

NAME **BIGNELL FREDERICK**

Joe

REGT. NO. **16144**

UNIT **11th C.M.R.** H. Q. FILE NO.

1874

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

DEATH

Category

DISCHARGE

Category

Med. Unfitness

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Ev. B.B.

MFW 192

misc

misc

Ev. Bond

ATTN 1137

M.F.W.

P.C.



Declassified

402638

3-20
22-20
26 21
3

(a) Original

No. 116144

Folio.

ATTESTATION PAPER.
11th CAN. MOUNTED RIFLES
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Frederick Bignell*
2. In what Town, Township or Parish, and in what Country were you born?..... *Kilscham. North Wales*
3. What is the name of your next-of-kin?..... *Mrs F Bignell (Wife)*
4. What is the address of your next-of-kin?..... *25 Norman Road. Kilscham. North Wales*
5. What is the date of your birth?..... *19 May 1883*
6. What is your Trade or Calling?..... *Locomotive Engineer*
7. Are you married?..... *Married. 13 children*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *5 years. Volunteers & V*
If so, state particulars of former Service. *South African Medal*
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*
- *F Bignell* (Signature of Man).
- *R J Davies* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frederick Bignell*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *24 Mch* 1914..... *F Bignell* (Signature of Recruit)
..... *R J Davies* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frederick Bignell*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *24 Mch* 1914..... *F Bignell* (Signature of Recruit)
..... *R J Davies* (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 *Vancouver* this *13th* day of *April* 1914.

..... (Signature of Justice)

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

..... (Approving Officer)

1198 116144

Description of Bignell, Frederick on Enlistment.

Apparent Age 31 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 36 1/4 ins.
Range of expansion 2 3/4 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

2 vac scars left arm
Horse shoe scar inner side left wrist

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 24 Mch 1915

Place Vancouver

*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:—

W. D. Davis Capt R.A.M.C.
Stanley Paulin Capt R.A.M.C.
Medical Officer
W. J. Mackenzie Capt R.A.M.C.

CERTIFICATE OF OFFICER COMMANDING UNIT.

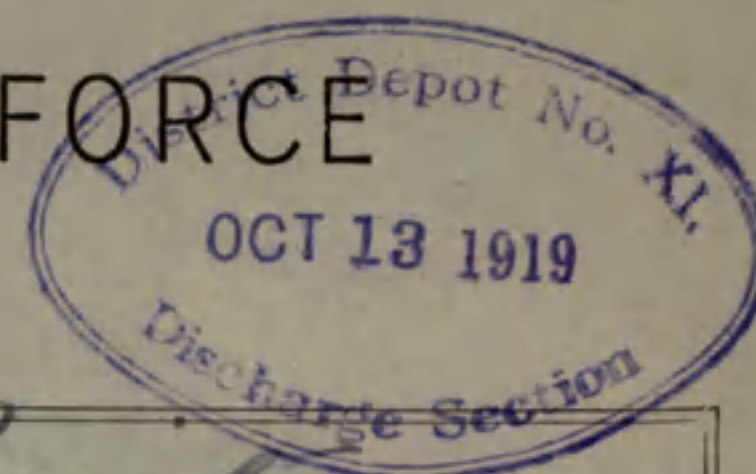
Frederick Bignell having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Gus Kirkpatrick (Signature of Officer)

Date 13th April 1915

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 116144 (Rank) Private

Name (in full) Frederick Regnell enlisted in
the 11th C. M. R.

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 24th
day of March 19 15

HE served in Canada England & France

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

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

Age 36 years (19 May 1883)

Height 5' 6"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Horse shoe
scar left wrist

F. Regnell

Signature of Soldier

M. Beck

Issuing Officer

Date of Discharge 13th October 1919

M. Beck
Rank Captain

Rank

Appointment

Signed at Vancouver B.C. this 13th day of October 19 19

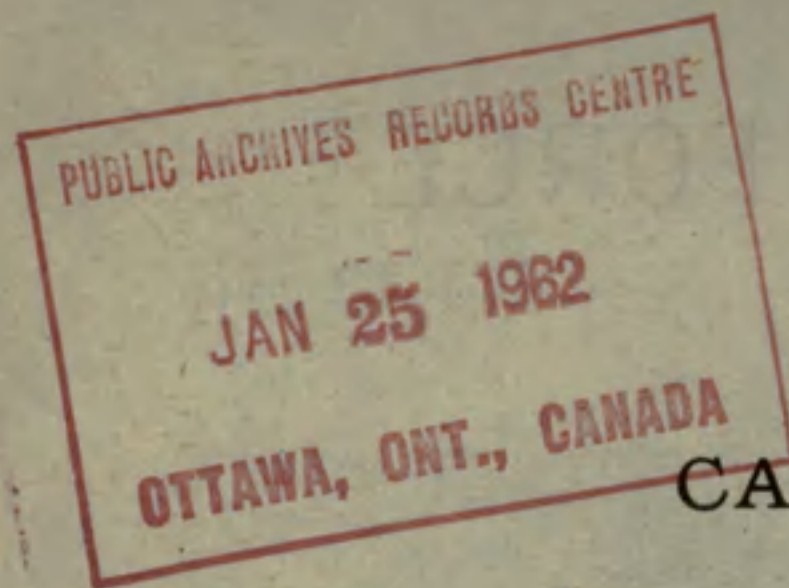
in Military District No. XI

File Reference No. _____

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.

WAR SERVICE BADGE CLASS A

No. 24256 ISSUED



CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

Returned to Canada, -Authority- Combatant Board of Officers,

held at *Seaford* Dated *26/10/* 1917

Category *C. 2*

(To be attached to Case Sheet.)

Army Form B. 181.
Orpington Mil. Hosp.

No. 24 97720

Rank and Name Spr. Bignell Francis H.

Age 20

Service 7/12

Result

Improved

Disease Gastroalgia

Date of admission 22 Jan. 1918.

Date of discharge

Dates of
Observation

Days of Disease

Temperature,
Fahrenheit

[illegible]

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24
Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature

—In charge of case.

13566 54-2/5/17 Hospital (b) Duplicate

ATTESTATION PAPER.
11th CAN MOUNTED RIFLES
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 116144

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Frederick Bignell*
2. In what Town, Township or Parish, and in what Country were you born? *Wrexham No. Wales*
3. What is the name of your next-of-kin? *Mrs F. Bignell (Wife)*
4. What is the address of your next-of-kin? *25 Norman Rd Wrexham No. Wales*
5. What is the date of your birth? *19 May 1883. No 6 Vale View Terrace Millbank Rd*
6. What is your Trade or Calling? *Locomotive Eng.*
7. Are you married? *Married (3 children)*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *5 yrs. Volunteers + I.Y.S.A. medal.*
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*

F Bignell (Signature of Man).

R Dawkins (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frederick Bignell*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

F Bignell (Signature of Recruit)

Date *24 Mch* 191*5*

R Dawkins (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frederick Bignell*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

F Bignell (Signature of Recruit)

Date *24 Mch* 191*5*

R Dawkins (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 *Vancouver* this *13* day of *April* 191*4*.

William J. [Signature] (Signature of Justice)

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

George H. [Signature] (Approving Officer)

11198 11644
Description of Bignell, Frederick on Enlistment.

Apparent Age <u>31</u> years <u>10</u> 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	<u>5</u> ft. <u>6</u> ins.	<u>2 row scars left arm</u> <u>Horse shoe scar inner side left wrist.</u>
Chest measurement	Girth when fully expanded <u>36 1/4</u> ins.	
	Range of expansion <u>2 3/4</u> ins.	
Complexion	<u>Fair</u>	
Eyes	<u>Blue</u>	
Hair	<u>Brown</u>	
Religious denominations	Church of England <u>X</u>	
	Presbyterian	
	Wesleyan	
	Baptist or Congregationalist	
	Other Protestants (Denomination to be stated.)	
	Roman Catholic	
	Jewish	

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date 24 Mch 1915

Place Nome corner

*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:—

W. S. Baird Capt Camp
Stanley Paulin Capt Camp
 Medical Officer.
H. J. Mackenzie Capt Camp

CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick Bignell 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.

George H. K. [Signature] (Signature of Officer)
 Date 13th April 1915

PROCEEDINGS OF A MEDICAL BOARD.

Dated at

Epsom July 6th

1917.

No

116144

Rank

Pte

Name

BIGNELL F

Local Unit

Overseas Unit

7th Btn

Age

34

Examination held at

Epsom

DISABILITY.
Overseas—~~Local~~
(scratch one out).

OPTIC NEURITIS.

PRESENT CONDITION.

*Send to Busby Park for D.A.H.
& for convalescence*

H.L.C.

BOARD RECOMMENDS:—

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

Signatures:—

Members

.....President.

APPROVED

Dated.....1917.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

1917

Dated at

Spain July

Name

Brownell F

Rank

1st Lt

Local Unit

Oversight Unit

1st Lt

Age

Examination held at

Spain

DISABILITY
Oversight Unit
Examination held at

OPTIC NEURITIS

PRESENT CONDITION

BOARD RECOMMENDATIONS:

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.

23 JUN 1917

CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM

DIVISION.

B

HUT

17

Cases for Report and examination
by (Ophthalmic Surgeon-at Horton
(Oral.

Answers by (Ophthalmic Surg.
(Oral.

Reg. No. 116144

Rank

Pte

Name & Initial

Bignell 7

(34)

Corps.

7

Complains of:-

for eye report

R. Brodie Lauder

CAPT: C.A.M.C.

"B" DIVISION.

QUESTIONS

ANSWERS.

(1) Does he need Hospital Treatment

(1)

no

(2) Will he be fit for Overseas

(2)

yes

(a) With Glasses

(a)

(b) With Treatment

(b)

(c) Is any prescription for
glasses given.

(c)

none needed

(3) Is the condition an old one
caused by service.

(3)

(4) If an old condition, is it
aggravated by service.

(4)

(5) Prognosis

(5)

as gent. cond.
(neurasthenia)

REMARKS.

the state "optic neuritis" made 17" — no ophthalmic condition evident.
vision will improve with
gent. neurasth. cond.
Ophth. neg. (w.o.s.) Refraction n.
Refraction n.

25/6 J. Massey-Rum

Signature of M.O. examining case.

1871/20 88

Report. E. Hoyle

But 24. 4. 88

Farm Camp

11

11

11/11/11

F. Hoyle

for each report

Mr. Hoyle

Division

(1)

(2)

(3)

(4)

(5)

(6)

(7)

11/11/11

CASE HISTORY SHEET.

