2

JUL - 1 1916

109th OVERSEAS BATTALION, C. E. F.

# ATTESTATION PAPER.

No. 724297

ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Fisher
1a. What are your Christian names? ..... Joseph
1b. What is your present address? ..... 1st Gebuges Home Ottawa
2. In what Town, Township or Parish, and in what Country were you born? ..... Evesham England.
3. What is the name of your next-of kin? ..... Agnes Fisher
4. What is the address of your next-of-kin? ..... 24 John Street Leamington Engd.
4a. What is the relationship of your next-of-kin? ..... Mother.
5. What is the date of your birth? ..... 14th July 1896.
6. What is your Trade or Calling? ..... Farming
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, Joseph Fisher, 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.

Joseph Fisher (Signature of Recruit)

Date July 1st 1916. G. A. Henderson (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Fisher, 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.

Joseph Fisher (Signature of Recruit)

Date JUL - 1 1916 191 . G. A. Henderson (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 Barrinfield this 1 day of JUL - 1 1916 191 .

J. H. Allen (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

## Description of Joseph Fisher on Enlistment.

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

Height 5 ft. 5 ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair 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).

Birth mark on left Hip.

## 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 JUL - 1 1916 191 . J. Hunter M.D.

Place Barnefield Capt ARC

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.

Joseph Fisher 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. Hilar (Signature of Officer)

Date JUL - 1 1916 191 .

REGIMENTAL DOCUMENTS

NAME Pte. FISHER, Joseph Wm. REGT. NO. 724297. UNIT 109th Bn. H. Q. FILE NO.

H

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| 1 | Pay | | | | | |
| 1 | MFW 67 | | | | | |
| 1 | A 79237 | | | | | |
| 1 | Photograph | | | | | |
| 1 | BC | | | | | |

S

M

H

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

# 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.

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

(2) Regimental Number 724297

(3) Full Name of Soldier Joseph Fisher

(4) Place of Birth Eversham County Kent Eng

(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? —

If so, state name and address —

(10) Is your Mother alive? Yes - Agnes Fisher

If so, state name and address Leamington - England

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(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.

Date JUL 11 1916

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

Sir Sandford Fleming
Military Convalescent Home

# CASE HISTORY SHEET.

No. 724297 Rank Private Name Fisher J.W. Age 18

Unit 109th Battn. Completed years of service Where and how long France 13 months -

Date of admission 7-12-17 Date of discharge 7-3-18

Diagnosis Lameness due to G.S.W. left ankle - Place of origin France -

CONDITION ON ADMISSION AND PROGRESS OF CASE

General condition - org / acc - Heart & spleen normal - somewhat anaemic -
Left leg somewhat wasted, lameness marked - Scar inner side left foot - blow malleolus & scar blow outer malleolus some bony loss evident from os calcis -
Scars inner & outer aspects left thigh - age scars healed - Varicose veins left leg slight - left ankle & heel tender - cannot bear full weight - on left foot - Wt. 120

Feb 15/18 Limps only slightly, still cannot bear full weight - on left foot no muscle wasting, scars all healed well -

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.)
Neg -

TREATMENT
(Especially any specific or special form.)
Massage -

CONDITION ON DISCHARGE,
(and disposal made of case.)
109 Service disability -
Feb 18/18

Date March/18

J. Hamilton
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

7165

Forms
I. 1237
12

Army Form I. 1237.

# MEDICAL CASE SHEET.*

M.M.34.



| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| 8.S.978 | 724297 | Pte. | Fisher | J. R.C. |

| Year. | Unit. | Age. | Service. |
|---|---|---|---|
| | 1st Bn Labour, | 17 | 18/12 |



| Station and Date. | Disease. |
|---|---|
| S.W. | Shrapn. Left leg (severe) |
| | Ypres Aug 17th 1917 |
| | 1 Can. Etaples 17th 1917 |
| | Beaufort Hosp Bristol 30th 1917 |
| | Beaw Wood Sept 11th 1917 |
| 12/9/17 | Bullet wound thigh left ~~ankle~~ foot. Wounds not healed. Ulcers size fair cent piece healing slowly, granulating. Little blood discharge daily. Ulcers on posterior aspect wound. Leg is swollen and swollen. Skin reddish blue; ankle joint not ankylosed but cannot flex or extend ankle joint. Tendons stiff. Two wounds in left thigh, half way between hip and knee on either side of femur. ½ inch long superficial healing. Look healthy. Skin around ulcers normal. Wounds painful at times. Gt good. Pulse 68, appt. ok, tongue clean. feels well |
| | R Edson Pen dressing O.T.H. |
| | Medicine |
| 17/9/17. | Wound in ankle healing nicely. Left knee in position of semi flexion. all movements of joint can be done. No ankylosis of joint. Some contraction of posterior flexors. Wounds in thigh healing. Muscles of left leg atrophied |

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

| Station and Date. | |
|---|---|
| | B. Pen |
| 17/9/17 | ~~not last~~ dressings |
| | passive movements — |
| | left leg ... |
| | Massage. A.G.H. |
| | Wm |
| 24/9/17 | Wounds improving healing nicely |
| | Movements of leg much better |
| | G.C. good |
| | A.G.H. |
| 1/10/17 | wounds healed up leg improving. |
| | Movements of leg better can walk |
| | upon it without crutch G.C. good — |
| | feels well |
| | A.G.H. |
| 16/10/17. | Leg improving slowly. G.C. good — |
| | can now walk with no cane |
| | Massage.. A.G.H. |
| | G.S.M. |
| 22/10/17. | G.C. good leg much improved |
| | Using it every day without crutches |
| | A.G.H. |
| | Massage |
| | G.C. Good .. Healed .. Crutches in prog - Kt. |
| Nov. 2/17 | Transferred to Kirkdale Hosp. Liverpool |
| | A. Stevens Captain, |
| | Med. Off., Canadian Convalescent Hospital, |
| | Bear Wood, Wokingham, Berks. |

25 Cliff St. Ottawa



# FORM OF WILL.

I, Joseph Fisher (Name in full)

Regimental Number 724297 serving in 109th OVERSEAS BN., C.E.F.

