

Card
C7

"C" 21937F
Coys

109TH BN
ATTESTATION PAPER.

No. 725514

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

DUPLICATE

1. What is your name?..... **Fred Ernest Fell.**
2. In what Town, Township or Parish, and in what Country were you born?..... **Kinmount Ont.**
3. What is the name of your next-of-kin? **Mother Mrs Margaret Fell.**
4. What is the address of your next-of-kin?..... **Fenelon Falls Ont.**
5. What is the date of your birth?..... **24th December 1897**
6. What is your Trade or Calling?..... **Clerk**
7. Are you married?..... **No**
8. Are you willing to be vaccinated or re-vaccinated? **& 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 } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Fred E. Fell (Signature of Man.)
H. Bissonnette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Fred Ernest Fell**, do solemnly declare that the above answers made by me to the above questions 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.

Date **November 15th** 191 **5** *Fred E. Fell* (Signature of Recruit)
H. Bissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Fred Ernest Fell**, 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.

Date **November 15th** 191 **5** *Fred E. Fell* (Signature of Recruit)
H. Bissonnette (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 **Fenelon Falls** this **15th** day of **November** 191**5**.

Wm McArthur (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] Lt. Col (Approving Officer)
 C. C. 100th Overseas Battalion, C. E. F.

Description of Fred Ernest Fell on Enlistment.

Apparent Age 18 years 11 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 6 1/2 ins.

None

Chest measurement: (Girth when fully expanded) 36 1/2 ins.
Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

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 November 15 1915

Place Fenelon Falls

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

*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.

Fred Ernest Fell 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.

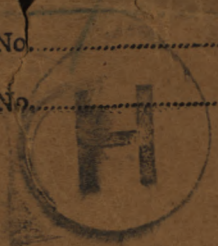
J. M. Mullock Lt. Col (Signature of Officer)
C. O. 109th Overseas Battalion, C. E. F.

Date JAN 12 1916 1916

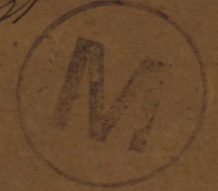
Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers..... *274*
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms..... *1*
 Proceedings on discharge..... *1*
 Corps History Sheet.....
 Date and No. of Deposit Receipt for Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... *1*
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate..... *1*
 Inventory of Kit.....
 Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.
 H. Q. No.



Name *Full Fredk Ernest*
 Regt. No. *795 514* Rank *Pfc*
 Corps *14th Res. C. I. & C.*
Permanently Unfit



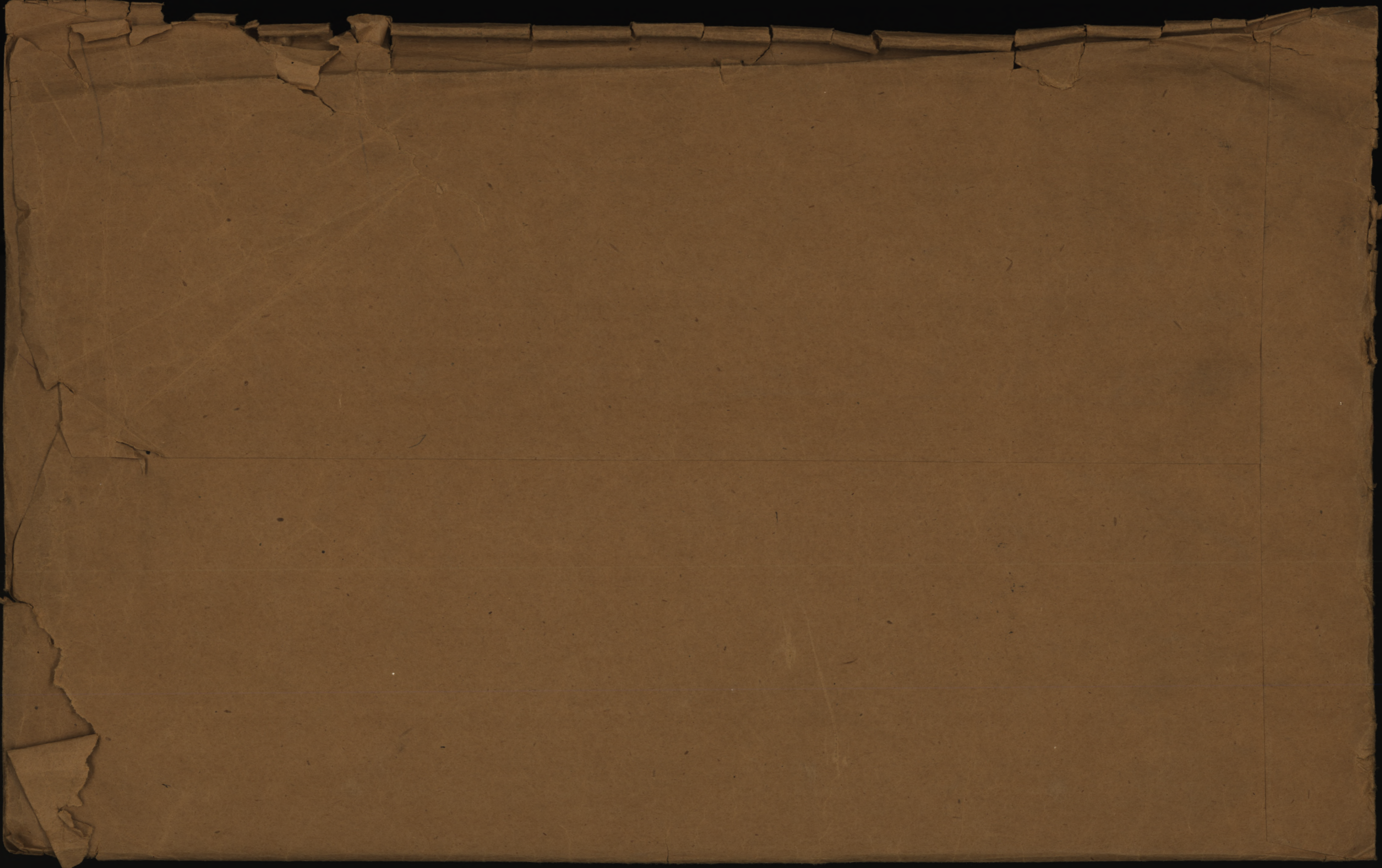
03428

Deceased 25-2-59



A 7 B + 122 + Pay Card - 1
1034567-1
Army 12

MA



To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....
109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725514.**

