

# ATTESTATION PAPER.

No. 726069

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

TRIPPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Switzer*
- 1a. What are your Christian names?..... *Oren*
- 1b. What is your present address?..... *Gooderham - Ont*
2. In what Town, Township or Parish, and in what Country were you born?..... *Gooderham - Ont*
3. What is the name of your next-of-kin?..... *Ida Ellen Switzer*
4. What is the address of your next-of-kin?..... *Gooderham - Ont*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *March 21<sup>st</sup> - 1892*
6. What is your Trade or Calling?..... *Labourer*
7. Are you married?..... *Yes*
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, *Oren Switzer*, 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.

..... *Oren Switzer* ..... (Signature of Recruit)

Date *January 6<sup>th</sup>* 1916 ..... *W. J. Fairfull* ..... (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Oren Switzer*, 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.

..... *Oren Switzer* ..... (Signature of Recruit)

Date *January 6<sup>th</sup>* 1916 ..... *W. J. Fairfull* ..... (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 *Gooderham* this *6<sup>th</sup>* day of *January* 1916

..... *W. J. Fairfull* ..... (Signature of Justice)



Description of Gren Switzer on Enlistment.

Apparent Age 23 years 9 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 3/4 ins.

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

Complexion Fair

Eyes Blue

Hair Brown

*Part of 4th toe of left foot missing.*

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

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 Jan. 6 1916.

Place Lindsay

J. McCulloch  
 ..... Capt.  
 Medical Officer.

\*Insert here "fit" or "unfit."

109th Overseas Battalion, C. E. F.

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.

Gren Switzer 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.

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

Date JAN 15 1916 1916.



REGIMENTAL DOCUMENTS

NAME *SWITZER, OREN* *Pte* REGT. NO. *726069* UNIT *109<sup>th</sup> Bn.* H. Q. FILE NO.

*7/17 R.M.*

*S*

*1*

*1*

*1*

*1*

*1*

*2*

*2*

*1*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category *Remob*

DESERTION

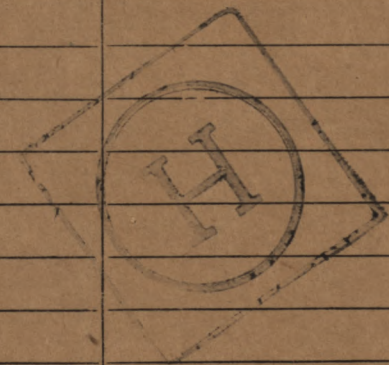
*30-15*

*17-15*

*9-15*

*2*

51872



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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

*Misc med case sheets*

*cas cds*

*R122*







Convalescent Hospital

HOSPITAL.

A. & D.  
CARD

AT Woodcote Park.

A. &amp; D. No.

22521

PL. OF ACTION

RANK

726069 L/Cpl.

UNIT

21

SICK OR  
WOUNDED

NAME

Switzer G

AGE

25

RELIGION

Meth.

PLACE IN HOSPITAL

DIAGNOSIS

G. S. W. Foot (flesh) tetanus.

ADMITTED

22 NOV 1917

FROM

Boston.

DISCHARGED

To

TRANSFERRED

Granville Can. Spec. Hosp. Boston 12/17

SERVICE AT HOME

18/12.

IN FIELD

10/12.

RESULTS

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

(P.T.O.)



REMARKS.

27.11. Long sinus 3" in outer side of  
R. foot. Dress. N.D.

3.12. Day - N.D. There is still some  
swelling in R. foot.

They shows FB present. Transfer  
to Hospital for removal.

F. B. Marlow,  
Capt.



(649-S-15993)

*G. G.* CARD NO. ✓  
No. 0. Dendr. 24-4-19  
FOLL.  
D.O. 120-30-4-19

SURNAME. *Switzer*

CHRISTIAN NAMES *Oren*

REGL. No. *726069*

RANK *Pte.*

UNIT ~~*109<sup>th</sup>*~~ *# 3. D. D.*

~~*Batt.*~~

FORMER CORPS *nil*

NEXT OF KIN.

NAMES IN FULL *Switzer. Mrs Ida Ellen*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS ~~*Gooderham, Ont.*~~

*9 Water St, Lindsay, Ont*

*29 Oct 1915*

*also notify*  
CHANGE OF ADDRESS  
*sister*  
*Mrs George A. Windover*  
*Rockcroft, Ont.*

*Auth. Letter 15/10-17/649-5-1915*

COUNTRY OF BIRTH *Canada. Gooderham, Ont.*

DATE *Mar. 21<sup>st</sup> 1892*

PLACE OF ATTESTATION *Gooderham, Ont.*

DATE *Jan. 6<sup>th</sup> 1916*

*1/5-23-7-16* <sup>*458*</sup> <sub>*34*</sub>

*RIC 20-4-19* <sup>*327*</sup> <sub>*53*</sub> *Pte.*



MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

23 YEARS

9 MONTHS

HEIGHT

5 FEET

4 <sup>3</sup>/<sub>4</sub> INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Part of 4<sup>th</sup> toe of left foot missing.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 6<sup>th</sup> 1916



26  
①

FB  
V

Number 726069 Rank C/L/eye

Surname SWITZER

Christian Name Oren

Units 21st Bn Cndy Theatre of War France

Date of Service 6/10/16

Remarks Lochlona

Latest Address Gooderham  
Ont

Roll No. ....

200m.-2-21.M. "B" Page 11036



UNIT

CHIT

CHIT

CHIT

DESP MAR 3 1922  
REGN. NO. *15994*

PROPERTY OF THE



No. 726 069. RANK *Pte*

NAME *Switzer Owen*

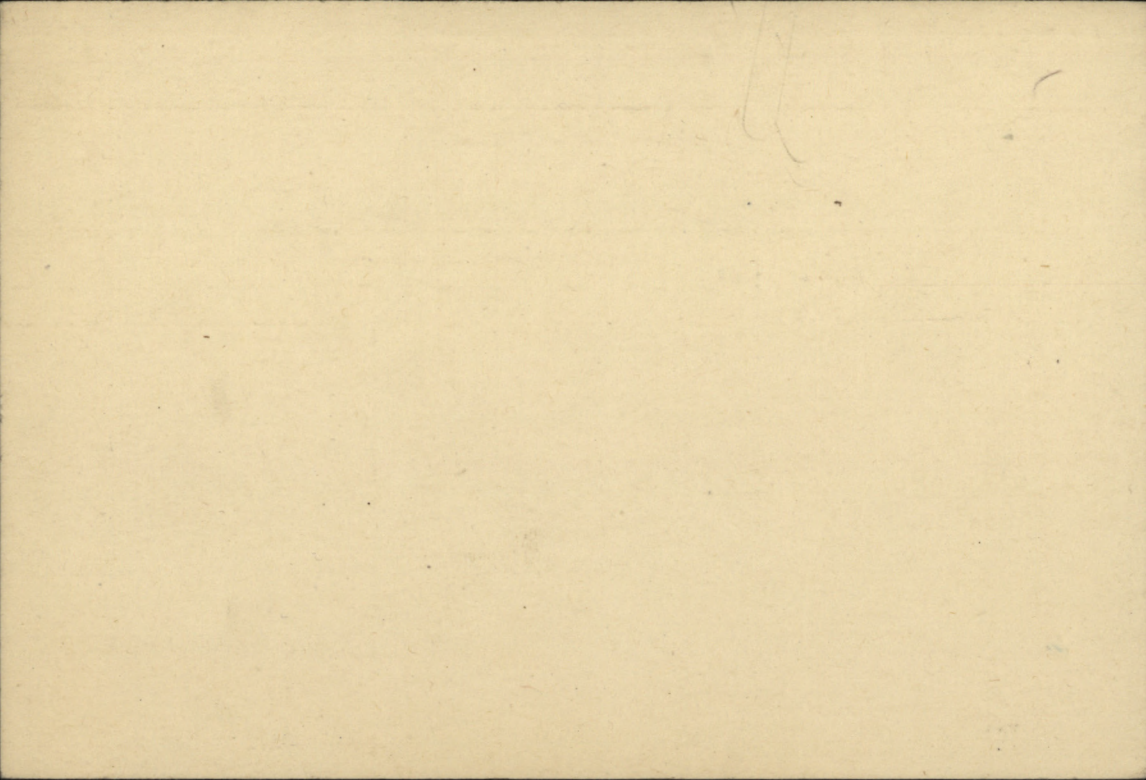
T. O. S. 18-12-15, UNIT *109th. Battalion.*  
 D. O. 44. 11-1-16

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Dec 18</i>	<i>1916. Jan. 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>	<i>Prom. L/Cpl. 1-4-16.</i>	<i>D.O. 109. 27. 3-16.</i>
<i>Apric.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>	<i>Reverts to Pte (at own request) 11-5-16</i>	<i>D.O. 146 of 9-5-16.</i>
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		

UNIT SAILED

JUL 23 1916





NAME

Switzer Oren

REG'TL No.

