109TH BN

Card M.A.

ATTESTATION PAPER.

No. 724011

Folio.

DUPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Russell
1a. What are your Christian names? ..... Joseph Gibson
1b. What is your present address? ..... 42 Daly Ave, Ottawa
2. In what Town, Township or Parish, and in what Country were you born? ..... Bradford, Yorkshire Eng.
3. What is the name of your next-of-kin? ..... Mrs. Mary Russell
4. What is the address of your next-of-kin? ..... 5 Skipton Terrace, Farner
4a. What is the relationship of your next-of-kin? ..... Mother (N. Leeds, Eng)
5. What is the date of your birth? ..... June 7th. 1886
6. What is your Trade or Calling? ..... Book Keeper
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 Gibson Russell, 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.

J. G. Russell (Signature of Recruit)

Date Jan 11 1916 Geo. Bourney Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Gibson Russell, 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.

J. G. Russell (Signature of Recruit)

Date Jan. 11. 1916 Geo. Bourney Lt (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 11 day of January 1916

G. Gordon (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Joseph Gibson Russell on Enlistment.

Apparent Age 29 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 3 ins.

Complexion Dark

Eyes Lt Brown

Hair Black

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

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

scar on left cheek

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 declares that he is not subject to fits of any description.

I consider him* fit for clerk for the **Canadian Over-Seas Expeditionary Force.**

Date Jan 14th 1916

Place Lindsay

J McCullock Capt.
Medical Officer.
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.

Joseph Gibson Russell having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date JAN 15 1916 191 .

REGIMENTAL DOCUMENTS

NAME Russell Joseph Gibson REGT. NO. 724011 UNIT 10th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 X	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				28802	DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Form C.D3.					
1	Clothing Statement					
1	M.D.W. 69					
1	Disp Cert					
5	Misc					
1	Copy of will					
1	S.L.A.					
1	Pay Card					

No. 724011 RANK Pte NAME Russell J. G.

T.O.S. 11-1-16
S.O.44. 11-1-16

UNIT 109th. Battalion

M.D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan. 2.	Jan. 31	✓	Prom Sgt (without pay) 2.2.16	A.O. 64. 3.2.16.
Feb		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

B6L

CARD NO. SOS·17-16-19

Demob 20289 of FOLL. 16-10-19 m D 6

SURNAME. Russell.

CHRISTIAN NAMES Joseph Gibson

REGL. No. 724011 RANK Sergt. (W.E.P.)

UNIT 109th Batt.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Russell, Mrs. Mary

RELATIONSHIP TO SOLDIER mother

ADDRESS 5 Skippon Terrace, Thorner. Nr. Leeds, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Bradford Yorks DATE June 1st 1886

PLACE OF ATTESTATION Lindsay DATE Jan. 15th 1916.

O/S. 28/7/16. 486/30

92/6 10-10-19 424 a/Sgt

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

Sailed from Halifax 23-7-16 per S.S. Olympic.

MARRIED — SINGLE Yes WIDOWER —

TRADE OR CALLING Book-keeper RELIGION Church of England

DESCRIPTION.

APPARENT AGE 29 YEARS — MONTHS

HEIGHT 5— FEET 8 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Lt. Brown HAIR Black

DISTINGUISHING MARKS Scar on left cheek.

MEDICAL EXAMINATION. PLACE Lindsay DATE Jan. 14th 1916

JCG
Jew

Number 724011 Rank a/Sergt. B

Surname RUSSELL

Christian Name Joseph Gibson

Units 109th 18th Can Inf Theatre of War ENG

Date of Service 31/7/16

Remarks

Latest Address Poste Restante
Vancouver
B.C.

Roll No a. Page 1780

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

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

724011

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Russell Christian Name Joseph Gibson

Examined on 17 day of Jan 1916 at Lindsay

Birthplace City or Town Bradford County Yorkshire Eng

Apparent age 24

Trade or occupation Book Keeper.

Height 5 Feet 8½ Inches.