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

I bequeath all my real estate unto

Agnes Fisher
Leamington.
England

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

absolutely, and my personal estate I bequeath to

Agnes Fisher
Leamington
England

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

**IMPORTANT NOTE**
**This must be Signed and Dated by THE SOLDIER HIMSELF.**

this 6th day of July A. D. 1916

Joseph Fisher Signature of Soldier.

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

48798

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

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness G C Faithfull

Address of Witness 1126 Gladstone ave. Ottawa

Occupation of Witness Lieutenant 109th Battn C E F

Signature of Second Witness Fred Jacques

Address of Witness 107 Gordbourne Ave, Ottawa

Occupation of Witness Sergt. 109th Bn. C.E.F.

M. F. W. 82
300M-5-16.
1772-39-983.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

TRIPLICATE

CASUALTIES C.E.F.

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

Regimental No. 724297 Rank Pte. Name Fisher, Joseph

Corps 109th Battalion who was* Discharged

On March 7th 191 8 to Class 3, Medically unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1st 191 8 to March 7th 191 8 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 7 days at $ 1 c | 7 | 00 |
| Advances by Cheques No. | | | Field Allow. 7 days at $ c 10 | | 70 |
| Assigned Pay and Sep'n Allce. No. | | | Separation Allowances* (Monthly) | | |
| Other charges | | | Other Allowances* D.O. 49 Subs | 5 | 60 |
| Payment on ~~transfer or~~ discharge No. 9374 | 26 | 30 | Other Credits* Clothing | 13 | 00 |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 26 | 30 | Total | 26 | 30 |

* Give particulars.

A monthly stoppage of $ Cancelled (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Sep'n Allce. for 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 authority 3MD 88-F-131

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date March 5th, 1918

Place Kingston, Ont.

W Peters Capt.
Paymaster, "C" Unit M. H. C. C.
*Paymaster.*

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

cheque #9374 attached

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

J.W.6.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. 724294 Rank Private Name Fisher Joseph

Enlisted (a) 1.7.16 Terms of Service (a) D of W. Service reckons from (a) 1.7.16

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) Farmer.

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| | | Embarked Canada | Halifax | 24.7.16 | |
| | | Disembarked England | Liverpool | 31.7.16. | |
| | | Transferred for Overseas Service with 20th Battalion | | | D.O.Pt.11 No. 279 |
| 6/10/16 | C B Dep | Arrd & taken on strength | 20th Bn | 6/10/16 | NR Pt 2 O'rs 55d11/10/16 |
| do | do | Left for | do | 20/10/16 | NR |
| 27/10/16 | 20th Bn | Arrived | do | 23/10/16 | B213 |
| 6/1/17 | do | 1 day's F.P.No.1 for;- Neglect of Orders. | In Fld | 5/1/17 | B2069.Pt 2 O'rs 4d15/1/17 |
| 26/1/17 | do | employed as Woodcutter | | 19/1/17 | B213. |
| 17/3/17. | 6 CFA | Sick admd 15/3/17 Duodyd | Duty. | 17/3/17. | B213. |
| 24/3/17 | 20 Bn | Rejd from Hosp. | 20 Bn | 17/3/17 | B213. |
| 26-5-17 | --- | Proceeded to Base for classification by Med: Board | | 31-5-17 | --- 29 Yd 5/6/17. |
| 23.5.17. | CBD. | From ADMd. | admd CBD. | 23.5.17 | NR. |
| 28.5.17 | 2 CBD. | Varicose vein (Admd) | PB 2 CBD | 28.5.17 | NR |
| 14-6-17 | do | Forfeits 5 days pay for;- When on active service An act to the prejudice of good order & military discipline, i.e., Erasing an entry in his pay book with intent thereby to obtain a sum of money to which he was not entitled. | | 12-6-17 | B2069. Pt 2 45 D/25-6-17. |
| 7.4.17. | do. AAG | P.B. Leaving for S off S 20th Bn on transfer to 1st Lbr Bn 6-7-17 | 1 Cdn Lbr Bn | 7.4.17 | NR. KR.10172. (AG.A/24969. Pt 2 51 d/25-7-17. |

(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.



OCT 5 1916

Capt.
ADJUTANT,
109th Overseas Battalion, C. E. F.

CAPTAIN
ADJUTANT,
109th OVERSEAS BATTALION, C.E.F.

| 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 | | | | |
| 7 2/17 | A.G. | T.O.S. 1st Can. Labour Bn. on transfer from 20th Bn | Kilel | 7 2/17 | A.G. A/24969 KR. 10172 |
| 14.7.17 | O/C Unit | Joined unit | Field | 7 7/17 | Pt. II O/64 8/2/17. 13212 |
| 9.8/17 | do | Awarded 14 dys CB for: Destroying Government rations: in that he did throw away 4 Army Biscuits | | 8 8/17 | B2069 |
| 19 8/17 | O/C Unit | Wounded | Field | 17 8/17 | Letter 4 Div. C. Lab. 7.11.16/1866 |
| 24 8/17 | O/C #1 Gen | Gsw. Leg. & foot | To England | 24 8/17 | DCS #43 A36 |
| 28 8/17 | O/C H/S Pielen de Bonnick | do do | Invalided & posted | | |
| | | "to 2nd battalion Ontario Regimental Depot, Skaneliffe, | | 28 8/17 | W3083 Pt. II O. #42 4/6 9/17 |

Thos B. Mahon Lieut.,
Vol Lieut, Colonel, AAG.,
Canadian Section.

| | | | | | |
|---|---|---|---|---|---|
| 7-9-17 WS. | 1st CORPS | T.O.S. | W. S'ling | 28-8-17 | Pt. II O.0182 |

J. C. Proctor Capt
for Colonel i/c Records.

R—122

TLH. Rank Name Fisher, Joseph. Reg'l No. 724297.