726096. <sup>69</sup>

RANK AND CORPS

1st Lt. 21<sup>st</sup> Inf. Form 109

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No. 721-9

DATE

M 5942 26-8-17

Adm to 6 Cas. Clear Stat. Aug. 16th. 1917. G.W. right. foot ✓

M 6068 15-9-17  
13-2  
1-2

Dang. ill No 2 Stat. Hosp. Abbeville Sept. 12, 1917 G.S.W. foot ✓

M 6115 27-9-17

Removed from dangerously ill list, No. 2. Stationary Hosp. Abbeville Sept 24<sup>th</sup> 1917. ✓Notify  
auth SA & AT.  
13-11-18Mrs Ida Ellen Switzer (wife)  
9 Water St. Lindsay Ont.  
~~Gooderham Ont.~~

Also Notify

Mrs George a Windover (Sister)  
Rockcroft Ont-

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 591	No 6 Cas Clg. Stat	16-8-17.	G.S.W. R. foot
A 593	No Ranken & Staples	17-8-17	G.S.W. R. foot
A. 1.	#6. Combl. Opt. Staples.	23-8-17.	" " " " "
A 2	7056 Conit Dep. <sup>reports</sup> <del>Casey</del>	26-8-17	" " " (Eastern Ont. Regt.)
A 12.	O.C. no. 2. Stat. Abberville	12-9-17	Dang. ill. ( <u>G.S.W. Foot Tetanus</u> )
A-21	Rem from List 7 Aug	24-9-17	<u>G.S.W. R. foot Tetanus</u>
B-39 <sup>(1)</sup>	Horton Co. of Bon. <sup>cell</sup> War. Epsom	13-10-17.	<u>G.S.W. R. foot Tetanus</u> , L-6-11-17.
B 74 <sup>(2)</sup>	Ex " " Woodcote PK Epsom <sup>"Dunlop"</sup> Surrey	23-11-17	" " " " " L-20, 12, 17.
B 91	Greenwill can spec <sup>Quincy</sup> <del>Quincy</del>	14-12-17	<u>G.S.W. Foot tetanus</u>
B-147.	Discharged.	31-2-18.	" " " " (tetanus) (Col Regt.)
A 349-3	7011 Stat Ranken	14-10-18.	G. S. W. L Thigh
B 349-1	2 <sup>nd</sup> South Gen Bristol	19-10-18.	" " " " "
B 398-2	to Mil <sup>Cond</sup> <del>Cond</del> <sup>care</sup> <del>care</del> <sup>PK Epsom</sup>	14-12-18	" " " "



REGT'L. No. 726069

H. Q. FILE NO 649

NAME Switzer Owen

RANK AND CORPS Plt - 21<sup>st</sup> form 109<sup>th</sup> Bn

FOLLOWS
NO.
_____
FOLLOWS

CABLE

NO.	DATE
-----	------

NATURE OF CASUALTY

<sup>108</sup> 9654	2010-18
------------------------	---------

adm. 11 stat. & Rouen Oct-14<sup>th</sup> 1918  
SSW L High.



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

12.439

Discharged

3-2-19

Wm L. Hegel



D1

Granville Can. Spl. Hospital HOSPITAL.

A. & D.  
CARD

AT \_\_\_\_\_

A. & D. No. T 8219 PL. OF ACTION 426069

RANK L/Cpl UNIT 21TBH SICK OR WOUNDED \_\_\_\_\_

NAME Switzer G. AGE 25 RELIGION meth

PLACE IN HOSPITAL G.

DIAGNOSIS G. S. W RA foot

ADMITTED 13 DEC 1917 FROM M. B. H. Epsom

DISCHARGED 27 FEB 1918 TO 3rd CC 3 Seaford

TRANSFERRED \_\_\_\_\_

SERVICE AT HOME 20/12 IN FIELD 10/12

RESULTS \_\_\_\_\_

41 days



REMARKS.



Name *Switzer, Orem* Rank *2nd Lt.*Unit *21st Br.*Next of Kin *Wife**Canada*Reg. No. *726069**Ida Elen Switzer**P.O. Gooderham**Ont*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>16-8-</i>	<i>No. 6. C.C.S.</i>		<i>Rd. Foot</i>	<i>A591</i>	<i>5942</i>	<i>248</i>
<i>17-8-17</i>	<i>7. C.G.H.</i>	<i>Etapes</i>	<i>Do.</i>	<i>A593.</i>		
<i>23-8-16</i>	<i>6 Com Depot.</i>	<i>Etapes</i>	<i>Do.</i>	<i>A1.</i>		
<i>26-8-17</i>	<i>5. Com Depot.</i>	<i>Cavignat</i>	<i>Do.</i>	<i>A12</i>		
<i>12-9-17</i>	<i>2. 1st. Div. Abbeville</i>	<i>Reports</i>				
	<i>Dangerously ill.</i>	<i>9th Foot (Detachment)</i>	<i>do</i>	<i>A1</i>		<i>80788</i>
<i>24-9-17</i>	<i>no range</i>	<i>Cavignat</i>	<i>do</i>	<i>A21</i>	<i>6115</i>	<i>82636.</i>
<i>13-10-17</i>	<i>Porter Bandy</i>	<i>Eprou W. H.</i>	<i>do</i>	<i>339</i>		<i>3637</i>
<i>23-11-17</i>	<i>1st. Div. H.</i>	<i>Eprou</i>	<i>do</i>	<i>1574</i>		<i>7626.</i>
<i>14-12-17</i>	<i>1st. Div. H.</i>	<i>Eprou</i>	<i>do</i>	<i>1391</i>		<i>8072</i>
<i>21-2-18</i>	<i>Discharged</i>		<i>do</i>	<i>6147</i>		<i>3256.</i>
<i>14<sup>th</sup> 18</i>	<i>11<sup>th</sup> Div H</i>	<i>Rover</i>	<i>9.5th Thigh L</i>	<i>1349</i>	<i>2652</i>	<i>4893/4</i>

*(OVER)*



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-10	1st Lt. G. Bristol	1st Lt. G. Bristol	00	B349	495.14	
14-12	Lieut (Cm) Epsom	1st Lt. G. Bristol	15	B. 298	3176	
3-2	Discharged	1st Lt. G. Bristol	00	B. 428	1526	
3-2-19	Will proceed on 13/19 to 3rd Command	Seaford	00	B. 428	54963	



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Switzer

O

726069

RANK

UNIT

Co.

TROOP

BATTY.

PL/CP/121<sup>st</sup> Batt E.O

HOSPITAL

DATE OF ADMISSION

- 1. N° 6 base b. Station HOSP. 16-8-17
- 2. 7<sup>th</sup> Cav Gen Etaples HOSP. 17.8.17
- 6. Conv. Depot " 23-8-17
- 3. 5<sup>th</sup> 2<sup>nd</sup> stat abbéville Coyum. HOSP. 26.8.17
- 12.4.17
- 4. Boston (C.O./2) Epsom HOSP. 13-10-17

DIAGNOSIS

G.S.W. R. Foot (Tetanus) ft

1

G.S.W. L. Thigh R

2

3

DISPOSITION

DATE

C.L. 24-8-17. A 591

REMARKS

27. 8. 17. A 593-(2)

4. 9. 17 A 1

5. 9. 17 A 2 (2)

12. 9. 17 (A) R. Danglell 12.9.17 (D.C. Repats)

24. 9. 17 @ 21. Removed from danglell list - 24-9-17.

18. 10. 17 B 39 (1)

28. 11. 17 B 74. (2)

18. 12. 17 B 91.

Dec. 21. 2. 18

Discharged 3. 2. 19.

25. 2. 18 B 147.

A.M.D. 2 DEPT.

19. 10. 18 A 349/3

22. 10. 18 B 360

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

18. 12. 18 B 398. (2)

4. 2. 19 B 438

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	Can. Co. W. P. Epsom. Granville Can. Spel. Buxton	23.11.17. 14.12.17
2.	11 Sta. Rouen	14.10.18
3.	2 <sup>o</sup> S. G. H. Bristol. Woodstock Pa Epsom	19.10.18. 14.12.18
4.		
5.		
6.		
7.		



CASUALTY FORM.

ACTIVE SERVICE.

A.F.B. 103.

NUMBER 726069

RANK

Pvt

NAME

Switzer O

26/3/19 T.O.S.

WING. 3.

KINMEL PARK.

Part 2 D.O. 76

26/3/19

14.4.19 S.O.S.

On transfer to J.E.F.

On proceeding to

CANADA.

Part 2 D.O. 88.

14.4.19

APR 12 1919

EMBARKED FOR CANADA

W. Stewart  
Lieut.

Ofr. i/c Wing Discharge Office,  
M.D. No. 3 Camp 6 & 7.



NOV 2 1902

RECEIVED

NOV 2 1902

NAME

NO.

DATE

INITIALS

T.O.S. KING OF KIMBURN TRAIL Post 2 D.O.

S.O.S. On transfer to Post 2 D.O. On proceeding to

ORIGINAL Post 2 D.O.