(3) Full Name of Soldier... **Frederick Ernest Fell,**

(4) Place of Birth **Kinmount Ontario Canada.**

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

(6) If married, state,
 (a) Full name of your wife **Nil.**
 (b) Present Postal Address... **Nil.**

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

(8) Have you any children? **No.**
 If so, give number of boys and girls **Nil.**
 Also their names and ages **Nil.**

(9) Is your Father alive? **Yes.**

If so, state name and address **Thomas Robert Fell Fenelon Falls Ontario.
Canada.**

(10) Is your Mother alive? **Yes.**

If so, state name and address **Margaret Fell Fenelon Falls Ontario Canada.**

(11) If your Mother is a widow **No!**

Are you her sole support, or not? **Nil.**

(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.

Nil.

(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.

Nil.

(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.

Nil.

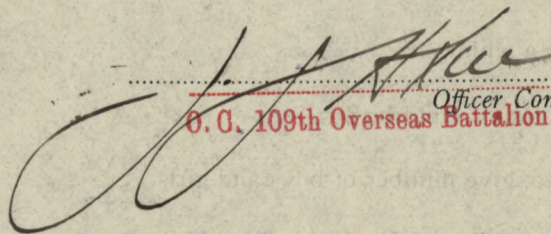
(15) Are you insured? **Yes.**

If so, in what Company? **Metropolitan Life Assurance Coy.**

Have you made arrangements for payment of your Insurance premium? **Yes.**

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

Date **July 4, 1916/**


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

425514

MEDICAL HISTORY SHEET. ORIGINAL

Surname Fell Christian Name Fred Ernest

Examined { on 15th day of November 1915
 at Kenelon Falls
 Birthplace { City or Town Kinnouit
 County Ontario
 Apparent age 18 years
 Trade or occupation Clerk
 Height 5 Feet 6 1/2 Inches.
 Weight 130 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 36 1/2 inches.
 Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm. Right None Left One
 Number One
 When Vaccinated last November 15, 1915
 (a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Approved by J. McCulloch
J. McCulloch Capt.
 Rank Medical Officer M.O.
109th Overseas Battalion, C.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>15-11-15</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>24-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/11/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>8/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>14/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 15th day of November 1915 at Kenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>93 Battalion</u> <u>CS 7</u>	<u>725514</u>		<u>15-11-15</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>21 DEC. 1916</u>	<u>22-11-16</u>	<u>Asthma</u>	<u>Discharge E.</u> <u>Chilopilla</u>
APPROVED.	<u>21-12-16</u>	<u>Asthma</u>	<u>Discharge permanently</u> <u>unfit. complete</u>
	<u>Colonel. A. D. M. S.</u> <u>Canadian Troops, Bramshott Camp.</u>		PRESIDENT MEDICAL BOARD, BRAMSHOTT.

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.

21937F

Christian Name *Fred Ercock*

Surname *Fell*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
									<p style="text-align: center;">DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912.</p> <p style="text-align: center;">Being no longer physically fit for war service.</p> <p style="text-align: center;"><i>[Signature]</i> for Commandant, Canadian Casualty Discharge Depôt,</p>		

CERTIFICATE OF DISCHARGE

Name in full Fell, Frederick Ernest Reg'tl. No. 725514
 Reserve Unit 14th Res. Present Unit C.C.A.C.
 Rank A/Cpl
 Place of Residence in Canada Fenelon Falls, Ont.
 Military District 2
 Classification of Disability 1
 (or) Reason for Discharge Permanently Unfit.

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.
 If original documents, initial in column on the left.
 If original not available, initial in column on the right.

Initials of Commandant C.D.D. (Originals).	List of Documents required to complete Discharge, checked and enclosed.	Initials of Commandant (Originals not available).
<i>F.F.</i>	Proceedings on Discharge. (B. 268.) (Must be Original)	
<i>F.F.</i>	Proceedings of Medical Board. (B. 179.) (Must be Original)	
<i>F.F.</i>	Medical History Sheet. (A.F.B. 178.) (Must be Original)	
<i>F.F.</i>	Last Pay Certificate. (Must be Original)	
	Certificate of Discharge. (A.F.B. 2079.)	
<i>F.F.</i>	Casualty Form. (A.F.B. 103.)	
<i>F.F.</i>	Attestation Paper. (M.F.W. 54.)	
<i>F.F.</i>	Field Conduct Sheet. (A.F.B. 122.)	
	Company Conduct Sheet. (A.F.B. 121.)	
	Reg'tl. Conduct Sheet. (A.F.B. 120.)	
<i>F.F.</i>	Inventory of Kit. (W. 3068.)	
<i>F.F.</i>	Declaration from Dischargee.	

Discharged 25-2-59

CANADIAN DISCHARGE DEPOT,

Frederick Ernest Fell
Lieut.-Col.

(Signature) _____
Officer Commanding
COMMANDANT.

RESTRICTED

Name in full

Trade description

Reg't No.

Rank

Reserve Unit

Army No.

Present Unit

C.C.A.C.

Place of Residence in Canada

Residence in Canada

Military District

Classification of Disability

(or) Reason for Discharge

Remarks

Commandant C.D.D. will assume responsibility for his child in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant (Original)	List of documents required to complete Discharge checked and enclosed	Initials of Commandant (Original)
	Proceedings of Discharge (B. 208) Must be original	
	Proceedings of Medical Board (B. 179) Must be original	
	Medical History Sheet (A.F.B. 18) Must be original	
	Last Pay Certificate Must be original	
	Certificate of Discharge (C.F.B. 2070)	
	Casualty Return (A.F.B. 193)	
	Investigation Report (M.W.V. 54)	
	Field Conduct Sheet (A.F.B. 125)	
	Company Conduct Sheet (A.F.B. 127)	
	Reg't Conduct Sheet (A.F.B. 126)	
	Inventory of Kit (W. 508) (S.S. 2)	
	Declaration from Dischargee	

(Signature)

Commandant

Canadian Discharge Board

CANADIAN DISCHARGE DEPOT, BUXTON, DERBYSHIRE.