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

Place and Date of Enlistment Barriefield, July 1st.1916. Place of Birth Evesham, England

Name and Address, Next-of-Kin Agnes Fisher, 24, John Street, Leamington, England. Relationship Mother.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character Overseas

N/E R.B No 9967
File R.L.
Category Lan Mil

H. W. & V., Ld.—7165-16.

A.F.B. 103 ... 17 OCT. 1916

| 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 | | | |
| 5-10-16 | 109th Bn | S.O.S. to 20th Battn | Bramshott | 5-10-16 | Pt II. D.O. 279. J.W.G. |
| 11-10-16 | 20th " | T.O.S. from 109th " | Field | 6-10-16 | " II 55. |
| 31. 3. 17 | do | Adm to 6 Can Fd Amb | | 15.3.17 | C.L.A. 474 Scabies |
| 31. 3. 17 | do | Dis to duty | | 17.3.17 | C.L.A. 474 do |
| 25-7-17 | do | S.O.S. to 1st. Labor Bn. | Field | 6-7-17 | Pt. II D.O. 51 (1st. Lab. Bn. D.O. 64 d 5-8-17) |
| 27-8-17 | 1st. Lab. Bn. | Adm. No. 1 Can. Gen. Hosp. | Etaples | 19-8-17 | C.L. A 138 (S.W. & Leg. L. Foot) |
| 3-9-17 | 1st. C.O.R.D. | Adm. Beaufort War Hosp. | Bristol | 30-8-17 | C.L. B |
| 6-9-17 | 1st. Lab. | Posted to 1st. C.O.R.D. | Field Pte. | 28-8-17 | Pt II D.O. 42 (1st. C.O.R.D. D.O. 182 d 7-9-17) |
| 14-9-17 | 1st CORD | Tfd. Can. Conva. Hosp. | Bearwood | 12-9-17 | C.L. B11 (S.W. L. Leg) |

| Report. Date. | 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. |
|---|---|---|---|---|---|
| 6-11-17 | 1st CWRD (1st L.) | Tfd. No. 5 Can. Gen. Hosp. Kirkdale | | 3-11-17 | C.L. B56 (S.W. Hed. Thegt.) |
| 30-11-17 | ✓ | Invalided to Canada ex No. 5 Can. Gen. Hosp. Kirkdale | | 19-11-17 | C.L. B77 ✓ |
| 4-12-17 | 1st CWRD | S.O.S. to Canada Para. 392-16 | Pte. W. Sling | 19-11-17 | Pt. II D.O. 270 |
| | Halifax | Convalescent. | M.A.B. Kingston | 28-11-17 | M.R. 409 |

22168/442

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

6006-J-6.

Name Fisher, Joseph William
Surname Christian Name

Regimental Number 724297 Rank Pte.

Unit 20th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 7-3-18.

P. D. P. Filing Number 5-84-3.

Address (in full) c/o Soldiers' Aid., Ottawa, Ont.

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 | 1657 | 18-3-18 | 33 | 00 | 1623 | 18-4-18 | 33 | 00 | 1555 | 18-5-18 | 34 | 10 | | | 100 | 10 |
| | | | Sus a/c | | | Sup. L.P.C. | | | | | | | | 2 | 68 | | |
| ~~2681~~ | ~~$~~ | ~~40~~ | ~~7582~~ | ~~9~~ | ~~79~~ | ~~7000~~ | | | | | | | | | | | |

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks: Debit ~~2 68~~ 5.36 and file 06006-J. 5.1. G.W. 2.5.19 (4 Docket)

$2.68 Supp. L.P.C. Classifica 17th | wbK.

Leg. Acts. 23.6

Dec'n No 2.2168/442 W. S. G. File No 6006 J6

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 OR PERSON | | | | | | | |
|---|---|---|---|---|---|---|---|
| O | Ag. | | ou | | | | m |
| ~~29/3/19~~ 1 | ~~2968~~ | ~~400758~~ | ~~9000~~ | | | | |
| 2-6-19 2 | 2913 | 477557 | 104 54 | | | | |
| 3 | — | — | x x | | | | |
| 22/9/19 4 | 29685 | 524687 | 70.00 | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| | Total | | | Total | | | |

Red. ~~Triangle Hat of Canada~~

~~Dominion Sgo.~~

~~Montreal~~

P. Q.

~~Lakefield P.O.~~

~~Ont~~

City View P.O.

Ottawa Ont.

11/9/19

W 99

CK. 400758 Remailed Same add. W.O. 12609

400758 Ret. & Cancelled 28-3-19 Fr. 14742 uncalled for

audit a. G. shows 2913 C. cheque for $104-54 - J. 477557 Ret.

2nd payment

Reissue of first payment at present.
Pending Investigation of Chq 477557. $104.54

W 99

Eth

New add:-
Given by Soldier on Interview 20/9/19
Gen. Del.
Ottawa. Ont.

W 99

A-305

Ref. No. N/Roll

# MILITIA AND DEFENCE

33679

# ASSIGNED PAY.

To whom Mrs Agnes Fisher.

Address 2~~5~~4 John Street

Leamington.

Rate $15.00

Date to Commence 1st Aug. 1916.

By whom assigned Joseph Fisher

Regtl. No. 724297

Rank Pte

Corps, &c. 109th Btn.

F. M. Moyne C.S.

## PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Pay Sheet Deduction. | REMARKS. |
|---|---|---|---|---|---|
| Jan. | 1916 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | 149942 | 15 - | | |
| Sept. | | 168047 | 15 | | |
| Oct. | | 197983 | 15 | | |
| Nov. | $60.00 | 230821 | 15 | 60 | |
| Dec. | | 282089 | 15 | | |
| Jan. | 1917 | 327537 | 15 | | |
| Feb. | | 360056 | 15 - | | |
| March | | 404086 | 15 | | Checked & found correct |
| April | | | 120 | | |
| May | | | 105 | | |
| June | | | 225 | | |
| July | | | | | |
| Aug. | | | | | |

# ASSIGNED PAY.

By whom assigned Fisher. Joseph.