*1107*

2  
Clerk of the Board of Supervisors  
P.O. Box 100  
D. D. 1902

RECEIVED



Sheet No. 1.

W.S.R

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

W. S. B. CLASS

# Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 426069 Rank Private Name Switzer Owen

Enlisted (a) 18-12-15 Terms of Service (a) D of W Service reckons from (a) 18-12-15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Laborer

CERTIFIED CORRECT.  
12 OCT. 1916  
CAN. RECORDS, LONDON.

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	✓
	Transferred for Overseas Service with C.B.D.	2 1st. Batt'n	OCT 5 1916	D.O. Pt. 11. No. 279
	Arrived & Taken on Strength	C.B.D.	6/10.	Pt II. O. 58. 9-10-16.
	Left to join unit.	C.B.D.	2/11/16.	ADJUTANT, CAPTAIN, 109TH BATTALION CAN. INFANTRY.
21st BATTALION	Arrived Unit	Field	5/11	n.R. 2/11/16
Do.	Attached 4th Field Coy C.E.	"	18/12/16.	B-213 17/11 DCS 235. 27 1/16. Eng + 4 25/16. Eng
Do.	Ceased to be att'd 4th F.C. C.E.	Do.	17/11/17	" 20/12/16 Pt II O. 1. 4/1/17.
23/6	App. att'd (without pay)	Do.	23/6/17	B-213 9/1. Pt. II O. 14 d/3-2-17 1/5
21st Bn	S.W. foot. R.	5 Con. Dep.	26/8	B-213. Pt. II O. 76 d/9-8-17.
5 Con. Dep.	Transferred to	6 Con. Dep.	23/8	W-3034.
7 Can. Coy		2 Staty	11/9	Do.
2 Staty	GSW. foot L. Tetanus.			Do.
Do.		Seaford	10/10	

(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.]



726069

Switzer, 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				
10-10-17	O.C.H.S. Gratuitly	(Invalidated wounded) to Eng. de. And. posted to E.O. Regt Dept. Seaford.		11-10-17	W 3083/4061 Pt 2 rd. # 92. d/23-10-17
			Whogau		Major for Lt.-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon B. E. F.
20-10-17 JWS	E.O.R. Dep.	Posted from 21 <sup>st</sup> Bn France	Seaford	13-10-17	PTEDD 222 ✓ Dahan, Lieut. for Lt. Col i/c Records COM 7
4.4.18		DISCHARGED FROM 3 <sup>RD</sup> C. C. D. Seaford TO 6 <sup>th</sup> Res BN. PART II D. O. No 78 4/4/18			Rcharrie Lt For O.O. 3rd Canadian Command Depot.
4.4.18	O.C. 6 <sup>th</sup> Res	4 <sup>th</sup> Res reporting from C.O.D	Seaford	4.4.18	PTEDB.0.80 ✓
14.8.18	O.C. 6 <sup>th</sup> Res	Reverted to the permanent grade of private	Seaford	14.8.18	PTEDB.0.191 ✓
5 SEP 1918		DRAFTED TO 21 <sup>st</sup> Bn SEAFORD.		4 SEP 1918	PART II No 210
					OFFICER i/c RECORDS 6th CAN. RES. BN.



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

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

350M.—5-16

H. Q. 1772-89-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *109th Overseas Bn. C. E. F.*

Regimental No. *226069* Rank *PTI* Name *Switzer, Dean*  
C. E. F.

Enlisted (a) *6-1-16* Terms of Service (a) *Due of war* Service reckons from (a) *6-1-16*

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) *Labourer.*

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				
<i>12-4-19</i>	<i>T. O. S.</i>	<i>3000</i> Discharged	<i>24-4-19</i> Kingston	<i>Ont</i> Pt. 2 Order	<i>HQ 120</i>
				<i>Geo. Curry</i>	<i>for O. C. Dispersal Area Station</i>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.







LTR

file in envelope  
COR

Rank Name SWITZER, Oren ✓ Reg'l No. 726069 ✓  
 Unit 109th, Bn. If in perm. Corps, }  
 What Unit? } Married or Single Married ✓  
 Place and Date of Enlistment Gooderham, 6th, January, 1916. ✓ Place of Birth Gooderham, Ontario. ✓  
 Name and Address, Next-of-Kin Ida Elen Switzer. ✓  
 P.O. Gooderham, Ontario, Canada. ✓ Relationship Wife. ✓

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

Report.		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.	
Date.	From whom received						
C		Arrived in England per H. M. T. 2810 31-7-16					
5-10-16	109th Bn	S.O.S. to 21st Bn	Braunschott	5-10-16	Pl-I DO-279	A.F.B. 103 11 OCT 1916 W209	
9-10-16	21st Bn	T.O.S. from 109th Bn	Field	6-10-16	" 58.		
4-1-17	"	attch. 4th fld. Co. C.E. for duty	.	18-12-16	" 1		
22-1-17	2nd Div Engrs	do	do	18-12-16	" 4.		
31-1-17	"	bease to beatch 4th fld Co Engrs	do	17-1-17	" 5.		
3-2-17	21st Bn	do	do	17-1-17	" 14.		
9-8-17	"	appt'd a/cpl without pay.	Pl-I	Field	23-6-17		" 76
24-8-17	"	No. 6. Cas. Selg. Station	Pl-I	"	16-8-17		Pl A. 591. G.S.M.R. Foot
27-8-17	"	No 7. Cas. Sew Hosp	Pl-I	"	17-8-17		Pl A/ 593. "



Report.		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.
Date.	From whom received.					
4-9-17	EOR	No. 6. Com. Depot.	Allyp	Chapin	23.8.17	Bl A 1. G S M Foot
5-9-17	EOR	No. 5 " "		Cayux	26.8.17	Bl A 2 " "
15-9-17	✓	McHar. Stat. Hosp. <sup>DANGEROUSLY</sup> ILL.	Allyp	Abberville	12-9-17	Bl. A 12 " Tetanus
26-9-17	✓	" Removal from <sup>Dang. Ill Rest.</sup>	Allyp	"	24-9-17	Bl A 21. " "
18-10-17	✓	Adm. Horton County Lond W. Hosp.	"	Epsom.	13-10-17	Bl B 39 " "
20-10-17	EOR. J.	Washed from. 21 <sup>st</sup> Bn.	all.	Seaford	13-10-17	Bl. II 50. 222. (21 <sup>st</sup> Bn) / Bl II 92. 23/10/17
27-11-17	EOR	Trans. G. Hosp. Woodcote pt.	"	Epsom.	23-11-17	Bl. B. 74. G. S. W. Foot Tetanus
17-12-17	EOR	Trans. Granville to S. Hosp.	"	Buxton	14-12-17	Bl. B. 91. " "
23-2-18	EOR D.	on Comd 3 <sup>rd</sup> CCD	a 1/4/18	Seaford	21-2-18	PT II 54. 3 <sup>rd</sup> CCD PT II 48 d / 26-2-18 2/4/18
4-4-18	6 <sup>th</sup> Res Bn	Posted from EOR D. on reporting from 3 <sup>rd</sup> CCD	a 2/4/18	Seaford	4-4-18	" 80 " 94 d / 6-4-18 3 <sup>rd</sup> CCD PT II 78 d / 4-4-18
14-8-18	6 <sup>th</sup> Res Bn	Reverted to Permit grade of Pt	a 2/4/18	Seaford	14-8-18	PT II 00 191
		Supplies to Establishment				
5-9-18	6 <sup>th</sup> Res Bn	Posted to 21 <sup>st</sup> Bn. Opas.	Pt	Seaford	4-9-18	PT II 210. 21 <sup>st</sup> Bn. PT II 69 d / 12-9-18
19-10-18	EOR	Wounded		Field	14-10-18	CL A. 349. G. S. W. L. 2 high
25-10-18	EOR D.	Posted from 21 <sup>st</sup> Bn op on adm to 2 <sup>nd</sup> S. G. H. Bristol (Wounded)	Pt	Seaford	19-10-18	PT II 267. 21 <sup>st</sup> Bn. PT II 92 d / 4-11-18
6-2-19	"	on Comd 3 <sup>rd</sup> CCD	"	"	3-2-19	" 31. 3 <sup>rd</sup> CCD PT II 34 d / 10-2-19
21-2-19	6 <sup>th</sup> Res	Posted from EOR D. ex 3 <sup>rd</sup> CCD	"	"	20-2-19	" 41. EOR D. PT II 46 d / 25-2-19 3 <sup>rd</sup> CCD PT II 44 d / 21-2-19



2nd Page

Open Casualty

Rank \_\_\_\_\_ Name **SWITZER, OREN** Reg'l No. **726069**  
 Unit **109<sup>th</sup> Bn** If in perm. Corps, }  
 What Unit? }  
 Married or Single **Married**  
 Place and Date of Enlistment **Gooderham, 6<sup>th</sup> Jan. 1916** Place of Birth **Gooderham, Ont.**  
 Name and Address, Next-of-Kin **Ida Elen Switzer**  
**P.O. Gooderham, Ontario Canada** Relationship **Wife**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

N/E. R.B. No. **16148**  
 File R.L. \_\_\_\_\_  
 Category **Can. O.R.**

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
<i>C</i>					
<i>First page of Record filed in Envelope</i>					
26-3-19	6 <sup>th</sup> Res	50570 MO 3. Rhyt	Pt Seaford	26-3-19	Permanent Grade <i>Pte</i> Acting Rank <i>NIL</i> <i>4. 53 270 75</i> <i>28-3-19</i>
	46-H-54			12-4-19	
12-4-19	M.T.C.W.3.	S.O.S. to Canada	Pt Rhyt	12-4-19	- Do. 88.