Shaughnessy. Hospital. Vancouver Station.
 No. 116144 Rank Pte. Name Bignell Frederick. Age 35.
 Unit 11 th. C.M.R. Completed years of service Where and how long } C 15-12. E 10/12. F 7/12.
 Date of admission 17-6-18. Date of discharge 13.10.19.
 Diagnosis 265. Otitis Media. Place of origin France.
 Neurasthenia.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

~~Complaints-Deafness, Blind Rgt. Eye.~~
 History-Had shell shock in France. Reported sick in April 17. Evacuated. Had Optic Neuritis diagnosed at Epsom with D.A.H. and Systolic murmur. Had Chronic Rhinitis with extension to ears.
 C/O/A. Admitted to Shaughnessy while still under treatment at Military Annex. Wears glasses. Nervous anxious look. Fairly well nourished. Is blind of Rgt. eye. Complains of Ringing noises in the ears. Particularly the left. Ears still discharging. Roughened first cardiac sound. Other systems normal.
 30-6-18. Still under treatment at Mil. Annex.
 23-7-18. Capt Herald reports "This man is making slow progress".
 30-8-18. Still under treatment at Annex. General condition improving.
 15-9-18. Ear condition slowly improving. Still complains of noises in left ear.

15.10.18. Still under treatment at O.G.H. MA. making slow progress.

4.11.18. At request of Capt Herald transferred to O.G.H. MA.

8.10.19 Complaints: 1. Shift deafness both ears with discharge.
 2. Facial Paralysis left side.

History: (as above) (1) Has had 3 operations.
 1. R. side. Feb 75th 1918.
 2. Lt side. March 28th 1918.
 3. Lt side. March 25th 1919.

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

2. Facial Paralysis resulting from the last operation.

P.P. Heart slightly enlarged. Slight palpitation on exertion. 1st sound reduplicated at apex. 2nd sound accentuated. No murmurs.

TREATMENT.
 (Especially any specific or special form.)

Chronic suppurative Otitis Media both ears.
 Acute Paralysis left Facial nerve.

Discharged to S.C.R.

CONDITION ON DISCHARGE.
 (and disposal made of case.)

Date 13.10.19.

2.24296 Medical Officer i/c case.

18112

2.10.14
The following is a list of the
names of the persons who
have been appointed to the
positions of the various
departments of the
Government of India
for the year 1914-15.
The names are given in
the order in which they
were appointed.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

116 144

Pte.

Bignell

J.

Year

1917

Unit.

7th Bn

Age.

34

Service.

22
12 / 6/17Station
and Date.

Disease

L11
9.8.17

Leam. Com. Hosp. Epsom.

Bushy Park 17.7.17.

Bushy Park
18.7.17.Occupation

Hotel Clerk

Family History Neg.Personal History No Rheumatic Fever or other infectious disease.History of Present Illness. Patient first noticed symptoms of cardiac trouble on 15-3-17 the cause of which is not known. He was admitted into Hospital on 2-4-17 and has done no duty since.Complaints of Dyspnoea, Palpitation, Slight Vertigo, Precordial Pain, Excessive Fatigue on Exertion & Sweating.Pulse Rest. 108.Physical Examination. Heart not enlarged, a systolic murmur at apex.

25.7.17.

Complaints of Precordial Pain on Exertion & Pulse 108.

July 26

Eye test. O.N. 6/9

Very little evidence of keratitis present - possible slight blurring of disc margins & disc slightly greyish. Right pupil very little larger than left but equally well illuminated. Would recommend class 6. from history. W. G. Hooper Capt.

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

Station
and Date.

31-7-17	Complains of Precordial Pain on Exercise BPulse 84
7-8-17	Complains of Precordial Pain on Exercise C Pulse 104
18/8/17	Discharged to B.C.R.D. Sapha Cat STH

McDermis

Captain, C. A. M. O.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
695	116144	Pte	Bignell	Y
Year	Unit.	Age.	Service.	
1914	2 nd Canadian	34	2 1/2 FS 6 1/2	
Station and Date.	Disease			
April 19 th	Optic Neuritis	Cap Stevenson May 9th again May 29 June 8		
June 22 nd	Transferred to Ep 800			

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

Station
and Date.

ORIGINAL
MEDICAL HISTORY SHEET.

840

B 566

Surname Bignell

Christian Name Frederick

Examined { on 24th day of March 1915
at Vancouver B.C.

Approved by

H H MacKinnon
Rank Capt C.A.M.C. M.O.

Birthplace { City or Town Wrexham
County North Wales

Apparent age 31 years 10 months

Trade or occupation Locomotive Engineer

Height 5 Feet 6 Inches.

Weight _____ Lbs.

Chest measurement { Minimum 33 1/2 inches.
Maximum expansion 36 1/4 inches

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left.
Number 2

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease Horse Shoe Scar inner side

Left wrist

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		<u>27 APR 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>19 IV '15</u>	<u>+</u>	<u>H H MacKinnon</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19 V '15</u>		<u>H H MacKinnon</u> M.O.
<u>24 VI '15</u>		<u>H H MacKinnon</u> M.O.
<u>30 VII '15</u>		<u>H H MacKinnon</u> M.O.
<u>10-10-16</u>		<u>H H MacKinnon</u> M.O.

Enlisted on 4th day of March

1915 at Vancouver B.C.

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>11th C.M.R.C. & J.</u>	<u>H198</u> <u>116144</u>		<u>4th March 1915.</u>
Transferred to.. ..	<u>7th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>WILLOW CAMP</u> <u>VICTORIA B.C.</u> <u>Bushy Park</u> <u>Vancouver</u>	<u>JUN 5 1916</u> <u>9.8.17</u> <u>11-10-19</u>	<u>W.A.H.</u> <u>Dep. Hearing</u> <u>Dep. Vision</u> <u>Partial Paralysis L. side of face</u>	<u>Fit. J.G.</u> <u>6th L. side of face</u> <u>Disch to ship</u> <u>Rebans Army</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.

CANADIAN

Christian Name *Frederick*

Surname *Lignell*

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				
Rep F Base to Hosp.		20	2	17	20	2	17	Sick		Rej. Unit.	A610-A616 GH
Hemingford Aux. Hosp. Birkenhead. alt: 1st W. S. Hospital, Liverpool		18	4	17	23	6	17	Optic neuritis	64.	Transferred Transferred to Can. Hosp. Spon.	Williamson
McH Groom		22	6	17	16	7	17	Optic neuritis	25	Patient's condition caused by neurasthenia and will improve in time. Board recommends trans to Buehly Park Hosp.	R. Brodie Anderson Capt. C.M.C.
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		16	7	17	15	AUG	1917	D.A.H.	30	Hard not. Systolic murmur at apex. No definite optic neuritis now is to R. Regt. Dep't. Seaford admission. Byxma has been under treatment there ever since for daily dizziness. Transferred to Buehly Park by Capt. Gould Transferred to Shaughnessy M.H. by order O.C. C. S. O. M. with ear defect in right eye. Jensen left during leave. Discharge to S. P. R.	Dr. Davis Capt. C.M.C.
Shaughnessy M.H.		17	6	18	4	11	18	Older of eye radical method			James M. Day J. H. S. M. C. H.
Shaughnessy M.H.					16	5	19				Alvarado
Shaughnessy M.H.					14	10	19				Alvarado

PROCEEDINGS OF A MEDICAL BOARD.

THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL,
BUSHY PARK, HAMPTON HILL. 9 AUG 1917.
Dated at.....

No. 116144. Rank Pte. Name BIGNELL, F.

Local Unit..... Overseas Unit 7th. Battn. Age 34.

Examination held at THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL, BUSHY PARK.

DISABILITY
Overseas—Local
(scratch one out).

D. A. H.

PRESENT CONDITION.

Heart not enlarged.
Systolic murmur at apex.
History of optic neuritis.
Ap present Oculist reports 'possibly slight blurring of
disc margin and disc slightly greyish', recommends Class C.
Probably fit for full duty in six months.

BOARD RECOMMENDS :—

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

Signatures :—

Members { L.M. Murray. Major. CAMC. President.
D.W. Davis. Capt. CAMC.
M.N. McCormack. Capt. CAMC.

APPROVED

THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL,

Dated..... BUSHY PARK, HAMPTON HILL, 9 AUG 1917.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at _____
Unit: _____

No. _____
Rank _____
Name _____
Local Unit _____
Overseas Unit _____
Age _____

Examination held at _____

DISABILITY
Overseas - Local
Indicate one only

PRESSENT CONDITION.

BOARD RECOMMENDATIONS.

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 _____ weeks.
5. Discharge.

Signatures

President

Members

APPROVED

Dated

For A.D.M.S.

(9) Is your Father alive? Yes

If so, state name and address John Bignell, Mayfield Cottage
Benjamin Road, Wrexham, North Wales. Eng.

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Susannah Bignell,

Mayfield Cottage, Benjamin Road, Wrexham North Wales

(11) If your Mother is a widow.....

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

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

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

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

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.

8 JUN 1916

Date.....

Ernest H. Bignell
Officer Commanding.

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 11th Overseas Battalion
Canadian Mounted Rifles
- (2) Regimental Number 116144
- (3) Full Name of Soldier Bignell, Frederick
- (4) Place of Birth Wrexham, North Wales, England
- (5) Are you married, or not? married
- (6) If married, state,
(a) Full name of your wife Mrs Jessie Elizabeth Bignell
- (b) Present Postal Address 11 Gunliffe Walk, Garden Village
Wrexham, North Wales, England
- (7) Are you a widower? no
- (8) Have you any children? yes
If so, give number of boys and girls 2 boys and 1 girl
Also their names and ages Alistair Patten Bignell 6 years. Frederic
Samuel Bignell 3 years Jessie Freda Bignell
9 years

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

25590

OTTAWA, CANADA.

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

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

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

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

1. Christian Names *Frederick* 2. Surname *Bignell*
3. Rank *Private* 4. Original Unit *11th C.M.R.* 5. Reg. No. *116144*
6. Address, in full, to which future payments of gratuity are to be forwarded
*General Melvin
Vancouver BC*
7. Date of enlistment in the C.E.F. *24-3-15 R.M.*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Susan Bignell*
9. Relationship of such dependent *Mother*
10. Present address, in full, of such dependent *Mayfield, Benjamin Road
Wrexham North Wales*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
*7th Bn. France.
13-10-16 to 18-4-17*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *11th C.M.R. (Can) 24-3-15 to 25/7/16 11th C.M.R. (Eng) 25-7-16 to 13-10-16 7th Bn. France 13-10-16 to 18-4-17 B.C.R.D. 18-4-17 to 18-12-17 J. unit Can. 18-12-17 to 18-4-18 B.C.R.D. 18-4-18 to 13-10-19*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

R.M.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units..... *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid..... *No*

20. Have you been issued with a War Service Badge? If so, what class?..... *Yes "A" Class*

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

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

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

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

24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge

13-10-19

(b) Reason for discharge.....

Medical Unfitness

R.O. 1420 A. of 12-12-18

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

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

7th Bn. France

13-10-16 to 18-4-17

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

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

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

Signature of Applicant: *H. Bignell*

Place of Residence: *Gen. Del. Vancouver B.C.*

Declared before me at: *Vancouver B.C.*

This *13th* day of *October* 19*19*

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

J. Beck corl. D.D. XI

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Pte Bignell.

spec. report.

Oct. 7. 1919

Disability. Examination. R.V. 20/20 x x 0.50 cyl - 20/15.