STATEMENT ON DISCHARGE.

STATEMENT OF Name *Frederick Ernest Fell*
Reg. No. *725514* Rank *Act. Corporal*
Unit *109 Battalion*
Place *Buxton* Date *31/1/17*
To Officer i/c Embarkation at *Buxton*

I hereby request my Discharge in *Canada*

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters :-

CLOTHING - _____

FOOD & TREATMENT AT DISCHARGE DEPOT - _____

PAY - _____

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature *F. E. Fell*

Rank *Act Corporal*

for Jas. St. G. Hall Capt.
Adjutant C. D. Depot, Buxton

Witnesses.

R. C. Matthews C.S.M.
O.C., C. D. Depot, Buxton.

N.B. This statement will be prepared in duplicate, and disposed of as follows :-
ORIGINAL - To be forwarded with Discharge Documents.
DUPLICATE - To be filed for reference, by the O.C., Canadian Discharge Depot, Buxton, Derbyshire.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

22-11-

1916.

No. 725514 Rank Capt Name Fell Fred Ernest

Local Unit 109 Bn. Overseas Unit _____ Age 18-1/2

Examination held at Bramshott, Hants.

DISABILITY. Asthma

Overseas—Local.
(scratch one out)

PRESENT CONDITION.



This man has had asthma for twelve years - He has been made to carry on in civil life owing to this - He has had to get up nights constantly since cold weather set in -

Board recommends :

1. ~~Fit for Duty.~~
2. ~~Fit for duty after~~ _____ weeks physical training.
3. ~~Fit for Base duty~~ _____ weeks.
4. ~~Fit for Permanent Base Duty.~~ yes E
5. ~~Discharge.~~ C.E.C. B179

Signatures :

C.E. Cooper Cole ^{Major} Pres.
 A. Dickson ^{Major}
 M. [unclear] ^{Capt}

Approved.

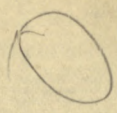
Bramshott 22-11- 1916.

[Signature]
A.D.M.S.
Canadian Troops, Bramshott.

5-164
1-3-17

71.3.1.102-8

R. C. MAR - 1 1917



EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT



Name *[Faint handwriting]*

Local Unit *[Faint handwriting]*

Examination held at Bramshott Hall

DISABILITY *[Faint handwriting]*

Quarantined Local
(attach one out)

PRESENT CONDITION

[Faint, illegible handwriting describing the present condition]

Board members

1. *[Faint handwriting]*

2. *[Faint handwriting]*

3. *[Faint handwriting]*

4. *[Faint handwriting]*

5. *[Faint handwriting]*

Witness

Pre

[Faint handwriting, possibly a signature]

Members

Approved

Signature

ADAMS
Commanding Troop Bramshott

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number	Rank	Name and Corps of disabled soldier.
725514	A/Cpl	Fell, Frederick Ernest 109 th Batt
Previous Civilian Occupation.		Clerk.

Cause of disability - ~~Asthma? not due to service (E.A.R.)~~

Condition in detail which prevent the soldier earning a full livelihood:-
None

A well developed, well nourished young man. He says he is well at present but had an attack of asthma on the way home. He says he has had periodical attacks of asthma for 12 years, cold & damp weather making him worse. Physical examination

Opinion of the Board.

PTD

Degree of incapacity (Please state in fractions.)

none in civil life

Probable duration of incapacity:-

not applicable

Does it render him permanently unfit for Military Service? *yes*

Would operation, special treatment or the use of appliances, etc., lessen incapacity? *no*

Signature. E.A. Robertson Capt. President.
W. J. Ryan Capt. Members.
W. H. Wolfe Capt.

Station. *Quebec*

Date *FEB 18 1917*

Approved.

Date *Feb 18/17* *W. H. Cameron Major*
 Assistant Director Medical Service.

Date *7/3/17* *(fr) D. B. Neely Capt.*
 Director General Medical Service.

*noted G.B.
21-2-17*

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. 725514 Rank Private Name Sgt. Frederick Ernest
C. E. F.Enlisted (a) 25-11-15 Terms of Service (a) D of W. Service reckons from (a) 25-11-15.

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) Clerk.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Halifax	24.4.16.	
			Liverpool	31.4.16.	
			Wancy.	5.8.16.	Part II Order 218.
8/12/16	Oct 109 th	transferred to 124 B. Co.	Witley	8/12/16	No. Pt II No 443. Autoselling Capt

ADJUTANT

109th Overseas Battalion, C. E. F.

C.C.A.C. SUB-OFFICE, BRAMSHOTT.

attached e. O. O.
10 JAN 1917

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		<p>DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912. Being no longer physically fit for war service.</p>			
		<p><i>R. M. Havelton</i> for Commandant. Canadian Casualty Discharge Depôt,</p>			

TLH. Rank

Name

FELL, Fred Ernest, ✓

Reg'l No.

R-122
21937P
725514. ✓

Unit 109th. Bn.