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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO  
DENTAL OFFICERS**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SWITZER, O.

REGIMENT 6th. Res. RANK Pte No. 726029

Date of Examination in England 11-3-19. Date of Examination in France \_\_\_\_\_

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



### PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer *[Handwritten Signature]*



WATTS, O.

1880

188

1880

1880

1880

1880

1880



# CANADIAN EXPEDITIONARY FORCE

War Service Badge Class. *A*

## DISCHARGE CERTIFICATE

No. *726069* Issue

THIS IS TO CERTIFY that No. *726069* (Rank) *Pte*

Name (in full) *Smitzer Owen* enlisted in  
the *109th Bn.*

CANADIAN EXPEDITIONARY FORCE at *Gooderham* on the *18th*  
day of *December* 19 *15*

HE served in *I rancee*

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 *27*

Marks or Scars

Height *5.6*

*glw left groin*

Complexion *medium*

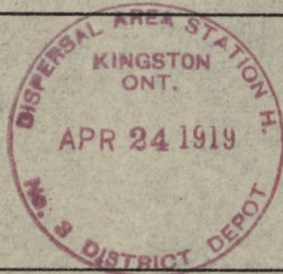
Eyes *Blue*

Hair *medium*

*O Smitzer*  
Signature of Soldier

*W. H. Lake*  
for O. C. Dispersal Area Station H  
Issuing Officer

Date of Discharge



Rank  
*March 27* 19 *19*



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1560 (Rank) Private

enlisted in the 1st Canadian Expeditionary Force at Edmonton Alberta Canada on the 15 day of August 1915

He served in the 1st Canadian Expeditionary Force at Edmonton Alberta Canada

and is now discharged from the service by reason of Demobilization Medical Unfitness

THE DESCRIPTION OF THE SOLDIER on the DATE below is as follows:

Age	<u>25</u>
Height	<u>5 ft 8 in</u>
Complexion	<u>Dark</u>
Eyes	<u>Dark</u>
Hair	<u>Dark</u>
Markings of Soldier	<u>None</u>
Markings of Soldier	<u>None</u>

Issued at Edmonton Alberta Canada on the 15 day of August 1915

Date



This certificate will be issued to any person holding same in response to Form 10, as prescribed in the Regulations, and will be forwarded to the Secretary, Military Council, Ottawa, Canada.

M. C. 101  
1915



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

*Ida E. Switzer (Wife)*

PAYMENTS.

Name of Soldier *Oren Switzer*  
*726 069.* *109 Bu*

Month.	Year	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		X 15600	15	<i>15.00</i>
Sept.		Y 19843	15	
Oct.		Z 20047	15	
Nov.		J 28163	15	
Dec.		H 32881	15	
Jan.	1917	X 39799	15	
Feb.		X 46495	15	
March		J 53159	15	<i>15.00</i>
April		F 4998	15	
May		F 12034	15	
June		E 19164	15	<i>Bu</i>
July		N 25957	15	<i>bu</i>
Aug.		D 33269	15	<i>33269 came</i>
Sept.		N 39725	15	
Oct.		M 45719	15	
Nov.		W 50856	15	
Dec.		Z 59627	15	<i>25.50</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

**AUG 1 1916**

*Wife*

*Wife*

*25.50*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

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



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

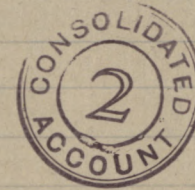
To Whom *Ida E. Switzer*  
 Address *Gooderham*  
*Ont.*

By Whom Assigned *Oren Switzer*  
 Regtl. No. *726069*  
 Rank  
 Corps *109 Bln Regt*

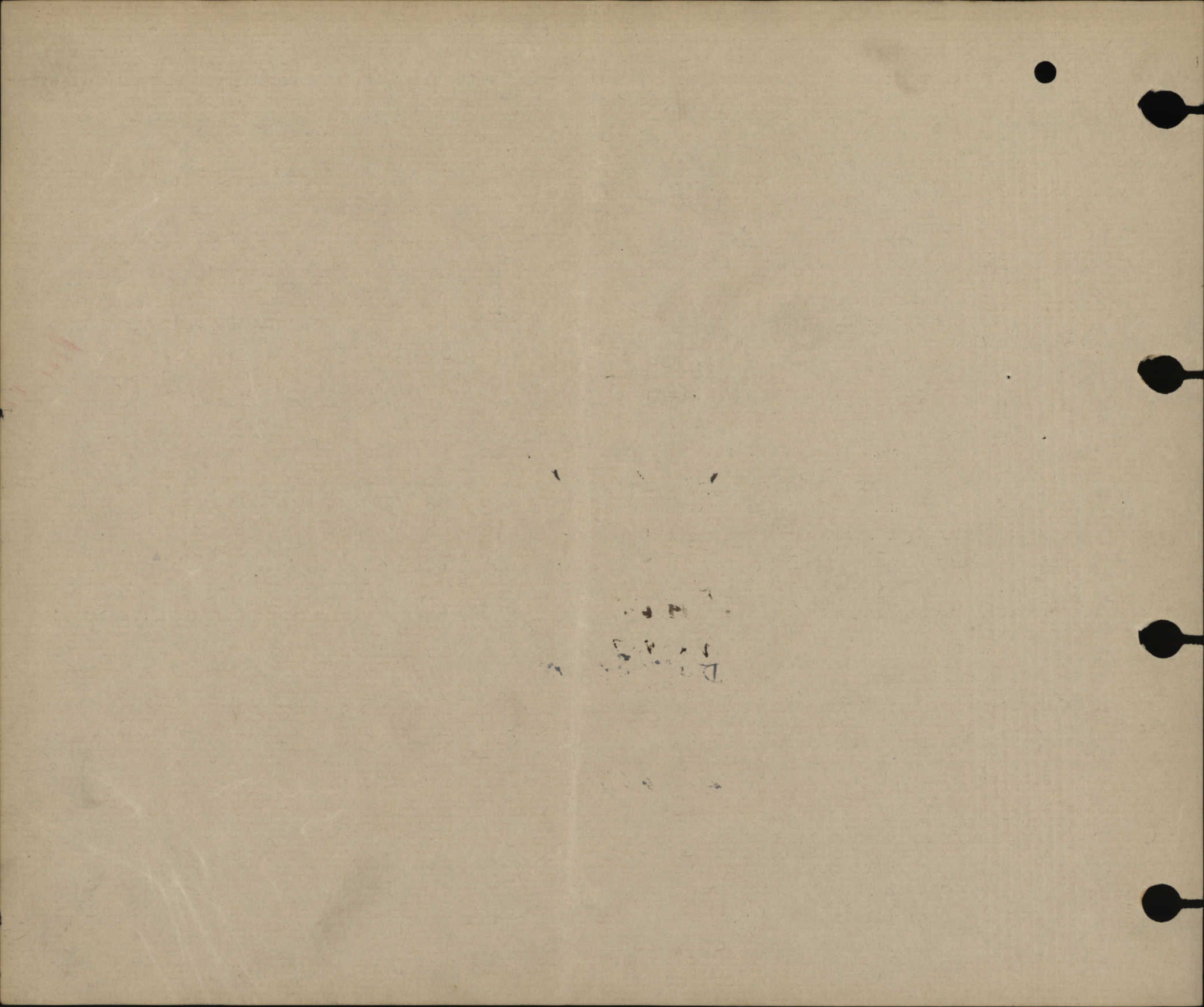
Rate *15<sup>00</sup>* AUG 1 1916

## PAYMENTS

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









## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6212

Wife  
PAYMENTS.