Regtl. No. 724297. Pte. 109th Bn.

| Month. | Year. | Cheque No. | Amount. | | Pay Sheet. | | REMARKS. |
|---|---|---|---|---|---|---|---|
| Sept. | 1917 | | | | | | |
| Oct. | | | | | | | |
| Nov. | | | | | | | |
| Dec. | | | | | | | |
| Jan. | 1918 | | | | | | |
| Feb. | | | | | | | |
| March | | | | | | | |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| July | | | | | | | |
| Aug. | | | | | | | |
| Sept. | | | | | | | |
| Oct. | | | | | | | |
| Nov. | | | | | | | |
| Dec. | | | | | | | |
| Jan. | 1919 | | | | | | |
| Feb. | | | | | | | |
| March | | | | | | | |

REGT'L No 724297

NAME Fisher Joseph

H. Q. FILE No. 649-

RANK AND CORPS Pte ~~20th Bn~~ 1st Labour Bn from 109th Bn

FOLLOWS

FOLLOWS

| CABLE No. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| M5954 34-5 | 26-8-17. | E<br>Adm. 1st Can. Gen. Hosp. Etaples Aug. 19th. 1917. Gsw. L. Leg Foot.<br>Returned to Canada per H.S. "Araguay" 28/11/17. Gsw. left foot. |

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 474 | No 6 Can Feld Amb | 15-3-17 | Scabies |
| a 474 | " " " " | 17-3-17 | " Disc to Duty |
| A138 | No 1 Can. gen. Etaples | 19-8-17. | S.W. lt. leg. lt. foot. |
| B1. | Beaufort War. Bristol | 30-8-17. | S.W. lt. foot. (1st Ant. Ont. Reg) |
| B11-2 | to C.C. Bird Wks. | 12-9-17. | " " leg. " " " |
| B561 | 5 Can. Gen. Kirkdale | 3-11-17 | " " Heel & Thigh " " " |
| B77-3 | Invalided to Can | 19-11-17 | " " " " " " |
| 342 | m H & C Kingston | 6-12-17 | Porter Dulce Jumps |
| 346-2 | m. H & C Kingston | 7-12-17 | Trs. Fleming from Queens |
| 361-1 | " " " " | 7-12-17 | Trs. to Out-Pat Fleming |
| | | 17-12-17 | Trs. In-Pat Fleming |

CARD NO. V

FOLL.

SURNAME. Fisher

CHRISTIAN NAMES Joseph

REGL. No. 724297 RANK pte.

UNIT 109 th. Bn

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Fisher, Mrs. Agnes

RELATIONSHIP TO SOLDIER Mother

ADDRESS 24 John St. Leamington Eng.

COUNTRY OF BIRTH England, Evesham DATE July 14th 1896

PLACE OF ATTESTATION Bannfield, Ont. DATE July 1st 1916

O/S 23-7-16 488/13 R/C, 28-11-17

Sailed From Halifax Per S.S Olympic 23/7/16

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 20 YEARS — MONTHS

HEIGHT 5 FEET 5 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Birth mark on left hip.

MEDICAL EXAMINATION. PLACE Barriefield, Ont DATE July 1th 1916

Present address St. Georges, Horne

Ottawa

Form DMS 1401.
8289 100M 9/3/17.

Canada

Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.
HOSPITAL.

**A. & D. CARD**

AT

A. & D. No. D 9780 PL. OF ACTION B 724297

RANK Pte UNIT 1st Bn. Bath. SICK OR WOUNDED

NAME Fisher G AGE 17 RELIGION RC

PLACE IN HOSPITAL S.W.

DIAGNOSIS Shrap Lt leg. Severe

ADMITTED 11 SEP 1917 FROM B.W. & Bristol

DISCHARGED TO

TRANSFERRED 2 - NOV 1917 Kirkdale Hos. Liverpool.

SERVICE AT HOME 6/12 IN FIELD 1 7/12.

RESULTS

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

REMARKS.

Form R. 149.
7106—250m—7/2/17.

*Name* FISHER Joseph *Rank* PTE *Reg. No.* 724297

*Unit* 1st Labour Battalion

*Next of Kin* Canada

| Date 1917 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| Aug 19 | No 1 Can Gen Hsp | Etaples | SW L Leg L Foot | A138 | M5954 | |
| 30.8.17 | Beaufort W H Bristol | | SW L. Foot | B.1. | | 3-9-17 |
| 12.9.17 | BH Beaumont 1986 | | SW L. Leg. | B11 | | |
| 3.11.17 | 5 GSH Liverpool | | SW Wd 9. Thigh | B56 | | 4998 |
| 19.11.17 | Inv. to Canada. | | | B77 | | 1794 |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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FORM R. 149.
7106—250m—7/2/17.

*Name* Fisher, Joseph *Rank* Private *Reg. No.* 724297

*Unit* 20th½.BATTALION.

*Next of Kin* Agnes Fisher.24 John St. Leamington. ENG.

| Date 1917 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 15-3. | No.6.C.F.A?. | | Scabies | A474 | | |
| 17-3. | Discharged to Duty. | | -do- | A474 | | |

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

mac Cem

Number 424294 Rank Pte.

Surname FISHER

Christian Name Joseph

Units 20th Bn Can Inf Theatre of War France

Date of Service 6.10.16

Remarks

Latest Address ~~25 Cliff St. Ottawa Ont~~

159 Simcoe St Toronto, Ont

Roll No. B. Page 17655

200m.-2-21.M.

No. 724297 RANK Pte. NAME Fisher, Joe.

T. O. S. UNIT 109th Battalion.

M. D. 3.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916. July 1. | 1916. July 31 | " | | |

UNIT SAILED
JUL 23 1916

Reg. No. 724297 Name Fisher J.W.

Rank Pte Corps 109th Age 17 Service ✓

Ledger No. Serial No.

| HOSPITALS | DATE | DIAGNOSIS |
|---|---|---|
| St Lukes Gen Hospt Ottawa | 7.12.17 | G.S.W. Left Ankle |
| Dis no Date | ? | |

P. T. O.

| HOSPITALS | DATE | DIAGNOSIS |
| --- | --- | --- |
| | | |
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M. F. W. 2553.
50M-6-19.
1772—39-1332.

D.M.S. 1300.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Fisher | J. | 724297 |

| Rank | Unit | Co. | Troop | Batty |
|---|---|---|---|---|
| Pte | 20th Batt. | 1st. Cent. | Ont. | Reg. |

Hospital — Date of Admission

Transferred 6 Can. Fld. Amb. Hosp. 15-3-17
1 Can Gen Hosp Etaples Hosp. 19-8-17
Beaufort W. H. Bristol Hosp. 30-8-17
Bearwood Conv. Wokingham Hosp. 12. 9. 17

Diagnosis Scabies
S.W. L. Leg. L Foot Jt

(1) Later Diagnosis (if changed) S.W. Steel + Thigh R

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION To Duty Date 17-3-17

A474

C.L. 31-3-17
" 27-8-17 A 138
" 4-9-17 B1
" 15. 9. 17 B1 (2)
7.11.17. B 56 (1)
1.12.17 B 27 3.