If in perm. Corps, }
What Unit? }

Married or Single Single. ✓

Place and Date of Enlistment Fenelon Falls Novr. 15th 1915. Place of Birth Kinmount, Ont. ✓

Name and Address, Next-of-Kin Mrs. Margaret Fell, ✓

P.O. Fenelon Falls, Ont. Canada. ✓

Relationship Mother. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

ccae
N/C R.B. No. 1392
File R.L.
Category *summu*

Discharge, Date and Place

Reason

Character LC263

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H.M. T. 2310				31-7-16	
5-8-16	OC. 109 th	App'd Prov. Cpl.	Osney	5-8-16	St. II D.O. 216 + D.O. 285
21-11-16	"	Revert to Rank to meet & establishment	Witley	2-11-16	326
16-1-17	OC	TOSA of Com 109 th Bn	Hastings	21-12-16	26
9-12-16	124 th Bn	S.O.S. of 109 th Bn to 124 th Bn	Witley	8-12-16	St II D.O. 343
11-12-16	OC 124 th	S.O.S. from 109 th Bn	Hastings	8-12-16	" 267
23-12-16	"	S.O.S. and despatched to Discharged Depot. C.C.C.C.	"	23-12-16	" 279 Letter 4-49 d/23/16
30-1-17	OC	From Lt Col Buxton for C	"	10-1-17	" 50
7-2-17	"	Proc Plan for his SOS + leave and C.C.C.	"	2-2-17	" 64
2-2-17	OC	SOS to Com 109 th	Buxton	2-2-17	" 28
	Dis Depot	Discharged 9-3-17.	Fenelon Falls Ont	11-2-17	N R 195 - Fenelon Falls Ont

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Handwritten scribble

Name **Fell, Frederick Ernest**
Surname Christian Name

3-844-F-1

Regimental Number **725514** Rank **Pte.**

Address (in full) **532 Charlotte St.**

Unit **14th & 109th Bn. C.A.C.**

Peterboro, Ont.

Original Unit

District where paid **Ottawa**

Date of Discharge **9.3.17.**

P. D. P. Filing Number **7F2.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **10.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	1015	18/7/17	53 00	843	20/8/17	53 00	830	18/9/17	54 10		160 10

Remarks:

M. F. W. 127.
 60M-617.
 1172-33-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. Dependent

Name..... Address.....

Address.....

Dec'n No.....	per day \$	\$
Award..... days at \$	per mo. \$	\$
S. A..... months at \$		\$
Less P. D. P. Credited		\$
Less further debit balance		\$
Net due paid as below		\$
Pay Soldier \$		Pay Dependent \$
TO SOLDIER		Amount
0 Ag. No	Days	Rate
1		
2		
3		
4		
5		
6		
Less P.D.P. credited		
Less further Dr. Bal. or overpayment.		
		Net

Pay Soldier \$ Pay Dependent \$

Clerk

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			

GEN'L AUDITOR
 Posting checked by

 Date.....

Ew

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

572
 M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom *Mrs. Margaret Fell,*
 Address *Fenelon Falls,*
Ont.

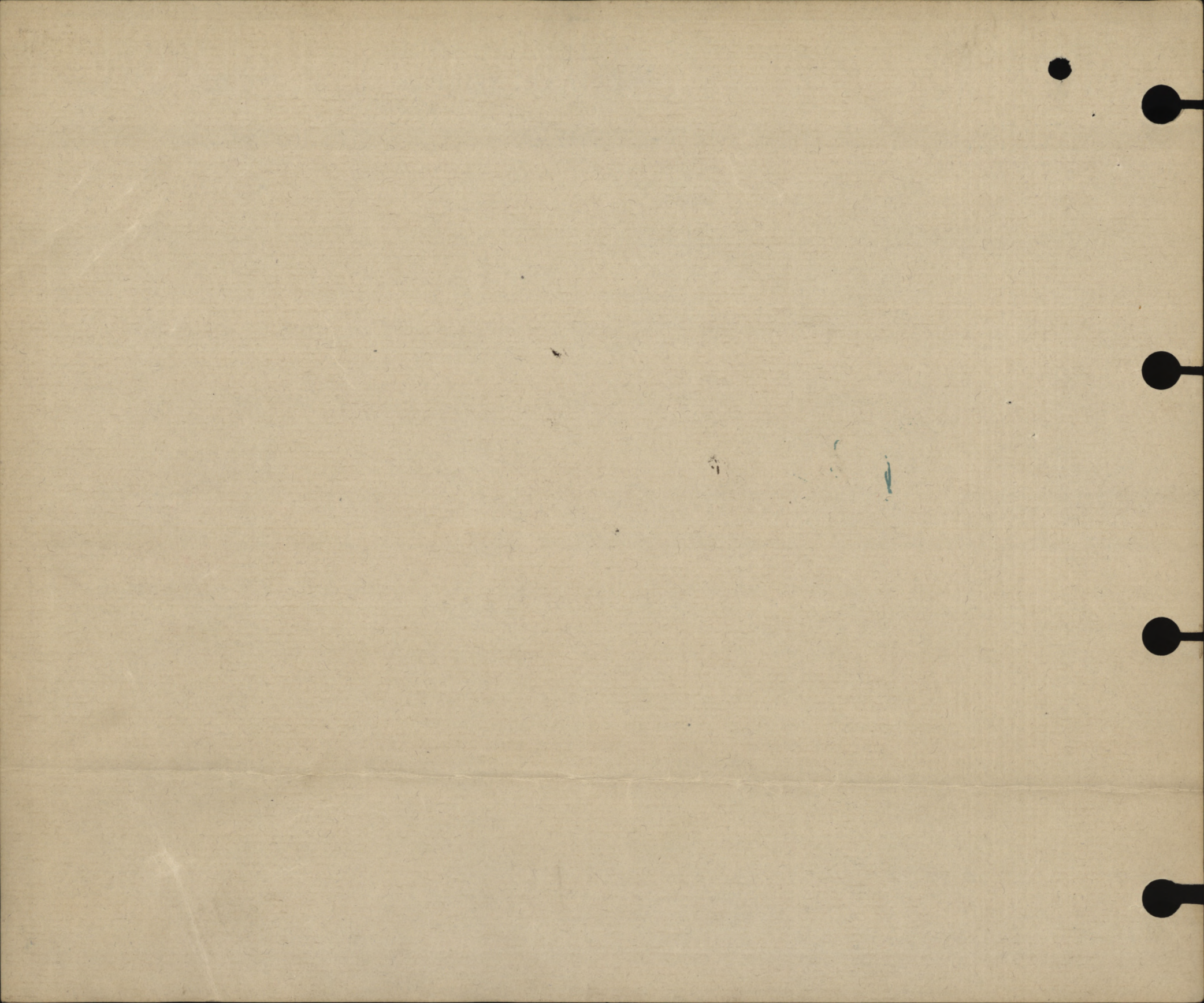
By Whom Assigned *Fell, F. C.*
 Regtl. No. *725514*
 Rank *Cpl.*
 Corps *109th Batta.*