Name of Soldier

Switzer Ida Elm  
Switzer Owen  
Pte 726069

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L 4522	20	20
May		P 4371	20	20
June		06541	20	20
July		B 80605	20	20
Aug.		A 14297	20	20
Sept.		E 17282	20	20
Oct.		D. 20095	20	20
Nov.		024318	20	20
Dec.		027158	20	20
Jan.	1917	K 29897	20	20
Feb.		X 33158	20	20
March		L 34992	20	20
April		H 2798	20	20
May		25968	20	20
June		09490	20	20
July		112804	20	20
Aug.		W 15694	20	T
Sept.		019995	20	m
Oct.		N 21717	20	m
Nov.		V 24017	20	20
Dec.		L 28644	20	F
Jan.	1918		440	
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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



## SEPARATION ALLOWANCE

Name

Address

Relation to Soldier

wife, child or mother

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

*Switzer Ida Eben*  
*Goderham*  
*Ont*

*Switzer Eben*  
*726069*  
*Pte*  
*109<sup>th</sup> Battrn*

} *Wife*

} *✓*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>634415</i>	<i>20</i>	<i>20</i>





1911  
1912

1913  
1914  
1915  
1916  
1917  
1918  
1919  
1920

1921  
1922  
1923  
1924  
1925

1926

1927

1928



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-	1.8.16	EFFECTIVE DATE:-					
AMOUNT:-	18 <sup>00</sup>	AMOUNT:-					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
Iva E Switzer Gooderham Ont Wife							
PARTICULARS OF BANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Pte					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 109th Bn							
DATE ACCOUNT FIRST OPENED:- 1.8.16							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO				
			ECR Canada Seal				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
24/2/19	8999	Seaford	48 67				
10/3/19	9246	do.	17 03	21/3/19			
27/1/19		Q4005.-2586.	10				65 80
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	1	10					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada 1/4/19 NR.B4450. 1/3/19 Seaford M.D.2. L.P.C. Bal. \$ 53 21*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Forw								141 54		
Apr	Pte Pay	33		AR 2 9/4/18 6th Res Bn.	9 73						
				C.A.P.				15			
				AR 296 26/4/18 ✓ ✓ ✓	7 30				142 51		
				C.A.P.	17 03			15			
May	P.P.	33		AR 614 14/5/18 ✓ ✓ ✓	7 30						
		34 10		✓ 973 28/5/18 ✓ ✓ ✓	29 20				125 11		
				C.A.P.	36 50			15			
June	Pte Pay	34 10		AR 1412 13/6/18 ✓	7 30						
		33		✓ 1682 26/6/18 ✓	9 73				126 08		
				C.A.P.	17 03			15			
July	Pte Pay	33		AR 2221 16/7/18 ✓	14 60						
		34 10		✓ 2607 27/7/18 ✓	9 73				120 55		
				C.A.P.	24 33			15			
Aug	Pte Pay	34 10		✓ 3122 15/8/17 ✓	29 20						
		33		✓ 3692 28/8/18 ✓	9 73				101 02		
				C.A.P.	38 93			15			
Sept	✓	34 10		✓ 3937 3/9/18 ✓	4 87						
		33		✓ 1243 24/9/18 19 Bn	3 57				110 58		
				C.A.P.	8 44			15			
Oct	✓	34 10		Nov & Dec C.A.P. 68				30			
Nov	✓	33		H. Rem. 61071, 16/12/18	9 73						
Dec	✓	34 10		AR. 4608, Spec. reg. 12	9 73				185 88		
Jan	✓	34 10						15	166 42		
		101 70			19 46			45			

*Makes Forward*



NUMBER

726069

RANK

Pte

NAME

Switzer, D.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Palis. Fees.					16642		
July	P.S.	2080		CAP				15			
	S. Ind. 2/2/14 to 13/2/14 - 10 days			AR. 4950, E. P. com. 23/11/18	1947						
	B.O. 34 d. 10/2/14 - 2 <sup>nd</sup> CCD	730		✓ 2072 ✓ 20/1/19	487						
				✓ 222 ✓ 2/2/19	4867						
				✓ 10091 - 3 <sup>rd</sup> CCD. 20/2/19	1460						
Nov	P.P.	3410		ap.				15			
				✓ 8979 - 6 Res - 20/2/19	4867						
		7220		✓ 9240 ✓ 10/2/19	1703				5531		
					15321			30 -			
				✓ 4057 28/3 (LPC END) Kimmel	973				4558		
					973						
				94005 - 2586 2/19	10				4548		
				SOS Canada 12/2/19							
				SR 46 Res							

Handwritten note: 11/3/19











SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class.....

No. 246761..... Issued

EMBARKED FOR CANADA

APR 21 1919

1. No.

726069

DISSEMBARKED HALIFAX, 20-4.

2. Rank.

Pte.

DISSEMBARKED HALIFAX, 20-4.

3. Name.

SWITZER Owen

4. Unit.

6th 109th Bn.

5. Date of Discharge

24-4-19

Place

Kingston Ont.

6. Reason for Discharge

Demor. wife

W. S. B. CLASS "A" No.

BTI

7. Authority.

P.O. 1420

8. Proposed Residence after Discharge

Gooderham Ont

9.

CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. ? B. 39.

Owen Switzer  
Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

Medical Documents  
Forwarded to  
~~S.C.R.~~ B.P.C.  
on  
Date MAY 7 1919

DISSEMBAL AREA STATION II  
KINGSTON  
ONT.  
APR 24 1919  
M.B. 3 DISTRICT DEPOT

Signature.....

W. H. ... Captain  
for O. C. Discharge Area Station II  
(O. C. Discharging Unit.)

Handwritten notes and signatures at the bottom of the page.



PROCEEDINGS ON DISCHARGE

(Demobilization)

81819

1. No.	
2. Rank	
3. Name	W. T. ...
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Proposed Residence after Discharge	
8. Authority	

I hereby acknowledge that the undersigned has read and that I received my discharge Certificate  
 and that I am aware of the contents of the same.

Signature of Soldier: \_\_\_\_\_  
 Date: \_\_\_\_\_

I, \_\_\_\_\_  
 Captain of the \_\_\_\_\_  
 certify that the above named man is hereby discharged.

Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

(O. C. Demobilization Unit)



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplite	.....	Admission Form W. 23
or Particulars of Reason	.....	Admission Form W. 23
Field Control Sheet	.....	Admission Form W. 23
General Form	.....	Admission Form W. 23 or A. R. 118
Last Pay Certificate	.....	Admission Form W. 23
Certificates that missing documents are filed in duplicate		
Medical History Sheet	.....	Admission Form B. 218 or A. R. 118
Proceedings of Medical Board	.....	M. L. B. Form B. 218 or A. R. 118
Dental History Sheet	.....	Medical Board B. 218
Medical Report	.....	Medical Board B. 218 or A. R. 118
Regimental Control Sheet	.....	Medical Form B. 218
Company Control Sheet	.....	Medical Form B. 218



**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

1. 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.S).
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..... A  
 Checked by No. 21  
cms  
 Date..... 8-4-19



**Casualty Form—Active Service.**

Regiment or Corps *109<sup>th</sup> Bn.*

Rank *Pte* Surname *Switzer* Christian Name *Owen*

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) *6-1-16* Terms of Service (a) *Def. 11* Service reckons from (a) *6-1-16*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation ..... Signature of Officer .....

Report		Record of promotions reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	<i>England</i>	<i>31-7-16</i>	
<i>24-8-17</i>	<i>21<sup>st</sup> Bn</i>	<i>No 6 Gas Cfy. Str</i>	<i>Field</i>	<i>16-8-17</i>	<i>62A 591</i>
<i>27-8-17</i>	"	<i>No 7 Gen Hos.</i>	"	<i>17-8-17</i>	" <i>593</i>
<i>26-9-17</i>	<i>E. O. R.</i>	<i>Removed from Dan. Ill. List</i>	-	<i>24-9-17</i>	" <i>21</i>
<i>23-2-18</i>	<i>E. O. R. D</i>	<i>On Com 3<sup>rd</sup> C. C. D</i>	<i>Seaford</i>	<i>21-2-18</i>	<i>Pt II 54 + 66 D 48</i>
<i>6-4-18</i>	"	<i>Beases — " — t</i>	"	<i>4-4-18</i>	" <i>94</i>
		<i>S.O.S. to 16<sup>th</sup> Res</i>			
	<i>C.D.B.D.</i>	Arrived & Taken on Strength	<i>C.D.B.D. FOR LT: COL: I/S</i>		<i>LIEUT: RECORDS: C.O.M.F.</i>
	<i>C.I.B.D.</i>	<i>21st Canadian Battalion.</i> Left for C.C. Rein C	<i>Field</i>	<i>5 SEP 1918</i>	
	<i>C.C. Rein. C.</i>	Arrived Can. Corps Rein. Camp.	<i>Field</i>	<i>9-9-18</i>	<i>NR</i>
	<i>Do</i>	Left for Unit	<i>Field</i>	<i>9-9-18</i>	<i>NR</i>
<i>14/9</i>	<i>21st BATTALION</i>	Arrived	<i>Field</i>	<i>11-9-18</i>	<i>B-2.B.</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered

(b) Signaller, Shoeing-Smith, &c

CERTIFIED CORRECT.

10 SEP 1918

CAMP RECORDS LONDON.

*Embarkment* LIEUT:

*Ord. 69* 01/26/18



726069

Switzer O.