REMARKS

Invalided to Canada 19.11.17.

Dis. to Canada per H.S. "Aragnaya" from L'pool 19-11-17.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

Rw

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm |
|---|---|---|
| 1. | 5. Can. Gen. Kirkdale | 3.11.17. |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Married or Single: Single

Place of Birth: Evesham Eng

Name and Address of Next of Kin: Agnes Fisher 24 John St. Leamington Eng

Relationship of Next of Kin: Mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $: Effective (Date):

Payable to:

Relationship of Dependant:

AB. checked & found correct

Parker

**Casualties, Promotions, &c.**

| Particulars | Effective Date | Authority |
|---|---|---|
| | | |

**Admissions to Hospital, &c.**

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

Reg'l No. 724297 Rank: Pte Name: Fisher Joseph

If in Perm't. Corps What Unit: Unit: 109th Bn

Permanent Force Allowances

Place of Attestation: Barrifield Ont

Date of Attestation: July 1st 1916

Transferred to: 20th Bn Date: 5/10/16 Authority: DO 279

Transferred to: Pay 2nd Dts Canada Date: 26/10/17 Authority: Request

Transferred to: Date: Authority:

Transferred to: Date: Authority:

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

Payable to: Mrs Agnes Fisher 24 John St Leamington Eng Relationship: Mother

Assigned Pay Monthly $: Date Effective:

Payable to: B. Relationship:

18 SEP 1918

Stop-Payment Form (Assigned Pay) Rendered (Date): Stopped Effective: 1-11-17 Reason: Dis. to Canada

Discharge Date and Place: Canada. 25/10/17. Reason and Authority: Burwood. 13 a/19. 1/10/17

Account Transferred to Non-Effective Branch (Date): Invalided

Account Transferred to Officers' Pay Branch (Date): CJ

Checked: G.W. Williams

| 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 0 | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| July 31 | | | | | | | | | | | | | | 17 70 | 17 70 | | | | | | | | | Bal. from Canada | | | | | | | 17 70 | | | | |
| Aug 31 | 31 | 1.00 | 31 | | 31 | 10 | 310 | | | | | | | | 34 10 | 29 9-8 16 | | | | | | | | 973 | | | | 15 | | 24 73 | 27 07 | | | | |
| Sept 30 | | | 30 | | | | 3 | | | | | | | | 33 | 60 31/8/16 | 92 | 29/9/16 | | | | | | 730 | 730 | | | 15 | | 29 60 | 30 47 | | | | |
| Oct | 15 | | 5 | | | | | 50 | | | | | | | 550 | | | | | 7335 | 17/10/16 | | | | | 436 | | 15 | | 15 | 20 97 | | | | DO 279 Trans 20th Bn 5/10/16 |
| 6/31 | 26 | 1. | 26. | | 26 | 10 | 260 | | | | | | | | 286 | | | | | 131 | 21/9/16 | | | | | 973 | | | | 1409 | 35 48 | | | | |
| Nov | 30 | 1. | 30 | | 30 | 10 | 3 | | | | | | | | 33 00 | 1310 | 31/10/16 | | | | | | | 261 | | | | 15 | | 17 61 | 51 87 | | | | |
| | | | | | | | | | | | | | | | | 1448 | 30/10 | | | | | | | 1134 | | | | | | | | | | | |
| Dec | 31 | 1. | 31 | | 31 | 10 | 310 | | | | | | | | 34 10 | 1367 | 27/11 | | | | | | | 262 | | | | 15 | | 28 96 | 86 01 | | | | |
| 1917 | | | 15 | 30 | | | 15 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 31 | 1.10 | 34 | 10 | | | | | | | | | | | 34 10 | 1508 | 16/12/16 | 1553 | 6/1/17 | | | | | 523 | 262 | | | 15 | 1 10 | 23 95 | 66 16 | | | | 1 day Pay for neglect of duty B.O.K. 15/1/17 |
| Feb | 28 | 1.10 | 30 | 80 | | | | | | | | | | | 30 80 | | | 1714 | 7/2 | | | | | | 523 | | | 15 | | 20 23 | 76 73 | | | | |
| | | | 233 | 28 | | | | | | | | | | 17 70 | 250 90 | | | | | | | | | 38 83 | 15 15 | 14 09 | | 105 | 1 10 | 174 17 | | | | | |
| Mch | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 1777 | 17/2 | 1888 | 30/3 | 2038 | 21/4 | 19/Bn | | 262 | 523 | 261 | | 15 | | 25 46 | 85 37 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | 120 | | | | | | | |
| Apl | 30 | 1.00 | 33 | | | | | | | | | | | | 33 | | | | | | | 44 28 21 | | | | | | 15 | | 15 | 103 37 | | | | |
| May | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 72 | 30/4 | | | | | 24858 | | 523 | | | | 15 | | 20 23 | 117 24 | | | | |
| | | | 334 | 40 | | | | | | | | | | 17 70 | 352 10 | | | | | | | | | 4668 | 2038 | 1670 | | 150 | 1 10 | 234 86 | 117 24 | | | | |

Sh No 1 #5694 Liverpool 23.11.17 6d Bal 98.84

724297 Pte Fisher J. W.

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 33 | 40 | | | | | | | | | | 17 70 | 35 | 10 | | | | | | | | 46 68 | 20 38 | 16 70 | | 150 | 1 10 | 234 86 | 117 24 | | ✓ | | |
| June | 30 | 1 00/10 | 33 | | | | | | | | | | | | 33 | | 133 | 21/5 | | | | ✓ | 2nd 38 D. 21/5 A41056 | 268 / 535 | | 7 14 | | 15 | 5 50 | 35 67 | 114 57 | | ✓ | | Forfeits 6 days P.A. BD45 - 25/4/17 |
| July | 31 | | 34 | 10 | | | | | | | | | | | 34 | 10 | | | | | | | A78557 | | | | | 15 | 7 | 15 | 133 67 | | | | |
| Aug | 31 | | 34 | 10 | | | | | | | | | | | 34 | 10 | | | | | | | A146857 | | | | | 15 | | 15 | 152 77 | | | | |
| Sept | 30 | | 33 | | | | | | | | | | | | 33 | | | | | | | 131 22/6 23100 165 30/6 " " A4006 SOR #172735 11/9 Bnd'd | | | | 4 46 4 46 0 8 | 15 | | 24 | 161 77 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | 54 71 | 20 38 | 32 84 | | 210 / ~~15~~ | 6 60 | | | | | | |