L.V. 20/60 No improvement.

Homatropine and cocaine. Right Pupil dilated evenly and well. Vitreous clear. Fundus normal. Left-pupil dilated 3/4. Oval, long axis 2 to 7. Disc hazy. Edges indistinct, blood vessels full. No evidence of rupture or inflammatory areas, detached retina, or chorioiditis.

x 1.75	x 2.00 R.	x 0.50 spf
x 2.00	x 2.50	x 0.37 cyl x 90 - 20/20
	L. x 0.50 spf	
	x 0.37 cyl x 90 - 20/20	

Estimated percentage of disability?...

Is this due to service? Yes. (1). ch. sup. otitis media double.
(2). impaired vision left.

Estimated percentage of disability?...

Will further treatment be of benefit? YES.

Probable duration of disability?...

Recommendation:- Impaired vision due to impaired nutrition of globe
from non closure of lids, facial paralysis.

There is a paralysis of left facial nerve which followed a mastoidectomy. Both ears are discharging and have been so for some time. I cannot make out any necrotic areas. Radical mastoidectomy has been done in each ear. Both eustachian tubes are patent, through which air continually passes on pressure of sneezing or blowing nose. The pus is located in anterior inferior quadrant of inner tympanic wall and I believe this chr. sup. ot. med. would disappear if eustachian tubes were closed.

Ears.	-	C-1	-	
	-	C	-	
	x	C1	x	
	x	C2	x	
	x	C3	x faintly.	
faintly	x	C4	-	Tinnitus is very severe in each ear.
	-----	Weber		
	neg.	Rinne	neg.	
	K-	BC	X1	
	- 60	AC	- 75	

R.G.

E.H. Saunders, Capt.

Vancouver General Hospital

X-Ray department.

Pte Bignell

July 18th. 1919

Attdg Phys. Dr Brodie.

Region for examination. Mastoid right and left and cervical vertebra.

Finding and diagnosis. Cervical vertebra, negative finding.

In the left mastoid there is a general dark area in the position of the mastoid cells, these latter cannot be determined. Apparently there has been a surgical operation on this side. The right cells cannot be distinctly outlined.

R.G.

Dr McIntosh.

Pte Bignell F.

Spec. report.

VGMA. 10.10.19.

Complaint- impaired function left side of face.

History. Operation for radical mastoid March 1919. Afterwards left side of face was paralysed. Examination, there is no abnormality of nervous system except in left face. There is partial paralysis of all muscles in left face. Eye closes to within one quarter inch. Sensation normal.

Diagnosis. Incomplete lesion facial nerve.

Recommendation:- discharge to SCR for further electrical treatment.

R.G.

Frederic Brodie, Capt.

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Homatropine and cocaine. Right Pupil dilated evenly and well. Vitreous clear. Fundus normal. Left-pupil dilated 3/4. Oval, long axis 2 to 7. Disc hazy. Edges indistinct, blood vessels full. No evidence of rupture or inflammatory areas, detached retina, or choroiditis.

x 1.75	x 2.00 R.	x 0.50 spr
x 2.00	x 2.50	x 0.37 cyl x 90 - 20/20
	L.	x 0.50 spr
		x 0.37 cyl x 90 - 20/20

Estimated percentage of disability?...

Is this due to service? Yes. (1). ch. sup. otitis media double.
(2). impaired vision left.

Estimated percentage of disability?...

Will further treatment be of benefit? YES.

Probable duration of disability?...

Recommendation:- Impaired vision due to impaired nutrition of globe from non closure of lids, facial paralysis.

There is a paralysis of left facial nerve which followed a mastoidectomy. Both ears are discharging and have been so for some time. I cannot make out any necrotic areas. Radical mastoidectomy has been done in each ear. Both eustachian tubes are patent, through which air continually passes on pressure of sneezing or blowing nose. The pus is located in anterior inferior quadrant of inner tympanic wall and I believe this chronic suppurative otitis media would disappear if eustachian tubes were closed.

Ears.	-	C-1	-
	-	C	-
	x	C1	x
	x	C2	x
	x	C3	x faintly.
faintly	x	C4	-
	-----	Weber	
	neg.	Rinne	neg.
	X-	BC	X1
	- 60	AC	- 75

Tinnitus is very severe in each ear.

R.G.

E.H. Saunders, Capt.

Vancouver General Hospital

X-Ray department.

Pte Bignell

July 18th.1919

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Region for examination. Mastoid right and left and cervical vertebra.

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Diagnosis. Incomplete lesion facial nerve.

Recommendation:- discharge to SCR for further electrical treatment.

R.G.

Frederic Brodie, Capt.

Report No.

Category D ~~Ex~~ 11

No. of
M. H. C. File

No. of
Local File

No. of
H. Q. File

2673

J.

Bignell, Frederick.

General Delivery.

Vancouver, B.C.

No. 116144 Rank Pte. Original Unit 11. CMR. Present Unit

Age 34 Height 5 ft 6 ins. Complexion N.R. Eyes N.R. Hair N.R. Character N.R.

Date of enlistment 4-3-15 Where enlisted Vancouver. Where seen service France.

Ship returned by Gamma 25 Date of arrival 30-11-17 Port of arrival Halifax.

Birthplace Wales. Religion C. of E.

Name and address next of kin Wife. Mrs. J.E. Bignell. 2 Park View Rhosness, Wrexham N. Wales.

Notification of return to be sent to n.a.

Cause of disability Neurasthenia from shell shock

Condition in detail which prevents the soldier from earning a full livelihood
This man was 6 months in France. Not wounded. In April 1917 report
ed sick, stone blind in his right eye. Very defective vision in left
eye. Hearing was good, but a feeling of ears being stuffed up.
At present, right eye is D-50. L. D-60. Has a considerable pain
in his head when exposed to a bright light. The specialist's report
in June 1917, "Optic neuritis" No ophthalmic condition evident.
Vision will improve with his general condition. Her report, -
Chronic rhinitis with extension to ears, eustachian tubes patent,
not caused by service. Heart not enlarged, roughening of first sound
at the apex and slight irregularity. Other organs normal.

Degree of incapacity (Please state in fractions) Eng. Board ---

Canadian Board 30%

Probable duration of incapacity four months

Does it render him permanently unfit for Military Service? No.

Would operation, Special treatment, or use of appliances etc., lessen incapacity? Conv Home for report on eyes

Destination to which transportation issued Vancouver, B.C.

Members of Board K.C. Cairns Capt A. Haig Capt R.B. Cox Capt W.M. Carrick, Mjr.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Wife	33			Good
2					
3	4 eldest (girl)	10			Good
4					
5					

Occupation prior to enlistment Clerk

Regular trade or profession

Average earnings previous to enlistment \$60. month Any other income?

Name and address of last employer Hotel Demsmuir Vancouver, B.C.

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

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

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

If unable to follow previous occupation, name preference

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

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

Whether given Vocational Training while in Hospital in England. If so, what subjects? N.A.

References Last employer

Witness J.E. Woodley

I declare that the above statement is correct.

Date Quebec 5-12-17

Signature F. Bignell.

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

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

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

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

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

First payment date.....

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

E. 2. Tracheae with chain of vesicles.
 E. 3. Warty degeneration.
 E. 4. Tracheae no longer identifiable.

Canadian Board

Degrees of incapacity (Please state in fractions) Eng. Board

Probable duration of incapacity

Does it render him permanently unfit for Military Service?

Destination to which transportation issued

INFORMATION TO BE FURNISHED BY SOLDIER

D. TOWNSHIP
C. POLICE IN CHARGE.

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to emigration

Name and address of last employer

Rent per month

Taxes

If carrying life or accident insurance, annual premiums

It is receipt of sick benefits or other insurance—name of

Q: What was soldier left school?
What grade standard

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

What is your Vocational Training while in Hospital in England. If so what subjects?

Trans'd to Unit--Date

Journal Class: _____ Date: _____

TABLE 3 - Data

11/11/11

1942-1943-1944

1954

REVISION - Class Serial No.

100-443881-101

.....

SPECIALISTS REPORT

V.G.H.M.A. 24.7.19

116144

No. / Rank. Pte. Name. BIGNELL F.

Unit. 7th. Bn.

Pathological condition:

There is no abnormality below the cervical vertebrae. Mentality normal. Speech and articulation normal. Pupils equal and active to light and accommodation. Ocular movements normal. Oedema of left lower lid. There is total paralysis of the left face due to injury to left 7th cranial nerve. Hearing in both ears impaired. Operative scars behind each ear. Slight paraesthesia left side of face. Cranial nerves otherwise normal. X-ray cervical area negative finding. The pain in the back of the neck is referred from mastoid area.

Estimated percentage of disability.

Is this disability due to service?

If not due to service, has it been aggravated by service.

Percentage due to such aggravation.

Will further treatment be of benefit?

Probable duration of disability.

Recommendation: FURTHER TREATMENT.

My

Frederick Brodie Capt

Signature & Rank of Specialist.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to *Mrs Susan Bignell*
Address *Mayfield, Benjamin Rd.*
Wrexham, N. Wales.

Name *BIGNELL F*

From Canada: No. *116144* Rank Unit

ASSIGNED PAY

Authority Dol. Effect

ASSIGNED PAY

15²⁰

30²⁰

1. 8. 18.

1/8/18

DISCHARGED TO CANADA

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 191					"Continue payment to guardian at SA from date suspended" 1896. 13.6.19
JAN.					
FEB.					
MARCH					
APRIL					
MAY (<i>July Main</i>)	<i>B120207</i>	<i>120</i>	<i>235</i>	<i>18/18 to 31.3.19</i>	<i>at 24.13.1 ✓</i> <i>SA. 18.5.4 ✓</i> <i>72.18.10</i>
JUNE					<i>Stop MFW 1608 July.</i> <i>SA as from 18/18 approved by General Auditor</i>
JULY					
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

BLANKET

32409

MILITIA AND DEFENCE ASSIGNED PAY.

Ref. No. N.R.

To whom Mrs J. E. Bignell,
Address 6 Valview Terrace
11 Cunliffe Walk,
Millbank Rd.
Garden Village,
Rhyl, Rhyl, N. Wales.
Wrexham, N. Wales.

By whom assigned Bignell, F.
Regtl. No. 116144 (11198?)
Rank L/Cpl.
Corps, &c. 11th C.M.R. B. Coy.

Rate \$20.00Date to Commence 1st July, 1916.

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED Amt. PAY	SEPARATION Pay Sheet Deduction ALLOWANCE	REMARKS.
Jan.	1916				RECEIVING SEPARATION ALLOWANCE \$ <u>20</u> EFFECTIVE <u>Mar 1915</u> RELATIONSHIP <u>Wife</u>
Feb.					
March					
April					
May					
June					
July		116488	20	X	
Aug.		1148620	20	X	
Sept.		153669	20	X	
Oct.		192683	20	X	
Nov.		226687	20	X	
Dec.		267190	20	X	
Jan.	1917	308703	20	X	Total Separation Allowance paid to end of January, 1917
Feb.		348711	20	X	
March		392211	20	X	
April					S.A. r.a.p. checked and found correct, Oykar, Regt. Lt. 25/3/17
May			180 00	498 00	
June			140	140	
July			320	638	
Aug.					