Rate *\$ 20.⁰⁰* **AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Discharged to Canada, 3rd 20/1/17 and 5/3/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
 FOR
 CASUALTIES



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 122. ⁵⁷³
 50m.-416.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs. Margaret Fell*

Name of Soldier *Fell, A. E.*
725514 *Cpl.* *109th Battl.*

L. L. Job 310.-Req. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 20⁰⁰</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>W 15555</i>	<i>20</i>	-
Sept.		<i>X 17365</i>	<i>20</i>	-
Oct.		<i>X 22321</i>	<i>20</i>	-
Nov.		<i>R 27030</i>	<i>20</i>	-
Dec.		<i>G 32119</i>	<i>20</i>	-
Jan.	1917	<i>D 36685</i>	<i>20</i>	-
Feb.		<i>Q 43036</i>	<i>20</i>	<i>Cancelled. Acc Closed.</i>
March				<i>23th</i>
April				<i>Ret. Missionaries 2/2/17</i>
May				
June				<i>120 7 X 6/2/17</i>
July				<i>P.S.P. 16/6/17. P.S.P. 19</i>
Aug.				<i>J.W.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

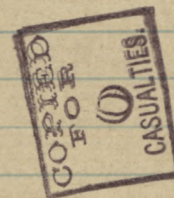
Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

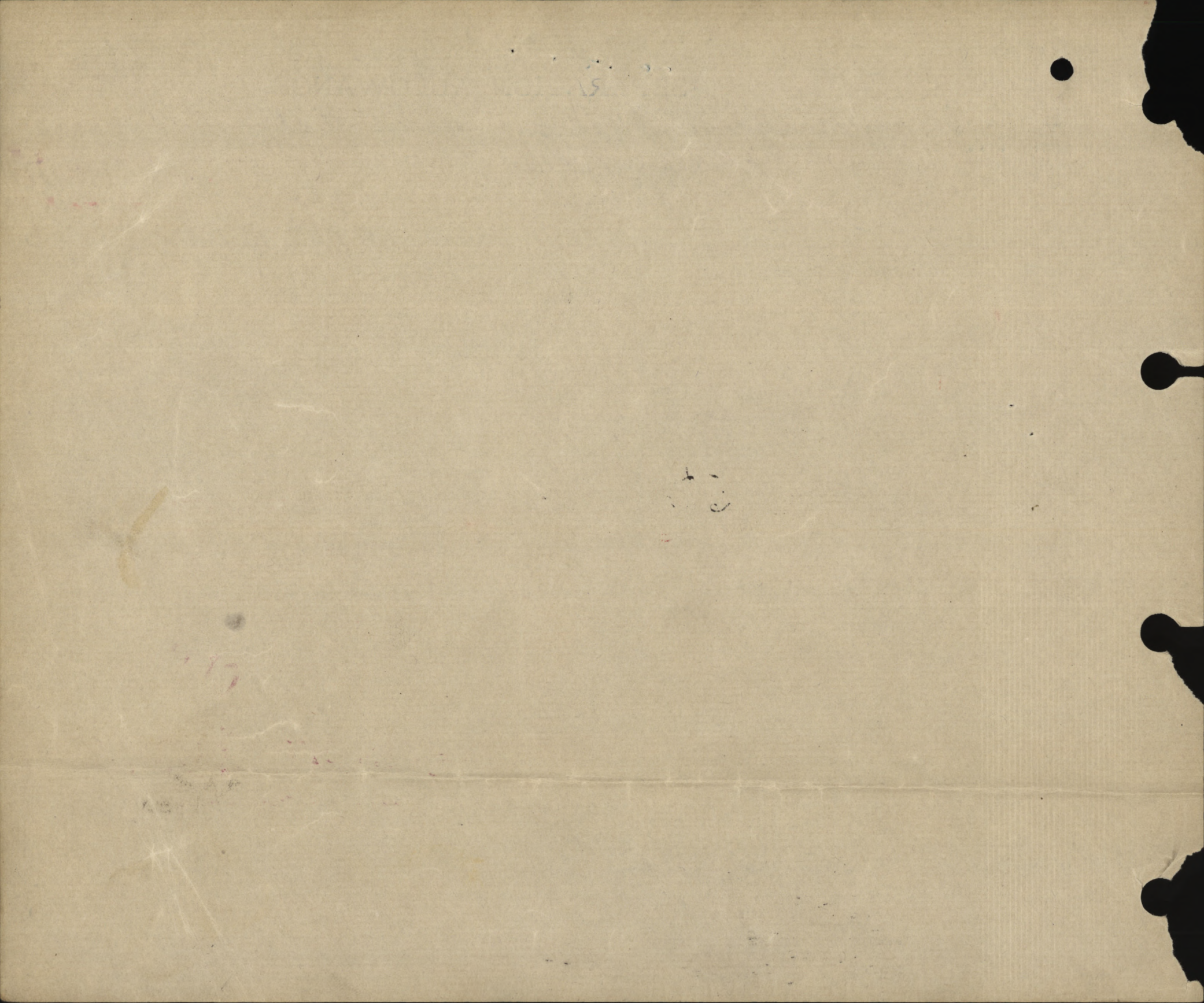
Name Margaret Fell
Address Fenelon Falls
Ont.Name of Soldier Fell F. E.
Regtl. No.
Rank Cpl.
Corps 109th Batt.Relation to Soldier }
wife, child or mother }MotherTo what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ACCOUNT CLOSED
DATE.....PER.....



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Margaret Fell Mother
PAYMENTS.

Name of Soldier

Fell F. E.

L. L. Job 310.—Req. 6574.

b/c.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		I 27399	264	264 J.W.
Jan.	1917	L 26094	20	20
Feb.		L 29517	20	L 29517 Canceled
March		237065	26	26 cancel Ret'd Massachusetts mailed 2-2-17 - 17 Franklin - 12-2-17
April				
May				
June				Discharged 9 2/17 P.M.
July				12 2/17 with Sgt M & Drim
Aug.				15 2/17
Sept.				M.H. 2/17 16
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

649-F-3924

CARD NO.