Report		Record of promotions reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
	11 Staty	G.S.W. thigh L Adm	11 Staty	14-10-18	W.3034
	9 C.F.A.	Adm & trans	C.C.S	12-10-18	A.36
	33 CCS	Adm	33 CCS	12-10-18	} A.36
	Do	Trans to	29 A.S.	13-10-18	
	A.S. "St. Andrew"	Invalided... Wounded Posted to Eastern Ontario Regtl. Depot, Seaford.	England	18-10-18	W.3083-6340 Part II Ord. 92 at 11/18
		Whogau	Major for Lt.-Col., A.A.G. Canadian Section	G.H.D. 3rd Echelon B.E.F.	
25/10/18	B.O.R.D.	Castled from 21st Br. Officers	Seaford	19/10/18	P.50267
20.2.19	UNRECORDED FROM	3RD C.C.B. Seaford TO			BR. PART II D. O. 10. 44 21. 2. 19
29.2.19	obd	805 on footing from Seaford	Seaford	31.2.19	for G.C. 3rd CANADIAN COMMAND DEPOT
27.3.19	obd	805 on footing from Seaford	Seaford	26.3.19	
		Kimmelbar			



Ward Dist 17

M. C. A. Epsom Hospital.

3 DEC 1917

No. of Bed B

Date \_\_\_\_\_

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
776065	4c Switzer O	21213	3 DEC 1917 Rt foot

SHORT HISTORY OF CASE.  
(To be completed by M.O. i/c case.)

fracture and  
Sequestra (?)

REPORT ON RESULT OF X-RAY EXAMINATION.  
(To be completed by Radiographer.)

No. of Plate 11624-25

There is a substantial piece  
of metal on the under surface  
of the proximal end of the 4<sup>th</sup>  
metatarsal. No sequestra  
can be seen

Signature of M.O. [Signature]  
Date \_\_\_\_\_

Signature of Radiographer [Signature]  
Date 4-12-17



11



Horton War Hospital.

Ward No 2. No. of Bed \_\_\_\_\_ Date October 13/14

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<u>726069</u>	<u>Lt Col. Switzer O.</u>	<u>21st Canadians.</u>	<u>Rt. Foot.</u>

SHORT HISTORY OF CASE.  
(To be completed by M.O. i/c case.)

REPORT RESULT OF X-RAY EXAMINATION.  
(To be completed by Radiographer.)

No. of Plate 8<sup>A</sup>/<sub>2</sub>/6<sup>1</sup>/<sub>2</sub> (10 g/g) AP

Piece of shrapnel in same line as  
4<sup>th</sup> metatarsal bone

Signature of M.O. B. Bayliss M.D. R.N.S.

Date 13-10-14

Signature of Radiographer W. J. D. Jumper

Date 14/10/14



T

1871  
No. 10  
A. J. [unclear]

W. B. [unclear]

1871



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 8219 Year 1918	426069	Yc.	Switzer	O. R.
Granville Station and Date.	Unit. 2 <sup>nd</sup> Batta		Age. 25	Service. 20/2 10/2
14-2-18	Disease. G.S.W. Rt Foot			
EXAM. MED. BOARD 14 FEB. 1918 G. O. S. H.	wounds all healed, movements good. still complain pain in sole of foot on walking For Category Board. 8 III			
-2-18.	Category II <sup>+</sup> W. J. Switzer D. R. Wark capt.			

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

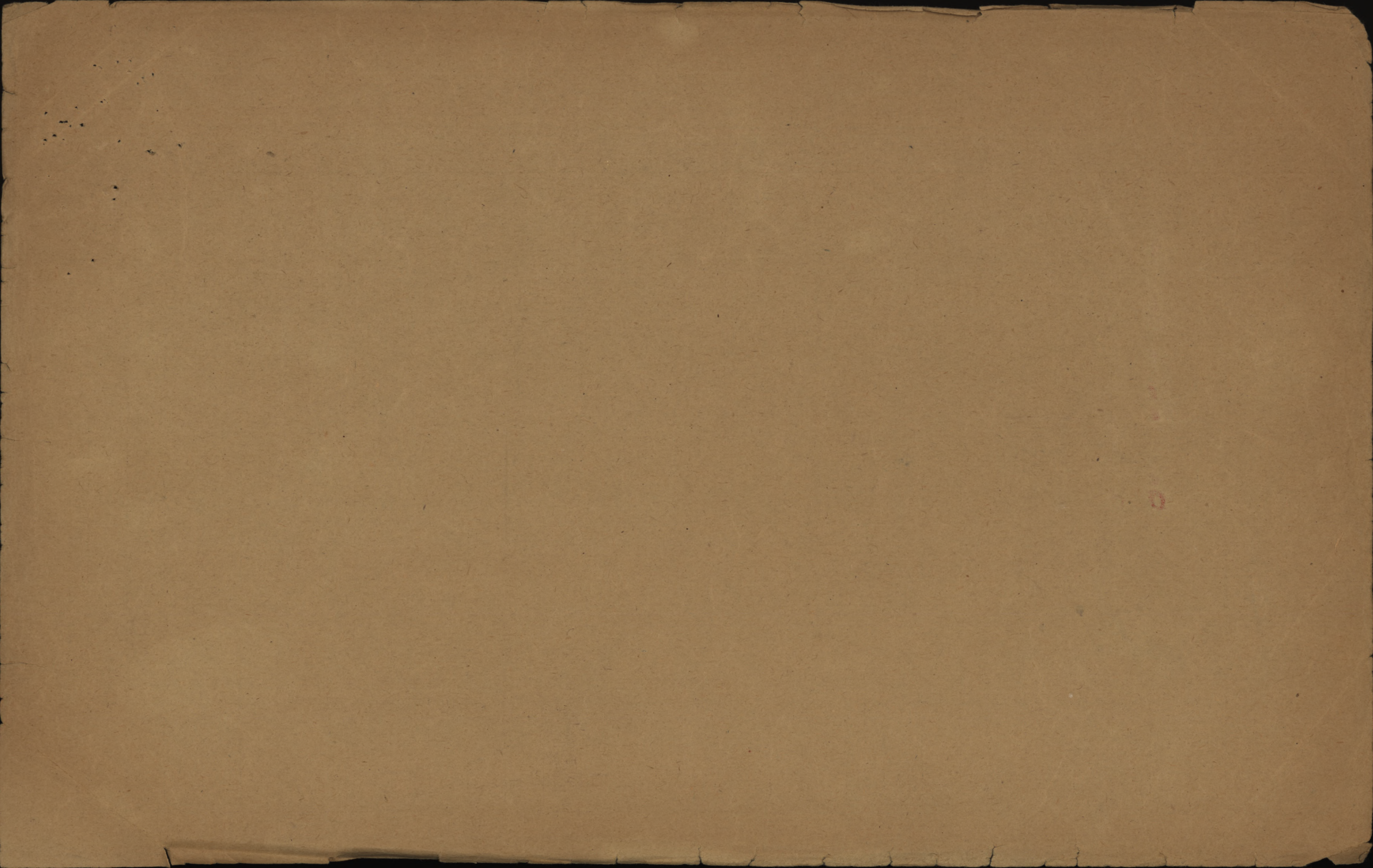


Station  
and Date.











Name of Hospital. *Horton Coeurg of London Weer Hosp: Epsom.*

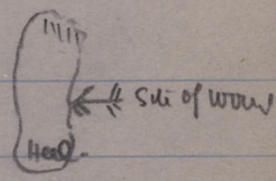
**REPORT ON A CASE OF TETANUS.**

Name *Switzer O.* Regtl. No. *426069.* Rank *L/Cpl.*

Regiment or Corps *21<sup>st</sup> Canadian.* Age

Date and hour, if possible, of wound *15 Aug 1917* *10-am*

Town or District in which wound was received *on the left of Lens about 2 miles*

Nature and site of wound *Right foot middle of outer border.* 

How was wound treated in France, etc., before admission to this hospital

*At dressing station it was bandaged - at C.O.S he received prophylactic injection (No 6 Convalescent: Sept) and on Aug 26 transferred to No 5 Convalescent - He then went to number 7 Canadian Hosp.*

**PROPHYLACTIC INJECTIONS WITH ANTI-TETANIC SERUM.**

N.B.—Entries under this heading relate to injections of serum before symptoms of Tetanus have appeared.

	Date	Amount in units	Distinguishing Mark on Bottle of Serum
First injection—at time of wound	<i>August 16</i> <del>16</del>	<i>?</i>	<i>?</i>
Evidence. Whether Statement of Patient or Documentary			
	<i>Field Card.</i>		
Second injection	<i>11. Sept 17</i>	<i>12.500</i>	<i>?</i>
	<i>13 Sept 17</i>	<i>16.00</i>	<i>?</i>
	<i>16. Sept 17</i>	<i>8.000</i>	<i>?</i>
Subsequent injections	<i>18 Sept 17.</i>	<i>8.000</i>	<i>?</i>







CURATIVE TREATMENT WITH ANTI-TETANIC SERUM.

Date and hour of onset of Tetanus symptoms 7<sup>th</sup> Sept 1917

Premonitory symptoms. N.B.—Put plus or minus sign opposite each symptom.

(a) General.

Mental change  
Sleeplessness   
Tremors  
Increased reflex excitability

(b) Local.