Weight 141 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. None Left. Scs Number Scs

When Vaccinated last February 9th 1916

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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

Date	Fit or Unfit	Examined for Re-engagement.
12-4-18	A	R. Russell Gibson M.O.
20/7/18	A	J. Gordon Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
9-2-16	Nil	J. McCulloch Capt. M.O.
22-2-16	Nil	J. McCulloch Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18-4-16	Good	J. McCulloch M.O.
[illegible]-4-16	Good	J. McCulloch M.O.
2-5-16	Good	J. McCulloch M.O.
22-9-16	Good	Approved. 30/5/17 W. H. Lindsay

Zab 30/5/18
Zab 11/6/18

Enlisted on 11th day of Jan 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt. C.E.F.	724011		11.1.16.
Transferred to	124th OVERSEAS BATTALION C.E.F.			18.1.17
	~~C.D.B.~~ 156th Can Inf Bn.	724011.		4-4-17
	25th Battn. HQ Can Troops	724011		18.3.18. 22.3.18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley WITLEY CAMP, SURREY. 5/7 1919	25-10-18	Defective Vision	B7 Jas. L. Hammond Capt. Can. Army Med. Corps.
		Do	B2

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

139

Surname Russell Christian Name Joseph Fulton

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

C.A.D.C. 3009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

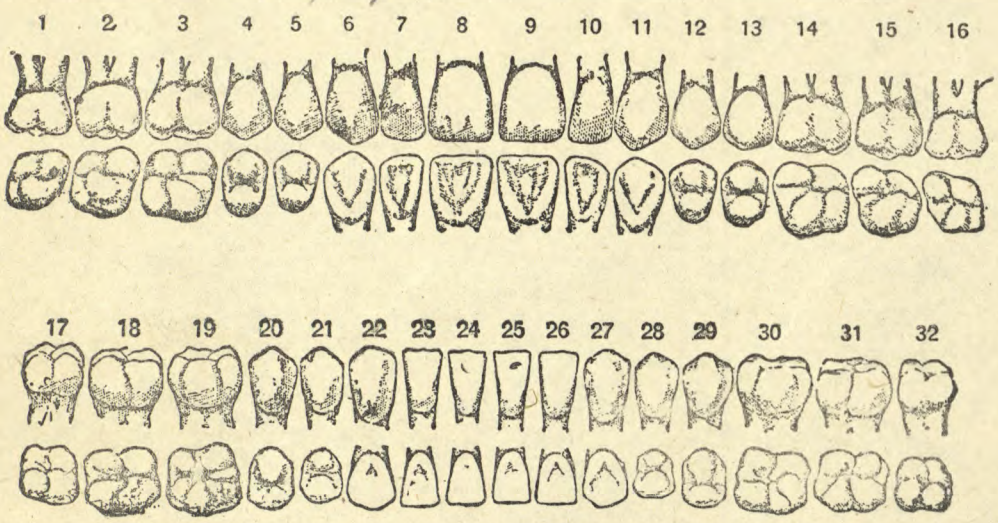
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) RUSSELL. J. G.

REGIMENT H. ORS. C.C.C. WITLEY RANK A/Sgt. No. 7211011

Date of Examination in England 16/11/19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 5, 12, 14, 18, 28, 31
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES OCT 10 M. D. NO. 6

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

~~(a) In Canada~~

~~(b) In England~~

~~(c) In France~~

Signature of Dental Officer R C Crosby Capt.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Sheet 2

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 109th Overseas Batt. C.E.F.

Regimental No. 7[illegible]011 Rank Pte. Name Russell Joseph Gibson

Enlisted (a) 11-1-16 Terms of Service (a) D of W Service reckons from (a) 11-1-16

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) Book-keeper

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				
22.3.18	Hqrs Witley	To be Acting Serg. without pay	Witley	22.3.18	Part II. #1.
26.5.18	"	To Resume pay as 1st class clerk	do	26.5.18	Part II. #11.
29.9.17	do.	S.O.S. O.M.T.C. to C.E.F. in Canada.	do.	29.9.17	Pt #42.
		EMBKD. LONDON SEPT 12 19 ABR HALIFAX 9 10 19			Lieut. Camp Comdt. Canadian Concentration Camp, Witley.