SURNAME. *Tell,*

CHRISTIAN NAMES *Fred Ernest.*

S.O.S. Dis 9/3/17
FOLL. *5*

REGL. No. *725514*

RANK *Pte.*

UNIT *109th.*

Batt.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Tell Mrs. Margaret.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Penelon Falls, Ont.*

COUNTRY OF BIRTH *Canada, Kinnmount Ont.*

DATE *Dec. 24th. 1897.*

PLACE OF ATTESTATION *Penelon Falls.*

DATE *Nov. 15th. 1915.*

qs 23-7-16 ⁴⁸⁸/₁₃

A/C-11/2/17-3

Sailed from Halifax Rev. S. Olympic 23/7/16

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Clerk.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

18.

YEARS

11.

MONTHS

HEIGHT

5.

FEET

6 1/2

INCHES

CHEST MEASUREMENT

36 1/2.

INCHES

EXPANSION

3 1/2.

INCHES

COMPLEXION

Fair.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Kenelou Falls.

DATE

Nov. 15th. 1915.

21937F

REGT'L NO 425514.

H. Q. FILE NO. 649-

NAME

Fell, Frederick Ernest

RANK AND CORPS

A/Pl. 14th Bn.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

7313.

4-2-17.

Sailed for Canada per the S.S. Missanabie on Feb. 2nd/1917. (Asthma)

LIST No

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



0

No.

RANK

pte

NAME

*Fell F.**E.*T. O. S. *15-11-15*

UNIT

*93rd Battalion C. I. F.**D. O. #17-17-11-15*M. D. *3*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

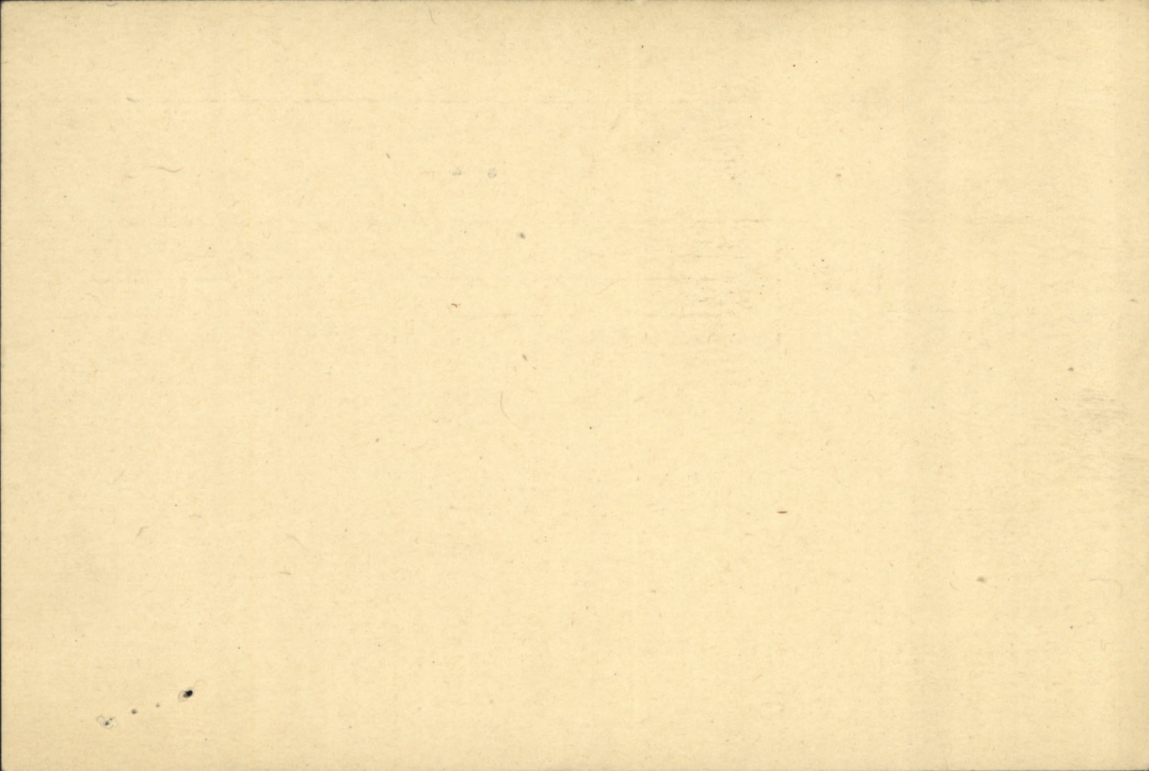
PARTICULARS

AUTHORITY

*1915
Nov. 15**1915
Nov. 24**n.**late of 45th Regt**D. O. #17-17-11-15*

UNIT SAILED

JUL 15 1916



No. 725514 RANK

Pvt
Corpl.

NAME Zell. Fred. E.