Pain   
Local increase of reflex excitability   
Sore throat or difficulty in swallowing   
Muscular rigidity   
Muscular twitchings

Was wound foul? no

How was it treated? field card does not state

Distinguishing mark or number on bottle of Serum. unknown

Number of units of Anti-Tetanic Serum injected 44000

N.B.—Date, hour and number of units injected on each occasion to be entered in their respective columns. In the columns "Intravenous" and "Intrathecal" it is important to enter both the number of units and volume in ccm's injected.

Date	Hour	Subcutaneous No. of Units	Intramuscular No. of Units	Intravenous		Intrathecal	
				Units	ccm's	Units	ccm's
<u>11.9.17</u>	<u>unknown</u>	<u>—</u>	<u>12.500</u>				
<u>13.9.17</u>	<u>" "</u>	<u>—</u>	<u>—</u>			<u>1600</u>	<u>unknown</u>
<u>16.9.17</u>	<u>" "</u>	<u>8000</u>					
<u>18.9.17</u>	<u>" "</u>	<u>800</u>					
<u>13.10.17</u>	<u>" "</u>	<u>8000</u>					
<u>14.10.17</u>	<u>" "</u>	<u>8000</u>					

Other therapeutic measures, sedatives, etc. treatment unknown

Result: Died or recovered Complete Complete recovery

Was death the result of Tetanus

Clinical History. Course and Duration—Accidents due to serum, anaphylactic shock, serum rashes, &c.

Patient admitted to us quite convalescent. Two injections of 8000 were given as a purely precautionary measure but as far as we are concerned he was absolutely normal.

no specific notes were forwarded and the above particulars are from his field card and the statements of the man himself

DATE 10-11.1917

W. Baylewick  
Medical Officer in Charge.







THIS FORM WILL BE USED FOR ALL RANKS  
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 SEAFORD DATE 17.3.19

1. 1 (a) Unit 6th RES. (b) Regimental No. 126069 (c) Rank PTE.  
 (d) Surname SWITZER (e) Christian name OREN  
 (f) Home address GOODERHAM ONTARIO  
 (g) Next of Kin MRS. IDA GOODERHAM. (h) Relationship WIFE  
 (i) Address of Next of Kin 9 WATTER ST. LINDSAY ONTARIO.

2. Age last birthday 27 Date of birth 1892  
 3. Enlistment, or Appointment (if an Officer) (a) Place GOODERHAM (b) Date 6.1.1916

4. Personal description: Estimated Stripped  
 (a) Height 5-16" (b) Weight 137 (c) Complexion Medium  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scars (1) Rt. thigh (2) Lt. Buttock.

5. Former trade or occupation Farmer.

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
	<u>Three</u>	<u>70</u>

	PERIODS	
	From	To
Canada	<u>6-1-16</u>	<u>20-7-16</u>
England	<u>1-8-16</u>	<u>12-10-16</u>
France or other theatres of War	<u>12-10-16</u>	<u>12-10-17</u>
	<u>4-9-18</u>	<u>19-10-18</u>

7. Original disease, or injury G. S. W. (Plesh) Lt. thigh  
Laceration muscles left thigh

(a) Date of origin 11-10-1 (b) Place of origin Cambrai France  
 (c) Cause G. S. W. Rt. thigh.



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.)

Soreness and Aching in Lt Thigh.

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.)

Objective: There is a wound scar ant. aspect of left thigh near groin. It is about 3 in long by one in wide and adherent to muscles. Also a small superficial wound in left buttock not adherent. Otherw the thigh is normal. There is no appreciable destruction of muscles but no nerve involvement.

Subjective: He has aching and pain in left thigh at site of wounds especially after a long walk or during damp weather. His leg is quite strong.

(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 Genito-Urinary System... no
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).)

Was wounded 11-10-18. in left thigh by a rifle bullet penetrating the thigh. No bone was broken. Wound was healed about 30th Nov. 1918. It has improved during past three months.



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).)

(1) Tetanus 7-9-17 (2) ~~9. S. W. 11-10-18~~ <sup>15-8-17</sup> ~~EMBO.~~  
(3) Diphtheria 7 yrs ago (4) Scarlet fever at 14  
(5) Measles at 1 yr.

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

Scars (1) Left thigh 3 in by 1 in. (2) Small w. d. left buttock.

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

n. a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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. 6 mos.

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

~~Ordinary treat. for wounds dressing etc.~~  
~~Hospitals France 11-10-18 to 19-10-18~~  
(M.S.) Bristol General 19-10-18 to 13-12-18  
~~Hospitals 13-12-18 to 3-2-19.~~

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 B.T.

W.W. Buttle Capt CMR  
W.B. Burgess Capt CMR  
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 Oren Switzer 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 nothing.

Oren Switzer 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.

*We concur.*

19. Is the invalid fit for

- |  |                           |                |
|--|---------------------------|----------------|
| (a) General service,                           | (Category A) (Yes or No.) | <i>N.A.</i>    |
| (b) Service abroad, not general service,       | ( " B) (Yes or No.)       | <i>yes Bii</i> |
| (c) Home service (Canada only),                | ( " C) (Yes or No.)       | <i>N.A.</i>    |
| (d) Temporarily unfit.                         | ( " D) (Yes or No.)       | <i>N.A.</i>    |
| (e) Unfit for service in Categories A, B and C | ( " E) (Yes or No.)       | <i>N.A.</i>    |

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.)

*No. Category Bii and returned to Canada.  
 authority G. G. Telegram 9083 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.

*Soldier satisfied.*

PLACE *Kinnel Park Wales* *J. W. Bolton Capt. President.*  
*W. A. Beauchamp* }  
 DATE *April 2 - 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.

PLACE..... }  
 DATE..... } President  
 Members

APPROVED BY *M. H. L. G. C.* APPROVED BY  
 Assistant Director of Medical Services. Director-General of Medical Services.  
 DATE *2-4-1919* DATE.....



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30
----	----------	----

14460

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PC-2753  
1-12-17  
1-9-18  
P.C.3257  
Mo. 34227

# S

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

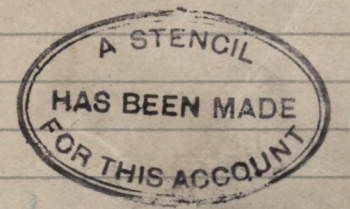
No. 726069  
 Rank pte Promoted Reverted Discharge  
 Soldier's Name Oren Switzer  
 Battalion 109 Battr. D Coy.  
 Beneficiary Ida Helen Switzer  
 Relationship wife. mfw 2554.  
 Address 26-10-18  
Pld OK da 23/1/18

Name Ida E. Switzer  
 Address Gooderham Ont.  
 Change of Address  
 1 9 Lindsay Ont  
 2 9 Water St Lindsay Ont  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31		440	255	695
Jan 18	B 71628	30	15	45
Feb	J 71932	25	15	40
March	V 42759	25	15	40
April	V 7974	25	15	40
May	X 24563	25	15	40
June	Y 24868	25	15	40
July	Z 24042	25	15	40
Aug	35180	25	15	40
Sept	740973	25	15	40
Oct	D 47985	25	15	40
Nov	F 56127	25	15	40
Dec	G 65780	45	15	60
Jan	H 69926	30	15	45
Feb	O 80736	30	15	45
March	B 86385	30	15	45
April	W 3107	30	15	45
		885	495	1380

17748-0-1  
 MRD LP 15073 alt add send 30-10-18 B

A/c Closed 30-4-19  
 Ret'd per. Adriatic  
 Date 20/4/19 M.F.W. 187 m.D. 3  
 Clerk J. A. Brown  
 No. 74833 Out MRD  
 26-4-19



M. F. W. 128  
 Form 7-172-38-1141  
 L. L. 2220-M. & D. 1933.

7230-18  
 B-







T.C.F.  
784 B.S.H.

ORIGINAL  
MEDICAL HISTORY SHEET. ORIGINAL

Surname Switzer Christian Name Oren

Examined on 6<sup>th</sup> day of January 1916  
 at Gooderham  
 Birthplace { City or Town Gooderham  
 County Blairgowrie

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

Apparent age 23 years  
 Trade or occupation Labourer  
 Height 5 Feet 4 3/4 Inches.  
 Weight 124 Lbs.  
 Chest measurement { Minimum 32 1/2 inches. M.O.  
 Maximum expansion 36 inches. M.O.  
 Physical development good M.O.  
 Small-Pox Marks none M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>6/1/14</u>	<u>Di</u>	<u>J. Thompson</u> 17 OCT M.O.
		<u>Cap. C. G. G.</u> 22 OCT 1916 M.O.

Vaccination Marks { Arm Right none Left none  
 Number none

Date	Result	VACCINATIONS.
<u>26.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>7.4.16</u>	<u>2</u>	<u>J. Thompson</u> M.O.

When Vaccinated last January 26<sup>th</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/3/18</u>	<u>T.A.S.</u>	<u>J. McCulloch</u> M.O.
<u>16/5/16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>25/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>4/6/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 6<sup>th</sup> day of January 1916 at Gooderham  
 T.A.S. 22.9.16  
 12.6.17  
 J. McCulloch  
 R. G. G. 1.18

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>726069.</u>		<u>7.12.15</u> <u>6.1.16</u>
Transferred to.....	<u>21st Bn</u> <u>6th Res.</u> <u>21st Bn</u>			<u>4.4.18</u> <u>4 SEP 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.C.D. Seaford.</u>	<u>29-3-18.</u>	<u>Sit for Duty. Aiii</u>	<u>Major. C.A.</u>
<u>3rd BOD Seaford</u>	<u>17/2/19</u>	<u>Sit for Duty Aiii</u>	<u>V.C. Watson Capt</u>
<u>Keimel Park</u>	<u>2-4-19</u>	<u>glw left thigh</u>	<u>Bii &amp; Watson</u>

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.



Christian Name *Cree*

Surname *Surber*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Horton (City of London War Hospital)		12	10	17						<p>Patient admitted from France quite convalescent. Healed apparently of a very severe attack of tetanus but we were sure no symptoms of tetanus. He received two injections of A.S. here but there was no other treatment.</p> <p>Long scars 3" on R. side of foot 4.12.17. X-Ray shows 7 B. present. Transferred to Hospital for Removal.</p>	<p>W. B. Paul</p>
In C.H. Epsom.		22	11	17	13	12	17	22	do.	<p>Long scars 3" on R. side of foot 4.12.17. X-Ray shows 7 B. present. Transferred to Hospital for Removal.</p>	<p>W. B. Paul</p>
Granville Can. Spec. Hosp Burton *Derbyshire*		13	DEC	1917	21	2	18	71	do.	<p>operation Jan 2/18. Throapnel. removed through sinus. Wound healed Jan 29. good. movement of foot &amp; ankle, tenderness about wound &amp; complains of pain across sole of foot when walking. Marked for category board. <del>category II</del> &amp; III. Category II. W. B. Paul (moyl) Comm.</p>	<p>W. B. Paul</p>
THE BRISTOL GENERAL		19	10	18	13	12	18	50	g.s. 000, G. Sup.	<p>wound almost healed</p>	<p>W. B. Paul</p>
U.C.H. Epsom		13	12	18	13	1	19	54	do.	<p>Wound healed up to ability. J. J. 900 "D1"</p>	<p>W. B. Paul</p>

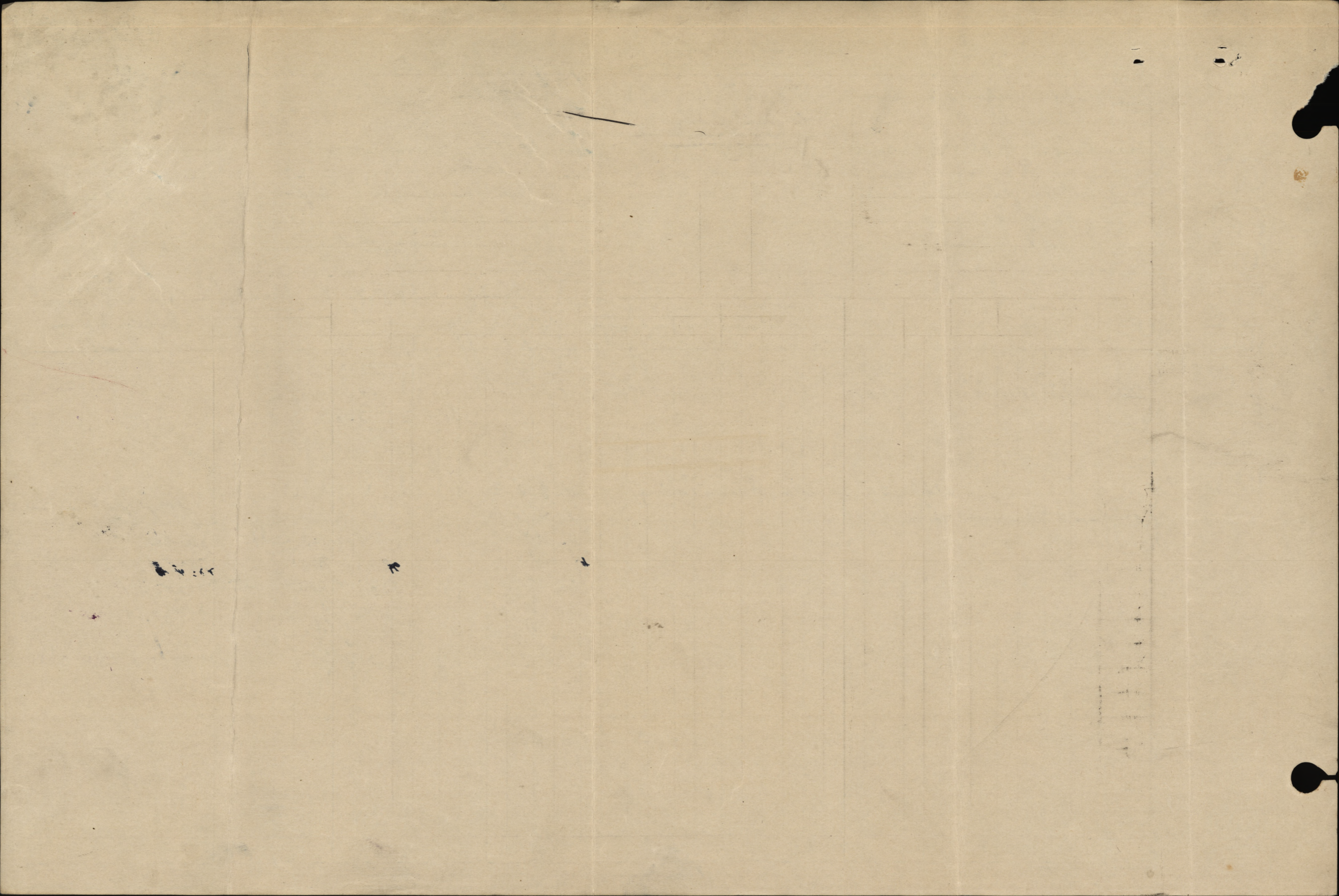
32 NOV 1917

8 - FEB 1919














5003

R





B.

Sivitzger

5003

726069

GRANVILLE TECHNICAL  
SPECIFICATIONS



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. 18279  
Year 1917

Regimental No. 726069 Rank S/Sept. Surname Switzer Christian Name O R

Unit 21 Bn. Age 25 Service 20/12 10/12

Station and Date.

Disease G.S.W. Rt. foot.

Occupation Farmer

Enlisted Dec 15 1915 at Liverpool <sup>ant.</sup>

in England Aug 1 1916

in France Oct 25 1916

Wounded Aug 15 1917 at Hill 70.

Hospitals No 6 C.C.S. 2 dys.

No 7 can Gen Hosp Clapham 7 dys.

No 5 conv Depot Keyes 2 wks.

No 2 Stationary Gen Hosp Abville 1 mth.

Horton war Hosp 5 wks.

can conv camp Spean 2 1/2 wks.

G.C.S. Horton Dec 13/17.

Previous history Nothing but  
diseases of childhood.

H.A.D. Aug 15/17 struck by piece of  
shrapnel on middle of outer border of right foot.

A.T. Serum next day & 44000 units in  
all. Developed tetanus with sleeplessness,  
increased reflex irritability, pain, difficulty  
in swallowing, muscular rigidity & twitching.  
Complete recovery.

Examination.

Wound still discharging. X-ray  
report says there is a substantial piece of  
metal on under surface of proximal end of 4th  
right metatarsal. No sequestra can be seen (W.H. Brown)



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



Station  
and Date.

Has good use of foot but it tires across  
dorsum if he walks for  
Achilles, N.I. Biceps, triceps, wrist all  
a little exaggerated, principally N.I.  
Pupils round equal concentric active  
Heart & lungs clear.

24 DEC. 1917

Case for septic surgery.

W. J. Dey Capt.

For operation for removal of foreign body from  
right foot W. Nelson Major Comd

X Ray Report. Dec 20-17. 5003.

Medium sized piece of shrapnel  
lying in plantar tissues below  
third metatarsal. no definite bone  
injury

W. J. Dey Capt. Comd.

Dec 28<sup>th</sup> 1917

Waiting for operation

J. C. W. G.

Jan 2/18

shrapnel removed thro' sinus (D. J. G.)

8-1-18

Healing - carry on

W. J. Dey

10-JAN 1918

Wound healed. Carry on W. Nelson Major

JAN 13 1918

Wound healed completely. Carry on with left.

21 JAN 1918

Initial class on Gym

W. J. Dey

JAN 29 1918

Wound healed. Good movement of foot  
and ankle. Tenderness about ~~to~~  
wound, and patient complains of  
pain across sole when he walks.

2-FEB. 1918

Carry on with gym. Sol. Catlin M.D. on  
Feb. 4/18 W. Nelson Major

12-2-18

Still complains of pain in the foot  
on walking. Slight tenderness about wound  
on foot. D. A. W.