| Month 1917 | Particulars | Cr. 1 | Cr. 2 | Particulars | Dr. 1 | Dr. 2 | Dr. 3 | Dr. 4 | Balance | Deferred Pay | Ser. Allce. Eng. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept 30 | Balance | ~~161 77~~ | | | | | | | 161 77 | | |
| Oct 1/25 | P. Pay P.A. | 27 50 / ~~2 00~~ 27 50 | | | | | 15 / 15 | | 174 27 / ~~173 17~~ | | |
| | | | | | | | | | | | |
| May | | | | Dn. all 308. 15/7/17 | 1st Lab Pt | 268 | | | | | |
| | | | | - 781 18/9/17 | Wok. Pat. | 244 | | | | | |
| | | | | - 858 2/10/17 | " " | 243 | | | | | |
| | | | | - 996 16/10/17 | " " | 19 47 | | | | | |
| | | | | - 1006 22/10/17 | B'wood | 48 67 | | | 98 58 | | |
| | | | | | | 35 69 | | | | | |
| June | | | | Dr - Balance to Canada | | 96 15 | | | | | |
| | | | | Dr. AR 324. 1st Lab 31/7/17. | | 268 ✗ | | | | | |
| | | | | " " 948 B.W. 16/10/17. | | 243 | | | | | |
| | | | | " " 370 1st Lab. 15/8/17. | | 268 ✗ | | | 536 | ✗ All P.A. Cancelled and written off P.A. 11 D. 2. Pt | |
| | | | | | | 103 94 | | | | | |
| Judy Cr. Bal. Canada | | 536 | | | | | | | | | |

Cash Payments 1: 46 68; 2: 20 38; 3: 16 70; 4: 2nd 38 D. 21/5 A41056 268 / 535; 3: 7 14; 3: 4 46 / 4 46 / 0 8; 1: 54 71; 2: 20 38; 3: 32 84

Balance Credit: 117 24; 114 57; 133 67; 152 77; 161 77; 174 27 / ~~173 17~~

Remarks: Forfeits 6 days P.A. BD45 - 25/4/17

A.S.M. FORM REN.D Spd EFFEC. 1/11/17
DISCHARGED TO Can DATE 25/10/17
PAYBOOK VERIFIED Ex
Cr. BAL 98 58 P.O. REN.D 26/10/17
AUTHY. B. Wood. 13 a/9 19/10/17

Invoiced.

Checked J. Graham 25/6/18

{ Supp. A.P.C. 11/4/18. Vr. 9616
a/R 308 = 268.

Sup. L.P.C. 15/7/18
Cr. Bal. # 9080
a/R 324. # 268
a/R 370 - # 268

1st Sup. 15/7/18
# 536

Arrangs 19/11/17

This space to be left blank for the Chelsea Number.

C

ARAGUAYA

Army Form B. 268.

# Proceedings on Discharge.

November 28th

*1917*

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

No. 7[illegible]297 Army Rank Pte

Name Fisher Joseph William

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

Corps 1st Cent Ontario A 109 Bn B. 1st July 1916 5th Res.

Battalion, Battery, Company, Depôt, &c. B 20th Bn

(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

Place of discharge

1. *Description at the time of discharge.*

Age years months

Height feet inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade

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

Descriptive marks.

Scar left leg & heel.

M

(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

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Fair

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

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.

Initials of Commanding Officer.

136 64/

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

[OVER.

HOSPITAL REPRESENTATIVE.
CANADIAN CONVALESCENT HOSPITAL
BEARWOOD PARK, WOKINGHAM.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

WSG Comp. 25-2-19 RC

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 39 Forms B. 268 40

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 _____

Certificate of education ..... _____

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

Hospital Representative
20 OCT. 1917
Canadian Convalescent Hospital
Bearwood Park, Wokingham.

(Place) _____

(Date) _____

_____
HOSPITAL REPRESENTATIVE
CANADIAN CONVALESCENT HOSPITAL
BEARWOOD PARK, WOKINGHAM.

*Commanding* _____ *Battn.* _____ *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*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*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 (date)

(Place) _____

(Date) _____

*Signature* _____

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.)

## 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.

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. 724297

Rank Private

Name Fisher - Joseph William

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

Corps (Squadron, Battery or Company) 109th Battn -

Date of Discharge March 4th. 1918.

Place of Discharge Kingston Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 6 months.

Height 5 feet 5 inches.

Complexion - Fair -

Eyes - Blue -

Hair - Fair -

Trade Student

Intended place of residence (To be given as fully as practicable.) 25 Cliff Street Ottawa

Descriptive Marks Scar vaccination left arm. G.S.W. Left axilla & thigh

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

being medically unfit for further service.

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.

Good

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.)

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

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

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

6. Medals and Decorations.....

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

(Date) 4-3-18

CAPT. & ADJT.
"C" Unit, M. H. C. C.
*Commanding*

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) Ottawa. Pte J. Fisher (*Signature of Soldier.*)

(Date) 16-2-18. J. H. Gibson Sgt. (*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 30 days.

Total 1 years 30 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto

(Date) 5-3-18

(*Signature*) CAPT. & ADJT.
"C" Unit, M. H. C. C.

## 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.)

I have not received my cheque for the month of January. Pte J Fisher

(OVER)

# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form | B. 263. |
| Squadron / Battery / Company Conduct Sheet, | " | B. 263a. |
| 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."

| | | |
|---|---|---|
| Attestation Paper, | Militia Form | B. 235. |
| Proceedings on Discharge | " | B. 218. |

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.***

52822

Fisher, J.A Pte. 724297 20th Battalion.

Will detached by Paymaster, 109th Batt'n, C.E.F.

H J Williamson (Cpl)
P.M 109th Batt'n C.E.F

— 20 —

Perforated sheet for Will from Pay Book of

No. 724297

Name J A Fisher

Unit 109th Bn. C.E.F.