T. O. S.

UNIT

109th. Battalion

Transferred from 93rd Bn
25-11-15 D. O. 5. 25-11-15-

M. D. 3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

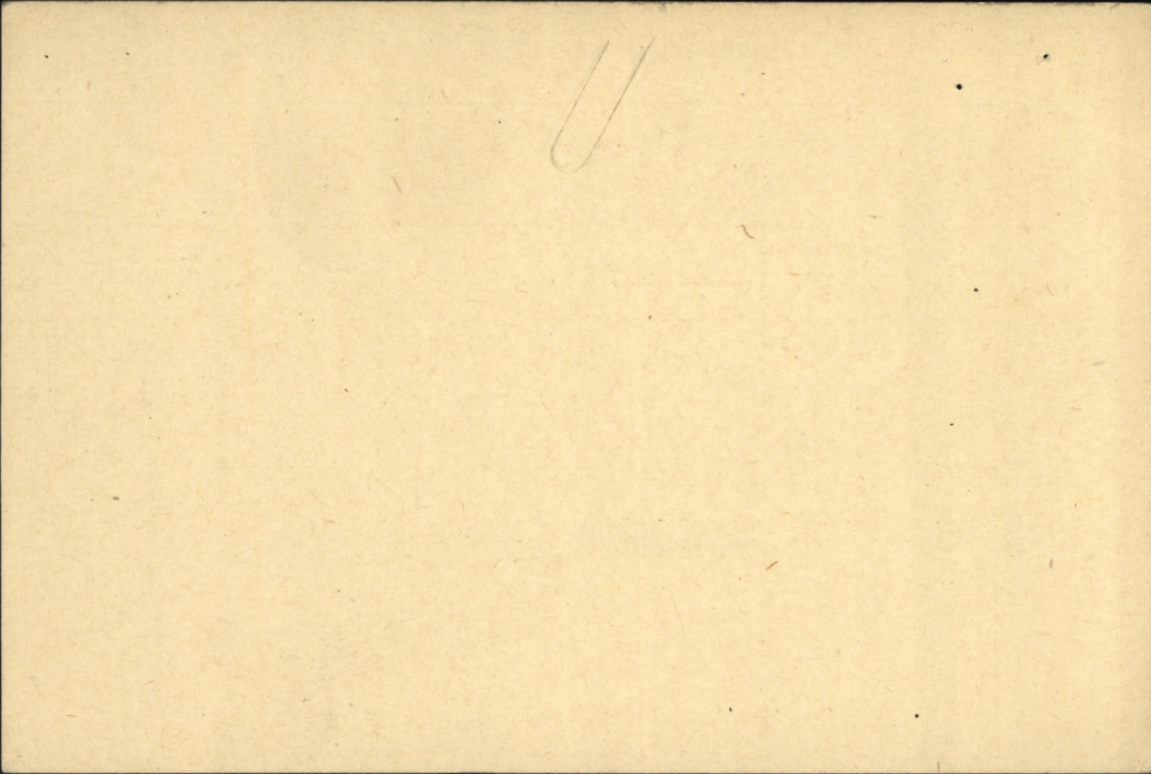
PAID FROM	PAID TO	SIG OR REC'T
1915 Nov 25	1915 Nov 20	✓
1916 Dec.	1916 Jan.	✓
	Feb.	✓
	Mar.	✓
	April.	✓
	May.	✓
	June.	✓
	July.	✓

Pro. Corpl. 10-6-16.

D. O. 1754/12-6-16.

UNIT SAILED

JUL 23 1916



No. 725514. RANK

a/cpl.

NAME

Fell. F.

E.

T. O. S.

UNIT

Discharged Depot. Iueber

M. D. 51.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

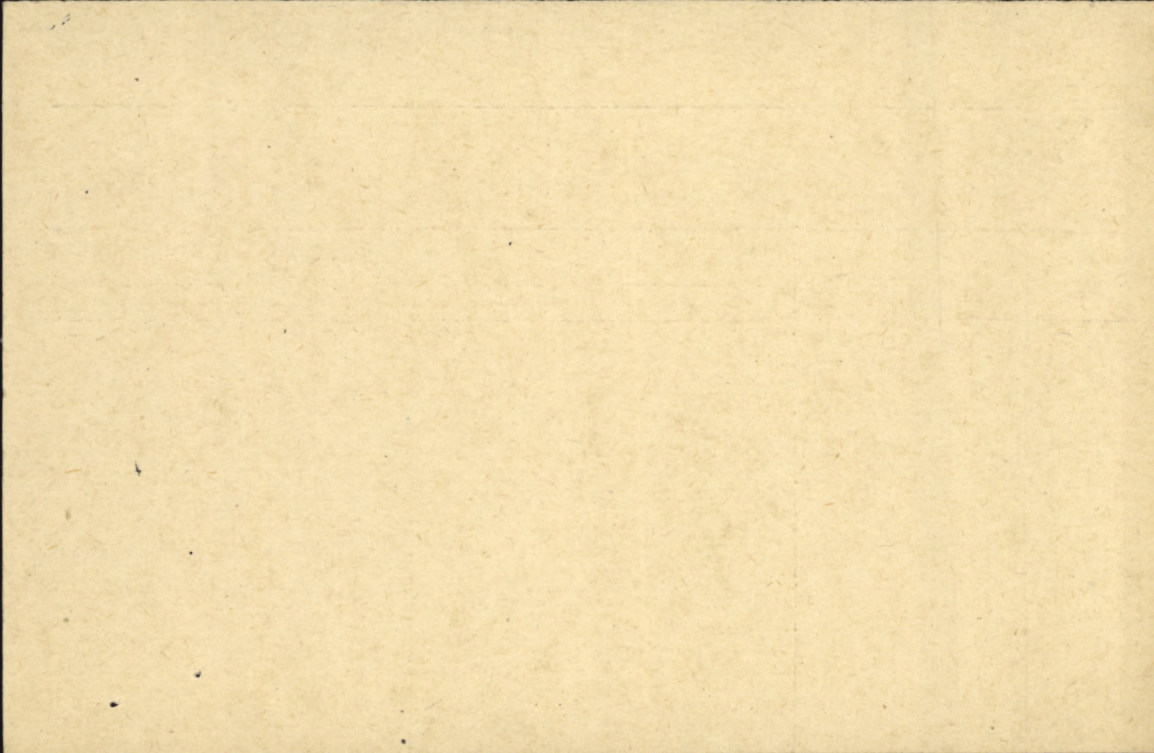
PARTICULARS

AUTHORITY

1917
Jan 261917.
Mar 9

v

93rd.



4406

6m

Number

725514

Rank

a/cpl

Surname

FELL

Christian Name

Fred Ernest

Units

104 Bn Inf

Theatre of War

England

Date of Service

21-7-16

Remarks

Latest Address

124 Elmhurst Wyghland
~~Denston Falls~~ pk

Roll No.

A Page 4609

out. mess.

200m. - 2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No

Date _____

Character on discharge _____

Previous occupation _____

Date and place of enlistment _____

Diagnosis _____

Date of Medical Boards _____

Date

Remarks

DESP. NOV 10 1928
REGN. NO. 40 551

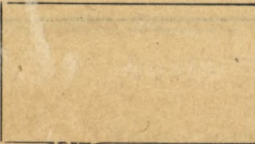
*—Name will be given in full; surname first.

3/4/47

ISSUABLE 11 2 17

10.6.