ASSIGNED PAY.

By whom assigned

Signell, L.

Regtl. No.

116144 2/6 pl. 11 116. R. R. B. Coy.

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

2 2 21222

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom

Mrs. F. Bignell

Address

*2 Park View
Rhosnessney
Wrexham, N. Wales*
~~*6 Llanfair Terrace
Millbank Road, Rhyl
N. Wales*~~

Rate

£26 15⁰⁰ 6d. 20

Date to Commence

*1-2-18.
1-11-17*

By whom assigned

Bignell, Frederick

Regtl. No.

146144

Rank

Plt.

Corps, &c.

~~*P. B. Regt. Depot*~~
11 cm. Co.

PAYMENTS.

wife

Month.

Year

Cheque
No.

Amt.

Pay Sheet
Deduction.

REMARKS.

Jan.

1916

Feb.

March

Apr.

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

Feb.

March

April

May

June

July

Aug.

*Discharged to Can. 30/10/14
a.g. 5-1-22-27-10-14
Noted on F.P.C.*

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND UNTIL ADVICE
FROM OTTAWA OF DISCHARGE OF SOLDIER
NAMED HEREIN.

over

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Sept.	1917				
Oct					
Nov		B22686	20 -	20 -	
Dec.		B69087	20 -	25 -	
Jan.	1918	C51879	20	25	
Feb.		C55073	20	25	"Melhospour" cable 15/2/18 "reduce ass Pay to #15 ⁰¹ monthly."
March		C55061	15	25	
		B60277	15	25	
Apl.		a3879	15	25	
May		a78261	15	25	
June		B.15878	15	25	
July		B73659	15	25	
Aug.		C13163	15	25	ret'd cancelled assigner gone away. "unable to locate"
Sept.					Payments continued on New Ledger Sheet.
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

4/3/15 **2ND CANADIAN CONTINGENT.** *1/606*
MILITIA AND DEFENCE *Duplicate*

SEPARATION ALLOWANCE

6/1/3107

Name

Address

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

Relation to Soldier

wife, child or mother

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

Marriage Certificate Produced
JUNE 3 1915

FILE

58 cc. 033359 - 371.

60 - cc 103481/493 V

cc 193194/206 V

60 - cc 258519/531

60 238

6 Vale View Terrace
Mill Bank Road

Rhyl 1/4/16

P.O. Rhyl
Wrexham

Wife

SEPARATION ALLOWANCE.

Name of Dependant *Bignell, Mrs Jessie Elizabeth*Relation to Soldier *Wife*1 *6, Vale View Terrace*

3

*Mill Bank Road*P.O. *Rhyl.*

P.O.

2 *6*

4

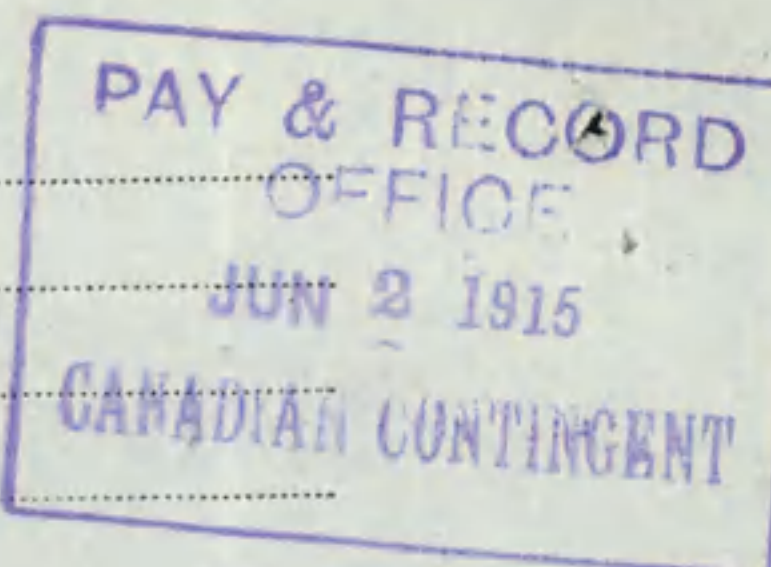
P.O.

P.O.

Name of Soldier *Bignell, Fred*Regtl. No. *11198*Rank *Draper*Corps *11th Bn. M.P.*

To what Corps belonging

when called out



Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. \$ c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...	258				
Apl.	1916	B. 1835	20				
May		B. 9881	20				
June		B. 20371	20				
July		B. 28189	20				
Aug.		B. 37760	20				
Sept.		B. 45742	20				
Oct.		B. 55897	20				
Nov.		B. 67762	20				
Dec.		B. 79866	20				
Jan.	1917	B. 91392	20				
Feb.							Total Separation Allowance
Mar.			458				paid to end of January 1917
Apl.							
May							
June							
July							
Aug.							
Sept.							
		Carried Forward ...					

9 p.c.

Caw

4/3/15

56

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name

Address

Jessie Elizabeth Bignell
~~25 Norman Road~~
~~29 Lisson St.~~
~~Wrexham, North Wales,~~
~~Rhyf~~
~~Marlborough Gate.~~

Relation to Soldier

wife, child or mother

Wife
11 Cunliffe Walk

Garden Village Wrexham

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

Bignell Fred R
~~11198~~
Trooper
116144
11th C.M.R.

PAYMENTS

ENGLISH

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

Duplicate sent to England for payment.

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

M. F. W. 54. (A. F. B. 102)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

11th C. M. H.

Regimental No. 116/144

Rank

Pte

Name

Bignall, Frederick

C. E. F.

Enlisted (a) 24/3/15

Terms of Service (a)

dur. of war

Service reckons from (a)

24. 3. 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)

Loco Engineer

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				
18/12/17	England	J. O. S. "J" Unit	Esquimaux	18/12/17	D.O. 295-2888
18. 4. 18	J. Unit: M.A. 66	T. O. S. District Depot XI	Victoria, B. C.	18. 4. 18	D.O. P-11 1/2. 1918
14. 10. 19	DISCHARGED	MEDICAL UNFITNESS	VANCOUVER, B. C.	13. 10. 19	P-11 287. 3a 1919 M. Beck For O.C. District Depot XI

(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.

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				

B 566-54-21471
Hospital

NEW

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

Casualty Form—Active Service.

M. F. W. 54.

150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps 11th O/S Regt. C.M.R. C.E.F.
Regimental No. 116144 Rank Private Name Bignell, Frederick
Enlisted (a) 24-3-15 Terms of Service (a) 2 of W. Service reckons from (a) 24-3-15
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) Loc Engineer

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				

8.8.16	O.C. 11 th G.M.R.	appointed act/lc-cpl	Chenton Camp	25.7.16	EMBARKED HALIFAX N.S. 8/7/16 S.S. LAPLAND, DISSEMBARKED LIVERPOOL 25/7/16 S.S. LAPLAND, Part II Orders, NO. 183, dated 8.8.16
10.10.16	O.C. 11 th C.M.R.	Reverts to the Ranks at his own request for the purpose of proceeding ops. with draft.	Chenton Camp	10.10.16	Part II Orders, No. 238, dated 10.10.16
13.10.16	O.C. 11 th C.M.R.	drafted to 7 th Bn (France)	Chenton Camp	13.10.16	Part II Orders, No. 241, dated 13.10.16. Maj. Capt. W.D. Bruce 11 th Bn C.M.R.
14.10.16	C.B.D.	Taken on strength 7 Bn	C.B.D.	14.10.16	N.R. PT II Order 56 d/30.10.16
4/11/16	O.O. Bn	Joined unit	Field	31/10/16	B213. DCS 389
23.2.17	-	Sick to Hospital		20/2/17	B213. DCS 415
3.3.17	"	Regained unit		20/2/17	" " 418
2.2.17	2 C 7 A	Reformed 7th	20.2.17	22/2/17	A36 " 419

(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.]

CERTIFIED CORRECT.
24 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				

4.4.17	4 Staly	Optic neuritis	20	4 Staly	4.4.17	W3034
6.4.17	4 Staly	"	20	7 Gene	6.4.17	"
"	7 Gen	mumps	Ad	"	6.4.17	"
18.4.17	7 Gene	Optic neuritis. Invalided (Sick) & posted to B.C. Reg. Depot. Seaford		HS "St. Denis"	18.4.17	W3053(8032) Pt. II. Ord. No. 42 d/- 5-5-17

Thos B. Maxwell Lieut. for Major, A.A.C.

2.5.17	B.C.R.D.	J.O.S. on adm. to stop in England	Seaford	14.4.17	Pt II DO# 54.
--------	----------	-----------------------------------	---------	---------	---------------

Spickens Lieut.
for Lt Col i/c Records, C.E.F.

29 10.17	B.C.R.D.	On Command to 1st C.D.D. Buxton J.D. Bampbell Jk. Williams			Pt II D.O. 225 Lt Asst Adj. B.C.R.D.
----------	----------	--	--	--	---

30 OCT 1917 TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No.

Wine Lt. Lieut.-Col.
Commanding Canadian Discharge
Depôt.

17 NOV 1917 EMBARKED FOR CANADA FROM LIVERPOOL

Commanding Lieut.-Col.
Canadian Discharge
Depôt

Quebec Medical Board.

30.11.17.

Disability: Neurasthenia from shell shock.

History: Was seven months in France. Not wounded. In April 1917 reported sick, stone blind in his right eye, very defective vision in left eye. Hearing was good, but a feeling of ears being stuffed up. At present his right eye is D-30. L. D-60. Has a considerable pain in his head when exposed to a bright light. The spec. report in June 1917 "optic neuritis" No ophthalmic condition evidence. Vision will improve with ~~extension~~ his general condition. Ear report- chronic rhinitis with extension to ears, eustachian tubes patent, not caused by service. Heart not enlarged, roughening of first sound at the apex and slight irregularity. Other organs normal.

Quebec Medical Board.

30.11.17.

organs normal. Touching of first sound at the apex and slight irregularity. Other auscultation tubes patent, not caused by service. Heart not enlarged, general condition. Ear report - chronic rhinitis with extension to ears. No ophthalmic condition evidence. Vision will improve with exercise. The spec. report in June 1917 "optic neuritis" exposed to a bright light. Has a considerable pain in his head when right eye is D-30. D-60. D-60. At present his hearing was good. But a feeling of ears being stuffed up. At present his right eye blind in his right eye, very defective vision in left eye. History: Was seven months in France. Not wounded. In April 1917 reported Disability: Neurasthenia from shell shock.

ET

Rank *1st Lt* Name **BIGNELL, Frederick** Reg'l No. **116144**
 Unit **11th C.M.R.** If in perm. Corps, }
 What Unit? } Married or Single **Married**
 Place and Date of Enlistment **Vancouver, March 24th 1915** Place of Birth **Wrexham, North**

*Auth.
 letter O.C.
 11th C.M.R.
 15/9/16
 R.L.29*

Name and Address, Next-of-Kin **Mrs F. Bignell** **Wales.**
6 Valeview Terrace, Millbank Road, RHYL,
~~**25, Norman Road, Wrexham, North Wales.**~~ Relationship **Wife**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E, R.B. No 7745

File R.L.

Category *Can. O.R.*

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>8.8.16</i>	<i>11th C.M.R.</i>	<i>Actg. Lce. Cpl. on arrival in England.</i>	<i>Shorncliffe</i>	<i>25.7.16</i>	<i>Pt II D.O. 183</i>
<i>10.10.16</i>	<i>"</i>	<i>Reverts to ranks at own request.</i>	<i>"</i>	<i>10.10.16</i>	<i>Pt II D.O. 238</i>
<i>13.10.16</i>	<i>"</i>	<i>Transferred to 7th Bn</i>	<i>"</i>	<i>13.10.16</i>	<i>Pt II D.O. 241 H.W.</i>
<i>30-10-16</i>	<i>7 Bn</i>	<i>Taken on Strength</i>	<i>Field</i>	<i>14-10-16</i>	<i>Pt II D.O. 56</i>
<i>7-3-17</i>	<i>7 Bn</i>	<i>Reported from Base to Hos p (3rd Gen. H. Unit)</i>	<i>"</i>	<i>20-2-17</i>	<i>GLA 610 Sick Report, Fort Abert</i>
<i>14-3-17</i>	<i>7 Bn</i>	<i>rejoined Unit</i>	<i>"</i>	<i>20-2-17</i>	<i>GLA 616. "</i>
<i>13-4-17</i>	<i>"</i>	<i>No 4 Stab Hq</i>	<i>St Omer</i>	<i>14-4-17</i>	<i>GLA 640 Optic Neuritis</i>
<i>14-4-17</i>	<i>"</i>	<i>7 Gen Hq</i>	<i>"</i>	<i>6-4-17</i>	<i>- 2641 Mumps St.</i>
<i>30-4-17</i>	<i>"</i>	<i>Hemingford St. Aux. Hq Birkenhead</i>	<i>"</i>	<i>19-4-17</i>	<i>GLA 6351 Optic Neuritis</i>

F.B. 103 CHECKED
 21 OCT. 1916

116144 BIGNELL F.

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.				
				18-4-17	Attd. 42 d 5-5-17 712
2-5-17	B.R.D.	Adm to Sp. Coy is Lo. I from 1 Bn	Seaford	14-4-17	Attd. 54
29-6-17	7 th Bn.	Trans. Can. Con. Hosp	Woodcote pk. Epsom	23-6-17	CLB 395 Optic neuritis
21-7-17	✓	Trans. Kings Can. Rd + Con. Sp	Buckley Park	17-7-17	✓ 411 D.A.H.
7-9-17	✓	Dischd " "	✓	15-8-17	✓ H
29-10-17	B.R.D.	On board C.O. Buxton, Seaford	Stk	29-10-17	Attd. 225.
		Entbk to Can for Discharge			
28-11-17	✓	Reas on board C.O. Buxton & S.O.S. on being returned to Canada for disposal of A. & Ottawa	✓ Stk	17-11-17	Ph 251.
	Dis depot	Convalescent Home	MD " 11 Victoria	30/11/17	MR 415:

Quebec Medical Board.

30.11.17.

Disability: Neurasthenia from shell shock.

History: Was seven months in France. Not wounded. In April 1917 reported sick, stone blind in his right eye, very defective vision in left eye. Hearing was good, but a feeling of ears being stuffed up. At present his right eye is D-30. L. D-60. Has a considerable pain in his head when exposed to a bright light. The spec. report in June 1917 "optic neuritis" No ophthalmic condition evidence. Vision will improve with ~~extenu~~ his general condition. Ear report- chronic rhinitis with extension to ears, eustachian tubes patent, not caused by service. Heart not enlarged, roughening of first sound at the apex and slight irregularity. Other organs normal.

ORANGE COUNTY, CALIF.

1. The first part of the report is a general statement of the purpose and scope of the study.

It is requested that you advise the Bureau of the results of your investigation.

Approved: _____ Date: _____

RIGHT eye is D-30. L. D-20. has a corneal scar in the past when

...was good, but a feeling of uneasiness was felt.

Black stone, white eye, very delicate in left eye.

History: - was never married in France, but wounded. In April 1917 captured.

Disability: Postoperative from small block.

• **සෞඛ්‍ය සේවාවන් සඳහා වැඩි වැඩි දායකත්වයක් ලබා දීම**

SPECIALIST'S REPORT

Station.....July: 23.....1918

No. 116144 Rank. Plc Name. Bignall, F. Unit. 7th Bu.

Pathological condition present:-

Mustard

Mustard

This man is making slow progress

Estimated amount

Estimated percentage of disability- - - - - 100% (Overall)

Is this disability due to service? - - - - -

If not has it been aggravated by service? - - - - -

If "Yes" give percentage due to aggravation- - - - -

Will further treatment be of benefit? - - - - -

Probable duration of disability? - - - - -

Recommendations.

Signature of Specialist- - - - -

Station.....
Date.....

No. of the.....
Name.....
Unit.....

Pathological condition present:-

Wounded

Estimated percentage of disability:-

Is this disability due to service:-

It not has it been aggravated by service:-

If "Yes" give percentage due to aggravation:-

Will further treatment be of benefit:-

Probable duration of disability:-

Recommendations:-

Signature of Specialist:-

-SPECIAL EAR REPORT-

Seaford. *Oct 10/17*

No. *116144*

Rank. *Pte*

Name *Bignell*

Unit *Ble R.D.*

R. R.

21 ft

—

—

<

2048

32

Hearing

Voice

Schwabach

Rinne

Weber.

Upper Limit

Lower Limit

L.

21 ft

—

—

2048

32

Fit as far as Ears are concerned for Category:- *A*

Otitis Externa R. & L

Present before enlistment. Not caused by service

M. 2. R & L intact. Eustachian patent

Chronic Rhinitis

Throat normal

Rx S. & R Twice daily

W. H. Palmer

Captain. C.A.M.C.

Quarantine. _____

Cook House . _____

Canteens. _____

Meat House. _____

116144 Mr Bignell, 7 Canadian

OPHTHALMIC CENTRE No. 49

1st Western General Hospital,
Fazakerley, Liverpool.

Date 18.5.17

All communications in reference to ophthalmic
treatment to be addressed to Dept.

7/5/36
R. Some definite glaucoma
apparently passing off

6/36
L. disc now clear

6/36
fields of vision both concentrically contracted
cause very obscure.

6/36
los. of vision may be temporary.

Re Answer than you

W. H. Hines.

No.	No. of Acq. Roll	A M O U N T				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	2	5	\$			
25-6-17	15589		2		9 13	from	A. R. M. O. N. E. R.	
16-7-17	7493		10		2 43	from	L. Henderson	
10-7-17	2663		1		4 86	"	"	
5-8-17	2947		10		4 87	"	"	
14-9-17	200		1		1 10	Seaford	W. White	
27-9-17	258		1	10	7 3		J. B. George	
18-10-17	255		1		4 87	"	"	
27-10-17	290		1	10	7 30	"	"	
					9489			

440.67
9.73
430.94

21204

2580

23489
1338
22451

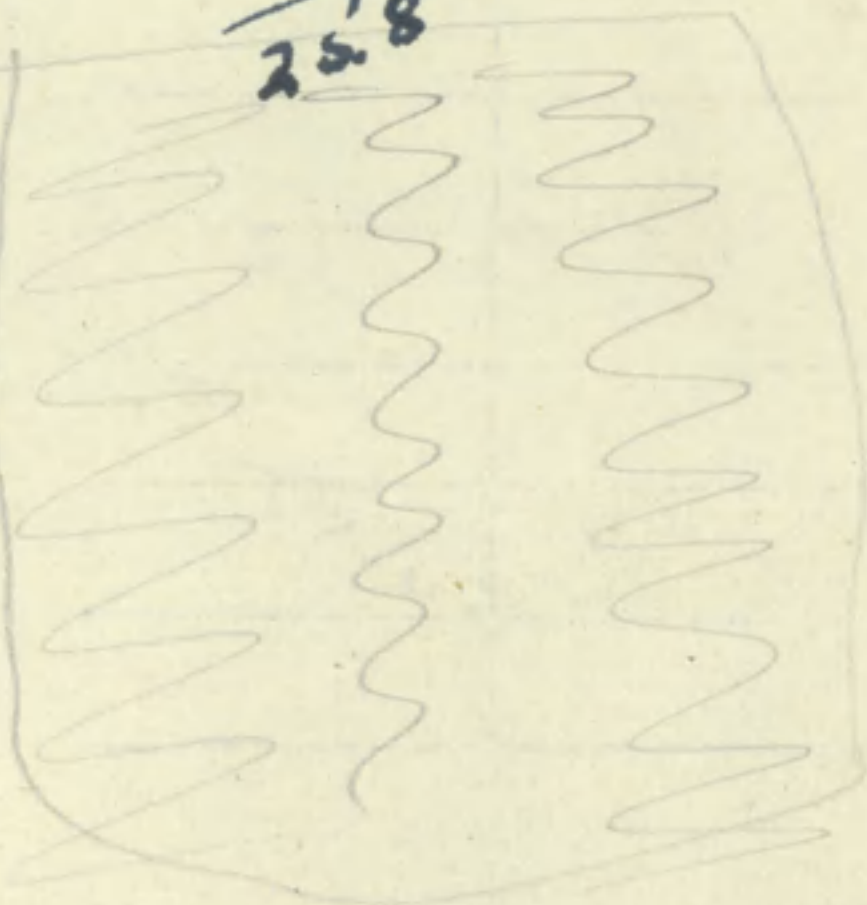
24

25
8
43

17
30
21

3
3

43
60
2580



Handwritten notes in red ink, including "11/11/11" and "11/11/11", and a large "X" mark.

89.11.9.4
87.4
82.3.10.4

1022

436

20

NEURALISTS REPORT.

VGMA. 10-9-19

116144 Pte. Bignell.F.

7th Bn. Age.36

Complaint: Impaired function left side of face.

History: Operation for radical mastoid March 1919. Afterwards
left side of face was paralyzed.

Examination: There is no abnormality of nervous system except in
left face. There is partial paralysis of all muscles in left face.
Eye closes to within $\frac{1}{4}$ inch. Sensation normal.

Diagnosis: Incomplete lesion facial nerve.

Recommendation: Discharge to S.C.R. for further electrical treatment.

Frederick Broder

10-9-19

10-9-19

10-9-19

Operation for removal of tumor

Operation for removal of tumor

Operation for removal of tumor

Operation for removal of tumor

Operation for removal of tumor

Operation for removal of tumor

Operation for removal of tumor

DENTAL CERTIFICATE.

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
10/11/17	Nil	Failed to report for Examination		
				W. H. H. H. Capt. H. H.

DENTAL CERTIFICATE

The following Certificates will

be attached to the Medical History Sheet of all

Other Ranks being returned to Canada for disposal

Recommendation	Date of Examination	Present Dental Condition	In case of loss or decay of teeth, is the loss due to disease directly attributed to Active Service?	Remarks

C.A.D.C. 5009-10M.

3494-3 17.

116144

DENTAL CERTIFICATE.

Pt Bignall Sp

The following Certificates will

be attached to the Medical History Sheets of all

BCRF

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>2/11/17.</i>	<i>fit.</i>			<i>H.V. Schwan.</i> <i>Capt. C.A.D.C.</i>

DENTAL CERTIFICATE

The following Certificate will

be attached to the Medical History Sheet of all

Other Ranks being returned to Canada for service.

Name of Person	Date of Examination	In case of loss of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service?	Present Dental Condition	

Surname **Bignall** Christian Name or Names **F.** Reg. No. **116144**
Rank **Pte.** Unit **7th Dn. B.C. Reg** Co. Troop Batty.

Hospital **# 3 Can Field Amb.** Date of Admission **20.2.17**

Transferred **4 Sta. Arques (St Omer)** Hosp. **4.4.17**

7 Gen St. Omer Hosp. **6.4.17**

Hemingford St. Aux Birkenhead. Hosp. **14.4.17**

Woodcote Park Epsom. Hosp. **23.6.17.**

Kings Can. Busby Park. **17.7.17.**

Diagnosis **Myo Deformity of Feet.**
(1) **Optic Neuritis**
Later Diagnosis (if changed) **Thumps. slt. D.A. H. J.**
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION Date

Rejoined Unit 20.2.17

C.L. 7-3-17 A610

REMARKS

R.F.B. to Hosp. 28-2-17.

14.3.17 A616

Dis. 15-8-17

20.3.17 H621

13.4.17 A640

14.4.17 A641

30.4.17 B350

29.6.17 B395.

21.7.17. B341

7-9-17. B4

A.M.D. 2 DEPT.

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

R
RW.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name *Bignell, Frederick* Rank *Pte* Regtl. No. *116144*
 Original unit *116th Bn* Present unit *7* M. or S. Age *34* Religion *C of E* Ref. H.Q. *W.D.B. 269*
 Port, ship, and date of arrival *Halifax, Samma 25 30-11-17*
 Next of kin *Wife, Mrs. J. E. Bignell, 2 Park view Rheonessney, Wrexham N. Wales.*
 Address on leave
 Address on discharge *c/o General Delivery Vancouver B.C.*
 Transportation issued Yes No Date Character on discharge
 Previous occupation *Clerk* Date and place of enlistment *4-3-15 Vancouver B.C.*
 Diagnosis *Neurasthenia from shell shock* Date of Medical Boards *11.10.19 Vancouver B.C.*

Date.	Remarks.	Pt. 2 Order No.
<i>A.</i>	<i>hosp. India</i>	
<i>100/11/100</i>	<i>Shanghwan</i>	
<i>14/10/19</i>	<i>Discharge Section</i>	<i>H.P. 1001,</i> <i>13.10.19 5700 284/3a</i>

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

(over)

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

Name BIGNELL F. Rank Pte. Regt. No. 116144 Unit J. 11.
 Battn. 11CMR Camp or O. S. 0 File M. H. C. C. H. Q. File
 Next of kin Wife--2 Park View Rhosenssnay, Wrixham, N. Wales.
 Discharged to Class ' D. of D. 30% Conduct
 Pension awarded Date of first payment
 Address on discharge Gen. Del. Vancouver. B.C.
 Diagnosis Neuresthenia From Shell Shock. Date boarded 5-12-17.

DATE	CLASS	REMARKS	Part 2 Order
18-12-17	2	Fairmont D.R.T.	#295 #65
7-1-18	2	V.G.M.A.	#8
18-4-18		D.D. 11 Hosp. Sec.	1.
13-10-19		Discharge Sect.	287a.
13-10-19		DIS HARGED (MED. UNFIT.)	287a.

[illegible]

SURNAME.

Bignell

CARD NO.

✓

CHRISTIAN NAMES

Frederick

REGL. NO.

116144.

RANK

Lce-Cpl.

UNIT

11th. C. M. R.

FORMER CORPS

5 yrs. Vols. & D. Y. S. A. Medal.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bignell, Mrs. F.

RELATIONSHIP TO SOLDIER

Wife

AD

6 Valeview Terrace, Millbank Rd.,
Rhyl North Wales.

COUNTRY OF BIRTH

Wales. Wrexham.

DATE

May 19th, 1883.

PLACE OF ATTESTATION

Vancouver, B. C.

DATE

Apr. 13th, 1915.

R/b-38-11-17.

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Locomotive Engineer

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

31

YEARS

10

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

36 $\frac{1}{4}$

INCHES

EXPANSION

2 $\frac{3}{4}$

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown,

DISTINGUISHING MARKS

2 Vac. scars left arm. Horseshoe
scar inside left wrist.

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C.

DATE

Mar. 24th 1915.

Present Address: - not stated.

No. 11108

RANK

1st Lt.

NAME

Bignell Jr.

T. O. S.

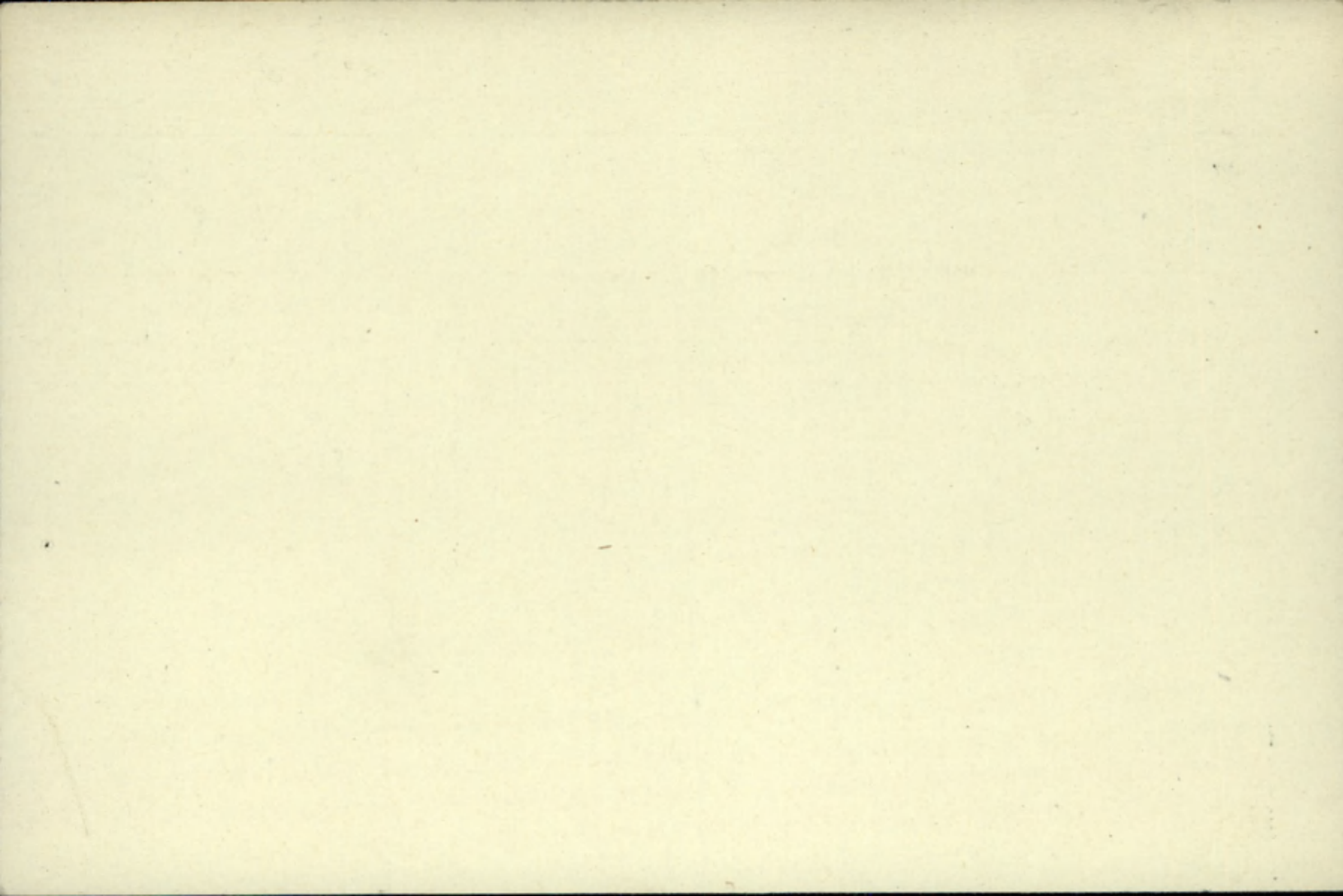
7/3/15

UNIT 11th Regt. C. M. R.

D. O. 4 of 6/3/15

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Mar 4	1915 Mar. 31	✓		
	April	✓		
	May.	✓		
	June.	✓		
	July.	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1916	1916	✓		
	Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May.	✓		
	June.	✓		
	JULY	✓		
			app. 2/cpl. 16-5-16	Do. 54-16-5-16



Name **BIGNELL** **Frederick**
 Rank **Private**

Reg. No. 116144

Unit 7th Battalion

Next of Kin Mrs. F. Bignell, 6 Valeview Terrace, Millbank
 Road, Rhyl, North Wales.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-2-17	Rep.fr.Base To Hospital	Sick Q	A610			
20-2-17	Rptd.fr.Base Rejoined Unit	do.	A616			
Entry on Cas. List 610 should read:						
20-2-17	No.3 Can.Field Ambulance Deformed Ft.	A621				
4-4-17	No.4 Sty.H.Arques (St.Omer)	Optic Neuritis	A640			
6-4-17	No.7 Gen.Hosp.	St.Omer Mumps Slt.	A641			
19-4-17	Hemingford St Mil.H.Birkenhead	Optic Neuritis	B351			
23-6-17	Can. Conv. H. Epsom	do.	B395			
17-7-17	King's Can. Red X.H. Bushey Pk.	D.A.H.	B411			
Aug. 15.	Discharged	do	B4			

[illegible]

HOSPITAL. *B*

A. & D. No. _____ Ward _____

Unit *7* _____ Sick or Wounded.

Regtl. No. *116144* _____ Pl. of Act'n _____

Rank *Pte* Name *Bignall F*

Age *34* Religion *Ce*

Service Compl'd *2⁴/₁₂* Time with Field Force *6⁶/₁₂*

Diagnosis *Optic Neuritis*

Admitted *32 JUN 1917* *Liverpool* Discharged _____

Transferred *Wansley Park 16/7/17*

RECORD FURTHER REMARKS ON BACK.

23/6-11 To have eye report - L. Dwy

2-7-17 Employment Board

6-7-17 Board recommends Busby Park
Sanatorium. further patient V.A.D.

R Rodin Anderson
Capt

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'TL No

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

11 F
Bignell
The: 7th Bn
Expelled from Liverpool per the
S.S. Saponia 17-11-77 M.D. 11 hrs of day.

26

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 610	#3 Can 2nd Amb. Highway Road Shop	20-2-17	ick & Deformity feet
A 616	Rejoined unit	20-2-17	"
A 640	#4 Stat Request (Stones)	4-4-17	Optic Neuritis
A 641	#7 New St. Oliver.	6-4-17	Mumps & Optic neuritis
B 351	Hemington St. Aux Burkland	19-4-17	"
B 395	to Can. Dow. W. Coke Pk. Exm	23-6-17	"
B. 411-	King Can. + Com. Bushy Pk.	17-7-17-	= D.A.H.
	Discharged	15-8-17	"
295	M.H.C.C. Esjurnal	18-12-17.	J.O.S. Fairmont for treatment

26
MS
Number 116144 Rank Bte

Surname BIGNELL

Christian Name Frederick

Units 7 Bn Can Bp Theatre of War France

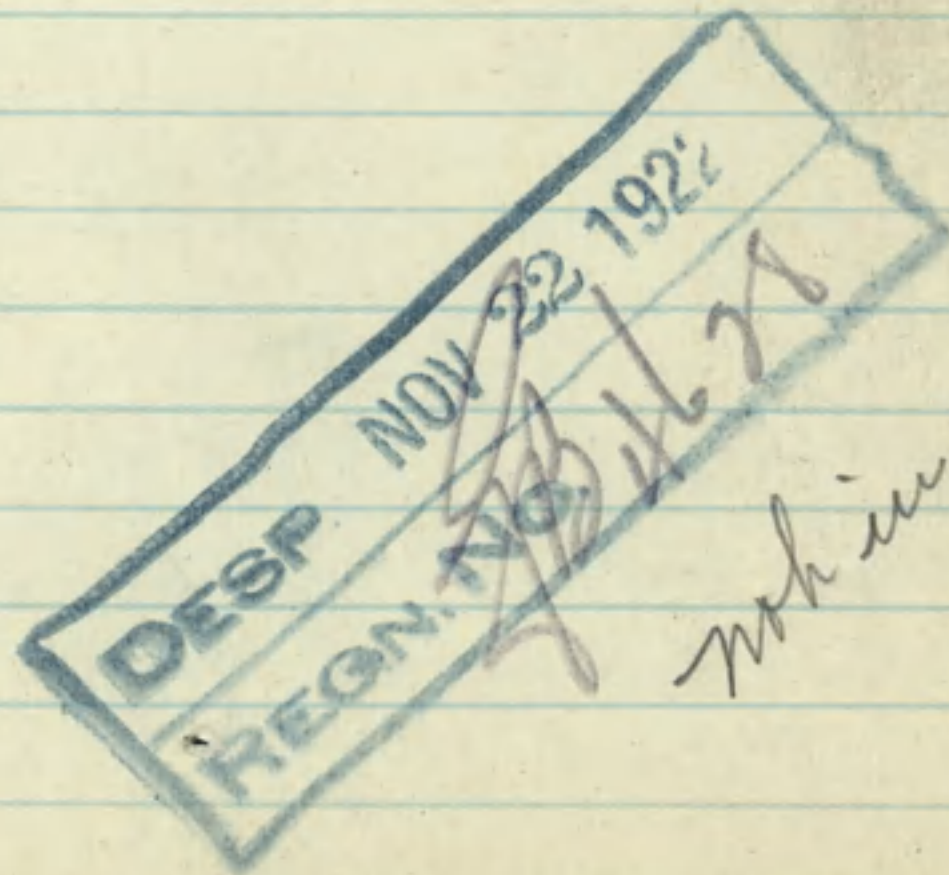
Date of Service 13-10-16

Remarks

Latest Address R.S.

Roll No.

200m -6-21. Page 19147



not in stock
294/24

Report

Category D or E 11

No. of
M. H. C. FileNo. of
Local FileNo. of
H. Q. File

2673

J.

Bignell, Frederick.

General Delivery.

Vancouver, B.C.

No. 116144 Rank Pte. Original Unit 11. C.M.R. Present Unit 75.
Age 34 Height 5 ft 6 ins. Complexion H.R. Eyes H.R. Hair H.R. Character H.R.
Date of enlistment 4-3-15 Where enlisted Vancouver Where seen service France.
Ship returned by Gamma 25 Date of arrival 30-11-17 Port of arrival Halifax.
Birthplace Wales. Religion C. of E.
Name and address next of kin Wife, Mrs. J.E. Bignell, 2 Park View Rhosneseny.
Notification of return to be sent to Wrexham N. Wales.

Cause of disability *Neurasthenia from shell shock.*

Condition in detail which prevents the soldier from earning a full livelihood

*He was wounded in France. Not wounded. In April 1917 report
ed sick, stone blind in his right eye. Very defective vision in left
eye. Hearing was good, but a feeling of ears being stuffed up.
At present, right eye is D-30. L. D-60. Has a considerable pain
in his head when exposed to a bright light. The specialist's report
in June 1917, "Optic neuritis" No ophthalmic condition evident.
Vision will improve with his general condition. Ear report, -
Chronic rhinitis with extension to ears, eustachian tubes patent,
not caused by service. Heart not enlarged, roughening of first sound
at the apex and slight irregularity. Other organs normal.*

Degree of incapacity (Please state in fractions) Eng. Board ---

Canadian Board 30%

Probable duration of incapacity *four months*Does it render him permanently unfit for Military Service? *No.*Would operation, Special treatment, or use of appliances etc., lessen incapacity? *Conv Home for report on eyes*Destination to which transportation issued *Vancouver, B.C.*Members of Board *C. Cairns Capt A. Haig Capt R.B. Cox Capt W.M. Carrick, Mjr.*

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Wife	33			Good
2					
3	4 oldest (girl)	10			Good
4					
5					

Occupation prior to enlistment *Clerk*

Regular trade or profession

Average earnings previous to enlistment *£60. month* Any other income?Name and address of last employer *Hotel Demamuir Vancouver, B.C.*

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

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

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

~~XX~~ If unable to follow previous occupation, name preference

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

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

Whether given Vocational Training while in Hospital in England. If so, what subjects? *H.A.*References *Last employer*Witness *J.E. Woodley*

I declare that the above statement is correct.

Date *Quebec 5-12-17*Signature *F. Bignell.*

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

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

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

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

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

First payment date.....

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

Category D or E

Report

No. Rank
Age Height
Date of enlistment
Where enlisted
Where seen since
Port of arrival
Date of arrival
Religion

Birthplace
Name and address next of kin
Notification of return to be sent to
Cause of disability
Condition in detail which prevents the soldier from earning a full livelihood

1. Name and address of soldier
2. Date of enlistment
3. Date of arrival
4. Date of departure
5. Date of return
6. Date of death
7. Date of burial
8. Date of cremation
9. Date of interment
10. Date of exhumation
11. Date of reinterment
12. Date of removal
13. Date of transfer
14. Date of release
15. Date of discharge
16. Date of re-enlistment
17. Date of re-employment
18. Date of re-education
19. Date of re-training
20. Date of re-assignment
21. Date of re-deployment
22. Date of re-rotation
23. Date of re-assignment
24. Date of re-deployment
25. Date of re-rotation

Degree of incapacity (Please state in fractions) Eng. Board
Probable duration of incapacity
Does it render him permanently unfit for Military Service?
Would operation, special treatment, or use of appliances etc., lessen incapacity?
Destination to which transportation issued
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

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

1. Name and address of soldier
2. Date of enlistment
3. Date of arrival
4. Date of departure
5. Date of return
6. Date of death
7. Date of burial
8. Date of cremation
9. Date of interment
10. Date of exhumation
11. Date of reinterment
12. Date of removal
13. Date of transfer
14. Date of release
15. Date of discharge
16. Date of re-enlistment
17. Date of re-employment
18. Date of re-education
19. Date of re-training
20. Date of re-assignment
21. Date of re-deployment
22. Date of re-rotation
23. Date of re-assignment
24. Date of re-deployment
25. Date of re-rotation

Occupation prior to enlistment
Regular trade or profession
Average earnings previous to enlistment
Name and address of last employer
Rent per month
If purchasing property amount due and annual payment
Taxes
If Homestead, when is patent due?
If carrying life or accident insurance, annual premium
If in receipt of sick benefits or other insurance—name of society
If unable to follow previous occupation, state preference
At what age soldier left school?
What grade, standard, etc., was he in?
Has he taken any Technical or Continuation Classes, if so when?
Whether given Vocational Training while in Hospital in England. If so, what subject?

Signature
Witness
Date
Recommendation by Interviewer as to classes likely to be of use, and general remarks.

Transferred to
Unit
Date
Amount forwarded to M. G. Unit
Credit Clothing allowance
Amount paid at Depot H. O.
L. P. C. leaving deposit
Transferred Class 3—Date
Transferred Class 1—Date
Transferred from

1. Name and address of soldier
2. Date of enlistment
3. Date of arrival
4. Date of departure
5. Date of return
6. Date of death
7. Date of burial
8. Date of cremation
9. Date of interment
10. Date of exhumation
11. Date of reinterment
12. Date of removal
13. Date of transfer
14. Date of release
15. Date of discharge
16. Date of re-enlistment
17. Date of re-employment
18. Date of re-education
19. Date of re-training
20. Date of re-assignment
21. Date of re-deployment
22. Date of re-rotation
23. Date of re-assignment
24. Date of re-deployment
25. Date of re-rotation

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.

GAMMA 25

NOV 30 1917

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>116144</u>	Army Rank <u>Priv.</u>
Name <u>Beignell F.</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>B. C. R. D.</u>	
Battalion, Battery, Company, Depot, &c. <u>11th Cmr</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>34</u> years _____ months	Descriptive marks. <u>Scar left wrist</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measure { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence { <u>Vancouver</u> (To be given as fully as practicable) <u>Loce Engineer</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	

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

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

3. Military character:—

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

RESERVATIONS REFERRED TO AT PARA. 8.

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

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

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

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

6. Campaigns, Medals and Decorations

6 1/2 months in France
Lucien S. a. medal 1901.

Certificate of education

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

(Place)

(Date)

Commanding Battn. Regiment.

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

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

(Place) (Signature of Soldier.)

(Date) (Signature of Witness.)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

..... (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to (the date to which the record of service is completed) years days.

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

Total ... " " "

11. *Confirmation of discharge.*

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

(Place) Signature

(Date)

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

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

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

This space to be for numbers.

Proceedings on Discharge.

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

No.	116 144	
Rank	Private	
Name	Frederick Bequell	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	11 th C.M.R.	
Date of Discharge	13 th October 1919	
Place of Discharge	Vancouver B.C.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	36 years	Descriptive Marks
Height	5 feet 6 inches	Horse shoe scar left wrist.
Complexion	Fair	
Eyes	Blue	
Hair	Brown	
Trade		
Intended place of residence	Gen Delivery Vancouver B.C.	
(To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of		
Medical Unfitness		
Auto Ro. 1420(c) of 12/12/18		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
	MEDICAL DOCUMENTS FORWARDED TO S. C. R. G. H. P. C. ON 25.10.19	

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

WAR SERVICE BADGE CLASS A

No. 24256 ISSUED

(OVER)

5. He is in possession of the following number of G. C. Badges:		No reference to G. C. Badges is to be made on other the discharge or character certificate.	
6. Medals and Decorations		To be copied by the Commanding Officer on to the parchment Discharge Certificate.	
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations. (Place)..... (Date)..... Commanding.....			
8. Certificate to be signed by the Soldier on Discharge I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page. (Place)..... OCT 13 1919 (Date)..... When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here. (Signature of Soldier)..... (Signature of Witness).....			
9. Additional Certificate in the case of a Soldier who takes his discharge on his own request. I hereby declare that I do of my own free will request to be discharged from His Majesty's Service. (Signature of Soldier).....			
10. Statement of Service. Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days. Total.....years.....days.			
11. Confirmation of Discharge. The discharge of the above-named man is hereby confirmed. (Place)..... OCT 13 1919 (Date)..... (Signature).....			

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

Reservations referred to at Para. 8.

#329mell

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

19. Is the invalid fit for

- | | | |
|--|--------------|--------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) |
| (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.)

Yes under S.C.R.

- (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.)

yes to SCR.

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.

PLACE Vancouver, B.C.

DATE Oct. 11. 19.

R. Gibbings, M.D. President.
S. W. Lees, M.D. 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

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE OCT 17 1919

DATE

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 Vancouver, B.C. DATE Oct. 9. 19

1. 1 (a) Unit D.D.XI. (b) Regimental No. 116144 (c) Rank pte

(d) Surname BIGNELL (e) Christian name Frederick.

(f) Home address C/o S.C.R. Hospital, Vancouver.

(g) Next of Kin Mrs S. Bignell (h) Relationship mother.

(i) Address of Next of Kin as above

2. Age last birthday 36 Date of birth May 19. 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver, B.C. (b) Date Mch. 4. 1915

4. Personal description:

(a) Height 5'6" (b) Weight 135 (c) Complexion fair

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks, Scars, etc.

horse shoe scar left wrist.

5. Former trade or occupation locomotive engineer.

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
	4. 7/12.	

statement.	PERIODS	
	From	To
Canada Mch. 1915- June 1916.	Nov. 1917	present.
England June 1916- Oct. 1916.	Apr. 1917	Nov. 1917
France or other theatres of War	Oct. 1916.	Apr. 1917

7. Original disease, or injury 1. impaired nutrition of lobe left eye. 2. chr. suppurative otitis media right and left. 3. injury facial nerve left.

(a) Date of origin 1. Mch. 25. 19. 2. Oct. 1917 (b) Place of origin 1. Canada. 2. England. 3. Canada.

(c) Cause 3. Mch. 25. 1919

1. injury facial nerve causing non closure of lids and so causing impaired nutrition globe. 2. unknown. 3. following mastoidectomy Mch. 25. 19

M. F. B. 227.

400M-11-13.
1172-39-117.

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.)

1. defective vision left eye. 2. marked deafness both ears. 3. partial paralysis left facial nerve.

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.)

Fairly well nourished man looking older than stated age. Heart is slightly enlarged. Diffuse pulsation over whole chest. 1st sound reduplicated at apex. 2nd sound accentuated. No murmurs. Rhythm easily disturbed. 1. defective vision left eye, spec. report attached. 2. Marked deafness both ears with discharge. Scars of mastoid operations behind both ears well healed and not tender to touch. See spec. report attached. 3. Partial paresis left side of face. see spec. report attached.

(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.....
(If pulse rate is abnormal, B. P. will be taken.) (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).)

In Oct. 1917 both ears started to discharge. Reported sick and had local treatment with unit. Invalided to Canada with D.A.H. and optic neuritis. Admitted Shaughnessy Mil. Hospital, otitis media rt and left 17.6.18. Mastoidectomy rt Feb. 15.1918. Mastoidectomy left Mch. 28th.1918. Mastoidectomy lt. March 25th.1919. Facial nerve injured last operation.

10.— (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).)

optic neuritis 18.4.17 to 16.7.17. D.A.H. 16.7.17 to 15.8.17.

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

as in 4f.

11.—(a) Did the disabling condition have its origin before enlistment? no. 1.2 and 3.

(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? 1.2.3. No. b. 1.2.3.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? 1. permanent 2. Permanent. 3. six months.

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

mastoidectomy right and left. Massage to face.

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)

yes

16. Can the former trade or occupation be resumed? no
(If not, briefly state why)

17. Recommendations.

discharge from army unfit. To SCR for further treatment.

Alan Beech Major RMC
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.....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.....

R.G.

Trigault PC 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

19. Is the invalid fit for

- | | | |
|--|--------------|--------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) |
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| (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.)

Yes under S.C.R.

(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.)

yes to SCR.

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.

PLACE Vancouver, B.C.

DATE Oct. 11. 19.

Richard May President.

D. W. Lees } Members
May

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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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..... President

PLACE..... Members

DATE.....

APPROVED BY..... APPROVED BY.....

For Assistant Director of Medical Services.

Director-General of Medical Services.

DATE OCT 12 1919

DATE.....

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.
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STATION Vancouver, B.C. DATE Oct. 9. 19

1. 1 (a) Unit D.D.XI. (b) Regimental No. 116144 (c) Rank pte

(d) Surname BIGNELL (e) Christian name Frederick.

(f) Home address C/o S.C.R. Hospital, Vancouver.

(g) Next of Kin Mrs S. Bignell (h) Relationship mother.

(i) Address of Next of Kin as above

2. Age last birthday 36 Date of birth May 19. 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver, B.C. (b) Date Feb. 4. 1915

4. Personal description:

(a) Height 5'6" (b) Weight 135 (c) Complexion fair

(stripped)

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks, Scars, etc.

horse shoe scar left wrist.

5. Former trade or occupation locomotive engineer.

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>4. 7/12.</u>	

statement.	PERIODS.	
	From	To
Canada <u>Feb. 1915- June 1916.</u>	<u>Nov. 1917</u>	<u>present.</u>
England <u>June 1916- Oct. 1916.</u>	<u>Apr. 1917</u>	<u>Nov. 1917</u>
France or other theatres of War.....	<u>Oct. 1916.</u>	<u>Apr. 1917</u>

7. Original disease, or injury 1. impaired nutrition of lobe left eye. 2. chr. suppurative otitis media right and left. 3. injury facial nerve left.

(a) Date of origin 1. Feb. 25. 19. 2. Oct. 1917 (b) Place of origin 1. Canada. 2. England. 3. Canada.

(c) Cause 3. Feb. 25. 1919

1. injury facial nerve causing non closure of lids and so causing impaired nutrition globe. 2. unknown. 3. following mastoidectomy Feb. 25. 19

M. F. B. 227.

400m-11-18.
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.)

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(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
		(If pulse rate is abnormal, B. P. will be taken.)		(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).)

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

no in 4c.

11.—(a) Did the disabling condition have its origin before enlistment? no. 1.2 and 3.

(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? 1.2.3. No. b. 1.2.3. no.

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

yes

16. Can the former trade or occupation be resumed? no
(If not, briefly state why)

17. Recommendations.

discharge from army unfit. to SCR for further treatment.

Alan Beech Reynolds
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..... 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.....

n.c.

F. Bignall P.O. Rank.
Signature of invalid examined.

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ 20⁰⁰

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reverts to Private	10/10/16	270238

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No.

IF IN PERM. CORPS
WHAT UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY MONTHLY \$ 20⁰⁰

PAYABLE TO

ASSIGNED PAY MONTHLY \$

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

RANK

NAME

UNIT

DATE

DATE

DATE EFFECTIVE

DATE EFFECTIVE

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116144 Private Signell, Frederick

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
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1917																											
30/6	10	10	11	-					359 90	558	21 30	939 20		49 11	17 58	14 65		220 558		859 34	79 86						
July	31	34 10		20					11 -												90 86						
Aug	31	34 10		20					54 10						24 34	20 20				64 34	80 62						
Sept	30	34		20					54 10							20 20				40	94 72			A167396			
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MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SEP. RED. ALL. PAY E. Y.															
Oct	Bal. Fwd		107 72								107 72																
	30 days Pay SF and 130. 144 BGRD 248 from 15/8/17		33								120 72																
	248 from 15/8/17		7 30								125 59																
Nov	Working P. 11/1/16 - 15/3/16 75d. @ 50¢. 1202		37 50																								
	DNR 2493 - King's Rd - 14/11/17						2 43				2 43																
	DNR 1579 - CCH. 1/11/17						9 73																				
	1947 - 12/11/17						48 67																				
	265. BGRD. 15.10.17						4 57																				
	240. do 31.10.17						7 30																				
	223 = do 29.9.17						7 30				85 22																
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Jan	Fouls 1 days Pay R. 97¢ for overpaying leave from 1/11/17 to 11/11/17. 10/11/17 9.10 p.m. 11/11/17 11.20 p.m. 12/11/17 11.20 p.m. 13/11/17 11.20 p.m. 14/11/17 11.20 p.m. 15/11/17 11.20 p.m. 16/11/17 11.20 p.m. 17/11/17 11.20 p.m. 18/11/17 11.20 p.m. 19/11/17 11.20 p.m. 20/11/17 11.20 p.m. 21/11/17 11.20 p.m. 22/11/17 11.20 p.m. 23/11/17 11.20 p.m. 24/11/17 11.20 p.m. 25/11/17 11.20 p.m. 26/11/17 11.20 p.m. 27/11/17 11.20 p.m. 28/11/17 11.20 p.m. 29/11/17 11.20 p.m. 30/11/17 11.20 p.m. 1/12/17 11.20 p.m. 2/12/17 11.20 p.m. 3/12/17 11.20 p.m. 4/12/17 11.20 p.m. 5/12/17 11.20 p.m. 6/12/17 11.20 p.m. 7/12/17 11.20 p.m. 8/12/17 11.20 p.m. 9/12/17 11.20 p.m. 10/12/17 11.20 p.m. 11/12/17 11.20 p.m. 12/12/17 11.20 p.m. 13/12/17 11.20 p.m. 14/12/17 11.20 p.m. 15/12/17 11.20 p.m. 16/12/17 11.20 p.m. 17/12/17 11.20 p.m. 18/12/17 11.20 p.m. 19/12/17 11.20 p.m. 20/12/17 11.20 p.m. 21/12/17 11.20 p.m. 22/12/17 11.20 p.m. 23/12/17 11.20 p.m. 24/12/17 11.20 p.m. 25/12/17 11.20 p.m. 26/12/17 11.20 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