**Military Will.**

In event of my death I bequeath my real and personal estate to Mrs. Agnus Fisher 23 Cowl st. Evesham Worchestershire England.

Witness (R. Vandercoet)

Signature J A Fisher

Rank and Regt. Pte 109 Bn

Date Oct 2 1916

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 724297 Rank PRIVATE Surname FISHER Christian Name JOSEPH WILLIAM

Unit or Corps—(a) Overseas from United Kingdom 109TH BATTALION (b) In United Kingdom 1ST CAN LABOUR 20TH BATT

Born at—Town EVESHAM County or Province BIRMINGHAM Country ENGLAND

Date of Birth—Day 14TH Month JULY Year 1900 Age 17 yrs. 3 months.

Joined at BARRIEFIELD, ~~KINGSTON~~, ONTARIO Date MAY 2ND 1915

Former Trade or Occupation LABOURER

Permanent marks or peculiarities that will serve for future identification:— SCAR LEFT LEG, LEFT HEEL

Height—feet 5 inches 4 Colour of eyes GREY

Signature of Soldier (*for identification purposes*) Pte Joseph William Fisher

## 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*) ~~GUN~~ SHOT ~~WOUND~~ OF ~~RIGHT~~ HEEL

Disabilities Group (*b*) (a) PARTIAL LOSS OF ~~RIGHT~~ LEFT FUNCTION OF ~~RIGHT~~ FOOT (a4.R)

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. | G. SHOT | EPRES | AUG 17th ~~SEP~~ 1917 |
| (*ii.*) As to Group (*b*) above. | | | |
| (*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?

(*i.*) As to Group (*a*) above? NO If yes, has Active Service aggravated it?

(*ii.*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*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? YES

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

(*iii.*) As to Group (*c*) above?

3

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? YES (ii.) While off duty? ~~NO~~

(iii.) Was a Court of Inquiry held? ~~NO~~ (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).*

at Ypres Aug 1917 was wounded by shrapnel in ~~right~~ left heel and left thigh. sent to Brelly, Bus. No. Canadian dressing. sent to ~~Epst~~ Etaples no 1 Canadian. there 3 weeks operation for removal of shrapnel. sent to Boulogne Hosp. dressing. there three weeks. Came to Bearwood Sept 10 - 1917

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

wounds all healed.
left ~~ankle~~ foot painful and tender especially on front of foot. and ball of heel. cannot walk except with canes, ankle joint stiff.

8. OPERATION. (i.) Was one performed? YES

(ii.) If so, state what. Removal of Shrapnel

(iii.). Was one advised and declined? ADVISED

*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? YES

(ii.) If so, describe. THREE, UPPER

10. DO YOU RECOMMEND:—

(a) Fit for duty? NO

(b) Fit for base duty? NO

(c) Invalid to Canada? YES

(d) Discharge from the Service as permanently unfit? —

Date of Report OCTOBER 11TH 1917 Signed A. J. Rupert
Officer in medical charge of case.
Capt

Station BEARWOOD

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

P. W. Wadhouse Major (Officer i/c S.M.O. / Hospital Brigade) (Strike out one of these.)

Dated at Bearwood Station, on 16/10/17 191

* Delete if inapplicable.

PART II.

## 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)?
If not, indicate it. Yes

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

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

WITH HOSPITAL REPRESENTATIVE CANADIAN CONVALESCENT HOSPITAL BEAWOOD PARK, WOKINGHAM

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%.)

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*, $\frac{1}{4}$, $\frac{2}{3}$, $\frac{3}{4}$, $\frac{4}{5}$, *or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not applicable

18. Remarks. Wd of entry inner aspect of Lft. OS calcis exit outer aspect of tendo achilles – considerable induration about exit wound – Dorsi flexion limited – all movements of ankle painful under age & underdevelopement

19. Recommendation:—(a) Fit for duty? no
(b) Fit for base duty? no
(c) Invalid to Canada? yes
(d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board Beaw Wood – 16-10-17

Signatures of the Board. R. P. Borden Capt. CAMC President. J. Beaumont Capt CAMC

Station

Approved E. O. Mayo Capt. CAMC

A.D.M.S. CANADIANS. LONDON AREA. LONDON.

Dated at ..... Station ..... 191 2

Captain C.A.M.C. for A.D.M.S. Canadians London Area

18 OCT 1917

## Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

*President.*

*Signatures of the Board*

Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C. 30102

Regt. No. 724297 Rank Pte Surname FISHER Christian Name JOSEPH WILLIAM

Unit or Corps—(a) Overseas from United Kingdom 109th Bn (b) In United Kingdom 1st Can Labor 20th Bn

Born at—Town EVESHAM County or Province BIRMINGHAM Country ENGLAND

Date of Birth—Day [illegible]h Month July Year 1900 Age 17 yrs. 3 months.

Joined at BA[illegible]IELD KINGSTON ONTARIO Date May 2nd 1915.

Former Trade or Occupation Laborer

Permanent marks or peculiarities that will serve for future identification :—

Scar left leg, left heel

Height—feet 5 inches 4 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) Joseph William Fisher

## 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.*

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.*)

[illegible] disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) ~~GUN SHOT WOUND RIGHT HEEL~~ PARTIAL LOSS OF FUNCTION LEFT FOOT (W.R.)

Disabilities Group (*b*)

Disabilities Group (*c*).

[illegible]USE 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. |
|---|---|---|---|
| | G.S.W. | YPRES | 17-8-17 |
| | | | |
| | | | |

[illegible]*tive Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).*

[illegible]ty due to disease contracted or injuries received prior to Active Service ?

[illegible]o Group (*a*) above No If yes, has Active Service aggravated it ?

[illegible] Group (*b*) above ? If yes, has Active Service aggravated it ?

[illegible] Group (*c*) above ? If yes, has Active Service aggravated it ?

[illegible]ue to disease contracted or injuries received while on Active Service—

[illegible]roup (*a*) above ? Yes

[illegible]roup (*b*) above ?

[illegible]oup (*c*) above ?

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes (*ii.*) While off duty? No

(*iii.*) Was a Court of Inquiry held? No (*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 in the Medical History Sheet and other records*). At Ypres Aug 17th 1917 was wounded by shrapnel left heel and left thigh - sent to Dickebusch No 1 Canadian -dressings sent to Etaples No 1 Canadian - there three weeks - operation for removal of shrapnel- sent to Bristol War Hospital-dressings there three weeks - came to Bearwood Sept 10th 1917.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) Wounds all healed. Left foot painful and tender especially over front of foot and back of heel- cannot walk except with canes - ankle joint stiff.