This space to be left blank for the Chelsea Number.



DISCHARGE DOCUMENTS.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 725514 Army Rank A/Cpl

Name Fell, Frederick Ernest
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. C. A. C.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge MAR 9 1917

Place of discharge QUEBEC

1. Description at the time of discharge.

Age 19 years 1 months
Height 5 feet 6 1/2 inches
Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.
Complexion Fair
Eyes Brown
Hair Dark
Trade Clerk

Descriptive marks.
1/2 in. l. arm

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

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____
Para. 392, Sec. 16, K. R. & O. 1912.
Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Good See A 7 B 122

4. Character awarded in accordance with King's Regulations:—

CANADIAN DISCHARGE DEPOT,

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Officer Commanding
Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) JAN 12 1917

(Date) FILE

Commanding Lt. Col. Batta. per Commanding Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) DISCHARGE DEPOT

(Date) FEB 22 1917

Corp. J. E. Felt (Signature of Soldier.)
Guthrie A. (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 at 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 towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) " " " "

Total ... " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for MAR 9 - 1917 (date)

(Place) DISCHARGE DEPOT

(Date) FEB 23 1917

Signature G. Marriot Lt. Col. Comd'g. Discharge Depot Quebec.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None.

Capt. E. J. Fell

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136).
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

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

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Local

Regt. No. *725514* Rank *Cpl.* Surname *Fell* Christian Name *Fred Ernest.*

Unit or Corps—(a) Overseas from United Kingdom *109 Bn. C.F.C.* (b) In United Kingdom

Born at—Town *Summunt* County or Province *Ontario* Country *Canada*

Date of Birth—Day *24* Month *Dec* Year *1898* Age *19* yrs. — months.

Joined at *Fenelon Falls Ont* Date *7/11/16*

Former Trade or Occupation *Clk*

Permanent marks or peculiarities that will serve for future identification:—
none

Height—feet *5* inches *5 1/2* Colour of eyes *Brown*

Signature of Soldier (for identification purposes) *Cpl. Fell F.E.*

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
(Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a).

Disabilities Group (b). *Asthma*

Disabilities Group (c).

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.			
(ii) As to Group (b) above.	<i>Natural Cause</i>	<i>Fenelon Falls Ont.</i>	<i>1904</i>
(iii) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service?

Yes

(i) As to Group (a) above?

If yes, has Active Service aggravated it?

No

(ii) As to Group (b) above? *Yes*

If yes, has Active Service aggravated it?

Yes

(iii) As to Group (c) above?

If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i) As to Group (a) above?

(ii) As to Group (b) above?

(iii) As to Group (c) above?

Not applicable.

5. If a cause of disability was an injury received on Active Service, was it received— *not applicable*

(i) While on duty? (ii) While off duty?

(iii) Was a Court of Inquiry held? (iv) Where? (v) When?

(vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

*Has had asthma for twelve years
 Has been laid up and unable to carry
 on in civil life owing to asthma.
 Unable to sleep at night and has to sit up.
 Worse during cold weather.*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*Normal at present.
 No disability unless attacked with asthma.
 All systems working normally.*

8. OPERATION. (i) Was one performed? *not applicable*

(ii) If so, state what.

(iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? *not applicable*

(ii) If so, describe.

10. DO YOU RECOMMEND:—

- (a) ~~Fit for duty.~~
- (b) ~~Fit for home duty?~~
- (c) ~~Invalid to Canada?~~
- (d) Discharge from the Service as permanently unfit? *Yes.*

Date of Report *Dec 7.* 191*6* Signed *H. J. Boyd, Capt*
 Station *Vitley Camp.* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Dated at *Bransholme* Station, on *18-12-1916*

PT Stewart Maj (Officer in Hospital) Strike out one of these.
Capt (S.M.O. Brigade)

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? *yes*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? *yes*
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? *no* Aggravated? *no*
(b) Misconduct of the Soldier { Caused? *no* Aggravated? *no*

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%)
20%

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all).
None

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? *from Section 6 apparently yes subject to variation in intensity*
(ii) If not permanent, what is its probable minimum duration (in months)? *not applicable*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *not applicable*

18. Remarks.

19. Recommendation:—(a) Fit for duty?
(b) Fit for base duty?
(c) Invalid to Canada?
(d) Discharge from Service as permanently unfit? *yes*

Classification for the Military Hospitals Commission.

not classified

Date of Board *see* 21 NOV 1916

Station Bramshott.

Approved *see* 21 NOV 1916

Dated at Bramshott.

Signatures of the Board
C. Crookall President.
H. Marham Capt
H. Ingleton Capt

[Signature]
For G.O.C. & A.D.M.S.
Station Bramshott.

see 21 NOV 1916

1st Encl



CANADA

TO:

SUBJECT:

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Report No. 4798

Class 1

No. of M. H. C. File

No. of Local File

No. of H. Q. File

Fell, Frederick Ernest
Fenelon Falls Ont.

No. 725514 Rank A/Cpl. Original Unit 109th Present Unit 109th
Age 19-1 Height 5 ft. 6 1/2 ins. Complexion Fair Eyes Brown Hair Dark-Character N.R.
Date of enlistment 15-11-18 Where enlisted Fenelon Falls Where seen service England
Ship returned by Mississauga Date of arrival 11-2-17 Port of arrival St John
Birthplace Canada Religion Methodist
Name and address next of kin Mother Mrs J.R. Fell same address
Cause of disability None

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board 20% Canadian Board None in civil life.

Probable duration of incapacity N.A.

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Destination to which transportation issued Fenelon Falls, Ont.

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Clerk

Regular trade or profession

Average earnings previous to enlistment \$ 1.25 day Any other income

Name and address of last employer C.W. Burgoyne Fenelon Falls Ont

Rent per month If purchasing property amount due and annual payment, \$ \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name profession

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects? } n.a.

References Last employer

Witness J.R. Fell

Date 18-2-17

I declare that the above statement is correct.

Signature F. E. Fell

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment date.....

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension (a) Unit for overseas service but capable to take up their previous occupation or (b) Discharge not the result of service or involving claim as the result of or aggravation by service.

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