16.10.19 T. O. S. No. 6 D. D. from 29.9.17 and posted Despatched to H.Q. 10-10-19 Do 289 789

16.10.19 Solon Discharge 17-10-19

Lieut.
Officer i/c Records No. 6 D.D.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Fill [illegible] Only.—Unit, Number, Rank and N[illegible]e.

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. 124011 Rank Private Name Russell Joseph Gibson

Enlisted (a) 11-1-16 Terms of Service (a) D. of W. Service reckons from (a) 11-1-16.

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) Book keeper.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
		Appointed A/Sergt (O. R. Clerk)	Witley	9.8.16	Part II Order 222
8.12.16		OC 109th Transferred to 124th	Witley	8.12.16	D.O. Pt II #243
					A W Aselline CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265 A.W. Eastmure Major Lieut ADJUTANT, 124th BATTALION C.E.F.
4-4-17	124th	Transf erred to 156th B Battalion.	Witley	4-4-17	R.O.1224 H.C. Sherrod Lieut a/adjt

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
20-1-17	124th. Bn.	Transferred to Garrison Duty Bn. Witley	Witley	20-1-17	Pt. II D.O. No. 20. A.W. Eastmure Lieut. A/Adjt. 124th. Bn. Can. Inf.
Cancelled					
7-4-17	OC 156	Apptd a/sgt.	Witley	4-4-17	Pt II DO. 96
6.4.17	OC. 156 Bn	Taken on Strength	Witley	4.4.17	pt II D.O. 95.
17/12/17	G.O.C.14th Cdn Inf Bde.	Temporarily appointed Clerk to 14th Cdn Inf Bde Staff (Within Establishment) with pay of Sergt Clerk.	Witley.	3/10/17	Part 2 Order No.209.
7/1/18	G.O.C.14th Cdn Inf Bde.	Relinquishes appointment Orderly Room Clerk to 14th Cdn Inf Bde.	Witley.	28/12/17	Part 2. Order No.I.
19. 3. 18	OC 156th Bn	Transferred to 125th Can Inf Bn	Witley	18/3/18	DO Pt II No 53 J.M. Kinlay Capt Lt.-Col. COMDG. 156th CANADIAN INFANTRY BATTN.
19. 3. 18	OC 125th	Taken on Strength 125th Bn	Witley	18.3.18	Pt II DO. 43.
~~28~~/3/18 29	OC 125th	Transferred to HQ Cdn Troops Sub Staff	Witley	22/3/18	Pt II DO ~~50~~ 51 Colburn Capt
22. 3. 18	Hqrs. Can. Troops	T.O.S. Hqrs. Can. Troops	Witley	22. 3. 18	Part II No 1 125th Can Inf Bn
Posted as Clerk's pay + allowances as hereafter.					

EYE, EAR, NOSE & THROAT CLINIC.

Witley Camp,
Surrey.
OCT 22 1918
Date.....1918.

Reg.No. 224011 Rank. Lt Name. Russell J.
Unit. H.Q. Sub. Staff.

	WITHOUT GLASSES.		WITH GLASSES. (as per prescription below). SPH. CYD. AXIS.	
VISUAL ACUITY. R:-	6/60	with	-6.00	= 6/9
VISUAL ACUITY. L:-	6/60	with	-6.00	= 6/9

Category recommended is :- B 1.

Glasses not ordered.

Remarks:-

Already has glasses.

W Lahmer
Capt. C.A.M.C.
Eye & Ear Specialist.
Witley Camp, Surrey.

EYE EAR NOSE AND THROAT CLINIC.

Witley Camp. Surrey. 5-7. 1919

Reg.No. 724011 Rank Sgt. Name Russell J. G.

Unit H Francis

WITHOUT GLASSES		WITH GLASSES (as per prescription below)		
		SPH	CYL	AXIS
Visual Acuity Rt 6/60	with			6/9 6/9
Visual Acuity Lt 6/60	with			

Category Recommended is;- B1

Glasses not ordered

Original Disease or Injury Myopia

Date of Origin Adolescence

Place of Origin

Cause

Present disability Defective vision

Remarks.

CONDITION WAS — PRESENT PREVIOUS TO ENLISTMENT AND HAS not BEEN CAUSED BY SERVICE. HAS not BEEN AGGRAVATED BY SERVICE.

FOR LONG BOARD

~~FOR SHORT BOARD.~~

D. A. Macneil
Capt. CAMC.
Eye and Ear Specialist
Witley Camp. Surrey.

C A N A D I A N G E N E R A L L A B O R A T O R Y

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference

Unless these are furnished the test will not be carried out.

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

Unit.....Date of first sore.....if T Pallidium found.....

Secondaries if any.....Other symptoms.....

Treatment if any.....Arsenical.....Mercury.....

Previous Wasserman, date.....Result.....

Station and date.....

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM

Date.....Serial No.....Result.....

_____Major.

Officer Commanding

Canadian General

Laboratory

Witley Surrey.

.....1919

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.

---

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

(2) Regimental Number 724011.

(3) Full Name of Soldier Joseph Gibson Russell.

(4) Place of Birth Bradford. Yorkshire. England.

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

(6) If married, state,
(a) Full name of your wife No.

(b) Present Postal Address

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? No.

If so, state name and address

(10) Is your Mother alive ? Yes. Mary Russell.

If so, state name and address 5 Skippon Terrace. Thorner. Leeds.

Yorkshire. England.

(11) If your Mother is a widow Yes.

Are you her sole support, or not ? Yes (Except for a small revenue on property left by husband)

(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.

Average $30 per month.

Other children married and do not support.

(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.

Yes.

(15) Are you insured ? No.

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

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

Date June 29th. 1916.

DISTRICT MILIT

ELIGIBLE F

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" No.

THIS IS TO CERTIFY that No. 424011 (Rank) a/Sgt

Name (in full) Joseph Gibson Russell enlisted in

the 109th Can. Inf Battn

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 15th

day of January 1916

HE served in 124th Battn in England

Canada.

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 32

Height 5' 8½

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Scar left Cheek

J B Russell

Signature of Soldier.

D A McRae LIEUT, COL.

No. 6 DISTRICT DEPOT

Issuing Officer.

Date of Discharge

OCT 17 1919

Rank

Date HALIFAX, N.S. OCT 10 1919 19

NB.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

FORM OF WILL.

I, JOSEPH GIBSON RUSSELL. (Name in full)

Regimental Number 724011. 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

Miss Mabel Isabel Russell.
5, Skippon Terrace, Thorner.
Near Leeds. England.

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

absolutely, and my personal estate I bequeath to

Miss Mabel Russell.
5, Skippon Terrace. Thorner.
Near Leeds. 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 29th day of June A. D. 1916.

Joseph G. Russell Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Walter E. Arden
Address of Witness 136 Bayswater Avenue Ottawa Ont.
Occupation of Witness Clerk.
Signature of Second Witness F. M. Gadsby
Address of Witness 43 Glenelg St. Lindsay
Occupation of Witness Stenographer

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

Poste Restante

Vancouver

BC

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 19 Sept 73

NAME RUSSELL Joseph gibson
NOM

Service No. 724011 WW1
Matricule No

CPC No.
CCP No

WVA No.
AAC No

Information Received from: Superintdent of Vets Ins.
Information reçue de:

Date of Death 18 Aout 73
Date du Décès

Place PA GEN
Endroit

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

724011 Sgt. Russell, J.G. 109th Battalion, C.E.F.

Will detached by Regt. Paymaster.

78582

Poste Restante Vancouver, B.C.

CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 724011.

Name Sgt J. G. Russell.

Unit 109th Bn. Can Inf.

Military Will.

In the event of my death, I give all my belongings to my sister.

Mabel Isabel Russell.
5. Wippon Tce.
Thorner
Nr. Leeds.
Eng.

A.W. Selling Capt.

Signature Joseph G. Russell.

Rank and Regt. Sergt. 109th Bn.

Date Oct 27th 1916.

War Service Badge, Class "A" No.

D.A. T B
O.G. 19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 72401

2 Rank. A/Sergt.

3. Name. Joseph Gibson Russell.

4. Unit. H.Q. Substaff Canadian Corps Camp Witley Section.

5 Date of Discharge 17-10-19 Place Halifax N.S.

6 Reason for Discharge Demobilization.

MEDICAL DOCUMENTS FORWARDED TO S. C. R. B. P. C. ON 28/10/19

7. Authority. R.O. 1420

8. Proposed Residence after Discharge

Poste Restante. Vancouver. B.C.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

J. G. Russell
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. OCT 10 1919

Place

Date

Signature LIEUT, COL.
No. 6 DISTRICT DEPOT
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

Triplicate Attestation Paper (M F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P, 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....
Checked by No.....
Date.....

R—122

CHS Rank Act. Sgt Name RUSSELL Joseph Gibson Reg'l No. 724011

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

Place and Date of Enlistment Lindsay Jan. 11th.1916 Place of Birth Bradford Yorkshire England

Name and Address, Next-of-Kin Mrs, Mary Russell

5 ~~Skyx~~ Skippon Terrace Thorner Nr. Leeds Eng. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship X066

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2810 31-7-16				
9.8.16	O.C. 109th	appd O.R. clerk with rank ~~A/Sgt~~ Prov. Sgt	a/sgt	Bcney	5.8.16	Pt II G.O. 222 (Aut. para 14 app. 7 S.O.)
8.12.16	"	SOS on trfr. to 124th Bn.		Dhitley	8.12.16	Pt II DO 343
6-1-17	109th Bn.	Rank in Pt II 343 amended to read a/sgt	a/sgt			" 351
11.12.16	OC 124	SOS " " to 109	"		"	" 267 as Orderly Room Clerk
21.12.16	"	While acting as clerk will be attd to 11th C.J.B for Duty & Dis & to 134th for Q & R.	"		18.12.16	" 278
~~20.1.17~~		~~SOS on trfr to G.D. Bn~~			~~20.1.17~~	~~" 20~~ Pt II D.O. 26
4-12-17	156th Bn. Base Coy	Reverts to permanent small (from a/sgt)	Pte	Wiley	1-4-17	Pt II DO 337
8.4.17	124th Bn	SOS to 156th Bn.	Pte	Wiley	4.4.17	Pt II G. 88
6-4-17	156th Bn	T.O.S. (P.B)	Pte	"	4-4-17	" 95
7-4-17	"	appd a/sgt incl pay vice a/sgt shown on Cem. at 14th Brg. H.Qrs.	"		4-4-17	" 96
14-5-17	"	On Cem. HQrs 14th C. Inf Brg	a/sgt	"	21-2-17	" 133

2 C.O.

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS Taken from Official Documents.
14-12-14	14th C.T.B.	Temp. Appt clerk to staff, with pay of Sgt clerk while so employed.	a/Sgt	Witley	3-10-14	PTO 209
7-3-18	156th Bn.	Ceases Att. HQrs 14th Can Inf Brigade is Att. to HQrs Can Troops Witley	a/Sgt	"	6-3-18	" 47. Hqrs 5th Div. DO. " 4/-17 3/18.
10-3-18	125th Bn	Taken on strength on transfer from 156th Bn with effect 18	a/Sgt	Witley	18-3-18	PTO Do. 43. 156th Bn. WO. 53 4/-28/3/18.
23.3.18	Hqrs 5th Div	Ceases attached	"	— " —	21.3.18	PTO 190 " 13
29-3-18	125th Bn	SOS on transfer to A.S.C. Can Tps Witley	a/Sgt	— " —	22-3-18	TOS HQ Witley PTO 1 4/22.3.18 as Pte DO 51
22.3.18	HQCT	To be a/Sgt without pay	Pte	Witley	22.3.18	PTO 1
18-8-18	8th Res Bn	Pte. 51 d/29 3/18 of 125th Bn is amended to include Reverts to Pte on transfer	a/Sgt	Witley	22-3-18	PTO. 230.
		110 - B - 11			29.9.19	
29.9.19	HQ. Clds	SOS to Canada		Witley.	29-9-19	- 42

Original

HQ. CCC

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Witley Surrey DATE 5th July 1919.

1. 1 (a) Unit HQ. CCC. Witley (b) Regimental No. 73401 (c) Rank A/Sergt.

(d) Surname RUSSELL (e) Christian name Joseph Gibson.

(f) Home address C/o General Delivery Post Office. Vancouver.

(g) Next of Kin Mrs Mary Russell (h) Relationship Mother.

(i) Address of Next of Kin 5 Skippon Tce. Thornton. Leeds England.

2. Age last birthday 33 Date of birth 7-6-1886

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont. (b) Date 11th Jan. 1916.

4. Personal description:

(a) Height 5' 8½" Est. (b) Weight 141 (stripped) (c) Complexion dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. scars on left cheek & forefinger R. underfinger

5. Former trade or occupation Book-Keeper.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	175.

	Periods From	Periods To
Canada	11-1-16	31-7-16
England	31-7-16	5-7-19.
France or other theatres of War	—	—

7. Original disease, or injury Myopia - Both eyes.

(a) Date of origin Adolescence (b) Place of origin England.

(c) Cause Unknown.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Def. Visum (Double)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objectives:- Eye Report 5-7-19
c Glasses 6/9
V A R 6/60 — — — 6/9
L 6/60 — — — — 6/9
Cat B; Myopia: Refr in adolescence
Condition present prior to enlistment + not aggravated by service
Sgd J A MacNeil Capt
Subjectives:- Inability to see long distances.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: no
Cardio-Vascular System: no (If pulse rate is abnormal, B. P. will be taken.)
Genito-Urinary System: no (Albumen and Sugar will be excluded.)
Special Senses: no
Respiratory System: no
Integumentary System: no
Disturbances of Mentality: no
Digestive System: no
Muscular System: no
Osseous and Joint Systems: no
Any other general condition: no

10. (a) History (of the condition referred to in Section 9 (a).)

Condition of eyes - same as on enlistment (his statement)
Cat B; 25-10-18 on Def Visum.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

nil

(*c*) (Here give a description of wounds, scars and deformities.

see 4 F.

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a & b no

The regimental documents will be referred to.

(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.)

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

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

home

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

(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

W. H. Naylor Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned J. G. Russell have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

all

J. G. Russell Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes we concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No~~.) yes cat B2
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*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.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

R.T.C. auth. ag. T.U. 90 87 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE WITLEY CAMP, SURREY.

DATE 5/7. 1919

Members

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

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

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 25 Oct 1918.

No. 724011 Rank a/Sgt Name RUSSELL JOSEPH GIBSON

Local Unit H.Q. ~~Overseas~~ Unit Age 32

Examination held at Witley

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

DEFECTIVE VISION

PRESENT CONDITION.

Enlisted 11 Jan 1916 (M.H.S.) Has not been to France

Specialist report 22 Oct 1918.

Vision R.E. 6/60 with -6.00 = 6/9
L.E. 6/60 with -6.00 = 6/9

Category recommended B1

Otherwise he is fit

BOARD RECOMMENDS:-

1. Fit for Duty
2. Fit for duty after B1 weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

W. Inverclyde Cave for President.

Members Jas. L. Hammond Capt. C.A.M.C.

APPROVED

Dated 26 Oct 1918. [illegible] For A.D.M.S.

Capt Cave

Form "A.M.S." 1394
50M-1147B-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... / ..... / ..... 1917.

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

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

Examination held at .....

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signatures:-

.....) President.
)
)
Members)
)
)
.....)

APPROVED

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