8. OPERATION. (*i.*) Was one performed? Yes

(*ii.*) If so, state what. Removal of shrapnel.

(*iii*). Was one advised and declined? No

*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? Yes

(*ii.*) If so, describe. Three upper

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? Yes

(*d*) Discharge from the Service as permanently unfit? No

Date of Report October 11th 1917. 191 Signed A.F.Rykert Ca

Officer in medical ch

Station C.C.H. Bearwood

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

R.E.Wodehouse Major CAMC { Officer i/c Hos { S.M.O. Br

Bearwood Station, on October 1

* Delete if inapplicable.

P[illegible] # 724297 Fisher Jos. W^m

## Proceedings of a Medical Board on the Soldier mentio[illegible] Part I.

*Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," [illegible]bably," "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 disabilit[illegible] ndicated in Part I. (1)? n nYes
If not, indica[illegible]

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%.)
Not applicable.

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*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*) Not applicable.

Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
Not applicable.
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

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

Remarks. Wound of entry inner aspect of tendo-achilles. Considerable induration about exit wound. Dorsi flexion limited All move ents of ankle painful under age and under developpement.

[illegible]endation :—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

[illegible]6-10-17.

[illegible]ar Wood.

Signatures of the Board. R. P. Borden. Capt. CAMC (President.) J. D. Adamson. Capt. CAMC

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

34

A.D.M.S.

[illegible] Captain C.A.M.C.
[illegible]S., Canadians, London Area.

Station

18 OCT 1917

191

## Proceedings of the Pensions and Claims Board of the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of

*Signatures of the Board*

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

DUPLICATE

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

# MEDICAL HISTORY OF AN INVALID

STATION Ottawa, Ont. DATE Feb. 15th 1918.

1. (a) Unit 109th Battalion (b) Regimental No. 724297. (c) Rank Private.

(d) Surname Fisher. (e) Christian name Joseph William.

2. Age last birthday 20 Date of birth July 14th 1896.

3. Enlisted at Kingston, Ont. on May 1st 1916.

4. Personal description :—

(a) Height 5' 5" (b) Weight 125. (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes Blue. (f) Identification marks

Seven vaccination marks left arm. Gunshot wound left ankle and thigh.

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

25 Cliff Street, Ottawa, Ont.

6. Former trade or occupation Student.

7. (a) Service

| | Years | Days |
|---|---|---|
| | | |

| | Periods | |
|---|---|---|
| | From | To |
| 109th Battalion. | May 1st 1916. | date. |

(b) Has he been overseas? Yes-France 13 months.

8. Present disease or disability (use authorized nomenclature if possible)

Lameness left foot.

(a) Date of origin August 1917. (b) Place of origin France.

(c) Cause* Gunshot wound left foot.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

Subjective symptoms- Pain in left heel cannot bear full weight on left foot-limps slightly. Findings- General condition is good. Heart and lungs are normal. Left ankle limited in dorsi-flexion by 10 degrees. Extension normal. No wasting of muscles. There is a scar inner side of left foot below inner malleolus and exit scar below outer malleolus with some loss of bone from calcis. There is a scar inner aspect left thigh and one on outer side about the middle. No disability results from these latter wounds. There are some varicosities left leg.

[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.

75M.-12-17.
1772-39-117.

3

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.

* * * * * *

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

10%

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

* * *

13. Was a Court of Inquiry held ? Not

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

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).

In English Hospitals, in Convalescent Home, Ottawa.

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 ? Yes.

20. Recommendations Discharge.

D. Macaulay

*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

J. Fisher

*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.

Yes.

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. (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable).

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

His disability is due to service and amounts to 10%.

Huston Lynne — President
Lt.-Col. R.A.M.C.
A. F. McKeen — Capt. A.M.C.
J. B. Claxton — Capt. A.M.C.
} Members.

STATION Ottawa, Ont.
DATE Feb. 15/19.

APPROVED BY
DATE FEB 22 1918
W. Crang — Captain A.M.C.
Assistant Director of Medical Services.
For A. D. M. S. M.D. DISTRICT NO. 3.

APPROVED BY
DATE
Director-General of Medical Services.

## 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. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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.

P. 697. 724297 Pte. Fisher, J.

# EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

| Date of Payment. | No. of Acq. Roll. | AMOUNT Francs | £ | S. | $ | ¢ | Place of Payment. | Name of Paymaster. | Remarks. |
|---|---|---|---|---|---|---|---|---|---|
| 18.9.17 | 781 | | | 10 | 2 | 43 | Boulogne | Va Lemieux | |
| 2.10.17 | 838 | | | 10 | 2 | 43 | " | " | |
| 16.10.17 | 948 | | | 10 | 2 | 43 | " | " | Same |
| 18.10.17 | 996 | | 4 | | 19 | 47 | " | " | |
| 22.10.17 | 1506 | | 10 | | 48 | 67 | " | | |
| | | | | | 75 | 43 | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| NUMBER OF RATIONS REQUIRED ... ... | | | | | | | | | |

## HEAVY DRAFT HORSES.

| | HAY | STRAW | OATS | MAIZE | * BRAN | * LINSEED | * CORN | * ROCK |
|---|---|---|---|---|---|---|---|---|
| TOTAL RATIONS AUTHORISED AS ABOVE ... | | | | | | | | |
| DEDUCT:—NUMBER OF RATIONS ON HAND ... | | | | | | | | |
| NUMBER OF RATIONS REQUIRED ... ... | | | | | | | | |

## LIGHT DRAFT, RIDING HORSES AND MULES.

| | HAY | STRAW | OATS | MAIZE | * BRAN | * LINSEED | * CORN | * ROCK |
|---|---|---|---|---|---|---|---|---|
| TOTAL RATIONS AUTHORISED AS ABOVE ... | | | | | | | | |
| DEDUCT:—NUMBER OF RATIONS ON HAND ... | | | | | | | | |
| NUMBER OF RATIONS REQUIRED ... ... | | | | | | | | |

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

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

.....

.....

QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES T