No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: F Fairo

Place of Residence: Chapleau

Declared before me at: Chapleau Ont

This 20th day of Sept 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. A Leighton Town Clerk

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

27-9-40

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 724268

Rank Pte

Name Favero Feruccio ~~Militia~~

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 Casuaty Unit (109th Bn)(1st CORD)

Date of Discharge Jan 11th 1918.

Place of Discharge Toronto Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years ~~5½~~ months.

Height 5 feet 11½ inches.

Complexion Fair

Eyes Grey

Hair Dark Brown

Trade Labourer

Intended place of residence (To be given as fully as practicable.) Chapleau Ont.

Descriptive Marks

Vacc Scar left Arm

Trench Feet

2. The above-named man is discharged in consequence of Physical Unfitness

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good HGB

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Labourer

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

Due Date 7-2-18

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

Nil.

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

6. Medals and Decorations ..... Nil.

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

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

(Place) Toronto Ont.

(Date) Jan 11th 1918.

Commanding H H Beamer Capt for Colonel
O. C. No. 2 Casualty Unit

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Toronto Ont. T. Lawrence (*Signature of Soldier.*)

(Date) Jan 11th 1918. H H Beamer (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 years 267 days.

Total 1 years 267 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto Ont.

(Date) Jan 11th 1918.

(*Signature*) H H Beamer Capt for Colonel
District Casualty Officer, M. D. 2

Reservations referred to at Para. 8.

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

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

~~WAR SERVICE BADGE CLASS A~~

SERVICE GROUP 23 M.D.2

OCCUPATIONAL GROUP 2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Toronto
Fund
Fireman
A
27-9-40

M

T

1. No. 724268 R.6.

2 Rank. Spr

3. Name. Favero Fence

4. Unit. 3CERB 3CERB R.E.

5 Date of Discharge MAY 17 1919 Place TORONTO, ONT.

6 Reason for Discharge

DEMOBILIZATION

7. Authority. No.2, D.D., Part II, D.O.No. 142

8. Proposed Residence after Discharge

Chapleau
Ont

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.?

F Favero
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

No. 2 DISTRICT DEPOT
MAY 17 1919
TORONTO

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O.C. No. 2 District Depot.

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